Imperial College Healthcare NHS Trust

Trust Board – Public

Wednesday, 25th September 2019, 11am to 1.30pm
Oak Room, W12 Conference Suite, Hammersmith Hospital

AGENDA

Time	Item no.	Item description	Presenter	Paper / Oral
1100	**1.**	**Opening remarks** *Welcome to new Non-executive Directors* *Samantha Gayle, a colorectal Clinical Nurse Specialist, shadowing Professor Sigsworth*	Paula Vennells	Oral
	2.	**Apologies: None**	Paula Vennells	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*	Paula Vennells	Oral
1105	**4.**	**Minutes of the meeting held on 24th July 2019** *To approve the minutes from the last meeting*	Paula Vennells	01
	5.	**Record of items discussed in Part II of Board meeting held on 24th July 2019** *To note the report*	Paula Vennells	02
	6.	**Matters arising and review of action log** *To note updates on actions arising from previous meetings*	Paula Vennells	03
1110	**7.**	**Patient story** *To note the story*	Prof. Sigsworth	04
1125	**8.**	**Chief Executive Officer's report** *To note the report*	Prof. Orchard	05
For decision / approval				
1135	**9.**	**Board level governance – amendments to existing arrangements** *To approve the proposed changes in the Board level governance arrangements*	Peter Jenkinson	06
1140	**10.**	**2018/19 Annual Workforce Equality and Diversity report** *To approve the report for publication*	Kevin Croft	07
For discussion				
1145	**11.**	**Bi-monthly Integrated Quality and Performance report** *To receive the integrated quality and performance report for July 2019*	Prof. Redhead/ Claire Hook	08
1155	**12.**	**Finance report** *To receive an update for month five, year to date and other financial matters*	Richard Alexander	09
1200	**13.**	**CQC update** *To receive an update on CQC related activity at and/or impacting the Trust*	Peter Jenkinson	10
1210	**14.**	**Board member visit programme update**	Peter Jenkinson	11

		To receive an update on the programme to date and process for the programme		
1220	**15.**	**Patient and Public Involvement report** *To receive an update on the progress of the Trust PPI strategy and priorities for 2019/20*	Michelle Dixon	12
1230	**16.**	**Emergency preparedness, resilience and response report** *To confirm the update, assurance and action plan*	Claire Hook	13
1240	**17.**	**Infection Prevention and Control quarterly report** *To note the quarter 1 report*	Eimear Brannigan	14
1250	**18.**	**Research and development quarterly report** *To note the quarter 1 report*	Prof. Redhead	15
For noting				
1300	**19.**	**Trust Board Committees - summary reports** *To note the summary reports from the Trust Board Committees*		
	19.1.	Quality Committee, 11th September 2019	Prof. Bush	16a
	19.2.	Finance and Investment Committee, 18th September 2019	Dr Andreas Raffel	16b
1310	**20.** 20.1.	**Any other business** **Memorial event for Sir William Stanley Peart**	Paula Vennells Prof. Weber	Oral Oral
1315	**21.**	**Questions from the public**	Paula Vennells	Oral
Close	**22.**	**Date of next meeting** 27th November 2019, 11am, Hammersmith Hospital		

Updated: 20 September 2019

Imperial College Healthcare NHS Trust

MINUTES OF THE PUBLIC TRUST BOARD MEETING

Wednesday 24 July 2019
10.30 – 13.00
Clarence Wing Boardroom, St. Mary's Hospital

Present:	
Paula Vennells	Chair
Sir Gerry Acher	Non-executive director
Dr Andreas Raffel	Non-executive director
Peter Goldsbrough	Non-executive director
Prof Tim Orchard	Chief executive officer
Prof Julian Redhead	Medical director
Richard Alexander	Chief financial officer
Prof Janice Sigsworth	Director of nursing
In attendance:	
Dr Frances Bowen	Divisional director, MIC
Jeremy Butler	Director of transformation
Kevin Croft	Director of people & OD
Michelle Dixon	Director of communications
Claire Hook	Director of operational performance
Kevin Jarrold	Chief information officer
Prof TG Teoh	Divisional director of operations, WCCS
Dr Katie Urch	Divisional director of operations, SCCS
Prof Jonathan Weber	Dean of the Faculty of Medicine, Imperial College
Peter Jenkinson	Director of corporate governance & Trust secretary (minutes)

1.	**Chairman's opening remarks, apologies and declarations of interests** Ms Vennells welcomed board members, attendees and members of public to the meeting. She reminded those present that this was a meeting of the Trust Board held in public rather than a public meeting, but that there would be an opportunity for questions at the end of the meeting.
2.	**Apologies** Apologies were noted from Dr Andy Bush and Nick Ross.
3.	**Declarations of interest** There were no declarations made at the meeting.
4.	**Minutes of the meetings held on 22 May 2019** The minutes of the previous meeting, held on 22 May 2019, were confirmed as an accurate record.
5.	**Record of private items discussed at Board** The Board noted a summary of confidential items discussed at the confidential board meetings held on 22 May 2019.
6.	**Action log and matters arising**

	The Trust board noted the action log.
7.	**Patient story**
7.1	The Board welcomed Mr Alfie Roberts, who presented his reflections on his wife's cancer treatment, including chemotherapy, and her end of life care. He commended the exemplary nursing care provided but raised concerns about the continuity of care from consultants and the resultant lack of relationship with any one consultant. He also commented on flippant remarks made by one consultant. In terms of care, Mr Roberts felt that in the final few days, staff were desperate to get his wife home but they had wanted his wife to stay in hospital – there was a sense that staff were not listening to the patient's wishes. However, fortunately, the palliative nurse caring for Mrs Roberts was exemplary and resolved all issues to allow Mrs Roberts to die peacefully in hospital according to her wishes. Mr Roberts concluded by thanking the staff and commending the brilliant people involved in his wife's care, but noted unfortunately one or two exceptions.
7.2	Prof Redhead thanked Mr Roberts for sharing his story with the Board and noted the importance of doctors learning from such feedback. He reported that junior doctor induction stresses the importance of kindness; however Prof Orchard expressed his disappointment that a senior consultant had not shown kindness in his care for Mrs Roberts and he confirmed that all consultants would be required to be involved in the Trust's values and behaviours programme.
7.3	The Board thanked Mr Roberts again for his story and noted the importance of respecting patients' choice regarding end of life care. Other lessons were also noted from Mr and Mrs Roberts experience, including handover between consultant care and the need to ensure, through appraisals, that consultants exemplified kindness in their care and did not become desensitised. The Board also noted the compliments received regarding the exemplary care provided. The Trust board noted the report.
8.	**Chief executive officer's report**
8.1	Prof Orchard presented his report, highlighting key updates on strategy, performance and leadership.
8.2	Prof Orchard highlighted recent issues with the non-emergency patient transport service, following the implementation of a new contract for the service. Prof Orchard apologised to all those patients affected by the delays and provided an update on actions being taken to address the issues, including CEO level contract meetings with the new provider.
8.3	The Board also noted the publication of the final reports from the CQC inspections completed in 2018/19, including eight core services as well as a well-led and use of resources assessment. The Board welcomed the findings that six of the eight core services were rated as good and two as outstanding, with Queen Charlotte and Chelsea Hospital site rated as outstanding overall. The Trust well-led assessment was also rated as good. Prof Orchard thanked all the staff involved in the inspection programme, especially the divisional directors of nursing, and reminded the Board that the purpose of the CQC was to drive better care and therefore, with the Trust improving its ratings in CQC standards, patients were benefitting. Prof Orchard advised that further core services were expected to be inspected during 2019/20. The Trust board noted the report.
9.	**Clinical negligence scheme for trusts (CNST) – compliance update**
9.1	The Board reviewed the evidential requirements and self-assessment against the last of the ten safety standards that make up the CNST requirements and allow trusts to a

	discount on financial contributions to CNST. The Board noted the financial incentive for having such processes and action plans in place but also noted the importance of having such processes in order to provide excellent quality of care. The Trust board noted the report and approved the evidence provided of compliance with safety standards.
10.	**Trust Strategy**
10.1	The Board welcomed Dr Bob Klaber, Deputy medical director, to the meeting. Dr Klaber introduced the summary of the revised Trust strategy and reminded the Board of the process undertaken to develop the revised integrated strategy, including the establishment of a weekly 'Big Room' to ensure multi-disciplinary and lay partner input into the strategy. The Board considered the strategic objectives for the next 3-5 years, underpinned by enabling strategic plans for people, digital and quality. The Board noted that further work was required to prioritise the implementation of these strategic objectives and noted the next steps in the process, including using the objectives to drive business planning and the identification of two or three cross-organisation transformative projects, such as appointment booking and management. The Board also noted that an important next step included engaging a wider group of internal and external stakeholders.
10.2	The Board welcomed the progress made in developing the integrated strategy and the process undertaken, in particular the involvement of the Strategic Lay Forum, and agreed the need to distil the new objectives into fewer key priorities. The Board also noted that the executive were developing a governance framework for the development and delivery of the revised strategy, to be completed in September 2019. It was noted that this governance framework would include an approach to communications to ensure dissemination of a consistent message and would also include an approach to reinforce the Trust's values and behaviours. It was agreed that this would be shared with the Board at its next meeting. **Action: Tim Orchard / Claire Hook**
10.3	The Board reviewed the strategy and agreed the need for teaching and education to be central to the Trust's strategy and a fundamental part of the governance framework. It also agreed that patient experience should be considered when agreeing priorities to ensure the priorities are user-focused.
10.4	The Board agreed the integrated strategy and noted the need to support that through the implementation of enabling strategies, and noted the need for communication to be through the divisional lines as well as via corporate communications. The Trust board noted the report and approved the revised Trust strategy, and agreed next steps.
11.	**Integrated Quality and Performance Report (month 12 2018/19)**
11.1	The Board received the Integrated quality and performance report for month 2, noting exceptions as presented: *Quality* The Trust incident reporting rate had improved slightly in May 2019 however it remained below target. To increase incident reporting, a range of improvement plans and actions had been agreed with divisions with a particular focus on areas with low incident reporting. Alongside this a Trust wide communications campaign commenced June 2019. No never events were reported in May 2019. The trust-wide never event action plan continued to progress, with 23 actions closed and the remaining 16 in progress. Monthly updates continued to be provided to executive quality committee.

	Compliance with Duty of candour had fallen for all types of appropriate incidents, with 91% of appropriate incidents having had stage 1 and stage 2 of the process completed. Issues relating to completion of both parts of the process (the initial conversation and the follow up letter) by the consultant responsible for the patient's care were being addressed and the expectation was that all outstanding cases would have Duty of Candour requirements completed by the week commencing 8 July 2019. Nine cases of *C. difficile* had been reported in May 2019, seven of which were hospital onset and two were community onset. This was within trajectory and none of the cases have been related to lapses in care. There had also been two Trust-attributable MRSA BSI cases compared to 3 in total in 2018/19. For the most recent full year data, the Trust had the lowest Hospital standardised mortality ratio (HSMR) score for acute non-specialist trusts nationally. The Trust was the second lowest of acute non-specialist providers for the Standardised hospital mortality indicator (SMHI) score. The Trust's vacancy rate at end May 2019 was 11.7%, higher than the median for the London University Hospital Association. The majority of the Trust vacancies were within the nursing and midwifery staffing group where the vacancy rate was 14.6% (840 whole time equivalent vacancies). The Board noted the actions in progress to fill the roles. *Operational performance* The Board noted that in May 2019, the Trust had commenced testing of a proposed new A&E standard as one of fourteen hospital trusts in England. In line with the memorandum of understanding, figures on the A&E four hour standard would not be published for the pilot period. Throughout the pilot, the focus remained on achieving a good flow of care across our care pathways. The Board noted an increase in the number of patients who were delayed over twelve hours (from decision to admit to admission). In June 2019, 22 patients were delayed which was up from 7 in the previous month. The Board noted that all delays were due to delays in admission for mental health provider beds and noted the work being done with commissioners and the mental health providers to minimise delays. The Board noted that in May 2019, the Trust continued to report that no patients had been waiting for more than 52 weeks for treatment. There had also been a continued improvement in performance against the standard to treat patients within 18 weeks of their referral and the overall RTT waiting list size had been maintained below the target of 63,100. The Board noted that six of the eight national cancer standards were being achieved, with cancer 2 week waits and the 62 day screening standard being the exception. The Board noted the actions being taken to improve performance in these areas and the improvement trajectory. The Board noted and welcomed the fact that the Trust's data reliability score for all key operational waiting times datasets were rated as 'green' for data quality, for the first time. The Board acknowledged the improvements being made in data quality. The Trust board noted the report.
12. 12.1	**Financial performance report** The Board received and noted the financial performance report for month 3, noting that the Trust was on track against the plan in month and year to date; however significant risks

	remained in the sector financial position and the potential impact on payments for activity over the agreed contract, and in the divisional delivery of CIPs.
12.2	The Board discussed the current financial performance of Imperial Private Healthcare and the opportunities to increase the income from private healthcare provision to support NHS income. However it was noted that significant capacity issues constrained the ability to increase income significantly. The Trust board noted the report.
13.	**CQC update**
13.1	The Board received and noted the update report, highlighting the results of recent CQC inspections of core services, the GP practice at Hammersmith and a regulatory inspection of the Trust's compliance with Ionising Radiation (Medical Exposure) Regulations (IRMER).
13.2	The Board noted the outcome of the IRMER inspection and the resultant improvement notice served on the Trust. It was noted that an action plan was being implemented in order to ensure full compliance by the time of the re-inspection due on 28 August and Prof Orchard advised that lessons had been learned from this inspection regarding governance arrangements for other regulatory requirements. The creation of the compliance unit and the launch of the directorate level well-led reviews would provide assurance of the robustness of these governance arrangements and address any gaps. The Trust board noted the report.
14.	**Verita report – implementation of lessons learned**
14.1	The Board received and noted an update on the actions arising from the Verita report and the Trust's response to the national recommendations. The Chair opined that the Trust had made significant steps in responding to the findings from the Verita report and she was happy to confirm with NHS Improvement that the Trust was responding appropriately.
14.2	The Board noted the summary of local actions being implemented and the national recommendations. Prof Orchard advised that a key change through these actions was to adopt a far more considered approach to disciplinary proceedings including more use of feedback. The Board welcomed this change in approach but noted the need to ensure appropriate capability at general manager level in order to effect this change. Prof Orchard confirmed that a five-faceted development programme had been designed for general managers and a extensive range of other development programmes were available for other staff groups.
14.3	The divisional directors were asked for their reflections on the changes being made. They agreed that there was still more to be done to improve communication among staff but agreed that the multi-disciplinary approach being taken was more effective.
14.4	Mr Raffel asked for current data on time taken to complete disciplinary investigations. Mr Croft reported that times had increased due to additional checks being added but the establishment of the central investigation unit should resolve this by taking on the responsibility for the process. Times would be monitored to ensure a reduction was achieved. The Trust board noted the report.
15.	**Values and Behaviours Programme**
15.1	The Board received and noted a paper setting out the aims, content and delivery methods for the values and behaviour programme, to embed Trust values and behaviour framework

	across the organisation. It was noted that the 'Active Bystander' programme developed by Imperial College would be used to support this programme.
15.2	The Board discussed the changes aims of the programme and the extent of change in organisational culture being sought through this programme. It was noted that good progress had been made in terms of awareness of the values but the aim of the programme was to establish a culture where these values were embedded in everyday behaviour across all staff groups. The Trust board noted the report.
16. 16.1	**Responsible Officer's Annual Report** The Board received and noted the Responsible Officer's annual report, noting that it had been reviewed by the Quality Committee. The Trust board noted the report.
17. 17.1	**Annual update on safe, sustainable and productive nursing and midwifery staffing** The Board received and noted the annual report on safe, sustainable and productive nursing and midwifery staffing levels, noting that it had been reviewed by the Quality Committee. The Board discussed the increase in establishment and current vacancy rates, and the ongoing initiatives in training and recruitment of nurses to address vacancy rates. The Board noted the national initiative in degree apprenticeships in nursing; the challenges to the Trust in paying for apprentices while they trained were noted but it was agreed that training was central to the Trust's mission and therefore was an opportunity for the Trust. The Board discussed other opportunities, including establishing a school of nursing. The Trust board noted the report.
18. 18.1	**Trust Board and Committees self-assessment reviews** The Board received and noted the results from the annual self-assessment review of effectiveness of Trust Board and committees. It was noted that results for each committee had been discussed by the relevant committee and actions agreed where necessary. The Trust board noted the report.
19. 19.1	**Trust Board Committee summary reports** The Board received and noted summary reports from the following Board committee meetings: • Audit, Risk and Governance Committee meeting held on 3 July 2019. The Board noted that the Committee had reviewed the corporate risk register and key divisional risks, and had considered an update on raising concerns and the outcome of concerns raised by staff. It had agreed that the outcomes would be reviewed as a significant proportion of concerns were not upheld. The Committee had also received an update on data quality and noted improvements. • Remuneration and Appointments Committee meeting held on 19 June 2019 The Board noted that the Committee had reviewed the outcome of the appraisals and objective setting for the Chief executive and executive directors, noting that objectives should be set earlier in the following year. The Committee had also reviewed executive remuneration and were waiting for national guidance to be issued before agreeing any uplift. The Committee had also discussed the issues arising from changes in the tax arrangements for NHS pension and the impact on operational performance. It was agreed that an impact assessment would be

	completed and an update on the national response provided to the Committee at its next meeting. • Quality Committee meeting held on 10 July 2019 The Board noted in particular the excellent work completed in analysing the lessons learned from the Gosport Report and development of a Trust action plan to ensure lessons were reflected in Trust practise. • Finance and Investment Committee meeting held on 17 July 2019 The Board noted that the next meeting would include an update on winter and capacity planning. The Trust board noted the report.
20. 20.1	**Any other business** No other business was discussed.
21. 21.1	**Questions from the public** The Chair invited questions from the members of public present.
21.2	A member of public, and member of Save our Hospitals group, referenced the patient story and asked what impact the closure of Pembridge Lodge palliative beds would have on the Trust's end of life care. It was agreed that Dr Urch would respond to the question outside of the meeting.
21.3	The same member of public also referenced the non-emergency patient transport issues reported by the Chief executive and reported examples of the impact on dialysis patients. Prof Orchard repeated his apology for any inconvenience caused by the issues and confirmed that he had written to all dialysis patients to apologise. He added that the matron on the dialysis unit had done an exemplary job in managing the affected patients. Prof Orchard summarised the actions being taken to improve the responsiveness of the service and confirmed that improvements were being seen. He confirmed that lessons would be learnt from this issue for future implementations. It was agreed that a deep dive review of the issues and lessons learnt would be presented at the October meeting of the Audit, Risk and Governance Committee. **Action: Prof Sigsworth / Hugh Gostling**
21.4	A member of public summarised the experiences of a friend's end of life care, including multiple transfers across hospital sites, lack of communication from clinical teams and a lack of palliative care capacity. She referred to multiple hand-offs between clinical teams and the lack of kindness in the overall approach to care. Prof Orchard advised that individual cases should be reviewed so that feedback could be given to clinical teams to inform improvements in care. It was agreed that Dr Urch would pick up the details of the patient and their care outside of the meeting.
21.5	A member of the public endorsed the need to listen to and learn from relatives as part of the care of patients, including disability issues and cancer treatment.
21.6	A member of public made reference to the launch of an NHS Improvement initiative, the *Patient Safety Partner,* and expressed a wish to become a partner. It was noted that national guidance regarding this initiative was awaited.
21.7	The same member of public asked how the Trust intended to use data to benefit patients. The Board noted examples of where use of data already benefitted patients, such as the WISIC data and Mr Jarrold assured the Board regarding the robustness of internal controls regarding information governance.

21.8	A member of public asked why the Trust was planning to close the hydrotherapy pool at Charing Cross Hospital. Prof Orchard advised that the ongoing public consultation identified the challenges faced in maintaining the service, including estates issues, and advised that the evidence base regarding the benefits of hydrotherapy was not strong and did not justify the cost of maintaining the service. However he advised that input was invited into the consultation and the team would consider the options for the service. Final proposals would be presented following evaluation of the consultation feedback.
21.9	A member of public referenced the Trust's collaboration with other trusts and asked whether a merger with Chelsea and Westminster NHS Foundation Trust was planned. Prof Orchard reported on the sector approach to health provision that would require health partners to work together. An example of this was the collaboration between the Trust and Chelsea and Westminster NHS Foundation Trust on specific services, but advised that formal organisational merger was not currently planned.
22.	**Date of next meeting** Trust board: Wednesday 25 September 2019 11.00 – 13.00, W12 Conference Centre, Hammersmith Hospital.

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TRUST BOARD – PUBLIC REPORT SUMMARY	
Title of report: Record of items discussed at the confidential Trust board meetings held on 24th July 2019	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information/noting
Date of Meeting: 25th September 2019	**Item 5, report no. 02**
Responsible Executive Director: Professor Tim Orchard, chief executive officer	**Author:** Peter Jenkinson, Director of corporate governance

Summary:

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.

July 2019

The Board received a report from the Chief Executive, including an update on the pilot of emergency care standards. The Board noted the number of patients who spent more than 12 hours in the A&E department and the proportion of these who were not admitted. It was noted that all instances of patients waiting for more than 12 hours were investigated as serious incidents, and it was noted that a large number of these patients were patients requiring mental health care. The Board discussed the current issues regarding mental health care in emergency departments and the funding regime for mental health trusts that led to delays in care, noted that discussions continued with local mental health trusts to escalate specific instances and noted that the funding issues were being discussed at a regional and national level.

The Board noted and welcomed the action being taken by the executive to review emergency pathways in order to remove unnecessary delays in the pathway, including expediting the implementation of Point of Care Testing.

The Board approved the award of the contract for the workforce managed service for temporary staff to Reed.

The Board received and noted a summary of progress in the redevelopment of the Trust estate and also received a summary of the key risks arising from the current Trust estate, including the resultant operational issues, and noted the approach being taken to backlog maintenance to address the issues.

The Board did not meet in August 2019.

Recommendations:
The Trust board is asked to note this report.

Trust strategic objectives supported by this paper:
To realise the organisation's potential through excellence leadership, efficient use of resources, and effective governance.

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TRUST BOARD (PUBLIC) - ACTION POINTS REGISTER, Date of last meeting 24 July 2019

Updated: 19 September 2019

Item	Meeting date & minute reference	Subject	Action and progress	Lead Committee Member	Deadline (date of meeting)
1.	24 July 2019 10.2	Trust Strategy	The Board welcomed the progress made in developing the integrated strategy and the process undertaken, in particular the involvement of the Strategic Lay Forum, and agreed the need to distil the new objectives into fewer key priorities. The Board also noted that the executive were developing a governance framework for the development and delivery of the revised strategy, to be completed in September 2019. It was noted that this governance framework would include an approach to communications to ensure dissemination of a consistent message and would also include an approach to reinforce the Trust's values and behaviours. It was agreed that this would be shared with the Board at its next meeting. September 2019 update: This work is progressing well. We have extended the original timescales for the project due to the need to ensure appropriate input from the executive team, and will have a proposal to share with the Board in time for the seminar in October.	Tim Orchard / Claire Hook	October 2019
2.	24 July 2019 21.3	Questions from the public / non-emergency patient transport issues	A member of public referenced the non-emergency patient transport issues reported by the Chief executive and reported examples of the impact on dialysis patients. Prof Orchard summarised the actions being taken to improve the responsiveness of the service and confirmed that improvements were being seen. He confirmed that lessons would be learnt from this issue for future implementations. It was agreed that a deep dive review of the issues and lessons learnt would be presented at the October meeting of the Audit, Risk and Governance (ARG) Committee. September 2019 update: An updated will be provided to the October ARG Committee and the review in December 2019.	Prof Sigsworth / Hugh Gostling	October 2019

Items closed at the July 2019 meeting

Item	Meeting date & minute reference	Subject	Action and progress	Lead Committee Member	Deadline (date of meeting)
3.	30 Jan 2019 9.4	Estates issues	The Board noted additional actions being taken to improve response to estates maintenance requests, including a weekly review meeting with divisions to review progress and prioritise requests. The Board welcomed the additional action being taken but agreed that this was one of the most significant risks facing the Trust. It was agreed that a validated view of the estate issues and the prioritisation of the resource to resolve would be presented to the next Board meeting. May 2019 update: Deferred to July 2019 Private Board – an update was provided to the July Trust Board in private.	Janice Sigsworth	Closed
4.	26 Sept 2018 8.4	Implementation of e-referrals (arising from CEO report item)	A post-project evaluation would follow in January 2019. January 2019 update: Deferred to May 2019 July 2019 update: The post project evaluation has been completed and presented to the Executive Team. It will now be presented to the next Finance and Investment Committee.	Dr TG Teoh	Closed

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

Imperial College Healthcare NHS Trust

TRUST BOARD – PUBLIC REPORT SUMMARY	
Title of report: Patient Story	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information
Date of Meeting: 25 September 2019	**Item 7. and report no. 04**
Responsible Executive Director: Janice Sigsworth, Director of Nursing	**Author:** Steph Harrison-White

Summary:
This month's patient story will be presented in person by E.E. E.E was referred to the Trust in December 2018 and underwent an open cholecystectomy in January 2019.

He describes a very positive experience overall and a positive clinical outcome. It is evident from his experience that we need to ensure we give consistent clear information to patients using the same terminology to avoid any misinterpretations and unnecessary anxiety.

Recommendations:
The Committee is asked to note the issues raised.

This report has been discussed at:
None

Quality impact:
Being kind, expert practitioners has a positive impact on patient's experience, instilling confidence, and reducing anxiety and making them feel valued.

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

Risk impact and Board Assurance Framework (BAF) reference:
Not applicable

Workforce impact (including training and education implications):
Not applicable

Has an Equality Impact Assessment been carried out or have protected groups been considered?
☐ Yes ☐ No ☒ Not applicable

If yes, are further actions required? ☐ Yes ☐ No

What impact will this have on the wider health economy, patients and the public?
☐ Yes ☐ No ☒ Not applicable

If yes, briefly outline. ☐ Yes ☐ No

The report content respects the rights, values and commitments within the NHS Constitution
☒ Yes ☐ No

Trust strategic objectives supported by this paper:
Retain as appropriate:

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

Update for the leadership briefing and communication and consultation issues (including patient and public involvement):
Is there a reason the key details of this paper cannot be shared more widely with senior managers?
☐ Yes ☒ No

If the details can be shared, please provide the following in one to two line bullet points:

- What should senior managers know?
  - Teams that have the Trust values at the core of all they do will improve patient experience.
  - Communication must be consistent and clear.

- What (if anything) do you want senior managers to do?
  - To share this story with their teams focusing on the importance of communication and the Trust values.

- Contact details or email address of lead and/or web links for further
  Stephanie.harrison-white@nhs.net

- Should senior managers share this information with their own teams? ☒ Yes ☐ No
  If yes, why? To reinforce the importance living the Trust values and good communication.

Imperial College Healthcare NHS Trust

Patient Story

1. Executive Summary

This month's patient story will be presented in person by E.E. E.E was a patient in the Trust earlier this year, following admission for a planned open cholecystectomy in January 2019.

E.E had been unwell since August 2017 with an initial history of sudden unexplained jaundice that was finally diagnosed as gallstones. He was referred to our Trust after a failed laparoscopic cholecystectomy (removal of the gall bladder using keyhole surgery) in 2018.

This story highlights the importance of kind and caring staff and that establishing trusting relationships between patients and surgeons can instil confidence in their expertise and provide reassurance to our patients. E.E's experience reminds us of the importance of ensuring communication is consistent both in the written and spoken format.

2. Purpose

The use of patient stories at board and committee level is seen as positive way of reducing the "ward to board" gap, by regularly connecting the organisation's core business with its most senior leaders.

The perceived benefits of patient stories are:

- To raise awareness of the patient experience to support Board decision making
- To triangulate patient experience with other forms of reported data
- To support safety improvements
- To provide assurance in relation to the quality of care being provided and that the organisation is capable of learning from poor experiences
- To illustrate the personal and emotional consequences of a failure to deliver quality services, for example following a serious incident

3. Background

Consent to treatment means a person must give permission before they receive any type of medical treatment, test or examination.

In order for consent to be valid the person must have the mental capacity to make the decision; it must be given voluntarily and the person must have sufficient information to understand the decision and risk (BMA 2018).

If someone is going to have a major procedure, such as an operation, their consent should be secured well in advance so they have plenty of time to understand the procedure and ask questions.

According to the Royal College of Surgeons, surgeons must establish and maintain effective relationships with patients and, where appropriate, with their supporters. Before surgery, surgeons should strive to have an honest and sensitive discussion with patients about their options for treatment that leads to informed and deliberate consent. This is reiterated by Ryan el al (2008) who described the process of communication between the surgeon and patient as being one based on trust.

4. Summary/Key points

E.E was referred to our Trust for an 'open' cholecystectomy following a failed laproscopic cholecystectomy (key hole removal of the gall bladder) at another Trust. He had previously been well until August 2017 when he suddenly became lethargic and jaundiced after a holiday with his family.

Initially the jaundice was thought to be infection related; however, it transpired after a number of investigations to be gallstones. E.E was initially sent for a laparoscopic cholecystectomy at another London Trust. It was evident during the procedure that his gall bladder was too enlarged for this type of surgery and concerns were also raised about his liver.

E.E was referred to our Trust and seen very quickly as an outpatient. At this time, he realised how concerned the clinicians were about him and describes their surprised look when he walked into the clinic, as he looked so well. He recalls that the consultant surgeon was very personable and was interested in him as a person, not just his clinical condition. He describes having absolute faith in the team caring for him.

E.E was consented for surgery during his outpatient appointment. This is normal practice and, as recommended by the Royal College of Surgeons, it is best practice as it allows the patient time to process the information and ask questions. At this time E.E was consented for an open cholecystectomy with the possibility of proceeding to further surgery, depending upon the findings.

Shortly after this appointment, E.E was admitted for surgery in January 2019. On arriving at the ward, he was met by the one of the nursing staff who confirmed his identification. Someone on the ward described his planned surgery in terms that were not familiar to him and which caused him some anxiety.

EE was then reviewed by the consultant anaesthetist. He asked them where he was on the list and was informed he 'was the list' for that day. This caused him further anxiety as he assumed this meant he was a lot sicker than he had thought.

EE describes how the operation was successful. He recalls waking in the recovery room and the staff being friendly. He describes 'feeling normal' again. The surgeon explained the surgery to him and took the time to contact EE's wife to inform her.

E.E remained in hospital for over a week. He reports that the care he received was 'brilliant'. His pain management was good and the pain team visited him on the ward. The nursing staff were kind and responded quickly whenever he needed any assistance. He describes the ward sister being in the 'background making sure everything ran smoothly'. The catering staff were kind; overall, it was a pleasant environment and experience.

5. Conclusion and Next Steps

E.E describes a very positive experience overall and a positive clinical outcome. It is evident from his experience that we need to be mindful of messages we give to patients and how this can be interpreted.

Whilst is clear that the clinicians explained there may be a need for additional surgery as E.E had potential liver involvement the language and terminology must be consistent throughout the patient pathway.

E.E describes the expert care he received from the surgeons, delivered with compassion. He speaks of the human connection as the surgeons took time to know him as a person and to build trust between them. It was this trust that provided reassurance to E.E before his surgery.

E.E told us that all staff demonstrated *kindness* towards him throughout his experience. They were caring and responsive, keeping him comfortable throughout his stay. He recognised the importance of leadership at ward level, describing the discrete way in which the sister managed the ward.

Imperial College Healthcare NHS Trust

TRUST BOARD – PUBLIC REPORT SUMMARY	
Title of report: Chief Executive Officer's Report	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information
Date of Meeting: 25th September 2019	**Item 8, report no. 05**
Responsible Executive Director: Prof Tim Orchard, Chief Executive Officer	**Author:** Prof Tim Orchard, Chief Executive Officer

Summary:

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

1) Financial performance
2) Transformation programme update
3) Patient focus
4) Operational performance
5) Strategic development
6) People
7) Stakeholder engagement
8) Celebrating achievements

Recommendations:
The Trust board is asked to note this report.

This report has been discussed at: N/A

Quality impact: N/A

Financial impact:
The financial impact of this proposal as presented in the paper enclosed: N/A

Risk impact and Board Assurance Framework (BAF) reference:

Workforce impact (including training and education implications): N/A

What impact will this have on the wider health economy, patients and the public? N/A

Has an Equality Impact Assessment been carried out?
☐ Yes ☒ No ☐ Not applicable
If yes, are there any further actions required? ☐ Yes ☐ No

Paper respects the rights, values and commitments within the NHS Constitution.
☒ Yes ☐ No

Trust strategic goals supported by this paper:
- To help create a high quality integrated care system with the population of north west London
- To develop a sustainable portfolio of outstanding services
- To build learning, improvement and innovation into everything we do

Chief Executive's Report to Trust Board

1. Financial performance

The Board has agreed the control total of a £16.0m deficit before Provider Sustainability funding (PSF) and Marginal Rate Emergency Threshold Funding (MRET). The finance report to the Board provides detail of the trust's financial position for the five months year to date (April - August 2019). At month 5 the forecast gap to the control total has improved by £6.8m to £12.3m. This has been driven by Improvements in divisional forecasts, in private and NHS income.

These scenarios are supported by significant non-recurrent benefits creating increased pressures for 2020/21 on top of expected savings targets and cost pressures. Therefore all divisions and directorates need to focus on delivering improvements to cost run rates to improve their forecasts, and close the remaining £12m gap to the control total.

Year to date the Trust is over plan on activity with both local Clinical Commissioning Groups (CCGs) and with NHS England on specialist commissioning. The cost of this additional activity puts further pressure on the delivery of the sector control total. The Trust is not guaranteed payment from North West London CCGs as this must be agreed across the sector; this is a potential risk to the Trust meeting its control total. The Trust is working with sector providers and commissioners on plans to ensure that any increase in activity over winter is delivered in the most effective and appropriate setting.

A key risk to the Trust meeting the control total continues to be the delivery and identification of Cost Improvement Programmes (CIPs). To improve the delivery of sustainable CIPs the Trust is focusing on reducing pay costs, with reviews being undertaken on ways to reduce agency and other temporary staffing spend. Plans go through a full quality assessment to ensure that there is no effect on patient safety.

2. Transformation programme update

Transformation projects are starting to embed now – the two key collaboration initiatives with Chelsea and Westminster NHS Foundation Trust are progressing, although the Head of Service for Dermatology at Chelsea and Westminster NHS Foundation Trust is off and this is delaying the design of the service. Other areas such as creating a Same Day Emergency Care pathway (encompassing Emergency and Acute Medicine, and Renal, are being scoped with the respective services.

Other areas being worked on include strengthening the Surgical Productivity Programme, and Transformation also continues to support the CIPs delivery, supporting processes, and Programme Support Office.

3. Patient focus

Care Quality Commission (CQC) inspections

The CQC have published, in July 2019, the quality ratings for a range of services inspected across four of the Trust's hospitals in February 2019. The report included ratings for how 'well-led' the Trust is, reflecting the results of the NHS Improvement inspection of the Trust's use of resources to provide high quality and sustainable care for patients.

I'm delighted to report that, of the services inspected, six were rated as 'good' and two as 'outstanding'. There were not enough services inspected at this time to change the Trust's overall rating, which is Requires Improvement, but the results of this inspection show the improvements being made as a Trust.

We also received, this month, the draft report from the CQC inspection of the GP service at Hammersmith Hospital, and I'm pleased to report that this was positive – we await the publication of the final report. In addition, we received a follow-up visit from CQC on 28 August in response to their

concerns raised in their regulatory inspection of compliance with the IRMER regulations at St. Mary's, and I'm pleased to report that the CQC commended the progress made by the Trust and confirmed that all requirements in the improvement notice had been addressed.

Further details on CQC related activity and inspections are included in the report being presented to the Board.

Non-emergency patient transport
At the last meeting I reported on the implementation of the new non-emergency transport contract and the issues arising from the change in provider to Falck, leading to delays in transport for a number of patients. I have met with the Chief executive officer of Falck and we continue to work with Falck to improve the service as quickly as possible. I'm pleased to report that the situation is improving and we have agreed a trajectory to ensure continual improvement in performance until the end of December 2019.

There has been a significant increase in the numbers of formal complaints, primarily linked to the introduction of the new service. We expect this to improve and to see performance against the contract to return to at least the level of the previous contract, as issues with the transport contract are resolved.

4. Operational Performance

The Trust Board will consider the integrated quality and performance report and the key headlines relating to operational performance as at July 2019 (month 4).

New UEC standards
The national "field test" of the proposed new UEC standards has now come to an end and, over the course of the next few weeks, NHS England will be reviewing the results and obtaining patient feedback before deciding on next steps. In the meantime, we have received confirmation that we will not be required to report performance against the four hour standard for the remainder of this financial year and should instead continue to submit data about performance against the proposed new standards. NHS England has also indicated that they will require a plan from each of the pilot sites setting out how they will improve performance against the new standards in preparation for winter.

Throughout the field testing we have continued to monitor both four hour performance and the new standards in parallel, although we have not formally reported the former. In light of the feedback from NHS England, it now seems sensible to review our performance management and monitoring arrangements for winter and to focus on reducing the mean time patients spend in our Emergency Departments and the number of waits in excess of 12 hours from arrival. The Divisional Director for Medicine and Integrated Care and the Director of Operational Performance will lead this process.

Although there are some challenges associated with the proposed new standards, our experience during the field testing suggests that they do represent an opportunity to improve patient experience by encouraging improvements across the whole pathway.

Trust undertakings
As reported at the last meeting of the Trust Board, the Trust's regulatory segmentation (rating) and the undertakings are being reviewed by NHS Improvement and other regulatory partners to reflect the progress made by the Trust. We expect the result of this review in the next month.

EU Exit planning
Over the last few weeks we have been updating our plans to ensure we are prepared in the event of a "no deal" EU exit. Although the guidance we have received from the Department of Health and Social Care and NHS England has not materially changed, the external context has shifted and we are reviewing our plans with winter pressures and political uncertainty in mind.

At this stage, I am confident in the preparations we have made. For example, we hold a supply of medicines to operate as usual for between four and six weeks, have robust mechanisms for dealing with shortages, we have assessed any contracts for the supply of medical devices and clinical

consumables that fall outside the national arrangements for high priority categories and we have not seen any significant change in the number of EU nationals that work here. My main concern remains that, like every other NHS organisation, we are reliant on the national arrangements given the instruction not to stockpile.

Keith Willet, Medical Director for NHS England and EU Exit Strategic Commander, has convened a workshop for the London region on 19 September. Following this workshop, our EU Exit task and finish group will address anything that is relevant to our planning and formally review our existing risk assessment. The risk assessment, and our contingency plans, will be presented to the Audit, Risk and Governance Committee on 2 October.

5. Strategic development

Strategy development was the focus of the Trust Board's seminar on 26th June and the outputs from that meeting were presented to the Trust Board at the last meeting in July. We have developed an outline approach, included in the papers for this meeting, to ensure continued engagement of the Board in the development and deployment of the organisational strategy and enabling strategic plans.

Hybrid theatre
Works to build a new £1.865 million hybrid theatre at St Mary's Hospital will begin this month and run until March 2020. The hybrid theatre will allow surgery and very high quality imaging to be undertaken as a combined procedure in the same operating theatre. This means a team of vascular surgeons and interventional radiologists can work together to carry out endovascular procedures, treating problems with blood vessels without open surgery. Patients with major trauma will also benefit from the new theatre by allowing those with multiple injuries to undergo both endovascular and open surgery in the same space.

6. People

Workforce Annual Equality, Diversity and Inclusion Report 2018/2019
The Board will consider the Workforce Annual Equality, Diversity and Inclusion Report for 2018/19 at this meeting. This report incorporates Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap Report. The report outlines our Workforce Equality, Diversity and Inclusion work programmes as approved by the Board in March 2019. The report also highlights the actions plans that are in place to address workforce race, gender and disability equality and disparity identified through our data.

Reverse mentoring
As part of both leadership development and our workforce equality programme we have launched our reverse mentoring programme. Supported by Stacy Johnson MBE, Associate Professor at the University of Nottingham, we are beginning the reverse mentoring programme. In our first cohort some of the Trust's Black, Asian and Minority Ethnic staff will be mentoring members of the executive team and other senior leaders to help develop their understanding of the challenges and barriers that staff from a BAME background face.

Great Place to Work week 2019
This year's Great Place To Work (GPTW) week is running from 30th September to 4th October and will see the launch of several initiatives.

The focus for 2019 will be on our values and behaviours, linking it to the feedback we obtained from the winter values engagement exercise, which reminds staff of the important of relationships, and the way we treat each other as being fundamental to this being a great place to work. We will be launching and delivering the core Values workshops across the Trust and different sites, times and venues for over 1000 staff. There will also be an online and social media campaign, as well as a range of other events and activities to showcase what makes the Trust a great place work.

Make a Difference awards
As part of GPTW we will also be launching a revised version of the Trust's Make a Difference award

scheme.

The Trust's make a difference (MAD) scheme has been running for six years and has built a strong reputation across the organisation as our internal recognition scheme. In summer 2019 there were a number of focus groups with staff to gather feedback on the existing scheme. Following feedback from staff about the scheme's utilisation, a number of changes and improvements have been proposed with the aim of increasing use of the scheme in all areas of the Trust and incorporating the Trust values more clearly into the scheme.

Staff survey
The annual staff survey will also be launched during the GPTW week.

Flu Campaign
This year's flu campaign will be commencing at the end of September. We have produced a communication plan and 89% of clinical areas now have named peer vaccinators. Fifty peer vaccinators have completed the e-learning training, with 16 fully trained.

NHS Graduate management trainees
This month we welcomed four NHS Graduate Management Scheme trainees to the Trust. The trainees will undertake an intensive two year development programme specialising in general management as well as leading a strategic quality improvement project for their directorate. The trainees will undertake two placements within the organisation developing their skills and expertise in business and general management as well as completing a post graduate qualification in leadership with the NHS Leadership Academy.

GM development programme
A new general manager leadership development programme has been launched. This is an 8 month programme, starting off with a 360 degree appraisal and followed by the first programme day on 18 November. We are partnering with ***The Kings Fund*** who will deliver core aspects of the programme at their conference centre in London.

Board appointments
Kay Boycott and Nicola Horlick have been appointed non-executive directors of the Trust alongside Dr Ben Maruthappu who will be joining as an associate non-executive director. They will take up their positions from 1st September 2019.

- Kay Boycott is currently the chief executive at Asthma UK and has a wealth of cross-sector experience in both executive and non-executive roles including the NHS. Kay brings with her expertise in digital and technological innovation in healthcare.
- Nicola Horlick has an extensive career in investment management and is currently chief executive of Money&Co, a business lending platform. She has previously spent 9 years as a non-executive director at another NHS Trust and was vice-president of Unicef for three years.
- Dr Ben Maruthappu is currently chief executive of Cera Care, a technology-enabled home care provider, co-founder of the NHS Innovation Accelerator and senior advisor to Bain & Company. Previously he served as senior fellow to the CEO of NHS England.

The new appointments follow the departures of Victoria Russell and Sarika Patel who left the board after coming to the end of their terms.

7. Stakeholder engagement

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

- Strategic Lay Forum: 7th August
- Karen Buck MP for Westminster North and Andy Slaughter MP for Hammersmith: 10th September
- Cllr Stephen Cowan and Cllr Ben Coleman, London Borough of Hammersmith: 16th September

- Cllr Heather Acton, Westminster City Council: 17th September
- Hammersmith & Fulham Save our NHS: 17th September

8. Celebrating achievements

Research

Scientists have visualised for the first time protein 'tangles' associated with dementia in the brains of patients who have suffered a single head injury.

These are the findings in a new study led by scientists from Imperial College London, published in the journal Science Translational Medicine.

In the early-stage study, researchers studied 21 patients who had suffered a moderate to severe head injury at least 18 years earlier (mostly from traffic accidents), as well as 11 healthy individuals who had not experienced a head injury. The research showed some of these patients had clumps of protein in their brain called tau tangles.

The team, who recruited patients from St Mary's Hospital and the Institute of Health and Wellbeing at the University of Glasgow, say the research may accelerate the development of treatments that breakdown tau tangles, by enabling medics to monitor the amount of the protein.

Trust team shortlisted for HSJ award

A Trust project helping to improve the health and wellbeing of older patients has been shortlisted for a prestigious HSJ award.

The intergenerational project – which has been shortlisted in the mental health innovation category – aims to show that spending time with children helps our older patients, many of whom have dementia, feel happier and less lonely during their time in hospital. The project is also beneficial for the children themselves, who are helped by interacting with older generations and also coming into a hospital environment which they may initially be apprehensive about.

The 12-month intergenerational project began in August 2018, funded by Imperial Health Charity, and is believed to be the first active intergenerational activities project to be carried out within an acute hospital setting.

Imperial College Healthcare NHS Trust

TRUST BOARD – PUBLIC REPORT SUMMARY	
Title of report: Board level governance – amendments to existing arrangements	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information
Date of Meeting: 25th September 2019	**Item 9, report no. 06**
Responsible Executive Director: Prof Tim Orchard, Chief executive officer	**Author:** Peter Jenkinson, Director of corporate governance

Summary:
The Board has reviewed some of its Board level governance arrangements, as outlined above, in line with good corporate governance practice. The Board are asked to agree or note these changes:

- To agree the amendment to the terms of reference for the Finance and Investment Committee to become the Finance, Investment and Operations Committee
- To agree the amendment to the terms of reference for the Redevelopment Committee to establish a Redevelopment Programme Board
- To note the amended non-executive director membership of Board committees
- To agree the outline approach to Board seminars, including the extension of planned sessions.

These changes have been made in response to some recent drivers for change, including:

- The Trust has welcomed three new non-executives to the Board:
  - Kay Boycott, non-executive director
  - Nicola Horlick, non-executive director
  - Ben Maruthappu, associate non-executive director

- The Board has completed its annual review of effectiveness of the Board and committees, taking into account changing context and priorities.

- The Board approved the revised Trust strategy in July. There is now an opportunity to review the format of the Board seminars to ensure continued Board involvement in the ongoing development of the strategy and oversight of delivery of the Trust strategy and enabling strategies.

Recommendations:
The Trust board is asked to note this report.

This report has been discussed at: N/A

Quality impact: N/A

Financial impact: The financial impact of this proposal as presented in the paper enclosed: N/A
Risk impact and Board Assurance Framework (BAF) reference:
Workforce impact (including training and education implications): N/A
What impact will this have on the wider health economy, patients and the public? N/A
Has an Equality Impact Assessment been carried out? ☐ Yes ☒ No ☐ Not applicable If yes, are there any further actions required? ☐ Yes ☐ No
Paper respects the rights, values and commitments within the NHS Constitution. ☒ Yes ☐ No
Trust strategic goals supported by this paper: ▪ To help create a high quality integrated care system with the population of north west London ▪ To develop a sustainable portfolio of outstanding services ▪ To build learning, improvement and innovation into everything we do

Board level governance – amendments to existing arrangements
September 2019

1.0 Purpose

1.1 The purpose of this paper is to outline proposed changes in the Board level governance arrangements, for Trust Board approval.

2.0 Introduction

2.1 There have been some recent drivers for change, including:

- The Trust has welcomed three new non-executives to the Board:
  - Kay Boycott, non-executive director
  - Nicola Horlick, non-executive director
  - Ben Maruthappu, associate non-executive director

- The Board has completed its annual review of effectiveness of the Board and committees, taking into account changing context and priorities.

- The Board approved the revised Trust strategy in July. There is now an opportunity to review the format of the Board seminars to ensure continued Board involvement in the ongoing development of the strategy and oversight of delivery of the Trust strategy and enabling strategies.

3.0 Board committees

3.1 In line with good practice, the Board continuously reviews the terms of reference of Board committees to ensure that they are fit for purpose. Having reviewed the results of the Board's self-evaluation of effectiveness of Board committees, the committees' respective terms of reference, and the Trust's priorities, it is proposed to amend the terms of reference for two of the Board committees.

Finance, Investment and Operations Committee

3.2 It is proposed that the Finance and Investment Committee (FIC) is renamed to become the Finance, Investment and Operations Committee (FIOC).

3.3 The objective of this change is to bring as sharp a focus on the Trust's operational planning and performance, and transformation activities, as there is on finance. The Committee will monitor progress, to add support and understand the risks and opportunities in these two areas which are so important in reaching the Trust's ambition to be 'outstanding'. The Director of operational performance and the Director of transformation will become standing members of this Committee.

3.4 The Finance, Investment and Operations Committee have agreed this change and the Board are therefore asked to approve this change.

Redevelopment Programme Board

3.5 The remit and membership of the Redevelopment Committee has been reviewed in light of recent updates in the Trust's strategy and approach to the Trust's redevelopment programme. It is proposed that the current Redevelopment Committee is reconstituted as the Redevelopment Programme Board. The remit of the programme board is to provide oversight over the trust-wide redevelopment programme, including oversight and support to any commercial negotiations or procurement processes required for redevelopment. The programme board will also include some external membership, which will change from time to time, according to the inputs and expertise required.

3.6 The Redevelopment Programme Board has agreed the terms of reference for the board and the Trust Board is therefore asked to approve this change.

4.0 Non-executive membership of Board committees

4.1 The Trust welcomes Kay Boycott, Nicola Horlick and Ben Maruthappu as non-executive directors of the Board, with immediate effect.

4.2 Following these appointments, the Board composition has been reviewed with particular focus on the non-executive membership of Board committees. This review has taken into account input from existing non-executive directors through annual appraisals and consideration of the additional skills that the new appointments bring, the complementary expertise and experience, and future opportunities.

4.3 The amended non-executive membership of Board committees is outlined in the table below. Where Board members are new to a Committee, appropriate induction is provided.

4.4 While non-executive directors are allocated membership of specific committees, they have an open invitation to attend any committee. In particular non-executive directors are encouraged to attend the Quality Committee at least once a year.

NED	Audit, Risk & Governance	Finance, Investment and Operations	Quality	Redevelopment	Appointments & Remuneration
Paula Vennells	Observe (x1)	Observe (x4)	Observe (x2)	Chair	Member
Sir Gerald Acher	Chair		Member		
Kay Boycott	Member		Member		
Andy Bush	Member		Chair		
Peter Goldsbrough		Member		Member	Chair
Nicola Horlick		Member		Member	
Ben Maruthappu		Member	Member		
Andreas Raffel	Member	Chair			
Nick Ross (FTSU[1])				Member	Member

[1]FTSU: Nick Ross is Lead NED for the Trust 'Freedom to Speak Up Guardians'

5.0 Board seminars

5.1 The Board approved the revised Trust strategy at its meeting in July, including the overarching vision and strategic goals and the associated three-year clinical objectives, enabled by three-year objectives in the key enabling areas of quality improvement, people and digital. The content of the strategy built on reviews of the previous clinical, digital and people strategies, the outputs of various workshops and discussions and analysis of the needs and views of our staff, patients and partners as well as consideration of local and national policy.

5.2 As part of the Trust's approach to achieving each of the objectives, including tracking and evaluating progress towards them, and the continual development of the Trust strategy, the focus, format and content of the Board seminars have been reviewed.

Board seminar calendar 2019-20

5.3 It is proposed that the Board seminars are extended to full day events, with two 'away-day' sessions per year. These will allow more time for the Board to focus on strategy development and deployment. The revised schedule for 2019-20 is set out below:
October 2019 (1/2 day)
December 2019 (full day)
February 2020 (away-day – 1.5 days)
June 2020 (full day)
October 2020 (away-day – 1.5 days)
December 2020 (full day)

Approach

5.4 Each full session will follow a similar format, being made up of three main parts:

1. An external speaker / presentation / input – followed by some facilitated discussion that also brings in the experiences and insights of the Board
   [Aim: to bring diverse insights and innovations from within and outside healthcare into our strategic thinking]
   External speaker, hosted and facilitated by a member of the Executive team.

2. A second section that reflects on the external input in section (1), and other emergent policy, demographic, research & technological trends, and explores how these best align with our organisational strategy
   [Aim: to ensure our organisational strategy remains both current and highly aspirational for our patients, local communities and population]
   Discussion facilitated by Director of Strategy and/or other member of the Executive team / Board.

3. A third section that focuses on strategy deployment – and gives the Board an opportunity to see how we are making progress against our strategic goals and three-year objectives
   [Aim: to give Board assurance on, and input into, progress towards our objectives]
   Planned input from different members of the Executive team (divisional & corporate) on work planned, in progress and completed that will take us towards our objectives.

5.5 The previous format of the Board seminars has included a regular presentation from one clinical division and a Board walkabout. The feedback on these sessions is generally very positive and Board members find them useful in connecting strategy to frontline services. Therefore it is proposed that they continue, but it is proposed that the format changes – rather than having separate divisional presentations in certain seminars this part would, each time, be where the Divisional directors, Medical director, Director of nursing and others would present on work they have been leading, connecting organisational strategy with operational delivery.

Content – topics

5.6 To ensure coverage of all the key strategic topics, a forward plan for Board seminars will be developed and agreed, to ensure a systematic approach and timing to complement other Trust initiatives.

5.7 An initial list of topics to be included is below, with some initial timing for some of the sessions. The timing of others will be confirmed in due course.

Potential Topics	Seminar
Redeveloping our estate	October 2019
Developing as an integrated care system	December 2019
Well-led (including board effectiveness)	February 2020
Acting as an 'Anchor Institution' to improve population health	June 2020
Learning, improvement & innovation in everything we do; *bringing in teaching, education & research*	October 2020
Outstanding & sustainable services for a modern NHS	December 2020
NW London Sector - Working with the STP to provide a sustainable sector	
Digital transformation	
Making change happen – transformation & improvement	
Primary care demand management initiatives	
Specialty level planning	
Quality & safety of care	
Developing a workforce for the future	
Research & Life Sciences	

<u>December Board seminar – outline approach</u>

5.8 As an example of this approach, an outline plan for the December Board seminar has been developed, focusing on **Developing as an integrated care system**.

- **Session 1** – External speakers could be Dr Nikki Kanai, National Director for Primary Care, or the leader of an Integrated care System in the US, or Carolyn Wilkins, leader of Oldham Council, or Sir Chris Ham, Chair of an ICS in Coventry
- **Session 2** – A session facilitated by the Director of Strategy, bringing in inputs, for example, from the Long Term Plan, NHS Assembly & digital agenda
- **Session 3** – Updates from Divisional director for Medicine, Deputy director of transformation, Dr Anna Wilson, local GP, and others, presenting our progress with the Primary Care Network work.

6.0 Conclusion and recommendations

6.1 The Board has reviewed some of its Board level governance arrangements, as outlined above, in line with good corporate governance practice. The Board are asked to agree or note these changes:

- To agree the amendment to the terms of reference for the Finance and Investment Committee to become the Finance, Investment and Operations Committee
- To agree the amendment to the terms of reference for the Redevelopment Committee to establish a Redevelopment Programme Board
- To note the amended non-executive director membership of Board committees
- To agree the outline approach to Board seminars, including the extension of planned sessions.

Imperial College Healthcare NHS Trust

TRUST BOARD - PUBLIC SUMMARY REPORT	
Title of report: Workforce Annual Equality, Diversity and Inclusion Annual Report 2018/2019	☒ Approval ☐ Endorsement/Decision ☐ Discussion ☐ Information
Date of Meeting: 25 September 2019	**Item 10 and report no. 07**
Responsible Executive Director: Kevin Croft, Director of People & Organisational Development	**Author:** Gemma Glanville Divisional Director of People, Equality Diversity Inclusion Lead Olayinka Iwu – Workforce Equality Diversity and Inclusion Lead

Summary:

1. Background:

The Workforce Equality, Diversity and Inclusion Annual Report 2018/19 is to be published on the Trust's website and sets out how we are meeting the Public Sector Equality duties under the Equality Act 2010. Following previous feedback the report combines our data and plans for the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) and our Gender Pay Gap Report. The report has evolved through discussions at the:

- Partnership Committee (4 June)
- Equality, Diversity and Inclusion Committee (29 July)
- Executive Quality Committee (3 Sept)
- Trust Quality Committee (11 Sept)

2. Report Overview:

Executive summary *(pg. 3-5)* – an executive summary provides an overview of the report structure, the key findings of our equality analysis and an overview of our work programmes.

Workforce profile (pg. 6-9) - there have been no significant changes in the workforce composition in regards to age since 2010. There has been no significant change in regards to ethnicity in recent years either with the Trust continuing to have a higher percentage of staff employed from Black, Asian and Minority Ethnic (BAME) backgrounds than the local (London) population. The workforce split in regards to gender has also remained unchanged in the last 5 years.

Workforce equality and diversity work programme overview (pg. 10-13) in 2018 the Trust introduced an integrated work programme overseen by an Equality, Diversity and Inclusion (EDI) Committee which is now chaired by the Chief Executive. The change of chairmanship was introduced in 2019 to improve the accountability and profile of the work programme and, going forward, there will be senior divisional representation on the EDI Committee. For 2019 the Trust has prioritised work on race equality, beginning work on disability equality and the development of staff networks. Our work programme objectives for 2019/20 are:

Race Equality:

1. Improve workforce representation of BAME staff on Band 7+

2. Mitigate disproportionate representation of BAME staff entering formal workforce procedures
3. Reduce the differential in the relative likelihood of BAME staff receiving D or E ratings (PDR)
4. Address harassment and bullying issues reflected in the 2017-18 NHS staff survey

Disability Equality:

5. Improve quality of disability data on the Electronic staff record
6. Identify Trust priorities for the workforce disability equality scheme

Gender Equality:

7. Improve female workforce representation at Band 8A+
8. Reduce the differentials of bonus gender pay gap in local clinical excellence awards

Equality Enablers:

9. Key deliverables that ensure compliance with legal and regulatory requirements and contribute to general E&D work through promoting and increasing awareness – including the creation and growth of staff networks.

Work programme deliverables and timescales (appendices 1-4, pg. 13-19) – the detail of the specific work programmes are set out in the appendices at the back of the report.

3. Quality Committee Review and Recommendations:

The final report for publication reflects feedback at the committees listed above. Most recently at the Trust Quality Committee, there was an extensive discussion of both the content and structure of the report. In terms of the report's content and findings, the Committee challenged whether enough was being done to understand the causes of deteriorating performance such as the likelihood of BME staff being appointed from shortlisting and being the subject of formal disciplinary procedures. In addition, there was challenge as to whether the Trust was doing enough to address the gender pay gap, especially in relation to the proportion of female senior managers and the success of part-time female doctors in applying for Clinical Excellence Awards. In all of these areas it was agreed that additional actions would be considered in refreshing the 2019 equalities programme and in preparation for 2020 business planning.

The Quality Committee also made recommendations regarding the report's format and style. In response to the feedback a number of changes have been made to the report, including:

- re-designed cover sheet providing an overview of the report to be published
- clearer executive summary
- reduced description of the data and background to the statutory reporting requirements
- placing of the actions to be taken next to the data summaries to demonstrate the rust is acting on the data rather than just reporting it
- improved signposting to the appendices containing work programme details

Recommendations:

The Trust Board are asked to approve the report for publication.

This report has been discussed at:

As above.

Quality impact:

What is the benefit of this proposal to patient care and experience? How have patients been engaged in developing this proposal? Which CQC domain will be improved by this paper? (Safe, caring, responsive, effective, well-led).

Equality, diversity and inclusion is now a integral part of CQC inspections because of it's association

with quality and patient care as well as staff experience. The analysis and actions outlined in this paper enable the Trust to provide evidence under the CQC domain for Well Led.

Financial impact:
The financial impact of this proposal as presented in the paper enclosed:
- Has no financial impact

Risk impact and Board Assurance Framework (BAF) reference:
Risks attached to this project and how they will be managed. Reference to risk register and BAF where appropriate, and clear reference to key risks and mitigations.

The lack of equality, diversity and inclusion can have a detrimental effect on patient care, recruitment and retention. The actions and work programmes outlined in the report mitigate the risks of these issues have a major impact.

Workforce impact (including training and education implications):
The workforce impacts are outlined in the report and a number of the improvement objectives are linked to training and education both to raise awareness of equality issues and support the inclusion and progression of staff with protected characteristics.

Has an Equality Impact Assessment been carried out or have protected groups been considered? Yes, the report is dedicated to the actions to reduce the equality impact.

What impact will this have on the wider health economy, patients and the public?
Greater equality, diversity and inclusion will enable improved access to services and, with Imperial being a major local employer, is an economic generator for the local population

The report content respects the rights, values and commitments within the NHS Constitution
☒ Yes ☐ No

Trust strategic goals supported by this paper:
Retain as appropriate:
- To help create a high quality integrated care system with the population of north west London
- To develop a sustainable portfolio of outstanding services
- To build learning, improvement and innovation into everything we do

Update for the leadership briefing and communication and consultation issues (including patient and public involvement):
Is there a reason the key details of this paper cannot be shared more widely with senior managers?
☐ Yes ☒ No

If the details can be shared, please provide the following in one to two line bullet points, what should senior managers know? Already actioned via Trust Executive Quality Committee.

Should senior managers share this information with their own teams? Yes

Imperial College Healthcare NHS Trust

Workforce Equality, Diversity and Inclusion Annual Report 2018/2019

(Incorporating - Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap Report)

Olayinka Iwu, Mia Hull, Gemma Glanville and Sebastiano Rossitto

Directorate of People and Organisational Development

disability confident COMMITTED

Contents

Introduction

In line with the Equality Act 2010 the Trust is required to publish equality information annually to show how it has complied with the public sector equality duty. This Workforce Equality, Diversity and Inclusion (EDI) annual report focuses on the Trust's workforce and provides the Trust with valuable insights into our workforce equality performance. It identifies priority areas for improvement. In addition, this report has incorporated information required by the Workforce Race Equality Standard (WRES) and the Workforce Equality Disability Standard (WDES) that is mandated in the NHS standard contract. It also includes the Gender Pay Gap report.

About us

Imperial College Healthcare NHS Trust provides acute and specialist health care in North West London for around a million and a half people every year. Formed in 2007, we are one of the largest NHS trusts in the country, with over 12,000 staff. Our five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and the Western Eye – have a long track record in research and education, influencing clinical practice nationally and worldwide.

Executive summary

The 2018/2019 Workforce EDI annual report format has been revised and streamlined reflecting recommendations by the Equality, Diversity and Inclusion Committee. The recommendations were to publish all equality data, where possible, at the same time of the year in one report and to have an underlying Workforce Equality, Diversity Work Programme to support delivery of the entire workforce equality and diversity agenda.

In response to the these recommendations for the first time at this Trust, WRES, WDES and the Gender Pay Gap Report are all published at the same time. Included in this report are:

- Workforce Equality and Diversity Work Programme 2019 Appendix 1
- Workforce Race Equality Standard 18/19 Appendix 2
- Workforce Disability Equality Standard 18/19 Appendix 3
- Gender Pay Gap Report 18/19 Appendix 4

A brief summary of the information in each equality report is below.

Our Workforce Profile Summary

The first section of this report provides data and analysis for the overall Trust workforce in the same standard format as previous years, reviewing age, ethnicity, disability and gender composition.

There have been no significant changes in the workforce composition in regards to age since 2010/11. There has been no significant change in the workforce composition regarding ethnicity either. The Trust continue to have a higher percentage of staff employed from Black, Asian and Minority Ethnic (BAME) backgrounds than the local (London) population. The workforce split in regards to gender has also remained unchanged in the last 5 years.

The workforce profile section also reviews the Trust recorded information for disability, sexual orientation and religion. This is presented in two sets of data, one data set shows the recorded information for all staff, and one data set shows the recorded data set for only new staff. This split of data demonstrates that we have not seen a change in the overall recorded data for all staff, however our new staff data collection has declined. The Trust is rolling out a new applicant tracking

system that will go live in October. This will have enhanced management information and reporting functionality and help improve accuracy of demographic information and the recording.

Workforce Equality and Diversity Work Programme Summary

The Workforce Equality and Diversity Work Programme was approved by the Trust in March 2019. There are four elements to the plan:

- Workforce Race Equality Standard
- Workforce Gender Equality (Gender Pay) Action Plan
- Workforce Disability Equality Standard Action Plan
- Workforce Equality Enablers

Presenting and reviewing the programme alongside WRES, WDES and Gender Pay allows us to ensure it is fit for purpose and actions are still relevant.

The Trust under the governance of the EDI Committee will continue to review equality data separately for attendance on our leadership and development programmes, our performance management ratings, and our employee relations cases throughout the year to allow actions and interventions to be more agile and responsive.

No significant changes have been made to the overall Workforce Equality and Diversity Work Programme following the review of equality data in this report. As a result of wider engagement of the WDES metrics, a number of additional actions to support two key deliverables have been added to the Workforce Disability Equality Standard Action Plan. The first key deliverable added is to create a positive working culture for staff with disabilities and the second key deliverable is to improve the capacity of line managers/ colleagues to support staff with disabilities. The updated Action plan is in Appendix 1.

Race Equality

We know that Trust continues to have a higher percentage of staff employed from Black, Asian and Minority Ethnic (BAME) backgrounds than the local (London) population. The WRES data demonstrates that the majority of people in Band 7 above are from white backgrounds.

In 2019, for the non-clinical workforce, the percentage of BAME workforce has increased in Band 2-5 and 8a-8b, whereas the percentage of the BAME workforce has decreased for Band 6, 7, 8d and 9 compared to 17/18. In 2019, for the clinical workforce, the percentage of BAME workforce has increased in Band 3, 4, 7, 8a, 8c, 9, and all doctors compared to 17/18. The percentage of the BAME workforce has decreased for Band 6, 8b compared to 17/18. The data also shows that the relative likelihood of white applicants being appointed from shortlisting compared to applicants from BAME groups is roughly 1.63 times greater which is an increase from last year when the relative likelihood was 1.57 times greater.

A key deliverable in the Workforce Equality and Diversity Work Programme is to improve workforce representation of BAME people on Band 7+. Actions already agreed with the BAME Nursing and Midwifery Network include introducing diverse panels, reverse mentoring and unconscious bias training. Some of these large programmes of work will not take effect until the later part of 2019 and the Trust recognises that to delivered sustained change, these interventions will need to be piloted, implemented, embedded and then monitored and evaluated for progress. The key objectives for race equality are:

- Improve workforce representation of BAME people on Band 7+

- Mitigate disproportionate representation of BAME people entering formal workforce procedures
- Reduce the differential in the relative likelihood of BAME and White people receiving D or E ratings (PDR)
- Address harassment and bullying issues reflected in the 2017-18 NHS staff survey

The complete WRES Report is in Appendix 2.

Disability Equality

The reporting period 2018/19 is the first year of reporting on WDES for NHS Trust and Foundation Trusts. Only 1% of our staff have declared a disability on the Electronic Staff Record (ESR). We already know from our annual review of workforce composition data that recording for disability status on ESR is 66%. We also know that the staff survey disability declaration data at 11.6%, is considerably higher than ESR. The roll out of the applicant tracking system and the actions outlined in the WDES Action plan are designed to improve the recording of disability status on ESR and improve our ability to analyse recruitment data.

We do have areas of good practice such as Project Search - a supported internship programme that gives young adults with a learning disability opportunities in work. However, the Trust recognises more action is required to support staff with disabilities and this is why specific new actions have been added to the Workforce Equality and Diversity Work Programme. The key objectives for disability equality are:

- Improve quality of disability data on ESR
- Identify Trust priorities for the workforce disability equality scheme (WDES)

The complete WDES Report is in Appendix 3.

Gender Pay

For 2019, the Trust will publish the Gender Pay Gap report in September 2019 using the snapshot data of March 2019. This is published in advance of the government deadline. The previous year's report was published in March 2019. In summary, for 2019, when considering ordinary pay, the mean hourly rate of male employees is 18.4% higher than that of female employees. This is an 0.3% increase from 18.1% last year. When median calculations are used, the hourly rate of male employees' ordinary pay is 13.7% higher than that of female employees. This has a 2.1% increase from 11.6% last year. There has been an increase in the mean and median gender pay gap for ordinary pay, compared to the previous year's data.

When considering CEA payments only, there is a 29% mean pay gap between male and female consultants' CEA pay, this is an increase of 1% from last year. The medium pay gap is 44.8% between male and female consultant's CEA which is a decrease from 46% last year. Changes to the local CEA process and analysis on those who have achieved a local CEA for the first time in 2018/19 suggest positive changes in addressing the bonus pay gap for future years. The key objectives for gender equality are:

- Improve female workforce representation at Band 8A+
- Reduce the differentials of bonus pay gap (LCEAs) between female and male

The complete Gender Pay Report is in Appendix 4.

Governance, staff networks, accreditations

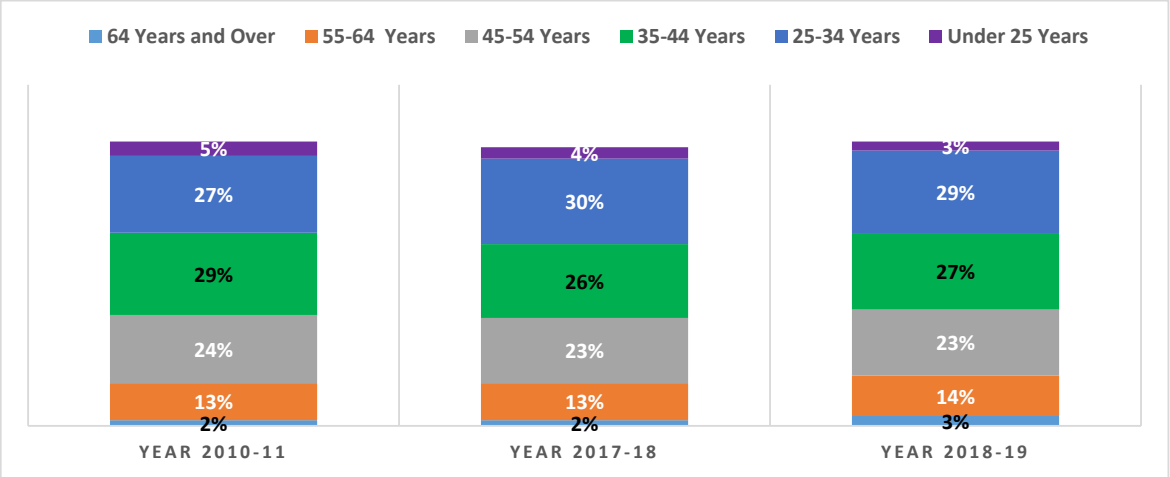
In the governance section, a full overview of the formal governance is presented. This includes a structure chart showing the role of the Equality, Diversity and Inclusion Committee and the reporting line to the board. Whilst the Trust has agreed priorities on race equality for the work programme for 19/20, work will continue to be delivered on the seven other protected characteristics. This will include supporting the aims and aspirations of the three staff networks, the Women's Network, the LGBT+ Network and the BAME Nursing and Midwifery Network. The commitments the Trust have signed up to be a Disability confident employer are listed in the accreditation section.

Our workforce profile

Below presents the percentage of staff employed by the trust by age, disability, ethnicity and gender as at 31 March 2019.

Workforce Composition: Age

Diagram 1: Trust age composition over three years



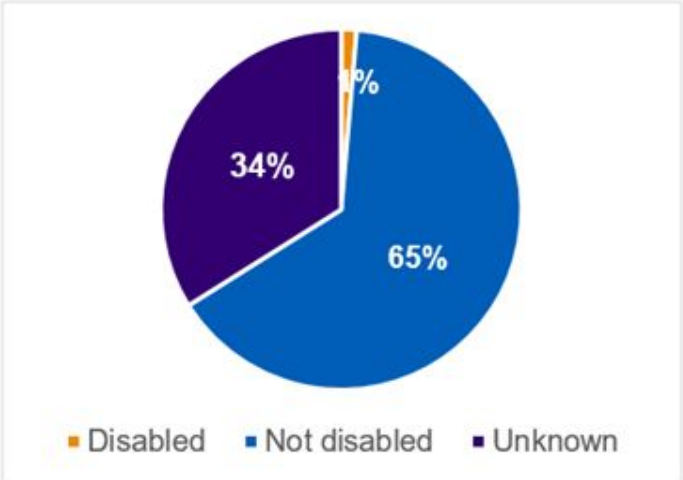
There have been no significant changes in the workforce composition in regards to age since 2010/11. The majority of our staff are aged 25 to 54. The Trust seeks to increase its attractiveness to people of all age groups through a range of measures including the widespread provision of work experience opportunities and apprenticeships and the promotion of flexible working.

Workforce Composition: Disability

This information is also presented in Appendix 3 WDES. Out of 12021[1] employees, 1% (165 people) have disclosed a disability and 65% (7778) are recorded not to have a disability. Out of the 34% (4078 people) where the disability status is unknown, 94% are coded as 'unspecified', 1% prefer not to answer and 5% are listed as 'not declared'.

[1] The 12021 staff reported on includes those employees who are unpaid this includes the Trusts Honorary consultants (297) and Honorary junior Doctors(359)

Diagram 2: Disability disclosure



As part of the Workforce Equality and Diversity, Work Programme (Appendix 1) there are plans in place to improve the quality of data on the employee staff record.

Workforce Composition: Disability, Sexual orientation and Religion

Table 1: Disability, sexual orientation and religion records for all staff including new staff

Protected Characteristic	Recorded demographic for all staff in 2013/14	Recorded demographic for all staff in 2014/15	Recorded demographic for all staff in 2015/16	Recorded demographic for all staff in 2016/17	Recorded demographic for all staff in 2017/18	Recorded demographic for all staff in 2018/19
Disability	40%	47%	56%	62%	66%	66%
Sexual Orientation	46%	54%	60%	67%	70%	70%
Religion	46%	54%	60%	67%	70%	70%

Table 1 illustrates that the Trust has not seen a change for all staff for the information recorded on workforce disability, sexual orientation and religion since last year.

Table 2 illustrates that the Trust has seen a decline in the information recorded for new staff in 2018/2019 for disability, sexual orientation and religion since last year.

Protected Characteristic	Recorded demographic for NEW staff in 2013/14	Recorded demographic for NEW staff in 2014/15	Recorded demographic for NEW staff in 2015/16	Recorded demographic for NEW staff in 2016/17	Recorded demographic for NEW staff in 2017/18	Recorded demographic for NEW staff in 2018/19
Disability	95%	89%	92%	87%	88%	84%
Sexual Orientation	96%	88%	90%	88%	88%	86%
Religion	96%	88%	90%	88%	88%	86%

Table 2: Disability, sexual orientation and religion records for new staff

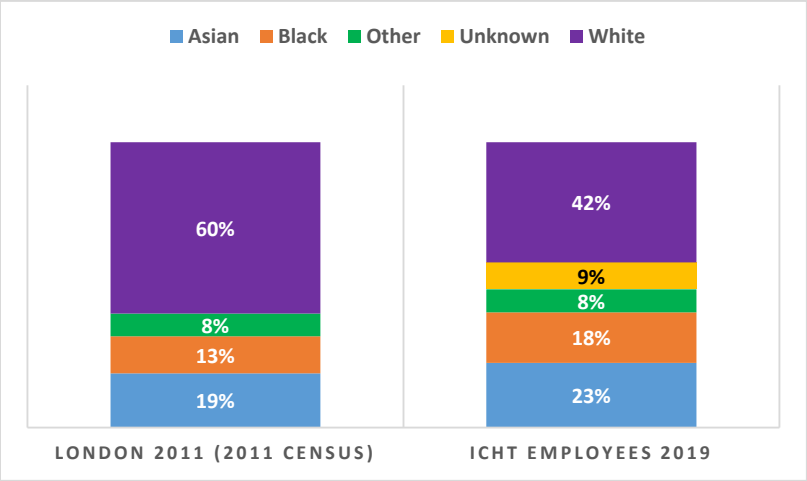
Our Workforce Disability Equality Standard Action Plan (Appendix 1) includes action to improve the use of ESR self-service and encourage staff to update historical records. To note, the data capture is 100% for new starters whose applications are recorded via the Trac recruitment system. There are staff groups where this facility is not yet available resulting in an incomplete overall capture of data on new starters. A new applicant tracking system will go live in October. This will have enhanced management information and reporting functionality and help improve accuracy of demographic information.

The Trust has reported on protected characteristic that we currently hold data for on our ESR system. We are aware we do not currently capture data for gender reassignment and are unable to report on this for the purpose of this report.

Workforce Composition: Ethnicity

Race equality will continue to be a key focus for the Trust so it is important to understand how our workforce composition against the London census data to ensure true representation. The percentage of staff employed by the Trust from BAME backgrounds is higher than the local population. White people make up 42% of the workforce compared to 60% of the London population.

Diagram 3: Ethnicity comparison against London census



We know as a trust that when we examine our ethnicity data in more detail that the majority of people in bands 7 and above are from white backgrounds. The Trust has committed to a Workforce Equality, Diversity, and Inclusion Work Programme with a strong focus on race equality in order to improve the representation of BAME staff at Band 7 and above. The aim is that these interventions

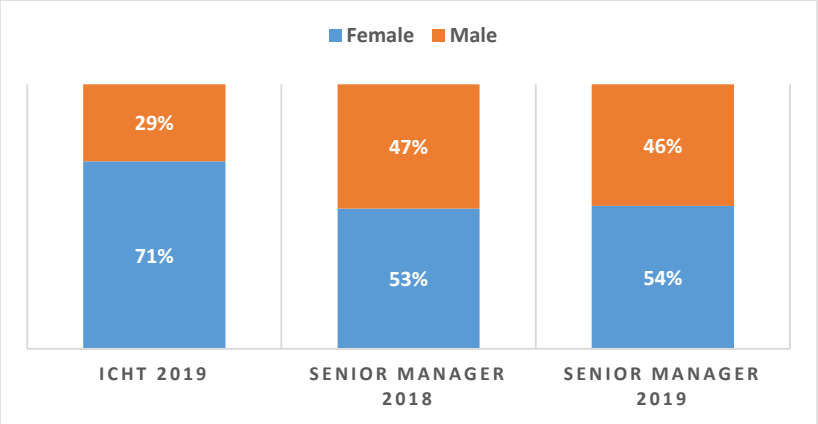
over time will have an impact on that progression and ethnic distribution within bands that is more representative of our overall workforce.

Workforce Composition: Gender

The workforce split in regards to gender has remained unchanged in the last 5 years: 71% of our staff are female and 29% are male. The high proportion of female workers is typical of NHS organisations, reflecting the gender split of people entering healthcare professions.

The proportion of male employees increases in senior roles. The figures below shows that 46% of people employed as senior managers are men and 54% are women. This is a small increase in female representation of 1% compared to last year.

Diagram 4: Gender profile – senior manager and ICHT population



Our approach and priorities

The work of Imperial College Healthcare NHS Trust touches almost a million and a half people every year who rely on our care. We make many judgements every day so it is vital that our people reflect the society that we serve and we bring diverse attitudes and opinions to our work.

In early 2019 in order to support our long term vision and our people strategy, we developed a three year Workforce Equality and Diversity Work Programme (Appendix 1). This is designed to deliver a more structured and specific action plan. The programme has both short and medium term goals in place and is tracked against our long term equality and diversity goals.

The programme is designed to address inequity identified across the largest groups of protected characteristics within the Trust. The key objectives of the work programme are to deliver:

A more representative workforce by ethnicity at all levels and eliminate ethnicity differentials in workforce performance outcomes.
A flexible work environment that enables career development and progression at different life stages
A flexible work environment where disabled staff are treated equitably
Increase awareness of and promote equality and diversity

Work will be continue to be delivered on the seven other protected characteristics but there will be a targeted and structured programme that will take place over the next three years.

As a Trust we want to deliver a clear message. Diversity is about making better decisions and diversity of thought will encourage better decision-making. We believe that our Equality, Diversity and Inclusion agenda is central to how the Trust acts, both as an employer and as a patient care provider.

Ethnicity has consistently been the most commonly reported reason for discrimination in the past five years[2]. In addition, the Trust's 18/19 annual E&D report identifies that four out of the five areas of focus for priority improvement are related to ethnicity. For this reason, within the three areas outlined above (race, gender and disability) our primary focus in 2019 will be implementing the actions to meet the workforce race equality standard.

Outlined below is a summary of the Workforce Equality and Diversity Work Programme (Appendix 1 for the complete programme).

Workforce Race Equality Standard (WRES)

- Improve workforce representation of BAME people on Band 7+
- Mitigate disproportionate representation of BAME people entering formal workforce procedures
- Reduce the differential in the relative likelihood of BAME and White people receiving D or E ratings (PDR)
- Address harassment and bullying issues reflected in the 2017-18 NHS staff survey

Gender equality

- Improve female workforce representation at Band 8A+
- Reduce the differentials of bonus pay gap (LCEAs) between female and male

Workforce Disability Equality Standard (WDES)

- Improve quality of disability data on ESR
- Identify Trust priorities for the workforce disability equality scheme (WDES)

Workforce Equality Enablers

- Key deliverables that ensure compliance with legal and regulatory requirements and contribute to general E&D work through promoting and increasing awareness.

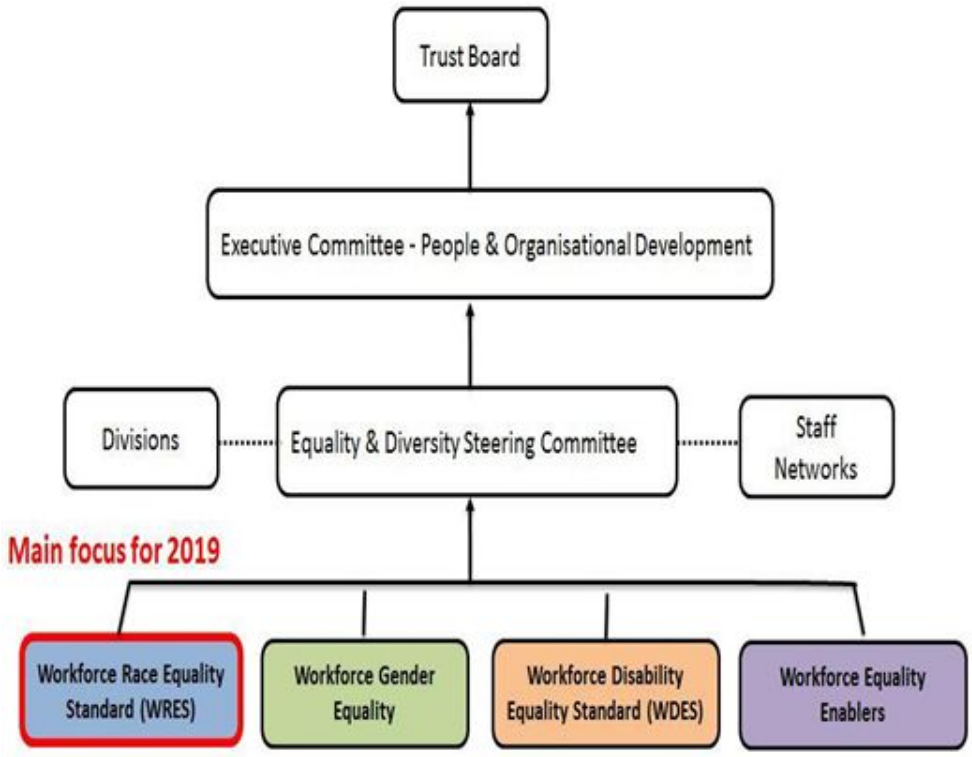
Our Governance

In order to ensure as a Trust we deliver on our Equality, Diversity and Inclusion commitment a clear governance structure is in place. By having a clear governance arrangement, it ensures that

[2] NHS Staff Survey

the Trust Board receive regular assurance that the Trust is meeting its Public Sector Equality Duty. The governance structure below shows:

- The EDI work programme comprises four work streams, covering the three main areas of focus for 2019 plus an enabler's work stream.
- This is overseen by the EDI committee chaired by the Trust CEO. The EDI Committee includes representatives from divisions and staff networks and supervises the work carried out by the work streams.
- The Executive People and Organisation Development (Ex-POD) committee oversees the EDI committee on the overall work programme and is accountable for the Trust workforce EDI performance.
- The Trust Board receives reports on the EDI programme and other statutory reports as well as playing a pivotal role in shaping the strategy and vision for the long term EDI agenda.



Our staff networks

Our networks play an emerging role in supporting the trust equality, diversity and inclusion commitments. Each network has an elected chair, and the Trust is in the process of outlining the role of an Executive Sponsor, and identifying sponsors to ensure a direct link at Board level.

The Trust has three staff networks. Members of all networks provide valuable feedback on the Workforce Equality and Diversity Work Programme throughout the year. The Trust will be supporting all networks in 2019 to have a Team Space on the intranet.

- Women's network: In 2018, the network held a 'Return to Work' workshop exploring challenges people face when returning to work after a long absence. Members were profiled on @imperialpeople to celebrate International Women's Day.

- Nursing and midwifery Black, Asian and Minority Ethnic (BAME) network is forging ahead with an exciting programme of work after much introspection and discussion. The network was initiated with the support of the Director of Nursing and the network is now chaired independently. The group meets bi-monthly and works closely with WRES Experts in the Trust. In 2018 the network:
    - were actively involved in the commissioning of the reverse mentoring programme and part of the design roll out
    - recognised the Trust artwork is reflective of the culture of an organisation and are now working closely with the Imperial Health Charity and promises to commission arts that showcase the wide diversity of the organisations rich culture and the community it serves
    - had representatives on the National WRES frontline forum and Chief Nursing Officer BAME Strategic Advisory Group

- LGBT+ Network: In 2018 the network re-launched, and commemorated the International Day Against Homophobia, Transphobia and Biphobia, took part in London Pride parade 2019 and hosted a blog. The Trust launched NHS Rainbow badges in June 2019. Wearing an NHS rainbow badge is a way to signify that staff can and will offer support to staff, patients, families, friends and visitors who identify as LGBT+.

Project Search

Project Search is a supported internship programme that gives young adults with a learning disability the opportunity to learn the skills to do a job in a real working environment over an academic year. The programmes main aim, giving a transition from school/college is to help young people with SEN and disabilities gain the experience and skills needed to get paid employment. The Trust offers 12 interns a placement in which they undertake 10 to 12 week placements around our hospitals.

Our accreditations

The Trust has signed up to be a Disability Confident employer and we have committed to the following:

- Ensure our recruitment process is inclusive and accessible
- Communicate and promote vacancies
- Offer an interview to disabled people
- Anticipate and provide reasonable adjustments as required
- Support any existing employee who acquires a disability or long-term health conditions, enabling them to stay in work
- At least one activity that will make a difference for disabled people

Appendices

Appendix 1: Workforce Equality and Diversity Work Programme 2019

Appendix 2: Workforce Race Equality Standard (WRES) 18/19

Appendix 3: Workforce Disability Equality Standard (WDES) 18/19

Appendix 4: Gender Pay Gap Report 18/19

Appendix 1: Workforce Equality and Diversity Work Programme 2019

The Workforce Equality and Diversity Work Programme was approved by the Trust in March 2019. There are four elements to the plan, Workforce Race Equality Standard (1a), Workforce Gender Equality (Gender Pay) Action Plan (1b), Workforce Disability Equality Standard Action Plan (1c) and Workforce Equality Enablers (1d).

As a result of wider engagement of the WDES metrics, additional actions have been added to the Workforce Disability Equality Standard Action Plan (1c). The year 1 WDES metrics were shared with staff networks, the EDI committee, staff side and key stakeholders from People and Organisational and feedback sought on actions, which have then informed new actions.

1a. Workforce Race Equality Standard Action Plan

Objectives	Baseline performance 17-18	Key focus 2019/20
A more representative workforce by ethnicity at all levels and eliminate ethnicity differentials in workforce performance outcome	• Workforce ethnicity: 47% BME, 43% White, 10% Unknown • BME under-represented at Band 7+ • BME staff 1.44 times more likely to enter formal disciplinary procedures	• Increase diversity on interview panels • Introduce reverse mentoring • Introduce unconscious bias training

Key deliverables	Lead	Milestones
Improve workforce representation of BME people on Band 7+		
1. Introduce diverse panels at B7+ interviews, gender and ethnicity mix (ideally mixed panels, only use observers if not possible)	Dawn Sullivan	Increase BME representation at Band 7+ by 5% within each band by Mar 2020
2. Review end-to-end recruitment and selection process to identify areas that will contribute to a more balanced representative workforce at Band 7+	Dawn Sullivan	
3. Introduce reverse mentoring	Sue Grange	
4. Implement unconscious bias training for all levels, from the Board/Executives	Sue Grange	
Mitigate disproportionate representation of BME people entering formal disciplinary workforce procedures		
1. Introduce two check points, pre- and post-investigation, to be carried out by senior managers in formal disciplinary process	Barbara Britner	Reduce BME participation rate by 10% at formal disciplinary procedures by Mar 2020
2. Introduce mandatory training specifically for Chairs of disciplinary hearings and Investigators	Barbara Britner	
3. Identify common issues in formal procedures and develop training and support for prevention	Fiona Percival	
4. Executives/seniors to review dismissal decisions	Barbara Britner	

Reduce the differential in the relative likelihood of BME and White people receiving D or E ratings (PDR)		
1. Provide monthly reports of PDR grades to divisional senior management team throughout PDR period for calibration	Sue Grange	Quarter 1
2. Implement mid-year review	Sue Grange	Quarter 3 & 4
Address harassment and bullying issues reflected in the 2017-18 NHS staff survey		
3. Re-energise Trust values and behaviours through 'Leading our vision, values and behaviours programme	Sue Grange	Decrease the overall staff-reported B&H experiences by 2% in 2019 NHS staff survey results – reported Feb 2020
4. Develop a 'speaking up' strategy and action plan	Peter Jenkinson	
5. Staff survey action plans	Sue Grange	

1b. Workforce Gender Equality (Gender Pay Action Plan)

Objectives	Baseline performance 16-17	Key focus 2019/20
A flexible work environment that enables career development and progression at different life stages	• Workforce: ♀ 71% vs. ♂ 29% • Band 8A+: ♀ 54% vs. ♂ 46% • Mean hourly rate: ♂18.7% higher than ♀ • Median hourly rate: ♂13.3% higher than ♀ • Mean bonus pay: ♂ 26.6% higher than ♀ • Median bonus pay: ♂ 40% higher than ♀	• Flexible working • LECAs process review

Key deliverables	Lead	Milestones
Improve female workforce representation at Band 8A+		
1. Refresh guide for and promote flexible working	Barbara Britner	Quarter 2
2. Career clinics	Dawn Sullivan	On-going
3. Provide coaching/mentoring opportunities	Sue Grange	Quarter 3
4. Commit to advertise post with part time/job share options	Dawn Sullivan	Quarter 2
5. Speed mentoring with themes	Sue Grange	Quarter 2
Reduce the differentials of bonus pay gap (LCEAs) between female and male		
6. Identify factors in LCEA process that contribute to the bonus pay differences and develop a process guide to address the issues	Medical Director's office	Quarter 1

1c. Workforce Disability Equality Standard Action Plan

* denotes actions added following WDES metric engagement

Objectives	Baseline performance 17-18	Key focus 2019/20
A flexible work environment where disabled staff are treated equitably	• Disability data on ESR – c.70%	• Improve quality of disability data on ESR • Produce and publish 1st WDES report

Key deliverables (* actions added following WDES Metric Engagement)	Lead	Milestones
Improve quality of disability data on ESR		
1. Thorough data collection and input for new joiners, both medical and non-medical	Dawn Sullivan	Quarter 3
2. Promote data input via employee self service	Dawn Sullivan	Quarter 2
Identify Trust priorities for disability equality work		
3. Review staff survey outcomes, national & local, by disability group to identify areas for improvement	Sue Grange	Quarter 1
4. Divisional representatives to identify priorities for their divisions and suggest recommendations	Divisional E&D reps	Quarter 2
5. Produce and publish 1st WDES report in Aug 2019 and identify key issues for action plan	Gemma Glanville	August 2019
Supporting a positive working culture for staff with disabilities		
6.Identify a Board level champion for staff with disabilities *	Kevin Croft	Quarter 3
7. Call out to establish staff interest in establishing a disability network*	Gemma Glanville	Quarter 3
8. Identify and implement mechanisms to facilitate the voices of disabled staff to be heard*	Gemma Glanville	Quarter 4
9. Communications campaign to share stories of disabled staff across the Trust*	Gemma Glanville	Quarter 4
10. Review how the values and behaviour framework can be utilised to support the workplace experience of disabled staff*	Sue Grange	Quarter 4
Improving the capacity of line managers and colleagues to support staff with disabilities		
11. Explore roll out of Mental Health First Aider training*	Sue Grange	Quarter 4
12. Explore the benefits of a Business Disability Forum membership*	Gemma Glanville	Quarter 3

1d. Workforce Equality Enablers

Objectives	Baseline performance 17-18	Key focus 2019/20
Increase awareness of and promote E&D	• Staff feedback suggested limited understanding of E&D agenda and work carried out in the Trust • Interests in staff support networks • Need a system to track and acknowledge small progress on E&D improvement trajectory	• EDS2 baseline assessment • Measures to track short-/medium-term progress

Key deliverables	Lead	Milestones
Promote and increase awareness of E&D agenda		
1. Set up new Ethnic Minority Staff Network	Joselyn King	Quarter 1
2. Develop E&D intranet section	Gemma Glanville	Quarter 1
3. Produce a set of measures, annual targets and a reporting mechanism to track short and medium-term progress against longer-term equality objectives	Gemma Glanville	Quarter 2
4. EDS2 baseline assessment	Gemma Glanville & Guy Young	Quarter 2
5. Establish an informal route for protected discussion on concerns	Kevin Croft	Quarter 1
6. Introduce Equality Impact Assessments for policy reviews	Peter Jenkinson	Quarter 1
7. E&D leadership, including E&D representation at Board	Kevin Croft	Quarter 3
8. Include an objective for trust directors on equality	Kevin Croft	Quarter 2
9. Revamp Make a Difference campaign with a focus to increase its accessibility for junior staff and medical staff	Sue Grange	Quarter 2
10. Improve data capture on diversity and report through the EDI governance structure	Gemma Glanville	Quarter 1

Appendix 2: Workforce Race Equality Standard Report 18/19

1. Introduction

Since 2015 all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas through the Workforce Race Equality Standard (WRES).

This report provides an overview of WRES, within Imperial College Healthcare NHS Trust against the nine indicators set out in WRES. There are nine WRES indicators. Four of the indicators focus on workforce data, four are data from the national NHS Staff Survey, and one indicator focuses upon BME representation on boards.

2. Why WRES is important?

The WRES is a tool for identifying a number of key gaps, referred to as metrics, between White and BME staff experience of the workplace - gaps which must be closed. Closing these gaps will achieve tangible progress in tackling discrimination, promoting a positive culture and valuing all staff for their contributions to their work at Imperial College Healthcare NHS Trust.

This will in turn positively impact on patients, as it is known that a decrease in discrimination against BME staff is associated with higher levels of patient satisfaction. An environment that values and supports the entirety of its diverse workforce will result in high quality patient care and improved health outcomes for all.

Indicator 1

Percentage of staff in each of the AFC Band 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by clinical and non-clinical staff

Table 1 Ethnicity profile – percentage of staff in each of the AfC bands, medical grades and Very Senior Managers (VSM) – March 2019

Non-Clinical	BME	UNKNOWN	WHITE	Count
Band 2	70%	4%	26%	216
Band 3	65%	3%	33%	652
Band 4	54%	5%	41%	397
Band 5	52%	2%	46%	317
Band 6	49%	3%	48%	281
Band 7	45%	3%	53%	200
Band 8a	43%	4%	52%	138
Band 8b	26%	3%	71%	137
Band 8c	22%	2%	77%	60
Band 8d	18%	5%	76%	38
Band 9	12%	4%	84%	25
Spot Salary	29%	29%	43%	7
VSM	4%	12%	84%	25
Grand Total	**52%**	**3%**	**44%**	**2493**

Clinical	BME	UNKNOWN	WHITE	Count
Band 2	70%	5%	25%	776
Band 3	66%	5%	29%	522
Band 4	60%	5%	35%	168
Band 5	57%	4%	39%	1755
Band 6	58%	4%	38%	1911
Band 7	42%	4%	54%	1185
Band 8a	33%	4%	63%	384
Band 8b	24%	2%	74%	123
Band 8c	17%	2%	81%	42
Band 8d	5%	0%	95%	19
Band 9	11%	0%	89%	9
Consultant	33%	9%	59%	741
Doctor (Career Grade)	24%	38%	38%	333
Doctor (Training Grade)	28%	37%	35%	1536
Spot Salary	45%	5%	50%	22
VSM	0%	0%	100%	2
Grand Total	**47%**	**11%**	**42%**	**9528**

For the non-clinical workforce, the percentage of BME workforce has increased in Band 2-5, 8a-8b and for spot salary compared to 17/18. The percentage of the BME workforce has decreased for Band 6, 7, 8d and 9 compared to 17/18.

For the clinical workforce, the percentage of BME workforce has increased in Band 3, 4, 7, 8a, 8c, 9, and all doctors compared to 17/18. The percentage of the BME workforce has decreased for Band 6, 8b compared to 17/18.

Indicator 2

Examines the relative likelihood of staff being appointed from shortlisting across all posts

Note: Data is drawn from Trac the Trust recruitment system. The total headcount varies year to year, depending on when posts were advertised, when people applied and when the appointment was made.

Descriptor	Number of shortlisted applicants	Number appointed	Likelihood of being appointed from shortlisting
White	3107	977	0.3144
BME	6083	1176	0.1933
Unknown	285	257	0.9017

The relative likelihood of white applicants being appointed from shortlisting compared to applicants from BME groups is roughly 1.63 times greater; this is an increase from last year when the relative likelihood was 1.57 times greater. Our Workforce Equality and Diversity Work Programme, Appendix 1, 1a WRES Action Plan sets out how the Trust intends to address this disparity. The majority of this work will start later in 2019.

Indicator 3

Examines the relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Note: This indicator is based on data from a two year rolling average of the current year (18/19) and the previous year (17/18). For consistency, organisations should use the same methodology as they have always used.

The Trust reports on the formal disciplinary hearings, excluding doctors who are managed in accordance with Maintaining High Professional Standards. In 17/18 the Trust held 91 disciplinary hearings, in 18/19 the Trust held 59 disciplinary hearings. The figures below are the average across two years.

Descriptor	Number of staff in workforce	Annual average of number of formal disciplinary meeting	Likelihood of entering formal disciplinary meetings
White	5070	27	0.0051
BME	5826	45	0.0077
Unknown	1132	4	0.0003

The relative likelihood of BME staff entering the formal disciplinary procedure, compared to white people was 1.51 times greater. This is a deterioration from last year, at 1.43 times greater. The likelihood of BME staff entering formal disciplinary procedures remains higher than that of white staff.

Actions to address this are set out in a specific section of Workforce Equality and Diversity Programme for 2019 Appendix 1, section 1a - key deliverables to mitigate disproportionate representation of BME people entering formal disciplinary workforce procedures.

Indicator 4

Examines the relative likelihood of staff accessing non-mandatory training and CPD

Note: The data collected only includes leadership development and skills training provided by the Learning and Development team. This is the only data which is centrally available for equality analysis. It does not include locally delivered training, professional and clinical education or any externally provided training which is a significant proportion of the training offered and accessed. Therefore results are not seen as a reliable indication of all training activity available within the Trust. However, all Trusts are expected to maintain internal consistency of approach from year to year, so that changes in uptake trends can be compared over time.

Descriptor	Number of staff in workforce	Staff accessing non mandatory training (data held by leadership team)	Likelihood of accessing non mandatory training
White	5070	541	0.1067

BME	5826	631	0.1083
Unknown	1132	55	0.4858

Indicators 5 - 8

Indicators 5 -8 relate to the 2018/2019 national staff survey results, comparing the responses of BME and white staff. This is based on a sample of 522 staff who responded to the survey, which was a response rate of 46%. The wording of these four indicators is taken directly from the national NHS Staff Survey questions. Not all 522 staff chose to answer each question.

For indicator 5, 6, and 8 a low score is better. For indicator 7 a high score is better. Compared to 17/18 WRES indicators, the data shows that the Trust BME experience in 2018 has declined for indicators 5 and 6 and 7. Compared to 17/18 WRES indicators, the data shows that the Trust BME experience in 2018 has improved for indicator 8.

Indicator 5

KF 25. Examines Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

For indicator 5 a lower score is better. There has been an increase for both our white and BME staff experiencing harassment, bullying or abuse from patients, relatives or the public since 2017. Our BME staff experience is the same as our white staff experience.

	White	**BME**
2018	37.6%	37.3%
2017	35.2%	29.5%

Indicator 6

KF 26. Examines the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

For indicator 6 a lower score is better. There has been an increase for both our white and BME staff experiencing harassment, bullying or abuse from staff since 2017. Our BME staff experience is now slightly worse than our white staff experience.

	White	**BME**
2018	32.7%	34%
2017	28.3%	28%

Indicator 7

KF21. Examines the percentage of staff believing that the trust provides equal opportunities for career progression or promotion

For indicator 7 a higher score is better. Both our white and BME staff experience has declined since 2017. Our BME staff experience has declined significantly since 2017, whereas white is a very small decline. Our BME staff experience is worse than our white staff experience.

	White	BME
2018	82.7%	65.2%
2017	83.8%	82.7%

Indicator 8

Q.17 Examines percentage staff personally experience discrimination at work from manage/team leader or other colleague

For indicator 8 a lower score is better. Our white staff experience has declined since 2017 and our BME staff experience has improved since 2017. Our BME staff experience remains significantly worse than our white staff experience.

	White	BME
2018	7.5%	14.7%
2017	5.2%	17.4%

Indicator 9

Examines percentage difference between the organisations board voting membership and its overall workforce (Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce)

	White	BME	Unknown
Overall Trust Workforce	42.13%	48.46%	9.43%
Overall Trust Board Members	100.00%	0.00%	0.00%
Voting Board Members	100.00%	0.00%	0.00%
Executive Board Members	100.00%	0.00%	0.00%
Non-Executive Board Members	100.00%	0.00%	0.00%

Note: only voting member of the board should be included when considering this indicator

WRES Action plan

Refer to Appendix 1, Workforce Equality and Diversity Work Programme. 1a WRES Action Plan.

Appendix 3: Workforce Disability Equality Standard Report 2019

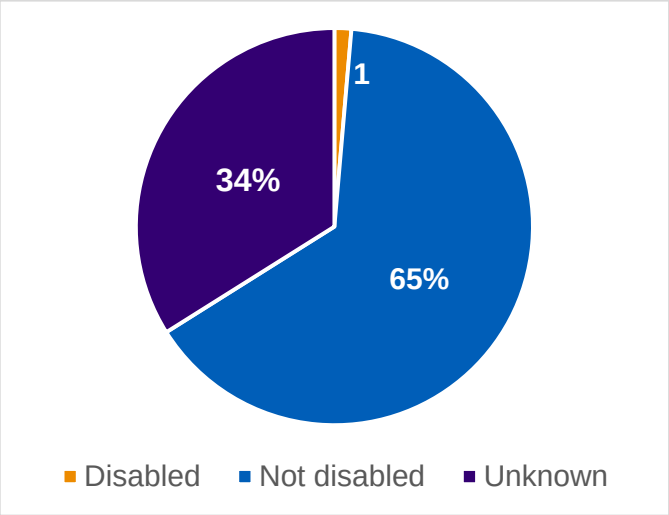
1. Background

The Workforce Disability Equality Standard (WDES) is a set of ten specific metrics to enable NHS organisations to compare the career and workplace experiences of disabled and non-disabled staff. To note, 2018/19 is the first year of reporting for NHS Trust and Foundation Trusts.

The WDES is an important step for the NHS and is a clear commitment in support of the Government's aims of increasing the number of disabled people in employment. This paper provides an overview of the year 1 WDES metrics for Imperial College Healthcare NHS Trust to guide the formulation of an action plan.

2. Organisational Breakdown by Disability

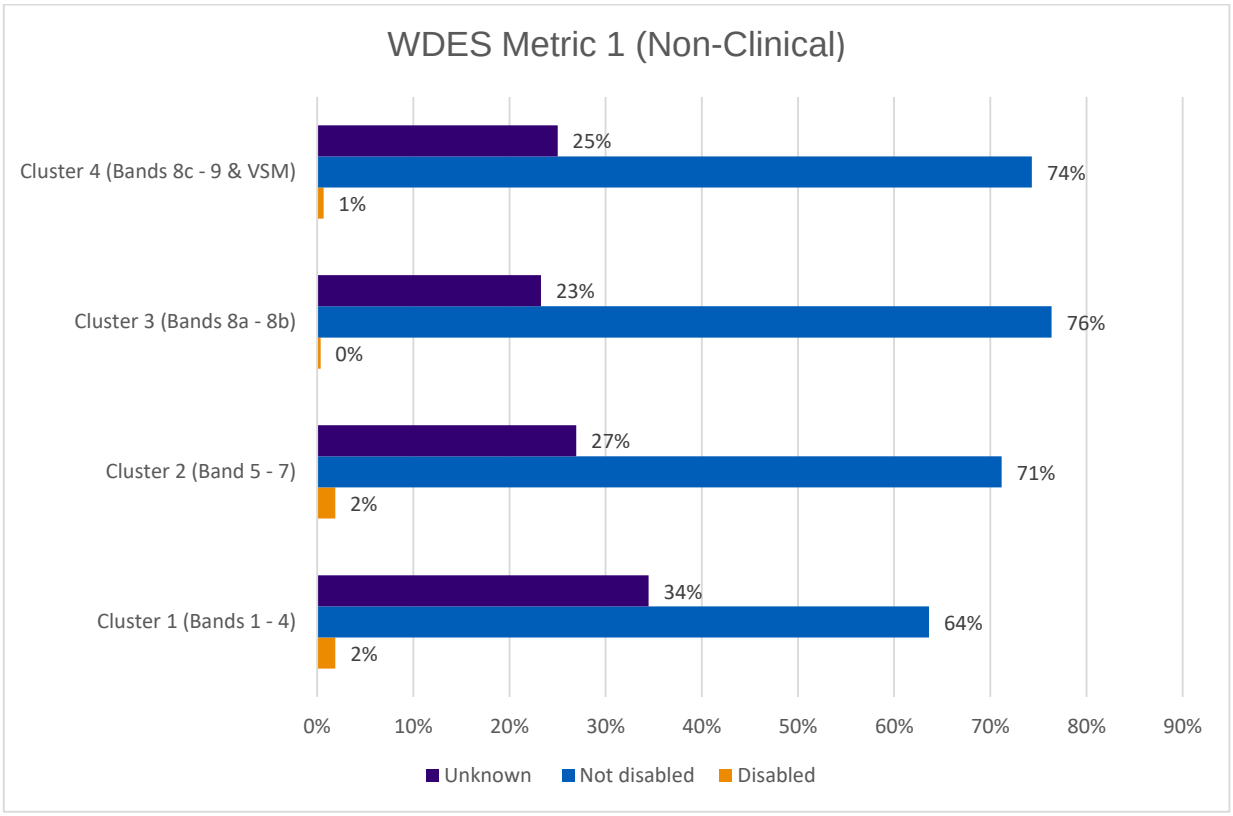
The below details the overall breakdown of employees who have and have not declared a disability, and where this is unknown, based on data from electronic staff record. This data excludes bank and locum staff, students on placement and staff employed by contractors. The data is correct as of 31 March 2019.

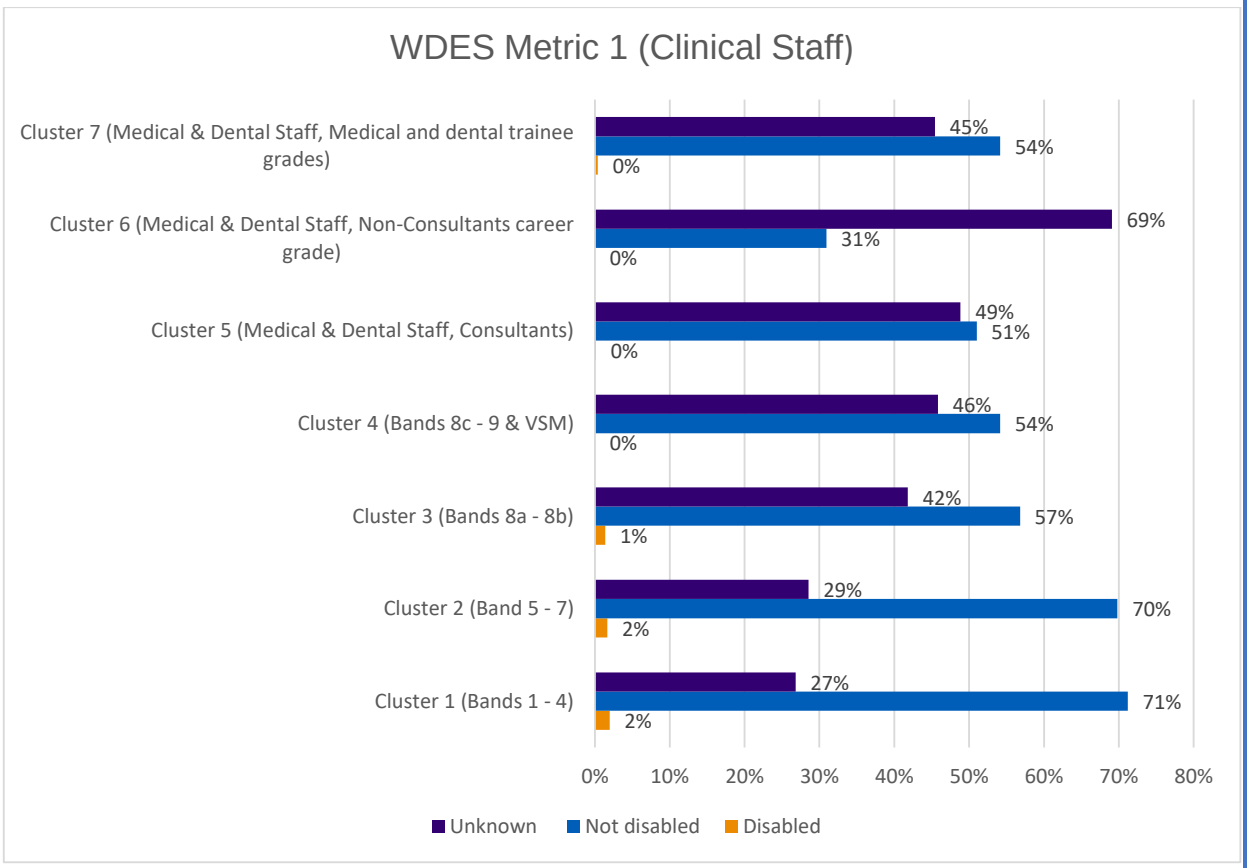


Out of 12021 employees, 1% (165 people) have disclosed a disability and 65% (7778) are recorded not to have a disability. Out of the 34% (4078 people) where the disability status is unknown, 94% are coded as 'unspecified', 1% prefer not to answer and 5% are listed as 'not declared'.

3. WDES Metrics

Metric 1: Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce (based on data from electronic staff record)


WDES Metric 1 (Non-Clinical)
Cluster 4 (Bands 8c - 9 & VSM)
25%
74%
1%
Cluster 3 (Bands 8a - 8b)
23%
76%
0%
Cluster 2 (Band 5 - 7)
27%
71%
2%
Cluster 1 (Bands 1 - 4)
34%
64%
2%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90%
Unknown
Not disabled
Disabled


WDES Metric 1 (Clinical Staff)
Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)
45%
54%
0%
Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)
69%
31%
0%
Cluster 5 (Medical & Dental Staff, Consultants)
49%
51%
0%
Cluster 4 (Bands 8c - 9 & VSM)
46%
54%
0%
Cluster 3 (Bands 8a - 8b)
42%
57%
1%
Cluster 2 (Band 5 - 7)
29%
70%
2%
Cluster 1 (Bands 1 - 4)
27%
71%
2%
0% 10% 20% 30% 40% 50% 60% 70% 80%
Unknown
Not disabled
Disabled

While the proportion of disabled staff is low across all clusters, it is evident within both clinical and non-clinical areas; there are higher proportions of disabled staff in clusters 1 and 2, which represent the junior levels of the organisation.

Metric 2: Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

Data from this metric is taken from the online applicant tracking system. Candidates are given a yes or no option regarding whether they wish to declare a disability, and this question is compulsory. This includes medical and non-medical staff. It is noted that Trust runs a guaranteed interview scheme for disabled candidates who meet essential criteria.

Note: Data is drawn from Trac the Trust recruitment system. The total headcount varies year to year, depending on when posts were advertised, when people applied and when the appointment was made. The relative likelihood of applicants with no disability or none declared being appointed from shortlisting compared to applicants with a declared disability is roughly 1.55 times greater.

	Disability	**No disability**
Shortlisted	407	9068
Appointed	68	2342
Likelihood	0.17	0.26

Metric 3: Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure

This metric relates to capability on the grounds of performance (not ill-health). This metric is voluntary in year 1 and ICHT have chosen to participate. Staff whose disability is unknown are excluded for the purpose of this metric. The data is based on a 2 year rolling average of the number of staff in workforce over 2017-19 and the annual average number of formal performance meetings recorded on the employee relations tracker system for non-medical staff across this time.

The likelihood of non-disabled employees entering the formal performance procedure was 0.11% and the likelihood for those with a disability was 0.63%.The relative likelihood of staff with a disability entering the formal performance procedure, compared to staff without a disability was 5.92 times greater. While on the face of it this figure is high, it is important to note that there was only one formal performance management case with a disabled staff member.

	Disability	**No disability**
Average no. of staff (2017-2019)	158	7481

Average no. of formal performance cases (2017-2019)	1	8
Likelihood	0.63%	0.11%

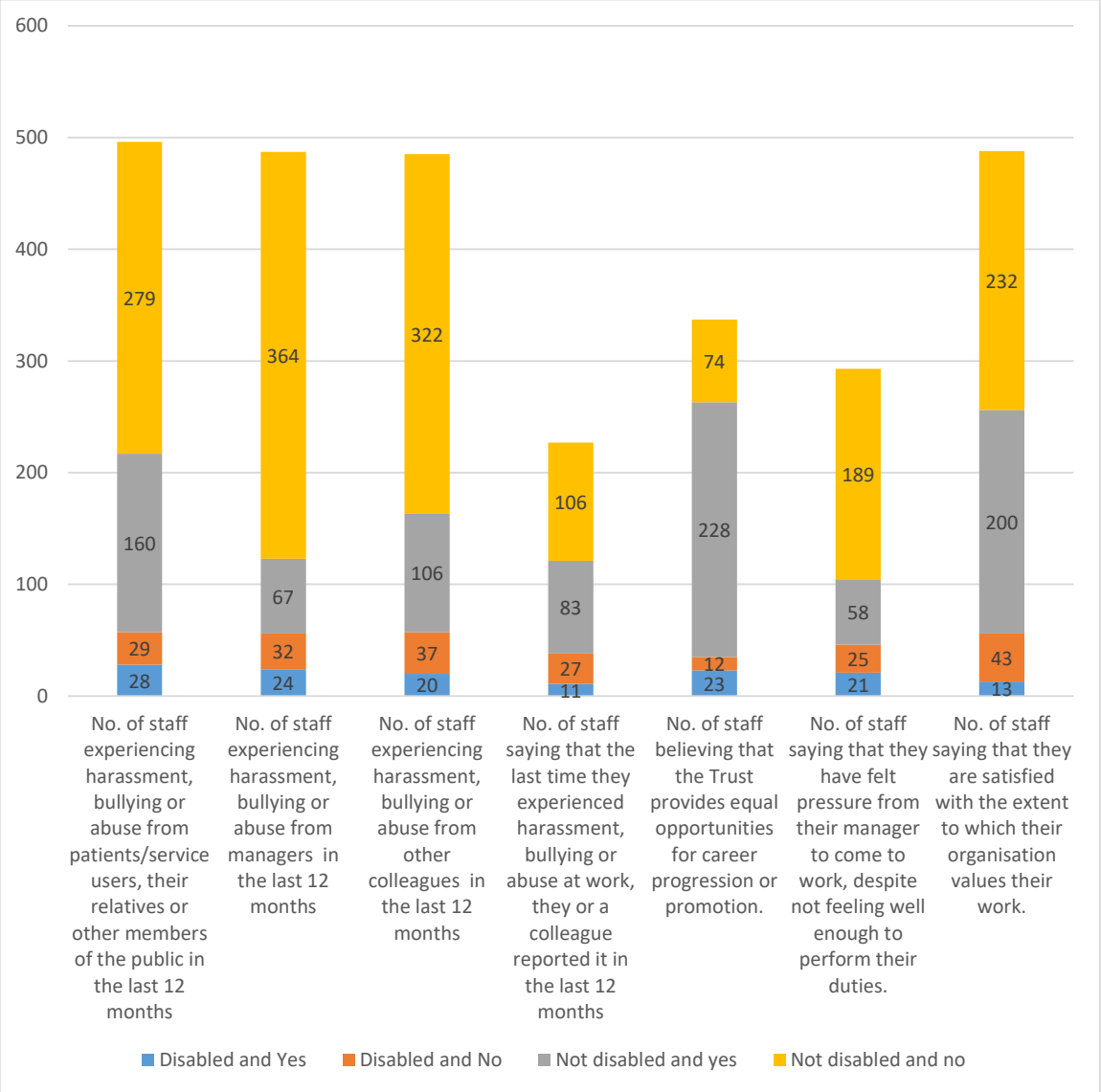
Metrics 4 to 9: National Staff Survey Responses

Metrics 4 to 9 relate to the 2018/2019 national staff survey results, comparing the responses of disabled and non-disabled staff. This is based on a sample of 522 staff who responded to the survey. Within the demographic section of the staff survey, respondents are asked if they have any physical, mental health conditions, disabilities or illness that have lasted or are expected to last for 12 months or more. There are only 'yes' or 'no' responses to this question. 499 staff chose to answer this question, Out of these staff, 11.6% answered yes to having a disability. This is lower than the national average of other acute Trusts (17.1% of staff saying yes to this question).

Staff survey declaration data at 11.6% is considerably higher than the electronic staff record, where 1% of staff are recorded to have a disability.

The below graph compares responses by number of disabled/ non-disabled staff and their responses to each question. Where yes is answered to the question, the respondent agrees with the statement. Staff survey questions are not compulsory, so the number of responses fluctuates per question.

Metrics 4 to7 by number of responses to staff survey questions



The below details the responses to these questions by percentages, bearing in mind the response rates listed above. It is evident that disabled respondents reported higher instances of negative experiences in the workplace overall.

Metrics 4-7 by percentage of responses to staff survey questions

Staff survey question	% of disabled respondents	% of non-disabled respondents	Difference
% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	49.1%	36.4%	12.7%
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	42.9%	15.5%	27.4%
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	35.1%	24.8%	10.3%
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	28.9%	43.9%	-15.0%
% of staff believing that the Trust provides equal opportunities for career progression or promotion.	65.7%	75.5%	-9.8%
% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	45.7%	23.5%	22.2%
% of staff saying that they are satisfied with the extent to which their organisation values their work.	23.2%	46.3%	-23.1%

Metric 8: Adequate Adjustments

This metric relates to the % of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. This is only answered by those who have declared a disability within the staff survey. 31 staff who declared a disability chose to answer this question. 48.4% said employer has made adequate adjustments.

Metric 9a: Engagement Score

The staff engagement score is calculated based on 9 questions in the staff survey relating to motivation, ability to contribute to improvements and recommendation of the organisation as a

place to work/receive treatment. The engagement score for disabled staff is 6.5 compared to 7 for staff without a disability.

Metric 9b: Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

The Trust answered 'no' to Metric 9b. The questions refers to action specifically related to disabled staff, rather than all staff engagement exercises. One current area of good practice is the Project SEARCH internship for young people with learning disabilities. Delegates' voices have been facilitated through presenting to the Trust Board in March 2019 and through being profiled on the intranet. Metric 9b is area that the Trust will work towards as part of the WDES action plan.

Metric 10: Board Representation Metric

This metric looks at the percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated by voting membership of the board and by executive membership of the board. The below data is based on board membership as of 31st March 2019 and disability declaration data from electronic staff record. No members of the board have declared to have a disability.

	Disabled	Not disabled	Unknown
Number of staff in overall workforce	165	7778	4078
Total Board members - % by Disability	0%	56%	44%
Voting Board Member - % by Disability	0%	56%	44%
Non Voting Board Member - % by Disability	0%	0%	0%
Executive Board Member - % by Disability	0%	25%	75%
Non Executive Board Member - % by Disability	0%	80%	20%
Overall workforce - % by Disability	1%	65%	34%
Difference (Total Board - Overall workforce)	-1%	-9%	11%
Difference (Voting membership - Overall Workforce)	-1%	-9%	11%
Difference (Executive membership - Overall Workforce)	-1%	-40%	41%

WDES Action plan

As a result of wider engagement of the WDES metrics, additional actions have been added to the Workforce Disability Equality Standard Action Plan (1c). The year 1 WDES metrics were shared with staff networks, the EDI committee, staff side and key stakeholders from People and Organisational and feedback sought on actions, which have then informed new actions.

Refer to Appendix 1, Workforce Equality and Diversity Work Programme, 1c WDES Action Plan.

Appendix 4: Gender Pay Gap Report 2019

Summary

In line with gender pay gap reporting requirements, this report provides the six mandatory calculations, with additional analysis and commentary:

1. Proportion of males and females in each pay quartile
2. Mean gender pay gap for ordinary pay
3. Median gender pay gap for ordinary pay
4. Proportion of males and females receiving a bonus payment
5. Mean gender pay gap for bonus pay
6. Median gender pay gap for bonus pay

There are a higher proportion of male employees in the upper pay quartile of the Trust compared to proportions of male and female employees in the lower quartiles.

When considering ordinary pay, the mean hourly rate of male employees is **18.4%** higher than that of female employees. When median calculations are used, the hourly rate of male employees' ordinary pay is **13.7%** higher than that of female employees. There has been an increase in the mean and median gender pay gap for ordinary pay, compared to the previous year's data.

Considering overall the Trust population, **5.5%** of male employees received a bonus payment compared to **2.0%** of female employees. Relevant bonus pay relates to Clinical Excellence Awards (CEA) for Consultants and Long Service Awards (LSA) for staff who have achieved 20 years of service at the Trust.

When considering both these types of bonus pay together, there is a **47%** mean gender pay gap and a 60% median gender pay gap between men and women's' bonus pay. This can be partly explained by the fact that a higher proportion of women received a LSA and a higher proportion of men received a CEA, which is of a much higher monetary value.

When considering CEA payments only, there is a **29%** mean pay gap between male and female consultants' CEA pay and a **44.8%** median pay gap. There have been slight increases in the mean gender pay gap for bonus pay (CEA only), compared to previous year's data. There has been a decrease in the median gender pay gap for bonus pay (CEA only, compared to previous year's data.

Changes to the local CEA process and analysis on those who have achieved a local CEA for the first time in 2018/19 suggest positive changes in addressing the bonus pay gap for future years.

There is no difference in the mean or median values of LSA payment awarded to male and female employees, as all payments are of the value of £150. Proportions of staff receiving LSAs are reflective of the overall gender mix in the organisation.

Gender Pay Action plan

Refer to Appendix 1, Workforce Equality and Diversity Work Programme, 1b Gender Pay Action Plan.

Background

This report is published in line with gender pay gap reporting requirements for organisations with more than 250 staff. All calculations relate to the pay period in which the snapshot day falls, which is 31 March 2019. This report is in line with the Equality Act 2010 regulations. 11,345[3], employees' were categorised as "relevant employees"[4] for the purposes of the gender pay calculations. Please see definitions at end for further details.

A gender pay gap is the difference between the average earnings of men and women across an organisation, expressed relative to men's earnings.

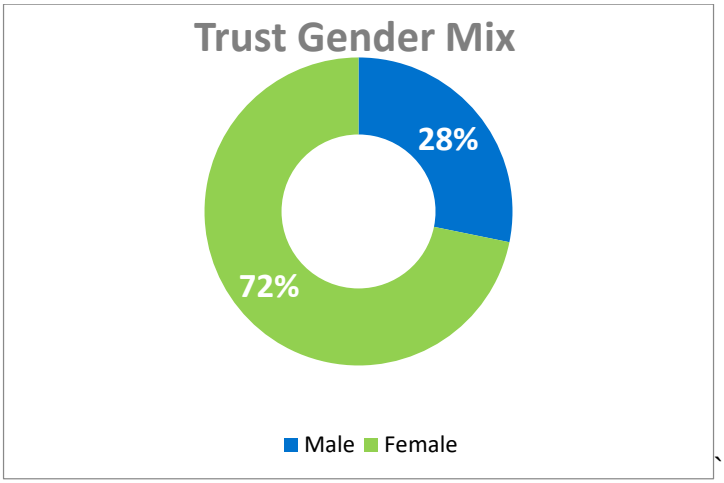
The mean pay gap is the difference between the pay of all male and all female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce.

The median pay gap is the difference between the pay of the middle male and the middle female, when all male employees and then all female employees are listed from the highest to the lowest paid.

The gender pay gap is different to equal pay for equal value work. The Trust operates within a national pay structure and job evaluation system for staff on agenda for change terms and conditions and those on Medical and Dental terms and conditions.

Trust Gender Mix

Overall, 72% (8,165) of Trust employees are female, while 28% (3,180) are male. These percentages relate to the 11,345[5] staff included for the purposes of this calculation.



[3] Excluding the Trust unpaid honorary consultants and junior Doctors

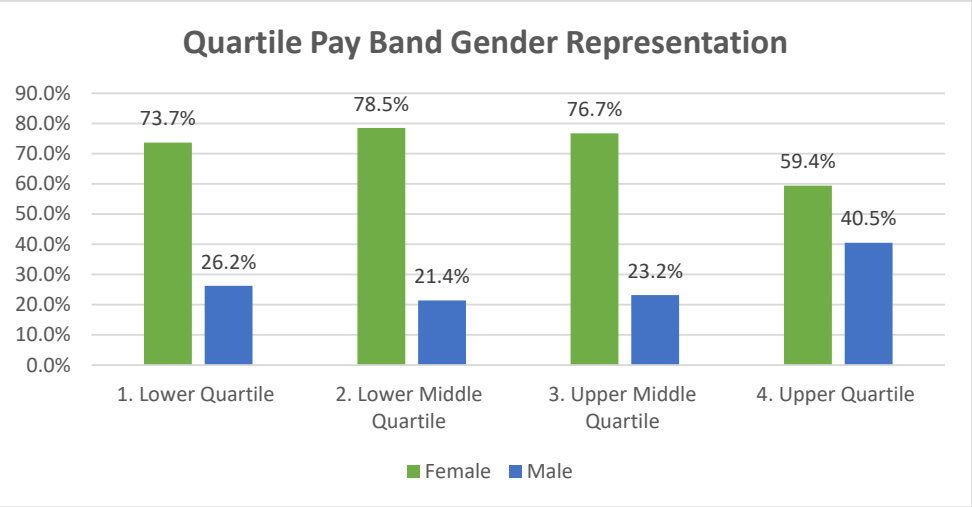
[4] Relevant employee refers to those employee who are paid by the trust and does not included the Trusts Honorary consultants (297) and Honorary junior Doctors(359)

[5] 11,345 refers to those employees who are paid by the Trust and does not included the Trusts Honorary consultants (297) and Honorary junior Doctors (359)

Quartile pay band gender representation

The data below ranks our full-pay employees from lowest to highest paid, divides this into four equal parts (quartiles) to establish the percentage of men and women in each quartile. Quartile 1 contains the lowest pay groups, while Quartile 4 contains the highest pay groups.

Percentage of male and female employees within each quartile pay band



There is a higher proportion of women than men in Quartile 2 and Quartile 3 compared to overall Trust population proportions. The Trust has a higher proportion of male employees in the upper pay quartile of the Trust compared to proportions of male and female employees in the lower quartiles, which partly explains the gender gap in ordinary pay.

The proportions of male and female employees in each quartile are very similar to the figures from 2018/19:

Quartile 1: The proportion of female employees has increased by 0.8%

Quartile 2: The proportion of female employees has increased by 0.7%

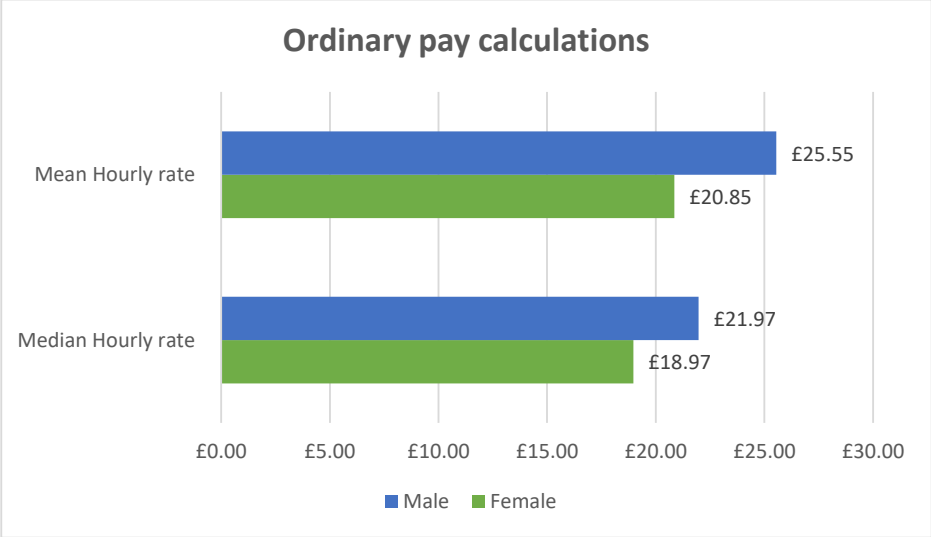
Quartile 3: The proportion of female employees has increased by 0.9%

Quartile 4: The proportion of female employees has decreased by 1.4%

Ordinary Pay

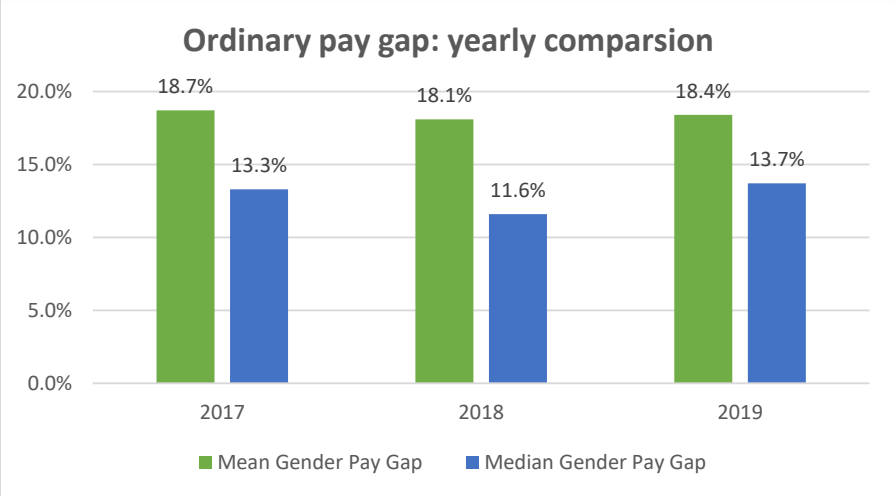
This section establishes the mean and median differences in hourly rates of ordinary pay between male and female employees.

During the defined pay period that includes the snapshot date of 31 March 2019, the mean hourly rate of male employees was **18.4%** higher than that of female employees and the median hourly rate of male employees was **13.7%** higher than that of female employees. This has increased slightly since last year.



The graph below demonstrates that there has been an increase in the mean and median ordinary pay gaps compared to the previous year.

Ordinary pay gap: yearly comparison



Bonus Pay

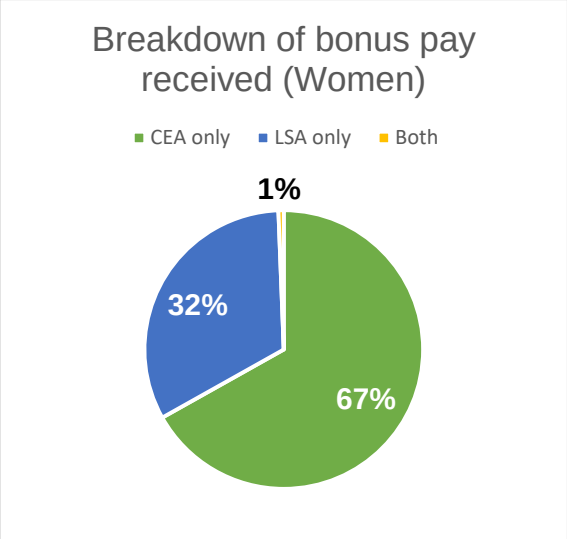
Guidance was issued by NHS Employers in February 2019 to ensure consistency amongst Trusts regarding what should be included within bonus pay gap calculations. Following this guidance, Clinical Excellence Awards (CEA) and Long Service Awards (LSA) have been identified as the relevant bonus payments made within the 12-month period ending on the snapshot date of 31 March 2019. This is comparable to what was included in last year's gender pay gap report. Analysis is presented for the combined overall bonus payments and for each type of bonus pay separately, in order to explain the bonus pay gap.

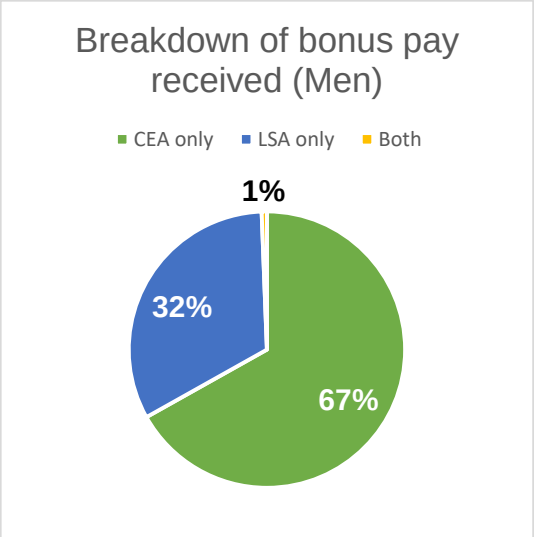
Overall calculations

When considering the overall Trust gender populations, **5.5%** of male employees receive a bonus payment, while **2.0%** of female employees do. Therefore**, 3.5%** more men receive bonus payments

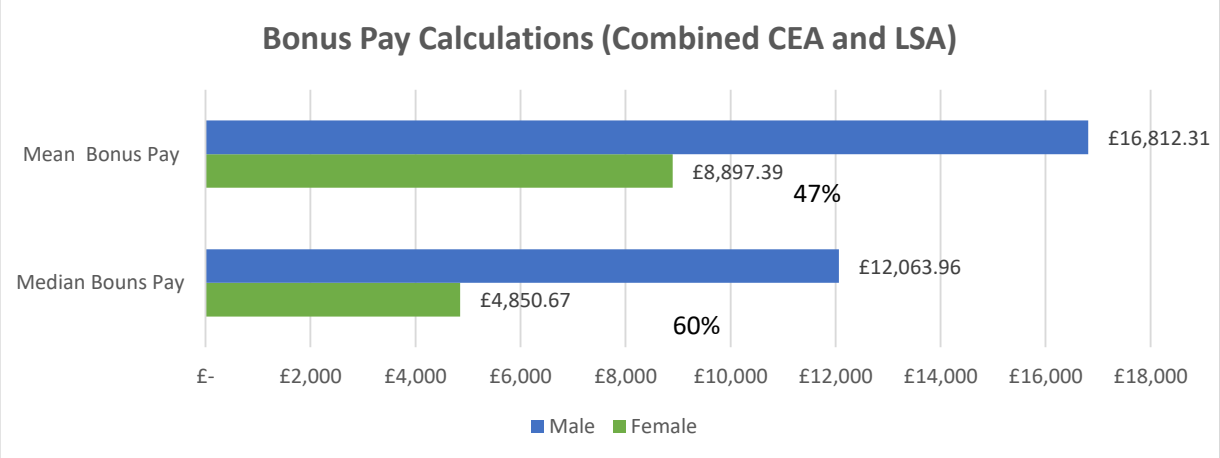
compared to women across the Trust. Only specific groups of employees are eligible for CEA and LSA payments.

Overall there were 176 male and 163 female employees who received a form of bonus pay over the relevant period. Within this group there were 5 Consultants who received both a CEA and LSA. For the purposes of the overall bonus calculations, both types of bonus payment made to these individual were combined, so the individual were not counted twice. The charts below detail the breakdown of the types of bonus pay received for each gender.





When considering the CEA and LSA data together, the figure below indicates that men receive significantly more bonus pay than women. This can be partly explained by the fact that a higher proportion of women received a LSA (which is of the value of £150) and a higher proportion of men received a CEA (overall average yearly payment of £16,812.31).

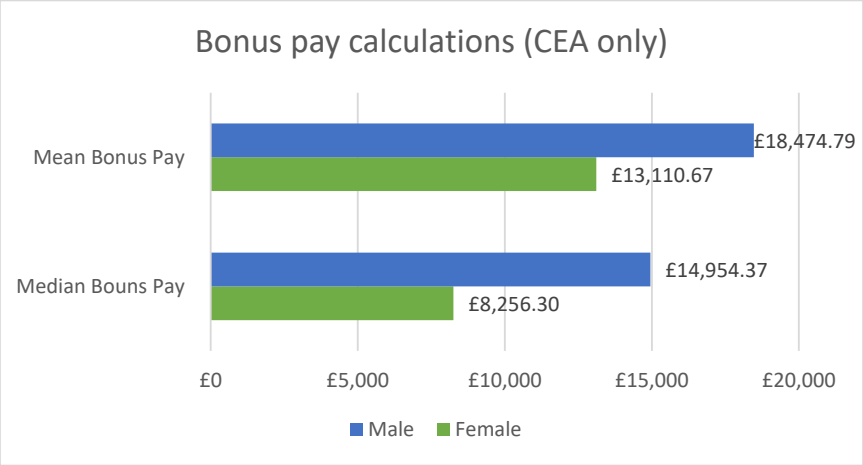


Clinical Excellence Awards (CEAs)

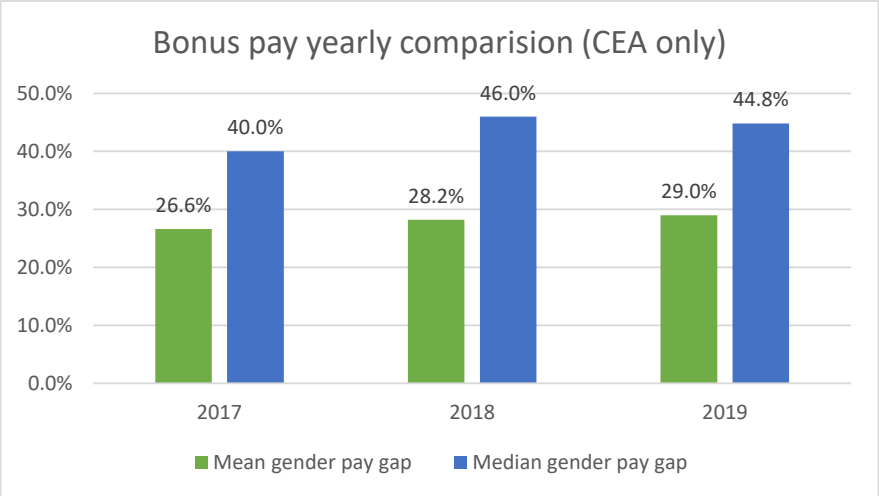
The CEA scheme is intended to recognise and reward those Consultants who contribute most towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services. Eligible consultants are those in substantive posts with more than one year's Trust service at the time of the application.

When considering proportions of CEAs awarded out of the population of eligible consultants only, 39% of male consultants received a CEA payment, compared to 33% of female consultants. These proportions are highly similar to the previous year's calculations, where 39% of male consultants were awarded CEA payment compared to 32% of eligible female consultants. Eligible consultants are those in substantive posts with more than one year's Trust service at the time of the application.

The diagram below demonstrates that there is a **29.0%** mean pay gap between male and female consultants' CEA pay. When looking at the median difference, this is higher, with male consultants receiving **44.8%** more bonus pay than female consultants.



The below demonstrates that the mean bonus pay gaps have increased compared to last year. While the median bonus pay gap has decreased compared to last year.



Long Service Awards

LSAs are awarded to staff who have completed 20 years of service at the Trust. Recipients are awarded a monetary voucher of the value of £150.00. Therefore, there is no difference in the mean or median values of this type of bonus payment awarded to male and female employees.

Out of the 74 recipients of a LSA, 27% were male and 73% recipients were female, which is largely representative of the overall organisational gender mix

Actions

Imperial College Healthcare NHS Trust recognises the gender pay gaps identified by this report and is taking action as a result. Actions have been set under the Trust's 2019 Workforce Equality and Diversity Work Programme.

Definitions

Gender pay gap: The difference between the average earnings of men and women, expressed relative to men's earnings. This is a broad measure of the difference in the average earnings of men and women, regardless of the nature of their work.

Equal pay: A legal requirement that within an organisation, male and female staff members who are engaged in equal or similar work or work of equal value must receive equal pay and other workplace benefits. This definition is included for clarification purposes as this report relates to the gender pay gap, and not equal pay.

Ordinary pay: Basic pay, paid leave, including annual, sick, maternity, paternity, adoption or parental leave (except where an employee is paid less than usual or nothing because of being on leave), high cost area and other allowances, shift premium pay, and pay for piecework. This would include on call framework and banding supplement in Doctor's pay, for example.

Bonus pay: 'Bonus pay' is defined as any remuneration that is in the form of money, vouchers, securities or options and relates to profit sharing, productivity, performance, incentive or commission. For the purposes of this report, the relevant bonus pay relates to Consultant Clinical Excellence Awards (CEA) and Long Service awards, in line with guidance from NHS Employers. While under this guidance, monetary vouchers awarded as part of the 'Make a Difference' staff recognition scheme could also be included. However, due to data quality issues for 2018/19, this has been excluded, with a view to review this for future years.

Inclusion Criteria:

A wider definition of who counts as an employee is used for gender pay gap reporting. This means staff who are employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This includes those under Agenda for Change terms and conditions, medical staff, very senior managers and Trust bank workers. Agency workers and people employed by another employer to provide services to the Trust e.g. Sodexo staff, are excluded from the Trust's calculations, but counted directly by the agency/employer. Apprentices at the Trust are employed by an apprentice training agency, therefore the contract of apprenticeship is with the agency. Doctors under honorary contracts are also excluded from calculations, but counted by their academic institution. Self-employed workers and contractors of the Trust are also excluded as it is not reasonably practicable to obtain the data to include within the calculations. This is in line with Regulation 2(3) of the Gender Pay Gap Information Regulations 2017.

Imperial College Healthcare NHS Trust

TRUST BOARD - PUBLIC REPORT SUMMARY	
Title of report: Month 4 Integrated Quality and Performance Report	☐ Approval ☐ Endorsement/Decision ☒ Discussion ☐ Information
Date of Meeting: 25 September 2019	**Item 11 report no. 08**
Responsible Executive Director: Julian Redhead (Medical Director) Janice Sigsworth (Director of Nursing) Catherine Urch (Divisional Director) Tg Teoh (Divisional Director) Frances Bowen (Divisional Director) Kevin Croft (Director of People and Organisational Development) Claire Hook (Director of Operational Performance)	**Author:** Submitted by Performance Support Team

Summary:

This is the integrated quality and performance report for data published at month 4 (July 2019).

The report is presented as follows:

- Summary and key headlines
- Indicator scorecard
- Additional slides by exception (for information)

Recommendations:
The Board is asked to note the contents of the integrated performance report for month 4.

This July 2019 performance scorecard and exception reports have been discussed at:

Executive Operational Performance Committee
Executive Quality Committee
Board Quality Committee
Executive Finance Committee

If this is a business case for investment, has it been reviewed by the Decision Support Panel (DSP)? ☐ Yes ☐ No ☒ Not applicable

Quality impact:
The delivery of the full integrated quality and performance report will support the Trust to more effectively monitor delivery against internal and external targets and service deliverables. All CQC domains are impacted by the paper.

Financial impact:
The financial impact of this proposal as presented in the paper enclosed:

Has no financial impact.

Risk impact and Board Assurance Framework (BAF) reference:

- 2472: Failure to comply with the Care Quality Commission (CQC) regulatory requirements and standards
- 2477: Risk to patient experience and quality of care in the ED caused by the significant delays experienced by patients presenting with mental health issues
- 2480: Patient safety risk due to inconsistent provision of cleaning services across the Trust
- 2485: Failure of estates critical equipment and facilities
- 2487: Risk of Spread of CPE (Carbapenem-Producing Enterobacteriaceae)
- 2942: Risk of potential harm to patients caused by a failure to follow invasive procedure policies and guidelines
- 2937: Failure to consistently achieve timely elective (RTT) care
- 2938: Risk of delayed diagnosis and treatment and failure to maintain key diagnostic operational performance standards
- 2943: Failure to maintain non elective flow
- 2944: Failure to deliver appropriately skilled and competent nursing care in hard to recruit areas
- 2946: Failure to provide timely access to critical care services
- 1660: Risk of poor waiting list data quality

Workforce impact (including training and education implications): None

Has an Equality Impact Assessment been carried out or have protected groups been considered?

☐ Yes ☐ No ☒ Not applicable

If yes, are further actions required? ☐ Yes ☐ No

What impact will this have on the wider health economy, patients and the public?

Comprehensive performance and quality reporting is essential to ensure standards are met which benefits patients. The report is aligned with CQC domains to ensure the Trust has visibility of its compliance with NHS wide standards.

The report content respects the rights, values and commitments within the NHS Constitution

☒ Yes ☐ No

Trust strategic goals supported by this paper:

Retain as appropriate:

- To help create a high quality integrated care system with the population of north west London
- To develop a sustainable portfolio of outstanding services
- To build learning, improvement and innovation into everything we do

Update for the leadership briefing and communication and consultation issues (including patient and public involvement):

Is there a reason the key details of this paper cannot be shared more widely with senior managers?

☐ Yes ☒ No

If yes, why?.....

Imperial College Healthcare NHS Trust

Integrated quality and performance report

1. Introduction

1.1. The Board are asked to consider the integrated quality and performance report and the key headlines relating to performance as at July 2019 (month 4).

1.2. The indicator scorecard and this summary report highlights where performance is above target, or within tolerance, and where performance did not meet the agreed target / threshold.

2. Key headlines

The key highlights from the July-19 (month 4) integrated performance scorecard are as follows:

Quality

2.1. The incident reporting rate has been above target for two months following ten months of underperformance. All three clinical divisions are reporting higher numbers of incidents.

2.2. Overall, our harm profile is good and the Trust has some of the lowest mortality rates in the country. The percentage of moderate and above incidents we have reported so far this year is below national average (1.69% compared to 2.12%). However we have seen an increase in the number of extreme incidents we are reporting in comparison to last year.

2.3. The percentage of incidents reported between July 2018 – June 2019 that have had the initial conversation (stage 1) and the follow-up letter (stage 2) of the duty of candour process completed was 94%, against a target of 100%.

2.4. In July 2019,

- Twelve cases of *C. difficile* were attributed to the Trust in June 2019. There have been 37 cases in total so far this year, which is above our trajectory of 27. None of these cases have been related to lapses in care.
- Zero Trust-attributable cases of MRSA BSI were reported in July 2019. There have been three cases reported so far this financial year, compared to three in total in 2018/19.
- Eight cases of Trust *E.Coli* BSI were reported, bringing the total to 27 cases so far this financial year which is slightly above our trajectory of 25.
- One case of CPE BSI was reported in July 2019. There have been three cases reported so far this year, compared to four this time last year.

2.5. Data for antibiotic administration for patients diagnosed with sepsis is not currently available for June or July 2019. This is due to changes to the way sepsis is identified in patients through Trust's reporting dashboard. We expect data to be available by the end of Quarter 2.

2.6. Structured judgement reviews (SJRs) are undertaken for all relevant deaths in line with national requirements and Trust policy. One avoidable death has been confirmed so far this financial year and is being investigated as a Serious Incident, with the investigation due to be completed by the beginning of October 2019.

2.7. Consultant job planning compliance is currently at 91%, an improvement from 81% last month. The majority of outstanding job plans have been submitted and are being signed-off by the relevant clinical director/head of specialty.

Operational performance

2.8. The field-testing of the proposed new urgent and emergency care standards moved to the second stage on 7 August. This includes measuring 'mean time to initial assessment'. Monitoring of the 'average time spent in A&E', which commenced 22 May, will continue.

2.9. In line with the memorandum of understanding, figures on the A&E four hour standard will not be published for the pilot period. Throughout the pilot, our focus remains on achieving a good flow of care across our care pathways.

2.10. In July 2019, the Trust continued to report that no patients had been waiting for more than 52 weeks for treatment. The overall size of the referral to treatment waiting list size was maintained and met the trajectory, as did the aggregate performance of the standard to treat patients within 18 weeks of their referral.

2.11. In July 2019, the Trust delivered six of the eight national cancer standards. The two areas performing below the standard (cancer 2 week waits and the 62 day screening standard) are being reviewed by the service and the trajectory is being developed.

2.12. There has been a significant increase in the numbers of formal complaints, which is primarily linked to the introduction of the new non-emergency patient transport service.

2.13. We expect to see the overall volume of complaints return to previous levels by end of September 2019, as issues with the transport contract are resolved. The figure of 136 complaints in the scorecard includes an additional 18 complaints received directly by the new transport provider (rather than the Trust) but which the Trust has taken an involvement in managing.

3. Additional information

3.1. Exception slides for the month 4 are provided for information in appendix 1 and cover the following scorecard metrics:

- Incident reporting rate
- Patient safety incidents
- Compliance with duty of candour
- MRSA BSI
- E.Coli
- CPE
- National clinical audits
- Mortality reviews
- Mixed sex accommodation
- Cancer standards
- A&E patients waiting > 12 hours from DTA
- Ambulance handovers (30 minute delays)
- Extended length of stay
- Outpatient DNA
- Formal complaints

4. Recommendation

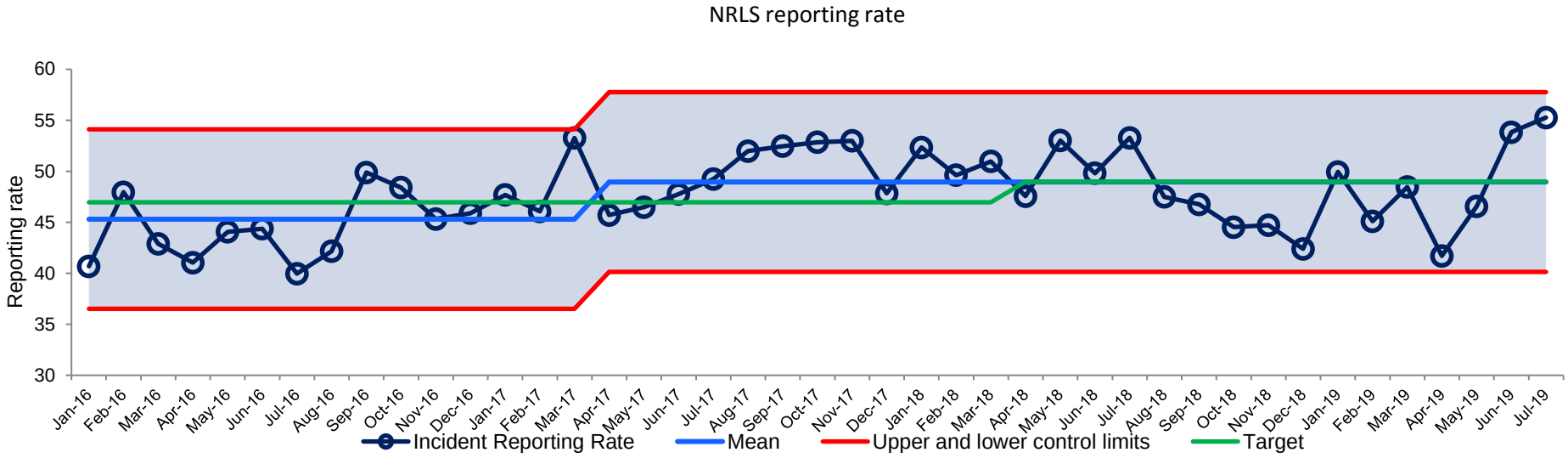
The Board is asked to note the contents of the integrated performance report for month 4.

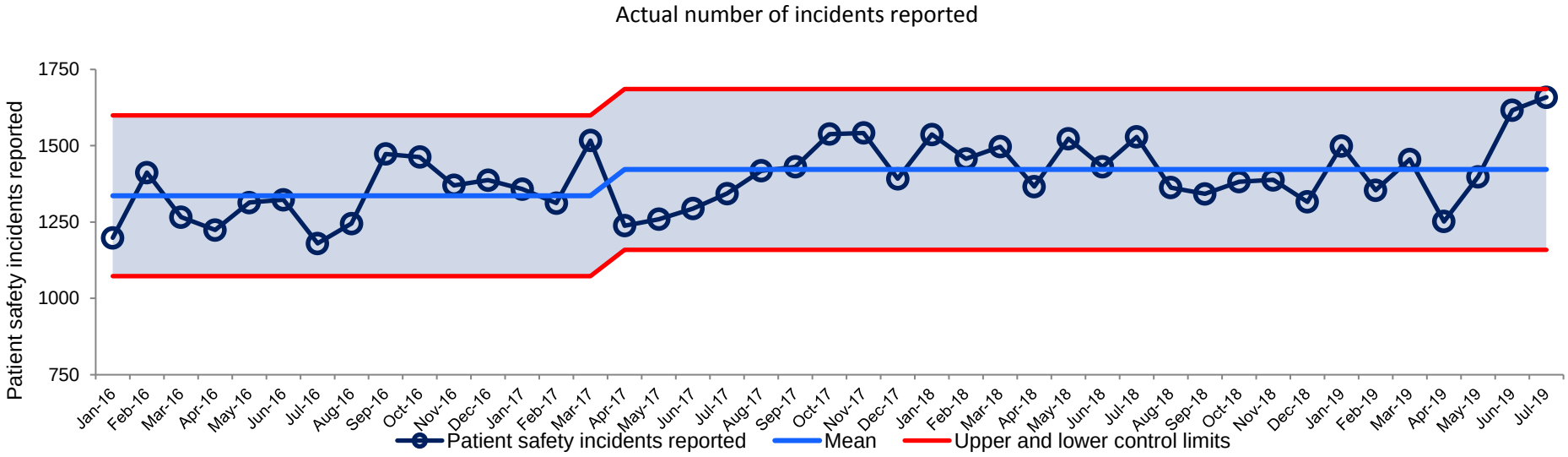
Additional slides by exception for month 4

Domain	Report
Safe	Incident reporting rate
Safe	Patient safety incidents
Safe	Compliance with duty of candour
Safe	MRSA BSI
Safe	E.Coli
Safe	CPE
Safe	Vacancy rates
Effective	National clinical audits
Effective	Mortality reviews
Caring	Mixed sex accommodation
Responsive	Cancer standards
Responsive	A&E patients waiting > 12 hours from DTA
Responsive	Ambulance handovers (30 minute delays)
Responsive	Extended length of stay
Responsive	Outpatient DNA
Responsive	Formal complaints

Safe – Patient safety incident reporting

Indicator	Target	Latest data	Executive lead	Report author(s)
We will maintain our incident reporting numbers and be within the top quartile of trusts	In top quartile (48.98)	53.82 – June 2019 55.25 – July 2019	Julian Redhead, Medical Director	Darren Nelson, Head of Quality Assurance and Compliance





Safe – Patient safety incident reporting

Latest performance	Our reporting rate for July 2019 is 55.25 against the target of 48.98. The overall number of incidents reported has improved since last month, with 1,659 reported compared to 1,616. The incident reporting rate has now been above target for two months.
Key issues	• Historically, we have been in the top quartile for incident reporting rates published by the National Reporting and Learning Service (NRLS), however our reporting rate fell below target between August 2018 and May 2019. We have seen an increase in the number of incidents reported over the last two months. • All three clinical divisions reported higher incident numbers in July than their yearly average. The largest increase since the previous month was in SCC where 77 more incidents were reported, which is 13% higher than their average. • The cardiac directorate have had the largest increase with 143 incidents reported in July compared to 77 in June and a yearly average of 69. 30% of these incidents are under the category postponed/cancelled surgery, which usually accounts for around 15% of cardiac incidents. The division have confirmed that there was no increase in cancelled procedures in July and have attributed the increase in incidents to the improvement work they have undertaken to highlight the importance of reporting and to clarify with staff what constitutes an incident. • There has been an increase in the number of patient safety incidents reported under the transport category due to issues following a change in contracted provider, with 93 incidents reported in July and 157 in June, in comparison to the average of 41. All incidents relating to patient transport are being clinically reviewed to ensure that no patients have come to harm. To date, four SIs have been declared, all of which are under investigation.

Improvement plans and actions	Lead	Timescale	Progress update
Divisional plans for local department increases to be submitted to MD	DDNs	31/05/19	The divisions have developed actions and are leading local improvement work to increase the number of incidents reported. Updates on progress are provided to quality and safety sub-group through the minutes of their quality and safety committees.
Trust wide communications campaign	Improvement Manager for Safety Head of Quality Compliance and Assurance	On-going	• A new safety page is being developed for the intranet which will provide information on incidents and highlight that any incident, no matter how small should be reported – network architecture being built and copy for pages currently being finalised. This is due to launch in September. • Information on the importance of reporting will be shared with staff throughout September through internal communications channels, including the CEO email, screensavers, new core service booklets and the intranet. We will also use World Patient Safety Day on 17 September to highlight the importance of reporting. • With Comms, we will start co-designing a more long-term campaign in September with staff which will launch in late October.

Safe – Patient safety incident reporting

Improvement plans and actions	Lead	Timescale	Progress update
Share data on reporting activity with the divisions	Head of Quality Compliance and Assurance	On-going from July 2019	Analysis of reporting activity at divisional and directorate level now shared monthly.
90 day improvement cycles being planned with lower reporting wards in SCCS	Deputy DDN Improvement Manager for Safety	October 2019	5 areas had been identified with the SCC division to participate in the pilot (ITU at HH, Dacie at HH, WEH, and 6S and 6E at CXH and Cardiac Cath Labs at HH. The cath labs have declined the pilot and therefore ENT (10S) at CXH has been engaged. The work began in July and is currently in a diagnostic phase to understand the enablers and barriers to incident reporting in clinical areas. The next phase will be to involve the teams in designing small tests of change to address some of these barriers.
A review of the training available is underway with a view to training team members in identification and reporting	Head of Quality Compliance and Assurance	December 2019	Corporate welcome and junior doctor sessions have been refreshed to encourage staff to report. Review of the other training available is in progress. A Datix user forum is being set up which will include end-users as well as representatives from the 5 pilot areas. This will help to design bespoke training to be delivered locally as well as test out improvements to the reporting system. The first meeting will take place in September.
Undertake improvement sprint with pharmacy	Improvement Manager for Safety	11/07/19	Sprint happened on 11th July. Pharmacy are in the process of identifying leads to take forward an improvement plan for the service.
Incident reporting and governance seminar for NWL Pathology planned for July	NWL Pathology Quality & Governance Manager	Complete	Complete. This included a presentation on incident reporting by the Trust's head of quality compliance and assurance.

Risk

- Is it on the (divisional / corporate) risk register? No

Safe – Patient safety incidents

Indicator	Target	Latest data	Executive lead	Report author(s)
We will reduce the number of incidents causing harm to patients	Below national average Moderate harm – 1.78% Severe harm – 0.24% Extreme harm – 0.10%	**Moderate harm** June – 19 incidents July – 18 incidents % YTD – 1.52% **Severe harm** June – 0 July – 2 % YTD – 0.03% **Extreme harm** June – 2 July – 3 % YTD – 0.14%	Julian Redhead, Medical Director	Darren Nelson, Head of Quality Assurance and Compliance

Latest performance	The percentage of moderate and above incidents we have reported so far this year is below national average (1.69% compared to 2.12%). However we have seen an increase in the number of extreme incidents we are reporting in comparison to last year. • We reported three extreme harm incidents in July 2019, bringing our total to 8 so far this year, compared to 6 in total last year. We are above average for the percentage of extreme harm incidents reported (0.14% compared to 0.1%). Since the data was pulled for this report, one of the cases from July has been downgraded to no harm following initial investigation. The remaining 7 cases are still under investigation; the harm levels may change once the investigations are complete. Two cases which were originally reported in May have also been downgraded following investigation, one to no harm and one to moderate harm. • We reported two severe harm incidents in July 2019, both of which are being investigated as SIs. We are below average for the percentage of severe harm incidents reported (0.03% compared to 0.24%). • We have seen a decrease in the number of moderate harm incidents reported in June and July 2019, although our incident reporting rate has increased. We are below average for the percentage of moderate harm incidents reported (1.52% compared to 1.78%).
Return to target / trajectory	We are currently meeting the target for moderate and severe harm incidents. We expect extreme harm incidents to return to trajectory as the denominator of overall incidents increases and once the investigations into these cases have been completed and the final harm levels confirmed.

Safe – Patient safety incidents

Key issues	We have seen an increase in the number of extreme harm incidents reported so far in 2019/20 and are above average for the percentage of these incidents reported. Since April 2019 we have had a total of 8 extreme harm incidents, this represents 0.14% of the total incidents that we have had. If we continue to report incidents at our average rate of 1,481 per month, we would meet the overall target of 0.10% by the end of the year if we reported 18 or fewer extreme harm incidents. In future, we will provide an exception report if our rate of extreme harm incidents increases to an extent whereby we are at risk of not meeting the 0.10% target at year end. We will also provide an exception report if our rate of extreme harm incidents represents special cause variation.

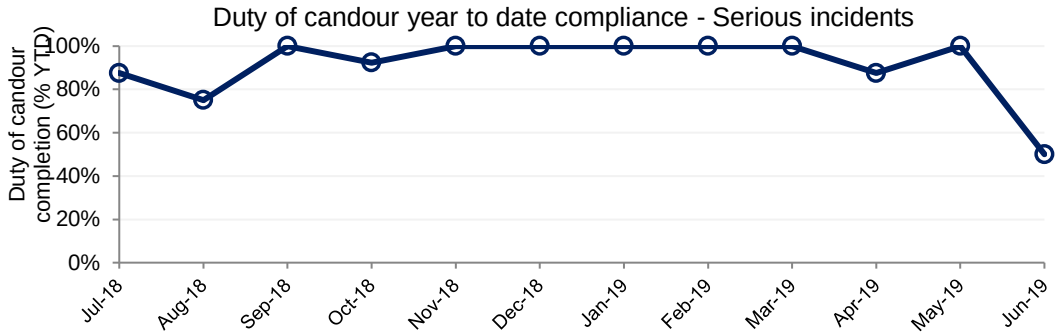
Improvement plans and actions	Lead	Timescale	Progress update
Ensure that final attributable harm is correctly recorded when the incident is closed	Head of quality compliance and assurance	October 2019	Process for reviewing the degree of harm has been evaluated and actions implemented including: • final attributable harm added to the SI closure checklist • an additional field added to the incident tracker on Datix • Audit of 72 hour reports and documentation of the decision-making process for downgrading harm levels to take place in Q3

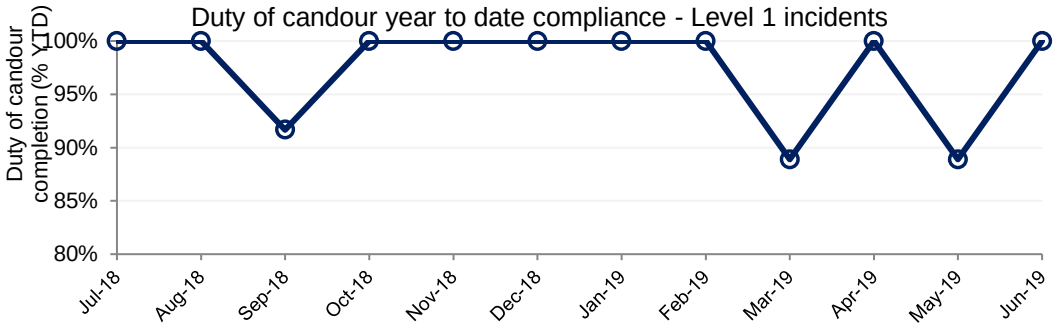
Risk

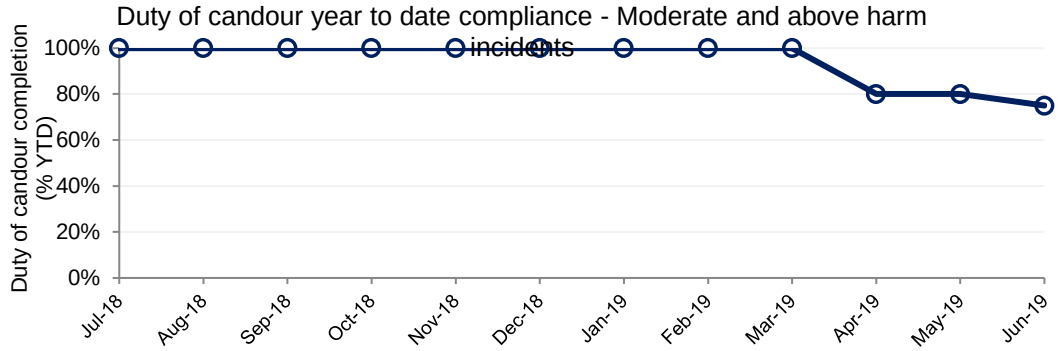
- Is it on the (divisional / corporate) risk register? No.

Safe – Compliance with duty of candour

Indicator	Target	Latest data	Executive lead	Report author(s)
We will ensure 100% compliance with duty of candour requirements for every appropriate incident graded moderate and above	100%	Total: 94.2% SIs: 90.8% Internal investigations: 97.4% Moderate and above incidents: 93.6% (cumulative data for incidents reported July 2018 – June 2019)	Julian Redhead, Medical Director	Darren Nelson, Head of Quality Assurance and Compliance







Latest performance

Serious Incidents
June 2019 - 5 SIs out of 10 have not had DoC completed. In month compliance is therefore 50%.
May 2019 – all SIs have had DoC completed. In month compliance is therefore 100%.

Level 1s
June 2019 – all level 1s have had DoC completed. In month compliance is therefore 100%.
May 2019 - 1 level 1 out of 9 has not had DoC completed. In month compliance is therefore 88.9%.

All other moderate and above incidents
June 2019 - 2 out of 8 moderates and above have not had DoC completed. In month compliance is therefore 75%.
May 2019 - 1 out of 5 moderates and above has not had DoC completed. In month compliance is therefore 80%.

Return to target / trajectory

When this data was pulled there were 18 SIs, 4 Level 1s and 23 moderate and above incidents reported between April 2017 and June 2019 which had not had DoC completed. Following review by the divisions, a number of DoC letters (recorded as outstanding) were found to have been sent by the consultants but not appropriately recorded on Datix. This has been amended and performance has improved with the latest data showing 3 SIs, 2 Level 1s and 8 moderate and above incidents without DoC completed. A deep dive review is being undertaken which will determine further areas for improvement to support a return to target.

Safe – Compliance with duty of candour

Issues and root causes	Duty of candour compliance has decreased in month for both serious incidents and moderate and above harm incidents. Issues remain around completion and appropriate recording on Datix of both parts of the DoC process (Part 1 – the initial conversation, and part 2 – the follow up letter) by the consultant responsible for the patient's care. Following review by the divisions, a number of DoC letters (recorded as outstanding) were found to have been sent by the consultants but not appropriately recorded on Datix. This has been amended and the latest data shows that performance has improved, however there are still outstanding cases.

Improvement plans and actions (taken and proposed)	Lead	Timescales	Progress update
Outstanding duty of candour is followed up and monitored at the weekly Medical Director's Incident Meeting.	Head of Quality Compliance & Assurance	Ongoing	All outstanding cases continue to be reviewed at the weekly MD panel. Weekly exception reports are provided to the divisions.
A review of systems and processes for recording compliance of DoC will be undertaken	Divisions Head of Quality Compliance & Assurance	Complete	Complete. A review of the Datix form for recording DoC has been undertaken by the DiHub. The SOP for recording of DoC letters has been refreshed and circulated.
Where cases remain overdue, the AMD for patient safety will write to the consultants responsible for the patient's care to ask them explain their rationale for not completing the DoC.	AMD for patient safety	End of June 2019	Complete. This action was changed and each incomplete case was followed up with each individual consultant by the divisional director. As a result a number of letters which were recorded as outstanding were found to have been sent by the consultants but not appropriately recorded on Datix. This has been amended and performance has improved.
Deep dive of key issues preventing DoC being completed	Business manager – OMD	September 2019	This work was due to commence in August, however it was delayed until each outstanding case could be followed up by the divisional director. This resulted in an improvement, however there are still a number of outstanding cases. The deep dive will take place during September with actions implemented during September/October in response to the findings.
90% compliance with mandatory online duty of candour training for nurses at Band 7 and above and all consultants.	Divisions	March 2018 - overdue	Compliance is over 90% for all divisions except MIC where it is 89.08%. Non-compliant staff are being managed through standard divisional processes.
Annual audit of DoC to be undertaken	Improvement Manager - Safety	October 2019	An audit of the DoC process and the quality/standard of DoC letters will be undertaken by the clinical audit team at the beginning of Q3.

Risk

- Is it on the (divisional / corporate) risk register? YES (Risk ID 2054 Compliance with duty of candour legislation)

Safe – MRSA BSI

Indicator	Target	Latest data	Executive lead	Report author(s)
We will ensure we have no avoidable MRSA BSIs and cases of *C.difficile* attributed to lapses in care	0	MRSA BSI: 1 – Jun 2019 0 – Jul 2019 MRSA BSI YTD: 3 *C.difficile* lapse in care: 0 – Jun 2019 0 – Jul 2019 *C.difficile* lapse in care YTD: 0	Julian Redhead, Medical Director	Jon Otter, General Manager IPC

Latest performance	There was one Trust-attributable MRSA case reported in June 2019, with no cases reported in July 2019. There have been no cases of *C. difficile* attributed to lapses in care this year.
Return to target / trajectory	Target for MRSA is zero, therefore no return to target this FY 19/20.

Key issues	In June 2019, an elderly medical patient had an MRSA BSI identified on admission to the Trust; the source was likely to be osteomyelitis and her infection failed to resolve. The patient initially identified with a non-Trust MRSA BSI on admission. Owing to continuing infection, subsequent blood cultures continued to be taken, resulting in this being defined as a Trust case. The patient died despite receiving antibiotic therapy in line with policy. There was no learning identified for the Trust. Learning from the two previous cases reported in 2019/20 has identified issues with vascular line care.

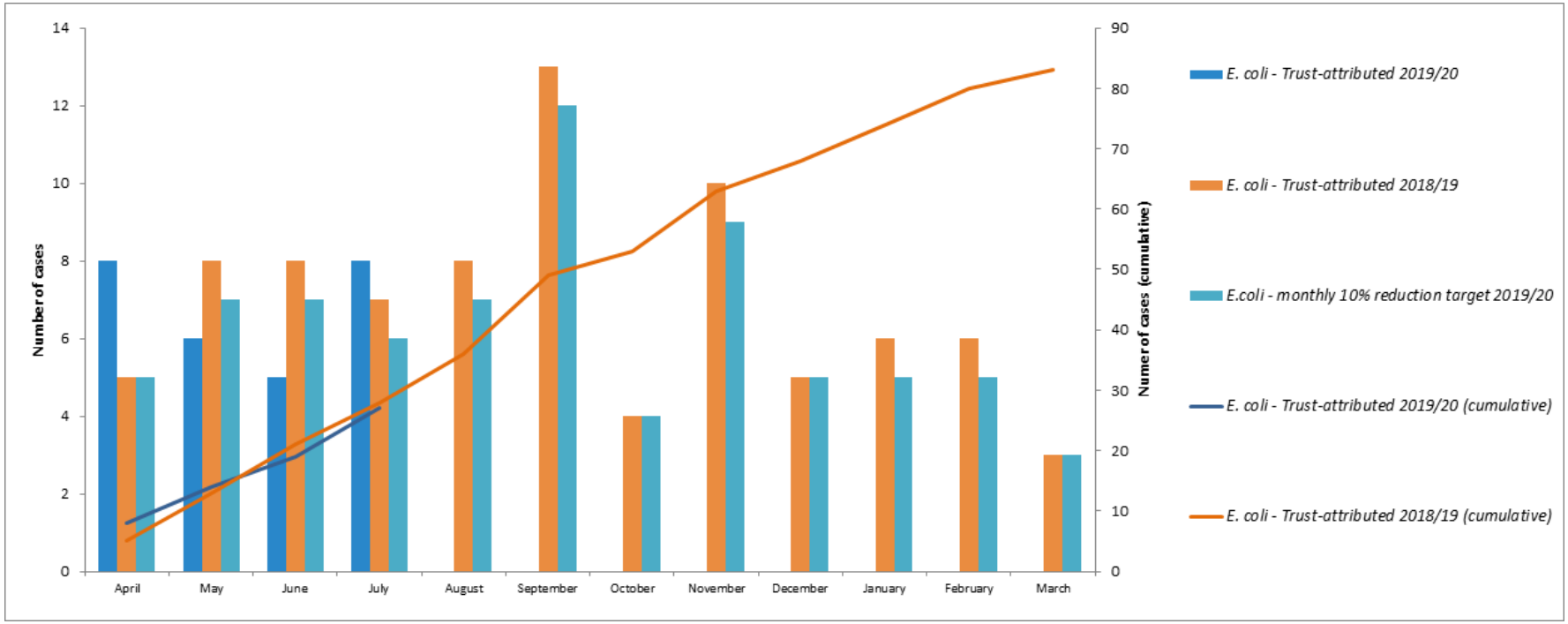
Improvement plans and actions (taken and proposed)	Lead	Timescales	Progress update
Plans to improve vascular access practice and documentation.	Jan Hitchcock, Lead Nurse for Vascular Access	Sept 2019	Having identified learning related to vascular access documentation, focused teaching on relevant wards has been completed for medical and nursing staff re line care, record keeping and accessing vascular access team for support. A safety briefing on vascular access documentation will be issued in September.

Risk

Is it on the (divisional / corporate) risk register? YES (Divisional risk ID 2066 Poor practice related to vascular access, Divisional risk ID 2570 Low level of hand hygiene and inappropriate use of gloves, Divisional risk ID 2059 inappropriate use of antibiotics, and Divisional risk ID 2364 fragile supply chain of antibiotics).

Safe – *E.coli*

Indicator	Target	Latest data	Executive lead	Report author(s)
We will achieve a 10% reduction in healthcare-associated BSIs caused by *E. coli*	10% reduction (n=65)	5 – Jun 2019 8 – Jul 2019 YTD = 27	Julian Redhead, Medical Director	Jon Otter, General Manager IPC



Latest performance	• Five cases of Trust *E.coli* BSI have been reported for June 2019, with eight cases for May 2019. This makes a total of 13 cases for June and July 2019, and 27 cases in FY 2019/20. • Of the 13 cases, 2 had a urinary source (not associated with a urinary catheter), 3 were neutropenic sepsis, 1 hepatobiliary, 4 gastrointestinal, 1 vascular access device associated , 1 late onset neonatal sepsis, and 1 ventilator-associated pneumonia.
Return to target / trajectory	• 10% reduction target was not met at the end of July 2019. To return to trajectory we are focusing on catheter associated urinary tract infections and are identifying other preventable cases.

Safe – *E.coli*

Key issues	There were 13 cases of Trust attributable *E.coli* BSI in June and July 2019, which is above trajectory. Cases of *E. coli* BSI are reviewed monthly to identify any potential trends. It seems likely that many of the cases of healthcare-associated *E. coli* BSI are a direct result of necessary interventions and are not preventable (e.g. those associated with neutropenia), or related to complex cases in patients with advanced malignant disease (such as those with biliary sources). However, other sources of infection are more likely to be preventable (e.g. *E. coli* BSIs associated with urinary catheters).

Improvement plans and actions (taken and proposed)	Lead	Timescales	Progress update
Establishing an enhanced Gram-negative BSI review process via a monthly MDT group.	Eimear Brannigan, Deputy DIPC	Sept 2019	Monthly MDT group in place. The review of E. coli BSIs is initially focussing on cases that are associated with CAUTI; three cases have been identified during Q1 which are being discussed with relevant divisional teams to identify learning.
Improve the management of urinary catheterisation and patient hydration	Tracey Galletly, Trust Lead Nurse for IPC	Sept 2019	The Medical Director is scheduling a meeting in Q2 with key stakeholders to review urinary catheter management in the Trust.
Identify potential preventative initiatives in high risk areas (haematology, oncology, renal, NICU and post-surgical wards) for Gram-negative bacteraemias and identify potential prevention initiatives.	Eimear Brannigan, Deputy DIPC	Sept 2019	The planning of interventions aimed at preventing E. coli BSIs in specialist patient groups within these high risk areas is currently on-going. The initial focus is on cases associated with urinary catheter use.

Risk

- Is it on the (divisional / corporate) risk register? Risk ID 2064 Limited surveillance of HCAI (especially SSI), which includes reference to limited capacity for CAUTI surveillance.

Safe - CPE

Indicator	Target	Latest data	Executive lead	Report author(s)
We will have no healthcare-associated BSIs caused by CPE	0	2 – Jun 2019 1 – Jul 2019 YTD = 3	Julian Redhead, Medical Director	Jon Otter, General Manager IPC

Latest performance	There have been three CPE BSI cases during 2019/20, two cases in June and one case in July 2019, compared to four cases this time last year 2018/19.
Return to target / trajectory	• Target for CPE BSI is zero, therefore no return to target for 2019/20.

Key issues	There have been three CPE BSI cases during 2019/20, two cases in June and one case in July 2019. Each case undergoes clinical review to optimise management from the infection multidisciplinary team. A review is undertaken of each case as they arise and themes collated at quarterly intervals to identify learning and opportunities for preventive action. Case details: There were two Klebsiella OXA48 bacteraemias in haematology – one patient who had neutropenic sepsis and was not previously known to be CPE colonised – the patient was treated and survived; the other was a patient who had recently become colonised and developed GvHD and CMV colitis – the patient died three weeks after the date of the BSI. The third case was a patient with biliary sepsis who was known CPE colonised since admission; following a prolonged ITU stay she died from gastrointestinal haemorrhage, and this blood culture was taken shortly before death.

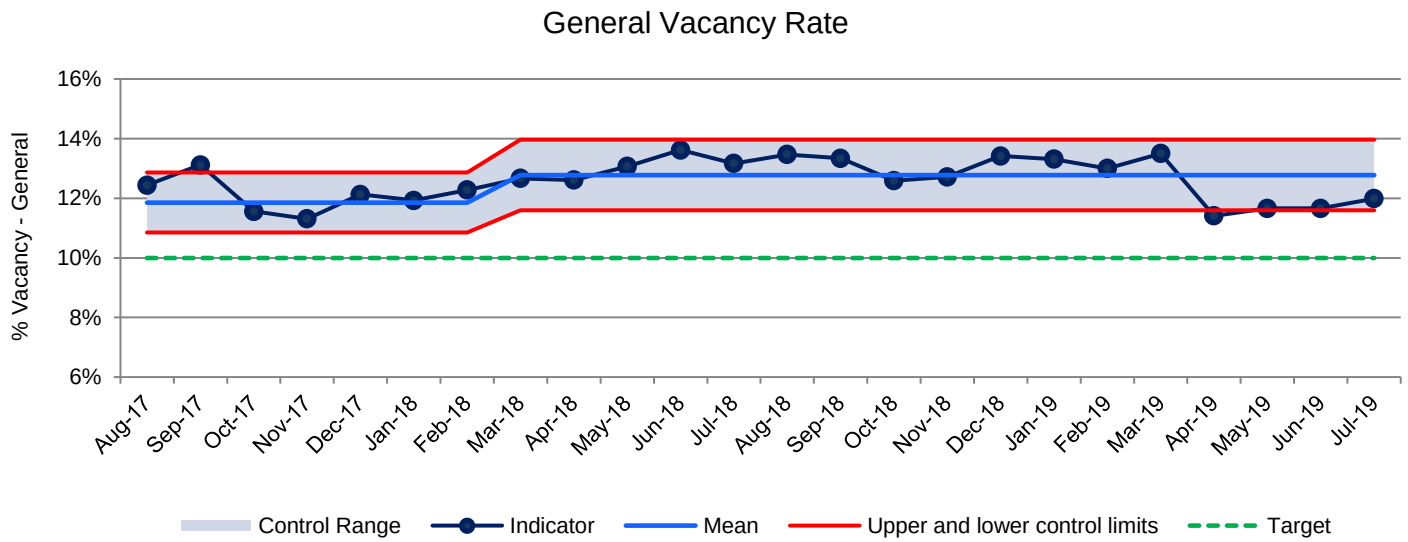
Improvement plans and actions (taken and proposed)	Lead	Timescales	Progress update
Case review of BSIs to identify learning	Eimear Brannigan, Deputy DIPC	On-going action	The case reviews indicate limited opportunity for prevention in these cases other than prevention of CPE acquisition, by a focus on reducing carbapenem use and improving IPC practice especially hand hygiene.
Develop and launch Cerner CPE screening tool to promote and support implementation of CPE screening.	Tracey Galletly, Lead Nurse IPC	Dec 2019	A paper is being co-written by CW and ICHT to clarify the current position, as the tool now needs to meet the requirements of both Trusts.

Risk

- Is it on the (divisional / corporate) risk register? YES (Risk ID 2487 - Risk of spread of CPE (Carbapenemase-Producing Enterobacteriaceae)

Safe – Vacancy rates

Indicator	Target	Latest data	Executive lead	Report author(s)
We will have a general vacancy rate of 10% or less	10% target for overall Trust vacancies	All Trust was 12.0% in July 2019	Kevin Croft, Director of People and Organisational Development	Dawn Sullivan, Deputy Director of People and Organisational Development



Latest performance	• At the end of July 2019 the vacancy rate was 12.0% reflective of 1,323 WTE vacancies; 248 WTE non-clinical roles and 1,075 WTE clinical roles • The number of staff directly employed, across all of the Trusts Clinical and Corporate Divisions was 9,717 WTE; an increase of 58 WTE from those employed in March 2019 • For all nursing & midwifery roles, the vacancy rate was 15.3% (807 WTE vacancies)
Return to target / trajectory	• Based on current forecasts we expect to hit a vacancy rate of 13% for nursing and midwifery roles and 10% for overall trust vacancies by March 2020 but pipeline data is currently under review to validate this position which could be negatively impacted if establishments are increased to manage winter.

Safe – Vacancy rates

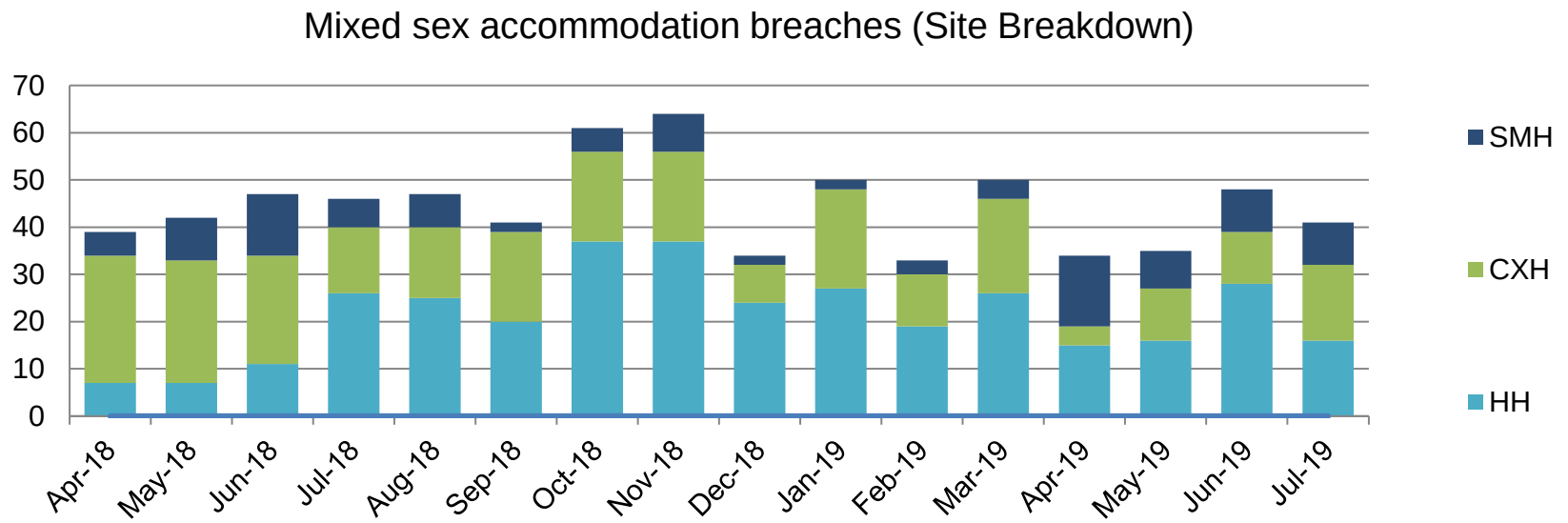
Issues and root causes	• In 2017 more nurses left the profession than joined. Imperial has an overall nursing and midwifery vacancy rate of 15.3% - a reduction of 1.1% from March 2019. There are a wide range of recruitment initiatives in place however, with a growing workforce demand, these maintain our position rather than reduce the vacancy rate significantly • There are a number of factors that are compounding the workforce issue and making recruitment and retention of staff very difficult: the removal of the bursary, contractual changes with trainee doctors, the pressure of work and the reduction in CPD funding • The London recruitment market is very difficult with a large number of employers in close proximity and a number of staff are leaving to re-locate due to the high cost of living and lack of affordable housing. • We have only recently seen the benefits of our increased international recruitment strategy but this will have more of an impact in the later part of 19/20 and 20/21.

Improvement plans and actions (taken and proposed)	Lead	Times cales	Progress update
To develop an accurate picture of current staffing levels, hotspot areas for vacancies and turnover and develop strategies to manage these	Pen Parker/ Divisional Directors of People	31 Oct 2019	• A comprehensive workforce report & plan reviewed by executive bi-monthly • Divisional Directors of Nursing have identified top hotspot areas for vacancy and turnover across the Trust that required additional support and targeted interventions • Leavers data from ESR is analysed on a monthly basis. In addition, a new leavers survey for N&M staff was introduced in June 2019 • A joiners survey for N&M has been piloted and joiners data is analysed on a monthly basis
Enhancing the offer for staff at different career stages	Dawn Sullivan	30 Sept 2019	• To promote flexible working, all advertised roles, encourage candidates to discuss their flexible working requirements at the interview • Self-rostering is being piloted in Imperial Private Health (to improve retention and staff engagement)
To create and promote opportunities for staff to ensure they are aware of what is available. Ensure staff receive careers support through the careers clinic or other channels	Dawn Sullivan	31 March 2020	• A pool of careers coaches identified and trained to provide careers coaching. The quarterly careers clinics have been taking place across the main sites • The internal transfer scheme for band 5 N&M is being refreshed where a “register your interest” form and a transfer window will be introduced
To maximize recruitment and develop a 3-5 year workforce plan to make the supply of N&M staff more sustainable	Dawn Sullivan/ Sue Burgis	31 March 2020	• A review of the annual N&M recruitment strategy is underway to increase hires and recruitment channels • Introduced an automatic offer to our student nurses. The acceptance rate is 88% • An International Recruitment campaign has resulted in 71 International nurses starting with the Trust. Currently 305 nurses have completed either their IELTs or preparing to take the exam • Bespoke recruitment campaigns in hard to recruit areas (e.g. Emergency Department, Trauma, Critical Care, Haematology, Cardiac and Specialist Surgery)

Risk register
Corporate risk register id 2944: Failure to deliver appropriately skilled and competent nursing care in hard to recruit areas.

Caring - Eliminating Mixed Sex Accommodation (EMSA)

Indicator	Target	Latest data	Executive lead	Report author(s)
We will have zero mixed-sex accommodation breaches	0	41 breaches in July 2019	Janice Sigsworth	Felicity Bevan General Manager, Critical Care



Latest performance	The national standard is to eliminate all mixed sex breaches for Level 1/0 patients. Inability to care for patients in a same sex environment can have a detrimental effect on patient experience. The Trust reported 41 mixed-sex accommodation (MSA) breaches in July 2019, which arose exclusively in the ICU's (Intensive Care Units), with patients awaiting discharge to a ward area. Intensive care units do not provide care for level 1/0 patients. The breaches occur once patients are declared ready for step down to ward areas and they are waiting for a suitable bed in the most appropriate area. Increase in breaches often occur inline with increase occupancy through out the Trust which may impact on flow.
Return to Trajectory	The target for this metric is zero breaches within ITU, new national guidance needs to be clarified in order to understand if breaches within critical care are exempt from this standard. In order to achieve zero breaches, all discharges from ICU must be stepped down within 4 hours to an appropriate bed within the Trust.

Caring - Eliminating Mixed Sex Accommodation (EMSA)

Issues and root causes	Breaches at Imperial are incurred by patients awaiting discharge from the ICUs to ward areas. Downstream flow is the main obstacle. Imperial appear an outlier for reported MSA breaches in London. Most other London hospitals report discharge delays from ICU but report fewer or no MSA breaches. The reason for this is unclear, as the two indicators are seemingly contradictory. The root cause of MSA breaches in ICU is delayed discharge of patients within the national 4 hour target once they have been identified as fit for discharge. Breach rates have increased since July 18 due to the critical care co-location (movement of previous L2 beds in ward areas to ICU), which resulted in 1) increased discharges from ICU and 2) the vast majority of patients leaving the department requiring discharge to a level 1 bed. As this cohort of patient were previously being discharged to a L2 bed they were not included in this reporting criteria. Furthermore the previous HDU areas did not report MSA data, this is now being captured in the ICU reports. There are clinical risks associated with moving ICU patients to create single sex bays or to vacate side rooms (whereby they would not be reported as a breach). Bed moves increase the risk of cross contamination of infection and pose risk to unwell patients. There is no evidence locally (from patient feedback) that being in MSA after being declared fit for discharge has an adverse effect on patient experience. The preferred option for elimination of MSA in ICU would be to reduce discharge delays as this has benefits beyond resolving the immediate MSA concern. It is recognised however that this is dependent on downstream bed availability and bed allocation prioritisation. The delayed discharges from the ICUs will form part of the on-going Trust capacity and flow work. Within ICU, we also recognise that improvements also need to be made to reduce the time from bed identification to actual discharge as this also impacts on the breach data.

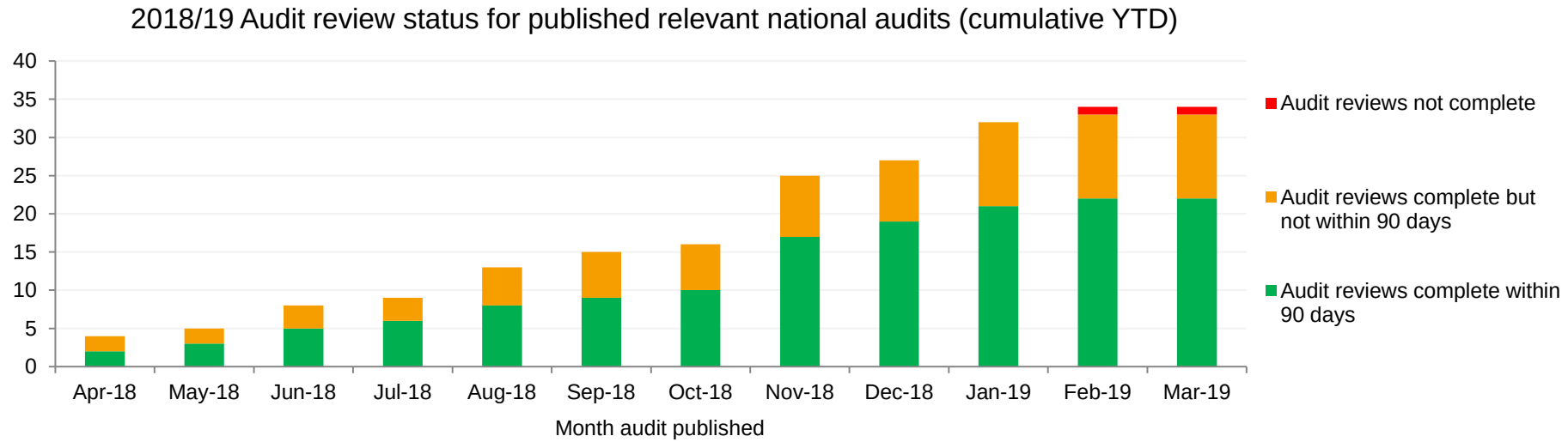
Improvement plans and actions (taken and proposed)	Lead	Timescales	Progress update
Comparison of reporting methodologies and mitigations at other Trusts	Mary Mullix	Next update 8th July 2019	• Following presentation at CQG, a review is to take place on MSA reporting in other Trusts to ensure all are following the same reporting methodology. • Telephone meeting with CQG on the 8th July to discuss and update.
In conjunction with the Hospital Directors, discussions to be held to review the prioritisation of discharges from ICU.	Felicity Bevan; Roseanne Meacher	On going	• Attendance at Trust Care Journey Capacity Collaboration (CJCC) meeting, to raise profile of delayed discharge situation in ICU • Delayed discharges and MSA breaches focused on in site management meetings. • Patients placed as soon as an appropriate bed is available.
Patient Information Leaflets	Melanie Denison	Aug 2019 (extended from April-19)	• Develop literature to provide information to patients on MSA in ICU. • Examples from other Trust identified. • Communications team contacted to discuss options and suitable content. • Still awaiting publication of the latest NHSI guidance to inform content.
Gain an understanding of the impact of MSA breaches on patients that meet criteria within the ICU setting	Melanie Denison	Aug 2019 (extended from April-19)	• Working with the Head of Patient Experience & Improvement to devise a suitable question to add to the existing patient experience survey to assess the impact on patients that are a MSA breach in ICU.

Risk register

This risk is on the directorate risk register (ID 2457).

Effective – National clinical audit

Indicator	Target	Latest data	Executive lead	Report author(s)
We will participate in all appropriate national clinical audits and evidence learning and improvement where our outcomes are not within the normal range	Participation in 100% of relevant national clinical audits Number of audits that have not completed the review process within 90 days	87.2% – Apr 18 – Mar 19 100% – April 2019 2 – (one from Feb 2019 and one from April 2019)	Julian Redhead, Medical Director	Louisa Pierce, Clinical Auditor



Latest performance	Data is reported on a monthly basis, but the data presented here is three months in arrears to allow time to go through the Trust internal review process. **Performance in 2018/19** The graph above demonstrates performance against Quality Account reportable national audit activity for the financial year 2018/19. There is still one outstanding review from 2018/19 which is overdue and, this is the national prostate cancer audit and sits within the SCC division. Our participation rate for 2018/19 was 87.2% as we did not participate in the 5 BAUS audits. **Performance in 2019/20** One national audit published was published in April 2019 which was relevant to the Trust, and in which we participated (specialist rehabilitation following major injury). Our participation rate for 2019/20 so far is therefore 100%. The review of this audit is now overdue.
Return to target / trajectory	Progress is tracked weekly at the MD incident panel.

Effective – National clinical audit

Issues and root causes	Improvements continue to be made with the review and risk assessment of audit reports by divisions within the internally set target of 90 days. For 2018/19, 65% of reviews were completed within 90 days, compared to 24% in 2017/18. Two audits are overdue for review, one from February 2019 and one from April 2019. This has been escalated to the SCC division through the clinical audit and effectiveness group and the medical director's incident review panel. We expect them to be completed by the end of Q2. Our participation rate for national clinical audits published up to March 2019 was 87% (34 / 39 audits). This is because we did not participate in the five audits run by the British Associate of Urological Surgeons (BAUS) due to the time taken for data entry and the quality of the audit outputs nationally making meaningful comparison difficult (manual data entry, requiring up to 30 minutes per patient). The division have recommended that we do not participate during 2019/20 either given the issues, and the planned change to the audit in 2020/21, when data will be collated through an autonomous system using HES data. This was approved at ExQu in July with assurance on outcomes to be provided through a separate report using CRAB data which is due for review at CAEG in October.

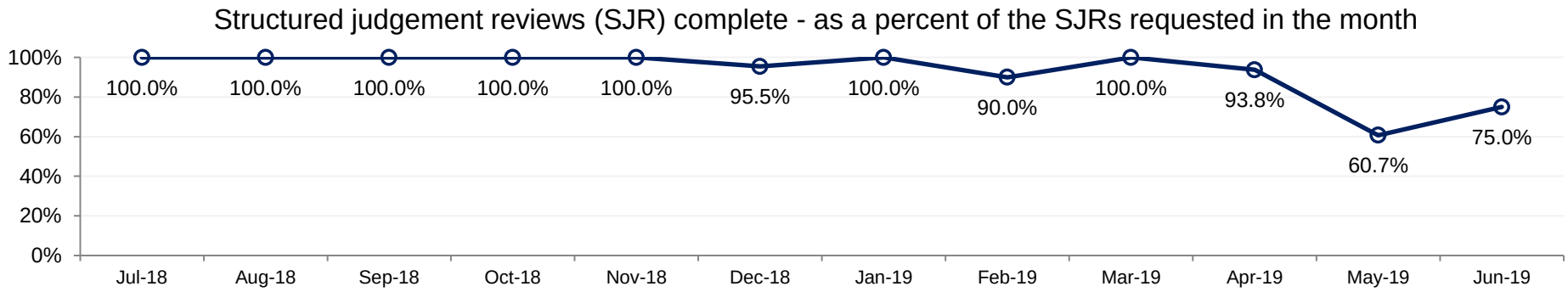
Improvement plans and actions (taken and proposed)	Lead	Timescales	Progress update
All significant risk audits to have an action plan in place that is presented to the quality & safety subgroup.	Raymond Anakwe/ Audit Leads	On-going	There are 2 audits from 2018/19 have been identified as significant risk so far – SHOT and ICNARC. Both reports and associated action plans were signed off at divisional Q&S in February and reviewed at sub-group in May. Progress with the action plans will continue to be monitored at the divisional Q&S committee, with exception reporting to sub-group.
Low risk and acceptable risk audits to be presented at divisional quality and safety committees.	Audit Leads	On-going	There are currently 2 audit reports which have not completed this process, one from February 2019 and one from April 2019. Both of these are within SCC. This has been escalated to the SCC division through the clinical audit and effectiveness group and the medical director's incident review panel. We expect them to be completed by the end of Q2.
Overdue audits escalated at the weekly Friday MD panel for review.	Clinical Auditor	Weekly – On-going	Divisions provide regular updates based on discussions at divisional quality & safety meetings.

Risk

- Is it on the (divisional / corporate) risk register? YES (Risk ID 2136) Failure to deliver the Trust's requirements as part of the national clinical audit programme)

Effective – Mortality reviews

Indicator	Target	Latest data	Executive lead	Report author(s)
We will ensure structured judgement reviews are undertaken for all relevant deaths in line with national requirements and Trust policy and that any identified themes are used to maximise learning and prevent future occurrences.	100% of all relevant deaths	SJRs not complete within 30 days of request: 63% Avoidable deaths: 1 (April 2019)	Julian Redhead, Medical Director	Trish Bourke, Mortality Audit Manager



Latest performance	• The graph above shows the percentage of SJRs which have been completed based on when the SJR was requested. Data is refreshed on a monthly basis as SJRs are requested and completed. • For May, 17 SJRs have been completed out of 28 requested, meaning 60.7% of SJRs have been completed. • For June, 15 SJRs have been completed out of 20 requested, meaning 75% of SJRs have been completed. • One of the deaths reviewed in April has been confirmed as 'avoidable' and is currently being investigated as a SI (due to be completed by end of August). • Two additional deaths from February and March 2019 have been found to be avoidable following completion of the SJRs. These had previously been reported as incidents and 72 hour reports completed which showed no care or service delivery issues. These will therefore be reviewed at the first learning from deaths outcome review group which has been convened by the medical director and is being arranged for October, where the final decision will be made regarding whether the deaths are 'avoidable' or not.
Return to target / trajectory	We are continuing to recruit additional SJR reviewers in order to deliver more capacity. SJRs are being reassigned where there is a delay in order to deliver timely outcomes. A full review of our approach and methodology to undertaking mortality reviews will be completed by October (see following slide for further information).

Effective – Mortality reviews

Issues and root causes	There are a total of 4 SJRs that remain outstanding from 2018/19, as they continue to be reported the 2018/19 position will change. We continue to struggle to meet the target for completing SJRs within 30-days of the date of request.

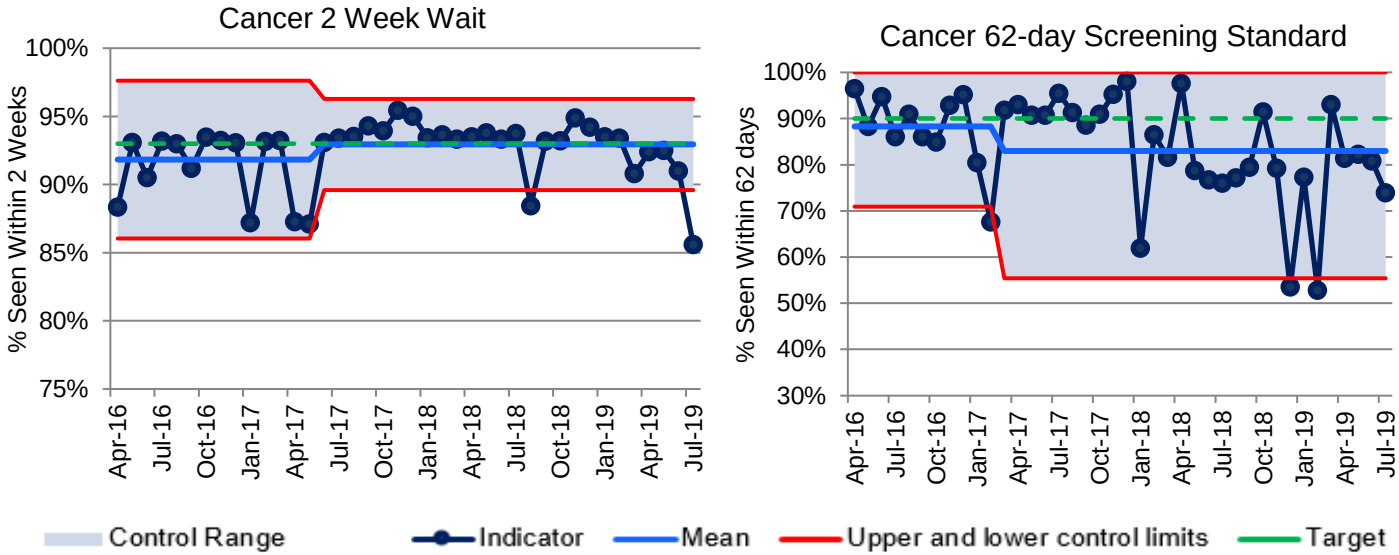
Improvement plans and actions (taken and proposed)	Lead	Timescales	Progress update
Recruitment of additional structured judgement reviewers.	Mortality Auditor	June 2019	To increase capacity, recruitment of additional structured judgment reviewers is underway. 3 additional senior nurses were recruited and trained in July. Overdue cases are also escalated to the divisions and reallocated to different reviewers where necessary.
Strengthen and formalise the process for triangulating data from cases that have both SJRs and SI investigations undertaken, this includes the recording and accessibility of the data generated.	Head of Quality Compliance & Assurance	Complete	Changes were made in April 2019 to our processes to ensure that these two investigatory processes, whilst independent of one another, are linked appropriately. These include presentation of all SJRs with a score of 1-3 at the MD panel, and a new quarterly decision making group being convened. This will be chaired by the MD, with the DDs in attendance to review deaths where the findings of the SJR differ from the findings of the investigation. The final decision will be made at this meeting and reported in the next learning from deaths paper to ExQu, quality committee and Trust board.
Review of the issues highlighted from the incident investigations (SI/level 1) and SJRs for each case since April 2018.	Mortality Auditor	Complete	Completed for all avoidable deaths reported as at March 2019. Themes and learning from all cases deemed avoidable are now outlined in the regular learning from deaths report.
Undertake review of the mortality processes	General Manager, MDO	October 2019	Significant work has been undertaken to date regarding the learning from deaths programme, however due to the implementation of the Medical Examiner service and changes to the Royal College of Physicians methodology, it is appropriate to further review our approach and methodology to undertaking mortality reviews. With this in mind, the Learning from Deaths policy will be reviewed, with a specific focus on how changes to our approach and methodology can aid an improvement in performance.

Risk

- Is it on the (divisional / corporate) risk register? YES (Risk ID 2439 Learning from Deaths)

Responsive – Cancer standards

Indicator	Target	Latest data	Executive lead	Report author(s)
In July 2019 the Trust delivered six of the eight national cancer standards.	2WW – 93% target Screening – 90%	2WW – 85.8% Screening – 73.9%	Dr Catherine (Katie) Urch	Gareth Gwynn



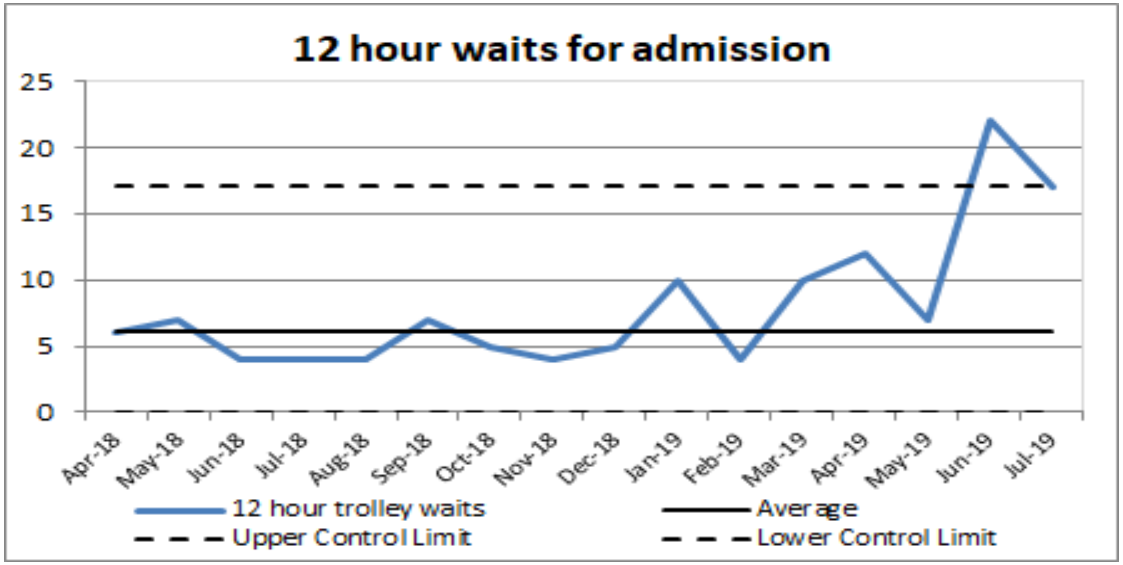
Latest performance

- In September 2019, performance is reported for the cancer waiting times standards in July 2019.
- In July the Trust delivered six of the eight national cancer standards.
- The Trust underperformed against the 2 week wait standard due to capacity constraints in the colorectal and dermatology services.
- The Trust underperformed against the 62 day screening standard due to known issues in the breast screening service.

Issues and root cause	• Colorectal 2WW capacity impacted by significant increases in demand (35% since 17/18) and delays in delivering the straight to test model to move patients into endoscopy or CTC rather than outpatient appointments following nurse-led triage. • Skin 2WW capacity has also been impacted by significant increases in demand (25% since 17/18) and challenges in securing non-locum supported first appointment clinics. • National breast screening guidelines and cancer waiting times guidance do not align with respect to timelines and processes. The breast screening guidelines allow patients longer to attend after screening recall compared to 2WW referrals, and longer than 62 days to commence treatment. The screening service has its own administration system which does not integrate into other trust systems. This results in separate processes for diagnostic requesting and pathway management to other cancer patients, and delays in accessing diagnostics and treatment when compared to waiting times for 2WW referrals
Key updates	• The 2WW standard recovery trajectory is being established. • Breast screening performance is not expected to recover until completion of the improvement plan. This issue is affecting multiple London breast screening services. A mapping session to bring together commissioners and NWL providers will be held September 19.

Responsive – A&E patients waiting more than 12 hours from decision to admit

Indicator	Target	Latest data	Executive lead	Report author(s)
Number of waits for admission over 12 hours from decision to admit (DTA)	0 breaches	17 breaches – July	Dr Frances Bowen, Divisional Director, MIC	Sarah Buckland, Performance Support Business Partner



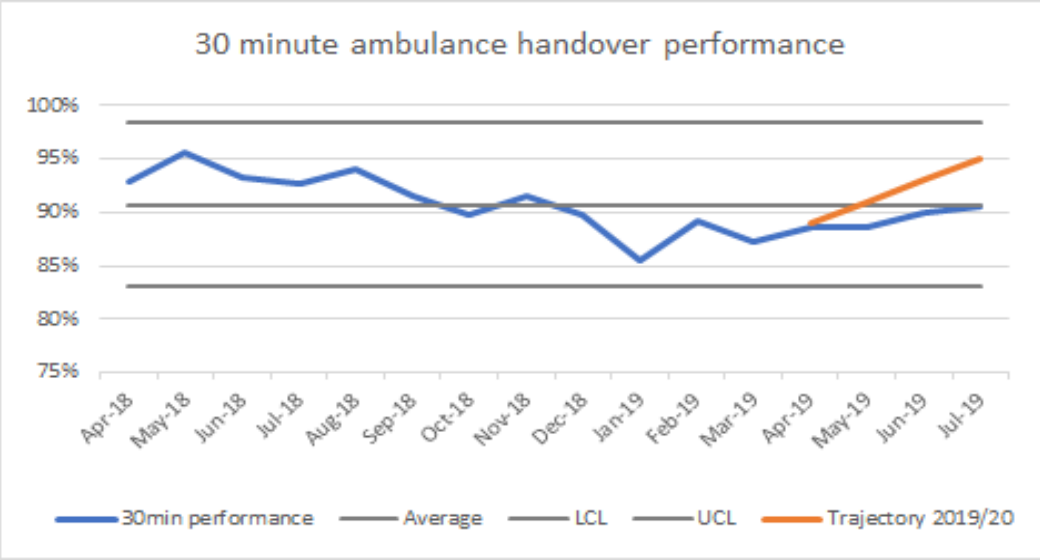
Latest performance

- The number of twelve hour breaches of wait from DTA was 17 in July 2019
- 16 breaches were delays in admission to mental health provider beds; 1 breach was an acute delay in admission to Neurosurgery at CXH.
- 13 breaches occurred at SMH and 4 at CXH.

Issues and root causes	• Lack of available mental health beds • Delays with provision of out of hours HTT (Home Treatment Team) and AMHP (approved mental health professional) resource at SMH • Referrals to Mental Health are increasing, however not to the same rate as 12 hour DTA to admission breaches.
Key updates	• Update from partners at the August A&E Delivery Board included; ○ Development of 24/7 assessment lounge at the Gordon Hospital to admit people not likely to require a bed. ○ Improved gatekeeping, with a first response service due to go live in September for better use of the HTT and to facilitate use of the new assessment lounge. ○ Encouraged to transfer patients requiring a bed earlier even if current occupant has yet to vacate the bed. ○ Appointment of Head of Urgent Care role in CNWL to support location of beds. ○ Westminster recently increased AMHPs although acknowledges there is more to do. ○ CNWL investigating potential to support provision of bank RMNs to ED. ○ Executive level meetings between ICHT and CNWL to escalate support and discuss issues

Responsive – Ambulance Handovers

Indicator	Target	Latest data	Executive lead	Report author(s)
Ambulance handover delays	July 2019 95%	July 2019 90.6%	Dr Frances Bowen, Divisional Director, MIC	Sarah Buckland, Performance Support Business Partner



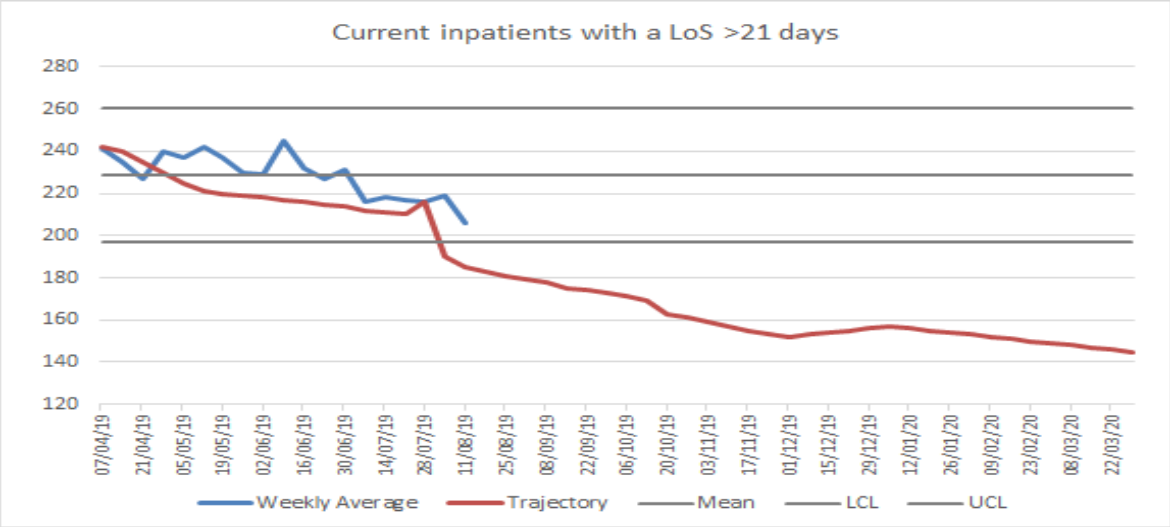
Latest performance

- Performance against the 30 minute handover standard improved by 0.7 percentage point in July 2019, to 90.6%.
- This is 4.4% below the trajectory.

Issues and root causes	• Impact on CXH department logistics and capacity during refurbishment • A lack of space to move 'fit to sit' patients onto wheelchairs. • High volumes of ambulance arrivals within a short period at the SMH site.
Key updates	• Working with LAS in relation to the distribution of ambulances across the sector. • Monthly on site operational meetings with LAS re-established. • Dedicated receptionist to be put in place at CXH as per SMH (September 2019). • Revised escalation protocol drafted for where time of handover exceeds 30 mins (sign off by CJCC in July). • Refurbishment at CXH ED to have a 'fit to sit' space to facilitate timely handover (timescale August 2019).

Responsive – Extended Length of Stay

Indicator	Ambition	Latest data	Executive lead	Report author(s)
Reducing long length of stays (LoS) for inpatients	<=145 occupied beds	Occupied beds 234 – July 2019	Dr Frances Bowen, Divisional Director, MIC	Sarah Buckland, Performance Support Business Partner



Latest performance

- In July 2019 there were 218 occupied beds with patients with a length of stay greater than 21 days, this equates to 23% of occupied beds (excl. paediatrics/maternity).
- This represents a 10% reduction on baseline and a decrease of 16 occupied beds compared with the average of 234 in June 2019.

Issues and root causes

Reason	Number	%
NF7 Requiring clinical intervention that can only be provided in hospital	64	32%
NF2 Active ongoing clinical treatment non-specific and not as sick as category NF4	39	19%
F20 Waiting for residential or nursing home, social care or self-funder	16	8%
F11 Ready for home today – ask whether they are confident nothing will stop discharge	12	6%
F3 Waiting for community hospital placement or any other bedded intermediate/ reablement care	10	5%

ECIST Status	%
Fit	44%
Not Fit	56%

Key updates

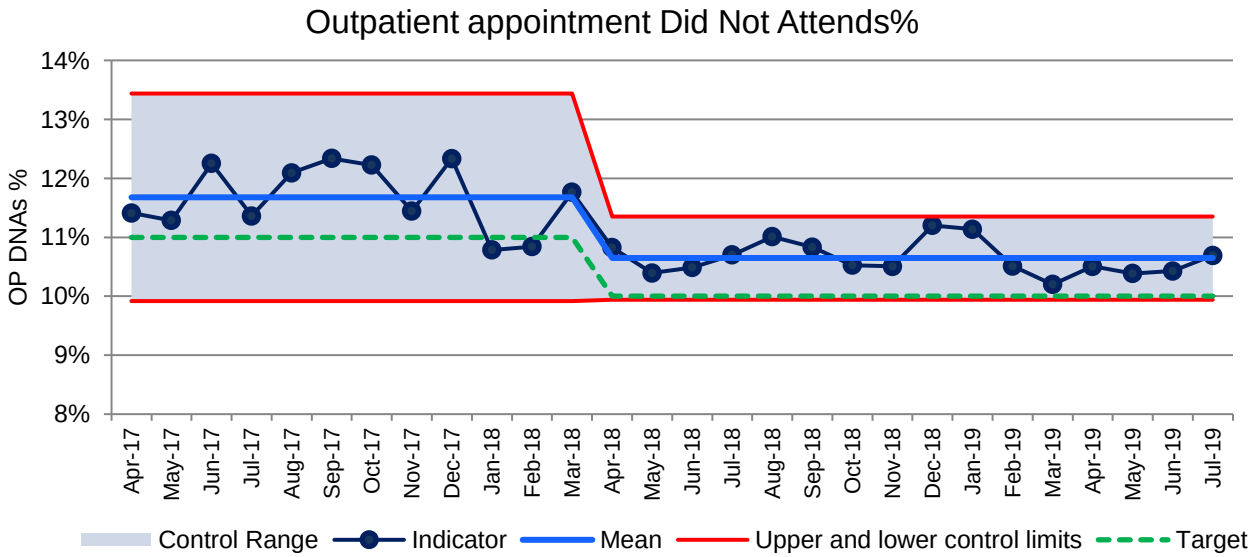
- Development of dashboard to track main reasons for long stays and local progress
- Diamond escalation calls commenced early August
- Trust wide communications of board round checklist and and discharge policy

Key next steps,

- Ensure long stay reviews in all key areas (with site-based scrutiny from consultant / AMDs).
- ECIST codes to be built into Cerner.
- Borough-based plans, discharge to assess, consideration of Pathway model for homeless patients.

Responsive – Outpatient DNA

Indicator	Target	Latest data	Executive lead	Report author(s)
The percentage of booked outpatient appointments (including diagnostics) where the patient did not attend	10%	10.7% (July 2019)	Tg Teoh	Danya Cohen (General Manager)



Latest performance

The overall DNA performance including new and follow-up appointments was 10.7% in July 2019 which remains above the target of 10%.

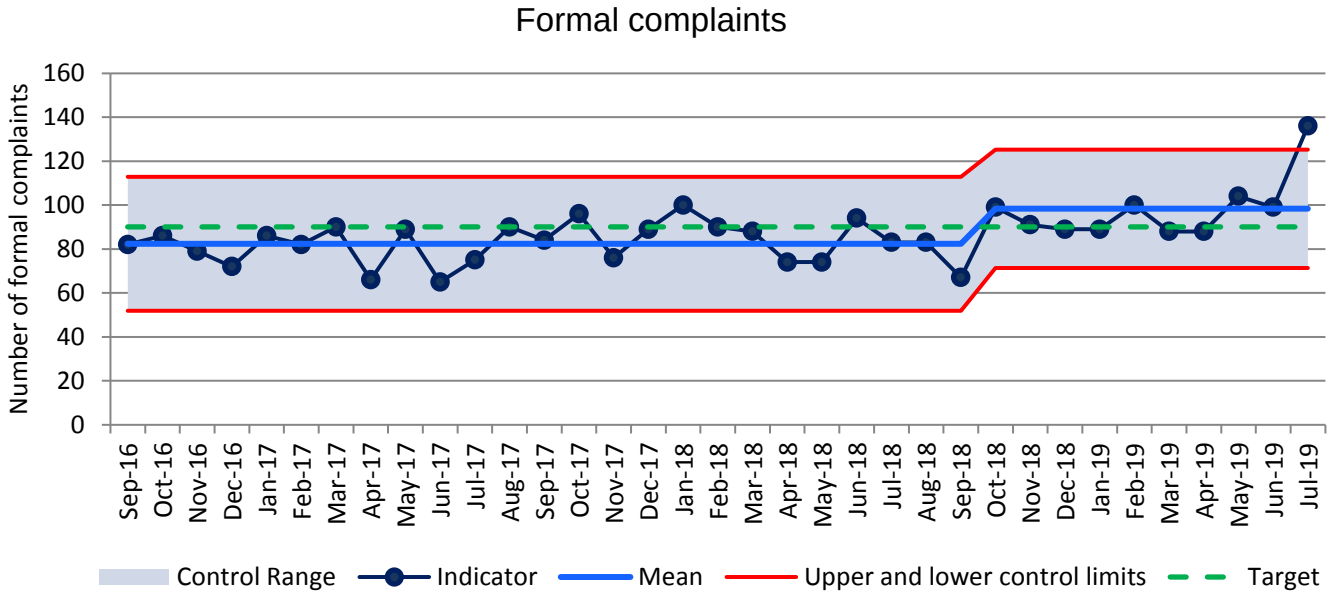
By Division the performance is:

- SCC: 10.5%
- MIC: 12.4%
- WCCS: 8.5%

Issues and root cause	• The reasons for patients not attending appointments are multifactorial. There has been renewed efforts by the clinical divisions to audit their DNA rates to understand specific factors that are contributing to higher non-attendance rates in certain specialities.
Key updates	• Additional work to ensure all areas are utilising text messaging, including: ➢ Work to include maternity and gynaecology in reminder service is underway (expected completion Sept 2019). ➢ Neurology and Gastroenterology scoping work in August with implementation planned for Sept 2019. ➢ In WCCS, text reminders for the Maternity Service have gone live; the DNA rate will be monitored over the next few months to understand the impact of this.

Responsive – Complaints

Indicator	Target	Latest data	Executive lead	Report author(s)
The total number of formal complaints received in month	90	136 formal complaints in July 2019	Janice Sigsworth (Director of Nursing)	Guy Young (Head of Patient Experience)



Latest performance

- The numbers of formal complaints received during July 2019 remained above the target of 90 and the increase is mainly attributed to transport issues.

Issues and root cause	The higher numbers are primarily related to complaints linked to the introduction of the new non-emergency patient transport service. An increase in the volume of these complaints was expected in July and this materialised. Transport related complaints accounted for over 20% of the 136 formal complaints (up from 1% of the total in May 2019). Complaints related to appointments (delays & cancellations) continue to make up around 10% of the total. *The July figure of 136 includes an additional 18 complaints that were received by the new transport provider (rather than the Trust) but which the Trust has taken an involvement in managing.*
Key updates	We expect to see the overall volume of complaints return to previous levels by end of September 2019, as issues with the transport contract are resolved. Executive level intervention in resolving the issues with the transport contract continue.

Imperial College Healthcare NHS Trust

Integrated Quality and Performance Scorecard

Indicator	Overall target	Latest Period	Monthly target	Same period last year Jul-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Latest reported performance Jul-19
FYTD = Financial Year to Date											
Safe											
Patient safety - incident reporting											
Serious incidents	-	Jul-19		9	5	23	17	13	33	13	**42**
Incidents - moderate harm (FYTD)	<1.78%	Jul-19		1.32%	1.25%	1.25%	1.28%	2.24%	2.00%	1.71%	**1.52%**
Incidents - severe/major harm (FYTD)	<0.24%	Jul-19		0.03%	0.04%	0.04%	0.04%	0.00%	0.00%	0.00%	**0.03%**
Incidents - extreme harm/death (FYTD)	<0.10%	Jul-19		0.07%	0.04%	0.03%	0.04%	0.08%	0.11%	0.12%	**0.14%**
Incident reporting rate (per 1,000 beds)	>=48.98	Jul-19		53.26	49.92	45.09	48.46	41.70	46.66	53.82	**55.25**
Never events	0	Jul-19		1	2	0	0	1	0	0	**0**
PSAs open and overdue (FYTD)	0	Jul-19		-	-	-	-	0	0	0	**0**
Incidents with DoC completed	100%	Jun-19		-	-	-	-	93.9%	90.8%	93.6%	**94.2%**
Infection prevention and control											
Trust-attributed MRSA BSI (FYTD)	0	Jul-19		1	3	3	3	0	2	3	**3**
Trust-attributed C. difficile (FYTD)	77	Jul-19	27	-	-	-	-	5	14	25	**37**
Trust-attributed C. difficile (lapses in care) (FYTD)	0	Jul-19		-	-	-	-	0	0	0	**0**
E. coli BSI (FYTD)	75	Jul-19	25	28	74	80	83	8	14	19	**27**
CPE BSI (FYTD)	0	Jul-19		4	6	6	7	0	0	2	**3**
VTE											
VTE risk assessment	>=95%	Jul-19		96.6%	93.8%	94.3%	93.8%	93.8%	93.8%	93.6%	**97.3%**
Sepsis											
Sepsis - Antibiotics	>=90%	Jul-19		-	92.8%	91.3%	93.8%	94.0%	91.6%	-	**-**
Maternity standards											
Puerperal sepsis	<=1.5%	Jul-19		0.3%	0.4%	1.0%	0.3%	0.8%	1.6%	1.0%	**0.8%**
Safe staffing											
Safe staffing - registered nurses	>=90%	Jul-19		96.2%	96.7%	97.1%	96.9%	97.8%	98.0%	97.7%	**97.3%**
Safe staffing - care staff	>=85%	Jul-19		97.1%	94.8%	95.8%	95.3%	97.0%	96.4%	96.1%	**96.9%**

Integrated Quality and Performance Scorecard

Indicator	Overall target	Latest Period	Monthly target	Same period last year Jul-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Latest reported performance Jul-19
FYTD = Financial Year to Date											
Safe											
Workforce and people											
Core skills training	>=90%	Jul-19		89.2%	90.5%	91.9%	92.1%	91.9%	91.8%	91.88%	**92.45%**
Safeguarding children training (level 3)	>=90%	Jul-19		81.0%	83.3%	90.6%	90.1%	91.1%	-	89.4%	**88.5%**
Vacancy rate - Trust	<10%	Jul-19		13.2%	13.3%	13.0%	13.5%	11.4%	11.7%	11.7%	**12.0%**
Estates and Facilities											
Cleanliness audit scores (very high risk)	>=98%	Jul-19		-	80.0%	89.0%	88.0%	84.0%	87.0%	88.0%	**95.0%**
Cleanliness audit scores (high risk)	>=95%	Jul-19		-	89.0%	92.0%	91.0%	91.0%	90.0%	95.0%	**96.0%**
Reactive maintenance	>=70%	Jul-19		-	26.0%	35.3%	33.2%	31.8%	-	31.0%	**61.6%**

Integrated Quality and Performance Scorecard

Same period last year

Latest reported performance

Indicator	Overall target	Latest Period	Monthly target	Jul-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
FYTD = Financial Year to Date											
Effective											
Mortality indicators											
HSMR: Trust ranking	top 5 lowest risk	Apr-19		**4th lowest**	17th lowest	4th lowest	3rd lowest	3rd lowest	4th lowest	7th lowest	**9th lowest**
HSMR ratio	top 5 lowest risk	Apr-19		**66.0**	74.0	60.0	53.0	59.0	57.0	62.0	**72.0**
SHMI: Trust ranking	top 5 lowest risk	Feb-19		-	4th lowest	4th lowest (last quarterly figure, now monthly)			2nd lowest	2nd Lowest	**Lowest**
SHMI ratio	top 5 lowest risk	Feb-19		-	69.1	66.8			68.1	71.9	**70.5**
Mortality reviews (at 09/09/2019)											
Total number of deaths	-	Jun-19		122	145	153	124	164	175	139	**128**
SJR requested as % of number of deaths (FYTD)	>=15%	Jun-19		-	-	-	-	15.3%	15.1%	14.5%	**13.9%**
Number of avoidable deaths (Score 1-3) (FYTD)	0	Jun-19		4	6	7	11	14	2	2	**2**
SJRs not completed within 30 days (FYTD)	0%	Jun-19		-	-	-	-	58.6%	57.6%	60.4%	**63.2%**
Readmissions (unplanned)											
under 15 yr olds	<9.33%	Jan-19		5.3%	3.8%	4.0%	5.3%	4.7%	5.0%	5.3%	**4.5%**
over 15 yr olds	<8.09%	Jan-19		6.3%	7.0%	7.6%	7.1%	7.1%	6.9%	7.5%	**6.5%**
National Clinical Audits											
Participation in relevant NCAs (FYTD)	100%	Apr-19		100.0%	88.9%	83.3%	84.4%	86.5%	87.2%	87.2%	**100.0%**
High risk/significant risk audits with action plan (FYTD)	100%	Apr-19		100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**
Review process not completed within 90 days	0	Apr-19		2	6	8	8	11	12	12	**1**
Clinical trials				Qtr 1 17/18	Qtr 2 17/18	Qtr 3 17/18	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 3 18/19	**Qtr 4 18/19**
Recruitment of 1st patient within 70 days	>=90%	Qtr 4 18/19		48.6%	53.3%	53.3%	67.6%	85.1%	95.7%	93.9%	**96.0%**

Integrated Quality and Performance Scorecard

Same period last year

Latest reported performance

Indicator	Overall target	Latest Period	Monthly target	Jul-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
FYTD = Financial Year to Date											
Caring											
Friends and Family											
A&E - % recommended	>=94%	Jul-19		93.9%	95.4%	94.9%	93.6%	93.3%	92.8%	93.1%	**92.5%**
A&E - % response rate	>=15%	Jul-19		15.0%	12.2%	13.9%	18.1%	19.5%	14.9%	17.1%	**14.6%**
Inpatients - % recommended	>=94%	Jul-19		97.5%	97.7%	96.7%	97.7%	97.2%	97.1%	97.2%	**97.2%**
Outpatients - % recommended	>=94%	Jul-19		92.9%	93.8%	94.6%	94.2%	94.2%	94.1%	94.1%	**94.5%**
Maternity - % recommended	>=94%	Jul-19		92.4%	93.6%	93.5%	92.9%	91.2%	94.0%	94.7%	**92.5%**
Patient Transport - % recommended	>=90%	Jul-19		93.4%	92.4%	93.4%	95.7%	91.9%	94.3%	-	**-**
Mixed sex accommodation											
Mixed-sex accommodation breaches	0	Jul-19		46	50	33	50	34	35	48	**41**
Well led											
Workforce and people											
Voluntary staff turnover rate (12m rolling)	<12%	Jul-19		12.0%	11.7%	11.6%	11.3%	11.3%	11.6%	11.3%	**11.8%**
Sickness absence rate (12m rolling)	<=3%	Jul-19		3.02%	3.13%	3.13%	3.13%	3.15%	3.17%	3.19%	**3.20%**
Personal development reviews	>=95%	Jul-19		87.3%	-	-	-	2.0%	8.6%	32.8%	**91.9%**
Doctor appraisal rate	>=95%	Jul-19		88.2%	91.7%	88.0%	93.0%	93.6%	92.3%	92.7%	**93.0%**
Consultant job planning completion rate	>=95%	Jul-19		94.5%	-	-	-	-	78.2%	80.9%	**91.3%**

Integrated Quality and Performance Scorecard

Same period last year

Latest reported performance

Indicator		Overall target	Latest Period	Monthly target	Jul-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
FYTD = Financial Year to Date												
Responsive	Data reliability rating											
Referral to treatment (elective care)												
RTT patients waiting > 18 weeks	6%	>=92%	Jul-19	83.3%	85.0%	84.6%	84.3%	84.4%	85.0%	86.1%	85.2%	**84.6%**
RTT waiting list size		63,099	Jul-19	63,100	67,137	64,660	62,848	61,371	62,546	63,097	63,088	**63,098**
Long waiters												
RTT patients waiting > 52 weeks	4%	0	Jul-19		34	44	91	0	0	0	1	**0**
Cancer waiting times												
Two Week Wait		>=93%	Jul-19		-	93.5%	93.4%	90.8%	92.4%	92.5%	91.0%	**85.8%**
62 Day Screening Standard	1%	>=90%	Jul-19		-	77.3%	52.8%	93.0%	81.4%	82.2%	80.8%	**73.9%**
62 Day Wait (start of treatment)		>=85%	Jul-19	85.4%	71.1%	82.4%	86.2%	86.8%	88.2%	91.5%	86.7%	**87.3%**
Theatre utilisation												
Theatre touchtime utilisation		>=85%	Jul-19	80.1%	80.5%	75.1%	79.4%	78.6%	80.0%	80.7%	81.6%	**80.5%**
Critical care												
Critical care patients admitted within 4 hours		100%	Jul-19		93.4%	92.5%	91.8%	95.8%	92.2%	98.1%	97.7%	**95.0%**
Urgent and emergency care												
A&E patients seen within 4 hours (all types)		>=95%	Jul-19	90%	88.4%	86.7%	88.1%	88.4%	88.4%	-	-	**-**
A&E patients seen within 4 hours (type 1)		>=95%	Jul-19		73.0%	69.3%	72.6%	74.6%	73.3%	-	-	**-**
A&E patients waiting > 12 hours from DTA	1%	0	Jul-19		4	10	4	10	12	7	22	**17**
A&E ambulance handover delays 30 minutes		100%	Jul-19	95%	93.0%	85.0%	89.0%	87.0%	89.0%	89.0%	90.0%	**90.6%**
Length of stay												
Patients with LoS >= 21 days	3%	tbc	Jul-19		-	244	236	233	236	235	234	**218**
Discharges before noon		>=33%	Jul-19		13.9%	15.4%	14.3%	14.5%	15.4%	15.1%	14.3%	**15.3%**
Diagnostics												
Diagnostic test waits > 6 weeks	3%	<1%	Jul-19		0.65%	0.78%	0.50%	0.609%	1.00%	0.90%	0.75%	**0.90%**

Integrated Quality and Performance Scorecard

Indicator	Overall target	Latest Period	Monthly target	Same period last year Jul-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Latest reported performance Jul-19
FYTD = Financial Year to Date											
Key to data reliability scores:											
Data reliability scores are currently provided for the above RTT, Cancer, Emergency care and Long stay patient datasets											
Above 5% error rate to inform a Red data quality rating.											
5% error rate or below to inform a Green data quality rating.											
Outpatients											
DNA	<10%	Jul-19		10.7%	11.1%	10.5%	10.2%	10.5%	10.3%	10.4%	**10.7%**
HICs (Appt moved to a later date)	<7%	Jul-19	7.5%	7.3%	6.9%	7.8%	7.2%	7.6%	7.5%	7.2%	**7.2%**
Complaints management											
Complaints - formal	<90	Jul-19		75	89	100	88	88	104	96	**136**
Complaints – average days to respond	40 days	Jul-19		29.9	28.6	28.4	27.9	29.0	29.8	34.0	**32.4**
Complaints - patient satisfaction with handling	>=70%	Jul-19		-	-	89.0%	84.0%	86.0%	84.0%	82.0%	**81.0%**
Patient transport											
All Journeys: Collection Time (60 Mins)	>97%	Jul-19		91.3%	94.2%	93.4%	94.1%	93.6%	93.3%	-	**-**
Data quality											
Data Quality Maturity Index	>98%	Feb-19	95%	-	95.0%	95.0%	95.2%	95.1%	96.7%	96.1%	**96.1%**

Use Of Resources

Finance KPIs

Monthly finance score (1-4)	-	Jul-19		3	3	3	3	3	3	3	**3**
In month Position	-	Jul-19		-1.32	-3.61	2.33	0.32	-0.59	0.25	0.92	**0.00**
YTD Position £m	-	Jul-19		2.37	7.59	8.72	10.68	0.00	4.58	5.50	**7.07**
Annual forecast variance to plan	-	Jul-19		-3.57	-4.00	-1.64	0.32	-	-	-12.58	**-18.11**
Agency staffing	-	Jul-19		3.9%	4.2%	4.1%	4.1%	3.5%	3.4%	3.1%	**3.2%**
CIP (FYTD)	-	Jul-19		69.9%	77.5%	76.9%	76.4%	74.5%	66.5%	65.7%	**64.6%**

Imperial College Healthcare NHS Trust

TRUST BOARD – PUBLIC REPORT SUMMARY	
Title of report: Finance Report for August 2019	☐ Approval ☐ Endorsement/Decision ☒ Discussion ☐ Information
Date of Meeting: 25th September 2019	**Item 12 and report no. 09**
Responsible Executive Director: Richard Alexander, Chief Financial Officer	**Author:** Janice Stephens, Deputy Chief Finance Officer Michelle Openibo, Associate Director: Business Partnering

Summary:
This paper provides the Board with an update on the financial position for the Trust for the five months until the end of August 2019.

At the end of August the Trust is £0.2m better than the plan year to date.

The Trust is behind plan with cost improvement programmes and further work is being undertaken to ensure that the full year control total of £16.0m deficit is met.

Capital is behind plan year to date but forecast to catch up in order that the Trust meets its capital resource limit.

Recommendations:
The Trust Board is asked to note this paper

This report has been discussed at: N/A

Quality impact:
This paper relates to the CQC domain well-led.

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

Risk impact and Board Assurance Framework (BAF) reference:
This report relates to risk ID:2473 on the trust risk register - Failure to maintain financial sustainability

Workforce impact (including training and education implications): N/A

Has an Equality Impact Assessment been carried out or have protected groups been considered?
☐ Yes ☐ No ☒ Not applicable
If yes, are further actions required? ☐ Yes ☒ No

What impact will this have on the wider health economy, patients and the public?
☐ Yes ☐ No ☒ Not applicable

The report content respects the rights, values and commitments within the NHS Constitution
☒ Yes ☐ No

Trust strategic goals supported by this paper: Retain as appropriate: ▪ To develop a sustainable portfolio of outstanding services
Update for the leadership briefing and communication and consultation issues (including patient and public involvement): Is there a reason the key details of this paper cannot be shared more widely with senior managers? ☐ Yes ☒ No Should senior managers share this information with their own teams? Yes

FINANCE REPORT – 5 MONTHS ENDED 31st August 2019

1. Introduction

This report provides a brief summary of the Trust's financial results for the 5 months ended 31st August 2019

2. Financial Performance

The Trust has set a plan to meet the control total of £16.0m deficit before Provider Sustainability Funding (PSF) and Marginal Rate Emergency Threshold Funding (MRET). After these top-ups the Trust is planning to deliver a £11.1m surplus.

The Trust is £0.2m better than plan in month and for the 5 months year to date before PSF and MRET. The Trust is above plan on income as patient activity has been above the numbers agreed with commissioners. The Trust has incurred additional costs, over plan, to provide care to those patients.

	In Month			Year to Date		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	93.95	93.83	(0.12)	474.47	484.16	9.69
Pay	(53.91)	(54.37)	(0.46)	(268.41)	(273.88)	(5.47)
Non Pay	(40.20)	(40.18)	0.02	(203.41)	(202.87)	0.54
Internal Recharges	0.00	0.00	(0.00)	0.00	0.00	(0.00)
Reserves	2.85	3.28	0.43	2.05	(2.66)	(4.71)
EBITDA	2.68	2.56	(0.12)	4.70	4.75	0.05
Financing Costs	(3.56)	(3.49)	0.07	(18.61)	(18.42)	0.19
SURPLUS / (DEFICIT) inc. donated asset treatment	(0.88)	(0.94)	(0.06)	(13.91)	(13.67)	0.24
Donated Asset Treatment	(0.32)	(0.15)	0.17	(0.81)	(0.93)	(0.12)
Impairment of Assets	-	-	-	-	-	-
CONTROL TOTAL	(1.20)	(1.08)	0.12	(14.72)	(14.61)	0.12
PSF Income	1.12	1.12	-	4.77	5.74	0.97
MRET Income	0.85	0.85	-	4.26	4.26	-
SURPLUS / (DEFICIT) after PSF/MRET Income	**0.77**	**0.89**	**0.12**	**(5.69)**	**(4.60)**	**1.09**

2.1 Provider Sustainability Funding

PSF is assessed on a quarterly basis on achievement of the control total. Based on the current position the Trust is assuming 100% achievement of 2019/20 PSF. The Trust has received an additional £0.97m of PSF relating to 2018/19. This funding cannot be used to help meet the control total.

2.2 NHS Activity and Income

The summary table shows the position by division. The Trust is over performing on income year to date for both local and specialist commissioners. In this year's contract with NWL commissioners, the Trust is paid a marginal rate on over-performance. Payment for over-performance is not guaranteed and must be agreed across the sector. Discussions are ongoing but no agreement has yet been reached. On this basis the Trust has not shown income over performance in divisional position and the additional income from NWL is shown in central income.

Divisions	Year To Date Activity			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Division of Medicine & Integ. Care	407,571	471,303	63,732	119.22	119.94	0.72
Division of Surgery, Cancer & Cardiov.	324,703	330,128	5,425	149.34	147.74	(1.60)
Division of Women, Children & Clin. Support	1,091,838	1,205,114	113,276	68.16	68.81	0.65
Central Income				50.33	60.59	10.26
Clinical Commissioning Income	**1,824,112**	**2,006,546**	**182,433**	**387.05**	**397.08**	**10.02**

Medicine and Integrated Care (MIC) is over performing on acute non-elective activity. There has also been additional activity in Neurosurgery. Surgery, Cancer and Cardiovascular (SCC) is below plan on elective activity, especially in cardiac and orthopedic surgery. Women, Children and Clinical Support (WCCS) is ahead of plan year to date with additional activity over plan in paediatric care offset by reduced births.

2.3 Private Patient Income

Private income is ahead of plan year to date and in month. Overall private income across the Trust is £1.2m higher than the same period last year. The clinical teams and Imperial Private Health team have been working on growth plans for private activity. There has been additional activity across all the clinical divisions with over performance in ENT, St Mary's acute and specialist medicine and Children's services.

2.4 Clinical Divisions

The financial position by clinical division is set out in the table below.

		In Month			Year to Date		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Medicine and Integrated Care	Income	25.60	25.39	(0.22)	126.06	126.50	0.45
	Expenditure	(17.94)	(19.66)	(1.71)	(94.67)	(99.30)	(4.63)
	Internal Recharges	(1.05)	(1.45)	(0.39)	(5.26)	(5.89)	(0.63)
		6.61	4.28	(2.32)	26.13	21.31	(4.82)
Surgery, Cancer and Cardiovascular	Income	29.64	29.07	(0.57)	151.41	149.96	(1.44)
	Expenditure	(25.51)	(24.92)	0.60	(128.24)	(127.32)	0.92
	Internal Recharges	1.48	2.47	0.99	7.42	8.82	1.41
		5.61	6.62	1.01	30.58	31.47	0.89
Women, Children & Clinical Support	Income	14.20	13.83	(0.37)	71.83	71.88	0.05
	Expenditure	(19.04)	(17.69)	1.35	(89.19)	(90.01)	(0.82)
	Internal Recharges	1.88	1.19	(0.69)	9.40	8.59	(0.81)
		(2.96)	(2.67)	0.29	(7.95)	(9.53)	(1.58)
Imperial Private Healthcare	Income & Expenditure	2.31	2.77	0.47	11.03	11.13	0.10
	Internal Recharges	(2.31)	(2.22)	0.09	(11.56)	(11.53)	0.03
		(0.01)	0.56	0.56	(0.53)	(0.40)	0.14
Total Clinical Division		**9.25**	**8.79**	**(0.46)**	**48.23**	**42.85**	**(5.37)**

Within the clinical divisional position NHS income for local commissioner is shown at plan, reflecting that any payment must be agreed by the sector.

MIC is £4.8m worse than plan year to date. The division expects to earn significant income over performance from non-elective activity which is not shown in this position. The division has over spent on expenditure as it has not been able to make planned cost savings. This is in part due to the additional costs incurred to meet the above plan demand on services.

SCC is £0.9m better than plan year to date. The division is behind plan on income due to elective underperformance. Within internal recharges the division is better than plan on private income. There has also been a benefit received in the division for additional theatre and anaesthetic sessions.

WCCS is £1.6m worse than plan year to date, the division is also over performing on activity from NWL commissioners. The division is behind plan on cost savings driving the remaining adverse position.

Imperial Private Health (IPH) is favourable to plan, there have been savings made on non-pay costs in month giving a favourable position.

3. Efficiency programme

The Trust has set a Cost Improvement Plan (CIP) of £57m to meet the deficit plan for the year. The Trust is £6.0m adverse to plan year to date on CIPs, of this £2.0m is due to under-delivery on identified schemes and £4.0m where plans for CIPs have not yet been identified.

To deliver sustainable cost improvements the Trust has decided to focus on pay efficiencies in year, especially on reducing temporary staffing costs. The Project Management Office is working with clinical and corporate teams to identify efficiencies to meet the underlying plan. All schemes go through a quality assessment to ensure that there is no effect on patient care.

4. Cash

Cash balances have increased by £35.1m year-to-date and stand at £61.8m at the end of August. The key driver in the increase is receipt of PSF for 2018/19. The Trust is forecasting to reduce the cash balance as the year continues, with additional spend on capital expected in line with the capital forecast.

5. Capital

The Trust's capital programme is focused on tackling the significant challenges arising from the age and condition of the estate whilst continuing to invest in equipment and ICT required to deliver effective services.

The Trust has spent £15.0m of capital against a plan of £16.7m, this underspend has been on medical equipment and ICT costs. These underspends are due to delays on specific projects and the spend is expected to meet the plan by the end of the financial year.

6. Conclusion

The Trust is on plan year to date. The Trust must identify and deliver the cost improvement programme for the year in order to meet the control total.

7. Recommendation

The Trust Board is asked to note the report.

Imperial College Healthcare NHS Trust

TRUST BOARD – PUBLIC SUMMARY REPORT	
Title of report: CQC Update	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information
Date of Meeting: 25th September 2019	**Item 13 and report no. 10**
Responsible Executive Director: Peter Jenkinson, Director of Corporate Governance	**Author:** Kara Firth, Head of Regulation

Summary:

- A follow up inspection was carried out on 28 August 2019, to check compliance against the Improvement Notice served to the Trust following the CQC inspection of compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) in the Imaging department at St Mary's Hospital in June 2019.
  - The Trust is now deemed compliant with the requirements of the regulation against which the Notice had been set, and no further action will be taken.
- On 2 September 2019 the Trust received its draft inspection report following the CQC inspection of its GP practice in July.
  - The report will be finalised and published on the CQC's website in due course.
  - The CQC has advised the Trust that the ratings from the GP inspection will not be added into the ratings for the Trust's acute (core) services, so they will not impact the overall ratings either for the Charing Cross and Hammersmith sites, or for the Trust overall.
- Since the previous update, there have been a number of whistleblowings being made about the Trust directly to the CQC, some of which have been substantiated by the Trust's investigations.
  - In addition to specific action being taken in response to each substantiated allegation, a number of actions are also being undertaken to improve staff reporting of concerns internally, rather than reporting to the CQC.
- The CQC held a face to face engagement meeting with the Trust leads for the core service of Diagnostic imaging on 24 July 2019.
- The CQC Insight report for the Trust for July 2019 did not present any changes to Trust-level performance since the previous report in June; however, it contained a number of changes to the indicators.
  - The indicator, *Patients spending less than 4 hours in major A&E,* has been removed.
  - Four indicators relating to the NHS staff survey were changed and six more were added.
    - The Trust's performance for these indicators varies when compared nationally to other trusts.
- The CQC Insight report for the Trust for August 2019 did not present any changes to Trust-level performance since the previous report in July.

Recommendations: The Trust Board is asked to note the updates.

This report has been discussed at: This report has not been discussed at other meetings.

Quality impact: This paper applies to all five CQC domains.

Financial impact: This paper has no financial impact.
Risk impact and Board Assurance Framework (BAF) reference: **Risk 81 (corporate risk register):** *Failure to comply with the Care Quality Commission (CQC) regulatory requirements and standards could lead to a poor outcome from a CQC inspection and / or enforcement action being taken against the trust by the CQC.*
Workforce impact (including training and education implications): None
Has an Equality Impact Assessment been carried out or have protected groups been considered? ☐ Yes ☐ No ☒ Not applicable
What impact will this have on the wider health economy, patients and the public? As declared in the Trust's strategic goals below.
The report content respects the rights, values and commitments within the NHS Constitution ☒ Yes ☐ No
Trust strategic goals supported by this paper: ▪ To help create a high quality integrated care system with the population of north west London ▪ To develop a sustainable portfolio of outstanding services ▪ To build learning, improvement and innovation into everything we do
Update for the leadership briefing and communication and consultation issues (including patient and public involvement): Is there a reason the key details of this paper cannot be shared more widely with senior managers? ☐ Yes ☒ No

CQC Update

1. Purpose

1.1. This paper presents the regular CQC report to the board.

2. Inspections

2.1. The Trust remains registered with the CQC at all sites with no conditions.

Publication of 2018/19 inspection reports

2.2. Following NHS Improvement's use of resources assessment and CQC core services inspections in February 2019, and the CQC's inspection of well-led at Trust level in April 2019, the CQC published the reports and ratings on its website on 23 July 2019.

IRMER

2.3. The Trust was served with an Improvement Notice following an inspection of the Trust's compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) in the Imaging department at St Mary's Hospital in June 2019, which identified that some regulatory requirements were being breached.

- The Trust was required to achieve compliance with the requirements in the Notice no later than 26 August 2019.

2.4. The CQC carried out follow up inspection on 28 August 2019 and confirmed the Trust had achieved compliance with the regulations cited in the Notice. The CQC will not take any further action in relation to this.

GP practice

2.5. Following an inspection of the GP practice carried out on 8 and 9 July 2019, the Trust received its draft inspection reports on 2 September.

2.6. The Trust has completed its factual accuracy check of the draft report, which will now be finalised and published on the CQC's website, along with all of the ratings.

2.7. When the draft inspection report was received, the Trust was advised that the ratings for the GP practice will not be aggregated with ratings for the Trust's other services into overall site ratings or for the Trust overall.

- This decision was based on GP practice ratings being based on a regulatory framework for primary care, whilst ratings for the Trust's other services are based on a regulatory framework for acute services.

3. Concerns, Complaints and Whistleblowing Raised with the CQC

3.1. Since the previous update, the CQC has asked the Trust to investigate three concerns or complaints. There were no trends among the matters raised.
- The Trust's investigations did not substantiate any of the allegations.

3.2. Since the previous update, three whistleblowings were made to the CQC about the Trust. There were no trends among the matters raised.
- The Trust's investigations did not substantiate the allegations.

3.3. The number of whistleblowings made to the CQC about the Trust in the current year, which the Trust has been asked to investigate, is now eight. Additionally, during the Trust's regular engagement meeting with the CQC in June 2019, the Trust was advised that further whistleblowings had been made which the Trust was not asked to investigate; these all related to safe nurse staffing.
- It was confirmed that there has been no such trend in whistleblowings raised internally, or in matters raised with the Trust's Freedom to Speak Up guardians.
- Work is now being undertaken in relation to both nurse staffing and staff reporting concerns externally rather than within the Trust.
  - A review of nurse staffing during July 2019 concluded that there are not acute safety issues; rather it appears that the concerns reflect the perceptions of staff that nurse staffing levels do not always feel safe.
  - The Freedom to Speak Up guardian programme at the Trust is being expanded.

4. Deaths Reviews

4.1. As part of the national initiative for learning from deaths, since the previous update the CQC has asked the Trust to undertake further review into eight deaths.
- No concerns have been raised following further review of these cases.

5. CQC Engagement

5.1. The latest face to face quarterly CQC engagement meeting took place on 24 July 2019.
- The first part of the meeting was held with the leads for the Diagnostic imaging service across the Trust, which focused on changes and improvements since the previous inspection in November 2016.
- The second part of the meeting was for Trust-level matters.

6. CQC Insight

6.1. The CQC Insight report for July 2019 did not present any changes to performance against Trust level indicators since the previous report in June. However, there were changes to some indicators.
- *'Patients spending less than 4 hours in major A&E'* was removed.

- Four indicators relating to the NHS staff survey were replaced and six more were added.
  - The Trust's performance in relation to these indicators varied.

6.2. The CQC Insight report for August 2019 did not present any changes to performance against Trust level indicators since the previous report in July.

7. Preparations for Possible CQC Inspections in 2019/20

7.1. The Improving Care Programme Group (ICPG) continues to oversee inspection preparations.

7.2. The Trust does not currently have any detailed intelligence about what services may be in line for inspection in the current year, or when inspections of services are likely to take place.

7.3. All clinical areas on the five main sites have now received an intense support visit to remove expired medicines, remove expired consumables, and identify equipment requiring testing.

7.4. The first dry run of the Trust's CQC Provider Information Return (PIR) was completed in August 2019 and a lessons learned exercise was undertaken to improve processes for the next refresh in quarter 2 (Q2).

8. Next steps

8.1. The next face to face CQC engagement meeting will be with representatives from cancer pathways across the Trust. It is scheduled to take place on 3 October 2019.

8.2. The Q2 PIR refresh will be carried out in late October 2019.

8.3. Continue to prepare for possible CQC inspections during 2019/20.

Recommendations for the board
To note the updates.

Author: Kara Firth, Head of Regulation
27 September 2019

Imperial College Healthcare NHS Trust

TRUST BOARD – PUBLIC REPORT SUMMARY	
Title of report: Board member visit programme - update	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information
Date of Meeting: 25th September 2019	**Item 14, report no. 11**
Responsible Executive Director: Prof Tim Orchard, Chief executive officer	**Author:** Peter Jenkinson, Director of corporate governance

Summary:

The Trust launched its Board Member Visit programme in November 2018, with the principal aim of the programme being one of engagement and learning, to give the board members an opportunity to meet front line staff, to learn about the services they provide and to engage with them in understanding what matters to them and how they can continually improve their services.

The purpose of this paper is to update this programme, to provide an update on the programme to date and to outline the process for the visit programme.

The Board Member Visit programme has been running for the last year and has resulted in visits conducted to around 60 different areas of the Trust. The response to the visit programme is generally positive, particularly from staff who have appreciated the time taken by members of the Board to visit and engage with them to understand what it's like to work in some of our departments / wards.

We have learned lessons from the last 10 months of the programme and for the next iteration of the programme, in particular the need for a clear communication method following visits, in order to ensure that observations / comments from visits are fed back to the appropriate team and any necessary actions are followed up and fed back to the respective Board member.

The Board are asked to:

- Note the current visit programme
- Note the revised programme will be circulated
- Note the process for feedback and follow up for visits
- Note the look back on observations / comments made from visits conducted in the last six months – published separately.

Recommendations:

The Trust board is asked to note this report.

This report has been discussed at: N/A

Quality impact: N/A

Financial impact:

The financial impact of this proposal as presented in the paper enclosed: N/A

Risk impact and Board Assurance Framework (BAF) reference:
Workforce impact (including training and education implications): N/A
What impact will this have on the wider health economy, patients and the public? N/A
Has an Equality Impact Assessment been carried out? ☐ Yes ☒ No ☐ Not applicable If yes, are there any further actions required? ☐ Yes ☐ No
Paper respects the rights, values and commitments within the NHS Constitution. ☒ Yes ☐ No
Trust strategic goals supported by this paper: ▪ To help create a high quality integrated care system with the population of north west London ▪ To develop a sustainable portfolio of outstanding services ▪ To build learning, improvement and innovation into everything we do

Board member visit programme

Report to Trust Board – September 2019

1.0 Purpose

1.1 The purpose of this paper is to update this programme, to provide an update on the programme to date and to outline the process for the visit programme.

2.0 Introduction

2.1 The Trust launched its Board Member Visit programme in November 2018.

2.2 The principal aim of the programme is one of engagement and learning, to give the board members an opportunity to meet front line staff, to learn about the services they provide and to engage with them in understanding what matters to them and how they can continually improve their services.

2.3 The case for effective interaction between 'Ward and Board' (and vice versa) is well made and widely accepted in the NHS. This direct engagement allows the Board to directly experience quality of services, helps frontline staff to identify board members and allows staff to speak honestly about their direct experiences, in particular about patient safety and quality issues.

2.4 These visits are not mock-CQC inspections – the Trust has a number of assurance mechanisms around preparation for CQC inspections as part of the Quality Assurance Framework, including a peer review programme, the Ward Accreditation Programme and intensive support projects.

3.0 Board Member Visit programme

3.1 The aim of the programme is to partner members of the Board with specific areas of the Trust for a period of 12 months. Assigning a core service for an extended period of time allows a strong relationship to be established between service and board member. Over this period it is anticipated that board members visit their areas and / or teams on at least four occasions.

The programme

3.2 The current visit programme is attached at **Appendix 1**. The current programme covers 60 departments / wards across all trust sites. This does not cover all areas of the Trust; areas were selected to include a cross-section of core services and sites, and to include selected areas where additional engagement and support was thought to be beneficial. Therefore each year the programme will be updated and new areas added so that the programme is inclusive of all areas of the Trust.

3.3 In addition to this programme, board members are invited to visit other areas of the Trust, according to their interest, and the Trust Board and executive team have organised group visits to areas as part of the Board seminar and executive team meeting schedule.

3.4 The programme will be updated over the next two weeks, to include the new members of the Board and different parts of the Trust, and will be circulated to the Board.

Guidance

3.5 A guidance document is published to support Board members in their visits. This includes a summary of the process for visits and some prompts for conversations with staff should Board members feel they need them.

Process

3.6 As part of the programme, board members are asked to provide feedback after each of their visits. The purpose of this is to share their observations (positive and negative) with the relevant management teams, and agree any specific actions required including any support from the executive or Board that might be helpful.

3.7 A simple template is published as part of the guidance, should Board members wish to use it. Otherwise feedback via email is adequate, but we do ask that Board members feedback in writing, so that there is a record of their comments / observations that can be disseminated as appropriate and followed up on.

3.8 This feedback should be provided to the local management team for that area, and the relevant Divisional director or relevant executive director responsible for the area (in the case of corporate areas) so they can follow up and support the local management teams where necessary. A copy of the feedback is also sent to the Trust Secretariat so that central records of visits and findings can be maintained and any key trust-wide themes identified.

3.9 The respective Divisional director or executive director will be responsible for following up any actions required and updating the board member on action taken.

3.10 The Trust Secretariat will collate the feedback and responses every six months in order to present a thematic analysis to the Board.

4.0 Look back on visits conducted

4.1 Around 60 separate visits have been recorded over the period of this current programme (10 months), including additional visits to the published programme.

4.2 The common themes from the feedback received are:

- Environment – including bed capacity, estates maintenance and condition of the estate, cleaning
- Staffing – positive culture and ‘kind’ staff, but staffing levels / vacancies are an issue in some places.

4.3 The feedback loop and follow up process appears to work in most cases, but there have been some exceptions to that. Board members and executive directors responsible for areas visited are reminded of the process for feedback and follow up on actions.

4.4 With regards to the detailed feedback received, a look back exercise has been conducted on visits completed over the past six months and detailed updates have been provided to board members.

5.0 Conclusion and recommendations

5.1 The Board Member Visit programme has been running for the last year and has resulted in visits conducted to around 60 different areas of the Trust. The response to the visit programme is generally positive, particularly from staff who have appreciated the time taken by members of the Board to visit and engage with them to understand what it's like to work in some of our departments / wards.

5.2 We have learned lessons from the last 10 months of the programme and for the next iteration of the programme, in particular the need for a clear communication method following visits, in order to ensure that observations / comments from visits are fed back to the appropriate team and any necessary actions are followed up and fed back to the respective Board member.

5.3 The Board are asked to:

- Note the current visit programme
- Note the revised programme will be circulated
- Note the process for feedback and follow up for visits
- Note the look back on observations / comments made from visits conducted in the last six months – published separately.

Executive walkround - 6 month schedule (November 2018)					
Site	**Division**	**CQC Core service**	**Area/Ward**	**Named Contact / Matron**	**Named Executive / Lead**
Charing Cross	Womens and Childrens	Classified as additional service	Imaging	Isobel Glanville-Pearl	TG Teoh
Hammersmith	Womens and Childrens	Classified as additional service	Victor Bonney ward	Catherine McCarthy	TG Teoh
St Marys	Womens and Childrens	Maternity	Aleck Bourne 2 post natal	Denise O'Donnell	TG Teoh
Charing Cross	Womens and Childrens	OPD	Main OPD	Michael Underwood	Nick Fox
Hammersmith	Womens and Childrens	Children's and young people	David Harvey unit	Jan Hollyoak	Kevin Croft
QCCH	Womens and Childrens	Classified as additional service	Gynaecology OPD	Catherine McCarthy	Michelle Dixon
Hammersmith	Womens and Childrens	N/a	IVF Unit	Catherine McCarthy	Peter Goldsborough
Hammersmith	Womens and Childrens	Maternity	Labour ward	Jeanette Kerr	Julian Redhead
Hammersmith	Womens and Childrens	Children's and young people	Neontal Unit	Tracey Omar	Michelle Wheeler
St Marys	Womens and Childrens	Children's and young people	Grand union ward	Jo Hilton	Nick Fox
St Marys	Womens and Childrens	Children's and young people	Geat Western ward	Hannah Deller	Andy Bush
~~St Marys~~	~~Womens and Childrens~~	~~Classified as additional service~~	~~Lillian Holland~~	~~Catherine McCarthy~~	~~Sarika Patel~~
St Marys	Womens and Childrens	OPD	Main OPD	Michael Underwood	Gerry Acher
~~St Marys~~	~~Womens and Childrens~~	~~Children's and young people~~	~~Paediatric Intensive Care Unit~~	~~Fiona Stubbs/Jeremy Weber~~	~~Sarika Patel~~
Charing Cross	Medicine and integrated care	Medical care	1 South Renal	Virgina Prout	Janice Sigsworth
Charing Cross	Medicine and integrated care	Surgery	11 South neuro	Eileen Collie	Peter Goldsborough
Charing Cross	Medicine and integrated care	Medical care	4 South	Tim Rich	Frances Bowen
Charing Cross	Medicine and integrated care	Medical care	9 South acute stroke	Diane Benefer	Gerry Acher
Charing Cross	Medicine and integrated care	Medical care	9 West Neuro rehab	Diane Benefer	Andreas Raffel
Charing Cross	Medicine and integrated care	Critical care	Acute Respitory Unit (ARU)	Greg Hext	Tim Orchard
Hammersmith	Medicine and integrated care	Medical care	De Wardener	Julie Harris	Janice Sigsworth
Hammersmith	Medicine and integrated care	Medical care	Handfield Jones	Julie Harris	Frances Bowen
Hammersmith	Medicine and integrated care	Medical care	John Humphrey	Moreblessing Zvorwadza	Andreas Raffel
St Marys	Medicine and integrated care	Urgent and emergency	A&E	Anna Rimmer	Tim Orchard
Charing Cross	Medicine and integrated care	Urgent and emergency	A&E	Charlotte Jaye	Julian Redhead
Hammersmith	Medicine and integrated care	Urgent and emergency	Urgent care centre	David Crichton	Andy Bush
St Marys	Medicine and integrated care	Medical care	Almroth wright and Rodney Porter	Irene Zondo	Richard Alexander
St Marys	Medicine and integrated care	Medical care	Douglas	Julia Engbetta	Kevin Croft
St Marys	Medicine and integrated care	Medical care	Joseph Toynbee	Josehone Tapit	Frances Bowen
St Marys	Medicine and integrated care	Medical care	Manvers	Michaela Davies	Michelle Dixon
St Marys	Medicine and integrated care	Medical care	Witherow	Sarah Pearse	Michelle Wheeler
Charing Cross	Surgery, cancer and cardiovascular	Critical care	Critical care 11N/11W	Diane Crutchley	Katie Urch
Hammersmith	Surgery, cancer and cardiovascular	Surgery	Fraser Gamble	Evelyn Gomez	Katie Urch
St Marys	Surgery, cancer and cardiovascular	Surgery	Day Surgery	Kristin James	Katie Urch
Charing Cross	Surgery, cancer and cardiovascular	Surgery	Pre-assessment unit	Kim Brown	Michelle Dixon
Charing Cross	Surgery, cancer and cardiovascular	Surgery	Riverside	Taka Dzuda	Kevin Croft

Charing Cross	Surgery, cancer and cardiovascular	Surgery	Theatre	Sheraane Clarke/Kim Brown	Nick Ross
Charing Cross	Surgery, cancer and cardiovascular	Surgery	6 North	Sarah Gilott	Michelle Wheeler
Hammersmith	Surgery, cancer and cardiovascular	Surgery	Theatre recovery	Danni Owens	Nick Fox
Hammersmith	Surgery, cancer and cardiovascular	Surgery	Theatre	Danni Owens	Nick Ross
Hammersmith	Surgery, cancer and cardiovascular	Surgery	C8	Sarah Storey	Richard Alexander
Hammersmith	Surgery, cancer and cardiovascular	Critical care	ICU	Steve Thoresen	Tim Orchard
St Marys	Surgery, cancer and cardiovascular	Surgery	Theatre recovery	Kristin James	Janice Sigsworth
St Marys	Surgery, cancer and cardiovascular	Surgery	Theatre recovery	Kristin James	Nick Ross
St Marys	Surgery, cancer and cardiovascular	Surgery	Zachary cope	Maileen Pastrana	Julian Redhead
Western Eye	Surgery, cancer and cardiovascular	OPD/Urgent and emergency services/Surgery	Whole site	Miriam Phillips	Kevin Jarrold
Hammersmith	IPH	OPD/medical care/Surgery	Sainsbury Wing	Ron Randles / Yajna Seewooruthun	Victoria Russell
St Marys	IPH	Surgery/medical care	Lindo Theatre	Tim Leak / Nick Loizou	Victoria Russell
Charing Cross	IPH	Surgery/medical care/OPD	Thames view	Itziar Atucha Zambrano / Yvette Butcher	Victoria Russell
St Marys	IPH	Maternity	Lindo maternity unit	Tim Leak / Luisa Sweeny	Victoria Russell
Charing Cross	Womens and Childrens	OPD	Patient services centre	Sue Brown / Ruby Sultana	Jeremy Butler
Charing Cross	North West London Pathology	All	Lab		Peter Jenkinson
Hammersmith	North West London Pathology	All	Lab		Peter Jenkinson
St Marys	North West London Pathology	All	Lab		Peter Jenkinson
St Marys	Surgery, cancer and cardiovascular	Surgery	Theatres (across STM, HH, CXH)		Jeremy Butler

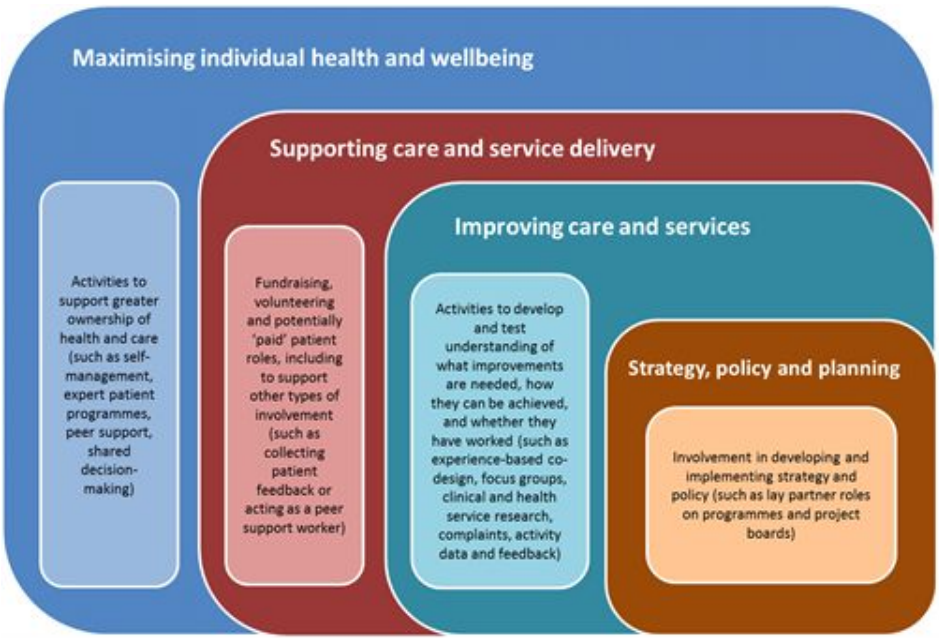
Hammersmith	Womens and Childrens	Children's and young people	David Harvey unit	Jan Hollyoak	Michele Wheeler
St Marys	Surgery		Charles Pannett Ward		Janice Sigsworth
Queen Charlottes	Womens and Childrens	Children's and young people	Birth Centre		Janice Sigsworth
Queen Charlottes	Womens and Childrens	Children's and young people	Early Pregnancy Unit		Janice Sigsworth
St Marys	Surgery, cancer and cardiovascular		Theatres		Janice Sigsworth
Charing Cross	Surgery, cancer and cardiovascular		Theatres		Janice Sigsworth
Charing Cross	Surgery, cancer and cardiovascular	Surgery	Cancer Services	Becky Johl	Michele Wheeler
Hammersmith	Medicine and Integrated Care				
St Marys	Medicine and Integrated Care	Urgent and Emergency Services	Accident & Emergency	Asif Rahman	Nick Ross
St Marys	Womens and Childrens	Medical Care	Imaging	Katrina Todd	Peter Jenkinson

Imperial College Healthcare NHS Trust

TRUST BOARD - PUBLIC REPORT SUMMARY	
Title of report: Patient and public involvement: annual review and priorities	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information
Date of Meeting: Wednesday 25 September 2019	**Item 15 and report no. 12**
Responsible Executive Director: Michelle Dixon, director of communications	**Author:** Trish Longdon, chair of the strategic lay forum Linda Burridge, head of patient and public partnerships

Summary:
This annual review from the strategic lay forum provides an update on progress of the Trust patient and public involvement strategy and priorities for 2019/20. This is the third report from the forum following the adoption of the Trust's patient and public involvement strategy in July 2016. While there is still much to do, this review highlights openly the key challenges as well as achievements – a positive sign in itself of the progress the Trust has made.

Introduction and background
Our approach to, and priorities for, patient and public involvement cover a wide spectrum of work that strives for collaboration, patient-insight and feedback throughout the Trust, at all levels of decision making.



The vision for the strategy is for:

- all patients to feel that they are understood, heard, and have control and choice over their health and care
- patients, families, carers and local residents to feel encouraged and supported to take an active role in their own health as well as shaping and delivering care
- a core pool of patients, carers and local people to be able to directly influence our

organisational strategies and major programmes to help ensure we are making the best use of all of the insight, skills and knowledge available to us.

The strategic lay forum oversees the patient and public involvement strategy and sets a clear vision for effective patient and public involvement within the Trust. Its role is to ensure the Trust takes a patient-centred approach to policy, planning and strategic developments. It is led by a lay chair as well as 11 additional lay partners plus senior staff from across the Trust and its key partners – communications, improvement, patient experience, integrated care, governance, quality and safety, Imperial Health Charity and Imperial College London.

To implement the strategy, we have the following four workstreams:

1. Patient and public involvement infrastructure – developing processes, policies and resources
2. Building awareness and engagement – including a 'keep in touch'/involvement offer
3. Systematically acting on feedback – meaningfully responding to feedback and acting on comments as part of business as usual
4. Patient ownership of health and wellbeing – to support new approaches to care that encourage and enable everyone to stay as healthy as possible.

Progress

Infrastructure, awareness and engagement

In the past year, we have seen our approach and ambition for patient and public involvement at the core of two important strategy documents: the NHS Long Term Plan published by NHS England and the Trust's own organisational strategy, which include the ambition for the Trust to become the most 'user-focused' organisation in the NHS. This combined with work to develop and embed the Trust vison, values and behaviour, has cultivated a positive and Trust-wide foundation where we expect the patient and public involvement strategy to continue to progress.

Lay partners – and the strategic lay forum – were closely involved in the development of the Trust's strategy and directly influenced its content. A small but very significant demonstration of that influence was when one of our three strategic goals moved from 'to help create a high quality integrated care system ***for*** the population of north west London' to 'to help create a high quality integrated care system ***with*** the population of north west London'. This small word change hardwired collaboration into our organisation and the collaborative approach further developed specific changes we expect to see to help us deliver that goal.

Other highlights from the past year include achieving the current total of 66 lay partner roles supporting 26 major Trust projects, two Trust-wide reference groups helping to guide communications and digital developments and an increasingly strong and effective strategic lay forum working in collaboration. When including completed projects, we have established a total of 75 lay partner roles since 2016.

We have also continued to embed and develop the strategic lay forum and its wider influence. Last year, we formalised the role of chair and the new role of deputy chair and followed a clear and open process to select, respectively, Trish Longdon and Ceema Namazie. They both attended our leadership forums. The whole strategic lay forum has an annual planning day, involving the Trust chair along with a number of executive directors, to input into Trust business planning. Our chief executive also meets with the chair and deputy chair every six months. These regular meetings help ensure our forum keep well informed and that we collaborate around genuinely shared goals.

In 2018/19, the forum advised and/or fed back on the following projects:

- the 'care journey and capacity' project, looking at how patients move through our hospitals, from A&E through to discharge
- the Trust's vision and strategy
- introduction of physicians associates
- revalidation of doctors
- review of Imperial College London's medical school curriculum
- our quality account

- the leading change through vision, values and behaviours programme
- physiotherapy and HIV inpatient service pathway changes
- revising quality metrics for our estate as part of the PLACE assessments.

We aim to have two lay partners on each major Trust project and now have more diversity amongst our lay partners in terms of age, ethnicity and working status. We have made more effort to engage working-age lay partners who aren't regular patients and those from black, Asian, minority ethic (BAME) or seldom-heard groups. We also have two 17 year old lay partners contributing to our adolescent 'big room'. The review highlights some positive examples of how they are impacting our work. We're also working to develop our lay partner community through networking breakfasts and training. Over 50 lay partners attended networking events last year and 14 have taken part in healthcare training courses.

Later this autumn, we will launch the updated and expanded patient and public involvement toolkit for staff. To date,186 staff have taken part in patient and public involvement training to support quality improvement, delivered by the quality improvement team and the head of patient and public partnerships.

In July, we awarded the first Michael Morton patient and public involvement award as part of our 'make a difference' annual awards. The winner and shortlisted projects are highlighted in the report. This new award is now one of five awards presented annually and is a fitting way to remember the first chair of our strategic lay forum who passed away in November 2018. Michael was a very dedicated lay partner and key in establishing the strategic lay forum.

Our NIHR biomedical research centre (BRC) also has an advisory panel which provides strategic input into the BRC's research. A lay chair, Sandra Jayacodi, was appointed to lead this panel which is run by the Imperial Patient Experience Research Centre (PERC). PERC also has also been piloting new public engagement methods and through 'people's research café' events, 212 people fed back directly to researchers about their research proposals. The Trust's involvement team and PERC are also collaborating and working together more, especially around developing the Imperial Health Knowledge Bank, a database resource of patients who are interested in taking part in research.

Systematically acting on feedback
We have not focused as much on this workstream to date as we have prioritised actions to establish and raise awareness of the patient and public involvement approach more generally. Good progress has been made with the pilot to use AI to create real-time sentiment analysis of the friends and family test to guide improvements supported by Imperial College and with the coproduction of a patient reported experience measure (PREM) for lung fibrosis. We will be exploring how we can help share and expand these approaches across the Trust.

Patient ownership of health and wellbeing
This is another undeveloped workstream though there are many examples of positive developments across the Trust that need to be shared and pulled together as part of a more proactive strategy linked to our goal around integrated care. Developments include the Care Information Exchange, the neonatal family care app, Connecting Care for Children, Café hab, and many of the nominations for our first patient and public involvement 'make a difference' staff recognition award.

Priorities for 2019/20
The report also summarises the priorities for involvement in 2019/20 as:

- measure the impact of the strategic lay forum and implement an evaluation plan to benchmark lay partner involvement in future years. We will also demonstrate the positive difference PPI makes through promotion and case studies
- further established our lay partner programme, actively promoting the opportunity to people from black, Asian, minority ethnic or seldom-heard groups
- prioritise lay partner involvement in the top 20 strategies and build the lay partner community. We will learn from, and support, all lay partners working across the Trust
- focus our work on issues raised by users and communities through reviewing complaints and patient feedback

- scope a project to reduce health inequalities and involve seldom heard groups.

Recommendations:
The Trust Board is asked to note and feedback the review.

This report has been discussed at:
Strategic lay forum

Quality impact:
Patient and public involvement aims to enable a major improvement in patient care and experience and overall health and wellbeing of our patients and communities. This strategy is crucial for the Trust and its partners to be proactive and enable person-centred care. We have had significant external collaboration on this initiative and this report is written with our strategic lay forum.

Financial impact: This review has no financial impact.

Risk impact and Board Assurance Framework (BAF) reference:
Risks attached to this project and how they will be managed. Reference to risk register and BAF where appropriate, and clear reference to key risks and mitigations.

Workforce impact (including training and education implications):
This report will have no anticipated workforce impact.

Has an Equality Impact Assessment been carried out or have protected groups been considered?
☐ Yes ☐ No ☒ Not applicable
If yes, are further actions required? ☐ Yes ☒ No

What impact will this have on the wider health economy, patients and the public?
Patient and public involvement aims to achieve a major improvement in patient care and experience and overall health and wellbeing of our patients and communities by enabling collaboration.

The report content respects the rights, values and commitments within the NHS Constitution
☒ Yes ☐ No

Trust strategic goals supported by this paper:
Retain as appropriate:
- To help create a high quality integrated care system with the population of north west London
- To develop a sustainable portfolio of outstanding services
- To build learning, improvement and innovation into everything we do

Update for the leadership briefing and communication and consultation issues (including patient and public involvement):
Is there a reason the key details of this paper cannot be shared more widely with senior managers?
☐ Yes ☒ No

Imperial College Healthcare NHS Trust

Patient and public involvement: annual review and priorities

Report from the Trust's strategic lay forum September 2019

Contents

1. Welcome

Each year, the Trust's strategic lay forum publishes a review of progress against our patient and public involvement strategy, a summary of activity and impact, and priorities for the coming year.

This report is our third following the adoption of the Trust's patient and public involvement strategy in July 2016. The strategy sets out the ambition and approach to become a genuinely patient-centred organisation and was the first output of the Trust's strategic lay forum.

Involvement is a way of working

Patient and public involvement is about enabling our patients, users, carers and communities to have a voice in our care and wellbeing and working with committed staff to deliver truly patient-centred care.

From a Trust perspective it incorporates all of the activities and ways of working that help us focus on understanding and meeting the needs and preferences of the people who use, or may use, our services. It is not a single function or something offered by a particular department but rather a way of thinking and behaving embedded at all levels of the organisation.

Good progress and ready for the journey ahead

Three years into our strategy, we're pleased with the progress we've made but also aware there is much more to do. Two recent publications usefully frame our ambition. The first is the NHS Long Term Plan, launched in January, and putting patient involvement at the heart of the future direction of travel for the NHS nationally. The second is the Trust's own refreshed organisational strategy, adopted in July following significant lay partner input, setting out an ambition for the Trust to become the most 'user-focused' organisation in the NHS.

We want this report to provide a full picture of patient and public involvement at the Trust – both strong examples of positive change and meaningful collaboration as well as the challenges and barriers experienced by lay partners, patients and staff.

Building a strong foundation for involvement

This report is set out under the four workstreams of the strategy – building involvement infrastructure, awareness, systematically acting on feedback and patient ownership of health and wellbeing. We have focused initially on the first two workstreams and so this is where most progress has been made so far.

Focus for 2019/20

With this solid foundation and clear direction set by national and Trust strategies, we look forward to embedding patient and public involvement further. Our vision is for

patient and public involvement to be ‘business as usual’ in all parts of the Trust and for it to be consistently high quality and impactful.

Therefore, in 2019/20, the forum is focusing on capturing the impact of involvement so that we can better share the value and insight it creates. We are also doing more to ensure we hear the views and preferences of seldom-heard groups and individuals, including those who haven’t traditionally been included in healthcare decision making. We also want to use patient feedback and experience data to actively guide improvements, particularly in response to complaints.

We also look forward to continuing the collaboration around key plans for the Trust this year, particularly implementing the Trust’s refreshed organisational strategy and much needed estates redevelopment.

Leading the strategic lay forum

The strategic lay forum was established in November 2015 and first chaired by its founder, Michael Morton, a very experienced and dedicated lay partner who sadly passed away in November 2018. I’m honoured to have been selected to build on Michael’s achievements, taking up the position of chair in February 2019. I’m joined by 11 other lay partners as well as senior staff from around the Trust to form the strategic lay forum.

I am really pleased to volunteer my time to develop truly patient-centred care and am very grateful for the commitment, time and dedication of all our lay partners, patients, volunteers and Trust staff in reaching this important goal.

Trish Longdon
Chair of the Trust’s strategic lay forum

The Trust’s new strategy sets an objective to have a systematic, evidence-based approach to building two-way relationships with as many people as possible, offering a range of engagement and involvement opportunities.

2. Executive summary

This is the third report from the forum following the adoption of the Trust's patient and public involvement strategy in July 2016. While there is still much to do, this review highlights openly the key challenges and barriers, as well as achievements – a positive sign in itself of the progress the Trust has made.

Infrastructure, awareness and engagement

In the past year, we have seen our approach and ambition for patient and public involvement at the core of two important strategy documents: the NHS Long Term Plan published by NHS England and the Trust's own organisational strategy, which include the ambition for the Trust to become the most 'user-focused' organisation in the NHS. This combined with work to develop and embed the Trust vison, values and behaviour, has cultivated a positive and Trust-wide foundation where we expect patient and public involvement to continue to progress.

Lay partners – and the strategic lay forum – were closely involved in the development of the Trust's strategy and directly influenced its content. A small but very significant demonstration of that influence was when one of our three strategic goals moved from 'to help create a high quality integrated care system ***for*** the population of north west London' to 'to help create a high quality integrated care system ***with*** the population of north west London'. This small word change hardwired collaboration into our organisation and the collaborative approach further developed specific changes we expect to see to help us deliver that goal.

Other highlights from the past year include achieving the current total of 66 lay partner roles supporting 26 major Trust projects, two Trust-wide reference groups helping to guide communications and digital developments and an increasingly strong and effective strategic lay forum working in collaboration with Trust leaders and senior staff. When including completed projects, we have established a total of 75 lay partner roles since 2016.

We have also continued to embed and develop the strategic lay forum and its wider influence. Last year, we formalised the role of chair and the new role of deputy chair and followed a clear and open process to select, respectively, Trish Longdon and Ceema Namazie. They both attend our leadership forums. The whole strategic lay forum has an annual planning day, involving the Trust chair along with a number of executive directors, to input into Trust business planning. Our chief executive also meets with the chair and deputy chair every six months. These regular meetings help ensure our forum keep well informed and that we collaborate around genuinely shared goals.

In 2018/19, the forum advised and/or fed back on the following projects:

- the 'care journey and capacity' project, looking at how patients move through our hospitals, from A&E through to discharge
- the Trust's vision and strategy
- introduction of physicians associates

- revalidation of doctors
- review of Imperial College London's medical school curriculum
- our quality account
- the leading change through vision, values and behaviours programme
- physiotherapy and HIV inpatient service pathway changes
- revising quality metrics for our estate as part of the PLACE assessments.

We aim to have two lay partners on each major Trust project and now have more diversity amongst our lay partners in terms of age, ethnicity and working status. We have made more effort to engage working-age lay partners who aren't regular patients and those from black, Asian, minority ethic (BAME) or seldom-heard groups. We also have two 17 year old lay partners contributing to our adolescent 'big room'.

The review highlights some positive examples of how they are impacting our work. We're also working to develop our lay partner community through networking breakfasts and training. Over 50 lay partners attended networking events last year and 14 have taken part in healthcare training courses.

Later this autumn, we will launch the updated and expanded patient and public involvement toolkit for staff. To date,186 staff have taken part in patient and public involvement training to support quality improvement, delivered by the quality improvement team and the head of patient and public partnerships.

In July, we awarded the first Michael Morton patient and public involvement award as part of our annual 'make a difference' staff recognition awards. The winner and shortlisted projects are highlighted in this report. This new award is now one of five awards presented annually and is a fitting way to remember the first chair of our strategic lay forum who passed away in November 2018. Michael was a very dedicated lay partner and key in establishing the strategic lay forum.

Our National Institute of Health Research biomedical research centre (BRC) also has an advisory panel which provides strategic input into the BRC's research. A lay chair, Sandra Jayacodi, was appointed to lead this panel which is run by the Imperial Patient Experience Research Centre (PERC). PERC also has also been piloting new patient and public engagement methods. Four 'people's research café' events were held throughout the year and 212 people gave feedback directly to researchers in response to their research proposal.

The Trust's involvement team and PERC are also collaborating and working together more, especially around developing the Imperial Health Knowledge Bank (more information is on page 22)

Systematically acting on feedback
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create real-time sentiment analysis of the friends and family test to guide local service improvements supported by Imperial College and with the coproduction of a patient reported experience measure (PREM) for lung fibrosis. We will be exploring how we can help share and expand these approaches across the Trust.

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Priorities for 2019/20
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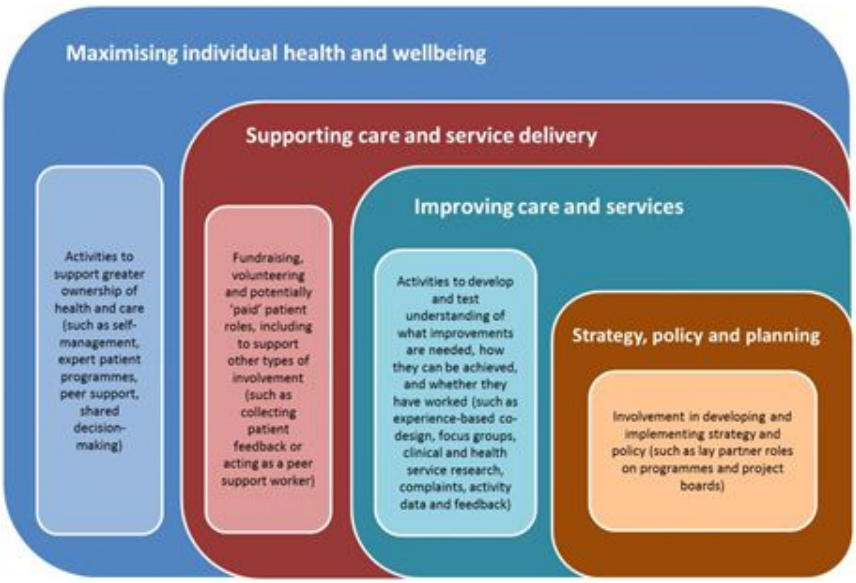
- scope a project to reduce health inequalities and involve seldom heard groups.

3. Background

The strategic lay forum oversees the patient and public involvement strategy and sets a clear vision for effective patient and public involvement within the Trust. Its role is to ensure the Trust takes a patient-centred approach to policy, planning and strategic developments. It is led by a lay chair as well as 11 additional lay partners plus senior staff from across the Trust and its key partners – communications, improvement, patient experience, integrated care, governance, quality and safety, Imperial Health Charity and Imperial College London. Along with this annual review to the board, the forum provides quarterly reports to the Trust's executive committee.

Our patient and public involvement strategy

Our approach to, and priorities for, patient and public involvement cover a wide spectrum of work that strives for collaboration, patient-insight and feedback throughout the Trust, at all levels of decision making.



The vision for the strategy is for:

- all patients to feel that they are understood, heard, and have control and choice over their health and care
- patients, families, carers and local residents to feel encouraged and supported to take an active role in their own health as well as shaping and delivering care
- a core pool of patients, carers and local people to be able to directly influence our organisational strategies and major programmes to help ensure we are making the best use of all of the insight, skills and knowledge available to us.

Patient and public involvement strategy workstreams

To implement the strategy, we have the following four workstreams:

1. Patient and public involvement infrastructure – developing processes, policies and resources
2. Building awareness and engagement – including a 'keep in touch'/involvement offer
3. Systematically acting on feedback – meaningfully responding to feedback and acting on comments as part of business as usual
4. Patient ownership of health and wellbeing – to support new approaches to care that encourage and enable everyone to stay as healthy as possible.

4. Progress to date

4.1 Infrastructure – developing processes, policies and resources

Strategic lay forum

Throughout 2018/19 we continued to develop the strategic lay forum and its wider influence. It's now recognised as part of our Trust structure and, in addition to the agreed priorities and workplan, the forum has regular opportunity to input into projects and plans and long term Trust developments, such as the Trust strategy and three-year objectives.

Governance of the strategic lay forum

In early 2019, we further enhanced the governance of the forum by selecting a new chair, Trish Longdon, and establishing the role of a lay deputy chair. This role is carried out by Ceema Namazie who has been a lay partner on the forum since early 2016.

Engagement and partnership with senior Trust leaders

Trish Longdon and Ceema Namazie, the chair and deputy chair of the strategic lay forum, now attend the Trust's twice yearly leadership forum, working alongside senior Trust staff to directly shape strategic developments and receive briefings on upcoming plans and challenges.

We also have an established process to engage the forum in annual planning. Each year, in quarter four, we have a day-long workshop involving executive directors and the Trust chair. The agenda covers sessions on the organisational strategy, financial reporting as well as the strategic lay forum's progress and priorities for the year ahead. In February 2019, the Trust's new chair, Paula Vennells, attended and heard first-hand the forum's views on staff morale, integration and use of digital technology.

In addition to the annual workshop, the chair and deputy chair of the forum also meet with the Trust's chief executive, Professor Tim Orchard, every six months.

These regular meetings help ensure a well-informed strategic lay forum focused on achieving shared goals through collaboration. In this way, lay partners on the forum

are able to fulfil the role of a ‘critical friend’, constructively challenging and supporting Trust staff.

Strategic lay forum input

In 2018/19, the forum contributed to the development of the following projects:

- the ‘care journey and capacity’ project, looking at how patients move through our hospitals, from A&E through to discharge
- the Trust’s vision and strategy
- introduction of physicians associates
- revalidation of doctors
- review of Imperial College London’s medical school curriculum
- the quality account
- the leading change through vision, values and behaviours programme
- reviewing the physiotherapy and HIV inpatient service pathway
- revising quality metrics for our estate as part of the PLACE assessments.

While it’s a measure of activity, not impact, requests for time on the forum’s agenda have increased significantly. This had led to thorough consideration of where the forum focuses its efforts, shared agenda planning and an emphasis on meaningful engagement and co-design. We’re careful to avoid tick box exercises or show and tell type presentations where there is limited scope to comment or if the forum is just being involved in successful developments.

Developing our strategy and putting collaboration in our ‘DNA’

One consistent area that the forum has been involved in is the development of the Trust’s organisational strategy. This was achieved by sharing and co-designing the strategy as it developed over 18 months and continually taking on comments and suggestions as it progressed.

Input and improvements offered by the forum focused on language, articulating what integrated care would feel like for patients and what would actually change, as well as robust challenge around how the Trust works with other providers, CCGs and GPs to deliver integrated care.

A small but very significant demonstration of lay partners’ influence was when they ensured one of our three strategic goals moved from ‘to help create a high quality integrated care system ***for*** the population of north

west London' to 'to help create a high quality integrated care system ***with*** the population of north west London'. This small word change hardwired collaboration into our organisation and the collaborative approach further developed specific changes we expect to see to help us deliver that goal.

Collaborative 'big room' approach to strategy

Flow coaching is a well-known healthcare approach that aims to empower frontline staff to improve care for patients and minimise delays as they move through stages of care, from ward to home. Coaches take part in a year-long training course and, when completed, lead a weekly 'big room' to facilitate improvements.

Big rooms are collaborative open spaces for members of staff and lay partners involved in a particular clinical pathway to develop, test and embed improvements. Each big room starts with the patient story, which is an important way to focus and reflect. We've worked hard to have as many lay partners as possible join big rooms and really pleased that four could take part in the weekly strategy big room. We've also enabled dial in video conferencing and held strategy big rooms in tandem on our other sites to engage as many staff as possible.

More open and transparent strategy development

"Like many trusts, we're working on our organisational strategy to meet the future needs of our patients, communities and local population, and the ambitions set out in the NHS long term plan. To do this, we opened up the process and took a more collaborative approach than ever before. We involved our strategic lay forum, patients and lay partners from the very beginning and through setting up a 'big room' also involved many more staff. Without this collaboration, support, reflection and helpful challenge, I'm very confident we wouldn't be as far along nor as ambitious in the development of our organisational strategy."

Dr Bob Klaber, consultant paediatrician and deputy medical director

Lay partners

Lay partners are members of the public, often patients, former patients or local community members, who volunteer their time to work in partnership at a strategic level with staff to ensure we have listened to, understood and responded to what patients and the community want, need and prefer. They do not represent patient views themselves but are there to ensure relevant patient views are taken into account.

They join our programme and project groups as equal members to provide external points of view and constructively challenge as critical friends.

More diversity and the highest number of lay partners

Including the 12 lay partners we have on our strategic lay forum, we have 66 lay partner roles across 26 projects and programmes. These include projects such as catering and transport tenders, 'big rooms' and improvement and transformation programmes.

> We currently have 66 lay partner roles across the Trust on 26 projects. To date we've collaborated with 75 lay partners on active or completed projects.

We aim to have two lay partners on each major Trust project and now have more diversity amongst our lay partners in terms of age, ethnicity and retired, a full time student or employed. Many of our lay partners have been retired professionals looking to volunteer 'with their brain' and we have made more effort to engage working-age lay partners that aren't regular patients or those from black, Asian, minority ethic (BAME) or seldom-heard groups ensure we have a range of views. We recently introduced two 17 year old lay partners to our adolescent big room that looks at improving the transition when teenagers move from children's to adults' services.

During 2018/19 we welcomed lay partners on many new and transformational projects. These include the:

- end of life project focusing on palliative care
- new invasive procedures committee that reviews first use of new devices and medical procedures in the Trust
- care journey and capacity looking at how patients move through the hospital, from A&E onwards, to receive the right care
- high-value tenders for beds, catering, cleaning and portering, which have a huge impact on patient experience
- men's health, a project looking at how we link and explain health services for men such as urology, cardiology, mental health and fertility to offer more cohesive care for men.

Lay partners can unite us and say things we can't

There are many positive anecdotes and stories about the value lay partners bring. Numerous times Trust staff have fed back that just by lay partners taking part, we change how we think and behave as it is an effective way to unite the Trust and bring external views into the room.

Lay partners see things we don't

"We have lay partners on our end of life project to improve care for people at the end of their lives across the Trust. We've just started working with lay partners and already they bring new perspectives and suggestions we hadn't considered. Working with lay partners requires time and investment as you have to brief them and build a relationship where you can trust and challenge each other but, from my experience, it's invaluable."

Dr Katherine Buxton, consultant in palliative medicine and clinical lead for end of life care

While anecdotes and short case studies are positive, we're aware more needs to be done to evaluate, benchmark and celebrate the positive influence and change lay partners enable. This is why it's one of the key priorities of the forum this year.

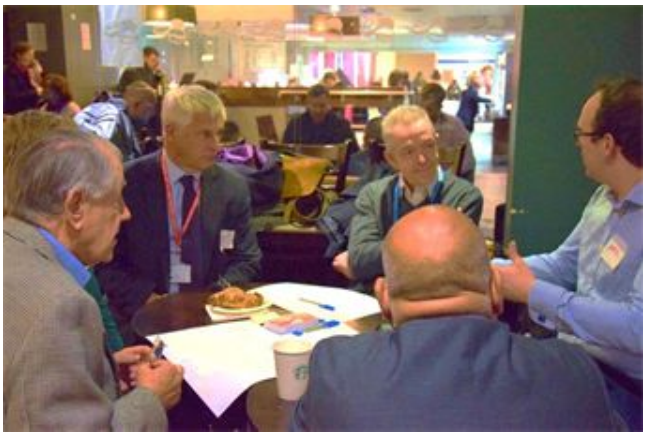
Putting the patient at the centre

"I'm the secretariat for our new invasive procedures committee, a group that reviews and approves the first use of new medical devices or procedures in the Trust. It can be a technical meeting with a focus on sophisticated devices and medical terms but by having lay partners in the room and hearing their views, we automatically change our thinking and always consider what these development in medicine, however clinically brilliant, might feel like for patients. It's a simple way for us to see the whole picture."

Trish Bourke, safety and effectiveness team

<u>Developing our lay partner community</u>

We want to continue to build our lay partner community so they feel connected, supported and informed to meaningfully engage and helpfully challenge the Trust. This year the Trust held breakfast networking seminars to create a lay partner community. We offered training and briefings so lay partners can gain a better understanding of Trust priorities and get to know Trust staff leading the projects.



In November 2018 and April 2019, over 50 lay partners and staff attended to hear updates about the Trust, give feedback and take part in relevant training. We introduced lay partners to founding principles of quality improvement and held a workshop for them to feed into and comment on our developing organisational strategy.

The Trust also offered training opportunities for lay partners at The King's Fund and Royal Society of Medicine events, including a relevant short online course. To date, 14 lay partners have taken part in these training opportunities.

Lay partner training and support

"It is early days for me but the induction afternoon was very informative and helpful. I look forward to being more fully involved. The 'working with patients for safer care event' at the Royal Society of Medicine was a fantastic immersion…. I'd welcome going to more events like this. I also appreciated being directed to the NHS explained online course."

Tanya, lay partner

Reviewing and improving lay partner induction

This year we improved our briefing and induction process for lay partners and invested much more time in ensuring lay partners receive thorough briefings and face to face introductions with Trust staff that lead the respective projects they're joining. We recognise the effectiveness of this collaboration is grounded in the lay partners and Trust staff knowing and trusting each other and this can only happen if they have a good working relationship.

Trust staff also need support, guidance and reassurance that collaboration with lay partners will work. Collaboration like this is a step change in how we work and for the first three years, we quickly engaged lay partners on projects where managers were

open and natural innovators in terms of change. Now we need lay partners on all appropriate projects so it becomes business as usual and we continue to encourage the critical mass of staff to incorporate this form of collaboration.

As part of our induction the strategic lay forum chair and Trust involvement lead now also spend more time with Trust managers and meet with them to reflect and support their collaboration with lay partners.

Enabling staff at all levels

"In my role I can see the challenges of involving patients for ward managers and front line staff. They can feel unconfident, it's a new relationship, and it's hard to make time amongst other pressures. Everyone agrees it's good to do but hard to make happen. In our division we set up a working group focused on sharing ideas and support with senior nurses and ward managers. It's a good way for the division to get corporate support. We've identified a few projects, so we're going to start in a small way and build it from there."

Jo Fisher, deputy director of nursing for surgery, cancer and cardiovascular

Research

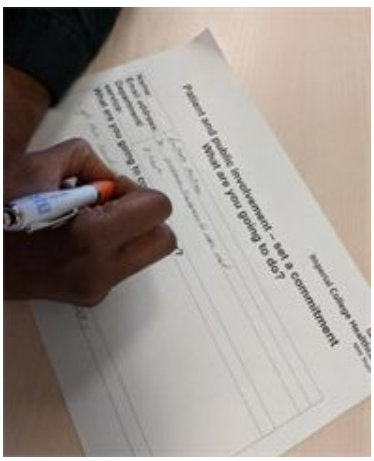
Our NIHR biomedical research centre (BRC) also has a public advisory panel which provides strategic input to the BRC's research, ensuring effective involvement and engagement of patients and the public. A lay chair, Sandra Jayacodi, was appointed to lead this panel this year and represents the panel on the Trust's research committee. This aspect of patient and public involvement is led by the Imperial Patient Experience Research Centre (PERC), funded by the BRC.

PERC has been piloting new and flexible ways of working with members of the public, including a 'people's research café', where researchers talk about their project ideas at the café meetings with the community and ask the public for feedback and advice. Four of these cafes have been held so far, with 212 people providing really valuable input into shaping our research.

The Trust's patient and public involvement team and PERC are building much stronger links and integrated working, especially around the development of the Imperial Health Knowledge Bank (see page 22).

Supporting and enabling staff

This year we continued to offer patient and public involvement training to staff which is led by the quality improvement team. This is a 90-minute session that



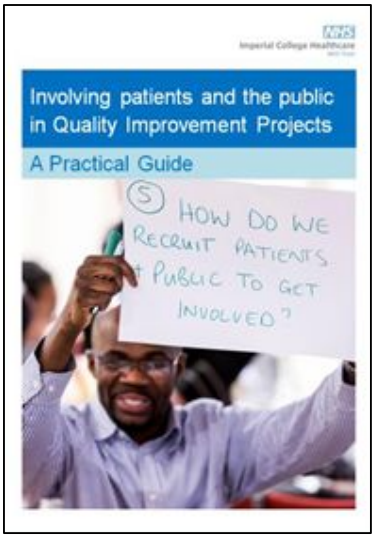
gives an overview of the principles and practical advice on types of involvement as well as highlights of recent case studies in the Trust. All participants are also now encouraged to make a commitment to take on their own small project to involve patients and the public after their course. Since April 2018, 37 people have completed this short course and 149 completed it as part of a four day quality improvement coaching course.

Staff cite knowledge, confidence and time as some of the barriers and challenges to involving patients. When time and resources are pressured, it can seem like another task. We know there is more to do to build confidence and focus on the value patient involvement brings.

PERC and the Imperial Clinical Trials Unit also provide training on public involvement specifically on research. In 2018/19, they trained 140 researchers and members of the public through 14 sessions co-delivered with public partners. PERC also offers small grants to researchers for public involvement projects.

Involvement toolkit for staff

In February 2018 we published our first patient and public involvement toolkit for staff. It was developed by the improvement team to give practical advice on how to carry out a variety of involvement activities. This was reviewed and updated through co-design workshops with staff and patients to include more case studies, contacts for support in the Trust and advice on where to go for more information. This updated version will be finalised in autumn 2019.



Moving beyond lay partnership

Lay partnership, while bringing significant benefits, is not the only approach required to ensuring we are a genuinely patient focused organisation. It's not a role that suits everyone.

Patient voices need to be heard and their preferences and needs understood, at all levels of the Trust and we need a variety ways of doing this.

Clinic 'walk throughs' to test new ideas with patients and the public

During the year we introduced some simple methods for patients to provide feedback that could easily be used more widely. The hand therapy and plastic surgery team wanted to improve the experience and waiting times for patients with carpal tunnel syndrome. To test the idea of a 'two stop' clinic they organised a 'walk through' of it with patients, members of the public and staff. The benefit of the new clinic will enable patients to have their consultations and nerve tests on one day and then return for their surgery, rather than have various appointments for consultations and diagnostics and wait much longer for their treatment.

The initiative took a few hours to organise and 90 minutes to carry out. It involved the whole team physically walking through the new clinic set up, from arriving at Charing Cross Hospital to leaving the fracture clinic, and raising any concerns or queries they have at each stage. This feedback completely changed the patient information that was prepared. Important points such as including how long patients were likely to spend with each clinician to reduce pre-clinic anxiety were identified. Previous information focused on the condition and treatment however the service found that patients wanted to know about the process, waiting times and what's going to happen when. The initiative resulted in a more streamlined patient-centred process.

"It was invaluable having clinical and admin staff, patients, members of the public and communications support all together to walk through the proposed clinic. Trust staff thought the information was clear and straight forward and it was crucial to get ideas for improvement at the start so we could build them in now rather than unpick things later."
Joelle Chalmer, clinical lead for hand therapy and quality improvement lead for therapies

"Walk throughs should be embedded as part of any service development. It's a culture change as we have to be open but is a very effective way of developing patient information."
Joanne Pitumpe, patient information manager

Trust wide reference groups

We have two reference groups that focus on a particular theme or part of the healthcare journey: a digital group that focuses on how we embrace and use digital technologies; and a communications group, that comments on written communications and patient information.

The digital group has 20 members and met four times this year. It gave useful feedback on how we set up clinicians having mobile access to electronic patient records and what concerns patients would have regarding this. They also fed into the requirements for a supplier tender for Care Information Exchange and provided a patient voice at other meetings and events. Members attend the digital quality improvement big room and digital showcase presentations.

The patient communications group meets annually and has fortnightly email contact to review and feedback on patient information leaflets and wording. Recently the group improved the wording for 'did not attend' letters and information about outpatients appointments on our website: https://www.imperial.nhs.uk/patients-and-visitors/patient-information/outpatients

We need external views on the language we use
"It is great that we have a way of getting views from patients before publishing documents that affect them. The suggestions from the patient communications reference group have been so useful – they create information that is valuable for our patients. At the end of the day, we run a service for them, and we need to know what they think!"

Chandni Mehta, business manager for outpatient clinics

4.2 Building awareness and engagement

We're aware that if we want patient and public involvement to be an integral part of the Trust, we need to continue to increase its visibility and promote the opportunities for patients and the public to get involved.

Communications to Trust colleagues

In 2018/19 we tailored quality improvement training to include case studies and practical examples of effective patient and public involvement to showcase the valuable insight involvement enables. We also used this opportunity to inform staff about collaboration with lay partners and using the Trust reference groups to provide feedback on written information and the use of digital technology.

The new Trust intranet enabled an effective way to give staff easy access to the patient and public involvement toolkit, contacts, guidance and templates to reimburse patients for expenses. We also promoted our lay partners through our staff twitter account, @imperialpeople.

The head of patient and public partnerships also supported our cancer and surgery division to set up their own involvement project group. This included face to face support and guidance for senior nurses so they can implement local involvement projects.

During the year, the Trust developed a behavioural framework based on our values of being kind, collaborative, expert and aspirational. It articulates desirable and undesirable examples of behaviour and its detailed explanation of collaborative is especially relevant to patient and public involvement. This long-term programme is still underway and is key in supporting a culture change necessary to meet the ambitions set out in the Trust strategy.

In 2019/20 we will continue to promote involvement and patient-centered care to our Trust colleagues and see the further work being carried out around vision, values and behaviour and our Trust strategy as further opportunities to incorporate this goal.

External communications

It's important we share information about all the work that has been done to build the involvement infrastructure at the Trust and share involvement opportunities.

Information about involvement is available on our website and to promote our lay partner opportunities we interviewed and filmed some existing lay partners. This short film will be completed in autumn 2019. It will explain the role and include views and comments from staff about how we collaborate and what it feels like to work with lay partners.

Events are also a great way to engage our public. The lay partner networking breakfasts, outlined on page 14 were an effective way to share news on new projects.

We also held an open day at Charing Cross Hospital in October 2018 to celebrate its 200th birthday. This large-scale event was attended by around 1,000 people and enabled staff to showcase services to the local community. It included activities for children, information on jobs at the Trust, historical and clinical visits giving behind-the-scenes tours and education talks.

As an organisation we know there is more to do in terms of community engagement and we see our Trust strategy as one way to develop it. As part of the strategy, we've set some goals to work with partners and to consider our potential as an 'anchor institute' – an organisation that contributes to the local economy beyond its main function, for example, in terms of employment, purchasing power, offering free use of site facilities. Again this is another opportunity we hope to harness in the coming years.

New staff award for involvement

In July this year, we awarded the first Michael Morton patient and public involvement award as part of our high profile 'make a difference' ceremony for staff. This new award is now one of five awards presented annually and a fitting way to remember the first chair of our strategic lay forum. Michael was very dedicated and passionate about integrated care. He was key in establishing the strategic lay forum and fully engaged in many initiatives within the Trust, fulfilling his role as a critical friend right up until his sad passing in November 2018.

The award was co-designed with our strategic lay forum who endorsed the criteria and the forum's chair and deputy chair, Trish Longdon and Ceema Namazie, were two of the judges. It recognises the hard work, dedication and achievements of staff to improve the outcomes and experience of patients through involving patients and co-producing improvements.

The four finalists

We were pleased there were eight strong award nominations to consider and look forward to this award becoming established as we further embed the principles of involvement. Read more about the winning project and finalists below.

Winner: Café hab

Patients from our inpatient neuro rehabilitation unit reported anxiety about going home, with little to do around therapy sessions and few opportunities to speak with others who have gone through a similar experience. 'Café hab' is a weekly coffee morning at a local coffee shop and was set up to give inpatients practical and real life experience of handling money, ordering food and traveling by public transport again in an appropriately supported way. It also gives patients invaluable opportunity to socialise with other patients and to work towards individual therapeutic goals. It is now a permanent feature and a well-attended part of our rehabilitation programme.

Runner up: Parkview Olympics – designed by families to reduce childhood obesity in White City

Through GP practices and the Trust's Connecting Care for Children Service, children and families collaborated with healthcare providers and developed their own solution to reduce childhood obesity. Together they created Parkview Olympics, a series of physical activities and informative sessions, to introduce the concepts of health and nutrition to children and teenagers. The initiative connected local sports and food education providers to host the activities and created a low-cost, sustainable annual event.

Friends and family test language analysis

The friends and family test is a short survey patients complete after each appointment or treatment with the Trust. Each month it creates about 20,000 free-text patient comments – a rich source of information but so large it is difficult to analyse due to the time required to read, categorise, and use the comments to drive and evaluate improvements. A cross-organisational team from the Trust, National Institute of Health Research Patient Translational Research Centre and Imperial College London, as well as patients used machine learning to quickly analyse these free text comments into themes for action which are already driving improvements. The project team also included a lay partner who inputted into the analysis approach. While this project is in its infancy, it has potential for the Trust to become more user-focused by being able to rapidly respond to patient feedback.

Airway stenosis

Airway stenosis in adults is a rare and chronic condition which causes the narrowing of the airway and can lead to secondary health issues that require intensive support. We provide the largest service of its kind in Europe, treating over 70 new patients a year. Since early 2016, the multidisciplinary team have been co-designing the service pathway with patients to ensure that we offer the best possible care and support. It has led to more emotional support for patients to deal with this life changing and

chronic condition. Patients have also joined clinicians when presenting at national conferences to show the importance of working in partnership.

Systematic approach to engagement by 2023

As outlined in our organisational strategy agreed by the Trust board in July 2019, we will establish a systematic evidence-based approach to building two-way relationships with as many patients and local people as possible.

This will set up a sustainable and long-term approach that will link together our various involvement opportunities, such as attending events, volunteering, fundraising, providing feedback, taking part in research and lay partnership, as a cohesive offer that we will actively promote to our communities. This report covers the limitations of the lay partner role and the premise of this offer will be a co-ordinated spectrum of involvement and engagement opportunities that appeal to a wide demographic of people.

We have worked closely with Imperial College and the BRC's patient experience research unit on the development of a new initiative, Imperial Health Knowledge Bank.

Imperial Health Knowledge Bank brings together our patients, clinicians and researchers to increase understanding of health conditions, detect diseases earlier, develop new tests and treatments and improve clinical training. It is a database of individuals who are interested in taking part in relevant research studies and who allow us to store biological samples for research and teaching. We have just begun testing different approaches to recruiting patients to the Knowledge Bank to understand what encourages or discourages patients from consenting. We are trying small scale recruitment via a direct approach from consultants in outpatient clinics and from non-clinical 'floorwalkers' approaching patients in outpatient waiting rooms to explain the offer. We are also looking to understand how best to scale up our recruitment approach and to develop a sense of community for Knowledge Bank members, potentially extending to a wider group of patients and local residents who are interested in getting involved in a variety of ways.

3.3 Systematically acting on feedback

When setting this workstream, we were aware it required our previous workstreams of infrastructure and awareness to be well established. It needs both robust processes and an organisational culture of collaboration and transparency where quality improvement can rapidly thrive.

As expected, this workstream is still developing but in 2018/19 we have made positive and sustainable progress on moving towards an integrated approach to use meaningful feedback to identify, prioritise and evaluate improvements.

Our quality improvement programme and vision, values and behaviour work mentioned previously in this report, have been key in setting a foundation so we can systematically act on feedback.

Large-scale feedback from all patient demographics

"As a Trust, we've done a lot to involve our public over the last three years. It's also fantastic to have more lay partners, fledgling projects and transparency about the challenges on what needs to change. However for us to be truly person-focused, we need to refocus the organisation and enable ways to capture large-scale feedback from all patients, not just those already engaged, and use it to inform improvements. If we really do put patients at the centre of our organisation, we won't need a patient and public involvement strategy and eventually I hope we don't. It will just be the way we do things."

Toby Hyde, deputy director of transformation

Friends and family test language analysis

As highlighted last year as part of this workstream, we have further developed the project to use machine learning to analyse the free text comments in the 'friends and family' survey. This project was shortlisted as part of the Michael Morton patient and public involvement award (covered in detail on page 20) and now in place at outpatients at the Western Eye Hospital and A&E and inpatient wards at St Mary's Hospital. This project also won the Digital Innovation Team of the Year award for their innovative approach to improving patient care through technology from the British Medical Journal.

Effective use of valuable patient feedback

"As an organisation, we collect a huge amount of feedback data and our challenge is to use it effectively to drive improvements based on what matters to patients. For me, as patients have taken the time to feedback, we have an ethical responsibility to use it well and am really pleased the work on sentiment analysis will enable this.

Stephanie Harrison-White, head of patient experience and improvement

Machine learning analysis has enabled us to make waiting areas more comfortable for patients, improve signage at A&E and create a 'ward discharge checklist' so patients avoid having to re-tell basic medical details when moving wards within the hospital.

Patient advice and liaison service (PALS) volunteers

PALS volunteers were developed in late 2017 with Imperial Health Charity and provide an important liaison role and point of contact for patients in wards. They deal with a range of issues for patients including clinical and non-clinical concerns. Some issues are resolved quickly and others are escalated to PALS for further follow up. All feedback is shared with the clinical teams at the time and through these volunteers issues are resolved quickly effectively avoiding potential complaints.

We have 10 patient support volunteers at St Mary's in surgical, medical and post natal wards and will soon have them supporting patients at Charing Cross and Hammersmith Hospitals later in the year.

Dealing with patient issues

"PALS volunteers are a really effective way of improving patients' experience. They're on wards to deal with or direct any important patient issues. If they're clinical issues, they're escalated to clinical staff, but often PALS volunteers are able to deal with many patient queries or problems such as lost property or information about discharge."

June Parker, patient advice and liaison service manager

Co-designing experience measures with lung fibrosis patients

Patient reported experience measures (PREMs) are a way to quantify patients' perception of their personal healthcare experience. Through a co-design methodology, we developed a PREM which we're using to improve the care pathway and patients' experience of it. At each stage of the care pathway, patients feedback through a statistically robust questionnaire on areas such as empathy from clinicians, communication, how integrated the care was and physical and emotional comfort.

This information will be used to improve the overall experience of the service but also to respond individually to a patient when their experience can be improved.

Patients, carers, relatives, support group professionals as well as clinical staff from a range of areas were involved in developing the PREM and this is one of the few services in the Trust using this approach. This work has also been highlighted nationally. We're sharing the developments, methodology and questionnaire with NHS England and their specialised respiratory commissioner to help inform national improvements to act on patient feedback for this chronic and life-changing condition.

Robust way to measure patients' experience
"Our patient reported experience measure (PREM) is an emerging tool to put some real rigor around measuring patients' experience of our care. It will shape our service and quantify the things that really matter to patients. It's already informed changes to improve information to patients and how we measure patients' knowledge of their condition. We will present our data at the European Respiratory society conference this year."

Dr Mel Wickremasinghe, respiratory consultant

3.4 Patient ownership of health and wellbeing

We've continued to develop projects and initiatives that promote patients taking an active role in their health and wellbeing such as Café hab and Parkview Olympics covered on page 20. These are projects that move away from the historical patriarchy of medicine where traditionally patients have been compliant and follow instructions given to them by clinicians. Patient ownership aims to share information and power so that members of the public have agency and control over their health.

A related, and perhaps further developed, concept of this is shared responsibility for health where patients and clinical staff both have duties to agreed health goals. In developing the system changes to meet the future health demands, The King's Fund argues that this cultural shift is one of the biggest challenges facing the NHS and explains that a patient's knowledge of and their capability to self-manage their own condition, in particular chronic conditions, affects their health outcomes.

While this is an integral part of our patient and public involvement strategy and we support the innovative projects below, we know more needs to be done to establish a working culture where the below examples are the norm. It's a long-term goal and one the whole healthcare system is facing. We are confident however we have the right foundation, values and strategy to achieve this as part of our vision of 'better health, for life'.

Patient ownership is our long-term goal
"This goal is in line with our vision 'better health, for life' and while ambitious, something we're working towards. It's great to have trailblazing projects and we need to share and spread the basics of involvement across the Trust to build a foundation for this area to thrive."

Jo Fisher, deputy director of nursing for surgery, cancer and cardiovascular

As a major healthcare provider in north west London, we are also part of the Hammersmith and Fulham Integrated Care Partnership which aims to deliver integrated care for nearly 200,000 people living in the area. With our five other partners, we have developed three clinical workstreams looking at integrated pathways for children, adults and older adults. Since the very beginning of these workstreams, users and lay partners have been embedded on each one as part of the governance structure.

Further development of the Care Information Exchange

This online system funded by Imperial Health Charity provides secure access to medical records, blood tests, radiology results, appointment and clinic letters, future appointments and discharge summaries, empowering patients as they have access to and more control over their health records. It was launched in 2015 and last year the number of patients able to see their appointments, test results and letters increased from 5,000 to 25,000. As part of our Trust strategy work, we are now leading work for it to become 'business as usual' and used consistently across our services.

Involving families in neonatal care

We were the first Trust in the UK to implement a model that integrates families in the care of their premature babies on our neonatal wards. Parents are trained by the multidisciplinary teams to tube feed, change nappies and take basic observations and take an active role in rounds by feeding this information back to the team. This is also supported by a mobile app featuring information and guidance. Putting parents at the forefront of their premature baby's care has been found not only to reduce anxiety in parents and their baby, but can also benefit the baby's medical progress and development. This approach has shown to reduce hospital stays for babies born at less than 30 weeks' gestation, by an average of two weeks. It also encourages babies to suck feed earlier, breastfeeding rates on the unit are high, and the baby's development is faster.

Resuscitation classes for parents and children

Our children's services team share important first aid training to increase public knowledge of these lifesaving techniques. In June 2019 three doctors went to a primary school in Willesden to give first aid and resuscitation training to over 100 year five and six children. It was so successful, they'll return next year to run a class for parents, sharing an important life skills that will stay with these communities. The team also hold monthly baby resuscitation classes for parents at St Mary's Hospital. Evaluation has shown that 92 per cent of the 217 parents reported feeling very confident using the skills.

5. 2019/20 priorities

With continued progress in all of the workstreams as part of the patient and public involvement strategy, we're confident positive and sustainable improvements are being made. We're aware it's a long journey to achieve the vision agreed as part of the strategy but one that has already shown enormous value and very significant learnings.

In 2019/20 the strategic lay forum will:

- measure the impact of the strategic lay forum and implement an evaluation plan to benchmark lay partner involvement in future years. We will also demonstrate the positive difference PPI makes through promotion and case studies
- further established our lay partner programme, actively promoting the opportunity to people from black, Asian, minority ethnic or seldom-heard groups
- prioritise lay partner involvement in the top 20 strategies and build the lay partner community. We will learn from, and support, all lay partners working across the Trust
- focus our work on issues raised by users and communities through reviewing complaints and patient feedback
- scope a project to reduce health inequalities and involve seldom heard groups.

We will also continue to build integrated working with Imperial Patient Experience Research Centre, particularly around involvement in clinical research.

Imperial College Healthcare NHS Trust

TRUST BOARD – PUBLIC REPORT SUMMARY	
Title of report: Bi-annual update from the Trust's Emergency Planning, Resilience and Response (EPRR) team	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information
Date of Meeting: 25th September 2019	**Item 16 and report no. 13**
Responsible Executive Director: Claire Hook – Director of Operational Performance	**Author:** Merlyn Marsden - Hospital Director

Summary:

The purpose of this report is to provide an update and assurance in relation to the Trust's Emergency Preparedness, Resilience and Response (EPRR) arrangements and plans. The paper contains the following updates for the Trust Board:

1. Current Threat Level
2. EPRR Activity and Incidents
3. EPRR Exercises and Training
4. Updates post NHS England Assurance rating and Action Plan for 2018/19

Recommendations:

The Trust Board is asked to:

- Note the updates
- Confirm that it provides sufficient assurance for the Trust Board in relation to EPRR
- Confirm the NHS England EPRR Assurance outcome and Action Plan to maintain the rating.

This report has been discussed at:

The Executive Committee was updated and noted the detail at Executive Finance meeting on 17 September 2019.

Quality impact:

In addition to our statutory requirements through the Civil Contingencies Act (2004), the NHS Act 2006 as amended by the Health and Social Care Act 2012, the NHS funded organisations must also meet the EPRR requirements within NHS Standard Contract, the NHS England Core Standards for EPRR and NHS England Business Continuity Management Framework. EPRR also forms part of the Patient Safety and Quality Agenda of Care Quality Commission Regulation.

Financial impact:

The financial impact of this proposal as presented in the paper enclosed:

1) Has no financial impact.

Risk impact and Board Assurance Framework (BAF) reference:

EPRR risks are raised through the Trust's internal risk process.

Workforce impact (including training and education implications): Has no workforce impact
Has an Equality Impact Assessment been carried out or have protected groups been considered? ☐ Yes ☒ No ☐ Not applicable If yes, are further actions required? ☐ Yes ☐ No
What impact will this have on the wider health economy, patients and the public? ☐ Yes ☒ No ☐ Not applicable If yes, briefly outline. ☐ Yes ☐ No **……**
The report content respects the rights, values and commitments within the NHS Constitution ☒ Yes ☐ No
Trust strategic objectives supported by this paper: Retain as appropriate: ▪ To achieve excellent patients experience and outcomes, delivered with compassion. ▪ To educate and engage skilled and diverse people committed to continual learning and improvements.
Update for the leadership briefing and communication and consultation issues (including patient and public involvement): Is there a reason the key details of this paper cannot be shared more widely with senior managers? ☐ Yes ☒ No

Bi-annual Emergency Planning, Resilience and Response update

1. Introduction

1.1. The Civil Contingencies Act (2004) requires NHS acute providers to demonstrate that they can respond to incidents whilst maintaining appropriate patient services. NHS organisations are also required to adhere to NHS England's EPRR Core Standards (2015) setting out the minimum criteria which NHS organisations and providers of NHS funded care are required to meet. The following is to provide an update of the current Emergency Preparedness, Resilience and response (EPRR) work within our Trust.

2. Threat level

2.1. The threat level remains as Severe indicating an attack is highly likely.

2.2. The threat level has remained the same since September 2017.

2.3. In July, changes were made to the terrorism threat level system, to reflect the threat posed by all forms of terrorism, irrespective of ideology. There is now a single national threat level describing the threat to the UK, which includes Islamist, Northern Ireland, left wing and right-wing terrorism.

3. EPRR Activity and Incidents January – July 2019

3.1. Below outlines the business continuity incidents across the organisation. The EPRR team are working with the divisions and corporate teams to update our business continuity plans to ensure learning from our incidents is captured. All actions are monitored through the Trust EPRR steering group.

- February 2019 – Radiotherapy power failure
- April 2019 – Lift failure
- June 2019 – Power failure
- June and July 2019 - ICT outages
- July 2019 – Lift failure
- July 2019 – Internal incident due to Heatwave

4. EPRR Incident Action tracker update

4.1. In last few years, the Trust has responded to several business continuity incidents.
4.2. Incident debrief sessions were held and action plans were created and circulated with stakeholders.
4.3. Majority of the actions have been completed or are in process of being completed by the end of the year.
4.4. The outstanding actions include annual updating of all local business continuity plans. The division of surgery, cancer and cardiology services have championed the process.
4.5. All remaining actions are monitored and reviewed through the EPRR & Fire Safety steering group.

5. EPRR Exercises and Training

5.1. As per the Civil Contingencies Act 2004, the Trust is required to run statutory EPRR training involving an annual table top exercise, a live exercise every three years and a

communications exercise every 6 months.

5.2. An EU exit table top exercise was held in February in the anticipation of EU no deal exit. Several scenarios were used to test the Trust's robust business continuity plans in key areas e.g. Pharmacy and Supplies.

5.3. A North West London trauma network Major Incident table top exercise in April was organised for the St Mary's trauma centre and clinical colleagues from the NWL trauma units and Emergency Planning teams. The created exercise scenario supported in testing paediatric trauma capabilities across North West London. The exercise confirmed robust arrangements within the trauma centre and the network.

5.4. The Trust's 6-monthly internal communication exercise was held in July and tested successfully that the Trust key staff are contactable should an incident occur.

5.5. The critical care areas are planning to hold a series of evacuation table top exercises from October to January to test local evacuation and business continuity plans and to identify training needs.

5.6. Annual training for the Emergency Department and selected staff for the Chemical, Biological, Radiological and Nuclear (CBRN) incidents continued over the summer. Wear and tear of the decontamination tents has been noted and a one-off service next year to ensure resilient decontamination equipment remains available is recommended.

5.7. The Trust has received funded power respirator suits (PRPS) from the DHSC, which are required for the protection of staff during a CBRN incident. The cost of ongoing service over the 10-year lifetime of the 38 suits will have to be met by the Trust.

5.8. Loggist and Major Incident training offering to all staff continues across the organisation in addition to the ongoing Gold, Silver, Defensible Decision Making and Loggist training to on call teams to ensure incident response preparedness at all times.

6. NHS England Assurance 2019/20

6.1. The annual NHS England EPRR Assurance 2019 self- assessment has been submitted to NHS England at the beginning of September. The formal review meeting led by the NHS England EPRR team will confirm the suggested result of continuing the Fully Compliant status. The Board will be updated with the outcome in January 2020.

Imperial College Healthcare NHS Trust

TRUST BOARD - PUBLIC SUMMARY REPORT	
Title of report: Infection Prevention and Control (IPC), and Antimicrobial Stewardship Quarterly Report: Q1 2019/20	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information
Date of Meeting: 25 September 2019	**Item 17, report no. 14**
Responsible Executive Director: Professor Julian Redhead, Medical Director	**Author:** Jon Otter, General Manager IPC Professor Alison Holmes, Director IPC

Summary:

- There have been 25 hospital-associated *C. difficile* cases during Q1, against a ceiling of 21 cases. No lapses in care have been identified, suggesting that these cases are not due to cross-transmission or poor antibiotic practices.
- There were three cases of Trust-attributed MRSA BSI during Q1 from 8004 blood cultures tested. Poor documentation of vascular access devices was identified in two of the three cases. This has been highlighted to the teams involved and shared more widely via the *Line Safety Management Group*.
- We achieved an overall 3% reduction on total consumption of antibiotics in 2018/19, exceeding the 1% externally-set reduction target of the 2018/19 *'Reducing the impact of serious infection'* CQUIN.
- There has been a reduction in carbapenem consumption in Q1 2019/20 reversing the upward trend reported in Q4 2018/19, and an 11% reduction in 2018/19 compared with 2017/18.
- During Q1, several clusters and outbreaks were identified and managed, including norovirus outbreaks affecting three wards at SMH, a CPE outbreak affecting five patients on a ward at CXH, and further patients found to be colonised with *Pseudomonas aeruginosa* in the neonatal unit at QCCH. Ongoing issues with water hygiene management continue on this unit.
- The second tranche of 12 hand hygiene improvement focus wards are in their 12 week improvement cycle; the hand hygiene awareness campaign will be rolled-out across the Trust during Q2.
- Compliance with IPC core skills training has reached the target of >90% for the first time.
- This report has been discussed at executive quality committee and board quality committee, where the update was noted.

Recommendations:
The Trust Board is asked to note the report.

This report has been discussed at:
☒ Executive Quality Committee
☒ Board Quality Committee

Quality impact:
IPC and careful management of antimicrobials are critical to the quality of care received by our patients, crossing all CQC domains. This report provides assurance that IPC within the Trust is being addressed in line with the 'Health and Social Care Act 2008: code of practice on the prevention and control of infections' and related guidance.

Financial impact:
No direct financial impact.

Risk impact and Board Assurance Framework (BAF) reference:
Risks associated with IPC are managed through the Trust's risk management process. This report includes a summary update of the IPC risk register. There is a risk related to spread of CPE on the corporate risk register (ID 2487).

Workforce impact (including training and education implications):
None.

Has an Equality Impact Assessment been carried out?
☐ Yes ☐ No ☒ Not applicable

What impact will this have on the wider health economy, patients and the public? N/A

The report content respects the rights, values and commitments within the NHS Constitution ☒ Yes ☐ No
Trust strategic goals supported by this paper: Retain as appropriate: ▪ To help create a high quality integrated care system with the population of north west London ▪ To develop a sustainable portfolio of outstanding services ▪ To build learning, improvement and innovation into everything we do

1 Healthcare-associated infection surveillance and mandatory reporting

- PHE have changed their surveillance definitions for ***Clostridium difficile*** to consider cases that present in the community as healthcare-associated if the patient had a recent hospital admission. Using these new definitions, there have been 25 hospital-associated *C. difficile* cases during Q1 (20 Hospital Onset, Healthcare-Associated, HOHAs and five Community-Onset, Healthcare-Associated, COHAs), against a ceiling of 21 HOHA and COHA cases combined (Appendix Table 1, Figure 1). Hospital-associated *C. difficile* cases were detected in 0.02% of 1514 stool specimens tested during Q1. There have been no lapses in care related to *C. difficile* during Q1, suggesting that these cases were not related directly to cross transmission or poor antibiotic choices. Our rate of Trust-attributed *C. difficile* during Q1 ranks 6th in the Shelford group, compared to 7th in 2017/18. We adhere to a comprehensive set of measures to optimise antibiotic usage thereby minimising the risk of *C. difficile* infections developing and reducing transmission including multidisciplinary clinical review of all cases, and rapid feedback of lapses in care to prompt ward-level learning.
- There were three cases of Trust-attributed methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infection (BSI) during Q1 from 8004 blood cultures tested. This rate ranks 8th in the Shelford group, compared to 6th for 2018/19, during which there were three Trust-attributed MRSA BSIs. Any Trust-attributed MRSA BSI undergoes a detailed investigation by IPC in conjunction with the clinical team involved, to identify any learning points and implement any improvements in practice. Limited learning was identified through a review of these cases, although poor documentation of vascular access devices was identified in two of the three cases; this has been highlighted to the teams involved and shared more widely via the *Line Safety Management Group*.
- The Trust is on target to meet its 10% year-on-year reduction in *E. coli* BSIs (an internal performance metric for the Trust), with a total of 19 cases in Q1 against a benchmark of 19 (Appendix Figure 2).
- The government has announced an ambition to halve healthcare-associated Gram-negative BSI by 2021. Progress during Q1 2019/20 includes:
    - The first formal monthly multidisciplinary (MDT) group meeting to review E. coli BSIs took place in June 2019. Members of the CCG are attending to promote collaborative working across acute and non-acute care.
- Future plans for 2019/20 include:
    - Strengthening the monthly MDT review of Gram-negative BSI, including a detailed review of the sources of healthcare-associated BSIs to inform targeted prevention initiatives.
    - Establishing the current infrastructure and resourcing for the management of urinary catheters and patient hydration in the Nursing Directorate.
    - Planning of interventions aimed at preventing E. coli BSIs in specialist high-risk patient groups (haematology, renal, NICU and post-surgical wards).
- The rate of catheter-line associated bloodstream infections (CLBSI) remains below benchmark rates in adult ICU, paediatric ICU, and in very-low birthweight babies in the neonatal ICU. The rate of 'contaminants'[1] also remains below the benchmark rate.
- Rates of surgical site infection (SSI) remain below national benchmark rates following the selected elective orthopaedic procedures included in the mandatory national surveillance scheme (Appendix Section 6.2). Rates of SSI following CABG and non-

[1] Bacteria identified in blood cultures that are associated with patients' skin and considered not to be representing infection. Benchmark for contaminated blood cultures set based on published literature, which suggests a rate of 3%: Self et al. *Acad Emerg Med* 2013; 20:89-97.

CABG cardiothoracic procedures have been above the national benchmark rate over the past 12 months (Appendix Section 6.2). No major gaps in the established SSI prevention measures have been identified; the Division has reinforced the measures outlined in the Trust '*SSI: Prevention of Infection Guideline*'. However, these measures are not bringing the SSI rate back in line with the national average, or with the historical low average in the cardiothoracic surgery, so the team are developing actions that will be taken to reduce the rate of SSI, especially following CABG procedures. The impact of these actions will be monitored through the *Surgical Infection Group*.

  - A business case to invest more resources in order to create a programme of SSI surveillance and improvement in all surgical categories in the Trust was approved and will be launched during Q2 2019/20 following recruitment.
  - The Getting It Right First Time (GIRFT) programme has launched a prospective audit of SSI between May and October 2019. The audit at ICHT is in progress in selected surgical specialities that have been identified as priorities for surveillance through discussions in the Surgical Infection Group: Vascular, General, and Cardiothoracic surgical categories. Initial data will be reviewed by the Surgical Infection Group and summarised in the Q2 report.

- Approximately 50 new patients with carbapenemase-producing Enterobacteriaceae (CPE) are identified each month across the Trust, 95% of which are from screening specimens rather than from sites indicating clinical infection. The number of screens taken each month and the number of new CPE cases detected have plateaued over the previous 18 months.
  - Overall compliance with CPE admission screening was 81%, and >90% in the four specialities performing universal admission screening (ICU, Renal, Haematology, and Vascular). CPE admission screening compliance is included by ward in the monthly Harm Free Care report. This provides a mechanism to prompt targeted improvement at ward level to address areas of low compliance. The Trust-wide rate of screening compliance has plateaued around 80% - further analysis will be performed to identify areas where CPE admission screening needs to improve.
  - The CPE Action Plan continues to progress.
    - A Cerner tool to offer decision support to frontline staff and to track and report on CPE admission screening compliance, including patients who declined to be screened. The tool is being redesigned in conjunction with the Cerner Change Team and Infection Prevention and Control at Chelsea and Westminster Hospital. There is no timeline for implementation at this stage.
    - A Trust-wide screen of all inpatients to understand the prevalence of CPE across our inpatient population and inform our screening strategy, as recommended in current PHE guidance, is in progress. This process is being performed on a rolling ward-by-ward basis to minimise operational impact, and is running between July and September 2019. The results will be shared as soon as the analysis is completed, during Q3.

2 Antibiotic stewardship

- The Trust participated in the '*Reducing the impact of serious infections*' CQUIN during 2018/19, which included antibiotic consumption reduction. ICHT achieved an overall 3% reduction in total consumption in 2018/19, exceeding the 1% reduction target (Appendix Figure 3).
- Following an overall increase in carbapenem usage in 2017/18, an 11% reduction was seen in 2018/19 when compared to usage in 2017/18. This has been sustained through to Q1 2019/20. Carbapenem-reduction initiatives that were introduced in Q1 2019/20 have been successful in decreasing usage

- During Q1 2019/20, a 'snapshot audit' was conducted to provide information on the duration of antibiotic courses being prescribed in renal dialysis units to ensure best practice in this vulnerable patient population. The audit identified low prevalence of intravenous antibiotics within the dialysis units but antibiotic reviews were not always clearly documented. Targeted educational sessions on antimicrobial stewardship have been delivered by Pharmacy and a referral pathway from renal dialysis to infection specialists for protracted courses is currently being devised.
- We continue to experience the impact of national antimicrobial shortages for a number of agents identified on the risk register. The Infection Pharmacy team are managing these shortages together with microbiology colleagues and releasing stock where appropriate on a patient by patient basis. There is no evidence of patient harm as a result of these shortages.
- We are participating in the *NHSE Anti-fungal CQUIN* with 0.4 WTE 8a pharmacy support. This work is part of the wider *Medicines Optimisation CQUIN*. The post is working with key stakeholders involved in antifungal treatment management.
- The Antimicrobial Resistance 2019/20 CQUIN indicators include improvement schemes for the management of lower urinary tract infections in the elderly and appropriate use of antibiotic surgical prophylaxis in colorectal surgery. Planning and recruitment is underway to support the delivery of this national plan.

3 Hand hygiene activity and Aseptic Non-Touch Technique (ANTT) competency assessment

- The Trust has a requirement that ANTT competency assessment is undertaken and documented for all staff working in a clinical environment. The target for compliance with ANTT training for Trust clinical staff is set at 95%; currently it is 82%. Each Division has been asked to provide their plans and timelines to reaching the 95% target. Issues with the process for uploading completed ANTT assessments have been raised and are being addressed by the Core Skills team.
- A new approach to hand hygiene compliance auditing to improve the quality of data in order to guide improvement commenced during 2018.
    - A bi-annual audit of hand hygiene compliance will be conducted in all inpatient wards and any other clinical areas where observational hand hygiene data can be accurately collected (e.g. theatre recovery). The next audit will take place in September 2019.
    - The collection of meaningful '5 Moments' hand hygiene audit data from outpatient areas and wards with a high proportion of single rooms is very challenging, and alternative models are required. An options appraisal is being completed for agreement at the next Hand Hygiene Improvement Group meeting.
    - The second cohort of 12 wards for focussed hand hygiene improvement support have commenced their 12 week improvement phase.
    - Hand hygiene dispensers are being upgraded across the Trust and a novel hand hygiene communications poster campaign aimed at staff has been piloted and will be launched during Q2.

4 Clinical activity, incidents and lookback investigations during Q4

- During Q1, several clusters and outbreaks were identified and managed, including norovirus outbreaks affecting three wards at SMH, a CPE outbreak affecting five patients on a ward at CXH, and further patients affected by *Pseudomonas aeruginosa* in the neonatal unit at QCCH. Ongoing issues with water hygiene management continue on this unit.
- These incidents have prompted two serious incident (SI) investigations.

- On-going issues with water hygiene management continue on the neonatal unit at QCCH.
- In Q1, a total of 24 communicable disease investigations including were undertaken, which include a retrospective review of staff, patient, and visitor potential exposure to communicable diseases (called 'lookbacks'). This is a substantial increase from six in Q4 2018/19, reflecting increases in the local healthcare sector

5 Compliance, risks and other issues

- Cleaning audits are performed by Facilities. Facilities are undertaking a review of cleaning policies and processes across the Trust in conjunction with the Divisions and IPC in order to improve cleaning and disinfection standards in the Trust. Issues with cleaning standards continue to be identified, and IPC are supporting a review of incidents that highlight cleaning issues.
- We have two tiers of annual core skills IPC training: Level 1 for all staff and Level 2 for clinical staff. Compliance with Level 1 (for all staff) is 92% (down from 93% in Q4 2018/19), and 90% for Level 2 (up from 89% in Q4, 2018/19). These improvements are in line with increases in compliance in all core skills, which is an output of focussed efforts by Divisions and Corporate services supported by the core skills team.
- Four policies were reviewed and approved at the Trust Infection Prevention and Control Committee (TIPCC).
- There have been no new IPC risks identified.
    - The occupational health risk has been updated to reflect an improvement in occupational healthcare clinical cover for issues related to IPC. The water hygiene management risk has been updated to reflect ongoing challenges with water hygiene management.
    - The Trust has responded to a CAS alert around the risk of spreading micro-organisms that can cause HCAI via cooling fans. A message has been sent to all staff to provide guidance on the appropriate use of cooling fans in clinical areas.
- An annual self-assessment of the IPC service against the requirements set out in the Hygiene Code was undertaken during Q1.
    - Performance has improved around staff responsibilities for preventing and controlling infection due to improved compliance with mandatory IPC training. However, compliance with providing a clean environment has reduced due to ongoing issues with the Trust's cleaning contractor.
- The Trust received an alert related to Listeriosis associated with sandwiches from one manufacturer. This resulted in a change in sandwich supplier in the Trust. No cases of Listeriosis associated with sandwiches have been identified in the Trust.
- Members of the IPC team have produced 11 peer-reviewed publications relating to applied research in HCAI and AMR during Q1.

6 Appendix

6.1 *Healthcare-associated infection surveillance and mandatory reporting*

	Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Dec-18		Jan-19		Feb-19		Mar-19		YTD	
	No. cases	Ceiling	No. cases	Ceiling	No. cases	Ceiling	No. cases	Ceiling	No. cases	Ceiling	No. cases	Ceiling	No. cases	Ceiling	No. cases	Ceiling	No. cases	Ceiling	No. cases	Ceiling	No. cases	Ceiling	No. cases	Ceiling	**No. cases**	YTD (ceiling)
Trust MRSA BSI	0	0	2	0	1	0																			3	0
Hospital onset- Hospital associated (HOHA)	3	-	7	-	10	-																			20	-
Community onset-Hospital associated (COHA)	2	-	2	-	1	-																			5	-
Total Hospital associated C.difficile cases (HOHA + COHA)	5	8	9	7	11	6																			25	21
Trust *E.coli* BSI	8	-	6	-	5	-																			19	-
Trust MSSA BSI	2	-	1	-	1	-																			4	-
Trust CPE BSI	0	-	0	-	2	-																			2	-
Trust Pseud BSI	2	-	4	-	2	-																			8	-
Trust Kleb BSI	2	-	3	-	6	-																			11	-

'Trust' refers to cases that are identified after two days of hospitalisation and so are defined epidemiologically as "hospital-acquired". A further delineation is made for C.difficile whereby non-Trust toxin (EIA)-positive cases where the patient has had a previous hospitalisation within 4 weeks are classified as 'Community Onset-Hospital Associated (COHA), distinguishing it from 'Hospital Onset-Hospital Associated' (HOHA) cases.

Table 1: HCAI mandatory reporting summary.

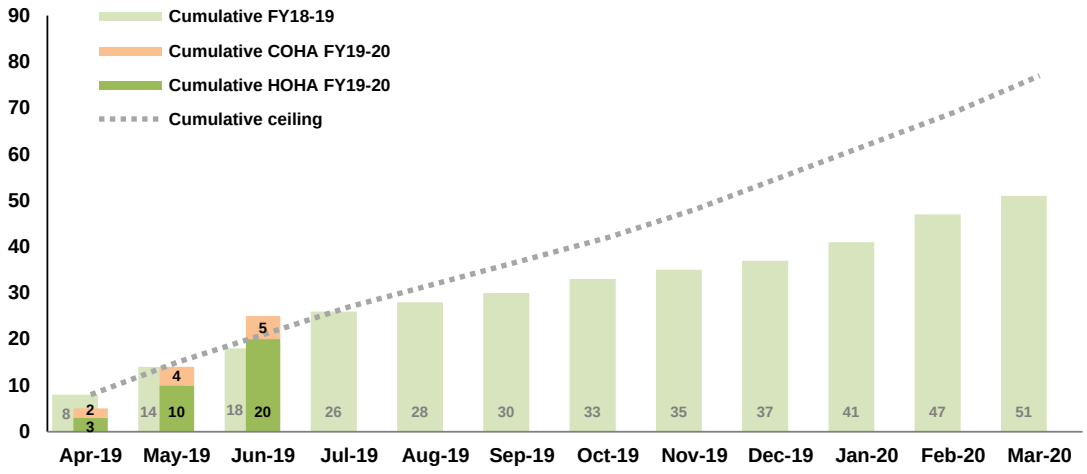


Figure 1: Cumulative monthly hospital-associated C. difficile cases in Q1, 2019/20 (dark green bars = HOHA, orange bars = COHA) compared with Trust-associated C. difficile cases 2018/19 (light green bars); COHA was not measured in 2018/19 or previous financial years, as per PHE's surveillance definitions.

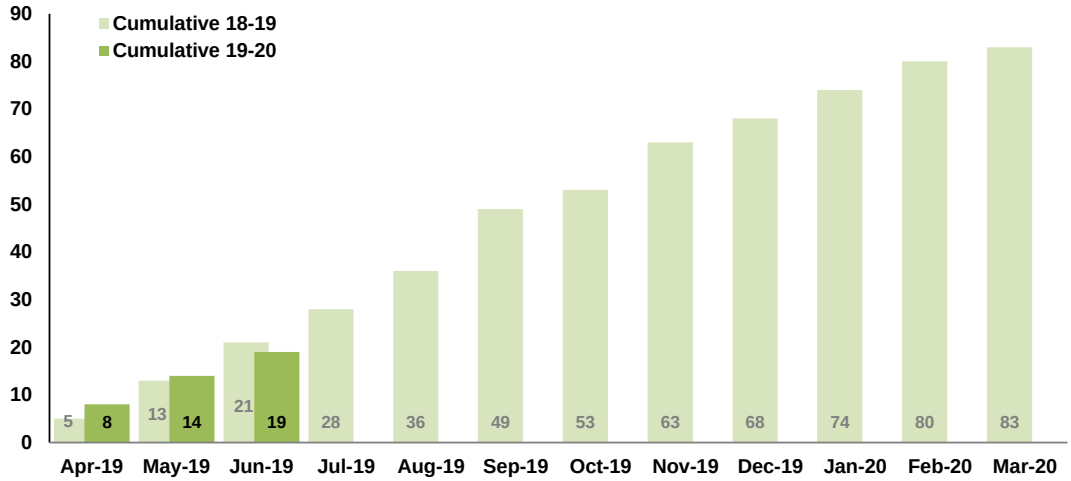


Figure 2: Cumulative monthly 2019/20 Trust-attributed E. coli BSI (dark green bars) compared to 2018/19 (light green bars).

6.2 *Surgical site infection*

6.2.1 Orthopaedics

The latest quarter (Jan-Mar 19 finalised data) has seen:

- Knee procedures: 1 SSI in 68 procedures; 12-month average is 0.3% (1 SSI in 380 operations); national average is 0.6%.
- Hip procedures: 0 SSI in 79 procedures; 12-month average is 0% (0 SSI in 318 operations), national average is 0.6%.

6.2.2 Cardiothoracic

The latest quarter (Jan-Mar 19 finalised data) has seen:

- CABG: 3 SSI (4.7%) of 64 procedures; 12-month average is 5.5 (15 SSI in 271 procedures); national average is 3.8%.
- Non-CABG: 0 SSI of 43 procedures; 12-month average is 1.9% (3 SSI in 161 procedures); national average is 1.3%.

6.3 *Antimicrobial stewardship*

6.3.1 Antimicrobial consumption

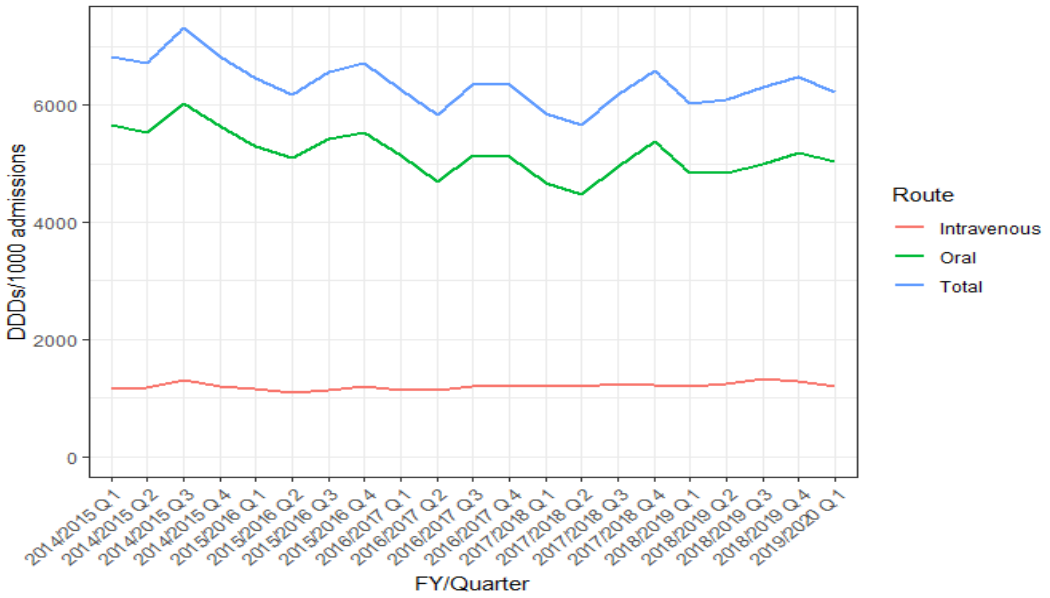


Figure 3: Trust-wide antimicrobial consumption (DDD / 1000 admissions) 2014/15 – present, including the split between intravenous and oral administration.

Imperial College Healthcare NHS Trust

TRUST BOARD – PUBLIC REPORT SUMMARY	
Title of report: Research and development quarterly report (Q1 2019/20)	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information
Date of Meeting: 25 September 2019	**Item 18, report no. 15**
Responsible Executive Director: Julian Redhead, Medical Director	**Author:** Paul Craven, Head of Research Operations Mark Thursz, Director of Research

Summary:

This quarterly scheduled report presents a summary of recent progress with respect to various clinical research initiatives within the Imperial Academic Health Science Centre (AHSC). It covers:

A) Progress against plan to increase the number of commercial clinical trials at ICHT;
B) Details of recent performance in initiating clinical trials;
C) Translational research highlights and outputs from the Imperial BRC.

This report has previously been reviewed and noted by the executive digital, strategy and transformation committee in August 2019 and by the Board quality committee in September 2019.

Recommendations:

The Board is asked to note the Q1 2019/20 R&D report.

This report has been discussed at:

Executive digital, strategy and transformation committee
Board quality committee

Quality impact:

The benefits of an active clinical research environment for NHS Trusts are well documented. ICHT currently benefits from a number of important NIHR infrastructure awards which form the basis of our joint clinical research strategy with Imperial College London Faculty of Medicine. The quality and scale of biomedical and clinical research carried out across the Imperial Academic Health Sciences Centre (AHSC) will impact patient care in the future in terms of innovative treatments, diagnostics and devices. Research activity includes many specific examples of patient benefit. Patient and public involvement in research is enabled through the Imperial Patient Experience Research Centre (PERC).

Financial impact:

The financial impact of this proposal as presented in the paper enclosed:

1) Has no financial impact

Overall research income to ICHT is valued at ~£48m per annum. Delivery of high quality clinical research (experimental and applied) for the benefit of patients is essential to future revenue streams, to the reputation of the AHSC, and to the continuation of a culture of innovation and continuous improvement.

Risk impact and Board Assurance Framework (BAF) reference:

There are no specific risks attached to this report. The general risks associated with research are

financial and reputational. Competition for research funds is extremely high and Imperial must continue to demonstrate a high level of high-quality research outputs and activity, as well as value for money.

Workforce impact (including training and education implications):
Not applicable in this report.

Has an Equality Impact Assessment been carried out or have protected groups been considered?
☐ Yes ☐ No ☒ Not applicable

What impact will this have on the wider health economy, patients and the public?
Clinical and biomedical research, when validated, is adopted and embedded into the healthcare system, enabling better diagnostics and treatments, as well as informing preventative measures and taking advantage of 'big data' to develop improved service pathways.

The report content respects the rights, values and commitments within the NHS Constitution
☒ Yes ☐ No

Trust strategic objectives supported by this paper:
Retain as appropriate:

- To help create a high quality integrated care system with the population of north west London
- To develop a sustainable portfolio of outstanding services
- To build learning, improvement and innovation into everything we do

Update for the leadership briefing and communication and consultation issues (including patient and public involvement):
Is there a reason the key details of this paper cannot be shared more widely with senior managers?
☐ Yes ☒ No

- Senior managers should note in particular those successful examples of translational research, moving from the laboratory into the clinic, and share any appropriate examples with their own teams.
- Further info here: https://imperialbrc.nihr.ac.uk/

Research and development quarterly report (Q1 2019/20)

1. Executive Summary

1.1. Imperial College Healthcare NHS Trust (ICHT) works in close partnership with Imperial College London, through the Faculty of Medicine, to initiate and delivery clinical and biomedical research across many specialties. The R&D Directorate produces a quarterly update on R&D activity and performance within ICHT, as well as highlighting key examples of translation – where new science has led (or is leading) directly to patient benefit.

2. Purpose

2.1. The purpose of this paper is to present the committee with a quarterly update on recent activity and progress with respect to various research initiatives within the Imperial Academic Health Science Centre (AHSC).

3. Commercial trials growth

3.1. The Department of Health considers the support and delivery of commercial industry-funded and sponsored research to be a key priority (Plan for Growth, March 2011). Commercially-sponsored clinical trials offer patients access to new treatments and diagnostics well before they become generally available on the NHS. They are also a valuable source of additional revenue and cost savings for NHS organisations. It is important therefore that we consider whether there are sufficient incentives in place at ICHT to promote participation in commercial/industry-sponsored research.

3.2. In terms of commercially-sponsored trials activity ICHT is currently performing below what might be expected of an acute NHS Trust of this size and reputation, and there is a heavy burden in terms of account management and administration.

3.3. In 2018/19, the executive committee approved a specific plan to double existing activity (and associated revenue) from commercially-sponsored trials within 4 years.

3.4. Recent performance indicators (end of July 2019) in relation to NIHR portfolio commercial clinical trial activity, are provided below:

- Between January 2019 and end of July 2019, a total of 46 new commercial studies had been opened at ICHT. This compares to 46 in the same period the previous year (total opened in the 18/19 calendar year was 83);
- In terms of numbers of patients recruited into these studies, there were 419 in the 2018/19 FY (Apr to Mar). As of end of July 2019, we have already seen 339 commercial recruits (190 of these as a result of a single dementia study, Generation-2);
- From the NIHR Portfolio, 82 commercial studies recruited at least 1 patient in the 16/17 FY. In 17/18 the figure increased to 97. In 18/19 this dropped back to 84. In 19/20 YTD (4 months only), 44 commercial studies have recruited at least 1 participant.
- The above activity would suggest that we will exceed last year's performance for commercial study recruitment, although we need to ensure that the number of studies increases sustainably. This will take a little longer to become evident as a result of the additional financial investment made towards the end of the 18/19 FY and the beginning of the 19/20 FY;
- As of the end of June 2019, we have invoiced for a total of £917k from commercial trials, which includes £103k of overhead. The overheads retained as of month 3 are higher than for any previous financial year going back to 2016/17, although we will have wait a little longer to understand to what degree the large Generation-1 dementia study is 'skewing' this figure.

4. Performance in initiating clinical trials

4.1. Our performance for initiating clinical trials (70-day target) remains above 95%. The confirmed figure for Q4 2018/19 is 96.0%. It is difficult to compare directly with peer organisations now, as

NIHR no longer publish % compliance data (for the 70-day metric) for each NHS Trust. However, the graph in appendix 2 shows the sustained ICHT performance for this metric.

5. Translational research highlights from the Imperial BRC

5.1. *Genetic 'switch' plays role in cancer invasion and drug resistance*

A multi-disciplinary collaboration between Imperial College London and the Institute of Cancer Research identified a genetic 'switch' in breast cancer cells that boosts the production of a type of internal scaffolding, aiding in cancer cell migration.

Researchers found that human breast cancer cells resistant to aromatase inhibitor treatment upregulate production of a scaffolding-type protein, called Keratin-80. Build-up of this protein may help cancer cells clump together and travel in the blood stream to other parts of the body. Analysis of patient tumour samples supported these results, demonstrating significantly higher stiffness in cancer lesions than the surrounding normal tissue, particularly at the invasive border. Furthermore, high levels of Keratin-80, measured using immunohistochemistry, positively correlated with tumour stiffness. Finally, high expression levels of Keratin-80 correlated with poor survival in the METABRIC ERα-positive breast cancer dataset, which was especially pronounced in patients who were treated with endocrine therapies and relapsed early.

Dr Luca Magnani, investigator in the NIHR Imperial BRC Cancer Theme, explained further: "Although the spread of cancer around the body affects many patients, scientists are still unsure about the molecular processes that drive the movement of cells. This research sheds light on this process, and also suggests it is controlled by the same switch as drug resistance. These findings need to be replicated in bigger trials, but could potential provide a way of stopping both drug resistance and cancer spread." Dr Fernando Calvo, a collaborator from the Institute of Cancer Research and Tumour Microenvironment Team Leader, added: "Our study shows how drug resistance and the invasiveness of cancer cells are interconnected in breast cancer through changes in cell shape. If we understand how to block resistance, we might also be able to prevent the cancer spreading throughout the body – which would be an important step in treating breast cancer more effectively".

This collaborative study was supported by Cancer Research UK, with infrastructure support from NIHR Imperial BRC, Imperial Experimental Cancer Medicine Centre and the Cancer Research UK Imperial Centre.

SREBP1 drives Keratin-80-dependent cytoskeletal changes and invasive behavior in endocrine-resistant ERα breast cancer

Nature Communications

5.2. *Triple hormone combination could hold the key to sustainable weight loss*

The best treatment that we currently have to fight obesity is bariatric surgery. These include surgical procedures, for example the Roux-en-Y gastric bypass (RYGB), that have been performed for over 40 years. There are a number of studies that have demonstrated people with obesity who undergo this kind of surgery live longer as a result, have fewer heart attacks, fewer cancers and – remarkably – can be cured of diabetes without any medication in some cases. Bariatric surgery appears to work by increasing the secretion of satiety hormones from the gut. These hormones – such as glucagon-like peptide-1, oxyntomodulin and peptide YY – work normally to control our appetite and regulate the systems in the body that digest, absorb and store food. The levels of these hormones in our blood increases whenever we eat, and the hormones in turn affect the parts of our brain that control eating and appetite. They also increase the amount of insulin produced by the pancreas, hence reducing blood sugar levels.

Surgical gastric bypass increases gut hormone levels by three to four times normal levels. Researchers from the NIHR Imperial BRC Metabolic Medicine & Endocrinology Theme wanted to explore whether this enhanced gut hormone secretion is one of the major ways by which the surgery causes patients to eat less and can improve their blood sugar levels if they are diabetic.

Results from a new study demonstrate the benefits of bariatric surgery without having to do the surgery itself. In this study, patients were administered a hormonal mixture – GLP-1, oxyntomodulin and peptide YY, or GOP for short – through a pump under the skin using a soft plastic tube for up to 12 hours per day over a 4-week period. The results showed that the GOP infusion at home was feasible and well tolerated and led to a substantial mean weight loss of 4.4 kg. GOP infusion also led to improvements in fructosamine comparable with RYGB and very low-calorie diet (VLCD), both of which can lead to diabetes remission. The researchers conclude that the GOP achieves superior glucose tolerance to VLCD, reduces glucose variability, and lowers the risk of provoking hypoglycemia compared with RYGB. This makes it a viable alternative to RYGB for the treatment of diabetes in patients who may not be able to have bariatric surgery.

Combined GLP-1, Oxyntomodulin, and Peptide YY Improves Body Weight and Glycemia in Obesity and Prediabetes/Type 2 Diabetes: A Randomized Single-Blinded Placebo Controlled Study

Diabetes Care

5.3. ***Decoy antibiotics could get around bacteria's defences***

Imperial BRC researchers have designed a new way to deliver antibiotics that both targets and kills bacteria that have evolved a mechanism of resistance to frontline treatment drugs.

Since their discovery, antibiotics have become a cornerstone of modern medicine, saving millions of lives. However, excessive and inappropriate use means many antibiotics are rendered ineffective with bacteria evolving to develop resistance, leading to the persistence and potential spread of infections. No new classes of antibiotics have been developed since the 1980's, creating a pressing need for new drugs or therapeutic delivery.

In the study, the research team devised a new 'decoy' drug to tackle antibiotic-resistant bacteria. They performed tests on bacterial cultures and found that the new drug successfully killed a strain of drug-resistant bacteria, by delivering two antibiotics, one of which is effectively hidden. When the bacteria fight against the first 'decoy' antibiotic, this action opens up the drug, triggering the second antibiotic into action. This means the second antibiotic can be delivered in a targeted way, only being released where it encounters drug-resistant bacteria. The findings could help prolong the life of existing antibiotics by slowing the rate at which bacteria become resistant to them.

Lead researcher Dr Andrew Edwards, from the MRC Centre for Molecular Bacteriology and Infection at Imperial, said: "Given the lack of new drugs in the pipeline it's essential to develop new ways of using the existing stock of effective medicines to function in new ways, to reduce their damaging effects on our resident 'good bacteria' and to slow the rate at which bacteria become resistant to them."

Co-author Dr Thomas Webb said: "No matter how good bacteria are at evolving resistance to antibiotics they can never 'think ahead', and this is why we believe setting a trap for them in this way may be so effective."

This study was funded originally by the BRC as a short-term project within the Imperial Confidence in Concept scheme in 2015, and further supported by the MRC and NIHR Imperial BRC.

Exploitation of Antibiotic Resistance as a Novel Drug Target: Development of a β-Lactamase-Activated Antibacterial Prodrug

Journal of Medicinal Chemistry

5.4. ***Pancreatic architecture provides insights into the genetics of type 2 diabetes***

NIHR Imperial BRC investigators have worked out how the genome is folded in pancreatic insulin-producing cells and used this knowledge to create tissue-specific risk scores for type 2 diabetes.

Type 2 diabetes (T2D) is a polygenic disease that causes the level of sugar (glucose) in the blood to become too high. T2D occurs when the body does not produce enough insulin to

function properly, or the body's cells do not react to insulin. This means glucose stays in the blood and is not used as fuel for energy. Type 1 diabetes is when you cannot make any insulin at all. Approximately 90% of people with diabetes have T2D and it affects more than 400 million people worldwide.

A popular approach to study common polygenic diseases is to look at genetic variants in the population and correlate them with the risk for the disease. In the case of T2D, several recent efforts have implicated common genetic variants known as Single Nucleotide Polymorphisms (SNPs) in the T2D phenotype and identified a number of susceptibility loci. However, obtaining functional and causal information from these variants and their associated genes often proves difficult, especially when they are not located in genes. Many of T2D risk SNPs are, in fact, located very far away from any gene. Researchers, supported by the NIHR Imperial BRC and Wellcome Trust, have analysed DNA from human pancreatic islets, the cells that produce insulin, and determined how DNA is folded in these cells. This revealed that many SNPs are located in genomic regions that form loops that place them in proximity with genes that most likely mediate the effects of genes. They systematically mapped more than 1,300 "hubs" that have a large number of loops and are particularly enriched in T2D SNPs. Using genome editing in cell lines, they prove that hub T2D SNPs often influence the activity of more than one gene.

The study also created a catalogue of hub SNPs that was used to build polygenic scores that predict individuals whose genetic risk for T2D is mediated through effects of SNPs on insulin-producing cells. They believe these scores can be useful to distinguish people who are at risk for T2D through other mechanisms.

Prof Jorge Ferrer, NIHR Imperial BRC Genetics and Genomics Theme Lead said: "We have charted how the genome is folded in human pancreatic islets. This has allowed us to identity the genes that are controlled by DNA variants that influence T2D risk and brings us closer to understanding the molecular mechanisms underlying the disease."

Dr Ines Cebola, Lecturer at Imperial and NIHR Imperial BRC Genetics and Genomics Theme Researcher said: "Using data from the UK Biobank cohort, we have also been able to build genetic risk scores that can tell us who is at risk for T2D because their genetic makeup has an impact on pancreatic islet function. This is an innovative method of using polygenic risk scores to define process-specific risks, and bring us closer to the implementation of precision medicine in type 2 diabetes."

Human pancreatic islet three-dimensional chromatin architecture provides insights into the genetics of type 2 diabetes

Nature Genetics

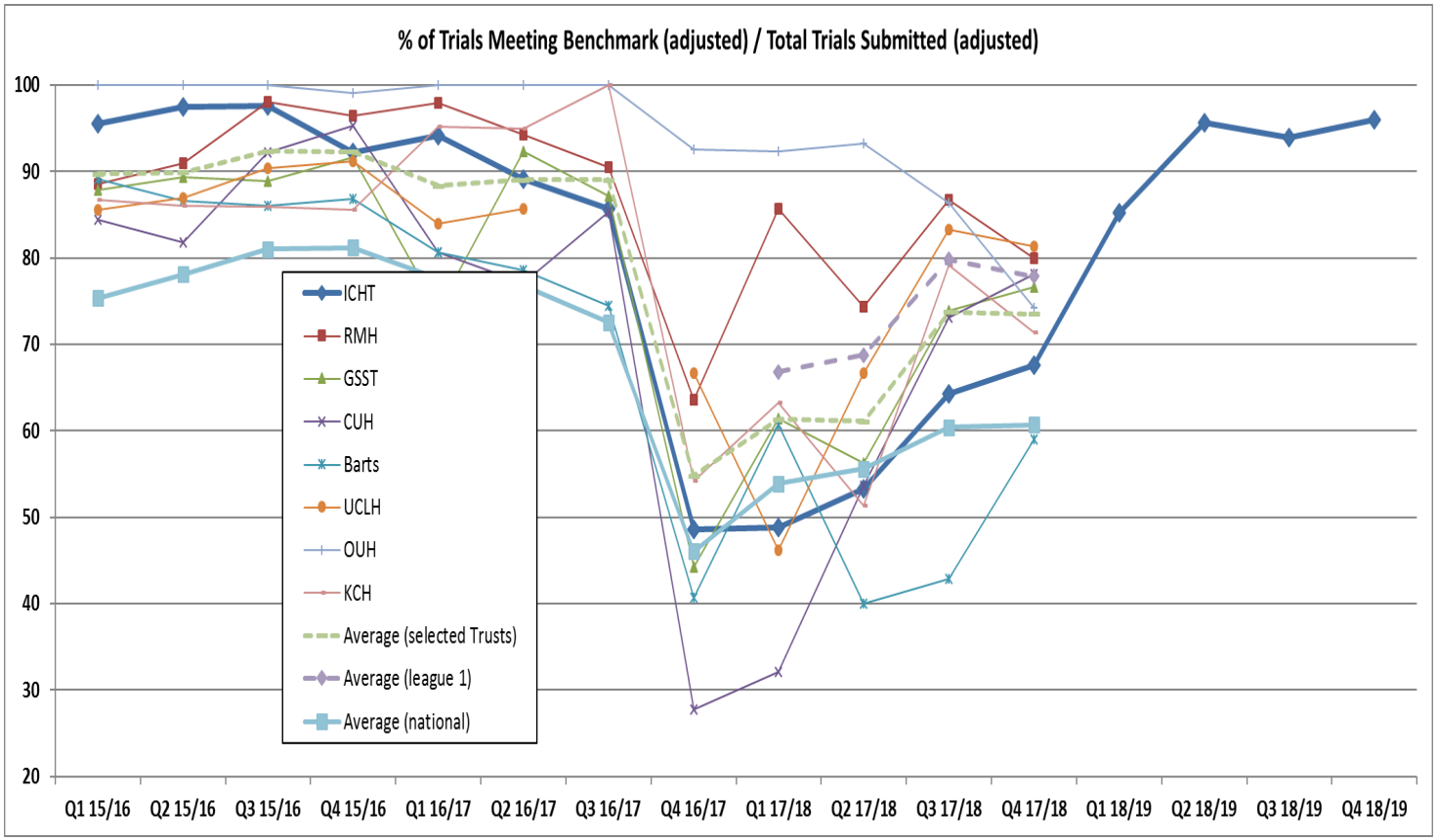
6. Recommendations

6.1. The Committee is asked to note the Q1 2019/20 R&D report.

Author	Paul Craven, Head of Research Operations Mark Thursz, Director of Research
Date	4 September 2019

NHS
Imperial College Healthcare
NHS Trust

Appendix 1: Performance in initiating clinical trials (70



Imperial College Healthcare NHS Trust

TRUST BOARD - PUBLIC BOARD SUMMARY	
Title of report: Report from Quality Committee – report from meeting held on 11 September 2019	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information/noting
Date of Meeting: 25 September 2019	**Item 19.1 and report no. 16a**
Responsible Non-Executive Director: Professor Andy Bush, Non-Executive Director (Committee Chair)	**Author:** Jessica Hargreaves, Deputy Trust Secretary

Summary:

The Quality Committee met on 11 September 2019. Key items to note from that meeting include:

Workforce equality, diversity and inclusion report
The Committee received the workforce equality, diversity and inclusion annual report for 2018/19 and noted the action plans in place to address workforce race, gender and disability equality and disparity identified through the data. The committee were concerned to note that we are worse than last year in terms of white staff being appointed from shortlisting, and that, although fewer disciplinary hearings are being held, minorities are still being affected disproportionately. Encouragingly, for the second year in a row, women are now receiving more local discretionary points than men to begin to redress the balance of previous years. The report is presented to the Trust board for approval.

Quality account proposed changes to format and process
The Committee reviewed the plan to adopt the Foundation Trust regulations and guidance for the 2019/20 quality account following an extensive consultation with both internal and external stakeholders. The Committee were supportive of this proposed process.

Integrated Quality and Performance Report
The Committee reviewed the integrated quality and performance report focusing on the quality aspects within the report. Committee members discussed the compliance rates with the duty of candour and were assured that the conversations with patients and their families were taking place in a timely manner, but that there were often delays in obtaining evidence that the written follow up letters had been sent. Work to support consultants fulfil their duty to comply with this legislation continued. Safe staffing and an increase in the number of whistleblowing cases to the CQC, was discussed and Committee members noted that a comprehensive review into staffing had been commissioned by the Director of Nursing with PwC. It was noted that there had been an increase in whistleblowing to the CQC across London and it is worrying that some feel that the Trust's processes should be bypassed. It was agreed that the Trust's values and behaviours programme was critical in getting staff to feel that they can raise concerns internally.

Key Divisional Quality Risks
The Divisional Directors and Corporate Directors provided an update on their key divisional risks which remained largely the same as the previous meeting. Committee members were concerned to hear that the risk relating to violence and aggression was increasing and discussed the focused work to mitigate this risk and protect staff.

CQC Update
The Committee received an update on CQC activity and were pleased to note that the CQC had lifted the improvement notice relating to the IRMER regulations following a re-inspection on 28 August 2019. The CQC had noted that they were pleased with the improvements that had been made in such a

short amount of time and the Committee extended thanks to the teams involved in turning this around. The Committee also noted that the recent GP inspection at Hammersmith Hospital had been rated 'good' in all areas.

Incident Monitoring Report
The Committee considered the regular incident monitoring report, and were pleased to note that incident reporting had increased across the divisions. Committee members were pleased to note that there had been no 'never events' reported in the previous four months and acknowledged the action plan in place to help prevent them occurring. The number of overdue serious incident (SI's) investigations was noted and Committee members were assured that a new process was in place centrally to help reduce this. Progress against the safety streams was noted.

Infection prevention and control quarterly report
Committee members were pleased to note the continuing reduction of antibiotic usage with the Trust achieving a 3% reduction in 2018/19 compared to the nationally set target of 1%. The Committee discussed the C. difficile and MRSA cases that had been reported in quarter 1 and were assured that learning was shared across clinical teams. The Committee was pleased to note that compliance with the infection prevention and control (IPC) core skills training had reached the target of over 90% for the first time and congratulated the IPC team for their work in achieving this.

Health and safety report
The Committee noted the work taking place to address the risk relating to violence and aggression. Work to reach the trajectory of a health and safety coordinator for each area in the Trust was noted.

Flu update
The Committee noted that this year's flu vaccines would arrive on 27 September. The Trust had reviewed the lessons learnt from the previous year and this year's flu programme had a focus on peer vaccinators. Training had started for the peer vaccinators and weekly calls had started with the divisions. The Committee pressed for discussions about influenza immunisation to be held with all new starters. Progress updates would be presented to the executive on a weekly basis and an update on progress would be presented to the Quality Committee in November. The Committee places great importance on staff protecting patients by being immunised, and the important effect on herd immunity of a high rate of immunisation.

Quality account improvement priorities – quarter one progress report
The Committee noted the progress against the quality account improvement priorities noting that each priority had defined work plans that were progressing and being reported on regularly to the executive committee.

Research report
The Committee received the research report and noted the progress against the plans to increase the number of commercial clinical trials at the Trust. The Committee also noted the translational research highlights from the Imperial BRC which included a genetic switch invasive cancer study, a weight loss hormone study and a study relating to decoy antibiotics used in cases of bacterial resistance.

Improvement Team Update
The Committee received an update on the improvement team's key highlights from the previous quarter. Committee members were particularly pleased to note that two patients were members of the steering group that co-designed the Trust's new 'patient and public involvement (PPI) in Quality Improvement' toolkit and helped refresh and update our education and training sessions as well as building PPI into the projects and strategic programmes we support. The Committee was also particularly impressed with cost savings, an additional benefit to improved patient care.

Recommendations:
Trust Board is asked to note this summary.

Imperial College Healthcare NHS Trust

TRUST BOARD – PUBLIC BOARD SUMMARY	
Title of report: Report from the Finance, Investment and Operations Committee meeting held on 18 September 2019	☐ Approval ☐ Endorsement/Decision ☐ Discussion ☒ Information/noting
Date of Meeting: 25 September 2019	**Item 19.2, report no. 16b**
Responsible Non-Executive Director: Dr Andreas Raffel, Non-executive Director (Committee Chair)	**Author:** Jessica Hargreaves, Deputy Trust Secretary

Summary:

The Finance Investment & Operations Committee met on 18 September 2019. Key items to note from that meeting include:

Financial performance – month 5
The Committee reviewed the finance report noting that at month 5 the forecast gap to the control total had improved by £6.8m to £12.3m. Improvements in divisional forecasts had driven this improvement, in private and NHS income. There was a focus on improving the run rates further and weekly meetings with the CEO, finance and the divisional management teams continued. The Committee acknowledged the significant risks associated with the adverse forecast but noted the commitment from the executive to continue to close the gap in order to meet the control total. The Committee noted that using current estimates of how we might stretch to hit the Control Total would depend on an unacceptably high non-recurrent saving leading to no improvement or even a decline in our underlying deficit performance and no progress in our medium term financial recovery. The Committee strongly supported the CEO's emphasis on identifying and delivering recurrent savings through both CIP and the current focus on pay costs.

A key area of focus was on reducing the number of patients with a long length of stay of over 21 days; an internal 'summit' was being held to work on this in order to reduce the number of long stay patients from 240 to a target of 145. Noting that the divisions had granular plans in place to improve their forecasts, it was agreed that a recovery plan to ensure achievement of year end control total would be presented to the Committee in November.

STP financials and impact
Committee members discussed the proposed plans for the Trust and sector and agreed that a board seminar would be scheduled to discuss what the Trust should be doing, in further detail.

Capital spending progress
Committee members were pleased to note that NHSI and the Department of Health had confirmed that the Trust was able to spend £10m of its own cash on capital and requested that the communications plan around this be agreed as soon as possible so that staff were aware of this positive news.

Patient level information and costings (PLICS)
Committee members noted that Patient Level Information and Costing systems ("Plics") is a methodology that allocates all Trust costs, direct and indirect, to specific patient episodes and has been increasingly mandated as the NHS standard approach to costing. Committee members welcomed progress made in the timeliness of the data and noted that it was a key information

resource for the Trust's transformation programme, underpinning the specialty review programme as well as feeding into business planning and informing business cases.

Summary of business cases approved by the executive from 1 April 2019
Committee members reviewed the business cases that had been approved by the executive and agreed that there would be an annual review into the financial benefits that these contracts provided to the Trust.

Planning for winter 2019/20
Committee members noted the comprehensive work to prepare for this winter which would be coordinated across the clinical divisions and corporate areas through a task and finish group. The plan is informed by learning from previous years as well as NHSE/I planning guidance and for the first time, and based on learning from Leeds Teaching Hospitals NHS Trust, the output of the 2019/20 bed modelling process will be used to forecast periods of peak pressure and facilitate a planned response. The task and finish group convened during August 2019 and is focusing on the following work streams: triggers and escalation, pathway optimisation, predicting peak pressure, digital site operations, maintaining safe staffing, flu vaccination and EU Exit plans. The full winter plan would be presented for approval by the Executive Operational Performance Committee and submitted to NHSE in November.

Terms of reference review
The Committee approved the terms of reference, noting particularly the change to the scope of the Committee to include operational performance (therefore changing the name of the Committee to the Finance, Investment & Operations Committee), as well as the new Non-Executive Directors that would become members.

The Committee will next meet on 20th November 2019.

Recommendations:
To note this summary.