



## **NOTICE OF MEETING**

### **Health Overview and Scrutiny Panel**

**Thursday 2 February 2012, 7.00 pm**

**Council Chamber, Fourth Floor, Easthampstead House, Bracknell**

### **To: The Health Overview and Scrutiny Panel**

Councillor Virgo (Chairman), Councillor Mrs Angell (Vice-Chairman), Councillors Baily, Mrs Barnard, Finch, Kensall, Mrs Temperton, Thompson and Ms Wilson

### **cc: Substitute Members of the Panel**

Councillors Blatchford, Brossard, Ms Brown, Davison and Heydon

### **Co-opted Representatives**

Terry Pearce, Bracknell Forest Local Involvement Network

ALISON SANDERS  
Director of Corporate Services

**There will be a private meeting for members of the Panel at 6.30pm in the Board Room.**

### **EMERGENCY EVACUATION INSTRUCTIONS**

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**Health Overview and Scrutiny Panel  
Thursday 2 February 2012, 7.00 pm  
Council Chamber, Fourth Floor, Easthampstead House,  
Bracknell**

**AGENDA**

Page No

**1. Apologies for Absence/Substitute Members**

To receive apologies for absence and to note the attendance of any substitute members.

**2. Declarations of Interest**

Members are asked to declare any personal or prejudicial interest and the nature of that interest, including the existence and nature of the party whip, in respect of any matter to be considered at this meeting.

**3. Urgent Items of Business**

Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent.

**4. Views of Member of Parliament**

To receive the views of Dr Phillip Lee MP on the future of health services in East Berkshire.

**5. Minutes and Matters Arising**

To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 3 November 2011.

1 - 6

**6. Public Participation**

To receive submissions from members of the public which have been submitted in advance in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

**7. NHS Berkshire Primary Care Trust**

To receive a progress report from the Chief Executive of NHS Berkshire (Primary Care Trust) on the 'Shaping the Future' programme to find a long term solution for hospital and community health services in East Berkshire.

**8. Frimley Park Hospital NHS Foundation Trust**

To meet the Chief Executive of Frimley Park Hospital NHS Foundation Trust, to discuss the Trust's performance in providing health services to Bracknell Forest residents.

7 - 46

9. **Public Health Update** 47 - 52  
To receive a progress update from the Director of Adult Social Care and Health, also the NHS Berkshire East Director of Public Health, on the transfer of public health functions from the Primary Care Trust to Bracknell Forest Council.
10. **Working Groups Update** 53 - 54  
To receive a report on the progress of the Panel's Working Groups.
11. **Overview and Scrutiny Work Programme** 55 - 60  
To consider which topics should be included in the Panel's work programme for 2012-13.
12. **Dates of Future Meetings**  
Thursday 26 April 2012  
Thursday 14 June 2012  
Thursday 27 September 2012  
Thursday 24 January 2013  
Thursday 18 April 2013

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**HEALTH OVERVIEW AND SCRUTINY PANEL  
3 NOVEMBER 2011  
7.30 - 10.05 PM**

**Present:**

Councillors Virgo (Chairman), Mrs Angell (Vice-Chairman), Baily, Finch, Kensall, Mrs Temperton and Thompson

**Also Present:**

Councillor Leake

**Co-opted Representative:**

Terry Pearce, Bracknell Forest LINK

**Apologies for absence were received from:**

Councillors Mrs Barnard and Ms Wilson.

Councillor Birch, Executive Member for Adult Services, Health & Housing

**In Attendance:**

Richard Beaumont, Bracknell Forest Council

Philippa Slinger, Heatherwood and Wexham Park Hospitals NHS Foundation Trust

Mary Purnell, NHS Berkshire

Glyn Jones, Bracknell Forest Council

Will Hancock, South Central Ambulance Service

Keith Boyes, South Central Ambulance Service

Dr Kittel, GP Clinical Commissioning Group

David Townsend, Berkshire Healthcare NHS Foundation Trust

**11. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting held on 30 June 2011 be approved as a correct record and signed by the Chairman.

Matters Arising

Minute 7: It was noted that the parties involved in the Bracknell Healthspace project were still in discussions, but the Section 106 agreement had not yet been signed.

Minute 9: The Head of Overview & Scrutiny reported that two working groups had been set up, the first to look at the Health & Wellbeing Strategy and the second to monitor the progress of the implementation of the Government's health reforms. Both working groups had met once.

**12. Declarations of Interest**

There were no declarations of interest.

**13. Urgent Items of Business**

Pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decided that the following issue should be considered as a matter of urgency at the meeting:

The Chairman advised that the birthing unit at Heatherwood Hospital had been temporarily closed and this had led to an increase in women giving birth at Frimley Park. He asked for an update on the future of maternity services locally.

Mary Purnell advised that Dr Jackie McGlynn could attend a future meeting to speak to the Panel about the shift in women wanting to give birth at Frimley Park as opposed to Heatherwood, as well as the proposed move of community midwife services from Heatherwood to Frimley Park hospital and the future of maternity services locally.

#### 14. **South Central Ambulance Service - Ambulance Quality Indicators**

The Chairman invited the Chief Executive of the South Central Ambulance Service, Mr Will Hancock to speak to the Panel about the Trust's performance against the new Ambulance Quality Indicators.

Mr Hancock made the following points:

- **New National Approach:**
  - There was a move from focus on time targets to a culture of continuous improvement in clinical care
  - There was a broader range of indicators rather than a few targets
  - Indicators would be based on best available evidence and the involvement of clinicians
  - Feedback from patients would be a key indicator of quality
  - Each Trust would provide information, comparative data for other ambulance trusts and explanatory narrative – so that the public could judge for themselves.
- **National Indicators included:** Access, Response times, Treatment, Disposition and Outcomes. The 'time to treatment' target was a particular challenge in remote areas.
- **Areas for improvement included,** some aspects of access and response times. Only some 60% of patients needed to be taken to hospital.
- **Areas in which the Service was performing very well included:**
  - **ACCESS:** Emergency response on scene within 8 minutes of call being received for patients with life or limb threatening conditions.
  - **STROKE CARE BUNDLE:** Proportion of stroke patients who received all elements of the optimal care package.
  - **FREQUENT CALLERS:** Proportion of callers for whom there was a locally agreed care plan in place (particularly relevant for frequent callers).

In response to queries from Panel Members', Mr Hancock made the following points:

- The new 111 Urgent Care number would become active in April 2013 and it was hoped that it would take some pressure away from the 999 number.
- More recently the Ambulance Service had been reliant on private providers, as over 300 staff needed to be recruited in a short time span to improve response times, this couldn't have been achieved without drawing from the private sector. Over the next two years NHS staff would increasingly replace

private providers. He advised that private providers were subject to the same stringent standards as NHS staff.

- It was reported that staff on board a particular ambulance would decide where the patient would go, however a patient's views would also be taken into account.
- It was reported that the Patient Transport Service had in some cases left patients waiting for transport for up to 4-5 hours. Mr Hancock stated that this service was not a bespoke service and was commercially competitive, he was happy to look into any cases highlighted. A survey of patients would be taking place soon and he was happy to share the results of this survey with members. The Panel suggested the Trust adopt a maximum waiting time target.
- It was reported that ICE buses were being used to deal with drunk and disorderly individuals on Friday and Saturday evenings. This kept these people away from A&E and the buses were run by Police and wardens and allowed people to cool off and recover from the effects of alcohol, without disrupting hospital patients and services.
- It was reported that the CQC Inspection which had highlighted that the transfer of data for Safeguarding Adults had been untimely, had now been rectified.
- It was reported that SCAS was in the process of applying for Foundation Trust status, this would give them more local accountability.

#### 15. **Progress on Establishing the Clinical Commissioning Group**

The Chairman welcomed Dr Kittel to the meeting and invited him to address the Panel, Dr Kittel made the following points:

##### Progress so far:

- The Group had been on a steep learning curve and had made solid progress. Their self-assessment was 'green', indicating that the group was on target with its development.
- Clinical Commissioning Group (CCG) had a very strong governance structure: Terms of Reference for the Board, GP council and practices had been established. There was an excellent and experienced senior management team supporting directors.
- Achievement of QIPP for this year:
  - Forecasted savings were currently £325,000 and continued to rise
  - Progress was being made to reduce variation in referrals between practices
  - Very strong Patient Participation Groups (PPGs) were actively involved.
  - All practices now had a PPG and a PPG lead sat on the GP Council and had excellent contacts and knowledge of the local community. PPGs were intricately involved in a wide variety of areas and ways.

##### National Pioneering in Several Areas:

- Primary Care Led Urgent Care
- Self Care
- GP Education
- Liaison with Local Hospitals
- Outcome Focus

Arising from members' questions, Dr Kittel stated that;

- The CCG's Directors were elected for a three year term.
- There is a forecast significant increase in older people in Bracknell Forest to 2025, requiring more treatment of long-term conditions.

- The Healthspace would be unique and likely to attract national interest, any urgent care given at the Healthspace would be primary care-led, and immediately communicated to the local practice ensuring joined up services. The provision of urgent care at this facility would also take away pressure from local hospitals and lead to huge savings which could be ploughed back into services.
- The CCG had decided to work with Ascot and this had been very successful, the cohesiveness locally had created many opportunities.
- It was accepted that there was a conflict of interest for GPs as providers and commissioners, and this needed to be carefully managed.
- Dr Kittel confirmed that he and his colleagues were still making referrals to Heatherwood Hospital. Bracknell GP's are supportive of Heatherwood hospital, despite the cessation of acute medicine there.
- Self-care is very important, and many people attending A&E do not need to be there.
- It was reported that the CCG would be publicly accountable through Board meeting minutes, that would be available to the public. In addition, PPG representatives were already a part of the process and the Board were keen to ensure transparency.

It was reported that the CCG would choose for itself where to access commissioning support

The Director of Adult Social Care stated that the Council was closely involved with the CCG and the Health & Commissioning Strategy would need to be submitted to the newly established Health & Wellbeing Board.

#### 16. **Heatherwood & Wexham Park Hospitals Foundation Trust**

The Chairman welcomed Philippa Slinger, Acting Chief Executive at Heatherwood & Wexham Park Hospitals NHS Foundation Trust and invited her to address the Panel.

Mrs Slinger made the following points:

- Julie Burgess the former CEO, had recently resigned on ill health grounds.
- Mrs Slinger was keen to rid the organisation of its insular relationship with stakeholders and to make the organisation as transparent as possible.
- Mrs Slinger stated that the Birthing Centre at Heatherwood Hospital had been closed a few weeks ago due to long term staff sickness. Heatherwood delivered around 30-35 babies a month, this low number of births at the hospital meant that there wasn't a bank of staff to draw upon. At present the plan was to reopen the birthing unit at Heatherwood at the end of January 2012, however the clinical safety and efficiency of the unit needed to be considered when only 30-35 births were taking place each month. A decision would need to be made on the future of the birthing unit.
- Mrs Slinger could not guarantee that the birthing unit would reopen at the end of January 2012, further discussions with GPs and the PCT were still necessary.
- Mrs Slinger said that her top four priorities were: celebrating the high level of health services being delivered; improving the morale of staff, who are committed and dedicated; stabilising the Trust's finances, which is challenging; and constructing the vision for the future.
- In response to members' queries, Mrs Slinger stated that she was not able to issue a public statement to say that the future of Heatherwood Hospital was safe. She stated that Heatherwood Hospital currently carried out a



considerable amount of outpatient work, urgent care and diagnostic work as well as elective surgery on hips and knees. A decision needed to be made as to whether this could continue with financial viability. It was likely that there would be some estate rationalisation and continue to be a health facility of some form at Heatherwood Hospital and that in any event, all these services would remain locally available.

- Mrs Slinger stated that the ultimate decision as to the future of Heatherwood Hospital would rest with GP commissioners. A rough draft of a business case would be available in mid December and there would be a consultation exercise in early March 2012, based on 'Shaping the Future' – this would consider the local health system and how to balance Heatherwood Hospital, the Healthspace, Brants Bridge, Wexham Park Hospital and Frimley Park Hospital. It was hoped that consultants from the Foundation Trust would stand alongside GP commissioners and work in collaboration. Formal consultation on proposals was likely to be held in March 2012.
- Mrs Slinger stated that she felt confident that finances could be stabilised this year, further discussions were necessary with the PCT on this. Currently the Trust was experiencing more work than it was contracted to provide, leading to funding issues. The estate also needed significant investment, as well as investment being needed in IT systems.

The Chairman thanked Mrs Slinger for her openness and input, the Panel valued her transparent approach.

#### **17. Progress Update - Transfer of Public Health Functions**

The Director of Adult Social Care & Health gave a progress update on the transfer of public health functions from the PCT to the Local Authority, he made the following points:

- As part of the Health & Social Care Bill, public health functions would become the responsibility of local authorities. The finance attached to this work had not yet been disclosed, but was expected to be published by the Government before Christmas. Some £20 million was currently spent on public health annually in Berkshire.
- The Berkshire Chief Executive's Group had commissioned some work to look at the future arrangements for the Director of Public Health, Bracknell Forest did not currently have a Director of Public Health as a result of the PCT not being co-terminus, this was a concern. The Health & Social Care Bill permitted that a Director of Public Health could be shared between local authorities, more detail on this could be provided at the next meeting of the Panel.
- Five papers were expected to be published by the Department of Health in the autumn, the Panel would be kept informed of transition arrangements.

#### **18. Report of the Review of the Bracknell Healthspace**

The Panel considered the responses by the Executive and NHS Berkshire to the addendum to the Overview and Scrutiny report resulting from the Overview and Scrutiny review of the Bracknell Healthspace project.

The Head of Overview & Scrutiny reported that the Panel had set up a working group on the healthspace, which had produced a report. The publishing of this report was delayed as there were concerns that the report may compromise the delivery of the healthspace at that time. He also stated that the responses attached to the agenda

papers from the Executive Member and Charles Waddicor had also been submitted to the O&S Commission.

Members expressed frustration around the continued delay in the agreement of the Section 106 and 268 agreements. Mary Purnell accepted that this was an area of frustration, the Strategic Health Authority was currently in transition and as they had a role to play in the disposal of land this was creating delays.

It was noted that the Council's planning department had worked hard to ensure that their role in the S106 agreements did not delay the process, the delays had been created elsewhere.

Mary Purnell stated that she was confident that the issues between Ashley House and the Council had now been resolved on both the Section 106 and S268. She agreed to report back to members on this.

The Chairman asked that an update on progress be provided at the next meeting of the Panel.

19. **Overview and Scrutiny Bi-Annual Progress Report**

The Panel noted the Bi-annual Progress Report of the Assistant Chief Executive.

The Head of Overview & Scrutiny reported that the report summarised overview and scrutiny activity during the period March to August 2011 and detailed significant national and local developments in overview and scrutiny.

The Chairman advised that as a result of the upcoming Berkshire wide consultation in March and other emerging issues, the chairmen of the Joint East Berkshire Health O&S Committee would be meeting to discuss issues and whether it was necessary to convene a meeting of the Joint Committee.

20. **Date of Next Meeting**

2 February 2012

The Chairman asked members to contact him if they had any thoughts on key people that should be invited to the next meeting. He suggested the Chief Executive of Frimley Park Hospital and a representative from the PCT be invited.

**CHAIRMAN**

**Frimley Park Hospital**   
NHS Foundation Trust

**PERFORMANCE REPORT**

December 2011



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**Frimley Park Hospital NHS Foundation Trust  
Performance Report  
Table of Contents**

**SUMMARY**

Organisational Health Summary .....	4
-------------------------------------	---

**REFERRALS, ACTIVITY & WAITING LIST**

Referrals, Activity & Waiting List Summary .....	6/7
--	-----

**PERFORMANCE**

National Targets - Monitor .....	9
----------------------------------	---

Corporate Targets .....	10
-------------------------	----

Specialty Map .....	11
---------------------	----

Better Care Better Values .....	12
---------------------------------	----

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**Frimley Park Hospital NHS Foundation Trust**  
**Performance Report**  
**Organisational Health Summary**  
**December 2011**

HR	Target 10/11	Dec-10	Jan	Feb	Mar-11	YTD	Target 11/12	Apr-11	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Sickness	3%	3.75%	3.06%	3.03%	2.67%	2.9%	2.9%	2.8%	2.9%	2.8%	2.6%	2.4%	2.4%	2.4%	2.6%	2.8%	2.7%
Turnover <sup>1</sup>	14%	10.8%	10.8%	8.2%	14.6%	11.0%	12%	7.8%	12.7%	8.2%	10.8%	13.7%	13.3%	5.2%	8.7%	11.5%	10.5%
Vacancies <sup>1</sup>	5.7%	3.4%	2.9%	4.1%	3.9%	4.0%	5%	4.2%	4.1%	3.4%	3.6%	3.6%	2.4%	3.0%	2.4%	3.8%	4.2%
Cost of Agency <sup>1</sup>	4.6%	2.9%	4.0%	4.5%	4.2%	3.7%	3.7%	1.7%	4.6%	4.5%	3.3%	3.6%	2.3%	2.7%	2.5%	1.7%	3.0%

Performance	Target 10/11	Dec-10	Jan	Feb	Mar-11	YTD	Target 11/12	Apr-11	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
A&E																	
95th Percentile	<=4hrs																
% Seen Within 4 hours																	
RTT Waiting Times																	
95th Percentile - Admitted	23	21.4	23.3	24.8	25.2	23.1	23	23.0	22.9	22.9	22.9	22.8	22.9	22.7	22.7	22.7	22.9
95th Percentile - Non Admitted	18.3	14.9	16.9	16.9	16.4	tbc	18.3	15.6	16.1	17.1	17.7	17.4	17.5	16.6	17.1	16.2	16.9
Cancer <sup>2</sup>																	
TWR	93%	94%	96%	96%	95%	94%	93%	97%	94%	94%	95%	96%	92%	95%	96%	n/a	95%
Breast Symptomatic	93%	95%	93%	93%	93%	95%	93%	95%	95%	93%	98%	92%	93%	88%	93%	n/a	93%
1st Treatment	96%	100%	98%	100%	100%	99%	96%	100%	100%	99%	98%	100%	100%	99%	100%	n/a	99%
ST - Drugs	98%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	n/a	100%
ST - Surgery	94%	100%	100%	100%	100%	99%	94%	100%	100%	100%	100%	100%	100%	100%	100%	n/a	100%
1st Treatment	85%	84%	90%	85%	85%	88%	85%	87%	86%	85%	87%	91%	87%	86%	95%	n/a	88%
Screening Patients	90%	100%	100%	100%	94%	97%	90%	92%	100%	100%	100%	94%	94%	95%	100%	n/a	96%

Efficiency	Target 10/11	Dec-10	Jan	Feb	Mar-11	YTD	Target 11/12	Apr-11	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	% change prev yr
DNA Rates	6.76%	7.4%	6.9%	6.0%	6.5%	6.8%	6.2%	6.0%	6.2%	6.6%	6.2%	6.2%	6.4%	5.9%	5.9%	6.1%	6.2%	6.2%
OP F/Up Ratios	1.64	1.8	1.92	1.88	1.92	1.7	1.64	1.89	1.80	1.72	1.64	1.60	1.68	1.71	1.70	1.64	1.7	1.7
OP Booking Efficiency	100%	96%	101%	99%	99%	100%	100%	101%	101%	99%	98%	98%	98%	96%	98%	93%	98%	98%
OP Consultant Utilisation <sup>3</sup>	80%					80%	80%			85%			83%			87%	85%	85%
OP Cancelled < 6wks Total Patients	2400	166	232	152	129	2017	1500	204	79	239	141	169	142	151	199	131	1455	
Elective LOS	3	2.70	2.95	2.51	2.71	2.84	2.7	2.90	2.55	3.04	2.83	2.92	2.44	3.13	2.63	2.79	2.80	
Emergency LOS	4.85	4.78	4.90	5.46	5.02	5.01	4.54	5.02	4.44	4.36	4.46	4.69	4.20	4.19	4.21	4.42	4.44	
% Daycases	80%	80%	82%	81%	82%	81%	80%	80%	82%	81%	81%	83%	83%	82%	82%	81%	82%	
Theatre intra-session utilisation	90%	94%	97%	94%	96%	94%	95%	97%	95%	95%	97%	95%	96%	95%	98%	99%	96%	
Theatre intra-session utilisation	85%	77%	81%	81%	81%	80%	85%	82%	81%	80%	81%	80%	80%	81%	79%	78%	80%	
Readmissions - Elective	Number	76	69	81	97	1014	Reduction	90	72	77	96	103	111	103	107	119	878	14%
% of all Elective		2.3%	1.9%	2.2%	2.2%	2.2%	2.0%	2.0%	2.0%	2.0%	2.3%	2.6%	2.7%	2.4%	2.5%	3.1%	2.5%	
Readmissions - Emergency	Number	325	312	263	306	3474	Reduction	282	302	312	299	318	298	332	290	310	2743	6%
% of all Emergency		10.4%	10.1%	9.2%	10.0%	9.7%	-25%	9.0%	9.3%	10.2%	9.5%	10.3%	10.3%	10.3%	9.3%	9.6%	9.7%	
Restricted & Excluded Procedures	Number						TBC	346	357	396	450	443	487	442	404	386	3711	
% change from prev yr								-10%	-23%	-30%	1%	11%	-4%	-13%	-24%	17%	-10%	

Notes:  
<sup>1</sup> YTD reported as a rolling 12 months  
<sup>2</sup> Reported 1 month in arrears





## REFERRALS, ACTIVITY & WAITING LISTS

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**Frimley Park NHS Foundation Trust**  
**Performance Report**  
**REFERRALS, ACTIVITY and WAITING LISTS**  
**December 2011**

**Referrals**

Total Referrals	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	YTD Total	% Change
GP	4357	5172	5685	6289	4979	5698	5878	5503	5298	5706	5692	5729	4215	48698	-3%
Consultant to Consultant	1219	1066	932	1110	863	970	1002	808	788	806	773	889	672	7571	-38%
Consultant to Other	1215	1327	1171	1189	1039	1176	1075	983	976	1012	984	877	438	8560	-33%
A&E	585	609	543	660	669	688	630	654	659	674	745	592	536	5847	-2%
Others	1861	2112	218	2429	1862	2408	2314	2169	2378	2276	2240	2330	1931	19908	12%
Total*	9237	10286	8549	11677	9412	10940	10899	10117	10099	10474	10434	10417	7792	90584	-8%
% change on previous year	-3%	16%	-18%	-4%	-13%	3%	-7%	-14%	-5%	-10%	-6%	-9%	-16%		

\* Excludes PPS

GP Referrals	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	YTD Total	% Change
Hampshire PCT	1844	2057	2284	2576	2124	2399	2419	2153	2150	2186	2272	2170	1749	19622	-1%
Surrey PCT	1725	2112	2401	2533	1943	2250	2342	2290	2179	2371	2262	2277	1682	19596	-6%
Berkshire PCTs	484	573	601	682	603	649	679	606	609	636	675	729	460	5646	-2%
Military	280	399	381	466	280	366	405	416	333	472	453	524	303	3552	-1%
Other	24	31	18	32	29	34	33	38	27	41	30	29	21	282	21%
Total*	4357	5172	5685	6289	4979	5698	5878	5503	5298	5706	5692	5729	4215	48698	-3%
% change on previous year	-9%	13%	4%	1%	-11%	5%	-1%	-10%	-2%	-3%	0%	-3%	-3%		

\* Excludes PPS

**Activity**

Outpatient New	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	YTD Total	% Change
Total	7265	7658	7405	8993	6838	8545	8699	8489	9177	8956	8738	9373	7821	76636	0%
% change on previous year	-9%	12%	-11%	-3%	-14%	2%	-13%	-4%	12%	2%	10%	1%	8%		

Outpatient Follow Up	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	YTD Total	% Change
Total	17342	20134	18928	22834	17540	20763	20947	19573	20841	21053	20568	22351	18645	182281	7%
% change on previous year	4%	37%	4%	13%	-3%	17%	6%	1%	16%	2%	9%	5%	8%		

Daycase Spells	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	YTD Total	% Change
Total	2980	3279	3214	4020	2874	3367	3436	3732	3603	3853	3817	3928	3434	32044	7%
% change on previous year	-7%	19%	-5%	4%	-5%	3%	-7%	7%	20%	11%	17%	7%	15%		

Elective Spells	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	YTD Total	% Change
Total	1052	1026	1060	1136	974	1022	1047	1150	1039	1059	1168	1168	1136	9763	-3%
% change on previous year	3%	5%	1%	-4%	2%	-4%	-14%	-8%	-1%	-10%	2%	-2%	8%		

A&E Attendances	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	YTD Total	% Change
Major	3622	3561	3137	3320	3237	3459	3300	3469	3420	3362	3505	3445	3631	30828	-2%
Minor	2371	2422	2347	2323	2382	2836	2629	2898	2772	2897	3012	2519	2503	24448	-1%
Paediatric	1989	1770	1893	2422	2171	2216	1973	2110	1472	1959	2181	2161	1766	18009	1%
Unclassified	32	25	24	304	494	256	193	103	36	44	74	61	48	1309	472%
Total	8014	7778	7401	8369	8284	8767	8095	8580	7700	8262	8772	8186	7948	74594	1%
% change on previous year	5%	12%	8%	0%	0%	1%	-4%	-2%	-2%	1%	8%	4%	-1%		

Emergency Spells	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	YTD Total	% Change
Medical (Exc A&E)	1109	1035	965	1073	1037	1067	987	1021	1056	1037	1029	1026	1158	9418	4%
A&E	533	565	469	523	554	622	559	534	458	498	509	440	453	4627	9%
Surgical	597	615	589	656	675	658	654	720	713	740	751	741	695	6347	19%
W&C (Exc Paediatrics)	206	201	206	237	236	252	231	219	210	245	218	242	215	2068	-1%
Paediatrics	244	223	229	236	188	215	222	189	147	199	234	257	249	1900	-3%
Total	2689	2639	2458	2725	2690	2814	2653	2683	2584	2719	2741	2706	2770	24360	7%
% change on previous year	6%	12%	7%	2%	6%	11%	7%	7%	5%	7%	9%	8%	3%		

Activity section Includes Military and PPs

**Frimley Park NHS Foundation Trust**  
**Performance Report**  
**REFERRALS, ACTIVITY and WAITING LISTS**  
**December 2011**

**Waiting Times**

A&E	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	Target
Number of 4hr Breaches	375	379	271	350	382	187	148	287	186	175	288	167	287	
Number of attendances	8164	7997	7401	8369	8283	8767	8095	8580	7700	8262	8772	8185	7945	
A&E <4 hrs %	95.41%	95.26%	96.34%	95.82%	95.39%	97.87%	98.17%	96.66%	97.58%	97.88%	96.72%	97.96%	96.39%	95%

Outpatients	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11
Total Waiting List	6529	6027	6438	6606	7657	7730	7848	7563	6361	5950	6025	5608	5216
Total Long Waiters 6wks & over^	2039	1928	1597	1852	2662	3011	2596	2507	2106	1847	1443	1253	1452
13wk Waiters (QM08)*	153	164	207	122	177	317	374	309	202	115	100	111	151

^ Cardiology waits 4wks & over

\*Excludes Private, Obstetric and referrals to nurses and other non-consultants

Elective	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11
Total Waiting List	4327	4447	4208	3972	3992	4121	4116	3834	3909	4062	4069	3972	4017
Waiting 10wks and over	922	1216	1133	791	916	1052	1013	800	755	647	594	607	680
26wk Waiters	10	14	19	15	25	21	24	31	39	29	13	12	12

Excludes Private, Planned & Obstetric Patients

RTT Admitted	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	Target
95th Percentile*	21.4	23.3	24.8	25.2	23.0	22.9	22.9	22.9	22.8	22.9	22.7	22.7	22.7	23
23wk Backlog	203	196	201	172	191	202	224	241	245	205	193	161	171	150
% Within 18 weeks+	90%	87%	79%	81%	86%	84%	83%	81%	81%	81%	83%	83%	88%	90%
18wk Backlog	420	452	480	381	464	490	566	563	541	469	466	351	342	278
Median Waits+	8.3	9.4	10.8	9.3	8.6	9.68	9.5	9.2	9.5	9.6	8.8	8.8	8.1	11.1

\*Monitor Target

+Contract Target

RTT Non Admitted	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	Target
95th Percentile*	16.3	16.0	14.8	14.9	15.6	16.05	17.07	17.71	17.4	17.5	16.6	17.1	16.2	18.3
18wk Performance (Exc Audio)	97%	97%	96%	96%	96%	96%	96%	95%	95%	95%	96%	96%	96%	95%
Median+	4.9	6.3	4.8	4.9	4.9	5.76	6.6	6.4	6.7	6.4	5.6	5.1	5.0	6.6

\*Monitor Target

+Contract Target

RTT Incomplete Pathways	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	Target
95th Percentile - Total+	23.0	23.7	23.1	23.4	24.2	25.37	22.83	23.72	24.21	22.59	23.3	24.0	20.1	28
Median+	7.6	7.7	5.9	6.3	7.0	7.7	6.9	7.2	7.6	7.2	6.6	6.5	7.1	7.2
% Within 18wks	88%	87%	88%	88%	88%	88%	88%	87%	87%	88%	88%	88%		92%
Numbers Waiting	10419	10809	10178	10393	11283	12028	13129	12875	11883	11369	11552	11318	10430	TBC
Waiting 52 wks or more					28	8	7	6	2	0	0	1	0	

+Contract Target

Military	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11	Target
10wk Backlog		256	214	196	141	94	47	49	53	52	43	43	43	
10wk Admitted Performance	53%	50%	37%	49%	53%	59%	62%	90%	90%	90%	90%	90%	90%	90%
10wk Non Admitted Performance	68%	58%	58%	67%	75%	69%	81%	85%	94%	88%	93%	93%	95%	90%

**Beds**

Bed Compliment	Dec-10	Jan	Feb	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-11
Total G & A Beds (over night)					593	573	567	559	553	553	553	553	541
Total G & A Beds (day only)					70	70	70	70	70	70	70	70	70
Total Other Beds* (over night)					68	68	68	68	68	68	68	68	68
Total Private Beds					39	39	39	39	39	39	39	39	39
Total Beds					770	750	744	736	730	730	730	730	718

\*Maternity

# PERFORMANCE

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**Frimley Park Hospital NHS Foundation Trust  
NATIONAL TARGETS MONITOR  
December 2011**

**Monitor Compliance Framework 2011/12**

Indicator	Measure	Target	Weighting	Q1	Q2	Q3	Q4
Clostridium Difficile - Hospital	Clostridium Difficile Objective	28	1.0	7	3	3	
	MRSA Objective <sup>1</sup>	Number of Infections	2	1.0	0	0	0
Cancer*	31 Day Wait for 2nd or Subsequent Treatment						
	Anti-Cancer Drugs	98%	1.0	100%	100%	100%	
	Surgery	94%	1.0	100%	100%	100%	
	Radiotherapy	94%	1.0	100%	100%	N/A	
	62 Day Wait for 1st Treatment	85%	1.0	86%	88%	90%	
	62 Day Wait for Screening Patients	90%	1.0	97%	95%	97%	
	31 Day Wait for 1st Treatment	96%	0.5	99%	99%	99%	
	2 Week Wait - All	93%	0.5	95%	94%	96%	
2 Week Wait Breast Symptomatic	93%	0.5	94%	94%	91%		
RTT Waiting Times <sup>2</sup>	95th Percentile Waiting Times - Admitted	23 wks	1.0	22.9	22.9	22.7	
	95th Percentile Waiting Times - Non Admitted	18.3 wks	1.0	16.4	17.5	16.6	
A&E <sup>3</sup>	% Seen Within 4 hours	95%	1.0		97.4%	97.0%	
	95th Percentile overall time in A&E	<=4hrs		3.59	3.58	3.59	
	95th Percentile time to initial assessment for patients arriving by Ambulance	>15mins	1.0 (failing 3 or more)	0.33	0.14	0.14	
	Time for Arrival to Treatment - Median Waiting Time	>60mins	0.5 (failing 2 or less)	1.15	0.50	0.54	
	Unplanned Reattendance within 7 Days	>5%		5.9%	6.1%	6.2%	
	Left Without Being Seen	>5%		1.9%	1.3%	1.5%	
Stroke	TBC	TBC	0.5				
Learning Disabilities	Self-certification against compliance regarding access to healthcare for people with learning disabilities (annual)	N/A	0.5	Compliant	Compliant	Compliant	
<b>Service Performance Score</b>				<b>0.0</b>	<b>0.0</b>	<b>0.5</b>	

\* Reported one month in arrears

Notes:  
<sup>1</sup> Where an NHS FT has an annual objective of 6 cases or less (the de minimis limit), the MRSA objective will not apply provided the Trust does not exceed the de minimis limit.  
<sup>2</sup> NHS foundation trusts are required to meet the threshold on a monthly basis - consequently failure in any month represents failure for the quarter.  
<sup>3</sup> In Q1, 95th percentile waits of 4 hours or less, from Q2 % seen within 4 hours.

**Governance Risk**

- Green      Service performance score less than 1.0
- Amber - Green      Service performance score between 1.0 to 1.9
- Amber - Red      Service performance score between 2.0 to 3.9
  
- Red      Service performance score more than 4.0

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**Frimley Park Hospital NHS Foundation Trust**  
**Performance Report**  
**CORPORATE TARGETS**  
**December 2011**

**Finance**

Measure	Year End		YTD	Month - Dec 11
	Target	Threshold	Trust Actual	Actual
	£m	£m	£m	£m
Income	251.8	226.6	192.5	21.4
Expenditure	248.6	273.5	184.9	21.1
Surplus	3.2	2.9	7.6	0.3
Cost Improvement Programme	9.6	8.6	7.5	0.8

**Workforce**

Measure	Year End		YTD	Month - Dec 11
	Target	Threshold	Trust Actual	Actual
	Gross Salary Bill	£143.8m	£144.99m	£106.7m
Use of Agency - Agency Doctors	£3.30m	£3.63m	£2.46m	£0.16m
Use of Agency - Agency Other	£0.60m	£0.66m	£0.60m	£0.05m
Use of Agency - Agency Nurses	£0.40m	£0.44m	£0.131m	£0.00m
Total % (Cost of agency as % of Salary Bill)	3.7%	4.1%	3.0%	1.7%
Labour Turnover *	12.0%	13.2%	10.5%	11.5%
Sickness*	2.9%	3.1%	2.7%	2.8%
Vacancies*	5.0%	5.5%	4.2%	3.8%

\* YTD reported as a rolling 12 months

**Corporate Objectives**

Measure	Year End		YTD	Month - Dec 11
	Target	Threshold	Trust Actual	Actual
DNA Rates	6.2%	6.6%	6.2%	6.1%
Outpatient Booking Efficiency	100%	98%	98%	93%
Outpatients - Consultant Utilisation *	80%	75%	85%	87%
Outpatient Cancelled < 6 weeks Total Patients	1500	2250	1455	131
Consultant to Consultant Referrals	13815	TBC	7571	672
Elective Length of Stay - Untrimmed	2.70	2.97	2.80	2.79
Emergency Length of Stay - Untrimmed	4.54	4.99	4.44	4.42
Percentage of Day cases - Total Trust	80%	75%	82%	81%
ENT	65%	60%	56%	60%
Ophthalmology	97%	92%	95%	93%
General Surgery	80%	75%	81%	78%
Urology	85%	80%	85%	85%
Orthopaedics	65%	60%	63%	63%
Elective Facet Joints	20% Reduction		-27%	-24%
Theatres - Session Utilisation	95%	90%	96%	99%
Theatres - Intra Session Utilisation	85%	70%	80%	78%

\*Reported Quarterly

^From CHKS Signpost 1 month in arrears

**Contract Targets**

Measure	Year End		YTD	Month - Dec 11
	Target	Threshold	Trust Actual	Actual
Follow-Up Ratios	1.64		1.70	1.64
Restricted & Excluded Procedures			3711	386
% Change from Prev Yr	TBC		-10%	17%
C-Section Rates	22%		22.8%	22.0%
Readmissions - Elective	Number		878	119
% of all Elective	Reduction		2.5%	3.1%
Readmissions - Emergency	Number		2743	310
% of all Emergency	-25%		9.7%	9.6%

**Market Share**

Measure	Year End		PrevYr Apr-Sep10	YTD Apr-Sep11
	Target	Threshold	Trust Actual	Trust Actual
Market Share - Outpatients *				
Surrey Heath	maintain		90.3%	92.0%
Farnham	maintain		77.4%	81.6%
North East Hampshire	maintain		91.2%	92.1%
Sandhurst & Crowthorne	maintain		84.5%	86.9%
Bracknell & Ascot	Increase		20.5%	20.6%

\* Reported 3 months in arrears

RAG

Achieving Target	
Between Target and Threshold	
Worse than Threshold	

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**Frimley Park Hospital Foundation Trust  
Performance Report  
Specialty Map  
April to December 2011**

Area	Indicator	Target	YTD All Actual	A&E	Gen Med	Elderly Care	Cardio	Derm	Haem	Rheum	Thoracic Med	General Surgery	T&O	Urology	Ophthal	ENT	Gynae	Obs	Paeds
Referrals and Activity	GP Referrals		48698		1498	557	2023	4194	482	819	752	5721	6735	2173	4690	4133	3598	4653	1829
	Outpatient New		76636	2	2294	983	2705	4647	1515	1001	1476	7384	12570	3440	11447	5660	3829	7040	3244
	Outpatient Follow-Up		182281	70	7622	1503	12818	13423	4273	3179	4433	10530	21261	7832	40323	8863	5120	14751	8150
	Daycase Spells		32044	31	2373	2	1082	1169	4246	133	632	6197	3666	3645	2715	1134	1031	652	12
	Elective Spells		9763		137	54	580	1	87	6	105	1323	1990	597	139	719	713	3222	65
	Emergency Spells		24360	4627	2950	1877	2859	3	131			1587	3980	1569	306	31	462	960	699

**Key**

% Change on Prev Year -10 and below	
% Change on Prev Year between -5 and -9.99	
% Change on Prev Year between -1 and -4.99	
% Change on Prev Year between 0 and 4.99	
% Change on Prev Year between 5 and 9.99	
% Change on Prev Year 10 and above	

23

Area	Indicator	Target	YTD All Actual	A&E	Gen Med	Elderly Care	Cardio	Derm	Haem	Rheum	Thoracic Med	General Surgery	T&O	Urology	Ophthal	ENT	Gynae	Obs	Paeds	
National Targets	RTT 95th Percentile - Admitted	23.0	22.9	n/a	15.1	n/a	17.4	16.5	n/a	17.1	15.5	21.9	29.9	22.6	19.1	22.2	19.2	n/a	n/a	
	RTT 95th Percentile - Non Admitted	18.3	16.9	n/a	17.9	9.9	15.4	13.9	16.2	15.4	15.8	16.7	25.4	17.2	14.8	16.9	13.2	n/a	13.7	
Corporate Targets	DNA Rates	6.2%	6.2%		10.5%	9.3%	6.3%	5.3%	7.2%	5.1%	5.7%	6.3%	6.2%	5.8%	5.5%	7.9%	6.1%	3.1%	9.3%	
	Outpatient Follow-up Rates	*	1.7		2.56	1.45	1.21	1.35	5.01	2.42	2.17	1.12	1.51	1.48	2.07	1.51	1.15	2.66	2.24	
	Outpatient Booking Efficiency	100%	98%		98%	86%	95%	101%	101%	184%	104%	90%	98%	101%	99%	99%	100%	95%	96%	91%
	Outpatient Consultant Utilisation	80%	85%		79%	84%	88%	90%	90%	81%	85%	79%	81%	81%	83%	85%	89%	96%	89%	
	Outpatient Cancelled < 6 weeks Total Patients	1500	1455	0	116	12	21	66	17	0	9	53	512	71	360	27	0	0	131	
	Elective Length of Stay	2.7	2.8		2.94	28.68	1.26					4.06	3.67	3.59	2.08		1.08	1.75		0.76
	Emergency Length of stay	4.54	4.44	0.35	6.34	16.69	3.46					7.69	3.89	8.32	5.93		1.97	1.34	2.37	1.53
Percentage Day Case	*	82%	100%	94%	11%	62%	100%	98%	98%	95%	87%	81%	63%	85%	95%	56%	56%		15%	

\* Each specialty has an individual target  
All figures are YTD unless indicated

**RAG**

Achieving Target	
Between Target and Threshold	
Worse than Threshold	

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**Frimley Park Hospital NHS Foundation Trust  
Performance Report  
NHS Better Care, Better Value Indicators  
Up To Quarter 1 2011-12**

**Reducing Length of Stay**

Acute Trust	National Ranking												
	Q1 08/09	Q2	Q3	Q4	Q1 09/10	Q2	Q3	Q4	Q1 10/11	Q2	Q3	Q4	Q1 11/12
Ashford & St Peter's	41	49	43	56	61	23	76	106	61	41	46	89	99
Frimley Park	117	142	107	91	128	86	134	95	72	121	69	104	69
Royal Surrey	37	119	80	96	95	87	60	107	119	124	113	129	144
Surrey & Sussex	28	78	51	55	46	26	36	58	46	39	37	84	89

**Increasing Day Case Surgery Rates**

Acute Trust	National Ranking												
	Q1 08/09	Q2	Q3	Q4	Q1 09/10	Q2	Q3	Q4	Q1 10/11	Q2	Q3	Q4	Q1 11/12
Ashford & St Peter's	8	14	13	24	11	15	13	7	N/A	N/A	N/A	8	6
Frimley Park	60	68	82	66	81	73	67	66	N/A	N/A	N/A	59	63
Royal Surrey	83	66	77	53	73	46	55	43	N/A	N/A	N/A	45	31
Surrey & Sussex	113	75	73	82	105	124	110	113	N/A	N/A	N/A	129	105

**Reducing Pre-Operative Bed Days (Non-Elective)**

Acute Trust	National Ranking												
					Q1 09/10	Q2	Q3	Q4	Q1 10/11	Q2	Q3	Q4	Q1 11/12
Ashford & St Peter's					49	48	48	60	N/A	N/A	23	36	91
Frimley Park					43	80	61	49	N/A	N/A	46	39	39
Royal Surrey					18	21	11	5	N/A	N/A	5	7	5
Surrey & Sussex					17	23	21	19	N/A	N/A	32	48	26

**Reducing Pre-Operative Bed Days (Elective)**

Acute Trust	National Ranking												
					Q1 09/10	Q2	Q3	Q4	Q1 10/11	Q2	Q3	Q4	Q1 11/12
Ashford & St Peter's					22	11	19	61	28	17	21	25	27
Frimley Park					24	17	35	46	52	35	19	30	9
Royal Surrey					57	65	53	75	113	42	37	15	24
Surrey & Sussex					21	27	15	16	5	22	22	12	4

**Reducing DNA Rate**

Acute Trust	National Ranking												
	Q1 08/09	Q2	Q3	Q4	Q1 09/10	Q2	Q3	Q4	Q1 10/11	Q2	Q3	Q4	Q1 11/12
Ashford & St Peter's	120	125	121	140	118	131	105	120	129	135	132	141	141
Frimley Park	35	33	45	37	47	37	39	44	41	30	24	27	23
Royal Surrey	80	56	119	57	30	41	31	38	43	49	51	46	36
Surrey & Sussex	111	76	63	50	39	54	44	40	36	36	44	57	41

**Reducing Follow Up Appointments**

Acute Trust	National Ranking												
	Q1 08/09	Q2	Q3	Q4	Q1 09/10	Q2	Q3	Q4	Q1 10/11	Q2	Q3	Q4	Q1 11/12
Ashford & St Peter's	35	31	34	37	76	59	80	79	63	70	59	56	54
Frimley Park	49	46	51	56	78	87	64	53	54	66	74	92	62
Royal Surrey	59	49	23	46	68	62	97	104	72	71	66	62	57
Surrey & Sussex	14	37	52	44	65	37	27	24	25	25	26	21	14

**Managing 14 Day Re-Admission Rates**

Acute Trust	National Ranking												
	Q1 08/09	Q2	Q3	Q4	Q1 09/10	Q2	Q3	Q4	Q1 10/11	Q2	Q3	Q4	Q1 11/12
Ashford & St Peter's	148	89	141	125	137	152	142	N/A	N/A	N/A	55	85	38
Frimley Park	46	16	57	59	33	26	81	N/A	N/A	N/A	123	43	81
Royal Surrey	64	71	31	64	29	18	20	N/A	N/A	N/A	30	20	31
Surrey & Sussex	163	158	154	159	151	146	127	N/A	N/A	N/A	114	158	108

Note: Ranking is out of 167 Acute Trusts.

RAG  
 < 50  
 Between 50 and 100  
 >100

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# Monthly

## Quality Performance Indicators & Quality Metrics Report



**December 2011**

## Introduction

The monthly quality performance indicators & quality metrics report provides an update on the progress made towards meeting the trust quality priorities. The indicators presented in the report link to national targets, regulatory requirements, local targets and the 2010/11 FPFT quality account.

The quality performance is set out in a trust wide heat map (page 4) followed by the December local feedback dashboard on page 7. The outcome of the December nursing matrix is presented on page 8 and 9.



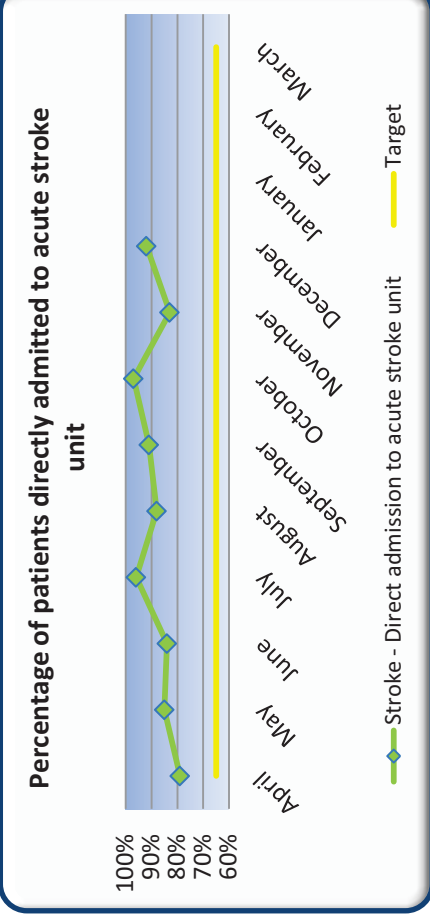
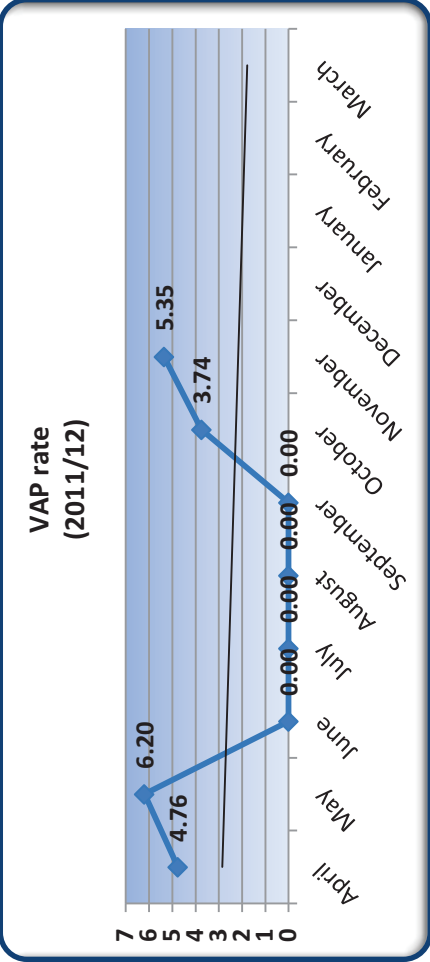
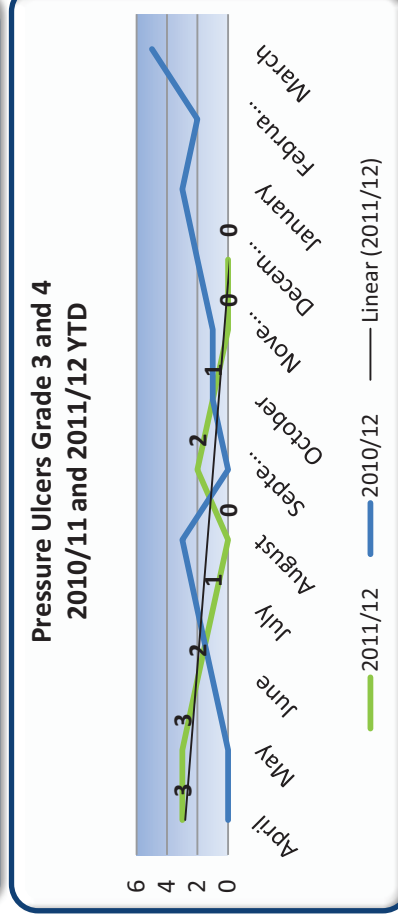
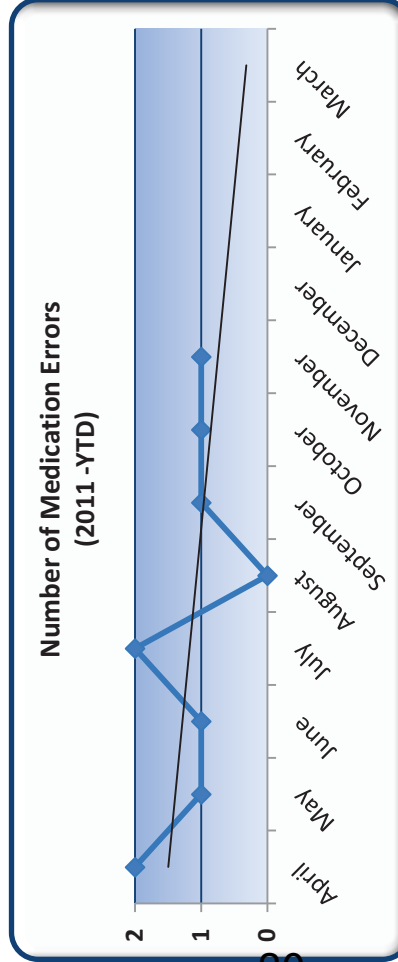
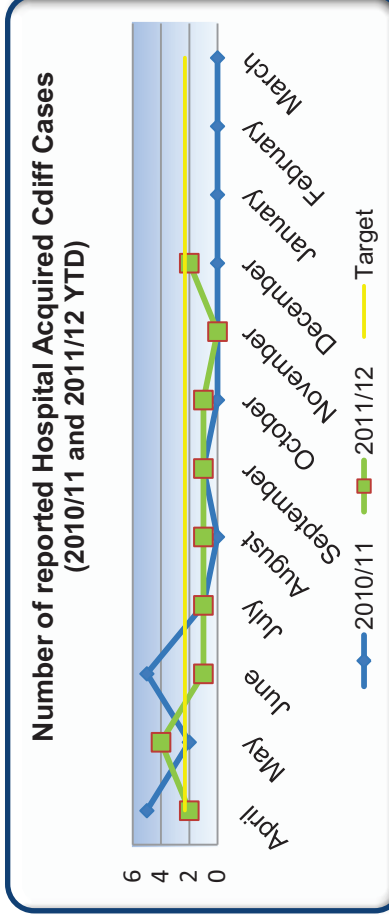
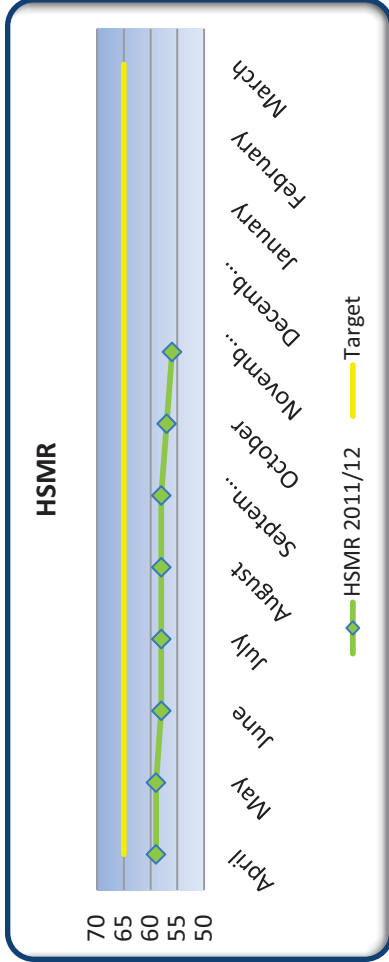
# 1. Trust Wide Quality Dashboard

Indicator	Year End 09/10	Dec-10	Jan-11	Feb-11	Mar-11	Year End 10/11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD 11/12	Target 11/12	Target set by	
Patient Safety	MRSA Bacteraemia	10	1	1	0	0	3	0	0	0	0	0	0	0	0	0	2	Monitor	
	Clostridium Difficile	32	0	3	0	1	25	2	4	1	1	1	1	0	2	13	28	Monitor	
	Hospital acquired pressure ulcers grade 2 *	247	27	24	24	14	263	30	23	22	27	12	30	21	23	16*	204**	182	QA
	Hospital acquired pressure ulcers grade 3 and 4	29	2	3	3	5	20	3	3	2	1	0	2	1	0	0	12	15	QA
	Falls resulting in significant injury by activity (number)	23	0.11 (2)	0.10 (2)	0 (0)	0.05 (1)	0.1 (21)	0.06 (1)	0.18 (3)	0.25 (4)	0.00 (0)	0.06 (1)	0.12 (2)	0.00 (0)	0.00 (0)	0.06 (1)	0.08 (12)	0.10	QA
	Medication errors resulting in harm	8	0	1	0	1	15	2	1	1	2	0	1	1	1	In arrears	9	14	QA
	Global Trigger Tool (harm rates - deaths)	41.8					50.6		37.0							Not due	37.0	50.6	QA
	Ventilator Acquired Pneumonia (VAP) rate	11.15	0.00	0.00	0.00	10.80	4.37	4.76	6.20	0.00	0.00	0.00	0.00	3.26	5.35	In arrears	2.45	<4.37	QA
	Central Line Bacteraemia (Matching Michigan)		3.52	5.03	5.24	0.00	5.02	5.70	0.00	0.00	5.26	0.00	0.00	4.67	0.00	In arrears	1.94	<1.4	QA
	Venous Thromboembolism risk assessment **		80%	82%	84%	83%	83%	84%	88%	91%	92%	91%	91%	92%	92%	93%**	90%	90%	DH
	Serious Incidents Requiring Investigation		3	0	1	2	19	1	0	0	2	1	0	0	1	1	6	12	QA
	Mortality (RAMI 2010)	61	52	52	50	50	50	59	59	58	58	58	58	57	56	In arrears	56	65	QA
	Mortality (SHMI)						NEW								59	In arrears	59	NA	NA
	Clinical Outcomes	Stroke - adherence to pathway (NICE)	92%	94%	92%	92%	94%	93%	93%	95%	99%	99%	99%	97%	97%	95%	96%	96%	90%
Stroke - Direct admission to acute stroke unit							NEW	79%	84%	86%	96%	91%	97%	83%	92%	92%	88%	65%	QA
Stroke - Eligible patients receiving thrombolysis <60 minutes of arrival (door to needle)							NEW	None applicable	50%	67%	50%	100%	50%	0%	33%	67%	52%	50%	QA
Cardiology - Myocardial Infarct - adherence to pathway		93%			96%		96%	98%	98%		99%			Qtr In arrears			99%	90%	QA
Fractured Neck of Femur - adherence to pathway		88%	97%	100%	100%	80%	99%	84%	90%	87%	94%	93%	91%	96%	85%	87%	90%	90%	QA
Fractured Neck of Femur - to theatre in 24hrs		68%	73%	94%	92%	89%	86%	81%	68%	65%	70%	71%	83%	65%	94%	76%	77%	85%	QA
Maternity - Reduction in C-section rates							NEW	23.9%	24.3%	27.0%	21.9%	21.3%	22.5%	18.7%	24.7%	21.96%	22.8%	22%	SHA
Patient survey - definitely recommend FPH		97%	96%	98%	97%	98%	97%	99%	98%	98%	98%	99%	98%	98%	99%	99%	98%	95%	QA
Patient survey - rate of care very good/excellent		97%	98%	97%	99%	98%	98%	99%	98%	99%	99%	99%	100%	98%	99%	98%	99%	95%	QA
Mixed Sex Accommodation occurrences		0	0	3	0	3	9	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation breaches	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	DH
Complaints (number)	370	25	34	46	34	417	22	44	28	27	29	19	36	39	19	263	370	QA	
Complaints (by activity)	NEW	0.06%	0.08%	0.11%	0.08%	0.08%	0.06%	0.10%	0.06%	0.06%	0.06%	0.04%	0.08%	0.09%	0.04%	0.07%	0.07%	QA	
Patient Environment Action Team (PEAT)	92%	93%	92%	91%	91%	92%	93%	88%	94%	92%	90%	92%	93%	90%	91%	92%	90%	DH	

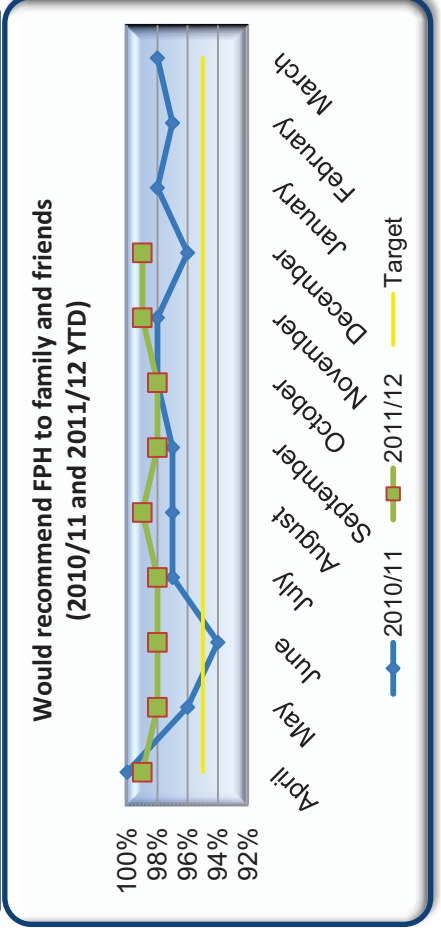
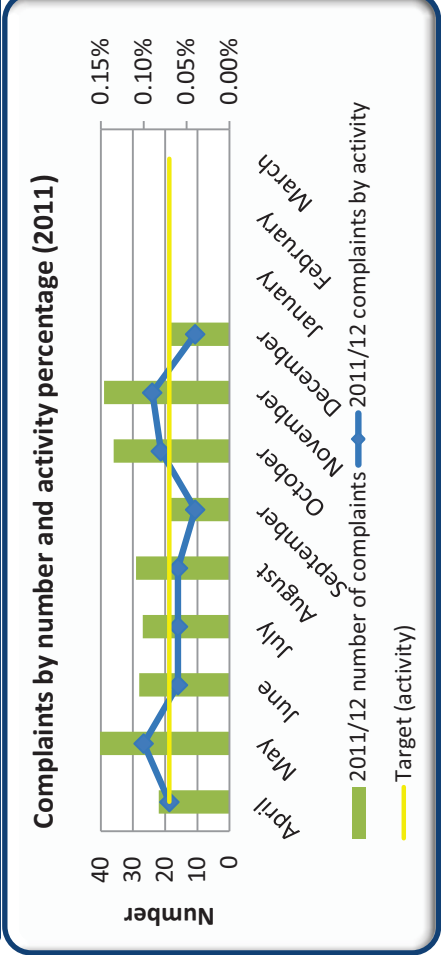
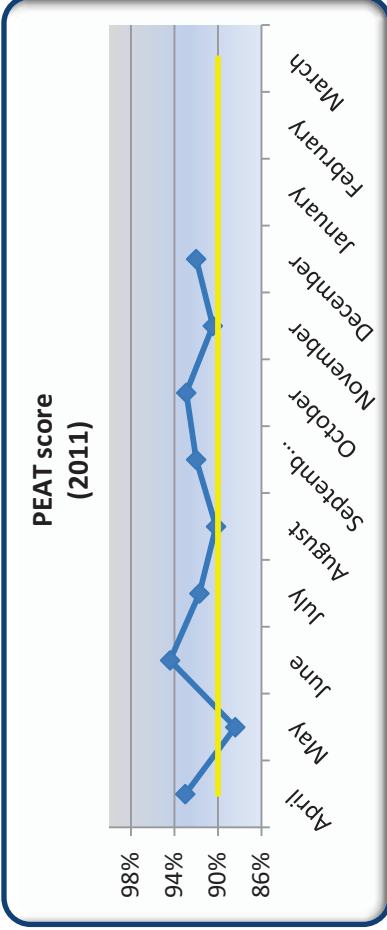
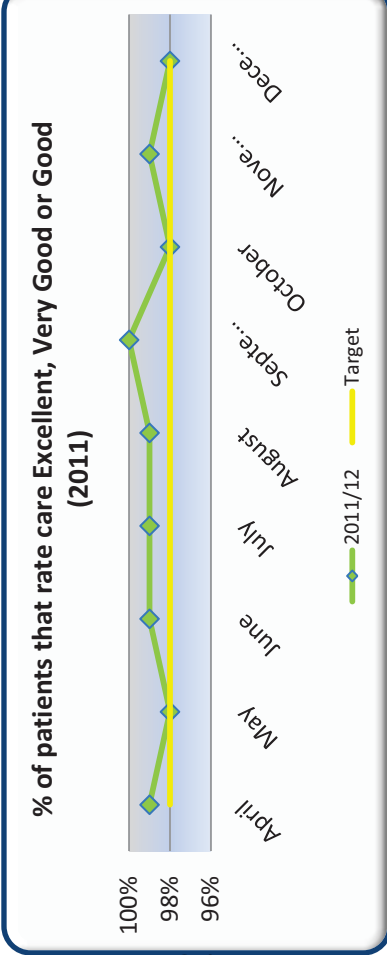
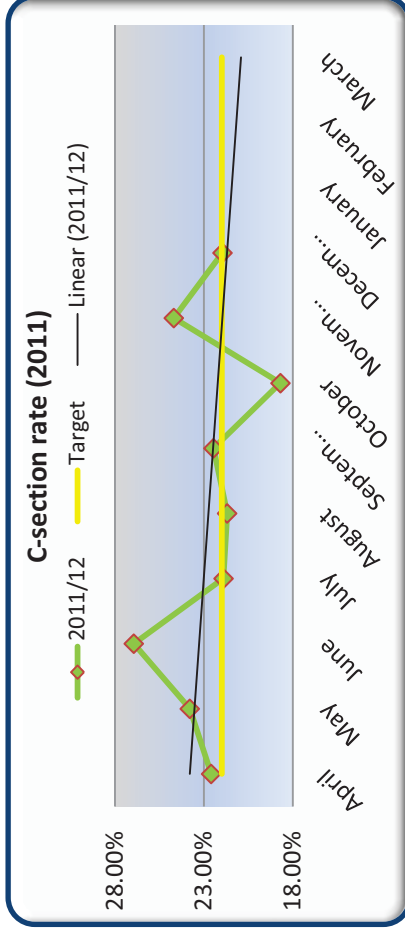
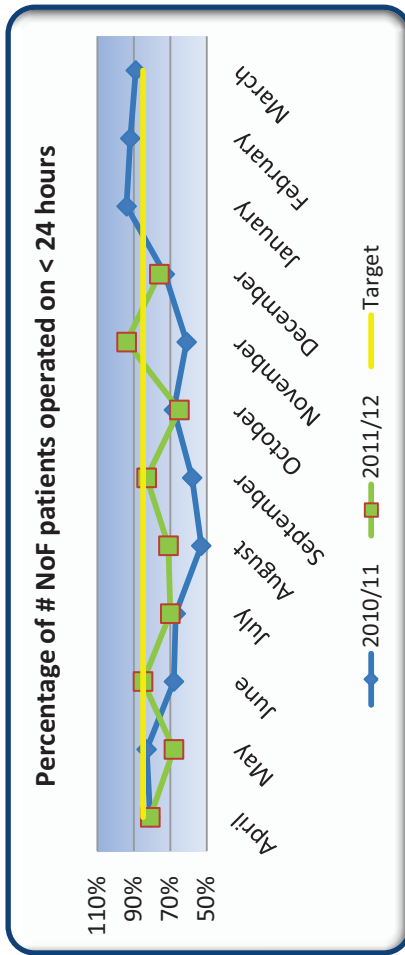
(\*) this is a provisional number as it is linked to incident reporting and therefore might change in arrears as incident forms are received/entered to the Datix system

(\*\*) provisional data for the reporting month



1b. Trust wide Quality Dashboard Trend Graphs



1b. Trust wide Quality Dashboard Trend Graphs continued



## 2. Patient Experience Local Feedback 2011

		Frimley Park Hospital NHS Foundation Trust 		Frequent Feedback Inpatients Survey: Trust-Wide December 2011 n=452				
Question ref	Description	Base size this month	This month	Target	Target met this month	Change vs. last month	Dec '11 n=452	Year to date (April '11-December '11)
<b>Admissions</b>								
Q1	Admitted to a bed on a ward within 4 hours (emergency patients)	n=225	71%	70%	<span style="background-color: green;"> </span>	-1%	71%	72%
<b>Hospital Ward</b>								
Q2new	<u>Had</u> reasons for ward move explained (all who moved wards)	n=201	66%	70%	<span style="background-color: orange;"> </span>	2%	66%	63%
Q3new	<u>Have not</u> had to share a sleeping area e.g. room or bay with patients of opposite sex (all who gave an answer)	n=445	99%	100%	<span style="background-color: orange;"> </span>	2%	99%	97%
Q4	<u>Have not</u> had to use the same bathroom/shower area with patients of the opposite sex (all who used bathroom/gave an answer)	n=430	96%	100%	<span style="background-color: orange;"> </span>	3%	96%	94%
Q8new	<u>Always</u> given enough privacy when discussing condition or treatment	n=450	91%	95%	<span style="background-color: orange;"> </span>	0%	91%	89%
Q18	<u>Not</u> disturbed by noise at night	n=447	49%	55%	<span style="background-color: orange;"> </span>	-3%	49%	51%
<b>Staff</b>								
Q6	Staff are <u>always</u> quick to respond to needs	n=452	87%	80%	<span style="background-color: green;"> </span>	-2%	87%	86%
Q7new	<u>Always</u> treated with respect and dignity	n=452	97%	95%	<span style="background-color: green;"> </span>	1%	97%	96%
Q9new	<u>Definitely</u> found someone on the hospital staff to talk to about worries or fears (all who had worries/fears)	n=293	74%	85%	<span style="background-color: red;"> </span>	-3%	74%	76%
<b>Communication/Involvement</b>								
Q10a	Doctors have <u>not</u> spoken inappropriately in front of patients	n=448	88%	90%	<span style="background-color: orange;"> </span>	-1%	88%	87%
Q10b	Nurses have <u>not</u> spoken inappropriately in front of patients	n=449	94%	90%	<span style="background-color: green;"> </span>	1%	94%	93%
Q11	<u>Definitely</u> involved as much as want to be in decisions about care/treatment (all who wanted to be involved)	n=450	78%	80%	<span style="background-color: orange;"> </span>	4%	78%	74%
Q12	Family <u>completely</u> had enough opportunity to talk to doctor (all who wanted/needed to)	n=330	73%	80%	<span style="background-color: orange;"> </span>	3%	73%	71%
Q13	Staff explained <u>completely</u> what would be done during operation/procedure (all who had an op & wanted an explanation)	n=329	93%	80%	<span style="background-color: green;"> </span>	4%	93%	88%
Q20new	Doctors/nurses kept patient <u>completely</u> informed of progress (all who needed to be informed)	n=437	81%	90%	<span style="background-color: orange;"> </span>	-3%	81%	80%
<b>Provision of Help</b>								
Q14	<u>Always</u> given help to wash/dress (all who needed help)	n=228	87%	90%	<span style="background-color: orange;"> </span>	1%	87%	87%
Q16	<u>Always</u> given help to eat/drink (all who needed help)	n=110	90%	90%	<span style="background-color: green;"> </span>	14%	90%	84%
Q17	<u>Always</u> given help to move about (all who needed help)	n=239	93%	90%	<span style="background-color: green;"> </span>	5%	93%	89%
<b>Discharge</b>								
Q21new	Doctors/nurses kept patient <u>completely</u> informed of discharge (all who needed to be informed)	n=433	73%	90%	<span style="background-color: red;"> </span>	-4%	73%	76%
Q21b	Given idea about most likely discharge date within 24 hours of admission (all it applied to/gave an answer)	n=390	83%	60%	<span style="background-color: green;"> </span>	1%	83%	79%
Q22	Told who to contact if worried about condition following discharge (all it applied to)	n=297	94%	80%	<span style="background-color: green;"> </span>	5%	94%	90%
Q22b	Given written information about what you should do after leaving hospital (all it applied to/gave an answer)	n=292	87%	80%	<span style="background-color: green;"> </span>	-1%	87%	82%
Q22d	Told <u>completely</u> about medication side effects to watch for when home (all who needed follow an explanation)	n=272	75%	80%	<span style="background-color: orange;"> </span>	-2%	75%	68%
<b>General</b>								
Q23	Overall, rate of care as <u>Excellent/ Very good/ Good</u>	n=445	98%	98%	<span style="background-color: green;"> </span>	-1%	98%	99%
Q25	Would <u>definitely/ probably</u> recommend hospital to family and friends	n=443	98%	85%	<span style="background-color: green;"> </span>	-1%	98%	99%

\*Please note that all percentages are rounded to the nearest whole percent.

\*\* Explanation of colours: Green=target met or exceeded; Amber=within 10% of target; Red=over 10% under target.

\*\*\* 'Not applicable' (NA) appears where no feedback was gained on a question.

\*\*\*\* Where percentages are underlined & italicized this indicates results are based on low base sizes (n<20). These results should be interpreted with caution.

### 3. Nursing Matrix Trust wide April 2011 - YTD

Care indicator	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Observations	88%	92%	89%	86%	93%	89%	86%	89%	86%
Pain	94%	97%	97%	93%	96%	92%	97%	97%	97%
Falls	85%	88%	88%	91%	92%	87%	93%	88%	89%
Tissue Viability	95%	92%	93%	93%	95%	96%	94%	92%	95%
Nutrition	91%	91%	87%	91%	91%	90%	87%	89%	88%
Medication	95%	91%	94%	96%	93%	97%	93%	93%	93%
Infection, prevention and control	96%	96%	96%	95%	95%	96%	95%	96%	96%
Continence	96%	96%	95%	93%	95%	94%	96%	93%	97%
Privacy & Dignity	99%	99%	99%	98%	99%	97%	98%	97%	98%
Patient experience	86%	90%	92%	87%	90%	90%	88%	90%	91%

### 3a. Nursing Matrix Ward comparison

December 2011

Ward Area	Score
MAU Lilac	100%
ADU	99%
G5 Scott	98%
G2 Turner	98%
CCU	97%
F15 Chaucer	97%
F14	97%
F9 Redwood	97%
F10	97%
MAU Green	96%
Parkside	96%
CFU	96%
Keats	96%
G4 Byron	95%
F2 Lister	95%
F9 Willow	94%
CDU	94%
G4 Hardy	94%
F3	94%
G3 Reynolds	93%
G1	93%
F2 Fleming	92%
ITU	92%
MAU Blue	91%
F4	91%
F8	90%
G4 Bronte	89%
F5	89%
SAU	88%
F6	84%
F7	83%
F11	83%
F1	76%
G3 Constable	Closed
G2 Lowry	Only 3 patients

## **PART II**

# **Quarterly Quality Performance Indicators & Quality Metrics Report**



**Quarter 3  
(October - December)  
2011/ 2012**

<b>Content</b>	<b>Page</b>
Introduction	12
1. Patient Safety	13
2 Clinical Outcomes	14
3. Patient Experience	15
4 Pathways	16
5 Commissioning Quality and Innovation (CQUIN)	17
6 Definitions and RAG ratings	18



## Introduction

In line with National guidance, the trust produced its third quality report as part of the annual report and accounts in June 2011. The 2011 quality account comprised a quality narrative and overview of quality initiatives undertaken in that year and set out 3 key priorities for improvement during 2011/12 in line with the trusts three year quality strategy:

- Patient Safety - reducing avoidable harm rates by 30% within 3 years
- Clinical Outcomes - reducing hospital standardised mortality rates (HSMR) to below 65 (as measured by CHKS) over three years
- Patient Experience – over five years to be in the top 20% of trusts nationally (green rating) in 25 selected metrics of the CQC National Inpatient survey

The quality account also contained performance data for a selection of national targets, regulatory requirements and quality metrics.

This report provides an update on the progress made in quarter three towards meeting these priorities and includes updated performance data for the selected metrics as set out in the 2011 quality account. This update report should be read alongside the FPFT 2011 Quality Account ([http://www.frimleypark.nhs.uk/images/stories/about\\_us/publications/2011\\_Quality\\_Account\\_document\\_V3eJune\\_2011version1.pdf](http://www.frimleypark.nhs.uk/images/stories/about_us/publications/2011_Quality_Account_document_V3eJune_2011version1.pdf)).

## 1. Patient Safety

1 Patient Safety	Quality Account page reference	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to Date	March 2012 Target	Comments
MRSA Bacteraemia	16	0	0	0		0	2	
Clostridium Difficile	17	7	3	3		13	28	
MSSA Bacteraemia	19	9	5	9*		23*	Baseline	8 of the reported MSSA cases are post 48 hours 15 are pre 48 hours
E coli	19	12	41	38*		91*	Baseline	10 of the reported Ecoli cases are post 48 hours 81 are pre 48 hours
Hospital acquired pressure ulcers grade 2	20	75	69	60*		204	182	This number includes provisional data for December 2011 The quarterly number reported is gradually reducing
Hospital acquired pressure ulcers grade 3 and 4	20	8	3	1*		12	15	The trust reported 11 grade 3 pressure ulcers and 1 grade 4 pressure ulcer in quarters 1, 2 and 3
Falls resulting in significant injury by activity (number)	22	0.16 (8)	0.06 (3)	0.02 (1)		0.08 (12)	0.10	
Medication errors resulting in harm (total)	22	4	3	2*		9	14	Quarter 3 data excludes December as reporting of data is in arrears
Global Trigger Tool (harm rates - deaths)	15	37.0	Not due	Not due		37.0	50.6	
Ventilator Acquired Pneumonia (VAP) rate	17	3.65	0.00	4.3*		2.45*	4.37	Quarter 3 data excludes December as reporting of data is in arrears
Central Line Bacteraemia (Matching Michigan)	18	1.90	1.75	2.29*		1.94*	1.40	Quarter 3 data excludes December as reporting of data is in arrears
Venous Thromboembolism risk assessment	12	88%	91%	92%*		90%*	90%	This number includes provisional data for December 2011
Serious Incidents Requiring Investigation	19	1	3	2		6	12	

## 2. Clinical Outcomes

2 Clinical Outcomes	Quality Account page reference	Quarter				Year Average	March 2012 Target	Comments
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Mortality (RAMI 2010)	26	58	58	56*		56	65	Index reflective of Dec 2010 - Nov 2011
Stroke - adherence to pathway (NICE)	27	94%	98%	96%		96%	90%	
Stroke - Direct admission to acute stroke unit	27	82%	92%	91%		88%	65%	
Stroke - Eligible patients receiving thrombolysis <60 minutes of arrival (door to needle)	27	59%	67%	33%		52%	50%	
Cardiology - Myocardial Infarct - adherence to pathway	29	98%	99%	99%		99%	90%	Quarter 3 data excludes December as reporting of data is in arrears
Fractured Neck of Femur - adherence to pathway	29	87%	93%	89%		90%	90%	
Fractured Neck of Femur - to theatre in 24hrs	29	78%	75%	78%		77%	85%	
Maternity - Reduction in C-section rates	35	25.02%	21.90%	21.69%		22.80%	22%	This is a year end improvement target

### 3. Patient Experience

3 Patient Experience	Quality Account page reference	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date	March 2012 Target	Comments
Patient survey - recommend FPH to family and friends	39	98%	98%	99%		98%	95%	
Patient survey - rate of care good or excellent	39	99%	99%*	98%		99%	95%	
Mixed Sex Accommodation occurrences	43	0	0	0		0	0	
Mixed Sex Accommodation breaches	43	0	0	0		0	0	
Complaints (number)	41	94	75	94		263	370	
Complaints (by activity)	41	0.07%	0.05%	0.07		0.07	0.07%	
Patient Environment Action Team (PEAT)	45	92%	91%	91%		92%	90%	
Patient Reported Outcome Measures	38	82.0%	94%	National data awaited		88%	100% of eligible patients	In some cases the participation rate figure may be over 100% as it reflects the increase in clinical activity in 2011 over and above that recorded by HES Quarter 1 data is only inclusive of May and June 2011 data
Staff appraisal	45	Not Due	Not Due	Not Due		Not Due	90%	

#### 4. Local Pathways

General Medicine - Stroke	Quality Account page reference	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date	Quarter 4 2011/12 Target	Comment
<ul style="list-style-type: none"> <li>Adherence to pathway:</li> </ul>								
Admitted directly to a stroke unit	27	83%	92%	91%				
CT scan within 24hrs	27	96%	98%	100%				
Thrombolysis received within 3hrs	27	100%*	100%	100%		96%	90%	
Specialist assessment within 3hrs	27	64%	85%	68%				
Aspirin commenced within 48hrs	27	98%	100%	100%				
Written evidence of rehab goals	27	100%	100%	81%				

General Medicine - TIA	Quality Account page reference	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date	Quarter 4 2011/12 Target	Comment
<ul style="list-style-type: none"> <li>Adherence to pathway</li> </ul>								
High risk patients seen within 24hrs, 7 days per week from presentation	28	58%	55%	54%				
Carotid Imaging performed within 7 days	28	93%	93%	90%		81%	90%	The target for this indicator is 60% by quarter 2 and 90% by quarter 4
Carotid endarterectomies performed within 14 days	28	100%	100%	100%				

Orthopaedics - Fractured Neck of Femur	Quality Account page reference	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date	Quarter 4 2011/12 Target	Comment
<ul style="list-style-type: none"> <li>Adherence to pathway:</li> </ul>								
A&E pain assessment	29	77%	90%	81%		90%	90%	
Patients operated on within 36 hours	29	97%	94%	97%				
Patients operated on within 24hrs	29	78%	75%	78%		77%	85%	

Cardiology - Myocardial Infarction	Quality Account page reference	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date	Quarter 4 2011/12 Target	Comment
<ul style="list-style-type: none"> <li>Adherence to pathway</li> </ul>								
Percentage of patients that receive primary PCI within 90 minutes of arrival at the hospital	35	98%	99%	99%		99%*	90%	Quarter 3 data excludes December as reporting of data is in arrears
Percentage of patients that receive primary PCI within 60 minutes of arrival at the hospital	35	83%	92%	90%*		88%*	80%	Quarter 3 data excludes December as reporting of data is in arrears
	35	70%	76%*	80%		75%*	68%	Quarter 3 data excludes December as reporting of data is in arrears

#### 4. Local Pathways

Emergency Department	Quality Account page reference	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date	Quarter 4 2011/12 Target	Comment
<ul style="list-style-type: none"> <li>Full initial assessment (includes brief history, pain and early warning scores) for all patients arriving by emergency ambulance within 15 minutes of arrival</li> </ul>	35	Set up	0.14*	NA	TBC	NA	TBC	Quarter 2 data excludes September as reporting of data is in arrears Data presents a 95th percentile figure
<b>Vascular</b>								
<ul style="list-style-type: none"> <li><b>Aortic Aneurysms</b></li> </ul>	35							
30 day mortality		Set up	3	4	Baseline	NA	Baseline	6 Emergency cases and 1 Elective case
Median Length of stay		Set up	9	6.5*	Baseline	NA	Baseline	Qtr 3 - 9 days open surgery. 4 days EVAR
<ul style="list-style-type: none"> <li><b>Carotid Endarterectomy</b></li> </ul>	35							
Patients operated on within 2 weeks of referral to vascular department		Set up	91%	100%	Baseline	NA	Baseline	Reflective of 12 patients; One patient did not have operation within 2 weeks as they were asymptomatic
Reduction in 30 day post op stroke/TIA rate		Set up	100%	100%	Baseline	NA	Baseline	No patients suffered a TIA/CVA within 30 days post op.
<ul style="list-style-type: none"> <li><b>Amputations</b></li> </ul>	36							
Length of Stay		Set up	23*	32	Baseline	NA	Baseline	This is a reduction of 7 days from Sept 2010 audit
Number of operations taking place on planned operating list		Set up	9*	11	Baseline	NA	Baseline	Transfemoral 10 cases Transfemoral 10 cases
<b>Enhanced Recovery Pathway</b>								
<ul style="list-style-type: none"> <li>Pathway compliance</li> </ul>	36	93%	93%	84%	90% of patients receive 80% of pathway	90%	90%	Quarter 3 data represents Knee ERP compliance - the reason compliance is amber is due to the provision of written information. The revised written information and DVD is due to be available by Spring 2012

## 5. CQUIN scheme

### CQUIN NATIONAL SCHEME

Quality Account page reference	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter Average	Quarter 4 2011/12 Target	Comments
<ul style="list-style-type: none"> <li>involving patients in decision making about their care</li> <li>Ensure patients have someone to talk to when worried</li> <li>Ensure medication side effects are explained before discharge</li> <li>Patients know who to contact if worried about their condition after discharge</li> <li>Ensure patients have privacy when discussing their condition or treatment</li> </ul>	69%	77%	76%		82%	76%	Year end target is calculated as a composite score for quarter 4 results using PDA local feedback. Improvement to be achieved from quarter 4 2010/11 baseline data
	74%	76%	77%				
	61%	71%	73%				
	87%	91%	92%				
	90%	88%	90%				
CQUIN							
CQUIN						68.70	Calculated as a composite score linked to the above 5 questions using the CQC 2011 inpatient survey results

Quality Account page reference	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Average	Monthly Target 2011/12	Comment
VTE risk assessment							
VTE risk assessment - percentage of patients with documented risk assessment	88%	91%	92%		90%	90%	The requirement is to achieve 90% monthly

### CQUIN LOCAL SCHEME

Quality Account page reference	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Average	Quarter 4 2011/12 Target	Comment
Catheter Associated Urinary Tract Infection							
Reduce the percentage of inpatients that have an indwelling urinary catheter inappropriately inserted	21%	23%	3%		NA	8%	

Quality Account page reference	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Average	Quarter 4 2011/12 Target	Comment
Care in appropriate Place							
Deliver a reduction in the % of admissions via A&E for patients with COPD, heart failure, asthma and diabetes	Agreement on data requirement reached	Agreement on data requirement reached	Agreement on data requirement reached		NA	20% reduction	Agreement on data requirements has not been reached
Deliver an increase in the % of referrals made from A&E back to the patient's GP who have the following Long Term Conditions: COPD, heart failure, asthma and diabetes	Agreement on data requirement reached	Agreement on data requirement reached	Agreement on data requirement reached		NA	20% increase	Agreement on data requirements has not been reached

## 6. Definitions and RAG rating

Measure	Definition	Frequency	Data Source	Target	Green	Amber	Red
<b>Patient Safety</b>							
MRSA Bacteraemia	Total number of patients who have tested positive for MRSA bacteraemia, where blood cultures were taken 48 hours or more after admission. Indicator RAG is aligned with Monitors quarterly target	Monthly	Infection Prevention Control	2 or less by end of year	0	1 to 2	3 or more
Clostridium Difficile Infections	Total number of patients aged 2 yrs and above, who have tested positive for clostridium difficile infection (CDI), where stool specimens were taken 72 hours or more after admission. Indicator RAG is aligned with Monitors quarterly target	Monthly	Infection Prevention Control	28 or less by end of year	0 to 17	18 to 28	29 or more
MSSA Bacteraemia	Monthly reporting for MSSA bacteraemias became mandatory in January 2011. There is no target for reduction as 2011/12 is being used to gather risk factor data	Monthly	Infection Prevention Control	Baseline	NA	NA	NA
E Coli	Monthly reporting for Escherichia coli bacteraemia is mandatory from June 2011. No target for reduction during 2011/12 has been set, as this year is to be used as a baseline for gathering risk factor data	Monthly	Infection Prevention Control	Baseline	NA	NA	NA
Hospital Acquired Pressure ulcers grade 2*	Total number of newly hospital acquired pressure ulcers graded 2	Monthly	Datix	182 or less by end of year	145 or less	146 to 182	183 or more
Hospital Acquired Pressure ulcers grade 3 and 4	Total number of newly hospital acquired pressure ulcers graded 3 and 4	Monthly	Datix	15 or less by end of year	10 or less	11 to 15	16 or more
Falls resulting in significant injury (by activity)	Total number of inpatient falls per 1000 bed days that have resulted in a significant injury i.e. orthopaedic trauma or sub-dural haematoma.	Monthly	Datix	0.10 or less	0.07 or less	0.08 to 0.10	0.11 or more
Falls resulting in significant injury (by number)	Total number of inpatient falls that have resulted in a significant injury i.e. orthopaedic trauma or sub-dural haematoma.	Monthly	Datix	<19	15 or less	16 to 19	20 or more
Medication errors resulting in harm	Total number of medication errors that have resulted in harm to a patient.	Monthly in arrears	Datix	<16	12 or less	13 to 16	17 and more
Global Trigger Tool (GTT) - deaths	Total number of harm events derived from using the Global Trigger Tool on 50 random sets of notes from deceased patients	6 monthly (May & Nov)	PSSG	50.6	50.6 or less	NA	50.6 or more
Ventilated Associated Pneumonia (VAP)	Rate of Ventilator Associated Pneumonia on the Critical Care Unit. VAP defined using the Centre for Disease Control criteria and the CPIS scoring system, as agreed by the Surrey Wide Critical Care Network. Expressed as episodes per thousand ventilator days	Monthly in arrears	PSSG	<4.37	4.37 or less	4.38 to 5.2	5.3 or more
Catheter Associated Bloodstream Infection (CVC)	Number of line catheter associated bloodstream infections per 1000 line days on the Critical Care Unit as per the NPSA Matching Michigan definition	Monthly in arrears	PSSG	1.4 or less	1.4 or less	1.5 to 1.96	1.97 or more
VTE risk assessment	% of all adult inpatients who have had a VTE risk assessment on admission to hospital using the national tool. Data taken from monthly Coding specialty report	Monthly	DH returns	< 90%	90% or more	81% to 89%	80% or less
Serious Incidents Requiring Investigation (all mandated reportable incidents)	Total number of Serious Incidents Requiring Reporting as set out by NPSA and PCT	Monthly	Datix	TBC	TBC	TBC	TBC
Serious Incidents Requiring Investigation (true SIRIs)	Total number of Serious Incidents Requiring Reporting	Monthly	Datix	12 or less by end of year	8 or less	9 to 11	12 or more
<b>Clinical Outcomes</b>							
Risk Adjusted Mortality Index	Risk Adjusted Mortality Index (RAMI 2010) as provided by CHKS	Monthly in arrears	CHKS	65 or less by end of year	51 or less	52 to 64	65 or more
Summary Hospital - level Mortality Indicator (SHMI)	The Trusts Mortality Indicator as provided by CHKS	Monthly in arrears	CHKS	NA	NA	NA	NA
Stroke	Compliance with the stroke pathway as set out in the quality account	Monthly	General Medicine	90% or more by end of year	90% or more	89% to 75%	74% or less
Stroke	Direct admission to acute stroke unit	Monthly	General Medicine	65% or more by year end	65% or more	52 to 64%	51% or less
Stroke	Eligible patients receiving thrombolysis within 60 minutes of arrival (door to needle)	Monthly	General Medicine	50% or more by year end	50% or more by year end	40% to 49%	39% or less
MI (Myocardial Infarction)	Compliance against the MI pathway using MINAP indicators	Quarterly in arrears	MINAP	90% or more by end of year	90% or more	89% to 72%	71% or less
#NoF	Compliance with the two indicators in the #NoF pathway	Monthly	Trauma Coordinator	90% or more by end of year	90% or more	89% to 72%	71% or less
#NoF - internal stretch	% #NoF patients operated on within 24hrs of admission	Monthly	Trauma Coordinator	85% or more by end of year	85% or more	84% to 69%	68% or less
Maternity	Reduction in the percentage of women who have a c-section. Percentage reported is reflective of the year to date rolling percentage	Monthly	Maternity	<22%	22% or less	22.1 to 22.9%	23% or more

Measure	Definition	Frequency	Data Source	Target	Green	Amber	Red
<b>Patient Safety</b>							



## 6. Definitions and RAG rating

Measure	Definition	Frequency	Data Source	Target	Green	Amber	Red
<b>Patient Experience</b>							
Patient satisfaction survey	% of responses to the Picker inpatient survey, who would: •Recommend Frimley to the friends and family •Rate their care as excellent, very good or good	Monthly	Picker Dashboard	95% or more by end of year	95% or more	94% to 81%	80% or less
Same Sex Accommodation	Total number of Mixed Sex Accommodation breaches reported to Department of Health	Monthly	Information	0 (nil)	0 (nil)	01-Jan	2 or more
Complaints	Total number of written complaints received in line with the NHS complaints procedure	Monthly	Datix	370	295 or less	296 to 370	371 or more
Complaints	Total number of written complaints received in-line with the NHS complaints procedure presented as a % of Trust activity	Monthly	Datix	0.07% or less by end of year	0.056% or less	0.056% to 0.07%	0.071% or more
PEAT	% scores for each functioning area against the Cleaning Audit scoring system, which is designed against the National Cleaning Standards	Monthly	Support Services	90% or more by end of year	90% or more	89% to 75%	74% or less
Patient Reported Outcome Measures (PROMs)	Percentage compliance with the national PROMs programme	Quarterly	DoH	100% or more by end of year	100%	81% to 99%	80% or less
Staff Appraisal	Percentage of staff appraised in the year	Annual	CQC staff survey	90% by next Survey	90% or more	89% to 75%	74% or less
<b>Pathways</b>							
Emergency Department	Full initial assessment (includes brief history, pain and early warning scores) for all patients arriving by emergency ambulance within 15 minutes of arrival	Quarterly	Emergency Department	95% by end of year	95% or more	77% to 94%	76% or less
Aortic Aneurysms							
<i>30 day mortality</i>	Total number of patients that die within 30 days following an aortic aneurysm	Quarterly	Vascular Team	Baseline	NA	NA	NA
<i>Length of stay</i>	Average length of stay following an aortic aneurysm	Quarterly	Vascular Team	Baseline	NA	NA	NA
Carotid Endarterectomy							
<i>Patients operated on within 2 weeks of referral to vascular department</i>	Number of patients that are operated upon within 2 weeks of referral to the vascular department	Quarterly	Vascular Team	Baseline	NA	NA	NA
<i>Reduction in 30 day post op stroke/TIA rate</i>	Number of patients that have a stroke/TIA following carotid endarterectomy	Quarterly	Vascular Team	Baseline	NA	NA	NA
Amputations							
<i>Length of Stay</i>	Average length of stay following an amputation	Quarterly	Vascular Team	Baseline	NA	NA	NA
<i>Number of operations taking place on planned operating list</i>	Number of operations taking place on planned operating list	Quarterly	VQUIP audit	Baseline	NA	NA	NA
Enhanced Recovery Programme (ERP)	% of all adult inpatients admitted for colectomy who have had an ERP experience on preadmission, procedure and discharge hospital using the tool.	Quarterly	Audit	90% by end of year	90% or more	89% to 80%	79% or less
<b>CQUIN</b>							
Patient Experience (local feedback)	Composite score improvement on: 1) Involved in decisions about treatment/care 2) Hospital staff available to talk about worries/concerns 3) Privacy when discussing condition/treatment 4) Informed about medication side effects 5) Informed who to contact if worried about condition after leaving hospital	Quarterly Picker PDA	Picker PDA returns	76% or more	76% or more	NA	75 or less
Patient Experience (CQC inpatient survey)	Maintain or improve the 2010 composite score against five Department of Health selected questions of the national CQC inpatient survey	Annual CQC survey	CQC	68.6 or more	68.6 or more	NA	68.5 or less
VTE risk assessment	% of all adult inpatients who have had a VTE risk assessment on admission to hospital using the national tool. Data from monthly Coding specialty report	Monthly	DH returns	< 90%	90% or more	NA	89% or less
Catheter Associated Urinary Tract Infection	Reduce the number of inpatients with an indwelling urinary catheter inserted	Quarterly	Audit	TBC	TBC	NA	TBC
Care in the most appropriate place	Deliver a reduction in the % of admissions via A&E for patients with COPD, heart failure, asthma and diabetes	Quarterly	Information Team	20% reduction	TBC	NA	TBC
	Deliver an increase in the % of referrals made from A&E back to the patient's GP who have the following Long Term Conditions: COPD, heart failure, asthma and diabetes	Quarterly	Emergency Department	20% increase	TBC	NA	TBC

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**TO: HEALTH OVERVIEW & SCRUTINY PANEL  
2 FEBRUARY 2012**

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**PUBLIC HEALTH UPDATE  
Director of Adult Social Care & Health**

**1 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to update the Health Overview and Scrutiny Panel on the proposed arrangements for the transfer of Public Health functions to Local Authorities in April 2013.

**2 RECOMMENDATIONS**

The Health Overview and Scrutiny Panel are asked:

- 2.1 To note this updated report.
- 2.2 To ensure representation at the Berkshire East learning event for elected members taking place on 8<sup>th</sup> February 2012.

**3 SUPPORTING INFORMATION**

**3.1 Overview**

- 3.1.1 On 20<sup>th</sup> December the Secretary of State for Health published policy updates on the new public health system. In a series of factsheets, the roles and responsibilities of local authorities are set out, including specific local authority public health functions, the role of the Director of Public Health and commissioning responsibilities.

- 3.1.2 Local Authorities will have a new duty to promote the health of their population through the health and wellbeing board they will lead the development of joint strategic needs assessments and joint health and well being strategies, which will provide the means of integrating local commissioning strategies and ensuring a community-wide approach to promoting and protecting the public's health and well being.

**3.2 Local government leading for public health**

- 3.2.1 The role of local government a shaper of place is emphasised as is local authorities' expertise in building and sustaining strong relationships with citizens and service users and their previous experience of tackling health inequalities. Directors of Public Health (DsPH) will be well placed to bring health inequalities considerations to bear across the whole of the authority's business.

3.2.2 The public health work of local government is envisaged as requiring:

- including health in all policies
- investing the new ring-fenced grant in high quality public health services
- encouraging health promoting environments
- supporting local communities
- tailoring services to individual need
- making effective and sustainable use of all resources, using evidence to direct to areas and groups of greatest need

### 3.3 Commissioning

3.3.1 The full set of local authority commissioning responsibilities is set out below and the Government expects that local authorities will wish to commission, rather than directly provide the majority of services to engage local communities and the third sector more widely in the provision of public health. It is suggested that local authorities are in an excellent position to test out new and joint approaches to payment by outcomes, such as reducing drug dependency.

3.3.2 Members will be aware that the Bracknell Drug and Alcohol Action Team are one of 8 services nationally piloting payments by results. There is also a ministerial visit on 6<sup>th</sup> February for the Council.

3.3.3 Members are reminded that local authorities will be responsible for:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (and in the longer term all public health services for children and young people)
- The National Child Measurement Programme
- Interventions to tackle obesity
- Locally led nutrition initiatives
- Increasing levels of physical activity in the local population
- NHS Health Check assessments
- Public mental health services
- Dental public health services
- Accidental injury prevention

- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives on workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Comprehensive sexual health services (mandatory) (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- Health protection plans for the local population including immunisation and screening (to be required by regulation) (a complex national, regional and local system of emergency and resilience planning is outlined in this factsheet, of which there is not room in this briefing to give details)
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- The local authority role in dealing with health protection incidents, outbreaks and emergencies
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks
- Provision of public health expertise for NHS healthcare commissions such as providing population health and other data and analysis (described as “key role” for local public health teams).

### **3.4 Public health advice to NHS Commissioners**

While local authorities will be largely free to determine their own priorities they will be required to provide a small number of mandatory services, including providing public health advice to NHS Commissioners. Exactly how this fits into proposals around Commissioning support units is not yet clear.

### **3.5 Public Health England**

3.5.1 Public Health England will be created as a new integrated public health service. It will bring together the national health protection service and nationwide expertise across all three domains of public health.

3.5.2 Public Health England will have three key business functions:

1. It will deliver services to protect the public's health through a nationwide integrated health protection service, provide information and intelligence to support local public health services and support the public in making healthier choices
2. It will provide leadership to the public health delivery system promoting transparency and accountability by publishing outcomes, building the evidence base, managing relationships with key partners, and supporting national and international policy and scientific development
3. It will support the development of the public health workforce, jointly approaching local authority Directors of Public Health, supporting excellence in public health practice and providing a national voice for the profession

Public Health England will bring together the wide range of public health specialists and bodies into one integrated public health service. Its organisational design will feature:

- A national office including national centres of expertise and hubs that work with the four sectors of the NHS commissioning board
- Units that act in support of local authorities in their area
- A distributed network that allows Public Health England to benefit from locating its information and intelligence and quality assurance expertise alongside NHS and academic partners across the country. Public Health England will be an executive agency of the Department of Health. It will have its own Chief Executive who will have operational independence.

#### **4. CURRENT WORK LOCALLY**

##### **4.1 Transition Planning**

- 4.1.1 The Department of Health along with the Local Government Association produced a document in January 2012 entitled Public Health transition planning support for primary care trusts and local authorities.
- 4.1.2 There is a requirement for 2012/13, that each PCT cluster must have a comprehensive plan for each local authority/PCT area that will support a robust transition to the new public health system.
- 4.1.3 By the end of March 2012 all PCT clusters should have all integrated plan, including public health transition, which will be assured by SHA clusters. There will be two stages of submissions, with the first set due on 27<sup>th</sup> January 2012 and the second and final format on 5<sup>th</sup> April 2012.

## **4.2 Funding**

- 4.2.1 It is expected that the publication of the 2012/13 PCT financial allocations and shadow allocation for each local authority will indicate the level of resources available locally to support the transition.
- 4.2.2 The funding will be a crucial point of understanding the potential structural solutions, given the unique nature of the Berkshire Authorities and the fact that Director of Public Health are currently shared across those authorities.

## **4.3 Next Steps**

- 4.3.1 A working group is established through the Berkshire Chief Executives Group, led by one of the Chief Executives with membership from each UA and the two Directors of Public Health.
- 4.3.2 It is anticipated that this group will recommend potential options for each Local Authority to consider. The transition plans will assist in this regard.

## **4.4 Further information for Members**

- 4.4.1 The Directors of Public Health (Berkshire East) in conjunction with Local Authorities and the LGA has established an education event for elected members of scrutiny panels. Given the wide ranging aspects of public health, the invite was made to all members of the health scrutiny panel and the Chairman & Vice Chairman of the other panels. At the time of publication of this report the following Councillors had indicated their wish to attend:

Councillor Kensall, Councillor Angell, Councillor Thompson, Councillor Leake, Councillor Mrs Angell and Councillor Mrs Temperton.

### Contact for further information

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Dr Pat Riordan  
Director of Public Health  
Berkshire East PCT

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**HEALTH OVERVIEW AND SCRUTINY PANEL  
2 FEBRUARY 2012**

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**WORKING GROUPS UPDATE REPORT  
Assistant Chief Executive**

**1 PURPOSE OF REPORT**

- 1.1 This report provides an update on the Working Groups of the Health Overview and Scrutiny Panel.

**2 RECOMMENDATIONS**

- 2.1 **That the Health Overview and Scrutiny Panel notes the progress achieved to date by the Panel's Working Groups.**

**3 SUPPORTING INFORMATION**

Health Reforms

- 3.1 The Working Group comprises Councillors Finch (Lead Member), Mrs Angell, Mrs Barnard and Virgo. It has been formed to monitor the implementation of the major changes from the 2010 NHS White Paper and the Health and Social Care Bill, with a particular focus on the transfer of public health responsibilities to the Council. The Working Group has held two meetings to date, most recently on 17 November. The Group has decided to suspend further meetings of the Working Group until the legislative changes become known.

Health and Wellbeing Strategy

- 3.2 The Working Group comprises Councillors Virgo (Lead Member), Baily, Finch, and Mrs Temperton; and Mr Pearce. It has been formed to make an input to the Council's statutory 'Health and Wellbeing' strategy. The Working Group has held two meetings to date, most recently on 6 December. The Group has decided to meet next after the Joint Strategic Needs Assessment has been finalised.

'Shaping the Future' of Health Services in East Berkshire

- 3.3 The Chairman has decided to form a Working Group to consider the forthcoming major consultation by NHS Berkshire (Primary Care Trust) and Heatherwood & Wexham Park Hospitals Trust on 'Shaping the Future'. This is aimed at reconfiguring healthcare services in response to the changing national and local clinical priorities. All members of the Health O&S Panel have been asked whether they would like to join the Working Group. The planned timetable for the consultation has been deferred by the NHS, and the Working Group has not yet been formed. Meanwhile, the Chairman is in discussions with the Chairmen of the Health Scrutiny Committees for Buckinghamshire County Council, Slough BC, and RB Windsor & Maidenhead to explore whether the Joint East Berkshire Health O&S Committee should be re-formed to consider and respond to the consultation.

**ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable**

Background Papers

None

Contact for further information

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**HEALTH OVERVIEW AND SCRUTINY PANEL  
2 FEBRUARY 2012**

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**2012/13 OVERVIEW AND SCRUTINY WORK PROGRAMME  
Assistant Chief Executive**

**1 PURPOSE OF REPORT**

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to suggest items to be included in the Panel's Work Programme for 2012/13.

**2 RECOMMENDATIONS**

- 2.1 That the Health Overview and Scrutiny Panel suggests items to be included in the Work Programme for 2012/13.**

**3 REASONS FOR RECOMMENDATIONS**

- 3.1 To ensure that the Panel's Work Programme for 2012/13 reflects members' priorities.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None.

**5 SUPPORTING INFORMATION**

- 5.1 The Constitution requires that the Overview and Scrutiny (O&S) Commission shall develop a work programme of O&S reviews and policy development projects, in consultation with the Executive and the Corporate Management Team. The Commission will be invited to agree a proposed work programme as part of the Annual Report of O&S for 2011/12, taking account of all the O&S Panels' views on what should be included in the programme.

- 5.2 To assist the Panel's deliberations, attached to this report are:

Appendix 1 - The 2011/12 O&S work programme for the Panel

Appendix 2 - Previously identified O&S reviews for the Panel

Appendix 3 - A list of all completed O&S reviews.

**6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS / EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / CONSULTATION**

- 6.1 Not applicable.

Contact for further information

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**Revised Work Programme for the Health Overview and Scrutiny Panel in 2011/12**

The work programme will necessarily be subject to continual refinement and updating.

<b>HEALTH OVERVIEW AND SCRUTINY PANEL</b>	
1.	<p><b>Policy development and monitoring the implementation of the major changes from the 2010 NHS White Paper</b></p> <p>Contribute to the Council's and NHS policy development, and monitor in particular (subject to legislation): the transfer of the Public Health responsibilities from the PCT to the Council; the creation of the Commissioning Consortium, Local HealthWatch and the new Health and Wellbeing Board; and establishing the new arrangements for Health Overview and Scrutiny (Working Group and Panel briefings).</p> <p>A separate Working Group will be established to provide an input to the development of the Council's new Health and Well-being strategy.</p>
2.	<p><b>In conjunction with the Joint East Berkshire Health Overview and Scrutiny Committee * , monitoring the performance and budget of the Berkshire Primary Care Trust and the NHS trusts serving Bracknell Forest</b></p> <p>This will include: the linkage with the Operating Framework and the national NHS priorities set by the Department of Health; the transfer and merger of Community Health Services; the financial position of Heatherwood and Wexham Park Hospitals Trust; and the Joint Strategic Needs Assessment.</p> <p>* No further meetings of the Joint Committee are planned.</p>
3.	<p><b>Responding to NHS Consultations</b></p> <p>The Health O&amp;S Panel is a statutory consultee for any substantial variation in NHS services affecting the Borough, and usually up to 3-5 consultations occur each year.</p>

Note - This programme may need to be amended to meet new requirements arising during the year.

**PREVIOUSLY IDENTIFIED PROPOSED HEALTH O&S REVIEWS FOR THE FUTURE**

<b>Health Overview And Scrutiny Panel</b>	
8.	<p><b>The New NHS Constitution</b></p> <p>To review the implementation by NHS organisations of the NHS Constitution, which brings together a number of rights, pledges and responsibilities for staff and patients.</p>
9.	<p><b>New Health Facilities in Bracknell</b></p> <p>As a follow-up to the 2010 O&amp;S report on the Bracknell Healthspace, to review the provision of health services from the new Healthspace also the Brant's Bridge centre for cancer and renal services.</p>

**Completed Reviews (as at December 2011)**Appendix 3

<b>Publication Date</b>	<b>Title</b>
December 2003	South Bracknell Schools Review
January 2004	Review of Adult Day Care Services in Bracknell Forest (Johnstone Court Day Centre & Downside Resource Centre)
May 2004	Review of Community & Voluntary Sector Grants
July 2004	Review of Community Transport Provision
April 2005	Review of Members' Information Needs
November 2005	The Management of Coronary Heart Disease
February 2006	Review of School Transfers and Performance
March 2006	Review of School Exclusions and Pupil Behaviour Policy
August 2006	Report of Tree Policy Review Group
November 2006	Anti-Social Behaviour (ASB) – Review of the ASB Strategy Implementation
January 2007	Review of Youth Provision
February 2007	Overview and Scrutiny Annual Report 2006
February 2007	Review of Library Provision
July 2007	Review of Healthcare Funding
November 2007	Review of the Council's Health and Wellbeing Strategy
December 2007	Review of the Council's Medium Term Objectives
March 2008	2007 Annual Health Check Response to the Healthcare Commission
April 2008	Overview and Scrutiny Annual Report 2007/08
May 2008	Road Traffic Casualties
August 2008	Caring for Carers
September 2008	Scrutiny of Local Area Agreement
October 2008	Street Cleaning
October 2008	English as an Additional Language in Bracknell Forest Schools
April 2009	Overview and Scrutiny Annual Report 2008/09

<b>Publication Date</b>	<b>Title</b>
April 2009	Healthcare Commission's Annual Health Check 2008/09 (letters submitted)
April 2009	Children's Centres and Extended Services in and Around Schools in Bracknell Forest
April 2009	Older People's Strategy
April 2009	Services for People with Learning Disabilities
May 2009	Housing Strategy
July 2009	Review of Waste and Recycling
July 2009	Review of Housing and Council Tax Benefits Improvement Plan
December 2009	NHS Core Standards
January 2010	Medium Term Objectives 2010/11
January 2010	Review of the Bracknell Healthspace (publication withheld to 2011)
January 2010	14-19 Years Education Provision
April 2010	Overview and Scrutiny Annual Report 2009/10
July 2010	Review of Housing and Council Tax Benefits Improvement Plan (Update)
July 2010	The Council's Response to the Severe Winter Weather
July 2010	Preparedness for Public Health Emergencies
October 2010	Safeguarding Adults in the context of Personalisation
October 2010	Review of Partnership Scrutiny
December 2010	Hospital Car Parking Charges
January 2011	Safeguarding Children and Young People
March 2011	Review of the Bracknell Healthspace (Addendum)
April 2011	Overview and Scrutiny Annual Report 2010/11
June 2011	The Council's Office Accommodation Strategy (correspondence)
July 2011	Review of Highway Maintenance (Interim report)
September 2011	The Council's new Medium Term Objectives (correspondence)
October 2011	Plans for neighbourhood engagement (correspondence).

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