



Frimley Health

NHS Foundation Trust

PUBLIC BOARD OF DIRECTORS

PUBLIC BOARD OF DIRECTORS



10 January 2025



08:30 GMT Europe/London



Lecture Theatre, Wexham Park Hospital

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1. WELCOME AND INTRODUCTION

REFERENCES

Only PDFs are attached

-  1. Public agenda Jan 25 v1.pdf

Board of Directors Meeting in Public
Friday 10th January 2025, 08:30-11:30
Lecture Theatre, John Lister Postgraduate Centre, Wexham Park Hospital

A G E N D A

Item	Lead	Action	Paper	Time	
1.	Welcome and Introduction	Chair	-	Oral	08:30
2.	Apologies and Declarations of Interest	Chair	Declare	Oral	08:32
3.	Minutes of the previous meeting	Chair	Approve	Attached	08:35
4.	Action Log from the previous meeting	Chair	Note	Attached	08:40
5.	Patient Story	Chief Nurse	Note	Video Presentation	08:45
6.	Ward to Board: Rapid Response Team and Patient Deterioration	Chief of Nursing & Midwifery	Note	Slide Presentation	08:55
Strategy					
7.	Chief Executive's Report	Chief Executive	Note	Attached	09:20
Board Oversight and Assurance					
8.	Integrated Performance Report a) COO Report b) Committee Chair Report Quality and Safety Report a) CNO/CMO Report b) Committee Chair Report	Chief Executive and Executive Leads	Assurance	Attached	09:30
Break (10:10 – 10:20)					
9.	People Report a) CPO Report b) Committee Chair Report Finance Report a) CFO Report b) Committee Chair Report				10:20
Quality & Patient Safety					
10.	Maternity Services CNST Declaration	Maternity Board Champion	Approve	Attached	10:50
11.	Nursing and Midwifery Staffing	Chief of Nursing & Midwifery	Assurance	Attached	11:00

Governance					
12.	New Hospital Programme Committee Report	Committee Chair	Assurance	Attached	11:10
13.	Audit Committee Report	Committee Chair	Assurance	Attached	11:15
Other Business and Public Questions					
14.	Any Other Business	Chair	-	Oral	11:20
15.	Public Questions	Chair	-	Oral	11:23
Date of Next Meeting: Friday 7 th March 2025, 10:00 – 13:00, Lecture Theatre, John Lister Postgraduate Centre, Wexham Park Hospital					



2. APOLOGIES AND DECLARATIONS OF INTEREST

Oral

3. MINUTES OF THE PREVIOUS MEETING

REFERENCES

Only PDFs are attached

-  3. Board Minutes Cover Sheet.pdf
-  3a. v2 Public Board Minutes 1st November BICJ (1).pdf

Report Title	Minutes of the previous meeting
Meeting and Date	Public Board of Directors, Friday 10 th January 2025
Agenda Item	3.
Author and Executive Lead	Chris Jarvis, Corporate Support Lance McCarthy, Chief Executive
Executive Summary	The attached minutes records the items discussed at the Board of Directors meeting held in public on Friday 1 st November 2024.
Action	The Board is asked to APPROVE the minutes as a correct record of the meeting.
Compliance	NHS Provider Licence; Standing Order 14.1

BOARD OF DIRECTORS MEETING IN PUBLIC

Friday 1st November 2024, 08:30-11:30

Lecture Theatre, John Lister Postgraduate Centre, Wexham Park Hospital

MINUTES OF MEETING

Members Present:

Bryan Ingleby	Trust Chair
Michael Baxter	Deputy Chair, Non-Executive Director
Linda Burke	Non-Executive Director
John Lisle	Non-Executive Director
Gary McRae	Non-Executive Director
Janet Rubin	Non-Executive Director
John Weaver	Non-Executive Director
Jackie Westaway	Non-Executive Director
Na'eem Ahmed	Associate Non-Executive Director
Lance McCarthy	Chief Executive Officer
Caroline Hutton	Deputy Chief Executive
Tim Ho	Chief Medical Officer
Matt Joint	Chief People Officer
Melanie van Limborgh	Chief of Nursing and Midwifery
James Clarke	Chief Strategy Officer
Jim Hayburn	Interim Chief Finance Officer
Ellis Pullinger	Interim Chief Operating Officer

In Attendance:

Adrian Inman	Security Car Park Attendant (VIP)
Emma Carr	Arts and Creative Health Manager Charity FPH (VIP)
Jade Newall	Housekeeper Frimley Park Hospital (VIP)
Chantelle Vine	Housekeeper Frimley Park Hospital (VIP)
Holly Landucci	Housekeeper Frimley Park Hospital (VIP)
Gemmer Tedder	Housekeeper Frimley Park Hospital (VIP)
Katy Heaney	Chief Healthcare Scientist (Ward to Board)
Peter Robinson	Principal Respiratory Physiologist (Ward to Board)
Lizl Bernales	Cross Site Echo Lead (Ward to Board)
Angela Sullivan	Point of Care Testing Training Lead, Pathology (Ward to Board)
Mark Foster	Medical Illustration Manager (Ward to Board)
Carol Deans	Director of Communications and Engagement
James Taylor	Head of Communications
Chris Larkin	Improvement Practitioner – Frimley Excellence
Jen Knight	Senior Improvement Practitioner – Frimley Excellence
Victoria Murray	Senior Improvement Practitioner – Frimley Excellence
Laura Carberry	Interim Associate Director of Strategy
Michael Ellis	Associate Director for HR
Daryl Lutchmaya	Director of Corporate Affairs
Sarah Peacey	Public Governor
John Lindsay	Public Governor
Charles Fowles	Public Governor
Dorota Underwood	Committee Officer
Chris Jarvis	Corporate Support (Minutes)
Rod Broad	Member of the Public
Malcolm Treen	Member of the Public

Michael Taylor
John McCann
Sam Leech

Member of the Public
Member of the Public
Member of the Public

Apologies:

None

1. Welcome and Introduction

- 1.1 The Trust Chair opened the meeting and thanked the Governors and members of the public for attending. He welcomed Jim Hayburn and Daryl Lutchmaya to their first Public Board of Directors meetings at the Trust.
- 1.2 He thanked Victoria Cooper for the outstanding work that she had done during her period as Acting Company Secretary.

2. Apologies and Declarations of Interest

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

3. VIP Awards

- 3.1 Lance McCarthy introduced the Values into Practice awards, which recognised the fantastic work of Frimley Health staff.
- 3.2 The first award is for Adrian Inman, Security – Car Park attendant, at Frimley Park Hospital. Adrian started work at the Trust in April 2024 and since this time he has worked tirelessly to support the trust with the car parking capacity at the rear of the site, helping staff being able to find a parking space and by enabling a better patient experience due to availability of staff.
- 3.3 The second award was presented to Emma Carr, Arts and Creative Health Manager Charity FPH who is thoroughly dedicated and passionate about improving patients' spaces and experiences. She is kind and friendly to everyone, patients and staff.
- 3.4 The final award was presented to the Jade Newell, Chantelle Vine, Holly Landucci, Gemma Tedder Housekeepers IVAS/OPD1 for going beyond the call of duty in an incident that occurred on 17/09/2024. They assisted a patient who was having a seizure, one held the patient to stop him hitting the floor, another went to ask for help.
- 3.5 The Board congratulated the Values into Practice winners.

4. Minutes of the previous meeting

- 4.1 The minutes of the meeting held on 6th September 2024 were **APPROVED** as an accurate record.

5. Action Log from the previous meeting

- 5.1 Updates on the action log were noted.

6. Patient Story

- 6.1 The Board heard a story from Alistair, a member of staff whose father died in Frimley Park Hospital in 2022. He had no complaints about the clinical treatment. A video was shown being the result of a complaint that Alistair made regarding his experience with the Bereavement Office after the death of his father.

- 6.2 A number of issues were identified from the video including:
- The Bereavement Office being poorly situated in the hospital and difficult to access. The Frimley Park Site had never had a dedicated Bereavement Suite
 - The attitude and behaviour of the staff member in the bereavement office who he first encountered, together with the lack of kindness, compassion and respect that he was initially treated with.
 - The way that his father's possessions were handed over to him in plastic bags with his shoes on top of the clothes, which in some cultures may be considered an insult.
- 6.3 It was noted that following the complaint a workstream was started led by the Head of Patient Safety and Bereavement services with Alistair to improve the service and as a direct response to his concerns.
- 6.4 Melanie van Limborgh confirmed that a lot of actions had been implemented since the complaint.
- 6.5 James Clarke commented on whether the Frimley Bereavement Suite is situated in the right place.
- 6.6 Caroline Hutton asked what work is being carried out in relation to patient feedback and John Lisle asked to what extent the Friends and Family test was used in non-clinical areas.
- 6.7 In response, Melanie van Limborgh noted the importance of capturing the patient experience and said that more conversations were required with members of staff to achieve this.
- 6.8 The Chair passed on the thanks of the board to Alistair for raising this issue and for the work that he had done since then to improve the service.
- 6.6 The Board **NOTED** the Patient Story.

7. Ward to Board: Healthcare Science at FHFT

- 7.1 A presentation on Healthcare Science was given by Katy Heaney, Chief Healthcare Scientist, Peter Robinson, Principal Respiratory Physiologist, Liezl Bernales, Cross Site Echo lead, Angela Sullivan, Point of care testing Training lead, and Pathology Mark Foster, Medical Illustration Manager.
- 7.2 The role of healthcare science within the Trust was described, noting the three divisions (i) life sciences (ii) physiological sciences and (iii) physical science
- 7.3 Healthcare Science cross discipline themes were noted with particular reference to benchmarking of services – locally and nationally, innovation and research, new ways of working and recruitment challenges.
- 7.4 The role of Respiratory Physiology was described with reference to diagnostics and new ways of working. The work of sleep studies was highlighted. Reference was also made to the challenges being faced and the new processes being established to address these challenges
- 7.5 Members of the Board were advised of the accreditation of Cardiology Physiology services, specifically (i) WPH echocardiography and (ii) Transthoracic echocardiography, together with work required to achieve this.
- 7.6 There was discussion of staff training and development noting particularly upskilling and re-skilling our workforce in data analysis and Artificial Intelligence. It was also noted that there is no national

NHS funding allocated for training for Healthcare scientists but that Frimley Health Healthcare scientists benefit from the success of the Trust education teams training grant application.

- 7.7 The role of medical illustration was described. It was explained that the true value of clinical photography, especially in wound management, lies predominantly in the ability to achieve repeatable, comparative views over time. Within the department there is standardisation of: (i) Working procedures, (ii) Equipment, (iii) Lighting, (iii) Background, (iii) Viewpoint, (iii) Magnification, all of which are critically important.
- 7.8 The role of the Healthcare Science Council was also described. In January 2024 the Trust appointed a 2-day a week Chief Healthcare scientist to provide leadership and elevate the profile of the staff group. In May the FHFT Healthcare Science Council was formed with the scientist leads for each discipline meeting monthly to discuss cross discipline challenges, barriers and successes.
- 7.9 Gary McRae asked how the pipeline can be expanded and it what ways the Board can help. In response, it was noted that it would be helpful if the Healthcare Science Team could be part of the conversation taking place in relation to the staff development programme.
- 7.10 Jackie Westaway asked whether staff are leaving University having already been trained in Healthcare Sciences and in response it was noted that this forms part of a continuous process to which Universities contribute ideas.
- 7.11 Janet Rubin also asked what the Board could do to support the Health Care Scientists and in response it was noted that greater recognition and engagement in development programmes would be most helpful.
- 7.12 The Chair thanked the Healthcare Scientists for giving such a comprehensive presentation and said that the Board would consider the issues that had been raised.
- 7.13 The Board **NOTED** the Ward to Board presentation.

8. Chief Executive's Report

- 8.1 Lance McCarthy introduced the Chief Executive's Report. He started with the sad news of the passing of three FHFT colleagues: Angela Crockett, Deputy Managing Director for Berkshire and Surrey Pathology Services; Nick Payne, Emergency Department Consultant and previously Chief of Service for Urgent and Emergency Care; and Ali Malik, resident doctor in anaesthetics. Lance McCarthy commented on the fantastic contributions they all made to our patients and the impact their passing has had on many.
- 8.1 In other aspects of the report, the following points were noted:
- By the end of September, we had reduced the number of patients waiting over 65-weeks to 177. While this is still short of the national target of zero, our teams were able to treat almost 16,500 patients who would have breached that target in the last six months – a huge effort from all involved
 - Matt Joint and the Chief Executive hosted a staff briefing on 1st November to launch the Trust's new violence, aggression and negative behaviours reduction programme and outline what the Trust is doing to protect everyone from aggressive and abusive behaviours, including a new staff and public facing campaign
 - The Government has confirmed that Frimley Park Hospital and the other six hospitals with RAAC (reinforced autoclaved aerated concrete) issues will be exempt from their review of the national new hospital programme. We are being actively supported by the national New

Hospital Programme to maintain progress to ensure the new hospital will be open as soon as possible.

- Plans to relocate the urgent care centre from Aldershot and co-locate it with Frimley Park's emergency department, with extended hours, is progressing well thanks to a huge effort and flexibility by multiple teams within the trust and across the wider Frimley system.
- Congratulations were extended to the Trust's Artificial Intelligence (AI) Working Group for scooping a prestigious NHS Parliamentary Award.

8.2 Mike Baxter asked whether the relocation of the urgent care centre from Aldershot was a process of rationalisation and Lance McCarthy said that is to ensure that patients are seen in the right location.

8.3 Mike Baxter asked whether Artificial Intelligence was now seen as routine. Lance McCarthy said that it is now being used extensively and is increasingly being thought about in terms of solutions going forward. The Chair said that it would be helpful to have a further briefing on this. **Action Lance McCarthy**

8.4 The Board **NOTED** the Chief Executive's Report.

9. Trust Strategy

9.1 James Clarke presented a paper providing a high-level update on the development of the new trust strategy covering:

- Our engagement and high-level themes from the feedback to date
- Our plans to engage with our patients, staff and partners on our emerging Frimley Health 2030 strategy
- Summary of next steps ahead of the 2025 launch. The latest draft of the strategy has started to be designed to make it easier for wider engagement and comments. The design will be refined further.

9.2 James Clarke said that significant progress had been made in development of the Strategy and that there had been engagement with a wide range of stakeholders.

9.3 John Lisle asked whether the engagement covers underrepresented groups and James Clarke confirmed that this was the case

9.4 Caroline Hutton asked if the Strategy aligned with the NHS ten year plan and James Clarke confirmed that it aligned with the principles on which the ten year plan is being developed.

9.5 Janet Rubin asked how many people the engagement process reached out to and James Clarke said that it was in excess of 1,000. He added that part of the work of the engagement process was to put the information received into themes.

9.6 Na'eem Ahmed commented on the importance on achieving a balance between the quality and quantity of the engagement process.

9.7 The Board **NOTED** the update and **APPROVED** the plans for engagement on the draft Strategy.

10. Integrated Performance Report

10.1 The Integrated Performance Report was presented, providing a summary of the Trust's performance against the national quality indicators. It was noted that the report highlights:

- Updates from relevant Executive Team members in the following areas: Quality, Performance, People, Money
- Enhanced performance reporting using SPC methodology linked to a number of metrics across a range of domains
- Benchmarking reports
- Use of resources, activity and CQC Insights reports

Quality and Safety

- 10.2 Melanie van Limborgh noted that a task and finish group had commenced to address pressure injury prevention in line with national requirements. This group is focussing on implementing 'Purpose T', a new framework for recognising, diagnosing, and managing the risk of pressure injuries.
- 10.4 It was noted that the Trust has achieved over 90% for sepsis screening across the trust to date. The target to be met is for antibiotic administration to take place as scheduled. Improvement plans are in place to support this.
- 10.5 Melanie van Limborgh said that following the significant recovery of the volume of Friends and Family Test (FFT) returns for the Emergency Departments, there has been a decrease in the percentage of very good/good responses for the trust. Local actions are in place to address this. The metric remains in a positive position in terms of inpatient/outpatient FFT responses.
- 10.6 Linda Burke noted the importance of areas of good practice and asked that there be clearer lines of sight for local actions. She also noted that recorded complaints are often generic in nature.
- 10.7 Mike Baxter asked whether recordings of "Average Length of Stay" was sufficient and suggested that a more detailed measurement was required. It was noted that AI might help and Lance McCarthy noted that the figures were actually measured in a more detailed way than those shown in the report.

Performance

- 10.8 It was noted that in summary of what is on plan (and the Trust will carry on against its operating plan) and what is not on plan (and so requires action) at this point in the 2024/25 year – the Trust has three indicators on plan, and 4 off plan.
- 10.9 Specifically, the four indicators off plan are (i) all Type Urgent Emergency Care (UEC) performance (notably Type 1) (ii) 65-week current performance (but still within trajectory) (iii) 52 week current performance and (iv) RTT Waiting List size and outpatient waiting times.
- 10.10 It was noted that monthly all type ED performance for September ended up at 68.5% and that in terms of 65 week waits, the Trust concluded September with circa 177 patients breaching 65 weeks
- 10.11 It was noted that for each of the areas which are off plan there are a number of remedial actions which are being undertaken to bring these back to plan.
- 10.12 In terms of FHFT's relative performance against productivity measures agreed within the Trust's Operating Plan, in relation to the August and September 2024 performance, the Trust had four measures on track but nine measures which were off track.

- 10.13 John Weaver said that the report gave a good understanding of the position, in identifying the significant challenges that exist.
- 10.14 The Chair made reference to the significant investments that had been made to address elective performance and the relative inertia in terms of the size of the waiting list. The Trust would need to realise the opportunities presented by that investment in order to see a sustainable reduction in the size of the list, and make progress towards 18 week RTT which was likely to be a key part of the NHS Mandate over the remainder of this parliament.
- 10.15 Jims Hayburn spoke of the ambition to increase income through carrying out more elective work. He noted the importance of productivity and said that this will be included within the Business Planning process
- 10.16 Mike Baxter spoke the high rates of re-admission and asked what was being done to address this. Tim Ho noted the focus required in ensuring that appropriate support was available. John Lisle said that there was generally an understanding of those discharged patients who were likely to be readmitted.
- 10.17 Caroline Hutton made reference to the extensive transformation programmes in place, noting that there was further work to do on this issue.
- 10.18 Lance McCarthy commented that not every re-admission is inappropriate.

People

- 10.19 Matt Joint presented the People report and highlighted the following key points:
- August time to hire (TTH) is at 40 days, compared to 67.3 days in August 2023. TTH has been consistently under 50 days for the last 9 months, resulting in improved speed of onboarding and staff experience
 - The reduced reliance on international recruitment of nurses continues due to successful domestic recruitment programmes
 - The Trust has introduced a consistency panel for job planning for Medics and a team job planning guidance in advance of starting the 2024/25 job planning rounds
 - Turnover has risen over the last 5 months and is now at 11.18%, against a target of 10%. We regularly review exit data so that we can capture trends and put counter measures in place
 - The Trust recently reviewed workplace violence and aggression, including 2,000 reported incidents, underscoring the prevalence of verbal and physical abuse, substance abuse, racism, and capacity-related issues. The Trust's current policies and interventions, such as the use of body-worn cameras and conflict resolution training will be augmented with improved reporting mechanisms, and targeted training to better equip staff to handle these challenging situations.
 - The last 18 months saw a significant reduction in vacancies and turnover. However, there has not been a corresponding decrease in the use of nursing bank staff or medical agency. This is not a sustainable position, and the remedial actions identified will be essential if the Trust is to meet our financial targets.
- 10.20 Mike Baxter said that there was a need to better understand the establishment figures and the importance of exit interviews was emphasised. Linda Burke commented on the alignment of the establishment review with productivity and also made reference of the extent to which staff understand the purpose of establishment figures.

10.21 Matt Joint spoke of the success that had been achieved in reducing the nursing pay bill and Jim Hayburn noted the good progress that was being made.

10.22 Janet Rubin suggested that it would be helpful to receive an update on flexible working at a future meeting. **Action MJ**

10.23 John Weaver commented on the increase in turnover and Matt Joint said that this was for various reasons, for which a significant amount of data was available. James Clarke said that some turnover can be beneficial and that the Trust was below the national average on this.

10.24 Gary McRae spoke of the services provided to patients with Mental Health issues noting the challenges presented by episodes of violence and aggression. Melanie van Limborgh said this is a complex issue and that this was being addressed by a small specialist team. Jim Hayburn suggested that this may require a wider solution.

Money

10.25 Jim Hayburn presented the finance report, with a number of key points as follows:

10.26 The Trust financial position as at month 6 shows a surplus of £2.6m which is £1.4m adverse to plan. This is after the receipt of deficit funding from NHS England, which has allowed us to reset our financial plan as break even.

10.27 The surplus in the month was £25.7m which included the planned £18.6m final tranche of the Heatherwood land disposal.

10.28 The Trust has achieved £22.1m savings, against a plan of £21.8m. The forecast overall is £43.8m, a £1.2m adverse variance to plan. 74% of this forecast is expected to be recurrent. Work continues to ensure planned schemes are on track to deliver the plan, with a focus on recurrent schemes.

10.29 Jim Hayburn said in order to meet its financial targets, a number of actions were needed as follows:

- An increase in income
- A reduction in expenditure
- Establishing internal controls
- Reaching out to the Integrated Care Board

Audit

10.30 Gary McRae advised the Board that there was not an Audit Committee Report for this meeting. However, he told Board Members of the preparation of a three year plan that was underway to ensure a process of sustainability going forward and that this would be presented to a forthcoming Audit Committee Meeting.

10.31 The Integrated Performance Report, including (i) the Quality and Safety Report, (ii) the Performance Report, (iii) the People Report (iv) the Finance Report and (vi) Audit Report were **NOTED**.

- 11.1 Eleanor Shingleton-Smith presented a progress update on the EDI High Impact Actions. It was noted that the NHS England High Impact Actions on EDI represent an ambitious programme of work and that the Trust has committed to deploying the programme.
- 11.2 She said that there are six high impact action areas which include:
- Having measurable objectives on EDI for Chairs, Chief Executives and Board members.
 - Overhauling recruitment processes and embedding talent management processes.
 - Overhauling total pay gaps with respect to race, disability and gender
 - Addressing health inequalities within the workforce.
 - Having a comprehensive induction and onboarding programme for internationally recruited staff.
 - Creating an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur
- 11.3 Na'eem Ahmed emphasised the importance of transparency which he suggested could be more fully reflected within the paper.
- 11.4 It was also suggested that there should be more data within the report and Eleanor Shingleton-Smith confirmed that a considerable amount of data was available.
- 11.5 Janet Rubin said that it would be helpful to have further information in relation to Agenda for Change bandings within different ethnic groups. She also asked for a timescale in relation to the on-going development of Inclusive Recruitment and Eleanor Shingleton-Smith said that she would address this.
- Eleanor Shingleton-Smith**
- 11.6 The Board **NOTED** the EDI High Impact Actions update.

12. Freedom to Speak Up Arrangements

- 12.1 Steve Roots presented a paper to update and assure the Board of the next steps for the Trust's Freedom to Speak Up (FTSU) service in keeping with the National Guardians Office and CQC expectations and guidance.
- 12.2 Through the paper, Steve Roots commented on the current FTSU climate and next steps for the Trust. He particularly noted that following the business case for FTSU in April 2024 shared at EPOD, funding in September was agreed for two posts in the first instance, being a deputy FTSU guardian and an FTSU administrative post, to allow the service to make steps forward but allow greater balance in the reactive side of the role in listening to staff and concerns raised.
- 12.3 Janet Rubin commented that there were a significant number of actions identified in the paper and suggested that they should be made more specific with timescales allocated. Steve Roots confirmed that this was being worked on for the People Committee.
- 12.4 John Weaver asked how it was possible to create an environment where people feel free to speak up and in response Steve Roots said that it was important to focus on and address any barriers in place.
- 12.5 Caroline Hutton said that it would be helpful to receive feedback of instances where FTSU has proved to be of value, without breaching confidentiality.
- 12.6 Jackie Westaway asked why recruiting to the new posts had not been achieved more quickly and Steve Roots said that this had been because of business continuity issues.

- 12.7 Gary McRae asked if there is a strategy for supporting people who had spoken up and Steve Roots said that there was work to do on this issue.
- 12.8 The Board **NOTED** the update on Freedom to Speak Up.

13. The Winter Vaccination Programme

- 13.1 Melanie van Limborgh presented a paper advising the Board on the 2024/25 Winter Vaccination Programme and campaign.
- 13.2 She noted that the campaign is built on previous campaign models and will continue to review and refine the vaccination offering for our staff to ensure every opportunity is maximised.
- 13.3 She asked that the Board support the Winter Vaccination Programme at every opportunity by encouraging colleagues to and leaders to engage and promote vaccination.
- 13.4 Na'eem Ahmed emphasised the need to map out the uptake on the vaccinations by different groups of staff and Melanie van Limborgh endorsed this.
- 13.5 The Board **NOTED** the winter vaccination programme.

14. Update - Frimley Health NHS Foundation Trust Winter Plan 2024/25

- 14.1 A paper was presented to provide an update to the Trust Board of Directors with respect to the Trust's Winter Plan for 2024/25. The following points were noted:
- The winter forecast bed plan identifies an overnight emergency bed requirement at peak times of 1334 spread between Frimley Park and Wexham Park hospital
 - At present Frimley Park and Wexham Park Hospitals provide emergency overnight bed stock including unfunded escalation of 1262 bed occupancy.
 - The Trust's Winter Plan does not allow for increased internal bed capacity within or external increase working with Frimley Integrated Care System (ICS).
 - At present Frimley Park and Wexham Park Hospitals provide emergency overnight bed stock including unfunded escalation of 1262 bed occupancy. This is a shortfall of 72 emergency overnight beds and there are two peak months in our winter forecast of concern – November 2024 and February 2025
 - The FHFT Urgent and Emergency Care (UEC) Board met on 17 October and agreed the priority focus for the Trust was Same Day Emergency Care (SDEC) work over the winter months.
- 14.2 John Weaver spoke about the financial impact of the plan and it was noted that there would be no additional resource for implementation of the Plan.
- 14.3 John Lisle expressed his concern in relation to the identified shortfall of 72 emergency overnight beds noting two peak months in the winter forecast – November 2024 and February 2025. Ellis Pullinger said that he endorsed that concern.
- 14.4 It was noted that in order to address the challenges identified, the Plan focuses on 10 high impact interventions and has set priorities with respect to the following:
1. Co-locating UTC Aldershot to Frimley Park Hospital (November 2024)
 2. 10 high impact interventions to focus on single point of access, admission avoidance, optimising virtual wards including potential increased capacity and optimising SDECs

3. Daily priorities to optimise patient flow, early board rounds, Criteria Led Discharge and Criteria to Reside.

4. Capacity, command, and control triggers – activation of Opel Framework

14.5 The Board **NOTED** the Frimley ICB Winter Plan.

15. Public Questions

15.1 Malcolm Treen asked a question about car parking provision for Frimley Hospital. In response it was noted that discussions were taking place with Surrey Heath Borough Council at which different options were being considered and that it was therefore work in progress at this stage. It was also noted that development of the M Block Unit would need to be taken into account.

15.2 Sarah Peacy commented on aspects of the Winter Plan as previously discussed with particular reference to segmentation. She said that segmentation is used as part of triaging patients and their access to care. She said that no patient should be disadvantaged by segmentation and by not being clear where they are expected to access care so the role of effective communications in this respect is vital.

15.3 In relation to the paper on the Winter Vaccination Programme, a question was asked as to whether the flu/covid vaccinations administered to staff off site would form part of the aggregated numbers counted for Frimley. It was confirmed that this was the case.

16. Date of Next Meeting

16.1 Friday 10th January 2025 08.30 – 11.30


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

Name:	Bryan Ingleby
Signature:	
Date:	

4. ACTION LOG FROM THE PREVIOUS MEETING

REFERENCES

Only PDFs are attached

-  4. Public Board Action Log January 2025.pdf

BOARD OF DIRECTORS MEETING IN PUBLIC ACTION LOG

Friday 10th January 2025

AGREED ACTION	LEAD	END DATE
CLOSED ACTIONS		
ACTIONS IN PROGRESS		
<p>1st March 2024 – 11.7 People Update The Board will receive a detailed update on actions the Trust is taking on staff wellbeing at a future Seminar.</p>	Matt Joint	March 2025
<p>6th September 2024 – 9.27 & 9.28 EDI Annual Report Ensure the Trust's people priorities are strongly reflected within the strategy. The Board would receive an update with clear commitments.</p>	Matt Joint/ James Clarke	March 2025
<p>1st November 2024 – 8.3 Chief Executive's Report A briefing to be prepared on the extent to which Artificial Intelligence is being considered in terms of solutions going forward.</p>	Lance McCarthy	May 2025
<p>1st November 2024 – 10.22 People Report A briefing to be prepared on flexible working.</p>	Matt Joint	March 2025
<p>1st November 2024 - Equality, Diversity and Inclusion Report</p> <ul style="list-style-type: none"> (i) Further Information to be provided on Agenda for Change Bandings within different ethnic groups. (ii) Timescale to be provided in relation to the on-going development of inclusive recruitment 	Matt Joint Eleanor Shingleton- smith	March 2025

5. PATIENT STORY

Video Presentation

REFERENCES

Only PDFs are attached



5. Patient story Nov 24mvl.pdf

Patient Story Cover Sheet

Patient Story Name:	Maria Cook
Meeting & Date:	Trust Board Meeting January 2025
Agenda Item	5.
Synopsis: (inc directorate/ inpatient/outpatient/ hospital site)	<p>The patient story highlights Maria Cook's husband's stay in Wexham Park Hospital and their experiences in the Emergency Department (ED) and the Intensive Care Unit (ICU). Her husband sadly died after lengthy treatment in Wexham, and a 3 month stay in ITU.</p> <p>Maria is positive in her praise of the treatment given to her husband and in the way that she was treated.</p>
Source of story: (Complaint/compliment/ incident/ targeted invite)	Referral by the Matron - ICU Wexham Park Hospital
Directorates/ Meetings/ Committees where story has been shared:	<p>Shared with ED and ICU Heads of Nursing & Chiefs of Service</p> <p>Presented at the Patient Experience Forum November 2024</p>
Areas of good practice identified:	<p>Several examples of good practice are identified in the video. These include:</p> <ul style="list-style-type: none"> • Excellent communication • A caring, respectful, compassionate attitude from staff • Staff going "above and beyond". • Openness/ honesty in dealing with errors/ concerns. • Identification of ED, ICU and PALS (Patient Advice and Liaison Service) as areas of good practice. • Specific highlight of the consultant who rang and spoke to Maria and then waited to before Mr Cook's husband was 'intubated' (for treatment on a ventilator), until she had made the return journey to Wexham. • Positive interaction with the ICU ward clerk and the importance of the role in often being the first person to greet a relative.
Issues identified:	<ul style="list-style-type: none"> • The role of Therapy provision in ITU • Mr Cook highlighted views on the ICU step-down facilities. • The error Mrs Cook refers to in ITU was a never event relating to an insulin overdose when the patient came to no harm. The Patient Safety Team led an investigation and shared the findings with Maria. The incident was widely shared across the Trust and

	<p>significant changes have taken place because of this incident. This includes changes to how insulin is prescribed on the 'EPIC' patient administration system. There has also been changes to storage of insulin syringes and the separate 1ml syringes for them to be easily identified.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • Therapy provision – the Trust manages therapy staffing levels specified in best practice guidance by the Intensive Care Society 2022 and has mitigation in place. • ICU nursing staff can assist patients out of bed as part of their daily care once this has been assessed as safe to do so. There is still a priority on occasions to provide additional Allied Health Professional (AHP) rehabilitation e.g. strengthening exercises, functional rehabilitation, swallowing and communication rehabilitation, Occupational Therapy (OT) and Speech and Language Therapy (SLT) provision to ICU, as needed so an amount for rehabilitation is performed by physiotherapists which may affect some of the care provided during the weekend period in the ICU. • The Trust is seeking to further develop and enhance the AHP workforce, and this will be under consideration this year. • Step-down from ITU is managed carefully. Patients who transfer to a general ward move from an area where they have a one nurse for their care. The Critical Care Outreach team continue to provide follow-up visits to patients to help bridge this care ensuring continuity and providing reassurance to patients and their families. • Patients being discharged from ITU may still require a higher level of care or monitoring may transfer out to a medical Acute Dependency Unit (MADU), Surgical Acute Dependency Unit (SADU) or the Coronary Care Unit (CCU.) • The Trust also has Call 4 Concern (C4C) process, where patients and their families/ carers can contact the Outreach Team directly for support if they have any concerns. • This story will be shared widely within the trust to demonstrate how staff attitude and behaviour impacts on the experience of our patients and their families. The patient experience team shared this video with the directorate involved. The normal process is for sharing patient information in a directorate is to highlight with appropriate forums. This may vary depending on the story/situation and there are several opportunities used to include educational half days, clinical governance, morbidity & mortality, ward meetings, team briefs etc. • This story was shared at Patient Experience Forum in November, attended by all the Directorate Heads of Nursing, and was distributed to the Trust Education team who use patient stories to support staff training.

6. WARD TO BOARD: RAPID RESPONSE TEAM AND PATIENT DETERIORATION

REFERENCES

Only PDFs are attached

 6. Ward to Board presentation RRT KBm.pdf

Ward to Board:

Overall Purpose:

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

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

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

Service: Rapid Response Team FHFT

Total Staff Numbers:25

Patient/Service Activity:

The Rapid Response team at Frimley Health respond to all Adult and Paediatric Emergency calls. We attend over 3000 calls each year.

We work collaboratively with the Patient safety team, quality and our clinical areas to provide a safe and effective service across Frimley health.

We also undertake the delivery of education and training for Frimley Health staff.

What do our patients /service users say about us?

Do well

1. Supportive and knowledgeable, when deteriorating patients are escalated to the team. Using the NEWS2 (National Early warning score) track and trigger

Across Evidence source: The aim of the project was a 5% reduction in the number of SIs relating to deteriorating patients, by March 2021. A further objective was to continue this improvement, leading to an overall reduction in number of SIs by 25%, by March 2022. The project achieved a reduction of 66% in year one (24 to 8 declared SI's) which was maintained at 58% reduction (10 SI's) overall. In the last year there were 2 serious incidents related to suboptimal care

2. Consistent and approachable. Good engagement with the wider Multi-disciplinary teams (MDT) that make up our Medical Emergency teams.

EVIDENCE: Engaged MDT

3. Call 4 Concern / Marthas Rule, introduction at Frimley Health (acute sites). Several calls per month into both teams. 3 patients have been successfully escalated to a higher level of care since the introduction in 2022.

Could do better

1. Optimize EPIC Digital System (electronic patient record system EPR)
 - Automation of high NEWS scores from the ward to the team
 - Reports and auditing
2. Service feedback in a more formalised manner e.g. greater utilisation of Link Nurses to support the clinical work force at ward level.

What do our staff say about us?

Do well

1. Responsive, supportive and kind

2. Training and education (MDT)

- Advanced Life Support Courses at Frimley Health

Positive and consistent feedback via the Resuscitation Council (RC)UK and Advanced life support Group(ALSG) from candidates that attend our Advanced course.

3. Visible across the organisation

- The Medical and Surgical Acute dependency units (MADU & SADU) are visited daily with the Outreach Consultant.
- The team will aim to visit ward areas daily.
- Key areas identified will be visited twice daily to support
- Medical Emergency team briefings at 09:00 and 21:00

Could do better

How the team shares timebound critical information, the team is optimising and exploring the use of communication platforms.

Development of formal speciality meetings with key directorates.

- Education and training
- Governance and risks

Performance on a page

Top 3 areas of performance	Areas of focus for improvement in performance
<ol style="list-style-type: none"> Mandatory and Statutory Training <ul style="list-style-type: none"> Adult and Paediatric, Resuscitation level 2 and 3, yearly for staff. Advanced courses (income generation) <ul style="list-style-type: none"> 10-12 Advanced courses per year. Sub optimal care - serious incidents <ul style="list-style-type: none"> 2 Serious incidents reported in the past year 	<p>Maintain levels of training for all staff at Frimley Health. Introduction of face to face for Level 2</p> <p>Continue to provide and look to increase the number of Advanced courses</p>

Financial Performance YTD

Planned	Actual
Within budget	Within budget

Top 3 Risks

1. Mandatory and Statutory Training	Adult and Paediatric Level 2 (F2F) – meeting the requirements for face to face training in line with mandatory requirements as the standards in changing nationally. Adult and Paediatric Level 3 maintain at current percentage
2. Emergency Bleeps	Potential issues of the current digital system due to inconsistent Wi-Fi areas at the Frimley Park Hospital site. Mitigated by a range of measures.
3. Hyper-escalation beds and boarding.	Risk assessments and oversight for the executive team. <ul style="list-style-type: none"> • The Deteriorating patient and Resuscitation Committee Clinical Leads have been involved in risk assessments of the clinical areas for suitability. In the 'Hospital Full' policy.

Top 3 strategic developments

1. Sepsis	<ul style="list-style-type: none"> Working collaboratively with the Quality team and the Trust priority, all patients to be screened for Sepsis, if patients are noted to have a 'NEWS' 5 score, or greater escalation score. Using our digital system (EPIC) to utilise the Sepsis bundle and treatments. Improve the recognition and ongoing management of patients that present with sepsis.
2. Team/H@N (Hospital at Night service)	<ul style="list-style-type: none"> 'Hospital at night' safety meeting, alignment for both sites Medical Emergency team briefing, improve and develop the process
3. Martha's Rule	<ul style="list-style-type: none"> A national project of which the Trust is participating in to highlight and improve deteriorating patient escalation., a successful bid for project finance. Introduction across Frimley health with the support of the seconded posts on each site Embed the 3rd element – "How is the patient feeling now, compared to earlier/yesterday". Or ask the relative.

Top 3 Quality Improvements

1. Sepsis	<ul style="list-style-type: none"> • Optimisation of ‘bundle’ of reporting themes in the Epic system and the ability to report effectively and consistently. • Work with Quality team and the trust priority • Clinical leadership and education
2. Reduction in ward based cardiac arrests	<ul style="list-style-type: none"> • EPIC – ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) embedded • National Cardiac arrest Audit (NCAA) data • Education
3. Sub optimal care of the deteriorating patient	<ul style="list-style-type: none"> • Continue with ward-based education • Delivery of Courses – study days • Road shows • Deteriorating patient Link nurses to support/education with Sepsis, escalation of deteriorating patients, introduction of Martha’s rule

CQC Self-Assessment

Safe	Effective	Caring	Responsive	Well Led
Under assessment	Under assessment	Under assessment	Under assessment	Under assessment

The Rapid Response Team is not a dedicated CQC inspection domain. Elements of the service can be found in the Critical care directorate domain. The Rapid Response Service will be undertaking a local gap analysis as part of the Care Quality Programme.

Notes:



Current self-assessment rating in progress - identifying changes from most recent CQC rating and a number of measures completed to take to reach outstanding in each category.

Questions from the Board

7. CHIEF EXECUTIVE'S REPORT

REFERENCES

Only PDFs are attached

-  7. CEO Cover Sheet.pdf
-  7a. CEO BOARD REPORT - Jan 2025.pdf

Report Title	Chief Executive's Report
Meeting and Date	Public Board of Directors, Friday 10 th January 2025
Agenda Item	7.
Author and Executive Lead	Lance McCarthy, Chief Executive
Executive Summary	The Chief Executive's Report provides a bi-monthly update on key activities and events in the Trust. The report highlights the national context, the Trust's developments and achievements, and strategic updates.
Action	The Board is asked to NOTE the Chief Executive's report.
Compliance	Board Assurance

CEO BOARD REPORT – January 2025

This report provides an update on the key issues facing the Board since it last met.

1. Operational and financial pressures

The key drivers and detailed information supporting the operational and financial pressures and position are outlined in the Integrated Performance Report and associated items on the agenda later. Headline summaries for these are shown below.

1.1 Urgent Care

Our urgent care performance and flow remains under significant pressure. 71.6% of FHFT patients were seen, treated and admitted or discharged within 4 hours in December.

The demand for our urgent care services continues to increase on a monthly basis when compared to last year and we continue to work closely with all partner organisations across the Frimley system to support our patients safely and effectively. This includes enhanced Same Day Emergency Care (SDEC) at WPH and FPH, extended urgent community response and the maximisation of influenza, covid-19 and RSV vaccinations.

Thanks to system colleagues for supporting a successful Multi-agency Discharge Event (MaDE) at WPH and FPH on 17 December, freeing up inpatient bed capacity with the more timely discharge of patients on both sites, and we are planning on running similar events on 8 January and 12 February.

In addition, to better meet the urgent care needs of the populations in the south, we opened an urgent treatment centre on the Frimley Park Hospital site on 27 November. The service, run by North Hampshire Urgent Care (NHUC), replaces the Aldershot urgent care centre with a service that is open from 08.00 until 00.00, seven days a week. Co-location with the emergency department supports the ease of redirection from the ED, enabling appropriate patients to be seen faster by an appropriate clinician. To date an average of 58 patients per day have been cared for through the UTC, with an average time of 105 minutes.

Despite the above actions, we have unfortunately seen an increase in the number of times and the severity with which our EDs have become bottlenecks in the flow of patients into and through the department and into, through and out of inpatient beds. This has led to increased occasions where we have had to care for patients in the corridors outside the EDs at both WPH and FPH.

This is not accepted by anyone in the Trust as being standard and the safety of any patients in the corridors is treated with the highest priority including regular reviews and observations, and a strong focus on the maintenance of privacy and dignity at all times. We continue to work closely with ICB and Regional colleagues to provide assurance with regard to the quality of care provided in escalation areas.

1.2 Financial position

The ongoing financial pressures across the system and the organisation mean that we are forecasting a breakeven year end position as part of a system wide £10m deficit position.

This is however not without risk and we remain committed to fully delivering £45m of cost reductions over the year, continuing to manage down agency expenditure to achieve this and maximising income through ERF funding whilst also reducing waiting times for planned care.

Whilst the planning guidance for 2025/26 is not available, it is expected that it will be a more difficult year financially than 2024/25 with a probable real term reduction in funding of c. 1% - 2%. We are working closely with ICB colleagues to develop system wide plans and initiatives to maximise efficiency between us jointly, as well as within our own organisations.

ACTION: The Board is asked to note the current operational and financial pressures and our responses to them.

2. Major capital projects

We remain on track to meet our revised capital expenditure for the year of £81.5m, across estates, digital and medical equipment. Aligned with the refreshed organisational strategy and the underpinning clinical strategy, we are developing a 2-3 year capital programme to better plan major investments over time and provide increased clarity to colleagues.

The two most significant capital projects, at either end of their evolution, in this year's programme are:

2.1 New diagnostic and inpatient building at Frimley Park (M-block)

Originally planned to be opened during the winter months, M-block is now planned to open in April 2025.

An NHS Estates Technical Bulletin 2024/3 (NETB) was issued on 27 August 2024 as an enhancement to the most recent safe water in healthcare HTM. Its aim is to further minimise the potential risks to harm for patients from the exposure to nontuberculous mycobacteria (NTM) in water. This included the recommendation to fit a point of entry filter (POEF) to the water supply coming into any new building to prevent the introduction of NTMs into the water supply. The installation of a POEF was a recommendation from our water safety group, based on the professional advice of our microbiologist infection prevention lead and our Authorised Engineer for Water. This work required to install the POEF with the subsequent delay to the commissioning of the building has led its opening being delayed until early April 2025.

2.2 Slough Community Diagnostic Centre

I had the privilege of attending the groundbreaking event for our new Community Diagnostic Centre (CDC) in Slough on 22 November. I was joined by colleagues from across the organisation and the wider Frimley system who have been influential in getting us to this point, as well as the local MP and Mayor.

The £25m CDC will open in late 2025, providing MRI, CT, ultrasound and plain film imaging, as well as other diagnostic services and new clinical pathways that closely align with the needs of the local populations and will increase capacity for and access to diagnostics to support early diagnosis in line with government policy.

ACTION: The Board is asked to note the delay to the opening of M-block.

3. People initiatives

3.1 CFO and COO recruitment

I am currently out to advertisement to fill the CFO and COO roles substantively. There has been strong interest from potential candidates for both roles. Interview dates and arrangements are currently being firmed up and likely to be 31 January and 14 February respectively. The selection processes will include the opportunity for a wide range of stakeholders within and outside of the Trust to be involved, including system partners and governors.

3.2 NHS Staff survey

The national staff survey closed in the autumn with just over 50% of colleagues completing the survey. The results will be published nationally over the next few months.

3.3 Staff awards

The hard work, dedication and achievements of our people over the last year were in the spotlight at our 2024 staff awards. The event was sponsored by the Frimley Health Charity and co-hosted by comedian and broadcaster Dr Phil Hammond and saw 60 individuals and teams shortlisted from more than 450 entries across nine categories. Well done to all colleagues nominated and shortlisted as well of course to all the winners. [Details of all winners](#) are on the news page of our trust website.

4. Trust strategy

The Trust's current 5-year strategy ends in 2025. A new strategy for 2025-2030 has been developed and engaged with widely across the Trust. The final draft version is shortly to be discussed more widely with patients and users of our services as well as with colleagues to get further feedback before being launched in the spring.

The strategy aims to set a clear direction for the organisation for the next 5 years to support our planning, capital and revenue investment and staffing development over time. It is aligned with our drive towards a new Frimley Park Hospital and has been developed around the government's 3 stated strategic shifts for the NHS:

- Hospital to community
- Analogue to digital
- Treatment to prevention

5. External factors / influencers

5.1 English Devolution White Paper

The English Devolution White Paper was published on 16 December 2024 with the aim of widening devolution across England. It sets out plans to accelerate the transfer of responsibilities from Westminster to local areas in the form of Strategic Authorities (of c. 1.5m population).

One of the key responsibilities of the Strategic Authorities would be to address the social determinants of health / ill health. The white paper outlines expectations of a closer alignment over time of public services boundaries with Integrated Care Systems and to give more freedom to Mayors, including playing greater roles in Integrated Care Partnerships (ICPs) and Integrated Care Boards (ICBs). Many of these changes are likely to take a number of years but discussions on potential changes, opportunities for closer alignment and development of Strategic Authorities locally are likely in the near future.

5.2 NHS Operational planning and contracting guidance

The annual planning guidance for the following financial year has historically been released in the Christmas week. The guidance for 2025/26 is not expected to be available for a number of weeks.

The guidance and associated financial allocations are expected to support the government's strategic shifts, particularly hospital to community, with increased funding to primary and community sectors, as well as ensuring a maintenance of the protected funding for mental health investment. It is also expected that there will be a real term reduction in funding of between 1% and 2%.

The guidance is also expected to include an operational performance standard for the proportion of patients with non-urgent conditions who are waiting longer than 18 weeks from referral for their treatment. At the recent launch of the government's 'Plan for Change' on 5 December, the key health milestone for the mission-led government was to end hospital backlogs during this parliament with 92% of patients waiting less than 18 weeks for non-urgent treatment. A clear performance standard next year en route to the 92% aim would be sensible.

5.3 10 year plan

The government continues to engage in conversations with the public over the development of the 10-year plan for the NHS, which it is planning on launching in spring 2025. In person events are ongoing and information about these and opportunities to tell your stories and to make suggestions remain through the website <https://change.nhs.uk>.

ACTION: The Board is asked to note the CEO report.

Lance McCarthy, January 2025

8. INTEGRATED PERFORMANCE REPORT

REFERENCES

Only PDFs are attached



8. Performance Report Cover Sheet.pdf



8a. FHFT - Performance report (for Board) - November 2024 v2.5.pdf

Report Title	Integrated Performance Report
Meeting and Date	Public Board of Directors, Friday 10 th January 2025
Agenda Item	8.
Author and Executive Lead	Health Information Services Ellis Pullinger, Chief Operating Officer
Executive Summary	<p>The Integrated Performance Report provides a summary of the Trust's performance against the national quality indicators. The report highlights:</p> <ul style="list-style-type: none"> • Updates from relevant Executive team members in the following areas: Quality, Performance, People, Money • Enhanced performance reporting using SPC methodology linked to a number of metrics across a range of domains • Benchmarking reports • Use of resources, activity and CQC Insights reports
Action	The Board is asked to NOTE the Integrated Performance Report and receive assurance on the Trust's performance against the national quality standards.
Compliance	CQC quality standards and NHS performance standards



Frimley Health
NHS Foundation Trust

Performance report

January 2025



Contents

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

The targets and actuals relate to the reporting month November 2024 for the financial year 2024/2025

Please note that metrics where data is not currently of sufficient quality for external reporting have been excluded from the report. They are being monitored internally and will be added into the report as soon as they are available.

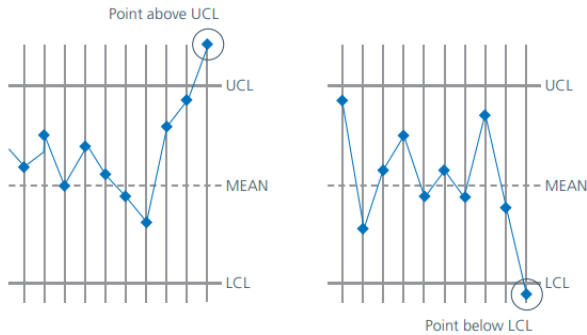
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Statistical Process Control (SPC)

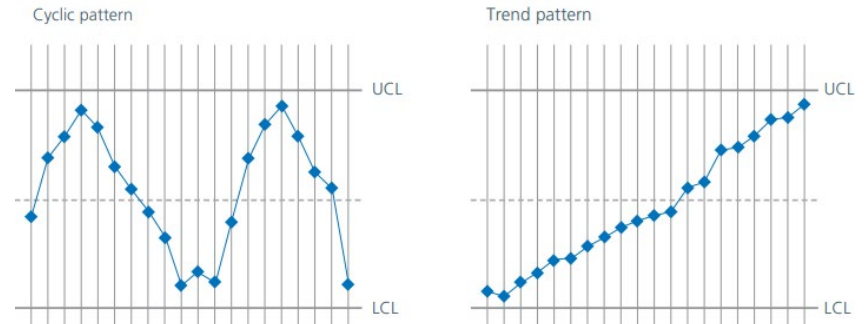
Statistical Process Control helps to understand what is the norm and what is different. Performance of a KPI is looked at over time and statistical analysis is used to calculate an “upper control limit” and a “lower control limit”.

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

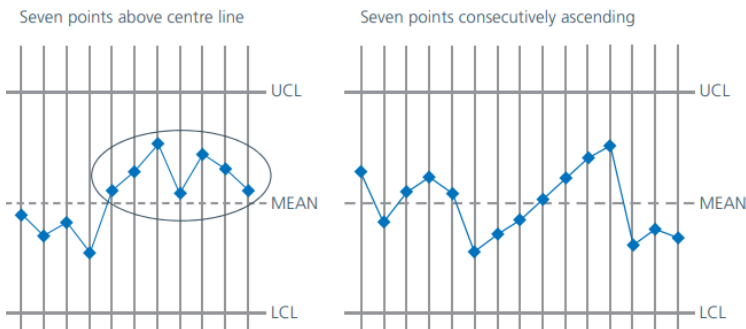
Rule 1 – any single point outside control limits



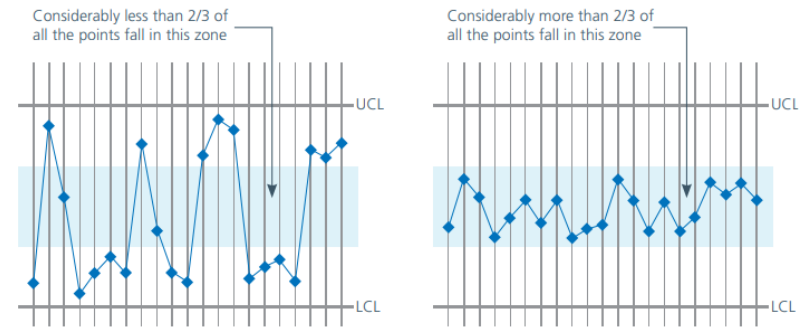
Rule 3 – any unusual pattern or trends within the control limits



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









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



Produced with thanks to NHS England and NHS Improvement resources

Statistical Process Control (SPC)

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

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

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

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

Cover sheet – Quality and Safety – Chief Nurse and Chief Medical Officer

Trust quality priorities 2024-25 The trust has six quality account priorities.

- 1. Sepsis** – The trust improvement work around early recognition of, and response to sepsis has seen a consistent performance on or above the 90% target for screening since April 24. Our last published audit results (Oct 24) show that we achieved 92% (against a target of 90%) in antibiotics being administered in the appropriate timeframe. An improving picture is also noted for neutropenic sepsis, however further improvement is required to reach the 90% ambition to meet the door to needle time of 1 hour. The Acute Oncology teams are working closely with the Emergency Department Teams to educate staff on recognition of neutropenic sepsis, training staff to use ultrasound guided cannulation and increase nursing expertise and confidence in using Patient Group Directive's for first dose antibiotic treatment (a doctor's prescription is not required).
- 2. End-of-Life Care (EOLC)** – The trust EOLC leads have been focusing on targeted training with clinical teams to ensure they are confident having difficult conversations with patients and their families. We have seen an improvement in 1 out of 3 of our national audit performance metrics relating to this ambition in quarter 2. A new metric was added to the EOLC quality priority in July 24 following our national audit results at the end of quarter 1 which indicated that documentation required relating to care needs such as hydration needed to improve. Following a survey of our nursing staff to understand any training needs a bespoke training programme is being designed by the EOLC team for nursing teams and Frimley Health will be hosting a conference on Prioritising End of Life Care In Acute Hospitals in February 25.
- 3. Nutrition** – An improvement is evident in terms of the number of patients who are at risk of malnutrition having early first line interventions put in place such as nutritional supplements. This is a result of training our ward teams in nutrition and an improvement project which has enabled nurses who have undergone the relevant training to administer the supplements under a Patient Group Directive on EPIC (a doctor's prescription is not required).
- 4. Reducing Catheter Associated Healthcare Urinary Tract Infections (CAUTI)** - To support the reduction in CAUTI a rolling programme of catheter care audits are conducted quarterly. The results are shown by ward and shared with Heads of Nursing, Matrons and Ward sisters together with recommendations for practice. Wards are now asked to feedback to the infection prevention and control team the actions they are taking following the audit results to improve practice, and education at ward level is focused on ensuring there is a clear indication for a catheter and that this is documented, followed by daily assessments as these are the two main areas where improvement is required.
- 5. Shared Decision Making (SDM)** – A number of specialities across the trust are utilising patient decision aids to encourage patients to have greater understanding of risks and benefits of treatment options and have quality improvement projects in place. The Shared Decision Making and Consent Audit for planned care patients is due to be completed in January to test the progress of the quality improvement work in specialities such as Urology, Breast and ENT .To support more patient involvement in decisions about care and treatment for our inpatients we have re-launched our bedside handover framework for nursing and will be developing a new ward round framework for quarter 4 of 2024 following a successful pilot in Orthopaedics.

Cover sheet – Quality and Safety – Chief Nurse and Chief Medical Officer

Trust quality priorities 2024-25 continued

6. **Pressure Injuries (hospital acquired)** - Led by the Deputy Director of Clinical Education and Practice Development a programme of work has commenced with the Frimley excellence team supporting. 4 key countermeasures have been identified: Implementation of Purpose T (pressure injury risk assessment); Best practice review; Data provision; and patient journey audit. These countermeasures have been identified through a nursing summit (Sept 24) and subsequent focus groups during Oct 24. A reduction in the total number of pressure injuries was observed during quarter 2. The ambition is to reduce all pressure injuries and have zero grade 3 or 4 hospital acquired pressure injuries by the end of 2025/26.

Inpatient Falls

The Falls Steering Group currently has 4 key workstreams, relating to falls prevention leaflet, falls prevention monitors and risk assessment completion within 6 hours of admission, these were identified as the priority from focus groups held with frontline teams. Falls with harm are being escalated to Heads of Nursing and Matrons weekly for urgent oversight and management of high-risk patients. A reduction in total number of falls and falls with moderate harm was noted in quarter 2, particularly around a reduction in the number of patients sustaining a fractured Neck of Femur, however both have seen an increase again during the start of quarter 3. This workstream reports into the Nursing Midwifery and Therapies Board and a Head of Nursing has been appointed as the Falls lead for the trust.

Venous Thromboembolism Prevention (VTE)

The national standard for venous thromboembolism (VTE) risk assessments in the NHS is that at least 95% of inpatients aged 16 and over should be assessed for VTE risk on admission to hospital. National data collection for this standard was re-instated from July 24, although no national performance/benchmarking data is currently available. The latest data submitted by the trust for Oct 24 shows an overall compliance of 88% for adult patients including maternity services. Further work to optimise the VTE assessment workflow in EPIC for Maternity services is required, this is due to be approved at VTE committee in January together with the Maternity VTE improvement plan. There is a training programme for resident doctors in place, with regular reminders regarding VTE completion. All consultants are provided with trust, site and specialty VTE performance data.

Never Events

2 Never Events were reported in October 24 both relating to wrong site surgery. There were no never events reported during November 24 (see slides 8 and 10).

Cover sheet – Quality – Committee assurance statement

<p>Key Highlights and Discussion Points Including Assurance Points for Board</p>	<p>The Committee received the Quality, Audit and Clinical Effectiveness Report. The year end position of the Quality Account reported participation in the mandated national audit programme. Of the 74 HQIP mandated audits, 58 were applicable to FHFT services and the Trust participated in 55.</p> <p>The Committee received the patient experience feedback data and activity of the patient experience team. It was noted that PALS and complaints volumes show a slight upward trajectory which may be due to efforts to better capture the activity levels within our PALS services</p> <p>It was noted that the Care Quality Programme has been progressing work to continuously enhance services and to provide support and guidance for all staff. There has been a good level of engagement.</p> <p>The Committee noted that the Clinical Accreditation team have conducted a total of 50 pre-assessments, assessments and “requires improvement” revisits during the period April to September 2024 with 40 wards, of which 20 were silver.</p> <p>The Committee received the maternity dashboard. It was noted that in terms of activity, year to date birth numbers remain stable and in line with the projected number of births for the year.</p>
<p>Key risks to Escalate</p>	<p>The Committee noted the large number of red items recorded within emergency surgery in the Clinical Effectiveness dashboard. Emergency surgery rates will be clarified at the next meeting with actions being taken to address these.</p> <p>The Committee noted from the Patient Safety Update that there has been an increase in falls with harm across the Trust and a significant rise in all grades of pressure ulcers. The Trust has been identified as an outlier for the number of pressure injuries recorded.</p> <p>In the Infection Control Update, particular reference was made to improvements required in standards of fundamental care such as hand hygiene and cleanliness of environment and re-usable patient equipment.</p>
<p>Recommendations/ Decisions Made</p>	<p>It was agreed that in future, the reports will contain the data that shows clear targets, progress over time and benchmark data.</p> <p>At the next meeting, the Committee will receive: benchmarking data on falls and grade 3 and 4 pressure sores; emergency surgery rates; clarification on mortality rates; the number of people with Neutropenic sepsis with actions taken to address any issues arising from all of the above.</p>

Quality Scorecard – key indicators at-a-glance

Improving Quality for Patients						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	Run chart or SPC chart
MRSA~ (November 2024)	0	4	0	-		
C-Diff~ (November 2024)	4	68	≤5	-		
MSSA~ (November 2024)	4	36	0	-		
E.Coli (November 2024)	18	146	21	-	?	
Never Events~ (November 2024)	0	3	0	-		
Number of incidents triggering Duty of Candour response (Jan-Mar 2024) - quarterly	N/A	57	N/A	Insufficient data for SPC analysis		
Number of Falls (November 2024)	230	1708	≤200	-	?	
Number of Falls (per 1,000 bed days) – November 2024	5.44	4.89	4.5	-	?	
Number of Falls resulting in serious injury (October 2024)*	5	37	≤2	-	?	
Number of Patient Safety Incident Investigations (November 2024)	1	23	≤10	L	P	
Mixed Sex Accommodation Breaches (November 2024)	29	299	0	-	?	
Patient FFT (November 2024)**	93%	N/A	≥95%	L	?	

* - data is in arrears; ~ - numbers are too low for valid SPC assurance

** - the data processing issue is now resolved so the November figure is an accurate representation of FFT survey numbers and patient sentiment

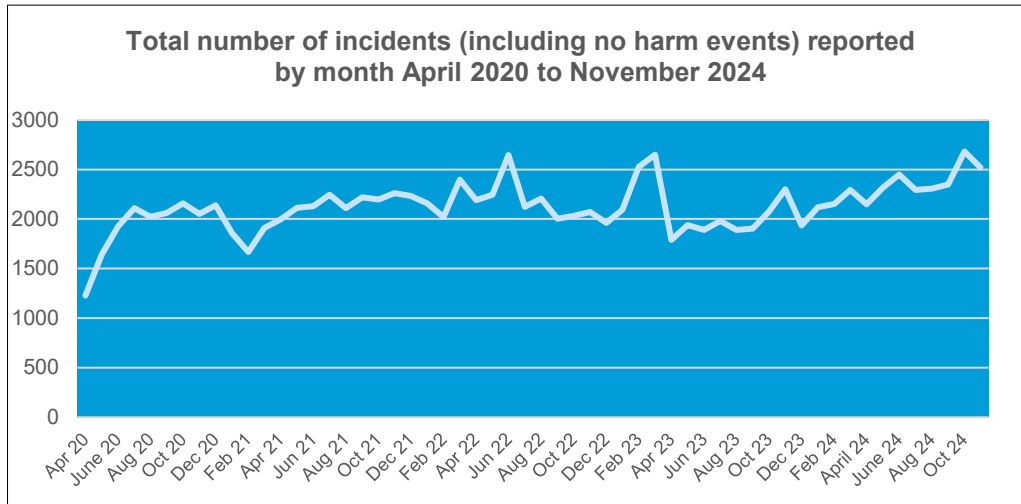
Quality scorecard – key indicators at-a-glance

Improving Quality for Patients						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	Run chart or SPC chart
Complaint response time (40 day) – September 2024*	81.3%	82.0%	≥85%	-	?	
Complaint response time (60 day) – August 2024*	77.3%	76.5%	≥85%	H	F	
Pressure injury – hospital acquired (category 2) – October 2024	40	231	N/A***	L		
Pressure injury – hospital acquired (category 3) – October 2024*	0	9	0	L	?	
Pressure injury – hospital acquired (category 4) – October 2024*	1	7	0	-	?	
Pressure injury rate – (per 1,000 bed days; category 2,3 and 4) – October 2024	0.93	0.81	<1.61	L	?	
Venous Thromboembolism (VTE) assessments completed within 14 hours of Admission (Maternity & Adult combined) – Oct 2024	88%	86.1%	95%			
Sepsis screening – patients who needed screening received screening (%) – October 2024**	94%	93%	>90%			
Sepsis treatment – patients who needed IV antibiotics received them in accordance with NICE timeframe (%) – October 2024**	92%	82%	>90%			
Neutropenic sepsis screening – patients who needed screening received screening (%) – October 2024**	100%	100%	>90%			
Neutropenic sepsis treatment – patients who needed IV antibiotics received them in accordance with NICE timeframe (%) – Oct 2024**	60%	50%	>90%			

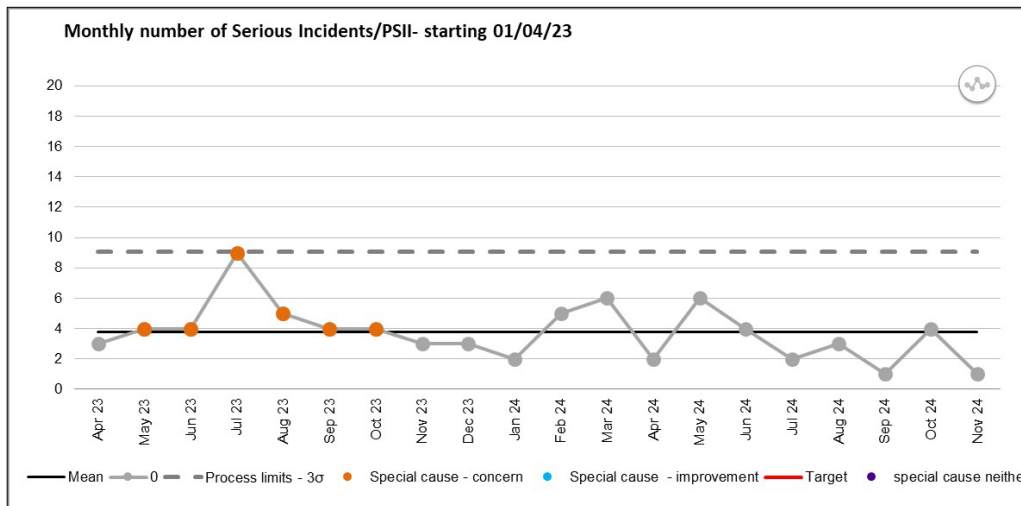
* - numbers too small for valid SPC assurance; ** - this is provisional data and may be subject to change

*** - Target has not been set for Category 2 pressure injury to support early identification and prevention of deterioration

Patient Safety Incident Investigation – as at end Nov 2024



Month	Total Incidents Reported	Number of SI's
October 2024	2680	4
November 2024	2519	1



Patient Safety Incident Investigation Categories October 2024 (4)

- 2 Never Events relating to wrong site procedures
- 1 Diagnostic Delay relating to failure to act on a positive Jo-1 test (a treatable auto immune disease that affects the lungs)
- 1 Medication incident relating to long term anticoagulation treatment and subsequent death (previously been pregnant therefore reported to MBRACE), involves primary and secondary care

Patient Safety Incident Investigation Categories November 2024 (1)

- 1 Recognition of the Deteriorating Patient in a patient with chronic liver disease and internal bleeding

Maternity Services – Key Information – as of November 2024)

	November 24	YTD
Maternity Serious Incidents (Sis)	0	6
Formal complaints	10	60
Midwife: to birth ratio	1:24.4 (cross site figure)	1:24.8
MNSI (Maternity & Newborn Safety Investigation)	0	5
RCA (round table reviews)	0	5
Training compliance	94.93% (overall)	94.93%
Midwifery 1:1 care in Labour	Awaiting validated figures (since moving to electronic recording system supplied by Birth Rate Plus)	100%
Obstetric Weekly cover at each site	132 hours	132 hours
MNSI/NHSR/ (NHS Resolution) CQC concern or Board request for action	CQC action plan action	All completed
Coroner Regulation 28 (prevention of future deaths)	Nil	Nil

- The midwife to birth ratio is noted within normal parameters. FPH ratio is set at 1:24.5 and WPH set at 1:23.5 following last Birth Rate Plus report from 2021. The variation is due to a higher acuity on the WPH site Birth Rate Plus is currently being undertaken and result will be shared by end of quarter 4 of 2024/25.
- Training compliance for Trust is 85% and for CNST is 90% the service has achieved 94.93%.
- Obstetric medical weekly cover of 132 hours meets the national requirement for consultant presence on the labour ward.

Clinical Negligent Scheme for Trusts (CNST)

Year six completed – evidence being reviewed and paper to be presented to Trust Board in January 2025 and the service will be declaring full compliance

CQC Must-Do Actions:

- All Completed, and progressing with CQC preparation along with wider trust for imminent inspection which includes check and challenge following out last report.
- Mandatory Training at end of Nov 24 was at 94.93% (Trust target is 85% and CNST requirement is 90%)

MNSI (Maternity & Newborn Safety Investigation) and Serious Incidents Summary – November 2024

(The number of reported incidents is determined by the date when they are reported to STEIS (national system), rather than the date of the incident itself)

Frimley Park Hospital (FPH):

- ✓ There were no Patient Safety Incident Investigations (PSII) or MNSI cases declared during November 2024

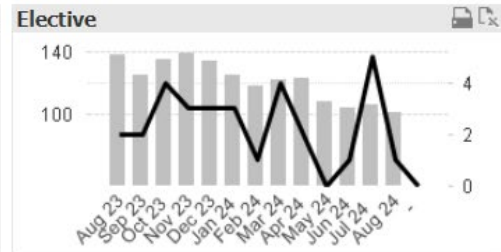
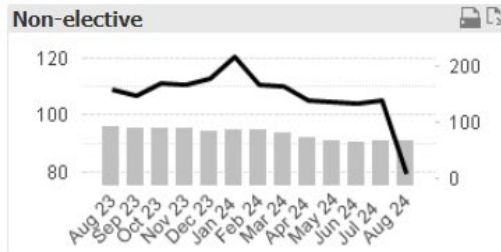
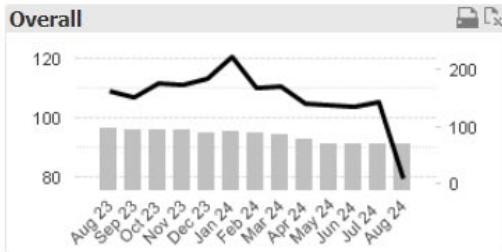
Wexham Park Hospital (WPH):

- ✓ There were no PSII or MNSI cases declared during November 2024

Mortality report

	Nov-23	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov-24	YTD
Number of inpatient deaths	221	216	305	238	246	196	194	194	212	190	210	234	237	1667
Community Deaths screened	117	134	136	118	148	138	173	134	160	158	212	249	268	1492
Total deaths screened (including < 30 days post-discharge)	338	350	441	356	394	334	367	328	373	348	422	483	505	3160
Cases sent for review	44	40	40	41	55	19	33	35	24	42	40	43	40	276
Total number of deaths judged > 50% likely to be due to problems with care	1	0	1	0	0	0	0	0	2	0	0	1	1	4
Number of deaths of patients with a Learning Disability	3	3	5	4	4	3	0	4	3	3	4	1	1	19
Total Inpatient Paediatric deaths									1	0	1	1	2	5
Total Paediatric caseload OOH									1	1	2	1	0	5
Total Neonatal deaths									0	0	1	0	0	1

Hospital Standardised Mortality Rate (HSMR) for Frimley Health



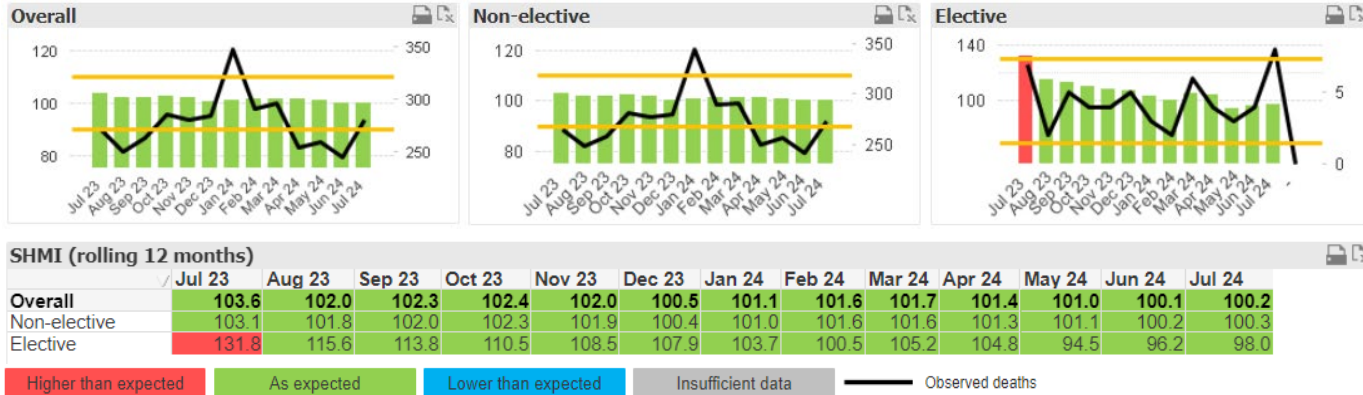
HSMR (rolling 12 months)

	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24
Overall	96.4	95.7	95.9	95.7	94.7	95.3	94.9	94.0	92.4	91.0	90.8	91.2	90.9
Non-elective	95.8	95.3	95.4	95.1	94.2	94.9	94.5	93.6	91.9	90.7	90.7	91.0	90.8
Elective	138.6	125.0	135.4	138.6	134.3	125.6	118.4	121.8	123.4	108.2	104.3	106.8	101.8

NOTE: HSMR figures are for a rolling 12-month period. As CDS data has been submitted since April 2023, only the figures from March 2024 onwards will have complete 12-month rolling data.

Mortality report – SHMI

Summary Hospital-level Mortality Indicator (SHMI) for Frimley Health



NOTE: SHMI figures are for a rolling 12-month period. As CDS data has been submitted since April 2023, only the figures from March 2024 onwards will have complete 12-month rolling data.

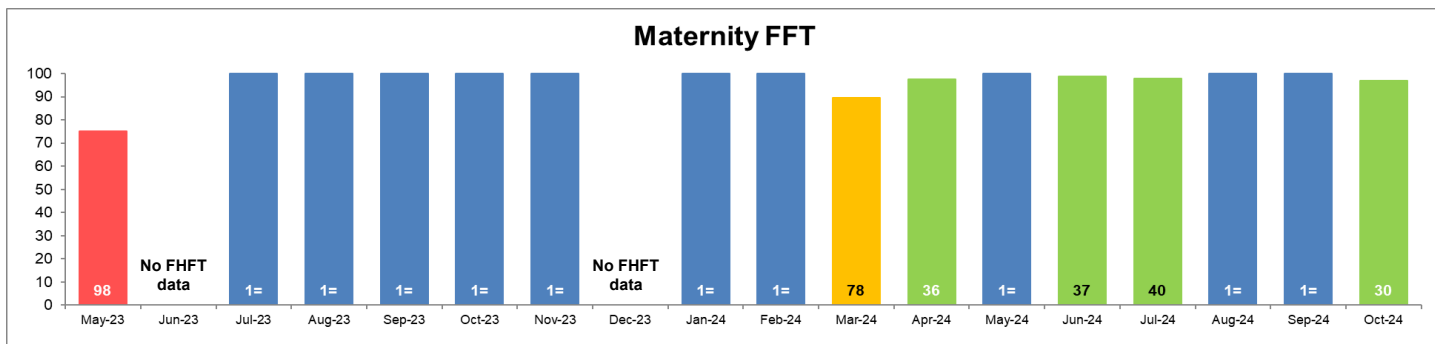
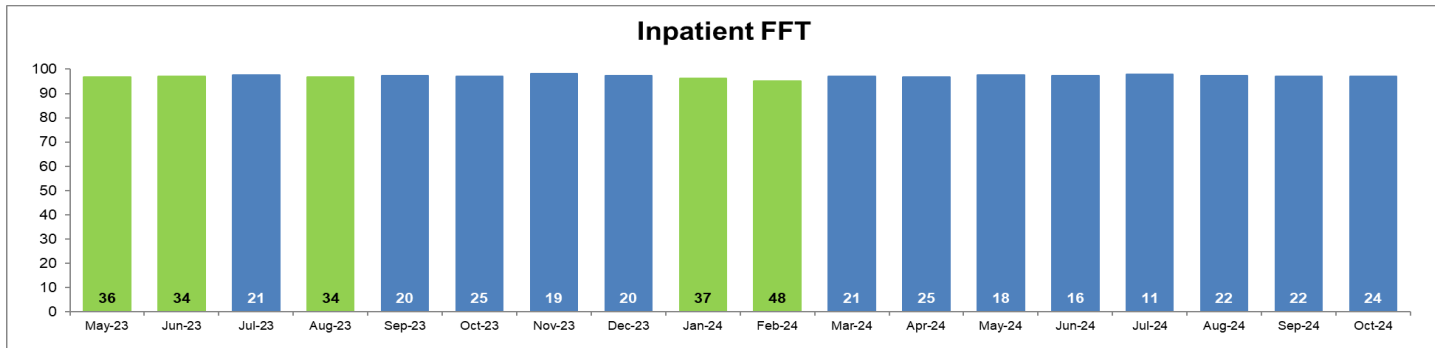
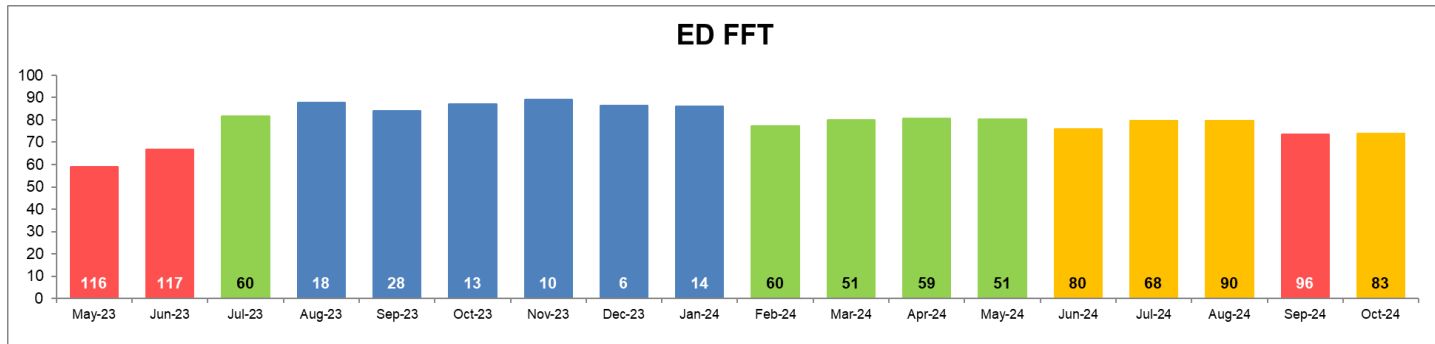
Benchmarking – selected measures

	Local trusts	Best in class	Rank	Quartile
ED FFT			83/122	3 rd
Inpatient FFT			24/122	1 st
Maternity FFT			30/119	2 nd

NOTE – for each graph, the position furthest to the left is the best performing trust. **Data periods:** FFT = October 2024. **Maternity Best in Class** is truncated alphabetically as there are more than ten trusts who are performing at 100%. **Best in class peer group** has been expanded to include both Acute and Acute & Community trusts

Benchmarking – FHFT historic monthly performance (selected measures)

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



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

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

Cover sheet – Performance – Chief Operating Officer

In terms of FHFT's relative performance against key performance indicators agreed within the Trust's Operating Plan, the closing positions for October and November 2024 and the forecast for December 2024 (at the time of writing this report) is outlined as follows:

Performance Standard	October Performance	FHFT Operating Plan Target	November Performance	FHFT Operating Plan Target	December Performance Forecast	FHFT Operating Plan Target	Current National Target
ED (All Types)	67.94%	78%	69.33%	78%	70%	78%	78%
65-week waits	177	0	86	0	79	0	0
52-week waits	4839	1123	3916	1013	3875	903	N/A
RTT waiting list	86,526	77,139	83,711	76,368	82,950	75,604	N/A
28-day FDS	78.7%	82%	80.2%	83%	80.2%	82%	77%
62-day	71.7%	76.9%	63% (unvalidated)	76%	65%	76%	70%
DM01	9.6%	5%	10.5%	5%	10%	5%	5%

In summary of what is on plan (and the Trust will carry on against its operating plan) and what is not on plan (and so requires action) at this point in the 2024/25 year – the Trust has 1 indicator on plan, 2 indicators which have moved to off plan but off a compliant YTD trend and 4 off plan. The Finance and Investment Committee Part 2 received a paper that detailed the remedial actions underway to address the 4 indicators off plan.

On plan	Off-plan, off YTD trend	Off Plan
28-day Faster Diagnosis Standard performance	62-day cancer performance and backlog reduction	All Type UEC performance (notably Type 1)
	DM01 (Diagnostic) performance	65-week current performance (but still within trajectory)
		52-week current performance
		RTT Waiting List size and outpatient waiting times

Cover sheet – Performance – Chief Operating Officer

For areas which are off plan – there are a number of remedial actions against these which are being undertaken to bring these back to plan.

Indicator	Remedial Actions
ED performance	<ul style="list-style-type: none"> Managing patients attending ED – co-located Urgent Treatment Centre at Frimley Park site went live on Wednesday 27 November; multidisciplinary reset of 4-hour standard (both sites); front door senior decision maker (FPH). FIC will be given a verbal update on the further progress with the now co-located UTC in this meeting. In addition, the Trust is in the very early stages of exploring if the Slough Urgent Care Centre should be co-located back into the main Emergency Department at Wexham Park Hospital. Improve flow of patients through ED/SDEC – continue to capitalise on UTC move at Frimley Park, reviewing Acute Medicine model at WPH, launch of sustainable pull model at FPH live as of 14 October. There is continuing focus with the Chiefs of Service around improving the pull of SDEC activity from the Emergency Departments, although the volumes of patients still moving through these areas remains relatively low in comparison to the daily take. Length of Stay (LOS) Improvement – This workstream is not progressing despite the interventions to date as the average emergency LOS is up on both sites – circa 8.63 days at Frimley Park and 9.73 days at Wexham Park. The immediate, new actions to address this are to hold a monthly 'MADE' integrated care system discharge event, once a month, starting on the 17th December and then into January, February and March 2025.
Current 65-week waits	<ul style="list-style-type: none"> Focus on reprioritising theatre capacity for Gynaecology during Q4 as much as possible balancing clinical priority need. Engaging additional resource for Dermatology from within budget to cover gaps in service to ensure long-waiting breaches do not occur.
Current 52-week waits	<ul style="list-style-type: none"> Main focus is on reducing waiting times through improved productivity and focus on utilisation of Outpatient capacity. Outpatient Transformation and GIRFT Further Faster programme focused on improving access through Outpatients for patients – being led by Transformation team and tracked via Trust Transformation Board. ENT, Gastro, Gynae, Neurology and Ophthalmology identified as first specialties to focus on.
RTT waiting list size (see Slide 21 on Performance Report)	<ul style="list-style-type: none"> Developing proposals with ICB to rollout enhanced referral pathways, including increase use of DXS to help support demand management. Proposals being developed in Dermatology and ENT to support with alternative means of managing demand on the Trust. Outpatient productivity review ongoing to reduce DNAs, patient cancellations and increasing slot utilisation Outpatient Transformation and GIRFT Further Faster programme focused on improving access through Outpatients for patients – being led by Transformation team and tracked via Trust Transformation Board. ENT, Gastro, Gynae, Neurology and Ophthalmology identified as first specialties to focus on. Working with ICS on Evidence-Based Interventions Programme and identifying patients who could be appropriately discharged back to their GP as their treatments are not clinically necessary.
62-day performance	<ul style="list-style-type: none"> Main focus on reducing Skin backlog after surge in demand which has impacted 62-day performance. Backlog is reducing through November and December, with push to be back to business as usual by February. Lower GI pathway remains under pressure – further deep dive around pathway due to commence early 2025 with Surrey and Sussex Cancer Alliance (SSCA).
DM01	<ul style="list-style-type: none"> Performance continues to improve but is off target compared to 5% national target. Imaging and Endoscopy remain compliant with performance – main focus is on recovery plans for Audiology and Sleep Studies.

Cover sheet – Performance – Chief Operating Officer

In terms of FHFT's relative performance against productivity metrics agreed within the Trust's Operating Plan, in terms of October and November 2024 performance the Trust had seven metrics on plan but eight metrics which were off plan, which are listed below:

On Plan	Off Plan
First to Follow Up Ratio	DNA Rate
Day Case Rate	Outpatient New Activity
Day Case Activity	Outpatient Follow Up Activity
Virtual Appointments	Elective Overnight Activity
Outpatient Procedures	Emergency Length of Stay
Proportion of First and Proc Activity vs FU Activity	No Criteria to Reside patient volumes
Theatre Utilisation	Patient Initiated Follow Up (PIFU)
	Emergency Readmission Rate

In summary for what is off plan at this point in the 2024/25 year – the Finance and Investment Committee Part 2 was asked to review the supporting paper for the remedial actions underway to address the eight metrics off plan.

Cover sheet – Performance – Committee assurance statement

Key Highlights and Discussion Points Including Assurance Points for Board

The Finance Investment Committee met on 19th December 2024 with the following points noted in relation to performance, productivity and transformation:

- Reports were presented providing an update on the Trust's performance against the operational standards, the Trust's levels of productivity against plan and the Trust's transformation work.
- In terms of emergency care performance, there had been an improvement to 70% which was significant given the recent period of high escalation status. The successful co-location of the Urgent Treatment Centre at Frimley Park and the successful multi-agency-discharge event (MADE) were highlighted.
- The Committee discussed the importance of optimising Same Day Emergency Care Models (SDECs) to improve performance and that involvement of clinical teams in designing and implementing those models was crucial.
- An update on RTT and Cancer Performance was provided which highlighted the need to continue to improve waiting times and address surges in demand, particularly in skin cancer. The ongoing plans to reduce waiting lists and improve performance in the new financial year were highlighted.
- Actions being taken to improve outpatient activity were discussed and the Committee was apprised of improvements to the patient communication system.
- The current transformation priorities were outlined to the Committee which included improving the use of the MyFrimleyHealth Record app, reducing agency and bank spend, and supporting the workforce. It was highlighted that the priority was to focus on those activities that would result in the greatest improvements. Enhancing training and continuous improvement across the Trust was also highlighted.

Key risks to Escalate

Not applicable

Recommendations/ Decisions Made

Not applicable

Performance scorecard – key indicators at-a-glance

Transforming our Services						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	Run chart or SPC chart
Number of patients waiting 52 weeks or more for treatment (Nov 2024)	3,945	N/A	≤807	L	F	
Number of patients waiting 65 weeks or more for treatment (Nov 2024)	88	N/A	0	L	F	
RTT waiting list size (PTL) – November 2024	82,908	N/A	76,749	-	F	
RTT performance – November 2024	51.3%	N/A	≥92%	H	F	
Diagnostics (% receiving diagnostic test within 6 weeks) – Nov 2024	89.8%	N/A	≥95%	H	F	
Stroke – percentage admitted within 4 hours (November 2024)	43.3%	55.9%	≥80%	-	?	
Inpatient bed days used by children with mental health problems (where no acute paediatric care is provided) – November 2024	80	N/A	N/A	-		
Under 18s on the RTT waiting list (November 2024)	6,280	N/A	6,774	L	?	
ED waiting times within 4 hours – Type 1 (%) – November 2024	54.5%	56.7%	≥75%	-	F	
ED waiting times within 4 hours – all types (%) – November 2024	69.3%	71.5%	≥75%	H	F	
ED 12-hour breaches (%) – November 2024	11.0%	10.1%	0%	H	F	

Performance scorecard – key indicators at-a-glance

Collaborating with our Partners						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	Run chart or SPC chart
Cancer – performance against 28-day faster diagnosis standard (October 2024)	80.6%	N/A	≥75%	H	?	
Cancer – performance against 62-day standard (October 2024)	71.5%	N/A	≥75%	H	?	
Cancer – 62-day standard – backlog (November 2024)	7.2%	N/A	≤6.4%	-	?	
Community services – 2-hour response (November 2024)	72.4%	79.6%	≥75%	-	?	
Community services – caseload discharges (November 2024)	1,479	11,176	TBC	-		
Community services – emergency readmissions within 30 days following discharge from a community ward (October 2024)	31	244	TBC	-		
Ambulance handovers – % within 15 minutes (November 2024)*	70.9%	71.5%	≥65%	-	?	
Ambulance handovers – % within 30 minutes (November 2024)*	94.4%	94.4%	≥95%	-	?	
Ambulance handovers – number over 60 minutes (November 2024)*	34	281	0	-	?	

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

Performance Scorecard – key indicators at-a-glance

Productivity metrics						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	Run chart or SPC chart
Day case rate (%) – November 2024	88.2%	88.9%	≥85%	H	P	
Theatre Utilisation (November 2024)	85.1%	82.0%	≥85%	H	F	
Cancelled operations (%) – November 2024*	1.85	1.94	TBC	Insufficient data for SPC analysis		
Average elective acute length of stay (November 2024)	2.91	2.78	2.2	-	?	
Non-Elective Length of Stay – average acute length of stay (Nov 2024)	6.17	6.21	6.6	-	?	
Emergency readmissions within 30 days (October 2024)	12.3%	12.1%	7.0%	-	F	
Delayed discharges - No Criteria to Reside (November 2024)**	205.8	229.9	180	-	?	
Outpatient DNA rate (%) – November 2024	8.3%	8.1%	≤5%	L	F	
Outpatient consultant-led new to follow-up ratio (November 2024)	1.42	1.35	1.27	-	?	
Outpatient attendances with a procedure code that are follow-ups (%) – November 2024	47.8%	49.2%	46%	-	?	

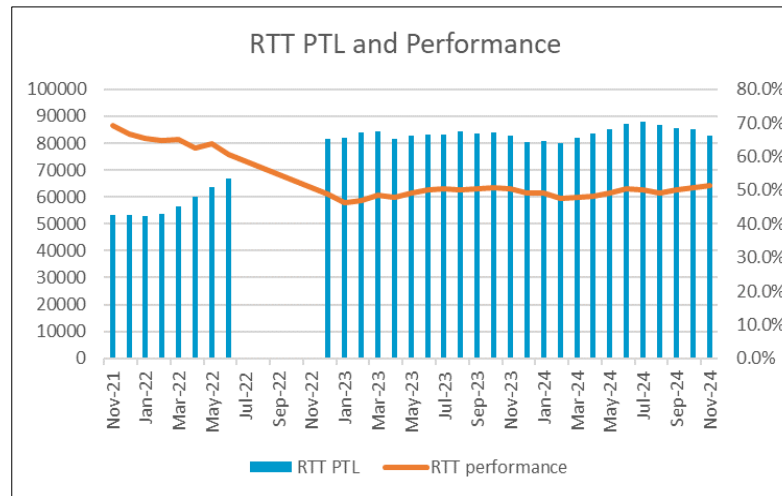
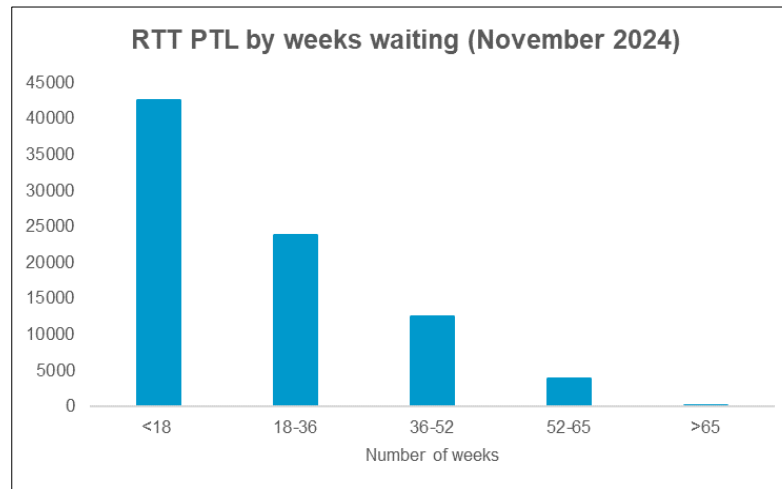
* Collection of data for Cancelled operations has only recently been re-started, so there is not currently sufficient data to form a trend analysis

** No Criteria to Reside was previously reported as Medically Fit For Discharge

Performance Scorecard – key indicators at-a-glance

Efficiency metrics						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	Run chart or SPC chart
Outpatient appointment cancellation rate within 6 weeks – hospital initiated (November 2024)	1.8	1.8	2.3	L	?	
Ratio of RTT clock starts to stops (November 2024)	0.99	1.07	1.00	-	?	
Outpatient attendances with no procedure seen virtually (Nov 2024)	26.7%	26.9%	25%	H	?	
Use of PIFU - proportion of patients who are put onto a PIFU pathway (November 2024)	5.0%	N/A	≥6.6%	H	F	

Waiting list size and trend



Benchmarking – selected measures

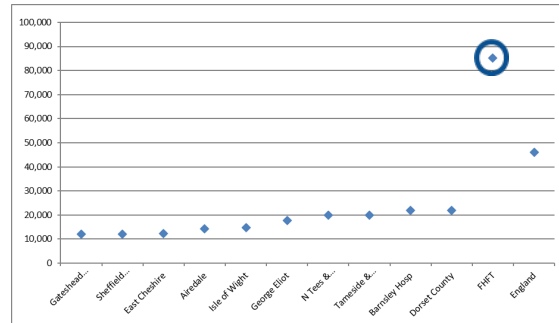
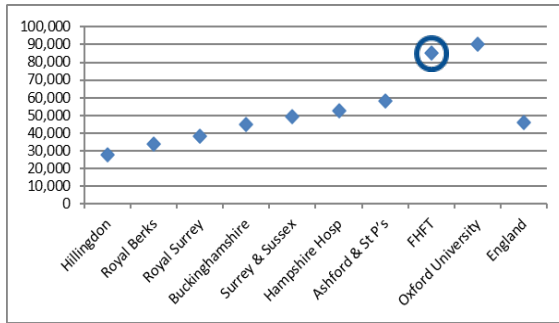
Local trusts

Best in class

Rank

Quartile

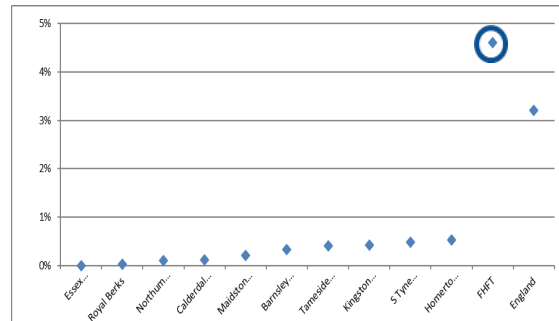
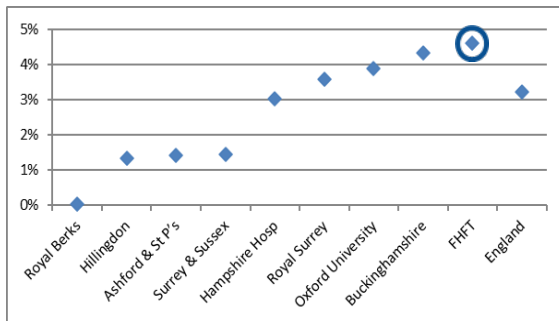
RTT –
Total
incompletes



100/122

4th

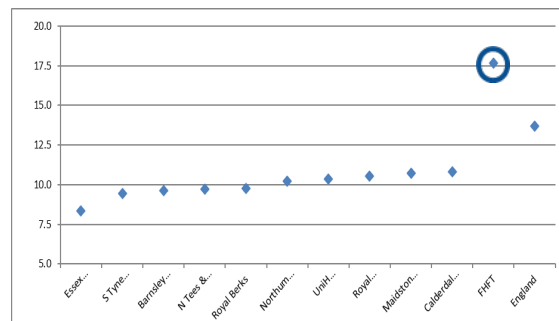
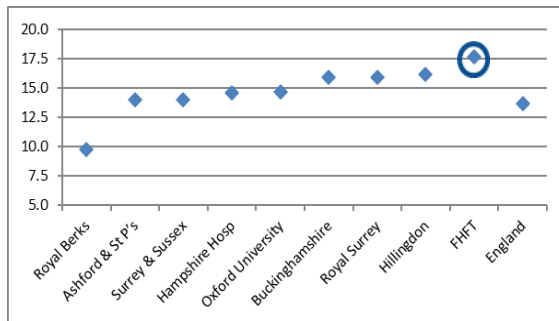
RTT –
52 plus weeks
(% of total
incompletes)



109/123

4th

RTT –
Median RTT
waiting time

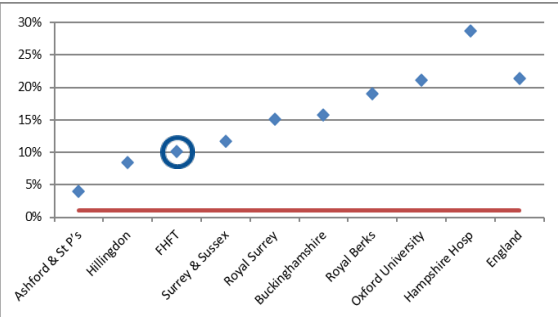
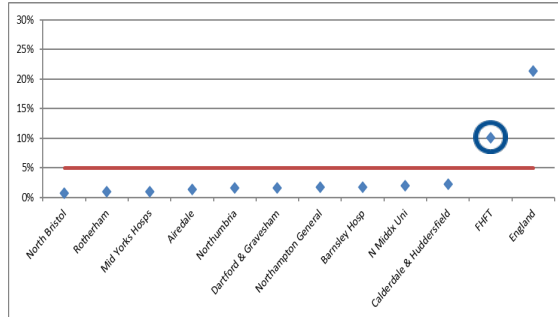
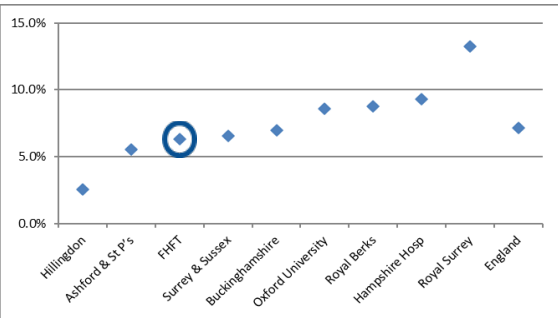
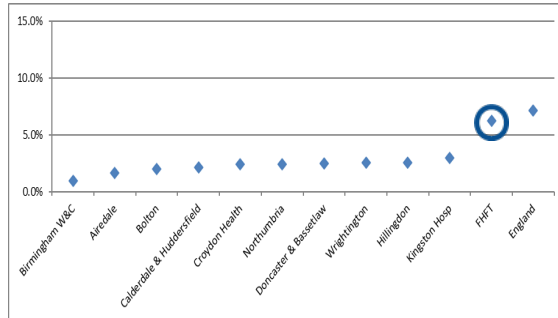
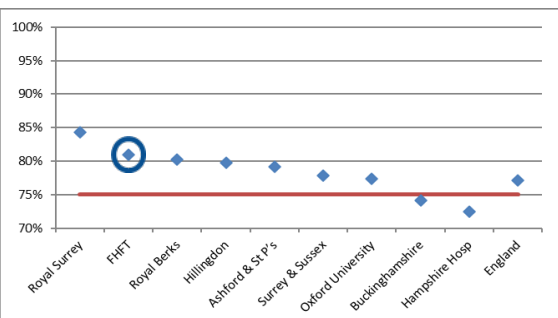


115/123

4th

NOTE – for each graph, the position furthest to the left is the best performing trust. **Data periods:** RTT = October 2024
Best in class peer group has been expanded to include both Acute and Acute & Community trusts so the cohort now includes up to 125 trusts.

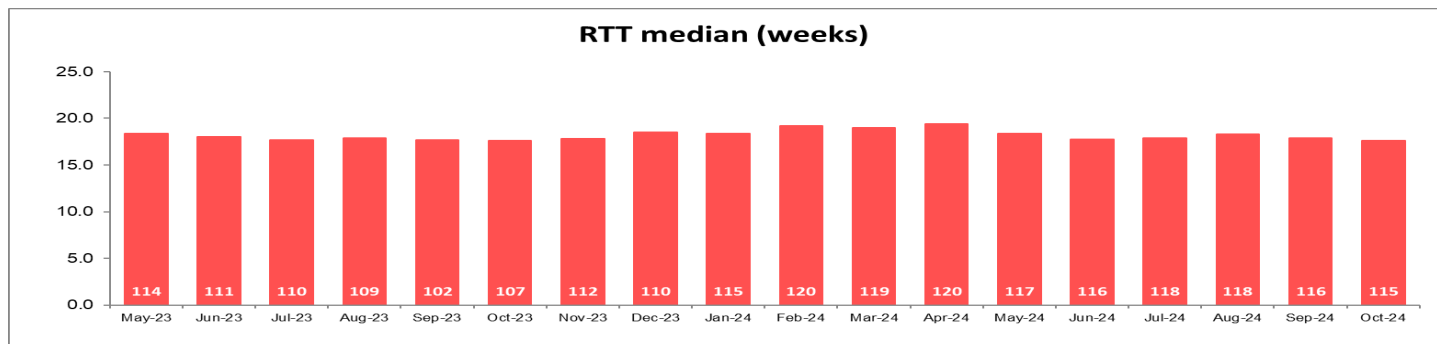
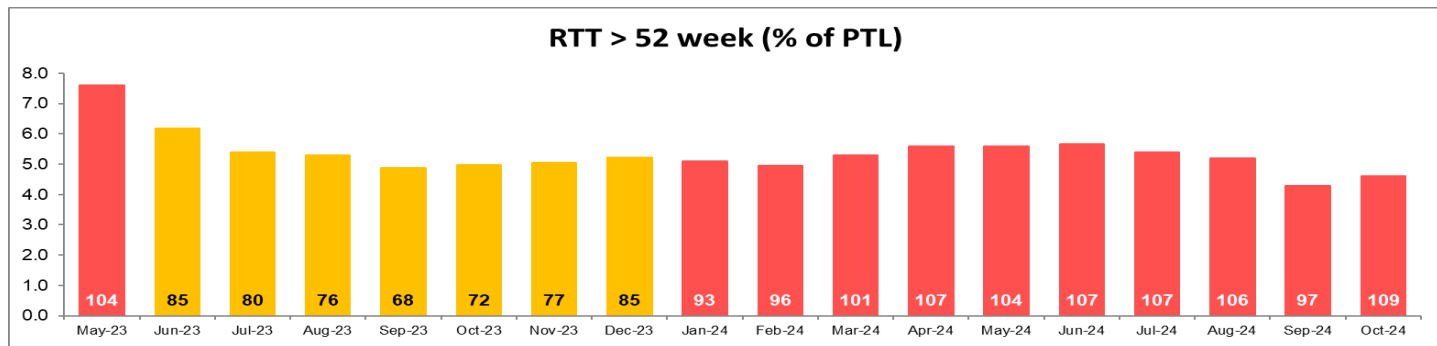
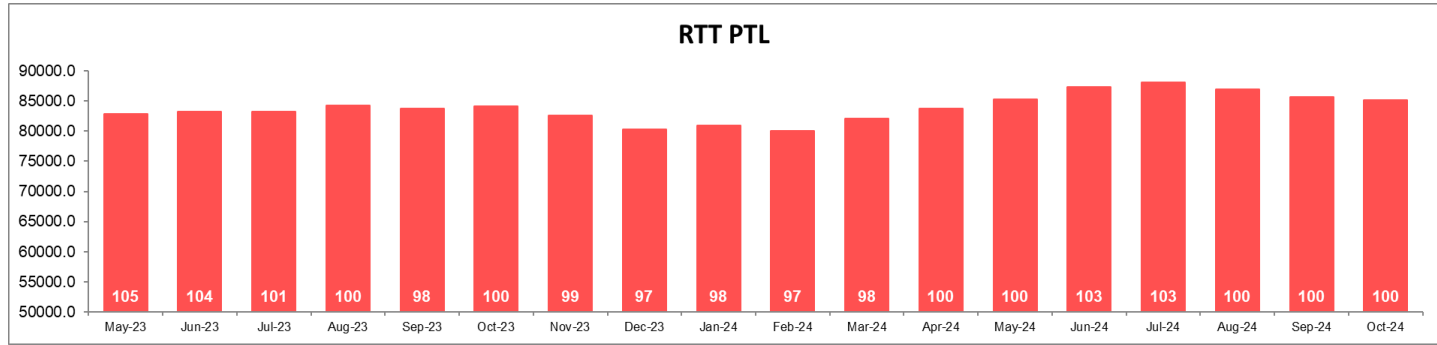
Benchmarking – selected measures

	Local trusts	Best in class	Rank	Quartile
Diagnostics  			40/122	2 nd
Cancer – Urgent PTL backlog (proportion waiting over 62 days)  			58/120	2 nd
Cancer – 28-day faster diagnosis  			32/121	2 nd

NOTE – for each graph, the position furthest to the left is the best performing trust. **Data periods:** Diagnostics = October 2024; Urgent Cancer PTL – proportion waiting over 62 days – position week ending 03 November 2024; Cancer 28-day FDS = October 2024. Best in class peer group has been expanded to include both Acute and Acute & Community trusts so the cohort now includes up to 125 trusts.

Benchmarking – FHFT historic monthly performance (selected measures)

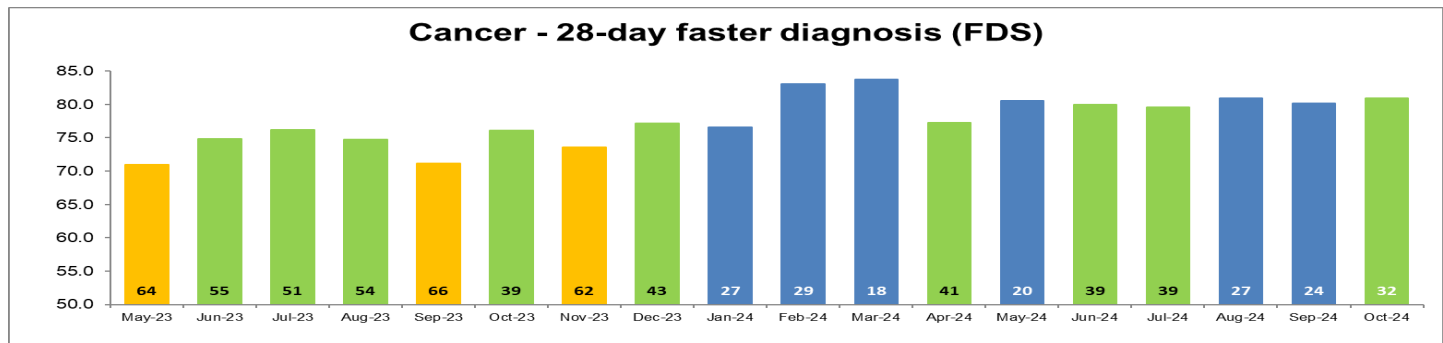
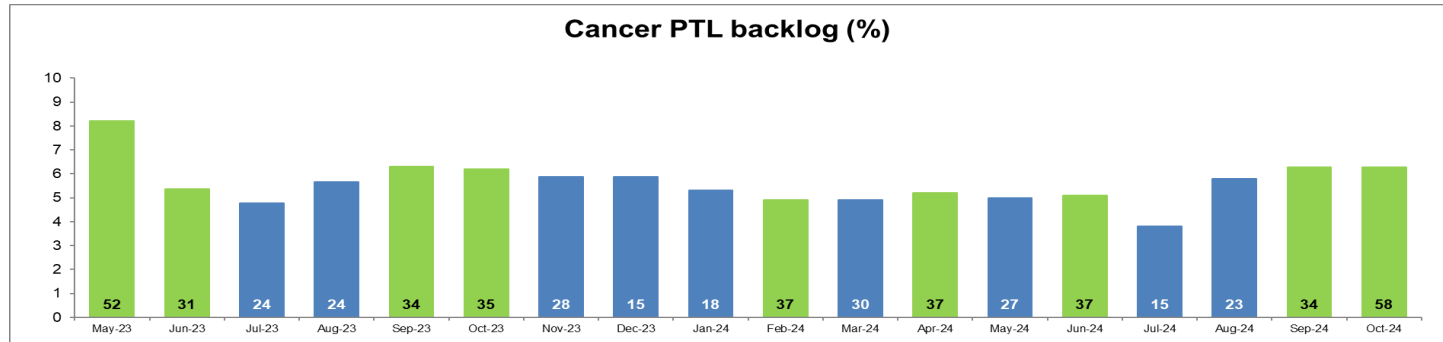
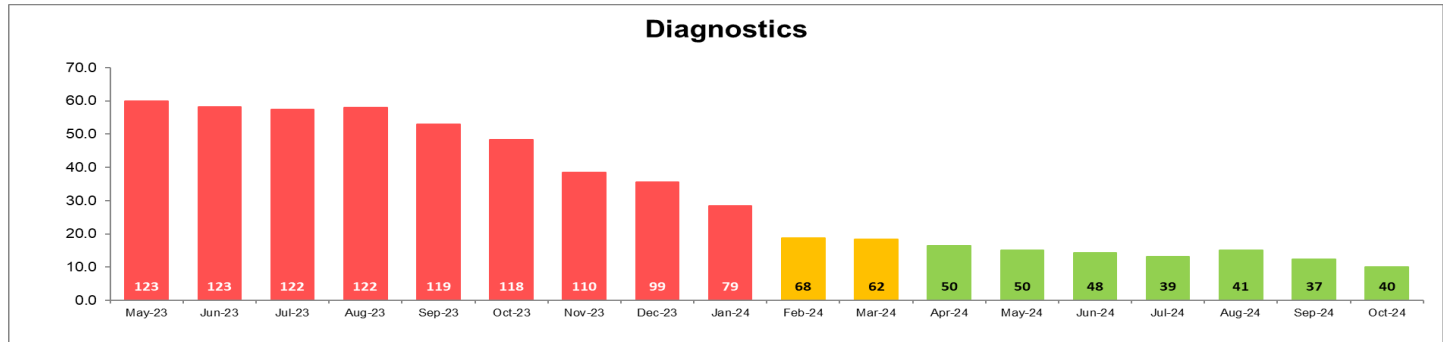
- Quartile 1
- Quartile 2
- Quartile 3
- Quartile 4



NOTE – for each chart, FHFT's rank compared to other acute trusts is shown in the relevant column. The cohort includes both acute and acute and community trusts and includes up to 125 trusts.

Benchmarking – FHFT historic monthly performance (selected measures)

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



NOTE – for each chart, FHFT's rank compared to other acute trusts is shown in the relevant column. The cohort includes both acute and acute and community trusts and includes up to 125 trusts.

Cover sheet – People – Director of People

Executive Summary

The core people metrics, including vacancies, turnover, time to hire and sickness remain relatively stable. We have seen an upward turn in our staff turnover since the start of this financial year (11.18% Aug 24).

Background

The volume of shifts requested have reduced, indicating that the rostering controls implemented in July have had a positive impact. Agency spend as a percentage of overall pay bill has fallen significantly to 2.6% (well below the target of 3.0%), with the total cost standing at £1.5M (compared with a high of £4.4M two years ago). We have also introduced a week Vacancy Control Panel, which challenges the requirement for all roles in the Trust. We are currently evaluating the cost saving to date. Turnover has stabilised at just over 11.00%. Time to hire has remained consistently below the target of 45 days and non-medical appraisal is at 90% and continues to rise and, unusually, is higher than the current Medical Appraisal rate.

Employee Relations remains extremely busy and general HR has been stretched to cope with the demand from line managers for support. There has been a decrease in disciplinary Investigations (21 cases ongoing), in addition to suspensions and Tribunals. We have 12 new starter Health care assistants (November) and a further 58 in pipeline, bringing a net increase of 148 in 2024, right sizing our nursing teams and enable better care for patients. For M-block 50 candidates are at offer and 35 starting. Recruitment plans are in place for CDC. Recruitment have identified the 'hard to fill' and senior/clinical positions and the recruitment is underway matching the phasing ready to go live in November 2025. There are 90 required hires for 2024/2025.

Targets are being set to increase BAME representation at Bands 8a-d, VSM/Other and we are offering the Leader in Me Programme to colleagues with a disability and we are supplementing the programme with further positive action initiatives such as Coaching, Mentoring and Buddying.

As part of our Protecting Our People Programme we undertook an awareness raising month. 1500 staff delegated attended eight events, including De-escalation awareness, Civility in Healthcare and Sexual Safety in the workplace. Our values of Committed to Excellence, Working Together and Facing the Future have been in place for over a decade. However, in 2024 as our new Trust Strategy is developed, we are taking the opportunity to refresh the behaviours that sit beneath the values. A task & finish group has drafted the behaviours, using insights from the Culture and Leadership Programme, National Staff Survey and Freedom to Speak Up. The second of six planned people workshops focusing on compassionate leadership took place on 18 November. The workshop forms part of the work being conducted to improve the trust NHS People Promise. The four plus one approaches are: Appraisal, One-to-ones, Listening events, 'Go, look, see', Manager's 'open door'.

The National Staff Survey closed at the end of November. The full results are awaiting but the initial feedback report indicated that FHFT achieved a 50% response rate and has seen a small increase in overall engagement. A successful Annual Staff awards ceremony was held at the Royal Windsor Racecourse on 27th November.

Issues and Options

Update - The rostering controls implemented in July have shown a positive impact. Agency spend as a percentage of overall pay bill has fallen significantly to 2.6%, with the total cost standing at £1.5M. Turnover has stabilised at just over 11.00%. Time to hire has remained consistently below the target of 45 days and non-medical appraisal is at 90%.

Recommendation

Update The Trust should continue to focus on recruiting to essential roles only and reducing the combined substantive/Temporary FTE. Managers must take the opportunity to engage with and make full use of the National Staff Survey results (available to all teams with 10 or more responses) in order to further improve engagement.

Cover sheet – People – Committee assurance statement

Key Highlights and Discussion Points Including Assurance Points for Board

- In terms of recruitment, time to hire a new starter into the Trust for November was 41.5 days in stage, continuing a positive time frame with an 11 month average time to hire of 44.0 days.
- The Committee continues to explore the cost/establishment figures and the data on locum, bank and agency. The Committee has placed a particular emphasis on understanding the use (and number) of high cost long term medical locums and the internal controls over agency and bank spend. Progress is being made on understanding and defining the exact staffing establishment
- Succession Planning work is being carried out with a focus on creating aspirational targets for ethnicity at senior levels
- The focus in temporary staffing continues around efficient management of bank and agency usage within the Trust whilst driving down unit costs
- In terms of staff retention, turnover has decreased slightly over the last few months, from 11.18% in August 2024 to 11.11% in October, with a continued focus on achieving a turnover rate below 10%
- The number of apprenticeship programmes and roles has increased significantly over the last few years, including the utilisation of apprenticeships to support the workforce, job opportunities, social mobility, career development and pathways. This is an initiative that the Committee feels needs to be supported and expanded and the trust should fully commit to this programme
- Good progress was noted with the staff well being approach at the Trust. The Trust needs to continually test that the inputs and initiatives are influencing not only the “statistics” but more importantly the perception of the staff that the Trust is committed to the EDI agenda.
- The Trust is on track with its staff influenza vaccination programme but this is proving challenging in relation to Covid-19 vaccinations. A great deal of work is being carried out to increase the take up of vaccines within the Trust
- There has been an increase in the number and complexity of Freedom to speak up cases, but the newly signed off Freedom to Speak Up Policy has provided excellent opportunities for progress and development, including a focus on training.
- A Behaviours Framework is being drafted, informed by staff feedback, aiming to support personal development, recruitment and organisational culture.

Key risks to Escalate

The two risks previously identified within the Corporate Risk Register have remained unchanged.

Recommendations/ Decisions Made

A more detailed document identifying the risks assigned to the People Committee will be presented to its next meeting.

People Scorecard – key indicators at-a-glance

Supporting our People						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Monthly vacancy rate – all staff (November 2024)	8.2%	8.9%	≤ 8.5%	L	?	
Monthly vacancy rate – medical (November 2024)	5.0%	7.3%	≤ 5.0%	-	?	
Monthly vacancy rate – nursing (November 2024)	6.4%	8.2%	≤ 6.0%	L	F	
Trust turnover rate (November 2024)	11.1%	11.0%	≤ 10.0%	L	F	
Agency spend as % of pay bill (November 2024)	2.6%	3.3%	≤ 3.0%	L	F	
Agency spend total (£) – November 2024	£1.5m	N/A	£1.5m	L	F	
Appraisal rate % (non-medical) – November 2024	90%	87%	85%	H	F	
Appraisal rate % (medical) – November 2024	86%	87%	75%	-	P	
MAST training % (November 2024)	94%	94%	85%	H	P	
Sickness rate (rolling 12 month) – November 2024	3.3%	3.3%	≤ 3.2%	L	F	
Time to hire (days) – November 2024	41.1	43.9	≤ 45	L	F	

People Scorecard – key indicators at-a-glance

Supporting our People

Metric	Annual metric	Target / concern threshold	Variation	Assurance	
% of staff say they experience discrimination from patients / service users, their relatives, or other members of the public (October 2023)	11.87%	TBC			Data taken from National Staff Survey – October 2023
% staff saying they experience incidents of bullying and harassment from line managers (October 2023)	9.57%	TBC			Data taken from National Staff Survey – October 2023
% staff saying they experience incidents of bullying and harassment from other colleagues (October 2023)	16.49%	TBC			Data taken from National Staff Survey – October 2023
% staff saying they experience incidents of discrimination from line managers or teams (October 2023)	9.36%	TBC			Data taken from National Staff Survey – October 2023

Cover sheet – Money – Chief Financial Officer

Key Points for M08 Financial Performance

- The Trust deficit in month was £1.8m in month, this was in line with the plan for the month but remains £2.0m behind year-to-date plan with a deficit of £1.4m. In month, there were £1.8m of overspends in clinical areas, primarily Medicine, Orthopaedics and Theatres offset by an underspends in non-clinical directorates.
- The top-level forecast predicts that clinical directorates will overspend by circa £22.7m by year end and result in the Trust being at risk of not achieving its breakeven duty with an adjusted deficit of £1.4m. In addition, there are risks and opportunities in the range from £2m net opportunities to £5m net risks, which gives a range of result from break-even to a deficit of £6.4m. This position is not definitive, and the Trust continues to work with the clinical division to achieve a break-even.
- The Trust remains ahead of its CIP target by £0.7m in month and £2.4m YTD. Non recurrent CIP is exceeding targets, but recurrent savings are below planned levels.
- The Trust continues to make good progress in managing nursing agency spend, however Medical agency spend is 6% higher than last year and £1.6m higher than the Trust's submitted NHSE budget YTD.
- Capital plan has now been revised to £81.5m (previously £85.3m) due to changes on the New Hospital Programme. The capital programme is currently behind plan by £11.2m to date. Urgent action is being taken to reprofile expenditure to ensure that the capital programme does not underspend this financial year.
- Cash was £84.1m against a plan of £73.5m which is primarily due to capital expenditure underspend.
- For the year to date the Trust has paid 94.3% of invoices within 30 days by volume and 87.2% by value. This is against the Better Payment Practice Code (BPPC) target of 95%.

Key Actions

- All Clinical Directorates asked for plan to stay within budget.
- Exec meetings are being held with those directorates forecasting to be furthest from target.
- Additional controls have been put in place.
- Additional opportunities and risk assessment to be undertaken.
- Develop plan to manage medical agency spend.
- Review income assumptions.

KPIs Summary	Month	Year to date	Forecast
	Income and Expenditure	Green	Red
CIP	Green	Green	Green
Agency	Green	Green	Green
Capital Spend	Red	Red	Green
Cash	Green	Green	Green
Better Payment Policy	Yellow	Yellow	Green

Cover sheet – Money – Committee assurance statement

Key Highlights and Discussion Points Including Assurance Points for Board

The Finance Investment Committee (the 'Committee') met on 19th December 2024 with the following points noted in relation to finance;

- As at month 8, the Trust was reporting a year to date deficit of £1.4m, which was £2.0m adverse to plan. Directorates were working on plans to reduce their deficits and focus remained on using internal controls, particularly around bank and agency costs to reduce costs.
- Potential risks to the financial position were associated with Elective Recovery Funding and winter pressures.
- A key piece of work over the next three months was to better understand staffing establishments and to align them with budget setting for 25/26.
- A report on the capital programme was provided and the importance of meeting the capital target for the year was emphasised. The capital plan had been revised to £81.5m (previously £88.5m).
- In terms of efficiencies, the Trust was currently £2.4m ahead of the cost improvement plan target to date and was now forecasting to meet or exceed the full year target.
- An overview of the 25/26 planning process was provided which focused on financial and activity plans for Directorates. The development of a staffing plan was also being progressed to support the planning process.
- The Committee had a discussion on a longer-term financial plan/financial strategy which highlighted the importance of system working and collaboration to address the financial challenges.

Key risks to Escalate

Not applicable

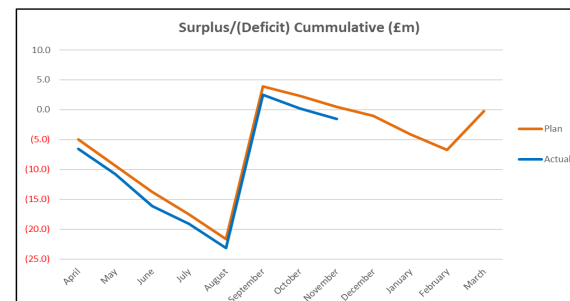
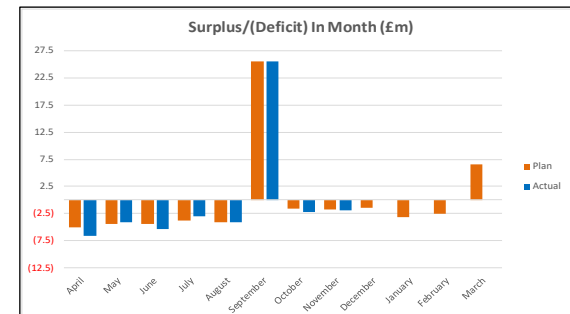
Recommendations/ Decisions Made

The Committee approved the following:

- The purchase of an additional CT scanner on the Frimley Park site.
- A contract award for the provision of total waste management services across the Trust. Due to the value of the contact, the Committee is recommending the contract award to the Board of Directors for their approval.
- The failsafe works to support the RAAC planks in F11/Maternity, which included approval to let a build contract for the works.

Money – Income and Expenditure Performance (1)

Summary Directorate Position	Mth 08 24/25			Mth 08 Year to date 24/25			24/25 Full Year		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Top Level FOT £m	Variance £m
Income									
CCG Income	81.8	81.0	(0.8)	650.4	649.4	(1.0)	975.2	972.4	(2.8)
Central Income	1.2	1.5	0.3	9.9	11.3	1.5	14.8	17.1	2.3
Total	83.0	82.5	(0.5)	660.3	660.7	0.4	990.0	989.5	(0.5)
Clinical	(67.8)	(69.6)	(1.8)	(498.8)	(514.6)	(15.7)	(747.4)	(770.1)	(22.7)
Non Clinical Including Reserves	(12.6)	(10.7)	1.9	(144.1)	(132.3)	11.8	(208.1)	(188.6)	19.6
EBITDA	2.6	2.3	(0.4)	17.4	13.9	(3.5)	34.5	30.9	(3.6)
Depreciation & Amortisation	(3.2)	(3.1)	0.2	(25.8)	(25.3)	0.5	(38.7)	(38.0)	0.8
Financial items (including PDC)	(1.2)	(1.0)	0.2	(9.7)	(8.7)	0.9	(14.5)	(13.1)	1.4
Land Sale	0.0	0.0	0.0	18.6	18.6	(0.0)	18.6	18.6	0.0
Allowable Items	0.0	0.0	(0.0)	0.2	0.2	(0.0)	0.2	0.2	(0.0)
Surplus / (Deficit)	(1.8)	(1.8)	0.0	0.7	(1.4)	(2.0)	(0.0)	(1.4)	(1.4)



Summary

- The Trust deficit in month was £1.8m in month, this was in line with the plan for the month but remains £2.0m behind year-to-date plan with a deficit of £1.4m.
- Although there are some overspends in pay, particularly medical, the Trust is now on plan for pay YTD following the conclusion of national pay award uplifts. Non pay pressures in both drugs (not currently recovered from system) and clinical supplies are the largest factors driving the overspend.
- Prescribing costs for drugs returned to expected (average) levels in November. The increased year on year homecare costs (not inpatients) which do not attract additional revenue from Frimley ICB under current funding arrangements still continue to cause significant pressure. There is also pressure in relation to high-cost ophthalmology drugs which again are part of the fixed funding arrangement from the ICB.
- The main reason for the medical directorate overspends are; Medical pay spend at the Wexham site, Drugs costs, Clinical Supplies and In-housing.
- There are some £7.8m of non-recurring benefits supporting the year-to-date position which include CNST maternity rebate, Energy credits and release of some year-end income related provisions.

Money – Income and Expenditure Performance (2)

Risks and Opportunities

- Whilst prescribing costs did fall compared to month 07, it remains a significant challenge for the Trust to achieve its breakeven plan without additional revenue.
- There are several non-recurrent I&E benefits assumed in M12 as part of the Trust's breakeven plan, it is imperative that these are delivered to meet this.
- ERF revenue is assumed to be achieved to planned levels.
- A detailed review of the Trust's balance sheet is in progress predominantly looking for opportunities, there are not considered to be risks.

Actions

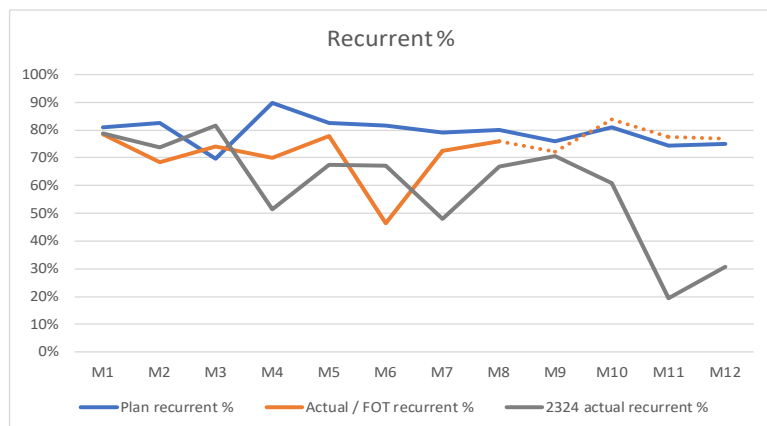
- Recovery action meetings, including at Exec level for those with over a £1.3m gap compared to their target are in progress throughout December 2024. The outputs are expected to lead to further financial recoveries to help the Trust meet its financial targets within 24/25 and also 25/26.
- Pharmacy have produced an internal report of increases in prescribing costs for action and discussion with Directorate management in November 2024. A further report is due to be shared with cost growth information by commissioner this month.
- HR have contacted staff to remind them that there is no right to carry forward annual leave into 25/26 as per Trust policy.

Money – Efficiency Performance

Project Categorisation	2425 total	M8 Plan	M8 Actual	M8 Variance	2425 YTD		2425 YTD Variance	FORECAST	
					2425 YTD plan	Actual		FORECAST	VARIANCE
Tier 1 Directorate	26,522	2,517	2,746	229	16,645	20,151	3,506	28,425	1,903
Tier 1 Trust wide	8,478	528	435	-93	6,396	3,671	-2,725	5,946	-2,532
Tier 1 Total	35,000	3,046	3,181	135	23,041	23,822	781	34,371	-630
Tier 2	10,061	866	1,423	557	6,601	8,247	1,646	11,727	1,666
Grand Total	45,062	3,912	4,604	692	29,642	32,069	2,427	46,098	1,036

Summary

- Overall, the Trust has achieved **£32.1m** savings, against a plan of **£29.6m**. The forecast overall is **£46.1m**, a **£1.0m** favourable variance to plan, an improvement to forecast compared to last month. 73% of this forecast is expected to be recurrent.



- Tier 1: As at M8, **£23.8m** of Tier 1 savings have been delivered against a plan of **£23.0m**. Of the savings achieved, 61% are recurrent. The forecast for T1 savings is **£34.4m** of which 63% are recurrent. This is a favourable movement in forecast of **£0.4m** compared to M7.
- Tier 2: The Trust has achieved **£8.2m** of Tier 2 savings, against a plan of **£6.6m**. These savings are 100% recurrent.

Actions

- Overall YTD performance is ahead of plan, as is the forecast, however the Tier 1 forecast remains below plan, meaning that it remains imperative that directorates continue to identify further opportunities, with a focus on recurrent savings that will benefit both this and next year.

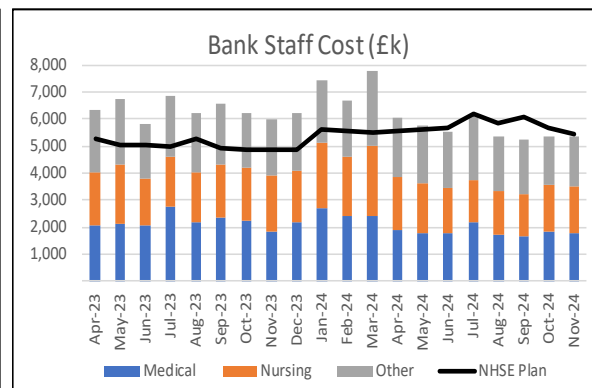
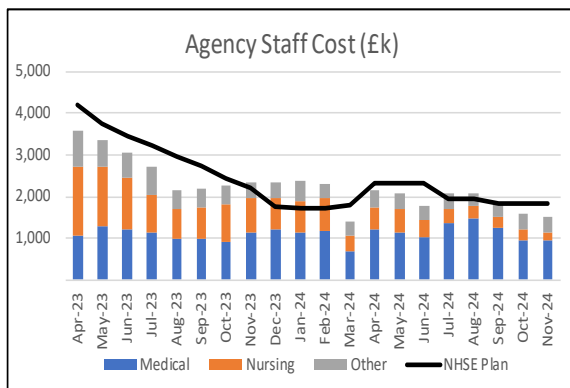
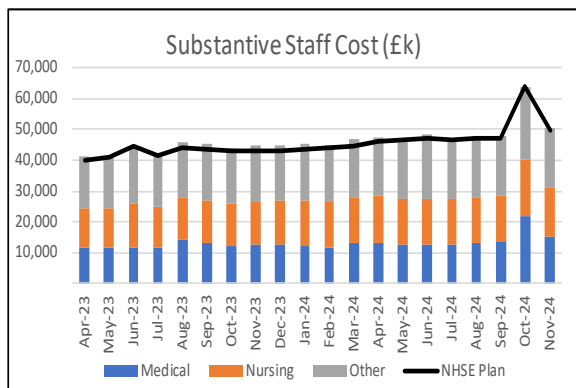
Money – Workforce

Summary

- Overall Pay is overspent against plan by £0.5m in November, but on plan YTD.
- There was a reduction in substantive costs in November as most of the national pay awards were accrued in October position which were also offset with additional income uplifts to tariffs.
- Agency costs fell to £1.5m in November which is the lowest recorded spend of the year (£1.6m Oct 24) with the reduction being driven by even lower nursing compared to previous months at £0.2m in month. Nursing spend in month is only 23% of the prior year equivalent.
- Bank costs have been on a downward trend in line with lower escalation since April, there was a pay uplift to rates from October 2024 (not backdated) for all non-medical staff. Bank spend continues to be 12% lower compared to the first 8 months of 23/24 even after the uplift in rates in October 2024.

Actions

- Continue to work with managed service provider for long term medical agency bookings and charge rates of agency medical staffing – new rate cards have been communicated.
 - Continue to work on recruitment to reduce the premium cost of staffing using bank and agency.
- A plan to manage Medical agency spend is being prepared at the recently established MWAG committee.



Money – Capital and Cash

Capital Expenditure (£m)	Annual Plan (£m)	Revised Annual Plan (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	FY (£m)	FY Variance (£m)
Estates	61.3	62.7	44.4	36.4	8.0	57.7	5.0
Digital Services	5.5	5.5	3.4	3.9	- 0.4	7.5	- 2.0
Medical Equipment	5.5	5.7	3.4	4.4	- 1.0	8.7	- 3.0 *
NHP	16.1	7.6	8.9	4.2	4.7	7.6	-
Total Capital Expenditure	88.5	81.5	60.2	48.9	11.2	81.5	0.0

YTD Actual (£m)	Prior Month YTD Actual (£m)	Movement In Spend
36.4	31.4	5.0
3.9	3.1	0.8
4.4	3.7	0.7
4.2	4.0	0.2
48.9	42.2	6.7

Capex Summary

- Capital plan for the FY 24/25 revised to at £81.5m, a reduction in month of £3.8m having recognised an additional £1.4m awarded for the RAAC programme and the revised forecast submitted for the NHP of £7.6m in M8, £5.2m under the previous month's forecast. The latter remains subject to further review and approvals by the national new hospital programme team throughout the year.
- Capital spend in M8 was £6.7m and is £48.9m ytd, now £11.2m behind plan ytd due mainly to the estates programme (£8.0m under plan) following slippage in the Slough CDC programme. Spend against the NHP is now £4.7m behind plan with the programme of activities delayed. This is offset by overspends seen in IT (£0.4m) and Med Equip (£1.0m) as spend has been accelerated.

Actions

- To develop a two-year capital programme to manage spend between years
- To monitor the spend by scheme on a monthly basis
- To submit the final funding requests to the national New Hospital Programme team in Q4 24/25.

	Mth 8 Year to date 24/25			24/25 Full Year		
	Budget £m	Actual £m	Variance £m	Budget £m	Forecast £m	Variance £m
EBITDA	17.4	14.0	(3.4)	34.7	32.2	(2.5)
Working capital mov't	(6.0)	(6.5)	(0.5)	(12.0)	(12.0)	0.0
Capex	(60.1)	(48.7)	11.3	(88.5)	(81.4)	7.1
Capital donation	(0.2)	(0.2)	0.0	(0.4)	(0.4)	0.0
Disposals	18.6	18.5	(0.1)	18.6	18.6	0.0
PDC paid	(12.2)	(12.2)	0.0	(18.2)	(17.2)	1.0
PDC received	21.4	22.9	1.5	53.2	46.1	(7.1)
IFRS16 leases	(3.8)	(3.5)	0.2	(5.6)	(5.6)	0.0
Interest	2.5	3.4	1.0	3.8	5.3	1.5
Loans / other	(4.0)	(3.5)	0.6	(4.0)	(4.0)	0.0
Cashflow	(26.4)	(15.7)	10.7	(18.5)	(18.5)	0.0
Cash	73.5	84.1	10.7	81.3	81.3	0.0

Cash Summary:

- Cash balance as at M8 £10.7m ahead of plan at £84.1m
- Under spend against capital and associated PDC received provides a positive variance of £12.8m against plan, offset by the net income and expenditure position of £2.0m adverse to plan.
- Small variances seen against total working capital and technical items account for the residual £0.1m balance.
- Cash forecast to remain on plan at £81.3m for the year as capital, in line with capital and income and expenditure forecasts.

Actions

- Monitoring is taking place at the monthly financial control meetings.

Appendix

Activity (FHFT)

	21/22	23/24	Nov-23	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov-24	YTD
GP and general dental practitioner referrals to all outpatients																
NHS Buckinghamshire	12724	30588	3157	2277	3038	2047	2077	2354	2821	2969	3336	2608	2700	2826	2682	22296
NHS Frimley	156043	346339	33281	26762	33776	22090	22113	22282	26292	33494	38270	31674	33993	37782	32321	256108
Other CCGs	12287	25613	2593	1983	2649	1724	1723	1900	1926	3268	3550	2952	2979	3313	2871	22759
Sum:	181054	402540	39031	31022	39463	25861	25913	26536	31039	39731	45156	37234	39672	43921	37874	301163
Outpatient attendances																
New attendances	298963	393630	34424	26807	32707	30355	35763	36771	35932	33173	40621	34392	38035	41309	36823	297056
Follow-up attendances	613301	651042	61228	50898	62654	58395	49992	55770	58961	57176	59641	56735	58463	62825	62060	471631
Total	912264	1044672	95652	77705	95361	88750	85755	92541	94893	90349	100262	91127	96498	104134	98883	768687
Elective admissions																
Daycase	59472	69998	6882	5406	6064	5915	6117	6413	6645	6088	6895	5938	6121	6926	6558	51586
Overnight	11320	9765	857	672	760	673	698	716	829	734	824	788	794	852	878	6414
Regular day attenders	17393	15374	1096	948	1123	1093	1115	1124	1175	971	1064	1154	1104	1213	1147	8952
Total	88185	95137	8835	7026	7947	7681	7930	8253	8649	7793	8783	7880	8019	8991	8583	66952
Emergency department (ED) attendances																
Total ED attendances	257335	264219	22490	22122	22521	21753	23453	21824	23873	23084	23418	21352	22228	23233	22825	181837
Non-elective admissions																
Non-elective – Zero LOS admissions	26776	11332	1040	1125	944	947	1022	939	850	897	857	901	847	823	890	7004
Emergency Admissions (excluding Zero LOS)	49269	48032	4049	4090	4193	3888	4050	3840	3979	3821	3944	3720	3808	4029	3847	30988
Other Non-elective admissions	17604	20614	1808	1713	1724	1675	1888	1762	1851	1679	1778	1689	1690	1687	1553	13689
Non-elective admissions (total)	93649	79978	6897	6928	6861	6510	6960	6541	6680	6397	6579	6310	6345	6539	6290	51681
Maternity																
Number of live births	9451	9251	761	753	771	729	827	786	813	720	772	730	807	802	738	6168


Glossary

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

10. MATERNITY SERVICES CNST DECLARATION

REFERENCES

Only PDFs are attached

-  10. Trust Board Paper for Jan 10th 2025 CNST compliance.pdf

Report Title	Maternity Incentive Scheme (MIS) Compliance Year 6
Meeting Date	Public Board of Directors, Friday 10th January 2025
Agenda Item	10.
Authors and Executive Lead	Emma Luhr, Director of Midwifery. Melanie van Limborgh, Chief of Nursing and Midwifery
Executive Summary	This report assesses the Maternity Service's compliance with Year 6 of the Maternity Incentive Scheme (MIS) Clinical Negligence Scheme for Trusts (CNST). The report specifically examines the implementation of the 10 Safety Actions, which were presented to key stakeholders, including the Non-Executive Director for maternity and Local Maternity and Neonatal System (LMNS).
Background	<p>NHS Resolution is currently operating the sixth year of the Maternity Incentive Scheme (MIS) to enhance the safety of maternity care. This scheme mandates the implementation of 10 specific Safety Actions, which the trust must fully comply with to be eligible for payment. Detailed information on these actions is provided in Appendix 1.</p> <p>While the 10 Safety Actions have retained their titles from the previous year, specific requirements for achieving compliance have been updated since the initial launch of Year 5 in May 2023. These updates were published in March 2024 (Appendix 2) and further refined in July 2024 (Appendix 3).</p> <p>This report provides an overview of each Safety Action and the corresponding standards that the trust needed to meet.</p> <p>We are confident that the trust has achieved compliance with all 10 Safety Actions.</p> <p>Evidence supporting this claim has been shared with and scrutinised by key stakeholders, including the Maternity Non-Executive Director, and LMNS. This evidence is readily available for review by the board and NHS Resolution, if required.</p>
Recommendation	<p>The Trust Board is requested to:</p> <ol style="list-style-type: none"> Note: The content of this report. Approve: The signing of the declaration form by the Chief Executive for the Trust and the Integrated Care Board Accountable Officer. <p>This declaration must be submitted to NHS Resolution by midday on 3rd of March 2025.</p>
Appendices	<p>Appendix 1: Maternity Incentive Scheme (MIS) Year Six – Full Guidance</p> <p>Appendix 2: MIS Year Six – Summary of all Changes</p> <p>Appendix 3: MIS Year Six – Details of minor changes from July 2024</p> <p>Appendix 4: NHS Resolution Safety Actions Audit Tool for SA Leads</p> <p>Appendix 5: Maternity Exemption Report for Safety Action 5 (5.5)</p>

Compliance	<p>This paper is being presented to the board as required by NHS Resolution's Maternity Incentive Scheme (MIS), as outlined in the revised scheme conditions (Appendix 1).</p> <p>To declare compliance with the MIS, two electronic signatures are required: one from the Trust's CEO and one from the AO of the ICS. By signing, they confirm that:</p> <ul style="list-style-type: none">▪ There are no external or internal reports, from either the 2023/24 or 2024/25 financial year, related to maternity services that contradict the Trust's declaration. Any such reports must be brought to the MIS team's attention before the 3rd of March 2025.▪ The declaration form has been submitted to the Trust Board, accompanied by a joint presentation from the Director of Midwifery/Head of Midwifery and Clinical Director for Maternity Services detailing the Trust's position and progress on maternity safety actions.
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Introduction and Background

NHS Resolution's Maternity Incentive Scheme (MIS) Year 6 aims to improve the quality and safety of maternity care. The scheme requires trusts to demonstrate compliance with 10 specific Safety Actions to be eligible for payment. Detailed information about these actions is provided in Apdx 1.

Launched in April 2024, with a submission deadline of 3rd of March 2025, MIS Year 6 introduced revisions to the Safety Actions. While the titles of the actions remain largely unchanged, the specific requirements and expectations have been updated. A detailed explanation of these changes and the technical guidance can be found in Appendix 2. The 10 Safety Actions, focus on key areas such as perinatal mortality review, data quality, workforce planning, patient safety, and staff training. The Maternity Services have worked diligently to implement these actions and achieve compliance.

By achieving all 10 Safety Actions, the Trust will not only recoup its initial contribution to NHS Resolution but also receive a performance-based bonus from a fund generated by penalties levied on non-compliant trusts. The exact amount of the bonus varies annually and is determined by the number of trusts that did not meet the Safety Action requirements.

The 10 Safety Actions, summarised below, are the core components of the scheme:

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths from 8 December 2023 30 November 2024 to the required standard?

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

Safety action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies??

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

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

Safety action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives (SBL) Care Bundle Version Three?

Safety action 7: Listen to women, parents and families using maternity and neonatal services and co-produce services with users.

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

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

Safety action 10: Have you reported 100% of qualifying cases to Maternity and Newborn Safety Investigations (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?

Progress in General

The maternity service collaborated closely with key stakeholders within the trust and the Local Maternity and Neonatal System to advance each Safety Action. A significant development in MIS Year 6 was the introduction of an audit tool by NHS Resolution (Appendix 4). This tool was designed to help Safety Action Leads centrally store evidence as it was gathered. The Director of Midwifery maintained oversight of the progress made on all 10 Safety Actions. All relevant evidence has been reviewed and approved by the maternity Non-Executive Director, and LMNS.

Progress Against Safety Action 1: Perinatal Mortality Review

- ✓ The maternity service has demonstrated full compliance with the required standard for using the National Perinatal Mortality Review Tool (PMRT) at both sites.

The service has successfully integrated the use of this (PMRT) tool into its routine practices, and this has been confirmed by MBRRACE-UK/PMRT. No significant challenges were encountered. NHS Resolution can directly verify our data with MBRRACE.

Progress Against Safety Action 2: Maternity Services Data Set (MSDS)

- ✓ The maternity service has successfully submitted all required data to the MSDS and has demonstrated full compliance at both sites. NHS England has confirmed the accuracy of the submitted data by issuing a scorecard to the Trust.

Progress Against Safety Action 3: Transitional Care Services

- ✓ The maternity service has demonstrated full compliance with the requirements for transitional care services at both sites.

The service has successfully integrated transitional care practices into its routine operations and is considered a top performer in the region. No significant challenges were encountered in achieving compliance. NHS Resolution can verify our data directly with the Regional Neonatal Network.

Progress Against Safety Action 4: Clinical Workforce Planning

- ✓ The maternity service has demonstrated full compliance with the requirements for effective clinical workforce planning at both sites.

Progress Against Safety Action 5: Midwifery Workforce Planning

- ❖ The maternity service has demonstrated substantial compliance with most of the requirements for effective midwifery workforce planning at both sites. A minor exception related to one-to-one care in labour has been reported to NHS Resolution due to reporting of this electronically from August 24.

- The service was unable to provide evidence of 100% compliance with the provision of one-to-one care in active labour (as required in point 5.5). An exception report (appendix 5) has been submitted to NHS Resolution explaining the reasons for this partial non-compliance.

Progress Against Safety Action 6: Saving Babies' Lives Care Bundle

- ✓ The maternity service has demonstrated full compliance with all six elements of the Saving Babies' Lives Care Bundle Version 3 at both sites.

Progress Against Safety Action 7: Patient and Family Engagement

- ✓ The maternity service has demonstrated full compliance with the requirements for listening to and co-producing services with women, parents, and families at both sites.

The service has a strong and established relationship with the Maternity and Neonatal Voices Partnership (MVNP), which has been instrumental in achieving compliance with this Safety Action.

Learning Point:

To further enhance patient and family engagement, it is important to share the free text comments from national CQC surveys with the MVNP in a timely manner. This will enable the identification of potential service improvement areas and facilitate co-production of solutions.

Progress Against Safety Action 8: Staff Training and Development

- ✓ The maternity service has demonstrated full compliance with the requirements for local training plans and in-house multi-professional training at both sites.

Learning Point:

Despite careful planning and scheduling, ensuring consistent attendance at mandatory training sessions remains a challenge.

Progress Against Safety Action 9: Board Assurance

- ✓ The maternity service has demonstrated full compliance with the requirements for robust processes to provide assurance to the Board on maternity and neonatal safety and quality issues at both sites.

Progress Against Safety Action 10: Incident Reporting

- ✓ The maternity service has demonstrated full compliance with the requirement to report 100% of qualifying cases to Maternity and Newborn Safety Investigations (MNSI) programme and NHS Resolution's Early Notification (EN) Scheme for the specified period.

NHS Resolution and MBRRACE will confirm the Trust's compliance with this Safety Action.

Conclusion

The Director of Midwifery has provided this report to the Trust Board to demonstrate that a rigorous process has been followed to ensure compliance with NHS Resolution's MIS Year 6 Safety Actions.

The maternity Non-Executive Director and LMNS, have reviewed all evidence and challenged the maternity service to ensure compliance. Any necessary evidence is available to the board and can be shared with NHS Resolution or the Care Quality Commission upon request.

The Trust Board is asked to:

1. **Note:** The content of this report.
2. **Approve:** The signing of the declaration of compliance by the Chief Executive and the Accountable Officer for the Integrated Care Board.

This declaration must be submitted to NHS Resolution by 3rd of March 2025. By signing the declaration, the CEO and AO confirm that there are no conflicting reports related to maternity services that could impact the Trust's compliance. Any such reports must be reported to the MIS team immediately.

Finally, the Director of Midwifery/Head of Midwifery and Clinical Director for Maternity Services will present a joint presentation to the Trust Board, outlining the Trust's position and progress on the maternity safety actions.

Appendices

Appendix 1: Maternity Incentive Scheme Year Six – Full Guidance

See Reading Room

Appendix 2: Maternity Incentive Scheme Year Six – Summary of all Changes

See Reading Room

Appendix 3: Maternity Incentive Scheme Year Six – Details of minor changes from June 2024

See Reading Room

Appendix 4: NHS Resolution Safety Actions Audit Tool for SA Leads (Uncompleted Version)

See Reading Room

Appendix 5: Maternity Exemption Report for SA5 (5.5)


See Reading Room

End of Report.

11. NURSING AND MIDWIFERY STAFFING

REFERENCES

Only PDFs are attached

-  11. Nursing Midwifery Board Staffing Assurance Paper Jan 2025 Final NW Public Board Meeting.pdf

Report Title	Six monthly Nurse and Midwifery Staffing update: January 2025
Meeting and Date	Public Board of Directors, Friday 10 th January 2025
Agenda Item	11.
Author and Executive Lead	<p>Author:</p> <p>Neil Webb, Senior Lead Nurse Workforce (Lead author)</p> <p>With workforce data/vacancies supplied by:</p> <p>Rob Shuttleworth, Head of Workforce Intelligence</p> <p>Additional Midwifery section contained within supplied by</p> <ul style="list-style-type: none"> - Emma Luhr, Director of Midwifery - Jill Thistlethwaite, Head of Nursing: Paediatrics & Neonates <p>Executive Leads:</p> <p>Melanie van Limborgh, Chief of Nursing and Midwifery</p> <p>Matt Joint, Director of People</p>
Executive Summary	<ul style="list-style-type: none"> • This paper provides the Trust Board with an overview of nursing and midwifery staffing across Frimley Health NHS Foundation Trust, in line with National Quality Board expectations and the Developing Workforce Safeguards (NHSE). • Workforce reviews were held between September-December 2024 for budget setting for the financial year of 2025/26. These reviewed the nursing and midwifery staffing levels in our inpatient wards and emergency departments with the senior nursing leadership teams from these areas. At the time of this paper being produced we are currently collating/reviewing the workforce review outputs of the skill mix adjustments/requests which will be separately addressed in the future to Board for consideration for budget setting for 2025/26. • The paper provides assurance on activities within the Trust to ensure we deliver high quality care through a safe and sustainable nursing and midwifery workforce, benchmarks where available are also provided.

Nursing & Midwifery key items to note:

- Key success should also be noted within our Health Care Assistant recruitment. Over the last 12 months, month on month we have achieved a net gain (starters –leavers, a net gain of x117 members of staff over 12 months).
- Retention is stable within the **nursing registrant workforce**; remains sitting at around <8.55% which is still below the national % average and a FHFT trend of decreasing over the last 12 months.
- Turnover within the **non-registrant N&M workforce** remains static around 14.98 % within a known transient part of the nursing workforce. This is in comparison to the national median turnover of healthcare support workers of 15-20%.
- The IEN 24/25 number of externally recruited nurses is x65 IEN (Internationally Educated Nurses) nurses at the time of this paper being produced who have arrived between April 2024 inclusive of those planned to arrive in January 2025. This was reviewed and reduced in May 2024 from the x120 planned due to stabilised nursing vacancies and turnover % alongside good student and UK recruitment this year. Focus is now on employed internal Health Care Assistants (HCA) who are qualified in an overseas country to assist them through the NMC registration process, using the Trust's IEN financial budget. This approach being both cost effective and retains and develops staff already in the organisation.
- MBlock staffing requirements and associated speciality ward moves planned, has been a challenge to nursing to work through over the last few months to remain within the existing budget allocated. Ward model discussions (at the time of this paper produced) are ongoing across all clinical directorates involved. Triumvirate directorate leadership teams alongside corporate nursing workforce are working closely to ensure there are safe but cost-effective models.
- Enhanced care observation additional staffing requirements continue to be a challenge across the Trust as patient demand on requiring enhanced care additional staffing. Focussed work both corporately and at directorate level continues as outlined in this paper and builds upon previous staffing assurance board papers.

	<ul style="list-style-type: none"> • Challenges continue within our Emergency Departments (ED) in relation to 'Ambulance Lines' within the department and their associated nurse staffing requirements to safely look after patients that have been handed over and where there is no ED trolley space available. Senior ED nursing leadership both within the cross-site departments and oversight by Deputy Chief Nurse oversight to mitigate the risks is ongoing. • Our average overall CHPPD (Care Hours per Patient Day) is 8.8 for our inpatient wards/departments. This is line with peer and national Trusts. It is important that the Board notes that we are addressing our patients staffing requirements safely and in line with CHPPD in other regional organisations as this assurance paper outlines. • The evidence collated within this document suggests that there are strong controls and oversight of nurse staffing in place. We have safe and sustainable funded staffing levels within our core inpatient areas ward budgets. This excludes the additional enhanced care observational demands that sit separate to the core staffing numbers required per ward. • Nursing and Midwifery continues (as noted in previous assurance paper) that we are fully committed in using our current workforce as cost effectively as possible given the current financial climate within the Trust/NHS. We have effective rostering controls in place to demonstrate the safe and cost-effective deployment of staff within our nursing and midwifery rosters. • As stated in all N&M staffing assurance papers, that our Trust total percentage headroom uplift within each departmental cost centres is below the national minimum recommendation of 22 %. We have within the Trust a standard 20% headroom allowance. This immediately creates departmental cost pressures when balancing sickness, A/L and Study leave, especially where it is expected within a speciality that the clinical workforce will be required to attend a higher number of study leave hours >39 hours annually which is the current state. Clinical areas like critical care, emergency medicine, maternity and speciality medicine areas are significantly challenged working within this headroom percentage and has a negative effect on cost centre budgets being able to remain within budget.
<p>Recommendation</p>	<p>Set out in the report below, recommendations:</p> <p>The Board is asked to note:</p>

	<ul style="list-style-type: none"> • The nursing, midwifery and care staffing information provided in this report is in line with the National Quality Board Safe Staffing Guidance, (July 2016) and NHSE Developing workforce safeguards (October 2018) document. • This paper assures the Board that the Chief of Nursing & Midwifery is satisfied that staffing is safe, effective, and sustainable considering the significant workforce challenges mentioned within this paper. Noting the emergency department and enhanced care observation additional staffing pressures outside of normal cost centre £ budgets. • Recognition of the ongoing staffing pressures within the emergency departments cross site and within the demands of our patients enhanced care observation additional workforce needs. • Where there are workforce challenges noted there are ongoing short, mid, and long-term plans to address these that the Chief of Nursing and Midwifery has oversight of.
Appendices	<ul style="list-style-type: none"> • Appendix 1: FHFT Neonatal Nursing staffing meets the relevant British Association of Perinatal Medicine(BAPM 2022) national standards of Medical and Nursing staffing. Summary update from Head of Nursing. • Appendix 2: October 2024 (reported in November 2024) NHSd Nursing and Midwifery Trust return Staffing fill rate % • Appendix 3: Peer Trust info relating to Model Hospital data within the sections of the paper referenced re: CHPPD SE Region comparator (September 2024, Model Hospital data)
Compliance	Assurance (Nursing & Midwifery Workforce)

1.0 Introduction: Safe Staffing:

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

The Trust works towards being compliant with the recommendations and requirements within the Developing Workforce Safeguards (NHSE, 2018).

Wte for the purposes of this paper, refers to Whole Time Equivalent, (37.5 hours).

1.2 Safe Staffing

Building upon the previous nursing and midwifery staffing papers, we continue to focus on ensuring we have the 'right staff with the right skills in the right place.'

Focus over the last six months has had been focussed on ensuring we have safe and appropriate rostering practices in place. This aligned with an assurance of having a cost-effective workforce and scrutiny within the financial use of budgets at directorate level related to nursing and midwifery workforce pay costs.

At the time of this paper being written we have entered winter pressures within both the front end of the hospital within our emergency departments and within our ward environments. These high volumes of patients attending our emergency departments (ED), ED ambulance lines, escalation beds consistently open alongside high patient acuity and high volumes of patient enhanced care observation needs are all are creating the requirement of additional staffing requirements outside of funded establishments. Safety of our patients during these periods is paramount, therefore both directorate leadership within ED triumvirate leadership teams/Ward Heads of Nursing and oversight from the Chief of Nursing and Midwifery office is in place to mitigate the risks.

Emergency department pressures to remain within existing pay cost budgets is of a considerable challenge when elevated levels of attendees/activity are present daily.

At the time of drafting this paper the nursing and midwifery directorate leadership teams continues to navigate the RAAC estates works. This has required ward estates moves between specialities and associated adjustments to ward staffing models. Any staffing resource above what is required within these adjustments have been moved into existing vacancies for the duration of the ward moves. Currently at the time of this paper being written we have F11 moved to F10 and F10 ward moved to F14 (with reduced beds).

Through daily oversight and management of our rosters (from our directorate's senior nursing and midwifery teams) through to continued focus on the reduction of vacancies and stabilisation of nursing & midwifery turnover, we continue to safely staff our wards. On those occasions where there are concerns raised by a nurse/midwife in charge around staffing levels/skill mix, we continue to encourage the raising of 'Red Flags' for safe staffing. These Red Flag's within Inphase are reviewed and addressed both locally in directorates and any themes reviewed within our Chief Nurse workforce reviews.

As reported in all previous workforce staffing assurance papers, our financial challenge/risk continues to be a challenge within enhanced care observation use. Elevated levels of enhanced care observation patients and their associated numbers of shifts that require increased staffing levels can be seen within section 1.3 of this paper that updates both previous staffing assurance papers outlining the demand and fill rates. At the time of drafting this paper there is national work led by NHSE, to review the subject area of enhanced care observation staffing requirements and the possible learning across the UK amongst organisations.

It is also important to note (as within all previous staffing papers) that our Trust total % headroom uplift within each departmental cost centres is below the national recommendation of 22%. We have within the Trust a standard 20% headroom allowance. This immediately creates departmental cost pressures when balancing sickness, A/L and Study leave, especially where it is expected within a speciality that the clinical workforce will be required to attend a higher number of study leave hours >39 hours annually which is the current state. Clinical areas like critical care, emergency medicine, maternity and speciality medicine areas are often challenged working within this headroom %.

1.3 Enhanced Care Observation: additional staffing requirements

As reported in previous staffing assurance papers, we continue to focus our attentions on reducing the additional temporary staffing requirements for enhanced care observation within nursing. This has not been without its challenges operationally as our workforce demands for safely nursing patient's with enhanced care is sustained.

Our focus on the governance of the required use of enhanced care additional staffing is to continue to be a key focus over the next 12 months. We are utilising EPIC, Safecare and our effective rostering practices to ensure we are requesting appropriately any additional staffing requirements. Challenges also at local directorate level by Heads of Nursing with their clinical managers ensures that there is directorate ownership of this.

The total financial spend on agency mental health enhanced care (Registered Mental Nurse (RMN) and Mental Health Care Assistant (MHCA)) needs is currently £0.8M better position than this time last year for agency spend. This has been achieved through both encouraging departments to follow the Trust enhanced care observation risk assessment and better utilisation of newly employed bank MHCA and RMN's and regional negotiated cap agency rates under our manager service provider for all agency requests.

Focus is now on the 'grip and control' of **bank requesting** for all other patient enhanced care observational needs which includes both mental health, risk of falls and other delirium requirements for additional staffing requirements outside of normal funded ward establishments.

A focussed task and finance group between Nursing, HR, Efficiency Programme Management Office (EPMO) and temporary staffing continues to have oversight of the additional staffing demands/£ spend. This Deputy Chief of Nursing led task and finish group has several actions underway to attempt to both mitigate the financial challenges and patient safety challenges within this area of the workforce. As the NHSE national focussed work progresses around enhanced care observation, we will tie into this group any national learning.

Figure 1 below outlines the weekly additional shifts being requested covering all booking reasons for 'Enhanced Care Observation' of both requested and filled shifts.

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

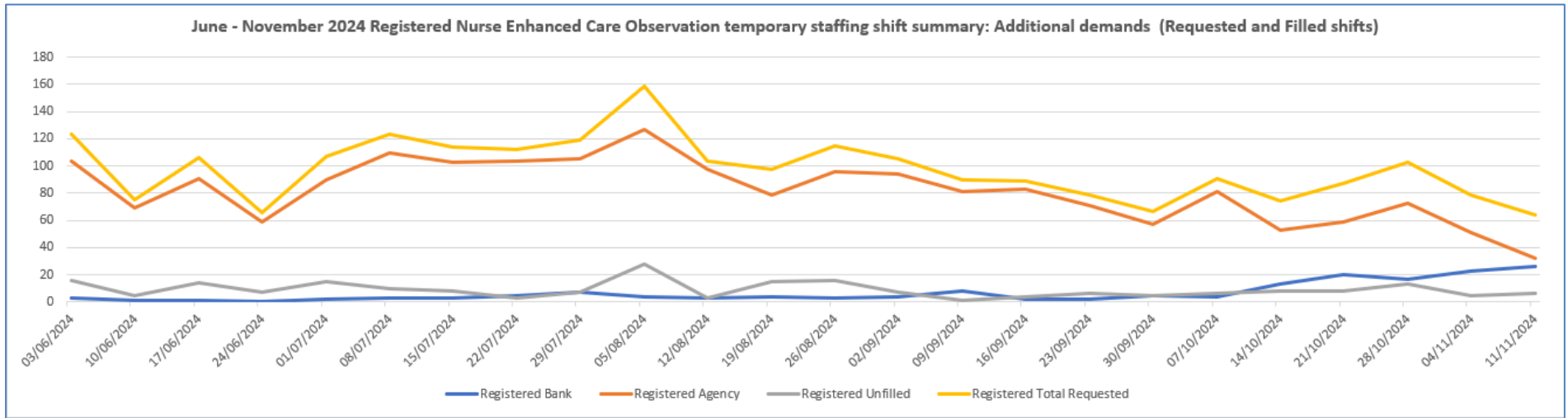
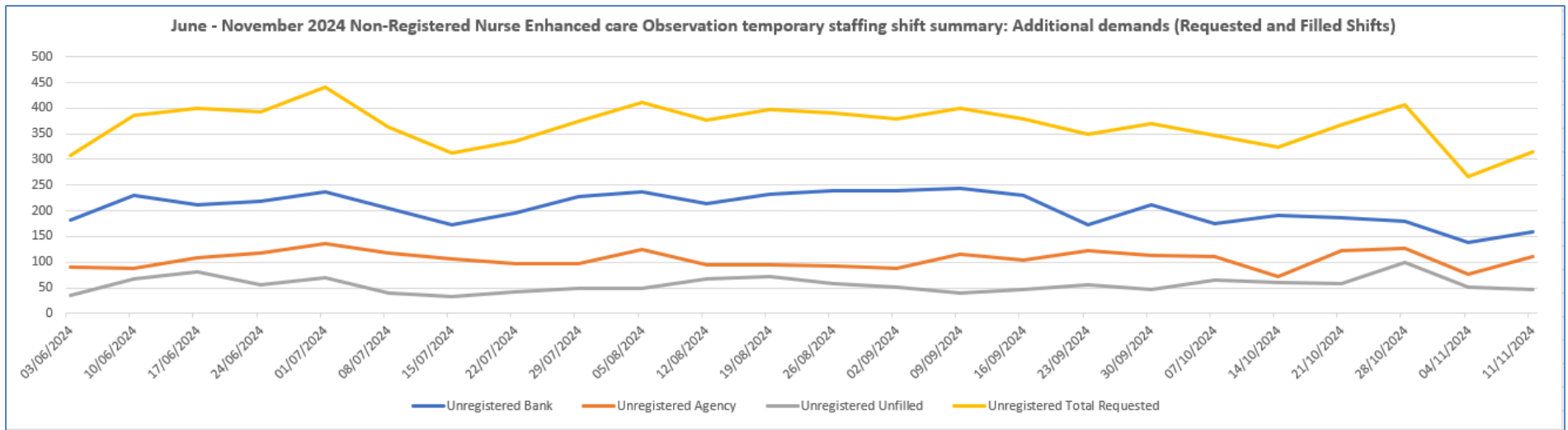


Figure 2. Number of shifts requested from temporary staffing: Bank/Agency (Non-Registered; Health Care Assistant, Mental Health Care Assistant): Enhanced Care Observation



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

The midwifery staffing is funded by the trust to achieve the recommended birth ratios from the last Birth Rate Plus review in 2020 of 1:24.5 at Frimley Park site and 1:23.3 at the Wexham Park site. (The ratio is one midwife: number of women that deliver). Which enables the trust to achieve compliance with Ockenden Recommendations (Dec 2019). This is a Key Performance Indicator (KPI) on the monthly maternity dashboard.

Birth Rate Plus is currently in progress and we are expecting an updated report in Quarter 4 of 2024/2025, this will determine if these ratios are still applicable or require adjustment. Any increase required will be presented as a business case through the trust process.

Midwifery recruitment has been extremely successful during the first Quarter of 2024/25. From 1st December 2024 the Frimley Park site has no vacancies and Wexham Park has 4 WTE vacancies, the matrons and recruitment leads need commending for all the efforts in supporting the recruitment plan over the past 3 years. The maternity leave across the service is 18.85 WTE, (12.68 WTE at Frimley Park and 6.17WTE at Wexham Park). By the end of December 2024, it is anticipated that the risk will be removed from the departmental risk register, which is of great significance and progress.

The community midwifery service at the Wexham Park site has seen increased recruitment and now holds minimal vacancies, there is practice development support in the community is established and working well. The chief of nursing and midwifery and director of midwifery have visited all community midwifery sites in July 2024.

During the past six months May to November 2024, both sites were able to achieve the funded midwife-to-birth ratios recommended by Birth Rate Plus, of 1:24 for the Frimley Park site and 1:23.5 at the Wexham Park site, this was achieved by using bank and agency staff. The trust however did not have to close the maternity service during this period. Both maternity units remained open and safely staffed during this period.

From December 2nd, 2024, there will be no use of agency staff going to assist with reducing the overspend at the Wexham park site (Agency staff will only be used if a Mental Health Nurse is required on an individual basis and will be authorise by Head or Director of midwifery).

We will continue to be proactive with the recruitment of the midwifery students as our turnover rate remains at 10% which is a significant improvement in the past year previous years when it was at 20% so our focus now will be on the retention of our staff. For this reason, we are planning to continue with our lead for recruitment and retention midwife for 2025/2026.

A professional judgment was made to halt international midwifery recruitment and OSCE preparation this year. This was made primarily due to the pipeline being much slower to both come forward to the Trust, combined with some issues experienced in the transitioning period for some international midwives. It was therefore decided to be as cost effective as possible that attention was focussed on domestic student recruitment for newly qualified midwives.

Internationally Educated Midwives (IEM) who are already on the Nursing and Midwifery Council (NMC) register has continued through our usual recruitment process.

We continue to support midwives interested in returning to practice and offer programs for those seeking to maintain their midwifery registration. However, during the past six month we have received no applications.

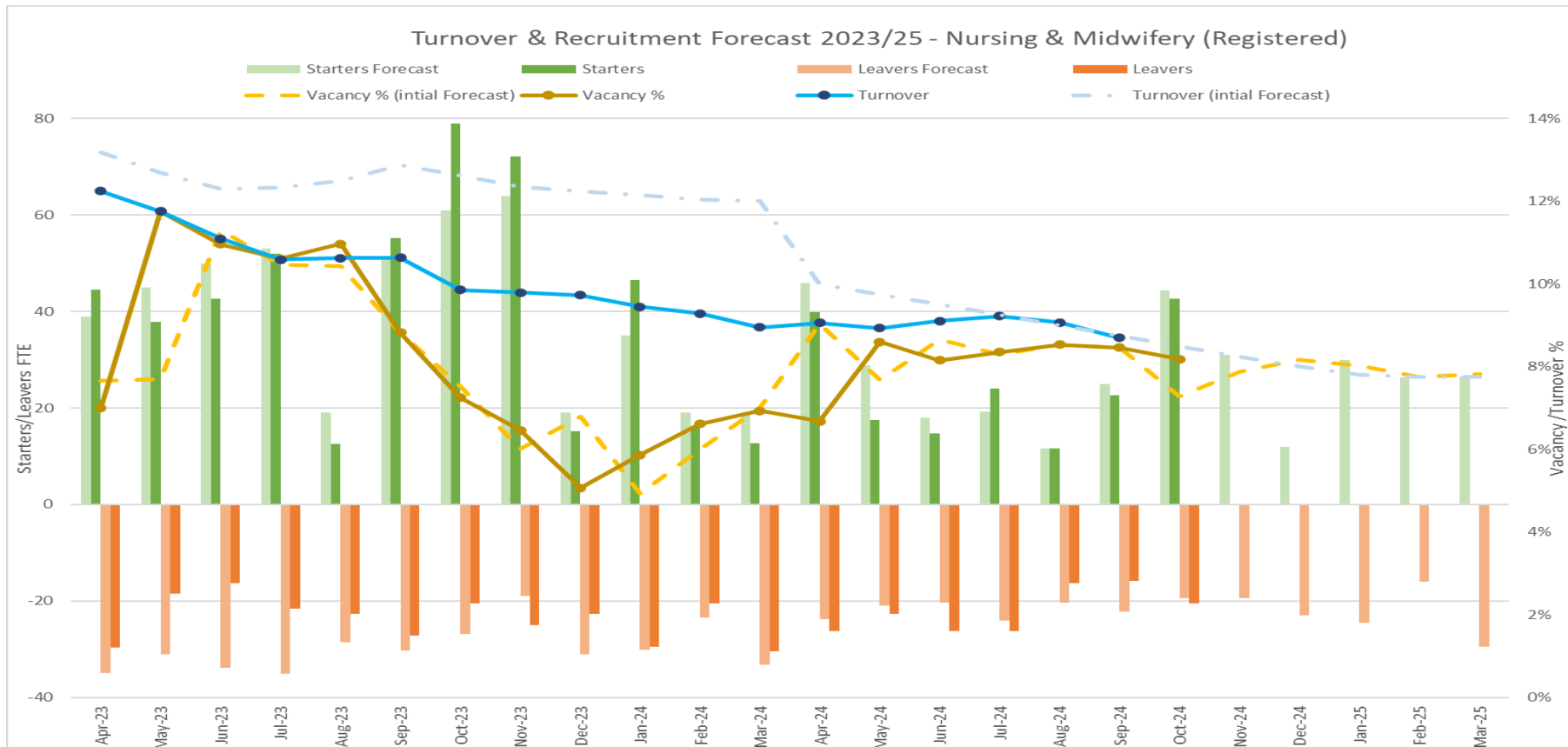
The recruitment of Registered General Nurses has supported us in running our immunisation programmes for pregnant mothers and newborn babies.

3.0 Children's services update (Narrative supplied by Jill Thistlethwaite: Head of Nursing for children's services)

Appendix 1 outlines the supporting evidence that demonstrates that the FHFT Neonatal Nursing staffing on both Neonatal units meet the relevant British Association of Perinatal Medicine (BAPM 2022) national standards of Medical and Nursing staffing. Please see appendix for this assurance.

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

FHFT Registered Nurse/Midwife (RN/M) 8.19 % 301 wte vacancies (October 2024 data published in November 2024) (includes IEN's on B4 until Passed OSCE exam) however this **does not include** the pipeline going through pre-employment process UK & IEN allocated to wards which currently at the time of this report being produced was 124.58 wte.



As noted in within the graph above, we continue to make considerable progress toward reducing our nursing and midwifery vacancies despite our decision to reduce international educated nurses this financial year. Through our in-depth ward workforce reviews held throughout October to December 2024, ward level vacancies have significantly reduced alongside stabilised leaver rates. At the time of writing this assurance paper we had around the circa of 4.22% vacancy rate within our ward areas (102.59 wte).

Improved retention rates and stabilisation of turnover % has also significantly improved our overall nursing and midwifery workforce position.

The below summary chart outlines the significant improvements made over the last 2 years in closing the gap of starters and leavers within our registrant posts within Nursing and Midwifery. It is clear we still have further work to make however the success is evident within both recruitment and retention.

	Year			
	2021	2022	2023	2024 (10 Months)
Starters	223	239	274	203
Leavers	398	429	330	251
Net Gain/Loss	-175	-190	-56	-48
Average monthly leaver rate	33	36	28	25

4.0 Comparison of Trust leavers position with Model Hospital data extracted 25/11/2024 Registered Nurses Vacancies, Turnover, leaver rate %, FHFT Vs National and SE Region:

- Improvements to be noted within our Trust level NHS leavers rate VS national distribution seen in figure 1 below for nursing and figure 2 below for midwifery.
- Vacancy and turnover of registrant level roles are all within range (lower quartile) Vs national and SE regional perspective which is positive.

Figure 1. Registered Nurses NHS Leaver rate over 12 months: Model Hospital last data update August 2024:

Methodology: NHS Leavers are employees who left an organisation and are not found elsewhere in ESR at the subsequent data points.

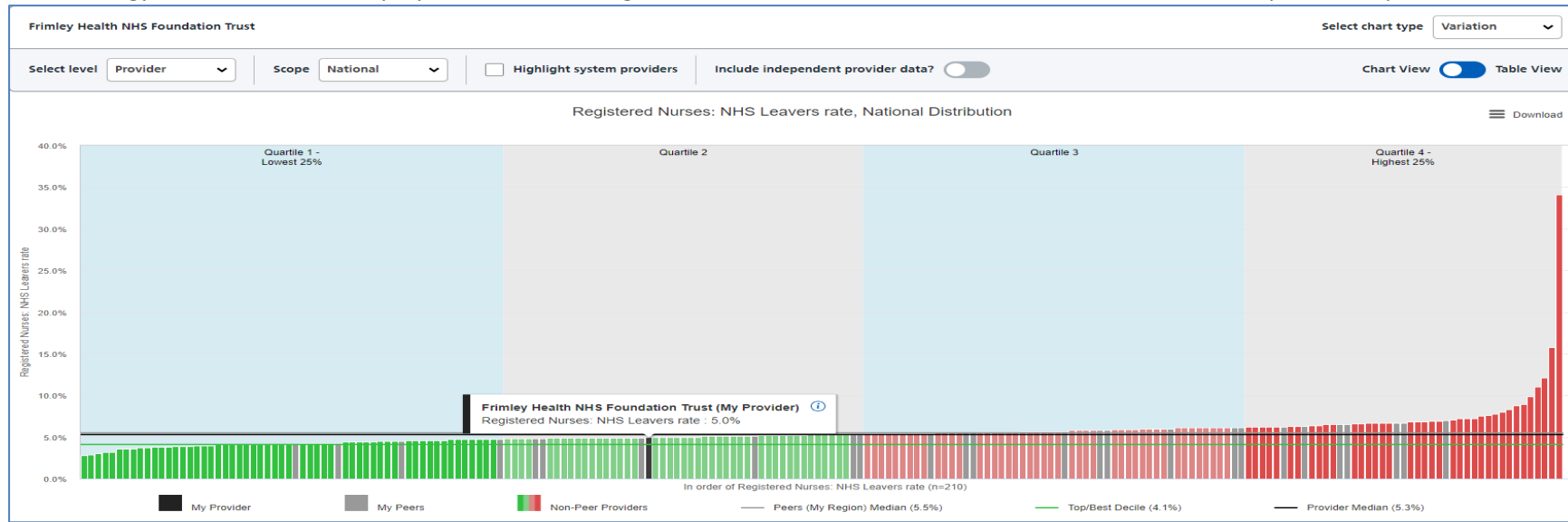


Figure 2. Registered Midwives NHS Leaver rate over 12 months: Model Hospital last data update August 2024:

Methodology: NHS Leavers are employees who left an organisation and are not found elsewhere in ESR at the subsequent data points.

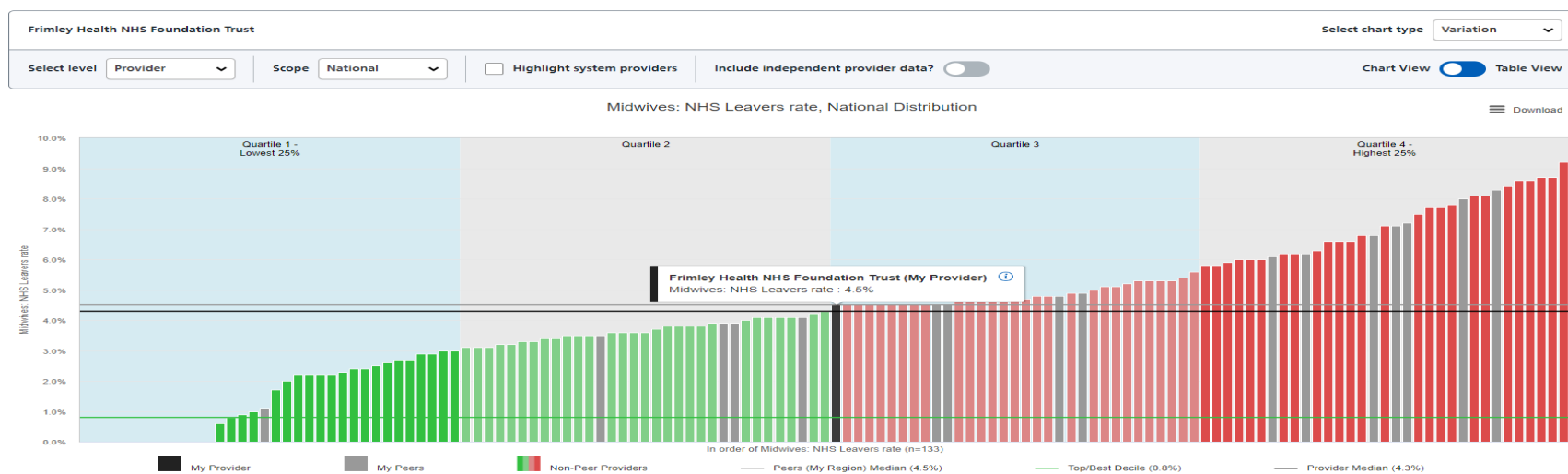


Figure 3: Frimley Health Registrant turnover rate vs National perspective. Model Hospital last data update August 2024:
 Methodology: All leavers are employees who left an organisation to join another NHS organisation or left NHS.

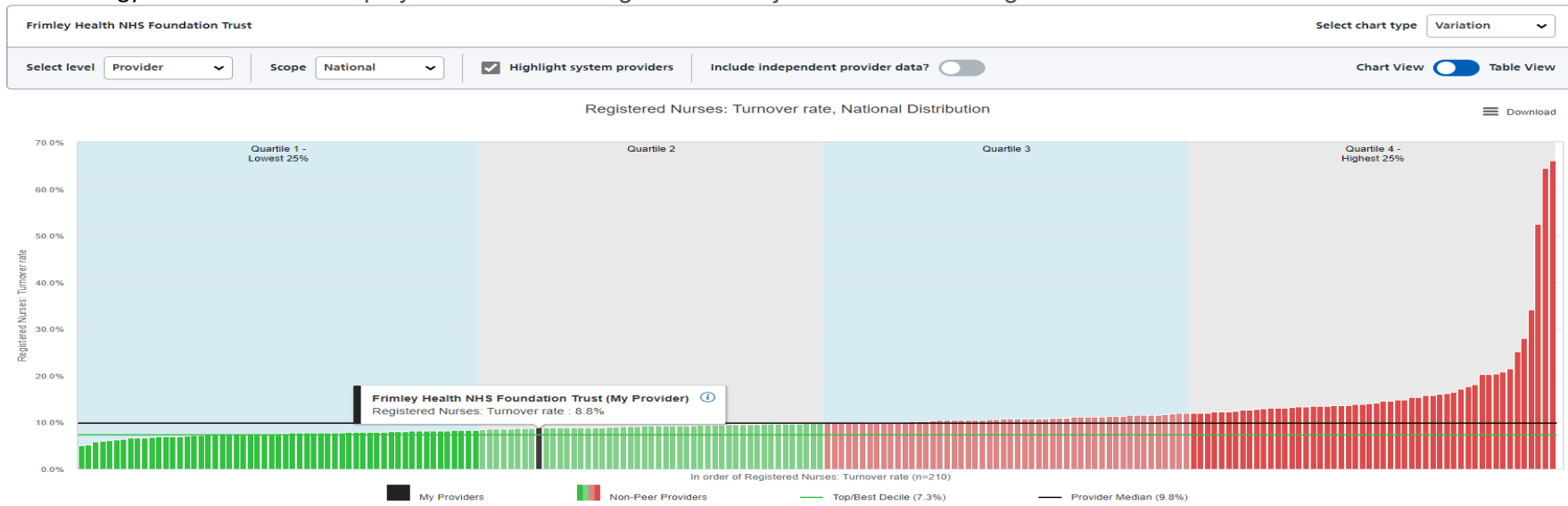
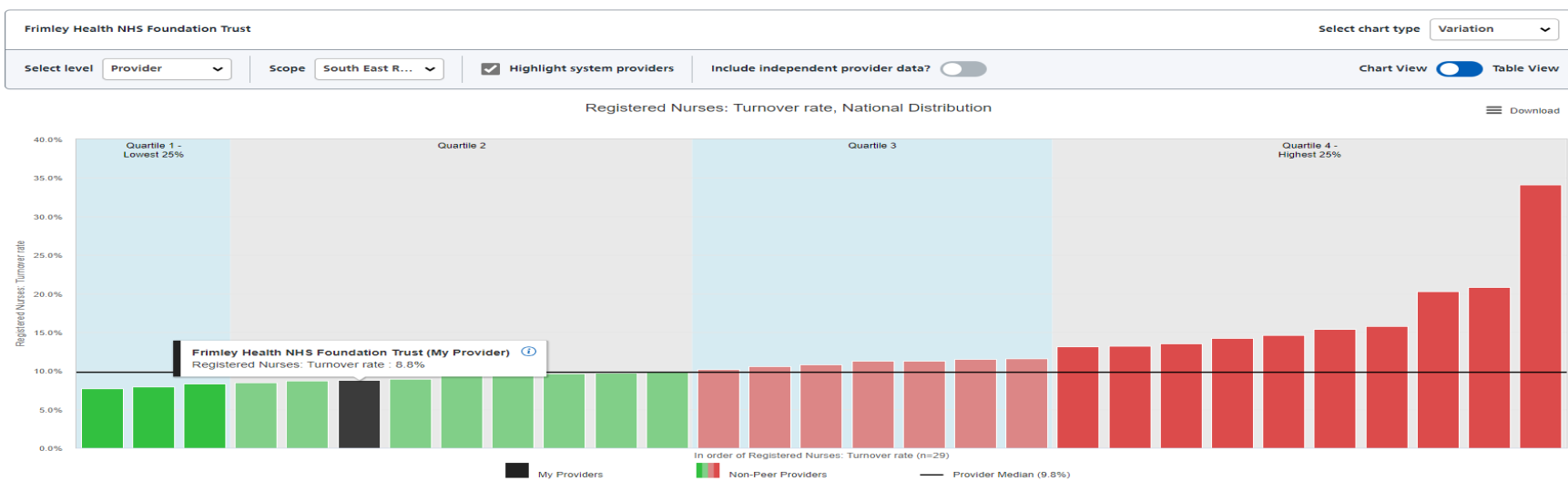


Figure 4: Registrant Nurses: Turnover Vs SE Region comparator: Model Hospital last data update August 2024:
 Methodology: All leavers are employees who left an organisation to join another NHS organisation or left NHS.



The above four graphs all support the staffing assurance at FHFT within Nursing and Midwifery with excellent progress in stabilising our registrant workforce.

5.0 FHFT International recruitment: International nurse update

As reported in previous In May 2024 we reduced this number of arrivals due to the stabilising ward B5 turnover %, anticipated/planned closure of our cross-site escalation beds (reducing the workforce requirements) and a greater focus on domestic/student recruitment.

The IEN numbers currently for this FY of external recruited IEN's up to and inclusive of planned January 2025 landers is: x65 as per chart to the right of this box.

Focus is currently underway reviewing our internally employed HCA's who are trained overseas who have come forward and applied through an internal advert for OSCE development. We have forecast a circa of x14 HCA's may be identified and supported through OSCE preparation through a December 2024 assessment centre process. Those successful will then be supported through OSCE preparation with a goal of joining the NMC register as a registrant nurse in March 2025.

Forecast numbers for 2024/25 have been made which is a circa of x76 external IEN's required and a projected total forecast of x40 internal candidates (Total external/internal: x116). Where we do not meet these internal candidates numbers as they are not available, we will then flex up our external IEN's recruited where directorate vacancies dictate and lack of domestic registrants' availability to recruit.

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

As per previous staffing assurance paper: *For governance and £ cost control since April 2024 all IEN's are managed on a central roster for their first 10 weeks in the Trust. This with an aspiration they are all OSCE passed and within Ward staffing numbers on the ward by the end of the 10 week point. This has this FY an added benefit of wards not having to 'double run' shifts with an IEN and then additional £ cost of paying for the temporary staffing whilst the IEN is going through OSCE preparation or local departmental supernumerary period within their local induction/orientation.*



6.0 Health Care Assistant Recruitment

The below data shows the FHFT Healthcare Assistant (HCA) current recruitment activity over the last rolling 12 months alongside turnover %. This data is before we have any adjustments to budgets related to M Block and associated core site bed budgets.

Totals: *Trust net gain over the last rolling 12 months October 2023- October 2024 inclusive:* with x292 new starters and x175 leavers, giving a net gain of x117 starters (Starters - Leavers). Every month except for x2 months (March and August 2024 mad a loss) we have made a monthly net gain of HCA's.

- Recruitment has plateaued/reduced over the last six months within HCA's due to planning for M Block and all the associated ward moves requirements and related to RAAC estates works/ward moves and new HCA staffing requirements.
- There has also continued to be a several HCAs re-deployed to existing internal Trust HCA vacancies where there have been reductions in core ward bed numbers related to the RAAC decant estates work.
- With this continued HCA recruitment monthly, stable turnover, we continue towards the trajectory of a 5% vacancy based on this year's non-registered budgets at the time of this report being produced. Depending on the final agreed additional HCAs within our ongoing MBlock and associated ward moves, this will require some further review of our new vacancies to recruit to.
- At the time of this report being produced (02/12/24) we have a vacancy of 158.11 wte with a pipeline recruited of x91 HCA's currently going through pre-employment checks. To note, not all vacancies within ESR are from inpatient ward/departments but are inclusive numbers of all Trust areas of employment.

Summary of FHFT: HCA Starters and Leaver's summary last rolling 12 months November 2024 – October 2024 (Actual):

Recruitment/ Retention Data														
12M summary: November 2023 - October 2024														
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Totals 12 M	
Frimley Health														
Starters	25	37	42	40	17	19	20	20	17	24	14	17	292	
Leavers	14	10	16	13	19	9	15	16	10	28	17	8	175	
Gain/loss (Starters Vs Leavers)	11	27	26	27	-2	10	5	4	7	-4	-3	9	117	
Turnover %	15.13	14.29	14.47	14.11	14.23	14.16	13.91	14.37	14.40	14.35	14.71	13.68	14.32%	Average 12M
Trust Turnover %	10.80	10.70	10.60	10.70	10.60	10.68	10.83	10.97	11.02	11.18	11.12	11.11	10.86%	Average 12M

7.0 Revalidation /Professional Registration lapses

- In the last rolling 12 months (October 2023 – November 2024 inclusive) there have been a total of x17 registrants who lapsed their professional registration with the NMC by Nurse/Midwife error/oversight, or whilst they have been on long term sickness. This was a decrease of x2 registrants lapsing from the previous rolling 12 months.
- Nurses/Midwives have lapsed their registration due to either not paying/processing their annual Nursing Midwifery Council (NMC) registration on time or not meeting their revalidation requirements.
- All nurses returned to the register within a period of 1-2 weeks maximum once their annual fee and their supporting return to the register documentation and renewal fee was paid to the NMC.
- All lapsed registrants did not work clinically during this period in the capacity recognised of a registered nurse. They were moved to a non-registrant banding (Band 3) where applicable and delivered non-registered nurse tasks whilst their NMC registration was lapsed.
- Registered Nurses/Midwives are reminded of the requirements to stay on the NMC register by both the NMC directly, ESR reminders internally and line manager reports. Allocate Optima (eRostering) also has warnings of upcoming registrations with the roster for line managers.

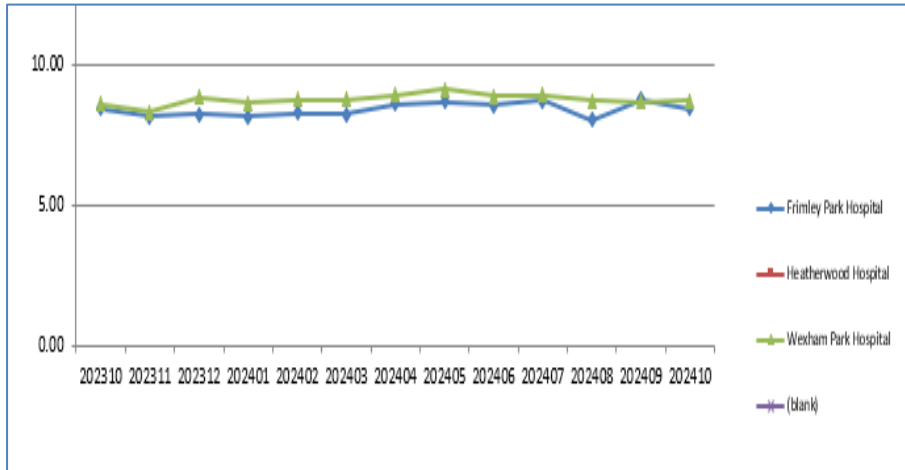
8.0 Monthly Safe Staffing levels/CHPPD: Summary with Model Hospital data summary:

The Trust reports monthly national NHSd Staffing information of all inpatients planned and actual nursing hours. Planned nursing hours reported are based on the budgeted establishments. Below is a high-level summary of the Trust hours (Registered and Unregistered combined) for the Trust. Nationally published nursing and midwifery data now solely focuses on **CHPPD** as a comparison metric between organisations; within the Trust we currently internally monitor both.

- The graphs below show the CHPPD averages up to and inclusive of **October 2024 with a 12 month look back summary date range.**
- **Please note due to HWD being x2 overnight inpatient bedded areas (TreeTops and HWD Parkside inpatient unit) the data within the charts are excluding these due to them not being accurately represented.*
- **Appendix 2** has a full breakdown example from October 2024 data reported in November to NHS digital for our monthly Trust submission. *This being an example of our ward level submissions for the purposes of this assurance workforce paper, this does include the Heatherwood two areas.*

Over the last 12 months the Trust **CHPPD overall average** (RN & HCA Staff cross site, FP inc. community inpatient and WPH) Day and Night Shifts combined.
 Date range: October 2023 to October 2024

Care Hours Per Patient Day (CHPPD) - All staff:



Methodology of CHPPD:

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, 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.

CHPPD monitoring is a mandated NQB requirement alongside NHSE.

CHPPD staffing indicator is the key measure of staffing within a Trust to benchmark with other organisations nationally, moving away from fill rate %, (NHSi, 2018).

Model Hospital data on CHPPD median indicates we are in line with our regional peers and national median.

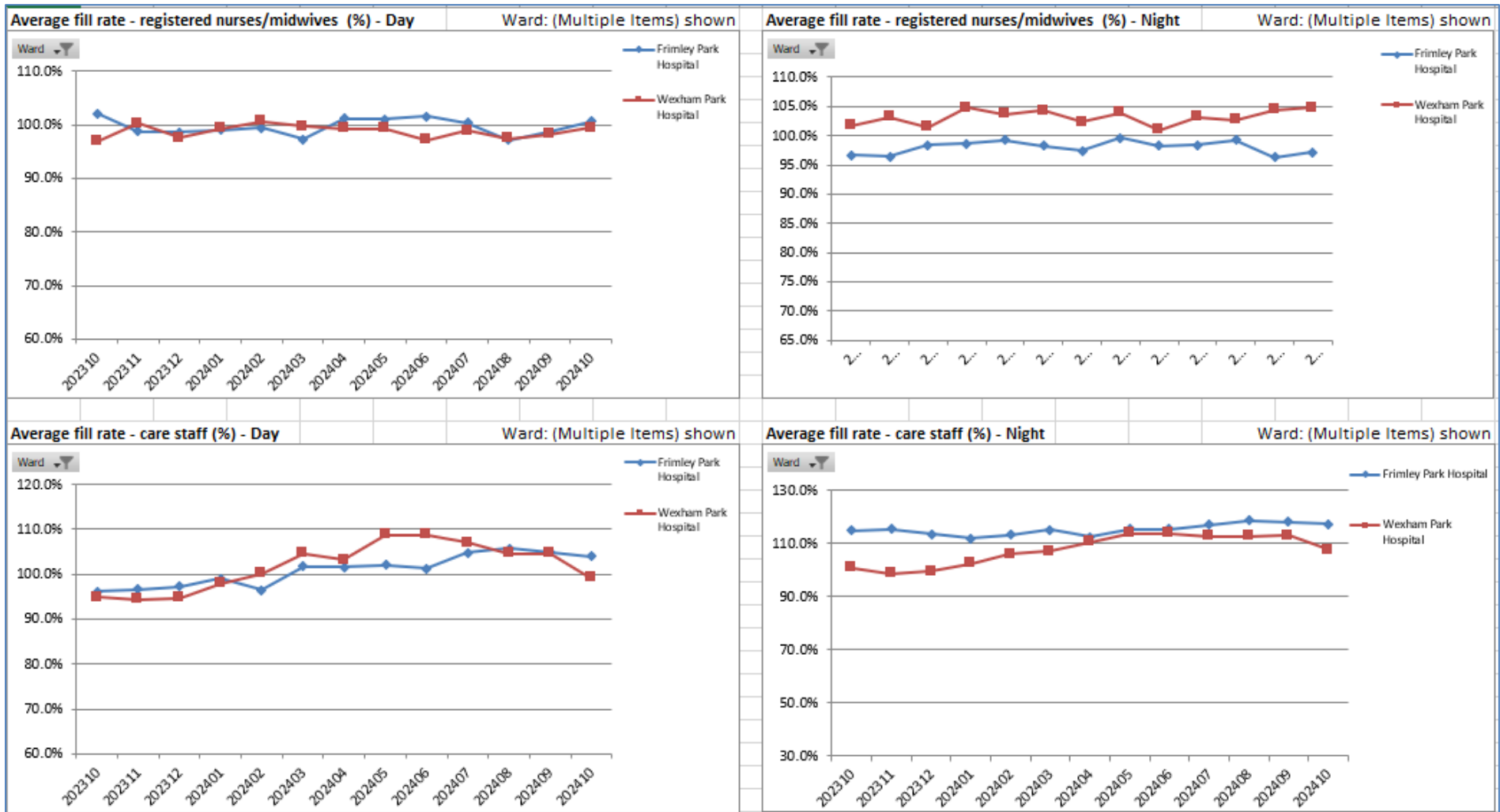
Over the last 12 months the Trust % overall fill rate is as follows (RN & HCA Staff cross site, FP inc. community inpatient and WPH) Day and Night Shifts combined.

Date range: October 2023 – October 2024

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

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

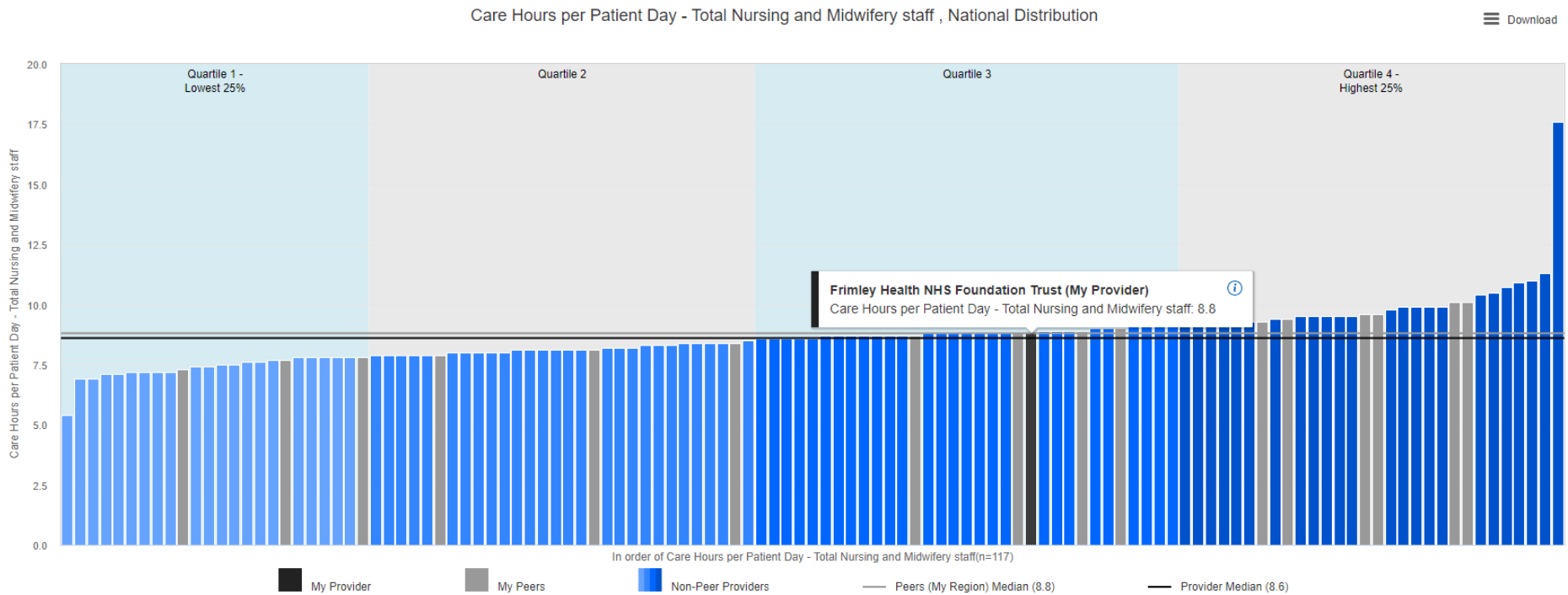
Reported Average fill rates for registrant and non-registrant staffing across inpatient ward areas: October 2023 – November 2024:



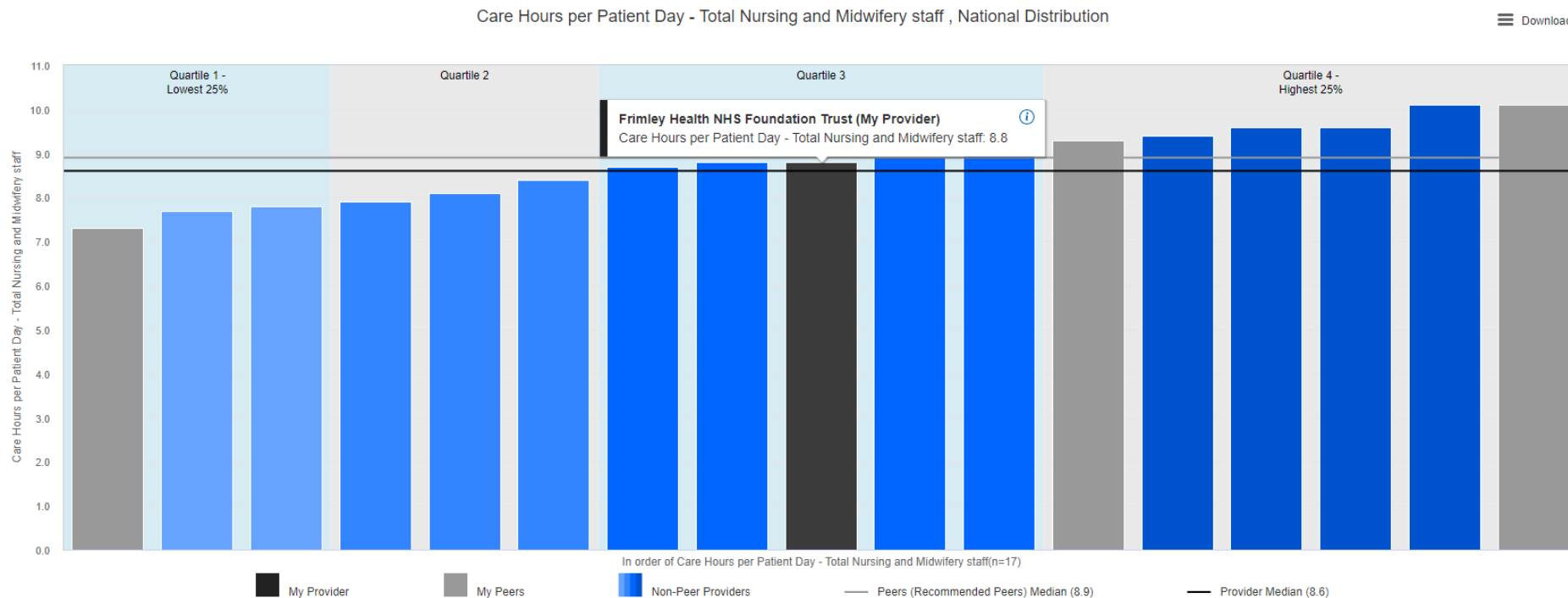
9.0 Model Hospital data comparison: CHPPD overview taken from Model Hospital, data period **September 2024**.
(Latest data available within the national system)

- Average Trust CHPPD overall: **8.8** (provider value) in line with our regional peer Trusts (Peer Median: 8.8 vs Provider Median: 8.6), Quartile 3, mid-high quartile.
- CHPPD value as a Trust (Nursing/Midwifery combined) This has remained stable within our average overall Trust CHPPD (Last 12 months 8.4 – 8.8 CHPPD average Trust figure). It can be seen within the below graph we are in the middle quartile (Quartile 3) of levels of average CHPPD nationally from data taken from the Model Hospital data comparisons, (Data taken from Model Hospital, 02/12/2024).

1. National comparison on CHPPD: Total Nursing and Midwifery Staff:



2. South East provider comparison: CHPPD: Total Nursing and Midwifery Staff: focussed view:



- Both national and South East Regional Total CHPPD overall as a Trust gives some assurance our staffing levels/CHPPD as a provider is very much in the middle and balanced. Buckinghamshire Healthcare Trust and Medway NHS Foundation Trust being on either side of us closely matching our average.
- CHPPD Model Hospital CHPPD regional breakdown of hospitals Vs FHFT: Reporting Date (latest data) October 2024 **See Appendix 3.**

10.0 Red Flags:

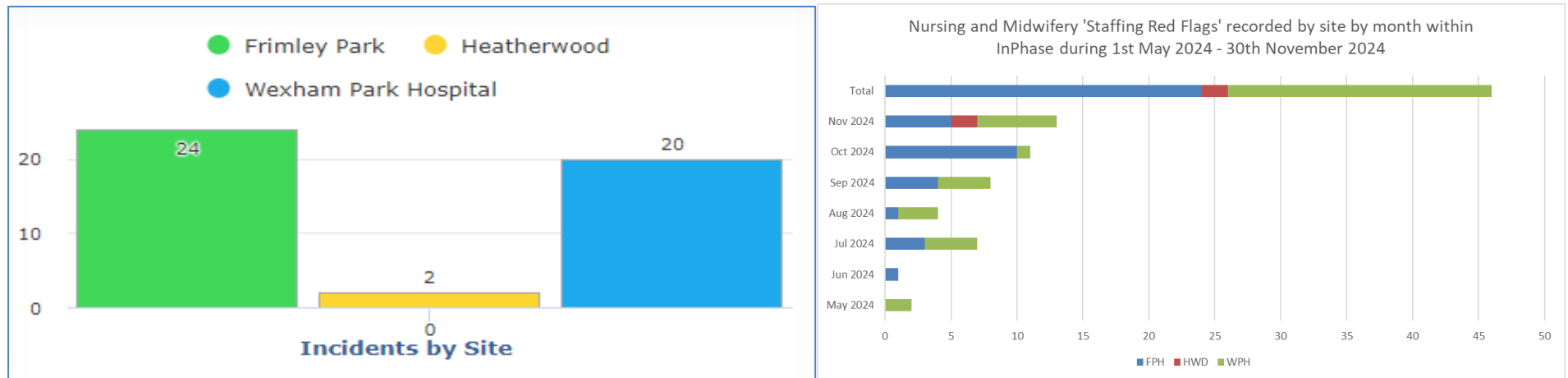
Raising a Red Flag is a professional judgement where a Nurse/Midwife in Charge escalates to a senior nurse/midwife where they feel that patient care could, or is, compromised due to either a lack of numbers of nurses or appropriately skilled nurses for the level of acuity /dependency of the patients.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

- All staffing concerns raised operationally at the time had their risk assessed and any practical mitigating actions taken utilising the finite number of staff available. The Senior Nursing/Midwifery teams ensure that mitigating measures are taken to provide safe care to our patients through the daily site staffing meetings.

- All Red Flags are reviewed by a senior nurse at the time it is raised, and any mitigating actions taken to protect the safety of our patients. All Red Flags raised on the Trusts incident reporting system are viewed by the Trust's Nursing & Midwifery senior lead nurse for workforce in addition to the location manager and other clinical leaders within the directorate the incident was raised within.
- Mitigations include Senior Sisters and Matrons being highly visible within the clinical areas or moving staff to support acuity and dependency needs of our patients. The resourcing department alongside the senior lead nurse for workforce are working closely with clinical directorates to ensure recruiting and retention strategies and action plans are in place to monitor progress.

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

Date period by site, of Red Flag totals recorded under 'staffing' within InPhase between 1st May 2024 – 30th November 2024:



- Across the last 7 months x46 professional judgement staffing concerns were raised within InPhase incident reporting system. This has fallen significantly in numbers on average over the last 12 months to a new baseline number raised per month which can be seen in the chart above. This correlates with the reduced number of nursing and midwifery wte vacancies and higher fill rate/CHPPD per inpatient area.

Red Flags management:

- Mitigations include Senior Sisters and Matrons being highly visible within the clinical areas or moving staff to support acuity and dependency needs of our patients. The resourcing department alongside the senior lead nurse for workforce are working closely with clinical directorates to ensure recruiting and retention strategies and action plans are in place to monitor progress.

11.0 Next Steps & Conclusion:

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

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

- Focus on the lead into months of M Block opening next year on the FPH site and the safe staffing being in place for both this area and the movement of ward specialities associated.
- Focus on the safe staffing of the additional ED pressures noted in this paper with mitigations in place to ensure a safe but cost-effective operational process is followed.
- As reported in previous staffing assurance paper, the continued focus on effective use of roster and staff deployment controls to control temporary staffing spend, with key attention on enhanced care requirements.
- As reported in previous staffing assurance paper, the continued focus on appropriate use of additional staffing requirements for enhanced care and driving down agency use and replacing with bank use.
- The Board will be updated outside of the six-monthly cycle of these staffing assurance papers where there are any significant workforce risks identified.

12.0 Chief of Nursing and Midwifery assurance statement:

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

We have safe and sustainable funded staffing levels within our inpatient areas overall as evidenced by the KPIs in this paper, noting the additional workforce demands of our enhanced care observation patients, escalation areas and that within our Emergency Departments. Successful recruitment and retention within nursing and midwifery alongside our overall CHPPD remaining in line both regionally and nationally.

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

Appendices:

Appendix 1: FHFT Neonatal Nursing staffing meets the relevant British Association of Perinatal Medicine (BAPM 2022) national standards of Medical and Nursing staffing. Summary update from Head of Nursing.
See Reading Room

Appendix 2: October 2024 Data (Reported in November 2024) NHSd Nursing and Midwifery Trust return Staffing fill rate % and CHPPD at ward level:

*(Magnification will need to be adjusted when opening attached to view ward level data, adjust view to magnification within the Excel application -**Disable Macros on opening the attachment if asked**).*

See Reading Room

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

See Reading Room

- End of Assurance report -

12. NEW HOSPITAL PROGRAMME COMMITTEE REPORT

REFERENCES

Only PDFs are attached

 12. NHP Committee Report.pdf

Report Title	New Hospital Programme Committee Report
Meeting and Date	Public Board of Directors, Friday 10 th January 2025
Agenda Item	12.
Committee Chair	Julia Gregory, New Hospital Programme Committee Chair
Reporting Period	September – December 2024
Key Highlights and Discussion Points (to note/assurance)	<p>The New Hospital Programme Committee met on 20th December 2024 with the following points noted:</p> <ul style="list-style-type: none"> • Review of progress made to date delivered on programme, and key workstream areas including clinical strategy, recruitment of team and procurement of supporting consultants – subcommittee identified areas where they would need further information in the future. • Board requested a dashboard be developed – which was the key assurance document - covering key areas - overall programme and progress by workstream, milestones, finance information, risks and opportunities, backward and forward-looking progress, HSE information. Overall programme would also be independently assessed to provide assurance. In addition - Team structure and skills set matched to programme to provide assurance on resourcing. • New team had clearly undertaken a lot of work to review work done to date and put in place a plan to move the project forward. Progress on key areas such as the clinical strategy, team structure and procurement strategy was reviewed as well as the engagement with key stakeholders. Follow up is detailed above.
Key risks to Escalate	None at this stage
Recommendations/ Decisions Made	<ul style="list-style-type: none"> • Terms of reference to be updated to reflect exec membership, ICB role, role of subcommittee as a support/sounding board to project team when difficult issues arise. Delegations' matrix requested for next meeting.

Action	The Board is asked to NOTE the Committee report.
Compliance	New Hospital Programme Committee Terms of Reference.

13. AUDIT COMMITTEE REPORT

REFERENCES

Only PDFs are attached

 13. Audit Committee Report.pdf

Report Title	Audit Committee Report
Meeting and Date	Public Board of Directors, Friday 10 th January 2025
Agenda Item	13.
Committee Chair	Gary McRae, Audit Committee Chair
Reporting Period	September – December 2024
Key Highlights and Discussion Points (to note/assurance)	<p>The Audit Committee met on 3rd December 2024 with the following points noted:</p> <ul style="list-style-type: none"> • The Frimley Health Charity Annual Report and Accounts 2023/24 had been presented to the Committee for review. • The Committee was advised that learnings from two recent material write offs had been examined and understood. • Internal Audit: <ul style="list-style-type: none"> - concerns over limited opinion on Pay Controls. - There had been limited progress in resolving the job planning issues. - Meeting deadlines for management actions required improvement. - Recognition of monthly Executive meetings with Internal Auditors to address outstanding management actions. • Progress on reducing procurement waivers was applauded. • The Committee received an update, from the Chair of the Quality Assurance Committee, on the status and progress of the Trust's Clinical Audit Programme. • A paper and presentation on Medical Device Management was positively received and the progress applauded.
Key risks to Escalate	<ul style="list-style-type: none"> • The Committee raised concerns about the progress being made in relation to Cyber security. A further update on progress has been requested back to the next two Committee meetings.
Recommendations/ Decisions Made	<ul style="list-style-type: none"> • The Committee approved the Frimley Health Charity Annual Report and Accounts 2023/24 and RECOMMEND that they be approved by the Charity's Trustees.
Action	The Board is asked to NOTE the Committee report.
Compliance	Trust Constitution and Audit Committee Terms of Reference.

14. ANY OTHER BUSINESS

Oral

15. PUBLIC QUESTIONS

Oral

16. DATE OF NEXT MEETING: FRIDAY 7TH MARCH 2025, 10:00 -13:00