Frimley Park Hospital NHS
NHS Foundation Trust

Forward Plan Strategy Document

Plan for y/e 31 March 2012 (and 2013, 2014)

Section 1: Strategy

The Trust's current position and vision are summarised as:

Frimley Park Hospital has a catchment area spanning the boundaries of Surrey, Hampshire and Berkshire. The catchment is expected to grow from 400,000 to 410,000 by 2015. Surrey Heath, Rushmoor, Hart and Bracknell Forest are all predicting increases in the population for the next ten years.

While the Frimley Park catchment population is expected to increase of greater significance is the higher growth in the elderly population. More than 70% of people age 75+ have one or more long term condition, and the average person age 85+ makes three times as many visits to primary care and is 14 times more likely to be admitted to hospital than the average 15-39 year old. The percentage of people age 75+ is expected to increase by 25% by 2020.

In reviewing the Trust's current market share, Frimley Park receives the majority of patient referrals within a five mile radius, with an 80% share. Of the 'outer catchment' within a ten mile radius, FPH holds a 44% market share. Provided Frimley can continue to maintain and develop its reputation in the community there is scope to increase market share, particularly in Berkshire. However, a growth in share is dependent upon the proximity of other hospitals, their chosen activities and the specialities provided by FPH and others.

It is likely that GP Consortia will be successful in moving some care from secondary to primary care and acute providers like Frimley are likely to experience reductions in annual income. However, increasing market share and developing local tertiary services are expected to offset reductions in income. However achieving annual financial balance will be reliant on reducing costs by genuine efficiencies

The Trust overall vision is that:

- Frimley Park Hospital will be at the forefront of clinical excellence and will lead best practice;
- Patients will choose Frimley Park because they know we provide a safe, personal and local service;
- In meeting the needs of our local community and a growing population, we will be seen as one of the best NHS hospitals in the country.

The Trust aims to deliver high quality safe care when and where it is needed by:

- Attracting and developing excellent staff and by being an excellent employer;
- Working with our partners to provide integrated care;
- Continuing to develop the strength of our infrastructure to support our vision.

The Trust's strategy over the next three years is to:

The Trust Strategy for 2011-14 is based around five themes:

- **Consolidate core services and develop key hyper-acute services**
- **Improve cost effectiveness**
- **Develop the quality of our services**
- **Work more closely with partners, especially local GPs**
- **Maximise new opportunities**

The key issues to be addressed include the following:

- The hospital site is intensively developed; further construction is still required to meet a shortfall in capacity and to improve patient experience. The completion of a new Emergency Department and Day Surgery Unit will modernise these services and enable new ways of working.

- There has been a 20% growth in emergency admissions between 2008-2010. Some of the patients could be treated in alternative settings if new services could be developed in the community. The Trust must work more closely with GPs and community and social care to provide alternatives to emergency admissions to hospital. Equally, Frimley's overall length of stay remains above the peer average and new initiatives are urgently required to deliver care in a more timely way.

- The hospital manages over 300,000 outpatient appointments every year and there are opportunities to transform outpatient care by :

  - Reducing unnecessary follow up appointments
  - Providing one stop services
  - Providing more outpatient services in the community
  - Streamlining internal processes to maximise capacity
  - Giving GPs email advice and access to test results

- The Trust will be working to agree with local GPs the key thresholds for referral to hospital for elective care.

- Pressure to transform care and improve efficiency will be considerable - good clinical leadership that delivers the changes to make a difference is very important.

Key priorities for the Trust which must be achieved in the three years of the annual plan to underpin the delivery of the Trust's strategy, with milestones of delivery of each over the period of the plan:

Key Priorities & Timescales	How this Priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
Consolidate core services and further develop hyper acute services within the Trust.	To position the Trust as a major emergency centre in West Surrey and North East Hampshire.	New Emergency Department and Day surgery unit construction commenced. Construction of second Cardiac Cathertisation laboratory commenced.	Second Cardiac Catheterisation Laboratory fully operational.	Emergency Department and Day surgery unit fully operational.
Work differently with partners, especially local GPs.	To ensure the continued viability of the Trust as a key provider of healthcare services to the local population.	GP pathfinders established locally, Trust/GP interface committee continues to promote common projects of mutual benefit.	Relationships to be developed with GP commissioning groups and other new organisations as appropriate.	
Maximise opportunities to grow through the quality of the Trust services influencing patient choice.	Ensuring continuing volume to offset the impact of any loss of activity to new entrants and GP commissioned schemes.	If appropriate, Trust to establish satellite outpatient clinics in Bracknell to better serve the North of the catchment area.	Berkshire activity growth reflected in treatment contracts.	Berkshire activity growth reflected in treatment contracts.
Improve cost effectiveness.	Ensuring the Trust can respond to changes in the NHS tariff in an effective way that minimises impact upon quality.	Cost Improvement plan developed and implemented. Transformation plan for 2012 and beyond developed and implementation phase started.	Year 1 transformation plan savings delivered.	Year 2 transformation savings delivered.
Further developing the quality of services.	Ensuring the Trust remains at the forefront of clinical quality nationally.	Implement the local and national quality initiatives for 2011/12.	Implement the local and national quality initiatives for 2012/13.	Implement the local and national quality initiatives for 2013/14.
Enhancing stakeholder input and enhancing the role of the Governors within the new NHS structures.	By ensuring that the governance of the Trust fits within the remapped NHS and the new role of Monitor, and that Trust continues to take account of the views of members and governors.	Continue with existing governors meetings, workshops and membership constituency events.	To assess the changed role of Governors and Monitor and ensure training and information requirements are appropriate to any new Governor role.	

Section 2: External environment

Key External Impact	Risk to/impact on the strategy	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
Ongoing changes to the National Tariff.	Risk that increased savings requirement may impact upon quality or financial stability of the Trust.	Director of Transformation engaged to lead cross-cutting Trust efficiency plans.	EBITDA anticipated to reduce over the plan period.	Per annual plan submission Board accountable via finance declaration processes.
National and local 'QIPP' plans.	Risk that PCT deficits may require more radical programmes than currently envisaged.	Trust working with local GPs to develop schemes that provide a balance between PCT and Trust finances.	QIPP plans anticipated to substantially reduce growth over the plan period.	Activity and income growth monitored monthly by Board. Individual QIPP scheme accountabilities allocated to Trust/PCT/GPC.
Move to GP Commissioning.	Risk that GPC may devise plans to shift activity to other settings.	Working with GPCs to develop mutually beneficial and realistic schemes.	As above, some activity and pathway changes anticipated but few macro changes to Trust operating model.	Schemes within the Trust transformation plan and associated programme management. Monitored at Board level.
30-day readmissions penalties in 2011/12.	The 2011/12 readmissions penalties will equate to c1.2% reduction in Trust income.	Trust has demonstrated to PCTs that a majority of readmissions are not related to any failure in the original discharge.	Readmissions penalty anticipated held to the minimum proposed nationally (c1.2% for FPH).	Actual income loss to be monitored as part of routine contract monitoring. Finance Director accountable for monitoring/reporting.
The potential for Trusts to become responsible for 30-days post discharge in 2012/13.	Risk that Trust may be required to commission community services and that funding arrangements will not be clear.	Await clarification from centre. In the interim the Trust will trial early supported discharge schemes.	No impact in 2011/12. Future impact as yet unknown.	Await guidance from the DoH/Commissioning board. Finance Director to assess financial impact.
Impact of Surrey PCT financial deficit.	Risk that further financial constraints may be required over and above the national savings targets.	Surrey PCT accounts for c34% of the Trust income. The Trust is increasingly looking to other sources (particularly Berkshire) to offset potential reductions in Surrey.	Surrey has had a historic deficit for many years and this seems unlikely to change in the near future. The Trust will respond to any required reductions in activity but expect to be paid at tariff rates for activity conducted.	Surrey contract position and savings plans will be monitored internally (Director of Finance) and any significant issues escalated to Board and Monitor as appropriate.
MOD contract to be retendered in 2012/13. This comprises an activity element (for which the Trust receives income) and a staffing element (for which the Trust pays the MOD).	Losing the MOD contract (from 1/413) would impact both and operationally given the potential difficulty of recruiting staff to replace MOD post holders (consultants, junior doctors and nurses).	Ensure that MOD activity and treatment times targets are met over the coming two years to ensure the Trust has a strong reputation to bid for the renewed tender.	The Trust expects to continue to host the MOD contract assuming MDHUs continue in their current form.	Tender will be awarded during 2012/13 to take effect from 1st April 2013.

Section 3: Trust plans

Financial plans: income

The Trust has seen consistent growth in activity and income over recent years. Local PCTs are increasingly facing financial difficulties (Surrey PCT c£12m deficit in 2010/11 for example), which are likely to worsen in the coming years. The Trust has established clinical dialogue between Hospital consultants, GP commissioners and PCTs with the aim or working together to mitigate the risk to all parties of continuing unplanned growth in patient activity. The main outcomes of these discussions (some of which are still to be finalised) are agreed pathways and thresholds for GP referrals (based using a shared information portal) and agreed clinical thresholds for surgery.

The Trust plans therefore assume a lower level of activity growth than in recent years, with net activity-based NHS income predicted to increase by 2% in 2011/12 over 2010/11. At the time of writing, contract 'Heads of Terms' have been signed with Hampshire and Surrey PCT (together representing c84% of the Trust NHS income) that support the level of NHS income assumed within the plan.

The contractual agreements that have been reached with Hampshire and Surrey PCT have been devised to appropriately share risk around unplanned growth and unplanned contract penalties; and to incentivise activity management. In practice this means that the Trust has agreed an upper income 'cap' (thus incentivising the Trust to wherever possible avoid unplanned activity increases) and an income 'floor' (thus insulating the Trust from any unplanned income reductions either through potential contract penalties or reductions in activity).

This year national tariff arrangements were known at the time of drawing up this plan, and activity has therefore been priced without the requirement for tariff assumptions. Areas that have variability (for example the level of readmissions that receive no reimbursement) have been estimated using historical data, with the risk of variability in these assumptions having been mitigated through the contract structures described above.

Key income risk	Amounts and timing 2011/12 2012/13 2013/14	Mitigating actions and delivery risk
Impact of national tariff changes occurring in 2011/12, such as non-payment for readmissions.	The overall impact of tariff changes moving from 2010/11 to 2012/13 was a small reduction in income (c 0.6%).	2011/12 tariff reductions have been offset by the unwinding of 2010/11 non-recurrent local tariff adjustments (agreed with local PCTs).
Impact of Contract penalties being applied in 2011/12.	National contracts contain potential penalties including Clostridium Difficile performance and 18-weeks RTT performance. These are potentially significant (for example up to 2% of total contract income for exceeding the C-Diff target).	The potential impact of 2011/112 contract penalties has been mitigated through the agreement of an 'income floor' in main PCT contracts.
Impact of unplanned growth being unfunded by purchasers in 2011/12.	The Trust has agreed contract 'caps' with its main PCTs in 2011/12 contracts and is therefore exposed to income risk, should activity grow above planned levels.	The Trust has been working closely with GPs and hospital consultants to devise referral and treatment guidelines and thresholds that aim to stabilise activity to within the expected range. There is a degree of delivery risk inherent in these arrangements.
Impact of activity moving 'out of hospital' per the Health and Social Care Act.	The Trust envisages little significant movement in 2011/12, but depending upon the eventual shape of the Health and Social Care Act, the Trust could be exposed to the risk of activity movements in 2012/13 and beyond.	2011/12 risks have been mitigated through existing contract frameworks as described above. For 2012/13 and beyond, the Trust is working closely with GP leads, with the aim of where appropriate supporting integrated patient pathways that may move certain consultations out of the Trust, but retain significant parts of the patient pathway under the Trust aegis. This work is embryonic and loss of activity remains a risk in the out years.
Potential loss of MOD activity contract.	The Trust has an MOD treatment contract (£7m) that runs until the end of 2012/13. The MOD will re-tender for this service over the coming 24 months.	The Trust is working hard to achieve MOD targets (for example a ten week admitted care pathway) such that operational delivery will put the Trust in a strong position to win the tender for 2013/14 onwards.

Financial plans: Service developments

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress
Organic / innovation:				
Consolidate and further develop the Trust 24/7 cardiology service.	Consolidation of the Trust portfolio of hyper acute services.	24/7 PCI service established in Q4 2010/11.	Trust requires a a second lab and associated facilities – capital cost c£3.5m.	Capital build to be started during 2011/12 and completed in 2012/13.
Consolidate and further develop the existing local vascular surgery network .	Consolidation of the Trust portfolio of hyper acute services.	Trust has been accredited by Hampshire network, Surrey network application to be progressed in 2011/12.	Surgical network to be established with other local Trusts. Further interventional radiology capacity may be required (c£1m upgrade).	2011/12 obtain support from Surrey network. 2012/13 improve radiology facility and establish new network.
Further develop core service.	Enhance patient experience and service quality.	Expand the current Emergency Department to better accept existing activity levels.	Total capital investment of c£21m over the three-years 2010/11 to 2012/13.	Preliminary works to be completed in 2010/11, main construction to begin in 2011/12 and complete in 2012/13.
Further develop core services.	Enhance patient experience and service quality.	Provide two new day-surgery theatres to improve efficiency and patient experience.	Included within the above.	Preliminary works completed 2010/11, main construction to begin in 2011/12 and complete in 2012/13.
Acquisition, etc.:				
Implement a joint pathology service in West Surrey.	Improving cost effectiveness .	Assess financial model and implement if appropriate.	Buy-in of three local Trusts and GP/PCT commissioners.	New service operational during 2011/12 and beyond.
Transferred / discontinued activity:				
Develop outpatient facilities in Bracknell.	Maximise Opportunities.	Provide outpatient facilities by June 2011. Investigate JV for tier 2 services.	Buy-in from Bracknell GPs and PCT to establish new services in Bracknell.	OP facility set up in 2011/12. 15% growth in EL care by end 2012/13.

Financial plans: activity and costs

Table A (Items included in the CIPs worksheet in the financial template:

Key operating efficiency programmes	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Reduction in 'Waiting List Initiative' expenditure.	£2.3m cost reduction in 2011/12 for the same level of activity.	Improving cost effectiveness.	Replace expensive locum consultants with permanent staff; manage waiting lists to latest operating framework targets.	Recruitment of orthopaedic and radiology consultants.	Q1 2011/12 new consultants in post and year-on-year reduction in waiting list expenditure (net of investment) delivered.
Reducing average length of stay to release capacity enabling the closure of beds.	£0.5m of surgical bed reductions in 2011/12.	Improving cost effectiveness and patient safety.	Streamline patient pathways, ensure timely consultant assessment.	Mainly effected through more efficient marshalling of existing resources.	Q1 2011/12 one surgical ward closed (F12).
Effective procurement of clinical consumables.	£0.4m in 2011/12.	Improving cost effectiveness.	The Trust has a rolling work programme to ensure best value. Certain areas of product substitution carry a degree of deliver risk (user acceptance), but the savings target is considered deliverable.	Ongoing contribution to and support from the South East Coast Collaborative Procurement Hub.	£0.4m of identifiable cost reductions delivered during 2011/12.
Non NHS Income increases.	£0.5m in 2011/12.	Improving Cost Effectiveness.	The Trust plans to raise additional income through	Partially pure price increase, partially maximising use	£0.5m surplus of income over associated cost delivered in

			increased private patient income; facilities and other income.	of existing capacity.	2011/12.

Table B (Other savings/efficiencies – not included in the CIPs worksheet in the financial template):

Other savings/ efficiencies	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
The Trust is developing a 'transformation plan' with the aim of delivering £10m per annum savings in 2012/13 and 2013/14.	£10m planned efficiency savings in both 2012/13 and 2013/14.	Improving cost effectiveness.	Schemes are being identified under key theme areas, each led by a clinician and a hospital manager.	New post of Director of Transformation appointed in 2010/11. Associated transformation structure and team to be established in 2011/12.	Transformation resource plan approved Q1 2011/12. 2012/12 £10m savings plans agreed by end of Q2 2011/12.

Financial plans: Workforce

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Create and implement an organisational development programme to underpin Transformation Plan.	As an enabler for the Transformation Plan.	• Change readiness audit • Review of key leadership strengths and gaps and re-alignment of resources accordingly • Development of people plans to support Transformation Programmes • Staff engagement programme.	Up to 50k additional non-recurrent funds, plus re-allocation of existing internal resources.	All Transformation Programmes have people plans to support them.
Lead organisational change plan to support Pathology Re-Configuration Transformation Programme.	Facilitate the new partnership model between three Trusts, with cost savings of 600k per annum.	• Consultation process with affected staff • Management of TUPE and redundancy arrangements between three Trusts.	HR and management support in place.	Processes completed in line with plans, with minimum delays.
Lead review of Back Office Transformation Programme.	Facilitate generation of cost savings to Trust of 375k per annum.	• Review areas using 4S model • Project plans in each area.	Project management.	£375K savings to be generated in each of Y2 and Y3.
Develop and monitor action plan to address worse than average and bottom 20% scores in Staff Survey 2010, as well as other issues that impact on staff motivation.	Maintain staff engagement.	• Create action plan • Implement monitoring arrangements.		Improvement in Staff Survey 2011.
Reduce sickness absence to 2.75%.	Improve efficiency.	• Continue to ensure managers apply short-term sickness targets set 2010/11.		Sickness absence reduced to 2.75%.
Review pay and benefit flexibility and competitiveness.	Reduce costs and improve competitiveness.	• Simplify pay and benefits system – e.g. on-call • Consider localized framework, rather than national TCE, where feasible • Improve link between		New manager Appraisal Scheme.

		performance and pay • Consider incentive schemes and bonus arrangements where feasible.		
Reduce use of agency and locums.	Improve efficiency.	• Review of medical model in some specialty areas to solve service problems • Use of E rostering and E Bank systems to improve efficiency.		Medical model reviewed E bank and E rostering in all shift areas and interfaced with payroll.
Prepare for revalidation.	Practice underpins new requirements.	• Appraisal system strengthened to meet GMC requirements • Strengthen medical leadership development • Improve Clinical Director appraisal and performance management skills.		Successful implementation of revalidation requirements.

Financial plans: Capital programmes (including estates strategy)

Key capital expenditure priorities	Amounts and timing (including financing schedules)	Contribution to the strategy (incl. service delivery)	Key actions and delivery risk (inc. finance risks)
Development:			
New A&E and day surgery development.	c£3m in 2010/11, c£13m in 2011/12, c£5m in 2012/13.	Consolidate core services and further develop hyper acute services within the Trust.	Enabling works completed (end 2010/11). Main contract started (May 2011). Risks around operating existing A&E department during winter peaks 2011/12. Financed from existing cash.
Second Cardiac Catheterisation Laboratory.	c£3m in 2011/12; c£0.5m in 2012/13; and £0.5m charitable equipment donation.	Consolidate core services and further develop hyper acute services within the Trust.	Main contract let in Q1 2011/12. Financed from existing cash.
Maintenance:			
Wards Upgrades.	£750k per annum.	The Trust has a rolling programme of ward upgrades comprising 1 or 2 wards each summer.	The rolling programme is conducted whilst emergency activity is at its lowest to enable wards to be closed an upgraded. Main risk is that projects extend into the winter months – to be mitigated by robust project management.
Roofing Programme.	c£600k per annum.	Continuing to develop the strength of our infrastructure.	Continuing programme of replacing the Hospital roof.
Other capital expenditure:			
Informatics Strategy.	Up to £1.5m in 2011/12 covering new wireless network and clinical portal amongst others.	Part of the Trust transformation plan to improve cost effectiveness and enhance clinical quality.	The Trust has agreed an informatics strategy that to be rolled-out in 2011/12 and 2012/13. Key risks include integration of 'best of breed' IT systems and ability to drive service change at the same pace as IT implementation. Mitigation is to ensure change management resourced within each project.
Other estates strategy			
Emergency generation	£0.9m in 2011/12.	Continuing to develop the strength	Other developments (above) will lead to the requirement to increase the Trust on-site

capacity.		of our infrastructure.	emergency standby generation capacity.

Clinical plans

Quality issues and measures	Contribution to the strategy	Key actions and delivery risk	Performance in 2010/11	3 year targets / measures for 2011/12 2012/13 2013/14
Maintain Trust wide mortality levels to no more than 65 (HSMR – SHMI).	Further developing the quality of services.	Adherence to clinical key clinical pathways as set out in the Trust quality account.	59	2011/12 = 65 Future years TBC in respect of 2011/12 outturn.
Hospital acquired clostridium difficile to remain below 28 cases.	Enhancing patient experience and safety.	The Trust will continue to push for full compliance with its antibiotic policy and all areas of compliance with infection control measures.	25	2011/12 <28 cases Future years TBC in respect of 2011/12 outturn.
Hospital acquired MRSA to remain below 2 cases.	Enhancing patient experience and safety.	The Trust will continue to push for full compliance with its antibiotic policy and all areas of compliance with infection control measures.	3	2011/12 <2 cases Future years TBC in respect of 2011/12 outturn.
90% of admissions to be assessed for Venous Thromboembolism risk.	Enhancing patient experience and safety.	Monthly steering group meetings. Changes of practice as identified. Audit against VTE standards.	86%	2011/12 = 90% Future years TBC in respect of 2011/12 outturn.

Ensuring zero breaches in mixed sex accommodation.	Enhancing patient experience.	Implementation of the eliminating mixed sex accommodation policy, flowchart and escalation process.	1	2011/12 = 0 Future years TBC in respect of 2011/12 outturn.
Achieve a 95% satisfaction rate in recommending Frimley to family and friends.	Enhancing patient experience.	Implement national inpatient survey improvement plan. Collect and monitor 'real time' feedback.	97%	2011/12 = 95% Future years TBC in respect of 2011/12 outturn.

1. The Trust Board held an afternoon workshop on 4th March 2011 at which the Trust quality arrangements were assessed in detail against the requirements of the Monitor Quality Governance framework (as set out in the Monitor Guide for Applicants). The evidence-based self-scoring against the Monitor criteria indicated that the Board considers itself to be overall compliant with the Monitor Quality Governance Framework. As would be anticipated, the assessment indicated certain areas that could be improved and these will be addressed during 2011/12.

2. The Board receives routine complaint reports that contain statistical analyses (by category and area over time) and lessons learned and details of any specific serious complaints. SUIs are reported to the Board on a monthly basis. Both the Medical and Nursing Directors bring to the attention of the Board any matters relating to clinical and quality issues that arose during the previous month. More detailed patient experience metrics (discharge questionnaires data) is also analysed and presented to the Board monthly as part of the Trust quality report.

3. The Board devotes a significant proportion of its meeting time to understanding and improving clinical quality. The targets within the Trust quality account are monitored and presented to the Board monthly and to the Governors quarterly. The Board meets with the Trust clinical Directors biannually to discuss clinical issues. For each hospital acquired MRSA, the Board meets with the consultant responsible for the patient's care to understand how any breach in quality occurred and what lessons might be learned. Board members also undertake regular 'Quality Assurance Walkabouts' in conjunction with members of the Council of Governors, to visit wards and other areas of the Trust.

Other priorities

Priority	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Developing a Partnership Board with Royal Surrey County Hospital NHS Foundation Trust to promote joint working where appropriate.	Working in partnership and improving cost effectiveness.	Terms of reference agreed in Q4 2010/11, various projects to be instigated during 2011/12.	Executive, Clinician and management time.	To be established once a work programme has been devised.

Section 4: Regulatory requirements

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2011/12 2012/13 2013/14
Achievement of National Clinical Targets and Indicators.	The Trust capacity plan is based upon an assumption of relatively little growth, underpinned by QIPP delivery. Unanticipated growth will put at risk the achievement of the referral to treatment time and A&E patient treatment targets. The Trust has a particularly low target for Clostridium Difficile (28 cases hospital acquired), which is below the 2010/11 outturn (of 25) but will remain a challenge. Similarly the Trust target of 2 MRSA infections will also remain a challenge. The 'new' suite of A&E targets will require changes to the patient pathway in A&E and may be difficult to achieve in times of peak demand.	Contracting lead (Finance Director) making best efforts to ensure PCT and Trust activity plans are as realistic as possible and congruent with each other. Contracts to be as explicit as possible with regard to PCT requirement for waiting times achievements. Infection control remains a major priority within the Trust and of the Board of Directors. The Trust will continue to push for full compliance with its antibiotic policy and all areas of compliance with infection control measures. The new targets are 'live' from Q2 2011/12. The Trust will be monitoring performance during Q1 2011/12 with a view to ensuring appropriate data quality and then instigating any operational changes that may be required.	National targets and indicators to be monitored monthly and reported quarterly to Monitor.
Achievement of level 2 in all necessary aspects of the Information Governance toolkit.	The Trust does not fully comply with the IGT (for example to have all staff IG trained).	IG work programme in place, anticipated fully compliant by December 2011.	Level 2 on all necessary aspects of the IGT achieved during 2011/12.

Section 5: Leadership and governance

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones 2011/12 2012/13 2013/14
Ensure coherent succession plan is in place for Board.	As of May 2011, 5 (out of 7) of the Trust NEDs including the Chairman had terms of office which expired at the end of 2011/12.	On 24 May 2011 the Council of Governors approved a plan to extend the NED and Chairman terms in office to work towards a more balanced pattern of change.	2011/12 – adjusted NED terms of office agreed by Council of Governors and Board of Directors.
Continue Board development programme to ensure fit for the upcoming challenges.	The Board assessed its skills and development requirements in Q4 2011/12. Actions include further external training sessions and review of role of key committees.	Recent NED appointments were specified such that the required spread of skills was maintained. Board development programme is ongoing.	2011/12 role of Commercial Development and Investment Committee to be refocused upon transformation and benefits realisation. Board development programme to continue in each of the three years.
To assess the competences within the first tier of management and ensure skills gaps are addressed.	The Trust needs to deliver a transformation plan to deliver c£10m per annum of efficiency savings. Trust managers are to be assessed, trained and motivated to deliver the plan.	Conduct a leadership readiness assessment of the top 35-40 leaders and devise a process to meet any gaps. Conduct a bigger piece of work to capture what skills we need from the next 200 people to deliver change. Prepare a change readiness tool to work with the top 200 voices. Develop OD KPIs so that all of the component parts of the transformation programme are covered including sustainability.	During Q2 2011/12 By Q4 2011/12 By Q4 2011/12 By Q4 2011/12
Develop the role of the Governors to meet the requirements of the changed NHS, including parts of the existing	Timescales and extent of the upcoming changes remain unclear. Governors may need up skilling to	Review outcomes from the Health and Social Care Act and the new role of Monitor.	By Q2 2011/12

'Monitor' role.	take-on an enhanced role.	Devise and implement a training programme to ensure Governors are equipped for their modified role.	By Q2 2012/13
Strengthen the Trust 'GP Liaison' role to ensure that existing good relationships are strengthened and built-on in moving to GP commissioning.	GP commissioning structures remain uncertain. Existing good relationships may be undermined by the commercial realities of the new NHS market.	Work with local groups to understand proposals and where possible to co-terminate these with FPH. Continue to promote dialogue with GP leads and work together where appropriate to redesign patient pathways.	By Q4 2011/12 Ongoing over the period
Agree, resource and recruit the infrastructure to support the delivery of the Trust Transformation Plan.	Suitable infrastructure is not yet in place. Conflict between driving savings and adding cost with new transformation team.	Transformation team to be resourced through conversion of existing higher cost agency and temporary staff into new permanent structure.	New structure agreed Q1 2011/12 New Structure in place by Q3 2011/12

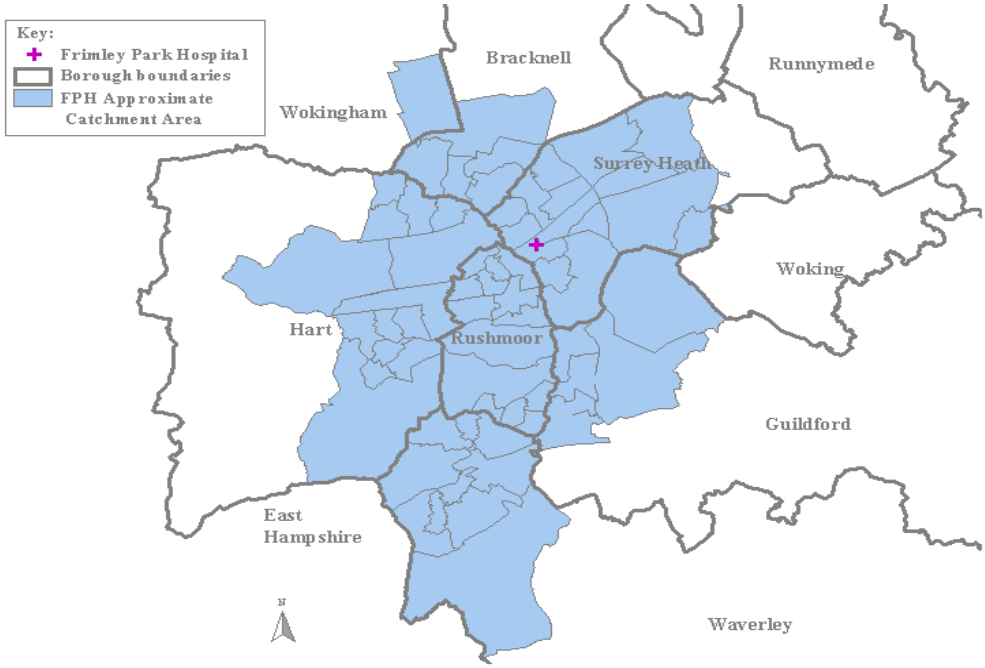
The Trust plans have been discussed and debated with Trust Governors during workshops held on 17th November 2010 and 5th April 2011. More detailed consultation took place with both Governors and public on the proposed emergency department / day surgery development.

Frimley Park NHS Foundation Trust Hospital Annual Plan 2010/11 - Membership Section

1.0 Membership

1.1 Constituencies

The Foundation Trust's Public Constituencies are shown below. The Rushmoor constituency covers the borough of Rushmoor, whilst the other constituencies only include certain local wards within their local authority boundaries. Residents outside of the catchment area who use the Trust's facilities qualify for membership as patients (or carers of patients) and can join the Out-of-Catchment constituency. The existence of constituencies gives a sense of locality to members and governors.



1.2 Membership Goals for previous year - 2010/11

Membership - Specific Targets (April 2010 – March 2011)

The Trust's aim over the past 12 months was to continue to find better ways of engaging with the existing membership, to educate and inform them, to seek their participation in events, to obtain their feedback and to capture their concerns.

The following summarises the outcome of the annual targets for membership for 2010-11:

- *Membership numbers* – The aim was to stabilise membership numbers around 14,500 by 31 March 2011 focusing on the diversity of membership. This was achieved; we ended the year with 15,180 members.

- *Public members* – The annual target was to ensure at least 9,500 of the 14,500 total membership came from the Public and Out-of-Catchment constituencies; this was achieved with 10,165 members from these constituencies.

- *Staff* – At 31 March 2011 we now have 5,015 staff members. We have continued to improve the linkage between staff governors and staff members: publicising the names of staff governors to staff in prominent staff areas and involving the governors more as observers in the Chief Executive briefings and using them to advise on corporate documents.

- *Maintaining 2% of population as members* – The Trust achieved representation of at least 2% of the catchment population in all of its public constituencies. The constituencies on average have 3.22% representation (based on 2001 census). The governors and Membership Manager have looked at ways of retaining members by developing communication links, chiefly through the local constituency meetings. Recruitment events have taken place in all constituencies.

- *Socio-economic groupings* – The Trust tried to increase contact with people from certain socio-economic groups that are not well represented in the membership. Recruitment events were held in venues that these groups are known to visit, such as garden centres, DIY stores and computer shops. By 31 March 2011 we had recruited 391, but lost 68, giving a new total of 2,052 members in these groups. The original target was 470 new members. This activity is ongoing for 2011-12.

- *Age/gender* – The Trust has more female members than male members. The Trust continued to target the under-represented male group aged 20-59 years by organising events at venues where they are likely to frequent, such as local fitness centres and golf clubs. By 31 March 2011 the split was 37.95% male and 61.63% female (31 March 2010, 39.07% male and 60.92% female) so males have decreased by 1.12% and females increased by 0.71%. It should be noted that on 31 March 2010 male members aged 20-59 represented 13.51% of the total public, and on 31 March 2011 they represented 14.2%.

- *Ethnicity* - The Trust continues to need to encourage and increase BME (black minority ethnic) membership from all local communities. The Trust is mindful of the large influx of individuals from Eastern Europe and Asia to the area since the 2001 census so ethnicity data for the area will remain unreliable until 2011 census data is released. One local increase is the new settlers from Nepal, many of whom do not have good written or spoken English. We have increased our engagement in this community this year and are building relationships with a view to helping them understand the healthcare system. The total number and ratio of BME foundation trust members have increased from 543 (5.84%) in March 2010 to 681 (6.67%) in March 2011.

- *Membership application form* – The membership form is to be re-designed during 2011-12 to capture special interest categories.

- *Membership surveys* – Surveys undertaken this year were for the new emergency department and day surgery unit and the Single Equality Scheme. Results of these surveys were published in the Foundation Trust Newsletter and on the website.

- *Annual health events* – The Trust continued to organise annual large scale events at the hospital. 'Your Trust, Your Health' was the core awareness event attracting 120 people. The careers event 'A Taste of Frimley Park' for younger people attracted 92 students. Both these events will take place again in 2011.

- *Constituency meetings (local Health Events)* – Local constituency meetings enable direct consultation and debate with the membership on topical issues. The Trust continued to develop constituency meetings to give attendees more opportunity to take part. A feedback sheet has been introduced at the introductory 'meet and greet' session. These are an improved method for recording members' issues and ensuring better feedback to individuals. Attendances at these meetings remained high. The average attendance at each of the 10 constituency meetings was 100 people. In May 2010, 200 people turned up to the Rushmoor constituency meeting.

- *Membership engagement and mechanisms for reviewing membership plans* - Improved membership involvement continued to feature as an area for discussion with both the governors' Patient Experience and Involvement Group and the Stakeholder Engagement Group. Reports on membership recruitment and development are submitted to the monthly Board and to the tri-annual Council of Governors meetings. The Stakeholder Engagement Group monitors the delivery of membership activity.

1.3 Membership Report

a) Membership Totals

Membership size and movements		
	Last year (2010/2011) on 31st March 11	**Next year (estimated for 2011/2012) 31st March 12**
Public Constituency **(All Public Constituencies except Out-of-Catchment)**		
At year start(April 1)	8569	9343
New Members	1280	500
Members Leaving	507	500
At year end (March31)	**9343**	**9343**
Patient Constituency **(Out-of-Catchment)**		
At year start(April 1)	734	822
New Members	147	59
Members Leaving	59	59
At year end (March31)	**822**	**822**
Staff Constituency		
At year start(April 1)	5191	5015
New Members	415	400
Members Leaving	591	591
At year end (March31)	**5015**	**4824**
Grand Total	**15180**	**14989**

b) Membership by Local Authority Constituency (N.B. Does not include staff)

Constituency	Population per constituency (2001AD) Over 16years*	Number of Members 31st March 10	Number of Members 31st March 11	% that are Members 31st March 2011	Number of Governors	Members per Governor 31st March 11	Election turnout rates by constituency
Rushmoor	71,458	2404	2659	3.73%	6	443.16	26.6%
Waverley	33,359	849	893	2.68%	2	446.50	35.6%
Hart	52,937	1724	1862	3.52%	4	465.50	34.9%
Guildford	21,969	481	533	2.43%	1	533	0%
Surrey Heath	60,691	2470	2682	4.42%	5	536.40	26.3%
Bracknell Forest & Wokingham	27,795	678	714	2.57%	1	714	0%
Outside Catchments	N/A	695	822	N/A	2	411	0%

**These figures are to be revised in June 2011 to more accurate local figures using Capita's CMS.*

c) Membership by Staff Directorate Constituency

Directorate	Number of Members 31st March 10	Number of Members 31st March 11
Women's & Children's	575	561
Diagnostics and Therapeutics	686	678
Surgery and Surgical Services	1,007	955
Medicine, Elderly Care and Pharmacy & A & E	1,688	1,622
Admin., Management, Estates, Hotel Services, Parkside and others	1,186	1199
Total	**5,142**	**5,015**

d) Public and Patient Membership breakdown by age profile

Age (years)	Public Number of Members (31/03/11)	Patient Number of Members (31/03/11)	Eligible Membership	% of Catchment Population
0-16*	43	6	4261	1.00%
17 - 21	952	90	20165	4.72%
22+	8163	708	313,375**	2.6%
Unspecified	185	18	-	

* Under the terms of our Constitution, Members have to be over the age of sixteen.
** New figure from Capita's CMS (May 2011) – constituency figures in table 1.3b to be updated in June 2011

Age	% Composition of catchment population (2001 Census Data)	Public and Patient Members in this age group 31st March 2011
16-24	13.5%	1,315 (12.93%)
25-44	39.5%	1,805 (17.76%)
45-64	30.7%	2,988 (29.39%)
65-74	9.0%	1,879 (18.48%)
Over 75	7.5%	2,178 (21.42%)
Unspecified	-	-
Total	**337,637**	**10,165**

e) Public and Patient Membership breakdown by ethnicity

Ethnicity	**% Composition of catchment population (2001 Census Data)**	**Public and Patient Membership** **(as percentage in brackets)** **March 2010**	**Public and Patient Membership** **(as percentage in brackets)** **March 2011**
White	96.2	8558 (92%)	9249 (90.98%)
Mixed	0.5	74 (0.8%)	94 (0.92%)
Asian	1.5	293 (3.15%)	391 (3.84%)
Black	0.5	116 (1.24%)	124 (1.21%)
Other	0.8	60 (0.65%)	72 (0.70%)
Not specified	-	200 (2.15%)	235 (2.31%)
Total		**9,301**	**10,165**

The Trust membership is broadly in line with the ethnicity of the Trust's catchment population (from 2001 census). New accurate baseline ethnicity data will not be available until 2012 as the Census 2011 is currently being collated.

More detailed analysis than the one above from MMO Capita indicates there is some under-representation from:

- White: other white – other non-British whites (Europeans etc)
- Mixed: White and Black Caribbean
- Mixed: White Asians
- Chinese

f) Public Membership <u>within catchment area</u> - breakdown by socio-economic

Socio-economic group	Eligible members	Number of public and patient members 31st March 2010	% of eligible members	Number of public members 31st March 2011	% of eligible members
ABC1	169,290	7850	4.63	8,513	5.02
C2	34,894	210	0.60	234	0.66
D	29,011	294	1.01	352	1.20
E	26,032	214	0.82	243	0.93
Not assigned		734 (Included Out-of-Catchment)	-	1 (Does not include Out-of-Catchment)	-
Total		**9,302**	**-**	**9,343**	**-**

The socioeconomic analysis indicates that the Trust continues to be over represented in the higher socio-economic groupings, and under-represented in the lower groups. There has been a small increase in the numbers from the groups C2-E in the past year. This distribution will continue to be taken into account in the ongoing membership recruitment programmes.

g) Public and Patient Membership breakdown by gender

	Catchment	**Membership 2010**	**Membership 2011**
Male	49.68%	39.3% (3,655)	38.45% (3,909)
Female	50.31%	60.2% (5,601)	61.13% (6,214)
Unspecified	-	0.5% (45)	0.41% (42)

Males will continue to be targeted in 2011/12.

1.4 Membership Engagement Summary

a) Attendance at 2010/11 Constituency Meetings (local Health Events)

The trust continued to hold constituency meetings across our six public constituency areas. These meetings were well attended during 2010/11, with many constituencies having their highest attendances since becoming a Foundation Trust Hospital.

Table showing: Numbers of Public and Patients attending the constituency meetings (local Health Events)

Constituency	Dates for 2010/11	Number of members attended	Guest Speaker and topic
Guildford	22nd April 2010	45	Mr Tom Poole Consultant Ophthalmic Surgeon
Rushmoor	17th May 2010	200	Mr Peter Leopold Mr David Gerrard Mr Patrick Chong Consultants in Vascular & Endovascular Surgery
Surrey Heath	16th June 2010	110	Dr Ian Fry Director of Infection
Hart	14th July 2010	135	Mr Mark Gudgeon Consultant Surgeon
Bracknell Forest and Wokingham	28th Sept 2010	130	Mr Simon Bott Consultant Urologist
Waverley	6th Oct 2010	130	Dr Mark Lloyd Consultant Rheumatologist
Guildford	24th Nov 2010	92	Mr Peter Leopold Mr David Gerrard Mr Patrick Chong Consultants in Vascular & Endovascular Surgery
Rushmoor	18th Jan 2011	125	Dr Vinod Aachan Consultant Cardiologist

Surrey Heath	15th Feb 2011	130	Mr Premachandran Consultant in Emergency Medicine
Hart	8th March 2011	100	Dr Aftab Ala Consultant Gastroenterologist and Herpetologist

b) Annual Health Event

The Trust also held an annual internal Health Event called "Your Trust, Your Health" in June 2010 which was attended by 120 Foundation Trust Members. The feedback from the Members and Staff was very positive. The Health Event is being re-run on 21st June 2011.

c) Careers Event

The last careers event "A Taste of Frimley" was held on the 19th October 2010. A total of 92 students attended. The students were from the following colleges within the catchment - Collingwood College, Kings College, the 6th Form College, Farnborough College of Technology, Farnborough Hill, Farnham College and Tomlinscote College. The careers event will be re run on 1st November 2011. Many students are now pro-actively contacting the Membership Manager asking when the event will be taking place as previous students who attended are commenting how informative they found the event, and many have now gone onto careers within the NHS.

d) Recruitment Events – were held at the following locations:

- Aldershot Centre for Health
- Rushmoor Disabled Access Awareness Day
- Farnborough College of Technology
- Collingwood College
- Dettington Park Community email – (emailed the Frimley Park Hospital link)
- Frimley Park Hospital Reception
- Frimley Park Hospital Annual Health Event
- Surrey Heath Council Offices
- Garden Centres
- DIY stores
- Comet
- Curry's
- Halfords

Radio Garrison advertise our meetings monthly – with pre recorded interviews

1.5 Membership Development

Future Membership - Specific Targets (April 2011 – March 2012)

The Trust's aim over the next twelve months is to continue to find better ways of engaging with the existing membership. The Trust's specific membership targets for the local catchment area for the year up to 31st March 2012 including:

- *Membership numbers* -To stabilize membership numbers at 15,000 whilst focusing on the diversity of membership. The Board of Directors and Stakeholder Engagement Group have agreed no further increase is needed in total membership numbers. The Trust 'loses' around 700 public and patient members per year which have to be replaced. Staff total numbers are likely to fall slightly.

- *Public and Patient members* – 10,000 of the 15,000 members should continue to be from the Public and Patient (Out-of-Catchment) constituencies.

- *Staff* – To continue to improve the linkage between Staff Governors and Staff members, working on revised and improved channels of communication.

- *Maintaining 2-3% of population that are members* – The Trust has achieved representation of at least 2% of the population in all of its Public constituencies. The new team target is to increase this to 2.5% within all catchments as a minimum. The Governors will also be looking at ways of retaining existing members, by developing the communication links.

- *Socio-economic groupings* – The Trust will continue to target recruitment toward identified under-represented Mosaic groups within the community. The groups to be the primary targets include: B09, B10, B11, B14, D21 and H46. The total numbers in community from these groups is around 95,000. The target for 2011/12 is to increase the membership again by 0.5% from these target groups overall providing approximately 470 new members. The successes of the previous year will be repeated with further recruitment activity targeted towards these specific groups.

- *Age/Gender* – continue to target members aged between 20–59 years, by organising events at venues where this age group is likely to frequent such as local fitness centres and golf clubs. The target for 2011/12 is to recruit between 147- 220 new males members. At the moment the Trust continues to have more female members than male members.

- *Ethnicity* - The trust continues to need to encourage and increase BME (black minority ethnic) membership from all local communities. Revised ethnicity bandings on the new application form (2011/12) for the trust will enable better identification of specific increases in future years.

- *Membership Application Form* – The membership form is to be re-designed to capture special interest categories amongst other improvement in 2011/12.

- *Survey* – Continue to work with Executive Directors, Patient Experience and Involvement Group and Stakeholder Engagement Group to consult membership on major/topical issues throughout the year. The use of instant voting systems for meetings is being explored for 2011/12.

- *Membership Engagement* – Work will continue with the Patient Experience & Involvement Group and Stakeholder Engagement Group to consider new ways to engage members. There will

continue to be encouragement for all Governors to make the most of their local constituency meetings. This year there will be a continued drive to gain more linkage between membership, volunteering and fundraising.

- *Constituency Meetings* – The Trust will continue to organise Constituency Meeting's (Health Events) for our members to attend, 10 per year. The Trust will also continue to develop these meetings to make them more participative for our members (see survey above). The goal will also be to maintain the high number of attendance achieved in the past three years.

- *Main Health Events* –These will still include this year an internal annual health event, "Your Trust, Your Health" and a 'Careers event' with a larger selection of stands and more consultant speakers.

- *Election turnout and governor applications* – a plan is being developed for the 2013 election to enhance the election turnout; but also to increase the number and range of individuals from all demographics groups applying as prospective governors.

- *Community Engagement and Commercial Partners* – The Membership Manager has built good relationships with many local supermarkets/retail outlets and hotels. The hotels now offer facilities for the constituency and Council of Governor meetings at considerably reduced costs. Many local retail outlets and shops are now prepared to allow stands and recruitment on their premises.

1.6 Elections and election turnout

In accordance with its constitution, the Trust uses the method of single transferable voting for all elections. The single transferable voting system is designed to minimise wasted votes. It allocates an elector's vote to his or her most preferred candidate and then, after candidates have either been elected or eliminated, transfers unused votes according to the voter's next stated preference. An external electoral agent is appointed by the Trust to oversee the election process. The Board confirms that all elections to the Council of Governors were held in accordance with the election rules.

On 18 March 2011, contested elections took place in four constituencies; Surrey Heath, Rushmoor, Hart and Waverley. In Surrey Heath, 7 candidates stood for 2 vacancies on the Council of Governors, in Rushmoor, 6 candidates stood for 4 vacancies, in Hart 3 candidates stood for 2 vacancies and in Waverley, 3 candidates stood for 1 vacancy.

The voter turn-out rates in these constituencies ranged between 35.6% in Waverley, 34.9% in Hart, 26.6% in Rushmoor and 26.3% in Surrey Heath. Please see Table 1.3.b for details.

Appendix

Detailed Financial Summary £m		2010-11 Actuals	2011-12 Plan	2012-13 Plan	2013-14 Plan
Total operating income		246.8	251.2	250.3	250.0
Employee Expenses		(145.6)	(147.8)	(146.2)	(143.7)
Drugs expense		(19.6)	(21.2)	(22.3)	(24.5)
Supplies (clinical & non-clinical)		(34.0)	(34.0)	(33.3)	(31.9)
PFI expenses		0.0	0.0	0.0	0.0
Other Costs		(29.7)	(30.9)	(30.6)	(31.7)
Total operating expenses		**(229.0)**	**(233.9)**	**(232.4)**	**(231.8)**
EBITDA		**17.8**	**17.4**	**17.9**	**18.2**
Net Surplus / (Deficit)		**3.7**	**3.3**	**2.2**	**3.0**
EBITDA % Income	%	7.2%	6.9%	7.2%	7.3%
CIP% of Op.Exp. less PFI Exp.	%	3.2%	3.1%	3.8%	3.9%
Capital expenditure		7.3	(21.5)	(14.0)	(12.0)
Net cash inflow/outflow		**26.8**	**(9.2)**	**(2.9)**	**1.8**
Cash and cash equivalents		**40.6**	**31.3**	**28.5**	**30.3**
Liquidity days		**55.6**	**42.3**	**41.4**	**43.9**
Net current assets/(liabilities)		**23.8**	**16.0**	**15.3**	**16.8**
Planned borrowings		**1.6**	**1.6**	**1.6**	**1.7**

Cost Improvement Plans (CIPs) Totals

Totals	Actual for Year ending 31-Mar-11	Plan for Year ending 31-Mar-2012	Plan for Year ending 31-Mar-2013	Plan for Year ending 31-Mar-2014
		Value £m	Value £m	Value £m
Analysis of Revenue Generation and Expense CIPS				
Recurring CIPs + revenue generation schemes	10.044	8.000	10.000	10.000
Non-recurring CIPs + revenue generation schemes	(2.381)	0.000	0.000	0.000
Total (agrees to above)	**7.662**	**8.000**	**10.000**	**10.000**
1 **Short Name or Description**				
Other schemes identified				
Total revenue generation scheme effect		**3.523**	**5.350**	**5.097**
2 **Short Name or Description**				
Non NHS Income increases				
Total revenue generation scheme effect		**0.560**	**0.700**	**0.700**
3 **Short Name or Description**				
Reducing average length of stay to release capacity enabling bed closures		**0.500**	**1.400**	**1.000**
4 **Short Name or Description**				
Effective procurement of clinical consumables		**0.749**	**1.550**	**2.603**
5 **Short Name or Description**				
Reduction in 'Waiting List Initiative' expenditure		**2.194**	**0.000**	**0.000**
6 **Short Name or Description**				
Medicines - savings on contracts		**0.475**	**1.000**	**0.600**

List of Directors, Governors and elections for Frimley Park Hospital NHS FT

Directors *(at 31 May 2011 or date of submission, whichever is earlier)*

	Role	Job Title	Name of Director	Tenure	Date appointed
example	*Finance Director*	*Director of Finance and Information*	*Ms Jane Doe*	*Acting*	*01/05/2010*
	Chair	Chairman	Sir Mike Aaronson	Permanent	01/04/2006
	NED	Deputy Chair/NED	Ann Hacker	Permanent	25/04/2006
	NED	NED	Mark Escolme	Permanent	01/04/2009
	NED	NED	Jo LeCouilliard	Permanent	01/04/2009
	NED	NED	Tina Oakley	Permanent	01/04/2011
	NED	NED	Rob Pike	Permanent	01/04/2011
	NED	NED/ Senior Independent Director	Andrew Prince	Permanent	01/04/2006
	Chief Executive	Chief Executive	Andrew Morris	Permanent	01/11/1991
	Finance Director	Director of Finance/Deputy Chief Executive	Martin Sykes	Permanent	05/07/2004
	Nursing Director	Director of Nursing, Quality and Patient Services	Mary Dunne	Permanent	25/06/2001
	Other Board Director	Director of Transformation	Paula Head	Permanent	01/06/2010
	Other Board Director	Director of Human Resources and Facilities	Janet King	Permanent	01/11/1991

Governors *(at 31 May 2011 or date of submission, whichever is earlier)*

	Constituency Type	Full Name of Constituency	Name of Governor	Origin	Date appointed/elected
example	*Public*	*North west ourtown*	*Mr John Jones*	*Elected*	*01/05/2010*
	Public	Patient Carer Out of Catchment	Mary Sennett MBE	Elected (Uncontested)	01/04/2011
	Public	Patient Carer Out of Catchment	Edmund Christopher Waller	Elected (Uncontested)	01/04/2010
	Public	Bracknell Forest & Wokingham	Alison Jukes	Elected (Uncontested)	01/04/2011
	Public	Guildford	Phelim Brady	Elected (Uncontested)	01/04/2011
	Public	Hart	Harry Wren	Elected (Uncontested)	01/04/2010
	Public	Hart	Nichola Dodsworth	Elected (Uncontested)	01/04/2010
	Public	Hart	Edward Sherwell	Elected (Contested)	01/04/2011
	Public	Hart	Denis Gotel	Elected (Contested)	01/04/2011
	Public	Rushmoor	Joan Gittins	Elected (Contested)	01/04/2011
	Public	Rushmoor	Colin Balchin	Elected (Contested)	01/04/2011
	Public	Rushmoor	Patricia Crowley	Elected (Contested)	01/04/2011
	Public	Rushmoor	Henry Wood	Elected (Uncontested)	01/04/2010
	Public	Rushmoor	Ian Wilder	Elected (Contested)	01/04/2011
	Public	Rushmoor	Rosemary Possee	Elected (Uncontested)	01/04/2010
	Public	Surrey Heath	Angela Mitchell	Elected (Uncontested)	01/04/2010
	Public	Surrey Heath	David Cumming	Elected (Uncontested)	01/04/2010
	Public	Surrey Heath	Keith Dingle	Elected (Contested)	01/04/2011
	Public	Surrey Heath	Robert Bown	Elected (Contested)	01/04/2011
	Public	Waverley	Tom Davies	Elected (Uncontested)	01/04/2010
	Public	Waverley	Susan Kathleen Preston	Elected (Contested)	01/04/2011
	Staff	Admin, Management, Estates, Hotel Services, Parkside	Geoffrey Sables	Elected (Contested)	01/04/2011
	Staff	Women's and Children's	Elaine Edwards	Elected (Uncontested)	01/04/2011
	Staff	Medicine, Elderly Care, Pharmacy, A&E	Paul Reilly	Elected (Uncontested)	01/04/2011
	Staff	Surgery and Surgical Services	Justin Woods	Elected (Uncontested)	01/04/2010
	Staff	Diagnostics and Therapeutics	Hassan Massouh	Elected (Uncontested)	01/04/2010
	Public	Surrey Heath	Nicholas Day	Elected (Uncontested)	01/04/2010
	Stakeholder	Adult Education Provider	Wendy Finlay	Appointed	01/04/2011
	Stakeholder	Surrey County Council	Chris Pitt	Appointed	29/06/2010
	Stakeholder	Blackwater Valley Local Authority Group of Councils	David Welch	Appointed	01/04/2005
	Stakeholder	Blackwater Valley Local Authority Group of Councils	Bill Chapman	Appointed	01/04/2005
	Stakeholder	Surrey LINK - FPH Group	Barbara Smithin	Appointed	01/04/2011
	Stakeholder	Rushmoor Voluntary Services	Peter Frank Rust	Appointed	29/05/2009
	Stakeholder	MOD	Col David Morgan-Jones	Appointed	29/10/2009
	Stakeholder	Berkshire East	Tony Devine	Appointed	14/10/2009
	Stakeholder	Hampshire County Council	John Wall	Appointed	10/12/2009

Elections Held *(between 1 April 2010 and 31 March 2011)*

	Constituency Type	Full Name of Constituency	No. of candidates	No. of Votes cast	Turnout	No. of Eligible voters	Date of election
example	*Public*	*North west ourtown*	*4*	*1,345*	*16.3%*	*8,230*	*01/05/2010*
	Public	Rushmoor	6	696	26.6%	2,621	18/03/2011
	Public	Surrey Heath	7	697	26.3%	2,653	18/03/2011
	Public	Waverley	3	312	35.6%	877	18/03/2011
	Public	Hart	3	649	34.9%	1,857	18/03/2011

Membership return for Frimley Park Hospital NHS FT

Membership size and movements

Public constituency			2010/11	2011/12 (estimated)
	At year start (April 1)	+ve	8,569	9,342
	New members	+ve	1,280	500
	Members leaving	+ve	507	500
	At year end (31 March)		9,342	9,342

Staff constituency			2010/11	2011/12 (estimated)
	At year start (April 1)	+ve	5,191	5,015
	New members	+ve	415	400
	Members leaving	+ve	591	591
	At year end (31 March)		5,015	4,824

Patient constituency			2010/11	2011/12 (estimated)
	At year start (April 1)	+ve	734	822
	New members	+ve	147	59
	Members leaving	+ve	59	59
	At year end (31 March)		822	822

Analysis of membership at 31 March 2011

Public constituency		31 Mar 2011 Actual members	31 Mar 2011 Eligible membership
	Age (years):		
	0-16	43	4,261
	17-21	952	20,165
	22+	8163	313,375
	Unknown	184	N/A
			337,801
	Ethnicity		
	White	8,540	324,845
	Mixed	80	3238
	Asian or Asian British	370	5,043
	Black or Black British	112	1679
	Other	31	2764
	Unknown	209	232
	Socio-economic groupings*:		
	ABC1	8,513	169,290
	C2	234	34,894
	D	352	29,011
	E	243	26,032
	Unknown	0	78,574
	Gender:		
	Male	3,607	169,548
	Female	5,735	168,186
	Unknown	0	67

Patient Constituency		31 Mar 2011 members	Eligible membership
	Age (years):		
	0-16	4	N/A
	17-21	91	N/A
	22+	727	N/A

Staff Constituency		31 Mar 2011 members	Eligible membership
	Members	5,015	5054