

**BOARD OF DIRECTORS - Meeting in Public**  
**10.00am to 1.00pm on Friday, 6<sup>th</sup> November 2015**  
**Forest Lodge, Heatherwood Hospital**

**A G E N D A**

10:00	1.	Welcome and Apologies for Absence		Chairman
	2.	Declarations of Interest	Oral	Chairman
	3.	Minutes of the Previous Public Board Meeting held on 2 <sup>nd</sup> October 2015	Attached	Chairman
	4.	Matters Arising at Previous Meeting	Oral	Chairman
10.05	5.	Ward to Board Presentation	Oral	Director of Nursing
10.25	6.	Chief Executive's Report	Attached	CEO
<b>QUALITY</b>				
10.40	7.	Patient Story	Video	Director of Nursing
11.00	8.	Quality Improvement Plans		Medical Director
		8.1 Frimley Park Quality Improvement Plan	Attached	
		8.2 Wexham Park Quality Improvement Plan	Attached	
<b>FINANCE AND PERFORMANCE</b>				
11.10	9.	Quality and Performance Report	Attached	Directors of Operations/ Director of Nursing
<b>11.30 BREAK</b>				
11.40	10.	CIP Progress Report – Month 06	Attached	Director of Operations, FPH
11.50	11.	Month 06 Finance Report	Attached	Director of Finance

<b>GOVERNANCE AND COMPLIANCE</b>				
12.00	12.	Risk Assurance Register	Attached	CEO
12.05	13.	Infection Control Report	To Follow	Ian Fry
12.15	14.	SIRO Report	Attached	Director of Finance
12.20	15.	'Phase 2' Governor Elections	Attached	Director of HR and Corporate Services
12.30	16.	Monitor Guidance on Agency and Framework Usage	Attached	Director of HR and Corporate Services
<b>OTHER BUSINESS</b>				
12.40	17.	Open Slot for Directors	Oral	ALL
12:45	18.	Board Evaluation	Oral	ALL
12:50	19.	Any Other Business		
12:55	20.	Questions from Members of the Public		
1.00	21.	Date of Next Meeting: Friday, 8 <sup>th</sup> January 2016 at 10.00am		

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

**Minutes of a Frimley Health NHS FT Trust Board Meeting in Public**  
**Friday, 4<sup>th</sup> September at 10.00am**  
**Board Room, Frimley Park Hospital**

Present:	Mark Escolme Michael O'Donovan Andrew Prince Rob Pike Dawn Kenson Thoreya Swage David Clayton-Smith Andrew Morris Martin Sykes Tim Ho Nicola Ranger Janet King Helen Coe Lisa Glynn	Deputy Chairman (in the Chair) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director CEO Director of Finance Medical Director Director of Nursing Director of HR and Corporate Services Director of Operations for Frimley Park Hospital Director of Operations for Heatherwood & Wexham Park Hospitals
In Attendance:	Susanne Nelson-Wehrmeyer Meg Stevens Jane Hogg Dr John Seymour Nick Payne Philomena Vallance  Tony Fenby	Company Secretary Minutes Integration and Transformation Director Deputy CoS for Medicine FPH (for item 5) Deputy CoS for ED FPH (for item 5) Head of Nursing Emergency and Cardiovascular Medicine (for item 5) Ward Manager MAU/MAU FPH (for item 5)

1.	<b>Apologies for Absence</b>	
a.	Apologies for absence were received from Mike Aaronson. Mark Escolme, was in the Chair.	
2.	<b>Declarations of Interest</b>	
a.	There were no declarations of interest.	
3.	<b>Minutes of the Previous Meeting</b>	
a.	The minutes of the previous Board Meeting held on 4 <sup>th</sup> September 2015 were approved as a correct record with the exception of the first sentence of 12.a. which should read "Martin Sykes presented the Month 04 Finance report noting that in month there had been £51.6m income <i>which was £1m higher than plan.</i> "	
4.	<b>Action Log from Previous Meeting</b>	
a.	<i>15.d Clinical Governance Committee</i> Tim Ho confirmed that he had spoken to the Chiefs of Service about the terms of reference and membership of the Clinical Governance Committee. The format of	

b.	<p>meetings would be changed to become cross-site and shorter, with each directorate sending a representative.</p> <p><i>14.f Integration Update</i></p> <p>An update on integration was on the agenda.</p>	
5.	<p><b>Ward to Board Presentation</b></p> <p>a. Dr John Seymour, Mr Nick Payne, Mena Vallance and Tony Fenby attended for this item.</p> <p>b. Tony Fenby said that now MAU and AMU were combined, the unit was running more efficiently and offered a better patient experience. The number of Consultants would increase to five in November, and two were still to be recruited. The average length of stay was 1.9 days, and although there were a few gaps in nursing, staff were generally feeling very positive. Antibiotic prescribing was improving, and a Microbiology ward round had been started on a weekly basis. Consideration was being given to introducing a daily 'safety huddle'.</p> <p>c. In terms of ED, the past year had been extremely busy but a number of changes and new nursing roles had been introduced to ease the pressure, including a nurse practitioner in ED and majors who was able to review and discharge patients. It was also hoped to introduce a reception nurse to improve flow at the reception desk and manage appropriate attendances.</p> <p>d. John Seymour said it was crucial to get patients to the point of discharge more quickly or the hospital would struggle over the winter months. The introduction of ambulatory care would represent a significant change and provide a better service with patients seen more quickly and a reduced length of stay. It was also important for ED and MAU/AMU to work together more closely and collaboratively to improve patient flow.</p> <p>e. In response to a comment from Andrew Prince that some Trusts were recruiting Physician Assistants, John Seymour noted that the Trust was already employing advanced nurse practitioners, and was actively training senior nurses to undertake this sort of role.</p> <p>f. Responding to a query from Dawn Kenson about plans to introduce a reception nurse, Mena Vallance said the intention was to 'filter' patients who could more appropriately be seen by a GP or other service, and that patients were sometimes sent to ED when the out of hours service was under particular pressure. Helen Coe noted that the health economy was suffering from a lack of GPs to staff out of hours services to the full potential, and that a telephone call would always be made in advance of referring a patient to the out of hours service to ensure they would be treated appropriately. She further noted that social care services were also struggling and that it would be a difficult winter in terms of the availability of resources in the community.</p> <p>g. Referring to the dashboard for MAU/AMU, Rob Pike noted two 'reds' around communication issues relating to length of stay and discharge. Tony Fenby responded that every effort was made to inform patients of how long they would be in hospital, but that this was difficult with very sick patients and had to be reinforced throughout their stay. It was also important to include patients in their own care planning and to ensure that documentation was kept up to date.</p>	

<p>6.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p>	<p><b>Chief Executive's Report</b></p> <p>The CEO noted that one year after the acquisition of Heatherwood and Wexham Park Hospitals, the new Trust had achieved a lot but that more needed to be done to establish three outstanding hospitals.</p> <p>Performance against the Monitor standards had been very strong with delivery of the 4 hour A&amp;E target, 18 weeks and the cancer standards sustained over Q1 and Q2 of 2015/16. Standards of care had improved at Wexham Park with a corresponding reduction in the number of incidents and complaints, and the most recent Friends and Family Test showing marked improvement. GP referrals for elective care were increasing at Wexham Park, particularly from Slough, Windsor and Maidenhead and Chiltern CCGs, which was a sign of increased confidence in the hospital's ability to deliver high quality care. Lisa Glynn noted that in real terms, the increase in referrals represented an additional 500 new referrals a month and it was therefore important to ensure that there was sufficient capacity to manage the additional workload.</p> <p>Frimley Park had continued to perform well during the last year, although there had been challenges around achievement of the 4 hour standard in A&amp;E due to pressures on bed capacity which would be helped by the new models of care emerging from the Vanguard schemes.</p> <p>Medical and ward staffing remained an issue, particularly at Wexham where there were over 220 nurse vacancies at ward level against an establishment of 1200 trained nurses. 31 student nurses would take up post in October and would help to close the gap, but the plans to recruit nurses for Wexham from the Philippines had taken longer than anticipated due to delays in obtaining work permits.</p> <p>Progress was being made on the capital programme at Wexham with work anticipated to start on the upgrade to maternity in Spring 2016, followed by work on a new ED. Work on the new 50 bed elective centre at Heatherwood, if approved by the Board, could start in late 2016. At Frimley, it was hoped to provide additional ward capacity and new facilities for MRI scanning starting in late 2017.</p> <p>Thoreya Swage asked what role the Board could play in raising awareness about the difficulties around nurse recruitment. The CEO responded that he had drafted a letter to the Home Secretary, who was a local MP, asking for support in addressing concerns around the new arrangements for work permits. Janet King also noted that nurses were not currently included on the shortage occupation list, and she was raising this as an issue with the Department of Health. In addition, Nicola Ranger was working at a national level with the Royal College of Nursing on ways of encouraging more people to enter the nursing profession, and had also raised the difficulties of nurse recruitment directly with the Chief Nurse in England during a recent visit to the Trust.</p>	
<p>7.</p> <p>a.</p>	<p><b>Patient Story</b></p> <p>Nicola Ranger presented a patient story relating to a diabetic patient who had sustained an injury that would not heal, resulting in the amputation of a number of toes. The patient had commented on the fact that at no time had he been offered counselling, although he had particularly praised the commitment of the orthopaedic surgeon and the specialist vascular nurse.</p>	

b.	<p>Nicola Ranger said the story highlighted how ‘matter of fact’ staff could become when dealing with individuals, and that the story would be played to ward staff to remind them that patients were individuals for whom a stay in hospital was a major life event. The specialist nurses were key to thinking about the emotional support required by patients, and could signpost them to counsellors. She further noted that the Volunteers Strategy would be focused on the needs of long-term patients, including the importance of talking to those who might benefit from increased interaction.</p>	
8.	<p><b>Year 1 Integration Update</b></p> <p>a. Jane Hogg attended to provide an update on progress against the Integration Plan on the one year anniversary of the formation of Frimley Health. The review had been undertaken via interviews and focus groups with key work stream leads, the Executive Team, Chiefs of Service and Associate Directors. The review had not focussed on quality, which was the subject of ongoing work elsewhere in the Trust.</p> <p>b. The year long integration programme had been driven by the strategy and vision that had been articulated in the Full Business Case, undertakings in the Transaction Agreement and ‘business as usual’ requirements. A communications ‘loop’ had been established, including the publication of ‘Integrate’; a newsletter designed to publicise key issues around the integration to staff. It was noted that NEDs had not been receiving copies of Integrate, which Jane Hogg agreed to address, and she acknowledged that communication was an area requiring further work, including a focus on communicating achievements within and beyond the Trust.</p> <p>c. JH said the review had highlighted that much had been achieved during the first year, particularly in relation to performance and quality of care at Wexham, but that further work was required around improving efficiencies in terms of running a multi-site and more complex organisation. Martin Sykes agreed, noting for example that there were still two separate financial ledgers and associated separate financial teams and processes which impacted on the level of responsiveness able to be provided.</p> <p>d. Challenges going forwards included maintaining operational delivery and performance during challenging times, improving cross-site working, staff engagement, sustaining the financial recovery, recruitment and retention, progressing the IM&amp;T strategy and improving the estate.</p> <p>e. David Clayton-Smith asked if ‘flags’ had been put in place so that progress and achievements could be clearly identified. Jane Hogg responded that whilst this happened within individual teams, achievements had possibly not been celebrated sufficiently widely across the organisation.</p> <p>f. Andrew Prince asked how the organisation could best be ‘re-energised’ post-CQC. Jane Hogg responded that it would be important to set relatively short term priorities and ‘do-able’ milestones, and to organise engagement events to celebrate successes.</p> <p>g. Martin Sykes stressed the need to review the objectives in the Integration Plan and update against them. Jane Hogg agreed, and confirmed that the Integration Team would review whether the original plans were still on track to realise the expected benefits.</p>	

<p>9.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	<p><b>Quality Improvement Plans</b></p> <p>Tim Ho presented the Quality Improvement Plans for both Frimley and Wexham. The plan for Wexham was focussed primarily around the impending CQC inspection and would be used as an evidence report as part of the inspection process.</p> <p>Some issues, such as those relating to the sepsis bundle and acute kidney injury, were cross site and at some point in the near future the two committees would be combined to create a single Quality Committee.</p> <p>Rob Pike queried the action completion date of September 2016 against the recommendations from the NHS England Patient Safety Alert relating to the introduction of national safety standards for invasive procedures. Tim Ho responded that implementation did need to be undertaken quickly, but that this would be complex given that there was not yet a complete set of robust policies in place to cover all procedures.</p> <p>Responding to a query from Mike O'Donovan, Tim Ho said his biggest concerns in terms of the Wexham Quality Plan were staffing and ensuring policies were embedded.</p>	
<p>10.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p>	<p><b>Quality and Performance Report</b></p> <p>Nicola Ranger, reporting against the 'Safe' domain, advised that a total of six SIRI's had been reported within the Trust during August, one of which had been a 'Never Event'. All cases were undergoing Root Cause Analysis. A total of five C-Diff cases had been reported during August, of which one lapse in care had been identified.</p> <p>Reporting against the 'Effective' domain, Tim Ho said that SHMI data for all sites, for both elective and non-elective, was at the expected level or lower. There had, however, been a sharp increase in the SHMI for the Wexham site relating to non-elective patients for the last three months. Although still within the expected range, this was being investigated.</p> <p>CRAB data showed that surgical complications remained below expected levels, but that the medical practice triggers had demonstrated higher than 'national normal' rates of acute kidney injury, nosocomial pneumonia and shock. Whilst Trust wide, the trend was more pronounced on the Wexham site and was being reviewed in order to obtain assurance.</p> <p>Turning to the 'Caring' domain, Nicola Ranger noted that the numbers completing the patient experience survey at Frimley were much higher at 521 compared to the 57 at Wexham and that volunteer roles at Wexham were being developed to include assisting with completion of these surveys.</p> <p>In terms of complaints, there had been a reduction across both Frimley and Wexham during August, with the number at Wexham the lowest for a year.</p> <p>Against the 'Responsive' domain, Helen Coe reported that the Trust had achieved the 95% 4 hour target for August with a 95.7% performance. The percentage waiting within 18 weeks for incomplete pathways in August was 92.7% against a target of 92%. Referring to diagnostic waits, 8.9% of patients were waiting six weeks and over at the Frimley site during August. However, this number had reduced during September with a plan to get within the six week wait by the end of November.</p>	

<p>g.</p> <p>h.</p> <p>i.</p> <p>j.</p> <p>k.</p> <p>l.</p> <p>m.</p>	<p>Turning to the Workforce part of the report, Janet King said that whilst overall turnover had decreased during August, nursing turnover on the Wexham site had increased. A range of retention initiatives were in place, including a 'find a nurse' scheme, career workshops, recruitment branding and research into why staff chose to remain working for the Trust.</p> <p>Rob Pike noted that the Audit Committee had discussed agency spend on the 'other' category, which was now higher than on spend on agency nursing staff. Janet King confirmed that spend against this category would be reviewed, and that it included any staff that were not medical or nursing, including staff groups with shortages, such as physiotherapists.</p> <p>David Clayton-Smith queried if enough was being done in terms of appraisals and statutory training for non-medical staff. Janet King responded that appraisal data had been affected by difficulties associated with the IT system that tracked appraisals. This problem had now been resolved and the data would be updated over the next two weeks. In terms of mandatory training, this figure would improve over the next few weeks as a result of work undertaken around the different systems on which the training was recorded.</p> <p>Rob Pike queried why the length of stay figures for both elective and non-elective were lower at Wexham. Lisa Glynn responded that this might relate to case-mix, with Frimley receiving a higher proportion of patients who were over 75.</p> <p>Thoreya Swage asked if the Trust had any data on the reasons for emergency readmissions. Martin Sykes responded that, against the national target for readmissions, the Trust was average. However, this data measured readmissions for any reason, some of which might not be connected with the original admission. A range of different initiatives had been put in place to help in avoiding the need for readmission, including telephone help-lines and referring to out-patient clinics. Readmissions were audited on a yearly basis as significant financial penalties were associated with poor performance and the last audit had demonstrated that there had been zero readmissions where the hospital had been at fault.</p> <p>Noting the 155% increase in referrals from 'other' CCGs, Dawn Kenson asked whether this provided an opportunity for targeted marketing. Martin Sykes responded that the 'other' category would include a large number of CCGs, but could present an opportunity worth exploring.</p> <p>Mike O'Donovan noted that whilst the DNA rates at Frimley were improving, those at Wexham were not. Lisa Glynn responded that an outpatients workstream had been set up that would look at cross-site learning, and would include a review of DNA rates and specific initiatives to reduce the level, such as text reminders.</p>	
<p>11.</p> <p>a.</p>	<p><b>CIP Progress Report – Month 05</b></p> <p>Helen Coe reported that at month 5, core CIP schemes and the additional validated schemes had been combined to report an overall Trust performance. In month 5, the Trust has delivered 98% of the total planned position of £2.021m, equating to a variance of -£43k. Year to date, the Trust had achieved 95% of the total planned position of £9.707m. The variance was primarily due to medical agency expenditure not reducing as quickly as anticipated and changes to planned saving profiles. The biggest area of risk was around staffing with one third of a £9m CIP currently achieved, and two thirds due to be achieved in the last seven months. Work was underway to look at the degree of risk and how best to recover from any risk of under-achievement.</p>	



<p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p>	<p>Helen Coe confirmed that full delivery of the £21m CIP target for 2015/16 scheme was expected.</p> <p>Turning to synergy savings, the month 5 position was unchanged from month 4.</p> <p>Work had commenced on development of the 2016/17 CIP programme following a CIP workshop in September intended to start the programme. Over 120 potential schemes were being reviewed, of which 60 already had indicative values.</p> <p>David Clayton-Smith asked about the balance between schemes entailing improving efficiency and those involving a change to working practice. Helen Coe responded that 2016/17 CIP schemes would be more focussed around efficiency, for example in relation to outpatients' utilisation, length of stay and theatre usage.</p> <p>In terms of schemes associated with new ways of working, efforts were focussed on looking at different pathways but the development of such schemes was difficult because of issues within the local health economy.</p> <p>Noting the year to date variance against the Research and Development CIP scheme, Rob Pike observed that a number of meetings had been cancelled and queried whether anything could be done. Tim Ho responded that following the acquisition, the funding from Thames Valley for research and development had been halved, resulting in the need to take difficult decisions around this area, including losing a number of research nurses. However, a plan was now in place to bring in more trials that would generate additional income.</p>	
<p>12.</p> <p>a.</p> <p>b.</p> <p>c.</p>	<p><b>Month 05 Finance Report</b></p> <p>Martin Sykes said the year to date position was £0.1m ahead of plan, with income over performance being the main driver behind the improved financial position. A revised plan would be submitted to Monitor in the following week setting out a year end forecast deficit of £12m rather than £14m. This position assumed £1m winter pressure income.</p> <p>The cash position was £5.4m ahead of plan, due largely to slippage in the capital programme. Full year capital spend was now forecast at £34.1m against a plan of £41.2m.</p> <p>Responding to a query from Thoreya Swage, Martin Sykes confirmed that receipt of the winter pressures income was tied to specific schemes, including additional beds at Farnham, and that no cash had been received to date. Lisa Glynn confirmed that there were continuing challenges around staffing on the Wexham site, and that a number of schemes aimed at preventing admissions were being looked into. This included a joint scheme with Berks. Healthcare NHS FT and rapid assessment clinics to improve turnaround at the front door.</p>	
<p>13.</p> <p>a.</p> <p>b.</p>	<p><b>Update on Corporate Objectives</b></p> <p>The CEO presented the Quarter 2 update against the corporate objectives.</p> <p>Dawn Kenson suggested that the objective relating to introduction of the morbidity and complications (CRAB) dataset should be more wide-ranging rather than being limited to introduction of the new methodology. Tim Ho agreed, noting that CRAB methodology was now introduced within the Trust and the challenge was for the Chiefs of Service to use the data to drive change within the different services.</p>	

c.	Responding to a query about the green RAG rating against delivery of the CIP programme, Helen Coe commented that the programme was on target to date, but that there was a risk going forward.	
14.	<b>Risk Assurance Register</b>	
a.	The CEO presented the September iteration of the Corporate Risk Assurance Register. The Register contained six 'high' graded risks, and one 'extremely high' graded risk.	
15.	<b>Clinical Governance Committee Report</b>	
a.	Tim Ho presented the report of the September meeting of the Clinical Governance Committee. The Committee had received updates from general surgery and urology, private patients, anaesthetics & ITY, endoscopy, Obstetrics & Gynaecology and a report on the Human Tissue Act.	
16.	<b>Open Slot for Directors</b>	
a.	David Clayton-Smith reported that the University of Surrey had received funding of £11.6m from the UK Research Partnership Investment Fund that would be used to develop a specialised 5G Innovation Centre to develop mobile and internet access, of which there would be some focus on healthcare in terms of real time transmission. The Academic Health Science Network would be contacting the Trust in terms of the possibility of identifying test beds.	
17.	<b>Any Other Business</b>	
a.	There was none.	
18.	<b>Board Evaluation</b>	
a.	It was noted that the new system of holding Public Board Meetings every alternate month would commence from December onwards. Governors would receive information packs in months when there was no Public Board Meeting, and the dates of the Governor drop-ins would be reviewed to ensure they coincided with months when there was no Public Board Meeting.	
19.	<b>Questions from Members of the Public</b>	
a.	Bob Bown, Public Governor, commented on the number of GPs leaving GP practice and the difficulties in recruiting replacements, and noted that this would impact on A&E services.	
b.	Helen Coe agreed that there was a national shortage of GPs, but that there was a GP out of hours service based in Out-Patient Department 1 at FPH, and that as part of the private patients strategy consideration was being given to the possibility of providing a private GP service.	

20.	<b>Date of Next Meeting</b>	
a.	6 <sup>th</sup> November 2015 at Heatherwood Hospital.	

<b>Report Title:</b>	<b>Chief Executive Report</b>
<b>Meeting:</b>	Board of Directors (Public) on 6 November 2015
<b>Agenda Number:</b>	6
<b>Report Purpose:</b>	To brief the Board on key issues/developments
<b>Executive Lead:</b>	Andrew Morris, Chief Executive
	<p><b>Performance and Finance:</b></p> <p>For October, the Trust is on track to deliver the key access standards except for 4 hours for A&amp;E. The performance for October is over 94% but is unlikely to achieve 95%. The main reason for this slight dip has been increased workload and acuity. Every effort is being made to get back on track to deliver this standard for quarter 3. Agreement has been reached to open 21 beds at Farnham hospital, which together with an improved Consultant offering for the Medical Assessment Unit should see performance go back to plan. For the Wexham site, the Gastroenterologists have just implemented a Consultant of the week model which should improve length of stay but further modifications to the Consultant input and flow through the hospital are required.</p> <p>The number of C.Diff infections for the period April – October is 29 of which 28 have been reviewed and 8 are deemed to be avoidable. 1 further root cause analysis review is outstanding. The Trust has a target of no more than 33 avoidable C.Diff infections. Continued effort needs to be maintained to improve compliance against the hand washing audit standards and the antibiotic policy on all sites. Also, unfortunately there has been the first MRSA infection for this financial year, which occurred at Ward 6 at Wexham. The root cause analysis will be undertaken in November.</p> <p>The income and expenditure for the period April – September shows an overall deficit position of £8.2m; however, the projected forecast is a deficit of £12m at the year end as a result of additional activity/income in the last 6 months. While this is an improvement against the opening position of £14m deficit, more effort is needed to land a £10m deficit target by the year end and the Executives will be reviewing the key elements of overspend to try and improve the position. The CIP is £800k behind plan (higher levels of agency spend being the main cause) and expenditure is £4.2m excess of the plan.</p> <p><b>CQC Inspection Wexham Park Hospital</b></p> <p>The CQC carried out its inspection of Wexham Park on 13 – 15 October. There have also been 3 unannounced visits during the subsequent 14 days. At the end of the 3 day inspection, the lead inspector gave very high level feedback as follows:</p>

Over 320 members of staff attended the confidential focus group sessions and most people were keen to tell their story about the improvements they have made to services. The inspectors appreciated how open and honest staff were and generally there was a great sense of pride on what has been achieved to date. The inspectors picked out several services that had improved such as Radiology, ED, Theatres, Maternity and clinical handover and noted that the culture was more positive with staff living the values of the organisation.

There were no red flag issues involving patient safety, harm or very poor care during the course of the inspection. There are still more things to do and the inspectors recommended that the hospital needs to focus on the robustness of the major incident plan and staff training, compliance with the recording of Do Not Attempt Cardio Pulmonary Resuscitation decisions, mandatory training and documenting when we have spoken to patients and families when things have gone wrong. Recruitment was also identified as an issue that the Trust needed to progress.

The draft report is expected to be issued in 8 to 10 weeks following the inspection. The 3 hospitals will retain their respective ratings until the whole Trust gets inspected again in 2017/18.

#### **Nurse Staffing**

Ward staffing has continued to be a challenge throughout 2015 and earlier this year, the Trust embarked on a recruitment drive in the Philippines but this went into abeyance because of difficulties encountered with the immigration arrangements. The Government has now lifted the immigration controls and the Trust can now progress with over 100 job offers following a stringent selection process. All nurses from the Philippines are trained to an American standard and will have to pass an English exam before they can work in the UK. This coupled with 31 students that have been recruited for Wexham and 52 for Frimley plus 32 job offers to nurses in the EU should vastly reduce the reliance on agency staff, particularly at Wexham where the agency spend has been running at over £600k per month. The use of agency staff in maternity has ceased since the 1 April and the fill rate against the establishment is very high which is extremely positive news.

The Department of Health has just issued new requirements for Trusts to use only nurse agencies from an approved framework agreement in an attempt to reduce the premium cost of agency staff and so this news is welcomed.

#### **Heart Attack Centre Status - Wexham**

The Thames Valley Senate has written to the Trust approving in principle the establishment of a 24/7 heart attack centre at Wexham Park. This initiative is supported by the local CCGs and hopefully NHS England which awards the contracts for specialist activity will switch the patient flows from Harefield to Wexham for 1 April 2016.

#### **Recommendation**

The Board are asked to note the paper.

Report Title	<b>Frimley Park Hospital Quality Improvement Plan – October 2015</b>
Agenda Number	8.1
Report Type	To advise the Board of Directors on the progress against the FPH Quality Improvement Plan
Prepared By	Debbie Barrow Governance Manager – Nursing & Quality
Executive Lead	Dr Tim Ho, Medical Director
Executive Summary	Attached is the FPH Quality Improvement Plan demonstrating the prioritized key quality and patient safety risks and the actions that have been taken to mitigate those risks, current work streams in progress and further work required. Progress against the Improvement Plan is monitored on a monthly basis by the Frimley Park Quality Committee.
Background	The Trust Quality Committees coordinate and monitor the implementation of the responsive actions being taken by the organisation in relation to quality and provides assurance to the Board that the quality agenda is being embedded in line with the quality strategy, and that performance is measured and monitored.
Recommendation	The Board of Directors is asked to review the progress against the action plan, to agree the priority areas of concern and trajectories for achieving compliance
Appendices	FPH Quality Improvement Plan October 2015

**FRIMLEY PARK HOSPITAL**

**QUALITY COMMITTEE IMPROVEMENT PLAN**

**Top Quality & Patient Safety Risks**

As at October 2015

Prioritised Quality & Safety Risks	
	<ol style="list-style-type: none"><li>1. Emergency Pressures</li><li>2. Ownership Clinical Handover</li><li>3. Falls</li><li>4. Medical Staffing Out of Hours / Locum doctors usage</li><li>5. Ward Staffing / Agency nurse usage</li><li>6. Sepsis</li><li>7. Safeguarding</li><li>8. Discharge Planning</li><li>9. Acute Kidney Injury (AKI)</li><li>10. WHO Surgical Safety Checklist for Interventional Procedures</li><li>11. Duty of Candour</li></ol>

Quality Committee Improvement Plan

As at October 2015

Risk	Patient Risk	Current Status	Actions	Timescales	Lead	Status
<b>SAFETY</b>						
<b>Emergency Pressures Bed Capacity</b>	Potential risk to the quality of patient care due to lack of bed capacity resulting in: Outliers Continuity of consultant care Multiple ward moves	<ul style="list-style-type: none"> <li>• Bed modelling every 6/12 to BOD</li> <li>• Escalation Policy reviewed &amp; updated, use of escalation triggers monitored at UCB</li> <li>• Policy for the management of outliers has been reviewed &amp; updated clarifying consultant ownership</li> <li>• Operational Policy developed for Level 1-2 beds to include Orthopaedic access</li> <li>• Business case approved for additional ward on FPH site</li> <li>• New Site team established with senior nursing staff</li> </ul>	<ul style="list-style-type: none"> <li>• Relaunch front door ambulatory care pathways</li> <li>• Additional ward to be added at FPH &amp; WPH as part of next winter planning</li> <li>• Establish a project team and proposals for upgrading the Discharge Lounge</li> <li>• Improve response times to CHC referrals</li> <li>• Effective Discharge Planning</li> <li>• Discharge letter CQUIN</li> <li>• Business case for 22-bedded ward approved by CDIC &amp; due for opening June 16</li> <li>• Farnham beds commissioned from November 15 to April 16</li> <li>• Participation in Vanguard with NE Hants working on admission avoidance</li> </ul>	<p>Nov 15</p> <p>Feb 16</p> <p>Mar 16</p> <p>Jun 16</p> <p>Nov 15</p>	<p>F Coyle</p> <p>F Sayers</p> <p>K Tripp B Bal/ J Seymour H Coe</p> <p>H Coe</p>	<p>In progress</p> <p>On target</p> <p>On target</p>
<b>Clinical Handover / Ownership</b>	Potential risk to patients due to inconsistent clinical handover arrangements & ownership	<ul style="list-style-type: none"> <li>• Each speciality has identified current arrangements and cross speciality communication process</li> <li>• ADT consultant/patient listings and handover templates identified</li> <li>• Grand Round with representation from Allocate, improved training for junior</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Handover identified as workstream as part 'Sign up to Safety' 3-year work programme.</li> <li>• Appointment offer made for ringfenced Nurse Specialist lead for Clinical Handover –</li> </ul>	<p>Aug 2015</p>	<p>A Szewczyk / T Coulson</p>	<p>Achieved</p>



Risk	Patient Risk	Current Status	Actions	Timescales	Lead	Status
		doctors implemented <ul style="list-style-type: none"> <li>Hospital at Night Protocol developed</li> <li>Handover model in place with Physicians &amp; ITU consultants</li> </ul>	start date awaited – now in post <ul style="list-style-type: none"> <li>To review current processes for nurse to nurse handover to include ‘Safety Huddles’</li> <li>Surgery to be linked in to new clinical handover model</li> <li>‘Night into Day’ Handover to be reviewed</li> <li>To track by month, number of clinical delays in ED Resus for level 2 or 3 beds (to track activity for July for last 3 years)</li> </ul>	Sept 2015  Aug 2015  Aug 2015  Sept 2015	A Szewczyk / T Coulson  J Seymour/ W Jewsbury W Jewsbury  R Colburn Jackson	Further work to be done  Achieved
<b>Falls</b>	Potential risk to quality of care and providing safe management and supervision and environment for patients identified to be at risk of falling	<ul style="list-style-type: none"> <li>Detailed analysis of patient falls over past 3 years has been undertaken</li> <li>Developed Falls Improvement Plan &amp; education programme has been written key themes</li> <li>Lessons learned incorporated into Patient Safety mandatory updates &amp; education programmes</li> <li>PT Patient Safety Facilitator with focus on patient falls appointed</li> <li>Number of patient falls tracked on speciality level dashboards</li> <li>RCA for falls with significant injury chaired by Medical Director with responsible consultant and senior nurse in attendance</li> <li>MDT education re: falls prevention</li> <li>Frimley Health Trustwide Falls Policy agreed providing consistent cross-site approach</li> </ul>	<ul style="list-style-type: none"> <li>Lying &amp; standing blood pressure key theme in RCAs, now to be mandated one a day for all patients over the age of 65</li> <li>Medical staff to ensure medication reviews are undertaken</li> <li>To agree CQUIN requirement with CCG</li> <li>Peer Review audit to monitor lying and standing blood pressure to be undertaken monthly</li> </ul>	Apr 2015  Jul 15  Ongoing	N Ranger / Heads of Nursing  W Jewsbury  Heads of Nursing	In place Assurance required that implemented Trustwide  Achieved

Risk	Patient Risk	Current Status	Actions	Timescales	Lead	Status
<b>Medical Staffing Out of Hours</b>	Potential risk to quality of care due to potential gaps in medical staffing cover out of hours	<ul style="list-style-type: none"> <li>Out of hours medical cover has been strengthened in A&amp;E, Medicine &amp; Ortho. Ortho SHO at weekends</li> <li>Reviewed and implemented new clinical handover system</li> <li>Robust medical staffing arrangements for managing locums</li> <li>In-house bank well established, framework for consultants acting down agreed if gaps cannot be filled</li> <li>In Medicine, Bank Holiday staffing cover mirrors weekend arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Clarification required from Medical Staffing around arrangements for covering junior doctor gaps in the event of sickness</li> <li>To invite Medical Staffing Manager to attend meeting to provide assurance regarding process</li> <li>To establish a medical staffing working group</li> </ul>	<p>Jul 2015</p> <p>Oct15</p>	<p>S Casemore</p> <p>T Ho</p> <p>W Jewsbury</p>	
<b>Ward Staffing</b>	Potential risk to quality of patient care as a result of not recruiting & deploying sufficient trained nursing staff	<ul style="list-style-type: none"> <li>Ward staffing, the following standards were agreed in principle:                             <ul style="list-style-type: none"> <li>Minimum of 2 trained nurses per shift</li> <li>Work towards a minimum 60/40 trained against untrained ratio for all wards</li> <li>Staffing ratio 1:8 day time, 1:10 night time</li> <li>Ward Staffing Policy under review</li> <li>Leadership Programme for FPH ward sisters completed &amp; Healthcare Assistant Forum &amp; training in place in line with Francis recommendations</li> <li>Assurance reports to BOD twice a year</li> <li>12 hour shift patterns rolled out across the Trust to most wards,</li> <li>Agency spend tracked on speciality dashboards as part of Trustwide CIP Plan</li> <li>Bank nurse lead in post, working with PD staff around nurse bank &amp; training of individuals</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Further work undertaken with consultancy support to develop MAPS to support 12 hour shift patterns and to incorporate acuity and dependency scoring</li> <li>Trust has recruited in the Phillipines, 129 offers made, 'on boarding' to be completed prior to commencement – ongoing visa issues</li> <li>NICE Safe Staffing Guidance on hold – Trust currently compliant to local standard</li> <li>Staffing compliance report to BOD August 15</li> <li>Recruitment &amp; Retention work being led by HR Associate Director</li> </ul>	<p>Oct 2015</p> <p>Aug 15</p>	<p>N Ranger / J King</p> <p>N Ranger</p> <p>T White</p>	<p>In progress</p> <p>Achieved</p>
<b>Sepsis</b>	Risk to patient safety due to potential failure	<ul style="list-style-type: none"> <li>Sepsis Group in place</li> <li>Significant work and training has been</li> </ul>	<ul style="list-style-type: none"> <li>Sepsis CQUIN progress to be presented to Quality</li> </ul>	<p>Oct 14</p>	<p>B Bal</p>	<p>Ongoing</p>

Risk	Patient Risk	Current Status	Actions	Timescales	Lead	Status
	to recognise and treat Sepsis urgently in both adults and children	undertaken raising profile of sepsis recognition <ul style="list-style-type: none"> <li>Clinical leads identified in A&amp;E and ICU</li> <li>Improved compliance with Sepsis Bundle achieved</li> <li>Ongoing review &amp; validation of sepsis monitoring data for emergency admissions &amp; neutropenic patients</li> <li>Sepsis Improvement Plan in place</li> </ul>	Committee quarterly <ul style="list-style-type: none"> <li>To continue to focus on achieving compliance with the Sepsis Bundle in line with the national CQUIN requirement</li> <li>Baseline audit being undertaken which will inform trajectories for CQUIN, results to August 15 Quality Committee</li> <li>Trust to review current pathway against new national guidance to be launched in November 15</li> </ul>	March 16  Aug 15  Jan 15	T Coulson  B Bal  T Coulson	
<b>Safeguarding</b>	Potential risk to quality of care due to reduced capacity to manage safeguarding issues effectively & fulfil training requirements.	<ul style="list-style-type: none"> <li>Adult Safeguarding training compliance at 100% at Level 1 plus 90%+ face to face patient safety training</li> <li>Up-skilling Clinical Matrons &amp; Heads of Nursing with level 3 Adult Safeguarding training</li> <li>Training stats monitored at Trust Safeguarding Committee</li> <li>TNA for Paediatric &amp; Adult Safeguarding reviewed and agreed</li> <li>To form part of Mandatory training programme and appraisal process for doctors</li> </ul>	<ul style="list-style-type: none"> <li>Issue with WIRED has resulted in inaccurate training stats, to be resolved</li> <li>Training for consultants at beginning of Q1 15/16</li> <li></li> </ul>		C Quinn  M Fish / F Franks	On-going  In progress
<b>Discharge Planning</b>	Potential risk of harm to patients of readmission due to inadequate discharge planning  Risk to patient experience due to poor	<ul style="list-style-type: none"> <li>All patient should have an EDD recorded on ADT</li> <li>Discharge plans should be reviewed at pre-assessment, on admission &amp; as part of consultant ward rounds</li> <li>Discharge summaries &amp; process of completion / communication with GPs</li> </ul>	<ul style="list-style-type: none"> <li>Chiefs of Service to carry out snapshot audits of discharge summaries. Medical Director to write to CoS</li> <li>Explore feasibility of Frimley Health Social Care system, paper to Top Team</li> </ul>	July 15  Sept 15	T Ho  H Coe	Achieved

Risk	Patient Risk	Current Status	Actions	Timescales	Lead	Status
	communication & discussion with patient/family	reviewed and agreed	<ul style="list-style-type: none"> <li>Daily report to be provided to Medical Director on TTO availability before and after midday</li> <li>Local CQUINS, workstreams to include better discharge summaries, earlier recognition, involving carers</li> <li>Local CQUIN audit</li> </ul>	July 15  On going  Completed	R Colburn Jackson  K Tripp	Achieved   
<b>Acute Kidney Injury</b>	Risk to patient safety due to potential failure to recognise and treat acute kidney injury	<ul style="list-style-type: none"> <li>AKI Group in place</li> <li>Significant work and training has been undertaken raising profile of AKI recognition</li> <li>AKI Pathway reviewed and agreed</li> <li>Clinical lead identified</li> <li>Gap Analysis compliance against NICE AKI Guidance (CG169) undertaken</li> </ul>	<ul style="list-style-type: none"> <li>AKI Improvement Plan in place</li> <li>AKI Care Bundle to be launched 1/6/15 in line with Health Foundation Project</li> <li>AKI Patient Safety Alert 'Standardising the early identification of Acute Kidney Injury' IT arrangements being led by Surrey Pathology Services</li> <li>Working with Health Foundation</li> <li>Initial baseline audit being undertaken to identify trajectories for improvement, results to be presented at August 15 Quality Committee</li> <li>Re-launch of AKI bundle 10/8/15</li> <li>Ongoing audit of compliance with AKI bundle</li> </ul>	June 15	T Coulson	In progress
					Y Samarasinghe	Achieved
					I Fry	Achieved
				Aug 15	B Bal	Achieved
				Aug 15	B Bal	Achieved
				Ongoing	B Bal	
<b>Local Safety Standards for Interventional Procedures</b>	Risk to patient safety due to potential gaps in checking processes prior to undergoing	<ul style="list-style-type: none"> <li>Chest Drain Policy in place</li> </ul>	<ul style="list-style-type: none"> <li>To review and update current Chest Drain Policy to reflect changes in practice identified at incident review</li> </ul>	Sept 15	I Wheatley / J Seymour	

Risk	Patient Risk	Current Status	Actions	Timescales	Lead	Status
	interventional procedure i.e. insertion of chest drain		<ul style="list-style-type: none"> <li>To adopt the radiology modification of the WHO checklist for all interventional procedures within Medical Day Unit &amp; Day Surgical Unit</li> <li>Recommendations to be considered from national guidance NHS England Patient Safety Alert re: Supporting the introduction of the National Safety Standards for Invasive Procedures published. Actions to be taken by September 2016</li> </ul>	Sept 15  Sept 16	A Higton  W Jewsbury	Achieved
<b>Duty of Candour</b>	Potential risk that the Trust is not meeting its requirements under the law in relation to Duty of Candour	<ul style="list-style-type: none"> <li>Developed a Duty of Candour Policy, approved at August HEB</li> </ul>	<ul style="list-style-type: none"> <li>Further work to be done around implementation of Duty of Candour Policy</li> <li>Ensure documentation of Duty of Candour requirements can be evidenced</li> <li>Discussion by Clinicians at M&amp;M</li> <li>Duty of Candour legal requirements incorporated into mandatory annual Patient Safety training</li> <li>Further training for clinicians to be provided at Audit Half Day</li> <li>More detailed quarterly review and audit of moderate/severe/catastrophic harms to be presented to Quality Committee through quarterly Patient Safety Report and M&amp;M</li> </ul>	Dec 15	Medical Director / Director of Nursing	In progress

Report Title	<b>Wexham Park Hospital Quality Improvement Plan – October 2015</b>
Agenda Number	8.2
Report Type	To advise the Board of Directors on the progress against the Wexham Park Hospital Quality Improvement Plan updated as at the time of the CQC inspection
Prepared By	Debbie Barrow Governance Manager – Nursing & Quality
Executive Lead	Dr Tim Ho, Medical Director
Executive Summary	<p>Attached is the Wexham Park Hospital Quality Improvement Plan demonstrating the actions that are being taken, current work streams in progress and further work required as at October 2015.</p> <p>Progress against the Improvement Plan is also presented on a quarterly basis to an external Quality Oversight Committee which has representation from NHS England, Foundation Trust Monitor and the Care Quality Commission. The Trust is required to provide this Committee with assurance and clarity regarding the trajectories for achieving improvement and compliance. The Committee will be seeking further assurance reports/presentations regarding other key risk areas over the coming months.</p>
Background	Following acquisition of Heatherwood & Wexham Park Hospitals in October 2014, the Trust developed an overarching quality improvement action plan to focus on the key areas of concern/compliance actions identified following the CQC inspection of Wexham Park Hospital in February 2014.
Recommendation	The Board of Directors is asked to review the progress against the action plan, to agree the priority areas of concern and trajectories for achieving compliance
Appendices	Wexham Park Hospital Quality Improvement Plan – October 2015

# HEATHERWOOD & WEXHAM PARK HOSPITAL

CQC Quality Improvement Plan  
as at October 2015

## *Ragging Key:*

- Achieved/on target/progress made
- In progress but some challenges
- Significant difficulty, poor progress

Heatherwood & Wexham Park Hospital  
 CQC Quality Improvement Plan  
 As at October 2015

Progress against Action Plan will be monitored monthly by HWP Quality Committee chaired by Medical Director

STAFFING / SKILLS MIX / RECRUITMENT & RETENTION						
Regulation 21: Requirements relating to workers						
Key Risks	Risk Description	Current Status	Actions	Target Completion Date	Lead	Status
Bank & Agency Staff	Where bank & agency staff are employed, ensure the relevant background & competency checks are undertaken	<ul style="list-style-type: none"> <li>Recruitment and Selection policy to be revised to incorporate HWP processes including NHS Professionals</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment &amp; Selection process in process of being revised and unified.</li> <li>One recruitment site used in place of 2, recruitment teams brought under control of one manager</li> <li>Draft request to recruit forms (Req 1) &amp; process map has been drafted &amp; circulated for comment</li> </ul>	May 15	Recruitment Managers/ Head of Resourcing	Achieved
		<ul style="list-style-type: none"> <li>Agency Worker Placement Checklist to be introduced across whole Trust</li> </ul>	<ul style="list-style-type: none"> <li>Has been briefed to managers at HWP and has been adopted. Checklists being returned - New checklist launched, completing local audit &amp; new communications to 'embed' process</li> <li>NHSP confirmed checks are carried out on workers Audit results</li> <li><b>Audit results give good assurance</b></li> </ul>	Apr 15  Jul 15	Associate Directors of Ops/ Deputy Director of HR	In progress



		<ul style="list-style-type: none"> <li>Spot checks/Audits to be introduced as per the Recruitment and Selection Policy</li> </ul>	<ul style="list-style-type: none"> <li>Audit completed in September 2015 and green rating achieved (99.32%). Action plan to address issues in place.</li> <li>Audit results – new ‘direct’ audit of all agencies re: compliance against NHS employment check standards. Assurance received from framework agencies in September and audit outcome report produced. Audits of non-framework agencies; national locums, Coyles, Concept Care Solutions, Mayday have been completed.</li> </ul>	<p>End Apr 15</p> <p>Jul 15</p>	<p>Medical Staffing Manager</p>	<p>In progress</p>
<b>Regulation 22: Staffing</b>						
<b>Numbers &amp; Skills Mix of Nursing &amp; Medical Staff</b>	Ensure there is a robust system in place to assess the numbers & skill mix of medical & nursing staff for all wards. Ensure that establishments are increased to reflect this	<ul style="list-style-type: none"> <li>Nursing skills mix review of each ward &amp; department will be undertaken in line with the FPH model</li> </ul>	<ul style="list-style-type: none"> <li>Director of Nursing has undertaken a review of skills mix and nurse:patient ratios at HWP</li> </ul>	<p>May 15</p>	<p>Directors of Nursing &amp; Operation</p>	<p>Achieved</p>
		<ul style="list-style-type: none"> <li>Any high risk areas to be reviewed by the Directors of Nursing &amp; Operation as a matter of urgency based on acuity &amp; dependency, safety concerns or poor patient experience</li> </ul>	<ul style="list-style-type: none"> <li>Staffing &amp; Acuity/Dependency Report to February Board</li> </ul>	<p>Feb 15</p>	<p>Directors of Nursing &amp; Operation</p>	<p>Achieved</p>
		<ul style="list-style-type: none"> <li>Medical Director &amp; Chiefs of Service to review consultant &amp; junior doctor requirement in all specialities bearing in mind requirements for 24/7 working</li> </ul>	<ul style="list-style-type: none"> <li>Medical staffing has been reviewed in each speciality, future plans for 24/7 working underway in line with job planning</li> <li>Assurance document on 7-day working being updated to reflect process. Paper to HEB</li> <li>On-going monitoring</li> </ul>	<p>Mar 15</p> <p>Aug 15</p> <p>Dec 15</p>	<p>Medical Director / Chiefs of Service</p>	<p>In progress</p>
		<ul style="list-style-type: none"> <li>Any high risk issues relating to patient flow , safety or poor experience to be addressed as a matter of urgency</li> </ul>	<ul style="list-style-type: none"> <li>Director of Nursing highly visible in ward areas, any patient safety incident or poor experience are escalated directly – Number of new complaints and notifications to CQC reduced</li> </ul>	<p>On-going</p>	<p>Medical Director / Chiefs of Service</p>	<p>Escalation of issues improving</p>

<b>Recruitment &amp; Retention</b>	Address workforce recruitment & retention plans to reduce the dependency on locum & agency staff	<ul style="list-style-type: none"> <li>On-boarding of European Nurses to ensure that they inducted onto the Wards and Units</li> </ul>	<ul style="list-style-type: none"> <li>On-boarding of European Nurses to ensure that they are inducted onto the Wards and Units completed</li> </ul>	End Feb 15	Directors of Nursing & HR	Achieved
		<ul style="list-style-type: none"> <li>Develop a recruitment campaign to raise the profile of the Trust in the UK</li> </ul>	<ul style="list-style-type: none"> <li>UK recruitment strategy in place which includes; investment in online advertising and use of social media; monthly Career Fairs; use of Recruitment agencies and Head-hunters, attendance at national and regional job fairs, revised benefits package (including use of Golden Hellos and Recruit a Friend schemes).</li> <li>Attraction campaign developed with WDAD ( recruitment agency) includes careers web site to be launched in Oct 15</li> </ul>	End June 15  Dec 15	Deputy Director of HR / Deputy Head of Resourcing	In progress
		<ul style="list-style-type: none"> <li>Re-introduce regular Recruitment Open Days</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment Open Days will be held each month at Wexham Park</li> <li>First open day was held on 28 March, next in April focusing on Student Nurses</li> <li>To re-launch Open Days September 15 following employer branding work</li> </ul>	March 15  Sept 15	Deputy Head of Resourcing	Achieved

		<ul style="list-style-type: none"> <li>Reducing Nursing vacancies on the wards – Vacancy rates (year to date nurse vacancies reduced by 2% (21% to 19%) with a further 7% reduction by March 15 (19% to 12%))</li> </ul>	<ul style="list-style-type: none"> <li>No further reduction achieved as yet</li> <li>New ward level Vacancy / Recruitment reports launched in October – new ability to review vacancy levels and identify areas of high risk.</li> <li>New Recruit a friend scheme launched in October</li> <li>European Recruitment campaign in September. Skype interviews took place and 32 offers made. Further interviews have been arranged during October</li> <li>Bank Rates increased to encourage and maintain bank working</li> </ul>	<p>Ongoing</p> <p>Oct 15</p> <p>Oct 15</p> <p>Sept 15</p>	<p>Directors of Nursing &amp; HR</p>	<p>Major challenges</p>
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		<ul style="list-style-type: none"> <li>Produce action plans as a result of the Staff Survey</li> </ul>	<ul style="list-style-type: none"> <li>HWP Staff Survey released. Prepared &amp; delivered presentations to most directorate areas in Frimley Health with suggestions for action to be incorporated into local retention plans – completed July 15</li> <li>HWP Staff Survey (conducted Sept – Nov 14) showed some improvement and will provide a baseline</li> <li>Administered quarterly FFT for staff incorporating additional questions around values &amp; leadership, showing significant improvements in staff recommending Trust as a place to work (up 17% to 57% for HWP between Apr 14 &amp; Sept 15) and in staff recommending Trust as a place to have treatment (up 25% to 69% for HWP between Apr 14 &amp; Sept 15). Values received positively by HWP staff according to survey</li> <li>To be reviewed March 16</li> </ul>	<p>End May 15</p> <p>March 16</p>	<p>Deputy Director of HR</p>	<p>In progress</p>
		<ul style="list-style-type: none"> <li>Maintain Nurse Recruitment run rate of 20 to 30 new starters each month</li> </ul>	<ul style="list-style-type: none"> <li>Nursing recruitment run rate maintained in early months but likely to be a challenge as European starters have commenced and prior to full recruitment campaign starting</li> </ul>	<p>Jan 16</p>	<p>Directors of Nursing &amp; HR</p>	<p>Will be challenging over next few months</p>
		<ul style="list-style-type: none"> <li>Full impact of reducing agency workers on Wards / Units</li> </ul>	<ul style="list-style-type: none"> <li>Recent recruits are just becoming operational</li> <li>Still awaiting PINS for some</li> <li>Agency usage decreased by 30% Q1 15/16</li> </ul>	<p>Oct 2015</p>	<p>Directors of Nursing &amp; HR</p>	<p>In progress</p>

		<ul style="list-style-type: none"> <li>Recruitment &amp; Retention Group currently in place to raise turnover issues (trends) and rollout recruitment plans</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment &amp; Retention Group established, first meeting held January 15</li> <li>Monthly meetings to be held</li> <li>Managers also tasked to develop local plans</li> <li>Introduce 'Career Clinics' – a confidential support service to advise on career and professional development. The aim of these clinics is for staff to learn how they can gain access to learning and development opportunities as well discussing career progression</li> </ul>	<p>Jan 15</p> <p>Jan 16</p>	<p>Director of HR</p>	<p>Achieved</p>
		<ul style="list-style-type: none"> <li>Due to turnover there remain vacancies in Paediatrics. A dedicated campaign commenced in November 2014</li> </ul>	<ul style="list-style-type: none"> <li>A number of Paediatric nurses were recruited during visit to Philippines and these are currently proceeding through recruitment process. New checks have been introduced by HMG which will slow non-EEC nurse recruitment and so will not be able to 'on board' recruited nursing staff as quickly as we would wish.</li> <li>Specific European Recruitment campaign launched. 2 Paediatric nurses offered roles in October 15.</li> </ul>	<p>Oct 15</p>	<p>Director of HR</p>	<p>In progress</p>

		<ul style="list-style-type: none"> <li>Recruitment campaign to Philippines</li> </ul>	<ul style="list-style-type: none"> <li>129 offers made to experienced nurses in Philippines in February 15.</li> <li>It is anticipated, that allowing for drop-out, 100 will start. At least half will be employed at Wexham</li> <li>Due to delays in necessary pre-employment requirements, unlikely that candidates will be eligible to commence employment before Jan/Feb 16. This is a national issue</li> <li>Issues regarding work visas escalated directly to the Chief Nurse NHS England by Director of Nursing</li> </ul>	<p>Aug 15</p> <p>Jan 16</p>	Deputy Head of Resourcing	In progress
		<ul style="list-style-type: none"> <li>Band 6 recruitment campaign in UK for speciality areas (ITU &amp; Midwives)</li> </ul>	<ul style="list-style-type: none"> <li>See above points</li> </ul>	<p>Aug 15</p>	Directors of Nursing & HR	In progress

**Regulation 10: Assessing & Monitoring the Quality of Service Provision**

Education & Training	To ensure that clinical staff have the knowledge & skills to deliver safe and effective care	<ul style="list-style-type: none"> <li>To introduce a cross site preceptorship programme for all newly qualified band 5.</li> </ul>	<ul style="list-style-type: none"> <li>New 12 month programme written, awaiting confirmation of induction programme to add the first 2 days. A 2 year bespoke preceptorship lead cross site has been agreed and will be recruited to shortly.</li> <li>In place, to commence 1/9/15</li> </ul>	<p>June 2015</p>	Deputy Director of Clinical Education and Practice development	Achieved
		<ul style="list-style-type: none"> <li>To introduce a cross site care certificate programme for all new bands 1-4 to the trust.</li> </ul>	<ul style="list-style-type: none"> <li>New 12 week programme written, awaiting confirmation of induction programme to add the first 2 days. A 2 year bespoke Bands 1-4 lead cross site has been agreed and will be recruited to shortly.</li> <li>In place, to commence 1/9/15</li> </ul>	<p>June 2015</p>	Deputy Director of Clinical Education and Practice development	Achieved

		<ul style="list-style-type: none"> <li>To deliver a cross site Band 8a matron leadership programme</li> </ul>	<ul style="list-style-type: none"> <li>Programme launch was the 1<sup>st</sup> April; the programme will be delivered over 6-9 months.</li> </ul>	Dec 2015	Deputy Director of Clinical Education and Practice development	On target
		<ul style="list-style-type: none"> <li>To deliver a cross –site frontline leadership programme in conjunction with NHS leadership academy for ward based band 7 senior sisters</li> </ul>	<ul style="list-style-type: none"> <li>Programme due to commence April 2015</li> </ul>	Sept 2015	Deputy Director of Clinical Education and Practice development	On target
		<ul style="list-style-type: none"> <li>To ensure a fair and transparent process with the use of the education budgets allocated annually form the local training and education boards (HETV &amp; HEKSS). To ensure that staff in all clinical areas have access to academic study to gain knowledge in their field of work.</li> </ul>	<ul style="list-style-type: none"> <li>Heads of nursing stakeholder meeting to agree annual spend.</li> </ul>	On-going	Deputy Director of Clinical Education and Practice development	On target
		<ul style="list-style-type: none"> <li>To provide student nurse support on the Wexham site, to ensure consistency for Frimley health and to include in house simulation training, ward support and trainee voice.</li> </ul>	<ul style="list-style-type: none"> <li>Appointed new learning environment lead - in post</li> <li>Appointed 3 clinical educators – due to start May 2015</li> <li>Local faculty groups due to commence June 2015</li> </ul>	Sept 2015	Deputy Director of Clinical Education and Practice development	On target
		<ul style="list-style-type: none"> <li>To introduce in house clinical training for foundation knowledge in 3 key areas- orthopaedics, cardiology and respiratory. The course has been signed of by university of west London and staff will be required to undertake an academic essay but will gain 20 credits at level 6.</li> </ul>	<ul style="list-style-type: none"> <li>Cardiology &amp; orthopaedic course due to commence June 2015</li> <li>Respiratory course due to commence September 2015</li> <li>In-house Cancer Care module commences in Sept 2015 at Level 6 &amp; 7 – 30 credits (15 places funded), working in collaboration with Bucks New University</li> <li>Further modules organised and funded for Feb &amp; Sept 16</li> </ul>	Dec 2015 & On-going	Deputy Director of Clinical Education and Practice development	On target

<b>Mandatory Training Records</b>	Potential for inaccurate mandatory training data resulting in inability to provide evidence of compliance	<ul style="list-style-type: none"> <li>To identify mandatory training data available from Frimley &amp; Wexham and amalgamate into one new system (WIRED)</li> </ul>	<ul style="list-style-type: none"> <li>All available data identified and in process of being entered onto the WIRED Training Record System – <b>use of WIRED system currently suspended due to major re-structure of ESR</b></li> <li><b>Interim local monitoring of compliance in place where possible</b></li> <li><b>Training needs analyses for all statutory mandatory subjects now agreed for Frimley Health</b></li> <li><b>Delivery mechanisms now in place for most subjects</b></li> <li><b>All statutory mandatory training records entered on OLM – reports issues to all Tier 2 leaders and to Tier 3 leaders as identified</b></li> </ul>	Sept 15	Director of HR & Corporate Services	In progress
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<b>PATIENT SAFETY</b>						
<b>Regulation 10: Assessing &amp; Monitoring the Quality of Service Provision</b>						
<b>Key Risks</b>	<b>Risk Description</b>	<b>Actions</b>	<b>Progress</b>	<b>Target Completion Date</b>	<b>Lead</b>	<b>Status</b>
<b>Governance</b>	Ensure that governance structures are reviewed and standardised Trustwide	<ul style="list-style-type: none"> <li>To manage process of dissolving current divisional structures and establishing new directorates. Centralising &amp; standardising the management of Complaints, Patient Safety &amp; Quality</li> <li>To implement new governance &amp; committee structure across all 3 sites specifically establishing overarching Board level Quality Assurance Committee, a Trustwide Clinical Governance Committee and a new Quality Committee on Heatherwood &amp; Wexham Park site</li> </ul>	<ul style="list-style-type: none"> <li>New directorates established,</li> <li>Tier 1 &amp; Tier 2 recruited and in post</li> <li>Consultation regarding centralisation of complaints &amp; patient safety team underway</li> <li>New governance &amp; committee structure in place</li> <li>HWP Quality Committee and M&amp;M established</li> </ul>	End Oct 14	Execs	Achieved
				End Oct 14	Medical Director / Director of Nursing	Achieved



		<ul style="list-style-type: none"> <li>To define &amp; reinforce standards of professional leadership &amp; behaviour expected, performance managing consultants who do not exhibit professional standards of behaviour or fulfil expectations of new job plans in order to increase consultant presence at ward level</li> </ul>	<ul style="list-style-type: none"> <li>Values launched November 14</li> <li>Briefings on recruitment &amp; appraisal delivered to 250 managers</li> <li>EMPOWER leaflet launched</li> <li>Chiefs of Service currently reviewing job plans with consultants to increase consultant presence at Ward level</li> <li>Session on values delivered to doctors in Feb 15</li> </ul>	Dec 14	Medical Director / Chief of Service / Director of HR	Achieved
		<ul style="list-style-type: none"> <li>To consider &amp; implement recommendations of KPMG review &amp; findings of PWC Mortality &amp; Morbidity/Data Quality Review</li> </ul>	<ul style="list-style-type: none"> <li>KPMG findings reviewed &amp; recommendations being implemented in line with new governance arrangements</li> </ul>	Jun 15	Medical Director/ Medical Integration Director	Achieved
		<ul style="list-style-type: none"> <li>To appoint new management &amp; clinical leadership teams at Tier 2 &amp; 3 level i.e. Deputy Directors of Nursing/Deputy Medical Directors/Associate Directors/Heads of Nursing</li> </ul>	<ul style="list-style-type: none"> <li>New management and clinical leadership teams at Tier 2 appointed and in place</li> <li>Tier 3 under consultation</li> <li>Completed/ Heads of Quality &amp; Patient Safety</li> </ul>	Nov 14	Execs	Achieved
		<ul style="list-style-type: none"> <li>To establish directorate level governance arrangements to include as a minimum departmental meeting, clinical governance &amp; M&amp;M review</li> </ul>	<ul style="list-style-type: none"> <li>Chiefs of Service establishing directorate level clinical governance and M&amp;M where not already in place, these are being embedded</li> <li>Clinical governance &amp; Audit arrangements across Frimley Health currently being reviewed by Internal Audit</li> <li>To be reviewed in December 15</li> </ul>	On going  Aug 15	Chiefs of Service  Medical Director/ Director of Nursing	In progress
<b>Patient Safety</b>	Improve staff engagement across clinical & managerial disciplines to promote a learning & safety culture where patient experience	<ul style="list-style-type: none"> <li>Chief Executive &amp; Exec team to be highly visible &amp; engage with front-line staff listening to feedback regarding quality of care, pro-actively acting upon concerns raised. CEO, Medical Director &amp; Directors of Nursing &amp; HR planning to spend 3 days a week on HWP sites</li> </ul>	<ul style="list-style-type: none"> <li>Exec team high profile and visible on WPH site</li> <li>CEO, Director of Ops, Directors of Nursing &amp; HR &amp; Medical Director</li> </ul>	Nov 14	Exec Team	Achieved

is paramount	<ul style="list-style-type: none"> <li>Chiefs of Service &amp; Heads of Nursing to be visible and engage with front-line staff at directorate level and act upon feedback</li> </ul>	<ul style="list-style-type: none"> <li>Chiefs of Service appointed and in place engaging with front-line staff</li> <li>Heads of Nursing &amp; Matrons now appointed</li> </ul>	Nov 14	Medical Director / Director of Nursing	Achieved
	<ul style="list-style-type: none"> <li>To undertake a Patient Safety Culture Survey at HWP to establish a baseline (November 2014) and repeat February 2015</li> </ul>	<ul style="list-style-type: none"> <li>Has been undertaken as part of HR Staff Survey including aspects of safety culture</li> </ul>	Nov 14	Deputy Director of HR	Achieved
	<ul style="list-style-type: none"> <li>To publicise actions taken to improve quality &amp; safety, proactively sharing outcomes with staff and patients to demonstrate a commitment to improve</li> </ul>	<ul style="list-style-type: none"> <li>Meetings with frontline staff undertaken</li> <li>Patient Safety Committee at WPH commenced and now meeting on a monthly basis with good representation</li> <li>Further work to be undertaken to ensure feedback to staff at all levels on outcomes of incident reviews including serious incidents &amp; consistency in approach, delivered through Patient Safety training, Academic Half Day, briefing sessions, newsletters</li> </ul>	Feb 15	Deputy Director of Nursing	Achieved
			Sept 15	Deputy Director of Nursing	In progress
	<ul style="list-style-type: none"> <li>High profile patient safety training to be delivered face-to-face by Patient Safety teams reinforcing the importance of reporting incidents with a focus on 'no-blame but not no responsibility' culture</li> </ul>	<ul style="list-style-type: none"> <li>Mandatory training programme across all 3 sites reviewed</li> <li>Mandatory Patient Safety training to commence on WPH site April 15</li> <li>Ad hoc patient safety training for key clinical teams underway</li> <li>Training needs analysis for Patient Safety agreed</li> </ul>	Dec 14 Apr 15	Deputy Director of Nursing	Achieved
<ul style="list-style-type: none"> <li>To celebrate successes in improving quality &amp; safety with clinical teams rewarding &amp; reinforcing outstanding practice energising staff to improve care</li> </ul>	<ul style="list-style-type: none"> <li>Nursing professional engagement event planned for 21/1/15 to set expectations and ambitions for care (Peter Carter RCN presenting)</li> </ul>	Jan 15	Director of Nursing	Achieved	

		<ul style="list-style-type: none"> <li>HWP to participate in national Sign up to Safety Campaign &amp; agree local programme for improvement</li> </ul>	<ul style="list-style-type: none"> <li>HWP to be integrated into FPH Sign up to Safety plan underpinning safety pledges supported by new Trust Board</li> <li>£600k funding approved by NHSLA to support Sign up to Safety action plan. To fund 3 key safety priorities: <ul style="list-style-type: none"> <li>Clinical Handover improving safety</li> <li>Informed consent for treatment</li> <li>Reduce the incidence of perineal damage</li> </ul> </li> </ul>	<p>Jan 15</p> <p>Apr 15</p>	<p>Director of Nursing</p> <p>Deputy Director of Nursing FPH</p>	<p>On target</p>
			<ul style="list-style-type: none"> <li>Initial Project Management Meeting to launch work streams</li> <li>New recruitment of Clinical leads to go out to advert (Funding delayed, received May 15, target date changed) Lead Nurse Specialist for Clinical Handover appointed, <b>now in post October 15</b></li> <li>Launch 'Sign up to Safety' engagement events with staff, patients &amp; public to gain feedback regarding 'What makes them feel safe or unsafe?' Active listening to identify priorities</li> <li>Commission 'Human Factors' patient safety training for key clinical leadership teams and front line staff</li> </ul>	<p>April 15</p> <p>July 15</p> <p>Dec 15</p> <p>Jan 16</p>	<p>Deputy Director of Nursing FPH</p>	<p>In progress</p>
		<ul style="list-style-type: none"> <li>To establish Patient Safety team at HWP</li> </ul>	<ul style="list-style-type: none"> <li>HWP Head of Patient Safety post out to national advert, interviews to be held May 2015, in post July 2015 – post offered subject to references – <b>offer withdrawn, interim Head of Patient Safety in post</b></li> </ul>	<p>July 15</p>	<p>Deputy Director of Nursing FPH</p>	<p>In progress</p>

			<ul style="list-style-type: none"> <li>FPH Clinical Nurse Specialists for Patient Safety seconded 4 days a week to work with interim Head of Patient Safety &amp; Deputy Director of Nursing at HWP</li> </ul>	Apr 15	Deputy Director of Nursing FPH	Achieved
			<ul style="list-style-type: none"> <li>Relaunched Patient Safety Committee, now meeting monthly with good attendance</li> <li>Work stream priorities identified as deteriorating patient, pressure damage, medications safety, falls with significant harm, cancer pathways, MDT, radiology referral</li> </ul>		Deputy Director of Nursing FPH	Achieved

<b>Patient Safety</b>	Ensure that the investigation of incidents is carried out in a fair, openly transparent & consistent manner, regardless of seniority of staff involved. Multi-disciplinary involvement needs to be seen as essential. The outcomes & areas for improvement need to be developed & disseminated Trustwide	<ul style="list-style-type: none"> <li>To implement FPH SIRI review process across all 3 sites ensuring Consultants &amp; Heads of Nursing are involved in the review panels as part of a multi-disciplinary approach. The full SIRI reports will be reviewed by the Board</li> </ul>	<ul style="list-style-type: none"> <li>FPH SIRI process implemented</li> <li>Reviewed HWP SIRIs since 1/4/14 and re-opened 8 for panel review, <b>all completed</b></li> <li>Full SIRI reports presented to Board</li> </ul>	Dec 14	Deputy Director of Nursing	Achieved On-going
		<ul style="list-style-type: none"> <li>Findings from the SIRI Review Panels will be shared in an open &amp; transparent manner with direct feedback to individual clinicians &amp; staff involved</li> </ul>	<ul style="list-style-type: none"> <li>Actions regarding findings of SIRI reviews to be shared directly with individuals where appropriate by panel chair as well as local governance meetings and Patient Safety/M&amp;M Committees</li> <li>Further work to be undertaken to ensure feedback to staff at all levels on outcomes of incident reviews including serious incidents &amp; consistency in approach</li> </ul>	Jan 15  Sept 15	Deputy Director of Nursing  Deputy Director of Nursing	Achieved  In progress
		<ul style="list-style-type: none"> <li>Findings from the SIRI Review Panels will inform the Quality Improvement Plan for HWP, learning will be disseminated through the new governance structure of Quality Committee, Morbidity &amp; Mortality Meetings as well as local directorate meetings</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	Jan 15	Deputy Director of Nursing	Achieved

		<ul style="list-style-type: none"> <li>To identify consultant Patient Safety Champions at Heatherwood &amp; Wexham Park to mirror the FPH model &amp; through clinical leadership, drive clinical improvement</li> </ul>	<ul style="list-style-type: none"> <li>Both Deputy Medical Directors engaged &amp; involved in SIRI panels</li> <li>Consultant Patient Safety champions have been identified at HWP</li> </ul>	Feb 15	Deputy Director of Nursing	Achieved
<b>Patient Safety</b>	Ensure that the Trust meets its requirements under the law in relation to Duty of Candour	<ul style="list-style-type: none"> <li>Ensure documentation of Duty of Candour requirements can be evidenced</li> </ul>	<ul style="list-style-type: none"> <li>Developed a Duty of Candour Policy, approved at August HEB</li> <li>Discussion by Clinicians at M&amp;M</li> <li>Duty of Candour legal requirements incorporated into mandatory annual Patient Safety training</li> <li>Further training for clinicians to be provided at Academic Half Day</li> <li>More detailed quarterly review and audit of moderate/severe/catastrophic harms to be presented to Quality Committee through quarterly Patient Safety Report and M&amp;M</li> </ul>	Dec 15	Medical Director / Director of Nursing	In progress
<b>Patient Safety</b>	Encourage & support an incident reporting culture, so that it is seen as a mechanism to learn rather than attribute blame. This needs to be present throughout all directorates & at all levels of staff	<ul style="list-style-type: none"> <li>Leadership teams at all levels to reinforce importance of incident reporting as a source of learning &amp; opportunity to improve care with a strong emphasis on systems and process failures rather than apportioning blame</li> </ul>	<ul style="list-style-type: none"> <li>FPH Deputy Director of Nursing &amp; FPH Head of Patient Safety meeting with front line staff to reinforce importance of incident reporting</li> <li>Leadership programmes have been commissioned for ward sisters, matrons &amp; Heads of Nursing</li> </ul>	Jan 15	Chiefs of Service / Heads of Nursing	Achieved
		<ul style="list-style-type: none"> <li>To ensure actions taken to improve quality &amp; safety are high profile and visible, proactively sharing outcomes with staff and patients to demonstrate a commitment to improve</li> </ul>	<ul style="list-style-type: none"> <li>To be embedded as part of governance arrangements and as above</li> </ul>	Jan 15	Deputy Director of Nursing	Achieved

		<ul style="list-style-type: none"> <li>To centralise &amp; standardise support to the directorates regarding Patient Safety, Complaints Management &amp; Quality Improvement</li> </ul>	<ul style="list-style-type: none"> <li>Backlog of complaints being managed separately, <b>now resolved</b></li> <li>New complaints being managed more proactively</li> <li>CEO reinforced consultant accountability for responding to complaints in a timely way</li> <li>Complaints Management Improvement Plan developed by Head of Patient Experience HWP in conjunction with Director of Nursing</li> <li>Consultation completed to centralise Complaints process – full centralisation to be implemented from 1/6/15</li> <li>New staff coming into post – all posts appointed to</li> <li>1<sup>st</sup> meeting of new Patient Experience Forum chaired by Deputy Director of Nursing (HWP)</li> </ul>	<p>Jun 15</p> <p>Jan 15 (achieved )</p> <p>June 15 (achieved )</p> <p>May 15 (achieved )</p>	<p>Director of Nursing</p>	<p><b>Achieved</b></p>
		<ul style="list-style-type: none"> <li>To ensure staff are appropriately supported in the event of high risk incidents, SIRIs &amp; Coroner's Inquests using the expertise of the centralised Patient Safety &amp; Quality team across the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Patient Safety teams currently sharing processes for supporting staff and preparing for Coroner's Inquests</li> <li>FPH Patient Safety team working closely across site to align approach and support</li> <li>Tier 3 consultation underway</li> <li><b>Legal Services Manager, Complex Complaints Manager and Head of Patient Safety meet regularly to share information and support staff</b></li> </ul>	<p>March 15</p>	<p>Deputy Director of Nursing</p>	<p>On target</p>

		<ul style="list-style-type: none"> <li>Other mechanisms for sharing learning will be via the Medical Director 6-weekly briefing for junior doctors, Grand Rounds, Director of Nursing monthly Nursing Brief, Patient Safety Newsletter, Safer Medications Bulletins, Infection Control Bulletin</li> </ul>	<ul style="list-style-type: none"> <li>All safety bulletins for patient safety, medication and infection control currently being circulated across all 3 sites</li> <li>Medical staff &amp; junior doctor training being incorporated in Academic Half Day Patient Safety session</li> </ul>	Jan 15	Medical Director / Director of Nursing	In progress
		<ul style="list-style-type: none"> <li>Review, agree &amp; reinforce categories of incident that must be reported. Each speciality will also be required to identify its own local clinical triggers for reporting</li> </ul>	<ul style="list-style-type: none"> <li>Initial meeting to discuss merger of two risk management systems</li> <li>Agreed and standardised SIRI reporting definitions</li> <li>Reporting categories aligned to FPH from 1/4/15</li> <li>Clinical triggers to be reviewed</li> </ul>	April 15	Deputy Director of Nursing	Achieved
		<ul style="list-style-type: none"> <li>Analyse current reporting by staff groups/departments across all sites &amp; target any under reporting through training &amp; awareness to be delivered by Head of Patient Safety &amp; Governance Manager</li> </ul>	<ul style="list-style-type: none"> <li>As part of Q3 Patient Safety Report, initial review of current reporting by staff groups to be undertaken &amp; actions agreed – Analysis of staff groups reporting included in Frimley Health Annual Patient Safety Report</li> <li>Annual Patient Safety programme updated to encourage incident reporting</li> </ul>	May 15	Deputy Director of Nursing	Achieved
<b>Morbidity &amp; Mortality</b>	Ensure there is a consistent & standardised approach to multidisciplinary meetings & morbidity & mortality meetings Trustwide	<ul style="list-style-type: none"> <li>To implement FPH M&amp;M review process at speciality &amp; corporate level across HWP sites including provision of M&amp;M data. Preliminary meeting with HWP Deputy Medical Director and first HWP Trustwide M&amp;M scheduled for November</li> </ul>	<ul style="list-style-type: none"> <li>FPH M&amp;M review process established at corporate level on HWP site, first meeting held November 14 with good representation from across WPH</li> <li>Attendance good, learning identified with monthly update &amp; report to Quality Committee</li> </ul>	Nov 14	Medical Director / Deputy Medical Directors	Achieved

		<ul style="list-style-type: none"> <li>Chiefs of Service to establish M&amp;M review at specialist and directorate level in line with framework highlighting issues of concern &amp; actions to resolve where needed, escalating across Speciality patient safety risks to the HWP M&amp;M group</li> </ul>	<ul style="list-style-type: none"> <li>Where necessary, M&amp;M being embedded at speciality level – M&amp;M has been implemented across all specialities</li> </ul>	Jun 15	Chiefs of Service	Achieved
		<ul style="list-style-type: none"> <li>Key risks to patient safety &amp; quality identified will inform &amp; update the HWP Quality Improvement Plan</li> </ul>	<ul style="list-style-type: none"> <li>Key risks to patient safety &amp; quality identified and HWP Quality Improvement Plan developed, reviewed at HWP Quality Committee and presented to Board</li> </ul>	Nov 14	Medical Director	Achieved
		<ul style="list-style-type: none"> <li>To create a culture whereby healthy professional challenge of clinical practice amongst consultants &amp; across speciality is recognised as an opportunity for improvement rather than criticism</li> <li>To encourage improved communication between clinical teams to ensure seamless patient pathway</li> </ul>	<ul style="list-style-type: none"> <li>SIRI review panel process has been implemented with consultant representation and engagement</li> <li>Leadership and role modelling from Chiefs of Service, Medical &amp; Deputy Medical Directors</li> </ul>	Jan 15	Medical Director / Deputy Medical Directors	Achieved
<b>Policies &amp; Procedural Guidelines</b>	Ensure policies & procedural guidance are updates so that staff have access to up-to-date evidence based guidelines	<ul style="list-style-type: none"> <li>To review the site specific Policies for the Management of Policies and Guidelines &amp; agree combined policy for new organisation</li> </ul>	<ul style="list-style-type: none"> <li>Interim arrangements in place</li> <li>Long term solution for management of policy development across new organisation currently being developed</li> <li>Proposals approved at HEB</li> </ul>	Dec 14	Director of HR Deputy Medical Director HWP	Achieved
		<ul style="list-style-type: none"> <li>Prioritise workload &amp; timetable for updating &amp; agreeing policies across all 3 sites</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> <li>Under development</li> <li>Agree timetable – policies prioritised and project plan in place</li> </ul>	March 15 July 15		
		<ul style="list-style-type: none"> <li>Identify all those policies &amp; guidelines that are currently out-of-date &amp; give consideration to whether or not they are currently still applicable and extend review dates in line with prioritisation</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> <li>Review has been undertaken</li> <li>To be reviewed Jan 16</li> </ul>	March 15	Director of HR	In progress



		<ul style="list-style-type: none"> <li>Integration funding for a post to manage this workstream to be identified</li> </ul>	<ul style="list-style-type: none"> <li>Currently under review</li> <li>Business case has been submitted</li> <li>Interim funding approved</li> </ul>	March 15	Deputy Director of HR Head of IG	Achieved
		<ul style="list-style-type: none"> <li>All clinical guidelines to be reviewed and prioritised</li> <li>Ensure all relevant clinical guidelines are available on the WPH Intranet</li> </ul>	<ul style="list-style-type: none"> <li>All Chiefs of Service tasked with identifying &amp; reviewing local guidelines to ensure they reflect evidence based/up-to-date national best practice</li> <li>Process for the on-going review &amp; governance of Clinical Guidelines to be updated &amp; implemented</li> <li>Excellent progress made, updated clinical guidelines available on Trust intranet</li> </ul>	Aug 15  Sept 15	Deputy Medical Director HWP	Excellent progress made
<b>Regulation 9: Care &amp; Welfare of People who use Services</b>						
<b>Risk Assessment</b>	Ensure patients are appropriately risk assessed, particularly for falls & pressure ulcers including those patients who are in the A&E department for a prolonged period	<ul style="list-style-type: none"> <li>Implement the full risk assessment of patients who are admitted to A&amp;E for a prolonged period &amp; act upon risk assessment findings to ensure patient safety</li> </ul>	<ul style="list-style-type: none"> <li>Risk assessment of patients admitted to A&amp;E being carried out &amp; acted upon to ensure patient safety</li> <li>Audit of compliance undertaken</li> </ul>	Apr 15	Director of Nursing	Further audit to be undertaken to provide assurance
		<ul style="list-style-type: none"> <li>To review FPH model &amp; share practice</li> </ul>	<ul style="list-style-type: none"> <li>FPH &amp; HWP A&amp;E clinical teams interdepartmental meetings &amp; discussions sharing &amp; benchmarking practice</li> </ul>		Director of Nursing	Achieved
<b>Dementia / Learning Disability</b>	Ensure all staff are able to respond to the needs of vulnerable groups such as people with dementia or a learning disability	<ul style="list-style-type: none"> <li>To bring Dementia leads, consultants &amp; nurses together across all sites</li> </ul>	<ul style="list-style-type: none"> <li>Dementia &amp; Safeguarding leads are working as a team and have reviewed best practice across sites</li> <li>Awaiting outcome of Tier 3 consultation</li> </ul>	Mar 15	Director of Nursing	On target
		<ul style="list-style-type: none"> <li>To review current status at HWP against FPH Dementia action plan</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	Mar 15	Director of Nursing	In progress
		<ul style="list-style-type: none"> <li>Compare &amp; integrate Training Needs Analysis for both sites to determine adequate resources to deliver training plan</li> </ul>	<ul style="list-style-type: none"> <li>Training Needs Analysis being developed to meet the needs of all 3 sites together with a training plan</li> </ul>	Mar 15	Director of Nursing	Achieved

		<ul style="list-style-type: none"> <li>To extend FPH Dementia Strategy across the new organisation</li> </ul>	<ul style="list-style-type: none"> <li>Dementia &amp; Safeguarding leads are working as a team and have reviewed best practice across sites</li> <li>To engage with local stakeholders</li> </ul>	On going	Director of Nursing	Underway
		<ul style="list-style-type: none"> <li>To review capacity &amp; workload for dementia care &amp; right-sizing the number of specialist dementia beds &amp; environment</li> </ul>	<ul style="list-style-type: none"> <li>Review and integration of the Safeguarding team has been commenced</li> </ul>	Mar 15	Director of Nursing	On target
		<ul style="list-style-type: none"> <li>Learning Disabilities in-box for any referrals &amp; concerns</li> </ul>	<ul style="list-style-type: none"> <li>Best practice related to patient's with learning disabilities to be identified and implemented across all sites</li> <li>Implementation</li> <li>Resource folders in place and available</li> <li>Peer review to be undertaken of progress</li> </ul>	Mar 15 Jun 15 Jan 16	Director of Nursing	In progress But further work needed
<b>Patient moves out-of-hours</b>	Ensure patients are not moved inappropriately (especially out of hours) for non-medical reasons	<ul style="list-style-type: none"> <li>To agree &amp; implement a guidelines outlining criteria for patient moves i.e. clarifying patients who should never be moved for non-clinical reasons</li> </ul>	<ul style="list-style-type: none"> <li>Review &amp; align guidelines for patient moves</li> <li>Monitored at Bed Meeting</li> <li>Further analysis to be undertaken</li> </ul>	Ongoing	Director of Operations & Director of Nursing	Under review
		<ul style="list-style-type: none"> <li>To monitor compliance against criteria &amp; identify lessons learned to inform future practice</li> </ul>	<ul style="list-style-type: none"> <li>Audit compliance with bed moves policy and review incident reporting</li> <li>Further analysis to be undertaken</li> </ul>	Ongoing	Director of Operations & Director of Nursing	Under review
		<ul style="list-style-type: none"> <li>All non-clinical patient moves after 10 p.m. are reported by CSM in site report</li> </ul>	<ul style="list-style-type: none"> <li>In place</li> </ul>		Director of Operations & Director of Nursing	Achieved
		<ul style="list-style-type: none"> <li>To identify any harm related incidents or poor patient experience out of hours relating to non-clinical bed moves</li> </ul>	<ul style="list-style-type: none"> <li>Monitor incident reporting and complaints, identify any concerns and highlight at Quality Committee</li> </ul>	Ongoing	Director of Operations & Director of Nursing	Underway

<b>Safeguarding Adults &amp; Children</b>	Ensure the relevant departments have access to staff trained to meet the needs of vulnerable patients such as those with a learning disability or children	<ul style="list-style-type: none"> <li>To raise the profile of safeguarding patients &amp; managing vulnerable patients with learning disabilities with compassion &amp; caring</li> </ul>	<ul style="list-style-type: none"> <li>Safeguarding team and leads area working together</li> <li>Safeguarding Committee to be established at HWP in line with FPH model</li> <li>Safeguarding Committee meeting held chaired by Deputy Director of Nursing HWP</li> </ul>	Feb 15	FPH Deputy Director of Nursing	Achieved
		<ul style="list-style-type: none"> <li>To review the current HWP training needs analysis in relation to Safeguarding Adults &amp; Children and level of compliance against training attendance prioritising consultant, medical &amp; nursing staff</li> </ul>	<ul style="list-style-type: none"> <li>TNA for Safeguarding across whole of organisation developed</li> </ul>	Jan 15	FPH Deputy Director of Nursing	Achieved
		<ul style="list-style-type: none"> <li>Identify if resources required to deliver the training plans are sufficient</li> </ul>	<ul style="list-style-type: none"> <li>To be reviewed in line with delivery requirements of TNA – gap identified, integration funding in place for Trainer 3 days a week</li> <li>Safeguarding training compliance attendance has significantly improved</li> </ul>	Ongoing	FPH Deputy Director of Nursing	On target
		<ul style="list-style-type: none"> <li>Ensure sharing of best practice across teams on all 3 sites</li> </ul>	<ul style="list-style-type: none"> <li>Integration as above</li> </ul>	Feb 15	FPH Deputy Director of Nursing	On target

		<ul style="list-style-type: none"> <li>To ensure that the relevant staff are aware of their roles &amp; responsibilities in relation to Safeguarding, DOLs &amp; the application of the Mental Capacity Act (MCA)</li> </ul>	<ul style="list-style-type: none"> <li>To raise awareness &amp; understanding of DOLs &amp; MCA through relevant training &amp; education forums including Corporate Induction for medical &amp; nursing staff</li> <li>Additional training resource in place</li> <li>Targeted training in A&amp;E provided as well as directorate &amp; speciality level</li> <li>Very good progress with attendance at Safeguarding training</li> <li>To be reviewed Jan 16</li> </ul>	<p>Sept 15</p> <p>Jan 16</p>	FPH Deputy Director of Nursing	Good progress has been achieved
<b>Regulation 16: Safety &amp; Suitability of Equipment</b>						
<b>Access to equipment</b>	Ensure that staff have timely access to specialist equipment to meet patients' needs & to reduce the risk of injury	<ul style="list-style-type: none"> <li>To review availability of equipment on all wards, prioritising &amp; identifying areas of high risk, ensuring procurement of essential equipment as a matter of urgency</li> </ul>	<ul style="list-style-type: none"> <li>Initial review of equipment required at Ward level has been undertaken and initial priorities have been addressed</li> </ul>	Dec 14	Deputy Director of Nursing	Achieved
		<ul style="list-style-type: none"> <li>To align Medical Device Policies across all 3 sites</li> </ul>	<ul style="list-style-type: none"> <li>Medical devices leads working closely together, policy to be aligned</li> <li>Work on-going</li> <li>Funding identified for Medical Devices Nurse to support further training</li> </ul>	Apr 15	Deputy Director of Nursing	On target
		<ul style="list-style-type: none"> <li>To review process of prioritisation of replacement medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>Medical device leads working together in conjunction with Procurement team</li> <li>To be reviewed Jan 16</li> </ul>	Apr 15	Director of Finance	In progress

## DETERIORATING PATIENT / HIGH DEPENDENCY PROVISION / CRITICAL CARE

### Regulation 10: Assessing & Monitoring the Quality of Service Provision

Key Risks	Risk Description	Actions	Progress	Target Completion Date	Lead	Status
<b>Deteriorating Patient</b>	To ensure that all clinical staff have the right skills, knowledge and tools to recognise and deliver timely treatment to the deteriorating patient	<ul style="list-style-type: none"> <li>To launch the new Deteriorating Patient work stream with stakeholders with relevant clinical expertise</li> <li>Agree Terms of Reference</li> <li>Appoint expert lead nurse to drive improvement work and awareness of clinical escalation of deteriorating</li> </ul>	<ul style="list-style-type: none"> <li>Key stakeholders identified</li> <li>Integration funding approved</li> <li>Advert out for 8B post for lead nurse to drive improvement</li> <li style="color: red;">Lead Nurse for Deteriorating Patient appointed and in post</li> <li style="color: red;">Deteriorating Patient Improvement Plan developed</li> </ul>	Apr15  July 15  Sept 15  <span style="color: red;">Oct 15</span>	Deputy Director of Nursing WPH	<b>On target</b>
		<ul style="list-style-type: none"> <li>To ensure appropriate availability of the Resuscitation Team</li> </ul>	<ul style="list-style-type: none"> <li>FPH Nurse Consultant for Emergency Care &amp; Lead Resus Nurse working cross site providing advice and support</li> </ul>	Mar 15	Nurse Consultant in Emergency Care	<b>Achieved</b>
		<ul style="list-style-type: none"> <li>Resus service to be available 8 a.m. to 8 p.m. from August 15 - <span style="color: red;">implemented</span></li> </ul>	<ul style="list-style-type: none"> <li>All newly qualified nursing staff to receive ALERT training as part of Preceptorship</li> <li>To commence September 15</li> </ul>	Aug 15	Lead Resus Nurse	<span style="color: red;"><b>Achieved</b></span>
		<ul style="list-style-type: none"> <li>To ensure that all relevant staff have received ALERT training</li> </ul>	<ul style="list-style-type: none"> <li>HWP reviewing FPH Outreach and MET and national early warning systems to identify best practice</li> <li>Director of Nursing &amp; Medical Director to agree early warning system to be used</li> </ul>	Jun 15	Deputy Director for Education & PD	<b>Achieved</b>
		<ul style="list-style-type: none"> <li>To review and compare early warning systems</li> </ul>	<ul style="list-style-type: none"> <li>HWP reviewing FPH Outreach and MET and national early warning systems to identify best practice</li> <li>Director of Nursing &amp; Medical Director to agree early warning system to be used</li> </ul>	Jun 15  Jan 16	Deputy Director of Nursing WPH	<b>On target</b>

		<ul style="list-style-type: none"> <li>To ensure learning from experience and review of incidents</li> </ul>	<ul style="list-style-type: none"> <li>Learning points from SIRIs identified regarding non-escalation to inform education programmes</li> </ul>	Apr 15	Deputy Director of Nursing WPH	Achieved
Potential patient safety risk due to failure to recognise and treat a patient with sepsis	<ul style="list-style-type: none"> <li>Agree, implement and reinforce the importance of Sepsis screening and administering antibiotics within the agreed timeframe</li> </ul>	<ul style="list-style-type: none"> <li>Review, consider and agree screening tool to be used across Frimley Health</li> <li>Re-launch event and further education events planned for September 15</li> <li>Sepsis Audit demonstrates some improvement</li> <li>Joint Sepsis &amp; AKI Group to be established</li> <li>Band 6 AKI &amp; Sepsis lead nurse funded</li> </ul>	<ul style="list-style-type: none"> <li>Review, consider and agree screening tool to be used across Frimley Health</li> <li>Re-launch event and further education events planned for September 15</li> <li>Sepsis Audit demonstrates some improvement</li> <li>Joint Sepsis &amp; AKI Group to be established</li> <li>Band 6 AKI &amp; Sepsis lead nurse funded</li> </ul>	Sept 15  Dec 15	Medical Director	In progress
Potential patient safety risk due to failure to document fully decisions relating to DNAR	<ul style="list-style-type: none"> <li>To ensure there is evidence that DNAR decisions have been appropriately discussed and are displayed in medical records (at the front)</li> </ul>	<ul style="list-style-type: none"> <li>To reinforce through education and awareness the importance of fully documenting DNAR decisions and demonstrate compliance through audit</li> <li>Audit results demonstrate improvement</li> <li>On-going work being undertaken</li> </ul>	<ul style="list-style-type: none"> <li>To reinforce through education and awareness the importance of fully documenting DNAR decisions and demonstrate compliance through audit</li> <li>Audit results demonstrate improvement</li> <li>On-going work being undertaken</li> </ul>	Sept 15  Dec 15	Medical Director	In progress

## CANCER / END OF LIFE CARE

### Regulation 10: Assessing & Monitoring the Quality of Service Provision – Cancer

Key Risk	Risk Description	Actions	Progress	Target Completion Date	Lead	Status
<b>Governance</b>	Ensure that Cancer governance structures are reviewed and standardised across the Trust	<ul style="list-style-type: none"> <li>To implement a new governance and committee structure for cancer services across Frimley Health by establishing an overarching Cancer Board that meets quarterly</li> </ul>	<ul style="list-style-type: none"> <li>Cancer Board</li> <li>First meeting scheduled for 15/06/2015</li> </ul>	June 2015	Execs	Achieved
		<ul style="list-style-type: none"> <li>To implement a governance committee that monitors compliance with National Cancer Peer Review, National Cancer Targets, National Cancer Audits, Complaints and Incidents for cancer services across the HWP</li> </ul>	<ul style="list-style-type: none"> <li>Established Cancer Unit Steering Group on HWP site</li> <li>Membership includes Cancer MDT Leads, ANPs and senior Management representatives</li> <li>4 meetings to date</li> <li>Minutes of meetings and actions completed available</li> </ul>	Jan 2015	Lead Clinician for Cancer	Achieved
		<ul style="list-style-type: none"> <li>To implement a governance committee that monitors compliance with National Cancer Peer Review for Chemotherapy Measures, Neutropenic Sepsis, Incidents and national audits</li> </ul>	<ul style="list-style-type: none"> <li>Established Clinical Chemotherapy Steering Group on HWP site</li> <li>3 meetings to date</li> <li>Minutes of meetings and actions completed available</li> </ul>	March 2015	Chemotherapy Lead	Achieved
		<ul style="list-style-type: none"> <li>To implement a forum for Cancer Clinical Nurse Specialists to monitor compliance with key cancer guidance</li> </ul>	<ul style="list-style-type: none"> <li>Re-established the Cancer Clinical Nurse Specialist Forum</li> <li>First meeting 17/03/2015</li> <li>Minutes of meeting and actions completed available</li> </ul>	March 2015	Head of Cancer & EOLC	Achieved
		<ul style="list-style-type: none"> <li>To implement a governance committee that monitors compliance with National Cancer Peer Review through an Internal Validation Panel approach across Frimley Park and HWP and participation in the External Peer Review process</li> </ul>	<ul style="list-style-type: none"> <li>Cancer Peer Review 2015 schedule dates have been set and agreed</li> <li>Evidence to be uploaded on CQUINS by 30/06/2015</li> <li>Haematology External Peer Review visit scheduled 12/05/2015 (cancelled by Manager, Quality Surveillance Team, to be rescheduled September 2015) – AGM on the 17/05/2015. Evidence to be uploaded on 20/04/2015</li> </ul>	On going	Lead Clinician for Cancer	In progress

			<ul style="list-style-type: none"> <li>Internal Validation Panel timetable agreed for cancer specific MDTs which include: AOS, Breast, CUP, Head &amp; Neck, Lung, Local Skin, Local UGI, and Local Urology</li> <li>MDTs monitored at CUSG with on-going preparation and compliance</li> </ul>			
<b>Patient Safety</b>	Improve staff engagement across clinical and managerial disciplines to promote a learning and safety culture where patient experience is paramount	<ul style="list-style-type: none"> <li>Cross site Interim Lead Chemotherapy Nurse appointed to review chemotherapy services and implement actions to improve services</li> </ul>	<ul style="list-style-type: none"> <li>Commenced in post on 01/04/2015</li> <li>Workplan in progress to review staffing, competences and training</li> </ul>	April 2015	Interim Lead Chemo Nurse	Achieved
		<ul style="list-style-type: none"> <li>Interim Lead Chemotherapy Nurse and Head of Cancer maintain a high profile and engage with front line staff and pro-actively acts on concerns raised</li> </ul>	<ul style="list-style-type: none"> <li>Head of Cancer &amp; EOLC spends 2-3 days a week on HWP sites</li> <li>Lead Chemotherapy Nurse spends 2 days a week on HWP sites</li> <li>Have established regular meetings with Matron of unit and ward Managers</li> </ul>	April 2015	Head of Cancer & EOLC	Achieved
		<ul style="list-style-type: none"> <li>Staff training on chemotherapy administration and safety to be delivered and monitored</li> </ul>	<ul style="list-style-type: none"> <li>Training needs analysis completed for staff on Eden Day Unit and Eden ward</li> <li>Chemotherapy training booked for new staff on both units at South Bucks University and Oxford Brooks</li> <li>Funding secured and dates agreed</li> <li>Training attendance recorded</li> <li>Macmillan Cancer Care Facilitators (3 wte band 8a) commenced in 2015 and working on Eden Day Unit and Eden ward to support and train staff in cancer and chemotherapy- working 5 days a week</li> </ul>	April 2015	Lead Chemo Nurse	Achieved



			<ul style="list-style-type: none"> <li>Further support given by the Trust Practice Development Team and IV Vascular Nurse</li> </ul>			
		<ul style="list-style-type: none"> <li>Training on the care of the cancer patient will be implemented across HWP over the next 3 years</li> </ul>	<ul style="list-style-type: none"> <li>3 wte Macmillan Cancer Care Facilitators have been appointed and commenced in 2015 to implement a cancer care training programme for generalist staff over the next 3 years</li> <li>June 2015 0 Cancer Care training to commence on Ward 9 &amp; include staff from AMU/MIDU &amp; ED. Training will be rolled out across HWP for all wards</li> <li>In-house Cancer Care module commences in Sept 2015 at Level 6 &amp; 7 – 30 credits (15 places funded), working in collaboration with Bucks New University</li> <li>14 staff trained in Chemo standards, continued focus on education &amp; training</li> <li>On-going focus on aligning the strategy and model of End of Life Care at both ward and Trust level</li> </ul>	<p>Sept 2015</p> <p>Dec 15</p>	<p>Head of Cancer &amp; EOLC</p>	<p>In progress</p>
		<ul style="list-style-type: none"> <li>Monitor cancer patient experience and devise action plans to improve care and quality of experience</li> <li>Devise and implement Frimley Health National Cancer Patient Experience Survey action plan</li> </ul>	<ul style="list-style-type: none"> <li>Implement monthly cancer patient experience survey that is aligned with the Frimley site monthly survey</li> <li>Key actions have been devised and Cancer MDTs have been involved</li> <li>NCPES 2014 results presented to Wexham site Patient</li> </ul>	<p>Sept 2015</p>		<p>In progress</p>

			Experience Forum in April 2015 and key actions discussed			
	Ensure that the investigation of incidents is carried out in a fair, openly transparent & consistent manner, regardless of seniority of staff involved. Multi-disciplinary involvement needs to be seen as essential. The outcomes & areas for improvement need to be developed & disseminated Trustwide	<ul style="list-style-type: none"> <li>Reinforce the importance of incident reporting as a source of learning and opportunity to improve care</li> </ul>	<ul style="list-style-type: none"> <li>Key themes from incidents to be reviewed at Cancer Unit Steering Group meeting</li> <li>Key themes from incidents related to chemotherapy to be reviewed at the Clinical Chemotherapy Cancer meeting</li> <li>Key actions to be developed to improve care</li> </ul>	Ongoing	Lead Clinician for Cancer	In progress
Clinical Audit	Ensure that audits are regularly undertaken to check clinical compliance (In particular national cancer audits)	<ul style="list-style-type: none"> <li>Harmonise the cancer clinical audit programme across all 3 sites</li> <li>Ensure the MDTs are submitting high quality data to NCASP for audits such as: LUCADA, NBOCAP, NOGCA, BAUS</li> <li>Audits should be submitted as part of Trust Annual Audit Plan</li> </ul>	<ul style="list-style-type: none"> <li>CUSG will monitor the cancer audits compliance</li> <li>National Cancer audits in progress and regularly monitored by MDTs with results available for Peer Review</li> <li>Cancer audits will be submitted to the Audit Department as part of Trust Annual Audit plan</li> </ul>	Ongoing	Lead Clinician for Cancer	In progress

Regulation 10: Assessing & Monitoring the Quality of Service Provision - EOLC						
Key Risks	Risk Description	Actions	Progress	Target Completion Date	Lead	Status

<b>Governance</b>	Ensure that EOLC governance structures are reviewed and standardised across the Trust	<ul style="list-style-type: none"> <li>EOLC Clinical Governance Report completed with key priorities for 2015 for Frimley Health which include HWP sites</li> </ul>	<ul style="list-style-type: none"> <li>Presented at Clinical Governance in 10/03/2015</li> </ul>	Mar 2015	EOLC Lead	Achieved
		<ul style="list-style-type: none"> <li>EOLC Steering Group to be re-established and aligned to Frimley site</li> </ul>	<ul style="list-style-type: none"> <li>First meeting scheduled for 07/05/2015</li> </ul>	May 2015	EOLC Lead	Achieved
		<ul style="list-style-type: none"> <li>National End of Life Care Audit 2015</li> <li>Participating in Pilot audit</li> </ul>	<ul style="list-style-type: none"> <li>Registration completed 04/2015</li> <li>Registered 10/04/2015 for pilot &amp; completed audit 15/5/15</li> </ul>	April 2015	EOLC Lead	Achieved
		<ul style="list-style-type: none"> <li>Head of Cancer &amp; EOLC appointed</li> </ul>	<ul style="list-style-type: none"> <li>Head of Cancer &amp; EOLC working at HWP 2-3 days a week</li> </ul>	Jan 2015		Achieved
<b>Patient Safety</b>	Ensure that the investigation of incidents is carried out in a fair, openly transparent & consistent manner, regardless of seniority of staff involved. Multi-disciplinary involvement needs to be seen as essential. The outcomes & areas for improvement need to be developed & disseminated Trustwide	<ul style="list-style-type: none"> <li>Reinforce the importance of incident reporting as a source of learning and opportunity to improve care</li> </ul>	<ul style="list-style-type: none"> <li>Key themes from incidents to be reviewed at EOLC Steering Group</li> <li>Key actions to be developed to improve care</li> </ul>	Ongoing	EOLC Lead	In progress

<b>Clinical Audit</b>	Ensure that audits are regularly undertaken to check clinical compliance (In particular national EOLC audits)	<ul style="list-style-type: none"> <li>• Harmonise the EOLC clinical audit programme across all 3 sites</li> <li>• Ensure the MDTs are submitting high quality data to EOLCA</li> <li>• Audits should be submitted as part of Trust Annual Audit Plan</li> </ul>	<ul style="list-style-type: none"> <li>• EOLC Steering Group will monitor the EOLC audits compliance</li> <li>• Registration has been completed for Frimley Health which includes HWP for the National End of Life Care Audit 2015</li> <li>• Frimley Health registered to take part in pilot site EOLCA 04/2015, completed 15/5/15</li> <li>• EOLC audits will be submitted to the Audit Department as part of Trust Annual Audit plan</li> <li>• Implementation of EOLC Strategy in progress</li> </ul>	Ongoing	EOLC Lead	In progress
<b>Regulation 16</b>	Safety & Suitability of Equipment Ensure that staff have timely access to specialist equipment to meet patients' needs & to reduce the risk of injury	<ul style="list-style-type: none"> <li>• To review the availability of syringe drivers for EOLC patients needs and ensure there are enough to support EOLC need</li> </ul>	<ul style="list-style-type: none"> <li>• 20 new McKinley syringe drivers have been order</li> </ul>	May 2015		Achieved

## WHO CHECKLIST

### Regulation 10: Assessing & Monitoring the Quality of Service Provision

Key Risks	Risk Description	Actions	Progress	Target Completion Date	Lead	Status
<b>Surgical Safety Checklist</b>	Ensure that the World Health Organisation Surgical Safety Checklist is mandatory practice & consistently completed. Comprehensive audits must be undertaken regularly	<ul style="list-style-type: none"> <li>As part of leadership roles, Chiefs of Service for Anaesthetics &amp; all surgical specialities to reinforce the importance of the WHO Checklist</li> </ul>	<ul style="list-style-type: none"> <li>Dialogue with consultant anaesthetists and surgeons and accountability for the WHO checklist</li> <li>Key messages to be reinforced at Educational Half Day January 15</li> </ul>	Jan 15	Medical Director	Achieved
		<ul style="list-style-type: none"> <li>The operating Consultant is responsible for ensuring the WHO Checklist is completed as they are accountable for the patient's safety during the operation</li> </ul>	<ul style="list-style-type: none"> <li>There is a new policy in line with FPH to be approved at the cross-site Theatre Management Group (TMG) including new Checklist</li> <li>Changes to be implemented from February 15</li> </ul>	Feb 15	Medical Director	Achieved
		<ul style="list-style-type: none"> <li>Letter from CEO to all HWP Consultants requiring written assurance that they will comply with the completion WHO Checklist in line with FPH practice. Those who do not provide assurance will not be permitted to operate</li> </ul>	<ul style="list-style-type: none"> <li>Any individual clinicians who are non-compliant with the WHO checklist will receive a letter from the CEO</li> <li>No letters required at present</li> </ul>	Mar 15	Medical Director	Achieved In Place
		<ul style="list-style-type: none"> <li>Compliance with WHO Checklist will be incorporated into medical staff induction &amp; local induction for all Theatre &amp; ODP staff</li> </ul>	<ul style="list-style-type: none"> <li>Band 7 leadership of the Theatre clinical teams to ensure this is incorporated into local induction</li> <li>Band 7 Leadership Programme for Theatre staff to include human factors and WHO checklist</li> </ul>	Apr 15	Medical Director	Achieved Ongoing

		<ul style="list-style-type: none"> <li>On-going audit of WHO Checklist compliance to be implemented across all 3 sites, by speciality &amp; by consultant. Results to be monitored &amp; acted upon through Theatre Management Group</li> </ul>	<ul style="list-style-type: none"> <li>Audit in place on all 3 sites, however, audit methodology needs to be aligned and results reported and monitored through TMG – Audit sample size to be increased</li> </ul>	Mar 15	Medical Director	Achieved
		<ul style="list-style-type: none"> <li>Non-compliance &amp; near-misses with the WHO Checklist to be incident reported &amp; reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Chiefs of Service and Band 7 team leaders reinforcing incident reporting</li> </ul>	Ongoing	Medical Director	Ongoing
		<ul style="list-style-type: none"> <li>Unannounced peer-review audit to be undertaken centrally and/or external review</li> </ul>	<ul style="list-style-type: none"> <li>To be scheduled as required</li> <li>Internal peer review in place</li> <li>Mock Inspection to undertake observational audit – no issues raised at Mock CQC inspection</li> <li>Further external Peer Review</li> <li>Internal audit to audit compliance with WHO Checklist, audit underway</li> </ul>	Sept 15 Jun 15 Jul 15 Sept 15	Medical Director Chief of Service Anaesthetic	In progress Achieved In progress
<b>Theatre IT System</b>	Potential for inaccurate and loss of Theatre data and activity resulting in inability to undertake review of data from a patient safety perspective	<ul style="list-style-type: none"> <li>Extensive review of IT system to understand and identify the associated risks</li> </ul>	<ul style="list-style-type: none"> <li>Informatics to undertake a review of Theatre system</li> <li>Mitigating actions have been identified and put in place to ensure accuracy of data</li> <li>To liaise with supplier to agree long term solution, Working Group established</li> </ul>	Jul 15 Jul 15 Sept 15	Chief of Service Anaesthetic	Achieved In progress

## RADIOLOGY

### Regulation 9: Care & Welfare of People who use services

Key Risks	Risk Description	Actions	Progress	Target Completion Date	Lead	Status
<b>Radiology Services</b>	Ensure the radiology service is able to meet the needs of people who use the service in a timely way	<ul style="list-style-type: none"> <li>Detailed improvement plan to be developed &amp; signed off</li> </ul>	<ul style="list-style-type: none"> <li>Detailed improvement plan including demand &amp; capacity analysis using Newton data being developed</li> <li>Newton tool now being used weekly to monitor capacity &amp; demand and provide overview of bookings and forecast</li> <li>Significant improvements are being made – with extended day, access to walk in service, daily in-patient monitoring, reduction in backlog and &gt;6 week breaches</li> <li>Some loss of capacity due to unpredicted events, i.e. major equipment failure, capacity loss</li> <li>Capacity replacement programme being energised with replacement CT at HWD targeted for summer 15 and additional CT at WPH by Dec 15 - Approved &amp; purchased</li> </ul>	<p>Ongoing</p> <p>Dec 15</p>	Chief of Service for Radiology	In progress
		<ul style="list-style-type: none"> <li>Clinicians job plans to be reviewed in order to provide extended hours of service 7 days per week</li> </ul>	<ul style="list-style-type: none"> <li>Working hours within Radiology extended to 8.30 p.m. Monday to Thursday</li> <li>Job planning underway, some changes already implanted with further planned</li> <li>Job plan to be signed off May 15, however extended hours have been in pilot stage since Jan 15</li> </ul>	<p>May 15</p>	Chief of Service for Radiology	Achieved

		<ul style="list-style-type: none"> <li>Recruitment to all rightsizing posts. Recruit to training posts where qualified staff are not available (sonography &amp; reporting radiographers)</li> </ul>	<ul style="list-style-type: none"> <li>Extensive recruitment campaign underway with some new appointments in post</li> </ul>	Dec 15	Chief of Service for Radiology	In progress
		<ul style="list-style-type: none"> <li>Implement radiographer rolling rota shift pattern to enable better CT response times 24/7 &amp; substantive staff service delivery 7 days per week</li> </ul>	<ul style="list-style-type: none"> <li>Consultation with staff regarding rolling rota shift pattern has been undertaken</li> <li>24/7 shift implemented and operational. Some vacancies exist and are being supported by agency</li> </ul>	Jul 15	Chief of Service for Radiology	Achieved
		<ul style="list-style-type: none"> <li>Development of Radiology Reporting Tool by Newton</li> </ul>	<ul style="list-style-type: none"> <li>Newton tool signed off and adopted as monitoring daily with summit meeting weekly</li> </ul>		Chief of Service for Radiology	Achieved



## CANCELLATIONS

### Regulation 10: Assessing & Monitoring the Quality of Service Provision

Key Risks	Risk Description	Actions	Progress	Target Completion Date	Lead	Status
<b>Access to treatment</b>	To review the booking and appointments system, waiting times & cancellation of clinics to prevent delays & to improve access to treatment	<ul style="list-style-type: none"> <li>Speciality level plans in place to further reduce waiting times down to 16 weeks</li> </ul>	<ul style="list-style-type: none"> <li>18 week review group in place monitoring waiting times</li> </ul>	Dec 14	Director of Operations	Achieved
		<ul style="list-style-type: none"> <li>Recommendations from ECIST review to inform Elective Improvement Programme with a focus on reporting, governance, information &amp; milestones</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>		Director of Operations	In progress
		<ul style="list-style-type: none"> <li>Phase 1 of development of booking centre completed; review of outpatient booking systems to be undertaken</li> </ul>	<ul style="list-style-type: none"> <li>Increased speciality ownership and review of outpatient booking processes in place</li> <li>Review of processes within the Booking Centre underway</li> </ul>	Dec 15	Director of Operations	Work underway – on target
		<ul style="list-style-type: none"> <li>To implement national standard of 6-weeks' notice for clinical cancellation</li> </ul>	<ul style="list-style-type: none"> <li>Chiefs of Service reinforcing the national standard regarding clinical cancellations</li> </ul>	Dec 14	Director of Operations	Achieved
<b>Patient Flow</b>	Ensure that patient flow is addressed as a priority (& escalation procedures adhered to) to sustain and reduce poor performance periods in the 4-hour A&E target, high number of surgical cancellations & delayed discharges from the critical care unit. This will require engagement with all departments within the Trust, improvement to discharge planning, access to radiology & ambulatory care pathways	<ul style="list-style-type: none"> <li>Improve 4 pathways in line with CQUIN 2015/16</li> </ul>	<ul style="list-style-type: none"> <li>Consultation underway to review ambulatory care pathways at HWP</li> </ul>	Oct15	Directors of Operations	In progress
		<ul style="list-style-type: none"> <li>Implementation of Urgent Care User Group, incorporating leads from all relevant specialities that support delivery patient flow</li> </ul>	<ul style="list-style-type: none"> <li>Urgent Care group at HWP membership identified, first meeting held</li> </ul>	Jan 15	Directors of Operations	Achieved
		<ul style="list-style-type: none"> <li>Planning of 2<sup>nd</sup> Spring 2 Green event within next 2 months</li> </ul>	<ul style="list-style-type: none"> <li>HWP Spring to Green December 14</li> <li>Further Spring to Green March 15</li> </ul>	March 15	Directors of Operations	Achieved
		<ul style="list-style-type: none"> <li>Winter Funding £1.2 m approved for HWP</li> </ul>	<ul style="list-style-type: none"> <li>Winter Plan in place, progress being monitored monthly by CCGs</li> </ul>		Directors of Operations	Achieved

		<ul style="list-style-type: none"> <li>Plan for new A&amp;E &amp; assessment areas, currently procuring a design team to be in place by January 15</li> </ul>	<ul style="list-style-type: none"> <li>Out to tender for Design team</li> <li>First meeting with clinical stakeholders scheduled for January 15</li> <li>Steering Group &amp; Operational Group in place</li> <li>Design team appointed</li> </ul>	Jan 15	Directors of Operations	On target
		<ul style="list-style-type: none"> <li>Remedial Action Plan to be refreshed &amp; refocused on recommendations from ECIST with focus on following:               <ul style="list-style-type: none"> <li>Ambulatory care expansion</li> <li>Frail Elderly pathways</li> <li>Emergency surgery pathways whilst understanding elective requirements</li> <li>Acute care within Medicine</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Key stakeholders to review recommendations and prioritise work plan</li> <li>Monthly Workshop for Frail Elderly Pathways throughout 2015</li> <li>Review through A&amp;E rebuilds surgical &amp; medical non-elective pathways</li> </ul>	Jan 15 Jun 15 Oct 15	Directors of Operations	In progress
		<ul style="list-style-type: none"> <li>Chief of Service for A&amp;E has developed an Improvement Plan with the staff which is being implemented</li> </ul>	<ul style="list-style-type: none"> <li>Chief of Service has identified leads for each of the CQC domains in improvement plan for A&amp;E</li> </ul>	Nov 14	Chief of Service A&E	In place
		<ul style="list-style-type: none"> <li>The Chief of Service should ensure there is clarity around A&amp;E 'decision to admit'</li> </ul>	<ul style="list-style-type: none"> <li>Process for recording of 'Decision to Admit' (DTA) indicator to be reviewed &amp; agreed</li> </ul>	Aug 15	Director of Operations / Chief of Service ED	Achieved
		<ul style="list-style-type: none"> <li>Medical Model implementation &amp; evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Refined Medical Model being implemented from 2 February 2014 – formal evaluation to be undertaken.</li> </ul>	Feb 15	Chief of Service Medicine	New model implemented 2/2/15, needs to be evaluated
<b>Admission Criteria / Escalation</b>	Ensure that there are clear admission criteria where escalation areas are opened	<ul style="list-style-type: none"> <li>Implement recommendations of ECIST report</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	Feb 15	Directors of Operations	Achieved

<b>Areas</b>	and that these are adhered to and audited	<ul style="list-style-type: none"> <li>Director of Operations HWP to approve opening of escalation areas &amp; safe staffing on a daily basis against minimum staffing standards</li> <li>Business case approval for new ward to replace escalation area</li> </ul>	<ul style="list-style-type: none"> <li>Escalation policies for both FPH &amp; WPH to be reviewed and aligned</li> <li>Audit of compliance against escalation policies to be undertaken</li> <li>Business case approval May 2015</li> </ul>	Apr 15 Jun 15	Directors of Operations	In progress
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<b>Regulation 15: Safety &amp; Suitability of Premises</b>						
<b>Environment</b>	Ensure the estate is fit for purpose & that leaks, repairs & maintenance is planned & dealt with in a timely manner	<ul style="list-style-type: none"> <li>5-year backlog plan being developed, £48m to be ratified at CDIC November 14, priorities being drains, roof &amp; building being watertight</li> </ul>	<ul style="list-style-type: none"> <li>Full condition survey commissioned, report received, findings and priorities to be presented to Capital Planning meeting February/March 2015</li> <li>HWP implementing a new maintenance scheduling system 'Planet'</li> </ul>	Feb/Mar 15	Director of HR & Estates	On target
		<ul style="list-style-type: none"> <li>Decommissioning part of the Heatherwood estate &amp; optimise use of 'fit for purpose' buildings</li> </ul>	<ul style="list-style-type: none"> <li>Decommissioning plan for Heatherwood, currently under review in light of opening old Ward 4 for Ortho and future use of the Mental Health buildings</li> </ul>	Feb/Mar 15	Director of HR & Estates	In progress
		<ul style="list-style-type: none"> <li>Design team for new development at Heatherwood being procured</li> </ul>	<ul style="list-style-type: none"> <li>Out to tender for Design team, to be in place by March 15</li> </ul>	Mar 15	Director of HR & Estates	On target
		<ul style="list-style-type: none"> <li>Plan investment of £10m to upgrade &amp; improve Maternity Unit</li> </ul>	<ul style="list-style-type: none"> <li>Out to tender for Maternity Unit, due to be in place by March 15</li> </ul>	Mar 15	Director of HR & Estates	On target
	Potential risk to patient safety with action required to address immediate estate	<ul style="list-style-type: none"> <li>Decontamination room OPD</li> <li>Plaster Room OPD</li> <li>Prosthetic Room OPD</li> </ul>	<ul style="list-style-type: none"> <li>Programme of work in place to address issues highlighted in each of the 3 areas</li> </ul>	Oct 15	Director of HR & Estates	On target

	priorities	<ul style="list-style-type: none"> <li>Multilingual signage for ED &amp; PALs (as a priority) - <b>Achieved</b></li> <li>Access Control including maintenance of fire doors</li> <li>CCTV cameras</li> <li>Roof repairs</li> </ul>	<ul style="list-style-type: none"> <li>Programme of work in place to address issues highlighted in each of the areas</li> </ul>	Oct 15	Director of HR & Estates	On target
<b>Regulation</b>						
<b>Infection Control</b>	Potential risk to patient safety as a result of inconsistencies and pockets of poor infection control practice	<ul style="list-style-type: none"> <li>Review of antibiotic formulary and prescribing compliance</li> </ul>	<ul style="list-style-type: none"> <li>Undertake full RCA of incidence of infection including CDiff and act upon the findings</li> <li>Clinical teams to present findings of RCAs at BOD</li> <li><b>New Antibiotic Policy implemented</b></li> <li><b>Antibiotic Stewardship is being strengthened</b></li> </ul>	July 15 Aug 15 Oct 15	Director of Infection Control / Chiefs of Service	Action taken, to be fully embedded
		<ul style="list-style-type: none"> <li>Reinforce best practice in hand hygiene and infection control</li> </ul>	<ul style="list-style-type: none"> <li>Review membership and strengthen attendance at the Hospital Infection Control Committee (HICC)</li> <li><b>Audit results published and monitored</b></li> </ul>	Jul 15 Oct 15	Director of Infection Control / Chiefs of Service	Action taken, to be fully embedded



# Quality and performance report




September 2015



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# Executive summary

The report covers the period from September 2014 to allow comparison with historic performance. However the key messages and targets relate to September 2015 for the financial year 2015/16.

## Domain

<b>Safe</b>	<ul style="list-style-type: none"> <li>• <b>C. difficile:</b> Frimley Health had one reported C. difficile with a lapse in care identified during September. This case occurred on the FPH site</li> <li>• <b>SIRI:</b> There were three serious incidents requiring investigation (SIRI) reported for Frimley Health (HWP site) during September. These included a “never event” related to site of surgery, a fall resulting in harm and the death of a patient relating to C. difficile (case reported in July)</li> </ul>
<b>Effective</b>	<ul style="list-style-type: none"> <li>• <b>T&amp;O:</b> The percentage of patients across the trust who received surgery within 36 hours for a fractured neck of femur in September was 81%. This was broken down as 73% at HWP and 91% at FPH. FPH has now achieved this target for the last two months</li> <li>• <b>Readmissions:</b> The overall emergency readmission rate decreased to 6.7% in September 2015 from 7.8% in August 2015</li> </ul>
<b>Caring</b>	<ul style="list-style-type: none"> <li>• <b>Complaints:</b> The number of complaints received when the volume of activity at that time is taken into account has risen just above the target, but this is much improved on the rate a year ago, demonstrating improvement in care and increased early resolution of issues through informal routes</li> <li>• <b>Patient Experience:</b> 458 patients were surveyed at FPH and 179 patients at HWP sites with 96% reporting they were treated with respect and dignity</li> </ul>
<b>Responsive</b>	<ul style="list-style-type: none"> <li>• <b>Diagnostics:</b> The performance against the maximum 6-week wait for a diagnostic test has improved and was 4.2% for September</li> <li>• <b>A&amp;E:</b> Frimley Health did not achieve the A&amp;E 95% (4-hour target) in September. However, the trust did successfully achieve the 95% standard for the period July to September (Quarter 2)</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>• <b>Sickness:</b> The highest amount of sickness continues to be due to ‘other musculoskeletal’ and ‘anxiety, stress and depression’</li> <li>• <b>Training:</b> A single compliance figure is currently not possible due to issues surrounding reporting through WIRED</li> </ul>
<b>Efficiency &amp; Finance</b>	<ul style="list-style-type: none"> <li>• <b>Day case rates</b> have improved during September achieving 82% against a target of at least 80%</li> <li>• <b>Outpatient DNA (did not attend) rates</b> have remained steady during September at 6.7%</li> </ul>

## Background context

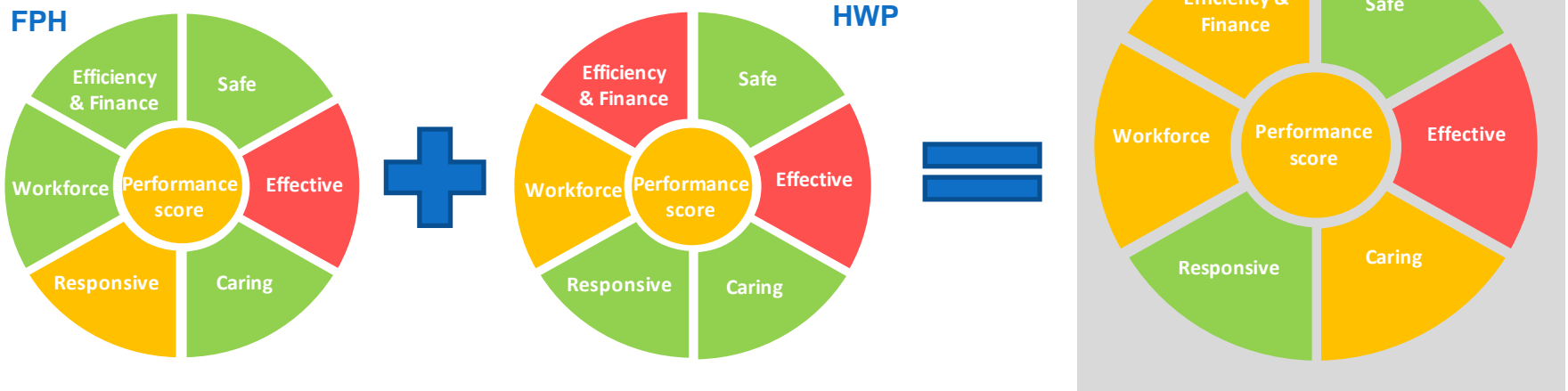
As expected, elective work increased during September with the end of the summer break.

- A&E attendances increased 1% on the same period last year
- The level of non-elective admissions was the same as September last year
- Elective admissions were 8% up on the same period last year
- However, outpatient attendances were -1% when compared to September last year
- GP referrals were 6% up on September 2014

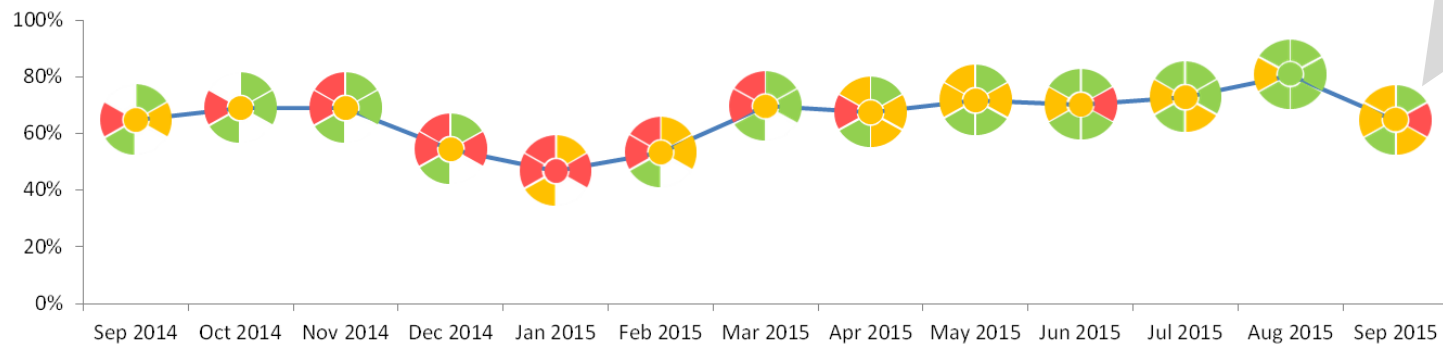


# Performance summary

## Most recent month's performance



## Total performance score by month



**NOTES:** The "Caring" domain has only been scored from April 2015 onwards due to the large number of new measures from this date; the "Efficiency & Finance" domain is scored from Nov 2014 onwards post-acquisition; Finance is applied equally to both sites.

# Safe - Key messages

Area	Key points	Action taken
<b>Infection control</b>	<ul style="list-style-type: none"> <li>Frimley Health had one reported <i>C. difficile</i> with a lapse in care identified during September. This case occurred on the FPH site</li> </ul>	<ul style="list-style-type: none"> <li>The case has been reviewed with learning shared</li> <li>Infection control will continue to maintain a high profile on all key internal meeting agendas</li> <li>Trust-wide infection control newsletter to be circulated to highlight key messages and support improvement in practice</li> </ul>
<b>Medication errors</b>	<ul style="list-style-type: none"> <li>Medication errors for September are currently under review</li> <li>During August three medication errors with low harm were reported for Frimley Health (one for FPH Site, two for HWP site)</li> </ul>	<ul style="list-style-type: none"> <li>A safer medications committee is now in place for all sites</li> <li>A safer medications bulletin is published and distributed regularly across Frimley Health to ensure key messages and learning are disseminated</li> </ul>
<b>Pressure ulcers</b>	<ul style="list-style-type: none"> <li>One Grade 3 pressure ulcer was reported during August on the FPH site (F6)</li> <li>Grade 2 pressure ulcer incidence remains below target</li> <li>No grade 4 pressure ulcers have been reported</li> </ul>	<ul style="list-style-type: none"> <li>Grade 3 pressure ulcer reviewed as per the serious incidents requiring investigation (SIRI) process</li> <li>Educational programme continues</li> </ul>
<b>Serious incidents requiring investigation</b>	<ul style="list-style-type: none"> <li>There were three serious incidents requiring investigation (SIRI) reported for Frimley Health (HWP site) during September. These included a "never event" related to site of surgery, a fall with harm and death of a patient relating to <i>C. difficile</i> (case reported in July)</li> </ul>	<ul style="list-style-type: none"> <li>All SIRIs are subject to a Root Cause Analysis. The findings are shared and discussed with the teams involved. Changes in practice are encouraged where necessary and when good practice is identified, this is acknowledged</li> </ul>
<b>VTE assessments</b>	<ul style="list-style-type: none"> <li>VTE assessment performance remains above target, though a slight dip in performance on the HWP site is noted</li> </ul>	<ul style="list-style-type: none"> <li>The first joint VTE Committee will be held in November</li> <li>VTE and the importance of risk assessment and prophylaxis will be highlighted at FY1/FY2 training programmes</li> </ul>
<b>Falls</b>	<ul style="list-style-type: none"> <li>Frimley Health reported one fall resulting in a fractured neck of femur (declared as a SIRI). This occurred on the HWP site</li> </ul>	<ul style="list-style-type: none"> <li>"Falls champions" have been identified for wards on the HWP site</li> <li>A falls roadshow is planned for the FPH site on the 3<sup>rd</sup> November</li> <li>All sites have an improvement plan for falls</li> <li>Focus on identification and implementation of actions to prevent postural hypotension, combined with medication reviews, will continue</li> </ul>
<b>Nurse staffing levels</b>	<ul style="list-style-type: none"> <li>Overall nurse staffing levels remain above target</li> </ul>	<ul style="list-style-type: none"> <li>The trust has a robust recruitment plan in place for nursing to support improved recruitment and retention</li> </ul>

# Safe - Key measures

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold	
<b>Infection Control</b>																		
Clostridium difficile *	33	8	3	2	2	3	2	2	3	1	3	6	5	6	24	None	None	
Clostridium difficile due to lapses in care	5	1	0	0	1	0	0	1	1	0	2	1	1	1	6	<=31	None	
MRSA Bacteraemia	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	None	
<b>Medication errors resulting in harm</b>																		
Low	444	36	45	32	22	30	31	22	16	9	2	2	3	in arrears	32	None		
Moderate *	47	0	4	4	1	3	1	5	0	0	1	1	0	in arrears	2	<=42	None	
Severe *	2	1	0	0	0	0	0	0	0	0	0	0	0	in arrears	0	2	None	
<b>Pressure Ulcer Incidence</b>																		
Hospital acquired - grade 2 *	240	19	26	18	20	25	19	12	23	19	9	10	7	in arrears	68	<=216	None	
Hospital acquired - grade 3 *	18	0	1	1	2	2	1	1	0	3	0	0	1	in arrears	4	<=12	None	
Hospital acquired - grade 4 *	2	0	0	0	0	0	1	0	0	0	0	0	0	in arrears	0	0	None	
<b>Harm-free care (safety thermometer)</b>	95%	96%	96%	95%	96%	96%	96%	96%	95%	94%	95%	96%	95%	95%	95%	>=95%	<89%	
<b>VTE risk assessment</b>	97%	97%	97%	97%	98%	98%	98%	98%	98%	99%	99%	99%	99%	98%	98%	>=95%	None	
<b>Never Events</b>	2	0	0	0	0	1	1	0	0	0	0	1	1	0	2	0	None	
<b>Serious Incidents Requiring Investigation (SIRI) *</b>	97	7	7	6	7	11	8	10	5	3	8	10	6	3	35	<=90	>8	
<b>Falls resulting in significant injury</b>																		
Number of falls *	41	2	4	1	3	5	2	3	2	2	3	2	0	1	10	<=37	None	
Number of falls per 1000 bed days	0.10	0.06	0.11	0.03	0.08	0.13	0.06	0.08	0.06	0.05	0.08	0.06	0.00	0.03	0.05	TBC		
<b>Nurse Staffing - appropriate staffing levels</b>																		
Medicine - overall staff	99%	98%	97%	98%	100%	99%	100%	100%	102%	96%	99%	101%	98%	100%	99%	>=90%	None	
Surgery - overall staff	96%	95%	97%	96%	95%	96%	94%	95%	98%	99%	102%	98%	99%	97%	99%	>=90%	None	
Medicine - registered staff	98%	98%	96%	98%	100%	99%	100%	100%	101%	94%	97%	99%	95%	97%	97%	>=90%	None	
Surgery - registered staff	95%	93%	95%	95%	94%	94%	93%	94%	97%	96%	100%	95%	96%	94%	96%	>=90%	None	
<b>National Safe Staffing Programme - as reported by NHS Choices (Compliance: planned number nursing hours versus actual)</b>																		
Overall Compliance			98%	99%	99%	99%	98%	99%	99%	96%	100%	98%	96%	98%	98%	>=90%	None	

\* Monthly targets are as follows: C. difficile (2); moderate medication errors (3); severe medication errors (0); Pressure ulcers grade 2 (18); grade 3 (1), grade 4 (0), SIRI (7); Falls (3)

# Effective - Key messages

Area	Key points	Action taken
<b>Mortality</b>	<ul style="list-style-type: none"> <li>The SHMI overall remains as expected or below for both sites</li> <li>The non-elective SHMI rose in February 2015 for HWP site (though still less than 100)</li> </ul>	<ul style="list-style-type: none"> <li>Investigations so far point to this being an effect of data rather than a true clinical change</li> <li>Further review of some diagnostic groups will clarify why this change occurred</li> </ul>
<b>CRAB surgical complications</b>	<ul style="list-style-type: none"> <li>Surgical complications remain as, or below, expected for all sites, as does surgical mortality</li> </ul>	
<b>CRAB medical practice triggers</b>	<ul style="list-style-type: none"> <li>Rising urea or creatinine (a surrogate measure of acute kidney injury (AKI)), sepsis, hospital acquired pneumonia (HAP) and shock/cardiac arrest are higher than the quoted national norm, but not increasing; they are more marked on the HWP site</li> </ul>	<ul style="list-style-type: none"> <li>Audit demonstrates that only 15% of AKI is hospital acquired. Preventable factors in hospital acquired AKI are being investigated. The AKI work stream is on-going</li> <li>Audit of HAP show diagnostic criteria used are inconsistent. The true incidence is lower than indicated. Preventable causes of true cases are being sought through case note review</li> </ul>
<b>Stroke</b>	<ul style="list-style-type: none"> <li>The trust-wide performance has dipped on both sites in the month of September. Both sites are being challenged by capacity throughout the month. This is after two strong performance months on the FPH site. WPH still continues to be challenged on achieving a greater percentage</li> </ul>	<ul style="list-style-type: none"> <li>On-going capacity planning on both sites with review of breaches for learning</li> </ul>
<b>Cardiology</b>	<ul style="list-style-type: none"> <li>The trust-wide cardiology "call to balloon" performance remains strong. Year to date (YTD) performance is strong on both sites</li> </ul>	
<b>Trauma &amp; orthopaedics</b>	<ul style="list-style-type: none"> <li>The percentage of patients across the trust who received surgery within 36 hours for a fractured neck of femur in September was 81%. This was broken down as 73% at HWP and 91% at FPH. FPH has now achieved for the last two months</li> </ul>	<ul style="list-style-type: none"> <li>The trust continues to monitor performance and seek ways to improve performance across the whole trust. Monthly multi-disciplinary team (MDT) meetings for fractured neck of femur patients are now held on both sites, chaired by the clinical lead</li> </ul>
<b>Obstetrics</b>	<ul style="list-style-type: none"> <li>HWP has demonstrated a slight improvement in the percentage of women having a planned or unscheduled Caesarean section since June 2015</li> <li>FPH performance remains slightly higher than desired, which may be due to new senior clinical staff on the labour ward and a general caution around waiting too long before surgical intervention</li> </ul>	<ul style="list-style-type: none"> <li>HWP continues to identify themes through case review and embed the recommended actions, resulting in a changing culture</li> <li>FPH have identified CTG (cardiotocography) interpretation as a key theme, which is being addressed through training</li> </ul>
<b>Readmissions</b>	<ul style="list-style-type: none"> <li>The overall emergency readmission rate decreased to 6.7% in September 2015 from 7.8% in August 2015. The readmissions rates following an elective admission and an emergency admission both fell in September when compared to August</li> </ul>	<ul style="list-style-type: none"> <li>The trust will continue to monitor the readmission rate to achieve continued improvement as it reflects a measure of high quality patient experience</li> </ul>

# Effective - Mortality trends (Summary hospital-level mortality indicator)

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target Threshold
<b>Mortality (one month's data)</b>																
Number of deaths	2470	179	215	208	228	272	222	230	201	204	179	185	171	209	1149	TBC
Number of discharges	188935	15943	16944	15685	16062	15118	15178	17480	15202	15419	15993	16588	14883	16558	94643	TBC
% deaths	1.3%	1.1%	1.3%	1.3%	1.4%	1.8%	1.5%	1.3%	1.3%	1.3%	1.1%	1.1%	1.1%	1.3%	1.2%	TBC
<b>SHMI (Summary hospital-level mortality indicator) (12 months' rolling data)</b>																
Overall observed number of deaths		3039	3084	3129	3164	3242	3292	3356	3401	3426	in arrears	in arrears	in arrears	in arrears		TBC
Overall expected number of deaths		3567	3573	3601	3670	3773	3810	3562	3595	3560	in arrears	in arrears	in arrears	in arrears		TBC
Overall SHMI rate		85	86	87	86	86	86	94	95	96	in arrears	in arrears	in arrears	in arrears		
Non-elective SHMI rate		85	86	86	86	86	86	94	95	96	in arrears	in arrears	in arrears	in arrears		
Elective SHMI rate		98	99	108	101	104	104	104	104	102	in arrears	in arrears	in arrears	in arrears		

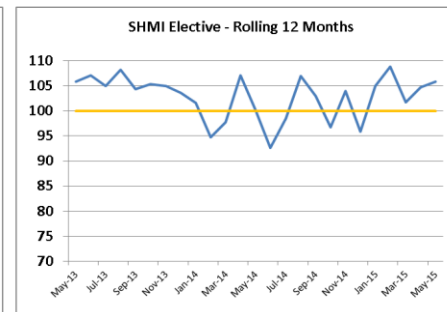
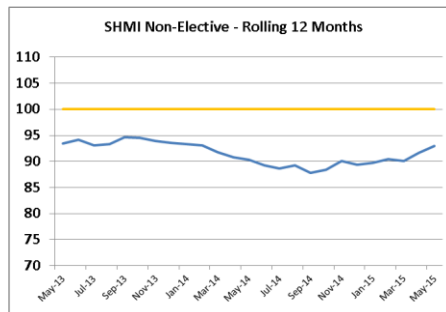
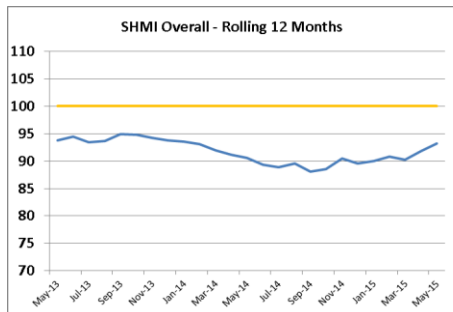
**KEY:** Higher than expected (Red) | Within expected range (Blue) | Lower than expected (Green)

### Overall

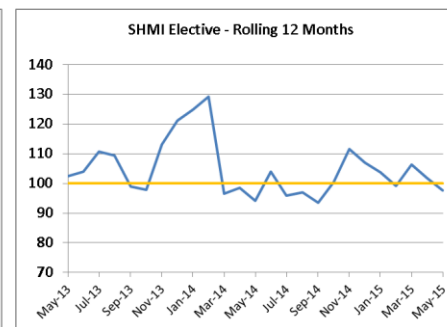
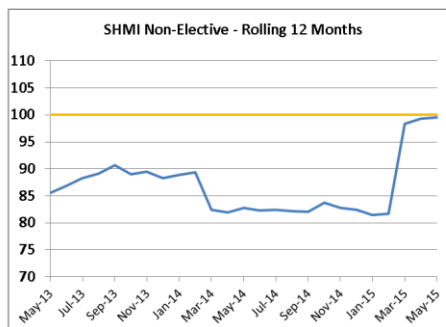
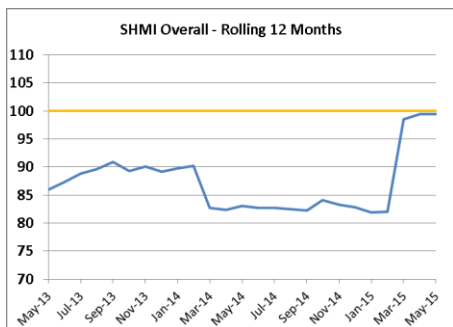
### Non-elective

### Elective

SHMI to May-15 (FPH)



SHMI to May-15 (HWP)

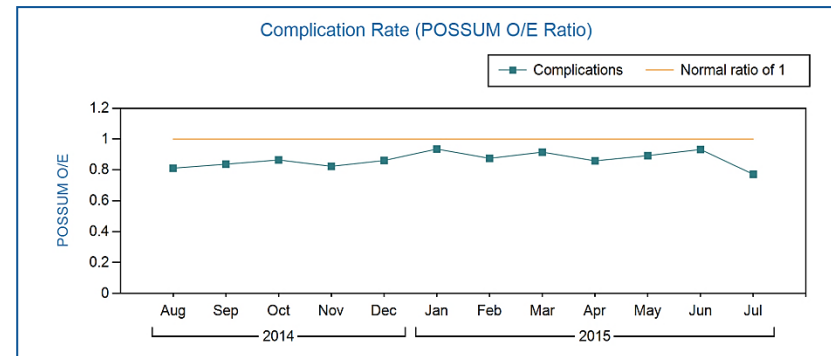


# Effective - CRAB surgical complications data

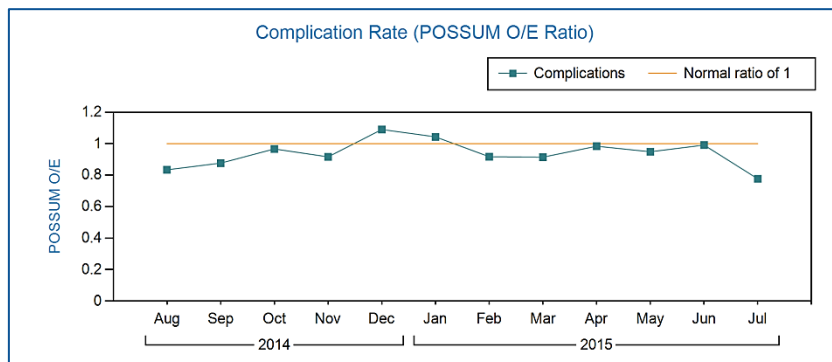
The trust has commissioned CRAB data which incorporates an assessment of each patient's risk of surgical complications and mortality based on coded data. A comparison of observed and expected rates can identify outcomes that are better than expected, as well as those that are worse. It can be used as a signal for concern, an improvement tool and as assurance to clinicians and others of the standard of care being provided.

Operative morbidity and mortality are as expected or lower than expected on both sites.

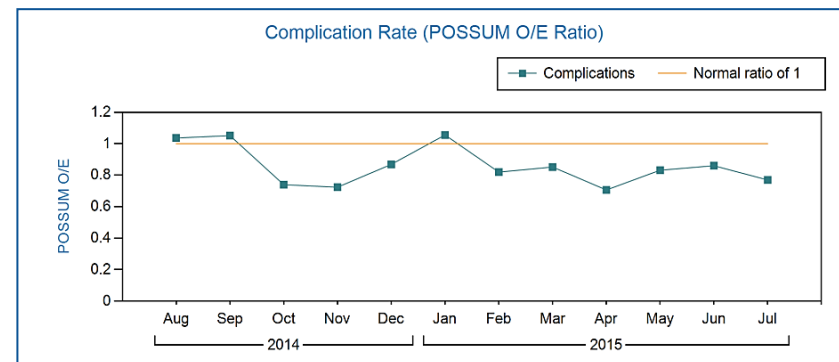
## Trust-wide



## Frimley Park



## Heatherwood & Wexham Park



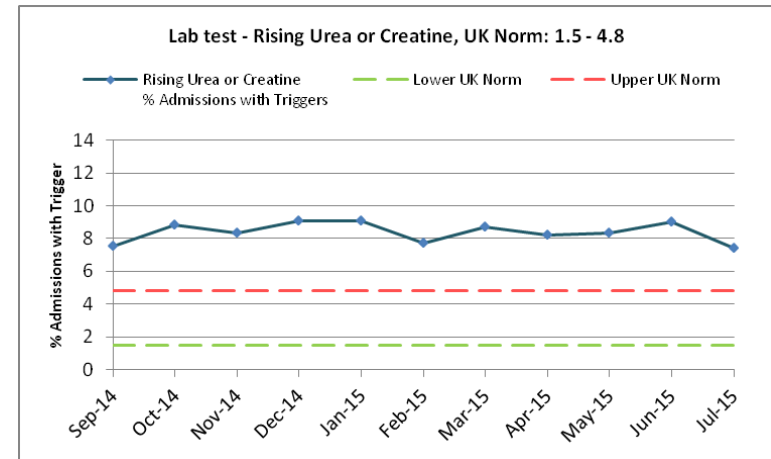
# Effective - CRAB medical practice trigger trends

CRAB demonstrates the quality of medical and ward care by estimating the incidence of key triggers. These are events during a patient's hospital admission which may have resulted from care-related harm. They are produced from coded data.

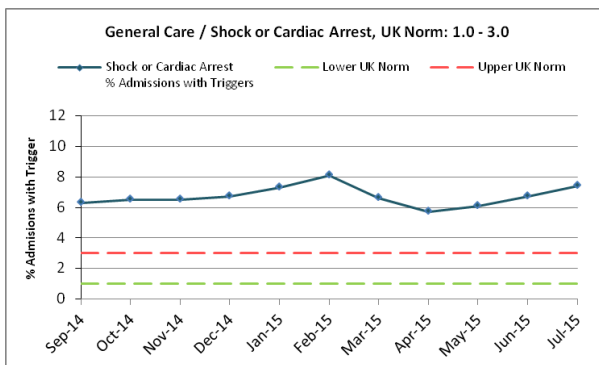
Trends are shown which will indicate potential problems for early investigation and also any response to Quality Improvement Interventions. A national normal range is shown on each graph.

This slide shows trust-wide data.

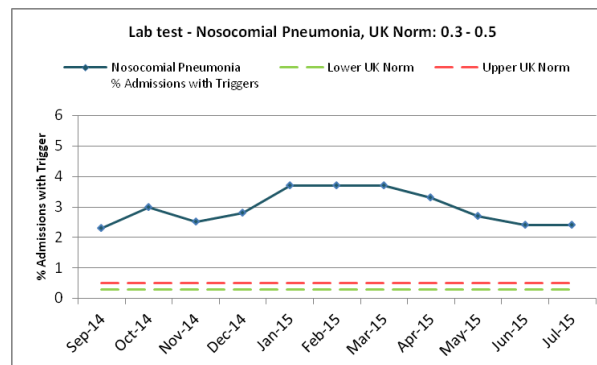
## Rising urea or creatinine



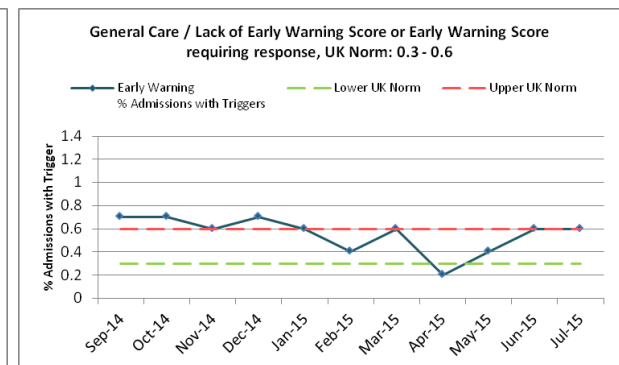
## Shock or cardiac arrest



## Nosocomial pneumonia



## Early warning



# Effective - Clinical performance measures

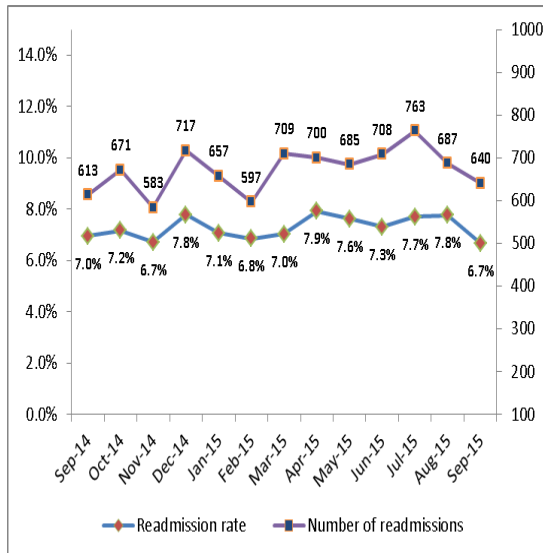
	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Stroke</b>																	
% of patients admitted directly to the stroke unit in 4 hours	71%	71%	78%	76%	62%	68%	50%	78%	67%	73%	65%	75%	78%	64%	70%	>=75%	<72%
<b>Cardiology</b>																	
% of eligible patients receive treatment; call to balloon within 150 minutes	90%	89%	85%	100%	75%	83%	100%	96%	93%	95%	88%	100%	96%	in arrears	94%	>=85%	<80%
<b>Trauma and orthopaedics</b>																	
% of patients who received surgery within 36 hours for a fractured neck of femur	86%	91%	84%	91%	87%	89%	87%	81%	88%	87%	82%	88%	90%	81%	86%	>=90%	<80%
<b>Obstetrics</b>																	
Caesarean section rate (planned & unscheduled)	26%	26.3%	25.7%	24.8%	26.4%	29.6%	26.5%	29.1%	26.3%	25.3%	26.3%	26.1%	24.1%	25.5%	25.6%	<=23%	>26%



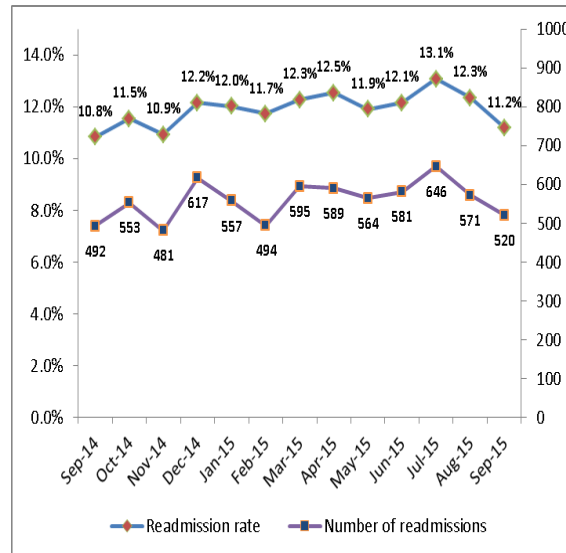
# Effective – Emergency readmission trends

Lower readmission rates can be taken to indicate a higher quality service to patients as well as reducing costs for hospitals. The data is based on the number of patients who are readmitted to any specialty at either FPH or HWP within 30 days as an emergency following a previous elective or non-elective spell. The readmission spell must be an overnight stay.

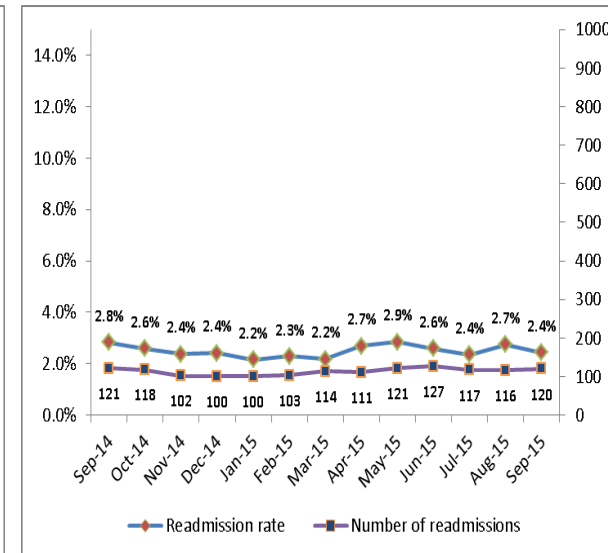
### Overall emergency readmissions



### Emergency readmissions following an emergency admission



### Emergency readmissions following an elective admission



Trust-wide

# Caring - Key messages

Area	Key points	Action taken
<b>Patient experience</b>	<ul style="list-style-type: none"> <li>458 patients were surveyed at FPH and 179 patients at HWP sites with 96% reporting they were treated with respect and dignity</li> <li>86% of patients at FPH and 82% of patients at HWP reported they did receive assistance at mealtimes if they required it. Of the remaining that did not, no specific wards were identified as a problem</li> </ul>	<ul style="list-style-type: none"> <li>Continue with increased survey collection at HWP sites</li> <li>Importance of mealtime assistance reiterated at October Patient Experience Forum</li> <li>Appointment of Patient Experience Matron by Sodexo at HWP started on 5<sup>th</sup> October. Will instigate a "Making Mealtimes Meaningful" Forum with frontline ward staff</li> </ul>
<b>Complaints</b>	<ul style="list-style-type: none"> <li>The number of complaints received when taking into account the volume of activity at that time has risen just above the target at 1.95 per 1000 bed days, but this is much improved on the rate a year ago when it was 2.47. This demonstrates improvement in care and resolving issues through informal routes</li> <li>The lowest number of reopened complaints (three) since April demonstrates improvements in the quality of responses</li> </ul>	<ul style="list-style-type: none"> <li>All complaints are reviewed at Patient Experience Forums for themes and trends</li> <li>The percentage of complaints answered within 25 working days will be reported in arrears so that there can be accurate recording of closed complaints</li> </ul>
<b>Friends and family test (FFT)</b>	<ul style="list-style-type: none"> <li>The friends and family tests (FFT) continue to show positive feedback with an overall percentage of 93% recommending the trust for care or treatment</li> </ul>	<ul style="list-style-type: none"> <li>Continue to work with staff to capture changes as a result of FFT feedback</li> </ul>
<b>Planning for Discharge</b>	<ul style="list-style-type: none"> <li>51% patients at HWP sites reported that they did not feel involved enough in their discharge from hospital. Of these, 30% said they had been involved to some extent</li> </ul>	<ul style="list-style-type: none"> <li>These results have been fed back to the individual ward sisters to ensure discharge is discussed with patients as part of the admission process</li> </ul>
<b>Noise At Night</b>	<ul style="list-style-type: none"> <li>There was a slight positive increase in patients reporting they were not disturbed by noise at night by staff to 88% at HWP</li> <li>Noise at night from other patients remains a challenge at FPH site at 67%</li> </ul>	<ul style="list-style-type: none"> <li>Reiterate to staff to offer ear plugs to reduce noise disturbance from other patients</li> <li>To discuss opportunities for improvements with night site managers and night sisters</li> </ul>

# Caring - Key measures

		14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Local Surveys (trust-wide measures are being reviewed; a new trust-wide survey will commence in 2015/16)</b>																		
1. Overall did you feel you were treated with respect and dignity whilst in hospital?	New									94%	97%	97%	94%	95%	96%	96%	>=90%	<80%
2. Were you given enough privacy on the ward?	New									95%	96%	96%	97%	95%	95%	96%	>=90%	<80%
3. Do you have confidence and trust in the doctors treating you?	New									90%	92%	92%	94%	91%	92%	92%	>=90%	<80%
4. Were you bothered by noise at night from staff? (percentage of patients saying no)	New									84%	86%	88%	90%	85%	87%	87%	>=80%	<70%
5. Were you bothered by noise at night from other patients? (percentage of patients saying no)	New									67%	69%	74%	72%	73%	71%	72%	>=75%	<65%
6. Have you noticed a difference in the quality of your care at different times of the day or week?	New									92%	87%	89%	92%	90%	89%	89%	>=90%	<80%
7. Do you get enough help from staff to eat your meals?	New									74%	92%	84%	91%	90%	85%	87%	>=90%	<80%
8. Do you feel that you and your family/carers have been involved in planning for your discharge from hospital?	New									63%	75%	67%	74%	74%	68%	71%	>=75%	<65%
9. Did staff examining and treating for you introduce themselves?	New									82%	89%	90%	92%	89%	88%	89%	>=90%	<80%
<b>Complaints</b>																		
Number of complaints received * ***	990	86	98	75	73	76	66	75	76	57	60	81	58	71	403	<=68	>75	
Number of complaints per 1000 bed days	2.31	2.47	2.62	2.13	1.99	1.96	1.93	1.99	2.10	1.53	1.67	2.29	1.60	1.95	1.86	<=1.90	>2.10	
% of complaints answered within 25 days	32%	33%	32%	22%	28%	53%	40%	36%	45%	63%	67%	62%	62%	in arrears	59%	=100%	<90%	
Number of complaints re-opened	649								13	7	13	7	8	7	45	TBC		
<b>Friends and Family Scores - What % would recommend this trust to friends and family if they needed similar care or treatment?</b>																		
Overall % (includes inpatients, A&E, outpatients, maternity and community services) **	90%		89%	92%	92%	92%	91%	92%	93%	93%	94%	94%	94%	93%	93%	>=90%	<85%	
* provisional data for the reporting month																		
** surveys include paediatrics and day surgery as from Apr-15 and community services from Jan-15																		
*** Annual targets are as follows: Number of complaints (824)																		

# Caring - What our patients are saying

## Some of the positive feedback we have received



- This was my second homebirth. Both times I felt at ease with the midwives and had the birth I had planned to ... I would not hesitate to recommend home birth to others ...  
**(Home Birth FPH)**
- Service is excellent and staff always smiling, happy and pleasant  
**(Short Stay Surgical Unit HW)**
- Good care, been always there when call staff  
**(Ward 17 WPH)**

## Where can we improve:



Comments have been fed back to the areas concerned immediately for action as required.  
Trends are reported to the Patient Experience Forum monthly

- Very quick to be seen and lovely staff. No available fracture clinic for almost 2 weeks though  
**(ED FPH)**
- Complete waste of my time and an a typical example of NHS inefficiency and unprofessionalism. Waited 3 months for an appointment only to get to it to be told my GP shouldn't have referred me to them, they even had the audacity to suggest it was my fault. Why wasn't the referral screened before being accepted and an appointment booked. Will be writing to the CCG to complain  
**(Urology Outpatient Clinic HW)**
- Every time over an hour wait for the appointment why make a appointment time when you never get seen on time?  
**(Rheumatology Outpatient Clinic WPH)**

# Responsive - Key messages

Area	Key points	Action taken
<b>Waiting lists</b>	<ul style="list-style-type: none"> <li>The outpatient waiting list numbers have reduced in September. However, the inpatient waiting list numbers have increased slightly to 8224</li> </ul>	
<b>Diagnostic waits</b>	<ul style="list-style-type: none"> <li>The performance against the maximum 6-week wait for a diagnostic test has improved and is 4.2% for September</li> </ul>	<ul style="list-style-type: none"> <li>The trust has a recovery plan in place to improve performance to meet the target. Delivery against this plan is on target and will deliver the required improvement by the end of November</li> </ul>
<b>Monitor Clostridium difficile</b>	<ul style="list-style-type: none"> <li>There were 17 C. difficile cases during the quarter. Of these, three were due to lapses of care</li> </ul>	<ul style="list-style-type: none"> <li>The trust will continue to reinforce the importance of hygiene and scrupulous adherence to infection control procedures. A new Antibiotic policy was launched at HWP in October by the Medical Director</li> </ul>
<b>Monitor A&amp;E</b>	<ul style="list-style-type: none"> <li>Frimley Health did not achieve the A&amp;E 95% (4-hour target) in September. However, the trust did successfully achieve the 95% standard for the period July-September (Q2)</li> </ul>	<ul style="list-style-type: none"> <li>Both sites are reviewing the increasing utilisation of ambulatory care pathways</li> <li>Alternative care provisions are being sought to ensure medically stable patients can leave the organisation without delay</li> </ul>
<b>Monitor RTT targets</b>	<ul style="list-style-type: none"> <li>The trust achieved 92.8% for patients waiting on an RTT (referral to treatment) incomplete pathway at the end of September. This resulted in a Q2 performance above the 92% target of 93.2%</li> </ul>	<ul style="list-style-type: none"> <li>The trust will strive to continue to deliver the RTT target during Q3. The Trust is participating in the Monitor/NHS England and TDA Tripartite RTT event in December</li> </ul>
<b>Monitor Cancer standards</b>	<ul style="list-style-type: none"> <li>The trust achieved all of the key cancer targets during August 2015</li> </ul>	<ul style="list-style-type: none"> <li>The trust must maintain this for September to ensure that all Q2 targets are achieved</li> </ul>

# Responsive - Responsive Key measures

	14/15	Sep-14	Oct	Nov	Dec	Jan-15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	Target	Threshold
<b>Waiting lists</b>																
Outpatient Total Waiting List		17637	17749	16826	15856	15644	14942	15669	16376	17735	17509	18483	18624	18472		None
Elective Total Waiting List		7199	7377	7342	7646	7520	7522	7243	7544	7714	7869	7890	8050	8224		None
<b>Diagnostics</b>																
Diagnostics waiting 6 weeks and over	3479	223	282	493	652	671	451	150	247	425	518	464	455	346		None
% waiting over 6 weeks and over for a diagnostic	3.3%	2.7%	3.3%	5.8%	7.6%	7.3%	4.9%	1.7%	2.8%	4.3%	5.5%	5.3%	5.6%	4.2%	<=1.0%	None
<b>Referral to treatment (RTT)</b>																
RTT Total incomplete waiting list		25929	25938	25372	24718	24663	24697	25060	25717	26914	26793	27569	27668	28340		<i>Targets and thresholds to be agreed in light of new RTT guidance</i>
RTT waiting 18 weeks and over (backlog)		1695	1743	1627	1710	1758	1790	1558	1413	1302	1418	1684	2687	2039		
RTT waiting 35 weeks and over		72	68	50	68	70	72	60	65	52	48	49	43	37		
RTT waiting 52 weeks and over		2	0	0	1	0	0	3	5	2	3	2	0	1		

# Responsive - Monitor dashboard

	Sep-14	Q2	Oct	Nov	Dec	Q3	Jan 15	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep-15	Q2	Target	Weighting	
<b>Clostridium difficile</b>																					
Total Clostridium difficile cases	8	11	3	2	2	7	3	2	2	7	3	1	3	7	6	5	6	17			
Clostridium difficile due to lapses in care	1	1	0	0	1	1	0	0	1	1	1	0	2	3	1	1	1	3	31	1.0	
<b>A&amp;E</b>																					
% admitted or discharged within 4 hours	95.5%	95.4%	94.5%	95.4%	93.9%	94.6%	90.8%	95.8%	95.2%	93.8%	95.7%	96.4%	96.8%	96.2%	96.7%	95.7%	93.7%	95.4%	>=95%	1.0	
<b>RTT Waiting Times*</b>																					
% treated within 18wks – admitted	87.2%	87.2%	90.0%	88.8%	91.9%	88.8%	90.6%	90.1%	86.7%	86.7%	91.3%	91.9%	91.1%	91.4%	88.1%	84.7%	81.6%	84.8%	>=90%	1.0	
% treated within 18wks – non-admitted	95.3%	95.7%	95.1%	95.6%	96.2%	95.6%	95.4%	95.4%	95.5%	95.4%	95.4%	95.5%	95.3%	95.4%	95.2%	92.5%	89.4%	92.5%	>=95%	1.0	
% waiting within 18wks - incomplete pathways	94.3%	94.5%	93.9%	94.4%	93.7%	94.0%	93.7%	93.5%	94.4%	93.9%	94.5%	95.2%	94.6%	94.8%	94.3%	92.7%	92.8%	93.2%	>=92%	1.0	
<b>Cancer</b>																					
2 week waits – All GP referrals	93.4%	94.4%	94.2%	95.5%	96.6%	95.4%	94.1%	96.1%	95.9%	95.5%	93.1%	95.6%	95.9%	94.9%	94.8%	95.4%	In arrears	In arrears	>=93%	1.0	
2 week waits - Breast symptomatic referrals	98.6%	97.0%	97.5%	98.3%	99.2%	98.4%	97.1%	99.0%	99.5%	98.7%	96.9%	97.7%	97.2%	97.2%	97.4%	93.4%	In arrears	In arrears	>=93%		
31 day wait for first treatment	98.2%	97.1%	98.7%	99.5%	100%	99.4%	99.5%	100%	99.1%	99.5%	99.6%	98.5%	99.1%	99.2%	99.2%	98.9%	In arrears	In arrears	>=96%	1.0	
31 day wait for second or subsequent treatment	Surgery	100%	94.7%	100%	100%	95.3%	98.4%	100%	98.0%	97.5%	98.4%	100%	100%	97.4%	99.0%	100%	94.3%	In arrears	In arrears	>=94%	1.0
	Anti-cancer drugs	100%	100%	100%	100%	98.0%	99.3%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	In arrears	In arrears	>=98%	
62 day wait for first treatment	81.1%	84.5%	82.7%	83.4%	84.4%	83.8%	83.5%	89.0%	86.4%	86.0%	88.2%	85.9%	92.1%	88.9%	87.7%	92.3%	In arrears	In arrears	>=85%	1.0	
62 day wait for screening patients	92.9%	85.6%	96.3%	95.9%	95.8%	96.1%	77.8%	92.3%	95.1%	88.9%	100%	95.7%	97.4%	97.0%	100%	100%	In arrears	In arrears	>=90%		
<b>Overall performance</b>																					
Service performance score	2					3						3						0			

\*RTT Waiting Times (Admitted and Non-Admitted) are not RAG rated and not included in scoring from Jul-15 onwards as these are no longer national targets

# Responsive – Cancer 62-day waits standard by tumour group

	Aug-14	Sep	Q2	Oct	Nov	Dec	Q3	Jan-15	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep-15	Target
Brain/CNS	NA	100%	100% (1/1)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Breast	84.3%	94.4%	91.1% (66.5/73)	90.0%	100%	94.7%	94.9% (64.5/68)	100%	100%	100%	100% (67/67)	100%	100%	98.6%	99.2% (63/63.5)	100%	100%		
Childrens	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Gynaecological	53.3%	88.9%	69.7% (11.5/16.5)	75.0%	18.2%	82.4%	61.1% (11/18)	20.0%	80.0%	76.9%	70.0% (10.5/15)	66.7%	75.0%	100%	76.5% (6.5/8.5)	70.0%	91.7%		
Haematological	50.0%	64.3%	73.7% (14/19)	66.7%	100.0%	75.0%	81.3% (13/16)	62.5%	80.0%	69.2%	65.9% (13.5/20.5)	100%	100%	66.7%	85.7% (6/7)	62.5%	76.9%		
Head & Neck	100%	60.0%	84.2% (8/9.5)	100%	66.7%	60.0%	69.6% (8/11.5)	100%	50.0%	0.0%	27.3% (1.5/5.5)	83.3%	57.1%	80.0%	72.2% (6.5/9)	100%	62.5%		
Lower GI	92.9%	88.9%	83.3% (25/30)	66.7%	90.5%	91.7%	84.1% (26.5/31.5)	88.0%	93.3%	96.2%	92.4% (30.5/33)	88.9%	88.5%	96.0%	91.3% (31.5/34.5)	100%	90.9%		
Lung	85.7%	92.3%	87.5% (10.5/12)	88.9%	80.0%	100%	88.5% (11.5/13)	100%	71.4%	81.8%	84.0% (10.5/12.5)	100%	60.0%	83.3%	78.3% (9/11.5)	82.4%	100%		
Sarcomas	100%	0.0%	50.0% (1/2)	NA	NA	NA	NA	NA	50.0%	75.0%	71.4% (2.5/3.5)	NA	NA	100%	100% (0.5/0.5)	NA	NA		
Skin	100%	97.0%	99.2% (64/64.5)	95.0%	100%	100%	98.0% (49.5/50.5)	100%	100%	95.8%	98.2% (54/55.0)	100%	100%	92.6%	97.2% (68.5/70.5)	100%	100%		
Upper GI	83.3%	40.0%	79.3% (11.5/14.5)	71.4%	80.0%	100%	83.8% (15.5/18.5)	60.0%	88.9%	93.3%	82.4% (14/17)	68.4%	80.0%	87.5%	81.3% (19.5/24)	90.9%	70.0%		
Urological	80.0%	61.5%	73.2% (54.5/74.5)	76.6%	69.6%	72.7%	73.0% (54/74)	71.4%	82.1%	69.4%	74.4% (43.5/58.5)	81.0%	80.0%	85.7%	80.6% (75/93)	66.7%	90.6%		
Other	100%	NA	83.3% (2.5/3)	NA	NA	0.0%	0.0% (0/1.5)	50.0%	NA	100%	66.7% (1/1.5)	100%	NA	100%	100% (2/2)	NA	NA		
<b>Total</b>	<b>85.1%</b>	<b>81.1%</b>	<b>84.5% (269/317.5)</b>	<b>82.7%</b>	<b>83.4%</b>	<b>84.4%</b>	<b>83.8% (253.5/302.5)</b>	<b>83.5%</b>	<b>89.0%</b>	<b>86.4%</b>	<b>86.0% (246/285.5)</b>	<b>88.2%</b>	<b>85.9%</b>	<b>92.1%</b>	<b>88.9% (287.5/323.5)</b>	<b>87.7%</b>	<b>92.3%</b>		

In arrears &gt;=85%

Half numbers are where a patient has been referred here for treatment from another provider or vice versa; the patient is shared between providers

The additional figures provided for the quarters are the number of patients treated within the 62-day standard out of the total number of patients treated for that tumour group



# Workforce – Key messages

Area	Key points	Action taken
<b>Retention</b>	<ul style="list-style-type: none"> <li>Trust-wide turnover has reduced to 14.4% in September 2015, however the Nursing &amp; Midwifery turnover rate increased slightly</li> <li>There was a significant increase in both the numbers of new starters and leavers in September</li> </ul>	<ul style="list-style-type: none"> <li>Retention initiatives such as RRP's and similar allowances are being reviewed across the trust to measure effectiveness and ensure consistency across all sites</li> </ul>
<b>Recruitment</b>	<ul style="list-style-type: none"> <li>Trust-wide vacancies reduced slightly in September, bringing the figure below the target rate, however vacancies still remain high across nursing, and within Allied Health Professionals on the HWP sites</li> <li>Overseas recruitment from the Philippines remains a challenge; nursing has now been added as a shortage occupation so it is hoped this will relieve some pressure</li> <li>TRAC recruitment system to be implemented in January</li> </ul>	<ul style="list-style-type: none"> <li>HR are currently reviewing the recruitment process and looking to streamline the systems and forms used across all sites; to include enhanced recruitment reporting and the implementation of a new recruitment tracking system</li> <li>A new trust website has been launched, with careers information currently being updated to be included</li> <li>Refer a Friend Scheme has been launched for nursing</li> </ul>
<b>Temporary Staffing</b>	<ul style="list-style-type: none"> <li>Agency expenditure has increased significantly in September, with an additional £149k being spent compared to the previous month</li> <li>National controls on the use of off-framework agencies have now come into effect for nursing, with the expectation this will be extended to other staff groups. Monitor/TDA have also announced plans to place price caps on the hourly rate paid for agency or bank workers from November</li> </ul>	<ul style="list-style-type: none"> <li>The Temporary Staffing Policy is being progressed through for approval – a working draft is currently published</li> <li>NHS Professionals Bank rates for nursing are being increased to bring rates into line with the FPH rates model</li> </ul>
<b>Sickness</b>	<ul style="list-style-type: none"> <li>The monthly sickness absence remained constant in August 2015 and remains above target, with increases across Additional Clinical Services</li> <li>The highest amount of sickness continue to be due to 'other musculoskeletal' and 'anxiety, stress and depression'</li> <li>A harmonised sickness reporting procedure is being developed</li> </ul>	<ul style="list-style-type: none"> <li>Sickness absence reports continue to be provided to HRBPs and directorates on a monthly basis</li> <li>A new trust-wide Sickness Absence Policy is now in place</li> </ul>
<b>Appraisal</b>	<ul style="list-style-type: none"> <li>The new appraisal trackers have gone live on the file sharing portal. It is expected that the compliance rates will increase rapidly as information is backdated into the appraisal trackers and directorates are now able to monitor their information again</li> </ul>	<ul style="list-style-type: none"> <li>Training has been completed with 53 data entry people across the trust; who are now able to update the trackers</li> </ul>
<b>Statutory &amp; Mandatory Training</b>	<ul style="list-style-type: none"> <li>A single compliance figure is currently not possible due to issues surrounding reporting through WIRED</li> </ul>	<ul style="list-style-type: none"> <li>A paper has been submitted to HEB, the Quality Committee and CQC Steering Group regarding the issues and outlining the plan to resolve the issues</li> </ul>

# Workforce – Key measures

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Staff numbers</b>																	
Staff in Post FTE	N/A	7364	7409	7455	7468	7499	7496	7492	7473	7473	7494	7502	7470	7497	N/A	N/A	N/A
Vacancy FTE	N/A	633	616	570	609	666	674	685	960	965	955	946	955	943	N/A	N/A	N/A
Starters FTE	1124	171	111	126	78	110	77	90	82	78	87	86	78	127	538	N/A	N/A
Leavers FTE	1144	119	90	80	87	86	70	121	100	82	70	100	85	126	565	N/A	N/A
<b>Turnover rates</b>																	
Turnover %	15.4%	15.5%	15.8%	15.7%	15.8%	15.5%	15.4%	15.4%	15.3%	15.4%	15.1%	15.2%	14.5%	14.4%	14.5%	<=14.5%	>16.0%
Nursing Turnover %	18.2%	17.6%	18.0%	17.7%	18.1%	17.7%	18.1%	18.2%	18.0%	17.8%	17.2%	17.0%	17.0%	17.1%	17.0%	<=16.0%	>17.5%
<b>Vacancy rate **</b>																	
Vacancy %	N/A	8.6%	8.3%	7.6%	8.1%	9.2%	9.3%	8.6%	12.0%	12.0%	11.9%	11.8%	11.9%	11.7%	N/A	<=11.75%	>13.25%
<b>Agency spend</b>																	
Agency Spend as % of Pay Bill	10.8%	11.5%	12.4%	12.7%	11.1%	11.9%	11.9%	16.9%	10.5%	9.3%	8.1%	10.8%	10.1%	11.0%	9.8%	<=8.0%	>10.0%
Agency - Doctors (£000s)	17375	1640	1764	1846	1373	1573	1695	2833	1561	1314	997	1652	1296	1445	8265	TBC	TBC
Agency - Nurses (£000s)	13534	1075	1325	1153	1208	1465	1310	1766	907	814	795	774	910	1119	5319	TBC	TBC
Agency - Other (£000s)	9796	820	806	984	875	711	762	1361	862	785	723	957	940	948	5215	TBC	TBC
<b>Sickness absence rate</b>																	
Sickness Absence Rate %	3.2%	3.3%	3.6%	3.5%	3.7%	3.5%	3.3%	3.1%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.3%	<=2.9%	>3.2%
<b>Appraisal rates</b>																	
Appraisal (non Medical) %	N/A	59.0%	56.0%	55.5%	53.5%	53.5%	51.5%	51.5%	42.0%	***				27.0%	N/A	>=80.0%	<70.0%
Appraisal (Medical) %	N/A								92.2%	93.8%	94.2%	94.2%	96.6%	95.7%	N/A	>=80.0%	<70.0%
<b>Training rate ***</b>																	
Statutory & Mandatory Training %	N/A								45.7%	50.9%	44.5%	48.9%	51.7%	****	N/A	>=85.0%	<60.0%
<b>Friends &amp; family test for staff - % recommending here as a place to work</b>																	
Staff FFT	N/A	74.7%	64.8%			64.2%			63.9%			65.6%			N/A	N/A	N/A

Targets amended in Aug 2015 and applied retrospectively to Turnover and Vacancy rates; target added for Agency spend in Aug 2015 and applied retrospectively

\* "YTD" figures for turnover and sickness absence are the average performance over the past 12 months

\*\* Budgets for 2015/16 have been aligned with ESR in July 2015 providing a more comprehensive position for vacancies at FPH. This has been applied retrospectively from April 2015

\*\*\* The appraisal trackers were taken off-line in June 2015 to develop them from the legacy organisations to reflect the new structure of Frimley Health. The development work was completed and the trackers made live again in September 2015

\*\*\*\* ESR is being standardised trust-wide and reporting will form part of this work – interim reporting in the form of a single % compliance figure will not be available until this work is completed and WIRED is reinstated. A work programme is currently being drawn up – dates to follow

# Efficiency & Finance – Efficiency Key messages

Area	Key points	Action taken
<b>Outpatients</b>	<ul style="list-style-type: none"> <li>Outpatient DNA (did not attend) rates have remained steady during September at 6.7%. New to follow-up ratios have deteriorated against target</li> </ul>	<ul style="list-style-type: none"> <li>The trust will continue to manage outpatient services to reduce DNAs and manage the ratio of new to follow-up outpatient appointments</li> </ul>
<b>Average length of stay</b>	<ul style="list-style-type: none"> <li>The average length of stay (LOS) for non-elective spells is better than the target for September at 4.17 days. Elective LOS has deteriorated slightly during September at 2.74 days</li> </ul>	<ul style="list-style-type: none"> <li>The trust will continue to prepare for the winter bed pressures expected over the next few months</li> </ul>
<b>Daycase rate</b>	<ul style="list-style-type: none"> <li>Day case rates have improved during September achieving 82% against a target of <math>\geq 80\%</math></li> </ul>	<ul style="list-style-type: none"> <li>The trust will work to maintain this level of compliance against the target</li> </ul>

# Efficiency & Finance – Efficiency Key measures

	14/15	Sep-14	Oct	Nov	Dec	Jan-15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Outpatients</b>																	
DNA Rates	6.8%	6.8%	6.8%	6.6%	6.8%	6.8%	6.2%	6.3%	6.5%	6.6%	6.4%	6.5%	6.7%	6.7%	6.6%	<=6.5%	>7.0%
Outpatient Follow Up Ratios	2.14	2.18	2.13	2.13	2.17	2.21	2.16	2.23	2.24	2.23	2.17	2.14	2.15	2.22	2.19	<=2.10	>2.20
<b>Average length of stay *</b>																	
Elective length of stay	2.55	2.63	2.81	2.34	2.19	2.42	2.53	2.55	2.58	2.60	2.39	2.23	2.42	2.74	2.49	<=2.72	>3.41
Non-elective length of stay	4.18	4.25	4.08	4.05	4.21	4.47	4.39	4.04	4.22	4.12	4.33	4.12	3.96	4.17	4.15	<=3.97	>5.16
<b>Day case rate</b>																	
% day cases of all electives	81%	82%	81%	80%	80%	83%	80%	80%	80%	80%	80%	81%	81%	82%	80%	>=80%	<75%
* The targets and thresholds for the average length of stay measures have been adjusted to reflect the activity and specialty mix trust-wide and for each site from September 2015 and applied retrospectively																	

# Efficiency & Finance – Finance Key messages

Area	Key points	Action taken
<b>Income</b>	<ul style="list-style-type: none"> <li>In-month operating income is £50.3m which is £1.0 above plan. Year-to-date £3.2m ahead of plan or £4.9m including integration funding. The forecast variance on income of £8.4m (£7m over-performance plus £1.4m winter pressures) is subject to confirmation with CCGs</li> </ul>	<ul style="list-style-type: none"> <li>The CCGs have settled on the prior year outturn and have acknowledged over-performance</li> </ul>
<b>Expenditure</b>	<ul style="list-style-type: none"> <li>Operating expenditure was £48.3m spend in-month. Overall £4.2m over plan YTD. This is largely due to agency spend and allowance for this has been forecast through to the year-end. Integration expenditure is £5.5m YTD which is £1.7m over budget but this is matched to income (as above) on a spend-recover basis</li> </ul>	<ul style="list-style-type: none"> <li>Focus needs to continue on recruitment and ensuring rotas are delivered to plan ie delivery of pay CIPs are critical to achieving target budget</li> </ul>
<b>Net surplus/ deficit</b>	<ul style="list-style-type: none"> <li>£1.2m behind original plan (£1.0m YTD). The impact of income forecast and a prudent view on agency spend means the forecast is held at £12m deficit</li> </ul>	<ul style="list-style-type: none"> <li>None not covered elsewhere</li> </ul>
<b>CIPs</b>	<ul style="list-style-type: none"> <li>The trust's annual plan assumes delivery of a minimum of £21.4m of savings schemes. In month 06, the trust has delivered £2m of schemes against a plan of £2.4m</li> <li>Year to date achievement is £11.3m against a target of £12.1m</li> </ul>	<ul style="list-style-type: none"> <li>As above, focus on recruitment and retention will be critical to CIP delivery for the remainder of the year. Additional schemes are being considered</li> </ul>
<b>Cash balance</b>	<ul style="list-style-type: none"> <li>In-month £2.5m behind plan of £49.6m due largely to creditor payments made to facilitate the finance ledger integration. This is a timing issue and year-end cash is not forecast to be affected</li> </ul>	<ul style="list-style-type: none"> <li>None required at this stage</li> </ul>
<b>Capital expenditure</b>	<ul style="list-style-type: none"> <li>Slippage increased by a further £3.5m in-month to £8.9m YTD. Full year now forecast as £31m against the plan of £41.2m; a potential £10.2m variance. This month, slippage on full business case (FBC) redevelopments added to the existing slippages</li> </ul>	<ul style="list-style-type: none"> <li>Consideration needed of the operational impact of capital slippage. Financially, monies are available to carry forward</li> </ul>

# Efficiency & Finance - Finance Key measures

	Year to Date (Month 06)					Forecast Outturn				
	Plan £m	Actual £m	Variance £m	Target	Threshold	Plan £m	Actual £m	Variance £m	Target	Threshold
Income	292.2	297.1	4.9	0.0	(0.4)	589.7	598.1	8.4	0.0	(0.4)
Expenditure	(285.1)	(291.0)	(5.9)	0.0	(0.4)	(574.9)	(581.1)	(6.2)	0.0	(0.4)
EBITDA	7.1	6.1	(1.0)	0.0	(0.4)	14.8	17.0	2.2	0.0	(0.4)
Financing costs	(14.3)	(14.3)	0.0	0.0	(0.4)	(29.0)	(29.0)	(0.0)	0.0	(0.4)
Net / surplus deficit	(7.2)	(8.2)	(1.0)	0.0	(0.4)	(14.2)	(12.0)	2.2	0.0	(0.4)
CIPs	10.9	10.2	(0.7)	0.0	(0.4)	21.4	19.2	(2.2)	0.0	(0.4)
CIPs stretch target	1.2	1.1	(0.1)	0.0	(0.4)	2.6	2.6	0.0	0.0	(0.4)
Cash balance	49.6	47.1	(2.5)	0.0	(0.4)	46.9	46.9	0.0	0.0	(0.4)
Capital expenditure	16.1	7.2	(8.9)	0.0	(0.4)	41.2	31.0	(10.2)	0.0	(0.4)

*Figures in brackets indicate an adverse position*

# CQUIN – Key messages

Area	Key points	Action taken
<b>National CQUIN Acute Kidney Injury (AKI)</b>	<ul style="list-style-type: none"> <li>Completion of discharge summaries to required standard remains challenging. For AKI stage 2 and 3 the standard is better than for AKI 1</li> <li>90% target for Q4 is a concern</li> </ul>	<ul style="list-style-type: none"> <li>FPH site - weekly audit of discharge summary quality standards will be carried out by CQUIN/Quality lead across all specialities and will be reported to Consultants/Chiefs of Service</li> <li>Changes have been made to the discharge summary template on the FPH site – supporting improvement from Q1</li> <li>CQUIN lead working alongside junior doctors/nursing teams in areas reporting high volumes of AKI</li> <li>AKI and sepsis group established on FPH site</li> <li>A “deteriorating patient” lead has been appointed on HWP site and a sepsis/AKI nurse post advertised</li> </ul>
<b>National CQUIN Sepsis</b>	<ul style="list-style-type: none"> <li>On target for all sites</li> </ul>	
<b>National CQUIN Dementia</b>	<ul style="list-style-type: none"> <li>On target for Find, Assess and Refer on all sites</li> </ul>	<ul style="list-style-type: none"> <li>Awaiting agreement of Q4 target for Level 1 training</li> </ul>
<b>National CQUIN Ambulatory Care</b>	<ul style="list-style-type: none"> <li>AEC CQUIN not yet agreed with CCG for HWP site</li> <li>AEC CQUIN for FPH Site on target for achieving project milestones</li> </ul>	<ul style="list-style-type: none"> <li>Meeting set up with CCG to negotiate/agree CQUIN for HWP site</li> <li>Ambulatory Care Unit due to open on FPH site in November</li> </ul>
<b>Local CQUIN Trusted Assessors</b>	<ul style="list-style-type: none"> <li>Project milestones on track for FPH Site</li> <li>Care homes within Berkshire have reconsidered use of Trusted Assessors</li> </ul>	<ul style="list-style-type: none"> <li>Meeting set up with CCG to agree changes to CQUIN for HWP site</li> </ul>
<b>Local CQUIN Promoting Safe Transfer of Care</b>	<ul style="list-style-type: none"> <li>Project milestones on track for all sites</li> </ul>	<ul style="list-style-type: none"> <li>CQUIN lead working alongside junior doctors to support improvement in the quality of discharge summaries</li> <li>Head of Quality delivered FY1/FY2 training on discharge summaries</li> </ul>
<b>Local CQUIN Patients and Carers as partners in care</b>	<ul style="list-style-type: none"> <li>Project milestones on track for all sites</li> </ul>	<ul style="list-style-type: none"> <li>Carers steering group established</li> <li>CCG carers lead presented at Heads of Nursing</li> <li>Work plan informed by survey results and discovery interviews completed</li> </ul>
<b>Local CQUIN Older People Living with frailty</b>	<ul style="list-style-type: none"> <li>Changes to CQUIN on HWP site agreed with CCG</li> <li>Project milestones on track for HWP site</li> <li>EMIS solution to share Comprehensive Geriatric Assessment with GP's not feasible for FPH site</li> </ul>	<ul style="list-style-type: none"> <li>Alternative solution to sharing Comprehensive Geriatric Assessment with GP's is being sought</li> </ul>

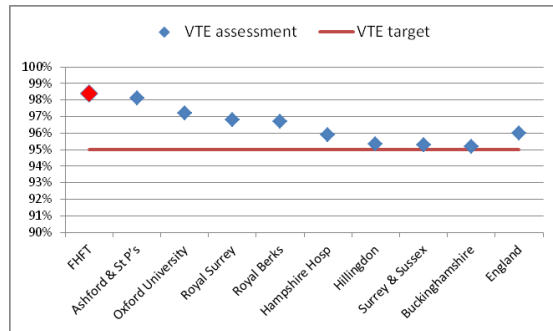
# CQUIN - National CQUIN performance

		14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target Threshold
<b>Acute kidney injury CQUIN</b>																	
The percentage of key items included in the reviewed AKI discharge summaries	New									27%	26%	26%		Data submitted quarterly		26%	TBC*
<b>Sepsis CQUIN</b>																	
The percentage of patients who met the criteria of the local protocol for sepsis screening and were screened for sepsis and for whom sepsis screening is appropriate (Part 1)	New									21.7%	21.5%	25.0%		Data submitted quarterly		22.8%	TBC*
The percentage of patients who present with severe sepsis, Red Flag Sepsis or septic shock to emergency departments and other units that directly admit emergencies, and were administered intravenous antibiotics within 1 hour of arrival (Part 2)	New									Not required in Q1				Data submitted quarterly			TBC*
<b>Dementia Care CQUIN</b>																	
% of all admitted patients (75+) who have been screened for Dementia (within 72 hours)	95%	95%	96%	95%	95%	95%	96%	95%	97%	97%	97%	96%	97%	94%	96%	90%	
% of all admitted patients (75+) who scored positively on the dementia screening tool that then received a dementia diagnostic assessment (within 72 hours)	97%	99%	97%	98%	96%	96%	98%	96%	99%	97%	95%	97%	98%	95%	97%	90%	
% of all admitted patients (75+) who received a dementia diagnostic assessment with a "positive" or "inconclusive" outcome that were then referred for further diagnostic advice/follow up (within 72 hours)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	
Delivery of dementia training programme (Level one only) - staff trained to date	New									in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	TBC*
* Local targets to be agreed with commissioners shortly																	

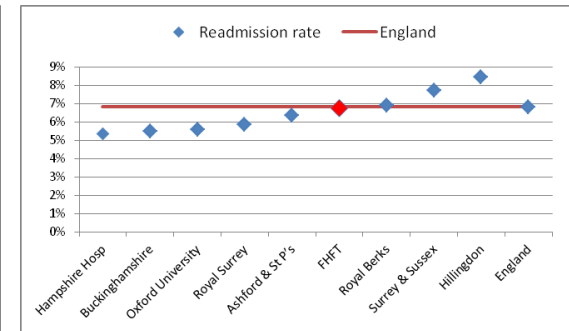
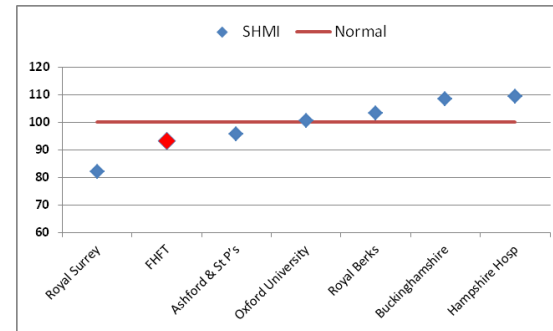


# Benchmarking – selected measures

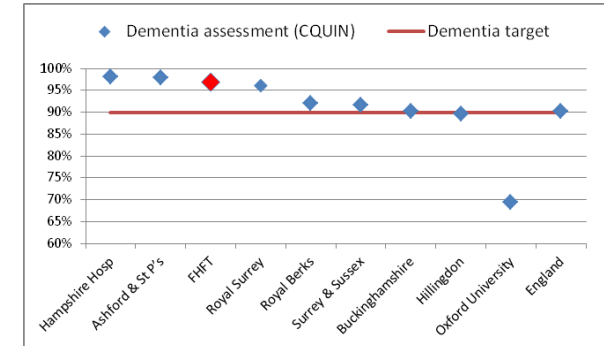
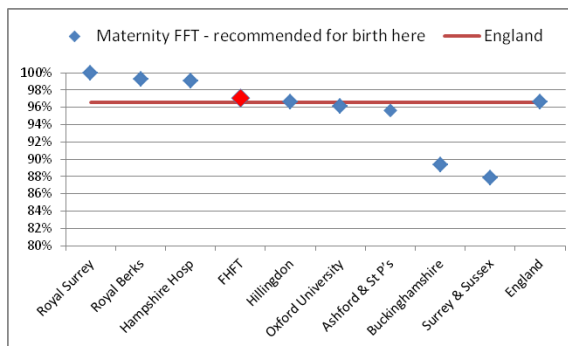
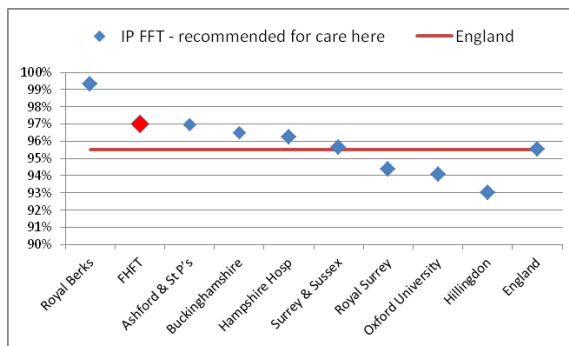
## Safe



## Effective



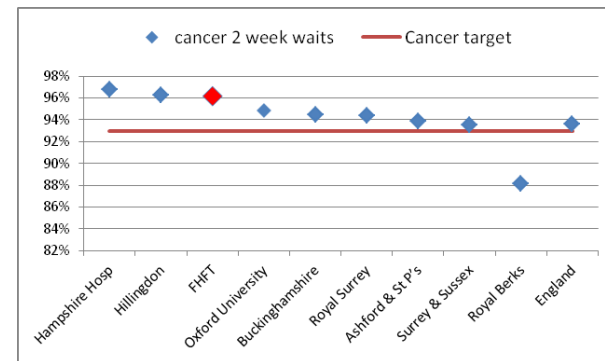
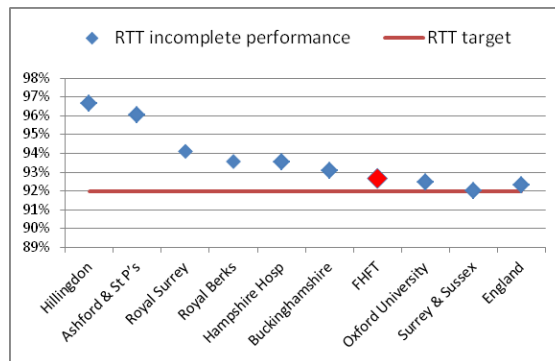
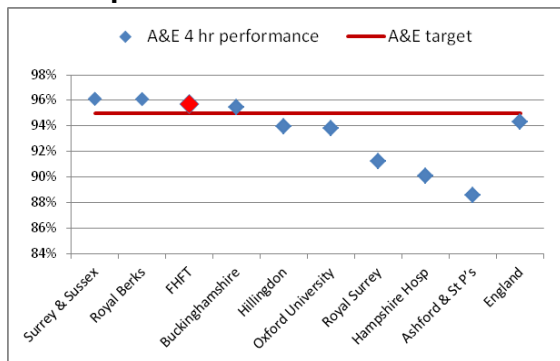
## Caring



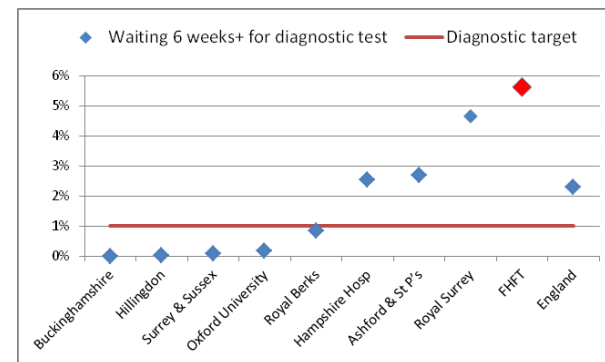
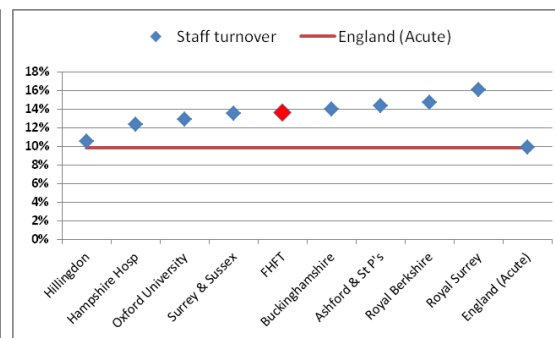
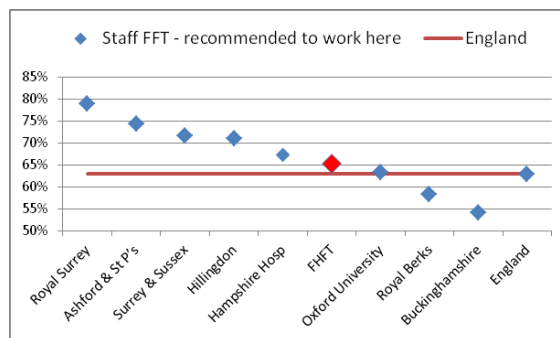
**Data periods:** VTE = Q1 2015/16; SHMI = Jun 2014 – May 2015; Readmissions = May 2015; IP FFT (friends & family test) = Aug 2015; Maternity FFT = Jun 2015; Dementia = Q1 2015/16

# Benchmarking – selected measures

## Responsive



## Workforce



**Data periods:** A&E (4 hr target) = Aug 2015; RTT (incomplete pathways) = Aug 2015; Diagnostic test waits = Aug 2015; Cancer = Q1 2015/16; Staff FFT (friends & family test) = Q1 2015/16; Staff turnover = Jul 2015

# Activity

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	YTD % change
<b>GP and general dental practitioner referrals to all outpatients</b>																
NHS North East Hampshire & Farnham	38897	3245	3619	3233	2884	3073	3165	3673	3155	3116	3230	3539	2865	3760	19665	2%
NHS Slough	34220	3066	3132	2930	2864	2914	2826	3199	3008	3008	3217	3079	2837	3306	18455	13%
NHS Windsor, Ascot & Maidenhead	30273	2488	2729	2634	2354	2583	2529	2796	2535	2662	2670	2592	2254	2661	15374	5%
NHS Bracknell & Ascot	19344	1664	1813	1636	1401	1580	1471	1841	1566	1552	1576	1593	1488	1623	9398	-2%
NHS Surrey Heath	17260	1511	1545	1392	1335	1385	1363	1473	1428	1350	1519	1525	1222	1431	8475	-3%
NHS Chiltern	11989	1073	1123	1030	973	1080	972	1232	1079	1096	1201	1108	1040	1180	6704	20%
Other CCG's	15967	1401	1452	1289	1117	1314	1250	1411	1273	1191	1319	1369	1113	1372	7637	-6%
Total	165307	14448	15413	14144	12928	13929	13576	15625	14044	13975	14732	14805	12819	15333	85708	8%
% change on previous year		8%	3%	5%	19%	-4%	3%	12%	7%	1%	12%	9%	12%	6%		
<b>Outpatient attendances</b>																
New attendances	278460	24208	25145	23052	21712	23006	22320	23934	22394	21375	25075	24534	20690	23739	137807	-1%
Follow-up attendances	596540	52700	53675	49057	47144	50945	48165	53306	50174	47661	54397	52559	44552	52710	302053	3%
Total OP attendances	875000	76908	78820	72109	68856	73951	70485	77240	72568	69036	79472	77093	65242	76449	439860	1%
% change on previous year		7%	2%	1%	8%	-2%	7%	14%	4%	-3%	7%	0%	2%	-1%		
<b>A&amp;E attendances</b>																
A&E attendances (total)	220350	18613	18688	18254	18853	17104	16308	19430	18506	19560	19332	19450	18530	18800	114178	2%
% change on previous year		1%	0%	3%	2%	-3%	-3%	-3%	7%	2%	0%	0%	4%	1%		
<b>Non-elective admissions</b>																
Non-elective admissions (total)	85353	7250	7579	7145	7659	7209	6547	7602	6970	7193	7037	7357	7007	7261	42825	3%
% change on previous year		15%	12%	8%	13%	9%	9%	14%	5%	3%	4%	2%	3%	0%		
<b>Elective admissions</b>																
Daycase	64560	5401	5768	5277	4994	5594	5332	6110	4955	4942	5585	5808	4853	5776	31919	1%
Overnight	15127	1156	1368	1332	1248	1184	1303	1523	1267	1259	1434	1356	1156	1302	7774	8%
Regular day attenders	15438	1338	1342	1233	1367	1340	1281	1476	1285	1264	1427	1485	1267	1436	8164	10%
Total elective admissions	95125	7895	8478	7842	7609	8118	7916	9109	7507	7465	8446	8649	7276	8514	47857	4%
% change on previous year		2%	7%	2%	11%	2%	9%	16%	0%	-6%	10%	5%	7%	8%		

# Appendices

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# Appendices

# Appendix – Methodology for calculating the performance score

- |                   |   |
|-------------------|---|
| <b>Step 1</b>     | <ul style="list-style-type: none"> <li>Measures that are RAG rated as <b>red</b> score 0 points; <b>amber</b> as 2 points and <b>green</b> as 4 points</li> </ul>   |
| <b>Step 2</b>     | <ul style="list-style-type: none"> <li>Identify which measures are “key” targets for the organisation; they may be CQC or Monitor targets or measures on which the trust is particularly focussing</li> <li>Key targets have scores multiplied by a factor of 3</li> <li>The proposed key targets are detailed on the next slide</li> </ul>   |
| <b>Step 3</b>     | <ul style="list-style-type: none"> <li>Apply the weighting for the key targets; add up the scores for the measures for that month per domain; divide by the maximum total score possible for that domain; multiply by 100 to get a percentage score</li> </ul>  |
| <b>Step 4</b>     | <ul style="list-style-type: none"> <li>Apply the thresholds for the overall domain to get a RAG rating for each domain</li> <li>These have been set as a score less than 50% is <b>red</b>, 75% or above is <b>green</b> and in between is <b>amber</b></li> </ul>  |
| <b>Step 5</b>     | <ul style="list-style-type: none"> <li>Add up the score for the Monitor table using Monitor’s weightings for each month and add to the score for the other “Responsive” section (RTT and diagnostic waits). Convert the overall score into a percentage out of the maximum possible score for the “Responsive” domain and RAG rate as in step 4 above</li> <li>Where data is “in arrears” eg cancer standards, use the score for the previous month for that measure as a proxy</li> <li>The manner in which performance against the “Monitor” measures is included in the overall score was changed from July 2015 and has been applied retrospectively</li> </ul> |
| <b>Step 6</b>     | <ul style="list-style-type: none"> <li>Calculate the overall performance score by averaging the domain scores</li> <li>Apply the same thresholds of 50% and 75% to RAG rate the overall score</li> </ul>  |
| <b>Assumption</b> | <ul style="list-style-type: none"> <li>Domains are of equal importance; the domain score is a proportional score out of the maximum possible score for that domain</li> </ul>   |

## Appendix – “Key” targets

The proposed “key” targets are all measures included in CQCs “Intelligent Monitoring” reports for acute trusts or form part of the quarterly monitoring by Monitor. In the new performance score methodology they are weighted more heavily.

Domain	Measure
<b>Safe</b>	<ul style="list-style-type: none"> <li>▪ MRSA</li> <li>▪ VTE assessments</li> <li>▪ Never events</li> </ul>
<b>Effective</b>	<ul style="list-style-type: none"> <li>▪ Overall SHMI</li> <li>▪ Emergency readmissions</li> <li>▪ Stroke - % of patients admitted directly to the stroke unit within 4 hours</li> </ul>
<b>Caring</b>	<ul style="list-style-type: none"> <li>▪ Complaints proportional to activity undertaken</li> <li>▪ Friends and family test</li> </ul>
<b>Responsive &amp; Monitor</b>	<ul style="list-style-type: none"> <li>▪ Diagnostics waiting over 6 weeks</li> <li>▪ Clostridium difficile due to lapses of care</li> <li>▪ A&amp;E 4 hour target</li> <li>▪ RTT target for incomplete pathways</li> <li>▪ Cancer standards</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>▪ Turnover %</li> <li>▪ Sickness %</li> </ul>
<b>Efficiency &amp; Finance</b>	<ul style="list-style-type: none"> <li>▪ Net / surplus deficit</li> </ul>

# Appendix - Safe - Key measures (FPH)

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Infection Control</b>																	
Clostridium difficile *	10	3	1	1	1	0	0	1	0	0	1	1	2	2	6	None	None
Clostridium difficile due to lapses in care	1	0	0	0	0	0	0	1	0	0	1	0	1	1	3	<=11	None
MRSA Bacteraemia	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	None
<b>Medication errors resulting in harm</b>																	
Low	12	0	1	1	0	1	1	1	4	5	2	0	1	0	12	None	
Moderate *	5	0	0	0	0	1	1	0	0	0	0	1	0	0	1	<=5	None
Severe *	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	None
<b>Pressure Ulcer Incidence</b>																	
Hospital acquired - grade 2 *	94	5	12	6	7	10	6	5	15	7	5	7	2	in arrears	36	<=86	None
Hospital acquired - grade 3 *	2	0	0	1	0	0	0	0	0	1	0	0	1	in arrears	2	4	None
Hospital acquired - grade 4 *	0	0	0	0	0	0	0	0	0	0	0	0	0	in arrears	0	0	None
<b>Harm-free care (safety thermometer)</b>	95.6%	96.9%	95.9%	93.4%	97.2%	96.9%	96.2%	96.2%	94.5%	93.6%	93.5%	96.3%	94.1%	93.6%	94.3%	>=95%	<89%
<b>VTE risk assessment</b>	97.9%	99.0%	98.9%	98.5%	98.6%	98.6%	98.5%	98.9%	98.9%	99.3%	99.2%	99.1%	99.0%	99.3%	99.1%	>=95%	None
<b>Never Events</b>	1	0	0	0	0	0	1	0	0	0	0	1	1	0	2	0	None
<b>Serious Incidents Requiring Investigation (SIRI) *</b>	48	3	3	6	4	3	3	6	2	1	4	4	3	0	14	<=45	>4
<b>Falls resulting in significant injury</b>																	
Number of falls *	22	1	2	1	1	1	1	2	1	0	2	1	0	0	4	<=20	None
Number of falls per 1000 bed days	0.10	0.05	0.10	0.05	0.05	0.05	0.05	0.10	0.05	0.00	0.10	0.05	0.00	0.00	0.03	TBC	
<b>Nurse Staffing - appropriate staffing levels</b>																	
Medicine - overall staff	99%	97%	98%	99%	99%	99%	100%	101%	102%	102%	99%	99%	99%	99%	100%	>=90%	None
Surgery - overall staff	99%	99%	103%	99%	99%	99%	98%	99%	101%	105%	101%	100%	102%	101%	101%	>=90%	None
Medicine - registered staff	98%	95%	97%	98%	98%	98%	99%	101%	100%	99%	93%	92%	91%	91%	94%	>=90%	None
Surgery - registered staff	96%	95%	99%	96%	96%	97%	96%	98%	97%	100%	95%	94%	96%	96%	96%	>=90%	None
<b>National Safe Staffing Programme - as reported by NHS Choices (Compliance: planned number nursing hours versus actual)</b>																	
Overall Compliance	100%		102%	101%	100%	101%	98%	101%	99%	101%	99%	97%	96%	99%	98%	>=90%	None

\* Monthly targets are as follows: C. difficile (1); moderate medication errors (0); severe medication errors (0); Pressure ulcers grade 2 (6); grade 3 (0); grade 4 (0); SIRI (3); Falls (1)

# Appendix - Safe - Key measures (HWP)

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Infection Control</b>																	
Clostridium difficile *	23	5	2	1	1	3	2	1	3	1	2	5	3	4	18	None	None
Clostridium difficile due to lapses in care	4	1	0	0	1	0	0	0	1	0	1	1	0	0	3	<=20	None
MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	None
<b>Medication errors resulting in harm</b>																	
Low	432	36	44	31	22	29	30	21	12	4	0	2	2	in arrears	20	None	
Moderate *	42	0	4	4	1	2	0	5	0	0	1	0	0	in arrears	1	<=38	None
Severe *	2	1	0	0	0	0	0	0	0	0	0	0	0	in arrears	0	2	None
<b>Pressure Ulcer Incidence</b>																	
Hospital acquired - grade 2 *	146	14	14	12	13	15	13	7	8	12	4	3	5	in arrears	32	<=130	None
Hospital acquired - grade 3 *	16	0	1	0	2	2	1	1	0	2	0	0	0	in arrears	2	8	None
Hospital acquired - grade 4 *	2	0	0	0	0	0	1	0	0	0	0	0	0	in arrears	0	0	None
<b>Harm-free care (safety thermometer)</b>	94.8%	95.5%	95.8%	96.2%	95.5%	95.3%	95.2%	95.5%	95.2%	94.1%	95.7%	95.1%	95.3%	95.5%	95.1%	>=95%	<89%
<b>VTE risk assessment</b>	96.2%	95.6%	95.2%	95.6%	96.2%	97.3%	97.5%	97.9%	96.7%	98.1%	97.8%	98.0%	100.0%	96.1%	97.8%	>=95%	None
<b>Never Events</b>	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	None
<b>Serious Incidents Requiring Investigation (SIRI) *</b>	49	4	4	0	3	8	5	4	3	2	4	6	3	3	21	<=45	>4
<b>Falls resulting in significant injury</b>																	
Number of falls *	19	1	2	0	2	4	1	1	1	2	1	1	0	1	6	<=17	None
Number of falls per 1000 bed days	0.09	0.06	0.12	0.00	0.12	0.22	0.06	0.06	0.06	0.12	0.06	0.06	0.00	0.06	0.06	TBC	
<b>Nurse Staffing - appropriate staffing levels</b>																	
Medicine - overall staff	98%	99%	96%	98%	100%	99%	101%	100%	102%	91%	99%	103%	97%	100%	99%	>=90%	None
Surgery - overall staff	94%	92%	93%	94%	93%	93%	92%	92%	97%	94%	103%	96%	96%	94%	97%	>=90%	None
Medicine - registered staff	99%	99%	96%	98%	100%	99%	101%	100%	102%	91%	99%	103%	97%	100%	99%	>=90%	None
Surgery - registered staff	94%	92%	93%	94%	93%	93%	92%	92%	97%	94%	103%	96%	96%	94%	97%	>=90%	None
<b>National Safe Staffing Programme - as reported by NHS Choices (Compliance: planned number nursing hours versus actual)</b>																	
Overall Compliance	97%	98%	95%	97%	97%	97%	98%	97%	99%	92%	100%	100%	96%	97%	97%	>=90%	None

\* Monthly targets are as follows: C. difficile (2); moderate medication errors (3); severe medication errors (0); Pressure ulcers grade 2 (10); grade 3 (0); grade 4 (0); SIRI (3); Falls (1)



# Appendix - Effective - Mortality trends

FPH	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target Threshold
<b>Mortality (one month's data)</b>																
Number of deaths	1239	93	101	118	98	131	119	107	99	97	83	99	82	118	578	TBC
Number of discharges	108234	9196	9665	9077	9206	8642	8870	10129	8669	8693	9375	9776	8396	9688	54597	TBC
% deaths	1.1%	1.0%	1.0%	1.3%	1.1%	1.5%	1.3%	1.1%	1.1%	1.1%	0.9%	1.0%	1.0%	1.2%	1.1%	TBC
<b>SHMI (Summary hospital-level mortality indicator) (12 months' rolling data)</b>																
Overall observed number of deaths		1556	1573	1622	1623	1671	1698	1700	1718	1725	in arrears	in arrears	in arrears	in arrears		TBC
Overall expected number of deaths		1766	1777	1794	1812	1858	1872	1881	1902	1850	in arrears	in arrears	in arrears	in arrears		TBC
Overall SHMI rate		88	89	90	90	90	91	90	90	93	in arrears	in arrears	in arrears	in arrears		
Non-elective SHMI rate		88	88	90	89	90	91	90	92	93	in arrears	in arrears	in arrears	in arrears		
Elective SHMI rate		102	96	103	95	104	109	102	105	106	in arrears	in arrears	in arrears	in arrears		

HWP	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target Threshold
<b>Mortality (one month's data)</b>																
Number of deaths	1231	86	114	90	130	141	103	123	102	107	96	86	89	91	571	TBC
Number of discharges	80701	6747	7279	6608	6856	6476	6308	7351	6533	6726	6618	6812	6487	6870	40046	TBC
% deaths	1.5%	1.3%	1.6%	1.4%	1.9%	2.2%	1.6%	1.7%	1.6%	1.6%	1.5%	1.3%	1.4%	1.3%	1.4%	TBC
<b>SHMI (Summary hospital-level mortality indicator) (12 months' rolling data)</b>																
Overall observed number of deaths		1483	1510	1506	1540	1568	1590	1656	1683	1701	in arrears	in arrears	in arrears	in arrears		TBC
Overall expected number of deaths		1802	1796	1807	1858	1915	1937	1681	1693	1710	in arrears	in arrears	in arrears	in arrears		TBC
Overall SHMI rate		82	84	83	83	82	82	98	99	99	in arrears	in arrears	in arrears	in arrears		
Non- elective SHMI rate		82	84	83	82	81	82	98	99	100	in arrears	in arrears	in arrears	in arrears		
Elective SHMI rate		93	100	111	107	104	99	106	102	98	in arrears	in arrears	in arrears	in arrears		

**KEY:** Higher than expected      Within expected range      Lower than expected

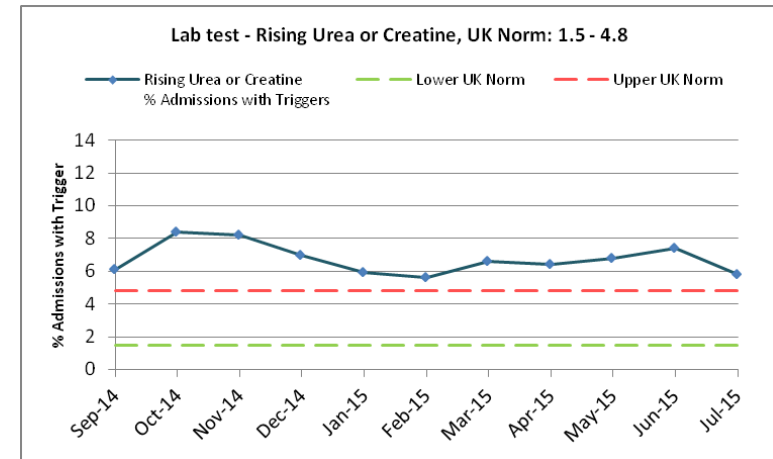
# Appendix - Effective - CRAB medical practice trigger trends (FPH)

Nosocomial (hospital acquired) pneumonia (HAP) and rising urea and creatinine (a surrogate measure of AKI) are above the quoted national norm at FPH.

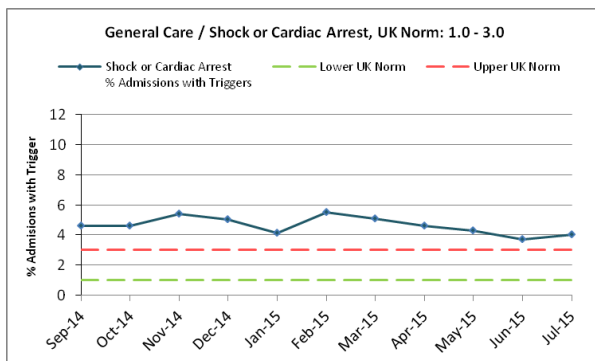
There is a trend towards reduction in incidence of HAP since the winter.

AKI is the subject of a recently launched national CQUIN.

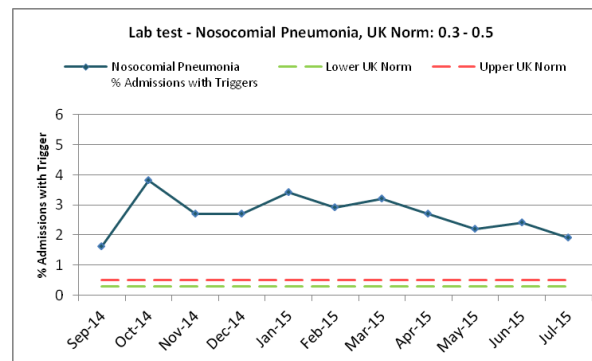
## Rising urea or creatinine



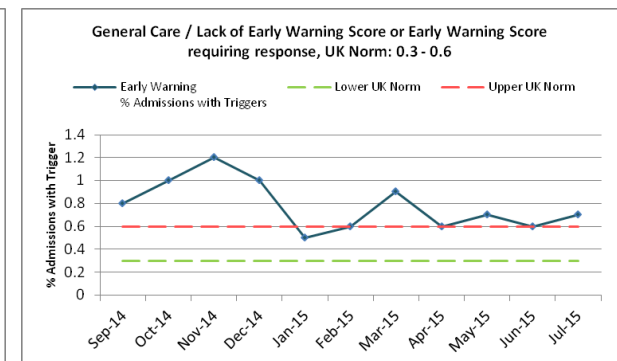
## Shock or cardiac arrest



## Nosocomial pneumonia



## Early warning



# Appendix - Effective - CRAB medical practice trigger trends (HWP)

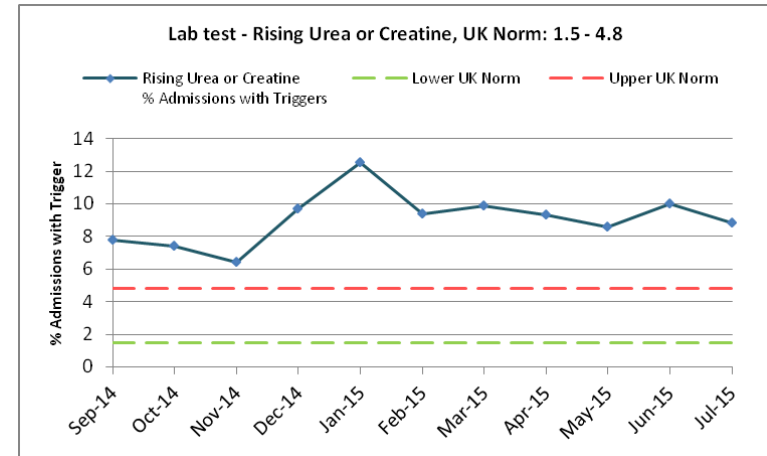
There is a higher than “national normal” rate for acute kidney injury (AKI), hypotension and nosocomial pneumonia (HAP) in medical patients trust-wide. This is more marked at HWP than at FPH.

An AKI audit at HWP has shown that only 15% are hospital acquired; the rest were present already on admission to hospital. Preventable causes of hospital acquired AKI are being sought through a case note review.

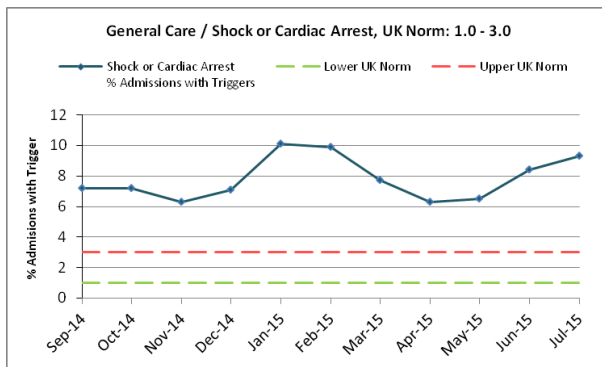
A detailed review of HAP demonstrates inconsistent diagnostic criteria in the case notes. The true incidence of HAP is probably lower. There may be a need for better education to ensure accurate diagnoses. The true cases are undergoing investigation to elucidate avoidable causes.

The “deteriorating patient” project and sepsis CQUIN may also begin to improve this measure over the rest of 2015.

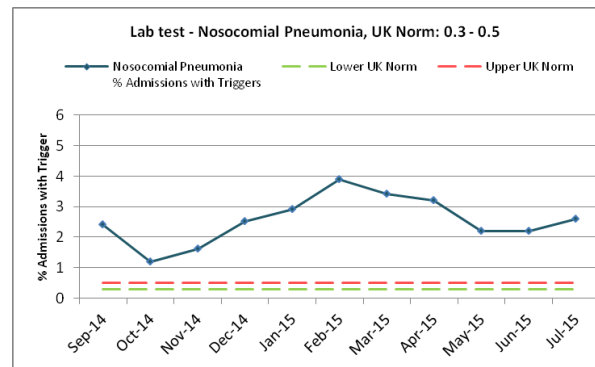
## Rising urea or creatinine



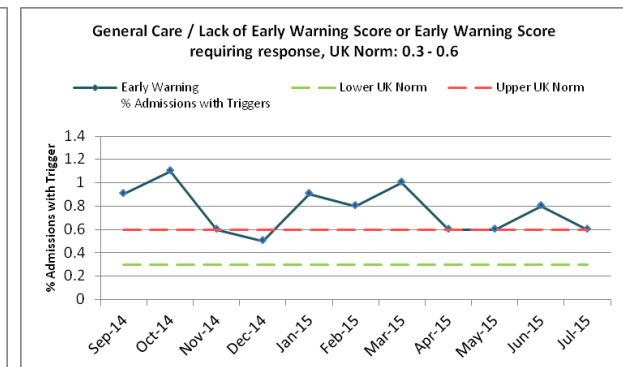
## Shock or cardiac arrest



## Nosocomial pneumonia



## Early warning



## Appendix - Effective - Clinical performance measures (FPH)

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Stroke</b>																	
% of patients admitted directly to the stroke unit in 4 hours	75%	61%	78%	73%	75%	77%	75%	79%	76%	72%	70%	78%	89%	68%	75%	>=75%	<72%
<b>Cardiology</b>																	
% of eligible patients receive treatment; call to balloon within 150 minutes	91%	93%	83%	100%	74%	89%	100%	94%	90%	94%	88%	100%	94%	in arrears	93%	>=85%	<80%
<b>Trauma and orthopaedics</b>																	
% of patients who received surgery within 36 hours for a fractured neck of femur	91%	96%	85%	96%	92%	92%	88%	89%	84%	87%	80%	81%	92%	91%	86%	>=90%	<80%
<b>Obstetrics</b>																	
Caesarean section rate (planned & unscheduled)	24%	21.4%	22.8%	22.2%	24.8%	24.1%	23.5%	28.8%	23.1%	24.0%	25.7%	26.5%	25.2%	25.9%	25.1%	<=23%	>26%

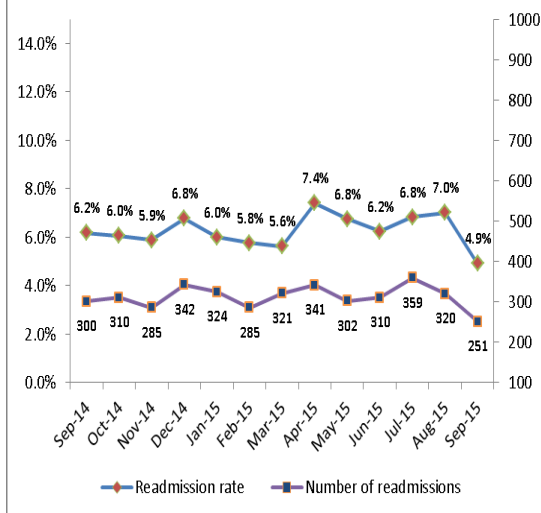
# Appendix - Effective - Clinical performance measures (HWP)

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Stroke</b>																	
% of patients admitted directly to the stroke unit in 4 hours	67%	79%	78%	79%	53%	55%	29%	78%	58%	74%	60%	73%	61%	59%	64%	>=75%	<72%
<b>Cardiology</b>																	
% of eligible patients receive treatment; call to balloon within 150 minutes	86%	75%	89%	100%	100%	67%	100%	100%	100%	100%	100%	100%	100%	100%	100%	>=85%	<80%
<b>Trauma and orthopaedics</b>																	
% of patients who received surgery within 36 hours for a fractured neck of femur	80%	88%	83%	86%	79%	86%	86%	74%	92%	86%	85%	94%	89%	73%	86%	>=90%	<80%
<b>Obstetrics</b>																	
Caesarean section rate (planned & unscheduled)	29%	32.8%	29.5%	27.8%	28.6%	37.2%	30.3%	29.4%	30.3%	27.0%	27.0%	25.6%	22.8%	24.9%	26.2%	<=23%	>26%

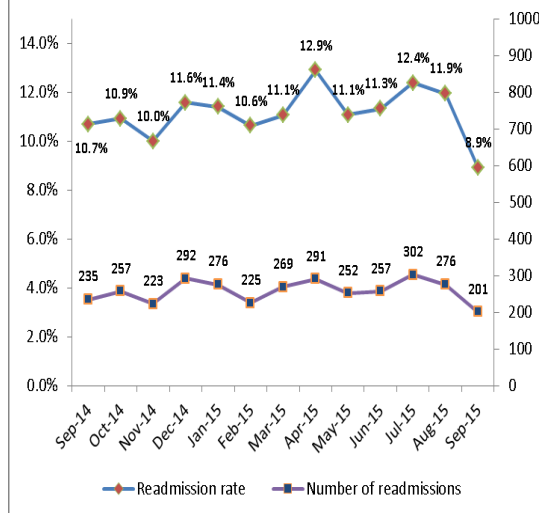
# Appendix - Effective – Emergency readmission trends (FPH)

Lower readmission rates can be taken to indicate a higher quality service to patients as well as reducing costs for hospitals. The data is based on the number of patients who are readmitted to any specialty at either FPH or HWP within 30 days as an emergency following a previous elective or non-elective spell. The readmission spell must be an overnight stay.

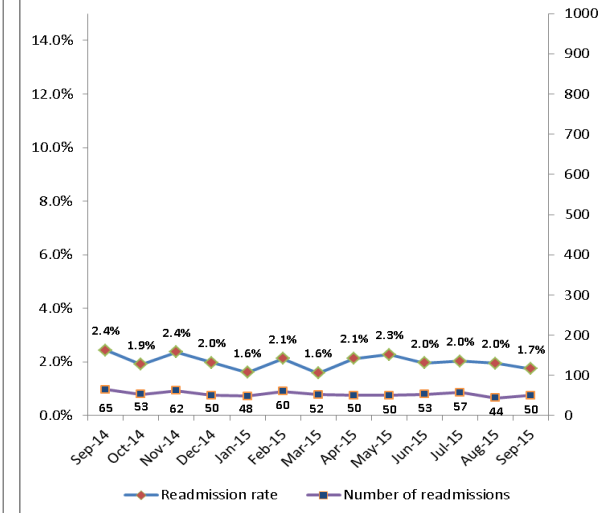
## Overall emergency readmissions



## Emergency readmissions following an emergency admission



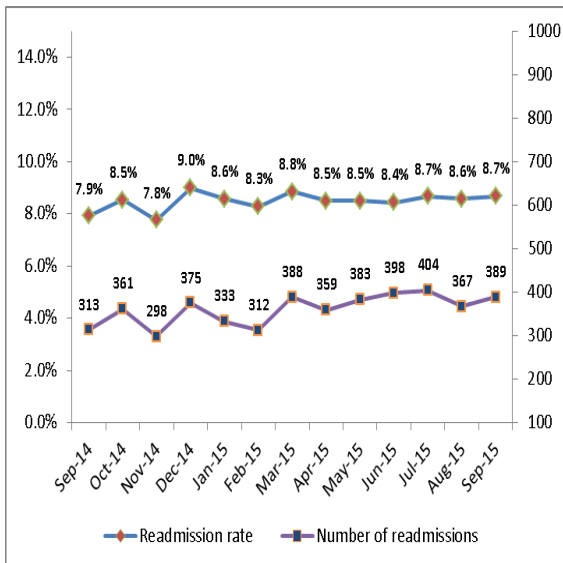
## Emergency readmissions following an elective admission



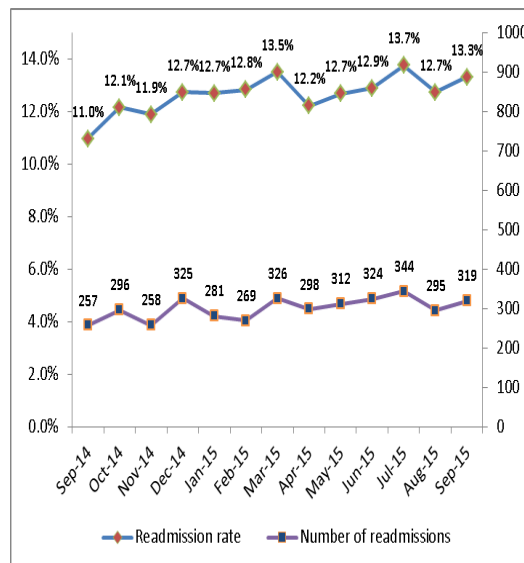
# Appendix - Effective – Emergency readmission trends (HWP)

Lower readmission rates can be taken to indicate a higher quality service to patients as well as reducing costs for hospitals. The data is based on the number of patients who are readmitted to any specialty at either FPH or HWP within 30 days as an emergency following a previous elective or non-elective spell. The readmission spell must be an overnight stay.

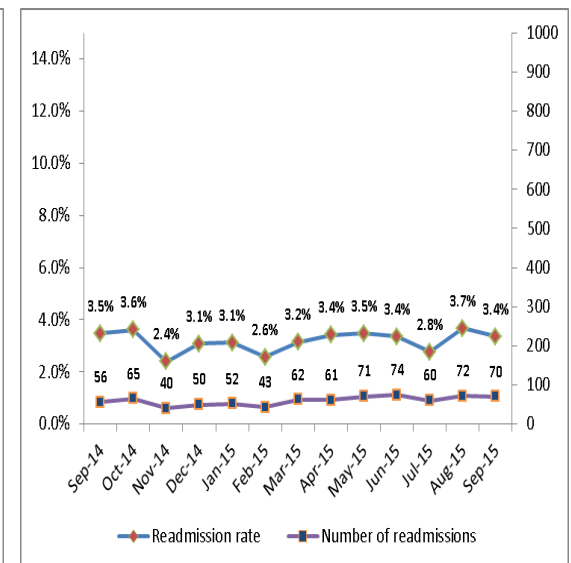
### Overall emergency readmissions



### Emergency readmissions following an emergency admission



### Emergency readmissions following an elective admission



# Appendix - Caring - Key measures (FPH)

		14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Local Surveys (trust-wide measures are being reviewed; a new trust-wide survey will commence in 2015/16)</b>																		
1. Overall did you feel you were treated with respect and dignity whilst in hospital?	New									94% (129/137)	98%	96%	94%	95%	97% (442/458)	96%	>=90%	<80%
2. Were you given enough privacy on the ward?	New									94% (129/137)	96%	95%	97%	95%	95% (433/457)	95%	>=90%	<80%
3. Do you have confidence and trust in the doctors treating you?	New									88% (121/137)	93%	91%	94%	92%	94% (430/458)	93%	>=90%	<80%
4. Were you bothered by noise at night from staff? (percentage of patients saying no)	New									85% (116/137)	85%	88%	91%	88%	86% (390/452)	88%	>=80%	<70%
5. Were you bothered by noise at night from other patients? (percentage of patients saying no)	New									61% (84/137)	68%	74%	73%	72%	67% (304/452)	71%	>=75%	<65%
6. Have you noticed a difference in the quality of your care at different times of the day or week?	New									91% (125/137)	87%	88%	93%	91%	88% (393/446)	90%	>=90%	<80%
7. Do you get enough help from staff to eat your meals?	New									89% (49/55)	93%	82%	92%	91%	86% (118/138)	89%	>=90%	<80%
8. Do you feel that you and your family/carers have been involved in planning for your discharge from hospital?	New									71% (83/117)	78%	67%	76%	77%	75% (285/379)	74%	>=75%	<65%
9. Did staff examining and treating for you introduce themselves?	New									93% (127/137)	91%	89%	93%	90%	92% (416/453)	91%	>=90%	<80%
<b>Complaints</b>																		
Number of complaints received *	426	40	49	28	35	40	25	37	37	28	29	49	34	33	210	<=29	>32	
Number of complaints per 1000 bed days	1.86	2.15	2.40	1.49	1.79	1.91	1.34	1.80	1.83	1.36	1.44	2.46	1.73	1.67	1.74	<=1.52	>1.68	
% of complaints answered within 25 days	69%	70%	57%	57%	49%	95%	89%	73%	73%	86%	93%	82%	88%	in arrears	84%	=100%	<90%	
Number of complaints re-opened	10							10	3	4	6	2	0	1	16	TBC		
<b>Friends and Family Scores - What % would recommend this trust to friends and family if they needed similar care or treatment?</b>																		
Overall % (includes inpatients, A&E, outpatients, maternity and community services) **	90%	88%	89%	94%	93%	94%	93%	93%	93%	93%	93%	95%	94%	95%	94%	94%	>=90%	<85%
* provisional data for the reporting month																		
** surveys include paediatrics and day surgery as from Apr-15 and community services from Jan-15																		
* Annual targets are as follows: Number of complaints (350)																		



# Appendix - Caring - Key measures (HWP)

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Local Surveys (trust-wide measures are being reviewed; a new trust-wide survey will commence in 2015/16)</b>																	
1. Overall did you feel you were treated with respect and dignity whilst in hospital?	New								92% (45/49)	95%	98%	94%	92%	95% (170/179)	95%	>=90%	<80%
2. Were you given enough privacy on the ward?	New								96% (43/45)	96%	99%	98%	95%	97% (168/174)	97%	>=90%	<80%
3. Do you have confidence and trust in the doctors treating you?	New								94% (46/49)	85%	96%	92%	79%	89% (160/180)	89%	>=90%	<80%
4. Were you bothered by noise at night from staff? (percentage of patients saying no)	New								83% (40/48)	90%	90%	87%	61%	88% (155/176)	85%	>=80%	<70%
5. Were you bothered by noise at night from other patients? (percentage of patients saying no)	New								83% (40/48)	75%	77%	61%	84%	80% (142/178)	76%	>=75%	<65%
6. Have you noticed a difference in the quality of your care at different times of the day or week?	New								94% (45/48)	85%	94%	83%	89%	90% (160/178)	89%	>=90%	<80%
7. Do you get enough help from staff to eat your meals?	New								47% (15/32)	89%	100%	82%	33%	82% (37/45)	78%	>=90%	<80%
8. Do you feel that you and your family/carers have been involved in planning for your discharge from hospital?	New								40% (17/42)	56%	66%	59%	44%	49% (70/144)	54%	>=75%	<65%
9. Did staff examining and treating for you introduce themselves?	New								50% (24/48)	78%	95%	80%	82%	77% (139/180)	80%	>=90%	<80%
<b>Complaints</b>																	
Number of complaints received *	564	46	49	47	38	36	41	38	39	29	31	32	24	38	193	<=39	>43
Number of complaints per 1000 bed days	2.81	2.84	2.89	2.86	2.22	2.02	2.64	2.21	2.43	1.75	1.97	2.08	1.46	2.28	1.99	<=2.34	>2.57
% of complaints answered within 25 days	7%	6%	8%	5%	18%	10%	3%	7%	18%	41%	42%	31%	25%	in arrears	26%	=100%	<90%
Number of complaints re-opened	132	17	11	7	19	8	7	3	4	9	1	6	7	2	29		
<b>Friends and Family Scores - What % would recommend this trust to friends and family if they needed similar care or treatment?</b>																	
Overall % (includes inpatients, A&E, outpatients, maternity and community services) **			90%	90%	90%	91%	90%	90%	92%	93%	93%	94%	93%	93%	93%	>=90%	<85%
* provisional data for the reporting month																	
** surveys include paediatrics and day surgery as from Apr-15 and community services from Jan-15																	
* Annual targets are as follows: Number of complaints (473)																	

## Appendix - Caring - What our patients are saying (FPH)

### Some of the positive feedback we have received:



- This was my second homebirth. Both times I felt at ease with the midwives and had the birth I had planned to ... I would not hesitate to recommend home birth to others ...  
**(Home Birth)**
- The evening was very busy so we came back this morning and were seen very quickly. The staff are always friendly no matter how busy  
**(ED)**

### Where can we improve:



Comments fed back to the area concerned immediately for action if required. Trends reported to Patient Experience Forum monthly:

- Very quick to be seen and lovely staff. No available fracture clinic for almost 2 weeks though  
**(ED)**
- The parking is always horrific, therefore you arrive early. Which incurs additional parking costs which is already too expensive  
**(Children's Outpatient Clinic)**

# Appendix - Caring - What our patients are saying (Heatherwood)

## Some of the positive feedback we have received:



- Staff were courteous, caring, polite and professional on the day of my visit, thank you  
**(Urology Outpatient Clinic)**
- Service is excellent and staff always smiling, happy and pleasant  
**(Short Stay Surgical Unit)**
- Everyone has been friendly and explained the procedures. Food and drink we're excellent too. Great stuff  
**(Ward 4 Day Case)**

## Where can we improve:

Comments fed back to the area concerned immediately for action if required. Trends reported to Patient Experience Forum monthly:



- Complete waste of my time and an a typical example of NHS inefficiency and unprofessionalism. Waited 3 months for an appointment only to get to it to be told my GP shouldn't have referred me to them, they even had the audacity to suggest it was my fault. Why wasn't the referral screened before being accepted and an appointment booked. Will be writing to the CCG to complain  
**(Urology Outpatient Clinic)**

# Appendix - Caring - What our patients are saying (Wexham Park)

## Some of the positive feedback we have received:



- Reminders are so important in busy daily lives now. The staff and service has always been fantastic and 100% effort  
**(Physiotherapy Outpatient Clinic)**
- Helpful staff, very clean place to be. Many thanks keep up the good work  
**(Ward 10)**
- The nursing staff were the most polite, helpful and knowledgeable people I have had the pleasure of meeting  
**(Ward 11)**
- Good care, been always there when call staff  
**(Ward 17)**

## Where can we improve:

Comments fed back to the area concerned immediately for action if required. Trends reported to Patient Experience Forum monthly:



- I was not listened too during labour & I feel that contributed to some of the issues I had. There are some staff on the ward that are fantastic but there are others that aren't  
**(Ward 22)**
- Every time over an hour wait for the appointment why make a appointment time when you never get seen on time?  
**(Rheumatology Outpatient Clinic)**

# Appendix - Responsive - Key measures (FPH)

	14/15	Sep-14	Oct	Nov	Dec	Jan-15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	Target	Threshold
<b>Waiting lists</b>																
Outpatient Total Waiting List		9665	9641	9138	8491	8581	7864	8162	9006	9890	9742	11044	11054	10901	None	
Elective Total Waiting List		4256	4456	4396	4615	4448	4404	4234	4542	4742	4882	4979	5169	5229	None	
<b>Diagnostics</b>																
Diagnostics waiting 6 weeks and over	2141	101	123	370	510	425	278	67	216	383	513	464	454	346	None	
% waiting over 6 weeks and over for a diagnostic	4.4%	2.7%	3.1%	9.2%	12.4%	9.8%	6.3%	1.8%	5.4%	7.1%	9.6%	8.8%	8.9%	7.3%	<=1.0%	None
<b>Referral to treatment (RTT)</b>																
RTT Total incomplete waiting list		15014	14909	14738	14322	14528	14501	14544	15345	16097	16039	17219	17217	17774	<i>Targets and thresholds to be agreed in light of new RTT guidance</i>	
RTT waiting 18 weeks and over (backlog)		981	996	947	957	1001	927	806	701	671	805	1017	1962	1299		
RTT waiting 35 weeks and over		0	2	0	0	1	3	0	5	5	8	10	12	12		
RTT waiting 52 weeks and over		0	0	0	0	0	0	0	0	0	0	0	0	0		

## Appendix - Responsive - Key measures (HWP)

	14/15	Sep-14	Oct	Nov	Dec	Jan-15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	Target	Threshold
<b>Waiting lists</b>																
Outpatient Total Waiting List		7972	8108	7688	7365	7063	7078	7507	7370	7845	7767	7439	7570	7571	None	
Elective Total Waiting List		2943	2921	2946	3031	3072	3118	3009	3002	2972	2987	2911	2881	2995	None	
<b>Diagnostics</b>																
Diagnostics waiting 6weeks and over	1338	122	159	123	142	246	173	83	31	42	5	0	1	0	None	
% waiting over 6 weeks and over for a diagnostic	2.4%	2.7%	3.5%	2.7%	3.2%	5.0%	3.5%	1.6%	0.6%	0.9%	0.1%	0.0%	0.0%	0.0%	<=1.0%	None
<b>Referral to treatment (RTT)</b>																
RTT Total incomplete waiting list		10915	11029	10634	10396	10135	10196	10516	10372	10817	10754	10350	10451	10566	<i>Targets and thresholds to be agreed in light of new RTT guidance</i>	
RTT waiting 18 weeks and over (backlog)		714	747	680	753	757	863	752	712	631	613	667	725	740		
RTT waiting 35 weeks and over		72	66	50	68	69	69	60	60	47	40	39	31	25		
RTT waiting 52 weeks and over		2	0	0	1	0	0	3	5	2	3	2	0	1		

# Appendix - Responsive - Monitor dashboard (FPH)

	Sep-14	Q2	Oct	Nov	Dec	Q3	Jan 15	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep-15	Q2	Target	Weighting	
<b>Clostridium difficile</b>																					
Total Clostridium difficile Cases	3	4	1	1	1	3	0	0	1	1	0	0	1	1	1	2	2	5			
Clostridium difficile Due To Lapses In Care	0	0	0	0	0	0	0	0	1	1	0	0	1	1	0	1	1	2	11	1.0	
<b>A&amp;E</b>																					
% Seen Within 4 hours	95.1%	95.3%	94.2%	95.4%	95.6%	95.0%	92.1%	95.3%	95.1%	94.1%	93.5%	95.2%	96.7%	95.1%	96.4%	95.9%	93.1%	95.1%	95%	1.0	
<b>RTT Waiting Times*</b>																					
% treated within 18wks – admitted	85.1%	88.2%	88.4%	88.0%	90.6%	88.0%	90.4%	90.7%	87.5%	87.5%	91.9%	92.2%	90.5%	91.5%	86.5%	82.6%	76.7%	81.9%	90%	1.0	
% treated within 18wks – non-admitted	95.0%	96.0%	95.0%	96.2%	96.7%	96.0%	95.8%	95.7%	96.1%	95.9%	95.8%	96.1%	95.0%	95.5%	95.1%	88.5%	82.1%	89.1%	95%	1.0	
% waiting within 18wks - incomplete pathways	94.9%	94.9%	94.4%	95.0%	94.5%	94.6%	94.4%	94.9%	95.6%	95.0%	95.4%	95.8%	94.9%	95.4%	94.7%	92.4%	92.7%	93.2%	92%	1.0	
<b>Cancer</b>																					
2 week waits – All GP referrals	93.9%	94.0%	94.4%	96.1%	95.6%	95.4%	95.2%	96.0%	96.3%	95.9%	96.1%	96.4%	95.0%	95.8%	92.9%	95.3%	In arrears	In arrears	93%	1.0	
2 week waits - Breast symptomatic referrals	96.5%	95.6%	96.0%	95.3%	98.9%	96.8%	93.2%	96.7%	98.5%	96.3%	97.9%	98.3%	97.2%	97.8%	96.0%	91.3%	In arrears	In arrears	93%		
31 day wait for first treatment	97.9%	98.3%	96.7%	100%	100%	98.8%	98.8%	100%	97.8%	98.8%	98.9%	98.8%	98.1%	98.8%	100%	97.6%	In arrears	In arrears	96%	1.0	
31 day wait for second or subsequent treatment	Surgery	100%	97.7%	100%	100%	87.5%	96.1%	100%	93.8%	100%	97.6%	100%	100%	88.9%	96.6%	100%	84.6%	In arrears	In arrears	94%	1.0
	Anti cancer drugs	100%	100%	100%	NA	100%	100%	100%	100%	100%	100%	NA	NA	NA	NA	100%	NA	In arrears	In arrears	98%	
62 day wait for first treatment	85.4%	87.9%	85.1%	88.0%	88.1%	87.7%	87.8%	88.9%	87.3%	87.3%	86.9%	81.1%	86.7%	85.2%	86.5%	93.0%	In arrears	In arrears	85%	1.0	
62 day wait for screening patients	90.0%	97.6%	100%	100%	100%	100%	100%	66.7%	83.3%	84.2%	100%	100%	85.7%	93.8%	100%	100%	In arrears	In arrears	90%		
<b>Overall performance score</b>																					
Service Performance Score		1				1				3				0							
*RTT Waiting Times (Admitted and Non-Admitted) are not RAG rated and not included in scoring from Jul-15 onwards as these are no longer national targets NA – Not Applicable																					

# Appendix - Responsive - Monitor dashboard (HWP)

	Sep-14	Q2	Oct	Nov	Dec	Q3	Jan 15	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep-15	Q2	Target	Weighting
<b>Clostridium difficile</b>																				
Total Clostridium difficile Cases	5	7	2	1	1	4	3	2	1	6	3	1	2	6	5	3	4	12		
Clostridium difficile Due To Lapses In Care	1	1	0	0	1	1	0	0	0	0	1	0	1	2	1	0	0	1	20	1.0
<b>A&amp;E</b>																				
% Seen Within 4 hours	95.9%	95.4%	94.7%	95.3%	92.4%	94.2%	89.6%	96.4%	95.2%	93.5%	97.7%	97.5%	96.8%	97.4%	96.9%	95.6%	94.3%	95.6%	95%	1.0
<b>RTT Waiting Times</b>																				
% treated within 18wks – admitted	91.2%	91.6%	92.6%	90.2%	94.2%	92.3%	91.2%	88.9%	85.4%	85.4%	90.2%	91.5%	92.0%	91.3%	91.1%	87.9%	90.2%	89.8%	90%	1.0
% treated within 18wks – non-admitted	95.6%	95.4%	95.1%	95.1%	95.9%	95.4%	95.1%	95.1%	95.1%	95.1%	95.1%	95.1%	95.5%	95.3%	95.3%	95.2%	94.3%	94.9%	95%	1.0
% waiting within 18wks - incomplete pathways	93.5%	93.9%	93.2%	93.6%	92.8%	93.2%	92.5%	91.5%	92.8%	91.5%	93.2%	94.2%	94.3%	93.9%	93.6%	93.1%	93.0%	93.2%	92%	1.0
<b>Cancer</b>																				
2 week waits – All GP referrals	93.1%	94.7%	94.1%	95.0%	97.3%	95.4%	93.3%	96.2%	95.7%	95.1%	91.1%	95.1%	96.5%	94.2%	96.2%	95.5%	In arrears	In arrears	93%	1.0
2 week waits - Breast symptomatic referrals	100%	98.1%	98.4%	100%	99.3%	99.3%	99.1%	100%	100%	99.8%	96.2%	96.9%	97.2%	96.8%	98.6%	95.3%	In arrears	In arrears	93%	
31 day wait for first treatment	98.4%	96.1%	100%	99.1%	100%	99.7%	100%	100%	100%	100%	100%	98.3%	100%	99.5%	98.6%	100%	In arrears	In arrears	96%	1.0
31 day wait for second or subsequent treatment	Surgery	100%	93.3%	100%	100%	100%	100%	100%	96.7%	98.8%	100%	100%	100%	100%	100%	100%	In arrears	In arrears	94%	1.0
	Anti-cancer drugs	100%	100%	100%	100%	97.9%	99.2%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	In arrears	In arrears	98%
62 day wait for first treatment	78.2%	81.8%	81.3%	80.0%	82.6%	81.4%	80.6%	89.0%	85.7%	85.0%	89.2%	89.0%	98.1%	91.9%	88.5%	91.8%	In arrears	In arrears	85%	1.0
62 day wait for screening patients	93.8%	80.0%	94.3%	95.0%	94.7%	94.8%	73.9%	100%	100%	90.3%	100%	93.5%	100%	98.0%	100%	100%	In arrears	In arrears	90%	
<b>Overall performance score</b>																				
Service Performance Score		3					2				3				0					

\*RTT Waiting Times (Admitted and Non-Admitted) are not RAG rated and not included in scoring from Jul-15 onwards as these are no longer national targets



# Appendix - Responsive — Cancer 62-day waits standard by tumour group (FPH)

	Aug-14	Sep	Q2	Oct	Nov	Dec	Q3	Jan-15	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep-15	Target
Brain/CNS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Breast	100%	96.2%	98.7% (38.5/39)	100%	100%	80.0%	96.1% (24.5/25.5)	100%	100%	100%	100% (24.5/24.5)	100%	100%	100%	100% (31/31)	100%	100%		
Childrens	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Gynaecological	57.1%	66.7%	60.0% (4.5/7.5)	66.7%	22.2%	87.5%	56.5% (6.5/11.5)	100%	75.0%	88.9%	85.7% (6/7)	100%	60.0%	100%	80.0% (4/5)	71.4%	100%		
Haematological	50.0%	44.4%	62.5% (7.5/12)	66.7%	100%	66.7%	80.0% (8/10)	80.0%	66.7%	66.7%	66.7% (8/12)	NA	100%	50.0%	66.7% (2/3)	0.0%	100%		
Head & Neck	100%	100%	100% (4/4)	NA	75.0%	0.0%	50.0% (1.5/3)	100%	NA	0.0%	25.0% (0.5/2)	100%	NA	0.0%	75.0% (1.5/2)	100%	33.3%		
Lower GI	87.5%	66.7%	84.0% (10.5/12.5)	80.0%	100%	100%	94.7% (9/9.5)	75.0%	80.0%	100%	90.0% (9/10)	85.7%	81.3%	91.7%	85.7% (18/21)	100%	80.0%		
Lung	66.7%	88.9%	90.9% (5/5.5)	100%	NA	NA	100% (1/1)	100%	100%	33.3%	80.0% (4/5)	NA	66.7%	100%	77.8% (3.5/4.5)	100%	100%		
Sarcomas	100%	NA	66.7% (1/1.5)	NA	NA	NA	NA	NA	50.0%	75.0%	71.4% (2.5/3.5)	NA	NA	100%	100% (0.5/0.5)	NA	NA		
Skin	100%	92.3%	98.4% (30/30.5)	90.0%	100%	100%	95.7% (22.5/23.5)	100%	100%	92.3%	96.4% (27/28)	100%	100%	87.5%	94.9% (37/39)	100%	100%		
Upper GI	90.0%	0.0%	84.6% (5.5/6.5)	50.0%	100%	100%	80.0% (4/5)	60.0%	80.0%	85.7%	76.5% (6.5/8.5)	63.6%	66.7%	60.0%	70.6% (6/8.5)	66.7%	50.0%		
Urological	61.5%	100%	81.0% (17/21)	87.5%	88.9%	100%	92.9% (26/28)	80.0%	88.2%	93.8%	87.5% (21/24)	75.0%	57.1%	66.7%	65.0% (19.5/30)	70.0%	88.2%		
Other	NA	NA	50.0% (0.5/0.5)	NA	NA	0.0%	0.0% (0/0.5)	50.0%	NA	NA	50.0% (0.5/1)	100%	NA	100%	100% (1/1)	NA	NA		
<b>Total</b>	<b>87.3%</b>	<b>85.4%</b>	<b>87.9%</b> <b>(123/139.5)</b>	<b>85.1%</b>	<b>88.0%</b>	<b>88.1%</b>	<b>87.7%</b> <b>(103/117.5)</b>	<b>87.8%</b>	<b>88.9%</b>	<b>87.3%</b>	<b>87.3%</b> <b>(107/122)</b>	<b>86.9%</b>	<b>81.1%</b>	<b>86.7%</b>	<b>85.2%</b> <b>(123.5/145)</b>	<b>86.5%</b>	<b>93.0%</b>		

In arrears >=85%

\* Half numbers are where a patient has been referred here for treatment from another provider or vice versa; the patient is shared between providers

# Appendix - Responsive — Cancer 62-day waits standard by tumour group (HWP)

	Aug-14	Sep	Q2	Oct	Nov	Dec	Q3	Jan-15	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep-15	Target
Brain/CNS	NA	100%	100% (1/1)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Breast	63.6%	92.9%	82.4% (28/34)	85.7%	100%	100%	94.1% (40/42.5)	100%	100%	100%	100% (42.5/42.5)	100%	100%	96.6%	98.5% (32/32.5)	100%	100%		
Childrens	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Gynaecological	50.0%	100%	77.8% (7/9)	100%	0.0%	77.8%	69.2% (4.5/6.5)	0.0%	83.3%	50.0%	56.3% (4.5/8)	50.0%	100%	NA	71.4% (2.5/3.5)	66.7%	85.7%		
Haematological	NA	100%	92.9% (6.5/7)	66.7%	100%	100%	83.3% (5/6)	33.3%	100%	71.4%	64.7% (5.5/8.5)	100%	100%	100%	100% (4/4)	100%	57.1%		
Head & Neck	100%	33.3%	72.7% (4/5.5)	100%	60.0%	75.0%	76.5% (6.5/8.5)	NA	50.0%	0.0%	28.6% (1/3.5)	66.7%	57.1%	100%	71.4% (5/7)	NA	80.0%		
Lower GI	100%	100%	82.9% (14.5/17.5)	61.5%	84.6%	88.9%	79.5% (17.5/22)	90.5%	100%	93.3%	93.5% (21.5//23)	100%	100%	100%	100% (13.5/13.5)	100%	100%		
Lung	100%	100%	84.6% (5.5/6.5)	85.7%	80.0%	100%	87.5% (10.5/12)	100%	50.0%	100%	86.7% (6.5/7.5)	100%	50.0%	66.7%	78.6% (5.5/7)	66.7%	100%		
Sarcomas	NA	0.0%	0.0% (0/0.5)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Skin	100%	100%	100% (34/34)	100%	100%	100%	100% (27/27)	100%	100%	100%	100% (27/27)	100%	100%	100%	100% (31.5/31.5)	100%	100%		
Upper GI	75.0%	50.0%	75.0% (6/8)	80.0%	75.0%	100%	85.2% (11.5/13.5)	60.0%	100%	100%	88.2% (7.5/8.5)	75.0%	83.3%	100%	87.1% (13.5/15.5)	100%	75.0%		
Urological	88.9%	48.7%	70.1% (37.5/53.5)	71.0%	57.1%	54.5%	60.9% (28/46)	66.7%	77.3%	50.0%	65.2% (22.5/34.5)	83.9%	87.0%	100%	88.1% (55.5/63)	65.0%	93.3%		
Other	100%	NA	100% (2/2)	NA	NA	0.0%	0.0% (0/1)	NA	NA	100%	100% (0.5/0.5)	100%	NA	NA	100% (1/1)	NA	NA		
<b>Total</b>	<b>83.0%</b>	<b>78.2%</b>	<b>81.8% (146/178)</b>	<b>81.3%</b>	<b>80.0%</b>	<b>82.6%</b>	<b>81.4% (150.5/185)</b>	<b>80.6%</b>	<b>89.0%</b>	<b>85.7%</b>	<b>85.0% (139/163.5)</b>	<b>89.2%</b>	<b>89.0%</b>	<b>98.1%</b>	<b>91.9% (164/178.5)</b>	<b>88.5%</b>	<b>91.8%</b>		

In arrears &gt;=85%

\* Half numbers are where a patient has been referred here for treatment from another provider or vice versa; the patient is shared between providers

# Appendix - Workforce - Key measures (FPH)

	14/15	Sep-14	Oct	Nov	Dec	Jan-15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Staff numbers</b>																	
Staff in Post FTE	N/A	3858	3878	3886	3903	3934	3941	3959	3969	3970	4000	4019	3989	4023	N/A	N/A	N/A
Vacancy FTE	N/A	244	207	223	298	249	249	218	373	375	356	338	352	332	N/A	N/A	N/A
Starters FTE	664	83	79	41	39	53	44	54	50	33	46	55	39	67	290	N/A	N/A
Leavers FTE	646	85	39	38	40	30	39	50	38	38	33	51	37	66	265	N/A	N/A
<b>Turnover rate *</b>																	
Turnover %	13.2%	13.6%	13.9%	13.9%	13.8%	13.2%	13.3%	13.1%	12.7%	13.3%	13.0%	13.2%	11.8%	11.8%	11.8%	<=12.0%	>13.5%
<b>Vacancy rate **</b>																	
Vacancy %	N/A	5.1%	5.3%	4.3%	4.8%	6.8%	6.4%	5.5%	9.1%	9.1%	8.7%	8.2%	8.6%	8.1%	N/A	<=8.5%	>10.0%
<b>Sickness absence rate *</b>																	
Sickness Absence Rate %	3.0%	3.0%	3.5%	3.5%	3.5%	3.3%	3.3%	3.0%	2.8%	2.8%	2.4%	2.5%	2.7%	2.9%	3.1%	<=2.9%	>3.2%
<b>Appraisal rates</b>																	
Appraisal (non Medical) %	N/A	68.0%	61.0%	59.0%	57.0%	59.0%	56.0%	56.0%	45.0%	***				30.0%	N/A	>=80%	<70%
Appraisal (Medical) %	N/A								92.8%	95.3%	94.2%	94.2%	96.6%	95.7%	N/A	>=80%	<70%
<b>Friends &amp; family test for staff - % recommending here as a place to work</b>																	
Staff FFT	N/A	79.2%	76.7%			75.4%			66.2%			73.7%				N/A	N/A
<p>Targets amended in Aug 2015 and applied retrospectively to Turnover and Vacancy rates</p> <p>* "YTD" figures for turnover and sickness absence are the average performance over the past 12 months</p> <p>** Budgets for 2015/16 have been aligned with ESR in July 2015 providing a more comprehensive position for vacancies at FPH. This has been applied retrospectively from April 2015</p> <p>*** The appraisal trackers were taken off-line in June 2015 to develop them from the legacy organisations to reflect the new structure of Frimley Health. The development work was completed and the trackers made live again in September 2015</p>																	

## Appendix - Workforce - Key measures (HWP)

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Staff numbers</b>																	
Staff in Post FTE	N/A	3506	3531	3569	3566	3565	3560	3517	3505	3500	3493	3483	3481	3474	N/A	N/A	N/A
Vacancy FTE	N/A	437	412	374	377	537	521	467	587	591	598	608	603	611	N/A	N/A	N/A
Starters FTE	849	126	82	90	43	62	60	39	34	45	41	30	39	60	250	N/A	N/A
Leavers FTE	836	88	53	45	50	59	60	71	62	46	36	50	48	60	302	N/A	N/A
<b>Turnover rate</b>																	
Turnover %	14.0%	21.9%	16.3%	15.9%	17.4%	18.5%	13.5%	14.0%	17.9%	18.0%	17.7%	17.6%	17.6%	17.3%	17.6%	<=17.0%	>18.5%
<b>Vacancy rate *</b>																	
Vacancy %	N/A	12.5%	11.6%	11.2%	11.9%	11.7%	11.9%	11.7%	15.0%	15.1%	15.2%	15.5%	15.4%	15.6%	N/A	<=15.0%	>16.5%
<b>Sickness absence rate *</b>																	
Sickness Absence Rate %	3.5%	3.7%	3.7%	3.5%	3.9%	3.8%	3.4%	3.2%	3.2%	3.1%	3.5%	3.6%	3.4%	3.1%	3.5%	<=2.9%	>3.2%
<b>Appraisal rates</b>																	
Appraisal (non Medical) %	N/A	50.0%	51.0%	52.0%	50.0%	48.0%	47.0%	47.0%	39.0%	**				25.0%	N/A	>=80.0%	<70.0%
Appraisal (Medical) %	N/A								91.7%	92.2%	88.1%	88.4%	88.7%	87.5%	N/A	>=80.0%	<70.0%
<b>Friends &amp; family test for staff - % recommending here as a place to work</b>																	
Staff FFT	N/A	39.4%	48.4%			51.7%			48.9%			55.5%				N/A	N/A
<p>Targets amended in Aug 2015 and applied retrospectively for Turnover and Vacancy rates</p> <p>* "YTD" figures for turnover and sickness absence are the average performance over the past 12 months</p> <p>** The appraisal trackers were taken off-line in June 2015 to develop them from the legacy organisations to reflect the new structure of Frimley Health. The development work was completed and the trackers made live again in September 2015</p>																	

## Appendix - Efficiency – Efficiency Key measures (FPH)

	14/15	Sep-14	Oct	Nov	Dec	Jan-15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Outpatients</b>																	
DNA Rates	5.7%	5.9%	6.0%	5.6%	5.6%	5.7%	5.2%	5.2%	5.2%	5.3%	5.4%	5.2%	5.3%	5.6%	5.4%	<=6.5%	>7.0%
Outpatient Follow Up Ratios	2.01	2.01	1.97	2.01	2.02	2.10	2.00	2.09	2.11	2.08	2.04	2.03	2.03	2.16	2.07	<=2.10	>2.20
<b>Average Length of stay *</b>																	
Elective length of stay	2.71	2.61	2.72	2.53	2.58	2.76	2.67	2.92	2.79	2.95	2.35	2.46	2.55	2.52	2.60	<=2.93	>3.71
Non-elective length of stay	4.14	4.32	4.00	4.07	4.03	4.45	4.26	3.99	4.34	4.14	4.35	4.04	4.09	4.26	4.20	<=4.73	>6.19
<b>Day case rate</b>																	
% day cases of all electives	84%	86%	84%	83%	83%	86%	83%	84%	82%	81%	82%	83%	83%	85%	83%	>=80%	<75%
* The targets and thresholds for the average length of stay measures have been adjusted to reflect the activity and specialty mix trust-wide and for each site from September 2015 and applied retrospectively																	

## Appendix - Efficiency – Efficiency Key measures (HWP)

	14/15	Sep-14	Oct	Nov	Dec	Jan-15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	Target	Threshold
<b>Outpatients</b>																	
DNA Rates	8.1%	8.0%	7.9%	7.9%	8.4%	8.1%	7.4%	7.7%	8.0%	8.2%	7.7%	8.0%	8.5%	8.0%	8.1%	<=6.5%	>7.0%
Outpatient Follow Up Ratios	2.33	2.43	2.38	2.30	2.39	2.38	2.39	2.42	2.43	2.43	2.36	2.30	2.32	2.31	2.36	<=2.10	>2.20
<b>Average Length of stay *</b>																	
Elective length of stay	2.38	2.64	2.90	2.13	1.77	2.06	2.38	2.17	2.34	2.22	2.43	1.98	2.28	2.97	2.37	<=2.49	>3.08
Non-elective length of stay	4.21	4.17	4.16	4.03	4.40	4.48	4.52	4.09	4.09	4.10	4.32	4.21	3.82	4.08	4.10	<=3.22	>4.14
<b>Day case rate</b>																	
% day cases of all electives	76%	77%	77%	76%	75%	76%	75%	74%	77%	78%	76%	78%	77%	77%	77%	>=80%	<75%
* The targets and thresholds for the average length of stay measures have been adjusted to reflect the activity and specialty mix trust-wide and for each site from September 2015 and applied retrospectively																	

# Appendix - CQUIN - National CQUIN performance (FPH)

		14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Q1	Jul	Aug	Sep-15	Q2	Target	Total value
<b>Acute kidney injury CQUIN</b>																			
• The percentage of key items included in the reviewed AKI discharge summaries	New									25%	27%	27%	Achieved	30%	50%	52%	44%	Q1 - n/a Q2 - 30% Q3 - 60% Q4 - 90%	£533,493
<b>Sepsis CQUIN</b>																			
• The percentage of patients who met the criteria of the local protocol for sepsis screening and were screened for sepsis and for whom sepsis screening is appropriate (Part 1)	New									55%	37%	38%	Achieved	100%	100%	75%	92%	Q1 - n/a Q2 - 60% Q3 - 75% Q4 - 90%	£266,746
• The percentage of patients who present with severe sepsis, Red Flag Sepsis or septic shock to emergency departments and other units that directly admit emergencies, and were administered intravenous antibiotics within 1 hour of arrival (Part 2)	New									Not required in Q1			Achieved	85%	63%	70%	74%	Q1 - n/a Q2 - n/a Q3 - 70% Q4 - 90%	£266,746
<b>Dementia Care CQUIN</b>																			
• % of all admitted patients (75+) who have been screened for Dementia (within 72 hours)		99%	99%	99%	99%	100%	99%	100%	99%	100%	102%	100%	Achieved	99%	99%	100%	99%	>=90%	£320,097
• % of all admitted patients (75+) who scored positively on the dementia screening tool that then received a dementia diagnostic assessment (within 72 hours)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Achieved	100%	100%	100%	100%	>=90%	
• % of all admitted patients (75+) who received a dementia diagnostic assessment with a "positive" or "inconclusive" outcome that were then referred for further diagnostic advice/follow up (within 72 hours)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Achieved	100%	100%	100%	100%	>=90%	
• Q4 audit	New									Not required in Q1			NA	Not required in Q2			NA	TBC	£53,349
• Delivery of dementia training programme (Level one only) – staff trained to date	New									Cumulative total = 56%			On target			56%	70% by Q4 *		
• Dementia carers survey undertaken each month	New											Achieved	On target			NA	No target	£160,048	
<b>Ambulatory Care CQUIN</b>																			
• Ambulatory care	New												Achieved	On target			NA	TBC *	£1,066,985

\* Target proposal sent to CCG for agreement

# Appendix - CQUIN - National CQUIN performance (HWP)

		14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Q1	Jul	Aug	Sep-15	Q2	Target	Total value		
<b>Acute kidney injury CQUIN</b>																					
• The percentage of key items included in the reviewed AKI discharge summaries	New									29%	25%	24%	Achieved £50,000	20%	30%	25%	Achieved	Q1 - n/a Q2 - TBC Q3 - TBC Q4 - 90%	£500,000		
<b>Sepsis CQUIN</b>																					
• The percentage of patients who met the criteria of the local protocol for sepsis screening and were screened for sepsis and for whom sepsis screening is appropriate (Part 1)	New									6%	12%	19%	Achieved £50,000	54%	61%	77%	Achieved	Q1 - n/a Q2 - TBC Q3 - TBC Q4 - 90%	£250,000		
• The percentage of patients who present with severe sepsis, Red Flag Sepsis or septic shock to emergency departments and other units that directly admit emergencies, and were administered intravenous antibiotics within 1 hour of arrival (Part 2)	New									Not required in Q1			Achieved	68%	88%	64%	Achieved	Q1 - n/a Q2 - n/a Q3 - TBC Q4 - 90%	£250,000		
<b>Dementia Care CQUIN</b>																					
• % of all admitted patients (75+) who have been screened for Dementia (within 72 hours)		92%	91%	94%	91%	92%	92%	93%	92%	96%	96%	95%		94%	96%	91%	Achieved	>=90%	£300,000		
• % of all admitted patients (75+) who scored positively on the dementia screening tool that then received a dementia diagnostic assessment (within 72 hours)		92%	95%	93%	92%	91%	90%	94%	91%	98%	95%	92%	Achieved £60,000	91%	92%	91%	Achieved	>=90%			
• % of all admitted patients (75+) who received a dementia diagnostic assessment with a "positive" or "inconclusive" outcome that were then referred for further diagnostic advice/follow up (within 72 hours)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	Achieved	>=90%			
• Q4 audit	New									Not required in Q1			NA	Not required in Q2			NA	TBC			
• Delivery of dementia training programme (Level one only) – staff trained to date	New									Data not available due to WIRED										TBC	£50,000
• Dementia carers survey undertaken each month	New												Achieved	On target			NA	No target	£150,000		
<b>Ambulatory Care CQUIN</b>																					
• Ambulatory care	New												Achieved	On target			NA	TBC	£1,000,000		



## Appendix - CQUIN – Local CQUIN performance (FPH)

	Q1	Q2	Total Value of CQUIN
<b>Safer Transfer of Care</b>			
MILESTONES Q2 <ul style="list-style-type: none"> <li>Audit of Discharge Summaries</li> <li>Launch GP Survey</li> <li>RCA (root cause analysis) of re-admissions</li> </ul>	ACHIEVED	COMPLETE	£ 666,866
<b>Trusted Assessors</b>			
MILESTONES Q2 <ul style="list-style-type: none"> <li>Trusted Assessors to visit homes</li> <li>Launch Satisfaction Survey</li> <li>Develop competencies</li> </ul>	ACHIEVED	COMPLETE	£666,866
<b>Carers as Partners in Care</b>			
MILESTONES Q2 <ul style="list-style-type: none"> <li>Develop Carers Steering Group</li> <li>Review options for supporting/assessing carers needs</li> <li>Carers Survey and Discovery interviews</li> <li>Develop work plan to increase staff awareness about carers needs</li> </ul>	ACHIEVED	COMPLETE	£666,866
<b>Frail Elderly</b>			
MILESTONES Q2 <ul style="list-style-type: none"> <li>Develop outline for frail elderly dashboard and KPI suite</li> <li>Review frequent flyers and present findings</li> <li>Develop pathway/systems to share with /ensure Geriatric Assessment that supports referral of patients to primary care</li> </ul>	ACHIEVED	COMPLETE	£666,866

# Appendix - CQUIN – Local CQUIN performance (HWP)

	Q1	Q2	Total Value of CQUIN
<b>Safer Transfer of Care</b>			
MILESTONES Q2 <ul style="list-style-type: none"> <li>Audit of Discharge Summaries</li> <li>Launch GP Survey</li> <li>RCA (root cause analysis) of re-admissions</li> </ul>	ACHIEVED £104,000	On target £104,000 DUE	£ 660,000
<b>Trusted Assessors</b>			
MILESTONES Q2 <ul style="list-style-type: none"> <li>Trusted Assessors to visit homes</li> <li>Launch Satisfaction Survey</li> <li>Develop competencies</li> </ul>	ACHIEVED £132,000	Some negotiation required due to pilot Care homes re-considering the Trusted Assessors proposal £66,000 DUE	£660,000
<b>Carers as Partners in Care</b>			
MILESTONES Q2 <ul style="list-style-type: none"> <li>Develop Carers Steering Group</li> <li>Review options for supporting/assessing carers needs</li> <li>Carers Survey and Discovery interviews</li> <li>Develop work plan to increase staff awareness about carers needs</li> </ul>	ACHIEVED £264,000	On Target £0 DUE	£660,000
<b>Frail Elderly</b>			
MILESTONES Q2 <ul style="list-style-type: none"> <li>Develop Communication plan for GPs</li> <li>Agree assessment and frailty scores with Social Services</li> </ul>	ACHIEVED £198,000	PART COMPLETE Comms plan to be presented to CCG and slight amendment to CQUIN wording  £132,000	£660,000

# Appendix - Activity (FPH)

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	YTD % change
<b>GP and general dental practitioner referrals to all outpatients</b>																
NHS North East Hampshire & Farnham	38770	3234	3614	3213	2873	3064	3153	3664	3148	3108	3218	3527	2847	3742	19590	2%
NHS Surrey Heath	17202	1504	1538	1386	1332	1382	1359	1468	1427	1347	1514	1518	1214	1426	8446	-3%
NHS Bracknell & Ascot	8629	744	822	721	611	693	665	824	738	679	703	727	719	802	4368	2%
Other	13608	1178	1266	1123	985	1142	1069	1196	1129	1012	1102	1188	970	1193	6594	-3%
Total	78209	6660	7240	6443	5801	6281	6246	7152	6442	6146	6537	6960	5750	7163	38998	0%
% change on previous year		11%	7%	9%	6%	-5%	1%	9%	3%	-10%	-2%	-2%	3%	8%		
<b>Outpatient attendances</b>																
New attendances	164105	14558	15063	13656	12849	13514	13296	14010	13119	12341	14647	14377	12151	13656	80291	-2%
Follow-up attendances	329610	29289	29640	27420	25962	28343	26630	29289	27652	25679	29823	29239	24712	29455	166560	3%
Total OP attendances	493715	43847	44703	41076	38811	41857	39926	43299	40771	38020	44470	43616	36863	43111	246851	1%
% change on previous year		9%	3%	2%	10%	-3%	7%	8%	5%	-4%	5%	0%	3%	-2%		
<b>A&amp;E attendances</b>																
A&E attendances (total)	109109	9328	9378	8931	9092	8174	7917	9330	9037	9477	9503	9531	9005	9202	55755	-1%
% change on previous year		9%	9%	12%	5%	0%	3%	1%	4%	-4%	-3%	-2%	2%	-1%		
<b>Non-elective admissions</b>																
Non-elective admissions (total)	45301	3772	4050	3758	4074	3987	3555	4069	3789	3911	3877	4110	3771	3962	23420	7%
% change on previous year		13%	12%	9%	12%	11%	11%	12%	7%	6%	11%	10%	5%	5%		
<b>Elective admissions</b>																
Daycase	40404	3471	3500	3332	3153	3732	3463	3957	2972	2788	3370	3501	2828	3626	19085	-1%
Overnight	7674	571	691	703	648	591	691	765	662	643	727	692	566	646	3936	10%
Regular day attenders	6577	612	555	530	576	521	488	553	540	576	642	654	559	625	3596	7%
Total elective admissions	54655	4654	4746	4565	4377	4844	4642	5275	4174	4007	4739	4847	3953	4897	26617	2%
% change on previous year		9%	4%	4%	14%	6%	15%	18%	1%	-10%	5%	3%	6%	5%		

# Appendix - Activity (HWP)

	14/15	Sep-14	Oct	Nov	Dec	Jan 15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-15	YTD	YTD % change
<b>GP and general dental practitioner referrals to all outpatients</b>																
NHS Slough	34157	3061	3129	2924	2859	2913	2818	3188	2997	3005	3211	3071	2831	3301	18416	13%
NHS Windsor, Ascot & Maidenhead	29710	2435	2676	2581	2310	2541	2490	2743	2470	2603	2621	2544	2212	2607	15057	5%
NHS Chiltern	11957	1068	1121	1028	969	1075	967	1225	1076	1091	1198	1104	1038	1174	6681	20%
NHS Bracknell & Ascot	10715	920	991	915	790	887	806	1017	828	873	873	866	769	821	5030	-5%
Other	3202	304	256	253	199	232	249	300	231	257	292	260	219	267	1526	-11%
Total	89741	7788	8173	7701	7127	7648	7330	8473	7602	7829	8195	7845	7069	8170	46710	8%
% change on previous year		6%	1%	3%	8%	-4%	5%	14%	10%	12%	9%	5%	6%	5%		
<b>Outpatient attendances</b>																
New attendances	114355	9650	10082	9396	8863	9492	9024	9924	9275	9034	10428	10157	8539	10083	57516	0%
Follow-up attendances	266930	23411	24035	21637	21182	22602	21535	24017	22522	21982	24574	23320	19840	23255	135493	3%
Total OP attendances	381285	33061	34117	31033	30045	32094	30559	33941	31797	31016	35002	33477	28379	33338	193009	2%
% change on previous year		5%	-1%	-1%	7%	0%	7%	22%	2%	-1%	9%	0%	0%	1%		
<b>A&amp;E attendances</b>																
A&E attendances (total)	111241	9285	9310	9323	9761	8930	8391	10100	9469	10083	9829	9919	9525	9598	58423	5%
% change on previous year		-6%	-7%	-4%	-1%	-7%	-7%	-7%	10%	8%	3%	2%	7%	3%		
<b>Non-elective admissions</b>																
Non-elective admissions (total)	40052	3478	3529	3387	3585	3222	2992	3533	3181	3282	3160	3247	3236	3299	19405	-2%
% change on previous year		18%	12%	7%	14%	6%	8%	16%	2%	0%	-3%	-6%	1%	-5%		
<b>Elective admissions</b>																
Daycase	24156	1930	2268	1945	1841	1862	1869	2153	1983	2154	2215	2307	2025	2150	12834	5%
Overnight	7453	585	677	629	600	593	612	758	605	616	707	664	590	656	3838	7%
Regular day attenders	8861	726	787	703	791	819	793	923	745	688	785	831	708	811	4568	13%
Total elective admissions	40470	3241	3732	3277	3232	3274	3274	3834	3333	3458	3707	3802	3323	3617	21240	7%
% change on previous year		18%	12%	7%	14%	6%	8%	16%	2%	0%	-3%	-6%	1%	-5%		

## Appendix – Methodologies for calculating the measures

Measure name	Numerator	Denominator	
<b>Length of stay</b>	<ul style="list-style-type: none"> <li>Total number of bed days occupied</li> <li>Excludes private patients</li> <li>Excludes daycases</li> <li>Based on admission method, split between elective (from a waiting list) and non-elective admissions (includes emergencies and obstetrics)</li> </ul>	<ul style="list-style-type: none"> <li>Total number of discharges in the period</li> </ul>	<ul style="list-style-type: none"> <li>Expressed as a proportion</li> <li>Measure is consistent with that reported on HED (benchmarking service)</li> </ul>
<b>Readmissions</b>	<ul style="list-style-type: none"> <li>Emergency readmissions to any specialty following an elective or non-elective spell</li> <li>Readmission length of stay must be at least 1 day ie an overnight stay</li> <li>Readmission occurs within 30 days of previous discharge</li> </ul>	<ul style="list-style-type: none"> <li>Total number of discharges (completed spells) in the period prior to the last 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Measure is consistent with that used by CQC</li> </ul>
<b>Daycase %</b>	<ul style="list-style-type: none"> <li>Total number of admitted spells where the intended management was daycase, they were admitted electively (off a waiting list) and their spell length of stay was 0 days</li> </ul>	<ul style="list-style-type: none"> <li>Total number of elective spells (admitted off a waiting list)</li> </ul>	<ul style="list-style-type: none"> <li>Expressed as a percentage</li> </ul>

## Appendix – Methodologies for calculating the measures

Measure name	Numerator	Denominator	
<b>Outpatient new to follow-up ratio</b>	<ul style="list-style-type: none"> <li>Number of follow-up outpatient attendances for all referrals and all appointment types (consultant and non-consultant led). Includes ward attenders and private patients</li> </ul>	<ul style="list-style-type: none"> <li>Number of new outpatient attendances</li> </ul>	<ul style="list-style-type: none"> <li>Expressed as a ratio where one new attendance results in “n” follow-up attendances</li> <li>Measure is consistent with that reported on HED (benchmarking service)</li> </ul>
<b>Outpatient DNA rates</b>	<ul style="list-style-type: none"> <li>Number of outpatient appointments where the patient did not attend. Includes all referrals and all appointment types (consultant and non-consultant led). Includes private patients</li> </ul>	<ul style="list-style-type: none"> <li>Number of outpatient attendances plus the number of appointments where the patient did not attend</li> </ul>	<ul style="list-style-type: none"> <li>Expressed as a percentage</li> <li>Measure is consistent with that reported on HED (benchmarking service)</li> </ul>

## Appendix – Methodologies for calculating the measures

Measure name	Numerator	Denominator
<b>Falls resulting in significant injury (rate per 1000 beddays)</b>	<ul style="list-style-type: none"> <li>▪ Falls recorded on Datix resulting in moderate or severe harm or death</li> </ul>	<ul style="list-style-type: none"> <li>▪ Total number of occupied beddays (including daycases)</li> <li>▪ Divided by 1000</li> <li>▪ Expressed as a rate</li> </ul>

## Appendix - Glossary

Term	Meaning
<b>CCG</b>	Clinical Commissioning Group
<b>CIP</b>	Cost Improvement Programme
<b>CoSRR</b>	<p>Continuity of Services Risk Rating</p> <p><i>As from 1st October 2013 Monitor's new Risk Assessment Framework replaced the old Compliance Framework. Part of the change saw the Financial Risk Rating (FRR) being replaced by the Continuity of Services Risk Rating. This measure is designed to describe the risk of a provider failing to carry on as a going concern. The scale is rated from 1 to 4 with 4 being 'No evident concerns' and 1 being 'Significant Risk'</i></p>
<b>CQUIN</b>	Commissioning for quality and innovation
<b>CRAB</b>	CRAB (Copeland's Risk Adjusted Barometer) is based on the POSSUM scoring system
<b>DNS</b>	Did not submit data
<b>EBITDA</b>	Earnings before interest, tax, depreciation and amortization
<b>FPH</b>	Frimley Park Hospital (also referred to as the "South")
<b>HWP</b>	Heatherwood and Wexham Park Hospitals (also referred to as the "North")
<b>POSSUM</b>	Physiological and Operative Severity Score for the enUmeration of Mortality and Morbidity



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150315-230733-KN-UK



Report Title	<b>2015/16 CIP Summary – Month 6</b>
Agenda Number	10
Report Type	To Note
Prepared By	Michael McEvoy, Business Support Accountant Paula Bensley, Head of the Project Management Office
Executive Lead	Helen Coe, Director of Operations, FPH Lisa Glynn, Director of Operations, HWP
Executive Summary	To provide the Board of Directors with assurance regarding <ul style="list-style-type: none"> <li>• Progress made to deliver the <b>£21.4</b> of CIP required in 2015/16.</li> <li>• Progress made to deliver the <b>£2.35m</b> of Synergies required in 2015/16.</li> <li>• Progress made to identify additional recurrent schemes to reduce the Trust to less than <b>&lt;£10m</b> in year deficit.</li> </ul>
Background	<b>Annual CIP Programme</b> <ul style="list-style-type: none"> <li>• The Trust CIP target for 2015/16 is <b>£21.4 m</b> excluding income schemes of £0.9m.</li> <li>• As at 23rd September 2015, operational teams have validated <b>£25m</b> of schemes (core and additional).</li> </ul>
Issues and Options	<b>1. CIP Programme Performance – Month 6</b> (Core & Additional Schemes) <ul style="list-style-type: none"> <li>• In month 6, the Trust has delivered (<b>£2.047m</b>) of the total planned position of <b>£2.390m</b>. A variance of <b>-£343k</b>. However due to timing differences of the available information, the figure for Medicine has been understated by £300k. This will be reflected in next month's report. When this correction has been made, the actual M06 performance is <b>98%</b> of planned.</li> <li>• Year to date, the Trust has achieved <b>94% (£11.313m)</b> of the total planned position of <b>£12.097m</b>. A variance of - <b>£784k</b>; this is primarily due to higher than expected agency expenditure:- <ul style="list-style-type: none"> <li>– Medical agency expenditure has risen in month, particularly in Orthopaedics &amp; Plastics (HWP), Theatres, Critical Care and Anaesthetics as well as Nursing at HWP. Remedial actions have been developed to expedite recovery and recovery plans are being monitored via the Directorate Review meetings. A weekly temporary staff expenditure versus control total budget report has been implemented.</li> </ul> </li> <li>• Nursing recruitment remains challenging and is impacting on the delivery of those associated CIP schemes. The situation may be improved with the announcement by government and monitor regarding the removal of barriers to international recruitment of nurses and a cap on agency charges.</li> </ul>

	<p><b>2. Synergies</b></p> <ul style="list-style-type: none"> <li>• Green £1.78m</li> <li>• Amber £469k</li> <li>• Red £109k</li> </ul> <p>Of the schemes rated Amber, a part year effect from Quarter 3 is expected for Contracting &amp; Information and Estates and Facilities. The Finance scheme (£147k) is unlikely to be realised until Quarter 4, although a Pay underspend will mitigate slippage in year.</p> <p>Informatics schemes are rated red and are not expected to deliver in 15/16.</p> <p><b>3. Development of CIP Programme for 16/17</b></p> <p>EY have been working with clinical and non-clinical Trust staff to validate the required £26.1m cost improvement programme. FPH has an overall target of 4% equivalent to £11.5m and HWP has an overall target of 6.5% equivalent to £15.4m</p> <p>There are currently 129 CIP schemes in development with an indicative value of £26m.</p> <ul style="list-style-type: none"> <li>• Pay related schemes account for £15.9m (60%)</li> <li>• Non pay related schemes account for £5m (19%)</li> <li>• Income related schemes account for £5m (19%)</li> </ul> <p>There is a second CIP Workshop scheduled for 9<sup>th</sup> November 2015 share schemes and ensure implementation plans are deliverable to identified timescales. Directorates are also scheduling service based workshops to validate plans.</p> <p>16/17 Indicative CIP targets by area are shown in the attached progress update paper.</p>
Recommendation	The Board is asked to note the content of this report, progress made, and continued focus.
Appendices	2015/CIP CIP & Synergies Summary Report– Month 6. 2016/17 Progress update as at 29/10/15

## *2015/16 CIP Summary – Month 6*

CIP and Synergies summary for the Board of Directors  
Updated position as at Wednesday 28th October 2015



## Status Wednesday 28th October 2015 - Corporate View

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### Annual CIP Programme

- ▶ At Month 6, the Trust has delivered **£1.634m** of cost improvement against the plan in month of **£1.989m**.
- ▶ At Month 6, the year to date CIP delivery against plan is **-£681k** (or **-6.24%**) against a year to date plan of **£10.918m**; this is mainly due to:-
  - ▶ Temporary staffing expenditure not reducing as quickly as planned. Remedial actions have been developed to expedite recovery.
  - ▶ Differences between originally planned savings and actual delivery of those plans, mainly due to when contracts are signed.
- ▶ From November onwards, there is a risk to the delivery of those schemes that rely on the recruitment of nursing staff. This is as a result of challenges relating to overseas recruitment. Remedial action plans are being developed and a full assessment of the financial risk is currently being identified.
- ▶ Forecast Outturn is **£19.9m** or **90%** achievement on schemes valued at £22.4m

### Additional CIP Schemes to reduce Trust Deficit

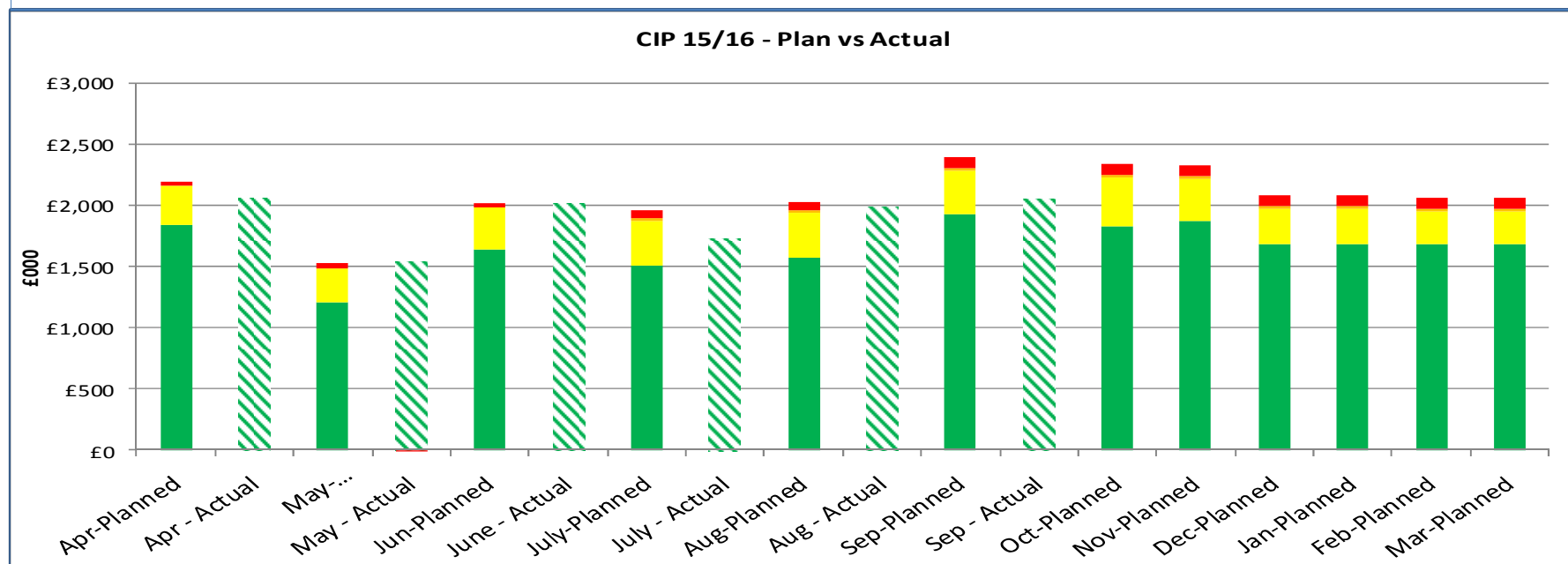
- ▶ The trust has identified a further **£3.1m risk adjusted** schemes to reduce the in year deficit.
- ▶ At Month 6, the year to date delivery against **£2.6m** additional CIP schemes is **£1,076k** which represents a variance from plan of **-£103k** (or **-8.7%**)
- ▶ Forecast Outturn is **£2.5m** or **96%** achievement on schemes valued at £2.6m

### Synergies

- ▶ The synergy target for 2015/16 is £2.35m
- ▶ The position as at Month 6 shows £1.78m green, £460k amber and £109k at risk of non delivery in year.

## Trust Overview – 2015/16 Total CIP Schemes

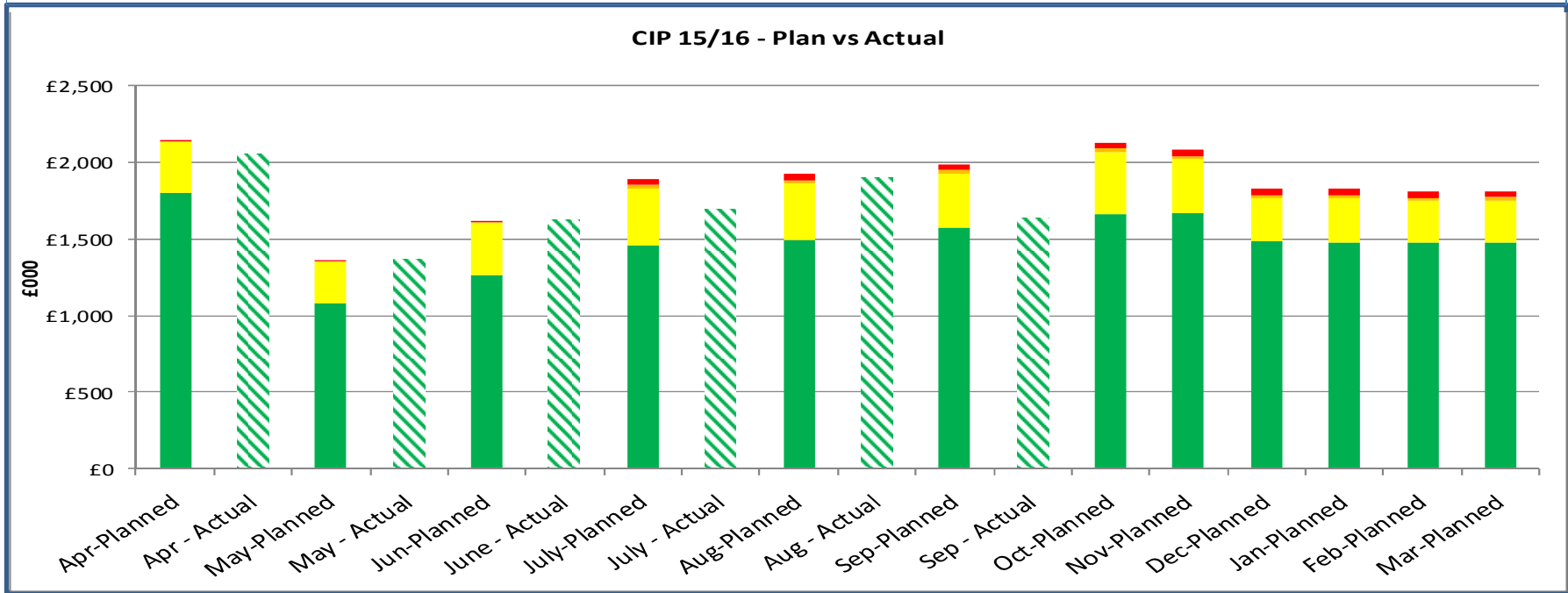
Target	Total CIP Value	M06 - Plan	M06 - Actual	M06 Variance	YTD - Plan	YTD - Actual	YTD Variance
£24.5m	£25m	£2.390m	£2.047m	<b>-£0.343m</b>	£12.097m	£11.313m	<b>-£0.784m</b>



- In M06 (September), the trust has delivered £2.047m of savings against planned schemes ( core and additional) of £2.390m
- This is an under delivery of **-£343k** in month (or **14.36%**)
- Year to date, the CIP delivery is behind by **-£784k** against plan (or **6.48%**)
- From September onwards, there is a risk to the delivery of those schemes that rely on the recruitment of nursing staff. This is as a result of challenges relating to overseas recruitment. Remedial action plans are being developed and a full assessment of the financial risk is currently being identified.

# Trust Overview – 2015/16 Core CIP Schemes

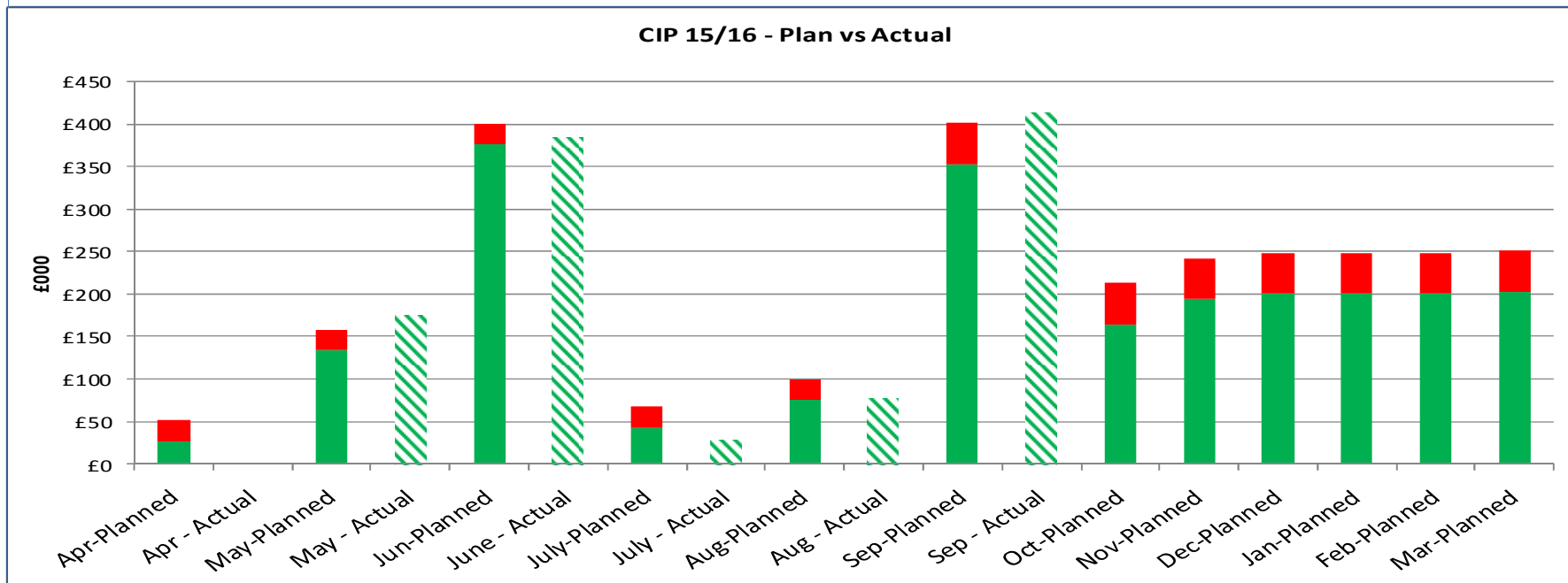
Target	Total CIP Value	M6 - Plan	M6 - Actual	M6 Variance	YTD - Plan	YTD - Actual	YTD Variance
£21.4m	£22.4m	£1.989m	£1.634m	<b>-£0.354m</b>	£10.918m	£10.237m	<b>-£0.681m</b>



- In Month 6 (September), the trust has delivered £1.634m of schemes against the planned £1.989m.
- This has resulted in an under delivery of **-£354k** in month (or **-17.82%**)
- Year to date, the CIP delivery is **-£681k** against plan, representing **-6.24%**.
- Based on the current delivery and the estimate of the trajectory going forward, the forecast is that the Core CIPs will outturn at £19.9m

## Trust Overview – 2015/16 Additional CIP Schemes

Target	Total CIP Value	M6 - Plan	M6 - Actual	M6 Variance	YTD - Plan	YTD - Actual	YTD Variance
£3.1m	£2.6m	£0.401m	£0.412m	£0.11m	£1.179m	£1.076m	-£0.103m



- As at Wednesday 23rd September 2015 the trust has identified £2.6m of additional CIP schemes against a risk adjusted target of £3.1m.
- In Month 6 (September), the trust has delivered £412k of schemes against the planned £401k
- This has resulted in an over delivery of £11k in month. (or 2.77%)
- Delivery against these schemes YTD is £1,076k against a plan of £1,179k (or -8.71%)
- The table on the next page provides the detail of each scheme. Please note that some schemes that are being delivered through integration funding have not been included in the above graph
- These schemes are expected to outturn at £2.5m



# Additional schemes to reduce the in-year deficit <£10m

## Scheme detail and financial value

Description	Responsible Officer	Gateway	PYE Plan £000s	FYE Plan £000s	Risk adjusted £000s	Plan at M06 £000s
Bring H & WP staffing ratios in line with FPH(1:8/1:10)	Helen Crick/Liz Howells	5	£168	£336	£168	£168
Additional catering income	Mark Johnson Wood	5	£93	£93	£93	£93
Catering Income	Mark Johnson Wood	5	£120	£120	£120	£120
Endoscopy WLI reduction from 2014/15 outturn of £1m	Liz Howells	5	£333	£400	£333	£333
Replacement of agency respiratory technician with substantive staff	Ruth Colburn-Jackson	5	£325	£325	£325	£325
Orthopaedic Middle Grades	Catherine Johnson	5	£70	£70	£70	£70
Plastics Rota	Catherine Johnson	5	£108	£108	£108	£108
WPH Admin Reduction if premium costs in Parapet	Liz Howells	5	£89	£89	£89	£89
WPH Admin Reduction in premium cost in Cancer Services	Liz Howells					
Reduction in agency spend in Ward 11	Liz Howells					
Reduction in agency spend in Ward 10	Liz Howells					
Reduction in agency spend in CU	Liz Howells	5	£100	£100	£100	£100
Reduction in agency spend in Corporate Nursing	Nicola Ranger	5	£30	£30	£30	£30
General Surgery - SAU relocation WPH	Liz Howells	5	£329	£493	£329	£329
HR Department	John Ireland	5	£50	£50	£50	-
Anaesthetics Specialty Doctors	Catherine Johnson	5	£250	£250	£0	£250
Reduction in agency in Anaesthetics	Catherine Johnson	5	£47	£47	£0	£47
Spinal Cord Stimulation Service	Catherine Johnson	5	£163	£280	£0	£163
HR Schemes (various)	Janet King	5	£100	£100	£0	-
Community Paediatric Service	Kirstin McDonald	5	£100	£100	£0	-
Reduction in run-rate costs in Dir of Ops Budget	Lisa Glynn	5	£34	£34	£34	£34
Reduction in admin costs in 18 Week Team	Lisa Glynn	5	£20	£20	£20	£20
Reduction in agency spend in Discharge Team	Mary Wells	5	£50	£50	£50	£50
Occupational Health Contract	Eleanor Singleton-Smith	5	£50	£50	£50	£50
NHSP Contract	John Ireland	5	£250	£250	£250	£250
ED Medical Staffing	Helen Crick	5	£750	£750	£750	-
SAU relocation WPH	Liz Howells	5	£164	£0	£164	-
<b>TOTAL</b>			<b>£3,793</b>	<b>£4,145</b>	<b>£3,133</b>	<b>£2,629</b>

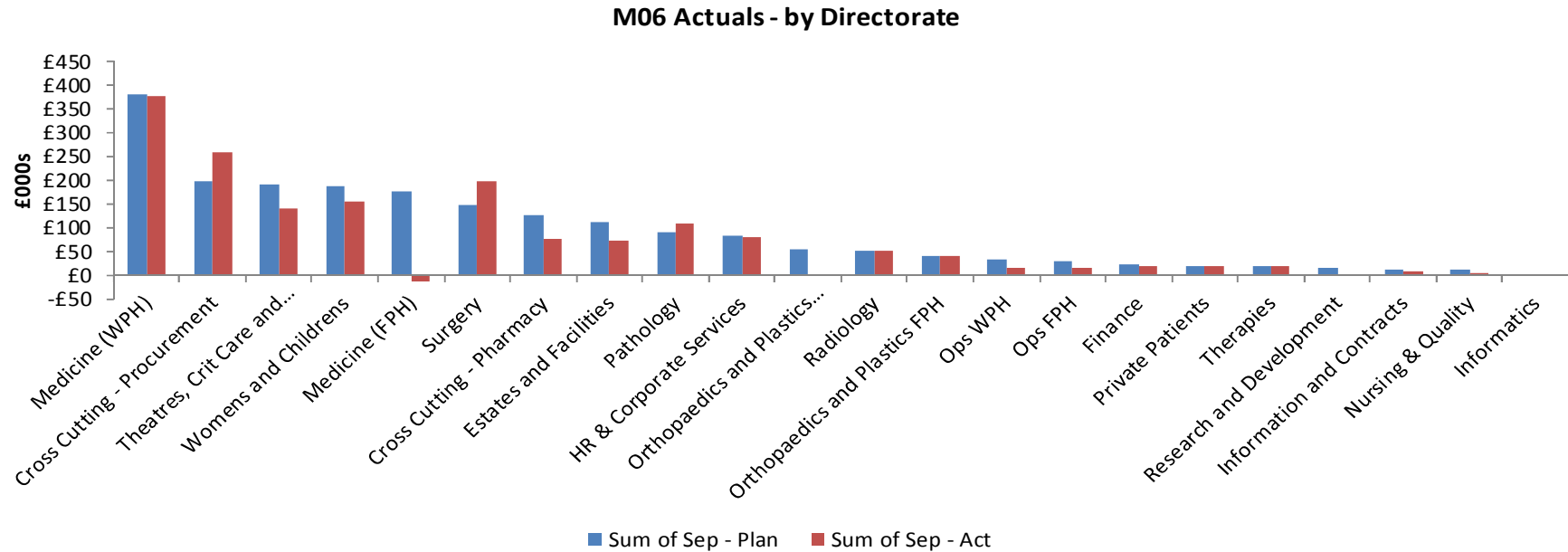
The table adjacent provides a validated position on additional CIP schemes identified to reduce the in year deficit.

The part year effect of schemes totals £3.8m.

The schemes identified in red require a lead in time for delivery and will be supported in year by integration funding.

# M6 Actual (Core Schemes) – By directorate

Month 6 Plan = £1.989m  
 Month 6 Actual = £1.634m



- The graph above shows the CIP delivery in Month 6 by Directorate. The graph shows actual delivery against planned profile agreed at the beginning of the year.
- There are 14 Directorates/Departments showing an underperformance against plan in Month 6. These are shown in detail in the table on the following page.
- The Directorates are now required to complete a CIP exception report (by scheme) and associated remedial action plan for review and scrutiny at their monthly Directorate Performance Review Meetings.
- Due to timing differences of the available information, the monthly actual figures reported for Medicine (FPH) is understated. This is a one off timing error and will be correctly restated in October Report.

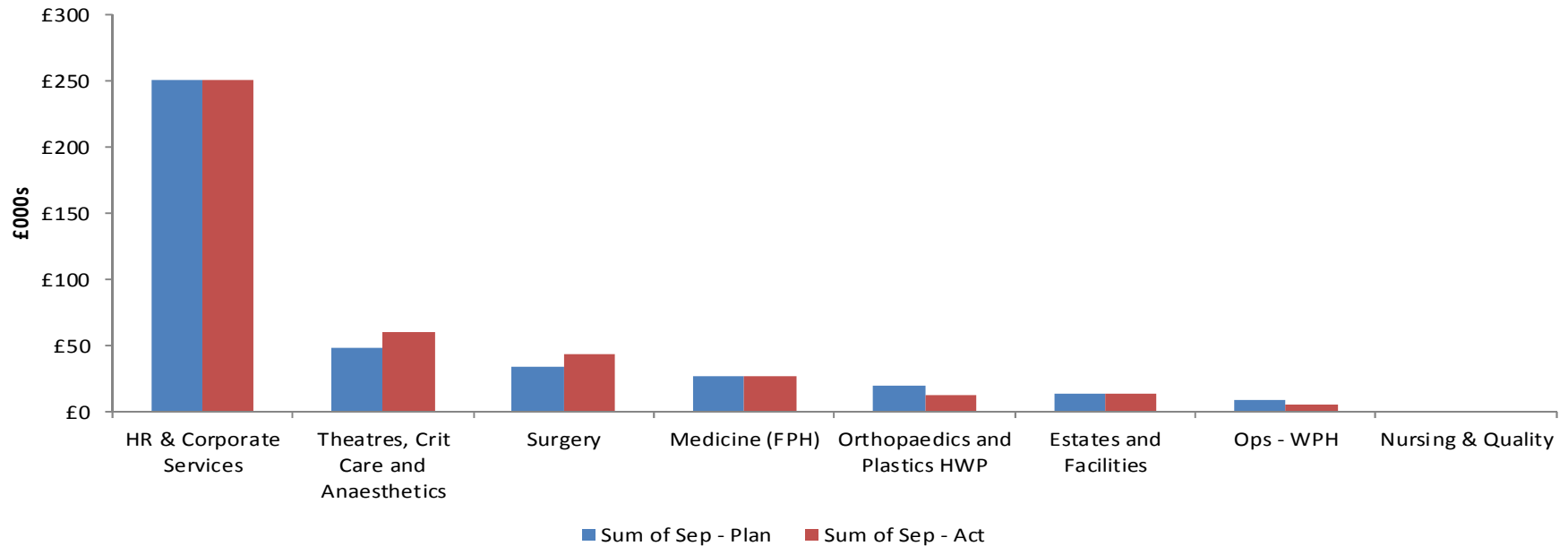
## M5 Actual (Core Schemes) – By directorate

Row Labels	CIP Total	September - Plan	September - Actual	Variance - In Month	September - Plan YTD	September - Actual YTD	YTD Variance
Medicine (FPH)	£1,810	£175	-£12	-£187	£761	£393	-£368
Orthopaedics and Plastics HWP	£578	£54	£0	-£54	£251	£101	-£150
Theatres, Crit Care and Anaesthetics	£2,139	£192	£140	-£52	£981	£731	-£250
Cross Cutting - Pharmacy	£1,505	£125	£77	-£48	£753	£823	£71
Estates and Facilities	£1,237	£111	£73	-£38	£352	£354	£2
Womens and Childrens	£2,238	£188	£154	-£34	£1,062	£941	-£121
Ops WPH	£393	£34	£13	-£20	£190	£121	-£70
Ops FPH	£287	£29	£15	-£14	£113	£81	-£32
Research and Development	£160	£13	£0	-£13	£80	-£37	-£117
Nursing & Quality	£120	£11	£4	-£6	£47	£44	-£3
Medicine (WPH)	£3,675	£381	£376	-£6	£1,858	£1,990	£132
HR & Corporate Services	£819	£82	£78	-£4	£326	£297	-£29
Information and Contracts	£147	£11	£8	-£3	£81	£78	-£3
Finance	£277	£21	£19	-£3	£133	£115	-£18
Orthopaedics and Plastics FPH	£505	£39	£39	£0	£269	£300	£31
Radiology	£569	£51	£51	£0	£263	£286	£23
Informatics	£282	£0	£0	£0	£282	£266	-£17
Therapies	£201	£17	£17	£0	£100	£101	£1
Private Patients	£240	£20	£20	£0	£117	£123	£6
Pathology	£1,043	£89	£108	£19	£534	£460	-£74
Surgery	£2,078	£149	£196	£47	£1,174	£1,412	£238
Cross Cutting - Procurement	£2,100	£197	£259	£62	£1,192	£1,257	£64
<b>Grand Total</b>	<b>£22,402</b>	<b>£1,989</b>	<b>£1,634</b>	<b>-£354</b>	<b>£10,918</b>	<b>£10,237</b>	<b>-£681</b>

# M6 Actual (Additional Schemes) – By directorate

Month 6 Plan = £0.401m  
 Month 6 Actual = £0.412m

M06 Actuals - by Directorate



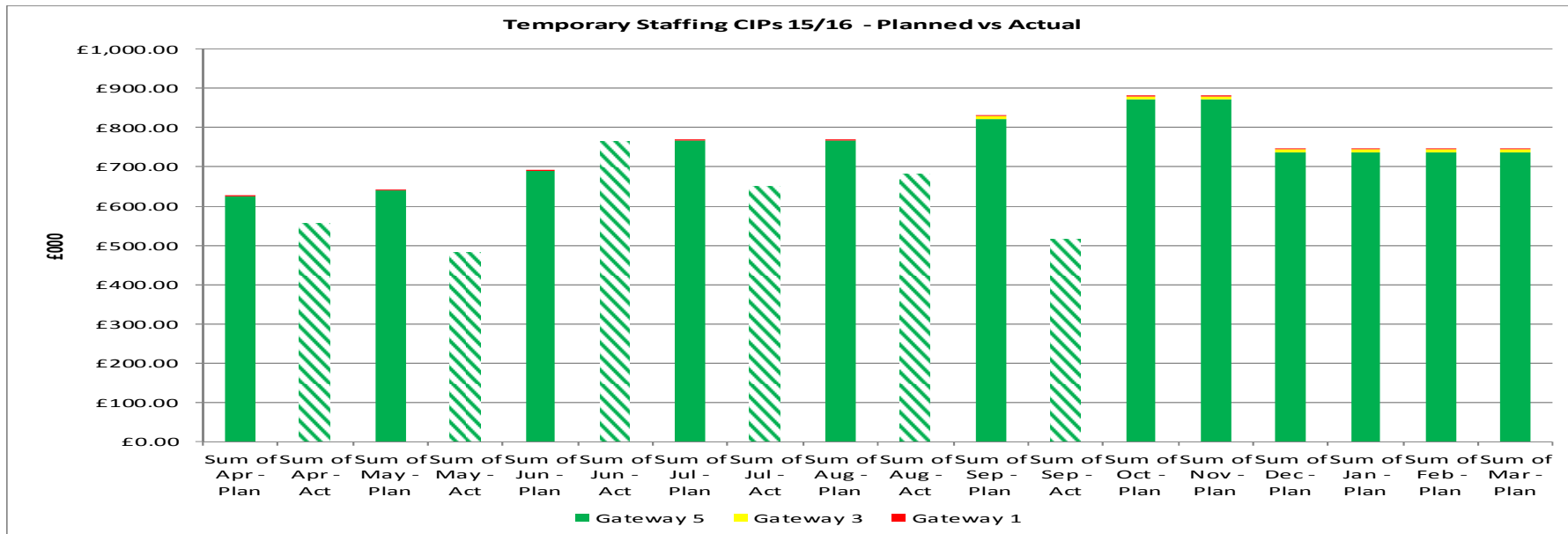
- The graph above shows the CIP delivery in Month 6 by Directorate. The graph shows actual delivery against planned profile agreed.
- The Directorates are now required to complete a CIP exception report (by scheme) and associated remedial action plan for review and scrutiny at their monthly Directorate Performance Review Meetings.
- Theatres improved performance is due to expenditure reductions on consumables associated with spinal cord stimulation service.

## M6 Actual (Additional Schemes) – By Project Description

Directorate	Title	Status	CIP Total	September - Plan	September - Actual	Variance- In Month	September - Plan YTD	September - Actual YTD	YTD Variance
Orthopaedics a	Ortho - Plastics Rota	Gateway 5	£108	£13	£13	£0	£26	£26	£0
	Orthopaedic Middle Grades	Gateway 5	£70	£7	£0	£-7	£28	£7	£-21
Ops - WPH	Run-rate Dir of Ops WPH	Gateway 5	£34	£3	£0	£-3	£17	£25	£8
	Reduction in admin costs in 18 Week Team	Gateway 5	£20	£2	£0	£-2	£10	£0	£-10
	Reduction in agency spend in Discharge Team	Gateway 5	£50	£4	£6	£2	£25	£31	£6
Medicine (FPH)	Medicine FPH - External Contract	Gateway 5	£325	£27	£27	£0	£163	£163	£0
Nursing & Qual	Reduction in agency spend in Corporate Nursing	Gateway 5	£30	£0	£0	£0	£0	£0	£0
Estates and Fac	Catering contract extention	Gateway 5	£93	£13	£13	£0	£13	£13	£0
	Replacement of RVS café	Gateway 5	£120	£0	£0	£0	£0	£0	£0
HR & Corporate	NHSP Contract	Gateway 5	£250	£250	£250	£0	£250	£250	£0
	Occupational Health Contract	Gateway 5	£50	£0	£0	£0	£0	£0	£0
Surgery	Endoscopy WLI reduction FPH	Gateway 5	£333	£0	£0	£0	£333	£333	£0
	General Surgery - Reduction in Managers	Gateway 5	£89	£0	£0	£0	£89	£89	£0
	General Surgery - Reduction in ward agency	Gateway 5	£100	£14	£24	£10	£14	£24	£10
	General Surgery - SAU relocation WPH	Gateway 5	£329	£20	£19	£-1	£39	£19	£-20
	General Surgery - Ward ratios WPH	Gateway 5	£168	£0	£0	£0	£0	£0	£0
Theatres, Crit C	Anaesthetics Specialty Doctors	Gateway 1	£250	£21	£21	£0	£125	£42	£-83
	Reduction in agency in Anaesthetics	Gateway 1	£47	£4	£0	£-4	£23	£0	£-23
	Spinal Cord Stimulation Service	Gateway 1	£163	£23	£39	£16	£23	£54	£31
<b>Grand Total</b>			<b>£2,629</b>	<b>£401</b>	<b>£412</b>	<b>£11</b>	<b>£1,179</b>	<b>£1,076</b>	<b>£-103</b>

## Month 6 Performance - Temporary Staffing (Core Schemes)

Total CIP Value	Plan - Sept	Actual - Sept	Sept Variance	Plan - YTD	Actual - YTD	YTD Variance
£9,069.00	£829.83	£515.77	(£314.06)	£4,321.63	£3,651.28	(£670.35)



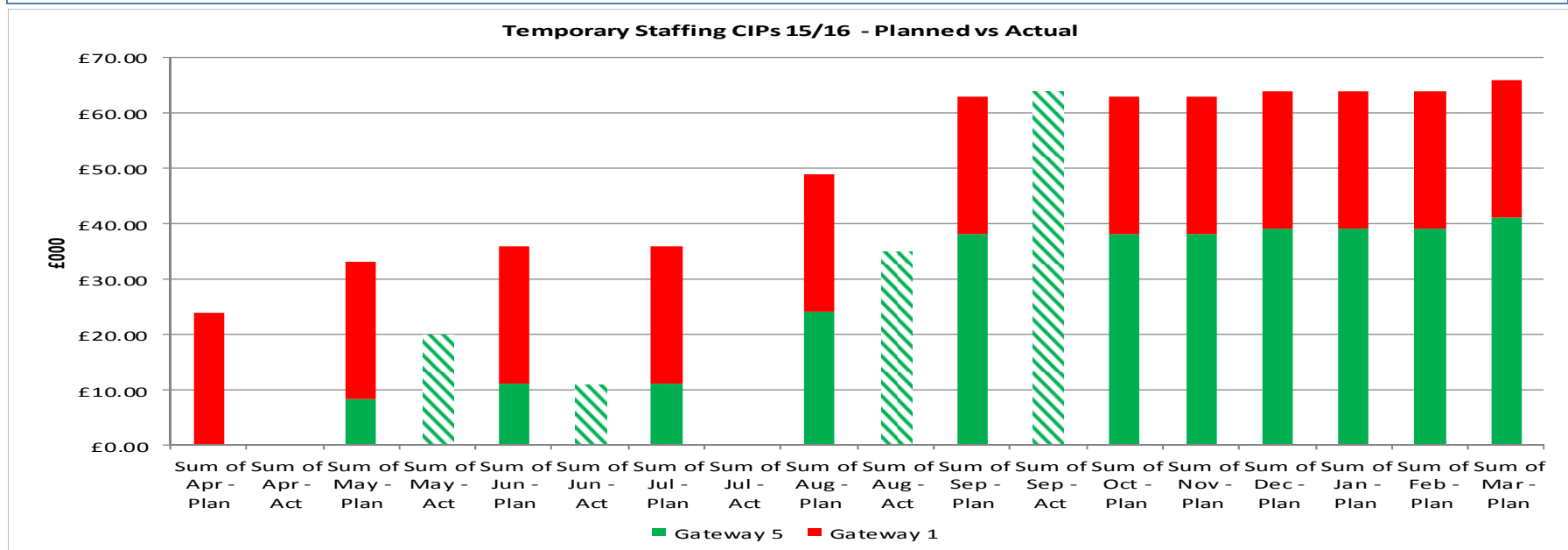
- Within the CIP Programme for 2015/16, 32 'temporary staffing' schemes account for **£9m** of the **£22.4m** of schemes identified.
- In Month 6 (September), the trust has delivered **£515k** against a plan of **£829k**. This is an under achievement **-£314k**. (or **-37.85%**)
- Year-to-date, the temporary staffing schemes have delivered **-£670k** less than plan (or **-15.51%**)
- From September onwards, there is a risk to the delivery of those schemes that rely on the recruitment of nursing staff. This is as a result of challenges relating to overseas recruitment. Remedial action plans are being developed and a full assessment of the financial risk is currently being identified.
- The table on the following page shows the Month 6 performance for all Core schemes.

# Month 6 Performance - Temporary Staffing (Core Schemes)

Category	Ref	Title	Directorate	Status	CIP Total	Sept - Plan	Sept- Actual	Sept - Variance	Sept Plan - YTD	Sept Actual - YTD	YTD Variance
Temp Staffing	1.02	General Surgery - agency medical FPH	Surgery	Gateway 5	£210.00	£21.00	£5.00	£-16.00	£84.00	£219.00	£135.00
	1.03	HWP	Surgery	Gateway 5	£268.00	£22.33	£6.00	£-16.33	£134.00	£9.00	£-125.00
	1.14	Nurse Agency FPH	Surgery	Gateway 5	£70.00	£5.83	£0.00	£-5.83	£35.00	£76.50	£41.50
	1.15	Nurse Agency HWP	Surgery	Gateway 5	£150.00	£13.00	£5.00	£-8.00	£72.00	£15.00	£-57.00
	1.18	Agency admin HWP	Surgery	Gateway 5	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
	2.01	Medicine FPH - reduction in use of agency nurses	Medicine (FPH)	Gateway 5	£300.00	£30.00	£4.01	£-25.99	£120.00	£44.55	£-75.45
	2.02	Medicine (FPH) - reduction in use of agency doctors	Medicine (FPH)	Gateway 5	£440.00	£36.67	£26.48	£-10.19	£220.00	£109.15	£-110.85
	2.1	Medicine FPH - ED reduction in use of agency doctors	Medicine (FPH)	Gateway 5	£250.00	£22.70	£-23.51	£-46.21	£113.50	£-14.73	£-128.23
	2.11	Medicine FPH - ED -reduction in use of agency nurses	Medicine (FPH)	Gateway 5	£50.00	£4.55	£-1.55	£-6.10	£22.73	£-0.75	£-23.48
	2.17	Medicine - Bank spend	(FPH)	Gateway 5	£200.00	£22.22	£-75.87	£-98.09	£66.66	£-94.87	£-161.53
	2.19	Medicine FPH - CIU Agency	(FPH)	Gateway 5	£25.00	£2.78	£3.70	£0.92	£8.33	£11.40	£3.06
	3.01	Staffing - Medics	Medicine	Gateway 5	£685.00	£58.92	£59.00	£0.08	£81.52	£83.02	£1.50
	3.04	FYE Nurse Recruitment Premium Staffing - Medics CF	(WPH)	Gateway 5	£1,742.00	£173.17	£165.20	£-7.97	£1,039.00	£1,118.88	£79.88
	3.08	scheme from 14/15	Medicine (WPH)	Gateway 5	£403.00	£50.30	£50.40	£0.10	£301.80	£290.40	£-11.40
	4.05	Cancer - Agency spend	Ops WPH	Gateway 3	£53.00	£7.50	£0.00	£-7.50	£7.50	£0.00	£-7.50
	5.01	OPD - Reduction of agency spend - medics (HWP)	Orthopaedics and Orthopaedics and	Gateway 5	£250.00	£22.70	£0.00	£-22.70	£113.50	£28.00	£-85.50
	5.02	OPD - Agency, Medical and Nursing (FPH)	ics and	Gateway 5	£143.00	£9.20	£9.00	£-0.20	£87.60	£120.60	£33.00
	5.03	SALT - Agency spend OPD - reduction of agency spend	Orthopaedics and	Gateway 5	£5.00	£0.42	£0.00	£-0.42	£2.50	£0.00	£-2.50
	5.06	Plastics (HWP)	ics and	Gateway 5	£157.00	£17.44	£0.00	£-17.44	£52.32	£17.00	£-35.32
	9.01	Anaesthetics - Medics Recruitment	Theatres, Crit Care	Gateway 5	£500.00	£43.00	£43.00	£0.00	£240.00	£208.00	£-32.00
	9.06	Anaesthetics - Nurse Recruitment	Theatres, Crit Care	Gateway 5	£938.00	£81.38	£65.00	£-16.38	£442.25	£355.00	£-87.25
	10.02	costs	Crit Care	Gateway 5	£200.00	£16.66	£16.66	£0.00	£99.96	£100.64	£0.68
	11.01	Recruitment - Agency Premium Reduction for Medical Staff	Therapies Womens and	Gateway 5	£340.00	£28.33	£28.00	£-0.33	£170.00	£168.67	£-1.33
	11.02	Recruitment - Reduction in budgeted ward establishment	and	Gateway 5	£81.00	£9.00	£0.00	£-9.00	£27.00	£0.00	£-27.00
	11.03	Recruitment - Agency Premium Reduction Nursing Staff	and Childrens and	Gateway 5	£390.00	£29.00	£29.00	£0.00	£174.00	£174.00	£0.00
	11.04	Recruitment - Alignment of WPH NNU Nursing establishments	and Childrens	Gateway 5	£75.00	£6.25	£6.00	£-0.25	£37.50	£36.75	£-0.75
	11.05	Recruitment - Align Midwifery staffing establishments	and Childrens	Gateway 5	£1,038.00	£86.50	£87.00	£0.50	£519.00	£529.50	£10.50
	12.07	SALT - VIDEO FLUOROSCOPY	Ops FPH	Gateway 1	£3.00	£0.25	£0.00	£-0.25	£1.50	£0.00	£-1.50
	16.05	Finance - Agency premium	Finance	Gateway 5	£13.00	£1.25	£1.25	£0.00	£3.50	£3.25	£-0.25
	17.12	Agency Rates 1	HR & Corporate	Gateway 5	£25.00	£2.08	£2.00	£-0.08	£12.50	£12.38	£-0.12
	17.13	Agency Rates 2	HR & Corporate	Gateway 5	£25.00	£2.08	£2.00	£-0.08	£12.48	£12.30	£-0.18
	20.03	Information analyst - Agency spend	Information and	Gateway 5	£40.00	£3.33	£3.00	£-0.33	£19.98	£18.64	£-1.34
<b>Grand Total</b>					<b>£9,069.00</b>	<b>£829.83</b>	<b>£515.77</b>	<b>£-314.06</b>	<b>£4,321.63</b>	<b>£3,651.28</b>	<b>£-670.35</b>

## Month 6 Performance – Temporary Staffing (Additional Schemes)

Total CIP Value	Plan - Sept	Actual - Sept	Sept Variance	Plan - YTD	Actual - YTD	YTD Variance
£625.00	£63.04	£64.00	£0.96	£241.22	£130.00	-£111.22



- The trust has identified total savings of £1.5m of WLI schemes
- In Month 5 (August), the trust has delivered £113k against a plan of £115k
- This is an under achievement of **-£2k**
- Year-to-date, WLI schemes are behind by **-£48k**. (or **6.3%**)
- The table on the next page shows the detail delivery against individual schemes.



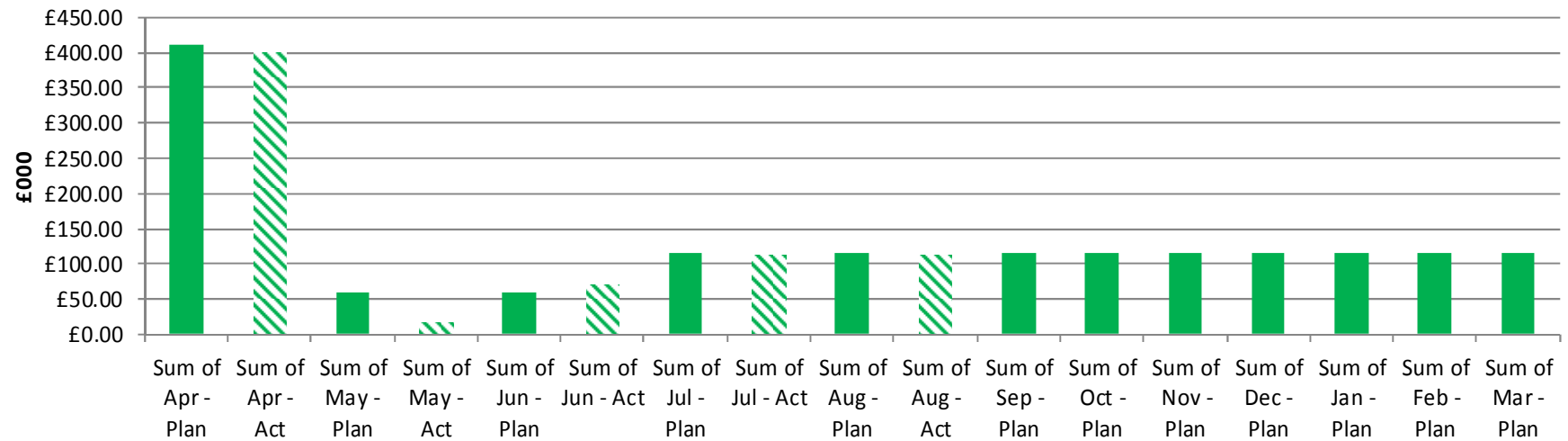
## Month 6 Performance – Temporary Staffing (Additional Schemes)

Category	Ref	Title	Directorate	Status	CIP Total	Sept - Plan	Sept- Actual	Sept - Variance	Sept Plan - YTD	Sept Actual - YTD	YTD Variance
Temp Staffing	1.2	General Surgery - Reduction in ward agency spend in Discharge Team	Surgery	Gateway 5	£100.00	£14.00	£24.00	£10.00	£14.00	£24.00	£10.00
	4.12		Ops - WPH	Gateway 5	£50.00	£4.17	£6.00	£1.83	£25.00	£31.00	£6.00
	5.07	Orthopaedic Middle Grades	Orthopaedics and Plastics	Gateway 5	£70.00	£7.00	£0.00	£-7.00	£28.00	£7.00	£-21.00
	5.08	Ortho - Plastics Rota	Orthopaedics and Plastics	Gateway 5	£108.00	£13.00	£13.00	£0.00	£26.00	£26.00	£0.00
	9.08	Anaesthetics Specialty Doctors	Theatres, Crit Care and Anaesthetics	Gateway 1	£250.00	£20.87	£21.00	£0.13	£125.22	£42.00	£-83.22
	9.09	Reduction in agency in Anaesthetics	Theatres, Crit Care and Anaesthetics	Gateway 1	£47.00	£4.00	£0.00	£-4.00	£23.00	£0.00	£-23.00
<b>Grand Total</b>					<b>£625.00</b>	<b>£63.04</b>	<b>£64.00</b>	<b>£0.96</b>	<b>£241.22</b>	<b>£130.00</b>	<b>£-111.22</b>

## Month 6 Performance - Waiting List Initiatives

Total CIP Value	Plan - Sept	Actual - Sept	Sept Variance	Plan - YTD	Actual - YTD	YTD Variance
£1,902.00	£115.47	£108.79	-£6.68	£1,209.15	£1,154.15	-£55.00

WLI CIPs 15/16 - Planned vs Actual



- The trust has identified total savings of £1.5m of WLI schemes
- In Month 6 (September), the trust has delivered £109k against a plan of £115k
- This is an under achievement of -£6k
- Year-to-date, WLI schemes are behind by -£55k. (or 4.5%)
- The table on the next page shows the detail delivery against individual 'WLI' schemes.


## Month 6 Performance - Waiting List Initiatives


Ref	Title	Directorate	Status	Category	CIP Total	Sept - Plan	Sept- Actual	Sept - Variance	Sept Plan - YTD	Sept Actual - YTD	YTD Variance
1.07	General Surgery - WLI FPH	Surgery	Gateway 5	Temp Staffing - WLI	£212.00	£17.67	£0.00	(£17.67)	£106.00	£4.50	(£101.50)
1.08	General Surgery - WLI HWP	Surgery	Gateway 5	Temp Staffing - WLI	£350.00	£0.00	£0.00	£0.00	£350.00	£350.00	£0.00
1.19	Endoscopy WLI reduction FPH	Surgery	Gateway 5	Temp Staffing - WLI	£333.00	£0.00	£0.00	£0.00	£333.00	£333.00	£0.00
2.04	Medicine (FPH) - WLI	Medicine (FPH)	Gateway 5	Temp Staffing - WLI	£100.00	£8.33	£18.79	£10.45	£50.00	£101.65	£51.65
11.07	Reduce FP site gynae WLI's	and Childrens	Gateway 5	Temp Staffing - WLI	£50.00	£4.17	£4.00	(£0.17)	£25.00	£18.00	(£7.00)
17.16	WLI - Harmonise sessional payment	Corporate Services	Gateway 5	Temp Staffing - WLI	£500.00	£55.55	£56.00	£0.45	£166.65	£168.00	£1.35
<b>Grand Total</b>					<b>£1,902.00</b>	<b>£115.47</b>	<b>£108.79</b>	<b>(£6.68)</b>	<b>£1,209.15</b>	<b>£1,154.15</b>	<b>(£55.00)</b>

## Trust Overview – Synergies 2015/16

Workstream/Directorate	2014/15	2015/16	Additional Comments
Chief Exec & Corporate	686	686	Delivered
Procurement	0	400	
Pharmacy	23	167	
Nursing & Quality	86	86	
Radiology	26	60	One scheme has been achieved in Nov 14 and will be a part year effect. Another scheme is delayed until Dec 15
HR	-127	23	All schemes confirmed as on track.
Dir of Ops	20	360	Delivered
Contracting & Information	0	138	Expected in Q3 – Will be a part year effect
Estates & Facilities	0	175	Expected in Q3 – Will be a part year effect
Finance	15	147	This scheme is at risk of slippage due to the delay in the implementation of a single ledger across all sites. This is unlikely to delivery savings before Q4 for 15/16 and therefore should be considered a part year effect.
Informatics	0	109	The £109k is split into two areas. 1) IT infrastructure of £91k which is subject to slippage and not expected to deliver in 15/16. 2) £18k relating to new ways of working which is dependent on infrastructure being delivered and unlikely to deliver in year.
<b>Grand Total</b>	<b>729</b>	<b>2,350</b>	

 Delivered

 In-Progress or part year effect only

 At risk of non delivery in year

- Finance Pay underspend mitigating Synergy slippage in year. The ledger implementation has been fast tracked & it is anticipated that post implementation will deliver remaining synergy
- In 2014/15, the trust delivered £729k of synergies
- The synergy target for 2015/16 is £2.35m
- The position as at Month 6 shows £1.78m green, £460k amber and £109k at risk of non delivery in year.

## Key next steps

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- ▶ Focus on delivery of remedial actions for schemes that are under delivering against plan.
- ▶ Review documentation of the PMO schemes and ensure it is up-to date.
- ▶ Continue to drive the delivery of additional schemes to reduce the deficit to <£10m gap.

# CIP Programme 2016/17

## Progress update as at 29/10/15

For Board of Directors – Friday 6<sup>th</sup> November 2015



## Context and work to date

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- Trust target is £26.1m CIP savings derived from
  - 4% national efficiency target = £22.3m
  - Additional CIP to reduce underlying deficit = £3.8m
- In addition, the Trust is required to deliver £3.9m of synergies in 2016/17
- Over the previous 8 weeks clinical and non clinical teams have been working with EY to identify savings and productivity opportunities to develop associated plans in order to release costs.
- There are currently 129 CIP schemes in development with an indicative value of £26m.
  - Pay related schemes account for £15.9m (60%)
  - Non pay related schemes account for £5m (19%)
  - Income related schemes account for £5m (19%)
- This indicative value is risk adjusted, based on progress against agreed delivery gateways to £0.9m.
- There is a 2<sup>nd</sup> CIP Workshop scheduled for 9<sup>th</sup> November 2015 to share plans and ensure implementation plans are deliverable to timescale. Directorates are also scheduling service based workshops to validate plans.
- Weekly progress updates are shared at the Trust Performance Meeting.

## CIP and Synergy Savings required by area

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- CIP Targets have been issued to services based on differential targets being set for Heatherwood and Wexham Park based services when compared to Frimley Park based services. This aims to target a reduction in the underlying deficit position at Heatherwood and Wexham Park.
- In setting the Directorate Level targets the following principles have been applied
  - Areas of non-influencable spend have been excluded and will not attract a CIP target (i.e. Trust Financing, I&E reserves, Director of Integration, Medical Director, Trust Board)
  - All directorates have received a minimum of 4% CIP (totalling £22.3m)
  - The clinical areas at HWP receive a proportion of the additional CIP allocation of £3.8m which represents the underlying deficit.
  - Corporate departments will also have to find the in year synergies on top of their CIP targets. This adds significant pressure to corporate areas.
- CIP targets by site are:-
  - FPH has an overall target of 4% equivalent to £11.5m
  - HWP has an overall target of 6.5% equivalent to £15.4m
- CIP targets are shown in detail on the following page



## 16/17 Indicative CIP Targets by Area

Division/Department	16/17 FPH Budget (£)	16/17 HWPB Budget (£)	Total Budget (£)	FPH CIP Target (£)	HWPB CIP Target (£)	16/17 CIP Target (£)	16/17 Synergies Target (£)	Total 16/17 savings Target (£)	FPH % Target	HWPB % Target
Finance & Strategy	8,507,850	9,572,063	18,079,913	340,314	382,883	723,197	1,805,000	2,528,197	14.4%*	13.4%*
HR & Corporate Services	22,097,805	27,692,389	49,790,194	883,912	1,107,696	1,991,608	1,130,000	3,121,608	6.4%*	6.9%*
Medicine	72,387,348	79,215,435	151,602,783	2,895,494	5,450,318	8,345,812	-	8,345,812	4%	6.9%
Nursing & Quality	3,658,446	3,840,999	7,499,445	146,338	264,275	410,613	-	410,613	4%	4%
Operations	26,079,426	14,326,388	40,405,814	1,043,177	985,709	2,028,886	218,000	2,246,886	4.4%	7.6%
Orthopaedics & Plastics	17,192,260	16,074,863	33,267,123	687,690	1,106,011	1,793,701	-	1,793,701	4%	6.9%
Women's & Children's	25,576,303	26,781,766	52,358,069	1,023,052	1,842,686	2,865,738	-	2,865,738	4%	6.9%
Pathology	32,578,819	1,690,214	34,269,033	1,303,153	116,293	1,419,446	-	1,419,446	4%	6.9%
Radiology	12,038,394	9,676,268	21,714,662	481,536	665,763	1,147,299	129,000	1,276,299	4.5%	7.5%
Research & Development	1,367,225	-	1,367,225	54,689	-	54,689	-	54,689	4%	4%
Specialist Surgery	15,846,860	5,008,410	20,855,270	633,874	344,597	978,472	-	978,472	4%	6.9%
General Surgery & Urology	18,752,675	13,971,283	32,723,958	750,107	961,277	1,711,384	-	1,711,384	4%	6.9%
Theatres, Critical Care & Anaesthetics	31,101,122	25,944,973	57,046,095	1,244,045	1,785,111	3,029,156	-	3,029,156	4%	6.9%
Pharmacy							27,000	27,000		
Procurement							400,000	400,000		
<b>Total</b>	<b>287,184,533</b>	<b>233,795,051</b>	<b>520,979,584</b>	<b>11,487,381</b>	<b>15,012,619</b>	<b>26,500,000</b>	<b>3,708,000</b>	<b>30,208,000</b>		

\* Include synergies

## 16/17 Pipeline schemes and live schemes

- The table below shows the current position of identified and costed schemes.
- There are a number of schemes which have no value (£0 schemes) attached to them yet which we refer to as our 'pipeline' of schemes. These are being worked up at the moment.
- There are still a number of areas which have yet to identify any schemes which are red below.
- Please note that the opportunity identified in Theatres, skill-mix, WTE reduction and other agency currently sits in the 'Trust-wide' line although elements of it will be attributable to the specialities once validated

Specialities	Income £m		Cost Reduction £m		Total £m	No. of schemes	£0 schemes	Synergies £m
	EL	NEL	Non-Pay	Pay				
Anaes, Theatres, Critical Care	0.20	0.00	0.45	0.33	0.98	11	5	-
Estates & Facilities	0.00	0.00	1.60	0.10	1.71	17	3	0.78
Finance & Procurement	0.00	0.00	0.00	0.19	0.19	1	0	0.13
HR	0.00	0.00	0.00	0.01	0.01	8	7	0.34
Informatics	0.00	0.00	0.00	0.00	0.00	0	0	1.5
Information and Contracts	0.00	0.00	0.00	0.00	0.00	0	0	0.13
Medicine - FPH	0.00	0.00	0.00	2.99	2.99	7	4	-
Medicine - WHP	0.00	0.40	0.13	2.09	2.62	12	0	-
Nursing, quality and R&D	0.00	0.00	0.00	0.00	0.00	2	2	-
Ops - FPH	0.20	0.00	0.00	0.00	0.20	4	3	0.21
Ops - HWP	0.20	0.00	0.00	0.00	0.20	2	1	-
Pathology	0.00	0.00	0.00	0.00	0.00	1	1	-
Pharmacy	0.43	0.00	1.81	0.00	2.24	9	2	0.02
Private Patients	0.00	0.00	0.00	0.00	0.00	1	1	-
Procurement	0.00	0.00	1.10	0.00	1.10	0	0	0.4
Radiology	0.00	0.00	0.00	0.00	0.00	1	1	0.12
Surgery	0.00	0.00	0.07	0.78	0.85	27	20	-
Orthopaedics & Plastics	0.04	0.00	0.00	0.54	0.58	13	10	-
Therapies	0.00	0.00	0.00	0.00	0.00	2	2	-
Trust-Wide	3.50	0.00	0.00	7.53	11.03	6	0	-
Women's & Children's	0.00	0.00	0.00	1.33	1.33	5	0	-
<b>Total</b>	<b>4.57</b>	<b>0.40</b>	<b>5.16</b>	<b>15.89</b>	<b>26.02</b>	<b>129</b>	<b>62</b>	<b>3.7</b>

Directorate identified schemes and potential opportunity identified by EY

Potential opportunity identified by EY

No schemes received as yet

## £3.75m per week will need to be identified in order to meet the CIP target by December

Specialities	Total schemes identified by directorates £m	Pharmacy redistribution £m*	Procurement redistribution £m*	W/E 29/10/15 £m	W/S 02/11/15 £m	W/S 09/11/15 £m	W/S 16/11/15 £m	W/S 23/11/15 £m	Target £m
ATCC	0.98	0.16	0.10	1.24	0.44	0.44	0.44	0.44	3.00
Estates & Facilities	0.89	0.00	0.06	0.94	0.19	0.19	0.19	0.19	1.70
Finance & Procurement	0.19	0.00	0.01	0.20	0.00	0.00	0.00	0.00	0.20
HR	0.01	0.00	0.01	0.02	0.07	0.07	0.07	0.07	0.30
Informatics	0.00	0.00	0.01	0.01	0.08	0.08	0.08	0.08	0.33
Information and Contracts	0.00	0.00	0.01	0.01	0.05	0.05	0.05	0.05	0.19
Medicine - FPH	0.98	0.67	0.10	1.75	0.29	0.29	0.29	0.29	2.90
Medicine - WHP	2.62	0.90	0.19	3.70	0.45	0.45	0.45	0.45	5.50
Nursing, quality and R&D	0.00	0.00	0.01	0.01	0.10	0.10	0.10	0.10	0.40
Ops - FPH	0.00	0.00	0.03	0.03	0.24	0.24	0.24	0.24	1.00
Ops - HWP	0.00	0.00	0.03	0.03	0.24	0.24	0.24	0.24	1.00
Pathology	0.00	0.00	0.05	0.05	0.34	0.34	0.34	0.34	1.40
Private Patients	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Radiology	0.00	0.00	0.04	0.04	0.27	0.27	0.27	0.27	1.10
Surgery	0.85	0.40	0.09	1.34	0.34	0.34	0.34	0.34	2.70
Orthopaedics & Plastics	0.58	0.00	0.06	0.64	0.29	0.29	0.29	0.29	1.80
Therapies	0.00	0.00	0.00	0.00	0.02	0.02	0.02	0.02	0.10
Women's & Children's	1.33	0.13	0.10	1.56	0.33	0.33	0.33	0.33	2.90
Procurement**	1.10	0.00		1.10	0.25	0.25	0.25	0.25	2.10
Pharmacy**	2.24	0.00	0.15	2.39					2.20
<b>Total</b>	<b>8.41</b>			<b>11.58</b>	<b>3.73</b>	<b>3.73</b>	<b>3.73</b>	<b>3.73</b>	<b>26.52</b>
				<b>Cumulative Total</b>	<b>15.31</b>	<b>19.05</b>	<b>22.78</b>	<b>26.52</b>	

\* Indicative - Based on 15/16 apportionment and

\*\*Not included in the £26.5m total in the target column

The table above shows the run rate needed to achieve all of the £26.5m target to gateway 3 (Quality Impact Assessment) by the December board meeting.

Trust Workshop 9/11/15 –  
Gateway 2 deadline

Board Papers –  
Gateway 3 deadline

<b>Report Title</b>	<b>Month 06 Finance Report to The Board of Directors</b>
<b>Meeting</b>	Board of Directors (Public) on Friday 6 November 2015
<b>Agenda Number</b>	11
<b>Report Type</b>	To note the current and forecast financial position of the Trust
<b>Prepared By</b>	Edward John (Director of Operational Finance)
<b>Executive Lead</b>	Martin Sykes (Director of Finance)
<b>Executive Summary</b>	Performance deteriorated in month with an adverse I&E variance of £1.2m bringing the year to date position £1m behind the original plan. Agency expenditure continues to be the main cause of concern on costs but income is continuing to overperform to negate some of this impact. The forecast deficit is held at £12m as a result of the net cost / income impact, rephased budgets and an assumption that remaining CIP will deliver. If the adverse position continues into M7 then the year end forecast may need revision.
<b>Background</b>	The Trust originally set a deficit budget of £14.2m for 2015/16 against which this report is monitored. In October 2015 a re-plan was submitted to Monitor and DH suggesting a £12m deficit is achievable. This report provides financial performance information in relation to the achievement of both the original and revised target deficit position and key dependent indicators including CIP, Cash and Capital.
<b>Issues and Options</b>	<ul style="list-style-type: none"> <li>- Agency continues to be the main driver of overspend and is not reducing at the planned rate</li> <li>- the CIP is profiled to deliver greater benefit in Q3 and is heavily dependent of recruitment and retention to reduce agency costs - this remains the main risk to delivery of the plan.</li> </ul>
<b>Recommendation</b>	The Board is asked to note the month 06 and forecast year end position.
<b>Appendices</b>	Finance and Commercial Board Report

# Finance & Commercial Board Report

September 2015

## Finance at Month 06: Overall Summary

Performance deteriorated in month bringing the year to date position £1m behind the original plan. Agency expenditure continues to be the main cause of concern on costs but income is continuing to overperform to negate some of this impact. The forecast deficit is held at £12m as a result of the net cost / income impact, rephased budgets and an assumption that remaining CIP will deliver.

Area	Key points	Action taken / Notes
<b>Income</b>	<ul style="list-style-type: none"> <li>In month operating income is £50.3m which is £1.0 above plan. Year-to-date £3.2m ahead of plan or £4.9m including integration funding. The forecast variance on income of £8.4m (£7m overperformance plus £1.4m winter pressures) subject to confirmation with CCGs.</li> </ul>	<ul style="list-style-type: none"> <li>CCGs settled on prior year outturn and have acknowledged overperformance.</li> </ul>
<b>Expenditure</b>	<ul style="list-style-type: none"> <li>operating expenditure £48.3m spend in month. Overall £4.2m over plan ytd. This is largely due to agency spend and allowance for this has been forecast through to the year end. Integration expenditure is £5.5m ytd which is £1.7m over budget but this is matched to income (as above) on a spend-recover basis.</li> </ul>	<ul style="list-style-type: none"> <li>Focus needs to continue on recruitment and ensuring rota's are delivered to plan i.e. delivery of pay CIPs are critical to achieving target budget.</li> </ul>
<b>Surplus/Deficit</b>	<ul style="list-style-type: none"> <li>£1.2m behind original plan (£1.0m ytd). The impact of income forecast and a prudent view on agency spend means the forecast is held at £12m deficit.</li> </ul>	<ul style="list-style-type: none"> <li>None not covered elsewhere</li> </ul>
<b>Cash</b>	<ul style="list-style-type: none"> <li>in month £2.5m behind plan of £49.6m due largely to creditor payments made to facilitate the finance ledger integration. This is a timing issue and y/e cash is not forecast to be affected.</li> </ul>	<ul style="list-style-type: none"> <li>None required at this stage</li> </ul>
<b>Capital Spend</b>	<ul style="list-style-type: none"> <li>Slippage increased by a further £3.5m in month to £8.9m ytd. Full year now forecast as £31m against the plan of £41.2m a potential £10.2m variance. This month slippage on FBC redevelopments added to existing slippages .</li> </ul>	<ul style="list-style-type: none"> <li>Consideration needed operation impact of capital slippage. Financially, monies are available to carry forward.</li> </ul>
<b>CIPs</b>	<ul style="list-style-type: none"> <li>The Trust annual plan assumes delivery of a minimum of £21.4m of savings schemes. In month 06, the trust has delivered £2m of schemes against a plan of £2.4m</li> <li>Year to date £0.8m adverse is £11.3m against a target of £12.1m</li> </ul>	<ul style="list-style-type: none"> <li>As above focus on recruitment and retention will be critical to CIP delivery for remainder of year.</li> </ul>

## Income & Expenditure - Month 06 and Year to Date – Summary

Frimley Health	Current Month			Year to Date			Full Year Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	49.3	50.3	1.0	288.4	291.6	3.2	582.2	587.6	5.4
Expenditure	(46.2)	(48.3)	(2.2)	(281.3)	(285.5)	(4.2)	(567.4)	(570.6)	(3.2)
Trust Financing	(2.3)	(2.4)	(0.0)	(14.3)	(14.3)	(0.1)	(29.0)	(29.0)	0.0
<b>Net Revenue Surplus / (Deficit)</b>	<b>0.8</b>	<b>(0.4)</b>	<b>(1.2)</b>	<b>(7.1)</b>	<b>(8.2)</b>	<b>(1.0)</b>	<b>(14.2)</b>	<b>(12.0)</b>	<b>2.2</b>
Integration Funding	0.6	1.5	0.9	3.8	5.5	1.7	7.5	7.5	0.0
Integration Costs	(0.6)	(1.5)	(0.8)	(3.8)	(5.5)	(1.7)	(7.5)	(7.5)	0.0
<b>Net Revenue Surplus / (Deficit) after one-off items</b>	<b>0.8</b>	<b>(0.4)</b>	<b>(1.2)</b>	<b>(7.1)</b>	<b>(8.2)</b>	<b>(1.0)</b>	<b>(14.2)</b>	<b>(12.0)</b>	<b>2.2</b>

### Key messages:

**Plan:** £1.0m behind our original plan for the year, which is a deterioration from the previous month, where we were £0.1m ahead of the plan.

**Operating Income:** Income continues to over-perform and has followed the expected trend of being a 'high income' month and is £3.6m higher than last month.

**Operating Expenditure:** Both pay and non-pay were expected to reduce in M06, however they are £1.5m higher than last month, which has caused the reversal in the year to date variance.

### Forecasted Outturn:

The forecast out-turn has been held to £12m in spite of the deterioration in the YTD position. This is because the income position remains strong, even after providing for fines and penalties and a reasonable level of caution whilst the contracts are finalised in the North.

Expenditure remains the main concern and premium staffing costs have almost returned to the 14/15 average. Whilst the forecast has allowed for an increase in spend, as the trust begins to enter the Winter Period, it will be important that we continue to monitor the position carefully.

## Income & Expenditure Month 06 – Subjective Analysis

### Trust Operations - Excluding Integration

I&E by Subjective Heading	Mth Bud £m	Month Act £m	Mth Var £m	YTD Var £m	Total Ann Bud £m
<b>Income</b>					
Income From Activities	(44.72)	(45.75)	(1.04)	(3.25)	(527.41)
Other Operating Income	(4.55)	(4.56)	(0.02)	0.04	(54.77)
<b>Income Total</b>	<b>(49.26)</b>	<b>(50.31)</b>	<b>(1.05)</b>	<b>(3.21)</b>	<b>(582.18)</b>
<b>Pay</b>					
Medical And Dental	8.26	8.13	(0.13)	(2.92)	98.97
Nursing & Midwifery	10.22	9.54	(0.68)	(3.81)	122.75
HCA's & Other Support Staff	2.49	2.71	0.22	0.88	29.91
AHPs, Prof, Scientific & Technical	3.99	3.67	(0.32)	(1.73)	47.93
Agency Staff External	0.93	3.39	2.46	12.38	16.28
Other Staff	4.76	4.31	(0.45)	(3.21)	57.41
<b>Pay Total</b>	<b>30.66</b>	<b>31.75</b>	<b>1.09</b>	<b>1.58</b>	<b>373.24</b>
<b>Non-Pay</b>					
Clinical Service And Supplies	8.79	10.15	1.35	2.41	112.59
General Supplies And Services	0.94	0.92	(0.02)	(0.13)	11.32
Premises & Fixed Plant	4.17	4.01	(0.15)	0.28	51.62
Other Non Pay	3.93	3.84	(0.09)	0.09	47.61
<b>Non-Pay Total</b>	<b>17.83</b>	<b>18.92</b>	<b>1.09</b>	<b>2.65</b>	<b>223.14</b>
<b>Grand Total</b>	<b>(0.77)</b>	<b>0.36</b>	<b>1.13</b>	<b>1.03</b>	<b>14.21</b>

#### Income:

CCG income for M06 is £1.1m higher than plan and is £3.6m higher than M05, whilst this increase was expected, the % variance has increased to 1.2%.

#### Pay:

Total pay cost has increased this month by £1.13m and in turn has led to an adverse variance of £1m in month. Although agency spend has increased, medical staff costs are also notably higher this month.

#### Non Pay:

In total non-pay costs are higher than the previous month by £0.35m with drugs increasing in line with expectations after a low month 05. Other clinical supplies are also high this month.

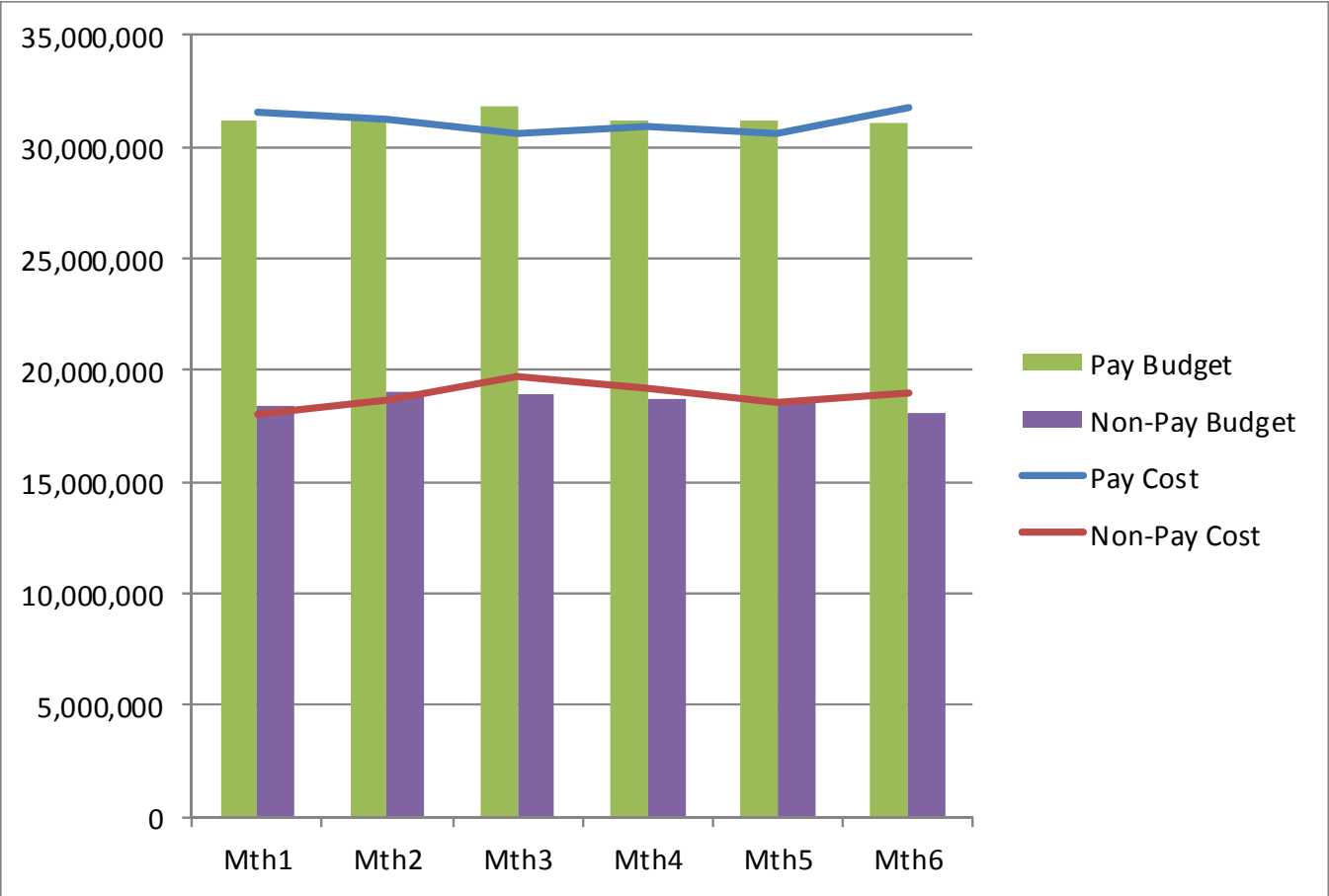
### Integration

I&E by Subjective Heading	Mth Bud £m	Month Act £m	Mth Var £m	YTD Var £m	Total Ann Bud £m
Income	(0.63)	(1.48)	(0.85)	(1.70)	(7.50)
Pay	0.42	0.31	(0.10)	(0.85)	5.00
Non-Pay	0.21	1.16	0.95	2.55	2.50
<b>Grand Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Note: In this analysis adverse variances are shown as a positive number



## Expenditure Trend – Excluding Integration



**Pay:**

The first quarter presented a downward trend. However, after a slight increase in M04 and then a modest reduction in M05, there was a notable step upward in M06. This is in temporary staffing and medical staff costs.

**Non-Pay:**

Although there are peaks and troughs, non-pay expenditure is relatively flat over the months.

The main area of volatility being in pass-through drug costs.

## Income & Expenditure Month 06 – Directorate Analysis

I&E by Directorate	Pay			Non Pay			TOTAL inc Income			Total Ann Bud £m	YTD Var
	YTD Bud £m	YTD Act £m	YTD Var £m	YTD Bud £m	YTD Act £m	YTD Var £m	YTD Bud £m	YTD Act £m	YTD Var £m		
<b>Directorate: Clinical</b>											
General Surgery & Urology	13.0	13.0	(0.1)	3.5	3.7	0.1	(0.4)	(0.4)	0.1	32.2	0.14
Medicine: Frimley	23.5	25.0	1.5	12.7	13.5	0.8	(0.2)	(0.3)	(0.0)	72.1	2.33
Medicine: Wexham	27.3	27.9	0.6	12.2	13.2	1.0	(0.4)	(0.4)	0.0	78.2	1.61
Orthopaedics & Plastics	10.9	11.1	0.2	5.6	5.9	0.3	(0.0)	(0.0)	0.0	33.0	0.53
Paeds, Maternity & Gynae	23.3	23.4	0.1	2.9	2.8	(0.1)	(0.4)	(0.3)	0.1	51.5	0.15
Pathology	10.0	9.6	(0.4)	7.2	7.2	0.1	(2.5)	(2.6)	(0.1)	29.3	(0.41)
Private Patients	2.5	2.4	(0.1)	0.7	0.7	(0.0)	(4.7)	(5.1)	(0.3)	(3.0)	(0.42)
Radiology	6.7	7.1	0.5	4.3	4.3	0.0	(0.2)	(0.2)	0.0	21.5	0.48
Specialist Surgery	6.1	5.9	(0.2)	4.1	4.1	(0.1)	(0.3)	(0.3)	(0.0)	20.0	(0.32)
Theatres, Crit Care & Anaes	21.1	22.5	1.4	7.2	6.8	(0.4)	(0.1)	(0.1)	0.0	56.2	1.00
<b>Clinical Total</b>	<b>144.3</b>	<b>147.9</b>	<b>3.5</b>	<b>60.5</b>	<b>62.2</b>	<b>1.7</b>	<b>(9.3)</b>	<b>(9.5)</b>	<b>(0.2)</b>	<b>391.1</b>	<b>5.08</b>
<b>Directorate: Corporate</b>											
Director of Integration	2.5	1.6	(0.9)	1.3	3.8	2.5	(3.8)	(5.4)	(1.7)	0.0	0.00
Finance & Strategy	7.2	6.9	(0.2)	3.0	3.2	0.2	(0.1)	(0.1)	0.0	20.3	(0.04)
HR & Corporate Services	11.6	11.4	(0.2)	14.3	13.9	(0.4)	(3.8)	(3.9)	(0.1)	44.0	(0.68)
Medical Director	0.5	0.5	0.0	0.7	0.6	(0.1)	(0.7)	(0.8)	(0.1)	1.0	(0.13)
Nursing & Quality	2.6	2.4	(0.2)	1.1	1.0	(0.1)	(0.6)	(0.5)	0.2	6.1	(0.17)
Operations: Frimley	8.9	8.9	0.0	4.5	4.0	(0.5)	(3.5)	(3.9)	(0.3)	19.8	(0.85)
Operations: Wexham	8.0	7.8	(0.2)	0.4	1.5	1.1	(0.2)	(0.2)	(0.0)	16.6	0.93
<b>Corporate Total</b>	<b>41.3</b>	<b>39.6</b>	<b>(1.7)</b>	<b>25.2</b>	<b>28.0</b>	<b>2.8</b>	<b>(12.7)</b>	<b>(14.7)</b>	<b>(2.1)</b>	<b>107.8</b>	<b>(0.95)</b>
<b>CCG Income and financing cost</b>	<b>2.0</b>	<b>0.9</b>	<b>(1.1)</b>	<b>26.0</b>	<b>26.7</b>	<b>0.7</b>	<b>(270.2)</b>	<b>(272.9)</b>	<b>(2.7)</b>	<b>(484.7)</b>	<b>(3.10)</b>
<b>Grand Total</b>	<b>187.6</b>	<b>188.3</b>	<b>0.7</b>	<b>111.7</b>	<b>116.9</b>	<b>5.2</b>	<b>(292.2)</b>	<b>(297.1)</b>	<b>(4.9)</b>	<b>14.2</b>	<b>1.03</b>

Clinical Directorates are now £5m overspent YTD, although the majority of that are the two Medicine & ED Directorates; T&CC, Radiology and Orthopaedics are contributing £2m to that overspend.

Whilst actual expenditure is higher than last month (£1.7m), the worsening variance is being compounded by fact that the delivery of the CIPS plan should have led to a reduction in the monthly expenditure.

**Total Trust Agency Expenditure (Excl. Winter Pressures (FPH) and Integration funded spend)**

*Agency spend is the highest monthly total for this financial year and has almost returned to the 14/15 average.*

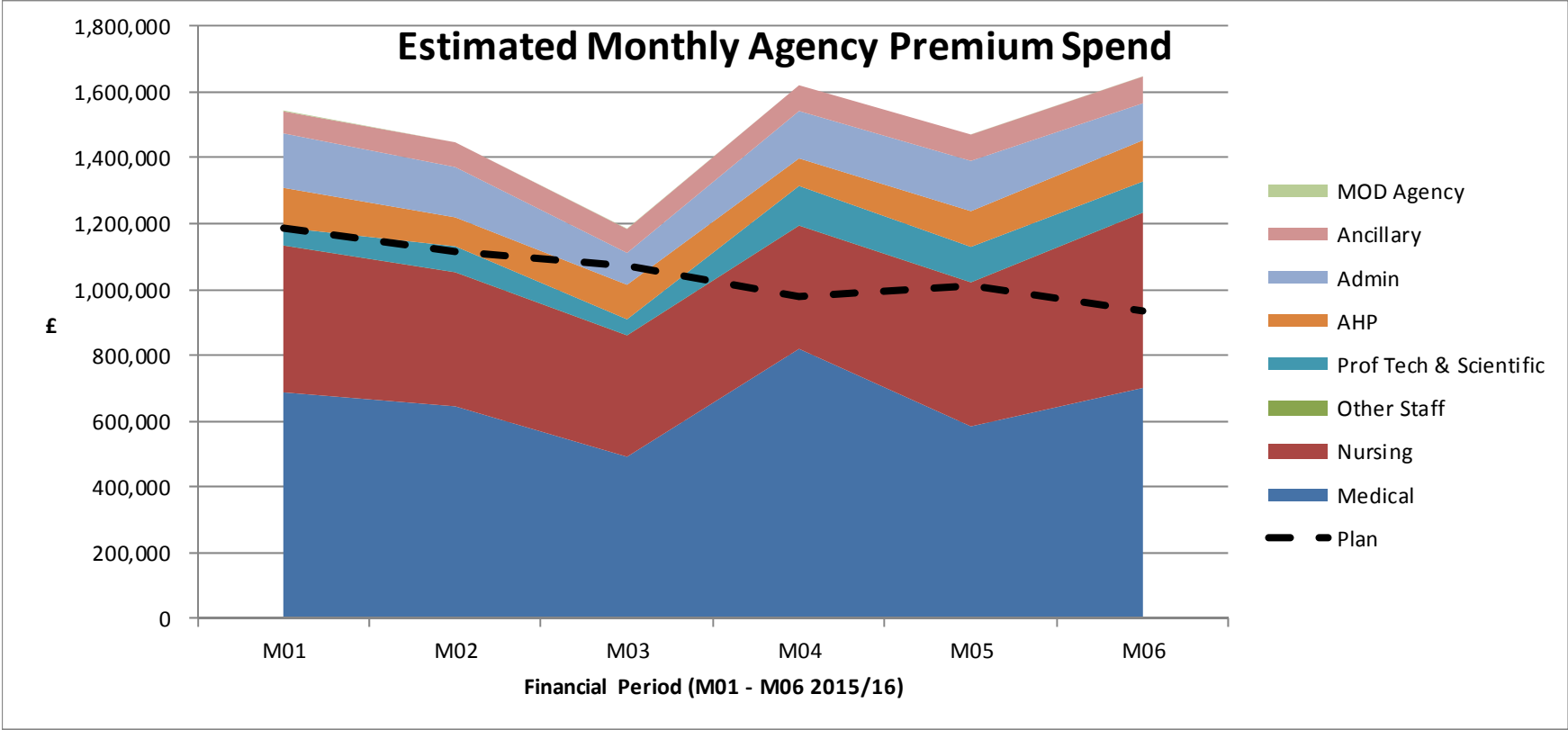
	Hospital Agency	2014/15 Average	M03	M04	M05	M06
<b>FPH</b>	Medical	580,238	264,769	686,300	459,753	634,912
	Nursing	487,269	279,736	256,463	257,699	297,344
	Prof Tech & Scientific	0	-23,647	117,617	76,607	51,789
	AHP	0	86,454	53,395	85,965	99,277
	Admin	0	69,172	69,891	60,899	46,989
	Ancillary	0	5,837	2,755	7,388	9,450
	MOD Agency	0	2,771	0	0	0
	Other Staff	180,070				
<b>FPH</b>		<b>1,247,577</b>	<b>685,092</b>	<b>1,186,420</b>	<b>948,312</b>	<b>1,139,761</b>
<b>WPH</b>	Medical	829,817	719,468	952,908	708,791	767,283
	Nursing	809,852	458,049	492,692	617,380	767,937
	Prof Tech & Scientific	0	120,956	123,395	138,932	137,439
	AHP	0	123,553	113,316	131,098	150,557
	Admin	0	123,881	218,364	244,421	178,006
	Ancillary	0	139,441	153,668	152,620	153,457
	MOD Agency	0	0	0	0	0
	Other Staff	551,104				
<b>WPH</b>		<b>2,190,774</b>	<b>1,685,347</b>	<b>2,054,341</b>	<b>1,993,242</b>	<b>2,154,679</b>
<b>Total</b>		<b>3,438,351</b>	<b>2,370,439</b>	<b>3,240,762</b>	<b>2,941,554</b>	<b>3,294,441</b>

Agency spend on both sites has increased and although identifying a meaningful trend is difficult, it would appear that there is an overall deterioration. This is contrast with the original plan, which was a reduction in agency cost.

The majority of the spend is, inevitably, in the medical and nursing staff groups and whilst FPH seems to be spending more on medical staff (compared to trend) it is nursing that is getting worse at WPH.

YTD	Mth1	Mth2	Mth3	Mth4	Mth5	Mth6
<b>Nursing Spend</b>	9,333,269	18,524,237	27,618,883	36,643,237	45,752,026	55,157,054
<b>Nurse Agency Spend</b>	937,007	1,781,434	2,605,879	3,409,482	4,350,586	5,498,561
<b>%</b>	<b>10.04%</b>	<b>9.62%</b>	<b>9.44%</b>	<b>9.30%</b>	<b>9.51%</b>	<b>9.97%</b>

**Total Trust Agency Expenditure (Excl. Winter Pressures (FPH) and Integration funded spend)  
Premium Element Only**



*The dotted line shows the expected reduction in agency premium spend, this reduction was predicated on delivery of the CIPs. Actual expenditure is tracking away from that plan.*

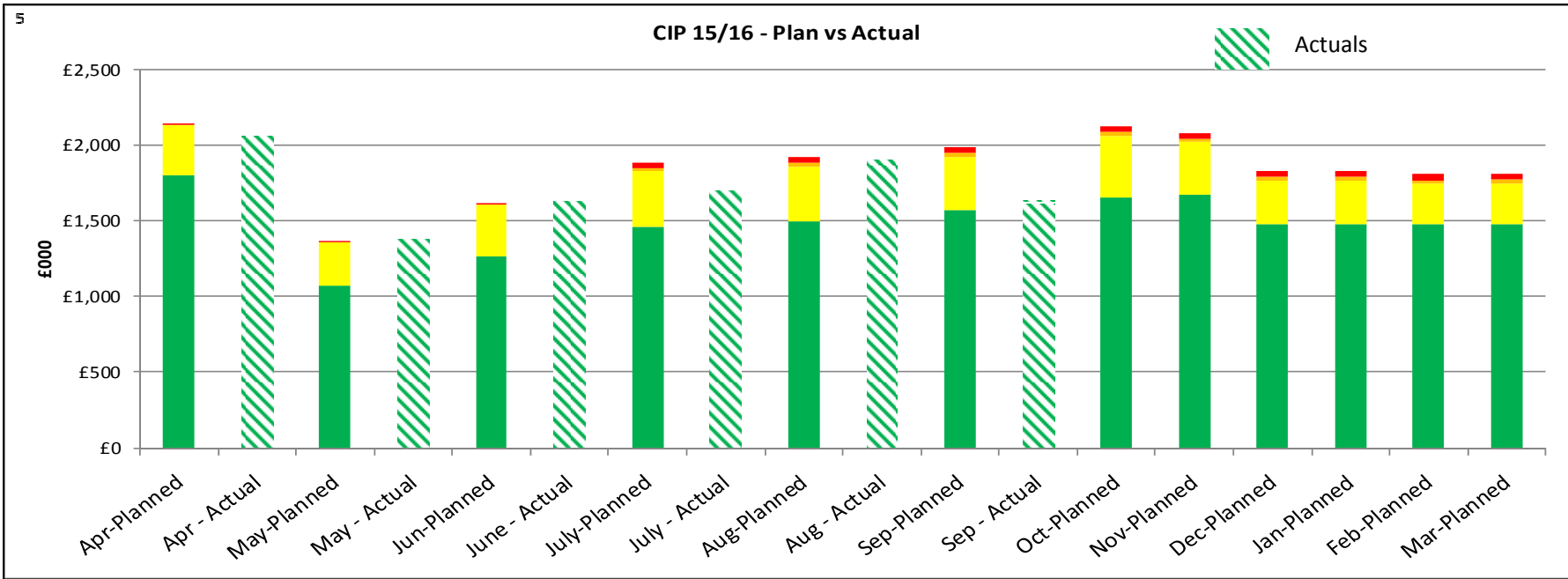
## Trust Financial Forecast

£M	Income	Costs	Net in year	NR items	FY impacts	Underlying
<b>Month 06 outturn</b>	<b>297.1</b>	<b>(305.3)</b>	<b>(8.2)</b>			<b>(8.2)</b>
NR Items	(0.2)	0.6	0.4			0.4
Straight Pro-rata for M7 to M12	296.9	(304.7)	(7.8)			(7.8)
Seasonal CIP Plan adjustment	1.0	4.4	5.4			5.4
Baseline forecast	594.0	(605.1)	(10.2)	0.0	0.0	(10.2)
Overperformance second half of year	1.8	(0.7)	1.1	(0.7)		0.4
In year cost pressures expected	0.0	(0.2)	(0.2)		(0.4)	(0.6)
Additional Agency expected: WPH		(0.8)	(0.8)			(0.8)
Additional Agency expected: FPH		(0.4)	(0.4)			(0.4)
New CIPs not in run rate	0.0	0.6	0.6		0.3	0.9
Shortfall on £21.4m CIP		(2.2)	(2.2)			(2.2)
Forecast after pressures	596.7	(608.7)	(12.0)	(0.7)	(0.1)	(12.8)
Winter Pressures inc Farnham beds	1.0	(1.4)	(0.4)	0.4		0.0
Vanguard	0.4		0.4	(0.4)		0.0
<b>Year End Forecast</b>	<b>598.1</b>	<b>(610.1)</b>	<b>(12.0)</b>	<b>(0.7)</b>	<b>(0.1)</b>	<b>(12.8)</b>
Deficit Support				(18.2)		(18.2)
<b>Underlying Deficit</b>	<b>598.1</b>	<b>(610.1)</b>	<b>(12.0)</b>	<b>(18.9)</b>	<b>(0.1)</b>	<b>(31.0)</b>

Current budget pressures are anticipated to continue, although offset by additional patient treatment income. The M6 results show greater than expected cost outturn over in relation to income overperformance. The Trust is expecting to invest £1.4m in winter pressures schemes, including opening beds at Farnham hospital, these are assumed externally funded through CCG winter pressures and 'Vanguard' funding. Remaining CIPs are expected to be achieved and therefore the forecast is being held at £12.0m deficit for the year.

2015/16 Core CIP Schemes

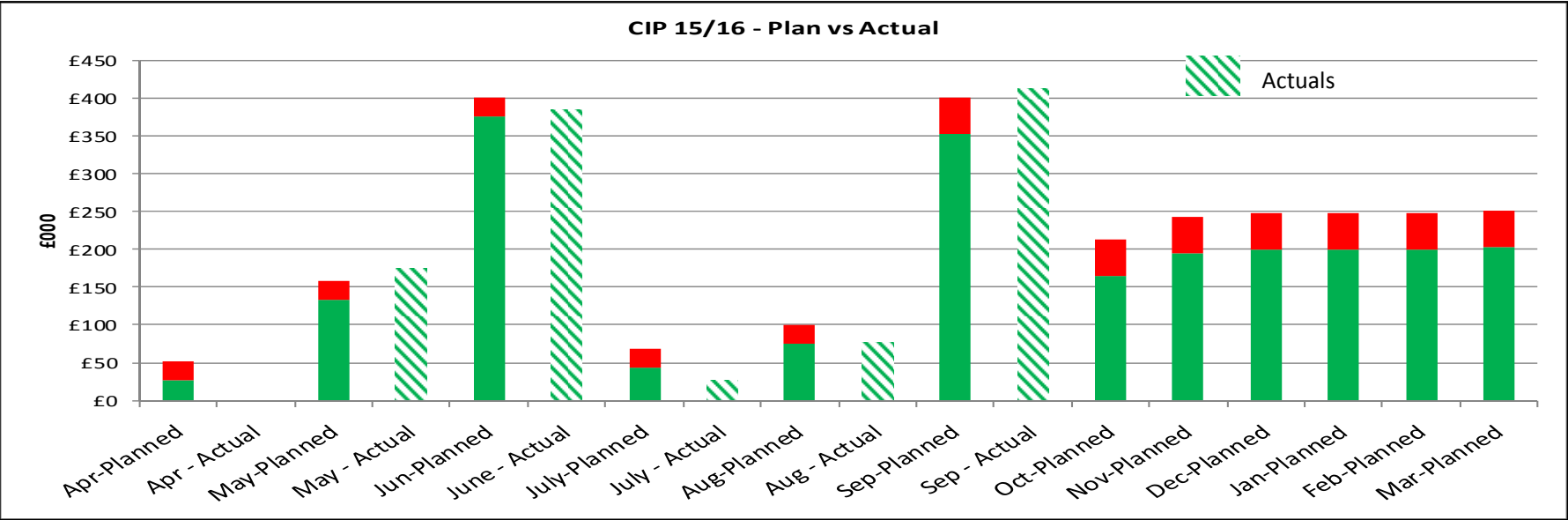
Target	Total CIP Value	M06 - Plan	M06 - Actual	M06 Variance	YTD - Plan	YTD - Actual	YTD Variance
£21.4m	£22.4m	£1.989m	£1.634m	-£0.354m	£10.918m	£10.237m	-£0.681m



- ▶ At Month 6, the Trust has delivered **£1.634m** of cost improvement against the plan in month of **£1.989m**.
- ▶ At Month 6, delivery against plan is **-£354k for September**.
- ▶ At Month 6, the year to date CIP delivery against plan is **-£681k** (or **-6.2%**) against a year to date plan of **£10.9m**.

2015/16 Additional Schemes

Target	Total CIP Value	M06 - Plan	M06 - Actual	M06 Variance	YTD - Plan	YTD - Actual	YTD Variance
<b>£3.1m</b>	<b>£2.6m</b>	<b>£0.401m</b>	<b>£0.412m</b>	<b>£0.011m</b>	<b>£1.179m</b>	<b>£1.076m</b>	<b>-£0.103m</b>



- ▶ At Month 6, delivery against plan is £11k for September.
- ▶ At Month 6, the year to date delivery against **£2.6m** additional CIP schemes is **£1,076k** which represents a variance from plan of **-£103k** (or **-8.7%**)

## Capital Month 06

£'m	Month Plan	Month Actual	Diff	YTD Plan	YTD Actual	Diff	FY Plan	FY Forecast	Diff
<b>HWPH</b>									
Heatherwood	0.11	(0.02)	0.13	0.79	0.43	0.36	1.68	2.30	(0.62)
Wexham - Emergency Dept	0.07	(0.02)	0.09	0.24	0.09	0.16	1.00	0.60	0.40
Wexham - Women's and Children's	0.07	0.01	0.06	0.26	0.06	0.20	0.95	0.35	0.60
Wexham - Estate	1.64	0.27	1.37	5.25	2.27	2.98	11.91	8.98	2.94
Information technology	0.35	0.05	0.30	1.50	0.60	0.90	4.60	1.75	2.85
Medical equipment	0.22	(0.10)	0.31	1.15	0.39	0.76	3.08	3.08	0.00
<b>HWPH total</b>	<b>2.45</b>	<b>0.19</b>	<b>2.25</b>	<b>9.19</b>	<b>3.84</b>	<b>5.36</b>	<b>23.22</b>	<b>17.05</b>	<b>6.17</b>
<b>FPH</b>									
Estate	1.60	0.77	0.83	3.90	2.33	1.57	10.50	8.67	1.83
Medical Equipment	0.07	0.06	0.01	0.40	0.39	0.01	0.80	0.80	0.00
Information Technology	0.28	0.03	0.25	1.70	0.59	1.11	3.91	2.91	1.00
<b>FPH total</b>	<b>1.95</b>	<b>0.86</b>	<b>1.09</b>	<b>6.00</b>	<b>3.31</b>	<b>2.69</b>	<b>15.21</b>	<b>12.38</b>	<b>2.83</b>
<b>Integration capital</b>	<b>0.15</b>	<b>0.00</b>	<b>0.15</b>	<b>0.91</b>	<b>0.02</b>	<b>0.89</b>	<b>2.77</b>	<b>1.58</b>	<b>1.20</b>
<b>Frimley Health Total</b>	<b>4.55</b>	<b>1.05</b>	<b>3.50</b>	<b>16.10</b>	<b>7.17</b>	<b>8.94</b>	<b>41.20</b>	<b>31.01</b>	<b>10.20</b>

Month 6 saw a further under spend against plan of £3.5m increasing the YTD under spend to £8.9m. The full year forecast has been revised to £31.0m representing an underspend of £10.2m

The FBC redevelopments and site specific Estates programme's were £2.5m behind plan in month and are now £5.3m behind plan YTD. The main contributors to this are the postponement to the new ward at Wexham and office block at Frimley whilst other options are being considered. Expenditure is expected to progress in line with plan for the second half of the year with a forecast underspend of £5.1m in the full year position.

The IM&T and Integration programme's fell a further £0.7m behind plan in month and are now £2.9m behind plan YTD. Although project teams are starting to form and the procurement process is underway for certain projects it is anticipated there will be a £5.1m slippage in the full year position.



## Cash Position Month 06

FRIMLEY HEALTH	Current Month			Year to Date			Full Year Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
<b>Net Cash Increase / (Decrease)</b>	-3.9	-11.8	-7.9	-9.5	-12.0	-2.5	-12.2	-12.2	0.0
Cash Brought Forward	53.5	58.9	5.4	59.1	59.1	0.0	59.1	59.1	0.0
<b>Cash Carried Forward</b>	<b>49.6</b>	<b>47.1</b>	<b>-2.5</b>	<b>49.6</b>	<b>47.1</b>	<b>-2.5</b>	<b>46.9</b>	<b>46.9</b>	<b>0.0</b>

The cash balance in month 6 reduced by £11.8m and although a reduction was anticipated this is still an adverse variance of £7.9m against plan. This is largely attributable to a movement in working capital as creditors were reduced to help facilitate the finance system integration whilst debtors increased in month.

The year to date balance is £47.1m, £2.5m behind plan, although it is anticipated to recover to the full year forecast of £46.9m

## Balance Sheet

### Frimley Health

	June Actual £m	July Actual £m	August Actual £m	September Actual £m
<b>Non-Current Assets</b>	<b>308.667</b>	<b>308.339</b>	<b>308.173</b>	<b>307.715</b>
<b>Current Assets</b>				
Inventories	3.082	2.792	3.390	3.329
Trade and Other Receivables	22.170	25.781	24.073	28.434
Other Financial Assets	15.955	10.640	10.026	9.970
Prepayments	7.292	8.244	8.675	10.526
Cash	59.295	62.606	58.905	47.071
<b>Current Assets Total</b>	<b>107.794</b>	<b>110.063</b>	<b>105.069</b>	<b>99.330</b>
<b>Total Assets</b>	<b>416.461</b>	<b>418.402</b>	<b>413.242</b>	<b>407.045</b>
<b>Current Liabilities</b>				
Loans	0.000	0.000	0.000	0.000
Deferred Income	(6.796)	(7.759)	(6.372)	(7.021)
Current Tax Payables	(6.701)	(6.593)	(6.521)	(6.811)
Trade and Other Payables	(49.708)	(49.397)	(47.190)	(45.558)
Other Financial Liabilities	(8.616)	(9.579)	(10.516)	(5.476)
<b>Current Liabilities Total</b>	<b>(71.821)</b>	<b>(73.328)</b>	<b>(70.599)</b>	<b>(64.866)</b>
<b>Net Current Assets (Liabilities)</b>	<b>35.973</b>	<b>36.735</b>	<b>34.470</b>	<b>34.464</b>
<b>Non-Current Liabilities</b>				
Loans	0.000	0.000	0.000	0.000
Provisions	(0.494)	(0.394)	(0.472)	(0.472)
Other Financial Liabilities	(0.654)	(0.634)	(0.614)	(0.519)
Intercompany Transactions	0.000	0.000	0.000	0.000
<b>Total Non-Current Liabilities</b>	<b>(1.148)</b>	<b>(1.028)</b>	<b>(1.086)</b>	<b>(0.991)</b>
<b>Total Assets Employed</b>	<b>343.492</b>	<b>344.046</b>	<b>341.557</b>	<b>341.188</b>
<b>Taxpayers Equity</b>				
Public dividend capital	194.659	103.949	194.659	194.659
Retained Earnings	20.800	112.064	18.865	18.496
Charitable Funds	0.000	0.000	0.000	0.000
Revaluation Reserve	128.033	128.033	128.033	128.033
<b>Total Taxpayers Equity</b>	<b>343.492</b>	<b>344.046</b>	<b>341.557</b>	<b>341.188</b>
	TRUE	TRUE	TRUE	TRUE

Key variances are highlighted below;

- The combined assets across all 3 sites total £407m.
- Capital expenditure has in previous months been behind plan. The remaining 15/16 plan has been reforecast.
- Cash holding continues to equate to approx 50% of the current assets. Further funding from the DH is due in the near future.
- The Trust is close to agreeing prior year outturn with lead commissioners in the north. Once this has occurred debtors will reduce.
- Current liabilities have reduced in September as the Trust has migrated to one ledger. To minimise the data transfer the Trust paid all approved Wexham & Heatherwood creditors. It is worth noting all approved creditors continue to be paid within 30 day payment terms at Frimley Park.

Report Title	<b>Corporate Risk Assurance Framework – October 2015</b>
Agenda Number	12
Report Type	To present Frimley Health NHS Foundation Trust’s high level risks to the Board of Directors
Prepared By	Debbie Barrow, Governance Manager - Nursing & Quality
Executive Lead	Sir Andrew Morris, Chief Executive
Executive Summary	<p>The Frimley Health Risk Assurance Framework (RAF) is the primary mechanism for high level risk management within the organisation.</p> <p>This report summarises the discussions regarding ‘high level’ risks facing Frimley Health NHS Foundation Trust at the October 2015 meeting of the Corporate Governance Group. The method of scoring risks to categorise them as high, moderate and low risks is based on a ‘5 x 5’ matrix. The risk rating is reached by scoring impact/consequence and likelihood on a scale of 1-5 and multiplying these together.</p>
Issues and Options	In this version of the RAF, there are 7 ‘high’ graded and 1 ‘extremely high’ graded risks identified and these are summarised in the attached paper. 1 new risk was identified in relation to Duty of Candour and another (A&E 4-hour target) was re-graded from ‘moderate’ to ‘high’.
Recommendation	The Board of Directors is asked to note the high level risks included in the Trustwide Risk Assurance Framework
Appendices	Corporate Risk Assurance Framework

### Risk Assurance Framework - Risk Scoring Guide

Risks included in the Risk Assurance Framework (RAF) are assessed as extremely high, high, medium and low based on a Impact/Consequence x Likelihood matrix.

**Impact/Consequence-** The descriptors below are used to score the impact/ consequence of the risk occurring. If the risk covers more than one column, the highest scoring column is used to grade the risk.

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

**Likelihood-** The descriptors below are used to calculate the likelihood of the risk occurring.

Level	Descriptor	Range
5	Almost Certain	More than 90%
4	Likely	31% to 90%
3	Possible	11% to 30%
2	Unlikely	3% to 10%
1	Rare	Less than 3%

## High Risk Summary

Chart Ref	Risk Name	Source	Current Score			Target Score	Score Trend				Date Risk Added	
			C	L	R		Previous Month	3 months ago	6 months ago	Direction of Travel		
<b>Corporate Objective 1: Pursuing the highest level of quality, patient experience and clinical outcomes</b>												
A	Nurse Staffing Capacity	FPH/WPH	4	4	16	8				↔	Nov-12	
B	Standard of Clinical Documentation	HWP	3	5	15	9				↔	Feb-13	
C	Infection Control (CDiff)	FPH/HWP	4	4	16	4				↔	Aug-15	
D	Estate & Infrastructure	HWP	4	4	16	4				↔	Aug-14	
E	A&E 4-hour Target	FPH/WPH	4	4	16	8				↑	Sep-12	
<b>Corporate Objective 2: Transforming our infrastructure</b>												
F	Delivery of Informatics Strategy 2015/16	HWP	4	4	16	4				↑	Apr-13	
<b>Corporate Objective 3: Developing our Staff and our Culture</b>												
G	Participation in Mandatory Training & Appraisals	HWP/FPH	4	4	16	4				↑	Jan-12	
<b>Corporate Objective 4: Breaking through traditional healthcare boundaries</b>												
<b>Corporate Objective 5: Developing leading edge services</b>												
<b>Corporate Objective 6: Keeping Control of Resources</b>												
H	Failure to achieve Medium Term Financial Sustainability	FH	4	5	20	4				↔	Sep-11	

## High Risk Tracking Matrix

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Catastrophic
Rare					
Unlikely					
Possible					
Likely				ACDEFG	
Almost Certain			B	H	

Risk Name	Current Risk Rating	Actions	Assurance
Failure to achieve medium term financial sustainability (FPH/HWPH)	20	<ul style="list-style-type: none"> <li>• FBC actions to be reassessed (increases in private and elective activity). Additional savings programmes to be developed. Consideration to be given to which services should be located on which sites.</li> <li>• Medium term savings opportunities being reviewed with Ernst &amp; Young, presented to BOD at Away Day</li> <li>• Benchmarking being undertaken to highlight areas to target savings</li> <li>• Major workstreams across Trust established</li> </ul>	<ul style="list-style-type: none"> <li>• Plans to be approved &amp; reviewed at Board level</li> <li>• External assurance may be sought</li> </ul>
Risk of failure to deliver the Informatics Strategy 15/16 as a key part of the '@transforming our Infrastructure' objective (FPH.HWPH)	16	<ul style="list-style-type: none"> <li>• Re-establish Informatics Steering Board</li> <li>• Identify clinical leads for each project and engage external support</li> <li>• Individual schemes being reviewed to line up with integrated Trustwide strategy</li> <li>• Combined Strategy for 2015/16 to Board April 2015</li> <li>• IT Departments currently being restructured to provide one service cross all 3 sites</li> <li>• Interviews arranged for Head of IT post</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewed by Informatics Board with key outcomes reported to the Board via the Hospital Executive Board</li> </ul>
Risk related to standard of clinical documentation.(HWPH)	15	<ul style="list-style-type: none"> <li>• Provide concise set of standards and post in ring binders.</li> <li>• Issue self-inking stamps to all doctors.</li> <li>• MD working with Clinical Information to move to electronic record keeping.</li> <li>• Complete roll out of Real Time.</li> <li>• Re-audit documentation in 2015.</li> <li>• To be taken through Morbidity &amp; Mortality/Quality Committees as a theme</li> <li>• To be incorporated into Medical Revalidation &amp; appraisal</li> <li>• To be reaudited by end March 15 and results reviewed</li> <li>• Project team to be established to review medical documentation</li> <li>• Trustwide documentation audit has demonstrated variance in areas with some better than others, Chiefs of Service to engage with teams</li> <li>• Results to CEAC, continues to be an issue</li> <li>• To launch 'Tidy Up' notes initiative at next Information Governance Committee</li> <li>• Internal Audit completed cross site audit Q2, draft report received which indicates strong improvement in a number of indicators. Final report awaited and then risk level to be reviewed.</li> <li>• Medical &amp; Deputy Medical Directors to reinforce standards of documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewed by Clinical Governance Committee on behalf of the Board.</li> </ul>
Potential risk to patient care due to nursing staff capacity (FPH &HWPH)	16	<ul style="list-style-type: none"> <li>• Establishment review to be undertaken against agreed standards</li> <li>• Recruitment drive to Philippines, 129 posts offered, currently at next stage of recruitment</li> <li>• Improved education and support for newly qualified &amp; student nurses through Preceptorship Programme</li> <li>• Multiple retention schemes being explored at corporate and local level</li> <li>• Successful recruitment of student nurses, 40 places offered on Wexham site</li> <li>• Ward staffing model being reviewed on H&amp;W sites</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment progress reviewed at Weekly Ward Moves meeting, chaired by Deputy COO</li> <li>• Board will receive assurance via the Quality Assurance Committee</li> <li>• Workforce Group established which monitors management of risk, reporting into Hospital Executive Board</li> </ul>

		<ul style="list-style-type: none"> <li>• Temporary staffing workstreams</li> <li>• Increase demand for nursing capacity to facilitate staffing of 2 new wards, currently 150 WTE vacancies</li> <li>• Further European recruitment and RR action plan in place - 70 nurses being interviewed in October</li> <li>• Enhanced preceptorship</li> <li>• Improved student nurse support</li> <li>• Band 4 development</li> <li>• Specialist nurses offering support to wards areas and practice development team undertaking clinical shifts.</li> <li>• Matrons working clinically in ward areas at time of short staffing</li> </ul>	
Participation in Mandatory Training & Appraisals	16	<ul style="list-style-type: none"> <li>• E-learning packages continue to be rolled out and technical issues being addressed.</li> <li>• Alternative delivery methods to be employed, e.g. hosting training in workplace where possible.</li> <li>• Development of single metric for inclusion on Trust and divisional balanced scorecards.</li> <li>• Learning from other NHS bodies to be accredited to avoid duplication for new staff.</li> <li>• Data cleansing work with support from IM&amp;T.</li> <li>• FPH paper to go to Quality Committee with recommendations around mandatory training.</li> <li>• Mandatory training requirements agreed for doctors</li> <li>• Problem with WIRED, no training reports available for either site until end April 15 – risk escalated due to lack of assurance regarding availability of training reports</li> <li>• New Policy to be launched</li> </ul>	<ul style="list-style-type: none"> <li>• Board will be updated via the Trust Corporate Governance Group</li> <li>• Workforce Group established which monitors management of risk, reporting into Hospital Executive Board</li> </ul>
Potential risk as a result of inconsistencies and pockets of poor infection control practice (WPH)	16	<ul style="list-style-type: none"> <li>• Review of antibiotic formulary and prescribing compliance</li> <li>• Reinforce best practice in hand hygiene and infection control</li> <li>• Undertake full RCA of incidence of infection including CDiff and act upon the findings</li> <li>• Clinical teams to present findings of RCAs at BOD</li> <li>• Review membership and strengthen attendance at the Hospital Infection Control Committee (HICC)</li> </ul>	<ul style="list-style-type: none"> <li>• Board Monthly Performance Report</li> </ul>
Estate & Infrastructure Potential risk to patient safety with action required to address immediate estate priorities. Ensure the estate is fit for purpose & that leaks, repairs & maintenance is planned & dealt with in a timely manner (HWP)	16	<ul style="list-style-type: none"> <li>• Full condition survey commissioned, report received, findings and priorities presented to Capital Planning meeting February/March 2015</li> <li>• HWP implementing a new maintenance scheduling system 'Planet'</li> <li>• Decommissioning plan for Heatherwood, currently under review in light of opening old Ward 4 for Ortho and future use of the Mental Health buildings</li> <li>• Programme of work in place to address issues highlighted in each of 3 areas in OPD (Plaster Room, Prosthetic Room, Decontamination Room)</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
A&E 4-Hour Target Risk to Monitor governance rating due to failure to deliver A&E 4 hour target and pressures	16	<ul style="list-style-type: none"> <li>• The enlarged Trust has delivered Q1 and Q2 2015/16 position but, entering the winter period, the target remains at risk in respect of both A&amp;E Departments.</li> <li>• Increase nursing and medical staffing, particularly out of hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly performance meetings.</li> <li>• Daily monitoring of breaches of A&amp;E 4 hour target.</li> <li>• Daily alerts to CEO</li> </ul>

<p>on bed capacity and patient flow with potential to impact ability to deliver routine and critical services, delay in patient treatment, quality of care, and patient safety.</p>		<ul style="list-style-type: none"> <li>• Changing shift patterns to meet peaks in demand.</li> <li>• Remedial action plan regarding patient flow and discharge</li> <li>• BOD approval for wards to support bed capacity challenges</li> <li>• Winter pressures money being discussed with CCGs</li> <li>• 7 day consultant provision across all specialties.</li> <li>• Review 7 day provision in line with national requirements</li> <li>• Increase the number of pathways applicable to AECU</li> <li>• New beds to open at Farnham 2/11/15</li> <li>• WPH SRG to streamline out of hospital care</li> </ul>	<ul style="list-style-type: none"> <li>• Performance on standard reported directly to the Board.</li> <li>• Reviewed by Hospital Executive Board and Quality Assurance Committee on behalf of the Board.</li> </ul>
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## Senior Information Risk Owner (SIRO) Report - October 2015

### Information Governance Work Programme 2015-16

A Work Programme is being developed for 2015-16 to achieve a Level 2 for all the IG Toolkit Requirements.

### Frimley Health Information Governance Incidents & Complaints

Below is the table detailing the number of personal data incident reported by staff since 1<sup>st</sup> July – 30<sup>th</sup> September 2015.

Category	HSCIC Rating	Definition	Total for this Qtr (1 <sup>st</sup> July 2015 – 30 <sup>th</sup> Sept 2015)	Previous Quarter & (% difference)
<b>Serious Untoward Incident</b>	<b>2</b>	Loss of over 100 patient/very sensitive patient records where the information has not been recovered.	<b>0</b>	<b>0 (-)</b>
<b>Incidents</b>	<b>1</b>	A breach of confidentiality/data protection identified by a member of the public	<b>30</b>	<b>20 (+50%)</b>
<b>Near Miss</b>	<b>0</b>	A loss of data within the Trust, or breach of Trust IG policy, identified by a member of staff and not a member of public	<b>39</b>	<b>33 (+18%)</b>
<b>Complaint</b>	<b>n/a</b>	Patient has complained to the Trust about a breach of confidentiality	<b>5</b>	<b>2 (+250%)</b>

### Freedom of Information Act (FOI) Requests

A breakdown of the number of FOI requests which were received by the Trust is provided in the table below between 1<sup>st</sup> July and 25<sup>th</sup> September.

	Frimley Health	Frimley Park	Heatherwood & Wexham
July 2015	71	3	2
August 2015	46	2	2
September 2015	44	1	1
<b>Total</b>	<b>161</b>	<b>6</b>	<b>5</b>
<b>Year to date</b>	<b>480</b>	<b>29</b>	<b>16</b>

### Data Protection Act (DPA) Requests

A breakdown of the number of DPA requests which were received by the Trust between 1<sup>st</sup> July – 23<sup>rd</sup> September is provided in the table below.

Month	Frimley Park		Heatherwood & Wexham	
	Number	Income	Number	Income
July 2015	227	£3,330	151	£3,055
August 2015	209	£2,450	151	£3,013
September 2015	178	£2,280	163	£3,672
<b>Total</b>	<b>614</b>	<b>£8,060</b>	<b>465</b>	<b>£9,740</b>

\*The figures for both sites are reported in different ways. Work is required to centralise the processes and charges of the HWP and FPH sites to provide standardised reporting and income.

## Information Governance Work Programme Detail

Area	Summary of Work
<b>Information Governance</b>	Work is progressing to centralise the Trust policies and procedures, which is scheduled to be completed by end of March 2016. Vacancies in the IG department are impacting this work, resulting in the IG work programme being re- prioritised.
<b>Freedom of Information</b>	The FOI process has now been centralised and is progressing well. FOI Workshops have been held at both sites to help streamline the management of FOI requests. The new Trust website has gone live, creating a significant amount of work rebuilding the Publication Scheme.
<b>Records Management</b>	Frimley's off-site storage is established and working well, procedures for sending records off-site have been updated and issued out to all key staff. Work is being undertaken to review the contract with Iron Mountain for all corporate records.
<b>Information Quality</b>	<p><b>FPH SUS Data Quality Dashboards – Month 4 April 2015 - July 2015</b></p> <p>Conformance with national standards for completeness and validity:</p> <p><b>ACP (inpatients):</b></p> <p>NHS number is 98.8% against a national average of 99.2%</p> <p>Diagnosis code is 98.1% which reflects the fact that we are now submitting un-coded episodes to SUS following a request from the commissioners.</p> <p>Ethnic coding needs to be reviewed as there is an issue with “not stated” mapping codes.</p> <p>Most other inpatient indicators are green – equal or greater than the national performance.</p> <p><b>Outpatients:</b></p> <p>NHS number is 99.4% against a national of 99.4%</p> <p>Ethnic coding needs to be reviewed as there is an issue with “not stated” mapping codes</p> <p>Outpatient Primary procedure and HRG are both achieving 100%</p> <p>Most other outpatient indicators are green – equal or greater than the national performance.</p> <p><b>A&amp;E:</b> All indicators are above the national average with many at 100%.</p> <p>NHS number is 98.8% against a national average of 95.3%.</p> <p>There does not appear to be an issue with Ethnic category for A&amp;E, which is derived from symphony ED.</p> <p>On a general point, the admitted and non-admitted patient pathway allocation is low due to the fact that the trust is currently mapping patient pathways into the new data warehouse as part of phase 2 of the project.</p>
<b>Information Security</b>	Work is progressing to centralise the Trust policies and procedures for Trust network and will progress in line with technical changes to the Trust network, email and internet.
<b>Caldicott</b>	The Caldicott Bulletin has been revised for Frimley Health and will be sent out in November, and then every quarter. Audits on staff access to patient information are being undertaken and investigated by the IG team.
<b>Data Protection</b>	The Head of Information Governance has taken over the management of the Access to Health Records team at Wexham. The requests for medical records at Wexham is not centralised and needs to be, due to varying procedures by different departments, which is causing confusion for requesters. Appointment to a post to centralise the process has been unsuccessful, so a new centralisation plan is being developed.

Area	Summary of Work
<b>Medical Records - HWPH</b>	<p>DNA audit - The aim of the DNA audit was to measure the current DNA rate across outpatient clinics and compliance with Referral to Treatment Patient Access Policy (TPP111) for discharging patients who have failed to attend an appointment. Data was collected for one week from 30th May to 6th June 2015 across Wexham Park, Heatherwood &amp; King Edward hospitals for specialties ENT, General Surgery and Neurology. A total of 60 patients who did not attend their out patient appointment were included in the data analysis. The data was split specialty and whether the patient was discharged back to the care of their GP or sent another follow up appointment.</p> <ul style="list-style-type: none"> <li>• 34 patients (56.6%) were discharged back to the care of their GP</li> <li>• 26 patients (43.3%) had a follow up appointment sent</li> </ul> <p>For the period of June to September there have been 335 extra clinics with a total of 3682 patients attending. This is to reduce the non capacity list which is currently showing as 122 patients overdue. This has been an outstanding achievement.</p>
<b>Medical Records - FPH</b>	<p>The medical records archive has now been relocated over to Albany park. Together with the records retention review this has helped to locate a number of records which were not tracked correctly and were classified as misfiled. The retention review allowed for a total of 9,221 boxes to be destroyed, a total of 18,4509 records which had exceeded their retention periods have now been destroyed.</p> <p>Audits have been undertake where duplicate records were created each month which vary between 40-60 this quarter. Each duplicate record is investigated, with the majority of duplicate record being created due to a lack of training.</p> <p>The Frimley medical records library tracks missing records and work is undertaken in the library to find these missing records. The missing records vary between 194 to 838 each in this quarter.</p>

### 2.1 – Frimley Health Incidents

There have been 30 incident reported this quarter, the common themes are:

- Patient information being sent to another patient e.g. with a discharge letters
- Patient information/medical records being sent off site insecurely

### 2.2 – IG-Related complaints received by the Trust

The Trust has received 5 complaints from patients relating to the management of their information. The complaints related to:

- Breach of confidential information relating to a patient on the ward
- Trust process for releasing patient records
- Allegation a member of staff had access a patient's record inappropriately
- Patient believed their medical record had been incorrect merged
- Communication relating to a request for copies of x-rays

All complaints were fully investigated and resolved by the Head of Information Governance.

### 2.3 – Frimley Health Near Misses

There have been 39 near misses reported this quarter, the common themes are:

- Staff leaving patient information for other staff to access
- Staff dropping patient information in a public place

- Medical records being left in insecure locations
- Missing records due to poor tracking
- SD cards found on the floor in the hospital
- Staff emailing patient/confidential information to incorrect Trust email addresses

### Appendix 3 - Freedom of Information Requests (1<sup>st</sup> July – 25<sup>th</sup> Sept)

The breakdown of the requests received is as follows:

- 9 of the requests were not processed within the legal timeframe
- 35 requests have had exemptions applied

The breakdowns of requestors for the quarter is as follows:

- 88 Private Person or Organisation
- 30 Journalists
- 19 Researcher
- 3 Students
- 15 Member of the Public
- 13 NHS organisations
- 4 Members of Parliament

#### 3.1 – Summary of the types of information requested:

<b>Clinical Information</b>	<ul style="list-style-type: none"> <li>• Refusal of subcut cytarabine injections</li> <li>• Renal replacement therapy modalities</li> <li>• Biosimilar prescribing</li> <li>• High cost drug funding</li> <li>• Hysterectomy procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Patient clinical checklists</li> <li>• Home care drugs</li> <li>• Breast cancer testing</li> <li>• Child allergy clinics</li> <li>• Psoriasis treatments</li> </ul>
<b>Patient</b>	<ul style="list-style-type: none"> <li>• Children treated for CHD</li> <li>• Overseas patient kidney dialysis</li> <li>• A&amp;E attendees for food poisoning</li> <li>• Children treated for self-harming</li> <li>• Removal of bodies</li> <li>• Deaths due to hospital acquired pneumonia</li> </ul>	<ul style="list-style-type: none"> <li>• Heaviest babies</li> <li>• Number of mammograms</li> <li>• Death by malnutrition</li> <li>• Legal high attendees</li> <li>• Carbon monoxide poisoning attendees</li> </ul>
<b>Staff Information</b>	<ul style="list-style-type: none"> <li>• Agency framework agreements</li> <li>• Staff accessing summary care records</li> <li>• Staff sickness levels</li> <li>• BoD recruitment</li> <li>• Job roles of staff parking offsite</li> <li>• Staff employed with learning difficulties</li> <li>• Pharmacist gift/hospitality register</li> </ul>	<ul style="list-style-type: none"> <li>• 7 day NHS effects on the Trust</li> <li>• Veterans Military lead champion</li> <li>• Consultants op-out weekends</li> <li>• 24 hour A&amp;E Consultant cover</li> <li>• Consultant weekend overtime cost</li> <li>• Complaints against staff</li> <li>• Clinical excellence awards</li> </ul>
<b>Trust Information</b>	<ul style="list-style-type: none"> <li>• Pass through payment for CCGs</li> <li>• Pain services waiting list</li> <li>• Bounty operations</li> <li>• Mixed sex ward penalties</li> <li>• Catering purchases</li> <li>• Pre-Assessment unit tender</li> <li>• Recycling &amp; waste management contract</li> <li>• Whistleblowing governance</li> <li>• Trust financial efficiency</li> <li>• Cost improvement plans for the Trust</li> <li>• Nurse call system contract</li> <li>• Estates strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Budget holders</li> <li>• Vending machine sales</li> <li>• DTOC costs and reimbursement</li> <li>• Funds spent on gifts for patients</li> <li>• VTE prevention questionnaire</li> <li>• Amount received in parking fines</li> <li>• Energy saving projects</li> <li>• PBR/MFF reimbursements</li> <li>• Complaints received</li> <li>• Fleet leasing &amp; maintenance contract</li> <li>• Various policies</li> </ul>

**Appendix 4 – Data Protection Requests (1<sup>st</sup> July – 23<sup>rd</sup> September)****4.1 – Frimley Data Protection Act Requestors**

Requester	Claims	Radiology	Council	Military	Police	Private	Other
July	11	1	1	5	9	7	2
August	5	4	0	8	20	4	2
September	12	0	1	3	4	3	4
<b>Total</b>	<b>28</b>	<b>5</b>	<b>2</b>	<b>16</b>	<b>33</b>	<b>14</b>	<b>8</b>

Requester	NHS	GP	Patient	Relative	SPVA	Solicitor	GMC
July	31	3	42	4	17	94	0
August	23	6	25	5	8	99	0
September	19	6	36	11	9	70	0
<b>Total</b>	<b>73</b>	<b>15</b>	<b>103</b>	<b>20</b>	<b>34</b>	<b>263</b>	<b>0</b>

**4.2 – Time taken to process Data Protection Requests completed this quarter**

	0-10 days	11- 20 days	21 – 30 days	31- 40 days	40 + days	Reason for Breach
July	62	21	17	53	3	Notes were delayed when requesting from offsite location.
August	72	5	7	13	1	
September	30	2	1	0	0	
<b>Total</b>	<b>164</b>	<b>28</b>	<b>25</b>	<b>66</b>	<b>1</b>	

**4.3 – Wexham Data Protection Act Requests**

	Number of Applicants	No. of requests completed in 40 days	Amount
July	151	93%	£3,055
August	151	98%	£3,013
September	163	96%	£3,672
<b>Total</b>	<b>465</b>	<b>96%</b>	<b>£9,740</b>

Report Title	<b>'Phase 2' Governor Elections</b>								
Meeting	Board of Directors in Public – 6 <sup>th</sup> November 2015								
Agenda No.	15								
Report Type	For Information								
Prepared By	Meg Stevens, Deputy Company Secretary								
Executive Lead	Janet King, Director of HR and Corporate Services								
Executive Summary	<p>Throughout September and October, Frimley Health NHS FT has been holding elections for twelve Public Governors in five constituencies (Rushmoor; Surrey Heath and Runnymede; Hart and East Hampshire; Guildford, Waverley and Woking; and Bracknell Forest and Wokingham) in accordance with its Constitution. These elections marked 'Phase 2' of the overall approach to reshaping the composition of the Council of Governors post-acquisition.</p> <p>The timetable for the elections was:-</p> <table border="1"> <tr> <td style="text-align: center;"><b>Nominations</b></td> </tr> <tr> <td style="text-align: center;">Opened Thursday 13 August 2015</td> </tr> <tr> <td style="text-align: center;">Closed Friday 11 September 2015</td> </tr> <tr> <td style="text-align: center;"><b>Election</b></td> </tr> <tr> <td style="text-align: center;">Opened Monday 5 October 2015</td> </tr> <tr> <td style="text-align: center;">Closed Wednesday 28 October 2015</td> </tr> <tr> <td style="text-align: center;"><b>Declaration of Results</b></td> </tr> <tr> <td style="text-align: center;">Thursday 29 October 2015</td> </tr> </table> <p>This paper confirms the results from these elections which were declared on Thursday, 29<sup>th</sup> October 2015. The newly appointed Governors commenced in post from 1<sup>st</sup> November 2015.</p>	<b>Nominations</b>	Opened Thursday 13 August 2015	Closed Friday 11 September 2015	<b>Election</b>	Opened Monday 5 October 2015	Closed Wednesday 28 October 2015	<b>Declaration of Results</b>	Thursday 29 October 2015
<b>Nominations</b>									
Opened Thursday 13 August 2015									
Closed Friday 11 September 2015									
<b>Election</b>									
Opened Monday 5 October 2015									
Closed Wednesday 28 October 2015									
<b>Declaration of Results</b>									
Thursday 29 October 2015									
Background	<p><b>Phase 2 Governor Elections</b></p> <p>As a result of the elections, the overall number of Public Governors for Rushmoor; Surrey Heath and Runnymede; Hart and East Hampshire; Guildford, Waverley and Woking; and Bracknell Forest and Wokingham reduced from 19 to 12.</p>								

The 'Phase 2' Governors commenced their terms of office on 1<sup>st</sup> November 2015 and have been elected for the following periods:-

<b>Rushmoor</b>	
2 x Governors	Three years, ending on 31 October 2018
1 x Governor	Two years, ending on 31 October 2017
<b>Surrey Heath and Runnymede</b>	
2 x Governors	Three years, ending on 31 October 2018
1 x Governor	Two years, ending on 31 October 2017
<b>Hart and East Hampshire</b>	
2 x Governors	Three years, ending on 31 October 2018
1 x Governor	Two years, ending on 31 October 2017
<b>Guildford, Waverley and Woking</b>	
1 x Governor	Three years, ending on 31 October 2018
1 x Governor	Two years, ending on 31 October 2017
<b>Bracknell Forest and Wokingham</b>	
1 x Governor	One year, ending on 31 October 2016

From November 2015 onwards, the size of the Council of Governors will remain static at 37, as the allocation of Governor seats will be proportionate to the population of each individual constituency across the Trust.

### **Election Methodology**

The Trust engaged Electoral Reform Services as its electoral agents for the elections. In accordance with the Constitution, each of the election outcomes were calculated using the Single Transferable Vote methodology.

### **Constituency Details**

<b>Constituency</b>	<b>No. of Seats</b>	<b>No. of Candidates</b>	<b>Electoral Size</b>	<b>Turnout</b>
Rushmoor	3	4	3,014	18.5%
Surrey Heath and Runnymede	3	6	2,990	23.8%
Hart and East Hampshire	3	4	2,220	25.3%
Guildford, Waverley and Woking	2	3	1,529	27.3%
Bracknell Forest and Wokingham	1	5	1,245	22.3%



**Results**

The results of the elections were announced on 29<sup>th</sup> October as below:-

Constituency	Individual Elected	End of Tenure
Rushmoor	Kevin Watts	31 <sup>st</sup> October 2018
Rushmoor	Michele White	31 <sup>st</sup> October 2018
Rushmoor	Ian Wilder	31 <sup>st</sup> October 2017
Surrey Heath and Runnymede	Robert Leslie Bown	31 <sup>st</sup> October 2018
Surrey Heath and Runnymede	Mary Probert	31 <sup>st</sup> October 2018
Surrey Heath and Runnymede	Peter Fraser-Dunnet	31 <sup>st</sup> October 2017
Hart and East Hampshire	Denis George Gotel	31 <sup>st</sup> October 2018
Hart and East Hampshire	Jill Walker	31 <sup>st</sup> October 2018
Hart and East Hampshire	Bill Shambrook	31 <sup>st</sup> October 2017
Guildford, Waverley and Woking	Michael Maher	31 <sup>st</sup> October 2018
Guildford, Waverley and Woking	Sylvia Thompson	31 <sup>st</sup> October 2017
Bracknell Forest and Wokingham	Rachael Addicott	31 <sup>st</sup> October 2016

**Next Steps**

A Governor Induction Day will be held on 5<sup>th</sup> November for all newly elected Governors.

The next round of Governor elections is due in October 2016, and will henceforth take place on a yearly basis.

Recommendation

The Board is asked to note this update paper.

Appendices

A complete list of all Governors effective from 1<sup>st</sup> November 2015 is attached at Appendix A.  
Pictures of the elected Governors are attached at Appendix B.

**APPENDIX A - List of Governors from 1<sup>st</sup> November 2015**

Constituency	Individual	End of Tenure
Public Governor: Slough	Margaret Woodley	31 October 2017
Public Governor: Slough	Julia Long	31 October 2017
Public Governor: Slough	Sharon O'Reilly	31 October 2017
Public Governor: Slough	Tamoor Ali	31 October 2016
Public Governor: Slough	Graham Leaver	31 October 2016
Public Governor: Windsor and Maidenhead	Karen Saunders	31 October 2017
Public Governor: Windsor and Maidenhead	Fiona Dent	31 October 2017
Public Governor: Windsor and Maidenhead	Tony Monk	31 October 2016
Public Governor: Windsor and Maidenhead	Rod Broad	31 October 2016
Public Governor: Bracknell Forest and Wokingham	Victoria Browne	31 October 2017
Public Governor: Bracknell Forest and Wokingham	Richard Lloyd	31 October 2017
Public Governor: Bracknell Forest and Wokingham	Jan Burnett	31 October 2016
Public Governor: Bracknell Forest and Wokingham	Rachel Addicott	31 October 2016
Public Governor: Chiltern, South Buckinghamshire & Wycombe	Paul Henry	31 October 2017
Public Governor: Chiltern, South Buckinghamshire & Wycombe	John Ager	31 October 2016
Public Governor: Rest of England	Chris Waller	31 October 2017
Public Governor: Surrey Heath and Runnymede	Bob Bown	31 October 2018
Public Governor: Surrey Heath and Runnymede	Mary Probert	31 October 2018
Public Governor: Surrey Heath and Runnymede	Peter Fraser-Dunnett	31 October 2017
Public Governor: Rushmoor	Kevin Watts	31 October 2018
Public Governor: Rushmoor	Michele White	31 October 2018
Public Governor: Rushmoor	Ian Wilder	21 October 2017
Public Governor: Hart and East Hampshire	Denis Gotel	31 October 2018
Public Governor: Hart and East Hampshire	Jill Walker	31 October 2018
Public Governor: Hart and East Hampshire	Bill Shambrook	31 October 2017
Public Governor: Guildford, Waverley and Woking	Michael Maher	31 October 2018
Public Governor: Guildford, Waverley and Woking	Sylvia Thompson	31 October 2017
Staff Governor: Frimley Park	Udesh Naidoo	31 October 2017
Staff Governor: Frimley Park	Mel Fish	31 October 2017
Staff Governor: Wexham Park and Heatherwood	Bob Soin	31 October 2017
Staff Governor: Wexham Park and Heatherwood	Alex Saunders	31 October 2017
Stakeholder Governor: Joint Appointment by Bracknell Forest Borough Council and Wokingham Borough Council	Sarah Peacey	TBC
Stakeholder Governor: Buckinghamshire County Council	Trevor Egleton	TBC
Stakeholder Governor: Hampshire County Council	John Wall	1 May 2017
Stakeholder Governor: Joint Appointment by Slough Borough Council and Windsor and Maidenhead Borough Council	Zaffar Ajaib	TBC
Stakeholder Governor: Surrey County Council	Chris Pitt	TBC
Stakeholder Governor: Ministry of Defence	Stuart Millar	TBC

**Appendix B – ‘Phase 2’ Elected Governors**

**PUBLIC: BRACKNELL FOREST AND WOKINGHAM (1 ELECTED)**



Dr. Rachael Addicott

**PUBLIC: HART AND EAST HAMPSHIRE (3 ELECTED)**



Denis George Gotel



Bill Shambrook



Jill Walker

**PUBLIC: RUSHMOOR (3 ELECTED)**



Kevin Watts



Michele White



Ian Wilder

**PUBLIC: SURREY HEATH AND RUNNYMEDE (3 ELECTED)**



Dr. Robert Leslie Bown



Peter Fraser-Dunnet



Mary Probert

**PUBLIC: GUILDFORD, WAVERLEY AND WOKING (2 ELECTED)**



Michael Maher



Dr. Sylvia Thompson

<b>Report Title</b>	Monitor Guidance on Agency and Framework Usage
<b>Meeting</b>	Board of Directors (Public) on 6 <sup>th</sup> November 2015
<b>Agenda Number</b>	16
<b>Report Type</b>	For information and note
<b>Prepared By</b>	John Ireland, Deputy Director of HR
<b>Executive Lead</b>	Janet King, Director of HR and Corporate Services
<b>Executive Summary</b>	<p>Monitor and the Trust Development Authority have recently advised of their intention to become directly involved in helping Trusts to control agency usage. Their intention is to direct trusts to use only framework agencies, and to ensure a maximum capped rate applies to agency rates. The controls are being phased in by staff group. It is a requirement that Trusts receiving financial assistance follow the new rules.</p> <p>Trusts have also been asked to submit a return to Monitor showing how they will adhere to a limit in respect of nursing agency usage. Trusts will be expected to operate below the limit and to report any non-framework use of agencies (initially only in respect of nurses).</p>
<b>Background</b>	<p>In August 2015, Monitor and the Trust Development Authority wrote to Trusts advising that they wished to consult about :-</p> <ol style="list-style-type: none"> <li>1) setting maximum rates a provider can pay for agency workers</li> <li>2) mandating use of certain framework agreements for procuring agency staff</li> <li>3) stipulating a maximum each trust can spend on agency staff.</li> </ol> <p>It was stated that these rules would apply to nurses initially, but would subsequently be rolled out to other staff groups. Following this, Monitor advised that 2) and 3) would apply from October for nurses. Since that time, Monitor has commenced consultation on 3) which will end in November with the intention that the cap will apply to all staff groups</p>
<b>Issues</b>	<p><b>Use of Framework agencies and control</b></p> <p>From 19th October 2015, Monitor advised that all procurement of nursing agency staff must be through approved frameworks (there are several Frameworks in existence). They also advised that they had set an annual limit for trusts receiving financial assistance for agency nursing expenditure as a percentage of total nursing staff spend. For Frimley Health, the limit was</p>

<b>Period</b>	2015/16 (Q3 and Q4)	2016/17	2017/18	2018/19
<b>Limit</b>	10%	8%	6%	4%

Trusts were asked to submit their projections based on the above. Frimley Health's submission projected compliance with the above limits.

Trusts are required to report all non-compliance on a monthly basis by:

- date
- type of nurse (band, job type)
- shift type
- reason for overriding the controls
- price paid (hourly wage and agency fee)
- name of agency
- name of framework
- Director level approval

The guidance states that:-

a) Trust boards should ensure that they are following robust and effective systems, and that the exceptional circumstance could not have been avoided through effective contingency planning.

b) If a trust consistently urgently overrides the rules, they may be investigated by Monitor and TDA.

#### **Consultation on price caps**

Monitor and the TDA are currently consulting on the application of price caps and, subject to that, have advised that their intention is to introduce them on 23rd November 2015. The consultation states that the proposed hourly price caps would apply to all staff groups employed by NHS trusts and NHS foundation trusts: nursing, medical, all other clinical and other non-clinical staff and all agency staff and bank staff

The caps would be phased in as below and at the rate shown above the applicable NHS substantive rate. The uplift accounts for employment on-costs, including employer pension contribution, employer national insurance, holiday pay to the worker and an administration fee/agency charge.

Implementation Date	Junior Doctors	Other Doctors and Clinical staff	Non Clinical Staff
23 Nov 15	+150%	+100%	+55%
1 Feb 16	+100%	+75%	+55%
1 Apr 16	+55%	+55%	+55%

All trusts will be required to report at shift-level detail any payments in excess of the price caps and explain why these were necessary in their reporting returns. Overrides will be scrutinised by Monitor and the TDA and trusts inappropriately overriding the price caps will be subject to regulatory action.

The guidance states that Trust boards will have primary responsibility for monitoring the local impact of price caps and ensuring patient safety. Monitor, the TDA, CQC and the Chief Nursing Officer for England emphasise the importance of trusts and

	<p>commissioners fulfilling their responsibilities for safe staffing, as set out in the joint letter of 13 October from Sir Mike Richards, Mike Durkin, Jane Cummings, Sir Andrew Dillon and Ed Smith and also detailed in the National Quality Board (NQB) guidance</p> <p><b>The position with regard to the use of Framework agencies and control at Frimley Health</b></p> <p>The trust has had a temporary staffing project group in place for several months led by the AD for Women and Children. This group has reviewed the controls processes in place at HWP and FPH (the procedures are different owing to the presence of NHSP and their systems at HWP, and FP and its systems).</p> <p>The Trust has been working to eliminate non framework agencies in nursing and there is now only one nursing non framework agency in use. They (Thornbury) are used in a specialist area (paediatrics at Wexham) owing to the specialist nature of the work and the high volume of vacancies. Work has been undertaken to replace Thornbury with other specialist agencies that are “on” framework and this is having some success. Meanwhile the AD and Operations Director are aware of the reporting requirements if they have no alternative but to use Thornbury due to clinical need.</p> <p>The same process of framework review is taking place with respect to other agencies.</p> <p><b>Comments on the consultation on price caps</b></p> <p>The work being carried out by Monitor and the TDA is helpful and one of the reasons that previous attempts at greater control have been unsuccessful has been the fragmented nature of the approach. The suggested caps are lower than our current rates in a number of cases and so could help achieve savings.</p> <p>In the past, trusts have agreed common local rates only to find that not all adhered to them. This time a national approach is being proposed with penalties for non-compliance which may have greater success. However, there remains the potential for conflict on occasions between safe staffing and the application of a cap. It is possible that through the consultation process the proposed rates may be modified.</p>
<b>Recommendation</b>	The Board should note that Monitor expects Trust Boards to monitor the use of non-framework nursing agencies and adherence to the price cap when introduced.
<b>Appendices</b>	N/A

## Acronym 'Buster'

### A

- A&E - Accident and Emergency
- AD - Associate Director
- ADT - Admission, Discharge and Transfer
- AfC - Agenda for Change
- AGM - Annual General Meeting / Annual Governance Meeting
- AHP - Advanced Health Professional
- AKI - Acute Kidney Injury
- AMM - Annual Members Meeting
- AMR - Antimicrobial Resistance
- AMU - Acute Medical Unit
- AOS - Acute Oncology Service
- ANP - Advanced Nurse Practitioner
- AR - Annual Report
- ASPH - Ashford and St. Peter's Hospital

### B

- BAU - Business As Usual
- BBE - Bare Below Elbow
- BME - Black and Minority Ethnic
- BCF - Better Care Fund
- BMA - British Medical Association
- BMI - Body Mass Index
- BoD - Board of Directors

### C

- CAMHS - Child and Adolescent Mental Health Services
- CAS - Central Alert System
- CAU - Clinical Assessment Unit
- CCG - Clinical Commissioning Group
- CCU - Coronary Care Unit
- CDI - Clostridium Difficile Infection
- CDIC - Commercial Development and Investment Committee
- Cdif / C.Diff - Clostridium Difficile
- CEA - Clinical Excellence Awards
- CEO - Chief Executive Officer
- CFO - Chief Finance Officer
- CHC - Continuing Health Care
- CHD - Coronary Heart Disease
- CIO - Chief Information Officer
- CIP - Continuous Improvement Plan
- CoG - Council of Governors
- CoS - Chief of Service
- CoSRR - Continuity of Service Risk Rating
- CPA - Care Programme Approach
- CQC - Care Quality Commission
- CQUIN - Commissioning for Quality and Innovation
- CRAB - Copeland's Risk Adjusted Barometer
- C.Section - Caesarean Section
- CSU - Commissioning Support Unit
- CT - Computerised Tomography
- CTG - Cardiotocography
- CVC - Central Venous Catheter



# D

- DBS - Disclosure Barring Service
- DGH - District General Hospital
- DH / DoH - Department of Health
- DIPC - Director of Infection Prevention and Control
- DNA - Did Not Attend
- DNACPR - Do Not Attempt Cardiopulmonary Resuscitation
- DNAR - Do Not Attempt Resuscitation
- DNR - Do Not Resuscitate
- DoLS - Deprivation of Liberty Safeguards
- DoN - Director of Nursing
- DoO - Director of Operations
- DPA - Data Protection Act
- DSU - Day Surgery Unit
- DVT - Deep Vein Thrombosis

# E

- E&D - Equality and Diversity
- EAU - Emergency Assessment Unit
- EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortization
- ECG - Electrocardiogram
- ECIST - Emergency Care Intensive Support Team
- ED - Emergency Department
- EDD - Estimated Date of Discharge
- EDMS - Electronic Document Management System
- EEG- Electroencephalogram
- EHR - Electronic Health Record
- EHRC - Equality and Human Rights Commission
- EIA - Equality Impact Assessment
- ELSCS - Elective Caesarean Section
- EM - Emergency Medicine
- EMLSCS - Emergency Caesarean Section
- ENT - Ear, Nose and Throat
- EOLC - End of Life Care
- EOLCA - End of Life Care Audit
- EPR - Electronic Patient Record
- EPRR - Emergency Preparedness, Resilience and Response
- ESD - Early Supported Discharge
- ESR - Electronic Staff Record
- ETP - Electronic Transmission of Prescriptions
- EEA - European Economic Area

# F

- FBC - Full Business Case
- FFT - Friends and Family Test
- FH - Frimley Health
- FOI - Freedom of Information
- FPH - Frimley Park Hospital
- FRR - Financial Risk Rating
- FT - Foundation Trust
- FTE - Full Time Equivalent
- FPH - Frimley Park Hospital
- FYE - Financial Year End

# G

- GI - Gastrointestinal
- GMC - General Medical Council
- GMS - General Medical Services

- GP - General Practitioner
- GRE – Glycopeptide Resistant Enterococci

## H

- HAI - Hospital Acquired Infection
- HASU - Hyper Acute Stroke Unit
- HCA - Health Care Assistant
- HCAI - Healthcare-Associated Infection
- HDU - High Dependency Unit
- HEB - Hospital Executive Board
- HED - Healthcare Evaluation Data
- HEKSS - Health Education Kent, Surrey and Sussex
- HETV - Health Education Thames Valley
- HICC - Hospital Infection Control Committee
- HoN - Head of Nursing
- HSE - Health and Safety Executive
- HSMR - Hospital Standardised Mortality Ratio
- HTC - Hospital Transfusion Committee
- HWB - Health and Wellbeing Board
- HWD - Heatherwood
- HWP - Heatherwood and Wexham Park
- HWPH / H&WPH - Heatherwood and Wexham Park Hospitals

## I

- I&E - Income and Equity
- IC - Information Commissioner
- ICM - Integrated Case Management
- ICP - Integrated Care Pathway
- ICU - Intensive Care Unit
- IG - Information Governance
- IGT / IGTK - Information Governance Toolkit
- IM&T - Information Management and Technology
- IPCN - Infection Prevention and Control Nurse
- IPCT - Infection Prevention and Control Team
- IPR - Individual Performance Review
- ITU - Intensive Therapy Unit / Critical Care Unit
- IV - Intravenous

## J

- JAG - Joint Advisory Group

## K

- KPI - Key Performance Indicator

## L

- LA - Local Authority
- LCFS - Local Counter Fraud Specialist
- LD - Learning Disability
- LHRP - Local Health Resilience Partnership
- LiA - Listening into Action
- LINAC - Linear Accelerator
- LOS / LoS - Length of Stay
- LUCADA - Lung Cancer Audit Data

# M

- M&M - Morbidity and Mortality
- MAU - Medical Assessment Unit
- MDT - Multi-Disciplinary Team
- MHPS - Maintaining High Professional Standards
- MIDU - Medical Investigations Day Unit
- MiG - Medical Interoperability
- MIU - Minor Injuries Unit
- MRI - Magnetic Resonance Imaging
- MRSA - Methicillin-Resistant Staphylococcus Aureus

# N

- NBOCAP - National Bowel Cancer Audit Programme
- NCASP - National Clinical Audit Support Programme
- NED - Non-Executive Director
- NHS FT - NHS Foundation Trust
- NHSE - NHS England
- NHSLA - NHS Litigation Authority
- NHSP - NHS Professional
- NICE - National Institute for Health and Care Excellence
- NICU - Neonatal Intensive Care Unit
- NMC - Nursing and Midwifery Council
- NNU - Neonatal Unit
- NOGCA - National Oesophago-Gastric Cancer Audit
- NURLS - National Reporting and Learning System / Service

# O

- O&G - Obstetrics and Gynaecology
- OBC - Outline Business Case
- ODP - Operating Department Practitioner
- OHD - Occupational Health Department
- OLM - Oracle Learning Management
- OOH - Out of Hours
- OP - Outpatient
- OPD - Outpatient Department
- OT - Occupational Therapist/Therapy

# P

- PACS - Picture Archiving and Communications System
- PACU - Post-Anesthetic Care Unit
- PALS - Patient Advice and Liaison Service
- PAS - Patient Administration System
- PAU - Paediatric Assessment Unit
- PbR - Payment by Results
- PCI - Percutaneous Coronary Intervention
- PDC - Public Dividend Capital
- PDD - Predicted Date of Discharge
- PE - Pulmonary Embolism
- PEAT - Patient Environment Action Team
- PFI - Private Finance Initiative
- PHE - Public Health England
- PICC - Peripherally Inserted Central Catheters
- PID - Patient / Person Identifiable Data
- PILS - Patient Information Leaflets
- PID - Project Initiation Document
- PLACE - Patient-Led Assessments of the Care Environment
- PMS - Personal Medical Services
- PMO - Programme Management Office
- POD - Pre-Operative Department

- POSSUM - Physiological and Operative Severity Score for the enUmeration of Mortality and Morbidity
- PPE - Personal Protective Equipment
- PPI - Patient and Public Involvement
- PSED - Public Sector Equality Duty

## Q

- QA - Quality Assurance
- QAC - Quality Assurance Committee
- QI - Quality Indicator
- QIP - Quality Improvement Plan
- QIPP - Quality, Innovation, Productivity and Prevention
- QIA - Quality Impact Assessment
- QOF - Quality and Outcomes Framework

## R

- RAF - Risk Assurance Framework
- RAG - Red Amber Green
- RBH - Royal Berkshire Hospital
- RCA - Root Cause Analysis
- RCN - Royal College of Nursing
- RCP - Royal College of Physicians
- RCS - Royal College of Surgeons
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- RSCH - Royal Surrey County Hospital
- RTT - Referral to Treatment

## S

- SADU - Surgical Day Unit
- SAU - Surgical Assessment Unit (FPH) / Surgical Assessment Unit (WPH)
- SCAS / SCAmb - South Central Ambulance Service
- SDIP - Service Development and Improvement Plan
- SHMI - Summary Hospital-level Mortality Indicator
- SHO - Senior House Officer
- SI - Serious Incident
- SIRI - Serious Incident Requiring Investigation
- SIRO - Serious Incident Risk Owner
- SID - Senior Independent Director
- SLA - Service Level Agreement
- SLR - Service-Line Reporting
- SLT / SaLT - Speech and Language Therapy
- SME - Subject Matter Expert
- SMR - Standardised Mortality Ratio
- SoS - Secretary of State
- SPS - Surrey Pathology Service
- SSI(S) - Surgical Site Infections (Surveillance)
- SSNAP - Sentinel Stroke National Audit Programme
- SSS - Short Stay Surgical Unity
- SUI - Serious Untoward Incident

## T

- TIA - Transient Ischaemic Attack
- TLC - Turn off, Lights out, Close doors
- TMG - Theatre Management Group
- TNA - Training Needs Analysis
- TPN - Total Parenteral Nutrition
- TTA - To Take Away
- TTO - To Take Out
- TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981

# U

- UCB - Urgent Care Board
- UI - Untoward Incident
- UGI - Upper Gastrointestinal
- UTI - Urinary Tract Infection

# V

- VfM - Value for Money
- VSM - Very Senior Manager
- VTE - Venous Thromboembolism

# W

- WHO - World Health Organization
- WLI - Waiting List Initiative
- WPH - Wexham Park Hospital
- WTE - Whole Time Equivalent

# Y

- YTD - Year to Date