Imperial College Healthcare NHS Trust

Trust Board – Public

Wednesday, 19th January 2022, 10.45am to 11.45am (join Microsoft Teams from 10.30am)
Virtual meeting via Microsoft Teams

This meeting is not being held in public due to the public health risks arising from the Coronavirus and will be held virtually and video-recorded.

Members of the public are welcome to join this meeting via Microsoft Teams (joining instructions are on the Trust's website) or forward questions to the Trust Secretariat via imperial.trustcommittees@nhs.net. Questions will be addressed at the end of the meeting and included in the minutes.

AGENDA

Time	Item no.	Item description	Presenter	Paper / Oral
1045	**1.**	**Opening remarks**	Bob Alexander	Oral
	2.	**Apologies:**	Bob Alexander	Oral
	3.	**Declarations of interests** If any member of the Board has an interest in any item on the agenda, they must declare it at the meeting, and if necessary withdraw from the meeting.	Bob Alexander	Oral
1050	**4.**	**Minutes of the meeting held on 10th November 2021** To approve the minutes from the last meeting	Bob Alexander	01
	5.	**Record of items discussed in Part II of Board meetings held on 10th November 2021 and the Board Seminar held on 8th December 2021** To note the report	Bob Alexander	02
	6.	**Matters arising and review of action log** To note updates on actions arising from previous meetings	Bob Alexander	03
1055	**7.**	**Chief Executive Officer's report** To receive an update on a range of activities and events since the last Trust Board	Tim Orchard	04
Operations / Performance				
1110	**8.**	**Integrated quality and performance report** To note the month 8 report	Claire Hook Julian Redhead	05

Governance				
1120	**9.**	**Trust Board Committees – summary reports** To note the summary reports from the Trust Board Committees		
	9.1.	Governance 'Lite' Quality and People Board Committee, 13th January 2022	Bob Alexander	06
1125	**10.**	**Any other business**	Bob Alexander	Oral
1130	**11.**	**Questions from the public**	Bob Alexander	Oral
Close	**12.**	**Date of next meeting** 16th March 2022, 11am		

Updated: 12 January 2022

Imperial College Healthcare NHS Trust

Public Trust Board
Minutes of the meeting held on 10th November 2021, 11.30am
Virtual meeting held via Microsoft Teams and video-recorded.

Members present

Mr Bob Alexander	Acting Chair
Dr Andreas Raffel	Non-Executive Director
Mr Nick Ross	Non-Executive Director
Mrs Kay Boycott	Non-Executive Director
Mr Peter Goldsbrough	Non-Executive Director
Ms Sim Scavazza	Non-Executive Director
Prof. Tim Orchard	Chief Executive
Prof. Julian Redhead	Medical Director
Prof. Janice Sigsworth	Director of Nursing
Mrs Jazz Thind	Chief Financial Officer
Mrs Claire Hook	Chief Operating Officer

In attendance

Dr Ben Maruthappu	Associate Non-Executive Director
Ms Beverley Ejimofo	Associate Non-Executive Director
Mr Peter Jenkinson	Director of Corporate Governance
Mr Kevin Croft	Chief People Officer
Dr Matthew Tulley	Director of Redevelopment
Dr Bob Klaber	Director of Strategy, Research & Innovation
Mr Jeremy Butler	Director of Transformation
Mr Kevin Jarrold	Chief Information Officer
Mr Hugh Gostling	Director of Estates and Facilities
Ms Michelle Dixon	Director of Communications
Mr Raymond Anakwe	Medical Director
Prof. TG Teoh	Divisional Director, Women, Children and Clinical Support
Prof. Frances Bowen	Divisional Director, Medicine and Integrated Care
Prof. Katie Urch	Divisional Director, Surgery, Cancer and Cardiovascular
Prof. Jonathan Weber	Dean of the Faculty of Medicine, Imperial College London
Ms Mitra Bakhtiari	Deputy Divisional Director of Nursing and Midwifery for the Women's & Children's Services (item 7)
Mr James Price	Director of Infection Prevention and Control
Mrs Ginder Nisar	Deputy Trust Secretary (minutes)

Apologies

Prof. Andrew Bush	Non-Executive Director
Ms Saghar Missaghian-Cully	NWL Pathology Managing Director

Item	Discussion
1.	**Opening remarks**
1.1.	Mr Alexander welcomed everyone to the meeting which was held virtually and where in person, was in keeping with social distancing guidelines for the NHS. The Board meeting would be video-recorded and the recording uploaded onto the Trust's website. Members of the public had been invited to submit questions ahead of the meeting or ask questions at the end of the meeting via Microsoft Teams meeting. Members of the public were welcome to submit questions to the Trust Secretary at any time. Mr Jenkinson outlined the etiquette for the meeting.

1.2.	The Board recently discussed whether to continue to hold the Board meetings virtually or hold in 'hybrid' mode. It was agreed that while the current national Covid restrictions remain in place in NHS premises, including social distancing and Covid-secure protocols, the Trust should not be holding face-to-face Board meetings in order to keep patients, visitors and staff safe. Therefore the Trust Board meetings would continue to be held virtually until April 2022, however this would be kept under review.
1.3.	The Board welcomed Mr Raymond Anakwe who had been appointed as a second Medical Director in order to create capacity in this vital role given Prof. Redhead's appointment as the National Clinical Director for Urgent and Emergency Care.
2.	**Apologies** Apologies were noted from those listed above.
3.	**Declarations of interests** There were no other declarations other than those disclosed previously to the Trust Secretariat.
4.	**Minutes of the meeting held on 15th September 2021** The minutes of the previous meeting were agreed.
5.	**Record of items discussed in part II of the Board meeting held on 15th September 2021 and the Trust Board Seminar held on 20th October 2021** The Board noted the summary of confidential items discussed at the confidential Board meeting held on 15th September and the Trust Board Seminar held on 20th October 2021**.**
6.	**Matters arising and actions from previous meetings** Updates against the actions arising from previous meetings were noted on the action register.
7.	**Patient story**
7.1.	The Board heard the patient story told by Ms Bakhtiari, Deputy Divisional Director of Nursing and Midwifery for the Women's & Children's Services, at the request of the patient.
7.1.1.	The patient is autistic and finds public speaking stressful. The patient, referred to as Ms D, had contacted the Trust in summer 2021 following the birth of her third child. Ms D was very complimentary about the care she received from her community midwife, enabling her to have a home birth. This story highlighted the difference that good communication, consistency and kindness makes when supporting a person with autism to have a home birth. Staff education and patient information were crucial in ensuring that all staff understand how to support women with autism during child-birth and for women with autism to have the information they need to make informed choices about child birth. Further work and education would be taken forward to ensure that the experience that Ms D had was the experience of all women with autism.
7.1.2.	The Board commended the way in which Ms D was treated and for the exemplary kindness demonstrated by the community midwife and noted the learning for the Trust.
7.1.3.	Mr Croft added that from a staffing perspective, the diversity team had been looking into ensuring an equitable compassionate approach to neuro-diverse members of staff.
7.1.4.	Responding to Mrs Boycott's question regarding how much data was available to enable staff to tailor their approach to recognise conditions and have such conversations, Ms Bakhtiari advised that a home birth team was in place with specific training for specific needs and that the team reflect, learn and share as a team and more widely.
7.1.5.	The Board agreed that these acts of kindness need to be demonstrated and shared more widely and asked Ms Bakhtiari to convey their thanks to Ms D for sharing her story and wished her the very best in the future.

7.2.	**The Board noted the patient story.**
8.	**Chief Executive Officer's report** Prof. Orchard presented his report, highlighting key updates on strategy, performance, leadership over the month and the focus of Trust business in response to Covid-19.
8.1.	**Operational update -** Since the end of the summer the Trust had experienced increasing operational pressure on its services. In September 2021, the Trust treated 20 percent more patients in its emergency department and urgent treatment centres than during the same period in 2019, before the pandemic. While ambulance attendances were at a similar level compared with 2019, the Trust had seen an increase in walk-in patients. The situation was made more challenging as the Trust continued to care for patients who have tested positive for Covid-19, with the number of admissions increasing slightly over the last month. The Trust has 60-80 Covid-19 positive patients each day which translated to 6-8% of occupied beds - the site teams assess the beds on a daily basis without compromising infection prevention controls. Currently the Trust was able to manage the increased demand within existing capacity and continues to explore further improvements to help through this busy time. A number of key investments and improvements were already in place and the Trust continues to work closely with its partners across north-west London to try to make sure patients only come into hospital when they really need to and are able to leave as soon as they are medically fit to do so. The Executive routines would change to monitor the operational pressures on a daily basis.
8.2.	**Covid-19 and flu vaccination programme -** Phase 3 of the Trust's programme to administer Covid-19 booster and flu vaccinations to staff and patients commenced on 30th September 2021. All Trust staff had been given a vaccination clinic appointment to discuss their personal circumstances and, if they wish, to have one or both vaccinations. Appointments were scheduled over a seven-week period up to 18th November 2021. Good progress had been made with over half of eligible staff receiving the vaccination with their Covid-19 booster. Further work was needed to encourage and support remaining staff to have their vaccines wherever possible. All staff who did not attend their vaccine clinic appointment were being actively followed up. The Trust has an active and targeted communications programme, focusing particularly on reaching staff groups with low uptake. Tailored Q&A sessions were planned for staff in professional groups and from ethnic backgrounds with particularly low uptake and for staff who have concerns about the vaccines and pregnancy. Expert clinical support was being incorporated into these discussions.
8.3.	**Covid-19 and infection prevention and control -** With high prevalence of Covid-19 and other respiratory viruses in the community, the Trust was continuing with enhanced infection and prevention controls across its hospitals alongside the other hospitals in north west London. This includes key restrictions on the number of visitors and how visiting was managed as well as a wide range of measures for staff and care pathways. The Trust had recently provided updated guidance for all staff in relation to Christmas plans and the Trust was working through new national infection prevention and control recommendations for healthcare settings to help determine next steps. New advice continues to be monitored.
8.4.	**Financial performance** - The position is summarised at item 10. Prof Orchard highlighted that at the end of first six months of the financial year (H1) the Trust delivered a break even position which was in line with the plan agreed with the North West London Integrated Care System (ICS) for this planning period. On 30th September 2021, NHS England and Improvement published the priorities and operational planning guidance covering October 2021 to March 2022 (H2). The Trust would remain on a block contract with the majority of its income flowing through this route with the ability to access additional Elective Recovery Funding (ERF) now dependent on ICS performance in reducing the

	number of incomplete referral to treatment (RTT) pathways. Changes in the way ERF was calculated, with introduction of revised thresholds, would result in a significantly lower amount of ERF in H2. The Trust was required to agree its H2 plan with the NWL ICS prior to submission in mid-November.
8.5.	**Care Quality Commission (CQC) update -** The Trust had its regular quarterly engagement meeting with the CQC on 30 September 2021. The outcomes from the meeting were very positive and the CQC continues to indicate that it considers the Trust to be low risk for regulatory non-compliance. The new Health and Care Bill, which gives statutory footing to ICSs from April 2022, had been amended to reflect that the CQC would be the regulatory body for ICSs. Although this had been anticipated, its confirmation means the CQC would move forward to develop a sector-wide regulatory framework, along with accompanying methodology. It was not yet clear whether this would be in place from 1 April 2022 or developed after ICSs were established.
8.6.	**2020 Adult Inpatient Survey** - The CQC published the results of this survey on 19th October 2021, capturing the views of patients aged 16 years and older who had spent at least one night in hospital. The sampling period for the survey was the month of November 2020, which means the outcomes reflect the experiences of adult inpatients who were inpatients at the Trust during the second wave of Covid-19. The survey does not include maternity services, psychiatric units, or Imperial Private Healthcare. The survey involved 137 acute and specialist NHS Trusts and had an overall response rate of 46%; the Trust's response rate was 40%. Of the 47 survey questions, the Trust performed about the same as other Trusts for most questions. The Trust performed well in three questions and performed worse than other Trusts in one question – these are detailed in the CEO's report. The Trust was reviewing the survey results to consider areas for further improvement, looking particularly at how patients keep in touch with family and friends as visiting restrictions related to the Covid-19 pandemic continue.
8.7.	**Redevelopment -** St Mary's, Charing Cross and Hammersmith hospitals were all included in the 40 new hospitals the government has committed to build by 2030 as part of the government's wider Health Infrastructure Plan. The strategic outline case (SOC) for the redevelopment of St Mary's Hospital was submitted in September 2021. The SOC represents the first stage of the approval process for NHS England and the Department for Health and Social Care. The Trust was awaiting feedback from the New Hospital Programme (NHP). Initial work exploring the high level options for developments at Charing Cross and Hammersmith hospitals had been completed and the Trust was awaiting feedback from NHP on funding to support further work.
8.8.	**Research –** The key research update since the last Board related to the re-application for National Institute for Health Research (NIHR) Imperial Biomedical Research Centre (BRC), where the Stage 2 bid was submitted on 19th October 2021. BRCs focus on early-stage clinical research – experimental medicine – where new treatments, techniques or diagnostics are trialled in humans for the first time. The Trust's current 5-year BRC programme was worth £91m over the period 2017-22. The new application was for £100m from December 2022 to November 2027 – the maximum that could be applied for.
8.9.	**Equality, diversity and inclusion (EDI) update -** As part of the Trust's ongoing commitment to building an inclusive workforce, it re-launched an inclusive recruitment approach for all band 7 and above Agenda for Change roles, with executive oversight of the process to help improve workforce representation of Black, Asian and minority ethnic staff at senior levels. The Workforce Annual EDI report had been published along with an internal video animation for staff to encourage updating of personal electronic staff records to improve the collection of diversity data. Six Trust senior leaders started their journey on the White Allies development programme and participants in the disability leadership

	programme Calibre were now working on their final projects before their graduation in November 2021.
8.10.	**Stakeholder engagement -** The report outlined the meetings and communications with key stakeholders since the last Trust Board meeting.
8.11.	**Celebrating Black History Month 2021 -** A range of activities were held to mark Black History month. This provided an opportunity to celebrate the achievements and contributions of our black colleagues and black people across the UK. Activities included panel discussions and expert talks, on-site Caribbean food trucks, virtual cooking demonstrations and a discussion around Sickle Cell Disease.
8.12.	**NHS staff survey 2021 -** The NHS national staff survey was launched on 4th October 2021 and is one of the most important ways for staff to tell us what it's like working at the Trust.
8.13.	**Second Medical Director appointment -** Raymond Anakwe, Associate Medical Director and Consultant Orthopaedic Surgeon, had been appointed as a second Medical Director for the Trust and took up his new role, alongside his clinical commitments, on 1st November 2021. This second, part-time post was created to allow the Trust's existing Medial Director, Professor Julian Redhead, to dedicate part of his time to his additional new role as national Clinical Director for Urgent and Emergency Care. Prof. Redhead would continue as Medical Director with voting rights on the Trust Board and as the responsible officer for the Trust's doctors.
8.14.	**Recognition and celebrating success** ▪ Doctors at Queen Charlotte's and Chelsea hospital completed a world first procedure to safely treat a pair of twins in the womb with a rare condition caused by shared blood vessels, without the need for an invasive procedure. ▪ Rose Amadi, Midwife at the Lindo Wing, won the 'Archie Award' at the 2021 Mariposa Awards. The Mariposa Awards were launched by the Mariposa Trust in 2018 to recognise medical professionals and others making a real difference in the lives of people who have experienced baby loss. Rose was nominated by a couple she supported following the death of their unborn baby, and was commended for her compassion, empathy and professionalism. ▪ Noni Nyathia, Ward Manager, was highly commended at the enei Inclusivity Excellence Awards for 'Driving Social Inclusion in the Workplace' for her innovative headwear idea to help BAME staff who have to wear PPE. Noni has also been shortlisted for this year's European Diversity Awards, Hero of the Year. ▪ Dr Dominique Allwood**,** Associate Medical Director and Consultant in public health medicine was nominated 'Mentor of the Year' at this year's Women of the Future award and the English National Opera's ENO Breathe programme for COVID-19 patients has been shortlisted for the Royal Philharmonic Society's 2021 Impact Award. The programme was developed in partnership with Imperial College Healthcare, an integrated social prescribing programme of singing, breathing and wellbeing which brings together musical and medical expertise to combat the increasing need for support for those experiencing long-Covid symptoms.
8.15.	**Mortuaries** - Prof Orchard provided assurance to the Board regarding the security of Trust mortuaries. NHS England was conducting an exercise of assurance in response to the recent high-profile incident involving inappropriate access to a mortuary by a hospital worker (not related to ICHT). The Trust was able to provide assurance to the Chief Operating Officer of NHSE that the Trust mortuaries has appropriate swipe card access, effective CCTV coverage which was monitored, a documented risk assessment process and consistent approach to DBS checks for staff. In addition, the Trust was ensuring that

	minimum number of staff have access to the mortuaries, and the ingress and egress of personnel to the mortuary would be monitored monthly and correlated with the CCTV footage.
8.16.	Comments and questions from the Non-Executive Directors:
8.16.1.	In respect of staff hesitancy in relation to Covid-19 and Flu vaccinations, Mr Ross enquired whether the Trust was accepting that it would lose staff under the compulsory programme announced by government. Prof. Orchard advised the Trust was concerned with the impact on staff but as an organisation it must minimise passing on the virus. The Medical Director's office had done significant work with hesitant staff with good outcomes. He advised that the policy / guidance had not yet been published and once the detailed guidance becomes available, the Trust would determine its approach. Prof. Redhead added that people were still coming forward for their first vaccine, which was encouraging.
8.16.2.	Mr Alexander enquired about the results of the adult inpatient survey, in particular comments regarding communications around Covid-19 restrictions and actions by the Trust. Prof. Orchard advised that the survey related to 2020 and that the survey results reflected the Covid-19 situation at that time in London. The Trust had to respond to an urgent need to restrict visitors and to provide other means of communication. Since then the Trust had learnt and reflected on feedback, and a number of actions had been undertaken since then in respect of improving communication in regard to Covid-19 patients. At the time of the survey, other parts of the country experienced different levels of Covid-19 and different pressures, so comparison was difficult – however the Trust would compare policies with other Trusts to ensure the Trust provides the safest and most effective ways of communication.
8.17.	**The Board noted the report.**
9.	**Integrated quality and performance report**
9.1.	The Board received the integrated quality and performance report for month 6, summarising performance against the key performance indicators for data published at September 2021.
9.1.1.	On 30th September 2021, NHS England and Improvement published the priorities and operational planning guidance covering October 2021 to March 2022 (H2). The Trust's activity and performance trajectories for H2 were being finalised with the ICS team ahead of the final submission on 16th November 2021.
9.1.2.	The Trust was on track to meet the minimum ERF target for September year to date. Although elective activity levels against baseline were flagging on the scorecard as non-compliant, achievement was measured in financial value rather than volume alone. A greater number of higher priority and more complex cases were completed which impacts on the final ERF achievement. The Trust continued to exceed planned activity levels for outpatient attendances.
9.1.3.	The RTT waiting list increased to a level that was slightly over the plan. The trajectory would be reset for H2 with the ambition to stabilise the elective waiting list at the same level to March 2022. The 52 week wait trajectory continues to be met, however, unfortunately 25 patients were waiting over 104 weeks against a plan of 11. The Trust's trajectory for H2 would ensure compliance with the national commitment to eliminate very long waits by March 2022. The number of priority 2 cases was stable and the Trust has a good and high level of clinical prioritisation of patients on its waiting list.
9.1.4.	Diagnostic waiting times – Although, the Trust has a lot of work to do to get back to maintaining its 6 week waits, the Imaging team achieved the target with less than 1%

	people waiting 6 weeks for a routine scan – Mrs Hook and the Board commended the Imaging team for this remarkable achievement.
9.1.5.	Overall 12 hours waits within the emergency department increased, reflective of increasing pressures on urgent and emergency care pathways over recent months.
9.1.6.	HSMR and SHMI scores remained low for the Trust and remain within the bottom five in terms of these outcomes. The current rolling 12 month percentage of incidents causing moderate and above harm was 1.40%, which was below the threshold of 2.67% (refreshed target based on publication of the latest annual report from the NRLS). The Trust has a high reporting culture and the harm profile remains low. The Trust's incident reporting rate (per 1,000 bed days) for September was 58.65 which was below Trust target to be within the top quartile compared to other acute non-specialist Trusts. A lot of work was going on to increase the reporting rate and the engagement by clinical and non-clinical staff to improve this was notable.
9.1.7.	Since April 2020 the Trust declared nine never events. Six of these occurred in 2020/21 and three so far in 2021/22. Work streams were being established to address recurrent issues identified.
9.1.8.	No CPE blood stream infections (BSIs) or C. difficile lapses in care were reported in September 2021, however there was one MRSA BSI case reported. The Trust observed an increase in MRSA BSIs, with four so far in 2021/22. Following clinical review, two were confirmed as not healthcare associated. The remaining two cases were clinically confirmed healthcare-associated MRSA BSI, therefore the Trust was above the national threshold of zero cases. A review of the two remaining healthcare associated cases had not identified any lapses in care. Actions being taken included focused work with the divisions to improve MRSA screening rates which were currently below the 90% target, and the implementation of a monthly review of all healthcare-associated BSIs, including MRSA, to identify learning and other areas for improvement.
9.2.	Comments and questions from the Non-Executive Directors:
9.2.1.	Responding to Mr Ross, Prof. Redhead commented that the Trust was working with the Shelford Group and other Trusts as well as the National Patient Safety Director on never events and learning from each other to find solutions together. Mr Ross suggested also engaging the Health Investigation Board who have had successes with reducing air accidents.
9.2.2.	Mr Goldsbrough commended the improvement in diagnostics performance. He asked whether the Trust was confident that this improvement was sustainable and whether there were any benefits to other pathways. Mrs Hook responded that this would positively impact waiting times as a vast number of patients were on the elective treatment pathway. Prof. Teoh commented that he was proud and impressed by the imaging team and expected the rate to continue to be less than 1% and that some difficult areas were being addressed.
9.2.3.	Noting the number of Covid-19 cases at the Trust, and in the context of other infections, Mr Goldsbrough enquired what other general lessons could be drawn from the dataset. Prof. Redhead commented that the Trust has had two to three outbreaks and was pleased with the speed at which the Trust was able to manage them. Infections such as C-Diff and MRSA have bespoke approaches to managing them. The continued message around infection prevention and control was important.
9.2.4.	Mrs Boycott enquired about the 12 hour waits in the emergency department. Noting the

	increase in demand, she was pleased with the 30 day action plan and enquired how it helped and whether it would be used throughout winter. Prof. Bowen confirmed that a rolling 30 day action plan would be in place throughout winter and that the department has an immediate review of patients getting to that point including learning and reflecting to minimise going forward - the department has a good understanding of the importance and the interventions required. The 12 hour time in department and 12 hour trolley waits were routinely reviewed and monitored at the Urgent and Emergency Care Board.
9.2.5.	In Prof. Bush's absence, Prof. Redhead and Mr Alexander would refer the oversight by the Quality Committee on never events and engagement with the Health Investigation Board as suggested by Mr Ross. **Action: Prof. Redhead and Mr Alexander**
9.3.	**The Board noted the report and the countermeasure summaries for those areas where performance was below the trajectory.**
10.	**Finance report**
10.1.	The Board received the finance report which set out the reported financial position of the Trust for the six months from April to September 2021.
10.1.1.	For the year to date the Trust achieved a break even position against a break even plan. Against the £15.8m cost improvement programme (CIP) target for the first six months of the year, £11.8m (75%) was delivered with the shortfall in achievement offset by the positive contribution from ERF income as the Trust has been able to deliver the activity at a marginal cost.
10.1.2.	The full year capital plan equated to £85.8m of which only £58.8m scores against the Trust Capital Resource Limit (CRL), with the balance funded by donations or other sources. Year to date the Trust has spent £18.3m (63%) of its total capital plan and continues to forecast to meet its CRL.
10.1.3.	At 30th September 2021, cash was £178m. The future cash outlook remained resilient for the remainder of the financial year, assuming achievement of a break even position for the full year.
10.1.4.	Year to date, 98% of invoices by volume and 96% by value have been paid within BPPC guidelines. This performance was consistent with previous performance and better than the threshold set by the Department for Health and Social Care (95%).
10.1.5.	The Trust received planning guidance for the second half of the year (H2) which confirms NHS income would continue on a block contract basis with the ability to earn additional ERF remaining intact. The calculation of ERF was however being revised and would be based on completed Referral to Treatment pathways. The Trust was in negotiations with the sector commissioners to agree an appropriate funding envelope with the current draft plan underpinned by a £31.5m efficiency requirement for the full year.
10.2.	The report had been discussed at the Finance, Investment and Operations Committee.
10.3.	**The Board noted the report**.
11.	**Maternity quality assurance oversight report**
11.1.	The Board received the assurance report on the progress on achieving compliance with the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS). The report had been discussed and updated after the Quality Committee and signed off by the Committee Chair. The key points were:

	▪ The maternity service continues to provide a high quality safe service alongside meeting increasing external assurance requests. ▪ The CNST MIS year 4 launched on 8 August 2021 with a submission deadline of the declaration form by 30th June 2022. Further amendments to the scheme were announced on 13th October 2021. A scorecard had been developed to demonstrate on-going compliance with the ten safety actions. Ongoing actions were in place to ensure compliance was achieved by June 2022. ▪ A maternity improving care group weekly meeting had been established to address improvements required following the CQC benchmarking exercise completed in September and actions identified after the internal peer review visits to areas of the maternity service. ▪ The Perinatal Mortality Review Tool reports require Trust Board oversight to meet CNST MIS compliance. There were no concerns identified from the cases reviewed within the report. ▪ There were plans to reinstate face to face multi-professional emergency training however due to the planning required to meet social distancing requirements it was expected this would be in place in January 2022. ▪ Escalations of concern from staff were regarding midwifery staffing levels. A report was provided to the Board detailing assurance that safe staffing has been maintained and the recruitment plans to mitigate the risk to the service. The risk was included in the directorate risk register.
11.2.	Comments and questions from the Non-Executive Directors:
11.2.1.	Mrs Boycott asked for an explanation of crude neonatal death rate at Queen Charlotte's and Chelsea Hospital as it was above the target rate. Prof. Teoh explained the metric and assured the Board that the Trust compares well with other Trust neonatal units and international rates. He further assured the Board that 10 neonatal nurses had recently been recruited. It was agreed to include the Trust target rates alongside the sector wide rates in future reports. Mr Alexander commented that in the context of collaborative working going forward, it was important to include Trust reporting as well as sector and he would discuss this separately with colleagues. Prof. Orchard commented that the teams were still in the process of getting this report into a form to make it digestible and helpful. **Actions: Mr Alexander and Prof. Teoh**
11.2.2.	Referring to appendix 3 regarding staffing, Mr Goldsbrough enquired about the constraints to recruiting. Prof. Teoh advised there were insufficient number of people with an interest in midwifery and that requirements imposed as a result of the Ockenden review meant the demand across the country was high for a stretched pool of skilled resource. The Trust was aiming to recruit internationally as some entry requirements had been relaxed by the Nursing and Midwifery Council. In addition, the department were looking at other innovative avenues including doing more to retain staff. Mr Croft added that the Trust performs well in the midwife to birth ratio when compared with other Trusts. Prof. Orchard added that future reports would include denominators to enable comparison with other Trusts. **Action: Prof. Teoh**
11.2.3.	Ms Ejimofo enquired about the vaccination status of people the Trust was recruiting and the protocol, should they not want to be vaccinated going forward, how would the Trust ensure those staff continue to be vaccinated. Mr Croft advised that guidance was awaited but would expect there to be a contractual requirement specified regarding this.
11.2.4.	**The Board noted the report.**
12.	**Infection prevention and control (IPC) report**

12.1.	The Board received the Infection prevention and control report covering quarter 2 2021/22 and was set out in a new format aimed at providing assurance across all infection indicators, with a focus on those areas where concerns were identified during the preceding quarter. Key highlights were: ▪ In Q2 NHS England updated definitions and thresholds for reportable healthcare-associated infections as part of their review of the NHS standard contract. Definitions had been harmonised across all reportable infections, thresholds for healthcare-acquired *C. difficile* infection had been increased, and new thresholds for healthcare-associated Gram-negative bloodstream infection published. ICHT current trajectory indicates that the Trust would not exceed its annual threshold for healthcare-associated *C. difficile* infection and *E. coli* BSI. However the observed incidence of Klebsiella spp., and *P. aeruginosa* BSI were above anticipated threshold in this quarter. The IPC team were developing a new approach to reviewing the healthcare-associated BSIs to ensure that learning from post infection reviews was identified, acted upon and shared across the Trust. ▪ In Q2 one healthcare-associated MRSA BSI had been identified, totalling four cases for 2021/22 compared to a total of five reported in 2020/21. The observed increase had raised several questions regarding the rate of MRSA BSI and corresponding actions were outlined in the report. ▪ The number of incidents and outbreaks related to Covid-19 increased in Q2 compared to Q1 alongside a concomitant rise in the incidence of Hospital-Onset Covid-19 (HOCI) cases. Key themes from these incidents include patient screening not been undertaken in line with IPC requirements, reduction in staff asymptomatic testing compliance, and the extent to which patients wear masks while in hospital. The Trust continues to work to increase staff asymptomatic testing but face challenges which were representative of the regional and national uptake of staff asymptomatic testing. The PPE helper programme had been working with ward based teams to increase their understanding of when patients need to be screened for Covid-19, and to provide additional education and training around core IPC competencies such as hand hygiene and the correct use of PPE. ▪ In Q2, four out of five of the Covid-19 screening metrics were below the 90% target threshold, carbapenemase-producing Enterobacterales screening compliance for one division stands at 49% with another marginally below the 90% threshold, and MRSA screening compliance for two divisions fell below the 90% threshold. ▪ The IPC team commenced a Trust-wide audit of hand hygiene and use of personal protective equipment. The findings would be presented to the EMB quality group in November. The findings of the audit would be utilised to identify areas to pilot new approaches to IPC competency assessment and training.
12.2.	Comments and questions from the Non-Executive Directors:
12.2.1.	Mr Ross asked when these infections occur how the Trust could be sure there would be 100% candour. Prof. Redhead assured the Board that all incidents go through a process of Structured Judgment Review (SJRs) as well as Medical Directorate and directorate reviews. A panel reviews these deaths and through this process the team ensure that duty of candour is applied.
12.3.	The report was discussed and accepted by the Quality Committee.
12.4.	**The Board noted the report.**
13.	**Learning from deaths report**
13.1.	The Board received an update on Learning from Deaths programme which included an updated dashboard outlining activity undertaken as part of the programme in quarter two

	(Q2) 2021/2022 for approval ahead of submission to NHS England. The key highlights were: ▪ Trust mortality rates remained low, and so far, none of the deaths which occurred in Q2 2021/2022 were identified as 'avoidable' through the processes outlined in the report. Trust Hospital Onset Covid-19 Infection (HOCI) death review process was ongoing, with 29 out of the 53 cases in wave 2 reviewed at a weekly panel chaired by the Medical Director. A provisional harm level had been attributed to these cases, pending a sector-wide decision to ensure consistency. This decision was likely to result in an increase in incidents reported as extreme harm which would have an impact on the Trust's harm profile, and was likely to result in some deaths being confirmed as 'avoidable'. Once the process had been completed for deaths in wave 2, the department would undertake the same review for deaths during the first wave. ▪ The impact of the new SJR process was emerging, with an increase in SJRs completed on time and a subsequent increase in the number of SJRs completed in quarter. This has also led to a rise in the number of SJRs with an overall score of poor care compared to previous quarters. ▪ All cases of 'poor care' and any other SJRs where there were additional concerns were reviewed at the Medical Director's weekly incident panel. Of the six cases in this quarter, two cases required no further investigation with care deemed appropriate, one has been investigated as a serious incident and confirmed as moderate harm where the incident contributed to but did not cause the death, one was a fall which did not contribute directly to the death however was reported as major harm in line with national guidance, and one was being investigated as a level 1 as there was a possible delay in administration of antibiotics following a sepsis diagnosis. The details of these cases were reviewed at the Quality Committee and the learning was being taken forward. ▪ Learning from the SJRs completed in Q2 was summarised in the report. A recurring theme was around treatment escalation plans and end of life care, which was one of the safety improvement programme priorities for the Trust. A new communications plan for learning from deaths was being developed, with the first quarterly Learning from Deaths newsletter and intranet story planned to launch in November. Learning would also feed into the winter communications about safety standards where appropriate.
13.2.	Comments and questions from the Non-Executive Directors:
13.2.1.	Mr Goldsbrough enquired about the number of deaths with poor care which appeared to have increased. Prof. Redhead explained that the Trust was behind trajectory on completion of SJRs and was catching up but assured the Board that he was not seeing an increase in the number of deaths.
13.2.2.	Mr Goldsbrough enquired about the extreme harm data. Prof. Redhead explained that as the data has been reviewed, the rate had increased but assured the Board that it would not be a sustained increase. Furthermore he explained that the Trust has its own robust process which could be compared with NWL Trusts but there would be nuisances with national reporting due to the definitions, particularly relating to the Covid-19 pandemic. He added that he had raised 'how harm is reported and standardisation of reporting' at a national level.
13.3.	The report was discussed and accepted by the Quality Committee.
13.4.	**The Board noted the findings and supported the submission to NHS England.**
14.	**North West London Pathology Annual Report**

14.1.	The Board received the NWL Pathology (NWLP) annual report for 2020-21 which outlined the achievements of the organisation covering the response to the Covid-19 pandemic; the transformation programme and delivery against the strategy for NWLP; activity other than Covid-19 related; workforce metrics; ICT projects; and research.
14.2.	Comments and questions from the Non-Executive Directors:
14.2.1.	Mr Ross enquired about the number of bank and agency staff and the progress in this regard. In Ms Missaghian-Cully's absence, Prof. Redhead responded that the consultant recruitment had been an issue but NWLP had some success in this area, noting that the turnover for such services had been an issue more widely. He added that NWLP had been focusing on a transformation programme and therefore had employed short term contracts which finished in September and were now looking to recruit substantively – he was confident they would be able to recruit noting there were specific pockets of difficult to recruit to areas.
14.2.2.	Mr Ross commented on the remarkable opportunity for pathology labs because of Covid-19 and enquired about the Trust's private offering and any plans to push to adding private sector to NWLP. Prof. Orchard commended the work of NWLP during the pandemic and he informed the Board that the governance and oversight of NWLP had recently been changed to reinvigorate the NWLP Board. They had defined the model of care and were arranging workshops to look at the strategic direction which would be shared with Trust Executive teams.
14.3.	The report was discussed and accepted by the Quality Committee
14.4.	**The Board noted the report.**
15.	**Annual Review of Trust Board Committees and Governance Update**
15.1.	The Board received an update on its governance, effectiveness review process and Board Committee Terms of References (TORs).
15.2.	Over the summer, Board members and regular attendees of the Board and its Committees engaged with the annual effectiveness review of the Board and Board Committees. The outcome of these effectiveness reviews were included in a Committee annual report produced for each Board Committee, which also included an assessment of how each Committee had fulfilled the requirement of their respective terms of reference. Each Committee considered its annual report and outcome of the effectiveness reviews during the September/October cycle of meetings. A summary of the outcome was provided in an overarching report to the Audit, Risk and Governance Committee who would oversee the key actions arising from this exercise.
15.3.	Each Committee had subsequently reviewed and agreed their terms of reference, in accordance with Trust annual practice. The terms of reference for each Committee were agreed at their respective meetings.
15.4.	As part of the effectiveness review, specific feedback was provided by the Non-Executive Directors on the current meeting schedule. Feedback showed that while there were benefits of convening Board Committees within one week, including the timeliness of performance data and cross-committee working, the schedule was currently onerous. While retaining the principle of a condensed performance cycle, but also taking into account feedback and the enhanced remit of the Audit, Risk and Governance Committee in oversight of the assurance mechanisms across the other Board committees, it was agreed that the schedule of meetings would be amended for 2022 to a three week cycle rather than the current two week cycle with the Trust Board taking place in week three.

15.5.	**The Board noted the update and actions underway and approved the continued delegated authorities to the Board committees as set out in the respective terms of reference and agreed by each committee.**
16.	**Trust Board Committees – summary reports**
16.1.	**Audit, Risk and Governance Committee** The Board noted the summary points from the meetings held on 4th November 2021. Mrs Boycott added that the Committee had done some important deep dives to ensure it knows the sources of assurance focusing recently on health and safety and information technology.
16.2.	**Quality Committee** The Board noted the summary points from the meeting held on 3rd November 2021. In Prof. Bush's absence, Mr Alexander relayed that the thorough deep dive into outpatients was an assuring piece of work.
16.3.	**Finance, Investment and Operations Committee** The Board noted the summary points from the meeting held on 3rd November 2021.
16.4.	**Redevelopment Committee** The Board noted the summary points from the meeting held on 2nd November 2021. Mr Alexander commented on the focus on the need to determine contingency plans in the event redevelopment plans take longer than anticipated.
16.5.	**People Committee** The Board noted the summary points from the meeting held on 2nd November 2021. Ms Scavazza added that the Committee continues to reiterate and seek assure on metrics, impact and wellbeing. As a relatively new Committee three new key items had been discussed: Freedom to Speak Up, staff story and an update on the work of the staff networks.
17.	**Remuneration and Appointments Committee** The Board noted the summary points from the meeting held on 20th October 2021.
18.	**Any other business** No other business reported.
19.	**Questions from the public**
19.1.	A member of the public submitted a question in advance of the meeting: Why are complaints made to nursing staff not documented or replied to. The Complaints Team do not even bother to contact the person making the complaint. Serious matters like patient safety are also not looked into any staff say patient are adults and should take care of safety and social distancing themselves. Prof. Sigsworth informed the Board that the member of public made contact with the Trust in March at its dialysis team located at Northwick Park Hospital and wanted to make a complaint at the time but was unable to do so. The Trust had responded to him twice and lessons had been learnt from his complaint. In terms of Covid distancing measures, the team had looked at ways of reducing the opportunity of people coming into close contact, however in the case of transport it had been a challenge for the transport team to adapt to ensuring the correct distance between people. Prof. Sigsworth would contact the member of public and respond to his concerns. **Action: Prof. Sigsworth**
19.2.	A member of the public congratulated the Board on the patient story and the response regarding kindness. The member of public enquired about the visitor policy and the text on the website. She had experienced issues with visiting her mother who was an inpatient including, at times, a hostile approach from staff even though she and other family members had written permission to visit. She expressed her concern with the policy of having only one named person allowed to visit as she and her siblings had shared power of attorney for their mother. Prof. Sigsworth confirmed the policy and the text on the website but advised that staff were asked to review visiting on a case by case basis to take account of individual circumstances. She would make contact with the member of

	public to discuss the case. Mr Ross supported the member of public and stressed that it was important for families to see the patient and asked whether it was that much more of a risk to have more than one named person allowed to visit if only one person was allowed to visit each day. Prof. Orchard commented that the risk would be different as each individual would have a different range of contacts, expanding the level of potential risk to the patient. Prof. Orchard apologised to the member of public and her family and agreed that the Trust needed to do more to explain the policy and apply it pragmatically and fairly as well as consistently. **Action: Prof. Sigsworth**
19.3.	A member of the public heard that a Chair was being recruited for the four NWL acute Trusts and asked whether Trusts would be merged. Mr Alexander confirmed that a single Chair was being recruited over the four acute Trusts in NWL. He confirmed that there was no plan to merge the Trusts and the four Trusts would remain as statutorily independent organisations working in collaboration with each other under the leadership of a single chair.
20.	**Date of next meeting** 19th January 2022, 11am

Updated: 20 December 2021

NHS
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NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Record of items discussed at the confidential Trust board meeting held on 10th November 2021 and the Board Seminar held on 8th December 2021

Agenda item 5 and paper number 02

Executive Director: Professor Tim Orchard, Chief Executive
Author: Peter Jenkinson, Director of Corporate Governance
Ginder Nisar, Head of Trust Secretariat

Purpose: For information

Meeting: 19th January 2022

Executive summary

1. Introduction

1.1. Decisions taken, and key briefings, during the confidential sessions of a Trust Board are reported (where appropriate) at the next Trust Board meeting held in public. Items that are commercially sensitive are not published.

1.2. The Trust Board has met in private on two occasions since the last meeting: on 10th November 2021 and the Trust Board Seminar on 8th December 2021.

10th November 2021 Private Trust Board

2. Chair's briefing

2.1. As part of the Chairman's oral update, the Board received an update on the recruitment of a single Chair for the four acute provider trusts in north west London. An update was also provided on the development of an Acute Provider Collaborative, in accordance with national requirements for all trusts to be part of a Collaborative by 1 April 2022. Some preparation work had been agreed by the Chairs of the four acute trusts, including the development of a high level Statement of Intent outlining key principles for the collaboration. This draft statement will be shared with acute provider boards over the next month with the aim of approval in March 2022.

3. Chief executive's update

3.1. The Chief Executive provided an oral update on the security of the Trust's mortuaries, in response to a national request for assurance following the high profile media reporting of a recent incident at another trust. This was also reported as part of his report in the public forum. The Chief Executive provided feedback from a recent visit to St. Mary's Hospital by the Secretary of State for Health, noting positive feedback and engagement in respect of the need for the redevelopment of St. Mary's Hospital. Prof. Orchard also provided an update on the operational pressures which covered: the national focus on the number and type of attendances to its Emergency Departments and ambulance handover times; progress with the elective work; and operational priorities ensuring patients were appropriately prioritised and treated safely. Waiting lists were a concern across the NHS

and discussions were underway regarding how the NHS would get back to normal activity and reduce the waiting list.

4. 2021-22 Planning update

4.1. The Board received an update on the planning guidance for the second six months of 2021/22 (H2) which had been issued by NHS England on 30th September 2021. This included a set of assumptions for financial planning, as well as activity trajectories which are required to be met during this period with overarching performance continued to be monitored at an ICS level.

5. West London Children's Healthcare (WLCH) Update

5.1. The Board received an update on the key workstreams, consistent with the WLCH Memorandum of Understanding which was approved in May 2021. The report set out progress against key milestones.

6. Redevelopment update

6.1. The Board received a progress update on Redevelopment activities. The Board noted that following the re-submission of the Strategic Outline Case (SOC) on 9th September 2021, a response had been submitted to the New Hospital Programme (NHP) on 21st October 2021 addressing questions raised by them. Following the approval of preferred bidders for the SMH design team in September, preferred bidder letters had been issued for all six design disciplines. Work was ongoing to finalise the contracts. Phase 2 of the Charing Cross Hospital and Hammersmith Hospital development planning would commence when funding from NHP was confirmed. Work was ongoing to develop a patient and staff experience strategy and model.

8th December 2021 Board Seminar

7. The Board seminar covered three areas. It included a comprehensive update on the Trust's approach to research, and the Trust's approach to developing governance arrangements for collaborative programmes in north west London, including: an update on the development of the Acute Provider Collaborative and a draft Statement of Intent outlining the key principles for the development of the Collaborative; learning from the experience of Leeds Teaching Hospital NHS Trust in the development of the West Yorkshire Acute Alliance; and considering the development of governance arrangements for the West London Children's Hospital as a case study of collaborative governance. The Board also received an update on key Trust issues and strategic updates, including an update on operational management and performance.

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC) - ACTION POINTS REGISTER, Date of last meeting 10 November 2021

Updated: 13 January 2022/GN

Item	Meeting date & minute reference	Subject	Action and progress	Lead Committee Member	Deadline (date of meeting)
1.	15 Sept 2021 8.10.6	CEO Report	Prof. Orchard advised that the acute care programme report was agreed by the programme, however he would give some consideration to producing an ICHT specific report to include the resource commitments and rationale. November 2021 update**:** A programme report would be produced quarterly and Trust colleagues were discussing how best to provide an ICHT bespoke report/summary. **January 2022 update:** This action has been deferred due to operational priorities but will be picked up for the next board meeting.	Prof. Orchard, Mr Jenkinson	January 2022
2.	10 Nov 2021 11.2.2	Maternity oversight report	Mr Alexander commented that in the context of collaborative working going forward, it was important to include Trust reporting as well as sector and he would discuss this separately with colleagues. Prof. Orchard confirmed that future reports would include denominators to enable comparison with other Trusts. **January 2022 update:** The Local Maternity Network System are in the process of compiling an ICS scorecard and once this has been correlated, it will be compared with the Trust's scorecard.	Prof. Teoh	January 2022

3.	10 Nov 2021 9.2.1	Integrated quality and performance report / Never events	In Prof. Bush's absence, Prof. Redhead and Mr Alexander would refer the oversight by the Quality Committee on never events and engagement with the Health Investigation Board as suggested by Mr Ross. **January 2022 update:** HSIB reports and recommendations linked to never events have been reviewed as part of this action. The most recent of these was published in January 2021 in the form of a national learning report analysing the findings of their investigations as a whole. We have compared our work to that which HSIB recommends and confirm that there are no gaps in trust level actions. There are a number of recommendations that have not yet been completed nationally including the Centre for Perioperative Care to review and revise the NatSSIPs policy to increase standardisation of safety critical steps that are common across all procedures and that the Royal College of Anaesthetists evaluate the current practices used to reduce wrong site block incidents with a view to achieving standardisation. Once guidance is released for both we will implement. The HSIB report concludes that the NHS as a whole does not have strong systemic barriers in place to prevent some of these never events from happening which NHSE/I have acknowledged. If any further barriers are identified, we will ensure that we implement them.	Mr Alexander, Prof. Redhead	January 2022
4.	10 Nov 2021 19.1	Questions from the public / complaints	A member of the public submitted a question in advance of the meeting: Why are complaints made to nursing staff not documented or replied to. The Complaints Team do not even bother to contact the person making the complaint. Serious matters like patient safety are also not looked into any staff say patient are adults and should take care of safety and social distancing themselves. Prof. Sigsworth provided some background and would contact the member of public and respond to his concerns **January 2022 update:** A patient raised a concern with the board that he had not received a response to complaints about patient safety in relation to social distancing. It has been confirmed that he has now received two formal responses to his complaints and has also had contact with PALS. He has also been able to discuss his concerns with the lead nurse for the area who will continue to manage his concerns as required.	Prof. Sigsworth	January 2022

5.	10 Nov 2021 19.2	Questions from the public / Visitor Policy	A member of public enquired about the visitor policy and the text on the website as well as the issues experienced when with visiting her mother who was an inpatient including, at times, a hostile approach from staff even though she and other family members had written permission to visit. Prof. Orchard and Prof. Sigsworth listened to the circumstances, apologised and agreed that the Trust needed to do more to explain the policy and apply it pragmatically and fairly as well as consistently. **January 2022 update:** Prof. Sigsworth called the member of the public and spoken twice to arrange for appropriate visiting. The Trust tries on every occasion to accommodate visiting whilst keeping patients and safe.	Prof. Sigsworth	January 2022
6.	15 Sept 2021 16.10	EDI Annual Report	Mr Alexander requested that the wider Board receives an update on the prioritisation of work. Ms Scavazza concurred and advised that once progress had been discussed and agreed at the People Committee, a summary on priorities and metrics, including risks of not achieving some metrics and timings would be shared with Trust Board. **January 2022 update:** A workshop to review the Trust's EDI strategies with external experts, People Committee members and internal stakeholders has been scheduled for 24th January. The 2022/23 EDI programme would be presented to the March People Committee.	Mr Croft, Ms Scavazza	January 2022

Items closed at the November 2021 meeting

Item	Meeting date & minute reference	Subject	Action and progress	Lead Committee Member	Deadline (date of meeting)
7.	12 May 2021 9.8.4	Board Member Visits (arising from Integrated Business Plan 2021-22 discussion)	As government restrictions ease, Prof. Orchard and Mr Jenkinson would revisit the Board member visit programme. July 2021 update: Work was progressing to update the Board member schedule to be launched at the end of July. September 2021 update: The programme was being finalised and would be launched in September. The Non-Executive Directors were reminded to complete their training. November 2021 update: The Board member visit programme had been launched in October and visits scheduled.	Mr Jenkinson	Closed
8.	15 Sept 2021 9.9.5	IQPR Report	Mr Alexander commented that in the event the Trust finds its waiting list growing due to circumstances beyond its control, when reported it would be important for the Board to have sight of the granularity in respect of the segmentation of that growth and mitigations. Prof. Orchard agreed and advised that the waiting lists work had been done on the separation of patients into P1s – P4s, and he would share the rational of this along with future plans. November 2021 update: The Trust has a clinical prioritisation and harm review SOP for elective care. At the end of October 2021, 93% of patients waiting on a surgical RTT pathway had a clinical prioritisation code attached on their patient record. This meets the minimum requirement set out by NHS England and Improvement. The Trust reviews the number of P2 patients on the inpatient waiting list a weekly basis (includes RTT and non-RTT patients waiting on a planned pathway). The P2 waiting list size started to reduce in July and now remains stable. The Quality Committee would monitor this.	Prof. Orchard, Mrs Hook	Closed

After the closed items have been to the proceeding meeting, then these will be logged on a ‘closed items’ file on the Trust Secretariat shared drive.

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Chief executive's report

Agenda item 7 and paper number 04

Lead Executive Director: Prof Tim Orchard, Chief executive

Purpose: For noting

Meeting date: 19 January 2022

Chief executive's report to Trust Board

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

- Operational update – Covid and winter pressures
- Visiting restrictions
- Covid-19 and flu vaccination programme
- Acute care programme update
- Financial performance
- CQC update
- Maternity assurance report
- Redevelopment
- Temporary relocation of some Western Eye services
- Research
- Equality, diversity and inclusion update
- Stakeholder engagement
- Chief Executive of North West London Integrated Care System
- Recognition and celebrating success

1. Operational update – Covid and winter pressures

1.1. Like other hospitals in London, we have seen an increase in the number of patients with Covid during December and into January as well as a more general increase in operational pressures. On 16 December 2021, we moved to a site-based 'gold command' operational management structure to help ensure we identify and act on any barriers to the flow of care as quickly as possible and to support rapid operational decision-making more generally. As of Tuesday 11 January 2022, we had 222 patients who had tested positive for Covid-19 on their current admission (including patients admitted for unrelated issues who we then discover are positive on routine testing). For context, we were caring for 492 patients who had tested positive on their current admission on 20 January 2021, our busiest day during the pandemic so far. Fortunately, the recent rise in numbers has not translated into significantly increased demand for critical care.

1.2. We also have experienced an increase in Covid-related staff absences, on top of ongoing staff shortages in some areas. Total sickness levels (Covid and non-Covid related) reached 6.8 per cent at the beginning of January but have dropped, as of Tuesday 11 January 2022, to 5.5 per cent. We have had to ask some staff to move temporarily to support areas that are especially challenged and staff in some areas have been able to move annual leave or to work additional shifts. At the peak of the second wave of hospital admissions, total staff absences were at 8 per cent and, in the first wave, up to 16 per cent.

1.3. This is all adding to our current, primary challenge which is general pressure on our urgent and emergency care pathways. Attendances to our A&E departments rose rapidly as we moved out of the last wave of Covid-19 infections - with 20 per cent more patients this September compared with the same period pre-pandemic. This increase continued through October and November and, although attendances have fallen in December, we continue to be very busy. We have invested significantly in extra staffing and other initiatives to support effective operational flow. This covers everything from expanding our same day emergency care so we can avoid unnecessary hospital admissions to working with our community and transport partners so we can enable timely discharges.

1.4. At the same time, it is essential that we provide as much planned care as possible given the long term impacts now evident from the earlier Covid waves. Although we have limited some non-urgent planned surgery for the first half of January, we have maintained our diagnostic and care pathways for patients who have, or may have, time-critical needs or conditions, including cancer, as well as antenatal and maternity care and screening services.

1.5. In addition to these operational areas of focus, we are continuing to prioritise investment in staff health and wellbeing. We are expanding our staff spaces improvement programme, providing additional staff counselling sessions, rolling out free breakroom supplies for the new year and progressing with our retail food and shops transformation project. We have also recently published a booklet with all of the emotional and practical support on offer to staff this winter.

1.6. Teams across the Trust have been working together brilliantly to enable us to continue to provide safe care for everyone who needs us. We have been able to separate out more areas for high risk (Covid) pathways and to create additional beds temporarily when needed. A small group of Armed Forces personnel are helping at St Mary's Hospital as we respond to increased operational pressures. This is part of an NHS London programme of temporary additional support and builds on help that the Ministry of Defence personnel have been providing to the NHS throughout the pandemic.

1.7. I would like to take this opportunity to thank all our staff for their continued hard work and flexibility in these challenging times and our patients and other stakeholders for their support and understanding.

2. Visiting restrictions

2.1. Due to the high number of Covid-19 infections in the community, and to keep patients, staff and visitors safe, trusts within the North West London sector re-introduced further visiting restrictions from Friday 31 December 2021. Visitors are only allowed in exceptional circumstances, including:

- visiting a child
- visiting a patient at the end of their life
- as a birth partner

- as a carer.

2.2. Ward staff are supporting 'virtual' visits and other ways of making sure patients are able to stay in touch with family and friends during their stay in hospital.

3. Covid-19 and flu vaccination programme

3.1. The Trust is continuing with its comprehensive programme to support the delivery of Covid-19 vaccines and annual flu vaccination, both for our staff and our wider community.

3.2. Uptake of the vaccinations for our staff as at 3 January 2022 is as follows:

- 61 per cent of frontline staff had received their flu vaccination
- 90 per cent of frontline staff have received doses one and two of the Covid-19 vaccination
- 87 per cent of eligible staff have received their Covid-19 booster.

3.3. Uptake of the flu vaccination is 5 per cent above the London average and 3 per cent above the North West London average. Our staff uptake of Covid-19 vaccines is in line with the London average overall, and slightly above the London and North West London averages when considering the booster vaccination alone.

3.4. At the end of 2021 we focused especially on the expansion of the Covid-19 booster programme. We opened our existing vaccination centres to members of the public on 29 November 2021 and dramatically increased the capacity available in December in response to the national direction for hospital hubs to support the expedited national booster programme. This included opening additional vaccination centres in our main outpatient departments on each site, following the sector-wide decision to cancel non-urgent outpatient appointments in order to increase the vaccination capacity. From 16 to 31 December 2021, over 11,000 vaccinations were administered through our vaccination programme.

3.5. Demand for vaccination has now reduced and is being met by our existing centres, with our outpatient departments back to normal working.

3.6. We are now refocusing our efforts on supporting staff to access their annual flu vaccination, as well as all eligible Covid-19 doses. In particular, we are beginning to implement new Government legislation that means, from 1 April 2022, anyone working in a role in the NHS or independent sector that involves contact with patients has to be double vaccinated against Covid-19.

3.7. We have made sure staff are aware of the legislation and, following anticipated further guidance from NHS England, we will be writing to every staff member for whom we do not have a complete vaccination record with detailed information and guidance during the week commencing 17 January. This is currently 1,100 staff, though we believe a significant number of these staff have been double vaccinated but we do not yet have a record of their vaccination.

3.8. If a member of staff is in a role that is within scope of the legislation (and they cannot be redeployed to a role that is out of scope or they are not clinically exempt) - and they continue not to be double vaccinated - we will not be able to continue to employ them at the Trust beyond 31 March 2022. Clearly, we want to do everything we can to avoid this happening. To meet the deadline, affected staff will need to have had their first vaccine dose by 3 February 2022 in order to have their second dose eight weeks later, in line with national guidance.

3.9. We have set up a central team to lead and coordinate the implementation of the new legislation, providing support and guidance to affected staff and their managers. We have also established a dedicated helpline, promoted access to confidential one-to-one advice and support and will be holding a range of briefings as part of comprehensive communications and engagement programme.

4. Acute care programme update

4.1. The North West London acute care board continues to guide and oversee a collaborative and coordinated programme of developments across all of our key operational areas. The effectiveness of our response to the latest surge of the Covid pandemic has demonstrated that we continue to harness our collective resources, join-up our care and reduce unwarranted variations in access and outcomes.

4.2. The immediate focus of the acute programme over the past two months has been on our collective response to the latest surge, including maintaining planned activity and ensuring sufficient bed capacity, appropriate discharge and responding to staff shortages.

5. Financial performance

5.1. The Trust has agreed a break-even plan for the year with the North West London Integrated Care System (NWL ICS). This is based on an agreed block income value with the Trust continuing to be funded for additional elective activity through the national Elective Recovery Fund (ERF). As part of the planning process, the Trust agreed a £31.5m efficiency target to achieve the break-even plan.

5.2. At the end of the first eight months of the financial year, the Trust achieved a break-even position against a break-even plan. This includes £29.8m of ERF with the contribution from this income offsetting the underachievement on the efficiency requirement, Covid costs in excess of funding received and other expenditure agreed as appropriate to support service recovery. The Trust continues to forecast a break-even position and is closely tracking this position alongside identifying and developing schemes to deliver recurrent waste reduction.

5.3. The capital plan for the year is £87.2m of which £28.0m is funded through grants and donations giving a £59.2m Capital Resource Limit (CRL). Year to date the Trust has spent £22.7m (69%) against the CRL and expects to meet its CRL for the year.

5.4. As at 30 November 2021, cash was £221m and, based on the current regime, the Trust expects to maintain a healthy cash balance in the medium term.

5.5. Operational planning guidance for 2022/23 was issued on 24 December 2021. The ICS with provider organisations is currently working through this guidance and how the application of this, and any local assumptions and principles, impacts provider funding allocations. In the absence of any detailed financial guidance the Trust has started to develop its draft operational, workforce and financial plan and will be taking this through the internal governance processes over the coming months.

6. CQC update

6.1. The Trust's routine engagement meeting in January was cancelled as the CQC suspended its routine activity for at least this month in response to trusts being mandated to redirect resources to support the vaccination programme and the response to the latest surge. We continue to provide appropriate assurance to the CQC regarding the quality of care being provided during this challenging period.

7. Maternity assurance report

7.1. The Trust provides oversight of quality assurance within the maternity service via a report to each Quality Committee meeting. This includes assurance on the progress on achieving compliance with the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) as well as key issues relating to the quality and safety of the maternity service.

7.2. The Quality Committee reviewed the detailed maternity assurance documentation in January with assurance gained about the management of risks, incidents and key metrics. Specific highlights to note are that NHSE/I have confirmed that we have achieved 100% compliance with the submission required following the Ockenden review. This is an excellent result and is a testament to the hard work of our teams. Recent neonatal mortality data shows that our adjusted rate was lower than average and lower when compared to peer trusts.

8. Redevelopment

8.1. The lead of the New Hospital Programme (NHP), Natalie Forrest, with members of the NHP team visited St Mary's Hospital in December 2021. They confirmed support for redevelopment at St Mary's, Charing Cross and Hammersmith hospital, are all included in the national programme. It is anticipated the timescale for the St Mary's redevelopment will be clearer in Spring 2022 when the NHP has finalised the programme business case. In anticipation of the next stage of work, the Trust is undertaking a planning exercise to understand the scale of the total development opportunity on the St Mary's site, including developments on land that will no longer be required for clinical services due to more efficient use of the whole campus. The Trust is engaging closely with Westminster City Council on this work.

8.2. In December 2021, the Trust was awarded funding to progress with further initial planning work for redevelopment/refurbishment at Charing Cross and Hammersmith hospitals. We hope to start this work shortly and complete it by the summer.

9. Temporary relocation of some Western Eye services

9.1. Following a review of safety at the vacant Samaritan Hospital, adjacent to the Western Eye Hospital, the Trust took the precaution of immediately relocating some services from the Western Eye while more detailed investigations, and anticipated remedial works, take place.

9.2. Following receipt of the safety review, the Trust closed all areas of the Western Eye most at risk, including the lower ground, second and third floors, and put in place a team of 24/7 fire wardens to patrol the two buildings.

9.3. Our staff are working hard to minimise the impact on patients and to resolve the situation as soon as possible. The Trust's intention continues to be to sell the Samaritan and Western Eye buildings together to maximise the income to be reinvested in our redevelopment programme. It would be disproportionally expensive to bring the Samaritan building back into use, therefore the Trust constantly maintains the Western Eye Building and has made the Samaritan building as weather tight and secure as possible.

10. Research

10.1. Following submission of the competitive re-application for our National Institute for Health Research (NIHR) Biomedical Research Centre (BRC), interviews have been confirmed for early April 2022. There are 20 BRC's in England, each of which is a 5-year programme of funding to provide infrastructure for early-phase, experimental medicine research. Outcomes will be announced in summer 2022.

10.2. Feedback from our most recent BRC annual report was very positive, and we were given a green RAG-rating for overall progress against delivery of our objectives.

10.3. "The BRC reported sound progress across research themes during 2020/21 despite many themes refocusing to support, or undertake research to support, the national response to the Covid-19 pandemic. There are multiple examples of achievements including:

- the iCare environment (in collaboration with Oxford University) that was adapted to provide a primary care Covid-19 early warning score;
- the stroke neuro-rehabilitation technology GripAble, which was used remotely by patients during the pandemic;
- the REACT study, which monitored Covid-19 infection rates and population antibody levels;
- Non-invasive imaging protocols using MR angiography, FDG-CT-PET now routine in the clinical management of large vessel vasculitis (LVV)."

10.4. Two other NIHR research infrastructure programmes the Trust hosts (the renamed NIHR Patient Safety Research Collaboration (PSRC) and NIHR Clinical Research Facility (CRF)) are also undergoing re-application, with outcomes to be confirmed within the next 6 months.

10.5. Despite the challenges of Covid-19, we continue to deliver most of our existing clinical research studies across all specialties. We have increased revenue (£5.5m) and overhead income (£1.03m) from commercially-sponsored clinical trials to their highest ever position (as of M8).

10.6. Finally, we were notified of two new NIHR grant awards. Jennifer Crow, Clinical Specialist Occupational Therapist in Stroke and Juliet Albert, Specialist FGM (female genital mutilation) Midwife, were both awarded NIHR Clinical Doctoral Research Fellowships, which each provide up to 3 years of salary and project funding for registered healthcare professionals to undertake a PhD by research and, concurrently, to undertake further professional development and clinical practice. This reflects the Trust's recent emphasis and strategic focus on developing the academic/research careers of Nurses, Midwives, Allied Health Professionals, Healthcare Scientists, Pharmacy Staff and Psychologists (NMAHPPs).

11. Equality, diversity and inclusion update

11.1. The first cohort of the Calibre programme have completed the leadership programme for staff with disabilities. Calibre is a talent development and leadership programme for people who identify as neurodiversity or disabled, or who have a long-term physical or mental health condition. The programme has been developed and is delivered by Dr Ossie Stuart, an international disability consultant and academic. A virtual ceremony was held for the successful graduates, who were joined by representatives from NHS England, and the Trust's EDI Team, hosted by I-CAN staff disability network joint executive sponsors, Professor Katie Urch and Peter Jenkinson.

11.2. As part of our continued commitment to disability inclusion, we recently held the first training workshop session delivered by the Department for Work and Pension Advisory Group. The session covered how to use Access to Work to support the purchasing of special equipment or adaptations and support work or job coach to help in the work place. The session also touched on the Access to Work Mental Health Support Service for people who are absent from work or experiencing difficulties with

their wellbeing. The responses from our managers who attended the programme was positive and we will be delivering a further session this year.

11.3. Sim Scavazza, Non-Executive Director, has successfully secured a place on one of three cohorts of the London Workforce Race Equality Standard Advisors programme. The core aims of the programme are to:

12. Stakeholder engagement

12.1. Below is a summary of significant meetings and communications with key stakeholders since the last Trust Board meeting:

- Maria Caulfield MP, Parliamentary Under Secretary of State (Minister for Patient Safety and Primary Care), visit to St Mary's Hospital: 10 November 2021
- London Borough of Hammersmith & Fulham Health, Inclusion and Social Care Policy and Accountability Committee: 10 November 2021
- Cllr Tim Mitchell, Westminster City Council: 11 November 2021
- Healthwatch Hammersmith & Fulham: 17 November 2021
- Nickie Aiken MP for Cities of London & Westminster: 30 November 2021
- Cllr Stephen Cowan and Cllr Ben Coleman, London Borough of Hammersmith & Fulham: 9 December 2021
- New Hospital Programme national team visit to St Mary's Hospital: 9 December 2021
- Hammersmith & Fulham Save our NHS: 13 December 2021
- Paul Scully MP, Minister for London and Parliamentary Under Secretary of State (Minister for Small Business, Consumers and Labour Markets) visit to St Mary's Hospital: 16 December 2021

13. Chief executive of North West London Integrated Care System

13.1. Rob Hurd has been appointed as Chief executive of the North West London Integrated Care System (ICS). Rob has held a similar role in the North Central London ICS where he has been on secondment from his role as Chief executive of the Royal National Orthopaedic Hospital NHS Trust, jointly leading the North Central London response to the pandemic in partnership with local authorities.

13.2. Rob has formally taken up his role this month, taking over from Lesley Watts who had successfully combined her role as Chief executive at Chelsea and Westminster NHS Foundation Trust with being interim ICS Chief executive.

14. Recognition and celebrating success

14.1. I am delighted to report that Dr Justin Roe, Clinical Service Lead at the national centre for airway reconstruction at the Trust, was awarded an MBE in the New Year's Honours for services to speech and language therapy, particularly during Covid-19. Professor Peter Openshaw, Professor of Experimental Medicine at Imperial's National Heart and Lung Institute and honorary consultant physician, also received a CBE for services to medicine and immunology.

14.2. Amongst other notable colleagues of Imperial College London, I am also delighted to congratulate Professor Wendy Barclay, Head of Imperial College London's Department of Infectious Disease and Chair in Influenza Virology, who was awarded a CBE for her contributions to the study of viruses and her research during Covid-19.

14.3. I am pleased to announce that Professor Onn Min Kon has been appointed president-elect at the British Thoracic Society (BTS). Professor Kon is recognised as one of the

UK's leading authorities on the management of complex and multidrug-resistant tuberculosis.

14.4. I am also delighted to report that Lloyd Nunag, team leader for the surgery and oncology research team, has become the first ever nurse to be awarded the prestigious Schwarzman Scholarship; and Claire Hardiman, Head of radiation physics and radiobiology, has been awarded the President's Gold Medal for Exceptional Service by the Institute of Physics and Engineering in Medicine (IPEM).

Professor Tim Orchard
Chief executive
14 January 2022

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Integrated quality and performance report scorecard month 8

Agenda item 8 and paper number 05

Lead Executive Director(s): Claire Hook (Director of Operational Performance)
Author(s): Submitted by Performance Support Team

Purpose: For discussion

Meeting date: Wednesday 19 January 2022

1. Purpose of this report

1.1. This enclosed scorecard summarises performance against the key performance indicators (KPIs) for data published at November 2021. Countermeasure summaries are not included this month due to governance lite arrangements.

1.2. Data and national performance returns covering December 2021 were not fully completed at time of writing. However, where possible the actual or forecast operational performance figures for December have been highlighted in the summary report below.

2. Executive Summary

2.1. The current wave of Omicron has impacted performance across a number of key metrics. In relation to elective recovery, the overall volume of outpatient attendances and elective spells reduced overall for December 2021 as a whole and the trajectories were not met.

2.2. The total size of the RTT waiting list increased above trajectory. Whilst the 52 week wait recovery plans continued to be met for November 2021, the forecast is that the reduction requirement for December 2021 will not been achieved. The number of patients waiting over 2 years for elective treatment reduced and is forecast to meet the December 2021 target.

2.3. Overall 12 hours waits within the emergency department increased, reflective of increasing pressures on urgent and emergency care pathways.

3. Approval process

3.1. Elements of this integrated quality and performance report are discussed at Divisional oversight and EMB quality subgroup meetings in advance of EMB and the Board.

4. Recommendation(s)

4.1. The Board members are asked to note this report.

5. Next steps

The countermeasure summaries, once re-established, will set out the progress being made against the range of actions and interventions we are putting into practice for those areas where performance is below the trajectory.

6. Impact assessment

6.1. Quality impact: This report highlights areas where there may be a risk or potential issues to the delivery quality of care and operational performance. Improvement plans are monitored through the Executive Management Board and its subgroups and the Board committees. This report will contribute to improvement of all CQC quality domains, providing oversight into key indicators and statutory requirements.

6.2. Financial impact: Integrated Care Systems (ICSs) are responsible for delivering plans for elective activity, through a combination of core funding and extended funding that has been made available via the national Elective Recovery Fund (ERF). Systems that achieve completed RTT pathway activity above a 2019/20 threshold of 89% will be able to draw down from the ERF, payable at a system level for achieving minimum activity levels above 2019/20 baseline levels.

6.3. Workforce impact: Plans to deliver activity trajectories and performance metrics have been developed in a way that also supports the health and wellbeing of our staff

6.4. Equality impact: To quality for ERF funding, ICSs are required to demonstrate the impact of plans for elective recovery in addressing disparities in waiting lists.

6.5. Risk impact: The plans in place should help mitigate risks associated with delivery of performance against the KPIs.

Main report

7. Month 8 (November 2021) performance

Actual or forecast performance data covering M9 are highlighted below where available.

Operating plan 2021/22 – elective recovery position for December 2021

7.1. In response to increasing Covid-19 infections, pressures on our urgent and emergency care (UEC) pathways and the need to continue urgent planned care, the Trust brought forward a planned reduction in non-urgent routine elective activity over the festive period by one week. In addition, some routine outpatient activity was postponed in order to support the vaccination programme.

7.2. In relation to achievement of the elective recovery requirements for December 2021, there was a reduced performance overall. The volume of outpatient attendances stood at 86% of the trajectory target and the volume of elective spells (day cases and overnight elective admissions) stood at 80% of trajectory. In November 2021, achievement was 108% of trajectory for outpatients and 90% of trajectory for elective spells.

7.3. The forecast is that the 52 week wait reduction target will not be met for December 2021, although the trajectory for very long waits is expected to be met. The trajectory targets for completed RTT activity pathways (clock stops) were met for November 2021

and December 2021. At the same time the overall size of the RTT waiting list has increased and the forecast is that the December 2021 trajectory will not be met.

Referral to Treatment

7.4. The RTT waiting list is forecast to close at 81,254 patient pathways for end December 2021 which will not meet the trajectory of 78,728 or less.

7.5. The Business Intelligence team are in the process of transitioning from Cerner data feeds to 'Nautilus' for all Trust waiting list reporting. As part of this, a new version of the RTT patient tracking list was launched 7 January 2022 and both removals and additions will be quality assured.

7.6. The Trust remained ahead of the 52 week wait recovery trajectory for November 2021, however, the forecast is that 1,791 patients will be reported as waiting over 52 weeks for December 2021 against the trajectory of 1,758. 13 patients will be reported as waiting over 2 years at end of December, meeting the trajectory.

7.7. Clinical harm review processes have continued for Priority 1-4 patients, providing an escalation route for any potential harm arising from cancellations or further delays.

Diagnostics

7.8. The forecast for December 2021 is for a reduction in the performance of diagnostic waiting times following a sustained period of improvement; 22.6% of patients are expected to be reported as waiting more than 6 weeks for their diagnostic test (up from 20.6% the previous month).

Cancer waiting times

7.9. Due to the lag in the national reporting timelines for cancer waiting times the latest data are for November 2021. The 62-day GP referral to first treatment performance was 66.7% against the 85% target (from 76.3% the previous month). This recent reduction in performance is partly due to referrals returning to, and in some cases exceeding, pre-pandemic levels as well as some delays with histopathology.

7.10. The cancer faster diagnosis standard was launched October 2021 and going forwards this will be reported in the EMB and Board scorecards.

Urgent and Emergency care

7.11. The December performance is reflective of continuing pressures on urgent and emergency care pathways.

7.12. The Trust's Ambulance handover performance (within 30 minutes) decreased by 0.7% to 84.4% (using provisional figures) although our handover performance continues to benchmark well across the London sector. The Trust also reported 38 Ambulance handover delays over 60 minutes in December. We will continue to report this metric to the Board until performance is recovered.

7.13. The number of patients waiting over 12 hours within the emergency department continued to increase, with over 1,000 patients spending more than 12 hours in the emergency department from time of arrival.

7.14. There an average of 187 patients with a stay of 21 days or more across December 2021 (from 180 the previous month).

Quality – safe and effective

7.15. Incident reporting rates continue to increase although we remain below our target to be in the top quartile compared to other acute non-specialist trusts. Increasing incident reporting is one of our trust wide focused improvements so this direction is positive. Capacity and operational issues are contributing to this increase but there are no safety risks to escalate and our harm profile remains low. Improvement work is progressing with areas nominated by the divisions and a trust wide focus amongst junior doctors.

7.16. Local actions and targeted support from our infection prevention and control (IPC) team were implemented in response to an increase in incidences of MRSA blood stream infections (BSIs) during October 2021, with no further cases reported in November 2021. The long-term trust wide improvement action is the development of a new approach to IPC training and competency assessment, which is currently being trialled and will be implemented in quarter one 2022/23.

Appendices:

1. Trust Board integrated performance scorecard – month 8

Imperial College Healthcare NHS
NHS Trust

Integrated Quality and Performance Scorecard - Board Version

Imperial Management and Improvement System (IMIS)

FI = Focussed improvement

M8 - November 2021

Section	FI	Metric	Watch or Driver	Target / threshold	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Reporting rules	SPC variation
To develop a sustainable portfolio of outstanding services																			
Quality safety improvement	FI	Patient safety incident reporting rate per 1,000 bed days	Driver	**>=65.6**	55.99	56.63	53.89	50.45	52.90	47.54	54.58	58.77	58.03	54.08	53.94	54.66	61.98	CMS	-
		Healthcare-associated (HOHA + COHA) Trust-attributed MRSA BSI	Watch	**0**	0	1	2	1	0	0	1	2	0	0	1	3	0	-	-
		Healthcare-associated (HOHA + COHA) Trust-attributed C. difficile	Watch	**8**	5	0	4	8	7	3	7	6	6	10	4	7	4	-	-
		Healthcare-associated (HOHA + COHA) E. coli BSI	Watch	**12**	3	6	7	5	6	6	3	5	8	5	15	11	8	-	-
		CPE BSI	Watch	**0**	0	0	1	1	1	0	0	0	0	0	0	0	0	-	-
		% of incidents causing moderate and above harm (rolling 12 months)	Driver	**<2.67%**	1.48%	1.45%	1.41%	1.45%	1.52%	1.49%	1.37%	1.30%	1.28%	1.30%	1.31%	1.28%	1.32%	Promote to Watch	-
		Hospital Standardised Mortality Ratio (HSMR) (rolling 12 months)	Watch	**<=100**	72	71	72	72	73	76	76	76	76	71	71	70	67	-	-
		Formal complaints	Watch	**<=100**	68	55	66	74	95	77	53	77	83	75	83	96	73	-	-
Response and Recovery		Elective spells (overnight and daycases) as % of trajectory target	Watch	**100%**	-	-	-	-	-	103.3%	97.6%	115.0%	88.2%	88.4%	91.6%	93.5%	90.4%	Switch to Driver	-
		Outpatient attendances as % of trajectory target	Watch	**100%**	-	-	-	-	-	106.9%	101.9%	117.8%	100.2%	105.6%	101.0%	103.0%	108.2%	Note performance / SVU if statutory	-
		Completed RTT Pathways (Total clock stops)	Watch	**16,512**	-	-	-	-	-	-	-	-	-	-	-	17,331	18,250	-	
		RTT waiting list size	Watch	**78,728**	57,226	57,699	57,334	57,991	62,763	65,753	68,242	72,362	74,437	75,500	76,585	78,533	80,050	Note performance / SVU if statutory	CC
		RTT 52 week wait breaches	Driver	**1,764**	990	1,050	1,667	2,278	2,374	2,157	1,837	1,467	1,464	1,516	1,515	1,605	1,650	-	CC
		% clinical prioritisation (RTT inpatient waiting list – surgical)	Watch	**>=85%**	-	-	88.7%	90.0%	89.4%	89.4%	89.2%	91.3%	91.6%	91.7%	92.0%	94.7%	93.9%	-	-
		Diagnostics waiting times	Driver	**14.0%**	29.6%	26.8%	50.5%	47.7%	38.8%	36.4%	36.6%	36.9%	33.2%	29.8%	27.0%	22.9%	20.6%	CMS	SC

Imperial College Healthcare NHS Trust

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M8 - November 2021

Section	FI	Metric	Watch or Driver	Target / threshold	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Reporting rules	SPC variation
continued		Cancer 2 week wait	Watch	**>=93%**	88.8%	95.8%	94.1%	95.3%	94.9%	93.4%	95.0%	93.4%	93.1%	94.2%	91.5%	86.8%	80.4%	Note performance / SVU if statutory	SC
		Cancer 62 day wait	Driver	**>=85%**	73.4%	76.8%	77.3%	73.0%	79.1%	80.6%	78.7%	74.7%	73.8%	81.0%	73.9%	76.3%	66.7%	CMS	CC
		Cancer Faster Standard Diagnosis	Driver	**75%**	-	-	-	-	-	65.0%	64.0%	66.2%	65.5%	60.6%	62.5%	67.9%	66.6%	CMS	-
		Ambulance handovers - % within 30 minutes	Driver	**96%**	97.1%	88.8%	89.5%	95.1%	96.0%	95.7%	96.8%	96.2%	92.5%	90.6%	89.0%	87.0%	85.1%	CMS	SC
		Number of patients spending more than 12 hours in the emergency department from time of arrival	Driver	**230**	175	480	632	199	156	165	147	180	356	541	642	785	966	CMS	SC
		Long length of stay - 21 days or more	Driver	**<=150**	165	166	165	210	180	158	140	145	172	169	170	180	180	CMS	CC
Safe and Sustainable Staffing		Vacancy rate	Watch	**<=10%**	9.8%	10.0%	9.8%	9.8%	9.9%	10.6%	11.0%	11.5%	12.0%	12.4%	12.3%	12.7%	12.6%	Switch to Driver	-
		Agency expenditure as % of pay	Driver	**tbc**	1.6%	2.3%	1.8%	2.7%	2.4%	3.1%	2.4%	2.0%	1.9%	1.5%	2.7%	2.7%	2.94%	-	-
		BAME % of workforce Band 7 and above	Driver	**tbc**	-	38.3%	38.3%	38.4%	39.8%	41.9%	40.2%	39.94%	40.1%	40.4%	40.4%	41.1%	41.45%	-	
		Staff Sickness (rolling 12 month)	Driver	**<=3%**	4.39%	4.43%	4.50%	4.54%	4.18%	3.79%	3.74%	3.67%	3.70%	3.79%	3.87%	3.96%	4.05%	CMS	-
		Staff turnover (rolling 12 months)	Watch	**<=12%**	10.8%	10.7%	10.1%	9.9%	9.8%	9.9%	10.6%	10.4%	10.4%	11.1%	11.1%	11.4%	11.6%	-	-
Finance		Year to date position (variance to plan) £m	Watch	**£0**	-0.53	-0.65	-0.66	10.48	5.07	-3.18	0.50	0.75	1.00	1.25	0.00	0.00	0.00	-	-
		Forecast variance to plan	Watch	**£0**	-1.39	-15.39	-13.85	1.91	5.07	0.00	18.51	1.51	0.00	0.00	-14.50	0.00	0.00	-	-
		CIP variance to plan YTD	Watch	**£0**	-	-	-	-	-	-	-	-6.15	-6.09	-5.73	-4.08	-4.68	-4.76	Switch to Driver	-
To build learning, improvement and innovation into everything we do																			
	FI	Core skills training	Watch	**>=90%**	91.6%	91.8%	91.6%	91.5%	92.2%	93.0%	93.8%	94.5%	94.0%	92.7%	92.2%	91.7%	90.3%	-	-

Imperial College Healthcare NHS
NHS Trust

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M8 - November 2021

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Abbreviations

MRSA BSI - Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infection (BSI)
E. coli BSI - Escherichia coli (E. coli) bloodstream infection (BSI)
CPE BSI - Carbapenemase-Producing Enterobacteriaceae (CPE) bloodstream Infection (BSI)
HOHA - Healthcare Onset Healthcare Associated; COHA - Community Onset Healthcare Associated

Reporting rules
CMS - Countermeasure summary
SVU - Structured verbal update

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Quality and People Board Committee (Smaller, combined agenda as part of 'gold command' governance currently in place in response to severe operational pressures)

Agenda item 9.1 and paper number 06

Committee Chair: Bob Alexander, Acting Chair
Author: Amrit Panesar, Corporate Governance Assistant and Ginder Nisar, Head of Trust Secretariat

Purpose: For noting

Date of meeting: 19 January 2022

1. Purpose of this report

1.1. To ensure statutory and regulatory compliance and reporting requirements to the Trust Board.

2. Introduction

2.1. In response to the Covid-19 pandemic and wider winter operational pressures, the Trust has been operating 'gold command' governance since early January, with two 'governance-lite' Board Committees arranged over January and February to replace the normal, fuller Board committees. They include key assurance and other essential items only. In line with national guidance, the focus for the Board committee in January has been quality and workforce.

2.2. In line with the People and Quality Committees' reporting responsibilities as detailed in their Terms of Reference, a summary of the items discussed at the Quality and People Board Committee on 13 January 2022 are summarised below.

3. Key points

The key items to note from the Quality and People Committee held on 13 January 2022 include:

3.1. Operational Sitrep including Covid-19 & Vaccine update

3.1.1. The Committee received a presentation on the Trust's response to the latest surge in the Covid-19 pandemic, and in particular the impact of the Omicron variant, as well as the non-Covid-19 winter pressures. The Committee considered the national and regional Covid-19 position, noting that the infection rates and levels of hospitalisation were beginning to plateau in London, albeit at a high level. The Committee noted, however, operational pressures continued to be faced by the Trust, arising from the increase in number of Covid-19 patients being treated, reduced ability to discharge patients and the implementation of infection control measures required to prevent greater transmission. Despite these pressures, the Committee was pleased to hear that the Trust had been able to continue with all urgent elective work and diagnostics. The Committee noted that there had been an increase in staff absences due to Covid-19 related sickness or self-isolation, peaking at 6.8%; however the Trust had not seen

the higher levels of sickness absence originally predicted and the absence level was now beginning to decrease. The Committee received an update on the Covid-19 vaccination programme and the national requirements of vaccination as a condition of deployment in accordance with the national guidance following legislation passed in November 2021, applicable to any CQC regulated healthcare activity. The Trust would be issuing guidance around implementation of this requirement which would include the support and assistance available to staff to encourage vaccination. The Committee welcomed the update and were assured that the executive team were managing the risks associated with the Covid-19 pandemic and winter pressures.

3.2. **Waiting Lists – Maintaining safety of patients on the waiting list**

3.2.1. The Committee received an update regarding the Trust's waiting lists, noting that the elective care position at the Trust was significantly challenged as a result of the pandemic, however the Trust was making good progress in reviewing and treating patients who had been on the waiting list for a long time. The Committee noted that the Trust has continued to review and treat patients requiring urgent treatment throughout the pandemic. The Committee noted that the number of long waiting patients (over 104 weeks) had increased but the aim was still to reduce this number to zero by March 2022. The Committee also noted the continued use of harm reviews to regularly review patients waiting for treatment and prioritisation of their treatment. The Committee noted the transition of cancer waiting list reporting to a new data supplier, Nautilus, to further improve the data quality and completeness of Cerner datasets. The Committee welcomed the Trust's continued communication approach to ensuring the public are able to access healthcare if they need it. The Committee were assured that the Executive Team were managing the risks associated with patients waiting for their appointments, particularly the harm assessments. It was agreed that further work would be done to stratify the waiting list data by patient group and protected characteristics, and this would be aligned with the work being done by the Trust and sector in relation to reducing health inequalities.

3.3. **Quality Performance Report**

3.3.1. The Committee noted the quality performance report, noting exceptions against quality key performance indicators and measures being taken to address areas of variance against target. The Committee received a summary covering incident reporting, never events, patient experience metrics, mental health investigations, overdue level 1 serious incidents, clinical guidelines, MRSA blood stream infections, sepsis antibiotics, national clinical audit, inquests, and quality risks covering staffing and divisional risks. The Committee noted the ongoing work to review, monitor and develop improvement plans in response to existing and emerging areas of clinical risk related to quality. Capacity, staffing and operational pressures linked to the current surge were having an impact on improvement plans and routine quality processes, as well as staff and patient experience. Plans were in place to mitigate where possible and the Trust was not currently seeing an increase in patient harm as a result of these issues. The Committee was pleased to see continued focus on mental health investigations and requested to review the risks around this in more detail at the Quality Committee.

3.4. **Maternity Quality Assurance Oversight Report**

3.4.1. The Committee reviewed and accepted the Maternity Quality Assurance Oversight report. The Committee noted: that the final response had been received from NHS England following the Ockenden evidence submission which confirmed 100%

compliance for the Trust; the maternity service continues to address areas of improvement to reduce perinatal mortality rates; the London newsletter on neonatal mortality showed the Trust's adjusted neonatal mortality rate was lower than comparator London Trusts and the national average; and the Trust received communication on 23rd December 2021 that the CNST MIS year four had been paused with immediate effect.

3.5. **Infection Prevention & Control (IPC) Board Assurance Framework for COVID-19 self-assessment**

3.5.1. The Committee received the report noting that good progress was being made in general and no areas were noted as "red" rated in the IPC board assurance framework. In particular, the Committee noted that the Trust had seen an increase in Hospital-Onset Covid-19 Infections (HOCI) which was in line with other Trusts and the Trust was not an outlier. The Committee noted the changes in reporting of lateral flow tests from a Trust system to a national government system.

3.6. **People & OD Report**

3.6.1. The Committee received an update on the core workforce response to the current Covid-19 surge focusing efforts on maximising staff availability, the differing demands of the current surge, daily site and staffing management which included moving to a site based structure to provide agile and flexible leadership and support to frontline teams, which was well received. The Committee noted the implementation of a new Electronic Staff to Patient Ratio Intelligence Tool (SPRITe) which enabled tracking staffing levels, bed occupancy and patient acuity and dependency requirements. The Committee noted the measures taken by the Trust to ensure appropriate staffing in key areas, including the use of incentive schemes to boost the Trust's temporary supply of staff and maximising the wellbeing of staff during challenging times. The Committee welcomed the measures taken to support staff including the provision of food and wellbeing support. The report to the Committee included an update on the staff flu and Covid-19 vaccination update as well as staff vaccinations as a condition of deployment which had also been discussed at item 3.1. The Committee discussed the feedback from staff during the surge and the mechanism for feedback, noting that the Trust would need to issue a national pulse survey in the next few days, but would also consider how it could also use a Trust version, as previously planned.

4. Recommendation(s)

Trust Board is asked to note this summary.