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Frimley Health **NHS**

NHS Foundation Trust

BOARD OF DIRECTORS
Meeting in Public

Friday, 1st September 2017, 11:40-14:20
Large Meeting Room, Forest Lodge, Heatherwood Hospital

A G E N D A

TIME	AGENDA ITEM		PAPER	ACTION	LEAD
11:40	1.	Welcome and Apologies for Absence		-	Chairman
	2.	Declarations of Interest	Oral	-	Chairman
	3.	Minutes of the Previous Public Board Meeting held on 7th July 2017	Attached	For Approval	Chairman
	4.	Action Log from Previous Meeting	Attached	To Action	Chairman
QUALITY					
11:45	5.	Ward to Board – Maternity Frimley Health	Attached/ Presentation	For Info	Head of Midwifery, Deputy Heads of Midwifery, Clinical Matrons and Chief of Service
12:15	6.	Chief Executive's Report • Quality & Performance Report	Attached Attached	For Assurance For Assurance	Chief Executive & Executive Directors
12:45	7.	Quality Improvement Plan	Attached	For Approval	Medical Director
12:50	8.	Quality Improvement Strategy 2017-2020	Attached	For Approval	Deputy Director Nursing and Quality
FINANCE & PERFORMANCE					
12:55	9.	Finance Report - month 4	Attached	For Assurance	Director of Finance & IM&T
13:05	10.	Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4	Attached	For Assurance	Directors of Operations
13:10	11.	Capital Investment Programme Update	Attached	To Note	Director of HR & Corporate Services
13:15	12.	Nurse Staffing Update	Attached	For Assurance	Deputy Directors Nursing and Quality
13:25	13.	Trust Recruitment Report	Attached	To Note	Director of HR & Corporate Services
GOVERNANCE & COMPLIANCE					
13:35	14.	Corporate Risk Assurance Framework	Attached	To Note	Chief Executive

13:40	**15.**	**Responsible Officer's Annual Report**	Attached	To Note	Medical Director
13:55	**16.**	**Board Sub-Committee Summaries & Recommendations**			
	16.1	**Commercial Development & Investment Committee – 13 July 2017**	Attached	To Note	Committee Chair
	16.2	**Performance & Remuneration Committee – 27 July 2017**	Attached	To Note	Committee Chair
	16.3	**Nominations Committee – 16 August 2017**	Attached	To Note	Chairman
OTHER BUSINESS					
14:00	**17.**	**Any Other Business**	Oral	-	All
14:05	**18.**	**Meeting Review**	Oral	-	All
14:10	**19.**	**Questions from Members of the Public**	-	-	
14:20	**20.**	**Date of Next Meeting;** Friday 6th October 2017 Lecture Theatre, PGMC, Wexham Park Hospital	-	-	

NB: An 'Acronym Buster' has been included at the end of the Public Board papers pack.

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Frimley Health **NHS**

NHS Foundation Trust

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BOARD OF DIRECTORS MEETING IN PUBLIC
Friday 7th July 2017, 11:40 to 14:45
Board Room, Frimley Park Hospital GU16 7UJ

MINUTES OF MEETING

Present:	Pradip Patel	(PP)	Chairman
	Mike O'Donovan	(MOD)	Non-Executive Director
	Rob Pike	(RP)	Non-Executive Director
	Thoreya Swage	(TS)	Non-Executive Director
	Mark Escolme	(ME)	Non-Executive Director
	Ray Long	(RL)	Non-Executive Director
	Andrew Morris	(AVM)	Chief Executive
	Alison Szewczyk	(AS)	Deputy Director of Nursing and Quality FPH
	Sally Brittain	(SB)	Deputy Director of Nursing and Quality WPH
	Tim Ho	(TH)	Medical Director
	Janet King	(JK)	Director of HR & Corporate Services
	Lisa Glynn	(LG)	Director of Operations WPH
	Martin Sykes	(MS)	Director of Finance and Strategy
In Attendance:	Deidre Carter	(DC)	Clinical Matron, G3
	Vera Wakatama	(VW)	Clinical Matron, F9 & F10
	Phillippa Dibley	(PD)	Acute and Respiratory Matron
	Holly Adams	(HA	Senior Sister
	Phillipa Hooton	(PH	Head of Nursing, Elderly and Medical Care
	Mena Vallance	(MV)	Head of Nursing, Emergency and Cardiovascular Medicine
	Becky Mutlow		Sister F9
	Maxi Jose	(MJ)	Sister F9
	Sam Bateman	(SB)	Ward Manager
	Romaine Westwood	(RW)	Ward Manager
	Abbie Lawal	(AL)	Ward Manager
	Susanne Nelson-Wehrmeyer	(SNW)	Company Secretary
	Kevin Jacob	(KJ)	Assistant Company Secretary
	Caroline Gayler	(CG)	Committee Administrator (minutes)

1.	Welcome, Introduction and Apologies for Absence	
a.	PP welcomed everyone to the meeting.	
b.	Apologies for absence were received from John Weaver, Dawn Kenson, and Helen Coe.	
c.	As this was MS's last board meeting, AVM celebrated MS's contribution to FPH and FH for the last 20 years including successes such as the new ED, day surgery unit, shared pathology model, the acquisition of HWP FT and many other achievements under Martin's leadership. Martin had been instrumental in helping the Trust achieve surpluses every single year and this money has been invested to create better services for our patients. AVM thanked Martin for all he had done for the Trust and commented that he would be missed. RP thanked MS on behalf of the Non-Executive directors (NEDs) for the support he had given them. MS thanked	

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	everyone for their kind comments saying he had a fantastic experience working at FPH & FH and it was a pleasure to be part of it.	
2.	**Declarations of Interest**	
	There were no declarations of interest.	
3.	**Minutes of the Previous Meeting**	
	The minutes of the Previous Board Meeting held in public on Friday 2nd June 2017 were approved as a correct record subject to the following:	
a.	8. e. JK advised the turnover figure of 8% to be achieved was solely for nurses and did not include admin, clerical and managerial staff.	
b.	11. c. JK advised the eight week consultation period was correct at time of going to print; however, this has now changed to 28 days.	
4.	**Action Log from the Previous Meeting**	
a.	PP thanked the Board as most actions have been completed. The remainder were in progress.	
b.	It was noted that one action, the implementation of the new IT system, was behind schedule. LG advised that there was no confirmed start date. Once a date has been confirmed the data migration will then take approximately seven months. PP advised that this action should be closed on the log as it is being monitored on the risk log on-going.	
5.	**Ward to Board**	
a.	**FPH Medical Wards: F9 (Gastro), G5 (Respiratory), G3 (Stroke) and F10 (Rheumatology)** PP advised that John Seymour and Sarah Casemore sent their apologies, as there was a misunderstanding on the start time for this session. Key points made in the presentation by DC, PH and were:	
b.	**F9 (Gastro)** • It had been a challenging time for the department, which had been working under huge amount of pressure. • The C.Diff rate has been low with staff working hard to reduce the rate. • Rates of falls with harm were low and patients at risk of falling had been moved to a middle bay which was quieter and had a higher nurse to patient ratio. The middle bay is also further from the exit which worked well. • Friends & Family Survey (F&F) response rate had been good – the F9 ward clerk had been instrumental in this. The number of comments highlighting the care and compassion shown by staff were high. Patients were allowed to walk up and down the ward in order to keep calm. There has been a noticeable improvement in patient satisfaction through an increase in thank you cards to the team. • A big challenge was noise at night. This mainly came from dementia patients or patients that were 'detoxing', but this is usually under control within 48 hours. This patient cohort created challenges itself; violence and aggression towards staff was high and therefore training had been given to address this which was being cascaded to everyone.	

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c.	• The budget was difficult to achieve as those suffering with anorexia required a RMN (Mental Health Nurse) which had resulted in an over spend, but the Ward was looking at how they can address this. • The refurbishment of F9 was still on the agenda; it was believed this would make a huge difference to storage especially of oxygen cylinders, which were sometimes thrown around. **G5 (Respiratory)** • Since September 2016 the ward had been divided into two teams and this has been successful. Investment in staff had helped retention and also helped with discharges. This had been achieved within the existing budget. • Training – learning passport is being piloted across medicine, to see if this works. This also assisted nurses with their revalidation. • A challenge facing the ward was that qualified nurses had been working long hours and not getting breaks. This has now been addressed and has made a substantial difference. The relationship with military staff has improved and staff were working together as a team. • The working environment had been challenging. Lighting has been improved following a £30,000 project and curtain rails that had been falling down have been addressed. The ward was on a very busy main corridor which meant that elderly patients have to cross a corridor to reach the toilets. The creation of a 'Relatives Room' was proposed, however funds were needed to achieve this. • Infection control – there had been one MRSA case and an action plan has been put in place and learning applied. There was also a C.Diff case but this had not been as a result of lapses in care. Quarterly infection control meeting attendance had been poor because of workload pressures, but audits have shown that there were improvements going forward. • One serious fall had occurred, but lessons have been learnt from the root cause analysis regarding manual handling. • Practice development – a new employee (working 15 hours a week) to solely focus on issues such as staff briefings, lunchtime learning, practice deficit etc. is hoped will make the difference. • Ward telephone was chaotic, leading to frustration for relatives' trying to get updates on their loved ones. This has been addressed by having a single point of contact, which was working well.
d.	**G3 (Stroke)** • The Stroke Unit was a 28 bed unit at Frimley Park Hospital with 10 monitored and 16 acute beds. It had been a challenging and busy year for the ward as transfers from the Royal Surrey Hospital had resulted in a 30% increase in workload. The ward has been chosen to be part of the next Frimley Health Charity Appeal on Stroke. It was an exciting time in order to develop the unit and address some of the key challenges it faced. • Friend and Family Survey results showed 100% of responders would recommend G3, something all the staff were very proud of. Patients were happy with the care received. Challenges were to improve the response rate for the survey. • The increase in number of admissions had resulted in a noisier environment but to mitigate this, monitors were put on silent, noisy patients moved to side rooms and patients offered ear plugs. • Infection control – there had been no MRSA or C.Diff cases and staff were proud of the wards 100% hand hygiene score. An infection control audit had indicated an overall score of 88% but the ward was aiming for 90%. • There had been three complaints regarding discharge so a coordinator had been employed to address this area. • There was a need to focus on suction and oxygen audits.

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e.	• Staffing was another challenge and the ward had a significant dependency on agency and bank staff which had an impact on the budget. Newly appointed staff members were adding expertise to a junior team. In the last 6 months there had been more starters than leavers. A business case has been submitted to increase staff numbers to meet national recommendations. • The working environment of the ward was a big challenge. In May 2017, the ward had not performed well against place assessment, but a plan was now in place. The "Jack & Jill bathroom" caused anxiety amongst staff and patients, but a capital bid has been made for this to be addressed with a partition. Notice board with photographs of the team would help friends and family identify relevant staff. **F10 (Rheumatology)** • First time as a single ward following the merger of two wards; the service had always shared previously. There were challenges with staff coming together from different locations with different ways of working, but these were being overcome. • Quality walkabout feedback undertaken recently indicated calm, well organized ward with nurses working tirelessly and professionally. • Feedback from patients had been good. One patient had advised that they have had the "best experience" as a result of nurses carrying out procedures when admitted directly. • The Friends and Family Survey results: 96% would recommend and 98% felt treated with respect and dignity. Two quotes praising staff; one was sent to the Chief Executive and the other from NHS Choices. Very encouraging for staff to hear this as they are so busy. Positive comments also helped with staff retention. • 100% of ward nurses had completed their revalidation. • There are weekly teaching sessions between doctors and nurses, every Wednesday for 30 minutes, which have really helped everyone but especially students. There are twice daily patient safety briefings to discuss matters. • A big challenge was staffing. Whilst retention was very good, there was a struggle with recruitment. An indication of this was that there have been no responses to recent advertisements, so the ward was having to rely on agency staff and covering shifts with bank staff. Despite the need to use agency and bank staff, the ward has managed to keep within budget. • There had been one serious incident on the ward. A grade two pressure ulcer had developed to grade three. The patient's family had requested a report which had identified that there were lots of contributory factors, not just care from staff and these have been picked up on as areas to improve. • Noise from other patients had been an issue, but eye masks and ear plugs were offered and more use has been made of side rooms. Families were encouraged to attend as they calmed some patients down.	
f.	At this stage PP opened up the discussion for comments and questions from the board.	
g.	MOD noted that that the ward dashboards indicated a number of red RAG ratings around patient involvement. VW indicated that it was acknowledged that there had been communications issues with patients because of changes to the team. It was also felt that the setup of F9 had not been conducive to continuation of patient care with changeover of consultants every two weeks, created some communications issues. On F10, a lot of patients had dementia and this could reflect badly in the friends and family survey. It was felt that families should be encouraged to come in to help improve communication.	

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h.	RP picked up that a key issue in FH's national in-patient survey was around communication, and he sought clarification as to whether the issue was one of reality or perception? If a patient with dementia was told something there was a concern that this information may not be remembered. To help with this, visiting was kept open longer on F10 to allow family involvement; there are boards above each bed with key information and contacts to keep family informed. AVM suggested a written care plan would also make a big difference and expected length of stay should be included in this pack of information. More work was required on this.	
i.	A relative's clinic was also suggested. There was a relative's clinic on the stroke unit as stroke patients tended to have a lot of cognitive impairment. The main difficulty appeared to be perception of what the impact of stroke will be and to help with this, families are kept up to date on a daily basis. A recent stroke patient family member was working with staff on the unit to help understand failings and had volunteered to help with the development of the stroke ward. It was good to have perspectives from both sides (staff and patient side).	
j.	AS asked what the significant factors were regarding the ward's success with staff retention. PH indicated that staff were encouraged to stay by having a number of measures in place such as internal promotions and there was also strong management at ward level. All of these things had been paramount to retaining staff. On G5 practice development has also helped; staff felt they have been invested in. Splitting of the ward into two, each headed up by band 7s, has helped the workload. Staff also felt they are being listened to.	
k.	PP summarised the contrast between surgery and medicine; surgery patients were generally in and out quite quickly, but the medical patient's needs could be very complex, as they were generally elderly, had multiple conditions, and sometimes had dementia as well. Stroke in particular was a life changing event, where literally overnight, the patient's life can change and it also has a massive impact on their family. This means that the medical wards are very demanding and it needed the staff to work hard 24/7. PP expressed his gratitude and that of the whole board, to all those that attended this session for their hard work, care, commitment and dedication to give their patients the very best care and experience. He asked this to be communicated to everyone else in the wards at their team meetings.	
l.	Deputy Heads of Nursing to consider capturing any retention ideas from the wards that might be applied across the whole organisation.	**SB/AS**
6.	**Chief Executive's Report & Quality and Performance Overview**	
a.	AVM presented the Chief Executive's and Quality & Performance report as set out in the Agenda highlighting the following key points in overview:-	
b.	• Performance for May had been strong and this has carried over into June. The Trust had achieved the 18 week, 6 week diagnostic wait and 62 day standard for cancer. • The four hour Emergency Department target of 90% had remained difficult to achieve as there had been some challenges at Wexham Park Hospital ED. Staffing was a particular concern as the number of vacancies at Wexham Park was beginning to increase. However, performance was still positive with 92% overall for the Trust. • At month 2, the Trust was £1.2 million behind plan which was disappointing. Achievement of end of year targets would be difficult and some Cost	

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	Improvement Schemes, (CIP) had fallen behind target.	
	• Following the Grenfell Tower tragedy NHS Chief Executive's had been asked at short notice to identify any serious risks relating to multi-storey in-patient accommodation. An initial risk assessment had been undertaken which has concluded there were no significant issues relating to the Trust's multi-storey in-patient accommodation, but the support of the relevant Fire Authorities will be required to sign off the final risk assessment. There were some concerns regarding the Tower Block at Wexham Park Hospital.	
	• The Frimley Health and Care STP had been chosen to be one of eight Accountable Care Systems, (ACS) to bring together local NHS organisations to deliver the care required in a coordinated way. For 2017/2018 funding of £10.3 million had been approved for the Frimley Accountable Care System. This comprised of:	
	• £3.4 million of uncommitted funding which would be used to fund key projects	
	• £3.6 million for General Practice Five Year Forward Plan initiatives	
	• £2.1 million for mental health bids	
	• £1.2 million for improvements to diabetes care.	
	• Current information on activity levels indicated a reduction in out-patient work for Frimley Park but still an increase at Wexham Park. Whilst overall this had a negative effect on the Trust's income it was felt there would be enough work coming into the Trust to balance the books. From an Accountable Care System perspective, this indicated that GP initiatives to reduce demand were starting to have an impact and there had been a reduction in emergencies.	
	• AVM indicated that he and JK would be meeting with planning officers from the Royal Borough of Windsor and Maidenhead to discuss the redevelopment of Heatherwood Hospital, as the feeling was that the planning application would not be recommended for approval.	
	• There was concern that we may not secure the capital money for the Heatherwood scheme at a national level, as it had now been estimated that the Government might need to find £0.5 billion for additional fire safety/precautions in the wake of the Grenfell Tower tragedy. Heatherwood staff have been encouraged to go onto the Royal Borough of Windsor and Maidenhead's planning website to make comments in support of the scheme. If the scheme was not approved then Heatherwood's future was uncertain.	
c.	TS referred to the £3.4 million of uncommitted funding that was to be made available for the Frimley ACS and queried if there were proposals for what this would be spent on. AVM responded that there were seven work streams being developed as part of the ACS/STP and the money would be used to facilitate and support each of these projects including the development of GP Hubs in the north of the Trust's catchment, Integrated Care Teams, mental health initiatives and recruitment and retention initiatives. Once these work streams had been signed off they would be brought back to each of the partner's boards within the ACS. It was expected that the Frimley board would consider a paper on the subject at a future meeting.	
d.	RL referred to the Memorandum of Understanding between the different partners within the ACS and the need for each individual partner to be able to set aside their own local interests in favour of the need of the ACS overall. He questioned whether this was something that was already well understood or if there was still some way to go on such an understanding within the ACS. AVM responded that he felt that the Frimley ACS was in a good place. There had been a productive session on how the different partners involved could work together the previous week, but it was recognised that the realisation of the ACS and its objectives would be challenging for all of the partner organisations.	

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e.	RL asked about cost savings as part of the ACS. AVM indicated that NHS England had agreed to fund work by Chris Ham, CEO of the King's Fund, on this issue which would be shared with other ACSs nationally through appropriate networks. Whilst there remained work to do, a system wide control total needed to be agreed by the boards of all partners within the ACS. Whilst the control total would be in shadow form for the first year, but it would be a hard control total thereafter. To aid with this task it had already been agreed to share relevant financial information between the partners. The Board was asked to **note** the report including the Quality and Performance Report and Quarterly Board objectives.	
7.	**Quality Improvement Plan, (QIP)**	
a.	TH introduced the Quality Improvement Plan for June 2017 as set out in the Agenda. The following points were highlighted: • Progress in medical staffing. Five paediatrician vacancies had been filled with good candidates. • EDMS rollout had progressed to the 2nd Cluster with some teething problems occurring and consultant dialogue continuing. • The additional CT scanner at Wexham Park was now on-line. • Statutory and Mandatory Training – to review TNA, Safeguarding and Dementia with a move to monthly reporting of compliance and service training. • Emergency Activity Pressure. There had been improvements in how to manage activity to A&E. • Cancer Pathways. Nationally Frimley Health was an exemplar. Procurement of video conferencing facilities to assist in the pathway was moving to the tendering stage. The Board **noted** the report.	
8.	**Quarterly Report from Frimley Health Infection and Prevention and Control Teams** *(originally agenda item 11)*	
a.	TH introduced the Quarterly Report from the Frimley Health Infection and Prevention and Control Teams as set out in the Agenda. The following points were highlighted: • There had been nine clostridium difficile infections, (C.Diff) and one MRSA infections in the quarter; none were as a result of lapses in care. • Some metrics were being monitored but no formal targets were being set for them. • Although no objective had been set on the number of E-Coli cases, they were being apportioned to the Trust and relevant Clinical Commissioning Group. There had been 25 Trust-apportioned cases to date. Four of the 18 cases at Frimley Park Hospital were related to urinary catheters and actions were being developed within the Trust on how to manage urinary catheters going forward and reduce the number of E-Coli cases overall. • There were mixed messages around use of antibiotics; however, the use of complex antibiotics had decreased. A greater focus on what should be used was now needed. • Hand hygiene audits showed compliance at Frimley Park Hospital at 94% down from 95%. Compliance had increased at Wexham Park Hospital from 77% in Jan	

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	to 86% in Mar.
	• Members of the Infection Prevention and Control Team did attend meetings in respect of the Trust's on-going capital building projects, although the number of such meetings was placing a demand on the Team. Recommendations around Infection Control were made and these were thoroughly considered, but it was not always possible for these to be implemented given the particular circumstances and practicalities of each project.
b.	PP referred to some of the practical issues that arose around the space needed between beds and how it was not always possible to meet the absolute highest infection standard, as there was a need to strike the right balance between competing priorities. Staff working on a ward would push back on decision if it did not work for them and meet their operational requirements.
	The Board **noted** the report.
8.	**Quality Discussion**
a.	PP introduced the item commenting that it was the first of what was intended to be a series of longer discussion time for a particular theme. The discussions would take place on a quarterly basis and would allow the relevant Executive Directors and Non-Executive Chairs of the Board Sub-Committees to bring items to the attention of the wider Board. The current discussion was around quality and it was intended that the next discussion in September would focus upon Finance.

b.	MOD, TH, AS and SB highlighted the following key points by way of introduction:
	
	• At its meeting in June the Quality Assurance Committee, (QAC) had considered information on the Trusts Quality Improvement Priorities for 2017/2018 which were:
	   o Identification and Management of the Deteriorating Patient
	   o Mental Health
	   o Discharge Planning
	• The Committee had learnt what was working in terms of achieving the priorities and where the challenges were.
	• The Committee had also been briefed on how learnings coming out of Serious Incidents, (SIs) were embedded throughout the organisation.
	• The themes covered by the Trust's Quality Improvement Priorities were relevant to all NHS organisations.

c.	Identification and Management of the Deteriorating Patient • Identification and management of the deteriorating patient had been a significant concern, particularly on the Wexham Park site. • Whilst there were still some instances of deteriorating patients not being picked up quickly enough, lots of work had been undertaken to improve the position. • A new lead nurse has been appointed to drive forward improvement relating to the deteriorating patients. • Relevant consultants were now available Monday to Friday, 08:00 to 18:00 and there were out of hours Registrar arrangements 24/7. • The robustness of the service and escalation arrangements had been enhanced since the introduction of the National Early Warning Score, (NEWS) system at Wexham Park eight months ago. • The national average for the rate of cardiac arrests in hospital was 1.5 per 1,000 admissions and the Frimley Health average was 1.2 per 1,000 admissions.

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	• A clinical audit following the introduction of NEWS had determined that 92% of scores had been accurate. Whilst there had been 12 instances were patients' condition had not been escalated 8 had been escalated to their own teams and the remaining 4 patients suffered no harm.Areas for future improvement included the way in which the refusal by patients to allow observations to be undertaken were recorded. • Whilst the introduction of the NEWS system had involved a relatively small change at Frimley Park Hospital, it had been a more significant change at Wexham Park Hospital. The challenges that remained tended to be related to individual areas rather than systemic in nature.	
d.	Mental Health • Mental health was a major issue and one of the most difficult challenges faced by the NHS. • Child and Adolescent Mental Health Services, (CAMHS) were seeing significant increases in the number of teenagers needing help, but also from very young patients under 11 years old needing help. • The Trust has been successful in raising the profile of mental health issues within the organisation but it remained a key challenge. An example of improvement was greater partnership and collaborative working. • Front line staff were an area of key focus so that they could support patients with challenging behaviour better and gaps in provision were being investigated. It was recognised that out of hours and weekend mental health provision could be improved and the Trust was working with colleagues from Broadmoor Hospital to achieve this. • A training video for staff on mental health issues was in the process of being developed.	
e.	Patient Discharge • The patient discharge process was not streamlined and remained clunky. This was an area for improvement, but it needed to be recognised that management of discharge was not straightforward especially with elderly patients. • Better communication and engagement with patients and carers prior to discharge was required given the complex range of needs many patients had. This required thinking ahead by considering issues such as transport, occupational therapy, physiotherapy and liaison with nursing homes. • Prescription arrangements for TTO medicines given to patients on discharge needed to improve in order to reduce delays.	
f.	Response to Serious Incidents Requiring Investigation (SIRIs) • The Trust had a robust process in place for the review of serious incidents when they occurred, so that lessons could be learnt locally and within the wider NHS. • Formal follow up meetings were held to discuss any actions arising from an incident.	
g.	PP indicated that he had been very encouraged with the progress that has been made and the work that was being done to drive quality and invited the Board to ask questions.	
h.	MS asked how performance in respect of improvements in the way the Trust dealt with mental health might be measured. It was noted that there was some	

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	Copelands Risk Adjusted Barometer, (CRAB) data on the subject, but it might be possible to develop some metrics relating to mental health, for example around number of mental health referrals.	
i.	RL highlighted that mental health Quality Improvement Plan actions were related to patients who had been sectioned or detained. There was more to be done around ways to monitor and support staff in how they dealt with less severe cases to make sure this was appropriate. TH referred to alcohol management concern around addiction, which is a big issue in mental health. There had been mention in the media recently about mental health issues being missed and not escalated by mainstream NHS staff. There was a focus on training staff to recognise mental health issues.	
j.	AVM referred to the mental health liaison service that was going into Wexham Park Hospital in the near future.	
k.	RP referred to the process known as 'black box' whereby the aviation industry learned from mistakes and that in contrast to aviation, the NHS had a poor record of embedding learning. AS responded that within the Trust there was a more formalised system for embedding learning from serious incidents compared to three years ago. Actions were examined to see if they were correct at the time and then again in the future. Learning from other Trusts, such as Oxford University Hospitals was also taken aboard.	
l.	Following the discussion, MOD asked the Board for feedback on how the session was run, given it was the first of its kind. AVM commented that there was a need to convey the key metrics that applied. MOD commented that in retrospect, a key learning was not to attempt to cover too broad a range of subjects, but it may be better to focus on the real areas of concern.	
9.	**Finance Report - Month 2**	
a.	MS reported on the Month 2 finance report as set out in the Agenda and highlighted the following key points:	
b.	• Month 2 showed a pre Strategic Transformation Fund (STF) deficit of £300,000 which was £1.2 million behind the Trust's financial plan. • Clinical Income was lower than plan by £1.7 million due in large part to a drop in drugs income, (offset in costs) and as a consequence of Easter being in April. It was expected that income would recover over the course of financial year. • Costs were higher than expected due to Cost Improvement Plan, (CIP) underperformance at 81% for the year to date, but every effort was being made to bring delivery back to 90% • Costs pressures were particularly significant in medical staffing, estates and IT. • Control of Agency spending was continuing to go well. • Cash was above plan at £83.6 million. The Board **noted** the report.	
10.	**Cost Improvement Programme 2017/18**	
a.	LG presented the Cost Improvement Programme, (CIP) 2017/2018 summary as set out on the Agenda and highlighted the following points:	

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	• The Trust's combined CIP and synergy target for 2017/2018 was £30.5 million
	 • Delivery of the CIP had been 72% of the monthly plan in month 1 and had risen to 89.7% in month 2. The represented £2.16 million against the plan target of £2.41 million, an adverse variance of -£247,000.
	 • The programme had been examined to identify areas of risk to delivery.
	 • The level of risk to the programme was estimated to be £1.5-£2 million.
	 • Under delivery in month 2 had arisen across a range of schemes including:
	     o Berkshire Surrey Pathology Service
	     o Theatre schemes with a possible need for external support
	 • There was on-going engagement across the organisation to improve efficiency
	 • An update on month 2 CIP performance had been considered by the Finance Assurance Committee, (FAC) at its meeting in June and discussion had included areas of the programme that were struggling to achieve plan.
	 • There had been no change to forecasted delivery at 90% of the savings programme, leaving a shortfall of £3 million.

b.	MOD referred to theatre utilisation performance which remained static and asked how the Trust's performance compared to other Trusts. LG indicated that more information on benchmarking will be provided in the next report. The Trust had recently taken part in a national theatre utilisation survey run by Deloitte.
c.	JK asked if the Trust was obligated to cover the gap in any Ministry of Defence, (MOD) schemes or whether it came off the Trust's cap. MS responded that his understanding was that MOD schemes were included. The Board **noted** the report.
11.	**Quarterly Report from Frimley Health Infection Prevention and Control Teams**
	Please see item number 8 for details.
12.	**Corporate Risk Assurance Framework**
a.	PP indicated that the report was self-explanatory and it was felt that no further discussion was required on this occasion. The Board **noted** the report.
13.	**Review In-patient survey and action plan-update**
a.	SB introduced the report on the National Adult In-patient Survey that was carried out in 2016, together with the action plan as set out in the Agenda. The following key points were summarised: • The Trust's performance relating to patient experience was monitored on a bimonthly basis by the Patient Experience Forum with changes being led by directorates making improvements directly to front line care. • The report detailed performance against the National Adult In-patient Survey for 2016 and changes in practice as part of the patient experience overview. • The Trust's rating in the 2016 survey had been 'about the same' in all areas when compared to the majority of other Trusts in England. • In order for the Trust to better understand the results of the survey a further 1250 patients had been surveyed and based on this directorates had developed local action plans to improve performance. Since last July focussed work had been taking place.

The "b." row action column contains: **LG**

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	• Themes for improvement had included arrangements for discharge from hospital, communication and consent. • Patients treated by the Trust in July 2017 would be surveyed in September 2017 for the 2017 National In-patient Survey. • It was felt that there was a need for the Trust to have more timely and regular patient experience feedback in order that concerns could be identified more quickly and addressed as a result. • It was proposed that the Trust's survey provider be used to undertake a quarterly patient experience survey of 500 patients post discharge using the national survey questions that research had identified as most relevant to patients in improving their care. The cost was estimated to be £4,000 plus VAT per annum.		
b.	PP indicated that he endorsed the principle of the new survey, but that the formal approval should be made by an Executive Director outside of the Board meeting.	SB	
c.	RP suggested adding clocks for waiting times as peoples' perceptions could be skewed when they said they have been waiting a 'long time'. SB acknowledged this and commented that the aim of the surveys would be to identify what the Trust needed to do in order to achieve an outstanding level of patient experience.		
d.	MOD referred to the number of questions in the national survey as being around 70 which he felt was quite high. He asked if the number of questions in the Trust's survey would be significantly lower than the national survey. SB indicated that she would double check the number of questions.	SB	
e.	TH referred to the time period between a patient being discharged and being asked to complete a survey and how this might affect the perception of their experience. He asked if the Trust's survey would be sent to patients immediately after discharge or after a shorter period of time. SB indicated that it would be necessary to wait for a period of time before sending the survey.		
	The Board **noted** the report and that a decision on the proposal to conduct additional patient surveys would be taken outside of the meeting.		
14.	**Complaints Annual Report**		
a.	SB presented the Complaints and Patient Advice and Liaison Service, (PALS) Annual Report 2016/2017 as set out in the Agenda. The report detailed performance against key indicators and changes in practice related to complaints and PALS feedback as one part of the patient experience overview. Highlights were as follows: • The Trust received a total of 920 formal complaints in 2016/2017 compared to 765 in 2015/2016, an increase of 155 complaints. • Whilst receipt of any complaints was to be regretted, the level of complaints also had to be regarded in the context of the huge level of activity the Trust undertook each year. The Trust remained within the target set in 2016/2017 of 0.07 complaints per 100 patient contacts. • Activity in PALS services had increased across the Trust particularly at Frimley Park Hospital. • Turnover in the complaints team at Wexham Park Hospital had been a significant issue and there had been vacancies for both Complaints and PALS staff on both sites. • Response times to complaints had unfortunately dipped, but actions were in place to improve performance to meet the 25 day response time.		

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	• Two complaints had been escalated to the Parliamentary and Health Service Ombudsman originating from Wexham Park Hospital.
b.	RP commented that the paper had not included an explanation why Frimley Park Hospital had experienced a higher number of complaints than Wexham Park Hospital.
c.	AVM questioned whether staff at Frimley Park might be referring patients to PALS or the complaints team more than staff at Wexham who might be more inclined to seek to deal with any concerns 'on the deck'.
d.	JK expressed concern that some Frimley Park managers might have been inclined to abdicate their responsibility to resolve concerns themselves by sending patients to PALS.
e.	AS responded that the report identified issues around out-patients not knowing what was happening with their appointments. AVM commented there was a need for out-patient booking teams to be on the case in terms of advising patients of any cancellation including reasons and in rearranging appointments. It was an issue that had to be resolved and he suggested the introduction of 'fire breaks' or pauses in booked consultant activity to allow space for rearranged out-patient appointments to be accommodated.
f.	LG commented that that it was interesting to see the feedback from GPs.
g.	PP concluded the discussion by commenting that patient issues or concerns were in the majority of cases best dealt with on the ward or 'shop floor' level initially and only as a last resort should be escalated to PALS. If the Trust got this right, there would be no need for the patient to complain in writing. If there was a written complaint it was very important that it was dealt with effectively and efficiently. He commented that that it was pleasing to hear about the work being done to improve things and the focus on this should be relentless as the only reason we are here is to give our patients great care and experience. The Board **noted** the report and actions and **agreed** the performance trajectory as set out.
15.	**Compliance Summary Report for Service and Employment Equality**
a.	JK presented the Compliance Summary Report for Service and Employment Equality as set out in the Agenda. The report summarised the Trust's performance in complying with the requirements of the Public Sector Equality Duty through progressing the Equality Objectives 2015-2019. Points highlighted by JK were:
b.	• The Trust was complying with its equality duties and was two years into the five year plan. • On progress towards service equality objectives, one of the points to note included the creation of a new service for cancer buddies which had attracted many Nepali translator volunteers and the magnification of patient information sheets for the visually impaired. In Slough, engagement events had been held for the Roma community to educate on how to access ante natal screening. • On progress towards Employment Equality, the highest proportion of staff leaving the Trust were in the 20-29 age category. Whilst this age range was the group most likely to be promoted, further work was needed to explore the reasons for the rate of turnover more fully.

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	- An on-going issue identified by the staff survey was that staff from Black, Minority and Ethnic background had a perception of less career progression for bands 7 and above. - Staff with disabilities were the most dissatisfied group in the staff survey and it was recognised that as an employer there was an obligation on the Trust to make any work adjustments where it was cost effective to do so. - The Trust had been proactive in employing staff with learning disabilities and JK paid tribute to Mark Lepine-Williams, Assistant Hotel Services Manager, for his efforts in this area. - The Trust had not been successful to date in seeking to bring BME and LGBT networks together and this was recognised as an on-going challenge. - The employment gender mix of the Trust staff had improved from a percentage ratio of 85:15 (female: male) to approximately 79:21 in the most recent statistics. - There was a legal obligation to publish the survey at 'forensic' level with gender details from level 1 to board, including bank staff. - A high proportion of staff did not wish to disclose biographical details. Other organisations now asked more questions around sexual orientation whereas Frimley Health asked at the top level only.	
c.	MOD pointed out that that the report appeared to indicate that it was perceived that the Trust was not willing to accommodate the needs of disabled staff enough for example by not making more physical adjustments. JK responded that there were issues with the Trust's physical estate, for example the ramp to the Admin Block at Frimley Park Hospital was not DDA compliant.	
d.	It could be difficult to employ staff in certain areas of the hospital adding weight to the perception that not enough was been done for disabled staff. External organisations were brought in to help mediate in situations like that and sometimes funding was available to make changes. PP highlighted that some issues were not possible to address, but where the Trust could it must address them.	
e.	The Board **noted** the report and proposed recommendations in line with the Trust's Equality Objectives 2015-2019, the Workplace Equality Standard and a review of the Trust's 2016/2017 compliance reporting for equality.	
16.	**Occupational Health and Safety Annual Report**	
a.	JK introduced a report giving a summary of work undertaken by the Trust's Occupational Health and Safety Department for the 2016/2017 financial year as set out in the Agenda.	
	In presenting the report, JK highlighted that:	
b.	- There were no outstanding issues for the Board to consider, but any work outstanding from the previous financial year had been included in the 2017/2018 plan. - The Trust was fortunate to have its occupational health and safety work led by Ian Wilson, a former health and safety advisor. - One disappointment was that it had not been possible to achieve the CQUIN standard of 75% of front line staff having received the flu vaccine and it was felt the target was unachievable. However, some 3,500 frontline staff and an additional 300 non-front line staff had been vaccinated, a total of 38%. - Although some other trusts had met the flu vaccine target, the Trust had been	

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	very diligent in ensuring all members of staff, (including bank staff) had been included in the calculation. Work was also on-going to dispel a number of misconceptions regarding the vaccine. • Occupational Health workload had increased with over 1200 referrals. • NHS Protect had been disbanded. • Security had been moved back in house on the Wexham Park and Heatherwood sites resulting in a cost saving. • Recent sessions on anti-terrorism had been very well attended. • Following the Grenfell Tower fire a full site assessment had been undertaken at short notice which had not indicated any significant concerns.
c.	PP commented that the report set out the pertinent issues very clearly and thanked the occupational health team for the enormity of work they do throughout the year. He asked JK to pass on the boards thanks to the whole team as occupational health and safety was mission critical. The Board **noted** the report.
17.	**Board Sub-Committee Summaries & Recommendations**
a.	**17.1 Audit Committee Part 2 - 25th May 2017** In the absence of the Audit Committee Chairman the report was noted.
b.	**17.2 Quality Assurance Committee - 16th June 2017** MOD commented that discussion of the Draft Clinical Audit Plan had been a key focus for the meeting along with a draft of the proposed Clinical Improvement Strategy. The Committee felt that the draft Clinical Audit Plan was a good quality plan that reflected the Trust's quality improvement priorities, but did provide challenge around the volume of proposed clinical audits. With regard to the draft Quality Improvement Strategy the Committee had made comments and it would be brought to the board for a fuller discussion given its importance.
c.	**17.3 Finance Assurance Committee - 23rd June 2017** RP referred to the written summary set out in the Agenda. The Committee had looked at finance strategy and business planning, income and contracts management, transformation and efficiency and procurement.
d.	RP highlighted that the procurement team had reviewed costs following a *Daily Mail* article about over spending in the NHS. It was to be noted that FHFT spent less than the lowest price paid mentioned in the article.
e.	**17.4 Commercial Development & Investment Committee - 23rd June 2017** ME highlighted that the meeting had focussed upon the interim business case for the Heatherwood Hospital redevelopment and further work on the projects financials was to be undertaken. Issues around planning had also been discussed. The Committee had also approved roof replacement works at Wexham Park Hospital at a value of £890,000.
f.	**17.5 Charitable Funds Committee 28 June 2017** MOD advised that fundraising has been very successful. The Stroke Appeal at Frimley Park Hospital and Children's Critical Care Appeal at Wexham Park Hospital were going well. It was brought to the board's attention that a new regulation about running a charity, to be introduced in 2018, highlighted how the public should be approached with regards to fundraising. Work was on-going to meet the new requirements.

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18.	**Any Other Business**	
a.	No other business was noted.	
19.	**Meeting Review**	
	This item was not discussed.	
20.	**Questions from Members of the Public**	
a.	**HEATHERWOOD HOSPITAL** A member of the public commented on the difficulties with the Heatherwood development plans and that it was disappointing to learn that the local authority was still raising issues. The Board was asked, what would happen in the event that the planning application for the hospital was turned down by the Royal Borough of Windsor and Maidenhead?	
b.	AVM advised that if the planning application was turned down the Trust could not go ahead with development at all. JK commented that as soon as the Trust had a definite date for the consideration of the application by the local planning authority this would be publicised and the public and staff encouraged to make the case to the local planning authority of how important it was to have a good hospital in the local community.	
c.	PP concluded that the Trust had not given up on the proposal despite the planning process being a painful journey; however, if the decision was declined then it was highly likely that there would not be a hospital at Heatherwood in the future.	
21.	**Date of the Next Meeting**	
a.	Friday, 1st September 2017, 11:40-14:30 Large Meeting Room, Forest Lodge, Heatherwood Hospital, London Road, Ascot SL5 8AA	
b.	It was noted that there would be no public board meeting in August.	

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

Name:	Pradip Patel
Signature:	
Date:	

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Tab 4 Action Log from Previous Meeting

BOARD OF DIRECTORS MEETING – PUBLIC
1st September 2017

ACTION LOG

AGREED ACTION	LEAD	END DATE
ACTIONS COMPLETE		
5 May 2017 – 10.b Corporate Risk Assurance Framework (RAF) Date to be confirmed for implementation of new IT systems in Heatherwood (PACS/RIS)	Lisa Glynn	Moved to Risk Log
7th July 2017 – 13.b Review In-patient survey and action plan-update PP indicated that he endorsed the principle of the new survey (500 patients quarterly), but that the formal approval should be made by an Executive Director outside of the Board meeting.	Sally Brittain	1st September 2017 Completed
7th July 2017 – 13.d Review In-patient survey and action plan-update MOD referred to the number of questions in the national survey as being around 70 which he felt was quite high. He asked if the number of questions in the Trust's survey would be significantly lower than the national survey. SB indicated that she would double check the number of questions.	Sally Brittain	1st September 2017 Completed
ACTIONS IN PROGRESS		
5 May 2017 – 4.d Action Log from Previous Meeting IT Strategy to come back to the Board – confirm a date. Update: IT Strategy to be on the 22 September Board of Directors Strategy Session	Martin Sykes	22nd September 2017
5th May 2017 – 9.d Cost Improvement Programme Learning review on the 2016/17 CIP to be undertaken by the Finance Assurance Committee	Helen Coe/Lisa Glynn Rob Pike	TBC
3 March 2017 – 11.c Board Sub-Committee Terms of Reference Board Sub-Committee Terms of Reference to be amended and brought back to the Board.	Susanne Nelson-Wehrmeyer	3rd November 2017
7th July 2017 – 5.k Ward to Board Deputy Heads of Nursing to consider capturing any retention ideas from the wards that might be applied across the whole organisation.	Sally Brittain, Alison Szewczyk	1st September 2017
7th July 2017 – 10.b Cost Improvement Programme 2017/18 MOD referred to theatre utilisation performance which remained static and asked how the Trust's performance compared to other Trusts. LG indicated that more information on benchmarking will be provided in the next report. The Trust had recently taken part in a national theatre utilisation survey run by Deloitte.	Lisa Glynn	1st September 2017
ACTIONS OVERDUE		

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Tab 5 Ward to Board – Maternity Frimley Health

Committed To Excellence | **Working Together** | **Facing The Future**

Frimley Health NHS
NHS Foundation Trust

Report Title	Ward to Board Report FHFT Maternity and Gynaecology
Meeting	Board of Directors – Public
Meeting Date	Friday, September 1st, 2017
Agenda No.	5
Report Type	Presentation
Prepared By	V Gentry, J Wyeth and A Walker (Infection Control) J Murdoch (Pharmacy) – Antibiotic audit data Facilties Dept – Cleaning scores
Presented By	Chief of Service: Alison Kirkpatrick Head of Midwifery: Emma Luhr Deputy Heads of Midwifery; Andrea Anderson & Karen Jones Clinical Matrons: Monica Warren, Danielle Perkins, Karen Plews, Debbie Wilde, Fiona Walton, Alison Welch
Background	The Health and Social Care Act 2008 (Code of Practice on the Prevention and Control of infections and related guidance July 2015) states that NHS provider organisations must demonstrate that infection prevention and cleanliness are an integral part of quality assurance. Please find the report to the Board by Chief of Service and Clinical Matrons for FHFT Maternity and Gynaecology wards NB this report is presented in conjunction with the performance data provided by the Maternity Department
Issues / Actions	Areas of the Infection Control Section are RAG rated for information
Recommendation	Board members are asked to discuss and note this report
Appendices	NA

Tab 5 Ward to Board – Maternity Frimley Health

Committed To Excellence | Working Together | Facing The Future

Frimley Health NHS
NHS Foundation Trust

Wards ⟶	FPH Mat A&B & TCU	FPH Labour ward/Mulberry Unit	FPH Ward 15 (gynae/EPU)	WPH Labour Ward	WPH Ward 21	WPH Ward 22	WPH Ward 20 (Gynae)
MRSA bacteraemia for year	0	0	0	0	0	0	0
Date of most recent *Clostridium difficile* Infection case	16/7/2010	N/A	19/6/2016 Not clinically significant	N/A	N/A	N/A	N/A

	FPH Mat A&B & TCU	FPH Labour ward/Mulberry Unit	FPH Ward 15 (gynae/EPU)	WPH Labour Ward	WPH Ward 21	WPH Ward 22	WPH Ward 20 (Gynae)
Most recent Hand Hygiene Audit Score (audits done by IC Team)	100%	NA	96%	NA	85%	80%	90%
Spot check audit of alcohol hand sanitizer availability (July 2017)	100%	100%	100%	100%	100%	84%	90%
Infection Control link rep attendance at quarterly forum (last 4 meetings)	Attended 1/4 meetings		Attended 4/4 meetings	Attended 3/4 meetings			Attended 2/4 meetings
Clinical Consultant Lead attendance at monthly HICC (Last 6 meetings)	Attended 2/6 meetings			Attended 0/6 meetings			
Consultants training at Annual Infection Control Training	84% (MAST shows 60%)			70%			

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Tab 5 Ward to Board – Maternity Frimley Health

Frimley Health NHS

NHS Foundation Trust

Cleanliness monitoring data obtained from Facilities Dept.

Wards ➝	Mat A&B & TCU	Labour ward/Mulberry Unit	Ward 15 (gynae/EPU)	WPH Labour Ward	WPH Ward 21	WPH Ward 22	WPH Ward 20 (Gynae)
National Standards for Cleanliness score (July)	<u>Mat A</u> 89.4% <u>Mat B</u> 87.2%)	<u>Mulberry</u> 97.9.% <u>Labour Ward</u> 89.4%	100% (HK) 100% (Nursing)	91%	95%	95%	98%

Antibiotic Audits obtained from Pharmacy Dept:

Wards ➝	Mat A&B & TCU	Labour ward/Mulberry Unit	Ward 15 (gynae/EPU)	WPH Labour Ward	WPH Ward 21	WPH Ward 22	WPH Ward 20 (Gynae)
Was Stop/review date documented on the prescription? (July 17)	57%			Not available			
Was the correct Indication specified on chart?	100%						
Is the prescribing compliant with antibiotic guidelines?	100%						

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Tab 6 Chief Executive's Report

Committed To Excellence | Working Together | Facing The Future

Frimley Health NHS
NHS Foundation Trust

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Report Title	**Chief Executive's Report**
Meeting	Board of Directors - Public
Meeting Date	Friday 1ST September 2017
Agenda No.	
Report Type	To Note
Prepared By	Andrew Morris, Chief Executive Officer
Executive Lead	Andrew Morris, Chief Executive Officer
Performance Overview	Performance against key targets for July continues to be consistent with delivery on 18 weeks, 6 week diagnostics and 62 day cancer treatment standards. On the 4 hr standard the Trust delivered 91.5% for July but since the junior doctor changeover in early August performance has been at around 90% which is a concern and puts at risk the STF funding element for ED performance for Q2. The Trust can earn up to £6m if it continues to deliver above plan and achieves other milestones e.g. secures sign off of the winter delivery plan and implements GP streaming. The Trust needs to better last year's performance of 91.4% for the quarter ending on 30th Sept. The high number of ED breaches particularly on the Wexham site continues to be concern but there have been gaps in the medical rotas on occasions which has resulted in long delays particularly at night and weekends. The medical staffing levels should improve following 12 job offers to doctors at middle grade level which should stabilise the position. On Cancer considerable progress has been made to treat patients faster and virtually all tumour sites are showing compliance with the 62 day standard which is fantastic news and demonstrates the commitment of the clinicians to fast track patients. There's a wealth of evidence to support that fast tracking patients achieves better outcomes. The incidence of Cdiff is a slight concern with 15 in total at the middle of August against a tough target of 31. The control of infection team is concerned about the poor hand hygiene compliance and have stepped up the audits of poorly performing areas with a wider campaign on this coupled with compliance with the antibiotic guidelines. Also compliance with the sepsis bundle needs further action as compliance has fallen to the mid 60s%. Nurse staffing on the Wexham site is a growing concern with vacancy rates of around 22%. While the position will improve in September with the recruitment of over 30

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Tab 6 Chief Executive's Report

	student nurses there is a heavy reliance on agency and bank staff to cover shifts. Brexit is having an adverse impact on recruitment from overseas and the local pool of nurses is just not big enough. There may be a possibility of using a small number of MoD nurses assigned to the MDHU to help staff high acuity areas at Wexham which would be of significant benefit to the Trust.
Finance	July has been a disappointing month with a continued underlying deficit run rate. The position at month 4 is a deficit of £4.7m against plan. There a three factors that have caused this. • Activity is below plan and in previous years the Trust would benefit from more income due to over performance for emergency and planned activity. While this demonstrates that some of the investment in out of hospital services is starting to impact positively for the System the Trust is not experiencing an increased flow of funds to offset increased expenditure. The position is compounded by a backlog of uncoded episodes due to delays in accessing data following the rollout of the Electronic Data Management System. Over the next two months the coding lag should reduce to reveal a truer position on income. Also non CCG income i.e. private patient income, car parking and catering are £1.5m below plan. • Agency and Bank pay costs are higher than plan by £1.4m The spend on medical locums is much higher than anticipated particularly in ED and the Medical specialties. From next month the Medical Director will be only officer in the Trust authorised approve all medical locum requests that exceed one month in duration. • The delivery against the savings plan is running at 83% April to July although the delivery rate for July was 92% which is positive news. This is a very challenging position at month 4 and while it is believed that the income may well exceed plan by £2m to £4m by the year end any over performance will be much less than in previous years which adds further pressure on containing expenditure and delivering the savings programme. The CIP is likely to out turn £26m against the target of £30.4m and further measures are being taken to bridge the gap including a vacancy review process for all non clinical posts. Also all measures are being taken to reduce the excess expenditure on high cost locums to try to contain expenditure to budget. Every effort is being made to get back to plan although achieving the control total this year and the full £18m STF to deliver a surplus of £22m is going to be really tough. The addition of stock to the balance sheet got us over the line for the full STF in Q1 but there is limited scope do rescue the underlying position in the remaining quarters of the year and so it's imperative to make up the shortfall on the CIP and keep to budget. This year is the toughest year that the Trust has faced since it became a Foundation Trust in 2005.
Issues/ Points to Note	**Heatherwood Hospital** The planning application for a new £90m hospital in the green belt on the Heatherwood site was approved by the Royal Borough's Members Panel on 22nd August. The Trust will work with the planning officers during September to develop

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Tab 6 Chief Executive's Report

the section 106 agreement which will set out the detailed conditions associated with the approval in principle. As the new hospital will sit in the green belt the Secretary of State for Communities and Local Government will also need to give approval. The Trust will need to demonstrate to the Secretary of State that the benefit of building a new hospital for the local community in the green belt outweighs the loss of 30% of the woodland habitat . It is hoped to make a start on site by March 18 and the construction period will be 24 months. The Board will need to approve the business case in October and the projections for income and expenditure will need further refinement to ensure that the development breaks even with the inclusion of the loan interest and the additional annual charge for depreciation.

It's almost three years ago that Frimley Park and Heatherwood and Wexham merged to form Frimley Health. On the date of the merger the Board set out an ambitious programme of investment which included a redevelopment of the Maternity Unit at Wexham, a new building for Emergency Services at Wexham and a possible new build for Heatherwood. Good progress has been made on all three projects even though the Heatherwood project has taken a little longer than originally envisaged to develop. This £150m investment will dramatically improve patient experience and provides state of the art facilities for our staff.

The new hospital will comprise 48 inpatient beds of which 24 will be single room with on suite, 22 day case trollies, 6 theatres with laminar flow, outpatient and diagnostics including CT and MRI Scanning. There will be 450 car parking spaces for the new hospital and administrative staff in Block 40 and GP Hub.

Berkshire and Surrey Pathology Services

The ambitious plans to incorporate the pathology services at The Royal Berkshire Hospital and Wexham Park Hospital are currently being implemented and when completed in full later this year will create one of the biggest pathology networks in England. While every DGH will have a rapid response laboratory the specialist services within pathology have been rationalised onto a fewer number of sites and where possible BSPS has used leading edge robotics to enhance efficiency and quality. The addition of two further DGHs will reduce the operating costs by over £5m by the year end. The table below shows the location of the specialist laboratory services.

Berkshire & Surrey Pathology Services – Service Reconfiguration

Future	Rapid Response Laboratory	Histology	Cytology	Immunology	Virology	Toxicology	Blood Sciences	Microbiology (Bacteriology)
Frimley Park Hospital	√	x	x	x	x	x	√	√
Royal Berkshire Hospital	√	√	√(NG)	x	x	√	x	x
Royal Surrey County Hospital	√	√	x	x	x	x	x	x
St Peters Hospital	√	x	√(NG) Gynae *	√	√	x	x	x
Wexham Park Hospital	√	x	x	x	x	x	√	√

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Tab 6 Chief Executive's Report

The leadership group led by Dr Ian Fry has worked really hard to undertake this major transformational change and has placed BSPS as an exemplar under the Lord Carter initiative on best value.

Friends and Family Test

The Secretary of State has congratulated the Trust on achieving 97% in the Friend's and Family test recommendation rate for outpatient services in June. In that month over 75,000 outpatients attended in one of ten locations and the Trust achieved one of the best ratings nationally. Mr Hunt said, " The Trust is a real example to others on demonstrating how to ensure that your patients get the care that they deserve. This is a testament to the hard work and dedication of the Trust's staff. Please do pass on my congratulations to all those who work for the Trust; the service that they give makes a real difference to the lives of many of the area's sickest patients."

BLISS Acreditation

Bliss – National Charity for the Newborn (for babies born premature or sick)

Frimley Park's neonatal unit successfully completed the Bliss Baby Charter to become an accredited unit and will formally be receiving the award on Wednesday 6 September.

The Bliss Baby Charter was designed to standardise high quality family-centred care across the UK. It is a practical framework for neonatal units to self-assess the quality of family-centred care they deliver against a set of seven core principles. It enables units to audit their practices and develop meaningful plans to achieve changes that benefit babies and their families. The award recognises the outstanding commitment that the staff make to provide the best quality the NHS can deliver.

Recommendation	The Board is asked to note the Report.

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Tab 6 Chief Executive's Report

Frimley Health **NHS**

NHS Foundation Trust

Quality and performance report

July 2017

Committed To Excellence | Working Together | Facing The Future

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Tab 6 Chief Executive's Report

| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Contents

This report covers the period from July 2016 to allow comparison with historic performance. However, the key messages and targets relate to July 2017 for the financial year 2017/18

RAG key

🟩	Achieving target
🟨	Between target and threshold (where applicable)
🟥	Worse than target or threshold (where applicable)

Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Chief executive's overview (1)

Performance overview

- Performance against key targets for July continues to be consistent with delivery on referral to treatment (18 weeks), 6-week diagnostics and 62-day cancer treatment standards

- On the four hour standard the trust delivered 91.5% for July, but since the junior doctor changeover in early August performance has been at around 90%, which is a concern and puts at risk the sustainability and transformation funding (STF) element for emergency department (ED) performance for quarter 2. The trust can earn up to £6m if it continues to deliver above plan and achieves other milestones, eg secures sign off of the winter delivery plan and implements GP streaming. The trust needs to better last year's performance of 91.4% for the quarter ending on 30 September. The high number of ED breaches particularly on the Wexham site continues to be a concern, but there have been gaps in the medical rotas on occasions which has resulted in long delays, particularly at night and weekends. The medical staffing levels should improve following 12 job offers to doctors at middle grade level, which should stabilise the position

- Considerable progress has been made within cancer services to treat patients faster, and virtually all tumour sites are showing compliance with the 62-day standard, which is fantastic news and demonstrates the commitment of the clinicians to fast track patients. There is a wealth of evidence to support that fast tracking patients achieves better outcomes

- The incidence of C.difficile is a slight concern with 15 in total by the middle of August against a tough target of 31. The control of infection team is concerned about the poor hand hygiene compliance and have stepped up the audits of poorly performing areas with a wider campaign on this, coupled with compliance with the antibiotic guidelines. Also compliance with the sepsis bundle needs further action as compliance has fallen to the mid 60s%

- Nurse staffing on the Wexham site is a growing concern with vacancy rates of around 22%. While the position will improve in September with the recruitment of over 30 student nurses there is a heavy reliance on agency and bank staff to cover shifts. Brexit is having an adverse impact on recruitment from overseas and the local pool of nurses is just not big enough. There may be a possibility of using a small number of MoD nurses assigned to the Ministry of Defence Hospital Unit (MDHU) to help staff high acuity areas at Wexham, which would be of significant benefit to the trust

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Chief executive's overview (2)

Finance

July has been a disappointing month with a continued underlying deficit run rate. The position at month 4 is a deficit of £4.7m against plan. There are three factors that have caused this:

- Activity is below plan and in previous years the trust would benefit from more income due to over-performance for emergency and planned activity. While this demonstrates that some of the investment in out of hospital services is starting to impact positively for the System, the trust is not experiencing an increased flow of funds to offset increased expenditure. The position is compounded by a backlog of uncoded episodes due to delays in accessing data following the rollout of the Electronic Data Management System. Over the next two months the coding lag should reduce to reveal a truer position on income. Also non-CCG (clinical commissioning group) income ie private patient income, car parking and catering are £1.5m below plan

- Agency and bank pay costs are higher than plan by £1.4m. The spend on medical locums is much higher than anticipated particularly in ED and the medical specialties. From next month the Medical Director will be the only officer in the trust authorised to approve all medical locum requests that exceed one month in duration

- The delivery against the savings plan is running at 83% April to July although the delivery rate for July was 92% which is positive news

This is a very challenging position at month 4 and while it is believed that the income may well exceed plan by £2m to £4m by the year-end, any over-performance will be much less than in previous years, which adds further pressure on containing expenditure and delivering the savings programme. The cost improvement plan (CIP) is likely to out turn £26m against the target of £30.4m and further measures are being taken to bridge the gap, including a vacancy review process for all non-clinical posts. Also all measures are being taken to reduce the excess expenditure on high cost locums to try to contain expenditure to budget

Every effort is being made to get back to plan, although achieving the control total this year and the full £18m STF (sustainability & transformation fund) to deliver a surplus of £22m is going to be really tough. The addition of stock to the balance sheet got us over the line for the full STF in quarter 1 but there is limited scope to rescue the underlying position in the remaining quarters of the year and so it's imperative to make up the shortfall on the CIP and keep to budget. This year is the toughest year that the trust has faced since it became a Foundation Trust in 2005

Tab 6 Chief Executive's Report

Chief executive's overview (3)

Issues / points to note

Heatherwood Hospital

- The planning application for a new £90m hospital in the green belt on the Heatherwood site was approved by the Royal Borough's Members Panel on 22 August. The trust will work with the planning officers during September to develop the section 106 agreement which will set out the detailed conditions associated with the approval in principle. As the new hospital will sit in the green belt the Secretary of State for Communities and Local Government will also need to give approval. The trust will need to demonstrate to the Secretary of State that the benefit of building a new hospital for the local community in the green belt outweighs the loss of 30% of the woodland habitat. It is hoped to make a start on site by March 2018 and the construction period will be 24 months. The Board will need to approve the business case in October and the projections for income and expenditure will need further refinement to ensure that the development breaks even with the inclusion of the loan interest and the additional annual charge for depreciation

- It's almost three years ago that Frimley Park and Heatherwood and Wexham Park merged to form Frimley Health. On the date of the merger the Board set out an ambitious programme of investment, which included a redevelopment of the maternity unit at Wexham, a new building for emergency services at Wexham and a possible new build for Heatherwood. Good progress has been made on all three projects even though the Heatherwood project has taken a little longer than originally envisaged to develop. This £150m investment will dramatically improve patient experience and provides state of the art facilities for our staff

- The new hospital will comprise 48 inpatient beds of which 24 will be single room with en-suites, 22 day case trollies, six theatres with laminar flow, outpatient and diagnostics including CT and MRI Scanning. There will be 450 car parking spaces for the new hospital and administrative staff in Block 40 and GP Hub

Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Chief executive's overview (4)

Issues / points to note (continued)

Berkshire and Surrey Pathology Services (BSPS)
- The ambitious plans to incorporate the pathology services at The Royal Berkshire Hospital and Wexham Park Hospital are currently being implemented and when completed in full later this year will create one of the biggest pathology networks in England. While every district general hospital (DGH) will have a rapid response laboratory, the specialist services within pathology have been rationalised onto a fewer number of sites and where possible BSPS has used leading edge robotics to enhance efficiency and quality. The addition of two further DGHs will reduce the operating costs by over £5m by the year end. The table below shows the location of the specialist laboratory services
- The leadership group, led by Dr Ian Fry, has worked really hard to undertake this major transformational change and has placed BSPS as an exemplar under the Lord Carter initiative on best value

Future	Rapid Response Lab	Histology	Cytology	Immunology	Virology	Toxicology	Blood Sciences	Microbiology (Bacteriology)
Frimley Park Hospital	√	x	x	x	x	x	√	√
Royal Berkshire Hospital	√	√	√(NG)	x	x	√	x	x
Royal Surrey County Hospital	√	√	x	x	x	x	x	x
St Peters Hospital	√	x	√(NG) Gynae *	√	√	x	x	x
Wexham Park Hospital	√	x	x	x	x	x	√	√

Friends and Family Test
- The Secretary of State has congratulated the trust on achieving 97% in the Friend's and Family test recommendation rate for outpatient services in June. In that month over 75,000 outpatients attended in one of ten locations and the trust achieved one of the best ratings nationally. Mr Hunt said, " The trust is a real example to others on demonstrating how to ensure that your patients get the care that they deserve. This is a testament to the hard work and dedication of the trust's staff. Please do pass on my congratulations to all those who work for the trust; the service that they give makes a real difference to the lives of many of the area's sickest patients"

BLISS Accreditation (Bliss – National Charity for the Newborn (for babies born premature or sick))
- Frimley Park's neonatal unit successfully completed the Bliss Baby Charter to become an accredited unit and will formally be receiving the award on 6 September
- The Bliss Baby Charter was designed to standardise high quality family-centred care across the UK. It is a practical framework for neonatal units to self-assess the quality of family-centred care they deliver against a set of seven core principles. It enables units to audit their practices and develop meaningful plans to achieve changes that benefit babies and their families. The award recognises the outstanding commitment that the staff make to provide the best quality the NHS can deliver

Recommendation

The Board is asked to note the Report

Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

CQC overall rating & NHSI single oversight framework

Care Quality Commission (CQC) overall rating

Frimley Park Hospital	September 2014	Outstanding
Wexham Park Hospital	February 2016	Good
Heatherwood Hospital	May 2014	Good

	15/16	16/17	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan-17	Feb	Mar	Q4	Apr	May	Jun	Jul-17	YTD	Target	Threshold
NHS Improvement (NHSI) – overall segment score																					
Segment score	New	2	*Introduced from October 2016*					1			2	2	2		in arrears					1	2
Operational performance																					
A&E maximum waiting time of 4 hours from arrival to admission/ transfer/ discharge	94.7%	91.6%	90.0%	88.5%	95.9%		94.9%	91.3%	88.7%		84.7%	91.2%	91.4%		92.3%	90.2%	91.3%	91.54%		Trajectory	None
A&E maximum waiting time of 4 hours - trajectory	New	New	94.9%	94.7%	94.0%		94.5%	95.0%	95.0%		94.2%	95.0%	95.0%		90.0%	90.0%	90.0%	91.47%		Q1=90%, Q2=91.47%, Q3=91.65%, Mar 2018 = 95%	None
Maximum time of 18 weeks from point of referral to treatment (RTT) − patients on an incomplete pathway	93.3%	92.6%	92.3%	91.7%	92.6%		92.7%	93.4%	92.2%		92.5%	92.2%	92.5%		92.2%	93.2%	92.8%	92.9%		>=92%	None
Maximum 62-day wait for first treatment from urgent GP referral for all suspected cancers	88.7%	89.9%	87.6%	93.1%	87.5%		85.4%	90.3%	92.6%		87.9%	89.0%	91.0%		90.2%	92.6%	92.8%	in arrears		>=85%	None
Maximum 6-week wait for diagnostic procedures	0.8%	0.4%	0.5%	0.4%	0.3%		0.3%	0.4%	0.3%		2.3%	0.8%	0.4%		0.7%	0.4%	0.4%	0.4%	0.5%	<=1.0%	None

	Year to Date (Month 04)				Forecast Outturn			
	Plan	**Actual**	**Target**	**Threshold**	**Plan**	**Actual**	**Target**	**Threshold**
NHS Improvement's score for financial performance								
Use of resources score (1 - 4)	1	1	1	2	1	1	1	2

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Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Key messages – by exception (1)

Domain	Key points	Action taken
Safe	**Clostridium difficile rate** ■ There were four C.difficile cases in July (two at FPH and two at HWP). ■ A formal root cause analysis meeting is pending for the two HWP cases ■ Ribotyping has demonstrated no link (ie no cross infection) in the cases at FPH **Patient safety alerts outstanding** ■ The trust received a Medical Device Alert relating to metal on metal hip replacements, which was a further notice following the initial alert in 2012. Implementation of this alert is outstanding **Pressure ulcers (grade 2)** ■ There have been 20 grade 2 pressure ulcers reported, ten on each site **Never Events** ■ There has been one never event at HWP, which was the wrong route administration of medication	**Clostridium difficile rate** ■ Trust-wide actions are in place to increase the local ownership in order to improve hand hygiene compliance in all staff groups. A hand hygiene "league table" has been introduced to encourage healthy competition **Patient safety alerts outstanding** ■ Work is underway to establish the number of patients affected across FHFT. This is an extensive review that is currently in progress **Pressure ulcers (grade 2)** ■ Education and training continues across both sites regarding the prevention of pressure damage. The tissues viability teams are in the process of realigning practices and work plans **Never Events** ■ The trust has had three different never events in the last four months; root cause analysis is underway of each one, but there is also a review to ensure there are no common themes

Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Key messages – by exception (2)

Domain	Key points	Action taken
Effective	**Stroke - % of patients receiving a swallow screen within 4 hours of arrival** ▪ We have failed the target due to gaps in the stroke coordinator service caused by sickness and annual leave ▪ We have had support from the Royal Surrey County Hospital (RSCH) equivalent once a week during the day **Emergency readmissions** ▪ Emergency readmissions following an elective or emergency spell remain challenging and have remained high at 7.6% (up from 7.2% for May). The FPH rate has increased to 6.2%, however, HWP is now at 9.1%; this is being investigated	**Stroke - % of patients receiving a swallow screen within 4 hours of arrival** ▪ Speech & Language Therapy have updated their swallow screen e-learning training package. This will be for the Stroke Ward nurses to complete so they can perform the screen in the absence of a coordinator. This will be coordinated by our Stroke nurse consultant ▪ Work should begin in September to create two additional monitored beds on the hyper acute ward which will help with direct admissions. This will take two to three weeks to complete **Emergency readmissions** ▪ The trust will continue to ensure that patients are discharged in a safe and effective manner to ensure that the level of 30-day readmissions is minimised. Data quality checks are in place to ensure that the readmission is legitimate. A number of readmissions are for treatment that is not related to the initial admission. Readmissions are monitored via specialty-specific dashboards so performance is scrutinised on a regular basis
Caring	**Complaints received; response rate; number re-opened** ▪ The increase seen on the FPH site in June has reduced in July and remains within target. The deep dive review did not indicate any themes or trends **Maternity friends and family test (for those giving birth at the trust)** ▪ Rate for July 97.4%, which is an improvement on 2016/17 response (96.7%) ▪ The current rebuild at HWP means that women are being moved between labour wards; this has been essential to maintain patient safety, but at the expense of their experience	**Complaints received; response rate; number re-opened** ▪ The improvement in the response rate has been sustained. Assurance is noted that of those over taking over 25 working days for a response, a further 30% were completed within the 30-day timescale **Maternity friends and family test (for those giving birth at the trust)** ▪ The aim is to increase the response rate. There are challenges at HWP due to the rebuild; the next phase is due for completion in August 2017. This will increase the number of labour rooms from four to seven until the end of the build and will improve women's experience

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Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Key messages – by exception (3)

Domain	Key points	Action taken
Responsive	**Cancelled operations – percentage admitted within 28 days of previous cancellation** ▪ 18 patients were cancelled on the day by the trust, three of whom breached the 28-day readmission target at HWP ▪ Two of the patients breached due to the patient's choice to delay; all have since had their operation	
	A&E four-hour target ▪ The trust continues to improve its performance against this target with 91.5% of patients waiting less than four hours from arrival to admission, transfer or discharge. Whilst not achieving the national standard it continues to exceed its trajectory of 90% ▪ Performance dropped from 94.0% in June to 91.7% in July at FPH. At HWP the 95% target remains a challenge, but the site is now achieving the 90% trajectory at 91.4%	**A&E four-hour target** ▪ FPH continues to monitor staffing and mapping it to activity ▪ FPH is trialling emergency nurse practitioner cover overnight ▪ Recruitment and retention remains a priority ▪ At HWP staffing remains a challenge particularly at evening and weekends ▪ New recruitment drives have been established via the Middle East and social media ▪ Four chairs are being trialled in the emergency department decision unit (EDDU) at HWP to improve the emergency department flow
	Delayed transfers of care ▪ The percentage of bed days occupied by delayed patients has risen to 5.1% from 4.3% last month and remains above the 3.5% target. HWP is currently at 5.8%, which is the highest it has been all year	**Delayed transfers of care (DTOCs)** ▪ FPH continues to work with partners to reduce DTOCs, utilising the resource in "Enhanced Recovery @ Home" to cover gaps in service provision ▪ Currently a high number of private funders within the system (especially in Hampshire); we are seeking resolutions to reduce these delays ▪ The Care Co-ordinators have commenced in the new posts; training is in progress and an environment is being sourced for IRIS at HWP ▪ There is on-going collaborative work with partners to reduce DTOCs and improvement has been seen on the number of medically stable patients under occupational therapy

Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Key messages – by exception (4)

Domain	Key points	Action taken
Well-led (Workforce)	**Time to recruit** ▪ Time to recruit remains above target, although has reduced since last month. Particular delays appear to occur within the authorisation process and at shortlisting **Vacancy rate for nurses** ▪ Nurse recruitment remains a key risk. Despite all attempts, nurse recruitment has decreased by 30% and this is impacting on our ability to fill key vacancies **Agency Spend** ▪ The overall and medical agency spend is above target in-month, although the year to date figures are within plan and we remain on track to meet our NHS Improvement ceiling for agency spend **Appraisal rate (non-medical staff)** ▪ Appraisal rates have increased, although still remain below target. Appraisal status is also included on the MAST training system for staff and managers to easily identify where appraisals are due	**Time to recruit** ▪ Work is on-going to revise the recruitment process to reduce wastage; reducing the number of adverts; streamlining shortlisting; and holding standardised assessment centres where suitable (ie nursing posts) **Vacancy rate for nurses** ▪ We have increased the number of international recruitment agencies we are working with in order to improve the supply from overseas ▪ All wards have been asked to produce a local Recruitment and Retention Action plan and HR are providing support to high risk areas **Agency Spend** ▪ Work is ongoing to implement a Preferred Supplier List for medical locums, in an attempt to drive down spend ▪ The project to centralise temporary staffing for all staff groups is in progress, with medical locums at FPH now being managed centrally. The remaining sites and other staff groups will follow over this year **Appraisal (non-medical staff)** ▪ Monthly appraisal compliance reports are being run by the workforce information team; HR Business Partners and the Learning & Organisational Development team are using this information to target areas of concern
Well-led (Efficiency)	▪ No exceptions to report	

| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Key messages – by exception (5)

Domain	Key points	Risks
	In month 04 the trust is £1.4m behind plan (excluding the sustainability and transformation fund (STF)) and £4.7m behind year-to-date (YTD). The YTD deficit has turned to a surplus due to the one-off exceptional items booked in month 03 (stock £4.7m and £0.7m donated asset). The forecast has been held at plan due to the one-off benefits and the intention to recover the position. However, the underlying position, particularly on pay, remains at significant risk due to the lack of reduction in cost base and low income values at month 04	
Well-led (Finance)	**Income** ▪ Clinical income is broadly on plan but there has been a very high level of uncoded episodes this month (£16m). Other income is behind plan YTD by about £2m, mainly in the private patients unit (PPU) (£500k) and catering (£800k)	▪ Uncoded episodes may not lead to over-performance income when resolved ▪ Other income is significantly below plan
	Expenditure ▪ Operational spend YTD is £2.3m over the plan of £199m (excluding integration funding) due mainly to high pay costs (medical agency and ad-hoc sessions). Pay costs were overspent in-month but agency spend held around £2m. Integration and transaction spend is £1.9m YTD which has been matched to income on a spend-recover basis	▪ Underlying costs significantly higher than plan ▪ Urgent recovery action planning required
	Net surplus/deficit ▪ The trust is £4.7m adverse YTD against its set budget (£1m surplus YTD) ▪ Due to one-off benefits booked last month the forecast is held to plan ▪ STF achieved £1.2m for month 04 because of the one-off benefits booked in month 03, which have a positive impact on the YTD position	▪ Low income and high costs run rates suggest the control total is missed
	Cost improvement plans (CIPs) ▪ In-month £2.4m delivery against a plan of £2.6m or 92% (YTD £8.2m 83%)	▪ CIP is critical to the delivery of the financial plan – all schemes to be forensically reviewed

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| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Safe - Key measures (1)

	15/16	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	Target	Threshold
Infection control																		
Clostridium difficile *	41	33	3	3	3	5	4	2	4	2	2	3	1	5	4	13	None	None
Clostridium difficile due to lapses in care	13	4	0	0	1	1	1	0	0	0	0	0	0	0	0	0	<=31	None
Clostridium Difficile - infection rate per 100,000 bed days			8.18	8.18	8.45	13.63	14.09	5.45	10.91	6.04	5.45	8.45	2.73	14.09	10.91		<=7.60	>10.40
MRSA Bacteraemia	2	2	1	0	0	0	0	0	0	0	1	0	0	1	0	1	0	None
Medication errors resulting in harm																		
Low	56	22	2	1	2	2	2	1	1	4	1	2	0	2	in arrears	4	None	
Moderate *	4	8	0	0	0	1	0	0	1	0	1	1	1	0	in arrears	2	<=42	None
Severe *	0	0	0	0	0	0	0	0	0	0	0	0	0	0	in arrears	0	0	None
Pressure ulcer incidence																		
Hospital acquired - grade 2 *	143	169	8	12	10	13	18	18	21	16	21	19	18	20	in arrears	57	<=216	None
Hospital acquired - grade 3 *	6	5	0	0	1	0	0	0	2	1	1	1	2	1	in arrears	4	<=12	None
Hospital acquired - grade 4 *	0	0	0	0	0	0	0	0	0	0	0	0	0	0	in arrears	0	0	None
Community acquired - lapses in care												1	0	0	in arrears	1	TBC	TBC
Incident reporting																		
Never events	6	4	1	0	0	0	0	0	1	0	0	1	0	1	1	3	0	None
Serious incidents requiring investigation (SIRI) (total trust incl Fleet) * **	73	70	2	5	4	5	5	8	11	3	7	3	11	12	6	32	<=90	>96
Fleet community services SIRIs												1	0	0	1	2	TBC	TBC
Potential under-reporting of patient safety incidents (definition TBC)			27.2				30.7					Bi-annual published data					>=44.9	<34.5
NHS England/NHS Improvement Patient Safety Alerts outstanding		0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	None
Incidents triggering a duty of candour response	New	96	9	6	5	8	6	12	12	6	9	10	13	8	in arrears	31	TBC	TBC
Failure to notify of a suspected or actual reportable patient safety incident	New	0	0	0	0	0	0	0	0	0	0	0	0	0	in arrears	0	0	None
Falls resulting in significant injury																		
Number of falls *	28	20	0	2	2	2	0	1	4	1	2	1	3	3	2	9	<=37	None
Number of falls per 1000 bed days	0.06	0.04	0.00	0.05	0.05	0.05	0.00	0.03	0.10	0.03	0.05	0.03	0.08	0.08	0.05	0.06	TBC	
Safe staffing - hours filled as planned																		
Registered nurse day		92%	94%	92%	93%	93%	95%	93%	92%	90%	89%	88%	91%	90%	90%	90%	>=90%	None
Unregistered care staff day		96%	97%	92%	95%	96%	96%	94%	98%	95%	95%	95%	98%	98%	98%	98%	>=90%	None
Registered nurse night		96%	95%	94%	97%	97%	98%	97%	98%	96%	94%	94%	96%	96%	96%	96%	>=90%	None
Unregistered care staff night		100%	103%	97%	98%	98%	99%	98%	100%	97%	96%	96%	99%	99%	99%	99%	>=90%	None

* *monthly targets are as follows: TBC*
** *retrospective data for Fleet community services to be added to create a new trust total for SIRIs. Fleet community services were transferred under FHFT from January 2017*

| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Safe - Key measures (2)

	15/16	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	Target	Threshold
VTE (venous thromboembolism) risk assessment																		
Admitted adult patients who have been risk assessed for VTE	98%	97%	98%	97%	97%	98%	98%	97%	98%	98%	98%	98%	98%	97%	in arrears	98%	>=95%	None
Delivering a 7-day service																		
Emergency admissions reviewed by a consultant within 14 hours of admission	New		Bi-annual audit data		89%							in arrears					TBC	
Access to diagnostics *	New		Bi-annual audit data		78%							in arrears					TBC	
Access to consultant-directed interventions *	New		Bi-annual audit data		82%							in arrears					TBC	
Twice daily consultant reviews for high acuity areas *	New		Bi-annual audit data		90%							in arrears					TBC	
Sepsis CQUIN - Timely identification of Sepsis in emergency department (ED) and acute inpatient settings																		
The percentage of patients who met the criteria for sepsis screening and were screened for sepsis	New	78%	75%	75%	78%	78%	82%	79%	81%	81%	80%	69%	65%	67%	Available quarterly		>=90%	None
Sepsis CQUIN – Timely treatment of Sepsis in emergency department (ED) and acute inpatient settings																		
The percentage of patients who met the criteria for sepsis screening and were screened for sepsis	New	75%	77%	78%	68%	73%	73%	78%	78%	78%	83%	52%	63%	67%	Available quarterly		>=90%	None
Sepsis CQUIN – Antibiotic Review																		
% of antibiotic prescriptions for patients diagnosed with sepsis that were documented and reviewed by a clinician within 72 hours													82%				Q1 >=25% Q2 >=50% Q3 >=75% Q4 >=90%	
Reduction in antibiotic consumption per 1,000 admissions													4828 baseline				TBC	
Reduction in total consumption of carbapenem per 1,000 admissions																	TBC	
Reduction in total consumption of piperacillin-tazobactam per 1,000 admissions																	TBC	

* Audit data to be treated with caution due to loose national definitions and the use of questions that were open to interpretation

Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Safe – Other CQUINS 2017/18 (1)

	15/16	16/17	Apr-17	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan-18	Feb	Mar-18	Q4	YTD	Target	Threshold
Improving Staff Health and Wellbeing																					
Staff Survey Question : Does your organisation take positive action on Health and Wellbeing		33%	Improvement plans to be in place								Improvement plans to be in place									>35%	None
Staff Survey Question : In the last 12months have you experienced musculoskeletal problems (negative response measured)		76%	Improvement plans to be in place							Staff survey for 2017 to go live	Improvement plans to be in place				Staff survey due to be reported		Review for 2018 requirement			>78%	None
Staff Survey Question : During the last 12 months have you felt unwell as a result of work related stress (negative response measured)		69%	Improvement plans to be in place								Improvement plans to be in place									>71%	None
Healthy Food – changes to food and drink provision																					
Percentage of drink lines stocked that are sugar-free		New				Due				Due				Due				Due		>=70%	None
Percentage of confectionary and sweets stocked that do not exceed 250 calories		New				Due				Due				Due				Due		>=60%	None
Percentage of pre-packed sandwiches and other savoury pre-packed meals that contain less than 400 calories		New				Due				Due				Due				Due		>=60%	None
Improving the uptake of 'flu vaccinations for Frontline Clinical Staff																					
Cumulative uptake of 'flu vaccination by frontline staff		38.5%	Launch of 'flu campaign				Launch of 'flu campaign				Due	Due	Due		Due	Due	Due			>70%	None
NHS e-Referral System (e-RS)																					
% of referrals to first outpatient services able to be received through e-RS		New				Due				Due				Due				Due		Q2 >=80% Q3 >=90% Q4 =100%	None
Appointment slot issue (ASI) reduction		New				25%	28%													<=4% by Q4	None

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Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Safe - Other CQUINS 2017/18 (2)

	15/16	16/17	Apr-17	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan-18	Feb	Mar-18	Q4	YTD	Target	Threshold
Advice and Guidance																					
Advice and Guidance Services to be in place for services agreed with CCG and be operational to cover at least 35% of total GP referrals		New	Agree specialities, trajectories, timetable and implementation plan												Advice and guidance services to be operational from Jan-18					>=35% by Jan-18	None
Provide asynchronous responses within 2 working days		New	Agree local quality standard for provision of responses																	>=80%	None
Supporting Safe Proactive Discharge																					
Increase the number of patients discharged to usual place of residence (applicable to patients aged 65yrs and above)		New	Map and streamline existing discharge pathways across acute, community and NHS care home settings – roll out protocols in partnership across local whole systems. Deliver and agree with commissioners a plan, baseline and trajectories to reflect impact of local initiatives agreed																	Q3, Q4 2.5% point increase	None
Implement Emergency Care Data Set (ECDS)		New	Demonstrate credible planning to evidence that the ECDS can be collected and returned from 01/10/2017								Return data weekly and ensure 95% of patients have valid chief complaint and diagnosis									Q3 >=95%	None
Improving services for people with mental health needs																					
Reduce by 20% the number of attendances to emergency department (ED) for those within a selected cohort of frequent attenders		New	Identify and agree cohort. Review and develop care plan for each person with the patient and other relevant care organisations																	20% reduction in ED attendances within selected cohort	None
Improve Mental Health need coding data		New					Conduct internal audit of ED mental Health Coding. Agree data quality improvement plan				Review progress against data quality improvement plan and confirm systems are in place to ensure ED HES data submissions are correct									None	None

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Safe – CQUINS – key messages

Area	Key points	Action taken
Sepsis and antimicrobial resistance (AMR)	▪ Implementation of the new bundle across the organisation requires embedding	▪ Training has been increased for all staff ▪ The availability of bundles has been standardised across wards ▪ Sepsis bundle packs and awareness information is attached to all observation machines ▪ Performance has been discussed at the Nursing & Midwifery Board, the Quality Committee and the weekly performance meeting
Health and Wellbeing	▪ Staff survey – the improvement plan is in place ▪ Healthy food – no update provided ▪ 'Flu vaccination – the Occupational Health team have developed a detailed plan and presented this to the Quality Committee in June ▪ The plan relies on Peer Vaccinators in each ward/work area ▪ The campaign relies on support from senior management. A multi-media publicity campaign (including posters of key members of staff) will commence in August to address this and other common myths about the vaccine	▪ Numerous Health and Wellbeing initiatives are in place to support staff in terms of physical and mental health; all are advertised on the intranet ▪ 'Flu vaccination - all consumables have been ordered and so has the vaccine ▪ At the last Nursing & Midwifery Board meeting Peer Vaccinators were identified
NHS e-Referrals	▪ A definitive list of services has been produced ready for Q1 submission ▪ The trajectory for the reduction of appointment slot issues (ASI) is awaiting sign off ▪ The appointment slot issue (ASI) level remains high ▪ IT issues regarding Smartcards and printers have not yet been resolved	▪ The IT issues have been escalated for resolution
Advice and Guidance	▪ The specialities and timetable have been agreed ▪ CCG is to set up a local quality standard for agreement with the trust ▪ A 2-day turnaround for asynchronous responses via e-RS will be challenging	▪ The project will be managed via the e-Referrals project group
Supporting Proactive and Safe Discharge	▪ Safe discharge – no update provided ▪ Emergency Care Data Set (ECDS) – phased implementation in accordance with the CQUIN ▪ The system supplier has been engaged with to understand the delivery timeline ▪ Individual departmental meetings with stakeholders are planned	▪ Emergency Care Data Set (ECDS) implementation plan has been written ▪ Starting to plan soft launches of ECDS for Element 2 (chief complaint and diagnosis) ▪ Performing a gap analysis for elements 3-6 of this CQUIN
Improving Mental Health	▪ On track; all quarter 1 requirements have been actioned	

Effective - Mortality and morbidity – key measures & messages

In-hospital mortality and summary hospital-level mortality indicator (SHMI)

In-hospital mortality (one month's data)

	16/17	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	YTD
In-hospital deaths	2640	180	204	189	195	234	239	285	244	193	209	217	206	185	817
Discharges	212498	17929	17003	18338	17997	18943	17006	17820	16300	18629	16140	18408	17575	17575	69698
% deaths	1.2	1.0	1.2	1.0	1.1	1.2	1.4	1.6	1.5	1.0	1.3	1.2	1.2	1.1	1.2

SHMI (rolling 12 months)

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17
Overall	93.9	93.3	93.4	92.9	92.6	91.3	91.0	90.9	91.2	91.4	90.9	88.9	87.9
Non-elective	94.1	93.3	93.3	92.7	92.6	91.1	90.7	90.5	90.8	91.0	90.5	88.5	87.3
Elective	85.6	92.6	100.3	99.2	94.8	100.0	103.4	108.8	109.9	110.7	112.9	110.5	118.4

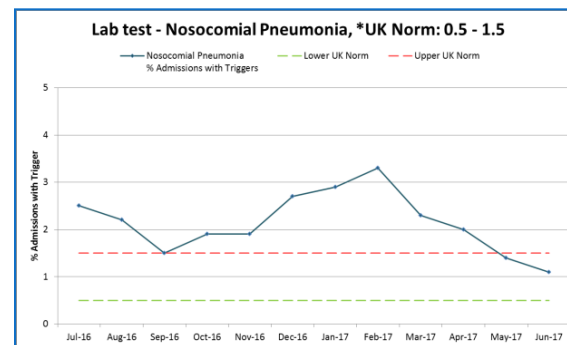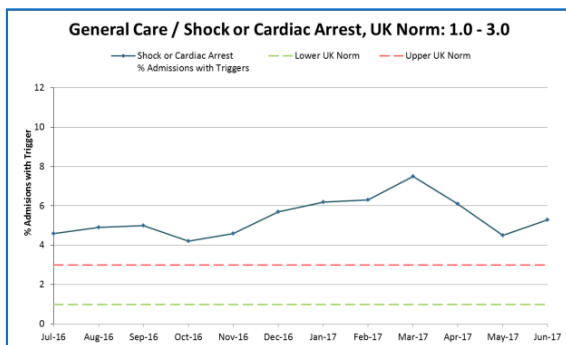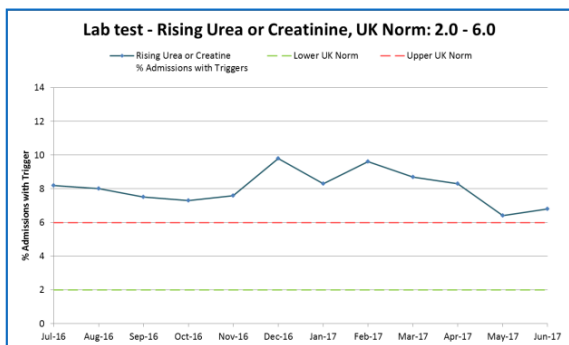| KEY:	Higher than expected	Within expected range : 90 - 110 (overall and non-elective) 70 - 130 (elective)	Lower than expected

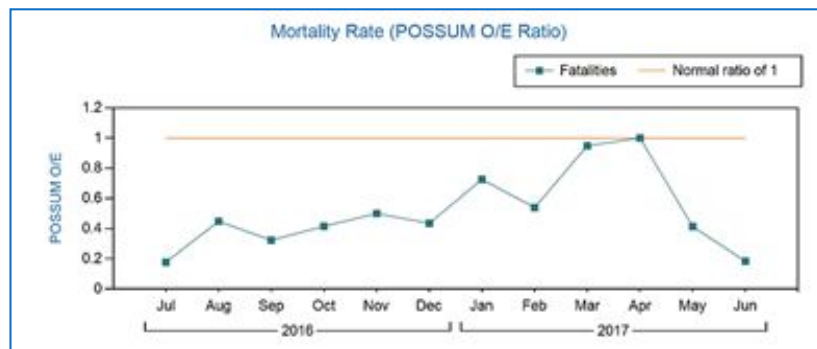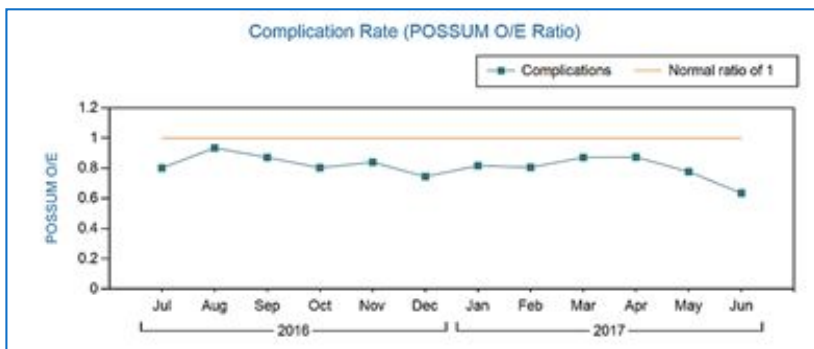|	15/16	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	Target	Threshold
Potentially avoidable deaths																		
Total deaths reviewed		New													In arrears		None	
Case-notes screened		New													In arrears		None	
Deeper review		New		This will be published from October 2017											In arrears		None	
Total number of deaths considered to have been potentially avoidable where RCP score <=3 (definitely, strong evidence or probably avoidable)		New													In arrears		TBC	

Key messages

Area	Key points	Action taken
Mortality	▪ Trust-wide the emergency SHMI is as expected ▪ Elective SHMI at HWP remains high though numbers are small (six since January 2017). The SHMI is also affected by incorrect badging of cases as elective – these numbers are lower	▪ All elective deaths are reviewed. There are no persistent themes ▪ Continued monitoring through the case note review process and incident reporting of elective deaths
Potentially avoidable deaths	This data will be published from October 2017	

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Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Effective – CRAB morbidity – key measures & messages

Medical practice trigger trends *

Surgical complications *

Key messages

Area	Key points		Action taken
	▪ All three major medical triggers continue to decrease at both sites ▪ Acute kidney injury (AKI) is at its lowest level at HWP since 2014		▪ Work streams continue ▪ An autumn drive to improve awareness is planned in an attempt to reduce the winter increase seen in these triggers
CRAB data			
	▪ Surgical mortality and complications are below expected trust-wide		▪ Monitoring continues

The final data point may be subject to change due to late reported data

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Effective - Clinical performance measures

	15/16	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	Target	Threshold
Stroke *																		
% of patients admitted directly to the stroke unit in 4 hours	66%	72%	60%	68%	70%	78%	82%	68%	55%	83%	80%	84%	76%	78%	81%	80%	>=80%	<72%
% of patients scanned within 1 hour of arrival	58%	64%	55%	66%	47%	59%	71%	63%	69%	71%	71%	69%	76%	66%	61%	69%	>=50%	<45%
% of patients receiving a swallow screen within 4 hours of arrival	75%	81%	81%	73%	70%	81%	89%	63%	84%	87%	86%	80%	80%	82%	74%	80%	>=90%	<80%
Cardiology																		
% of eligible patients receive treatment; call to balloon within 150 minutes	93%	92%	89%	90%	94%	93%	96%	86%	90%	90%	92%	96%	95%	100%	in arrears	97%	>=85%	<80%
Trauma and orthopaedics																		
% fractured neck of femur patients meeting best practice criteria	87%	83%	84%	74%	73%	65%	83%	74%	77%	82%	80%	61%	74%	83%	in arrears	72%	>=65%	<55%
% fractured neck of femur patients going to theatre within 36 hours	87%		83%	79%	75%	81%	89%	85%	90%	90%	91%	74%	86%	90%	in arrears	83%	>=90%	<80%
Critical care																		
Critical care non-clinical transfers out of the trust	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	None
Theatres																		
Compliance with the WHO surgical safety checklist	New	99%	99%	100%	99%	98%	99%	99%	98%	98%	98%	98%	98%	99%	99%	98%	>=95%	<90%
Obstetrics																		
Caesarean section rate (planned & unscheduled)	26%	26.9%	24%	23%	27%	25%	27%	32%	28%	27%	29%	27%	29%	30%	27%	28%	<=25%	>27%
Emergency C-section rate	New	14%	12%	11%	14%	12%	15%	17%	14%	13%	16%	13%	15%	15%	14%	14%	<=14.0%	>15.0%
Still births over 24 weeks	New	41	5	3	5	2	2	4	4	4	6	4	1	3	2	10	None	None
Emergency readmissions																		
Emergency re-admissions within 30 days following an elective or emergency spell	7.0%	6.9%	6.9%	7.1%	6.7%	6.5%	6.7%	7.1%	6.5%	7.2%	6.5%	7.1%	7.2%	7.6%	in arrears	7.3%	<=6.8%	None

* Stroke data is for FPH only as the unit at Wexham Park was decommissioned during 2016/17

| | | Safe | | Effective | | Caring | | Responsive | | Well-led | | Efficiency / Finance | | Activity |

Caring - Key measures (1)

	15/16	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	Target	Threshold
Local Surveys *																		
1. Overall did you feel you were treated with respect and dignity while you were in this ward?	96%	96%	95%	96%	96%	97%	97%	96%	97%	96%	97%	97%	97%	98%	96%	97%	>=95%	<90%
2. Do you have confidence and trust in the doctors treating you?	92%	93%	91%	92%	93%	91%	93%	91%	92%	93%	93%	93%	93%	95%	92%	94%	>=95%	<90%
3. Were you bothered by noise at night from hospital staff? (percentage of patients saying no)	87%	87%	87%	87%	87%	87%	87%	88%	90%	86%	87%	85%	88%	87%	89%	87%	>=90%	<80%
4. Were you ever bothered by noise at night from other patients? (percentage of patients saying no)	69%	66%	69%	68%	67%	67%	65%	59%	65%	63%	69%	77%	70%	73%	72%	72%	>=80%	<70%
5. If you needed it, did you get enough help from staff with eating and drinking?	88%	90%	90%	88%	91%	89%	93%	92%	90%	88%	92%	92%	90%	95%	90%	92%	>=90%	<80%
6. Have you and your family or carers been involved enough in discussing your discharge from hospital?	70%	82%	82%	83%	84%	84%	84%	85%	77%	83%	86%	84%	85%	88%	84%	85%	>=80%	<70%
7. Were you involved as much as you wanted to be in decisions about your care and treatment? ****	New	92%	92%	90%	93%	91%	91%	92%	91%	92%	92%	86%	87%	90%	84%	87%	>=90%	<80%
8. Within the first couple of days of admission did a member of staff ask you about your home situation?	New	83%	80%	81%	84%	80%	82%	86%	83%	86%	86%	84%	87%	86%	88%	86%	>=80%	<70%
9. Did nurses talk in front of you as if you weren't there? (percentage of patients saying no)	New	New										89%	92%	94%	92%	92%	>=95%	<85%
10. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	New	New										86%	94%	93%	98%	94%	>=95%	<90%
Complaints																		
Number of complaints received ** ***	765	920	73	87	95	81	82	64	75	71	49	63	70	80	75	288	<=77	>88
Number of complaints per 100 patient contacts	0.00	0.07	0.07	0.08	0.08	0.08	0.07	0.07	0.08	0.07	0.04	0.06	0.06	0.07	0.07	0.07	<=0.07	>0.09
% of complaints answered within 25 working days	60%	37%	54%	40%	29%	27%	29%	46%	33%	29%	8%	47%	64%	55%	in arrears	55%	>85%	<70%
Number of complaints re-opened	71	97	7	9	14	2	8	10	5	11	9	2	12	11	11	36	<=8	>9

* Note all targets and thresholds have been reviewed and made more challenging for 2017/18, but have been applied retrospectively to 2016/17 as well

** provisional data for the reporting month

*** Annual targets are as follows: Number of complaints (923)

**** Note – this question last year was "Did the doctors clearly explain the treatment plan?"

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Caring - Key measures (2)

	15/16	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	Target	Threshold
Patient Friends and Family Scores - What % would recommend this trust to friends and family if they needed similar care or treatment?																		
Emergency department - % positive	91.1%		90.2%	89.3%	90.1%	90.3%	91.0%	89.2%	91.5%	92.4%	93.1%	94.2%	94.5%	94.0%	91.3%	93.6%	>=94.4%	<89.1%
Outpatients - % positive	95.9%		96.1%	95.9%	95.3%	94.8%	96.3%	96.5%	95.5%	95.6%	96.4%	95.6%	96.2%	97.1%	96.5%	96.4%	>=96.8%	<94.6%
Inpatients - % positive	97.4%		98.0%	97.8%	97.0%	97.3%	97.5%	97.2%	97.1%	97.4%	97.6%	98.0%	97.7%	97.5%	97.3%	97.6%	>=97.7%	<96.4%
Maternity - % positive (of those giving birth here)	96.7%		96.7%	96.2%	96.6%	98.3%	97.5%	95.3%	95.1%	95.3%	95.6%	97.5%	95.4%	98.4%	97.5%	97.4%	>=99.0%	<97.9%
Community - % positive												98.8%	98.6%	100%	100%	99%	>=98.3%	<97.0%
CQC inpatient survey																		
Overall satisfaction out of 10 (Q72)			8.30													8.30	>=8.40	<7.99
Mixed sex accommodation breaches																		
Mixed sex accommodation breaches	6		0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	None
Dementia care - % of all admitted patients (75+) who :																		
Have been screened for Dementia (within 72 hours)	95%		94%	94%	95%	94%	97%	96%	97%	99%	99%	99%	99%	100%	In arrears	100%	>=90%	None
Scored positively on the dementia screening tool that then received a dementia diagnostic assessment (within 72 hours)	97%		97%	96%	95%	95%	89%	97%	96%	96%	100%	100%	100%	100%	In arrears	100%	>=90%	None
Received a dementia diagnostic assessment with a "positive" or "inconclusive" outcome that were then referred for further diagnostic advice/follow up (within 72 hours)	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	In arrears	100%	>=90%	None

	Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Responsive - Key measures

	15/16	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	Target	Threshold
Diagnostics																		
Diagnostics waiting 6 weeks and over	87	49	48	35	35	35	42	27	224	87	49	76	40	40	44	200	None	
% waiting 6 weeks and over for a diagnostic procedure	0.8%	0.4%	0.5%	0.4%	0.3%	0.3%	0.4%	0.3%	2.3%	0.8%	0.4%	0.7%	0.4%	0.4%	0.4%	0.5%	<=1.0%	None
Referral to treatment (RTT)																		
% waiting within 18 weeks	93.3%	92.6%	92.3%	91.7%	92.6%	92.7%	93.4%	92.2%	92.5%	92.2%	92.5%	92.2%	93.2%	92.8%	92.9%		>=92.0%	None
Incomplete waiting list — Total	35470	36093	35110	35999	35553	35611	34879	34787	34430	35470	36093	36097	36694	36772	36587			
Admitted	8145	7727	8951	9231	9083	9410	9182	8485	8294	8145	7727	7976	7904	8099	8407			
Non-admitted	27325	28366	26159	26768	26470	26201	25697	26302	26136	27325	28366	28121	28790	28673	28180			
Waiting 18 weeks and over (backlog)	2775	2715	2696	3003	2636	2585	2288	2697	2582	2775	2715	2812	2489	2729	2692			
Waiting 35 weeks and over	160	149	112	93	103	157	132	164	153	160	149	136	136	156	141	569		
Waiting 52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	None
Cancelled operations																		
Last minute cancelled operations for non-clinical reasons (% of elective admissions)	0.9%	0.9%	0.8%	1.0%	0.6%	0.9%	0.9%	1.3%	1.1%	0.9%	0.7%	0.8%	0.8%	0.9%	in arrears	0.9%	<=0.8%	>1.2%
% of cancelled patients admitted within 28 days	93.3%	91.5%	86.8%	92.9%	87.0%	93.9%	92.3%	94.9%	92.5%	96.8%	79.2%	100%	95.0%	88.9%	in arrears	94.2%	100%	<90%
Delayed transfers of care																		
% of bed days lost due to delays	3.5%	4.4%	4.3%	3.7%	5.0%	4.5%	4.5%	4.5%	3.9%	4.6%	5.8%	4.5%	3.6%	4.3%	5.1%	4.4%	<=3.5%	>4.0%
Number of patients delayed at the end of each month	305	395	48	63	59	61	63	53	72	60	65	55	53	66	64	238		
Emergency department																		
% admitted or discharged within 4 hours	94.7%	91.6%	90.0%	88.5%	95.9%	94.9%	91.3%	88.7%	84.7%	91.2%	91.4%	92.3%	90.2%	91.3%	91.5%		>=95.0%	None
% of all ambulance handovers taking longer than 60 mins?	0.8%	1.2%	2.4%	1.5%	1.3%	0.7%	1.1%	1.3%	2.1%	0.5%	0.3%	0.1%	0.5%	0.2%	In arrears	0.3%	<=1.0%	>2.0%
Number of patients spending >12 hours from decision to admit to admission	12	4	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	None

| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Responsive – Cancer – Key measures

	Jul-16	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan-17	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul-17	Target
Cancer																		
2 week waits – urgent GP referrals	94.6%	94.7%	95.3%	94.9%	95.2%	96.2%	96.3%	95.9%	95.6%	97.9%	96.8%	96.8%	95.6%	96.4%	96.4%	96.2%	in arrears	>=93%
2 week waits - Breast symptomatic referrals	98.8%	95.3%	99.4%	97.5%	95.7%	95.8%	96.8%	96.8%	97.2%	97.1%	97.0%	97.1%	95.8%	96.2%	95.7%	95.9%	in arrears	>=93%
31 day wait for first treatment	98.6%	98.0%	100%	99.3%	99.5%	100%	99.5%	99.7%	98.5%	100%	100%	99.5%	98.9%	99.2%	97.8%	98.6%	in arrears	>=96%
31 day wait for second or subsequent treatment — Surgery	95.0%	100%	93.3%	96.7%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96.9%	98.8%	in arrears	>=94%
31 day wait for second or subsequent treatment — Anti-cancer drugs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	in arrears	>=98%
62 day wait for first treatment	87.6%	93.1%	87.5%	89.7%	85.4%	90.3%	92.6%	89.7%	87.9%	89.0%	91.0%	89.3%	90.2%	92.6%	92.8%	91.9%	in arrears	>=85%
62 day wait for screening patients	100%	100%	100%	100%	100%	100%	100%	100%	95.9%	100%	100%	98.2%	100%	97.0%	97.1%	97.8%	in arrears	>=90%

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	Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Responsive – Cancer 62-day waits standard by tumour group

	Jul-16	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan-17	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul-17	Target
Brain/CNS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Breast	100%	97.3%	100%	98.7% (76/77)	100%	100%	100%	100.0% (77.5/77.5)	100%	100%	100%	100% (65/65)	94.1%	100%	89.4%	94.7% (62.5/66)		
Childrens	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Gynaecological	83.3%	100%	62.5%	77.8% (7/9)	80%	83.3%	50.0%	78.3% (9/11.5)	75.0%	100%	88.9%	91.3% (10.5/11.5)	77.8%	88.9%	100%	86.4% (9.5/11)		
Haematological	90.0%	100%	57.1%	77.1% (13.5/17.5)	70%	85.7%	100%	83.6% (23/27.5)	75.0%	76.5%	100%	81.8% (13.5/16.5)	90.9%	100%	100%	96.6% (28.5/29.5)		
Head & Neck	73.3%	76.9%	100%	83.3% (12.5/15)	0%	100%	66.7%	76.9% (5/6.5)	100%	100%	81.8%	88.2% (7.5/8.5)	100%	75.0%	100%	93.3% (7/7.5)		
Lower GI	100%	94.4%	93.5%	95.9% (35.5/37)	100%	100%	79.2%	93.0% (33/35.5)	100%	100%	89.2%	95.1% (39/41)	90.9%	84.6%	100%	92.1% (35/38)		
Lung	100%	100%	62.5%	90.9% (15/16.5)	64.7%	75.0%	90.0%	74.2% (11.5/15.5)	75.0%	100%	72.7%	82.6% (19/23)	75.0%	86.7%	86.7%	84.2% (16/19)	in arrears	>=85%
Sarcomas	NA	100%	NA	100% (0.5/0.5)	100%	0.0%	NA	25.0% (0.5/2)	66.7%	100%	100%	83.3% (2.5/3)	100%	NA	100%	100% (1.5/1.5)		
Skin	100%	100%	100%	100% (80/80)	96.8%	100%	91.9%	97.1% (68/70)	96.4%	100%	96.9%	97.6% (82/84)	100%	92.3%	100%	96.9% (63.5/65.5)		
Upper GI	38.9%	92.3%	71.4%	67.4% (15.5/23)	88.2%	50.0%	87.5%	81.8% (13.5/16.5)	66.7%	100%	100%	81.6% (15.5/19)	66.7%	81.8%	90.9%	80.7% (23/28.5)		
Urological	80.4%	83.6%	81.9%	80.3% (75.5/94)	71.4%	82.4%	95.2%	83.3% (80/96)	84.0%	75.9%	82.6%	80.5% (93/115.5)	88.0%	94.7%	87.5%	90.5% (86/95)		
Other	100%	NA	100%	100% (3/3)	NA	100%	100%	100.0% (5/5)	0.0%	100%	0.0%	20.0% (0.5/2.5)	100%	NA	0.0%	66.7% (1/1.5)		
Total	**87.6%**	**93.1%**	**87.5%**	**89.7% (333.5/372)**	**85.4%**	**90.3%**	**92.6%**	**89.7% (325.5/361.5)**	**87.9%**	**89.0%**	**91.0%**	**89.3% (345.5/386.5)**	**90.2%**	**92.6%**	**92.8%**	**91.9% (332/361.5)**		
Cancer – 62-day referral to treatment standard – over 104 day waiters																		
Number of patients waiting over 104 days	7	10	8		9	11	10		7	5	3		3	3	2		2	
% of patients waiting over 104 days	0.5%	0.6%	0.5%		0.5%	0.6%	0.7%		0.5%	0.3%	0.2%		0.2%	0.2%	0.1%		0.1%	0%

Half numbers are where a patient has been referred here for treatment from another provider or vice versa; the patient is shared between providers
The additional figures provided for the quarters are the number of patients treated within the 62-day standard out of the total number of patients treated for that tumour group

Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Well-led – Workforce Key measures (1)

	15/16	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	Target	Threshold
Staff numbers																		
Staff in post FTE	90182	93395	7690	7677	7714	7802	7839	7831	7921	8003	8011	8062	8081	8066	8038	N/A	None	
Vacancy FTE	11539	10096	910	1012	1009	816	757	797	801	609	649	706	779	867	819	N/A	None	
Starters FTE	1189	1564	119	83	159	175	97	81	225	192	94	118	87	71	115	391	None	
Leavers FTE	1135	1197	118	95	110	127	75	103	95	87	132	102	80	101	111	394	None	
Turnover																		
Turnover rate %	14.8%	14.6%	14.7%	15.1%	14.8%	14.8%	14.5%	14.7%	14.4%	14.6%	15.0%	15.1%	15.7%	15.1%	14.9%		<=14.5%	>15.0%
Nursing turnover rate %	16.9%	14.6%	15.3%	14.9%	14.4%	14.4%	14.4%	14.4%	14.0%	14.3%	14.3%	14.6%	15.1%	15.0%	14.9%		<=15.0%	>16.0%
Executive team turnover (definition TBC)	New	0	0	0	0	0	0	0	0	0	0	1	0	0	1		None	
Time to recruit																		
Time to recruit from date vacancy created to date of unconditional offer (days)	New	53.9	56.2	59.6	55.6	54.4	47.6	50	52.6	64.1	48.7	50.5	53.4	55.5	52.7		<=40	>50
Vacancy																		
Vacancy rate - total %	11.9%	10.2%	10.9%	12.2%	11.9%	9.3%	9.2%	9.7%	9.8%	7.4%	8.8%	8.5%	9.3%	10.2%	9.7%		<=11.5%	>13.0%
Vacancy rate – doctors % *	New	New				*											<=5.0% by Q3	>5.5%
Vacancy rate – nurses %	New	15.4%	16.1%	15.9%	15.8%	14.6%	13.9%	13.9%	15.8%	15.3%	14.3%	14.0%	15.7%	17.1%	18.0%		<=14.5% by Q3	>15.5%
Agency spend																		
Agency spend as % of pay bill	9.9%	7.7%	8.9%	7.0%	6.9%	8.1%	7.2%	8.0%	8.4%	7.3%	6.3%	5.6%	5.7%	5.9%	6.0%	5.8%	<=8.0%	>10.0%
Agency spend – total (£000s) **	40705	30473	2920	2293	2265	2679	2397	2626	2830	2483	2137	1886	1917	2036	2012	7851	<=1917	>2013
Agency - doctors (£000s) ***	17375	12656	1369	828	1085	1234	995	1113	1333	1052	557	911	794	1018	958	3681	<=898	>988
Agency - nurses (£000s)	13534	8490	866	622	598	615	617	556	724	582	619	604	465	406	485	1960	None	
Agency - other (£000s)	9796	9327	685	843	582	830	785	957	773	849	961	371	658	612	569	2210	None	
Sickness																		
Sickness absence rate %	3.0%	2.9%	2.5%	2.5%	2.7%	3.1%	2.9%	3.2%	3.3%	3.0%	2.8%	2.9%	3.0%	2.9%	2.8%		<=2.9%	>3.2%

* On-going reviews with finance are being undertaken to ensure the establishments reflect the actual position trust-wide; data will be available as soon as possible
** The agency spend total is a control target based on an annual total target of £23m or £1.917m per month
*** Agency spend for doctors – the target is based on an overall reduction in spend of £1.88m for 2017/18

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Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Well-led – Workforce Key measures (2)

	15/16	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	Target	Threshold
Appraisal rates																		
Appraisal (non-medical) % *	N/A	N/A		75%			79%		48.4%	48.8%	55.3%	54.8%	56.2%	56.9%	58.2%	N/A	>=80.0%	<70.0%
Appraisal (medical) %	N/A	N/A	97.4%	95.4%	96.0%	95.8%	97.7%	97.4%	96.9%	97.2%	98.3%	98.6%	98.1%	97.2%	97.2%	N/A	>=95.0%	<85.0%
Training																		
Statutory and mandatory training % **	N/A	N/A		**					52.9%	55.0%	62.3%	64.2%	66.7%	68.2%	68.9%	73.7%	N/A	>=85.0%	<60.0%
Friends & family test for staff																		
% recommending here as a place to work	N/A	N/A		72%			67% ***			71%			73%		in arrears		Q1, 2, 4 >=70% Q3 >= 66%	Q1, 2, 4 <62% Q3 <62%
% recommending here as a place for care	N/A	N/A		90%			77% ***			88%			89%		in arrears		Q1, 2, 4 >=86% Q3 >=76%	Q1, 2, 4 <79% Q3 <70%
NHS staff survey																		
NHS staff survey - engagement score (definition TBC)	New	3.91				3.91											>=3.87	<3.79

* The data up to December 2016 has been taken from the staff friends and family test, where a question has been added to assess appraisals undertaken in the previous 12 months; data after this is sourced from the electronic staff record (ESR)

** Work continues to standardise the electronic staff record (ESR) trust-wide from which this data is taken

*** Friends and family test (FFT) replaced by National Staff Survey in Q3; the question is worded slightly differently "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation". Note the target and threshold for Q3 is based on the National Staff Survey results; Q1, 2 and 4 are based on FFT results

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Well-led – Efficiency Key measures

	15/16	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	Target	Threshold
Outpatients																		
Did not attend (DNA) rates	6.5%	6.8%	6.8%	6.9%	7.0%	6.7%	6.9%	7.8%	7.3%	6.5%	6.3%	6.6%	6.8%	7.3%	7.5%	7.0%	<=7.6%	>10.2%
Outpatient new to follow-up ratios	2.16	2.03	2.08	2.02	2.02	1.99	2.02	2.05	2.00	1.97	2.04	1.97	2.00	2.01	1.89	1.97	<=2.41	>3.59
Average length of stay																		
Elective length of stay	2.53	2.53	2.53	2.73	2.49	2.60	2.53	2.53	2.47	2.58	2.50	2.69	2.94	2.50	2.65	2.70	<=2.77	>3.59
Non-elective length of stay	4.10	4.07	4.04	4.32	4.00	3.84	3.96	4.01	4.20	4.28	4.19	4.25	4.10	4.14	4.00	4.12	<=3.91	>5.05
Day case rate																		
% day cases of all electives	81%	81%	82%	82%	82%	82%	82%	81%	83%	82%	81%	81%	82%	82%	82%	82%	>=80%	<70%
Theatre utilisation																		
Intra-session theatre utilisation rate	73%	73%	72%	73%	73%	74%	74%	73%	73%	74%	73%	75%	73%	74%	72%	73%	>=85%	<70%

Tab 6 Chief Executive's Report

| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Well-led - Finance Key measures

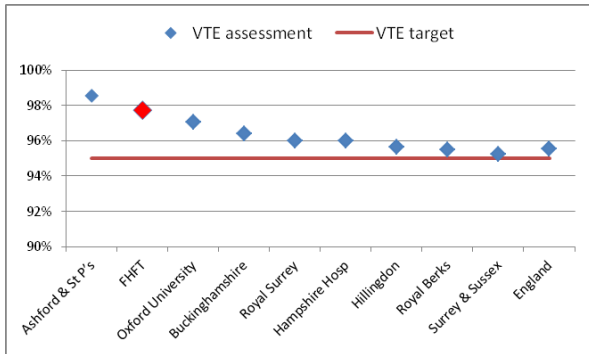|	Year to Date (Month 04)					Forecast Outturn				
	Plan £m	Actual £m	Variance £m	Target	Threshold	Plan £m	Actual £m	Variance £m	Target	Threshold
Income	216.3	214.1	(2.2)	See EBITDA		657.6	657.6	0.0	See EBITDA	
Expenditure	201.0	198.0	3.0	See EBITDA		603.4	603.2	0.2	See EBITDA	
EBITDA (income less expenditure)	15.3	16.1	0.8	0.0	(0.2)	54.2	54.4	0.2	0.0	(0.25)
Financing costs	10.3	10.3	0.0	0.0	(0.2)	31.4	31.4	0.0	0.0	(0.25)
Net / surplus deficit	5.0	5.8	0.8	0.0	(0.2)	22.8	23.0	0.2	0.0	(0.25)
CIPs	9.9	8.2	(1.7)	0.0	(1.0)	30.5	26.5	(4.0)	0.0	(1.0)
Cash balance	83.4	90.2	6.8	0.0	(2.0) *	67.1	86.9	19.8	0.0	(6.0) *
Capital expenditure	23.0	15.3	(7.7)	0.0	(1.0) **	96.9	80.0	(16.9)	0.0	(0.5)

Figures in brackets indicate an adverse position
* Cash balance - threshold is cumulative at £0.5m per month , given material variances are correlated to STF payments
** Capital expenditure – timing differences / slippage in-month can mean the month threshold is lower than for the forecast

Tab 6 Chief Executive's Report

| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Benchmarking – selected measures (1)

Safe

Effective
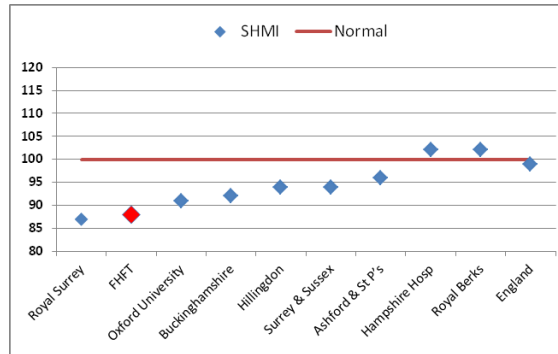
Caring
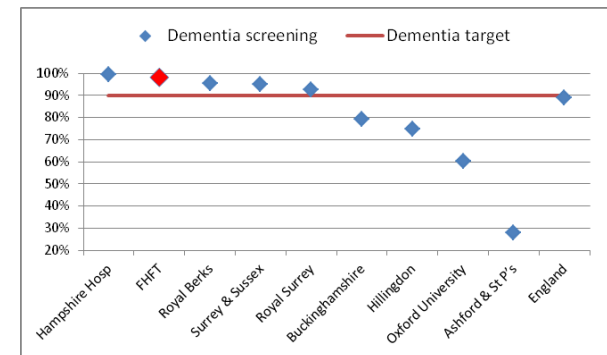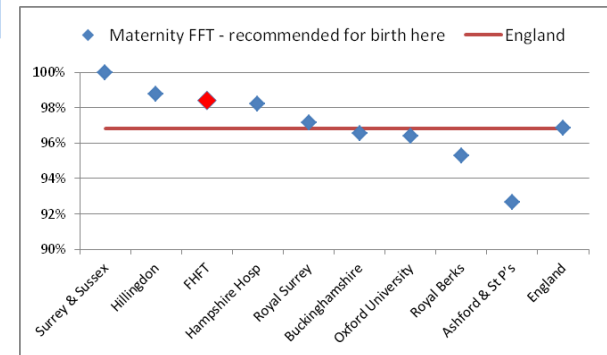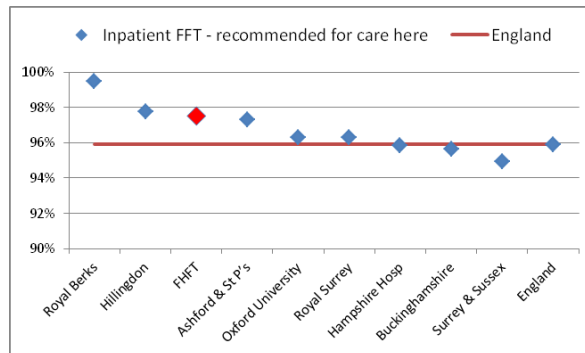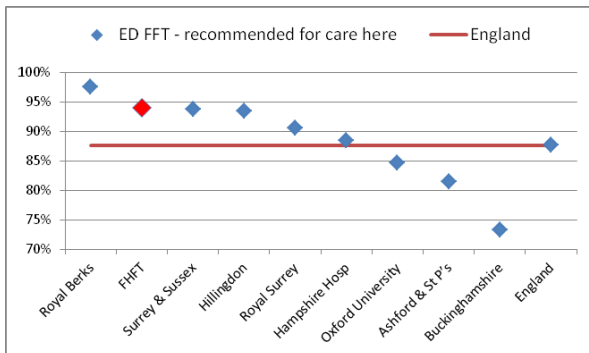
NOTE – for each graph, the position furthest to the left is the best performing trust
Data periods: VTE = Q4 2016/17; SHMI = May 2016 – Apr 2017; ED FFT, Inpatient FFT, Maternity FFT (friends & family test) = Jun 2017; Dementia = Q4 2016/17

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

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Benchmarking – selected measures (2)

Responsive

ED 4 hr performance — ED target

RTT incomplete performance — RTT target

cancer 62-day waits (all cancer) — Cancer target

Waiting 6 weeks+ for diagnostic test — Diagnostic target

Workforce

Staff FFT - recommended to work here — England
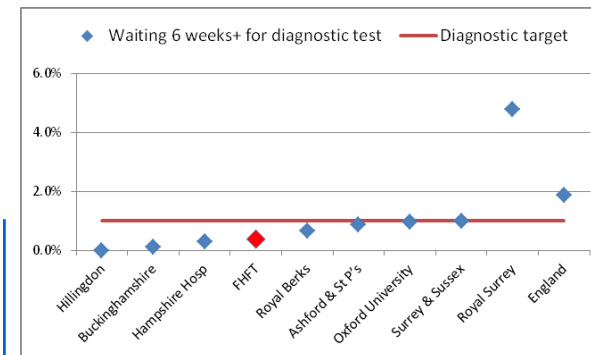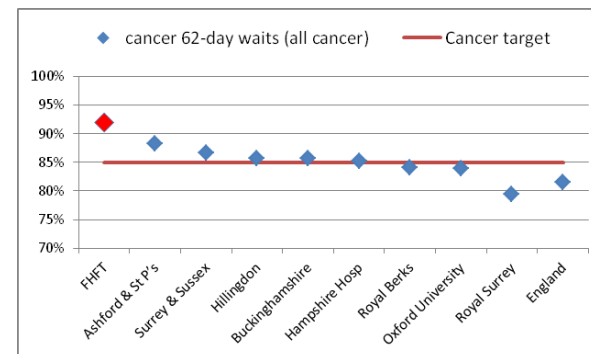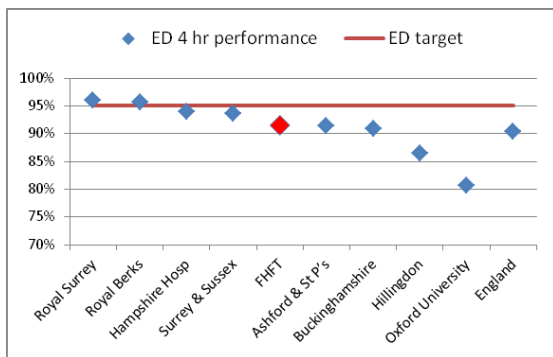
Staff turnover — England (Acute)

NOTE – *for each graph, the position furthest to the left is the best performing trust*
Data periods: *A&E (4 hour target) = Jul 2017; RTT (incomplete pathways) = Jun 2017; Diagnostic test waits = Jun 2017; Cancer = Q1 2017/18; Staff FFT (friends & family test) = Q4 2016/17; Staff turnover = May 2017*

| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Activity

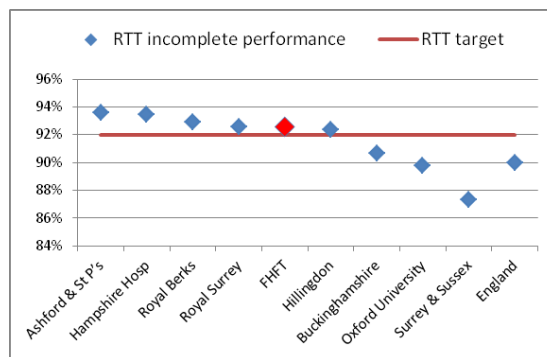|	15/16	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	YTD % change
GP and general dental practitioner referrals to all outpatients																	
NHS North East Hants and Farnham	40777	42412	3214	3553	3503	3546	3573	2952	3412	3175	4024	2968	3594	3816	3520	13898	-5%
NHS Slough	37444	41677	3345	3520	3605	3324	3657	3268	3590	3253	3895	3258	3802	3700	3600	14360	6%
NHS Windsor, Ascot and Maidenhead	31293	33389	2697	2567	2815	2839	2889	2592	2907	2715	3068	2433	2874	2912	2653	10872	-1%
NHS Bracknell and Ascot	19019	19593	1571	1656	1591	1600	1674	1336	1664	1685	1762	1450	1647	1586	1704	6387	-4%
NHS Surrey Heath	17106	17542	1456	1527	1617	1600	1515	1172	1266	1207	1516	1204	1433	1437	1395	5469	-11%
NHS Chiltern	13931	14566	1163	1202	1346	1149	1263	1100	1207	1160	1432	1113	1270	1193	1162	4738	1%
Other CCG's	15846	15899	1296	1294	1367	1337	1327	1043	1325	1254	1395	1189	1362	1399	1236	5186	-7%
Total GP/GDP referrals	**175416**	**185078**	**14742**	**15319**	**15844**	**15395**	**15898**	**13463**	**15371**	**14449**	**17092**	**13615**	**15982**	**16043**	**15270**	**60910**	**-2%**
% change on previous year			0%	19%	3%	0%	7%	-1%	6%	-6%	7%	-14%	4%	-1%	4%		
Outpatient attendances																	
New attendances	276653	294970	23065	24850	25887	25012	26581	21799	25024	23203	26765	22193	25930	25935	24903	98961	3%
Follow-up attendances	598902	597915	48035	50152	52248	49697	53806	44610	49989	45790	54536	43713	51948	52189	47269	195119	-1%
Total OP attendances	**875555**	**892885**	**71100**	**75002**	**78135**	**74709**	**80387**	**66409**	**75013**	**68993**	**81301**	**65906**	**77878**	**78124**	**72172**	**294080**	**0%**
% change on previous year			-9%	14%	1%	1%	5%	-3%	5%	-5%	14%	-9%	6%	3%	2%		
Emergency department (ED) attendances																	
ED attendances (total)	230609	237509	21519	19459	19981	20344	19752	19713	19458	17357	20403	19209	21147	20339	20686	81381	0%
% change on previous year			11%	5%	6%	6%	3%	4%	-1%	-7%	-2%	2%	2%	2%	-4%		
Non-elective admissions																	
Non-elective admissions (total)	104023	109235	9473	8675	9256	9429	9474	9425	9072	8014	9322	8522	9313	8871	9196	35902	-2%
% change on previous year			11%	4%	8%	8%	9%	4%	0%	-7%	-1%	-2%	1%	-4%	-3%		
Elective admissions																	
Daycase	64340	67808	5585	5529	5978	5868	6188	5030	5853	5407	6024	4860	5910	5562	5468	21800	-1%
Overnight	15567	15412	1242	1248	1321	1251	1363	1143	1221	1198	1411	1126	1312	1271	1204	4913	-7%
Regular day attenders	15820	15897	1274	1301	1329	1186	1477	1176	1377	1250	1537	1322	1524	1515	1416	5777	10%
Total elective admissions	**95727**	**99117**	**8101**	**8078**	**8628**	**8305**	**9028**	**7349**	**8451**	**7855**	**8972**	**7308**	**8746**	**8348**	**8088**	**32490**	**0%**
% change on previous year			-7%	11%	1%	-1%	14%	-2%	6%	-3%	13%	-11%	10%	1%	0%		

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| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Activity - ED attendances and emergency admissions (FPH)

	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	YTD % change
Emergency department (ED) attendances																
NHS North East Hampshire & Farnham	51725	4723	4118	4420	4524	4383	4110	4253	3677	4470	4237	4651	4510	4690	18088	2%
NHS Surrey Heath	25190	2283	2161	2084	2078	2105	2100	2035	1857	2085	2044	2239	2205	2188	8676	0%
NHS Bracknell & Ascot	19326	1692	1578	1722	1635	1675	1569	1650	1364	1726	1525	1702	1730	1696	6653	4%
Other	18410	1762	1646	1558	1606	1534	1561	1442	1359	1560	1518	1621	1661	1806	6606	8%
Total	**114651**	**10460**	**9503**	**9784**	**9843**	**9697**	**9340**	**9380**	**8257**	**9841**	**9324**	**10213**	**10106**	**10380**	**40023**	**3%**
% change on previous year		10%	6%	6%	4%	3%	2%	0%	-8%	-3%	3%	4%	6%	-1%		
Emergency department (ED) attendances - by priority																
Majors	43033	3891	3625	3759	3654	3486	3567	3393	3052	3341	3402	3448	3290	3395	13535	-11%
Resuscitation	8489	746	718	662	653	725	742	821	638	667	663	722	702	792	2879	1%
Paeds	33428	3456	3248	2854	2869	2591	2489	2619	2234	2685	2738	3042	3057	3024	11861	0%
Minors	26306	2248	1737	2291	2351	2548	2062	2012	1882	2558	2008	2432	2339	2359	9138	3%
Not recorded	3395	119	175	218	316	344	480	535	451	590	513	569	718	831	2631	840%
Emergency admissions																
NHS North East Hampshire & Farnham	18088	1590	1342	1519	1634	1521	1576	1554	1328	1520	1328	1477	1544	1649	5998	-3%
NHS Surrey Heath	8693	748	711	750	691	709	763	761	603	720	690	732	719	750	2891	-3%
NHS Bracknell & Ascot	7555	679	625	672	659	629	603	675	482	660	581	630	644	683	2538	0%
Other	7087	624	573	577	596	562	640	571	551	646	551	608	548	587	2294	-3%
Total	**41506**	**3641**	**3251**	**3518**	**3580**	**3421**	**3582**	**3561**	**2964**	**3546**	**3150**	**3447**	**3455**	**3669**	**13721**	**-3%**
% change on previous year		7%	1%	8%	11%	0%	1%	1%	-13%	-8%	-8%	-2%	-1%	1%		

Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Activity - ED attendances and emergency admissions (HWP)

	16/17	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul-17	YTD	YTD % change
Emergency department (ED) attendances																
NHS Slough	51,401	4,498	4,053	4,168	4,418	4,320	4,272	4,275	3,770	4,508	4,122	4,586	4,268	4,303	17,191	-3%
NHS Windsor, Ascot & Maidenhead	27,077	2,378	2,190	2,249	2,292	2,220	2,256	2,243	2,080	2,284	2,147	2,416	2,291	2,139	8,914	-4%
NHS Chiltern	28,348	2,457	2,210	2,402	2,465	2,346	2,422	2,417	2,186	2,545	2,342	2,517	2,362	2,423	9,602	2%
NHS Bracknell & Ascot	1,730	167	145	154	149	132	139	154	103	119	174	166	150	136	571	-10%
Other	14,302	1559	1359	1,224	1,177	1,037	1,284	989	960	1,106	1,100	1,249	1,160	1,305	5,078	-1%
Total	**122,858**	**11,059**	**9,957**	**10,197**	**10,501**	**10,055**	**10,373**	**10,078**	**9,099**	**10562**	**9,885**	**10,934**	**10,231**	**10,306**	**41,356**	**-2%**
% change on previous year		11%	5%	6%	8%	3%	5%	-1%	-6%	-2%	3%	1%	0%	-7%		
Emergency department (ED) attendances - by priority																
Majors	63624	5285	5043	5137	5444	5352	5443	5616	5242	5795	5363	5985	5640	5697	22687	10%
Resuscitation						Included in Majors										
Minors	30616	3178	3008	2674	2567	2232	2424	2227	1832	2051	2300	2659	2256	2275	9047	-28%
Paeds	28618	2598	1906	2386	2490	2471	2506	2235	2025	2716	2221	2290	2335	2334	9622	-3%
Emergency admissions																
NHS Slough	16,845	1,430	1,325	1,385	1,475	1,578	1,489	1,409	1,232	1,462	1,388	1,525	1,363	1,402	5,636	4%
NHS Windsor, Ascot & Maidenhead	12,570	1,033	963	1,030	1,108	1,186	1,097	1,022	1,001	1,067	946	1,118	1,011	949	3,974	-2%
NHS Chiltern	11,594	925	879	1,038	993	1,089	1,082	1,020	920	1,069	951	1,023	925	942	3,823	10%
NHS Bracknell & Ascot	909	90	79	79	69	82	69	81	65	76	80	106	70	68	296	-4%
Other	3,125	338	265	253	287	264	288	236	205	246	270	286	294	272	1,094	-12%
Total	**45,043**	**3,816**	**3,511**	**3,785**	**3,932**	**4,199**	**4,025**	**3,768**	**3,423**	**3,920**	**3,635**	**4,058**	**3,663**	**3,633**	**14,823**	**2%**
% change on previous year		17%	13%	16%	11%	21%	9%	3%	1%	6%	7%	12%	0%	-5%		

Tab 6 Chief Executive's Report

| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Appendix A – Methodologies & glossary

Appendix A

Frimley Health NHS Foundation Trust – Board of Directors

Quality and performance report – July 2017

| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Appendix A – Methodologies for calculating the measures

Measure name	Numerator	Denominator	
Length of stay	▪ Total number of bed days occupied ▪ Excludes private patients ▪ Excludes daycases ▪ Based on admission method, split between elective (from a waiting list) and non-elective admissions (includes emergencies and obstetrics)	▪ Total number of discharges in the period	▪ Expressed as a proportion ▪ Measure is consistent with that reported on HED (benchmarking service)
Readmissions	▪ Emergency readmissions to any specialty following an elective or non-elective spell ▪ Readmission length of stay must be at least 1 day ie an overnight stay ▪ Readmission occurs within 30 days of previous discharge	▪ Total number of discharges (completed spells) in the period prior to the last 30 days	▪ Measure is consistent with that used by CQC
Daycase %	▪ Total number of admitted spells where the intended management was daycase, they were admitted electively (off a waiting list) and their spell length of stay was 0 days	▪ Total number of elective spells (admitted off a waiting list)	▪ Expressed as a percentage

Tab 6 Chief Executive's Report

Safe	Effective	Caring	Responsive	Well-led	Efficiency / Finance	Activity

Appendix A – Methodologies for calculating the measures

Measure name	Numerator	Denominator	
Outpatient new to follow-up ratio	▪ Number of follow-up outpatient attendances for all referrals and all appointment types (consultant and non-consultant led). Includes ward attenders and private patients	▪ Number of new outpatient attendances	▪ Expressed as a ratio where one new attendance results in "n" follow-up attendances ▪ Measure is consistent with that reported on HED (benchmarking service)
Outpatient DNA rates	▪ Number of outpatient appointments where the patient did not attend. Includes all referrals and all appointment types (consultant and non-consultant led). Includes private patients	▪ Number of outpatient attendances plus the number of appointments where the patient did not attend	▪ Expressed as a percentage ▪ Measure is consistent with that reported on HED (benchmarking service)
Falls resulting in significant injury (rate per 1000 beddays)	▪ Falls recorded on Datix resulting in moderate or severe harm or death	▪ Total number of occupied beddays (including daycases) ▪ Divided by 1000	▪ Expressed as a rate

| Safe | Effective | Caring | Responsive | Well-led | Efficiency / Finance | Activity |

Appendix A - Glossary

Term	Meaning
CCG	Clinical Commissioning Group
CIP	Cost Improvement Plan or Programme
CoSRR	Continuity of Services Risk Rating *As from 1st October 2013 Monitor's new Risk Assessment Framework replaced the old Compliance Framework. Part of the change saw the Financial Risk Rating (FRR) being replace by the Continuity of Services Risk Rating. This measure is designed to describe the risk of a provider failing to carry on as a going concern. The scale is rated from 1 to 4 with 4 being 'No evident concerns' and 1 being 'Significant Risk'*
CQUIN	Commissioning for quality and innovation
CRAB	CRAB (Copeland's Risk Adjusted Barometer) is based on the POSSUM scoring system
EBITDA	Earnings before interest, tax, depreciation and amortization
FHFT	Frimley Health NHS Foundation Trust
FPH	Frimley Park Hospital
HWP	Heatherwood and Wexham Park Hospitals
POSSUM	Physiological and Operative Severity Score for the enUmeration of Mortality and Morbidity
YTD	Year-to-date

Tab 6 Chief Executive's Report

Tab 7 Quality Improvement Plan

Committed To Excellence | Working Together | Facing The Future

Frimley Health NHS
NHS Foundation Trust

Report Title	**Frimley Health NHS Foundation Trust Quality Improvement Plan as at August 2017**
Meeting	Board of Directors
Meeting Date	1st September 2017
Agenda No.	7.
Report Type	To advise the Board of Directors on the progress against the Frimley Health NHS Foundation Quality Improvement Plan
Prepared By	Debbie Barrow Governance Manager
Executive Lead	Dr Timothy Ho Medical Director
Executive Summary	Attached is the Frimley Health Quality Improvement Plan which was reviewed and agreed at the meeting of the Trustwide Quality Committee in June 2017 The Quality Improvement Plan describes the key quality and patient safety risks identified for Frimley Health and the actions that are being taken to mitigate those risks, current work streams in progress and further work required. Progress against the Improvement Plan is monitored on a monthly basis by the Frimley Health Quality Committee.
Background	The Trust Quality Committee coordinates and monitors the implementation of the responsive actions being taken by the organisation in relation to quality and provides assurance to the Board that the quality agenda is being embedded in line with the quality strategy, and that performance is measured and monitored.
Issues / Actions	• The Trust has recently held a CQC Workshop where the Chiefs of Service, Associate Directors and members of the nursing teams were asked to consider the the key strengths and risks/weaknesses for the organisation against the 5 CQC domains (safe, effective, caring, responsive & well-led). • The risks/weaknesses identified are to be reviewed against the Trust Quality Improvement Plan to ensure that these have been recognised and appropriate actions being taken
Recommendation	The Board of Directors is asked to review the progress against the action plan, to agree the priority areas of concern and trajectories for achieving compliance
Appendices	Quality Improvement Plan August 2017

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Committed To Excellence | Working Together | Facing The Future

Frimley Health NHS
NHS Foundation Trust

FRIMLEY HEALTH NHS FOUNDATION TRUST

Quality Improvement Plan

as at August 2017

Ragging Key:

Achieved/on target/progress made

In progress but some challenges

Significant difficulty, poor progress

Action achieved, closed

Tab 7 Quality Improvement Plan

Quality Committee Quality Improvement Plan

as at August 2017

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
Frimley Health	**Recruitment & Retention** Continue to improve staffing recruitment and retention	The Trust has put in place a robust recruitment plan and this is monitored regularly by Directors and reported monthly to the Board. The Trust will continue to actively recruit and retain staff using all tools and resources possible. National undersupply of qualified clinical staff is resulting in high vacancy rates and over reliance on agency staff. Specific risks in the following occupations: *Band 5 Staff Nurses (General) *Theatre nurses & ODP's *Paediatric Nurses *Sonographers *Radiographers Medical Roles: 1. Paediatrics – middle grade 2. Anaesthetics – middle grade 3. Trauma and orthopaedics – junior and middle grade 4. Acute medicine – junior, middle grade and consultant 5. Care of the Elderly – junior, middle grade and consultant 6. Respiratory Consultant 7. Urology Consultant 8. Dermatology Consultant 8. ED - junior and middle grade	Q4 17/18	Director of HR & Corporate Services / Director of Nursing	Deputy Director of Nursing (WPH) / Assistant Director of Resourcing	Workforce Committee	Actions Detailed recruitment and retention action plan now in place and communicated. Main points include: * New nursing governance group formed in Feb 17 with specific focus on reducing nursing turnover and improving recruitment processes. * 40 nurses recruited from Philippines (via Drake) and will be starting from Mar 17. A further 35 recruited in August. • Revise Open days to increase attendance and experience of potential candidates. Increased attendance at external recruitment open days e.g. RCN careers fairs. • Currently exploring new partnerships with recruitment agencies to increase the supply of staff from Europe and International. *Skype Interviews (Qatar) have taken place in for junior /middle grade positions (7 offers made so far). *local recruitment action plans in place for Theatres and Radiography / Sonography. *ward level recruitment and retention actions plans are being produced to address local risks / concerns. New exit process launched in January to improve intelligence regarding causes of turnover. Nurse Staffing paper to BOD Sept 17 Agreement from MDHU for up to 100 military nurses on Wexham site

Tab 7 Quality Improvement Plan

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
Frimley Health	**E D M S** **Consider the size and organisation of paper health records** **This will remain an ongoing piece of work until such time as all of the records become electronic as part of the EDMS project. Until that time we are continuing to split records each month to meet the size requirement.**	EDMS programme over the next 2 years within pilot specialities due to go live in June 2016	Q4 17/18	Director of Ops (WPH)	Head of Nursing and General Manager Outpatients	OPD HCG	24/07/2017 - All clusters now live and project is in closedown. The revised scanning strategy means that the Trust will be operating with a mix of paper (legacy) and digital (day forward) records for the forseable future. Outstanding issues to be addressed re: consent and speicality specific proformas
Frimley Health	**Mandatory Training Data** June update: New system now developed and embedded across the Trust. The system is called MAST and can be accessed via the Intranet on all sites. All Subject Matter Experts (SME's) are reminded of the importance of submitting completed registers to L&OD for reporting onto MAST, this also includes any training that is carried out locally, the information with registers must be sent to L&OD for this to be recorded centrally.	All statutory mandatory training records to be entered on OLM	Q4 17/18	Director of HR & Corporate Services / Director of Nursing	Deputy Director of Nursing (WPH) / Assistant Director of Resourcing Head of Learning and OD/Learning and Development Manager	Workforce Committee Quality committee	• There continues to be a problem with IT infrastructure on the FPH site, which is being looked into. However some of these e-learning subjects have been made into e-assessments which all sites can access on the MAST system. Chief Exec has set an ambition for high priority subject areas and appraisal rates to achieve 85% compliance by 1st October 2017

Tab 7 Quality Improvement Plan

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
Frimley Health	**Medical Staffing Out of Hours / Use of Agency** To ensure early identification of potential gaps in medical staffing cover out of hours and minimise the use of agency staff	To establish a Medical Staffing working Group	Q1 17/18	Medical Director	Deputy Medical Directors FPH & WPH	Workforce Committee	March update: New Medical Staffing sub-group attended by Deputy Medical Directors from both sites. ▪ Move to pre-authorisation by Deputy Med Dir & Dir of Ops before each shift. Ground rules to be agreed with Chiefs of Service. *Achieved* *Agency spend down by 10%*
		Each speciality to review medical staffing model and make recommendations to mitigate forthcoming expected gaps in junior doctor rota	Q3 17/18	Medical Director	Deputy Medical Directors FPH & WPH		Workforce Committee sub-group will brief all Directorates in early April regardng the need for a Workforce Plan template to be completed, including likely need for changes in the future. Directorates to present their Workforce Plan at the meeting in September *Spend being moniored by Speciality* *Speciality meetings considering vision for workforce* *Rotas changed* *HCAs and non clinical support staff being used in surgery*
Frimley Health	**Deteriorating Patient:** To ensure all clinical staff have the right skills & tools to recognise & deliver timely treatment to the deteriorating patient	Learning from SIs and M&M Reviews to be incoporated into training programmes	Ongoing	Medical Director	Lead Nurse for Deteriorating Patient	Resuscitation Committee	Continues to be a theme arising from Morbidity & Mortality reviews and serious incidents March update: Learning from SIs is shared and disseminated via Directorates and incorporated into ongoing training programs including ALERT In depth review of recent cluster of SIs relating to deteriorating patient to be undertaken *Learning from avoidable deaths - led by Trust lead for Mortality & Morbidity, report to Board in October 17* *Marked improvement in Cardiac Arrest Audit, FHFT now at 30.60% against national average of 20% patients that survice a cardiac arrest in hospital and go home*

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Tab 7 Quality Improvement Plan

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
		Observational review of compliance with Hospital at Night arrangements to be undertaken regarding implementation and effectiveness of night-time handover	Q2 17/18				March update: Deputy Medical Director and Chief of Serivce for Medicine currently to undertake an Observational audit Medical & Deputy Medical Directors to attend clinical handover to observe compliance and agree further actions
Frimley Health	**Critical Care Capacity** Risk of poor outcome through failure to provide sufficient flow out of ICU and to generate increased level 2 capacity outside of Critical Care, potentially impacting on flow out of A&E	1. Corporate & local Morbidity & Mortality Committees with evidence of good attendance, reviewing cases and learning from deteriorating patients 2. Critical Care Delivery Group monitoring deteriorating patient escalation and provision of high dependency beds 3. Recognised need at WPH for medical level 2 capacity equivalent to FPH MADU	Q2 17/18	Directors of Operations FPH & WPH		Work of Trustwide M&M Committees monitored through Quality Committee and reported to Board verbally by Medical Director	Critical Care Delivery Groups on both sites workstreams. Directors of Operations measuring flow. Requires discussion with Commissioners regarding support for increasing capacity. Data on discharges from Recovery to be captured o performance report and directorate dashboards. Difficulties in recruiting to Critical Care Consultant posts at Wexham. Commissioners agreed in principal to fund additional High Dependency beds on the WPH site. Critical Care Strategy Meeting scheduled for 21/6/17 WPH MADU open

Tab 7 Quality Improvement Plan

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
Frimley Health	**Sepsis** To implement the new NICE guidelines for recognition and Management of Sepsis (NG51)	Monitor compliance of the Sepsis Screening Tool through quarterly audits	Ongoing	Medical Director	Head of Patient Safety	Sepsis Committee	Currently not achieving 90% on either site All specialities to review compliance with sepsis screening at directorate clinical governance meetings Sepsis Roadshows underway Educational Day at WPH New Sepsis video launched Q4 Sepsis Audit show reduction in compliance with Abx within an hour (56%) Sepsis tools launched in adults and children with maternity launching in June. Quarterly audits of the sepsis bundle continue. On HWPH site compliance remains a challenge, weekly ward audits undertaken by the matrons which has improved compliance plus 2 sepsis study days with a 3rd planned 29/6. Both sites have well embedded and attended monthly sepsis meetings and all wards have nominated sepsis champions. June update: Quarterly audits continue, training and education in place. National Sepsis Big Day launch planned for September 2017 July update: Sepsis bundle distributed cross-site July 17. To be attached to obs equipment to promote screening Audit findings shared at Quality Committee & nursing forums Extended Nurse lead for Sepsis on each site until end of March
		To align microbiology support and advice as part of the implementation of the new Sepsis Screening tool to ensure all priorities are achieved	Apr-17				Discussions underway led by Medical Director Achieved Daily Microbiologist on-call for advice and support and formal on call service in place

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Tab 7 Quality Improvement Plan

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
Frimley Health	**Do Not Attempt Resuscitation** To ensure there is evidence that DNAR decisions have been appropriately discussed & and are displayed in the medical records (at the front)	To review new national guidance (ReSPECT)	Q2 17/18	Medical Director	Lead Nurse for Deteriorating Patient	Resuscitation Committee	Dr Kelvin Wright now Consultant lead for DNAR. ▪ National Guidance (Respect) currently under review, to be rolled out as part of the End of Life care planning June Update: First ReSPECT workshop held in May. Cross-site DNACPR policy at June HEB. Frimley Health DNACPR policy ratified at HEB. CRoss ite DNACPR form currently under consultation To be audited in Q4
Frimley Park	**Emergency Pressure** To ensure quality of patient care through patient flow	To reduce avoidable admissions through Ambulatory Care pathways and review the threshold for admission by implementing a dynamic response from primary care, social care and community services to support pts at home.	Ongoing	Director of Operations	AD for Medicine	Unscheduled Care	Work with NE Hants on Vanguard scheme to provide integrated care hubs to reduce admissions to FPH. ▪ Opened additional capacity at FPH (G6) in January 2017. ▪ Bed profiling completed, 61-bed deficit on Frimley site. ▪ New Ambulatory Care Unit (ACU) to opened at FPH Jan 2017. ▪ Acquisition of Fleet Hospital Ward (17 beds) + 4 Integrated Care Teams Jan 2017. ▪ FPH have set up a hospital hub for the Integrated Referral Information Service (IRIS). Reviewed use of Ward 1 Heatherwood for medical long stay patients Medical model in ED has delivered reduction in conversation rates
WPH	**Emergency Pressure** To ensure quality of patient care through patient flow						Ambulatory Care majors streaming commenced in ED January 2017. ▪ ESI being implemented 20/04/17. ▪ New medical model will be launched in ED March 2017. ▪ The Urgent Care Steering Group has been re-launched with wider respresentation. Francoise Ticehurst and Prem Premachandran will Chair.

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Tab 7 Quality Improvement Plan

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
Frimley Health	**Discharge Planning** To ensure there is a robust discharge planning process in place to reduce patients' length of stay, pressure on hospital beds and patient readmission	Discharge planning is a Transformation Workstream supported by the Project Management Office (PMO), currently developing prioritised action plan with 'quick' wins and long term actions to be taken	Q2 17/18	Director of Nursing / Director of Operations		Transformation Group Heads of Nursing	June update: IRIS 'huddle' twice a week in place for NEH&F ICTs to share information on 'known' patients to facilitate early discharge planning. Work underway to engage with Berks & Surrey SPA. Training on electronic systems completed for NEH teams. An IG solution is required for Berks/Surrey teams 2 Deputy Directors of Nursing will be leading discharge groups on both sites with focus on delayed discharges and transfers to community teams
		To review the management of private funding for nursing home care and support families who are privately funded	Q2 17/18	Director of Operations	Matron - Patient Access	Urgent Care Board	Funding has been agreed by CCG and lead in post but being used by CCG for other purposes. Director of Ops resolved Social worker to manage and work with private funders to reduce delays & expedite decision making, evoking CHOICE protocol where appropriate Nursing homes to participate have yet to be identified June update: Funding has ceased for this post . Work underway to identify a way forward. Job Description written for new position of Private funding discharge co-ordinator. KPI's and metrics being collated with options being explored for new position Trusted assessors scheme in place to reduce emergency admissions and discharge back to care homes

Tab 7 Quality Improvement Plan

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
Frimley Health	**Clinical Handover** To ensure consistency in both medical and nursing handover arrangements & ownership	Observational review of compliance with Hospital at Night arrangements to be undertaken regarding implementation and effectiveness of night-time handover	Q1 17/18	Medical / Nursing Directors	WPH Deputy MD	Quality Committee	Different levels of maturity on each site, more embedded at Wexham Park Hospital Discussed at Critical Care Delivery Group and all Chiefs of Service asked to support attendance at night-time handover to ensure patient safety and priorities are aligned throughout the night Medical Director & Deputy Medical Director on FPH site to liaise with Chief Registrar to format a plan moving forward June update: FPH Chief Registrar had several meetings with ICU, currently H@N at FPH meeting involves medical team and NNP. Site and bed managers attend briefly to give update. Surgery do not attend, ICU attend workload permitting.
		Review weekend handover plans/documents to identify consistent approach	Q3 17/18		Su2S Matron	Quality Committee	July-17 multiple audits and QI projects being run by junior doctors from different specialities to create clearer weekend handovers plans from specialities. Learning from each project to be brought together to create a single consistent approach.

Tab 7 Quality Improvement Plan

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
Frimley Health	**Consent / Local Safety Standards for Interventional Procedures** To ensure appropriate checking processes are in place for patients undergoing invasive procedures undertaken outside of Theatres	Recommendations to be considered from national guidance NHS England Patient Safety Alert re: Supporting the introduction of the National Safety Standards for Invasive Procedures published, actions to be taken by September 2016 (progress with implementation)	Sep-16 (The Trust will be expected to demonstrate progress made with implementation by 14th Sept. The deadline for development of all LocSSIPs is still to be confirmed by NHS England)	Medical Director / Director of Nursing	Deputy Medical Director (FPH)	Quality Committee	July - theatres and maternity LocSSIPs are completed and being actioned with new WHO forms being implemeted.Vascular access LocSSIP is in second draft stages and being sent out for comment. Intentionally retained product pathway is currently being reviewed as to how to encorporate the documentation within the patient notes. Paediatric pregnancy testing is being developed by the pre-op matrons in conjunction with the paediatric wards. Cross site development of the emergency department LocSSIPs is underway and the resus team are working on a flashcard for use in emergency invasive procedures.
		Review consent documentation and procedures & implement new process	Q3 17/18			Consent Policy & Implementation Group	• Electronic consent ; a demonstration of an electronic consent package has been well received. Further exploration is required. • Consent Policy; Exiting policy is currently being reviewed and revised Discuss with both Deputy Medical Directors with a view to improving consent prior to the day

Tab 7 Quality Improvement Plan

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
		Review current patient information with particular focus on risks and benefits to support the consent process for high priority	Q3 17/18			Consent & Implementation Group	The guidance for developing and managing information leaflets is currently being reviewed and will be ratified via the Trust Consent Committee. April update: Obs & Gynae leaflets for top 5 procedures currently being updated in line with current guidance, as part of phase one. June update: Gynae have set up at tracking system for monitoring, reviewing and updating patient information. All Gynae PIL will be looked at in due course. July update: orthopaedic top procedures being identifed. first cosent group meeting held at WPH. Both Chairs of Vonsent Groups via Denuty Medical
Frimley Health	**Cancer Pathways** To improve the number of patients treated within the 62 day cancer target and to reduce the number of patients whose diagnosis and treatment takes longer than 104 days To improve cancer patient experience and rationalise referral pathways	Ensure appropriate videoconferencing facilities are in place	Q1 17/18	Directors of Operations	CIO	Cancer Board Executive Board Trust Board	Request made again to Informatics. August update: business case in development by IT. Top Team have not agreed funding, issues continue to arise March update: Top Team approved the outfit of 4 rooms in Dec 16. Currently out to procurement at this time Plan in place, currently out to tender.

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Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
Frimley Health	**Management of Patients with Mental Health Issues & Learning Disabilities** To review with mental health colleagues the increase in number and complexity of patients with with mental health needs	The Trust should ensure that staff have clarity around accountability and Duty of Care when managing patients sectioned under the MHA including the use of restraint	Q2 17/18	Director of Nursing	Deputy Director of Nursing FPH		Specialist Simulation training to be provided for key stakeholders including security team Awareness Meeting held with MAYBO to discuss how to provide security staff with next level restraint training Maybo proposal for simulation training to be sustained through train-the-trainer Rapid Tranquilisation Policy in draft Consultant Psychiatrist now delivering Rapid Tranqulisation training and Broadmoor training Maybo Level II training undertaken by all Security staff on both sites 'Managing Challenging Behaviour' incidents roles & responsibilities in-house awareness video being developed On-line roll out anticipated end June 17, dependent on SIM suite availability June update: In-house training video filming has commenced. Paediatric scenario roll out expected by end of July. Delay caused by availability of SIM suite & clinicians Paediatric senario filming completed.
		The Trust should ensure that any patient detained under section 2 of the MHA with a high risk of absconding, self-harm and previous suicidal attempts must be escalated and addressed by the senior nursing staff if a RMN or a 1:1 specialist cannot be provided. All patients requiring 1:1 supervision should receive a daily assessment of their requirement and priority for 1:1care	Q2 17/18	Director of Nursing	Assoc Director for Site Management		All patients sectioned under the Mental Health Act are now highlighted & discussed at the Bed Management Meetings Policy approved at Nursing & Midwifery Board, now at implementation stage Policy to be reviewed in August 17 Discussions with Commissioners & Mental Health providers around Paediatric Mental Health pathway Adults ongoing

Tab 7 Quality Improvement Plan

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
		The current risk assessment template should be reviewed to provide detailed robust documentation of the risks and the decisions and associated mitigations implemented including the use of restraint and the placement in a ward with restricted access.	Aug-17	Director of Nursing	Head of Nursing Emergency & Cardiovascular Medicine		Current risk assessment documentation under review to include restraint & placement of patients sectioned under the MHA. This is part of the new Specials 1:1 Policy Policy approved at Nursing & Midwifery Board, now at implementation stage Policy to be reviewed in August 17 Achieved
Frimley Health	**Seven Day Services** **To ensure that all specialities meet the 4 key clinical standards required as being 'must do' by 2020 in terms of providing a 7-day service including:** *** patients wait no longer than 14 hours to initial consultant review** *** patients get access to diagnostic tests with a 24-hour turnaround time, for urgent requests (12 hours) and for critical patients, one hour** *** patients get access to speciality, consultant directed interventions** *** patients with high-dependency care needs receive twice-daily speciality consultant review, and those patients admitted to hospital in an emergency will experience daily consultant-drected ward rounds**	From last national audit of 7-day services the Trust benchamarked well against peers & nationally but below target, actions to be taken include: *Audit findings to be analyzed by site to see where key issues lie *To review and improve access to diagnostics at WPH, i.e echocardiography and MRI out of hours *To reinforce the requirement to Document name & seniority of clinician to provide around who is reviewing patient and when	Q3 17/18	Medical Director	Deputy Medical Directors FPH & WPH	Quality Committee	March update: We have raised awareness of standards and are using a poster pull-up to endorse these. ▪ National audit now underway. Overall achieved better than national average for most indicators Directors of Ops to review audit findings and develop gap analysis

Tab 7 Quality Improvement Plan

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Actions / Current Status
Frimley Health	**Emergency Readmissions** To ensure that the Trust has a good understanding of the number of emergency admissions within 30-days of the original procedure/stay and the associated financial opportunity of reducing this number	All specialities to review their data analysis and coding for emergency readmission to better understand their current position	Q1 17/18	Medical Director	Chiefs of Service	Quality Committee	March update: Each Associate Director is responsible for presenting their data for discussion at the Performance Meeting. ▪ CRAB data to be reviewed by specialties regarding higher incidents of readmission. Monitored through Urgent Care Board Governance Readmission data reviewed at Performance

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Tab 8 Quality Improvement Strategy 2017-2020

Committed To Excellence | Working Together | Facing The Future

Frimley Health NHS
NHS Foundation Trust

Report Title	**Quality Improvement Strategy April 2017 – March 2020.**
Agenda Number	8.
Report type	Approval
Prepared by	Alison Szewczyk, Deputy Director of Nursing, FPH William Jewsbury, Deputy Medical Director, FPH Sally Brittain, Deputy Director of Nursing, HWPH Beth Bal, Head of Quality, FPH Julie Watson, Head of Quality, HWPH
Executive Lead	Tim Ho, Medical Director Duncan Burton, Director of Nursing & Quality
Executive Summary	This three year strategy sets out the Trust's ambition to continue to be a trail blazing organisation, both locally and nationally, delivering safe, 'outstanding' care for our patients. The term 'outstanding' is defined as being the standard used by the CQC in their rating of Trust's services. The Trust has set an aim against each of the three quality domains; safety, effectiveness, and patient experience: • Our patients will always receive 'outstanding' patient safety. • Our patients will always have 'outstanding' clinical outcomes. • We will always provide an 'outstanding' experience for our patients. A number of objectives have been set against each aim: Safety: • Reduce preventable deaths. • Improve the recognition, escalation and treatment of deteriorating patients. • Improve medication safety, through better prescribing and administration. Effectiveness: • Improve clinical outcomes with a focus of stroke, cardiology, emergency laparotomy, #NOF and cancer. • Reduce still births in line with national Saving Babies Lives programme. • Improve specialist care for patients with mental health and learning difficulties within a non-specialist acute hospital setting. Objectives: • Improve written and verbal communication. • Ensure patients and carers are fully involved in discharge planning and on-going care. • Ensure that patients are well cared for at the end of their life in their preferred environment.

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Tab 8 Quality Improvement Strategy 2017-2020

Background	This strategy has been developed with our clinical and leadership staff and will enable us to build upon the success of our existing patient safety programme.
Issues and Options	Achieving our stated ambition will require a multi-faceted, multi-disciplinary approach and in Section 2 of the strategy we have identified several key areas on which to concentrate our efforts. These areas were selected based on learning from local and national risks and emerging concerns. The strategy will require support from the Executive and senior leadership teams to address the challenges identified in the Strategic Enablers section. The Quality Assurance Committee will monitor the strategy implementation plan and provide assurance to the Board twice yearly.
Recommendation	The Board is asked to approve the Quality Improvement Strategy for the next three years.
Appendices	Quality Improvement Strategy April 2017 to March 2020

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health **NHS**
NHS Foundation Trust
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Quality Improvement Strategy

April 2017 to March 2020

Authors: Alison Szewczyk, Deputy Director of Nursing, FPH
William Jewsbury, Deputy Medical Director, FPH
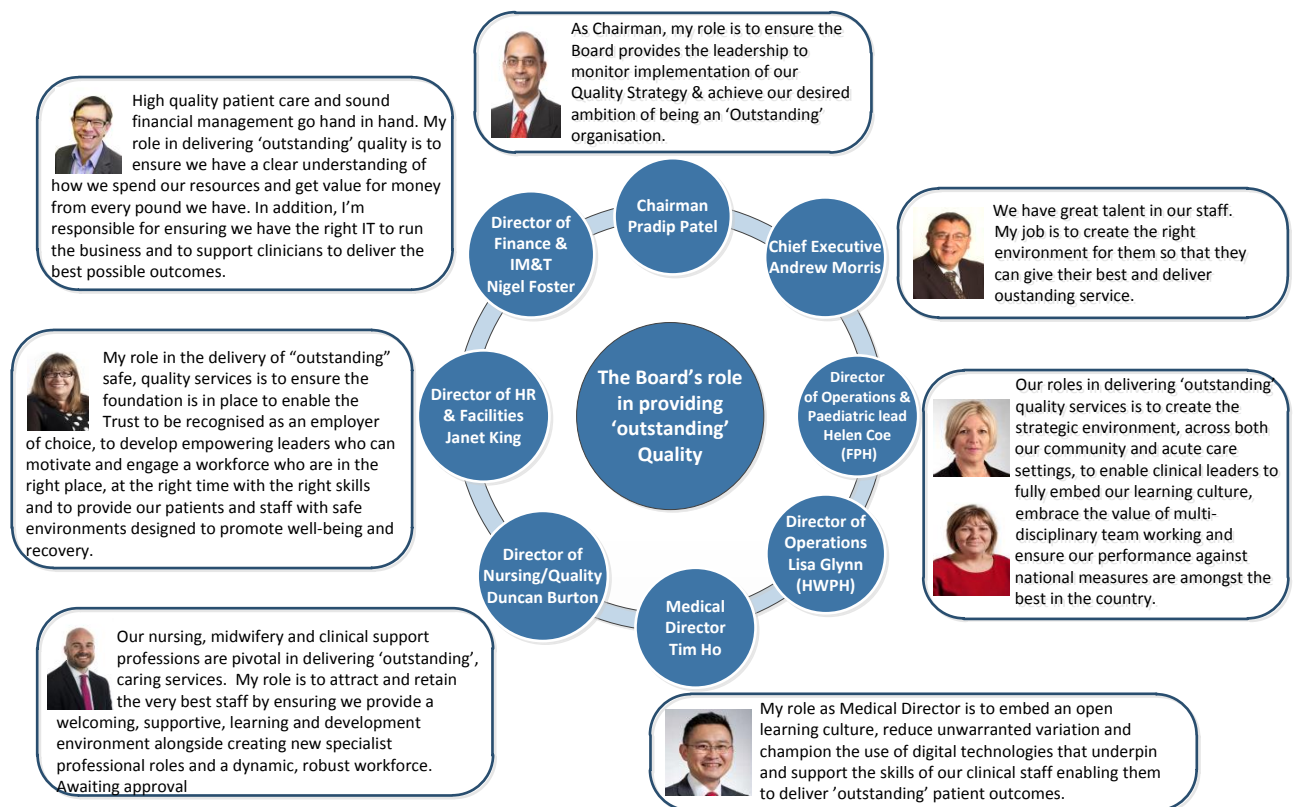Beth Bal, Head of Quality, FPH
Julie Watson, Head of Quality, WPH

Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health **NHS**
NHS Foundation Trust

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health **NHS**
NHS Foundation Trust

SECTION ONE: Foreword

We are delighted to introduce the first Quality Strategy for Frimley Health NHS Foundation Trust following the merger of Frimley Park Hospital and Heatherwood and Wexham Park Hospitals in 2014.

Since that time, the Trust has worked hard to share best practice across all our hospitals, embed our core values; 'Committed to Excellence, Working Together and Facing the Future, and establish a culture where patients, families, carers and staff feel safe and listened to.

As Chairman, my role is to ensure the Board provides the leadership to monitor implementation of our Quality Strategy & achieve our desired ambition of being an 'Outstanding' organisation.

High quality patient care and sound financial management go hand in hand. My role in delivering 'outstanding' quality is to ensure we have a clear understanding of how we spend our resources and get value for money from every pound we have. In addition, I'm responsible for ensuring we have the right IT to run the business and to support clinicians to deliver the best possible outcomes.

We have great talent in our staff. My job is to create the right environment for them so that they can give their best and deliver oustanding service.

Director of Finance & IM&T Nigel Foster

Chairman Pradip Patel

Chief Executive Andrew Morris

My role in the delivery of "outstanding" safe, quality services is to ensure the foundation is in place to enable the Trust to be recognised as an employer of choice, to develop empowering leaders who can motivate and engage a workforce who are in the right place, at the right time with the right skills and to provide our patients and staff with safe environments designed to promote well-being and recovery.

Director of HR & Facilities Janet King

The Board's role in providing 'outstanding' Quality

Director of Operations & Paediatric lead Helen Coe (FPH)

Our roles in delivering 'outstanding' quality services is to create the strategic environment, across both our community and acute care settings, to enable clinical leaders to fully embed our learning culture, embrace the value of multi-disciplinary team working and ensure our performance against national measures are amongst the best in the country.

Director of Nursing/Quality Duncan Burton

Director of Operations Lisa Glynn (HWPH)

Medical Director Tim Ho

Our nursing, midwifery and clinical support professions are pivotal in delivering 'outstanding', caring services. My role is to attract and retain the very best staff by ensuring we provide a welcoming, supportive, learning and development environment alongside creating new specialist professional roles and a dynamic, robust workforce. Awaiting approval

My role as Medical Director is to embed an open learning culture, reduce unwarranted variation and champion the use of digital technologies that underpin and support the skills of our clinical staff enabling them to deliver 'outstanding' patient outcomes.

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health **NHS**
NHS Foundation Trust

Ambition

To continue to be a trail blazing organisation, both locally and nationally, delivering safe, 'outstanding' care for our patients.

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We will aim to achieve Care Quality Commission (CQC) 'Outstanding' ratings for all our hospital sites. We will ensure all of our practices are to a standard that meet the CQC's expectations of an 'Outstanding' organisation.

Currently the Trust's CQC ratings are:

Frimley Park Hospital:	Outstanding
Wexham Park Hospital:	Good
Heatherwood Hospital	Good

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Tab 8 Quality Improvement Strategy 2017-2020

Background

Patient safety has been the highest priority for the Trust over many years. We believe that our safety culture, and continuous learning and improvement programme, (see below), has enabled us to reduce to a minimum, the chances of causing our patients harm.
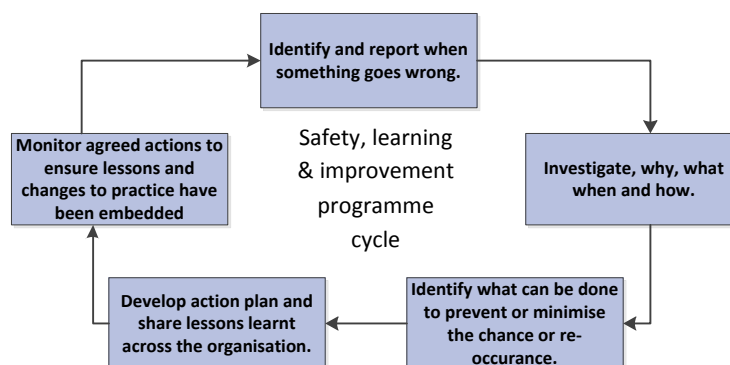
We are delighted the Trust has successfully reduced the instances of avoidable patient harm by an average of 53% across seven key indicators over the life of the previous Quality Strategy. In fact, since 2013, the Trust has achieved an average harm reduction of 80%.

FRIMLEY HEALTH FOUNDATION TRUST						% reduction in harm to patients over 4 years	
PATIENT SAFETY INDICATORS	Baseline Data 2012-13	2013-14	2014-15	2015-16	2016-17 YTD		
Methicillin-Resistant Staphylococcus Aureus (MRSA)	1	5	2	2	2	0%	➡
Clostridium difficile (C.diff)	44	46	33	41	33	25%	⬇
Pressure ulcers: Grade 2	307	181	240	143	148	52%	⬇
Pressure ulcers: Grade 3	32	21	18	6	4	88%	⬇
Pressure ulcers: Grade 4	4	1	2	0	0	100%	⬇
Falls resulting in significant injury: occurrences per 1000 bed days	40	29	41	28	20	50%	⬇
Medication errors with harm (low/mod/severe)	*	*	*	60	28	53%	⬇
REDUCTION IN AVOIDABLE HARM TO PATIENTS	Average reduction					53%	

Source: Trust data

*Post- acquisition, reporting processes have been aligned and a significant amount of work undertaken to reduce medication errors with harm.

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health **NHS**

NHS Foundation Trust

The Trust is proud of our long standing reputation as a safe organisation and we were delighted to have been recognised nationally as the Best Organisation for Patient Safety in the 2016 Health Service Journal awards.

The national healthcare landscape continues to change and has created exciting opportunities as well as challenges. The Trust is striving to be at the forefront of healthcare leadership, developing services that meet the changing needs of the population we serve. This strategy enables us to build upon the success of our existing patient safety programme to meet those challenges and create the environment that enables our staff to deliver 'outstanding' services.

We are focusing our improvement programme on nine key aims across the three areas that patients and staff tell us are most important to them; safety, outcomes (effectiveness), and experience (see below). These areas have been selected in conjunction with our staff, patients and healthcare partners, based on learning from incidents and emerging local and national risks and concerns.

Achieving our aims and objectives will require a multi-faceted, multi-disciplinary team approach. This strategy also supports three of the priority areas for the Frimley System Sustainability and Transformation Partnership (STP):

- Provide proactive care for people with multiple, complex and long term conditions, reducing crises and prolonged hospital admissions.
- Integrating hospital and community working to provide support for patients outside of the hospital setting.
- Reduce variation and health inequalities and improve patient outcomes.

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Aims:

In order to achieve our ambition we have set the following three overarching aims:

Safety

Our patients will always receive 'outstanding' patient safety.
Our patients will feel safe. The Trust will ensure staff have the knowledge and skills necessary to deliver safe care.

Effectiveness

Our patients will always have 'outstanding' clinical outcomes.
Our patient outcomes will be in the upper quartile nationally.

Experience

We will always provide an 'outstanding' experience for our patients.
Our patient experience scores locally and nationally will improve.
We will aim to have 20% of responses in the top quartile.

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Tab 8 Quality Improvement Strategy 2017-2020

Objectives

For each of our aims we have set a number of objectives. These are the key focus areas of our improvement programme.

Aim 1: Our patients will always receive 'outstanding' patient safety.

Safety

OBJECTIVES

- Reduce preventable deaths.

- Improve the recognition, escalation and treatment of deteriorating patients.

- Improve medication safety, through better prescribing and administration.

Aim 2: Our patients will always have 'outstanding' clinical outcomes.

Effectiveness

OBJECTIVES

- Improve clinical outcomes with a focus on stroke, cancer, cardiology, emergency laparotomy and fractured neck of femur.

- Reduce still births in line with the national Saving Babies Lives programme and reduce the number of unnecessary admissions into neonatal care.

- Improve specialist care for patients with mental health concerns within a non-specialist acute hospital setting.

Aim 3: We will always provide an 'outstanding' experience for our patients.

Experience

OBJECTIVES

- Improve written and verbal communication.

- Ensure patients and carers are fully involved in discharge planning and on going care.

- Ensure that patients are well cared for at the end of life in their preferred environment.

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In order to achieve our overarching ambition, we will:

- build on the success of our previous quality and safety improvement programmes,
- embed our culture of continual learning and improvement,
- ensure our patients and staff feel safe and listened to, and,
- ensure that our Trust values underpin everything we do.

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Tab 8 Quality Improvement Strategy 2017-2020

Strategic enablers

In order to achieve our Quality Strategy ambition, aims and objectives, the Trust will ensure that the right learning and development environment is embedded across the organisation and invest in ensuring the right capacity, capability and skills are available to deliver change across the organisation. This commitment will continue the work that has already been undertaken to embed the Trust's values and culture. Specifically, the Trust will strengthen our commitment in the following areas:

Leadership

Identify individuals across all three sites within the medical, nursing and operational leadership structures who have the passion, drive, capacity and commitment to challenge existing culture and practices in order to deliver the strategic quality ambition.

Continue to embed the Trust's values and culture. We will ensure all staff across all Trust sites understand the corporate objectives and are willing and able to raise concerns regarding the safety and quality of services in order to deliver change.

Recognise the value and impact of human factors on change programmes. The Trust will continue to support the Organisational Development programme emphasising the value of multi-disciplinary team working.

Clinical informatics

Trust leaders will actively champion the digital first approach to deliver safe, effective and high quality health care.

The Trust's IM&T Strategy will prioritise clinical informatics in order to deliver the key aims and objectives of the Quality Improvement Strategy. Clinical informatics will underpin the skills of clinical staff, providing an electronic "safety net" to ensure the delivery of safe care.

In January 2017, Southern Heath Foundation Trust transferred community services teams in North East Hampshire to FHFT. To ensure that patients move seamlessly between hospital care and community care, the Trust will align digital systems across organisational boundaries. The Trust is committed to working with partners to address Information Governance constraints to ensure that patient information is accessible to the right clinicians at the right time.

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health NHS
NHS Foundation Trust

Workforce

The Trust is committed to developing a workforce with the right skills, in the right place, at the right time. The Trust recognises the need to address local recruitment challenges ie proximity to London and national shortages in specific professional groups. The Trust is committed to ensuring that processes for recruiting and welcoming staff into our hospitals are as effective as possible.

The Trust's programme to retain existing staff encompasses the following:

- A Trust vision describing our future workforce.
- Identifying talent and development of our own staff.
- Providing a learning and development environment which defines us as the employer of choice.
- Ensuring staff can access outstanding training and career opportunities.
- Developing new roles such as Advanced Nurse Practitioners, prescribing Pharmacists and Associate Nurses.

Education & training

The Trust will build on existing programmes to better:
- Recognise and develop talent.
- Provide targeted organisational development opportunities.
- Support staff to develop to their full potential.
- Provide career pathways that are challenging, exciting and retain staff.
- Maximise opportunities for cross system learning ie acute and community nursing.
- Explore innovative ways to ensure all staff can access` mandatory training, ensuring they have the appropriate skills to support the aims and objectives of the Quality Improvement Strategy.
- Ensure findings of incident reviews are fully recognised and understood across the organisation and are reflected in future training and practice development.
- Effectively utilise practice development resources to support clinical changes in practice as a result of the learning from incidents.

Estates

The Trust is committed to providing the highest quality environments for our patients and staff. We recognise the benefits of 'designing out' safety risks and addresses the effect that the environment has on human behaviour. For example ensuring that new or refurbished services are designed to be dementia friendly and minimise the risk of falls for our frail patients.

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Tab 8 Quality Improvement Strategy 2017-2020

SECTION TWO

How does this strategy improve the quality of care for our patients?

In this section, we set out the key areas of focus and actions we are taking for each of our aims and objectives together with details of how we intend to track progress and monitor improvement:

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health **NHS**

NHS Foundation Trust

Safety

Our patients will always receive 'outstanding' patient safety.

Our patients will feel safe. The Trust will ensure staff have the knowledge and skills to deliver safe care.

Executive Lead

Medical Director

Workstream Lead

Deputy Medical Director

We will Provide 'Outstanding' patient safety.

We will reduce the number of preventable deaths.

Mortality Review

- Review all deaths to identify those that may have been 'preventable' in line with national guidance.
- Conduct 'in depth' reviews to identifying areas where care could be improved.

In-depth Review

- Ensure that lessons are learnt when things go wrong and that actions are taken to address the findings of the review.
- Develop and implement evidence based practice to improve the quality and safety of care.

Mortality data surveillance.

- Monitor and review the CRAB data. Identifying themes and clinical triggers including Sepsis, pneumonia and acute kidney injury.
- Implementing changes in practice and clinical education.

We will monitor and report:

- The number of preventable deaths.

- The outcomes of the in-depth 'preventable' death reviews.

- Progress of agreed Improvement plans.

- Mortality indicators to ensure that they remain aligned or better than the national expected range.

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health NHS
NHS Foundation Trust

Safety

Our patients will always receive 'outstanding' patient safety.

Our patients will feel safe. The Trust will ensure staff have the knowledge and skills to deliver safe care.

Executive Lead

Director of Nursing

Workstream Leads

Deputy Directors of Nursing

We will Provide 'Outstanding' patient safety.

We will Improve the recognition, escalation and treatment of deteriorating patients.

Clinical education.

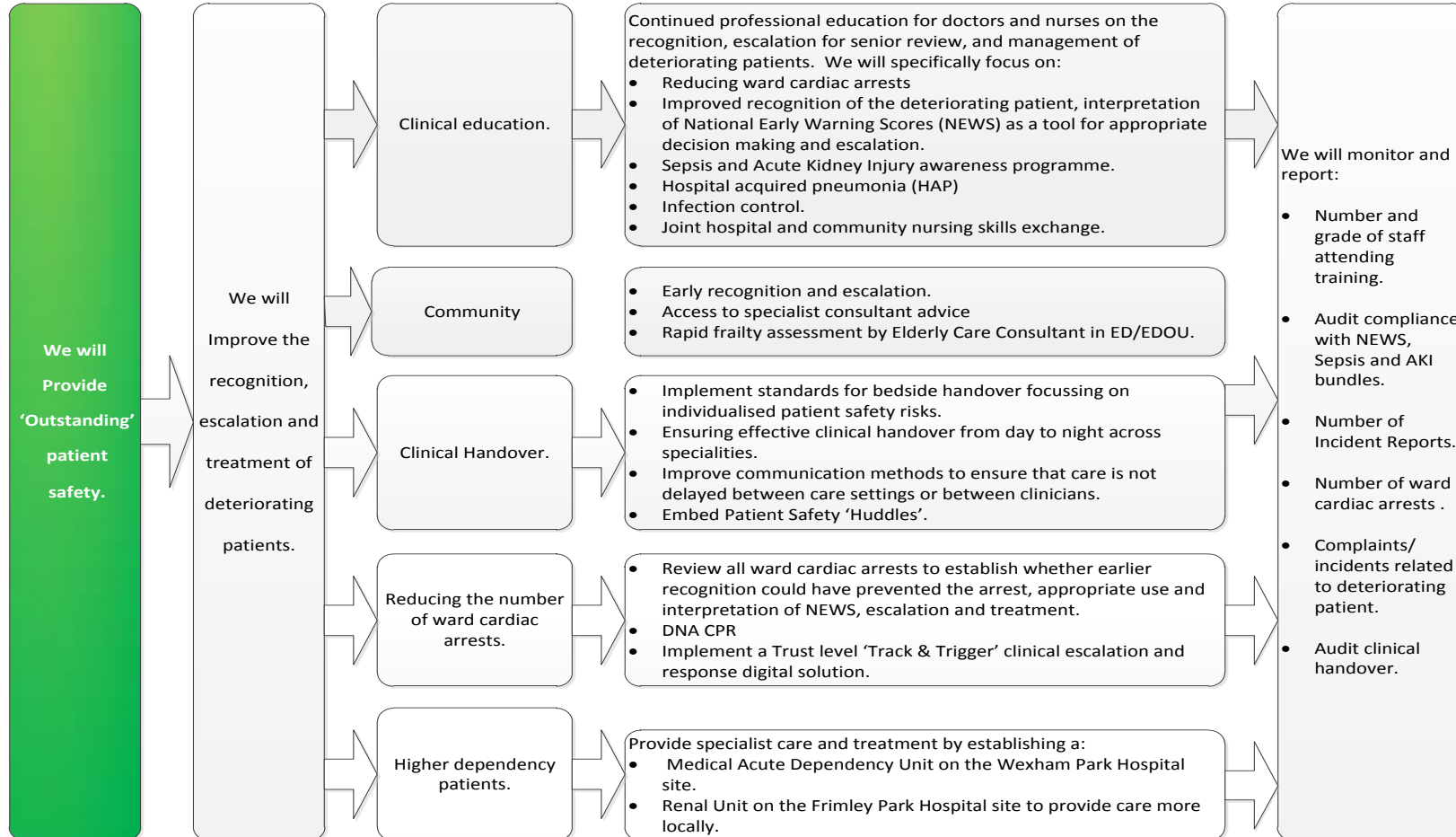Continued professional education for doctors and nurses on the recognition, escalation for senior review, and management of deteriorating patients. We will specifically focus on:
- Reducing ward cardiac arrests
- Improved recognition of the deteriorating patient, interpretation of National Early Warning Scores (NEWS) as a tool for appropriate decision making and escalation.
- Sepsis and Acute Kidney Injury awareness programme.
- Hospital acquired pneumonia (HAP)
- Infection control.
- Joint hospital and community nursing skills exchange.

Community

- Early recognition and escalation.
- Access to specialist consultant advice
- Rapid frailty assessment by Elderly Care Consultant in ED/EDOU.

Clinical Handover.

- Implement standards for bedside handover focussing on individualised patient safety risks.
- Ensuring effective clinical handover from day to night across specialities.
- Improve communication methods to ensure that care is not delayed between care settings or between clinicians.
- Embed Patient Safety 'Huddles'.

Reducing the number of ward cardiac arrests.

- Review all ward cardiac arrests to establish whether earlier recognition could have prevented the arrest, appropriate use and interpretation of NEWS, escalation and treatment.
- DNA CPR
- Implement a Trust level 'Track & Trigger' clinical escalation and response digital solution.

Higher dependency patients.

Provide specialist care and treatment by establishing a:
- Medical Acute Dependency Unit on the Wexham Park Hospital site.
- Renal Unit on the Frimley Park Hospital site to provide care more locally.

We will monitor and report:

- Number and grade of staff attending training.
- Audit compliance with NEWS, Sepsis and AKI bundles.
- Number of Incident Reports.
- Number of ward cardiac arrests .
- Complaints/ incidents related to deteriorating patient.
- Audit clinical handover.

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health NHS
NHS Foundation Trust

Safety

Our patients will always receive 'outstanding' patient safety.

Our patients will feel safe. The Trust will ensure staff have the knowledge and skills to deliver safe care.
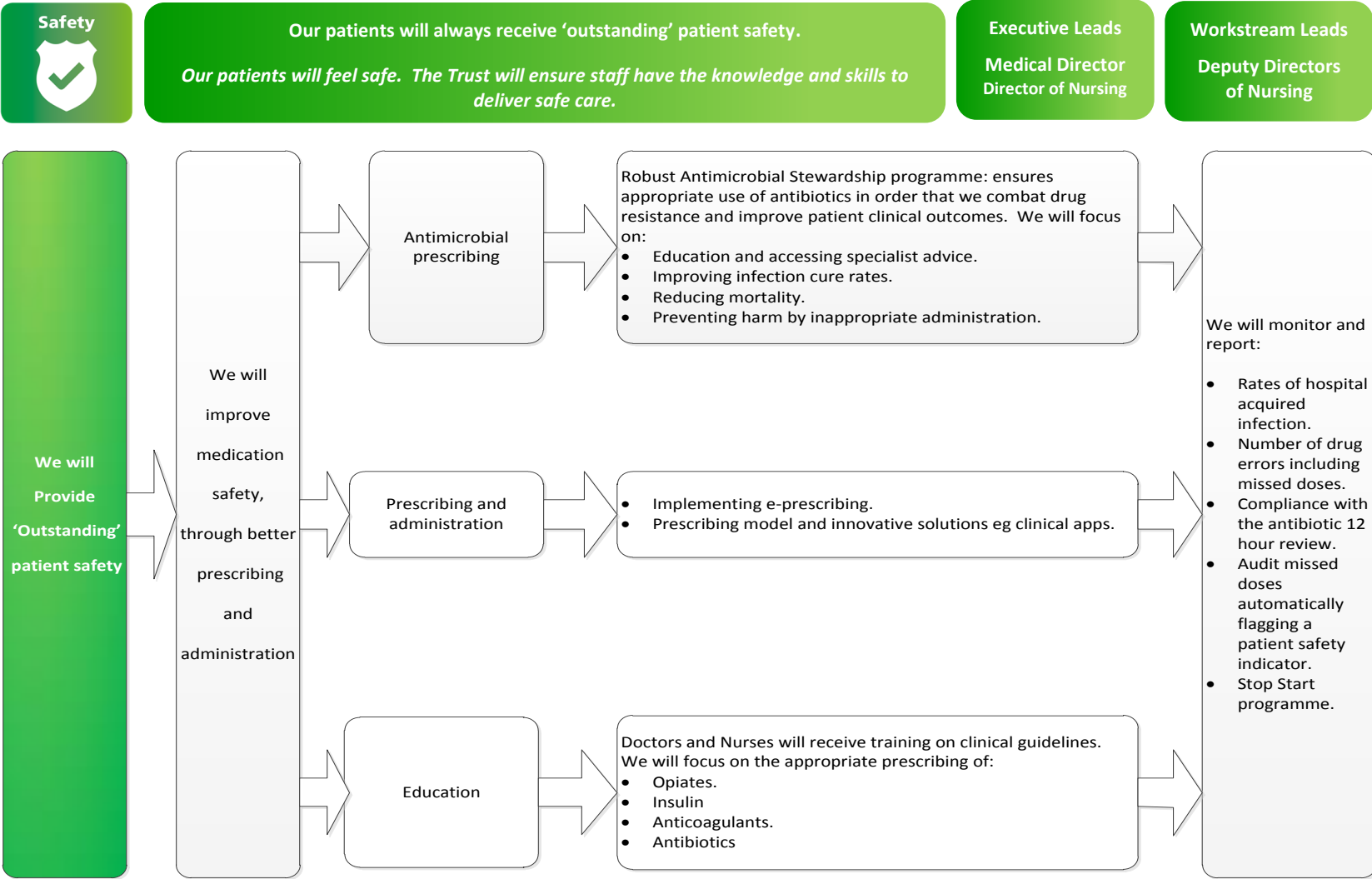
Executive Leads

Medical Director
Director of Nursing

Workstream Leads

Deputy Directors of Nursing

We will Provide 'Outstanding' patient safety

We will improve medication safety, through better prescribing and administration

Antimicrobial prescribing

Robust Antimicrobial Stewardship programme: ensures appropriate use of antibiotics in order that we combat drug resistance and improve patient clinical outcomes. We will focus on:
- Education and accessing specialist advice.
- Improving infection cure rates.
- Reducing mortality.
- Preventing harm by inappropriate administration.

Prescribing and administration

- Implementing e-prescribing.
- Prescribing model and innovative solutions eg clinical apps.

Education

Doctors and Nurses will receive training on clinical guidelines. We will focus on the appropriate prescribing of:
- Opiates.
- Insulin
- Anticoagulants.
- Antibiotics

We will monitor and report:

- Rates of hospital acquired infection.
- Number of drug errors including missed doses.
- Compliance with the antibiotic 12 hour review.
- Audit missed doses automatically flagging a patient safety indicator.
- Stop Start programme.

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health NHS
NHS Foundation Trust

Effectiveness

Our patients will always have 'outstanding' clinical outcomes.

Our patient outcomes will be in the top quartile.
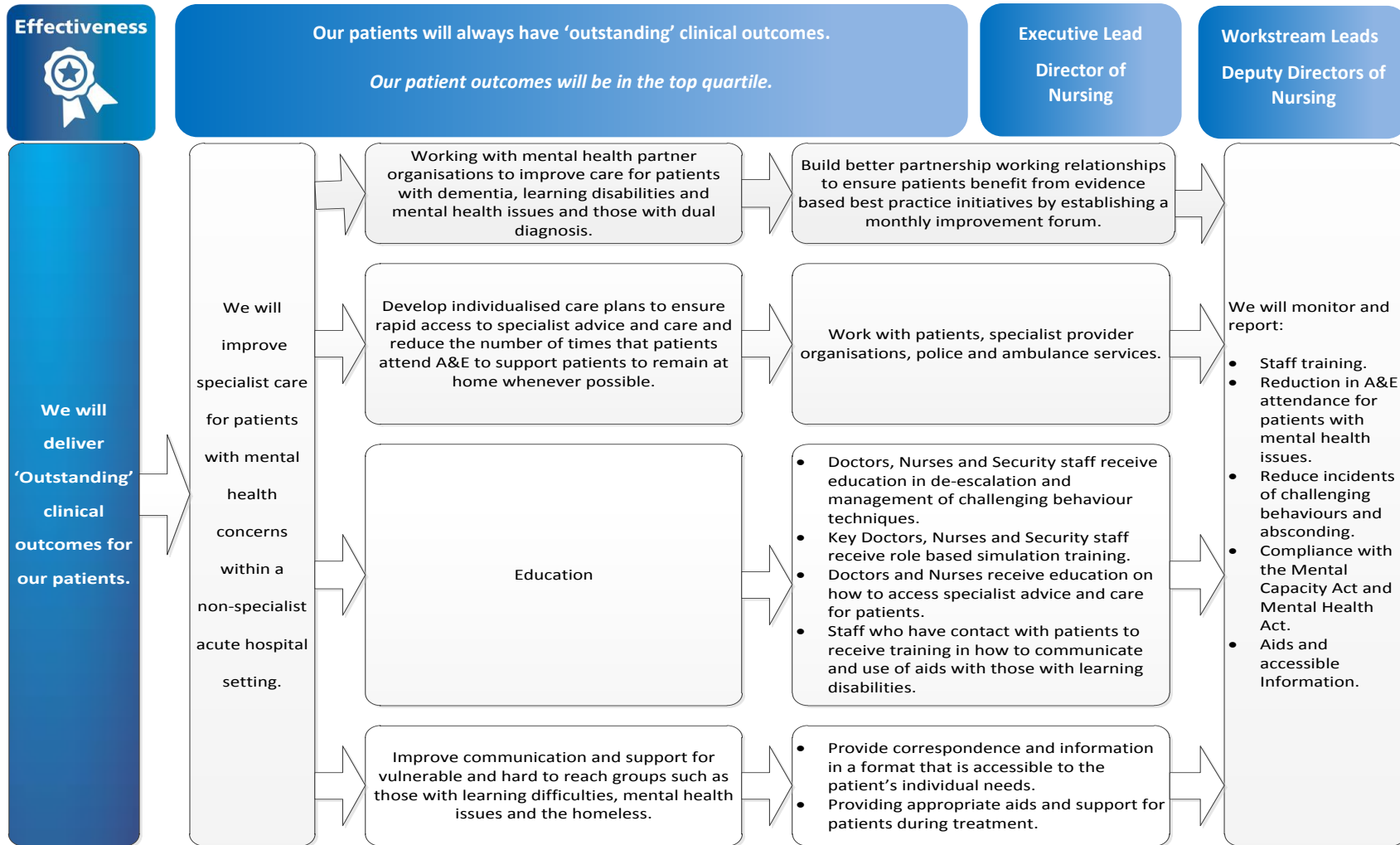
Executive Leads

Directors of Operations

Workstream Leads

Chiefs of Service Associate Directors Deputy DONs

We will deliver 'Outstanding' clinical outcomes for our patients.

We will improve clinical outcomes with a focus on stroke, cancer, cardiology, emergency laparotomy and fractured neck of femur.

Utilising NICE & Best Practice Guidance.

Learning from National Audits

Specifically: Stroke cancer, cardiology, emergency laparotomy, and fractured neck of femur.

- Ensure results and learning from National audits are shared across the Trust.
- As a result of national audits, ensure there are robust implementation plans.

Clinical Handover

- Ensure that care is not delayed following transfers of care either between care settings or between clinicians.
- Implement standards for bedside handover focussing on individualised patient safety risks.
- Embed Patient Safety 'Huddles'.
- Implementation of clinical digital communication tools to support effective, ward based, decision making eg electronic prescribing and track and trigger.

7 Day sevices

Fully implement the 7 Day Core Standards across all sites.

We will monitor and report:

- Specialty clinical outcomes and benchmarking/ national audits.
- Monitor progress against improvement plans.
- Participate in bi-annual 7 Day Service audits.
- Clinical Handover:
  - Audit whole team Safety Briefings.
  - Patient experience internal survey.
- Observational night handover audit.

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health NHS
NHS Foundation Trust

Effectiveness

Our patients will always have 'outstanding' clinical outcomes.

Our patient outcomes will be in the top quartile.

Executive Lead

Director of Nursing

Workstream Leads

Deputy Directors of Nursing

We will deliver 'Outstanding' clinical outcomes for our patients.

We will reduce the rate of still births in line with national Saving Babies Lives programme & the number of unnecessary admissions into neonatal care.

Saving Lives Care Bundle.

We will work to reduce the number of still births across the Trust by implementing the Saving Lives Care Bundle. We will focus on:

- Reducing smoking in pregnancy.
- Carrying out risk assessment and surveillance of growth restriction.
- Informing women of the importance of monitoring fetal movements and ensure they are know when to seek professional help.
- Effective fetal monitoring in labour.

Education

Doctors and Midwifes receive training in a wide range of clinical and non-clinical areas:

- Fetal growth assessment.
- Increase specialist knowledge on interpreting CT
- Assessment of fetal wellbeing
- Human factors and how they impact on errors.
- Communication skills
- Recognition of the deteriorating patient.

Perineal damage

- Introduction of specialist equipment to promote optimal depth of incision.
- Education for medical staff in performing episotomy and repair of the perineum.
- Work with University to develop training for student midwives.
- Implement perineal management care bundle.

Neonatal and Maternal Safety Programme

- As part of a national work programme (referenced in the National & Maternal Safety Collaborative) review pathway and reduce the number of babies admitted unnecessarily into neonatal care.

We will monitor and report:

- Number of third and fourth degree perineal injuries.
- Number of still births.
- Maternity audits programme.
- Number of staff attending training.
- Audit care bundle.
- Reduction in the number of unnecessary admissions to neonatal care locally and as part of the SEC network.

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Frimley Health NHS
NHS Foundation Trust

Effectiveness

Our patients will always have 'outstanding' clinical outcomes.

Our patient outcomes will be in the top quartile.

Executive Lead
Director of Nursing

Workstream Leads
Deputy Directors of Nursing

We will deliver 'Outstanding' clinical outcomes for our patients.

We will improve specialist care for patients with mental health concerns within a non-specialist acute hospital setting.

Working with mental health partner organisations to improve care for patients with dementia, learning disabilities and mental health issues and those with dual diagnosis.

Build better partnership working relationships to ensure patients benefit from evidence based best practice initiatives by establishing a monthly improvement forum.

Develop individualised care plans to ensure rapid access to specialist advice and care and reduce the number of times that patients attend A&E to support patients to remain at home whenever possible.

Work with patients, specialist provider organisations, police and ambulance services.

Education

- Doctors, Nurses and Security staff receive education in de-escalation and management of challenging behaviour techniques.
- Key Doctors, Nurses and Security staff receive role based simulation training.
- Doctors and Nurses receive education on how to access specialist advice and care for patients.
- Staff who have contact with patients to receive training in how to communicate and use of aids with those with learning disabilities.

Improve communication and support for vulnerable and hard to reach groups such as those with learning difficulties, mental health issues and the homeless.

- Provide correspondence and information in a format that is accessible to the patient's individual needs.
- Providing appropriate aids and support for patients during treatment.

We will monitor and report:

- Staff training.
- Reduction in A&E attendance for patients with mental health issues.
- Reduce incidents of challenging behaviours and absconding.
- Compliance with the Mental Capacity Act and Mental Health Act.
- Aids and accessible Information.

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health **NHS**

NHS Foundation Trust

Experience

We will always provide an 'outstanding' experience for our patients

Our patient experience scores locally and nationally will improve.
We will aim to have 20% of responses in the top quartile.

Executive Leads

Medical Director
Director of Nursing

Workstream Leads

Deputy Directors of Nursing

Our patients' experience will be 'Outstanding'

We will improve the way in which we communicate.

Consent

We will ensure that our consent process provides patients with information on the risks and options available in order for them to make an informed judgement on whether a procedure is right for them.

Handover

- Implement nurse bedside handover encouraging patient involvement.
- Ensure the effective transition of children from paediatric to adult services.

Written Communication

- Improve bedside patient information.
- Provide a standardised format for patients (and GPs) on discharge, providing an comprehensive record of the inpatient stay and treatment.
- Provide information in a format that is appropriate for those with disabilities (including learning disabilities) and meets the NHS Accessibility Standards.

Verbal Communication

- Develop and implement specialty level communication plans.
- Embed Trust values.

Education

- Clinical staff will attend improving communication with patients training with a focus on the impact of human factors.
- Understanding why complaints are made and how we can work with patients and their families and/or carers to learn what we can do better.
- Customer care training.

We will monitor and report:

- Progress in implementing the Specialty communication improvement plans.
- Improve local patient experience scores.
- Aim to have 20% of responses in the top quartile of the national In Patient Survey.

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Tab 8 Quality Improvement Strategy 2017-2020

Experience

Frimley Health **NHS**
NHS Foundation Trust

We will always provide an 'outstanding' experience for our patients

Our patient experience scores locally and nationally will improve.
We will aim to have 20% of responses in the top quartile.

Executive Leads
Directors of Operations
Director of Nursing

Workstream Leads
Deputy Directors of Nursing

Our patients' experience will be 'Outstanding'

We will ensure patients and carers are fully involved in discharge planning and on going care.

SAFER Care Bundle

We will implement the SAFER care bundle principles. We will focus on ensuring patients' do not experience delays that prolongs their stay in hospital unnecessarily.

Integrated Referral and Information Service (IRIS)

Models of Care – 2 site cover

- We will implement a single referral for all patients needing help and support to leave hospital to avoid delays and confusion for patients dealing with organisations across three counties.
- Improve communication with patients and their families.
- Expedite the sharing of information between organisations to provide seamless transfer between hospital care and the community.

Discharge Policy. Develop and launch Organisational Discharge Policy

- Ensure patient is at the centre of discharge planning.

Improve safe transfers of care through effective discharge planning and communication.

- E-prescribing/pharmacy prescribers.
- Shared Care Record

We will monitor and report:

- The number of patients who experience an unnecessary delay in their discharge.

- The number of patients who are supported to remain in their own home and who are discharged to their usual place of residence.

- The number of patients who feel that they have been involved in their discharge planning as much as they want to be.

- Audit SAFER care bundle

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Tab 8 Quality Improvement Strategy 2017-2020

Frimley Health NHS

NHS Foundation Trust

Experience

We will always provide an 'outstanding' experience for our patients

Our patient experience scores locally and nationally will improve.
We will aim to have 20% of responses in the top quartile of the CQC national inpatient survey

Executive Leads
Directors of Operations
Director of Nursing

Workstream Leads
Deputy Directors of Nursing

Our patients' Experience will be 'Outstanding'

We will ensure that patients are well cared for at the end of life in their preferred place of care.

Preferred place of care.

- Work with partner organisations to ensure patients achieve their preferred place of care.
- Create end of life care early assessment & discharge role.

Education

- Training and support in communication skills at the end of life.
- RESPECT / Ceilings of Care.

Palliative Care

- No one dies alone.
- Involving our palliative care teams at the right time to provide support for patients and their families.
- Improve care for bereaved relatives/carers.

We will monitor and report:

- The proportion of patients who are supported in their preferred location of death.
- Access and attendance to Sage and Thyme training.
- Bereavement survey.
- Memorial services.
- Enhanced communication skills.
- Improve identification of dying patients.

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Tab 8 Quality Improvement Strategy 2017-2020

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Tab 9 Finance Report - Month 4

Report Title	Month 04 Finance Report to The Board of Directors
Date of Meeting	1 September 2017
Agenda Number	9.
Report type	To receive assurance on the current and forecast financial position of the Trust
Prepared by	Edward John (Director of Operational Finance)
Executive Lead	Nigel Foster (Director of Finance)
Executive Summary	Month 04 shows break-even pre STF but the plan was to achieve a £1.4m surplus. The Trust is therefore £1.4m adverse to plan in month and £4.7m adverse YTD. Income has not recovered the Q1 dip but this may be because there has been an unprecedented level of uncoded episodes at the month end (£16m). Once these are processed through SLAM a better insight may be gained on the income position. Pay and non-pay continue to be an issue. In particular medical ad-hoc and agency costs are significantly over plan (£1.4m) YTD and bank costs continue to be high. The upside to this is that agency costs are steady at £2m / month and this is within the NHSI cap. However, two exceptional items booked last month, stock of £4.7m which was transferred to the balance sheet and income for donated assets of £0.7m mean the Trust is able to report a positive variance YTD for NHSI reporting purposes and so accrue the month 04 STF of £1.2m. Agency spend is holding at around £2m but pay is overspent in total due to much higher bank and medical agency costs. CIP is at 92% delivery (83% YTD). The year end forecast has been set to original NHSI plan because at this stage the Trust is committed to a producing a recovery plan to reverse the position. * For reporting to NHSI a £1.2m positive variance is reported. This is because the original plan submitted in December 2016 had a level of unidentified CIPs that were prudently phased to be back ended but have since been identified and re-phased in budgets.
Background	The Trust had set a budget of £22.8m surplus for 2017/18 against which this report is monitored. This surplus plan includes £18.6m of STF; £22.6m of DH support; £6m of Cap-to-Rev, and assumes delivery of £30.5m of cost reduction CIP. The plan is to generate a surplus of £4.2m before STF. This report provides financial performance information in relation to the achievement of both the control total and key dependent indicators including CIP, Cash and Capital.
Issues and Options	Cost containment is not delivering at expected levels and the underlying position is significantly behind plan (£5.m FYE) The 2017/18 plan is also supported with significant non-recurrent deficit support of £16.6m plus capital to revenue transfer of £6m and now a one-off stock adjustment of £4.5m
Recommendation	The Board is asked to note the month 04 financial position
Appendices	Finance and Commercial Board Report: Note – all variance are reported against budgets and not original NHSI Plan.

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Tab 9 Finance Report - Month 4

Finance & Commercial Board Report

Financial Performance

July 2017

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Tab 9 Finance Report - Month 4

M04 / year end at a glance

- **The pre STF position is break-even in month but £3.6m deficit YTD**

- **This is £1.4m adverse to plan (£4.7m adverse YTD)**

- **Clinical income is below plan with little overperformance <u>but</u> level of uncoded spells is very high at £16m**

- **Other Income is significantly behind plan £1.5m**

- **Medical Agency / ad-hoc sessions appear to be driving the adverse position on costs £1.4m**

- **Month 04 STF of £1.2m accrued because of the stock adjustments in month 03**

- **Capex behind plan by £7.7m YTD and cash healthy at £90m**

- **CIP was £2.4m 92% delivered (£8.2m 83% YTD)**

Underlying Position and forecast

- **I&E Forecast for the year is held to plan assuming cost position is recovered**

- **Underlying position is still around £5m worse than budgeted plan**

- **Straight line forecast is £10.7m deficit or £15.1m adverse variance**

- **An Improvement of £9.7m is needed from M05 onwards to achieve the control total**

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Tab 9 Finance Report - Month 4

Committed To Excellence   **Working Together**   **Facing The Future**

Frimley Health NHS
NHS Foundation Trust

Summary

In M04 the Trust is £1.4m behind plan (exc STF) and £4.7m behind YTD. The YTD deficit has turned to a surplus due to the one off exceptional items booked in Month 03 (stock £4.7m and £0.7m donated asset). The forecast has been held at plan due to the one-off benefits and the intention to recovery the position. However, the underlying position, particularly on pay remains at significant risk due to the lack of reduction in cost base and low income values at month 04.

Area	Key points	Risks
Income	• Clinical income is broadly on plan but there has been a very high level of uncoded episodes this month (£16m). Other income is behind plan ytd by c£2m mainly in PPU (£500k) and Catering £800k.	• Uncoded episodes may not lead to overperformance income when resolved • Other income is significantly below plan
Expenditure	• Operational spend YTD is ££2.3m over plan of £199m (excl. Integration) due mainly to high pay costs (medical agency and a-hoc sessions). Pay costs were overspent in month but agency spend held around £2m. Integration and transaction spend is £1.9m YTD which has been matched to income on a spend-recover basis.	• Underlying costs significantly higher than plan • Urgent recovery action planning required
Net surplus/ deficit	• The Trust is £4.7m adverse YTD against its set budget (£1m surplus YTD) • Due to one-off benefits booked last month forecast is held to plan • STF achieved £1.2m for M04 because of the one-off benefits booked in Month 03 which have a positive impact on the YTD position	• Low income and high costs run rates suggest the control total is missed
CIPs	• In month £2.4m delivery against a plan of £2.6m or 92% (YTD £8.2m 83%)	• CIP is critical to the delivery of the financial plan – all schemes to be forensically reviewed
Cash balance	• Cash closed at £90.2m a positive variance to plan of £6.7m due mainly to £8.2m final STF payment received in month . This together with Heatherwood Hospital capex slippage means a forecast of £86.9m or £19.8m above plan.	• None
Capital expenditure	• In month £3.6m behind plan of £6.9m (YTD £7.7m behind). Forecast is for a £16.9m underspend which is due to slippage on Heatherwood Hospital because of planning issues.	• None

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Tab 9 Finance Report - Month 4

Income & Expenditure - Month 04 and Year to Date – Summary

Frimley Health	Current Month			Year to Date			Full Year Out-turn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	53.7	52.7	(1.0)	210.5	208.2	(2.4)	633.6	633.6	0.0
Expenditure	(49.8)	(50.2)	(0.4)	(199.2)	(201.5)	(2.3)	(598.1)	(603.3)	(5.2)
Trust Financing	(2.6)	(2.6)	0.0	(10.3)	(10.3)	(0.0)	(31.4)	(31.4)	0.0
Net Revenue Surplus / (Deficit)	**1.3**	**(0.0)**	**(1.4)**	**1.0**	**(3.6)**	**(4.7)**	**4.2**	**(1.0)**	**(5.2)**
Exceptional Items	0.0	0.0	0.0	0.0	5.4	5.4	0.0	5.4	5.4
Net Position	**1.3**	**(0.0)**	**(1.4)**	**1.0**	**1.8**	**0.8**	**4.2**	**4.4**	**0.2**
STF Funding	1.2	1.2	0.0	4.0	4.0	0.0	18.6	18.6	0.0
Integration Funding	0.5	0.4	(0.0)	1.8	1.9	0.1	5.4	5.4	0.0
Integration Costs	(0.5)	(0.4)	0.0	(1.8)	(1.9)	(0.1)	(5.4)	(5.4)	0.0
Net Revenue Surplus / (Deficit) after one-off items	**2.6**	**1.2**	**(1.4)**	**5.1**	**5.9**	**0.8**	**22.8**	**23.0**	**0.2**

Key messages:

STF: The Trust continues to meet the control total and has earned the STF payment for this period. However, this has only been achieved with the re-introduction of stock onto the balance sheet (shown within exceptional items). The STF has increased to £1.2m per month this quarter compared to £0.9m in Q1, in line with the rules set by NHSI.

Operating Income: Clinical income was behind plan by £0.6m in month predominantly due to lower issues of pass through drugs, this is offset within expenditure. There remains a significant level of uncoded activity which has been assigned an average value. Private Patient income is again lower than planned in month and continues this year's trend.

Operating Expenditure: Both pay and non-pay are lower than last month, showing signs of expenditure reduction. There continues to be budgetary pressure on pay costs in month, in particular Medical Staff compared to budget.

Forecast: The Trust is still forecasting to stay within the control total. Operating expenditure has been has been forecast based on the current level of spend and shows only a mild reduction over the remainder of the year. Income is expected to recover overall to plan by year end.

Based on the current level of expenditure and the lack of income over-performance, delivery of this financial forecast is not without risk. The stock figure is a prudent and realistic estimate, however, it cannot be relied upon to absorb the extrapolated current overspend.

Please note: The phasing of the internal plan differs from the APR submitted to NHSI. This is largely due to the profile of the CIP plans and the profile of the budgets held in reserves. The NHSI plan is a YTD deficit of £400k in M04 (pre-STF).

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Tab 9 Finance Report - Month 4

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Frimley Health NHS
NHS Foundation Trust

Income & Expenditure - YTD month high level variances

Theme	Key Issues	Variance M4 YTD £m	Forecast £m
Income			
CCG/NHSE Income	Pass Through Drugs & Devices, Uncoded Activity at average prices	(0.6)	0.0
Clinical Income	Delayed commisioner funding for Clinical Schemes (Frality, Ambulatory Care)	(0.3)	0.0
Non CCG Income	Private Patient, Overseas, RTA	(0.7)	0.0
Corporate Income	Car Park, Accomodation, EDMS Project, Catering	(0.8)	0.0
Total Income		**(2.4)**	**0.0**
Pay			
Medical Pay	Agency and Locum Costs above substantive Vacancy	(1.5)	(4.0)
Nursing & Ancillary	Nursing underspends offset through HCA overspends	(0.5)	(1.3)
Prof/Tech & Scientific	Agency Cover above vacancies	(0.5)	(1.0)
Admin & Management	Vacancies not all covered through bank/Agency	0.9	3.3
Total Pay		**(1.6)**	**(3.0)**
Non Pay			
Drugs	Lower overall issues, mostly PbR Excluded, Higher FP10s	0.8	0.8
Clinical Supplies	Theatre items, some maintenance contracts	(1.0)	(1.8)
Other Non Pay	Mostly Corporate Areas (Rates, Ulitilities, Maintenance, IM&T,)	(0.5)	(1.2)
Total Non Pay		**(0.7)**	**(2.2)**
Total Before Exceptional Items		**(4.7)**	**(5.2)**
Excpetional Items	**Stocktake, Donated Assets**	**5.4**	**5.4**
STF	**Central Strategic Transformation Funding**	**0.0**	**0.0**
Grand Total		**0.7**	**0.2**

Comment:
This table shows that both income and costs are significantly behind plan at M04:
Income £2.4 under
Pay + non-pay £2.3m Over

In the forecast submitted to NHSI Income is assumed to recover to plan and costs are assumed to improve so that they deliver 87% of CIP (currently 83%). This helps the Trust to deliver its control total but these assumptions carry significant delivery risk.

The value of recovery for both income and costs is shown on the next slide

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Tab 9 Finance Report - Month 4

Income & Expenditure Recovery Required

> This is what has been reported to NHSI based on all income delivering to plan

> It would mean income would recover M1-04 losses and deliver to plan in M5-12.

> This is not considered realistic and an assessment has been made of more likely recovery for income and expenditure following a review of all CIP programmes

Theme	Variance M4 YTD £m	Actual M4 YTD £m	Straightline Forecast £m	Actual Forecast NHSI £m	Recovery to achieve NHSI f'cast £m	Actual Assessed Recovery £m
Income						
Clinical Income	(0.9)	182.6	547.8	552.5	4.7	4.2
PPU and non-clinical	(1.5)	25.6	76.8	81.1	4.3	0.5
Total Income	(2.4)	208.2	624.6	633.6	9.0	4.7
Expenditure						
Pay	(1.6)	(134.5)	(403.5)	(402.5)	1.0	2.2
Non-Pay	(0.7)	(77.3)	(231.8)	(232.1)	(0.3)	0.7
Total Non Pay	(2.3)	(211.8)	(635.3)	(634.6)	0.7	2.9
Total Before Exceptional Items	(4.7)	(3.6)	(10.7)	(1.0)	9.7	7.6
Exceptional Items	5.4	5.4	5.4	5.4	5.4	1.5
STF	0.0	4.0	18.6	18.6	0.0	0.0
Unidentified						0.6
Grand Total	(4.7)	5.8	13.3	23.0	9.7	9.7

> Possible one-off non recurrent items

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I&E Recovery summarised

£m	Rationale	Amount Identified £m
INCOME		
CCG/NHSE Income	Assume recover to plan because: - uncoded at end of month 04 may unwind into overperformance - all but Surrey Heath able to afford plan	3.3
Clinical Income	Delayed commissioner funding for Clinical Schemes (Frailty, Ambulatory Care) - assumed paid	0.9
PPU / Other	RTA and Education income fluctuates around a norm so expect some recovery Action being taken on catering and car park income	0.5
Income Recovery		**4.7**
COSTS		
CIP	Pull back adverse variances on CIP through additional actions, substitutions and re-focus	2.2
Central Mitigations	Those discussed and agreed by exec in addition to the re-focus on CIP	0.7
Costs Recovery		**2.9**
Other		
Stock	Additional stock benefit to be gained as actual stock levels are much higher than the conservative amount pulled onto balance sheet in M03	1.5
Other Recovery		**1.5**
Balance to find	Plans to be agreed	**0.65**
Total Recovery Actions		**9.70**

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Tab 9 Finance Report - Month 4

Expenditure Trend – Excluding Integration & Stock Adjustment
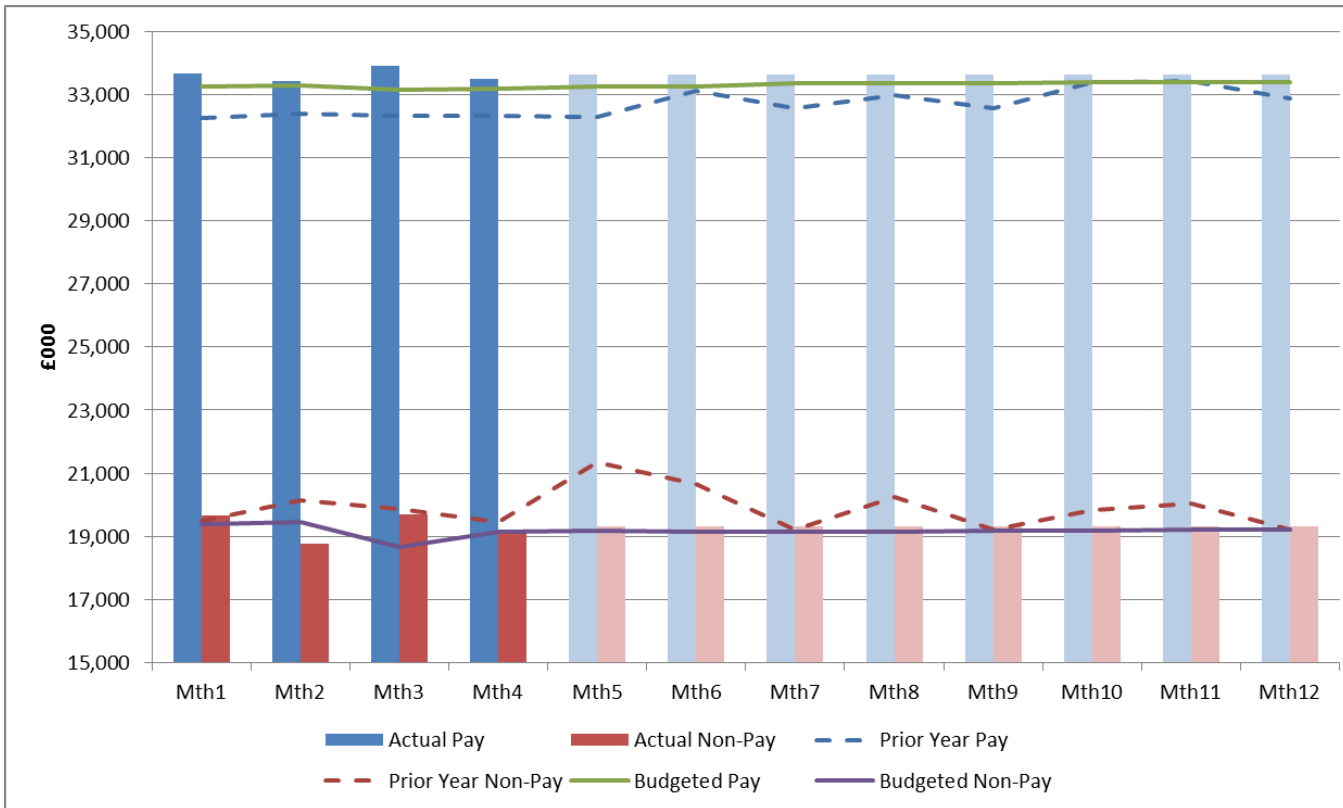
Pay: Pay costs have decreased compared to month 03, this has been driven by lower substantive costs with no bank holiday enhancements. Both bank and agency costs were stable compared to earlier months. The Trust is forecasting an overspend of £3m, mostly in relation to Medical Staffing costs. As previously highlighted, high internal bank rates to nursing and Medical Staff remain a concern.

Non-Pay: The run-rate chart has been presented without the impact of the stock figure. In addition to the stepped increase, largely due to pass through drug costs, the budget has been reduced this month to reflect the change in the procurement of the Cardiology devices.
Based on trend, the overspend could be as high as £2.4m.

Income & Expenditure Month 04 – Subjective Analysis – Adjusted to show impact of Exceptional Items

Trust Operations - Excluding Integration

I&E by Subjective Heading	Mth Bud £m	Month Act £m	Mth Var £m	YTD Bud £	YTD Act £	YTD Var £
Income						
Income From Activities	(48.75)	(47.95)	0.80	(190.91)	(189.34)	1.57
Other Operating Income	(4.93)	(4.73)	0.20	(19.70)	(18.88)	0.82
Income Total	**(53.68)**	**(52.69)**	**1.00**	**(210.61)**	**(208.22)**	**2.40**
Pay						
Medical And Dental	8.77	8.41	(0.36)	35.33	34.12	(1.21)
Nursing & Midwifery	10.32	9.58	(0.73)	41.20	38.50	(2.70)
HCAs & Other Support Staff	4.33	4.60	0.27	16.14	18.28	2.14
AHPs, Prof, Scientific & Technical	4.35	4.02	(0.33)	17.41	15.97	0.76
Agency Staff External	0.58	2.10	1.52	2.00	8.24	6.24
Other Staff	4.86	4.79	(0.07)	20.81	19.41	(3.61)
Pay Total	**33.20**	**33.50**	**0.30**	**132.88**	**134.50**	**1.62**
Non-Pay						
Clinical Service And Supplies	9.66	9.30	(0.36)	39.06	39.31	0.24
General Supplies And Services	0.76	0.83	0.08	3.20	2.87	(0.33)
Premises & Fixed Plant	5.18	5.47	0.29	20.43	20.82	0.39
Other Non Pay	3.56	3.62	0.06	13.96	14.32	0.36
Non-Pay Total	**19.15**	**19.22**	**0.07**	**76.66**	**77.32**	**0.67**
Underlying Net Position	**(1.33)**	**0.04**	**1.37**	**(1.07)**	**3.61**	**4.68**
Exceptional Items						
Income from Donated Asset	0.00	0.00	0.00	0.00	(0.71)	(0.71)
Stock Adjustment	(0.00)	0.00	0.00	(0.00)	(4.73)	(4.73)
Net Impact of Exceptional Items	**(0.00)**	**0.00**	**0.00**	**(0.00)**	**(5.44)**	**(5.44)**
Grand Total	**(1.33)**	**0.04**	**1.37**	**(1.07)**	**(1.82)**	**(0.75)**
STF Funding	(1.24)	(1.24)	(0.00)	(4.03)	(4.03)	(0.00)
Net of STF	**(2.57)**	**(1.20)**	**1.37**	**(5.10)**	**(5.86)**	**(0.75)**

Income:

Income is 1.86% behind plan in month. High Drug costs fell this month which directly impacted on the Clinical income to report an adverse position of £0.6m in month and YTD. Private Patient income remains a concern showing £0.1m adverse in month and £0.5m YTD. RTA has met its targets for the last two months. Other corporate income

Pay:

Pay overspend fell to 0.91% in-month, a decrease from M03 and improved the YTD position.

Spend on both Agency and Bank staff has remained stable, with circa £2m being spent on both temporary staff groups.

The main driver for the adverse variance is within Medical staff once agency costs are attributed to the staff group.

Non Pay:

Lower pass-through drug costs caused the net underspend in clinical services and supplies in month.

The overspend in month on Premises & Fixed plant is due to high utility charges (under dispute) and IM&T costs.

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Tab 9 Finance Report - Month 4

Income & Expenditure Month 04 – Directorate Positions

I&E by Directorate	Pay			Non Pay			TOTAL inc Income				YTD Plan	YTD Total	YTD Var	% Var
	YTD Bud £m	YTD Act £m	YTD Var £m	YTD Bud £m	YTD Act £m	YTD Var £m	YTD Bud £m	YTD Act £m	YTD Var £m					
Directorate: Clinical														
Medicine: Frimley	19.5	20.2	0.7	10.8	10.8	(0.0)	(0.3)	(0.3)	(0.0)		30.04	30.61	0.57	1.89%
Medicine: Wexham	18.1	18.5	0.4	7.6	7.8	0.2	(0.7)	(0.4)	0.3		25.06	25.98	0.91	3.65%
Orthopaedics & Plastics	7.5	7.9	0.4	3.9	3.7	(0.1)	0.0	(0.0)	(0.0)		11.40	11.65	0.24	2.13%
Paeds, Maternity & Gynae	16.0	16.1	0.1	1.9	2.0	0.1	(0.1)	(0.2)	(0.1)		17.75	17.93	0.18	1.00%
Pathology	6.3	6.7	0.4	4.5	5.1	0.6	(1.7)	(1.7)	0.0		9.09	10.09	1.00	10.99%
Private Patients	1.9	1.8	(0.1)	0.6	0.6	(0.0)	(3.6)	(3.2)	0.5		(1.11)	(0.78)	0.34	-30.26%
Radiology	4.8	4.8	0.0	3.1	3.3	0.1	(0.2)	(0.1)	0.0		7.73	7.92	0.19	2.51%
Surgery	12.8	12.5	(0.4)	4.2	4.6	0.3	(0.6)	(0.5)	0.1		16.45	16.49	0.04	0.26%
Theatres, Crit Care & Anaes	15.2	15.7	0.5	4.1	4.2	0.0	(0.0)	(0.1)	(0.0)		19.29	19.84	0.55	2.85%
Clinical Total	**102.1**	**104.2**	**2.1**	**40.8**	**42.0**	**1.2**	**(7.3)**	**(6.5)**	**0.8**		**135.70**	**139.7**	**4.03**	**2.97%**
Directorate: Corporate														
Director of Integration	0.6	1.5	0.9	1.2	0.4	(0.8)	(1.8)	(1.9)	(0.1)			0.00	0.00	
Finance & Strategy	4.6	4.6	0.0	1.7	2.3	0.7	(0.1)	(0.5)	(0.4)		6.12	6.44	0.32	5.26%
HR & Corporate Services	9.0	9.0	0.0	8.3	8.7	0.4	(3.5)	(2.7)	0.8		13.83	15.08	1.25	9.06%
Medical Director	0.3	0.3	0.0	0.4	0.3	(0.1)	(0.7)	(0.5)	0.1		0.06	0.07	0.01	11.71%
Nursing & Quality	1.8	2.0	0.2	0.7	0.5	(0.2)	(0.5)	(0.5)	(0.0)		1.96	1.91	(0.05)	-2.52%
Operations: Frimley	8.1	8.2	0.2	2.3	2.1	(0.2)	(0.5)	(0.5)	0.0		9.90	9.82	(0.08)	-0.81%
Operations: Wexham	5.1	5.0	(0.2)	2.6	2.3	(0.2)	(2.1)	(1.9)	0.2		5.56	5.38	(0.18)	-3.25%
Corporate Total	**29.5**	**30.6**	**1.2**	**17.2**	**16.6**	**(0.5)**	**(9.2)**	**(8.6)**	**0.6**		**37.44**	**38.7**	**1.27**	**3.40%**
CCG Income and financing cost	**1.8**	**1.1**	**(0.7)**	**19.9**	**14.3**	**(5.5)**	**(199.9)**	**(199.8)**	**0.2**		**(178.24)**	**(184.3)**	**(6.05)**	**3.39%**
Grand Total	**133.4**	**136.0**	**2.5**	**77.9**	**73.0**	**(4.9)**	**(216.4)**	**(214.8)**	**1.6**		**(5.10)**	**(5.9)**	**(0.75)**	**14.74%**

The YTD adverse variances are across a wide range of directorates, underlining the difficult financial circumstances. Pressure is being felt in both clinical and corporate areas, with only Operations and Nursing Directorates being ahead of their budgets

Notes: In this analysis adverse variances are shown as a positive number
The budget shown in this schedule is the Trust's internal plan. The exceptional items are recorded within CCG income and financing costs 11

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Tab 9 Finance Report - Month 4

Frimley Health NHS

NHS Foundation Trust

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Total Trust Agency Expenditure (Excl. Integration funded spend)

Agency Costs have remained just over £2m this month.

Hospital Agency	2016/17 Q4 Average	M01	M02	M03	M04
Medical	965,811	911,571	794,171	1,018,243	957,827
Nursing	638,421	603,357	464,634	406,571	485,052
Prof Tech & Scientific	246,760	195,446	245,999	270,788	272,239
AHP	362,564	186,418	189,193	212,544	207,516
Admin	243,534	-13,279	197,695	132,348	97,168
Ancillary	8,469	5,471	6,811	-2,265	-8,423
MOD Agency	1	0	0	0	0
Other Staff	0	0	0	0	0
Total Hospital Agency	**2,465,560**	**1,888,985**	**1,898,503**	**2,038,229**	**2,011,380**

Agency costs have overall remained stable in month for the Trust and we continue to be in line with the Agency Ceiling set by NHSI for this financial year.

We did see a reduction in Medical agency spends on the FPH site, particularly within the Medicine speciality (not ED) but this was offset against costs within WPH within Neurology and Endocrinology

The nursing agency cost increase against month 03 due to costs on the FPH site.

The reduction in Admin is largely due to some charges to Capital and less use of temporary staffing within the staff group.

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Tab 9 Finance Report - Month 4

Total Trust Agency Expenditure Trend
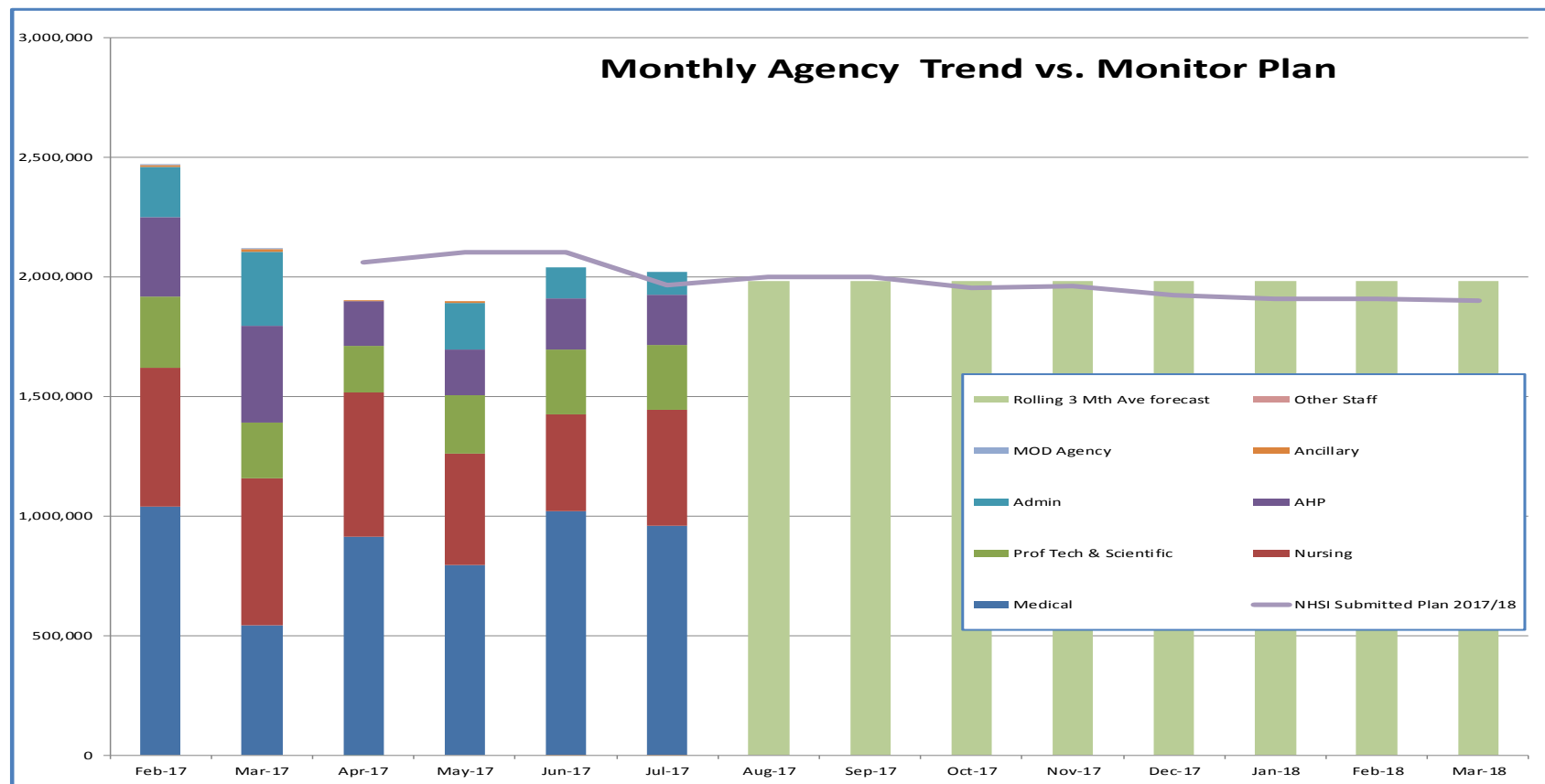
Based on the current run-rate the graph shows the projected agency costs,will stay below £2m, although breaching the NHSI plan towards the end of the financial year.
Whilst the Trust would still be below the NHSI cap due to strong performance in the early months, unless checked, the run-rate would mean that we had not realised the expected savings later in the year and put additional pressure on the 2018-19 finances.

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Frimley Health NHS
NHS Foundation Trust

Trust Overview – 2017/18 Total Savings Programme

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
30,500	2,571	2,374	-197	92.3%	9,875	8,206	-1,669	83.1%	26,454	86.7%

Actual vs Plan Total Savings Programme 17/18
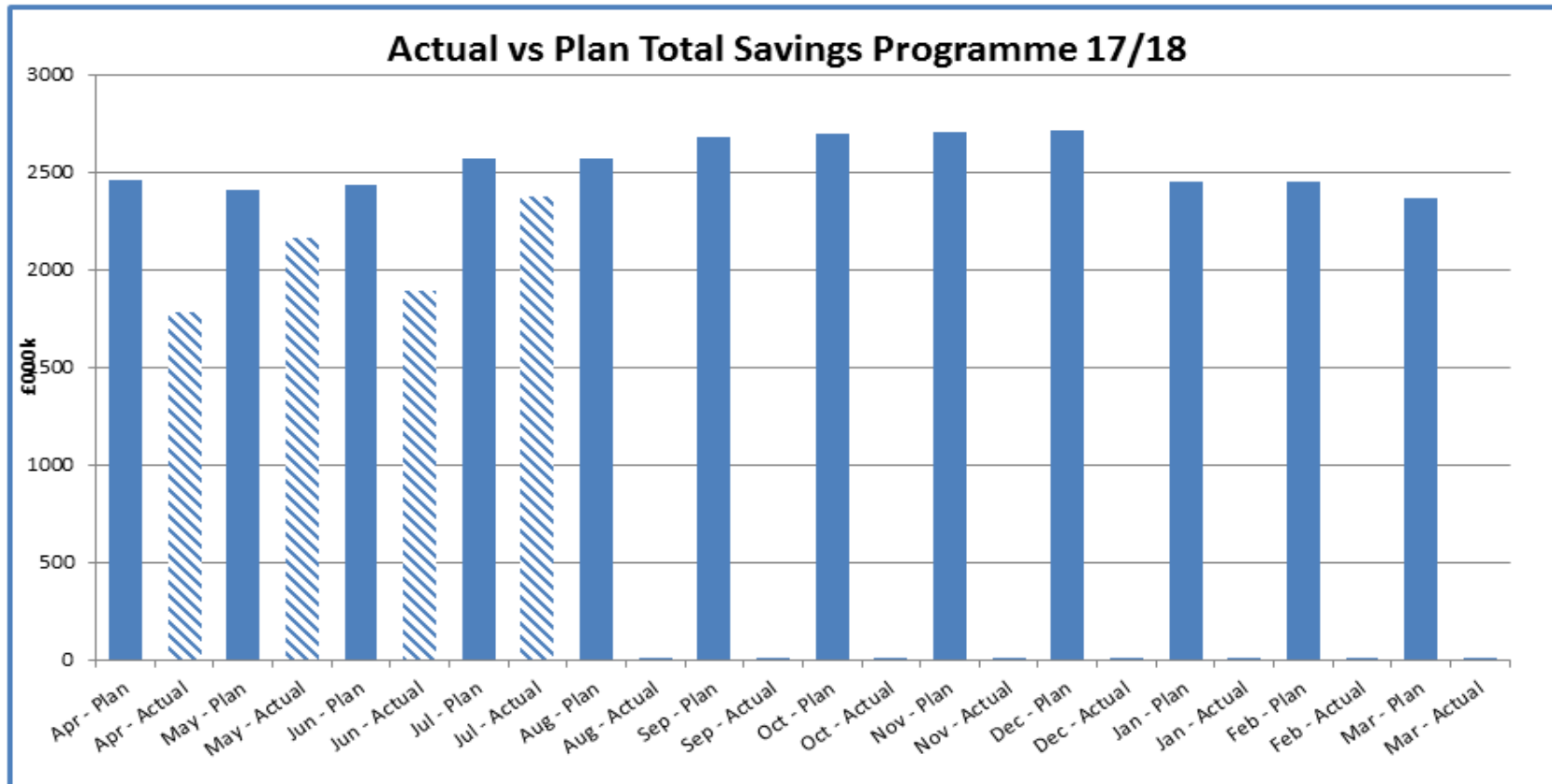
The CIP performance has improved in M04 from 78.8% delivered YTD to 83.1%. Some of this is due to prior period identification (particularly corporate) and will not be at such a high level next month. The areas of most concern remain in Pathology, both Medicine and ED Depts. and Theatres.

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All values in £000

Tab 9 Finance Report - Month 4

Top 25 Forecast Variances

Ref	Sheetname	Directorate	Annual Plan	FOT	Forecast Variance
12.02	Ward Model Adherence	Medicine Frimley	996	498	-498
3.01	BSPS Integration Savings	Pathology	2,379	1,927	-452
7.17	Medicine Add Medics Prod&age	Medicine Wexham	350		-350
11.14	Review of Pain Service	Theatres Crit Care & Anaes	300		-300
12.04	Medical Locum exit	Medicine Frimley	703	450	-253
11.03	Non-Medics Agency Prem	Theatres Crit Care & Anaes	250	0	-250
12.11	Exec Endoscopy	Medicine Frimley	200		-200
7.04	Medcine ED Medics agency savin	Medicine Wexham	196	0	-196
12.03	New ED Rota	Medicine Frimley	405	236	-169
11.06	Pre Op Slots WPH	Theatres Crit Care & Anaes	260	100	-160
6.05	Overseas Add Data Capture	Private Patients	150	0	-150
11.23	Top-Slice of TCCA Budgets	Theatres Crit Care & Anaes	465	315	-150
17.02	MEDIR Deanery Funding	Medical Director	150	0	-150
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10.01	Removal of PO Services	Orthopaedics & Plastics	157	13	-144
10.04	Reduction on Bank B2s	Orthopaedics & Plastics	277	138	-138
5.07	MRI Managed Serv Red 2018	Radiology	125	10	-115
11.24	DSU HWD	Theatres Crit Care & Anaes	200	100	-100
13.06	Patient Appliances	Therapies	385	289	-96
19.03	Nursing & Quality CIP Stretch	Nursing & Quality	92		-92
4.10	Medical Equipment Hire	Surgery	168	84	-84
9.09	Pharmacy Drugs Voriconazole CF	Pharmacy	88	10	-77
11.20	Pain Windsor	Theatres Crit Care & Anaes	75		-75
11.19	Pain Aldershot	Theatres Crit Care & Anaes	75		-75
7.11	Medicine Frailty Unit	Medicine Wexham	139	70	-70
Grand Total			**8,734**	**4,241**	**-4,494**

The top 25 underachieving schemes make up 111% of the total adverse forecast position of the Trust.

Forecast over performance on some schemes reduces the total adverse forecast to £4,046.

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Cash Position Month 4

FRIMLEY HEALTH	Current Month			Year to Date			Full Year		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
Net Cash Increase / (Decrease)	0.9	14.7	**13.8**	4.4	3.5	**-0.9**	-11.9	0.3	**12.2**
Cash Brought Forward	82.6	75.5	**-7.1**	79.0	86.7	**7.7**	79.0	86.7	**7.7**
Cash Carried Forward	**83.4**	**90.2**	**6.7**	**83.4**	**90.2**	**6.7**	**67.1**	**86.9**	**19.8**

Key messages:
 - The cash balance for month 4 finished at £90.2m, an increase of £14.7m from M3 against a planned increase of £0.9m
 - The favourable variance of £13.8m in month predominantly due to the recovery of the 16/17 STF funding and other trade and other receivables
 - The year to date cash position is now £6.7m ahead of plan although in year movement remains slightly behind forecast
 - The year-end position remains forecast to finish £19.8m above plan at £86.9m due to the brought forward variance of £7.7m slippage in capital programme of £16.9m offset by the impact in the change of inventory treatment (£4.7m)

Analysis of Year to Date Variance	£m
Surplus of £5.9m ahead of NHSI plan by £2.2m	2.2
Capital expenditure slippage to programme	7.7
Forecast PDC funding of £8.9m not drawn down	(8.9)
Unplanned increase in inventories and receipt of donated assets	(5.4)
Net working capital position due to high trade and other receivables with respect to the 16/17 STF funding having not been realised	3.9
Other movements in provisions, financial liabilities and non-cash items	(0.4)
	(0.9)

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Tab 9 Finance Report - Month 4

Capital Month 4

£'m	Month Plan	Month Actual	Diff	YTD Plan	YTD Actual	Diff	FY Plan	FY Forecast	Diff
HWPH									
Heatherwood	1.10	(0.00)	1.10	3.40	0.47	2.93	26.08	9.18	16.90
Wexham - EDAR	1.78	1.05	0.73	4.40	2.93	1.47	23.75	24.96	(1.21)
Wexham - Women's Services	0.75	0.64	0.11	3.75	3.30	0.45	5.37	6.28	(0.91)
Wexham - Estate	1.38	0.56	0.83	5.58	4.10	1.48	16.80	17.52	(0.72)
Information technology	0.25	0.00	0.25	0.70	1.10	(0.40)	3.03	3.03	0.00
Medical equipment	0.27	0.08	0.19	1.08	0.64	0.43	3.23	3.23	0.00
HWPH total	**5.53**	**2.33**	**3.20**	**18.91**	**12.54**	**6.37**	**78.26**	**64.21**	**14.06**
FPH									
Estate	0.73	0.51	0.22	2.05	1.51	0.54	11.05	8.21	2.84
Medical Equipment	0.13	0.07	0.06	0.50	0.43	0.07	1.50	1.50	0.00
Information Technology	0.32	0.38	(0.06)	0.98	0.70	0.29	3.85	3.85	0.00
FPH total	**1.17**	**0.96**	**0.21**	**3.53**	**2.65**	**0.89**	**16.40**	**13.56**	**2.84**
Integration capital	**0.23**	**0.02**	0.20	**0.60**	**0.13**	0.47	**2.27**	**2.27**	0.00
Frimley Health Total	**6.92**	**3.31**	**3.61**	**23.04**	**15.32**	**7.73**	**96.94**	**80.04**	**16.90**

Month 4:
 - Capital expenditure for month 4 finished behind plan by £3.6m as £3.3m
 - As with previous reporting periods, this is largely due to the known delays with the Heatherwood redevelopment and slight timing differences than forecast for the Wexham estate schemes

Year to Date:
 - YTD expenditure of £15.3m now £7.7m behind plan
 - Of this, £6.9m can be accounted for by the estates schemes as per the above and £0.5m medical equipment although high value items are expected later in the year

Full Year:
 - The annual plan figure of £96.9m has been reduced in the full year forecast to £80.0m, £6.2m under plan
 - This reduction is all against the Heatherwood site redevelopment as continued delays with planning approval has held back the programme of works scheduled for the site. The planning date has now been set for the 22nd August 2017.
 - Changes to the profile of expenditure between the remaining estates schemes offset against one another

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Tab 9 Finance Report - Month 4

Committed To Excellence | **Working Together** | **Facing The Future**

Frimley Health NHS
NHS Foundation Trust

Balance Sheet M4

	May Actual £m	June Actual £m	July Actual £m	July Plan £m	July Variance £m
Assets, Non-Current					
Intangible Assets	4.227	4.351	4.630	1.500	3.130
Property, Plant and Equipment	322.850	325.602	327.021	345.843	(18.822)
Assets, Non-Current, total	**327.077**	**329.953**	**331.651**	**347.343**	**(15.692)**
Assets, Current					
Inventories	3.336	7.989	7.943	3.500	4.443
Trade and Other Receivables, Current	63.677	69.475	55.725	52.800	2.925
Cash and Cash Equivalents (excluding overdrafts)	83.631	75.512	90.167	83.439	6.728
Assets, Current, total	**150.644**	**152.976**	**153.835**	**139.739**	**14.096**
TOTAL ASSETS	**477.721**	**482.929**	**485.486**	**487.082**	**(1.596)**
Liabilities, Current					
Trade and Other Payables, Current	(72.612)	(67.021)	(70.104)	(62.367)	(7.737)
Deferred Income, Current	(9.852)	(15.209)	(13.606)	(10.000)	(3.606)
Borrowings, Current	(0.287)	(0.287)	(0.287)	(0.200)	(0.087)
Provisions, Current	(0.332)	(0.335)	(0.247)	(0.400)	0.153
Liabilities, Current, total	**(83.083)**	**(82.852)**	**(84.244)**	**(72.967)**	**(11.277)**
NET CURRENT ASSETS (LIABILITIES)	**67.561**	**70.124**	**69.591**	**66.772**	**2.819**
Liabilities, Non-Current					
Provisions, Non-Current	(0.051)	(0.051)	(0.051)	(0.400)	0.349
Borrowings, Non-Current	(1.714)	(1.692)	(1.656)	(2.000)	0.344
Liabilities, Non-Current, total	**(1.765)**	**(1.743)**	**(1.707)**	**(2.400)**	**0.693**
TOTAL ASSETS EMPLOYED	**392.873**	**398.334**	**399.535**	**411.715**	**(12.180)**
Taxpayers' and Others' Equity					
Taxpayers Equity					
Public dividend capital	226.915	226.915	226.915	235.822	(8.907)
Income and expenditure reserve	54.569	60.030	61.231	52.593	8.638
Taxpayers' equity, total	**281.484**	**286.945**	**288.146**	**288.415**	**(0.269)**
Other Reserves					
Revaluation Reserve	111.389	111.389	111.389	123.300	(11.911)
Total Equity & Reserves	**392.873**	**398.334**	**399.535**	**411.715**	**(12.180)**

Frimley Health total assets employed £400m.

Items to note:

• The combined assets across all 3 sites increased by £2m to £485m in July, £2m behind plan.

• Non-current assets of £332m behind plan by £16m primarily due to the b/fwd impact of the 16/17 site valuation and enhanced by the slippage in capital programme

• Current assets increased by £1m in month as the £15m increase in cash due to the recovery in trade and other receivables of £14m

• Current liabilities remain relatively consistent with previous months albeit £11m above plan

• Increase in equity and reserves less than forecast despite higher than planned increase in I&E reserve due to PDC of £8.9m not drawn down

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Committed To Excellence | **Working Together** | **Facing The Future**

Frimley Health **NHS**

NHS Foundation Trust

Report Title	**2017/18 CIP Summary – Month 04**
Meeting	Trust Board
Meeting Date	1st September 2017
Agenda No.	10.
Report Type	Note
Prepared By	Michael Laycock, Head of Business Support - Finance
Executive Lead	Helen Coe, Director of Operations, FPH Lisa Glynn, Director of Operations, HWPH
Executive Summary	To brief the Board of Directors on the CIP delivery for M03 and forecasted outturn for the year.
Background	**Annual Savings Programme** • The Trust's combined CIP and synergy target for 2017/18 is **£30.5m**. • YTD delivery to the end of M03 was **78.8%** of the phased plan

Issues / Actions	Performance of CIP schemes are given in the attached paper.
	
	1. CIP Programme Performance Month 4
	
	• At the close of month 4, the Trust delivered **£8.206m** against the plan of **£9.875m**, which is an adverse variance of **-£1.669m** and a delivery of 83.1**%.** This is an **improvement** on previous months, partly due to new schemes and higher delivery on some exsisting schemes.
	
	• In line with previous months, the underdelivery in month is across a range of schemes specifically:
	
	   – BSPS savings resulting from the incorporation of RBH into the Partnership
	   – Medicine (FPH) ward staff cost reductions and ED medical staffing
	   – Theatre schemes relating to Premium staffing, Pain Service redesign and non-pay reductions

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

	2. Forecasted Outturn • The forecasted out-turn has slightly deteriorated to £26.454m by year end following detailed reviews completed within late July. **3. Action** • A number of mitigating schemes have now been identified to increase the delivery which are included within the report. Further work continues to close the gap and deliver the full £30.5m in year.
Recommendation	The Board is asked to note the content of this report, progress made, and continued focus on delivery of existing schemes and ensure mitigating items are followed through to delivery.
Appendices	2017/18 CIP Detailed Report – Month 04.

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Frimley Health **NHS**

NHS Foundation Trust

2017/18 CIP Performance Report M04

Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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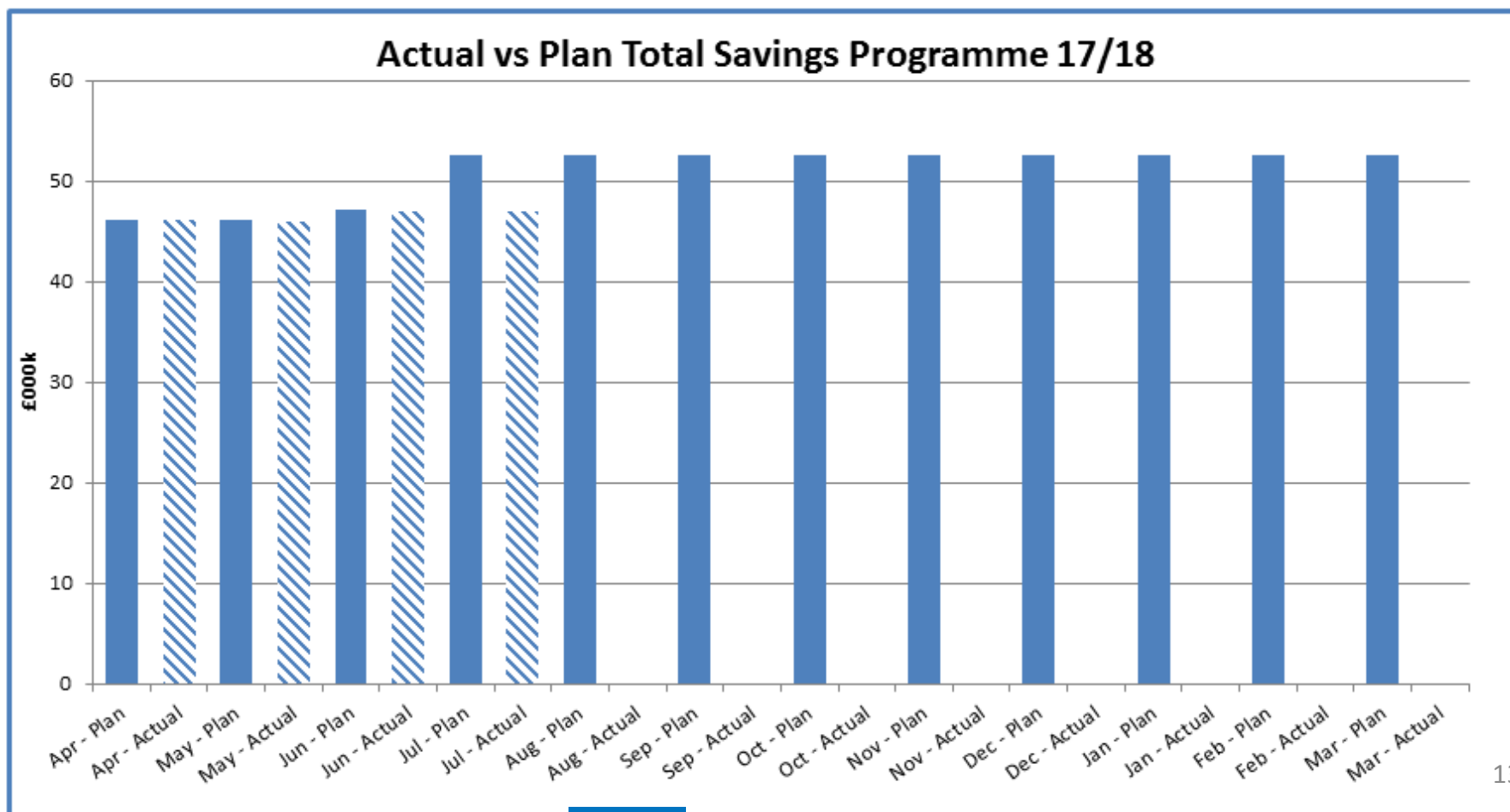
Frimley Health NHS
NHS Foundation Trust

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
30,500	2,571	2,374	-197	92.3%	9,875	8,206	-1,669	83.1%	26,454	86.7%

Actual vs Plan Total Savings Programme 17/18
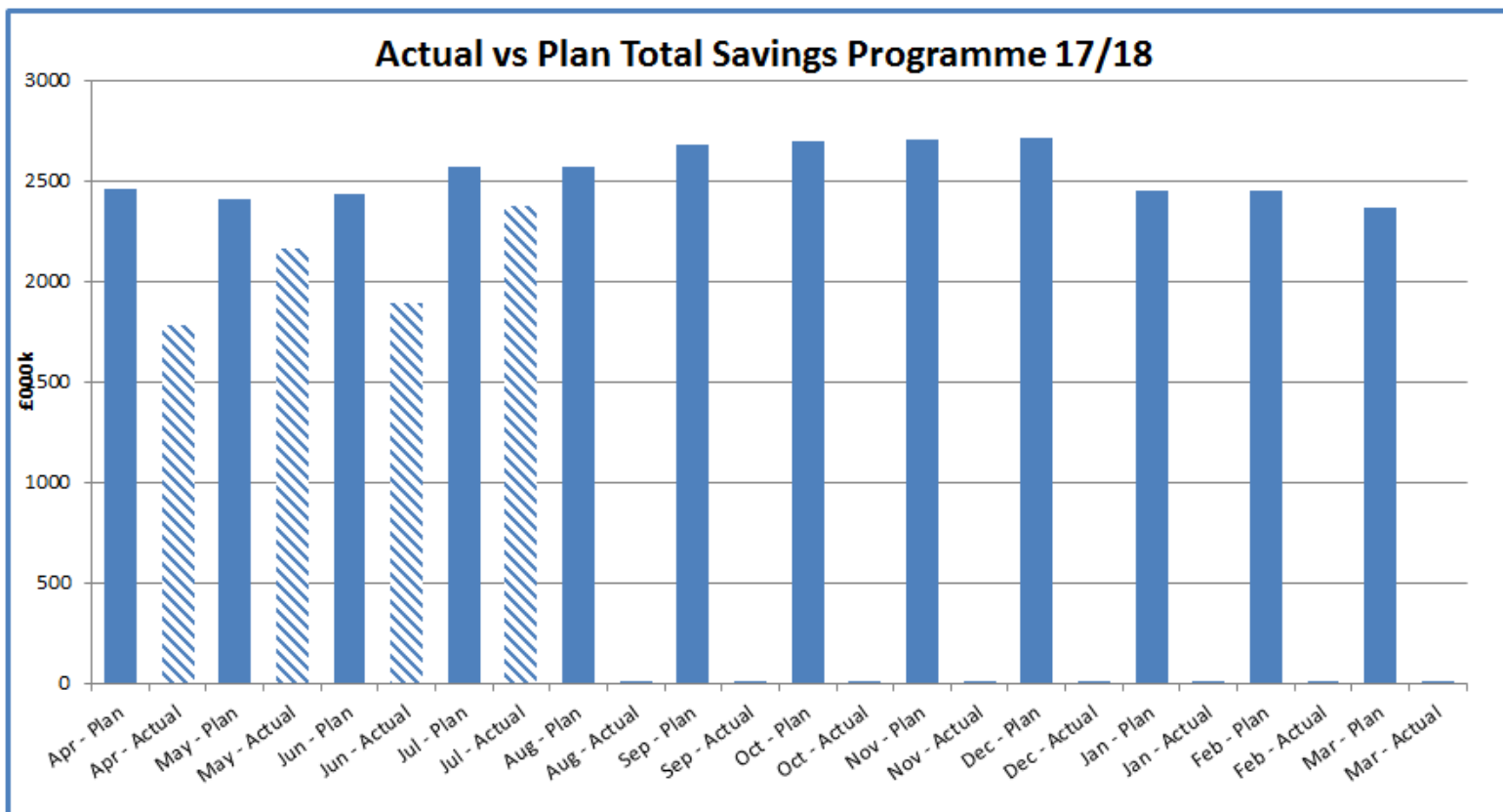
The monthly position has improved from 74.5% last month to 92.3% in month 04. Some of this is due to prior period identification (particularly corporate) and will not be recurrent next month. The YTD stands at 83.1% achievement. The forecast position is 86.7% delivery before any new mitigating schemes.

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Current Mth - Directorate Performance

Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4
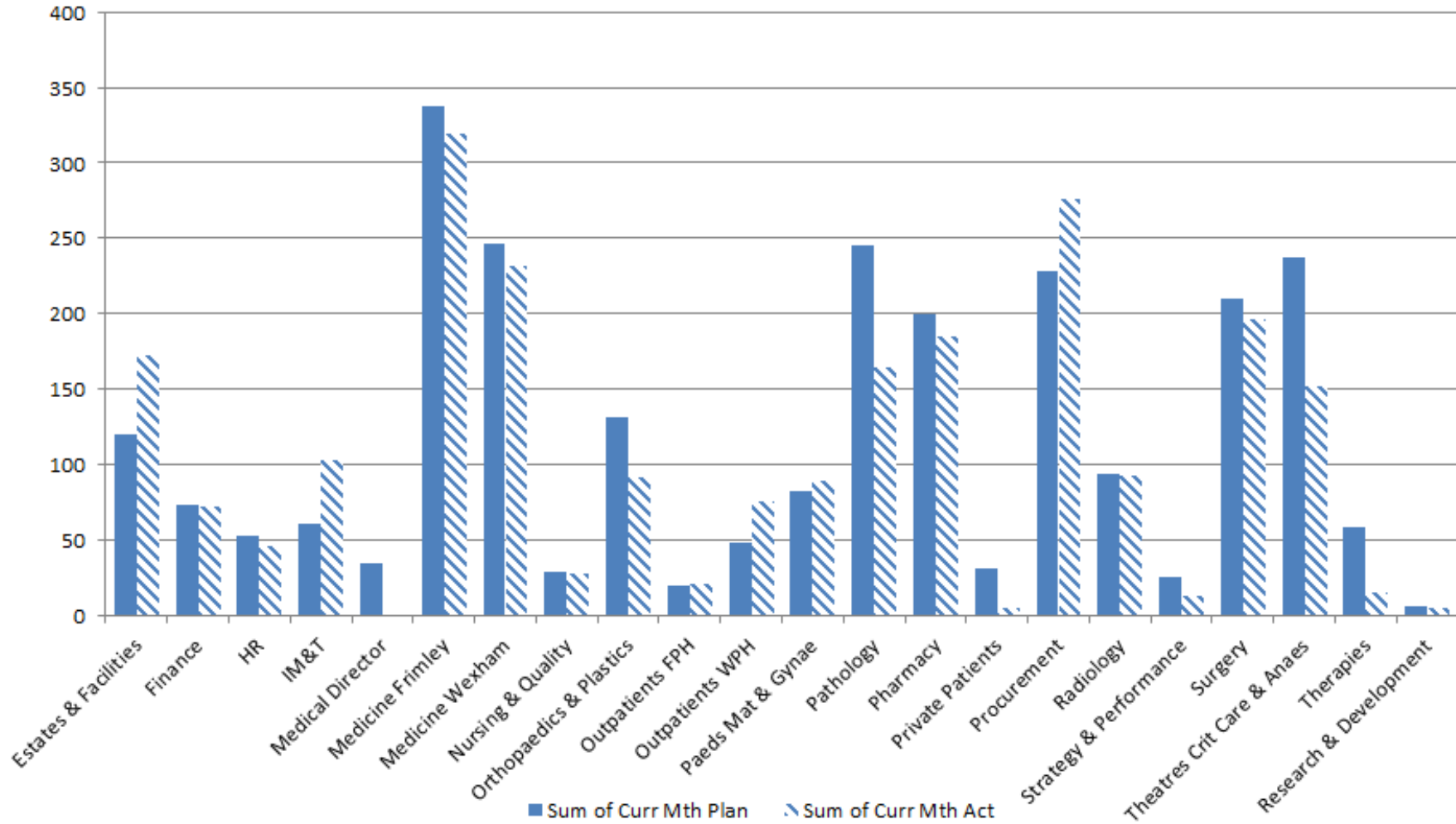
In Month Summary

Row Labels	Curr Mth Plan	Curr Mth Act	Curr Mth Var	Comment
Estates & Facilities	120	174	54	Catering CiP Perfomance Reviewed
Finance	73	73	0	
HR	53	47	-6	
IM&T	61	104	43	IM&T - Not all in month performance
Medical Director	34	0	-34	Deanery funding of additional Pas - being followed up with Tim & Jane
Medicine Frimley	337	320	-17	ED Rota still not achieving, first month of Ward Model Adherance being recorded
Medicine Wexham	246	233	-14	Medics productivity, ED locum and Frailty unit
Nursing & Quality	29	29	0	
Orthopaedics & Plastics	132	92	-39	Medical additional sessions and PA Reviews
Outpatients FPH	20	22	2	
Outpatients WPH	49	76	27	High Private Ambulance recorded in month
Paeds Mat & Gynae	83	90	7	Stretch target overperformance
Pathology	245	166	-80	Ongoing issues - this is the BSPS number
Pharmacy	200	186	-14	Passthrough overperformance (not cash releasing)
Private Patients	31	6	-25	Lower than expected income. We're not being told that its related to the new billing system
Procurement	228	277	48	Matches Procurement numbers YTD, overperformance
Radiology	94	94	0	
Strategy & Performance	25	13	-12	
Surgery	210	197	-13	Non-pay CIP
Theatres Crit Care & Anaes	237	153	-84	Unidentified CIP target, which has been flagged up and will continue to be an overspend unless tackled.
Therapies	58	16	-42	Mostly Patient Appliances
Research & Development	6	6	-0	
Grand Total	**2,571**	**2,374**	**-197**	

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Top Ten Best Performing (In month)

Sheetname	Directorate	Annul Plan	Curr Mth Plan	Curr Mth Act	Curr Mth Var	YTD Plan	YTD Actual	YTD Var
				Values				
IM&T Agency reduction	IM&T	400.00	44.44	104.00	59.56	44.44	104.00	59.56
Medicine Nursing Seasonal	Medicine Wexha	200.00	33.33	91.13	57.80	133.33	224.93	91.60
Exec Catering	Estates & Faciliti	200.00	16.67	72.00	55.33	66.67	103.00	36.33
Exec Procurement	Procurement	200.00	16.67	65.00	48.33	66.67	92.00	25.33
Hale Ward	Medicine Frimle	1,064.00	88.67	134.00	45.33	354.67	535.67	181.00
Pharm Drugs Caspofungin passthr	Pharmacy	30.00	2.50	34.77	32.27	10.00	106.82	96.82
OPs Wex - Pvt Amb	Outpatients WPI	100.00	8.33	34.03	25.70	33.33	51.27	17.93
CT Mobile Hire reduction WLI	Radiology	50.40	4.20	21.00	16.80	16.80	45.40	28.60
General Surgery WLI	Surgery	300.00	24.00	39.00	15.00	96.00	121.80	25.80
Pharm Drugs Rituximab pass thru	Pharmacy	400.00	33.33	48.20	14.87	133.33	177.93	44.60
Grand Total		**2,944.40**	**272.14**	**643.14**	**370.99**	**955.24**	**1,562.82**	**607.57**

Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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Frimley Health **NHS**

NHS Foundation Trust

Bottom Ten Worse Performing (In month)

				Values				
Sheetname	Directorate	Annul Plan	Curr Mth Plan	Curr Mth Act	Curr Mth Var	YTD Plan	YTD Actual	YTD Var
BSPS Integration Savings	Pathology	2,379.16	245.23	165.70	-79.53	980.93	548.30	-432.63
New ED Rota	Medicine Frimley	405.00	33.75	0.00	-33.75	135.00	0.00	-135.00
Non Pay Items	Surgery	480.00	40.00	6.68	-33.32	160.00	105.68	-54.32
Patient Appliances	Therapies	385.00	32.08	0.00	-32.08	128.33	96.25	-32.08
Medicine Add Medics Prod&agency	Medicine Wexham	350.00	29.17	0.00	-29.17	116.67	0.00	-116.67
Review of Pain Service	Theatres Crit Care & A	300.00	25.00	0.00	-25.00	100.00	0.00	-100.00
Exec Pharmacy	Pharmacy	300.00	25.00	0.00	-25.00	100.00	29.90	-70.10
Non-Medics Agency Prem	Theatres Crit Care & A	250.00	20.83	0.00	-20.83	83.33	0.00	-83.33
Removal of PO Services	Orthopaedics & Plasti	157.00	17.44	0.00	-17.44	17.44	0.00	-17.44
Exec Endoscopy	Medicine Frimley	200.00	16.67	0.00	-16.67	66.67	0.00	-66.67
Grand Total		**5,206.16**	**485.18**	**172.38**	**-312.80**	**1,888.37**	**780.13**	**-1,108.25**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Top 25 Forecast Variances

Ref	Sheetname	Directorate	Annual Plan	Forecast FOT	Variance
12.02	Ward Model Adherence	Medicine Frimley	996	498	-498
3.01	BSPS Integration Savings	Pathology	2,379	1,927	-452
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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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Frimley Health NHS

NHS Foundation Trust

Mitigations for Forecast Risk to Date - July 2017

Scheme	Description	Exec Lead	Yr 1 £k	Yr 2 £k	Recurrent/Non Recurrent	Action Needed
Review Nursing Bank Rates	Review rates paid (top of scale) for Band 6 & 7 staff from 01/10/2017	Janet King	300	600	Recurrent	Proposal needs to be formalised and authorised
Carry forward Annual leave	Reduce the maximum carry forward annual leave to 3 days	Janet King	170	-	Non Recurrent	Needs to be agreed with unions
Non Clinical Recruitment Embargo	To ensure all non clinical posts must have an Exec sign off before being recruited substantive or temporarly	Janet King	200		Non Recurrent	Change recruitment process to include further justified
Medical Locum Reduction	Further controls on the use of Medical Locums across the sites	Lisa Glynn/Helen Coe	500	1,000	Recurrent	Medical engagement and ability to put in further authorisation controls before shifts are booked/worked
Additional MOD Nursing	MOD Nursing staff can be increased to fill gaps within Nursing Wards	Lisa Glynn	200	500	Recurrent	Contract and proposal needs to be agreed
Additional Procurement Savings/Controls	Maximise savings and controls for any descretionary spends	Edward John	250		Non Recurrent	Agreement on controls
Emergency Front Door	Change Clinical model for some emergency admissions at WPH	Lisa Glynn	500		Non Recurrent	Detailed plan needs to be worked through with stakeholders
Theatres Mitigations	Various schemes including closure Theatre 1 HWD	Lisa Glynn/Helen Coe	400	300	Both	Detailed plans being worked through by Associate Director
Other Mitigations	Various smaller schemes to be fully validated and costed following review meeting	Lisa Glynn/Helen Coe	230	350	Recurrent	Associate Directors to work through with Business Support Accountants
			2,750	2,750		

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4
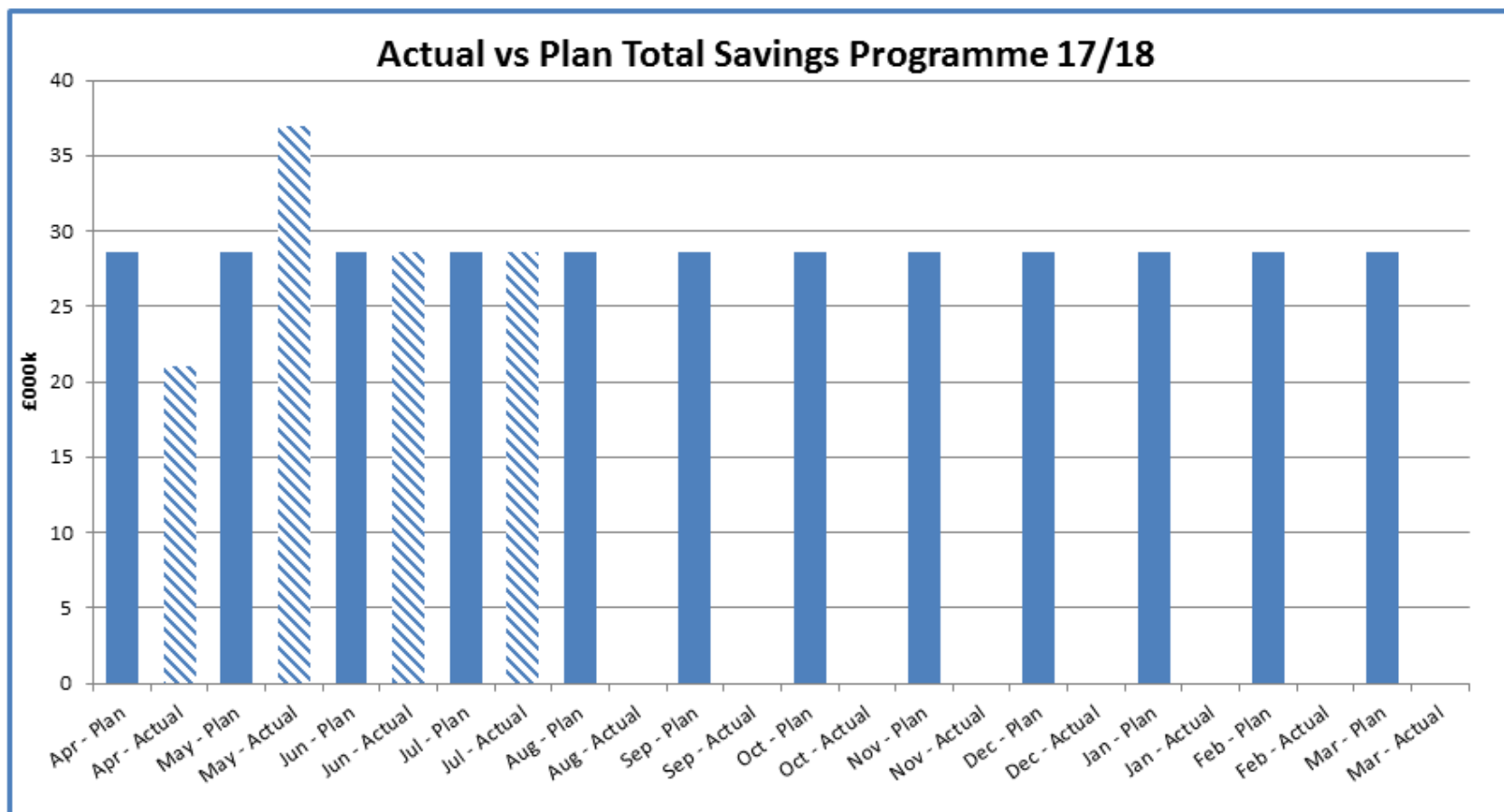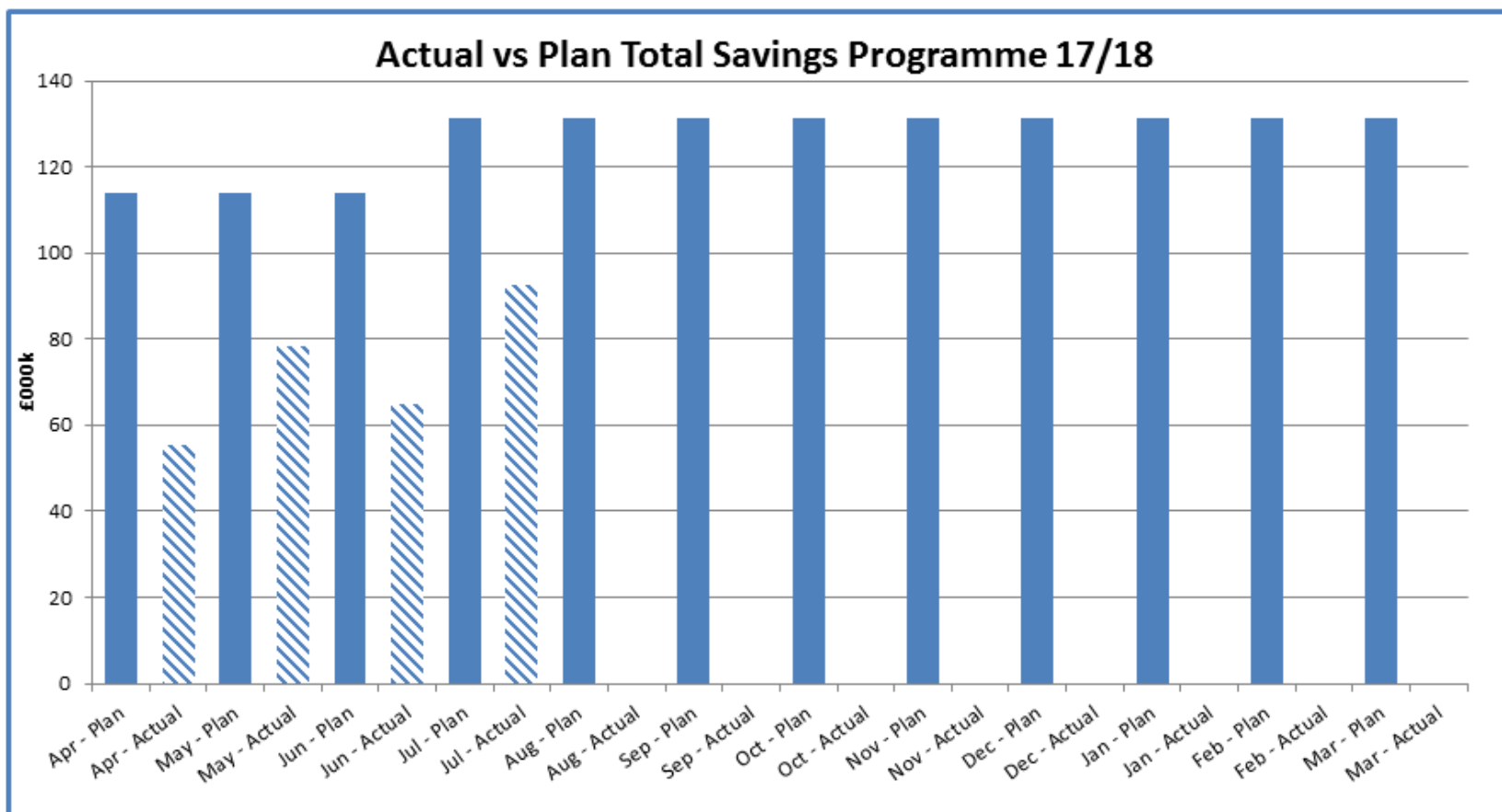
Estates & Facilities

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
2,047	120	174	54	144.5%	385	380	-5	98.6%	1,958	95.7%

Actual vs Plan Total Savings Programme 17/18

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Frimley Health NHS
NHS Foundation Trust
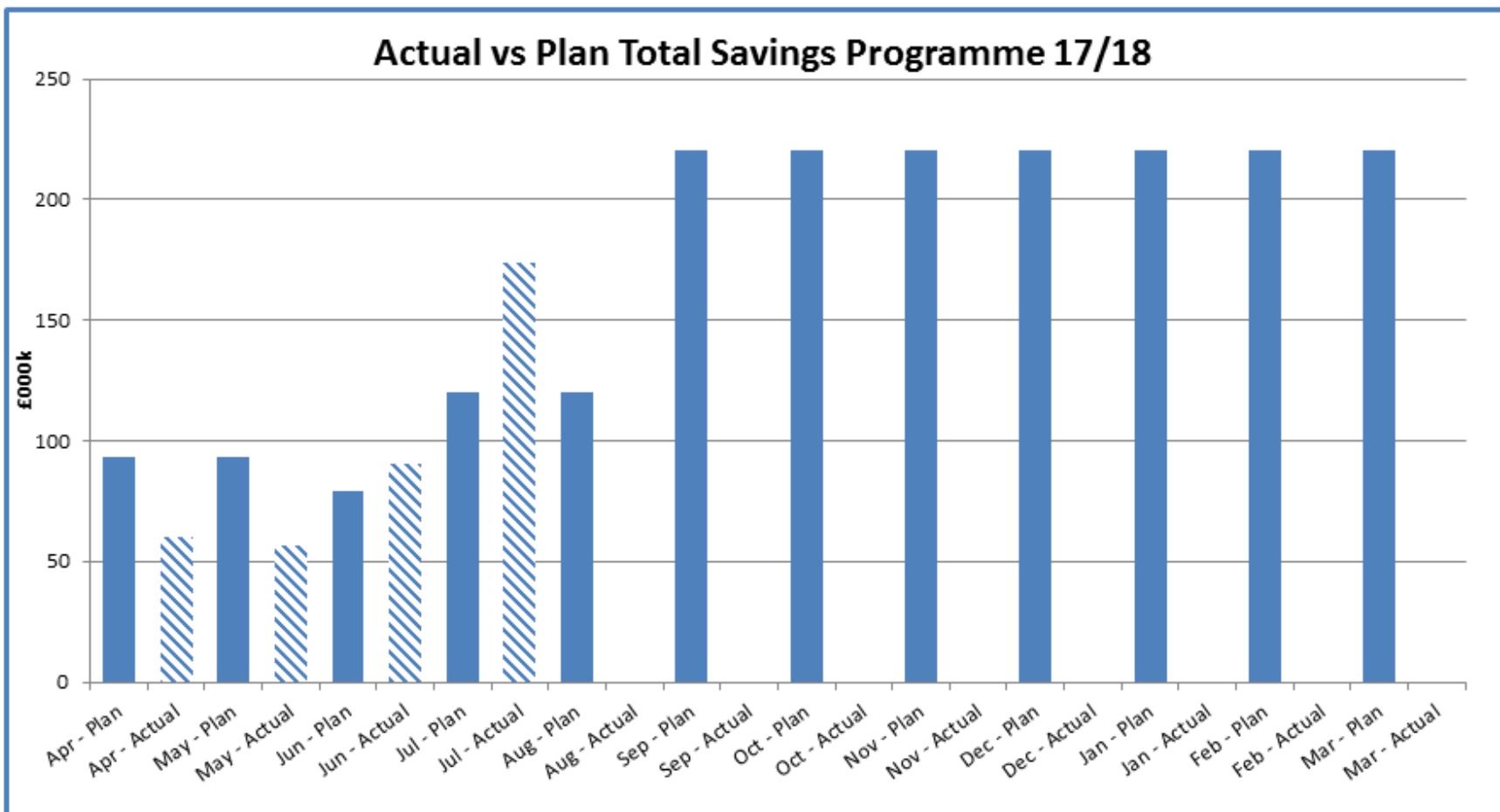
		Values							
Directorate	**Ref**	**Sheetname**	**Annual Plan**	**Curr Mth Plan**	**Curr Mth Act**	**Var**	**YTD Plan**	**YTD Act**	**YTD Var**	**FOT**
Estates & Facilities	**16.01**	Introduce Hybrid Mail	200	0	0	0	0	0	0	170
	16.02	Bed Maintenance	90	8	8	0	30	30	0	90
	16.03	Water Management Contract	290	-21	-11	11	-42	-21	21	290
	16.04	Energy Savings-Lighting	70	8	9	1	8	9	1	50
	16.05	Medical Devices Maint	150	17	17	0	17	17	0	111
	16.06	Car Parking Charges	150	17	17	0	17	17	0	150
	16.07	Bus Contract	70	7	7	0	14	14	0	70
	16.08	Linen Management	50	4	4	0	17	17	0	50
	16.09	Capital Estates Team	600	50	51	1	200	195	-5	600
	16.10	Telecoms and Pagers	30	3	0	-3	10	0	-10	30
	16.11	HR Estates TARGET	75	6	0	-6	25	0	-25	75
	16.12	Exec Catering	200	17	72	55	67	103	36	200
	16.13	Synergy E&F	72	6	0	-6	24	0	-24	72
Grand Total			**2,047**	**120**	**174**	**54**	**385**	**380**	**-5**	**1,958**

10

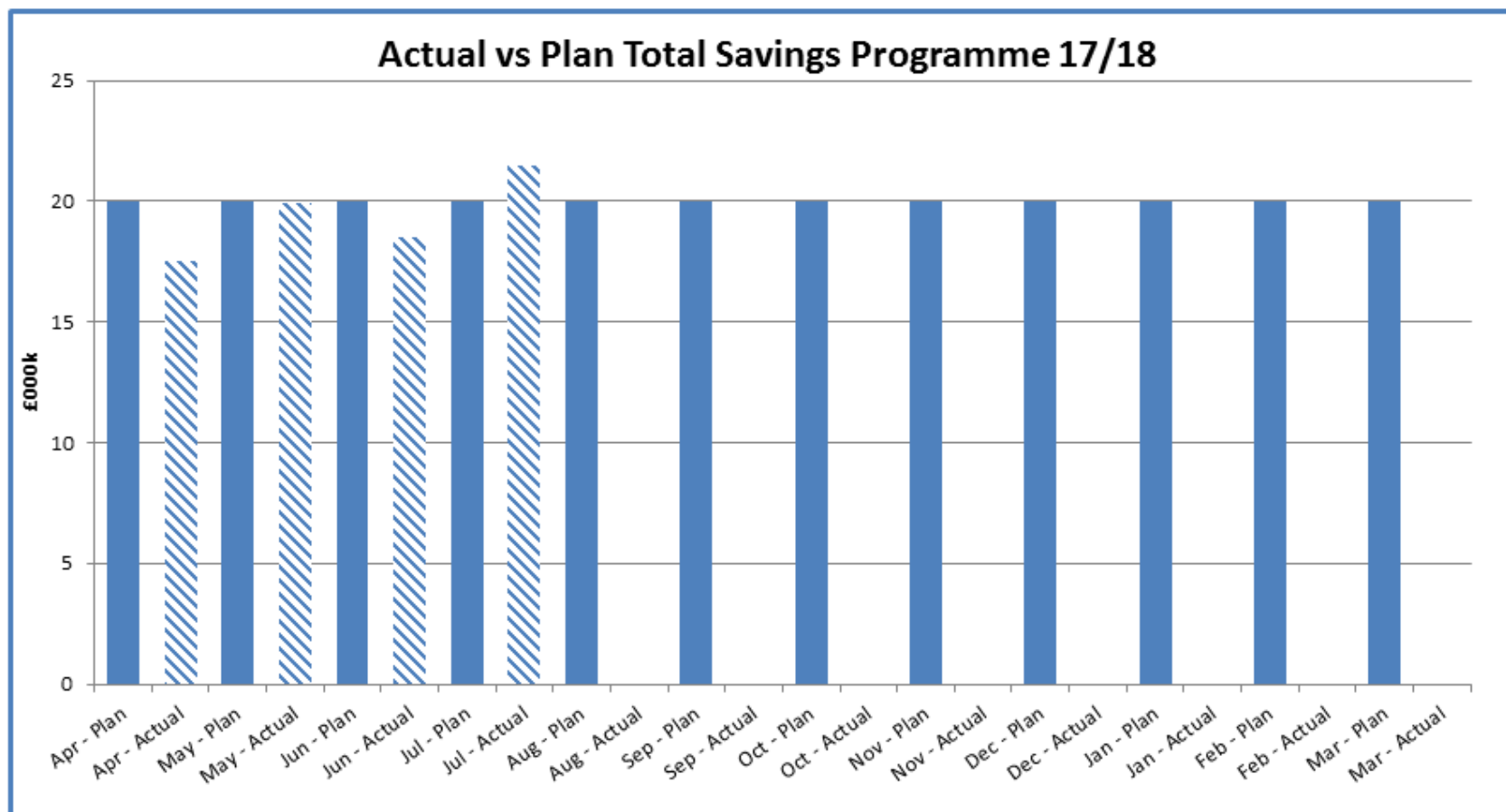Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Finance

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
974	73	73	0	100.4%	294	294	0	100.1%	974	100.0%
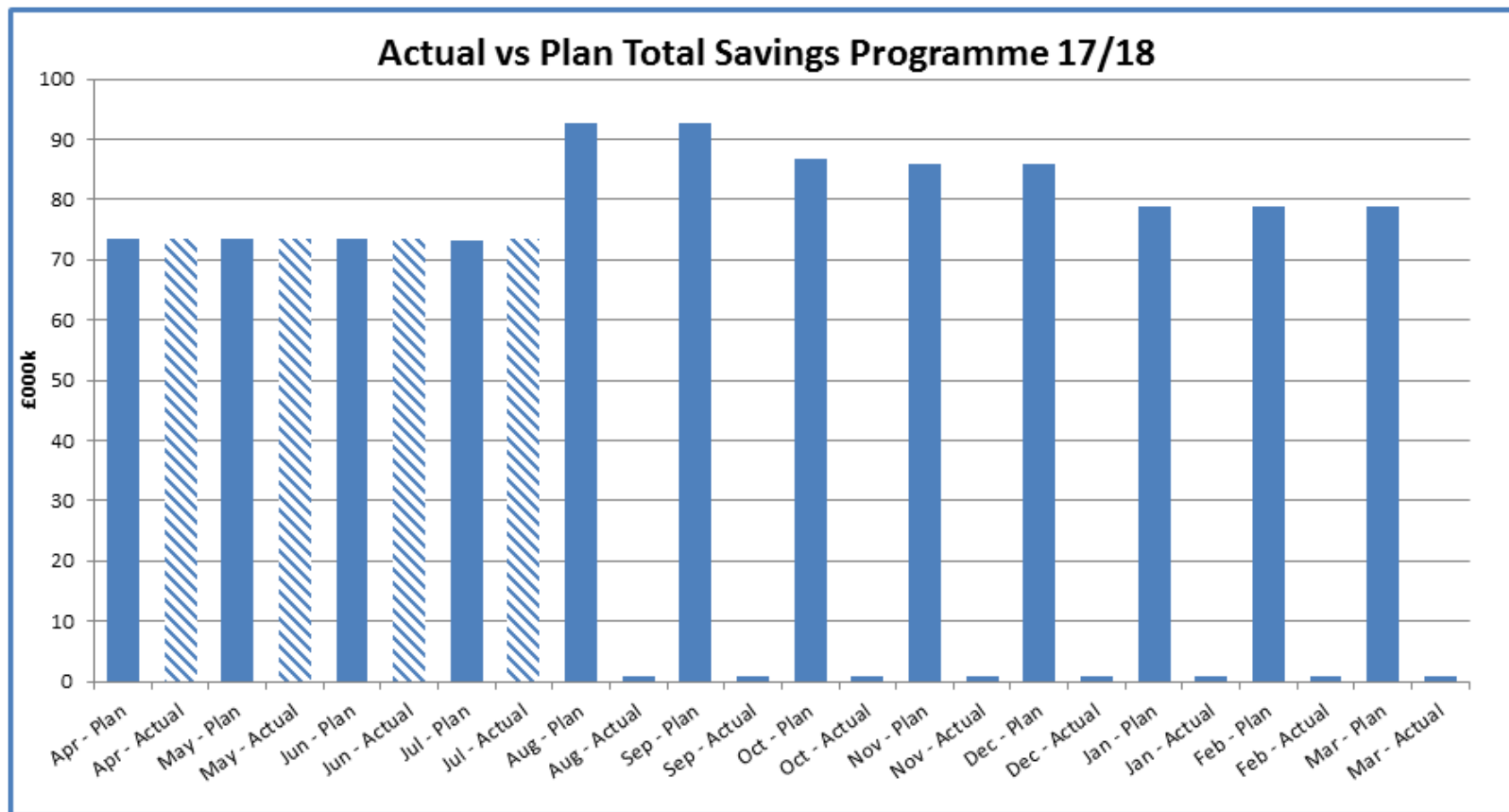
Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Finance	**2.01**	Agency Reductions	107	14	14	0	57	57	0	107
	2.02	Controllable Non-Pay Top Slice	7	1	1	0	2	2	0	7
	2.03	Late Payment Interest Charges	3	0	0	0	1	1	0	3
	2.04	Charge Capital Acct to Capital	0	0	0	0	0	0	0	
	2.05	Staff Restructure	157	0	0	0	0	0	0	157
	2.06	Exec Contingency	700	58	58	0	233	233	0	700
Grand Total			**974**	**73**	**73**	**0**	**294**	**294**	**0**	**974**

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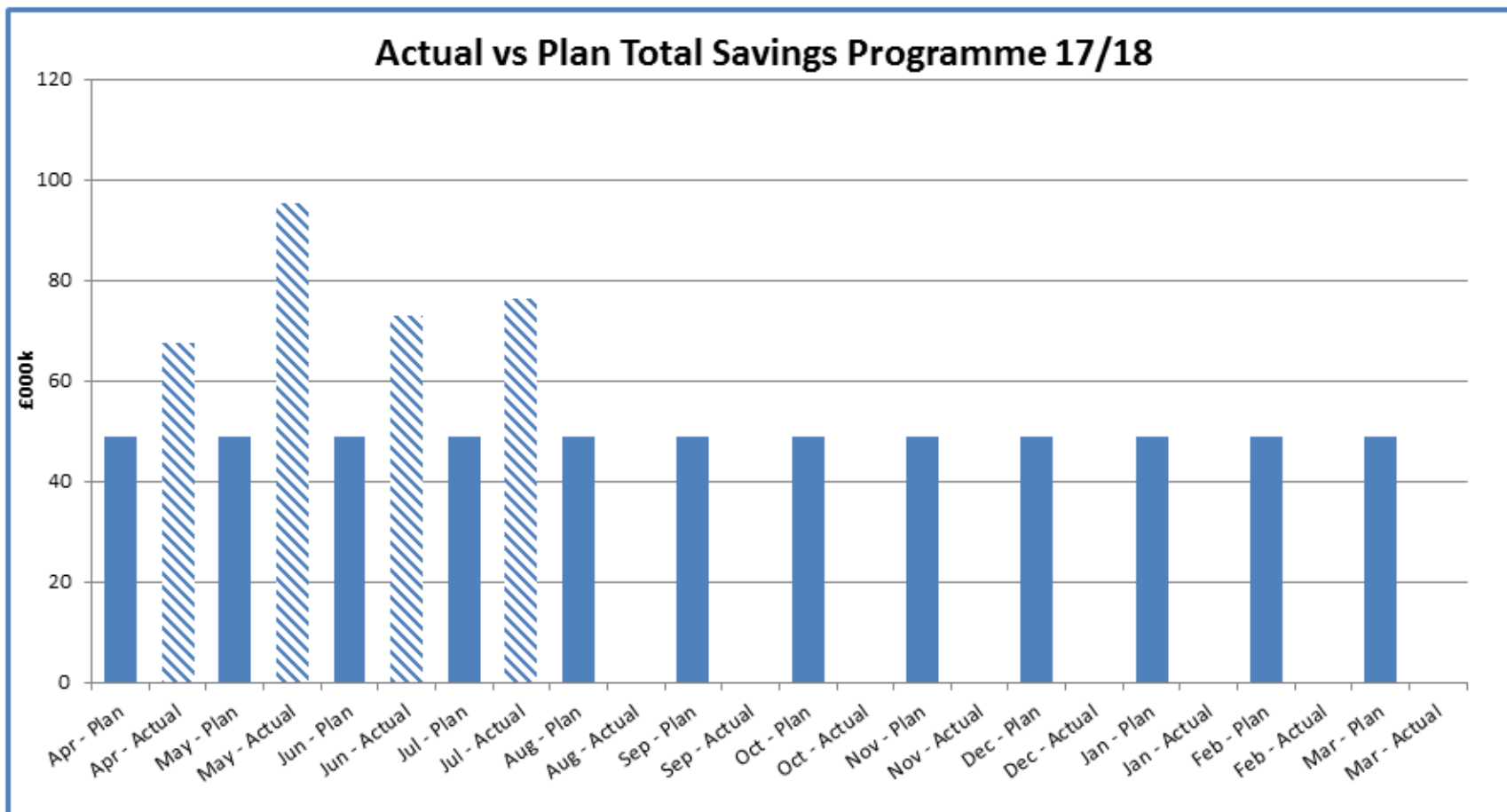Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

HR

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
613	53	47	-6	89.2%	192	186	-6	96.9%	563	91.8%

Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
HR	**20.01**	HR Staff Reduction	31	3	3	0	10	12	1	31
	20.02	HR Restructure	15	1	1	0	5	4	-1	15
	20.03	HR Nursery Income	5	0	0	0	2	2	0	5
	20.04	HR Pay Budget Savings	52	4	4	0	17	16	-1	52
	20.05	HR Agency Premium	7	1	1	0	2	2	0	7
	20.06	HR Removal Expenses	121	10	10	0	40	40	0	121
	20.07	HR Non-Pay Budget Redn	109	9	9	0	36	36	0	109
	20.08	HR Non-Pay IiP	42	4	4	0	14	14	0	42
	20.09	HR Agency Health & Safety	10	1	1	0	2	2	0	10
	20.10	HR Reorg Comms & Engagement	25	2	2	0	8	8	0	25
	20.11	HR Trust Magazine	25	2	2	0	8	8	0	25
	20.12	HR Payroll	12	1	1	0	4	4	0	12
	20.13	HR Accomodation	9	1	1	0	3	3	0	9
	20.14	Exec Non-Clinical Agency	100	8	8	0	33	33	0	100
	20.15	HR Non Clinical Agency	50	6	0	-6	6	0	-6	0
Grand Total			**613**	**53**	**47**	**-6**	**192**	**186**	**-6**	**563**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Frimley Health NHS
NHS Foundation Trust

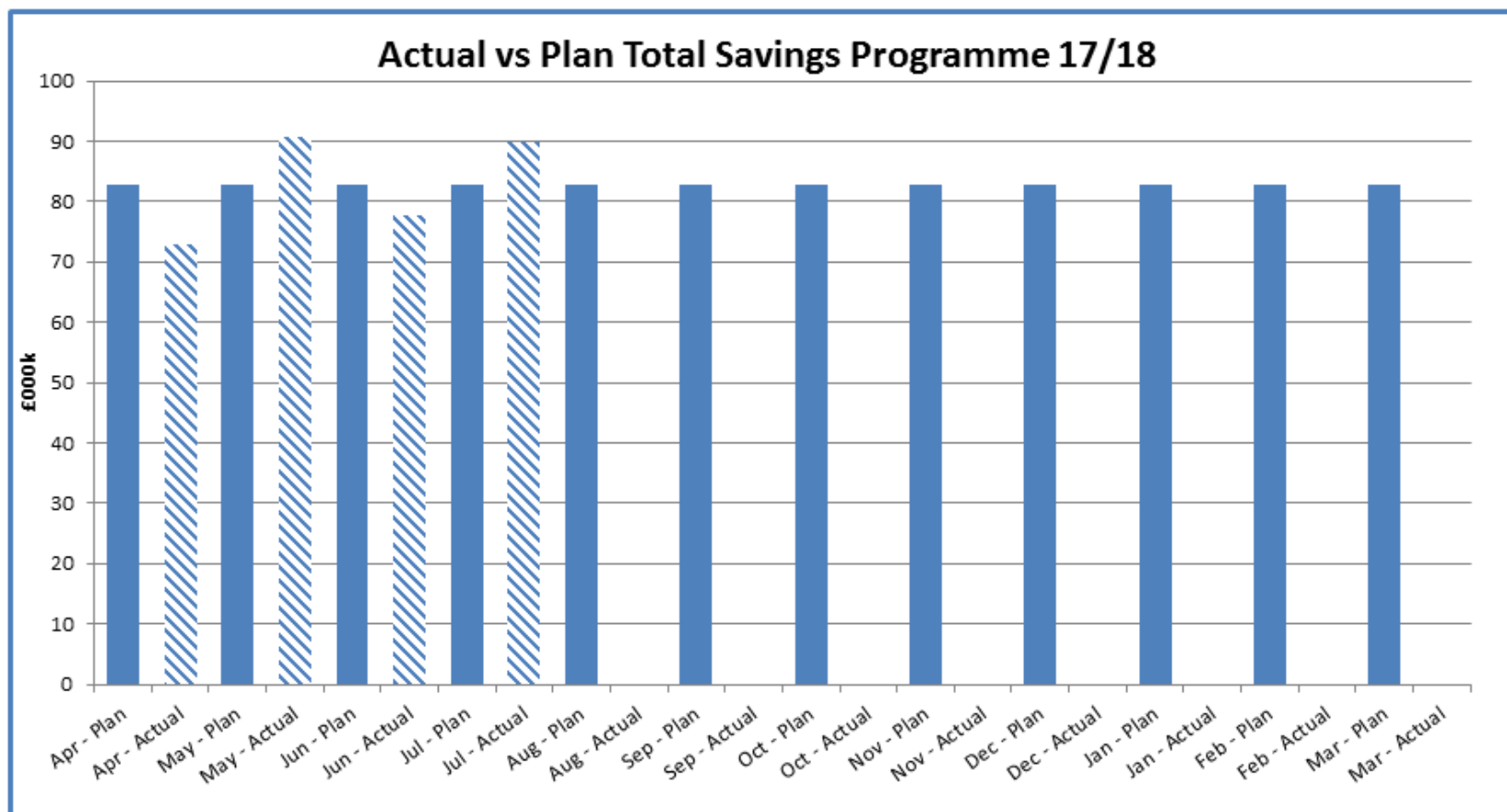Committed To Excellence   Working Together   Facing The Future

IM&T

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
600	61	104	43	170.2%	111	104	-7	93.6%	600	100.0%
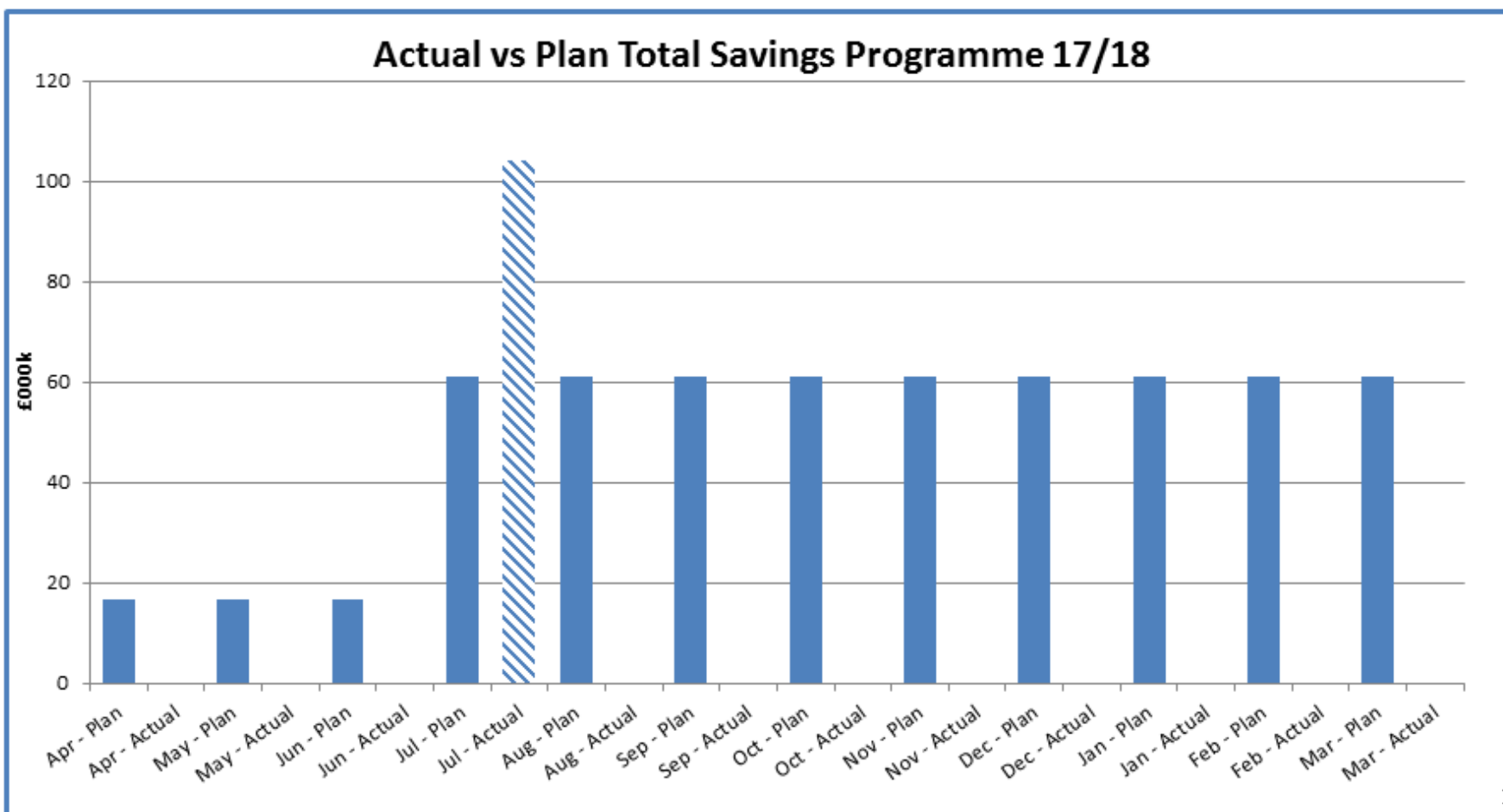
Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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Frimley Health NHS
NHS Foundation Trust

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
IM&T	**15.01**	IM&T Agency reduction	400	44	104	60	44	104	60	400
	15.02	Exec IM&T	200	17	0	-17	67	0	-67	200
Grand Total			**600**	**61**	**104**	**43**	**111**	**104**	**-7**	**600**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Frimley Health NHS
NHS Foundation Trust

Medical Director

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
398	34	0	-34	0.0%	57	0	-57	0.0%	98	24.6%
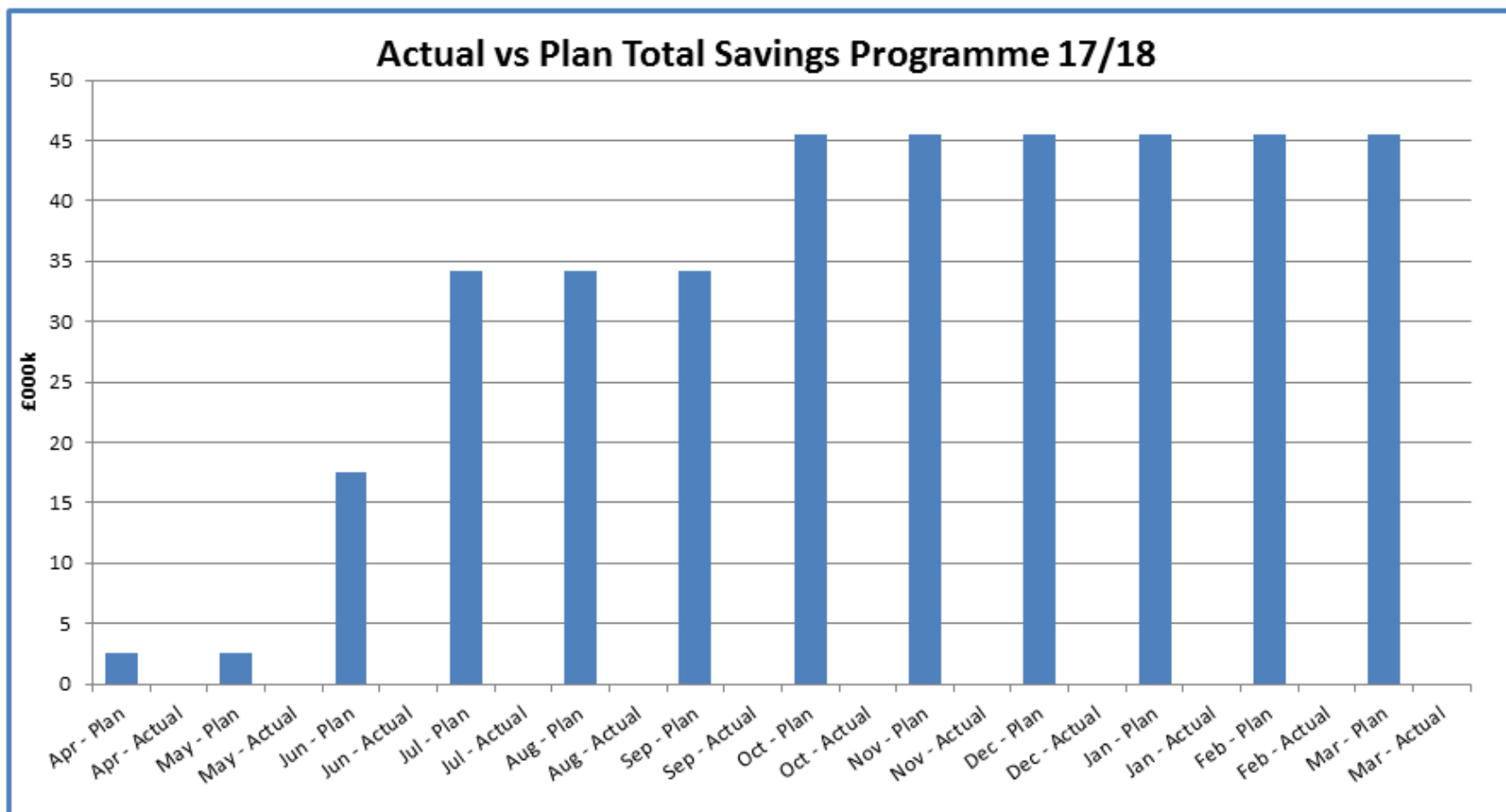
Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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Frimley Health NHS
NHS Foundation Trust

Directorate	Ref	Sheetname		Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Medical Director	**17.01**	PGEC Restructure		30	3	0	-3	10	0	-10	30
	17.02	MEDIR Deanery Funding		150	15	0	-15	30	0	-30	0
	17.03	MEDIR PGEC Catering		68	0	0	0	0	0	0	68
	17.04	MEDIR Job Plan		150	17	0	-17	17	0	-17	
Grand Total				**398**	**34**	**0**	**-34**	**57**	**0**	**-57**	**98**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

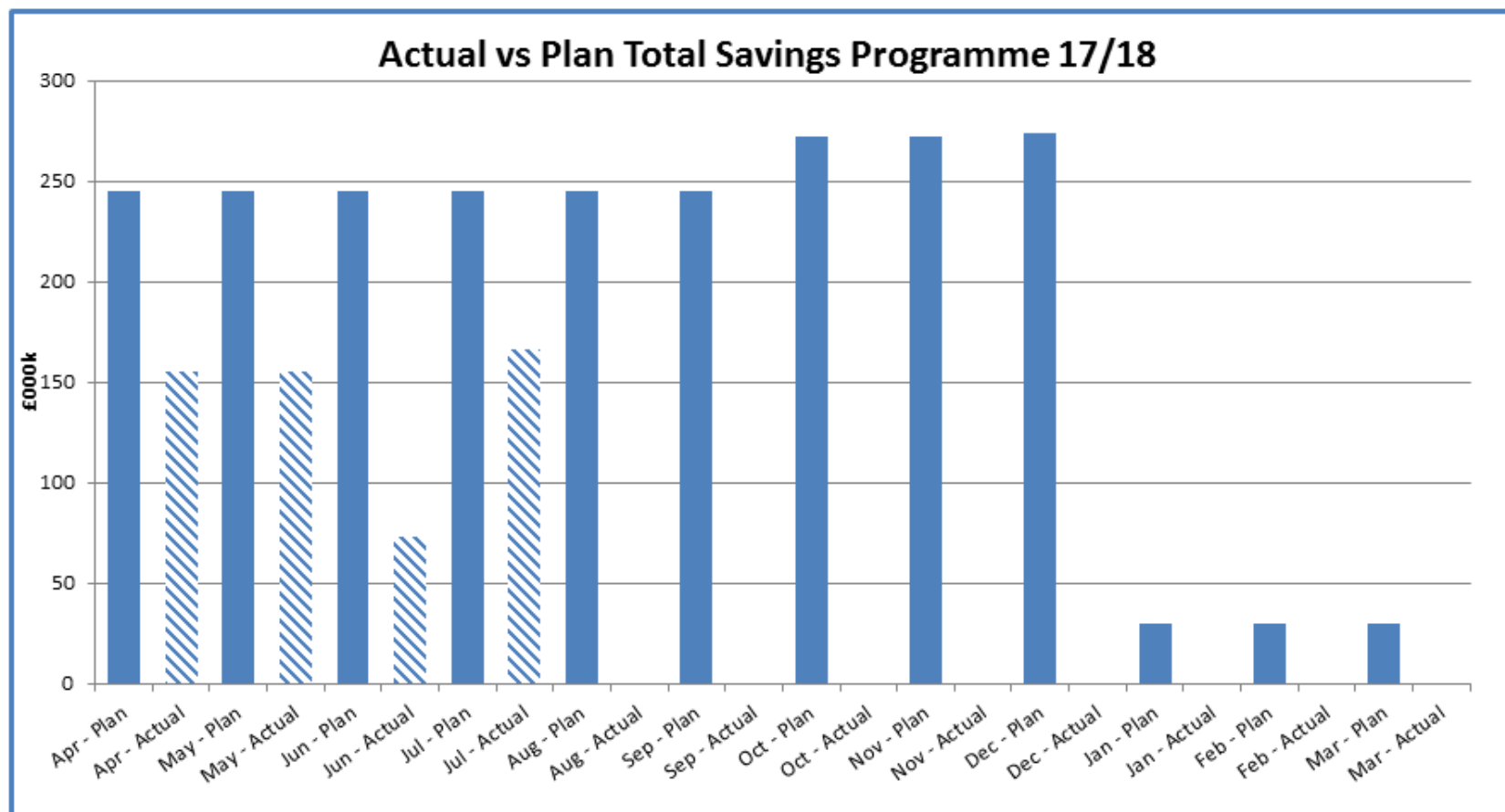**Frimley Health** NHS
NHS Foundation Trust

Medicine Frimley

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
4,047	337	320	-17	94.9%	1,349	979	-370	72.6%	3,176	78.5%
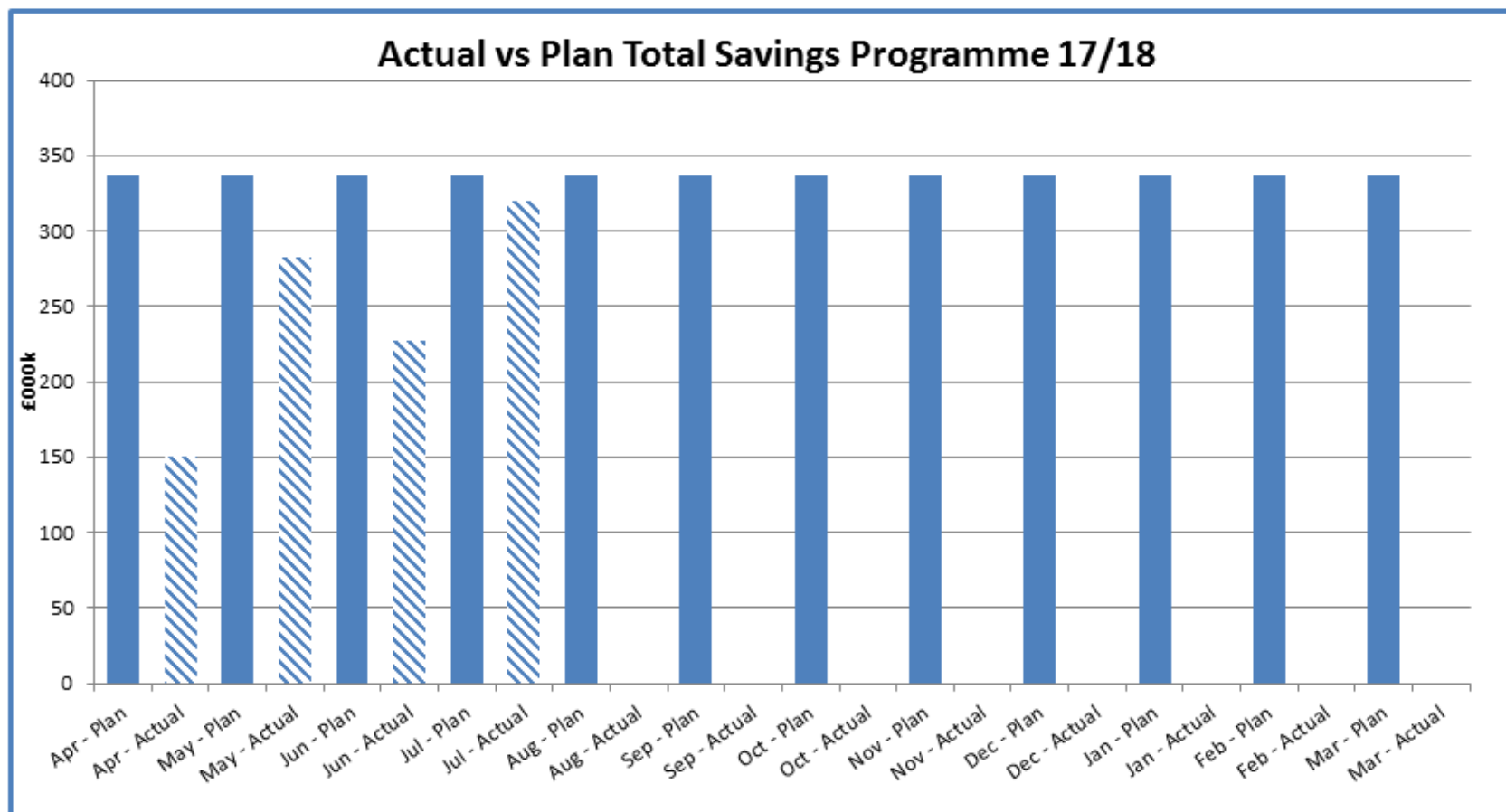
Actual vs Plan Total Savings Programme 17/18

Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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Frimley Health **NHS**
NHS Foundation Trust

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Medicine Frimley	**12.01**	Endoscopy WLI	200	17	5	-12	67	28	-39	200
	12.02	Ward Model Adherence	996	83	86	3	332	86	-246	498
	12.03	New ED Rota	405	34	0	-34	135	0	-135	236
	12.04	Medical Locum exit	703	59	45	-14	234	169	-66	450
	12.05	Non Pay efficiencies	321	27	27	0	107	98	-9	540
	12.06	Cardiac Rehab Post	14	1	1	0	5	5	0	14
	12.07	Health Improvement Post	38	3	3	0	13	13	0	38
	12.08	ED Symphony Post	6	1	1	0	2	2	0	6
	12.09	FORT	100	8	8	0	33	33	0	100
	12.10	Hale Ward	1,064	89	134	45	355	536	181	1,064
	12.11	Exec Endoscopy	200	17	0	-17	67	0	-67	
	12.12	Medical Secretaries	0	0	10	10	0	10	10	30
Grand Total			**4,047**	**337**	**320**	**-17**	**1,349**	**979**	**-370**	**3,176**

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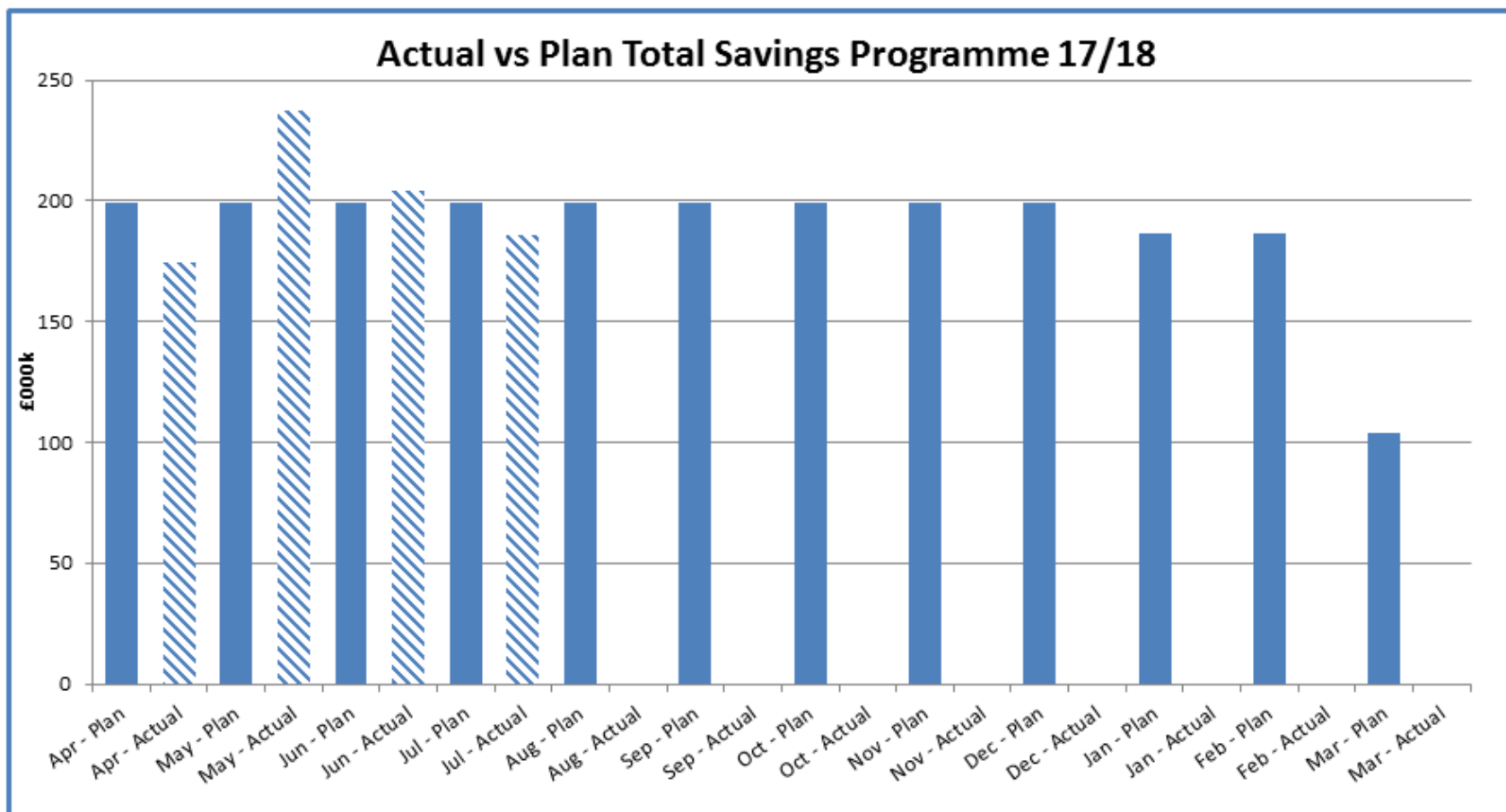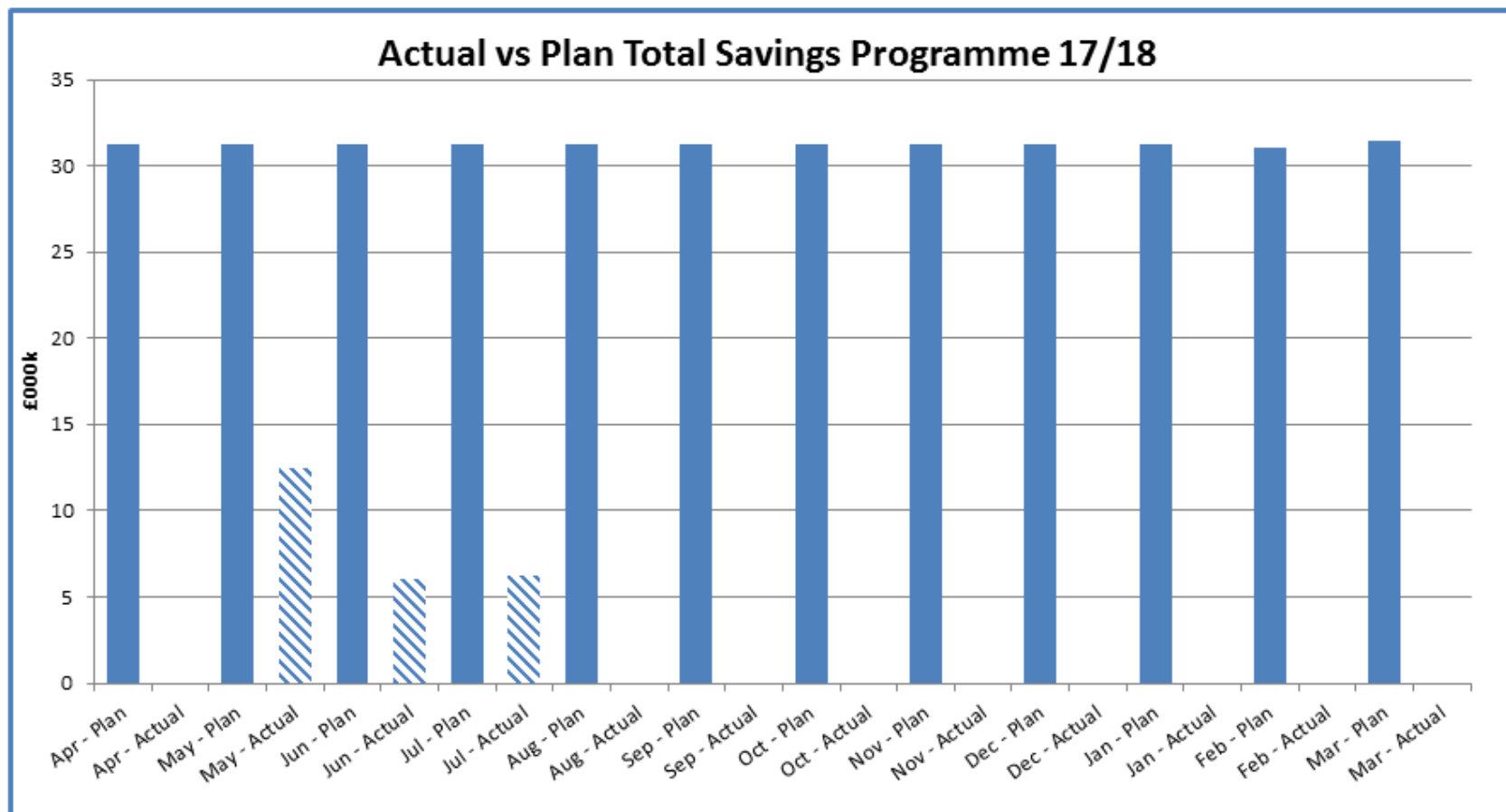Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Medicine Wexham

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
2,587	246	233	-14	94.5%	985	832	-153	84.5%	1,893	73.2%
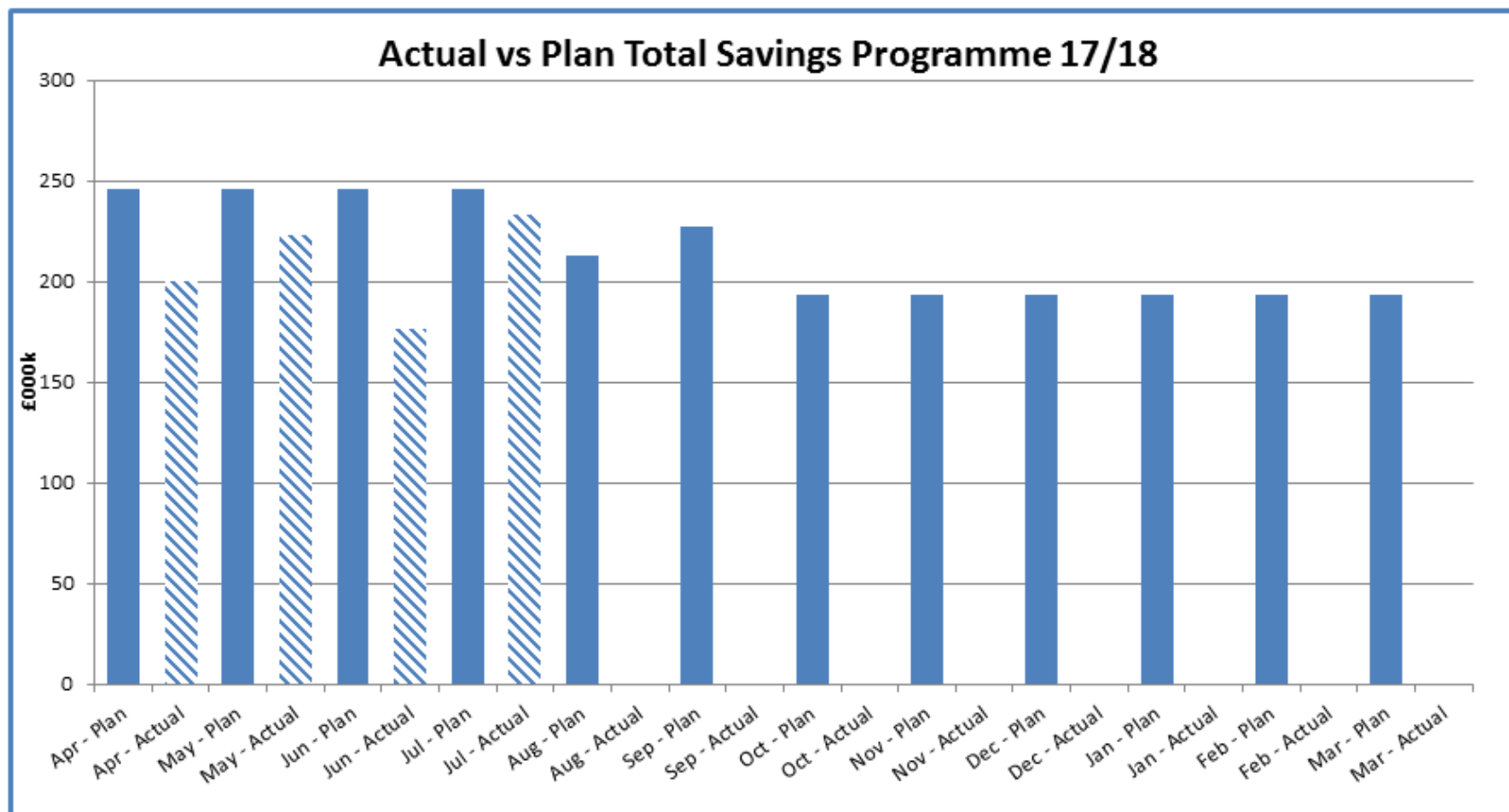
Actual vs Plan Total Savings Programme 17/18

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Frimley Health NHS
NHS Foundation Trust

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Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Medicine Wexham	**7.01**	Medicine Nursing Seasonal	200	33	91	58	133	225	92	238
	7.02	Medicine Agency Cap Red. CF	135	34	34	0	135	135	0	135
	7.03	Med - ED Agency reduction CF	68	14	0	-14	54	0	-54	0
	7.04	Medcine ED Medics agency saving	196	0	0	0	0	0	0	0
	7.05	Medicine Medics Direct Engage	156	13	13	0	52	52	0	156
	7.07	Medicine Decommission Stroke	187	16	16	0	62	62	0	187
	7.08	Medicine CNS Review	90	8	4	-4	30	15	-15	45
	7.09	Medicine Ward 17 Restructure	64	5	5	0	21	21	0	64
	7.10	Medicine Diuretic Lounge	107	9	9	0	36	19	-17	88
	7.11	Medicine Frailty Unit	139	12	0	-12	46	0	-46	70
	7.12	Medicine Card Device Stock red	340	28	28	0	113	156	42	340
	7.13	Medicine Bowelscope	159	13	0	-13	53	0	-53	159
	7.14	Medicine Non-Pay 3%	47	4	4	0	16	16	0	47
	7.15	Medicine Nurse EscalationAgency	100	8	8	0	33	48	15	115
	7.16	Medicine Cardio Non-pay Review	50	4	4	0	17	17	0	50
	7.17	Medicine Add Medics Prod&agency	350	29	0	-29	117	0	-117	
	7.18	Medicine Stretch on budget	200	17	17	0	67	67	0	200
Grand Total			2,587	246	233	-14	985	832	-153	1,893

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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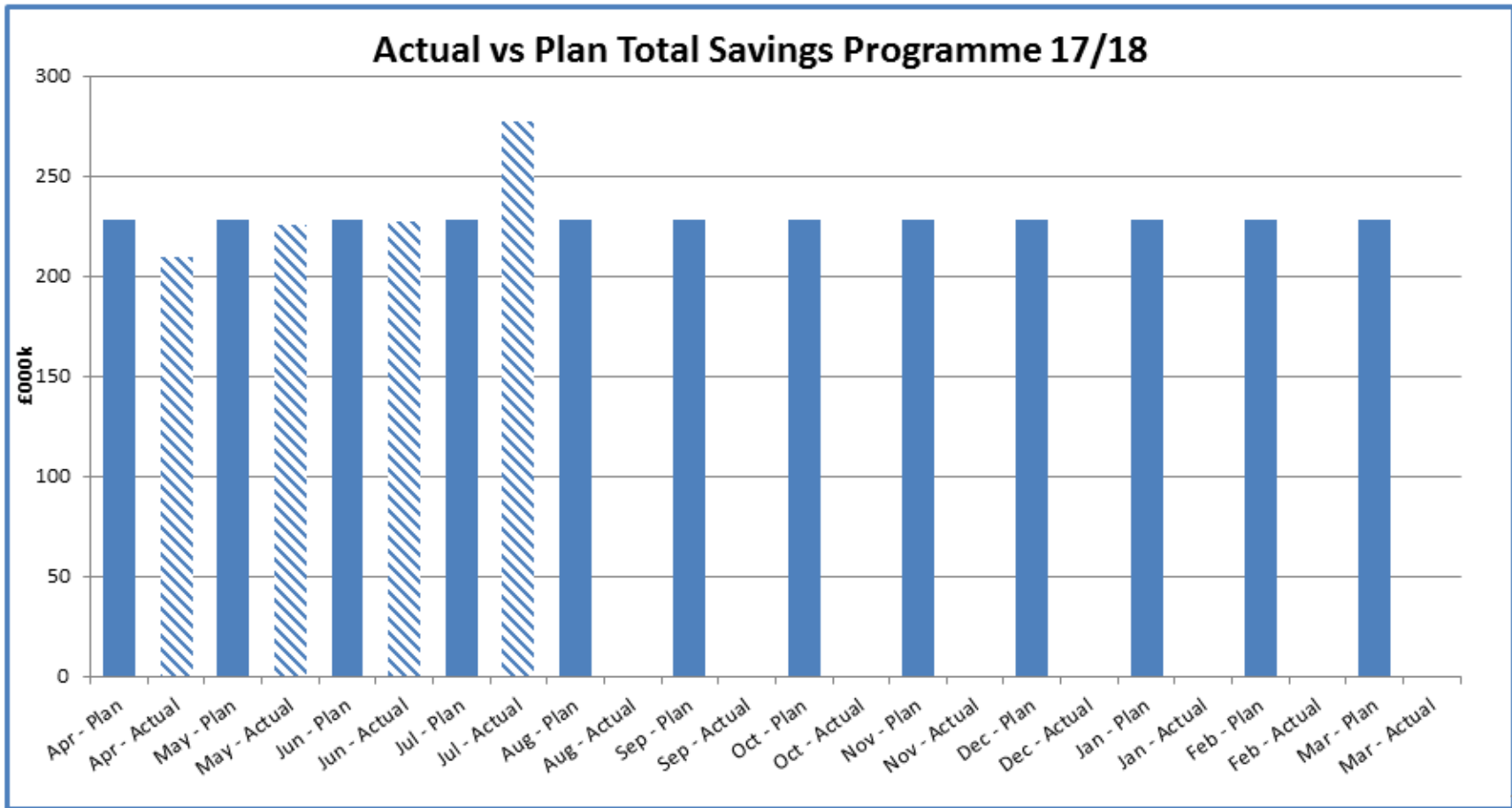**Frimley Health** NHS
NHS Foundation Trust

Nursing & Quality

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
343	29	29	0	100.1%	114	115	1	100.8%	251	73.2%

Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Frimley Health NHS
NHS Foundation Trust

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Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Nursing & Quality	**19.01**	Nursing & Quality Furn & Fitgs	66	6	6	0	22	22	0	66
	19.02	Nursing & Quality Budget Redn	185	15	16	0	62	62	0	185
	19.03	Nursing & Quality CIP Stretch	92	8	8	0	31	31	1	
Grand Total			**343**	**29**	**29**	**0**	**114**	**115**	**1**	**251**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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Frimley Health NHS
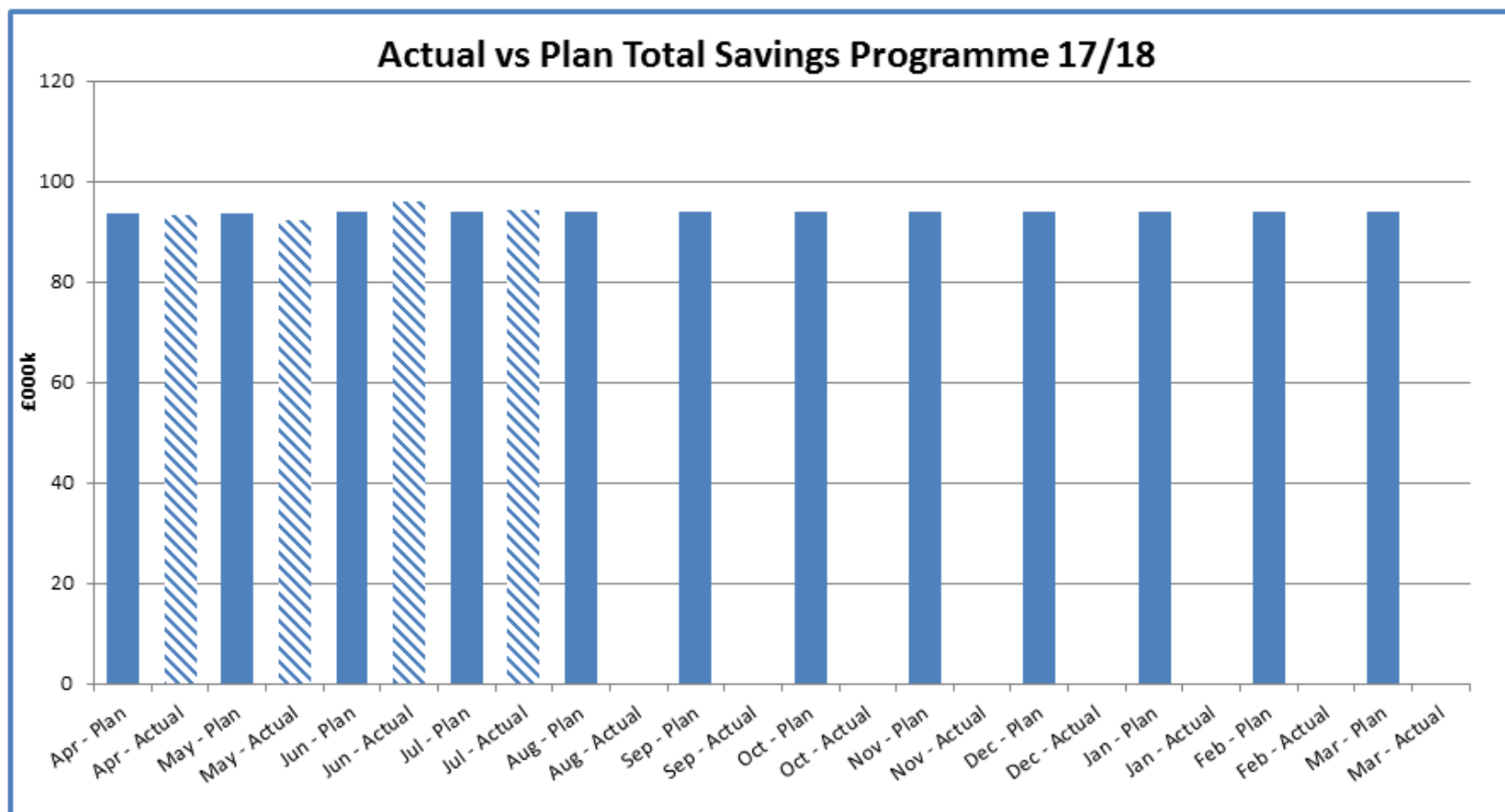
NHS Foundation Trust

Orthopaedics & Plastics
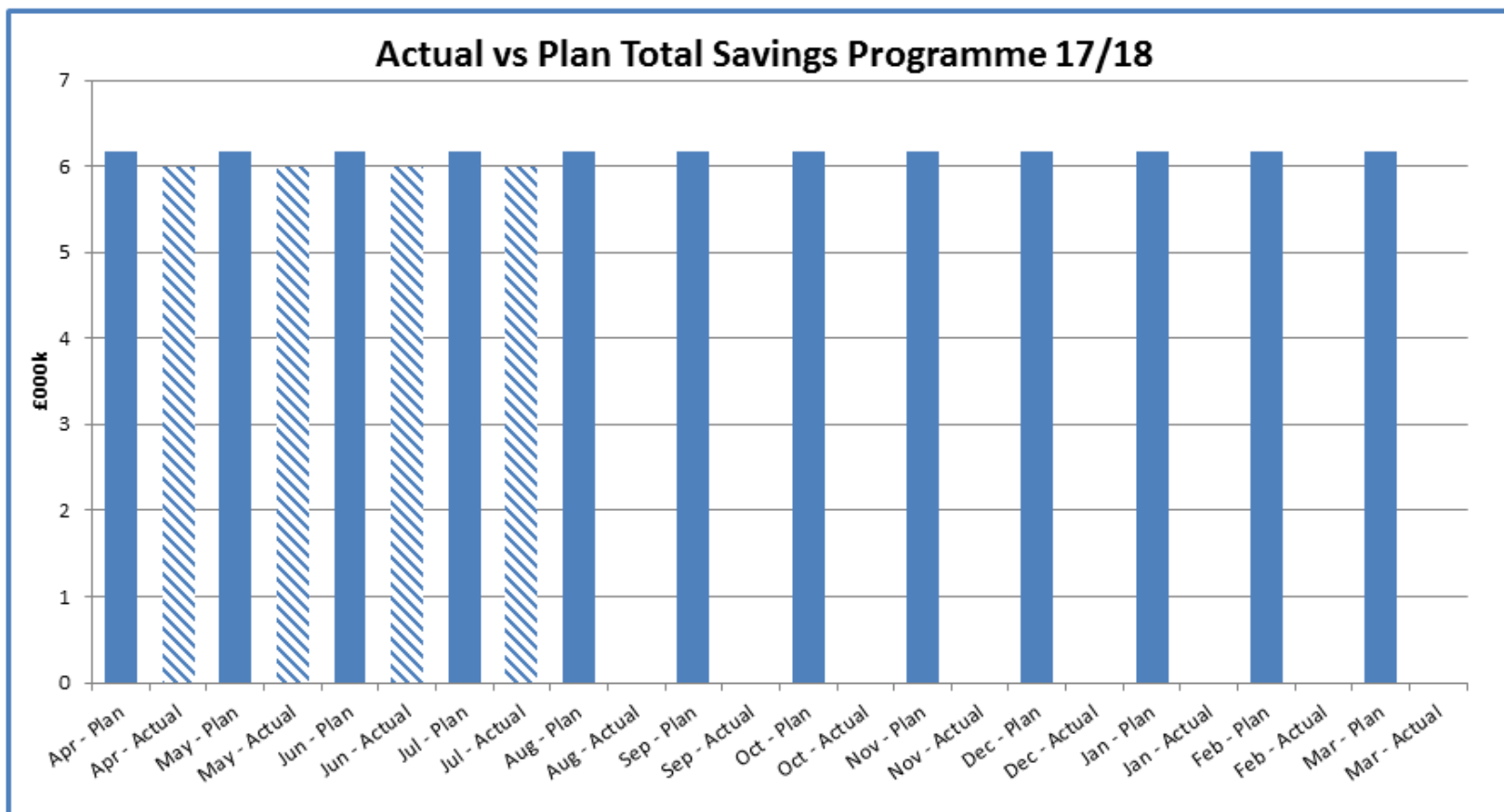
Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
1,526	132	92	-39	70.3%	474	291	-183	61.4%	1,123	73.6%

Actual vs Plan Total Savings Programme 17/18

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Frimley Health NHS
NHS Foundation Trust

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Orthopaedics & Plastics	**10.01**	Removal of PO Services	157	17	0	-17	17	0	-17	13
	10.02	Retire & Return Ortho	56	5	5	0	19	19	0	56
	10.03	Medirota Implementation Ortho	30	3	0	-3	10	0	-10	0
	10.04	Reduction on Bank B2s	277	23	23	0	92	23	-69	138
	10.05	Agency Premium Reduction (2)	90	8	8	0	30	30	0	103
	10.06	Admin Agency Removal	18	2	2	0	6	6	0	18
	10.07	Plastics Locum Consultant	36	3	3	0	12	12	0	36
	10.08	Additional Sessions Controls	126	11	0	-11	42	0	-42	63
	10.09	Ward 2 Phased Bed Capacity	69	6	0	-6	23	0	-23	69
	10.10	Heatherwood Staffing Models	96	8	16	8	32	43	11	116
	10.11	Reduce Printing & Stationary	8	1	1	0	3	3	0	8
	10.12	Ward Non Pay Controls	25	2	2	0	8	8	0	25
	10.13	Ortho Theatre Orders Control	140	12	12	0	47	47	0	140
	10.14	Cons PAs Review Cross Site	120	10	0	-10	40	0	-40	60
	10.15	Direct Engagements	20	2	2	0	7	7	0	20
	10.16	On Call Reduction 3% to 5%	8	1	0	-1	3	0	-3	8
	10.17	Plastics Rota Reconfiguration	130	11	11	0	43	53	10	130
	10.18	Supplies further Reductions	120	10	10	0	40	40	0	120
Grand Total			**1,526**	**132**	**92**	**-39**	**474**	**291**	**-183**	**1,123**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

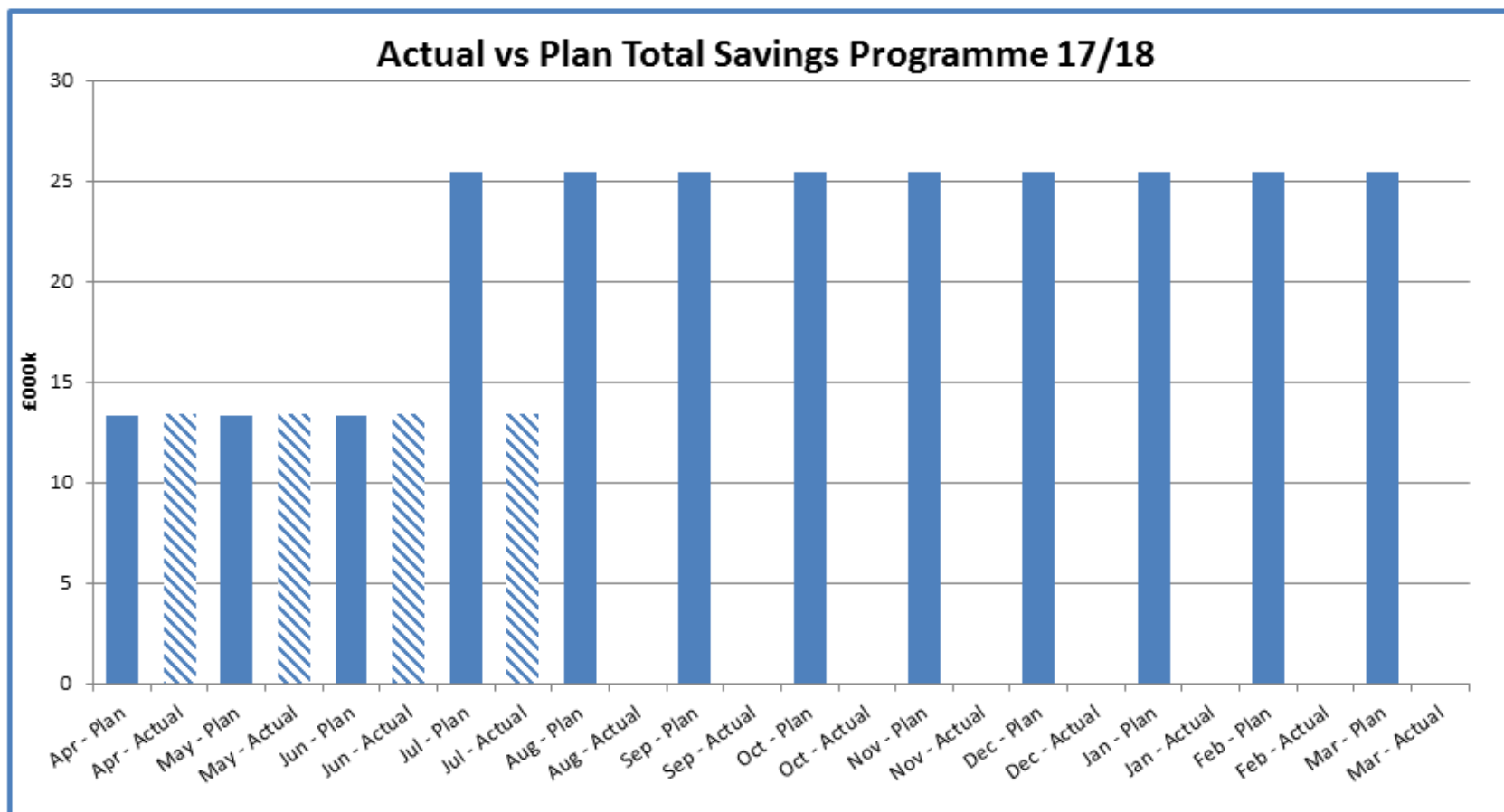**Frimley Health** NHS
NHS Foundation Trust

Outpatients FPH

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
240	20	22	2	107.5%	80	77	-3	96.8%	267	111.3%

Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Frimley Health NHS
NHS Foundation Trust

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Outpatients FPH	**14.01**	Outpatients - Agency	75	6	6	0	25	25	0	75
	14.02	Medical Records Overnight	17	1	1	0	6	6	0	17
	14.03	On Call	30	3	3	0	10	10	0	30
	14.04	Courier Costs	13	1	0	-1	4	0	-4	13
	14.05	Headed Paper	5	0	0	0	2	0	-1	5
	14.06	CDC	100	8	8	0	33	33	0	100
	14.07	Medical Records Out of Hours	0	0	0	0	0	0	0	
	14.08	Pay Protection	0	0	3	3	0	3	3	27
Grand Total			**240**	**20**	**22**	**2**	**80**	**77**	**-3**	**267**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Frimley Health NHS
NHS Foundation Trust

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Outpatients WPH
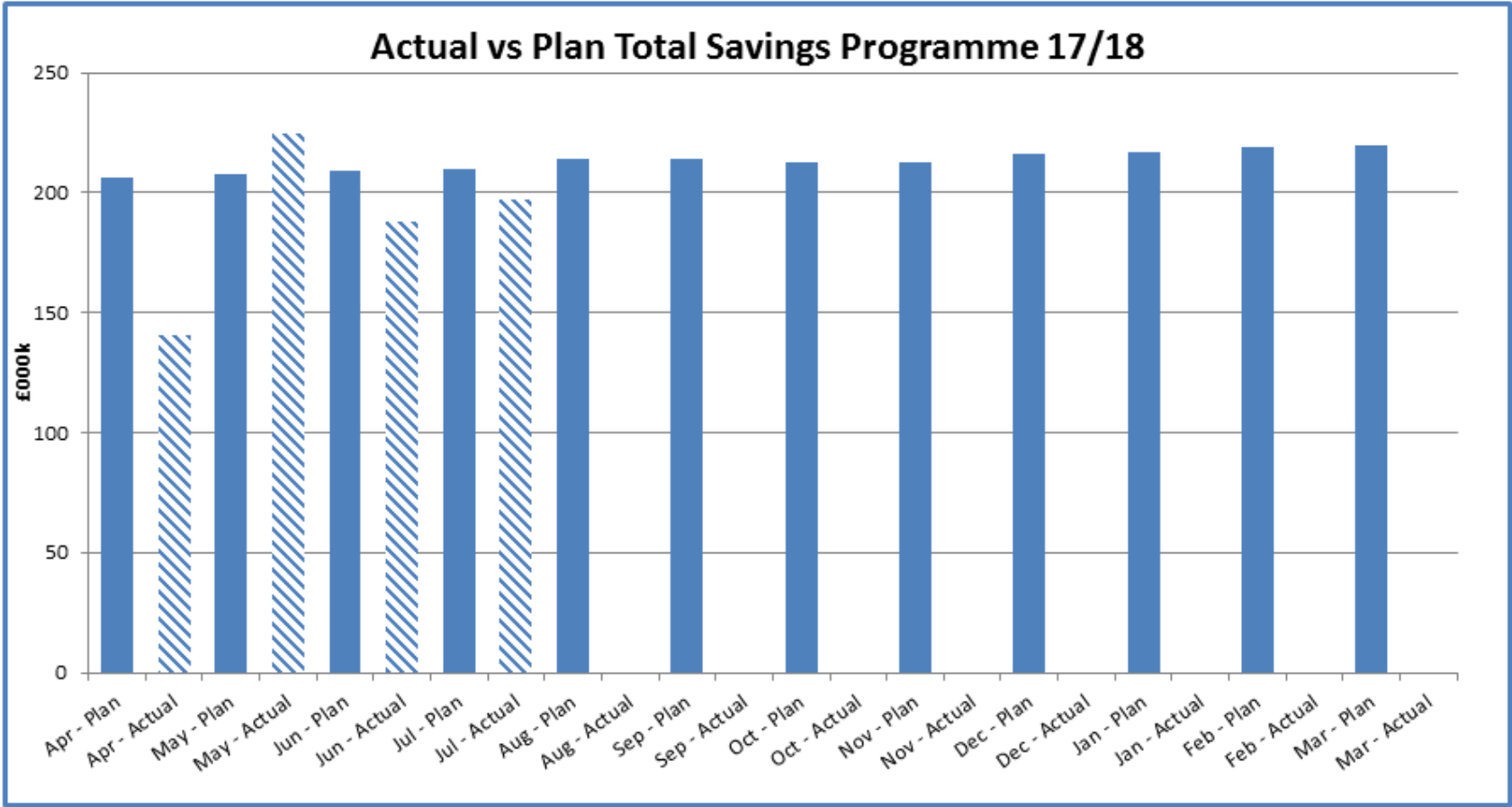
Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
585	49	76	27	156.2%	195	312	117	160.0%	584	99.8%

Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Frimley Health NHS
NHS Foundation Trust

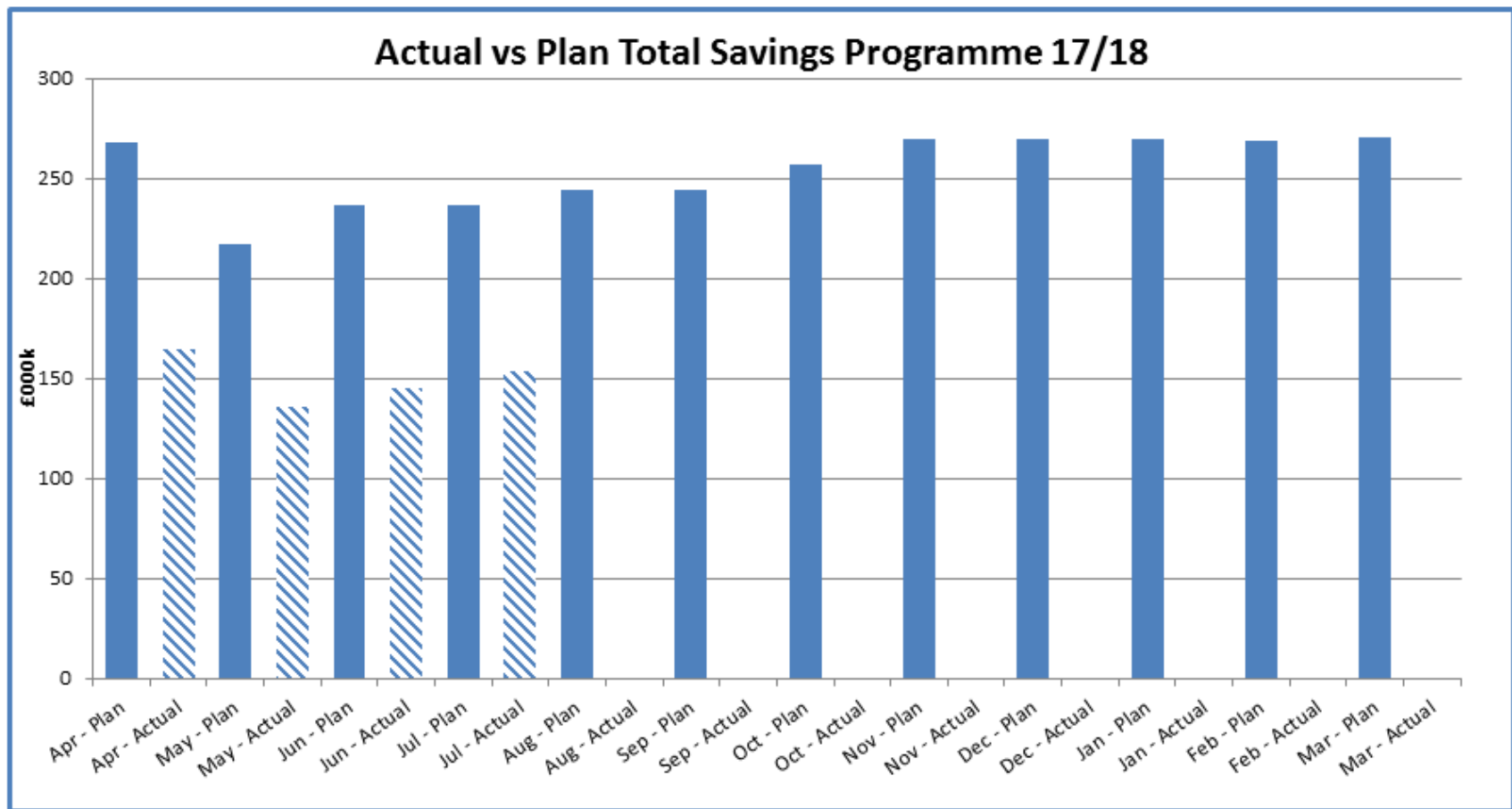Committed To Excellence   Working Together   Facing The Future

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Outpatients WPH	**8.01**	OPs Wex - Emergency Planning	6	1	1	0	2	2	0	6
	8.02	OPs Wex - Acute Pat Mgt	39	3	2	-1	13	40	27	38
	8.03	OPs Wex - Discharge Lounge	20	2	6	4	7	17	11	20
	8.04	OPs Wex - Dir of OPs cons fees	50	4	4	0	17	17	0	50
	8.05	OPs Wex - OP Choose&Book	24	2	0	-2	8	24	16	24
	8.06	OPs Wex - Pvt Amb	100	8	34	26	33	51	18	100
	8.07	OPs Wex - OP Non-Pay Review	40	3	5	1	13	62	49	40
	8.08	OPs Wex - OP EDMS	0	0	0	0	0	0	0	
	8.09	Pharm Repackag income growth	10	1	0	-1	3	0	-3	10
	8.10	OPs Wex PP Income	150	13	13	0	50	51	1	150
	8.11	OPs Wex Pharm Fleet BC	0	0	0	0	0	0	0	
	8.12	OPs Wex Pharm Virgin Care	0	0	0	0	0	0	0	
	8.13	OPs Wex Iron Mountain	22	2	2	0	7	7	0	22
	8.14	OPs Wex Zero Based Review	125	10	10	0	42	42	0	125
Grand Total			**585**	**49**	**76**	**27**	**195**	**312**	**117**	**584**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Paeds Mat & Gynae

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
993	83	90	7	108.6%	331	331	0	100.1%	993	100.0%

Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Paeds Mat & Gynae	**1.01**	Community Paeds Cessation	400	33	33	0	133	133	0	400
	1.02	Gynae Nursing Establishment Rev	93	8	8	0	31	31	0	93
	1.03	Agency Premium Reduction	200	17	17	0	67	67	0	200
	1.04	Non-Pay Review	50	4	4	0	17	17	0	50
	1.05	CIP Stretch Target £250k	250	21	28	7	83	83	0	250
Grand Total			**993**	**83**	**90**	**7**	**331**	**331**	**0**	**993**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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Frimley Health NHS
NHS Foundation Trust

Pathology

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
2,379	245	166	-80	67.6%	981	548	-433	55.9%	1,927	81.0%

Actual vs Plan Total Savings Programme 17/18

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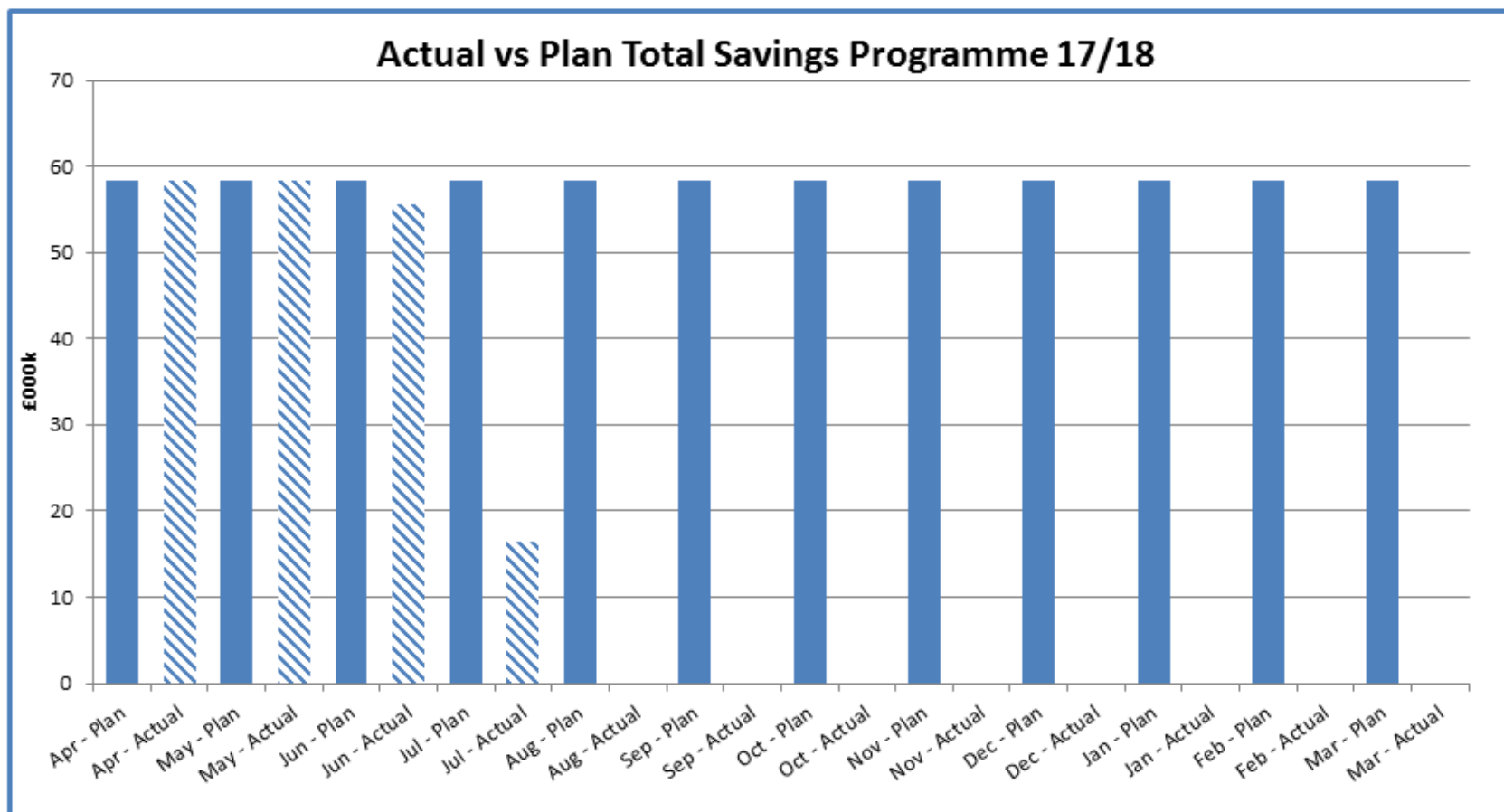Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Pathology	**3.01**	BSPS Integration Savings	2,379	245	166	-80	981	548	-433	1,927
Grand Total			**2,379**	**245**	**166**	**-80**	**981**	**548**	**-433**	**1,927**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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Frimley Health NHS
NHS Foundation Trust

Pharmacy

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
2,273	200	186	-14	93.1%	798	802	4	100.5%	2,678	117.8%

Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Pharmacy	**9.01**	Pharm Drugs Imatinib CF	902	82	72	-10	328	298	-30	863
	9.02	Pharm Drugs Carry forward	191	16	0	-16	64	59	-5	259
	9.03	Pharm Drugs Stock holding	250	21	21	0	83	83	0	250
	9.04	Pharm Drugs Rituximab GS Rhuem	50	4	6	2	17	21	5	69
	9.05	Pharm Drugs Rituximab pass thru	400	33	48	15	133	178	45	400
	9.06	Pharm Drugs Dexamethasone	32	4	4	1	14	17	2	52
	9.07	Pharm Drugs Caspofungin GS	30	3	0	-3	10	-1	-11	
	9.08	Pharm Drugs Caspofungin passthr	30	3	35	32	10	107	97	417
	9.09	Pharmacy Drugs Voriconazole CF	88	10	0	-10	39	10	-29	10
	9.10	Exec Pharmacy	300	25	0	-25	100	30	-70	359
Grand Total			**2,273**	**200**	**186**	**-14**	**798**	**802**	**4**	**2,678**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Private Patients

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
375	31	6	-25	20.0%	125	25	-100	19.8%	175	46.7%

Actual vs Plan Total Savings Programme 17/18

Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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NHS Foundation Trust

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Private Patients	**6.01**	Outpatient Development Inc	75	6	6	0	25	25	0	75
	6.02	Weekend Operating Lists Inc	0	0	0	0	0	0	0	
	6.03	Paragon Increased Act (PRefurb)	100	8	0	-8	33	0	-33	100
	6.04	Compucare Billing Efficiency	50	4	0	-4	17	0	-17	0
	6.05	Overseas Add Data Capture	150	13	0	-13	50	0	-50	0
Grand Total			**375**	**31**	**6**	**-25**	**125**	**25**	**-100**	**175**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Committed To Excellence   **Working Together**   **Facing The Future**

Frimley Health NHS
NHS Foundation Trust

Procurement

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
2,741	228	277	48	121.2%	914	939	25	102.8%	2,741	100.0%

Actual vs Plan Total Savings Programme 17/18

Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Frimley Health NHS

NHS Foundation Trust

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Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Procurement	**18.01**	Procurement	2,141	178	178	0	714	714	0	2,141
	18.02	Synergy Procurement	400	33	33	0	133	133	0	400
	18.03	Exec Procurement	200	17	65	48	67	92	25	200
Grand Total			**2,741**	**228**	**277**	**48**	**914**	**939**	**25**	**2,741**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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Radiology

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
1,126	94	94	0	100.3%	375	376	1	100.1%	1,136	100.9%

Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Radiology	**5.01**	AHP Agency Premium Reduction	336	28	15	-13	112	122	10	336
	5.02	MSSE Stock Reduction	100	8	17	8	33	33	0	100
	5.03	Reduce Cons reporting rates	68	6	17	11	23	23	0	68
	5.04	Reduce Outsourced Reporting	38	3	8	5	13	29	17	38
	5.05	CT Mobile Hire reduction WLI	50	4	21	17	17	45	29	175
	5.06	Reduce Maintenance Cover Levels	223	19	9	-10	74	65	-9	223
	5.07	MRI Managed Serv Red 2018	125	10	0	-10	42	10	-31	10
	5.08	Provider Contracts Review	100	8	0	-8	33	19	-14	100
	5.09	Mobile Hire costs reduction WPH	35	3	3	0	12	12	0	35
	5.10	Mobile Hire costs reduction FPH	25	2	2	0	8	8	0	25
	5.11	Reduce Outsourced Reports (TMC)	25	2	2	0	8	8	0	25
Grand Total			**1,126**	**94**	**94**	**0**	**375**	**376**	**1**	**1,136**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Research & Development

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
74	6	6	-0	97.3%	25	24	-1	97.3%	74	100.0%

Actual vs Plan Total Savings Programme 17/18

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Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Research & Development	**25.01**	R&D - Breakeven	74	6	6	0	25	24	-1	74
Grand Total			**74**	**6**	**6**	**0**	**25**	**24**	**-1**	**74**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Frimley Health NHS
NHS Foundation Trust

Strategy & Performance

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
269	25	13	-12	52.7%	65	54	-12	82.0%	269	100.0%

Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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Frimley Health NHS
NHS Foundation Trust

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Strategy & Performance	**21.01**	Strat & Perf - EPS	100	8	8	0	33	34	0	100
	21.02	Strat & Perf - PAY	50	4	4	0	17	17	0	50
	21.03	Strat & Perf - CRAB	10	1	1	0	3	3	0	10
	21.04	Strat & Perf - CIP stretch	109	12	0	-12	12	0	-12	109
Grand Total			**269**	**25**	**13**	**-12**	**65**	**54**	**-12**	**269**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Surgery

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
2,559	210	197	-13	93.8%	833	750	-83	90.1%	2,458	96.0%

Actual vs Plan Total Savings Programme 17/18

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Frimley Health NHS
NHS Foundation Trust

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Surgery	4.01	Retirement of staff	114	10	10	0	40	39	-1	114
	4.02	General Surgery WLI	300	24	39	15	96	122	26	300
	4.03	Hearing Aids	80	6	5	-1	24	20	-4	80
	4.04	Non Pay Items	480	40	7	-33	160	106	-54	480
	4.05	Theatre Utilisation	100	8	21	13	32	52	20	100
	4.06	Furniture	38	3	3	0	12	9	-3	38
	4.07	Ophthalmology WLI Specialty Drs	200	16	22	6	64	70	6	200
	4.08	Prostate Biopsy Kit	70	6	0	-6	24	7	-17	53
	4.09	Lasers (BC)	100	8	0	-8	32	11	-22	100
	4.10	Medical Equipment Hire	168	14	15	1	56	46	-10	84
	4.11	WD 10 & 11 LD shift reduction	60	5	5	0	20	16	-4	60
	4.12	Dressings & Vasc. dressings	35	3	3	0	11	10	-1	35
	4.13	Tissue Viability	38	3	3	0	12	12	0	38
	4.14	LOS WPH	100	8	8	0	32	32	0	100
	4.15	Pingers	20	1	1	0	4	4	0	20
	4.16	Runners	70	6	6	0	22	22	0	70
	4.17	Medical Agency	350	29	29	0	115	102	-13	350
	4.18	Nursing Agency	200	17	17	0	68	61	-7	200
	4.19	Overseas Recruitment	15	1	1	0	4	4	0	15
	4.20	Patients Clothes	21	2	2	0	5	6	1	21
Grand Total			**2,559**	**210**	**197**	**-13**	**833**	**750**	**-83**	**2,458**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Theatres Crit Care & Anaes

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
3,052	237	153	-84	64.7%	959	598	-361	62.3%	1,912	62.6%

Actual vs Plan Total Savings Programme 17/18

Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

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Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Theatres Crit Care & Anae	11.01	Maintenance Contracts Review	39	0	0	0	39	39	0	39
	11.02	Medics Agency Prem	350	29	29	0	117	117	0	350
	11.03	Non-Medics Agency Prem	250	21	0	-21	83	0	-83	0
	11.04	ITU Stock Review	50	4	4	0	17	17	0	50
	11.05	Theatre Stock Review WPH	100	8	8	0	33	33	0	100
	11.06	Pre Op Slots WPH	260	22	7	-15	86	18	-68	100
	11.07	Review of GA and LA Sessions	100	8	4	-4	33	16	-17	70
	11.08	Savings for Non-Op Consumables	100	8	8	0	33	33	0	100
	11.09	R&R Savings Year 2	40	3	3	0	13	13	0	40
	11.10	Community Dentals WPH	0	0	0	0	0	0	0	
	11.11	Theatre Utilisation & Rational	0	0	0	0	0	0	0	
	11.12	Admin Mgmnt Restructure	0	0	0	0	0	0	0	
	11.13	Pain WLI	200	17	17	0	67	67	0	200
	11.14	Review of Pain Service	300	25	0	-25	100	0	-100	
	11.15	Consumable Savings FPH Theatres	350	29	29	0	117	117	0	350
	11.16	PD Team Reduction	30	0	0	0	0	0	0	30
	11.17	Office Supplies	5	0	0	0	2	2	0	5
	11.18	Training	3	0	0	0	1	1	0	3
	11.19	Pain Aldershot	75	0	0	0	6	0	-6	
	11.20	Pain Windsor	75	0	0	0	6	0	-6	
	11.21	Band 7 Structure Theatres	30	0	0	0	0	0	0	30
	11.22	Drugs- Des to Sevo	30	3	3	0	10	8	-3	30
	11.23	Top-Slice of TCCA Budgets	465	39	36	-3	155	101	-55	315
	11.24	DSU HWD	200	20	4	-16	40	17	-23	100
Grand Total			**3,052**	**237**	**153**	**-84**	**959**	**598**	**-361**	**1,912**

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Therapies

Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
700	58	16	-42	28.2%	233	189	-45	80.9%	603	86.2%

Actual vs Plan Total Savings Programme 17/18

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Tab 10 Cost Improvement Programme (CIP) Update 2017/18 – months 3 & 4

Committed To Excellence **Working Together** **Facing The Future**

Frimley Health NHS
NHS Foundation Trust

Directorate	Ref	Sheetname	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	YTD Plan	YTD Act	YTD Var	FOT
Therapies	**13.01**	Physio Agency	117	10	0	-10	39	27	-13	117
	13.02	SaLT	23	2	2	0	8	8	0	23
	13.03	Dietetics	12	1	1	0	4	4	0	12
	13.04	Physio	64	5	5	0	21	21	0	64
	13.05	OT	99	8	8	0	33	33	0	99
	13.06	Patient Appliances	385	32	0	-32	128	96	-32	289
Grand Total			**700**	**58**	**16**	**-42**	**233**	**189**	**-45**	**603**

Tab 11 Capital Investment Programme Update

Committed To Excellence | Working Together | Facing The Future

Frimley Health **NHS**
NHS Foundation Trust

Report Title	**Capital Programme Report – 2017/18**
Agenda Number	11.
Report type	• Note
Prepared by	Stephen Holmes, Associate Director of Capital, Capital Projects
Executive Lead	Janet King, Director of HR & Corporate Services
Executive Summary	The budget approved for capital projects (excluding equipment and IT) across all three sites in 2017/18 is £65.5m. This compares with a total capital spend (excluding equipment and IT) in 2016/17 of £29.8m. Of the £65.5m, £40.5m relates to Heatherwood (£9.2m), ED (£25m) and Women's services (£6.3m), the latter two of which are on site and progressing well. Heatherwood remains subject to full business case approval, hence there is a relatively high risk of slippage on this scheme. As at the end of month 4, spend to date equates to £12.3m. Continued uncertainties in respect of the timing of the Heatherwood project are reflected in a reduced forecast of anticipated in-year spend on this scheme. The forecast outturn at year-end is currently £63.1m - £2.4m below budget.
Background	The attached spreadsheet shows the total budget available for each project in 2017/18 (inclusive of carry forwards from 2016/17); current expenditure as at month 4; the current forecast at year end; and any anticipated underspend, or overspend. The forecast outturn figures are colour coded in green where there is a reasonable degree of certainty that the forecast will be achieved, and amber where there is less certainty (for example, to reflect the incomplete nature of the project brief, outstanding approvals, or questions over access to undertake the works). A brief narrative in respect of individual schemes is recorded in the comments

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Tab 11 Capital Investment Programme Update

	column. Further details are given in respect of the larger capital projects below.
Issues and Options	▪ Heatherwood Redevelopment Work to fully define and agree the brief has taken longer than anticipated, and planning approval remains subject to conditions, hence the forecast spend is less than originally identified. ▪ ED - Wexham Park Enabling works commenced in January 2017, and the main scheme in April 2017. Expenditure is now exceeding £1 million per month. Project completion anticipated December 2018. ▪ Maternity - Wexham Park Kier commenced the main project in late October 2016. Completion anticipated November 2017. ▪ CHP – Wexham Park Design work for the installation of a combined heat and power plant is underway. ▪ Paragon Suite – Wexham Park Works to the lobby / reception commenced in January 2017, with the bedrooms following on in April 2017. Completion is expected in October 2017. ▪ Car Park – Wexham Park The on-site car park works are now complete, as is Pinewood's car park opposite the main entrance. The latter is being used by staff and will open to the public in the autumn. ▪ Corridors – Wexham Park A rolling programme of corridor refurbishment work is underway (Wards 1-3 complete). New, and emergency, lighting has been replaced along the main corridors. • HV/LV Infrastructure – Wexham Park Tenders for the replacement and upgrade of LV transformers and switchgear have recently been returned. • Drainage – Wexham Park Tenders for the replacement of mains drainage runs have recently been returned. • Fire doors / compartmentation – Wexham Park A rolling programme of fire door replacement, and fire stopping within ceiling voids and the under croft, is nearing completion. ▪ CT Scanner – Wexham Park The new CT scanner is complete and operational • X-ray – Wexham park Phase 2 of improvements to Radiology is in design, with new x-ray machines to be installed later in this year. ▪ Roofing – Wexham Park Phase 4 of the roof replacement works is due to start in August 2017. Completion in December 2017. The plant room to cover equipment on the pharmacy roof completed in June 2017. • Energy Centre – Wexham Park The contract to convert steam to low temperature hot water for ED and wards

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Tab 11 Capital Investment Programme Update

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1, 2 and 3 has recently been let.

- ▪ Paediatrics – Wexham Park

Works to refurbish and address backlog maintenance issues within paediatric out-patients and Ward 24 completed in August 2017.

- ▪ Diagnostic and Investigation Unit - Frimley Park

An outline business case for the development of a 3 storey building to accommodate new MRI facilities, breast cancer services and a generic ward, is due to be considered in October 2017. Designs, and enabling works, are being progressed.

- ▪ Parkside – Frimley Park

Works to upgrade bedrooms within Parkside started on site in Spring 2017. Completion is anticipated in Autumn 2017.

- • Ward F9 – Frimley Park

Works to upgrade the three remaining bays in F9 are due to start in September 2017.

- ▪ ED Minors – Frimley Park

Works to improve facilities within ED Minors began in November 2016, with completion of the first phase in January 2017. Phase 2 completed in August 2017.

- • Ward F1 – Frimley Park

Works to expand the paediatric ward F1 started on site in August 2016. The extension to the ward completed in March 2017, whilst alterations to the internal accommodation completed in May 2017.

- ▪ Renal – Frimley Park

Works to provide dedicated renal beds in ward G8 commenced in June 2017 with completion anticipated in September 2017.

- ▪ Roof Structural Remedial Works

The roof above the cystic fibrosis building has recently been replaced. The refurbishment of the first floor streets is currently on site.

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<td>**Recommendation**</td>
<td>Board is asked to note the report.</td>
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<td>**Appendices**</td>
<td>Capital Plan</td>
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Tab 11 Capital Investment Programme Update

Proposed capital programme

Heatherwood	2017 - 18 budget (£'000)	2017-18 spend to date - mth 4	2017-18 forecast (£'000)	2017-18 under / (over) spend	Total 2015 - 16 to 24 - 25 (£'000)	Program	Budget	Comments
Heatherwood								**Heatherwood**
New Build FBC	5,380	185	3,000	2,380	80,674	▼	▲	Planning Committee 22nd August. Enabling works anticipated to commence later this year.
Backlog Maintenance	500	234	500	-	1,866	▲	▲	on-going maintenance of existing facilities.
CT Scanner				-	2	▲	▲	
Office conversion - Block 40	718	6	718	-	6,000	▼	▲	Start on site now anticipated Winter 2017/18
Heatherwood Mobile Scanner				-	-	▲	▲	
Heatherwood Nursery	-	14	-	-	218	▲	▲	conversion to offices for Finance
Heatherwood Bevan House (F16 Decant)	100	57	100	-	100	▲	▲	
Heatherwood Site Decommissioning	2,400		2,400	-	9,325	▲	▲	Enabling works anticipated to commence later this year.
Other	78	3	78	-	490	▲	▲	Creation of Lithotripsy service in existing building
sub-total	**9,176**	**471**	**6,796**	**2,380**	**98,675**			

Wexham Park	2017 - 18 budget (£'000)	2017-18 spend to date - mth 4	2017-18 forecast (£'000)	2017-18 under / (over) spend	Total 2015 - 16 to 24 - 25 (£'000)	Program	Budget	Comments
Wexham Park								**Wexham Park**
Infrastructure / Service Improvements								**Infrastructure / Service Improvements**
ED - FBC	12,481	1,464	12,481	-	25,297	▲	▲	On site - completion anticipated Dec 2018
Assessment Redevlopment (ED Upper Floors)	12,481	1,464	12,481	-	23,603	▲	▲	On site - completion anticipated Dec 2018
Women's Services - FBC	5,784	3,301	5,784	-	9,557	▲	▲	Start on site Oct 2016. Complete Nov 2017
Women's Services - Backlog contribution	500		500	-	1,100	▲	▲	Start on site Oct 2016. Complete Nov 2017
Linac				-	-	▲	▲	RBH to Fund
CHP	500	1	500	-	6,000	▲	▲	Possible invest to save scheme. Currently in design
Cath Lab (12 recovery beds) c/fwds				-	1,051	▲	▲	Complete and retention paid in 2016/17.
Theatre Admissions Lounge (and minor ops room) c/fwds	50		25	25	402	▲	▲	Main scheme complete. Minor works in design
Paediatric HDU	16	- 1	-	16	1,200	▲	▲	all works complete
Pre-assessment relocation	25		25	0	134	▲	▲	Main works complete. Car park pay machine to be installed
Paragon Room Upgrades	747	498	747	-	1,000	▼	▲	Reception and out patient rooms complete. Rolling programme of bedroom upgrades on-going
Drs Mess (relocation)	-			-	50	▲	▲	on hold
Ops Room (relocation)	-			-	50	▲	▲	on hold
Eden Ward (Chemo expansion)	20	6	10	10	440	▲	▲	Complete. Minor works to office area.
Car parking		48	50	- 50	2,514	▼	▲	Complete. Final account now agreed.
Overflow car park				-	175	▲	▲	Temporary works complete.
Corridors (6 facet survey)	900	29	900	-	1,847	▲	▲	Rolling programme of upgrades on site. £250k brought forward from 18/19
Cardiology Simulation Facility (Legacy funded)	-			-	186	▼	▲	Cardiology reviewing priorities for funding. Deferred.
Ward Refurbishment (£400k per ward + backlog + quality)	-			-	2,000	▲	▲	to commence once ED complete. Funds deferred.
Wayfinding	96	-	96	-	225	▲	▲	External wayfinding being completed.
Project Feasabilities	33	2	33	-	30	▲	▲	
Cardiology (£570k legacy funded)	-			-	2,006	▲	▲	Feasibility being considered for expansion of CIU and CCU (£1.97m for CIU)
Pharmacy Consultation Room	4		-	4	100	▲	▲	complete.
Dental X-Ray	4		-	4	37	▲	▲	complete.
Pinewood Car Park - Fees + Temp Surface	1,384	1,187	1,384	-	1,840	▼	▲	Car park complete. S278 works for crossing to be agreed. £1.5m build cost approved by CDIC
HV Infrastructure - generators / ring	1,411	124	1,411	-	2,500	▲	▲	Part of HV ring replaced for ED scheme. Upgrade to transformers and replacement of generators next.
Hot and Cold Water Services	200		200	-	450	▲	▲	Not included in condition survey. Needed for compliance
Oxygen ring	250		250	-	450	▲	▲	Not included in condition survey. Needed for compliance
Drainage	900	31	900	-	1,603	▲	▲	Tenders back. Contractor being appointed.
Disabled Access (incl changing places)	87	4	87	-	200	▲	▲	Toilet improvements complete. Future priorities bring reviewed.
Security	201	65	201	-	425	▲	▲	Works being progressed in co-ordination with facilities team. CCTV and barriers
Alarms & Detection Systems	250		250	-	266	▲	▲	plant room security to be improved
Fire Doors / Compartmentation	220	92	220	-	1,000	▲	▲	High and medium risk works complete. Undercroft on-site.
CT Scanner	1,306	946	1,306	-	1,750	▼	▲	Complete. MEB budget funded + £200k from backlog.
X-ray	1,300	6	1,300	-	3,000	▲	▲	X-ray replacement and waiting area refurb in design. Master plan produced for next phases.
RVS Café	11		5	6	217	▲	▲	Complete.
Ophthalmology	22		10	12	1,000	▲	▲	temporary Out-patient clinic created for Maternity. Complete. Further works to be confirmed.
Bed Store	117	83	117	-	150	▲	▲	works complete
MIDU relocation	-			-	-	▲	▲	Potential relocation of MIDU to large gym. No budget allocated. On hold
Wph Rev To Cap	300	47	300	-	1,845	▲	▲	

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Tab 11 Capital Investment Programme Update

Proposed capital programme

	600	210	600			26	▲	▲	
Capitalisation of salaries	600	210	600	-			▲	▲	
Cippenham Community Centre				-		26	▲	▲	site works for breast scanner. Complete
Other				-		-	▲	▲	
sub-total	**42,200**	**9,607**	**42,173**	**27**		**95,726**			

Wexham Park (Backlog split over 10 years)	2017 - 18 budget (£'000)	2017-18 spend to date - mth 4	2017-18 forecast (£'000)	2017-18 under / (over) spend	Total 2015 - 16 to 24 - 25 (£'000)	Program	Budget	Comments
Wexham Park								**Wexham Park**
2) Planned Maintenance - block by block, spread over 10 years								**2) Planned Maintenance - block by block, spread over 10 years**
Roof Phase 2					281	▲	▲	complete
Roof Phase 3	200	122	200	-	1,341	▲	▲	Main works complete Dec 2016. Roof over pharmacy ran on into 2017/18
Roof Phase 4	890	95	890	-	4,675	▲	▲	tender let.
Emergency Lighting	100		100	-	160	▲	▲	Funds taken from block budgets as cross site project
Fire alarm system	400		400	-	420	▲	▲	Funds taken from block budgets as cross site project
BMS	50		50	-	303	▲	▲	Funds taken from block budgets as cross site project
Energy Centre cont'b from backlog for ditribution and exch	560		560	-	1,277	▲	▲	Funds taken from block budgets as cross site project
Wards 1 - 3	-	26	-	-	1,189	▲	▲	Nurse call upgraded in 2016/17
Wards 4 - 6	77	5	77	-	1,037	▲	▲	Nurse call being upgraded.
Wards 7 - 8	50		50	-	593	▲	▲	£25k per ward to address emergency issues
Ward 9	31		31	-	338	▲	▲	Nurse call ugraded. Complete
Block 10 - Sterile services	159		159	-	159	▲	▲	Chillers need urgent replacement. In manufacture.
Block 11 - Heating Systems				-	4	▲	▲	Separated from Restaurant budget. Complete.
Block 11 - Restaurant	601	80	601	-	1,396	▲	▲	£500k b/f from 18/19 to allow for fit out in Feb 2017. complete. Kitchen refurb in 17/18 in design.
Block 12 - Pharmacy / mortuary	100	9	100	-	1,000	▲	▲	Mortuary proposals in feasibility stage - defer 1 year
Block 13 - Radiology	100		100	-	680	▲	▲	possible contribution to x-ray scheme to address backlog issues.
Block 14 - Tower	62	7	62	-	1,821	▲	▲	Emergency repairs only 16-17. Minor works in 17/18
Block 15 - Out-patients				-	1,728	▲	▲	
Block 16 - Estates	50		50	-	1,006	▲	▲	immediate roof repairs reqired. In design.
Block 22 - Day Surgery / Wards 10 - 11	40	29	40	-	772	▲	▲	kitchen being upgraded.
Block 23 - Training Centre (school of nursing)	45	25	45	-	317	▲	▲	lecture theatre fit out complete. Meeting room being upgraded.
Block 27 - Histopathology	26	6	26	-	880	▲	▲	Works as part of new analyser installation (funded by Dept)
Block 28 - Maternity	622	14	622	-	3,418	▲	▲	Refurb post completion of WS scheme. In design.
Block 29 - Stores / Medical Records	26		26	-	422	▲	▲	Emergency repairs only
Block 30 - Eden, Stroke, Paragon	51		51	-	1,466	▲	▲	Emergency repairs only
Block 31 - Paediatrics	1,258	394	1,258	-	1,894	▲	▲	Enabling works complete. Main scheme on site. Completion summer 2017.
Block 32 - Coronary Investigation Unit (CIU)				-	31	▲	▲	on hold.
Block 34 - Switch room				-	58	▲	▲	
Block 35 - Rehab / Physio	20		20	-	444	▲	▲	Feasibility produced. On hold.
Block 36 - GIU	-			-	14	▲	▲	
Block 39 - Capital Hut	-			-	2	▲	▲	
Block 40 - Streets	-			-	1,154	▲	▲	Immediate needs being addressed via corridor budget.
Block 41 - South Lodge				-	45	▲	▲	Fit out for Capital Team occupation. Complete.
Block 42 - PGMC	40		40	-	284	▲	▲	
Block 45 - Nursery	98	64	98	-	100	▲	▲	Essential repairs being progressed. £100k brought forward.
Block 47 - ED / EDDU A&E	2	7	2	-	148	▲	▲	
Block 49 - ITU				-	293	▲	▲	
Block 51 - The Shed	32	9	32	-	100	▲	▲	Roof repairs and redecoration complete. Further alterations requested and being costed.
Block 53 - Pre-assessment	16		16	-	104	▲	▲	Roof repairs and redecoration complete. £51k transferred to roof budget
Block 54 - CCU				-	26	▲	▲	
Block 57 - Discharge Lounge				-	13	▲	▲	
Block 58 - OHPAT				-	11	▲	▲	
Block 60 - Ward 17				-	5	▲	▲	
Block 62 - Theatres	380	7	380	-	1,369	▲	▲	Theatre suite doors replaced. AHU replacement tendered. Installation in August 2017..
Block 63 - MRI				-	9	▲	▲	
Block 64 - Angio				-	95	▲	▲	
Contingency	231		258	- 27	2,580	▲	▲	Contingency
sub-total	**6,317**	**837**	**6,344**	**- 27**	**35,462**			

Tab 11 Capital Investment Programme Update

Proposed capital programme

3) On-Going Maintenance						-	▲	▲	3) On-going Maintenance
3)Statutory Compliance Work	151	12	151	-		1,577	▲	▲	Emergency repairs only
3) Toilets (6 facet survey)	18	24	24	- 6		300	▲	▲	Crossroads, DSU, Wards 1 and 7 toilets complete.
3) Pathology Flammable Store	2		-	2		25	▲	▲	complete
3) Pneumatic Tube Replacement	25	4	25	-		195	▲	▲	Start on site in January 2017. Budget increased to £200k. Complete.
3) Other	400	59	396	4		1,837	▲	▲	Retentions and outstanding fees on 2015/16 programme
sub-total	596	99	596	-		3,934			
TOTAL WEXHAM PARK ESTATE	49,113	10,543	49,113	0		135,122			

Frimly Park	2017 - 18 budget (£'000)	2017-18 spend to date - mth 4	2017-18 forecast (£'000)	2017-18 under / (over) spend	Total 2015 - 16 to 24 - 25 (£'000)	Program	Budget	Comments
Frimley Park								Frimley Park
Strategic Projects:								Strategic Projects:
MRI Building / Diagnostic and In-patient building	1,003	35	1,000	3	26,700	▼	▲	Steering Group established. Design and enabling works only 2017-18
Breast Cancer Unit	100		100	-	1,800	▼	▲	as above
Parkside Windows & Kitchen Refurbishment	35	- 2	-	35	250	▲	▲	Windows complete. Savings utilised in scheme below.
Parkside Bedroom Refurbishment	486	12	521	- 35	500	▼	▲	rolling programme of bedroom upgardes on site.
F9 Ward refub	651	27	651	-	772	▲	▲	tenders back. Start deferred until september 2017
ED Minors Suite	415	170	400	15	660	▲	▲	Phase 1 - completed Feb 2017. Phase 2 - £360k completed August 2017.
Ward F10 Refurbishment	-			-	900	▲	▲	
Ward F11 / F15 Gynae Move		- 1	-	-	146	▲	▲	complete - included works on F15
F14 Ward Refurb	100		100	-	100	▲	▲	Main works deferred until 2017/18 to coordinate with Parkside above. Tenders back.
Ward G5 Refurbishment				-	-	▲	▲	
Ward F5 Refurbishment				-	-	▲	▲	
Day Surgery Ward upgrade for Overnight stay (phase 2)	-			-	850	▲	▲	Works to be identified. Defered until 18/19
Medical Records	-	-		-	868	▲	▲	Works complete.
Car Park Expansion	-			-	2,100	▲	▲	Car park and footpath complete.
New Ward - G6	13	11	13	-	1,650	▲	▲	Complete.
New Ward (enabling work in Med Records for G6)				-	592	▲	▲	Works complete.
Ward F1 Teenage/Assesment Unit	475	310	475	-	1,850	▲	▲	Completed June 2017.
Ward F2 Refurbishment				-	100	▲	▲	
Physiotherapy Department	-			-	200	▲	▲	Works to be identified. Defered until 18/19
Create Ward F16	30	2	10	20	30	▲	▲	Expenditure on early design fees. Project now on hold.
Fracture Clinic Refurbishment				-	100	▲	▲	
Ward F3 Refurbishment				-	250	▲	▲	
Ward F4 Refurbishment				-	100	▲	▲	
Maternity Ward				-	100	▲	▲	
Central Delivery Suite Upgrade	-			-	-	▼	▲	
ENT Day Unit Refurbishment				-	250	▲	▲	
G3 Stroke	80		80	-	669	▲	▲	Minor works only in 2017-18. £471k to come from charity. Refurb in 19/20
Renal	1,000	29	1,000	-	1,150	▲	▲	on site, completion September 2017, plus commissioning.
Ambulatory Care	-	15	15	- 15	1,004	▲	▲	Complete.
Infrastructure Projects:				-	-	▲	▲	Infrastructure Projects:
Essential Maintenance (Property maintenance) / Backlog	700	144	700	-	2,688	▲	▲	
Roof/Structural Works (Property maintenance)	869	153	869	-	3,191	▲	▲	First floor on site. Ground floor to follow next year.
Wayfinding	100		100	-	100	▲	▲	design consultants appointed.
Portacabin	100	115	115	- 15	100	▲	▲	replacement of damaged portacabin.
Roof finish Recovering/insulation				-	-	▲	▲	
Generator/Substation (plant and equip other)	300	23	300	-	1,500	▲	▲	
Carbon Management Plan (property maintenance)	100		100	-	400	▲	▲	Environmental Officer progressing
Minor Projects	228	219	228	-	2,000	▲	▲	Minor Projects
First floor toilets (Blue Street)	6		-	6	71	▲	▲	complete
General Contingency and New Projects	123		123	-	10,476	▲	▲	
Fph Rev To Cap	200	38	200	-	986	▲	▲	rev to cap transfer
Other	50	-	64	- 14	190	▲	▲	
TOTAL FRIMLEY PARK ESTATE	7,164	1,300	7,164	-	65,393			

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Tab 11 Capital Investment Programme Update

Proposed capital programme

	2017 - 18 budget (£'000)	2017-18 spend to date - mth 4	2017-18 forecast (£'000)	2017-18 under / (over) spend
Heatherwood	9,176	471	6,796	2,380
Wexham Park	47,796	9,597	47,802	0
CT Scanner - from MEB budget	1,306	946	1,306	0
Frimley Park	7,164	1,300	7,164	0
RVS Café Refurbishment	11			
Total	**65,453**	**12,314**	**63,068**	**2,380**

Heatherwood
Wexham Park
CT Scanner - from MEB budget
Frimley Park
RVS Café Refurbishment
Total

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Tab 12 Nurse Staffing Update

Committed To Excellence | Working Together | Facing The Future

Frimley Health NHS

NHS Foundation Trust

Report Title	**Six monthly Nurse and Midwifery Staffing update: September 2017**
Meeting	Public Board
Meeting Date	September 2017
Agenda No.	12.
Report Type	Assurance
Prepared By	Neil Webb: Safe Staffing Matron
Executive Lead	Sally Brittain & Alison Szewczyk - Deputy Director's of Nursing & Quality
Executive Summary	This paper provides the Trust Board with an overview of midwifery and nurse staffing levels as required every six months by NHS England *Hard Trusts* report across Frimley Health NHS Foundation Trust.

There is significant national focus on nursing and midwifery staffing levels and this paper provides the Board with an overview of nursing and midwifery staffing levels in relation to: |

Tab 12 Nurse Staffing Update

	• Current vacancies – identifying areas of concern and mitigations • Red Flag Safe Staffing alerts • UNIFY – Monthly Staffing levels Planned vs. Actual hours within inpatient areas • CHPPD • Workforce Governance Group Nursing and Midwifery actions to support the stabilisation of the workforce at FHFT
Background	• This report builds upon the previous March 2017 Nursing and Midwifery Staffing paper presented to Trust Board and meets the requirement of a six monthly update. • The national Registered Nurse vacancy position continues to be a challenge to Healthcare providers. "The NHS is expected to have a shortage of 14,000 registered nurses specialising in the care of adult patients in 2020. Under the more pessimistic national scenario, the shortfall will be 38,000 nurses – equivalent to 15% of the workforce. • For all nurses (not just those specialising in adult patients) under the more optimistic scenario for supply a 5,000 shortfall is expected, and under the more pessimistic scenario the shortfall will be 42,000." *(Taken from, In Short Supply: pay policy and nurse numbers, The Health Foundation, April 2017)* The challenge of how we as a Trust can provide excellent high quality safe, cost effective care to our patients is becoming a significant challenge based on the national vacancies. The future workforce landscape of nursing is changing at a rapid pace, it is our challenge as a Trust to ensure we are ahead of this in order to plan and deliver a sustainable workforce strategy. The Trust Board is asked to note this paper's content and continue to support the Trust's challenge on stabilising the nursing and midwifery workforce.
Issues / Actions	Set out in the report below.
Recommenda tion	The Board is asked to note: (1) The current vacancy position and discuss the key areas of focus for the next six months. (2) Note the nursing, midwifery and care staffing information provided in line with the National Quality Board Safe staffing Guidance, (July 2016)

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	(3) Planned aims and objectives of the Nursing and Midwifery Workforce Governance Group to stabilise the workforce (4) Note the progress with building a 'grow our own strategy' to support the Nursing and Midwifery wider workforce strategy
Appendices	**Appendix 1:** Nursing and Midwifery Vacancy Dashboard *(June 2017 position, most current data available at the time this paper was written)* **Appendix 2:** Directorate and ward level budgeted establishment and staffing levels alongside March/April 2017 acuity levels **Appendix 3:** Unify Trust Trends (Site level) April 2016 through to June 2017 **Appendix 4:** CHPPD summary January to June 2017 **Appendix 5:** Red Flags Data and Graphs at Directorate and speciality level. Data from July 2016 - July 2017 **Appendix 6:** Directorate workforce summary (Narrative supplied from Directorate Heads of Nursing, August 2017)

Tab 12 Nurse Staffing Update

1.0 Safe Staffing

1.1 National Quality Board (2016), Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time (July 2016) requires healthcare providers to ensure the following are in place, alongside that organisations have the right culture and leadership skills in place for safe, sustainable and productive staffing. This paper will be framed around these expectations.

Full document can be found:
https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf

1.2   The current Trust vacancy position Published 28th July 2017 from ESR can be found in Appendix 1, this outlines the current budgeted Registered Nurse establishment Bands 5-7 including Band 4 awaiting pins and including ODPs:

Trust Qualified Nursing Band 5 - 7 (including Band 4 awaiting pins)								Internal Transfers in pipeline	External Joiners in pipeline	Average Leavers per month	Vacancies yet to be appointed to	Vacancies Yet to be Recruited to (95%)	3 month projected vacant FTE**	3 month projected Vacancy % (Sept 17)
Band	Establishment FTE	Staff in Post FTE	Vacancy FTE	Vacancy %	95% Establishment	95% Vacancy FTE	Vacancy % (to 95%)							
Band 4	0.00	7.00	-7.00		0.00	-7.00								
Band 5	1558.29	1100.30	457.99	29.39%	1480.38	380.08	25.67%							
Band 6	821.71	789.46	32.25	3.92%	780.62	-8.84	-1.13%							
Band 7	435.06	401.29	33.77	7.76%	413.31	12.02	2.91%	75	176	34	376.26	200.26	302.26	11.3%
Trust Qualified Nursing Band 5 - 7 (including Band 4 awaiting pins) including ODPs)	2815.06	2298.05	517.01	18.37%	2674.31	376.26	14.07%							

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- The Trust reports at both 100% of the budgeted establishment and 95% of the budgeted establishment based on a strategy of 5% of the workforce being temporary staffing.
- The Trust vacancy rate shows 517.01 wte posts are vacant at the time of the esr report being produced (*Not including any staff recruited and yet to start at the Trust, Pipeline*). This equates to approximately 18% of the overall Nursing and Midwifery registered Nurse workforce. There are 55 newly qualified registered nurses waiting to start at HWP site and 57 at Frimley Park who will commence their Preceptorship year and employment between the months of September- October 2017.
Current wte vacancies (excluding pipeline new starters waiting to start at the Trust) can be further broken down by sites:

Frimley Park	Establishment FTE 100%	Staff in Post FTE 100%	Vacancy FTE 100%	Vacancy % 100%	95% Establishment	Vacancy Target FTE (95%)	Vacancy % (to 95% Recruitment Target)
Site Total	1508.29	1309.00	199.29	13.21%	1432.88	123.87	8.64%

Wexham Park	Establishment FTE 100%	Staff in Post FTE 100%	Vacancy FTE 100%	Vacancy % 100%	95% Establishment	Vacancy Target FTE (95%)	Vacancy % (to 95% Recruitment Target)
Site Total	1306.77	989.05	317.72	24.31%	1241.43	252.39	20.33%

Note: All data is taken from ESR as at July 24th 2017 for the month of June 2017, it is recognised there may some differences with current finance budget information, and work is in progress to realign.

2.0 NQB (July 2016) Expectation 1: Right Staff

Within Nursing and Midwifery , Directorate Clinical Heads of Nursing were asked to outline their budgeted establishments. This was completed in conjunction with their Senior Sisters/Matrons. Nursing teams were asked to add their professional judgement, based on the question: "Do you professionally feel the department/unit wte establishment/skill mix safely meets the needs of your patients?". *Two areas reported within the Frimley site Surgery/Critical Care directorate that they felt their budgets needed reviewing to meet their patient's needs. Both areas currently have workforce development reviews underway.*

Appendix 2 shows individual ward level budgeted establishments at directorate/ward/department level and their respective staffing levels/template. Acuity audit results from March/April 2017 utilising the National Safer Nursing Care Tool (SNCT) are included as a comparison.

- **Headroom %** within each budget is set Trustwide at 20% which accounts for (i) 3% sickness (ii) 2% study leave (iii) 15% A/L

Tab 12 Nurse Staffing Update

- **Senior Sisters supervisory time/management:** is on average cross site set at 0.4wte per week (15 hours). In some areas this is higher (0.6 - 1wte) depending on clinical speciality.

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2.1 The Trust reports monthly national UNIFY Staffing information of all inpatient Planned and Actual Nursing hours. Planned hours reported are based on the budgeted establishments shown within Appendix 2. Below is a high level summary of the Trust UNIFY hours (Registered and Unregistered combined) April 2016 through to June 2017 inclusive, full details at site summary level can be found in Appendix 3.

2.2   FHFT Trust overall average fill rate being 95 % (RN & HCA actual hours combined vs. planned) over the 15 month period (Cross site, FP, HW, WP combined)
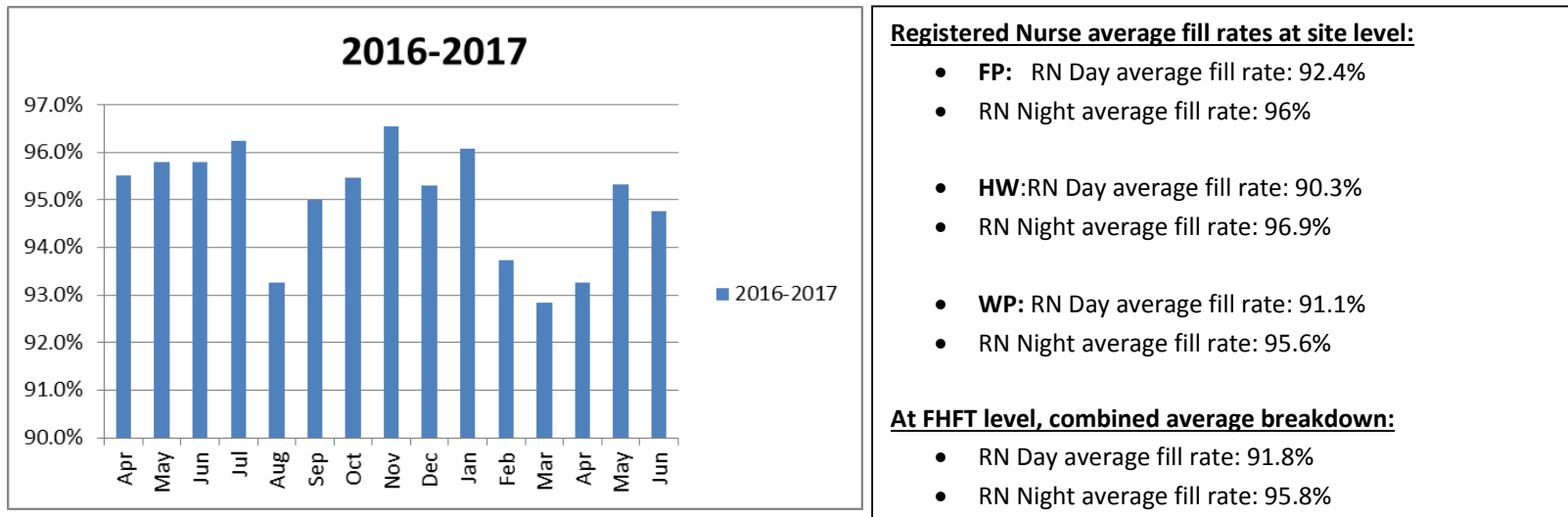
Registered Nurse average fill rates at site level:
- **FP:** RN Day average fill rate: 92.4%
- RN Night average fill rate: 96%

- **HW:**RN Day average fill rate: 90.3%
- RN Night average fill rate: 96.9%

- **WP:** RN Day average fill rate: 91.1%
- RN Night average fill rate: 95.6%

At FHFT level, combined average breakdown:
- RN Day average fill rate: 91.8%
- RN Night average fill rate: 95.8%

2.3 CHPPD: Care Hours per patient per Day

CHPPD is a national set of data the Trust reports alongside the UNIFY returns. This is based upon the work completed by Lord Carter of Cole's model hospital healthcare efficiency project.

The Lord Carter Review highlighted the importance of ensuring that workforce and financial plans are consistent in order to optimise the delivery of clinical quality and appropriate use of resources. The review recommended that care hours per patient day

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Tab 12 Nurse Staffing Update

(CHPPD) were collected monthly (beginning in April 2016) with a longer term view that Trusts benchmark themselves with other organisations to ensure wards are safely staffed in a cost effective way.

CHPPD are calculated by taking the actual hours worked (split into registered nurses/midwives and healthcare support workers) divided by the number of patients in beds at midnight. As a monitoring tool this has some benefits, however it is recognised this does not fully reflect the patient/Trust staffing requirements. The methodology does not take into consideration any activity variances throughout the day or the acuity dependency levels of patients which all reflect in the workforce demands in a clinical area.

2.3.1 Appendix 4 gives an in-depth breakdown at ward level of their CHPPD, the Trust overall average CHPPD is 8.58 (Based on Jan-June 2017 Trust level data). Average RN/M Trust wide is 5.5 CHPPD with 2.9 CHPPD for Non-registered workforce.

2.3.2 Model Hospital: Dashboard of comparison between peer Trusts in region and National median %

Below in figures 1 and 2 indicate our main area of focus moving forward is retention of both Nurses and Midwives, this forms part of the overarching Nursing and Midwifery workforce strategy for 2017/2018. The Trust is placed in Quartile 2 of the overall national distribution. Figure 3 does show a significant positive increase in % retention within the Trust and positive comparison with peer Trusts in the region.

The Trust's sickness levels within both the registered Nurse/Midwife and non-registered workforce is within good ranges of both our peer Trusts in the region and national median.

Tab 12 Nurse Staffing Update

Figure 1.

Figure 2.

- *Data Taken in figures 1 and 2 from NHS Model Hospital Dashboard (data extracted on 11/08/17).*
- *Black bar in figure 2 is FHFT, Grey Bars are regional peer Trusts.*
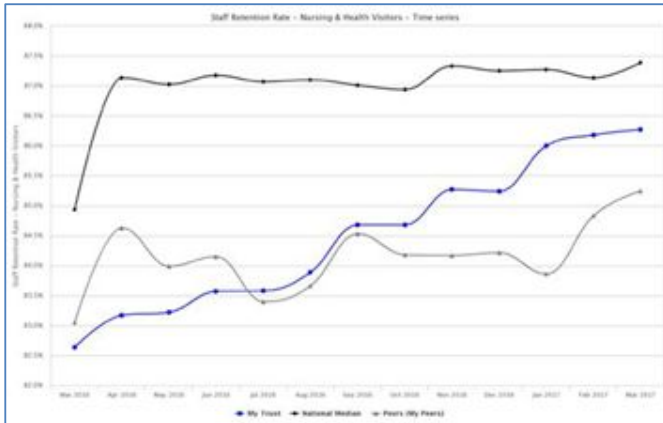
Figure 3. Data taken from Model Hospital (11/08/17)

Figure 3. *To the left evidences the Trusts existing work on retention is making some headway in improving our Nursing and Midwifery retention % (March 2016 – March 2017)*

- *Black line - National Median*
- *Blue line is FHFT*
- *Grey line is Peer Trusts in the region to FHFT*

Tab 12 Nurse Staffing Update

3.0   NQB (July 2016) Expectation 2: Right skills

3.1   All staff is expected to keep their mandatory training up to date yearly this is monitored by both individual staff members and line managers of Nursing and Midwifery staff. It is recognised that in some areas of the Trust there is room for improvement in compliance; the data to support this is separately reported within HR workforce update papers.

3.2   Line managers conducting meaningful appraisals on time. This is a key identifiable area where the Trust is aiming to ensure every member of staff receives a timely appraisal, that assess not only their current level of practice and alignment to the Trust's values and behaviours but also their career potential and training needs. Managers conducting meaningful appraisals are part of a wider Nursing and Midwifery staff retention programme.

3.3   **Nurse in Charge Training (NIC):** Nursing and Midwifery, under the leadership/co-ordination of clinical education and patient safety team, have continued to deliver monthly cross site master classes. This four hour master class covers (i) Safety Handover (ii) Nursing and Midwifery workforce update and Red Flags safety training (iii) Incident reporting and its importance (iv) PALS and how to utilise them in complaint handling/avoidance.

Since commencing the training in 2016 we have successfully trained; Frimley site: 186 and Wexham site: 151 total: 337 nurses/midwives. The master class gives either a preparation to being a Nurse in Charge or to those experienced a refresher update in the skills and attributes of being a Nurse in Charge. Attendees have reported an average feedback teaching score of 4.5/5 for quality of teaching/content on course evaluations as being helpful to their role and empowered them as a nurse in charge.

3.4   **Workforce planning (Multiprofessional)** from September 2017 the Trust commences its directorate level review of staffing and skills requirements based on directorate speciality. This is a multi-professional review looking at the requirements of what the future workforce needs are and what skills/training will be required to deliver this vision in formulating a Trust workforce strategy.

Formulating the Trustwide strategy will not only identify new clinical roles required to deliver safe, cost effective care within medicine but also assist in identifying where budgets currently could be spent potentially differently to reduce vacancy gaps within Nursing and Midwifery. Part of this work will complement the Nursing and Midwifery 'Grow our own' strategy by developing our existing staff from unregistered roles into registered and where appropriate, into highly advanced nurses/midwives.

3.5   **Nursing and Midwifery Workforce Governance Group** (Operational): This is an operational group of senior nurses, finance, HRBP, AD and recruitment representation set up in March 2017 working in collaboration to work towards a shared vision

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Tab 12 Nurse Staffing Update

of stabilising the workforce. This is with a view that the group collectively ensures operationally that we have both the operational strategy to underpin this work, but also a forum to which actions can be monitored and ensured they are delivered.

Current actions include currently (i) timely recruitment process and overall on boarding of new starters experience (in partnership with HR) (ii) Retention, valuing and appreciating current and future staff (iii) Overseas workforce, ensuring we recruit and train/prepare our staff to enter the NMC register (iv) 'Growing our own' strategy.

3.5.1 '**Growing our own':** will be a large focus of the Nursing and Midwifery strategy of stabilising our workforce monitored through the N&M WGG. Retention of staff remains a Trust challenge with on average 35 Registered nurses/midwives leaving the trust monthly. Part of our retention strategy is a framework for bands 2-4 development and with the introduction of the apprenticeship levy this provides an opportunity to grow our existing unregistered workforce following the reduction in the CPD budget. This option does not come without cost pressures to the trust following the loss of the student nurse bursary in September 2017.

3.6   **Preceptorship (Newly qualified Nurses and Midwives):** September/October 2017 Nursing preceptorship programme structure has been agreed and streamlined following both a review of feedback from previous preceptees, educational nursing leads within clinical education at FHFT and a review of the programme against Health Education England Preceptorship standards.

3.6.1 The new Adult Nursing programme will consist of 11 taught days of educational support in the 1 year programme following NMC registration. There is an opportunity for overseas nurses who join the Trust to also join this programme who are new to the NMC register.

3.6.2 We are currently reviewing an optional 2nd year preceptorship programme that will have a leadership focus to continue the support and development of our more junior nurses, and support our wider Band 5 retention strategy.

4.0   NQB (July 2016) Expectation 3: Right place and time

4.1   **Productive working and eliminating waste:** *Healthroster effective rostering.* The last six months has brought an increased focus on our Trust e-Rostering Healthroster system to ensure appropriate fair, safe and cost effective rostering. We have launched a new revised Healthroster policy which gives roster creators the framework to meet this. This new policy fully meets the requirements of the model hospital (Lord Carter of Coles efficiency programme) NHS efficiency work stipulate should be included in a roster policy.

Tab 12 Nurse Staffing Update

4.2   Nursing and Midwifery leads are now looking at how we can improve   the use of our electronic rostering system by investigating the investment of "SafeCare" a 'bolt on' application to make rostering, measuring patient acuity and recording of Red Flag staffing concerns easier for clinical staff. This will also bring significant positive changes on how we record and monitor our daily staffing levels across the Trust, making this more visible to senior leaders within the Trust in realtime.

4.3   **Red Flags:**

As referred to in section 1.0 of this report, the Trust has a number of Registered nurse vacancies cross site, with the greater proportion of wte vacancies being on the Wexham site. In order to ensure we can still maintain patient safety, we are fully advocating the use of Red flag reporting as an early warning of any staffing concern.

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 an accountable 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 Datix incident reporting system are viewed by the Trust's Nursing & Midwifery Safe Staffing Matron in addition to the location manager where the red flag was raised. Any key themes of these Red Flags are escalated at the time where there are any immediate concerns and any lessons learnt shared.

4.4   There were 596 Red Flags raised across all sites in total between the periods of July 2016 until July 2017. Frimley Park, raising 242 and Heatherwood and Wexham Park raising 354. On both sites, Medicine producing the greater % of the red flags. Within Medicine (Wexham) 271 were raised, 76% of the total site reported. Within Medicine at Frimley there were 127 in total raised, 52% of the total site numbers. Our medical directorates cross site producing the greater number of red flags, correlates with the directorates with the higher proportion of wte vacancies. Appendix 5 shows the Directorate/ward level number of Red Flags raised.

4.5   Red Flag reporting and its language are still embedding across the Trust. It is recognised this will be a continuous requirement to ensure its appropriate use. Due to staff turnover and new starters joining, this will continue as a part of our Nurse in Charge masterclass and wards encouraged to include this in any local inductions. This does in some areas represent a lower number of Red Flags reported in some areas.

Tab 12 Nurse Staffing Update

4.6 **NMC Revalidation**: There were no unplanned revalidation NMC lapses over the last six months. Any revalidation reasons for registrant lapses in the Trust were either planned i.e. staff retiring on the bank (Temporary staffing) or where nurses/midwives had applied to the NMC for an extension due to mitigating circumstances (ill health).

4.7 **NMC yearly lapses due to lack of fee payment to the NMC:** In the two months prior to this report being written the Trust had two NMC lapses due to a failure to pay the NMC for their yearly registration fee. This has meant for each lapsed registrant their removal from clinical registered nurse duties and a temporary change of title on ID badges. Lapsed registrants pay was reduced from their current afc banding to top increment Band 3 until re-entering the NMC register, as per the Trusts N&M SoP for lapsed registrants. All nurses/midwives/ODP's that have lapsed their NMC registration received a HR sanctioned improvement notice, with an additional senior nurse professional discussion as to why their registration lapsed.

The Trust is currently focussing attention on preventing NMC lapses; The calendar months of September/October historically is one of the peak periods for NMC lapses. Failure to meet the yearly requirements of paying a fee to the NMC can mean up to 6-8 weeks of a registrant being removed from the NMC register and not being able to practice as a Registered Nurse. This creates an additional workforce pressure on rosters where vacancies may already be high.

5.0 Directorate Summary update on Nursing/Midwifery workforce: These can be found individually in Appendix 6 of this paper.

6.0 Next Steps

This paper has given an overview of the position of FHFT Nursing and Midwifery workforce and the current staffing levels we are delivering across all sites. It remains an on-going challenge to the Trust to safely staff our inpatient bedded areas at a time of an aging population and workforce where there are high levels of RN vacancies.

There are times where staffing levels have fallen below optimal levels across the Trust, with the largest organisational risk being at Wexham Park, medical directorate.

To mitigate our Trust staffing risk, there are a number of changes and initiatives the organisation is focusing attention on relating to recruitment and retention as outlined in section 3.5 and 3.6.

Tab 12 Nurse Staffing Update

The Trust is focusing on our 'Grow our own Strategy' and utilising apprenticeships levy to ensure we create our own pipeline of nurses who can meet the needs of our workforce.

In the short term, a positive discussion with our MOD partners has begun with a view of deploying military staff within our acute medical areas on the Wexham site hopefully in October 2017. Historically MOD staff has been based at Frimley site. This is with a vision of not only stabilising the staffing needs within the Medical inpatient bedded areas, but also enhancing the clinical development of both military and civilian staff. MOD staff will work within the teams on AMU, ED, MADU and theatres predominantly however we have asked them to consider RMN support for ED and offered experience within our plastics service.

7.0 Conclusion

Safe Staffing is seen as a number one priority on every senior nurse's portfolio. It is requested by the Board that this recognised as being a significant challenge on the Wexham site.

The reminder of 2017 and 2018 will need the Trust to be able to proactively react to the challenges ahead and at the same time to have the organisational flexibility to respond to any workforce opportunities. Utilising our existing staffing resources appropriately through fair, cost effective rostering and valuing our existing staff, will be a key strategy within Nursing and Midwifery to stabilise our existing workforce.

High quality care and excellent patient care is at the centre of the Trust's values and to deliver this requires the right workforce to be in the right place at the right time.

8.0   Recommendations:

The Board is asked to note:

(1)   The current vacancy position and   key areas of focus for the next six months, acknowledging the work that is underway

(2)   Note the nursing, midwifery and care staffing information provided in line with the National Quality Board Safe staffing Guidance (2016)

(3)   Note the planned aims and objectives of the Nursing and Midwifery Workforce Governance Group to stabilise the workforce

Tab 12 Nurse Staffing Update

(4)   Note the progress with building a 'grow our own strategy' to support the Nursing and Midwifery wider workforce strategy

Appendix 1

Trust Nursing and Midwifery Workforce dashboard (June 2017 position, produced 24th July 2017 from esr)

Nursing and Midwifery Vacancy Dashboard (June 17) — Includes all qualified nursing AFC Bands 5,6,7 (including Band 4 awaiting pins & ODPs)

Frimley Park	Establishment FTE 100%	Staff in Post FTE 100%	Vacancy FTE 100%	Vacancy % 100%	95% Establishment	Vacancy Target FTE (95%)	Vacancy % (to 95% Recruitment Target)	Internal Transfers in	External	Average Leavers (three months)	3 month projected vacant FTE**	3 month projected Vacancy % (Sept 17)
Emergency Department Total	94.72	93.01	1.71	1.81%	89.98	-3.03	-3.36%	0	2	3.00	-2.03	-2.25%
Obstetrics & Gynaecology Total	196.03	184.83	11.20	5.71%	186.23	1.39	0.75%	5	24	7.39	-15.21	-8.17%
Critical Care	109.87	101.46	8.41	7.65%	104.38	2.91	2.79%	0	2	4.06	4.97	4.76%
Paediatrics Total	71.81	64.23	7.58	10.58%	68.22	3.99	5.85%	0	5	2.57	1.56	2.29%
General Surgery & Urology Total	135.10	119.70	15.40	11.40%	128.35	8.64	6.73%	7	6	4.79	7.43	5.79%
Operations Total	158.06	131.45	26.61	16.84%	150.16	18.71	12.46%	4	1	5.26	22.97	15.29%
Theatres & Anaesthetics Total	189.61	152.63	36.98	19.50%	180.13	27.50	15.27%	0	6	6.11	27.60	15.32%
Medicine Total	423.68	337.70	85.98	20.29%	402.50	64.80	16.10%	20	28	13.51	50.31	12.50%
Orthopaedics & Plastics Total	76.60	60.15	16.45	21.48%	72.77	12.62	17.35%	9	4	2.41	11.03	15.16%
Specialist Surgery Total	14.60	10.00	4.60	31.51%	13.87	3.87	27.90%	1	0	0.40	4.27	30.79%
Site Total	1508.29	1309.00	199.29	13.21%	1412.88	123.87	8.64%	53	78	52.36	98.2	6.86%

Wexham Park	Establishment FTE 100%	Staff in Post FTE 100%	Vacancy FTE 100%	Vacancy % 100%	95% Establishment	Vacancy Target FTE (95%)	Vacancy % (to 95% Recruitment Target)	Internal Transfers in	External	Average Leavers (three months)	3 month projected vacant FTE**	3 month projected Vacancy % (Sept 17)
Obstetrics & Gynaecology Total	158.75	142.04	16.71	10.53%	150.81	8.77	5.82%	3	15	5.68	-0.54	-0.36%
Paediatrics Total	90.22	80.13	10.09	11.19%	85.71	5.58	6.51%	1	5	3.21	3.79	4.42%
Emergency Department Total	112.95	97.16	15.79	13.98%	107.30	10.14	9.45%	4	11	3.89	3.03	2.82%
Radiology Total	3.10	2.60	0.50	16.13%	2.95	0.34	11.71%	0	0	0.10	0.45	15.25%
Critical Care	69.00	55.44	13.56	19.65%	65.55	10.11	15.42%	0	2	2.22	10.33	15.79%
Theatres & Anaesthetics Total	183.02	146.64	36.38	19.88%	173.87	27.23	15.66%	0	14	5.87	19.09	10.98%
Operations	61.32	48.40	12.92	21.07%	58.25	9.85	16.92%	0	0	1.94	11.79	20.26%
General Surgery & Urology Total	76.47	58.61	17.86	23.36%	72.65	14.04	19.33%	0	2	2.34	14.38	19.80%
Orthopaedics & Plastics Total	80.39	55.10	25.29	31.46%	76.37	21.27	27.85%	0	3	2.20	20.47	26.81%
Medicine Total	440.82	272.93	167.89	38.09%	418.78	145.85	34.83%	11	35	10.92	121.76	29.08%
Site Total	1306.77	989.05	317.72	24.31%	1241.43	252.39	20.33%	22	98	39.56	191.9	15.62%

Trust Qualified Nursing Band 5 - 7 (including Band 4 awaiting pins)														
Band	Establishment FTE	Staff in Post FTE	Vacancy FTE	Vacancy %	95% Establishment	95% Vacancy FTE	Vacancy % (to 95%)	Internal Transfers in pipeline	External Joiners in pipeline	Average Leavers per month	Vacancies yet to be appointed to	Vacancies Yet to be Recruited to (95%)	3 month projected vacant FTE**	3 month projected Vacancy % (Sept 17)
Band 4	0.00	7.00	-7.00		0.00	-7.00								
Band 5	1558.29	1100.30	457.99	29.39%	1480.38	380.08	25.67%							
Band 6	821.71	789.46	32.25	3.92%	780.62	-8.84	-1.13%	75	176	34	376.26	200.26	302.26	11.3%
Band 7	435.06	401.29	33.77	7.76%	413.31	12.02	2.91%							
Trust Qualified Nursing Band 5 - 7 (including Band 4 awaiting pins) including ODPs	3815.06	2298.05	517.01	18.37%	2674.31	376.26	14.07%							

Tab 12 Nurse Staffing Update

Appendix 2
Directorate and ward level budgeted establishment and staffing levels alongside March/April 2017 acuity levels

Medicine Frimley

Directorate Workforce Review summary sheet: FPH ED & Cardiology Workforce Review July 2017

Site	Directorate	Ward	Speciality of area	Numbers of Beds	Registered (Wte)	Unregistered (Wte)	Total Establishment	UPLIFT % in budget (i.e 20%)	skills mix ratio % (RN:HCA i.e 70/30)	Supervisory time of ward sister (wte)	Is there a Co-ordinating Nurse in Charge per shift? (i.e with no patient allocation) YES/NO (Minimum Mon-Fri Day shift)	Weekday numbers on shift Registered	Weekday RN Nursing: patient ratio RN:Pt i.e 1:10	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Weekend Registered numbers on shift	Weekend Nursing: patient ratio RN:Pt i.e 1:8	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Weekday Night Registered numbers on shift	Weekday Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Day Weekday)	Weekday Night Nursing: patient ratio RN:Pt 1:10	Weekend Night Registered numbers on shift	Weekend Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Weekend Night)	Weekend Night Nursing: patient ratio RN:Pt i.e 1:10	Ward Sister	Matron	Head of Nursing	Budget Question: Do you professionally feel the department/unit wte establishment/skillmix safely meets the needs of your patients. Please enter Yes or No, with any comments entered in the general comments box below)	March/April 2017 Patient Acuity (WTE recommended establishment)	Difference between Budget and Recommended Wte
FPH	Medicine	Emergency Department	Emergency Care	60	93.48	27.74	121.22	20%	77/23	NA	Yes	21	NA	7	28	21	NA	7	28	15	5.5	20.5	NA	15	5.5	20.5	NA	Cheryl Meneike	Fiona Rodney	Philomena Vallance		N/A	N/A
		Assessment Unit	Emergency Care	4							N/A	1	NA	0	1	1	NA	0	1	1	0	1	NA	1	1	2	NA	Dennielle Ordonez; Marvin Putal	Tony Fenby	Philomena Vallance	Yes but note comment		62.24
		AMU	Emergency	35	40.62	21.62	62.24	20%	65/35	0.4	yes	7	1:6	5	12	7	1:6	5	12	5	3	8	1:6.5/1:9	6	3	9	1:6.5	Dennielle Ordonez; Marvin Putal	Tony Fenby	Philomena Vallance	Yes	50.01	12.23
		AECU	Emergency	9							no	2	n/a	0	2	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		Tony Fenby	Philomena Vallance	Yes but note comment		
		CCU	Cardiology	10	25.21	5.16	30.37	20%	83/17	0.4	yes	4	1:3	1	5	4	1:3	1	5	4	1	5	1:3	4	1	5	1:3	Karen Mansfield/Tara Donohoe	Dee Carter	Philomena Vallance		13.17	17.20
		G9	Cardiology	20	19.00	9.20	28.20	20%	62/38	0.4	yes	4	1:8	2	6	4	1:8	2	6	3	2	5	1:12	3	2	5	1:12	Heather Newdick	Dee Carter	Philomena Vallance		34.61	-6.41
		G3	Stroke Unit	28	27.40	22.46	49.86	20%	55/45	0.4	no	4	1:9 & 1:6	6/4	10/8	4	1:9 & 1:6	6/4	10/8	4	3	7	1:9 & 1:6	4	3	7	1:9 & 1:6	Holly Adams	Dee Carter	Philomena Vallance		41.94	7.92

Comments

Site	Directorate	Ward	Speciality	Comments
FPH	Medicine	Emergency Department	Emergency Care	
		Assessment Unit	Emergency Care	This unit is not manageable with 1RN on a late shift due to escalation patients. This has been managed internally
		AMU	Emergency Care	This unit is relatively new but staffing works well using additional MTA staff from Pathology that are shared across AMU/MAU/AECU
		CCU	Cardiology	
		G9	Cardiology	
		G3	Stroke Unit	

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Appendix 2

Medicine Frimley

Directorate Workforce Review summary sheet: FPH Medicine & Elderly Care Workforce Review July 2017

(Table content largely illegible at this resolution — "Name of Senior Nurse for each area" includes columns for Ward Sister, Matron, Head of Nursing)

General comments:

F9

G5 Cavell No. at present we have 2 hosts already on mat leave and one to go, this is not accounted for in the budget, also the needs for specials is not included

G5 Paget

MADU

G5

CPU CA all night would be safer (Our patient staff included in the numbers)

F24 Twilight CA required at night

F3 AH trained would be better at night. The twilight trained is not accounted for in the data.

F10/F11 Skill mix needs to change during the day to have an extra trained nurse (can be done easily when recruited)

G2a CA required on late and twilight shift as currently 13 strokes

G2b CA required at night (Currently 1 to 1 present 24/7 six cots)

F2 Twilight CA required at night

Hale : NA

Rowena

S6 Extra trained nurse budget required when become chemo unit, Skill mix can be changed

Workforce review signed off by Philipa Hooton (Head of Nursing)

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Tab 12 Nurse Staffing Update

Appendix 2

Medicine Wexham

Directorate Workforce Review summary sheet: WPH Medicine Workforce Review September 2016

Site	Directorate	Ward	Speciality of area	Numbers of Beds	Registered (Wte)	Unregistered (Wte)	Total Establishment (WTE)	UPLIFT % included in budget (i.e 20%)	skills mix ratio % (RN:HCA i.e 70/30)	Supervisory time of ward sister (wte) Standard 15 hrs a week	Budgeted: Is there a Co-ordinating Nurse in Charge per shift? (i.e with no patient allocation Mon-Friday as a Minimum) YES/NO	Weekday numbers on shift Registered	Weekday RN Nursing: patient ratio RN:Pt i.e 1:8 or 1:10	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Weekend Registered numbers on shift	Weekend Nursing: patient ratio RN:Pt i.e 1:8 or 1:10	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Weekday Night Registered numbers on shift	Weekday Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Day Weekday)	Weekday Night Nursing: patient ratio RN:Pt i.e 1:10	Weekend Night Registered numbers on shift	Weekend Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Weekend Night)	Weekend Night Nursing: patient ratio RN:Pt i.e 1:10	Ward Sister	Matron	Head of Nursing	Budget Question:Do you professionally feel the department/unit wte establishment/skillmix safely meets the needs of your patients. Please enter Yes or No, with any comments entered in the general comments box below)	March/April 2017 Acuity results	Acuity vs Establishment (Wte gap)
WPH	Medicine	CCU	Coronary Care Unit	14	26.70	0.00	26.70	20%	100	0.4		5	1:3	0	5	5	1:3	0	5	5	0	5	1:3	5	0	5	1:3	Joeflore Balleza	Steve Roots	Angela Ballard	y	25.09	26.70
		AMU Ward 8/7/GP	Acute Admissions	76	78.83	48.18	127.01	20%	68/32	0.4		15	1:5	11	26	15	1:5	11	26	15	5	20	01:05	15	5	20	01:05	Joanne Martin Melusi Hadebe Joao Peixoto	Hellen williams	Angela Ballard	y	47.09	127.01
		Ward 9 Ward	Respiratory	38	21.56	15.27	36.83	20%	59/41	0.4		4	1:7	4	8	6	1:7	4	10	4	3	7	1:7	4	3	7	1:7	Maria De Chavez	Amy Pullyne	Angela Ballard	y	50.68	61.23
		Ward 9 MADU	Respiratory	8	22.00	2.55	24.55	20%	90/10	0.4		4	1:2.4	1	5	4	01:02	1	5	4	0	4	01:02	4	0	4	01:02	Pedrol Leal	Amy Pullyne	Angela Ballard	y		24.55
		Ward 4	Cardiology	24	20.99	12.82	33.81	20%	62/38	0.4		4	1:6	3	7	4	1:6	3	7	4	2	6	1:5	4	2	6	1:6	Carlito Mejia	Steve Roots	Angela Ballard	y	35.98	33.81
		Eden Ward	Oncology/Haematology	17	19.00	7.64	26.64	20%	69/31	0.4		4	1.40	2	6	4	01:04	2	6	3	1	4	1:6	3	1	4	1:6	Karen belgrade	Shioban Whittaker	Michelle Youens	y	24.37	29.63
		Ward 3	Elderly Care	24	18.99	12.73	31.72	20%	59/41	0.4		5	1:5	3	8	5	1:5	3	8	3	2	5	1:9	3	2	5	1:9	Chris Murden	Helen Oakes	Angela Ballard	y	26.23	31.72
		Ward 17	Elderly Care	28	12	25.48	37.48	20%	32/70	0.4		2	1:14	6	8	2	1:14	6	8	2	4	6	1:14	2	4	6	1:14	Debbie Scully	Helen Oakes	Michelle Youens	y	31.45	37.45
		Ward 6	rheumatology	36	24.13	17.82	41.95	20%	57/43	0.4		5	1:7	4	9	5	1:7	4	9	4	3	7	1:9	4	3	7	1:9	Donna Evans	Zoe Fisher	Michelle Youens	y	46.47	41.95
		Stroke Rehab Unit	Stroke	25	18.99	12.73	31.72	20%	60/40	0.4		4	1:6	3	7	4	1:6	3	7	3	2	5	1:5	3	2	5	1:8	Gladys Longwe	Steve Roots	Angela ballard	y	34.65	31.72
		Ward 18	Elderly Care	26	18.99	12.73	31.72	20%	59/41	0.4		4	1:6.5	3	7	4	1:6.5	3	7	3	2	5	1:9	3	2	5	1:9	Jailani Papa	Helen Oakes	Michelle Youens	y	30.59	31.72
		Ward 5	endocrine	36	24	17.82	41.82	20%	57/43	0.4		5	1:7	4	9	5	1:7	4	9	4	3	7	1:9	4	3	7	1:9	Vacant	Zoe Fisher	Michelle Youens	y	49.14	41.95
		Ward 2	Gastroenterology	24	18.99	12.73	31.72	20%	59/41	0.4		4	0.05	3	7	4	1:6	3	7	3	2	5	1:8	3	2	5	1:8	Dana Victoriano	Richel Oliver	Michelle Youens	y	34.87	31.72
	Emergecy Medicine	ED	Emergency medicine	51			0.00	20%	84/16	N/A		21	1:2.4	4	25	21	1:2.4	4	25	17	4	21	1:3	17	4	21	1:3	N/A	James Rolfe & Joanna hawkes	Angela Ballard		n/a	n/a

Heads of Nursing (HoN) Angela Ballard & Michele Youens

General Comments

CCU	Skill mix increased in April 2017 to include further 3 WTE band 6
AMU Ward 8/7/GP	This ward is challenged in terms of vacancies and recruitment. This area covers 79 beds and is acute and fast turn over. There is already band 4 in place on this ward and a paper with the COO to review the function of the ward
Ward 9 Ward	
Ward 9 MADU	Ward 9 and MADU skill mix flexed depending on acuity. MADU opened July 2017
Ward 4	Ward 4 now incoporate the diuretic lounge 7 days a week
Eden Ward	
Ward 3	
Ward 17	
Ward 6	
Acute Stroke Unit	Stroke has change to slow stream rehab as of Jan 2017.
Ward 18	
Ward 5	
Ward 2	
ED	

Appendix 2

Surgery Wexham

Directorate Workforce Review summary sheet: WPH General Surgery/Critical Care Workforce Review August 2017				Establishment (Finance budgeted)								Weekday Shift (Day)				Weekend Shifts (Day)				Night Shifts								Name of Senior Nurse for each area			Question to be completed per area	March/April 2017 Acuity results	
Site	Directorate	Ward	Speciality of area	Numbers of Beds	Registered (Wte)	Unregistered (Wte)	Total Establishment	UPLIFT % in budget (i.e 20%)	skills mix ratio % (RN:HCA i.e 70/30)	Supervisory time of ward sister (wte)	Is there a Co-ordinating Nurse in Charge per shift? (i.e with no patient allocation) YES/NO	Weekday numbers on shift Registered	Weekday RN Nursing: patient ratio RN:Pt i.e 1:10	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Weekend Registered numbers on shift	Weekend Nursing: patient ratio RN:Pt i.e 1:8	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Weekday Night Registered numbers on shift	Weekday Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Day Weekday)	Weekday Night Nursing: patient ratio RN:Pt i.e 1:10	Weekend Night Registered numbers on shift	Weekend Night Unregistered d Numbers on shift	Total numbers of Registered & Unregistered on Shift (Weekend Night)	Weekend Night Nursing: patient ratio RN:Pt i.e 1:10	Ward Sister	Matron	Head of Nursing	Do you professionally feel the department/unit wte establishment/skillmix safely meets the needs of your patients. Please enter Yes or No, with any comments entered in the general comments box below)	March/April 2017 Acuity results	Acuity vs Establishment (Wte gap)
WPH	Surgery	Ward 10	General Surgery & Urology	26	21.21	15.26	36.47	20%	58/42	0.4	YES	5	1:5	3	8	4	1:5	3	7	3	3	6	1:8	3	3	6	1:8	Cathy Riley	Kirstie Hodgson	Lisa Snow	YES	31.8	4.67
		Ward 11	General Surgery & ENT	23	21.28	13.50	34.78	20%	62/38	0.4	YES	4	1:5	3	7	4	1:5	3	7	3	2	5	1:7	3	2	5	1:7	Jackie Howes	Kirstie Hodgson	Lisa Snow	YES	28.57	6.21
		Christiansen	Surgical	16	13.75	15.46	29.21	20%	47/53	0.4	YES	3	1:5	2	5	3	1:5	2	5	2	3	5	1:8	2	3	5	1:8	Zehda Sheikh	Kirstie Hodgson	Lisa Snow	YES	15.41	13.80
		ICU	Intensive Care	12	69.00	5.80	74.80	20%	91/09	0.4	YES	10	1:2	2	12	10	1:2	2	12	10	0	10	1:2	10	0	10	1:2	Jonathan Bryant	Jonathan Bryant	Lisa Snow	YES	N/A	N/A

To be reviewed by Heads of Nursing (HoN)

		Comments	
WPH	Surgery	Ward 10	General Surgery & Urology	staffing levels reflect the layout
		Ward 11	General Surgery & ENT	staffing levels reflect the layout
		Christiansen	Surgical	staffing levels reflect ability to transfer patients as required
		ICU	Intensive Care	staffing levels flex as per acuity

Tab 12 Nurse Staffing Update

Appendix 2

Surgery- Frimley

Directorate Workforce Review summary sheet: FPH Surgery, ICU and Theatres Workforce Review July 2017

Site	Directorate	Ward	Speciality of area	Numbers of Beds	Registered (Wte)	Unregistered (Wte)	Total Establishment	UPLIFT % in budget (i.e 20%)	skills mix ratio % (RN:HCA i.e 70/30)	Supervisory time of ward sister (wte)	Is there a Co-ordinating Nurse in Charge per shift? (i.e. with no patient allocation) YES/NO (Minimum of Monday-Friday Day)	Weekday numbers on shift Registered	Weekday RN Nursing: patient ratio RN:Pt	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Weekend Registered numbers on shift	Weekend Nursing: patient ratio RN:Pt i.e 1:8	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Weekday Night numbers on shift Registered	Weekday Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Day Weekday)	Weekday Night Nursing: patient ratio RN:Pt i.e 1:10	Weekend Night Registered numbers on shift	Weekend Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Weekend Night)	Weekend Night Nursing: patient ratio RN:Pt i.e 1:10	Ward Sister	Matron	Head of Nursing	Budget Question: Do you professionally feel the department/unit wte establishment/skillmix safely meets the needs of your patients. Please enter Yes or No, with any comments entered in the general comments box below)	March/April 2017 Patient Acuity (WTE reccomended establishment)	Difference between Budget and Recommended Wte
FPH	General Surgery & Urology	F8	Vascular	31	20.50	15.75	36.25	20%	57/43	0.6	No	4	1:8 (7.75)	4E, 3L	8E 7L	4	1:8 (7.75)	4E, 3L	8E 7L	3	3	6	1:10	3	3	6	1:10(10.3)	Melanie Aston	Heathe Everitt	Pam Thomas	yes	N/A	N/A
		F7	Urology	32	21.22	15.21	36.43	20%	58/42	0.6	No	3	1:6-8	3	E8/L7	E5/ L4	1:6-8	3	E8/L7	3	3	6	1:11	3	3	6	1:11	Carrie Neale	Heather Everitt	Pam Thomas	yes	40.68	-4.25
		SADU	ADU	7	13.87	4.91	18.78	20%	73/27	0.5	Yes days only	3	1:4/3	1	4	3	1:4/3	1	4	2.5	1	3.5	1:3/4	2.5	1	3.5	1:3/4	Zoe Freeman	Heather Everitt	Pam Thomas	yes	N/A	-1.66
		SAU	Assessment Unit	12+ chairs	12.00	6.00	18.00	20%	66/37	20-30%	NO	3	1:8	2	5	3	1:8	2	5	2	1	3	1:6	2	1	3	1:6	Jo Parker	Heather Everitt	Pam Thomas	no	19.66	-1.66
	Operations	Parkside	Private Patients	37	37.85	16.20	54.05	20%	70/30	0.5	Yes	7	1:6	3	10	7	1:6	3	10	4	3	7	1:8	4	3	7	1:8	Andrew Dobson	Sally Hannaway	Pam Thomas	yes	33.13	20.92
	Theatres, Critical Care & Anaesthetics	ICU	Critical Care	12	62.66	6.96	69.63	20%	90/10	1	Yes	10	1:1 - 2	2	12	10	1:1 - 2	2	12	10	1	11	1:1 - 2	1:1 - 2	1	11	1:1 - 2	band 7 x 5	Diane Dodsworth	Pam Thomas	No	N/A	N/A
		Short Stay Surgery (SSS)	ENT and Breast	17	12.8	8.5	21.30	20%	50/50	2-3 day	est = yes vacancies = no	2	1:8, 1:9	2	4	2	1:8, 1:9	2	4	2	1	3	1:8, 1:9	2	1	3	1:8, 1:9	Tara Sweeney	Heather Everitt	Pam Thomas	yes	21.77	-0.47

General Comments:

SAU: Directorate review underway, looking at the nursing workforce required to deliever enhanced surgical assessment clinics, currently covered by a medical workforce model

F7: Current staffing hot spot for directorate - New starters due in Sep-Oct (part of overseas recruitment)

SADU:

Parkside:

ICU:Band 6 recruitment challenging, Band 5 has waiting list for staff wanting to work on ICU. Further non Registered workforce review required moving forward alongside a Senior clinical nursing re-modelling, work is underway in the directorate looking at what the future landscape required is.

Short Stay Surgery:

Tab 12 Nurse Staffing Update

Appendix 2

Surgery Cross Site

Directorate Workforce Review summary sheet: FPH/HWD/WPH Surgery & Orthopaedics Workforce Review August 2017

Site	Directorate	Ward	Speciality of area	Numbers of Beds	Registered (Wte)	Unregistered (Wte)	Total Establishment	UPLIFT % in budget (i.e 20%)	skills mix ratio % (RN:HCA i.e 70/30)	Supervisory time of ward sister (wtE) Standard 0.4wte 15hrs	Budgeted: Is there a Co-ordinating Nurse in Charge per shift? (i.e with no patient allocation Mon-Friday as a Minimum) YES/NO	Weekday numbers on shift Registered	Weekday RN Nursing: patient ratio RN:Pt i.e 1:10 or 1:8	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Weekend Registered	Weekend Nursing: patient ratio RN:Pt i.e 1:8 or 1:10	Unregistered numbers on shift	Total numbers of Registered & Unregistered on Shift	Weekday Night Registered numbers on shift	Weekday Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Day Weekday)	Weekday Night Nursing: patient ratio RN:Pt	Weekend Night Registered numbers on shift	Weekend Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Weekend Night)	Weekend Night Nursing: patient ratio RN:Pt	Ward Sister	Matron	Head of Nursing	Budget: Do you professionally feel the department/unit wte establishment/skillmix safely meets the needs of your patients. Please enter Yes or No, with any comments entered in the general comments box below)	March/April 2017 Acuity results	Acuity vs Establishment (Wte gap)
FPH	Surgery/plastics & Othopeadics	F4	Orthopaedics	29	24.15	17.91	42.06	20%	64/36	0.4		5\4	1:6	4\3	8/6	5\4	1:6	4\3	8/6	5\4	3	7.5	1:6	5\4	2	6.5	1:10	Sr Pratychia	Sr Lawson	Alison Stevens	Yes - Budget realigned to incorporate 'specials' - supported by Execs.	39.35	2.71
		F5	Trauma/Orthopeadics	26	26.56	17.86	44.42	20%	64/36	0.4		5	1:5	4/3	8/6	5	1:5	4/3	8/6	5\4	3	7.5	1:6	5\4	3	6.5	1:10	Sr Toates	Sr Lawson	Alison Stevens	Yes -Budget realigned to incorporate 'specials' - supported by Execs.	33.46	10.96
		F6	Elective Surgical	34	20.24	18.06	38.30	20%	58/42	0.4		5	1:7	4	9	5	1:7	4	9	3	4	7	1:11	3	2	5	1:10	Sr Bliss	Sr Lawson	Alison Stevens	Yes - Staffing flexed to meet the elective demand and requirements.	28.69	9.61
WPH		Ward 1 WPH	Trauma/Orthopeadics	48	37.08	30.80	67.88	20%	51/49	1	yes	7	1:8	8\6	14	7	1:8	8\6	14	6	5	11	1:8	6	5	11	1:8	Sr Simon	Sr Mason	Alison Stevens	Yes - Budget realigned.	59.42	8.46
																																0.00	
		Ward 4 HWD	Orthopaedics	24	18.82	9.74	28.56	20%	61/39	0.4	no	4	1:6	3\2	6.5	4\3	1:6	3\2	6	2	2	4	1:14	2	2	4	1:8	Sr Vlahovic	Sr Mason	Alison Stevens	last financial year supported by DON / Director of Ops HWP - cost	13.37	15.19
		Ward 1 HWD	Short Stay Surgery	19	14.56	6.3	20.86	20%	70/30	0.4	no	4/5	1:4	2/3	6/8	Closed	Closed	Closed	Closed	1	1	2	1:19	closed	closed	closed	closed	Sr Last	Sr Mason	Alison Stevens	Yes	N/A	#VALUE!

Head of Nursing (HoN) Alison Stevens

Comments

Site	Directorate	Ward	Speciality	Comment
FPH	Surgery/plastics & Othopeadics	F4	Orthopaedics	F4 - current issue include some difficulties with newly recruited staff members resulting in x 2 NMC referrals. New appointees awaiting to start currently / Ward Manager due to go on Maternity leave late Sept / Oct 2017 - arrangements already put into place for cover. x 1.4wte B7 (Acting up / Secondment - development opportunities.)
		F5	Trauma/Orthopeadics	F5 - Significant number of siderooms on the ward (all require refurbishment) / also incorporates # NOF bay. Currently awaiting new appointees to start - Sept 2017. Introduction of a Band 7 Trauma Nurse Practitioner to support trauma services in Sept 2016 - opportunities to develop band 6 role and rotation into trauma co-ordination role.
		F6	Elective Surgical	F6 - x 6 bedded bay and x 1 Sideroom utilised for trauma pts - x 27 beds used for Orthopaedic screened electives - staffing flexibly managed to meet operational service demand.
WPH	Surgery/plastics & Othopeadics	Ward 1 WPH	Trauma/Orthopeadics	W1 - High numbers of vacancies pre acquisiton - significant amount of work undertaken in regards to recruitment and retention - collaborative working with HR. A number of initiatives include Band 6 development Package / Implementation of a local Band 7 PD Sister / Development of the HCA role to create a Band 3 opportunity / Ward based learning opportunities / Secondment opportunities / Development of trauma services including appointment of Trauma Nurse Practitioner / Trauma Administrator. Also just advertised for a 'grow your own' opportunity to develop in house Aspirant Band 6's (yr long programme appoint at band 5 - Band 6 post 12 months and competency based). Appointees awaiting to start Sept / Oct - Vacancy postion slowly improving requires ongoing management to aid departmental sustainability. Due to ward being 48 beds ward manager is provided with full WTE management time this has been agreed by DON and HON. There are 7 registered Nurses who co-ordinating nurse Monday to Friday 6 XRN working LD and 1 Early if 7th LD not covered, to ensure that Busiest time Early is covered
		Ward 4 HWD	Orthopaedics	Ward 4 - Elective / Staffing flexed to enable operational demand to be met. / Cost efficiency work undertaken at the end of the financial year - Cost Saving identified and agreed with DON / Director of Ops HWP. Ward to assist with opportunities to 'Grow your own' on the WPH site.
		Ward 1 HWD	Short Stay Surgery	Ward 1 SSS - Combined piece of work about to commence to review potential for departmental efficiencies with DSU - this will have implications from a workforce perspective / Potential opportunities for economies of scale to be achieved.Staffing model due to be reviewed with current work that is under review with DSU. Establishment is likely to change as aa result of this.

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Tab 12 Nurse Staffing Update

Appendix 2

Paediatrics- Cross site

Directorate Workforce Review summary sheet: WPH and FPH Paediactrics

Site	Directorate	Ward	Speciality of area	Numbers of Beds	Registered (Wte)	Unregistered (Wte)	Total Establishment	UPLIFT % in budget (i.e 20%)	skills mix ratio % (RN:HCA i.e 70/30)	Supervisory time of ward sister (wte)	Is there a Co-ordinating Nurse in Charge per shift? (i.e with no patient allocation) YES/NO	Weekday numbers on shift Registered	Weekday RN Nursing: patient ratio RN:Pt i.e 1:10 *	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Weekend Registered numbers on shift	Weekend Nursing: patient ratio RN:Pt i.e 1:8 *	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Weekday Night Registered on shift	Weekday Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Day Weekday)	Weekday Night Nursing: patient ratio RN:Pt i.e 1:10 *	Weekend Night Registered numbers on shift	Weekend Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Weekend Night)	Weekend Night Nursing: patient ratio RN:Pt i.e 1:10 *	Ward Sister	Matron	Head of Nursing	Budget Question:Do you professionally feel the department/unit wte establishment/skillmix safely meets the needs of your patients. Please enter Yes or No, with any comments entered in the general comments box below)	March/April 2017 Acuity results	Acuity vs Establishment (Wte gap)
WPH	Paediactrics	Ward 24/PAU/DSU/MDU	Paediactrics	27+2 HDU, 7PAU and 6 DSU/MDU 23 +5 HDU 7PAU and 6 DSU/MDU	45.24	13.24	58.48	20%	77/23 (based on total establishment)	1.00 shared 87 and 86s	Aim to weekdays LD, not at other times. Have co-ordinator on every day and night as per standards	10	HDU 1 :2 main ward 1:5 with 1 RMN :1 CAMHS	5	15	9	HDU 1 :2 main ward 1:5 with 1 RMN :1 CAMHS	3	12	8.5	1	9.5	HDU 1 :2 main ward 1:5 with 1 RMN :1 CAMHS	8.5	1	9.5	HDU 1 :2 main ward 1:5 with 1 RMN :1 CAMHS	Pippa Parnell	Senior Matron Ros Rushworth		yes	39.3	19.18
	Paediactrics	SCBU	Paediactrics	2 ITU 3 HDU 16 SC	23.44	11	34.44	20%	68/32 (based on total establishment)	1.00 shared 88 and clinical 87	Not always - NIC takes lower dependency children and Matron is available	4	1:1 1:3 1:2 L2 and 1 :4 L1	2	6	4	1:1 1:3 1:2 L2 and 1 :4 L1	2	6	4	2	6	1:1 1:3 1:2 L2 and 1 :4 L1	4	2	6	1:1 1:3 1:2 L2 and 1 :4 L1	Rebecca Craythorne Hull	Audrey Elmore	Senior Matron Ros Rushworth		N/A	N/A
FPH	Paediactrics	F1	Paediactrics	26, + 5 PAU	34.5	19.71	45.79	20%	64/36(based on entitlement including play specialist)	1	Not always, aim to improve frequency as staffing improves	6	HDU 1:2 ward 1:5	3	9	5	HDU 1:2 ward 1:5	3	8	5.5	2	7.5	HDU 1:2 ward 1:5	5.5	2	7.5	HDU 1:2 ward 1:5	Jo Higson	Lois Doel	Senior Matron Jennifer Lomas	yes most of the time see comment below	29.91 (Ward Patients only)	#VALUE!
	Paediactrics	NNU	Neo Natal	x2 IC x 6 HD x 8 SC	28.2	5.51	33.71	20%	84/16 ratio on full establishment	1	Not always depends on acuity of unit, but B47 and R supervisory if not included in numbers.	5	IC 1:1 HD 1:2 SC 1:4	1	06-Jan	5	IC 1:1 HD 1:2 SC 1:4	1	06-Jan	4	1	5	IC 1:1 HD 1:2 SC 1:4	4	1	5	IC 1:1 HD 1:2 SC 1:4	June Swanton	Jennifer Lomas	Senior Matron Jennifer Lomas	yes most of the time see comment below	N/A	#VALUE!

General Comments:

(1) **Paediatrics:** Ward 24/PAU/DSU/MDU:

(2) **SCBU:**

(5) FPH F1 ward: Band 4 1.61wte are play specialist who are non clinical. Band 2x2 wte are play specialists also non clinical. Ward activity fluctuates and the turnover is high. Challenging times tend to be during the winter month and also high numbers of elective sugical patients at certain times who often are accomodated on PAU Pau will expandto 8 beds when staffing establishment is in unregistered ratio has dropped

(6) FPH NNU: aim for 6 on day be combination of 5+1 or 4+2 nights total can be 4+1 or 3+2. neonatal units are staffed to 80% occupancy nationally so when acuity is high and the unit is full extra staff are needed to adhere BAPM standards

Appendix 2

Maternity Cross Site

						Establishment (Finance budgeted)							Weekday Shift (Day)					Weekend Shifts (Day)					Night shift									Name of Senior Nurse for each			Question to be completed per area	March/April 2017 Acuity results	
Site	Directorate	Ward	Speciality of area	Numbers of Beds	Registered (Wte)	Unregistered (Wte)	Total Establishment	UPLIFT % in budget (i.e 20%)	skills mix ratio % (RN:HCA i.e 70/30)	Supervisory time of ward sister (wte)	Is there a Co-ordinating Nurse in Charge per shift? (i.e with no patient allocation) YES/NO	Weekday numbers on shift Registered	Weekday RN Nursing: patient ratio RN:Pt i.e 1:10 *	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Weekend Registered numbers on shift	Weekend Nursing: patient ratio RN:Pt i.e 1:8 *	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Weekeer Night Registered numbers on shift	Weekday Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Day Weekday)	Weekday Night Nursing: patient ratio RN:Pt i.e 1:10 *	Weekend Night Registered numbers on shift	Weekend Night Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift (Weekend Night)	Weekend Night Nursing: patient ratio RN:Pt i.e 1:10 *	Ward Sister	Matron	Head of Nursing	Budget Question: Do you professionally feel the department/unit wte establishment/skillmix safely meets the needs of your patients. Please enter Yes or No, with any comments entered in the general comments box below	March/April 2017 Acuity results	Acuity vs Establishment (Wte gap)
Wexham	Obs and Gynae	Maternity	Obs and Gynae	Beds following refurbishment end of 2017. LW 12, MLU 6 PN 27 TCU 8, AN 14, Maternity assessment centre 5 (outpt activity) COMMUNITY MIDWIFERY, Antenatal clinics	144.49	51.66	196.15	20%	NA	1.8	1 LW coordinator shift lead 24/7	18.5 excluding community and ANC	NA	10	28.5	16	NA	10	26	14	8	22	NA	14	8	22	NA	Midfiery Band 7	Danielle Perkins Monica Warren Linda Heppolette	Emma Luhr Head of Midwifery/ Andrea Anderson Deputy Head of Midwifery		N/A	N/A
		Ward 20	Gynae	22+6 GAU	15.4	10	25.40	20%	60/40	0 currently due to vacancy rate	no	3	1:8	2	5	3	1:8	2	5	2	2	4	1:11	2	2	4	1:11	Caroline Hope	Alison Welch	Emma Luhr Head of Midwifery/ Andrea Anderson Deputy Head of Midwifery	Yes Funded ratio Midwife to woman 1:30 including 90/10 Split Registered to Unregistered	26.3	-0.90
Frimley	Obs and Gynae	F15	Obs and Gynae	10 following refurbishment + 2 Em Gynae Trolleys + 2 EPU rooms	13.08	7.2	20.28	20%	70/30	No	No	2	1:8	2	3	2	1:8	1	3	2	1	3	1:8	2	1	3	1:8	Rebecca Khalil	Fiona Walton	Emma Luhr Head of Midwifery/ Karen Jones Deputy Head of Midwifery	Yes	12.59	7.69
		Maternity	Obs and Gynae	FPH LW13 MLU 5 PN 31 AN 13 TCU 8,, Day assessment 4, Triage 2, AN Clinic Community teams	179.64	41.32	220.96	20%	NA	1.82	1 LW coordinator shift leader 24/7	24 excluding community and ANC	NA	8	32	23	NA	7	30	16	7	23	NA	16	7	23	NA	Midwifery Band 7	Deborah Wilde Karen Plews	Emma Luhr Head of Midwifery/ Karen Jones Deputy Head of Midwifery	Yes Funded ratio Midwife to woman 1:30 including 90/10 Split Registered to Unregistered	NA	NA

General Comments:

Wexham Maternity:	Establishment funded at 1:30 however currently unable to recruit to this. Maternity leave also impacts. Nursing workforce ratios not applicable to Maternity workforce, due the fact that the midwifery workforce covers; community antenatal care, antenatal care, screening, delivery both in and out of hospital and postnatal care as inpatients and home visits , the workforce also undertakes 80% of all Newborn examinations previously undertaken by paediatricians .
Ward 20:	Longstanding vacancy being recruited to, plans to look at rotational post with maternity for band 5 (gynae and post op in maternity)
FPH F15:	Current no long standing vacancy. Establishment correct not including EPU on Saturday.
Frimley Park Maternity	Establishment funded at 1:30 however currently unable to recruit to this. Maternity leave also impacts. Nursing workforce ratios not applicable to Maternity workforce, due the fact that the midwifery workforce covers; community antenatal care, antenatal care, screening, delivery both in and out of hospital and postnatal care as inpatients and home visits , the workforce also undertakes 80% of all Newborn examinations previously undertaken by paediatricians .

Tab 12 Nurse Staffing Update

Appendix 3

UNIFY: Frimley Health FT at site level summary:
Planned vs. Actual Nursing Hours (April 2016 – June 2017)

Site	Level	Report	Domain	201604	201605	201606	201607	201608	201609	201610	201611	201612	201701	201702	201703	201704	201705	201706
FP	Safety	Nurse staff	Registered nurse day actual over planned hours	94.6%	94.6%	93.5%	95.0%	92.1%	91.4%	92.3%	93.3%	95.9%	92.7%	91.3%	88.5%	88.0%	91.4%	91.9%
FP	Safety	Nurse staff	Unregistered care staff day actual over planned hou	104.3%	105.7%	103.6%	100.7%	99.4%	100.8%	101.6%	100.6%	97.8%	99.3%	96.7%	99.9%	102.0%	101.7%	102.2%
FP	Safety	Nurse staff	Registered nurse night actual over planned hours	97.7%	95.9%	97.0%	95.2%	94.5%	96.8%	97.1%	97.4%	97.7%	97.7%	95.0%	93.3%	93.2%	96.1%	95.5%
FP	Safety	Nurse staff	Unregistered nurse night actual over planned hours	107.7%	106.9%	104.5%	106.0%	102.8%	104.0%	103.5%	103.0%	98.7%	99.9%	97.3%	98.5%	101.0%	99.7%	100.5%
WP	Safety	Nurse staff	Registered nurse day planned hours	88.6%	91.5%	91.8%	92.3%	91.1%	93.5%	94.1%	95.8%	90.4%	91.6%	89.2%	90.1%	88.4%	90.5%	88.3%
WP	Safety	Nurse staff	Unregistered care staff day planned hours	89.4%	89.7%	90.3%	93.1%	84.1%	88.6%	88.9%	90.8%	90.4%	97.3%	94.0%	90.9%	91.9%	95.7%	93.8%
WP	Safety	Nurse staff	Registered nurse night planned hours	91.7%	91.8%	94.4%	95.3%	93.7%	96.3%	96.6%	99.3%	96.4%	98.1%	96.4%	96.1%	95.6%	96.9%	95.7%
WP	Safety	Nurse staff	Unregistered care staff night planned hours	100.3%	98.6%	98.4%	100.6%	91.6%	92.3%	93.3%	95.3%	97.8%	101.4%	97.2%	95.0%	95.6%	97.9%	98.1%
HH	Safety	Nurse staff	Registered nurse day planned hours	96.7%	96.8%	98.0%	94.4%	92.4%	99.3%	96.2%	96.9%	98.7%	84.2%	79.1%	73.6%	76.3%	90.6%	80.8%
HH	Safety	Nurse staff	Unregistered care staff day planned hours	97.9%	96.5%	98.0%	94.3%	97.9%	99.0%	98.6%	97.1%	90.9%	79.6%	73.9%	70.2%	80.7%	80.9%	88.7%
HH	Safety	Nurse staff	Registered nurse night planned hours	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	91.5%	111.6%	84.3%	91.8%	89.7%	86.6%
HH	Safety	Nurse staff	Unregistered care staff night planned hours	96.6%	100.0%	100.0%	95.2%	98.1%	100.0%	96.7%	100.0%	96.7%	57.7%	87.7%	51.6%	97.0%	100.0%	73.1%
FH	Safety	Nurse staff	Registered nurse day actual over planned hours	91.9%	93.3%	92.8%	93.8%	91.7%	92.6%	93.2%	94.5%	93.5%	92.0%	90.0%	88.8%	87.9%	91.0%	90.1%
FH	Safety	Nurse staff	Registered nurse day actual hours	92238.38	95316.69	91641.34	93422.77	91193.8	89853.91	92748.83	92432.48	93618.65	93208.52	81075.85	91596.03	89242.15	94141.3	89545.8
FH	Safety	Nurse staff	Unregistered care staff day actual over planned hou	97.2%	98.0%	97.3%	97.1%	92.3%	95.1%	95.7%	96.0%	94.2%	97.7%	94.7%	94.9%	96.9%	98.4%	98.1%
FH	Safety	Nurse staff	Unregistered care staff day actual hours	59054.288	61178.98	58759.14	60288.2	57435.99	56943.19	59008.71	57900.4	59080.73	60142.8	52275.25	59813.55	59677.3	62297.7	60155.55
FH	Safety	Nurse staff	Registered nurse night actual over planned hours	94.7%	93.9%	95.7%	95.3%	94.2%	96.6%	96.9%	98.4%	97.0%	97.9%	95.9%	94.5%	94.3%	96.4%	95.5%
FH	Safety	Nurse staff	Registered nurse night actual hours	69096.125	70662.1	68843.34	70723.48	69635.25	70072.63	72113.28	71322.5	72778.23	75835.85	67688.7	75332.28	73593.26	76325.32	73697.39
FH	Safety	Nurse staff	Registered nurse night actual over planned hours	103.8%	102.6%	101.4%	103.1%	97.1%	98.1%	98.4%	99.1%	98.3%	100.1%	97.1%	96.4%	98.6%	98.9%	99.3%
FH	Safety	Nurse staff	Unregistered care staff night actual hours	39978.6	40454.5	38248.5	40183.83	37098.95	36374	37297.15	37200.85	39071.53	44455.75	38827.5	44165.32	44603.3	45382.65	43749.85
FH	Safety	Nurse staff	Overall Performance (Trust Level)	95.5%	95.8%	95.8%	96.2%	93.3%	95.0%	95.5%	96.5%	95.3%	96.1%	93.7%	92.8%	93.3%	95.3%	94.8%

| **Key of abbreviations of sites:**	
FP	Frimley Park
HH	Heatherwood
WP	Wexham Park
FH	Frimley Health (Whole Trust, combined sites data

Tab 12 Nurse Staffing Update

Appendix 4

CHPPD summary January to June 2017

Hospital Site	Ward/Inpatient Area	Jun-17 Registered midwives/ nurses	Care Staff	Overall	May-17 Registered midwives/ nurses	Care Staff	Overall	Apr-17 Registered midwives/ nurses	Care Staff	Overall	Mar-17 Registered midwives/ nurses	Care Staff	Overall	Feb-17 Registered midwives/ nurses	Care Staff	Overall	Jan-17 Registered midwives/ nurses	Care Staff	Overall
FRIMLEY PARK HOSPITAL - RDU0	HALE/BOURNE	2.2	3	5.2	2.3	2.9	5.20	2.2	2.8	4.94	2.3	3.1	5.45	2.1	2.7	4.81	1.1	1.3	2.42
FRIMLEY PARK HOSPITAL - RDU0	CCU	10	2.4	12.5	10.8	2.6	13.45	10.0	2.2	12.20	8.6	2.1	10.62	9.9	2.1	11.97	8.4	2.1	10.48
FRIMLEY PARK HOSPITAL - RDU0	CFU	5.2	3.9	9.1	4.7	3.6	8.31	4.9	3.7	8.62	5.4	4.0	9.48	5.6	4.0	9.58	4.7	3.4	8.08
FRIMLEY PARK HOSPITAL - RDU0	F1	7.4	3.2	10.6	8.4	3.4	11.81	7.8	3.6	11.36	7.5	3.2	10.69	7.4	2.7	10.13	7.5	3.1	10.64
FRIMLEY PARK HOSPITAL - RDU0	F10	2.8	2.9	5.7	2.7	2.8	5.43	2.4	3.1	5.52	2.7	2.7	5.49	3.3	2.5	5.86	2.8	2.3	5.08
FRIMLEY PARK HOSPITAL - RDU0	F14	2.9	2	4.9	2.9	2.1	4.96	2.8	2.1	4.91	2.8	2.1	4.89	2.9	2.1	4.99	3.1	2.2	5.29
FRIMLEY PARK HOSPITAL - RDU0	F15	4.7	2.9	7.5	5.2	2.6	7.78	5.4	2.7	8.09	4.7	2.3	6.93	5.1	2.5	7.63	4.6	2.3	6.89
FRIMLEY PARK HOSPITAL - RDU0	F2	3.2	2.1	5.3	3.1	2.1	5.15	3.0	2.2	5.17	2.6	2.0	4.60	2.7	2.0	4.72	2.9	2.1	4.96
FRIMLEY PARK HOSPITAL - RDU0	F3	3	2.4	5.1	2.7	2.3	4.99	2.6	2.5	5.09	3.2	2.5	5.66	0.7	0.7	1.30	2.4	2.3	4.75
FRIMLEY PARK HOSPITAL - RDU0	F4	3.6	3	6.6	3.3	3.0	6.32	3.2	3.1	6.36	3.2	2.9	6.04	3.1	2.7	5.74	3.1	2.7	5.87
FRIMLEY PARK HOSPITAL - RDU0	F5	3.8	3.7	7.6	3.8	3.9	7.72	3.7	3.8	7.54	3.9	3.9	7.81	3.5	3.5	7.01	3.3	3.5	6.84
FRIMLEY PARK HOSPITAL - RDU0	F6	3.7	3.9	7.6	3.9	4.1	8.00	4.0	3.8	7.83	3.2	3.4	6.65	3.3	3.5	6.85	3.3	3.4	6.68
FRIMLEY PARK HOSPITAL - RDU0	F7	2.8	2.8	5.6	2.7	2.7	5.39	2.8	2.5	5.35	2.7	2.6	5.29	2.8	2.4	5.20	2.6	2.3	4.93
FRIMLEY PARK HOSPITAL - RDU0	F8	2.7	2.8	5.5	2.9	2.7	5.53	2.8	2.7	5.53	2.8	2.6	5.42	2.8	2.6	5.37	2.7	2.5	5.13
FRIMLEY PARK HOSPITAL - RDU0	F9	2.6	2.7	5.3	2.7	2.6	5.34	2.7	2.7	5.47	2.7	2.6	5.24	0.7	0.7	1.48	2.8	2.4	5.19
FRIMLEY PARK HOSPITAL - RDU0	G1	4.1	2.1	6.1	3.9	1.9	5.84	4.2	2.0	6.20	3.8	2.0	5.77	3.8	2.0	5.77	3.8	1.8	5.60
FRIMLEY PARK HOSPITAL - RDU0	G2a	3.3	2.2	5.5	3.3	2.2	5.45	3.0	2.4	5.36	2.9	2.0	4.81	3.0	2.6	5.57	2.9	2.7	5.65
FRIMLEY PARK HOSPITAL - RDU0	G2b	2.8	2.5	5.3	2.7	2.4	5.09												
FRIMLEY PARK HOSPITAL - RDU0	G3	3.6	3.8	7.4	3.7	3.9	7.59	3.6	3.9	7.53	3.5	4.1	7.58	3.5	3.6	7.14	3.3	3.3	6.64
FRIMLEY PARK HOSPITAL - RDU0	G5	3	2.2	4.9	2.7	2.2	4.96	3.0	2.3	5.28	2.7	2.2	4.94	2.9	2.3	5.16	2.9	2.4	5.25
FRIMLEY PARK HOSPITAL - RDU0	G6	2.6	3.3	5.9	3.0	3.2	6.21	2.6	3.3	5.88	2.6	3.2	5.80	2.5	3.1	5.61	2.6	3.0	5.51
FRIMLEY PARK HOSPITAL - RDU0	G9	4.2	2.8	7	3.7	3.2	6.86	3.6	2.8	6.44	3.4	2.6	5.94	3.6	2.5	6.09	3.3	2.2	5.52
FRIMLEY PARK HOSPITAL - RDU0	ICU	20.2	3.2	23.4	21.0	3.4	24.38	19.9	3.2	23.12	19.4	3.0	22.38	19.8	3.3	23.09	20.1	2.7	22.75
FRIMLEY PARK HOSPITAL - RDU0	MADU	13	3.3	16.3	14.8	3.4	18.20	16.5	6.1	22.62	12.8	3.4	16.17	12.4	3.2	15.63	13.0	2.8	15.82
FRIMLEY PARK HOSPITAL - RDU0	MAU-AMU	7.2	4.6	11.8	7.1	4.2	11.39	8.3	5.1	13.41	8.3	4.6	12.91	8.3	4.6	12.94	6.4	3.6	10.08
FRIMLEY PARK HOSPITAL - RDU0	NNU	5.1	1.3	6.4	6.7	1.7	8.39	7.4	1.9	9.37	5.7	1.9	7.61	5.6	1.4	6.96	5.9	1.5	7.38
FRIMLEY PARK HOSPITAL - RDU0	SADU	8.1	3.3	11.5	9.4	3.8	13.19	9.7	4.1	13.75	10.3	4.0	14.24	9.5	3.4	12.87	9.1	3.5	12.62
FRIMLEY PARK HOSPITAL - RDU0	SAU	4.8	2.9	7.6	5.2	3.1	8.34	5.0	3.0	8.05	4.4	2.6	7.02	4.4	2.4	6.75	4.3	2.5	6.84
FRIMLEY PARK HOSPITAL - RDU0	SSS	3.2	3	6.2	3.1	3.4	6.44	3.4	3.4	6.80	3.2	3.1	6.32	3.4	3.5	6.91	3.1	3.9	6.99
FRIMLEY PARK HOSPITAL - RDU0	Maternity	12	4	16	12.3	4.3	16.52	11.2	3.7	14.86	13.0	4.4	17.40	11.8	3.9	15.69	13.6	4.6	18.24
FRIMLEY PARK HOSPITAL - RDU0	Calthorpe	2.6	3	5.6	2.8	3.1	5.83	2.6	3.0	5.61	2.7	2.9	5.64	2.7	2.8	5.56	3.0	2.7	5.65
FRIMLEY PARK HOSPITAL - RDU0	Parkside Frimley	6	3.6	9.6	5.6	3.1	8.76	5.6	3.2	8.82	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wexham Park Hospital	Ward 01 Orthopaedic (WP)	3.7	3.5	7.3	4.0	3.7	7.71	4.2	3.6	7.88	3.9	3.6	7.60	3.6	3.3	6.91	4.1	3.7	7.83
WEXHAM PARK HOSPITAL	Ward 02 General Medicine (WP)	3.1	2.8	5.9	3.0	2.4	5.47	2.9	2.5	5.37	3.2	2.7	5.90	2.8	2.3	5.04	3.0	2.4	5.48
WEXHAM PARK HOSPITAL	Ward 03 Geriatric Medicine (WP)	2.2	2.1	4.2	2.0	1.6	3.56	3.1	2.1	5.11	2.6	1.7	4.30	2.0	1.4	3.44	2.3	1.5	3.77
WEXHAM PARK HOSPITAL	Ward 04 Cardiology plus Diuretic Lounge (WP)	3.7	3.1	6.8	3.3	3.3	6.56	3.0	2.8	5.82	2.9	2.9	5.80	2.7	2.6	5.34	2.8	2.8	5.68
Heatherwood Hospital	Ward 04 Orthopaedic (Hwd)	5.5	3.4	8.9	6.1	3.6	9.75	6.5	4.0	10.53	6.7	3.8	10.50	5.8	3.3	9.13	7.5	4.1	11.61
WEXHAM PARK HOSPITAL	Ward 05 General Medicine (WP)	2.7	2.1	4.8	2.7	2.2	4.96	2.6	2.2	4.75	2.7	2.2	4.80	2.4	2.1	4.55	3.2	2.4	5.56
WEXHAM PARK HOSPITAL	Ward 06 General Medicine (WP)	2.8	2.2	4.9	2.8	2.3	5.17	8.5	2.9	2.22	2.9	2.3	5.20	2.7	2.0	4.77	3.1	2.5	5.65
WEXHAM PARK HOSPITAL	Ward 07 Acute Medical Unit and GP Unit (WP)	4.1	2.9	7	4.4	3.0	7.33	4.3	3.0	7.30	4.3	2.7	7.00	4.1	2.6	6.73	4.5	2.9	7.35
WEXHAM PARK HOSPITAL	Ward 09 General Medicine (WP)	4	2.3	6.3	3.3	2.3	5.57	3.2	2.2	5.43	3.5	1.8	5.30	3.4	1.6	4.97	3.8	1.8	5.58
WEXHAM PARK HOSPITAL	Ward 10 Surgical (WP)	3.4	2.7	6.2	3.7	2.9	6.60	3.5	2.4	5.97	3.6	2.6	6.20	3.3	2.8	6.03	3.5	2.8	6.33
WEXHAM PARK HOSPITAL	Ward 11 Surgical (WP)	3.9	2.6	6.5	4.3	2.6	6.92	4.2	2.6	6.80	4.3	2.8	7.10	3.6	2.4	5.97	4.1	2.8	6.85
WEXHAM PARK HOSPITAL	Ward 15 Eden (WP)	4.2	2	6.2	4.2	2.1	6.31	4.4	1.8	6.12	4.3	2.0	6.30	4.0	1.9	5.93	4.6	1.7	6.29
WEXHAM PARK HOSPITAL	Ward 16 SRU (WP)	2.9	2.4	5.4	2.9	2.1	5.02	5.3	4.1	9.41	3.3	2.5	5.80	2.9	2.6	5.40	3.6	3.1	6.73
WEXHAM PARK HOSPITAL	Ward 17 General Medicine (WP)	1.7	3.8	5.5	2.0	4.8	6.75	1.9	4.7	6.62	6.3	4.5	6.30	1.7	4.4	6.10	1.8	5.4	7.19
WEXHAM PARK HOSPITAL	Ward 18 General Medicine (WP)	2.9	2.6	5.5	4.3	4.2	8.53	4.6	3.5	8.07	3.7	2.2	5.90	2.8	2.1	4.90	3.2	2.3	5.51
WEXHAM PARK HOSPITAL	Maternity Unit (WP)	15.2	7.7	22.9	16.6	8.7	25.31	17.1	8.6	25.69									
WEXHAM PARK HOSPITAL	Ward 24 Paediatric (WP)	14.4	4.4	18.8	7.8	2.2	10.00	7.8	2.3	10.10	12.8	4.0	16.60	11.2	3.3	14.50	10.3	3.0	13.30
WEXHAM PARK HOSPITAL	Christiansen Unit (WP)	4.3	4.8	9	4.8	5.6	10.42	5.0	5.7	10.68	4.6	5.4	10.00	4.2	5.0	9.21	4.6	5.6	10.26
WEXHAM PARK HOSPITAL	Coronary Care Unit (WP)	7.1	0.7	7.8	7.8	0.0	7.86	7.6	0.1	7.66	7.9	0.0	8.00	7.2	0.4	7.59	7.9	0.5	8.40
WEXHAM PARK HOSPITAL	Intensive Treatment Unit (WP)	25.5	2	27.5	26.7	1.9	28.62	26.7	2.0	28.75	26.1	1.8	27.90	25.8	1.7	27.49	19.7	1.4	21.06
WEXHAM PARK HOSPITAL	Neonatal Unit (WP)	6.9	2.3	9.2	5.9	2.1	8.01	7.2	2.9	10.09	5.6	2.1	7.70	4.6	1.9	6.54	8.1	4.1	12.26

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Appendix 5

Red Flags Data and Graphs at Directorate and speciality level. Date range:July 2016 - July 2017
**Frimley Park:**

Incidents by Specialty and Incident date grouped by Directorate

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Accident & Emergency	0	2	1	0	0	2	1	0	0	2	0	1	0	9
Anaesthetics/Theatres/ICU	1	0	1	0	1	0	1	0	1	0	0	0	0	5
Elderly Care	0	5	0	3	0	1	3	4	6	3	0	0	4	29
Fleet Hospital & Community Services	0	0	0	0	0	0	0	0	1	0	0	0	0	1
General Medicine	5	19	12	11	10	10	6	10	10	8	5	13	8	127
General Surgery	3	2	0	0	4	2	3	1	4	2	0	3	2	26
Gynaecology	0	0	0	1	0	1	0	0	0	0	0	0	0	2
Obstetrics	1	0	0	3	2	1	0	0	0	2	1	2	0	12
Orthopaedics	1	5	1	0	1	0	1	0	0	0	3	0	0	12
Paediatrics	0	0	2	0	0	1	1	0	2	0	0	0	0	6
Parkside Suite (private patients)	2	0	1	1	1	0	1	0	1	0	0	0	1	8
Radiology	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Specialist Surgery	0	1	0	0	0	0	1	1	0	0	1	0	0	4
Totals:	13	34	18	19	19	18	18	16	25	18	10	19	15	242

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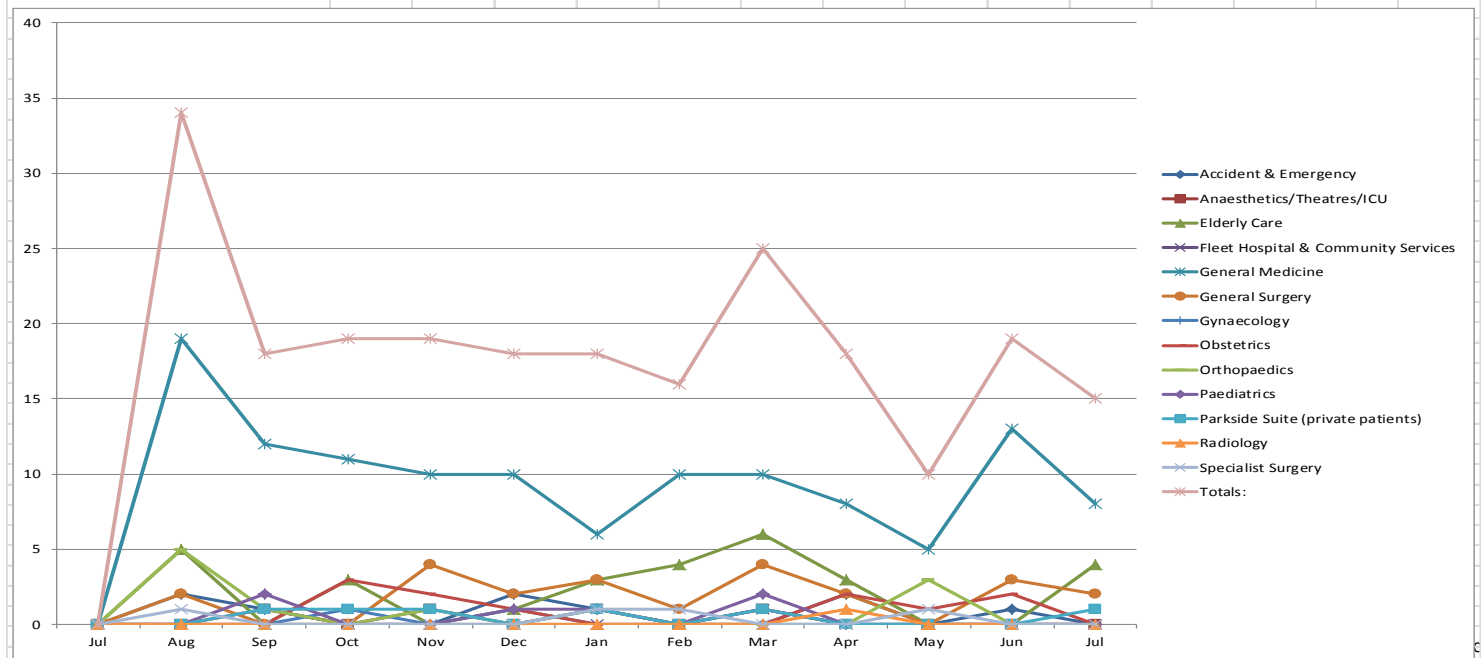
Wexham Park Red Flags: Date range:July 2016 - July 2017

Appendix 5

	2016 07	2016 08	2016 09	2016 10	2016 11	2016 12	2017 01	2017 02	2017 03	2017 04	2017 05	2017 06	2017 07	Total
Emergency Department	1	1	0	0	1	1	0	2	0	8	1	1	3	19
General Surgery & Urology	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Maternity & Gynaecology	10	5	5	1	1	0	1	2	4	5	3	2	4	43
Medicine	23	19	4	6	8	13	7	18	55	23	12	39	42	271
Operations	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Orthopaedics & Plastics	0	0	1	0	0	0	1	0	0	0	0	0	0	2
Paediatrics	0	0	0	0	1	4	0	0	0	0	1	0	0	6
Theatres, Critical Care & Anaesthetics	1	1	0	3	3	0	0	0	1	1	1	0	0	11
Totals:	36	26	10	10	14	18	9	22	60	38	18	42	49	354

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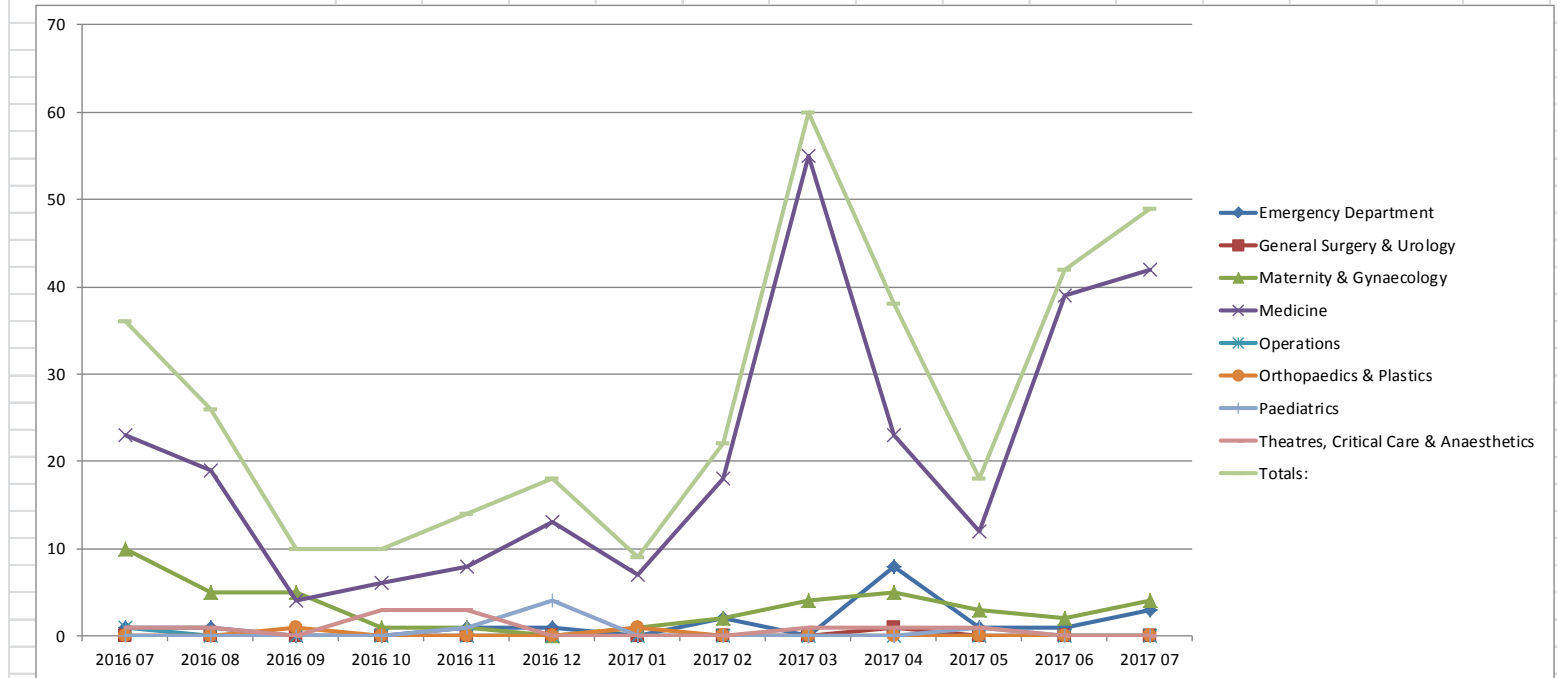
Appendix 6

Appendix 6 Directorate workforce summary (Narrative supplied from Directorate Heads of Nursing, August 2017)

5.1.1 Midwifery Staffing Update cross site as at 1st August 2017 (Prepared by Emma Luhr - Head of Midwifery)

Midwifery ratios have been determined on the basis of the midwifery staff required to deliver a safe and high quality maternity service, as set out most recently in *Maternity Matters* (DH, & Safer Childbirth) but also incorporating all existing policy and guidance. As previously detailed the recommended ratios are based on staffing requirements to deliver NICE guidance and a minimum of one to one care in labour for all women, plus increased midwife time for women and babies with greater needs because of their medical or social circumstances along with providing a community midwifery service. The Midwifery ratio is established on 3 points:-

- Number of births in totality
- 1:1 ratio for Intrapartum care
- Community midwifery 1:100

Senior Midwives review staffing daily and based on activity midwives will be deployed according to clinical need. Both maternity units continue with a ratio of 1:30 and a 90/10 skill mix of registered midwives to midwifery support workers (band 3). Movement around the unit is monitored by the Acuity tool; Midwives will be moved to labour ward at times of peak activity and then moved to Antenatal and Postnatal wards when activity is higher here.

1:1 care in labour activity is recorded 4 hourly on both labour wards and birth centres using the birth rate plus acuity tool, which will identify the ideal number of midwives required at a given time, As acuity increases, the senior midwives for the labour ward make the professional judgement of whether additional staffing is required or whether the current staffing is able to provide the level of care required, based upon the experience of staff on duty.

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Appendix 6

In quarter 1 (April - June 2017) the overall ratio for 1:1 care in the labour wards were:

	Frimley Park Labour Ward	Mulberry Birth centre- FPH	Wexham Park Labour ward	Wexham Park birth Centre
1:1 care - labouring women	97%	98%	97%	NA birth centre closed as part of redevelopment
1:1 care against acuity and all labour ward activity	62%	89%	57.25%	NA birth centre closed as part of redevelopment

Wexham continues to demonstrate a higher complexity of cases on the labour ward than at Frimley, this is partially accounted for by the higher number of diabetic/gestational diabetic women within the local population. However the overall number of women who receive 1:1 care in labour is similar across both units.

In respect of the community workloads Frimley is currently operating at a cases load of 1 midwife to 100 women, whilst Wexham is operating at 1 midwife to 130-150 women, this is due to the number of vacancies that are currently within the unit and the difficulty recruiting community midwives. A review of the caseloads across the whole community setting at Wexham has taken place in June 2017 to ensure that continuity of care from the midwifery team is improved and the NICE antenatal schedule of care is delivered to all women in line with contract requirements. Work continues to progress to attract midwives to work in the community setting; in addition existing band 6 midwives are being encouraged to rotate on to community for a minimum of 6 months to develop their experience as part of their professional development.

5.1.2 Vacancies

There are currently 22.73 wte vacancies on the Wexham Park site this equates to a 19% vacancy rate. Following the department being involved in the trust wide recruitment day, 14.8 wte jobs have been recruited to with start dates in October 2017 - many of

Tab 12 Nurse Staffing Update

these midwives will be newly qualified midwives, requiring a strong preceptorship programme, which is in place. Of the remaining 7.93 wte vacancies, 2.5 wte have been recruited to and will start in October 2017. Further advertisements will be progressed going forward.

Previously the agency midwifery spend was high at Wexham park, however work has progressed to reduce this spend, plans have been put in place for the associate directorate manager or the head of midwifery to approve all their one midwifery agency requests. In addition, access to bank staff viewing vacant shifts has improved, through the e roster systems.

The Frimley Park site currently has a vacancy of 13.16 wte vacancies, this equates to a 7% vacancy rate. In addition we have had a further 6.39 wte who have resigned from their posts (totalling 19.46 wte which will equate to 11% vacancy rate)

The past year Frimley has experienced difficulty in recruiting to vacant posts; this had not been an issue previously. Turnover has increased, the main reasons being retirement, midwives moving out of the area/relocating to either care for older family members or partners being relocated due to military careers. There are also a number of midwives who have requested to reduce their hours due to changes in personal circumstances and caring for elderly relatives

We have participated in the trust wide recruitment days and successfully recruited to 18 newly qualified midwives that will commence in post from October – their contracted hours are yet to be agreed, however these individuals will not cover the 19.47 wte vacancy rate and so on going recruitment is progressing.   In addition the arrangements put in place in 2016 at the Wexham site for Band 5 midwives being appointed at point 21 on the agenda for change pay scale, has been replicated at the Frimley site to attract newly qualified staff when we are competing with inner London providers.

The Frimley site is looking at utilising a registered nurse on the post natal ward during the week day, to support post-operative women; this is already in place on the Wexham site. This role would be rotational with gynaecology ward to maximise experience and job satisfaction.

There is a monthly review of the midwifery establishments on both sites by each deputy head of midwifery and the head of midwifery, to ensure the recruitment is progressed and safe service provision is maintained. Frimley Health NHS Foundation Trust is not alone, in its challenge to recruit experienced midwives in that there is a national shortage with our neighbouring hospitals are trying to recruit from the same pool of midwives on the NMC register.

The University of West London continues to provide the shortened course for midwifery training for nurse registrants and Wexham Park will provide clinical placement for 2 places this year. Going forward the Head of Midwifery plans to review the numbers of student midwives that Frimley Health can train in order to ensure that we are growing our own workforce.

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5.1.3 Maternity Leave

Within the midwifery establishments there are currently 6.69 wte on maternity leave at Wexham Park and 7.31 wte currently on maternity leave at Frimley Park, this also contributes to the ability to cover all shifts to the agreed establishments. There are daily reviews by the matrons, with clear escalation following departmental guidance to the deputy head/head of midwifery if there are concerns over the safety of the women.

Forward planning for recruitment of midwives is on-going within the department. The impact of the Continuing Professional Development (CPD) funding being reduced by more than half on both sites has impacted on the number of midwives we can support with these funds for the year 2017/18 and is likely to be reduced further, this is not isolated to midwifery but effects both nursing and allied health professional across the trust and nationally.

5.2 Paediatric staffing Frimley Park (Prepared by Jennifer Lomas, Senior Clinical Matron)

5.2.1 Staffing across paediatrics is monitored daily by the senior nursing team and remains a challenge. Current vacancies dictate that bank and agency usage is still required on the paediatric ward. When all avenues have been explored such staff taking up extra shifts, help from other areas in paediatrics, bank staff and there are still shortfalls on shifts, agency staff are requested. Unfortunately these shifts are not always filled and this is reflected on the monthly safe staffing tool. The current staffing vacancies are Band 5 x3.00 wte, Band 4 x4.00wte (there has been an uplift in Band 4 budget in June to accommodate staffing the newly expanded Paediatric Assessment Unit). There are x4.00 wte new starters in September, 3 of who are preceptors and 1 an experienced paediatric nurse who will be undertaking a Band 6 in training post. Following the Trust's recruitment campaign in the Philippines in August 2016 where 5 nurses were identified as potential paediatric staff, to date none have started and we await confirmed start dates.

5.2.2 The ward has recruited a Band 5 x0.61 wte clinical educator for one year funded by the education budget. This role will provide support and guidance for nursing students and Trainee associate practitioners on the ward and NNU. We have retained our preceptors following a successful paediatric preceptorship programme and hope to repeat this with our new recruits starting in September 2017. Staff have been undertaking external HDU courses and also HDU local competencies on the ward to up skill the workforce.

5.2.3 On the Frimley Park Hospital site the Neonatal Unit is staffed to 80% occupancy as per the Neonatal Toolkit. Currently it meets the Toolkit for 71% qualified in speciality nurses (national target 70%). It is not always possible to have a nursing co-

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coordinator on each shift in addition to those providing direct clinical care when acuity is high. This has been made even more difficult by the loss of the Clinical Matron Band 8A post on the unit. Current vacancies are x1.00 wte Band 8A Advanced Neonatal Nurse Practitioner. This post has been advertised twice with no success. To address this we would like to consider a Trainee ANNP post locally as we have recently lost one of our Band 6 sisters to the local tertiary centre who are providing trainee ANNP posts. We would be very keen to 'grow our own' ANNP here at Frimley.

We are proud to have put forward x3.00 Band 4 nursery nurses for the trainee associate practitioner posts across the ward and NNU respectively.

5.2.4 Paediatric out patients has no current vacancies and has successfully recruited to a new post 'Specialist respiratory/ Cystic Fibrosis Nurse'. The diabetic nurse specialists x2 wte have been TUPE'd across from Virgincare and started with the Trust in April 2017.

Vacancies out to advert and generally have a good response rate to date.

5.3 Paediatric staffing Wexham Park: (Prepared by Ros Rushworth, Senior Clinical Matron)

5.3.1 Paediatric staffing remains a concern on the Wexham Park site due to the combination of sustained vacancies over a number of years, the limited recruitment of staff through local and Trust's European and Philippines campaigns and maternity leave for a number of senior nurses (4.00wte).

Current vacancy level is lower than the last report at 7.80 wte equivalent to rate of 17.24% (July 2017) and the forecast is more positive than it has been for a long time. With a substantial reduction by Sept/Oct 2017 if all the recently appointed newly qualified staff take up their offers when Paediatrics will have 2.3 wte vacancies equivalent to 4.86 %.

5.3.2 In July 2017 2.00 wte philipino nurses started and are currently working through their OSCEs, 0.60 wte return to practice nurse will be starting and a further 5.6 wte newly qualified nurses will be starting in Sept/Oct.

5.3.3 We are in the process of securing a "conversion type course" with OBU so that nurses already on the NMC register can undertake further training and become dual registered either undertaking an 18 month or 2 year course – depending on academic level this has been raised to ensure that our overseas nurses have an opportunity to develop and progress their nursing career in paediatrics.

5.3.4 We have successfully implemented a band 6 in training programme with 2.00 completed and a further 3.00 currently undertaking this was started to support retention of experienced staff.

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All new starters and the Band 6 in training staff will require input and support from our PDN and their Team Leaders.

5.3.5 From the Trust's European campaign 9.00 wte posts were offered and started during 2016 only have 1.53 wte nurses remaining. A further 2.00 wte will come from the Philippines from May 2017 campaign but unsure of dates e.g. Feb 2015 successful candidate has started in July 2017.

5.3.6 Due to a number of changes to agency working we have seen a massive reduction in agency usage with only 1 or 2 shifts a week rather than 20 before April 2017. A number of our agency staff who had regular lines of work have joined the internal bank and have maintained the extended competencies (collecting children from Theatre, single- checking and administering some oral medicines and administering intravenous medicines) and are not seen as temporary staff but valued members of staff

5.3.7 Band 4 Nursery Nurse competencies are under review to up skill and provide additional support the RSCN/RN across site, we have some Band 2 support staff undertaking their clinical support level 3 apprenticeship and 3.00 have started their Trainee Associate Practitioner courses in May 2017 and will take 2 years to complete.

5.3.8 We have a 3.00 substantive support staff/nursery nurses who are undertaking their Children's Nurse training locally, one will qualify in Aug 2017 and has been offered a job and the other two in Aug 2018 and March 2019.

5.4 Wexham Park: Surgery (Prepared by Lisa Snow, Head of Nursing)

5.4.1 In the surgical directorate we have successfully recruited to the Urology CNS Team Leader role. The candidate comes with a wealth of experience and a passion for this surgical speciality. She will be an asset to the team and will be key to driving service improvement. The surgical wards each have a ward sister in post that is dedicated and offers stable leadership to their teams. The wards continue to retain staff who have worked within the organisation for many years as well as recruit students who have had placements with us and chosen to become part of the team on qualification. Every effort is made to keep staff employed to surgical wards working their shifts on their contracted wards where they have the experience and expertise. This helps with staff job satisfaction and subsequently retention and staff being willing to work additional hours on the staff bank. However, the challenge is that more and more frequently, nurses from the surgical wards are being required to move to wards in other directorates due to high vacancy rates. This significantly impacts staff morale.

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5.4.2 Critical Care

Critical Care is facing a challenging time with high turnover and vacancy rates. Exit interviews have revealed that overseas staff have decided to return to their home country whilst some have left to work in central London. The Outreach service continues to strive to provide a 24/7 service to patients out on the wards but this has been challenging at times with senior nurse vacancies and increased activity with the introduction of the NEWS early warning tool. Where possible, a second outreach nurse is being rostered for the busier periods to help meet demand. This has helped with ensuring patients are seen in as timely way though this additional shift is not currently budgeted for. The unit fosters a 'grow your own' strategy and we continue to see staff who have started work on the unit as student nurses being developed through clinical supervision and university education to take on more senior leadership roles. Through flexible working patterns we have managed to recruit staff looking for an attractive work life balance. The workforce remains young, enthusiastic and innovative.

5.5 Frimley Surgery, Critical Care (Prepared by Pamela Thomas, Head of Nursing)

5.5.1 Through successful recruitment/retention planning, ICU have a waiting list for staff who want to work in the unit at band 5 level.

5.5.2 Surgery have recruited to 3 new band 7 Specialist Nurse Practitioner roles in the sub specialties of EST/Urology/ Colorectal. These posts will be supported to masters level in order to offer an opportunity for career development and retention of skilled staff. These posts also aim to bridge the gap between nursing and medical roles.

5.5.3 Band 3 recruitment to sub specialty teams have improved the service with 4 HCA tech posts assigned to named consultants who work as part of the surgical teams supporting junior doctors

5.5.4 F7 is the hot spot ward for vacancies in surgery. They have a robust recruitment plan in place with band 5 staff waiting to start (pipeline, external) that are newly qualified staff who will start in September 2017. In addition the ward has been part of the international Trust recruitment programme resulting in additional new overseas nurses joining the ward later this year.

5.5.5 There are no budget issues to report at the time of this paper being prepared, there are a couple of clinical areas reviewing their workforce currently and planning different models of care which will be addressed locally until a full Trust N&M workforce review is completed. These can be seen within Appendix 2.

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5.5.6 All staff across surgery and ICU are in the right areas for their skill sets. The Trust has supported funding for the correct number of specialist training programmes in ICU in order to meet the service specification for the next financial year.

5.5.7 There is a surgical rotation programme that requires the rotation of nurses across the surgical/ orthopaedics/critical care areas to support learning and development and also to encourage band 5's to stay within the specialty of surgery/ortho and critical care areas. This is a structured educational and practical programme fully supported by the PD team and the heads of nursing in surgery/orthopaedics/ critical care.

5.5.8 Staffing levels are monitored daily by the ward sisters/matrons. There is a robust escalation plan in place to address any shortfall in safe staffing across the directorates. All rotas are reviewed and signed off at matron level. Any shortfall of staff due to short term sickness/absence is mitigated by the movement of staff across the appropriate areas within the directorate and bank staff are deployed where necessary to maintain safety at all times

5.6 Frimley Park Medicine: (Prepared by Phillipa Hooton & Philomena Vallance – Head's of Nursing)

5.6.1 Emergency & Cardiovascular Medicine: (Philomena Vallance – Head of Nursing)

Reconfiguration of CCU/G9 allowed for some staff redeployment to other areas within Cardiovascular Medicine. This has been a positive move for all staff involved.

5.6.2 G3 has been the most vulnerable area due to RN vacancies, however there are a number of new starters in the pipeline commencing in September 2017. At the next full nursing and midwifery review Stroke services will be discussed in line with meeting the national nurse staffing recommendations, with a view of seeing if we can adjust the staffing model in line with our current budget.

5.6.3 To be productive in utilising our current workforce effectively in all areas, there has been a safe reduction of staff on some shifts as part of our budget recovery plan. At all times any reduction has always matched patients' acuity and dependency needs with all potential risks being noted on the directorate risk registers at ward level. Any concerns raised over a shift staffing levels has been managed via the Red Flag Safe Staffing process which has involved a Senior Nurse responding at the time to ensure safe staffing levels are maintained.

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5.6.4 Medical directorate are currently reviewing the medical rotation model for recruitment to ensure it meets future candidate' needs. There has been some reduction in numbers since it was launched.

5.6.5 Previous patients St Helier /ITU/Farnborough Dialysis unit Renal services will be from September 2017 part of the directorate, 8 beds 'Renal Unit' recruitment is going well and anticipated to be fully recruited to by the end of October 2017. The units admission criteria is currently being finalised at the time of this report ready for the unit opening, staffing model has been agreed which will be reviewed at the next full Trust N&M ward level reviews.

5.7 General Medicine (Phillipa Hooton, Head of Nursing)

5.7.1 Medical Directorate Nursing Recruitment and Retention: There has been successful recruitment to the medical rotation, 8 Staff nurses are due to start in September 2017.

5.7.2. Ward G1 has been adopted by Macmillan which will give all staff £1000 training budget. The training budget is being fairly distributed between staff and charitable funds are being used for training opportunities for trained nursing staff.

5.7.3 Ward G5 have reduced their vacancies considerably from 13 wte in August 2016 to 3 wte in July 2017 for trained nursing staff. This has been achieved by splitting the ward into 2 teams with a band 7 Senior Sister and Senior Charge Nurse leading a smaller team of 24 or 26 patients. The amount of band 6 Sisters has increased by 4 wte on a temporary basis, having practice development band 6 sisters supervisory for 15 hours a week. Ward G5 are also to pilot a 4 month rotation, with the Phyllis Tuckwell Hospice, for a band 5 Staff Nurse. Band 4 roles have been introduced for 3 overseas nurses who have Pin numbers who should ultimately be Staff Nurses but currently have additional skills to untrained nursing staff. G5 have reviewed their number of trained staff during the day to ensure they also meet their budget allowance for pay.

5.7.4 F9 have temporarily appointed 2 band 4 untrained nursing staff both on fixed term contracts to reduce the amount of trained nurses required on a daily basis. One is now being sponsored by the Deputy Director of Nursing to do her nurse training and will have a 3 year contract to remain at FPH following completion of her nurse training. The Band 4 untrained roles, will be fixed, as ultimately we would like band 5 Staff nurses to fill these vacancies.

5.7.5 Matrons / HONs interviewing leavers to see if we can attempt to reverse the exit from FPH medical directorate. F10 gave someone a small career break to prevent a person from leaving to retain a member of staff.

5.7.6 Many wards have found it difficult to maintain low nursing vacancies.

5.7.7 Challenges**:** opening a new ward added to the challenge to ensure safe staffing across the directorate however closing of Hale ward combined with F14 and F9 refurbishment will help reduce the pressure of vacancies from August 7th 2017.

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5.7.8 The medical directorate has found it a challenge to recruit and retain due to high housing costs in Surrey and the surrounding area.

5.7.9 Recruited overseas nurses via agencies have slowly commenced employment within medicine on the Frimley site however this has been long anticipated in many ward areas.

Matrons and Senior Sisters / Senior Charge Nurses continue to Skype interview in conjunction with HR. This has often required Clinical Matron and Senior Sisters responsiveness to interview via Skype within hours of a request being made from HR. This has created some pressure to deliver this resource but the senior nursing team have worked closely to ensure this need is met.

5.7.10 Safe Staffing Matron has set up B5 assessment centres for trained nurses, medicine have been the pilot of this. In conjunction with a small group of Medicine Senior Sisters and Matron this has been evaluated, and felt that this was a positive step towards increasing the quality of nurses recruited who meet the Trust Values.

5.8 Community beds (Fleet) (Prepared by Sharon Knight Area Senior Matron)

5.8.1 There has been significant improvement with recruitment and retention in the ICTs of nursing staff over the last few months. There is a continued review of staffing, skill mix and competencies for appropriate management of the caseload across all four teams.

5.8.2 There continues to be challenges with recruitment on Calthorpe Ward. Our safer staffing levels are reviewed on a daily basis with close management of the admission criteria to maximise safety of our patients. The ward has agreed to undertake a pilot for our student nurses to promote a career in the community services.

5.8.3 Workforce and budgets are closely monitored with consideration of new and developing roles to promote service need.

5.8.4 Our ERS@H and Community Therapy teams provide invaluable support to the services enabling patient independence and admission avoidance to hospital.

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5.9 Trauma, Orthopaedics, Plastics and the Heatherwood Site (Prepared by Alison Stevens, Head of Nursing)

5.9.1 Across the directorate there have been a number of new roles and initiatives implemented within the directorate over the last 6 months, these include:-

5.9.2 The introduction of x 2 Trauma Nurse Practitioners (currently x 1 on each site), to assist with the overall management of trauma pts. with a specific focus on #NOF's this in turn will enable BPT to be achieved and re-coupe rated back into the organisation.

5.9.3 Introduction of a Trauma administration to aid the management / theatre accessibility for trauma pts. - WPH.

5.9.4 Introduction of a dedicated Practice Development Sr (Ward 1 – WPH) to support and develop the skill set of a junior and new ward team. (supported by DON) – In post since Sept 2016.

5.9.5 Development of Band 3 HCA post on the WPH site – Ward 1 – recognise ability / skill set / qualifications and competence as well as creating some career progression and opportunity for Untrained staff.

5.9.6 Advertised the first part of our directorate ' grow your own strategy' by developing an 'Aspirant Band 5-Band 6' programme on the WPH site – 12 month programme / structured objectives / competency and development / Planned 'tie in' contractually and opportunities to undertake in house module upon completion and attaining the Band 6 role. (Pilot on Ward 1 look at potential to roll out directorate and possibly in other areas).

5.9.7 Opportunities for secondment and 'acting up' including – Ward Manager posts on both acute sites (Ward 1 / F4) / secondment opportunity to undertake a CPE role (Ward 1 / secondment opportunity to undertake Trauma co-ordinator role (FPH) whilst scoping work undertaken and workforce review to ascertain potential for further TNP (FPH).

5.9.8 All areas have dedicated R +R plans and aim to update quarterly – next due end of Q2.

5.9.9 Active engagement in all trust recruitment events both internally / externally – close working relationship with HR and resourcing maintained – HON attends workforce committee.

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5.9.10 Active Matron / Ward Manager engagement in the review of safe staffing daily / weekly and via roster management. Matrons ensure roster criteria is Met inclusive of annual leave allowance to enable adequate workforce as able. Have used flexibility of elective activity on both the HWD site and the FPH site to utilise and support the other ward areas – WPH / FPH – F4/5 respectively as able, thus reducing need for agency staff.

5.9.11 Bank utilisation is excellent across the directorate / Agency utilisation is minimal and still monitored against cap levels – directorate has been consistently been below for nursing. / tight financial control and monitoring of budget and how utilised undertaken weekly – trackers / weekly finance meetings / monthly directorate meetings /Quarterly reviews.

5.9.12 Vacancy numbers will improve to an extent in Sept across the board – however a small number of these staff will be overseas and will require OSCI / Islets support and therefore will need ongoing support and have implications in regards to staffing management in the areas affected.

5.9.13 Ward 1 SSS on the HWD site flexes in regards to demand therefore creating staff fluctuation and pt movement / work about to be commenced alongside DSU on the HWD site to look at overall management of capacity / economies of scale to potentially be achieved in regards to utilisation of workforce.

5.10 Medicine Wexham Park Hospital (Summary prepared by Angela Ballard and Michelle Youens, Medical Directorate Head's of Nursing)

5.10.1 Wexham Park Medical directorate hold a significant amount of the Trust vacancies, 53% (167.89 wte) of the Wexham Park site vacancies alongside 76% (271) of the number of Red flags raised. This is an on-going challenge daily to ensure there is safe staffing across the directorate due to these vacancy levels. The senior nursing leadership team led by the Head of Nursing ensure daily that patient's safety and quality of care is not impacted, utilising additional temporary staffing where available.

5.10.2 Skill mix and staffing levels are discussed at every bed meeting to ensure there are safe staffing levels, moving staff across the directorate from lower acuity/demand areas. In addition, there has been excellent cross surgical directorate assistance with staff redeployment into medicine where required.

5.10.3 Where staffing remains an issue following directorate redeployment, clinical matrons step in to work clinically to support staff and patients' needs.

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5.10.4 The Directorates biggest vacancies are within AMU, Ward 9, MADU and the elderly care wards. Recruitment from overseas has been on-going; the challenge has been small numbers arriving at any one time which creates a challenge to support their needs. Work is underway at Trust level reviewing this to improve the arrival of overseas nurses.

5.10.5 The Medical Directorate has a strong band 7 team with a full complement of matrons in post to support the ward staff and junior team members; this has aided clinical guidance and supervision within the wards.

5.10.6 To assist with the staffing gap and the vacancy levels the Medical directorate continue to look at different patient pathways to improve patient's experience but that also assists with the nursing workforce requirements. Utilising our beds differently in Cardiology by creating a diuretic lounge within our current bed stock to reduce the need for overnight patient stays has been one successful initiative.

5.10.7 We have successfully recruited a number of specialist nurse roles including an MS specialist nurse to try and reduce patients' length of stay and admission avoidance.

5.10.8 Recruitment of a number of band 4 roles to support the qualified teams on AMU has been successful; this has helped maintain patient safety where there are Registered Nurse gaps in the workforce. The Band 4 nurses have an extended role in supporting the needs of the patients and registered nurses.

5.10.9 Focus on ensuring the experience of final year students has been an area within Medicine that has significantly improved over the last year, with many of them now joining the directorate post qualifying.

5.10.10 Discussions are currently underway with the MOD, exploring placing military nurses within the directorate's acute medical wards. This would significantly assist in improving the nursing workforce gaps but also to give both military and civilian Trust staff the experience of collaborative working and learning.

5.10.11 The senior Medical Directorate team includes the AD, Directorate financial accountant and Head of Nursing. Weekly meetings include discussions of staffing and any risk areas which are then immediately mitigated against in collaboration with the directorate Matrons and Senior Sisters.

5.10.12 The Medical directorate is currently embracing the Trusts Nursing and Midwifery grow your own strategy that's being developed and combining this with current in-house development. From October, the Medical Directorate will be piloting the band

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5 assessment day model at Wexham to enhance both the candidate recruitment experience but also improve the quality of candidate recruited.

5.10.13 The Directorates biggest challenge is staff moral due to the registered nurse vacancies. The senior nursing teams are spending time within the clinical areas to listen and support staff and to feed back the actions that are being taken forward.

5.11 Emergency Department

5.11.1 The Emergency department have successfully recruited to the majority of their vacancies, with a number of returning staff that previously worked within the Trust. The department has an excellent education and training programme and the unit fosters a 'grow your own' strategy

5.11.2 The success of the unit has developed; we continue to see staff that has started work on the unit as student nurses wanting to return post qualification as registered nurses.

5.11.3 The development of new roles and the new ED building plus flexible working patterns is making the Emergency department an attractive place to work.

5.11.4 We continue to look at extended roles for the nursing workforce to assist in the patient experience and are also looking for ED staff to support other acute areas within Medicine.

-------------------- End of Report --------------------

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Tab 13 Trust Recruitment Reports

Frimley Health NHS
NHS Foundation Trust

Report Title	**Resourcing Update**
Agenda Number	13.
Report type	This paper is for noting
Prepared by	Tom White, AD Resourcing
Executive Lead	Janet King, Director of HR
Executive Summary	This paper reviews the progress that has been made to improve recruitment practices across the Trust and reduce vacancies across various staff groups. This report highlights that significant progress has been made in terms of recruiting to 'hard to recruit' positions however nurse recruitment remains a key risk. This report precedes the Trusts Recruitment and Retention Strategy which will be presented and discussed at the Board in October, along with a 'deep dive' report into current retention trends.
Background	In February 2017 we set agreed trajectories to reduce vacancies for the Nursing and Midwifery and Medical staff groups and put in place Recruitment and Retention action plans to support this work. This paper details both the progress which has been made but also the challenges ahead.
Issues and Options	• We continue to face challenges recruiting both UK and International nurses which is hindering our ability to decrease vacancy rates. There has however been a 70% increase in the number of students we are recruiting at Wexham Park Hospital and we are now recruiting students who have been trained in neighbouring hospitals • There has been a considerable amount of work undertaken to try and recruit to the 'hard to recruit' positions within Allied Health Professionals so to minimise the risk of vacancies and decrease agency spend. The Trust does however continue to face challenges in recruiting and retaining staff in specialist roles (including Therapists and Orthoptists), especially given the competition from the private sector, who can offer higher wages. • Despite a very challenging labour market, the overall medical vacancy rate has decreased and we have made progress in recruiting to hard to recruit medical positions.
Recommendation	To note work currently taking place
Appendices	**Appendix A:** Nursing Vacancy Trajectory **Appendix B:** Allied Health Professionals vacancy breakdown **Appendix C::** Medical Vacancy Trajectory

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Tab 13 Trust Recruitment Reports

1. Nursing

1.1 International Recruitment in 2017

So far 2017 has been a very challenging year in terms of nurse recruitment (we are currently achieving an average of 22 nurse starters per month so far in 2017 compared to 31 per month in 2016). The key factor has been a 70% reduction in the number of nurse candidates we have been able to recruit from Europe. This is a national issue and in May the NMC reported that there had been a 96% decrease in the number of EU nurses registering with the NMC (from 1,304 in July 2016 to 46 in April 2017).

To respond to the decreased supply of European candidates we have taken a number of actions including partnering with four new international recruitment agencies. We have adopted a consistent approach to our interviewing standards to ensure each nurse meets the skills and knowledge required for the Trust to support our retention strategy. So far in 2017 we have recruited 31 EU nationals compared to 94 during the same period last year, a decrease of 70%. In regards to International nurses (non-EU) we have recruited 25 compared to 23 in the same period last year.

Whilst we are making every effort to increase the supply of candidates from the Philippines this continues to be a difficult and challenging market. We have recruited approximately 80 Filipino nurses who are currently waiting to start with the Trust however the process is taking between 9-12 months. There is a high level of competition and unfortunately instead of improving the process both the Home Office (UKBA) and the NMC continue to introduce new rules and restrictions which is making it more difficult and complicated for non-EU nationals to be able to work as nurses in the UK.

1.2 UK Recruitment in 2017

The NMC reported in July 2017 that for the first time in recent history the numbers of nurses leaving the profession are now outstripping the numbers joining, with this trend most pronounced for UK nurses and midwives who make up around 85 per cent of the register (Between 2016 and 2017, 45 per cent more UK registrants left the register than joined it for the first time). The data also showed that more nurses and midwives are leaving the register before retirement age with a noticeable increase in those aged under 40 leaving. The NMC conducted a survey of more than 4,500 nurses and midwives who left the register over the previous 12 months. Excluding retirement, the top reasons given included working conditions, (including issues such as staffing levels), a change in personal circumstances (such as ill health or caring responsibilities) and a disillusionment with the quality of care provided to patients

Despite the challenges outlined above, we have been able to recruit an average of 13 UK nurses a month so far in 2017, which is at the same level we achieved in 2016 (which was an increase of 35% from 2015). We have attended a variety of university and national career events to promote Frimley Health and have created a talent pool of candidates. At Wexham Park we have seen a significant increase (over 70%) in the number of students were are employing (planned intake of 51 this September 2017 compared to 15 in 2016). Importantly 23 (of the 51) students being employed at Wexham Park this September have trained at other hospitals and have chosen to join us rather than their host hospital. Key reasons given for this is our preceptorship programme, the training and development we provide and our reputation as a supportive employer. If we can successfully retain these staff and keep up this level of student recruitment activity then we will be

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well placed to both reduce vacancy rates in the long term and reduce our reliance on international recruitment (which costs significantly more). We are aware as part of this strategy that the loss of the nursing bursary could have a negative impact so we will work closely with Clinical Education to understand the student numbers which are coming through.

We are currently in the process of recruiting Military of Defence (MOD) staff to Wexham Park Hospital for the first time. Since 1996 Frimley Park has hosted a ministry of defence hospital unit and the military staff are integrated into the hospital workforce to treat both military and civilian patients. MOD nurses are trained to a high standard and been a great asset to Frimley Park Hospital over the years. The first ten MOD nurses are planned to join Wexham Park in September and if this goes well it is envisaged that more will follow.

Table 1 below shows that when benchmarked with local Trusts we continue to perform better in terms of our ability to recruit and retain nurses. We are however very concerned about the state of the labour market for nurse recruitment and we believe that if the supply of nurses from both the UK and Internationally does not improve, then this could create significant risks going forward.

Table 1. *Recruitment Benchmarking, Qualified Nurses (June 2016 - May 2017), source: NHS Iview*
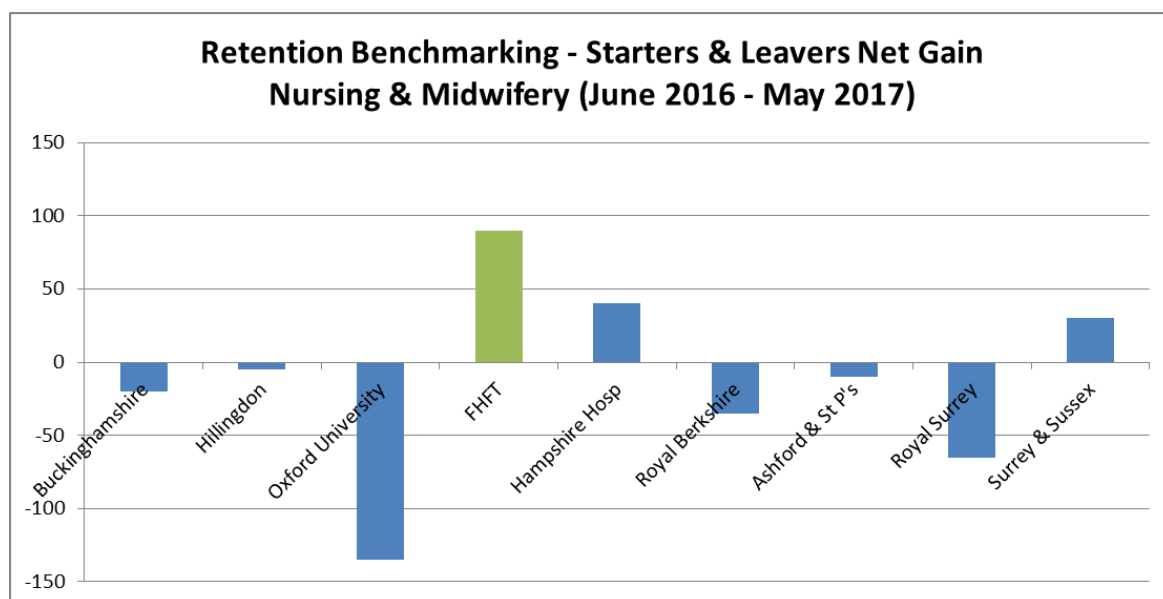
We are rolling out new ways of recruitment this year into 2018 by introducing Nurse Assessment centres across Frimley Health in order to reduce the number of adverts appearing on NHS jobs for all different departments, avoid duplicate applications from one candidate as well as setting a Trust standard for nurses skills & knowledge. The assessment centres will be running every two weeks on each site. We have trialled the assessment centres within the Medical directorate at Frimley Park Hospital to positive feedback from Staff and have dates scheduled for 2017 and 2018.

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1.3   Performance against 2017 nurse vacancy trajectory (Appendix A)

In the last board update we produced a nurse vacancy trajectory which sets out a plan to reduce the qualified vacancy rate from 10.1% (258 wte) to 7.9% (203 wte) by December 2017. The

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trajectory was based on the assumption that international recruitment would remain similar to the level of 2016 and that turnover would decrease further.

Whilst the numbers of nurses employed by the Trust has increased (1951 nurses employed by the Trust in Feb 2016 compared to 2298 in June 2017 (includes approximately 150 transfers from other services)) overall the Trust vacancy rate has increased to 14%. This increase is primarily due to the result of increase in budgets and at ward level the average vacancy rate has decreased from 3.4 wte in Jan 16 to 1.9 wte in June 2017 (with the notable exception of some Medicine Wards at Wexham). This indicates that we have been successful in decreasing the vacancy rates on the majority of wards however we are struggling to respond to increase demand for nurses.

The revised nurse trajectory (Appendix A) reflects the fact that we plan to recruit approximately 90 student nurses in September / October. We have also assumed that turnover rates remain static and that our current recruitment activity remains stable. Unfortunately what the trajectory shows us is that we are unlikely to be in a position to significantly decrease vacancy rates unless there are significant changes in the labour market.

2.   Allied Health Professionals

There has been a considerable amount of work undertaken to recruit to 'hard to recruit' positions within Allied Health Professionals so to minimise the risk of vacancies and decrease agency spend. Appendix B shows that the overall vacancy rate for AHPs is 9.2% which is below the Trust average. The Trust does however continue to face challenges in recruiting and retaining staff in specialist roles (including Therapists and Orthoptists), especially given the competition from the private sector, who can offer higher wages.

2.1   Radiographers

We have made strong progress in the recruitment of Radiographers so far in 2017, with 18 new starters (10 at FP and 8 at WP) and we have decreased the vacancy rate to the planned 16% as detailed in the previous board report. There are currently a further 14 candidates who have been recruited and offered positions and are currently undertaking pre-employment checks, due to start over the next couple of months. Once these staff have joined then we plan for the vacancy rate to decrease to 10% by Dec 2017.

2.2   Theatres (Operating Department Practitioner (ODP's) / Anaesthetic Practitioner

Operating department practitioners (ODPs) / Anaesthetic Practitioners are an important part of the operating department team working with surgeons, anaesthetists and theatre nurses to ensure surgery is as safe and effective as possible. ODPs / Anaesthetic Practitioners are degree educated professionals who are registered with the Health and Care Professionals Council. The role can also be carried out by registered nurses who have completed the anaesthetics course, and the Trust has a planned programme to put our own nurses through this course.

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During the last 12 months a total of 16 Anaesthetic Practitioners have left the Trust (13 at Frimley Park and 3 from Wexham Park) which equates to a 33% turnover. The high turnover at Frimley Park has been linked to the removal of the R&R premium. Currently existing staff at Frimley Park are in year two of a three year phase out on their R&R premium. They have reduced from 15%, to 12% in year 1, 6% this year, and 2% next year. Feedback form staff indicates that this has been a factor in an increase in turnover however it should be noted that local trusts (including Surrey and

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Sussex Healthcare, Kingston Hospital and Ashford and St. Peter's) are not currently offering an R&R premium.

The table below shows that the vacancy rate for ODP's/Anaesthetic Practitioners is currently 21% (a decrease from 27% report in Feb 2017)

Site Name	Budget Total	Actual FTE Total	Vacancy FTE	Vacancy % Jun 17	Vacancy % Total Feb 17
Frimley Park	82.6	65.3	17.3	20.9%	29.7%
Wexham Park	64.1	50.0	14.1	22%	23.1%
Grand Total	**65.47**	**47.56**	**17.91**	21%	27.4%

For the last six months HR teams have been working closely with Theatres management teams in order to try and increase recruitment activity. The following actions have been completed:

- ODP adverts have been revised (job title amended to Anaesthetic Practitioner) to include a £3,000 Golden Hello plus 8 weeks subsidised accommodation.

- Recruitment events for Theatres nurses and ODPs have taken place on both sites which have resulted in twelve offers being made (six for each site).

- Some Band 5 ODP vacancies have been converted to Band 6 (avoiding a cost pressure) to support career development within the department.

- ODP student places have been increased for 2017 (HWPH have 10 places & FPH have 15).

3.   Medical Staff

The NHS does not have the number of doctors it needs; there is a national shortage. The proportion of doctors joining specialist training in the UK – including general practice – has fallen for the fifth year running, with just over 50% of doctors who completed the foundation programme going on to enter British specialist training. This is compared with 71% in 2011 (figures from the UK Foundation Programme Office).

There is a national plan to increase medical student numbers starting in 2018 with a planned increase of 1500 medical students per year.

Many doctors are choosing to work abroad where the workload is less onerous and patients have less complex medical issues. There are a number of specialties that are recognised formally on the government shortage occupation list. These are;

All grades in Paediatrics All grades in Emergency Medicine
All grades in Clinical Radiology
All grades in old –age Psychiatry

The Trust has been actively advertising vacant positions (both print, online and through social media) in order to reduce vacancy risks and the increased agency / locum costs which this creates. Domestic and international recruitment continues.

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Tab 13 Trust Recruitment Reports

3.1 Recruitment activity in 2017

We have increased medical (trained) recruitment activity in 2017 and have so far appointed to 59 positions (33 at FP and 26 at WP). These appointments include 28 consultants (16 at FP and 12 at WP). There has been a focus in recent months to appoint to positions currently being filled by high cost locums in specialties such as Gastroenterology and Dermatology so to reduce agency spend. We are also working with a new recruitment agency (MSI) to recruit ED consultants from Qatar and are also exploring other options in terms of international recruitment.

3.2 Medical Vacancy Trajectory (Appendix C)

In February 2017 we informed the board that we planned to reduce the medical (trained) vacancy rate from 6.8% to 4.8% by December 2017. This decrease has already been achieved and therefore we have set a revised trajectory (Appendix C) to reduce the trained medical vacancy rate to 3% by June 2018.

4.   Recruitment Achievements in 2017

4.1 TRAC Recruitment System

There is a significant amount of work taking place which aims to enhance and improve the Trusts recruitment and selection processes. A recent independent benchmarking exercise concluded that our 'total time to recruit' was the 9th fastest out of 73 Trusts who participated. Whilst this data is encouraging, we are also considering significant changes and enhancements to improve our performance further, including streaming occupational health checks and creating a more 'personalised' service with greater emphasis on HR teams supporting candidates and recruiting managers.

4.2 Online Advertising / Social Media

In 2017 we have been incorporating social media advertising across departments & specialities, and are working together with and external social media company develop our strategy further. The purpose of this project is to bring all of the social media pages (Facebook, Linked In, Twitter, and Instagram) together into one Frimley Health Brand. The aim of the project is to improve Frimley Health awareness and engagement via social media so that from a resourcing perspective we can attract more candidates to job roles.

One of the key benefits of using social media (Facebook and Linkedin) is the highly customisable nature of advertising which allows us to directly target potential candidates based on characteristics such as their location, education level, industry they are currently working, course they are currently studying or studied before and current job roles. As a result we have seen an increase number of applications and a better calibre of candidates applying for the jobs that has been advertised via Social media.

4.3 Careers Website

Working together with Communications team we have revamped the look of Frimley Health careers page with increased functionality and navigation which is mobile phone and tablet friendly and makes finding the information easier for external candidates.

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Tab 13 Trust Recruitment Reports

Appendix A: 2017 Nursing Vacancy Trajectory

Trust Level Nursing and Midwifery (Qualified) Vacancy Trajectory wte 2017/18 (95% Establishment)
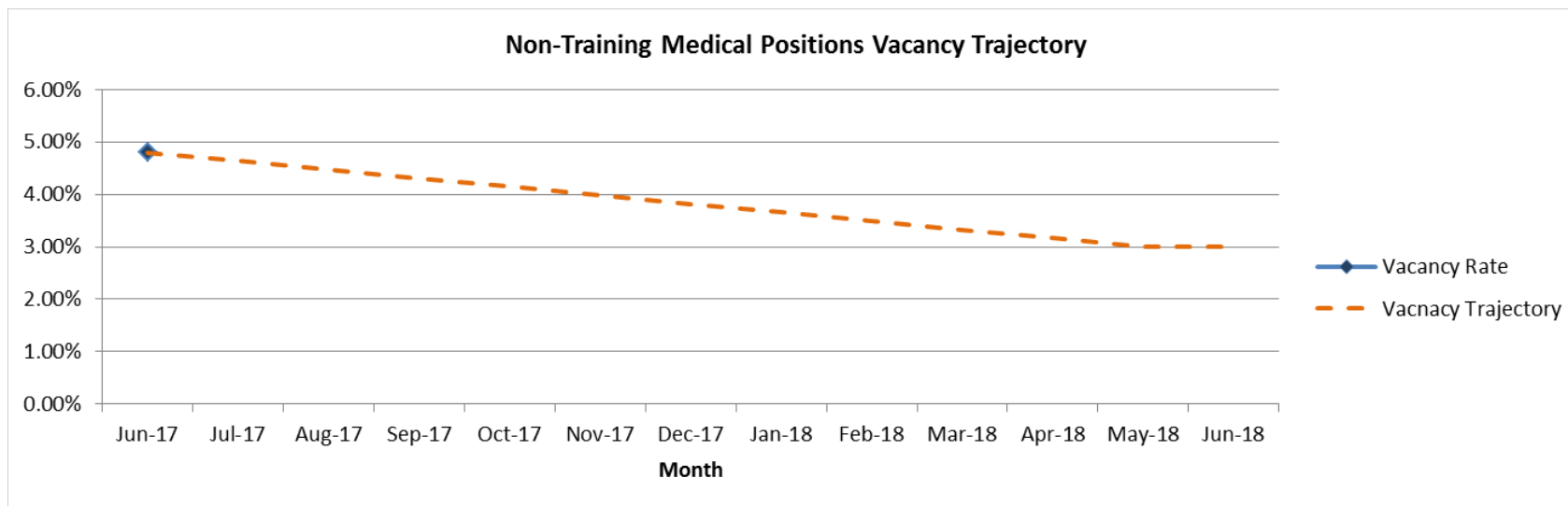*Source: ESR*
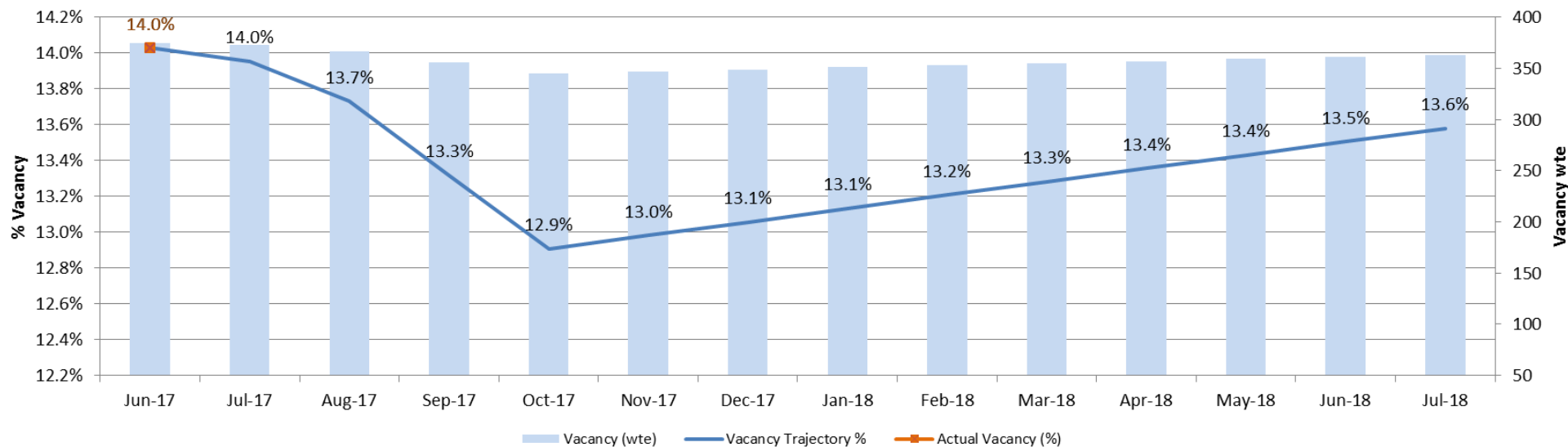
Future Recruitment Activity	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
UK (including Recruitment Days)	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0
Student Intake	0.0	5.0	8.0	13.0	13.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Philippines Intake	3.0	5.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
European Recruitment Intake	2.0	2.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Total Planned / Actual new Starters	23.0	30.0	34.0	39.0	39.0	26.0	26.0	26.0	26.0	26.0	26.0	26.0	26.0	26.0

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Appendix B: 2017 Allied Health Professionals vacancy breakdown

Hospital Site	Job Role	Budget (wte	Actual (wte)	Vacancy (wte)	Vacancy %
151 Frimley Park Hospital	Dietetics	22.3	22.3	0.0	0.1%
	Therapists	41.0	32.5	8.4	20.6%
	Orthoptists	10.8	6.9	3.9	36.1%
	Physiotherapists	92.0	91.3	0.7	0.7%
	Radiography	57.6	54.2	3.4	5.9%
	Speech and Language Therapists	8.7	8.1	0.6	6.9%
151 Frimley Park Hospital Total		*227.4*	*215.3*	*12.1*	*5.3%*
429 Wexham Park & Heatherwood Hospitals	Dietetics	9.4	9.4	0.0	0.0%
	Therapists	42.3	34.2	8.1	19.2%
	Orthoptists	1.0	1.0	0.0	0.0%
	Physiotherapists	52.9	52.9	0.0	0.0%
	Radiography	80.2	61.8	18.4	22.9%
	Speech and Language Therapists	10.0	8.4	1.6	15.5%
429 Wexham Park & Heatherwood Hospitals Total		*194.3*	*167.7*	*26.6*	*13.7%*
Grand Total		*421.7*	*383.1*	*38.6*	*9.2%*

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Tab 13 Trust Recruitment Reports

Appendix C: Medical Vacancy Trajectory

Medical Workforce Dashboard July 17					
Non-Training Medical Positions	**Vacancy (Source ESR)**				
Hospital Site	**Budget (wte**	**Actual (wte)**	**Vacancy (wte)**	**Vacancy %**	**Vacancy % Feb 17**
Frimley Park Hospital	277.0	266.3	10.6	3.8%	1.2%
Wexham Park & Heatherwood Hospitals	256.5	241.7	14.9	5.8%	12.0%
Grand Total	*533.5*	*508.0*	*25.5*	*4.8%*	*6.8%*
Training Medical Positions	**Vacancy (Source ESR)**				
Hospital Site	**Budget (wte**	**Actual (wte)**	**Vacancy (wte)**	**Vacancy %**	**Vacancy % Feb 17**
Frimley Park Hospital	253.1	242.1	11.0	4.4%	-1.4%
Wexham Park & Heatherwood Hospitals	248.5	252.8	-4.2	-1.7%	0.5%
Grand Total	501.6	494.8	6.8	1.4%	*0.9%*

Tab 13 Trust Recruitment Reports

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Tab 14 Corporate Risk Assurance Framework

Committed To Excellence | **Working Together** | **Facing The Future**

Frimley Health NHS
NHS Foundation Trust

Report Title	**Corporate Risk Assurance Framework – August 2017**
Meeting	Board of Directors (Public)
Meeting Date	1st September 2017
Agenda No.	14.
Report Type	To present Frimley Health NHS Foundation Trust's high level risks to the Board of Directors
Prepared By	Debbie Barrow Governance Manager
Executive Lead	Sir Andrew Morris Chief Executive
Executive Summary	The Frimley Health Risk Assurance Framework (RAF) is the primary mechanism for high level risk management within the organisation. This report summarises the discussions regarding 'high level' risks facing Frimley Health NHS Foundation Trust at the June 2017 meeting of the Corporate Governance Group. The method of scoring risks to categorise them as high, moderate and low risks is based on a '5 x 5' matrix. The risk rating is reached by scoring impact/consequence and likelihood on a scale of 1-5 and multiplying these together.
Background	Frimley Health NHS Foundation Trust is dedicated to establishing an organisational philosophy that ensures risk management is an integral part of corporate objectives, business plans and management systems. Compliance with legislative requirements is only a minimum standard. The specific function of risk management is to identify and manage risks that threaten the ability of the Trust to meet its objectives.
Issues / Actions	In this version of the RAF, there are 2 extremely high graded and 10 'high' graded identified and these are summarised in the attached paper. Two risks were regrrded and one new risk identified
Recommendation	The Board of Directors is asked to note the high level risks included in the Trustwide Risk Assurance Framework
Appendices	Corporate Risk Assurance Framework – August 2017

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Tab 14 Corporate Risk Assurance Framework

Frimley Health NHS
NHS Foundation Trust

Committed To Excellence   Working Together   Facing The Future

Risk Assurance Framework - Risk Scoring Guide

Risks included in the Risk Assurance Framework (RAF) are assessed as extremely high, high, medium and low based on a Impact/Consequence x Likelihood matrix.   **Impact/Consequence**- The descriptors below are used to score the impact/ consequence of the risk occurring. If the risk covers more than one column, the highest scoring column is used to grade the risk.

Level	Descriptor	Risk Type			
		Injury/Harm	Service Delivery	Financial	Reputation/Publicity
1	Negligible	No injuries or injury requiring no treatment or intervention	Service Disruption that does not affect patient care	Less than £10,000	Rumours
2	Minor	Minor injury or illness requiring minor intervention. < 3 days off work if staff	Short disruption to services affecting patient care or intermittent breach of key target	Loss of between £10,000 and £100,000	Local media coverage
3	Moderate	Moderate injury requiring professional intervention RIDDOR reportable incident	Sustained period of disruption to services/sustained breach of key target	Loss of between £101,000 and £500,000	Local media coverage with reduction in public confidence
4	Major	Major injury leading to long term incapacity requiring significant increased length of stay.	Intermittent failures in a critical service Significant underperformance of a range of key targets	Loss of between £501,000 and £5M	National media coverage and increased level of political/public scrutiny Total loss of public confidence
5	Extreme	Incident leading to death Serious incident involving a large number of patients	Permanent closure/loss of a service	Loss of >£5M	Long term or repeated adverse national publicity Removal of Chair/CEO or exec team

High Risk Tracking Matrix

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

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Tab 14 Corporate Risk Assurance Framework

High Risk Summary August 2017

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	
Corporate Objective 1: Pursuing the highest level of quality, patient experience and clinical outcomes										
A	Nurse Staffing Capacity	FPH/WPH	4	4	16	8				Nov-12
B	Bed Capacity	FPH/WPH	4	4	16	4				Jul-15
C	Recognition of Deteriorating Patient	FPH/WPH	4	4	16	6				Apr-15
D	Critical Care Capacity	FPH/WPH	4	4	16	6				Jun-15
E	PACS/RIS System at WPH	WPH	4	4	16	6				Jan-17
F	A&E 4-hour target	FH	4	5	20	8				Sep-12
G	Medical Staffing Capacity	FH	5	3	15	8				Nov-12
H	Management of Patients with Mental Health issues & Learning Disabilities	FH	5	3	15	4				Oct-16
I	Cardiology	WPH	4	4	16	4				Jul-17
Corporate Objective 2: Transforming our infrastructure										
J	Delivery of Informatics Strategy 2017/18	FH	4	4	16	4				Apr-13
Corporate Objective 3: Developing our Staff and our Culture										
K	Participation in Mandatory Training & Appraisals	HWP/FPH	4	4	16	4				Jan-12
Corporate Objective 4: Breaking through traditional healthcare boundaries										
Corporate Objective 5: Keeping Control of Resources & Delivery Key Standards										
L	Failure to achieve Medium Term Financial Sustainability	FH	4	5	20	4				Sep-11
Corporate Objective 6: Developing sustainable clinical services										

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Tab 14 Corporate Risk Assurance Framework

Risk Name	Current Risk Rating	Actions	Assurance
Failure to achieve financial sustainability (FPH/HWPH)		1. Project Initiation Documents to be produced for all remaining savings schemes. 2. Quality Impact assessments to be completed for all remaining schemes. 3. Head of PMO appointed to ensure that all schemes are tracked and remedial actions developed where necessary. 4. Medium-term transformation projects to be developed. 5. CIP under achieving, over spend on medical staff	• Reported to Board through Financial Assurance Committee.
A&E 4-Hour Target Risk to Monitor governance rating due to failure to deliver A&E 4 hour target as per trajectory reaching 95% in March 18, potential 12-hour breaches, and pressures on bed capacity and patient flow with potential to impact ability to deliver routine and critical services, delay in patient treatment, quality of care, and patient safety..		1. Remedial action plan regarding patient flow and discharge 2. Review 7 day provision in line with national requirements 3. Increase the number of pathways applicable to AECU 4. Work needed with social care on delays 5. To finalise the trigger tool and operational directives to take to HEB 6. Monitoring of any 12-hour breaches to ensure patient safety is maintained 7. To put Cardiologist in ED to work alongside clinicians 8. General Medicine consultants to work a late shift 1-10 from July 9. Additional GPs to assist in ED 10. New Ambulatory Care Unit (ACU) at FPH opened Feb 17 11. Physicians now in ED at WPH 12. Care Home beds/packages under consideration 13. 22 community beds out of system in April 14. Emerging standard 90% for 1/10/17 and 95% thereafter 15. Reviewing GP streaming model to be in place by 1/10/17 16. Better staffing with Middle Grades (recruitment in Qatar) 17. Visit to Luton & Dunstable ED, findings presented to CQC Workshop, actions to be taken to be discussed at September HEB	• Weekly performance meetings. • Daily monitoring of breaches of A&E 4 hour target. • Daily alerts to CEO. • Performance on standard reported directly to the Board. • Reviewed by Hospital Executive Board and Quality Assurance Committee on behalf of the Board.
Delivery of Informatics Strategy 2016/17 Risk of failure to deliver the Informatics Strategy 16/17 as a key part of the quality and efficiency objective.		1. Informatics board to confirm programme 2. Clinical Leads identified for each project 3. Transformation suppoort to be sought for each major project 4. Clinical IT lead appointed 5. Nurse lead to be appointed. 2nd advert for Nurse lead published, to interview November 16 6. To retest sequencing of various initiatives, to bring combined PAS system forward to mitigate records issues 7. The capacity of the Informatics Team to deliver the IT Strategy is under review.	• Reviewed by Informatics Board with key outcomes reported to the Board via the Hospital Executive Board
Potential risk to patient care due to nursing staff capacity (FPH &HWPH)		1. Multiple retention schemes being explored at Corporate and local level 2. Temporary staffing workstreams 3. Further European recruitment and RR action plan in place 4. Specialist nurses offering support to wards areas and practice development team undertaking clinical shifts. 5. A vacancy trajectory is in place to further decrease the vacancy rate to 11% by Sept 2017 6. Turnover at WP has decreased significantly from 25% to 16% 7. New exit process launched in January to improve intelligence regarding causes of turnover	• Recruitment progress reviewed at Weekly Ward Moves meeting, chaired by Deputy COO • Board will receive assurance via the Quality Assurance Committee • Workforce Group established which monitors management of risk, reporting into Hospital Executive Board

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		8. In April the Trust recruited 42 qualified nurses (compared to 25 in April 17). Overall despite a challenging labour market we are on course to reduce nurse vacancy to 9% by the end of the year. 8. New nursing governance group formed in Feb 17 with specific focus on reducing nursing turnover and improving recruitment processes. 10. 40 nurses recruited from Philippines (via Drake) and will be starting from Mar 17. A further 35 recruited in August. 11. Revise Open days to increase attendance and experience of potential candidates. Increased attendance at external recruitment open days e.g. RCN careers fairs. 12 Currently exploring new partnerships with recruitment agencies to increase the supply of staff from Europe and International. 13. Report to BOD September 17 14. Agreement for 100 MOD nurses at Wexham	
Participation in Mandatory Training & Appraisals		1. E-learning packages continue to be rolled out and technical issues being addressed. 2. Alternative delivery methods to be employed, e.g. hosting training in workplace where possible. 3. Development of single metric for inclusion on Trust and divisional balanced scorecards. 4. Follow up paper to Quality Committee with update on progress 5. New Policy now launched - Acheived 6. Temp p/t post to help with system integration. 7. Report scheduled for the Board meeting in November 8. An improvement of 8% observed in apparaisals 9. Subject Training Leads meeting monthly 10. Hot spots and priorities identified and presented at Quality Committee, tatrgetting shortfalls that may impact on patient safety 11. To evaluate e-learning to assess impact on training requirements 12. Monthly report with compliance and RAG status sent to all SME's MAST group now established to include SME's and review training on a regular basis 13. All specialities tasked with achieving 85% by 1/10/17 in high risk submect matter by CEO	• Board will be updated via the Trust Corporate Governance Group • Workforce Group established which monitors management of risk, reporting into Hospital Executive Board
Bed Capacity Risk to patient experience due to potential for lack of sufficient bed capacity to meet demand during Winter months 15/16		1. Work with NE Hants on Vanguard scheme to provide integrated care hubs to reduce admissions to FPH 2. Driving Vanguard & Integrated Care teams to improve flow 3. New working practices being trialled 4. Care Home packages, appointment of 8 care assistants to assist Hants Social Care 5. Emergency workload increase 13% at WPH and 6% at FPH in first 6 months 16/17 6. Nursing home trial to commence on 1/11/16 with 5 beds in conjunction with Hants Social Care at Freelands 7. Ambulatory care to be provided, 7 days a week, 10 hours a day 8. New Abmulatory Care Unit (ACU) to open at FPH Jan 2017. 9. Aquisition of Fleet Hospital Ward (17 beds) + 4 Integrated Care Teams Jan 2017. 10. FPH setting up a hospital hub for the Integrated Referral Information Service (IRIS). 11. Reviewed use of Ward 1 Heatherwood for medical long stay patients 12. Submitted bed capacity to NHSI to achieve 87% capacity for winter	• 6-monthly updates presented to BOD

Tab 14 Corporate Risk Assurance Framework

		13. Schemes being looked at to bridge gap including reducing LOS in ortho, ambulatory care position at 'front door' in an effort to keep conversion rate down	
Critical Care Capacity Risk of poor outcome through failure to provide sufficient flow out of ICU and to generate increased level 2 capacity outside of Critical Care, potentially impacting on flow out of A&E		1. Critical Care Delivery Groups on both sites workstreams 2. Directors of Operations measuring flow 3. Requires discussion with Commissioners regarding support for increasing capacity 4.Data on discharges from Recovery to be captured o performance report and directorate dashboards 5. Launch HDU at WPH Q4 16/17 6. Cross-site Critical Care Strategy to be developed end Q4 16/17, drafted and out for comment 7. Difficulties in recruiting to Critical Care Consultant posts at Wexham 8. New MADU at WPH live June17 9. Critical Care Strategy Meeting met 21/6/17, concluded need more capacity for level 3	• Work of Trustwide M&M Committees monitored through Quality Committee and reported to Board verbally by Medical Director
Medical Staffing Capacity Risk of inadequate, appropriately trained staff, particularly in Middle and Junior Grades in A&E and Middle Grade Surgeons and difficulty in recruiting, with potential to impact on, and cause delays to, patient diagnosis and treatment, and lead to clinic cancellations, gaps in the on-call rota, lack of immediate urgent specialty support and compromise patient care.		1. Recruitment & retention schemes implemented for ED and surgery 2. Specialty doctor grade rota to be reviewed (comparison of numbers per activity needed to compare both sites) 3. Review of Medical Staffing & Manpower Coordinator role completed 4. Trust-wide workforce planning exercise commencing in September 2017 5. Review of high cost locums completed monthly and recruitment plans adjusted accordingly 6. Big push on overseas recruitment especially for ED and general surgery 7. Implementation of latest guidance from NHSI with additional challenges 8. Locum agency bookings are now centralised at FPH apart from ED and anaesthetics; their centralisation is planned for September 2017 9. There are plans to form a shared doctor bank with Ashford and St Peters, Chertsey and the Royal Surrey County Hospital, Guildford and to extend this to cover the North of the FHFT patch – a benefits paper is going to be presented at Top Team 10. There are currently rolling adverts on NHS jobs for both ED and general surgery doctors of specialty doctor level and junior doctor grade 11. IR35 having a greater impact than first envisaged due to locums withdrawing from shifts at short notice 12. Skype Interviews (Qatar) taking place in May for junior /middle grade positions. 9 recruited so far.	• Board will receive assurance via the Quality Assurance Committee. • A Workforce Group established to monitor management of risk, reporting into the Hospital Executive Board.
Electronic Document Management System (EDMS) There is a risk that Trust staff (non IM&T) do not have sufficient IT skills to support an electronic patient record and that the organisation is not ready to move to an electronic solution, for example having multiple manual systems and forms that may need to be streamlined before going electronic		1. EDMS steering group monitoring all major risks to go-live. 2. 'Forms' committee established with clinical leadership to attempt to streamline data capture. 3. Clinicians being briefed through standing item on HEB agenda. 4. 'Go Live' programme to commenced 30/1/17 5. Each speciality to ensure relevant staff have completed EDMS training package & to be clear where they are in EDMS roll out programme 6. Each ward to risk assess position in terms of ward clerks and numbers of discharges each day 7. Floor Walkers to be available to support implementation & to provide out of hours advice via telephone 8. Further work is required in the following areas: consent, legacy notes and availability of IT equipment	• Reviewed by the Informatics Board, with key outcomes reported to the Board via the Hospital Executive Board.

Tab 14 Corporate Risk Assurance Framework

		9. Phase 1 successfully in place 10. Level of floorwalking and remote support appears to be sufficient to support staff with technical issues. Good quality training has helped mitigate this risk 11. Last phase of roll out, project has progressed well, minor issues arimd scanning and scanning accuracy	
Recognition of the Deteriorating Patient Risk of poor outcome through failure to recognise a patient with a deteriorating condition. To ensure that all clinical staff have the right skills, knowledge and tools to recognise & deliver timely treatment to the deteriorating patient.		1. Resus Team now functioning 8-8 on both sites. 2. To ensure that all relevant staff have received ALERT training 3. Medical Director nominated Exec Lead for Critical Care - November 2016. 4 National Early Warning System (NEWS) launched and implemented across FPH and WPH sites. 5. Training Needs Analysis for the Management of the Deteriorating Patient including Alert course to be reviewed and prioritisation given to senior medical staff in training 6. To review 'Hospital at Night' and make recommendations to standardise arrangements across Frimley Health 7. Cross-site audit of compliance to be undertaken in December 2016. 8. Triggers for high level care increasing on Wexham Park site with failure to escalate deteriorating patient 9. Early sight of audit of NEWS demonstrates escalation significantly improved 10. In depth review of recent cluster of SIs relating to deteriorating patient on Wexham site to be undertaken 11. Reduction in cardiac arrests 12. Marked improvement in Cardiac Arrest Audit, FHFT now at 30.60% against national average of 20% patients that survice a cardiac arrest in hospital and go home	• Work of Trustwide M&M Committees monitored through Quality Committee and reported to Board verbally by Medical Director
PACS/RIS System at WPH The current PACS/RIS system at HWPH is running on unsupported software and obsolete hardware, exposing the Trust to significant risk in the event of a failure. There is no disaster recovery in place, so if the system fails, the service will not be operational (there will be no access to PACS images throughout the Trust and the Radiology department processes will slow down) and the supplier have confirmed that extending any support will be on a best endeavours basis only.		1. Jan 17: PMO continue to work with the Business users to agree the way forward. 2. Decision made to implement Carestream 3. Commercial way forward under review, strategy needs to be agreed following initial meeting with Carestream 4. Further meeting to be held with Carestream 8/6/17 to discuss timescales & procurement approach 5. Once commercials resolved, to review assessment with Carestream to discuss sort term plans and longer term plan for migration with PACs/RIS at Wexham. 6. Digital environment moving to be Cloud based over time and this will be explored 7. Business case being developed	• Reviewed at IOG and IM&T Heads Meeting

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Tab 14 Corporate Risk Assurance Framework

Cardiology Interventional Service Potential risk to patient safety and patient experience due to staffing difficulties in maintaining continuity in pPCI 24/7		1. Spike in SIs from Cardiology 2. Lookback exercise of pPCI cases since 24/7 service started, Deputy Medical Director (FPH) reviewing on behalf of Medical Director 3. Temporary staffing changes leading to reduced numbers on pPCI rota 4. External case reviewer appointed	• Mortality Surveillance Group
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, to review with mental health colleagues the increase in number and complexity of these patients		1. Mental Health Crisis Group established with representation from Surrey Borders, Safeguarding & ED 2. Dashboard in place - reviewed at Mental Health meeting established with number of referrals, patients requiring sectioning under the MHA and specials, to be further refined 3. Specialist Simulation Training to be provided for key stakeholders including security team around accountability and duty of care when managing patients sectioned under the MHA including use of restraint 4. Ensure Medical Staff have training in MCA, DOLS and restraint 5. All patients sectionunder the MHA now highlighted & discussed at daily Bed Management meetings 6. Current risk assessment documentation under review to include restraint & placement of patient sectioned under the MHA, to form part of new Specials 1:1 Policy 7. Issues regarding weekend provision of CAMHS service 8. Mental health report presented to May Board of Directors 9. 'Managing Challenging Behaviour' incidents roles & responsibilities in-house awareness video being developed. On-line roll out anticipated end June 17 10. On Wexham site, plan to arrange meeting with LA leads to address lack engagement in finding placements for young people with behavioural issues admitted following DSH and deemed not to have MH issues by CAMHS 11. Mental Health post financing through STP 12. Learning Disabilities action plan complete 13. Continued weekend issues with CAMHS at FPH	• Annual Report to Board of Directors

Tab 15 Responsible Officer's Annual Report

Frimley Health **NHS**

NHS Foundation Trust

Report Title	**Responsible Officer's Annual report 2016/17**
Agenda Number	15.
Report type	• **Assurance** • **Endorse**
Prepared by	Claire Steel, Head of Medical Director Services and Kirsten Voss, Revalidation Officer (Medical Director's Office)
Executive Lead	Dr Tim Ho, Medical Director and Trust's Responsible Officer.
Executive Summary	The Board is asked to receive this report for the purposes of assurance on how the Responsible Officer is carrying out his legislative duties in particular relating to: medical appraisal, medical revalidation, pre-employment checks and managing concerns about doctors. Following the meeting the Chairman is asked to sign the Designated Body Statement of Compliance (Appendix F).
Background	The Responsible Officer role is set out in legislation[1]. NHS England requires responsible officers to produce an annual report and submit it to the Board. A Designated Body Statement of Compliance must be submitted to NHS England by end September every year.
Issues and Options	2016/17 was a successful year for medical appraisal. The trust has recorded an increase in appraisal rates of over 7 percentage points. Including approved deferrals[2] we have a compliance rate of 98.5% which is higher than our peers and against all sectors. Our higher rate of deferrals is deliberate so that doctors new to the UK are given a year to prepare for their appraisal which we believe results in appraisals that are more meaningful and of a higher quality. More information can be found in appendices A and B. In January the appraisal and revalidation lead, Mr Edward Palfrey demitted and his role is now split between the two deputy medical directors. Key work has been to establish the Medical Appraisal and Revalidation Governance

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[1] The Medical Profession (Responsible Officers) Regulations 2010
[2] Most deferrals are automatically granted to doctors who are new to the UK or have a significant period of leave (e.g. sick leave, maternity, sabbatical).

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Tab 15 Responsible Officer's Annual Report

	Group as a challenging and constructive committee. We have also completed another annual audit the results of which are discussed in the main body of the report and appendix D. Over the year ahead we will be looking at how we can improve the quality of the appraisals; both the supporting information provided by doctors and the appraisal summaries written after the meeting. This will align with work being done by the GMC to examine its own guidance.
Recommendation	That the Chairman signs the Designated Body Statement of Compliance and submits to NHS England.
Appendices	Responsible Officer's Annual report A – Appraisal Rate Summary B - Extract from Medical Revalidation Annual Organisation Audit (AOA) Comparator Report C - CRMS Appraiser Evaluation Summaries D - Medical appraisal content audit 2016/17 Summary of findings E - Audit of concerns about a doctor's practice 01/04/16 to 31/03/17 F - Designated Body Statement of Compliance

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Tab 15 Responsible Officer's Annual Report

Committed To Excellence **Working Together** **Facing The Future**

Frimley Health NHS
NHS Foundation Trust

Responsible Officer's Annual Report
Appraisal Year 2016/17

1.   Purpose of the Paper

1.1.   This report serves to inform the Trust Board on the progress made in relation to medical appraisal and revalidation for the appraisal year April 2016 to March 2017, highlight the areas of risk and outline planned actions to respond to those areas.

1.2.   The Board is asked to note the progress made in medical appraisal and revalidation. The Chair is also asked complete the Annual Designated Body Statement of Compliance (Appendix F).

2.   Background

2.1.   Medical revalidation aims to strengthen the way that doctors are regulated; improve the quality of care provided to patients; improve patient safety; and increase public trust and confidence in the medical system. Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that the Board will oversee the trust's compliance.

3.   Governance Arrangements

a.   Responsible Officer and Appraisal and Revalidation Lead

The Responsible Officer is a role designated in legislation to ensure that appraisal systems are in place to support doctors in delivering quality patient care. The Responsible Officer, Dr Timothy Ho, is assisted by a deputy medical director and part time revalidation officer on each site.

b.   Monthly reporting

Monthly reporting occurs as follows:
1.   Medical appraisal rates for both sites are incorporated in the monthly board performance report.
2.   Medical appraisal rates for each directorate are also included in the trust quality dashboards.
3.   Appraisal summary reports continue to be provided to the chiefs of service on a monthly basis highlighting those that are due or overdue an appraisal.

c.   Medical Appraisal and Revalidation Governance Group

The Medical Appraisal and Revalidation Governance Group oversees the Trust's implementation and development of medical appraisal and revalidation policy and processes. The membership includes three governors and the deputy medical directors. The group meets quarterly.

4.   Policy and Guidance

4.1.   The Appraisal and Revalidation policy has been reviewed and a final draft has been presented to the Local Negotiating Committee (LNC) in January 2016. A revised version has been sent back to the LNC for final approval following feedback.

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5.   Medical Appraisal

Appraisal Data

5.1.   <u>Frimley Park Hospital</u>

Between 1 April 2016 and 31 March 2017, 318 out of 359 doctors[3] completed an annual appraisal (Category 1) and a further 36 had an approved deferral[4] (Category 2). This resulted in a combined 98.6% compliance rate; an increase of more than 3 percentage points on the previous year.

5.2.   <u>Heatherwood and Wexham Park Hospitals</u>

Between 1 April 2016 and 31 March 2017, 274 out of 308 doctors completed an annual appraisal (Category 1) and a further 29 had an approved deferral (Category 2). This resulted in a combined 98.3% compliance rate; an increase of more than 10 percentage points on the previous year.

5.3.   Appendix A provides a detailed breakdown of the appraisal compliance for both sites for the appraisal period 01/04/16 to 31/03/17.

5.4.   The AOA comparator report (Appendix B) shows that compared to designated bodies in the same sector the trust is performing above average for completed appraisals and incomplete/ missed appraisals. This is a significant improvement on 2015-16 when we performed below our peers in the same sector. Specific actions were taken to improve these rates including adding an extra reminder a month earlier than previously. Also, reminders once an appraisal deadline has been missed are sent out far quicker than in previous years.

5.5.   There were a number of doctors whose job at Frimley Health is their first in the UK thus they require further work experience prior to having a meaningful appraisal. We set their first appraisal deadline one year from the date they commenced work in the UK, which may result in their appraisal due date being deferred into the next appraisal year. Other organisations will try to get an appraisal completed within the appraisal year, hence our higher "approved missed" appraisal rate. However, we believe our approach leads to a better quality and meaningful appraisal.

Appraisers

5.6.   <u>Number of trained appraisers</u>

As at 30/06/16 there were 69 trained appraisers at Frimley and 64 at Heatherwood and Wexham. To ensure a continued supply of appraisers in all specialties in house appraiser training has been organised for November 2017.

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[3] This only includes doctors with a prescribed connection to the trust and therefore excludes military doctors.

[4] Deferrals are automatically granted to doctors who are new to the UK or have a significant period of leave (e.g. sick leave, maternity, sabbatical). Doctors can also apply for deferrals which are agreed on a case by case basis. Most commonly this is for a few weeks to allow them to complete exams first.

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5.7.   Feedback on appraisers and the appraisal process

The feedback summary for both sites, illustrated in Appendix C, suggests that overall the appraisal process and the quality of appraisers remains good.

5.8.   Support for appraisers

Medical appraiser support fora have been set up on a quarterly basis at both HWPH and FPH, although attendance continues to be limited and needs to improve.

It remains our intention to develop and deliver a half day appraiser refresher course as a follow up to their formal appraiser training they received in 2013. Interest has also been shown by other neighbouring Trusts to participate in this refresher training.

Quality Assurance

5.9.   Part of the role of the Medical Appraisal and Revalidation Governance Group is to ensure that there is adequate quality assurance of the medical appraisal process. The appraisal and revalidation processes have been designed to build in quality assurance. The measures include:
   1. Chief of Service sign off of all appraisals;
   2. Mandatory feedback on the appraisal system and appraisers from all appraisees. This is examined at Trust level (see Appendix C) and at appraiser level so long as there are more than three appraisee responses.
   3. Full appraisal reviews by the Revalidation and Appraisal Lead before revalidation which leads to feedback to appraisers and appraisees with regards to quality.

5.10. In addition, an audit of appraisal outputs was conducted by the Revalidation Officers. The audit examined 15% of appraisals selected so as to have a spread across directorates, sites and grade of doctor and reviewed the quality of both appraisal inputs and outputs. Whilst the detailed findings of the audit (Appendix D) demonstrate some good areas of practice, there are a number of areas that need developing.

5.11. Appraisal inputs:
   - It remains the case that many doctors still do not include transfer of information forms from their other places of work. Since last year's audit the following has been done to address this and the results should be seen in next year's audit:
     o A new conflict of interest form which will help appraisers identify where there are gaps.
     o Explicit question under significant events and complaints forms asking about other places that the doctor works.
     o A communication to all doctors included a reminder.
   - 49% of appraisals audited failed to include any evidence of the appraisee's compliance with the Trust's statutory and mandatory training (MAST). This is better than last year but still high. Since last year's audit the continuing professional development (CPD) form on CRMS has been redesigned to include a specific question on MAST training compliance. Doctors can now also download their own MAST record from the intranet, so we anticipate compliance will improve over the coming months.

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- The audit this year introduced questions about the quality of reflection on CPD and quality improvement. In both, many doctors (48% for CPD, 28% for quality improvement) failed to reflect instead summarising what they had done or simply writing a line about the general benefits of CPD/ quality improvement. This gives us a baseline for development in this area.

5.12. Appraisal outputs:
- A proportion of summaries continue to be written in way which does not necessarily reflect back on the appraisal evidence, the personal development plan (PDP) or the appraisal meeting discussion. There is still a cohort of appraisers that simply affirm that the attributes are present and there are no concerns. Therefore appraisals do not appear to be challenging resulting in just 25% of summaries highlighting missing information.
- The quality of PDPs is improving but there are a small number that are still very vague. A non-quantifiable observation was that there appeared to be more service objectives than previously seen. While these are useful they should not be included to the exclusion of personal development objectives.

5.13. The identified areas of development will require further guidance and education to both appraisers and appraisees on what is required for both appraisal inputs and outputs. A greater emphasis will be placed on the appraisers to ensure the key documents are included before the appraisal sign off. It is intended that this audit will continue to be repeated annually.

5.14. Medical appraisal is the subject of a current internal audit as part of a broader audit of appraisal in the trust.

Clinical Governance

5.15. Frimley Health continues to provide the event profile (formerly known as the risk profile) reports to all doctors which detail the incidents, complaints and litigation cases they have been named in. This information is incorporated into the appraisal and for the doctor to reflect on their learning.

5.16. Consultant Clinical Activity reports are generated and sent to bed holding consultants (generated from HED).

6.   CRMS – web based appraisal tool

6.1. CRMS has been in place on both sites since 01/04/14. Work is currently being completed to combine the two CRMS systems into one across both sites.

7.   Colleague and patient feedback

7.1. We continue to use Equiniti 360 to facilitate doctors to complete patient and colleague feedback exercises on a three-year rolling programme.

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8. **Revalidation Recommendations:**

Number of recommendations between 01/04/16 – 31/03/17	On time: 62	Late: 0
Positive recommendations	41	
Deferrals requests	21	
Non engagement notifications	0	

9. **Recruitment and engagement background checks**

9.1. In 2017 there will be a focussed piece of work relating to the recruitment of bank doctors including pre-employment checks.

9.2. The responsibility for obtaining a completed transfer of information form from a newly appointed doctor's most recent responsible officer has now passed from medical human resources to the revalidation officers in March 2017. Return rates have since improved. This work has been absorbed into the revalidation officers' normal processes for starters which also includes: adding the doctor to our list on GMC Connect, setting up a CRMS account, sending details of our processes, obtaining details of previous appraisals and offering a group or 1:1 training/ briefing on the medical appraisal and revalidation process.

9.3. Transfer of information reports are also provided by the revalidation officers for leavers if they move to another designated body.

9.4. In 2016/17 there were 162 new starters and 132 leavers on the Trust's designated body list i.e. all doctors excluding junior doctors in training.

10. **Responding to Concerns and Remediation**

10.1. The Trust's policy "Maintaining High Professional Standards" provides a framework for managing concerns about a doctor's conduct and/ capability. Appendix E summarises the Trust's activity in addressing concerns across both sites.

10.2. During 2016/17, the Responsible Officer, deputy medical directors and revalidation officers met with our designated GMC Employer Liaison Adviser three times as per our normal schedule.

10.3. In addition the Trust has a responsibility to respond to and support GMC investigations. During 2016/17 12 new cases were opened relating to doctors employed by or previously employed by the trust. Additionally a further 20 cases were ongoing. A look back shows that during 2016/17 at least 32 formal email contacts were made with the GMC relating to these cases although this is likely to be a significant underestimate of the work involved given the methodology constraints and because it doesn't include phone calls with the GMC and internal work done to obtain and prepare information such as copies of notes, complaints and incident investigations for the GMC.

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11.   Risk and Issues identified by the Trust

- Inclusion of all required supporting information.
- Identifying bank doctors for whom the Trust is their designated body.
- Merger of the two separate CRMS systems.
- Appraiser development including work around health, probity and the quality of appraiser summaries and reflections.
- Dangers of the appraisal becoming repetitious using "copy & paste".

12.   Corrective Actions, Improvement Plan and Next Steps

12.1.   The following actions have also been identified by the Trust.

What	By whom	When
Put in place processes to ensure that bank doctors, when recruited, are checked for possible designated body connection.	Medical bank team and revalidation officers	December 2017
Undertake a review of pre-employment checks processes for bank doctors	Head of Medical Workforce	December 2017
Design and development of appraiser refresher course	Deputy medical directors and revalidation officers	December 2017

13.   Recommendations

13.1.   The Board is asked to:
1. Accept the report (noting it will be shared, along with the annual audit, with the higher level RO) and to consider any needs/resources.
2. To approve the 'statement of compliance' (Appendix F) confirming that the organisation, as a designated body, is in compliance with the regulations.

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Responsible Officer's Annual Report - Appendix A

Appraisal rate summary

Appraisal Rates at Frimley Health NHS Foundation Trust for doctors whom the designated body has a prescribed connection as 31/03/17		Number of prescribed connections	Completed appraisal (1a)	Completed appraisal (1b)	Approved incomplete or missed appraisal (2)	Unapproved incomplete or missed appraisal (3)	Total	% completed appraisals (columns 1a, 1b & 2)
Consultants	FPH	215	64	143	7	1	215	99.5%
	HWP	173	41	125	4	3	173	98.2%
	Total	388	105	268	11	4	388	98.9%
Staff Grade, Associate Specialist, Specialty Doctors	FPH	35	8	21	6	0	35	100%
	HWP	52	18	29	5	0	52	100%
	Total	87	26	50	11	0	87	100%
Temporary or short-term contract holders *	FPH	109	29	53	23	4	109	96.3%
	HWP	83	12	49	20	2	83	97.5%
	Total	192	41	102	43	6	192	96.8%
Total	FPH	359	101	217	36	5	359	98.6%
	HWP	308	71	203	29	5	308	98.3%
	Total	667	172	420	65	10	667	98.5%

*temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed term employment contracts etc.

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Responsible Officer's Annual Report - Appendix B

Extract from Medical Revalidation Annual Organisation Audit (AOA) Comparator Report for Frimley Health NHS Foundation NHS Foundation Trust

Completed appraisals (Category 1a & 1b)						
Grade	Frimley Health 16/17	Same sector[5] 16/17	All sectors 16/17	Frimley Health 15/16	Same sector 15/16	All sectors 15/16
Consultants	96.1%	90.9%	91.7%	88.9%	89.0%	89.7%
SAS	87.4%	84.3%	87.0%	75.5%	82.1%	83.8%
Temporary or short-term contract holders	74.5%	71.5%	78.8%	69.1%	67.3%	75.7%
Total	**88.8%**	**86.6%**	**90.7%**	**81.2%**	**83.9%**	**88.1%**

Approved incomplete or missed appraisal (Category 2)[6]						
Grade	Frimley Health 16/17	Same sector 16/17	All sectors 16/17	Frimley Health 15/16	Same sector 15/16	All sectors 15/16
Consultants	2.8%	4.5%	4.7%	5.0%	5.2%	5.5%
SAS	12.6%	8.4%	7.4%	7.4%	10.5%	9.2%
Temporary or short-term contract holders	22.4%	17.1%	12.6%	22.7%	18.2%	12.6%
Total	**9.7%**	**7.2%**	**6.0%**	**10.4%**	**8.7%**	**7.2%**

Completed appraisals (Category 1a&1b) + Approved incomplete or missed appraisal (Category 2)						
Total	**98.5%**	**93.8%**	**96.7%**	**91.6%**	**92.6%**	**95.3%**

Unapproved incomplete or missed appraisal (Category 3)[7]						
Grade	Frimley Health 16/17	Same sector 16/17	All sectors 16/17	Frimley Health 15/16	Same sector 15/16	All sectors 15/16
Consultants	1.0%	4.5%	3.5%	6.1%	5.7%	4.8%
SAS	0%	7.3%	5.6%	17.0%	7.4%	7.0%
Temporary or short-term contract holders	3.1%	11.4%	8.6%	8.3%	14.5%	11.7%
Total	**1.5%**	**6.2%**	**3.3%**	**8.4%**	**7.4%**	**4.8%**

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[5] Same sector – Acute hospital/secondary care foundation trusts
All sectors – all designated bodies such as GPs, hospices, locum agencies, private hospitals
[6] This represents doctors who have an agreed Deferrals are automatically granted to doctors who are new to the UK or have a significant period of leave (e.g. sick leave, maternity, sabbatical). Doctors can also apply for deferrals which are agreed on a case by case basis. Most commonly this is for a few weeks to allow them to complete exams first.
[7] This represents doctors that have not engaged or have engaged late and were overdue on 31/03/17.

Tab 15 Responsible Officer's Annual Report

Responsible Officer's Annual Report - Appendix C

CRMS Appraiser Evaluation Summary for
Frimley Park Hospital (2016/17)

Number of completed appraisal feedback summaries: 346

Evaluation questions	Average total per question		
	2014/15	2015/16	2016/17
Organisation of Appraisal			
I was given adequate notice to allow preparation for my appraisal	1.6	1.3	1.3
I had sufficient choice of Appraiser	2.1	1.8	1.8
I received the support and explanation I needed to prepare for my appraisal	1.7	1.5	1.5
I knew where to get copies of the Appraisal documents and forms	1.7	1.5	1.5
I was happy with the venue arranged for the appraisal	1.5	1.3	1.5
I am happy about the confidentiality of the Appraisal process	1.4	1.3	1.3
My Appraiser			
The appraiser was skilled in conducting my appraisal	1.4	1.2	1.3
The appraiser discussed the content of the appraisal with me beforehand	1.8	1.7	1.7
The appraiser appeared to have prepared well for the appraisal	1.5	1.3	1.4
The appraiser put me at my ease	1.4	1.2	1.3
The appraiser listened to me	1.4	1.2	1.3
The appraiser was challenging in his or her questions	2	1.9	2.0
Summary forms were agreed and are an accurate record of what we discussed	1.5	1.4	1.5
The Personal Development Plan reflects my main priorities for development	1.4	1.4	1.4
The appraiser provided the support I needed	1.5	1.4	1.4
The appraiser made me think about new areas for development	1.6	1.4	1.5
The Appraisal			
The appraisal process was useful in my professional development	1.9	1.6	1.8
Time spent preparing for appraisals was worthwhile	2.3	2	2.0
The appraisal will enhance my work as clinician	2.2	1.9	2.1
I will be able to achieve the goals I have agreed in my appraisal summary	1.9	1.7	1.8
My appraisal was worthwhile	1.9	1.7	1.8
Average total per appraiser	**1.7**	1.5	1.6

Key:
1= Strongly agree, 2= Agree, 3= Neutral, 4= Disagree, 5= Strongly disagree   ie 1 is favourable and 5 is unfavourable

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Responsible Officer's Annual Report - Appendix C

CRMS Appraiser Evaluation Summary for
Heatherwood and Wexham Park Hospitals (2016/17)

Number of completed appraisal feedback summaries: 289

Evaluation questions	Average total per question		
	2014/15	2015/16	2016/17
Organisation of Appraisal			
I was given adequate notice to allow preparation for my appraisal	1.6	1.4	1.4
I had sufficient choice of Appraiser	1.5	1.9	1.8
I received the support and explanation I needed to prepare for my appraisal	1.7	1.7	1.6
I knew where to get copies of the Appraisal documents and forms	1.7	1.5	1.5
I was happy with the venue arranged for the appraisal	1.6	1.4	1.4
I am happy about the confidentiality of the Appraisal process	1.5	1.4	1.4
My Appraiser			
The appraiser was skilled in conducting my appraisal	1.4	1.3	1.3
The appraiser discussed the content of the appraisal with me beforehand	1.6	1.6	1.7
The appraiser appeared to have prepared well for the appraisal	1.4	1.4	1.4
The appraiser put me at my ease	1.3	1.4	1.3
The appraiser listened to me	1.3	1.3	1.3
The appraiser was challenging in his or her questions	1.9	1.9	1.9
Summary forms were agreed and are an accurate record of what we discussed	1.4	1.4	1.4
The Personal Development Plan reflects my main priorities for development	1.4	1.4	1.4
The appraiser provided the support I needed	1.4	1.4	1.4
The appraiser made me think about new areas for development	1.5	1.5	1.4
The Appraisal			
The appraisal process was useful in my professional development	1.7	1.6	1.6
Time spent preparing for appraisals was worthwhile	1.9	1.9	1.8
The appraisal will enhance my work as clinician	1.9	1.9	1.8
I will be able to achieve the goals I have agreed in my appraisal summary	1.7	1.6	1.7
My appraisal was worthwhile	1.7	1.6	1.6
Average total per appraiser	**1.6**	**1.5**	1.5

Key:
1= Strongly agree, 2= Agree, 3= Neutral, 4= Disagree, 5= Strongly disagree
ie 1 is favourable and 5 is unfavourable

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Responsible Officer's Annual Report - Appendix D

Medical appraisal content audit 2016/17
Summary of findings

Total number of appraisals reviewed	88
KV – 44 appraisals reviewed (23 from FPH and 21 from WPH)	
CS – 44 appraisals reviewed (22 from FPH and 22 from WPH)	

Criteria	Comments
Outline of full scope of practice and supporting evidence from PP establishments	10 appraisals were missing completed transfer of information forms.
Copy of previous appraisal outputs attached	24 out of 77 appraisals did not include a copy of their previous appraisal summary.
Copy of current PDP attached	22 out of 79 appraisals did not include a copy of their previous PDP.
Commentary on the progress made (or lack of) in meeting the objectives in their current PDP.	21 out of 79 appraisals did not include a commentary of progress
Evidence of CPD completed since the last appraisal	All appraisals included CPD activity although in some cases it was minimal (in one case there was just one activity listed) and in one case the document containing details could not be opened.
Evidence of CPD reflection that demonstrates awareness of how their practice has changed or has been confirmed.	41 out of 88 appraisals did not contain reflection that demonstrated a change or confirmation of practice. In many cases the appraisee simply summarised the CPD they had done.
Evidence of Mandatory and Statutory training completed since the last appraisal	43 out of 88 appraisals did not show evidence of statutory and mandatory training.
Evidence of Quality Improvement Activity	5 appraisals showed no evidence of QIA.
Evidence of reflection on Quality Improvement activities which demonstrates awareness of how practice has changed or has been confirmed and/or discussion for the future.	25 out of 88 appraisals failed to show evidence of reflection on Quality improvement. Similarly to CPD reflection many appraisees summarised their activities instead.

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Evidence of significant complaints/ incidents / nil report including Trust risk profile.	23 appraisals did not include their risk profile.
360 report attached if done in last 12 months	23 out of 35 appraisals included their 360 feedback report
Comprehensive 360 Reflections if applicable	21 out of 35 appraisals included reflections although very few used the trust's reflection workbook.
Clinical Performance	30 out of 84 appraisals did not include data on clinical activity. Those that did, examples ranged from HED report, personal log books, general descriptions of workload and departmental activity. It is clear that some grades and departments find this difficult and there is significant variation.
Summary of appraisal	
Summary is free from prejudice and bias, informed by and consistent with documented supporting information	78 appraisals met this criterion.
Demonstrates a clear link between PDP and summary of discussion.	43 appraisals met this criterion.
Analyses reasons for missing information and how gaps will be addressed.	22 appraisals met this criterion.
Records aspirations (some of which may have a timescale over one year).	68 appraisals met this criterion.
Affirms good practice, gives examples, celebrates accomplishments and encourages excellence.	74 appraisals met this criterion.
PDP	
Comprehensive explanation of development need	82 appraisals met this criterion.
Objectives are smart	77 appraisals met this criterion.
Appraisal signed off within 28 days of appraisal meeting by the appraiser and appraisee	60 appraisals met this criterion.
Final sign off of the appraisal by the CoS with 28 days once the appraisal is signed off by the appraiser and the appraisee.	63 appraisals met this criterion.

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Responsible Officer's Annual Report - Appendix E

Audit of concerns about a doctor's practice 01/04/16 to 31/03/17

Concerns about a doctor's practice	High level	Medium level	Low level	Total
Number of doctors with concerns about their practice in the last 12 months *Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern*	1	6	4	11
Capability concerns (as the primary category) in the last 12 months	0	2	0	2
Conduct concerns (as the primary category) in the last 12 months	1	3	3	8
Health concerns (as the primary category) in the last 12 months	0	1	1	2

Remediation/Reskilling/Retraining/Rehabilitation	
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2017 who have undergone formal remediation between 1 April 2016 and 31 March 2017 *Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice* *A doctor should be included here if they were undergoing remediation at any point during the year*	1
Consultants	1
Staff grade, associate specialist, specialty doctor	0
Temporary or short-term contract holders	0
TOTALS	**1**

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Other Actions/Interventions	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	1

Duration of suspension:
Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included
 	
     Less than 1 week
     1 week to 1 month
     1 – 3 months
     3 - 6 months
     6 - 12 months
	
	1

Number of doctors who have had local restrictions placed on their practice in the last 12 month period 01/04/16 and 31/03/17	1
GMC Actions: Number of doctors who:	
Were referred to the GMC between 1 April and 31 March	2
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	1
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	0
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	
Number of doctors about whom NCAS has been contacted between 1 April and 31 March:	0
Number of NCAS assessments performed	0

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Responsible Officer's Annual Report - Appendix F

Designated Body Statement of Compliance

13.2.

The board of Directors at Frimley Health NHS Foundation Trust has carried out an annual organisational audit of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

- An AOA has been submitted,
- The organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)
- And can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

13.3.

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

13.4.

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

5. All licensed medical practitioners either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners, which includes (but is not limited to, monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these matters is provided for doctors to include at their appraisal;

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7. There is a process established for responding to concerns about any licensed medical practitioner's fitness to practise;

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners have qualifications and experience appropriate to the work performed.

10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

Signed on behalf of the designated body Frimley Health NHS Foundation Trust

_____   Date: _____

Pradip Patel
Chairman

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Tab 16.1 Commercial Development & Investment Committee – 13 July 2017

Frimley Health **NHS**

NHS Foundation Trust

Committed To Excellence Working Together Facing The Future

Report Title	**Update Summary from the Commercial Development and Investment Committee (CDIC)**
Meeting	Public Board
Meeting Date	1st September 2017
Agenda No.	16.1.
Report Type	Information
Prepared By	Mark Escolme, Chair of the CDIC and Kevin Jacob, Asst. Company Secretary
Executive Lead	Janet King, Director of Human Resources and Corporate Services
Executive Summary	This report briefs the Board on the main items discussed at the 13th July meeting of the Commercial Development and Investment Committee.
Background	**1. Heatherwood CT Scanner – Benefits** The Committee considered a paper report setting out the benefits realised from the decision to replace a CT scanner at Heatherwood Hospital in June 2015. The Committee noted that the previous scanner had been beyond economic repair and new scanner was more modern with an improved technical specification. **2. Refurbishment of Radiology at Wexham Park Hospital Phases 2 & 3** The Committee considered a report setting out a case or the approval of works to refurbish the Radiology Department at Wexham Park Hospital following the completion of the CT scanner work at the hospital. The Committee approved the case for the refurbishment of the Radiology Department as set out in Option 3 of the report and approved the replacement of X-Ray Equipment. **3. Low Temperature Hot Water, (LTHW) – Wexham Park Emergency Department & Assessment Unit/Wards 1, 2 and 3.** The Committee considered a report which set out the requirement for a low temperature hot water (LTHW) installation as part of the Emergency Department enabling works which would also serve Wards 1, 2 & 3 with heating and hot water. It was noted that the proposed works would provide resilience should there issues with

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Tab 16.1 Commercial Development & Investment Committee – 13 July 2017

the installation of a Combined Heat and Power unit on the Wexham Park site.

The Committee agreed to:

1) Approve the installation of steam to LTHW conversion plant, complete with the three connections and associated plant in Wards 1, 2 & 3, with immediate effect to cover the 2017/18 winter heating period.
2) That following the conclusion of the tendering process for the above works, a decision on the award of contract be made by the Committee via E-Governance.

4. Below Ground Drainage Phase 1 – Wexham Park Hospital
The Committee consider a report which set out the phased upgrade and repair of the main sewer and branch sewers at Wexham Park Hospital. It was highlighted that:

- The capacity of the existing sewer network at Wexham was insufficient and the proposed works would more than double capacity which was considered sufficient to address the future needs of the hospital;
- Phase 1 would include the replacement of the main sewer whilst the branches would be repaired in the second phase.
- Tenders for Phase 1 were in the process of being analysed and the Committee was asked to take a decision on the award of the Phase 1 contract via E-Governance.

The Committee agreed to:

1) Endorse the allocation of funds to commence Phase 1 of the below ground drainage works at Wexham Park Hospital.

2) That following the conclusion of the tendering process for the above works, a decision on the award of contract be made via E-Governance.

5. Capital Programme 2017/2018
The Committee considered a paper and appendices setting out forecast expenditure on capital expenditure, (excluding medical equipment and IT) across all three hospital sites in 2017/2018.

The Committee **noted** the proposed 2017/2018 capital programme and that business cases would be brought forward in respect of all schemes in excess of £500,000.

6. Heatherwood Hospital Fees Expenditure Report July 2017
The Committee considered a report which outlined the to date fee expenditure for the new Heatherwood Hospital project, residential housing outline planning designs, comprehensive hybrid planning submission and fees associated with elements of the non-works design elements to support the sales of the site and build of the new hospital.

The Committee **noted** the report and was assured of the fee commitment and expenditure on the project to date.

7. Block 40 Administration Offices – Heatherwood Hospital
The Committee considered a report asked for the Committee to recommend to the Board that it approve the award for main contractor on the Block 40 Administration Offices as set out in the report.

The Committee **agreed** to **recommend** to the Board that subject to planning

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Tab 16.1 Commercial Development & Investment Committee – 13 July 2017

	permission being granted and Trust approval to proceed with the Heatherwood new build the contractor specified. in the report be appointed to carry out the Block 40 works. **8. Redevelopment Programme Progress Report** The Committee was updated on the progress of redevelopment capital projects in respect of all three hospital sites including: • the redevelopment of the Wexham Emergency Department and Assessment Unit which was progressing well with a 1.5 week delay and was on budget. • The Heatherwood Redevelopment; • The construction of the new Women's Services scheme at Wexham Park which was progressing well although challenges had arisen as the refurbishment works moved into clinical areas.
Recommendation	This Board is asked to note the issues highlighted in the reports and agree any further action as required.

Tab 16.2 Performance & Remuneration Committee – 27 July 2017

Committed To Excellence Working Together Facing The Future

Frimley Health **NHS**

NHS Foundation Trust

Report Title	**Update Summary from the Performance & Remuneration Committee**
Meeting	Public Board of Directors
Meeting Date	1 September 2017
Agenda No.	16.2
Report Type	Information
Prepared By	Dawn Kenson, Non-Executive Director, Chair Kevin Jacob, Assistant Company Secretary
Executive Lead	Dawn Kenson, Non-Executive Director
Summary	The following subject matters were discussed at the meeting: The Committee received a report from the Chairman of the Trust in respect of the appraisal of the Chief Executive for the 2016/2017 financial year. The Committee received a report from the Chief Executive in respect of the appraisal of the Trust's Executive Directors for the 2016/2017 financial year and forthcoming objectives for 2017/2018. The Committee also received on update on progress in delivering the Trust's People and Occupational Development Strategy 2015/2018. The Committee noted that following the creation of Frimley Health the strategy had focused upon four of the seven pillars of the Strategy, (vision and values, strong capable leadership, performance and recognition and an engaged workforce). A measure of the success of the strategy was the performance of the Trust in scoring within the best 20% of acute trusts in NHS Staff Survey on staff engagement. Area for further work included the develop and support of future senior managers and directors through appropriate management training. The Committee also discussed talent management, succession planning and senior recruitment.
Recommendation	To Note.

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Tab 16.3 Nominations Committee – 16 August 2017

Frimley Health **NHS**
NHS Foundation Trust

Report Title:	**Recruitment of new CEO for Frimley Health Foundation Trust**
Meeting date:	Friday 1st September 2017
Agenda number:	16.3
Report Purpose:	
Prepared by:	
Executive Lead:	Pradip Patel - Chairman
Summary:	PP proposed that whilst the Nominations Committee lead on the recruitment process, a small team is set up to help with some of the detailed work to inform what needs doing, how best to do it and who does what. The team would comprise of Pradip Patel, Mark Escolme, Tim Ho and Janet King. JK proposed the first draft of the Job Description and Person Specification for the CEO role. Psychometric assessments and personality tests were also discussed. It was decided that after having gone to market and inviting suitable head hunters to bid for the work the head hunter chosen by the small team would devise the appropriate process to assess this. The committee discussed the salary for the new CEO. PP confirmed that the salary would need to be agreed by NHSI and would take into account their current pay. PP will keep the board fully briefed on both the recruitment plan and the progress whilst James Taylor, Head of Communications, would keep all staff up to date.
Recommendation:	Board to Approve

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Frimley Health **NHS**

NHS Foundation Trust

Acronym 'Buster'

A

- A&E - Accident and Emergency
- AD - Associate Director
- ADT - Admission, Discharge and Transfer
- AfC - Agenda for Change
- AGM - Annual General Meeting / Annual Governance Meeting
- AHP - Advanced Health Professional
- AKI - Acute Kidney Injury
- AMM - Annual Members Meeting
- AMR - Antimicrobial Resistance
- AMU - Acute Medical Unit
- AOS - Acute Oncology Service
- ANP - Advanced Nurse Practitioner
- AR - Annual Report
- ASPH - Ashford and St. Peter's Hospital

B

- BAU - Business As Usual
- BBE - Bare Below Elbow
- BME - Black and Minority Ethnic
- BCF - Better Care Fund
- BMA - British Medical Association
- BMI - Body Mass Index
- BoD - Board of Directors

C

- CAMHS - Child and Adolescent Mental Health Services
- CAS - Central Alert System
- CAU - Clinical Assessment Unit
- CCG - Clinical Commissioning Group
- CCU - Coronary Care Unit
- CDI - Clostridium Difficile Infection
- CDIC - Commercial Development and Investment Committee
- Cdif / C.Diff - Clostridium Difficile
- CEA - Clinical Excellence Awards
- CEO - Chief Executive Officer
- CFO - Chief Finance Officer
- CHC - Continuing Health Care
- CHD - Coronary Heart Disease
- CIO - Chief Information Officer
- CIP - Continuous Improvement Plan
- CoG - Council of Governors
- CoS - Chief of Service
- CoSRR - Continuity of Service Risk Rating
- CPA - Care Programme Approach
- CQC - Care Quality Commission
- CQUIN - Commissioning for Quality and Innovation
- CRAB - Copeland's Risk Adjusted Barometer
- C.Section - Caesarean Section
- CSU - Commissioning Support Unit
- CT - Computerised Tomography
- CTG - Cardiotocography
- CVC - Central Venous Catheter

D

- DBS - Disclosure Barring Service
- DGH - District General Hospital
- DH / DoH - Department of Health
- DIPC - Director of Infection Prevention and Control
- DNA - Did Not Attend
- DNACPR - Do Not Attempt Cardiopulmonary Resuscitation
- DNAR - Do Not Attempt Resuscitation
- DNR - Do Not Resuscitate
- DoLS - Deprivation of Liberty Safeguards
- DoN - Director of Nursing
- DoO - Director of Operations
- DPA - Data Protection Act
- DSU - Day Surgery Unit
- DVT - Deep Vein Thrombosis

E

- E&D - Equality and Diversity
- EAU - Emergency Assessment Unit
- EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortization
- ECG - Electrocardiogram
- ECIST - Emergency Care Intensive Support Team
- ED - Emergency Department
- EDD - Estimated Date of Discharge
- EDMS - Electronic Document Management System
- EEG- Electroencephalogram
- EHR - Electronic Health Record
- EHRC - Equality and Human Rights Commission
- EIA - Equality Impact Assessment
- ELSCS - Elective Caesarean Section
- EM - Emergency Medicine
- EMLSCS - Emergency Caesarean Section
- ENT - Ear, Nose and Throat
- EOLC - End of Life Care
- EOLCA - End of Life Care Audit
- EPR - Electronic Patient Record
- EPRR - Emergency Preparedness, Resilience and Response
- ESD - Early Supported Discharge
- ESR - Electronic Staff Record
- ETP - Electronic Transmission of Prescriptions
- EEA - European Economic Area

F

- FBC - Full Business Case
- FFT - Friends and Family Test
- FH - Frimley Health
- FOI - Freedom of Information
- FPH - Frimley Park Hospital
- FRR - Financial Risk Rating
- FT - Foundation Trust
- FTE - Full Time Equivalent
- FPH - Frimley Park Hospital
- FYE - Financial Year End

G

- GI - Gastrointestinal
- GMC - General Medical Council
- GMS - General Medical Services

- GP - General Practitioner
- GRE – Glycopeptide Resistant Enterococci

H

- HAI - Hospital Acquired Infection
- HASU - Hyper Acute Stroke Unit
- HCA - Health Care Assistant
- HCAI - Healthcare-Associated Infection
- HDU - High Dependency Unit
- HEB - Hospital Executive Board
- HED - Healthcare Evaluation Data
- HEKSS - Health Education Kent, Surrey and Sussex
- HETV - Health Education Thames Valley
- HICC - Hospital Infection Control Committee
- HoN - Head of Nursing
- HSE - Health and Safety Executive
- HSMR - Hospital Standardised Mortality Ratio
- HTC - Hospital Transfusion Committee
- HWB - Health and Wellbeing Board
- HWD - Heatherwood
- HWP - Heatherwood and Wexham Park
- HWPH / H&WPH - Heatherwood and Wexham Park Hospitals

I

- I&E - Income and Equity
- IC - Information Commissioner
- ICM - Integrated Case Management
- ICP - Integrated Care Pathway
- ICU - Intensive Care Unit
- IG - Information Governance
- IGT / IGTK - Information Governance Toolkit
- IM&T - Information Management and Technology
- IPCN - Infection Prevention and Control Nurse
- IPCT - Infection Prevention and Control Team
- IPR - Individual Performance Review
- ITU - Intensive Therapy Unit / Critical Care Unit
- IV - Intravenous

J

- JAG - Joint Advisory Group

K

- KPI - Key Performance Indicator

L

- LA - Local Authority
- LCFS - Local Counter Fraud Specialist
- LD - Learning Disability
- LHRP - Local Health Resilience Partnership
- LiA - Listening into Action
- LINAC - Linear Accelerator
- LOS / LoS - Length of Stay
- LUCADA - Lung Cancer Audit Data

M

- M&M - Morbidity and Mortality
- MAU - Medical Assessment Unit
- MDT - Multi-Disciplinary Team
- MHPS - Maintaining High Professional Standards
- MIDU - Medical Investigations Day Unit
- MiG - Medical Interoperability
- MIU - Minor Injuries Unit
- MRI - Magnetic Resonance Imaging
- MRSA - Methicillin-Resistant Staphylococcus Aureus

N

- NBOCAP - National Bowel Cancer Audit Programme
- NCASP - National Clinical Audit Support Programme
- NED - Non-Executive Director
- NHS FT - NHS Foundation Trust
- NHSE - NHS England
- NHSLA - NHS Litigation Authority
- NHSP - NHS Professional
- NICE - National Institute for Health and Care Excellence
- NICU - Neonatal Intensive Care Unit
- NMC - Nursing and Midwifery Council
- NNU - Neonatal Unit
- NOGCA - National Oesophago-Gastric Cancer Audit
- NRLS - National Reporting and Learning System / Service

O

- O&G - Obstetrics and Gynaecology
- OBC - Outline Business Case
- ODP - Operating Department Practitioner
- OHD - Occupational Health Department
- OLM - Oracle Learning Management
- OOH - Out of Hours
- OP - Outpatient
- OPD - Outpatient Department
- OT - Occupational Therapist/Therapy

P

- PACS - Picture Archiving and Communications System
- PACU - Post-Anesthetic Care Unit
- PALS - Patient Advice and Liaison Service
- PAS - Patient Administration System
- PAU - Paediatric Assessment Unit
- PbR - Payment by Results
- PCI - Percutaneous Coronary Intervention
- PDC - Public Dividend Capital
- PDD - Predicted Date of Discharge
- PE - Pulmonary Embolism
- PEAT - Patient Environment Action Team
- PFI - Private Finance Initiative
- PHE - Public Health England
- PICC - Peripherally Inserted Central Catheters
- PID - Patient / Person Identifiable Data
- PILS - Patient Information Leaflets
- PID - Project Initiation Document
- PLACE - Patient-Led Assessments of the Care Environment
- PMS - Personal Medical Services
- PMO - Programme Management Office
- POD - Pre-Operative Department

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- POSSUM - Physiological and Operative Severity Score for the enUmeration of Mortality and Morbidity
- PPE - Personal Protective Equipment
- PPI - Patient and Public Involvement
- PSED - Public Sector Equality Duty

Q

- QA - Quality Assurance
- QAC - Quality Assurance Committee
- QI - Quality Indicator
- QIP - Quality Improvement Plan
- QIPP - Quality, Innovation, Productivity and Prevention
- QIA - Quality Impact Assessment
- QOF - Quality and Outcomes Framework

R

- RAF - Risk Assurance Framework
- RAG - Red Amber Green
- RBH - Royal Berkshire Hospital
- RCA - Root Cause Analysis
- RCN - Royal College of Nursing
- RCP - Royal College of Physicians
- RCS - Royal College of Surgeons
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- RSCH - Royal Surrey County Hospital
- RTT - Referral to Treatment

S

- SADU - Surgical Day Unit
- SAU - Surgical Assessment Unit (FPH) / Surgical Assessment Unit (WPH)
- SCAS / SCAmb - South Central Ambulance Service
- SDIP - Service Development and Improvement Plan
- SHMI - Summary Hospital-level Mortality Indicator
- SHO - Senior House Officer
- SI - Serious Incident
- SIRI - Serious Incident Requiring Investigation
- SIRO - Serious Incident Risk Owner
- SID - Senior Independent Director
- SLA - Service Level Agreement
- SLR - Service-Line Reporting
- SLT / SaLT - Speech and Language Therapy
- SME - Subject Matter Expert
- SMR - Standardised Mortality Ratio
- SoS - Secretary of State
- SPS - Surrey Pathology Service
- SSI(S) - Surgical Site Infections (Surveillance)
- SSNAP - Sentinel Stroke National Audit Programme
- SSS - Short Stay Surgical Unity
- STP - Sustainability and Transformation Plan
- SUI - Serious Untoward Incident

T

- TIA - Transient Ischaemic Attack
- TLC - Turn off, Lights out, Close doors
- TMG - Theatre Management Group
- TNA - Training Needs Analysis
- TPN - Total Parenteral Nutrition
- TTA - To Take Away
- TTO - To Take Out
- TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981

U

- UCB - Urgent Care Board
- UI - Untoward Incident
- UGI - Upper Gastrointestinal
- UTI - Urinary Tract Infection

V

- VfM - Value for Money
- VSM - Very Senior Manager
- VTE - Venous Thromboembolism

W

- WHO - World Health Organization
- WLI - Waiting List Initiative
- WPH - Wexham Park Hospital
- WTE - Whole Time Equivalent

Y

- YTD - Year to Date