



Frimley Health

NHS Foundation Trust

COUNCIL OF GOVERNORS

COUNCIL OF GOVERNORS

 24 February 2025

 17:45 GMT Europe/London

 Microsoft Teams


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1. AGENDA

REFERENCES

Only PDFs are attached

 Council of Governors Agenda 240225.pdf

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS

Monday 24th February 2025, 17:45-19:15

Microsoft Teams

AGENDA


Time	Agenda Item	Paper/Oral/Presentation	Lead
17:45	1. Welcome and Apologies for Absence	Oral	Chair
	2. Declarations of Interest	Oral	Chair
	3. Minutes of the previous meeting	Attached	Chair
	4. Action Log from previous meeting	Attached	Chair
17:50	5. Audit Committee Report	Presentation	Committee Chair
18:05	6. Performance Update	Attached	Chief Operating Officer/PFC Chair
18:25	7. Membership Update	Attached	Membership and Engagement Manager
18:30	8. External Auditor contract	Attached	Audit Committee Chair
18:40	9. Future Membership of the Committees of the Council of Governors	Attached	Chair/Lead Governor
18:50	10. Patient Experience and Involvement Group Report	Attached/Presentation	Committee Chair
18:55	11. Recommendations from the Governance Working Group	Oral	Chair
19:00	12. Public Questions	Oral	Chair
19:10	13. AOB COG work planner	Attached	Chair
-	Date of the Next Meeting Wednesday 4 th June 2025 18:00-19:30 Board Room, Frimley Park Hospital	-	-


2. DECLARATIONS OF INTEREST

3. MINUTES OF THE PREVIOUS MEETING

REFERENCES

Only PDFs are attached

 3. COG minutes new cover v1 (1).pdf

 3. COG 061124 draft (1).pdf

BOARD / COMMITTEE COVER SHEET

Council of Governors

Report Title	Minutes of the previous meeting
Meeting date	Monday 24 th February 2025
Agenda item	3.
Author and Executive lead	Victoria Cooper, Assistant Company Secretary Bryan Ingleby, Chair
Governance	None
Executive Summary	The attached minutes records the items discussed at the Council of Governors meeting held on Wednesday 6 th November 2024.
Alignment with which Strategic Objective(s)	<ol style="list-style-type: none"> 1. FHFT to be in the top 10 trusts for safety and patient experience <input checked="" type="checkbox"/> 2. To be in the top 10 best trusts to work for <input checked="" type="checkbox"/> 3. To reduce the need for hospital-based care by working collaboratively with system partners <input checked="" type="checkbox"/> 4. To provide consistent excellent care as 'One Frimley Health' <input checked="" type="checkbox"/> 5. To be in the top 10 trusts in the country for efficiency <input checked="" type="checkbox"/> 6. To be in the top 10 most digitally advanced Trusts in the country <input checked="" type="checkbox"/>
Mitigation of BAF Risk	<p>Include the BAF risk that this paper seeks to mitigate against.</p> <ol style="list-style-type: none"> 1. Failure to protect patients from harm and deliver improvements for patients <input type="checkbox"/>

	<ul style="list-style-type: none"> 2. Failure to support our workforce and deliver the best possible working experience for our people ☒ 3. Failure to collaborate with our system partners to reduce the need for hospital care ☒ 4. Failure to provide consistent excellent care as 'One Frimley' in the event that demand for services overwhelms capacity ☒ 5. Failure to deliver the Trust's financial plan and agreed trajectories ☒ 6. Failure to build on the investment in EPR and deliver the system Benefits ☒
Public Sector Equality Duty	N/A
Equality and Diversity	N/A
Recommendation	The COG is asked to APPROVE the minutes as a correct record of the meeting.
Compliance	NHS Provider Licence

MEETING OF THE COUNCIL OF GOVERNORS

Wednesday 6th November 2024, 18:00-19:30

Board Room, Administration Block, Frimley Park Hospital

MINUTES OF MEETING

Members Present:

Bryan Ingleby
 Sarah Peacey
 Jacquie Baker
 Rahul Chauhan
 Catherine Del Campo

Michael Ellis
 Charles Fowles
 John Lindsay
 Ani Magill
 Andy Mansell
 Udesh Naidoo
 Muhammad Qureshi
 Samantha Rayner
 Ann Smith
 Katie Stanley
 Barbara Story
 Robin Wood

Chair
 Public: Bracknell & Wokingham (Lead Governor)
 Public: Rushmoor
 Staff: Wexham Park Hospital
 Stakeholder: Bracknell Forest, Wokingham, Slough and Windsor and Maidenhead Borough Councils
 Staff: Heatherwood and Community Hospitals
 Public: Hart and East Hampshire
 Public: Bracknell Forest and Wokingham
 Public: South Buckinghamshire
 Public: Surrey Heath and Runnymede
 Staff: Frimley Park Hospital
 Public: Slough
 Public: Rest of England
 Public: Surrey Heath and Runnymede
 Public: Guildford, Waverley and Woking
 Public: Windsor and Maidenhead
 Public: Windsor and Maidenhead

In Attendance:

Lance McCarthy
 Caroline Hutton
 James Clarke
 Matt Joint
 Charles Porter

Melanie van Limborgh
 Michael Baxter
 Linda Burke
 Gary McRae
 John Weaver
 Jackie Westaway
 Victoria Cooper
 Daryl Lutchmaya
 Carol Deans
 Laura Hawksfield
 Sarah Waldron

Chief Executive
 Deputy Chief Executive
 Chief Strategy Officer
 Chief People Officer
 Interim Chief Finance Officer *deputising for Chief Finance Officer*
 Chief of Nursing and Midwifery
 Non-Executive Director
 Non-Executive Director
 Non-Executive Director
 Non-Executive Director
 Non-Executive Director
 Assistant Company Secretary (minutes)
 Director of Corporate Affairs
 Director of Communications and Engagement
 Deputy Director of Engagement
 Membership Manager

1. Welcome and Apologies for Absence

- a. The Chair opened the meeting and welcomed all those present.
- b. Apologies for absence were received from Barbara Story and Charlie Zorab. Apologies from the Board were Jim Hayburn, Tim Ho and John Lisle. Apologies from Janet Rubin had been agreed with the Chair.

- c. The Chair welcomed the new governors Jacqui Baker, Ani Magill, Andy Mansell, Muhammad Qureshi and Katie Stanley and noted that the other new governor Charlie Zorab was unable to attend on this occasion.

2. Declarations of Interest

- a. There were no declarations of interest. The Chair advised that all declarations should be notified to the Company Secretariat team.

3. Minutes of the previous meeting

- a. The minutes of the Council of Governors meeting held on 2nd October 2024 were **APPROVED** as a true record.

4. Action Log from previous meeting

- a. There were no actions due.

5. Finance and Investment Committee Report

- a. John Weaver, Chair of the Finance and Investment Committee, delivered a slide presentation on the work of the Committee. From the slide presentation he highlighted the following:
- The overall purpose of the Committee was to provide an objective view of the financial performance, and financial strategy of the Trust, together with an understanding of the risks and assumptions within the Trust financial plans and projections. The Committee would provide assurance to the Board about the integrity and deliverability of the Trust financial and efficiency plans.
 - In addition to the routine Finance and Investment Committee meeting, since June 2024, an additional 1 hour Committee meeting, known as FIC Part 2 had followed each routine Committee meeting. FIC Part 2 had the same membership but in addition the Deputy Chief Operating Officer for Planned Care and all other Non-Executive Directors were invited to attend. The purpose of FIC Part 2 was to have oversight and monitor the Trust's performance and productivity. From January 2025 the two meetings would become the Performance and Finance Committee and meet 12 times a year, rather than the current 5.
 - Items of business across the year included standing items such as the monthly finance report, efficiency report, ICB financial position, corporate risk register, performance and productivity reports, as well as regular financial planning updates. Annually the Committee would review the operating plan, year-end forecast, budget, procurement KPIs and the Committee terms of reference. As required the Committee would consider business cases/contracts for approval over £3m, as well as benefit realisation reviews. If items on an agendas warranted further discussion then they would be added to a future agenda.
 - The risks assigned to the Committee included medium term implications of the financial environment, CIPs, operational pressures adversely impacting financial performance and reduction of financial freedoms. It was noted that performance/productivity risks would be assigned once the Performance and Finance Committee was constituted.
 - Areas of focus for the future were outlined.
- b. Questions were invited and in response to questions raised the Council of Governors noted:
- The membership of the Performance and Finance Committee, along with all other Board Committees was currently under review to ensure the right balance.
 - The Committee's purpose was to provide assurance to the Board that Trust's financial plans were appropriate and deliverable. There was non-executive director cross membership on Board committees to ensure that issues relating to more than one committee could be discussed and if necessary escalated to the Board.

- Proposals put forward to the Committee were carefully scrutinised and if there was insufficient detail or elements required greater clarity e.g. the expected benefits, then the Committee would not approve and ask that the proposal be revisited and presented again to the Committee.
 - The Committee monitored plans at the collective level rather than directorate level but if outliers were identified then the Committee might ask for more detail.
 - The NHS had various performance and productivity metrics e.g., Model hospital metrics. It was anticipated that NHS England would mandate metrics in due course and along with the Trust's own insight of its data, performance and productivity could be more accurately measured. It was highlighted that there was an opportunity for the Trust to use Heatherwood, Epic and transformation initiatives to drive performance and productivity.
- c. The Council of Governors **NOTED** the Finance and Investment Committee Report.

5. External Audit Report

- a. Gary McRae introduced the item and gave an overview of the Audit Committee's responsibilities. He confirmed that the Trust had submitted the 2023/24 FHFT Annual Report and Accounts in June and following parliamentary approval in July, the audited annual report and accounts had been published on the website. He advised that KPMG were the Trust's external auditors and he introduced Joanne Lees, the Trust's Engagement Lead to present the external audit report.
- b. Joanne Lees outlined KPMG's four key auditing responsibilities which were:
1. The financial statements
 2. The value for money assessment
 3. The Annual Report
 4. Other reporting – the issuance of other reports where KPMG determined it was necessary in the public interest under the Local Audit and Accountability Act. Joanne confirmed that there were no reports issued for 2023/24.
- c. Joanne explained that as part of their review risk assessments were carried out in three areas:
1. Fraudulent expenditure recognition – no material misstatements identified
 2. Valuation of land and buildings – no material misstatements identified
 3. Management override of controls – no instances of override identified
- d. With regard to the financial statements, Joanne Lees confirmed that KPMG issued an unqualified opinion in 2023/24, meaning that the accounts gave a true and fair view of the Trust's performance during the year and of its year-end financial position. As set out in the paper, some adjustments and recommendations had been made in relation to the financial statements. Similarly, an unmodified opinion had been issued on the annual report, confirming that the information in the Annual Report was consistent with KPMG's knowledge of the Trust and it provided a fair and balanced view of performance. Some changes had been agreed to align with the NHS Financial Reporting Manual and also some changes to the disclosures of directors' remuneration within the remuneration report.
- e. Joanne confirmed that three domains had been assessed during the value for money assessments and no risks or weaknesses were identified in relation to financial sustainability, governance, and improving economy, efficiency, and effectiveness.
- f. Gary McRae advised that during 2024/25 an in depth review of accruals and management systems would be undertaken. Whilst this area did not pose a significant risk to the Trust, the Trust was keen to ensure that these systems were robust.

- g. Governor questions were invited and in response to questions raised the Council of Governors noted:
- a) The Trust had commissioned an independent valuation of land and buildings. KPMG's inhouse valuation team then assessed the assumptions.
 - b) None of the adjustments were material. The volume of misstatements compared to other Trusts was low.
 - c) The development of the internal audit programme was a combination of mandated ones, those linked to the Corporate Risk Register/Board Assurance Framework and areas identified by the Trust that required some focus. The programme was monitored and would be amended during the year if required. The Cyber risk was monitored by the Audit Committee and also reviewed annually under the Data Security and Protection Toolkit and Cyber Security Annual Penetration Test.
- h. The Council of Governors **NOTED** the External Audit Report.

6. Complaints and PALS Report

- a. Claire Wise introduced the Complaints and PALS Annual report which had been prepared to provide insight and assurance to the Council of Governors regarding the Trust's response to complaints and PALS during 2023/24. From the report Claire highlighted:
- The whole function was overseen by a cross site Head of Service and had 15 full time equivalent staff. The PALS team was located close to both main receptions and dealt with issues occurring 'in the moment' where they could offer advice and assistance to help resolve queries and concerns promptly and informally. The Complaints team was based in back-office locations and dealt with more formal concerns which required investigation and a Trust written response, which was reviewed and approved by the Chief Executive or nominated Executive staff. The Trust culture was to welcome feedback both positive and negative.
 - The Trust received 600 formal complaints in 2023/24 – a 16% decrease on the prior year, however volumes for 2024/25 had been increasing.
 - In Q4 2023/24 the Trust's updated Complaints Policy and Procedure was published. The focus was to provide greater choice to patients in how they raise concerns, encouraging early resolution, providing clarity on how complaints would be handled, timescales for responses and how the Trust uses complaints to help improve services.
 - The top reasons for complaints included issues with communication, patient care, admissions and discharges, values, and behaviours.
 - PALS continued to receive a higher volume of contacts compared to complaints, with over 6,000 Trust wide in 2023/24; this was a 15% reduction on the prior year.
 - The top reasons for PALS included more queries and concerns relating to the Emergency Department. The type of contacts varied by site, but communication issues and appointment queries and concerns were consistently top-ranking enquiries across all sites.
 - Themes from complaints and PALS were triangulated with wider patient feedback, e.g., patient surveys, ward feedback and disseminated through regular internal forums and meetings such as the Patient Experience Forum, Care Governance Committee, End of Life Steering Group, and individual departments Clinical Governance meetings. Themes and trends identified over the past two years had influenced the Quality Account Priorities and Patient Experience Function in support of Trust wide projects focused on improving end of life, nutrition and hydration and shared decision making.
 - The Trust continued to work towards achieving a 60 working day turnaround time on its complaints and in September 2023 reintroduced a 40 working day turnaround time target for more straightforward complaints. The Trust's target Key Performance Indicator (KPI) for both metrics was 85%. The total number of open complaints at the end of October 2023 was 150, which was a 30% reduction from the start of the 2023/24 financial year; the oldest dating back to July.

- Action taken to improve performance included the recruitment of staff, training, Frimley Excellence support, aligning the two teams and improving quality.
 - The team managed 15 new Parliamentary Health Service Ombudsman enquiries and 7 that continued from the prior year.
 - Following the implementation of the National NHS Complaints Standard as mentioned above, the Trust had updated the Complaints Policy to align with the standards and ensure compliance.
- b. In response to questions the Council of Governors noted:
- The contact details for the complaints and PALS teams would be circulated to the governors.
Action: CW
 - The complaints team would resolve complaints but, in the process, would seek responses from relevant senior colleagues. The PALS team tried to resolve issues locally before it developed into a formal complaint.
 - Information on the service was available around the Trust through posters etc, on the Trust website, through partner organisations and also Trust staff were aware so that they could pass on information when needed. The team was also working with the communications team to improve accessibility and this work continued. Receiving feedback on the service provided was another area of focus.
 - Learning from feedback received across the organisation was a priority for the Trust. A report on the data, learnings identified and areas for improvement was regularly reported to the Patient Experience Forum. Clinical Governance meetings were the forum for discussing learnings in more detail. Directorates were required to own their data, complaints, and survey results and the Chiefs of Service and Heads of Nursing also received the final complaints letter for their directorates.
 - Whilst the themes in the report were broad, they were broken down to a granular level within the organisation.
- c. The Council of Governors **NOTED** the Complaints and PALS Annual Report.

7. Non-Executive Performance Remuneration Committee Report

- a. Sarah Peacey, Lead Governor summarised the key topics of discussion at the recent Non-Executive Performance Remuneration Committee on 16th October 2024 and explained that the Committee was recommending the following for approval:
- a) The appointment of Julia Gregory as Non-Executive Director (NED) of Frimley Health NHS Foundation Trust from 1st December 2024 for a period of three years with standard NED remuneration per annum.
 - b) That Linda Burke and Gary McRae be granted a second three-year term of office as NEDs, from 1st April 2025.
 - c) That John Weaver's term of office be extended by one year to 31st March 2026.
 - d) That a pay award of 5% back-dated to 1st April 2024 be made to the NEDs.
 - e) That a pay award of 5% back-dated to 1st April 2024 be made to the Trust Chair.
- b. In response to a question from a new governor, Sarah Peacey outlined the NED recruitment process.
- c. After due consideration the Council of Governors approved all the recommendations set out in a-e above.

8. Patient Experience and Involvement Group Report

- a. John Lindsay, Chair of the Patient Experience and Involvement Group summarised the key topics of discussion at the recent meeting on 7th October 2024 which included an in-depth review of the Quality

Account Indicator End of Life, along with updates on DNA rates, the Quality Account Indicator Shared Decision Making, co-production, the results of the National Inpatient Survey 2023 and the outcomes of recent GEMBA walks. The next meeting would include a review of the Groups terms of reference, and a discussion on future topics.

- b. John highlighted that following the recent Governor elections, the membership of the Group would need to be reviewed to ensure that there was appropriate representation across constituencies. The Chair advised that a review of membership of Governor Committees would be undertaken in a few months, to allow new governors time to understand their role and the different committees.
- c. The Council of Governors **NOTED** the Patient Experience and Involvement Group Report.

9. Governor Elections Results

- a. The Council of Governors received the results of the recent governor elections together with the voting report. The newly or re-elected governors were:
 - Public: Guildford, Waverley and Woking – Katie Stanley was elected for a three-year term.
 - Public: Hart & East Hampshire – Charles Fowles was re-elected for a three-year term.
 - Public: Hart & East Hampshire – Charlie Zorab was elected for a three-year term.
 - Public: Rushmoor – Jacquie Baker was elected for a three-year term.
 - Public: Rushmoor – Julia Flower was re-elected for a three-year term.
 - Public: Slough – Muhammad Qureshi was elected for a three-year term.
 - Public: South Buckinghamshire – Ani Magill was elected for a three-year term.
 - Public: Surrey Heath & Runnymede – Andy Mansell was elected for a three-year term.
- b. Daryl Lutchmaya confirmed that all vacant seats had been filled.
- c. The Council of Governors **NOTED** the results of the 2024 Governor Elections.

10. Membership Update

- a. Laura Hawksfield presented the Membership Update outlining the recent membership and engagement activity, including an overview of the current number of members, demographics, and an update on engagement activities, along with the planned engagement activity for the coming months.
- b. From the update Laura highlighted:
 - a) The team was actively engaging with all members to strengthen their involvement and to build membership in areas where there was not representation of the communities that the Trust serves. Bracknell Forest and Wokingham, Slough, South Bucks, Windsor and Maidenhead had been identified as key constituencies to target.
 - b) There was currently 28,638 Trust members comprising 15,070 public members and 13,568 staff members.
 - c) The next health event was being held on 19th November 2024 featuring Gareth Roberts, consultant in respiratory medicine, speaking on the topic COPD and community services. Other upcoming events included two Taste of Frimley events, a visit to a Hindu community in Slough and school visits.
- c. Questions and comments were invited and in response to questions raised the Council of Governors noted:

- Governors could support the work with members by distributing the forms contained in the information packs provided to new governors at the beginning of the meeting, as well as supporting future events. A schedule of events would be shared with the governors.
 - Opportunities to engage with unrepresented groups needed to be identified, along with listening and speaking to people.
 - The opportunity to attend and speak at a WI Group of one of the new governors was confirmed.
 - Opportunities to link governors with their local place representative or be involved in other ICS events with the public was encouraged. The Trust was also anticipating more collaboration through the NHS Change Programme.
- d. Carol Deans highlighted the significant efforts by Laura Hawksfield and Sarah Waldron to ensure that all constituencies were contested in the recent governor elections, noting that the turnout had been excellent.
- e. The Council of Governors **NOTED** the Membership Update.

10. Public Questions

- a. The Chair welcomed Leanda Hargreaves, member of the public and Carers and Families Governor at Surrey and Borders Partnership NHS Foundation Trust. The Chair explained that ahead of the November public Board meeting Leanda had submitted a question to the Board which was as follows: *Would the Board please explain why the other acute hospitals in Surrey eg St Peter's (Chertsey) and Royal Surrey (Guildford) etc all have Carers Support advisors and Frimley (Park) Hospital does not. They also have information in the hospitals, for unpaid Carers to find support, (by Leaflets, posters, notice Boards and staff willing to talk.) The Frimley Park Hospital is lacking in all forms of help and information to Unpaid Carers who I am one, can the Board explain Why this is? I know there is some information on the website but many people are unable to access this.*
- b. The Chair invited the Chief Executive to respond to the question. The Chief Executive confirmed that the Trust was aware of the situation and agreed that the Trust could do better. Whilst the website did provide information, the Trust needed to improve on signposting that information and communicating more broadly on the support available to carers. He advised that this work was being integrated with the patient experience work and he gave his commitment that action would be taken to address the points raised by Leanda.
- c. Ani Magill, new public governor for South Buckinghamshire asked if there was an independent review of the Trust's cyber security. It was confirmed that the Trust was audited through the Data Security and Protection Toolkit by the internal auditors. Cyber was a key risk on the corporate risk register and was monitored by the Audit Committee which included reviewing the results of the annual cyber penetration test. It was noted that the Data Security and Protection Toolkit was also assured by regulators and submitted to NHS England.
- d. There were no other questions.

11. Date of the next meeting

- a. The Chair advised that the next meeting was scheduled for Wednesday 19th March 2025, 18:00 – 19:30, but was subject to change, following the completion of a Board and Committee governance review.

DRAFT

4. ACTION LOG

REFERENCES

Only PDFs are attached



4. CoG Action Log (1).pdf

MEETING OF THE COUNCIL OF GOVERNORS

 24th February 2025



ACTION LOG

Agreed Action	Lead	End Date
ACTIONS COMPLETE		
6 November 2024 – 6.b Complaints and PALS Report CW to circulate the contact details for the complaints and PALS Team to FHFT Governors. Update: the information was shared with the Governors.	Claire Wise	Completed
ACTIONS IN PROGRESS		
2 October 2024 – 6.c Performance Report The Chief Executive would discuss more effective ways of communicating, with the local population, about the facilities available at UCCs with his ICB colleagues.	Chief Executive	February 2025
ACTIONS OVERDUE		
-	-	-

6. PERFORMANCE UPDATE

REFERENCES

Only PDFs are attached

-  6. Performance report new cover (1).pdf
-  6a. FHFT - Performance report (for COG) (3).pdf

BOARD / COMMITTEE COVER SHEET

Council of Governors

Report Title	Integrated Performance Report
Meeting date	February 24, 2025
Agenda item	6.
Author and Committee Chair	Health Information Services Ellis Pullinger, Chief Operating Officer
Governance	None
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
Alignment with which Strategic Objective(s)	<ol style="list-style-type: none"> 1. FHFT to be in the top 10 trusts for safety and patient experience <input type="checkbox"/> 2. To be in the top 10 best trusts to work for <input type="checkbox"/> 3. To reduce the need for hospital-based care by working collaboratively with system partners <input checked="" type="checkbox"/> 4. To provide consistent excellent care as 'One Frimley Health' <input type="checkbox"/> 5. To be in the top 10 trusts in the country for efficiency <input type="checkbox"/> 6. To be in the top 10 most digitally advanced Trusts in the country <input type="checkbox"/>

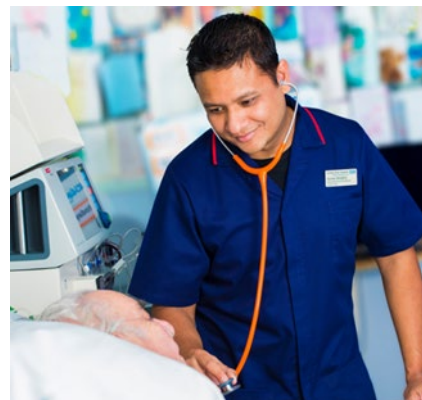
<p>Mitigation of BAF Risk</p>	<p>Include the BAF risk that this paper seeks to mitigate against.</p> <ol style="list-style-type: none"> 1. Failure to protect patients from harm and deliver improvements for patients <input type="checkbox"/> 2. Failure to support our workforce and deliver the best possible working experience for our people <input type="checkbox"/> 3. Failure to collaborate with our system partners to reduce the need for hospital care <input checked="" type="checkbox"/> 4. Failure to provide consistent excellent care as ‘One Frimley’ in the event that demand for services overwhelms capacity <input type="checkbox"/> 5. Failure to deliver the Trust’s financial plan and agreed trajectories <input type="checkbox"/> 6. Failure to build on the investment in EPR and deliver the system Benefits <input type="checkbox"/>
<p>Public Sector Equality Duty</p>	<p>Please indicate any equality considerations that will affect people with different protected characteristics.</p>
<p>Equality and Diversity</p>	<p>Evidence that the COG is considering topics that cover this duty.</p>
<p>Recommendation</p>	<p>The Council of Governors is asked to NOTE the Performance Report and receive assurance on the Trust’s performance against the national quality standards.</p>
<p>Compliance</p>	<p>CQC quality standards and NHS performance standards</p>



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.

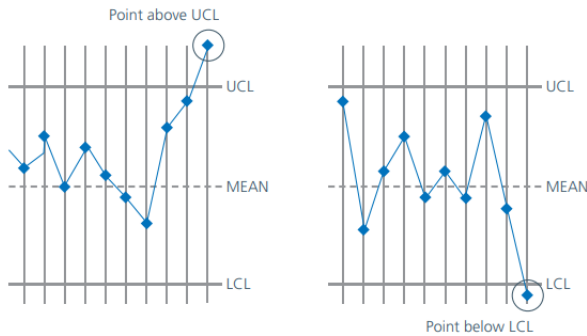
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Statistical Process Control (SPC)

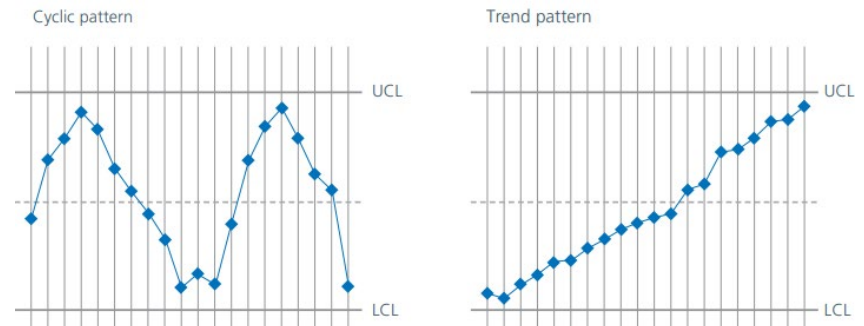
Statistical Process Control helps to understand what is the norm and what is different. Performance of a KPI is looked at over time and statistical analysis is used to calculate an “upper control limit” and a “lower control limit”.

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.

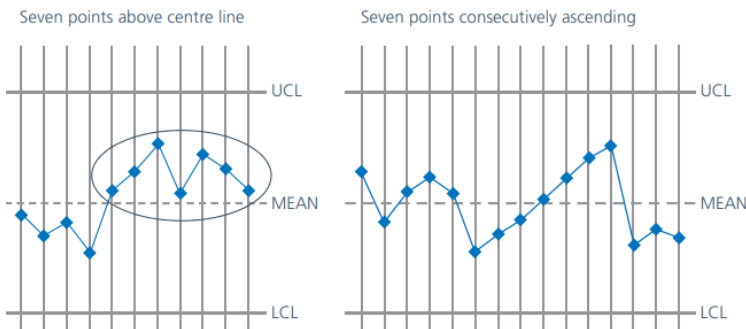
Rule 1 – any single point outside control limits



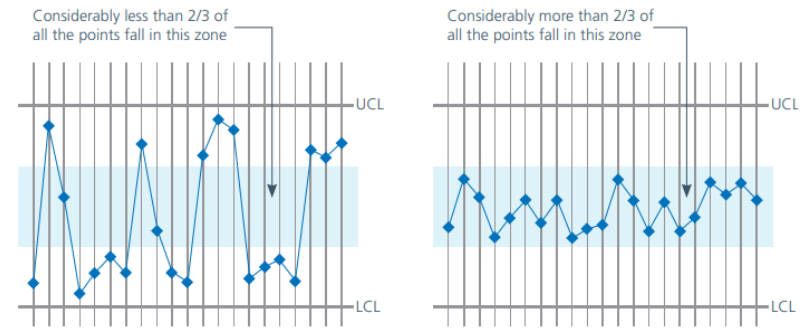
Rule 3 – any unusual pattern or trends within the control limits



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

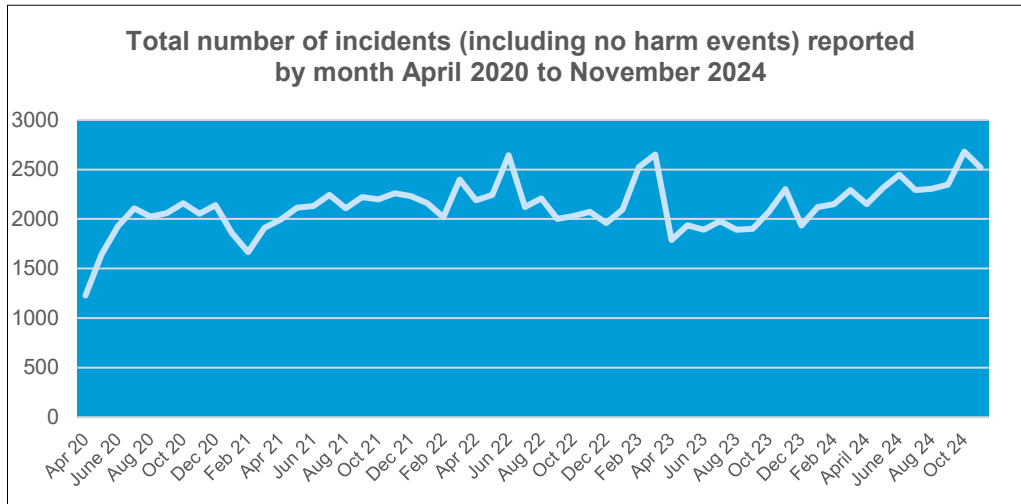
Quality scorecard – key indicators at-a-glance

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%	Insufficient data for SPC analysis		
Sepsis screening – patients who needed screening received screening (%) – October 2024**	94%	93%	>90%	Insufficient data for SPC analysis		
Sepsis treatment – patients who needed IV antibiotics received them in accordance with NICE timeframe (%) – October 2024**	92%	82%	>90%	Insufficient data for SPC analysis		
Neutropenic sepsis screening – patients who needed screening received screening (%) – October 2024**	100%	100%	>90%	Insufficient data for SPC analysis		
Neutropenic sepsis treatment – patients who needed IV antibiotics received them in accordance with NICE timeframe (%) – Oct 2024**	60%	50%	>90%	Insufficient data for SPC analysis		

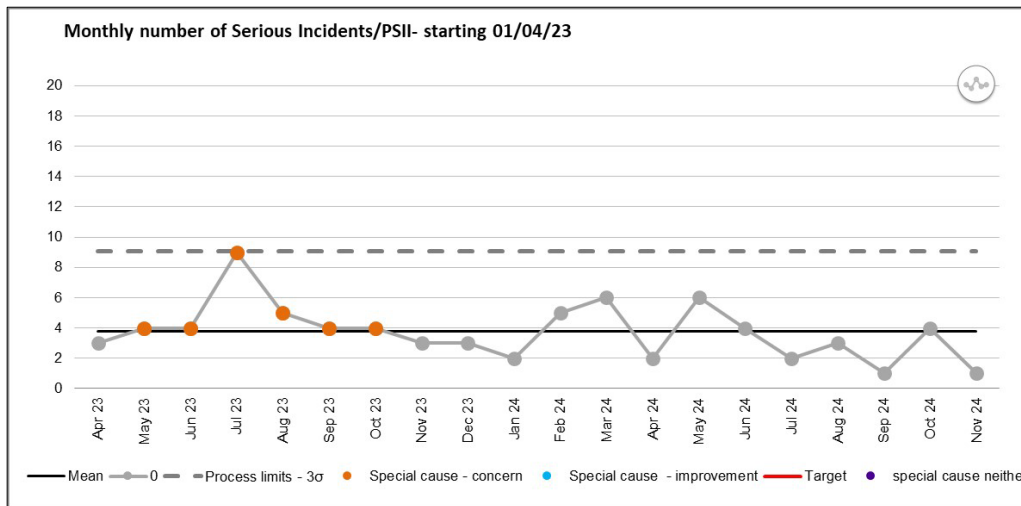
* - numbers too small for valid SPC assurance; ** - this is provisional data and may be subject to change

*** - 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

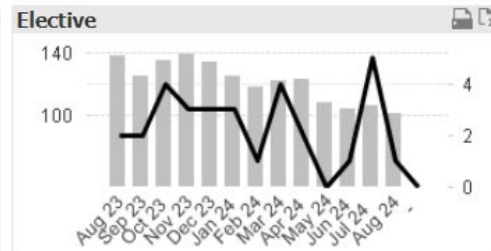
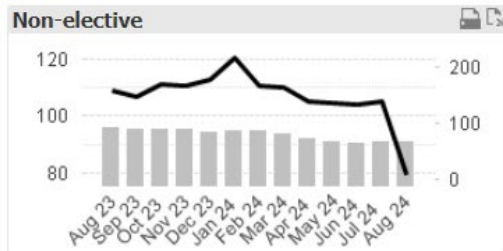
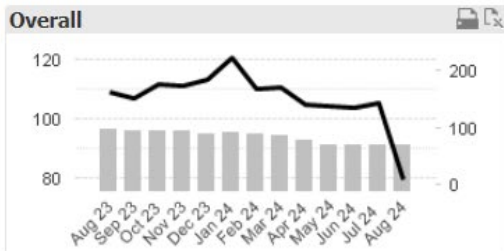
Wexham Park Hospital (WPH):

- ✓ 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



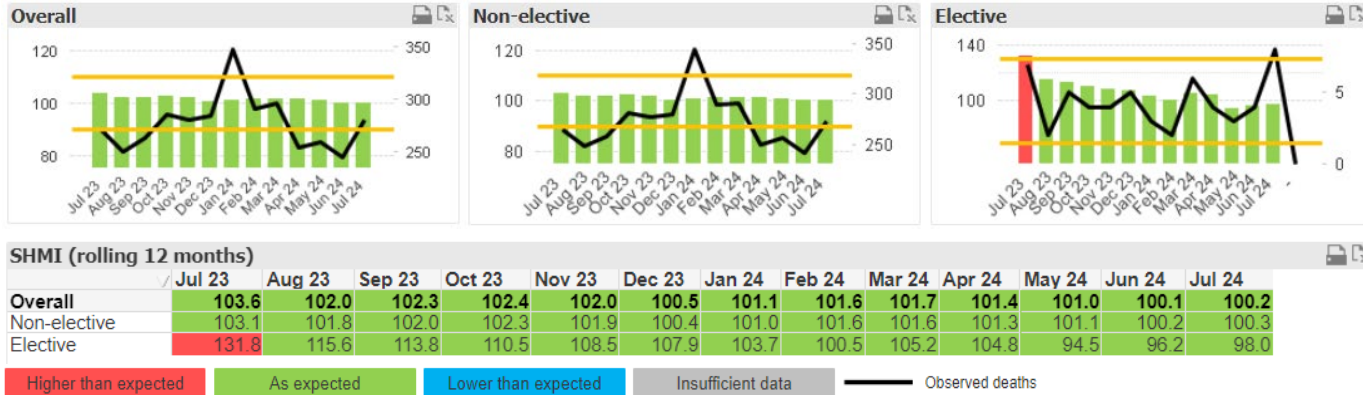
HSMR (rolling 12 months)

	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.

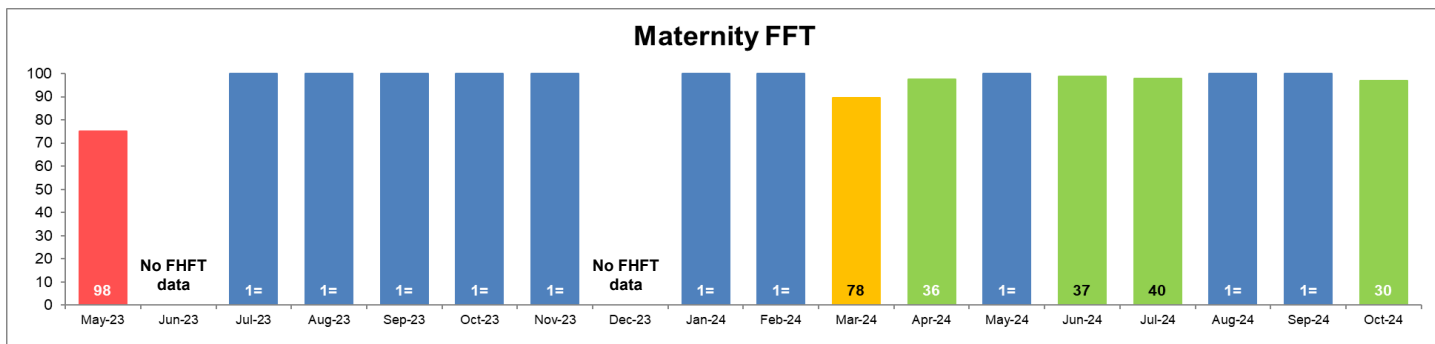
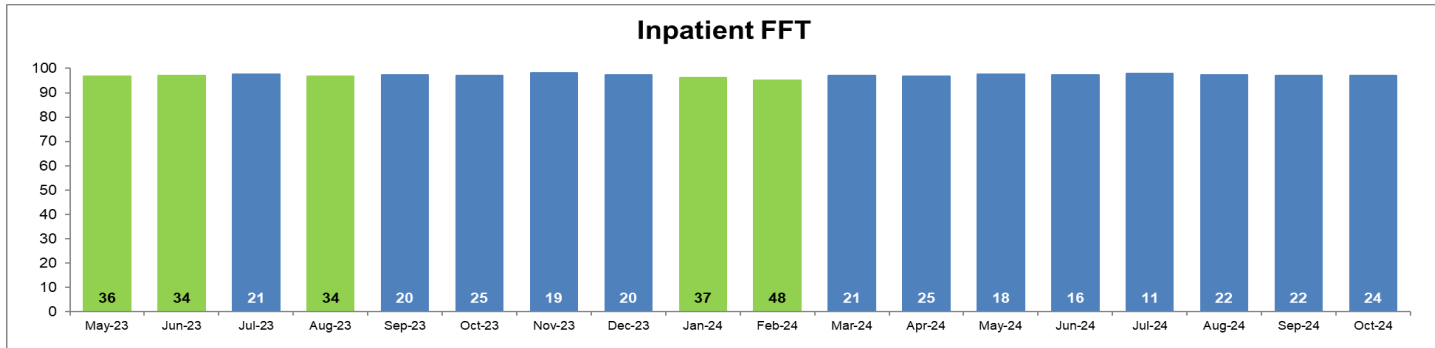
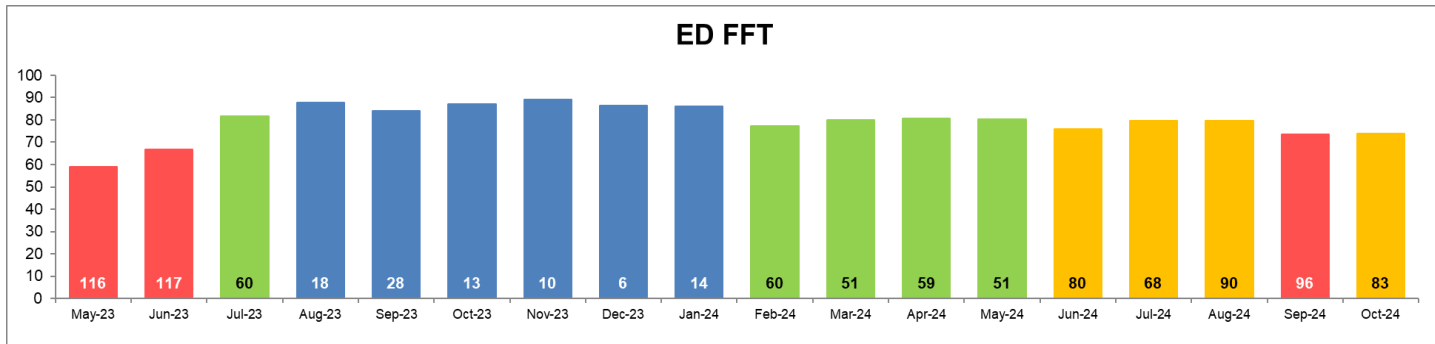
Benchmarking – selected measures



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%	-	?	

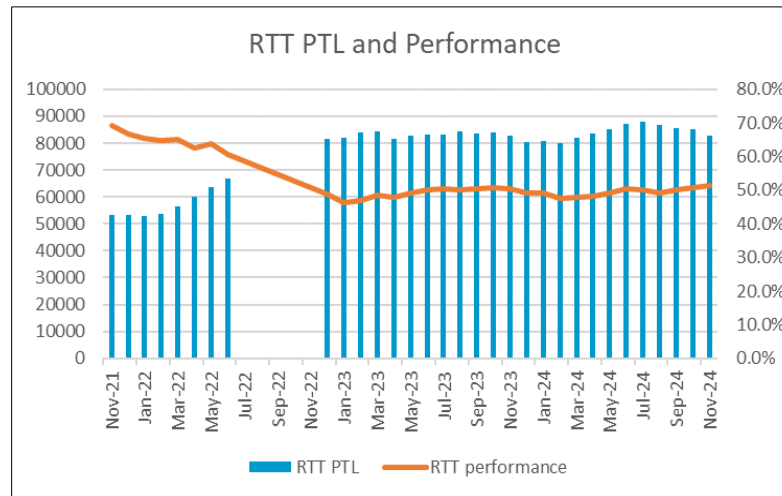
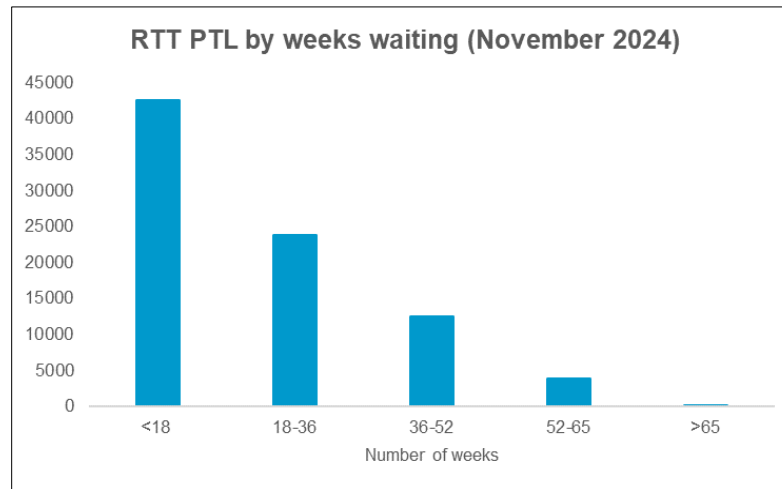
* Collection of data for Cancelled operations has only recently been re-started, so there is not currently sufficient data to form a trend analysis

** 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

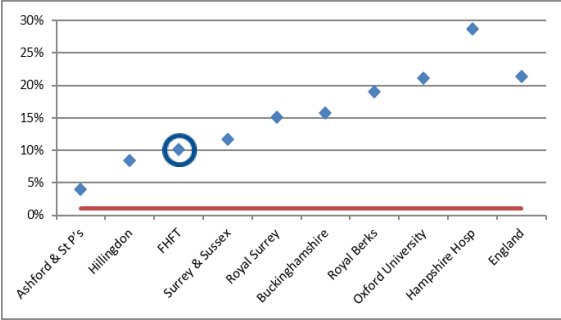
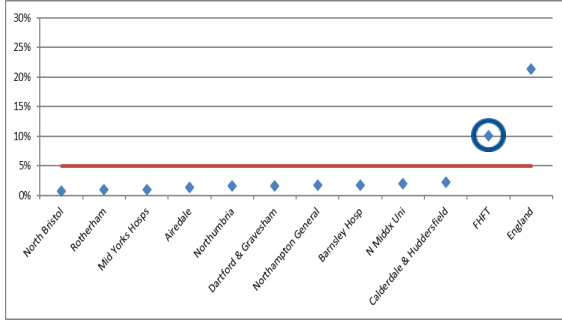
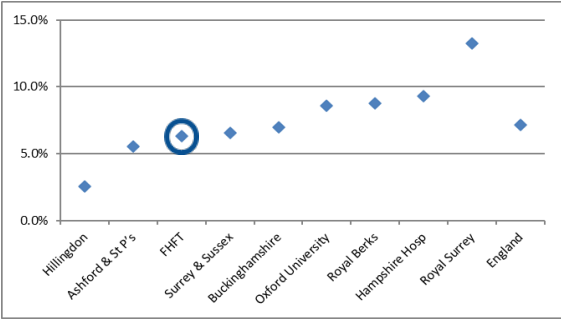
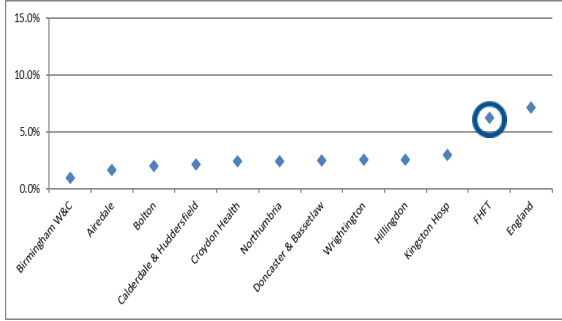
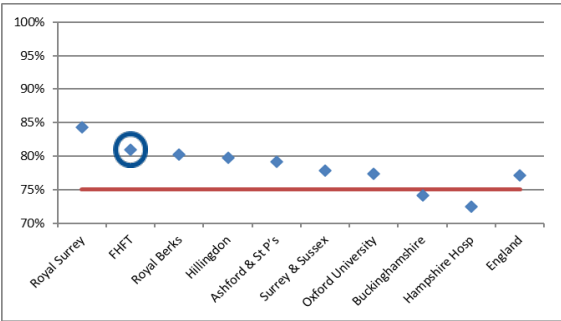
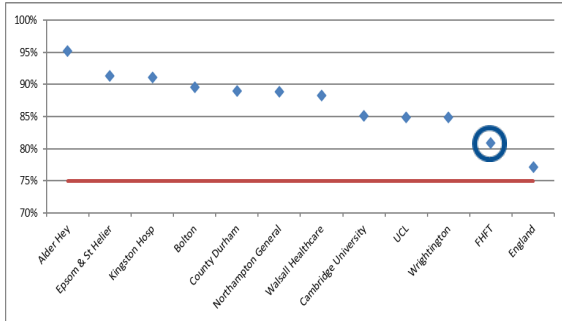


Benchmarking – selected measures

	Local trusts	Best in class	Rank	Quartile
RTT – Total incompletes			100/122	4 th
RTT – 52 plus weeks (% of total incompletes)			109/123	4 th
RTT – Median RTT waiting time			115/123	4 th

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.

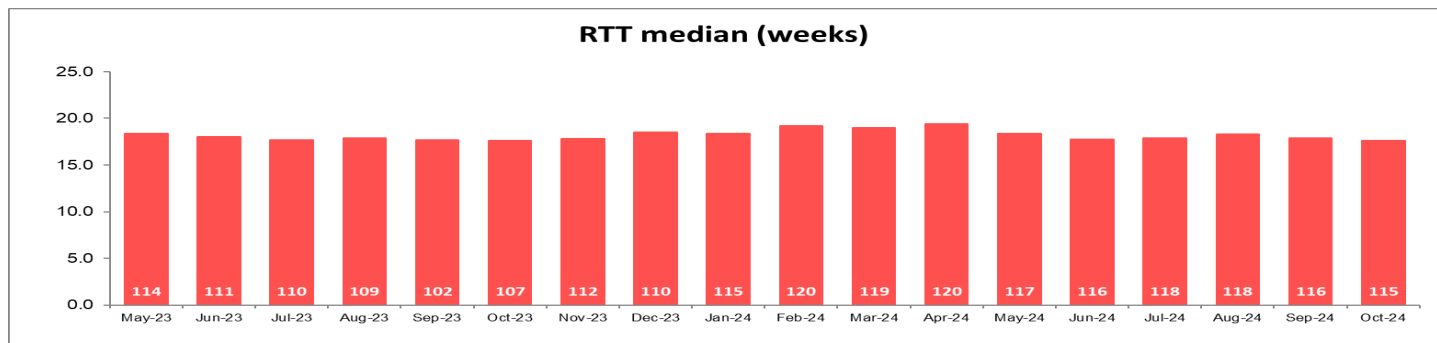
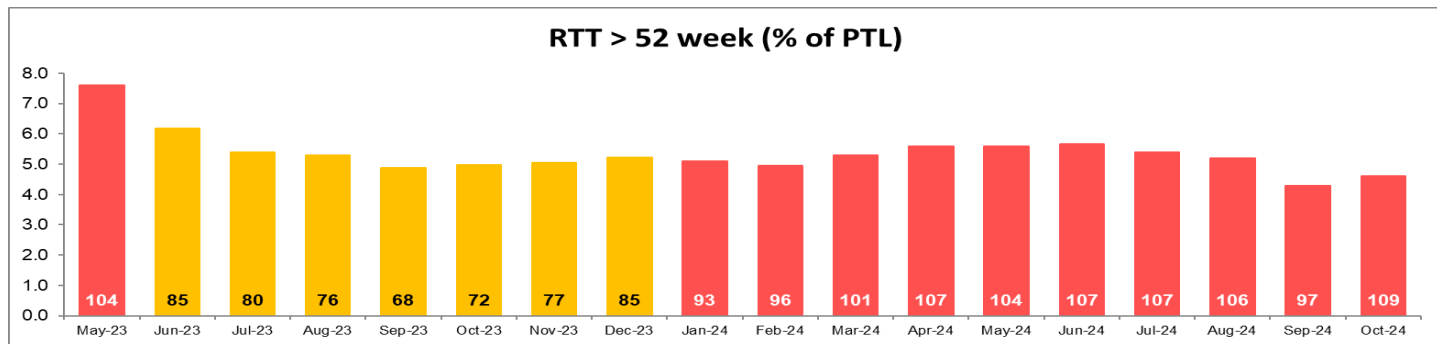
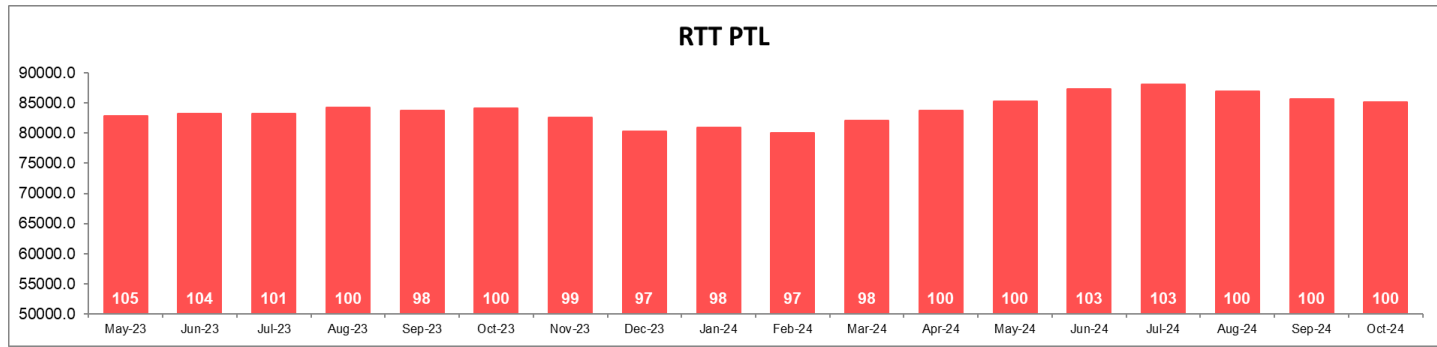
Benchmarking – selected measures

	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)

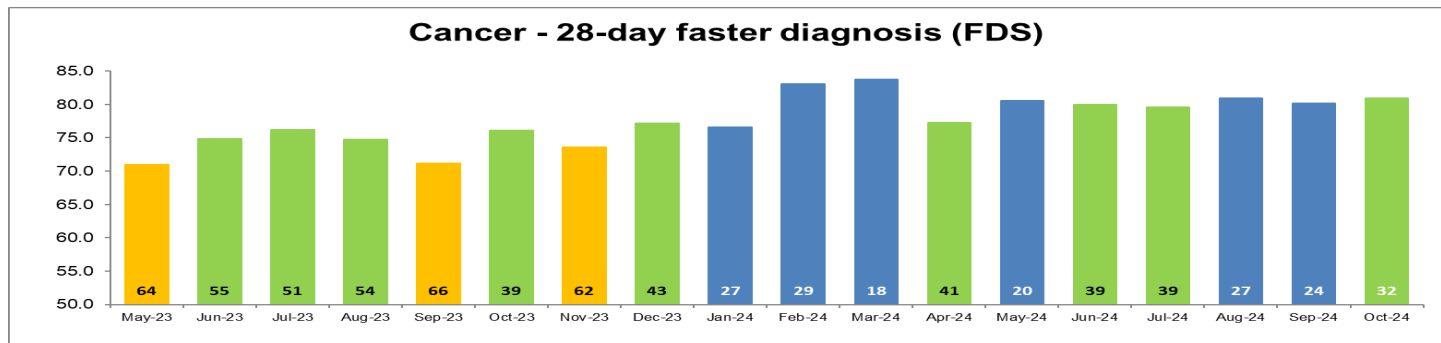
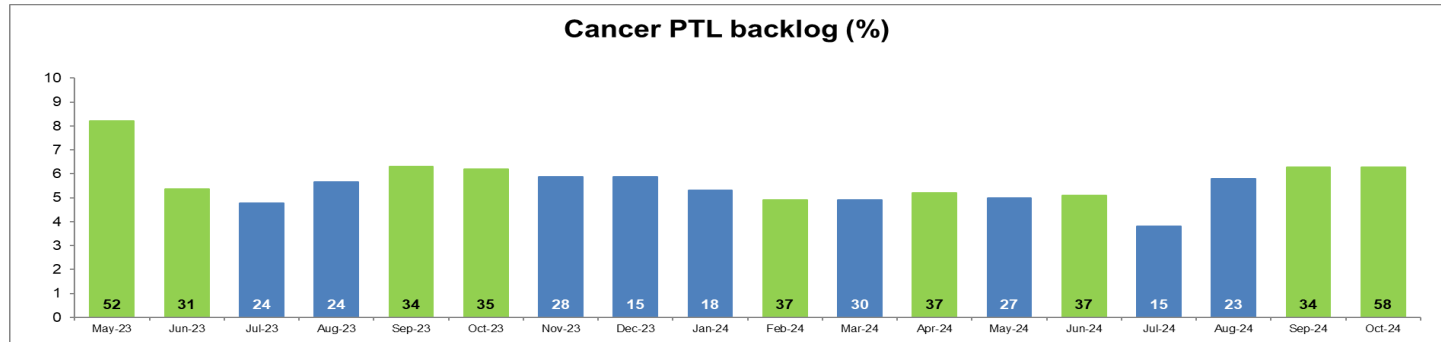
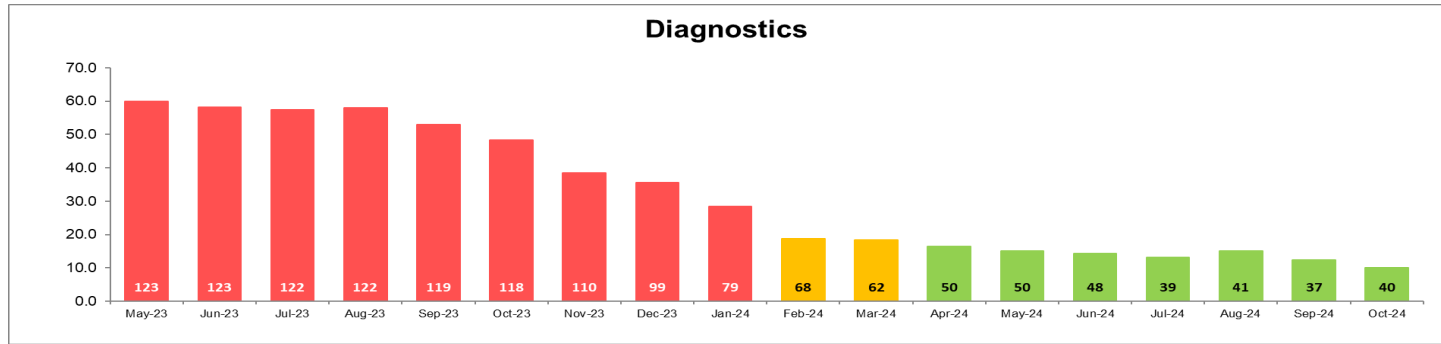
- Quartile 1
- Quartile 2
- Quartile 3
- Quartile 4



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

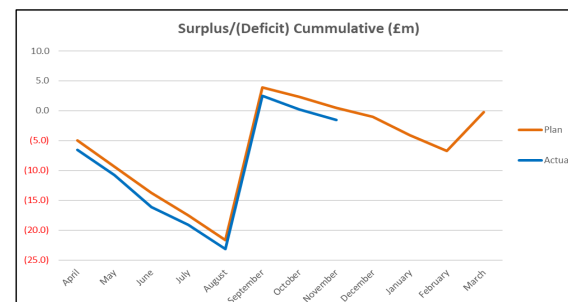
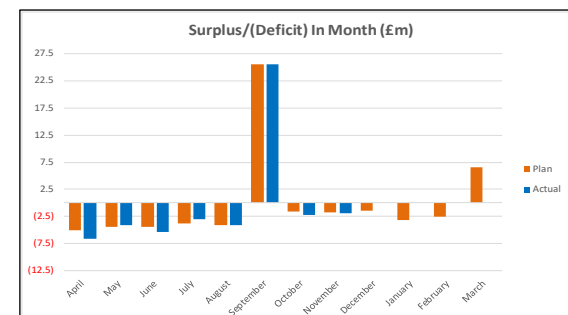
Recommendations/ Decisions Made

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

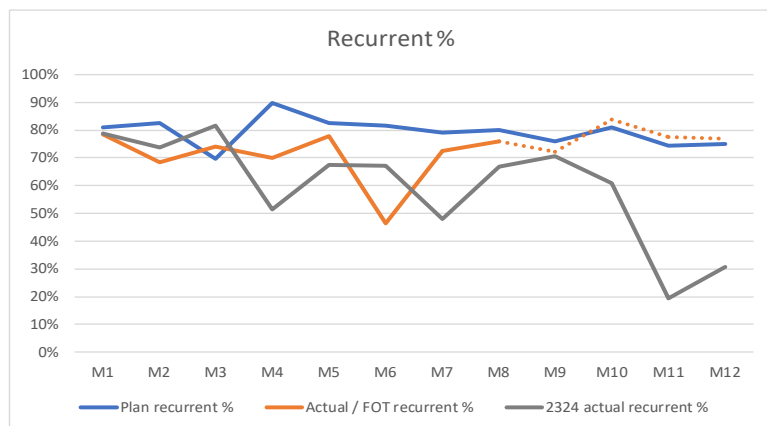
- Recovery action meetings, including at Exec level for those with over a £1.3m gap compared to their target are in progress throughout December 2024. The outputs are expected to lead to further financial recoveries to help the Trust meet its financial targets within 24/25 and also 25/26.
- Pharmacy 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.

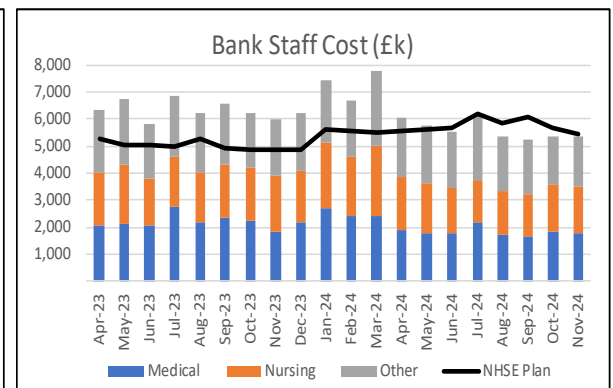
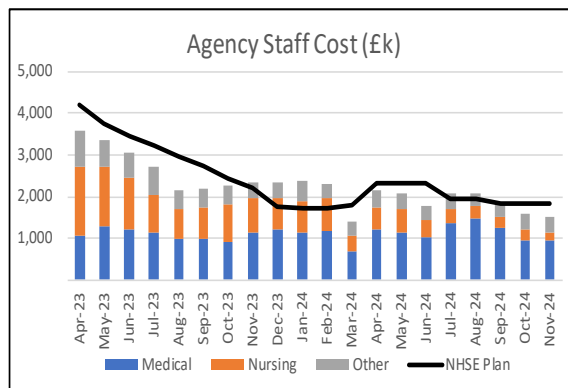
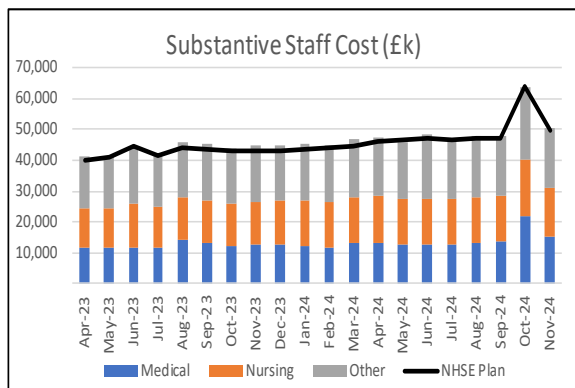
Money – Workforce

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

7. MEMBERSHIP UPDATE

REFERENCES

Only PDFs are attached

-  7. Membership updated report new cover (1).pdf
-  7. Membership updated report for 24th February CoG.pdf

BOARD / COMMITTEE COVER SHEET

Council of Governors

Report Title	Membership update
Meeting date	February 24, 2025
Agenda item	7.
Author and Committee Chair	Sarah Waldron, Membership and Engagement Manager/Robyn Jarrett, Assistant Director of Engagement Carol Deans, Director of Communication and Engagement
Governance	None
Executive Summary	This report provides an update the Foundation Trust's membership and membership engagement activities.
Alignment with which Strategic Objective(s)	<ol style="list-style-type: none"> 1. FHFT to be in the top 10 trusts for safety and patient experience <input checked="" type="checkbox"/> 2. To be in the top 10 best trusts to work for <input checked="" type="checkbox"/> 3. To reduce the need for hospital-based care by working collaboratively with system partners <input checked="" type="checkbox"/> 4. To provide consistent excellent care as 'One Frimley Health' <input checked="" type="checkbox"/> 5. To be in the top 10 trusts in the country for efficiency <input checked="" type="checkbox"/> 6. To be in the top 10 most digitally advanced Trusts in the country <input type="checkbox"/>
Mitigation of BAF Risk	<p>Include the BAF risk that this paper seeks to mitigate against.</p> <ol style="list-style-type: none"> 1. Failure to protect patients from harm and deliver improvements for patients <input checked="" type="checkbox"/>

	<ul style="list-style-type: none"> 2. Failure to support our workforce and deliver the best possible working experience for our people <input checked="" type="checkbox"/> 3. Failure to collaborate with our system partners to reduce the need for hospital care <input checked="" type="checkbox"/> 4. Failure to provide consistent excellent care as 'One Frimley' in the event that demand for services overwhelms capacity <input checked="" type="checkbox"/> 5. Failure to deliver the Trust's financial plan and agreed trajectories <input type="checkbox"/> 6. Failure to build on the investment in EPR and deliver the system Benefits <input type="checkbox"/>
Public Sector Equality Duty	Please indicate any equality considerations that will affect people with different protected characteristics.
Equality and Diversity	Evidence that the COG is considering topics that cover this duty.
Recommendation	The Council of Governors is asked to NOTE the Membership update.
Compliance	Trust Constitution

Our membership

As of January 2025, we have 28,856 Trust members comprising 15,202 public members, an increase of 218 public members and 13,654 staff members and our objectives are to ensure that the Trust's membership is reflective of the diverse population we serve. We are actively engaging with all our members to strengthen their involvement and to build membership in areas where we are underrepresented in the community we serve. This includes regular updates and events to ensure continuous two-way communication and feedback opportunities for all our members.

The public members within each constituency are as follows:

Constituency	Governors	Number of members
Bracknell Forest and Wokingham	Sarah Peacey, John Lindsay	1,218
Guildford, Waverly and Woking	Katie Stanley	1,187
Hart and East Hampshire	Charles Fowles, Charlie Zorab	1,962
Rushmoor	Jacque Baker, Julia Flower	2,393
Slough	Theodora Monye, Muhammad Qureshi	1,643
South Bucks	Ani Magill	323
Surrey Heath and Runnymede	Andy Mansell, Ann Smith	2,512
Windsor and Maidenhead	Barbara Story, Robin Wood	1,000
Rest of England	Samantha Rayner	2,964
Total		15,202

Current demographics and challenges

Our Trust aims for a membership that reflects the diverse communities we serve. The following constituencies are where we are still underrepresented in overall numbers.

- Bracknell Forest and Wokingham
- Slough
- South Bucks
- Windsor and Maidenhead

According to Civica's metrics, an index score of 100 represents ideal representation and anything between 80 and 120 is acceptable. Areas with scores below 80 are marked as underrepresented. However, in constituencies such as South Bucks and Guildford, Waverley and Woking, our Trust catchment only serves a fraction of the population which means the index will be expected to show a lower score.

The areas below with a red index score are underrepresented and those with a green index score are overrepresented. Further analysis of demographics has shown that we should focus on increasing membership from younger people in our underrepresented ethnicities and diversities.

Constituency	Public	% of membership	Base	% of local population	Index
Bracknell Forest and Wokingham	1,218	8.01	200,507	19.28	42
Guildford, Waverley and Woking	1,187	7.81	98,417	9.47	82
Hart and East Hampshire	1,962	12.91	135,226	13.01	99
Rushmoor	2,394	15.75	101,770	9.79	161
Slough	1,643	10.81	161,459	15.53	70
South Bucks	323	2.13	73,421	7.06	30
Surrey Heath and Runnymede	2,512	16.52	112,386	10.81	153
Windsor and Maidenhead	1,000	6.58	156,557	15.06	44
Rest of England	2,963	19.23	0	0.00	0
Total	15,202	100.00	1,039,743	100.00	

Engagement tactics and progress

We have successfully recruited more than 200 new members across our target demographics since November and have subsequently seen an improvement in our underrepresented areas, by age, constituency, and ethnicity.

Since our last update we have carried out the following activities to address these gaps, and have implemented targeted outreach strategies, including:

- Langley Grammer School in Slough: 48 new members
- Taste of Frimley: 43 new members
- Baylis Court School Slough: 33 new members
- Taste of Wexham: 31 new members
- Bracknell Leisure centre: 30 new members

1. Outreach to Colleges

- **Action:** Membership sign-up information has been sent to all colleges in our catchment area, with recruitment events currently being planned and arranged.
- **Benefits:**
 - Members within the underrepresented age group of 16-18
 - Many of the students sign up to be volunteers
 - Students also want to get involved with the Trust Charity
 - Young members also want to be aware of what is going on at their local hospital.

- Many are interested in NHS careers, clinical and non-clinical.
- **Youth engagement:** Involving younger demographics encourages fresh perspectives and ideas for improving healthcare services.
- **Future leaders:** Engaging students creates a sense of responsibility towards community health and may inspire future careers in healthcare.
- **Increased awareness:** Students gain insights into NHS operations, leading to better-informed future patients.

2. Collaboration with GPs

- **Action:** All GPs in our catchment have been provided with relevant membership information to share with patients.
- **Benefits:**
 - **Trust building:** Communication between GPs and patients enhances trust in the whole healthcare system.
 - **Patient empowerment:** Patients who are informed about membership opportunities are more likely to engage actively in their healthcare journey.

3. Engagement with faith groups

- **Action:** Membership sign-up information has been sent to all faith groups, with recruitment events being arranged
- **Benefits:**
 - **Diverse perspectives:** Faith groups represent diverse populations, enabling the trust to understand and address varied health needs effectively.
 - **Community support:** Faith leaders can advocate for health initiatives within their communities, enhancing participation rates.

4. Partnerships with Local Healthwatch

- **Action:** All Local Healthwatch have received membership information, which is being shared more broadly within their networks
- **Benefits:**
 - **Patient advocacy:** Healthwatch acts as a voice for patients, ensuring that their concerns are heard and addressed by the trust.
 - **Feedback mechanism:** These groups provide critical insights into patient experiences, guiding service improvements.

5. Collaboration with Integrated Care Boards (ICB) and Integrated Care Systems (ICS)

- **Action:** Membership information has been shared with ICB/ICS for distribution among their Citizens Panels with the Strategic Engagement and Communications Lead.
- **Benefits:**
 - **Broader reach:** Engaging ICBs/ICS allows for outreach to a wider audience within our community.
 - **Collective insights:** Citizens panels provide diverse perspectives that can inform better service delivery tailored to community needs.

- **Sustainable partnerships:** Building stronger relationships with system partners creates long-term collaboration.

MyFrimleyHealth Record (MFHR)

We have successfully added a membership sign up option within the MFHR app and platform with details of membership available in the 'explore more' section. All patients signing up for MFHR now have the option to sign up as members.

Objectives going forward

Our goal is to continue to increase representation in Bracknell Forest and Wokingham, Slough, South Bucks and Windsor and Maidenhead by actively recruiting new members and ensuring they sign up with email as their preferred communication method. This will reduce costs and support our sustainability commitments.

Current engagement status and challenges

While we maintain a solid engagement level, challenges remain in reaching those underrepresented groups. We distribute a monthly email newsletter to our 5,500 public members with email addresses, sharing the latest news and updates from the Trust, including articles from our charity and partners in the Frimley Integrated Care System.

The newsletter boasts an impressive open rate of 50%, (the highest open rate we have ever achieved and significantly higher than Civica's healthcare benchmark of 19.8% to 31.9%). Additionally, we share information through our social media channels and the Trust's website. All members also receive the annual InTouch magazine, available electronically or in print [Our latest members' magazine - InTouch ebook version - September 2024](#).

In a recent survey to our members, about proposals for a robotic surgery console at Wexham, a consultant was interested in hearing the views of patients who would use Wexham predominantly. Once the survey closed the consultant responded, *"I am amazed so many members responded - naively I didn't realise the patients were so invested in the hospital."*

Online members' events

Our online health events continue to be well attended with more than 140 people on average over a programme of five events each year. The events include question-and-answer sessions where attendees can engage directly with expert guests, Chief Executive, Chair, and other senior managers of the trust.

Meetings are recorded and available online: [Health events and members' meetings | NHS Frimley Health Foundation Trust](#)

- The November Health Event featuring Dr Gareth Roberts, consultant in respiratory medicine, speaking on the topic COPD and community services. 164 members and public joined and the registration page was viewed 3,025 times. Fantastic feedback was received from the members that attended. Questions that were not answered at the event were sent to Dr Gareth Roberts, who responded to them all.
- The January Health Event with Dr Tilly Spiers, consultant stroke physician, and Ailsa Hutchins, stroke nurse consultant, presenting "FASTer management of stroke" had an attendance of 167, and 3,706 views of the registration page. Again, feedback was excellent and many members thanked the Trust for holding the events.

Planned events

1. 12 February Health Event “Our Strategy 2025-2030” will be presented by James Clarke, Chief Strategy Officer, and Claudine Sustarich, Associate Director of Strategy.
2. 11 March Health Event “My Frimley Health Record and what it offers to our patients” will be presented by Dr Gareth Roberts, Consultant Respiratory Physician and Chief of Service for Transformation and Continuous Improvement, and Graham Smith, Consultant Orthopaedic Surgeon.
3. 13 May Health Event presentation on Research and Innovation, Matthew Gardiner, Associate Medical Director for Research and Innovation, and Swapna Thomas, Head of Research and Innovation.
4. 1 July Health Event will be a presentation by Isabella Karat, Consultant Oncoplastic Breast Surgeon, on breast care, (title TBC) and the new dedicated breast care unit, which was partially funded by the Trust Charity’s Breast Appeal.

If any governors have suggestions or ideas for future topics, or guest speakers for our Health Events, and would like to be involved please contact Sarah Waldron on Sarah.waldron@nhs.net or call 0300 613 6801.

Taste of Frimley / Wexham

Our ‘Taste of’ Frimley, which are run for students aged 16-18 who are interested in clinical careers within the NHS, were held on 19 November at Frimley Park Hospital in the PGEC and 26 November at the Wexham Park Hospital PGMC. They were well attended, with very positive feedback. Many of the students at both of these events signed up to be members and volunteers.

These events have been very popular since they started in 2007, with many of the students now working in the NHS. Further events are being scheduled for November 2025.

Feedback from members

Members have expressed positive sentiments regarding our online events and newsletters, appreciating the direct access to senior leaders and medical experts.

Here are some of the comments we received:

These events are fantastic, and we appreciate the effort that goes into arranging them. We used to attend the meetings held in public. We are fortunate to live in the catchment with Frimley Park as our local hospital. The passion and care are always outstanding.

brilliant speakers, and so informative, thank you all

We have implemented question and answer sessions during our online health events and created opportunities for members to provide feedback through surveys after events. This is working well, with the January event receiving 66 responses, and the November event 60.

Our plan is to enhance these two-way channels further by introducing more interactive platforms for member discussions.

Governor elections

Governor elections will take place this year, which will be promoted via:

- Video of governors and the Trust Chair shared across our social media platforms
- Separate email out to members

- Articles in the members' monthly email
- Emails to all contact groups, stakeholders, Frimley Health ICB partners, GP Practices, faith groups and all contacts within the Trust for equality and diversity groups
- Social media posts
- Website

We received valuable feedback on the previous process, which highlighted areas for improvement, including transparency and communication about the election process. This will include clearer instructions on how to vote and increasing our outreach efforts to ensure all members are aware of their voting rights.

By making these improvements, we hope to engage more members in future elections and ensure that their voices are heard in governance decisions.

8. EXTERNAL AUDITOR CONTRACT

REFERENCES

Only PDFs are attached



8. Audit extension (1).pdf

BOARD / COMMITTEE COVER SHEET

The Council of Governors

Report Title	Proposal to Extend External Auditor Contract
Meeting date	24 th February 2025
Agenda item	8. External Auditor Contract Extension
Author and Executive lead	Gary McRae, Non-Executive Director James Hayburn, Interim Chief Financial Officer
Governance	This paper presents the recommendation of the Non-Executive Director members of the Audit Committee, endorsed by the Chief Financial Officer by e-governance.
Executive Summary	<p>Introduction</p> <p>KPMG were awarded a three-year contract for External Audit in 2022, with the option of two one-year extensions. Following the completion of this three-year term, this paper requests Governor approval for a two-year extension.</p> <p>Background and Context</p> <p>In 2022 The Trust agreed to test the market for External Audit and invited tenders for a three-year contract. Of the five providers invited to tender, only one provider, KPMG bid for the contract. KPMG were the current External Auditors at that time, having secured a three-year contract in 2016/17, with a two-year extension. It was noted that the market for auditors was challenging, with providers being very selective about which contracts to bid for.</p> <p>The KPMG bid was tested against the tender criteria and met the minimum standard. It was agreed to award a three-year contract, with the option of two</p>



	<p>one-year extensions. This decision was approved at the May-2022 Board of Governors.</p> <p>Proposal</p> <p>The Non-Executive Director members of the Audit Committee, endorsed by the Chief Financial Officer, recommend a two-year extension to the KPMG contract, under the terms of the current contract. The benefits of this approach are:</p> <ul style="list-style-type: none"> • KPMG have provided a good level of audit quality • There is a good relationship between the Audit and Finance teams • KPMG have been working on streamlining the audit and reporting • Running a tender and managing a change of provider would be an unnecessary burden given the current changes to the senior financial team. • Experience of recent tenders has highlighted difficulties in attracting acceptable levels of interest and cost. • It would allow a substantive Chief Financial Officer to be in post to build a relationship with any new provider.
<p>Alignment with which Strategic Objective(s)</p>	<ol style="list-style-type: none"> 1. FHFT to be in the top 10 trusts for safety and patient experience <input type="checkbox"/> 2. To be in the top 10 best trusts to work for <input type="checkbox"/> 3. To reduce the need for hospital-based care by working collaboratively with system partners <input type="checkbox"/> 4. To provide consistent excellent care as 'One Frimley Health' <input type="checkbox"/> 5. To be in the top 10 trusts in the country for efficiency <input checked="" type="checkbox"/> 6. To be in the top 10 most digitally advanced Trusts in the country <input type="checkbox"/>
<p>Mitigation of BAF Risk</p>	<p>Include the BAF risk that this paper seeks to mitigate against.</p> <ol style="list-style-type: none"> 1. Failure to protect patients from harm and deliver improvements for patients <input type="checkbox"/> 2. Failure to support our workforce and deliver the best possible working experience for our people <input type="checkbox"/> 3. Failure to collaborate with our system partners to reduce the need for hospital care <input type="checkbox"/> 4. Failure to provide consistent excellent care as 'One Frimley' in the event that demand for services overwhelms capacity <input type="checkbox"/> 5. Failure to deliver the Trust's financial plan and agreed trajectories <input checked="" type="checkbox"/> 6. Failure to build on the investment in EPR and deliver the system benefits <input checked="" type="checkbox"/>

Public Sector Equality Duty	This paper supports good governance in procuring goods and services to ensure the Public Sector Equality Duty is met.
Equality and Diversity	No equality and diversity impacts have been identified.
Recommendation	The Board of Governors are asked to note an extension to the KPMG contract of two-years.
Compliance	The Trust is required to have Governor approval for the appointment and the removal of External Auditors.

9. FUTURE MEMBERSHIP OF THE COMMITTEES OF THE COUNCIL OF GOVERNORS

REFERENCES

Only PDFs are attached

-  9. Governor Committee Membership 2025 new cover (1).pdf
-  9.a Governor Memberships January 2025.pdf

BOARD / COMMITTEE COVER SHEET

Council of Governors

Report Title	Membership of the Committees of the Council of Governors
Meeting date	February 24, 2025
Agenda item	9.
Author and Committee Chair	Dorota Underwood, Committee Officer Bryan Ingleby, Trust Chair
Governance	None
Executive Summary	<p>The annual call for Members was held between the 7th January and 27 January 2025. This paper reports back on the results.</p> <p>Following the changes in Governors following the elections and Governor retirements in November 2024, it was timely to reconsider the membership of the Council of Governors committees. The Constitution also stipulates that each Council of Governor committee should review its membership annually.</p> <p>The following process was followed: Governors who were interested in joining or remaining on a committee (i.e., the Non-Exec Remuneration Committee (NERC) and Patient Experience & Involvement Group (PEIG)) were asked to express their interest. An overview of each Committee along with the current terms of reference for each was provided.</p> <p>Following receipt of the expressions of interest the Trust Chair, Lead Governor and Committee Officer reviewed the results against the requirements for membership and quorum contained within each committee's terms of reference.</p>

<p>Alignment with which Strategic Objective(s)</p>	<ol style="list-style-type: none"> 1. FHFT to be in the top 10 trusts for safety and patient experience ☒ 2. To be in the top 10 best trusts to work for ☒ 3. To reduce the need for hospital-based care by working collaboratively with system partners ☒ 4. To provide consistent excellent care as ‘One Frimley Health’ ☒ 5. To be in the top 10 trusts in the country for efficiency ☒ 6. To be in the top 10 most digitally advanced Trusts in the country ☒
<p>Mitigation of BAF Risk</p>	<p>Include the BAF risk that this paper seeks to mitigate against.</p> <ol style="list-style-type: none"> 1. Failure to protect patients from harm and deliver improvements for patients ☒ 2. Failure to support our workforce and deliver the best possible working experience for our people ☒ 3. Failure to collaborate with our system partners to reduce the need for hospital care ☒ 4. Failure to provide consistent excellent care as ‘One Frimley’ in the event that demand for services overwhelms capacity ☒ 5. Failure to deliver the Trust’s financial plan and agreed trajectories ☒ 6. Failure to build on the investment in EPR and deliver the system Benefits ☒
<p>Public Sector Equality Duty</p>	<p>Please indicate any equality considerations that will affect people with different protected characteristics.</p>
<p>Equality and Diversity</p>	<p>Evidence that the COG is considering topics that cover this duty.</p>
<p>Recommendation</p>	<p>The Council of Governors is asked to APPROVE the membership of Council of Governor committees as set out in Appendix A.</p>
<p>Compliance</p>	<p>Trust Constitution</p>

Proposed Governor Memberships January 2025

Governor	Constituency	NERC	PEIG
Del Campo, Catherine	Stakeholder: Royal Borough of Windsor and Maidenhead		
Ann, Smith	Public: Surrey Heath and Runnymede	Member	Member
Story, Barbara	Public: Windsor and Maidenhead	Member	Member
Zorab, Charlie	Public: Hart and East Hampshire		
Cooper, Rod	Stakeholder: Hampshire County Council		
Ellis, Michael	Staff: Heatherwood & Community	Member	
Flower, Julia	Public: Rushmoor		
O'Mahoney, David	Surrey Heath Borough Council		
Magill, Ani	Public: South Bucks		Member
Monye, Theodora	Public : Slough		
Qureshi, Muhammad	Public: Slough		Member
Lindsay, John	Public: Bracknell Forest and Wokingham	Member	Member (Chair)
Naidoo, Udesb	Staff: Frimley		
Peacey, Sarah	Public: Bracknell Forest and Wokingham	Member (Chair)	Member
Mansell, Andy	Public: Surrey Heath and Runnymede		
Rayner, Samantha	Public: Rest of England	Member	
Wood, Robin	Public: Windsor and Maidenhead		Member
Stanley, Katie	Public: Guildford, Waverley and Woking	Member	
Fowles, Charles	Public: Hart and East Hampshire	Member	Member


Proposed Governor Memberships January 2025

Baker, Jacquie	Public: Rushmoor		Member
Roden, Mari	Stakeholder: Ministry of Defence		
Chauhan, Rahul	Staff: Wexham Park		Member
TOTAL	-	8 Governor members	10 Governor members

10. PATIENT EXPERIENCE AND INVOLVEMENT GROUP REPORT

REFERENCES

Only PDFs are attached

 10 PEIG summary new cover sheet (1).pdf

BOARD / COMMITTEE COVER SHEET

Council of Governors

Report Title	Patient Experience and Involvement Group Summary Minutes
Meeting date	February 24, 2025
Agenda item	10.
Author and Committee Chair	Dorota Underwood, Committee Officer John Lindsay, Committee Chair
Governance	None
Executive Summary	<p>The attached report briefs the Council of Governors on the items discussed at the Patient Experience and Involvement Group meeting held on 9th December 2025.</p> <p>Discussion PEIG Review November 2024 Summary of Responses & Improvement Areas for Discussion The Committee received the feedback summary from the PEIG review. The group discussed the importance of distinguishing between patient involvement and patient experience, emphasizing the need for a unified view on these concepts.</p> <p>Patient Appointments / Communication DNA Project Update The Committee received an update on DNA Report and noted the importance of reducing DNA rates and improving communication with patients and the use of digital solutions.</p> <p>The Committee discussed the necessity for timely notification of appointments to patients and ease of access when booking or when they need to reschedule. They recognized the challenges associated with</p>

	<p>providing accessible information which meets patient needs. It also sought a better understanding of any challenges from the patient perspective which result in missed appointments.</p> <p>Shared Decision Making The Committee received an update on the challenges and progress in implementing shared decision making, now referred to as "Deciding Together." The group discussed the main challenges around SDM and welcomed the Trust commitment to this cultural change.</p> <p>GEMBA Walks & Update The Committee discussed the plan for the extended programme of Gemba Walks for 2025, emphasizing the importance of governor participation and an effective induction program for new governors.</p> <p>National Inpatient Survey 2023 Preliminary Report The Committee received the recent National Inpatient Survey 2023 Preliminary results. This data is used to drive continues improvement within the Trust. Topics discussed included; discharge process and information on medication, nutrition and hydration and communication. The survey results will be discussed more fully at the next meeting which will allow time for further analysis/ reflection.</p> <p>Minutes of the Quality Assurance Committee and Patient Experience Forum The Committee noted the Quality Assurance Committee and Patient Experience Forum minutes.</p> <p>PEIG Programme 2025 The Committee had a preliminary discussion on potential topics for review in the 2025 programme. A structured approach will be used which adds value as well as seeking any necessary additional assurance that may be required. Topics discussed included the patient journey (focusing on areas not covered elsewhere), equality of access and shared decision making. Topics will be taken forward for further discussion and agreement.</p>
<p>Alignment with which Strategic Objective(s)</p>	<ol style="list-style-type: none"> 1. FHFT to be in the top 10 trusts for safety and patient experience ☒ 2. To be in the top 10 best trusts to work for ☒ 3. To reduce the need for hospital-based care by working collaboratively with system partners ☒ 4. To provide consistent excellent care as 'One Frimley Health' ☒ 5. To be in the top 10 trusts in the country for efficiency ☒ 6. To be in the top 10 most digitally advanced Trusts in the country ☒

<p>Mitigation of BAF Risk</p>	<p>Include the BAF risk that this paper seeks to mitigate against.</p> <ol style="list-style-type: none"> 1. Failure to protect patients from harm and deliver improvements for patients ☒ 2. Failure to support our workforce and deliver the best possible working experience for our people ☒ 3. Failure to collaborate with our system partners to reduce the need for hospital care ☒ 4. Failure to provide consistent excellent care as ‘One Frimley’ in the event that demand for services overwhelms capacity ☒ 5. Failure to deliver the Trust’s financial plan and agreed trajectories ☒ 6. Failure to build on the investment in EPR and deliver the system Benefits ☒
<p>Public Sector Equality Duty</p>	<p>Please indicate any equality considerations that will affect people with different protected characteristics.</p>
<p>Equality and Diversity</p>	<p>Evidence that the COG is considering topics that cover this duty.</p>
<p>Recommendation</p>	<p>The Council of Governors is asked to NOTE the summary minutes from the Patient Experience and Involvement Group meeting held on 9th December 2024.</p>
<p>Compliance</p>	<p>Trust Constitution and Committee Terms of Reference.</p>


11. RECOMMENDATIONS FROM THE GOVERNANCE WORKING GROUP


12. PUBLIC QUESTIONS

13. AOB COG WORK PLANNER

REFERENCES

Only PDFs are attached

 13. Feb COG 2025 forward plans new cover sheet (1).pdf

 13. CoG Work Planner 2025.pdf

BOARD / COMMITTEE COVER SHEET

Council of Governors

Report Title	Forward Plan for Council of Governors
Meeting date	February 24, 2025
Agenda item	13. Annual COG Plan
Author and Executive lead	Dorota Underwood, Committee Officer Bryan Ingleby, Chair of the Council of Governors
Governance	None
Executive Summary	This paper seeks views from the Council of Governors on future topics for COG meetings.
Alignment with which Strategic Objective(s)	<ol style="list-style-type: none"> 1. FHFT to be in the top 10 trusts for safety and patient experience <input checked="" type="checkbox"/> 2. To be in the top 10 best trusts to work for <input checked="" type="checkbox"/> 3. To reduce the need for hospital-based care by working collaboratively with system partners <input checked="" type="checkbox"/> 4. To provide consistent excellent care as 'One Frimley Health' <input checked="" type="checkbox"/> 5. To be in the top 10 trusts in the country for efficiency <input checked="" type="checkbox"/> 6. To be in the top 10 most digitally advanced Trusts in the country <input checked="" type="checkbox"/>
Mitigation of BAF Risk	<p>Include the BAF risk that this paper seeks to mitigate against.</p> <ol style="list-style-type: none"> 1. Failure to protect patients from harm and deliver improvements for patients <input checked="" type="checkbox"/>

	<ul style="list-style-type: none"> 2. Failure to support our workforce and deliver the best possible working experience for our people ☒ 3. Failure to collaborate with our system partners to reduce the need for hospital care ☒ 4. Failure to provide consistent excellent care as 'One Frimley' in the event that demand for services overwhelms capacity ☒ 5. Failure to deliver the Trust's financial plan and agreed trajectories ☒ 6. Failure to build on the investment in EPR and deliver the system Benefits ☒
Public Sector Equality Duty	Please indicate any equality considerations that will affect people with different protected characteristics.
Equality and Diversity	The forward workplan will be evidence that the COG is considering topics that cover this duty.
Recommendation	The COG is asked to review its annual work planner.
Compliance	Trust Constitution

Council of Governors Meeting Planner 2025

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
COUNCIL OF GOVERNORS (CoG)												
Welcome and Apologies for Absence		√				√				√		√
Governors' Declarations of Interest		√				√				√		√
Governors' Updated Register of Interests for noting						√						
Minutes of the previous meeting		√				√				√		√
Action Log from the previous meeting		√				√				√		√
CoG Forward Planner		√								√		
ASSURANCE ON PERFORMANCE												
Complaints and PALS										√		
Patient Survey Results												√
Trust Performance Report / Briefing		√				√				√		√
Report from NED committee chairs (on rotation)		√				√	√			√		√
GOVERNANCE												
Membership Update		√				√				√		√
Programme of Members Health Events						√						√
Report from NERC		√				√				√		√
Report from PEIG		√				√				√		√
Report from Governance Working Group - as needed												
Approval of Governor committee membership		√										
Approval of Governor choice Quality Indicator						√						
Approval of NED / CEO appointments (as needed)												
Approval of significant transactions (as needed)												
Report of External Auditor										√		
Appointment of External Auditor (as needed)												
ELECTIONS												
Governor Elections Timetable & updates						√						
Update on Governor Elections										√		
Governor Election Results												√
EFFECTIVENESS												
Annual review of COG effectiveness						√						
ANY OTHER BUSINESS												

Date of the Next Meeting		√				√				√		√
Questions from Members of the Public		√				√				√		√