Imperial College Healthcare NHS Trust

Trust Board – Public

Wednesday, 25th November 2020, 11am to 1.30pm (10.45am to 11am join Microsoft Teams)
Virtual meeting via Microsoft Teams

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

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

AGENDA

Time	Item no.	Item description	Presenter	Paper / Oral
1100	**1.**	**Opening remarks** Esme Blythe, Lead Nurse, surgery shadowing Prof. Sigsworth	Paula Vennells	Oral
	2.	**Apologies:**	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 30th September 2020** *To approve the minutes from the last meeting*	Paula Vennells	01
	5.	**Record of items discussed in Part II of Board meeting held on 30th September 2020** *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
1115	**7.**	**Patient Story** *To note the patient story*	Janice Sigsworth	04
1130	**8.**	**Chief Executive Officer's report** *To note the report*	Tim Orchard	05
Operations / Performance				
1150	**9.**	**Recovery and Reset** *To receive an update on the programme*	Peter Jenkinson	06
1200	**10.** 10.1.	**Integrated quality and performance report** *To discuss and note the IMIS performance scorecard for month 6 and performance updates* Selection of integrated scorecard metrics	Claire Hook Claire Hook	07a 07b
1210	**11.**	**Finance report** *To note the year to date and month 6 position*	Jazz Thind	08
Quality				

1220	**12.**	**Infection prevention and control board assurance framework for COVID-19 – self-assessment** *For approval*	Julian Redhead	09
1230	**13.**	**Infection Prevention and Control and Antimicrobial Stewardship Quarterly Report: Q2 2020/21** *To note the quarter 2 report*	Julian Redhead	10
1240	**14.**	**Learning from Deaths quarterly report – Q1 and Q2 2020/21** *To note the report for quarters 1 and 2*	Julian Redhead	11
People				
1250	**15.**	**Equality, Diversity and Inclusion Work Programme 2020/2021 Update** *To note the mid-year progress*	Kevin Croft	12
For noting / information				
1300	**16.**	**Trust Board Committees – summary reports** *To note the summary reports from the Trust Board Committees*		
	16.1.	Audit, Risk and Governance Committee, 7th October 2020	Gerry Acher	13a
	16.2.	Quality Committee, 11th November 2020	Andy Bush	13b
	16.3.	Finance, Investment and Operations Committee, 18th November 2020	Andreas Raffel	13c
	16.4.	Redevelopment Board Committee, 22nd October 2020 and 18th November 2020	Paula Vennells	13d
1310	**17.**	**Any other business**	Paula Vennells	Oral
1320	**18.**	**Questions from the public**	Paula Vennells	Oral
1330 Close	**19.**	**Date of next meeting** 27th January 2021		

Updated: 20 November 2020

Imperial College Healthcare NHS Trust

Public Trust Board
Draft Minutes of the meeting held on 30th September 2020, 11am
Virtual meeting held via Microsoft Teams and video-recorded.

Members present

Ms Paula Vennells	Trust Chair
Sir Gerald Acher	Deputy Chair
Mr Peter Goldsbrough	Non-executive Director
Dr Andreas Raffel	Non-executive Director
Prof. Andrew Bush	Non-executive Director
Mr Nick Ross	Non-executive Director
Miss Kay Boycott	Non-executive Director
Prof. Tim Orchard	Chief Executive
Prof. Julian Redhead	Medical Director
Prof. Janice Sigsworth	Director of Nursing
Mrs Jazz Thind	Chief Financial Officer

In attendance

Dr Ben Maruthappu	Associate Non-executive Director
Mr Bob Alexander	Non-executive Director from 1st October (observing)
Ms Beverley Ejimofo	NExT Director from 1st October (observing)
Mr Peter Jenkinson	Director of Corporate Governance
Prof. Jonathan Weber	Dean of the Faculty of Medicine, Imperial College London
Mrs Claire Hook	Director of Operational Performance
Mr Hugh Gostling	Director of Estates and Facilities
Ms Michelle Dixon	Director of Communications
Dr Bob Klaber	Director of Strategy, Research & Innovation
Mr Kevin Jarrold	Chief Information Officer
Mr Kevin Croft	Director of People and Organisational Development
Dr Matt Tulley	Director of Redevelopment
Prof. TG Teoh	Divisional Director, Women, Children and Clinical Support
Prof. Katie Urch	Divisional Director, Surgery, Cancer and Cardiovascular
Prof. Frances Bowen	Divisional Director, Medicine and Integrated Care
Ms Saghar Missaghian-Cully	NWL Pathology Director
Mr Guy Young	Deputy Director, Patient Experience
Mrs Ginder Nisar	Deputy Trust Secretary (minutes)

Apologies

Mr Jeremy Butler	Director of Transformation

Item	Discussion
1.	**Opening remarks**
1.1.	Ms Vennells welcomed everyone to the meeting which was held virtually and where in person, was in keeping with social distancing guidelines. The Board meeting would be video-recorded and uploaded onto the Trust's website and members of the public had been invited to submit questions ahead of the meeting or ask questions at the end of the meeting via Microsoft Teams meeting. Members of the public were welcome to submit questions to the Trust Secretary at any time.
1.2.	The Board welcomed Mr Alexander and Ms Scavazza as Non-Executive Directors and Ms Ejimofo as NExT Director who would all be joining the Trust from 1st October 2020. Mr Alexander and Ms Ejimofo would observe this meeting and were warmly welcomed.
1.3.	The Board noted the extension to Terms of Office for Mr Bush and Mr Goldsbrough until 31 August 2022.

1.4.	The Board noted that Dr Maruthappu had joined the Seacole Group which was a network for Non-executive Directors with the aim of supporting greater diversity across the health service, and he would share insights and lessons with the Trust in due course.
2.	**Apologies** Apologies were noted from those listed above.
3.	**Declarations of interests** None other than those disclosed previously.
4.	**Minutes of the meeting held on 29th July 2020** The minutes of the previous meeting were agreed.
5.	**Record of items discussed in part II of the Board meeting held on 29th July 2020** The Board noted the summary of confidential items discussed at the confidential Board meeting held on 29th July 2020.
6. 6.1. 6.2.	**Matters arising and actions from previous meetings** Updates against the actions arising from previous meetings were noted on the action log. Oral updates were provided as follows: Patient appointment systems as raised by Ms Longdon, Lay Forum Chair – Prof. Orchard advised that this year the focus would be on recovery and reset and this request would be taken through the Imperial Management and Improvement System (IMIS) for next year's business planning. The two points that would be taken into consideration would be: 'what is going on in the Integrated Care System (ICS)'; and 'what the Trust has taken into consideration in terms of virtual appointments and the impact'.
7. 7.1. 7.1.1. 7.1.2. 7.1.3. 7.2. 7.2.1. 7.3. 7.3.1.	**Chief Executive Officer's briefing** Prof. Orchard presented his report, highlighting key updates on strategy, performance, leadership over the month, and the focus of Trust business in response to Covid-19. **Hotel Services progress update** Following the successful and smooth transition of over 1,000 cleaning, catering, and portering staff to direct employment with the Trust on 1 April 2020, the stabilisation plan had successfully completed with service performance remaining on a par with the previous provider, and starting to show improvement in some areas such as cleaning. Recruitment campaigns were undertaken to fill a large number of vacancies in front line staffing. The transition project had now moved into the service improvement phase, where services and resources were being evaluated for service performance delivery against the specifications previously developed for tendering, and plans would be developed to implement changes as appropriate. There would also be a strong focus on staff engagement and development in this phase of the project which was key to embedding the Trust values and behaviours into the culture of the Hotel Services staff. In response to Mr Ross' question regarding the frequency of salary payments for hotel services staff, Mr Gostling advised that changing the frequency from weekly to monthly was not part of the original plan, however when staff were asked, their preference was weekly but they would be asked again as part of the next phase. **Thank you week** The Trust's 'Thank you week' began on Monday 14th September. It was a special week of (mostly virtual) activities, supported by Imperial Health Charity, to recognise, remember and reflect on the Trust's response to Covid-19 so far and celebrate 2019/20 Make a Difference and Long Service awards. The week was a success with good participation and engagement. **CQC update** **Assessment of the Trust's Infection Prevention (IPC) and Control Board Assurance Framework (BAF)** - The Trust's assessment took place on 20th and 23rd July 2020 and the CQC provided a brief report to the Trust on 24th July 2020. No concerns were identified. The CQC assigns a score to each Trust based on its assessment; the score does not appear in the report as it is for use only by the CQC's national panel, however the Trust was advised that it received the highest possible score.

7.3.2.	**CQC Provider Collaboration Reviews (PCRs**) **-** On 8th July 2020 the CQC announced a programme of local area reviews called Provider Collaboration Reviews, aimed at helping organisations rapidly learn lessons from responding to the first wave of the Covid-19 pandemic. These are not inspections; no inspection report would be produced and organisations would not be rated. Review findings would be published in the CQC's Covid Insight Report for September 2020 and included in the CQC's next annual State of Care report, due for publication in October 2020.
7.4.	**Financial performance**
7.4.1.	An update on financial performance was provided as part of the substantive agenda item. The revised guidance and contract arrangements for the next six months had been received. The allocation of money would be agreed via the Integrated Care System (ICS) and Trusts would meet to discuss further. A summary would be shared with the Board when ready. **Action: Mrs Thind**
7.5.	**Operational performance**
7.5.1.	Field testing of the proposed new urgent and emergency care standards continues and further information from NHS Improvement and NHS England (NHSI/E) about the outcome of the pilot awaited. Operational performance was covered in more detail in the Integrated Quality and Performance report as part of the agenda.
7.6.	**Redevelopment**
7.6.1.	The Strategic Outline Case for the redevelopment of St Mary's was submitted to the regional NHSI/E team on 7th August 2020. The Trust had responded to requests for further information and clarification and a joint letter from the Department of Health and Social Care (DHSC) and HM Treasury expected on next steps.
7.6.2.	The Trust was working up a proposition for the development of a life sciences cluster at Paddington to support and compliment the St Mary's redevelopment. This was at an early stage but in concept the conditions to create a successful cluster exist. Early informal engagement with stakeholders was promising and this was being worked up in further detail.
7.6.3.	The patient and public insight and engagement work undertaken by Kaleidoscope had been completed. The work was framed around the Trust's values; Kind, Expert, Collaborative and Aspirational. Using this framework the participants discussed what this meant for them in terms of redevelopment. The outputs were being incorporated into the Trust's brief for redevelopment.
7.6.4.	The work to document the clinical plans for the Charing Cross and Hammersmith hospital sites was mostly complete. The Divisional Directorate and Executive Teams were providing final comments and clarifications. The work to identify the redevelopment plans for the sites would then commence.
7.7.	**Research and innovation**
7.7.1.	Recent focus had been on recruitment to vaccine trials and exploration of the possibility of undertaking human challenge studies in which there was expertise within the Trust's infectious diseases teams.
7.7.2.	The research team had also been continuing to work hard to re-establish many of its non-Covid-19 related trials after they were paused in March 2020. The Trust had submitted its 2019-20 Biomedical Research Centre (BRC) annual report which demonstrated a wide breadth and depth of outstanding research outputs and, along with all of the work done on Covid-19. The collaboration between academics and clinicians was commended by the Board.
7.8.	**Stakeholder engagement -** A list of meetings held with stakeholders was provided in the report.
7.9.	**The Board noted the report from the Chief Executive.**
8.	**Organisational strategy review and refocus – metrics and priorities**
8.1.	The Board received an update following the paper presented to Board in July 2020. Since then work had focused on: reviewing any need for changes on focus and emphasis in priority

	programmes, projects and focused improvements; defining three key measures that would directly help the Trust to track progress against its strategic goals and ambition to be the most user-centred organisation in the NHS; and prepare to support each of the clinical directorates and corporate teams as they begin to prepare their business plans in the autumn.
8.2.	For each of the three strategic goals, an aspirational metric was proposed. This is an overarching metric that engages staff and allows people to feel connected to Trust goals. Under this measure sits the Trust's core delivery metrics which were metrics already used and for which data was routinely collected. These were aligned to the three strategic goals and would make up the executive scorecard.
8.3.	The paper outlined two approaches to better addressing cross-cutting themes which emerged as priorities during the strategy review process. Work has been done to assess how the Trust's existing priorities, as well as directorate-led work and new programmes and task and finish projects, would map against the cross-cutting themes. By undertaking this process, the Trust was able to clearly define its priorities for the next six months at a programme, task and finish project and focussed improvement level. An updated prioritisation process for the identification of new programmes and task and finish projects would be developed as the Trust enters the autumn business planning cycle and the paper outlined the next steps for this.
8.4.	The Non-executive Directors commended the work.
8.5.	Ms Boycott commented that it was good to see patient experience at the heart of this work, and she queried how the programme management capability and business planning would reflect the reality of workforce and recovery pressures which could adversely impact the direction of this work. Mr Klaber advised that as there were a number of people with different responsibilities bringing business planning together and coupled with the learning and insights work, provides the opportunity to sense check the continuous status. He assured the Board that a framework had been devised to manage this work in the event of a surge and pressures.
8.6.	In the interests of inequalities for ethnic minority staff, Mr Raffel suggested the document explicitly expresses ethnic pay gaps, appraisal and training compliance rates. Dr Klaber agreed inequalities is an important factor and the depth and breadth of the work encompasses patients, staff and local communities. The growth metrics within the report included a number of areas to develop upon.
8.7.	Ms Vennells stressed it was important to think carefully about the metric around learning and education as all staff need to be encouraged to learn and train. Dr Klaber agreed that learning, development, training, skills and educational needs to be thought about in a broad setting.
8.8.	**The Board approved the proposed metrics, priorities for 2020/2021; the updated prioritisation approach to be used going forward in business planning; and next steps.**
9.	**Update on recovery and reset**
9.1.	The Board received an update on the recovery and reset programme established in June 2020 to ensure positive changes prompted by the Trust's initial response to the pandemic are embedded and strengthened. It incorporated progress on priorities set out by NHS England in July that form the third phase of the NHS response to Covid-19. The Trust's programme has five work streams covering operations, learning and insights, models of care, ways of working and staff support - the progress of each was detailed in the report.
9.2.	Prof. Bush and Prof. Orchard commented that it was important for the Trust to have plans in place to be flexible and agile due to the changing nature of events during the pandemic.
9.3.	Prof. Orchard stressed that the Trust was doing and would continue to do all it could to plan for a second surge and keep services going in a safe environment, recognising that the backlog was significant and focus remains on actions to address priority and pinch point areas as well as trying to attract patients back to hospitals. Teams were doing their utmost best to ensure hospitals remain safe and ensuring staff are supported during this time. Work was underway to understand the trigger points which would inform sector plans and included workforce requirements.

9.4.	Ms Vennells thanked teams and all staff for their work and dedication.
9.5.	In response to two questions from Ms Vennells, Prof. Orchard explained that fast track surgical centres are for operations that are high volume, low complexity, which when placed together provide advantages by forming elective care hubs. This maximises throughput and increases quality as away from emergency pathways and therefore not affected by surges in emergency settings. This is the approach across NW London to help with the backlog. In terms of outpatient hubs, although a significant amount of appointments were done virtually and saved time for many patients, some required to be seen face to face. The aim was to move a large number of consultations to virtual appointments where it is in the interest of the patient and not disadvantaging anyone recognising the level of digital poverty in NW London.
9.6.	**The Board noted the report.**
10.	**Learning and Insights report**
10.1.	The Board received a report from the Learning and Insights work stream which was established in July 2020 under the Trust's Recovery and Reset programme. This covered reports from the five working groups: staff insights; Patient, Citizen & Community Insights; Quality, Safety & Operational; Research & Evidence; and Community Networks & Partners. The summaries from each working groups within this workstream were outlined with detailed analysis and recommendations within the report.
10.2.	The Non-executive Directors commended the recovery and reset and this workstream's work which directly linked to the strategic goals and direction.
10.3.	Mr Goldsbrough suggested focusing on one list of priorities as it was possible that the Trust may not have the capacity to deliver on the ambitions discussed across the three strategic related papers above. He suggested the approach applied to the five workstreams set out in the recovery and reset paper be applied with one list of priorities. Dr Klaber advised that they all link and recovery and reset is the key priority with key working groups – he stressed that recovery and rest has to be the key focus and priority at this time. He advised that the Executive team are clear on their priorities which also include the focus on safety and redevelopment.
10.4.	Mr Goldsbrough enquired how the four priority areas from October 2020 to April 2021 relate to the five recovery and reset workstreams and how resources would be aligned to deliver those five programmes and redevelopment. Prof. Orchard advised that the five areas are the Trust's priorities for the rest of the year noting there would be some variability with those for next year. Work programmes would also consider how key points are incorporated into the way things are done as well as how they are done. Dr Klaber would send an email to the Board to articulate the links between these papers. **Action: Dr Klaber**
10.5.	Prof. Orchard advised of the involvement of members of the Executive team at sector level in terms of recovery and reset, which was important.
10.6.	**The Board noted the report.**
11.	**Integrated quality and performance report**
11.1.	The Board received the integrated quality and performance report for month 4 which was presented in the new Imperial Management and Improvement System (IMIS) format. As part of the transition into the new Executive and Board routines, IMIS 'reporting rules' had been introduced to help structure the performance reporting process.
11.2.	Performance against a number of the responsiveness metrics remained significantly impacted by Covid-19, but plans were well advanced to return the Trust's planned care activity to pre Covid-19 trajectories as quickly as possible. The Reset and Recovery paper covered progress with these plans in detail and also set out how the Trust was preparing for future peaks in infection, as well as general increased demand in the winter.
11.3.	Prof. Redhead provided an update on three never events and confirmed there was no cluster of

	concern as the never events were all in different areas – lessons learned work was underway.
11.4.	Sir Gerry enquired about any common messages arising from these never events; and whether there were diagnostic issues that needed attention. Prof. Redhead advised that these events were not clusters and policies have been reviewed. There were no issues of concern in terms of process and lessons would be learnt from the findings. In terms of diagnostics, Prof. Teoh advised that due to the significant backlog, diagnostics continued to be a challenge, particularly for MRIs and ultrasounds and that the Trust was well sighted on the issues with good plans – one of the key concerns was the availability of sonographers which was beyond the Trust's control. There was a steady improvement in endoscopy across London, the sector and the Trust.
11.5.	Mr Goldsbrough welcomed the new report format and enquired about whether the 'maximum number of formal complaints per year' was the right indicator as he felt that the Trust should hear every complaint that is to be made and not limit them. Mrs Hook advised that the purpose of the scorecard was to look at trends and investigate areas off trajectory, but acknowledged that the complaints indicator could be expressed differently. **Action: Mrs Hook**
11.6.	The Board discussed the limited number of indicators provided at Board level and enquired what determined which indictors should feature in the Board report and what the trade-offs were. Mrs Hook advised that she has the visibility of the detail and suggested at some point the Board may find it helpful to have a session to review the indictors and how they are cascaded, and decide which should be presented at Board level. She would also think about how to share this information with the Board to aid transparency. **Action: Mrs Hook**
11.7.	Mr Ross acknowledged that everything on the list was important but posed the question as to whether the performance measures provide a view of the outcome measures. He enquired whether by concentrating on Covid-19 patients this was causing more harm than good; and as there were many people who had not been seen due to the pandemic whether the consequences were good such as remission or patients coping with their ailments. Outcome measures would be helpful to assess this. Prof. Orchard advised that the clear plan for Trusts was to keep elective services going as well as dealing with the Covid pandemic. Outcomes would need to be looked at ICS level across the population as a whole. Prof. Redhead added that the Trust has a robust risk stratification and reprioritisation of patients process based on criticality of care and was also doing a harm review which would be discussed at the Quality Committee. The points made by Mr Ross would be discussed with the Sector. **Action: Prof. Redhead**
11.8.	The Board noted that there was a need to invest in some estates areas to provide the capacity and that the Trust had bid for money and received some. Whilst the Trust waits on the outcome of other bids, it was looking for short terms mitigations to use parts of the estates with adaptations on a temporary basis.
11.9.	Ms Vennells welcomed the new report and enquired about the counter measure summaries 30 day action plan and the timeframe around the actions. Mrs Hook confirmed that the next set of 30 day plans are in place and the first 30 days would point the actions in the right direction.
11.10.	**The Board noted the report.**
12.	**Finance report**
12.1.	The Board received an update on the financial position for the Trust for the five months to the 31st August 2020. This was discussed at the Finance, Investment and Operations Committee.
12.2.	For the first six months of the year the Trust has been given block funding for clinical activity with an agreement to provide retrospective top-up funding, should it be required, to achieve a break even position.
12.3.	Key highlights year to date to note were: • £30.8m of additional funding has been required to achieve a breakeven position

	• Focus remains on cost improvement programmes • £31.2m of costs have been incurred in response to the Covid-19 pandemic • £28.7m of income was not achieved due to Covid-19; key drivers relate to significantly lower than planned private patient and overseas visitor activity where capacity has been diverted to support NHS patients and R&D activity • £22m of capital investment has been expended year to date against a plan of £28m. Capital planning assumes all Covid-19 related spend will be cash backed by NHSI/E • Critical infrastructure risk fund – the Trust will receive 100% of that funding • Cash was £153m at the end of August. This is materially higher than usual and relates to block contact payments being received in advance; this positon will unwind in due course • Outstanding debt is moving in the right direction with the overall debt levels now circa £52m and a renewed focus on those over 365 days.
12.4.	Trust Finance Regime - NHSI/E published the 'Contracts and payment guidance October 2020 - March 2021' on 16th September 2020. The purpose of this guidance was to outline the financial regime for the NHS for the balance of the 20/21 financial year superseding all previous arrangements. The allocations would be at system level.
12.5.	In response to a question from Ms Boycott in terms of 'worry areas', Mrs Thind advised that her key worry areas were: a plan to return the Trust to plan; planning for 2021/22 as no doubt there would be an efficiency ask; and cash position which would be determined by the year end position wrapped up in planning for 2021/22. Responding to Ms Boycott about capacity and capability, Mrs Thind advised she has the appropriate resource and sector support - if it should become a problem she would raise with the Executive team.
12.6.	**The Board noted the report.**
13.	**Patient story**
13.1.	Mr Young outlined the story of Mrs A who sadly died at the Trust in April 2020 during the peak of the Covid-19 pandemic. Government restrictions in place during the pandemic meant that families were not visiting relatives nor were they permitted to view deceased relatives. Mrs A's daughter was struggling to accept it was her mother who had died and it was only when two important items of her property were located, that she could believe it was her mother.
13.2.	Mr Young explained what had happened to Mrs A's belongings during a pressurised time for the Trust and how they were located. This story and report highlighted the importance of managing patient property and the changes that are being made to the process as a result of this story.
13.3.	Mr Young added that the Trust ran a property amnesty and found and reunited items with many patients and family.
13.4.	The Patient property policy and process was being revised and new transparent property bags with labels were being introduced. The new process would be communicated.
13.5.	The Board expressed that it was important to understand what families go during emotional times when their relative is an inpatient or during bereavement and this case illustrated just that. The Board noted the actions to review the process to make it more efficient.
13.6.	**The Board noted the report.**
14.	**Workforce annual equality, diversity and inclusion report**
14.1.	The Board noted the report which was taken as read, noting that it was discussed at the Quality Committee as detailed in the report to Board.
14.2.	The report focused on actions and objectives to take forward and six specific objectives identified each with a project plan reviewed by the Equality, Diversity and Inclusion Committee. Noted that over the past 12-18 months, BAME and disability staff networks had strengthened. Covid-19 highlighted the inequalities that have come to light from a staff perspective as well as patient perspective. It was noted that the new additions to the Board reflected improved BAME at Board

	level.
14.3.	Mr Ross welcomed the report but stated that although the Trust was doing the right things, the outcomes were not fully reflective as there were no obvious significant improvements. He asked that for next year, where progress had not been made to provide a narrative explanation. Mr Croft agreed and would assess whether related to process indicators or outcome indicators and would explain improvements. Prof. Bush agreed and noted that the Trust received an award as the most inclusive employer which should be celebrated. **Action: Mr Croft**
14.4.	Prof. Bush and Mr Goldsbrough highlighted the prevalence of staff reporting bullying and harassment against other staff (30%) which was a key area to focus on with a fresh approach. Mr Croft advised that the values and behaviours work focused on expansion of the resource into Freedom to Speak Up and staff networks thereby empowering people to intervene and highlight issues alongside data. This also linked in with the staff element of the Insights work. Dr Maruthappu acknowledged the positive progress in some areas noting the need to focus on inclusivity and equality at senior level and harassment and bullying as mentioned by colleagues.
14.5.	Prof. Orchard added that progress has been made in some areas but a lot more work is required. Specific actions were being taken such as the requirements to have a BAME individual on interview panels but work still to be done on providing feedback to unsuccessful interviewees with specific development plans. At senior level need to ensure these recruitment processes are embedded but more importantly, need to ensure there is equality of access to opportunity when staff are lower down in the organisation. Embedding work around culture and values and behaviours to change the key metric about 'what does it feel like to work at the Trust' was key. Important to ensure the values and behaviours work is taken alongside the strategic work. Mr Croft noted the comments and a structured programme would be discussed at executive level then back to Board. **Action: Mr Croft**
14.6.	**The Board approved the report for publication.**
15. 15.1.	**Responsible Officer's report** The Board **endorsed** the report for submission, noting that it had been discussed and recommended for approval by the Quality Committee.
16. 16.1.	**Infection prevention and control and antimicrobial stewardship quarterly report** The Board **noted** the quarter 1 report which was discussed at the Quality Committee. Highlights were: • The report included a summary of IPC activity related to the COVID-19 pandemic. • There have been 17 hospital-associated *C. difficile* cases during Q1, which is below the Q1 ceiling of 21 cases. There has been one lapse in care related to cross-transmission. • It has been >12 months since the last Trust-attributed MRSA BSI. • The Trust was on target to meet its 10% year-on-year reduction in Trust-attributed *E. coli* BSIs (an internal performance metric). • In Q1 2020/21 the Trust saw a drop in oral antibiotic use with a corresponding rise in intravenous agents. This change was a direct result of the COVID-19 pandemic and patients presenting to our organisation with undifferentiated respiratory infections. The drop in oral antibiotic use was recognised and counteracted. Work is ongoing to reverse the upward trend in the use of intravenous agents. • The strategic hand hygiene improvement programme has been extended to include encouraging best practice around the use of personal protective equipment (PPE). • During Q1, several clusters and outbreaks were identified and managed, including two clusters of CPE, three clusters of hospital-onset COVID-19 infection, and an outbreak of *Corynebacterium striatum* across the three sites. There were also six communicable disease 'look back' investigations. • IPC data is reviewed by site as well as division/directorate. There is no clear variance at site level. • The IPC risk register has been reviewed and updated to reflect the risks associated with the management of COVID-19.

17.	**Cost improvement programme (CIP) quality impact assessment (QIA) report**
17.1.	The Board **noted** the report which was discussed at the Quality Committee.
17.2.	Clinical divisions reviewed a number of CIPs QIA and a sample had been discussed at meetings held with the Medical Director and Director of Nursing. In general, of the schemes evaluated, it was considered that implementation of the scheme had improved or maintained quality as the original QIA risk score had either stayed the same or reduced once the scheme was implemented. Only one CIP scheme was highlighted as having had unintended consequences however; this was not directly linked to quality of services but related to staff wellbeing. 2020/21 CIPs are on paused due to the changes to NHS providers financial regime as result of the COVID-19 pandemic.
17.3.	Prof. Bush commented that he was assured that the CIP QIAs were being looked at critically therefore potential harm avoided.
18.	**NWL Pathology (NWLP) annual report**
18.1.	The Board **noted** the report which was discussed at the Quality Committee. The Board congratulated the Pathology team on wining the Chair's award.
18.2.	Prof. Orchard added that since the governance arrangements for NWLP had changed, from the Trust's perspective this had worked well with better control. He complimented Ms Missaghian-Cully on driving through the transformation programme in NWLP and the work that NLWP has done in terms of testing, particularly pillar 1 testing for Trust staff. Prof. Redhead relayed the positive feedback from Medical Directors as an improvement in the service was evident. Ms Missaghian-Cully would relay the Board's congratulations to the pathology team.
19.	**National cancer patient experience survey 2019**
19.1.	The ninth National Cancer Patient Survey (NCPES) was conducted last year and the results were published on 25th June 2020. The results indicated significant improvements to 12 of the questions as reported by Royal Marsden Partners (RMP) and an increase in the overall rating of care from 8.6/10 to 8.8/10 (equal to the national average). The paper highlighted key results and showed comparisons with the national context and with previous years.
19.2.	Whilst the Trust had seen some improvements compared with the previous survey of 2018, as evidenced by an increase of three places in the RMP calculated league table, it was disappointing that the Trust was 136th out of 145 Trusts (139/145 in 2018). 2018 results were presented to the Executive Quality Committee in June 2020.
19.3.	The paper summarised next steps planned for 2020, focusing on those areas requiring improvement. Close collaborative working across the services would be needed to support this work and the Cancer Performance Team would monitor progress.
19.4.	Prof. Urch advised that as well as doing work with London colleagues and alliance colleagues on specific actions, the Trust conducted its own survey to understand its own cancer population. Surveys were sent to 8000 cancer patients, 700 responded and 60 interviewed. The feedback included that they all had contact from the Trust with an explanation about the delays and virtual appointments. Some patients liked the virtual approach and felt connected to the consultant and protected. Those on chemo were grateful with alternative safe arrangements. Overall positive feedback and understandably some anxiety from others. All the changes were in line with Royal College guidance. Prof. Urch explained arrangements for cancer patients going forward, including learning from the survey.
19.5.	Mr Goldsbrough commended the approach and the survey and suggested the Trust should do more such surveys to tie in with user experience actions previously discussed at Board.
20.	**Clinical negligence scheme for Trusts – maternity incentive scheme year 3**
20.1.	The Board **noted** that the Trust was meeting the 10 safety standards as detailed in the report and commended the teams. The scheme was currently paused however the service continued to strive to meet the safety actions and were expecting to have full compliance once the scheme restarts.

21. 21.1.	**Midwifery safe staffing levels – bi-annual midwifery staffing oversight report** The Board **noted** that the Maternity Service at ICHT was staffed to the recommended safe midwifery staffing level. The correct skill mix was in place within the midwife to birth ratio and the specialist and leadership establishment meets the recommended criteria. ICHT was committed to meeting full compliance for Year 3 CNST.
21.2.	The paper provided assurance that the funded midwifery staffing establishment fully meets the recommended standards set by Birthrate Plus and mechanisms were in place to monitor and act upon shortfalls in midwifery staffing.
22.	**Trust Board Committees – summary reports** The summary reports were noted.
22.1.	**Quality Committee** The Board noted the summary points from the meeting held on 23rd September 2020.
22.1.1.	Flu immunisation – The Board noted that lessons had been learned from last year and the flu vaccination campaign was underway. A new process was launched with an online form for staff with backend information providing a real-time view allowing areas to be followed up. Early indications suggest more people have opted for the vaccination due to Covid-19. Further communications would be launched. Noted that the vaccine was arriving in batches.
22.2.	**Finance, Investment and Operations Committee** The Board noted the summary points from the meeting held on 23rd September 2020.
22.2.1.	Primary concerns were cost control and run rate which were under control, and funding going forward.
22.3.	**Redevelopment Committee** The Board noted the summary points from the meeting held on 9th September 2020.
22.3.1.	The Trust was awaiting the letter from the government regarding the SOC. Alternative plans for the SMH site (plan B) if needed, would be discussed at the Redevelopment Committee then updated to Board. **Action: Mr Tulley**
23. 23.1.	**Any other business** No other business to report.
24. 24.1.	**Questions from the public** There were no questions from the public.
25.	**Date of next meeting** 25th November 2020, 11am, Virtual meeting via Microsoft Teams

Updated: 31 October 2020/GN-PJ-PV

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Record of items discussed at the confidential Trust board meeting held on 30th September 2020

Agenda item and paper number:

Author and lead Executive Director: Peter Jenkinson, Director of Corporate Affairs and Trust Secretary and Professor Tim Orchard, Chief Executive

Purpose: For information

Executive summary

1. Introduction

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

2. Chief Executive's update

2.1. As part of the Chief Executive's oral update, the Board received an update on Covid-19, the Trust's recovery and reset programme and the Integrated Care System Plan including the financial settlement for Covid-19 related costs.

3. Medtronic Managed Service Contract Extension

3.1. The Board considered and approved a contract extension with Medtronic Integrated health solutions for the provision of a Cath Lab Managed service for a further 3 years.

4. Hotel services Transition: Stage Two

4.1. The Board received an update regarding the progress made in the stabilisation of the hotel services following their transfer in-house in March 2020, and agreed the process for assessing the effectiveness and success of transferring and running hotel services in-house in March 2021 to inform a decision regarding how best to continue providing those services in the future.

5. St Mary's Hospital Redevelopment Strategic Outline Case

5.1. The Board received an update since the submission of the Strategic Outline Case for the redevelopment of St. Mary's Hospital.

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC) - ACTION POINTS REGISTER, Date of last meeting 30 September 2020

Updated: 20 November 2020

Item	Meeting date & minute reference	Subject	Action and progress	Lead Committee Member	Deadline (date of meeting)
1.	29 January 2020 7.3 29 July 2020 6.2	Patient story review	January 2020: Prof. Sigsworth welcomed the comments and would discuss a plan with the Strategic Lay Forum, Executive Quality Committee and Quality Board Committee with a next steps plan to Board in summer. July 2020 update: The patient stories had been well received by the Board and Prof. Sigsworth's team were exploring the logistics around how to share patient stories with the Board in light of the Covid-19 pandemic. Sir Gerry suggested it would be useful to review the patient stories received so far and assess how the Trust's behaviour had changed as a result and whether that behaviour had been sustained – as the benefit must be changed behaviour. Ms Vennells added that one of the recommendations from the Board effectiveness review was around greater visibility of metrics relating to patient experience as well as stories and Ms Boycott had some helpful input which would be discussed with Prof. Sigsworth. This would be discussed further with Board members and the Strategic Lay Forum and a proposal would be provided to the September or November Board. September 2020 update: Report: Mrs A's story November 2020 update: The metrics used to report patient experience in the scorecard have been reviewed and two new indicators have been added to increase the level of insight. The first is a net sentiment score which is derived from the free text comments received in local surveys. The second is a composite score derived from questions about trust and confidence in staff, how well looked after patients feel, respect and dignity and the cleanliness of the environment in which they are cared for. These can be analysed down to ward and department level and provide a good indication of where there may be concerns. The learning and insights work, led by Bob Klaber, has also provided extensive feedback from citizens and local communities. This means that we are able to pull feedback from a wide range of sources to identify key areas for improvement. We aim to provide an annual summary report of stories that the board has received which sets out themes, learning and an update on actions. The last summary was presented to the board in January 2020 and another one will be presented in early 2021.	Janice Sigsworth	November 2020
2.	29 July 2020 7.4.2	Keeping our patients and staff safe / risk assessments (arising from CEO report)	Ms Thomas was pleased to see how well the Trust had turned this around so quickly and commented that it would be useful to see the shared learning at the end of July and what further adjustments need to be made, including changes to the risk assessment as needed. November 2020 update: Oral update	Kevin Croft	November 2020

3.	29 July 2020 7.19.2	Staff wellbeing (arising from CEO Report)	On behalf of Mr Ross, Ms Vennells enquired, for different cohorts of staff particularly those in vulnerable categories such as obesity, what further help could be provided. Mr Croft advised that the charity award money covered aspects of health and wellbeing which included the physical element as well as the psychological aspect, both would be pulled together to ensure a coherent approach. It was agreed to discuss further as a theme at the Quality Committee as part of the safe staffing report. The Board noted that the executive were considering the appointment of a senior role to bring all of this agenda together. November 2020 update: Oral update	Kevin Croft	November 2020
4.	29 January 2020 14.6	Employee metrics matrix (arising from FTSU item)	Ms Boycott suggested a joined up matrix capturing employee experience such as concerns arising from staff survey, and concerns raised via other sources including FTSU. Other Non-executive Directors agreed and suggested including excellence awards and staff stories to Board in the employee experience piece. Mr Croft would give some thought to this. July 2020 update: The People and OD team are currently working on setting back up the culture programme and the people metrics that will be used in the Imperial Management and Improvement System. This will include directorate level dashboards relevant to this item. It is proposed this is considered in September once this work has progressed through the executive and the relevant Board Committee. September 2020 update: Deferred to next meeting. November 2020 update: Oral update	Kevin Croft	November 2020
5.	30 Sept 2020 10.4	Links between strategic papers (arising from learning and insights paper)	Mr Goldsbrough enquired how the four priority areas from October 2020 to April 2021 relate to the five recovery and reset workstreams and how resources would be aligned to deliver those five programmes and redevelopment. Prof. Orchard advised that the five areas are the Trust's priorities for the rest of the year noting there would be some variability with those for next year. Work programmes would also consider how key points are incorporated into the way things are done as well as how they are done. Dr Klaber would send an email to the Board to articulate the links between these papers. November 2020 update: The Recovery and Reset (R&R) paper provides an update on the review of the workstreams within the R&R programme. An update on prioritisation of programmes will be provided through that discussion.	Dr Klaber	November 2020
6.	30 Sept 2020 7.4	Financial performance (arising from CEO report)	An update on financial performance was provided as part of a substantive agenda item. The revised guidance and contract arrangements for the next six months had been received. The allocation of money would be agreed via the Integrated Care System (ICS) and Trusts would meet to discuss further. A summary would be shared with the Board when ready. November 2020 update: The Trust developed and submitted its financial plan as part of the ICS submission. However the timings and process did not allow for a formal update to the Trust Board and an extra-ordinary meeting of FIOC (extended to all NED and Executive Directors) was called to scrutinise and approve the plan.	Mrs Thind	November 2020

7.	30 Sept 2020 22.3.1	Redevelopment: Alternative plans	Awaiting for letter from the government regarding the SOC, and alternative plans need to be considered for the SMH site as plan B. To be discussed at the Redevelopment Committee then updated to Board. November 2020 update: The Trust has received the letter. It supports the redevelopment need at St Mary's but requests further information about the project before a decision can be made on progressing the redevelopment. Alternative plans have not yet been considered whilst resources are focussed on providing the required information to allow the SOC to proceed.	Mr Tulley	November 2020
8.	30 Sept 2020 11.5 – 11.7	Integrated quality and performance report	a) The Board discussed whether the 'maximum number of formal complaints per year' was the right indicator as the Trust should hear every complaint that is to be made and not limit them. Mrs Hook advised that the purpose of the scorecard was to look at trends and investigate areas off trajectory, but acknowledged that the complaints indicator could be expressed differently. **b)** The Board discussed the limited number of indicators provided at Board level and enquired what determined which indictors should feature in the Board report and what the trade-offs were. Mrs Hook advised that she has the visibility of the detail and suggested at some point the Board may find it helpful to have a session to review the indictors and how they are cascaded and decide which should be presented at Board level. She would also think about how to share this information with the Board to aid transparency. c) Mr Ross acknowledged that everything on the list was important but posed the question as to whether the performance measures provide a view of the outcome measures. He enquired whether by concentrating on Covid-19 patients this was causing more harm than good; and as there were many people who had not been seen due to the pandemic whether the consequences were good such as remission or patients coping with their ailments. Outcome measures would be helpful to assess this. Prof. Redhead advised that the Trust has a robust risk stratification and reprioritisation of patients based on criticality of care and was also doing a harm review which would be discussed at the Quality Committee. The points made by Mr Ross would be discussed with the Sector. November 2020 update: a) The Head of Patient Experience has confirmed that the figure of 100 complaints is intended to be a threshold (not a target) to prompt further investigation if the figure is exceeded in any one month. The themes are reported quarterly at divisional quality meetings and the EMB Quality Group. Any significant issues should be highlighted in the Quality Committee report to the Board. The Board also receive the annual complaints report which provides more detail and learning from themes. A scorecard metric could be considered for future updates, relating to overall patient satisfaction with the handling of their complaint. The Trust already surveys people 6 weeks after they are sent the final response. b) Agenda item c) Prof Redhead has discussed this with the Sector. All hospitals confirmed that they have a robust clinical prioritisation system.	Mrs Hook Mrs Hook Prof. Redhead	November 2020
9.	25 March 2020 9.4	Sustainable development management plan	The Board endorsed the plan and the ambition, and asked the Executive Team to review and include more granularity around key aspects and then submit to the Board Redevelopment Committee when ready. The report to also include it would need a rolling plan as it would evolve over time. May 2020 update: Planned for December 2020 Redevelopment Board Committee	Hugh Gostling	January 2021

10.	30 Sept 2020 14	WRES report	Mr Croft noted the comments to consider and take forward. A structured programme would be discussed at executive level then back to Board. a) For next year's report, where progress had not been made, provide a narrative explanation. b) Positive progress in some areas noting the need to focus on inclusivity and equality at senior level and harassment and bullying. c) Specific actions were being taken such as the requirements to have a BAME individual on interview panels but work still to be done on providing feedback to unsuccessful interviewees with specific development plans. At senior level need to ensure these recruitment processes are embedded but more importantly, need to ensure there is equality of access to opportunity when staff are lower down in the organisation. d) Embedding work around culture and values and behaviours to change the key metric about 'what does it feel like to work at the Trust' was key. e) Important to ensure the values and behaviours work is taken alongside the strategic work.	Mr Croft	January 2021

Items closed at the September 2020 meeting

Item	Meeting date & minute reference	Subject	Action and progress	Lead Committee Member	Deadline (date of meeting)
11.	20 May 2020 13.5	Infection data by site (arising from IPC report)	Dr Maruthappu requested to see data by site for infection in subsequent reports or outside of the meeting. Prof. Redhead confirmed this was possible and he would arrange. July 2020 update: This is part of the work being undertaken by the Director of Operational Performance looking at splitting metrics by site. The IMIS scorecard showed the metrics that can be split by site. We agreed to review which would be useful to see at this level as part of the overall development of the scorecard. September 2020 update: The Trust, Division and Directorate scorecards are being reviewed as part of the IMIS programme with a plan to include site level detail where appropriate going forward, this is being led by the DOP. In the meantime site level IPC data has been reviewed and a description of it is included in the IPC Board report with a plan to include the data in the next quarterly report. There is no variance in IPC data at site level in the current report. Close	Prof. Redhead	Closed
12.	29 July 2020 5.2	Public question: Why Covid item was discussed in private	In response to the public question regarding why the Trust discussed the Covid-19 update in the private part of the meeting instead of in public, Mr Jenkinson advised that it was not because there was any sensitivity around what was discussed but the nature of the conversation meant that the Chief Executive provided a thorough and comprehensive update on the Trust's response to the pandemic. It was agreed that the relevant extract of the private Board minutes would be made available to the public as part of the response to questions. Noted that an update on Covid-19 was provided at both parts of the meeting in May 2020. September 2020 update: Included as part of the response to the list of questions. Close.	Peter Jenkinson	Closed
13.	29 July 2020 17.4	Patient experience (arising from annual complaints report)	Prof. Sigsworth advised that the Trust receives feedback from patients and families in many different ways. A small group involving herself, Ms Boycott and the Strategic Lay Forum would discuss and structure what key elements should be collated in terms of narrative and data around what the Trust's patients and families are saying and then shape priorities. Prof. Orchard confirmed that the Trust would pull something together and how it feeds into overall user experience to be discussed at the Quality Committee. September 2020 update: Included in the Learning and Insights work. Close	Janice Sigsworth	Closed
14.	29 July 2020 10.8	Interpretation service (arising from Strategic Lay Forum discussion)	Use of interpretation services should be used more widely. The Board noted that the Lay Forum had invited members of the Trust to the next forum to explain the interpretation service with a view to making it more effective, this would also be discussed at the Quality Committee. September 2020 update: Linda Watts and Patricia Reyes attended the Lay forum on behalf of the Division and provided a short briefing on the interpretation service which was well received. There was an awareness that clear two-way communication is crucial for excellent patient care and experience and a summary of the input from the strategic lay forum provided to the Trust Secretariat.	TG Teoh	Added to Quality Committee forward planner

15.	29 July 2020 10.10.5 30 Sept 2020 6.2	Patient appointment system (arising from Strategic Lay Forum discussion)	Ms Vennells and Prof. Orchard had discussed the patient appointments system and the patient records system with Ms Longdon and agreed that both were important. Consideration in terms of transformational projects would need to be discussed as part of the Imperial Way programmes and priorities, taking into account management capacity. September 2020 update: The input of our patients and the wider population is key to 'co-producing' changes to the ways services are delivered. We are involving patients at different levels of the work we are undertaking to redesign models of care. For example, 2 members of the Strategic Lay Forum are members of the Steering Group that oversees changes to models of care. Similarly, specific patient groups are being engaged in the work the Trust is talking forward jointly with London Northwest Healthcare NHS Trust to consolidate vascular services across NW London. Further update provided at September Board: Prof. Orchard advised that this year the focus would be on recovery and reset and this request would be taken through Imperial Management and Improvement System (IMIS) for next year's business planning. The two points that would be taken into consideration would be: 'what is going on in the Integrated Care System (ICS)'; and 'what the Trust has taken into consideration in terms of virtual appointments and the impact'.	Jeremy Butler	Closed
16.	29 July 2020 7.10 30 Sept 2020 8	Strategic development	This year the Trust would need to identify whether there are any particular priorities that need to be pulled or added from its previous framing of the strategy and then ensuring, when next year's planning is discussed, the Trust has the right set of ambitions and priorities. Therefore in September the Trust would have a revised set of priorities for 2020/21 which would place the Trust in good stead for getting its strategic goals right for 2021/22. September 2020 update: Updated received. The Board approved the proposed metrics, priorities for 2020/2021; the updated prioritisation approach to be used going forward in business planning; and next steps.	Bob Klaber	Closed
17.	20 May 2020 12.3 30 Sept 2020 7.1	Hotel services transition	The Board agreed to receive a progress update on the service in September 2020, noting that the Trust would only consider outsourcing if the service was not performing or due to increased costs, mindful of the significant effort to bring the service in-house and staff morale. September 2020 update: Included in the CEO's public Board report. Following the successful and smooth transition of over 1,000 cleaning, catering, and portering staff to direct employment with the Trust on 1 April 2020, the stabilisation plan had successfully completed with service performance remaining on a par with the previous provider, and starting to show improvement in some areas such as cleaning. Recruitment campaigns were undertaken to fill a large number of vacancies in front line staffing. The transition project had now moved into the service improvement phase, where services and resources were being evaluated for service performance delivery against the specifications previously developed for tendering, and plans would be developed to implement changes as appropriate. There would also be a strong focus on staff engagement and development in this phase of the project which was key to embedding the Trust values and behaviours into the culture of the Hotel Services staff.	Hugh Gostling	Closed

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

NHS
Imperial College Healthcare
NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Patient Story

Agenda item 7 and paper number 04

Author and lead Executive Director: Jo James, Guy Young, Janice Sigsworth

Purpose: For information

Meeting date: 25th November 2020

Executive summary

1. Introduction and background

1.1. This patient story highlights work in the trust that supports patients with dementia who develop delirium.

1.2. Delirium is already common in the hospital setting, but we have been seeing greater numbers of patients with delirium because of COVID-19.

1.3. The use of cognitively stimulating activities has been shown to reduce the negative effects of delirium as has the involvement of families and carers.

1.4. The dementia service has been able to invest in technology to help provide cognitively stimulating activities and the St Mary's Hospital League of Friends has also provided a grant to support this work further.

2. Purpose

2.1. 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.

2.2. 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. Executive Summary

3.1. Jack is a patient with complex needs including dementia and is regularly admitted to the trust with delirium. There have been occasions when these admissions have been distressing for Jack.

3.2. During a recent admission he was given an MP3 music player, which resulted in a dramatic change to his mood.

4. Next steps

4.1. Cognitive stimulation is an effective way of reducing the negative impacts of delirium and the trust will continue to develop this further.

5. Recommendation(s)

5.1. The board is asked to note the report.

Main paper

6. Patient story

6.1. Jack is 59 and has complex needs and multiple co-morbidities, including dementia. He gets frequent urinary tract infections with associated delirium which often requires hospital admission. He has had 16 inpatient stays so far this year and his issues with separation from his wife during COVID-19 were highlighted in a story that was received by the executive in August this year.

6.2. Since then the trust has strengthened the use of carer's passports, which enable less stringent visiting restrictions for individuals designated as carers.

6.3. During Jack's most recent admission, he was able to spend as much time as he needed with his wife and was also given one of our new dementia friendly MP3 players loaded with his favourite rockabilly music. He was able to operate this himself. We saw a dramatic change in his mood; where he is normally quite tearful, he was laughing and joking with his wife and did not cry for the whole admission. He was also able to communicate his needs more effectively with the staff after listening to the music.

6.4. His wife reports that since discharge, he has been more positive and showing fewer anxiety symptoms which she feels is due to his improved hospital experience. The use of the player while he is in hospital has now become a vital component of his care plan.

6.5. Delirium is already common in the hospital setting, but it has been identified that we are seeing greater numbers of patients with delirium because of COVID-19. Ticinesi et al (2020) identify that "delirium represents a common complication of COVID-19…especially in older people with neuropsychiatric co-morbidity".

6.6. One of the cornerstones of good delirium care is multi-component interventions and these are recommended in the NICE Delirium Guidelines. These include a combination of clinical, therapeutic and cognitively stimulating activities. The most successful and longest running proponent of this is the Hospital Elder life Program (HELP) in Boston. Research in 2020 by Ludolf identified that multicomponent interventions both prevent delirium and reduce length of stay.

6.7. As well as cognitive stimulation, there is evidence to show that the regular involvement of families will reduce the incidence and duration of delirium in patients (Egbali-babadi, 2017) and that for patients who are sedated and ventilated, hearing the voice of a family member every hour can also reduce delirium.

6.8. We have been able to invest in technology in order to work with families, connect patients to students from Royal Central School of Speech and Drama, continue our intergenerational programme (linking older patients with local schoolchildren), create virtual reality films and co-produce other films with patients as ways of providing cognitive stimulation and interest for patients. At Imperial, we are trying to tap into our patient's creativity and individuality and make sure that what we offer is meaningful as well as interesting.

6.9. The key to engaging a person experiencing delirium is to find something that interests them. For some, like Jack, it can be listening to music or watching TV; whereas some patients want to work

with another person. The pictures below show a patient using a tablet to interact with a student and another using an app to help him do a drawing.

7. Conclusion

7.1. The management of delirium using technology to help cognitive stimulation is proving to be very valuable within the trust and has been seen to significantly improve the experience of patients.

Authors: **Jo James, Consultant Nurse, Dementia & Delirium**
Guy Young, Deputy Director – Patient Experience

Date 17.11.2020

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Chief Executive Officer's Report

Agenda item 8 and paper number 05

Author and lead Executive Director: Prof Tim Orchard, Chief Executive Officer

Purpose: For noting

Meeting date: 25th November 2020

Chief Executive's Report to Trust Board

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

- Operational performance
- Financial performance
- Flu campaign
- Hotel services progress update
- Freedom to Speak Up (FTSU) month
- Celebrating Black History month Trust-wide events
- Emergency Preparedness, Resilience and Response (EPRR)
- CQC update
- Redevelopment
- Research and innovation
- Stakeholder engagement
- Celebrating success

1. Operational performance

Information regarding operational performance is included in the IMIS Integrated Quality and Performance report. Field testing of the proposed new urgent and emergency care standards continues and we await further information from NHSE/I about the outcome of the pilot.

We have a whole raft of developments and measures in place to ensure we continue to provide safe and high quality care throughout what is already shaping up to be a very challenging winter. As well as the usual seasonal pressures, we are responding to the second wave of Covid-19 infections while doing everything we can to maintain planned care and reduce the waiting list that built up during the first Covid-19 wave. We are drawing on an intensive period of review and learning from the first Covid-19 wave undertaken during the summer. There has also been a much greater focus on planning across the whole north west London health and care system to build in partnership working.

Key developments include:

- **'Surge' plans -** we have plans in place to respond to increased demand for intensive care, whether from patients with Covid-19 and/or other conditions. We have established triggers that, if reached, begin an incremental expansion of our intensive care capacity, from our baseline of 104 beds up to a maximum of 191 beds. The expansion is supported by estates work undertaken

during the summer and staff 'redeployment' preparation and training. We have also established the sequence that we will follow to turn our acute and specialist wards into dedicated wards for patients who are positive for Covid-19. The surge plans 'protect' Hammersmith Hospital as much as possible from urgent and emergency admissions, including patients with Covid-19, so that it can continue to provide planned care for as long as possible. The plans also keep Riverside theatres at Charing Cross Hospital as separate as possible from 'surge' admissions so that planned surgery can continue there too. During the week commencing 9 November, we opened up additional intensive care capacity in 11 South ward at Charing Cross Hospital and four extra beds within intensive care east at Hammersmith Hospital – this was not in response to our own capacity triggers but to support wider sector pressure.. As of 19 November, we were caring for 86 patients who had tested positive for Covid-19 on their current admission to hospital. Twenty-six of these patients were being cared for in intensive care, 21 of whom were are on a ventilator.

- **Urgent and emergency care -** the usual demands of the winter period are magnified this year because of additional prevention and control measures for Covid-19 – especially physical distancing. We're streamlining care in our A&E departments to avoid unnecessary delays and crowding. Our Trust is part of a pilot testing new access standards for urgent and emergency care. Although this means we are no longer being monitored against the national 'four-hour' target, we have committed to treating and discharging all 'non-admitted' patients within three hours and admitting 'admitted' patients within four hours. We will also become part of the NHS 111 First approach from 1 December. We have made a number of adaptations and improvements within our urgent and emergency care services, supported with £1.4m additional capital funding to enable estates work where necessary. The developments include:
    - Improving facilities for mental health patients at both St Mary's and Charing Cross
    - Providing more 'same day emergency care' to avoid unnecessary admissions
    - Repurposing office space to provide more clinical assessment areas at St Mary's across both the paediatric and adult A&E
    - Additional access to GP care at Hammersmith Hospital to support 111 referrals
    - Investment in software to enable us to offer more online – or remote - care
    - Increasing 'fit to sit' space for patients who do not need lie down.

- **Keeping patients safe -** *w*e have made changes to the way we run our hospitals to keep patients safe, summarised in the infographic included in appendix 2.

- **Maintaining planned care -** Our staff have worked very hard to resume planned care services – surgery, diagnostics and outpatients – following the first Covid-19 wave. Currently we are on track to achieve the target levels for activity. At the same time, we are also working through the waiting list backlog that built up during the first Covid-19 wave when all but urgent planned care was suspended. Across the north west London sector, 'fast-track surgical hubs' are being established to help reduce the waiting list backlog and to support the continuation of routine planned surgery throughout the winter. Our Trust has established one fast track surgical hub, so far - at Riverside theatres within Charing Cross Hospital. All of the hubs are within a facility that can be kept as separate as possible from the rest of the hospital's services so that planned care can continue safely even as there is an increase in patients with Covid-19.Within the hubs, we are beginning to bring together provision for a number of routine procedures for suitable patients from across the sector. This enables us to be more systematic and more efficient and so treat more patients, more quickly. The sector has started with a small number of 'fast-track' sessions as a first phase in order to make an immediate impact as we head into a second Covid-19 surge and a busy winter. At our hub at Charing Cross, we are providing two 'fast track' sessions (theatre half-days) per week for a number of routine eye operations. Suitable patients are briefed on the fast-track approach when they are booked in for surgery. Patients receive their pre- and post-operative care at their local hospital and local surgeons move with their patients to the hub to undertake the surgery. Patients are encouraged to discuss any concerns about the location of their surgery with their GP or local hospital team and transport is available for patients who meet existing clinical criteria for support. We are now looking to expand the fast-track approach further across the sector, working with local stakeholders and patients to create longer term changes.

2. Financial performance

Under the current NHS financial regime, the Trust has been moved to a block contract arrangement for the first six months with a 'top-up' payment to achieve a break even position. The block contract is based on the previous year's month 8-10 run rate. It does not include additional new costs incurred in year, such as COVID-19 costs or the cost of bringing the facilities management contract in house.

Year to date (April 2020 – September 2020), the Trust has requested an additional £39.6m of top up funding to enable it to report a break-even position. This position includes £32.5m of additional costs for COVID-19; a reduction in income associated with significantly lower private patient activity and lower research income. These have however been partially offset by the reductions in costs where elective activity was reduced during the pandemic.

Trust has agreed an outturn position of £15.8m deficit. This was based on the month 5 forecast outturn position with funding for additional growth as appropriate including the increase of the ICU bed base. The plan explicitly excludes a number of items and these will be monitored closely, e.g. a second Covid-19 surge. The plan does however expect a 1% (£6m) efficiency to be delivered, and we are working through schemes / mitigations to achieve this cost improvement.

The Trust has continued to make good progress on delivering its capital programme with year-to-date total spend of £29.1m against a plan of £32.9m. The cash balance at 30 September was £151m with the majority of this linked to block payments made in advance which will roll out in due course.

Further details on financial performance are outlined in the finance report.

3. Hotel services progress update

The in-house hotel services function (including portering, cleaning and catering) continues to perform well since its transfer to the Trust on 1 April 2020, with transferred staff responding positively to the support and guidance of the new management team. Service delivery standards remain good and detailed data generated by auditing, undertaken independently of the operational team, is allowing targeted changes in areas where standards can be improved further.

The in-house approach has also allowed more flexibility in responding to COVID changes, such as increased levels of cleaning frequency recommended by PHE.

To date 90% of the circa 1000 staff who transferred have completed Trust statutory / mandatory training modules, and have also completed refresher skills training, despite the challenge of restricted numbers of face to face training sessions. All have completed COVID risk assessments. Sixty new frontline staff are now also beginning their induction to the Trust.

Over the next 3 months, time will be spent developing service performance further whilst also undertaking the review - for submission to the Board in March 2021 - which will determine the long term hotel services approach.

4. Flu vaccination campaign

This year's flu campaign was introduced in a phased way as the vaccine was delivered in batches. A soft launch occurred with frontline staff in week commencing 28 September with the major launch on 12 October. All 12,000 vaccines have now been received.

On site, the flu vaccinations are being delivered by a record number (445) of peer vaccinators, complemented by 2 flu vaccination clinics per site per day on each of the 3 main hospital sites. COVID precautions need to be observed, hence attendance of the vaccination clinics is by appointment-only. Trust contractors (e.g. CBRE), students and other Trust site workers can receive the vaccine.

As at 18 November, 51% (5,243) of frontline healthcare workers had been vaccinated. This compares to 40% at the same time in 2019. Whilst the year on year comparison is positive we are aiming to complete the flu campaign as close to the end of November as possible to allow the focus to move to the COVID vaccination programme so there is a lot to achieve in a short space of time for the flu campaign. Priority actions to increase uptake are:

- Follow up of staff who have registered but yet to receive the vaccine.

- Follow up staff yet to respond to ensure, as a minimum, we have a response from every staff member.
- Follow up and support peer vaccinators to focus on low take up areas in their divisions to drive up vaccination rates, including use of materials to help dispel myths and encouragement for staff to have the vaccine.
- Re-deploy central vaccination team to support clinics in areas of low take up.
- Divisions using local data, trajectories and delivery targets to review vaccination rates by per cost centre and delivery by peer vaccinators.
- Focused action plan for Hotel Services to access flu clinics in Occupational Health.
- Continue to roll out and build new Trust-wide communications and reinforce in all weekly Divisional and Trust meetings, including positioning of potential COVID vaccine.

Public Health England has asked, as it does annually, for the Trust to complete and return a flu vaccination best practice management checklist. The completed checklist is attached for Board approval (see appendix A).

5. Freedom to speak up (FTSU) month

National 'Speak Up' month was celebrated in October with a series of activities to raise awareness throughout the Trust. Virtual presentations to staff networks took place to help raise the profile of FTSU work and support to staff. Other general FTSU activities include:

- FTSU has continued to provide a service to staff who require support to speak up about a concern.
- The 'Freedom to Speak Up: Raising Concerns and Whistleblowing Policy' has been reviewed with HR and the revised document published for all staff to access.
- A network of FTSU Champions is being established to support Guardians with awareness raising and signposting staff to support.

6. Celebrating Black History Month events

A range of activities were held to mark Black History month in October. This provided an opportunity to celebrate the achievements and contributions of our black colleagues and black people across the UK. Activities included a virtual BAME drop-in session with Kevin Croft, Director of People and Organisational Development; a conversation with Lord Woolley CBE and Patrick Vernon OBE on race and the NHS; and virtual African and Caribbean cooking and cocktail evenings.

7. Emergency Preparedness, Resilience and Response (EPRR)

This month we made our annual submission as part of the regional EPRR assurance process. This process is used by NHSE/I to gain assurance that NHS organisations are prepared to respond to an emergency and have the resilience in place to continue to provide safe patient care during a major incident or business continuity event.

Recognising that the detailed process used in previous years would be a challenge in the current circumstances, the process for 2020/21 has been streamlined. As our Trust was deemed fully compliant against all 10 core standards and 69 evidential standards in 2019/20 and had no outstanding actions, we were only required to submit a declaration confirming that we have undertaken a systematic review of our response to the first wave of the COVID-19 pandemic, and that this has informed our winter preparedness for 2020/21, to remain fully complaint for this year. The declaration was approved by Claire Hook, as the accountable officer for EPRR, and reviewed at the Executive Management Board prior to submission.

8. CQC update

The CQC held its first engagement meeting with the Trust since January 2020, which included the normal Trust level discussion and a meeting with the leads for the Western Eye Hospital. Feedback from the meeting was very positive and no concerns were raised.

A CQC assessment of all of the Trust's A&Es took place on 2 November 2020 as part of the CQC's Transitional Regulatory Arrangements (TRA). A risk rating is assigned for each Trust as a result of the assessment which indicates that further regulatory action is required. These risk ratings are not shared

with Trusts, nor a written summary provided; however verbal feedback from the CQC was that the Trust's assessment was very positive and that it had no concerns about the A&Es at this time. Similar CQC assessments of other core services may take place later in the current financial year.

The CQC has announced a national review of DNACPR (do not attempt cardiopulmonary resuscitation) orders made during the first wave of the COVID-19 pandemic, including care homes, GPs and hospitals, to determine whether these were carried out lawfully in terms of being based on individual assessments and not 'blanket' orders for entire cohorts of patients. The CQC aims to publish an interim report in December 2020 and a full report in early 2021. Providers are being sampled based on CCG; the only London CCG included in the review is South East London, which means the Trust will not participate in the review.

The review will focus on two patients cohorts: those with learning disabilities and older people (age is not identified for this categorisation). Other cohorts will be included these are not identified; the Trust will need to wait for the interim report due in December 2020 and can then consider whether any additional cohorts need to be audited internally.

An internal audit of DNACPR orders was undertaken in September and October 2020 by the clinical audit team as part of the Trust's priority audit plan, which looked at whether orders were completed in line with Trust policy for patients with dementia or learning disabilities. The audit provided substantial assurance that blanket orders were not made for patients in these two cohorts. Completion of the audit for patients over 60 years of age at the time of admission is currently being planned for November / December 2020.

There are key lines of enquiry in CQC inspections for all NHS acute Trusts and the CQC has also published a report on the assessment of mental health services in acute Trusts (AMSAT) between 2017 and 2019. Two examples from the Trust were highlighted in the report as good practice for other Trusts to learn from.

The CQC will be consulting on its new three-year strategy in early 2021, for implementation from April 2021. The Board will be advised when the consultation opens.

9. Redevelopment

The Department of Health and Social Care made an announcement on 2 October 2020 confirming that Imperial College Healthcare NHS Trust was included in the government's Health Infrastructure Plan. It was confirmed that this will include a new hospital for St. Mary's in Paddington as well as significant investments in new infrastructure at Charing Cross and Hammersmith Hospitals. The Trust continues to engage with the Department following submission of our business case for the redevelopment of St. Mary's.

The output of the patient and public insight and engagement work has been incorporated into the brief for the next stage of the redevelopment design work and we are continuing to develop our engagement plan. Further engagement activities are being planned for when the formal feedback on the business case has been received and the design development programme is understood.

10. Research and innovation

The Trust continues to play a leading role in responding to the COVID-19 pandemic, both directly through recruitment of patients into national Urgent Public Health (UPH) studies, and indirectly through its research partnerships with Imperial College London and via the Imperial Academic Health Science Centre (AHSC) representing the North West London sector. As of 11 November, the Trust had opened 19 different UPH studies (2nd highest in the country) and had recruited 2,918 patients into observational and interventional UPH studies (3rd highest in the country), including 94 patients into the RECOVERY trial (which identified dexamethasone as an effective treatment for severe disease), and 97 into the P-HOSP study of 'long COVID'.

The Trust research infrastructure (NIHR Imperial Biomedical Research Centre and Clinical Research Facility) continues to support patient recruitment into a number of national vaccine studies, including the Imperial College developed vaccine based on technology developed by Professor Robin Shattock, the Oxford/AstraZeneca phase III vaccine trial, and several other later phase studies supported by the

national Vaccines Task Force. Key results for the Imperial vaccine are due to be released in early December.

Other major COVID initiatives led by Imperial include the REACT study, which measures infection prevalence and immune response nationally to inform UK government policy, and the DNANudge testing technology which was trialled and validated at the Trust and is now being rolled out nationally. We also are leading a national effort (funded by UK government) to establish human COVID challenge studies early in the new year, in order to accelerate the testing of vaccines and other therapeutics by controlled infection of SARS-CoV-2 into healthy volunteers. The latter has seen a very successful engagement of patients and the public. Further details are available on the NIHR Imperial BRC website.

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

- Hammersmith & Fulham Save our NHS: 21 September 2020
- Healthwatch Central West London bi-borough local committees: 23 September 2020
- Cllr Tim Mitchell, Westminster City Council: 24 September 2020
- Karen Buck MP and Andy Slaughter MP: 6 October 2020
- Cllr Stephen Cowan and Cllr Ben Coleman , London Borough of Hammersmith & Fulham: 14 October 2020
- Healthwatch Hammersmith & Fulham: 14 October 2020
- Healthwatch Central West London: 20 October 2020
- London Borough of Hammersmith & Fulham Health, Inclusion and Social Care Policy and Accountability Committee: 4 November 2020
- Nickie Aiken MP: 10 November 2020

12. Celebrating success

I am delighted to report that Winny Thomas, Matron for Quality Improvement and BAME Nurses and Midwives network Chair, has been awarded the British Empire Medal in the Queen's Birthday Honours. This was in recognition of Winny's services to nursing during COVID19. Consultant neurosurgeon Professor Mark Wilson, together with Ali Ghorbangholi, also received OBEs for their services to charity, volunteering and the COVID19 response.

Eighteen members of staff, representing a range of frontline roles across the Trust, were interviewed and had portrait shots taken at Charing Cross and St Mary's for a film for this year's ITV Pride of Britain awards, where the NHS frontline were presented with a special recognition award.

I am also pleased to report that Claire Hook, Director of Operational Performance, was awarded 'Director of the Year – third / public sector' for London and South by the Institute of Directors.

The Trust's hand hygiene improvement programme has been named 'infection prevention and control initiative of the year' at the Patient Safety Awards 2020. The Hand Hygiene Improvement Programme (HIPP) was set up as a collaborative safety improvement initiative across the five hospitals, jointly led by the Improvement team and the infection prevention and control (IPC) Team, bringing together staff, patients, improvement leads and infection control experts on selected wards with the aim of raising hand hygiene awareness and practice among staff and patients, and therefore to significantly improve hand hygiene compliance scores and to sustain the improvements on those wards.

13. Recommendation
The Board is asked to note the report.

Professor Tim Orchard
Chief Executive Officer
19 November 2020

Appendix 1

Healthcare worker flu vaccination best practice management checklist

For public assurance via Trust Boards by December 2020

NHS Trusts should complete a self-assessment against a best practice checklist which has been developed based on five key components of developing an effective flu vaccination programme.

A	**Committed leadership**	**Trust Self-Assessment**
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	Board received information on this year's flu campaign in September 2020, via the Quality Committee, and stated its ambition to vaccinate 100% of Trust healthcare workers.
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	Over 12000 QIV flu vaccines were ordered and received, a quarter of which were the egg-free QIV version.
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	A close down and evaluation report on the 2019/20 campaign was presented to the Trust Board in March 2020, via a report from the Quality Committee. The report to Quality Committee included data analysis, lessons learnt and approach to addressing the challenges in the 2020 campaign.
A4	Agree on a board champion for flu campaign	The board champion for the 2020/21 campaign is Kevin Croft - Director of People and Organisation Development.
A5	All board members receive flu vaccination and publicise this	All Executive Directors have received the flu vaccination. The CEO has tweeted a picture of himself getting vaccinated. Since the beginning of the Covid crisis, the Non-Executive Board members have been working remotely. Data is currently being finalised on the take up of the flu vaccination by the Non-Executive Directors.
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	A flu team was formed in August 2020 and includes representatives from each clinical division, communications, data intelligence and pharmacy. A union representative is also part of the team. In addition regular updates are given to staff representatives and union officials through the Trust's Partnership Committee. The group is a cross section of Nurses, clinicians, therapists, managers, pharmacists and occupational health.

A7	Flu team to meet regularly from September 2020	The flu team has been meeting on a weekly basis since late August 2020.
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Multiple communications (physical, verbal and electronic) have been going out to staff, including from the Chief Executive and clinical leaders outlining the importance of the vaccination. Myth-busting information is being shared through divisional/clinical teams as well as used by vaccinators when staff are reluctant to take the vaccine. Myth-busting information is regularly refreshed on the intranet to maintain engagement.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Drop in clinics and mobile vaccinations are not being used this year. Instead, staff can book an appointment to receive their vaccination from one of the full-time vaccinators sited on each of the 3 main hospital sites. The use of an appointment booking system ensures that adequate social distancing can be maintained by those who wish to be vaccinated. There is easy staff access to the appointment booking system, via the internet and intranet, using their smartphone or any computer. The full-time vaccinators are complemented by peer vaccinators, who are able to vaccinate their local HCW colleagues, whilst preserving the integrity of the relevant (Covid) risk pathway.
B3	Board and senior managers having their vaccinations to be publicised	Images of senior staff being vaccinated are visible and published through • dedicated intranet page • in brief newsletter • screen savers
B4	Flu vaccination programme and access to vaccination on induction programmes	All staff, clinical and non-clinical, have the opportunity to have the vaccination within their first few days with the Trust i.e. either from a local peer vaccinator or by booking an appointment at one of the fixed clinics. Those attending OH as part of their recruitment health clearance are routinely offered the flu vaccine by the OH service.
B5	Programme to be publicised on screensavers, posters and social media	Details of how to receive the flu vaccine are published on the following • Twitter • Intranet page • Screen savers • Posters

B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Every staff member has access, via Qliksense on the intranet, to the latest flu uptake figures. The data is refreshed and updated every 10 minutes. The latest figures are discussed both at the weekly Flu team meeting and regularly by the divisional management teams. In addition, updates are provided weekly at the Executive Team meetings and monthly to the People & Organisational Development Delivery Group (which superseded the Executive Committee for People & Organisational Development).
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Over 450 peers, providing broad coverage across the Trust, have been identified and trained to provide vaccinations to their local colleagues. They have been provided with suitable information and training in myth-busting.
C2	Schedule for easy access drop in clinics agreed	Drop in clinics are not being used this year. Instead, staff can book an appointment to receive their vaccination from one of the full-time vaccinators sited on each of the 3 main hospital sites. The use of an appointment booking system ensures that adequate social distancing can be maintained by those who wish to be vaccinated. There is easy staff access to the appointment booking system, via the internet and intranet, using their smartphone or any computer.
C3	Schedule for 24 hour mobile vaccinations to be agreed	Similar to drop in clinics, mobile vaccinations are not being used this year. However, flu vaccinations are available at any time of the day (24/7), subject to a peer vaccinator being available.

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: **Update on recovery and reset programme**

Agenda item 9 paper number 6

Author: Toby Hyde, Deputy director of transformation
Executive Director: Peter Jenkinson, Director of corporate governance & Trust secretary

Purpose: Information

Meeting date: 25th November 2020

1. Introduction

This paper provides an update on our recovery and reset programme, established in June 2020 to ensure positive changes prompted by our initial response to the pandemic are embedded and strengthened.

The programme incorporates progress on priorities set out by NHS England in July that form the third phase of the NHS response to Covid-19:

- accelerating the return to near-normal levels of non-Covid health services
- preparing for winter demand pressures as well as potential further spikes in Covid-19 locally and nationally
- taking account of lessons learned during the first Covid-19 peak to lock in beneficial changes, specifically to tackle inequalities and to support staff.

2. Governance and decision-making arrangements

On 4 November the NHSE/I announced that the NHS would return to level 4 – the highest state of emergency – as it did in wave 1. To date there has been no direction to trusts regarding implementing Gold Command systems. Although the NHS nationally has moved to level 4 emergency response the situation in London is currently less severe than in other parts of the country. At present the Trust is managing the increased activity under 'business as usual' governance arrangements and we have programmes of work in place, such as the recovery and reset programme, that enable the Trust to operate effectively in this level of emergency. This will be kept under review by the Trust executive as the pandemic continues. The executive will consider activity daily and will use triggers to inform any decision regarding the need to change governance arrangements.

In line with the above, the programme is currently focused on operational priorities, including responding to a second surge in COVID-19 demand, continuing our elective and non-elective care programme and supporting ongoing positive changes to our services, working alongside partners in the north west London Integrated Care System (ICS).

3. Responding to further surges in COVID demand

We have plans in place to respond to increased demand for intensive care, whether from patients with Covid-19 and/or other conditions. We have established triggers that, if reached, begin an incremental expansion of our intensive care capacity, from our baseline of 104 beds up to a maximum

of 191 beds. The expansion is supported by estates work (now completed) and staff 'redeployment' preparation and training. We have also established the sequence that we will follow to turn our acute and specialist wards into dedicated wards for patients who are positive for Covid-19. The surge plans 'protect' Hammersmith Hospital as much as possible from urgent and emergency admissions, including patients with Covid-19, so that it can continue to provide planned care for as long as possible. The plans also keep Riverside theatres at Charing Cross Hospital as separate as possible from 'surge' admissions so that planned surgery can continue there too.

All of our plans are part of a coordinated regional surge plan across north west London. In response to growing pressure on acute services across north west London, during the week commencing 9 November we opened up additional intensive care capacity in 11 South ward at Charing Cross Hospital and four extra beds within intensive care east at Hammersmith Hospital. As of 19 November, we were caring for 86 patients who had tested positive for Covid-19 on their current admission to hospital. Twenty-six of these patients were being cared for in intensive care, 21 of whom were are on a ventilator.

We have detailed staffing plans to support surge plans across all our sites. Drawing on feedback from the first wave and working with our partnership committee, we have developed a temporary redeployment policy to establish clear expectations and processes for staff and managers. A range of developments have been put in place to support staff who may be redeployed, such as new training plans and training passports and access to emotional and psychological support.

We have streamlined occupational health review process and updated guidance for managers who are responsible for staff designated as clinically extremely vulnerable or clinically vulnerable; where a risk assessment, indicates any member of staff is vulnerable we are ensuring appropriate mitigations are in place. Workspaces have been assessed to ensure 100% COVID secure compliance.

We have also been working with NHSE and NWL teams to ensure we have adequate supplies of appropriate PPE and have adequate supplies in place. Due to changes in FFP3 mask availability, we are phasing in the use of new types of FFP3 masks and have procured dedicated fit testers for a short period of time whilst engaging with the new NHSE FFP3 Fit Testing Programme to accelerate the Fit Testing available on our sites.

4. Increasing our planned care activity (NHS phase 3)

We continue to increase our planned activity levels, whilst continuously focusing available clinical capacity on those patients with greatest need and to minimise harm. Further details on our elective programme are contained within the Operational Performance report.

5. Responding to urgent, non-COVID demand through winter.

Urgent and emergency care - the usual demands of the winter period are magnified this year because of additional prevention and control measures for Covid-19 – especially physical distancing. We have made a number of adaptations and improvements within our urgent and emergency care services, supported with £1.4m additional capital funding to enable estates work where necessary. The developments include:

- Improving facilities for mental health patients at both St Mary's and Charing Cross
- Providing more 'same day emergency care' to avoid unnecessary admissions
- Repurposing office space to provide more clinical assessment areas at St Mary's across both the paediatric and adult A&E
- Additional access to GP care at Hammersmith Hospital to support 111 referrals
- Investment in software to enable us to offer more online – or remote - care
- Increasing 'fit to sit' space for patients who do not need lie down.

An expanded 'Same Day Emergency Care' (SDEC) service will help improve patient experience whilst reducing overcrowding in the Emergency Department, unnecessary admissions and longer than necessary stays in hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. We are working to create a dedicated SDEC unit by mid December 2020.

In addition, our staff flu vaccination campaign has been enhanced this year and, in line with Government advice, we have also started to plan the logistics for the Trust's internal Covid-19 vaccination programme.

6. Models of care and new ways of working

We are continuing to progress the development of new models of care, working alongside colleagues across the north west London ICS. Examples of recent progress include:

- The development of 'fast track surgical hubs' to bring together some routine surgery across north west London. For ophthalmology, this has contributed to a waiting list backlog reduction from 1,106 in June to 535 at the end of October.
- Continuing to increase our dialysis at home rates for renal patients, which have risen to 14.9% from 12.3% in April.
- Supporting COVID patients with remote monitoring pathways, which are currently expanding to support larger numbers of patients following positive feedback during the initial surge.
- Strengthening advice and guidance to primary care colleagues through a combination of webinars, clinical triage of incoming referrals and email and phone-based advice. In October this resulted in 1,400 additional referrals being managed in primary care settings.

7. Staff support:

With support by Imperial Health Charity, we are finalising plans to improve staff spaces across our sites, including showers, changing rooms and rest areas. Plans for phase 1 of these schemes have now been agreed and works are due to commence in December. We are undertaking a review of our retail spaces on site, including the provision of food and refreshments to our staff and our patients, learning from the impact of temporary food shops and donations received during Q1. We have extended our enhanced support offer to staff, appointing an additional 5.4 WTE counsellors to provide emotional support to colleagues through the remainder of 20/21.

8. Learning & Insights

Following the successful completion of the first phase of the Learning & Insights programme, and as per the presentation at September's board meeting, we are finalising plans for a trust-wide insights function, which will be presented at December's Executive Management Board.

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TRUST BOARD (PUBLIC)

Paper title: Integrated performance scorecard (month 6)

Agenda item 10 and paper number 07a

Author and lead Executive Director: Submitted by Performance Support Team;
Claire Hook, Director of Operational Performance

Purpose: For information

Meeting date: 25th November 2020

Executive summary

1. Introduction and background

1.1. The enclosed scorecard presents the Board metrics within the Trust's strategic goals, priority programmes and focussed improvements.

2. IMIS scorecard reporting updates

2.1. Three Countermeasure summary reports are enclosed for reference:

- Incident reporting rates
- Cancer waiting times – 62-day performance
- Ambulance handovers

2.2. Staff sickness has triggered as a Countermeasure but this is entirely Covid related and therefore a CMS is not required. Sickness absence is monitored daily by the executive.

2.3. SVUs are indicated for the following:

- Trust-attributed C. difficile
- RTT 52 week waits
- Cancer 2 week waits
- Patients waiting more than 12 hours from decision to admit to admission
- Long length of stay

3. Month 6 performance

3.1. The RTT waiting list closed at 55,225 patient pathways which represented an increase of 0.5% on the previous month. The percentage of RTT patients waiting 18 weeks or less was 68.6% which was an improvement of 7.2% on the previous month.

3.2. The number of patients waiting over 52 weeks for treatment increased to 1,259 which was 106 below trajectory. The overall 52 week backlog reduced in October and is forecast to meet the trajectory of 1,170 or less. The full theatre capacity schedule went live 5 October and we are now seeing more long waiting patients being booked in line with clinical priorities and the Trust is collaborating with the NWL fast track surgical hubs.

3.3. 40.5% of patients were waiting more than 6 weeks for their diagnostic test at the end of September, an improvement of 10.3% compared to August and was the lowest number of patients waiting over 6 weeks since March 2020. Performance is forecast to improve further for October.

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3.4. The 62-day GP referral to first treatment performance was 72.3% in September against the 85% standard. Treatment activity has continued to increase and recovered to pre-Covid levels in September.

3.5. Gastrointestinal pathways account for 90% of patients waiting longer than 104 day on the cancer patient tracking list and around two thirds of patients waiting longer than 63 days. The Trust has agreed a review of GI pathways with RM Partners in order to gain a full understanding of the root causes for persistent pathway delays. RMP have facilitated scoping work and Trust services responsible for delivery the pathway are completing pathway mapping. A final list of risks and recommendations will be published end of November and implementation is expected to be completed over 8-12 weeks. Weekly oversight meetings are held with RM Partners (chaired by Susan Sinclair - RMP managing director) and internal weekly oversight meetings chaired by Tim Orchard.

3.6. Trust Ambulance handover performance (within 30 minutes) improved by 1.4% on the previous month, with 2.1% increase at SMH and 0.6% improvement at CXH. The long length of stay performance increased by an average of 16 occupied beds to 145 in September. This is being managed as one of the IMIS focussed improvements.

3.7. Incident reporting: The Trust is reviewing the methodology for calculating bed days to enable accurate incident reporting rates to be available at Trust, divisional, directorate, speciality and ward level and allow comparisons. While this work is completed we have reverted to reporting crude numbers of incidents. The overall number of reported incidents increased slightly, with 1,332 reported in September 2020, however it remains low overall. Incident reporting is one of the IMIS focused improvements, with weekly progress updates provided to the executive huddle.

3.8. A never event was reported in September 2020, where a wrong uterine coil was inserted in a surgical setting and is under investigation. This is the third event this financial year. Immediate actions have been taken and learning from the incident will be included as part of the newly restarted HOTT programme (helping our teams to transform).

4. Recommendation(s)

4.1. The Board is asked to:

(i) Note the integrated performance scorecard for month 6.

(ii) Note the enclosed three Countermeasure summaries.

List of appendices

Appendix 1 **IMIS scorecard reporting rules**
See below

Appendix 2 **Integrated performance scorecard – month 6**
See enclosed

Appendix 3 **Countermeasure summaries**
See enclosed

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Appendix 1 IMIS scorecard reporting rules

-	Metric / project	Reporting expectation	Reporting rule – shown on scorecard
Driver	Driver is green for current reporting period	No action required	Share success
	Driver is red for current reporting period	Standard structured verbal update	SVU
	Driver is red for 2+ reporting periods	Present full written countermeasure summary	CMS
	Driver is green for 6 reporting periods	Standard structured verbal update, and promote metric to watch status	Promote to Watch
Watch	Watch is green for current reporting period	No action required	-
	Watch is red for current reporting period	If constitutional / statutory standard share structured verbal update	Note performance / SVU if statutory standard
	Watch is red for 4 reporting periods	Switch and replace to driver metric	Switch to Driver

Imperial College Healthcare NHS Trust

IMIS integrated performance scorecard - Board version

FI = Focussed improvement

M6 - September 2020

Section	FI	Metric	Watch Or Driver	Target / threshold	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Reporting rules	SPC variation
To help create a high quality integrated care system with the population of North West London																			
	FI	Workforce Race Equality Standard (WRES)		tbc	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
To develop a sustainable portfolio of outstanding services																			
Quality safety improvement	FI	Patient safety incidents on Datix	Driver		1,540	1,727	1,762	1,550	1,698	1,601	1,343	867	893	1,060	1,300	1,174	1,332	CMS	
		Trust-attributed MRSA BSI	Watch	0	0	0	0	0	0	0	0	0	0	0	1	0	0	-	-
		Trust-attributed C. difficile	Watch	5	6	10	7	10	12	3	6	8	6	3	1	2	11	SVU	-
		E. coli BSI	Watch	7	5	10	9	7	6	3	3	2	5	5	6	4	3	-	-
		CPE BSI	Watch	0	0	0	0	0	1	1	0	0	1	0	0	0	0	-	-
		% of incidents causing moderate and above harm (rolling 12 months)	Driver	<2.13%	1.33%	1.33%	1.38%	1.43%	1.47%	1.43%	1.37%	1.38%	1.53%	1.61%	1.63%	1.65%	1.61%	Promote To Watch	-
		HSMR (rolling 12 months)	Watch	<=100	60	55	72	79	60	60	65	66	63	73	87	71	69	-	-
		Formal complaints	Watch	<=100	98	100	83	87	80	80	67	32	53	56	60	51	71	-	-
Reset and recovery		RTT waiting list size	Watch	-	62,664	60,992	63,036	62,608	62,583	62,932	59,324	53,774	50,570	50,550	52,270	54,924	55,225	-	SC
		RTT 52 week wait breaches	Driver	0	3	2	4	8	2	1	10	90	258	533	834	1072	1,259	SVU	SC
		Diagnostics waiting times	Watch	1.0%	0.50%	0.69%	1.15%	1.67%	0.79%	0.51%	8.50%	66.6%	65.7%	67.4%	56.3%	50.7%	40.5%	SVU	SC
		Cancer 2 week wait	Watch	>=93%	84.5%	89.1%	91.7%	89.6%	86.2%	93.5%	89.1%	92.9%	96.4%	93.6%	86.8%	85.1%	83.5%	SVU	CC
		Cancer 62 day wait	Driver	>=85%	86.3%	83.7%	87.4%	89.1%	80.8%	75.3%	86.1%	85.0%	75.9%	69.9%	72.1%	76.4%	72.3%	CMS	CC
		Ambulance handover delays	Driver	100%	91.4%	92.7%	92.7%	89.3%	89.5%	88.3%	84.4%	87.7%	92.6%	92.9%	95.6%	94.3%	95.7%	CMS	CC
		Patients waiting >12 hours from decision to admit to admission	Watch	0	7	8	5	11	16	21	135	39	5	7	13	7	11	SVU	CC
	FI	Long length of stay - 21 days or more	Driver	<=142	212	208	206	233	224	229	191	131	143	127	131	129	145	SVU	SC
		Bed occupancy	Watch	90%	84.3%	89.2%	90.3%	83.9%	85.7%	85.3%	68.6%	51.5%	49.6%	58.3%	62.3%	64.5%	71.7%	-	SC
Safe and sustainable staffing		Vacancy rate	Watch	<10%	11.1%	10.3%	9.7%	10.0%	9.7%	9.1%	8.9%	8.4%	7.1%	7.1%	8.2%	8.5%	9.5%	-	-
	FI	Agency expenditure as % of pay	Driver	tbc	2.9%	2.8%	2.8%	2.7%	2.6%	2.5%	2.5%	0.8%	0.5%	0.5%	0.6%	0.7%	0.7%	-	-
		Staff Sickness (rolling 12 month)	Driver	<=3%	3.18%	3.24%	3.26%	3.29%	3.29%	3.29%	3.70%	4.00%	4.05%	4.09%	2.95%	3.22%	3.17%	CMS	-
		Staff turnover (rolling 12 months)	Watch	<12%	11.8%	11.8%	11.8%	11.8%	12.0%	11.7%	12.1%	11.0%	11.8%	11.1%	11.1%	11.1%	11.0%	-	-
Finance		YTD position £m	Watch		1.03	4.80	3.19	1.01	1.01	0.97	-1.47	0.00	0.00	0.00	0.00	0.00	0.00	-	-
		Forecast variance to plan	Watch		-9.14	-5.02	-6.51	-3.52	-2.62	-3.43	-	-	-	-	-	-	-	-	-
		CIP variance to plan	Watch		74.1%	73.5%	74.8%	75.0%	74.4%	75.7%	75.7%	-	-	-	-	-	-	-	-
To build learning, improvement and innovation into everything we do																			
		Core skills training	Watch	>=90%	93.8%	93.8%	94.3%	94.3%	93.4%	93.2%	94.0%	94.4%	95.2%	94.6%	91.8%	91.8%	92.4%	-	-

Countermeasure summary: Improving our incident reporting rate

Imperial College Healthcare NHS Trust

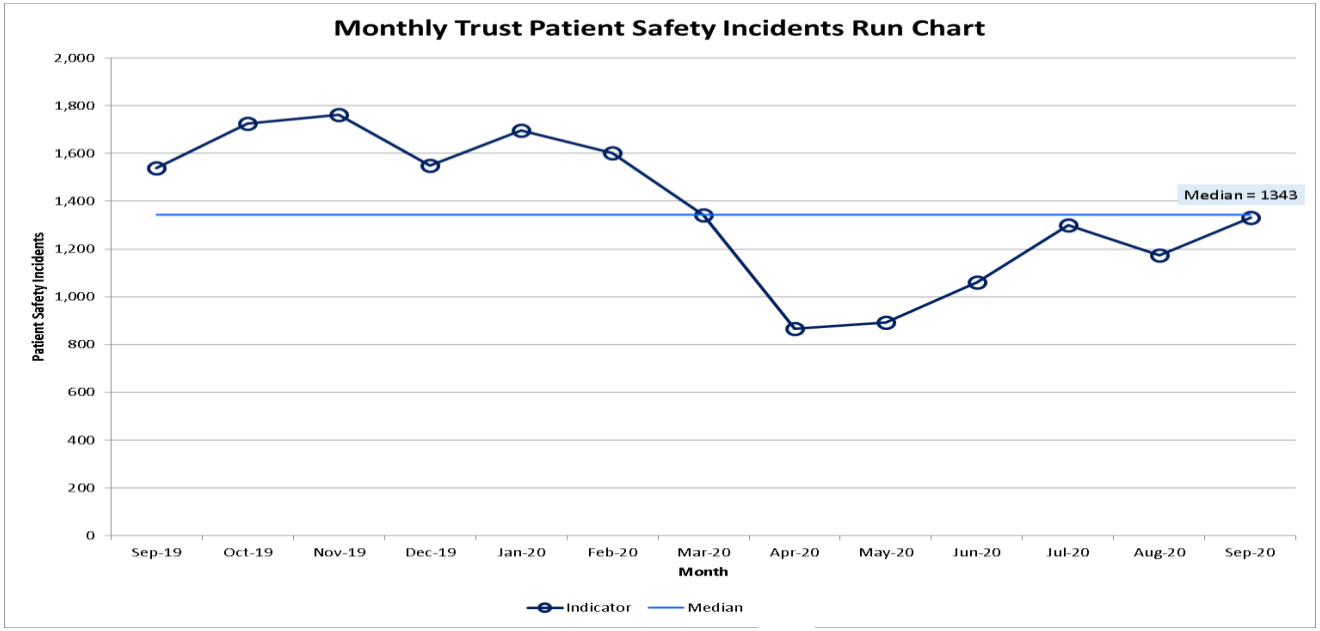
Problem Statement:

- Incident reporting is one of the most important sources of patient safety information, helping us to identify risks to patients and staff. High rates of incident reporting enable us to identify with more accuracy actual or potential harm; analysing this data alongside other sources of intelligence, helps us to learn and continuously improve. We believe that high rates of incident reporting is an important measure of how we are embedding our values & behaviours, supporting staff to be open and to report. Pre-pandemic, the numbers of incidents we reported were variable and although historically we had been in the top quartile overall when compared nationally, this had reduced over the preceding 12 months. During the pandemic, reporting dropped across all divisions.
- Incident reporting rates are usually calculated per 1,000 bed days on a national level to ensure that they are comparable across different trusts. However, using bed days as the denominator across the trust is problematic. We have therefore undertaken a review of options for calculating incident reporting rates, using the bed day data supplied by BI, and looking at possible alternatives, to ensure that as far as possible we can report comparable and accurate incident reporting rates across the trust, and use the data to drive local improvement. The preferred option, which was agreed at EMB quality group in November, is to use active WTE. The main benefit of this is that it can be used for all areas in the trust. We plan to include all clinical and non-clinical areas, and all incidents reported, rather than just patient safety incidents. This reflects our focus on staff safety as well as patient safety, aligns with the spirit of what a focused improvement should be and emphasises the impact effective incident reporting can have on an organisation's culture as well as on driving local improvements.
- We will now use the agreed method to calculate incident reporting rates at all levels of the organisation and agree local targets and trajectories. We will need to map these to the NRLS methodology and our target to be in the top quartile when compared nationally, so that the agreed local improvements support us to reach our target as a trust.
- While this work is being done, we will continue to report crude numbers of incidents. The overall number of incidents we are reporting has increased slightly, with 1332 reported in September 2020, however it remains low and we have more work to do to improve and sustain performance.

Metric Owner: Shona Maxwell, chief of staff
Metric: Incident reporting rate

Desired Trend: ↑

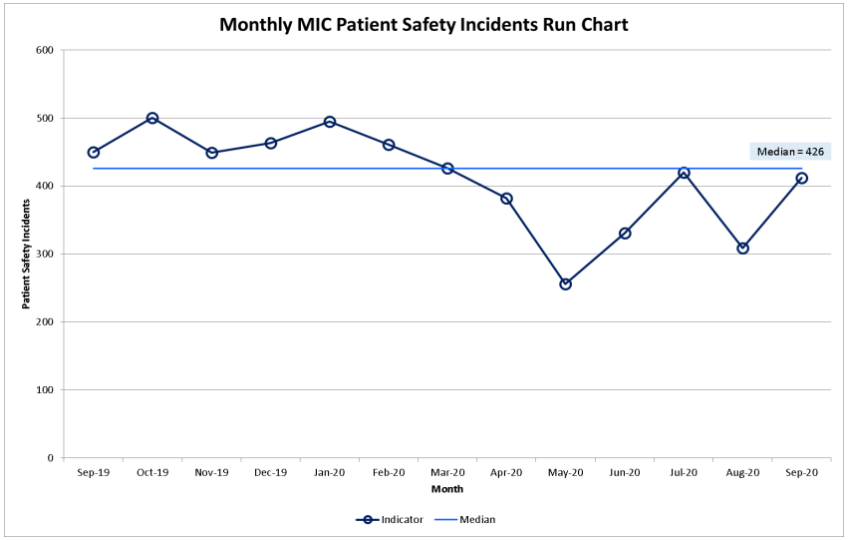
Historical performance:

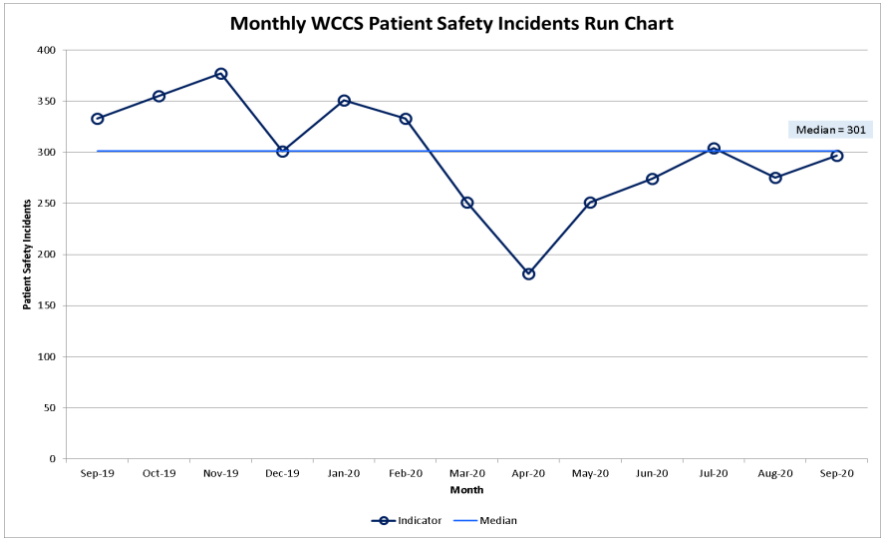


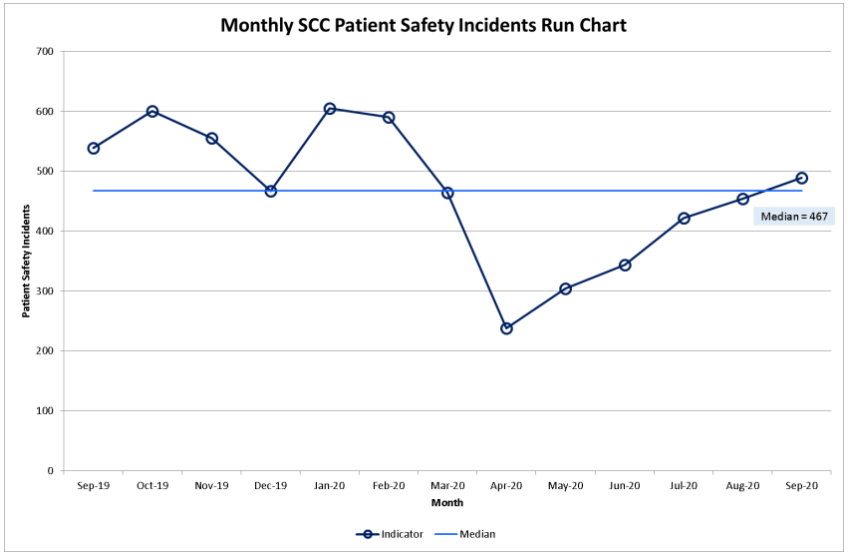
Countermeasure summary: Improving our incident reporting rate

Imperial College Healthcare NHS Trust

Stratified Data:







The graphs show the number of patient safety incidents reported per division showing historic variance and dips that coincide with the pandemic. The number of incidents reported is increasing, however they are lower overall than they were pre-pandemic. From next month, we should be able to include divisional reporting rates using our new methodology (active WTE), which will be mapped to the NRLS methodology and our target to be in the top quartile when compared nationally, so that the agreed local improvements support us to reach our target as a trust.

Countermeasure summary: Improving our incident reporting rate

Imperial College Healthcare NHS Trust

Top Contributors:

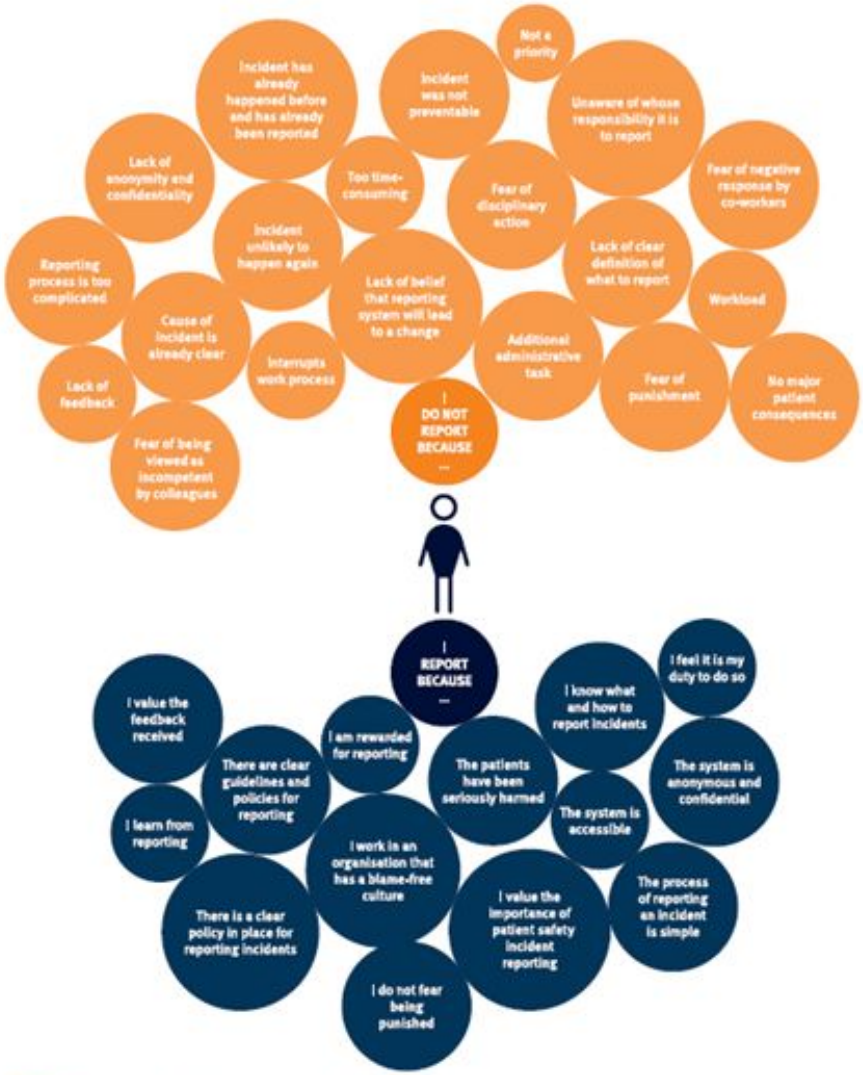


EXHIBIT 1: Barriers and facilitators to incident reporting[1] https://www.imperial.ac.uk/media/imperial-college/institute-of-global-health-innovation/IMPJ4219-NRLS-report_010316-INTS-WEB.pdf

In 2019, a pilot of incident reporting improvement projects commenced in 3 wards in surgery, cancer and cardiovascular sciences identified as some of the lowest reporting (ranked by total number of incidents by ward by month). Ward teams were asked to review their barriers and enablers to incident reporting using those set out in the research literature. This then formed the basis of local improvement plans.

In the pilot wards, these included frontline staff 'owning' their data, reporting cultures amongst professional groups, leadership for reporting, education & training, locally held beliefs around the utility of incident reporting, feedback and genuine commitment to learn from incidents. The key findings of the pilot were the importance of local ownership and the culture within teams.

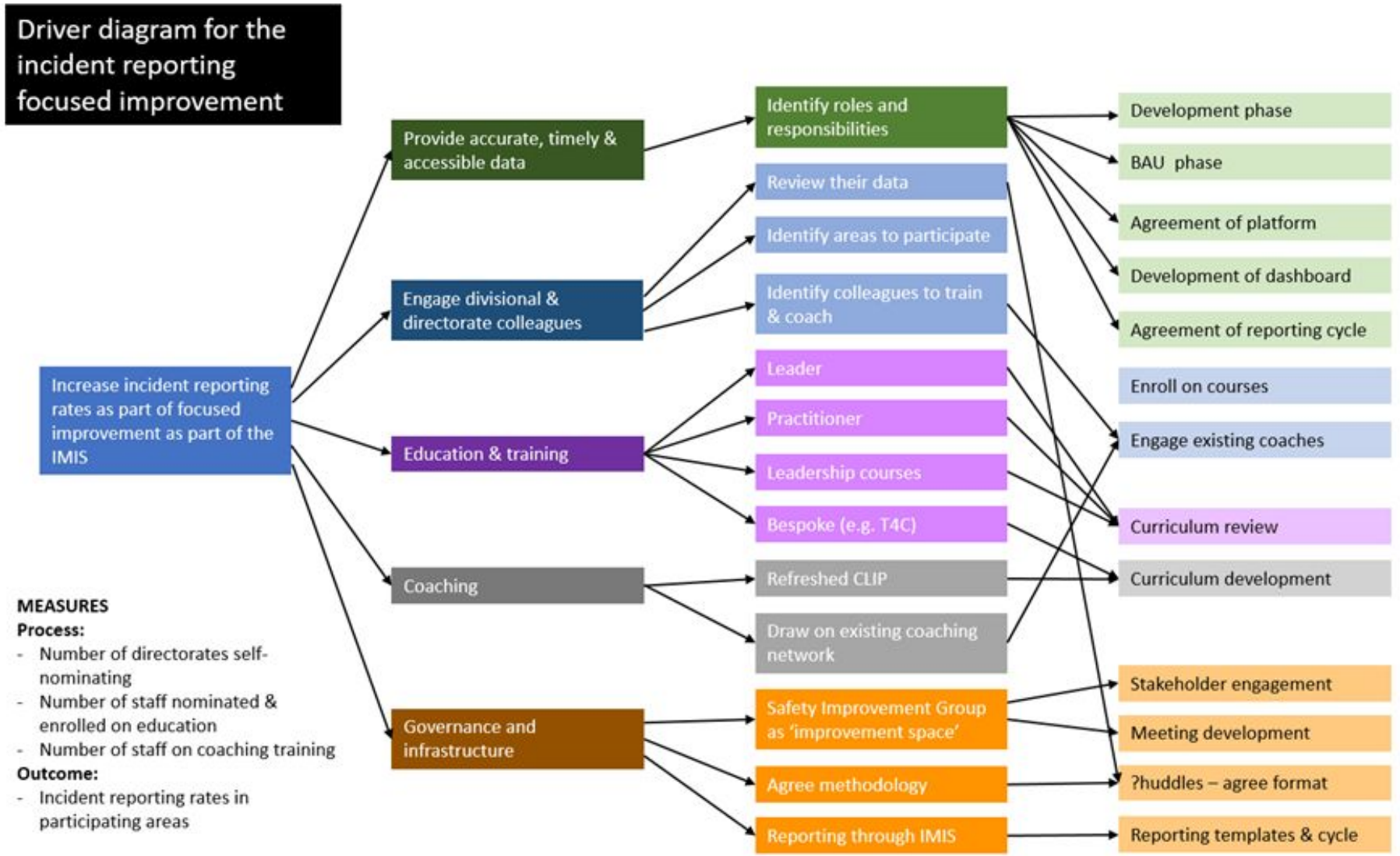
This pilot reported to quality and safety sub-group in November 2019. There were small but significant increases in incident reporting in the three pilot wards. If this was replicated at scale, it may have the potential to impact on overall reporting rates Trust wide, with most impact in those areas that currently under-report.

The findings of the pilot helped develop the programme and driver diagram for the trust's focused improvement, with the focus on locally developed actions in response to locally identified barriers to incident reporting. Trust wide actions focus on common issues reported by staff, such as availability of Datix (our incident reporting system), and the need for improvement support for frontline staff to enable them to develop and deliver their own improvement plans.

Countermeasure summary: Improving our incident reporting rate

Imperial College Healthcare NHS Trust

Overall programme driver diagram:



Countermeasure summary: Improving our incident reporting rate

Imperial College Healthcare NHS Trust

30-Day Action Plan:

Top contributor	Potential root cause	Countermeasure	Owner	Due date
Data visualisation – data is not easy to access from Datix in a visually meaningful way to support local use e.g. in huddles	• Datix functionality does not support visual data usage.	• Multidisciplinary group completing 'Soft Market Testing' of alternative solutions to Datix. This will inform a Business Case for re-tendering of Datix - due to be ready for approval by end December. • Development of prototype dashboards in Qliksense to help make data more available to frontline teams	Head of quality compliance and assurance Improvement team / BI	Jan 2021 Jan 2021
Local data comparisons – comparison data uses bed days which is not widely applied at local level making comparison difficult.	• Bed day data at local level has not historically been applied to incident data in a meaningful way.	• Review of options for calculating incident reporting rates complete. Agreement to use active WTE confirmed at EMB quality group in November. This will now be taken forward and used to calculate incident reporting rates at divisional, directorate, specialty and ward level.	DiHub / Divisional Directors of Nursing and Divisional Directors of Governance	Dec 2020
Divisional/directorate engagement	• Incident reporting is a focused improvement as part of the management system. This is a new way of working and plans to take this forward are still in development within the divisions.	• Divisional action plans in place which are being monitored through EMB quality group as part of the focused improvement • Communication plan being developed to clarify what the trust focused improvements are, emphasising that these are priorities for all staff, and the part everyone have to play in supporting them	DDNs/DGDs Director of communications	On-going Dec 2020
Local clinical engagement – both the research literature and our pilot to improve incident reporting show that the majority of barriers and enablers to incident reporting are local. In order to be successful, improvement plans need to be developed and progressed locally	• Identification of local areas to focus on improving incident reporting not yet complete	• Begin engagement with areas who already have trained improvement coaches in place. Commence support for the development of local huddles to review data and the barriers/enablers to incident reporting. • Agree the focus areas for 2021/22 with the divisions through business planning.	Improvement team / Divisional Directors of Nursing and Divisional Directors of Governance	Dec 2020 Mar 2021

Countermeasure summary: Improving our incident reporting rate

NHS
Imperial College Healthcare
NHS Trust

30-Day Action Plan:

Top contributor	Potential root cause	Countermeasure	Owner	Due date
Negative perception of incident reporting – staff have reported a number of barriers and that they do not see Datix as a tool for improvement.	• Messaging regarding the importance of incident reporting not reaching frontline staff	• Future awareness campaigns to be planned and developed. Incident reporting will also form part of the overall communications planned around IMIS	Improvement team / Communications	TBC
		• Education for local managers developed – focusing on psychological safety to support incident reporting and aligned with existing educational offerings from P&OD	Improvement team	Complete
		• Human factors training in place as part of HOTT programme – training dates being scheduled for remainder of FY	HOTT programme lead	Complete
		• Implementation of new model to manage SIs, moving away from current investigation process towards using after action review (AAR) following a successful pilot - approved at executive committee in August	Head of quality compliance and assurance	Complete
Potential under-reporting of near miss/low harm incidents – Anecdotal evidence suggests that staff feel too busy to report, which was exacerbated by COVID-19, and therefore de-prioritise reporting of near miss/low harm incidents.	• Perceived amount of time taken to complete incident reports	• Review of alternatives to Datix system including possible incident reporting app (this will be part of the re-tendering process)	Head of quality compliance and assurance	March 2021
		• Plan to develop automatic reporting from CERNER alongside implementation of a new incident reporting system (following re-tendering). This will be developed throughout 2021/22. Currently we are pulling reports from CERNER on common patient safety themes to review and determine the volume.	Office of the medical director with chief clinical information officer	On-going

Countermeasure Summary: Cancer Waiting Times
62-day Performance

Imperial College Healthcare NHS Trust

Problem Statement:
- *Performance against the standard has been non-complaint for 4 consecutive months. August was reported at 76.4% against the 85% standard, an improvement from July (72.1%)*
- *The patient impact is longer waiting times to access diagnostics and treatment for cancer*
- *The performance impact is reputational and increased pressure on clinical and supporting admin teams*
- *Performance has improved slightly in September, but is expected to remain non-compliant during clinical pathway, activity and PTL recovery*

Metric Owner: Prof Katie Urch
Metric: CWT 62-day GP referral to first treatment – operating standard 85%
Desired Trend: ↑

Historical performance:

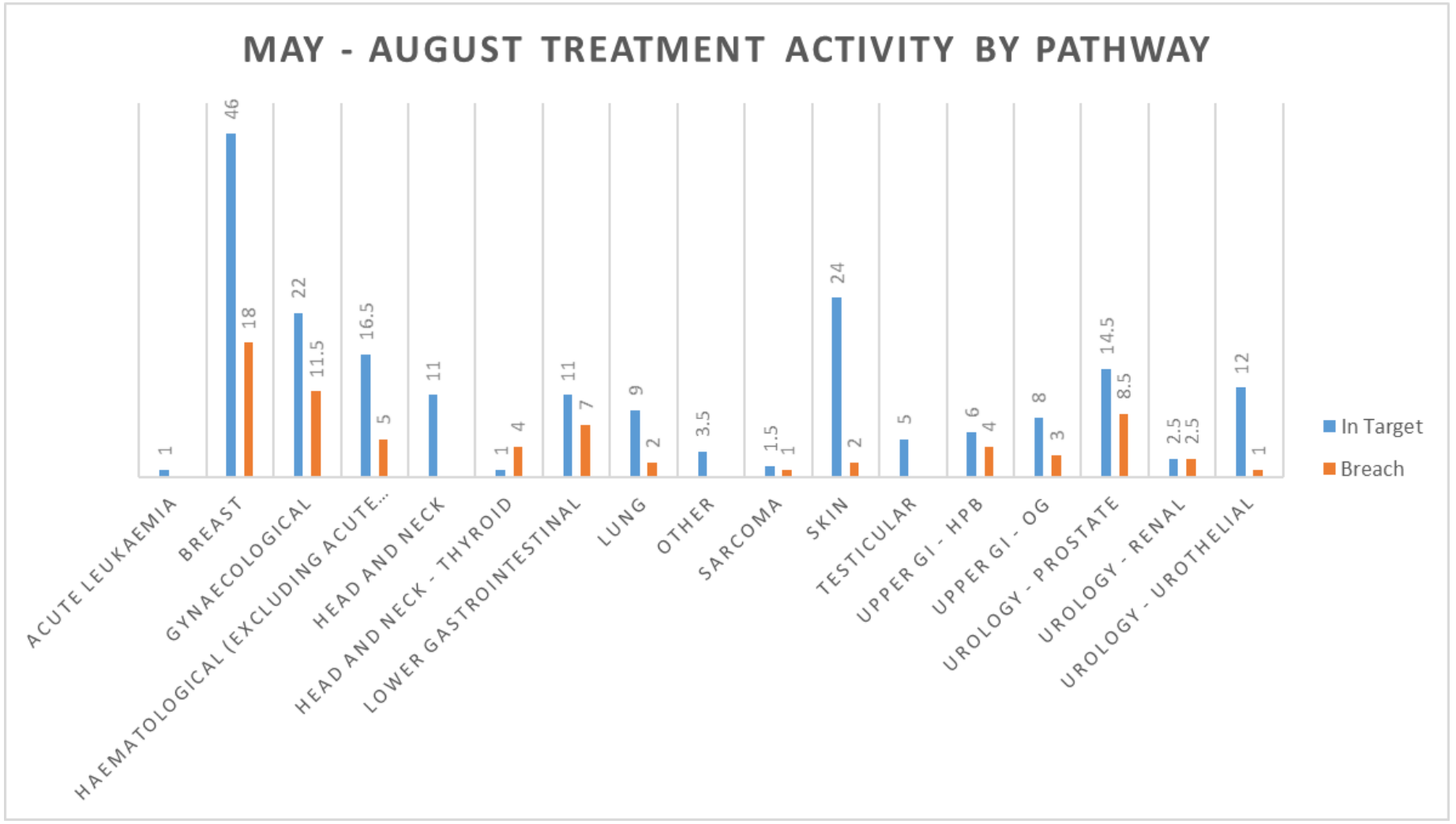
Standards	May	Jun	Jul	Aug
3.1 - Cancer Plan 62 Day Standard (Tumour)	**75.9%**	**69.9%**	**72.1%**	**76.4%**
Acute leukaemia				100.0%
Breast	100.0%	61.1%	55.6%	81.3%
Gynaecological	70.0%	73.3%	90.0%	45.5%
Haematological (Excluding Acute Leukaemia)	100.0%	84.6%	71.4%	57.1%
Head and Neck	100.0%	100.0%	100.0%	100.0%
Head and Neck - Thyroid	0.0%	100.0%	0.0%	
Lower Gastrointestinal	66.7%	60.0%	50.0%	62.5%
Lung	80.0%	0.0%	100.0%	100.0%
Other		100.0%		100.0%
Sarcoma				60.0%
Skin	100.0%	75.0%	87.5%	100.0%
Testicular		100.0%	100.0%	100.0%
Upper GI - HpB	50.0%	71.4%	50.0%	60.0%
Upper GI - OG	75.0%	100.0%	87.5%	50.0%
Urology - Prostate	33.3%	30.8%	69.2%	100.0%
Urology - Renal	40.0%	50.0%	100.0%	0.0%
Urology - Urothelial	75.0%	100.0%	100.0%	100.0%

Key associated metrics to watch against trajectory:
- 2WW performance – August performance 85.1% against 93% target. Standard will not be met in September;
- 104+ day PTL backlog – 246 patients at 16/10/2020. September trajectory target of 290 delivered, but October target of 95 at risk due to GI diagnostic pathway recovery;
- PTL 63+ day tip over drivers – GI diagnostic pathway capacity and process, skin outpatient biopsy capacity, imaging risks for CTC, MRI and US capacity

Countermeasure Summary: Cancer Waiting Times
62-day Performance

Imperial College Healthcare NHS Trust

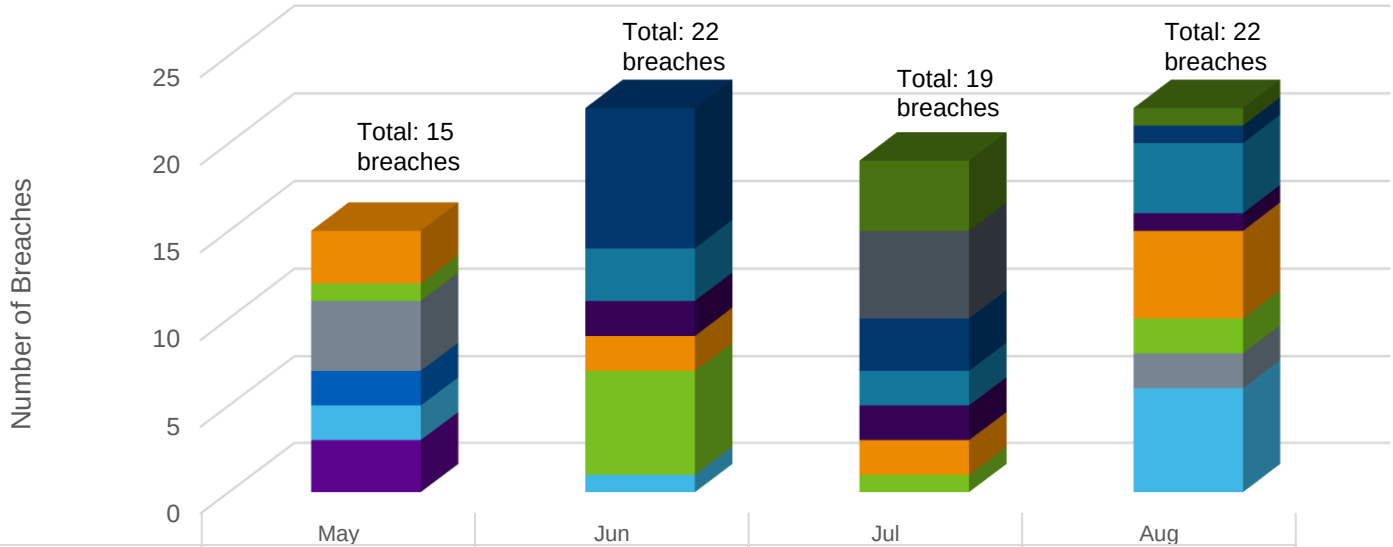
Stratified Data:



Countermeasure Summary: Cancer Waiting Times
62-day Performance

Imperial College Healthcare NHS Trust

Top Contributors:



	May	Jun	Jul	Aug
Diagnostics delayed by patient Covid risk			4	1
Admission delayed by isolation period			5	
Temporising hormones prior to surgery		8	3	1
Late ITR		3	2	4
Admission delayed by patient Covid risk		2	2	1
Patient choice - no Covid impact	3	2	2	5
Diagnostics delayed by Covid capacity reduction	1	6	1	2
Admission delayed by Covid capacity reduction	4			2
Patient comorbidity	2			
Complex diagnostic pathway	2	1		6
Patient Covid positive	3			

Countermeasure Summary: Cancer Waiting Times 62-day Performance

Imperial College Healthcare NHS Trust

30-Day Action Plan:

Top contributor	Potential root cause	Countermeasure	Owner	Due date
Elective diagnostic and treatment capacity reduction	• Reduction in capacity for key diagnostics and loss of internal theatre capacity increased waits to diagnosis and treatment; • Scheduling has been based on clinical priority rather than performance standard breach dates; • 14 day isolation period requirement resulted in patients breaching when there was available capacity to admit within target – now resolved	• All key internal surgical pathways have been re-established. Plans being agreed to maintain surgical pathways for cancer patients during wave 2; • Local agreement reached with KE7 to continue using additional elective theatre capacity with them; • Additional IS endoscopy capacity has been agreed with HealthShare and RMP; • RMP funding has been provided to increase CTC capacity, consultant sessions for clinical pathway reviews and admin and management capacity for GI pathway recovery (impacting PTL recovery more than 62-day recovery)	Elective care directorates IPH Corporate Cancer/ endoscopy	Complete On-going Complete Management posts recruited to, admin post recruitment by 31/10
Late inter-trust referral from NWL trusts	• Elective capacity reductions at partner trusts in NWL are resulting in delayed diagnosis and later transfer of care to ICHT for treatment	• Local elective capacity improvement plans	NWL trusts ICS	
National policy on clock stops for patients placed on hormone therapy prior to surgery	• NHSE issued an instruction in April 2020 that the 62-day clocks for patients placed on hormone or endocrine therapy prior to surgery in response to the pandemic had to be the date of surgery, even where the hormone therapy stopped tumour growth or shrank tumour size; • Breast, gynae and prostate patients are most affected, with patients having been on active treatment since March/April but being reported as breaches in June onwards when surgery could be scheduled.	• Corporate Cancer have escalated the issue to NHSE directly and through RMP. RMP are lobbying for a change in policy	Corporate Cancer	TBC – awaiting confirmation of outcome from RMP escalation

Ambulance handover times

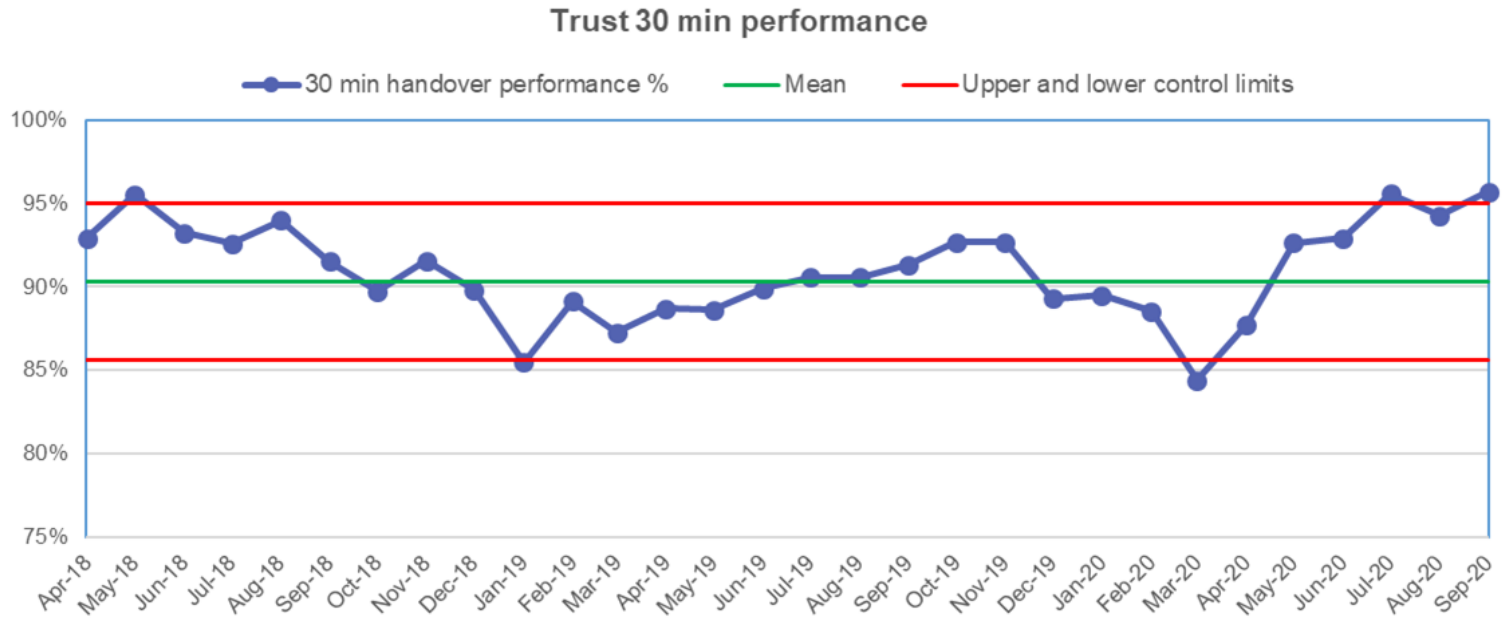
Imperial College Healthcare NHS Trust

Problem Statement: On average 93% of ambulance arrivals are handed over within 30 minutes of arrival (Apr-Aug, both type 1 emergency departments). Performance dropped to its lowest point in March 2020 (84%) and last peaked in May 2018 (96%). The national target is 100% in order to reduce the time LAS crews spend in EDs and therefore freeing them up to respond to other calls. Waits in corridors or in ambulances is not reflective of good patient experience, however patient safety is maintained. Delays however have a knock on effect to overcrowding in the ED.

Metric Owner: Ben Pritchard-Jones
Metric: % of ambulance arrivals with a handover time < 30 minutes - target 100%
Desired Trend: ⇧

Historical performance:

After the significant spike in the % of 30 minute ambulance handover breaches during the first wave of covid-19, performance has been improving since from April 2020. Performance in July was 95.6%, dipping slightly to 94.3% in August, and 95.7% in September, which is the highest % since May 2018.

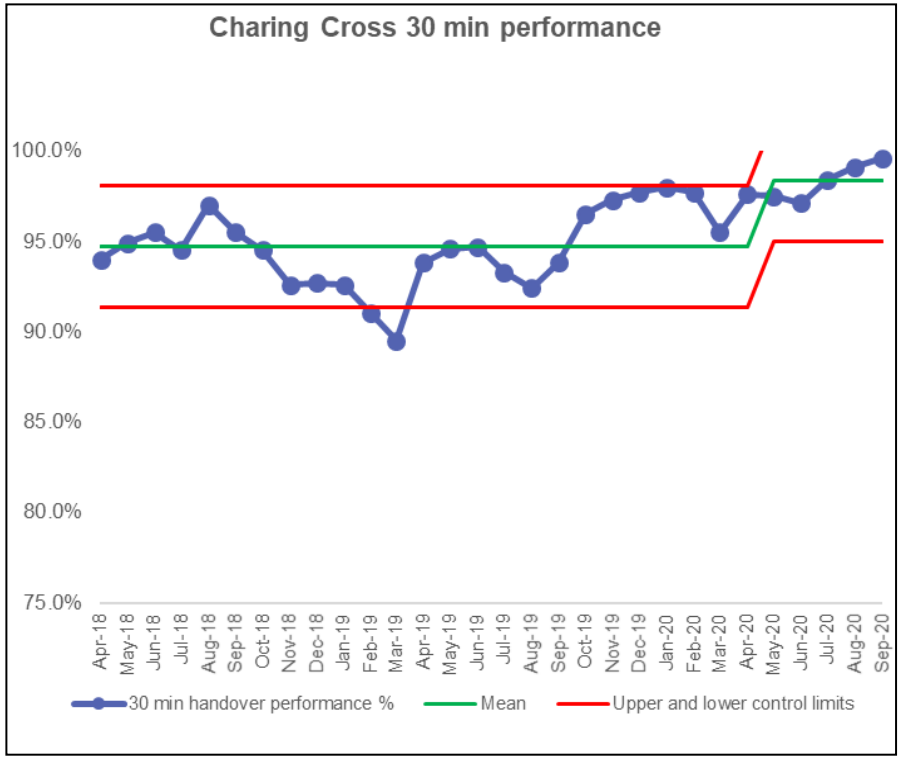


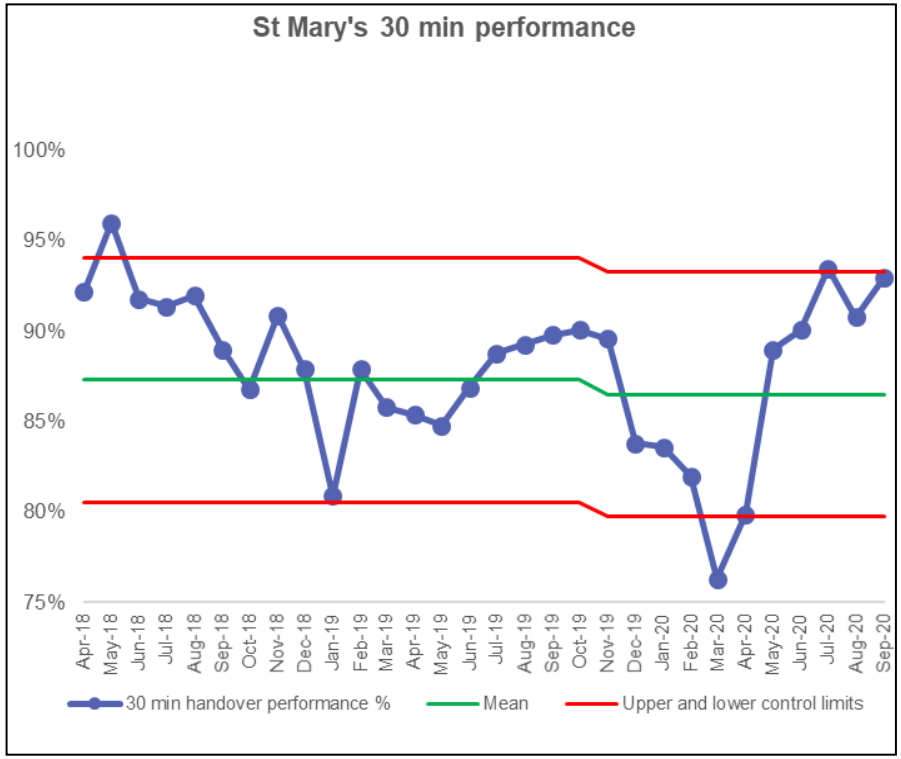
Imperial College Healthcare NHS Trust

Countermeasure Summary: Ambulance Handovers

Stratified Data:

Charing Cross performance has been improving each month since June 2020, and reached 99.7% in September. The last three months at Charing Cross have seen the best performance since before Apr 2018. St Mary's performance dipped by 2.7% in August, but returned to similar levels in September as seen in July (93%). St Mary's is also seeing its highest performance since May 2018.





Top Contributors:

SMH

- Lack of space to offload ambulances whilst social distancing
- Continuing influx of arrivals
- Slow flow out of the ED, limiting the capacity within which ambulances can be offloaded
- Numbers of long waiting Psych patients who require cubicles for an extended period of time, making offloading more challenging
- AEC regularly shutting due to space limitations meaning patients cannot be moved out of the ED

CXH

- Performance has improved each month since June 2020, and reached 99.7% in September

Action Plan

Top contributor	Potential root cause	Countermeasure	Owner	Due date
Slow flow out of the ED	• Delayed discharges downstream • Lack of Nudge availability • Speciality delays	• Managed through alternative work streams of the UEC programme (Admitted Mean Time work and SAFER site based projects)	Frances Bowen and Jo Sutcliffe	Ongoing
AEC closures due to space constraints	• Lack of space to ensure social distancing can be adhered to	• Movement of AEC to the Patterson building	Ben Pritchard – Jones	Dec 20
Long waiting Psych patients	• Unavailability of Psych beds leading to long waits in the department	• Early referral and review • Escalation early • Improving MH escalation processes across NWL with CCG leads • Working with colleagues in MH trusts to improve the patients pathway	Trish Ward and Barbara Cleaver	Ongoing
Lack of space to offload ambulances whilst social distancing	• Slow flow out of the ED • Estate too small prior to pandemic now even more constrained	• Purchase of multi purpose wheelchairs to allow fit to sit patients to be offloaded faster and treatments to commence earlier	Ben Pritchard-Jones	Dec 20

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Integrated scorecard metrics - rationale

Agenda item 10.1 and paper number 07b

Author and lead Executive Director: Terence Lacey, Julie O'Dea; Sophie Massie. Claire Hook, Director of Operational Performance

Purpose: For information

Meeting date: 25th November 2020

Executive summary

1. Introduction and background

1.1. This paper describes the rationale for the list of current metrics in the integrated scorecards.

1.2. Starting early 2020 the integrated scorecards were updated as part of the new Imperial Management and Improvement System (IMIS) and Board and Executive routines. Feedback on the previous process was that scorecards had become overly complex. It was also clear that there was scope for improvement in the alignment of metrics with trust objectives.

2. Executive Summary

2.1. Senior responsible officers (quality, finance, people, and operations) were asked to review the existing integrated scorecards as the starting point. There was consensus that some metrics could be appropriately reported at executive, subgroup or divisional level *without* being included in the Trust Board scorecard. Where such decisions are taken any significant changes in performance can be highlighted to the Trust Board with escalations discussed though the Executive Management Board (EMB).

2.2. Previously, all core indicators were reported in all scorecards by default. This updated approach offers a more tailored way of reporting and aligning scorecards. This should help to achieve a better balance overall.

2.3. The process has also been improved through the adoption of 'reporting rules' to structure the type of updates required and the differentiation of 'Driver' metrics to help prioritise resources.

2.4. Visibility of performance against statutory standards continues to be provided. The Board are also asked to note that some of the previous metrics are not included this year because collection has been paused by NHS Digital in order to release capacity to support Covid (example FFT).

2.5. In addition the bi-monthly CQC Insight Report provides ongoing monitoring of Trust quality of care with other NHS acute trusts nationally for a large body of surveillance metrics. Information is reviewed through the Trust's Regulatory Compliance Unit and the EMB Quality Group. Any deterioration in Trust level indicators are highlighted with explanations to EMB, Board Quality Committee and Trust Board.

3. Next steps

3.1. Work continues to strengthen the strategic alignment of metrics and the overall measurement approach while gaining staff experience, patient and service user perspectives.

4. Recommendation(s)

Imperial College Healthcare NHS Trust

4.1. The Board are asked to note the rationale for the list of current metrics shown in appendix 2 and ongoing improvement of methods.

Imperial College Healthcare NHS Trust

Main paper

1. Integrated scorecards – up until March 2020

1.1. The Trust launched its integrated quality and performance scorecard report in April 2016. The scope was primarily to provide oversight of core indicators at each level of the organisation. Scorecards were structured using CQC domains (safe, effective, caring, well-led and responsive).

1.2. The metrics were agreed through a process of annual review by the executive committee with a gap analysis against contractual, oversight and other quality requirements. The list of metrics was then agreed for the coming financial year with in-year changes made by exception.

2. Context for the 2020 review

2.1. Starting early 2020 the integrated scorecards were updated as part of the new Imperial Management and Improvement System (IMIS) and Board and Executive routines.

2.2. The previous approach allowed a comprehensive set of measures to be agreed for use across the organisation, however feedback from users was that the reports had become overly complex and unfocussed. At one point 100+ metrics were being reported in the Board version. It had also become clear that there was scope for improvement in the alignment of metrics with trust objectives.

2.3. The context of the review was therefore a recognition that a more tailored approach would be needed in order to give a better balance of reporting. A key question was also whether metrics presented could enable progress to be assessed against strategic priorities[1].

3. Selection process

3.1. Senior responsible officers (quality, people, finance, operations) were asked to consider the metrics they would find most helpful to measure, taking into account the selection criteria and considerations shown in appendix 1. The starting point was a review of the existing metrics already in use which had been quality assured under the previous process.

3.2. Consensus was reached to allow some metrics to be managed through the new executive, subgroup or divisional structures without being reported in the Trust Board scorecard. Previously, all core indicators were reported in all scorecards by default whereas this update to the methods offers a more tailored or balanced approach.

3.3. For example, the overall number of serious incidents where oversight is provided through the Executive Management Board (EMB) Quality Group. Where such a decision is taken any significant changes in performance can be highlighted to the Trust Board / Board Committee. These escalations are discussed though the EMB and this may include the addition of a metric to the Trust Board scorecard if required and possible use of Countermeasure reporting.

4. List of current metrics

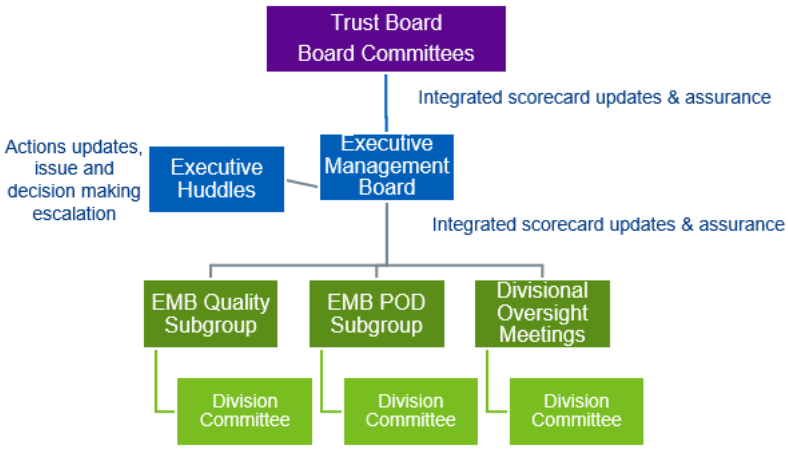
4.1. The list of metrics is provided in appendix 2, reflecting above discussions.

4.2. A number of the previous metrics are not included because data collection has been paused by NHS Digital to release capacity to support Covid (for example the Friends and Family Test) or it would not be beneficial to report them currently.

4.3. As with the previous process, the integrated scorecards continue to ensure that there is sight of performance for the statutory performance standards.

[1] For further discussion on the selection of metrics for corporate reporting see Guide to key performance indicators: Communicating the measures that matter (Price Waterhouse Cooper; 2007)

4.4. Below is an example of the high level governance and reporting structure for the scorecards:



4.5. In addition the bi-monthly CQC Insight Report provides ongoing monitoring of provider quality of care (showing trends in Trust performance and with other NHS acute trusts nationally for a large body of surveillance metrics). Information is reviewed through the Trust's Regulatory Compliance Unit and the EMB Quality Group. Any deterioration in Trust level indicators are highlighted with explanations to EMB, Board Quality Committee and Trust board.

5. Improvements to the reporting process

5.1. The use of driver and watch metrics and 'reporting rules' were fully implemented September 2020. In summary:

- **Driver metrics** include metrics that are consistently not performing against target / trajectory and where we want to align resources via a specific project to drive improvement. This helps to prioritise resources for key improvement projects where they are needed.
- **Watch metrics** acknowledges business as usual activities to maintain performance in other areas. Watch metrics include metrics that are consistently performing and this is expected to be reliably maintained through business as usual activities or where we are not currently able to directly influence performance.

5.2. The rules inform the type of update required for a particular metric or project milestone, dependent on recent performance against target or trajectory or signals from statistical process control. The rules are driven by 'by exception' principles and updates may include:

- sharing successes
- structured verbal update (SVU)
- full countermeasure summary (CMS) with trend, root causes and improvement actions.

6. Conclusions and next steps

6.1. Finally, work has continued to strengthen the strategic alignment of metrics and the overall measurement approach. The Organisational strategy review & refocus paper, agreed by the Board in September 2020, clarifies that for the three strategic goals, aspirational metrics will be developed and underneath which sit core delivery metrics. A range of growth metrics are also accommodated which are opportunities to use new and improved metrics as the overall strategic framework matures to the next phase.

Imperial College Healthcare NHS Trust

1.1. **Impact**

1.1.1. **Quality**
The integrated scorecards and metrics represent quality of care across all domains and are aligned with trust strategic priorities as well as national standards. Reporting mechanisms and structures are in place to alert deterioration in performance with instigation of quality improvement plans and escalations.

1.1.2. **Financial**
N/A

1.1.3. **Workforce impact**
N/A

1.1.4. **Equality impact**
N/A

1.2. **Risk impact**
none identified

Imperial College Healthcare NHS Trust

Appendix 1: Selection criteria and considerations (updated for 2020/21)

- Importance and relevance
    - reflects a priority area, aligned with strategic objectives and priority programmes
    - visibility of statutory performance standards
    - role of business planning cycle and divisional / directorate objectives
- Variation in current care provision and practice
- Capable of leading to meaningful improvement / potential to improve outcomes
- Attribution within the control of the trust
- Reported at the appropriate level of the organisation (with quick escalation if needed)
- Focussed on performance by exception and improvement actions
- Iterative cycle
- Additional factors include new or emerging national requirements, feasibility, and feedback from stakeholders

Adapted from The Good Indicator Guide: Understanding how to use and select indicators (NHS Institute for Innovation and Improvement; 2007)

NHS
Imperial College Healthcare
NHS Trust

Appendix 2: List of current metrics and where they are reported - October 2020

Notes: Some metrics listed are still being developed and not yet live. Does not yet include EMB POD Subgroup metrics.

Total metrics in the library = 76

Scorecard headings	Trust Board	Executive Management Board	Divisional Oversight MIC	Divisional Oversight SCCS	Divisional Oversight WCCS	EMB Quality Subgroup
Quality and safety improvement	8	9	9	15	9	31
Recovery and reset	9	11	14	8	7	0
Safe and sustainable staffing	7	9	8	8	7	0
Culture	1	1	1	1	1	0
Finance	3	7	5	5	5	0
Imperial private healthcare growth	0	2	0	0	0	0
Total number of metrics:	28	39	37	37	29	31

List by scorecard level

EMB – Executive Management Board
DOM – Divisional Oversight Meeting

- MIC – Division of Medicine and Integrated Care; SCC – Division of Surgery, Cancer & Cardiovascular, WCCS – Division of Women's, Children and Clinical Support

Metric	IMIS integrated scorecard – reporting level					
	Trust Board	EMB	DOM - MIC	DOM - SCC	DOM - WCCS	EMB Quality Subgroup
Quality safety improvement						
• Patient safety incident reporting rate	✓	✓	✓	✓	✓	✓
• % of incidents causing moderate and above harm	✓	✓	✓	✓	✓	✓
• *% of incidents causing moderate harm*						✓
• *% of incidents causing severe/major harm*						✓
• *% of extreme harm incidents*						✓
• Never events						✓
• Serious incidents						✓
• PSAs open and overdue						✓
• Incidents with Duty of Candour completed						✓
• Trust-attributed MRSA BSI	✓	✓	✓	✓	✓	✓
• Trust-attributed C. difficile	✓	✓	✓	✓	✓	✓
• Trust-attributed C. difficile (lapses in care)						✓
• E. coli BSI	✓	✓	✓	✓	✓	✓
• MSSA BSI				✓		
• CPE BSI	✓	✓	✓	✓	✓	✓
• Trust Psedomonas aeruginosa BSI				✓		
• Klebsiella BSI				✓		
• VTE risk assessment						✓
• Sepsis anitbiotics		✓	✓	✓	✓	✓
• Cleanliness audit scores (very high risk)						✓
• Cleanliness audit scores (high risk)						✓
• Reactive maintenance						✓

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NHS Trust

Metric	IMIS integrated scorecard – reporting level					
	Trust Board	EMB	DOM - MIC	DOM - SCC	DOM - WCCS	EMB Quality Subgroup
• HSMR: Trust ranking						✓
• HSMR (rolling 12 months)	✓	✓	✓	✓	✓	✓
• SHMI: Trust ranking						✓
• SHMI ratio						✓
• Total number of deaths						✓
• SJR requested in month						✓
• Overall Quality Of Care (Very Poor/Poor) (FYTD)				✓		✓
• SJRs not completed within 30 days						✓
• Readmissions (under and over 15s)						✓
• Participation in relevant NCAs (FYTD)						✓
• High risk/significant risk audits with action plan (FYTD)						✓
• % of audit reviews complete within 90 days (FYTD)						✓
• Complaints – number of formal complaints	✓	✓	✓	✓	✓	
Reset and Recovery						
• RTT waiting list size	✓	✓	✓	✓	✓	
• RTT 52 week wait breaches	✓	✓	✓	✓	✓	
• Diagnostics waiting times	✓	✓	✓	✓	✓	
• Cancer 2 week wait	✓	✓	✓	✓	✓	
• Cancer 62 day wait	✓	✓	✓	✓	✓	
• Touch time utilisation – (elective, excluding IPH and emergency)				✓		
• % of planned 4-hour sessions run				✓		
• Ambulance handover delays	✓	✓	✓			
• Average Time in ED		✓	✓			
• Average time in ED for admitted patients		✓	✓			
• Patients waiting >12 hours from decision to admit to admission	✓	✓	✓			
• Long length of stay - 21 days or more	✓	✓	✓	✓	✓	
• LLOS MO as a % of occupancy			✓			
• Of total weekly discharges, % that happen at the weekend			✓			
• % discharges before noon			✓			
• Bed occupancy	✓	✓	✓		✓	
Safe and Sustainable Staffing						
• Flu Vaccination		✓				
• Vacancy rate	✓	✓	✓		✓	
• Vacancies WTE at Band 7 and above			✓	✓	✓	
• Health roster management metric				✓		
• Agency expenditure as % of pay	✓	✓	✓	✓	✓	
• Bank Expenditure {TBC}		✓				
• Workforce Race Equality Standards (WRES)	✓	✓	✓	✓	✓	
BAME % of workforce Band 7 and above – in development						
• Staff Sickness (rolling 12 month)	✓	✓	✓	✓	✓	
• Staff turnover (rolling 12 months)	✓	✓	✓	✓	✓	

NHS
Imperial College Healthcare
NHS Trust

Metric	IMIS integrated scorecard – reporting level					
	Trust Board	EMB	DOM - MIC	DOM - SCC	DOM - WCCS	EMB Quality Subgroup
• Core skills training	✓	✓	✓	✓	✓	
• Local induction				✓		
• Children's Level 3 safeguarding			✓			
• Staff Survey/Wellbeing	✓	✓				
Culture						
• User experience {to be defined}	✓	✓	✓	✓	✓	
Finance						
• YTD position £m	✓	✓	✓	✓	✓	
• Forecast variance to plan	✓	✓	✓	✓	✓	
• CIP variance to plan	✓	✓	✓	✓	✓	
• Capital % of YTD plan achieved		✓				
• Cash balance £m		✓				
• Run rate – pay £m		✓	✓	✓	✓	
• Run rate – non-pay £m		✓	✓	✓	✓	
IPH Growth						
• IPH revenue: variance to plan		✓				
• Commercial income £m		✓				

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Finance report for September 2020

Agenda item 11 and paper number 08

Author and lead Executive Director: Jazz Thind, Chief Financial Officer

Purpose: For information

Meeting date: 25th November 2020

Executive summary

1. Introduction and background

1.1. The finance report for September outlies the financial position of the Trust year to date and the forecast for the remainder of the financial year.

2. Executive Summary

2.1. The Trust is reporting a breakeven position for the year as required by NHS I/E. In order to achieve an YTD break even position the Trust has accrued a further £8.8m of retrospective "top up" funding for month 6, bringing the total year to date top up to £39.6m.

2.2. The top up value increased in month due to increased costs within clinical divisions and the back pay of medical pay inflation.

2.3. The key highlights for the £39.6m deficit year to date are:-

- £32.5m of additional Covid-19 spend, including cover for sickness, cost for Trust and Imperial college staff to support opening additional capacity, PPE and staff support costs
- a reduction of private patient and overseas income of £20.3m, in month private income has increased but remains significantly below last year's income
- deferred research income relating to Biomedical Research Council (BRC) of £9.0m to reflect the reduction in research activity (as per NHSE/I instruction). Discussions are on-going in London regarding the treatment of BRC and the Trust will assess the impact once formal agreement has been reached including the requirement for additional top-up of resources should the assessment result in an adverse movement.
- additional costs associated with the in-housing the Soft FM service over and above previous plan and not included in block income (£6.1m)
- reductions in spend due to reduced services including £34.6m reduction in variable pay and non-pay costs in clinical divisions linked to the cancelation of elective activity and £8.4m reduction in high cost drugs and devices

2.4 From October the Trust will be on a new financial regime, and has agreed a forecast outturn with the STP resulting in a £15.8m (deficit). This is based on the divisional month 5 position plus agreed additional costs including the expansion of the ICU permanent bed base, endoscopy & imaging. This forecast takes account of system wide business rules;

reflects the content in the detailed national guidance; does not include costs for surge and makes no adjustment for the elective incentive scheme. The position is underpinned by the need to deliver £6.0m of cost improvements and the Trust is working through how it ensures these are achieved.

2.5 Good progress is being made on the delivery of the capital programme with the year-to-date total spent to £29.1m (88%) against a plan of £32.9m. The Trust continue to remain on plan to meet its current capital resource limit (CRL). The CRL may be subject to further change should further capital become available.

2.6 The Trust continues to have excess cash in the bank linked to payments made in advance which are expected to unwind with timings and impact of this to be considered and agreed with clinical commissioning groups. Cash balance at 30th September was £151m. On the basis of the revised financial regime for the balance of the year the Trust does not expect to have the cash concerns previously forecast if it is able to deliver its forecast outturn position and be in receipt of capital cash to match the expenditure it has incurred (e.g. Covid 19 related schemes).

Jazz Thind
Chief Financial Officer
November 2020

Imperial College Healthcare NHS Trust

Trust Board

25th November 2020

Finance Report September 2020

Scorecard

Imperial College Healthcare NHS Trust

	M6 Year to Date		
	Plan £m	Actual £m	Variance £m
Year to date Position before Covid-19 expenditure and True Up	(40.0)	2.0	42.0
Top up	21.7	21.7	0.0
Income loss due to Covid-19		(30.7)	(30.7)
Covid-19 incremental expenditure		(32.5)	(32.5)
Reported position before true up	**(18.3)**	**(39.5)**	**(21.2)**
True Up		39.5	39.5
Reported Position	**(18.3)**	**0.0**	**18.3**

Risks

- **Financial regime** – A new financial regime is in place wef October and the Trust has agreed an outturn position (£15.8m deficit) with the sector, based on the month 5 forecast outturn position. Any adverse movements to this value will require mitigations from within Trust/sector resources as deemed appropriate.
- **Cost Improvement Programmes** - the outturn position includes £6m (1%) of cost savings. Although these savings have not yet been identified, Divisions have been tasked with having plans in place by the end of month 8 reporting.
- **Covid Costs** – with effect from 1st October the funding and pre-empted expenditure associated with this is factored into the sector allocation and Trust forecast outturn position respectively. Additional central funding we understand will only be available in respect of those items explicitly detailed in the guidance (e.g. pathology).
- **True-up payments –** this funding has now ceased. We have had confirmation of payments regarding month 1-5 and await the outcome of the £8.8m required for month 6. It is the possible that the Trust will be asked for further information before payment is made.
- **Activity** – for the second half of the year the Trust will be paid on a variable rate based on the phase 3 trajectories. In line with national guidance the Trust has not included any adjustment for this scheme (EIS).
- **Capital –** The Trust has not received formal approval for capital spend on Covid.

Commentary

- Under the current financial regime the Trust is expected to show a break even position in month.
- At the end of September 2020, before the additional true up funding, the Trust delivered a net deficit position of £39.6m. This is £8.8m in month, an increase since last year.
- This is driven by:
  - In month there have been additional costs of £1.6m relating to the backdated medical pay awards
  - Covid-19 related costs and income losses of £65.5m (£32.5m and £30.7m respectively), with the latter linked to reductions in private patients, overseas visitors and R&D
  - the additional cost pressure associated with the in-housing of hotel services of £6.1m, this costs is not funded in the block
  - The additional spend is offset by expenditure reductions in other clinical and non clinical areas
- **Activity** – is increasing in month, with year to date the Trust now delivering 31% below the activity for the same period last financial year.
- **Capital** – YTD the Trust has incurred 88% of plan and continues to forecast meeting its annual plan.
- **Cash** - at 30th September was £150.6m driven by the upfront payment from commissioners. The unwinding of this is yet to be determined.
- **Use of Resources Financial risk rating** - NHS I/E has now confirmed the ratings are suspended and feedback in terms on any future use of these or other metrics will be shared once agreed.

Strategy and Forecast

- The organisation must stay within the outturn position agreed with the STP, further work must be done to understand any risks and opportunities in the position.

Statement of Comprehensive Income

Imperial College Healthcare NHS Trust

	Year to date		
	Plan £m	Actual £m	Variance £m
Income	621.7	588.9	(32.8)
Pay	(363.7)	(368.8)	(5.0)
Non Pay	(249.5)	(233.0)	16.5
EBITDA	**8.5**	**(12.9)**	**(21.3)**
Financing cost and donated asset treatment	(26.7)	(26.7)	0.0
Impairment of assets	0.0	0.0	0.0
Surplus/deficit before retrospective "true up"	**(18.3)**	**(39.6)**	**(21.3)**
Retrospective "true up"	0.0	39.6	39.6
STP top up	0.0	0.0	0.0
Surplus/deficit	**(18.3)**	**0.0**	**18.3**

Before the retrospective top up payment, the Trust delivered a deficit of £39.6m against an NHSE/I expected position of break even.

Key highlights are:

- £17.0m loss of private income
- £11.1m deferral of research income
- £32.5m additional covid-19 costs
- £3.3m of overseas income loss
- £1.6m of other income loss
- £6.1m of soft FM cost pressure
- £12.2m other pressures not funded in the block
- £40.9m non recurrent expenditure reductions

- **Income** – is adverse to plan due to changes in services during the Covid-19 pandemic, mainly related to losses of private patient and research income as well as reductions associated with car parking, conference fees and other activity based income. The Trust is not specifically reimbursed for this loss of income however any loss is included in the retrospective top up.
- The Trust is forecasting a small increase in private income but expects that this will be lower than last year as private capacity is used for NHS activity. There has been an increase in private income in month which is above the value that had been forecast at month 5.

- The Trust continues to defer all research income for the first 6 months relating to BRC funding.

- **Pay –** there is £16.7m in pay costs relating to Covid-19. This covers additional sickness costs as well as pay for additional work completed.
- Pay costs have increased in month due to the medical staff pay awards (including M1-5 back pay recovered through the top up) and increased due to the junior doctors contract.

- **Non Pay** – overall non pay is underspent however this includes £15.8m in non pay costs for Covid-19 spend. The Trust is underspending on activity based costs including drugs and devices that were previously funded as pass through costs and costs from North West London Pathology (NWLP).

- The forecast shows an increase in activity based costs across the Trust.

- The forecast for non pay shows a movement in non pay mainly relating to NWLP costs. From month 5 there has been further guidance on central payment for pathology and these costs have been removed from the month 6 forecast in discussion with the STP.

Divisional Overview

Imperial College Healthcare NHS Trust

		Year to Date Plan £m	Actual £m	Variance £m
Medicine and Integrated Care	Income	163.8	163.3	-0.5
	Expenditure	-124.6	-116.3	8.3
	Internal Recharges	-6.2	-6.2	0.0
	Total	**32.9**	**40.7**	**7.8**
Surgery, Cancer and Cardiovascular	Income	185.3	185.2	-0.1
	Expenditure	-158.9	-144.2	14.7
	Internal Recharges	9.3	9.3	0.0
	Total	**35.6**	**50.2**	**14.6**
Women, Children & Clinical Support	Income	84.4	83.6	-0.8
	Expenditure	-87.9	-81.7	6.2
	Internal Recharges	11.4	11.4	0.0
	Total	**8.0**	**13.3**	**5.3**
Imperial Private Healthcare	Income	27.4	10.4	-17.0
	Expenditure	-13.6	-9.9	3.7
	Internal Recharges	-14.5	-14.5	0.0
	Total	**-0.6**	**-13.9**	**-13.3**
Total Clinical Division		**76.0**	**90.4**	**14.4**
Non- Clinical Division	Medical Directorate	-5.4	-4.9	0.6
	Education	18.1	18.2	0.1
	R&D	1.6	-9.4	-11.0
	Nursing	-2.3	-2.2	0.1
	Estates	-44.4	-43.1	1.2
	Finance	-7.1	-6.7	0.3
	People & Org. Devel.	-4.1	-4.4	-0.4
	Information & Technology	-12.6	-12.8	-0.1
	Communication	-1.0	-1.1	-0.1
	Office of the CEO	-5.5	-5.6	-0.1
Total Non- Clinical Division		**-62.7**	**-72.0**	**-9.4**
NHS Income	Clinical Commissioning	70.9	71.4	0.5
	Drugs & Devices (Cost)	-57.7	-49.3	8.4
Other Income	Central Income	25.3	21.6	-3.7
Central Costs	CNST & Other Central Costs	-22.3	-22.1	0.2
	Pathology Residual	-18.1	-15.7	2.4
	Hosted Services	0.0	0.0	0.0
	Reserves	-4.6	-4.6	0.0
	Other Activity Growth	0.0	0.0	0.0
	Covid 19	1.6	-32.4	-34.0
Total Central Income and Costs		**-4.9**	**-31.2**	**-26.3**
Financing Donated Asset + Impairment Adj		-26.7	-26.7	0.0
Surplus/deficit before retrospective "true up"		**-18.3**	**-39.6**	**-21.3**
Retrospective "true up"		0.0	39.6	39.6
STP top up		0.0	0.0	0.0
SURPLUS / (DEFICIT)		**-18.3**	**0.0**	**18.3**

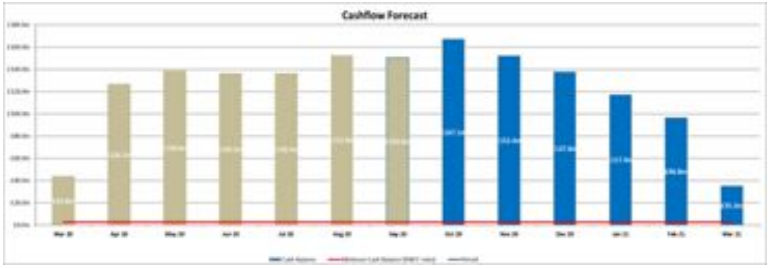
- **MIC** is favourable to plan year to date due to underspends from lower activity. The month 6 forecast includes funding for Endoscopy as per the phase 3 plan submission. In month the divisional forecast has moved £0.8m adverse. This relates to a loss of income for GUM contracts, increases in front of house costs. The division is working with commissioners to reduce the costs of the front of house service.
- **SCC** remains favourable against plan due to activity underspends. There has been an increase in costs in month in theatres, ICU and cardiac. The forecast for SCC shows an increase in costs and has moved £4.0m adverse to the month 5 position. This is mainly due to increased in theatres and ICU. The position for the division does not include the permanent ICU base bed increase, further work is being done to agree the trajectory of this spend.
- **WCCS** is favourable to plan with underperformance in elective areas.
- **IPH** is adverse to plan due to loss of income with offsetting variable costs. There has been an increase in private income against the month 5 forecast and the month 6 forecast position has improved by £2m. The forecast continues to show a significant reduction in private income against last year.
- **R&D** is adverse to plan, the Trust has deferred research income relating to the BRC and has a reduction income from commercial research. The division is looking at the actual performance against BRC activity to inform discussions on the Trust position.
- **Estates** is underspent. The soft FM service is underspent on the budget and is forecasting a £0.8m underspend. The directorate is underspent on utilities and forecasting to continue this underspend.
- **Drugs and Devices** the Trust moves drugs and devices excluded from tariff centrally. These are part of the block contract for the first 6 months. From October a number of drugs including those relating to the Cancer drugs fund and Hep C will be outside the block and paid on actuals.
- **Reserves** the forecast position includes the agreed CIP of £6.0m.
- **Pathology** is underspent year to date, there has been a reduction in BAU pathology costs in line with activity. All costs of Covid testing completed by North West London Pathology are included in the Trust top up.

Statement of Financial Position (Balance Sheet)

Imperial College Healthcare NHS Trust

	31-Mar-20	30-Sep-20	Movement YTD
Property plant and equipment	538.2	540.9	2.7
Intangible assets	4.3	9.5	5.2
Total Non-current assets	**542.5**	**550.5**	**8.0**
Inventories	15.3	14.7	(0.6)
Trade and other receivables	125.5	99.0	(26.5)
Cash and cash equivalents	43.9	150.6	106.7
Total current assets	**184.7**	**264.3**	**79.6**
Trade and other payables (<1 year)	(229.6)	(302.0)	(72.4)
Total current liabilities	**(229.6)**	**(302.0)**	**(72.4)**
Non Current Liabilities	(18.1)	(17.2)	0.9
Total non current liabilities	**(18.1)**	**(17.2)**	**0.9**
Net Assets employed	**479.5**	**495.6**	**16.1**

Public Divided Capital	720.8	737.9	17.1
Revaluation Reserve	2.5	2.5	(0.0)
Income and expenditure reserve	(243.8)	(244.7)	(0.9)
Total tax payers' and other equity	**479.5**	**495.6**	**16.1**



Non-Current Assets
Non-current assets have increased in line with movements on capital expenditure and depreciation – capital expenditure is a little behind the expected level but forecast to reach planned levels during the year.

Current Assets
Trade receivable balances have reduced by £26.5m in the year, in particular relating to other NHS bodies as the current funding arrangements have stabilised payment patterns and older debts have been settled.

Cash
Cash balances are unusually high (at £150.6m) due to the temporary funding arrangements in place as part of the response to Covid-19. The main drivers of increased cash are the bringing forward of SLA and contract payments from NHS England and Commissioners, and the move to a block payment model. The favourable cash position is expected to unwind during the year.

Since Month 5, the outlook for cash has improved considerably as the funding regime for the remainder of the year has become clearer. The risk of an underlying cash shortfall during this financial year has reduced, though the timing of funding transactions still carries risks the Trust will need to manage in the second half of the year. The Trust continues to forecast an underlying cash outflow and ongoing resolution of this will depend on the 2021/22 funding regime.

Current Liabilities
Within the current liabilities balance, trade payables (including accruals) are £131.8m and have decreased by around £7.9m year to date, as outstanding balances with suppliers are settled. Progress has been made with major suppliers such as NHS Supply Chain but the Trust has ensured that payment levels have been maintained to suppliers of all sizes. Payables overall have increased due to the deferral of SLA & contract income for which cash is received in advance.

Taxpayers' and Other Equity
Public Dividend Capital balances have increased by £17.1m, primarily relating the debt-PDC conversion of the working capital loan which was actioned in Month 6. Further significant receipts of PDC are expected in line with the expected funding for the capital programme. Retained earnings are currently stable, but are likely to reduce in line with the expected revenue outturn.

Capital – overview

Imperial College Healthcare NHS Trust

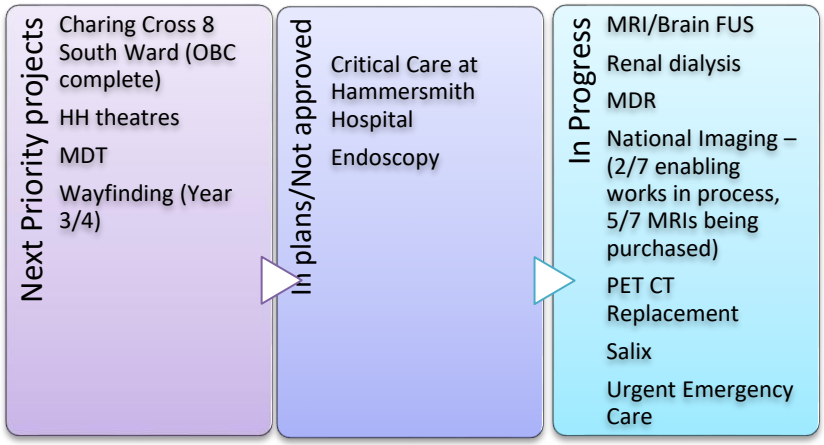
Sources of Funds	£m
Depreciation (NWL sector allocation)	29.4
Public dividend capital - confirmed	14.3
Charitable Funds	1.5
Other funding sources	18.4
Total at M6	**63.6**
New PDC funding now confirmed	14.8
Total expected Capital envelope	**78.4**

Applications	Annual Plan	YTD @ Month 6 Plan £m	Actual £m	Var £m	
Backlog Maintenance	15.9	11.1	12.7	1.6	
ICT	7.0	3.4	2.0	-1.4	
Replacement of Med Equip.	5.1	3.3	1.4	-1.9	
Other Capital Projects	26.4	8.6	6.4	-2.2	
Redevelopment	5.0	2.3	1.8	-0.5	
Covid-19	4.2	4.2	4.9	0.7	
Total at M6	**63.6**	**32.9**	**29.1**	**-3.8**	
Actual spend as a % of plan				*88%*	
New Funding confirmed for additional schemes	14.8				
Additional Covid-19 schemes committed	2.6				
Potential scheme if funded (Endoscopy)	6.5				
Further Schemes	**23.9**				

£78.4m envelope

up to 10% off plan | 10-20% off plan | >20% off plan

Capital project pipeline (>£1m / multi year)



Summary and post Month 6 update

As at Month 6 the Trust has continued to make good progress on delivering its planned £63.6m capital programme. At Month 6 capital spend was £6.9m in-month bringing the year-to-date total spent to £29.1m against a plan of £32.9m. Where schemes are behind, this is largely due to delays caused by Covid-19, but both individual schemes and the overall programme are expected to fully spend during the year.

The level of uncertainty and risk around the capital programme continued in Month 6 as the system-wide response to the Covid pandemic and re-set gathered pace. However, since month 6 there has now been confirmation of PDC funding for these additional schemes.

New Funding now confirmed	£m
Critical infrastructure risk	13.0
Diagnostic adapt and adopt	1.4
Oxygen supply	0.5
Cyber security	0.1
Other inc. MRI cost reduction	-0.2
Total	**14.8**

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Infection prevention and control board assurance framework for COVID-19 – self-assessment September 2020

Agenda item 12 and paper number 09

Author and lead Executive Director:
Jon Otter, General Manager, IPC and Professor Alison Holmes, Director, IPC
Julian Redhead, medical director

Purpose (approval/discussion/ information): Approval

Meeting date: 25th November 2020

Executive summary

1. Introduction and background

1.1. In May 2020, NHS England published an Infection prevention and control board assurance framework to offer assurance to NHS Trust boards that their approach to the management of COVID-19 is in line with PHE infection prevention and control (IPC) guidance, and that risks have been identified.

1.2. The recommended approach is to undertake a self-assessment against the 10 domains set out in the framework document in order to provide assurance and identify risks.

1.3. Each line has been "RAG" rated to illustrate the level of assurance for each item with green meaning a high level of assurance that the Trust is compliant, amber meaning an intermediate level of assurance combined with the need for mitigating actions, and red meaning limited assurance either because mitigating actions have not been implemented or are not effective.

2. Purpose

2.1. This document summarises the outcome of the self-assessment for ICHT for September 2020, which is updated from the original completion of the framework in May 2020. It is being presented to Trust Board for approval, following review at executive management board and quality committee.

3. Executive Summary

3.1. The BAF for September 2020 is attached as appendix 1. This has been updated since it was last completed in July to reflect the implementation of new guidance related to the remobilisation of services within health and care settings which was published in August 2020.

3.2. The BAF was reviewed with our CQC lead in July with generally positive feedback. The action points noted from that review were to ensure audits of cleaning are commenced and assurance / governance of their outcomes strengthened. This is being taken forward by the estates/facilities team with divisional colleagues.

3.3. An action plan is now in place to undertake the necessary work that will improve board assurance related to IPC management of COVID-19 infection. This is being monitored weekly at CRG.

4. Next steps

4.1. The IPC BAF self-assessment will be performed monthly and shared with the HCAI sitrep group and CRG until further notice. (The HCAI sitrep is a cross-site and cross-divisional weekly meeting of senior clinicians and support services to discuss key IPC and antimicrobial stewardship related issues.)

4.2. Following review at the HCAI sitrep each month, the BAF will be reported bi-monthly to the EMB quality group. Updates will be summarised in each quarterly IPC report to the Trust Infection Prevention and Control Committee, the Executive Management Board, and the Trust Board.

5. Recommendation(s)

5.1. The board is asked to approve the IPC BAF self-assessment for September 2020.

Main paper

6. Discussion/key points

6.1. Updated IPC guidance related to the remobilisation of services within health and care settings was published in August 2020 and implemented locally in September 2020.

6.2. The full IPC BAF for September 2020 is attached as appendix 1. Key changes since the last update include:

- The implementation of new national guidance about PPE (1.4) and patient care pathways (1.5) (remains green);
- Training records related to cleaning staff who moved their contracts from an outsourced provider to a service run by Facilities in April 2020 are no longer available (2.1) (green to amber);
- Confirmation that the Trust has moved away from the decontamination of single use visors (2.7) (remains green);
- An update on signage related to the new pathways (4.2) (green to amber);
- The processes around implementing the new pathways in the Emergency Department and admissions wards (5.1) (remains green), and outpatient areas (5.4) (remains green);
- An update on PPE training and observations (6.2 and 6.6), and observations of hand hygiene practice (6.7) (green to amber);
- An update on FFP respirator masks and fit testing (10.2) (remains amber)

6.3. The next version of the BAF is due to be reviewed at EMB on 24 November. Progress has been made with several of the actions, including:

- Walkrounds undertaken w/c 11th November, with all in-patient wards visited to support staff in implementing the new IPC guidance, particularly around new PPE requirements and COVID-19 risk pathways. A paper summarising the outcomes from the ward visits and plans for the workstream going forward was presented to EMB quality group. Agreed next steps include combining visits with BTTF work to focus on the use of PPE, hand hygiene, and to take corrective actions around staff spaces, patient testing, pathways, and donning and doffing areas on wards;
- Good progress is being made with obtaining accurate training records for cleaning staff, with 90% of staff now trained (2.1) (amber);
- Signage for wards has been updated (4.2) (amber to green);
- Content for mandatory IPC training (IPC level 2) has been updated in line with new PPE guidance (6.2) (amber to green).

6.4. **Options appraisal**
N/A

6.5. **Impact**

Imperial College Healthcare NHS Trust

6.5.1. **Quality** IPC and careful management of antimicrobials are critical to the quality of care received by patients at Imperial College Healthcare NHS Trust, crossing all CQC domains. This report provides assurance that IPC within the Trust related to COVID-19 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.

6.5.2. **Financial** N/A

6.5.3. **Workforce impact** N/A

6.5.4. **Equality impact** N/A

6.5.5. **Risk impact** This report is a self-assessment based on the NHSE/I COVID-19 board assurance framework. Gaps in assurance and mitigating actions against each KLOE are outlined in the full document (appendix 1).

7. Conclusion

The IPC BAF has been completed for September 2020. An action plan is now in place to undertake the necessary work that will improve board assurance related to IPC management of COVID-19 infection. This is being monitored weekly at CRG

Jon Otter, General Manager, IPC and Professor Alison Holmes, Director, IPC

16 November 2020

Appendices

Appendix 1 – IPC BAF September 2020

Appendix 1 – IPC BAF September 2020

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users				
Key lines of enquiry; systems and processes are in place to ensure:	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**Status**
1.1. Infection risk is assessed at the front door and this is documented in patient notes	• COVID-19 patient assessment pathways agreed at the CRG[1] and widely communicated. • Risk assessment of patients for COVID-19 during emergency admission pathways is embedded in the organisation. • Pathway breaches are reported on Datix and trigger incident investigation.	The documentation of risk assessment in patient notes has not been audited.	• An electronic system for reviewing compliance with patient admission testing for COVID has been implemented, and shows good compliance with COVID admission testing. • An audit of electronic patient notes is planned to be completed by the end of November 2020.	Ongoing and monitored via HCAI sitrep weekly
1.2. Patients with possible or confirmed COVID-19 are not moved unless this is appropriate for their care or reduces the risk of transmission	• COVID-19 patient assessment pathways and inpatient management principles widely communicated and specifically implemented in admission wards. • Pathway breaches are reported on Datix and trigger incident investigation.	Documentation of reasons for moving patients with COVID-19 has not been audited.	• Limiting the movement of patients with pathogens associated with HCAI is included in various IPC policies, and will be reinforced in COVID-19 specific policies. • The plans for the restart of each patient pathway following the COVID peak are agreed at CRG,	Ongoing

[1] The Clinical Reference Group (CRG) is a cross-Divisional multi-disciplinary group to review and make decisions around COVID-19 management.

			including plans to limit movement of patients away from COVID-protected pathways. • Specific guidance for moving patients between the new low, medium, and high risk pathways is being considered again at CRG. • An audit of patient notes is planned before the end of November 2020.	
1.3. Compliance with the PHE national guidance around discharge or transfer of COVID-19 positive patients	• Trust transfer and discharge guidance was created and agreed via CRG, in line with national guidance. • COVID-19 status is routinely included in patient discharge summaries. • Cerner alert set up for routine screening at 7 days post admission. • Breeches are recorded on Datix and investigated as incidents.	Documentation of compliance with protocol.	• An audit of documentation prior to discharge to care homes has been undertaken, and provided reasonable assurance. • An electronic system for reviewing compliance with testing for COVID prior to discharge to a care home has been implemented. This is reviewed monthly at the HCAI sitrep.	Ongoing
1.4. Patients and staff are protected with PPE, as per the PHE national guidance	• Trust PPE guidance updated in line with PHE guidance regularly, approved at the CRG and communicated on the Intranet and via all-staff emails. • There is a bi-weekly Strategic PPE Planning group chaired by the	• The new PPE guidance related to updated PHE guidance has been communicated to staff but is not yet embedded in some areas. • Some observational evidence that compliance with PPE recommendations in some areas is not in line with guidance. Examples are rapidly	• Guidance updated again 4/11/20 & communication to staff is in progress. • A review of each clinical area completed to review pathways and PPE usage. • PPE helper programme originally ran from mid-April until the end of May to provide ward-level support	Ongoing via Hand Hygiene and PPE Improvement Group

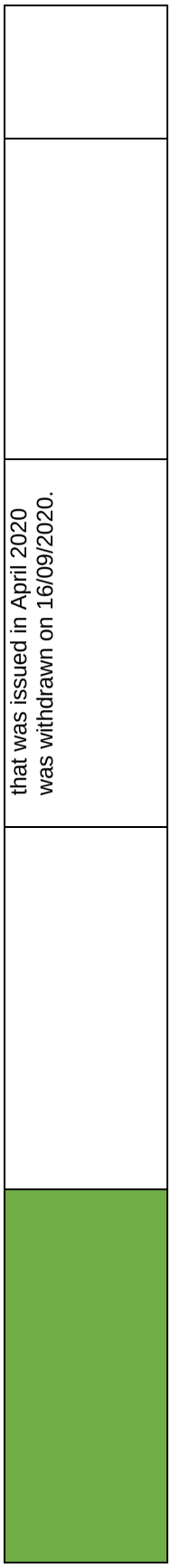
	Director of Nursing and including the Director of Finance. • The monthly Hand Hygiene Improvement Group has become the Hand Hygiene and PPE Improvement Group.	followed up with local actions feeding into the Trust-wide governance processes.	for staff to use the correct PPE, and to use it safely. This programme was stood-up again in August 2020. • PPE helper "look, listen, learn" completed to assess the baseline of PPE practice in clinical and public areas. • PPE helper recruitment in progress. • Pathway & PPE usage review of all wards reporting to CRG will complete by 13/11/20.	
1.5. National IPC PHE guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	• Trust IPC guidance is updated in line with changes to PHE guidance. This process includes review and scrutiny at the CRG, and communication of changes through the all-staff email and through Divisional networks. • There is currently a daily remobilisation implementation group meeting to ensure that the new pathways are properly implemented.	There is some evidence of confusion at the ward level about the new COVID-19 risk pathways.	• Actions as above.	Remobilisation of services daily implementation group.

1.6. Risks are reflected in risk registers and the Board Assurance Framework where appropriate.	The appropriate risks on the IPC risk register have been updated to reflect the COVID-19 situation. A COVID risk is on the corporate risk register as well as at divisional levels. These are reported to the executive committees and the board quality committee. This board assurance framework highlighting any gaps in assurance will be shared with the Executive Team following each update and then Trust Board through the Quality Committee and quarterly DIPC report.	-	Risk registers have been updated to better reflect the emerging risks associated with COVID-19.	Completed
1.7. Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens.	The Trust Infection Prevention and Control Committee (TIPCC) continues to meet quarterly. TIPCC receives updates from IPC-related groups and committees. There is also a weekly HCAI sitrep call, which includes representatives from IPC, clinical Divisions, and relevant support services to discuss current and strategic IPC and antimicrobial stewardship priorities. The Trust will publish the IPC annual report.	The usual IPC structures were modified during the peak of COVID-19.	• IPC experts were integral to decision making during the Trust management of COVID-19. This included membership of the daily executive team meeting, the daily CRG, the subject matter expertise group, each site team daily meeting, and detailed discussions with specific clinical pathways to ensure that IPC was paramount in the provision of their services during COVID. • The quarterly Trust Infection Prevention and Control Committee	Completed

	The IPC service will continue to provide real-time data for all alert organisms and HCAI rates. Regular input from our PHE CCDC. The Trust receives quarterly reports which monitor progress against national targets for MRSA bacteraemia and *C. difficile* infection and the mandatory reporting of MSSA and *E.coli* BSI and any significant IPC issues. IPC activity and data is reported to the Trust Board and CCG in the monthly Quality and Safety report, and quarterly in the IPC and Antimicrobial Stewardship report. The Trust's divisional and corporate risk register will continue to identify and monitor any Trust wide risks in relation to IPC.		(TIPCC) was held in May 2020, as scheduled. • A quarterly IPC/AMS report was produced for Q4 2019/20. • The usual IPC structures (e.g. the weekly HCAI sitrep call) were re-established in May 2020.	

2 Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections				
Key lines of enquiry; systems and processes are in place to ensure:	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**Status**
2.1. Teams with appropriate training care for and treat patients in COVID-19 isolation or cohort areas	All staff required to clean in medium and high risk wards are provided with specific training.	Training records related to cleaning staff who moved their contracts from an outsourced provider to a service run by Facilities in April 2020 are no longer available.	Retraining of all staff is in process and approximately 88% of staff have been retrained.	Ongoing action via the Facilities Cleaning Sub-Group, and monitored via HCAI sitrep
2.2. Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	All staff required to clean in medium and high risk wards are provided with specific training.	-	This model was chosen so that cleaning staff who are used to working in a certain clinical area and have established links with staff are not moved to work in unfamiliar clinical areas.	Completed
2.3. Decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE national guidance	Trust guidance, which is based on national guidance, has been produced and published on the Intranet. Each terminal decontamination process is signed off and documented by facilities and ward staff.	-	-	Completed

2.4. Increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE national guidance (this includes the medium and high risk pathways in the new definitions)	Trust guidance, including the need for increased cleaning in some areas, has been produced and published on the Intranet. Each site maintains a record of which ward areas are undergoing enhanced cleaning.	• During the peak of the pandemic, assurance that enhanced cleaning has been provided for some clinical areas but not for others. • To meet new standards there is a need to increase cleaning staffing levels to comply.	• A review and gap analysis completed and additional staff recruited to meet new standards. • Confirmation reported to CRG that cleaning schedules now meet requirements on 20/10/20.	Ongoing monitored via HCAI sitrep
2.5. Linen from possible and confirmed COVID-19 patients is managed in line with PHE national guidance and the appropriate precautions are taken	Trust guidance for the management of linen from possible and confirmed COVID-19 patients has been produced and published on the Intranet. The process for managing infectious linen is monitored through an external contract.	-	-	Completed
2.6. Single use items are used where possible and according to Single Use Policy	Trust guidance for the use of single use items is included in the Trust Decontamination Policy. Disposable cloths and mops are used as routine practice in areas managing suspected or confirmed COVID-19 patients.	-	-	Completed
2.7. Reusable equipment is appropriately decontaminated in line with local and PHE national policy	Trust guidance for the use of single use items is included in the Trust Decontamination Policy. All PPE items are either decontaminated using manufacturer instructions or single use.	• At the peak of the pandemic, there was a national shortage of eye protection. Specific guidance for the decontamination of visors was created and published on the Intranet. This has now been rescinded and visors are being used for single or sessional use, as per guidelines. • The national guidance for managing acute PPE shortages	-	Completed



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3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance				
Key lines of enquiry; systems and processes are in place to ensure:	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**Status**
3.1. Arrangements around antimicrobial stewardship are maintained	• The bi-annual point prevalence study of antimicrobial prescribing was conducted in January 2020, and showed good compliance with prescribing indicators. • Interim guidance for initial antimicrobial management of adult patients with suspected or confirmed COVID-19 being admitted to ICHNT and changes to the management of HAP have been produced, approved through the CRG, and published on the Trust Intranet. • The Antibiotic Stewardship Cerner Dashboard has been used to target antimicrobial stewardship activities. • Working across HCID centres nationally to determine AMS strategies being deployed + manage fragile supply chains • Introduction of COVID trails in line with CMO requests.	-	-	Completed
3.2. Mandatory reporting requirements are adhered to and boards continue to maintain oversight	Mandatory reporting requirements related to antimicrobial consumption and CQUINs have been maintained.	-	-	Completed

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing / medical care in a timely fashion				
Key lines of enquiry; systems and processes are in place to ensure:	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**Status**
4.1 Implementation of national guidance on visiting patients in a care setting	This was implemented in line with national guidelines.	-	-	Completed
4.2 Areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas marked with appropriate signage and where appropriate with restricted access	• The communications team have produced signage to designate areas used to care for patients with confirmed or suspected COVID-19, and for designated COVID-protected pathways. • Clear signage has also been designed to designate COVID-secure non-clinical workspaces.	The new signage related to the new risk management pathways are being rolled out in the coming weeks – this will be completed by 5/11/20.	The comms team and IPC will work together to produce updated signage to reflect the future usage of wards and clinical areas.	Ongoing via remobilisation of services daily implementation group
4.3 Information and guidance on COVID-19 is available on all Trust websites with easy read versions	The Trust Intranet has dedicated COVID-19 management pages on the homepage of the site. A booklet for patients admitted during the COVID-19 pandemic has been produced.	Easy read versions have not been produced.	The comms team are responding to comments that come in from staff requesting clarification on COVID-19 related guidance, supported by IPC. Easy-to-read versions have been commissioned.	Ongoing via HCAI sitrep

4.4. Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	• Discharge guidance for patients with COVID-19, including the need to communicate COVID-19 status, has been produced and published on the Trust Intranet. • COVID-19 status is routinely included in patient discharge summaries.	Documentation of compliance with protocol for internal transfers has not been audited.	The results of tests for COVID-19 are in Cerner (electronic patient record) and should be routinely reviewed by receiving clinical teams during internal transfers. An audit of internal transfer documentation is planned before the end of November 2020.	Ongoing.

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people				
Key lines of enquiry; systems and processes are in place to ensure:	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**Status**
5.1 Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection	COVID-19 patient assessment pathways approved at CRG and widely communicated for the Emergency Department and Admission wards.	Some services have not agreed their remobilisation checklists via CRG.	IPC has consulted with individual pathways to ensure that their plans are appropriate.	Ongoing via CRG
5.2 Patients with suspected COVID-19 are tested promptly	• COVID-19 patient assessment pathways including the triggers for patient testing approved at CRG and widely communicated. • Order set in Cerner set up to capture data on admission screen as well as routine testing at day 6. • Symptomatic screening in place.	-	-	Completed

5.3 Patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested	• COVID-19 patient assessment pathways widely communicated. • Pathway breaches are reported on Datix and trigger incident investigation.	Pre-emptive isolation of patients who develop symptoms following a negative test are not always available due to lack of single room availability.	Situations are managed on a case-by-case basis with input from the IPC team, usually be establishing cohorts of confirmed or suspected patients. There is a risk on the IPC risk register related to limited isolation facilities in the Trust.	Completed
5.4 Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	• Patients attending for routine appointments are triaged to make sure they don't have symptoms consistent with COVID-19. • Patients that are not tested prior to their admission are managed on medium risk pathways. • Recovery plans are scrutinised to ensure face-to-face is the exception not the rule. • All recovery plans are approved by the site IPC lead before approval at CRG and then the Trust executive team.	-	-	Ongoing via CRG

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection				
Key lines of enquiry; systems and processes are in place to ensure:	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**Status**
6.1 All staff (clinical and non-clinical) have appropriate training, in line with latest PHE guidance, to ensure their personal safety and working environment is safe	All staff undergo electronic IPC training (IPC Level 1), with clinical staff receiving a more detailed session (IPC Level 2).	Compliance is >90% for Level 1 and Level 2.	The need for high compliance with this (and other) mandatory training is a Trust priority.	Ongoing via HR with IPC support
6.2 All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	All staff receive training on appropriate use of PPE.	Training records are not routinely stored electronically.	• Plans are in place to audit these training records, and to transition them to electronic staff records. • An updated electronic resource for training staff related to PPE has been produced and will be launched in the coming weeks.	Ongoing via Hand Hygiene and PPE Improvement Group
6.3 A record of staff training is maintained.	Electronic records are kept for the Level 1 and Level 2 training modules.	-	-	Completed
6.4 Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed.	Reuse of PPE that is designed for single use is not recommended.	-	-	Ongoing via strategic PPE group
6.5 Any incidents relating to the re-use of PPE are monitored and appropriate action taken	Incidents related to the re-use of PPE are recorded on the Trust's incident management system, Datix.	-	-	Completed

	Reporting to divisions and to executive was implemented monthly with actions taken.			
6.6. Adherence to PHE national guidance on the use of PPE is regularly audited	• PPE helper programme provided ward-level support for staff to use the correct PPE, and to use it safely. • The PPE helper programme provided an assessment of adherence to national guidance around PPE in clinical areas. • The safe and effective use of PPE is a strategic objective of the Hand Hygiene and PPE Improvement Group, which meets monthly.	-	The use of PPE Trust-wide was assessed through the summer months to identify areas that required further support from PPE Helpers.	Ongoing via Hand Hygiene and PPE Improvement Group
6.7 Staff regularly undertake hand hygiene and observe standard infection control precautions	The bi-annual hand hygiene audits were planned for March but postposed given the pandemic and the need to minimise non-COVID related activity on wards.	Limited surveillance on current standards of hand hygiene practice.	The bi-annual hand hygiene audits will be scheduled for later in 2020. PPE helper observations completed & results shared with divisions. IPC observation audit outcomes being shared with divisions for areas with outbreaks.	Ongoing via Hand Hygiene and PPE Improvement Group
6.8 Staff understand the requirements for uniform laundering where this is not provided for on site	The Trust Uniform Policy provides specific information about laundering uniforms. Scrubs were used in more areas during the peak of the pandemic and increased laundry facilities provided to ensure safe laundering.	-	-	Completed

6.9 All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE national guidance if they or a member of their household display any of the symptoms.	The Trust Intranet COVID-19 pages provide information for staff about actions to take when they or a family member display symptoms.	-	-	Completed

7. Provide or secure adequate isolation facilities				
Key lines of enquiry; systems and processes are in place to ensure:	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**Status**
7.1 Patients with suspected or confirmed COVID-19 are where possible isolated in appropriate facilities or designated areas where appropriate.	COVID-19 patient assessment pathways approved at CRG and widely communicated, including the preferable use of single rooms for patients with confirmed or suspected COVID-19.	There are limited single rooms in our Trust, so patients with confirmed COVID-19 have been cohorted together in clearly designated areas according to the guideline approved at CRG	IPC have advised on when it is appropriate to cohort patients together. There is a risk on the IPC risk register related to limited isolation facilities in the Trust.	Completed
7.2 Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance.	IPC review each new proposed cohort area to ensure compliance with PHE national guidance.	-	-	Completed
7.3 Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement.	Usual guidance has been followed unless it has not been feasible to do so. The routine isolation of patients colonised with CPE has been reinstated. Compliance with MRSA and CPE screening is monitored monthly.	-	-	Completed

8. Secure adequate access to laboratory support as appropriate

Key lines of enquiry; systems and processes are in place to ensure:	Evidence	Gaps in Assurance	Mitigating Actions	Status
8.1 Testing is undertaken by competent and trained individuals	Testing is performed in accredited laboratories.	-	-	Completed
8.2 Patient and staff COVID-19 testing is undertaken promptly and in line with PHE national guidance	Pathways for testing symptomatic patient and staff have been established and outlined on the Trust Intranet. Trust Test and Trace processes are in place.	-	-	Completed
8.3 Screening for other potential infections takes place	Screening for other potential infections (such as CPE and MRSA) has continued. Weekly screening for key organisms continues in the ICUs.	Compliance with MRSA admission screening was on target at 90% for Q4: 5813 of the 6488 patients identified as requiring MRSA screening were screened. Overall compliance with CPE admission screening was 83%, and >90% in the four specialties performing universal admission screening.	Ward level results from MRSA and CPE screening programmes are fed-back to wards to prompt local investigation and improvement planning.	Completed

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections

Key lines of enquiry; systems and processes are in place to ensure:	Evidence	Gaps in Assurance	Mitigating Actions	Status
9.1 Staff are supported in adhering to all IPC policies, including those for other alert organisms	IPC policies are published on the Trust Intranet and promoted via various channels. IPC support staff in implementing them.	-	-	Completed
9.2 Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	Trust PPE guidance is updates in line with changes to PHE guidance.	-	-	Completed
9.3 All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current PHE national guidance	A guideline for managing clinical waste related to COVID-19 has been created and published on the Trust Intranet. Our waste management procedures are audited regularly as part of contract arrangements.	-	-	Completed
9.4 PPE stock is appropriately stored and accessible	The supply and storage of PPE management during COVID-19 is done by site-based command centres. PPE stock levels are shared on a daily dashboard to identify upcoming potential shortages.	-	-	Completed

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection				
Key lines of enquiry; systems and processes are in place to ensure:	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**Status**
10.1 Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	• All staff who are identified as being "at risk" are now beginning to return to work. • Also, the Trust has developed and widely shared wellbeing advice and resources. This has included group videoconferences and redeployment to tasks that can be accomplished for staff shielding at home.		A Trust-wide COVID-19 risk self-assessment for all staff is in progress.	Ongoing
10.2 Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	The Emergency Planning and Preparedness team provide fit-testing for the Trust, and oversee a programme of fit test training for fit testers within Divisions.	Ensure that all clinical staff who require it are fit tested remains problematic due to changes in availability of disposable FFP3 respirators.	• The requirement to fit-test each different type of FFP3 respirator mask has been reinforced, and additional resource allocated to ensure that all staff can access this process. Fit testing records will be transitioned to the electronic staff record. • Reusable FFP3 respirators have been purchased for high risk areas.	Ongoing via Emergency Planning and Strategic PPE Group
10.3 Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	The programme of staff testing is now embedded in the Trust.	-	-	Completed

10.4 Staff that test positive have adequate information and support to aid their recovery and return to work.	There is good quality information on the Internet.	Occupational health resources and support is lacking.	Support an Occupational Health service that can manage staff who are off-work and self-isolating, and investigate possible clusters of COVID-19 in staff.	Ongoing via Occupational Health

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TRUST BOARD (PUBLIC)

Paper title: Infection Prevention and Control (IPC), and Antimicrobial Stewardship Quarterly Report: Q2 2020/21

Agenda item 13 and paper number 10

Author and lead Executive Director: Jon Otter, General Manager, IPC and Professor Alison Holmes, Director, IPC / Professor Julian Redhead, Medical Director

Purpose: For information

Meeting date: 25th November 2020

Executive summary

1. Introduction and background

1.1. This is the quarterly IPC and antimicrobial stewardship quarterly report.

2. Purpose:

2.1. This paper summarises the activity of IPC team for Q2 2020/21.

3. Summary

3.1. IPC expertise continues to be integral to decision making during the Trust management of COVID-19. The NHSE Board Assurance Framework for a Trust's IPC structures and activity related to COVID-19 has been updated. Processes for the management of possible COVID-19 outbreaks in patients and staff have been agreed and implemented. IPC have provided the relevant expertise to support the implementation of the new PHE IPC guidelines for COVID-19 (published in August 2020).

3.2. There have been 14 hospital-associated C. difficile cases during Q2, which is below the Q2 ceiling of 21 cases. There has been no lapses in care related to cross-transmission or antibiotic choices.

3.3. There was one hospital-associated MRSA BSI during Q2, the first in >12 months.

3.4. We are on target to meet our 10% year-on-year reduction in Trust-attributed E. coli BSIs (an internal performance metric).

3.5. The rate of Central-Line Associated BSIs (CLBSIs) remain below benchmark rates in the adult, paediatric, and neonatal ICUs.

3.6. The first antibiotic point prevalence study (PPS) of 2020/21 was conducted in August 2020. Trust-level compliance with all indicators was >90%. The proportion of "Access" agents (those recommended by PHE and WHO to curb the threat of resistance) prescribed reached 46.2% in September, the highest proportion reported so far.

3.7. The strategic hand hygiene improvement programme has been extended to include encouraging best practice around the use of personal protective equipment (PPE).

3.8. IPC data is reviewed by site as well as division/directorate. There is no clear variance at site level.

3.9. Clinical activity and incidents have included:

- Outbreaks of *Pseudomonas aeruginosa* affecting 12 patients in the ICU at SMH and six patients in a haematology ward at HH have been identified and managed.
- A case of confirmed CJD resulting in five patients defined as at risk following exposure to potentially contaminated instrument sets.

3.10. Potential COVID-19 outbreaks have been managed on an inpatient surgical ward at SMH affecting three patients and one member of staff, two members of laboratory staff at SMH, two

members of midwifery staff at SMH, two members of outpatient paediatric staff at SMH. IIMARCH forms have been completed for each outbreak.

4. Recommendation(s)

4.1. The Board is asked to note the report.

Main Paper

5. Discussion/key points

5.1. **Response to the pandemic of COVID-19**

- Infection Prevention and Control (IPC) expertise continues to be integral to decision making during the Trust management of COVID-19 including in the provision of advice, guidelines, clinical pathway development and patient safety.
- An IPC board assurance framework was completed in May 2020 and updated monthly to offer assurance the board that the approach to the management of COVID-19 is in line with PHE IPC guidance, and that risks have been identified.
- We have an established surveillance system for hospital-onset COVID-19 infections (HOCI) within the Trust. The weekly HOCI sitrep uses the NHSE definitions to report on COVID-19 positive inpatients. This is discussed weekly on the HCAI sitrep.
- IPC play a key role in developing and implementing the Trust-wide strategy for patient and staff testing.
- IPC, in partnership with occupational health, have developed and established systems to identify and manage possible outbreaks of COVID-19 amongst staff.
- A focus on antimicrobial stewardship (AMS) and treatment of both COVID-19 and other infections continues to be maintained during the pandemic.
- IPC also worked closely with the Trust communications team to support the development and accuracy of the Trust Intranet COVID-19 pages and other communications materials (e.g. infographics / posters).
- Experts from IPC joined a range of expert advisory groups and undertook applied research to support decision making in the Trust.

5.2. **Healthcare-associated infection surveillance and mandatory reporting**

- There have been 14 hospital-associated ***Clostridioides difficile*** cases during Q2 (12 Hospital Onset, Healthcare-Associated (HOHA) and 2 Community-Onset, Healthcare-Associated (COHA) against a ceiling of 16 HOHA and COHA cases combined (Appendix Figure 1). Hospital-associated *C. difficile* cases were detected in 1.0% of 1369 stool specimens tested during Q2. There were no lapses in care identified in Q2. The rate of healthcare-associated (HOHA and COHA) *C. difficile* cases was the second lowest in the Shelford group based on April to August 2020/21 cases compared with being third highest in 2019/20. The rate of specimens tested for *C. difficile* remains broadly constant at Imperial.
- There has been one healthcare-attributable **MRSA BSI** during Q2, the first healthcare-attributable MRSA BSI in >12 months. Compliance with MRSA admission screening was 90% for Q2. Prior to COVID-19, clinical areas that consistently have lower compliance with MRSA admission screening have been identified and flagged via the weekly HCAI sitrep to prompt local investigation and improvement. This work will be refreshed during Q3.
- There have been eight cases of Trust-attributed **MSSA BSI** during Q2, with no evidence of patient-to-patient transmission.
- The number of Gram-negative ***Escherichia coli*****, *Pseudomonas aeruginosa*****,** and ***Klebsiella pneumoniae*** **BSI** cases during Q2 2020/21 is summarised in Appendix Table 1. During Q2, *E. coli* BSI numbers returned back to pre-pandemic levels in parallel with the gradual increase in elective and emergency patient admissions. Our *E. coli* BSI rate ranks second lowest in the Shelford group.

- The activities to support the Government's ambition to halve healthcare-associated Gram-negative BSI by 2021 have been interrupted by the management of COVID-19. However, we:
    - Continue to support NWL CCGs in developing plans to reduce Gram-negative BSI through the newly established NWL IPC ICS sector meeting. Whilst the focus of this group has been on COVID-19 management to date, part of the strategic remit is to including Gram-negative BSI reduction plans.
    - Are developing a series of interventions to improve urinary catheter management in order to prevent *E. coli* BSIs secondary to urinary catheter-associated UTI. This will include communications to staff around urinary catheter management and hydration, and working with the CCG to improve the antibiotic treatment of UTIs in the community by moving away from trimethoprim towards nitrofurantoin.
    - Aim to communicate a refreshed pre-COVID plan with a particular emphasis on reducing urinary catheter related BSIs at the next *Trust IPC Committee (TIPCC)*.
    - Are planning of interventions aimed at preventing *E. coli* BSIs in patients with cancer following the findings of the national audit.
- **Contaminants**[1] accounted for 2.8% of 6601 blood cultures taken during Q2, which is below our local benchmark of 3%.[2] An increase in blood culture contaminants was observed across adult ICUs during the COVID-19 peak, likely related to challenges with hand hygiene and ANTT whilst wearing additional PPE. IPC and vascular access continue to support ICU in addressing these issues. The peak in contaminants occurred in April 2020 and has since returned to below benchmark levels.
- **Catheter line-associated BSI (CLABSI):**
    - In the 12-month period (Oct 2019 – Sep 2020) there have been 43 episodes of CLBSI in the adult ICUs. The overall 12-month rolling rate in the adult ICU is calculated at 2.6 per 1000 line days, below the *ECDC benchmark* figure of 3.6 per 1000 line days. The Q1 (Apr – Jun 2020) rate was calculated at 3.2 per 1000 line days, with Q2 at 2.1 per 1000 line days. The increase in the absolute number of CLABSI episodes reported during the peak of the pandemic was off-set by the rapid expansion of level 3 ICU capacity and the resulting increase in critical care activity.
    - In the 12-month period (Oct 2019 – Sep 2020) there have been 3 CLABSI cases in the PICU. Due to COVID-19 level 3 capacity expansions, the activity data for PICU over the COVID-19 period is uninterpretable as it is a mixture of adult and paediatric patients. No CLABSI cases have been identified during 2020/21, against the *ECDC benchmark* figure of 3.6 per 1000 line days in PICU.
    - In the 12-month period (Oct 2019 – Sep 2020) the CLABSI rate in the NICUs (SMH and QCCH) is 3.2 per 1000 line days, below the *National Neonatal Audit Programme (NNAP)* benchmark of 4.5 per 1000 line days. During Q2, there were no CLABSI episodes reported on either NICUs (SMH and QCCH).
- Rates of **surgical site infection (SSI)** following CABG and non-CABG CABG procedures remained consistently above the national average over the period Apr 2019 to Mar 2020. However, SSI rates for the most recent surveillance period (Apr – Jun 2020) have since returned to below the national average (Appendix Section 8.2).
- We continue to make progress in supporting our Divisions to embed prospective surveillance in the specialities identified as priority areas, starting with Caesarean section, neurosurgery, cardiothoracic, and vascular (Appendix Section 7.2)
- A decreasing trend in the number of new patients identified with **carbapenemase-producing Enterobacterales (CPE)** has been observed between August 2019 and August 2020. The number of new patients identified with CPE in April 2020 fell to a 3 year low of 33, despite single room isolation for CPE carriers being suspended due to COVID-19 during this period. The fall in detection of CPE corresponded with fewer inpatients requiring testing, with numbers remaining stable with 48 positives reported in August 2020. CPE admission screening was

[1] Bacteria identified in blood cultures that are associated with patients' skin and considered not to be representing infection.
[2] 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.

maintained throughout the COVID-19 pandemic. Although Trust-wide compliance dipped during COVID-19, it has now returned to pre-COVID-19 levels at 82%.

5.3. **Antimicrobial stewardship**

- The first antibiotic point prevalence study (PPS) of 2020/21 was conducted in August 2020. Overall, 90% compliance was achieved in all indicators. The next biannual antibiotic PPS will be conducted in January 2021.
- There was an expected rise in oral antimicrobial consumption during Q3 and Q4 2019/20 (Appendix Figure 2) in keeping with changes seen during the winter months and as the Trust continued to promote the "Access" group as recommended by PHE and WHO to curb the threat of resistance. The COVID-19 pandemic triggered a shift in antimicrobial use in Q1 2020/21, with a drop in oral use and a corresponding rise in intravenous agents. This change was a direct result of patients presenting to our organisation with undifferentiated respiratory infections. The Trust deployed various antimicrobial stewardship initiatives to counteract this shift, accounting for the overall reduction in oral antimicrobials and a gradual decline in intravenous use seen in Q2 20/21.
- The Infection Pharmacy Team together with Infection colleagues is managing the impact of national antimicrobial shortages for a number of agents. There is no evidence of patient harm as a result of these shortages.
- The updated Trust Surgical prophylaxis guideline that was reviewed and approved in Q1 was launched during Q2 2020/2021 after a 4 month delay due to COVID.
- We continue to participate in the *NHSE Anti-fungal CQUIN* which is part of the wider *Medicines Optimisation CQUIN.*
- The deteriorating patient big room, which leads on improvement work associated with sepsis, has resumed in Q2.

5.4. **Hand hygiene and Aseptic Non-Touch Technique (ANTT) competency assessment**

- We have a requirement that **ANTT competency assessment** is undertaken and documented for all clinical staff. Currently the compliance rate is 84.1% (7184/8545 clinical staff), below our 90% target. The competency assessment was suspended during the COVID-19 peak and replaced with an ANTT training video. Clinical areas have restarted ANTT competency assessments with existing staff. New doctors starting in August 2020 have had a virtual induction which included the training DVD and face to face competency in clinical practice undertaken by Divisional colleagues.
- Following the success of the PPE Helper Programme during the first wave of COVID-19 in April/May 2020, an updated programme of PPE and Hand Hygiene Helpers was launched in August 2020. A "Look, Listen, Learn" intelligence gathering exercise compromising of >150 visits to clinical and public areas has now been completed. A smaller number of priority areas have been identified for followup PPE and Hand Hygiene Helper visits during Q3. Due to lack of available of staff within the Trust, bank staff will be used to provide staff to be PPE and Hand Hygiene Helpers.

5.5. **Clinical activity, incidents, and lookback investigations during Q2**

Much of the capacity of the IPC service has been directed towards the response to the COVID-19 pandemic. In addition to this:

- Two clusters of *Pseudomonas aeruginosa* were identified and managed, one involving 12 patients in the ICU at SMH, and one affecting 6 patients on a haematology ward at HH. There were no attributable deaths.
- An SI was declared following a confirmed case of CJD at CXH. A total of 5 patients have been defined as at risk following exposed to potentially contaminated instrument sets according to PHE guidance.
- Remedial action was undertaken following concerns related to *E. coli* contamination in one of the tanks that supplies water to A Block at HH. No patients or staff were affected.
- Four clusters of COVID-19 outbreaks were identified and managed, one affecting two laboratory staff members at HH, one affecting two community midwives at SMH, and a possible transmission between two members of staff in paediatric outpatients. In addition, a cluster of three patients with hospital-onset COVID-19 infection was linked to a surgical ward at SMH. One member of staff who tested positive was also involved in the outbreak.
- In Q2, a total of 18 communicable disease 'look back' investigations were undertaken related to potential exposures to tuberculosis, chickenpox, shingles, measles, mumps, hepatitis A, Campylobacter, Parvovirus, Rubella, and CJD. This has increased from six in Q1, probably due to increases in activity.

5.6. **Compliance, policies, and risks**

- The quarterly *Trust Infection Prevention and Control Committee* was held in August 2020, and approved four policies and guidelines.
- There have been no new **IPC risks** identified in Q2. All risks in the IPC risk register have been updated.

5.7. **Other**

- Members of the IPC team have produced 11 peer-reviewed **publications** relating to applied research in HCAI and AMR during Q2.
- Members of the IPC/AMS team are also supporting a range of COVID-19 related national and international expert groups and committees.
- External directives received related to the management of the COVID-19 pandemic were actioned.

6. Key points

6.1. **Analysis**

N/A

6.2. **Options appraisal**

N/A

6.3. **Impact**

6.3.1. **Quality**

IPC and careful management of antimicrobials are critical to the quality of care received by patients at ICHT, 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.

6.3.2. **Financial**

No direct financial impact.

6.3.3. **Workforce impact**

No workforce impact

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6.3.4. **Equality impact**
N/A

6.4. **Risk impact**
This report includes a summary update of the IPC risk register.

Jon Otter, General Manager, IPC and Professor Alison Holmes, Director, IPC
16.11.2020

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Appendix 1

1.1 Healthcare-associated infection surveillance and mandatory reporting

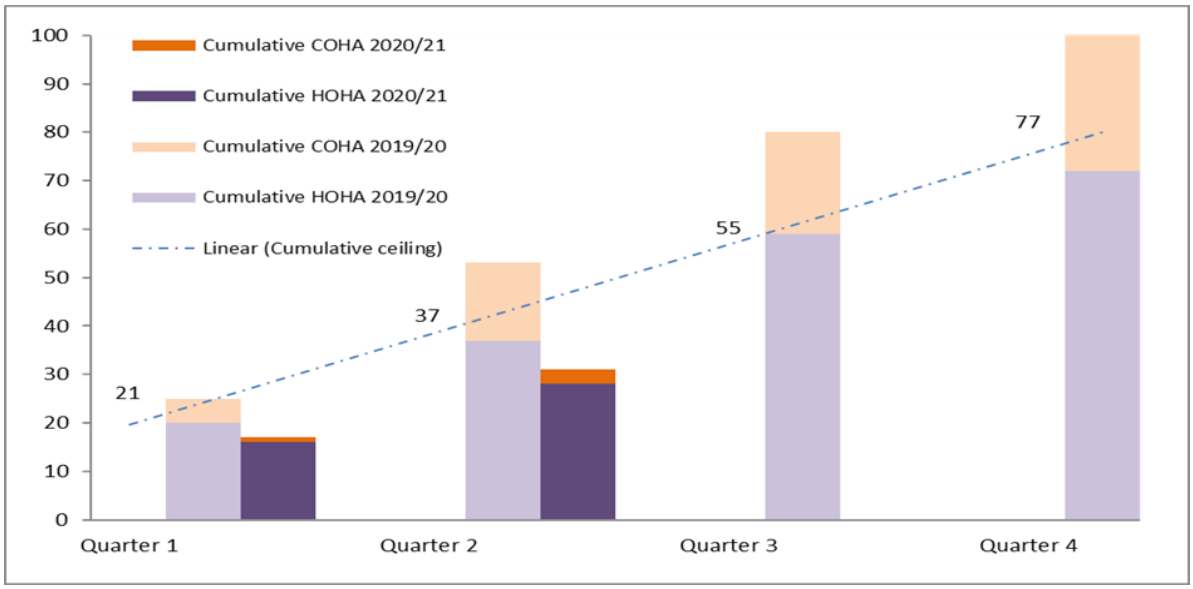
A summary of healthcare-associated infection (HCAI) that is reported to Public Health England is shown in Table 1.

Table 1: HCAI mandatory reporting summary.

	Apr-20		May-20		Jun-20		Jul-20		Aug-20		Sep-20		Oct-20		Nov-20		Dec-20		Jan-21		Feb-21		Mar-21		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	0	0	0	0	1	0	0	0	0	0													**1**	0
Hospital onset-Healthcare associated (HOHA)	8	-	6	-	2	-	0	-	2	-	10	-													**28**	-
Community onset-Healthcare associated (COHA)	0	-	0	-	1	-	1	-	0	-	1	-													**3**	-
Total Healthcare associated C.difficile cases (HOHA + COHA)	8	8	6	7	3	6	1	6	2	5	11	5													**31**	37
Trust *Escherichia coli* BSI	2	-	5	-	5	-	6	-	4	-	3	-													**25**	-
Trust MSSA BSI	4	-	0	-	0	-	2	-	3	-	3	-													**12**	-
Trust CPE BSI	0	-	1	-	0	-	0	-	0	-	0	-													**1**	-
Trust *Pseudomonas aeruginosa* BSI	4	-	3	-	2	-	2	-	10	-	5	-													**26**	-
Trust *Klebsiella* BSI	5	-	0	-	4	-	4	-	3	-	3	-													**19**	-

'Trust' refers to cases that are identified after two days of hospitalisation and so are defined epidemiologically as "healthcare-associated". 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 Healthcare-Associated (COHA), distinguishing it from 'Healthcare-Onset Healthcare-Associated' (HOHA) cases. National thresholds are set for MRSA BSI and C. difficile infection.

Figure 1: Healthcare-associated C. difficile cases by FY (2010/11 to 2018/19), 2019/20 incorporating COHA cases, and finally Q1 2020/21 C.difficile cases YTD.



1.2 Surgical site infection

We report SSI in selected orthopaedic procedures in line with the national mandatory reporting scheme, and selected cardiothoracic procedures in a national voluntary reporting scheme. Elective orthopaedic survey was suspended and the number of cardiothoracic procedures reduced during Q2 due to COVID-19 management.

Cardiothoracic

The latest quarter with finalised submitted data (Apr-Jun 2020 finalised data) has seen:

- CABG: 1 SSI (3.3%) of 30 procedures; 12-month average is 8.8% (24 SSI in 274 procedures); national average is 3.8%.
- Non-CABG: 0 SSI (0.0%) of 22 procedures; 12-month average is 1.5% (3 SSI in 196 procedures); national average is 1.3%.

We had observed the SSI rate in CABG procedures consistently above the national average over the period Apr 2019 to Mar 2020. However, SSI rates for the most recent surveillance period (Apr – Jun 2020) have since returned to below the national average.

Expanded SSI surveillance and prevention

We continue to make progress in supporting the Divisions to embed prospective surveillance in the specialities identified as priority areas (Caesarean section, vascular, neurosurgery, and cardiothoracic). We are working with obstetric teams to undertake a joint audit aiming to:

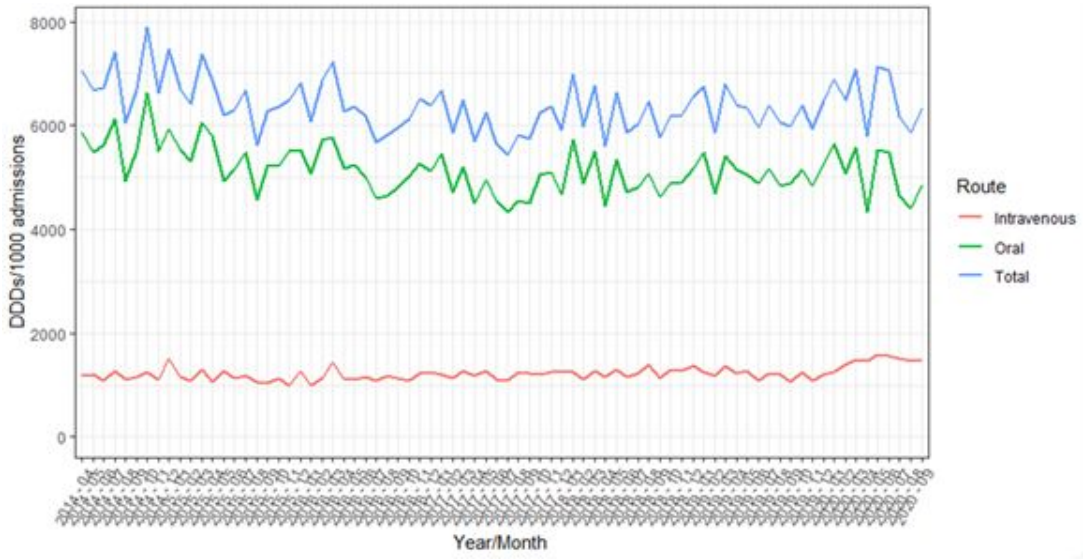
- Determine baseline SSI rates following elective and emergency Caesarean section through a pilot surveillance scheme.
- Establish a sustainable platform for Caesarean section SSI surveillance, including post-discharge surveillance.
- Provide actionable audit data on compliance with evidence-based SSI prevention measures.

The pilot surveillance scheme took place over 12 weeks and included all patients who had an elective or emergency Caesarean section. A patient information leaflet was developed and given to eligible patients to inform them of this audit and provide SSI prevention information. We are nearing the end of the 12 week period, with around 200 patients enrolled, followed up at the 30-day point to assess if they have an ongoing issue with their wound and if meets the criteria (as per Public Health England guidance) for a SSI. Detailed risk factor information collected as part of the pilot will be analysed alongside a confirmation of the rate of SSI in the speciality. All data will be shared with the Division and used to develop strategies to optimise SSI prevention, and develop a sustainable platform to support sentinel surveillance at speciality level. In addition, we will use this audit to develop a robust model to extend SSI surveillance in other specialities (including neurosurgery, cardiothoracic, and vascular).

1.3 Antimicrobial stewardship

Antimicrobial consumption

Figure 2: Trust-wide antimicrobial consumption (DDD / 1000 admissions) 2014/15 present, including the split between intravenous and oral administration.


8000
6000
4000
2000
0
DDDs/1000 admissions
Year/Month
Route
Intravenous
Oral
Total

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TRUST BOARD (PUBLIC)

Paper title: Learning from Deaths quarterly report – Q1 and Q2 2020/21

Agenda item 14 and paper number 11

Author and lead Executive Director: Darren Nelson, head of quality compliance and assurance and Julian Redhead, medical director

Purpose: For information

Meeting date: 25th November 2020

Executive summary

1. Introduction and background

1.1. The Trust's established mortality review process and associated policy was reviewed in line with the new national requirements set out in the National Quality Board framework published in March 2017. This included Structured Judgment Review (SJR) for selected deaths.

1.2. Every NHS Trust in England and Wales was required to implement a Medical Examiner (ME) service by April 2020. This has been successfully implemented in a four-phased programme in the required timeframes despite the significant challenges of the Covid-19 pandemic and we are fully compliant with the Guidance on ME services published by the National Medical Examiner (NME).

1.3. The previous local Level 1 screening review carried out by the individual speciality was fully replaced by the ME service from 1 April 2020. Level 1 reviews outstanding prior to this date have been completed by WCCS and SCC. MIC have 35 outstanding and the Division is engaged in an exercise to complete these.

1.4. This paper sets out the further developments to our learning from deaths processes, including changes as to how we review peri-natal deaths in line with national requirements. Further the paper outlines additional steps that we are taking to align our processes as part of the implementation of the ME service. Further, the paper outlines our current performance and activity with regard to mortality and mortality surveillance.

2. Purpose

2.1. This paper provides an update to the Quality Committee on our Learning from Deaths (LfD) programme. It includes an updated dashboard outlining activity undertaken as part of the programme in Q1 & Q2 2020/2021, ahead of submission to Trust Board for approval.

3. Executive Summary

3.1. The paper outlines activity undertaken as part of the mandated programme, it further provides information regarding our mortality rate and mortality surveillance activity as a Trust. The paper provides an update on changes that we are making to our LfD programme, and finally outlines the steps that we have taken to validate our findings from mortality reviews undertaken since 2017, focussing on the extent to which deaths could have been avoided.

3.2. So far, none of the deaths which occurred in Q1 and Q2 2020/21 have been identified as having poor care, or as 'avoidable', through the processes outlined in this report.

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4. Next steps

4.1. The findings from our mortality surveillance programme from Q1 and Q2 2020/21 will be submitted to NHS England following approval by Trust Board.

4.2. A project manager has been identified to review our current processes and policy as well as support the implementation of changes to the work programme. These changes will be made by the end of Q3 2020/21. The amendments will ensure that our mortality review processes align appropriately with the ME service and improve how we investigate and learn from deaths which occur in our care.

5. Recommendation(s)

5.1. The Board is asked to note progress with the changes made to improve our learning from deaths processes.

5.2. The Board is asked to note the findings from our mortality surveillance programme in relation to Q1 and Q2 2020/2021 and approve them for submission to NHS England.

Main paper

6. Changes to our current learning from deaths process

6.1. Perinatal Mortality Review Tool (PMRT)

6.1.1 In December 2018 the Trust commenced reporting of some perinatal deaths on the PMRT. This is a national, systematic, multidisciplinary review of the circumstances and care leading up to and surrounding stillbirths, neonatal deaths and the deaths of babies in the post-natal period having received neonatal care.

6.1.2 Perinatal deaths continued to be routinely referred for SJR in order that the use of PMRT could be embedded in the Division and the Trust governance processes.

6.1.3 The new process was approved at the quality and safety sub-group on 19th August 2020 and from then all perinatal deaths are being reviewed using PMRT and are no longer referred for SJR.

6.1.4 Perinatal deaths are reviewed in designated Trust PMRT meetings in which each aspect of care is scored and action plans to address any issues are approved. These are recorded on the national PMRT database and the generated reports are collated and analysed nationally and within the Trust for trends and themes to facilitate learning.

6.1.5 The detailed PMRT reports will be submitted to the WCCS quality and safety group on a quarterly basis. Key issues, themes and actions required will be reported to the EMB Quality Group, Quality Committee and Trust Board via this report on a quarterly basis.

6.2. Ongoing efforts are being made to align our serious incident (SI) and learning from deaths processes, ensuring that these two investigatory processes, whilst independent of one another, are linked appropriately and where appropriate do not duplicate effort.

6.3. Where a SJR finds the overall care and service delivery rating score to be 2 (Poor or Very Poor) the case is presented for review at the weekly MD panel incident review and a decision will be made on whether the incident triggers the SI process and it is this process which will make a decision on the avoidability of death.

6.4. Where the death is declared a SI prior to a SJR being commissioned a SJR will not be requested. There may be cases where a SJR has taken place first, and an SI investigation is triggered as a result of this. In these situations if the SI investigation outcome differs from the SJR, a decision making group, chaired by the Medical Director is convened to decide if the death was avoidable or not.

6.5. We continue to report on the timeliness of SJR completion and currently measure the number of SJRs that have not been completed within 30-days from the point of request. There was an intention in Q1 2020/21 to lower the timeline for the completion of SJRs to 10 days, however due to COVID-19 and the impact that this has had on existing SJR reviewers and our ability to increase the number with further training this change has been delayed.

6.6. A number of strategies are being considered to increase the rate of SJRs completed within the required timeframe, and we are planning to appoint specific individuals to complete SJRs as part of programmed activity in their job plan.

6.7. We had anticipated that the number of SJRs would reduce following the implementation of the ME service in April. However, the need to undertake HOCI reviews has impacted on this. We expect a reduction to be realised in future quarters.

6.8. A project manager has been identified to review our current processes and policy as well as support the implementation of changes to the work programme. These changes will be made by the end of Q3 2020/21. The amendments will ensure that our mortality review processes align appropriately with the ME service.

7. Mortality data

7.1. Our Trust has the second lowest SHMI ratio of all non-specialist providers in England for June 2019 to May 2020 which does not include Covid-19 activity in the data. Compared to other non-specialist acute providers we also have the lowest HRMR across the last year of data (July 2019 to June 2020) and the COVID-19 pandemic has not altered the composition of the list of providers with lowest HSMRs.

7.2. We receive mortality alerts via the Dr Foster analytics services. These alerts relate to cases where death(s) have occurred that require further investigation, either because there is a possible trend/pattern, or the death(s) is an outlier compared to other organisations.

7.3. We have received four mortality alerts in April and May 2020; viral infections, conduction disorders; respiratory distress syndrome and renal failure. Viral infections and renal failure triggered as a consequence of COVID-19 and we have not received any further alerts. The other two alerts are currently being reviewed and outcomes will be reported in the next quarterly report.

8. Summary of PMRT data – Q1 and Q2 2020/2021

8.1. There are currently 11 reviews in progress for stillbirths in the reporting period. 4 reviews have been completed. The grading of care for the mother and baby up to the time where the baby's death was confirmed have not identified any issues which may have affected the outcome for the baby.

8.2. Grading of the care the mother received following the baby's death found no issues with care provided.

8.3. For neonatal and post-neonatal deaths 13 reviews are in progress and 3 have been completed. There were no issues identified with the care provided to the mothers or babies up to the point of birth. Further grading of care from time of birth up to death did not identify any issues which may

have affected the outcome for the baby and no issues were identified with the care of any mothers following the death of their baby.

9. Summary of learning from deaths data – Q1 and Q2 2020/2021 (see Appendix A)

9.1. There were a total of 961 deaths in the reporting period.

9.2. Of these 337 had died with a positive COVID-19 swab. There were an additional 22 deaths where the patient had not had a positive swab but COVID-19 was referred to on the death certificate.

9.3. All deaths within 28 days of a positive swab or those with no positive swab, where COVID-19 is referred to on the death certificate continue to be reported by the Trust onto the national COVID-19 Patient Notification System (CPNS).

9.4. In the previous reporting period covering Q4 there were 20 cases where the patient the Public Health England definition of HOCI because they tested positive for COVID-19 more than 14-days after their admission to hospital and died. There were a further 12 patients who tested positive between days 7-14 of their admission and died.

9.5. In the interest of maximising our opportunity to learn from these cases SJRs were undertaken on all 32 cases and for consistency, by the same SJR reviewer. The findings of these will be provided in a separate report to the EMB Quality Group in November 2020. The outcome of these reviews will be included in the next quarterly report to Quality Committee and the Trust Board.

9.6. An SJR has been requested for 103 (11%) of the deaths that occurred in Q1 and Q2 (see Appendix B for reasons for SJR), 54 of which have been completed. COVID-19 impacted on the resource available for requesting and completing SJRs in Q1 2020/2021 which adversely affected performance. Progress has been made in addressing the backlog. Of these the rating of global care was as follows:

Number of cases	Rating of Global Care
15	3 – Adequate care
27	4 - Good care
12	5 - Excellent care

9.7. Some SJRs for this period have not yet be completed as the 30 day timeframe has not been reached.

9.8. We are required to submit data on learning from deaths to the Trust Board, for onward submission to NHSE. The data at Appendix A will be the basis of our submission to NHSE.

9.9. Learning and improvements that have been made so far as a result of this process include better support to relatives and carers, this was crucial during the first peak of the pandemic and is being factored into our surge plans going forward. Relatives and carers are also better sign posted to other services if required (i.e. PALS or bereavement support). In addition the information available to coroners for inquests is more timely and accurate.

10. Impact

10.1.1. **Quality**

This process supports improved learning from deaths that occur in the Trust, therefore supporting the safe, effective and well-led quality domains.

10.1.2. **Financial** N/A

10.1.3. **Workforce impact** N/A

10.1.4. **Equality impact** N/A

10.1.5. **Risk impact** There is potential for reputational risk associated with the ability to deliver reviews within the specified time periods, thus impacting on national reporting. Learning from Deaths is on the divisional risk register (ID. 2439).

11. Conclusion

11.1. The Trust has a comprehensive learning from deaths process in place, however as we continually strive to improve our processes and our ability to learn from deaths that occur at our hospitals, it is appropriate that we review our processes and make changes and improvements. A project manager has been identified to review our current processes and policy as well as support the implementation of changes to the work programme.

11.2. So far, none of the deaths which occurred in Q1 and Q2 2020/21 have been identified as having poor care, or as 'avoidable', through the processes outlined in this report.

Darren Nelson, head of quality compliance and assurance

16 November 2020

List of appendices
Appendix A – Learning from Deaths Data – Q1 and Q2 2020/2021
Appendix B – Triggers for SJR – Q1 and Q2 2020/2021

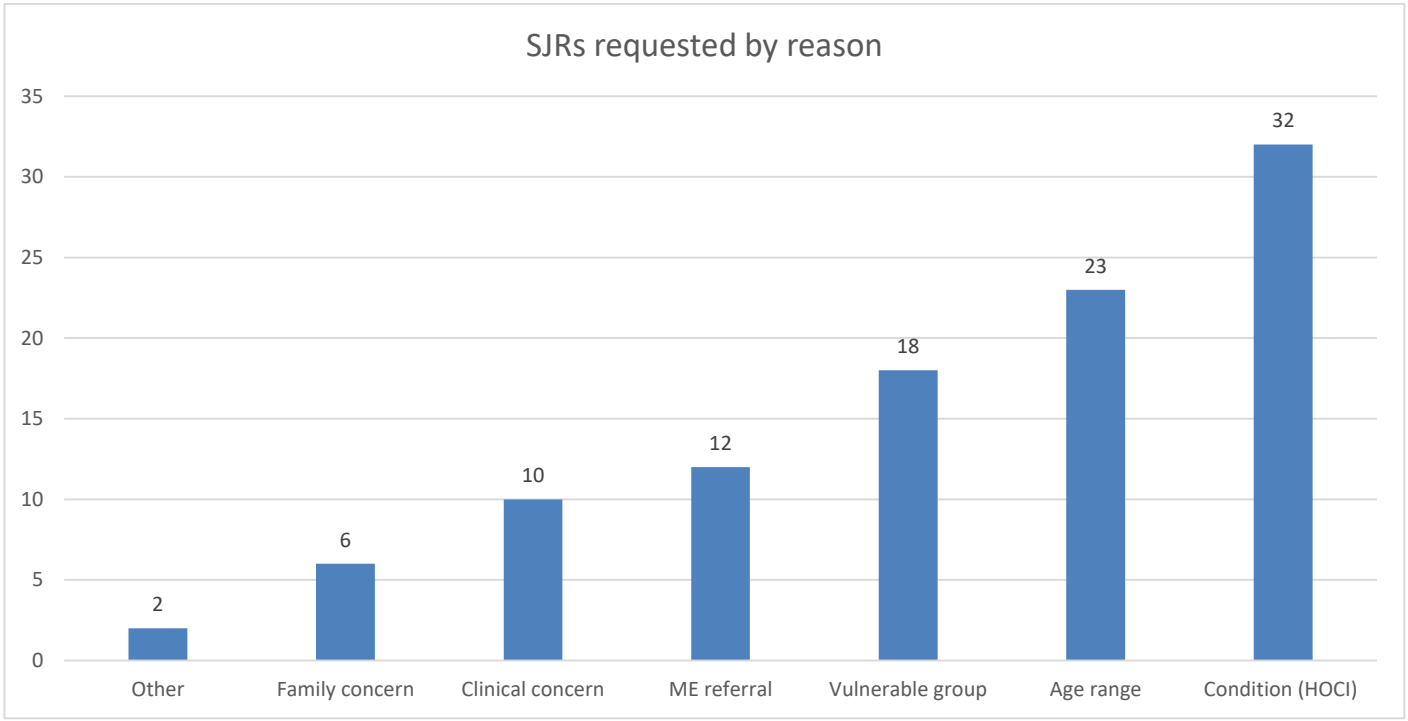
Imperial College Healthcare NHS Trust

APPENDIX A – LEARNING FROM DEATHS DATA Q1 & Q2 2020/2021

Trust Total	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	**2020/2021**
Total Deaths	**397**	**132**	**89**	**97**	**130**	**116**	**961**
No. of SJRs Requested	37	15	12	11	18	10	**103**
No. of SJRs Completed	32	11	5	2	3	1	**54**
No. of avoidable deaths reported via SJR or deaths with poor or very poor global care score	0	0	0	0	0	0	**0**
No. of Avoidable Deaths confirmed via senior decision maker review	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Imperial College Healthcare NHS Trust

APPENDIX B – TRIGGERS FOR SJR – Q1 and Q2 2020/2021



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TRUST BOARD (PUBLIC)

Paper title: Equality, Diversity and Inclusion Work Programme 2020/2021 Update

Agenda item 15 and paper number 12

Author and lead Executive Director: Gemma Glanville, Divisional Director of People (EDI Lead), Executive Director – Kevin Croft, People and Organisational Development

Purpose: For information

Meeting date: 25th November 2020

Executive summary

1. Introduction and background

1.1. This paper provides a brief update on the mid-year progress on the Equality, Diversity, and Inclusion (EDI) Work Programme for 2020/2021.

2. Purpose

2.1. The board is asked to note progress.

3. Executive Summary

3.1. Progress has been made in all of the six objectives for the EDI Work Programme, with three actions completed in full. Recruitment to an expanded EDI team has commenced, all adverts have closed and interviews are to be held in late November. Progress and plans will accelerate with the new starters' arrival.

3.2. Additional achievements are highlighted, including the executive approval of the EDI business case, the LGBTQ+ network profiling Imperial people in Attitude magazine and Transgender Awareness week, the BAME network co-designing a development programme with the nursing directorate and the Trust participation in the North West London Capital Nurse BME Nursing programme.

3.3. The Quality Committee noted there are been progress on this agenda and encouraged the Trust to focus on strategic direction for EDI in the coming year. Several non-executive directors offered additional support to explore themes and data which was greatly received. The committee were interested to understand if divisions had access to diversity data, in particular ethnicity by division and how divisions use this data to decide on areas for improvement. It was advised that this is work planned for the forthcoming year in the form of diversity dashboards.

4. Next steps

4.1. To continue to deliver on the actions in the EDI Work Programme and accelerate the pace of progress and expand the deliverables when the EDI team expands.

5. Recommendation(s)

5.1. The board is asked to note progress.

Main paper

6. Key points

6.1. This paper provides further detail on the progress made on the EDI Work Programme for 2020/2021. The Trust agreed to six key objectives for EDI. Each objective has key deliverables

and are accompanied by detailed project plans to monitor delivery. Progress is monitored through the Workforce Race Equality Standard (WRES) Steering Group and the Trust EDI Committee chaired by the CEO. For each objective the work programme aims are outlined and the current progress against delivery.

6.2. Objective 1: (measurement for improvement) To create a divisional and directorate-level diversity dashboard to guide areas for improvement

Objective 1 Work Programme Aims	Progress
Produce targets for 2020 on model employer aspirational senior level workforce	Completed. Produced model employer aspirational goals for increasing black and minority ethnic representation at senior levels for Agenda for Change staff and medical staff. Produced and shared pilot mid-year data with divisional leaders for divisional actions to be taken before March 2021.
Design, develop and implement different diversity dashboards for directorate, Trust level	In progress. Agreed with Imperial Way team three key EDI metrics for Trust new scorecards at divisional and directorate level. Data collection underway for population. Further work planned for qlikview development of a diversity dashboard.
Improve the quality of our protected characteristic data	In progress. Completed review and update executive data on the employee staff record (ESR). I-Can (Disability Network) actively promoting ESR self-service. Further work planned.

6.3. Objective 2: (people practices) To re-design people management processes, practice and policy to create a fairer and more inclusive place to work

Objective 2 Work Programme Aims	Progress
A review of our disciplinary processes including specialist training for our employee relations teams and managers	In progress. Managing Diverse Team x 2 held in November. ER dates set for November for both training.
Roll out of diverse recruitment panels	See below for update.
Review and improve guidance for managers on staff transitioning gender	In progress. Engagement review process has commenced.
Review and improve guidance on supporting staff with disabilities	In progress. Supporting Staff with Disabilities Policy reviewed and agreed with networks and staff side.

Review of application processes for MBA/MSC & leadership programmes	Planned for November.

6.4. Objective 3: (engagement and empowerment) To continue the growth and empowerment of our staff networks

Objective 3 Work Programme Aims	Progress
Support the LGBTQ+ network to establish their terms of reference	In progress. Draft TOR.
Support the women's network to establish their membership and terms of reference and permanent chair	In progress. Draft TOR and plan for November meeting.
Continue to provide support our BAME networks on the delivery of our BAME ambassadors programme	In progress. POD team & Freedom to Speak up team supporting training of BAME ambassadors.
Support the growth of the disability network (I-Can)	In progress. Setting a calendar of events.
Identify and appoint a Non-Executive Director for EDI	In progress. Draft role description.
Identify CPD funding to support network events	Completed. Business Case approved by executive in October.

6.5. Objective 4: (focused improvement and culture change) To deliver the WRES 2 focused improvement on improving the likelihood of BME staff being appointed from shortlisting

Objective 4 Work Programme Aims	Progress
Roll out of diverse recruitment panels (including training, monitoring and data reviews)	In progress 75 BAME staff trained and available to support panels with diversity 14 Inclusive training available on LEARN for all managers Weekly reports started October to CEO of all 8a and above interviews scheduled. New process introduced for hiring managers to feedback to CEO following outcome of panel for 8a posts.

6.6. Objective 5: (education and leadership) To design and deliver a 3-level workforce race equality education programme

Objective 5 Work Programme Aims	Progress
To design and deliver a 3-level workforce race equality programme	In progress. Funding agreed by executive in October. November designing supplier specification to start procurement.
Creating training materials for Equality Impact Assessments	In progress. Joint working commenced between POD team and Corporate Governance to agree changes and consistent approach.

Embedding and evaluating reverse mentoring	In progress. Reflection sessions for mentors and mentees took place in October and November.

6.7. Objective 6: (Workforce Disability Standard Action Plan) to create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed

Objective 5 Work Programme Aims	Progress
Creation of reasonable adjustments passports & training for managers	In progress. New Reasonable Adjustments Passport and training designed. Roll out planned for November.
training for managers and individuals on accessibility e.g. MS teams	On hold. Linked to version updates for the roll out of MS teams and NHS net.
Develop better relationship with Access to work.	Future work.
working towards submission for Disability Level 2 standard	Completed. Level 2 submission achieved in October (see below).

7. Other progress updates

7.1. In June the LGBTQ+ network worked with *Attitude* magazine to profile Imperial staff in their NHS Heroes edition.

7.2. In September we reviewed our existing Equal Opportunities policy and our Equality policy and combined them into a new Equality, Diversity and Inclusion Policy.

7.3. The Trust is participating in the North West London Capital Nurse BME Nursing Programme which is designed for career support for Band 4-6 nurses from a BME background. Nine applicants have been successful in gaining a place.

7.4. The nursing directorate is working closely with the BAME nursing network to design development for BAME nurses by addressing the barriers and specifically the variation that surrounds equal opportunities for career progression or promotion experienced by our BAME staff.

7.5. In September, three participants attended Module 1 of the NHS Employers, Diversity and Inclusion Partner's programme. As a partner organisation, we undertake to work with other NHS Employers, partner organisations and alumni in our region to improve how we measure EDI activities, across the health and social care system. The programme will support the personal development of an executive director and our EDI lead developing them to become EDI ambassadors for our region.

7.6. In October, a business case for investment was approved by executive. This investment will expand the EDI team, allow the Trust to join professional EDI networks, provide CPD funding for networks and race training for 200 managers. Recruitment to the posts have already commenced.

7.7. In October, the BAME network chairs, communications and the Head of EDI worked together to produce a month of events celebrating Black History Month. This included a drop in session with the Director of People and Organisational Development, a live conversation hosted by the Chief Executive with Lord Simon Woolley, Dr Patrick Vernon OBE and Dr Karen Joash and a cocktail class.

7.8. As of 19 October 2020, the Trust has become a Disability Confident Employer (Level 2) under the government's Disability Confident scheme. We have signed up to a number of commitments relating to the recruitment of staff with disabilities, supporting reasonable adjustments and promoting a culture of being disability confident. The Trust is permitted to use the official logo (see below) on recruitment and branding.

7.9. In November 2020 our BAME nursing and midwifery network chair presented with colleagues at the National Matrons Conference on the topic of headscarves and personal protective equipment during covid-19.
7.10. Imperial charity have granted £45, 000 to support race training for the Trust.
7.11. In November 2020, our LGBTQ+ network worked with communications to part in Transgender Awareness week with an @imperialpeople take over, educational material and flying the transgender flag at hospital sites.

8. Items to raise to boards attention

8.1. The Trust will be celebrating International Disability Day on 3 December. Board members are invited to follow activities via social media.
8.2. Board members are asked to continue demonstrating their commitment to the EDI agenda through participating in events, attending training and development.

9. Conclusion

9.1. Progress has been made in all of the six objectives for the EDI Work Programme, with three actions completed in full.

Gemma Glanville, Divisional Director of People (Medicine and Integrated Care, Finance and Communications) and EDI Lead

Further Reading

CEO Blog: https://www.imperial.nhs.uk/about-us/blog/tackling-race-inequality

Dr Helen Grote Blog: https://www.imperial.nhs.uk/about-us/blog/the-downside-of-ppe-for-people-with-hearing-loss

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Audit, Risk & Governance Committee report

Agenda item 16.1 and paper number 13a

Author and lead Executive Director: Jessica Hargreaves, Deputy Trust Secretary/Sir Gerry Acher, Non-Executive Director (Deputy Chair)

Purpose: For information

Meeting date: 25th November 2020

1. Summary:

The Audit, Risk & Governance Committee was held on 7 October 2020. Key items to note from that meeting include:

1.1. **External Audit:** The Committee noted that work was underway to develop the plan for the 2020/21 audit which would be presented to the Committee in December 2020. Auditor guidance for 'value for money' discussions were under consultation with a view to widen the scope of this area of work including the reporting both internally and externally; an update on this would be provided to the Committee once received.

1.2. **Internal Audit and Counter Fraud:** The Committee received an update on internal audit, noting that the audits were underway and on track for the plan to be delivered by year end; one change to the plan was noted which related to contract management. Committee members discussed the follow up work relating to the IT disaster recovery audit and the Trusts operational ownership and resourcing of the programme going forward.

The Committee received an update on counter fraud activities at the Trust. Noting the recent staff survey, Committee members were pleased to note that the results showed a positive improvement in staff awareness, with the response rate and feedback at the higher end compared to other organisations.

1.3. **Deep dive – Hotel Services:** The Committee discussed the risk & assurance deep dive into Trust procurement processes (with the hotel services tender as the focus) as part of the board assurance framework process. The deep dive included a review of the findings from an internal review of the process for awarding the hotel services contract in September 2019.

Committee members discussed the concerns raised following the procurement process for hotel services and the wider concerns discussed previously by the committee regarding the Trust's procurement function.

The Committee noted that there was previously a risk on the corporate risk register relating to legal challenge to procurements between September 2018 and April 2019. This was closed due to change in central procurement of medical and surgical devices reducing the risk.

Committee members discussed the main concerns going forward which related to adequate procurement resource, adequate sector involvement and timely input at senior management level and noted the assurances that have been put in place to address these which include:

- Greater management oversight from Deputy CFO and CFO

- Sector CFOs and other Executives committed to considering undertaking joint procurements to maximise value where deemed appropriate.
- Due consideration to be given to external procurement support to ensure market tests are undertaken by subject matter experts
- Refocus Head of Procurement resources to dedicate 100% of time to ICHT over the interim period
- Include a follow up review in the 21/22 audit plan to check progress and provide updated assurance
- Continue to engage with the North West London sector procurement review, to ensure any future model includes and builds on experience to date and minimises organisational risk

1.4. **HMRC update:** Committee members noted that HMRC had introduced the Business Risk Review Plus (BRR+) approach to risk-assessing the tax compliance of large organisations subject to the UK tax regime, and, following an initial visit from HMRC in February 2020, an initial default rating of "moderate-high" had been assigned to the Trust and a programme of work agreed. Committee members noted that work was being carried out during October 2020 with visits from HMRC commencing in November 2020; a further update would be provided to the Committee as work progresses.

1.5. **North West London Consolidated Services:** The Committee noted that the North West London sector had embarked on a back office consolidation programme which included finance (inc payroll), HR, occupational health, legal, digital, procurement, governance & risk and communications and received an update on the finance workstream and the current projects being progressed. Noting that one of the opportunities being progressed at pace was the joint tendering wherever possible of functions including external and internal audit, counter fraud, VAT advice and debt management, Committee members agreed that whilst they broadly agreed with the principle, they felt that the audit function should be one of the last to be consolidated as they were bespoke to individual Trusts and their Boards required their own assurance from the audit function. It was agreed that the Trust would continue with their current auditors at this time.

1.6. **Corporate Risk Register:** The Committee received the corporate risk register and were pleased to note the recent implementation of risk and assurance deep dives at Board sub-committees. With the Committee having the oversight of these deep dives, the outcomes and emerging risks from the first round at Quality Committee and the Finance, Investment and Operations Committee were reviewed.

Committee members reviewed emerging risks relating to COVID-19 and noted that the impact of a no-deal 'Brexit' was currently being reviewed.

Committee members noted that in August 2020, an audit of risk management practice during the acute phase of the COVID-19 pandemic was undertaken as part of the Learning and Insight Programme; it looked at risk management activities between March and May 2020. Committee members were pleased to note that overall, reasonable assurance was found that risk management activities were maintained at the Trust during the audit timeframe and the impact of COVID-19 was captured on the Trust risk registers.

1.7. **Tender Waivers and losses and special payments reports**: The Committee received and noted a summary of the number of tender waivers and the controls in place.

1.8. **Recommendations:** The Trust Board are requested to note this report.

Author: Jessica Hargreaves, Deputy Trust Secretary
Date: 18.11.2020

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Quality Committee Report

Agenda item 16.2 paper number 13b:

Author: Amrit Panesar **–** Corporate Governance Assistant
Non-Executive Director: Professor Andy Bush, Non-Executive Director (Committee Chair)

Purpose: For information

Meeting date: 25th November 2020

Summary:

The Quality Committee met on 11 November 2020 and welcomed Sym Scavazza (NED) and Beverley Ejimofo (NExT Director) to their first Quality Committee, and were very appreciative of the wider perspectives they brought to our deliberations. Noted for a future meeting the need to look at how worrying test results or findings are shared with patients via digital channels in light of a recent complaint. Key items to note from that meeting include:

1. **Review of Quality Committee Terms of Reference**
   The Committee reviewed the Committee terms of reference. Committee members noted that these were very meritorious, but dauntingly extensive. It would be helpful to review a summary of the assurances provided for each element in the terms of reference so that the Committee can be assured that they discharge their duties appropriately. Following this work, the terms of reference will be re-reviewed and resubmitted for final approval. Further consideration will be given to how the Board delegates the oversight of the People & Organisational Development agenda.

2. **Update on COVID-19**
   The Committee received a presentation on the Trust's response to COVID-19 and the sector position across North West London. The Committee discussed and acknowledged the key risks and issues being faced by the Trust in the recovery phase and noted the planning in case of a second surge. The Committee were reassured that the executive team were managing the risks associated with the recovery phase and surge planning as far as is possible given the rapid changes in the situation. The Non-executive directors thanked the executive team for their dedication and hard work throughout each stage of the pandemic.

3. **COVID Secure Staffing Dashboard & Flu update**
   The Committee received the COVID Secure Staffing Dashboard and Flu update presentation noting the progress on seven key areas of staff safety which had been combined together into an integrated dashboard to monitor progress. The Committee noted that the flu vaccination uptake was at 47% which was an improvement from the same time last year where the Trust was at 37%. Committee members noted that referrals for emotional and psychological wellbeing support had increased, and that the Trust was receiving a high number of referrals from staff compared to 2019. The Committee supported the executive approach to staff health and wellbeing.

4. **Paterson report & Cumberlege Review**

The Committee received the Paterson report and Cumberlege review noting the two national inquires that had described significant failures in the ability of the healthcare system to detect and protect patients against harm. The Committee reviewed the findings of both reports and the assurances currently available, and felt confident that the Trusts existing governance and risk management processes would mitigate the risk of such failures in care. A prioritised approach to action to address some of the areas for improvement identified in the report will be considered.

5. **Key Divisional Quality Risks**
   The Committee noted the key divisional and corporate risks were largely focused on the reset & recovery, and potential second surge.

6. **Month 6 Performance Scorecard (Quality)**
   The Committee noted the quality aspects of the performance report.

7. **North West London Pathology Operational Report**
   Committee members received the North West London Pathology operational report noting that in September 2020, no new pathology related serious incidents (SI's) had been reported. The Committee were pleased to note that the average turnaround time for COVID-19 PCR testing for September remained at 17 hours from receipt in the laboratory to report with an average of 76% of samples completed under 24 hours. The Committee acknowledged NWLP's contribution to the Sector response to the COVID pandemic and thanked the NWLP management team for their leadership in the rapid mobilisation of new testing during this period.

8. **Regulatory Compliance update**
   The Committee received the report noting that the Trust held an engagement meeting with the CQC in October, its first since January 2020, with Western Eye Hospital. The Committee noted the positive feedback from the recent CQC review of the Trust's Emergency Departments and winter planning, as part of the CQC's transitional regulatory arrangements.

   Committee members noted the planned local and national audit of Do No Attempt Cardiopulmonary Resuscitation orders undertaken by the Trust's audit team and CQC respectively, including a review of whether orders were being made appropriately for patients with dementia or learning disabilities. The Committee will review the results at its next meeting, following the completion of the audits in December.

9. **Safeguarding During COVID-19**
   The Committee received the report noting that Safeguarding activity relating to children reduced in April 2020 as fewer children were brought into hospital due to the pandemic. Activity from May 2020 had increased and was now at pre-pandemic levels. Adult Safeguarding was unaffected. Committee members were reassured that despite the changes due to the pandemic the safeguarding service was a safe and effective provision.

10. **Infection Prevention & Control BAF**
    The Committee received the report noting that NHS England published an infection, prevention & control board assurance framework to offer assurance to NHS Trust boards that their approach to the management of COVID-19 was in line with Public Health England infection prevention and control guidance and the risks had been identified. Committee members were pleased to note that the self-assessments undertaken against the 10 domains which were set out in the board assurance framework, indicated that the Trust was 'green' (indicating high level of assurance) for 32 out of the 47 key lines of enquiry.

An action plan was being developed for all areas currently RAG rated as amber which would be monitored through the Clinical Reference Group. The Committee noted that this framework was a dynamic review of assurance regarding the Trust's infection prevention and control, and the framework would be updated monthly with oversight from the Clinical Reference Group.

11. Research Report Q2 2020/2021

The Committee noted the progress of various clinical research initiatives and areas of key focus.

12. Occupational Health & Safety Report

Committee members noted that since the start of the pandemic in March 2020 the Occupational Health and Safety service had been focused on COVID-19 related matters. The Committee noted that 93% of non-clinical workplaces had been assessed and 89% were deemed COVID secure. Assessments for the remaining workplaces would be completed by the end of November 2020.

13. Infection, Prevention & Control Quarterly Report

Committee members received the quarterly infection prevention and control report and noted that 14 of Trust attributed C. difficile cases had been reported in quarter 2; this was a decrease on previous quarters. The Committee noted that the Trust was on target to meet its 10% year on year reduction in Trust attributed E coli bloodstream infections.

Committee members congratulated IPC colleagues on the achievement of winning the Trust-wide hand hygiene improvement programme 'infection prevention and control initiative of the year' at the Patient Safety Awards.

14. Learning from Deaths quarterly report – Q1 and Q2 2020/21

The Committee received the report noting the findings from the Trust's Mortality Surveillance Programme. The findings would be presented to the Trust Board and NHS England.

15. Equality, Diversity and Inclusion Work Programme 2020/21

The Committee reviewed the Equality, Diversity and Inclusion work programme and noted that progress had been made in all six objectives of the programme, with three actions completed. Committee members noted that the programme was monitored through the Equality, Diversity and Inclusion Committee, chaired by the Chief Executive.

16. Recommendation(s)

Trust Board is asked to note this summary.

NHS
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TRUST BOARD (PUBLIC)

Paper title: Finance, Investment & Operations Committee report

Agenda item 16.3 and paper number 13c

Author and lead Executive Director: Jessica Hargreaves, Deputy Trust Secretary/Dr Andreas Raffel, Non-executive Director

Purpose: For information

Meeting date: 25th November 2020

1. Summary:

The Finance, Investment & Operations Committee was held on 18 November 2020. Key items to note from that meeting include:

1.1. **Finance report and deep dive into current Cost Improvement Programmes (CIPs):** The Committee received the finance report for month 6 noting that the Trust was forecasting a breakeven position for the year as required by NHSI/E; this included the Trust accruing a further £8.8m of retrospective "top-up" funding for month 6, bringing the total year to date top up to £39.6m. Committee members noted that from October, the Trust had adopted a new financial regime and has agreed a forecast outturn with the STP resulting in a £15.8m deficit.

The Committee received an overview of the current CIPs in year, noting that the divisions were committed to achieving these by year end. More detailed and concrete CIP plans will be reviewed at the next meeting.

1.2. **Business planning update:** The Committee received an update on the business planning for 2021/22 to 2023/24 which had been built upon last year's process, looking more holistically at the priorities of the organisation to ensure it was aligned from Board to ward; this approach was a core pare of the Imperial Management and Improvement System. The process launched on 1 October and included engagement sessions with corporate and clinical directorates, their finance and HR business partners and regular working groups had been set up with general managers and finance business partners from directorates facing the most uncertainty to provide additional support and ensure a consistent approach to planning.

1.3. **Summary of business cases approved by the Executive:** The Committee received and noted the business cases that had been approved by the Executive.

1.4. **Post project evaluation – ICT infrastructure capital replacement programme:** The Committee received and discussed the post project evaluation for the ICT infrastructure capital replacement programme and were pleased to note that the projects within the programme were on track and on budget. Committee members were pleased to note the benefits to the Trust in terms of the successful implementation of the virtual desktop infrastructure and Microsoft 365, with the Trust being considered an exemplar Trust, having the highest use of Microsoft Teams in the NHS.

1.5. **Post project evaluation – Paediatric Intensive Care Unit, St Mary's Hospital:** The Committee received and discussed the post project evaluation for the redevelopment of the Paediatric Intensive Care Unit (PICU) at St Mary's Hospital which included the new provision

of a co-located Higher Dependency Unit (HDU); benefits included compliance with bed space requirements, improved patient isolation facilities and improved unit ventilation and would enhance the clinical teams ability to deliver high quality care to high acuity patients. Noting that activity had not been as predicted this year, partially due to the pandemic, it was agreed that a further evaluation would be presented to the Committee in 6 months' time.

1.6. **Update on transformation plan including specialty review programme:** Committee members noted the progress of the transformation plan which was focusing on prioritising projects and ensuring that each piece of work had clear key performance indicators (KPI's) either clinically or financially.

1.7. **Final winter plan 2020/21:** The Committee received and noted the winter plan for 2020/21 which was based around four main themes – front door processes, overall management of flow, planning for a second peak of Covid-19 admissions and discharge, including collaboration with partner organisations. Committee members acknowledged the unique challenges of planning for this winter compared to previous years but were pleased to note the learning from the first peak of the Covid-19 pandemic and the robust arrangements in place to manage flow as well as a clear understanding of the triggers that would prompt an escalation response.

1.8. **Recommendations:** The Trust Board are requested to note this report.

Author: Jessica Hargreaves, Deputy Trust Secretary
18.11.2020

Imperial College Healthcare NHS Trust

TRUST BOARD (PUBLIC)

Paper title: Report from the Board Redevelopment Committee 22nd October and 18th November 2020

Agenda item 16.4 and paper number 13d

Author and lead Executive Director: Philippa Beaumont, EA to the Chair/Paula Vennells, Trust Chair and Committee Chair

Purpose: For noting

Meeting date: 25th November 2020

Summary

1. The Committee reflected on the recent Department of Health and Social Care announcement on the 40 hospital project which included St Mary's, Charing Cross and Hammersmith Hospitals.

2. The Programme Director's report on key activities included updates on commercial activities, communication and engagement, project planning, decant and clinical design. The concept of developing a life sciences cluster was also discussed.

3. The Committee on 18th November 2020 discussed the St Mary's SOC (Strategic Outline Case), activity modelling and a brief update on the development of strategic case for Charing Cross and Hammersmith Hospitals. The Committee also received an update on key activities associated with this programme.