Imperial College Healthcare NHS
NHS Trust

TRUST BOARD AGENDA – PUBLIC
27 July 2016
11.15 – 13.00
New boardroom, Charing Cross Hospital

Agenda Number		Presenter	Timing	Paper
1	**Administrative Matters**			
1.1	Chairman's opening remarks & apologies	Chairman	11.15	Oral
1.2	Board member's declarations of interests	Chairman		Oral
1.3	Minutes of the meeting held on 25 May 2016	Chairman		1
1.4	Record of items discussed at Part II of board meetings held on 25 May 2016 and 1 June 2016	Chairman		2
1.5	Action Log	Chairman		3
1.6	Appointments to the Trust board	Chairman		4
1.7	Trust board and board seminar meeting dates 2017/18	Trust company sec		5
2	**Operational items**			
2.1	Chief Executive's report	Chief executive	11.25	6
2.2	Integrated performance report	Director leads for each domain		7
2.3	Month 3 2016/17 Finance report	Chief financial officer		8
3	**Items for decision or approval**			
3.1	Corporate risk register	Director of nursing	11.55	9
3.2	Board assurance framework	Trust company sec		10
3.3	Annual complaints report	Director of nursing		11
3.4	Acute medicine & Chest pain proposals – feedback from engagement	Medical director / Director of comms		12
4	**Items for discussion**			
4.1	NWL sustainability & transformation plan	Chief executive	12.15	13
4.2	AHSC Annual report 2015/16	AHSC director		14
4.3	Improving the quality of care - CQC update	Director of nursing		15
4.4	Patient and public engagement strategy	Director of comms & Chair of the strategic lay forum		16
5	**Board committee reports**			
5.1	Audit, risk & governance committee (6 July)	Committee chair	12.50	17
5.2	Quality committee (15 June / 13 July)	Committee chair		18
5.3	Finance and investment committee (20 July)	Committee chair		19
5.4	Redevelopment committee (29 June 2016)	Committee chair		20
6	**Items for information**			
7	**Any other business (additional discussion item)**			
8	**Questions from the Public relating to agenda items**			
			12.55	
9	**Date of next meeting**			
	Annual General Meeting: 14 September 2016, St Paul's Church, Queen Caroline Street, Hammersmith, London W6 9PJ Seminar & development session: 28 September 2016: Clarence Wing board room, St Mary's Hospital Private/ Public Trust board: 10.00 on 26 October 2016, W12, Hammersmith Hospital			

Imperial College Healthcare NHS
NHS Trust

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Wednesday 25 May 2016
12.15 – 14.00
W12 Hammersmith Hospital

Present:	
Sir Richard Sykes	Trust chairman
Sir Gerry Acher	Deputy chairman
Dr Rodney Eastwood	Non-executive director
Professor Sir Anthony Newman Taylor	Non-executive director
Dr Tracey Batten	Chief executive
Richard Alexander	Chief financial officer
Prof Janice Sigsworth	Director of nursing
Dr Julian Redhead	Medical director
In attendance:	
Prof TG Teoh	Divisional director, women's, children's & clinical services
Prof Jamil Mayet	Divisional director, surgery, cancer & CV
Claire Braithwaite	Divisional director of operations, medicine & integrated care
Michelle Dixon	Director of communications
Kevin Jarrold	Chief information officer
David Wells	Director of people and organisational development
Dr Bill Oldfield	Deputy medical director (item 3.1)
Stephanie Harrison-White	Head of patient experience (item 2.1)
Jan Aps	Trust company secretary (minutes)

1	**Administrative Matters**	**Action**
1.1	**Chairman's opening remarks and apologies** The chairman welcomed members to the meeting, noting apologies from Sarika Patel, Dr Andreas Raffel, Jeremy Isaacs, and Prof Tim Orchard.	
1.2	**Board members' declarations of interests** There were no declarations of interest made for the meeting.	
1.3	**Minutes of the meeting held on 6 April 2016** The Trust board accepted the minutes of 6 April 2016 as an accurate record.	
1.4	**Record of items discussed at Part II board meeting on 6 April 2016** The Trust board noted the record of items discussed.	
1.5	**Action Log** The Trust board noted that there were no outstanding actions on the action log	
1.6	Use of Trust seal The Trust board noted the use of the Trust seal between June 2015 and May 2016.	
2	**Operational items**	
2.1	**Staff story – Venitia Wynterblyth** Venitia Wynterblyth, an upper gastro-intestinal cancer specialist, had recently been awarded the Nurse of the year 2016 by the Royal College of Nursing in recognition of her innovative work in preparing patients to be both physically and psychologically fit for surgery. She felt that it was a testament to the hard work of many across the interdisciplinary team, and had been much helped by the programme funding provided by the Charity. The programme had reduced post-operative severity of complications and length of stay.	

	Prof Janice Sigsworth noted that this had encouraged wider education links with the AHSC, and that a PhD opportunity was being discussed to formalise the programme as a part-time clinical doctorate with potential research possibilities. Dr Tracey Batten commented that Venetia demonstrated an inspirational and uplifting example of the strength of the AHSC, linking clinical practice and research. The Trust board congratulated Ms Wynterblyth on her award and thanked her for sharing her story.	
2.2	**Patient story stocktake** Prof Janice Sigsworth introduced the report which summarised the themes arising from the stories presented since July 2014 and actions that have resulted from them, along with an update on learning disability activity in the Trust. It was noted that a video was being produced as part of staff learning. Sir Richard Sykes commented that the greatest learning came about when patients directly shared their experiences; these added to those obtained during board member walkabouts and ward visits. Non-executive directors considered that the patient's attendance at the Trust board was particularly powerful; Sir Gerry Acher suggested introducing an annual audit to review learning, and Prof Sir Anthony Newman Taylor confirmed that the Quality committee had recently introduced divisional directors reporting on any wards where they had concerns about the quality of patient care. The Trust board noted the value of the patient stories to wider board business, and agreed to continue the 'patient story' presentation.	
2.3	**Chief executive's report** Dr Tracey Batten introduced her report, particularly noting: • That the Trust had, in common with 86% of other acute trusts, ended the year in deficit; the Trust had engaged PwC, as part of the NHS Improvement's financial improvement programme, to support the Trust in returning to financial balance. Phase I (confirming the scale of the problem and opportunity) would shortly be complete, and Phase II would then be specified. • The refurbishment of St Mary's Hospital emergency department (a total of £3.2m funding from the Charity) would commence on 9 June and complete at the end of the calendar year; this would provide an improved environment for patients and staff, and increase the resuscitation facilities and the paediatric assessment area. The Trust board noted the chief executive's report.	
2.4	**Operational report & scorecard** In commenting on the safety and effectiveness indicators, Dr Julian Redhead particularly noted the strong performance in relation to mortality data and non-elective length of stay. Prof Janice Sigsworth, reviewing the caring indicators, noted the increasing number of patients now responding to the friends and family test in the emergency department, and the continuing positive responses. She also noted that a more timely intervention in complaints, and individual case managers, was being received positively. David Wells noted the overall improvement in the well-led indicators, with positive movement in vacancies, turnover, sickness absence and compliance with mandatory training. The Trust had held agency and bank staffing slightly below the revised threshold in April; highlighting the remaining challenges in nursing and midwifery retention, he noted the major focus in this area. The divisions led on the responsiveness indicators: • Prof Jamil Mayet noted the worsening position against the RTT target, caused by capacity constraints, changes in validation, and the impact of the junior doctors' industrial action. A recovery plan was being developed that would increase capacity over the summer months; all long waiters had been offered admission dates, and had not suffered any adverse clinical harm from the delay. He outlined that the Trust had achieve six of the eight cancer standards; plans to improve performance on the other two were in place. • Claire Braithwaite reported that an emergency department performance trajectory	

	had been agreed with the commissioners; whilst early performance had been poor, real improvement could be seen which suggested that measures in place were having a positive impact. The transfer of the urgent care centre had experienced a number of operational issues, but with good relationships and a clear transition plan in place, improvement was expected. • The diagnostics waiting time target had been achieved in quarter four, but Prof TG Teoh highlighted that the new reporting system for imaging might increase waits and reporting times for May and June 2016. Whilst outpatient processes were improving, hospital initiated cancellations and patients not attending appointments required further attention. Non-executive directors were positive in their responses: it was reassuring to see that trends were improving (RE); the replacement of the RIS/PACS had been achieved efficiently and effectively (GA); given the high bed occupancy the low infection rates was a credit to the clinical teams (ANT). The Trust board noted the operational report.	
2.5	**Finance report** Richard Alexander reported an operating deficit of £30.1m; an adverse variance to plan of £11.5m. In addition, there was an additional provision relating to the condition of the Trust's estate of £17.8m bringing the overall position to a deficit of £47.9m. The operational deficit was broadly in line with forecast. Whilst NHS activity grew significantly, affordability constraints from commissioners resulted in a significantly higher level of challenges and fines being levied significantly reducing NHS income to the Trust. Additionally, the Trust failed to achieve its ambitious growth targets in private income, especially in the first half of the year. The Trust board noted the finance report.	
2.6	**Operational plan 2016/17** Richard Alexander reported that the plan had been prepared in the context of considerable financial challenge, under-achievement of a deficit plan during 2015/16 and the need for large-scale productivity improvement and transformation redesign to achieve a sustainable position. There would be a number of further financial challenges in 2016/17 that would add to the underlying deficit of £54m from 2015/16, including nationally driven pressures, a reduction in education and training income, and local issues. The Trust is committed to addressing this challenge, and has a cost improvement programme aiming to deliver £54.1m of savings in the year. Taking the challenges and savings together, the 2016/17 plan had been set at a £52m deficit. The Trust board noted the public-facing plan.	
3	**Items for decision or approval**	
3.1	**Proposed new pathway for chest pain and acute medicine patients** Dr Bill Oldfield introduced the proposals which sought to ensure that patients saw the right physician and received the right care and treatment in the right facilities first time. This would improve patient care and experience and improve efficiency. Consultation would be undertaken with patients, staff and commissioners. Patients experiencing chest pain arriving by ambulance were already taken directly to the heart attack centre at Hammersmith Hospital, but the proposal was to improve the pathway for self-presenting patients to the specialist unit. Initially this would be from emergency departments, but would be developed to include ambulance direct transfer. Improvement was also sought in the pathway for patients needing specialist renal, haematology and cardiology services; it was likely that this would necessitate the development of a specialist unit at Hammersmith Hospital to facilitate direct access. The Chairman commented that he saw this as a sensible improvement, and Dr Batten noted that there had been good staff engagement in developing the proposal. The Trust board approved the communication and engagement proposals in relation to the acute medicine and chest pain pathways, and noted that a further report including	BO/JA

	feedback from such engagement would be presented prior to a final decision being made on the implementation of the new pathways.	
4	**Items for Discussion**	
4.1	**Sustainability & transformation plan (STP)** Dr Tracey Batten presented the draft plan which had been submitted in April, noting that it formed the first draft of the place-based (eight boroughs, two million people) long term strategy plan, covering all aspects of health and social care. The plan was being developed and steered by a leadership team formed of the CCG, acute trusts and the local council, and a broader group of 44 people were taking forward initial priorities including integration and the maximisation of technology and innovation. The STP would build on and integrate the existing strategy developments (including SaHF). There would be significant engagement, with communities, patients, and staff to agree priorities, and the opportunity for the Trust to work closely with local government agencies. A total of £3.4 billion had been set aside nationally to support the implementation of the plans. A further report would be provided to the Trust board in July, and board members would also consider the plan at a seminar later in the year. The Chairman commented that it was a well-constructed plan. The Trust board noted the progress report.	TB/JA
4.2 & 4.3	**Safeguarding - annual reports for adults, and children and young people** In presenting the reports, Prof Janice Sigsworth noted that the teams were being brought together, and that for 2016/17 an integrated report would be presented. The public-facing statement, which would be published on the Trust's website, was included in the report. Prof Sigsworth noted that a key focus in 2015/16 had been on the 16-18 age group, and another had been on domestic violence and the risk to which this exposed children. Whilst acknowledging there was more to do in relation to the Mental Capacity Act and Prevent agenda, it was noted that adult safeguarding had made good progress in improving processes and was moving in the right direction. The Trust board received the two reports, and approved the public-facing statement relating to the safe-guarding of children and young people.	
4.4	**Improving the quality of care CQC report** Prof Janice Sigsworth reported that the new CQC Strategy had been published on 24 May, and was being reviewed; early viewing suggested that there would be a less comprehensive inspection regime. A further report would be provided to the Trust board in July 2016. A draft compliance and investment framework for 2016/17 was in circulation amongst managers for comment. All plans would be reviewed for compliance with the revised CQC approach. She was pleased to note that the domains were becoming embedded in the divisions, and the first self-assessments were progressing well. Preparation for any future inspection continued, but the Trust was not expecting a planned visit in 2016; it was noted that in the new approach it may be possible to asked for an inspection in a specific area. Final elements of the CQC action plan had now been embedded in business as usual. Good progress was being made in each area (intensive care unit, outpatients, emergency department), and would be kept under review by the quality committee. The executive would consider internal audits for these areas in September or October 2016. The Trust board noted the report.	JS
4.5	**Nursing & midwifery establishment review and safe staffing update** In presenting the paper, Prof Janice Sigsworth noted that the structure of the review was fairly prescribed; the Trust delivered the requirements in almost all areas. A post-implementation review would be undertaken in midwifery; no negative impact on quality or safety had been identified. Productivity opportunities identified in the Carter review were being taken forward, including the use of the care hours per patient day metric. The Trust board noted the report.	
5	**Board Committee reports**	

5.1	**Audit, Risk & Governance Committee report (20 April)** The Trust board noted the report.	
5.2	**Quality Committee report (13 April and 11 May)** The Trust board noted the reports.	
5.3	**Finance and investment committee report (18 May)** The Trust board noted the report.	
5.4	**Redevelopment Committee report (27 April 2016)** The Trust board noted the report.	
6	**Items for information**	
6.1	**Responsible Officer report** Noting that the report had been considered by the Quality committee, Dr Julian Redhead highlighted the 11% increase in overall appraisal compliance. The Trust board noted the report, which confirmed that the executive team were satisfied that 'the organisation, as a designated body, is in compliance with the FQA regulations', and noted the statement of compliance which would be submitted to NHS England.	
6.2	**Ealing hospital – changes to children's services** The Trust board noted the letter from NWL CCG confirming the arrangements for the transfer of children's services from Ealing Hospital from 30 June 2016.	
7	**Any other business**	
	There was no other business.	
8	**Questions from the Public relating to agenda items** In responding to questions from the public, the following key points were made by Trust board members: • It was acknowledged that there were examples where management consultants had been appointed to NHS trusts to support turnaround but on leaving had left no sustainably improvement. It was confirmed that the specification for any turnaround support would clearly include the embedding of skills and knowledge into trust teams. The Trust would embed such expertise within the teams, rather than have the turnaround 'done unto' the organisation, and ensure that learning was sustainable. • It was noted that paediatric services would be withdrawn from Ealing Hospital in June, and at that time a paediatric assessment unit would be made available co-located with the paediatric ward, until the assessment unit was completed in the emergency department (December 2016/ January 2017). • The Trust welcomed the potential regeneration of the Paddington area. It was confirmed that the Trust's priority, in liaising with development of sites adjoining the hospitals, was the continued safe and effective access to the site by patients, staff and other visitors. The Trust could understand that some local residents sought investment in the area only where this provided further affordable housing; the Trust saw this as an issue for the planning office. • It was reported that the Trust had signed a memorandum of understanding with H&FGPFED and Chelsea & Westminster NHS FT in developing an integrated care programme to identify how secondary and primary health care organisations could work together to offer more effective patient care pathways, with a focus on prevention and promotion of well-being. It was noted that, longer term, commissioners were likely to introduce a capitated budget.	
9	**Date of next meeting**	
	Private/Public Trust board: 10.00 on 27 July 2016, Charing Cross Hospital	

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board - public	27 July 2016

Record of items discussed at the confidential Trust board meetings on 25 May and 1 June 2016

Executive summary:

Decisions taken, and key briefings, during the confidential sessions of a trust board are reported (where appropriate) at the next trust board held in public.

Issues of note and decisions taken at the Trust board's confidential meetings held on 25 May and 1 June 2016:

A&E refurbishment, St Mary's – full business case
The Trust board approved the business case which, by increasing resuscitation capacity and patient flow throughout the department, would improve patient experience and support overall improvement in performance.

Annual report and accounts
The Trust board approved the submission of the 2015/16 annual report and accounts.

Quality account
The Trust board approved the content of the final draft quality account, and delegated the authority for signing the final quality account document to the chief executive and chairman.

Television documentary proposal
The Trust agreed to engage in a landmark television documentary series to be broadcast in October 2016 on BBC 2 focusing on the human aspects of clinical decision making.

Recommendation to the Trust board:

The Trust board is asked to note this report.

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

Author	Responsible executive director
Jessica Hargreaves, Deputy board secretary	Tracey Batten, Chief executive

Imperial College Healthcare NHS Trust

TRUST BOARD MEETING IN PUBLIC

ACTION LOG

Action	Meeting date & minute number	Responsible	Status	Update (where action not completed)
Patient and public involvement strategy Regular reports would be provided	25 November 15	Michelle Dixon	Complete	On agenda
Further report on the sustainability and transformation plan to be provided to the Trust board in July 2016.	May 2016 4.1	Richard Alexander	Complete	On agenda

FORWARD PLAN AGENDA ITEMS FROM BOARD DISCUSSIONS

Report due	Report subject	Meeting at which item requested	Responsible

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Public Trust Board	27 July 2016

Appointments to the Trust board

Executive summary:

As members are aware, the Trust, in association with NHS Improvement, has completed a successful recruitment process for a number of Trust board positions, and we are delighted to welcome the following new colleagues, whose roles will commence on 1 September 2016:

Peter Goldsbrough - non-executive director
Professor Andrew Bush – Imperial College nominated non-executive director
Nick Ross – designate non-executive director
Victoria Russell - designate non-executive director.

Peter Goldsbrough – non-executive director:
Peter is a managing director at Boston Consulting Group (BCG) and has previously served as non-executive director with NHS London. He has many years' experience working with healthcare, pharmaceutical and academic organisations as well as substantial financial management expertise.

Professor Andrew Bush – Imperial College nominated non-executive director:
Andrew is a Professor of Paediatrics at Imperial College specialising in respiratory diseases, particularly cystic fibrosis. He is also head of the paediatrics section and is based at the Royal Brompton Hospital.

Nick Ross – designate non-executive director:
Nick is a broadcaster and journalist with many years' experience in the healthcare sector. He has sat on numerous advisory panels and ethics committee for organisations including the Department of Health, King's Fund, Royal College of Physicians, Clothier Committee, Gene Therapy Advisory Committee, and the Wales Cancer Bank.

Victoria Russell – designate non-executive director:
Victoria trained as a lawyer and has operated at board level in both the private and public sector, including Glass Door Homeless Charity and has many years' experience of change management and transformation leadership.

Sadly, this means saying farewell to two existing colleagues:

Jeremy Isaacs CBE, who term of office cannot be further extended
Professor Sir Anthony Newman Taylor, who seeks to spend more time on other commitments.

We extend thanks to them both for the enormous contribution made to the Trust over many years.

Induction arrangements

A comprehensive orientation programme is being developed to ensure that new colleagues are provided with the opportunity to understand and become familiar with the key focus of and challenges facing the Trust. This will include meetings with other board and executive

directors, and other senior managers, visits to operational areas across the Trust sites, and access to key documentation.

A timetable will be arranged to reflect individual availability, whilst sharing resources where possible. Programmes will be developed iteratively to reflect individual experience and preferences.

Quality impact:

Ensuring an effective orientation programme for new board colleagues will help in enabling the greatest contribution in the shortest time.

Financial impact:

No direct financial impact.

Risk impact:

Effective induction arrangements support to the overall effectiveness of the Trust board, and reduce the risk that of poor leadership and governance.

Recommendation(s) to the Trust board:

The Trust board is asked to note the appointments, and to support the induction arrangements where requested.

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

Author	Responsible executive director	Date submitted
Jan Aps, Trust company secretary	Dr Tracey Batten, Chief executive	21 July 201

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - private	27 July 2016

Schedule of Trust board, seminar and board committee meetings 2016/17 (financial year)

Executive summary:

The proposed schedule for Trust board in 2016/17 remains as now – the last Wednesday of the month. However, it is proposed that, noting May is a five week month, the meeting is moved forward one week to avoid the main school half-term holiday. It is noted that two other Trust board meetings will fall on the school half-terms, but there seems no appropriate alternative.

It is proposed that the schedule for the quality committee returns to a bi-monthly arrangement (should have embedded the quality improvement programme in alignment with financial improvement programme, and four months post CQC re-inspection). Meetings from 10.00 to 13.00.

The schedule for the audit, risk and governance committee is more difficult to confirm before annual accounts submission dates are known, but the proposed dates follow a similar pattern to 2015/16. Meetings from 10.00 to 12.30.

Proposed remuneration committee dates are at similar times to 2016/17 – further meetings may need to be added where required. Timing to be confirmed.

There has been a suggestion to re- schedule the finance and investment committee meetings slightly later. Meetings length 2 hours – timing dependant on option chosen. Options would appear to be:

1. Keep as now (Wednesday prior to the board meeting)
2. Move to the Thursday prior to the Trust board meeting
3. Move to the same day as the Trust board meeting (and move the Trust board to later in the day).

The development committee was originally planned to be quarterly, but has been held on a monthly basis for much of 2016; Committee members are asked what would be appropriate for future planning. Meeting length 1.5 hours. Timing and dates would depend on the proposal for the finance and investment committee, given that currently these are held on the same day.

Two dates are suggested for the annual general meeting – Wednesday 6 or 13 September – members are asked which they would prefer. Meeting is held early evening.

Quality impact:

No direct quality impact.

Financial impact:

No direct financial impact.

Risk impact:

Agreeing the meeting schedule reduces the risk of non-attendance, and therefore risk of reduced oversight and assurance.

Recommendation to the Trust board:

The Trust board is asked to:

- consider the meetings schedule outlined;
- agree the dates for Trust board, quality committee, audit, risk & governance committee, and remuneration committee as proposed
- consider the options for the finance and investment committee, and agree an option or proposed further options
- confirm which date members would like the 2017 Annual General Meeting.

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

Author	Responsible executive director	Date submitted
Jan Aps, Trust company secretary	Dr Tracey Batten, Chief executive	21 July 2016

2017

Meetings January - March booked !

www.sacha.ch

January 1	February 2	March 3	April 4	May 5	June 6	July 7	August 8	September 9	October 10	November 11	December 12
Su 1 a)	We 1	We 1	Sa 1	Mo 1 18	Th 1	Sa 1	Tu 1	Fr 1	Su 1	We 1	Fr 1
Mo 2 b) 1	Th 2	Th 2	Su 2	Tu 2	Fr 2	Su 2	We 2	Sa 2	Mo 2 40	Th 2	Sa 2
Tu 3	Fr 3	Fr 3	Mo 3 14	We 3	Sa 3	Mo 3 27	Th 3	Su 3	Tu 3	Fr 3	Su 3
We 4	Sa 4	Sa 4	Tu 4	Th 4	Su 4 g)	Tu 4	Fr 4	Mo 4 36	We 4 ARG	Sa 4	Mo 4 49
Th 5	Su 5	Su 5	We 5	Fr 5	Mo 5 h) 23	We 5 ARG	Sa 5	Tu 5	Th 5	Su 5	Tu 5
Fr 6	Mo 6 6	Mo 6 10	Th 6	Sa 6	Tu 6	Th 6	Su 6	We 6	Fr 6	Mo 6 45	We 6 ARG
Sa 7	Tu 7	Tu 7	Fr 7	Su 7	We 7	Fr 7	Mo 7 32	Th 7	Sa 7	Tu 7	Th 7
Su 8	We 8	We 8 ARG	Sa 8	Mo 8 19	Th 8	Sa 8	Tu 8	Fr 8	Su 8	We 8	Fr 8
Mo 9 2	Th 9	Th 9	Su 9	Tu 9	Fr 9	Su 9	We 9	Sa 9	Mo 9 41	Th 9	Sa 9
Tu 10	Fr 10	Fr 10	Mo 10 15	We 10 Quality	Sa 10	Mo 10 28	Th 10	Su 10	Tu 10	Fr 10	Su 10
We 11 Quality	Sa 11	Sa 11	Tu 11	Th 11	Su 11	Tu 11	Fr 11	Mo 11 37	We 11	Sa 11	Mo 11 50
Th 12	Su 12	Su 12	We 12	Fr 12	Mo 12 24	We 12 Quality	Sa 12	Tu 12	Th 12	Su 12	Tu 12
Fr 13	Mo 13 7	Mo 13 11	Th 13	Sa 13	Tu 13	Th 13	Su 13	We 13 Quality	Fr 13	Mo 13 46	We 13 Seminar
Sa 14	Tu 14	Tu 14	Fr 14 c)	Su 14	We 14	Fr 14	Mo 14 33	Th 14	Sa 14	Tu 14	Th 14
Su 15	We 15 Quality	We 15 Quality	Sa 15	Mo 15 20	Th 15	Sa 15	Tu 15	Fr 15	Su 15	We 15 Quality	Fr 15
Mo 16 3	Th 16	Th 16	Su 16 d)	Tu 16	Fr 16	Su 16	We 16	Sa 16	Mo 16 42	Th 16	Sa 16
Tu 17	Fr 17	Fr 17	Mo 17 e) 16	We 17	Sa 17	Mo 17 29	Th 17	Su 17	Tu 17	Fr 17	Su 17
We 18 Redev FIC	Sa 18	Sa 18	Tu 18	Th 18	Su 18	Tu 18	Fr 18	Mo 18 38	We 18	Sa 18	Mo 18 51
Th 19	Su 19	Su 19	We 19	Fr 19	Mo 19 25	We 19	Sa 19	Tu 19	Th 19	Su 19	Tu 19
Fr 20	Mo 20 8	Mo 20 12	Th 20	Sa 20	Tu 20	Th 20	Su 20	We 20	Fr 20	Mo 20 47	We 20
Sa 21	Tu 21	Tu 21	Fr 21	Su 21	We 21	Fr 21	Mo 21 34	Th 21	Sa 21	Tu 21	Th 21
Su 22	We 22 Seminar	We 22 Redev FIC	Sa 22	Mo 22 21	Th 22	Sa 22	Tu 22	Fr 22	Su 22	We 22	Fr 22
Mo 23 4	Th 23	Th 23	Su 23	Tu 23	Fr 23	Su 23	We 23	Sa 23	Mo 23 43	Th 23	Sa 23
Tu 24	Fr 24	Fr 24	Mo 24 17	We 24 ARG Board	Sa 24	Mo 24 30	Th 24	Su 24	Tu 24	Fr 24	Su 24
We 25 Board	Sa 25	Sa 25	Tu 25	Th 25 f)	Su 25	Tu 25	Fr 25	Mo 25 39	We 25 Seminar	Sa 25	Mo 25 i) 52
Th 26	Su 26	Su 26	We 26 Seminar	Fr 26	Mo 26 26	We 26 Board	Sa 26	Tu 26	Th 26	Su 26	Tu 26 k)
Fr 27	Mo 27 9	Mo 27 13	Th 27	Sa 27	Tu 27	Th 27	Su 27	We 27 Board	Fr 27	Mo 27 48	We 27
Sa 28	Tu 28	Tu 28	Fr 28	Su 28	We 28 RemCo Seminar	Fr 28	Mo 28 35	Th 28	Sa 28	Tu 28	Th 28
Su 29		We 29 Board	Sa 29	Mo 29 22	Th 29	Sa 29	Tu 29	Fr 29	Su 29	We 29 RemCo Board	Fr 29
Mo 30 5		Th 30	Su 30	Tu 30	Fr 30	Su 30	We 30	Sa 30	Mo 30 44	Th 30	Sa 30
Tu 31		Fr 31		We 31		Mo 31 31	Th 31		Tu 31		Su 31 l)

a) New Year's Day / b) Berchtold's Day

c) Good Friday / d) Easter Sunday / e) Easter Monday

f) Ascension / g) Whit Sunday / h) Whit Monday

i) Christmas Day / k) Boxing Day / l) New Year's Eve

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust Board	27 July 2016

Chief Executive's Report

Executive summary:

This report outlines the key strategic priorities and issues for Imperial College Healthcare NHS Trust.

Quality impact:

N/A

Financial impact:

N/A

Risk impact:

N/A

Recommendation(s) to the Committee:

The Committee is asked to note this report.

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.
To educate and engage skilled and diverse people committed to continual learning and improvements.
As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Author	Responsible executive director	Date submitted
Tracey Batten, Chief Executive	Tracey Batten, Chief Executive	21/07/16

Chief Executive's report

Key Strategic Priorities

1. Financial performance

For June 2016 the Trust reported an in-month deficit of £2.03M, £2.2M better than the planned
deficit of £4.2M. Year-to-date (i.e. up to June 2016) the Trust reported a deficit of £15.14M, £0.2M better than plan.

While this represents a very good effort by all our staff to meet the financial challenge at the start of this year, we are very clear that there is a significant amount of further work still to do to deliver long term financial sustainability for the Trust.

2. Financial improvement programme

The Trust joined a new voluntary financial improvement programme being run by NHS Improvement, to help identify and deliver cost savings.

The Financial Improvement Programme (FIP) is aimed at saving the NHS tens of millions of pounds by supporting trusts to make immediate, appropriate savings. 80 trusts volunteered to be in the FIP with 16 selected to take part because NHS Improvement believes they will benefit most from the programme.

Improving the financial position and returning to a balanced budget, sustainably, is a top priority for Imperial College Healthcare NHS Trust. Through the FIP, the Trust is working in partnership with PwC, to develop and accelerate our current programme of activities to identify and deliver savings. The current Financial Improvement Programme is based on 13 weeks of PwC support up to October 2016. They have supported the Trust in establishing a Project Support Office (PSO) which will drive efficiencies in the long-term and improve cost management at an organisational level overall.

PWC is helping the Trust to continue the PSO and to develop the necessary skills and capability with our own staff once they leave in October so that the overall financial improvement programme is sustainable.

The Trust will maintain its focus on the safety and quality of services throughout the programme.

3. Operational Performance

Cancer: In May 2016 the Trust achieved five of the eight national cancer standards. The Trust underperformed against the Breast Symptom Two Week Wait, the 62 day standard for urgent GP referral to treatment and the 62 day screening standard. This was a consequence of three main factors which are being addressed: issues with urology rapid access pathways, issues with gastrointestinal diagnostic pathways and an increase in late referrals from other North West London trusts. The Trust is expecting to recover this performance in the second half of this year.

Accident and Emergency: Performance against the four hour access standard for patients attending Accident and Emergency was 91 per cent in June 2016 (May performance was 89.9 per cent) against a national standard of 95 per cent. This performance is ahead of the Trust's agreed performance improvement trajectory of 90.3 per cent in June. The Trust continues to work closely with partners across the local health system on the detailed improvement plan, which is due to ensure we deliver the 95 per cent standard sustainably by March 2017. One key element of our improvement plan is the expansion of capacity at St Mary's A&E department which is now underway (see item 4 below for details).

Referral to treatment (RTT): The performance for June 2016 was 85.87 per cent (May performance was 87.4 per cent) against a standard of 92 per cent of patients being treated within 18 weeks of referral. We have established a waiting list improvement team to address both data quality issues and to introduce improved waiting list management processes. The Trust is working towards delivering the national standard sustainably from March 2017. **Diagnostic waiting times:** In June 2016, 0.16 per cent of patients were waiting over six weeks against a tolerance of 1 per cent (the May performance was 0.2 per cent).

4. Stakeholder engagement

We were delighted to host a visit to St Mary's Hospital by the Mayor of London, Sadiq Khan, and his Deputy Mayor for Policing and Crime Sophie Linden in July. The focus of the visit was the A&E department and Major Trauma Centre where the Mayor learned more about the Youth Violence Intervention Programme, which operates through our partnership with the youth organisation Redthread and Imperial College Healthcare Charity, aiming to tackle youth gang violence. The project also receives funding from the Mayor's Office for Policing and Crime. The Deputy Mayor for Policing and Crime also led a roundtable discussion bringing together police, health and community safety professionals to discuss the barriers and opportunities for tackling knife crime in London.

Karen Buck MP for Westminster North also visited the Youth Violence Intervention Programme at St Mary's Hospital and was shown round the A&E department resuscitation area and the major trauma centre.

Our stakeholder contact programme continued featuring meetings with the Cabinet Members for Health for Hammersmith & Fulham and Westminster City councils. We also submitted reports and attended the formal meetings of the health scrutiny committees for Hammersmith & Fulham and Westminster City councils to present our proposals to improve acute medicine and chest pain patient pathways (the engagement process and the development of the final proposals is covered in a separate report).

The Trust's strategic lay forum has also met to further develop patient and public involvement at the Trust (see the further detailed report to the Trust board).

Imperial College Academic Health Science Centre (AHSC) launched a new seminar series with an event on how big data is changing healthcare in early July. Experts from the Trust and Imperial College discussed the implications of big data for healthcare now and in the future, at the first of three seminars bringing the work of the AHSC to life.

In addition, the regular bi-monthly electronic newsletters for stakeholders, GPs and shadow foundation trust membership were also published in June.

5. Update on major building improvements

<u>Refurbishment of St Mary's A&E</u>

As reported in the May 2016 Chief Executive Report, the programme of works to refurbish the A&E department at St Mary's Hospital started on Monday 6 June. The work has been commissioned in recognition that the current layout and design of the A&E at St Mary's Hospital no longer meets the demands of the service.

The refurbishment of St Mary's A&E will:

- increase the number of resuscitation bays from four to six
- create a four-bed paediatric assessment unit in the children's A&E
- create a new 'Combined Assessment Space' for ambulance and self-presenting patients

- improve patients' experience and the quality of their clinical care by improving the environment in which it is delivered;

The refurbishment has been funded by Imperial College Healthcare Charity and is expected to take about eight months. The A&E will remain open and operational throughout the refurbishment, although capacity will be reduced during some phases of the work. Patients will be kept up to date with this work and how it may impact on them, as it progresses.

Refurbishment of Main Outpatients and the new Central Booking Office

Work is underway to refurbish main Outpatients on the Charing Cross Hospital site, starting with the ENT, Audiology and Ophthalmology clinic areas plus the creation of a new Central Booking Office which will open later this year to streamline patient administration across the Trust. Work is also scheduled for main and renal outpatients at Hammersmith Hospital.

The refurbishment is being funded by Imperial College Healthcare Charity and is expected to take twelve months in total. Planning for improvements at outpatients at the Western Eye Hospital is underway.

6. Management reorganisation

Following the implementation of phase one of the revised management structure, the phase two consultation and delivery of it was completed in May and June and took effect on the 1 July 2016. The majority of appointments to new and vacant posts to the new structure have been made, with remaining vacancies expected to be filled shortly.

The Trust held a Leadership Forum on the 12 July which was attended by over 100 of our senior leaders in order to introduce the new Directorates and to plan effectively for the coming year and beyond.

The key aims of the new management structure are to:

- Simplify and minimise the reporting layers between the ward and the board to help speed up decision making and the escalation of issues.
- Devolve and clarify accountabilities for delivering operational, quality and financial targets.
- Establish clinical directorates as the key organisational units for driving and leading improvement and ensure their leaders and staff are sufficiently empowered, informed and resourced to deliver effectively.
- Strengthen site-based control while maintaining the integrity of specific services and patient pathways that often span two or more sites.

7. Junior Doctor Contract

Following the rejection of the new junior doctors' contract by the members of the British Medical Association in early July, the Secretary of State has made a statement to the House of Commons outlining his intention to introduce the new contract in August 2016, with doctors transitioning onto the new terms on a phased basis from October 2016. In response, the Trust is already in discussion with our Junior Doctor representatives and the BMA to introduce the new contract later this year.

It is important to acknowledge the continued positive and organised way in which the Trust and its Junior Doctors are working together to manage this issue.

8. Health and Safety Executive (HSE) visit

On 28 June 2016, the HSE visited the Trust as part of its national inspection programme to assess how we are identifying and managing the risks of exposure to employees from blood borne viruses, as a consequence of sharps injuries. The HSE acknowledged recent progress the Trust had made in this area, but initial feedback highlighted a number of areas for significant improvement. We expect to receive formal written feedback from the HSE

shortly which will guide our action plan.

9. Brexit and Message for EU staff

Following the referendum vote for Britain to leave the EU last month, I have written to all our staff to help ensure all EU – and wider international staff – know that they continue to be important and valued members of our workforce. It will be some time before we know what the practical implications of the referendum vote will be for our Trust. We are not anticipating any immediate changes and will ensure we keep all of our staff informed as the 'leave' process develops over the coming months. We have also promoted the new award from the Health Service Journal to recognise and celebrate the work of any staff member who left their home in another EU country and now works in the NHS.

10. CQC Re-inspection of Outpatients and Diagnostic Imaging

The CQC has notified the Trust that it will re-inspect our Outpatient and Diagnostic Imaging services in November 2016. This follows the CQC Trust inspection in September 2014 where Outpatients was rated as 'inadequate' across the St Mary's, Charing Cross and Hammersmith Hospital sites. The Trust's Outpatient Improvement Programme has made good progress against the CQC recommendations made in 2014 and we look forward to this re-inspection later in the year to demonstrate the progress we have made.

Key Strategic Issues

1. Shaping a Healthier Future (SaHF) Implementation Business Case (ImBC) and St Mary's Hospital redevelopment plans

The Trust continues to work with all its partners in North West London to produce the required business case to support the delivery of Shaping a Healthier Future (www.healthiernorthwestlondon.nhs.uk). In particular, the business case is requesting approval from the Department of Health and HM Treasury to invest in the NHS estate across north west London, including our estate.

The business case will go to NHS England later this month for their assurance process and to the eight Clinical Commissioning Groups in north west London for approval at their public board meetings at the end of September. The full business case will then need to go to the Department of Health and HM Treasury for final sign off in 2017/18.

While the Trust works on this wider business case for North West London we also have an opportunity to bring forward a first phase of the redevelopment of St Mary's Hospital. The phase 1 redevelopment would see the creation of a brand new building on the 'triangle' site on the eastern side of the St Mary's Hospital estate – at the location of Salton House, the Dumbell, and Victoria and Albert buildings. This would enable us to bring together the majority of our current St Mary's adults and paediatrics outpatients (currently provided from 40 different locations) with supporting diagnostics in a modern, flexible and welcoming facility.

The Trust is committed to involving staff, patients, carers, GPs, local residents and other stakeholders with an interest in the hospital's future at every stage of the development to ensure all our services and facilities help us provide the very best care and to deliver the development with minimum disruption. In line with this commitment, we have embarked on an engagement programme which started this month with briefings for all our staff, and will continue through to a first public consultation with an exhibition being planned for early September.

Revised proposals for the Paddington Quarter, the former Royal Mail/Post Office building at the western edge of the St Mary's estate were launched earlier this month. We are in discussions with the developers, the Sellar Property Group, to explore potential areas of

collaboration, including the possible opportunity to bring forward the first phase of our planned redevelopment of St Mary's Hospital. We will review the Paddington Quarter proposals with this in mind, to ensure more generally that any neighbouring development meets our priority of maintaining a fully operational, safe, major acute hospital.

2. Expanded Academic Health Science Centre (AHSC) in North West London

We are delighted to formally announce that The Royal Marsden NHS Foundation Trust and the Royal Brompton & Harefield NHS Foundation Trust have joined the Imperial College AHSC. This brings together 21,500 clinicians and other NHS staff, researchers and academics to drive innovation and improved care for the direct benefit of over 1.1 million patients each year in North West London.

With existing members Imperial College London and Imperial College Healthcare NHS Trust, the extended collaboration is set to achieve major advances in health and healthcare by aligning the research, education and clinical services of four organisations' with international reputations in all these areas. The new partners bring particular strengths in research and care for cancer and heart and lung diseases.

The Imperial College AHSC was the UK's first AHSC, formed in 2007 as a partnership between Imperial College London and Imperial College Healthcare Trust, with Department of Health designation. For the first time, the Imperial College AHSC will now bring together these four organisations' that are world leaders in medical research, clinical care and education.

3. Hammersmith and Fulham Integrated Health Programme

Our joint initiative with Hammersmith and Fulham GP Federation and Chelsea and Westminster Hospital NHS Foundation to explore 'accountable care' approaches in the Hammersmith and Fulham is progressing well. We are planning to announce a fourth provider partner shortly. Work is continuing towards three broad goals:

- To design a practical 'accountable care' approach – collectively looking after the whole health and wellbeing needs of local people, from the beginning to the end of life, rather than providing separate aspects of treatment when they are sick.
- To identify and implement immediate improvements to 'join-up' care, primarily through two pilot projects, one focusing on patients who are frequent users of A&E services and a second looking at ways of boosting child health.
- To build strong foundations for potentially forming or becoming part of a formal accountable care partnership – influencing and responding to emerging health policy across north west London and the rest of the country.

4. NHS England decision to halt complex surgery in three units on patients born with heart problems by April 2017.

Congenital heart disease (CHD) services have been the subject of a number of reviews since the public inquiry at Bristol Royal Infirmary in 2001. Last year NHS England established a set of standards that it wanted hospitals to meet to ensure both child and adult patients have high quality care in the treatment of CHD. These include the requirement that surgeons work in teams of four and see at least 125 patients a year each to ensure they keep their skills up-to-date. As a result, the proposal is that this type of surgery will stop at Central Manchester University Hospitals NHS Trust, University Hospitals of Leicester NHS Trust and the Royal Brompton and Harefield NHS Trust. Overall, it means the number of units providing the most complex heart surgery drops from 13 to 10.

In addition, our Trust is one of five Trusts that will be required to stop providing complex medical care for CHD patients, which includes procedures such as widening the arteries and repairing holes in the heart. This is due to very low case volumes (17 cases in

2015/16). NHS England will work with each of the five Trusts to plan for the transfer of these services to other appropriate providers.

5. North West London Pathology (NWLP)

An NHS owned joint venture between Hillingdon Hospitals NHS Foundation Trust, Chelsea and Westminster NHS Foundation Trust and our Trust, has been approved by NHS Improvement (NHSI). The partnership will provide pathology services across north west London through a new 'hub and spoke' model. Imperial will be the host provider for North West London Pathology.

The majority of non-urgent pathology work will take place at the central hub at Charing Cross Hospital while urgent work will be carried out in 24/7 'essential service laboratories' within the partner sites. The venture will be one of the biggest pathology providers in Europe, with this scale allowing significant efficiencies and service improvements to be achieved.

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust Board - public	**27 July 2016**

Integrated Performance Report

Executive summary:

This is a regular report and outlines the key headlines that relate to the reporting month of June 2016 (month 3).

Recommendation to the Trust board:

The Board is asked to note this report.

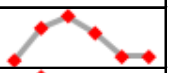
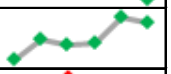
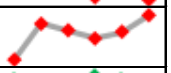
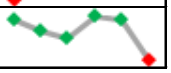
Trust strategic objectives supported by this paper:

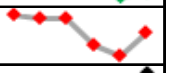
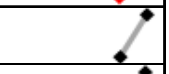
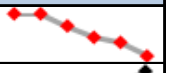
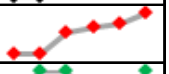
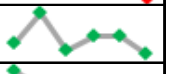
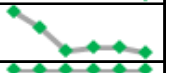
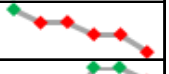
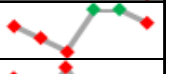
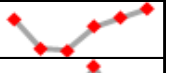
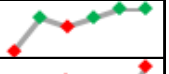
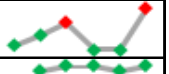
To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

Author	Responsible executive director
Terence Lacey (Performance Support Business Partner) Ruth Holland (Acting Head of Performance)	Julian Redhead (Medical Director) Janice Sigsworth (Director of Nursing) David Wells (Director of People and Organisational Development) Jamil Mayet (Divisional Director) Tim Orchard (Divisional Director) Tg Teoh (Divisional Director)

Contents

Scorecard summary

Key indicator	Executive Lead	Period	Standard	Latest Performance	Direction of Travel
Safe					
Serious incidents (number)	Julian Redhead	Jun-16	-	**23**	
Incidents causing severe harm (number)	Julian Redhead	Jun-16	-	**0**	
Incidents causing severe harm (% of all incidents YTD)	Julian Redhead	Jun-16	-	**0.03%**	
Incidents causing extreme harm (number)	Julian Redhead	Jun-16	-	**1**	
Incidents causing extreme harm (% of all incidents YTD)	Julian Redhead	Jun-16	-	**0.06%**	
Patient safety incident reporting rate per 1,000 bed days	Julian Redhead	May-16	44.0		
Never events (number)	Julian Redhead	Jun-16	0	**1**	
MRSA (number)	Julian Redhead	Jun-16	0	**0**	
Clostridium difficile (cumulative YTD) (number)	Julian Redhead	Jun-16	18	**21**	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	Julian Redhead	Jun-16	95.0%	**95.7%**	
Avoidable pressure ulcers (category 3 & 4) (number)	Janice Sigsworth	Jun-16	-	**2**	
Staffing fill rates (%)	Janice Sigsworth	Jun-16	tbc	**95.9%**	
Core training - excluding doctors in training / trust grades (%)	David Wells	Jun-16	90.0%	**85.8%**	
Core training - doctors in training / trust grades (%)	David Wells	Jun-16	90.0%	**65.1%**	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Jun-16	0	**3**	
Effective					
Hospital standardised mortality ratio (HSMR)	Julian Redhead	Feb-16	100	**63.09**	
Clinical trials - recruitment of 1st patient within 70 days (%)	Julian Redhead	Qtr 4 15/16	90.0%	**94.9%**	
Caring					
Friends and Family Test: **Inpatient** service % response rate	Janice Sigsworth	Jun-16	30%	**32.4%**	
Friends and Family Test: % patients who recommended our **Inpatient** service	Janice Sigsworth	Jun-16	95.0%	**96.0%**	
Friends and Family Test: **A&E** service % response rate	Janice Sigsworth	Jun-16	20.0%	**12.3%**	
Friends and Family Test: % patients who recommended our **A&E** service	Janice Sigsworth	Jun-16	85.0%	**94.4%**	
Friends and Family Test: **Maternity** service % response rate	Janice Sigsworth	Jun-16	15.0%	**38.4%**	
Friends and Family Test: % patients who recommended our **Maternity** service	Janice Sigsworth	Jun-16	95.0%	**92.3%**	
Friends and Family Test: **Outpatient** service % response rate	Janice Sigsworth	Jun-16	6.0%	**5.9%**	
Friends and Family Test: % patients who recommended our **Outpatient** service	Janice Sigsworth	Jun-16	94.0%	**92.0%**	

Key indicator	Executive Lead	Period	Standard	Latest Performance	Direction of Travel
Well Led					
Vacancy rate (%)	David Wells	Jun-16	10.0%	**10.2%**	
Voluntary turnover rate (%) 12-month rolling position	David Wells	Jun-16	10.0%	**10.5%**	
Sickness absence (%)	David Wells	Jun-16	3.1%	**2.9%**	
Bank and agency spend (%)	David Wells	Jun-16	9.2%	**12.3%**	
Personal development reviews (%)	David Wells	Jun-16	95.0%	**29.6%**	
Non-training grade doctor appraisal rate (%)	Julian Redhead	Jun-16		**77.9%**	
Education open actions (number)	Julian Redhead	Jun-16	-	**59**	
Responsive					
RTT: 18 Weeks Incomplete (%)	Jamil Mayet	Jun-16	92.00%	**85.9%**	
RTT: 18 weeks Incomplete Breaches - number of patients	Jamil Mayet	Jun-16	-	**8,435**	
RTT: Number of patients waiting 52 weeks or more	Jamil Mayet	Jun-16	0	**80**	
Cancer: 2-week GP referral to 1st outpatient - cancer (%)	Jamil Mayet	May-16	93.0%	**93.1%**	
Cancer: Two week GP referral to 1st outpatient – breast symptoms (%)	Jamil Mayet	May-16	93.0%	**89.4%**	
Cancer: 31 day wait from diagnosis to first treatment (%)	Jamil Mayet	May-16	96.0%	**96.2%**	
Cancer: 31 day second or subsequent treatment (surgery) (%)	Jamil Mayet	May-16	94.0%	**95.0%**	
Cancer: 31 day second or subsequent treatment (drug) (%)	Jamil Mayet	May-16	98.0%	**100.0%**	
Cancer: 31 day second or subsequent treatment (radiotherapy) (%)	Jamil Mayet	May-16	94.0%	**100.0%**	
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Jamil Mayet	May-16	85.0%	**64.1%**	
Cancer: 62 day urgent GP referral to treatment from screening (%)	Jamil Mayet	May-16	90.0%	**88.2%**	
Cancelled operations (as % of elective activity)	Jamil Mayet	May-16	0.8%	**1.1%**	
28 day rebooking breaches (% of cancellations)	Jamil Mayet	Apr-16	5.0%	**17.2%**	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Jun-16	95.0%	**78.8%**	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Jun-16	95.0%	**91.0%**	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	May-16	1.0%	**0.2%**	
Outpatient Did Not Attend rate %: (New & Follow-Up)	Tg Teoh	Jun-16	11.0%	**12.1%**	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Jun-16	10.0%	**8.2%**	
Antenatal booking 12 weeks and 6 days excluding late referrals (%)	Tg Teoh	Jun-16	95.0%	**96.2%**	
Complaints: Total number received from our patients	Janice Sigsworth	Jun-16	100	**110**	
Complaints: % complaints responded to within timeframe	Janice Sigsworth	Jun-16	95%	**100.0%**	

Core key performance indicators

A recent review of the Trust's integrated performance framework resulted in the agreement of 70 core key performance indicators (KPIs) to reflect national and local priorities.

The core KPIs are aligned to the 5 CQC quality domains, with an additional domain on money and resources (as proposed by the Carter review of productivity in NHS hospitals in England, Oct 2015). The core KPIs are reported at each of the four levels of the organisation.

Clinical directorate level scorecards are being rolled out to support services, containing all core KPIs (where relevant) with additional indicators needed by individual services need to oversee their business.

All 70 core KPIs will be included from month 4 onwards with the following core KPIs will be added then:

- *WHO checklist compliance, core clinical training, discharges from hospital before noon, CAS alerts, data quality, staff FFT, unplanned readmission rates, patient transport waiting times, estates and finance KPIs.*

1. Key indicator overviews

1.1 Safe

1.1.1 Safe: Serious Incidents

Twenty-four serious incidents (SIs) were reported in June 2016. The Trust is now declaring SIs as soon as they are suspected to address concerns raised by the CCGs on the time between incident event to declaration as an SI. This is contributing to the increase in numbers reported and the number of de-escalation requests being submitted (7 requests in June for example). We are working closely with the CCG quality team to manage this balance.

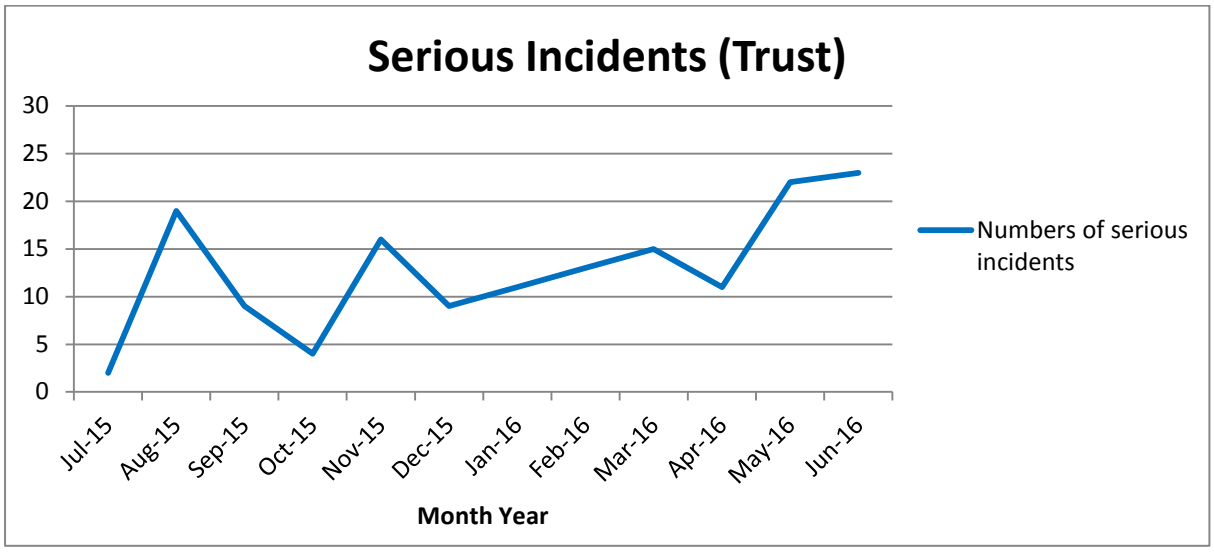


Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period July 2015 – June 2016

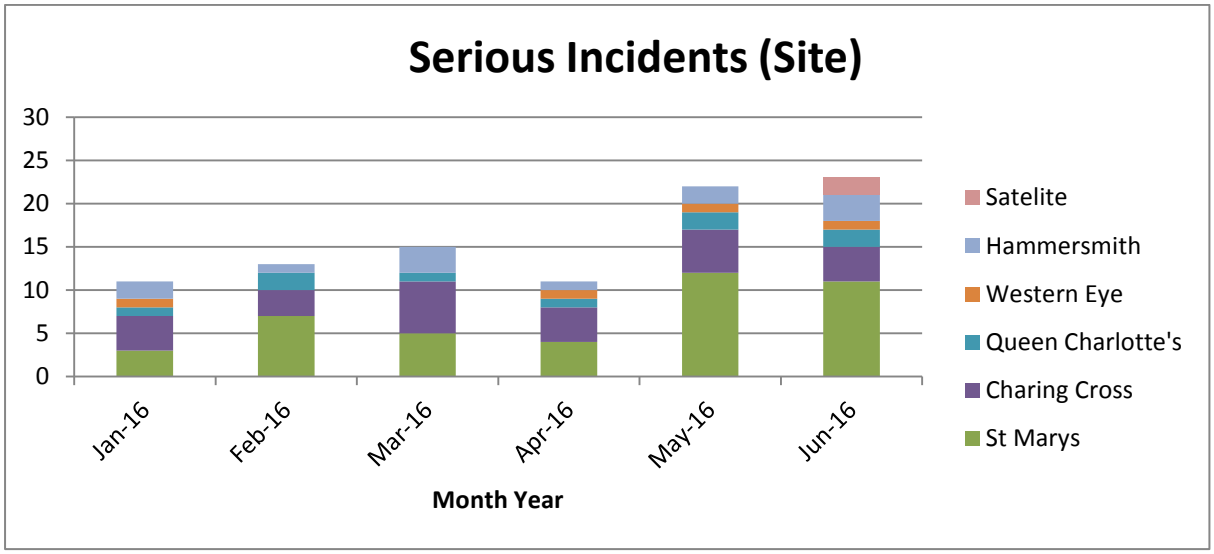


Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period January 2016 – June 2016

1.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust has reported one major/severe harm incident and two extreme harm/death incidents in quarter one 2016/17. This is in line with previous numbers of incidents.

Our aim is to be below the national average as published by the National Reporting and Learning System (NRLS) on a six monthly basis. The national average as per the last published report (data from April 2015 – September 2016) was 0.3 per cent major/severe harm and 0.1 per cent extreme harm/death per total number of incidents reported.

We cannot provide a comparable figure until we have 6 months' worth of data; however the percentage lines on the graphs below show our cumulative performance for quarter 1 2016/17, which is low at 0.03 per cent of total patient safety incidents (severe/major harm) and 0.06 per cent of total patient safety incidents (extreme harm/death).

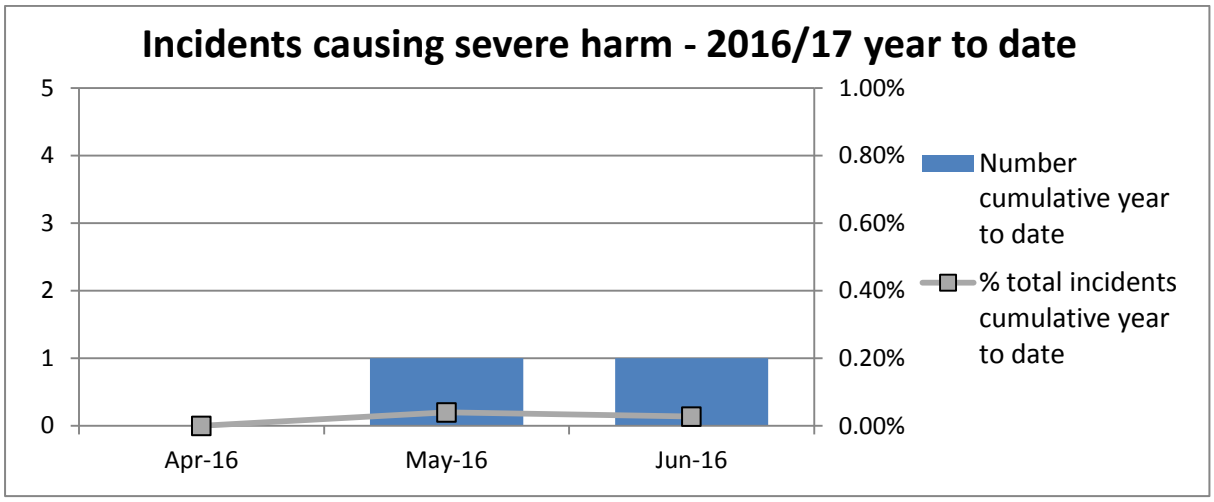


Figure 3 – Incidents causing severe harm by month from the period April 2016 – March 2017 (numbers YTD and as % of total patient safety incidents YTD)

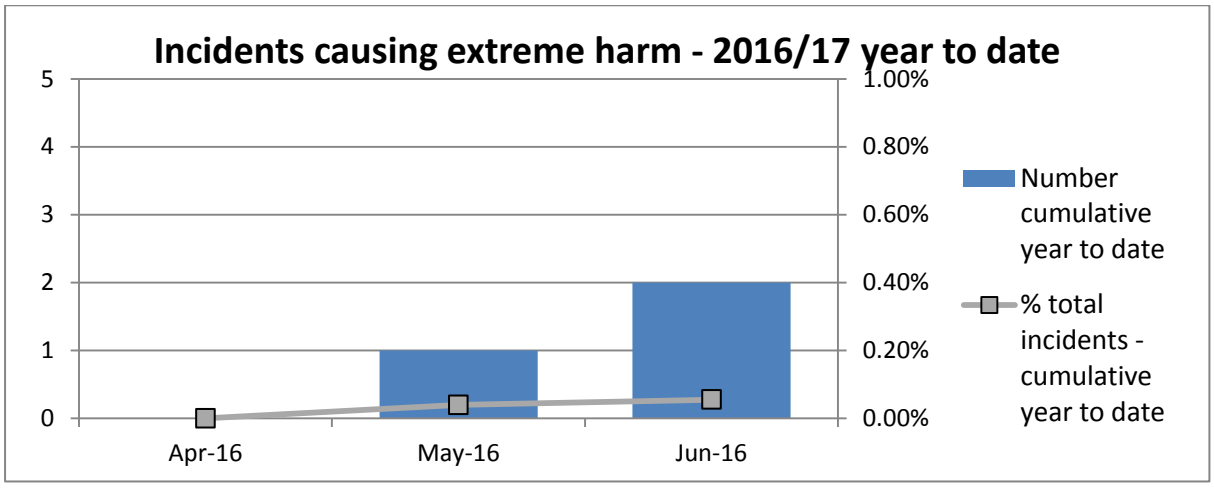


Figure 4 – Incidents causing extreme harm by month from the period April 2016 – March 2017 (numbers YTD and as % of total patient safety incidents YTD)

Patient safety incident reporting rate

Each month, the divisions must validate all incidents reported on the Trust's incident reporting system, Datix, to confirm if they should be registered as a patient safety incident. A patient safety incident is any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving NHS-funded healthcare. All patient safety incidents are sent to the National Reporting and Learning System and contribute to national data. For the month of June 2016, validation has not been fully completed by all divisions so we are currently unable to report our patient safety incident reporting rate accurately. Performance for June has therefore not been included in figure 5 below.

The total number of incidents of all types reported is 1,748. This is in line with previous months' performance so we anticipate that our patient safety incident reporting rate for June will remain high once validation is complete.

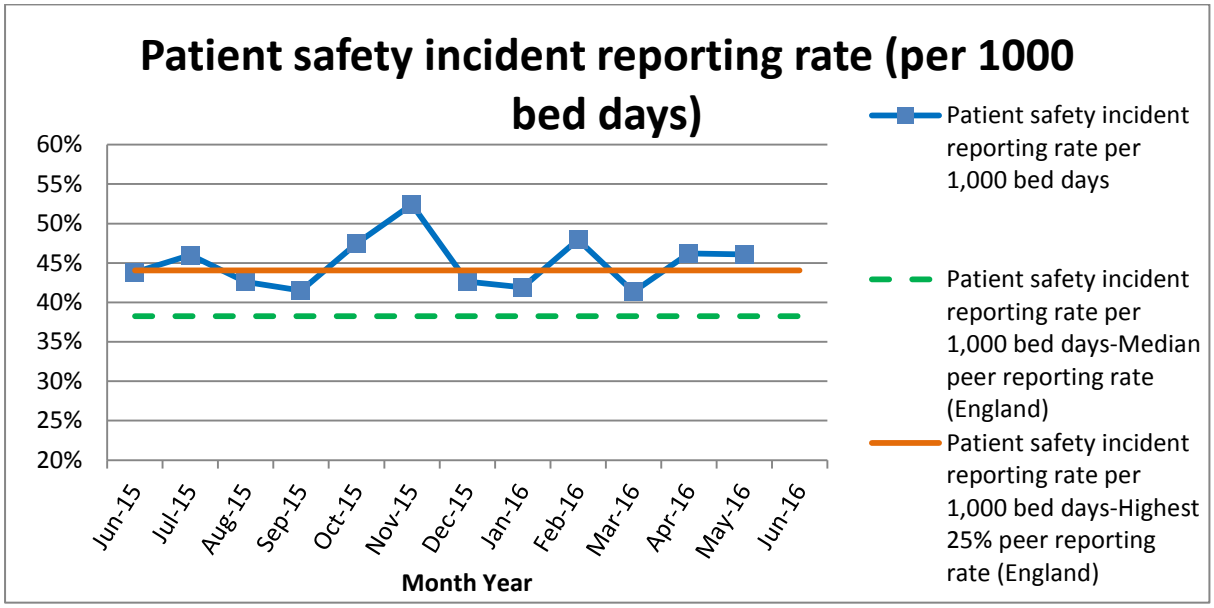


Figure 5 – Trust incident reporting rate by month for the period June 2015 – May 2016

(1) Median reporting rate for Acute non specialist organisations (NRLS 01/04/2015 to 30/09/2015)

(2) Highest 25% of incident reporters among all Acute non specialist organisations (NRLS 01/04/2015 to 30/09/2015)

Never Events

One new never event was reported by the Trust in June 2016. A further never event was reported on 8 July 2016, which has been included even though it is outwith the timeframe of the report because it is standard process to alert the board as soon as a never event occurs.

Both involved retained foreign objects:

June 2016 – retained eye-swab following operation at Western Eye Hospital

July 2016 – retained laparoscopic retrieval bag in theatres at Charing Cross Hospital

The never event in June is the third at WEH within the last year. In response, a named senior nurse has been made specifically responsible for the day to day operational delivery of a safe and effective service at the site, including ensuring compliance with all Trust policies and procedures. They will escalate any quality or safety concerns to the Clinical Director.

Both of the recent never events related to objects not being properly counted and documented. On review of the Trust Count Policy it was found that the items in question were not defined as explicit 'countable objects'.

These never events are different from the previous surgery-related never events which were specifically related to failure to follow the WHO checklist. In these most recent cases, the WHO checklist had been completed; however the issue with the count policy meant that the items were not counted, resulting in them being retained inside the patients.

In response, an internal patient safety alert was issued to all staff on 8 July 2016 explicitly stating that any and all items that have the potential to be retained are defined as countable objects. The Count Policy has been revised to reflect this.

An action plan has been developed, which includes a programme of audit and observation which commenced on 18 July to bring to light any further safe practice concerns. We will develop a training and communications programme in response to the findings. A theatre safety task and finish group has been established to lead on this improvement work.

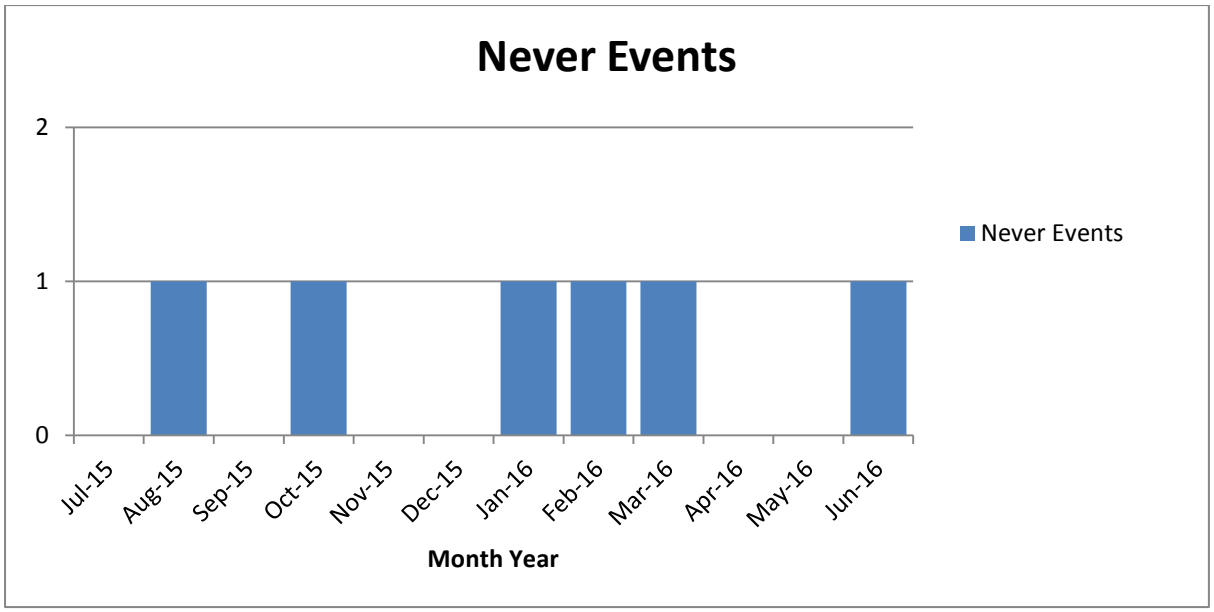


Figure 6 – Trust Never Events by month for the period July 2015 – June 2016

1.1.3 Safe: Meticillin resistant Staphylococcus aureus bloodstream infections (MRSA BSI)

Four cases of MRSA BSI have been identified at the Trust so far in 2016/17:

- 2 cases in April 2016 and 1 in June 2016 have been allocated as non-Trust;

- 1 case in May 2016 has been allocated to the Trust.

Each case is reviewed by a multi-disciplinary team. Themes are identified and contributory factors are addressed with the clinical divisions via the taskforce group meetings.

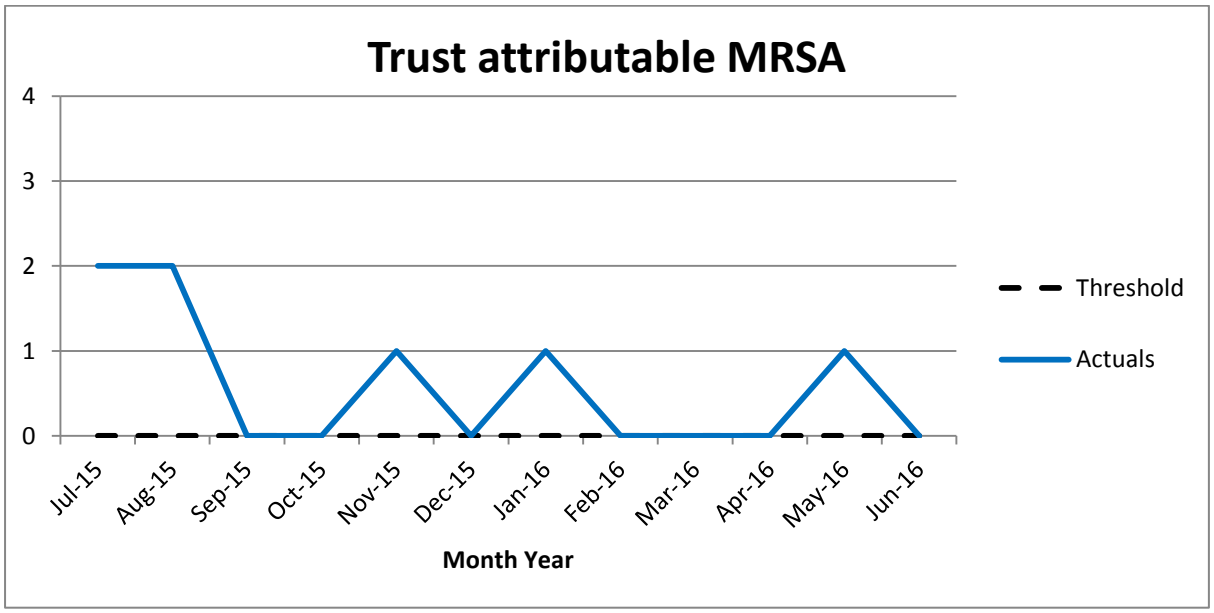


Figure 7 - Number of MRSA (b) infections by month for the period July 2015 – June 2016

1.1.4 Safe: Clostridium difficile

Six cases of Clostridium difficile were allocated to the Trust for June 2016. Two of these have been identified as a potential lapse in care, both are potential transmissions.

A total of 21 cases have been allocated to the Trust in 2016/17, which is above threshold of 18 for this point. The annual target remains 69 cases.

Each case is reviewed by a multi-disciplinary team to examine whether any lapses in care occurred.

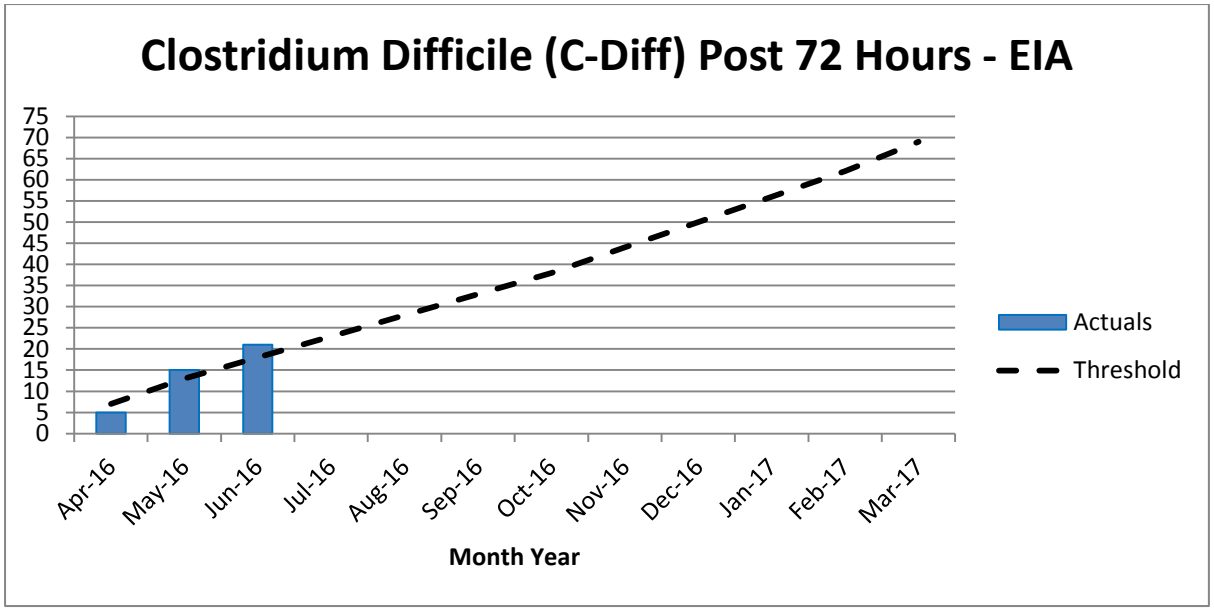


Figure 8 - Number of Clostridium Difficile infections against cumulative plan by month for the period April 2016 – March 2017

1.1.5 Safe: Venous thromboembolism (VTE) risk assessment

In June 2016, 95.7 per cent of adult inpatients (including day cases) were reported as being risk assessed for venous thromboembolism (VTE) within 24 hours of admission, against the national quality target of 95 per cent or more.

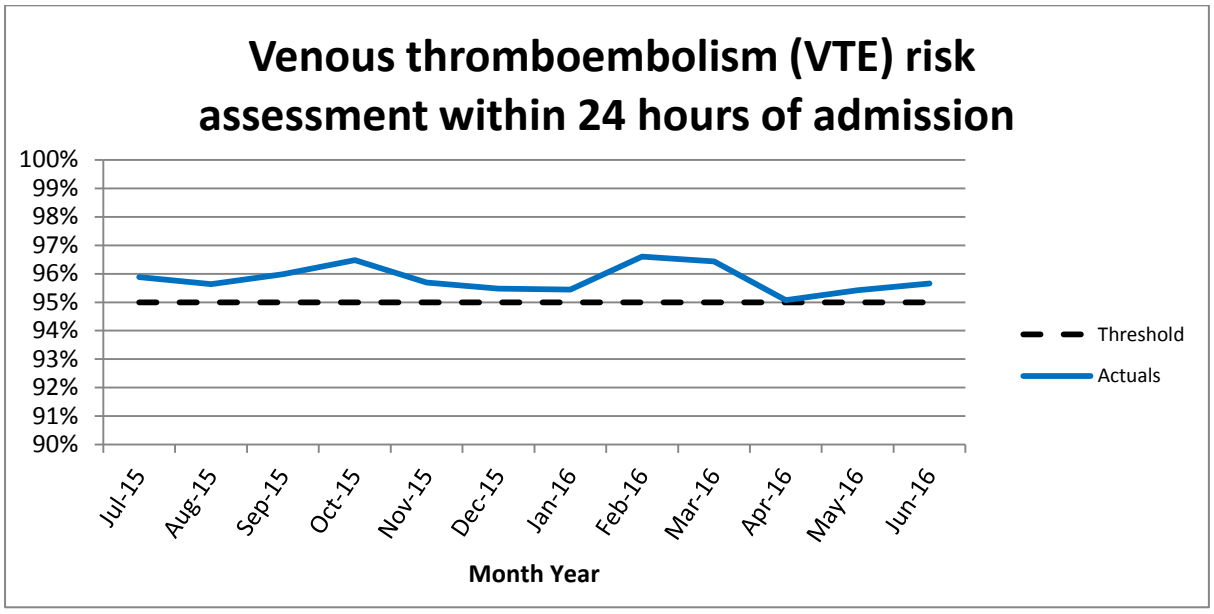


Figure 9 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period July 2015 – June 2016

1.1.6 Safe: Avoidable pressure ulcers

The Trust's quality strategy target is for no more than 22 avoidable pressure ulcers during 2016/17. These are trust-acquired category 3 and 4 pressure ulcers including unstageable pressure ulcers, i.e. presumed to be stage 3 or 4 (depth unknown). The 2016/17 target is a 10 per cent reduction on 2015/16 while striving towards a zero incidence.

The year to date total is 4 avoidable pressure ulcers which is ahead of the target. All incidents are investigated as serious incidents to determine contributory factors and ensure there is trust wide learning.

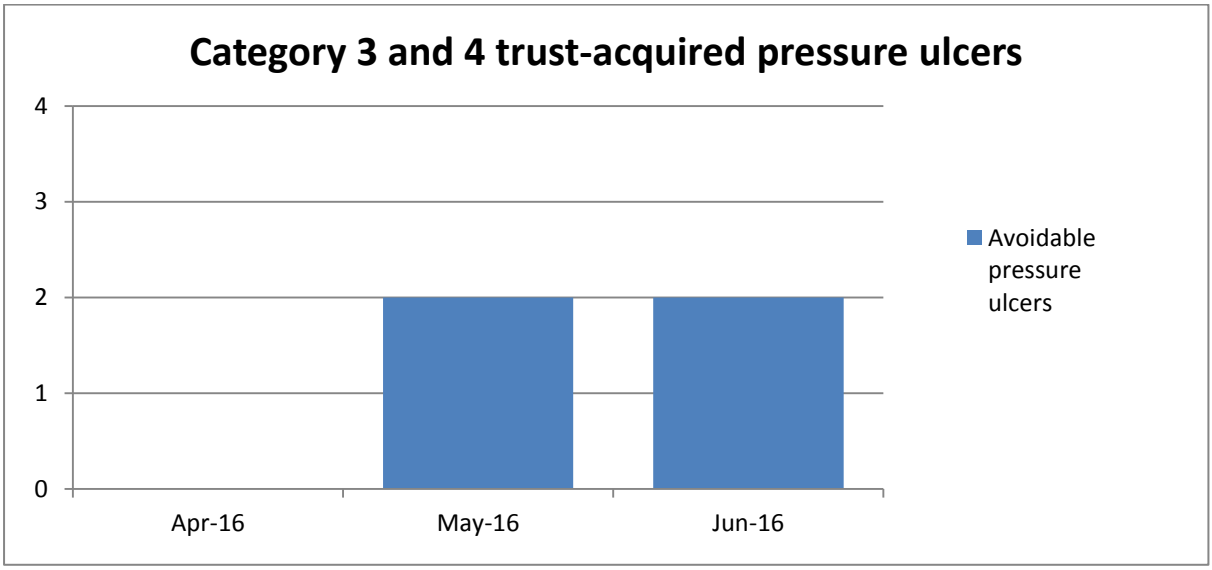


Figure 10 – Number of category 3 and category 4 (including unstageable) trust-acquired pressure ulcers by month for the period April 2016 – June 2016

1.1.7 Safe: Safe staffing levels for registered nurses, midwives and care staff

In June 2016 the Trust met safe staffing levels for registered nurses and midwives and care staff overall during the day and at night. The thresholds are 90 per cent for registered nurses and 85 per cent for care staff.

The percentage of shifts meeting planned safe staffing levels by hospital site are as follows:

Site Name	Day shifts – average fill rate		Night shifts – average fill rate	
	Registered nurses/midwives	Care staff	Registered nurses/midwives	Care staff
Charing Cross	94.12%	89.71%	97.31%	98.39%
Hammersmith	96.40%	89.90%	99.09%	97.18%
Queen Charlotte's	93.42%	98.44%	95.05%	99.45%
St. Mary's	95.78%	90.50%	97.32%	97.45%

The fill rate was below 85 per cent for care staff for the following wards.

- A7 Ward (cardiothoracic) had a fill rate of 82.02 per cent for day shifts, mainly as

a result of difficulty in filling the Healthcare assistant (HCA) shifts through bank

- A8 (general surgery) had a night fill rate of 81.82 per cent, which was 4 HCA night shifts unfilled
- Valentine Ellis ward (trauma and orthopaedics) had a day fill rate of 83.41 per cent. This is 11 HCA day shifts unfilled but this includes staffing for the escalation bay on the ward that was opened to accommodate increased activity.
- Weston Ward (clinical haematology) had an overall day fill rate of 78.66 per cent, which was 6 HCA day shifts unfilled and an overall night fill rate of 83.33 per cent which was 1 unfilled HCA night shift.

  Several wards in the medicine and integrated care division had a day and night fill rate below 85 per cent. This was a result of unfilled HCA shifts for enhanced 1-1 care of patients. Ward sisters and matrons worked as part of the ward teams to cover the unfilled shifts for enhanced care in the divison of medicine and intergated care.

In order to maintain standards of care the Trust's Divisional Directors of Nursing and their teams optimised staffing and mitigated any risk to the quality of care delivered to patients in the following ways:

- Using the workforce flexibly across floors and clinical areas and in some circumstances between the three hospital sites.
- Cohorting patients and adjusting case mixes to ensure efficiencies of scale.

The Divisional Directors of Nursing regularly review staffing when, or if there is a shift in local quality metrics, including patient feedback.

All Divisional Directors of Nursing have confirmed to the Director of Nursing that the staffing levels during the month of June were safe and appropriate for the clinical case mix.

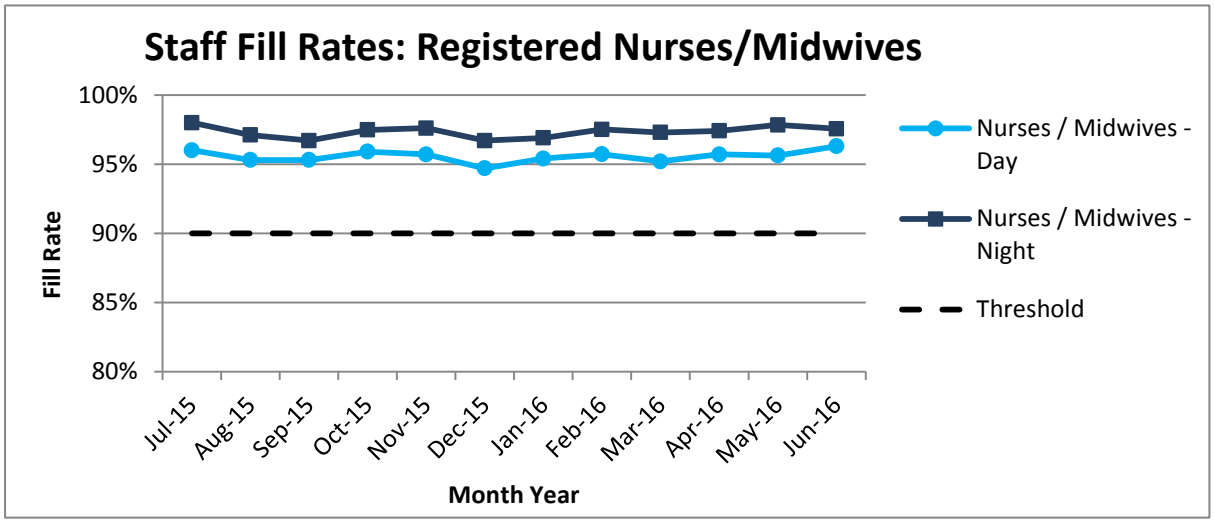


Figure 11 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period July 2015 – June 2016

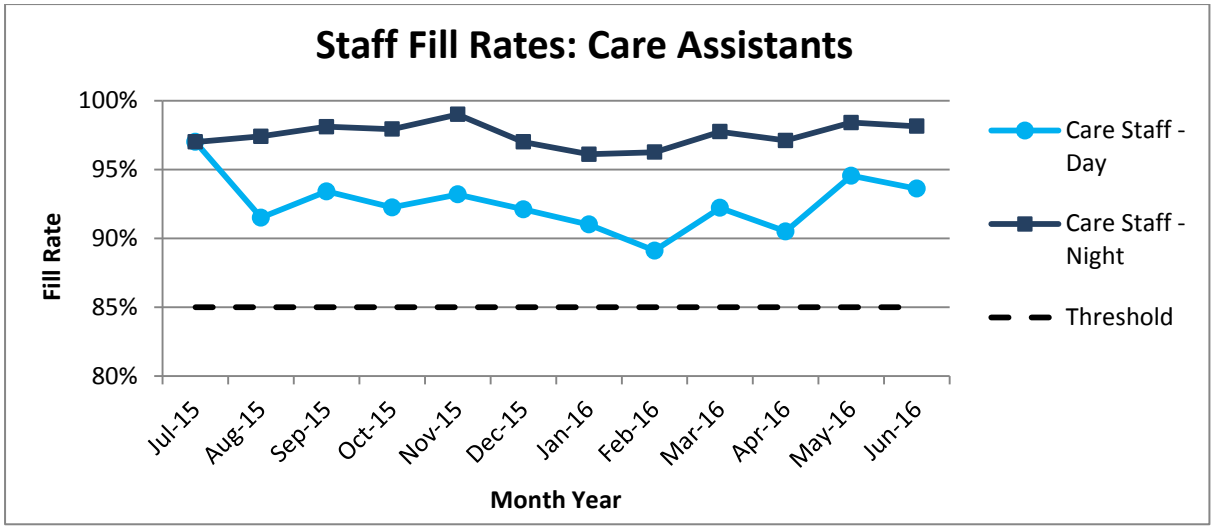


Figure 12 - Monthly staff fill rates (Care Assistants) by month for the period July 2015 – June 2016

1.1.8 Safe: Statutory and mandatory training

Core skills - excluding doctors in training / trust grade

In June 2016, overall compliance was 85.81 per cent against the target of 90 per cent or more. Work continues to improve compliance in the departments where performance is below target.

Core Skills for doctors in training / trust grade

In June 2016, overall compliance was 65.13 per cent against the target of 90 per cent or more. The trust is working to ensure that new doctors joining the Trust are compliant, including improving the transfer of relevant training records from previous NHS employers and ensuring that required e-learning is done at the induction event.

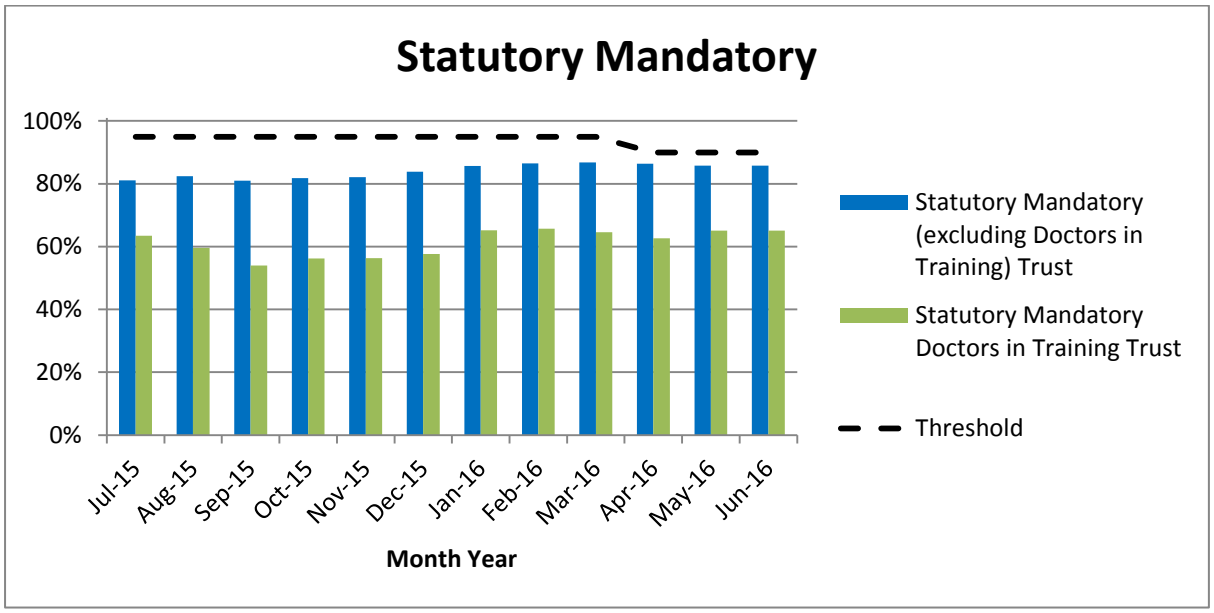


Figure 13 - Statutory and mandatory training for the period July 2015 – June 2016

1.1.9 Safe: Work-related reportable accidents and incidents

There were three RIDDOR-reportable incidents (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) in June 2016.

- The first incident was a staff needlestick injury sustained when suturing a Hep B positive patient; this is a reportable dangerous.
- The second incident was a staff manual handling injury sustained when moving a patient bed; this is RIDDOR reportable because the employee was subsequently off work for more than 7 days.
- The third incident involved a member of staff being assaulted by a patient; this is RIDDOR reportable because the employee was subsequently off work for more than 7 days.

In the 12 months to 30 June 2016, there have been 32 RIDDOR reportable incidents of which 10 were slips, trips and falls. The Health and Safety service continues to work with the Estates & Facilities service and its contractors to identify suitable action to take to ensure floors present a significantly lower risk of slipping.

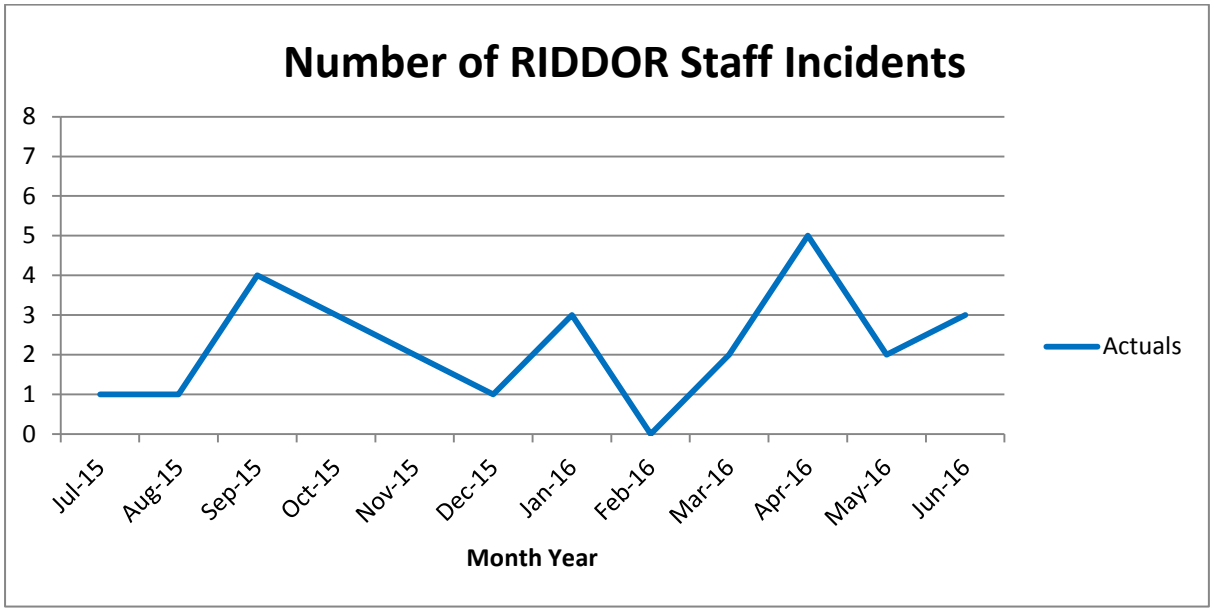


Figure 14 – RIDDOR Staff Incidents for the period July 2015 – June 2016

1.2 Effective

1.2.1 Effective: National Clinical Audits

The effective goal in our quality strategy for 2016/17 is to show continuous improvement in national clinical audits with no negative outcomes.

There were three national clinical audit reports published in June 2016, which are being reviewed by the division and, when complete, will be reported via the

Executive Quality Committee. The three audits are listed below and all relate to practice in our emergency departments.

- Procedural Sedation in Adults Clinical Audit 2015-16
- Vital signs in children
- VTE Risk in lower limb immobilisation in plaster cast

1.2.2 Effective: Mortality data

Our target for mortality rates in 2016/17 is to be in the top five lowest-risk acute non-specialist trusts as measured by the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI). The most recent monthly figure for HSMR is 63.09 for February 2016. Across the last year of available data (March 2015 – February 2016), the Trust has the second lowest HSMR for acute non-specialist trusts nationally.

The Trust has the third lowest SHMI of all non-specialist providers in England for Q3 2014/15 to Q2 2015/16.

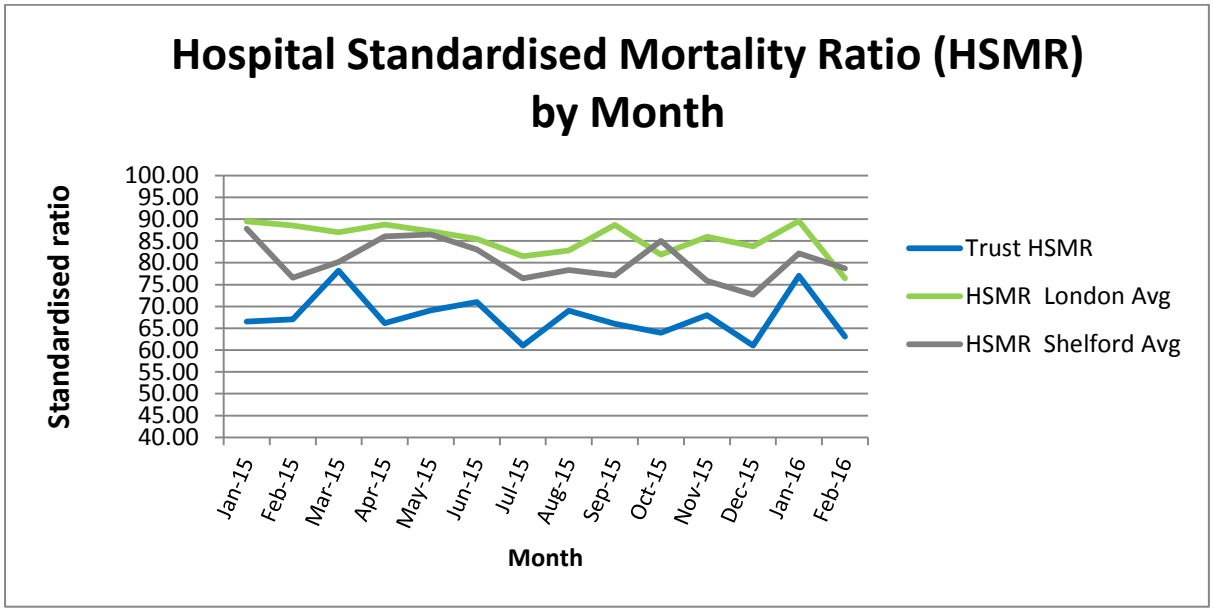


Figure 15 - Hospital Standardised Mortality Ratios for the period January 2015 – February 2016

1.2.3 Effective: Mortality reviews completed

In February 2016, the trust implemented a new online mortality review process to standardise the way all deaths are reported and reviewed across the trust. This will allow us to report on avoidable mortality in line with new national guidance issued by NHS England. Data for Q1 2016/17 will be available in September 2016.

1.2.4 Effective: Recruitment of patients into interventional studies

The forecast for quarter 4 2016/17 is that 94.9 per cent of clinical trials will have recruited their first patient within 70 days of a valid research application, against an internal target of 90 per cent.

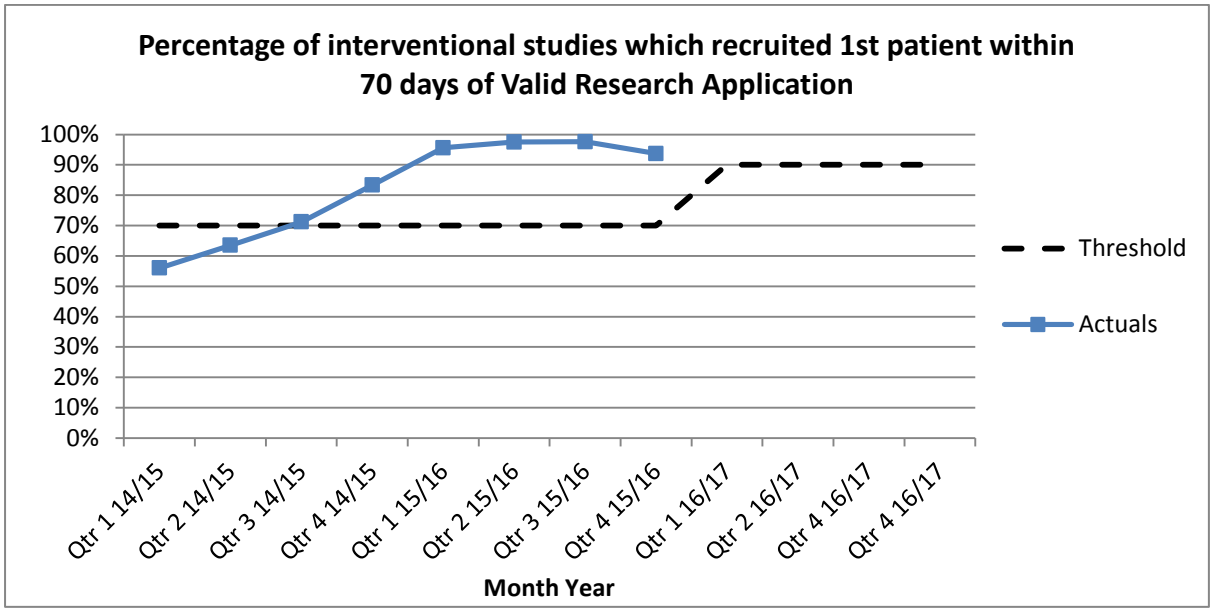


Figure 16 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q4 2015/16

1.3 Caring

1.3.1 Caring: Friends and Family Test

The willingness to recommend remains high across all areas. The overall response rate for A&E departments fell in June mainly due to reduced volumes of responses in the Trust paediatric and Western Eye A&E departments. The response rate within the Charing Cross A&E department is consistently achieving the 20 per cent target (23.5 per cent in June).

The outpatient response rate in June also reached the 6 per cent target for the first time since the survey was introduced in this setting.

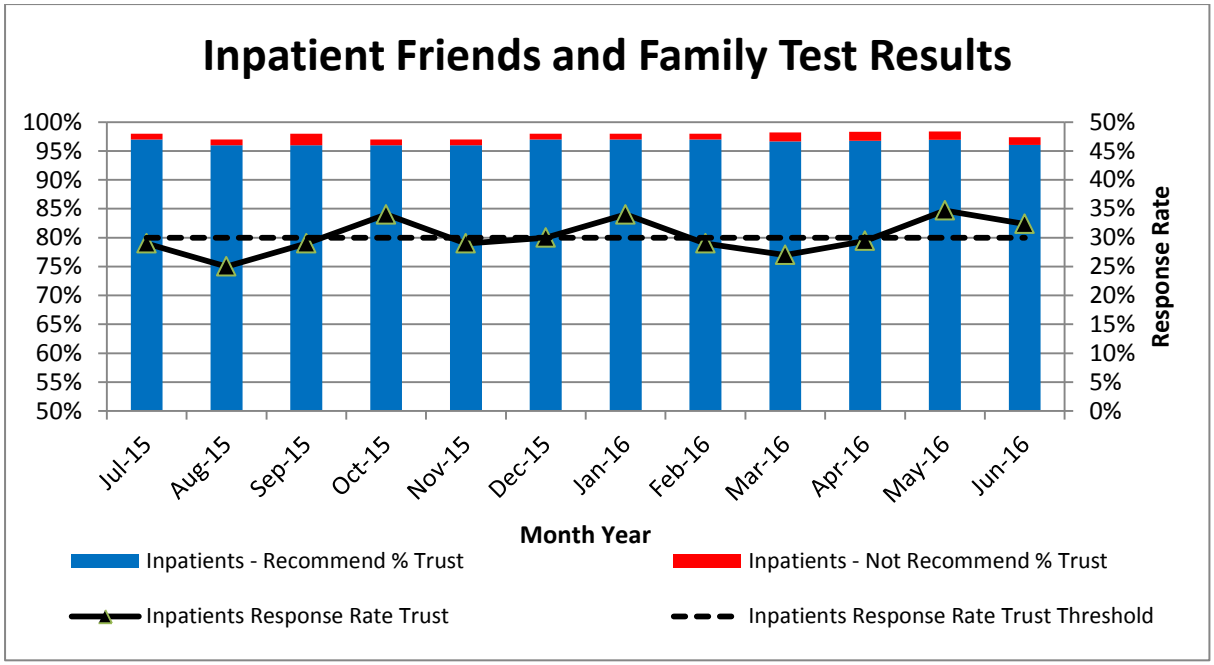


Figure 17 - Friends and Family: Percentage who would recommend ICHT Inpatients for the period July 2015 – June 2016

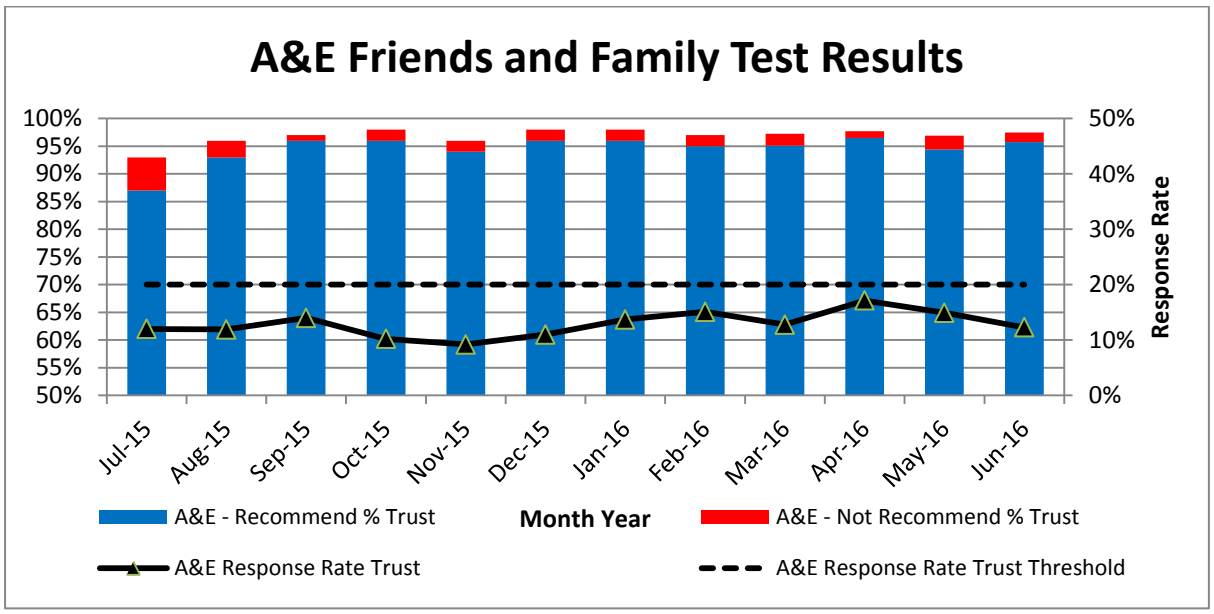


Figure 18 - Friends and Family: Percentage who would recommend ICHT Accident and Emergency for the period July 2015 – June 2016

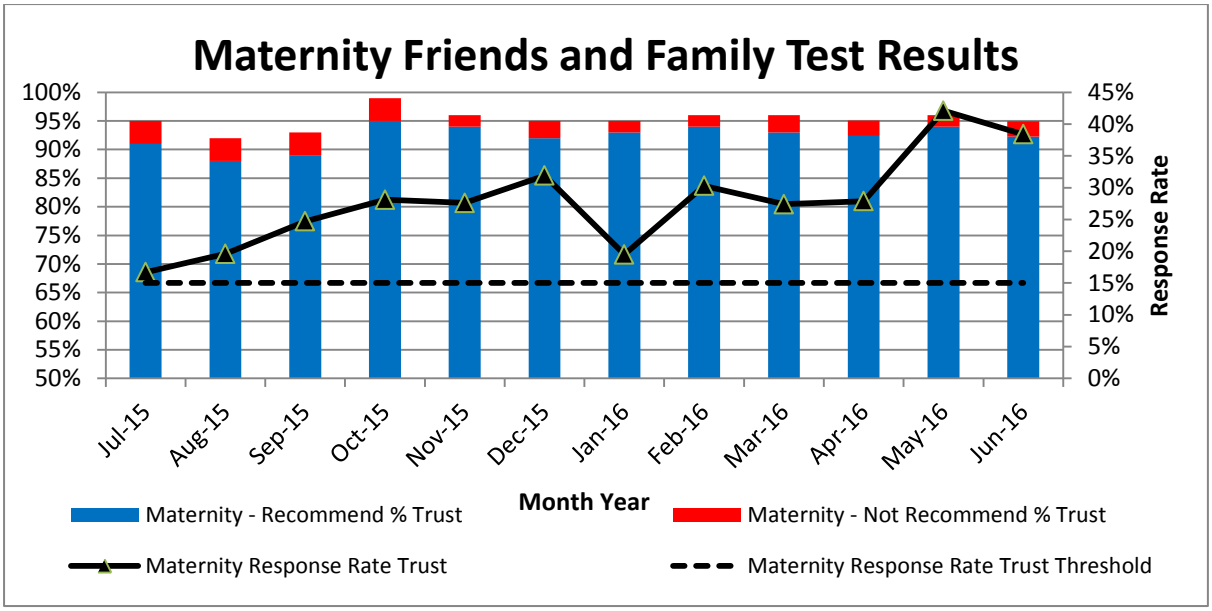


Figure 19 - Friends and Family: Percentage who would recommend Maternity for the period July 2015 – June 2016

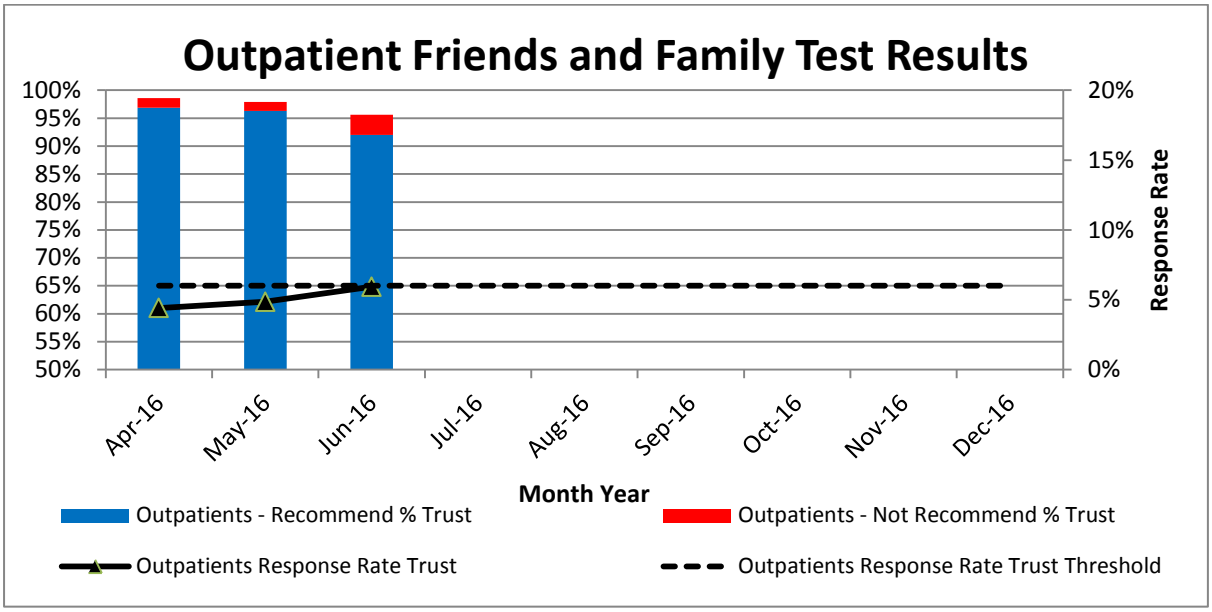


Figure 20 - Friends and Family: Percentage who would recommend Outpatients for the period April 2016 – June 2016

National inpatient survey

The report of the 2015 national survey looking at the experiences of adult inpatients who received care at NHS hospitals during the month of July 2015 was published in June 2016. Responses were received from 393 patients at the Trust.

The Trust performance remains good. Out of 62 questions, ICHT scores fell within the expected range in 59 of them; this is consistent with other large trusts in London. In the 2014 survey the question “Did you get enough help from staff to eat

your meals?" rated poorly and worse than other trusts; this improved significantly in the 2015 survey.

The full results can be seen on the CQC website:
www.cqc.org.uk/provider/RYJ/survey/3#undefined

1.4 Well-Led

1.4.1 Well-Led: Vacancy rate

All roles

At the end of June 2016, the Trust directly employed 9,652 WTE (whole time equivalent) members of staff across Clinical and Corporate Divisions and Research & Development areas.

The contractual vacancy rate for all roles was 10.19 per cent in June against the target of 10 per cent; an increase in month from 9.64 per cent in May and is a reflection of adding new posts to the establishment. The Trusts voluntary turnover rate (rolling 12 month position) is 10.46 per cent against the year-end target of 10 per cent or less.

Actions being taken to support reduction in vacancies include:

- Bespoke and generic recruitment campaigns;
- Revised approach to the Strategic Planning meetings with the Recruitment and Divisional teams
- A task and finish group for medical recruitment focusing on brand and attraction particularly for hard to recruit areas.
- Continued development and application of attraction strategies

There were 542 WTE candidates waiting to join the Trust across all occupational groups at end of June.

Bands 2 - 6 Nursing & Midwifery on Wards

At end of June 2016, the contractual vacancy rate for band 2-6 Nursing & Midwifery ward roles was 15.12 per cent with 370 WTE vacancies. This is an increase from the May position (20 WTE additional vacancies) but the Trust continues have a lower vacancy rate than the London-wide situation of a 17 per cent for all Nursing and Midwifery roles.

Actions being taken include:

- Rolling advertisements continue with a range of focused activity
- The task and finish group for general recruitment have met to agree a refreshed approach for Band 5 recruitment events and then internal transfer process; to be

launched in August

There were 161 WTE candidates waiting to join the Trust for this staffing group.

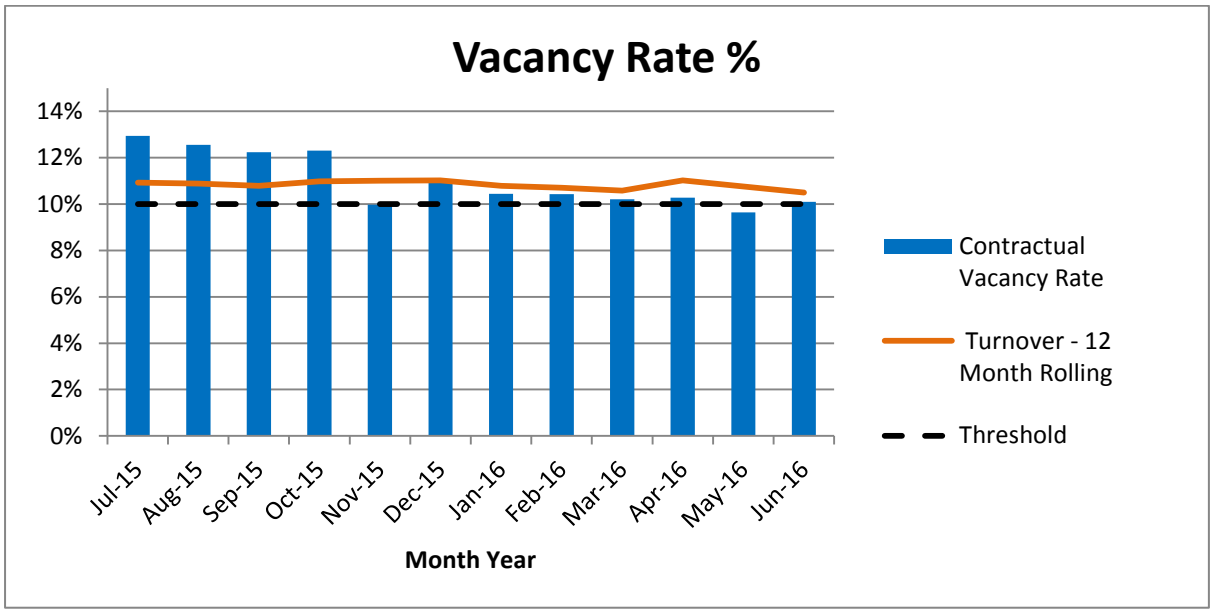


Figure 21 - Vacancy rates for the period July 2015 – June 2016

1.4.2 Well-Led: Sickness absence rate

In June 2016, recorded sickness absence was 2.88 per cent, against the target of 3.10 per cent. This compares favourably to the June 2015 performance of 3.01 per cent and brings the rolling 12 month sickness position to 3.15 per cent against the year-end target of 3.10 per cent or lower.

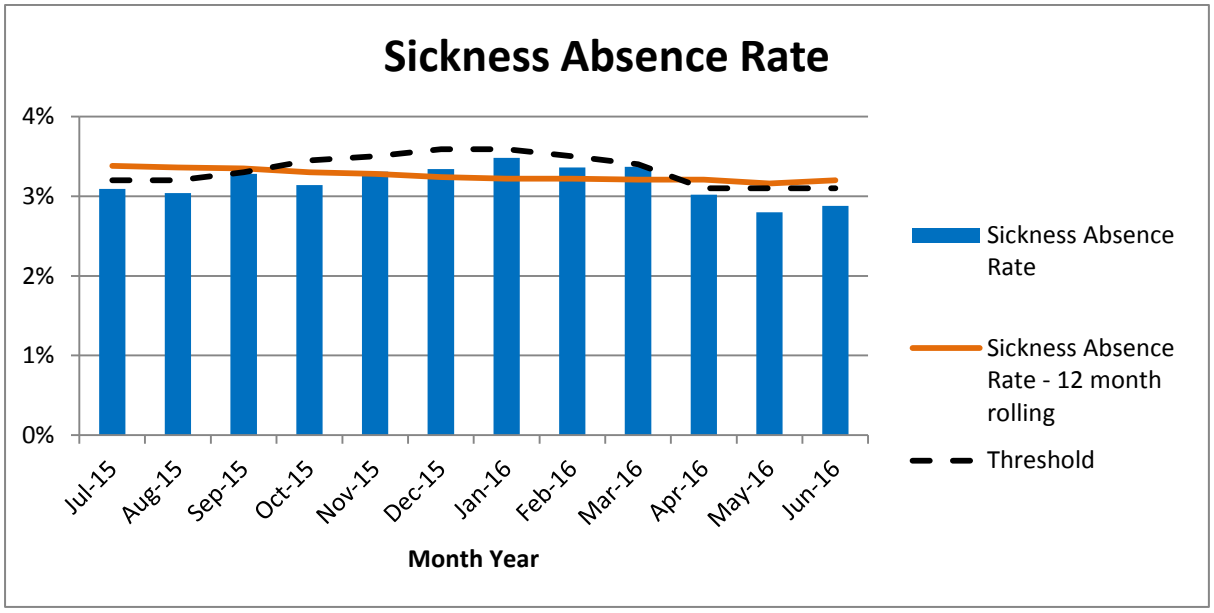


Figure 22 - Sickness absence rates for the period July 2015 – June 2016

1.4.3 Well-Led: Performance development reviews

The new personal development review (PDR) cycle began on 1 April 2016 with all non-medical staff at bands 7 to 9, expected to have a completed PDR with their line manager by the end of June. The completion rate at end of June for this staff group was 84.31 per cent against the compliance target of 95 per cent. Those not yet completed are being prioritised for completion as soon as possible.

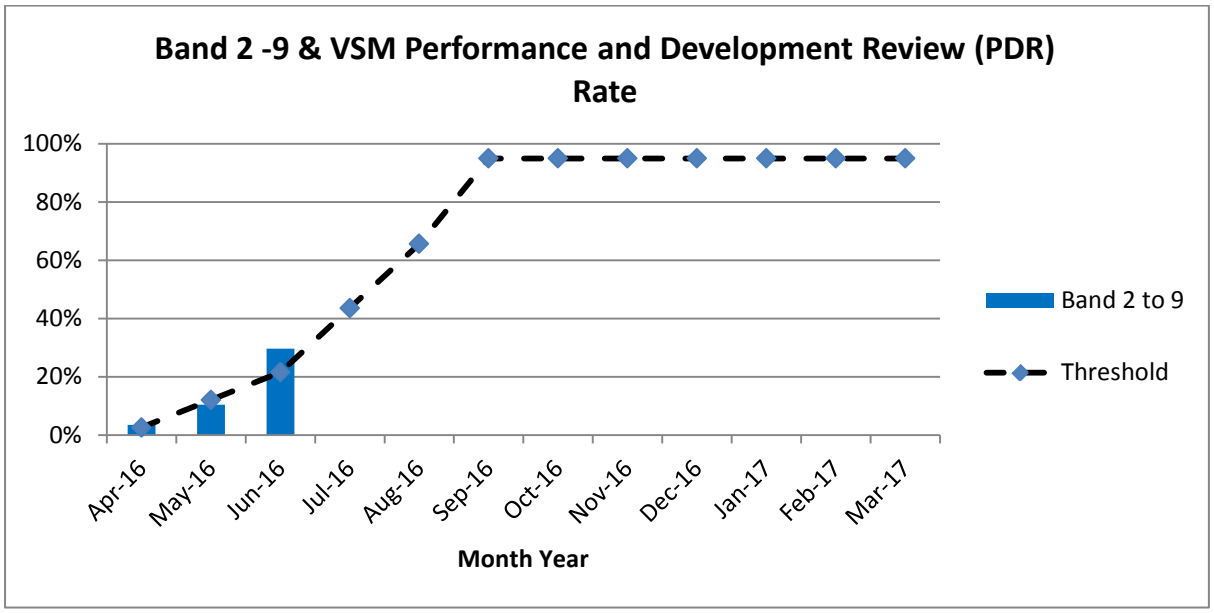


Figure 23 - Band 2 - 9 performance development review rates for the period April 2016 to March 2017

1.4.4 Well-Led: Doctor Appraisal Rate

Overall doctors' appraisal rates have decreased by 0.3 per cent this month to 81.3 per cent. The drop in consultant appraisal rates has been attributed to honorary and locum doctors. The appraisal rate for these staff groups is below 80 per cent whilst the rate for substantive consultants is at 84.0 per cent. A new staff member is joining the professional development team in mid-July and their initial task will be to target these staff groups. We expect that over the next few months we will have the capacity to undertake more appraisal 'outreach' and be able to hold more frequent drop-in sessions. Therefore, it is predicted that we will see a gradual improvement in appraisal compliance in the coming months.

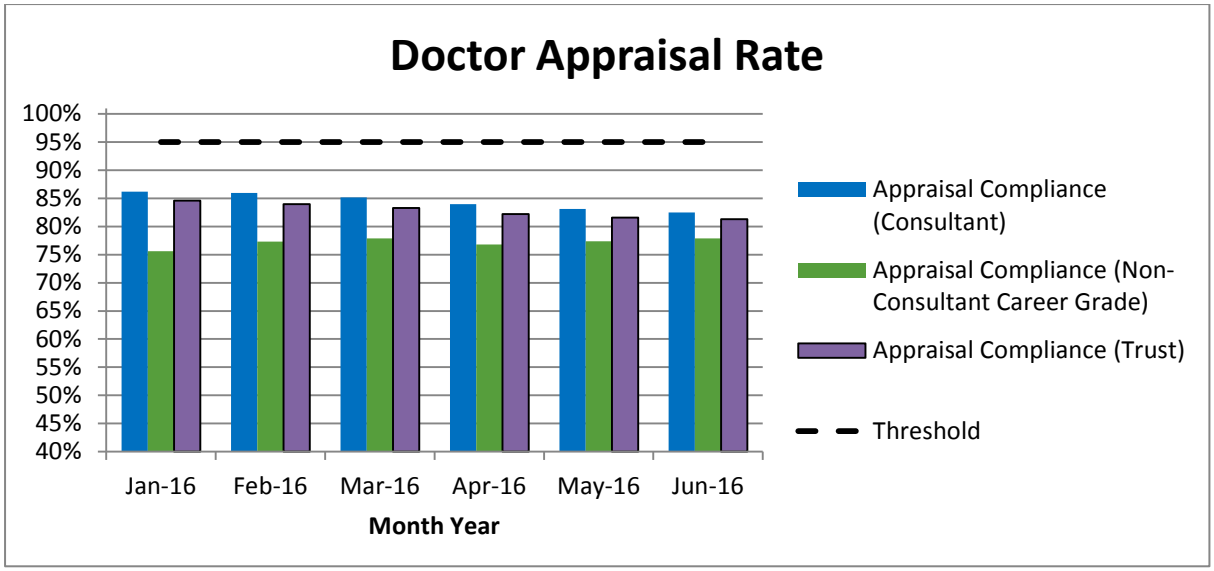


Figure 24 - Doctor Appraisal Rates for the period January 2016 to June 2016

1.4.5 Well-Led: General Medical Council - National Training Survey Actions

All outstanding actions from the 2014/15 General Medical Council National Training Survey (GMC NTS) were confirmed as closed in June 2016. There remains 59 actions open from the Health Education England – North West London (HENWL) quality visit action plan. The next submission of the action plan to HENWL is in July 2016.

The GMC NTS 2015/16 survey closed in May 2016. The results of the GMC NTS survey 2015/16 were published on 14th July and show a significant improvement, with 54 green flags compared to 20 last year and 25 red flags (where we are shown to be a significant national outlier), compared to 50 last year. An action plan will be developed in response to any issues raised by the survey.

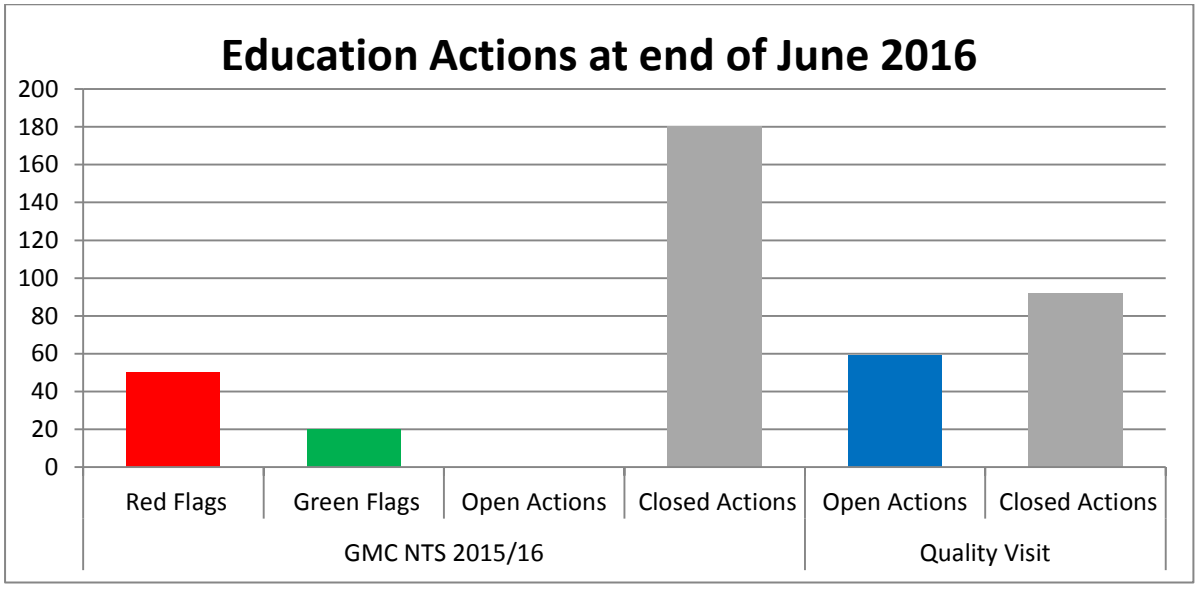


Figure 25 – General Medical Council - National Training Survey action tracker, updated at the end of June 2016

1.5 Responsive

1.5.3 Responsive: Consultant-led Referral to Treatment waiting times – 18 weeks

The performance for June 2016 was 85.87 per cent of patients on an incomplete pathway waiting less than 18 weeks to receive consultant-led treatment, against the national standard of 92 per cent.

Following the independent report from the NHS Intensive Support Team, the Trust has established a waiting list improvement programme to oversee essential improvements in the management of waiting lists across the Trust. An expert team (including external expertise) has been put in place and a detailed programme of action has been agreed internally and with CCGs to address the recommendations of the IST report.

The main areas for action are to improve waiting list data quality, to ensure that the Trust can undertake much more detailed and accurate demand and capacity analysis, and to meet the 92 per cent standard on a sustainable basis. The Waiting List Improvement Programme is expected to run until the end of March 2017 to complete these tasks and ensure that improvements across the Trust are sustainable.

Actions to improve RTT performance continue as part of the Waiting List Improvement Programme, as outlined below.

- The progress of each specialty is monitored weekly between the General Manager responsible and the Waiting List Improvement Programme.
- Continued high levels of validation resource plus appropriate additional outpatient capacity.
- Additional surgical capacity. The Trust has put in place a mobile operating theatre on the Charing Cross Hospital site and this is now providing additional surgical capacity to reduce our waiting lists in Orthopaedics and General Surgery. This is in addition to the normal surgical capacity that is being re-provided from the Riverside short-stay surgical unit at Charing Cross.
- A number of RTT pathways are provided via community contracts and not currently captured as part of the Trust RTT performance because they the information is held on a separate, community-based computer system. Actions are in place to record and capture this activity so that it will be reported within the overall Trust RTT performance.

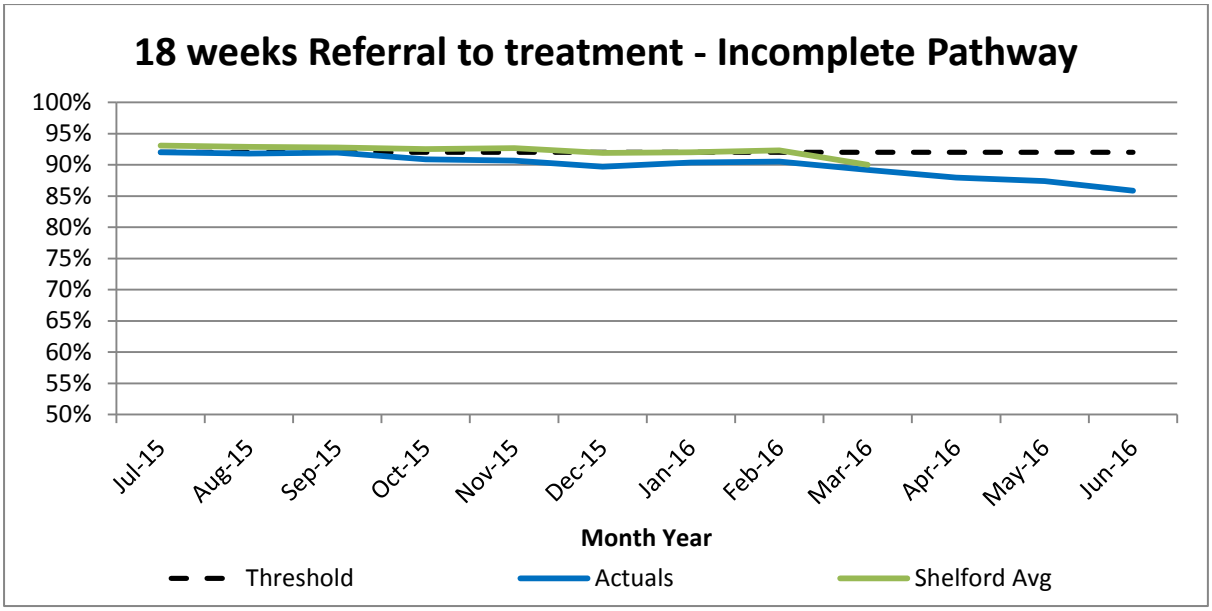


Figure 26 - RTT Incomplete pathways for the period July 2015 – June 2016

1.5.4 Responsive: Consultant-led Referral to Treatment waiting times – 52 weeks

At the end of June 2016, there were 80 patients who had waited over 52 weeks for their treatment since referral from their GP.

Of the 80 patients reported as waiting over 52 weeks at end of June:

- 26 patients were previously reported as waiting over 52 weeks at end of May for whom clinical reviews and treatment plans are in place. In many cases the patient continued to be waiting because they did not wish to have their delayed surgical operation straight away.
- 22 patients are patients whom we had not been tracking consistently because RTT rules were applied incorrectly at an earlier stage of the patient's treatment pathway and were confirmed too late for treatment to be put in place.
- 6 patients were new breaches for whom we had been reviewing regularly, but whose treatment took longer than it should have done because of capacity problems or other reasons.
- 26 patients on gender reassignment surgery pathways who had waited over 52 weeks. These pathways were reported for the first time following agreement with NHS England which commissions the service from the Trust. An improvement trajectory has been agreed with NHS England on how to address the historical backlog for this service. The Trust is the only NHS provider of male to female gender reassignment surgery in the country.
- Clinical reviews and treatments plans are being completed on all new patients waiting over 52 weeks at end June and an improvement trajectory for reducing 52 week waiters to zero is being developed.

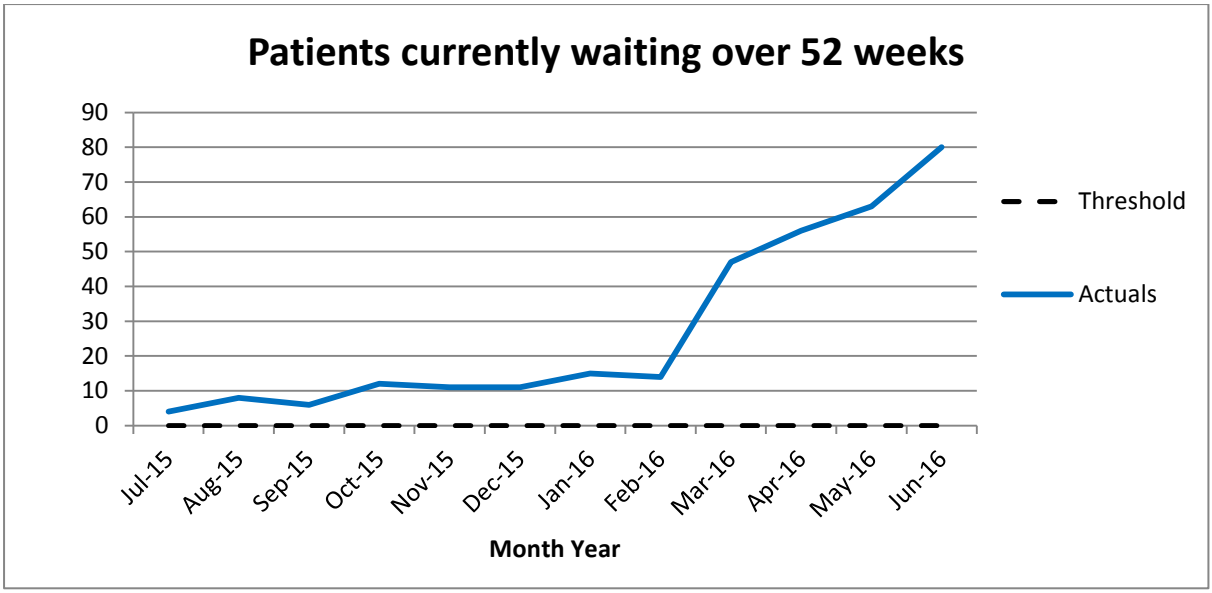


Figure 27 - Number of patients waiting over 52 weeks for the period July 2015 – June 2016

1.5.5 Responsive: Cancer

In June 2016, performance is reported for Cancer waiting times standards for May 2016. The Trust achieved five of the eight national standards. The Trust underperformed against the two week wait (2WW) GP referral to first outpatient appointment standard (breast symptoms) and underperformed against both 62 day standards.

An improvement trajectory and action plan is in place for reducing the 62-day backlog and the Trust anticipates meeting the standard from August 2016 onwards. Bi-monthly meetings are taking place with the Trust, CCG, NHS England and NHS Improvement in regard to the Trust's cancer waiting list.

Indicator	Standard	May-16
Two week from GP referral to 1st outpatient – all urgent referrals (%)	93.0%	93.1%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	89.4%
31 day wait from diagnosis to first treatment (%)	96.0%	96.2%
31 day second or subsequent treatment (drug treatments) (%)	98.0%	100.0%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	100.0%
31 day second or subsequent treatment (surgery) (%)	94.0%	95.0%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	64.1%
62 day urgent GP referral to treatment from screening (%)	90.0%	88.2%

Table 1 - Performance against national cancer standards for May 2016

1.5.6 Responsive: Elective operations cancelled for non-clinical reasons

The quarter 1 performance is subject to further validation prior to national submission on 26 July. The finalised position for April, May and June is expected to show a high rate of elective operations cancelled on the day for non-clinical reasons; breaches of the 28-day rebooking standard also remain high. This is across all sites.

A pilot to improve communication arrangements regarding cancellations between the consultant surgeons of the week for each specialty, senior nurses, site team, and Directorate management will take place in week commencing 25th July.

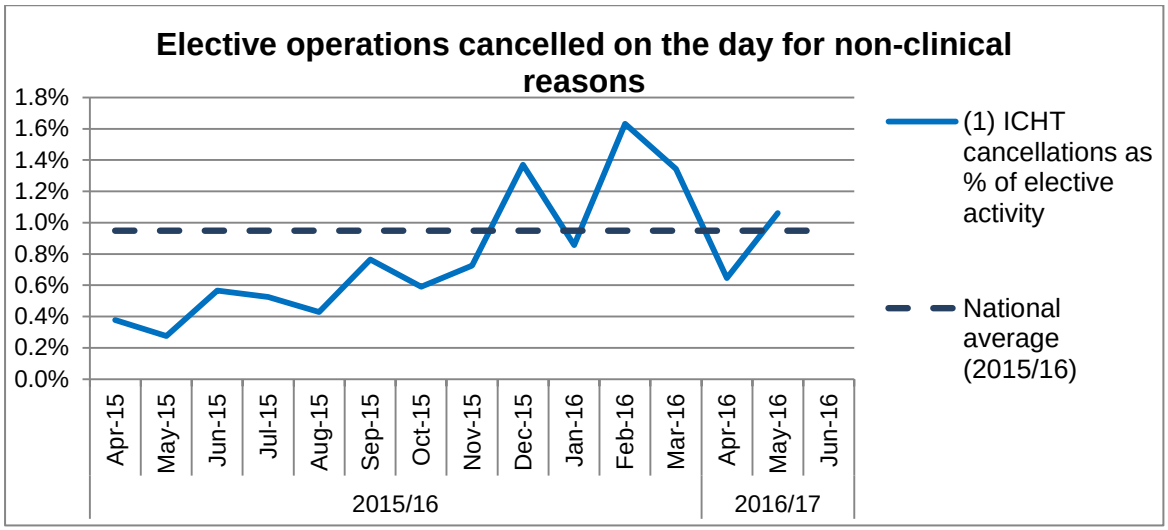


Figure 28 - Elective operations cancelled at the last minute for non-clinical reasons as a % of elective admissions for the period April 2015 – May 2016

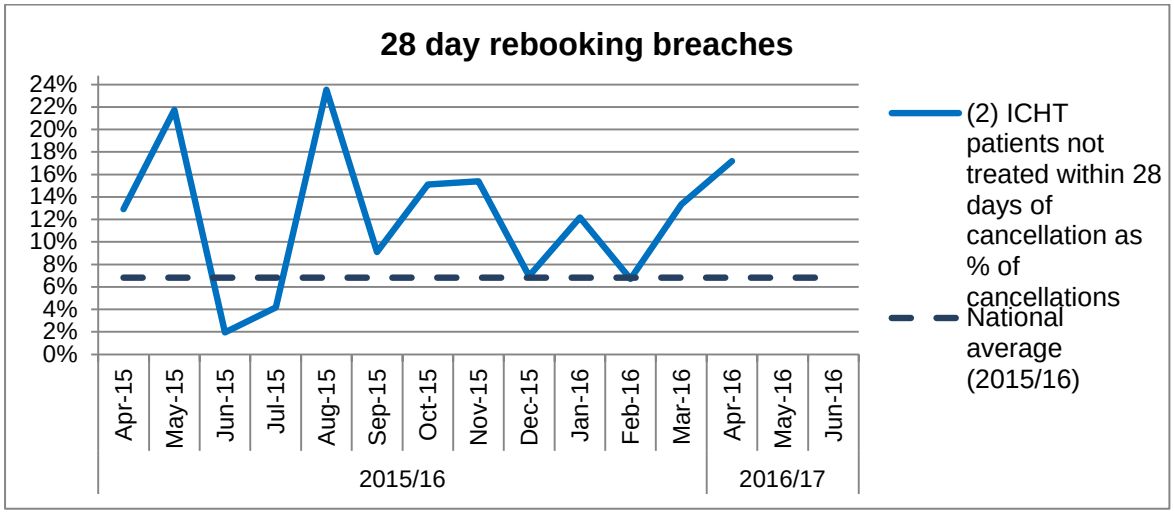


Figure 29 - Patients not treated within 28 days of their cancellation as a % of cancellations for the period April 2015 – April 2016

1.5.7 Responsive: Accident and Emergency

In June 2016, performance against the four hour access standard for patients attending Accident and Emergency was 91.01 per cent, meeting the performance trajectory target 90.32 per cent for the month.

The actions within the agreed recovery plan are on track.

Of note is the commencement of the work to refurbish the Emergency Department at SMH during June. This will restrict clinical space within ED for the duration of the work and therefore the risk of crowding in the department is increased. We are taking action to mitigate this risk where possible.

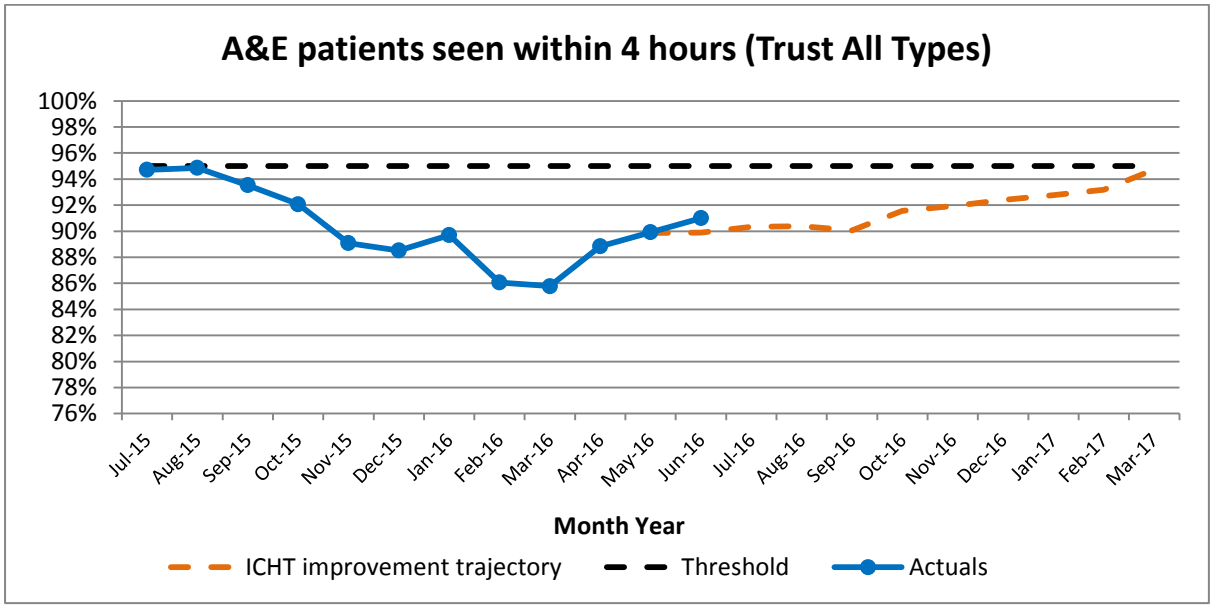


Figure 30 – A&E Maximum waiting times 4 hours (Trust All Types) for the period July 2015 – June 2016

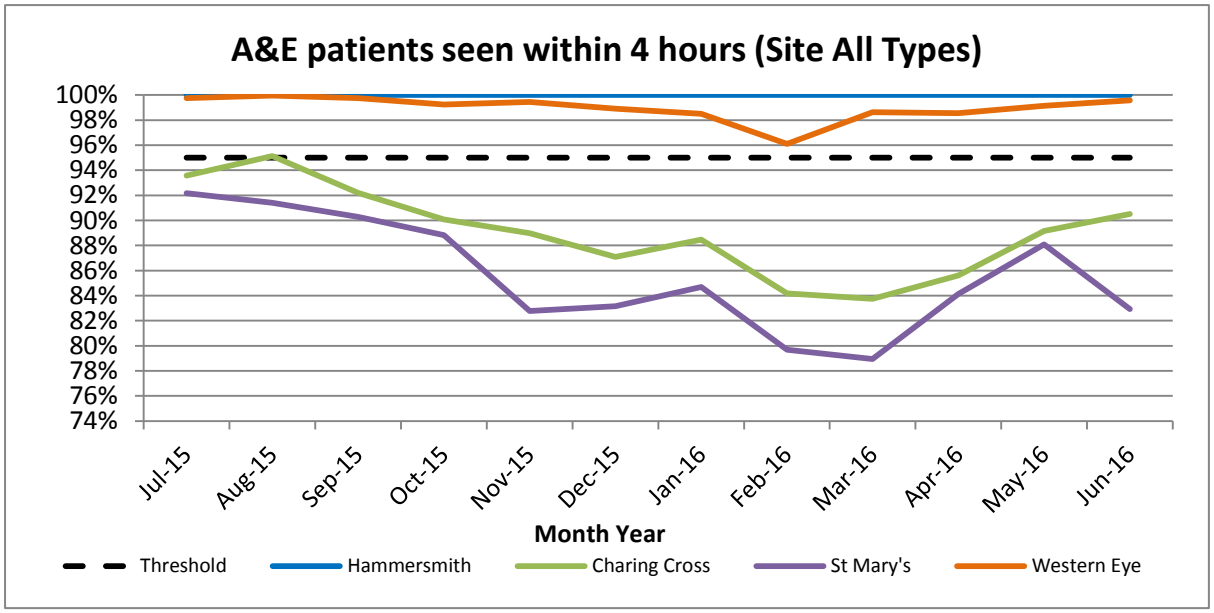


Figure 31 – A&E Maximum waiting times (Site All Types) 4 hours for the period July 2015 – June 2016

1.5.8 Responsive: Diagnostics

In June 2016, the Trust met the monthly 6 week diagnostic waiting time standard with 0.16 per cent of patients waiting over six weeks against a tolerance of 1 per cent.

Diagnostic operational reporting at the trust is supported through a weekly trust-wide diagnostic patient tracking list (PTL) and local monitoring systems, further assured by month end validation. Work is being done to move to a unified diagnostic PTL to be utilised by all modalities. This is one of the early actions from the on-going review scheduled for publication with month 4 results.

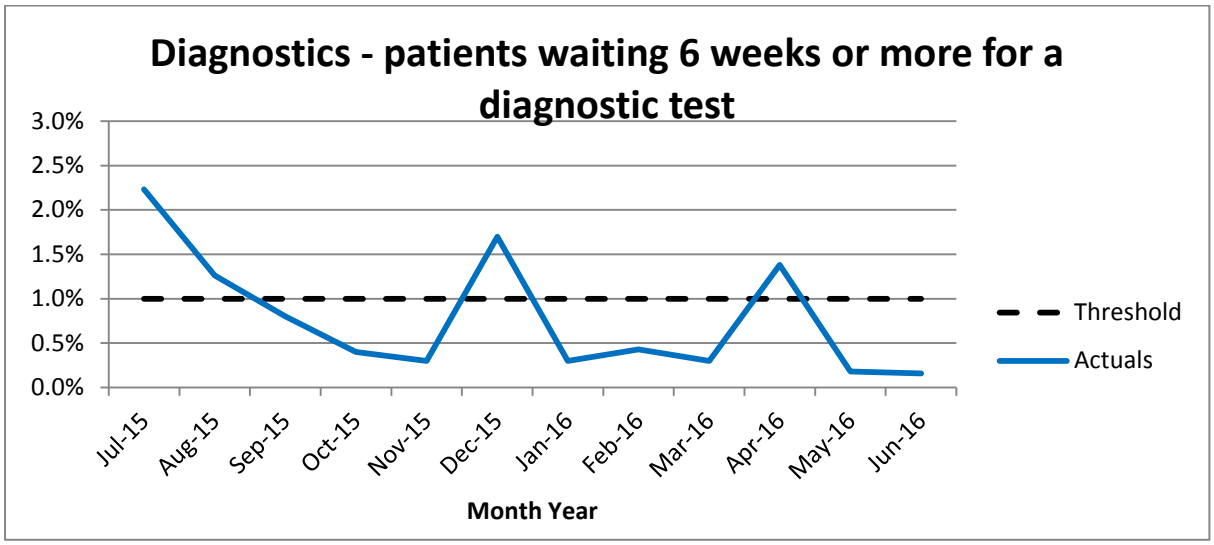


Figure 32 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period July 2015 – June 2016

1.5.9 Responsive: Patient attendance rates at outpatient appointments

In June 2016, the aggregate DNA performance was 12.1 per cent compared to 11.3 per cent in May. This equates to a total of 9,405 missed appointments in June. Of this, 2,891 were first appointments and 6,514 were follow-up appointments.

To support the achievement of a DNA rate of 10 per cent or less by March 2017, the outpatient's directorate are implementing voice and email reminders to complement the text message reminders already being sent. The benefit of this new approach is that those people for whom we don't hold a mobile number will be reminded of their appointment. This represents a potential opportunity of 1,500 additional attendances a month.

The outpatient improvement programme is still seeking targeted support to tackle the seven highest activity areas which make up almost 40 per cent of all Trust DNAs. These areas are Cardiology, Dermatology, ENT, Gynaecology, Midwife Episode, Neurology and Ophthalmology.

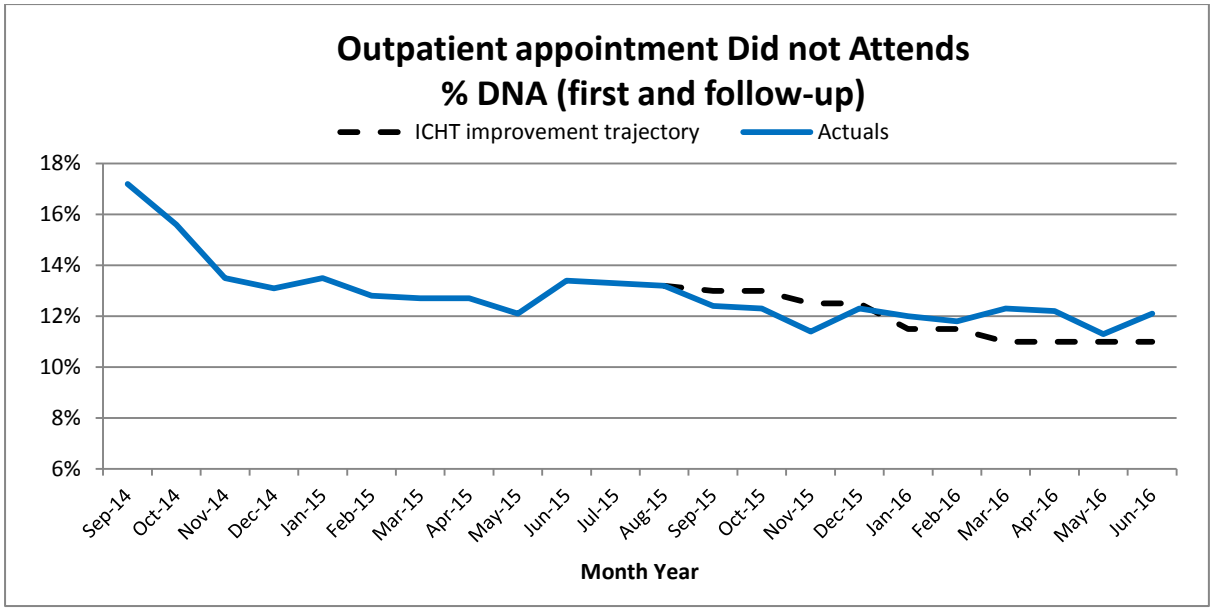


Figure 33 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period September 2014 – June 2016

1.5.10 Responsive: Outpatient appointments cancelled by the Trust

In June 2016, 16,045 outpatient appointments (13 per cent) were cancelled by the Trust with 10,080 (7.8 per cent) of these cancelled at less than 6 weeks' notice.

It is suggested that the tolerance of 8.5 per cent for short notice cancellations is revised down in view of the high numbers of patients who are being unnecessarily inconvenienced each month.

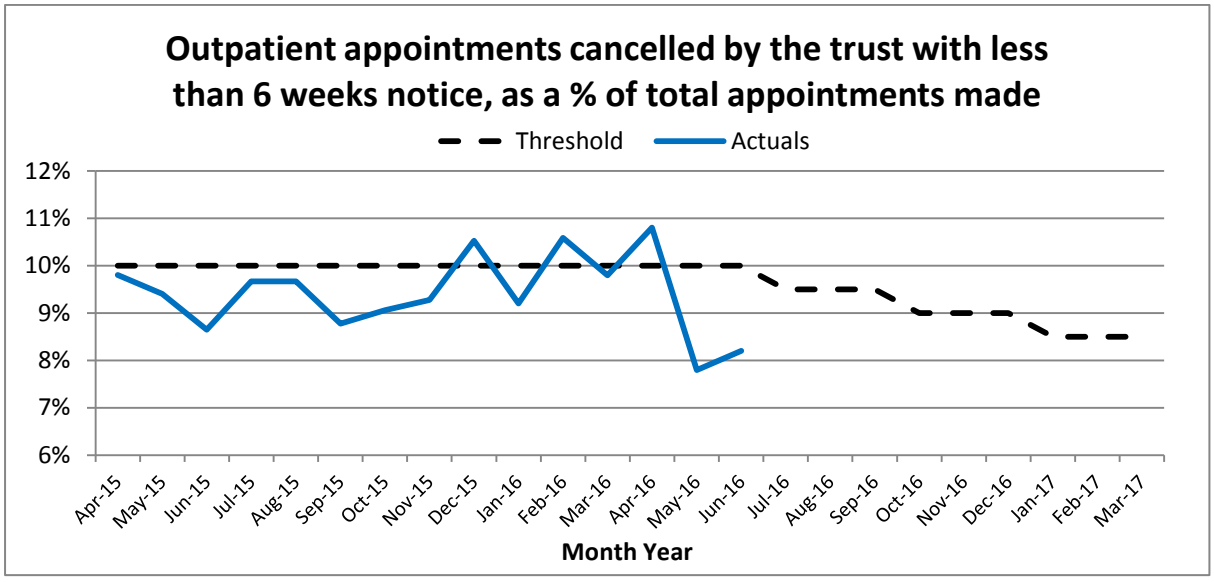


Figure 34 – Outpatient appointments cancelled by the Trust with less than 6 weeks' notice for the period April 2015 – June 2016

1.5.11 Responsive: Access to antenatal care – booking appointment

In June 2016, 96.20 per cent of pregnant women accessing antenatal care services completed their booking appointment by 12 weeks and 6 days (excluding late referrals), against the target of 95 per cent or more. The Trust is expected to continue to achieve this access standard during 2016/17.

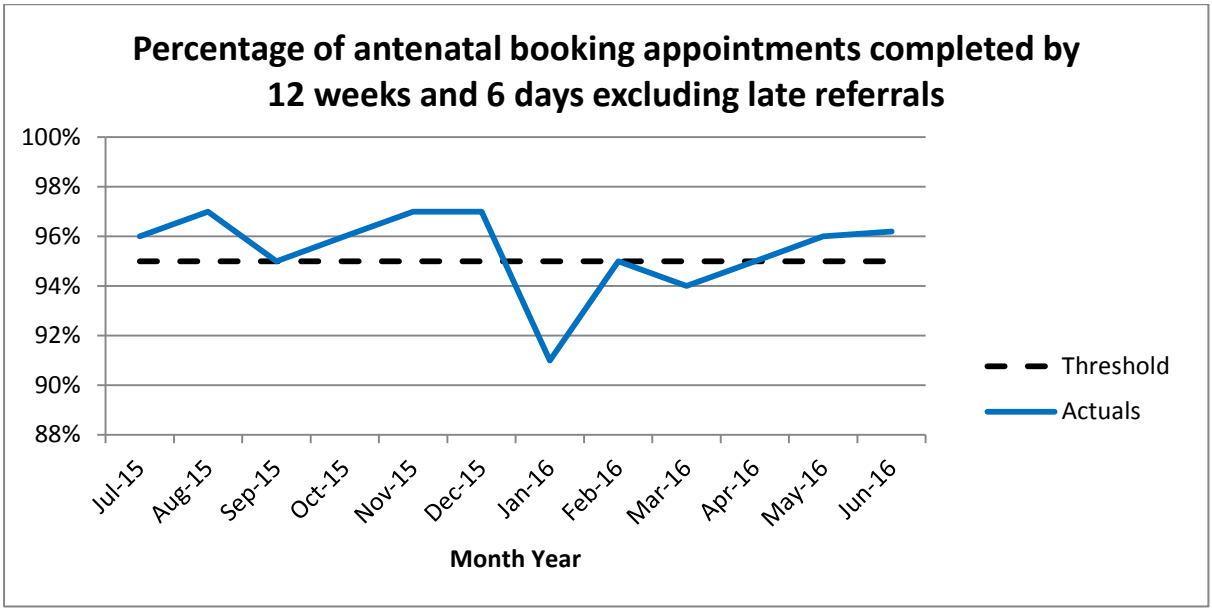


Figure 35 – Percentage of antenatal booking appointments completed by 12 weeks and 6 days excluding late referrals for the period July 2015 – June 2016

1.5.12 Responsive: Complaints

The volume of formal complaints received remains consistent and performance against acknowledgement and response time targets are good.

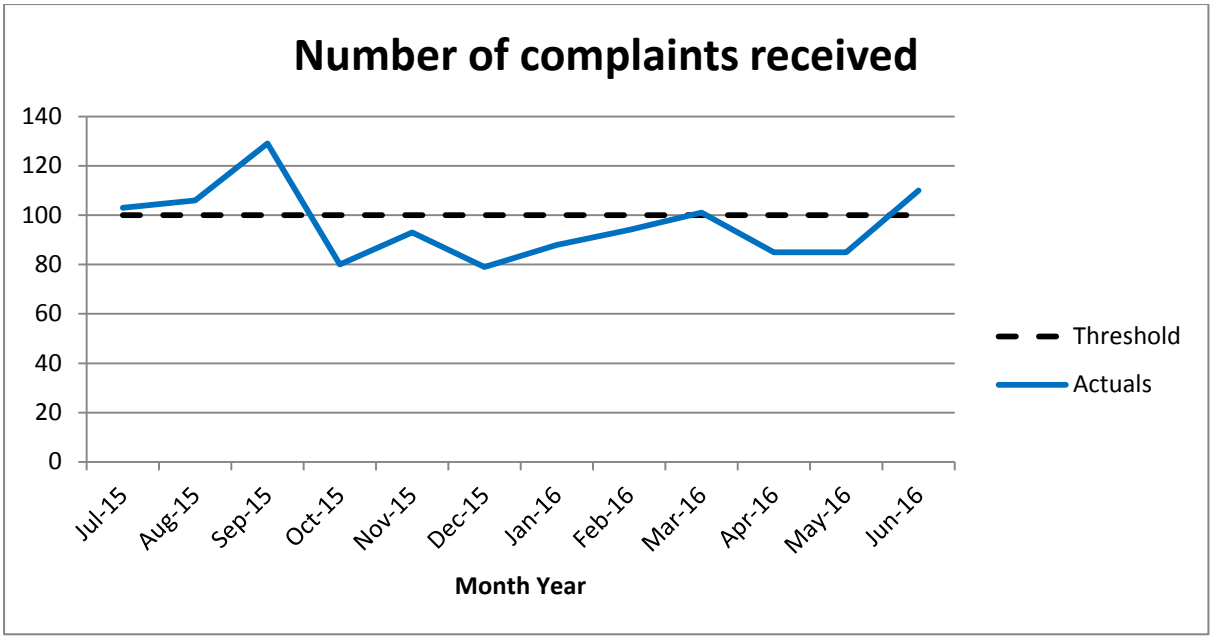


Figure 36 – Number of complaints received for the period July 2015 – June 2016

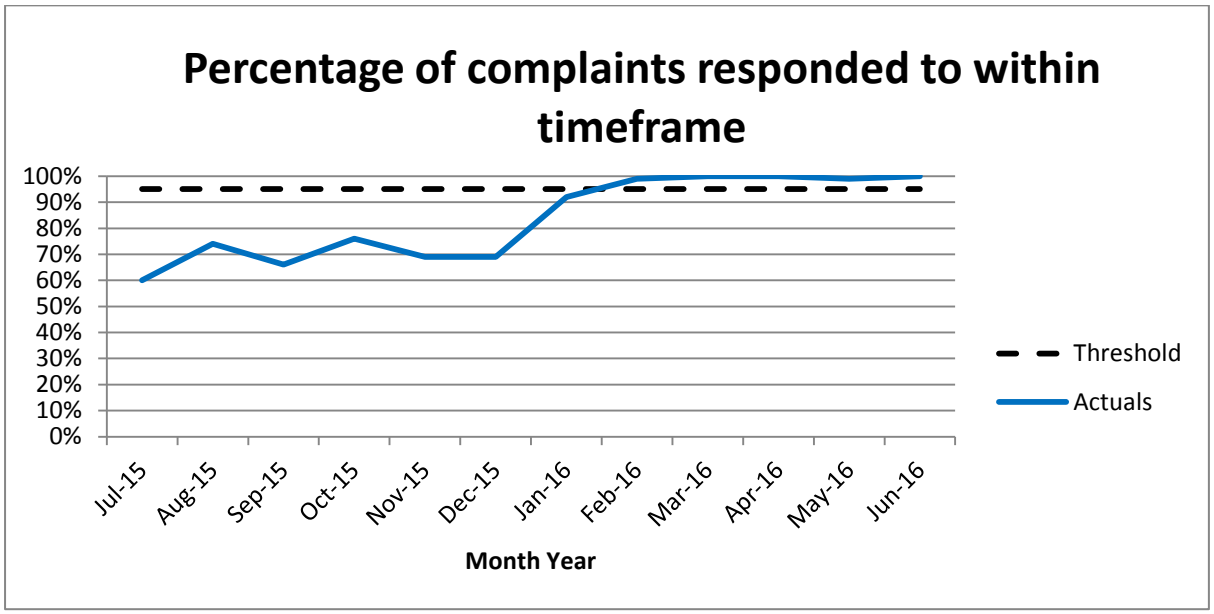


Figure 36 – Response times to complaints for the period July 2015 – June 2016

2. Finance

Please refer to the Monthly Finance Report for the Trust's finance performance.

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board - public	27 July 2016

Month 3 Finance report

Executive summary:

This paper presents the financial report for the Trust for the 3 months to June 2016. The trust is meeting its financial plan year to date.

The committee is requested to note the finance report.

Quality impact:

Financial impact:

The financial impact of this proposal as presented in the paper enclosed:
1) Has no financial impact.

Risk impact:

Recommendation(s) to the Trust board

The Trust board is requested to note the finance report

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

Author	Responsible executive director	Date submitted
Janice Stephens Deputy CFO	Richard Alexander CFO	21st July 2016

IMPERIAL COLLEGE HEALTHCARE NHS TRUST

FINANCE REPORT – 3 MONTHS ENDED 30th June 2016

1. Introduction

This report provides a brief summary of the Trust's financial results for the 3 months ended 30th June 2016. The Trust Board is asked to note this paper.

2. Summary

The Trust is reporting a deficit of £15.14m; a favourable variance to plan of £0.23m. The table below provides a summary of the income and expenditure position.

	In Month			Year To Date (Cumulative)		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	86.88	91.30	4.42	257.91	258.15	0.24
Pay	(50.19)	(49.80)	0.39	(149.98)	(147.62)	2.36
Non Pay	(35.59)	(38.05)	(2.46)	(106.67)	(109.59)	(2.92)
Reserves	(1.14)	(1.55)	(0.41)	(4.37)	(4.37)	(0.00)
EBITDA	(0.04)	1.91	1.94	(3.11)	(3.43)	(0.32)
Financing Costs	(3.23)	(3.90)	(0.67)	(10.79)	(11.55)	(0.76)
SURPLUS / (DEFICIT) including donated asset treatment	(3.26)	(2.00)	1.27	(13.90)	(14.98)	(1.08)
Donated Asset treatment	(0.94)	(0.03)	0.90	(1.47)	(0.16)	1.31
Impairment of Assets	-	-	-	-	-	
SURPLUS / (DEFICIT)	(4.20)	(2.03)	2.17	(15.37)	(15.14)	0.23

Income is broadly on plan year to date. Income performance in month reflects activity coding corrections; uncoded activity had been high in the first two months of the year. Pay is favourable reflecting slippage on investments for CIP schemes. Within pay, agency continues to be below levels last year. Non Pay is adverse to plan, £1.6m of which relates to pass through costs which have offsetting variances in income.

3. Revenue

The Appendix provides a summary of the position after 3 months.

3.1 NHS Activity and Income

The summary table shows the position by division.

Divisions	Year To Date Activity Plan	Actual	Variance	Year To Date Income (£m) Plan	Actual	Variance
Division of medicine and integrated care	191,334	195,241	3,907	60.50	60.14	(0.36)
Division of surgery, cancer and cardiovascular	148,357	141,108	- 7,249	68.32	66.22	(2.10)
Division of women's, children's and clinical support	586,930	618,936	32,006	36.21	37.08	0.87
Central Income	(2)	3	5	32.60	35.26	2.66
Year to date Activity & Income	926,619	955,289	28,670	197.63	198.70	1.07

[Note: The Central division reports those revenue streams from NHS commissioners that are not for direct patient care or managed through patient care facilities controlled by the clinical divisions (such as for patient transport); or items that have a 'contra' impact on expenditure.]

Notably income from accident and emergency is above plan driven by lower than expected levels of activity being delivered in the urgent Care Centre. Adult critical care is less than plan.

3.2 Private Care income

Private care income continues to improve, but was £0.04m behind plan in month, and £0.36m behind plan year to date. The income plan for the year is circa £5m higher than the outturn last year.

3.3 Clinical Divisions

The devolved financial position for clinical divisions is set out in the table below.

	In Month Plan £m	Actual £m	Variance £m	YTD Plan £m	Actual £m	Variance £m
Clinical Divisions						
Income	20.93	23.57	2.64	64.11	64.51	0.40
Expenditure	(17.72)	(18.09)	(0.37)	(52.87)	(52.99)	(0.12)
Medicine and Integrated Care	3.21	5.48	2.27	11.24	11.52	0.28
Income	23.75	23.73	(0.02)	69.49	67.39	(2.10)
Expenditure	(20.50)	(20.49)	0.01	(61.48)	(60.61)	0.86
Surgery, Cancer and Cardiovascular	3.25	3.24	(0.01)	8.01	6.78	(1.24)
Income	15.30	15.34	0.05	45.48	45.78	0.30
Expenditure	(17.28)	(17.26)	0.02	(51.85)	(50.83)	1.02
Women, Children & Clinical Support	(1.98)	(1.91)	0.07	(6.37)	(5.05)	1.32
Imperial Private Healthcare	1.01	1.13	0.12	3.04	3.18	0.13
Total Clinical Division	5.50	7.94	2.44	15.93	16.43	0.50

Medicine is broadly on plan. The Division of Surgery is £1.24m behind plan driven in the main by slippage on cip schemes. The Division of Women and Children is favourable to plan by £1.3m, this is driven by above plan income performance and underspends particularly on pay. Private Health is favourable to plan year to date by £0.13m: whilst income is slightly behind plan, costs are being contained to offset that.

4. Efficiency programme

CIP delivery in the first 3 months of the year was adverse to plan by £1.3m. The Trust is working with PWC through its Financial Improvement Plan to ensure that new CIP plans crystalize and CIPs are delivered in full.

5. Cash

The cash balance at the end of the month was £17.5m.

6. Conclusion

The Trust is on plan year to date. There are a number of risks, notably delivery of the CIP programme which require the Executive to continue to work internally to reduce costs while safeguarding quality and with the commissioners and NHSI to ensure fair remuneration for activity carried out.

The Trust Board is requested to note this report.

Appendix

Statement of Comprehensive Income – 3 months to 30th June 2016

	In Month			Year To Date (Cumulative)		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Income						
Clinical (excl Private Patients)	68.52	75.60	7.08	202.49	206.55	4.07
Private Patients	4.02	3.98	(0.04)	12.02	11.66	(0.36)
Research & Development & Education	9.06	9.01	(0.05)	27.08	26.05	(1.03)
Other	5.29	2.71	(2.58)	16.32	13.89	(2.43)
TOTAL INCOME	**86.88**	**91.30**	**4.42**	**257.91**	**258.15**	**0.24**
Expenditure						
Pay - In post	(48.66)	(43.67)	5.00	(145.32)	(130.10)	15.22
Pay - Bank	(0.68)	(3.16)	(2.48)	(2.00)	(9.11)	(7.11)
Pay - Agency	(0.84)	(2.97)	(2.13)	(2.66)	(8.41)	(5.75)
Drugs & Clinical Supplies	(23.14)	(24.54)	(1.39)	(69.33)	(70.10)	(0.77)
General Supplies	(2.82)	(2.95)	(0.14)	(8.42)	(8.88)	(0.46)
Other	(9.63)	(10.56)	(0.93)	(28.91)	(30.61)	(1.69)
TOTAL EXPENDITURE	**(85.78)**	**(87.84)**	**(2.07)**	**(256.65)**	**(257.21)**	**(0.56)**
Reserves	**(1.14)**	**(1.55)**	(0.41)	**(4.37)**	**(4.37)**	0.00
Earnings Before Interest, Tax, Depreciation & Amortisation	**(0.04)**	**1.91**	**1.94**	**(3.11)**	**(3.43)**	**(0.32)**
Financing Costs	(3.23)	(3.90)	(0.67)	(10.79)	(11.55)	(0.76)
SURPLUS / (DEFICIT) including donated asset treatment	**(3.26)**	**(1.99)**	**1.27**	**(13.90)**	**(14.98)**	**(1.08)**
Donated Asset treatment	(0.94)	(0.03)	0.91	(1.47)	(0.16)	1.31
Impairment of Assets	0.00	0.00	0.00	0.00	0.00	0.00
SURPLUS / (DEFICIT)	**(4.20)**	**(2.03)**	**2.17**	**(15.37)**	**(15.14)**	**0.23**

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board - Public	27 July 2016

Corporate Risk Register

Executive summary:

The Trust Board reviewed the corporate risk register at its meeting in November 2015 as part of the agreed bi-annual process. A number of changes have been made to the corporate risk register since the last update to the Trust Board, which have been approved by the Executive Committee. Please refer to **Appendix 1** for a copy of the Trust's corporate risk register.

At present there are 17 corporate risks within the risk register of which 11 are identified as operational and 6 as strategic. The highest risks are scored as 20 and the lowest as 12. One risk (from the 17 risks) has been removed from the corporate risk register as it is commercial in confidence.

Key themes include:

- Workforce
- Operational performance
- Financial sustainability
- Clinical site strategy
- Regulation and compliance
- Delivery of care

The following changes to the corporate risk register have been made since the last review by the Trust Board in November 2016:

- Risk 85 has been amalgamated with Risk 83
- Risk 89 has been amalgamated with Risk 55
- One risk that was commercial in confidence has been de-escalated from the corporate risk register
- Two new risks have been escalated onto the corporate risk register: Risk 90 and Risk 91
- The risk score for the following risks has increased: Risk 67 and Risk 7
- The risk score for the following risk has decreased: Risk 75

Due to the timing of the Trust Board meeting, there will be further discussion of the corporate risk register at the Executive Committee on 26th July 2016. A verbal update will be given at the Board meeting on the outcome of that discussion.

The corporate risk register will next be presented to the Trust Board in January 2017.

Quality impact:
The corporate risks are reviewed by the Executive Committee regularly to consider any impact on quality and associated mitigation. The report applies to all CQC domains: Safe, Caring, Responsive, Effective and Well-Led.
Financial impact:
Some of the risks outlined in Appendix 1 will have a financial impact and this is considered as part of existing work streams in relation to the risks.
Risk impact:
The impacts of each risk are captured within Appendix 1.
Recommendation(s) to the Committee:
• Note the changes to the corporate risk register • Note the corporate risk register
Trust strategic objectives supported by this paper:
• To achieve excellent patients experience and outcomes, delivered efficiently and with compassion. • To educate and engage skilled and diverse people committed to continual learning and improvements. • To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Author	Responsible executive director	Date submitted
Priya Rathod Deputy Director of Quality Governance	Janice Sigsworth, Director of Nursing	20 July 2016

Corporate Risk Register

1. Purpose

The following report provides an update on the corporate risk register and provides a summary of key changes since it was reviewed by the Trust Board in November 2015.

2. Background

The Trust Board reviewed the corporate risk register at its meeting in November 2015 as part of the agreed bi-annual process. The following governance process for risk management is in place within the Trust:

- **Divisional risk register;** this is discussed and approved at monthly divisional quality meetings, at the Quality Committee and at the Executive Committee each quarter.
- **Director risk register;** each corporate director has their own risk register which is discussed at the Executive Committee quarterly.
- **Corporate risk register:** This is discussed and approved monthly at the Executive Committee, quarterly at the Audit, Risk and Governance Committee and six-monthly at the Trust Board.

3. Changes to the corporate risk register

A number of changes have been made to the corporate risk register since the last update to the Trust Board, which have been approved by the Executive Committee and are summarised below. Please refer to **Appendix 1** for a copy of the Trust's corporate risk register.

a. Amalgamation of risks

The following risks have been amalgamated to avoid duplication:

- **Risk 85: '***Failure to recruit to substantive nursing posts on some medical wards'* has been merged with Risk 83 and the content updated.
- The revised risk description is:
- **Risk 83: '***Failure to meet recommended vacancy rates across all areas of the organization'*
- The risk score is currently: 16

- **Risk 89:** '*Risk of increased waiting times and LOS for patients as well as failure to meet access targets due to frequent equipment failure'* has been merged with Risk 55 and the content updated.
- The revised description is:
- **Risk 55:** Failure of critical equipment and facilities that prejudices trust operatoins and increases clincial and safety risks
- The risk score is currently: 20

b. Change to risk owners

In order to align with the new Executive Management structure which came into effect on 1st April 2016, the risk owners on the corporate risk register have been changed accordingly.

c. Risk de-escalated from the corporate risk register

- One risk that was commercial in confidence has been de-escalated from the risk register.

d. New risks escalated onto the corporate risk register since November 2015

Two new risks have been escalated onto the corporate risk register as follows:

- **Risk 90:** '*Risk of cyber security threats to Trust data and infrastructure'*
- The risk was agreed at the Executive Committee on 24th May 2016 for escalation onto the corporate risk register due to the Trust being unable to resource a full time ICT security management function.

- **Risk 91:** '*Failure to currently meet the some of the core standards and service specifications (as set out by the CQC) for High Dependency areas within the Trust'*
- The risk was agreed by the Executive Committee on 28th June 2016 for escalation onto the corporate risk register due to the Trust currently not meeting some of the core standards and service specifications.

e. Change to risk score

The score for the following risks has increased:

- **Risk 67:** *'Failure to achieve benchmark levels of workforce engagement'*
- The risk score has been increased from 9 (L3XC3) to 12 (L4XC3). This is as a result of changing the likelihood of the risk materialising from 'possible' to 'likely', due to the results from the recent staff survey which have not shown any significant improvement in staff engagement.

- **Risk 7:** *'Failure to maintain key operational performance standards'*
- The risk score has been increased from 15 (5X3) to 20 (5X4) due to discussions between the Trust and NHS Improvement regarding the release of the Sustainability Transformation Plan funds in 2016/17. The consequence of not achieving the constitutional targets will be 'major' if the Trust does not achieve the improvement trajectories it sets.

The score for the following risk has decreased:

- **Risk 75: '***Failure to provide safe emergency surgery at Charing Cross'.*
- The risk score has been reduced from 16 to 12 (L3XC4) due to the recruitment of both consultant and middle grade staff that are now in place, therefore reducing the likelihood of this risk materialising.

f. Outcome of discussion at the Executive Committee on 26th July 2016

Due to the timing of the Trust Board meeting, there will be further discussion of the corporate risk register at the Executive Committee on 26th July 2016 where it is likely that the following change will be agreed:

- **Risk 74:** '*Failure to gain funding approval from key stakeholders for the redevelopment programme'.*
- An increase to the risk score from 12 (3X4) to 16 (4x4).
- There have been a number of changes to both the internal and external financial landscape that are likely to place significant constraints on the Trust's aspirations to deliver the 4c site development proposal, hence increasing the likelihood of this risk materialising.

A verbal update will be given at the Board meeting on the outcome of the discussion from the Executive Committee.

4. Next steps

- The corporate risk register will continue to be discussed at the Executive Committee each month
- The corporate risk register will next be presented to the Trust Board in January 2017.

Recommendations to the Board:

- Note the changes to the corporate risk register
- Note the corporate risk register

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.
- To educate and engage skilled and diverse people committed to continual learning and improvement.

Appendix one

Imperial College Healthcare NHS Trust

Corporate Risk Register

Trust Board

27th July 2016

Key: Scoring

To calculate the risk placement on the matrix,
it is necessary to consider both the likelihood of the risk happening and the consequence of it happening as described below:

			Likelihood				
			Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Consequence	**Severity**		**1**	**2**	**3**	**4**	**5**
	Negligible	**1**	1	2	3	4	5
	Minor	**2**	2	4	6	8	10
	Moderate	**3**	3	6	9	12	15
	Major	**4**	4	8	12	16	20
	Catastrophic	**5**	5	10	15	20	25

Key:

Risk Source: The source of the risk / where or how the risk was identified, for example strategic planning

Initial Score: The score of the risk when first identified

Current Score: The current risk score including key controls to mitigate this risk

Trend / Movement: Arrow to show if the risk has increased ⇧ decreased ⇩ or remained the same ⇔ since the last update to the Trust Board

Target Score: Target of the risk once all future and current actions have been completed and implemented

Contingency Plans: Predefined action plans that would be initiated should the risk materialise

Corporate Risk Register Dash Board – Trust Board July 2016

Risk ID	Page No.	Risk Title	Lead Director	Initial Score	Date risk identified	≤6	8	9	10	12	15	16	≥20	Date to achieve target risk score
STRATEGIC RISKS														
Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion														
48	Page 3	Failure to maintain financial sustainability	Chief Financial Officer	20	Mar-12						●		♦	*Review Nov- 16*
81	Page 4	Failure to comply with statutory and regulatory duties and requirements, including failure to deliver the CQC action plan on target	Director of Nursing	16	Dec-14		●			♦				Dec-16
83	Page 5	Failure to meet required or recommended vacancy rates across all areas of the organisation *(Amalgamated with previous risk no. 85)*	Director of People & OD	12	Jan-15		●					♦		Jul-16
Trust Objective 2. To educate and engage skilled and diverse people committed to continual learning and improvement														
67	Page 6	Failure to achieve benchmark levels of workforce engagement	Director of People & OD	9	Oct-13	●		→		♦				Oct-16
Trust Objective 4. To pioneer integrated models of care with our partners to improve the health of the communities we serve														
74	Page 7	Failure to gain funding approval from key stakeholders for the redevelopment programme resulting in continuing to deliver services from sub-optimal estates and clinical configuration	Chief Executive	12	Oct-14		●			♦				Sept-16
73	Page 8	Failure to deliver the Clinical Strategy Implementation programme to achieve long term sustainability, enhance acute services and support out of hospital care.	Medical Director	16	Oct-14	●		♦						Sept-16
OPERATIONAL RISKS														
Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion														
55	Page 9	Failure of critical equipment and facilities that prejudices trust operations and increases clinical and safety risks *(Amalgamated with previous risk no. 89)*	Director of Nursing	20	Mar-11						●		♦	Mar-17
REMOVED – Commercial in confidence														
88	Page 10	Risk of Spread of Organisms such as CPE (Carbapenem-Producing Enterobacteriaceae)	Medical Director	12	Jul-15		●					♦		Sep- 16
71	Page 11	Failure to deliver safe and effective care	Medical Director	12	Oct-14		●			♦				Jul-16
87	Page 12	Failure to deliver outpatient improvement plan	Divisional Director of WCCS	12	Jul-15		●					♦		Jul-16
75	Page 13	Failure to provide safe Emergency Surgery at Charing Cross site	Divisional Director of SCCS	16	Oct-14		●			♦	←			Jul-16
7	Page 14	Failure to maintain key operational performance standards	A&E: Divisional Director of MIC RTT: Divisional Director of SCCS Diagnostics: Divisional Director of WCCS	15	Jun-07	●					→		♦	Mar-17
90	Page 15	*NEW* Risk of cyber security threats to Trust data and infrastructure	Chief Information Officer	16	Jul-15	●						♦		Dec-16
91	Page 16	*NEW* Failure to currently meet some of the core standards and service specifications (as set out by the CQC) for High Dependency areas within the Trust	Divisional Director of SCCs	16	Jun-16	●						♦		Apr - 17
Trust Objective 2. To educate and engage skilled and diverse people committed to continual learning and improvement														
65	Page 17	Failure to achieve benchmark levels of medical education performance and provide adequate and appropriate training for junior doctors	Medical Director	12	Feb-14		●			♦				Jul-16
72	Page 18	Failure to assess the risks to the health, safety, and wellbeing of employees, workers, students, and visitors	Director of People & OD	12	Oct-13	●				♦				Oct-16

Key:

→ Arrow indicates movement since the last update to the Trust Board
♦ Diamond indicates current score
● Circle indicates target risk score
✱ Star indicates new risk for this quarter

Strategic Risks

Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk: Cause / Effect / Impact	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
16					**Failure to maintain financial sustainability (L4 x C5)**											
					Failure to meet required or recommended vacancy rates across all areas of the organisation (L4 x C4)											

Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

48 / Datix 1597	Chief Financial Officer	Risk Assessment / Operational Risk	1	March 2012	**Failure to maintain financial sustainability** **Cause:** • Loss of DH/NHS England complex specialist treatments and market forces factor adjustment in respect of R&D costs • CCG affordability pressures combined with historic planning gap leading to increase in level of fines, challenges & lack of recurrent reinvestment • Historic dependence on non-recurrent funding sources masked underlying financial picture • Failure to increase private patient income as planned • Reductions in Education funding • Pressures upon level and usage of R&D funding's to specialist commissioning regime, especially in relation to pass-through costs • Additional costs of operating across three sites • Slower-delivery of Clinical Strategy Implementation. Plan • Agency premiums incurred to cover substantive roles • Investments in Acute medical model • Investment in implementation costs of Cerner including data validation • Additional costs of operating with outdated estate and aged equipment **Effect:** • Failure to secure £24m of Sustainability and Transformation funding • Failure to deliver a surplus • Reputational risk of missing budget and being in significant deficit • Loss of financial autonomy • Dependence upon DH revolving working capital facility • Dependence upon SaHF for site redevelopment project costs & Charity for major capital investments **Impact:** • Delays/cancellation of planned investments including projects for improved financial sustainability, estate and quality initiatives with risk to service viability • Guidelines now mandatory linked to cash support • Enforced, rapid 10% cut on corporate functions increases the risk of reduced control & service • Potential conflict between delivering operational targets and hitting financial goals • Greater focus on financial priorities by all staff • Reduced capacity to engage with wider healthcare community & issues • Redesign/exit unsustainable service impacts: Potential loss of revenue: NHS income, research and education income, other income	4 x 5	• CEO & CFO engagement with Provider Diamond – reports to FIC and Trust board • Affordability gaps with commissioners minimised; divisions fully engaged with Contract Negotiating Team and Joint Contract performance and quality reviews reporting back to FIC active cash management and reports to FIC and Board. • Monthly financial reporting and performance reviews reported up to FIC and Trust board • CIP, CSIP, QI and all major change programmes report to monthly Exec Transformation Committee and then to FIC • Performance oversight by NHSI (Was TDA) which will now incorporate the reporting of the externally assisted Financial Improvement Programme (FIP) • Cash controls: o Stock control – minimizing working capital tied up in stock o Cash monitoring – tracking forecast daily cashflows to identify risk points o Debt collection – maximizing cash collection from debtors o Creditor management • CEO led joint planning meeting with Charity • Joint focus on affordability at CFO level between provider and commissioner to target non-recurrent commissioner investment to Trust priorities • Full engagement in STP programme seek to maximise Trust gain from broader initiatives • CEO leads for providers in the regional planning process (STP)	4 x 5	O	**Working capital**: to £26m from the Department of Health • Implementation of 13 week cash flow management model in April 2016 and weekly cash committee to review working capital position • Intensive period of FIP support to review all working capital arrangements and improve effectiveness of forecasting and actions to recover income and manage accounts payable **I&E:** • Engagement with NHS Improvement's 'Financial Improvement' programme (FIP) – began April 2016. Phase 1 ended in May; Phase 2 began in July, with implementation of new Programme Support Office structure to support delivery of the trust's CIP programme. • Implementation of organisation restructure in April (Phase 1) and July (Phase 2) to support long term efficiency programme • Cost management teams of 3 for each directorate (Pilot began in April 2016, full implementation with advice / assistance from FIP partner) • Service line reviews designed to identify key further opportunities towards sustainability of all service lines – sustainable operating model being developed to deliver reviews of all service lines by the end of next financial year, with sustainability and transformation plans for each service submitted to FIC. **Long term:** Trust wide engagement in STP programme (including consideration of long term financial modelling, sustainability and site strategy) **Target risk score date: Review November 2016 (after M6 actuals and progress of Financial Improvements Programme)**		3 x 5	• Revolving working capital facility provides cash support cover of up to £26m (£16m has been drawn down YTD) – with the ability to extend the limit up to £104m. (However, note that these national arrangements are interim while a permanent process is being agreed between DH and NHSI)

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
81 / Datix 1599	Director of Nursing	Strategic Planning / Strategic risk	1	Dec 14	**Failure to comply with the Care Quality Commission (CQC) regulatory requirements and standards could lead to a poor outcome from a CQC inspection and / or enforcement action being taken against the trust by the CQC.** **Cause**: • Lack of robust systems and processes which enable the trust to achieve regulatory compliance and to drive improvement • Failure of staff to adhere to trust and local area policies, procedures, guidelines, etc. • Failure of executive and senior staff to: o Seek and take account of regulatory advice o Participate in the trust's compliance and improvement framework, and ensure action is taken in response to recommendations resulting from framework activities o Enable all staff to participate in the trust's compliance and improvement framework • Lack of resource to support work and improvements relating to identified non-compliances and failures to deliver improvements **Effect**: • Reduction in the quality and safety of patient care: o Greater number of incidents relating to patient safety, and of potentially greater severity o Increase in poor patient experiences and complaints • Breach of regulatory requirements and failure to achieve regulatory standards **Impact**: • Potential for criminal prosecution • Potential restriction on individuals' ability to practice and / or restriction / closure of trust services • Poor reputation • Potential for financial impact: o Penalties imposed by the CQC o Reactive and inefficient ways of working o Increased use of bank and agency staff due to inability to recruit and retain staff o Increased claims and litigation, including increased CNST payment • Potential loss of revenue: o NHS income ▪ Inability to deliver services ▪ Termination of contracts by commissioners o Reduced business for Imperial Private Healthcare • Poor Monitor governance risk rating	3 x 4 16		• The trust has a dedicated Regulation Manager with a significant healthcare regulation background, including experience with inspections and policy development in the CQC's current regulatory approach • A new compliance and improvement framework was implemented at the trust during 2015/16 which will become 'business as usual' during 2016/17, in order to embed new ways of working, sustain improvements made, maintain focus on issues not fully resolved in 2015/16 and drive improvement • The framework is modelled on the CQC's inspection methodology for NHS acute trusts and is adapted when the CQC make changes to their regulatory approach • Activities carried out under the framework are informed by changes in applicable legislation / standards / guidance, common issues identified by others (e.g. NHS England, CQC, Department of Health), and outcomes of quality activities undertaken at the trust during 2015/16, including: ▪ Quarterly service checks to ensure the trust's CQC registration up to date ▪ Service and themed reviews ▪ Ward accreditation programme for inpatient areas and outpatient services o Outcomes of activities were triangulated with data and information from other sources to establish a comprehensive picture about performance at the end of 2015/16 o The framework includes managing CQC inspections at the Trust o The framework is aligned with the Trust's approach to risk management and other key initiatives, including the Quality Strategy and Outpatient Improvement Programme o The framework is aligned with the trust's approach to risk management and other key trust initiatives, including the Quality Strategy and Outpatient Improvement Programme o Delivery of the framework and the outcomes of framework activities are monitored; performance is reported monthly to the Executive (Quality) Committee and Quality Committees, bi-monthly to the Trust board and to the Trust's Clinical Quality Group (CQG), which has representation from NHS England, the NHS TDA, commissioners and local authorities	3 x 4 12	Current	**July 2016:** • The outcomes of the 2015/16 Q4 divisional self-assessments will be collated to create a self –assessment across the CQC's core services at the Trust, which cross divisions. The core services self-assessment is expected be presented to the Executive Quality committee in September 2016. • The next round of divisional self-assessments is scheduled to be carried out during Q2 and Q3 2016/17 • The corporate nursing team is developing an improved self-assessment tool to now include an evidence guide, which is expected to be shared with divisions in July 2016 • Quarterly checks on services delivered continue to keep the Trust's CQC registration up to date during 2016/17 - next one being done in July 2016 • Ward accreditation visits began on 4 July 2016 and are scheduled to run until the end of October 2016 • The CQC notified the Trust that the core service of Outpatients and diagnostic imaging will be re-inspected in November 2016 • The corporate nursing team has developed SOPs, templates and guidance for inspection preparations, managing site visits and managing activities after the site visits have concluded to support a smooth and robust process for the Trust's side of inspections •The corporate nursing team is working closely with the division to plan inspection preparations and ensure there is robust oversight to ensure actions are completed • The corporate nursing team is liaising with the Communication team to develop a strategy / plan for inspection communications • The ward accreditation visits scheduled for main outpatient areas have been rescheduled to all take place in July 2016 and have been expanded to full core service reviews **Target risk score date: December 2016**	⇔	2 x 4 8	• Prioritise the use of internal expertise and act on their recommendations based on quality and safety information about the trust • Benchmark the trust's approach and performance against similar trusts • New trust organisational structure will support improved accountability at executive and senior level • Commission external review and support as needed

Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Like	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
83/ Datix 1600 (merged with risk 85 / Datix 1611)	Director of People & OD	Staff engagement surveys / Strategic Risk	1	Jan 15	**Failure to meet required or recommended vacancy rates across all areas of the organisation** **Cause:** • Mis-match of staff establishment requirements and / or rostering • National Shortage of clinical /non clinical staff and specialist staff • Conflicting operational priorities slowing down recruitment process. • Competition from neighbouring Trusts attracting potential employees • Trust not employing 'the right people in the right posts' • Reduction in funding from HENWL • Tier 2 visa requirements • Agency spend 5% spend cap • The increase in emergency activity has resulted in additional capacity which requires the recruitment of staff. • Additional beds opened • Agency Capped rates **Effect:** • Reduced staff morale /increased turnover /Increased rates of sick absence • Increased bank and agency usage • Poor patient experience • Poor organisational performance • Inability to recruit high quality candidates • Potentially increased incidents • Inability to get N&M agency workers at the new rates **Impact:** • Potential to increase costs: Bank & Agency • Potential Reputational with adverse revenue impact: reduction in market share • Potential to increase costs: Reactive & Inefficient ways of working • Potential to incur penalties and/or fines: Contractual and Enforcement Notices	3 x 4 12		• Associate Director of HR Operations appointed • Restructure and new admin support now in place to reduce the total time to hire. New Head of Resourcing now in place to support, additional checks being monitored daily to increase the pace & quality of activity • Additional resource identified for E-Rostering implementation • Recruitment open days being held with a rolling programme of recruitment (nursing and midwifery) • All current vacancies for nursing in key areas advertised • Fortnightly strategic people planning meetings with divisions • Safe staffing on wards monitored through monthly fill rate reports for nursing by division. • Bank and agency support available • Monthly exception reports now produced for Divisional Quality and Safety Committee	4 x 4 16		Current	**Recruitment:** • Recruiting to 10% vacancy level for bands 2- 6 • Strategic People Planning meetings have been redesigned and are being relaunched. • On-going review of Divisional resourcing plans with particular consideration given to, hard to recruit areas against vacancy factor. Continuing with Divisional plan for reduction in vacancies through open days and over-recruitment • Attain bank fill of 90% by improving management of requests. • Targeted campaign underway using social media to increase the profile of the Trust and attract more candidates. • Attraction strategy developed and now being implemented e.g. recent RCN fair was successful • Revised Student Nurse recruitment is in place which has improved conversion rate to 60% • Monthly recruitment events run for recruiting of HCA roles to improve efficiency of recruitment approach On trajectory for the recruitment plan, however due to the addition of new posts into plan the current vacancy rate is 15.86% • New recruitment strategy to attract agency workers onto the bank in view of the new agency cap rates. Bank Team also targeting substantive staff who have now worked on the bank • International recruitment continues in the Medical Division and for Radiography and Imaging staff. **Staff Retention:** • Retention analysis underway • Implementation of Retention strategy to be undertaken **Staffing:** • New e-rostering policy which includes key indicators has been developed and training rolling out • Associate Director of HR Operations and Resourcing working with Business Partners to monitor vacancy levels. • Auto-rostering project has been completed and all rosters can now auto-roster. Monthly reports are circulated to DDNs and DDOs on performance against targets • Implementation of midwifery staffing plan underway **Target risk score date: July 2016**	⇔	2 x 4 8		• Continue to monitor impact of changes and implement further corrective measures as needed • Use of Bank & Agency staff • Reduction in activity • Escalation of staffing issues through divisional management structure and site team • Early identification of staffing issues with shifts put out to bank and agency. Reed introducing a "refer a friend" scheme to attract more bank workers.

Trust Objective 2. To educate and engage skilled and diverse people committed to continual learning and improvement

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
67/ Datix 1601	Director of People & OD	Staff engagement surveys / Strategic Risk	2	Oct 13	**Failure to achieve benchmark levels of workforce engagement** **Cause:** • Disruption due to implementation and roll out of Cerner project • Change in Director level leadership • Senior leaders fail to empower/inspire staff • Job not regarded as good for health • Organisation not seen to be taking positive action on health & wellbeing • Opinions thought not to count • Managers not undertaking PDR's • Trust not employing 'the right people in the right posts', **Effect:** • Reduced staff morale/increased staff turnover/ Increased rates of sick absence / bank and agency usage • Lack of engagement • Poor patient experience /Poor organisational performance • Increased safety risk to patients • Inability to recruit high quality candidates • Staff sickness **Impact:** • Potential to increase costs: Bank & Agency • Potential Reputational with adverse revenue impact : reduction in market share • Potential to increase costs :Reactive & Inefficient ways of working	3 x 3 9		• Trust surveys (quarterly) covering all staff annually • NHS survey • Communications events – Open Forum, Divisional Forums Newsletters • Exit surveys • Joiners surveys • Engagement on Clinical Strategy • Source communications • Monitoring at Executive Committee • Monitoring at Quality Committee & Trust Board • Discussed at Divisional reviews • Director of P&OD attends Quality Committee • Health and Wellbeing Strategy developed • People strategy • Make a Difference people recognition scheme • Monitoring of any 'hot spot' lack of engagement areas • My Benefits launched Nov 14 • Current PDR compliance rate 94%	4 x 3 12		On-going	• Trust quarterly surveys 10th survey shows an engagement score of 43% which is very consistent with the score for 2014/5. • The national NHS Survey carried out Oct – Nov 2015 shows a reduction in Engagement score and a drop above average compared too other Acute Trusts, to lowest 20%Specific action plans developed by Corporate & Divisional Directors • People strategy 2015-2019 (which includes; Culture & Engagement, Organisation Development, Talent Development and Health & Wellbeing) has been refreshed • Standing item on Quality Committee • Monthly reporting to Executive Committee • Redesign of Trust Staff Survey, to an annual survey for all staff to launch in July 2016Introduction of new "In Your Shoes" focus group design to enable front line staff to have more say in staff survey actions plans and to involve them in action planning. Managers to be trained up to run In Your Shoes workshops during Autumn • Staff Survey data will feed across to Ward accreditation and staff engagement will be part of ward accreditation criteria **Target risk score date: October 2016**	⬆	2 x 3 6	• Continue to monitor impact of changes and implement further corrective measures as needed • Any identified hot spots to be directly addressed with tailored action plan

Trust Objective 4. To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
74 / Datix 1602	Chief Executive Officer	Risk Workshop / Strategic Risk	4	Oct 2014	**Failure to gain funding approval from key stakeholders for the redevelopment programme resulting in continuing to deliver services from sub-optimal estates and clinical configuration, including PICU and WEH** **Cause**: • Case for change not sufficiently clear and/or compelling therefore insufficient support for key aspects of our clinical strategy from stakeholders. • Delays to obtaining planning permissions • Technical design and build issues lead to unanticipated challenges and project creep • Increase in costs beyond currently expected levels through indexation, due to delays in business case. • Inability to obtain sufficient and timely funding • Insufficient organisational capacity to capitalise on strategic and commercial opportunities. • Failure to achieve support for key aspects of our clinical transformation, especially service reconfiguration and estate redevelopment from one or more key audiences / stakeholders • Lack of internal resources allocated to deliver the programme **Effect**: • Poor organisational performance – inefficient pathway management • Poor reputation with regulatory bodies • Failure/delays in implementing new clinical models and new ways of working • Deteriorating and / or inadequate estate • Failure of critical equipment and facilities that prejudices trust operations • Reduced staff morale and staff engagement • Reduced confidence in our services/public concern about their services • Difficulty in programming interim capital projects **Impact**: • Reduction in patient experience and satisfaction • Poor staff experience and increased staff turnover • Potential increase in clinical incidents • Potential increase in staff health and safety incidents • Potential loss of income • Potential reputational impact with stakeholders - Loss of market share	3	4 12	• Regular meetings with NHSE, TDA, CCG partners for early identification of potential issues/changes in requirements • Reports to Trust Board and ExCo • Regular meetings with Council planners • Active management of backlog maintenance. • Active ways of engaging clinicians through models of care work • Active stakeholder engagement plan, including regular meetings and tailored newsletters/evaluation • Active internal communications plan, including CEO open sessions • Internal and external resource and expertise in place.	3	4 12	One to six months	**July 2016:** • Option 4c produced along with option 2a as a comparator • Meetings with NHSE/TDA and SAHF team on-going. • Implementation Business Case will be split into two.(inner and Outer schemes in North West London) • Strategic estates advisor work on-going • Active engagement with developers of adjoining sites on-going • Internal and external stakeholder engagement strategy to manage relationships. • Whole hospital clinical review group established and led by Deputy Medical Director, supported by clinical model development group meetings for Charing Cross Hospital • Approval given to explore the initial phase of the redevelopment of St Mary's Hospital, working with Imperial College Healthcare Charity. • Permission given to prepare planning application for initial phase of the redevelopment • Space utilisation panel established. This will review and prioritise uses of space across the trust. • Phase One Project Board established. • Backlog maintenance costs, potential land values and trust deficit • Next steps to review option 4c to ascertain what is feasible within current funding levels. **Target risk score date: September 2016**	⇔	2	4 8	• Develop site based redevelopment solutions • Maintain flexibility to respond to any changes in demand as required • Identify and develop alternative options • Increase priority of stakeholder engagement activities

Trust Objective 4. To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
73 / / Datix 1510	Medical Director	Risk Workshop / Strategic Risk	4	October - 14	**Failure to deliver the Clinical Strategy Implementation programme to achieve long term sustainability, enhance acute services and support out of hospital care.** **Cause:** • Failure to set up an adequately resourced and skilled programme group • Lack of engagement with clinical and managerial staff • Lack of support from commissioning colleagues • Lack of engagement from external stakeholders • Unknown / changing economic landscape effecting health care needs • Modelling assumptions for services are based on incorrect or inappropriate data • Clinical leads do not have capacity to deliver workstreams • External stakeholders and public consultations do not support the proposed changes • Lack of finance and information capacity **Effect:** • Capacity at SMH remains constrained • Clinical services are not configured appropriately to optimise the space available in the new hospital building at SMH • Unable to move to a 24/7 model of care • Unable to deliver highest possible quality of care • Failure to improve patient experience • Failure to meet efficiency KPI • Failure to grasp opportunities in development of personalised medicine • Inability to support out of hospital care **Impact:** • Poor patient experience and clinical care as not responding to changes in clinical practice and advances in clinical care • Potential to incur contractual penalties (due to higher demand for trust services impacting upon waiting time) • Potential for loss of NHS income • Potential for increased costs as result of reactive and inefficient ways of working • Failure to meet Trust strategic objectives • Failure to maintain high calibre employees • Potential to incur penalties and/or fines: Contractual and Enforcement notices (Financial penalties resulting from non-compliance) • Loss of reputation with commissioners and public Financial loss due to amendments to build of new hospital at SMH	4 x 4 16	• Deputy Medical Director responsible for management of project • Clinical strategy in place • Estates strategy in place • Initial programme plan approved including phase one workstreams • Governance structure defined • Links with Estates Redevelopment Programme established – Deputy Medical Director is clinical lead • Initial scoping work completed • Links to quality strategy and CQC action plan • Clinical leads appointed for each workstream • Executive Transformation Committee established • Working groups established for each workstream	3 x 3 9	Current	• Initial work has been carried out in each phase one work-stream to evaluate current state, undertake a baseline data collection/ mapping exercise to allow opportunity analysis and to develop test and implement new pathways. Future state analysis is underway with modelling taking place in all work-streams. • Trust Board approval to proceed to engagement secured (27.05)> Engagement period due to end 15/07. Support secured from key stakeholder (Westminster OSC, Hammersmith and Fulham OSC; Hammersmith and Fulham CCG Governing Body; Westminster CCG) • Staffing for renal and haematology triage unit and chest pain pathway secured to allow pathways to open 3rd Aug • Substantive project managers have been recruited and all three are now in post. • Communications programme being developed and implemented for the programme as a whole, and each work stream individually, including engagement and consultation with external and internal stakeholders. • First patient engagement group meetings have taken place. Evaluation of these has identified the need for a tailored approach, using interviews and patient experience mapping, which will be implemented across work programmes. • Phase 2 of the Clinical Strategy Implementation Programme approved by ExTra 090215 -. • Initial scoping work delivered on phase 2 commenced including observing weekend handover and processes (6th-8th May incl) • Diagnostics for Phase 2 to commence in July 2016 • Links with QI team strengthened (around support for flow discharge work and CSIP support to Sheffield Microsystem Programme) **Target risk score date: September 2016**	⟷	1 x 3 3	• Process to be managed through the Medical Director's office with nominated clinical leads

Operational Risks

Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
55 / Datix 1607 (merged with risk 89 1608)	Director of Nursing	Strategic planning / Operational Risk	1	Mar 11	**Failure of critical equipment and facilities that prejudices trust operations and increases clinical and safety risks** **Cause:** • Historic under investment • Obsolescence of the estate • Availability of capital and revenue funding • Delay in approval of the medical equipment capital replacement programme • Inability to retain core competencies within the workforce • Delay in delivering NWL reconfiguration plans **Effect:** • Possible short-notice closure of facilities due to critical equipment failures and breakdowns (e.g. lift breakdowns, chillers and plant failures, infrastructure and effect on environment) resulting in loss of capacity • Obsolete installations that do not meet current standards • Key medical equipment being off line i.e. PET_CT and MRI scanners. • Inability to keep up with repair requests and minor improvements for operational / clinical benefit • Reduced staff morale leading to higher turnover and increased rates of sickness absence • Loss of reputation and reduced confidence from key stakeholders • Increased waiting times for patients • Increase length of stay for patients • Breaching waiting targets and diagnostic targets **Impact:** • Potential to incur penalties /fines: Enforcement Notices • Inability to effect changes to estate in order to achieve transformation of clinical services • Potential to increase costs: Reactive & inefficient ways of working • Potential reputational Impact: Loss of market share • Potential to increase costs: i.e. claims and litigation impact on CNST payment Potential to increase costs: Bank & Agency staff	4 x 5 = 20		• Implementation of new Hard Facilities Management (Hard FM) Managed Service solution through specialist maintenance provider CBRE Ltd from 1/4/16 to provide improved compliance and responsive reactive repair maintenance service. • Retained Estates Management structure to deliver 'informed client role' to ensure correct delivery of contract against specification and performance standards. • Statutory and regulatory inspections are now in place to pick up risks to continued safe operation of the Trust • The new PPM concept database is operational and generating planned work schedules • ExCo updated on 10/10/15 of current Trust Backlog Maintenance Liability of £1.3b (total project investment costs) and request for £131m Capital Backlog Maintenance funding over the period 2016/2021 to address high and significant risk items. • The 2016/ 17 Capital Backlog Maintenance programme is targeting the highest risk areas has been allocated., £10.42m Capital Backlog Maintenance, plus £0.8m contingency sum for emergency plant, equipment and infrastructure upgrades. • £1.1m Capital funding allocated to upgrade HH electrical Infrastructure to support known increase in supply capacity requirements. • 2015/16 capital programme £14 million allocated to deal with 16 and above risks. Investment programme subsequently reduced and successfully delivered to the value of £11.5m for risk prioritised investment. • Formal reviews of operational performance are conducted monthly both internally and with ops team to continually review performance • PLACE (Patient-Led Assessment of the Care Environment) is run by Estates and Facilities to understand patient perceptions and identify priorities from a patient perspective helping to provide independent feedback and prioritise future works. • Introduction of Estates & Facilities Quality Committee for closer collaborative working and reporting to front line services. • Regular meetings with the operations team to co-ordinate and minimise the impact of operations and planned maintenance closures on patient areas and services • Estates & Facilities H&S, Fire and Compliance committee has been established to monitor compliance • Quarterly reporting	4 x 5 = 20		Current	• Hard FM managed Service contract commenced on 1/4/2016 as service delivery partners. A 3 month transition period has been agreed to allow the contact to 'bed in'. KPI performance to be monitored during this period but KPI penalties will not be implemented prior to 30/6/16. • All policies and procedures have been reviewed – these require a further update to reflect recent ICHT organisation restructure – completion date: 30/9/16 • Formal safe system of work duty holder appointment letters to be updated and re-issued to reflect recent ICHT organisation restructure. • Risk review workshops scheduled to update departmental risk registers and the action plans prioritised to ensure that all statutory, regulatory and preventative checks and maintenance are identified, programmed and carried out as quickly as possible within the constraints of available resources • Asset verification exercise being undertaken to ensure that all plant and equipment requiring statutory, mandatory or business critical maintenance is identified and its operational condition assessed. • Planned preventative maintenance scheduling is in place to reduce the risk of key equipment failures together with regular testing of equipment and systems. • A full Estatecode 6 Facet Estatecode condition survey has been undertaken across all sites and was completed in early November 2015. The new survey data has been used to help identify, update and prioritise future capital investment priorities. This document will be continually updated to reflect investment and mitigation of backlog risk. • Review of backlog maintenance schedule in October 2015 to assist with Capital Backlog Maintenance programme 20106/17 and 5 years on. Request for £131m Capital backlog Maintenance funding over the period 2016/2021 to address high and significant risk items. • Delivery of 2015/16 Capital Backlog Maintenance programme with agreed planned expenditure of £13.2m following revised Capital Investment Programme. Subsequently reduced to £11.5m (-£1.5m) reduction following Co-Rod Capital Planning Meeting on 9/11/15 to enable funding of higher priority Capital Project requiring completion by 31/3/16. • Implemented focused CQC works programme across all sites, focusing on patient facing areas in accordance with Divisional Nursing priorities. Work funded from additional centrally allocated ring-fenced revenue funding. Allocation for 2016/17 to be confirmed by Finance • 20116/17 Prioritised Capital Backlog Maintenance programme agreed to the value of £10.42m plus £0.8m for contingency sum for emergency plant, equipment and infrastructure upgrades. agreed as follows - £1.1m HH power upgrade • Carrying out further 'what/If' reviews of Capital Backlog Maintenance Programme to reflect potential changes in Estates over the period 16/17 to 25/16. • Carrying out detailed Business Continuity Plan in conjunction with Emergency Planning Team • Review of 6 Facet Condition appraisal and priorities to align with current redevelopment programme, i.e. exchange buildings to remain for 10 years+ **Target risk score date: March 2017**	⇔	3 x 5 = 15		• Plans for future years assume that NWL reconfiguration will provide the necessary funding for the long term solution which will address a large proportion of the backlog maintenance issues • If NWL reconfiguration funding is not approved then the Capital Programme will need to continue to increase, reflecting the degree of depreciation that is attributable to estates buildings and equipment and will continue to be targeted on the highest risks. • Assets register to be utilised to share in house equipment and rental of medical devices available if required • Capital plan to align to clinical strategy within financial abilities • Major incident plan / sector wide contingency plans • Development and implementation of integrated business continuity plan • NHSLA insurance cover • Estates Strategy with contingency plans agreed. • Mitigation of 'single points of failure' and improved infrastructure resilience providing improved business continuity planning. • Completed accelerated mobilisation and transition arrangements with HardFM managed Service Partners to mitigate Estate Operations compliance and responsiveness r. Contract started on 1/4/16. • Extension of high priority Estates Operations maintenance contracts to mitigate operational risk during first 3 months of new HardFM contract up to 30/6/15.

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88 / Datix 1644	Medical Director	Incidents /Operational risk	1	July -15	**Description: Risk of spread of organisms such as CPE (Carbapenem-Producing Enterobacteriaceae)** **The number of patients presenting to the Trust who are infected or colonised with CPE is likely to increase in line with global and national trends. The risk is uncontrolled spread of CPE within the Trust.** **Cause:** • CPE will spread if it is not controlled through infection prevention and control interventions, chiefly screening and isolation, hand hygiene, and environmental hygiene. • Also, the use of antibiotics will drive the CPE problem. • Easy transmission from patient to patient if correct IPC procedures are not followed. • Certain specialties (e.g. ICU, renal and vascular) at higher risk of transmission. • Current isolation capacity insufficient to implement the PHE toolkit recommendations. **Effect:** • Failure to contain the spread of CPE will result in endemicity of CPE within our patient population, which will lead to more limited antibiotics and ultimately worse outcomes. • Increased demand for isolation facilities, potentially beyond available capacity. • Resource impact. • This will result in direct and indirect financial losses to the Trust (including bed and ward closures with resulting lower throughput, and increased costs of litigation), and reputational damage. **Impacts:** • Increase costs - Reactive / inefficient working, • Penalties / fines - Enforcement notice.	3 x 4 12		• Measures to combat CPE have been implemented around improved screening and isolation, laboratory and epidemiological investigations, internal and external communications, hand hygiene, environmental cleaning and disinfection, and antimicrobial usage and stewardship. • The Trust has a CPE Policy in place, and has patient and staff information available on the Source. • Flagging system on CERNER for identifying readmissions of positive patients. • Serious Incident investigation following ward closures resulting in increased emphasis on hand hygiene, environmental improvements and cleaning. • CPE management is discussed weekly at the HCAI Taskforce meeting.	4 x 4 16		Current	• Measuring and improving compliance with admission screening. Electronic system to measure admission screening compliance is now in place and being used to address areas with low compliance. • Plans under development to improve single room capacity, and to plan for cohorting on a bay or ward basis. Cohorting plan has been agreed with the Divisions. • The surgical division is in the process of reviewing semi-permanent isolation pods to increase isolation capacity. • A review of deaths of patients with the outbreak strain of CPE has been performed – no patient has died from CPE. Each death will be reviewed in this way. • The NDM outbreak was declared over in December 2015, a report has been finalised and will be made available to all key stakeholders. • Feb 2016: An 'end of outbreak' report was presented to the executive committee summarising the key points, learning and recommendations, including the need to continue to screen patients on renal and vascular wards. • The NDM outbreak was declared over in December 2015, a report has been finalised and will be made available to all key stakeholders. Feb 2016: An 'end of outbreak' report was presented to the executive committee summarising the key points, learning and recommendations, including the need to continue to screen patients on renal and vascular wards. • The GES-5 outbreak was declared over in January 2016, and an 'end of outbreak report' is being finalised. • The Trust has begun to review each new case of CPE individually as part of the Department of Health's ERS requirements. • A new CPE outbreak is in progress on the renal wards **Target risk score date: September 2016**	⇔	2 x 4 8		• The Trust has in place a local contingency plan to implement ward-level cohorting in the renal speciality. • Mobile greater isolation capacity through the use of pods • Seek guidance and support from NHSE and PHE

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71 / Datix 1609	Medical Director	NHSLA / CQC / Operational Risk	1	October 2014	**Failure to deliver safe and effective care in respect of:** • **Incident reporting and Serious Incidents.** • **Never Events** • **HSMR, SHMI and mortality alerts** • **Infection Prevention & Control** • **CAS alerts** • **NICE guidance and standards** • **National audits** • **Clinical audit programmes** • **Quality assurance of data submissions** • **Clinical guidelines** **Cause:** • Appropriate governance process not in place • Visibility of current compliance not available or known • Insufficient resource in place to manage the process • Non-compliance with Trust policies and procedures • Non-compliant with surgical WHO checklist • Continued change in HCAI landscape • Increasing incidence of antimicrobial resistance **Effect:** • Unable to demonstrate that practice is evidence based • Limited oversight of externally reported data • Inability to demonstrate any or adequate audit trail • Unable to benchmark care against peers • Increase in SIs and Never Events • Increased mortality rates • Increased potential for Healthcare Acquired Infection (HCAI) **Impact:** • Potential to incur penalties and/or fines: Contractual and Enforcement notices (Financial penalties resulting from non-compliance) • Limited understanding of performance benchmarks • Potential loss of reputation and reduction in market share as a result of Negative media coverage • Non-compliance with CQC regulation • Potential to increase costs: i.e. claims and litigation impact on CNST payment	3 x 4 12		• Associate Medical Directors for Safety & Effectiveness and Infection Prevention & Control appointed • Executive responsibility for clinical governance revised • Compliance and improvement monitoring governance process through the Executive Quality Committee in place • Trustwide reports including performance data in place • Root cause analysis and learning from incidents • Weekly incident review meeting with Medical Director • SI policy updated to streamline process • Being Open policy reviewed to include duty of candour, training undertaken within divisions, divisional duty of candour advisors in place • Quality Accounts published 30th June 2015 – aligned with Quality Strategy • Quarterly IPC report to TB in place • Safety Improvement Programme with focused improvement projects in key areas – quarterly reporting to ExQu • Updated invasive procedures policy published – mandates briefing and debriefing stages of '5 steps to safer surgery' • Quality Strategy published and QI programme launched • Implementation of bespoke software systems to support Clinical Audit activity across the Trust and support implementation actions plans Staff training for incident and risk management; clinical audit; Datix; Duty of Candour; organisational learning • Implementation of bespoke software systems to support clinical implementation of NICE Guidance Active Corporate Clinical Audit programme and service level engagement for implementation of action plans where appropriate.	3 x 4 12		current	• Business case for resource expansion approved – recruitment commenced. Consultation regarding divisional governance teams has commenced. • Corporate clinical audit programme implemented to enable directing of efforts to areas most in need of improvement - quarterly reports will be submitted to ExQu. • The clinical audit policy is currently out for consultation. • Mortality reviews that have been graded at Level 2 Suboptimal Care on the mortality module are now presented to the weekly MD meeting to allow senior visibility and assurance. • There have been 16 SI's reported in April 2016. • Both the SI and Duty of Candour/Being Open policies have been updated and ratified. • As part of the new SI policy, SI panels will now be convened 2-3 weeks in advance of the CCG submission deadlines allowing time for changes and amendments to ensure a clear comprehensive report is submitted on time. • The Duty of Candour section is now live on Datix to allow visibility of compliance. • A Duty of Candour audit is being carried out and monthly compliance figures will be submitted to the CCG. • 90% surgeons and 98% of anaesthetists have completed the invasive procedures mandatory online training. Non-compliance is addressed with individuals concerned by the Associate Medical Director for Safety & Effectiveness. • WHO theatre Simulation Training Programme was completed at Hammersmith and QCCH by end of June 2016. • Safer Surgery Task and Finish Group re-assembled in July 2016 following two Never Events- 'retained Foreign Object' **Target risk score date: July 2016**	⇔	2 x 4 8	• Process to be managed through the Medical Director's office with nominated clinical leads

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87 / Datix 1780	Divisional Director of Women's, Children & Clinical Support	CQC inspection /Operational risk	1	July -15	**Description:** **Failure to comply with the statutory and regulatory duties and requirements, including failure to deliver OPD improvement plan** **Cause:** • Lack of robust processes • Failure of staff to comply with Trust policies, processes and standards • Lack of visible leadership • Lack of robust key performance indicators • Impact from transition to Cerner • Multi management facets • Lack of clarity and consistency between centralised and decentralised OPD departments **Effect:** • Poor patient experience • Poor reputation of OPD services • Potential negative reputational impact • Potential failure to meet key Trust access targets • Potential to remain rated as inadequate by the CQC **Impacts:** • Increase costs - Reactive / inefficient working, • Penalties / fines - Enforcement notice	3 x 4 12		• Service Level Agreement • Outpatient improvement steering group • Monthly progress reports to Executive Quality Committee • OPD scorecard with key improvement trajectories Leadership walkrounds • Weekly patients referral triage management • Referral tracking indicators for OPD booking office • Local audits of clinic start and stop times and availability of patient records	4 x 4 16		Current	• Weekly review of letters awaiting triage Visits to other outpatient service to learn better practice • Strengthening of OP team with introduction of manager for eReferral Service, new senior nurse in central outpatients and senior sister. • Mobilisation of Patient Services Centre , providing a single, straightforward point of access for patients throughout their elective pathway • Charitable funds granted for improvement work to outpatient's environment, totalling £3million. Phase 1 of £2.3 million agreed and work is progressing. • Customer service training rollout to all OP staff and development of on-going refresher programme. • Workshop with referrers to agree improved ways of receiving and processing referrals planned for April 16. • Taking measures to reduce DNA rate i.e. o Reworded the reminder text to include cost of appointment o Reworded appointment letters to include cancellation advice • Taking measures to reduce number of hospital initiated cancellations i.e. o Rationalised reason codes in Cerner to improve data quality so root cause of cancellations can be understood • Introduction of hybrid mail solution which will see correspondence move to email over the next 3 years. This will improve the patient experience and address some of the CQC recommendations in relation to improving the administration of patient letters. **July 2016:** • As at 29th June, all letters that were printed through the central outpatient and admissions booking offices, approximately 1 million letters per year, are now being produced and posted through Xerox. This offers significant qualitative improvements to both our patients and GPs, with Xerox able to offer improved timeliness and tracking of the letter production and postage process, with clear tracking of these letters up to the point they leave for delivery. Using Xerox's technology, the Trust has also benefited from identifying erroneous addresses and rectifying these at source, improving the likelihood of both patients and GPs receiving their correspondence. Further phases of this development are currently being planned to ensure all appointment letters across the Trust benefit from this development and to also allow patients to receive these letters by email where they consent to do so. • First wave of changes to patient appointment letters has gone live. The patient should now find it easier to find booking office contact details and their hospital number Work has started on wording of a new telephone clinic letter template. • The patient experience team in collaboration with central outpatients team have been trialling FFT survey delivery by text message. Early indications are that adoption rate is high. **Target risk score date: July 2016**	⇔	2 x 4 8		• May have to invest in additional resources including senior nurse and general manager leadership overseeing the outpatient clinics at each site • May have to reduce activity

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75 / Datix ID 1338	Divisional Director of Surgery, Cancer & Cardiovascular	Risk Workshop / Operational Risk	1	October -14	**Failure to provide safe Emergency Surgery at Charing Cross site** **Cause:** • Lack of Consultant cover at Charing Cross site. • Insufficient number of junior doctors to cover rota's due to recruitment issue and agency caps Trustwide **Effect:** • Potential clinical risk to emergency surgery patients admitted to Charing Cross. **Impact:** *Potential Impacts:* • Increase costs – Reactive / inefficient working • Revenue loss – NHS income • Potential for loss of NHS income (as result of cancellations of elective activity) • Reputation impacting revenue – Reduced market share • Potential Reputational with adverse revenue impact: results in reduction in market share • Reputation impacting revenue – Service decommissioned • Potential for service to be decommissioned • Penalties / fines – Litigation / compensation • Potential to increase costs: i.e. claims and litigation impact on CNST payment as result of patient safety breaches • Penalties / fines – Enforcement notice • Potential for enforcement notices and costs through CQC • Penalties / fines – Contractual • Potential to incur contractual penalties through non delivery of quality standards.	4 x 4 16		• Non GI Consultant surgeons removed from rota • Cover from SMH GI Consultant Surgeons - Consultant surgical rota supplied from SMH consultant body. • Consultant of the Week model set up at CX to provide NCEPOD operating and review emergency patients. • Chief of Service discussions with Consultant surgeons to ensure continued short term support for contingency measures while long term solutions put into place. • Surgical clinical fellows attached to Academic surgical unit providing clinical cover at CX re-advertised to support junior rota. • Moved to Consultant of the week system from Sep 2014. • Recent increase in transfers of surgical patients from St Mary's to Charing Cross, where resident surgical cover is less robust mitigated by policy of no cross site transfers after 8pm. (On-going discussions with senior team about what the long term model will look like. RISK LINKS TO DIV C RISK #14.) • ANP covering former FY1 posts. Dedicated surgical SNP cover for out of hours.	3 x 4 12		Current	• Investment in clinical nurse specialist, trust fellows, additional consultants. • Surgical Nurse Practitioners appointed • Additional consultant appointments made. First new appointments due to start end Oct 2015. • Out of hours and at weekends the Site Team will provide SNP cover • Extended SHO cover for 6 months due to delay in recruiting SpRs. • Surgical task force created; Divisional Team meeting with Surgical Leads to address a number of issues, including those related to emergency surgery cover. • This action remains on-going: Chief of Service discussions with Consultant surgeons to ensure continued short term support for contingency measures while long term solutions put into place. Surgical clinical fellows attached to Academic surgical unit providing clinical cover at CX re-advertised to support junior rota. • **June 15:** Number of transfers had reduced for Approx 6 months, but has increased again in last month. • **Aug 15:** ANP covering former FY1 posts. Dedicated surgical SNP cover for out of hours. • September15 Update: SHO/SpR level cover at CX is very low, escalated to Divisional Director due to risk to patient safety. Transfers of acute surgical patients from SMH to CXH to be stopped. DDN has cascaded to the surgical nursing teams, HoS to weekend medical teams, and GM to the site team. Risk Re-upgraded. • **Mar 16:** Consultant of the Week rota in place; all vacant slots have now been filled. Difficulty recruiting to SpR and SHO level trust grade. At moment SpR on-call rota complete. SHO – number of vacancies remain. ANPs not prescribing yet and so there are capacity issues when SHO slot is not filled. BMJ advert is out for SHO recruitment. • **July 16:** Review of our Trust policy for medical bank payments. Develop Imperial training programmes in parallel to deanery programmes which may attract UK and overseas doctors for extended periods. 1 ANP out of 4 now prescribing, ANPs able to offer cover in hours, but not out of hours. Gaps remain in SHO rota; these are usually filled by agency, but there are difficulties in gaining cover due to reduction in NHS agency rates cap. A full consultant and SpR Rota remains in place. SHO recruitment is on-going. • **Target risk score date: July 2016**	⇓	2 x 4 8		• Consultant surgical rota supplied from SMH consultant body. • Chief of Service discussions with Consultant surgeons to ensure continued short term support for contingency measures while long term solutions put into place. Surgical clinical fellows attached to Academic surgical unit providing clinical cover at CX re-advertised to support junior rota.

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7/ Datix 1610	Divisional Director of MIC, SCC & WCCS	Risk Assessment / Operational Risk	1	June 2007	**Failure to maintain key operational performance standards including – Emergency Department (ED) target, Cancer waiting target, Diagnostic target and RTT target** **Cause**: • Mismatch of accurate reporting and poor data quality due to implementation and embedding of new systems and processes. • Mismatch of capacity and demand • Financial challenges • Bed capacity across site • Volatility of non-elective demand • Increased requirements for elective RTT activity • Late discharges / delayed review by speciality doctors • Potential infection outbreak • Loss of capacity being lost due to equipment failure • Transfer of SMH UCC service to an external provider **Effect**: • Reduced patient experience / staff morale • Increased operational inefficiencies • Failure to meet contractual / regulatory / performance requirements • Loss of reputation and reduced confidence from key stakeholders • Delays to accessing services • Elective patients on the waiting list have to be cancelled. • Delayed step downs from critical care. • Transfer of patients between sites impacting on patient experience **Impact**: • Poor quality of care • Potential increased costs: Reactive & Inefficient ways of working • Potential to incur penalties and/or fines • Potential reputational Impact: Loss of market share • Potential for increased lengths of stay • Potential lack of continuity of service, reputation, retention of staff, accountability and governance caused by the transfer of SMH UCC	5	3 (15)	**ED** • Daily ED Performance Reports • Agreed performance trajectory with Commissioners and NHS England and an action plan to underpin the delivery of the trajectory. • Escalation to mental health providers **RTT** • Elective Patients: Weekly clinical risk assessment of all patients on the waiting list to triage those most at risk. • Monthly RTT delivery plan for admission pathways • Theatre utilisation mtgs • Review meetings for all inpatients with a length of stay longer than 10 days • Feb 2016: Retrospective and prospective audit undertaken to look at any clinical harm as a result of patient's waiting over 18 weeks. This was presented to the executive committee and CQG in February 2016. • May 2016: RTT SI Declared due to approx. 400 pathways being closed. These patients will be reviewed and validated to ensure that their pathways have been correctly managed. Thorough investigation being coordinated by Medical Director's office **Cancer waiting times** • 3 year MOU and funding agreement with Macmillan into cancer services • Increased investment in cancer MDT Coordinators • Investment into Somerset System (Cancer tracking tool **Diagnostic waiting times** • Additional radiologist sessions to report on images and reduce turnaround time • Local level scorecards and monitoring forums • Senior input into site operations • information peer review • Clear escalation plans • Participation in weekly sector operations executive • Development and implementation of site/clinical strategy	5	4 (20)	Current	**ED** • Weekly performance review meeting with CEO and other divisions. • Fortnightly meetings with commissioners established • Piloting a different type of discharge lounge. • Vocare have taken over service for UCC at SMH. Issues with the service provided are being escalated to senior team with Vocare, but concerns have been raised that these are not being addressed. On-going discussion • Triggers agreed and launched for escalation in advance of full capacity in A&E. • Business case being developed to establish a new joint assessment area at Charing Cross. • Continuing to developing ambulatory emergency care service. • Actions in the action plan are all currently on track. • Tripartite meeting with Vocare and Commissioners regarding UCC issues. • Redevelopment of SMH Emergency Department. **RTT** For Surgical Patients: Ensure daily sub-specialty Cons. ward rounds, and implementation of abscess pathway where patients are booked onto emergency list and sent home. • On-going negotiations with commissioners regarding demand management. • On-going work to move discharges forward to before 12.00. • On-going validation of out-patient waiting list status (June 15) • Feb 2016: all patients waiting over 52 weeks are to be clinically reviewed by the medical director every week, • May 2016: An SI has been declared in relation to RTT pathways. Performance team have escalated that an initial cohort of around 400 patient pathways potentially removed from the waiting list and RTT clocks stopped incorrectly as a result of an administrative error. The exec team and the CCGs have been notified. Investigation underway by Medical Director's office. • Clinical review process documented in conjunction with performance and is going to EX Q for sign off. • All long wait cases reviewed monthly by lead clinicians and reviewed at Friday morning MD meeting **Cancer waiting times** • Implemented internal validation process for cancer peer review • Implemented internal validation process for cancer pathways • On-going work with DGH in relation to timeliness of cancer pathway referrals **Diagnostic waiting times – July 2016** • Continue to be challenged by capacity vs demand. • Productivity Business Case approved February 2016 with funding to recruit to additional posts phased over 2 years to improve utilization on the replacement and existing equipment; some posts currently out to recruitment. • Continue to prioritise A&E and cancer patients. • No breaches recorded for Month 3. **Target risk score date: March 2017**	↑	3	2 (6)	• Agreed remedial action plan with commissioners for RTT and choose and book. • Formal review re ED performance via ECIST with improvement action plan • Additional trauma lists • Increased therapy support • ED recovery plan • Additional elective activity focused on CXH / HH sites • Additional step down beds (18 CLCH) at CXH • Increased senior (executive) scrutiny of the emergency pathway and in patient discharge planning • Weekly review by CEO at ExCo • May 2016: Validation of 400 closed pathways on-going. Patients to be contacted as appropriate.

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90/Datix 1978	Chief Information Officer	Information and Communications Technology Risk	1	July 15	***NEW*** **Cyber Security Threats to Trust Data and Infrastructure** Risk to Data; A cyber security incident can result in data being stolen, destroyed, altered or ransomed. Risk to Infrastructure: A cyber security incident can result in all or part of Trust ICT infrastructure being disabled, or destroyed. There would be a prolonged period of recover. **Causes:** In order to function, the Trust needs to maintain an IT environment connected to the internet. This exposes the Trust to a constant flow of infection and attack.. **Effect:** **Data:** • **Stolen;** reputational damage, breach of obligations as regards data security, fines, notification to the victim (s), compensation and legal claims. • **Destroyed;** almost all patient data is being created and stored digitally including medications, observations and treatment decisions.. It is possible for hackers to destroy not only online data but all backups. • **Altered;** connected medical devices are vulnerable to external hacking. Staff with access to data are the most likely insider threat. Maliciously altering data can affect both corporate and clinical systems and can result in either patient data or corporate data being changed. • **Ransomed;** the data doesn't leave the Trust infrastructure but is unable to be accessed until a ransom is paid. Even if a ransom is paid, there is no guarantee that the encryption key will be handed over and access to the data restored. **Infrastructure** • **Disabled;** there would be a prolonged period of downtime while networks, servers and storage were disinfected and restored to service. Outage is likely to be anywhere between a week to a month. • **Destroyed;** There would be up to 6 months down time, several million pounds of expenditure to replace equipment and restore services. **Impact:** • Patient care and safety • Reputational damage • Contractual and Enforcement Notices , compensation claims • There would be a prolonged period of operation using downtime procedures which would severally impact capacity, revenue and costs	4 x 4 16		**Technical Controls** The Trust tries to maintain the lowest possible attack profile to reduce exposure to malware and hacking. Access to social networking, Skype, webmail, tor browsers and other high risk sites are all blocked. The Trust maintains firewalls and a documented change control process to block threats. The Trust maintained Servers and Desktops are installed with anti - virus software. Trust has contracted with iBoss for software to detect and mitigate any threats discovered inside the firewalls. The Trust has invested in a backup and restore system that, to date, has been able to restore files compromised by ransomware with minimal data loss. There are about 3 – 4 incidents a month. There is a monthly cyber security dashboard reviewed at ICT Security and Risk Committee (SARC) to track threat activity and effectiveness of response. . .	4 x 4 16		**5 Priority Initiatives were highlighted to the Risk and Audit Committee in November 2015** 1. Cyber Security Business Continuity Plan. This is being developed by Emergency planning. 2. Joiners and leavers process.. There are discussions in progress between HR and ICT on how to reduce this problem. 3. Generic Accounts. A technical solution is being developed by ICT. When this is ready it will be consulted on with the clinical areas. 4. Network Addressing Controls (NAC). A small pilot will be carried out this year to test the feasibility of solutions. 5. Staff Education. ICT are looking at cyber security education options ICT are in the process of identifying funding to recruit a specialist resource with cyber security skills. Design work is being carried out to make the Cerner 724 devices more resilient to Cyber security threat. **Process Controls** The Trust Emergency Planning Department are working on plans for business continuity in the event of Cyber Security incident **Target risk score date: December 2016**	NEW	2 x 3 6		• In the event of an incident, hire external specialists to resolve security threat and restore service as soon as possible • Downtime procedures

Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
91/Datix 1964	Jamil Mayet, Divisional Director of SCC / Tim Orchard, Divisional Director of MIC	Incident reporting	1	3/6/2016	**Failure to currently meet some of the core standards and service specifications (as set out by the CQC) for High Dependency areas within the Trust.** **Cause:** • Poor Environment • Poor equipment • Insufficient trained staff in Critical Care • Lack of Staffing on the St Mary's Hospital Medical HDU • Lack of Level 2 beds at Hammersmith Hospital • Current level of medical cover does not meet standard for critical care • Absent of Critical Care outreach team on the Hammersmith site • Lack of medical cover on the medical high dependency unit at SMH and CXH, which does not meet the standard for Critical Care **Effect:** • Delivery of care provided to patients • Patients being nursed in inappropriate areas due to lack of level 2 beds • Inability to meet critical care standards on medical HDU with consequent impacts on patient safety. • Inability to open additional capacity on demand and potentially impacts on staff activity and morale and patient safety. **Impact:** • Potential to increase costs: staff • Potential to increase costs: Reactive & Inefficient ways of working • Potential to incur penalties and/or fines: Contractual and Enforcement Notices	4x4=16		• Review of the HDU's against the standards completed and paper written and reviewed at EX QU • Meeting completed with Medical Director to agree immediate actions and review risk, date for further meeting agreed. • Review of all incidents and SI's by critical care and two independent consultants • Cover arrangements under review with Chiefs of service in relation to cover being provided out of hours SOPs to be produced for each unit, links with medical firms strengthened by surgical HDUs • Options papers to Critical Care Committee 9/6/16 to review long term options • Patients are managed within existing medicine areas on the Hammersmith Site. C8 ward is operating as a level 1 area with monitored beds. • Escalation of staffing issues within agreed framework. Early requests for bank shift and agency where required. Requests for cross coverage from other clinical areas.	4x4=16		Current	• SI and incident review completed. Three serious incidents reported all independently reviewed. At the review it was noted that whilst there was learning there was not felt to be failure to rescue. Two of the cases were infection control related • SOP in development • Site strategy plans are under development through the Trust critical care group with a Trust wide approach to the provision of level 2 and 3 beds. • Ongoing recruitment efforts to fill vacant posts on ward. • Out of hours SOP in development for each unit, and the cover arrangements for the HDUs are being reviewed by the Chiefs of Service Target risk score date: April 2017	NEW	3x2=6		Continue to work towards an integrated model and utilisation of current services provided by the Site team and outreach.

Trust Objective 2. To educate and engage skilled and diverse people committed to continual learning and improvement

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
65 / Datix 1613	Medical Director	Divisional risk register / Operational risk	2	Feb 2014	**Failure to achieve benchmark levels of medical education performance and provide adequate and appropriate training for junior doctors, resulting in suspension of training.** **Cause**: • Inadequate training and education programmes • Failure to address allegations of bullying and undermining • Poor engagement and supervision • Poor access to and transparency of educational resources • Failure to be able to deliver safe patient care due to reduced doctor cover as an immediate consequence of trainee reduction (training suspension) • Failure to ensure that trainee doctors are able to progress in their training programme **Effect**: • Failure to deliver high quality training • Reduction in student and training places commissioned by Imperial College or HE NWL • Damage to reputation as a world class medical education provider • Withdrawal/Suspension of ST1 Training • Gaps on ward cover and out of hours on call rota causing pressure on existing workforce • Risk of trainees being removed **Impact**: • Potential loss of revenue: Research and education income (Failure to maintain medical education income) • Undermines mission of AHSC by failing to provide medical education integrated with research and service provision • Reputational with adverse revenue impact: Compromises future re-designation of AHSC • Potential to increase costs: Bank & Agency staff as result of being unable to recruit and retain medical staff at all levels • Potential to increase costs: i.e. claims and litigation impact on CNST payment due to poorly trained staff and potential for harm. • Reputational with adverse revenue impact: Service decommissioned and withdrawal of medical student places • Possible increase of complaints / incidents due to lack of continuity of medical staff/gaps in rotas Potential Cost implications of locum requirements, service pressures and impact of future removal of funding for training posts	3 x 4 12		• Education transformation programme launched • New management structure in place • Anti-bullying strategy implemented • Revised governance structure implemented • Proactive management of recruitment and rotas, with locums filling shifts and escalation process in place in neurosurgery • Safety panel monitoring incidents weekly – chaired by MD • National trainer census complete – meets required standards • Formal process for the management of education action plans in place • Trust Education Committee established • Trust Steering Group established • Project to identify income streams and use of educational funds, including transparency of consultant job plans completed – funds accrued and process for monitoring expenditure introduced • Successful identification and creation of community and psychiatry posts to implement the Broadening the Foundation Programme requirements • Annual programme of specialty reviews chaired by the medical director established • Medical Education Taskforce meetings established in each division.	3 x 4 12		On-going	**Changing the Culture**: *UG fully integrated from July * Review of clinical skills and simulation structure underway – overarching structure still under review- will be complete October 2016. *new Medical recruitment task and finish group established under leadership of Head of Resourcing **Protecting EPA in job plans**: *job planning underway *The UG elective database and booking system is on track for development (Sept) *GMC Trainer Census on track for final submission July 16 with full complement **Undergraduate Teaching:** *The next GEMV bi-annual visit will take place in October 2016 *The 2016 undergraduate OSCEs almost complete with one more resit before new academic year, plans for next year being developed **Action Plans:** *The LFG Module in the Education Intrepid system is on track for development (Sept) , all 2015 actions closed. NTS 2016 improved performance in most specialties – action plans will be due by end August 2016 **Day One Ready Induction:** *Data cleansing exercise carried out for ESR records complete for junior grades, remaining grades to be completed * August induction back on track. Over 55% of joiners have been checked to date. **Postgraduate Teaching:** *FTPDs have curriculum mapped the 2016/2017 teaching sessions for foundation trainees. * Teaching sessions and SIMS/ALS/SKILLS allocation will all be uploaded in Intrepid. *Review of FP psychiatry and GP posts underway to report on October 2016 **Establishment:** *Maternity cover is approved. Consultation commenced on new leadership role to complete by w/c 1st August **Target risk score date: July 2016**		2 x 4 8		• Recruitment of locums to fill gaps in rotas due to suspension of training • Increase scope of CIP programme due to loss of income

Trust Objective 2. To educate and engage skilled and diverse people committed to continual learning and improvement

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
72/ Datix 1614	Director of People & OD	Strategic Planning / Operational risk	2	Oct 13	**Failure to implement, manage and maintain an effective health and safety management system including:** - **Appropriate health and safety policies, procedures and safe systems of work** - **Risk assessments and risk control measures** - **Information, instruction, training, support and supervision** - **Monitoring, measuring and auditing** - **Governance and assurance arrangements** **In order to protect the health, safety, and wellbeing of employees, contractors, students, patients and visitors whilst at or on behalf of the Trust.** **Cause:** • Lack of appropriate and effective H&S management structures • Lack of appropriate H&S information and guidance – including policies, procedures and safe system of work • Lack of induction, job specific and refresher training • Lack of management ownership and accountability • Poor employee engagement, awareness and culture • Lack of competent H&S advice and resources • Failure to report and investigate accidents/incidents/near misses **Effect:** • Increase in accidents, incidents and ill health • Damage to property and equipment • Impact on business continuity • Reduced morale, quality & productivity • Increased rates of sickness absence due to injuries and ill health • Poor patient experience • Poor reputation with regulatory bodies such as HSE and CQC **Impact:** • Potential to incur criminal penalties and/or fines: • Contractual and Enforcement Notices • Potential to increase costs: i.e. claims and litigation impact on CNST payment • Potential loss of revenue : NHS Income as a result of Increased incidents to staff and patients • Management time to investigate accidents/incidents and implement corrective/preventative action • Training & retraining costs • Reputational risks	3 x 4 12		• Fully staffed Health and Safety Service • Strategic Health and Safety Committee • Division/Corporate Functions Health and Safety Committees • Divisional Health and Safety Leads • Departmental Safety Coordinators • Trust wide health and safety action plan, including a Trust risk profile • Divisional health and safety action plans • Accident/incident reporting via DATIX • H&S risk assessments undertaken and recorded on assessnet • Health and Safety dashboards • Health and safety training, including Health and Safety e-learning, Manual handling training, Fire Safety training • E-learning H&S module • Periodic updates to ExQual and Quality Committee • Health and Safety gap analysis undertaken • Readily accessible H&S information e.g. webpages on Source • Health and safety policy, supported by Division local procedures	3 x 4 12	Current	• Risk reduction plans have been formulated, and are in the process of being implemented, for the current 3 highest causes of injury to staff: 'Violence and Aggression', 'Sharps' and 'Slips, trips and falls' • Consideration being given to having a structured way to increase the profile of health and safety and employee engagement via blended comms programmes e.g. electronic, mailshots, noticeboards and face to face • Consideration being given to having a clear strategy for making suitable periodic Trust-wide communications on health and safety (in addition to the information that is available on the Source health and safety webpages) • Introduction of Workplace review/inspection regime commenced in Nov 15. Once introduced fully, a performance standard is likely to be set in relation to a minimum number of workplaces being reviewed each quarter e.g. 80% • The Trust-wide dashboard, content and presentation, is under review (May 16); development of Division-level dashboards is underway. These are likely to be available from Jun 16 (rev from Apr 16) • Increased complement and training of Department Safety Coordinators (DSCs), Fire Wardens and First Aiders required (Currently, as at Mar 16, 91% of specialties have DSC, against a year-end target of 90%) • Health and safety audits (the first one in June/ July on 'contractors'). Latterly audits will be carried out on divisions, directorates and sites • Work closer with both external partners (such as Imperial College) and internal partners (such as Estates and Facilities and Occupational Health) to ensure any work affecting the health and safety of those who might be affected by the Trust undertaking is joined up, effective and efficient **July 2016** • HSE inspection of sharps (Jun 16), revealed areas for action, including about the Trust immunisation arrangements. Awaiting HSE written feedback to confirm the findings; in the interim, HSE asked the Trust to send the HSE the Trust's detailed plans to address the immunisation areas requiring improvement (draft response underway, Jul 16) • Audit carried out by Royal Society for the Prevention of Accidents (ROSPA), focussing on the Trust highest risks (Jul 16). Awaiting feedback **(Target risk score date: October 2016)**	⇔	1 x 4 4		• Prioritise and utilise internal H&S expertise e.g. DSCs, Security, Trade Union Reps (external additional support may be required) • Monitor effectiveness of health and safety action plan

Acronyms

AHSC – Academic Health Science Centre

BRC – Biomedical Research Centre

CCG – Clinical Commissioning Group

CE – Chief Executive

CFO – Chief Financial Officer

CNST – Clinical Negligence Scheme for Trusts

COO – Chief Operating Officer

CQC – Care Quality Committee

CQUIN – Commissioning for Quality and Innovation

CXH – Charing Cross Hospital

ECIST – Emergency Care Intensive Support Team

ED – Emergency Department

ExCo – Executive Committee

FBC – Full Business Case

FIC – Finance Investment Centre

FT – Foundation Trust

HCAI – Healthcare Associated Infections

HSE – Health and Safety Executive

MD – Medical Director

NWL – North West London

PLACE – Patient Led Assessment of the Care Environment

PMO – Project Management Office

PPM – Planned Preventative Maintenance

R&D – Research and Development

RTT – Referral to Treatment

TDA – Trust Development Authority

UCC – Urgent Care Centre

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board - Public	27 July 2016

Corporate Risk Register

Executive summary:

The Trust Board reviewed the corporate risk register at its meeting in November 2015 as part of the agreed bi-annual process. A number of changes have been made to the corporate risk register since the last update to the Trust Board, which have been approved by the Executive Committee. Please refer to **Appendix 1** for a copy of the Trust's corporate risk register.

At present there are 17 corporate risks within the risk register of which 11 are identified as operational and 6 as strategic. The highest risks are scored as 20 and the lowest as 12. One risk (from the 17 risks) has been removed from the corporate risk register as it is commercial in confidence.

Key themes include:

- Workforce
- Operational performance
- Financial sustainability
- Clinical site strategy
- Regulation and compliance
- Delivery of care

The following changes to the corporate risk register have been made since the last review by the Trust Board in November 2016:

- Risk 85 has been amalgamated with Risk 83
- Risk 89 has been amalgamated with Risk 55
- One risk that was commercial in confidence has been de-escalated from the corporate risk register
- Two new risks have been escalated onto the corporate risk register: Risk 90 and Risk 91
- The risk score for the following risks has increased: Risk 67 and Risk 7
- The risk score for the following risk has decreased: Risk 75

Due to the timing of the Trust Board meeting, there will be further discussion of the corporate risk register at the Executive Committee on 26th July 2016. A verbal update will be given at the Board meeting on the outcome of that discussion.

The corporate risk register will next be presented to the Trust Board in January 2017.

Quality impact:
The corporate risks are reviewed by the Executive Committee regularly to consider any impact on quality and associated mitigation. The report applies to all CQC domains: Safe, Caring, Responsive, Effective and Well-Led.
Financial impact:
Some of the risks outlined in Appendix 1 will have a financial impact and this is considered as part of existing work streams in relation to the risks.
Risk impact:
The impacts of each risk are captured within Appendix 1.
Recommendation(s) to the Committee:
• Note the changes to the corporate risk register • Note the corporate risk register
Trust strategic objectives supported by this paper:
• To achieve excellent patients experience and outcomes, delivered efficiently and with compassion. • To educate and engage skilled and diverse people committed to continual learning and improvements. • To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Author	Responsible executive director	Date submitted
Priya Rathod Deputy Director of Quality Governance	Janice Sigsworth, Director of Nursing	20 July 2016

Corporate Risk Register

1. Purpose

The following report provides an update on the corporate risk register and provides a summary of key changes since it was reviewed by the Trust Board in November 2015.

2. Background

The Trust Board reviewed the corporate risk register at its meeting in November 2015 as part of the agreed bi-annual process. The following governance process for risk management is in place within the Trust:

- **Divisional risk register;** this is discussed and approved at monthly divisional quality meetings, at the Quality Committee and at the Executive Committee each quarter.
- **Director risk register;** each corporate director has their own risk register which is discussed at the Executive Committee quarterly.
- **Corporate risk register:** This is discussed and approved monthly at the Executive Committee, quarterly at the Audit, Risk and Governance Committee and six-monthly at the Trust Board.

3. Changes to the corporate risk register

A number of changes have been made to the corporate risk register since the last update to the Trust Board, which have been approved by the Executive Committee and are summarised below. Please refer to **Appendix 1** for a copy of the Trust's corporate risk register.

a. Amalgamation of risks

The following risks have been amalgamated to avoid duplication:

- **Risk 85: '***Failure to recruit to substantive nursing posts on some medical wards'* has been merged with Risk 83 and the content updated.
- The revised risk description is:
- **Risk 83: '***Failure to meet recommended vacancy rates across all areas of the organization'*
- The risk score is currently: 16

- **Risk 89:** '*Risk of increased waiting times and LOS for patients as well as failure to meet access targets due to frequent equipment failure'* has been merged with Risk 55 and the content updated.
- The revised description is:
- **Risk 55:** Failure of critical equipment and facilities that prejudices trust operatoins and increases clincial and safety risks
- The risk score is currently: 20

b. Change to risk owners

In order to align with the new Executive Management structure which came into effect on 1st April 2016, the risk owners on the corporate risk register have been changed accordingly.

c. Risk de-escalated from the corporate risk register

- One risk that was commercial in confidence has been de-escalated from the risk register.

d. New risks escalated onto the corporate risk register since November 2015

Two new risks have been escalated onto the corporate risk register as follows:

- **Risk 90:** '*Risk of cyber security threats to Trust data and infrastructure'*
- The risk was agreed at the Executive Committee on 24th May 2016 for escalation onto the corporate risk register due to the Trust being unable to resource a full time ICT security management function.

- **Risk 91:** '*Failure to currently meet the some of the core standards and service specifications (as set out by the CQC) for High Dependency areas within the Trust'*
- The risk was agreed by the Executive Committee on 28th June 2016 for escalation onto the corporate risk register due to the Trust currently not meeting some of the core standards and service specifications.

e. Change to risk score

The score for the following risks has increased:

- **Risk 67:** *'Failure to achieve benchmark levels of workforce engagement'*
- The risk score has been increased from 9 (L3XC3) to 12 (L4XC3). This is as a result of changing the likelihood of the risk materialising from 'possible' to 'likely', due to the results from the recent staff survey which have not shown any significant improvement in staff engagement.

- **Risk 7:** *'Failure to maintain key operational performance standards'*
- The risk score has been increased from 15 (5X3) to 20 (5X4) due to discussions between the Trust and NHS Improvement regarding the release of the Sustainability Transformation Plan funds in 2016/17. The consequence of not achieving the constitutional targets will be 'major' if the Trust does not achieve the improvement trajectories it sets.

The score for the following risk has decreased:

- **Risk 75: '***Failure to provide safe emergency surgery at Charing Cross'.*
- The risk score has been reduced from 16 to 12 (L3XC4) due to the recruitment of both consultant and middle grade staff that are now in place, therefore reducing the likelihood of this risk materialising.

f. Outcome of discussion at the Executive Committee on 26th July 2016

Due to the timing of the Trust Board meeting, there will be further discussion of the corporate risk register at the Executive Committee on 26th July 2016 where it is likely that the following change will be agreed:

- **Risk 74:** '*Failure to gain funding approval from key stakeholders for the redevelopment programme'.*
- An increase to the risk score from 12 (3X4) to 16 (4x4).
- There have been a number of changes to both the internal and external financial landscape that are likely to place significant constraints on the Trust's aspirations to deliver the 4c site development proposal, hence increasing the likelihood of this risk materialising.

A verbal update will be given at the Board meeting on the outcome of the discussion from the Executive Committee.

4. Next steps

- The corporate risk register will continue to be discussed at the Executive Committee each month
- The corporate risk register will next be presented to the Trust Board in January 2017.

Recommendations to the Board:

- Note the changes to the corporate risk register
- Note the corporate risk register

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.
- To educate and engage skilled and diverse people committed to continual learning and improvement.

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board - public	27 July 2016

Revised board assurance framework

Executive summary:

Assurance goes to the heart of the work of any NHS Trust board. The Trust risk management policy and procedures provide the executive team with a robust framework by which they ensure that risk is successfully controlled and mitigated. Assurance is then the bedrock of evidence that gives confidence to the Trust board that risk is being effectively managed, or conversely, highlights that certain controls are ineffective or there are gaps that need to be addressed.

The attached is a new approach to the board assurance framework, which reflects a recent good practice move towards a framework demonstrating the way in which the Trust seeks assurance from its reporting arrangements rather than an approach taking assurance from the direct control of individual risks.

The executive team have proposed a fifth objective which seeks to address the breadth of the 'well-led' priorities, given the growing Trust and national focus on these areas:

> To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance.

A trust-wide committee reporting structure forms part of the assurance framework, providing evidence of reporting of compliance across all legislative and regulatory requirements. This is an emerging document which will continue to develop. In time, terms of reference of all listed committees will be reviewed and amended to ensure that they both record any legislative or regulatory aspects for which they hold oversight accountability and also record the committees to which they provide management or assurance reports. The framework will strengthen in time, and the aim is to make it a 'living' document that captures how all evidence of assurance is provided.

The principal barriers to the strategic objectives were drawn up in discussion with individual members of the executive team, and attempt to articulate aspects that risk 'organisational' failure rather than 'individual' failure. In listing 'areas' where risk exists on the actual worksheet of the board assurance, the framework seeks not to detail 'individual' risks, leaving this to the corporate risk register (and cross-referencing as appropriate).

The revised framework and proposed additional strategic objective have been discussed and supported by the executive committee and the audit, risk and governance committee.

Quality impact:

Ensuring that we seek to continuing improve various areas of our corporate governance will demonstrate that the Trust strives to be a well-led organisation.

Financial impact:
The framework has no direct financial impact.
Risk impact:
Each of the work streams within corporate governance are regularly reviewed for risk impact, and risk register entries developed, including controls and mitigations as appropriate.
Recommendation to the Trust boarde:
The Trust board is asked to: • Approve the proposed board assurance framework and accept six-monthly reviews of the main documentation. • Agree to the adoption of the proposed additional objective.
Trust strategic objectives supported by this paper:
To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

Author	**Responsible executive director**
Jan Aps, Trust company secretary	Tracey Batten, Chief executive

Imperial College Healthcare NHS
NHS Trust

BOARD ASSURANCE FRAMEWORK

Introduction

This board assurance framework should be read in conjunction with the risk policy, and corporate and divisional risk registers. This framework has been updated to reflect best practice as outlined in 'Board Assurance: A toolkit for health sector organisations' (NHS Providers / Baker Tilly, 2015). The focus is to provide a high level assurance process which enables the Trust to focus on the principal barriers to delivering its strategic priorities and the robustness of internal controls to reduce or manage risk to an acceptable level.

An assurance mechanism is of a different nature, it requires different information and will follow a different structure to that of the usual reporting arrangements, or risk register for an organisation.

Within the Trust, the overall role of an assurance mechanism is to:

- Bring to the attention of the Trust board information that may have an impact on the ability to achieve its strategic objectives; and
- Assure the Trust board that the appropriate accountability is being taken for those areas of responsibility held by a group or individual.

Strategic objectives

The Trust has developed five strategic objectives:

1. To achieve excellent patient experience and outcomes delivered with care and compassion
2. To educate and engage skilled and diverse people committed to continual learning and improvement
3. As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care
4. To pioneer integrated models of care with our partners to improve the health of the communities we serve
5. To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance.

Principal barriers to achievement of strategic objectives

The principal barriers to the organisation can be articulated as follows:

Current (2016/17)

- Inability to deliver agreed budget plan
- Failure to implement clinical strategy service and pathway redesign
- Failure of equipment and infrastructure
- Inability to deliver a workforce that enables the required changes for the clinical model
- Failure to achieve a CQC rating of good
- Inability to deliver constitutional operational targets
- Inability to secure development of NIHR biomedical research centre.

Future (2017/20)

- Inability to secure redevelopment approval and funding
- Inability to renegotiate a sustainable financial envelope
- Inability to develop integrated care models, supported by a digital platform and appropriate funding mechanisms
- Inability to ensure the health and safety of staff
- Inability to maintain infection at acceptable levels.

These are reflected in the risks outlined in the corporate risk register, which is subject to frequent review at management, executive and board committee level. The way in which assurance is provided to address these risks is documented in this Board assurance framework.

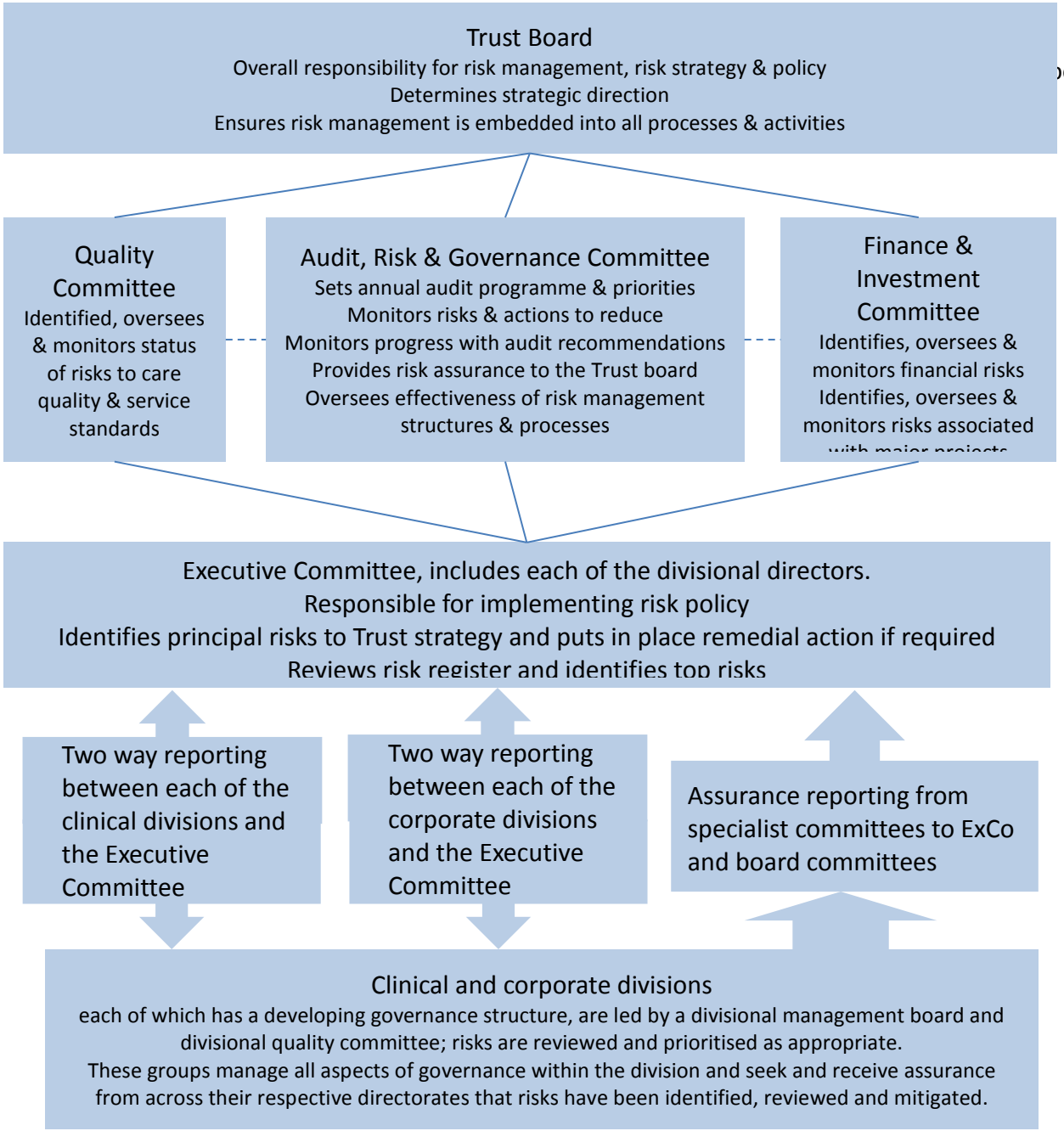
Risk and control framework

At an overview level, the Trust board receives and reviews bi-monthly management self-assessment statements, which, in line with the withdrawn TDA assurance process, require management review and confirmation that key legislative, mandatory and operational requirements are in place, forming an additional assurance mechanism. During the production of the annual governance statement, the directors also provide assurance statements to the chief executive to again, provide a further level of assurance that management are ensuring appropriate oversight of the risks, controls and mitigations.

Detailed in all risk registers are the controls relating to each specific risk; looking across the assurance and risk framework as a whole these are:

- Existence of clear lines of accountability, strengthened by the internal compliance framework and 'ward to board' organisation structure
- Well-developed performance and quality data – including benchmarking where available including against national data sets
- Data supplemented by qualitative and survey data including first-hand experience (board visits and regular feedback from service user and carers)
- Committee challenge/ review of relevant standards and thresholds
- Policy and process of risk management
- Clear committee structure for considering performance and escalating risks and opportunities
- Clear responsibility for the identification and dissemination of national standards
- Organisational learning process to facilitate the learning and adoption of best practice
- Clear responsibility for the management of policies
- Programme of internal audit with executive and board committee oversight of the completion of actions in respect of recommendations
- Programme of clinical audit
- Clear roles, accountabilities and delegations of authority through standing orders and standing financial instructions
- Executive committee review of statutory and mandatory training requirements and role specific training.

The Trust has a systematised framework for ensuring effective reporting mechanisms, not only from divisional management and divisional quality groups, but also from the specialist committees. This framework is outlined below:



The specific details of this are structure described in appendix one, which outlines the management and assurance reporting for all key groups and committees that have been identified..

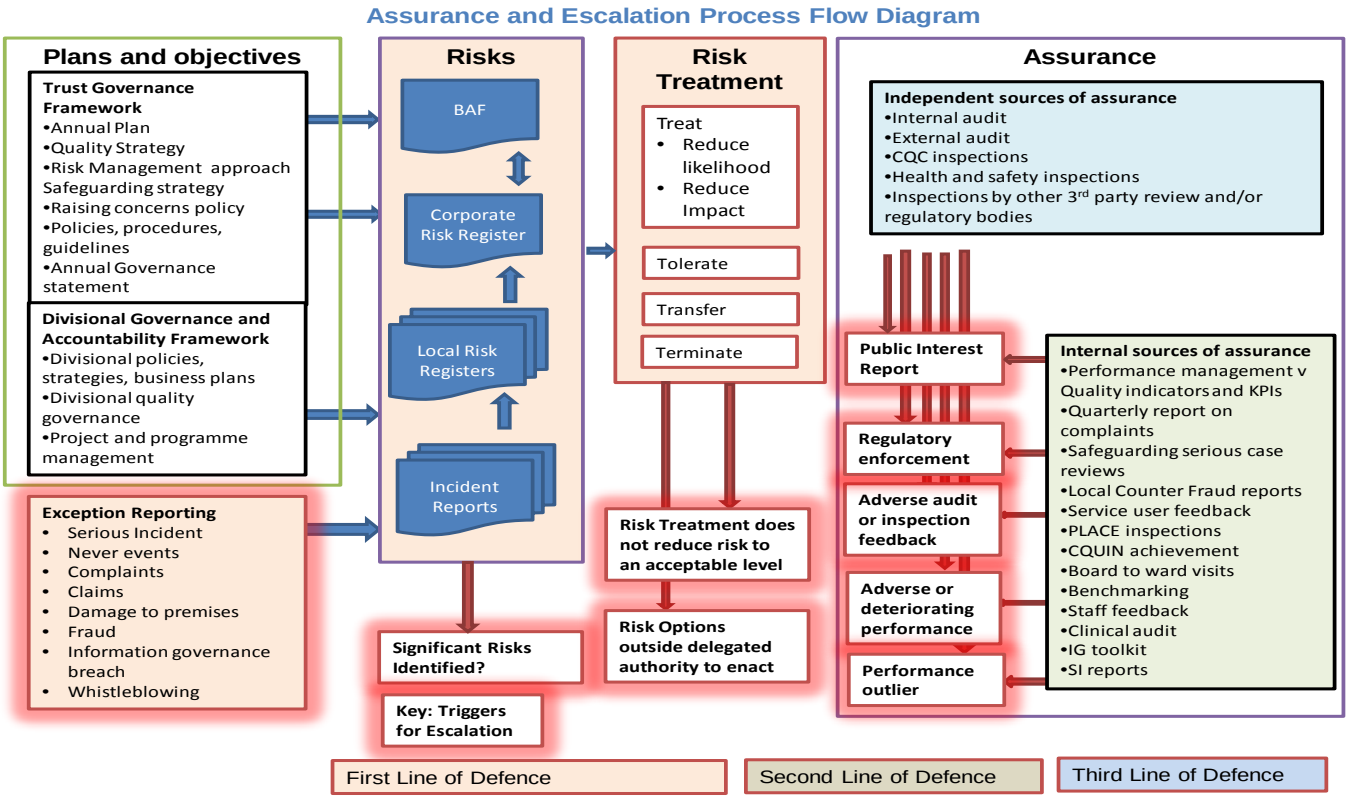
Levels of assurance

As part of the assurance framework, there are three key lines of assurance:

1st line: DEPARTMENT: the first level of assurance comes from the department that performs the day to day activity
2nd line: ORGANISATIONAL OVERSIGHT: other functions in the Trust such as quality, finance and P&OD provide assurance
3rd line: INDEPENDENT ASSURANCE: assurance provided from outside the Trust.

Having a balance of each of these is likely to provide the optimum balance of resource requirement versus level of assurance provided.
Understanding where assurance comes from ensures that the Trust can identify where it has too much, is duplicated, or has none at all. Mapping these assurances against areas of risk demonstrates whether that level of coverage of assurances is set at the right level to provide

confidence to the Trust board. Timetabling when these assurances should be provided ensures a demonstrably robust approach.



The current framework

The framework includes:

- areas of activity where risk exists
- the links with corporate objectives
- appropriate CQC domain
- executive lead
- specific risks
- corporate risk register reference
- sources of assurance (against each of the levels)
- Details of board / committee assurance reporting including timetable
- Risk classification (using tool described in 'Board assurance: A toolkit for health sector organisations – the key for which follows the framework itself).

The areas of activity which remain as a high residual risk are (for the most part) those reflected in the annual governance statement as being 'significant issues':

- Trust's financial position
- Condition of the Trust estate
- Emergency patient pathway and achieve emergency department performance target.

The risks associated with embedding the organisation review are covered in other areas.

The following framework demonstrates the board assurance framework in practice.

Board Assurance Framework

Version 3
July 2016

Corporate objectives

1. To achieve excellent patient experience and outcomes delivered with care and compassion
2. To educate and engage skilled and diverse people committed to continual learning and improvement
3. As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care
4. To pioneer integrated models of care with our partners to improve the health of the communities we serve
5. To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance

CQC domain	Areas of activity	Corporate objectives	Lead	Area of risk	Corporate risk register reference	Sources of Assurance			Principal Assurance Committee(s)	Timetable of assurance reporting	Board reporting		Risk classification (see guidance)	
						1st line Reporting	2nd line Internal assurance	3rd line External assurance			What	When	Inherent risk	Residual risk
Safe	Infection control	1	DIPC		88	Reports on outbreaks reports against key metrics			Quality Committee	Quarterly	Quality committee report to the board	Bimonthly	Medium	Low
Safe	Medicine's management	5	Medical director / chief pharmacist	Failure to adopt best practice may lead to sub-optimal treatment Failure to control medicines usage may lead to unnecessary costs Failure to control drugs may lead to improper use / theft of medicines	Held on relevant dept RR	Incidents raised on Datix	Six monthly report to the executive committee	MRHA annual submission and review	Quality committee	Six-monthly report	Update by exception through the quality committee report	Bimonthly	Medium	Low
Safe	Fire	1	Director of estates & facilities	Failure to ensure that required / appropriate fire prevention and management systems are in place, including effective evacuation systems	Held on relevant dept RR	Incidents raised on Datix	Six monthly report to the executive committee	Review by London Fire Brigade	Quality committee	Six-monthly report	Update by exception through the quality committee report	Bimonthly	High	Medium
Safe Effective	Quality governance	1, 5	Medical director	Failures of quality governance may allow poorer standards of care and may lead to non-compliance with statutory /contractual obligations	81		The Quality report (which reviews performance in all areas of quality is presented to Executive monthly	Internal audit of Duty of candour	Quality Committee	The Quality report (which reviews performance in all areas of quality is	Quality committee report to the board	Bimonthly	Medium	Low
Safe Effective	Risk management	1, 5	Chief executive	Failure to mitigate any risk may affect patient care and/or financial position	48 / 71	Local risk registers Datix reporting	Executive Committee is responsible for the management of risk Corporate risk register reported to the executive monthly	Internal auditors audited BAF / and risk management in March 2016 - recommendations are being implemented	Audit, risk & governance committee	ARG reviews and approves the risk management policy. Executive Committee is responsible for the management of risk Finance and investment Committee and Quality Committee consider risks within the sphere of their terms of reference Corporate risk register reported to the Trust board on a six-monthly basis	The new board assurance framework will be presented to the Board for approval in July 2016.	July 2016	Medium	Low
Safe Caring Well-led	Safeguarding	2	Director of nursing	Failure of systems and processes (including training of staff) may under-identify safeguarding issues and/or may lead to a failure to respond appropriately	71	Incidents raised on Datix	Six monthly report to the executive committee	Serious case review outcomes Ofsted reports	Quality committee	Six-monthly report	Update on safeguarding cases and position	Six-monthly	Medium	Low
Safe Caring Well-led	Recruitment and retention	1, 2	Dir P&OD	Inability to recruit and retain appropriately skilled staff poses risk to quality of patient care Inability to deliver a workforce that enables the required changes for the clinical model	83	Vacancy rates Time to recruit	Executive committee monitoring programme looks at the efficiency and effectiveness of the recruitment process		Quality Committee	Quality committee receives monthly report on safer staffing and by exception on other risks associated	Safer staffing figures published monthly		High	Medium

Safe Responsive Well-led	Data quality	1, 2, 5	CIO, CFO, Divisional directors, Dir P&OD	Poor quality of patient information may undermine patient care Poor data quality of Trust information may undermine strategic and contractual decisions	Held on relevant dept RR	Standardised business and reporting rules that are aligned to national policy with standard definitions and robust change control processes	Regular snap-shot audits via supervision and case review carried out at team and individual level Monthly audit of backing data by information Team at patient level and cross checking against clinical systems	Programme of audits by internal audit The external auditors provide a limited audit of information reported as part of their work on annual report and accounts	Audit, risk & governance committee	Quarterly	ARG committee report to the board	Quarterly	High	Medium
Safe Responsive Well-led	Equipment failure	1	???	Failure to provide safe equipment impacts patient and staff safety Equipment failure reduces ability to achieve operational targets	55	Incidents raised on Datix			Quality committee Finance & investment committee				High	Medium
Safe Well-led	Management of estates	1	Director of estates & facilities	Failure to provide safe estate impacts patient and staff safety Failure to provide an appropriate environment affects patient experience and potentially outcomes Failure to manage property portfolio impacts on financial position Inability to secure redevelopment approval and funding	55		Capital programme reports to executive committee		Finance and investment committee (Redevelopment Committee)	Bi-monthly report on the capital programme to finance and investment committee Redevelopment committee progressing the site strategy for replacement of St Mary's hospital	Update by exception through the report of the finance and investment committee, and the report of the redevelopment committee	Bimonthly	High	High
Safe Well-led	Staff health & safety	5	Dir P&OD	Failure to ensure that staff: are provided with, and use, appropriate equipment; are trained in safe systems of work	Held on relevant dept RR	Incidents raised on Datix Incidents reported by Occ Health	Quarterly report to the executive committee	HSE inspections CQC inspections Internal audits	Quality committee	Quarterly report	Update by exception through the quality committee report	Quarterly	Medium	Low
Effective	Research	3	Medical director	Inability to secure development of NIHR biomedical research centre	Held on relevant dept RR				Quality committee	Annual report	Overview of AHSC and other research activity	Annual	Medium	Low
Effective Well-led	Education	2,3	Medical director / Dir POD / Dir of nursing		Held on relevant dept RR				Quality committee	Annual report	Overview of educational activities acrross the Trust	Annual	Medium	Low
Responsive Well led	Mandatory training	2	Dir P&OD	Failure to adequately train staff poses risk to quality of patient care	Held on relevant dept RR	On-line register for all staff	Monthly reporting to the executive committee	Internal audit of the systems and processes Process for revalidation in place and reported annually to the Committee and Trust board	Quality Committee	Monthly reporting to the quality committee	Reported to the Trust board at each meeting as part of the performance scorecard	Bimonthly	Medium	Low
Well-led	Governance	5	Chief executive	Failures of governance may lead to non-compliance with statutory / contractual failures	Held on relevant dept RR	Process in place to ensure that all board directors comply with Fit & Proper persons test	Annual governance statement - reviewed by Audit Committee Executive self-assessment	External review of governance (2014) to be repeated every three/four years Internal audit of assurance framework	Audit, Risk & Governance Committee	Bi-monthly	Board and committee self-assessment External governance review report Review of compliance statements Annual governance statement	July 2016 April 2015 Each board meeting Bi-monthly April 2016	Medium	Low
Well-led	Financial performance	5	Chief financial officer	Poor financial performance in this financial year will impact on the Trust's future ability to remain a going concern	48	Divisional reporting	The F&I scrutinise the financial position of the Trust The Executive Committee monitor the achievement against savings plans Consideration of performance against TDA targets	External audit review during annual accounts preparation TDA oversight	Finance and investment committee	Bi-monthly	Monthly finance report circulated to all board members Reported to Trust board every other month in Finance report F&I Committee reports every other month	Monthly Bimonthly	High	High
Well-led	Financial control	5	Chief financial officer	Failures of financial control risk unanticipated budget overspends	48		SFIs	Internal audit opinion External audit opinion CQUIN achievement	Audit, Risk & Governance Committee	May-16	Audit opinions reported as part of the annual accounts	April 2015 (April 2016)	High	Medium
Well-led	Annual Report and Accounts	5	Chief financial officer	Failure to comply with statutory duty to file annual report and accounts in prescribed format	81		Adherence to DH reporting manual	External audit of accounts and of the reports to ensure it meets statutory requirements	Audit, Risk & Governance Committee	April 2015 (April 2016)	Consideration of the draft prior to sign off	April 2015 (April 2016)	Low	Low
Well-led	Quality account	1, 5	Medical director	Failure to comply with statutory duty to file quality report in prescribed format Reputational risk of not achieving agreed quality targets	81		Adherence to DH guidance	External audit provide assurance in respect of data quality of the information provided and to ensure that it meets statutory requirements	Quality Committee Audit, Risk & Governance Committee	April 2015 (April 2016)	Report on potential quality indicators Review of quality account prior to submission	April 2015 (April 2016)	Low	Low

Well-led	ICT	1,5	Chief information officer	Failure to deliver against the ICT programme may lead to failure to deliver existing and new clinical models Failure to maintain control may lead to overspend on major investments Failure of new clinical systems will impact patient care and make it more difficult for the Trust to report on performance to its commissioners	Held on relevant dept RR		The Executive committee will monitor delivery against key ICT projects		Finance and investment committee	Business cases and post-implementation reports are presented to the F&I Committee	Reports of the F&I Committee to each Trust board	Bi-monthly	Medium	Low
Well-led	Information security	1	SIRO	Breaches indicate a detriment to patients or staff. Serious breaches may incur financial penalties	Held on relevant dept RR	Reported breaches	Exception report on any breaches	Feedback on IG annual return	Audit, risk & governance committee	Quarterly	Annual report on performance in the Annual governance statement Exception reports on serious breaches IG annual return		Medium	Low
Well-led	Counter fraud	5	CFO	Poor systems and processes put the Trust at risk of financial loss	48	Cases raised Cases pursued		LCFS reports National benchmarking Home Office feedback	Audit, risk & governance committee	The ARG reviews the resources required to ensure an effective counter fraud service and receives an update on activity at each meeting. Any risks / issues are reported to the Board	ARG committee report to the board	Bimonthly	Medium	Medium
Well-led Responsive	Operational performance	1,5	Divisional directors	Failure to deliver to plan affects the future development of the Trust Failure to deliver against TDA expectations (particular ED performance & emergerncy flow)	48 / 81 / 73	Divisional review / ICT reporting	Executive committee reviews performance each month	TDA and commissioners - monthly reporting	Executive committee	Bi-monthly	Operations performance report circulated to all board members Reported to Trust board every other month on the scorecard	Monthly Bimonthly	High	High
Well-led Responsive	Commissioning environment	5	Chief financial officer	Failure to secure contracts impacts on the financial security of the Trust and may adversely affect quality of service	48		Monthly updates on contract position Regular updates on other initiatives etc. Review as part of the Business Planning process		Finance and investment committee		Updates through the F&I Committee report as required. Considered as part of business planning	Bi-monthly Annual	High	Medium
All	CQC Compliance	1, 5	Divisional directors	Failure to maintain compliance with conditions may affect patient care Failure to comply with the conditions of registration may incur regulatory penalties Inability to achieve 'good' rating impacts support for Trust strategic plans	81	Incidents raise on Datix Complaints Whistleblowing Service line self-assessments	Board member visits Core service reviews Deep dive reviews	CQC inspections PLACE audits Internal audit support to core service reviews	Quality Committee	Ad-hoc risk reports (e.g. RIS PACS) are reported to the Audit, Risk & Governance Comm)	CQC report to Trust board CQC inspections	Every other month Sept 2014	High	Medium

Inherent risk classification	Residual risk classification	Action and/or assurance activities
High	High	Management attention should be focused on implementing actions to improve existing controls or introduce new ones within an agreed timescale.
	Medium	Sign off of the existing control effectiveness by management and monitor progress of the implementation of further mitigating actions. Independent assurance obtained within the next six months.
	Low	Sign off of the existing control effectiveness by management. Independent assurance obtained within the next six months.
Medium	Medium	Depending on the organisation's risk appetite and ability to further influence risk mitigation attention should be focused on identifying and implementing actions within the next six months.

Medium	Low	Six monthly sign off of the existing controls effectiveness by management. Independent assurance obtained within the next 18 months.
Low	Low	Little/no assurance required.

Committee reporting structure: management and assurance

Committee / Group	First stage reporting	Executive Committee (Operations / Quality / Transformation)	Executive Committee	Periodicity of Management Reporting	Accountable executive director	Board or Committee Assurance	Periodicity of Assurance Reporting
Data Standards Committee	Caldicott and Health Records Committee	-	Executive Committee	??	Chief information Officer	Audit, risk & Governance Committee	Annual
Mobile Apps Committee	Caldicott and Health Records Committee	-	Executive Committee	??	Chief information Officer	Audit, Risk & Governance Committee	
Change Advisory Board	ICT Security Audit and Risk Committee, then Caldicott & Health Records Committee	-	Executive Committee	??	Chief information Officer	Audit, Risk & Governance Committee	
Decontamination Steering Group	Estates Operational Group (Risk & Statutory Compliance)	Executive Operations Committee	-	??	Director of nursing	Audit, Risk & Governance Committee	
Ventilation Steering Group	Estates Operational Group (Risk & Statutory Compliance)	Executive Operations Committee	-	??	Director of nursing	Audit, Risk & Governance Committee	
Water Management Group	Estates Operational Group (Risk & Statutory Compliance)	Executive Operations Committee	-	??	Director of nursing	Audit, Risk & Governance Committee	
Elective Access Waiting List Group	-	Executive Operations Committee	-	??	DD, surgery & cancer	Audit, Risk & Governance Committee	
Service Agreement Steering Group	-	Executive Operations Committee	-	??	DD ??	Audit, Risk & Governance Committee	
Digital Strategy Steering Committee		Executive Transformation Committee		??	Chief information Officer		
Whole hospital clinical group (Name TBC)		Executive Transformation Committee	Executive Committee	??	Chief executive	Redevelopment Committee	
Mental Health Act and Mental Capacity Act Group	Adult Safeguarding Committee	Executive Quality Committee	Executive Committee	??		Quality Committee	
Children's Safeguarding	-	Executive Quality Committee	Executive Committee	??		Quality Committee	
AHSC Research Committee	-	Executive Quality Committee	Executive Committee	??		Quality Committee	
Clinical Ethics Committee	-	Executive Quality Committee	Executive Committee	??		Quality Committee	
End of Life Committee	-	Executive Quality Committee	-	??		Quality Committee	
Genomic Medicine Centre	-	Executive Quality Committee	Executive Committee	??		Quality Committee	
Medicines Optimisation Committee	-	Executive Quality Committee	Executive Committee	Annually	DD, Women's, children's & clinical services	Quality Committee	
Trust Infection Prevention & Control Committee	-	Executive Quality Committee	Executive Committee	??	Medical Director	Quality Committee	
Trust Safety & Effective Committee	-	Executive Quality Committee	Executive Committee	??	Medical Director	Quality Committee	
Trust Transfusion Committee	-	Executive Quality Committee	Executive Committee	??	DD, Women's, children's & clinical services	Quality Committee	
Corporate Functions Health & Safety Committee	Strategic Health & Safety Committee	-	Executive Committee	Quarterly	Director of P&OD	Quality Committee	
Divisional H&S Committee(s)	Strategic Health & Safety Committee	-	Executive Committee	Quarterly	DDs	Quality Committee	
Estates H&S Committee	Strategic Health & Safety Committee	-	Executive Committee	Quarterly	Director of nursing	Quality Committee	
Fire Safety Committee	Strategic Health & Safety Committee	-	Executive Committee	Quarterly	Director of nursing	Quality Committee	
Trust Radiation Safety Committee	Strategic Health & Safety Committee	-	Executive Committee	Quarterly	DD, Women's, children's & clinical services	Quality Committee	
Imperial College Joint Safety Group	Strategic Health & Safety Committee	-	Executive Committee	Quarterly	Director of P&OD	Quality Committee	
Joint Clinical Research H&S Committee	Strategic Health & Safety Committee	-	Executive Committee	Quarterly	Medical Director	Quality Committee	
Joint Trades Union Safety Committee	Strategic Health & Safety Committee	-	Executive Committee	Quarterly	Director of nursing	Quality Committee	
Security Committee	Strategic Health & Safety Committee	-	Executive Committee	Quarterly	Director of P&OD	Quality Committee	
Emergency Planning Committee	Strategic Health & Safety Committee	-	Executive Committee	Six monthly	???	Trust Board	Six monthly
Clinical Academic Research Committee	Trust Education Committee	Executive Quality Committee	-	??	Medical Director	-	
Divisional Quality & Safety Committee(s) (each of 27 directorates has a Q&SC reporting to both Div S&QC and Management Committee)	Trust Safety & Effectiveness Committee	Executive Quality Committee	-	??	DDs	??	
Drugs & Therapeutics Committee	-	Executive Quality Committee	-	??	Medical director	??	
Facilities Quality Committee	-	Executive Quality Committee	-	??	Director of nursing	??	
LCRN	-	Executive Quality Committee	-	??	Medical Director	??	
Medical Devices Management Group	-	Executive Quality Committee	-	??	Medical Director	??	
Medications Safety Review Group	-	Executive Quality Committee	-	??	Medical Director	??	
New Drugs Panel (NDP)	-	Executive Quality Committee	-	??	Medical Director	??	
New Interventional Procedures Committee	-	Executive Quality Committee	-	??	Medical Director	??	
Non-medical prescribing group	-	Executive Quality Committee	-	??	Director of nursing	??	
Nursing & Midwifery Learning & Development Group	Nursing & Midwifery Education Committee, then Trust Education Committee	Executive Quality Committee	-	??	Director of nursing	??	
Nutrition Steering Group	-	Executive Quality Committee	-	??	????	??	
Organ Donation Committee and Tissue Guardian	-	Executive Quality Committee	-	??	Medical Director	??	
Point of Care Testing (POCT) Committee	-	Executive Quality Committee	-	??	Medical Director	??	
Resuscitation Committee	-	Executive Quality Committee	-	??	Medical Director	??	
VTE Committee	-	Executive Quality Committee	-	??	Medical Director	??	
Decontamination Steering Group	Estates Operational Group (Risk & Statutory	Executive Operations Committee	-	??	Director of nursing	??	
Ventilation Steering Group	Estates Operational Group (Risk & Statutory	Executive Operations Committee	-	??	Director of nursing	??	
Water Management Group	Estates Operational Group (Risk & Statutory	Executive Operations Committee	-	??	Director of nursing	??	
Elective Access Waiting List Group	-	Executive Operations Committee	-	??	DD Surgery, Cancer	??	
Service Agreement Steering Group	-	Executive Operations Committee	-	??	???	??	
Children's Safeguarding	-	Executive Quality Committee	-	??	???	??	
Clinical Academic Research Committee	Trust Education Committee	Executive Quality Committee	-	??	Medical Director	??	
Clinical Strategy Implementation Programme (CSIP) Group	-	Executive Transformation Committee	-	??	Medical Director	??	
Workforce Transformation Committee	-	Executive Transformation Committee	-	??	Dir of P&OD	??	
Nursing & Midwifery Evidence Based Practice Group	Professional Practice Committee	Director of Nursing (Advisory)	-	??	Director of nursing	??	
Nursing & Midwifery Research Committee	Professional Practice Committee	Director of nursing (Advisory)	-	??	Director of nursing	??	

Committee reporting structure: management and assurance

Joint Executive Group	Strategic Partnership Board	-		??	Chief Executive	??	
Local Negotiating Committee	BMA	?	-	??	Medical Director	??	
Trust Medical Advisory Committee	-	-	-	??	Medical Director	??	
Cancer Board	-	-	-	??	????	??	
Ionising Radiation Committee	-	-	-	??	DD, Women's, children's & clinical services	??	
Partnership Committee	-	-	-	??	Director of P&OD	??	
Decision support panel	-	Chief financial officer (Advisory)	-	??	Chief financial officer	??	
Trust Capital Steering Group	-	-	Executive Committee		????		
Carter Steering Group		Executive Transformation Committee	Executive Committee		Chief financial officer		

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust Board	**27 July 2016**

Complaints Annual Report

Executive summary:

During 2015/16 the complaints function in the trust underwent significant change to improve response times and implement a more proactive approach.

This annual report describes this in more detail and provides a summary of the numbers and types of complaints received by the trust. Where themes have been identified these are described along with some of the remedies that were initiated.

Quality impact:

The changes in year to the complaints function are designed to enhance the quality and timeliness of resolution of people's concerns. This is relevant to the caring and responsive CQC domains.

Financial impact:

The financial impact of this proposal as presented in the paper enclosed:
1) Has no financial impact.

Risk impact:

There would be reputational risk for the trust by not adequately resolving people's concerns and complaints. There would be a risk of non-achievement core performance metrics in the contract.

Recommendation(s) to the Committee:

The Board is asked to note the report, and agree to it being published on the Trust Website.

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

Author	Responsible executive director	Date submitted
Keith Ingram	Janice Sigsworth	21 July 2016

Annual complaints report 2015/16

1.0 Background

Last year saw the centralisation of the Trust's complaints process. The changes began during the previous year when the complaints function was brought under the oversight of the corporate nursing directorate. This also brought the complaints function and the PALS function under the same directorate allowing the development and subsequent ratification of a new Concerns & Complaints Policy, which established a new approach to complaints handling across the Trust. The focus of this new way of working is a quick, proportionate and flexible approach to resolution, minimising unnecessary escalation, whilst at the same time providing a timely, high quality service that meets agreed deadlines. To facilitate this, the complaints team has moved from a divisional to a caseworker based approach with a centralised team being established in Salton House at St Mary's Hospital.

The launch of the new policy and the centralisation has been a great success. Initial engagement and buy-in to the new approach was gained by the Complaints & Service Improvement Manager and PALS Manager who attended a number of key management and specialty meetings to raise awareness of the re-launch and how it would improve the way the Trust resolves concerns and complaints. The support of these key staff members around the Trust has been invaluable and allowed the Trust to respond to every complaint within time, whilst at the same time dramatically reducing the average number of days it take to respond to complaints.

The new Concerns & Complaints Policy has meant that the Trust is now in an ideal position to comply with the recommendations found in NHS England's publication, Assurance of Good Complaints Handling for Acute and Community Care – a toolkit for commissioners.

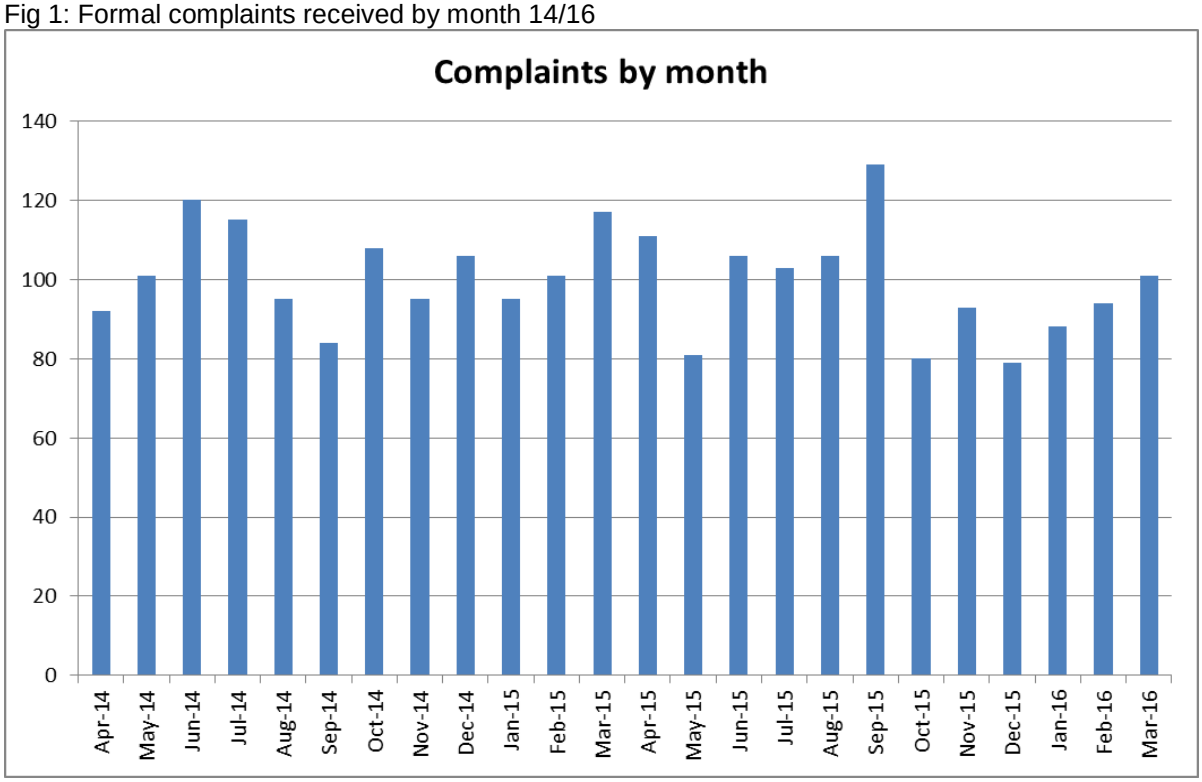
2.0 Numbers of Formal Complaints Received

During 2015/16 the Trust received a total of 1145 complaints. This is shown in Fig 1, which covers the last two years for reference.

Following a steady year on year increase in previous years, the volume of complaints fell by 8% in 2015/16 (from 1242 in 2014/15). However, looking at the breakdown more closely, there was a noticeable decrease between the first six months of the 2015/16 financial year (609 from April to September – an average of 97 per month) compared with the following six (537 from October to March – an average of 89 per month). This decrease corresponded with the launch of the Trust's centralised complaints function where the focus is on providing a swift resolution to concerns and closer working between PALS and the Central Complaints Team.

There continues to be an increase in complex complaints involving multifactorial issues or multiple specialties. In addition, there has been an increase in complainants adopting a 'scattergun' approach, where a complaint to the Trust is simultaneously sent to a number of external channels (for example MPs, CQC etc.). The single caseworker approach adopted following the centralisation in October has helped to mitigate the potential complications of this and ensure that the team continues to provide a seamless service.

Fig 1: Formal complaints received by month 14/16



3.0 Breakdown of Complaints

The table below evidences complaints by category, service and division. From 1 April 2016 the way we categorise complaints changed, which means we will be able to refine the themes we report on. This will help identify those clinical areas which are experiencing a high number of complaints and support them to make service improvements.

Table 1 shows the top 5 categories of complaints received in the year:

Category	No	% of total
All Aspects of clinical care/treatment	489	43%
Appointments, delay / cancellation (Inpatient and Outpatient)	240	21%
Attitude of Staff	142	12%
Communication / information to patients (written & -oral)	117	10%
Transport	54	5%
TOTAL	**1042**	**91%**

Delays with appointments continue to be a significant issue. This is something that our PALS Service deals with frequently.

A particular area for concern this year has been Transport, representing 5% of all complaints received and which has not featured in the Top 5 areas in previous years. Hospital transport is contracted to an independent provider, DHL, and there were issues over the year, particularly during the Christmas and New Year period with extremely poor punctuality and short notice cancellations. This was particularly distressing for our renal dialysis patients who attend our sites several times a week. Our patient transport provider had seen a change in the types and volumes of patients needing this service, and an increase in those with specialist requirements, such as a need for oxygen en route. In addition, the numbers of patients using the transport service was outweighing the vehicles available. To help resolve this the Trust authorised a change in the number and mix of vehicles in the transport fleet to better match our current patient demand. An investment in new computer software to improve the planning of journeys was also made.

Table 2 shows the breakdown by service area (top 4). As would usually be expected, the highest proportion comes from outpatient services, which is the service area with the highest number of patient contacts. However, these are often relatively simple queries regarding the processing of referrals or appointments, and since the centralisation PALS have been able to step in to resolve these issues at an earlier stage. This in part has contributed to a reduction in formal complaints about outpatients of 8% (from 687 in 2014/15 to 630 in 2015/16.

Table 2: Complaints by service area

Service area	No	% of total
Outpatients	630	55%
Inpatients	305	27%
A&E	130	11%
Maternity	53	5%
Total	**1118**	**98%**

Table 3 evidences the number of complaints received by division. Surgery has the greater number of complaints with 37% but this represents a significant reduction from the previous year when they accounted for 44% of complaints received. The numbers for the other divisions cave remained comparable with previous years.

Table 3: Complaints by division

Division	No	% of total
Surgery	423	37%
Medicine	356	31%
Women & Children	163	14%
IS & CS	85	7.5%
Corporate	118	10.5%
Total	**1145**	**100%**

4.0 PALS cases

The PALS team dealt with 3773 informal concerns and enquiries during the year 2015/16. Table 4 shows a breakdown of the cases received by Division:

Table 4: PALS cases by Division

Division	No	% of total
Surgery	1634	43%
Medicine	1008	27%
Women & Children	308	8%
IS & CS	350	9%
Corporate	473	13%
Total	**3773**	**100%**

It is notable that PALS are dealing with a greater proportion of cases for surgery than the complaints team. Surgery related issues are often less complex than those for Medicine and it would appear that PALS are being successful at resolving these cases before they escalate. On the other hand, PALS is dealing with a lower proportion of Women's Children's related issues than the complaints team. This is likely due to the complexity of the issues especially relating to maternity.

Table 5 shows a breakdown of the Top 5 subject for PALS cases during the year 2015/16

As would be expected, the main issues PALS dealt with last year were about appointments and issues regarding communication. These accounted for 52% of all the cases that PALS handled and it demonstrates the excellent work the PALS service does in resolving concerns on the spot and avoiding escalation to the formal stage.

Table 5: PALS cases by subject

Subject	No	% of total
Appointments, delays/ cancellation (out pts)	1017	27%
Communication / info. to pts	957	25%
All Aspects of Clinical Care	395	10%
Attitude of Staff	254	7%
Admissions, discharge and transfer arrangements	111	3%
Total	**2734**	**72%**

5.0 Parliamentary and Health Service Ombudsman (PHSO) Cases

There has been a reduction in the number of cases the PHSO investigated last year (19 compared to 27 in 2014/15).

Following the Francis Report the PHSO are more likely to investigate than not and provide a financial remedy to nearly all upheld or partly upheld complaints. Last year the PHSO awarded £2,444.60 to five complainants following their independent review. We expect this figure to rise significantly. Therefore, the Central Complaints Team has recruited staff from the PHSO office to help improve the standard of our complaint investigations. The Central Complaints Team also intends to improve the service our complainants receive, and will send a satisfaction survey to complaints in Q2 to monitor its success.

6.0 Responsiveness

This is an area in which the Complaints Department has made great strides in the last year, particularly since the adoption of the new Concerns & Complaints function and the team's centralisation in October 2015. It was recognised that the previous systems and processes were not supporting the timely resolution of complaints and the new process was designed to ensure that timeliness was built into the way the team works. An escalation process is now enshrined in the Concerns & Complaints Policy, with breeches being reported to Director of Nursing.

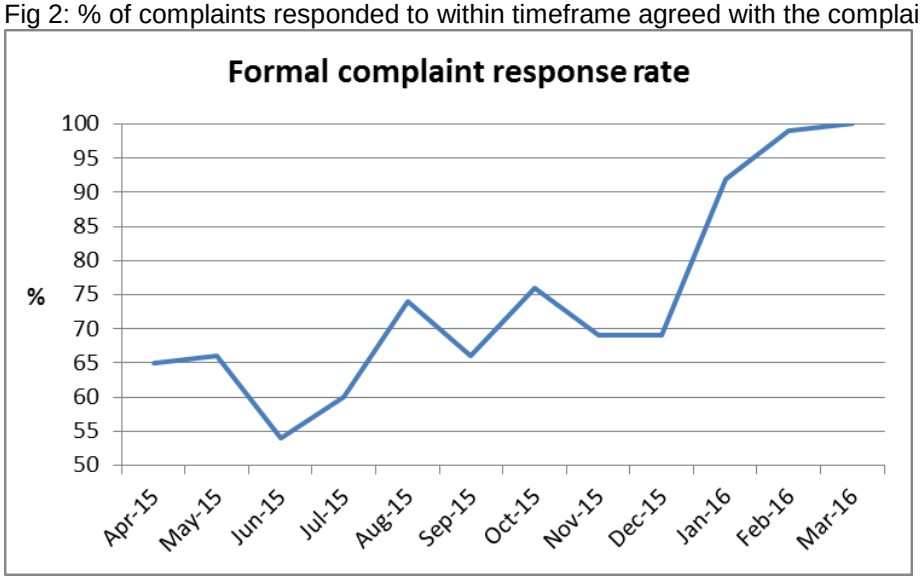
Where possible clinicians are also supported and encouraged to call complaints at the outset to try to resolve their concerns through discussion rather than the usual exchange of letters.

All complaints are now risk graded when they first come into the complaints department with a deadline being set based on this grading (this also allows the team to identify and flag any potential incidents/SIs at an early stage and link in with the relevant governance leads). In addition, weekly reminders are sent to the appropriate Chiefs of Service, General Managers and investigators to help ensure a swift response. These are RAG rated according to how close the complaints are to their deadlines, and the complaints investigators will follow these up with the relevant staff, offering any support they need to resolve their cases.

Alongside the weekly tracker is the Trust scorecard which shows a summary of complaints performance across the Trust by division. This is also RAG rated and allows each division to see how they are performing against their peers as well as establishing a degree of healthy competition.

As mentioned previously, the position at the end of this year is that every complaint is now responded to within the agreed time (Fig 2). We have not breached one agreed deadline and have responded to every complaint within the agreed timescale. The average number of days to respond to a complaint is the lowest it has been for several years, currently at 27 working days (April 2016) falling from 53 working days (April 2015). At the same time the number of formal complaints open has fallen from 360 to 150.

Fig 2: % of complaints responded to within timeframe agreed with the complainant



7.0 Learning

The Complaints & Service Improvement Manager will implement the 'Learning from complaints; a proposed model' paper that was agreed by Exco in March 2016. As part of this he has developed a “Change Register” that will capture and monitor all service improvements that the Trust has made as a consequence of complaint investigations.

This model will support learning at both divisional and organisational levels, with a primary focus on themes but also in identifying hotspots where improvements need to be made. This work commenced during 2015/16 with the divisions receiving weekly reports of active complaints and investigation progress and monthly summary reports showing themes and directorates. This will be further developed in 2016/17 so that the complaints team become more proactive in driving improvements based on lessons learned from complaints.

This is the first time the complaints function has taken this proactive approach in seeking continuous improvements by analyzing trends from complaints and other data sets.

8.0 Priorities for the coming year

- Consolidate new approach to complaints management whilst maintaining performance against response rate targets
- Embed the approach to learning from complaints and demonstrate service improvements in at least two areas
- Begin surveying people who have used the complaints service to identify ways in which the experience can be improved

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - public	27 July 2016

Proposals for Improvements to Acute Medicine and Chest Pain Pathways

Executive summary:

These improvements are aimed at ensuring our patients see the right physician and receive the right care and treatment in the right facilities, first time.

Our clinicians who work in these specialist services have developed the proposals based on their own experience and by listening to the views of their patients.

We believe there will be significant benefits to patients and staff and to the overall quality of care through improving the current pathways for acute medical and chest pain patients.

The main improvement would be faster, direct patient access to specialist services at Hammersmith Hospital - primarily renal, haematology and cardiology services - when required, while boosting acute medicine provision for patients using our emergency departments at Charing Cross and St Mary's hospitals.

An important part of these proposals is the expansion of acute medicine care at Charing Cross and St Mary's hospitals, boosting the immediate and early specialist management of patients at our 'acute' hospitals, including those attending our A&E departments.

In order to support the removal of the acute medicine service from Hammersmith Hospital, we are planning to invest in two new pathways for the majority of patients who access services via our specialist medical assessment centre by improving pathways and capacity within our chest pain, renal and haematology units.

The proposals are intended to improve clinical outcomes and patient experience while delivering efficiency savings through better ways of working which reduce wastage.

We are planning for a phased implementation, particularly in relation to the improvements to the chest pain patient pathway. Here, before proceeding with expanding the pathway to additional categories of patients, we will review the new way of working for patients presenting at St Mary's or Charing Cross hospitals' emergency departments with chest pain being transferred directly to the Heart Assessment Centre at Hammersmith Hospital.

The feedback received from the five-week engagement process has been supportive of the proposals and we have responded to the various questions raised and requests for further information.

The formal consultation process with Trust staff directly affected by the proposals has been delivered in accordance with Trust policy on managing change.

Quality impact:

We believe that the proposed changes will bring significant benefits for patients, their families and carers, and our staff, through:

- Patients seeing the right physician and receiving the right care and treatment in the right facilities, first time
- Improved outcomes for patients
- Reduced patient transfers between hospitals
- Better patient experience
- Reduced average length of stay for patients
- Patients who need specialist chest pain expertise being able to directly access our cardiology team at the Heart Assessment Centre at Hammersmith Hospital
- Improved facilities at the Heart Assessment Centre to create a better, more private environment for patients and improve patient flow through the department
- Additional 10-15 cardiology beds at Hammersmith Hospital where patients can recuperate after their treatment in the Heart Assessment Centre
- Improved, direct access to specialist renal and haematology services at Hammersmith Hospital
- Expanded acute medicine services at Charing Cross Hospital and St Mary's Hospital
- Supporting Hammersmith Hospital as the centre of excellence for specialist services, focused on meeting the needs of patients with cardiac, cancer, renal and haematological disease
- Improved way of working to deliver efficiency savings.

Financial impact:

The financial impact of this proposal is summarised in the report.

Risk impact:

The risk impact is summarised in the report.

Recommendation to the Trust board:

The Trust board is asked:
To approve the phased implementation of the proposed changes to the Chest Pain and Acute Medicine pathways starting from August 3rd 2016.

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Author	Responsible executive director	Date submitted
Nick Lawrance (CSIP) / Mick Fisher (Communications)	Dr Bill Oldfield, Deputy Medical Director	21 July 2016

Proposals for Improvements to Acute Medicine and Chest Pain Pathways

1. Purpose of report

At its public meeting held on 25 May 2016, the Trust Board approved a recommendation that engagement and communications on the proposed improvements to the acute medicine and chest pain patient pathways should proceed followed by a further report for consideration by the Board at its July public meeting on the outcomes of this process.

Further to the decision taken by the Trust Board in May, this report provides updates and further information on: the activities and outcomes of the engagement process undertaken on the proposals; the formal consultation with directly-affected staff; and, the further work done to develop the proposals in light of the feedback received.

The Trust Board is asked for its approval to proceed with the proposed improvements to the acute medicine and chest pain patient pathways as set out in this report.

2. Introduction

From Monday 13 June until Friday 15 July, the Trust has engaged with patients, carers, GPs, local commissioners, local authorities and other interested stakeholders about the clinician-led proposals to improve the way of working for acute medicine and chest pain services in our hospitals.

We believe there are significant potential benefits to patients, their families and carers, doctors and nurses and the overall quality of care through changing the current pathways for acute medical and chest pain patients.

These proposals aim to ensure patients see the right physician and receive the right care and treatment in the right facilities, first time.

Currently, our Trust provides acute medicine services to adults who need specialist management of their conditions at its three main sites: Charing Cross, Hammersmith and St Mary's hospitals.

At Hammersmith Hospital it has become clear that the acute medical pathway is not working as was intended – to be the effective access point for patients to the specialist services they need. In fact, for many patients, it can act as an additional, unnecessary stage in their care pathway.

We have found that acute medical patients at Hammersmith Hospital can wait for a significant amount of time with little or no activity which delays their diagnosis, treatment, transfer or discharge.

So we want patients to benefit from improved access to specialist renal and haematology services at Hammersmith Hospital.

At the same time, we want to expand our acute medicine services at Charing Cross and St Mary's hospitals.

Meanwhile, many current patients who need specialist chest pain expertise are first admitted for assessment to Charing Cross or St Mary's hospitals through their emergency departments, before accessing the specialist cardiology service based in our Heart Assessment Centre at Hammersmith Hospital.

These chest pain patients frequently comment on the number of different hospitals and wards they visit before accessing the cardiology team and do not understand why this happens.

So we want patients who need specialist chest pain expertise to be able to quickly access the cardiology team based at the Heart Assessment Centre at Hammersmith Hospital.

The proposals flow from our Clinical Strategy, which sees Hammersmith Hospital as the centre of excellence for specialist services, focused on meeting the needs of patients with cardiac, cancer, renal and haematological disease.

These are the first main outputs from our Clinical Strategy Implementation Programme and are intended to improve clinical outcomes and patient experience while delivering efficiency savings.

The proposal is for these changes to take place in the second half of 2016 starting in August and before the winter period, subject to the outcomes of the engagement process and the decision of the Trust Board at its public meeting on 27 July.

3. Our current services

Acute medicine

Our Trust provides acute medicine services for adult patients at its three main sites: Charing Cross, Hammersmith and St Mary's hospitals.

The current acute medicine service at Hammersmith Hospital was reviewed and re-organised as part of the arrangements to manage the safe closure of the emergency unit and the expansion of the urgent care centre to a 24/7 service in September 2014.

Acute medicine at Hammersmith Hospital is provided through the Specialist Medical Assessment Centre and Acute Medical Ward C8. The patient case mix is mainly cardiology, renal and haematology and short-stay acute medicine. A telephone-based resource staffed by nurses offers advice and referral assistance for local GPs.

Chest pain

Currently, patients in West London who the London Ambulance Service suspects are having a heart attack are conveyed directly to the Heart Assessment Centre at Hammersmith Hospital. These proposals are not related to this patient pathway which will remain unchanged.

Many other patients who need specialist chest pain expertise will first be admitted for assessment to Charing Cross or St Mary's hospitals through their emergency departments before being transferred to the Heart Assessment Centre at Hammersmith Hospital.

4. Main reasons for the proposals to change our current services

Acute medicine pathway

As Hammersmith Hospital builds its role as a specialist hospital further, it has become clear that the acute medical pathway is not providing the quick and seamless access to specialist teams which it was intended to, and, for many patients, can act as an additional, unnecessary stage in their care pathway.

The proposed change to the way acute medical services are delivered has a number of drivers, high among which are patient safety, improved quality of clinical care and experience, and the need to train within the specialty.

Acutely ill patients require rapid access to the right senior clinical decision makers who can provide clinical assessment and illness management.

Currently, patients can wait for a significant amount of time with little or no activity which delays their diagnosis, treatment, transfer or discharge.

Too many patients are simply waiting for a specialist bed which is something these proposals are set to change by providing direct access to specialties.

There is a clear need to improve how our acute medicine services are organised to provide more effective and efficient patient access to acute care - whenever that need arises.

Chest pain pathway

Currently, patients who the London Ambulance Service suspects are having a heart attack are conveyed directly to the Heart Assessment Centre at Hammersmith Hospital. These proposals are not related to this patient pathway which will remain unchanged.

Many other patients who need specialist chest pain expertise are first admitted for assessment to Charing Cross or St Mary's hospitals through their emergency departments, before being transferred to the Heart Assessment Centre at Hammersmith Hospital. This way of working adds an additional, unnecessary stage to the patient's care pathway.

These patients frequently comment on the number of different hospitals and wards they visit before arriving at the Heart Assessment Centre at Hammersmith Hospital and do not understand why this happens.

After being assessed at Charing Cross or St Mary's hospitals, patients must wait for a bed to become available in the Heart Assessment Centre and then for transport to be arranged to Hammersmith Hospital. Upon arrival at the Heart Assessment Centre, patients are then assessed again.

Our data shows that 73 per cent of patients requiring a cardiology procedure directly admitted to Hammersmith Hospital have their procedure within 72 hours - while only 49 per cent of those coming from other hospitals - including St Mary's and Charing Cross hospitals - have their procedure within 72 hours.

These 'bottlenecks' in the flow of chest pain patients have led to prolonged admission times, longer average length of hospital stays, reduced quality of care and unsatisfactory patient and staff experience.

The bottlenecks also result in a number of beds being unnecessarily occupied on our St Mary's and Charing Cross hospital sites, which is not best for patients and reduces available beds for new urgent cases or emergencies.

5. Proposal for acute medicine pathway

Our clinicians worked up a detailed proposal for enabling faster direct access to specialist services at Hammersmith Hospital for long-term patients - primarily renal, haematology and cardiology services - when required, while boosting acute medicine provision for patients using our emergency departments at Charing Cross and St Mary's hospitals.

The Specialist Medical Assessment Centre and Acute Medical Ward C8 at Hammersmith Hospital are often used for patients waiting for a bed on a specialist ward. These proposals would provide direct access to specialist wards, for both patients admitted through our emergency departments or for long-term patients with whom we have established protocols for managing any deterioration in their conditions.

The proposal includes the following developments:

- new arrangements for receiving emergency renal and haematology patients through a specialist unit, providing a safe direct access pathway for patients into these specialties and a reduction in inter-hospital transfers
- expansion of acute medicine services at Charing Cross Hospital and St Mary's Hospital
- introduction of an improved chest pain patient pathway - see below.

Also supporting the further development of Hammersmith Hospital as a centre for excellence for specialist services, a Planned Investigation Unit (PIU) for endocrinology, gastroenterology, interventional radiology, respiratory and rheumatology would become the central hub for patients to be referred and cared for by these specialities.

The current PIU services provided at Charing Cross Hospital and Hammersmith Hospital would be combined on the Hammersmith site, allowing the Charing Cross site to expand its acute medical services.

This proposal is also designed to help us continue to make improvements in junior doctor training and staffing.

It has been increasingly difficult over recent years to staff the junior doctor rotas that provide the acute medicine service at Hammersmith Hospital, especially out-of-hours. Our doctors in training need to have a good breadth of experience on their acute medicine rotation and the specialist focus of the Hammersmith Hospital site means that is difficult to provide.

Consolidating our acute medicine rotas at Charing Cross and St Mary's hospitals will provide junior doctors with a better training experience and reduce reliance on expensive locum staff.

6. Proposal for chest pain pathway

The second related proposal is designed to improve care for patients with chest pain, building on the major advances in outcomes achieved by consolidating care for patients with suspected heart attacks and other very serious, acute heart conditions at the Heart Assessment Centre at Hammersmith Hospital.

Our clinicians have been working with London Ambulance Service and other partners to explore how we could build capacity and pathways at Hammersmith Hospital so that more patients with chest pain are able to go to the Heart Assessment Centre directly.

The proposal includes the following phased developments:

- phase 1 - patients presenting at St Mary's or Charing Cross hospitals' emergency departments with chest pain presumed to be of cardiac origin (not respiratory or gastro-related) to be transferred directly to the Heart Assessment Centre at Hammersmith Hospital
- phase 2 - patients who present to London Ambulance Service with chest pain which is presumed to be of cardiac origin (i.e. not respiratory or gastro-related) and who previously would have been conveyed to Charing Cross or St Mary's hospitals' emergency departments, to be conveyed directly to the Heart Assessment Centre at Hammersmith Hospital
- improved facilities at the Heart Assessment Centre to create a better, more private environment for patients
- an additional 10-15 cardiology beds at Hammersmith Hospital where patients can recuperate after their treatment in the Heart Assessment Centre and provide the

capacity to accept patients more quickly.

- Closer working between cardiology and other clinical teams - such as medicine for the elderly - to ensure patients who, post assessment and/or procedure, do not require further specialist cardiology care are either quickly referred to another specialist service, if required, or safely discharged.

These proposed improvements would not require our hospitals' patients to do anything differently in the future - they should call 999 or go to their nearest A&E in the case of a life-threatening emergency, and visit an Urgent Care Centre with an urgent but non-life threatening case - the proposals would improve their pathway and access to specialist services from that point.

As mentioned above, patients in West London who the London Ambulance Service suspect are having a heart attack are currently conveyed directly to the Heart Assessment Centre at Hammersmith Hospital. These proposals are not related to this patient pathway which will remain unchanged.

7. Engagement programme: planning, activities and outcomes

Planning for engagement

Charing Cross and Hammersmith hospitals are located in the London Borough of Hammersmith & Fulham. St Mary's Hospital is located in the local authority area of Westminster City Council.

The Trust does not decide by itself which is the appropriate level of communication and engagement on a service change proposal. Where a proposed service change is considered a "substantial variation" and being made by an NHS provider of services, there is a requirement to consult with the Local Authority Health Overview and Scrutiny Committee (OSC). However, if the proposed service change is not deemed to be of a substantive nature by the local Health OSC then engagement or 'informal consultation' of the public, patients and relevant stakeholders by the Trust would be considered the appropriate method of engagement.

In the run up to the May 2016 Trust Board public meeting, the Trust introduced the proposed improvements and raised the appropriate form of communications and engagement with NHS Hammersmith & Fulham Clinical Commissioning Group (CCG), the Chair of the London Borough of Hammersmith & Fulham's Health, Adult Social Care and Social Inclusion Policy and Accountability Committee, and Westminster Council's Chair of the Adults, Health and Public Protection Committee and the Cabinet Member for Adults and Health.

The relevant local authorities for the boroughs of Hammersmith & Fulham and Westminster respectively, and NHS Hammersmith & Fulham CCG (on behalf of all North West London CCGs) were therefore notified prior to the engagement period about the forthcoming proposals in meetings and via email correspondence to elicit their views on the appropriate level of patient and public engagement.

Local commissioners at NHS Hammersmith & Fulham Clinical Commissioning Group took the view that in principle an engagement programme on these proposals would be appropriate and wished to be informed of the thoughts and guidance received from the two local authorities.

The responses received from the Chair of the Health OSCs for the London Borough of Hammersmith & Fulham and for Westminster City Council raised no objections to the proposed engagement – or 'informal consultation' - approach.

Engagement activities

When we started the engagement process on Monday 13 June the Trust wrote via email to more than 700 individual stakeholders in over 160 organisations, 800 GPs in north west London and 3,500 shadow members of the Trust. We contacted and provided information on the proposals to all eight north west London CCGs and Local Authorities and offered to attend meetings and present as needed.

We issued a news release and placed this on the Trust website together with a new dedicated section with information and the proposals document. Throughout the engagement period we issued a series of messages via Twitter from @Imperial NHS which has over 9,000 followers and regularly updated our Facebook page.

The engagement period featured a publication setting out the case for change and the proposals to explain why and how the Trust wanted to improve the acute medicine and chest pain patient pathways. The proposals document stated that the Trust wished to engage as widely as possible on the proposals and how comments and feedback could be provided during the engagement period.

Posters were placed around the Hammersmith Hospital site to alert patients to the proposals and invite feedback. They were displayed in the Urgent Care Centre (x2), main foyer, renal outpatients (x2), haematology triage unit.

Several articles summarising the proposals have been published in the Trust's three main newsletters: 'Partner Update' sent to stakeholders; 'GP Bulletin' sent to General Practices; and, 'Member Update' sent to shadow foundation trust members.

We held several meetings to introduce the forthcoming proposals in the engagement planning phase with the Trust's strategic lay forum (who provided helpful suggestions for further patient and service user engagement), commissioners, local Westminster MPs and councillors from Hammersmith & Fulham and Westminster boroughs.

At its May 2016 public meeting, the Trust Board asked for the engagement period to cover at least a four-week period to explain our plans and to seek feedback from local residents and patients, local authorities and commissioners, and other stakeholders. The actual engagement period ran from Monday 13 June until Friday 15 July, covering five weeks.

The main meetings before and during the engagement period were as follows:

- Commissioner meetings: attended and discussed the proposals at the April and May Performance and Commissioning Executive meetings, the May Clinical Quality Group meeting, and the May and June Imperial Associate Commissioners committee meeting.

- NHS Hammersmith & Fulham CCG Governing Body Seminar: attended and presented on 7 June (with clinical leads Dr Joanne Thompson and Dr Chris Baker).

- Hammersmith & Fulham Patient Reference Group: submitted report, attended and presented on 9 June (with clinical lead Dr Joanne Thompson)

- West London Kidney Patients' Association: attended and presented on 13 June.

- Hammersmith & Fulham Council Health OSC: submitted report, attended and presented on 14 June (with Dr William Oldfield, Deputy Medical Director)

- Westminster City Council Health OSC: submitted report, attended and presented on 22 June (with Prof Tim Orchard, Divisional Director for Medicine)

- NHS Hammersmith and Fulham CCG Governing Body public meeting: attended on 12 July.

Engagement feedback

The Trust made a commitment to engage with patients, service users, partner organisations and the public about the proposals. Our proposal document outlined and explained the proposed improvements to patient pathways in detail and was published on our website with printed copies or alternative formats available on request. We asked for views, comments and questions to be sent to: trust.communications@imperial.nhs.uk

It was stated that the Trust would carefully review and consider all the feedback we received at the Trust Board public meeting in July 2016.

Despite the widespread publicity about our engagement on the proposals, we received a relatively small number of individual pieces of feedback via email which nevertheless have been generally favourable and supportive. We have also noted the feedback received through the various external face-to-face meetings listed above.

The main issues raised are listed below:

- Engagement process
- Phasing in the proposals for the chest pain patient pathway
- New capacity for specialist services at Hammersmith Hospital including numbers of beds
- Opening hours for cardiology clinics
- Patient flows
- Patient transport
- Measures of success, outcomes assurance and patient experience
- Information and communication with patients and the public
- Combining planned investigations unit at Hammersmith Hospital

All the issues raised have been considered. Many were due to further work to develop the proposals or a lack of clarity in the information supporting the proposals, which we have addressed directly with those feeding in and we have ensured the relevant further information is covered clearly in this report.

The positive and supportive feedback we have received includes the following organisations:

- NHS Hammersmith & Fulham CCG Governing Body
- Hammersmith & Fulham Patient Reference Group
- West London Kidney Patients' Association
- Hammersmith & Fulham Council Health OSC
- Westminster City Council Health OSC

We have included as appendix 1, the letter received from Dr Tim Spicer, chair of NHS Hammersmith & Fulham CCG, which states that he is:

> "happy to confirm that as coordinating commissioner for the CCG contract Hammersmith and Fulham are formally supporting the planned changes. We have discussed this with a number of Associates and can confirm that they too are supportive of the proposals. All clinical leads, CCG commissioners and patient representatives agreed that these clinically led changes will deliver better clinical care and faster access to specialist clinical assessment."

8. Trust staff consultation

There is neither a reduction in staff numbers nor any redundancies associated with these proposed improvements.

The staff consultation process commenced concurrently with the public engagement on Monday 13 June 2016. The consultation process consisted of a formal document which was issued to the staff directly affected by the proposals. Several group meetings have been held and all staff affected were given the opportunity to request one-to-one meetings for further in depth discussion.

Feedback from the staff consultation is included in section 9, below.

9. Final proposals after the engagement process

Engagement with patients, user groups, commissioners, local authorities and other stakeholders has been supportive of the Trust's proposals for Chest Pain and Acute Medicine pathways and the engagement process itself. For instance the governing body of Hammersmith and Fulham CCG was particularly appreciative of the fact the proposals were patient-focused and that clinicians had attended previous governing body and patient liaison group meetings.

Whilst the proposals outlined in the previous report to Trust Board remain broadly the same, as a result of the engagement process several changes to the details have been proposed which we are incorporating into our plans. These are summarised below.

9.1. Chest Pain Pathway Phasing

Feedback from discussions with staff and stakeholders has helped led us to re-examine the proposed phasing for introducing the chest pain pathway. Our original proposed approach was to open up the pathway in three stages, based upon how patients presented:

1. Patients presenting at St Mary's Hospital or Charing Cross Hospital EDs (including those conveyed by LAS)
2. Patients in the Imperial College Healthcare catchment area presenting to London Ambulance Service
3. Patients presenting at, or being conveyed to, other EDs in North West London

However, it has been pointed out that there are much closer synergies between phases 1 & 3 than 1 & 2 (or, indeed, 2 & 3). Furthermore, the largest risk (in terms of being able to accurately predict activity) is around LAS-borne patients.

With this in mind we would propose re –ordering the phases as set out below.

1. Patients presenting at St Mary's Hospital or Charing Cross Hospital EDs (including those conveyed by LAS)
2. Patients presenting at, or being conveyed to, other EDs in North West London
3. Patients in the Imperial College Healthcare catchment area presenting to London Ambulance Service

As well as introducing the phases which share the most in common consecutively, this would also give us more time to work up and deliver appropriate training for LAS staff, and make progress on the required lift improvement works.

NB: Patients in West London who the London Ambulance Service suspect are having a heart attack are currently conveyed directly to the Heart Assessment Centre at Hammersmith Hospital. This patient pathway will remain unchanged.

Full implementation of the rotas to support weekend lists will not start from August 3rd 2016, as further work will be required to recruit staff (physiology) and look at consultant rota cover. However, plans are in place to continue with current arrangements (using overtime) to fund cath lab coverage on Saturday mornings.

The new rotas are expected to be up and running from November 2016.(See also 9.4, below)

9.2. Managing deteriorating patients, or visitors and staff who fall unwell at Hammersmith Hospital site

Currently the 'crash team' attends these incidents and the patient is conveyed to the Specialist Medical Assessment Centre for initial stabilisation and treatment, before onward referral.

Through close working between the acute medicine and chest pain implementation groups, we have confirmed that the Heart Assessment Centre will support the Hammersmith Hospital 'crash team' by receiving patients for initial stabilisation and will also book patients onto Cerner where they are not already known to us.

9.3. Medicine for the Elderly support for the Chest Pain pathway

After discussions between the Medicine and Integrated Care directorate and medicine for the elderly team, the proposal for chest pain to be supported by 3xPAs per week from the medicine for the elderly team has been approved. This will help 'pull' patients through the system and, once their care in the chest pain part of the pathway has been completed, ensure that they are quickly transferred to the most appropriate specialist, or safely discharged home.

9.4. Rotas for physiology teams

In order to provide support for weekend lists at Hammersmith Hospital, cardiology registrars will be moved from St Mary's Hospital/Charing Cross Hospital to the Heart Assessment Centre for half a day on Saturdays. To support St Mary's Hospital and Charing Cross Hospital sites extra diagnostic support will be on site during these Saturday mornings through the provision of rostered physiologists.

Staff feedback on these proposals highlighted that they would prefer to work a full shift if rostered on a Saturday, due to the length of the commute to work. The cardiology team are investigating the most feasible way of supporting these arrangements.

9.5. Roles within the haematology nursing team

There was significant interest amongst acute medicine nurses in the offer to join the renal and haematology triage unit. In fact, the available places were oversubscribed. Therefore the Haematology team have taken the opportunity to look at their workforce arrangements and fill other vacancies they have been carrying by combining roles and ensuring staff regularly rotate through the new unit.

Feedback from some of those wishing to stay at Hammersmith Hospital highlighted their attachment to the hospital and the fact that they had worked on the site for a long time

9.6. Working arrangements for former acute medicine nurses transferring to Charing Cross Hospital

The team ethos amongst the staff on the Specialist Medical Assessment Centre is clearly

strong and something the Trust is keen to preserve. Staff wishing to transfer to Charing Cross Hospital have expressed a wish to move as a group due to their loyalty and support to the acute medicine team. The management team are exploring ways to support this (mainly focusing on the location from where their Lead Nurses would operate so that current line management links can be sustained).

9.7. Providing assurance to stakeholders: beds

These proposals are neutral overall in terms of their impact on the current number of beds.

Currently, acute medicine at Hammersmith Hospital is provided through the Specialist Medical Assessment Centre and Acute Medical Ward C8.

These areas would be used in a new way as part of the better way of working.

For example, Ward C8 will transfer from acute medicine to cardiology to provide 10-15 additional beds for patients on the new chest pain pathway. These beds will be for recuperation following treatment in the Heart Assessment Centre and will provide the capacity to pull patients through, and accept patients on, the pathway more quickly than at present.

We will also being putting in place new arrangements for receiving emergency renal and haematology patients through a specialist unit.

And we will be expanding acute medicine services at Charing Cross and St Mary's hospitals.

The Trust received a request from Hammersmith & Fulham CCG to assure them on the number of beds following the removal of Acute Medicine from the Hammersmith site.

Whilst stressing that these proposals should not just be viewed in numerical terms (because we have identified that, for a significant number of patients, the time they spend on trollies in the Specialist Medical Assessment Centre does not provide them with specialist diagnostics or treatment to hasten their transfer or discharge) the following response was provided:

Specialist Medical Assessment Centre
For the reasons outlined above, this step in the pathway will be removed. However, the beds provided as part of this service were not adding value to the patient pathway: neither hastening their transfer or discharge, nor adding clinical quality, beyond keeping patients safe and comfortable.

There is an overall plan in place to increase the assessment trolleys space at Charing Cross Hospital.

Ward C8
Acute Medical Ward C8 will move to cardiology, which will take up 15 beds and, by improving the flow of their patients, reduce the length of stay of patients.

Renal and haematology triage unit*
Will be established with eight trollies to admit and quickly transfer patients of these two specialisms.

Summary

Space	Current Beds	Future Beds
Ward C8	20	Up to 15 (see note below)
Renal & Haematology Triage Unit	0	8

Additional information
The Renal and Haematology triage unit will be based on Fraser Gamble Ward.
This space is currently occupied by up to eight beds for cardiothoracic day patients (Monday-Friday). These beds will move to ward C8

Having analysed the likely demand and given the skill mix of the staff on the ward we are confident we will be manage both chest pain pathway and cardiothoracic day patients (by flexing potentially three beds) in this space.

9.8. Providing assurance to stakeholders: evaluation

Hammersmith and Fulham CCG have been keen to understand what outcomes these proposals will support and how the Trust will evidence their delivery.

Therefore, we have agreed to share the Gateway Reviews (which will be undertaken as part of the evaluation process and be reported to ExTra) to the commissioners' Clinical Quality Group once they have been approved by the Trust's executive committee.

10. Financial impact

The proposals are intended to improve clinical outcomes and patient experience while delivering efficiency savings through better ways of working which reduce wastage.

We need to carry out some building works and refurbishment of existing areas which require capital investment totalling £318,000. £207,000 of the capital requested is for lift improvement works required for the chest pain pathway proposal.

Imperial College Healthcare Charity has kindly committed to making a generous contribution of £108,000 to fund key pieces of equipment required to implement the chest pain pathway.

We anticipated that working more efficiently could achieve savings of approximately £282,000 for financial year 2016/17, £690,000 for 2017/18, £781,000 recurrent full year saving in future years and total projected discounted savings through to 2021/22 totalling £3.2 million.

Implementing the chest pain rota changes to support weekend working from November 2016 (rather than August 2016) will reduce the originally forecast savings for 2016-17 by £11,000.

11. Risks

The Chest Pain Implementation Group (chaired by Dr Andy Chukwuemeka) and the Acute Medicine Implementation Group (chaired by Dr Jo Thompson) both meet weekly to manage risks, deliver project milestones and realise benefits. Any issues that cannot be resolved in these forums are escalated to the fortnightly meeting of the Hammersmith Hospital CSIP Steering Group, chaired by Claire Braithwaite, divisional director of operations for Medicine and Integrated Care.

12. Implementation plan

Milestones	**Date**
Ward C8 transfer to cardiology	Aug 3rd 2016
Phase 1 chest pain: (transfer of cardiac chest pain patients from SMH/CHX EDs to HAC at HH)	Aug 3rd 2016
Establish Renal & Haematology Receiving Unit at HH	Aug 3rd 2016
Remove Acute Medicine from HH	Aug 3rd 2016
Phase 2 chest pain: (transfer of cardiac chest pain patients from neighbouring EDs)	From Nov 2016
Phase 3 chest pain (LAS identify and convey cardiac chest pain direct to HAC at HH)	From Jan/Feb 2017

13. Recommendation to the Trust board

To approve the phased implementation of the proposed changes to the Chest Pain and Acute Medicine pathways starting from August 3rd 2016.

Healthy Future

NHS
Hammersmith and Fulham
Clinical Commissioning Group

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20 July 2016

Dr Tracey Batten
Chief Executive – Imperial College Healthcare NHS Trust
The Bays Building
South Wharf Road
London
W2 1NY

Sent by email only

Dear Tracey

Re: Proposals for Acute Medicine and Chest Pain Pathways

Thank you for your letter of 6 June on the above, which sets out the Trust's planned pathway changes for acute medicine and chest pain patients.

Members of the Imperial team have provided helpful presentations at the Hammersmith & Fulham Governing Body, the Hammersmith & Fulham Patient Reference Group, and a number of other CCG, Local Authority and patient group meetings.

I am happy to confirm that as coordinating commissioner for the CCG contract Hammersmith and Fulham are formally supporting the planned changes. We have discussed this with a number of Associates and can confirm that they too are supportive of the proposals. All clinical leads, CCG commissioners and patient representatives agreed that these clinically led changes will deliver better clinical care and faster access to specialist clinical assessment. All parties have stressed the importance for the Trust to have a robust implementation plan in place that aims to mitigate any risks during the transition period. We understand that the Trust has a well supported programme of work to deliver this which will deliver the expected outcomes and improvements.

The CCG recognises the commitment from the Trust to work collaboratively with stakeholders on communications with patients regarding these changes and measuring the quality and patient experience impact. At the Patient Reference Group a commitment was made to work with local patient groups to ensure that information available to patients about the changes is presented in an accessible and informative way. It is important that this is taken forward in a proactive way.

Following implementation of the changes the CCG proposes that the delivery and quality impacts are monitored through the monthly Clinical Quality Group (CQG) meeting. In turn this will be reported to the CCG's Quality Committee.

Please pass on our thanks to your team for their support in ensuring that all stakeholder queries were answered and concerns allayed.

I look forward to seeing the positive improvements that these proposals offer to all those that use the service.

Yours sincerely

Dr Tim Spicer
Chair, Hammersmith & Fulham CCG

cc:

Janet Cree, Managing Director, Hammersmith & Fulham CCG
Dr Tim Orchard, Clinical Director, Medicine & Integrated Care
Claire Braithwaite, Divisional Director of Operations, Medicine & Integrated Care

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust Board	27 July 2016

North West London Sustainability and Transformation Plan

Executive summary:

Introduction
Sustainability and Transformation Plans (STPs) are 'place based', five-year plans built around the needs of local populations and which support the implementation of NHS England's Five Year Forward View (FYFV) by addressing the three gaps in health and wellbeing, care and quality, finance and efficiency and the NHS Planning Guidance for 2016/17–2020/21.

STPs are of great importance as they describe the strategic direction agreed by partners across a geographical footprint to develop high quality sustainable health and care and, from next year, will determine access to the NHS Sustainability and Transformation Fund (STF) which will total £3.4bn by 2020/21.

In developing the North West London (NWL) STP, the eight boroughs and commissioning groups, acute, mental health and community service providers are working together to improve the health and wellbeing of a population of 2m with an annual spend on health and social care of £4m. The work underpinning the STP is co-ordinated through a Strategic Planning Group (SPG) chaired by Dr Mohini Parmar. Our Trust Chief Executive Dr Tracey Batten is the provider sector lead for the group. The SPG reports to the existing statutory bodies in NWL and has no decision-making powers.

June STP Submission
A 'checkpoint' submission of the first full version of the STP was submitted to NHS Improvement (NHSI) and NHS England (NHSE) on the 30th June 2016. As part of a national assessment process to determine the readiness to implement the plans, members of the SPG presented the NWL STP to NHSE and NHSI on the 14th July. This will help determine which implementation cohort we will be in, which is linked to the allocation of STP funding, which is in the region of £148m for north west London.

The June STP submission set out a shared ambition across partner organisations to create an integrated health and care system that plans and delivers services based on population need and aims to do this by addressing the wider social determinants of health to enable people to live well and be well.

This transformational change is also necessary to address a significant financial challenge across the NWL footprint where under a 'do nothing' scenario (assumes the delivery of 16/17 plans but nothing new), there will be a gap of £1.03bn by 2021. However, if the key actions included in the NWL STP are successfully implemented it is calculated that a small surplus could be delivered across the footprint.

There are specific health and wellbeing challenges across the NWL footprint that contribute

to healthcare demand such as: 20% of people have a long term condition, 50% of people over 65 live alone, 10 – 28% of children live in households with no adults in employment and 1 in 5 children aged 4-5 are overweight.

In addition there are variations in utilisation and quality of health and care with an estimated 30% of patients in acute hospitals who should be cared for in more appropriate care settings, people with serious and long term mental health needs have a life expectancy 20 years less than those with no mental health needs and for those needing end of life care over 80% indicated a preference to die at home while only 22% were supported to do this.

The vision for NWL is a health and social care system that will address the priority population needs identified as part of the STP planning process:

1. Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthier choices and look after themselves
2. Improve children's mental and physical health and well-being
3. Reduce health inequalities and disparity in outcomes for the top 3 killers: Cancer, heart disease, respiratory disease
4. Reduce social isolation
5. Reduce unwarranted variation in the management of long term conditions
6. Ensure people access the right care in the right place at the right time
7. Improve the overall quality of care for people in the last phase of life and enable them to die in their place of choice
8. Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population
9. Improve consistency in patient outcomes and experience regardless of the day of the week services are accessed

A number of delivery areas are proposed to facilitate transformational system change at scale across organisational boundaries and with pace:

- Radically upgrading prevention and wellbeing
- Eliminating unwarranted variation and improve long term condition management
- Achieving better outcomes and experiences for older people
- Improving outcomes for children and adults with mental health needs
- Ensuring we have safe, high quality sustainable services

Shared approaches to estates, digital capabilities and workforce are essential enablers in the STP work programme and a new joint governance framework to oversee implementation will be developed.

Appendix 1 presents further summary details on the June checkpoint NWL STP submission.

Quality impact:

Successful implementation of the NWL STP aims to reduce unwarranted variations in quality of care and support improved outcomes.

Financial impact:

Nationally the STP is the main route to accessing the STF, subject to all eligibility caveats being met and locally seeks to reduce demand and build a sustainable financial position across NWL.

Risk impact:

Risk associated with successful implementation of the STP work programme, financial risks in the short–term for acute providers as resource allocation and commissioning intentions

are reshaped, eligibility and timing to access STF
Trust strategic objectives supported by this paper:
To achieve excellent patients experience and outcomes, delivered efficiently and with compassion. To educate and engage skilled and diverse people committed to continual learning and improvements. As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care. To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Author	Responsible executive director	Date submitted
Anne Mottram, Director of Strategy	Dr Tracey Batten Chief Executive	19 July 2016

Health and social care in NW London is not sustainable

Health & Wellbeing

- Adults are not making healthy choices
- Increased social isolation
- Poor children's health and wellbeing

- 20% of people have a long term condition[1]
- 50% of people over 65 live alone[2]
- 10 – 28% of children live in households with no adults in employment[3]
- 1 in 5 children aged 4-5 are overweight[4]

Care & Quality

- Unwarranted variation in clinical practise and outcomes
- Reduced life expectancy for those with mental health issues
- Lack of end of life care available at home

- Over 30% of patients in acute hospitals do not need to be in an acute setting and should be cared for in more appropriate places[5]
- People with serious and long term mental health needs have a life expectancy 20 years less than the average[6]
- Over 80% of patients indicated a preference to die at home but only 22% actually did[7]

Finance & Efficiency

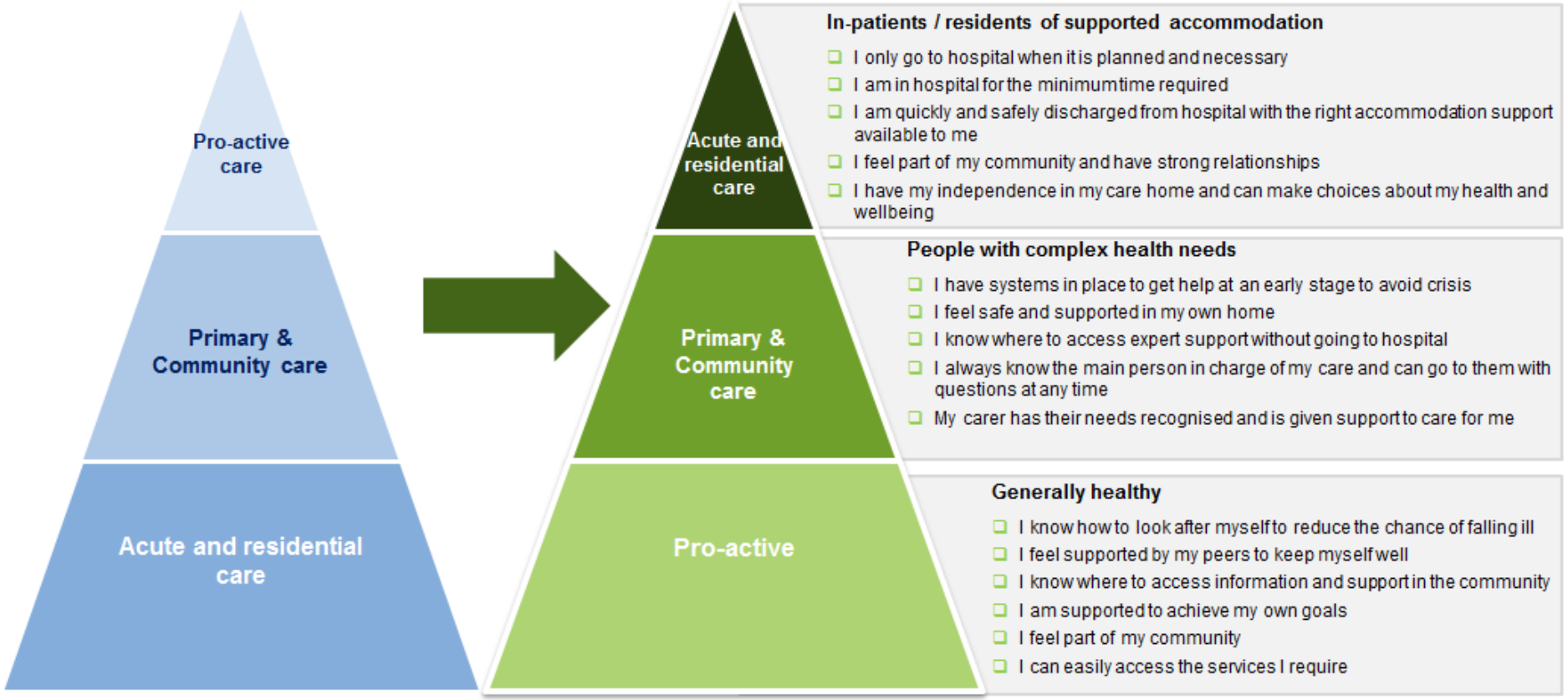
- Deficits in most NHS providers
- Increasing financial gap across health and large social care funding cuts
- Inefficiencies and duplication driven by organisational not patient focus

- If we do nothing, there will be a £1.3bn financial gap by 2021 in our health and social care system and potential market failure in some sectors
- Local authorities face substantial financial challenges with on-going Adult Social Care budget reductions between now and 2021

	Mostly healthy	One or more long-term conditions	Cancer	Serious and long term mental health needs	Learning disability	Severe physical disability	Advanced dementia / Alzheimer's	Children	Socially Excluded Groups
Current Population[8]	1,216,000	338,000	17,000	37,500	7,000	21,000	5,000	438,200	Nearly 3,500 people recorded as sleeping rough in the Three Boroughs
Future Population (2030)	1,264,00	458,000	26,000	37,900	9,000	27,100	7,000	463,200	
% Increase	4%	36%	53%	1%	29%	29%	40%	6%	

The NW London Vision – helping people to be well and live well

Our vision of how the system will change and how patients will experience care by 2020/21



Current system: Reactive care often responding to crises, under resource and capacity pressures

Future system: proactive care focusing on self-care, wellbeing and community interventions

Working together to address a new challenge

To enable people to **be well and live well**, we need to be clear about our collective responsibilities. As a system we have a responsibility for the health and well-being of our population but people are also responsible for looking after themselves. Our future plans are dependent upon acceptance of shared responsibilities.

Responsibilities of our residents

- To make choices in their lifestyles that enable them to stay healthy and reduce the risk of disease
- To use the most appropriate care setting
- To access self-care services to improve their own health and wellbeing and manage long-term conditions
- To access support to enable them to find employment and become more independent
- To help their local communities to support vulnerable people in their neighbourhoods and be an active part of a vibrant community

Responsibilities of our system

- To provide appropriate information and preventative interventions to enable residents to live healthily
- To deliver person-centred care, involve people in all decisions about their care and support
- To respond quickly when help or care is needed
- To provide the right care, in the right place, to consistently high quality
- Reduce unwarranted variation and address the 'Right Care' challenge
- To consider the whole person, recognising both their physical and mental health needs
- To provide continuity of care or service for people with long term health and care needs
- To enable people to regain their independence as fully and quickly as possible after accident or illness
- To recognise when people are in their last phase of life and support them with compassion

How we will close the gaps – 5 delivery areas

Triple Aim	Delivery areas (DA)	Plans
Improving health & wellbeing	**DA 1** Radically upgrading prevention and wellbeing	a. Enabling and supporting healthier living b. Wider determinants of health interventions c. Helping children to get the best start in life d. Address social isolation
	DA 2 Eliminating unwarranted variation and improving LTC management	a. Improve cancer screening to increase early diagnosis and faster treatment b. Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions c. Reducing variation by focusing on Right Care priority areas d. Improve self-management and 'patient activation'
Improving care & quality	**DA 3** Achieving better outcomes and experiences for older people	a. Improve market management and take a whole systems approach to commissioning b. Implement accountable care partnerships c. Implement new models of local services integrated care to consistent outcomes and standards d. Upgraded rapid response and intermediate care services e. Create a single discharge approach and process across NW London f. Improve care in the last phase of life
Improving productivity & closing the financial gap	**DA 4** Improving outcomes for children &adults with mental health needs	a. Implement the new model of care for people with serious and long term mental health needs, to improve physical and mental health and increase life expectancy b. Addressing wider determinants of health c. Crisis support services, including delivering the 'Crisis Care Concordat' d. Implementing 'Future in Mind' to improve children's mental health and wellbeing
	DA 5 Ensuring we have safe, high quality sustainable acute services	a. Specialised commissioning to improve pathways from primary care & support consolidation of specialised services b. Deliver the 7 day services standards c. Reconfiguring acute services d. NW London Productivity Programme

How we will close the gaps – plan on a page

Triple Aim		Our priorities	Primary Alignment*	Delivery areas (DA)	Target Pop. (no. & pop. segment)	Plans
Improving health & wellbeing	1	Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves		**DA 1** Radically upgrading prevention and wellbeing	All adults: 1,641,500 At risk mostly healthy adults: 121,680 Children: 438,200 Learning Disability: 7,000 Socially Excluded	a. Enabling and supporting healthier living b. Wider determinants of health interventions c. Helping children to get the best start in life d. Address social isolation
	2	Improve children's mental and physical health and well-being				
	3	Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness		**DA 2** Eliminating unwarranted variation and improving LTC management	LTC: 347,000 Cancer: 17,000 Severe Physical Disability: 21,000	a. Improve cancer screening to increase early diagnosis and faster treatment b. Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions c. Reducing variation by focusing on Right Care priority areas d. Improve self-management and 'patient activation'
Improving care & quality	4	Reduce social isolation				
	5	Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease		**DA 3** Achieving better outcomes and experiences for older people	+65 adults: 311,500 Advanced Dementia/ Alzheimer's: 5,000	a. Improve market management and take a whole systems approach to commissioning b. Implement accountable care partnerships c. Implement new models of local services integrated care to consistent outcomes and standards d. Upgraded rapid response and intermediate care services e. Create a single discharge approach and process across NW London f. Improve care in the last phase of life
	6	Ensure people access the right care in the right place at the right time				
Improving productivity & closing the financial gap	7	Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice		**DA 4** Improving outcomes for children &adults with mental health needs	262,000 Serious & Long Term Mental Health, Common Mental Illnesses, Learning Disability	a. Implement the new model of care for people with serious and long term mental health needs, to improve physical and mental health and increase life expectancy b. Addressing wider determinants of health c. Crisis support services, including delivering the 'Crisis Care Concordat' d. Implementing 'Future in Mind' to improve children's mental health and wellbeing
	8	Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population				
	9	Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed		**DA 5** Ensuring we have safe, high quality sustainable acute services	All: 2,079,700	a. Specialised commissioning to improve pathways from primary care & support consolidation of specialised services b. Deliver the 7 day services standards c. Reconfiguring acute services d. NW London Productivity Programme

** Many of our emerging priorities will map across to several delivery areas. But we have sought to highlight where the main focus of these Delivery Areas are in this diagram*

16/17 key deliverables

Delivery area	What we will achieve	Impact
DA3	i. Single 7 day discharge approach across health, moving towards fully health and social care integrated discharge by the end of 2016/17 ii. Training and support to care homes to manage people in their last phase of life iii. Develop and agree the older persons (frailty) service for Ealing and Charing Cross Hospitals, as part of a fully integrated older persons service iv. Increased accessibility to primary care through extended hours v. All practices will be in a federation, super practice or on a trajectory to MCP vi. Deployed the NW London Whole Systems Integrated Care dashboards and databases to 312 practices to support direct care, providing various views including a 12 month longitudinal view of all the patients' health and social care data. ACP dashboards also deployed	i. Circa 1 day reduction in the differential length of stay for patients from outside of the host borough[9] ii. 5% reduction in the number of admissions from care homes, when comparing Quarter 4 year on year [10] iii. Full impact to be scoped but this is part of developing a fully integrated older person's service and blue print for a NW London model at all hospital sites iv. Aiming to move NW London average of 23mins/1000 people to 30mins/1000 people at pace v. Supporting sustainability, reducing unwarranted variation and preparing for Accountable Care Partnerships vi. Improved patient care, more effective case finding and risk management for proactive care, supports care coordination as integrated care record provided in a single view
DA4	i. All people with a known serious and long term mental health need are able to access support in crisis 24/7 from a single point of access (SPA) ii. Launch new eating disorder services, and evening and weekend services. Agree new model 'tier free' model.	i. 300-400 reduction in people in crisis attending A&E or requiring an ambulance[11] ii. Reduction in crisis contacts in A&E for circa 200 young people
DA5	i. Joint bank and agency programme across all trusts results in a NW London wide bank and reductions in bank and agency expenditure ii. Paediatric assessment units in place in 4 of 5 hospitals in NW London, Ealing paediatric unit closed safely iii. Compliance with the 7 Day Diagnostic Standard for Radiology, meeting the 24hr turn-around time for all inpatient scans	i. All trusts achieve their bank and agency spend targets All trusts support each other to achieve their control totals ii. Circa 0.5 day reduction in average length of stay for children[12]. Consultant cover 7am to 10pm across all paediatric units[13] iii. We will achieve a Q4 15/16 to Q4 16/17 reduction of 0.5 day LOS on average for patients currently waiting longer than 24hrs for a scan. This will increase to a 1 day reduction in 17/18[14]

Enablers: Supporting the 5 delivery areas

Delivery areas

1. **Radically upgrading prevention and wellbeing**
2. **Eliminating unwarranted variation and improving Long Term Conditions (LTC) management**
3. **Achieving better outcomes and experiences for older people**
4. **Improving outcomes for children and adults with mental health needs**
5. **Ensuring we have safe, high quality sustainable acute services**

By 2020/21, Enablers will change the landscape for health and social care:

Estates will…

- Deliver **Local Services Hubs** to move more services into a community setting
- Increase the use of advanced technology to **reduce the reliance on physical estate**
- Develop **clear estates strategies and Borough-based shared visions** to maximise use of space and proactively work towards 'One Public Estate'
- Deliver **improvements to the condition and sustainability of the Primary Care Estate** through an investment fund of up to £100m and Minor Improvement Grants
- **Improving and changing our hospital estates** to consolidate acute services and develop new hospital models to bridge the gap between acute and primary care

Digital will…

- Deploy our **shared care record** across all care settings to improve care, reduce clinical risk, and support transition away from hospital
- **Automate clinical workflows and records** and support transfers of care through **interoperability**, delivering digital empowerment by removing the reliance on paper and improving quality
- **Extend patient records to patients and carers** to help them to become more digitally empowered and involved in their own care, and supporting the shift to new channels
- Provide patients with **tools for self-management and self-care**, further supporting digital empowerment and the shift to new channels
- Use **dynamic data analytics** to inform care decisions and target interventions, and support integrated health and social care with whole systems intelligence

Workforce will…

- **Targeted recruitment** of staff through system wide collaboration
- Support the workforce to enable 7 day working through **career development and retention**
- **Address workforce shortages** through bespoke project work that is guided by more advanced processes of workforce planning
- Develop and train staff to '**Make Every Contact Count**' and move to **multi-disciplinary ways of working**
- Deliver **targeted education** programmes to support staff to adapt to changing population needs (e.g. care of the elderly)
- Establish **Leadership development forums** to drive transformation through networking and local intelligence sharing

How we will deliver our plan

To deliver this change at scale and pace will require the system, us, to work differently, as both providers and commissioners:

1. Agree a joint NW London implementation plan for each of the 5 high impact delivery areas
2. Shift funding and resources to the implementation of the five delivery areas, recognising funding pressures across the system and ensure we use all our assets
3. Develop new joint governance to create joint accountability and enable rapid action to deliver STP priorities
4. Reshape our commissioning and delivery to ensure it sustains investment on the things that keep people healthy and out of hospital

NW London Collaboration of CCGs Strategy & Transformation Team *Commissioner* ~ 80-100 staff	**West London Alliance Local Government** Work in progress to allocate key LG staff	**Academic Health Sciences Network (Imperial College Health Partners)** AHSN ~ 8 staff	**Provider Transformation/ Productivity (CIP)/ Integration Teams** *Providers* ~ 90 staff
DA1 a) Enabling and supporting healthier living			Business as usual CIP
	DA1 b) Wider determinants of health interventions		DA2 c) Delivering 'Right Care' priorities
	DA1 c) Helping children get the best start in life		DA4 c) Crisis support and Crisis Concordat
DA1 d) Addressing social isolation			DA5 a) Specialised Commissioning
DA2 a) Improving cancer screening			DA2 a) Improving cancer screening
DA2 b) Better outcomes and support for people with common MH			DA5 b) Delivering the '7 day standards'
DA2 d) Improving self management and patient activation			DA5 c) Configuring acute services
DA3 a) Improving market management and whole systems approach			DA5 d) NW London provider productivity programme
DA3 b) Implementing Accountable Care Partnerships (ACPs) by 2018/19			
DA3 c) Implement new models of local services			
DA3 d) Upgrade rapid response/IC services			
DA3 e) Creating a single discharge process			
			DA3 f) Improving last phase of life
DA4 a) New model of care for people with serious and long term mental health needs			
DA4 b) Addressing wider determinants of health			
DA4 d) Implement Future in Mind			
DA5 b) Delivering the '7 day standards'			
DA5 c) Configuring acute services			

Over time, we are seeking further alignment and integration between these teams, to avoid duplication and align the relevant people and skills to the most appropriate programmes of work

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust Board - public	27 July 2016

2015-2016 Imperial AHSC Annual Report

Executive summary:

The Department of Health require AHSC's to provide an annual report to capture progress against objectives, themes and work programmes as set out in the 2013 AHSC application, and for the current designation period, 2014-2019.

Annex 1 provides the 2015-2016 report from the Imperial College AHSC, which was approved by the AHSC Joint Executive Group, prior to submission to the Department of Health on the 6th May. Feedback is not expected on the report. A lay summary of the report will be made available on the Trust website.

Quality impact:

The mission of the AHSC is to ensure excellent patient care through the research and education strengths of Imperial College London combined with the critical mass of the Trust to enhance healthcare for patients and populations.

Financial impact:

Has no financial impact.

Risk impact:

Reputational if the Imperial AHSC is not a success.

Recommendation(s) to the Committee:

The Committee is asked to note the Imperial AHSC Annual report

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

To educate and engage skilled and diverse people committed to continual learning and improvements.

As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.

Author	Responsible executive director	Date submitted

Angela Cooper	Professor Jonathan Weber	19 July 2016

DEPARTMENT OF HEALTH DESIGNATED
ACADEMIC HEALTH SCIENCE CENTRE (AHSC)

2015/16 ANNUAL REPORT

Note: Please note this form should be completed in font no smaller than 10-point Arial.

1. ACADEMIC HEALTH SCIENCE CENTRE DETAILS

Name of the Department of Health Academic Health Science Centre:

Imperial College Academic Health Sciences Centre

Contact details of the DH AHSC lead to whom any queries and feedback on this Annual Report will be referred:

Name: Professor Jonathan Weber FMed Sci

Job Title: AHSC Director and Vice Dean Faculty of Medicine, Imperial College

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E-mail: j.weber@imperial.ac.uk

Tel: +44 (0)20 7594 3901

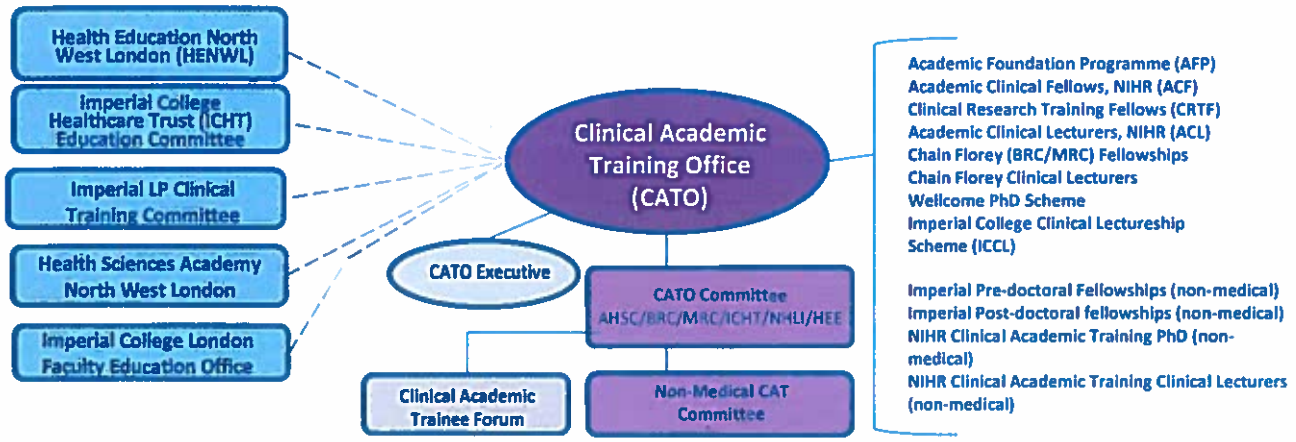
Signed : _____

Professor Jonathan Weber
AHSC Director and Vice Dean Faculty of Medicine, Imperial College

2. OVERVIEW OF ACTIVITIES (no more than 4 pages)

The Imperial AHSC's overarching strategy is to i) **integrate the research strengths** across all Imperial College (IC) faculties with the **critical mass** of Imperial College Healthcare NHS Trust (ICHT); ii) create powerful **interdisciplinary synergies** through translational science, bioengineering and informatics; iii) **train the next generation** of multidisciplinary clinical scientists and to iv) translate our research into **new healthcare practice, policy and wealth creation**. In 2015/16 the AHSC has continued to focus on 6 cross-cutting Priority Work Areas, with an emphasis on training and informatics. The Work Areas, overseen by the AHSC Joint Executive Group (JEG), demonstrate our progress in aligning the partner organisations' strategic objectives, provide added value and underpin delivery of our thematic areas. Key developments include:

1. Established the **Clinical Academic Training Office (CATO)** as the centralised pan-professional AHSC clinical academic training hub. CATO provides a single point of contact for advice and information on clinical academic careers, recruitment, training and funding and interfaces directly with the partner's educational committees, the Deanery, staff and trainees (see below). Its remit spans medical, nursing, midwifery and allied health professional academic training. CATO is also the vehicle to develop and implement new AHSC initiatives to support and increase research training and education opportunities.



CATO's achievements in its first year include:

- Comprehensive information to assist and support trainees including a website, annual conference and other awareness raising activities. The benefit of this centralised support and advice function was recognised in the 2015 trainees' survey.
- A richer training experience through the implementation of additional course requirements i.e. transferable skills (delivered by Imperial Graduate skills), modules from the new MSc in Genomic Medicine for ACFs and CLs plus oversight and promotion of mentoring and buddying support
- Success in attracting the second highest number of awards from NIHR for ACFs and CLs in 2016
- Led the development and launch of a new IC Clinical Lecturer appointments process
- Continued success and expansion of a non-medical pre-doctoral research programme (3 fold increase in trainees within 2 yrs.) with a focus on Antimicrobial Resistance (AMR) projects in 2015/16
- Development and launch of a new post-doctoral research fellowship to provide nurses and allied health professionals the support and time to strengthen applications for NIHR Clinical Lectureships.

2. Health informatics: ICHT implementation of Cerner is ongoing with appointments, results, EPR and full electronic prescribing achieved. The data warehouse at ICHT enables research access to this clinical resource, facilitated by an AHSC data sharing agreement and new AHSC Information Governance Director and administrator roles in 2015 to meet the growing demand for data-led research projects.

To further extend the utility and use-ability of the resource, the AHSC infrastructure is progressing towards ISO27001 compliance and capability to match ICHT clinical data with externally held clinical and research datasets (e.g. HSCIC; research cohorts and trials data) to provide a richer, precision medicine focussed resource. This new infrastructure (see Annex 1) is being developed in parallel to an ICHT-led initiative to develop a single electronic health care record for NW London. In aligning these initiatives, the AHSC aims to create a uniquely comprehensive, rich population data set for research, housed in a secure, managed access infrastructure architecture.

Supporting and facilitating use of the AHSC's e-health platform, the **Imperial Data Sciences Institute** (DSI) opened in 2015. It provides a single, multidisciplinary hub across IC with data management capability, analytical tools, training and education programmes. AHSC researchers can already access, via the DSI,

eTRIKs cloud-based informatics and pharma-endorsed tranSMART analytical software, which the DSI is developing further, to enable integration and analysis of imaging and other clinical datasets. In collaboration with Oxford AHSC, and following a bilateral meeting in September 2015, a common universal consent process is also being piloted across both AHSCs.Through the NIHR Health Informatics Collaboration, from which the ICHT data warehouse was established, the Imperial College BRC continues to play an active role in inter-organisational research projects, contributing to those in renal transplantation, viral hepatitis, ovarian cancer, acute coronary syndrome and critical care. In addition, the BRC (in collaboration with Royal Brompton BRUs & Royal Marsden BRC) is leading a new NHIC lung cancer project and contributing to four other new NHIC projects in 2016.

3. Antimicrobial resistance (AMR): IC launched the Antimicrobial Research Collaborative (ARC@Imperial) in June 2015, a multidisciplinary, cross-Faculty centre bringing together the world-class research expertise of >100 principal investigators and significant external funding around nine interdisciplinary themes; molecular biology; structural biology, pharmacology & therapeutic, prevention and management, diagnostic and innovation, intelligent use of data, environment and the microbiome, behavioural and social science and public health and policy. These research activities are fully integrated with ICHT epidemiology, antimicrobial prescribing and infectious disease surveillance facilitating timely translation into clinical practice.

4. Genomics: ICHT is the lead delivery partner for the **West London Genomic Medicine Centre** (GMC), working in partnership with the Royal Marsden, Royal Brompton and Chelsea & Westminster NHS Trusts, and the AHSN. Recruitment into a wide array of rare diseases and cancers was initiated in 2015, with roll out to other NW London NHS partners planned as part of the ongoing clinical transformation. The project is supported by the AHSC informatics platforms. In parallel IC launched a new **MSc in Genomic Medicine** in 2015 and in 2016, CATO will also roll out a wider NW London genomics programme funded by Health Education England to support genomics education and training.

5. Public Health & Primary Care. The AHSC monitors local developments in public health and primary care services in order to ensure that opportunities for research and educational to improve health outcomes are realised. **Old Oak Common and Park Royal Development Corporation** (OPDC) is the largest housing and community regeneration project in the UK and sits adjacent to the Hammersmith Hospital campus. Opportunities presented by OPDC are being integrated into AHSC planning, including the prospect of novel intervention & evaluation studies, through cross representation on the OPDC Board and its Health & Wellbeing Group, both established in 2015. The AHSC JEG receives direct and regular reports on the OPDC. IC is also the UK lead site for the European Institute of Innovation and Technology Health *(***EIT Health***)* initiative**,** an academic-industry partnership focussed on innovation and entrepreneurship in healthy living and active ageing across Europe. The recently awarded **EPSRC Centre for Mathematics in Precision Healthcare** will develop novel mathematical and algorithmic techniques to inform clinical decision making and policy making from population healthcare data.

6. Redevelopment of the estate: Working within NW London and as part of the **Shaping a Healthier Future**, ICHT has established redevelopment committees for its St Mary's and Hammersmith hospitals with senior College representation. The St Mary's Committee is aligned to the Sellars redevelopment plans for Paddington. The Hammersmith Hospital Committee is cognisant of the OPDC plans.

Progress on short-term objectives, years 1-2:
i) Leading AHSC for translational research - **largest national BRC**; the 2015 Rand analysis demonstrated that, in terms of highly cited publications, both IC and ICHT rank highly in all AHSC themes; the new creation of ITMAT, the DSI and the EPSRC Centre for Mathematics for Precision Health Care further enhance the analytical capability of the AHSC;
ii) Leading hub for stratified medicine - the AHSC's metabonomics capability has been enhanced through partnership between the **MRC-NIHR National Phenome Centre** led by IC/Kings and the **Singapore Phenome Centre**; new strategic partnerships with Nestle and with Astra Zeneca have been developed;
iii) Strategic appointments to link the AHSC and AHSN - Chair in Medical Informatics & Decision Making appointed in July 2015 plus new professorial and senior lecturer appointments made to underpin the expanded capacity of the AHSC Imperial Clinical Trials Unit (ICTU).

Progress on medium-term objectives, years 2-3:
i) Become a leading centre for patient experience - the **Patient Experience Research Centre** (PERC; Director, Prof Helen Ward) research programme is being implemented into clinical practice across the AHSC

to improve the collection and analysis of patient experience data and to support service improvement and redesign; ICHT has developed a PPI strategy with PERC; patient groups co-organised a BRC Research Open-Day in 2015; ICHT is a member of the **Cancer Vanguard**, led by Royal Marsden Hospital, to deliver new models of care;
ii) Establish a centre for large-scale data analysis – the **DSI** opened in 2015, its multidisciplinary expertise, platform technologies and growing repertoire of analytical tools will be applied to data-driven improvements in patient care using the enriched e-health platform being developed across the AHSC;
iii) Develop modular educational programmes to facilitate new models of out-of-hospital care for chronic disease – **CATO** will launch a new Trust Open Online Courses for ICHT staff in 2016;
iv) Strengthen the AHSC's international network of education, research and service – the first cohort of IC/Nangyang Technological University Singapore, **Lee Kong Chian (LKC) medical students** graduate in 2018; we shall build new clinical academic training interactions with LKC/NTU.

Progress on long-term objectives, years 3-5:
i) Relocation of School of Public Health to Imperial West and other spatial synergies – Construction at **Imperial White City campus** is ongoing, with the Translation and Innovation Hub (RATH) ready in mid-2016 and the Molecular Science Research Hub in 2017
ii) Become a powerhouse of activity generating economic benefit with the creation on new links and partnerships industry – the 2015 RAND analysis confirms the strength of AHSC's impact; IC is ranked **1st in Europe for Innovation** (Reuters, 2015) and **1st nationally for research impact** in clinical medicine (HEFCE Research Excellence Framework, 2014); the AHSC has grown commercial trials income by 35% since 2013 and its growing portfolio of academic corporate partnerships will catalyse and ensure exploitation of commercialisable research outputs from our translational pipeline. Spatial co-location opportunities with industry will be available at Imperial White City from summer 2016.

Progress within the themes

Our themes are aligned with domains that reflect the translational pipeline of our BRC, and into each public health and primary care have been integrated as a cross-cutting discipline to facilitate the pull through and reach of our pipeline into patients, populations, healthcare policy and practice. Underpinning the AHSC's research activities, and as per plan, the **Institute for Translational Medicine and Therapeutics** (ITMAT) opened in 2015 providing, in a singly managed resource, expertise and staffed facilities for molecular phenotyping, bio-banking, imaging (all modalities), informatics, genotyping, and phase I/II clinical trials.

Our pipeline has been enhanced by the Imperial **Joint Translation Fund** which supports translational health research projects arising from across all of the faculties at IC (Medicine, Engineering, Natural Sciences and Business School) and the ICHT Divisions. There are annual calls for proposals and in 2015 the call was focussed on promoting ITMAT capabilities with 20 new projects funded (>£1.3m). To further expand and strengthen the portfolio, Imperial College has also created a new **Translator-in-Residence** post. Together with input from our peer-to-peer translators, all of whom have extensive biotech and pharma translational experience, the Translator-in Residence will ensure that the full potential of our research activities is managed across the AHSC towards health and wealth benefit. Exemplars of the quality of our activities and its pull-through to patients and populations in 15/16 are:

Theme	Progress around translating into practice for the benefit of patients
Surgery & Technology	2016 NHSE Innovation Challenge Prize winner for "*gripAble*", a low cost neuroprosthetic device for rehabilitation after stroke;
Brain Sciences	Established a multidisciplinary resource with the DSI exploiting 'omics data capture, epidemiological and imaging data to drive forward stratified disease approaches to diagnosis and treatment of brain diseases.
Infection	Demonstrated improved diagnosis and management of TB in HIV children (Lancet HIV 2015); Awarded EU funding to lead European AIDS vaccine Initiative (EAVI2020), a Europe-wide consortium focussed on novel candidate HIV vaccines.
Immunology & Inflammation	Pioneered transcript analysis for renal transplant rejection now proposed as a biomarker in international guidelines. AHSC patients will be some of the first in the UK to access this enhanced modality.
Metabolic Medicine, Diabetes & Obesity	First babies born after successful kisspeptin treatment (JCEM 2015); Development and evaluation of the insulin propionate ester as a food ingredient is in Phase 2 studies.

Cancer	Developed a breath test and subsequently demonstrated its proof-of-efficacy for diagnosis of oesophageal cancer.
Cardiovascular	iFR (Instantaneous Wave-free Ratio) to assess coronary artery disease severity was incorporated into 2015 international guidelines, following initial development and evaluation through Imperial BRC funding and subsequent commercialisation by Phillips. Genome analysis of a NWL South Asian population identified novel disease biomarkers
Reproductive & Early Life Health	New national Early Miscarriage Centre awarded to IC in collaboration with Birmingham and Warwick; AHSC research into the epidemiology of miscarriage and subsequent evaluation of new clinical guidelines (BMJ 2015) is changing practice worldwide.

Development and delivery of an appropriate e-Health informatics platform

The AHSC's 15/16 progress has been summarised under priority work programme 2 above. Strategic and operational alignment of the programme is managed by an AHSC Research Informatics Subcommittee which brings together clinical leaders, researcher, informatics and information governance leaders from across the partnership. The AHSC, with Med City and the other AHSCs and AHSNs in London are also part of the ***DigitalHealth.London*** initiative, launched in Feb 2016.

Contribution to economic growth and the economy

Institutional partnership, in addition to researcher-led collaborations, developed in 15/16 include:

Industry/Corporate Partner	2015/16 Progress
Nestle	CHF10m, 5 yr. collaboration programme on nutrition & health
Apollo Therapeutics Fund AZ, GSK & J&J	£40m fund to translate promising IP from Imperial, UCL and Cambridge into commercialisable outputs
EDRF	£2.2m fund to stimulate collaboration between SMEs and AHSCs in the London and greater South-East region
AZ	Matched funding (£500k total) towards joint PhD fellowships with the Imperial Institute of Chemical Biology.
EMINENT network GSK	£16m collaboration with Universities of Cambridge, Glasgow, Newcastle and UCL to investigate mechanisms of inflammatory disease

AHSC IP metrics for 2015-16: **124** invention disclosures received, **19** new patent applications filed, **16** deals executed (includes licenses, option agreements and revenue share agreements) and **2** spinouts formed.

Imperial Innovations Highlights
Orthonika: Spinout developing the Total Meniscus Replacement, a unique, anatomical knee implant
Therapeutic Frontiers: Spinout offering an alternative approach to clinical trials in asthma and COPD
Google DeepMind collaboration with Surgery & Technology theme to develop, and scale up, across the NHS - ***Hark*** an app to help healthcare professionals manage and prioritise daily clinical tasks

Significant Developments

During 2015, operational arrangements remained largely unchanged with the Joint Executive Group (JEG) remaining the key operational body ensuring strategic alignment of research (via the AHSC Research Committee) and education (via CATO) activities. JEG, in turn, is overseen by the Strategic Partnership Board. During 2015-16, the partners revised and restated their Joint Working Agreement (JWA) and re-launched the ASHC website (http://www.ahsc.org.uk/). Professor Desmond Johnston became Vice-Dean for Education in the Faculty of Medicine at IC and Dr Julian Redhead became ICHT Medical Director.

During the last year, the AHSC has strengthened linkages with other academic specialist NHS Centres in North West London. Invitations to join the Imperial College AHSC have been extended to the Royal Brompton & Harefield and Royal Marsden NHS Foundation Trusts, and have been warmly received by both Trust Boards. A first expanded JEG meeting including the new organisations was held in April 2016. Although subject to final execution of a revised JWA, expansion of the Imperial College AHSC would, for the first time, provide a unifying governance structure to allow all four partner organisations to align strategically around their service, education and research missions. An expanded Imperial College AHSC, incorporating the world class research and care services of the Royal Brompton and Royal Marsden Trusts together with the established excellence of the founding partners has the potential to transform the capability of the Imperial College AHSC to improve patient outcomes across NW London and beyond, especially in oncology and cardiorespiratory medicine.

This form must be submitted, by e-mail, no later than **1pm Friday 6 May 2016** to Jasmine Parkinson (jasmine.parkinson@nihr.ac.uk). Please feel free to provide any other information you wish (in a separate annex) that demonstrates the progress made with your AHSC in 2015/16.

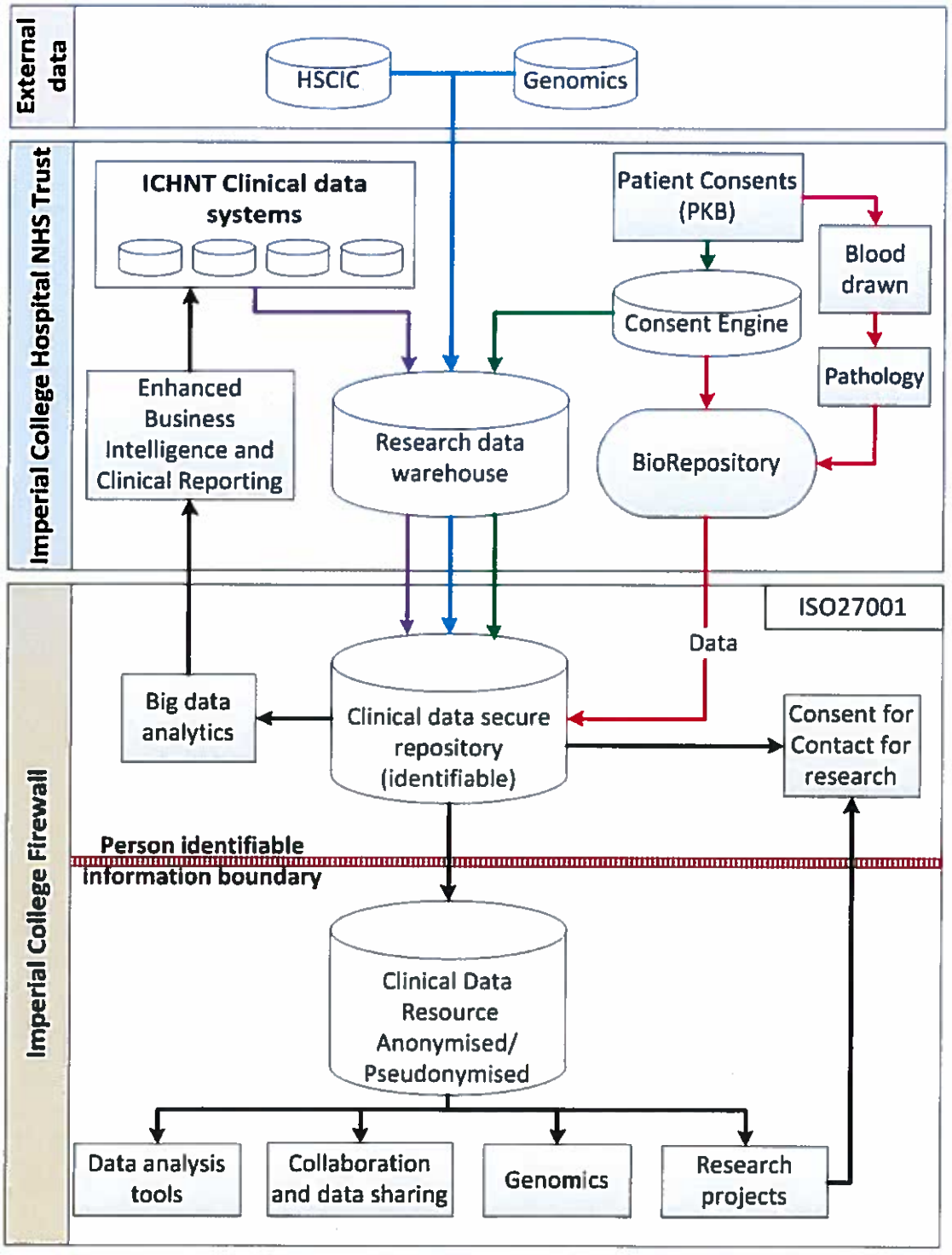
The Annual Report aims to capture progress against the stated objectives, specific themes and work programmes as set out in your application, in order for the Department of Health to be able to understand the overall progress of the AHSCs. However, please note that we will not be providing feedback on the AHSC Annual Reports.

A signed copy of this report should be sent no later than **13 May 2016**, to:

Dr Jasmine Parkinson
NIHR Central Commissioning Facility
Grange House
15 Church Street
Twickenham TW1 3NL

Annex 1

Schematic for 2016 developments of the Imperial College AHSC Informatics Platform



Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board	**27 July 2016**

Improving the quality of care - CQC Update Report

Executive summary:

The following report provides an update on CQC related activity at the Trust.

New CQC Strategy

- The new CQC regulatory strategy for 2016 to 2021 was published on 24 May 2016. key points to note are:
- Introduction of an annual review process which will include; outcomes of any inspections, CQC Intelligent Monitoring (to be called 'Insight' going forward) and a self-assessment against the CQC's five domains undertaken annually by each trust and submitted to the CQC along with supporting evidence
- Changes to the inspection process

CQC inspection of Outpatients and Diagnostic Imaging

- The CQC has committed to re-inspecting all core services rated as 'inadequate' by March 2017.
- To this end, the CQC wrote to the Trust on 1st July 2016 advising that it will inspect the core service of 'Outpatients and diagnostic imaging' across the St. Mary's, Hammersmith and Charing Cross sites on 22nd-24th November 2016.
- The inspection will involve the CQC looking at central/main outpatients and diagnostic imaging.
- The corporate nursing team are working in partnership with the division of women's, children's and clinical support to prepare for the upcoming inspection

Having quality conversations (programme of self-assessments)

- Divisional self-assessments against the five CQC domains will continue during 2016/17 as set out in the assurance and improvement framework.
- The corporate nursing team is developing a toolkit in partnership with divisions to use when carrying out self-assessments against the CQC domains. This is expected to be finalised by early August 2016.

Quality impact:

The report applies to all five CQC domains.

Financial impact:

This paper has no financial impact at present.

Risk impact:

This paper relates to the following risks on the corporate risk register:

- **Risk 81:** *Failure to comply with statutory and regulatory duties and requirements, including failure to deliver the CQC action plan on target.*
- **Risk 87:** *Failure to deliver outpatient improvement plan.*

Recommendation(s) to the Board:

- To note the paper.

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

Authors	Responsible executive director	Date submitted
Priya Rathod, Deputy Director of Quality Governance	Janice Sigsworth, Director of Nursing	18 July 2016

Improving the quality of care – CQC update report

1. Purpose

The following report provides an update on CQC related activity at the Trust.

2. New CQC Regulatory Strategy 2016-2021

The new CQC regulatory strategy for 2016 to 2021 was published on 24 May 2016. For NHS trusts which are already registered with the CQC, the key points to note are as follows:

- Introduction of an annual review process, during which the CQC will use data and information from the previous 12 months to inform a regulatory plan for each trust for the coming year. This will include:
  - Outcomes of any inspections;
  - CQC Intelligent Monitoring (to be called 'Insight' going forward);
  - A self-assessment against the CQC's five domains undertaken annually by each trust and submitted to the CQC along with supporting evidence. Self-assessments will include descriptions of what has changed over the year and plans for improvement;
  - A set of triggers to recommend inspection at a certain point. Triggers will identify both where there are concerns and where improvements are being made which should be followed up.
- Changes to the inspection process, including:
  - A move away from large, comprehensive inspection which might be carried out only once every three years, to an annual inspection which, as a minimum, will be an inspection of the Well-led domain and at least one core service.
    - The focus will be on core services that have previously been rated as 'Requires improvement' or 'Inadequate';
    - The interval will be increased between inspections of core services that have previously been rated as 'Good' or 'Outstanding', while at the same time ensuring a sample are inspected each year to ensure quality is being maintained;
  - Ratings for core services will be amended based on the outcomes of these inspections.
  - An increase in unannounced and short-notice inspections (comprehensive inspections are announced 18-20 weeks in advance);
- Continuing to carry out inspections in response to acute concerns (called 'focused' inspections).

The wider strategy also includes longer term goals which will impact the trust, including:

- A 'shared view of quality', which aims to enable trusts to use the same data and information for the purposes of the different organisations, as opposed to the current approach which requires the trust to submit the same data and information in a variety of format to different organisations.
- Working with NHS Improvement to develop methodology for assessing efficiency and use of resources. Use of resources will be rated in the same way that safety and quality are currently rated. The scheme is currently being piloted and will be consulted on later in 2016/17, with an aim to put it fully into effect in 2017/18.
- Developing inspection methodology for patient pathways which cross CQC core services, for example mental health, cancer, etc.

The full CQC strategy can be found at: http://www.cqc.org.uk/sites/default/files/20160523_strategy_16-21_strategy_final_web_01.pdf

3. CQC inspection of Outpatients and Diagnostic Imaging

- The CQC has committed to re-inspecting all core services rated as 'inadequate' by March 2017.
- To this end, the CQC wrote to the Trust on 1st July 2016 advising that it will inspect the core service of 'Outpatients and diagnostic imaging' across the St. Mary's, Hammersmith and Charing Cross sites on 22nd-24th November 2016.

- The inspection will involve the CQC looking at central/main outpatients and diagnostic imaging.
- The corporate nursing team are working in partnership with the division of women's, children's and clinical support to prepare for the upcoming inspection.
- Key components of the proposed approach include:
    - Establishing a CQC Preparedness Task and Finish Group.
    - The outpatient and diagnostic imaging Directorates' CQC self-assessments (against the five CQC domains) will be reviewed alongside findings from the core service review and ward accreditation of outpatients undertaken in 2015 so that a gap analysis can be undertaken to provide areas for focus.
    - This will then be aligned with the Must Do and Should Do actions arising from the inspection in September 2014 to ensure all relevant actions are identified, assigned and evidence of completion available.
    - Holding briefing sessions with staff
    - Progress will be monitored through the Task and Finish group and a monthly update provided to the Executive Quality Committee.

4. Trust involvement in CQC inspection of DHL patient transport

    - The Trust's sub-contractor for patient transport, DHL, will be inspected on 21 and 22 September 2016.
- Although no specific action needs to be taken by the Trust in advance of these inspections, the corporate nursing team has:
    - Liaised with colleagues in Estates and Facilities and divisions to brief them
    - Offered to provide support to divisions ahead of the DHL inspection where this is felt necessary.
    - Plans are in place to communicate with local staff ahead of the DHL inspection in September 2016

5. Having quality conversations (programme of self-assessments)

- As outline in section 1 of this report, part of the CQC's new strategy for 2016-2021 is to introduce mandatory annual self-assessments against the 5 CQC domains.
- The CQC have not yet published any information about when the first self-assessments will need to be submitted, what the format will be, or how submissions will be made.
- While further detail about mandatory self-assessments from the CQC is pending, divisional self-assessments will continue during 2016/17 as set out in the assurance and improvement framework.
- The corporate nursing team is developing a toolkit in partnership with divisions to use when carrying out self-assessments against the CQC domains. This is expected to be finalised by early August 2016.

6. Next steps

- In partnership with the division of women's, children's and clinical support the corporate nursing team will commence inspection preparation for outpatients and diagnostic imaging.
- The corporate nursing team will share the self-assessment toolkit with its CQC relationship manager and other stakeholders such as the CCGs and NHSI for comment.

7. Recommendations to the Trust board:

- To note the paper.

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust Board	27 July 2016

Patient and public involvement strategy and implementation plan

Executive summary:

In November 2015, the Trust Board gave the go ahead to develop a strategic approach to improving patient and public involvement across the Trust. Since then, we have made immediate improvements, while working with patients, carers and local people to co-produce our longer term strategy. This paper presents both a summary of progress and a proposed five-year involvement strategy and implementation plan, for input and approval.

Progress to date

We have established the strategic lay forum and it has been meeting bi-monthly since November. Significant improvements to two Trust projects – the proposed changes to acute medicine and chest pain pathways and the phase 1 redevelopment of St Mary's Hospital – have already been achieved through the advice and support of the forum. The quality improvement programme has expanded its training and support for staff to work in partnership with patients, carers and local communities on improvement projects. We have undertaken an internal 'stock take' on involvement activities to raise awareness of, and to inform this work.

With the strategic lay forum – and over 30 other patients, carers and local people identified through requests to service leads and partner organisations - we have run two 'co-design' events to produce our longer-term involvement strategy and implementation plan.

Five-year plan

Our proposed five-year plan is intended to help deliver our own overarching promise of 'better health, for life' as well as the emerging sustainability and transformation plan for north west London. Both our promise and the STP look to help us and the wider NHS make the essential shift from care being reactive and crisis-driven to being proactive and health and well-being focused, and ensuring, regardless of provider, that patients feel that their care is joined-up, consistent and tailored to their individual needs.

Through the patient and public involvement plan, and other transformational programmes, ***our vision*** is for:

- all patients to feel that they are understood, heard, and have control and choice over their health and care so that it meets their specific needs.
- as many patients, families, carers and local residents as possible to feel encouraged and supported to take an active role in their own health as well as in shaping and delivering the care we provide to help ensure it better reflects patients' needs.
- a core group of patients, carers and local people to be able to directly influence the development and delivery of our organisational strategy to help us ensure we are

making the best use of all of the insight, skills and knowledge available to us.

The plan reflects five ***key principles*** drawn from insight gathered from our work to date, co-production events with patients and other stakeholders. They are:

- we need to actively find out what patients, carers and local people want and avoid making assumptions
- we should look to make involvement business as usual for everyone
- we need to think north west London-wide
- we must learn to share and draw on what works and what doesn't
- we must find ways of systematically measuring and evaluating the outcomes and impacts of involvement activities.

To achieve our five-year vision, drawing on our key principles, we have identified four implementation ***work streams***:

Patient and public involvement infrastructure
Within five years, we want to have a full complement of processes, resources, and policies to support diverse patient and public involvement led by clinical and corporate directorates, and to ensure it is delivering demonstrable improvements in health and care, fairly and efficiently. We want the patient voice to be clearly present in our organisation, including lay representatives directly involved in planning and decision making.

Building awareness and engagement
Within five years, we want to be seen as a leading organisation in terms of the positive impact of our patient and public involvement approach. We want to have tens of thousands of patients, carers and local people choosing to be kept up to date on the Trust's work and opportunities for involvement and regularly providing valuable feedback. We want thousands to be more actively involved through a diverse range of activities.

Systematically acting on feedback
Within five years, we want the vast majority of our patients and all staff to be engaged with the systematic gathering of meaningful feedback and insight – as well as *ad hoc* feedback and ideas gathering - that is analysed and used at all levels of the organisation to identify, shape, prioritise and evaluate improvements. We want this feedback and insight to be easily available for all of our audiences to see and to use for themselves.

Systematically acting on feedback
Within five years, we want the vast majority of our patients with on-going health conditions and as many other local people as possible to be actively engaged with us – and other health partners - in maximising their own health and wellbeing. We want thousands of patients and local people to be part of delivering the support to make this possible.

Initial deliverables for 2016/17 include:

- We will have two lay representatives on all of our key initiative programme or project boards or committees.
- We will co-produce a remuneration policy, looking to align with similar policies for partner organisations across north west London and drawing on existing good practice.
- We will develop immediately an expenses policy with the intention of ensuring all patients, carers and local people who attend involvement activities for the Trust are reimbursed for reasonable travel and child care/carer expenses.
- We will work in partnership with the Charity and with information governance to have an aligned, or ideally joint, 'customer relationship management' system in place to

manage all of our 'non-clinical' patient, carer and local resident contacts.
- We will launch a programme of involvement training sessions and resources.
- In partnership with our Charity, we will develop and launch a revised 'membership' offer, with a new marketing programme.
- We will be asking all new patient contacts via email to allow us to contact them to keep them involved in our work and opportunities for involvement.
- We will establish an involvement network open to all Trust staff.
- We will have undertaken scoping and discovery work required to establish an integrated programme of work to systematically act on patient feedback, drawing on a number of QI-supported projects underway.
- We will have undertaken scoping and discovery work required to establish a co-ordinated approach to maximising health and wellbeing as part of the work of the integrated health directorate and the development of the wider clinical strategy.

We have been exploring with Imperial Patient Experience Research Centre, part of the Biomedical Research Centre, how we can develop an 'involvement test bed' to encourage and enable innovative approaches to involvement to support the four work streams, and how we can establish a robust evaluation approach to the impact of the whole involvement strategy. Each work stream will include a number of pilot projects to make up the involvement test bed. We particularly need to go beyond measuring the outputs of involvement to measuring the outcomes and impacts.

Implementation management and oversight

- A senior overall 'lead' for each of the four involvement categories (see main paper):
  - strategy – Director of communications
  - improvement – Associate medical director (quality improvement)
  - delivery – Chief executive, Imperial College Healthcare Charity
  - wellbeing – Director of integrated health programme
- Additional senior involvement from patient experience and governance and divisional leadership.
- Reporting into strategic lay forum bi-monthly and half-day co-ordination and planning sessions quarterly,
- Reporting to executive transformation committee quarterly and to Trust board annually.
- A project manager has been appointed to run the implementation programme on a fixed term contract from July to March, to be reviewed as part of the 2017/18 business planning round.

Quality impact:

The plan is intended to help deliver our own overarching promise of 'better health, for life' as well as the emerging sustainability and transformation plan for north west London. We are building in systematic evaluation of the outputs, outcomes and impacts as part of the plan

Financial impact:

The first two work streams will be funded from within existing budgets of communications, the Charity and quality improvement in 2016/17, and we are exploring external and partner funding or resourcing opportunities. Scoping work for the other two work streams will be used to understand their resourcing requirements.

Risk impact:

Key risks are:
- not achieving sufficient awareness, engagement and support for the proposed involvement approach
- not ensuring staff – and patients where appropriate – have the training, resources

and support – to enable effective involvement activities
- not being able to evaluate and evidence the impact of involvement activities.

Recommendation(s) to the Committee:

The Committee is asked to feedback on the five-year plan and to give approval to proceed.

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.
To educate and engage skilled and diverse people committed to continual learning and improvements.
As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Author	Responsible executive director	Date submitted
Michelle Dixon, Director of Communications	Michelle Dixon, Director of Communications	20 July 2016

Imperial College Healthcare NHS Trust - patient and public involvement strategy

Introduction

In November 2015, the Trust Board gave the go ahead to develop a strategy to enable more effective patient and public involvement. The agreed approach was clear in its aim to encourage and enable involvement in all aspects of our work to help us develop an organisational culture where everyone is attuned and responsive to our patients' needs as a matter of course.

Since the November board meeting, we have made some immediate improvements in our involvement approach, and have worked with patients, carers and local people to develop our longer term strategic vision, implementation work streams and action plan. In this document, we present both a summary of progress since November 2015 and our proposed five-year patient and public involvement strategy and implementation plan – for input and approval.

Progress so far

Strategic lay forum

We established our first strategic lay forum, under the chairmanship of Michael Morton, in November 2015. The forum now has 12 lay representatives with a wide range of backgrounds and experience. The connections our representatives bring with them, such as with the 'whole systems' work across north west London as well as with other strategic health and care developments, has been particularly helpful. The forum meets bi-monthly with senior staff members from communications, quality improvement, governance, patient experience and the Charity – and others, as required.

The strategic lay forum role is to help establish a clear vision for effective patient and public involvement across the Trust and to use that to guide and oversee the further development and implementation of the Trust's patient and public involvement strategy. It seeks to increase and enhance the role of patient and public involvement at all levels of the Trust. This includes the development of the strategic lay forum itself, looking to clarify and enhance the role of lay members in decision making, setting priorities and system collaboration. The forum also provides advice and feedback on the development and implementation of Trust strategies and major initiatives, especially with regard to ensuring they are appropriately shaped by the needs and preferences of patients and local communities. Significant improvements to two projects – the proposed changes to acute medicine and chest pain pathways and the phase 1 redevelopment of St Mary's Hospital – have already been achieved through the advice and support of the strategic lay forum.

Co-production of our involvement strategy

With the strategic lay forum – and over 30 other patients, carers and local people identified through requests to service leads and partner organisations - we have run two 'co-design' events to produce our longer-term involvement strategy and implementation plan.

Internal 'stock-take'

We have been progressing an internal 'stock take' of patient and public involvement activities. We interviewed a number of clinical directors and followed up on a number of leads for staff who undertake or who have an interest in involvement activities. While there is a significant amount of involvement activity, it is generally undertaken on an *ad hoc* basis, there is a lack of clarity in terms of accountability for involvement, there is little oversight or evaluation, and the information and insights gathered are not shared.

There are, though, a number of service-specific patient fora (for example, in paediatrics, renal and haematology); good examples of involvement in specific improvement projects (such as the project to improve cancer patient experience run in partnership with Macmillan or the redevelopment of the St Mary's paediatric intensive care unit), and at least eight formal programme or project boards or committees that include lay representatives (including the Hammersmith and Fulham integrated health programme board, outpatients redesign project group, care information exchange project board). This internal 'stock take' will continue as part of the proposed strategy implementation.

Through the 'stock take', we also aimed to gauge interest and ideas for involvement activities amongst staff, primarily at a service and project level. Generally, there was a genuine commitment to involvement and a desire to have a more structured and consistent approach. The barriers appeared to be a lack of resource, no clear accountabilities, a sense that specialist skills were required and a lack of an agreed involvement infrastructure (for example, around the payment of expenses or how to 'recruit' patients fairly).

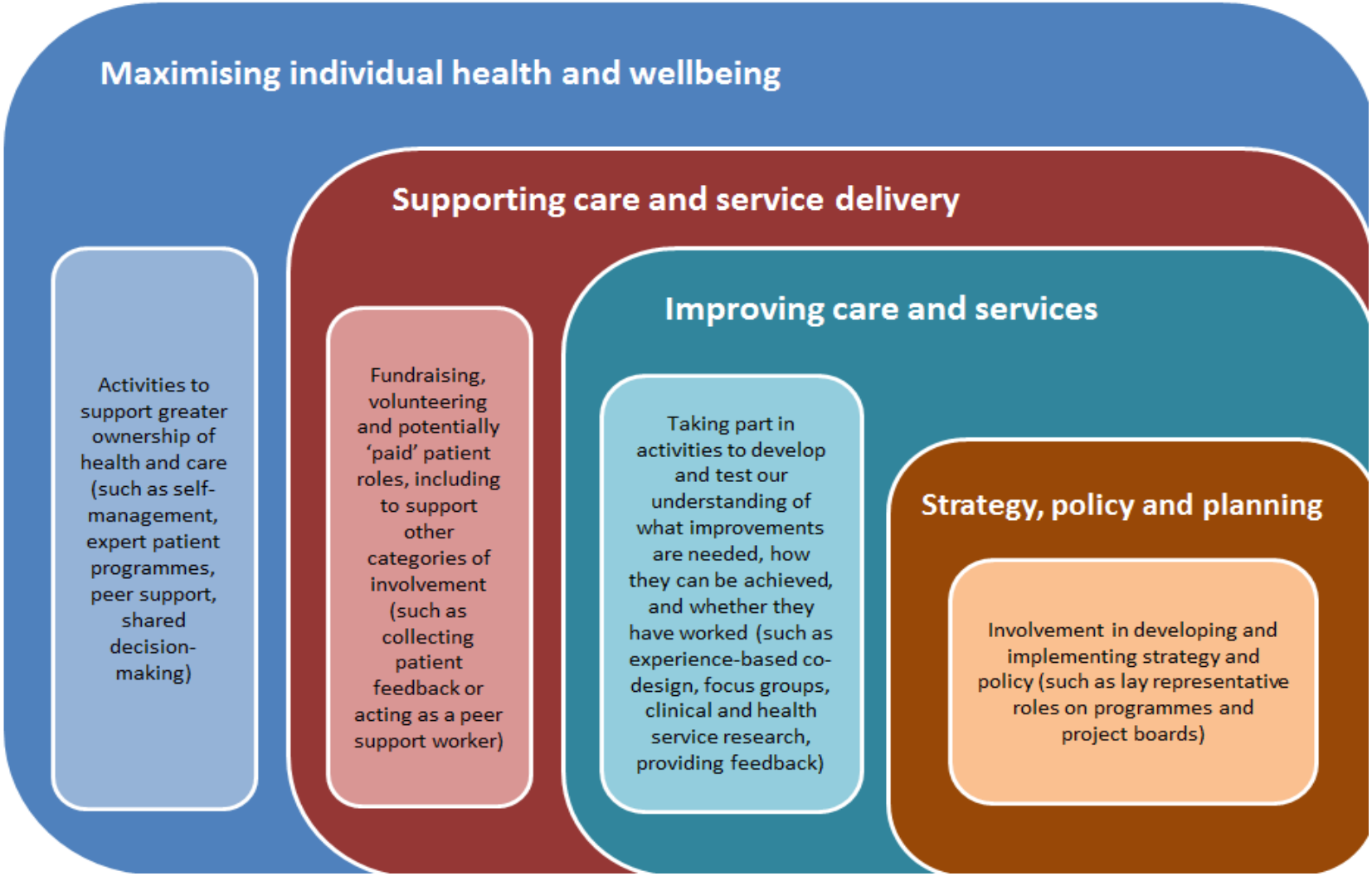
Quality improvement

The quality improvement (QI) programme, which was established at the end of September 2015, has a specific aim of supporting staff to deliver QI projects that are co-designed with patients, service users and local people wherever possible. A specific example of this has been the development of QI sprints. The idea behind these events came from paediatric emergency department consultant Dr Fran Cleugh, who first applied a 'hackathon' method developed in the USA in 2013 to support junior doctors in launching improvement projects. An adapted model is now employed by the QI team alongside a service design tutor from the Royal College of Art – in an intense, one-day facilitated workshop, teams of clinicians, patients, designers and other professionals investigate a problem that healthcare staff are facing in their daily working lives, generate ideas and come up with pragmatic solutions. The most recent QI sprint in July 2016 involved 56 participants. They looked at how to move to paperless outpatient clinics, how to increase awareness around self-administration of medication and how the existing poster campaign 'What matters to me' can be turned into a sustainable project.

External links

We have been exploring and building links between our involvement strategy and key partners, including Imperial College and the Patient Experience Research Centre, local commissioners and Imperial Health Partners, the academic health sciences network for north west London.

Our five-year plan



Through discussions within the strategic lay forum and with involvement leads in partner organisations, the involvement 'stock-takes' and the two strategy co-design events, we have developed a vision for patient and public involvement for the Trust. There was a strong consensus that the **strategic framework** presented to the Board last November, setting out four broad categories of involvement, was broadly the right one, with a few tweaks for improved clarity, as proposed above.

We wanted to be clearer about what all of this involvement is intended to help achieve, and drafted a **five-year vision**, as proposed below, that links directly to our own overarching promise of 'better health, for life' and to the emerging sustainability and transformation plan for north west London. Both our promise and the STP look to help us and the wider NHS make the essential shift from care being reactive and crisis-driven to being proactive and health and well-being focused, and ensuring, regardless of provider, that patients feel that their care is joined-up, consistent and tailored to their individual needs. In this way, we will be able to address the three 'gaps' set out by in the NHS *Five Year Forward View* – in health and wellbeing; care and quality; funding and efficiency.

Through the patient and public involvement strategy, and other transformational programmes, our vision is for:

- all patients to feel that they are understood, heard, and have control and choice over their health and care so that it meets their specific needs.

- as many patients, families, carers and local residents as possible to feel encouraged and supported to take an active role in their own health as well as in shaping and delivering the care we provide to help ensure it better reflects patients' needs.

- a core group of patients, carers and local people to be able to directly influence the development and delivery of our organisational strategy to help us ensure we are making the best use of all of the insight, skills and knowledge available to us.

There were also five **key principles** that emerged about how we should think about and position involvement in our Trust in order to achieve our vision:

- *We need to actively find out what patients, carers and local people want and avoid making assumptions* – that includes not expecting representatives on project groups or boards to be representative of the views of all patients. There are tried and tested ways of gathering insight and understanding of patients – or of customers, clients and citizens – and we need to be as structured and systematic as we can in using evidence-based approaches and drawing on best practice, including the use of socially and culturally sensitive mechanisms for increased involvement of seldom heard patients and groups. There was a strong consensus amongst staff, patients and lay representatives that gathering and using patient insight needs to go beyond the current friends and family test (FFT). We also need to go out to talk with our patients on their own 'ground' – we heard of a great example of a local women's community group really valuing one of our specialist consultants visiting them to discuss pre-conception care and management of diabetes in pregnancy – they said it made them feel 'listened to'.

- *We should look to make involvement business as usual for everyone* – it shouldn't be considered as a central 'function' but a way of working embedded in everything we do. As such, it needs to be part of many other functions, including: governance, service change and delivery, safety and quality improvement, patient information development, customer care, patient feedback, communications, complaints, patient data gathering and sharing, health improvement. The central function that is required can be characterised as one that seeks to establish the right soil and growing conditions for involvement to flourish everywhere in the Trust. All staff need to be open and committed to seeking patient and public involvement and to have the knowledge and confidence to systematically gather and use patient and wider input to make improvements.

- *We need to think north west London-wide* – recognising that patients, carers and local people don't 'belong' to one NHS organisation. We should look to integrate or align our involvement activities and approaches wherever possible in the same way that we are looking to integrate and align our services with key partners, especially across the north west London sustainability and transformation plan footprint.

- *We must learn to share and draw on what works and what doesn't* – there are some very developed and effective PPI approaches within many of our service areas, we can learn a lot from these activities and draw on the expertise and support of the patients and staff involved. The issue is that they generally sit in silos – which means that no else knows about them and we tend to have a whole range of service/disease-specific initiatives (eg various passports) that the patients have to co-ordinate, and also lots of duplications and gaps when seen from a patient's perspective. There are also other players in our health system (for example, the CCG-led teams working on 'whole systems') who are more advanced in their development of involvement approaches and we need to avoid 'reinventing the wheel'.

- *We must find ways of systematically measuring and evaluating the outcomes and impacts of involvement activities* – we need to be able to evidence the positive impact of involvement, for example, in business cases. We particularly need to beyond measuring the outputs of involvement to measuring the outcomes and impacts.

To achieve our five-year vision, drawing on our key principles, we have identified four main areas for development– translating in to **four work streams**. The first two work streams are required to support and enable all categories of involvement activity while the remaining two are intended to achieve a major shift of approach within specific categories of involvement - systematically and proactively acting on feedback in order to improve our services; and developing an organisation-wide strategy for supporting individual ownership of health and wellbeing.

We have been exploring with Imperial Patient Experience Research Centre, part of the Biomedical Research Centre, how we can develop an 'involvement test bed' to encourage and enable innovative approaches to involvement to support the four work streams, and how we can establish a robust evaluation approach to the impact of the whole involvement strategy.

The four work streams are:

Patient and public involvement infrastructure
Within five years, we want to have a full complement of processes, resources, and policies to support diverse patient and public involvement led by clinical and corporate directorates, and to ensure it is delivering demonstrable improvements in health and care, fairly and efficiently. We want the patient voice to be clearly present in our organisation, including lay representatives directly involved in planning and decision making.

By the end of 2016/17:

- We will have two lay representatives on all of our key initiative programme or project boards or committees.
- Lay representatives will be appointed through a new selection and development process, managed by the communications department and supported by the QI team and potentially partner organisations in north west London. The process, drawing on an approach developed by the north west London whole systems lay partners advisory group, will involve establishing roles specifications, and running facilitated development/selection days in order to create a pool of potential lay representatives. The pool will be kept informed and matched with lay representation opportunities as they arise. We will also establish a process for identifying and co-ordinating lay representation opportunities across the Trust, and potentially linking in with other north west London organisations, as appropriate.
- We will co-produce an involvement charter to clearly set out expectations and responsibilities for staff and patients, carers and local people taking part in any involvement activities.

- We will co-produce a remuneration policy, looking to align with similar policies for partner organisations across north west London and drawing on existing good practice. The NHS England guidance will be a key source of guidance but we need to understand in more detail how this will work in a provider organisation and what the potential impact would be.
- We will develop immediately an expenses policy with the intention of ensuring all patients, carers and local people who attend involvement activities for the Trust are reimbursed for reasonable travel and child care/carer expenses. We will ensure this is aligned with the development of the Charity's volunteering policies.
- We will work in partnership with the Charity and with information governance to have an aligned, or ideally joint, 'customer relationship management' system in place to manage all of our 'non-clinical' patient, carer and local resident contacts.
- We will launch a programme of training sessions on patient and public involvement for service and care improvement (included for all QI-supported projects) open to all staff
- We will launch a suite of involvement resources – checklists, toolkits – available to all staff via the Source (and all QI-supported projects via the pilot collaborative hub)
- We will establish and begin to implement an evaluation model, in partnership with Imperial College and potentially other partners.

Involvement test bed

- New community ophthalmology service – working with the service team to help establish a new service, with patient and public involvement structures and processes embedded from the start.

Building awareness and engagement

Within five years, we want to be seen as a leading organisation in terms of the positive impact of our patient and public involvement approach. We want to have tens of thousands of patients, carers and local people choosing to be kept up to date on the Trust's work and opportunities for involvement and regularly providing valuable feedback. We want thousands to be more actively involved through a diverse range of activities.

By the end of 2016/17:

- In partnership with our Charity, we will develop and launch a revised 'membership' offer, with a new marketing programme. As a minimum, we will offer everyone interested in keeping involved, an e-newsletter with updates on the Trust and a round-up of specific involvement opportunities.
- We will be asking all new patient contacts via email to allow us to contact them to keep them involved in our work and opportunities for them to shape what we do and/or to become a 'member'.

- In partnership with our Charity, we will establish ‘involvement hubs’ on all of our sites, areas to promote our new ‘membership’ offer and all the ways of being involved.
- We will establish an involvement network open to all Trust staff, to help raise awareness of opportunities, resources and support available and to encourage the sharing of ideas and best practice.

Involvement test bed

- Maternity and St Mary’s A&E service pilots – clinicians/volunteers encouraging patients to ‘sign up’ at key stages of the patient journey to be kept involved with the Trust and its work (and/or to become a ‘member’).
- Patient/staff pair pilot – partnering patients with staff within two or three services to champion and facilitate involvement approaches and activities, identifying and helping to unblock barriers as well as replicable successes.

Systematically acting on feedback

Within five years, we want the vast majority of our patients and all staff to be engaged with the systematic gathering of meaningful feedback and insight – as well as *ad hoc* feedback and ideas gathering - that is analysed and used at all levels of the organisation to identify, shape, prioritise and evaluate improvements. We want this feedback and insight to be easily available for all of our audiences to see and to use for themselves.

By the end of 2016/17:

- We will have undertaken scoping and discovery work to establish an integrated programme of work in this area, drawing on a number of QI-supported projects underway.

Involvement test bed

- Paediatric service ‘what matters to me’ development
- Maternity services piloting ‘whose shoes?’ patient involvement in improvement methodology
- Others to be determined
- Explore the Northumbria NHS Foundation Trust example of publishing regular quality ratings about all services

Patient ownership of health and wellbeing

Within five years, we want the vast majority of our patients with on-going health conditions and as many other local people as possible to be actively engaged with us – and other health partners - in maximising their own health and wellbeing. We want thousands of patients and local people to be part of delivering the support to make this possible.

By the end of 2016/17:

- We will have undertaken scoping and discovery work to establish a co-ordinated approach to maximising health and wellbeing as part of the work of the integrated health directorate and the development of the wider clinical strategy.

Involvement test bed

- Developing 'practice' champions in paediatrics
- Self -administration of medicines QI project
- Others to be determined

Implementation management and oversight

- A senior overall 'lead' for each of the four involvement categories:
    - strategy – Director of communications
    - improvement – Associate medical director (quality improvement)
    - delivery – Chief executive, Imperial College Healthcare Charity
    - wellbeing – Director of integrated health programme
- Additional senior involvement from patient experience and governance and divisional leadership and from the BRC Patient Experience Research Unit.
- Reporting into strategic lay forum bi-monthly and half-day co-ordination and planning sessions quarterly,
- Reporting to executive transformation committee quarterly and to Trust board annually.
- A project manager, funded jointly by communications, the Charity and QI, has been appointed to run the implementation programme on a fixed term contract from July to March, to be reviewed as part of the 2017/18 business planning round.

Resources

The first two work streams will be funded from within existing budgets of communications, the Charity and QI, and we are exploring external and partner funding or resourcing opportunities. Scoping work for the other two work streams will be used to understand their resourcing requirements.

Risks

The key risks are:

- not achieving sufficient awareness, engagement and support for the proposed involvement approach
- not ensuring staff – and patients where appropriate – have the training, resources and support – to enable effective involvement activities
- not being able to evaluate and evidence the impact of involvement activities.

This would exacerbate the mismatch between the expectations of our patients and local communities in terms of their ability to inform and shape what we do and how we work and, more generally, the responsiveness of our services to their needs. In turn, this makes successful change and improvement very difficult to achieve.

The strategy recognises these risks and includes a major focus on building awareness and engagement at all levels of our organisation as well as on establishing a programme of training and a suite of resources. We are also working closely with the BRC Patient Experience Research Unit to establish robust evaluation and establishing an effective co-ordination and governance structure for the work.

Imperial College Healthcare NHS Trust

Report to: **Trust board**

Report from: **Audit, Risk & Governance Committee (25.5, 1.6 2016, and 6 July)**

KEY ITEMS TO NOTE

Annual accounts, annual governance statement and annual report: The 25 May and I June meetings focused in the annual accounts, incorporating the report of the external auditor (BDO LLP) on the accounts. The treatment of a number of areas was discussed, including long-term NHS debt and road traffic accident income. The Committee recommended the annual accounts and annual report to the Trust board for approval.

Annual audit letter: Following discussion on, and agreement to amend, the wording reflecting the use of resources wording, the Committee noted the annual audit letter and final fees statement.

Internal audit and counter-fraud report report: Internal audit reported that all outstanding recommendations had been discussed with the management team and that he had no major concerns. It was agreed that outstanding recommendations would be highlighted to the Committee. Further staff communication to staff regarding the way in which to report counter-fraud concerns would be undertaken following a slight dip in reporting.

Procurement of external and internal auditors: Following changes in legislation, the Trust was now required to appoint external auditors directly; the audit committee would act as the appointment panel. A similar approach would be taken to the appointment of internal auditors.

Losses and special payments: The Committee agreed to the introduction of clinical review of cases of high value care where it had not been possible to obtain payment; learning opportunities would be examined.

Board assurance framework: A revised framework was presented; this sought to provide a broad sense of assurance for the Trust board across all areas of activity. A fifth objective reflecting the 'well-led' framework was considered and recommended for approval by the Trust board.

Estates strategy: An updated estates strategy was considered; this had been a requirement of the revolving working capital facility.

Terms of reference: The Committee considered the revisions focused on the role as the audit panel, and suggested further amendments.

Action requested by Trust board

The Trust board is requested to:

- Note the report

Report from: Sir Gerald Acher, Chairman, Audit, Risk & Governance Committee
Report author: Jan Aps, Trust Company Secretary
Next meeting: 12 October 2016

Imperial College Healthcare NHS Trust

MINUTES OF THE AUDIT, RISK & GOVERNANCE COMMITTEE
Wednesday 25 May 2016
14.15pm – 15.15pm
W12 Hammersmith Hospital

Present	
Sir Gerald Acher (Chair)	Deputy chairman
Prof Sir Anthony Newman Taylor	Non-executive director
In attendance:	
Richard Alexander	Chief financial officer
Dr Tracey Batten	Chief executive
Jan Aps	Trust company secretary
Siobhan Peters	Deputy CFO
Leigh Lloyd-Thomas	Partner, public sector assurance, BDO LLP
Jody Etherington	Audit Manager, BDO LLP

1	**GENERAL BUSINESS**	**Action**
1.1	**Chairman's opening remarks and apologies for absence** The Chairman welcomed members to the meeting and noted that apologies had been received from Dr Andreas Raffel and Sarika Patel.	
1.2	**Declarations of interest or conflicts of interest** There were none declared.	
1.3	**Minutes of the Committee's meeting on 20 April 2016** The minutes of the meeting on 20 April were agreed as an accurate record.	
1.4	**Action log, forward plan, & matters arising report** The Committee noted the updates.	
2	**ANNUAL ACCOUNTS**	
2.1, **2.2,** **2.3**	**2015/2016 Annual accounts** **External audit findings report** **Value for money conclusion** Responding to the Chairman's opening question, Leigh Lloyd-Thomas commented that the Trust did take a particularly prudent approach in a number of areas, but that he would not consider this to be inappropriate. Mr Lloyd-Thomas noted that at group accounting level, usual practice was to assume invoices with other NHS parties would be paid rather than allocate a sum in bad debt, but Richard Alexander confirmed that the Trust was sure it would not receive the full amount of the invoices (either aging debt or expecting further challenge). The Chairman noted that the approach proposed was consistent with prior years;as a technical accounting point, this would be discussed further off-line and agreement reached. In relation to going concern, Mr Lloyd-Thomas was content with the arrangements in place for working capital support, and therefore there would be no qualification on these grounds. In relation to site valuation, he was satisfied with the alternate site valuation at Hammersmith site values, but noted that future redevelopment at St Mary's may affect this position. He also noted the confirmed that the position in relation to the property lease and dilapidations was acceptable. Mr Lloyd-Thomas noted that he would shortly review a further revised accounts file, and awaited a further annual report document to ensure all required changes had been made; the communications team were to provide this.	

	Noting that it had been the first end of year for both the external audit team and for the senior finance team, the Chairman extended gratitude and thanks to all parties for their professional handling of a challenging process. Mr Lloyd-Thomas outlined the NAO criteria for achieving value for money: adequate arrangements for sustainable finances, delivering breakeven, and planning to deliver breakeven. Given the Trust's deficit, he would be required to issue a qualified use of resources, but noting the public understanding of 'value for money', he would review the use of resources statement and provide a further draft. The Chairman asked Mr Lloyd-Thomas whether there were any further items that gave cause for concern which had not yet been discussed. Mr Lloyd-Thomas considered that there were no deficiencies considered to be significant; as in any first year audit there would be benefit in a post-audit lessons learned review. Richard Alexander confirmed that it would be his intention to move to a quarterly close to ease accounts processes, and also noted that capital processes in 2016/17 would be more robust.	
3	**ANY OTHER BUSINESS**	
3.1	**Any other business raised by the chairman** It was agreed that the meeting on 1 June would be held at 10.30 in Dr Batten's office and by teleconference.	
7	**DATE OF NEXT MEETINGS**	
1 June, to recommend approval of the annual report and accounts (Trust board immediately after) 6 July, next full Audit, risk and governance committee meeting.		

Imperial College Healthcare NHS Trust

MINUTES OF THE AUDIT, RISK & GOVERNANCE COMMITTEE
Wednesday 1 June 2016
10.30am – 11.00am
Chief executive's office and by teleconference

Present	
Sir Gerald Acher (Chair)	Deputy chairman
Sarika Patel	Non-executive director
Sir Anthony Newman Taylor	Non-executive director
In attendance:	
Richard Alexander	Chief financial officer
Dr Tracey Batten	Chief executive
Jan Aps	Trust company secretary
Siobhan Peters	Deputy CFO
Leigh Lloyd-Thomas	Partner / public sector assurance, BDO LLP

1	**GENERAL BUSINESS**	**Action**
1.1	**Chairman's opening remarks and apologies for absence** The Chair welcomed members and attendees to the meeting and noted that apologies had been received from Dr Andreas Raffel.	
1.2	**Declarations of interest or conflicts of interest** There were no declarations or conflicts declared.	
2	**AUDIT**	
	DISCUSSION and RECOMMENDATION TO BOARD FOR SIGN OFF:	
2.1	**Annual report and accounts** It was noted that: • The £9.1m statement of adjustment (discussed at the meeting on 25 May) would no longer be required as the account entry had been revised; • Whilst there would be a qualified value for money statement (as no plan to return to breakeven) the working had been amended and the Committee considered this to be much improved; • There remained only two significant items, which were not material but which would need to be noted in the schedule of unadjusted differences: o The treatment of long-standing NHS debt, o Road traffic accident income, where the Trust had consistently accounted for this on a cash basis, but BDO believed that we should be accruing for future income with a 22% provision against irrecoverable amounts. The auditors agreed that there was no genuine gain for this financial year and that if an adjustment were made by the Trust it would be logical to include this in the opening balances brought forward. It was agreed that the auditors would refer to this as an unadjusted difference to the opening balance with no bottom line impact on the current financial year, and that a revised approach would be considered for the 2016/17 accounts. • BDO would submit an unmodified 'true and fair' statement • The appeared to be an error in the Remuneration report in relation to the pension figures for the director of nursing; this would be followed up, and a revised report circulated as soon as resolved. The Committee agreed that it would be helpful to hold a 'lessons learned review' following completion of the accounts process. The Committee recommended the annual accounts for approval by the Trust board	

	subject to suitable treatment of the error in the remuneration report. The Committee considered the final version of the annual report; Mr Lloyd Thomas confirmed all required amendments had been completed. The Committee recommended the annual report, including the annual governance statement, for approval by the Trust board. The Chair thanked both the external audit team, and the Trust finance team for their hard work in bring the process to a satisfactory conclusion.	**SP** **RA**
	RISK & GOVERNANCE	
3	**ANY OTHER BUSINESS**	
3.1	**Any other business raised by the chairman** **There was no other business.**	
7	**DATE OF NEXT MEETING**	
Wednesday 6 July 2016, 10.00am – 12.30pm, Clarence Wing Boardroom, St Mary's Hospital		

Imperial College Healthcare NHS Trust

Report to:	**Trust board**
Report from:	**Quality Committee (15 June & 13 July)**

KEY ITEMS TO NOTE

Divisional Director's risk register update: The Committee reviewed the divisional risks:

- Urgent care centre Vocare: Clinicians continued to work closely with the management team; any clinical concerns were appropriately escalated. The Committee was pleased to note that the A&E target recover trajectory was being achieved.
- Patients awaiting elective surgery (RTT target): A comprehensive plan to address the cohort of patients where the 18 week RTT target had not been achieved was being implemented.
- Imaging equipment: the implementation of the new reporting and archiving system had been very successful, and reduction reporting times was already being noted; the age of some imaging equipment remained a concern.
- Lift reliability: concerns were reported in relation to lift reliability in a number of locations across the Trust; refurbishment and replacement plans would be developed, but it was recognised that this would need to be prioritised against other capital requirements.

Quality report: The Committee was pleased to note that compliance with safer surgery on-line training had very nearly reached 100%;

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Fire report: The Committee noted the positive feedback from London Fire Brigade on the Trust's actions to move towards compliance. The Trust had been requested to act as the lead provider trust in reducing the number of false call-outs.

Improving domestic services: The Committee welcomed the improvements in domestic services achieved since Autumn 2015, noting particularly the development of a facilities quality committee to progress improvements required. Divisional directors recognised the improvements achieved, but noted the risks to sustained improvement given the increasing financial pressures.

The Committee also supported a two items which would be presented to the Trust board in July:

- Annual complaints report
- CQC report.

RECOMMENDATION:

The Trust board is requested to:

- Note the report

Report from: Prof Sir Anthony Newman Taylor, Chairman, Quality Committee
Report author: Jan Aps, Trust Company Secretary
Next meeting: 14 September 2016

Imperial College Healthcare NHS
NHS Trust

Report to: **Trust board**

Report from: **Redevelopment committee report (29 June 2016)**

KEY ITEMS TO NOTE

The Committee noted continued progress in identifying options for developing the St Mary's site, and the further discussions that had been held with both Sellar and the Westminster planning office.

Arrangements for the Project board were confirmed, including terms of reference, and the Committee noted that public engagement was staff engagement was planned to commence during the summer, and public engagement would commence in early autumn. Westminster Council's head of planning had visited the St Mary's site, and arrangements were in place for the new Mayor of London to also visit.

The Committee also noted to on-going discussions with NHS Improvement and NHS England in relation to development of an appropriate business case.

RECOMMENDATION:

The Trust board is requested to:

- Note the report
- Note that some of the discussion held at the Committee was considered 'commercial in confidence'.

Report from: Sir Richard Sykes, Chairman
Report author: Jan Aps, Trust company secretary
Next meeting: 27 July 2016