

Board of Directors Meeting in Public
Friday 12th January 2024, 08:30-11:45
Boardroom Admin Block, Frimley Park Hospital

A G E N D A

Item		Lead	Action	Paper	Time
1.	Welcome and Introduction	Chair	-	Oral	08:30
2.	Apologies and Declarations of Interest	Chair	Declare	Oral	08:32
3.	VIP Awards	Chief Executive	Note	Oral	08:35
4.	Ward to Board: Virtual Wards	Deputy Chief Nurse	Note	Slide Presentation	08:45
5.	Patient Story	Deputy Chief Nurse	Note	Video Presentation	09:05
6.	Minutes of the previous meeting	Chair	Approve	Attached	09:15
7.	Action Log from the previous meeting	Chair	Note	Attached	09:17
Chief Executive Report and Strategy					
8.	Chief Executive's Report	Chief Executive	Note	Attached	09:20
Quality and Patient Safety					
9.	Nursing and Midwifery Staffing	Deputy Chief Nurse	Assurance	Attached	09:30
Finance and Performance					
10.	Finance Report: Month 8	Chief Finance Officer	Note	Attached	09:50
11.	Performance Report	Executive Leads	Note	Attached	10:05
Short Break (10:20-10:30)					
12.	Diagnostic Waiting Lists	Chief Operating Officer	Assurance	Attached	10:30
Governance and Compliance					
13.	Maternity Services CNST Declaration	Maternity Board Champion	Approve	Attached	10:45
14.	Risk Review a) Board Assurance Framework b) Corporate Risk Register	Chief Executive	Note	Attached	10:55
15.	Committee Reports: a) Audit b) Charitable Funds c) Finance and Investment d) Quality Assurance	Committee Chairs	Assurance	Attached	11:05
Other Business and Public Questions					
16.	Any Other Business	Chair	-	Oral	11:15

17.	Public Questions	Chair	-	Oral	11:20
18.	Date of Next Meeting: Friday 1 st March 2024, 08:30-11:30, Lecture Theatre, PGMC, Wexham Park Hospital				

Ward to Board:

Overall Purpose:

To connect the Trust Board directly with clinical and non-clinical services.
To provide the Trust Board with information; current key performance challenges and successes; strategic objectives; risks and quality improvements
To enable the Board to understand how it can provide additional support to services in its approach

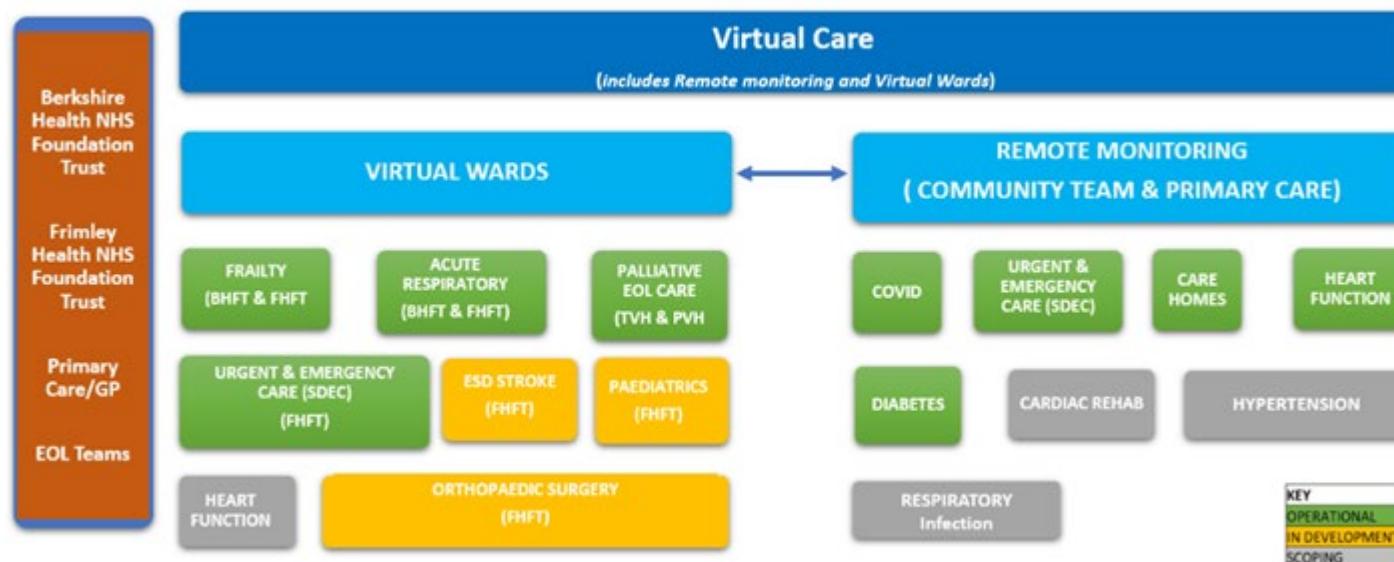
- 10-15 Minutes presentation
- 15 minutes questions from the Board
- Please complete template attached to focus elements for discussion
- This is a meeting in public – questions will only be from Board members, but will be attended by members of the public, Trust Governors and sometimes press.
- Please submit a copy of this 4 days prior to the Board meeting to the Director of Nursing for review and comment ahead of the Board.

Attendees: Chief of Service; Clinical Leads; Site Based Clinical Leads; Associate Directors, Head of Nursing/ Therapies; Matrons

Service: Frimley ICS Virtual Wards

The NHSE national ambition is to deliver virtual ward (VW) capacity equivalent to 40-50 virtual ward 'beds' per 100k population by December 2023.

FICS Virtual Care & Virtual Ward Programme

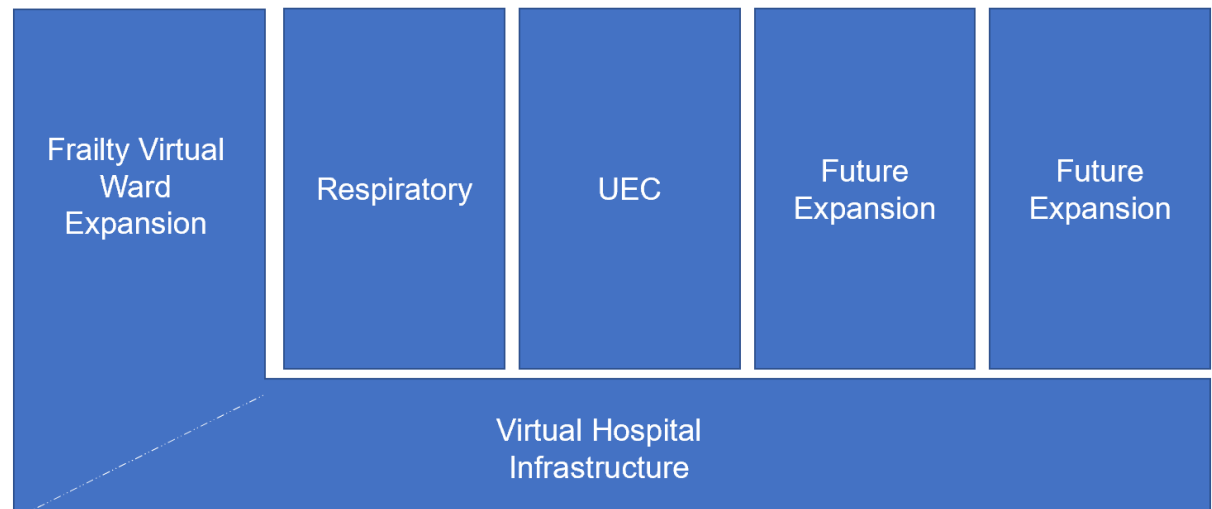


Service: Frimley ICS Virtual Wards

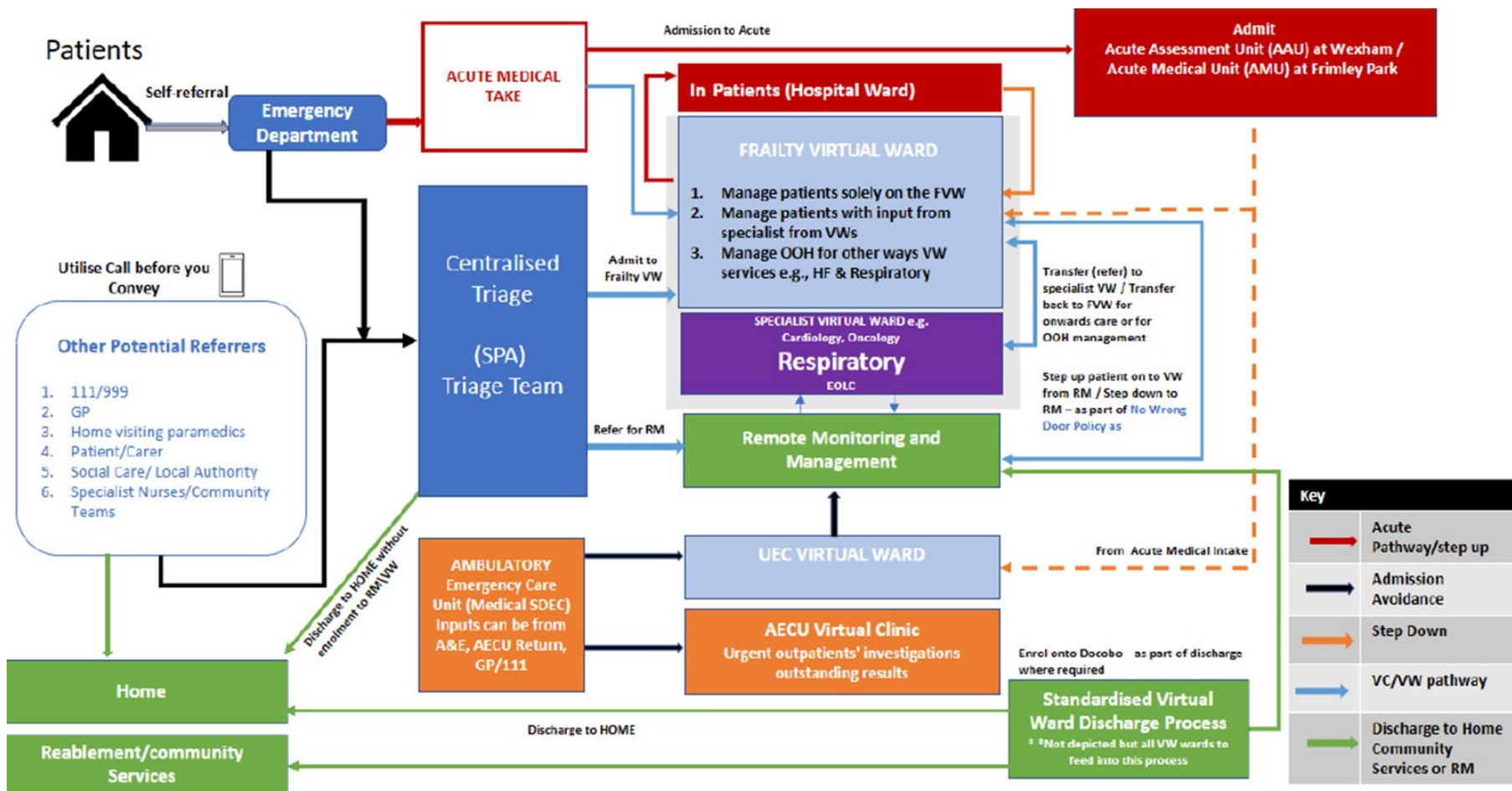
Vision: Frimley Community Based Virtual Hospital - overview

- The Frimley system aims to establish a Virtual Hospital Care Model by the end of 2023/24, with all its operational virtual ward services working together to ensure seamless care delivery and a continuum of care for patients
- The current Virtual ward services of Frailty, UEC and Respiratory will set the foundation of a future Virtual Care Hospital model.
- Recent investment will provide a staffing model that will provide the resources to enable the virtual care hospital model.

FHFT long-term ambitions – the continued expansion of our virtual ward capacity covering Frailty, Respiratory and Urgent & Emergency Care, but critically the development of the virtual ward infrastructure (embedded within the Frailty VW) to deliver 24/7 service capacity



Service: Frimley ICS Virtual Wards



DRAFT

What do our patients /service users say about us?

Do well	Could do better
<ul style="list-style-type: none"> 1) All- Early discharge form Hospital ED / ward 2) UEC- Reduced LoS and multiple return visits to monitor progress 3) Stroke- Holistic approach to stroke rehabilitation and secondary prevention 4) Frailty- 'friendly and knowledgeable, gave excellent overall care, their efficient ability to communicate clearly to both patient and relatives' 5) Resp- Self-referral/ direct access to the team 	<ul style="list-style-type: none"> 1) Stroke- want the team to continue on rather than being referred to a generic community team 2) Frailty- "Give times of visits" 3) Oncology- Increase the number of tumour groups onto the VW (Breast, Gynae, Urology, UGI, CRC)

What do our staff say about us?

Do well	Could do better
<ol style="list-style-type: none"> 1) Development Opportunities- new skills, new ways of working 2) Closer working relationships with other teams. Supportive teamwork / very good professional relationship between Nursing / Paramedic and Consultants. 3) Great experience to support capacity and patient improvement 4) Advocate / Improve choice for patients at all times – better outcomes for patients. 	<ol style="list-style-type: none"> 1) Formal staff surveys to be carried out in all Virtual Wards soon. 2) Resp-Use of PGD guided therapy (implemented) 3) Bigger team – be able to see more patients / avoid more hospital admissions 4) More suitable office space (frailty)

Delivery against Trajectory: in comparison to other ICSs

Frimley Health and Care



Latest Period: based on Dec-23

Next Update: 18th Jan 2024

	Capacity			Occupancy		
	Plan	Actual	Capacity gap	Plan	Actual	Occupancy gap
Lancashire and South Cumbria	673	400	-273	80%	143%	+62%
Hertfordshire and West Essex	483	515	+32	80%	118%	+38%
Hampshire and Isle of Wight	357	343	-14	80%	108%	+28%
Frimley	207	203	-4	85%	112%	+27%
Suffolk and North East Essex	206	161	-45	75%	87%	+12%
Mid and South Essex	439	180	-259	85%	97%	+11%
Kent and Medway	651	381	-270	80%	91%	+11%
Sussex	136	182	+46	80%	88%	+8%
Black Country	567	529	-38	87%	94%	+7%
Norfolk and Waveney	245	224	-21	80%	86%	+6%
Somerset	200	95	-105	80%	83%	+3%
Surrey Heartlands	379	223	-156	80%	83%	+3%
Bedfordshire, Luton and Milton Keynes	269	360	+91	80%	83%	+3%
South Yorkshire	318	250	-68	80%	82%	+2%
Coventry and Warwickshire	215	170	-45	87%	89%	+2%
West Yorkshire	238	346	+108	80%	78%	-2%
Staffordshire and Stoke-on-Trent	388	224	-164	77%	74%	-3%
Cambridgeshire and Peterborough	164	198	+34	85%	81%	-4%
South East London	522	472	-50	82%	77%	-5%
Buckinghamshire, Oxfordshire and Berkshire West	505	510	+5	80%	73%	-7%
Birmingham and Solihull	254	170	-84	80%	71%	-9%
Nottingham and Nottinghamshire	238	181	-57	80%	71%	-9%
Northamptonshire	346	338	-8	92%	82%	-10%
North Central London	240	172	-68	80%	69%	-11%
Lincolnshire	152	145	-7	80%	66%	-14%
Bath and North East Somerset, Swindon and Wiltshire	295	169	-126	80%	64%	-16%
Herefordshire and Worcestershire	164	134	-30	80%	63%	-18%
Dorset	300	134	-166	80%	62%	-18%
Humber and North Yorkshire	189	167	-22	80%	59%	-21%
North East London	551	356	-195	80%	58%	-22%
Bristol, North Somerset and South Gloucestershire	165	121	-44	85%	63%	-23%
Derby and Derbyshire	255	157	-98	80%	57%	-23%
Greater Manchester	941	750	-191	80%	56%	-24%
Devon	191	206	+15	80%	53%	-27%
Cornwall and the Isles of Scilly	210	212	+2	80%	52%	-28%
North West London	210	568	+358	80%	51%	-29%
South West London	395	385	-10	80%	50%	-30%
Cheshire and Merseyside	535	401	-134	80%	49%	-31%
Shropshire, Telford and Wrekin	250	115	-135	76%	37%	-40%
North East and North Cumbria	599	490	-109	85%	41%	-44%
Gloucestershire	223	196	-27	80%	26%	-54%
Leicester, Leicestershire and Rutland	226	123	-103	80%	0%	-80%

National view

- Nationally over 317k patients have been admitted to virtual wards since April 2022
- Between 23 Nov – 7 Dec 14,306 patients have received acute level care at home through virtual wards.
 - 40% is acute care need associated with frailty
 - 24% is acute respiratory infection (ARI VWs)
 - 36% of activity is for other cohorts (e.g., Heart Failure)
- 13 new virtual wards were mobilised in the last reporting period.

ICB view – ‘beds’ capacity

- 9 ICSs are on plan or ahead of plan in November. Frimley is one of these
- 33 ICS are behind on capacity plan with wide variation

ICB view – occupancy

- 15 ICSs (including Frimley) are on or ahead of occupancy plan in November
- 7 ICSs are behind on occupancy plan by less than 10% in November
- 20 ICSs are behind on occupancy plan by 10% or more in November

National picture: Referral pathways and step up/down

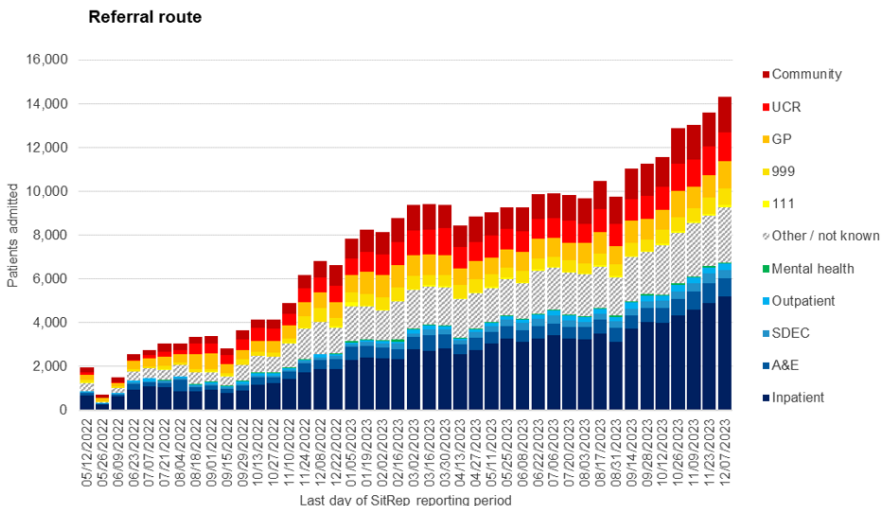
Frimley Health and Care



Latest Period: based on Dec-23

Next Update: 18th Jan 2024

There were 14,306 admissions between 23 November to 07 December 2023.
This is a 630% increase from May 2022 (1,959).



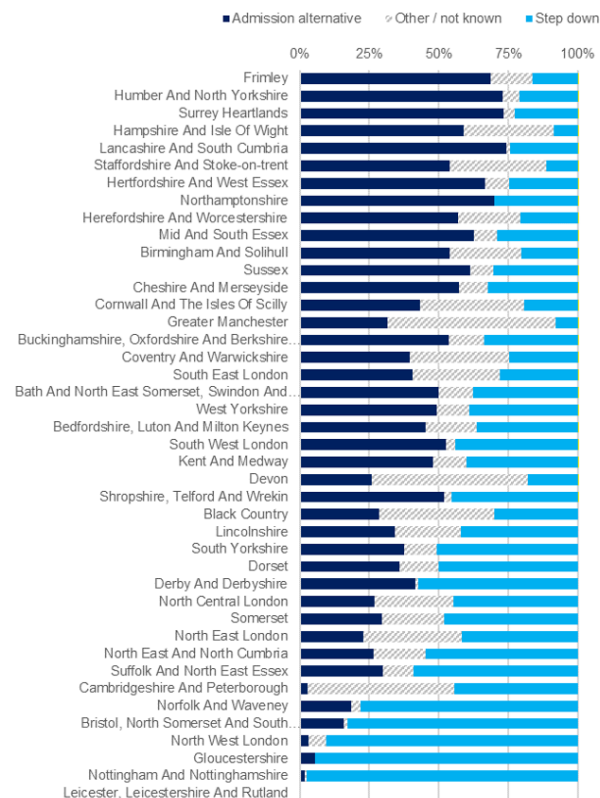
Admissions from home

- 8% of referrals come from Primary Care
- 9% of referrals come from Urgent Community Response (UCR)
- 11% of referrals come from Community based Health Services

Admissions from Hospital

- 36% of referrals come from inpatient wards
- 6% of referrals come from Emergency Departments
- 5% of referrals come from SDEC and Outpatient Departments

Admission alternative and step down



Performance on a page – Regional Picture

Virtual Wards Capacity and Occupancy

Reported capacity and occupancy

Date: 29/12/2023

ICB	Number of VW services	Total VW capacity	VW Snapshot Activity	VW capacity per 100k population	VW Snapshot Occupancy	Capacity as % of Trajectory*
Buckinghamshire, Oxfordshire and Berkshire West	12	497	462	30.8	93%	98%
Frimley Health and Care ICS	10	219	197	32.8	90%	106%
Hampshire and the Isle of Wight	28	343	375	21.2	109%	96%
Kent and Medway	18	373	252	23.1	68%	57%
Surrey Heartlands Health and Care Partnership	9	252	202	27.2	80%	66%
Sussex Health and Care Partnership	8	182	164	11.8	90%	134%
South East	85	1866	1652	23.4	89%	83%

Per 100k population calculated on adult (16+) GP registered population as at April 2023

The target is to reach at least 80% bed occupancy by the 14th September 2023 snapshot, and to maintain occupancy above this threshold

*Trajectory month is determined by the most recent full month. In this iteration, the month taken is Dec-23.

Performance on a page – Frimley ICS

Providers	Pathway (on Foundry)	Capacity	Occupancy rate
Frimley Health NHS Foundation Trust	Respiratory (AIR)	11	81.8%
	ESD Stroke	18	100%
	Paediatric VW WPH	15	88.9%
	Respiratory South	19	100%
	FVW SOUTH	13	84.6%
	Urgent and Emergency Care	85	100%
	Oncology VW	46	84.8%
*Berkshire Healthcare NHS Foundation Trust	*Frailty North Ward	15	73.3%
Phyllis Tuckwell Virtual Ward	Phyllis Tuckwell Virtual Ward	4	0%
Thames Hospice	Palliative Care	5	80%
Total / Weighted Average Occupancy Rate		231	90.6%

Virtual Ward Activity Last 12 Months

Frailty South (Including UCR)- 2327 admission avoidance

Respiratory North- 422 patients

Respiratory South- 448 patients

Urgent & Emergency Care- 1457 patients

Stroke- 200 patients

Oncology- 739 patients

Total- 5593 patients in last 12 months just with these 6 services!

Performance on a page -Overview

Top 3 areas of performance	Areas of focus for improvement in performance
<ol style="list-style-type: none"> 1) 10 Virtual Wards reporting nationally- with further 3 areas in development / set up (HIMs, Orthopaedics, Heart Function) 2) Frimley ICS maintaining high occupancy and consistently within top 4 systems nationally 3) Award winning teams, First UCR team in the country to 'go live' with falls alarms, working with falls companies to reduce the need to ambulance attendances, posters at national conferences (oncology and frailty) 	<ol style="list-style-type: none"> 1) Increase in digital monitoring- noting digital exclusion and increased link to current IT systems (currently using Docobo platform- exploring use of MyFrimleyHealth App to directly link to patient record 2) Continue move towards Virtual Hospital concept. 3) Increase step- down as well as admission/attendance avoidance

Top 3 Challenges / Risks

1	Culture / Mindset Shift – Still a relatively new concept. Cultural change hard and takes time.
2	Data- Limitations within EPIC, also across virtual wards multiple systems in use (EPIC, RIO, EMIS)
3	Funding / Recruitment- Recruitment frozen for rest of FY at request of ICS- certainty awaited to restart recruitment next FY)

Top strategic developments/Quality Improvements

1	Increase referrals and maintain occupancy over 80%. Continued work with ambulance services
2	Remote monitoring- increase usage where appropriate to free up staff time and increase Virtual Ward Capacity
3	Working with partners – out of hours provision, SCAS/GP
4	Oncology- Funded by Surrey & Sussex Cancer Alliance (Mon-Fri 8-4pm WTE 2.0 AOS ACP in ED) Increase ED reviews and referral to Onc VW facilitating admission avoidance for cancer patients

CQC Self Assessment

Frailty have taken part in CQC relationship visit with very positive feedback and have recently undergone a peer review as part of our CQC preparation, which received excellent feedback. The VW have not had a formal CQC inspection and we await the GIRFT report after our national visit on 9/1/24.

Safe	Effective	Caring	Responsive	Well Led

Questions from the Board

Report Title	Patient Story
Meeting and Date	Public Board of Directors, Friday 12 th January 2024
Agenda Item	5.
Author and Executive Lead	Maxine McVey Deputy Chief Nurse Alison Szewczyk Deputy Chief Nurse
Executive Summary	<p>Patient stories shared at the Trust Board help Board members hear patients' experience of care and services provided from the patient's own perspective and facilitate reflections on what it is like to be a patient in this organisation.</p> <p>Stories demonstrate the Board's commitment to the people it serves. It grounds the Board in its core business of serving patients/public and sets the tone for the rest of the meeting, giving a context within which subsequent decisions are being made by the Board.</p> <p>Patients often report that telling their story is stressful. In the light of this the stories are recorded; this will also allow the stories to be shared with the clinical team and relevant professional groups where we have consent to do so.</p> <p>This patient initially complained as in the Trust we had refused to allow her assistance dog to accompany her during treatments. Assistance dogs are highly trained to support disabled people and we have an obligation under the Equality Act 2010 to allow access.</p>
Action	<p>After hearing the patients' story, the Board will:</p> <ul style="list-style-type: none"> • Take some time to reflect on the story and try to appreciate how the experience affected the patient, their family, and the frontline care staff involved. • There may well be reflections on what that experience is telling us but the Board is not the problem solving forum • Board members will ensure that what they hear is carried into the rest of the meeting and sets a context within the decisions being made. • Feedback and thanks will be provided to the patient.

Compliance	Care Quality Commission – The Trust is committed to listening to patients and the public and to use this feedback to improve the care we provide.
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Patient Story Name:	Samantha Foster
Meeting & Date:	This Patient Story was filmed in June 2023 at Wexham Park Hospital
Synopsis: (inc directorate/ inpatient/outpatient/ hospital site)	Samantha was attending as a patient at Wexham Park Hospital for a number of procedures. She was told that Robson (her assistant Dog) was not able to attend appointments or treatment with Samantha. This caused her a great deal of distress and upset. After conversations with Lisa Buckingham Head of Patient Experience and the ward, it was agreed that Robson could accompany Samantha on an overnight stay, with the Voluntary Services team providing "cover" to walk Robson during the stay. Subsequently, Samantha has rang ahead a few days in advance, whenever she has an appointment, and a member of the Voluntary Services team has looked after Robson whilst Samantha has been having treatment.
Source of story: (Complaint/compliment/ incident/ targeted invite)	Complaint and subsequent "praise" concerning how the "problem" was dealt with and rectified.
Directorates/ Meetings/ Committees where story has been shared:	This Patient Voice video was shown at The Patient Experience Forum in August 2023
Areas of good practice identified:	<p>A particular area of good practice is the way that the Trust has been flexible in terms of helping Samantha overcome separation from Robson whilst having treatment, and also providing solutions to the problems that Samantha was experiencing getting care for Robson whilst she was both an in-patient and an out-patient at Wexham.</p> <p>Another area of good practice has been the Voluntary Services team working with clinical colleagues in terms of providing excellent Patient Experience.</p>
Issues identified:	The issues that were identified brought forward the matter of Assistance Dogs coming into the Trust. A pragmatic solution was arrived at in Samantha's case, showing that the Trust can and should be flexible. It may be added that Robson "paved the way" for several Pets as Therapy Dogs visiting patients within the Trust.
Actions:	Plans to incorporate this into the Trust visiting policy. It is already covered in the infection control policy in the Trust. Recognising how we can offer this service to others that require assistance dogs.

Report Title	Minutes of the previous meeting
Meeting and Date	Public Board of Directors, Friday 12 th January 2024
Agenda Item	6.
Author and Executive Lead	Victoria Cooper, Acting Company Secretary Neil Dardis, Chief Executive
Executive Summary	The attached minutes records the items discussed at the Board of Directors meeting held in public on Friday 3 rd November 2023.
Action	The Board is asked to APPROVE the minutes as a correct record of the meeting.
Compliance	NHS Provider Licence; Standing Order 14.1

BOARD OF DIRECTORS MEETING IN PUBLIC

Friday 3rd November 2023, 08:30-12:00

Lecture Theatre, John Lister Postgraduate Centre, Wexham Park Hospital

MINUTES OF MEETING

Members Present:

Bryan Ingleby	Trust Chair
Na'eem Ahmed	Associate Non-Executive Director
Michael Baxter	Deputy Chairman, Non-Executive Director
Linda Burke	Non-Executive Director
Pooja Dewan	NExT Director (Non-voting)
Dawn Kenson	Non-Executive Director
Gary McRae	Non-Executive Director
Mike O'Donovan	Non-Executive Director
John Weaver	Non-Executive Director
Jackie Westaway	Non-Executive Director
Neil Dardis	Chief Executive
Tim Ho	Medical Director
Caroline Hutton	Chief Operating Officer
Matt Joint	Director of People
Kishamer Sidhu	Interim Director of Finance
Lorna Wilkinson	Chief of Nursing & Midwifery

In Attendance:

ViP Award Winners	Item 3 - see Appendix
Amy Johnson-Corser	Associate Director (Ward to Board)
Rekha Sanghavi	Chief of Service, Paediatrics (Ward to Board)
Grazia Sinar	Neonatal Matron (Ward to Board)
Jill Thistlewaite	Head of Nursing, Paediatrics and Neonates (Ward to Board)
Angela Yannoulis	Lead Consultant for Neonates at Wexham (Ward to Board)
Anne Deans	Chief of Service, Obstetrics and gynaecology (for item 10)
Danielle Eghobamien	Head of Midwifery, <i>deputising for Emma Luhr</i> (for item 10)
Stephen Dunn	Director of System Delivery and Flow (item 13)
Victoria Cooper	Assistant Company Secretary (Minutes)
Carol Deans	Director of Communications and Engagement
Hannah Farmhouse	Assistant Company Secretary (Minutes)
Tyrieana Long	Company Secretary
James Taylor	Assistant Director of Communications and Engagement
Catherine Del Campo	Stakeholder Governor
Michael Ellis	Staff Governor
Charles Fowles	Public Governor
John Lindsay	Public Governor
Udesh Naidoo	Staff Governor
Sarah Peacey	Lead Governor
Samantha Rayner	Public Governor
Malcolm Treen	Public Governor
Melanie van Limborgh	Observer and recently appointed Chief of Nursing and Midwifery
Jerry Andrews	Member of the Public
Michael Taylor	Member of the Public
Thomas Vellender	Member of the Public

1. Welcome and Introduction

- 1.1 The Trust Chair opened the meeting and thanked the governors, Values in Practice (ViP) award winners and members of the public for attending the meeting.
- 1.2 He noted that it was the last Board meeting for Pooja Dewan, Lorna Wilkinson, and Tyrieana Long who were all leaving the Trust in December 2023. He thanked them all individually for their contributions to the Trust. Pooja Dewan was presented with a special ViP award for her time on the Board as a NeXT Director.

2. Apologies and Declarations of Interest

- 2.1 There were no apologies for absence or declarations of interest.

3. VIP Awards

- 3.1 Neil Dardis introduced the Values in Practice awards which recognised the work of Frimley Health staff. There were 60-70 nominations received for this month's Board meeting, which was a huge testament to the great work of the Trust's workforce, and the Executive Team had the difficult task of choosing just three winners from all those nominated for an award.
- 3.2 The first award went to Henry De'ath, a consultant surgeon at Frimley Park Hospital (FPH). Henry was nominated by a colleague for his communication skills and approach with a patient who was sadly diagnosed with cancer. Henry was very clear in his explanations and addressed all of the patient and his family's concerns. Neil Dardis thanked Henry for the outstanding compassion and consideration that had been demonstrated.
- 3.3 The second award was presented to Nadeen Low, consultant surgeon at Wexham Park Hospital (WPH). Nadeen was chosen as a ViP in July but had not been able to attend the Board meeting at that time. Nadeen was nominated by a colleague for her positive impact on the service. She supported trainees, the colorectal team with difficult emergency admissions, and was described as the backbone of the surgical nutrition team and their care of intestinal failure patients. She provided an exceptionally high level of care for patients that encountered surgical complications. Neil Dardis thanked Nadeen for her commitment to excellence within the service.
- 3.4 The third award was presented to the FPH A&E, Stroke, Vascular, Recovery and Catering teams. The teams were nominated by a patient who was admitted to FPH following a stroke. The patient's citation thanked all the staff involved in his care during his stay, with particular thanks to; Andrei Deiparine, Dr Tilly Spiers, Patrick Chong, Marcus Cleanthis and Dr Lydia Hanna. Neil Dardis remarked on the professionalism of the team which demonstrated the complexity of healthcare and the multi-disciplinary working required and said that the award was thoroughly deserved.
- 3.5 The final award was accepted by Dana Wilder and Hazel Wilkinson on behalf of Eden Ward. Dana had nominated the team for the huge number of environmental challenges they had faced, including the need to move 17 patients safely to other wards at short notice. She was very proud to be their matron and of their commitment and resilience. Neil Dardis agreed that the team had experienced more than their fair share of issues within their ward, but they had managed them effortlessly and with a smile.
- 3.6 The Board congratulated the ViP winners and gave them each a round of applause.

4. Ward to Board: Neonatal Service

- 4.1 The Trust Chair welcomed the Neonatal team to the meeting and reminded colleagues that the purpose of the Ward to Board was not to gain assurance, but a welcome opportunity to connect with the clinical and non-clinical services. Grazia Sinar highlighted the following key points:

- The Trust had 2 Neonatal units for babies reaching 27 weeks of gestation and above.
 - The Trust fell within two operational networks.
 - The team had achieved Stage 1 of the Baby Friendly accreditation with Unicef.
 - Additional nurses and consultants had been recruited, although there was a shortfall in the number of qualified in specialty (QIS) nurses.
 - Trust Nursery Nurses and Support Workers were undertaking their Nursing Associate training to become registered healthcare professionals.
 - Wexham Park Hospital was at the forefront of strategic developments. The team was focussed on family integrated care and decision making. Environmental changes, such as the introduction of a wellness room, were underway.
- 4.2 Addressing the Lucy Letby case, Grazia advised that when the verdict was reported the team's first response was to speak with families on the unit to make sure any concerns or questions were answered. National guidance provided a template letter to be sent to families, however the contents did not align with the Trust's values and instead the team concentrated on being visible and providing open communication. Listening events were held for staff, to share their thoughts as individuals and discuss the wider impact on the service.
- 4.3 Mike Baxter noted that there was improvement in recruitment, however there was a high vacancy rate which suggested that turnover was also high. Grazia Sinar confirmed that turnover was relatively low and explained that as a result of the Ockenden review the Trust had received funding for additional nurses, which had increased the workforce establishment. Ten new band 5 nurses were due to start in the near future.
- 4.4 In relation to staff appraisals, Mike Baxter observed feedback that appraisal did not make staff feel they were valued by the organisation. Jill Thistlewaite commented that since she had been in post, she had been working hard to increase the number of appraisals which had been historically low, and also to improve the quality of appraisals. Substantial changes had been made to the senior leadership team, who were focussed on quality outcomes. Naturally the change in leadership would have made an impact on processes and how staff felt.
- 4.5 Linda Burke queried the language support available for patients. Angela Yannoulis advised that the Trust had a diverse nursing workforce that was able to help with translation, plus access to interpreting services and information leaflets could be provided in multiple languages. Jill Thistlewaite added that there was a network of language speakers who wore badges listing the language(s) they could speak. Linda Burke also asked if there were different challenges at Frimley Park and Wexham Park. Anne Deans explained that there were similar levels of peri-natal acuity across the sites; although Wexham was more ethnically diverse, and mothers at Frimley were often older and there were more IVF babies.
- 4.6 Mike O'Donovan asked about progress with the wellness room at WPH. Grazia Sinar said that with the help of Frimley Health Charity, plans were underway. The idea for the room was a result of feedback from parents, regarding the value of peer support from fellow parents, which was not always possible on the ward.
- 4.7 Dawn Kenson noted the data quality risks that had been reported and asked for more detail on the impact of EPR. Rekha Sanghavi said that the top risk was the lack of clinical data and inability to archive cranial ultrasound scans and echocardiogram images. Good progress had been made and it was possible to purchase additional EPR gateways to secure the necessary functionality.

- 4.8 Lorna Wilkinson commended the team's work, how they listened to and worked with patients and the excellent feedback received from the network.
- 4.9 The Board **NOTED** the Neonatal Service Ward to Board presentation.

5. Patient Story

- 5.1 The Board was presented with the patient story video, in which the son of a patient shared that his mother was an inpatient at Wexham Park 8 years ago and had sadly passed away. He described it as a very painful time as he did not fully understand the cause of her death, and when his father was recently admitted to Wexham for a severe urinary tract infection, he was sceptical of the Trust and wanted to remain in close proximity to his father. However, he experienced a different service and was impressed by the quality of care, especially in A&E. He highlighted the importance of treating patients as individuals and keeping family members informed about loved ones.
- 5.2 Lorna Wilkinson said that she had chosen to present the patient story because it highlighted the ongoing improvement work around communication, professionalism and training. She acknowledged the point made by Pooja Dewan that it was not acceptable for the patient to not fully understand what had happened to his mother and her team would follow up to gain closure.
- 5.3 Na'eem Ahmed commented on the empathy the relative received during his second experience with the Trust and queried the Trust's visiting policy. Lorna Wilkinson advised that there was variation across the directorates and staff were able to apply flexibility on a case-by-case basis. The majority of wards permitted all day visitor access.
- 5.4 Dawn Kenson observed that the Trust would have been one-year post merger at the time of his mother's admission, and that WPH had come a very long way since then. She highlighted the importance of his point around recognising patients as individuals. Lorna Wilkinson agreed that first impressions count, and they had either a positive or negative impact on the duration of the hospital stay.
- 5.5 The Board **NOTED** the Patient Story.

6. Minutes of the previous meeting

- 6.1 Subject to minor amendments which would be shared with the Company Secretariat offline, the Board **APPROVED** the minutes of the meeting held on Friday 15th September 2023.

7. Action Log from the previous meeting

- 7.1 The Chair noted that there were no outstanding actions. Freedom to Speak Up was included on the agenda.
- 7.2 Gary McRae noted the recently published NHS workforce report which had discouraged international recruitment. Matt Joint advised he would provide more detail the impact of the government policy update on international recruitment in his next report to the People Committee.

8. Chief Executive's Report

- 8.1 Neil Dardis introduced the CEO report and highlighted:
- The ongoing work to develop the new Trust strategy and culture.
 - The Trust had signed the NHSE Sexual Safety Charter and was committed to adopting a zero-tolerance approach towards sexual violence and harassment, which aligned with ongoing equality and diversity inclusion (EDI), FTSU and safety improvement work.

- Approval of the new £49m inpatient diagnostic unit at Frimley Park and work continued at pace to develop the site.
 - Ongoing work on the new Frimley Park hospital to develop the team and scope potential sites which would enable engagement with stakeholders and the public around criteria for evaluation.
 - That industrial action continued to impact on performance and the Trust's financial position, and it was crucial that the Trust delivered in all areas within its control, and especially against the Winter Plan.
 - The introduction of a nurse-led one-stop prostate service at Heatherwood where patients can see a specialist, get tested and receive a diagnosis within days of a GP referral.
 - The food hygiene inspection and he thanked the Catering team for achieving the high standard.
- 8.2 Pooja Dewan welcomed the improved management of agency costs. She asked about the digital strategy and how that would be taken forward. Neil Dardis said that it would be incorporated with the development of the Trust's strategy and the Board would consider and receive updates at key milestones.
- 8.3 Linda Burke asked how the Sexual Safety Charter would be communicated to staff so that they were aware. Matt Joint said that in addition to an all-staff message, visible leadership and open dialogue with staff was just as important to break down hierarchical barriers.
- 8.4 Mike Baxter noted the pressures on bed availability and asked about the plan over the winter period. Caroline Hutton advised that at times of increased demand there would be less elective work and more focus on discharge and having senior decision makers at the front door to improve flow.
- 8.5 Gary McRae noted that the winter planning was based on A&E attendances of 21,000 per month and asked if they had stabilised. Caroline Hutton advised that numbers continued to grow which was likely to impact on performance times.
- 8.6 The Board **NOTED** the Chief Executive's Report.

9. Trust Strategy Development Process

- 9.1 Tim Ho presented the Trust Strategy Development Process paper which outlined the approach and process in train to develop a new strategy for FHFT. He thanked Carol Deans and colleagues for their work to date. He advised that there had been a huge amount of clinical engagement.
- 9.2 The Board **NOTED** the Trust Strategy Development Process.

10. Maternity Services

- 10.1 Lorna Wilkinson introduced the Maternity Services report which confirmed the outcome of the recent Care Quality Commission (CQC) inspection and together with the earlier Neonatal Ward to Board formed a deep dive for the whole service.
- 10.2 Danielle Eghobamien presented the CQC reports and highlighted the positive CQC feedback which included:
- The service had enough staff to care for women and keep them safe.
 - The Trust had invested in additional staff to meet the birth:staff ratio.
 - There was a good triage service which was supported by ambulance technology.

- The service managed safety incidents well and learned lessons from them.
- 10.3 Following the inspection both FPH and WPH maintained a 'Good' rating. The reports identified 4 'Must do' recommendations and 11 'Should do' recommendations. The 'Must do' recommendations were:
1. The service (cross site) must ensure all staff have completed mandatory training (Reg 12)
 2. Frimley Park must ensure that infection prevention & control measures are carried out effectively & the clinical environment & equipment is clean and fit for use (Reg 12)
 3. Frimley Park must ensure that medicines are checked & stored safely (Reg 12)
 4. Wexham Park must ensure data showing poor performance is investigated, monitored and acted upon in a timely way (Reg 17).
- 10.4 Danielle Eghobamien advised that an action plan had been developed to address the recommendations and this was submitted to CQC ahead of the mid-October deadline. It would be reviewed and updated at bi-monthly meetings with the CQC lead and monitored through the CQC Steering Group and Trust Management Board until complete.
- 10.5 Amy Johnson Corser highlighted the focus on the perinatal culture within the service. The Perinatal Oversight Group which included the Board safety champions met on a bimonthly basis and was working closely with the neonatal units to share learning and improve services.
- 10.6. Pooja Dewan noted that 90% of training was now held face to face and queried whether online training would improve compliance. Anne Deans explained that the majority of training was practical and included simulations. Training was often multi-disciplinary and was logistically challenging as it involved many staff over a number of days. Amy Johnson Corser added that multi-disciplinary training was part of the CNST requirement, and that the Trust was meeting its target.
- 10.7 John Weaver noted the joint working required within the maternity service around clinical systems and asked about the culture. Amy Johnson-Corser advised that there was a good relationship between doctors and midwives. If things went awry independent advocates were in place to work with families and they did not witness any points of conflict. Anne Deans added that although there were differences between professions, all staff were working towards the same objective of offering the best possible care for the patient.
- 10.8 Tim Ho commented that the senior team, particularly Anne Deans, had worked incredibly hard in recent years to improve training and the culture. He also reminded colleagues that the inspection took place during a period of industrial action.
- 10.9 Linda Burke agreed that it was a very positive report and noted that the Trust performed well in complex areas yet unfortunately fell short in areas within its gift, such as medicines storage and out of date clinical guidelines. Anne Deans acknowledged there was a need to embed the learning.
- 10.10 Mike O'Donovan said that it was an exceptional report and as the Maternity Board Champion, he had received assurance about perinatal matters. The Quality Assurance Committee would have oversight of the CQC Action Plan.
- 10.11 The Board noted the ongoing work to meet the 10 CNST safety standards which was due to come to the next meeting for approval.
- 10.12 Neil Dardis highlighted the positive CQC feedback around leadership and that staff felt respected, supported and valued. He said that he had challenged the Chiefs of Service across all directorates to take the learning and apply within their own teams.

10.13 The Board **NOTED** the Maternity Services report.

11. Finance Report: Month 6

- 11.1 Kish Sidhu presented the month 6 Finance Report and highlighted the following key points:
- As at month 6 the Trust was reporting a deficit of £11.5m which was £11.7m adverse to plan.
 - The key drivers of the adverse variance were 1) direct costs of industrial action, 2) outsourcing activity, 3) unfunded escalation beds and 4) mental health nursing costs above plan. These pressures had been partially offset by a £3.5m non-recurrent CNST benefit relating to 2022-23.
 - The reduction in nursing agency spend was positive and welcomed regionally. A focus on non-agency temporary staffing spend was now required. Lorna Wilkinson and Henry Wilding (Deputy Chief Nurse) were commended for their work in reducing nursing agency costs.
 - A break-even position for the year end was forecast and a review of the full-year outturn position was in progress internally.
 - The Trust was aware that £200m of national funding was to be made available to compensate for industrial action but the breakdown for each organisation was not yet published.
 - The cost improvement programme (CIP) was on track to achieve £33m of efficiencies. Around 90% of the programme was recurrent, demonstrating that the programme was robust going into 2024/25.
 - The full year capital forecast was £59.9 last month. Delays in the M Block timeline is likely to result in net reprofiling of £5m to 2024/25 resulting in an overall capital spend of £54.9m for 2023/24. Whilst there were a significant number of capital projects identified, capital was anticipated to be more constrained and therefore a process of prioritisation was likely in Q3 and onwards for 2024/25 plans.
 - A cash variance of £75m on the Trust balance sheet related to £28.1m of invoices accrued from 2022/23. Other drivers for the cash variance included £29.4m of outstanding contributions from BPS year to date, income and expenditure deficit, capital payables movement and PDC drawdown.
- 11.2 Referring to the cash variances attributed to BPS, Mike O'Donovan asked whether specific measures needed to be implemented. Kish Sidhu explained that the Trust would be using a trial balance to be proactive in knowing invoice due dates. He advised that the invoices accrued from 2022/23 related to sickness within the finance team and therefore not an ongoing issue.
- 11.3 In response to Dawn Kenson's question on the reasons for the £2.9m shortfall in pay award funding, Kish Sidhu explained that nationally funding was only allocated for substantive positions and therefore the Trust was required to fund bank and agency staff.
- 11.4 Jackie Westaway commented on the Trust's positive achievement in reducing agency spend and asked if the learnings could be applied to temporary staffing in other parts of the organisation e.g., medical staffing. Kish Sidhu advised that the most significant learning had been strong leadership and influence from the top.
- 11.5 Mike Baxter referred to the £3.5m CNST benefit and asked whether it had been a discount or rebate and whether the benefit would be reinvested in maternity services. Kish Sidhu explained that the benefit was in two parts, the first of which was a refund relating to the insurance premium collected which had been too much, and the second was a discount of £2.3m for maternity services activity. Lorna Wilkinson advised that there was a requirement to reinvest CNST funds in maternity services.
- 11.6 John Weaver commented that delivering on the elements which were under the Trust's control was important and he was encouraged that at month 6 the Trust was on track to achieve the £33m CIP.

Noting previous discussions on the impact of RAAC on the Trust's finances, he asked whether the operational impact had been quantified. Kish Sidhu explained that a system was needed in order to capture the RAAC costs.

11.7 Neil Dardis commented that the financial position remained challenged, and he thanked Kish for the rigour that had been brought. He advised the Board that the planning process for 2024/25 had commenced and the root causes of spend was a key focus to address now with a view to moving into next year in a better position.

11.8 The Board **NOTED** the Month 6 Finance Report.

12. Performance Report

12.1 The Board received the Performance Report which provided a summary of the Trust's performance against the national quality indicators.

12.2 The Board asked questions on plans to deal with the high numbers attending the emergency departments, the 4 hour stroke target performance, echocardiogram demand reduction, endoscopy performance, 6 week waits for diagnostics, 65 week waits exception report, outpatient targets and medical staffing costs. In response to the questions the Board noted:

- Whilst attendance numbers in the emergency departments remained consistently high – over 400 per day was now the norm - the winter plan had been designed to address these challenges and system work was ongoing to divert patients away from emergency departments. This included the opening of an urgent care centre in Slough, and another planned in Aldershot, implementation of same day emergency care (SDEC) models and effective use of the 111 service to support these plans. Patient communication was also required so that they had a greater awareness of the most appropriate place for their care needs.
- The Trust was ahead of trajectory for 4 hour stroke performance and the target of 80% was expected to be achieved. It was noted that the winter plan included ring-fenced stroke beds in order to maintain performance. Other work to support stroke performance included returning patients to Royal Surrey in line with the agreed pathway and plans to establish a stroke SDEC next year to move patients out of the emergency department where it was appropriate to do so.
- The reduction in echocardiograms was not due to rationalisation.
- Significant work to address the demand and capacity issues with endoscopy was ongoing. A key focus was to maintain capacity for endoscopy work throughout winter, noting that currently some endoscopy beds were being used for escalation. Capacity planning across the site was being done to support this work.
- The performance for the percentage of patients waiting 6 weeks or more for diagnostics was below target and diagnostic performance would be added as an agenda item for the Board meeting in January 2024. Caroline Hutton advised that there was an improving picture, but this was complicated by EPR reporting. **Action: TL**
- The objective to reduce the number of people waiting over 65 weeks to zero by March 2024 required planning ahead to provide patients with choice. There were approximately 40/50 patients waiting over 78 weeks that were still exercising choice. The Trust had continued to reduce the number of patients waiting over 65 weeks however performance was being challenged by non-elective activity. Clinicians were closely monitoring the numbers and were committed to ensuring that all patients were booked by a new deadline of 31 January 2024.
- Work was in progress to address outpatient follow ups. This work included categorising the data by specialty to manage the risks.
- Agency spend for medical staffing involved different challenges in comparison to nursing, for example it was often more challenging to negotiate lower rates for locum cover. The Trust was

addressing these issues by using the Trust's managed service provider to secure competitive pay rates and by working closely with Chiefs of Service to improve efficiency.

- 12.3 Neil Dardis explained that the success in reducing nursing agency spend was partly as a result of the exercise undertaken to "right size" the nursing establishment. There were difficult choices ahead and a similar exercise would need to be undertaken for medical staffing.
- 12.4 He emphasised that the Trust would need to demonstrate that it had taken all the appropriate steps to optimise performance in the areas that were under the Trust's control including diagnostics, length of stay and high-cost agency spend.
- 12.5 The Board **NOTED** the Performance Report.

13. Winter Readiness Plan

- 13.1 The Chair welcomed Steve Dunn, Director of System Delivery and Flow, explaining that Steve and Caroline Hutton were Co-chairs of the Frimley ICS Urgent and Emergency Care Board. The Chair introduced the Winter Readiness Plan 2023/24, the purpose of which was to detail the winter resilience arrangements in collaboration with the wider system. He was encouraged that the plan detailed the responsibilities of all partners within the system.
- 13.2 Caroline Hutton highlighted the close working relationship at a system level, explaining that whilst there was sometimes differing views on matters, the teams worked together through the challenges. She highlighted the following key points in the plan:
- The plan was deliberately agile to allow for changes such as industrial action and activity demand.
 - Most of the FHFT plans would be implemented in November, noting that some elements had already been brought forward. The volume and acuity of patients suggested that winter had already begun.
 - The primary focus for FHFT was capacity i.e., adjustments needed to meet expected non-elective demand, while maintaining elective recovery work at Heatherwood Hospital, including the use of private patient facilities to support this work.
 - Addressing capacity requirements included:
 - implementation of SDEC facilities ahead of winter,
 - increased use of virtual ward models to allow patients to go home earlier and be supported virtually,
 - improving flow throughout the hospital, focusing on discharge pathways and increased support at the front door to manage attendances,
 - A command and control approach – ensuring the right resource in the right place and supported by staff awareness of the escalation levels and protocols. A System Control Centre was also in place and was meeting regularly to provide support and have oversight of capacity across the system.
- 13.3 Steve Dunn explained that the winter planning process had commenced earlier than last year, and significant engagement work had been undertaken to develop the urgent and emergency care strategy for the Frimley Health and Care System, incorporating initiatives such as Everyday matters. Steve highlighted the following points:
- The 4 hour urgent care standard had recommended for the Frimley system in May 2023 and was a cultural change for the organisation, however the Trust had been one of the most improved Trusts nationally for the metric.
 - Demand for urgent and emergency care had increased and within the urgent and emergency care strategy, high impact interventions had been captured.

- Frimley ICS has a strong primary care system, and with some additional funding to further improve primary care access this year. It was anticipated that the number of primary care appointments would increase by 100,000 over the winter. Also planned was an increase in same day urgent care capacity resulting in a further 212 daily appointments.
 - Frimley ICS had the second highest number of virtual ward admissions per 100,000 by ICB in the country and was expected to expand following a recent business case approval. £800,000 was being invested in the current year and £1.4m of investment was planned for next year.
 - Improving the number of discharges with support of local authorities was a focus and a new dashboard and set of metrics to track discharges was expected to drive further improvements.
 - Two pilots had been identified for winter 1) using monies for GP screening in a new way, 2) establishment of an urgent care centre in Slough.
- 13.4 Steve Dunn commented that whilst the environment remained extremely challenging Frimley ICS was optimising resources for the best possible outcomes.
- 13.5 In response to Dawn Kenson's question on virtual ward occupancy, Steve Dunn confirmed that there were high occupancy levels which followed significant effort to utilise virtual wards across the system.
- 13.6 Dawn Kenson asked for details on the communication plans out to the community and in from the community and Steve Dunn explained that there was a national campaign to raise awareness through various media channels. Caroline Hutton added that new model pilots were being used to track communication. She commented that educating the public was also a change of approach.
- 13.7 John Weaver noted that the cost implications of the winter plan were not included. It was agreed that the costs should be determined prior to Board approval. The costs would be prepared and reviewed by the Finance and Investment Committee and then presented to the Board for approval. **Action: CH/KS**
- 13.8 Due to limited time, it was agreed that any further questions would be collated and provided to Caroline Hutton and Steve Dunn for a response.
- 13.9 The Board **NOTED** the Winter Readiness Plan 2023/24.

14. FHFT Response to NHS People Issues

- 14.1 The Chair introduced the item and explained that he had commissioned a paper to provide an initial Trust response to NHS people issues raised as a result of the Lucy Letby case, the death of Martha Mills and research into sexual misconduct within surgery in the UK.
- 14.2 Matt Joint advised that the overarching theme in the light of recent NHS issues was speaking up and listening and therefore the paper was intended to provide assurance on the progress and plans for enhancing the Trust's speaking up culture. He highlighted some of the initiatives in place within the Trust such as the People Promise, celebrating events such as Pride Week, Values in Practice nominations all of which encouraged people to talk. By removing hierarchies, the Trust was able to build a culture where people felt safe to speak up, to know that they would be listened to and supported, followed by a prompt and appropriate response.
- 14.3 Matt advised that the Trust was undertaking a review of the Trust's Freedom to Speak Up arrangements to ensure that they were effective and to take account of the new national Freedom to Speak Up policy. He also assured the Board that the Trust has a robust process in place for dealing with sexual misconduct incidents.

- 14.4 In response to Linda Burke's comments on developing a culture that encourages patient safety concerns to be raised, Lorna Wilkinson advised that the Trust's culture and patient safety work were not separate and were being addressed as one piece of work alongside the broader review of culture.
- 14.5 John Weaver highlighted the National Staff Survey and commented that the percentage of people that felt safe to speak up was unchanged over recent years and queried whether the Trust could consider using an independent organisation to support staff that felt unable to speak up. Matt Joint confirmed that staff did have access to independent listening services.
- 14.6 In addition to the information provided in relation to Martha's rule in the paper, Lorna Wilkinson added that the Trust had a long established 'Call 4 Concern' facility which enabled patients, relatives, carers, and friends to raise concerns directly with the critical care outreach team if they believed a patient's clinical condition was deteriorating.
- 14.7 Na'eem Ahmed asked how the Trust was engaging with agency/temporary staff on the issues. Matt Joint explained that the Trust had improved its ways of communicating with these staff groups such as direct text messages and the Trust values and standards were clearly communicated to them on joining the Trust.
- 14.8 Mike O'Donovan observed that the research into sexual misconduct in surgery across the NHS highlighted that female staff had accepted that sexual harassment was a "part of life", and he asked what the Trust could do. Matt Joint said that demonstrating leadership from the top, a zero-tolerance approach, and training line managers to understand boundaries and their responsibilities were the main areas for targeted action.
- 14.9 Gary McRae highlighted the NHS safe space initiative and asked whether the Trust would support. Matt Joint confirmed that the Trust would make staff aware once all the details had been published.
- 14.10 In response to Pooja Dewan's question on the approach for different groups such as junior doctors, Tim Ho advised that junior doctors primarily used the Guardian of Safe Working as the avenue for raising concerns and said that the issues often related to culture within organisations. He emphasised the importance of leadership and acting on concerns raised.
- 14.11 The Chair highlighted the importance of maintaining Board oversight and Mike Baxter, Chair of the People Committee assured the Board that the People Committee had recently discussed the issues and would continue to focus on them. He highlighted the role of Manager Essentials training and said that prevention must be a key focus for the future.
- 14.12 Neil Dardis said that although significant work was underway, the Trust would need to become a more listening and learning organisation and the Culture and Leadership programme of work would support that approach.
- 14.13 The Board **NOTED** the FHFT Response to NHS People Issues.

15. Winter Vaccination Campaign 2023/24

- 15.1 The Board **ENDORSED** the 2023/24 influenza and COVID 19 vaccination campaign in line with the national guidance and **NOTED** the completed influenza national self-assessment.
- 15.2 Lorna Wilkinson advised that there were some programme risks which included:
- Following the national switch off of the NIMs point of delivery system, the Trust had quickly implemented the NIVs system, however the drawback of the NIVs system was the inability to

retrieve data for those staff who had received their vaccination elsewhere. A solution was currently being sought via the Foundry system.

- Workforce pressures had impacted on the availability of vaccinators.
- Vaccination fatigue remained an issue.

15.3 The Board **NOTED** the Vaccination Campaign 2023/24.

16. Committee Reports

16.1 The Chair advised the Board of a new approach to Committee reports, explaining that annual reports which had been reviewed at Board Committees would be appended to Committee Reports rather than be standalone agenda items. There were two such annual reports to be highlighted during the meeting.

16.2 Charitable Funds

There were no further comments to add to the report.

16.3 Finance and Investment

There were no further comments to add to the report.

16.4 People including OHS Annual Report

Mike Baxter reported that the Committee had reviewed the Occupational Health and Safety Report which was a comprehensive report. The Committee had discussed fire safety and lone working in detail.

16.5 The Board **NOTED** the Occupational Health and Safety Report.

16.6 Quality Assurance including Safeguarding Annual Report

Mike O'Donovan reported that the Committee focused on the core themes - patient safety, infection prevention control, patient experience and maternity services and reviewed both the Patient Experience Annual Report and the Annual Report for Safeguarding Adults and Children. The Committee had detailed discussions on the Safeguarding Annual Report, noting the following key points:

- The number of safeguarding incidents was increasing.
- The number of section 42 enquiries was increasing and required enhanced data collection.
- There was an improving trajectory on level 3 mandatory safeguarding training.

16.7 The Committee recognised the increase in safeguarding challenges and that work was ongoing to address them.

16.8 The Chair advised that safeguarding training for the Board would be arranged before the end of March 2023. The Board **NOTED** the Safeguarding Annual Report.

16.9 The Board **NOTED** the Committee Reports.

17. Any Other Business

17.1 There was no other business.

18. Public Questions

18.1 In response to Charles Fowles question on the approval process for the Trust's strategy, Neil Dardis confirmed that all stakeholders including the Governors would be engaged in the process.

18.2 Thomas Vellender advised that he had been working with the Trust in international recruitment and noting the financial constraints, he asked if the Trust would fund these positions. Matt Joint advised

that the Trust was still dependent on internationally educated nurses and were being considered as part of the overall Trust workforce requirements.

19. Date of Next Meeting

19.1 Friday 12th January 2024, 08:30-11:30, Boardroom, Admin Block, Frimley Park Hospital

The minutes of the meeting were duly approved by the Board:

Name:	Bryan Ingleby
Signature:	
Date:	

Appendix – Values in Practice Winners

1. A&E FPH, Stroke, Vascular, Recovery and FPH Catering Teams

Andre Trindade, Advanced Stroke Nurse Specialist

Ailsa Hutchings, Stroke Nurse Consultant

Mary Virtue, Clinical Matron for ICU/PACU

Amina Mumin, Consultant

Claudiu Aionesei, Assistant Hotel Service Manager

Lydia Hanna, Vascular Consultant

2. Eden Ward

Dana Wilder, Matron Secondment Eden Ward

Hazel Wilkinson, Senior Sister Eden Ward

Gareth Roberts, Chief of Service, Medicine

3. Henry De'ath, Consultant UGI surgeon FPH

4. Nadeen Low, Consultant surgeon

5. Pooja Dewan, NExT Director

BOARD OF DIRECTORS MEETING IN PUBLIC ACTION LOG

Friday 12th January 2024

AGREED ACTION	LEAD	END DATE
CLOSED ACTIONS		
3rd November 2023 – 12.2 Performance Report Add Diagnostic Waiting Lists as an agenda item for the Board meeting in January 2024.	Tyrieana Long	12 January 2024
3rd November 2023 – 13.7 Winter Readiness Plan Prepare the costs implications of the winter plan for review by the Finance and Investment Committee and then present to Board for approval.	Caroline Hutton/ Kish Sidhu	12 January 2024
ACTIONS IN PROGRESS		
4th November 2022 – Freedom to Speak Up Report Develop a formal plan to identify ways in which consultants and trust doctors can speak up.	Tim Ho/Matt Joint	31 March 2024
13th January 2023 – 11.6 Maternity Services The Board will be kept sighted on new maternity quality standards arising from the East Kent report when they are released.	Lorna Wilkinson	31 March 2024
5th May 2023 – 11.5 EPR Programme Update Board to receive outcomes from the EPR optimisation/managing change learning event.	Tim Ho	31 March 2024
7th July 2023 – 5.6 Patient Story The Board to receive an update on apprenticeship schemes in 6 months' time.	Matt Joint	31 March 2024
7th July 2023 – 9.4 Nursing and Midwifery Report The People Committee to consider the balance of the international workforce recruitment at a future meeting.	Mike Baxter/ Matt Joint	31 March 2024

Report Title	Chief Executive’s Report
Meeting and Date	Public Board of Directors, Friday 12 th January 2024
Agenda Item	8.
Author and Executive Lead	Neil Dardis, Chief Executive
Executive Summary	The Chief Executive’s Report provides a bi-monthly update on key activities and events in the Trust. The report highlights the national context, the Trust’s developments and achievements, and strategic updates.
Action	The Board is asked to NOTE the Chief Executive’s report.
Compliance	Board Assurance

Chief Executive's Report

1.0 INTRODUCTION

On Friday 8 December I announced that after six years as chief executive of Frimley Health, I will be leaving in the spring to take up a new role overseas.

I will be incredibly sad to leave Frimley Health and I have made many friends and colleagues who I will be so sorry to say goodbye to. Being a leader in the NHS is special, and to be Chief Executive of Frimley Health is one of the best jobs in the NHS – working with you all in caring for the communities we serve is the greatest privilege I have ever had. I look forward to seeing as many of our teams as possible before I leave and I will be focused on providing the best care possible through winter, continuing to lead the benefits of our change programmes, and supporting Trust Chair Bryan with any transitional arrangements.

We are delighted to welcome Melanie van Limborgh, this month as our new Chief of Nursing and Midwifery after we sadly bid farewell to Lorna Wilkinson as she embarks on her well-earned retirement. It is hard to believe that Lorna was only with Frimley Health for three and a half years given the enormous difference she's made to our people and our patients. From elevating the profile and levels of nursing throughout the organisation, to driving ever higher standards in patient safety with a really strong focus on learning and improvement from serious or untoward incident investigations.

I'm also delighted that Kish Sidhu has been appointed as our substantive Chief Finance Officer following a rigorous recruitment process and James Clarke will be joining us as Chief Strategy Officer next month. I am confident that this strong executive team will lead the organisation well into the coming year.

This report

This report highlights areas that will benefit from focused discussion in the Board meeting. Please note the national context and recognise the developments and achievements of the Trust since we last met.

2.0 NATIONAL AND SYSTEM UPDATE

National focus on NHS' financial position

On 8 November NHS England issued a directive to all trusts about the significant financial challenges created in part by the industrial action and increased demand, and the immediate actions they were to take. The cost of the industrial action nationally is estimated at £1 billion, with a subsequent loss of elective activity. Therefore, for the remainder of the financial year the required priorities are to achieve financial balance, protect patient safety and prioritise emergency performance and capacity, while protecting urgent care, high priority elective and cancer care.

Nationally, £800 million is being allocated to systems and the elective activity target for 2023/24 is being reduced to a national average of 103%, which is to be maintained for the remainder of the financial year. At the time of issuing, this assumed no further industrial action.

We have worked closely with our ICS colleagues and senior trust leaders to review our activity, refocus our cost improvement measures and ensure that our focus is aligned with the national

priorities. The Board has agreed a series of actions to align with the priorities and is currently assessing the impact these will have on our forecast financial position for year end. These will of course include quality impact assessments to ensure that quality and safety are maintained.

England's Statement on Information on Health Inequalities

NHS England has published its first Statement on Information on Health Inequalities to set out the powers available to relevant NHS bodies to collect, analyse and publish information; and the views of NHS England about how those powers should be exercised.

We will ensure the legal duties are reflected in our annual report and strategy development work. A national webinar about the legal duties has been arranged for the end of this month and so the board will be briefed more fully as part of this process.

NHS Net Zero Travel and Transport Strategy

NHS England has published its [NHS Net Zero Travel and Transport Strategy](#), describing it as 'a significant milestone in our shared journey towards tackling climate change and improving health now and for future generations'. It seeks to decarbonise NHS travel and transport, with a clear vision of achieving a zero-emission fleet by 2040 and proposes a suite of interventions to increase use of electric vehicles, public transport, and active travel.

As an anchor institution we have also already started conversations with our local and national electricity boards (DNOs) to provide the necessary electricity capacity for the installation of electric vehicle chargers on all sites for our pool car fleet. This is at a time of restricted capacity allowed to many of the sites. We also continue to have conversations internally on the introduction of a lift share app and giving every member of staff an active travel green plan.

We are working with local authority partners on their climate change policies, which includes our joint action on travel and transport, with a view to getting alignment across the whole Frimley ICB system. The Board and Council of Governors also had a focused session on our sustainability strategy in November.

FHFT COO invited to Downing Street to talk AI

Our Chief Operating Officer, Caroline Hutton, was invited to join a round table discussion alongside the Health and Social Care Secretary, and representatives from the Department of Health, AI Lab, the Royal College of Radiology, and those from other NHS Trusts who are also involved with artificial intelligence.

This follows the announcement that £21m has been ring-fenced to accelerate the deployment of the most promising AI tools across hospitals to help treat people more quickly this winter. Frimley Health's Dr Amrita Kumar led a coordinated response for our network's funding bid, securing £2.5m which will be invested in implementing the use of AI with chest x-rays to speed up the diagnosis and treatment of lung cancers.

Health and Safety at Work – inspection outcome

In March last year the Principal Inspector of Health and Safety wrote to all NHS chief executives giving notice of further assurance inspections that were required following a previous inspection programme between 2018 and 2022, focusing on action taken by NHS trusts to address risk from workplace violence and aggression and musculoskeletal injury. Subsequently a team of inspectors from the Health and Safety Executive visited Frimley Health senior managers in September to discuss our relevant measures, followed in October by two days of local inspection and staff interviews in key departments. Inspectors found that there were a 'lot of very good initiatives within the Trust' and no need for any formal improvement or prohibition notices. However, it was felt we needed to address two key areas: ensuring we have adequate staff resource in occupational health and safety

to comply with regulations for training in moving and handling, and to adopt a more proactive approach to check and audit violence prevention measures. We are implementing actions from these recommendations and the inspector was satisfied that the Trust had already acted sufficiently on four further issues that were raised during the inspection, so no additional action was needed.

Frimley ICB operating model development and organisation structure consultation

NHS Frimley, along with all ICBs, aims to achieve 30% cost savings over the next two years as mandated by NHS England.

In aiming to design an effective and efficient Frimley ICB and deliver improvements in partnership and system-working, we were asked to comment on the draft Frimley ICB Operating Model and Organisational Structures recently and to feedback our insights as a partner on:

- The proposed vision, purpose, and mission
- The proposed place models
- How we as partners can better integrate to achieve our common goals
- How we can accelerate our work through provider collaboratives

Our feedback was submitted on 14 December 2023; we acknowledged the challenges faced by our Integrated Care System (our ICB, our Place-based Partnerships and our Provider Collaborative) and the changes to the future Operating Model and Organisational Structures being proposed and, we recognised and supported these in strengthening our system as a whole.

We also committed to delivering existing initiatives and future opportunities in partnership and identified improvements and offered suggestions as to how we do this as a system together.

Further detail is included in the system update at appendix A.

DHSC and NHS England visit to ICS

Senior representatives from DHSC and NHS England's national team visited Frimley Health and Care leaders at the end of October to get an update on the system, with a particular focus on integration. As part of the visit, I joined other system leaders for a facilitated discussion on the Frimley system with Mathew Style, Director General NHS Policy and Performance from DHSC and NHSE's Steve Russell, Chief Delivery Officer, Adam Doyle, National Director of System Development and Sussex ICS Chief Executive and Matt Neligan, Director of System Transformation.

We discussed key areas of focus and challenge and how national teams can support local systems to improve population health and potential improvements in regulation and accountability frameworks as well as demonstrating best practice examples of integration.

Integrated Care system Update

A summary of other key areas of note regarding developments across the Frimley system which may be relevant to the Trust is included at appendix A and includes winter plans, virtual wards, and community engagement and involvement.

Latest junior doctor industrial action

The BMA and HCSA announced additional strike dates in December and January: a full walkout from 7 am on 20 December to 7 am on 23 December (BMA and HCSA), followed by another full walkout from 7 am on 3 January to 7 am on 9 January (BMA only). These dates follow a new Government pay offer to consultants which is currently subject to a BMA referendum and an offer to SAS doctors which is set to be put to a referendum. The January strike, which is the longest ever by NHS doctors, is ongoing at the time of writing and has the potential to be the most challenging yet. In addition to spanning six days, it comes directly after the Christmas and New Year holiday period at a time when staff sickness and seasonal activity is already expected to be heightened.

We have been planning and working extensively throughout the year to develop robust winter resilience plans. Clinical and support service leaders came together with system colleagues and gathered at urgent care summits to discuss changes we can make to ensure patients get the right care in the right place at the right time. I am grateful for the ongoing commitment of all our teams to manage this in the best way possible, but the Board will want to reiterate our concern at the ongoing nature of this dispute and the continued and escalating impact it is having on our teams and our patients.

3.0 STRATEGY

New Frimley Park Hospital

The first phase of our public engagement and involvement ran between 13 November and 7 January 2024. This sought to involve colleagues, patients, stakeholders, and people from the communities we serve in shaping what matters most to them about a new site.

An online survey, alongside a range of in person and online events, pop up stands, news stories and social media resulted in 3,000 responses which will be considered as the criteria to evaluate viable sites and enable us to identify a preferred site. The output of the engagement will also be shared publicly.

The 2030 deadline for the new hospital was specifically highlighted in the November 2023 Public Accounts Committee report about the national New Hospital Programme, which states: *'Rebuilding the seven RAAC hospitals by 2030 will be extremely challenging, yet there is a serious risk, if these projects are not accelerated and prioritised, that some hospitals may have to close before replacements are ready.'*

New strategy

We continue to develop our FHFT Strategy to 2030. As planned, we are expecting our organisational focus to be on managing winter pressures through the critical months of January and February and so discussion and engagement is focused on public and partner engagement and consolidating the feedback we have already received to develop our mission (purpose) and vision, our guiding principles, our clinical strategy and our strategic themes. Whilst this work will continue, it is expected that the strategy timetable will be extended into Q1 2023-2024 to allow sufficient input from James Clarke, our new Chief Strategy Officer, and the Trust's new chief executive once they have been appointed.

We are also making efforts to align work on clinical models with system colleagues and the critical dates within the new hospital programme.

Electronic Patient Record (EPR)

Optimisation work on our electronic patient record system is continuing, with the latest upgrade successfully implemented in November. Upgrades will be quarterly to ensure the system remains up to date with the latest innovations and functionality, as part of our optimisation phase.

In addition, steady progress continues to be made in decommissioning systems, with the majority of systems carrying the most significant costs now successfully decommissioned and savings realised. This includes the successful decommissioning of legacy system PAS.

We have completed a further review of our data processes and flows. Initial assessment has indicated no significant harm has been caused and has reviewed areas such as follow up monitoring, radiology reporting and management of in-baskets within the system. We will work with our clinical teams through our EPR programme governance and report on this regularly through the Quality Assurance Committee should any concerns regarding risks to patients be identified.

We continue to promote our patient app MyFrimleyHealth Record (MFHR), with 142,065 active users of the app by mid-December 2023. We have also been awarded £100k funding from NHS England for MFHR recruitment and development activities this fiscal year. Recruitment will focus on outpatient and elective activity and aims to boost elective case sign-up, raise awareness among staff and patients, and encourage sign-ups during patient visits. The plan is to accelerate and sustain a higher rate of sign-ups supported by establishing a dedicated group with regular meetings on recruitment efforts, early in the New Year.

New Urgent Care Centre Pilots

New urgent care centres are being piloted in Slough and Aldershot offering same-day treatment for patients who do not need care in our emergency departments, enabling non-emergency patients to be treated more quickly in a more appropriate, non-acute setting whilst also helping to improve performance and flow in our Emergency Departments. All of which will be better for patients and support our endeavours be amongst the best for the four-hour urgent care standard.

Trust and ICS teams are working together to encourage appropriate patients to use these new services with information being shared with local media, community networks and across all online (website and social media) channels. In addition, posters and leaflets promoting the new services are also supporting our teams to redirect patients from our emergency departments to these alternative services.

Fire alarms at Frimley Park

The fire alarm system at Frimley Park Hospital is undergoing material and urgent safety works. Work to update the system to the highest possible standard is being undertaken and robust mitigations have been implemented alongside heightened training for staff as well as communications for staff and the public.

Given the critical nature of the system, the works are being managed and on a daily basis with oversight at executive level. The complexity of such works means it is expected the works will take several months to complete.

Patient safety remains paramount and our mitigating actions are being overseen through regular liaison with experts such as Surrey Fire Service. There have been no clinical or safety incidents during these works and the Board will be kept updated with progress.

4.0 PERFORMANCE OVERVIEW

Access

Our performance has faced significant challenges, notably in meeting the 4-hour standard, which fell slightly short at 59% in November against a 60% internal target. The number of patients exceeding 12 hours in the Emergency Department increased to an average of 8.8% across both sites in November. However, we have a number of measures in place to improve this including additional bed capacity, increased senior input to Urgent and Emergency Care (UEC) and Same Day Emergency Care facilities. Ahead of the Christmas and new year bank holidays we worked with our system partners to run a multi-agency discharge event from 11 to 15 December, to expedite safe discharges and prevent unnecessary admissions and ultimately attempt to reduce pressure on services.

Our UEC virtual wards are also set to expand, providing shorter hospital stays or preventing admissions for thousands of patients. With additional funding, we are hiring 10 new staff members, increasing virtual ward capacity to accommodate 60 patients simultaneously. In its first year, the service achieved a 97% discharge rate, demonstrating successful care at home, with only 3% requiring hospital admission.

While our waiting list has slightly decreased, the ongoing industrial action is expected to impact it further. Some patients are still waiting over 78 weeks, contrary to the national target of zero, currently standing at 59, with two-thirds attributed to patient choice. Despite being off trajectory for our 65 week waits at 574 against a plan of 200, we have made consistent progress, treating, or discharging around 900 patients weekly, reducing from 27,000 in July to 5,900 presently – and we expect to be in line with the national objective to eliminate waits over 65 weeks by 31 March 2024. Our main areas of concern are vascular surgery, orthopaedics, urology and gynaecology largely due to challenges around capacity, and we are running extra clinics to address this.

In cancer care, funding from Surrey and Sussex Cancer Alliance (SSCA), alongside closer monitoring of cancer waits, alignment with clinical teams and additional weekend clinics has helped us address the backlog of patients waiting for a diagnosis. Although this has had a subsequent impact on our performance against the faster diagnosis standard (dropping to 73% in November from 75% in October), we expect to see continuing improvements in the speed of diagnosis and overall performance in the coming months, particularly in our 62-day backlog, which currently sits at 195. There are five main areas we are focusing on to ensure we meet our targets, these are CT Colon scanning, lung performance, gynaecology, urology and skin.

We are closely monitoring all of these services, running additional clinics, leveraging waiting list initiative payments, and developing further business cases for Surrey and Sussex Cancer Alliance (SSCA) funding to ensure appropriate planning is in place for improved performance.

We have seen a significant shift in our diagnostic waiting times since May 2023 where our waiting list was 37,218, and the number of patients waiting over six weeks was 23,250 – with a performance level which was one of the worst in the country. Thankfully due to a significant amount of additional activity, greater focus on scheduling and validation by the clinical and operational teams, notably within radiology and endoscopy, our waiting list has reduced by 15,000 patients over the last seven months, almost all of them patients who had breached the performance standard, and that total now stands at approximately 7000 with plans to continue reducing this down over the coming months as we aim for our performance to become one of the best in our region.

People

NHS National Staff Survey 2023

The national staff survey took place between 25 September and 24 November, during which time members of our Organisational Development Team conducted 249 recorded engagement actions to encourage people to take part.

These efforts contributed to a response rate of 59%, a 9% improvement on last year's completion rate and significantly above this year's comparable national average of 46%. While we always aim for 100%, this is our highest ever response rate. Picker, who conduct the survey on our behalf, is compiling the data for managers to review with their teams early in 2024. Early results will be shared with the People Committee this month and full results with national benchmarking will be presented to the Board once they are available.

Menopause Friendly Employer

We are actively working on achieving Menopause Friendly accreditation. So far, over 150 people have attended our workshops and we have created a Menopause Friendly Workplace group (which already includes 71 colleagues) to share updates, training dates and information.

We have also trained our first 14 Menopause Advocates and will be running two further training sessions in partnership with Henpicked, who provide advice and guidance.

Recruitment

Through a combination of recruitment and improved retention, we have seen an increase in substantive staff of 7.1% (from 9,397 in November 2022 to 10,064 in November 2023) and despite our nursing vacancy rate increasing to 9.2% in November from 8.8% in October, this is still significantly lower than our 14.5% vacancy rate for nursing at the start of the financial year. We anticipate the vacancy rate will reduce and improve further in the coming months as our latest arrivals of Internationally Educated Nurses pass their OSCE and achieve NMC registration (these recent recruits account for the apparent discrepancy in vacancy rate of 7% as reported in the Nursing and Midwifery Staffing report later in today's agenda).

Since the roll out of the Nursing and Midwifery managed service provider (MSP) and soft launch of the Medics & AHP MSP in May we have seen a significant reduction in agency spend, which has come down to 4% of the total pay bill in August from a high of 8.5% in February 2023. This increased marginally from 4.1% in September to 4.3% in October so further work is required to sustain reductions.

On 5 December, a new ID badge software went live across Wexham and Heatherwood, streamlining the badge production process for new starters and our HR teams. This cloud-based system, optimised for mobile use, enhances efficiency, security, and information quality for a better onboarding experience.

Equality, diversity and inclusion activities

The first meeting of the Trust's Equality, Diversity, and Inclusion (EDI) Committee will be held in the same week as the January Board meeting. The aim is to bring the EDI agenda to a local level, aligning it with the strategic aims in the NHS EDI High Impact Actions, including workforce race and disability equality standards data. As our Race Equality and Diversity Network chair, Iram Khan will also chair the committee, with representation from all directorates, human resources, staff side, and Internationally Educated Nurses (IENs).

To better support those patients who need it, we are piloting a new video interpreting service trust-wide and British Sign Language is offering a video service in both our emergency departments. As part of the Culture and Leadership programme, which has been reported in previous reports, we launched a survey in December to gather feedback on staff events, benefits, financial wellbeing support, and suggestions for future initiatives.

Financial Performance

Our year-to-date position is a deficit of £6.3m, which is an overspend of £3.8m against plan.

The trust received additional income relating to the costs to cover industrial action and elective activity related income. However, we continue to see overspends driven by those key themes of using outsourced resources, costs of opening escalation capacity and mental health nursing support.

Additional funding has been provided to organisations for industrial action and supporting electives, the Trust will be expected to reforecast at a system level for the February returns. This reforecast will include the outcome of additional internal actions and impact of December and January industrial action.

The rebased plans for systems across the South East region are still being discussed with the National NHSE team and further saving targets may be required.

2024/25

National Planning Guidance for 2024/25 would normally have been issued shortly before Xmas, however as discussions with the Government are still on-going we continue to await its publication.

However, we have been advised the overall financial framework will remain largely consistent with this year, including the payment approach used to support elective recovery. Additionally, system plans will need to achieve and prioritise financial balance.

Internally work has already begun with directorates submitting initial plans in December and meetings were held to triangulate activity, workforce, quality financial assumptions.

Quality

Frimley Park Hospital has achieved a silver-level award as a National Joint Registry Quality Data Provider for 2023. This recognition is part of the National Joint Registry (NJR) Quality Data Provider three-tier award scheme, which acknowledges hospitals for excellence in supporting patient safety standards through compliance with the NJR data submission quality audit process. The new three-tier system (gold, silver, and bronze) aims to encourage hospitals to strive for the highest data quality standard.

Recent evaluations from the NHS Getting It Right First Time (GIRFT) team were positive for our diabetes, ophthalmology, and cardiology services. GIRFT praised the cardiology SDEC at Wexham Park, and we plan to implement a similar model at Frimley Park. They also acknowledged our cardiology support for GPs, seeing the potential from faster non-emergency care in the community. In diabetes and ophthalmology services, our ophthalmology service was recognised as a national exemplar and GIRFT commended the quality of diabetic care in the Integrated Care System (ICS). While awaiting full reports, our teams are committed to aligning with GIRFT's best practices.

Our teams have been able to use the EPR to move most patients from IV to oral antibiotics as soon as they are ready and provide expert input to deteriorating patients sooner, particularly overnight thanks to our Hospital @ Night teams. We have also seen enhancements in sepsis screening and antibiotic treatment within our EDs, achieving 100% for screening and 85% for appropriate antibiotic administration within the hour.

New risk assessment system

There is a national requirement from NHSE for all trusts to move from the National Reporting and Learning System (NRLS) to the newly implemented Learn from Patient Safety Events (LFPSE) service in an effort to improve how Trusts report and learn from incidents and events and as such we will be launching a new risk management system, InPhase, to meet this requirement.

InPhase will replace RLDatix when our contract comes to an end. We are the only Trust in the UK which runs the RL6 element of RLDatix (previously RL and Datix were two separate entities and merged during our contract). This means that the migration tools available to us from InPhase are not compatible (the tools are built to migrate from DCIQ and Datix legacies, which were predominantly the system providers of choice across the country) and although our migration is already underway it is proving to be more complex and resource heavy than we anticipated/planned for and which other Trusts have experienced. However, we have taken the decision to ensure robust plans are in place for the transition because we know that other Trusts have faced early challenges in using the LFPSE system. Our aim is to minimise disruption as much as possible and ensure that all our staff can report and respond to incidents quickly while prioritising learning and patient safety.

We are acutely aware of the 'change fatigue' our front-line staff have experienced especially regarding digital systems, and we have taken the position to ensure that we 'get it right first time.'

This is a significant project which will put us in a strong position to fulfil our national requirements and deliverables which we aim to complete in Q4 2024.

5.0 DEVELOPMENTS AND ACHIEVEMENTS

Wexham retains 5-star rating for catering

In addition to Frimley Park's five-star food hygiene rating reported in the last report, Wexham Park has maintained its top five-star rating following a recent routine inspection.

Senior nurse chosen for Florence Nightingale leadership programme

Wexham Park ITU matron Ruramai Chidzambwa has won a place on the Florence Nightingale Foundation's (FNF) Leadership scholarship. These programmes are only awarded to a few nurses or midwives in England each year and are described as 'transformational' by those who have attended. Ruramai began her career as a band 5 nurse at Wexham in 2002 and worked her way up to the role of matron, leading a team of 56 nurses and health care assistants in the intensive care unit.

Frimley's first dedicated bereavement suite opens

Frimley Park Hospital's first dedicated area for supporting families through all types of bereavement has officially opened. This is an addition to the specialist maternity bereavement suite which supports families experiencing loss. The new suite contains an office where doctors and medical examiners can work and there is a dedicated room where relatives can discuss the loss of their loved one in a private and calm setting.

Sky News filming at Heatherwood

Sky News came to see the positive work we have been doing as a backdrop for a report about the national monthly NHS performance stats. Deputy medical director Dr John Seymour and Dr Deepa Jadhav, consultant anaesthetist and GIRFT lead, were interviewed about the different ways we are working to make a significant difference for our patients at Heatherwood – from reducing length of stay to under two days, extended working weeks in theatres and diagnostics and the huge amount of work that has gone into capacity and discharge planning.

Double win for AIR team on AHP Day

Allied healthcare professionals (AHP), celebrated AHP Day on 14 October. As part of the celebrations the Frimley ICS AHP Team held a webinar to showcase their clinical successes and to announce the winners of the Frimley ICS AHP Awards were Charlotte Glazzard as AHP of the Year, Daniel McCrea as AHP Support Worker of the Year and Caroline Dodds as AHP Innovation and Transformation Champion.

Appointment with The King to celebrate international staff

Two Frimley Health colleagues had an opportunity to meet the King during a Buckingham Palace reception celebrating internationally educated nurses and midwives.

Alvin Nierva, matron for education, and Nana Arko, a safeguarding and perinatal mental health midwife, were nominated to attend by Trust and NHS South-East colleagues. The reception was an opportunity for the pair to connect with fellow international nurses who have made an impact on the NHS and social care sector – even meeting Chief Nursing Officer for England, Dame Ruth May.

Appendix A: FRIMLEY INTEGRATED CARE SYSTEM (ICS)

1.0 INTRODUCTION

This report summarises key areas of note regarding developments across the Frimley system which may be relevant to the Trust.

2.0 2023/24 WINTER MESSAGING AND PLANS

Frimley Health and Care Integrated Care System (ICS) continues to experience unprecedented pressure across all sectors; key system challenges include the demand for services which continues to increase; the disruption from continued Industrial Action; planning against financial challenges; the need for surge beds, e.g., Heathlands and, delivering our longer-term Urgent and Emergency Care Strategy.

Together, across the Frimley Health and Care ICS, all partners have contributed to and are now jointly operationalising our shared Winter Plans; collectively delivering High-Impact Interventions in Acute respiratory infection hubs; Care transfer hubs; Community bed productivity and flow; Frailty; Inpatient flow and length of stay; Intermediate care demand and capacity; Same Day Emergency Care (SDEC); Single point of access; Urgent Community Response; and Virtual wards.

Analysis suggests that up to 240 A&E attendances per day (~36% and c.20% of non-elective bed days) could be treated in community settings.

This includes the Aldershot and Slough Urgent Care Centres focusing on Minor Illness/ Injuries that opened recently as a planned response and to support Winter Plans.

For more information on the Aldershot Centre visit: [Aldershot Urgent Care Centre | Frimley Health and Care](#)

For more information on the Slough Centre visit: [Slough Urgent Care Centre | Frimley Health and Care](#)

Partners across the Frimley Health and Care ICS also continue to iterate Resilience and Surge Plans and work together on mitigating risks over this challenging period.

Communications and Messaging likewise is ongoing including publication of the 'Stay well this winter' webpage (www.frimleyhealthandcare.org.uk/wintertips); Frimley Health and Care is identifying impactful themes/ topics with local partners and residents to showcase.



3.0 DIGITAL- VIRTUAL WARDS

Attitudes and behaviours are changing towards Digital Healthcare. In March 2023, the Health Foundation found that of 7,000 Members of the Public:

- 71% said they are open to being treated on a Virtual Ward
- 78% said they would be happy for their health at home to be monitored using technologies.

As at September 2023, Frimley Health and Care Occupancy Rate for its 10 operational Virtual Wards stood at 85% and is one of only 14 ICS's delivering at least 80%, exceeding this expectation nationally.

4.0 FINANCIAL SUSTAINABILITY

Frimley ICB continues to report a deficit position which is averse to plan. The system has submitted a re-baselined financial plan for the current year which reflects additional funding for the impact of Industrial Action and elective activity income as well as other cost control actions to mitigate pressures. These plans are still being discussed at regional and national level.

5.0 FRIMLEY INTEGRATED CARE BOARD FUTURE OPERATING MODEL AND ORGANISATIONAL STRUCTURES

In aiming to design an effective and efficient Frimley Integrated Care Board (ICB), as a key partner within the wider Frimley Health and Care ICS, and deliver improvements in partnership and system-working, we were asked to comment on the draft Frimley ICB Operating Model and Organisational Structures recently and to feedback our insights as a partner on:

- The proposed vision, purpose, and mission
- The proposed place model
- How we as partners can better integrate to achieve our common goals
- How we can accelerate our work through provider collaboratives

Our feedback was submitted on 14 December 2023; we acknowledged the challenges faced by our Integrated Care System (our ICB, our Place-based Partnerships and our Provider Collaborative) and the changes to the future Operating Model and Organisational Structures being proposed and, we recognised and supported these in strengthening our system as a whole. We also committed to delivering existing initiatives and future opportunities in partnership and identified improvements and offered suggestions as to how we do this as a system together, including:

- accelerating areas that would benefit from being led and progressed by the Provider Collaborative; aligning the collective delivery of our Major Projects/ Programmes to our limited Resources and engaging on opportunities for greater scale where these make sense e.g. benefitting from bringing expertise and functions together and/ or exploring with the ICS options re single shared services
- aligning our approach to identified integrated opportunities such as exploring building on the work of the ICS Frimley Academy to establish an 'ICS Academy/ University' that advances our capability and capacity in Clinical leadership, aids Medical and Nursing recruitment and retention and, collectively develops our leaders
- clarifying decision-making further e.g. formalising a protocol that references the role of the Trust Board
- clarifying further how the ICS and the separate structures in the system will work together and describing the interface and the opportunities in relation to this
- consistency and coordination of cross-cutting programmes as well as the focus on our local places and populations.

6.0 COMMUNITY ENGAGEMENT AND INVOLVEMENT

Around 500 Community Panel Members have enlisted so far for the Frimley ICS Online Community Panel which continues to be open to Partners, Residents and Staff, ensuring that they are at the heart of and can influence plans and priorities.

During October and November, a Flu Vaccination Survey focused on:

1. How aware people are of the flu vaccination
2. Eligibility criteria for free vaccinations via the NHS
3. Likelihood of receiving a vaccination this year
4. Views and feedback on why people feel the vaccine is important and any reservations that people have about receiving it



In December, a Hypertension Survey is focusing on:

1. awareness of high blood pressure
2. experiences of high blood pressure

7.0 INTEGRATED CARE PARTNERSHIP

On 5 December 2023, the fifth Frimley Health and Care Integrated Care Partnership took place system-wide. To date the work of the ICP has focused on both shaping the ICS strategy and identifying priorities for our six shared system ambitions being implemented through our joint working arrangements.

Following feedback from ICP Partners and in line with our ICS Strategy, the December ICP workshop explored Equality, Diversity and Inclusion (EDI) both through a broader system lens and in thinking through how we work together for bigger impact. Leadership and Culture has already been identified as core to the delivery of our system ambitions and the December ICP is an example of how we can make a difference when aligned on collective actions.

The workshop included plenty of discussion as opportunities were identified that we want to work on together. Colleagues shared examples and agreed actions to build on the EDI work that is already taking place across our system, took time to vision the future together for our system and developed our commitments and actions, as a system and partners, to respond to challenges.

There was also time to hear and reflect on the work of the Frimley Health and Care ICB, as one of our system partners, to help shape the future operating model for the benefit of our partnerships and our residents.

8.0 MIRROR BOARD

In September 2023, there was approval to develop a Mirror Board to the NHS Frimley Board.

This innovative programme provides an opportunity for staff across the System to gain experience of Board level discussions supported by the ongoing Development Programme. The ambition is to develop a diverse succession pipeline for Boards and provide the Board with access to diversity of thought to its agenda whilst also contributing directly to the Frimley ICS Equality, Diversity and Inclusion (EDI) ambitions, particularly 1. Senior leadership development, 2. Diverse teams, 3. Building inclusive cultures to develop, and 4. Anti-racist System.

The ICB noted the strength of similar models operating in other organisations and considered this to be a positive opportunity to hold a mirror up to the Board. There was also support to create long-term reciprocal mentoring between counterparts on the ICB Board and the Mirror Board.

The EDI System Lead and the EDI Board Champion will ensure that the Mirror Board has a strong voice at the ICB Board as this is considered key to its success and impact.

Report Title	Six monthly Nurse and Midwifery Staffing update: January 2024
Meeting and Date	Public Board of Directors, Friday 12 th January 2024
Agenda Item	9.
Author and Executive Lead	<p>Authors:</p> <p>Neil Webb, Senior Lead Nurse Workforce (Lead author)</p> <p>With data supplied by: & Rob Shuttleworth, Head of Workforce Intelligence</p> <p>Additional HR information supplied by:</p> <ul style="list-style-type: none"> - Emma Luhr, Director of Midwifery - Dan Winchcombe, (Interim) Head of Resourcing - Victoria Blampied (Head of People Programmes) <p>Executive Leads:</p> <p>Lorna Wilkinson, Chief of Nursing and Midwifery Matt Joint, Director of People</p>
Executive Summary	<ul style="list-style-type: none"> • This paper provides the Trust Board with an overview of nursing and midwifery staffing across Frimley Health NHS Foundation Trust, in line with National Quality Board expectations and the Developing Workforce Safeguards (NHSE). • Workforce reviews were held between September-December 2023 for budget setting for the financial year of 2024/25. These reviewed the nursing and midwifery staffing levels in our inpatient wards and emergency departments with the nursing leadership teams from these areas. At the time of this paper being produced we are currently reviewing and prioritising the outputs of the reviews which will be presented separate to this paper in early 2024 to Trust Management Board (TMB) • The paper provides assurance on activities within the Trust to ensure we deliver high quality care through a safe and sustainable nursing and midwifery workforce, benchmarks where available are also provided.

	<p>Nursing & Midwifery key items to note:</p> <ul style="list-style-type: none"> • We will have achieved by January 2024 the recruitment of x256 number international educated nurses and smaller numbers for midwives. This contributes to the overall reduction in vacancies to 7% registered vacancies based on current budgeted establishments. This is one of the best in the region. • Key success should also be noted within our Care Assistant recruitment. Over the last 6 months, month on month we have achieved a net gain (starters –leavers, a net gain of 113 members of staff over 6 months). • Retention is stable within the <i>nursing registrant workforce</i>; turnover has reduced and is currently sitting at 10% which is below the national % • Turnover within the <i>non-registrant N&M workforce</i> is currently 15% a fall from 12 months ago of 3% (December 2022, 18%), this is a significant positive decrease in turnover within a known transient part of the nursing workforce. This is in comparison to the national median turnover of healthcare support workers of 20%. • The future IEN pipeline for 24/25 financial year is currently being planned at the time of the paper being prepared. An aspirational number of within the circa of x150 is being forecast to assist in supporting covering predicted Trust turnover. This is forecast to be in the regions of x 15 IEN arrivals a month with two months where there are no IEN arrivals. This is a 40% reduction in the arrival numbers we had within this financial year (FY) and will be subject to a sperate business case and proposal to TMB. • There continues to be a strong focus on the reduction of our temporary staffing spend. Overall agency usage within Nursing and Midwifery has reduced since our last paper earlier this year, however our enhanced care observation additional staffing requirements continue to be a challenge. • The Trust continues to match both peers and national benchmarking on CHPPD (Care Hours per Patient Day). This is a positive position from the previous January paper in line with peer and national data. It is important that the Board notes that we are addressing our patients staffing requirements safely and in line with median CHPPD in other regional organisations. • The evidence collated within this document suggests that there are strong controls and oversight of nurse staffing in place. We have safe and sustainable funded staffing levels within our inpatient areas overall. Our retention work continues to be of prime importance alongside a focus on recruitment both domestically and overseas, as well as ensuring that in the current financial climate we
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	<p>have effective and transparent controls to demonstrate the safe and effective deployment of staff.</p> <ul style="list-style-type: none"> It is also important to note (as within previous papers) that our Trust total % headroom uplift within each departmental cost centres is below the national recommendation of 22.5%. We have within the Trust a standard 20% headroom allowance. This immediately creates departmental cost pressures when balancing sickness, A/L and Study leave, especially where it is expected within a speciality that the clinical workforce will be required to attend a higher number of study leave hours >39 hours annually which is the current state. Clinical areas like critical care, emergency medicine, maternity and speciality medicine areas are often challenged working within this headroom %.
Recommendation	<p>Set out in the report below, recommendations:</p> <p>The Board is asked to note:</p> <ul style="list-style-type: none"> The nursing, midwifery and care staffing information provided in this report is in line with the National Quality Board Safe Staffing Guidance, (July 2016) and NHSE Developing workforce safeguards (October 2018) document. This paper assures the Board that the Chief of Nursing & Midwifery is satisfied that staffing is safe, effective, and sustainable considering the significant workforce challenges mentioned within this paper. Where there are workforce challenges noted there are ongoing short-, mid, and long-term plans to address these that the Chief of Nursing and Midwifery has oversight of. All risk and plans of workforce mitigations will be handed over to the incoming Chief of Nursing and Midwifery to progress. To note the current workforce risk within WP community midwifery team as outlined within section 2.0 of this paper. To note the current FY cost pressures from the higher number of IEN arrivals this year and their associated unbudgeted 'double running' cost pressures within wards/departments where IEN's have been recruited.
Appendices	<ul style="list-style-type: none"> Appendix 1: Neonatal Workforce report required to demonstrate compliance for Maternity Incentive Scheme Appendix 2: October 2023 NHSd Nursing and Midwifery Trust return Staffing fill rate % Appendix 3: Peer Trust info relating to Model Hospital data within the sections of the paper referenced.

Compliance	National Quality Board Safe Staffing Guidance, and NHSE/I Developing Workforce Safeguards
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1.0 Introduction: Safe Staffing:

- 1.1** The purpose of this report is to comply with the National Quality Board (NQB, 2016), 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' (July 2016). This requires healthcare providers to ensure they have the right culture and leadership skills in place for safe, sustainable, and productive staffing. This Trust is compliant with NQB safe staffing expectations, which includes the mandated reporting metrics as outlined in this document.
- The Trust works towards being compliant with the recommendations and requirements within the Developing Workforce Safeguards (NHSE, 2018).

1.2 Safe Staffing

Building upon the previous safe staffing paper in July 2023 we continue to focus on ensuring we have the 'right staff with the right skills in the right place'. Our focus over the last quarter has been in ensuring we met our NHSE MOU re: IEN landers agreed. These larger arrival months over the last three months have required focus to appropriately allocate and pastorally and clinically support across our departments once they have passed their OSCE exams and received their NMC registration.

We have recognised this last quarter IEN arrivals have required additional support in the clinical areas. This can range from 3-12 weeks local induction and double running £ costs as their shifts are often 'back filled' to allow them to be supernumerary or in some cases filling shifts on ward rostering templates that are non-registrant to support their local induction and development. These double running £ staffing costs have been flagged within directorate financial performance reviews with the Finance Director as a significant cost pressure within several of our wards/departments cost centres.

At the time of this paper focus has been on ensuring our escalation bedded areas across the Trust are safely staffed. Despite substantively funding long-standing escalation areas from the beginning of 23/24 the operational pressures have not abated, and as a result further areas have been added to the escalation bed base. We aspire to there being no shifts that are running on solely bank or agency. This is achieved through planned rostering and movement of staff for escalation beds in conjunction with daily oversight from senior duty nurse on each site. Many of our IEN landers from September onwards are backfilling wards where staff have been displaced to work within our escalation bedded areas over the winter to spread any workforce risk across each site/department.

Through planned reviews of rosters daily in each department, reduction in vacancies and turnover we are at the time of this paper being written assured we have safe staffing for our patients. Where there are concerns raised by a nurse in charge, we continue to raise 'Red Flags' for safe staffing which are reviewed and addressed within the operational staffing daily reviews.

A key financial challenge/risk is the continued high levels of enhanced care observation patients and the associated numbers of shifts that required increased staffing levels. Section 1.3 outlines the current staffing demand. This alongside the noted risk within the WP Community midwifery workforce outlined within section 2.0 of this paper.

Another challenge as we move through winter will be managing the non-elective demand on our hospitals. Activity within the Emergency Depts (ED) continues to be high. The associated costs of a nursing workforce to manage this sustained demand safely e.g., ambulance lines in the departments, are not included

within the emergency departments budgets. This is therefore an additional temporary staffing cost pressure to our EDs. The nursing workforce is also flexing into escalation areas as cited above to operationalise the winter plan at additional cost.

It is also important to note (as within previous papers) that our Trust total % headroom uplift within each departmental cost centres is below the national recommendation of 22.5%. We have within the Trust a standard 20% headroom allowance. This immediately creates departmental cost pressures when balancing sickness, A/L and Study leave, especially where it is expected within a speciality that the clinical workforce will be required to attend a higher number of study leave hours >39 hours annually which is the current state. Clinical areas like critical care, emergency medicine, maternity and speciality medicine areas are often challenged working within this headroom %.

1.3 Enhanced Care Observation: additional staffing requirements

Additional temporary staffing requirements for enhanced care observation continue to be one of our key areas of focus. This poses both a challenge operationally to deliver the additional staffing requirements deemed to be necessary through patient assessment, but also poses as a significant challenge to our nursing budgets £ financially. Controls around this requirement are in place:

- Nursing and midwifery staff assesses all patients within the first 24 hours of admission to the Trust for their risk of enhanced care observation requirements under our policy. Where a patient triggers a requirement for either 1:1 or cohort nursing observation (Care assistant (Band 2), Mental Health Care Assistant (Band 3) or Registered Mental Health Nurse (RMN Band 5/6) is requested dependant on level of risk as an additional enhanced care requirement to bank/agency. Authorisation of these shifts requires Head of Nursing approval.
- Figures one & two represent the requesting volumes of shifts for enhanced care observation from October 2022 – November 2023 alongside the bank and agency fill rates. These are additional shifts requested above the budgeted numbers per shift within each units finance model. These shifts create an additional cost pressure overall to each department, however, are deemed as an essential requirement to maintain the safety of the patient, or at times, concurrent patients or our staff.. The reason that the registered only appears in the agency line is because these would be RMNs exclusively, and we do not have RMNs on our Bank. The data demonstrates that there has been a downward shift which has plateaued, and work continues to test these requirements further. The Deputy Chief Nurse is also now part of a regional collaborative regarding mental health agency spend as this is a trend being seen locally and regionally.

Figure 1. Number of shifts requested from temporary staffing: Bank/Agency (Registered Staff, RMN):

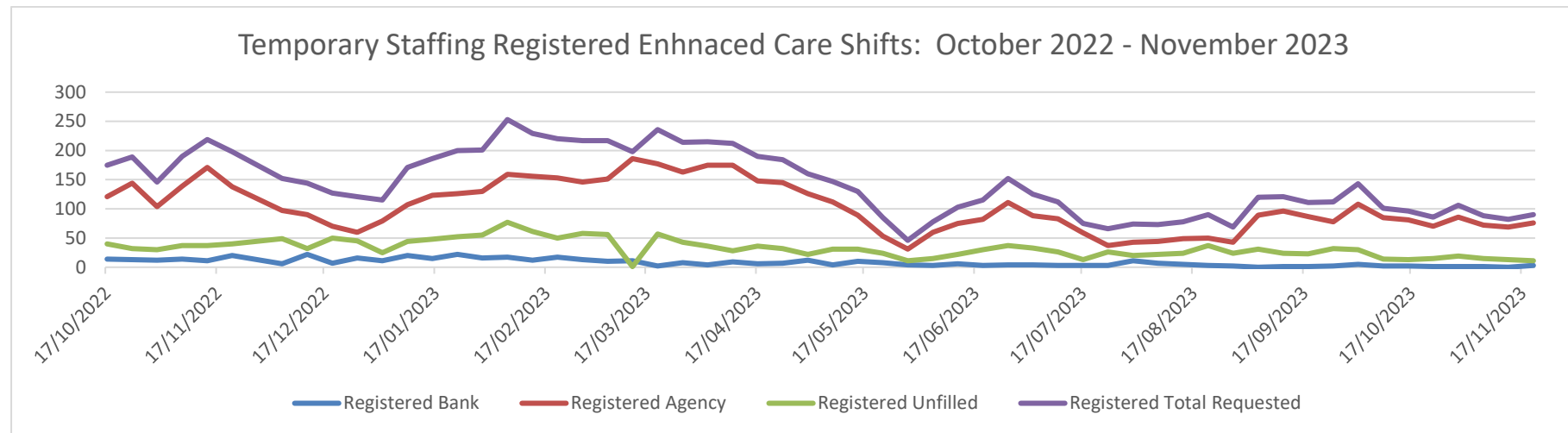
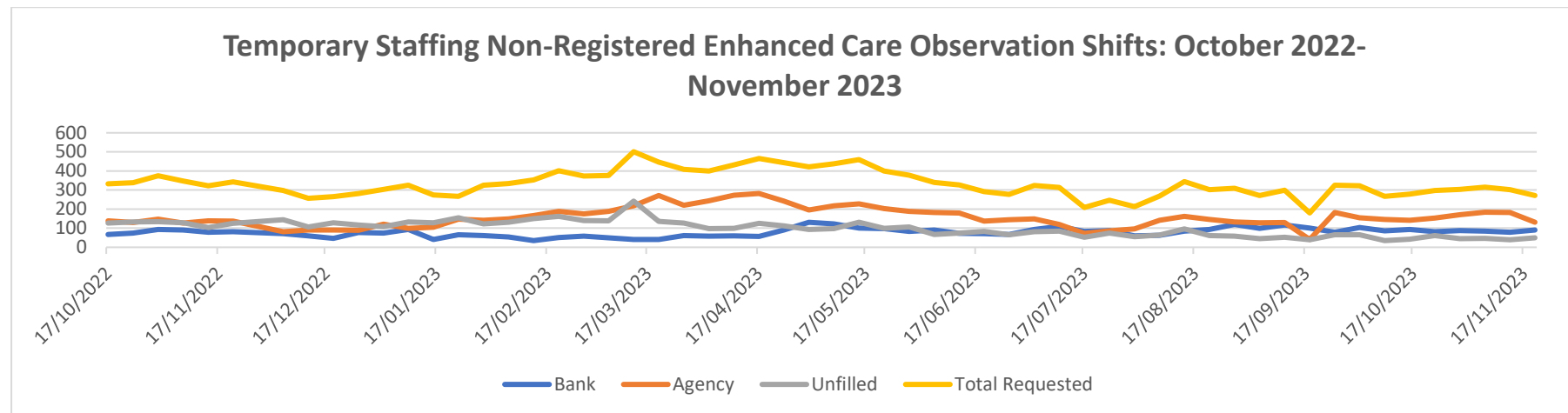


Figure 2. Number of shifts requested from temporary staffing: Bank/Agency (Non-Registered; Care Assistant, Mental Health Care Assistant):



It was noted within the previous staffing assurance paper in July, that last financial year we spent > £4M on enhanced care observation workforce to ensure patient safety. This had been a marked increase on previous years and therefore the Trust allocated £2M within this financial year that was split across several departments cost centres where enhanced care was the greatest need. This equated to below 50% of the overall spend for enhanced care last year.

The Nursing and Midwifery body at FHFT continue to closely monitor the use of this additional staffing and oversight is gained through the Nursing Workforce Assurance Group (NWAG). As evidenced within figure 1 and 2, steady improvements were made in Q1 and Q2 with regards to requesting practices and fill rates of registered staff, but modest improvement has been seen in the use of unregistered staff. Controlling enhanced care additional staffing requirements will become especially challenging as we move through winter and the last financial quarter of this year.

To assist with scrutiny and appropriateness of enhanced care usage, we have now built into EPIC an enhanced care observation section within assessment and ongoing patient documentation. Epic now incorporates the Enhanced Care Observation Policy Rag rating tool and assessment documentation. The expectation is that each patient on admission (or within 24 hours of admission) has an initial enhanced care observation screening, removing paper assessment documentation within wards. Where patients require enhanced care observation, a full assessment of their nursing care needs and staffing requirements is completed. Each patient is then reviewed and re-assessed per shift of what level of staffing they require, and this is documented within Epic assessments. Heads of Nursing with their Matron team members are professionally responsible for ensuring there is strong 'grip and control' around appropriate enhanced care use of additional workforce alongside the senior sister of a department/unit as budget holder.

This all with the aim to give the 'grip and control' around both patient safety and quality of care but also tight financial controls around appropriate temporary staffing requests. Data captured within EPIC can be cross correlated with the pattern of additional duties being requested for 'enhanced care' by the senior nursing teams (HoN, Matron and SSR of a department) electronically without reviewing paper assessments on each department.

We are currently at the time of this paper being written working with the Epic IT team in creating a set of reports. These reports are aimed to assist with the central oversight of Enhanced care observation (as per policy) assessment completion and will assist with future audit requirements.

We also continue as noted in the last staffing assurance paper this year to also:

- re-education amongst clinical staff of our enhanced care observation policy and patient risk assessment and mitigating actions to follow.
- Task and finish group with trust wide nursing/midwifery clinical staff focussed on the safe, effective use of additional enhanced care workforce demands.
- Working closely with our mental health partners to ensure (1) patients within our care are safe and well cared for (2) appropriate use of RMN's.
- Working in collaboration with the Surrey Heartlands Mind and Body Provider Collaborative - Integrating Physical and Mental Health. Included within this work is working with the key nursing agencies used by all the local acute hospitals and discussing a framework around the expectations of RMNs when they look after patients who are nursed on enhanced observations. The aim is to ensure patients receive the same care irrespective of the local hospital they could get admitted to.

A particular focus of the Mind and Body Provider Collaborative is the use of Enhanced Care Teams. These are dedicated care workers (RMNs/MHCAs/HCA's) deployed as required providing enhanced care needs across the site. Various models and approaches have been offered with varying level of previous success and are reliant on a dedicated leadership team, promotion, and supervision. Historically these teams are difficult to recruit to and retain and can lead to false economies and frustrations as demand can outstrip supply to which ward, and environments have contributed to. This approach also limits personal and professional ownership, comfort and confidence supporting patients with challenging needs.

An approach to avoid agency spend and bring these enhanced care skills in house, the Temporary Staffing team has developed a MHCA Band 3 role. To date over eighty applications have been received from existing Band 2 staff, who will undergo a 2-day training package to be able to access these MHCA shifts, and avoid agency premiums and offer a greater level of consistency and continuity for our patients.

1.4 Winter Escalation Bedded areas:

The additional challenge through winter to April 2024 will be keeping our multiple unit escalation areas open and staffed over the 24/7 periods whilst ensuring we are safely staffed and running each area as cost effective as possible. There have been directorate escalation planning meetings to ensure we allocate staff across the various escalation areas to cover the required duties whilst honouring staff's current rostering patterns to ensure staff are supported through these moves. This fine balance all to offset the organisational risk and to ensure safe, cost-effective nursing care is in place for our patients and to avoid reliance on temporary staffing.

2.0 Maternity services update (*Narrative supplied by Emma Luhr, Director of Midwifery*)

The midwifery staffing is funded to achieve the recommended midwife to birth ratios from the last Birth Rate Plus review of 1:24.5 at Frimley Park site and 1:23.5 at the Wexham Park site. Which enables the trust to achieve compliance with Ockenden Recommendations (Dec 2019).

Our existing recruitment and retention action plan remains in place and is being progressed. Monthly reviews of the midwifery establishments by the Heads of Midwifery for each site continue. On 1st October 2023, the vacancy rate for Registered Midwives was 14.8% (59.49 WTE) cross site (23.78 for Frimley Park 35.71 WTE for Wexham Park) with a further 19.11 WTE waiting to commence in post at the time of this paper being written. Additional workforce challenges/gaps in available staff to roster have been 18.86 WTE midwives being on maternity leave, 12.48 WTE of these are from the Frimley Park site.

Throughout 2023, we have strived to achieve our recommended ratios as set out by Birth Rate Plus using bank and agency staff. This has not always been achievable due to the vacancy rate during July and August 2023 being at 20%. This meant that the during these months we instigated our escalation plans more frequently which ensured safe staffing levels.

Below table demonstrates the woman/midwife ratio 1:x across this financial year on each site's maternity service.

2023/2024	April	May	June	July	Aug	Sept	Oct	Nov
Frimley Park Woman/Midwife ratio 1 to	26.10	26.5	26.7	26.5	25.7	25.9	24.6	25
Wexham Park Woman/Midwife ratio 1 to	24.0	25.0	25.0	26.0	26.0	26.0	25.0	24.0
Frimley Health Woman/Midwife ratio 1 to	26.0	25.8	25.9	26.3	25.9	26.0	24.80	24.50

Recruitment to our vacancies remains our top priority and remains a risk on our departmental risk register with a current score of 16. Being able to fully recruit to these vacancies continues to be a significant challenge and is a longer-term plan. This is not unique to Frimley Health NHS Trust as there remains a national shortage of midwives.

Currently at the Wexham park site most of the vacancies have been held within the community midwifery service, this is not sustainable, and work is being progressed with the Head of Midwifery and Matron for community to reduce the vacancies. The Royal College of Midwives regional representative is aware and supportive of the proposed plans. Operational mitigations are in place daily, overseen by the senior maternity leadership team alongside a focussed recruitment task and finish group to aspire to reduce the current vacancies.

Our cross-site retention lead midwife is collaborating with the matron team and midwives to determine how we can make any improvements to assist with retaining our staff. This individual undertakes all the exit interviews and gathers themes that as a team we can collectively address. Our turnover rate did increase in the summer months ; however, this has now reduced to 15% cross site and our aim is to continue to reduce this further during the remainder of this year and in to 2024.

International recruitment continues but as previously reported is not a quick solution. These midwives need support to undertake the role fully, however we do see this as an investment for the future. To date we have successfully appointed eleven international midwives and recruited a further 3 (pipeline).

We have retained our international lead for this year as this individual provides pastoral support to those relocated to live in the local area with the aim of supporting retention of them and enable us to increase this part of the workforce going forward.

We have plans in place to recruit to the return to midwifery practice and support programmes available for midwives looking to retain their midwifery registration.

During the summer of 2023, the Head of midwifery at the Frimley Park Site commissioned an external review of community midwifery services due to concerns being raised about teamwork. This review gave the opportunity for all midwives, team leaders and the matron to be involved and there was positive engagement. The report will be shared with the Director of Midwifery, Chief of Nursing and Midwifery and Director of People. An improvement plan will be developed by the Head of Midwifery for the Frimley Park site along with the teams involved and progressed throughout the coming months.

Following our inspection of maternity services by the Care Quality Commission in May 2023 one of the should do recommendations was for;
The service should consider the addition of a supernumerary co-ordinator to oversee staff and acuity across the whole maternity unit effectively.
The Director of Midwifery has consulted with the Regional Chief Midwife, in relation to this recommendation, currently there is no national recommendation to have an additional supernumerary co-ordinator to oversee staff and acuity across the whole maternity unit effectively. Below outlines our leadership cover of both our maternity units at Frimley Health NHS Foundation Trust.

- Labour ward coordinators have supernumerary status within the maternity service since 2018. There is a labour ward coordinator on duty 24 hours per day, 7 days per week. This is fully compliant with safer staffing (NICE 25).

- During working hours (Monday- Friday 0800 – 1800) the matron carries the maternity bleep to take outside calls from staff or enquiries so as not to disturb the labour ward coordinator.
- Out of hours there is an on-call maternity manager who is contactable by trust switch board who will attend if required.
- If we progressed this role forward the time would be removed from direct clinical care impacting on our ability to achieve recommended Birth Rate Plus Ratio
- The maternity service will keep updated with national guidance and recommendations and review service accordingly.
- The maternity service at Frimley Health is planning to undertake a repeated Birth Rate Plus exercise in Quarters 2 or 3 of 2024/25
- Taking the above into account we do not see the requirement to have a supernumerary coordinator across the whole maternity unit. The Director of Midwifery and Chief of Nursing and Midwifery have agreed that if national recommendations change this will be reviewed.

Our Continuity of Care (CoC) workforce and roll out plan that was presented to the Trust Board in January 2022, is clear that we will be able to adopt CoC as a default model and then take a phased approach to implementation once our vacancies remain <5% for more than 2 consecutive quarters. Due to our existing vacancy rate, we are not able to evoke our plan, but we continue to evaluate the situation and keep the trust board updated should the situation change.

The above update covers the Maternity successes over the last six months alongside recorded risks within the maternity workforce and the mitigations being taken to ensure safe maternity service is supplied to our women/service users at FHFT.

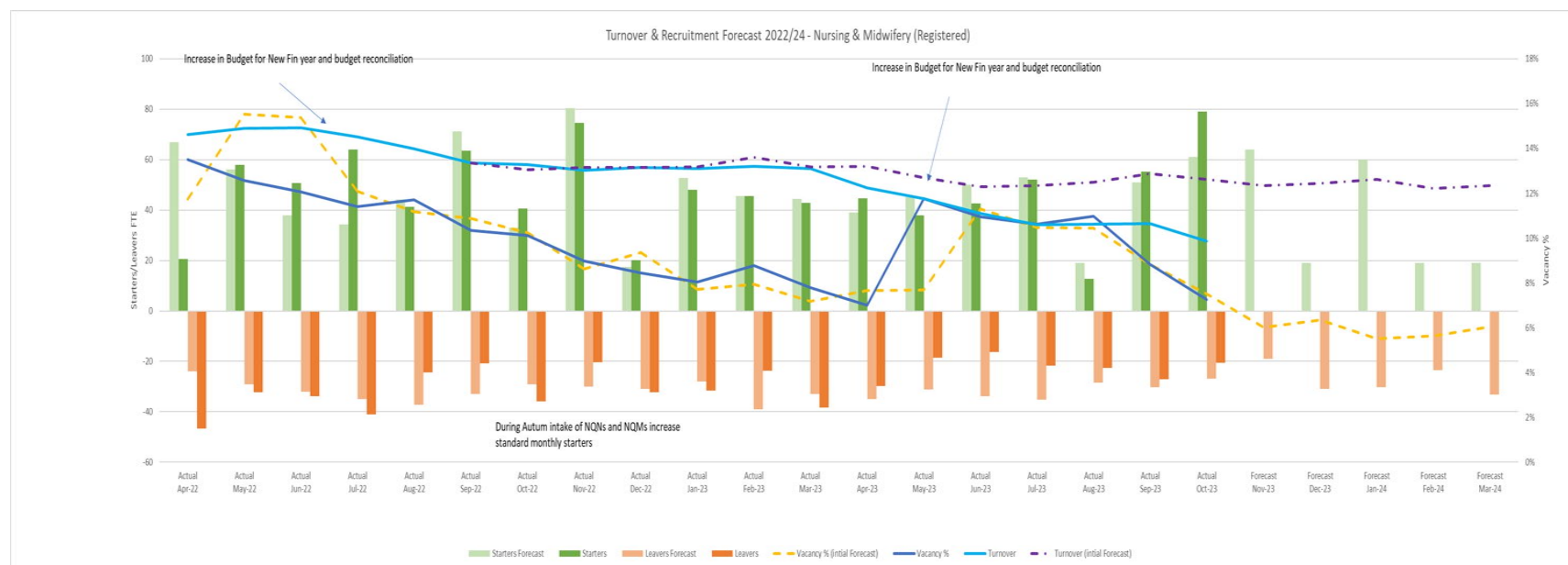
3.0 Neonatal Staffing assurance: Neonatal Workforce report required to demonstrate compliance for Maternity Incentive Scheme:

(Narrative and data supplied by Jill Thistlethwaite)

- Please see Appendix 1 for an in-depth summary of FHFT

4.0 Nursing and Midwifery (Registrant) Recruitment & Retention update: Trust current position and forecast trajectory:

FHFT Registered Nurse/Midwife (RN/M) %/wte vacancy (October 2023) 6.75% or 244 wte Bands 4-9 (includes IEN's on B3 until Passed OSCE exam) however this **does not include** the pipeline going through pre-employment process UK & IEN allocated to wards).



As noted within the graph above we have made considerable inroads into aspiring to get as close to zero % vacancies within our budgeted workforce. The improvements within both vacancies and turnover have been through several approaches.

Our main UK 'domestic external recruitment' being through our September qualifying students combined with increased numbers of international nursing arrivals over the last four months with retention/turnover stabilising. The ward level vacancies have significantly reduced through our successful international nurse recruitment with many close to zero band 5 vacancies. Emergency departments, critical care, maternity units remain our area of focus for recruitment of specialist skilled B6 positions in 2024.

4.1 Comparison of Trust leavers position with Model Hospital data extracted 01/12/2023 Registered Nurses Vacancies, Turnover, leaver rate %, FHFT vs Peer and National Median:

*Trust vs *Peer regional median vs National median % (For Regional Peer list, see appendix)*

- Improvements to be noted within our Trust level Turnover % latest Registrant rolling turnover % 9.87% a further decrease to the 10.7% Registered reported in August 2023 reported.
- Vacancy rate 7.25 % within Registrant positions, this is an improvement from the Registered vacancy levels of 11 % in August 2023 reported)

Vacancy and turnover of registrant level roles are all within range Vs national averages.

Turnover, 12 month rolling	Data period	Provider value	Peer average ⓘ	National value	National value method	Chart	Actions
Registered Nurses: Turnover rate	Aug 2023	10.7%	N/A	11.7%	Provider median		
Registered Nurses: NHS Leavers rate	Aug 2023	5.7%	6.3%	6.1%	Provider median		
Registered Nurses: NHS movers rate	Aug 2023	4.9%	3.8%	5.4%	Provider median		
Management and Culture	Data period	Provider value	Peer average ⓘ	National value	National value method	Chart	Actions
Registered Nurses: Vacancy rate	Sep 2023	11.4%	8.1%	10.7%	Provider median		
Registered Nurses: Agency Spend as a % of Total Spend	Sep 2023	4.5%	3.3%	4.8%	Provider median		
Registered Nurses: Sickness absence rate	Aug 2023	3.5%	4.7%	5.4%	Provider median		

4.2 FHFT International recruitment: International nurse arrivals and projections 2023

The Trust continues with its focus on international recruitment to support our overall registrant resourcing strategy in reducing our FHFT vacancies and stabilising our workforce.

The Trust this financial year has brought over a circa of x256 internationally educated nurses in this financial year. The month breakdown of arrivals can be seen in the table to the right.

We continue to have an excellent overall pass rate of our OSCE test results, the exam all IEN/M must sit and pass to successfully enter the Nursing and Midwifery Council (NMC) register to practice in the UK.

An average of 69% of our IEN/M's pass on their first OSCE with 97% passing on 2nd attempt and 100% on 3rd attempt. These pass rates exceed the national average.

Following a QIA process, x15 IEN arrivals landing in January 2024. There is anticipated to be no IEN arrivals for the rest of this financial year.

IEN FHFT Lander Numbers 2023/2024 FY			Comments
Month	RN	RM	
Apr-23	28	0	
May-23	26	0	
Jun-23	31	2	
Jul-23	33	0	
Aug-23	0	0	
Sep-23	30	3	
Oct-23	43	0	
Nov-23	43	0	
Dec-23	0	2	
Jan-24	15	0	
Feb-24	0	0	
Mar-24	0	0	
Sub Totals	249	7	
Grand Total	256		

4.3 HR Resourcing update (update supplied by Daniel Winchcombe, HR Resourcing)

The Resourcing team continues to provide dedicated support to HCA project through the utilisation of our placement students with long term support requested within the HR consultation.

The International Recruitment team have delivered 241 nurses and Midwives to the Trust between April and December 2023, meeting the Trusts original MOU to onboard 186 IEN's between April and November. Alongside our IEN's the team have also onboarded 19 AHP's, 5 Midwives and three refugees. X15 IEN's are planned for arrival in Jan 2024 which totals x256 arrivals over the FY.

Current TA Projects

- Reviewing and updating current FHFT careers site.
- Trust website careers page to Branding, messaging and corporate Identity used on all socials and FHFT careers.
- Reviewing and updating suite of documents for senior/executive hires.
- Updating and production of physical recruitment material, merchandise, and promotional material.

Current TA Campaigns

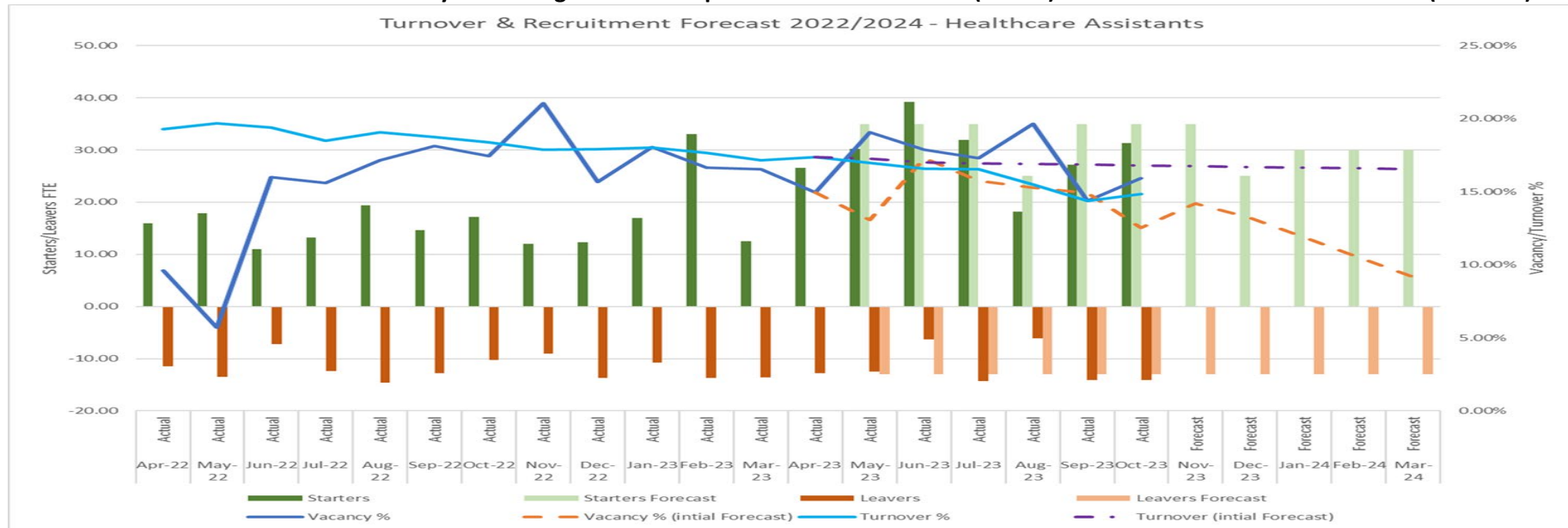
- Pharmacy is an ongoing campaign working across multiple bands.
- Maternity (focus on community WP)
- Virtual Wards – multiple bands
- Nursery Practitioner
- ED – Due to increased budget within department on both sites – Band 5/Band 6 Vacancies
- Paediatrics ongoing campaign working across multiple bands.
- Community branding campaign
- Critical Care
- Complaints Coordinator
- Acute Medicine Consultant
- Physiotherapy

4.4 Health Care Assistant Recruitment

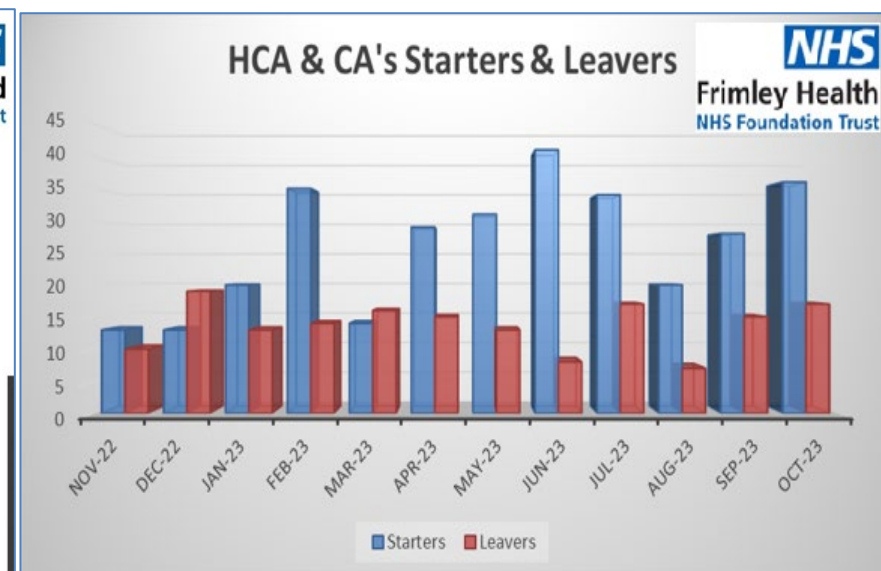
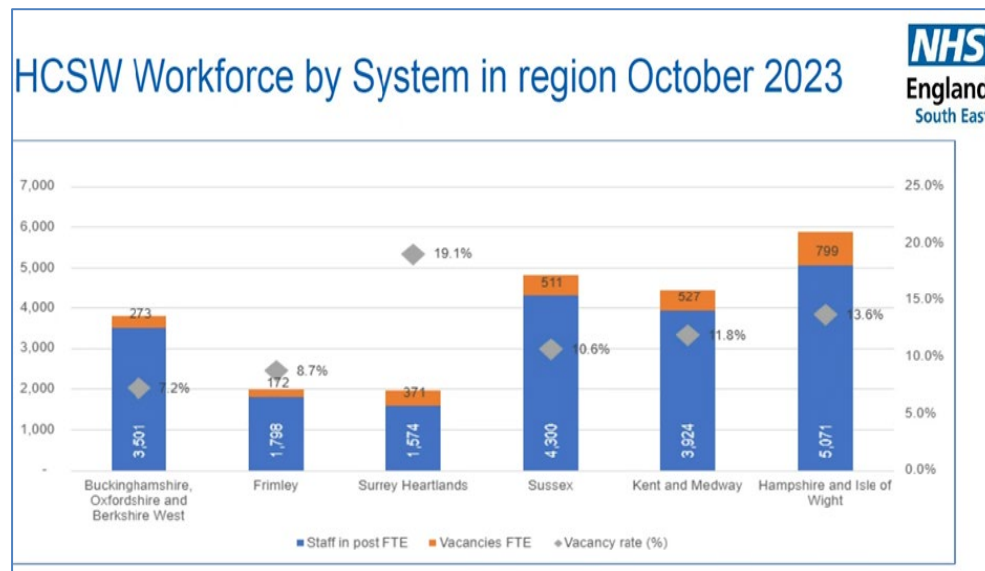
The Trust and wider national expectation from NHSE are for healthcare providers to aspire to a zero-vacancy level in all departments. The below data shows the FHFT Healthcare Assistant (HCA) current recruitment activity over the last rolling 12 months alongside turnover %. We are on Target to get to a less than 5 % vacancy by April 2024.

Totals: leavers over the last rolling 6 months May 2023- October2023 inclusive: x190 starters x 77 leavers = net gain of x113 starters (Starters - Leavers). Every month we have made a net gain of an average x19. With this continued recruitment and stable turnover aspirations we are aspiring to be below 5% vacancies by May 2024 based on this year's non-registered budgets. This can be seen with in the following graph below.

FHFT: HCA Starters and Leaver's summary last rolling 12 months April 2022 – October 2023 (Actual) and November 2023 – March 2024 (Forecast):



The below charts outline our position regionally as a Healthcare support worker recruiter (noting there are differences between many of these Trusts to FHFT):



4.5 People Promise update:

The Trust continues to make timely progress with our work on the People Promise. The Learning and OD team have conducted a significant amount of work to increase our response rate within the national staff survey (NSS), including visiting areas to promote the NSS and myth busting. The information collected in the NSS will help inform further work and initiatives that we need to undertake within nursing and midwifery (and wider Trust).

Looking back over the last 6 months, we held long service awards in the summer at Ascot Racecourse and hosted a staff event as part of the annual Employee recognition programme (ERP) celebrations. The ERP Today event included our annual staff awards which were hosted by comedian Jo Brand. Nursing and Midwifery members of staff were recognised within these awards.

Further updates that relate to nursing and midwifery workforce but also wider multidisciplinary workforce at FHFT

- The Trust has also signed the Sexual Safety in Healthcare Charter and has commenced become an accredited Menopause Friendly Employer.
- New guidance for conducting exit interviews has been published on Our Place.
- Updated Flexible Working Policy is still progressing through the Trust's ratification process. A campaign to support the implementation of this will take place once the policy is ratified.
- The Trust is continuing its work on the Culture and leadership Programme, and the information collected during the Discovery phase of the programme will be analysed during December to allow the Trust to start identifying and designing interventions. As part of the People Policy and Reward team we will be reaching out to staff over December and January to seek their feedback on our Total Reward offering, as we want to ensure that this meets the needs of our people. This will include looking at the impact of the ongoing cost of living impact.
- People Promise Manager role at the time of this paper being produced remains vacant.

5.0 Revalidation /Professional Registration lapses

- In the last rolling 12 months (October 2022 – October 2023) there have been a total of x15 registrants who lapsed their professional registration with the NMC by error. This figure is a low overall % of the overall nursing/midwifery wte in post that lapsed their registration due to not paying/processing their annual Nursing Midwifery Council (NMC) registration on time or not meeting their revalidation requirements. September has the greatest number as this is the higher month where registrants have an annual expiry due to being aligned with qualifying month of training.
- All nurses returned to the register within 2 weeks maximum once their annual fee and their supporting return to the register documentation and renewal fee was paid to the NMC.
- All lapsed registrants did not work clinically during this period in the capacity recognised of a registered nurse. They were moved to a non-registrant banding (Band 3) and delivered non-registered nurse tasks whilst their NMC registration was lapsed.

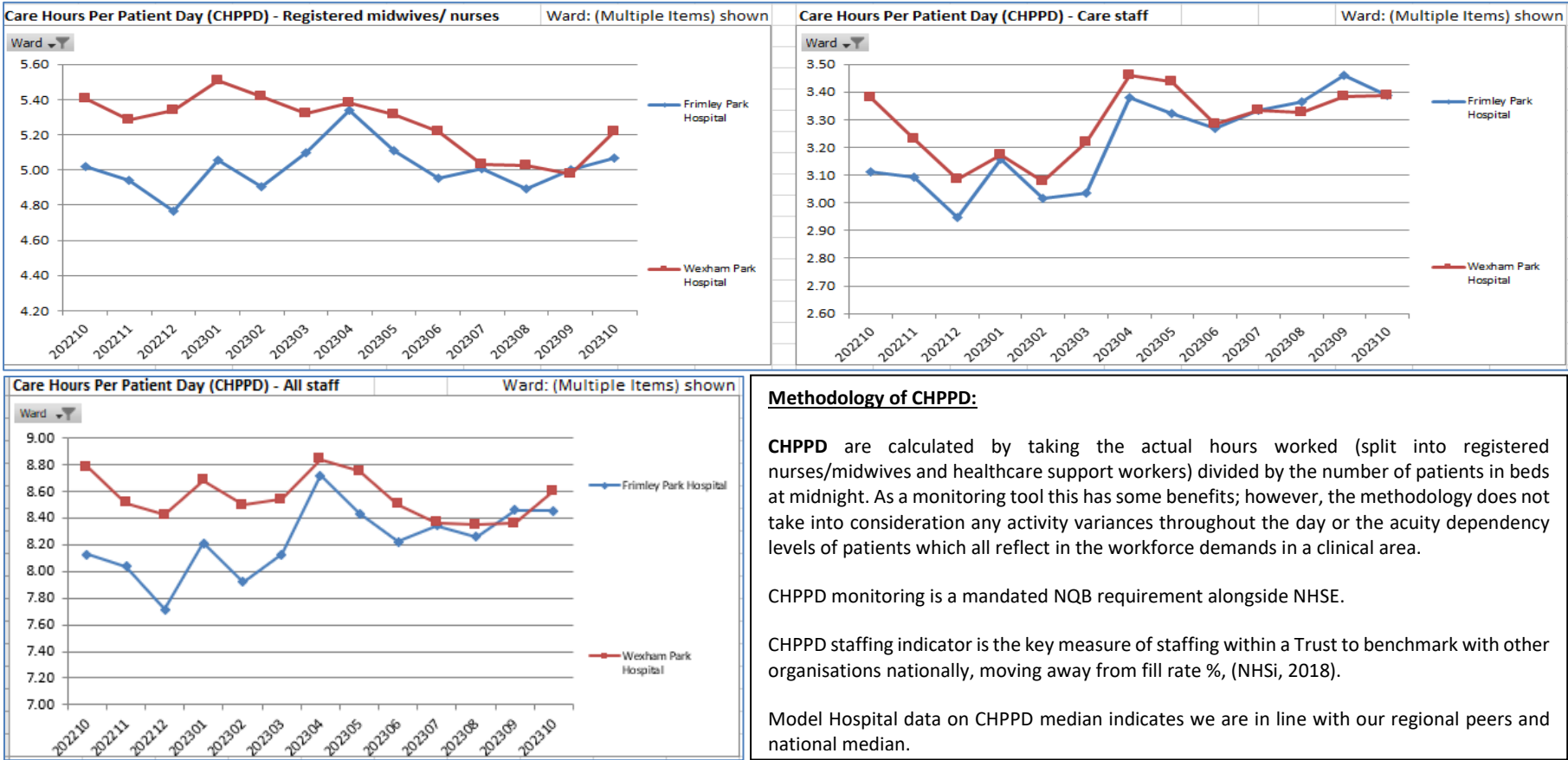
6.0 Monthly Safe Staffing levels/CHPPD: Summary with Model Hospital data summary:

The Trust reports monthly national NHSd Staffing information of all inpatients planned and actual nursing hours. Planned nursing hours reported are based on the budgeted establishments. Below is a high-level summary of the Trust hours (Registered and Unregistered combined) for the Trust.

Nationally published nursing and midwifery data now solely focuses on **CHPPD** as a comparison metric between organisations; within the Trust we currently internally monitor both.

- The graphs below show the CHPPD averages up to and inclusive of **October 2023 with a 12 month look back date range.**
- **Please note due to HWD being x2 overnight inpatient bedded areas (TreeTops and HWD Parkside inpatient unit) the data within the charts are excluding these due to them not being accurately represented.*
- **Appendix 2** has a full breakdown example from October 2023 data reported in November 2023 to NHS digital for our monthly Trust submission. This being an example of our ward level submissions for the purposes of this assurance workforce paper, this does include the Heatherwood two areas.

Over the last 12 months the Trust CHPPD overall average (RN & Care Staff cross site, FP inc. community inpatient and WPH) Day and Night Shifts combined.
Date range: October 2022 - October 2023.

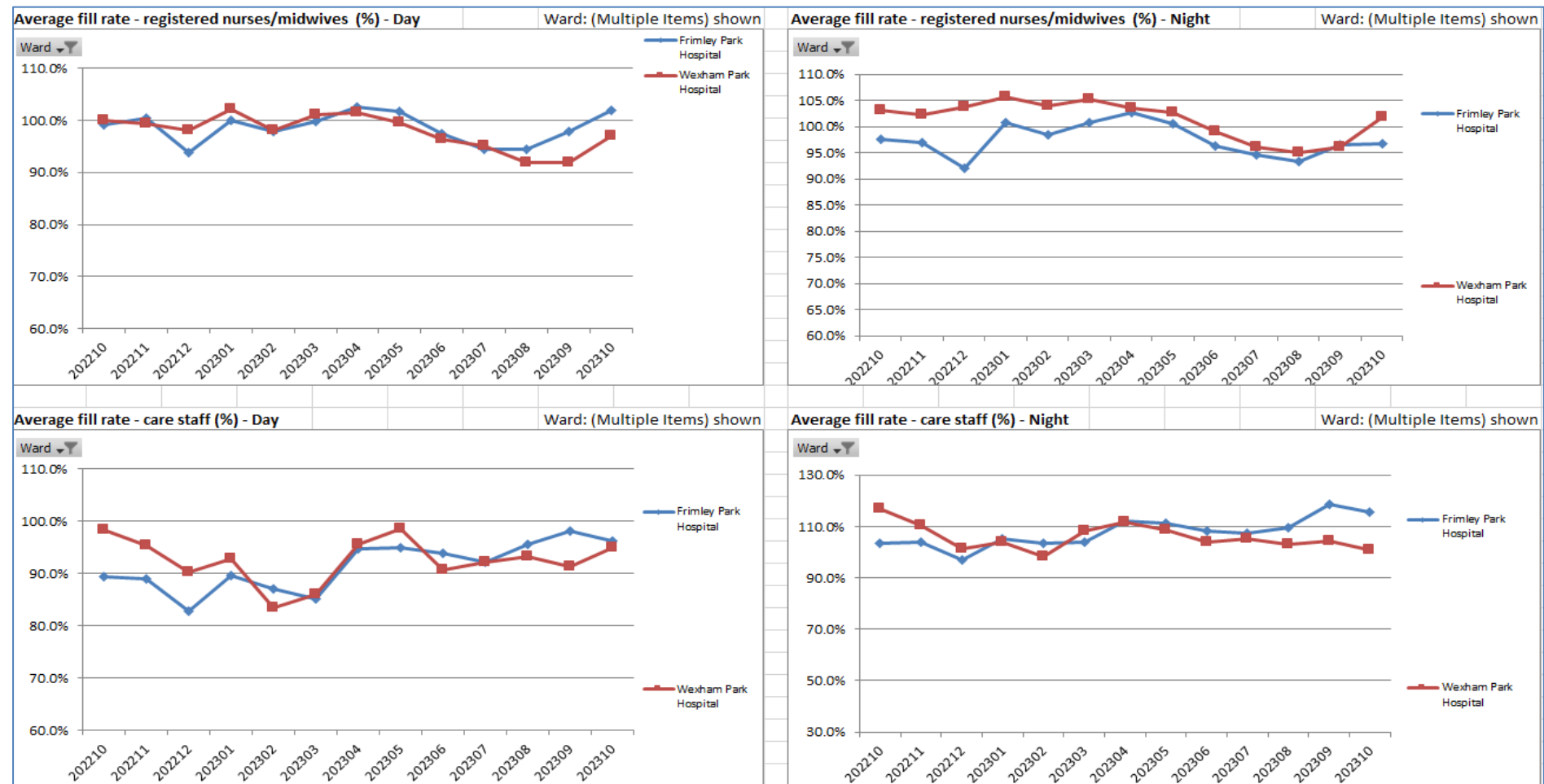


Over the last 12 months the Trust % overall fill rate is as follows (RN & Care Staff cross site, FP inc. community inpatient and WPH) Day and Night Shifts combined.

Date range: October 2022 – October 2023

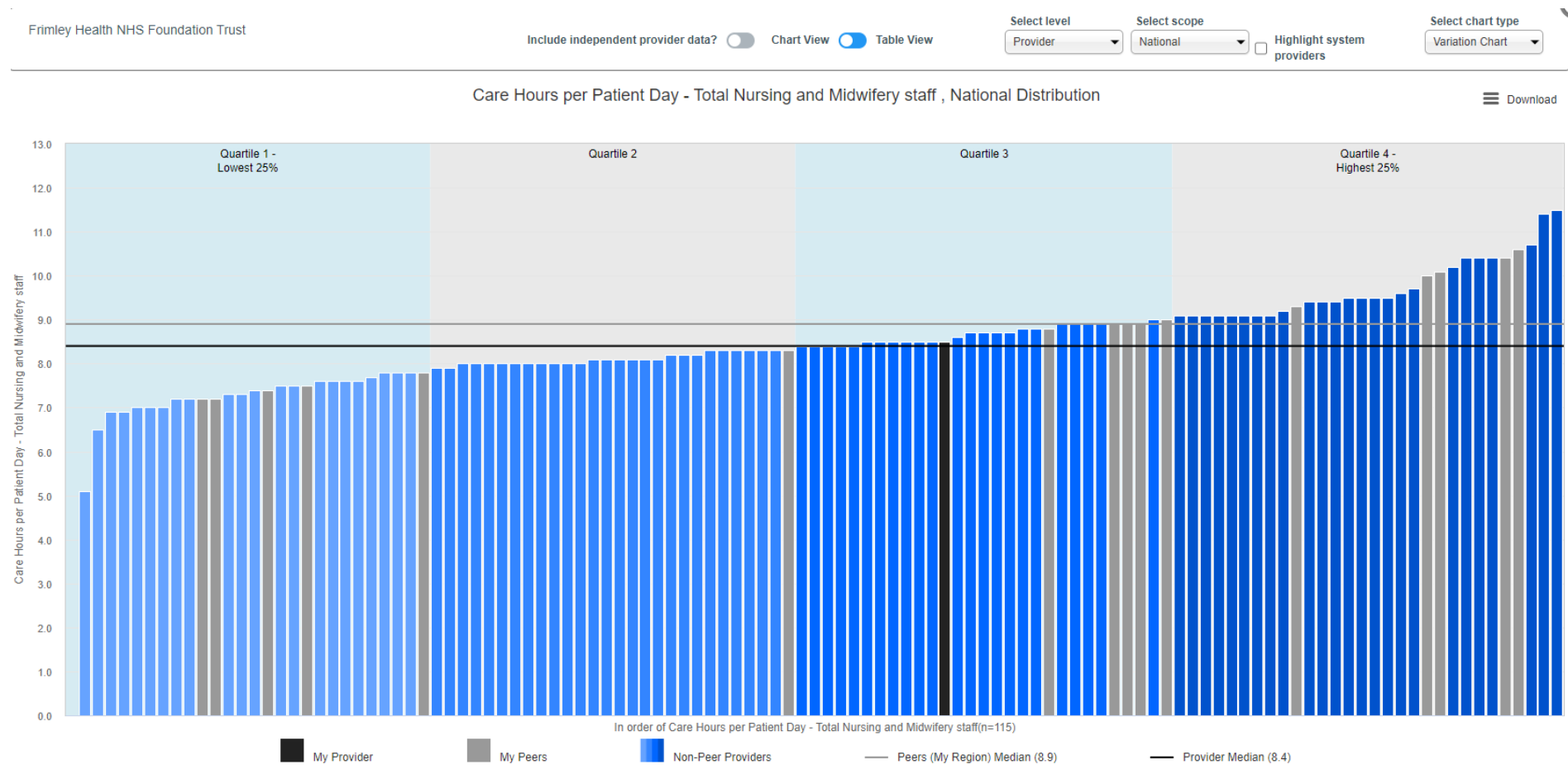
Note: Night duty shifts at over 100% fill rates related to enhanced care observation patients where this is a patient safety requirement to have in place due to the reduced numbers of staff around to be able to support Vs the day shifts.

*Please also note due to HWD being only x2 overnight inpatient bedded areas (TreeTops and HWD Parkside inpatient unit reported) the data within the charts excludes HWD inpatient beds as it is misrepresentative in comparison with the two main sites at FPH and WPH. The fluctuating average elective patient numbers at 23:59hrs used affects the data when only looking at fill rate %.



6.0 Model Hospital data comparison: CHPPD overview taken from Model Hospital, data period Jan 2023 (Latest data available within the national system)

- Average Trust CHPPD overall: **8.5** in line with our regional peer Trusts and that of the national median. This may have a correlation to our increased rates of substantive staff now in post (and reduction in vacancies) and our increase in bank and agency shift fulfilment to safely staff our inpatient wards/departments. This has remained stable within our average overall Trust CHPPD (Last paper July 2023 reported 8.4 CHPPD average Trust figure). It can be seen within the below graph we are in the middle quartile of levels of average CHPPD nationally from data taken from the Model Hospital data comparisons, (Data taken from Model Hospital, 02/12/23).



CHPPD Model Hospital SE comparator with FHFT average CHPPD reported to NHSE: Reporting Date (latest data) September 2023

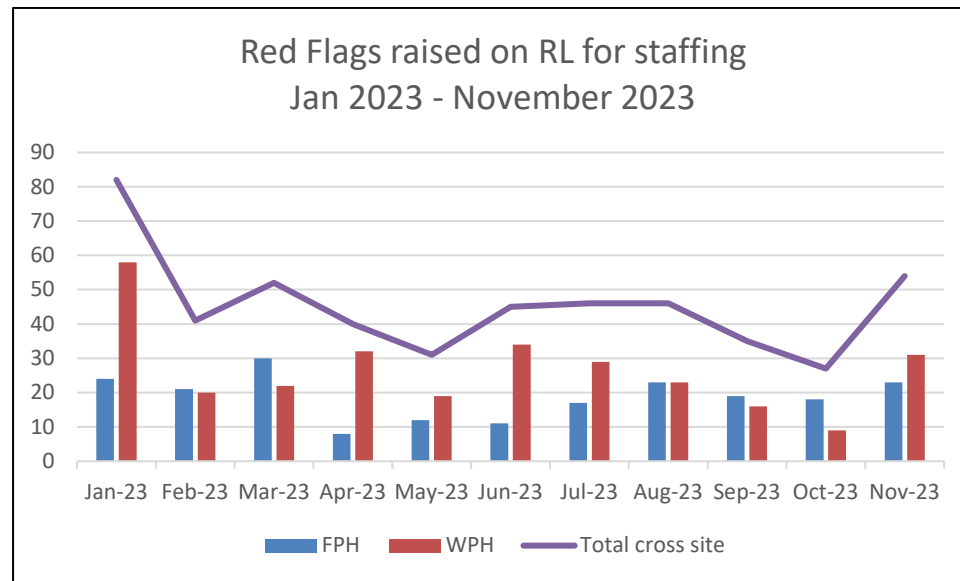
Metric	OrganisationName	ReportingDate	ProviderValue	Notes	Peer Median	Provider Median
Care Hours per Patient Day - Total Nursing and Midwifery staff	Surrey and Sussex Healthcare NHS Trust	01/09/2023	7.2	In quartile 1 - Lowest 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	University Hospitals Sussex NHS Foundation Trust	01/09/2023	7.2	In quartile 1 - Lowest 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Portsmouth Hospitals University NHS Trust	01/09/2023	7.4	In quartile 1 - Lowest 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Hampshire Hospitals NHS Foundation Trust	01/09/2023	7.5	In quartile 1 - Lowest 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Royal Surrey NHS Foundation Trust	01/09/2023	7.8	In quartile 1 - Lowest 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Ashford and St Peter's Hospitals NHS Foundation Trust	01/09/2023	8.3	In quartile 2 - Mid-Low 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Frimley Health NHS Foundation Trust	01/09/2023	8.5	In quartile 3 - Mid-High 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	East Sussex Healthcare NHS Trust	01/09/2023	8.8	In quartile 3 - Mid-High 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Buckinghamshire Healthcare NHS Trust	01/09/2023	8.9	In quartile 3 - Mid-High 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Royal Berkshire NHS Foundation Trust	01/09/2023	8.9	In quartile 3 - Mid-High 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Medway NHS Foundation Trust	01/09/2023	8.9	In quartile 3 - Mid-High 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Dartford and Gravesham NHS Trust	01/09/2023	9	In quartile 3 - Mid-High 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Maidstone and Tunbridge Wells NHS Trust	01/09/2023	9.3	In quartile 4 - Highest 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Oxford University Hospitals NHS Foundation Trust	01/09/2023	10	In quartile 4 - Highest 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	East Kent Hospitals University NHS Foundation Trust	01/09/2023	10.1	In quartile 4 - Highest 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	Isle of Wight NHS Trust	01/09/2023	10.4	In quartile 4 - Highest 25% [blue]	8.9	8.4
Care Hours per Patient Day - Total Nursing and Midwifery staff	University Hospital Southampton NHS Foundation Trust	01/09/2023	10.6	In quartile 4 - Highest 25% [blue]	8.9	8.4

7.0 Red Flags:

Raising a Red Flag is a professional judgement where a Nurse in Charge (NIC) escalates to a senior nurse where they feel that patient care could, or is, compromised due to either a lack of numbers of nurses or appropriately skilled nurses for the level of acuity /dependency of the patients. Reporting a Red Flag verbally (and within our Trust incident online reporting system) to a senior Nurse/Midwife is viewed as not being negative but one that protects both our patients and staff.

All Red Flags are reviewed by a senior nurse at the time it is raised, and any mitigating actions taken to protect the safety of our patients. All Red Flags raised on the Trusts incident reporting system are viewed by the Trust's Nursing & Midwifery senior lead nurse for workforce in addition to the location manager and other clinical leaders within the directorate the incident was raised within.

Reporting of a Red Flag via RL does not replace verbal escalation at the time of the staffing concern.



Red Flags notes to accompany diagram of Red Flags recorded trend (RL's) between January 2023 and November 2023 .

- Between July and November 2023 there have been between x30 - 55 Red Flags for staffing raised.
- Across the last 6 months x253 RL professional judgement staffing concerns were raised. This has fallen in numbers on average over the last year to a new baseline number raised per month.
- Reg Flags being recorded on RL is actively encouraged to give a straightforward evidence base of staffing concerns. Numbers raised per month should not be seen as negative but used as data that is then compared to other workforce and quality and financial metrics to give a workforce risk picture of a unit.

Red Flags management:

- All staffing concerns raised operationally at the time had their risk assessed and any practical mitigating actions taken utilising the finite number of staff available. The Senior Nursing/Midwifery teams ensure that mitigating measures are taken to provide safe care to our patients through the daily site staffing meetings.
- Mitigations include Senior Sisters and Matrons being highly visible within the clinical areas or moving staff to support acuity and dependency needs of our patients. The resourcing department alongside the senior lead nurse for workforce are working closely with clinical directorates to ensure recruiting and retention strategies and action plans are in place to monitor progress.

8.0 Other key updates:

- **8.1 Trainee Nursing Associates and RNDA update:**
 - Nursing Associates (B4) have the opportunity to apply post registration as a Nursing Associate to further their development and progress to join the NMC register as a Registered Nurse.
 - We continue to grow, support and train our Care Assistants through to Nursing Associates and then through to Registered Nurse. This effective career pathway is embedded into our retention strategy and workforce strategy.

- We have a Total of x51 members of staff currently going through their top up RNDa course or training as a Nursing Associate. Breakdown of these numbers can be seen within the charts below.

RDNA		TNA	
Period	Number of learners	Period	Number of learners
October 2022 to October 2024	4	December 2021 to December 2023	11
October 2022 to October 2025	2	March 2022 - March 2024	7
April 2023 to October 2024	12	May 2022 to May 2024	2
		September 2022 to September 2024	3
Total	18	December 2022 to December 2024	4
		September 2023 - September 2025	5
		December 2023 to December 2025	4
		Total	33
RDNA and TNA total:		51	

• 8.2 Agency Reduction:

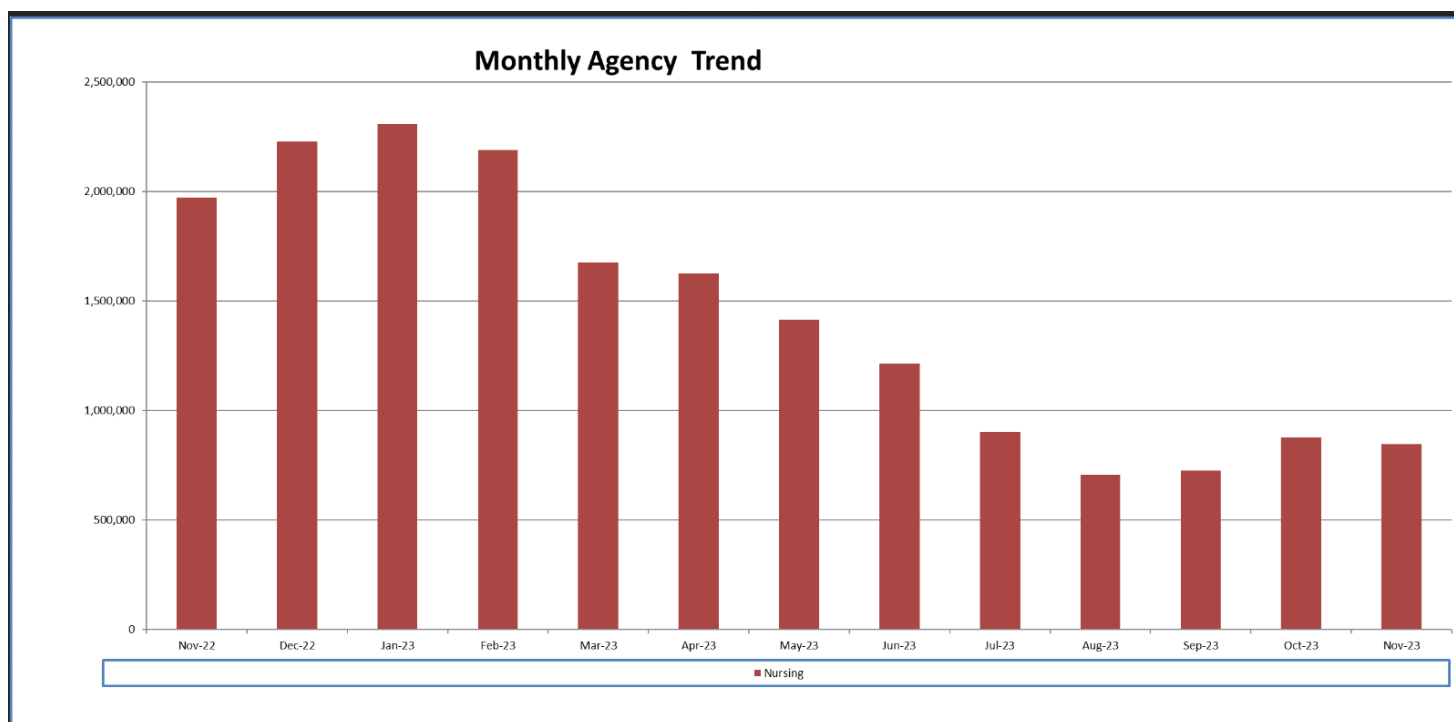
As reported with the previous staffing assurance paper this year, we continue to work in partnership with ID Medical to ensure we are being as effective as possible in our agency use.

We also are working in close partnership with the wider ICB and South East Temporary Staffing Programme to drive down agency costs and to reduce our demand of agency shifts and overall increasing efficiencies of higher fill rates and overall impacting positively our nursing and midwifery temporary workforce staffing requirements.

Further to the last assurance paper we are currently at the time of this report further refining our agency reduction plan, reviewing alternative ways of use of agency requesting. We made excellent traction with agency usage over the period of

Updated highlights/refinements are as follows with the graph below and supporting narrative. The below graph shows the successful agency reduction plan results within Nursing and Midwifery from March 2024. We have seen a slight uptick in agency £ from October, which has some correlation with the increased beds open and increased acuity and capacity challenges across the Trust.

The graph includes all nursing agency (inc RMN and midwifery) but does not include agency HCAs used for mental health under our enhanced care observation workforce requirements.



- Ensuring best use of our current existing workforce in place through continued focus on rostering key performance indicators (KPI's). We have a focussed monthly Nursing Midwifery Assurance Group where we have a rolling agenda of reviewing Trust and directorate level rostering KPI's with Heads of Nursing.

There is a rolling directorate focus within the meetings where Heads of Nursing/Midwifery rotate to present their KPI's and the work being carried out in their directorates to improve or stabilise the best use of their existing workforce. This is a supportive professional conversation to highlight and share any best practice but also used as an opportunity for other Heads to support and share their experiences where they have improved rostering practice. This shared governance across the directorates gives us assurance as a Trust we are actively aspiring to utilise our existing workforce to the best clinical and financial use whilst supporting and retaining the nursing and midwifery workforce.

- As reported within previous Board staffing assurance paper we moved back to a manual (human intervention) and decision making process of when an unfilled bank shift requires agency member of staff for patient safety. These used to be auto flipped/sent 'flipped' for agency fulfilment when 7 days in advance of an unfilled duty. This auto function removed internally part of the decision making of whether agency was required or could there be alternative ways for covering this safely. Our internal and external close monitoring of this change continues through twice weekly reporting monitoring 2 week look forward temporary staffing requests. These reports are circulated amongst the Heads of Nursing to review within their teams. It can be seen by the decrease in overall Agency requesting that this change continues to have a positive effect on our financial controls within directorates with no detrimental impact on patient care.

- Daily workforce directorate huddles continue on each sites via Teams across all directortaes led by a rotating Matron to ensure staff on duty are being effectively used within each site before escalation for additional staffing requiremnts are made to the Matron Chair and Head of Nursing of the day.

9.0 Next Steps & Conclusion:

This paper has given an overview of the position of the Trust against the National Quality Board (NQB) expectations (including staff fill rates and CHPPD) alongside the Developing Workforce Safeguards NHSE document, *supporting providers to deliver high quality care through safe and effective staffing*.

There are further key actions which will be taken to strengthen compliance with this document to enhance the Trusts ability to monitor safe nursing & midwifery staffing over the coming 6 months. These actions include:

- Focussed attention on the recruitment of WP maternity staff to reduce the risk currently recognised with the WP Community teams. Focussed recruitment task and finish group led by Talent acquisition team and senior lead nurse for workforce and HRBP's with the midwifery team to ensure there is traction made in the reduction of vacancies.
- Focused ongoing recruitment and retention of the Healthcare Support Workers (Care Assistants) with an aim of getting to as close to zero level vacancies to recruit by June 2024. Recognising there will always be a level of vacancies within this grade of staff due to nationally this part of the workforce being one that is transient with a higher level of turnover %.

Ensuring there is a high quality of international educated nurses recruited for next financial year arrivals through ethical recruitment, in a cost-effective approach.

- Ensuring through winter we safely staff all escalation beds in the most appropriate safe, cost-effective approach ensuring we continue to deliver high quality of care to our patients.
- Continued focus on effective use of roster and staff deployment controls to control temporary staffing spend, with key attention on enhanced care requirements.
- The Board will be updated outside of the six-monthly cycle of these staffing assurance papers where there are any significant workforce risks identified.
- Ensuring there is a smooth transition of our exiting and incoming Chief Nurse to ensure there continues to be a strong workforce voice for nursing and midwifery within the senior leadership/executive team of the Trust.

10.0 Chief of Nursing and Midwifery assurance statement:

The evidence collated within this document suggests that there are strong controls and oversight of nurse staffing in place.

We have safe and sustainable funded staffing levels within our inpatient areas overall as evidenced by the KPIs in this paper. However, nursing continues to be challenged through the sustained operational pressures and further escalation capacity in use over and above last year's winter plan with continued high levels of enhanced care patients which is being experienced nationally and locally.

Excellent gains in recruitment, a reduced turnover and therefore lower vacancy rates is to be commended, alongside significant reductions in agency spend. All of this results in greater continuity of care for our patients.

Community midwifery is an area of improvement focus for the team. Immediate action has been taken to mitigate and share workload, but a sustainable medium/long term solution is required.

The Board will be kept updated as to any new emerging workforce risk to Nursing or Midwifery.

Appendices:

Appendix 1:

See Reading Room

Appendix 2: October 2023 Data (Reported in November 2023) NHSd Nursing and Midwifery Trust return Staffing fill rate % and CHPPD at ward level:

See Reading Room

(Magnification will need to be adjusted when opening attached to view ward level data, adjust view to magnification within the Excel application)

Appendix 3: Model Hospital pre-defined peer hospitals (based on similar organisation size, shape) & Regional Peers:

Regional Peers:

Organisations in your NHS England region

Ashford and St Peter's Hospitals NHS Foundation Trust

Brighton and Sussex University Hospitals NHS Trust

Buckinghamshire Healthcare NHS Trust

Dartford and Gravesham NHS Trust

East Kent Hospitals University NHS Foundation Trust

East Sussex Healthcare NHS Trust

Frimley Health NHS Foundation Trust

Hampshire Hospitals NHS Foundation Trust

Isle of Wight NHS Trust

Kent Community Health NHS Foundation Trust

Maidstone and Tunbridge Wells NHS Trust

Medway NHS Foundation Trust

Oxford University Hospitals NHS Foundation Trust

Portsmouth Hospitals University NHS Trust

Queen Victoria Hospital NHS Foundation Trust

Royal Berkshire NHS Foundation Trust

Royal Surrey NHS Foundation Trust

Solent NHS Trust

Surrey and Sussex Healthcare NHS Trust

Sussex Community NHS Foundation Trust

University Hospital Southampton NHS Foundation Trust

University Hospitals Sussex NHS Foundation Trust

- End of Assurance report -

Report Title	Month 08 Finance Report
Meeting & Date	Public Board of Directors, Friday 12 th January 2024
Agenda Item	10.
Author and Executive Lead	Stephen Jones (Director of Operational Finance) / Mike Laycock (Associate Director of Business Support) Kishamer Sidhu (Interim Executive Director of Finance)
Executive Summary	<p>The Trust delivered a surplus in November (month 08) of £9.5m which was £10.8m favourable to plan. However the year to date position is a deficit of £6.3m which is £3.8m adverse to plan.</p> <p>The key drivers for this position are the receipt of £16.2m of additional income relating to cover for Industrial Action (£7.4m) and ERF benefit year to date (£8.8m).</p> <p>Key drivers of the adverse variance, analysed in the pack are:</p> <ul style="list-style-type: none"> £3.2m for the direct costs of industrial action £5.7m relating to unfunded escalation beds open this year £2.9m shortfall in inflation funding £3.2m Outsourced activity in Medicine/Theatres/IT <p>The direct costs of industrial action are supplemented with indirect costs such as WLI's. The escalation capacity is driving bank and agency spend, particularly for nursing. The shortfall in inflation funding exacerbates the impact of temporary staffing, which historically the organisation would have attributed as the premium costs of temporary staffing.</p> <p>The cost improvement program (CIPS) of the organisation remains ahead of plan, with over two-thirds of the program recurrent.</p> <p>The Capital program of the organisation is forecast to be retained at the CEDL allocation. This includes the reprofiling of expenditure (in agreement with the regulator) due to the delayed approval of the M block case. The organisation has made a case for additional funding, whose conclusion is expected in January 2023.</p> <p>The cash position of the organisation remains off plan, in part due to outstanding capital invoices from last year but also from the deficit position, noting that the above £16.2m benefit has not yet come down as cash.</p> <p>The focus in the coming months both nationally and locally will focus on actions to stem run rates, while this can be achieved in the short terms through controls, sustainability requires a relentless focus on operational efficiency.</p>

Background	The Board received a detailed report on the 2023/24 Financial Plan in May. This is a routine update report on the Trust's financial position.
Issues and Options	The Trust continues to forecast a breakeven forecast. Systems will be required to submit a revised forecast once the re-baselined submission of 22 nd November has been agreed with the national team.
Recommendation	The Board is asked to NOTE this report.
Appendices	<ul style="list-style-type: none"> • M8 Finance Report • M8 Efficiencies Report
Compliance	The Trust is required to report performance against financial targets to the Board and is expected to deliver a financial breakeven.

M8 Finance Report November 2023



Key Points for M08 Financial Performance:

The Trust financial position shows a £6.3m adjusted deficit YTD, £3.8m below plan

- The adjusted surplus in M8 was £9.5m in month (£10.8m favourable against plan in month) and £6.3m deficit year to date (£3.8m adverse against plan).
- Notable items this month out of trend:
 - £8.8m income benefit accounted to reflect expected ERF overperformance to date
 - £7.4m income benefit in relation to industrial action pressures from NHSE.
- Agency Costs have been slowly rising since August and remain at a rounded £2.3m in month driven by additional nursing (including RMN). Agency is still ahead of the YTD trajectory although now is at a higher than planned level in month for the first time this financial year.
- Bank costs have fallen in each of the last two months but remained significantly above planned levels all year, despite increased substantive recruitment, with £1.1m higher than planned spend in month and £9.8m adverse in the first 8 months, this is partially explained with industrial action and escalation.
- The Trust has identified £22.3m of efficiencies compared to a plan of £21.5m YTD. The forecast now shows £33.4m which is £0.1m more than planned.
- The Trust continues to externally report an adjusted breakeven forecast for the year, both income and expenditure have materially increased following the month 08 performance.
- Capital spend (£60m plan) showed overall expenditure of £26.5m to date (below plan by £2.1m YTD). Early medical equipment purchases have been offset with larger underspends on M Block due to delays in approval. Forecast expenditure for M Block has been reprofiled resulting in an agreed reduction this year of £10.7m although this is partially offset by approval for £8.7m national programme funding received, leaving the FY capital programme at £57.7m. There have been agreed changes to the original plan of £60.0m with a decrease of £10.7m for reprofiling of the national funding available for the M Block scheme to 24/25, offset by an additional £8.7m of Nationally Funded Programmes (mainly Community Diagnostic Centres) leaving a revised plan of £57.7m which is in line with forecast expenditure.
- Cash closed at £79.5m in November which is £10.6m lower than October (£90.1m) although £7.6m of this was planned due to loan repayments in month. This position compares to the £149.8m opening balance in April 2023. The I&E performance, high value capital payments, PDC funding not yet drawn down and receivables balance for the ERF and IA funding recognised in month have contributed to the movement.

Finance on a page M8

As at M08 the Trust is reporting a year-to-date deficit of £6.3m which is £3.8m adverse to plan. This position includes additional funding received in November relating to Industrial Action funding (£7.4m) and additional ERF income (£8.8m) which were above plan. The key drivers for the deficit position include the impact of escalation beds, medical staff industrial action, pay award underfunding, spend on RMN cover and unfunded outsourcing activities in Medicine, Theatres and IT.

Area	Key points	Risks & Issues
Income	<ul style="list-style-type: none"> Total income of £681.6m is £25.7m ahead of plan. Commissioner income (£608.7m) is £20.2m ahead of plan due to additional funding in relation to Industrial Action & ERF received in month (£16.2m) and drugs and devices and homcare over performance of £3.7m (offset by cost). Private patient income (£10.0m) is now ahead of plan by £1.7m. Other income (£62.9m) is £3.8m ahead of behind plan mainly due to capital revenue support and education and training. 	<ul style="list-style-type: none"> Additional stretch income is included in the plan in later months relating to Elective Recovery activity. This is mainly phased over Q2 & Q3 as elective activity is expected to reduce during Q4 due to expected winter pressures. However, the trust is currently tracking behind its projected activity plans in some areas due to a combination of strike action and internal pressures.
Expenditure	<ul style="list-style-type: none"> Pay costs of £421.2m are £16.7m adverse to plan. This is largely driven by direct costs of industrial action cover (£3.2m), escalation (£5.7m) and mental health nursing cover (£1.3m) (see slide 7 for further analysis). There is also an estimated £2.9m shortfall of pay award funding for established posts filled either substantively or by interims. Non-pay costs of £233.0m are £12.3m adverse to plan. Key areas of overspend include Drugs and Devices (£4.4m), which is partially offset by addition income of £3.7m and also £3.2m of outsourcing costs. 	<ul style="list-style-type: none"> The expenditure budget for 2023/24 includes savings assumptions around reducing the number of escalation beds and delivery of the efficiencies target. CIP continues to be ahead of year to date plan work continues to ensure risks in forecast delivery are managed and those directorates with unidentified plans continue to close that gap. Operational pressures have meant that an average of approximately 40 escalation beds have been open daily.
Net surplus/ deficit	<ul style="list-style-type: none"> The Trust has submitted a breakeven plan for 2023/24 although there are phased deficits during the year which are offset by items such as the proceeds of the land sale and additional Elective Recovery funding. The year-to-date position is a deficit of £6.3m, £3.8m adverse to plan. 	<ul style="list-style-type: none"> The plan to reduce the number of beds by reducing the length of stay is seriously strained along with plans to reduce the numbers of delayed discharges. Additionally, the income relating to delivering significantly higher level of elective activity compared with the 2019/20 baseline is not being fully achieved.
CIPs	<ul style="list-style-type: none"> CIP delivery of £22.3m is £0.8m ahead of the year-to-date plan with a full year forecast £0.1m above the annual target of £33.3m of which 70% is forecast to be recurrent. 	<ul style="list-style-type: none"> Identified plans now exceed the annual CIP plan of £33.3m however the risk rated forecast delivery of £33.1 is now £0.1m above target. Work has begun to identify plans for 2024/25 with initial plan due back in December.
Cash balance	<ul style="list-style-type: none"> Cash balance closed at £79.4m which is £65.5m below plan. 	<ul style="list-style-type: none"> Cash balances have decreased from the opening April position due to a combination of movements in working capital, delays in capital drawdowns and a deficit position.
Capital expenditure	<ul style="list-style-type: none"> Capital spend of £26.7m at the end of November is £2.1m behind plan predominately in Estates due to delays in the approval of M Block development which has an agreed reduced forecast expenditure this year by £10.0m against that scheme. 	<ul style="list-style-type: none"> None to report at this stage.

Income & Expenditure - Month 08 YTD – Summary

Frimley Health	23/24 YTD (Nov 2023)			23/24 Year End Forecast		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Income	655.9	681.6	25.7	979.8	1,003.0	23.2
Expenditure	(625.2)	(654.1)	(28.9)	(929.9)	(952.5)	(22.6)
Trust Financing(cost)	(33.4)	(33.4)	(0.0)	(50.1)	(50.1)	(0.0)
Net Revenue Surplus / (Deficit)	(2.7)	(5.9)	(3.2)	(0.2)	0.4	0.6
Allowable Items (Impairment & Donated)	0.2	(0.4)	(0.6)	0.2	(0.4)	(0.6)
Adjusted Revenue (Deficit)/Surplus	(2.5)	(6.3)	(3.8)	(0.0)	(0.0)	0.0

High Level Variance Drivers

Medical Industrial Action - additional staffing cover
 Pay Award
 Unfunded escalation Costs
 Unfunded Outsourcing Costs
 Unfunded RMN & Specialist HCAS
 EPIC Stabilisation and Validation
 Drugs (net of additional income)*
 NHSE Capital Charges Support
 Other (net of CIP)
 Additional NHSE Income Month 08
 CNST Benefits 22-23

In Month Variance

£m

0.0
 (0.4)
 (1.3)
 (0.3)
 (0.1)
 0.0
 (0.7)
 (0.5)
 (2.1)
 16.2
 0.0

YTD Variance

£m

(3.2)
 (2.9)
 (5.7)
 (3.2)
 (1.3)
 (0.9)
 (2.4)
 0.8
 (4.7)
 16.2
 3.5

Bottom line Variance

10.8

(3.8)

Industrial action, escalation, outsourcing continue to cause significant pressures as per the table.

Bank usage remains higher than planned.

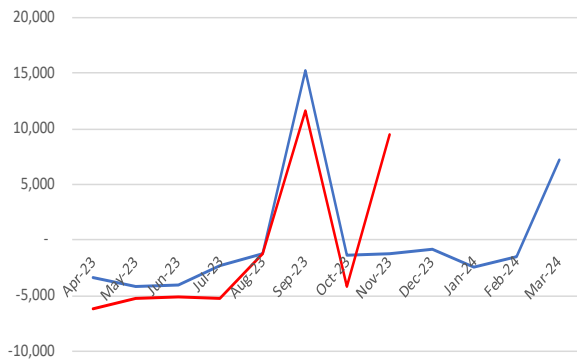
Drugs prescribing costs have increased since August 2023 and are not all offset by additional income from specialised commissioning (NHSE)

Other includes, but not limited to; Higher than planned WLI expenditure, higher staff deployed (special care) in some areas, ongoing bank premium costs above establishment, supernumerary time for new overseas recruits, ongoing IT systems post EPIC and drug prescribing costs not covered under cost and volume contracts.

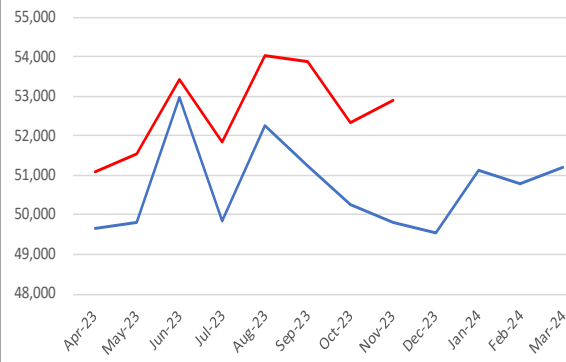
Key Plan and Actuals to Date:

The Trust financial position shows a £6.3m adjusted deficit YTD, £3.8m worse the submitted plan

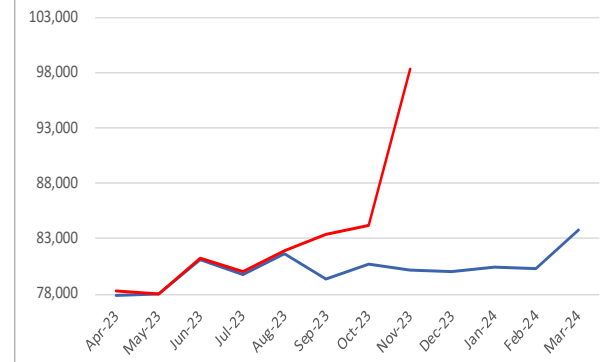
Adjusted Financial Performance By Month 23/24



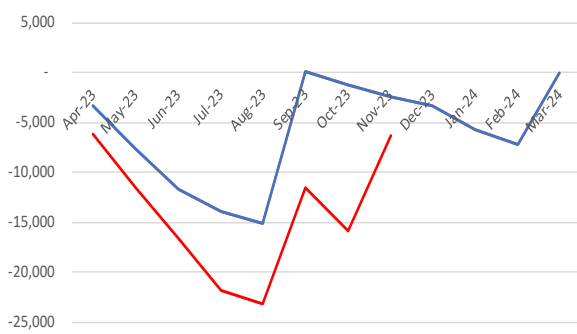
Planned Pay (Inc Agency) 23/24



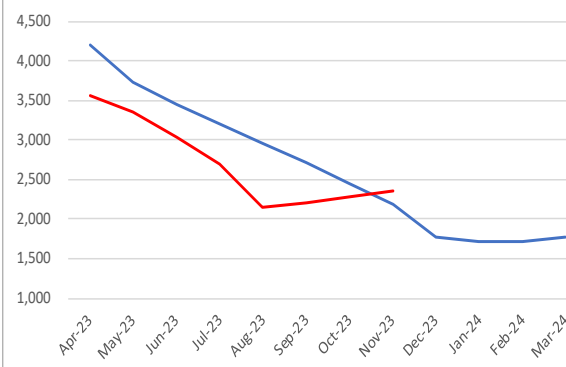
Planned Income 23/24



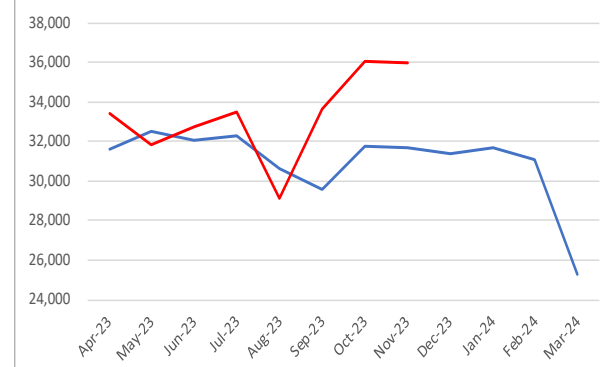
Adjusted Financial Performance Cumulative 23/24



Planned Agency 23/24



Planned Non Pay 23/24



I&E Month 08 Subjective Analysis

Vs Internal plan (higher budget substantive staff and lower bank and agency)

I&E by Subjective Heading	YTD Bud £	YTD Act £	YTD Var £	YTD 22/23 Act £m	Yr on Yr %
Income					
Income From Activities	588.5	608.7	20.2	565.5	7.6%
Private Patient Unit	8.3	10.0	1.7	7.9	26.8%
Other Operating Income	59.1	62.9	3.8	61.5	2.3%
Income Total	655.9	681.6	25.7	634.9	7.4%
Pay					
Admin & Mgmt	(53.5)	(51.5)	2.0	(48.1)	7.2%
Allied Health Professionals	(24.6)	(23.7)	0.9	(20.6)	14.9%
Ancillary	(56.1)	(58.2)	(2.0)	(52.7)	10.5%
Medical	(113.3)	(115.9)	(2.6)	(101.2)	14.5%
Nursing	(126.9)	(123.7)	3.2	(111.1)	11.3%
Prof Tech & Scientific	(27.3)	(25.0)	2.3	(26.5)	-5.7%
Agency Staff	(1.1)	(21.6)	(20.5)	(30.5)	-29.1%
Other Pay Related Expenditure	(1.6)	(1.5)	0.1	(1.4)	7.8%
Pay Total	(404.5)	(421.2)	(16.7)	(392.2)	7.4%
Non-Pay					
Clinical Service And Supplies	(58.3)	(57.4)	0.9	(49.6)	15.8%
Drugs	(58.8)	(63.2)	(4.4)	(61.5)	2.8%
General Supplies And Services	(7.7)	(8.6)	(0.9)	(6.9)	24.2%
Premises & Fixed Plant	(42.1)	(42.0)	0.1	(41.7)	0.8%
Other Non Pay	(27.0)	(38.5)	(11.5)	(34.7)	10.8%
CNST	(26.9)	(23.4)	3.5	(20.8)	12.5%
Non-Pay Total	(220.7)	(233.0)	(12.3)	(215.1)	8.3%
Trust Financing (Excl. Impairment)	(33.4)	(33.4)	(0.0)	(31.2)	7.2%
Net Position	(2.7)	(5.9)	(3.2)	(3.5)	
Allowable Items	0.2	(0.4)	(0.5)	0.0	
Grand Total	(2.5)	(6.3)	(3.8)	(3.5)	

Income: Commissioner income includes; additional ERF, Industrial action support and specialised commissioning drugs pass-through. Private patient income (inc overseas) remains ahead in both YTD plan and Year on Year. Other operating income shows £3.8m ahead of plan, mostly in relation to expected NHSE income in relation to capital charges, education and training and ICS Digital (cost offset)

Pay: Despite strong recruitment, the Trust continues to use high levels of bank, even after agency reductions compared to 22/23. There remains higher than planned usage of additional staff caring for patients with mental health needs, although this is being materially better managed to reduce spend. More escalation beds have remained open as well as costs associated with industrial action.

Non Pay: Clinical Supplies are now slightly ahead of plan, higher costs drive this despite activity not hitting all elective targets. Drugs are showing overspends due to high homecare issues since August, revised directorate forecasts have been prepared. Premises and other non-pay do show pressure particularly in relation to outsourcing clinical work and also managed service IT staffing and EPIC validation as well as some externally funded ICS digital.

I&E Month 08 Directorate Analysis

Trust Directorate Performance	YTD Bud £	YTD Act £	YTD Var £	YTD 22/23 Act £m	Yr on Yr %
Contracts					
CCG Income	592.3	608.7	16.5	565.5	7.6%
Central Income	9.0	9.5	0.5	11.3	-15.8%
Contracts	601.3	618.3	17.0	576.9	7.2%
Clinical Directorates					
Acute Medicine	(11.8)	(12.3)	(0.5)	(10.8)	14.0%
Cancer	(2.1)	(2.0)	0.1	(1.9)	5.2%
Community, Frailty & Elderly Care	(33.0)	(34.4)	(1.4)	(32.2)	7.1%
Emergency Department	(31.2)	(34.2)	(3.0)	(29.0)	17.8%
Maternity & Gynaecology	(31.2)	(30.7)	0.5	(29.7)	3.4%
Medicine	(123.7)	(135.7)	(12.1)	(119.1)	14.0%
Orthopaedics & Plastics	(22.5)	(24.1)	(1.6)	(20.9)	15.4%
Paediatrics	(17.4)	(16.9)	0.6	(16.5)	2.1%
Pathology	(37.1)	(37.9)	(0.9)	(43.9)	-13.6%
Radiology	(23.6)	(25.1)	(1.5)	(20.5)	22.4%
Specialist Surgery	(14.2)	(14.8)	(0.6)	(12.9)	14.1%
General Surgery & Urology	(29.9)	(31.9)	(2.0)	(27.7)	15.3%
Theatres Crit Care & Anaesthetics	(65.8)	(67.3)	(1.5)	(59.0)	13.9%
Therapies	(12.1)	(11.8)	0.3	(10.8)	8.9%
Clinical Directorates	(455.5)	(479.1)	(23.6)	(435.0)	10.2%
Corporate					
Director of Integration	(0.5)	(0.4)	0.2	(0.8)	-51.3%
Medical Director	(0.7)	(0.5)	0.2	(0.5)	1.0%
Nursing & Quality	(5.5)	(5.7)	(0.2)	(5.2)	8.9%
Private Patients	2.3	4.2	1.9	2.3	79.6%
Research & Development	(0.0)	0.0	0.1	(0.0)	-512.3%
Trust Board	(1.4)	(1.5)	(0.1)	(1.3)	15.4%
Finance & Contracts	(9.2)	(9.0)	0.2	(7.8)	15.9%
IM&T	(16.4)	(17.3)	(0.8)	(15.4)	12.4%
Estates & Hotel Services	(44.2)	(44.5)	(0.4)	(43.3)	3.0%
Human Resources	(8.1)	(8.0)	0.1	(9.0)	-11.4%
Chief Operating Officer	(19.7)	(20.3)	(0.6)	(19.6)	3.5%
Corporate Directorates	(103.6)	(103.0)	0.6	(100.6)	2.4%
Other					
Covid	(3.2)	(1.4)	1.8	(8.5)	-83.3%
Reserves	(30.1)	(31.1)	(1.0)	(29.7)	4.9%
Trust Financing	(11.5)	(9.5)	2.0	(6.7)	41.9%
Other	(44.8)	(42.0)	2.8	(44.8)	-6.3%
Allowable Items	0.2	(0.4)	(0.5)	0.0	
Grand Total	(2.5)	(6.3)	(3.8)	(3.5)	

Contracts : £17m favourable YTD

CCG Income includes ERF and Industrial action support. Central Income includes Education & Training + RTA

Clinical: £23.6m adverse YTD

Driven by Industrial action, outsourcing and drugs prescribing since August 2023.

Medicine directorate accounts for over 50% of the clinical overspends.

Corporate: £0.6m favourable YTD

Private patients have exceeded targets on income and internal recharging for NHS beds.

IM&T sees pressure due to EPIC validation and historic systems
COO has pressure due to patient transport costs and UEC Improvement projects

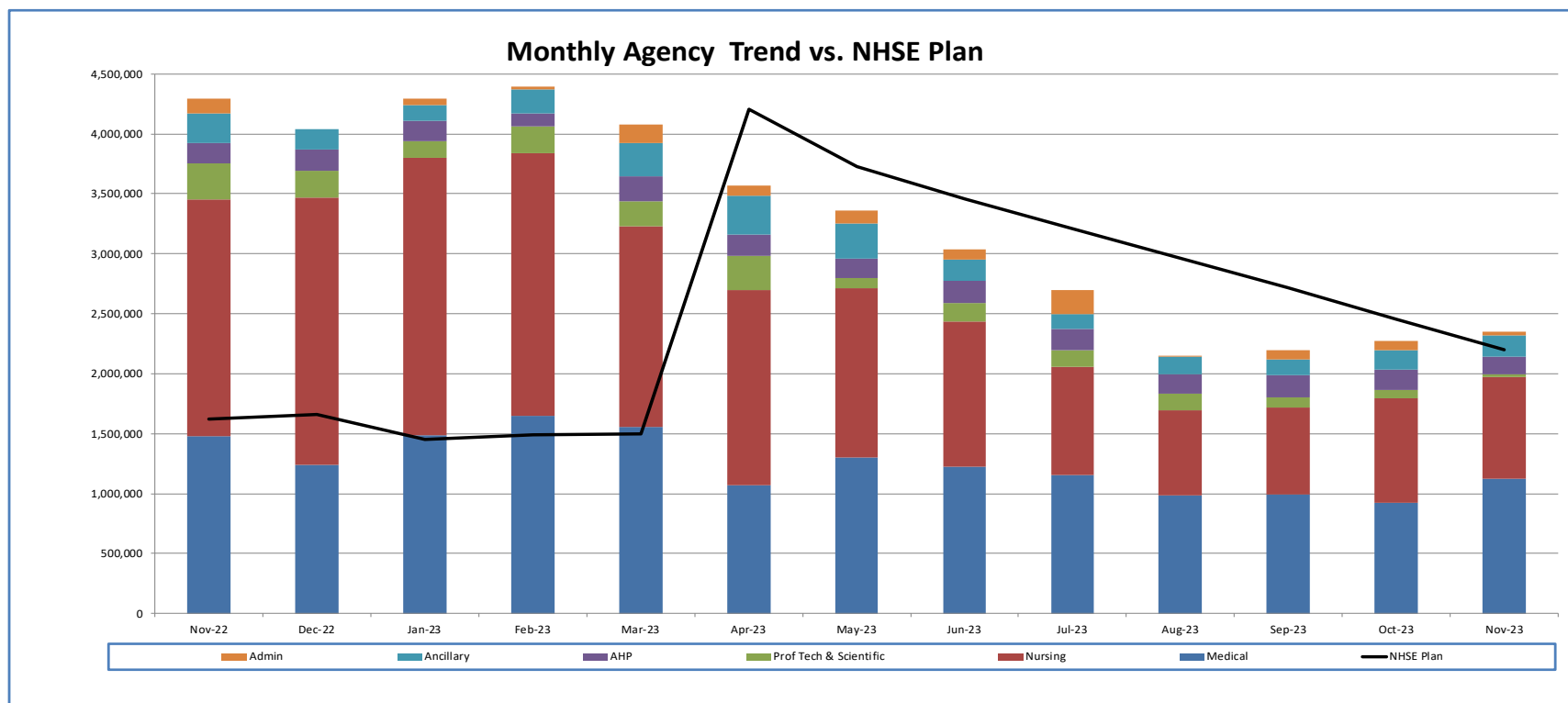
Other: £2.8m favourable YTD

Driven by financing – Interest receivable and capital charge funding. Recharges to covid dropped, Reserves include unallocated CIP and pay inflation pressure net of CNST benefit

Income & Expenditure – Key Drivers of YTD Variance by Directorate

Directorate	M08 YTD Variance	Key Drivers of Variance Year to Date										
		CIP	Unfunded Escalation Costs	Unfunded RMNs+ MHCAs	Unfunded Outsourcing Costs	Industrial Action	Drugs net of Add' Inc	Pay Award & Increment	CNST Benefit 22	EPIC Validation + Stabilisation	NHSE Funding	Other
Contracts												
Ccg Income	16,464	0	0	0	0	0	0	0	0	0	16,182	282
Central Income	523	0	0	0	0	0	0	0	0	0	0	523
Contracts	16,987	0	0	0	0	0	0	0	0	0	16,182	805
Clinical Directorates												
Acute Medicine	(466)	187	0	(277)	0	(206)	(622)	0	0	0	0	453
Cancer	115	62	0	0	0	0	0	0	0	0	0	53
Community Services	(1,449)	(101)	(397)	(221)	0	(97)	1,044	0	0	0	0	(1,676)
Emergency Department	(2,972)	(423)	0	(15)	0	(624)	(94)	0	0	0	0	(1,815)
General Surgery And Urology	(2,049)	(275)	(355)	(54)	0	(210)	(486)	0	0	0	0	(669)
Maternity And Gynaecology	457	(50)	0	(2)	0	(154)	2	0	0	0	0	661
Medicine - Fp & Wp	(12,060)	(737)	(2,164)	(482)	(1,684)	(1,263)	(1,943)	0	0	0	0	(3,787)
Orthopaedics & Plastics	(1,627)	(182)	0	(153)	0	(138)	(200)	0	0	0	0	(955)
Paediatrics	572	(359)	0	(64)	0	(172)	798	0	0	0	0	369
Pathology	(872)	(173)	0	0	0	(4)	(367)	0	0	0	0	(328)
Radiology	(1,495)	(462)	0	0	(195)	0	(136)	0	0	0	0	(703)
Specialist Surgery	(562)	(18)	0	0	(415)	(104)	(48)	0	0	0	0	23
Theatres Crit Care & Anaes	(1,519)	(681)	(377)	(35)	(123)	(225)	(123)	0	0	0	0	45
Therapies	278	87	(60)	0	0	(2)	(4)	0	0	0	0	258
Clinical Directorates	(23,648)	(3,125)	(3,353)	(1,304)	(2,417)	(3,198)	(2,179)	0	0	0	0	(8,072)
Corporate												
Director of Intergation	181	0	0	0	0	0	(3)	0	0	0	0	184
Medical Director	194	178	0	0	0	0	0	0	0	0	0	16
Nursing & Quality	(171)	107	0	0	0	0	0	0	0	0	0	(278)
Private Patients	1,928	885	0	0	0	0	(44)	0	0	0	0	1,086
Research & Development	79	(6)	0	0	0	0	0	0	0	0	0	85
Trust Board	(70)	(29)	0	0	0	0	0	0	0	0	0	(41)
Finance & Contracts	164	123	0	0	(80)	0	0	0	0	0	0	121
IM&T	(850)	255	0	0	(694)	(9)	0	0	0	(943)	0	541
Estates & Hotel Services	(358)	1,560	(150)	0	0	0	0	0	0	0	0	(1,768)
Human Resources	134	86	0	0	0	0	6	0	0	0	0	42
Cheif Operating Officer	(623)	115	0	0	0	0	(328)	0	0	0	0	(409)
Corporate	608	3,274	(150)	0	(774)	(9)	(370)	0	0	(943)	0	(420)
Covid	1,768	0	0	0	0	0	18	0	0	0	0	1,750
Reserves	(976)	(245)	(2,220)	(4)	0	0	146	(2,900)	3,467	0	0	780
Trust Financing	2,033	887	0	0	0	0	0	0	0	0	825	321
Other	2,824	642	(2,220)	(4)	0	0	164	(2,900)	3,467	0	825	2,851
Allowable Items	(543)											(543)
Grand Total	(3,772)	791	(5,723)	(1,309)	(3,191)	(3,207)	(2,385)	(2,900)	3,467	(943)	17,007	(5,379)

Trust Agency Expenditure Trend



The Trust's external plan allows for a much higher baseline spend in 23/24 which dramatically reduces from £4.2m in April 23 to £1.8m in March 24 as recruitment plans deliver more substantive staff and also CIP/efficiency plans deliver reductions in both rates and usage – For the first time this year the Trust has exceeded the monthly phased plan, although remains ahead YTD

In the first 8 month of 23/24 the Trust is now spending 29% less on agency staff than it did in 22/23 - but is 55% less than was spent in November 2022 (the same as October 22 vs October 23).

Both Medical and Nursing as the two largest areas of agency expenditure, nursing has led the spend reductions year on year, whilst medical is only marginally lower YTD compared to 22/23.

There was a small backdated capitalisation benefit within Admin agency in relation to the new hospitalisation programme in November 23.

Trust Agency Expenditure Detail

	Hospital Agency	Jun-23 £000s	Jul-23 £000s	Aug-23 £000s	Sep-23 £000s	Oct-23 £000s	Nov-23 £000s	YTD 23/24 £000s	YTD 22/23 £000s	%
	Medical	1,223	1,154	988	995	923	1,122	8,776	8,994	-2%
	Nursing	1,213	902	705	726	876	847	8,309	15,940	-48%
	Prof Tech & Scientific	151	143	144	82	68	28	985	2,621	-62%
	AHP	186	171	156	181	170	149	1,351	1,010	34%
	Ancillary	182	127	151	137	162	174	1,549	1,069	45%
	Admin	79	200	3	79	76	31	657	880	-25%
	Total	3,034	2,697	2,147	2,199	2,275	2,350	21,628	30,515	-29%

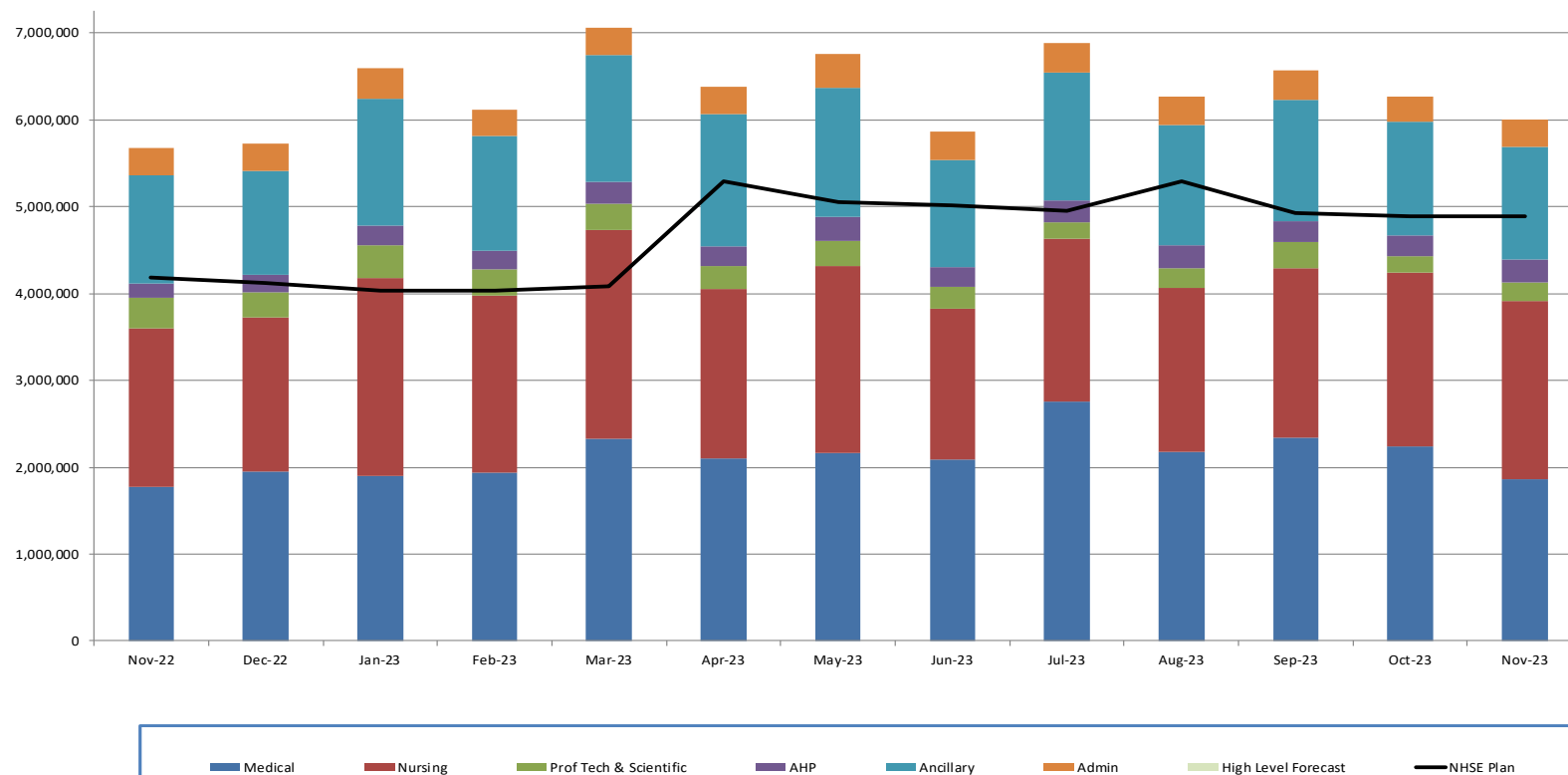
Site	Hospital Agency	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	YTD 23/24	YTD 22/23	%
FPH	Medical	591	384	408	391	324	373	3,336	3,754	-11%
	Nursing	460	389	280	324	307	262	3,361	4,567	-26%
	Prof Tech & Scientific	108	103	108	69	59	4	695	1,211	-43%
	AHP	122	93	112	95	79	60	779	640	22%
	Ancillary	105	70	128	126	122	109	869	177	390%
	Admin	78	193	-5	77	70	31	606	677	-10%
FPH		1,464	1,233	1,031	1,082	960	839	9,646	11,025	-13%
WPH	Medical	632	769	579	604	600	749	5,436	4,460	22%
	Nursing	748	507	418	397	569	591	4,909	10,021	-51%
	Prof Tech & Scientific	43	40	36	13	9	23	290	1,410	-79%
	AHP	63	79	45	86	92	88	572	349	64%
	Ancillary	77	57	23	10	40	65	681	894	-24%
	Admin	1	7	8	5	6		54	122	-56%
WPH		1,564	1,458	1,109	1,115	1,315	1,516	11,942	17,255	-31%

Covid		6	6	8	2		-6	40	2,234	-98%
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Total		3,034	2,697	2,147	2,199	2,275	2,350	21,628	30,515	-29%
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Trust Bank Expenditure Trend

Monthly Bank Trend vs. NHSE Plan



Whilst the Trust's external plan increased for bank in 23/24, actuals are still more than the plans allow. Bank costs have fallen for the second consecutive month but remain £0.3m higher when comparing November 2023 to November 2022. Medical bank saw a material reduction in November as there was no industrial action leading to a reduction in average rates as well as WLI shifts being lower.

Year to date the organisation has spent £7.2m more than the comparable period the previous year. Cover for industrial action, escalation and other staffing pressures are sighted as the key drivers of the ongoing bank utilisation.

Trust Bank Expenditure Detail

	Hospital Bank	Jun-23 £000s	Jul-23 £000s	Aug-23 £000s	Sep-23 £000s	Oct-23 £000s	Nov-23 £000s	YTD 23/24 £000s	YTD 22/23 £000s	%
	Medical	2,093	2,751	2,179	2,344	2,244	1,867	17,749	13,126	35.2%
	Nursing	1,730	1,880	1,882	1,952	1,991	2,046	15,578	13,180	18.2%
	Prof Tech & Scientific	249	185	227	296	195	212	1,924	2,985	-35.5%
	AHP	226	248	266	245	234	262	1,987	1,275	55.8%
	Ancillary	1,242	1,480	1,387	1,386	1,311	1,296	11,103	9,900	12.2%
	Admin	327	338	325	344	293	325	2,656	3,285	-19.1%
	Total Hospital Bank	5,868	6,882	6,265	6,566	6,268	6,008	50,997	43,751	16.6%

Site	Hospital Bank	Jun-22	Jul-23	Aug-23	Sep-22	Oct-22	Nov-22	YTD 23/24	YTD 22/23	%
FPH	Medical	1,103	1,429	1,010	1,105	1,135	961	9,014	5,617	60.5%
	Nursing	776	880	870	933	971	1,015	7,448	5,098	46.1%
	Prof Tech & Scientific	157	115	151	202	132	151	1,239	1,538	-19.4%
	AHP	94	100	104	100	99	104	814	583	39.8%
	Ancillary	672	828	757	779	697	710	6,144	5,231	17.5%
	Admin	183	184	182	212	171	189	1,542	1,719	-10.3%
FPH		2,986	3,537	3,074	3,332	3,205	3,130	26,202	19,786	32.4%
WPH	Medical	989	1,321	1,167	1,233	1,109	904	8,700	6,202	40.3%
	Nursing	930	978	989	996	989	1,012	7,904	6,873	15.0%
	Prof Tech & Scientific	92	69	74	91	61	60	673	1,396	-51.8%
	AHP	132	148	162	144	135	158	1,172	698	68.0%
	Ancillary	552	628	610	594	600	577	4,800	3,768	27.4%
	Admin	139	146	136	123	113	127	1,048	1,269	-17.4%
WPH		2,835	3,290	3,139	3,183	3,008	2,839	24,297	20,205	20.3%

Covid		47	56	52	51	55	39	497	3,760	-86.8%
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Total		5,868	6,882	6,265	6,566	6,268	6,008	50,997	43,751	16.6%
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Efficiency Performance: M8 Overview

Overall performance:

The total efficiency target for 2023-24 is **£33.3m**, with a plan of **£21.5m** YTD at M8. Actual savings achieved at M8 are **£22.3m**, which is **£0.8m ahead of plan**. Within the £33.3m plan, there are £38.7m of identified schemes in total; both the transformational and directorate schemes are over identified against their target, however whilst some directorates have overidentified plans, others still have unidentified plans. All directorates must continue to identify plans to the value of their full target which will also mitigate the risk in the plan; the forecast delivery for the current plan is **£33.4m**.

The key variances against the plan at M8 relate to private patient income £0.9m favourable, energy £1.4m favourable; procurement £0.3m favourable; high cost staffing £2.0m adverse and staff cost savings driven by substantive recruitment. There have been **£0.6m of new schemes** identified this month within directorates.

- Directorates are currently over performing against their plan by **£0.7m** YTD driven by energy and procurement savings. The key adverse variances in the directorate forecasts relate to under delivery of agency related pay schemes in General Surgery, TACC, Radiology and Medicine. The directorate forecast is adversely affected by the unidentified element of their plan.
- The transformational schemes are £0.1m above plan at M8. Private Patient income above target is £0.9m above plan, with the remaining schemes behind plan; £2.0m high cost staffing, £0.2m EPIC and £0.2m interest. The transformational element of the plan is over identified by £2.6m which accounts for the balance.

Savings Area £'000	2324 Total Plan	2324 YTD plan	2324 YTD Actual	2223 YTD Variance	Forecast	Forecast Variance	Last months Forecast	Movement in Forecast
Directorate	24,923	15,289	15,997	709	24,348	-575	24,359	-12
Transformational	8,377	6,218	6,300	82	9,053	676	8,831	222
Grand Total	33,300	21,507	22,298	791	33,400	100	33,190	210

Transformational Savings Area £'000	2324 Total Plan	2324 YTD plan	2324 YTD Actual	2223 YTD Variance	Forecast	Forecast Variance	Last months Forecast	Movement in Forecast
1. High cost staffing	5,417	3,883	1,902	-1,982	3,623	-1,794	3,742	-119
3. EPIC Benefit Realisation	2,670	2,089	1,893	-197	2,594	-76	2,685	-91
5. Transport	365	165	16	-149	216	-149	216	0
10. Private Patients	1,000	678	1,603	924	1,613	612	1,203	410
11. Interest	1,500	1,085	887	-198	1,096	-404	1,096	0
Grand Total	8,377	6,888	6,300	-588	8,986	609	8,764	222

Capital Month 8

Capital Expenditure (£m)	Annual Plan (£m)	Revised Annual Plan (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Forecast (£m)	Forecast Variance (£m)
Estates	49.9	45.5	22.3	17.5	4.8	45.5	-
Digital Services	5.0	5.2	3.3	4.1	- 0.8	5.2	-
Medical Equipment	5.0	5.3	3.1	4.7	- 1.6	5.3	-
NHP	-	1.7	-	0.4	- 0.4	1.7	-
Total Capital Expenditure	59.9	57.7	28.8	26.7	2.1	57.7	0.0

YTD Actual (£m)	Prior Month YTD Actual (£m)	Movement In Spend
17.5	13.3	4.2
4.1	3.6	0.5
4.7	4.1	0.6
0.4	0.2	0.2
26.7	21.2	5.5

Funded By Trust	34.3	34.3
PDC	25.7	22.6
Donated/Grant	-	0.8
Total Capital Funding	59.9	57.7

	Opening Capital Resource	Adjustment	Revised Capital Resource
	£000's	£000's	£000's
Trust Capital	34,259		34,259
System Allocation	34,259		34,259
PDC - RAAC	5,000	1,500	6,500
PDC - M Block (TIF)	20,675	- 10,675	10,000
PDC - CDC Slough Hub		3,679	3,679
PDC - CDC St Marks Pad		500	500
PDC - AI Deployment		64	64
PDC - Cyber		94	94
PDC - Imaging X-Ray St Marks		130	130
PDC - NHP (Internal Management Fees)		1,060	1,060
PDC - NHP (Enabling Works)		600	600
Donated / Grant		778	778
Total 2023/24	59,934	(2,270)	57,664

Key messages:

- Capital spend in M8 £5.5m, on plan in month taking the YTD spend to £26.7m, now £2.1m behind plan YTD.
- Spend against the estate programme is behind plan by £4.8m at £17.5m. This has been predominantly due to the RAAC programme being impacted by access restrictions and delay in NHSE approval for the M Block Redevelopment. This has resulted in a reduction in the FY plan with the reprofile of M Block funding agreed with NHSE.
- Medical equipment expenditure £4.7m YTD is £1.6m over plan, due to the timing of purchases vs the profile of the plan as reported previously.
- Digital services strategy slightly is ahead of plan YTD at £4.1m as spend on the EPR programme is higher than planned at this stage to support stabilisation and optimisation.
- The FY plan is now £57.7m as a result of the agreed national programme funding streams.
- Remaining areas of capital plan are retained on plan with forecasts reviewed through CPC, HEPG and DSOG.

Capital Expenditure Plan	£000's									
	System Allocation	PDC - RAAC	PDC - TIF	PDC - CDC	PDC - AI	PDC - Cyber	PDC - Imaging	PDC - NHP	Donated	2023/24 Total
Estates	24,259	6,500	10,000	4,179						44,938
Digital Services	5,000				64	94				5,158
Medical Equipment	5,000						130		778	5,908
NHP	0							1,660		1,660
Total	34,259	6,500	10,000	4,179	64	94	130	1,660	778	57,664

Statement of Financial Position M8

Statement of financial position	Plan	Actual	Variance
	M8	M8	M8
	30/11/2023	30/11/2023	30/11/2023
	£'000	£'000	£'000
Non-current assets			
Intangible assets	75,308	74,040	(1,268)
Other property, plant and equipment (excludes leases)	520,936	521,022	86
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	12,927	11,823	(1,104)
Receivables: due from NHS and DHSC group bodies	1,264	1,264	0
Total non-current assets	610,435	608,149	(2,286)
Current assets			
Inventories	15,862	15,274	(588)
Receivables: due from NHS and DHSC group bodies	22,030	35,883	13,853
Receivables: due from non-NHS/DHSC group bodies	48,006	49,393	1,387
Credit Loss Allowances	0	(3,501)	(3,501)
Cash and cash equivalents: GBS/NLF	144,982	79,443	(65,539)
Cash and cash equivalents: commercial / in hand / other	51	8	(43)
Total current assets	230,931	176,500	(54,431)
Current liabilities			
Trade and other payables: capital	(25,853)	(4,521)	21,332
Trade and other payables: non-capital	(127,377)	(104,008)	23,368
Borrowings	(13,213)	(12,989)	224
Provisions	(180)	(180)	0
Other liabilities: deferred income including contract liabilities	(20,174)	(24,777)	(4,603)
Total current liabilities	(186,797)	(146,475)	40,321
Total assets less current liabilities	654,569	638,174	(16,396)
Non-current liabilities			
Borrowings	(27,753)	(27,671)	82
Provisions	(2,060)	(1,815)	246
Total non-current liabilities	(29,813)	(29,486)	328
Total net assets employed	624,756	608,688	(16,068)
Financed by			
Public dividend capital	400,747	387,909	(12,838)
Revaluation reserve	129,644	129,644	0
Income and expenditure reserve	94,365	91,135	(3,230)
Total taxpayers' and others' equity	624,756	608,688	(16,068)

Frimley Health Total Assets Employed as at 30th November are £608.7m. This is against a plan of £624.8m due to the £3.2m adverse I&E deficit position and deferral in drawdown of £12.8m of PDC funding due to the profile of expenditure and national approvals.

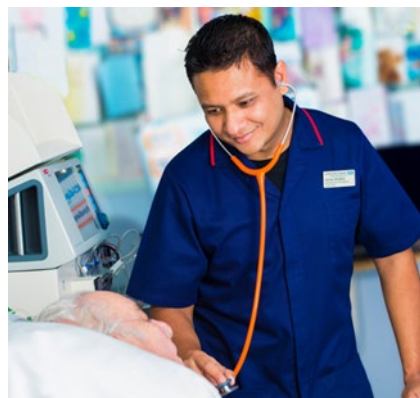
- Non-current assets are £608.1m against the plan of £610.4m, a slight variance of £2.3m due to the capital under spend reported year to date.
- Current assets are £54.4m under plan at £176.5m as a result primarily of the cash balance variance of £65.5m reported offset by an increase of receivables owing having recognised the IA and ERF funding of £16.2m in month. The key drivers for the cash variance are the I&E deficit, capital payables movement, PDC drawdown and the receivable owed for IA and ERF funding.
- A shift in capital payables of £21.3m due to the payment of a significant capital invoices recognised in 22/23 contributed to an overall variance of £40.3m against current liabilities, alongside the backdated 22/23 pay award payment of £17.7m. It is expected that capital payables will match back to plan during the year as expenditure against the capital programme increases.
- Borrowings and non-current liabilities remain on plan for the year.

Report Title	Performance Report
Meeting and Date	Public Board of Directors, Friday 12 th January 2024
Agenda Item	11.
Author and Executive Lead	Health Information Services Neil Dardis, Chief Executive
Executive Summary	<p>The Performance Report provides a summary of the Trust's performance against the national quality indicators. The report highlights:</p> <ul style="list-style-type: none">• A strategy scorecard which reports on the key metrics used to measure performance against our strategic ambitions• Enhanced performance reporting using SPC methodology• Exception and benchmarking reports• Use of resources, activity and CQC Insights reports
Action	The Board is asked to NOTE the Performance Report and receive assurance on the Trust's performance against the national quality standards.
Compliance	CQC quality standards and NHS performance standards



Performance report

January 2024



Contents

This report includes data over time to allow comparison with historic performance.

The targets, actuals and exception reports relate to the reporting month November 2023 for the financial year 2023/2024

There are missing elements in this report to reflect our externally agreed position that we will not report formally while we embed the use of our new EPR. A detailed update on reporting is provided to the Board separately.

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Trust performance at a glance	
Finance Net / Surplus Deficit Actual £-5.9m Variance £-3.2m	Patients HSMR = 97.3
	People Vacancy rate = 8.9%

Strategy scorecard – key indicators at a glance (SPC Key in Appendix)

Improving Quality for Patients – to be in the top 10 Trusts for Patient Safety and Experience in the next 5 years

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	Run chart or SPC chart
Patients still receiving IV antibiotics past the point at which they meet switching criteria (%)	17%	TBC	N/A	≤40%		Insufficient data to create an SPC chart	
Trust and confidence in Doctors (Patient Experience tracker)	89%	93%	90%	≤93%		Insufficient data to create an SPC chart	
Trust and confidence in Nurses (Patient Experience tracker)	93%	93%	94%	≥92%		Insufficient data to create an SPC chart	

Supporting our People - to be in the top 10 best Trusts to work for in the next 5 years

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	Run chart or SPC chart
Monthly vacancy rate	8.9%	10.5%	11.2%	≤9%	L	F	
Time to hire	52.0	54.2	66.2	≤40	L	F	
Agency spend (£)	£2.4m	£2.25m	N/A	≤£1.8m (per month)	L	F	
Trust turnover rate	10.8%	13.4%	12.1%	≤12%	L	F	
Staff recommending FHFT as a place to work (%)	63.2%	62%	60.0%	≥64%		Insufficient data to create an SPC chart	

* Data collection was suspended during COVID and re-started in Q3 2021-22 with the National Staff Survey followed by quarterly pulse surveys in Q4 2021-22

Strategy scorecard – key indicators at a glance (SPC Key in Appendix)

Collaborating with our Partners – to reduce the need for hospital-based care by working collaboratively with our partners

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	Run chart or SPC chart
Number of MFFD (monthly average number of MFFD per day)	275.9	191	190.8	≤150*	H	?	
Non-Elective Length of Stay – average acute length of stay (days)	6.15	6.6	6.08	≤6.6	Insufficient data to create an SPC chart		
ED patients admitted/discharged within 4 hours (%)	58.5%	76%	58.2%	≥76%	H	F	

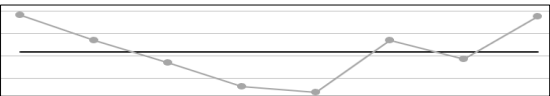
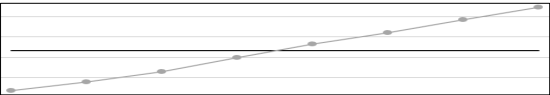
* NOTE – there is a stretch target for MFFD to reach 100 by March 2024

Transforming our Services – to provide consistently excellent care as “One Frimley Health”

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	Run chart or SPC chart
Number of patients waiting 65 weeks or more for treatment	593	11	N/A	0	Insufficient data to create an SPC chart		
Theatre utilisation	78.7%	TBC	78.8%	>85%	Insufficient data to create an SPC chart		
Day case rate (%)	88.9%	TBC	87.0%	>85%	Insufficient data to create an SPC chart		
Outpatient follow-up attendances	52,286	37,815	N/A	27,343	Insufficient data to create an SPC chart		
Patients on a PIFU pathway	27,199	TBC	N/A	TBC	Insufficient data to create an SPC chart		

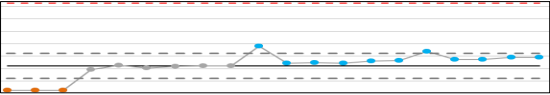
Strategy scorecard – key indicators at a glance (SPC Key in Appendix)

Making our Money Work – to be in the top 10 Trusts in the country for efficiency in the next 5 years

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	SPC chart
Delivery of the 2023-24 Financial Plan	£-6.3m	£-2.5m	£-6.3m	£0m	Insufficient data to create an SPC chart		
Achieve Efficiency target	£22.3m	£21.5m	£22.3m	≥£33.3m	Insufficient data to create an SPC chart		

NOTE – no exception report is provided for finance as a more detailed financial report is provided separately to the Board

Advancing our Digital Capability – to be in the top 10 Trusts most digitally advanced Trusts in the country in the next 5 years

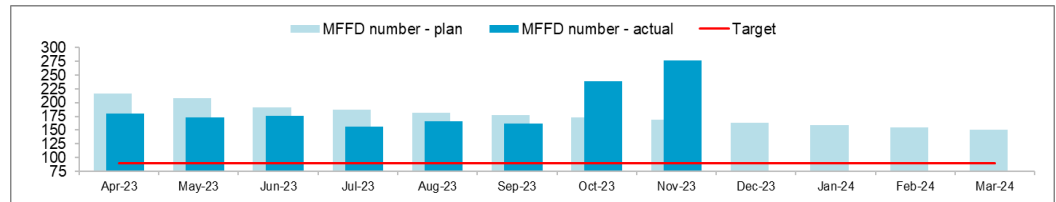
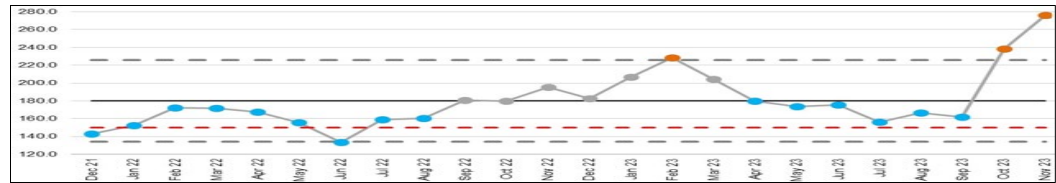
Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	SPC chart
Value of financial benefits attributed to Epic (£)	£579,170	£1.428m	£4.5m	≥£17.4m	H	F	

NOTE – further digital metrics to be designed in line with EPIC optimisation planning

Medically Fit for Discharge – exception report

Executive Lead	Caroline Hutton
Delivery Lead	Heidi Barber
Period covered	April 2023-March 2024

Objective	
Target (monthly)	150 (by year end)
Current status	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">H ?</div> <div>Performance is unusually high, and the variation indicates inconsistently hitting, passing and falling short of target</div> </div>
Delivery status (for period overall)	



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
MFFD number - plan	216	208	191	186	182	177	173	168	164	159	155	150
MFFD number - actual	179.7	173.6	175.4	156.2	166.4	161.8	238.4	275.9				

Aim – to reduce the number of patients who are medically fit but are still in a hospital bed.

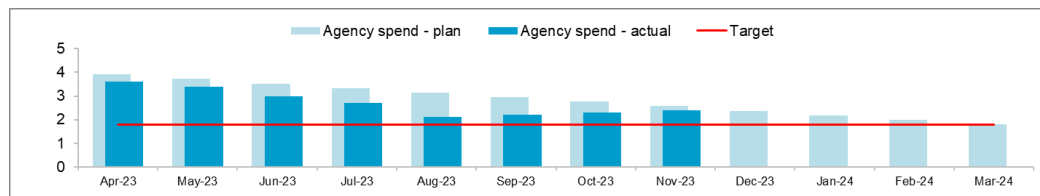
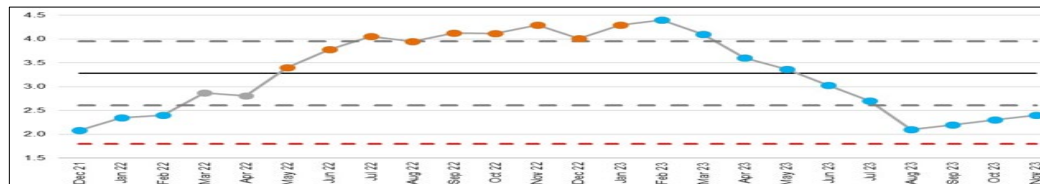
Update for the month

Achievements	<ul style="list-style-type: none"> RBWM Home First pilot commenced and present data reducing LOS on MSFD list for RBWM Every Day Matters programme gaining momentum, KPI's being agreed, and EPIC Dashboard achieved MADE event planned for the year and MADE w/c 27th March – Full ICS support with focusing system partners around MSFD patients and supporting community hospital.- Achieved reduction in MSFD numbers HomeLink reablement service for North planned to start in March 23 – service now concluded Power BI system discharge dashboard active All system partners have Epic access read & write with appropriate IG agreements to improve our patient services in onward care 		
Challenges	<ul style="list-style-type: none"> Discharge to assess pathways challenged within all system partners particularly with pathway 3, weekly Gold calls with system and chaired by ICB – No action has resolved the current situation. Housing has now been identified delaying discharge with Slough expressing concern they have run out of council housing accommodation in RBWM No KPIs yet agreed for services since DTOC has been removed – identified with ADASS & NHSe - this impacts setting an MDT EDD Local Authorities (LA) finding it difficult to spend discharge government funding Delirium pathway Pathway 3 capacity placement concerns CHC – waiting for Government direction and guidance 		
Action plan	<ul style="list-style-type: none"> 3 times per week huddles with ICB and system partners, LA to agree D2A funding and possible assessments. IRIS review part of system review – ongoing workstream Therapy & discharge workforce review internally – workforce challenges – Epic duplicate AHP orders Legal support for Self-funders 	• Heidi Barber	Ongoing
Risks and mitigation	<ul style="list-style-type: none"> Increase in MSFD likely to continue if no resolution sourced; bottleneck in acute & Community setting having impact on UEC performance and Elective care programme due to increased escalating capacity required. 		

Agency spend – exception report

Executive Lead	Matt Joint
Delivery Lead	Nick Foxwell/ David Hewlett
Period covered	April 2023-March 2024

Objective	To return agency spend to target levels
Target (monthly)	£1.8m per month
Current status	<div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; margin-right: 5px;">L</div> <div style="background-color: #ff0000; color: white; padding: 2px 5px; margin-right: 5px;">F</div> <div>Performance is unusually low, but the target will not be met without a change in process.</div> </div>
Delivery status (for period overall)	



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Agency spend - plan	3.9	3.7	3.5	3.3	3.1	3.0	2.8	2.6	2.4	2.2	2.0	1.8
Agency spend - actual	3.6	3.4	3.0	2.7	2.1	2.2	2.3	2.4				

Aim – to reduce agency spend to at or below target

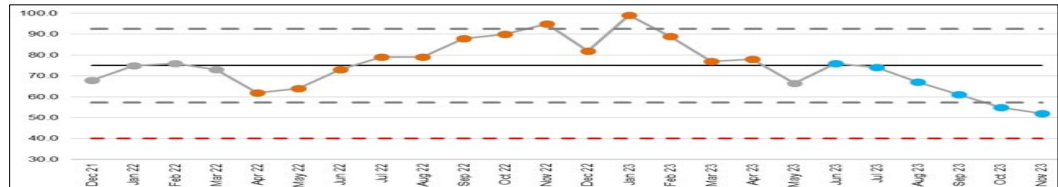
Update for the month

Achievements	<ul style="list-style-type: none"> Appointment of ID Medical to reduce Agency Spend across Nursing, Midwifery, AHP's and Medics IDM – Clarity Build for Medics now completed and implemented went Live 9 October 2023. Trust wide Stakeholder meetings and engagements scheduled Agency spend reduction programmes plans developed for Medics MWAG Meetings Set up and Scheduled with completed ToR developed 		
Challenges	<ul style="list-style-type: none"> Team structures and escalation routes not clearly defined Medics engagement and acceptance of proposals very challenging 		
Action plan	<ul style="list-style-type: none"> Programme plan developed and updated for agency reduction across Medics Agreement for E Rostering programme plan development and implementation E-Rostering project to start across Medics Collaboration and co-production of programme plans with PMO 	<ul style="list-style-type: none"> Douline Schoeman Nick Foxwell/ Douline Schoeman/ Mara Nick Foxwell/Douline Schoeman/ Mara Douline Schoeman 	15/11/23 30/12/23 15/12/23 Ongoing
Risks and mitigation	<ul style="list-style-type: none"> Medics accepting and adhering to E Rostering Existing culture across Medics to accept reduction in the use of Agency staff 		

Time to hire – exception report

Executive Lead	Matt Joint
Delivery Lead	Nick Foxwell/David Hewlett
Period covered	April 2023-March 2024

Objective	To return time to hire to target levels
Target (monthly)	40 days
Current status	<div> <div>L</div> <div>F</div> </div> Performance is within expected limits, but the target will not be met without a change in process.
Delivery status (for period overall)	



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Time to hire - plan	73.9	70.8	67.8	64.7	61.6	58.5	55.4	52.3	49.3	46.2	43.1	40.0
Time to hire - actual	78	66.5	76.0	74.0	67.0	61.0	55.0	52.0				

Aim – to reduce time to hire to at or below target

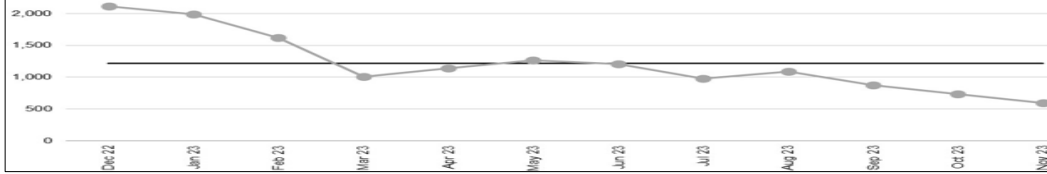
Update for the month

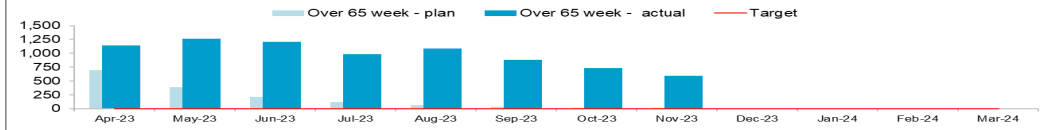
Achievements	<ul style="list-style-type: none"> Time to hire has decreased from 99.8 in January 2023 to 52 in November. December has reduced to 49.2 days 		
Challenges	<ul style="list-style-type: none"> Under resourced recruitment team Volume currently going through the team remains high. 		
Action plan	<ul style="list-style-type: none"> The time to hire metrics have been reviewed and a new format agreed which will give better visibility on areas of concern Daily set up meetings with individual teams to identify and focus on pressure points with timetable in place to ensure grip and control. Implemented May 23 with improvements identified following implementation. 	<ul style="list-style-type: none"> David Hewlett Hannah Wilson, Sarah Rae 	Completed On going
Risks and mitigation	<ul style="list-style-type: none"> Volumes levels remain high however through daily monitoring to prioritise work the teams can ensure we remain on a downward trajectory now that we are back on track after the National outage in June. 		

Number of 65 week waits – exception report

Executive Lead	Caroline Hutton
Delivery Lead	Alex Stamp
Period covered	April 2023-March 2024

Objective	To reduce the number of people waiting over 65 weeks to zero by March 2024
Current status (will be populated by Informatics based on SPC analysis)	<div><div></div><div></div></div> Insufficient continuous data for SPC analysis
Delivery status (for period overall)	





	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Over 65 week - plan	695	383	210	116	64	35	19	11	6	3	2	0
Over 65 week - actual	1142	1264	1203	980	1091	877	736	593				

Aim – To reduce the number of people waiting over 65 weeks to zero by March 2024

Update for the month

Achievements	<ul style="list-style-type: none"> Continued reduction of patients waiting over 65 weeks for treatment on an RTT pathway. High level of bookings for long-waiting patients compared to regional peers. Continued monitoring of 65-ww cohort due to breach by end of March – currently reducing around 700 p/w. 		
Challenges	<ul style="list-style-type: none"> Industrial impact and reduction in elective pathways. Impact of UEC pressures on elective pathways. Patient choice delays mean patients are opting to delay their treatment past the 65-week threshold. 		
Action plan	<ul style="list-style-type: none"> Continued monitoring of patients waiting over 65 week who will breach by end of March 2024. Prioritisation of long-waiting admitted cases. Focus on Outpatients with aim to reduce non-admitted waits over winter if UEC pressure expedites. 	<ul style="list-style-type: none"> Alex Stamp Theatres Directorates 	Ongoing Ongoing January 2024
Risks and mitigation	<ul style="list-style-type: none"> Patient choice will stop patients accepting dates– being monitored by RTT team. UEC pressures will affect elective capacity – ongoing monitoring via operational huddles. Industrial action impacts performance – close monitoring and prioritisation of long-waiters 		

Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Improving Quality for Patients						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	Run chart or SPC chart
MRSA~	0	2	0	-	?	
C-Diff~	11	52	≤4.6 (55 per year)	-		
MSSA~	0	28	TBC+	-		
EColi~	65.77	TBC	TBC+	H		
Never Events~	0	2	0	-		
Number of Falls	267	1,874	≤200	-		
Number of Falls (per 1,000 bed days)	6.14	5.44	TBC+	-		
Number of Falls resulting in serious injury (October 2023)*~	0	20	≤2	-		
Number of Serious Incidents	3	35	≤10	-		
Pressure ulcers – hospital acquired (category 2) – October 2023	65	436	N/A	-		
Pressure ulcers – hospital acquired (category 3) – October 2023	0	11	TBC	L		
Pressure ulcers – hospital acquired (category 4) – October 2023	0	3	0	-		
Pressure ulcer rate – (per 1,000 bed days; category 2,3 and 4) – October 2023	1.47	1.50	TBC+	-		

* - data is one month in arrears; ~ - numbers are too low to calculate valid SPC assurance; + = target to be reviewed now national data is available / data is flowing from Epic
Please note – MSA data has not been validated so may be subject to change

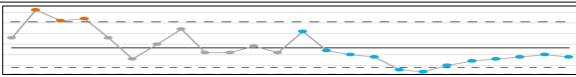
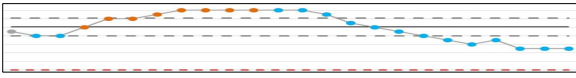
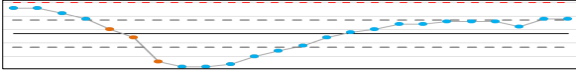
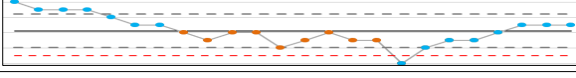
Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Improving Quality for Patients						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Maternity – Number of Serious Incidents~+	2	8	≤3	-		
Maternity – Midwife to birth ratio	1.25	1.25	≤1.25	-	?	
Maternity – Number of complaints received	6	32	TBC	L		
Sepsis screening			≥90%			Subject to the successful rollout of the working Sepsis tool in July 2023
Sepsis – antibiotics within one hour where clinically required			≥90%			Subject to the successful rollout of the working Sepsis tool in July 2023
Mixed Sex Accommodation Breaches	22	143	0	L	?	
Patient FFT	97%	96%	≥95%	H	?	
Complaint response time (40 day) – September 2023	100%	60%	≥85%	-	?	
Complaint response time (60 day) – September 2023	38%	32%	≥85%	L	?	
Calls answered within 2 minutes by call centre	71%	N/A	≥80%	H	F	
Average time taken to answer calls	1m57s	N/A	≤2m0s	L	?	
Call abandonment rate	10%	N/A	≤8%	L	F	

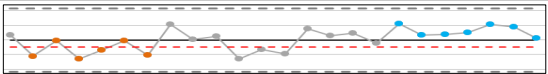
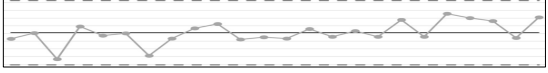

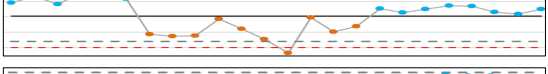
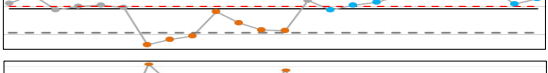

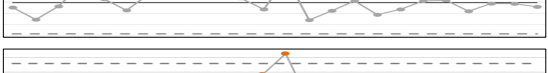

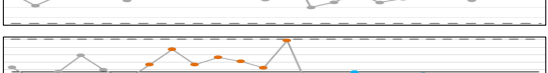
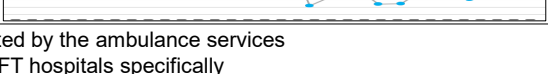
* - data is one month in arrears; ~ - numbers are too low to calculate valid SPC assurance; + HSIB cases have been included as a Maternity SI since April 2021

** – call centre data from September 2022 has been updated to include all call centres, not just Albany Park.

Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Supporting our People						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Sickness rate (monthly)	3.4%	3.2%	≤2.9%	L	?	
Sickness rate (rolling 12 month)	3.4%	3.5%	≤2.9%	L	F	
Appraisal rate %	74%	73%	≥80%	H	F	
MAST training %	89%	87%	≥85%	H	P	

Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Collaborating with our Partners						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Community services – 2-hour response	81.1%	85.2%	≥75%	H	?	
Community services – caseload discharges	1,411	10,468	TBC	-		
Community services – emergency readmissions within 30 days following discharge from a community ward (October 2023)	34	210	TBC			
Ambulance handovers – % within 15 minutes	77.5%	77.3%	≥65%	H	P	
Ambulance handovers – % within 30 minutes	96.4%	97.3%	≥95%	H	?	
Ambulance handovers – number over 60 minutes	12	104	0	L	?	
Category 1 mean response time (SCAS)*	8m49s	N/A	TBC	-		
Category 1 mean response time (SECAMB)*	8m26s	N/A	TBC	-		
Category 2 mean response time (SCAS)*	36m20s	N/A	TBC	-		
Category 2 mean response time (SECAMB)*	30m15s	N/A	TBC	L		

NOTE: Ambulance handover data is locally produced / validated so may differ from that which is nationally available and submitted by the ambulance services

* - data relates to the performance of the ambulance trusts as a whole; it is not possible to disaggregate the performance for FHFT hospitals specifically

Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Transforming our Services

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Cancer – Urgent Cancer PTL (proportion of waiting list past 62 days)	7.0%	N/A	≤6.4%	Insufficient data to create an SPC chart		
Cancer – 28-day faster diagnosis (%) – October 2023+	76.1%	N/A	≥75%	H	?	
Diagnostics (% waiting 6 weeks or more)	38.5%	N/A	≤1.0%	-	F	
Stroke – percentage admitted within 4 hours	61.8%	61.7%	≥80%	H	F	
Number of patients waiting 52 weeks or more for treatment	4,180	N/A	≤807	H	F	
RTT waiting list size (PTL)	82,610	N/A	No target	H		
OPD cancellation rate (hospital initiated)	1.9%	2.3%		Insufficient data to create an SPC chart		
OPD cancellation rate (patient initiated)	1.9%	2.0%		Insufficient data to create an SPC chart		
On day cancelled operations (non-clinical) (% of electives)						The date for this metric is dependent on Epic cancellation workflow being in place
Cancelled patients admitted within 28 days (%)						Subject to an operational workflow and Epic EPR build
Outpatient DNA rate (%)	8.5%	8.7%	<5%	Insufficient data to create an SPC chart		
Outpatient consultant-led new to follow-up ratio	1.22	1.13		Insufficient data to create an SPC chart		

* Data reported from Somerset

+ - data one month in arrears

Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Transforming our Services

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Inpatient bed days used by children with mental health problems (where no acute paediatric care is provided)	153	N/A	TBC	Insufficient data to create an SPC chart		
Number of children on priority 2 and 3 lists awaiting surgery	384	N/A	TBC	Insufficient data to create an SPC chart		

Making our Money Work

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Charitable funds received	£127K	£1.8m	TBC	—		
Charitable funds spent	£213K	£1.9m	TBC	—		

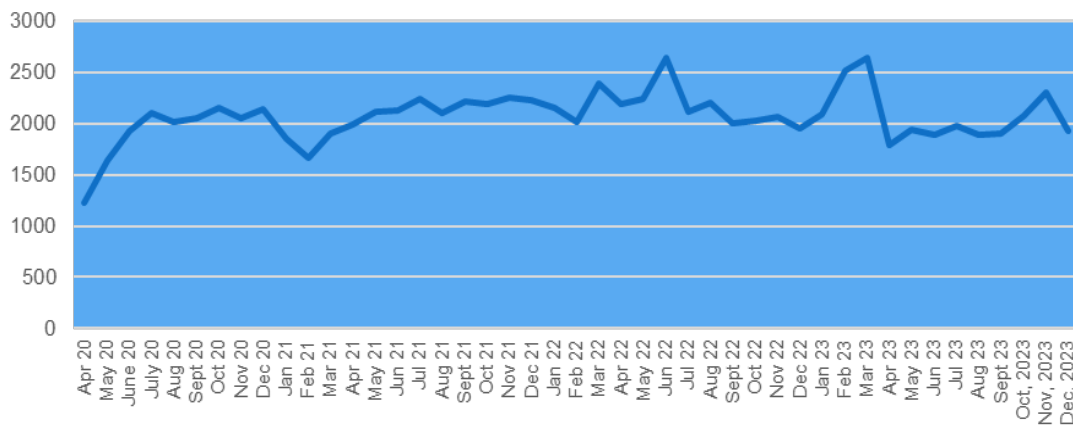
* An exception report has not been produced for Charitable Funds as more detailed financial commentary is available elsewhere in the Board papers

Advancing our Digital Capability

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Outpatient attendances with no procedure seen virtually	27.5%	26.3%	>25%	Insufficient data to create an SPC chart		

Serious Incidents – as at end December 2023

Total number of incidents (including no harm events) reported by month April 2020 to December 2023

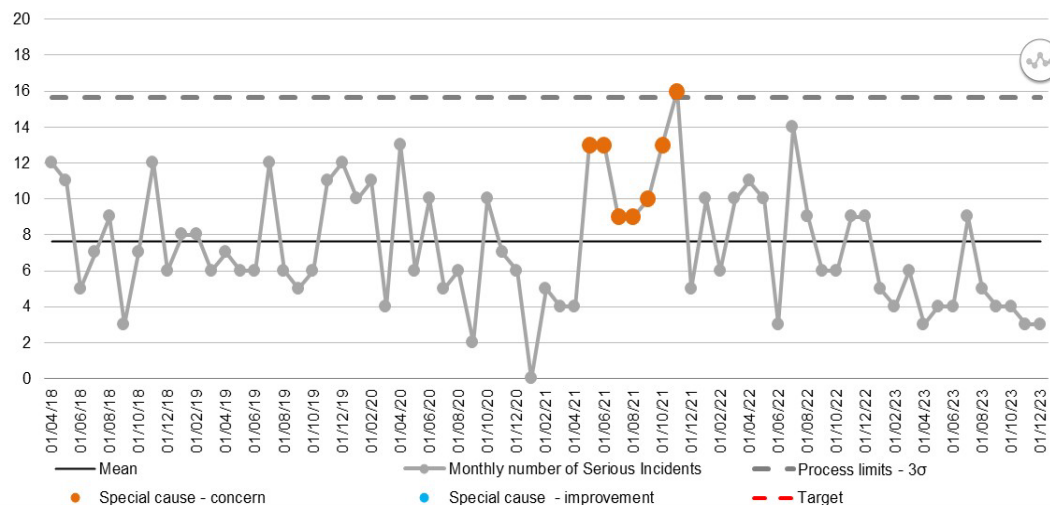


Month	Total Incidents Reported	Number of SI's
October 2023	2075	4
November 2023	2301	3
December 2023	1934	3

SI Categories for October to December 2023

- 2 Surgical / Invasive procedures
 - 2 Obstetrics (1 maternal death)
 - 1 deteriorating patient
 - 1 treatment delay
 - 1 slips/trips/falls
 - 1 confidential/IG breach
 - 1 Diagnostic delay
 - 1 potential avoidable death
-
- 10 serious incidents have been reported during the timeframe of this report, 1st October to 31st December 2023
 - Patient Safety Incident Response Framework final proposal has been presented and agreed at Quality Assurance Committee with the final plan to be presented to Board in March 2024
 - New risk management system Inphase implementation has been delayed due to complex data migration issues from RL6 to Inphase. Will be implemented in quarter 4.

Monthly number of Serious Incidents- starting 01/04/18



Maternity Services update – as at end November 2023

	Nov-23	YTD
Maternity SI	0	6
HSIB	0	5
RCA	0	1
Training compliance	TBC	TBC
Midwifery 1:1 care in Labour	100%	98%
Obstetric Weekly cover	264 hours	264 hours (per week)
Formal complaints (October)	2	30
HSIB/NHSR/CQC concern or Board request for action	0	4
Coroner Reg 28 made to trust	0	0

Feedback on maternity services

- Staffing in community is under pressure
- Community staff positive about their roles
- Feedback from service users relates to care and treatment
- CQC 4 must-do actions – the service must ensure:
 - All staff must complete mandatory training
 - Infection prevention and control measures are effective, and equipment is clean and fit for use
 - Medicines are checked and stored safely
 - Poor performance is investigated, monitored and acted upon in a timely way

Progress with CNST Safety Actions

- Extra sessions provided to address challenges with aim to reach full compliance for SA 8

Learning from Incidents

During Q2 (July – September) 2023, four significant incidents occurred within the maternity department, prompting a thorough review of patient safety procedures and care protocols. These incidents, ranging from delayed referrals to maternal mortality, highlight the critical need for vigilance and adherence to established guidelines.

Incident 1: Delayed Cooling Therapy

Incident 2: Timing of Delivery and Cooling Therapy

Incident 3: Delayed Referral for Placenta Accreta

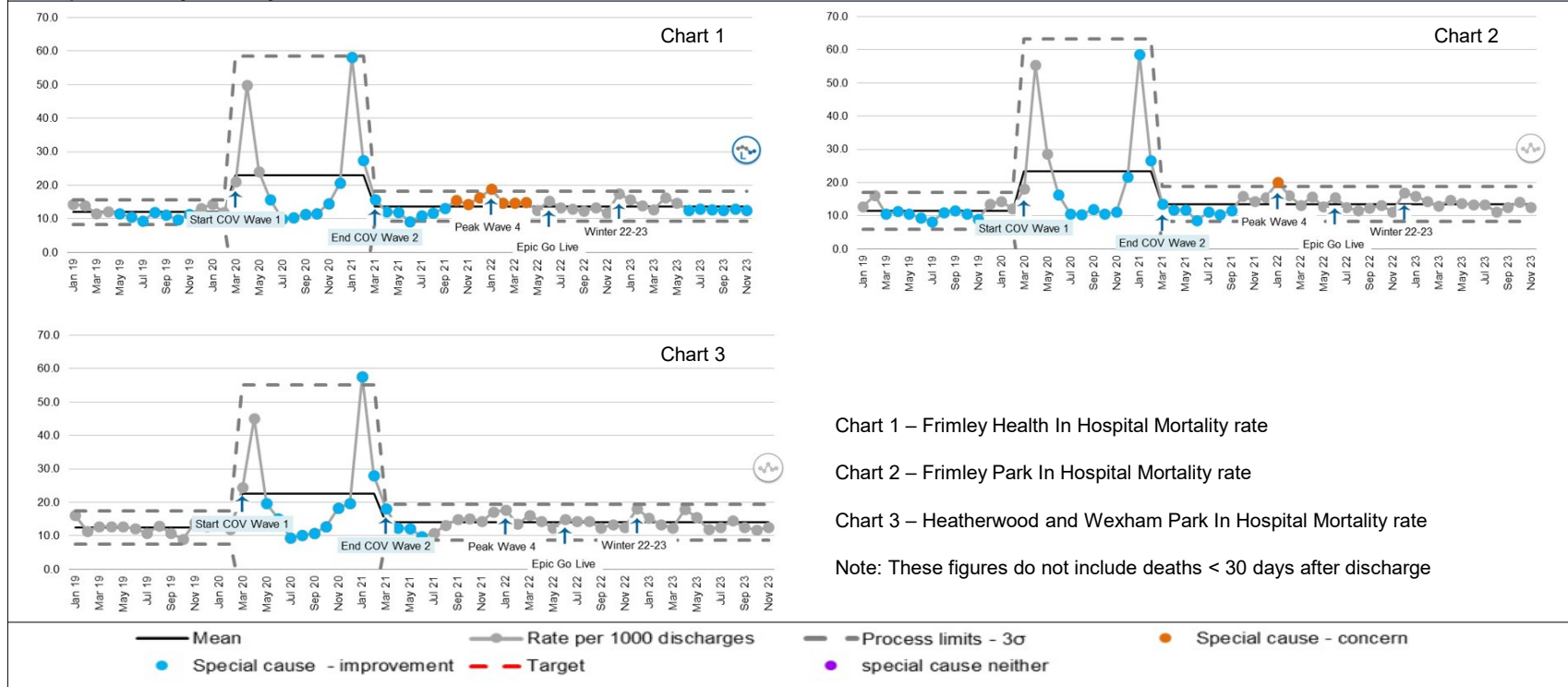
Incident 4: Maternal Death four weeks postpartum due to thyroid cancer.

Mortality report

	20/21	21/22	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
Number of inpatient deaths	3172	2714	240	342	279	244	266	240	235	203	201	203	209	225	221	1737
Total deaths screened (including < 30 days post-discharge)	4105	3489	308	423	371	343	376	365	360	299	301	315	317	329	338	2624
Cases sent for review	316	303	14	17	23	20	24	13	22	21	44	33	38	47	44	262
Deeper reviews completed+	315	275	3	7	2	11	10									
Total number of deaths judged > 50% likely to be due to problems with care	9	4	0	0	0	0	0	0	0	1	0	0	1	0	1	3
Number of deaths of patients with a Learning Disability	27	18	2	1	2	4	4	3	3	1	1	2	5	5	3	23
Total number of deaths of patients with LD judged > 50% likely to be due to problems with care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

+The number of completed reviews updates monthly and may increase as there is a 12-week review time

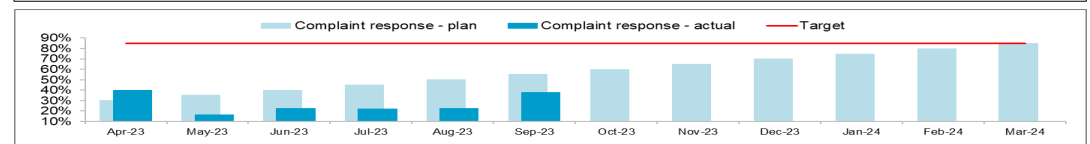
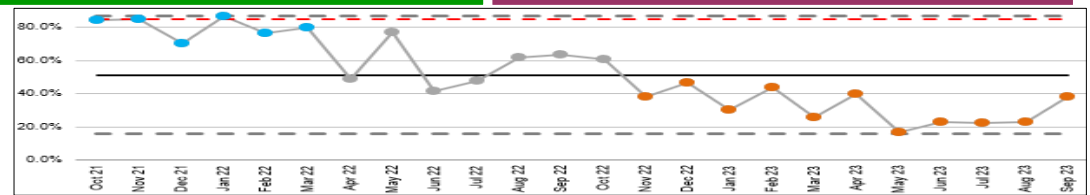
In Hospital Monthly Mortality



Complaints – 60-day response rate – exception report

Executive Lead	Lorna Wilkinson
Delivery Lead	Maxine McVey
Period covered	April 2023-March 2024

Objective	To achieve the 60-day response rate by December 2023
Current status	<div style="background-color: orange; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">L ?</div>
Delivery status (for period overall)	



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Complaint response - plan	30.5%	35.4%	40.4%	45.3%	50.3%	55.3%	60.2%	65.2%	70.1%	75.1%	80.0%	85.0%
Complaint response - actual	40.0%	16.7%	22.9%	22.2%	22.9%	38.1%						

Aim: To respond to formal complaints within 40 (less complex) or 60 days (cross provider/ where care was delivered by multiple specialties/ is multifaceted). We continue to work closely with other teams on complex complaints that have included an incident/allegation that also need consideration under the patient safety, coroners, safeguarding processes. Majority of complaints fall within the 60-day timescale. Whilst there is no defined response target nationally for timescales, target is set at 85% for our 40- and 60-day complaints. Response data is uploaded monthly and the achievement against target reported in Quality & Performance Report (data is lagging and so September data is only available for this report).

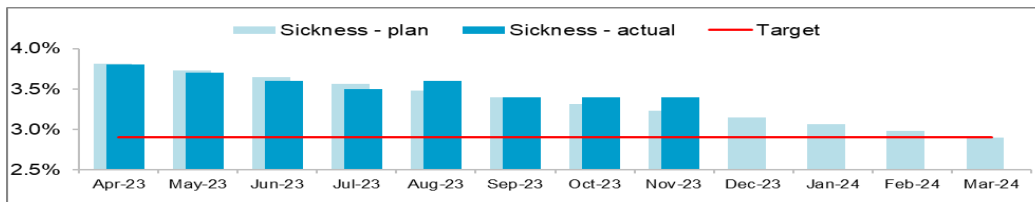
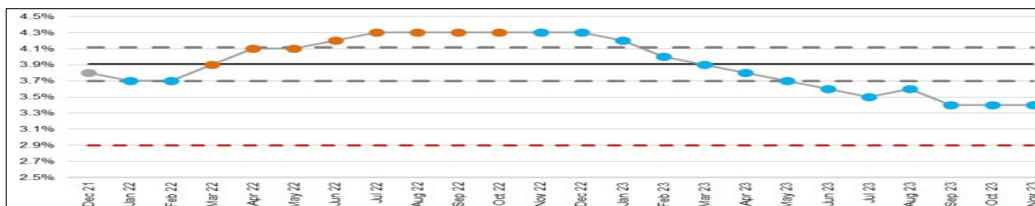
Update for the month

Achievements	Performance in September has improved to 38% of complaints received being closed within 60- target. Of those exceeding set KPIs, 32% were responded to in less than 70 days, leaving only 27% that have taken longer than 70 days to resolve. Good progress has been made in filling staff vacancies within the Complaints Team and plans put in place to improve performance – actions below. We continue to have low numbers of referrals to the Ombudsman with a strong focus on local resolution (only 1 upheld outcome so far in 2023/24) and around 10% of complaints re-opened which is a positive sign of the quality of response being provided. Current sitrep start of January 2024: 63% of open complaints sit within agreed timeframe for response, no outstanding open complaints from 2022 and total open complaints stand at 175 (beginning of November the number was 235).		
Challenges	Significant challenges with staff vacancies throughout 2023 within the Complaints Team, a backlog of aged, complex complaints. Other areas of the organisation have also had significant operational challenges, compounded by industrial action which has impacted their capacity to investigate and respond. The feedback/ complaints module of InPhase will be the first to go live and the complaints team are dedicating time to quality assurance of legacy data transferred and customisation of the system to ensure we produce meaningful data and reports moving forward.		
Action plan	<ul style="list-style-type: none"> ▪ Focused weekly trackers to all Directorate senior lead/ Heads of Nursing/Midwifery/Complaint coordinators ▪ Regular meetings with our cross-site Medicine colleagues as the largest directorate ▪ Recruit to vacancies and ensure all new starters have comprehensive induction and training ▪ Head of Nursing sign-off of responses to improve quality prior to going to executives ▪ Defined escalation process if responses are not returned ▪ Increased focus on regular communication with complainants throughout the process to provide updates ▪ Phased return to 40-day response time for simple complaints – agreed locally with anticipated return to 40/60-day criteria and significant improvement in response times by the end of the financial year 2023/24 	<ul style="list-style-type: none"> • Head of Patient Experience, Trust Complaints Lead and Deputies 	LB/ CW/ JG/ JD
Risks and mitigation	Failure to meet target response deadlines risks Trust reputation. Actions already in place and ongoing with continual monitoring to avoid “backlog”		Trust Complaints Lead

Sickness – rolling 12 months rate – exception report

Executive Lead	Matt Joint
Delivery Lead	Michael Ellis / Robert Shuttleworth
Period covered	April 2023-March 2024

Objective	To return sickness to target levels
Target (monthly)	2.9%
Current status	<div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">L</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; margin-right: 5px;">F</div> <div>Performance is unusually low, but the target will not be met without a change in process.</div> </div>
Delivery status (for period overall)	



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Sickness - plan	3.8%	3.7%	3.7%	3.6%	3.5%	3.4%	3.3%	3.2%	3.2%	3.1%	3.0%	2.9%
Sickness - actual	3.8%	3.7%	3.6%	3.5%	3.6%	3.4%	3.4%	3.4%				

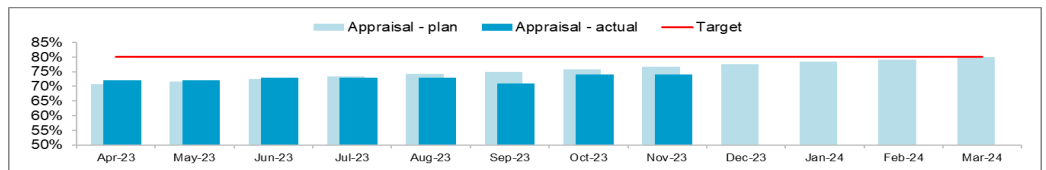
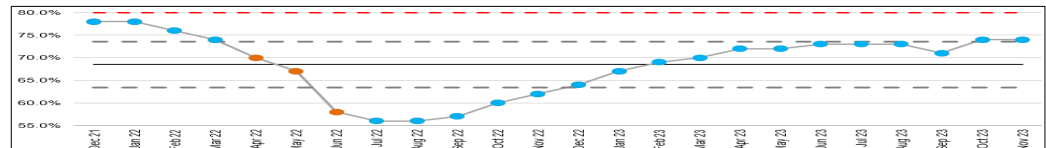
Aim – to reduce staff sickness absence rates to at or below target
Update for the month

Achievements	• Absence continues to drop with the seasonal absence of Cold and flu symptoms now passed. Absence is currently down to 3.4%		
Challenges	<ul style="list-style-type: none"> • On the back of Covid we have seen greater absence record management Absence % will continue to remain higher than the standard rate for the trust until at least March and cold and flu season has passed. • Covid does still pose a risk and is being monitored 		
Action plan	<ul style="list-style-type: none"> • HR continue to support manager and departments with absence management inline with Trust policy • The Flu Vaccination Programme is set to relaunch in September this will provide an opportunity for employees to obtain their Flu and Covid vaccinations 	Matt Joint	Ongoing Sep 23 - Feb 24
Risks and mitigation	<ul style="list-style-type: none"> • Covid Absence is now categorised as a standard absence and is counted as an employee absence trigger • NHS E have communicated with organisation that they are predicting a surge with Flu and Covid sickness which is likely to have an impact on staffing levels. Work is underway to review the predictions and the impact it will have on staffing during the winter period 		

Non-medical appraisal – exception report

Executive Lead	Matt Joint
Delivery Lead	Claire Quinn / Robert Shuttleworth
Period covered	April 2023-March 2024

Objective	Appraisal compliance rate of 80%
Current status (will be populated by Informatics based on SPC analysis)	<div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">H</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; margin-right: 5px;">F</div> <div>Performance is unusually high, but the target will not be met without a change in process.</div> </div>
Delivery status (for period overall)	



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Appraisal - plan	71%	72%	73%	73%	74%	75%	76%	77%	78%	78%	79%	80%
Appraisal - actual	72%	72%	73%	73%	73%	71%	74%	74%				

Aim – 80% of non-medical staff have had an appraisal with their line manager in the past 12 months

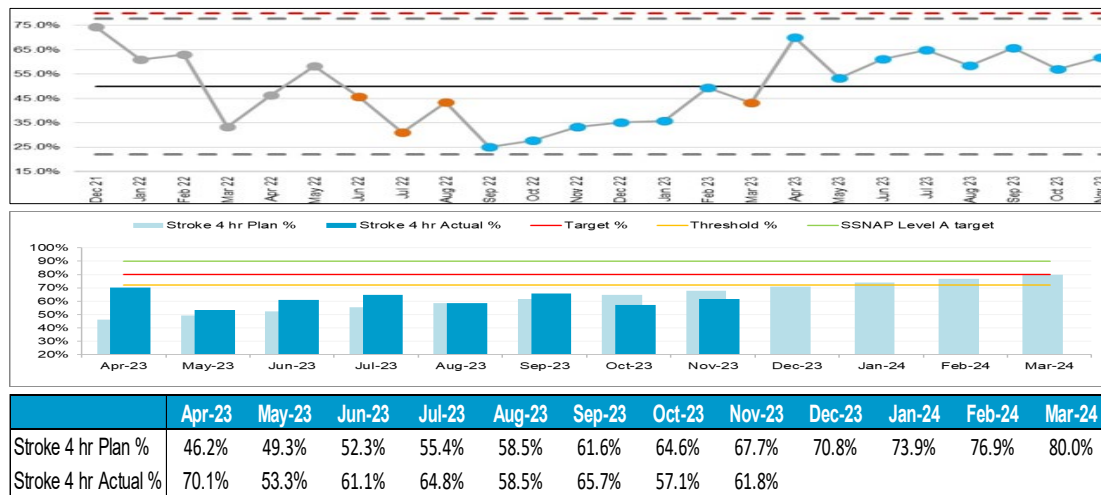
Update for the month

Achievements	<ul style="list-style-type: none"> Current Appraisal Rate of 74% (Nov 23) has Increased from % (Dec 22) in 12 months. NSS 23 appraisal included in 2 of the 'top 5 scores' and in 'most improved scores' – all relating to quality and impact of appraisal NSS 23 'received an appraisal in the last 12 months' in 'most improved scores' - 80% compared to 74% in 2022 when it was in most declined score HR Resourcing Team have begun a small scale PDSA to test the 'team objectives' countermeasure- Therapies have committed to join this improvement work Monthly audit of compliance being undertaken as part of CQC readiness. Feedback and support provided at Directorate level CQC local audit template to include reference to monthly appraisal compliance reporting 		
Challenges	<ul style="list-style-type: none"> July 23 SLC approved recommendations set out in a March 23 paper for Appraisal Review improvement programme, but these have not been action yet due to CLP, EDI, NQPS, NSS and MEP being prioritised since approval. Staffing pressures as a result of ongoing levels of absence and turnover and operational pressures have resulted in staff prioritising patient care Appropriate flexing of priorities i.e., all hands-on clinical cover, 'Every Day Matters' renders objective setting as difficult/inconsistent for frontline staff Visibility of appraisal compliance via bi-monthly reports and MaST system does not result in accountability for compliance 		
Action plan	<ul style="list-style-type: none"> Culture and Leadership programme underway Appraisal team objectives improvement work commenced – see challenges for impact of capacity in OD team 	<ul style="list-style-type: none"> Claire Quinn Jason Kehoe 	20/10/23
Risks and mitigation	<ul style="list-style-type: none"> Appraisal rates will continue to decline with negative impact on staff engagement Medical appraisals do not include performance objectives aligned with business plan 		

Stroke Unit – 4hr direct admission – exception report

Executive Lead	Caroline Hutton
Delivery Lead	Alisa Hutchings/Tammy Erod
Period covered	April 2023-March 2024

Objective	People with suspected acute stroke should be admitted directly to a hyper acute stroke unit (HASU) within 4 hours
Target (monthly)	>=80%
Current status	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">H</div> <div style="background-color: #ffc107; color: white; padding: 2px 5px; margin-right: 5px;">F</div> <div>Performance is within expected limits, but the target will not be met without a change in process</div> </div>
Delivery status (for period overall)	Below target



Aim: To return stroke performance to >80% people being admitted to HASU within 4 hours by March 2023

Update for the month

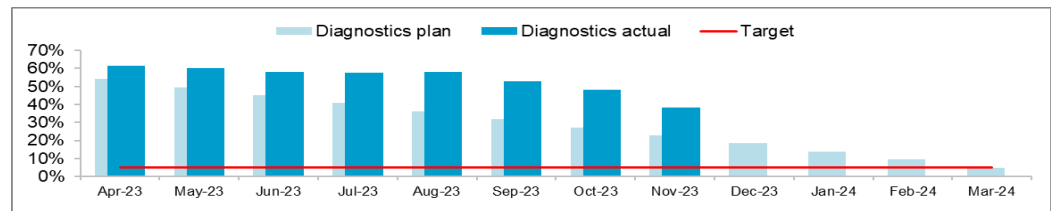
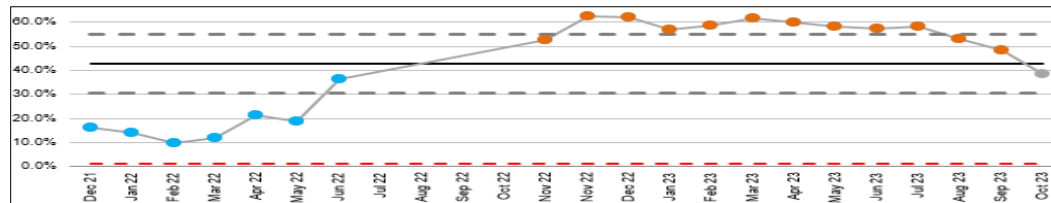
Achievements	Direct admission to the stroke unit over the last two weeks exceeded the national 4hr 80% admissions target (92% and 81% respectively)		
Challenges	<ol style="list-style-type: none"> Stroke Medical staffing critically understaffed and unable to provide safe inpatient and outpatient service. 4hr Admissions to ward under pressure due continued lack of ringfenced and the ongoing fill with general medical patients despite new strokes continually arriving, resulting in extensive Stroke outliers with limited team capacity for review, causing increased length of stay (this includes medical and therapy teams). Stroke reports and data management. More recently the lack of dedicated stroke therapy team data (now being mixed amongst all medicine administration) has resulted no collection of therapy data for input either nationally or locally. 7-day cardiac monitor (delay in patient appointment). 		
Action plan	<ol style="list-style-type: none"> Unable to recruit to posts, advertising again for substantive consultant and middle grade; continue to chase for locum support – discussions underway with candidates. Further discussion regarding Stroke team planning their own bed stock and support from partners. This process is underway – event planned for 05 February 2024 with Frimley Excellence team. Internal IT/Informatics (ERS/EPIC) working to resolve data capture, management and reporting specifically as it relates to Stroke Therapy data onto SSNAP. 7-day cardiac patch pathway and patient questionnaire agreement 	<div>James HB/SJ</div> <div>Suzanne Jordan</div> <div>Jo Groshman/</div> <div>James HB</div> <div>James/Ailsa</div>	<div>Ongoing</div> <div>February 2024</div> <div>In progress</div> <div>In progress</div>
Risks and mitigation	Bed capacity remains the primary risk across the site, combined with inpatient capacity pressures in RSCH for stroke patients affecting repatriations.		

NOTE: There is a small discrepancy between the internal and SSNAP definition of the % of patients who are admitted to HASU 4 hours. For the board report the SSNAP definition is used. The data sent to SSNAP includes all stroke cases (including those that are not admitted to the stroke ward such as patients who are sent to tertiary centres for thrombectomy) hence the lower figures. SSNAP cleanse the data quarterly to give a true reflection of the % of patients admitted within 4 hours

Diagnostics – exception report

Executive Lead	Caroline Hutton
Delivery Lead	Alex Stamp
Period covered	April 2023-March 2024

Objective	Less than 1% of patients will wait 6 weeks for a diagnostic investigation
Target (monthly)	<=1.0%
Current status	<div> <div></div> <div>F</div> </div> Performance is unusually high, and the target will not be met without a change in process.
Delivery status (for period overall)	



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Diagnostics plan	54.1%	49.7%	45.2%	40.7%	36.3%	31.8%	27.3%	22.9%	18.4%	13.9%	9.5%	5.0%
Diagnostics actual	61.5%	60.0%	58.1%	57.4%	58.0%	52.9%	48.3%	38.5%				

Aim - To reduce the percentage of people waiting longer than 6 weeks for a diagnostic investigation to less than 5% by March 2024

Update for the month

Achievements	<ul style="list-style-type: none"> Reduction of PTL for diagnostics – dropped by almost 13,000 in last seven months. Endoscopy waits have improved, and overall waiting list is reducing – performance is around 10% and amongst best in region. CDC capacity has increased diagnostic activity being carried out for US, CT and Endoscopy. Overall performance is no longer worst in region, and forecasting to continue improving until year-end, with expectation that waiting list will be at pre-EPIC levels by end of January 2024. 		
Challenges	<ul style="list-style-type: none"> Sleep Studies capacity remains a challenge around staffing and equipment and is currently worst performing diagnostic modality. Echocardiogram performance has declined with further workforce challenges. Demand for NOUS remains high – particularly at Wexham – despite waiting list reduction. 		
Action plan	<ul style="list-style-type: none"> Continue and increase outsourcing for Ultrasound scans. Complete further radiographer/sonographer recruitment. Ongoing recruitment for Echocardiogram cover. Ongoing push to increase sleep kits to cover backlog. 	Bridget Manock Bridget Manock Suzanne Jordan Suzanne Jordan	January 2024 Ongoing Ongoing Ongoing
Risks and mitigation	<ul style="list-style-type: none"> Radiographer vacancies mitigated though overseas recruitment. Endoscopy to be bedded during winter – mitigation is in place but may impact performance. Costs of NOUS and Sleep Studies present financial risk to Trust given requirements to increase capacity over and above budget. 		

Benchmarking – selected measures

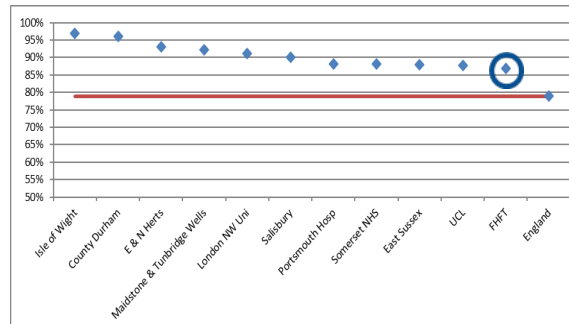
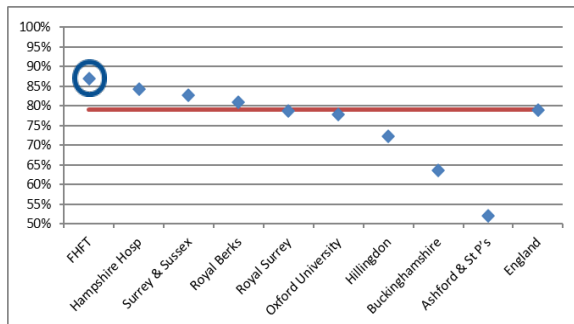
Local trusts

Best in class

Rank

Quartile

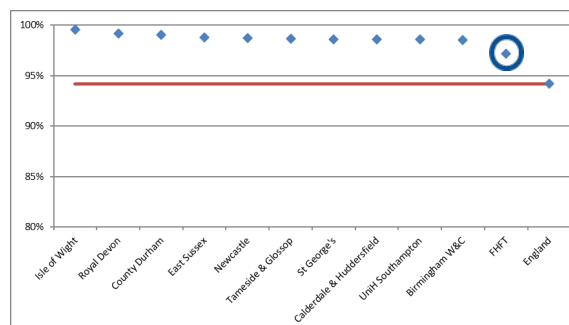
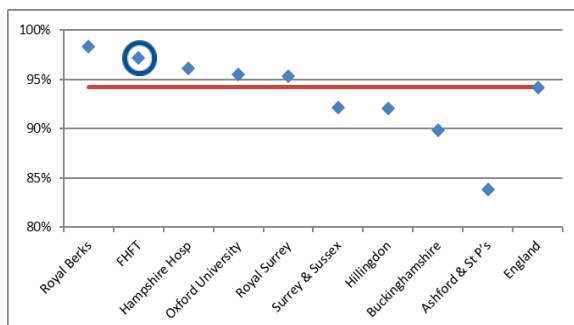
ED FFT



13/121

1st

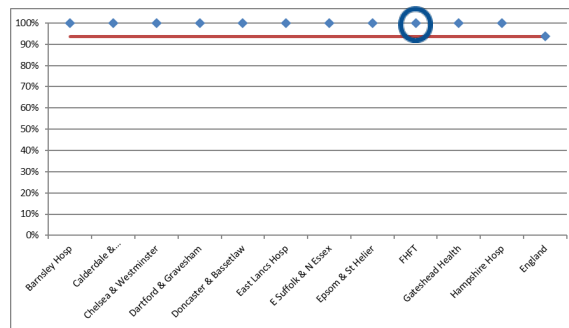
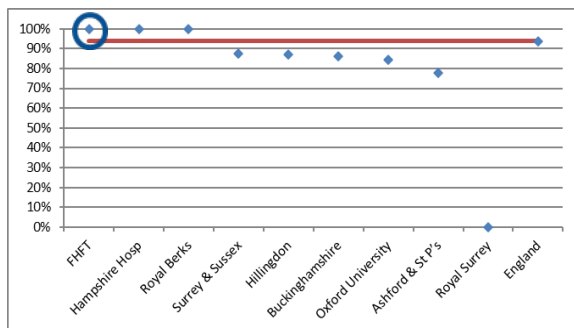
Inpatient FFT



25/121

1st

Maternity FFT

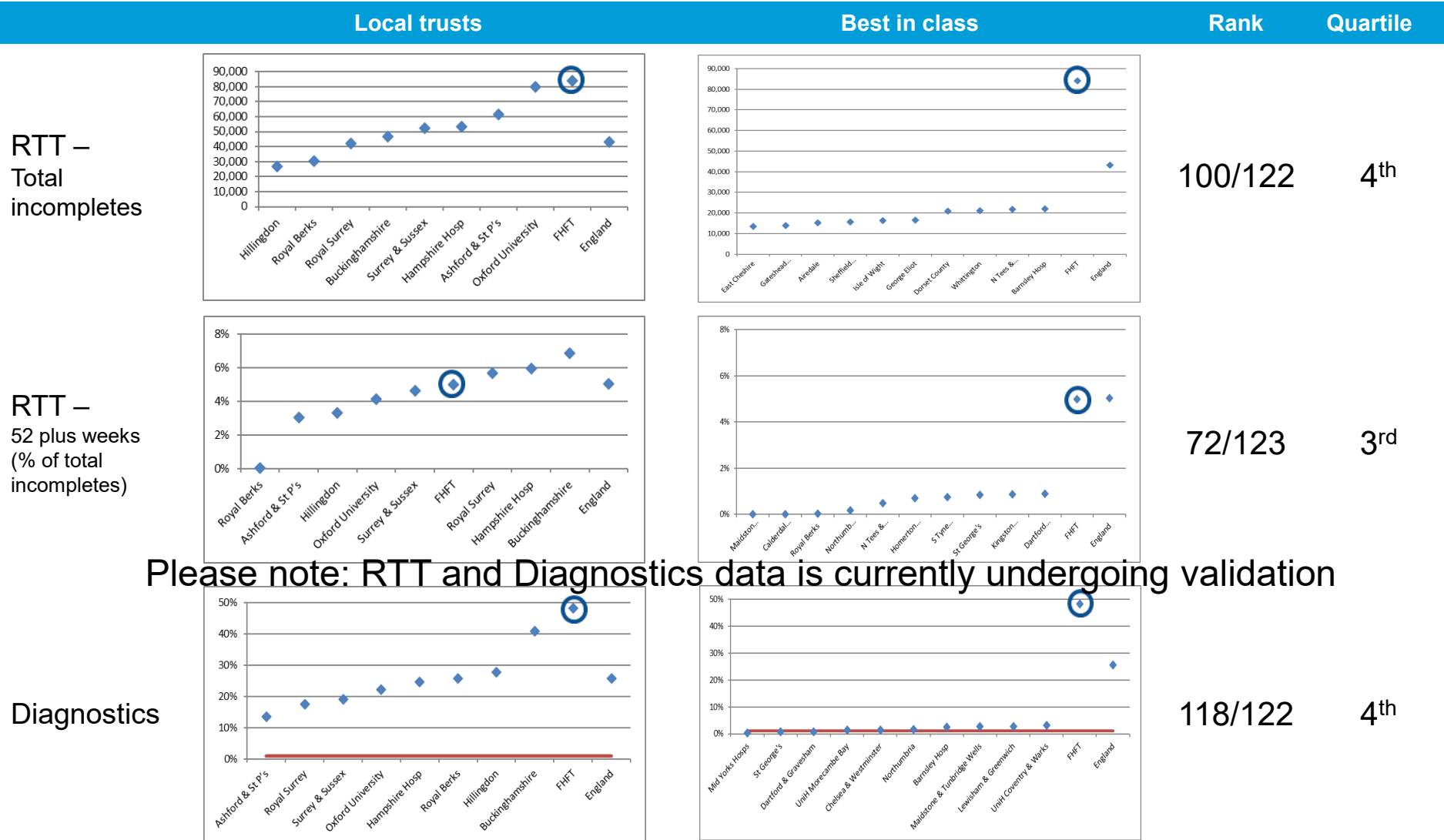


1=117

1st

NOTE – for each graph, the position furthest to the left is the best performing trust. **Data periods:** ED FFT, Inpatient FFT, Maternity FFT = October 2023. Maternity Best in Class is truncated alphabetically as there are more than ten trusts who are performing at 100%. Best in class peer group has been expanded to include both Acute and Acute & Community trusts

Benchmarking – selected measures



Please note: RTT and Diagnostics data is currently undergoing validation

NOTE – for each graph, the position furthest to the left is the best performing trust and – is the target. **Data periods:** RTT and Diagnostics = October 2023
Best in class peer group has been expanded to include both Acute and Acute & Community trusts so the cohort now includes up to 125 trusts.

Benchmarking – selected measures

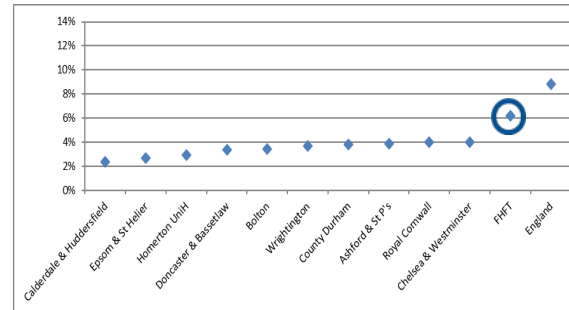
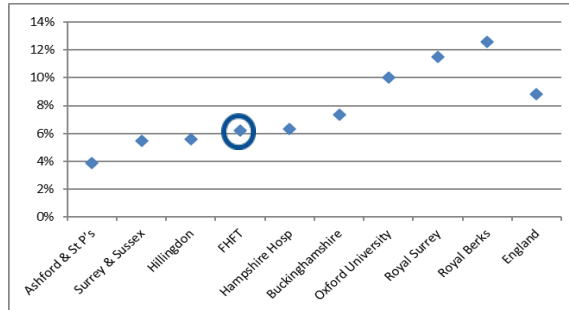
Local trusts

Best in class

Rank

Quartile

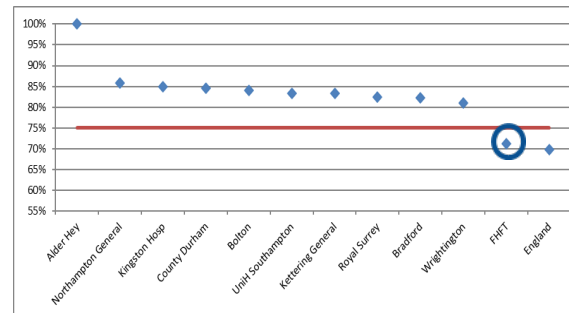
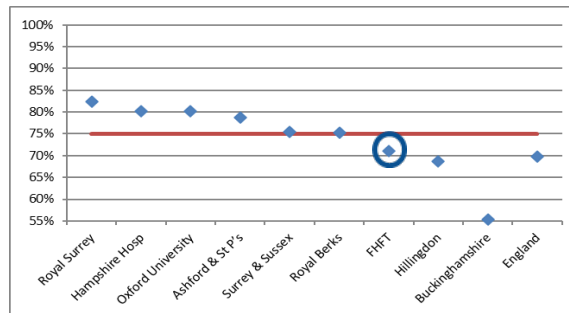
Cancer –
Urgent PTL
(proportion waiting
over 62 days)



35/120

2nd

Cancer –
28-day faster
diagnosis



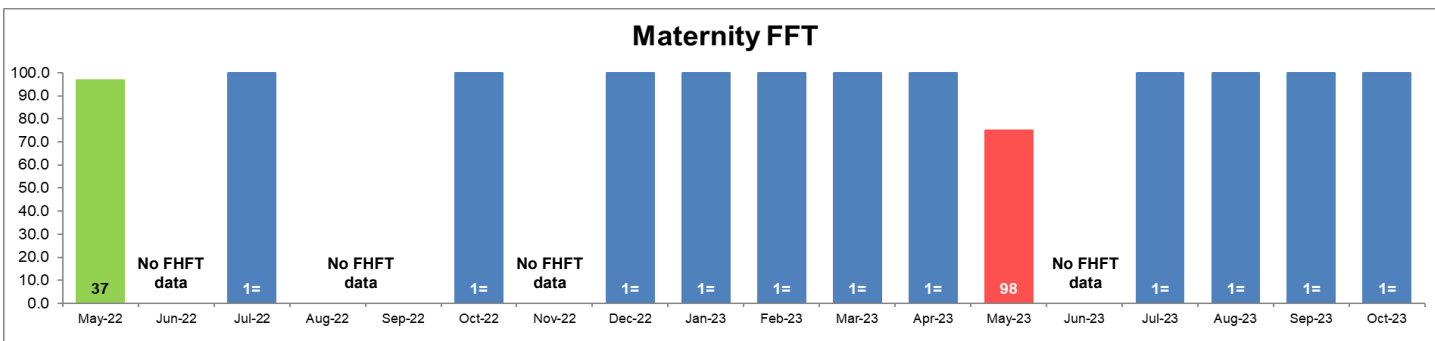
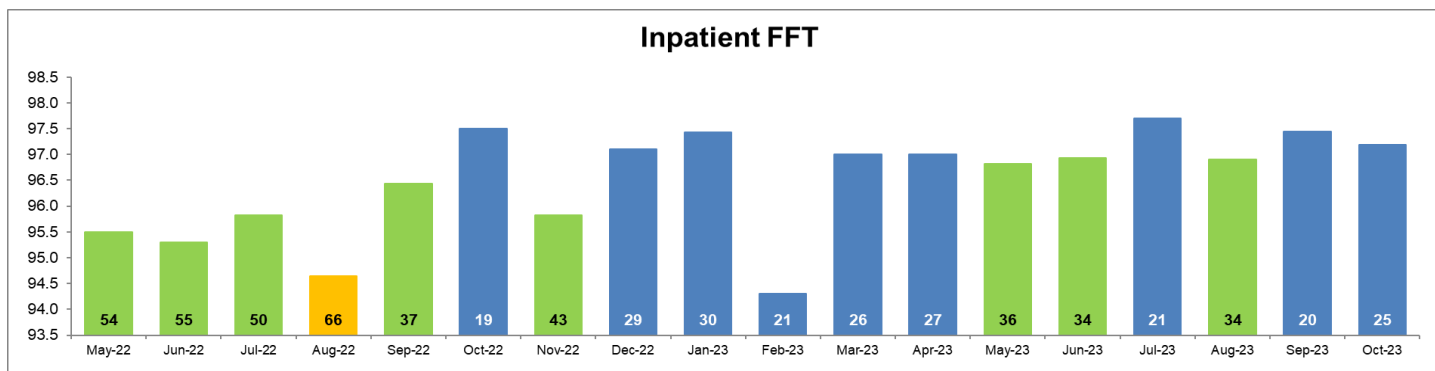
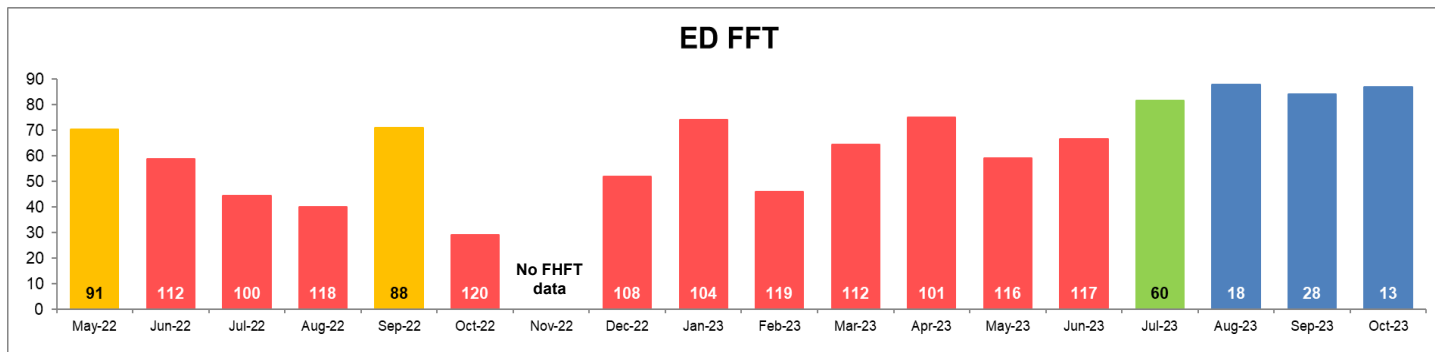
54/121

2nd

NOTE – for each graph, the position furthest to the left is the best performing trust. **Data periods:** Cancer 28-day FDS = September 2023
Urgent Cancer PTL – proportion waiting over 62 days – position week ending 05 November 2023.
Best in class peer group has been expanded to include both Acute and Acute & Community trusts so the cohort now includes up to 125 trusts.

Benchmarking – FHFT historic monthly performance (selected measures)

- Quartile 1
- Quartile 2
- Quartile 3
- Quartile 4

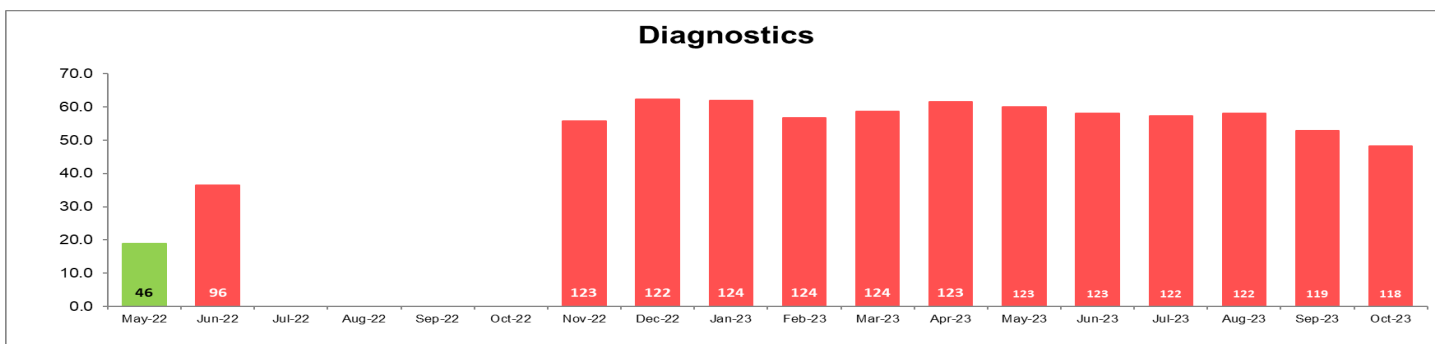
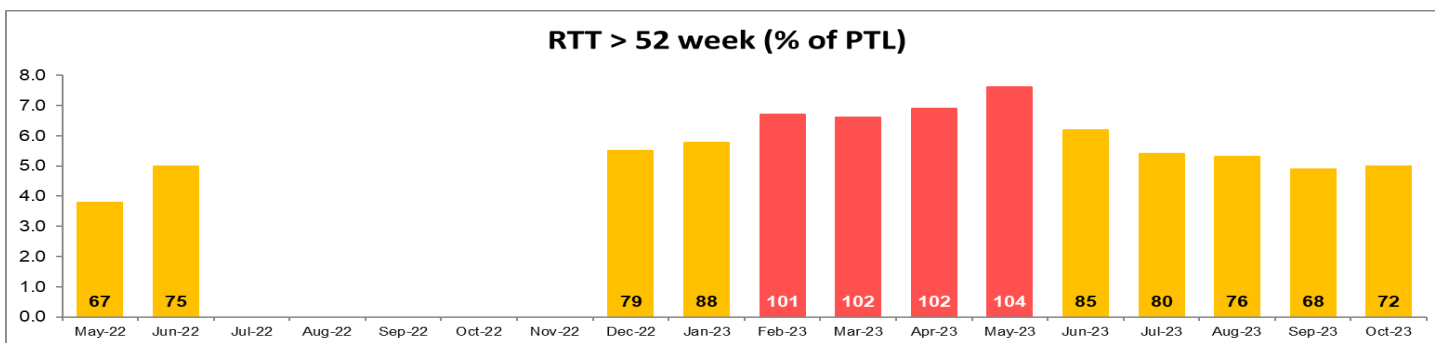
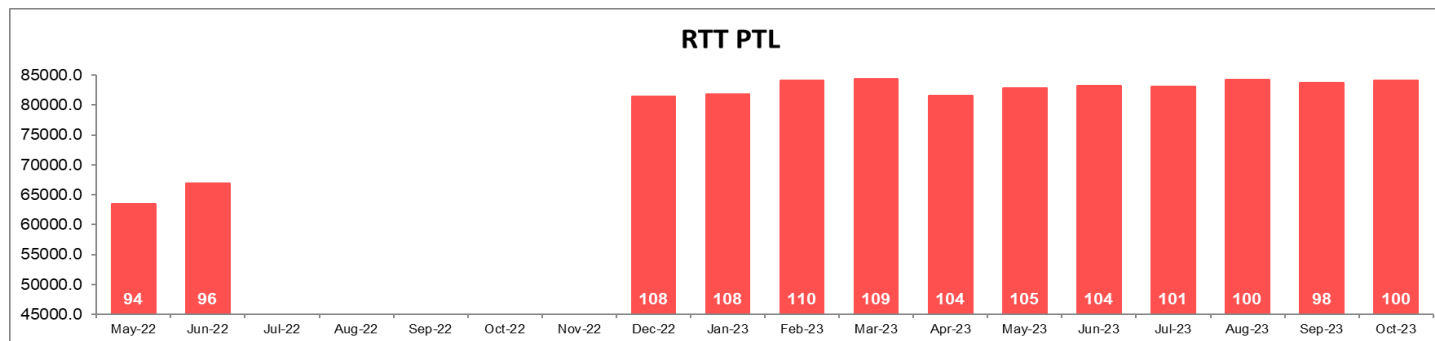


NOTE – for each chart, FHFT's rank compared to other acute trusts is shown in the relevant column.

From March 2022 the cohort was expanded to include both acute and acute and community trusts, so the cohort now includes up to 125 trusts.

Benchmarking – FHFT historic monthly performance (selected measures)

- Quartile 1
- Quartile 2
- Quartile 3
- Quartile 4



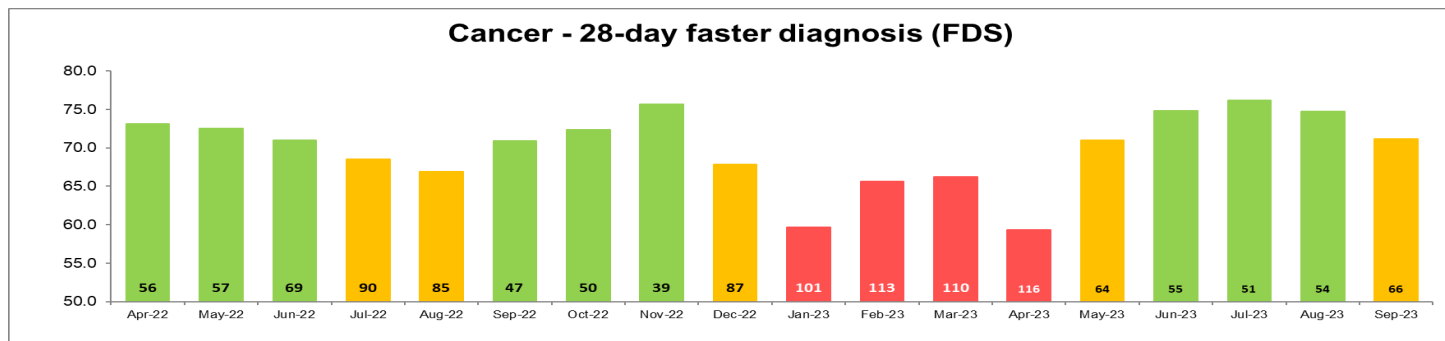
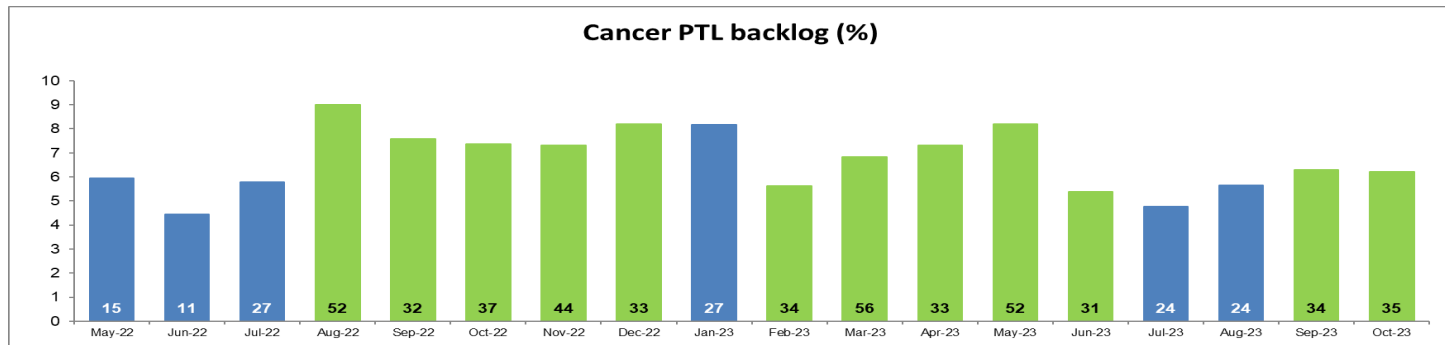
RTT and Diagnostics data is currently undergoing validation

NOTE – for each chart, FHFT's rank compared to other acute trusts is shown in the relevant column.

From March 2022 the cohort was expanded to include both acute and acute and community trusts, so the cohort now includes up to 125 trusts.

Benchmarking – FHFT historic monthly performance (selected measures)

- Quartile 1
- Quartile 2
- Quartile 3
- Quartile 4



NOTE – for each chart, FHFT's rank compared to other acute trusts is shown in the relevant column.
 From March 2022 the cohort was expanded to include both acute and acute and community trusts, so the cohort now includes up to 125 trusts.

Appendix

Activity (FHFT)

	20/21	21/22	Mar-23	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov-23	YTD
GP and general dental practitioner referrals to all outpatients												
NHS Buckinghamshire	9791	12724	3274	2233	2645	2976	2835	2523	2615	2920	2101	20848
NHS Frimley	111200	156043	36151	26746	32940	34086	31297	30701	28078	32793	22141	238782
Other CCGs	10047	12287	2635	1949	2126	2363	2426	2124	2245	2346	1714	17293
Sum:	131038	181054	42060	30928	37711	39425	36558	35348	32938	38059	25956	276923
Outpatient attendances												
New attendances	238248	298963	32219	30598	37043	37308	34480	38779	39273	40177	43307	300965
Follow-up attendances	482939	613301	49938	42607	51444	54177	50334	46824	47160	51208	52286	396040
Total	721187	912264	82157	73205	88487	91485	84814	85603	86433	91385	95593	697005
Elective admissions												
Daycase	37756	59472	5846	4910	5744	5843	5614	5371	5930	6182	6880	46474
Overnight	8114	11320	1016	805	927	935	828	886	868	843	860	6952
Regular day attenders	14763	17393	1652	1347	1606	1516	1369	1520	1366	1274	1096	11094
Total	60633	88185	8514	7062	8277	8294	7811	7777	8164	8299	8836	64520
Emergency department (ED) attendances												
Total ED attendances	193470	257335	21624	20092	22165	22071	21976	21041	22000	22533	22490	174368
Non-elective admissions												
Non-elective – Zero LOS admissions	21776	26776	3463	695	776	767	826	978	1093	1116	1042	7293
Emergency Admissions (excluding Zero LOS)	43922	49269	4033	3752	3930	3998	4080	3901	3975	4125	4049	31810
Other Non-elective admissions	16800	17604	1828	1572	1751	1641	1644	1803	1677	1718	1808	13614
Non-elective admissions (total)	82498	93649	9324	6019	6457	6406	6550	6682	6745	6959	6899	52717
Maternity												
Number of live births	9264	9451	756	724	797	757	735	835	777	786	761	6172

Glossary

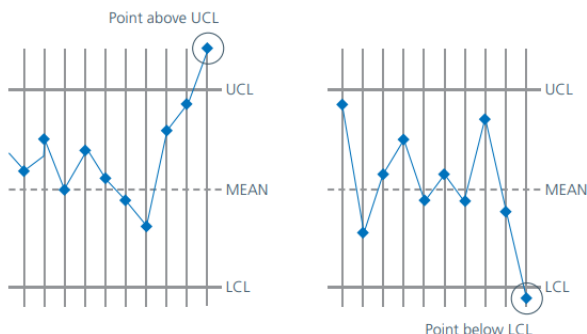
Term	Meaning
CIP	Cost Improvement Plan or Programme
FHFT	Frimley Health NHS Foundation Trust
YTD	Year-to-date

Statistical Process Control (SPC)

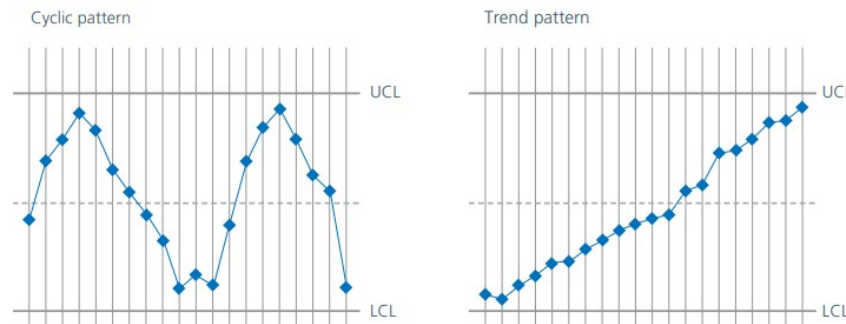
Statistical Process Control helps to understand what is the norm and what is different. Performance of a KPI is looked at over time and statistical analysis is used to calculate an “upper control limit” and a “lower control limit”.

When interpreting SPC charts, there are 4 rules that help identify what the system is doing. If one of the rules has been broken, this means that “special cause” variation is present in the system. It is also perfectly normal for a process to show no signs of special cause. This means that only “common cause” variation is present.

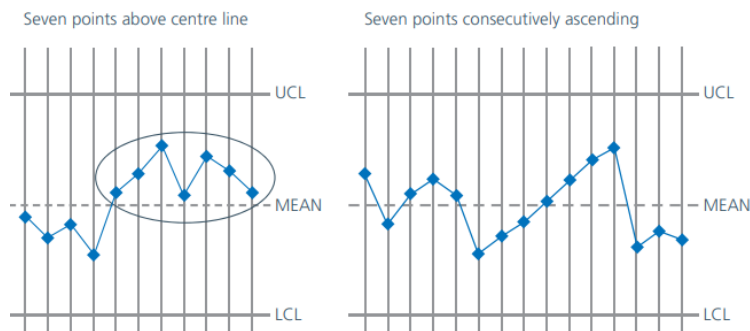
Rule 1 – any single point outside control limits



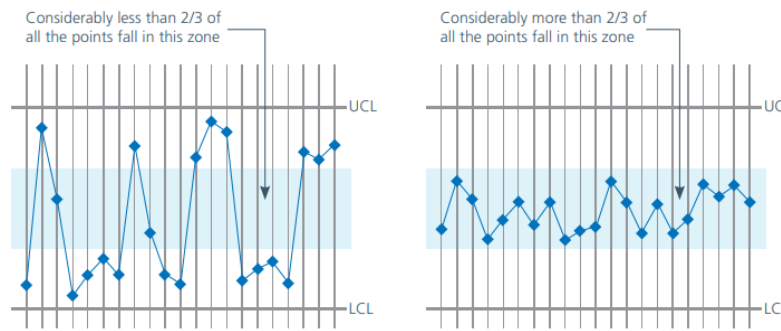
Rule 3 – any unusual pattern or trends within the control limits



Rule 2 – a run of seven points all above or all below the centre line, or all increasing or decreasing









Rule 4 – the number of points within the middle third of the region between the control limits differs markedly from two thirds of the total number of points



Produced with thanks to NHS England and NHS Improvement resources

Statistical Process Control (SPC)

This report uses icons to present the SPC analysis of each metric (where appropriate) and support interpretation of the analysis

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **Orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and **grey** indicates no significant change (**common cause variation**)

Assurance icons: **Blue** indicates that the trust should consistently expect to achieve a target. **Orange** indicates that the trust should consistently expect to miss a target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation

Report Title	Diagnostic Waiting Lists
Meeting and Date	Public Board of Directors, Friday 12 th January 2024
Agenda Item	12.
Author and Executive Lead	Alex Stamp, Director of Performance Caroline Hutton, Chief Operating Officer
Executive Summary	Following on from the action at the Board meeting in November 2023, the attached document provides an update on diagnostic waiting lists.
Action	The Board is asked to NOTE the Diagnostic Waiting List Update
Compliance	NHS performance standards

Frimley Health NHS Foundation Trust

Diagnostic Waiting List Update

January 2024

FHFT – DM01

The Trust has seen a significant spike in its DM01 waiting list since April 2022, where the waiting list has risen from around circa 17,500 to 38,000 at its peak in October 2022. Over the last year, the waiting list had generally levelled off at around 36,000 on average but since May 2023 has markedly dropped. Over the last seven months, the Trust has seen a significant decline in its DM01 waiting list size – dropping by almost 17,000 patients (around 16,000 of them patients waiting over six weeks) during that time.

The biggest drop in breaches was seen in Non-Obstetric Ultrasound, which has dropped from 16,408 to almost 4,000 according to end of December 2023 figures. Other notable areas of decline were Echocardiography (1,074 patients drop), Dexa scans (934 patients) and Colonoscopy (683 patients).

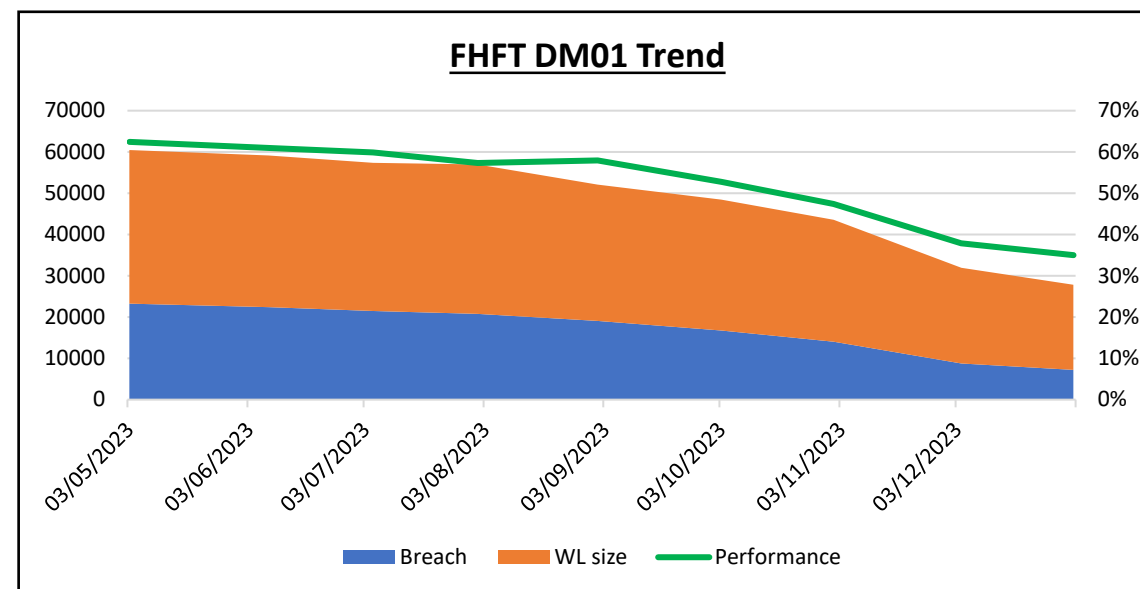
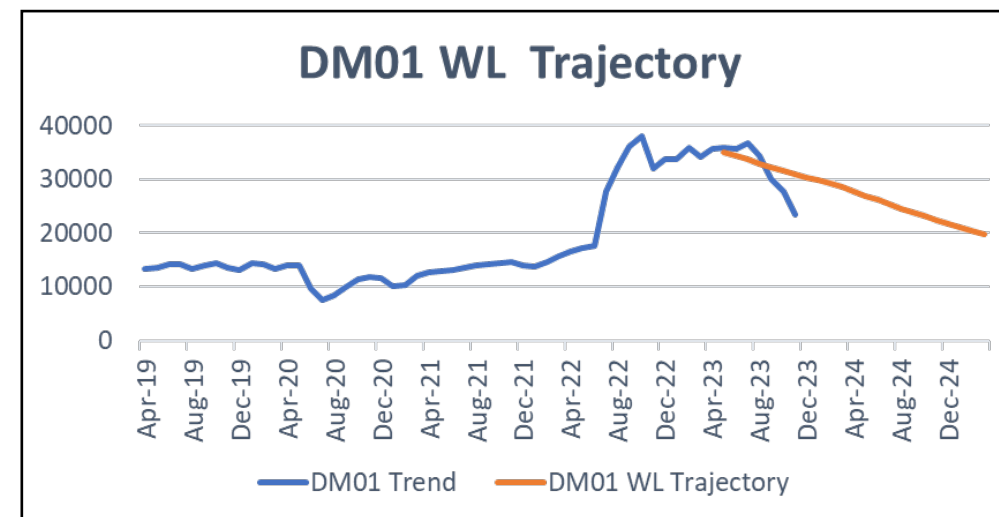
This has resulted in a significantly improved level of performance, which has reduced by 27% during that time and is no longer one of the worst performers in the country at approximately 35% for end of December – this remains below the regional and national average but with expectation to reduce breaches further, should enable us to meet the demand.

Current performance is not reflected in the national position fully in terms of benchmarking as the national figures only reflect October 2023 position currently and the big gains in performance both in terms of breach reduction and performance improvement were seen through October and November.

The main drivers for improvement were:

- Increased clinical and operational validation of data – including vetting of requests to determine their clinical appropriateness and contacting patients to determine whether their test was still required.
- Increased capacity due to the expansion of Community Diagnostic Hub activity at Heatherwood from end of September.
- Increased use of in-sourcing to expand Radiology capacity within existing sites.

The above are forecast to continue moving forward which should sustain continued reduction in the backlog.



Performance Benchmarking

Diagnostic Test Name	FHFT - October 2023			South East region (excl FHFT) - October 2023			Benchmarking		
	Total Waiting List	Number waiting 6+ Weeks	Performance	Total Waiting List	Number waiting 6+ Weeks	Performance	Comparison	FHFT December '23 Performance	Comparison
Audiology - Audiology Assessments	9	6	66.67%	12108	3901	32.22%	-34.45%	7.39%	24.83%
Barium Enema	57	1	1.75%	666	83	12.46%	10.71%	1.79%	10.68%
Cardiology - Echocardiography	1872	759	40.54%	14399	4875	33.86%	-6.69%	26.30%	7.55%
Cardiology - Electrophysiology	28	21	75.00%	187	9	4.81%	-70.19%	60.00%	-55.19%
Colonoscopy	589	104	17.66%	12220	5817	47.60%	29.95%	9.52%	38.09%
Computed Tomography	2992	956	31.95%	26613	3332	12.52%	-19.43%	30.93%	-18.41%
Cystoscopy	99	7	7.07%	3943	1368	34.69%	27.62%	0.49%	34.20%
DEXA Scan	423	2	0.47%	7211	1662	23.05%	22.58%	0.85%	22.20%
Flexi Sigmoidoscopy	164	15	9.15%	4740	2375	50.11%	40.96%	6.06%	44.04%
Gastroscopy	559	56	10.02%	13229	5975	45.17%	35.15%	7.28%	37.88%
Magnetic Resonance Imaging	1512	338	22.35%	53586	9657	18.02%	-4.33%	14.51%	3.51%
Peripheral Neurophysiology	193	20	10.36%	4056	2002	49.36%	39.00%	3.50%	45.86%
Non-obstetric Ultrasound	15057	8763	58.20%	77569	8576	11.06%	-47.14%	41.94%	-30.88%
Respiratory physiology - Sleep Studies	1223	912	74.57%	2813	1057	37.58%	-37.00%	77.35%	-39.77%
Urodynamics - Pressures & Flows	10	4	40.00%	1111	248	22.32%	-17.68%	0.00%	22.32%
TOTAL	24787	11964	48.27%	234451	50937	21.73%	-26.54%	35%	-13.27%

The table above highlights how our performance benchmarks by Diagnostic Test within the DM01 – the benchmark includes the FHFT position for October 2023 as the last nationally reported submission compared with the regional position for that month excluding FHFT. A comparison to our position at the end of December is also included for reference – which will be included when the latest national figures are reported.

This highlights the improvement in position since October in most areas, and also how areas such as Endoscopy and DEXA are outperforming regional comparators. However this also highlights our main areas of concern from a performance perspective in terms of largest diagnostic tests are: Computed Tomography (CT), Non-Obstetric Ultrasound and Sleep Studies.

Performance Planning

In terms of our main diagnostic modalities, most of those which are benchmarking well in terms of performance compared to regional benchmarks are forecast to continue to remain in a strong position – notably within Endoscopy, albeit with risks of IA and finance impact slightly deteriorating performance.

For the main outliers in terms of performance – actions are underway to improve performance in these areas for the remainder of the year and continue to improve FHFT DM01 performance.

Diagnostic Test	Actions to recover	Date for completion
CT	<ul style="list-style-type: none"> Increase use of CT capacity, focus on Cardiac CT backlog which is disproportionately large in backlog. 	<ul style="list-style-type: none"> Ongoing with focus to reduce backlog by April 2024.
Non-Obstetric Ultrasound	<ul style="list-style-type: none"> Continue previous actions – to continue reducing backlog down as per Slide 2. 	<ul style="list-style-type: none"> Ongoing with focus to reduce backlog by April 2024.
Sleep Studies	<ul style="list-style-type: none"> Additional CDC funding requested for 800 sleep kits to deal with backlog, new apprentices have been recruited – due to really increase capacity in next financial year. Using Phillips to reduce backlog – likely to be an ongoing push over next six months. 	<ul style="list-style-type: none"> Aim is to begin reducing backlog through remainder of 23/24 but increases likely from April 2024 with additional kit to support backlog clearance.

Report Title	CNST Compliance for Year 5
Meeting and Date	Public Board of Directors, Friday 12 th January 2024
Agenda Item	13.
Authors and Executive Lead	Emma Luhr, Director of Midwifery, Anne Deans, Chief of Service Alison Szewczyk, Deputy Chief Nurse.
Executive Summary	<p>This report has been prepared to demonstrate to the trust board that the maternity service is able to declare compliance for the Year 5 NHS Resolution, Clinical Negligence Schemes for Trusts (CNST).</p> <p>The 10 Safety Actions have been presented to the Maternity Board Safety Champion, Non-Executive Director, the Quality Leads of the Integrated Care System (ICS) and Local Maternity and Neonatal System (LMNS).</p> <p>The paper goes through each Safety Action in detail and identifies areas where there were challenges to reach the required standard, any lessons learned for the future years for the trust.</p>
Background	<p>NHS Resolution is operating year 5 of the CNST maternity incentive scheme to support the delivery of safer maternity care. The scheme consists of 10 safety actions, which the trust is required to demonstrate achievement of compliance for all to be eligible for payment. Details of these conditions are available in Appendix 1.</p> <p>The 10 Safety Actions have remained under the same ten titles as for year 4, however the time frame and details specific to meet the required standard have been amended since the launch of year 5 in May 2023. They were updated in July 2023 (Appendix 1), with amendments Safety Action 1 and 8 made in October 2023 (Appendix 2)</p> <p>The report includes details of each of the 10 Safety Actions and the required standards needed to be achieved by the trust.</p> <p>Overall, we can demonstrate compliance against the 10 Safety Actions, our evidence has been shared and scrutinised by Maternity Board Safety Champion, Non-Executive Director, Quality leads of the ICS and LMNS. This evidence is available to the board and NHS Resolution should it be required.</p>
Recommendation	The Trust Board is asked to note the content of the report and approve that the declaration form be signed by the Chief Executive for the Trust and Integrated Care Board Accountable Officer. This declaration is due for submission to NHS Resolution by midday on the 1 st February 2024.
Appendices	<p>Appendix 1 (see reading room)</p> <p>NHS Resolution CNST revised Safety Actions July 2023.</p> <p>Appendix 2 (see reading room)</p> <p>Letter from NHS Resolution with revisions to Safety Actions 1 and 8</p>
Compliance	The Paper is being presented to board as a requirement of NHS Resolution CNST Maternity Incentive Scheme as outlined in the revised conditions of the scheme (Appendix 1 & 2). Two electronic signatures of the Trust's CEO and AO of the ICS will

	<p>be required to declare compliance stated in the board declaration form. These signatures are also declaring that there are no external or internal reports covering either 2022/23 financial year or 2023/24 that relate to the provision of maternity services that may subsequently provide conflicting information to your Trust's declaration. Any such reports should be brought to the MIS team's attention before 1 February 2024.</p> <p>One signature to confirm that the declaration form has been submitted to Trust Board with an accompanying joint presentation detailing position and progress with maternity safety actions by the Director of Midwifery/Head of Midwifery and Clinical Director for Maternity Services.</p>
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Maternity report to Trust Board to demonstrate compliance with the 10 Safety Actions for NHS Resolution Clinical Negligence Schemes for Trusts (CNST)

Introduction and Background

NHS Resolution is operating year 5 of the CNST maternity incentive scheme to support the delivery of safer maternity care. The scheme consists of 10 safety actions, which the trust is required to demonstrate achievement of compliance for all to be eligible for payment. Details of these conditions are available in Appendix 1. Year 5 was launched in May 2023 with submission to NHS Resolution of compliance by 1st February 2024, there have been a further update in the guidance in July 2023 (Appendix 1) and an amendment to Safety Actions 1 and 8 in October 2023 (Appendix 2).

The 10 Safety Actions have remained under the same or similar titles as for year 4, however the details and requirements for each Safety Action had been revised and there is significant difference from year 4 the full details are explained including the technical guidance can be found in Appendix 1

The 10 Safety Actions are:

- **Safety Action One:** Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?
- **Safety Action 2:** Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?
- **Safety action 3:** Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?
- **Safety action 4:** Can you demonstrate an effective system of clinical workforce planning to the required standard?
- **Safety action 5:** Can you demonstrate an effective system of midwifery workforce planning to the required standard?
- **Safety action 6:** Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version three.
- **Safety action 7:** Listen to women, parents and families using maternity and neonatal services and coproduce services with users?
- **Safety action 8:** Can you evidence the following three elements of local training plans and 'in-house', one day multi-professional training?
- **Safety action 9:** Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?
- **Safety action 10:** Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (known as Maternity and Newborn Safety Investigations Special Health Authority (MNSI) for October 2023) and to NHS Resolution's Early Notification (EN) Scheme?

In October 2023 due to the ongoing Industrial Action, and the pressures being reported by trust, that NHS Resolution made amendments to Safety Actions 8 related to meeting the 90% requirement for training, and action 1 in relation to holding MDT meetings within the prescribed timelines.

I am pleased to say that we have been able to achieve the year 5 standards without having to adopt the

amendments for Safety Actions 1 and 8. This demonstrates that the trust is fully committed to embedding these Safety Actions into practice.

It should be noted that for CNST year 4 we were one of the sixty-three trusts out of one hundred and twenty-two that were reported by NHS Resolution to have achieved full compliance against the Safety Actions for this year.

Progress in general

The maternity service collaborated continuously with relevant partners in the trust and Local Maternity and Neonatal System to progress each Safety Action as part of the CNST Year 5 incentive scheme. The embedding of Electronic Patient Record (EPIC) system still has some impact on the audits required to demonstrate our compliance and resulted in many being undertaken manually. Progress is being made with the digital team to support us demonstrating compliance. Of note Safety Action 6 Saving Babies Lives version 3 was launched in May 2023, the toolkit to undertake reporting that is required was not released until October 2023 and has differing requirements to CNST which added to the team's work. It is anticipated this will be rectified for year 6 as this has been fed back to both NHS Resolution and the regional Saving Babies Lives lead ant NHS England.

Progress against each Safety Action, Challenges and Learning

- **Safety Action One:** Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?
 - ✓ **The maternity service has been able to demonstrate full compliance at both sites. All the evidence has been reviewed by Chief Nurse as Board Safety Champion, ICS Quality Lead, Non-Executive Director and LMNS.**

This Safety Action the maternity service has embedded as an everyday part of it service and performing well, this has been confirmed by MBRRACE-UK/PMRT. There have been no challenges or concerns demonstrating compliance, and the amendment to time frames of holding meetings has not been required, see Appendix 2 for details for which the team are commended for. The checking of our data by NHS Resolution can be undertaken directly with MBRRACE.

Required standards for Safety Action One

- a) All eligible perinatal deaths should be notified to MBRRACE-UK within seven working days. For deaths from **30 May 2023**, MBRRACE-UK surveillance information should be completed within one calendar month of the death.
- b) For 95% of all the deaths of babies in your Trust eligible for PMRT review, parents should have their perspectives of care and any questions they have sought from **30 May 2023** onwards.
- c) For deaths of babies who were born and died in your Trust multi-disciplinary reviews using the PMRT should be carried out from **30 May 2023**. 95% of reviews should be started within two months of the death, and a minimum of 60% of multi-disciplinary reviews should be completed to the draft report stage within four months of the death and published within six months.

Quarterly reports should be submitted to the Trust Executive Board from **30 May 2023**.

- **Safety Action 2:** Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

- ✓ **The maternity service has been able to demonstrate full compliance at both sites. All data was submitted to NHS Resolution who have confirmed the trust position, this has been shared with by Chief Nurse as Board Safety Champion, ICS Quality Lead, Non-Executive Director and LMNS.**

It should be noted that significant work has been progressed with the data analyst team in the trust to ensure we have met ten out of 11 Clinical Quality Improvement Metrics (CQIMs) required to demonstrate full compliance for this Safety Action. The checking of our data by NHS Resolution can be undertaken directly with NHS Digital.

Required Standard for Safety Action Two

This relates to the quality and completeness of the submission to the Maternity Services Data Set (MSDS) and ongoing plans to make improvements.

1. Trust Boards to assure themselves that at least 10 out of 11 Clinical Quality Improvement Metrics (CQIMs) have passed the associated data quality criteria in the "Clinical Negligence Scheme for Trusts: Scorecard" in the [Maternity Services Monthly Statistics publication series](#) for data submissions relating to activity in July 2023. Final data for July 2023 will be published during October 2023.
2. **Midwifery** July 2023 data contained valid ethnic category (Mother) for at least 90% of women booked in the month. Not stated, missing, and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001)
3. Trust Boards to confirm to NHS Resolution that they have passed the associated data quality criteria in the "Clinical Negligence Scheme for Trusts: Scorecard" in the [Maternity Services Monthly Statistics publication series](#) for data submissions relating to activity in July 2023 for the following metrics:

If the data quality for criteria 3 are not met, Trusts can still pass safety action 2 by evidencing sustained engagement with NHS England which at a minimum, includes monthly use of the Data Quality Submission Summary Tool supplied by NHS England (see technical guidance for further information).

1. Trusts to make an MSDS submission before the Provisional Processing Deadline for July 2023 data by the end of August 2023.
2. Trusts to have at least two people registered to submit MSDS data to SDCS Cloud who must still be working in the Trust.

- **Safety action 3:** Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?

- ✓ **The maternity service has been able to demonstrate full compliance at both sites. All the evidence has been reviewed by Chief Nurse as Board Safety Champion, ICS Quality Lead, Non-Executive Director and LMNS.**

This Safety Action the maternity service has embedded as an everyday part of its service and is a top performer in comparison to other services within the region and therefore there have been no challenges or concerns demonstrating compliance. The checking of our data by NHS Resolution can be undertaken directly with the Regional Neonatal Network.

Required Standard for Safety Action Three

- a) Pathways of care into transitional care (TC) have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care.
- b) A robust process is in place which demonstrates a joint maternity and neonatal approach to auditing all admissions to the NNU of babies **equal to or greater than 37 weeks**. The focus of the review is to identify whether separation could have been avoided. An action plan to address findings is shared with the quadrumvirate (clinical directors for neonatology and obstetrics, Director, or Head of Midwifery (DoM/HoM) and operational lead) as well as the Trust Board, LMNS and ICB.
- c) Drawing on the insights from the data recording undertaken in the Year 4 scheme, which included babies between 34+0 and 36+6, Trusts should have or be working towards implementing a transitional care pathway in alignment with the [BAPM Transitional Care Framework for Practice](#) for both late preterm and term babies. There should be a clear, agreed timescale for implementing this pathway.

➤ **Safety action 4:** Can you demonstrate an effective system of clinical workforce planning to the required standard?

- ✓ **The maternity service has been able to demonstrate full compliance at both sites. This has been shared with by Chief Nurse as Board Safety Champion, ICS Quality Lead, Non-Executive Director and LMNS.**

The changes to this Safety Action and the evidence have been considerable for the Obstetric workforce (first requirement of this Safety Action). This will be included in the current established reviews of reviewing the obstetric, anaesthetic, and neonatal medial workforce that is current is and embedded within the trust.

Learning

The trust is required to monitor the compliance of the Consultant Obstetrician according to the published guidance from with Royal College of Obstetricians and Gynaecologist, in relation to guidance use of both short- and long-term locums, compensatory rest and presence of Consultant Obstetricians at specific clinical scenarios. Going forward this reporting will be included in the quarterly Safety and Quality reports from Quarter 3 of 2023/24, which are presented to Care Governance Committee and the Quality Assurance Committee.

Required Standard for Safety Action Four

A) Obstetric medical workforce

- 1) NHS Trusts/organisations should ensure that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas:
 - a. currently work in their unit on the tier 2 or 3 rota
 - or
 - b. have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progressions (ARCP)
 - or

- c. hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums.
- 2) Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.
[rcog-guidance-on-the-engagement-of-long-term-locums-in-mate.pdf](#)
- 3) Trusts/organisations should implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day. Services should provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.
[rcog-guidance-on-compensatory-rest.pdf](#)
4. Trusts/organisations should monitor their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service
<https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/roles-responsibilities-consultant-report/> when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.

B) Anaesthetic medical workforce

A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1)

C) Neonatal medical workforce

The neonatal unit meets the relevant British Association of Perinatal Medicine (BAPM) national standards of medical staffing.

If the requirements **have not been met** in year 3 and or 4 or 5 of MIS, Trust Board should evidence progress against the action plan developed previously and include new relevant actions to address deficiencies.

If the requirements **had been met** previously but are not met in year 5, Trust Board should develop an action plan in year 5 of MIS to address deficiencies.

Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).

D) Neonatal nursing workforce

The neonatal unit meets the BAPM neonatal nursing standards.

If the requirements **have not been met** in year 3 and or year 4 and 5 of MIS, Trust Board should evidence progress against the action plan previously developed and include new relevant actions to address deficiencies.

If the requirements **had been met** previously without the need of developing an action plan to address deficiencies, however they are not met in year 5 Trust Board should develop an action plan in year 5 of MIS to address deficiencies.

Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).

➤ **Safety action 5:** Can you demonstrate an effective system of midwifery workforce planning to the required standard?

- ✓ **The maternity service has been able to demonstrate full compliance at both sites. this has been shared with by Chief Nurse as Board Safety Champion, ICS Quality Lead, Non-Executive Director and LMNS.**

The process for reviewing the midwifery workforce and planning is well established and embedded within the maternity service and trust.

Required Standard for Safety Action Five.

- a) A systematic, evidence-based process to calculate midwifery staffing establishment is completed.
- b) Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above.
- c) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.
- d) All women in active labour receive one-to-one midwifery care.
- e) Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year five reporting period.

➤ **Safety action 6:** Can you demonstrate compliance with all six elements of the Saving Babies' Lives care bundle version Three?

- ✓ **The maternity service has been able to demonstrate full compliance at both sites, this has been shared with by Chief Nurse as Board Safety Champion, ICS Quality Lead, Non-Executive Director and LMNS.**

Learning

This Safety Action posed the maternity service with significant challenge due to another element being added to the bundle, the toolkit not being released until October 23 and the EPR not being able to collect the required data for Saving Babies lives Version 3. This resulted in manual audits having to be undertaken to demonstrate our compliance. Which was a considerable task, and many senior midwifery hours were spent on collecting the data. The consultant midwives will continue working with the EPR team to address the requirements for this Safety Action for year 6 as collecting data manually is inefficient and time-consuming.

Required Standard for Safety Action Six

- 1) Provide assurance to the Trust Board and ICB that you are on track to fully implement all six elements of SBLv3 by March 2024.

2) Hold quarterly quality improvement discussions with the ICB, using the new national implementation tool.

- **Safety action 7:** Listen to women, parents and families using maternity and neonatal services and coproduce services with users?

- ✓ **The maternity service has been able to demonstrate full compliance at both sites. this has been shared with by Chief Nurse as Board Safety Champion, ICS Quality Lead, Non-Executive Director and LMNS.**

The maternity service relationship with the Maternity and Neonatal Voices Partnership (MVNP) is well established and embedded in the service, and fully supported us being able to achieve this Safety Action.

Learning

The free text comments from the national CQC survey should be shared in a timely way with the MVNP, in order that any themes for service change or development required can be acted on and coproduced.

Required Standard for Safety Action Seven.

1. Ensure a funded, user-led Maternity and Neonatal Voices Partnership (MNVP) is in place which is in line with the [Delivery Plan](#) and MNVP Guidance (due for publication in 2023). Parents with neonatal experience may give feedback via the MNVP and Parent Advisory Group.
2. Ensuring an action plan is coproduced with the MNVP following annual CQC Maternity Survey data publication (due each January), including analysis of free text data, and progress monitored regularly by safety champions and LMNS Board.
3. Ensuring neonatal and maternity service user feedback is collated and acted upon within the neonatal and maternity service, with evidence of reviews of themes and subsequent actions monitored by local safety champions.

- **Safety action 8:** Can you evidence the following three elements of local training plans and 'in-house', one day multi professional training?



- ✓ **The maternity service has been able to demonstrate full compliance at both sites. this has been shared with by Chief Nurse as Board Safety Champion, ICS Quality Lead, Non-Executive Director and LMNS.**

To demonstrate full compliance for this Safety Action the practice development team worked tirelessly to ensure that all the staff groups were trained in accordance with the Core Competency Framework version 2. Despite the medical workforce undertaking industrial action during the time frame, we have been able to achieve the 90% compliance with this Safety Action and were not required to use the revised guidance of 80% by the deadline of 6th December 2023 with a 12 week recovery plan in place to achieve the 90% full details can be seen in Appendix 2

Learning

The staff groups in conjunction with the practice development team and rota coordinators and will be scheduled on to mandatory training days in advance to ensure there is less pressure on the team to ensure the 90% compliance rate.

Required Standard and minimal evidential requirement for Safety Action Eight

1. A local training plan is in place for implementation of Version 2 of the Core Competency Framework.
2. The plan has been agreed with the quadrumvirate before sign-off but rh Trust Board and the LMNS/ICB.
3. The plan is developed based on the "How to" Guide developed by NHS England.

➤ **Safety action 9:** Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?

- ✓ **The maternity service has been able to demonstrate full compliance at both sites, the evidence has been shared with by Chief Nurse as Board Safety Champion, ICS Quality Lead, Non-Executive Director and LMNS.**

Required Standard for Safety Action Nine

- a) All six requirements of Principle 1 of the Perinatal Quality Surveillance Model must be fully embedded.
- b) Evidence that discussions regarding safety intelligence; concerns raised by staff and service users; progress and actions relating to a local improvement plan utilising the Patient Safety Incident Response Framework are reflected in the minutes of Board, LMNS/ICS/ Local & Regional Learning System meetings.
- c) Evidence that the Maternity and Neonatal Board Safety Champions (BSC) are supporting the perinatal quadrumvirate in their work to better understand and craft local cultures.

Safety action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (*known as Maternity and Newborn Safety Investigations Special Health Authority (MNSI)* from October 2023) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?



- ✓ **The maternity service has been able to demonstrate full compliance at both sites, the evidence has been shared with by Chief Nurse as Board Safety Champion, ICS Quality Lead, Non-Executive Director and LMNS.**

The trust compliance has been confirmed by NHS Resolution and MBRRACE.

Required Standard for Safety Action Ten

- A) Reporting of all qualifying cases to HSIB/ MNSI from 6 December 2022 to **7 December 2023**.
- B) Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 until **7 December 2023**.
- C) For all qualifying cases which have occurred during the period 6 December 2022 to **7 December 2023**, the Trust Board are assured that:
 - i) the family have received information on the role of HSIB//MNSI and NHS Resolution's EN scheme; and
 - ii) there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.

Conclusion

The Director of Midwifery has provided this paper to trust board as assurance that a in depth process has been followed to ensure there are processes and documentation in place to demonstrated compliance with the NHS Resolution CNST Safety Actions for year 5.

The Chief of Nursing and Midwifery in her role as Board Safety Champions, Non-Executive Director, ICS Quality Lead and LMNS have seen all this evidence and been able to question and challenge the maternity service over compliance declaration. Any evidence can be shared with the board, should that be required or is held in dedicated files should NHS Resolution or the Care Quality Commission wish to request any of it in the future.

The board is asked to note the content of this report and approve the Chief Executive in signing the declaration of compliance along with the Accountable Officer for the Integrated Care Board ahead of the maternity service making its final submission by the deadline of midday on 1st February 2024.

Two electronic signatures of the Trust's CEO and AO of the ICS will be required to declare compliance stated in the board declaration form. These signatures are also declaring that there are no external or internal reports covering either 2022/23 financial year or 2023/24 that relate to the provision of maternity services that may subsequently provide conflicting information to your Trust's declaration. Any such reports should be brought to the MIS team's attention before 1 February 2024.

One signature to confirm that the declaration form has been submitted to Trust Board with an accompanying joint presentation detailing position and progress with maternity safety actions by the Director of Midwifery/Head of Midwifery and Clinical Director for Maternity Services.

Appendices (See reading room)

Appendix 1



Appendix 1
MIS-Year-5-Guidance

CNST Safety Actions revised July 2023

Appendix 2



Appendix 2 Revised
maternity incentive sc

CNST Safety Actions 1 and 8 revisions due to Industrial Action.

Report Title	Risk Review
Meeting and Date	Public Board of Directors Meeting, Friday 12 th January 2024
Agenda Item	14.
Author and Executive Lead	Neil Dardis, Chief Executive
Executive Summary	<p>The attached document is the latest versions of the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR).</p> <p>The following new risks have been added to the CRR:</p> <ol style="list-style-type: none"> 1. Gp Referral and Advice & Guidance Management 2. Fire Safety FPH <p>Both the BAF and CRR are being presented to the Board for review and assurance.</p>
Action	The Board is asked to NOTE the Board Assurance Framework and Corporate Risk Register.
Compliance	NHS Board Risk Management

Frimley Health NHS Foundation Trust

Board Assurance Framework 2023/24

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Board Assurance Framework 2023/24

This BAF records the following principal risks to the Trust's strategic priorities:

PR1 Failure to protect patients from harm and deliver improvements for patients

PR2 Failure to support our workforce and deliver the best possible working experience for our people

PR3 Failure to collaborate with our system partners to reduce the need for hospital care

PR4 Failure to provide consistent excellent care as 'One Frimley' in the event that demand for services overwhelms capacity

PR5 Failure to deliver the Trust's financial plan and agreed trajectories

PR6 Failure to build on the investment in EPR and deliver the system benefits

The key elements of the BAF are:

- A description of each principal Risk and the associated risk appetite
- Risk scores informed by the Corporate Risk Register
- The strategic threats that are likely to impact on the principal risk
- Level of confidence that the annual strategic objectives will be delivered
- Level of confidence that the 2025 strategic ambitions will be achieved

Key to Strategic Objective/Ambition Ratings:

Confidence Level	Definition
1. Very likely	Almost certain achievement of strategic ambition
2. Likely	Well on track to achieve strategic ambition
3. Possible	Further action required to increase likelihood of achieving strategic ambition
4. Unlikely	Current trajectory indicates unlikely achievement of strategic ambition
5. Very unlikely	There is very little prospect of achieving the strategic ambition

Frimley Health NHS Foundation Trust Risk Appetite Statement

- **Risk appetite** is the amount an organisation is prepared to accept, tolerate, or be exposed to at any point in time.
- **Specifically:**
 - The aim of determining risk appetite is to provide an overarching framework for the conduct of the organisation
 - The risk appetite is defined by the Trust Board of Directors to provide guidance and principles in relation to risk management
 - The risk appetite provides a means of communicating the Trust's views and expectations on risk
- **Risk Appetite Statement for Frimley Health NHS Foundation Trust**
 - Frimley Health NHS Foundation Trust recognises that its long-term sustainability depends on the delivery of its strategic ambitions and its relationship with its patients, the public and its strategic partners within the ICS. The Trust endeavors to establish a positive risk culture within the organisation where unsafe practice, for example clinical or financial is not tolerated, and where every member of staff feels committed and empowered to identify, correct and escalate system weaknesses.
 - Accordingly, the Trust will not accept risks that materially impact on patient safety. However, the Trust has a greater appetite to take considered risks with regard to their impact on organisational issues. The Trust's greatest appetite is to pursue innovation and challenge current working practices and reputational risk in terms of its willingness to take opportunities where positive gains can be anticipated within the constraints of the regulatory environment.
 - Risk appetite scores for each of the individual risks aligned to the Strategic Ambitions are recorded within the detail of the Board Assurance Framework, using the matrix attached at the end of the document, within a scoring range of 0 (no risk appetite) to 5 (acceptance of significant risk)

Strategic Ambition (SA1)	Improving Quality for Patients		
Strategic Objective 2025	FHFT to be in the top 10 trusts for safety and patient experience		
Principal Risk	Recognised deterioration in standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm, poor clinical outcomes and poor patient experience		
Lead Executive	Chief of Nursing and Midwifery	Risk Appetite: LOW	

Cumulative Risk Score		Informed by Current Corporate Risk Entries	Current Score (Q1)	Consequence and Likelihood
Q1	16	Industrial Action	16	4x4
Q2	16	Management of patients with mental health issues and learning disabilities	16	4x4
Q3		Water Drainage System	16	4x4
Q4		Staffing establishment	12	4x3
		Ability to provide safe and effective maternity services	12	4x3
		Never Events	12	4x3
		Infection Control	12	4x3

Delivery of 2022-23 Strategic Objectives by 31 March 2024: Improve antimicrobial stewardship and overall patient experience

	Executive confidence level				
Measures	Q1	Q2	Q3	Q4	Rationale for confidence level that the objective will be achieved
40% (or fewer) patients receiving IV antibiotics beyond the point where they meet switching criteria	N/A				Baseline established in Q1. October compliance was 17%
Trust and confidence in doctors and nurses' question in National Patient Experience Survey – from 89% & 88% to 93% & 92% respectively					October performance was 91% Drs and 94% Nurses.

Delivery of 2025 Strategic Objective by 31 March 2025: To be in the top 10 Trusts in the country for patient safety and experience

Confidence Level	Executive Confidence Level				
1. Very likely	Q1	Q2	Q3	Q4	Rationale for confidence level that the strategic objective will be achieved
2. Likely					
3. Possible	3	3			The current challenges and level of risk exposure are impacting on our confidence level. However, achievement of the 2025 strategic objective is possible with further targeted action.
4. Unlikely					
5. Very unlikely					

Strategic Threats <i>What might cause this to happen?</i>	Existing Controls <i>How we are managing the risk</i>	Assurance on Controls <i>Evidence that the existing controls are effective</i>	Assurance Gaps & <i>Actions to address gaps</i>
Shortfall in appropriately trained clinical staff or insufficient capacity in staffing establishment to meet rising NHS service demand may lead to increased incidence of avoidable harm and poor patient experience	<ul style="list-style-type: none"> • Workforce recruitment and retention projects with local, regional, and national funding streams. • Improved development of domestic supply • Defined safe medical & nurse staffing levels for all wards & departments • Daily staffing meetings to ensure transparency of staff resource and how risk is being managed • 'Teams in Distress' wraparound support including targeted recruitment and retention planning, OD and team development interventions as required • Ongoing discussions with NHS to influence national policy and backlogs • Ongoing review of IEN pipeline • Staffing hotspots identified and mitigation plan in place • Implemented a Managed Service Provider model to manage supply of agency staff • Completed establishment review and SLC approved right sizing nursing establishment across inpatient wards. Currently recruiting against establishment. Also SLC approval of ED and MADU establishments to reduce temporary workforce and recommendations on how long-term escalation use should be managed and staffed. • Funding secured to recruit to establishment • Recruitment team has sufficient capacity to recruit new staff 	<ul style="list-style-type: none"> • Workforce Governance Group (NWAG) in place with oversight of recruitment pipeline, domestic & IEN, retention, temporary staffing and rota controls • Monthly Performance Report to Board – including SPC analysis • Bi-annual Safe Staffing Reports to the Board • Establishment Reviews • Weekly reporting of key people metrics • Agreed trajectory for improvement on time to hire with weekly monitoring • Part of NHSE HCA recruitment programme to reduce HCA vacancies to zero. Site visit April 23 very supportive demonstrating improving picture • Future pipeline IEN/Midwives for 23/24 is circa 300. • x7 refugee RNs due to start 23/24 • Ongoing Managed Service Provider model for agency management. Demonstrating ongoing reduction in unit costs. • Recruiting effectively, overall vacancy rate 10.4%, nursing vacancies 11.2%, medical staff 8.5% with positive trajectory. • Nursing staffing capacity risk score reviewed and reduced to 9 reflecting gains made in agency reduction (and average unit cost), turnover, retention and recruitment. Moderate risk remains reflecting reliance on IENs and resulting training needs and cultural adjustments, along with anticipated winter escalations. To be removed from the risk register 	Uncertainty of future IEN pipeline
Demand: Sustained demand across the Trust sites leading to a loss of focus on patient safety and quality of care	<ul style="list-style-type: none"> • Winter planning and surge planning response • Formal SI review process with action planning and audit of changes in practice • CEO sits on ICB Board and chairs the Provider Collaborative Group 	<ul style="list-style-type: none"> • Monthly Performance Report to Board – including SPC analysis • National inpatient survey, PET, and Friends and Families test. 	

	<ul style="list-style-type: none"> • Chief Nurse attends ICB Quality Committee • Care Governance Committee and QAC triangulating safety, experience, effectiveness information • Patient Experience tracker and patient surveys • Insights from complaints and PALs • Weekly modelling of urgent care demand and IPC numbers to forecast and inform decisions through planning teams. • Multidisciplinary Urgent Care Board in place workstreams initiated to cover SDEC performance, Criteria Led discharge, and discharge planning pathways • Close working with ICB and system partners to plan, monitor and react to pressures through winter. • Every Day Matters programme in place to support reduction of Length of Stay and flow within FHFT hospitals. 	<ul style="list-style-type: none"> • Quarterly reporting on the Quality Account and Patient Experience to QAC • Annual reports to the board including health and safety, patient safety, risk management strategy, maternity declaration, safeguarding, health & wellbeing, FTSU. • CQC insights report • National audit reports • Review of Safety FAB dashboards at Ward level • ICB oversight of patient demand and system response • Complaints Internal Audit (moderate assurance) • SE Regional Quality Dashboards 	
An outbreak of infectious disease that forces ward closures or major re-configuration of patient pathways	<ul style="list-style-type: none"> • IPC Annual Plan in place, including IPC team structure, PICP and Board, Audit & Surveillance annual programme. • Programme of Post-Infection Review of mandatory reportable HCAIs (including nosocomial COVID) to identify actions and learning to be shared. • IPC online learning (both IPC Level 1 and Level 2) is supplemented by a programme of clinical-based education sessions, including hand hygiene and PPE use. • IPC Governance Structure headed up by HICC. The Built Environment Committee and Decontamination Steering Group. • The IPC Team work closely with the Frimley ICS and NHSE South East IPC Network, to ensure compliance with all national guidance 	<ul style="list-style-type: none"> • QAC oversight of IPC reports, including nationally amended IPC BAF • Formal mortality reviews • SE Quality Dashboard with benchmarked information • ICB monitoring of community and prevalence of infectious diseases • Establishment of deputy DIPC role • Antimicrobial stewardship chosen as a 2023/24 strategic objective. Group led by Chief Pharmacist • Gram-negative bacteraemia reduction plan. • Responding to national guidance changes re: IPC measures for respiratory virus infections. • Water Safety and Ventilation Safety Subgroups in place and meeting monthly. Two-weekly meeting in place to complete action for the implementation of the NHS Standards for Healthcare Cleanliness. • The IPC Team has updated their IPC incident review matrix in line with PSIRF and is awaiting review with the Patient Safety Team. 	

Human Behaviour: Supporting staff to maintain safety in a challenging environment of overwhelming demand for care, industrial unrest and workforce shortages	<ul style="list-style-type: none"> • Registration and re-validation of clinical staff • Formal SI Review Process with action planning and audit of changes in practice • Feedback from serious incidents & Never Events shared at cross site forums i.e. Patient Safety Committee, Medication Safety Committee • Collective review of all never events undertaken • Human Factors training programme in situ • Updating clinical guidelines and easy access for staff through use of Guideline App • EPIC optimisation around areas such as medication, administration and Ophthalmology • Additional initiatives to support morale and wellbeing through the periods of IA and IA recovery. 	<ul style="list-style-type: none"> • Monthly Performance Report to Board – including SPC analysis • Ward assurance metrics • MaST training compliance • Board oversight of serious incidents • Clinical audit programme and monitoring • SLC and QAC oversight of SI workstream action plan • People Committee and Board oversight of wellbeing actions to support staff • Oversight dashboards of key safety and workflow metrics • Monthly Patient Safety learning TEAMS meetings for all clinical staff, nursing & medical • Continued implementation of mitigation measures during each strike round with review of effectiveness and any residual risk 	
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Strategic Ambition (SA2)	Supporting our People		
Strategic Objective 2025	To be in the top 10 best trusts to work for		
Principal Risk	Failure to realise our People Plan objectives and deliver the best possible working experience for our people		
Lead Executive	Director of People	Risk Appetite: LOW OR MODERATE	

Cumulative Risk Score		Informed by Current Corporate Risk Entries	Current Score (Q1)	Consequence and Likelihood
Q1	16	Industrial Action	20	4x5
Q2	15	Staffing Establishment	12	4x3
Q3		Staff Retention	12	4x3
Q4		Completion of Annual Appraisal	12	4x3

Delivery of 2022-23 Strategic Objectives by 31 March 2024: Deliver year 1 of 3-year People Plan

	Executive confidence level				
Measures	Q1	Q2	Q3	Q4	Rationale for confidence level that the objective will be achieved
Reduction in Trust vacancy rate (12.9% to 9%)					October performance was 8.7% The vacancy rate continues to reduce, following the decision to right-size the organisation (and subsequent increase in vacancies) at the beginning of this financial year.
Reduction in Time to Hire (79 days to 40)					October performance was 55 days and is on a downward trajectory.
Agency spend capped at £1.8m per month					Agency spend in October was £2.3m and is within the limits of the planned trajectory
Reduction in Trust Turnover (15.38% to 12%)					October performance was 11% and is the 12% objective was achieved in August .
5% improvement in staff recommending the Trust as a place to work					The July Pulse performance was 63.2% against a target of 60%

Delivery of 2025 Strategic Objective by 31 March 2025: To be in the top 10 best trusts to work for

Confidence Level	Executive Confidence level				
	Q1	Q2	Q3	Q4	Rationale for confidence level that the strategic objective will be achieved
	4	4			The current workforce challenges and external market factors, of which we have no control, suggest that we are unlikely to achieve the 2025 strategic objective. However, the delivery of the People Plan and further targeted actions are likely to improve the current trajectory. The NHS Long Term Workforce Plan will also support the strategic aim.
1. Very likely					
2. Likely					
3. Possible					
4. Unlikely					
5. Very unlikely					

Strategic Threats <i>What might cause this to happen?</i>	Existing Controls <i>How we are managing the risk</i>	Assurance on Controls <i>Evidence that the existing controls are effective</i>	Assurance Gaps & Actions to address gaps
Inability to attract and retain staff due to external market factors resulting in critical workforce gaps in clinical and non-clinical services.	<ul style="list-style-type: none"> • Development of 3-year People Plan • HR monitoring reports on recruitment, retention & numbers of vacancies • Recruitment strategy/plans are in place, with active recruitment in place for hotspots • Processes to identify and escalate vacancy risks in place • Temporary staffing collaborative at system level • NHSE recruitment programme to reduce HCSW vacancies to zero. • Developing talent pool for prospective HCA roles • Focus on recruitment/retention of key staff groups critical to elective recovery • Expansion of HR Recruitment team • Implemented a Managed Service Provider model to manage supply of agency staff • Ongoing recruitment campaigns to fill vacant posts, at Heatherwood and Heathlands • Co design of ICS People Strategy and associated workplan with Partners across Frimley ICS 	<ul style="list-style-type: none"> • The vacancy rate is 8.7% (October 2023). • 1610 FTE new starters recruited in 2021/22 • 107 HCSW candidates in pipeline • Heatherwood recruitment, is at 80% of target (180 new FTE roles) • Sickness absence rate is 3.4% (October 2023). • People Committee and Board oversight of staffing levels • Reduction in Trust vacancy, rate, time to hire, and turnover identified as 23/24 objectives • Ongoing Managed Service Provider model for agency management. • Nursing Workforce Assurance Group providing oversight and governance to working and operational groups. • People at Work Plan in place to address various retention, wellbeing, staff survey and other people actions. • People at Work Group regularly meeting to drive forward plan. 	<p>External economic conditions and industrial unrest continue to impact on human behaviour with people choosing to retire or leave the service</p>
A significant loss of workforce productivity due to reduction in staff availability, low morale and poor job satisfaction, which could adversely impact on patients and service users	<ul style="list-style-type: none"> • People at Work Plan in place to address various retention, wellbeing, staff survey and investors in people actions. • Retention strategy/plans are in place to help reduce unnecessary turnover • Leadership development programmes and leadership network in place • Access to coaching and mentoring • Management Essentials Programme in place • Management and Leadership Competency Framework developed • People Promise Exemplar site programme commenced • HR Business Partners developed action plans with areas of particular concern, monitored by senior HR and OD team 	<ul style="list-style-type: none"> • Weekly reporting of turnover rates and monthly monitoring at corporate and directorate level • People Committee oversight of People Plan • EPOD oversight of People metrics • 100-day new starter and leavers surveys continue to be used to identify good practice and areas for improvement. • Retention target is 12%. Staff turnover in October was 11% • Plan in place around retention and part of People Strategy for 22/23 - implementing People Promise Exemplar programme - NHSE visit 30.08.23 - positive assessment on progress 	

	<ul style="list-style-type: none"> Cost of living measures - signposting staff to benevolent support 		
Insufficient organisational focus on people or staff engagement which could lead to a lack of workforce cohesion and disengagement with the organisation (inconsistent values and behaviours in line with desired culture)	<ul style="list-style-type: none"> Well-being activities and intervention Action plan in place to address concerns raised in 2022 Staff Survey Regular Executive Listening Events Focus on more active consultation with different demographic groups Implementation of refreshed EDI strategy and priorities incorporating six high impact actions, WRES and WDES Management Essentials, Leadership Network and development programmes in place Implementation of FHFT internal coaching network Succession planning/talent management directorate planning for critical posts at tier 2/3 Refresh of appraisal system to support talent management Alignment of leadership and team effectiveness offering with Magnet4Europe and Continuous Improvement strategies Measures to support and build talent from diverse and junior levels including reverse mentoring and stepping up programmes Support for Teams in distress People at Work Group to address a range of retention, engagement and wellbeing initiatives from staff surveys 	<ul style="list-style-type: none"> SLC oversight and directorate monitoring of staff survey action plan Pulse survey results Monitoring of WRES and WDES standards People Committee oversight of People Plan System leadership for six high impact actions on EDI 100-day new starter and leavers surveys continue to be used to identify good practice and areas for improvement. Launched the Culture & Leadership Programme 	

Strategic Ambition (SA3)	Collaborating with Partners		
Strategic Objective 2025	To reduce the need for hospital-based care by working collaboratively with system partners		
Principal Risk	Working more closely with local health and care partners does not fully deliver the required benefits for patients		
Lead Executive	Chief Operating Officer	Risk Appetite: HIGH	

Cumulative Risk Score		Informed by Current Corporate Risk Entries	Current Score (Q1)	Consequence and Likelihood
Q1	20	Industrial Action	16	4x4
Q2	20	Bed capacity and flow	20	4x5
Q3		ED Overcrowding and Performance	20	4x5
Q4		Winter pressures	20	4x5

Delivery of 2022-23 Strategic Objectives by 31 March 2024: Improve our overall length of stay (LoS) through Everyday Matters

	Executive confidence level				
Strategic Objective	Q1	Q2	Q3	Q4	Rationale for confidence level that the objective will be achieved
Reduce number of MFFD by 15% from 225 to 191					MFFD numbers continue to fall. The 15% reduction was achieved in Q2.
Reduce NEL LoS by 12% from 7.5 to 6.6 days					The 12% reduction was delivered in Q2. October performance was 5.7 days.
Increase in % of patients that are discharged/admitted from ED within 4 hours from arrival (76% by March 2024)					October performance was 60.3% and is below the planned trajectory.

Delivery of 2025 Strategic Objective by 31 March 2025: To reduce the need for hospital-based care by working collaboratively with system partners

Confidence Level		Executive Confidence level				
		Q1	Q2	Q3	Q4	Rationale for confidence level that the strategic objective will be achieved
1.	Very likely					Despite the high level of risk exposure and patient demand for hospital services, system partners are working collaboratively to reduce the need for hospital-based care. It is likely that the strategic ambition will be met.
2.	Likely					
3.	Possible					
4.	Unlikely					
5.	Very unlikely					

Strategic Threats <i>What might cause this to happen?</i>	Existing Controls <i>How we are managing the risk</i>	Assurance on Controls <i>Evidence that the existing controls are effective</i>	Assurance Gaps & Actions to address gaps
Conflicting priorities of ICS partners, misalignment with financial plan and/or ineffective governance arrangements resulting in poor engagement, and limited ability to influence further service integration.	<ul style="list-style-type: none"> • Provider boards involved in developing ICS Strategy, Joint Forward Plan and UEC Strategy • Endorsement of ICB governance structure and shared workplan • CEO dialogue with system partners and other regional providers • Continued engagement with system partners to design new system operating framework • CEO chairs Provider Collaborative Group • FHFT Exec leadership allocated to the 5 ICS 'Places' • Work with ICB Board Partners and Non-Executive Members to ensure broad expertise and attention to constructing the ICB transformation delivery framework in the right way 	<ul style="list-style-type: none"> • TMB oversight of strategic ambitions • Full Board engagement within Frimley ICS • Frimley ICS established and aligned with national guidance • Trust Board approval of Joint Forward Plan • System endorsement of revised 2023/24 Financial Plan 	Significant system pressures impacting on delivery and recovery
Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population which limits our ability to care for patients in the right place, at the right time	<ul style="list-style-type: none"> • Support Frimley ICS to deliver the Core 20 plus 5 approach - working jointly with place teams and partners to focus on 20 % of our most deprived population • Frimley ICB work with public health and other partners to improve uptake of immunisation and screening programmes • Frimley ICB take a population health management approach to target resources and programmes to areas of inequalities • Frimley ICB plan to embed an inclusive approach to engagement/co-production through the People and Communities Strategy • ICS Cardiovascular disease prevention group focused work to reduce the burden of CV disease morbidity and mortality • System Winter Plan in place 	<ul style="list-style-type: none"> • Establishment of System Delivery PMO in April 23 to ensure comprehensive baseline of change and transformation programmes occurring across the ICS which contribute to the delivery of the ICS Strategy and / or the NHS Joint Forward Plan • Frimley ICB clarity of key delivery control information such as milestone planning, risks, issues, dependencies and benefits forecasting • Establishment of the ICB Transformation & Delivery Board to create a supportive forum, building on the success of the ICS Programme Delivery Board (2017 –2019) to ensure there is mutual accountability and visibility of risk to delivery 	
A schism in relationships with professional groups arising from industrial action and NHS pressures at a national and regional level may negatively impact on collaborative partnerships and alliances within the ICS	<ul style="list-style-type: none"> • Regular dialogue with internal trade union representatives • Support from national and regional colleagues • System collaboration and agreement 	<ul style="list-style-type: none"> • ICS People Board established with representation across partner organisations and Trade Unions. Programme of work underway with PMO oversight and assurance reporting • Continued implementation of mitigation measures during each strike round with review of effectiveness and any residual risk 	

Strategic Ambition (SA4)	Transforming Our Services		
Strategic Objective 2025	To provide consistent excellent care as 'One Frimley Health'		
Principal Risk	Demand for services overwhelms capacity which adversely impacts on ability to deliver consistent excellent care as 'One Frimley'		
Lead Executive	Medical Director	Risk Appetite: MODERATE	

Cumulative Risk Score		Informed by Current Corporate Risk Entries	Current Score (Q1)	Consequence and Likelihood
Q1	20	Waiting for diagnosis/treatment	20	4x5
Q2	20	Bed capacity and flow	20	4x5
Q3		ED Overcrowding and Performance	20	4x5
Q4		Winter pressures	20	4x5
		RAAC Roof Tiles at FPH	20	4x5

Delivery of 2022-23 Strategic Objectives by 31 March 2024: Improve access to elective care

Strategic Objective	Executive confidence level				Rationale for confidence level that the objective will be achieved
	Q1	Q2	Q3	Q4	
Reduce Waiting List – eliminate 65 week waits by March 24					Waiting list numbers are above the planned trajectory. The October total was 736.
Deliver 85% theatre utilisation					Q2 performance was 81%
Deliver 85% day case rate					The 85% day case rate has been achieved since April 2023. October performance was 88%.
Reduce outpatient follow-ups by 25%					Performance is currently above the planned trajectory

Delivery of 2025 Strategic Objective by 31 March 2025: To provide consistent excellent care as "One Frimley Health"

Confidence Level	Executive Confidence level				Rationale for confidence level that the strategic objective will be achieved
	Q1	Q2	Q3	Q4	
1. Very likely					The current operational pressures are impacting on our confidence level to fully achieve the strategic objective. Targeted action continues to improve the performance trajectory.
2. Likely	3	3			
3. Possible					
4. Unlikely					
5. Very unlikely					

Strategic Threats <i>What might cause this to happen?</i>	Existing Controls <i>How we are managing the risk</i>	Assurance on Controls <i>Evidence that the existing controls are effective</i>	Assurance Gaps & Actions to address gaps
Continued growth in demand for care arising from: <ul style="list-style-type: none"> • An ageing population • Increased acuity leading to more admissions and longer length of stay • Flu epidemic or other infectious diseases • Insufficient primary care capacity to cope with patient demand 	<ul style="list-style-type: none"> • Integrated working with ICS partners on planning and delivery through winter • Planning for additional social care and care home capacity underway • GP escalation process in place • Improved volume to front door GP service, aiming for >15% • Working with system partners to reduce ED attendances and sign posting patients to alternative care pathways via NHS 111. • Development for replacement M Block beds for next winter – completion due December 2024 • Multidisciplinary Urgent Care Board in place workstreams initiated to cover SDEC performance, Criteria Led discharge, and discharge planning pathways • Establishment of 2 UCC in Slough and Aldershot to support patient demand • Continued working with ECIST with focus on discharge pathways to improve flow and reduce overcrowding in ED 	<ul style="list-style-type: none"> • Reduce NEL LoS by 12% is a 2023/24 strategic objective. The target was achieved in Q2. • Site Assurance meetings twice daily on acute sites with multidisciplinary attendance. • Shared responsibility with Frimley ICS - close cooperation with system partners particularly around patients with extended length of stay and for those patients who are medically stable for discharge but require ongoing care. • UEC Strategy and Joint Forward Plan • System Winter Plan in place • Agreed NEL improvement plan covering 4 workstreams:- <ol style="list-style-type: none"> 1) Acute front door 2) 0 -72hr Workstream 3) Everyday matters 4) Pt flow - Clinical Site 	
Reductions in availability of hospital bed capacity caused by increasing numbers of MFFD (medically fit for discharge) patients remaining in hospital	<ul style="list-style-type: none"> • Creating capacity and improved access for SDEC services and ambulatory care services • Escalation capacity and clear escalation process utilised as required in order to manage peaks of demand. • Revised plans for Every Day Matters programme supported by QI approach, to drive improved discharge processes including board rounds, optimising TTO process and earlier discharge planning driven by EDDs • Planning for increased presence at weekends and bank holidays particularly through bank holidays to provide additional support to discharge Including MADE planned throughout the year • Work to drive compliance in use of Epic discharge functionality 	<ul style="list-style-type: none"> • Reducing MFFD numbers is a 2023/24 strategic objective. The 15% reduction target was achieved in Q2. • Increase in % of patients that are discharged/admitted from ED within 4 hours from arrival is a 2023/24 strategic objective. • Weekly ICS Gold level escalation calls. Each 'place' has onsite representation in order to support complex discharge. • Daily tracking of internal delays • New bed Escalation & De-escalation Policy completed • Every moment review of OPEL level for each acute site 	

Workforce: Shortage of clinical staff or fatigue leading to inconsistent service delivery	<ul style="list-style-type: none"> Staffing hotspots identified and recruitment plans in place GIRFT plan 2022/2023 with clear priority areas drive for a “One FHFT pathway” across all sites and services. Clinical prioritisation at each point of referral Management of waiting lists through booking in priority order. Harm reviews undertaken for any patients where potential harm may have occurred and any learning actioned 	<ul style="list-style-type: none"> TMB oversight of Waiting List Initiative payments to consider staff wellbeing issues Elective Recovery Reports to Board Heatherwood Board oversight of elective waiting lists and Trust wide oversight through senior operational managers meeting and bi-weekly operational performance with ADs. GIRFT Implementation Group monitors and reviews pathway implementation Oversight of clinical prioritisation by the Clinical Prioritisation Committee. Waiting list management and oversight through weekly operational managers meeting and bi-weekly operational performance with ADs. Weekly senior review of priority 2 patients over 4 weeks from DTA and cancer patients over 62 days 	
Failure to meet the elective recovery trajectories which impacts adversely on funding and patients waiting for treatment.	<ul style="list-style-type: none"> Elective recovery funding scheme and work programme in place for 2023/24 Heatherwood Board established to maximise theatre activity and productivity through ‘super week’ activities Established RAAC Planks Programme to manage the risks and minimise disruption on theatre usage at FPH from planned inspections and/or remedial works Bed planning for NEL (SDEC) & EL ring-fenced beds to support national elective programme & return to 4hr standard Winter plan to create cohorted areas for optimal management of urgent care pathways and LoS and protection of elective pathways by fully utilising the Heatherwood hospital capacity Additional day case/OP activity to replace lost elective activity and WLI, opening of Heatherwood creates new 'green' space for activity. Plan for Heatherwood to rollout additional treatment room capacity in Autumn '23. 	<ul style="list-style-type: none"> Elective Recovery Reports to FHFT Board Senior ICB and regional engagement Elective Care Steering Group oversight Improving access to elective care chosen as the 2023/24 strategic objective Activity review meetings held between the Chief Operating Officer and Director of Finance, which includes an assessment of financial impacts, including the Elective Recovery Fund Epic stabilisation work has improved elective activity reporting. 	

Strategic Ambition (SA5)	Making Our Money Work		
Strategic Objective 2025	To be in the top 10 trusts in the country for efficiency		
Principal Risk	Failure to deliver the Trust's financial plan and agreed trajectories		
Lead Executive	Director of Finance	Risk Appetite: MODERATE	

Cumulative Risk Score		Informed by Current Corporate Risk Entries	Current Score (Q1)	Consequence and Likelihood
Q1	16	Operational Pressures adversely impacting financial performance	25	5x5
Q2	15	Medium term implications of financial environment	15	5x3
Q3		Reduction of Financial Freedoms	16	4x4
Q4		EPR Reporting	8	4x2
		CIPs and Transformation Plans	6	3x2

Delivery of 2022-23 Strategic Objectives by 31 March 2024: Deliver year 1 of the 3-year Finance Plan

	Executive confidence level				
Strategic Objective	Q1	Q2	Q3	Q4	Rationale for confidence level that the objective will be achieved
Delivery of the 2023-24 Financial Plan					Month 8 shows a deficit position and an adverse variance against plan.
Deliver £33m efficiency target					Performance in Q2 was above plan. Efficiency savings of £21m were delivered by the end of October.

Delivery of 2025 Strategic Objective by 31 March 2025: To be in the top 10 Trusts in the country for efficiency

Confidence Level	Executive Confidence level				
	Q1	Q2	Q3	Q4	Rationale for confidence level that the strategic objective will be achieved
	3	3	3		The national financial constraints together with system accountability for break even suggest possible achievement of the strategic objective at this stage. The confidence level may increase as the year progresses with the delivery of the Finance Plan.
1. Very likely					
2. Likely					
3. Possible					
4. Unlikely					
5. Very unlikely					

Strategic Threats <i>What might cause this to happen?</i>	Existing Controls <i>How we are managing the risk</i>	Assurance on Controls <i>Evidence that the existing controls are effective</i>	Assurance Gaps & Actions to address gaps
A national reduction in funding, change in financial trajectory, or inflationary pressures resulting in a revised financial plan and requirement to reduce the financial deficit for the healthcare system	<ul style="list-style-type: none"> Monthly financial monitoring processes and forecasts Engagement at ICB and regional level, including pressing for additional funding for costs outside our control e.g. RAAC impairments and impact. Keep abreast of changing financial regime requirement and influence regionally and nationally where possible Development of 3-year finance plan with medium term financial modelling Development of next FHFT 5-Year Strategy Procurement support to all contracts to ensure optimal management of inflationary risks Clearly articulate pressures not covered by funding envelope 	<ul style="list-style-type: none"> Board, Audit Committee and FIC oversight ICB Finance and Performance Committee Monthly Finance meetings with cost centre managers and directorates with increased focus forecast out turn and future years Ensure alignment of planning assumptions with ICB 	Uncertainty that transformation can be delivered at sustainable cost
The ICB system deficit results in a negative financial impact to the Trust.	<ul style="list-style-type: none"> Financial plans developed in partnership with ICB colleagues for 23/24 Collaboration with ICB on overall financial position Investment Case Tracker in place to monitor business case spending Capital plan in place with priorities identified ICB dual focus on in year recovery alongside long-term financial sustainability. Ensure alignment of planning assumptions with ICB 	<ul style="list-style-type: none"> FIC review of Trust and ICB's financial position Capital Planning Committee External Audit Unqualified Opinion on Trust's accounts for 2022/23 and with sufficient arrangements in place to achieve value for money FHFT representation at ICB Board and other key decision-making forums. ICB Director of Financial Sustainability appointed System endorsement of revised 2023/24 Finance Plan 	NHS Funding uncertain beyond next election
Failure to deliver the planned efficiency savings resulting in a higher deficit for the Trust and financial penalties	<ul style="list-style-type: none"> Weekly CIP & Efficiency meetings are held with directorates chaired by COO or CFO with attendance of PMO and directorates. Close scrutiny and challenge of Directorate financial position and forecast through Directorate Performance Reviews / Directorate Finance Reviews and Trust Management Board PMO, Finance Business Partners and directorates meet on a weekly basis and prioritise directorates behind plan. Additional CIP and efficiencies continuously being sought (including benchmarking and learning from ICBs in more formal turnaround) 	<ul style="list-style-type: none"> Benefits realisation reviews by FIC Monthly finance report to FIC and TMB Board oversight of Trust's financial position Current forecast CIP delivery is in line with plan with 72% expected to be delivered currently Review of further opportunities with ICB System Sustainability group ICS focus on strategic priorities including overseeing pan-ICS work streams to deliver financial balance and service changes and greater scale and pace than could be delivered by organisations individually 	

Strategic Ambition (SA6)	Advancing Our Digital Capability		
Strategic Objective 2025	To be in the top 10 most digitally advanced Trusts in the country		
Principal Risk	Failure to build on the investment in EPR and deliver the system benefits		
Lead Executive	Medical Director	Risk Appetite: MODERATE	

Cumulative Risks to Advancing our Digital Capability		Informed by Current Corporate Risk Entries				Current Score (Q1)	Consequence and Likelihood
Q1	16	EPR Optimisation				20	5x4
Q2	16	Cyber Security				16	4x4
Q3		Staff Retention				12	4x3
Q4							
	Executive confidence level						
Strategic Objective	Q1	Q2	Q3	Q4	Rationale for confidence level that the objective will be achieved		
Deliver £17.4m financial benefits attributed to Epic by Mar '24					Q2 performance was below plan.		
Improve Digital Maturity Assessment – HIMMS level 6	N/A	N/A			N/A Assessment not yet commenced. To be achieved by the end of the financial year.		
Delivery of 2025 Strategic Objective by 31 March 2025: To be in the top 10 most digitally advanced Trusts in the country							
Confidence Level 1. Very likely 2. Likely 3. Possible 4. Unlikely 5. Very unlikely	Executive Confidence level						
	Q1	Q2	Q3	Q4	Rationale for confidence level that the strategic objective will be achieved		
	2	2			Despite the challenges encountered with the implementation of EPR, it is likely that the Trust will achieve advanced digital status by 2025.		

Strategic Threats <i>What might cause this to happen?</i>	Existing Controls <i>How we are managing the risk</i>	Assurance on Controls <i>Evidence that the existing controls are effective</i>	Assurance Gaps & Actions to address gaps
A large-scale cyber-attack that shuts down the IT network and causes major disruption to the availability of essential patient information for a prolonged period	<ul style="list-style-type: none"> Regular review of Trust plans by NHS Digital Regular Trust staff cyber risk awareness campaigns Proactive alerts and response from Trust Cyber Team on NHS Digital CareCERT alerts specific to RDU Trust Cyber Team hold Cyber accreditation and have CPD as part of Appraisal/PDP Host based intrusion prevention systems Anti-malware installed on all managed devices SCCM Central Patch Management Policies Standards & Procedures Web filtering Network Monitoring Annual penetration testing Vulnerability management Web Application firewall Large number of unsupported and Legacy systems are being managed as part of the Trust decommissioning programme of work with additional security controls implemented to lower risk of a security breach Cyber Security training to be increased and form part of the refreshed IG mandatory training requirement for all staff. Multi Factor Authentication (MFA) being rolled out to all staff to reduce the risk of compromised email accounts, this will be expanded to privileged network accounts to bring in line with NHS England policy change 	<ul style="list-style-type: none"> Data and Security Toolkit compliance with cyber security IG requirements Oversight by IG and Audit Committee Annual Internal Audit review of Toolkit evidence Assurance dashboard in place to increase visibility of the network with a single, near real-time view to better manage vulnerabilities, remediation and compliance Incident response plans finalised with EPRR – tabletop exercise complete Due to the ongoing nature of the Cyber threat, and constantly changing threat landscape the cyber security risk remains on the corporate risk register – there is a continual programme of work with the Trust cyber security team to address new threats as they arise 	
Insufficient capacity and capability in the digital team to advance the organisation's digital maturity	<ul style="list-style-type: none"> Digital Services Oversight Group Clear corporate plan of enabling digital projects A new digital strategy in development to replace the 2019 3-year strategy Ongoing support for EPR stabilisation/optimisation Aspiration and focus areas for digital interventions and enablers are included in the Joint Forward Plan and are a shared priority for system partners 	<ul style="list-style-type: none"> ICB Digital Costed Plan for the Frimley system in place which provides a coherent focus on priority areas and risks to delivery EPR Programme Board oversight of digital resource Regular reports to FIC and Board Improve Digital Maturity Assessment to HIMMS level 6 is a strategic objective in 23/24 	
Insufficient focus on Epic system optimisation leading to shortfall in financial benefits and clinical productivity	<ul style="list-style-type: none"> EPR in optimisation phase with appropriate workstreams in place to realise system benefits EPR Programme Board oversight of plans, risks and incorporating lessons learned from implementation 	<ul style="list-style-type: none"> EPR Programme Board oversight of all EPR matters EPR External Assurance Finance & Investment Committee review of EPR benefits realisation post implementation 	

	<ul style="list-style-type: none"> • Workstream meetings created under new EPR Programme Director for Stabilisation • The EPR FBC equates to a series of cash releasing and non-cash releasing benefits which are tracked and monitored through EPR programme governance • A number of other programmes and BAU areas join up with EPR including Heatherwood, length of stay, elective recovery, and the people programme. • The lessons learned work continues with the NHSE Frontline Digitisation team. Focus has now moved to optimisation – plan for the future and lessons learned from other Trusts/what Frimley can add to lessons for those Trusts going live in future. • Ongoing escalation with Epic senior leaders regarding system issues • Regular liaison with NHSE 	<ul style="list-style-type: none"> • Regular updates to Board and external stakeholders to provide assurance • TMB and IG oversight of all strategic initiatives and regular review by executive team • Stabilisation dashboard established and review incorporated into new and ongoing governance structure • Stabilisation and reporting plan agreed with PWC/NHSE • The stabilisation process is nearing completion (November 2023). Reporting has been a focus with a workstream focused on the statutory reports (DM01, CDS) which have now been submitted. 	
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Applying risk appetite matrix

RISK APPETITE LEVEL ▶	0 NONE	1 MINIMAL	2 CAUTIOUS	3 OPEN	4 SEEK	5 SIGNIFICANT
	Avoidance of risk is a key organisational objective.	Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.
RISK TYPES ▼						
FINANCIAL How will we use our resources? ▶	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor.	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
REGULATORY How will we be perceived by our regulator? ▶	We have no appetite for decisions that may compromise compliance with statutory, regulatory of policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
QUALITY How will we deliver safe services? ▶	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
REPUTATIONAL How will we be perceived by the public and our partners? ▶	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
PEOPLE How will we be perceived by the public and our partners? ▶	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive chan.

Corporate Risk Register 2023-2024
Jan 24

Level of Risk	April	May	June	July	August	September	October	November	December	January	February	March
Extremely High	7	8	7	7	7	7	7	7	7			
High	11	11	8	8	8	8	8	6	6			
Moderate	7	7	10	10	9	9	9	8	8			
Low	0	0	0	0	0	0	0	2	2			
TOTAL	25	26	25	25	24	24	24	23	23			

New Risks / Risks Revised for 23/24

Descriptor	Grade
Gp Referral and Advice & Guidance Management	9
Fire Safety FPH	15

Risks Regraded or removed from the Risk Register

Descriptor	Previous Grade	New Grade
Nursing Staffing Capacity	12	9
Staffing Establishment	16	12
Staff Retention	16	12
CIPS & Transformation Plans	16	6
Reporting From EPIC	12	8
Reduction in Financial Freedom	12	16

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Catastrophic
Rare	1	2	3	4	5
Unlikely	2	4	6	8	10
Possible	3	6	9	12	15
Likely	4	8	12	16	20
Almost Certain	5	10	15	20	25

High Risk Tracker as at December 2023

Chart Ref	Risk Name	Source	Current Score			Target Score	Score Trend			Date Risk Added
			C	L	R		Previous Month	3 months ago	6 months ago	
A	Bed Capacity & Flow	FH	4	5	20	8				Aug-21
B	ED Performance	FH	4	5	20	8				Apr-23
C	Winter Pressures	FH	4	5	20	8				Apr-23
D	Reduction in Financial Freedoms	FH	4	4	16	6				Nov-22
E	Waiting for diagnosis / treatment	FH	4	5	20	8				Oct-21
F	Medium Term implications of Financial Environment	FH	5	3	15	15				Jun-23
G	FPH RAAC Roof planks/tiles	FH	5	4	20	4				Aug-20
H	EPIC Optimisation	FH	5	4	20	9				Oct-21
J	Cyber Security	FH	4	4	16	9				Oct-21
L	Operational Pressures Impacting Financial Performance	FH	5	5	25	6				Jun-23
M	Industrial Action	FH	4	4	16					May-23
N	Water & Drainage		4	4	16					Jun-23
O	Mental Health & Learning Disabilities	FH	4	4	16					Apr-23

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Catastrophic
Rare					
Unlikely					
Possible					F
Likely				D M N	G H
Almost Certain				A B C E	L

Risk Description					Initial Risk before controls are applied			Current Risk				Target Risk (appetite or agreed threshold if higher)						
Risk Number	Link to BAF	Risk Description	Source of Risk	Date Risk Added	Consequence	Likelihood	Total	Current Control Measures	Consequence	Likelihood	Total	If Current / Target risk, what Further Actions are being taken to close the gap	Consequence	Likelihood	Total	Actions owner	Review Date	Assurance Committee
1	SA 3&4	Bed Capacity and Flow We continue to experience high non elective demand together with high numbers of patients who are MSFD which in addition puts pressure on our elective capacity and plans. There is a risk that at times of peak or sustained demand, we will compromise patient care, specifically patient experience and patient safety.	Locally identified risk	Aug-21	4	5	20	* Comprehensive review of specialty ward layout and bed use completed on both acute sites. Hospital full policy in place utilising use of discharge lounge, fit to sit and boarding spaces in defined and risk assessed areas * Site Assurance meetings twice daily on acute sites with multidisciplinary attendance. * Close cooperation with system partners particularly around patients with extended length of stay and for those patients who are medically stable for discharge but require ongoing care. * Weekly LoS review meetings on both sites tracking patients with extended length of stay * 'Criteria to Reside' process in place to document reason for each patient required to remain in hospital. * Use of EPIC discharge functionality including EDD's * Weekly ICS Gold level escalation calls. Each 'place' has onsite representation in order to support complex discharge. * Daily tracking of internal delays * New bed Escalation & De-escalation Policy completed * Every moment review of OPEL level for each acute site	4	5	20	Reviewed December 2023 * Winter plan completed including bed moves to create cohorted areas for optimal management of urgent care pathways and LoS and protection of elective pathways by fully utilising the Heatherwood hospital capacity. *Creating capacity and improved access for SDEC services and ambulatory care services - relocation moves completed * Escalation capacity and clear escalation process utilised as required in order to manage peaks of demand. *Revised plans for Every Day Matters programme supported by QI approach, to drive improved discharge processes including board rounds, optimising TTO process and earlier discharge planning driven by EDDs * Planning for increased presence at weekends and bank holidays particularly through bank holidays to provide additional support to discharge Including MADE planned throughout the year * Integrated working with ICS partners on planning and delivery through winter * Planning for additional social care and care home capacity underway * Development for replacement M Block beds for next winter underway December 2024 completion * Bed planning for NEL (SDEC) & EL ring fenced beds to support national elective programme & return to 4hr standard * Agreed NEL improvement plan covering 4 workstreams:- 1) Acute front door 2) 0 -72hr Workstream 3)Everyday matters 4) Pt flow - Clinical Site * Work to drive compliance in use of EPIC discharge functionality * eBCMs programme	4	3	12	Chief Operating Officer	Jan-24	Quality Assurance Committee
2	SA 4	Waiting for diagnosis/treatment Longer waits for diagnosis and treatment resulting in potential harm to patients	Locally identified risk	Aug-21	4	4	16	* Clinical prioritisation at each point of: referral, request for investigation, treatment agreed. * Management of waiting lists through booking in priority order. * Clinical validation programme contacting patients with no action undertaken in the previous 12 weeks or planned in the coming 12 weeks. * Waiting list management and oversight through weekly operational managers meeting and bi-weekly operational performance with ADs. * Non-clinical validation programme to review all waiting lists. * Harm reviews undertaken for any patients where potential harm may have occurred and any learning actioned * GP escalation process in place. * Oversight of clinical prioritisation by the Clinical Prioritisation Committee. * Weekly senior review of priority 2 patients over 4 weeks from DTA and cancer patients over 62 days.	4	5	20	Reviewed December 2023 * Urgent and prioritised focus on EPIC data quality and reporting continues with Exec oversight and increased resource. Issues still being resolved and impacting on reporting and validation - work ongoing * Continued pressure on non elective demand requires daily management of capacity to ensure diagnostic activity is maintained with operational pressures requiring the use of Endoscopy for escalation beds * Additional day case/OP activity to replace lost elective activity and WLI, opening of Heatherwood creates new 'green' space for activity. * Further increasing 'grip and control' on management of list through winter to ensure focus is maintained. * Ring-fenced bed capacity to enable Endoscopy to function as a diagnostic space. * Templates review led by service with EPIC team to focus on correcting clinic templates designed to create more new patient capacity as well as support roll out of My Frimley Health app which will create capacity for operational teams. * Plan for Heatherwood to rollout additional treatment room capacity in Autumn '23. * Further development of reports within EPIC to support oversight and grip of productivity metrics.	3	1	3	Chief Operating Officer	Jan-24	Quality Assurance Committee
3	SA 1	Management of Patients with Mental Health issues & Learning Disabilities Potential risk to safe management of both adults & children with mental health needs or learning disabilities following exponential rise in presentations post lockdowns and increase in complexity and length of stay. Risk of patients not receiving appropriate therapeutic intervention which could lead to further exacerbation & harm (for patients and staff)	Local Identified Risk/pandemic	Apr-23	4	4	16	1. Mental Health Crisis Group in place 2. Highlighting issues and concerns regarding quality & safety of patients through ICB System Quality Group in order to engage system partners in improvement work 3. Dashboard in place - reviewed at Mental Health meeting established with number of referrals, patients requiring sectioning under the MHA and specials and number of incidents and serious incidents 4. Report number of mental health cases and those awaiting assessment/Tier 4 beds as part of TOC briefing 5. Specialist Simulation Training provided for key stakeholders including security team around accountability and duty of care when managing patients sectioned under the MHA including use of restraint 6. MOU now in place with BHFT which ensures all documentation (including rights) receive expert scrutiny in order to comply with the MHA. 7. Use of RMN/Mental Health Care Assistant specials and 1:1 as part of assessment and escalation process. 8. Mental Health Liaison Team on both acute sites 9.9. Gap analysis of CQC Mental Health guidance completed and presented at Care Governance Committee, Improvement Plan developed * Enhanced Care Policy has been reviewed and updated including the recommendations from the recent audit of practice 11. Assurance regarding Mental Health is monitored through QAC 12. Working closely with Mental Health Commissioners and Paediatric Liaison business case drafted for the ICB 13. RC provision in place 14. September 23 RC and CAMHS psychiatrist appointed via SABP at FPH with ongoing recruitment to remaining 8.5 wte CAMHS team	4	4	16	Key actions as of Octobter 2023 Risk score increased August 2023 to 16. Reviewed but ongoing 4x4 with delays, incidents and increasing frequency of escalations * Development of in house bank B3 MHCA role underway. x80 applications currently received to undergo 2 day training on enhanced care. First cohrt of 20 applicants completed training by 20/10/23 * Funding secured for Paediatric Liaison service. Recruitment and launch plans underway. Fortnightly meet with ICB tracking actions (recruitment, KPIs, IT, accommodation). Planning for soft launch 12/23, with all recruitment in place from 04/24 * Open sessions planned for all staff at both WPH and FPH sites showcasing actions and interventions underway (27/28 Sept). Completed with enagement from staff, partners, providers and and police. * Risk summit being planned with relevant partners looking back at recent cases/escalations/learning. Discussion with CN ICB 29/09/23 with CN SABP - plannign for After Action Review process of recent examples to review learnign and ensure planned actions proportionate * Enhanced care risk assessment developed within EPIC and in line with policy (expected Sept 23). launched 16/10/23 * Litigation risk assessment developed and embedded within EPIC (expected Nov 23) * Security and clinical team interface meeting prepared (draft ToR) developed and circulated. Antipicated start date Nov 23. * Acute Provider collaborative programme underway. Mind and Body programme looking at diversion from ED, increase in safe haven provision, development of enhanced care team * Working with RSFH and SABP at shared escalation pathway and policy for MH patients * Appointment of Practice Development role with focus on MH and LD * Working group established to review impact of Right care Right Place adoption by police * Working with Surrey Borders to understand remaining Core 24 standards and risks/mitigation this represents * Receipt of SABP daily sit rep detailing current position, 136 capacity, bed state and outstanding referrals * Review of Mental Health Act administration audit underway with BDO. Report expected Sept/Oct 24 * Increase in training provision for ward staff * Liaison with HEI regarding accredited and non accredited MH courses and skills for non MH staff. Courses promoted and circulated * Bespoke escalations as required via executive team to ensure equitable access to treatment and intervention * Sept '23 Commencement of trial for 24/7 CAMHS provision at WPH * LD job description reviewed following peer review as to increase potential of recruitment (WPH site) *	4	2	8	Chief of Nursing & Midwifery	Jan-24	Quality Assurance Committee

4	SA 1	Infection Control Failure to meet the statutory and mandatory best practice requirements for Infection Prevention & Control will increase the risk of healthcare-associated infections (HCAIs) in the context of post pandemic transition to living to living with COVID - impact of pandemic on national increase in some HCAI's e.g. CDIff	Local Identified Risk	Apr-23	4	4	16	Existing Controls & Audit Activity * IPC Annual Plan in place, including IPC team structure, PIPC and Board, Audit & Surveillance annual programme. * Programme of Post-Infection Review of mandatory reportable HCAIs (including nosocomial COVID) to identify actions and learning to be shared. * IPC online learning (both IPC Level 1 and Level 2) is supplemented by a programme of clinical-based education sessions, including hand hygiene and PPE use. * IPC Governance Structure headed up by HICC. The Built Environment Committee and Decontamination Steering Group. * The IPC Team work closely with the Frimley ICS and NHSE South East IPC Network, to ensure compliance with all national guidance. * Quarterly reporting to Care Governance and QAC including BAF updates	4	3	12	Updated October 2023 * Gram-negative bacteraemia reduction plan. FHFT IPC Team working with Frimley ICB on actions relating to catheter care & hydration, to reduce avoidable CAUTI-associated bacteraemia. * Antimicrobial Stewardship plan in development, Group to be led by Chief Pharmacist and chaired by CMO to support resumption of activities * Matrons / Facilities Group in development. Draft ToR developed and awaiting launch date (planned Sept/Oct) * Responding to national guidance changes re: IPC measures for respiratory virus infections. IPC Team working closely with the Site/Operational Teams, to manage operational pressures related to any subsequent waves of COVID-19 or other infectious agent. * Water Safety and Ventilation Safety Subgroups in place and meeting monthly. Two-weekly meeting in place to complete action for the implementation of the NHS Standards for Healthcare Cleanliness. * The IPC BAF amended nationally again in line with the updated 'Health & Social Care Act: Code of practice on the prevention and control of infections and related guidance' published on 13/12/2022. The Trust BAF updated quarterly and presented through the governance structure. * The IPC Team have updated their IPC incident review matrix in line with PSIRF and is awaiting review with the Patient Safety Team. * Ongoing outbreak management of CPE. Led by CNO/DepCNO with regional and national input, reviewing link with drainage systems. Actions include sink rationalisation, removal of sink from clean utility environments, reducing drain blockages, and increased CPE surveillance for key environments *National Point Prevalence Survey of Healthcare-Associated Infection and Antimicrobial Usage being completed by the IPC Team between September and November 2023; provisional data indicates a HCAI point prevalence of 9.8% (which was higher than the national average of 6.4% in 2011), with the majority of infections being UTI or HAP.	4	2	8	Chief of Nursing & Midwifery	Jan-24	Quality Assurance Committee
5	SA 1	Maternity Services Maternity services nationally are under intense scrutiny and required transformation. Failure to respond to national learning and direction could lead to loss in confidence and reputation locally	National Requirement / locally Identified Risk	Apr-23	4	4	16	* Birth-rate Plus completed 2020 * Detailed Staffing Plan in Place with robust escalation policies for times of peak demand. * Maternity clinical outcomes are in line with national benchmarking * Maternity Governance Structures in place * Board Safety Champions, including monthly meetings established. * Oversight and challenge from an established LMNS (Local Maternity Network System) in place. * Maternity Improvement work commencing with CN and MD oversight * Ockenden Plan in place * Retention Midwife role established * Midwife to birth ratio reporting * NHSI peer review completed August 2022 * Evaluation of MAMAs line completed April 23, good outcome * Entonox monitoring completed across site	4	3	12	Updated October 2023 * Embedded innovative recruitment and retention strategies. The maternity service has previously been supported by NHSI recruitment and retention collaborative and given assurance that we have explore all possible options for recruitment and retention * Band 3/4 roles in progress of being reviewed with lead midwife for education to align with national roles to enable planning for future workforce * Recruited 45 newly qualified midwives cross site to assist with addressing >70 vacancies * IEM pipeline to date we have employed 10 IEMs, we will continue this pipeline of recruitment and submitted to NHS England expressions of interest to take a further 4 IEM in 2024 * Leadership team participating in national perinatal & cultural leadership programme 2023 * Review of learning and response to Ockenden 2 and East Kent progressed with 3 year delivery plan. This will sit alongside a whole Trust response as we widen the learning across all services to consider * EPIC optimisation continues, and production of first draft of Obstetric Dashboard completed, this will be progressed in next few months. Manual collection of data to populate Dashboard continues by Heads of Midwifery * Build works to triage rooms at Frimley Park to enhance assessment process is being progressed alongside labour Ward Roof work to address RACC issues within trust. * Trust wide Entonox action plan in place, 10 MDUs in place at each site for each labour ward/Birth Centre, guideline on use of Entonox progressing through trust governance process * CQC report published for both sites maintained Good Rating Overall, action plan developed to address 'Must' & 'Should' do's * Progressing with CNST Safety Actions to demonstrate compliance to trust board and ICB in January 2024. Submission of declaration to NHS Resolution due 7th February 24 * Birthrate + planning for reassessment in next financial year	4	2	8	Chief of Nursing & Midwifery	Jan-24	Quality Assurance Committee
6	SA 3&4	Emergency Department overcrowding and performance Continued high volumes on emergency demand through both emergency departments with limited flow and tight bed capacity through the hospitals results in overcrowding and pressure in ED. Changes in primary care practice and the recovery of Covid backlogs has seen a significant increase in ED attendances on both acute sites, particularly for patients with minor illness and injury. There are no UTC/walk in centres supporting either Emergency Department currently. All of the above creates risk of increased ED occupancy, Ambulance queues and long waiting times leading to potential delay in patient treatment, ambulance delays to other calls, reduced quality of care, patient experience and patient safety and reputation risk. National requirements to improve waiting times for emergency care include reduction in waiting times for urgent ambulance attendances, over 76% of patients to be discharged from ED within 4 hours, reduction in patients waiting over 12 hours and reduction in LoS. From May 2023 FHFT returned to reporting the 4 hour access standard from previously working for several years to a pilot standard which encouraged patients to spend longer in the department while their treatment was delivered (CRS pilot). This is a significant change for the whole organisation which requires faster flow and behavioural change to deliver improved waiting times	National Requirement / locally Identified Risk	Apr-23	4	5	20	* 08.30 daily team brief monitoring activity and situation awareness in A&E for all Trust top leaders and assurance meetings throughout the day * Hospital at night handover meetings include monitoring and management of waiting times and overcrowding issues into the night * Implemented NHS 111 First criteria and planned appointments for 111 patients 24/7 across all age groups. * Brants Bridge Minor Injuries Unit reopened post COVID in order to provide an alternative pathway from ED for patients with minor injury. * Plans progressing to maximise use of SDEC and Ambulatory pathways to move activity away from ED help to reduce overcrowding * Multidisciplinary Urgent Care Board in place to manage Urgent Care Program including ED performance, SDEC, 111 First, and discharge planning pathways. * UEC improvement plan in place and active management includes: 1) Acute front door - with key focus on return to 4 hour standard, reduction in 12 hour attendance waits and ambulance handover times to support reduction in ambulance delays. Weekly Exec lead meetings in place to monitor progress 2) 0 -72hr Workstream - SDEC and assessment unit models to avoid admission where possible and reduce LoS 3) Everyday matters - to improve and expedite discharge and reduce LoS to create flow and capacity 4) Pt flow - Clinical Site *Fortnightly regional meetings to discuss the plans and progress	4	5	20	Reviewed December 2023 * Working with system partners focussing on reducing ED attendances and sign posting patients to alternative care pathways via NHS 111. Dependent on primary care urgent care strategy; ongoing planning * GP minor illness pilot is in place at both Frimley and Wexham. Working with system partners and primary care to continuously improve this service to maximise benefit through winter * Parallel work underway, overseen through the UEC strategy group reporting to UEC Board, UCC agreed to be located in Slough and Aldershot aim for opening service for MiMi November 2023 * Continued focus on eliminating ambulance handover waits through use of agreed Ambulance Handover SOP with supported escalation for nursing cover or booking of ambulance technicians to care for patients when queues do occur * Continued working with ECIST with focus on discharge pathways to improve flow and reduce overcrowding in ED * Review of better use of SDEC pathways to stream patients either directly to SDEC's or quickly from ED to specialist services * Improved volume to front door GP service, aiming for >15% * IPS agreed and shared with the Trust, education and comms plan to be completed * EPIC ED dashboard in progress with escalation triggers * Surgical SDEC opened at WPH March 23 * Frailty Assessment trolleys returned at FPH March 23 and opened at WPH in April 23 - completed however high risk for OOH capacity crisis * Reintroduction of EAC model underway through NEL improvement plan - November 2023 * Fit 2 Sit cubicles Majors implemented to reduce loss time for ambulance handover	4	2	8	Chief Operating Officer	Jan-24	Quality Assurance Committee

7	SA 1-4	Winter Pressures Concern that Winter 23/24 will present significant operational challenges over and above those of a normal winter. A number of factors have been identified as giving cause for concern including ongoing challenge with discharges out of hospital, higher acuity within hospital and pressure on demand within ED. The combination of these factors will place significant operational pressures on the Trust potentially disrupting elective care and leading to poor patient experience, quality and patient safety.	Local Identified Risk	Apr-23	4	5	20	<ul style="list-style-type: none">* Weekly modelling of urgent care demand and IPC numbers to forecast and inform decisions through planning teams.* Previous winter plans details work force and additional capacity plans* Multidisciplinary Urgent Care Board in place workstreams initiated to cover SDEC performance, Criteria Led discharge, and discharge planning pathways* Close working with ICB and system partners to plan, monitor and react to pressures through winter.* Every Day Matters programme in place to support reduction of Length of Stay and improving flow within hospital.	4	5	20	Reviewed December 2023 <ul style="list-style-type: none">* Ongoing winter pressures sustained with impact on bed capacity described* Virtual wards and increased social care capacity for complex needs in place but likely to have limited impact* Local seasonal pressures reflect the national position with high numbers of medically fit combined with occupancy attendance challenges and no robust plans to discharge at scale through winter* winter System Control Centres set up using combined Trust and System operational centres to commence from 1st Dec 2022* Virtual wards implemented including support for UCR cross site* Further development with BHFT required* Home First and HomeLink implemented as pilot for P1s* Winter 22/23 completed - revert winter bed model changes and implement bed planning programme for SDECS and Ring fence* Planning commenced for Winter 23/24 with Frimley ICS including options for capacity for MFFDs	4	2	8	Chief Operating Officer	Jan-24	Finance & Investment Committee
8	SA 1&2	Nursing Staffing Capacity Risk of insufficient, appropriately trained Nursing (registered and non-registered) staff, with potential to impact on patient care and support, breach of safe staffing levels, delays in diagnosis and treatment, and reliance on temporary staffing, causing additional financial risk. Pressure on recruitment with substantive bed base and therefore required numbers of nursing staff risen	National Requirement / External Assessment	Apr-23	4	4	16	<ul style="list-style-type: none">* HR markers (vacancies, retention, sickness, arrivals IEN/domestics) tracked with forward looking predictor tool to ensure capacity meeting demand.* Staff levels Trust-wide reviewed daily by Senior Duty Nurse; short-staffed wards allocated support from better staffed areas.* Daily monitoring of Safe Care and patients acuity/workforce requirements at ward level* Retrospective Safe Staffing report actual staffing for all nursing shifts.* Recruitment & Retention group in place.* Rota management and temporary staffing booking process re-established with master classes and tutorials* Hours balance to be effectively utilised and monitored in line with policy* Use of enhanced care and 1:1 special policy to be fully adopted.* Matrons working clinically in ward areas at time of short staffing* Improved temporary workforce process implemented with clear levels of sign off for agency tier authorisation* Nursing Workforce Assurance Group providing oversight and governance to working and operational groups.* Engagement with NHSE HCA recruitment campaign	3	3	9	Key actions as of October 2023 Risk score reviewed and reduced to 9 reflecting gains made in agency reduction (and ave unit cost), turnover, retention and recruitment. Moderate risk remains reflecting reliance on IENs and resulting training needs and cultural adjustments, along with anticipated winter escalations. To be removed from the risk register <ul style="list-style-type: none">* Workforce Governance Group (NWAG) re-established post pandemic with oversight of recruitment pipeline, domestic & IEN, retention, temporary staffing and rota controls* Ongoing review of IEN pipeline ensuring ability to provide wrap around support 300 IENs planned for 23/24 arrival. - on track* x7 refugee RNs due to start 23/24 - started* Ongoing Managed Service Provider model for agency management.* Under commissioned number of ITU beds in the Trust, both units expanded by 4 beds, business case being produced for associated staffing.* T&F enhanced care group established to update on assessments, requesting and sign off processes.* MSP site visits liaising with high use environments (ED, paed, maternity and ITU) reviewing booking practices.	3	3	9	Director of People/Chief Nurse	Jan-24	People Committee
9	SA 1&2	Staff Retention There are retention risks amongst a number of staff groups including nurses, doctors, midwives and some AHP groups Retention target rate 12%	Locally Identified Risk	Jan-20	4	3	12	<ul style="list-style-type: none">* People at Work Group to address a range of retention, engagement and wellbeing initiatives from retention, staff survey and Investors in People action plans.* Turnover rates reported and monitored monthly through Q&P report and directorate performance.* HRBPs develop action plans with areas of particular concern, monitored through People at Work Group.* Paper presented to BOD in September 22 re: Recruitment & Retention	4	3	12	Reviewed October 2023 <ul style="list-style-type: none">* People at Work Plan in place to address various retention, wellbeing, staff survey and investors in people actions.* People at Work Group regularly meeting to drive forward plan.* 100-day new starter and leavers surveys continue to be used to identify good practice and areas for improvement.* Staff turnover is 11.2% (September 2023) following an increase in people retiring or leaving the service, further assessment of COVID-19 impact on turnover is anticipated* Plan in place around retention and part of People Strategy for 22/23 .eg Implementing People Promise Exemplar programme - NHSE visit 30.08.23 - positive assessment on progress against People Promise Programme* Culture & Leadership Programme - launched	3	3	9	Director of People	Dec-23	People Committee
10	SA 2	Completion of Annual Appraisal Completion of Annual Appraisal and Health and Wellbeing conversation Risk of lack of completion of annual appraisal in line with organisational targets Risks adversely effecting staff and performance and development Impact of Covid-19 on appraisal compliance	Locally Identified Risk	Jan-20	4	4	16	<ul style="list-style-type: none">* Recording of annual appraisal completion (and ratings) on ESR* Monthly reporting of completion rates to senior managers* Open access MaST System provides matrix completion data* Reporting to: Operational People Committee Quality & Performance	4	3	12	Reviewed October 2023 <ul style="list-style-type: none">* HR reviewing NHS Terms and Conditions to explore options for applying incremental/pay step penalties for non-compliance* Weekly compliance reports being sent to AD's* Steady improvement in Appraisal compliance rates, currently at 71% non medical, 88% medical as at September 2023.* Paper to SLC which will change the process to include team objectives June 2023 and will significantly increase compliance by March 24. From Staff Survey, quality of appraisal has improved and is above national average. Recently agreed change in process to include team objectives	4	1	4	Director of People	Dec-23	People Committee
11		Staffing Establishments There is a risk that the organisation will not be able to fund the establishment we need to meet operational demand. There is a need to ensure the organisation is right sized with numbers of staff proportionate to demand.	Locally Identified Risks	Jun-22	4	5	20	<ul style="list-style-type: none">* Establishments reviewed and recommendations made* Use of temporary staff* Operational efficiencies with relaxation of pandemic measures* Improved rotas	4	3	12	Reviewed October 2023 <ul style="list-style-type: none">* Securing funding to recruit to establishment* Recruitment to current establishment* Ensuring that we have capacity in Recruitment team to recruit numbers required* Completed establishment review and SLC have approved right sizing nursing establishment across inpatient wards. Currently recruiting against establishment.* Cases being developed for ED, MADUs to right size the establishments and reduce temporary workforce as well as recommendations on how long term escalation use should be managed and staffed - approved at SLC* Recruiting effectively, overall vacancy rate 10.4%, nursing vacancies 11.2%, medical staff 8.5% as at September 23 with positive trajectory.* Expanding recruitment team to support recruitment.	4	2	8	Director of People	Jan-24	People Committee

12	SA 1&4	<p>FPH RAAC Roof planks/tiles</p> <p>The natural deterioration of FPH RAAC roof planks which are in c60% of the hospital since it was built in 1974, results in a limited life expectancy such that NHSEI require these as well as RAAC present in the walls to be eliminated by 2030. RAAC planks will deteriorate over time and this can be exacerbated by: water pooling in gutters and leaking roofs lead to softening of roof RAAC planks and corrosion of the rebar, roof planks damaged due to excess weight on the roof due to the installation of new plant and equipment on the roof or existing plant and other objects with excess weight, roof planks damaged due to people walking on the roof, roof planks damaged due to snow and ice. Therefore there is a risk of injury or death to patients, visitors, and staff due either to delamination of a roof plank whereby a part of it falls, or a sheer collapse with no warning due to limited bearing on the concrete support beam..</p>	<p>Survey and annual risk assessment by structural engineer.</p> <p>NHSEI/E action plan including a deadline of 2035 to remove RAAC planks. Trust identified as one of 3 high priorities</p>	Aug-20	5	5	25	<p>* RAAC Planks Programme established to manage the risk with 2 projects: Maintaining Safety, & Contingency planning</p> <p>* Remedial works in response to structural surveys have been undertaken since 2012 at a cost of c£5m prior to 2020/21. Programmes of remedial works have been undertaken in 20/21 and 21/22. £9.5m programme of remedial works for 2022/23 has been completed.</p> <p>* Surveys have been carried out by structural engineers who have highlighted high priority areas for remediation works. Annual routine surveys of all RAAC Planks commenced and were completed for 2022/23, including 'hard to access' areas</p> <p>* Trust Estates and Facilities staff and contractors including the fire brigade have been made aware of the issue and correct ways to access the roof.</p> <p>* A Roof access policy has been developed to ensure that loading on the roof is kept to a minimum.</p> <p>* There is a detailed RAAC Plank programme risk register</p>	5	4	20	<p>Reviewed November 2023</p> <p>* Works to ensure safety in 2022/23 completed.</p> <p>* A plan of safety works for 2023/24 are in progress with approved national funding</p> <p>* Communications to all staff to raise awareness of warning signs so that these can be acted upon promptly have been undertaken and will continue.</p> <p>* A series of business continuity plans have been written. Exercises involving ICU have been undertaken and further exercises are planned in respect of FPH 'Streets'. Planning to continue in relation to large scale evacuation exercise to involve ICS and other key partners.</p> <p>*Following the completion of a Strategic Outline Case to eliminate RAAC, the Trust has now been included in the government's New Hospitals Programme with the prospect of a new FPH whereby RAAC can be eliminated. This means that works to maintain safety must continue until the new hospital can be brought into use.</p> <p>* An FBC for two floors of additional beds on M Block site has obtained national approval. Works started October 2023. This building will support elective waiting list recovery but also provide decant space to help avoid delays to the programme of RAAC remedial works</p> <p>* Gurney structural engineers Annual Report was received in July 2023. It highlighted priority safety works needed, and a programme of works has been proposed for discussion and agreement with clinical and operational leaders to mitigate the operational impact of the required safety works.</p> <p>* We have strengthened the planning of RAAC works with EPRR and clinical and operational leaders in the context of intense operational pressures. As a result – 24/25 priorities have now been agreed. The priority for planned failsafe works in 24/25 are wards F1, F5 and F11 / maternity as well as the roof planks between the ground and first floors of C Block. A phasing plan for works in these wards is being developed in conjunction and agreement with the clinical teams.</p>	5	2	10	Chief Executive	Dec-23	Finance & Investment Committee
13	SA 6	<p>Cyber Security</p> <p>A large scale cyber-attack could shut down the IT network and cause major disruption to the availability of essential patient and other information for a prolonged period</p>	Strategic Objectives	Oct-21	4	4	16	<p>* Regular review of Trust plans by NHS Digital</p> <p>* Data and Security Toolkit compliance with cyber security IG requirements</p> <p>* Oversight by IG Committee</p> <p>* Internal Audit annual review of Toolkit evidence</p> <p>* Regular Trust staff cyber risk awareness campaigns</p> <p>* Proactive alerts and response from Trust Cyber Team on NHS Digital CareCERT alerts specific to RDU</p> <p>* Trust Cyber Team hold Cyber accreditation and have CPD as part of Appraisal/PDP</p> <p>* Host based intrusion prevention systems</p> <p>* Anti-malware installed on all managed devices</p> <p>* SCCM Central Patch Management</p> <p>* Policies Standards & Procedures</p> <p>* Web filtering</p> <p>* Network Monitoring</p> <p>* Annual penetration testing</p> <p>* Vulnerability management</p> <p>* Web Application firewall</p> <p>* Assurance dashboard to increase visibility of the network with a single, near real time view to better manage vulnerabilities, remediation and compliance</p>	4	4	16	<p>Reviewed November 2023</p> <p>* Large number of unsupported and Legacy systems are being managed as part of the Trust decommissioning programme of work with additional security controls implemented to lower risk of a security breach</p> <p>* We are continuing to work closely with the EME team on ensuring medical devices will meet all necessary security requirements</p> <p>* Cyber Security training to be increased and form part of the refreshed IG mandatory training requirement for all staff.</p> <p>* Incident response plans finalised with EPRR – tabletop exercise undertaken but will continue to be built upon.</p> <p>* Work being undertaken to improve compliancy to the Data Security and Protection Toolkit (DSPT) moving closer to a "standards met" status</p> <p>* Multi Factor Authentication (MFA) being rolled out to all staff to reduce the risk of compromised email accounts, this will be expanded to privileged network accounts to bring in line with NHS England policy change</p> <p>* Data backup infrastructure being reviewed due to legacy solution not performing optimally and the requirement for immutability of data to be met.</p> <p>Due to the ongoing nature of the Cyber threat, and constantly changing threat landscape it is recommended that the risk should remain on the corporate risk register – there will be a continual programme of work with the Trust cyber security team to address new threats as they arise</p>	3	3	9	Medical Director	Dec-23	Audit Committee
14	SA 6	<p>Epic Stabilisation</p> <p>Ongoing stabilisation of the Electronic Patient Record may impact on the ability to report on mandatory submissions, national audits and internal performance monitoring. A lack of performance monitoring may cause impact to quality and safety. Move to a focus on optimisation as of June 2023</p> <p>Epic Optimisation</p> <p>A focus on stabilisation and the addressing of day to day issues may delay optimisation and associated benefits realisation. This may have a knock on effect on achieving the cash releasing savings set out in the EPR business case</p>	Strategic Objectives	01/10/2021 May 23	5	4	20	<p>*EPR Programme Board</p> <p>*Finance & Investment Committee review of major digital business cases e.g. EPR, Cloud</p> <p>*Established stabilisation dashboard</p> <p>*Reporting and monitoring working group</p> <p>*Prioritisation of reporting build</p> <p>*Regular liaison with NHSE</p> <p>* Workstream meetings created under new EPR Programme Director for Stabilisation</p> <p>* Stabilisation and reporting plan agreed with PWC/NHSE</p>	5	4	20	<p>Reviewed November 2023</p> <p>* The stabilisation process is nearing completion. Reporting has been a focus with a workstream focussed on the statutory reports (DM01, CDS) which have now been submitted. There is still considerable work to do rereporting backlog, but its important to note the progress made to date and reduction in risk</p> <p>* Pharmacy has made good progress via the focussed workstream – still work to complete, but again risks reduced through this work</p> <p>* COSG making good progress – a clear TOR in place and beginning to pick up role in governing and prioritising work for optimisation</p> <p>* Training continues to make progress, focus has been on supporting successful colposcopy go-live in Epic, and training staff in preparation for Nov 22 code upgrade. A plan for substantive staffing of team and focus going forward (e.g. Jun Docs rotation) is next step</p> <p>* We are continuing with the lessons learned work with the NHSE Frontline Digitisation team. Focus has now moved to optimisation – plan for the future and lessons learned from other Trusts/what Frimley can add to lessons for those Trusts going live in future. Immediate focus on ensuring the Trust delivers the plan agreed with Region on reporting recovery</p> <p>Review August 2023 - no change</p> <p>This risk has evolved from a focus on stabilisation and minimising adverse impact of the new system on the Trust's clinical operations, to a more positive focus on achieving the benefits of the system set out in the EPR business case. The risk of adverse impact on the Trust has to an extent been mitigated, and the risk around Epic is now largely one of appropriate adoption, and using the system as a tool to deliver productivity and quality gains through system optimisation. The risk is therefore one of not achieving all of the benefits a system like Epic can bring the wider organisation. The risk is therefore of missed opportunity to achieve the financial and quality benefits afforded to the Trust from the deployment of the system.</p>	4	3	12	Medical Director	Dec-23	Finance & Investment Committee QAC
15	SA 5	<p>Medium term implications of financial environment</p> <p>There is uncertainty in the medium term outlook which may adversely impact the Trust financially, with a risk that the Trust will be unable to meet its breakeven control total in the current and future years.</p> <p>Pressures include inflation continuing to run significantly higher than funding levels, and although Covid funding has largely ceased the Trust is still incurring a higher cost base following the pandemic.</p> <p>NHS Funding uplifts uncertain beyond next election</p>	Financial	Jun-23	5	4	20	<p>* Monthly financial reporting through EPODG and Financial Investment Committee</p> <p>* Monthly Finance meetings with cost centre managers and directorates with increased focus forecast out turn</p> <p>* Medium term financial model, with regular reiterations</p> <p>* Procurement support to all contracts to ensure optimal management of inflationary risks</p> <p>* Clearly articulate pressures not covered by funding envelope</p> <p>* Uncertainty that transformation can be delivered at sustainable cost</p>	5	3	15	<p>Reviewed January 2024</p> <p>* Ensure alignment of planning assumptions with ICB</p> <p>* Development of next FHFT 5-Year Strategy</p> <p>* Keep abreast if changing financial regime requirement and influence regionally and nationally where possible</p>	5	3	15	Chief Financial Officer	Feb-24	Finance & Investment Committee
16	Finance	<p>CIPS & Transformation Plans & Benefits Realisation</p> <p>The Trust has a CIP target of £33.3m for 2023/24. This targets includes a mixture of Directorate and Transformational schemes. At the beginning of the year £32.0m of plans had been identified with a RAG rating of £27.0m. The risk of not delivering the full savings target would be that the Trust will not be able to remain within its breakeven financial envelope for the year.</p>	Financial	Jun-23	5	4	20	<p>* Weekly CIP & Efficiency meetings are held with directorates chaired by COO or CFO with attendance of PMO and directorates.</p> <p>* Monthly reporting of CIP and Efficiencies to SLC and Financial & Investment Committee.</p> <p>* Close scrutiny and challenge of Directorate financial position and forecast through Directorate Performance Reviews / Directorate Finance Reviews and Trust Management Board</p>	3	2	6	<p>Reviewed January 2024</p> <p>* The current forecast CIP delivery is in line with plan with 72% expected to be delivered recurrently</p> <p>* PMO, Finance Business Partners and directorates meet on a weekly basis and prioritises those directorates who are behind plan.</p> <p>* Additional CIP and efficiencies continuously being sought (including additional controls)</p> <p>* Review of further opportunities with ICB System Sustainability group</p> <p>* ICS focus on strategic priorities including overseeing pan-ICS work streams to deliver financial balance and service changes and greater scale and pace than could be delivered by organisations individually</p>	3	2	6	Chief Financial Officer	To be removed	Finance & Investment Committee

17	SA 5	Operational Pressures Adversely Impacting Financial Performance There is a risk that operational pressures result in higher length of stay (LoS) for patients than planned which in turn leads to higher numbers of open escalation beds and increased agency staffing. There is a risk if the Trust falls being its financial plan that it has restrictions placed upon it either at a system or regulator level.	Financial	Jun-23	5	4	20	<ul style="list-style-type: none">* Daily management of pressures though operational teams including bed capacity and flow* Weekly meetings with ICB colleagues on operational pressures* Demand and capital plans mapping bed requirements throughout year including planned ward closures / openings* Clear articulation of financial consequences of excessive LOS (and consequential impact on elective capacity)* Close scrutiny and challenge of Directorate financial position and forecast through Directorate Performance Reviews / Directorate Finance Reviews and Trust Management Board	5	5	25	Reviewed January 2024 <ul style="list-style-type: none">* Improved (system wide) information sharing to support discharge flows (go-live June)* Further engagement with neighbouring ICBs on discharges (additional risk their financial pressures will disincentivise discharging patients in our hospitals)* Maximise us of community and virtual ward capacity	5	4	20	Chief Financial Officer	Feb-24	Finance & Investment Committee
18		Reporting from EPIC Payment for elective activity in 2023/24 will be based upon reported activity levels. This means that it is essential that the Trust is able to extract timely and accurate activity reporting from EPIC on a monthly basis. Failure to do so may result in loss of income which will adversely impact our financial performance against the agreed plan.	Finance Performance & Quality	Jun-23	5	4	20	<ul style="list-style-type: none">* EPIC implementation groups and oversight from EPIC Programme Board* Additional resources deployed to tackle underlying problems in EPIC's design and build* Reporting Steering Group in place* Escalation to Region and Commissioners* Scrutiny of Commissioning Data Set and High Cost Drugs/Devices returns for accuracy and impact* Corrective actions to improve design and build of Epic, and use of system by clinical / operational teams	4	2	8	Reviewed January 2024 <ul style="list-style-type: none">* Continue with all current controls / actions throughout 23/24* Activity reports are now being extracted from EPIC	2	2	4	Chief Financial Officer / Medical Director / Chief Operating Officer	To be removed	Audit Committee
19		Reduction of Financial Freedoms There is a risk if we do not achieve a financial break-even, additional controls will be put in place by NHSE which will require business cases to be approved by the ICB and the region	Financial	Nov-22	4	4	16	<ul style="list-style-type: none">* Submission of balance Trust & ICB Plan* Monthly financial reporting through to SLC and Financial Investment Committee* CIP & Efficiency meetings / processes* Close scrutiny and challenge of Directorate financial position and forecast through Directorate Performance Reviews / Directorate Finance Reviews and Trust Management Board* Reporting to ICB Finance & Performance Committee* Collaboration with ICB on overall financial position	4	4	16	Reviewed January 2024 <ul style="list-style-type: none">* Continue with all current controls / actions throughout 23/24* Identification of further areas for CIP and Efficiencies, including learning from neighbouring ICBs in even worse financial positions* Roll-out of budget holder training has begun* Roll-out of no PO, no pay in targeted Corporate areas is being prepared* Additional controls around Agency spend have been introduced* Reviews are underway of discretionary spend and premium cost staff cover	4	3	12	Chief Financial Officer	Feb-24	Finance & Investment Committee
21	SA 5	Aseptic Preparation Suite The pharmacy aseptic suite at Wexham Park makes individualised chemotherapy for patients having cancer treatment. The unit structure no longer meets the technical requirements and has been assessed as high risk by the NHS Quality Control service. Additionally the two isolators are reaching the end of their useful life and require replacement on order to maintain the service. A replacement of the unit and isolators is required as failure of the unit would result in the Trust not being able to treat cancer patients with chemotherapy.	Locally identified risk	Feb-23	4	4	16	<ul style="list-style-type: none">* Completion of actions as advised by the QC inspection including remedial works to the current unit.* Progression of design works to support the business case for a replacement unit* Monthly inspections of fabric of the unit with remedial actions prioritised as necessary	4	3	12	Reviewed December 2023 <ul style="list-style-type: none">* A business case for a new aseptics unit is currently on hold as we await a feasibility study to see if it is possible to update the current unit to approved standards to offer an interim solution. This is will require 2 new isolators to be purchased and installed.* Revise contingency plans for unit in the event of the need to complete remedial works or failure of testing - June 23* Complete revised daily to strategic staff planning process - June 23* Close monitoring of situation and regular national quality inspections in place	4	3	12	Chief Operating Officer	Jan-24	Quality Assurance Committee
22		Industrial Action As of 1st June there is no imminent resolution of the junior doctor dispute, placing continued reliance on consultants and other staff to cover during IA. Consultants have balloted on IA and a proportion of FHFT consultants have stated they will not cover IA for less than the BMA rate card. The ballot closes on 22nd June. We may be unable to provide safe cover for the Trust during IA or could be forced to pay unaffordable rates to consultants (the BMA rates are an increase of approximately 100% over current rates). There is a wider risk of disruption across various professions balloting to strike and that the ongoing IA will impact morale as well as patient care and waiting lists.	Locally identified risk	May-23	4	5	20	Mitigations include <ul style="list-style-type: none">* local negotiation with the JLNC to ensure that consultants support critical areas for Junior Doctor IA.* Optimising use of locums, SAS Doctors, nurse practitioners and other staff.* Extensive strike planning led by EPRR team.* Comparable planning ongoing for consultant strikes.* HR planning including the Pay Assurance Group oversight of IA rates for appropriate roles, including alignment with other Trusts in the region and nationally.* Additional initiatives to support morale and wellbeing through the periods of IA and IA recovery.	4	4	16	Reviewed November 2023 <ul style="list-style-type: none">* Continued implementation of mitigation measures during each strike round with review of effectiveness and any residual risk	4	2	8	Director of People	Dec-23	People Committee

		<p>Water & Drainage Systems</p> <p>Due to an aging estate and a concurrent program of redevelopments, extensions and revisions to the water and drainage system to accommodate expanding services, there is a risk to the integrity and safety of the water and drainage systems across the trust sites.</p> <p>Water and drainage systems can be a reservoir for infections which can impact patient and staff safety, access, experience, and trust and confidence in our services</p>	Locally identified risk	Jun-23	4	4	16	<ul style="list-style-type: none">* Water Safety Group meeting monthly (with increased frequency as required).* WSG reporting to Built Environment Committee, reporting to HICC, reporting to QAC.* Quarterly and annual IPC reporting of HAIs, to CGC, QAC, Execs and Trust Board* Well established process of reporting, SII, and outbreaks as required.* Access and use of regional and national expert advice as required.* IPC BAF reported to Board by exception* Continual surveillance and reporting of trends/risk/concerns by IPC team* Monthly Capital Group Meeting reviewing all change/development requests with involvement and consideration of IPC impact* Existing refurbishment program to replace and refit aging and out of date sinks, drains and environment (eg removal sensor taps and TMV)* Authorised Water Engineer role in post* Proactive programme of water flushing and testing across site (legionella and pseudomonas)* Enhanced testing for augmented care areas (ITU, once, renal)* Use of tap filters to support legionella risk as short term measure* Point of use signage promoting appropriate use of available sinks* Hand hygiene audits and inspections regularly undertakenIPC audits and inspections* Availability of alcohol gel* Appropriate use of PPE and glove reduction program* Active program of system inspection and maintenance* Housekeeping team undertaking cleaning of sinks and showers, faucets as daily task	4	4	16	<p>Reviewed November 2023</p> <ul style="list-style-type: none">* Removal of all dead legs (section of pipework with no active flow) where accessible - underway and ongoing.* Increased consideration and risk assessment for alterations and extensions to existing water/drainage system as part of Capital Group Meeting and impact creation of dead legs/disruption of biofilms* Drainage surveys being completed and blockages removed* Rationalisation of sinks in clinical areas being undertaken* Ongoing CPE Outbreak meetings at WPH , although reduced frequency since August due to reducing incidents and time required for remaining actions. Meetings attended by National lead from New Hosp Prog, regional UKHSA and IPC and local estates/leads impacted.* Increased IPC training and support in key areas, along with audit and inspections.* Local comm prepared for key areas (eg Eden ward, W5/6/7/8) with regard to sink rationalisation and increased screening, alcohol gel use after hand wash.* Business case approved for increased surveillance and testing of CPE (to include admission/discharge of Eden, W5/6/7/8)* Trial of disolvable hand towels within high risk area (maternity) to help reduce incident of blockages* Review and consideration for waterless environments (currently ITU and Interventional Radiology scoping options)* Scoring reviewed - whilst initial actions and interventions appear to show decreasing incidents in previously identified high risk areas, consequence and likelihood remain 4x4.	4	2	8	Chief Nurse / Chief Executive	Jan-24	Quality Assurance Committee
24		<p>Board Stability</p> <p>There are risks to Board stability arising from a high turnover of executive directors and imminent NED departures which will impact on the continuity and experience of the Trust Board</p>	Workforce	Aug-23	4	4	16	<ul style="list-style-type: none">* There is an opportunity to increase diversity and enhance the board skills mix through director recruitment* An experienced interim Director of Finance is in place until a substantive appointment is made. The previous Director of Finance continues to be employed at FHFT which ensures a link with legacy financial information* Deputy Directors & Corporate teams* Key posts of Director of Finance & Chief Nursing Officer appointed to, commence January 24	4	3	12	<p>Reviewed November 2023</p> <ul style="list-style-type: none">* The planned appointment of a new Director of Strategy will strengthen the Executive team and reduce the workload for the existing executive directors* The Chair has a plan in place for NED succession	4	2	8	Chief Executive	Dec-23	People Committee
25		<p>Gp Referral and Advice & Guidance Management</p> <p>3 processes to manage integration of GP referrals and A&G requests between ERS (Electronic Referral System) and EPIC for onward clinical management</p> <ul style="list-style-type: none">- Referral upload to EPIC - live since July 22- Triage return to GP - live since September 22- Advice and Guidance management - live since 18/12/23- inconsistent error recording <p>Risk related to:-</p> <ul style="list-style-type: none">- inconsistent daily 'bot' productivity- 33% reduction in daily productivity since EPIC Upgrade in Aug 23, causing delays in referral upload and downstream processes.- significant backlog in triage comments being fed back to primary care- Insufficient 'bot' resource since the reduction in productivity post EPIC upgrade <p>Any delays in any part of the process affects communcation with primary care, with possible clinical and Trust reputational risk</p>	Locally identified risk	Dec-23	3	5	15	<ul style="list-style-type: none">* Daily uploads for all processes for onward automation processes* Daily error reports to identify any referrals/traige or requests that fail or are deferred in process* Manual action to manage errors* 2ww referrals prioritised throughout the automation and manual error process* Triaged referrals rejected by clinician prioritised in triage process	3	3	9	<ul style="list-style-type: none">* Full validation exercise to review all referrals on ERS comparing to EPIC to identify any gaps* Prioritisation of rejected and 2ww referrals in triage process* Manual error management when reported- Development of API direct integration between ERS and EPIC in summer 2024 should provide greater consistency and less manual intervention	3	1	3	Chief Operating Officer	Jan-24	Quality Assurance Committee
26		<p>Fire Safety FPH</p> <p>An initial assessment of the fire alarm system at Frimley Park Hospital system identified a number of faults and raised concern that the system had not been maintained properly, posing a fire safety risk for staff, patients and visitors to the site. The Trust engaged a service provider, JLA, in October 2023 to undertake a complete review of the fire alarm system, and to identify and rectify any faults. Due to the incompatibility issues and age of the underlying system, it became necessary to replace the whole network. This work is ongoing.</p>	Locally Identified Risk	Jan-24	5	4	20	<p>Daily oversight of fire safety management via the S.O.P and EPRR. A walking fire watch has been established and expanded, The Surrey Fire Brigade have reviewed mitigations and advised on additional actions, an external fire officer has been asked to review our practices. Three have been regular all staff communication about the fire alarms at FPH.</p>	5	3	15	<p>There are ongoing actions to ensure that:</p> <ul style="list-style-type: none">•We have nominated an adequate number of people so that they are competent to put procedures in place•All active & passive fire safety systems are regularly inspected, tested and maintained•Ensure all staff are provided with appropriate instruction and training and instruction & information nis provided to people who work on our site but not employed by us.	4	2	8	Director of People	Mar-24	

Report Title	Audit Committee Summary Minutes
Meeting and Date	Public Board of Directors, 12 th January 2024
Agenda Item	15a.
Author and Committee Chair	Victoria Cooper, Acting Company Secretary Gary McRae, Audit Chair
Executive Summary	<p>This report briefs the Board on the items discussed at the Audit Committee meeting held on 30th November 2023.</p> <p>Internal Audit Report</p> <p><u>Progress Report</u></p> <p>The Committee received the Internal Audit Progress Report which confirmed the outcome of two recent internal audits. A moderate assurance for both control design and operational effectiveness in respect of the Directorate Governance audit and a moderate assurance for control design and a limited assurance for operational effectiveness in relation to the Mental Health Act Compliance audit.</p> <p>The Committee discussed the findings and noted the recommendations and planned actions for each internal audit.</p> <p><u>Follow Up Report</u></p> <p>The Committee noted the progress being made to complete audit recommendations.</p> <p>Local Counter Fraud Report</p> <p>The Committee received an update on the counter fraud activities undertaken since 1st April 2023 including a statement on the progress against the plan, national NHS CFA updates, local proactive reviews, and fraud cases.</p> <p>Frimley Health Charity Annual Report and Accounts</p> <p>The Frimley Health Charity Annual Report and Accounts 2022/23 which had been prepared in accordance with applicable legislation and accounting standards, were presented to the Committee.</p>

	<p>The Audit Committee APPROVED the Frimley Health Charity Annual Report and Accounts 2022/23 and RECOMMENDED that they be approved by the Charity's Trustees.</p> <p>External Audit Report – Charitable Funds</p> <p>The external auditors reported a clean audit opinion in relation to the Charitable Funds and there were no adjusted errors or issues that needed to be brought to the attention of the Committee.</p> <p>SIRO Assurance Report</p> <p>The Committee received the SIRO report providing an update on the Trust's compliance with the legal framework in which it operates (Data Protection, Freedom of Information and Common Law Duty of Confidentiality).</p> <p>The Committee recognised the increasing demand on the services provided by the Information Governance Department and offered their support wherever it was needed.</p> <p>6 Month Progress Report – Clinical Audits</p> <p>The Committee received an update, from the Chair of the Quality Assurance Committee, on the status and progress of the Trust's Clinical Audit Programme.</p> <p>Losses and Write Offs – Q2</p> <p>The Audit Committee received the Q2 Losses and Write Offs Report which confirmed that 14 losses with a total value of £14,814 had been identified and processed. The total debts written off between 1st July and 30th September 2023 were £193,322 of which overseas debt totalled £179,227.</p> <p>Standing Financial Instruments Amendment</p> <p>The Audit Committee endorsed some minor changes to the Standing Financial Instruments.</p> <p>Procurement</p> <p><i>Waiver Report</i></p> <p>The Audit Committee noted the details of non-pay waiver requests for the period 1st August to 30th October 2023.</p> <p><i>Implications of the new procurement bill</i></p> <p>The Committee received a briefing on the new Procurement Act 2023 which would be replacing all existing procurement legislation and cover all aspects of public procurement, the only exception being the procurement of health and social care services which would be covered in the Health Care Services (Provider Selection Regime) Regulations 2023. The Committee noted that both would be operational during 2024.</p>
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	<p>The Committee was advised that the majority of the principles would remain but some of the processes would change. A project plan was being developed to ensure that the Trust could meet the obligations of the new legal framework.</p> <p>Corporate Risk Register</p> <p>The Committee reviewed the risks assigned to them under the Corporate Risk Register and some minor changes were discussed.</p>
Action	The Board is asked to NOTE the items of business considered by the Audit Committee at the November 2023 meeting.
Compliance	Trust Constitution and Audit Committee terms of reference.

Report Title	Charitable Funds Committee Summary Minutes
Meeting and Date	Public Board of Directors, Friday 12 th January 2024
Agenda Item	15b.
Author and Committee Chair	Dorota Underwood, Committee Officer John Weaver, Chair of the Charitable Funds Committee
Executive Summary	<p>The attached report briefs the Board on the items discussed at the Charitable Funds Committee meeting held on 20 November 2023.</p> <p>Charitable Funds Report and Charitable Funds Significant Income & Expenditure</p> <p>The Committee received the Charitable Funds Report which outlined the details of the individual charitable fund balances. The Committee noted:</p> <ul style="list-style-type: none"> • The Trust's capital work was complete and £560k was transferred from the Stroke Appeal; • Significant purchases included £64k and £84k from the Frimley Breast Appeal; • Fundraising events brought £150k net profit; • General funds total was £339k; • Funds classified as reserved reduced by £89k in Q2; • Other funds with significant value reduced by £580k in Q2. <p>The Committee discussed the Charity's future plans and forecasts.</p> <p>Treasury Management Report</p> <p>The Committee received the Treasury Management Report and noted that at the end of Q2, in total £3.5m was deposited with approved investment organisations.</p> <p>The Committee received further information on current rates of interest and the maturity dates of these deposits.</p> <p>Frimley Health Charity Annual Report and Accounts 2022/23</p> <p>The Committee was presented with the Frimley Health Charity Annual Report and Accounts 2022/23. The paper was for noting and the accounts required further approval by the Audit Committee and Charitable Trustees. The audit was carried out by KPMG and no significant control deficiencies had been identified.</p> <p>Subject to minor amendment, the Charitable Funds Committee RECOMMENDED that the Charitable Trustees approve and sign the Frimley Health Charity Annual Report and Accounts 2022/23.</p> <p>Charity Activity Report</p> <p>The Committee reviewed the Charity Activity Report and noted:</p>

	<ul style="list-style-type: none"> • The donations received and notifications of legacy funds to be allocated to the general fund. • Merchandise sales and general charity shop sales had accelerated over the last two months, particularly with the opening of the Wexham Park Hospital charity shop; • The Lenovo Corporate partnership was growing, and included support towards the Golden Christmas appeal and Run Frimley event; • A number of Art and Creative Health projects were completed; • An external company was re-employed to support the lottery canvassing; • A new CRM system would be implemented in the spring. <p>Budget Recommendation 2024/25</p> <p>The Committee discussed the 2024/25 forecast income, gap analysis, income/expenditure ratio, benchmarking and investment in resource. The Committee recommended that the Charitable Trustees approve the Budget 2024/25.</p> <p>Charity Revenue Gap Analysis</p> <p>The Committee was presented with the Charity Revenue Gap Analysis which detailed the income streams and projections, and the plans to address any shortfalls.</p> <p>Allocation of Charity Costs and Investment Income</p> <p>The Committee discussed the administrative charges to all funds and the distribution of investment income.</p>
Action	The Board is asked to NOTE the Charitable Funds Committee summary minutes from the November 2023 meeting.
Compliance	Committee Terms of Reference.

Report Title	Finance Investment Committee Summary Minutes
Meeting and Date	Public Board of Directors, 12 th January 2024
Agenda Item	15c.
Author and Executive Lead	Victoria Cooper, Acting Company Secretary John Weaver, Chair of Finance Investment Committee
Executive Summary	<p>This report briefs the Board on the items discussed at the Finance and Investment Committee meeting held on 22nd November 2023.</p> <p>Month 7 Finance Report The Committee received the month 7 Finance Report, which reported that income and expenditure was on plan. At month 7, the Trust was reporting an adjusted deficit of £4.3m in month which was £2.9m adverse against plan.</p> <p>Efficiency Update The Committee received an update on the Trust Efficiency Programme for 2023/24. The Trust remained on track to deliver £33m of efficiencies for 2023/24. As at Month 7 year to date, £19.2m of efficiencies had been delivered, which was £0.8m ahead of the year-to-date plan of £18.4m.</p> <p>ICB Financial Position The Committee noted the routine update on the ICB financial position.</p> <p>Operating Plan The Committee was presented with the 2024/25 annual business and operating planning paper which outlined the launch, process, and timeline.</p> <p>Winter Plan The Finance and Investment Committee received an update on the winter plan.</p> <p>Procurement KPIs The Committee received the Procurement KPI report which showed that the Model Hospital Metrics were being maintained or improved. The Committee was advised that the new Procurement Act 2023 and The Health</p>

	<p>Care Services (Provider Selection Regime) Regulations 2023 would be implemented in 2024.</p> <p>Corporate Risk Register – FIC items</p> <p>The Committee reviewed the risks assigned to them under the updated Corporate Risk Register (CRR) and agreed that no changes were required.</p>
Action	The Board is asked to NOTE the items of business considered by the Finance Investment Committee at the November 2023 meeting.
Compliance	Trust Constitution and Finance Investment Committee terms of reference.

Report Title	Quality Assurance Committee Summary Minutes
Meeting and Date	Public Board of Directors, Friday 12 th January 2024
Agenda Item	15d.
Author and Committee Chair	Mike O'Donovan, Chair of Quality Assurance Committee Hannah Farmhouse, Assistant Company Secretary
Executive Summary	<p>Patient Safety Q2</p> <p>The Committee received the Patient Safety Report for Q2 and the following key points were highlighted:</p> <ul style="list-style-type: none"> • The incident reporting profile decreased by 8% year on year; • There were 18 Serious Incidents reported, which was 12 less year on year; • Grade 3 and 4 hospital acquired pressure injuries and falls with moderate harm continued to decrease; • The sepsis improvement workstream was ongoing; • VTE risk assessment compliance required improvement and was being led by the Triumvirates for each directorate; • Weekly Quality walkabouts were reinstated; and • The new incident reporting system 'InPhase' would be launched mid-December. <p>The Committee was also presented with the Patient Safety Incident Response Framework (PSRIF) in final draft.</p> <p>There was discussion around the use of EPIC for VTE assessments and barriers for sepsis improvement workstreams, such as capacity in ED.</p> <p>Patient Experience Q2 incl. National Inpatient Survey</p> <p>The Committee received the Patient Experience Report for Q2 which summarised feedback data and the activity of the patient experience team. The report also highlighted the work of the steering groups and committees, including the Nutritional Steering Group, Organ Donation Committee and End of Life Steering Group.</p> <p>The Trust continued to receive a high number of contacts via PALS, by phone, email, in person and via the MyFrimleyHealth Record app. Work was ongoing on complaint response times and clearly to define processes and escalation.</p> <p>The National Inpatient Survey Results were released. The Trust benchmarked around average. Improvement plans would be developed and disseminated to wards.</p>

Infection Prevention Control

The Committee was presented with the Infection Prevention Control (IPC) report for Q2, and the following key points were highlighted:

- The Trust maintained one of the lowest rates of hospital onset Clostridioides difficile nationally;
- Management of the CPE outbreak at WPH led to a decrease in new cases;
- The Trust took part in the National Point Prevalence Survey, which would not have been possible without EPIC;
- The Trust was over-trajectory for all incidences of mandatory reportable healthcare-associated infections. Although it was one of the lowest reported rates nationally. Though E coli cases were an outlier; and
- Plans were in place to carry out a detailed review of antimicrobial stewardship performance.

Clinical Effectiveness and Clinical Quality Outcomes

The Committee received the Quality, Audit and Clinical Effectiveness update for Q2 and the following key points were highlighted:

- The Trust had consistently exceeded national targets for most key CQUINS;
- Harm levels reduced in Q1-Q2 for medications safety;
- 2 out of 6 of the quality account priorities were likely to be achieved in full. 2 priorities were likely to be partially met and 2 were unlikely to be met;
- Improvement work was still required in relation to some key national audit standards; and
- There were challenges implementing changes to medicines safety due to lack of capacity.

Maternity Update

The Committee was presented with the Maternity report which provided an update on maternity services in the Trust, as at the beginning of December 2023. The report specifically focussed on

- The progress of the Care Quality Commission (CQC) action plan;
- The progress of the CNST Assessment for year 5;
- Midwifery staffing; and
- The quality and safety report for Q2.

The Committee discussed the status of the actions on the maternity action plan. The Committee also reviewed peri-natal mortality across the sites. The topic would be discussed in depth at the next meeting when more data would be available.

Internal Audit Reports

The Committee was asked to note the action plans from the Mental Health Act Compliance and Directorate Governance Internal Audit reports.

Corporate Risk Register

The Committee noted the Corporate Risk Register from November 2023.

	<p>Mental Health Annual Report</p> <p>The Committee received the Mental Health Annual Report, which highlighted the work undertaken to maintain the safety of adults and children and young people presenting with mental health concerns. The volume of children and young people presenting had increased by 50%. There were also increases to homelessness and substance abuse.</p> <p>There was a discussion around 24/7 CAMHS onsite presence and equalisation of service on the Wexham and Frimley sites. Overall, it was a positive year for the team, with a particular focus on training and development of the Mental Health strategy and policy.</p> <p>There was discussion around equalisation across the sites.</p> <p>Research and Development Report</p> <p>The Committee was presented with the Frimley Health Foundation Trust Research and Development Annual Report 2022/2023. Research and development supported the recruitment of over 1,500 patients to research studies each year.</p> <p>Recent challenges included funding levels, staff recruitment and retention, as it had been a period of transition for the department. The department aimed to develop a 3 year strategy.</p> <p>The Committee discussed how the Trust benchmarked against other organisations of its size and it was acknowledged there was a lot of work to do to develop the department to reach its full potential. Increase in funding remained a key issue. The Committee also discussed staff engagement and working with the Frimley Health Charity.</p> <p>Legal Services Report</p> <p>The Committee received the Legal Services Annual Report which provided an overview of claims made against the Trust, the inquest profile and key learning. The following key points were highlighted:</p> <ul style="list-style-type: none"> • The Trust's reported number of claims for the second half of 22/23 had been above the national member type average but the first half of 23/24 was in line with the average; • Time to Resolution was below national average; • There were no Prevention of Future Death (PFD) reports in 22/23 to date; • A Band 4 member of staff had been recruited into the team; and • The Trust was in the process of tendering legal services.
Action	The Board is asked to NOTE the Quality Assurance Committee summary minutes from the December 2023 meeting.
Compliance	Committee Terms of Reference.