Imperial College Healthcare
NHS Trust

Quality account

2021/22

This report is dedicated to the commitment and expertise of all of our people. We pay special recognition to colleagues who have died between April 2021 and the end of June 2022 and celebrate their lives and contribution to the NHS:

- Akorfa Fiamavle
- Andrew Wooley
- Ann Coyne
- Dr Stephen Metcalf
- Fitz Hitchman
- Jenny Candelas
- Juliet Chanayil
- June Deterville
- Kevin Lavington
- Michael Owens
- Paulius Pivoriunas
- Professor Justin Mason
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Chief Executive's Overview

This quality account is an opportunity for us to review our progress against key quality and safety improvement measures in 2021/22. It is impossible to do this without accounting for the massive challenge posed by further waves of Covid-19 infections, delivering the biggest vaccination programme in the history of the NHS, coping with returning demand in our emergency departments and managing the growth of waiting lists for planned care.

Despite these challenges, we continue to have among the lowest hospital mortality rates in the country, we are improving our incident reporting rates year-on-year and have improved the timeliness of our incident investigations. We have also improved our performance in our annual infection prevention and control practice audit and improved how we document informed consent through a new electronic consent programme.

Specifically in relation to the pandemic, we continued a range of services and programmes to respond to – and minimise the impact of – Covid-19. This included our clinical reference group, which provides clinical leadership and decision making, and our clinical harm review and prioritisation process, to provide a dynamic review of patients waiting for elective surgery to help prevent their health from deteriorating, as well as our staff and patient testing and vaccination programmes. We also introduced further measures to support the health and wellbeing of our staff. We will review these initiatives in the year to come as we continue our transition to living with Covid-19.

During 2022/23, we will also continue to progress our safety improvement programme priorities adding a focus on improving care for adult patients with swallowing problems and improving safety in blood transfusions and line insertion and care.

At the same time, as an organisation, we will be focused on reducing long waits and delays in our care, building a healthy, motivated workforce and progressing much-needed redevelopment of our estates. Improving the safety and quality of our services will need to underpin the achievement of all of these objectives. Likewise, our approach to quality and safety will need to be guided by organisation-wide improvements in how we work, in particular strengthening our focus on the needs of our patients and wider stakeholders, reducing health inequalities and joining up care across providers.

Thank you to everyone who has helped us put this quality account together including Healthwatch, our commissioners and our local authorities, and to our staff who are so committed to providing our patients with the highest quality of care.

Professor Tim Orchard
Chief executive

PART 1: PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

1.1 Priorities for improvement

This section of the report provides an overview of our approach to quality improvement, our improvement priorities for the upcoming year and a review of our performance over the last year.

Our improvement methodology

We have a dedicated improvement team whose aim is to build learning, improvement and innovation into everything we do across the Trust. The team continues to ensure the rigorous application of the Institute for Healthcare Improvement's methodology by coaching individuals and teams in their area of work, and through large-scale improvements to drive change. An extensive education programme, available to all staff, that aligns to our Imperial improvement competency framework, supports this work. The framework sets out how we embed improvement knowledge and skills across all levels of our organisation at scale and pace.

In 2022/23, we will focus on the implementation of our dosing model, which outlines what 'dose' of skill is required at each level of the organisation. Working closely with divisional and directorate leadership teams, this model will provide a more systematic focus of identifying who requires training and ensuring that improvement skills are directed towards Trust priority programmes, projects and focused improvements.

The Imperial management and improvement system

The Trust's strategy sets out our goals and the priority activities required to achieve them. This is guided by the Trust's strategic framework, which outlines our priority projects, programmes and focused improvements. The Imperial management and improvement system (IMIS) is the Trust's operational mechanism to help the organisation, our divisions, directorates, specialties, frontline and corporate teams deliver on their objectives. IMIS provides teams with a consistent and systematic approach to prioritising, monitoring and managing (i.e., improving and sustaining) strategic and operational change. This in turn enables teams to incorporate learning, improvement and innovation into everything they do, building a culture of continuous improvement.

To date, IMIS has predominantly been deployed at board and executive level, with aspects of the system implemented at division and directorate level. We have introduced core tools, including counter measure summaries and integrated performance scorecards. These scorecards are available at Trust, division, directorate and specialty level. This provides teams with their core measures and clear direction on which ones require improvement.

In 2022/23 we plan to employ best practice governance processes through the introduction of an integrated performance framework and toolkit. Additionally, we will expand IMIS to directorates and frontline teams as we roll out our 'delivering excellence' and 'tools for change' programmes.

2022/23 improvement priorities

The priorities for the quality section of the annual report focus on the quality and safety improvement programme and are set out in the table for 2022/23, which can be found on the following pages. The other strategic priorities are addressed and covered in our annual report.

This year, we have reframed our work in the context of the NHS patient safety strategy. This was published in 2019 by NHS England/Improvement. It focuses on how the NHS can continuously improve safety by building on two foundations: a patient safety culture and a patient safety system. It focuses on establishing a culture of psychological safety, sharing safety insight and empowering people – patients and staff – with the skills, confidence and mechanisms to improve safety. It sets out three strategic aims for the NHS as a whole (insight, involve, improve) with actions under each of these aims.

Due to the impact of the pandemic, implementation of many of the key elements of the national strategy was initially delayed e.g. the national patient safety syllabus, the framework for involving patients in patient safety and the new patient safety incident response framework. These are now starting to be launched and we will focus our efforts this year on implementing them, while continuing our work on priority improvement areas that we have identified as our key areas of risk internally.

Improve: We will develop and support safety improvement programmes that prioritise the most important safety issues and employ consistent measurement and effective improvement methods		
Focus area	**Rationale for selection**	**Progress metrics**
Deliver our safety improvement programme priority workstreams	We have had a quality and safety improvement programme in place since 2018. The programme is supported by three safety improvement leads, with steering groups in place for individual workstreams and overall reporting to our executive management board quality group. In May 2021, following consultation, we agreed six priority improvement areas for our quality and safety improvement programme for 2021/22 following a review of incidents (including serious incidents), structured judgment reviews, medical examiner outcomes, national reviews and national audits. These were identified as our key areas of risk internally. Recognising that owing to the impact of the pandemic we have more work to do to achieve the aims we set ourselves last year, we have chosen to continue our focus on these six improvement areas (N.B. one of these six – our 'improving incident reporting' work – is described under the incident reporting section in the following pages). We have also added two new priorities, which have been identified as risks through our incident reporting processes. Our 'improve' priorities for 2022/23 are: • improve hand hygiene practice, and the safe use of PPE in our clinical areas • improve how we agree and document appropriate treatment escalation plans, for our patients in an individualised, compassionate, and inclusive manner • improve how we document that our patients have provided informed consent prior to relevant procedures • reduce avoidable harm and improve performance and outcomes associated with invasive procedures • reduce the number of patient falls and associated harm levels • improve the checking of blood products prior to transfusion (new) • improve the identification and management of adult patients with dysphagia (new). The work we are undertaking for our ongoing priorities, and which will continue into 2022/23, is described in the next section. Our two 'new' priorities are set out below: **Improve the checking of blood products prior to transfusion** Patients can be seriously harmed if given the wrong type of blood during a transfusion. During 2021/22 we reported two 'never events' where patients were incorrectly administered rhesus positive blood rather than negative, which would have been avoided if the right checks had been carried out. Fortunately neither patient came to harm as a result of the incident. A large amount of work was undertaken in 2020 in response to previous blood administration incidents (two serious incidents and one never event) including the roll-out of an electronic bedside checklist. The group also introduced a new training module, which will relaunch in May 2022. This will be supported by simulation training in practice via a staged approach focusing first on high blood usage areas, which will provide additional support for staff and help us identify further improvements we can make. **Improve the identification and management of adult patients with dysphagia** Patient nutrition and hydration is a cornerstone of meeting patients' basic health and care needs. In 2019 a patient died in Sheffield Teaching Hospital Trust from an incident of dysphagia (the medical term for swallowing problems) resulting from the ingestion of the wrong consistency diet. This incident led to publication of the National Confidential Enquiry into Patient Outcome and Death, "Hard to Swallow?". Following review of an increase in incidents, including two serious incidents which occurred in 2021, we have identified some gaps in our assurance around the recommendations of this inquiry. We therefore have some key improvement areas to focus on throughout 2022/23, which will include the development of an education and training plan and improvements to our Trust-wide processes and systems, as well as locally led improvements at ward level.	% of infection prevention and control incidents associated with nosocomial transmission % compliance with IPC training (level 2) % elective procedures consented for using our digital system % of audited compliance with the World Health Organization's five steps to safer surgery % of avoidable harm incidents associated with invasive procedures % of falls incidents causing harm % risk assessments completed on admission % compliance with falls prevention interventions Number of related blood transfusion incidents and near misses % compliance with the blood transfusion training module % compliance with recording of texture modified diets/fluids in our electronic patient record Audited compliance with Trust-wide dysphagia guideline

Insight: we will improve our understanding of safety		
Focus area	**Rationale for selection**	**Progress metrics**
Improve patient safety incident reporting rates across the Trust	High rates of incident reporting is a strong indicator that staff value safety, feel safe to raise safety concerns and can learn to continuously improve services. This is a key part of building our culture, being open and transparent and understanding what has happened when things go wrong, and supporting patients, staff and families. In 2022/23 we plan to continue with the focused improvement work we began this year. This will include continuing work with local areas to implement safety huddles focused on incident reporting and learning, as well as work to make our incident reporting system more user-friendly, to trial a web-based app to capture incidents, to improve access and quality of data insights around incident reporting and to use positive reporting to support learning from when things go right, as well as when things go wrong.	Patient safety incident reporting rate per 1,000 bed days – consistently in top quartile Incident reporting rate per whole time equivalent – 10% improvement (based on previously defined target)
Improve our approach to investigating patient safety incidents and implement the patient safety incident response framework (PSIRF)	Over the last two years, we have been working to improve our approach to investigating patient safety incidents, including: • Implementing a dedicated central investigations team • Using 'after action review' as our primary method of investigation (this approach involves a rapid review of the incident, with all staff involved coming together to discuss the incident in a structured and facilitated manner. This helps support a systems approach to investigation and ensures staff are fully supported when they are involved in an incident, the learning is rapidly shared and any immediate action is taken to mitigate recurrence • Providing additional training for clinical staff to become investigators. We still have work to do to ensure we are continuously improving and plan to focus in 2022/23 on how we can better involve patients, families and carers in our investigations. The patient safety incident response framework (PSIRF) will replace the current serious incident framework as the way the NHS investigates and learns from patient safety incidents from spring 2022. Once the framework is launched nationally, we will develop an implementation plan with our colleagues across the sector.	Targets will be defined once PSIRF is published

Involve: we will ensure that patients, staff and our partners have the skills and opportunities to improve patient safety		
Focus area	**Rationale for selection**	**Progress metrics**
Implement the framework for involving patients in patient safety	NHSE/I have published a new framework for involving patients in patient safety to support NHS organisations to do this successfully. While we have lots of good work across the Trust to involve patients and local communities in the business of the organisation through our strategic lay forum, and to help patients raise concerns and support them to take ownership of their care, the framework sets out specific actions we need to take related to patient safety. This year, we will therefore focus on developing a plan for implementation of the framework. Our initial action is to recruit our first two 'patient safety partners' in 2022, and we are currently working with our strategic lay partners to develop our policy, role profile and recruitment plan. We are aiming to ensure that patient safety partners are supported to become active partners in all elements of governance, monitoring and improvement related to patient safety, and that their contribution is recognised and valued by our staff.	Number of projects/ programmes in which we involve our patient safety partners
Support our staff to complete the patient safety syllabus training modules	Training is a fundamental part of the national patient safety strategy. A new patient safety syllabus was published in 2021 which includes online training which will be required for all staff across the NHS. The first two modules are now available and have been launched on our core skills system, LEARN. Our aim is to ensure that our staff have completed level 1: essentials for patient safety by April 2023, in line with national requirements. We will also focus on developing an implementation plan for the other modules.	90% of staff have completed level 1 patient safety training by April 2023

Involve: we will ensure that patients, staff and our partners have the skills and opportunities to improve patient safety		
Focus area	**Rationale for selection**	**Progress metrics**
Develop the patient safety specialist model for the Trust	Patient safety specialists, defined as the lead patient safety experts in healthcare organisations, are key to local delivery of the national strategy. We currently have one patient safety specialist, however given the scale of the work, and the size and complexity of our Trust, we have agreed to increase the number we have and implement a mixed model of corporate oversight and management of the overall strategy with divisionally based specialists; developing this will be a focus for us in 2022/23. This is also an excellent development opportunity for our staff, providing a good learning platform and opportunity for sharing insights with other patient safety specialists nationally, which we want to open up to more people.	Targets to be defined once model developed

We are committed to focusing on these priorities, along with a wide range of other work focused on improving the quality of care provided to our patients, the experience they receive, and the environment and culture in which our staff work. We will continue to respond to the Covid-19 pandemic and will review our priorities as a Trust as required.

Progress against our 2021/22 improvement priorities

Last year we agreed six priority improvement areas for our quality and safety improvement programme for 2021/22. These were chosen following a review of our quality insights and in consultation with staff and our partners.

Improvement priority	What did we achieve?
1. Improve patient safety incident reporting rates across the Trust	Incident reporting is one of the most important sources of patient safety information, helping us to identify risks to patients and staff. Consistent reporting across the organisation enables 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 are an important measure of how we are embedding our values and behaviours framework, supporting staff to be open and to report and we chose this as a priority as it is something that every member of staff at every level can improve as part of their role. Pre-pandemic, the numbers of incidents we reported were variable and during the first Covid-19 surge in spring 2020 reporting dropped across all divisions. This was partly due to reduced activity levels in particular parts of the organisation where 'business as usual' was paused and staff redeployed. In addition, clinical teams in areas which were under particular pressure e.g. critical care, did not have the capacity to report. Learning from this, we put in additional measures to support incident reporting during surge, including staff identified at each shift safety huddle as key reporters/investigators of incidents. As a result, although the numbers of incidents reported dropped slightly during the second and third surges, they remained higher than during the first surge (15.35 per 100 WTE in January 2022, compared to 13.45 in January 2021, and 10.44 in April 2020). Over the course of the year we have seen an overall improvement in our incident reporting rates, which is positive, particularly as our harm levels remain low (our percentage of incidents causing moderate or above harm is 1.34 per cent, below the national average of 2.67 per cent). Although we have not met our stretch targets, there have been 11 consecutive data points above the mean at whole time equivalent (WTE) level indicating a sustained change, and our patient safety incident reporting per 1,000 bed days is the highest it has been for over three years. Although the pandemic has inevitably delayed progress with our plans, our achievements in 2021/22 include: • focused improvement work to implement local safety huddles focusing on incident reporting and learning has begun with areas nominated by the divisions; a visual prompt has been designed with the teams involved to encourage discussion and sharing of learning, which we will continue to test and roll out to other areas as the work expands. • development of a communications campaign for all staff focused on the importance of reporting incidents and raising concerns, set to launch in summer 2022. • a quality improvement project to improve the experience of being involved in an incident of moderate or above harm for all junior doctors – a baseline survey has been completed and change ideas are being developed by the junior doctors leading the project. • an initial assessment of improvements we can make to our incident reporting system, Datix, to make it more user friendly. • continued work to improve our incident investigation processes. For this year, the focus has been on improving the timeliness of our investigations to ensure learning can be implemented more quickly and patients and families receive feedback earlier. By February 2022, we had no overdue serious incident investigations compared to a peak of 48 in April 2020. In 2022/23, we will focus on improving the quality of our investigations as part of the roll-out of PSIRF. This work will continue into next year, as described in the section 'Our improvement priorities for 2022/23'.

Improvement priority	What did we achieve?
2. Improve hand hygiene practice, and the safe use of PPE in our clinical areas	We know that hand hygiene is the single most important factor in the control of infection. The pandemic has increased the risks associated with hand hygiene further but has also increased the risk associated with the use of personal protective equipment (PPE). The correct use of PPE, alongside outstanding hand hygiene (HH) practice, is a key mechanism through which we can keep both our patients and staff safe, while reducing the risk of nosocomial infection, of Covid-19 and other pathogens. Throughout the year, we have continued to support staff through our HH/PPE 'helper' programme, which aims to improve compliance with infection control practices in a supportive manner. Our PPE helpers have delivered over 3,580 visits to clinical areas in 2021/22, an increase from 2,200 in 2020/21. Overall results in our Trust-wide annual IPC practice audit showed a small improvement compared to when it was last conducted, from 63 per cent in 2019 to 65 per cent in 2021; divisional action plans have been developed in response to areas of risk. Despite our work, we have continued to see an increase in infection related incidents. This is partly related to Covid-19, with our infection rates rising in line with community rates during the surges (see 'Covid-19 quality improvement activities' for more information). However, there has also been an increase in blood stream infections (BSIs), in particular MRSA BSIs. We reported 11 cases in 2021/22, seven of which were attributable to direct care at the Trust. The main contributing factor in six out of the seven cases was sub-optimal line care practices. Four of the cases occurred in paediatric haematology; targeted education and actions were led by our infection prevention and control team, and there have been no cases of MRSA BSIs in paediatric haematology since October 2021. As well as targeted local actions, a composite Trust-wide action plan is in place in response to the increase in line-associated infections which includes: • a Trust-wide point-prevalence survey • monthly multidisciplinary team meeting to review all healthcare-associated BSIs to identify themes and improvement areas • a gap analysis of national BSI reduction recommendations • ongoing observation and targeted education and assessment of aseptic non-touch techniques including vascular access device management such as decontamination and appropriate use of antiseptic patches • introduction of passive disinfecting cap to all unused lumens of all central venous access devices across the organisation. Following review of our infection-related data and feedback from our staff, throughout the last year we have been working to develop a new approach to infection prevention and control education, training and competency assessment, which will launch in June 2022. This approach has been informed by learning through our responses to Covid-19 surges, and by what similar organisations have in place. This new approach will involve an improved online training package, and quarterly observational practice audit and training as part of the new 'Better Together Thursday' initiative. This will be enhanced by a rolling programme of structured education and training visits across every area of the Trust by members of our infection prevention and control team with divisional colleagues. We will also continue to offer targeted support for areas with infection prevention and control-related issues, e.g. increases in infection, or issues with HH/PPE as identified through our audit.
3. Improve how we agree and document appropriate treatment escalation plans for our patients in an individualised, compassionate and inclusive manner	During the first pandemic surge, we increased the number of individual discussions with many patients with Covid-19 about what action to take if their heart stops. However, we continue to see instances where these conversations do not happen. At present, we do not have a systematic way to measure and improve how we agree and document treatment escalation plans. Intelligence from our medical examiners and from our structured judgement reviews show that this remains an issue. This feeds into end of life care planning but also into the care of patients when they are deteriorating. We know that proactive consideration of the actions that we will take when a patient deteriorates improves not only patient experience, but also outcomes where escalation is appropriate and should take place in a timely and agreed manner. Following a scoping exercise for this improvement priority in 2021, we identified that to improve the timeliness and quality of treatment escalation plans, we need to make wider improvements to how we care for patients who are at the end of their life, and their families. We have an end of life care steering group in place, who have led work including improvements to the CPR and treatment escalation form in our digital patient record, and development of an e-learning module. However, further progress has been delayed due to the impact of Covid-19. Following feedback from our patients and staff showing we need to do more, we have agreed to expand and improve our education and training and provide additional resource to support staff with advance care planning and other end of life skills. A business case is being developed as this will require additional resource. Once approved, this workstream will focus on implementation during 2022/23.

Improvement priority	What did we achieve?
4. Improve how we document that our patients have provided informed consent prior to relevant procedures	We have a consent policy and process in place which we audit annually, with actions implemented where the audit identifies issues. However, we identified this as a priority area in 2020/21 as we had issues remaining around ensuring consent forms are uploaded onto the electronic patient record. In addition, our process made it difficult to determine if 'informed' consent has taken place. In 2021/22, we have focused on the implementation of an electronic consent process. Originally trialled in breast surgery with positive feedback from both patients and staff, the process allows patients to review clear information on their treatment, ask questions directly of the clinical team, and electronically consent to the procedure. This pilot was completed in early 2021 and evaluation showed that implementing electronic consent, Trust-wide, could significantly improve how both patients and staff experience the consent process and improve our documentation of it. A business case was approved and planning of the roll-out began in September 2021, including mapping of the digital consent workflow and engagement with surgical specialties. We have also collaborated with our partner, Chelsea and Westminster NHS Foundation Trust, to align our processes across the sector. All 19 of our elective surgical specialties have started to use the electronic process, with the early adopters now using it for the majority of their patients where appropriate. The aim for 2022/23 is to continue the roll out of the electronic consent process and have digital consent as the default method of consent for all elective surgical procedures by end of June 2022. We will also continue to work to improve the quality of the consent process. Our current focus area is patients who lack capacity to consent themselves; a recent audit has highlighted that we need to improve how we meaningfully involve patients' families and carers in this process.
5. Reduce avoidable harm and improve performance and outcomes associated with invasive procedures	The aim of this priority is to improve performance and outcomes associated with invasive procedures with a focus on team performance and safety culture. It was chosen as a priority in response to a series of never events in 2019/20 related to invasive procedures which highlighted the need to improve our processes, safety and staff experience. This improvement priority is led by the invasive procedures group and includes work to improve compliance with our existing policies and procedures that are designed to reduce the risk of avoidable harm during invasive procedures, and the implementation of the Helping Our Teams Transform (HOTT) programme. HOTT provides simulation training, in situ coaching, 'conversation cafés,' and human factors training for those areas conducting invasive procedures. This work has continued to progress throughout 2021/22, though it has been interrupted by the pandemic. Our HOTT programme has delivered over 52 human factors training sessions over the year, with over 525 staff members trained, and conducted focused HOTT interventions with two areas nominated by their divisions (hepatobiliary surgery and thrombectomy), which has led to team-based development of local actions for improvement. Areas to participate in the programme in 2022/23 are currently being confirmed. We are pleased that operations and procedures incidents causing moderate or above harm have reduced from 7.3 per cent in October 2020 to 1.8 per cent by March 2022. Whilst we are not seeing repeats of the never events related to retained foreign objects or wrong site procedures which originally made this an improvement priority, we have had five never events in 2021/22, three of which occurred during an invasive procedure or in an area which routinely conducts them. Local actions were taken immediately where needed, and there was minimal harm to the patients involved. However as these never events showed some recurring issues related to key safety checks, we implemented some new Trust-wide actions in response, including: • use of team-based simulation to support the development of a single Trust-wide checklist for central line insertions. This will be launched in May 2022 alongside an accompanying training video, new standard operating procedure and a new e-learning module for central line insertion. • development of an options appraisal and business case for a bespoke competency assessment process for line insertion. This is being progressed through the routine Trust approvals process and will include how we provide training related to on-going management of lines for our staff following the increase in blood stream infections related to suboptimal line care practices (see the hand hygiene/PPE). • completion of a review of over 100 local safety standards for invasive procedures ('LocSSIPs'). The review will confirm which are required and will prioritise these for review, relaunch and audit. In 2022/23 we will progress work to make these electronic, rather than paper-based, and therefore easier for our teams to store, document and manage. • theatres and anaesthetics have also led on an action plan to specifically improve safety amongst their teams. Actions have included the relaunch of the 'stop before you block' campaign to reduce the risk of wrong-side anaesthetic blocks, a full review of medications storage and safety and implementation of an improved process for administration of blood through handheld checking devices.

Improvement priority	What did we achieve?
6. Reduce the number of patient falls and associated harm levels	This was introduced as a priority for 2021/22 as the number of falls causing harm to patients has increased, despite a reduction of falls overall. In 2021/22, the percentage of patient falls reported on our incident reporting system as causing moderate or above harm was 1.6 per cent. This is an increase compared to 2020/21 when it was 1.5 per cent. This is partly due to a change in how we report falls resulting in hip fracture in line with national audit recommendations. The recording of incidents is reliant on submissions in our incident reporting system, which means the overall numbers are not always aligned to the clinical records and the national audit data. Themes from incident reports continue to show an issue with consistent completion of risk assessments and implementation of the falls prevention policy. Due to the pandemic, we have not been able to progress work to improve in these areas as quickly as we would have liked in 2021/22, so this will continue as a priority area into 2022/23. Our achievements in 2021/22 include: • development of a falls improvement intervention toolkit to support local areas which is now starting to be rolled out across the Trust • benchmarking metrics to support local improvement included in ward dashboards (also known as 'harm-free care reports') • the relaunch of the safe mobility and prevention of falls steering group with redefined improvement intentions and scope • change in how we report falls with hip fracture; these are now reported as major/severe harm to bring us in line with national recommendations and investigated as serious incidents to ensure we are identifying any additional learning and implementing actions in response. The aim of the programme is to reduce falls with harm by 25 per cent in 2022 through: • understanding contributing factors as to why patients have fallen and what we did to prevent harm • taking proactive preventative actions to help patients mobilise safely in hospital to reduce the risk of a fall with harm • ensuring every clinical member of staff has the skills and knowledge to respond appropriately when a patient falls in hospital • sharing examples of best practice and emerging research to increase our awareness of potential areas of risk and possible innovative practices used in other services and organisations.

In addition to the work described previously, we also undertook quality and safety improvement work in response to other emerging risks and issues, including our response to the evolving Covid-19 pandemic, a summary of which is set out in the following summary. Other ongoing programmes of improvement work, including our response to the Ockenden report, are included in part 1.2.

Covid-19 quality improvement activities

For the second successive year we have had to reprioritise our efforts to caring for patients with Covid-19, while also dealing with the wider impact of the pandemic, including an increase in patients whose elective, planned care had been delayed, higher demand than usual in our emergency departments, and supporting the biggest vaccination programme in the history of the NHS.

Throughout the year, we have continued to respond and adapt quickly to the changing impact of the pandemic. In some cases, this has meant pausing some of our planned improvement work to refocus on work to promote and improve safety and quality as part of our Covid-19 response. As we enter the third year of the pandemic and continue our transition to 'living with Covid-19' in line with Government plans, we will carry on reviewing the changes and additional services and processes that we have implemented to ensure that we provide high quality care to our patients and support to our staff.

Clinical oversight and support

In response to the overwhelming demands of the pandemic, we implemented several changes in 2020/21 to support our staff and the governance of safety and effectiveness. These changes – described in the following pages – have continued into 2021/22 and have been improved and adapted as our response to Covid-19 has evolved. They have helped us to provide a strengthened decision-making and clinical governance structure, deliver improved support for ethical decision-making and maximise the pace of assimilation of a rapidly evolving evidence base into practice in support of an effective organisational and clinical response to Covid-19.

Clinical reference group (CRG)

Established in March 2020, the CRG continued to meet several times a week throughout 2021/22, providing clinical leadership and decision-making to the Trust's response to the Covid-19 pandemic. The CRG is chaired by the Trust's medical director and has representation from a wide range of clinical and corporate areas, including our clinical divisions, clinical ethics, infection control, compliance, and nursing.

The CRG has several responsibilities, including:

- to review and approve new clinical guidance in response to Covid-19, particularly where there may be a derogation of standards
- to provide senior clinical oversight and review of ethical decision-making in response to Covid-19
- to monitor incidents related to Covid-19 affecting patients, visitors, and staff members, including oversight to any clinical harm reviews conducted in response to Covid-19.

This group has been instrumental in supporting the Covid-19 response and ensuring the Trust continues to follow changing standards and national guidelines. The group has reviewed over 600 items since March 2021, making evidence-based decisions to ensure that our patients and staff remain safe and receive the most up to date care for Covid-19, while continually reflecting on how to improve and adapt our clinical response to the pandemic.

Clinical decision support (CDS)

The CDS service continues to support our clinical teams as they make difficult decisions regarding treatment plans for our patients. It continues to provide clinicians with the opportunity to discuss patient care with colleagues, and to receive clinical ethics support where necessary. The CDS service can be triggered for any reason, but was predominantly set up for when:

- the family and/or patient involved do not agree with clinicians on management of the patient
- clinicians do not agree with each other on management of the patient
- all concerned parties agree on the best course of management, but resource constraints may prevent the implementation of this decision.

There have been 17 CDS conversations convened since April 2021. These have included difficult conversations centred on family members disagreeing with proposed ceiling of treatments for their relatives and supporting staff to navigate through risk-based assessments related to Covid-19 isolation requirements.

The CDS service continues to provide support to consultants. Following a review of the service, this is now operational Monday to Friday, 09:00-17:00 and provided by site nurse practitioners, with clinical leadership provided by associate medical directors.

Infection prevention and control

Our approach to enhanced infection prevention and control has continued to be an integral part of how we have kept patients and staff safe during the pandemic. Our dedicated team supported by our CRG and clinical teams have responded to emerging clinical guidelines and the ever-changing nature of the pandemic. We have sought to ensure our staff are always clear on the current advice and guidelines – supporting the development of new clinical pathways to ensure that we keep our patients and staff safe.

Hospital-associated Covid-19 infection, transmission and deaths

One of the key areas of focus of the infection prevention and control (IPC) team in 2021/22 has been responding to the continued pressures associated with the Covid-19 pandemic. The latter quarter of the financial year saw the latest pandemic surge owing to the highly transmissible Omicron variant of SARS-CoV-2, leading to an increase in community prevalence of Covid-19 and patient admissions.

We continue to operate a robust Covid-19 surveillance platform, allowing for daily dissemination of reports on hospital-onset Covid-19 infections (HOCI) to clinical and epidemiology staff, which facilitates timely flagging of potential incidents and implementation of transmission mitigation measures. The surveillance platform employs the UK Health Security Agency (UKHSA) HOCI definitions of cases and reports new Covid-19 positive laboratory samples as:

- hospital-onset indeterminate healthcare associated (HOIHA, positive test result three to seven days post admission)
- hospital-onset probable healthcare-associated (HOPHA, positive test result eight to 14 days post admission)
- hospital-onset definite healthcare-associated (HODHA, positive test result on or after 15 days post-admission).

The Trust recorded 478 HOCI in 2021/22, broken down as follows:

Hospital-onset indeterminate healthcare associated (HOIHA, positive test result three to seven days post admission)	185
Hospital-onset probable healthcare-associated (HOPHA, positive test result eight to 14 days post admission)	122
Hospital-onset definite healthcare-associated (HODHA, positive test result on or after 15 days post-admission)	171

Sadly, of these 478 cases, 61 patients (13 per cent) died within 30 days of a positive sample following either an indeterminate, probable, or definite hospital-onset Covid-19 infection.

The Trust's clinical incident management systems are used to investigate and learn from Covid-19 outbreaks and related incidents. All outbreaks are investigated as serious incidents, and an individual post-infection review undertaken for each case of hospital-onset Covid-19 infection in a patient more than eight days after their day of admission where the patient is not included as part of our outbreak management policy. For patients who have sadly died following hospital-onset Covid-19 infection, an independent clinical notes review or structured judgement review (SJR) is also undertaken. In 2021/22 we implemented a new process whereby once the structured judgement review, and the serious incident investigation/post infection review are complete, each case is reviewed at a panel chaired by the medical director to determine if there were any avoidable care or service delivery issues that may have contributed to the patient's infection. This process has helped to identify learning we can take forward as part of our response to the pandemic and has fed into the following actions described.

We continue with key actions to prevent, identify, and manage hospital-associated Covid-19 infection and transmission among staff and patients:

- frequently reviewing the IPC board assurance framework, which is updated monthly with an associated action plan that is reviewed regularly at our clinical reference group
- responding in an agile and coordinated manner to Covid-19 incidents and outbreaks, in partnership with divisional colleagues
- continuing to partner with occupational health in identifying and managing possible outbreaks of Covid-19 among staff
- managing Covid-19 incidents and outbreaks involving patients and staff across the Trust
- using the Trust's clinical incident management systems to investigate and learn from Covid-19 outbreaks and related incidents
- implementing changes in national guidance pertaining to management of Covid-19, including guidance around personal protective equipment (PPE)
- working closely with clinical specialities to implement these changes and developing clear messaging for our staff
- working closely with clinical specialities seeing an escalation of Covid-19 cases, particularly

in relation to challenging situations where patients tested negative on admission subsequently testing positive on 'low risk' pathways

- continuing to monitor ward, speciality, divisional and Trust level Covid-19 screening.

In response to updated UKHSA national guidelines for the prevention and management of seasonal respiratory viruses (including Covid-19), and in response to learning from our experience during the first wave of the pandemic, including our review of HOCI deaths as described above, we have also implemented the following changes:

- all contacts of patients diagnosed with Covid-19 are isolated in hospital and if they remain in hospital are then tested for 10 days
- all patients who test negative for Covid-19 at the point of admission to hospital are tested daily for the first seven days of their admission, and weekly thereafter should they remain in hospital
- we have updated guidance on managing elective and emergency admissions, including how best to care for patients that have recovered from a previous Covid-19 diagnosis, while identifying possible reinfection
- we have changed pre-procedure isolation protocols for elective procedures – balancing how we can support our patients to be safely admitted against the challenge of patients and their household isolating prior to admission.

Clinical harm review and prioritisation process

Following the loss of elective care activity and reduced productivity as a result of Covid-19, in 2020 we introduced a process for clinical prioritisation and harm review of patients waiting for elective surgery. This process has been reviewed and updated for 2021/22 and is designed to ensure that treatments are prioritised for the most urgent patients. The clinical harm and prioritisation process enables assessment of the individual patient's actual or potential harm due to deferral and allows the clinician to modify the surgical priority relating to this, resulting in scheduling appropriate to clinical risk.

So far, no cases of harm have been confirmed through this process, although one case of potential harm is currently being investigated as a serious incident. We have however identified examples of harm through our incident reporting process for patients who have had their diagnostics or treatment delayed due to the pandemic (10 confirmed cases and three under investigation). These would not have been picked up through our current clinical harm process because this does not include review of potential or actual harm to delay for patients on a diagnostic or outpatient / non-admitted pathway. A process has now been developed across the north west London sector for patients in these categories which we are working to implement.

Health and wellbeing helpline

At the start of the pandemic, we opened a dedicated helpline for our staff and have continued to operate this throughout 2021/22. The helpline provides staff with a reference point for all queries relating to the rapidly evolving national and local Covid-19 guidance. This service provides quick advice to our staff regarding self-isolation and testing. Demand for the service has closely reflected the peaks and troughs of community infection rates and, also, the changes in government guidance. The helpline continues to be a valuable resource – providing support and guidance, as well as a listening ear, to colleagues across the organisation.

Pressure ulcers

Pressure ulcers are an injury affecting areas of the skin and underlying tissue – caused when the skin is placed under too much pressure. All people are potentially at risk of developing a pressure ulcer. They can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle. Category three, four and unstageable are the most serious types of pressure ulcers. We investigate each pressure ulcer and put in place a robust action plan for each serious incident.

During 2020/21 we reported 42 category three, four and unstageable Trust-acquired pressure ulcers, 22 of which were for patients with a diagnosis of Covid-19 who were being proned (proning is where a patient is moved to lie on their front – it is recommended for patients with severe hypoxemia).

We also took specific actions including implementation of facial protection guidance and a specialist trained proning team to assist with undertaking proning and de-proning as well as patient repositioning. As a result, of the 14 category three, four and unstageable Trust-acquired pressure ulcers reported in 2021/22, none were for patients being proned with Covid-19.

In 2021/22 we also implemented a new bed and mattress contract across all sites and continued with robust prevention and management training for our staff.

Testing

The Trust's Covid-19 testing programme has formed an integral part of our response to the pandemic since 2019. Designed to keep our patients, staff, and their household members safe the programme aims to reduce the risk of nosocomial infection, and to ensure that our staff and their household members can access symptomatic testing quickly when needed.

In partnership with North West London Pathology, the Trust has a comprehensive testing programme for patients and staff as well as their household members. This is led by a central testing team and programme based within the office of the medical director, with inpatient care provided by our clinical teams, alongside contact tracing expertise for staff in our occupational health team and for patients in our infection, prevention and control team.

772,211 polymerase chain reaction (PCR) tests have been carried out for patients, staff and their household members since 1 April 2021, representing an increase from the previous year.

Patients

The testing team are responsible for the pre-admission screening of patients due to undergo procedures or admission to the Trust in line with Department of Health and Social Care guidance. Pre-elective screening is required between three and five days prior to admission and is provided in dedicated testing facilities across all three sites – designed to ensure that we understand a patient's Covid-19 infection status prior to admission so that we can take appropriate steps to keep the patient, other patients and staff safe. For those patients that are not able to easily travel to one of our testing facilities we have also designed a home courier testing service in partnership with our patient transport provider, Falck UK Ambulance Service.

From 1 April 2021 to 31 March 2022, the Trust performed 744,385 patient tests, prior to admission, at the point of admission and during inpatient stays, with a total of 19,027 positive results. We met our target of 90 per cent for three out of the five metrics for patient testing. For the remaining two metrics (testing within 12 hours of a non-elective admission and testing 72 hours before discharge to a care facility) performance was 89 per cent.

Staff and their household contacts

Since November 2020, all staff have had access to twice-weekly rapid lateral flow antigen testing. We continue to use lateral flow testing in line with national guidance and it remains an integral element of how we keep our patients and staff safe. Whilst we initially held local data on staff compliance with twice weekly testing, in 2021 we transitioned from locally distributed test kits and local reporting arrangements in line with national requirements.

Staff now order and report directly via the central government portal. Lateral flow testing has also proved to be a valuable tool in allowing us to maintain our workforce. We were able to use increased lateral flow testing for staff with contact exposures during recent surges due to the Omicron variant to allow them to continue working. We have also been able to use increased frequency of lateral flow testing in the cases of local outbreaks by providing an emergency supply of testing kits to staff as an enhanced safety response, minimising the disruption to services due to potential staff absence.

The Trust also provides access to testing for any staff with symptoms suggestive of Covid-19.

Staff can self-refer for a test, conducted either in our on-site testing hub, or if necessary, completed via home courier testing service. We also offer this option to household members of staff. This has been an incredibly helpful service in terms of offering rapid access to testing for our staff as well as reducing isolation periods for staff and household contacts where the test has been negative. This was especially evident in recent surges when community testing encountered capacity challenges. Over December 2021 and January 2022, we were also able to extend this offer of support to sector colleagues across north west London who were encountering challenges in accessing central testing resources.

From 1 April 2021 to 31 March 2022, we performed 27,826 tests for staff and their household members, with a total of 2,554 positive results identified.

Vaccination programme

The Trust vaccination programme has continued to remain a key component of our pandemic response through the ongoing 'evergreen' offer of Covid-19 vaccination to our staff and most vulnerable patients. In September 2021, we expanded this service to be able to co-administer annual flu vaccinations for these cohorts to increase immunity to seasonal influenza in the autumn and winter months of 2021/22.

We remain committed to improving uptake of vaccinations in our staff and patients and have worked with clinical services to minimise referral processes and wait times, often offering walk-in appointments for staff and patients who are in our hospitals for inpatient treatment or outpatient appointments. We have also improved access to vaccinations by operating a regular roaming vaccination service, with our trained vaccinators visiting areas of the hospital to provide vaccinations in other clinical settings. Pop-up 'mini hubs' have also been mobilised across our estate to further improve ease of access for eligible groups.

Through our commitment to the north west London vaccination effort, the Trust led on work with Brent Council and the north west London clinical commissioning group to provide pop-up mass vaccination events in June and July 2021. This included transforming a disused leisure and sports complex in Brent and our own W12 conference centre at Hammersmith Hospital into vaccination centres with capacity to deliver 3,000 appointments per day.

The commitment to our local communities continued with the extension of our regular vaccination efforts to all eligible members of the public by offering appointments in all of our main vaccination locations for the winter Covid-19 booster campaign via the NHS national booking system.

The vaccination programme responded to the national call by scaling up considerably during the Covid-19 booster campaign, increasing capacity from 3,500 appointments per week to 8,000 per week in December 2021. This contributed to the national effort to respond to the emerging threat of the Omicron variant. This effort was led by the medical director's office and outpatient departments with significant amounts of time, enthusiasm and effort invested from all professional groups from across the organisation.

In March 2022, we established a dedicated children's vaccination clinic for five- to 11-year-olds as this cohort became eligible to receive their vaccine. We also supported the national spring 2022 booster campaign by vaccinating over 75s and clinically extremely vulnerable over 12s when became eligible to receive their booster March 2022.

Between the first Covid-19 vaccination being given by the Trust on 20 December 2020 to 19 April 2022, we have:

- administered 85,000 doses of approved Covid-19 vaccines
- administered 49,000 doses to our staff and other health and social care workers
- vaccinated 92 per cent of our frontline staff with first and second doses, and 88 per cent of eligible frontline staff with their booster dose.

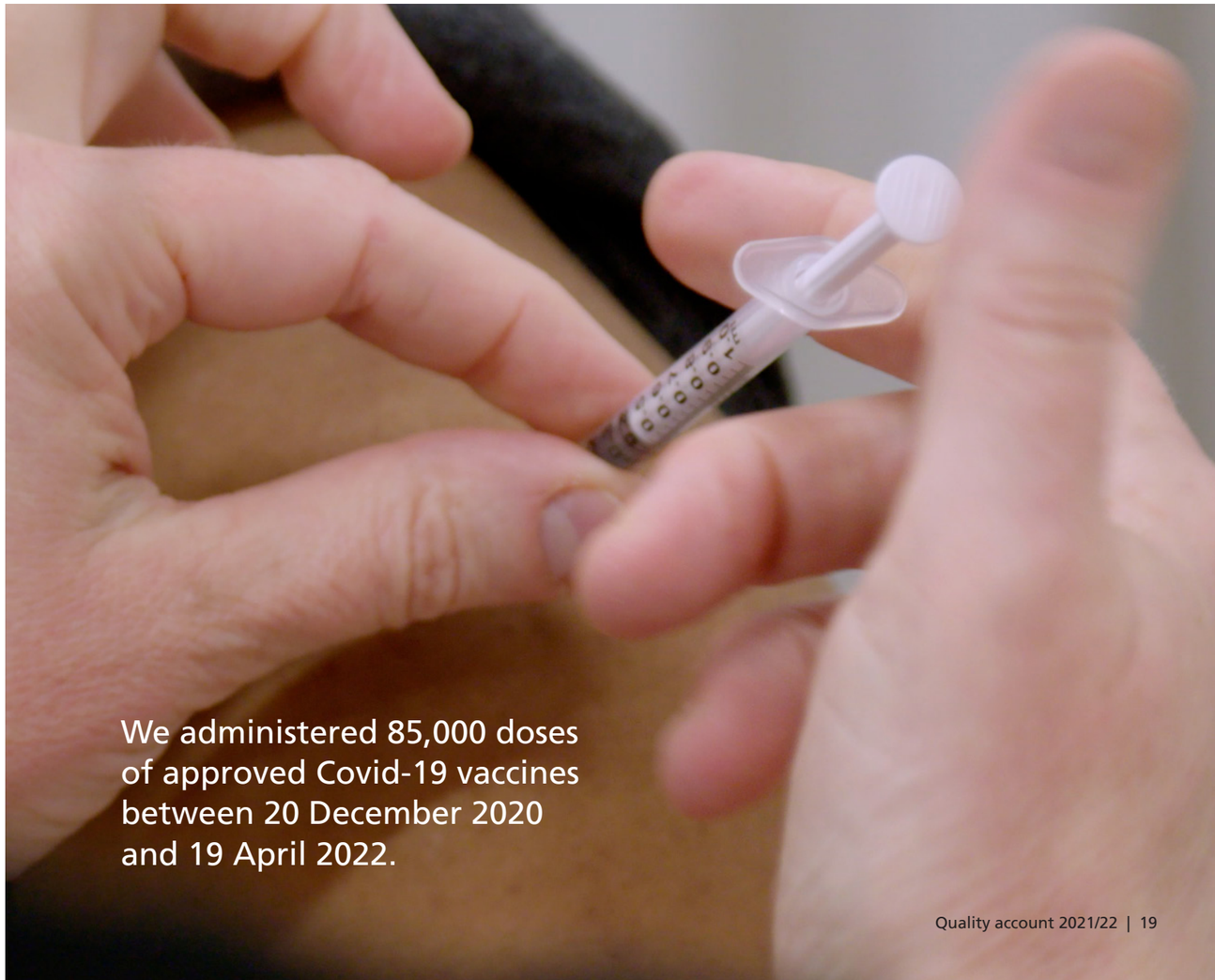
Our vaccination programme has continued to develop and adapt, responding to changing national requirements and using our expertise and resources in new and innovative ways to provide a service that meets the needs of the population.

We are incredibly proud of our efforts to date and our role in the biggest vaccination programme in the history of the NHS. However, we recognise that there is room for improvement.

We are completely committed to increasing uptake and have deployed numerous interventions, including face-to-face engagement sessions, digital engagement and pilot activity based on advice from behavioural insight experts from Imperial College London. Some examples that have driven improvements include:

- ongoing communication campaign, with leaflets available in different languages
- outreach work in clinical areas, with the vaccination team speaking to vaccine hesitant colleagues and supporting immediate vaccination and focussed staff sessions where needed
- ability for staff to book an appointment to speak to a clinician about their concerns launched across several areas, including fertility and general health
- personalised letters and emails sent to all staff who had not responded.
- calls to all staff registered but not vaccinated
- creation of a vaccine advocate programme, training staff to serve as advocates to encourage vaccine uptake.

We are constantly reviewing the programme and feedback from colleagues to increase uptake and improve the experiences of those accessing the vaccine at the Trust.



1.2 Statements of assurance from the board

This section includes mandatory statements about the quality of services that we provide, relating to the financial year 2021/22. This information is common to all quality accounts and can be used to compare our performance with that of other organisations. The statements are designed to provide assurance that the board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.

Review of services

In 2021/22, the Trust provided services to combat the pandemic and endeavoured to provide its standard commissioned services. We have reviewed all the data available to us on the quality of care in these NHS services through our performance management framework and assurance processes.

The income generated by the NHS services reviewed in 2021/22 represents 95 per cent of the total income generated from the provision of Trust services in 2021/22. The income generated by patient care associated with these services in 2021/22 represents 85.3 per cent of the total income generated from the provision of services by the Trust for 2021/22.

Participation in clinical audits and national confidential enquiries

Clinical audit drives improvement through a cycle of service review against recognised standards, implementing change as required. We use audit to benchmark our care against local and national guidelines so we can allocate resources to areas requiring improvement and as part of our commitment to ensure the best treatment and care for our patients.

During 2021/22, 41 national clinical audit programmes and three national confidential enquiries covered NHS services that we provide. During this period, we participated in 95 per cent of national clinical audits and 100 percent of national confidential enquiries in which we were eligible to participate.

There were two clinical audit programmes in which the Trust did not participate. The first was the Society for Acute Medicine's benchmarking audit. The division of medicine and integrated care review other relevant metrics to provide assurance through divisional governance processes and as part of the oversight of operational performance of emergency pathways. The second audit was management of the lower ureter in nephroureterectomy, which is part of the British Association of Urological Surgeons (BAUS) audit programme (BAUS Urology). Data was not submitted due to clinical pressures during the Covid-19 pandemic.

We partially participated in the national respiratory audit: we fully participated in the smoking cessation workstream but not the national outpatient management of pulmonary embolism workstream due to clinical pressures during the pandemic. The team are, however, working on the pulmonary embolism pathway from the British Thoracic Society and plan to carry out a local audit in lieu of this for assurance.

The national clinical audits and national confidential enquiries that we were eligible to participate in are included in a table at Annex 3. The number of cases submitted are presented as a percentage where available. Please note that percentages will be accurate up to February 2022 where host organisations were contacted, but some data collection was still ongoing.

National clinical audit

We reviewed the reports of 40 national clinical audits and confidential enquires in 2021/22. These clinical audits, linked to our focused improvement work, have identified several areas of excellent practice as well as opportunities for development and improvement. Some examples of these national audit reports are included in the following pages to indicate the range of work and performance across the Trust.

National Joint Registry (NJR)

NJR collects information on hip, knee, ankle, elbow and shoulder joint replacement surgery and monitors the performance of joint replacement implants. Hip, knee, ankle, elbow and shoulder joint replacements have become more common and are generally highly successful operations that bring many patients improved mobility and relief from pain. Overall the data quality provided by the Trust to the registry remains rated as good and above the national average. The main indicator of revision rate for hip replacements remains comparable to national standards. In previous reports, the revision rate for knee replacements had been higher than expected but this has now improved and we are no longer an outlier for standardised revision rate at 10 years. Revision rates for shoulder replacement surgery were

higher than the national average. Our shoulder surgeons have highlighted some possible inaccuracies in the data and are liaising with NJR to determine the reason for revision in this cohort of patients. The shoulder service has adopted the mass clinic model and all complex cases are discussed in a dedicated multidisciplinary team and during the mass clinic multi-consultant meeting. We hope this approach will continue to support delivery of improved outcomes.

Royal College of Emergency Medicine (RCEM) mental health in emergency departments

The number of patients attending our emergency departments has increased over the years, and this audit examined those who have self-harmed and whether they received appropriate assessments in a timely manner. Charing Cross Hospital emergency department performed well (the report for St Mary's Hospital is under review). We were above average in our initial assessment times and risk assessments. We rated average for continuing mental health observations due to only having registered mental health nurse cover from 10:00 to 22:00. Since the audit, we have taken a number of actions to address these, and other issues we have identified including long waits in our emergency department for patients waiting for mental health beds in the community. We have worked to improve the facilities and resources within our emergency departments to manage patients with mental health issues and are delivering a plan to increase our employment, retention and training of registered mental health nurses. We now have in place better documentation forms on Cerner regarding physical health clearance and assessment of mental capacity. We are also supporting delivery of the system wide action plan to improve access for patients with mental health needs which will in turn reduce the time patients wait in our emergency departments.

Saving lives, improving mothers' care rapid report 2021: Learning from SARS-CoV-2-related and associated maternal deaths in the UK

Key learning and recommendations to care and services for pregnant and postpartum women were identified from the first wave of the pandemic in this report. Our Trust was compliant with all the relevant recommendations in the report, including having a pathway in place with a decision tree for assessment and monitoring of pregnant women with Covid-19, taking into account the risk factor for severe disease. The report advises that face-to-face treatment may be preferable when the patient has complex needs and therefore, we perform a risk assessment for each patient to ascertain whether they are suitable for remote consultation. We also have a missed appointments pathway to help ensure that women understand the importance of attendance.

National Vascular Registry (NVR) 2021 annual report

NVR measures the quality of care outcomes for adult patients who undergo major vascular procedures. From April 2021, Imperial College Healthcare NHS Trust became the regional unit for all aortic cases, taking on work from London North West University Healthcare NHS Trust. In line with the report's recommendations, we have access to a hybrid theatre and 24/7 endovascular aneurysm repair for ruptured aneurysms. Sixty per cent of inpatients with chronic limb-threatening ischemia are meeting the target of receiving revascularisation within five days of admission (as compared to a national average of 58 per cent). The Trust's amputation care pathway has now been implemented and is delivering improvements in pathways and care for this patient group.

National diabetes audit (NDA) 2019, Type 1 Diabetes Report

The national diabetes audit measures diabetes care in England and Wales against NICE guidelines and quality standards. This is the first report from NDA specific to patients with type 1 diabetes. The Trust meets two out of the three recommendations including contributing to future national diabetes audits and insulin pump treatment being in line with NICE guidelines, however we do not fully meet the third recommendation (provision of, and access to, expert diet and lifestyle guidance and support for people with type 1 diabetes, though associated obesity is on a par with the rest of the population), due to difficulties in recruiting to a long-term specialist diabetes dietitian vacancy. The team are working to make the vacant role more attractive and will continue to try to recruit. In the meantime, the diabetic specialist nurses in the service are providing dietary support and glucose monitoring.

National Early Inflammatory Arthritis Audit (NEIA)

NEIA audit aims to improve the quality of care for people living with inflammatory arthritis. Data collection analysed in the report includes all patients over the age of 16 in specialist rheumatology departments. The identified issues related to low levels of submission to the audit, and to poor compliance with standards around referral to appointment times and follow-ups. This audit covers the period May 2019 to May 2020 and therefore includes the first wave of Covid-19. Prior to this period, we had made good progress on the EIA pathway, introducing a dedicated clinic, bringing time to first appointment down from a median of 100 days to 15 days, and introducing a nurse-led EIA intensive treatment titration pathway. However, issues related to staffing and capacity have resulted in a decline in our performance with the standards of this audit. We expect our performance to improve as the staffing issues have now been addressed, with gaps in the consultant and administration team being recruited to, two locum consultants joining in March 2022 and a new band 4 nurse associate role who will support patient enrolment to the audit.

Local clinical audit

As well as participating in national clinical audits, we have a Trust priority audit programme in place designed to support our existing priorities, including our safety improvement programme. Throughout 2021/22, this was primarily focused on audits which supported our pandemic response. See some examples in the table below.

Audit title	Audit findings
Assessing reasons for patient bed moves during the Covid-19 pandemic	This snapshot audit reviewed bed moves for patients who tested positive for Covid-19 to determine whether these moves were essential or non-essential. The audit found that the majority of Covid-19-positive patient transfers during the second wave of the pandemic were clinical transfers, and therefore essential. Additionally, all patients that were transferred had the reasons for their transfer documented, in line with Trust policy.
Monitoring of inpatient compliance with wearing face masks during the Covid-19 pandemic	This audit formed part of the infection prevention and control board assurance framework action plan. It assessed inpatient compliance with wearing face masks (if clinically acceptable to do so), particularly when patients were moving around the wards. The audit demonstrated that there was no assurance at the time of the audit that patients were routinely wearing masks on the ward. Much recent improvement work has taken place in this area, with clinical staff and infection prevention and control reminding patients during their hospital admission that mask-wearing is Trust policy and providing encouragement and support with compliance.
Steroid prescribing (dexamethasone) in Covid-19 patients attending A&E at St Mary's Hospital	Patients who are Covid-19 positive should be prescribed with a corticosteroid on attendance in an emergency department, as evidence shows that corticosteroids mitigate hyper inflammation and acute respiratory distress syndrome in Covid-19 patients. This audit found that most patients who attended St Mary's Hospital's emergency department were prescribed dexamethasone but it identified variable compliance amongst medical staff with these guidelines and identified reasons/limitations for non-compliance. We now review monthly data for ongoing assurance to determine whether dexamethasone is being considered for all eligible patients, in accordance with Trust guidelines.

Some examples of relevant local audits which have been used to inform our safety improvement programme include:

Audit title	Audit findings
Audit of digital consent form 4	In April 2021, Concentric (digital consent platform) went live in pilot form, with the digital consent group leading the roll out for elective procedures in 19 specialties. The audit evaluated the completeness of consent form 4 (this is used in situations where treatment is being considered for an adult who does not have capacity to consent to the treatment themselves) on Concentric and to assess whether the appropriateness of use was in line with Trust policy. Additionally, it examined whether a mental capacity assessment was completed and a best interest assessment was documented in patient notes for those patients who were deemed to lack capacity prior to being consented for investigation or treatment. The audit showed substantial assurance that clinical staff who were completing consent form 4 on Concentric were doing so in line with Trust policy. However, the audit highlighted three key areas for improvement in the assessment of patients who are deemed to lack capacity: involvement of family and friends; documentation in support of the details of this discussion; and the requirement of a mental capacity and best interest assessment to be completed prior to patients being consented for investigation or treatment. Delivering improvement in these areas is a key part of our safety improvement programme for 2022/23.
Consultant ward round audits	Trust priority audits were completed in neurology, orthopaedics, elderly medicine, cancer and antenatal wards during 2021/22. The Trust has substantial assurance that ward rounds had taken place on each day of inpatient stays, but this dropped to acceptable assurance for documentation that a consultant was present. There was also limited assurance that inpatients had been seen by a consultant within 14 hours of emergency admission. The improvement team are now working on board rounds as a focused improvement. Observations of board rounds on all wards were conducted in November and December 2021, which reinforced many of the themes identified in the board round audit conducted by the discharge team in July 2021. These showed inconsistency across several areas, such as multidisciplinary presence (including consultant leadership) and documentation of key information in the patient record. A number of improvement measures are currently being implemented, including guidance for effective board rounds and a new power form in our electronic patient record to allow measurement of whether board rounds have taken place and to enable better documentation of board rounds by clinical teams. The improvement team conducted coaching for board round improvement on six wards during February and March 2022 and the number of wards will be increased during 2022/23. Several wards have demonstrated improvements in the recording of key information in the patient record, number of discharges before noon and use of the discharge lounge.

In addition to the Trust-wide audit work described in the previous pages, specialties within directorates conduct local audit activities which provide information on how their services are performing. Throughout 2021/22 there were 298 local audits registered in the Trust. These reports, including any action plans, are reviewed through local audit and risk governance meetings and logged centrally.

The Ockenden report

This year we have continued to implement our action plan in response to the findings of the Ockenden report (emerging findings and recommendations from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust) published in December 2020.

In the summer of 2017, following a letter from bereaved families raising concerns where babies and mothers died or potentially suffered significant harm while receiving maternity care at The Shrewsbury and Telford Hospital NHS Trust, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to newborn, infant and maternal harm at The Shrewsbury and Telford Hospital NHS Trust.

We conducted an initial self-assessment and subsequently were asked to provide evidence to NHS England to demonstrate compliance with the immediate and essential actions. The Trust was informed we achieved 100 per cent compliance with the evidence requirements. This is an excellent result and is a testament to the hard work of our teams. We completed audits as part of this process and have since compiled an action plan to address areas which required further developments to improve performance. Ongoing assessments are in place and will be monitored through the divisional governance pathway.

The final Ockenden report was published on 30 March 2022. We are currently reviewing our response to this and identifying any additional actions we need to take.

Our participation in clinical research

In collaboration with Imperial College London – and with many other partners in industry, charity and government (local and national) – the Imperial Academic Health Science Centre (AHSC) partnership drives our biomedical and clinical research strategy, coordinates our efforts and aligns priorities across north west London. It ensures we remain at the forefront of new scientific discovery and aids in translating cutting-edge research for the benefit of our patients and the wider population.

Much of our innovative research is enabled through significant infrastructure funding, awarded through open competition by the National Institute of Health Research (NIHR). This includes our NIHR Biomedical Research Centre (BRC), clinical research facility (CRF), Patient Safety Translational Research Centre (PSTRC), Experimental Cancer Medicine Centre (ECMC) and MedTech & In Vitro Diagnostics Cooperative (M&IC). Our CRF has recently been awarded funding for a further five years from 2022 onwards, and we are awaiting the outcome of applications for other infrastructure awards.

The BRC focuses on experimental medicine – early phase discovery science trialled in the clinic for the first time. BRC highlights from the past year include a deeper understanding of how certain cells malfunction in lupus (a life-long autoimmune disease that disproportionately affects young women from ethnic minority communities), how participation in elite adult rugby may be associated with changes in brain structure, and how the identification of certain bacteria in pregnant women is associated with an increased risk of preterm birth.

As well as new drugs, devices and diagnostics, the BRC is funding the development of new research programmes to utilise health data for patient benefit in a safe and secure manner, and to take advantage of new tools based on artificial intelligence (AI) technology to assist in clinical decision-making. For example, we have been using AI to predict Covid-19 patients' pathways through intensive care.

Currently there are some sectors of our population who are underrepresented or underserved in terms of their involvement and inclusion in clinical research. We are therefore focusing intently on initiatives which will widen access and increase opportunities for participation in clinical research to better reflect our patient demographics. This is essential to developing and rolling out health technologies which are effective for all.

Covid-19 has had a very significant impact on the portfolio of research we have undertaken over the past year, as well as on the way this research is delivered. The Trust's response to the pandemic continues to be of national and international relevance – the REACT study continues to inform policy, and other trials are providing deeper insights into the fundamental mechanisms of the disease and its effect on the respiratory, cardiovascular and neurological systems – crucial to identifying effective new therapies.

We continue to work in close partnership with Imperial Health Charity to complement the research we undertake, particularly around training and development of staff. The Trust and Charity co-fund the academic career development of many nurses, midwives, dietitians, physiotherapists and other allied health professionals.

The total number of patients receiving NHS services provided or sub-contracted by the Trust in 2020/21 that were recruited to participate in research approved by a research ethics committee was 14,029. 10,439 patients were recruited into 346 NIHR portfolio studies in 2021/22 – this includes 1,574 patients recruited into 16 Covid-19 urgent public health studies. 390 patients were recruited into 77 studies sponsored by commercial clinical research and development organisations.

Our CQUIN performance

Commissioning for quality and innovation (CQUIN) is a quality framework that allows commissioners to agree annual payments to hospitals based on the number of schemes implemented. A proportion of the Trust's income is conditional on achieving goals through the framework. Although initially we agreed to implement ten CQUIN schemes for 2021/22, national guidance from NHS England stated that the 2021/22 CQUIN targets would remain suspended due to the Covid-19 pandemic. Trusts were therefore not required to gather or submit performance data for the period 1 April 2021 until 31 March 2022.

Statements from the Care Quality Commission (CQC)

The Trust is required to register with the CQC for all of its sites; we were compliant with the requirements of our CQC registration during 2021/22 and our current registration status is 'registered without conditions'. Additionally, the Trust was not subject to any enforcement action this year. Our overall CQC rating remains 'requires improvement'.

Following the CQC's suspension of all its routine activity (including inspections) during 2020/21, it began to resume some routine work from April 2021, although no routine inspections of NHS trusts were carried out this year. The CQC continued to carry out urgent inspections for serious concerns, but the Trust was not subject to an urgent inspection. We participated in routine engagement meetings with the CQC this year (monthly by telephone and quarterly via Microsoft Teams), responded to routine incident requests (as part of the CQC's learning from deaths mandate), and responded to general enquiries from the CQC (complaints or concerns about the Trust are raised either directly by the CQC in response to their intelligence or by others such as patients, families, member of the public, etc).

The Trust did not participate in any special reviews or investigations by the CQC this year, nor was it captured in any reports published this year following special reviews or investigations undertaken in a previous year.

The CQC requires all trusts to participate in the NHS England patient survey programme. Following suspension of some surveys during the pandemic, the outcomes of four surveys were published this year:

- 2020 urgent and emergency care survey, published September 2021
- 2020 adult inpatient survey, published October 2021
- 2020 children and young people's survey, published December 2021
- 2021 maternity survey, published February 2022.

We performed favourably in all surveys both compared to previous performance and in relation to other trusts. No serious concerns were raised in any survey published this year; where improvements were needed, they were managed in line with normal Trust processes. During 2021/22, the Trust participated in the 2021 national cancer patient experience survey, 2021 adult inpatient survey, and 2022 maternity survey with outcomes expected to be published during 2022/23.

Our data

High quality information leads to improved decision-making, which in turn results in better patient care, wellbeing, and safety. Data quality and security are key priorities for us and essential to our mission.

NHS number and general medical practice code validity

The Trust submitted records during 2021/22 to the secondary uses service for inclusion in the hospital episode statistics, which are included in the latest published data. The percentage of records in the published data (current to February 2022), which included the patient's valid NHS number, was:

1 98.3 per cent for admitted patient care

2 99.4 per cent for outpatient care

3 96.5 per cent for accident and emergency care.

The percentage of records in the published data which included the patient's valid general medical practice code was:

1 99.9 per cent for admitted patient care

2 99.9 per cent for outpatient care

3 100 per cent for accident and emergency care.

Data security and protection toolkit

The data security and protection toolkit is an online self-assessment tool that all organisations must use if they have access to NHS patient data and systems to provide assurance that they are practicing good data security and that personal information is handled correctly.

We met all the mandatory standards of the toolkit and therefore produced a 'satisfactory' return. This was published to the Department of Health and verified as 'low risk' and 'reasonable assurance' following independent audit.

Clinical coding quality

Clinical coding is the translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment, or reason for seeking medical attention, into a coded format which is nationally and internationally recognised. The use of codes ensures the information derived from them is standardised and comparable.

The Trust was not subject to any clinical coding audits by NHS commissioners in 2021/22.

Data quality

In 2021/22, the Trust continued to manage data quality via the Covid-19 elective care waiting list data quality and reporting framework, which was developed in response to Covid-19 impacting operational processes from March 2020. The performance support team continued to report data quality to the Trust executive on a bi-monthly basis to provide a comprehensive overview of data quality across the Trust and to update on performance across the current data quality metrics and internal audit of waiting lists. A weekly waiting list decision support panel continued to support rapid review of operational process changes alongside impact analysis and mitigations for data quality and reporting.

Throughout the last year, a number of key data quality issues have been identified as having a particular impact on referral to treatment (RTT) performance. In response to this, the performance support team have commenced an RTT data quality improvement task and finish group to provide specialist expertise on root cause investigation and to deliver recommended solutions.

Learning from deaths

We comply with all elements of the national learning from deaths process with a policy that sets out standards and measures, and compliance which is regularly reported to the board. In line with national guidance our medical examiner (ME) service was fully operational prior to the 1 April 2020 deadline. Medical examiners independently review every death that occurs within the Trust to ensure that the cause of death is accurate and explained to the bereaved and that they are provided with the opportunity to raise any concerns about the quality of care or treatment that the deceased patient received.

Sadly, the Covid-19 pandemic led to an increase in the number of deaths across the Trust during pandemic peaks. With the medical examiner service review of clinical notes and, most importantly, a discussion with the bereaved for all deaths occurring in our hospitals, we have ensured that a) the proposed cause of death is accurate, b) there is appropriate and consistent referral to the coroner, c) the bereaved understand the cause of death and have an opportunity to raise any concerns, and d) cases are appropriately referred for structured judgement review (SJR) when the criteria are met.

Structured judgement review is a validated methodology in which trained clinicians critically review medical records and comment on and score phases of care through the patient journey and determine if there were any problems with the care delivered. These undergo further review and, dependent on any issues identified, may be subject to more in-depth investigation via our serious incident framework to identify the areas for learning and implementation of appropriate actions to address these.

Patient deaths: April 2021 – March 2022

	Q1	Q2	Q3	Q4	Total
Number of patients who died – based on date of death	359	475	524	441	1,799
Number of deaths referred for SJR – based on date of death	36	48	63	27	174

Deaths which occurred in 2021/22

Of the 1,799 deaths that occurred during 2021/22, all deaths were subject to ME review, and 174 were referred for structured judgement review. Of the 169 deaths which have had these reviews completed, there were 16 for which some issues were identified in the overall care delivered. The themes for these were: earlier discussion of ceiling of care; the timing of input from the palliative care team; and improved family communication. Where concerns were raised following the structured judgement review these cases were managed via our serious incident framework.

We have reintroduced a regular review meeting, chaired by the medical director to review any complex cases and triangulate all associated reviews and investigations. Recently, this meeting has been predominately used to review hospital-onset Covid-19 infection (HOCI) deaths, however, we are now re-starting review of other cases. Of the non-HOCI deaths reviewed, there was one in which care and service delivery issues were identified that may have contributed to a patient's death (confirmed as moderate harm) and another where it was confirmed that they did contribute to the death (extreme harm). In response to this, and another similar incident, a new safety improvement priority has been agreed for 2022/23 to improve the identification and management of adult patients with dysphagia.

The perinatal mortality review tool (PMRT) is used to review all cases of stillbirths, late fetal losses and neonatal deaths. Of the 19 reviews completed in 2021/22, there were no cases where care or service delivery issues were identified which may have changed the outcome.

The outcomes of structured judgement reviews and perinatal mortality reviews are shared with the relevant clinical teams and across the Trust through divisional quality and safety committees. Individual action plans are developed in response to each case. Cases are also shared with the safety improvement programme workstream leads to ensure the improvement work covers the findings of the reviews.

In summer 2020, we implemented improvements to our learning from deaths process, appointing six consultants across different specialties as new reviewers who have dedicated time to undertake structured judgement reviews. This has reduced our average completion time from the date of referral from 30.2 days between April and September 2021 to 9.8 days between October 2021 and March 2022. This allows us to implement any learning and action required more responsively. This dedicated resource is also facilitating increased consistency and opportunity for consolidation of learning from both good practice and areas for improvement to be cascaded through the Trust, including via a quarterly newsletter which we introduced in February 2022.

Seven-day hospital services

From 2018, all NHS trusts have been required to report their activity and progress towards delivering high quality and consistent levels of service and care seven days a week. There are 10 defined standards for seven-day services, of which NHS England/Improvement (NHSE/I) classify four as key standards. Through our rolling audit programme we continue to be able to report substantial levels of assurance against the four priority standards, and full or partial compliance with all other standards.

Standard two – Early consultant review: While our policies, procedures and staffing models comply with this standard, our rolling audit programme has identified that timely consultant reviews are not always being clearly recorded. This year we have been focusing on improving the quality, documentation and timeliness of multidisciplinary ward and board rounds and have created new standards for these so that everyone, including our patients, gets the best of out of them. Our audit programme will review compliance against these standards in future so we can identify any further areas for improvement.

Standard five – Access to diagnostic services: While we can report full compliance with this standard, we have identified some areas for improvement. Our imaging and diagnostic services are under considerable pressure due to large patient waiting lists as a result of the pandemic. New ways of working, including the potential to outsource routine reporting of some results, are being considered to address this issue.

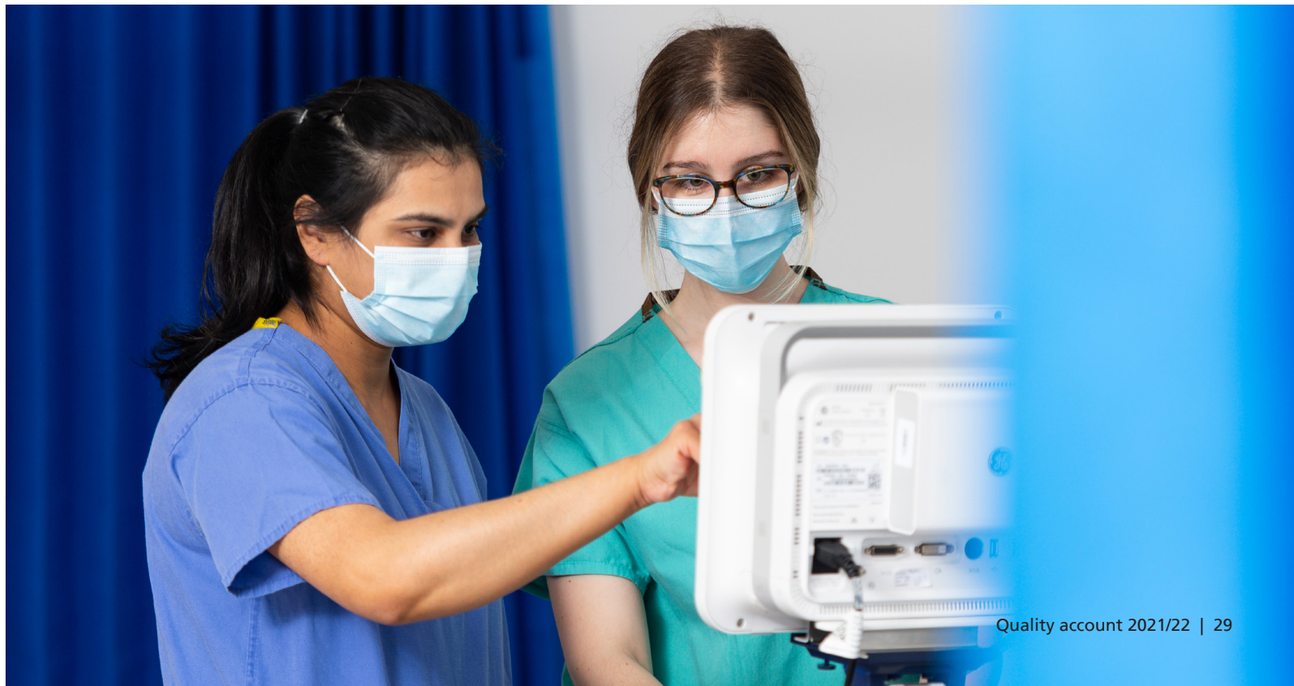
Standard six – Access to interventions: We can report full compliance with this standard. Twenty-four-hour access is maintained by rostered consultant-led teams and rotas.

Standard eight – Ongoing review: We can report partial compliance with this standard. Twice daily consultant review occurs for high dependency/critical care patients as evidenced by regular audits. Most areas are compliant with the requirement for consultant review once every 24 hours. Where improvement is needed, the work described above is supporting areas to undertake ward and board rounds in a consistent, timely and high-quality manner. The workload in our acute respiratory units and our downstream acute medicine wards changed during the pandemic and currently they do not provide daily consultant-led review over the weekend. We are reviewing the acute medicine care model and our rotas/staffing to resolve this issue.

Additional standards and next steps: We have assessed ourselves as having reasonable assurance against the six additional non-priority standards, although we have improvements to make in some areas, including how we record patient and family involvement with decision making, and how we manage patients with mental health needs in our emergency departments. We will continue to focus on these standards as we recover from the Covid-19 pandemic and plan the future of our services.

Rota gaps

We have 806 doctors in training working at the Trust, with 52 gaps on the rota. Thirty-two of these gaps have been filled by locally employed doctors. We have 20 unfilled posts, 13 of which are being recruited to. The remaining seven are going through the approval to recruit process. In addition to recruiting, we take action each month to make sure that the rotas are filled, including proactive engagement with Health Education England so we can accurately plan targeted campaigns for difficult to recruit specialties and the use of locums, where necessary.



1.3 Reporting against core indicators

All acute trusts are required to report performance on a core set of eight quality indicators. An overview of the indicators is included in the following section, with our performance reported alongside the national average and the performance of the best and worst performing trusts, where available. This data is included in line with reporting arrangements issued by NHS England.

Mortality

As part of our drive to deliver good outcomes for our patients we closely monitor our mortality rates, using two indicators, hospital standardised mortality ratio (HSMR) and summary hospital-level mortality indicator (SHMI), which enable us to compare ourselves with our peers. Both data sets allow us to understand our mortality rate when compared to our peers. However, the two measures differ slightly in methodology. SHMI measures all deaths that occur in England, including those that occur within 30 days of discharge from hospital and is the official mortality measure for England. HSMR measures more variables than SHMI, such as patients receiving palliative care, deprivation and whether the patient has been transferred between providers. We believe using both measures gives us the best picture of our mortality rate across our hospitals:

SHMI

	National performance 2021/22*			Trust performance				
	Mean	Lowest	Highest	2021/22	2020/21	2019/20	2018/19	2017/18
SHMI	100	71.93	118.6	76.78	77.02	70.24	73.21	74.13
Banding**	2	3	1	3	3	3	3	3
% deaths with palliative care coding	39.00%	11.00%	64.00%	58.00%	56.00%	58.10%	57.70%	56.70%

*National and Trust position currently rolling 12 months to October 2021
**SHMI Banding 3 = mortality rate is lower than expected
Source: NHS Digital

HSMR

	Trust performance				
	2021/22*	2020/21	2019/20	2018/19	2017/18
HSMR	68.9	75.9	67.6	64	67.37
National performance	Seventh lowest HSMR of all acute non-specialist providers	Third lowest HSMR of all acute non-specialist providers	Lowest HSMR of all acute non-specialist providers	Lowest HSMR of all acute non-specialist providers	Second lowest HSMR of all acute non-specialist providers

*National and Trust data currently only available to December 2021
Source: Dr. Foster

We consider the SHMI and HSMR data to be as described for the following reasons:

- it is drawn from nationally reported data
- our mortality rates remain statistically significantly low
- our palliative care coding rates are high and we are confident that they are accurate with a clinical coding review process in place
- we have reported a lower-than-expected SHMI ratio for the last five years
- we have the fifth lowest SHMI ratio of all acute non-specialist providers in England, across the last available year of data (November 2020 through October 2021)
- we have the seventh lowest HSMR of all acute non-specialist providers across the last available year of data (November 2020 through December 2021).

We intend to take the following actions to improve our mortality rates, and so the quality of our services, by:

- continuing to work to eliminate avoidable harm and improve outcomes
- reviewing every death which occurs in our Trust and implementing learning as a result, as described above in the 'learning from deaths' section
- undertaking an in-depth review of our mortality rates following our small regression in ranking for HSMR from third lowest in 2020/21 to seventh lowest based on the most recent data.

Our mortality rates remain statistically significantly low, and amongst the best in the country. Analysis has emphasised that our HSMR is improving, but not as quickly as some other providers, which is affecting our ranking. We are therefore reviewing our data to identify any additional areas for improvement.

Patient reported outcome measures (PROMs)

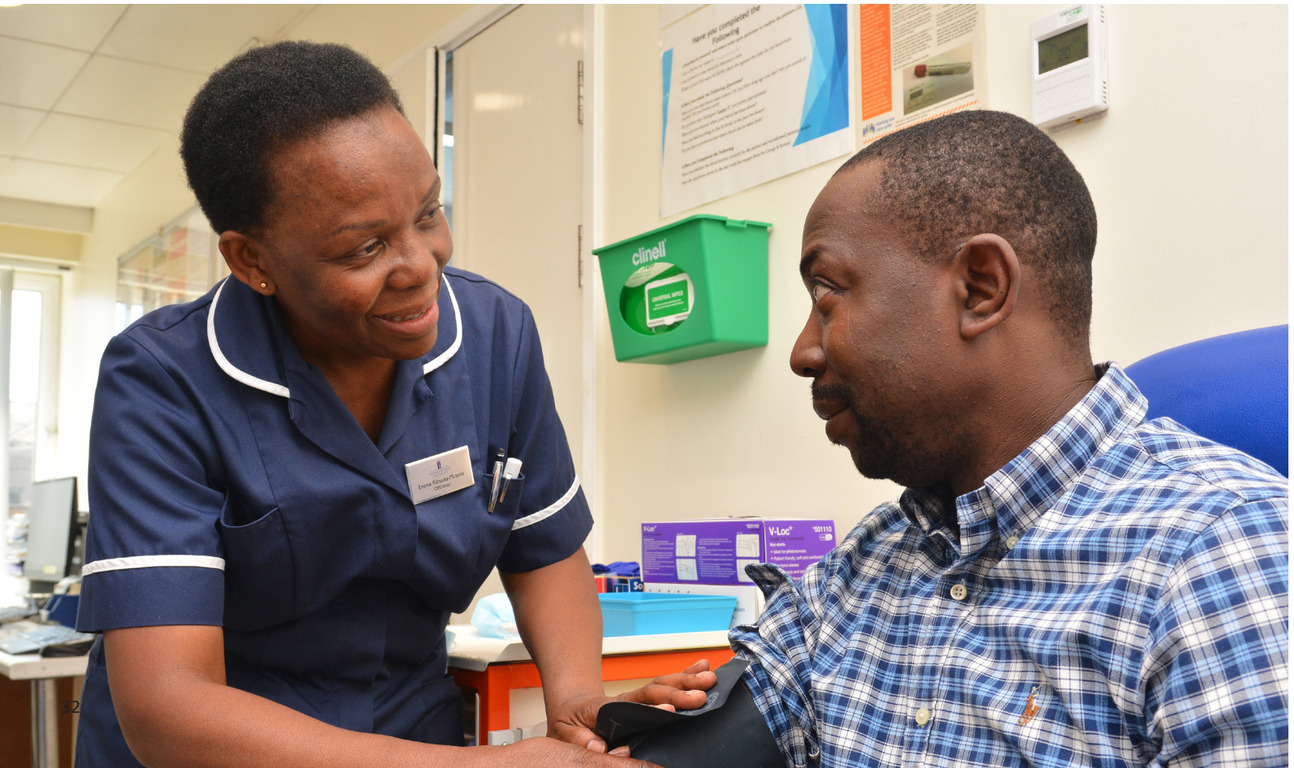
Patient reported outcome measures measure quality from the patient perspective and seek to calculate the health gain experienced following surgery for hip replacement and knee replacement. Patients who have these procedures are asked to complete the same short questionnaire both before and after surgery. The Trust is responsible for ensuring completion of the first questionnaire (part A) pre-surgery. The number of pre-surgery forms sent to NHS Digital is compared to the number of surgical procedures performed at the Trust and it is this which provides the Trust's participation rate.

An external agency is responsible for sending patients the second questionnaire (part B) after surgery. Analysis of any differences between the first and second questionnaires is used to calculate the overall health gain. If insufficient part B questionnaires are returned to the external agency, and in turn to NHS Digital who publish the results, they will not publish an organisation's health gain score.

The below table reports on patients who have had a hip replacement or knee replacement, where significant numbers of surveys were submitted. Hernia repair and varicose vein treatment outcome data is not included as they were removed as indicators but are still listed in the quality account guidance document from NHSE.

	National performance*			Trust performance			
	Mean	Best	Worst	2020/21*	2019/20	2018/19	2017/18
Hip replacement surgery (EQ-5D)	0.465	0.841	-0.135	0.535	0.468	0.480	0.464
Knee replacement surgery (EQ-5D)	0.315	0.923	-0.165	0.316	0.425	0.310	0.298

Source: NHS Digital
*2020/21 data is latest full year of data available. Currently provisional.



We consider that this data is as described for the following reasons:

- we have a process in place to collect, collate and calculate this information monthly, which is then sent to NHS Digital.
- data is compared to peers, highest and lowest performers, and our own previous performance.
- we are performing above the mean for both hip and knee replacement surgery. We will continue to focus on improving our performance in these areas.
- elective surgery was disrupted during the pandemic and this may be reflected in insufficiently modelled records.

We intend to take the following actions to improve this percentage, and so the quality of our services:

- a dedicated nurse leads the process to ensure quality data input and triggers the patient reported outcome measures pathway
- monthly reports are reviewed so we can monitor performance and introduce improvements where necessary.

28-day readmissions

	National mean*	2021/22**	2020/21	2019/20	2018/19	2017/18
28-day readmission rate (Patients aged 0-15)	9.87%	5.22%	4.80%	4.78%	4.88%	4.92%
28-day readmission rate (Patients aged 16+)	9.16%	6.33%	6.18%	7.45%	6.75%	6.92%

*National data only available up to August 2021

We believe our performance reflects that:

- we have a process in place for collating data on hospital admissions from which the readmission indicator is derived
- we have maintained our low unplanned readmission rate for both paediatric patients and adult patients with both rates remaining below national average throughout the year.

We intend to take the following actions to improve this percentage, and so the quality of our services, by:

- continuing to ensure we treat and discharge patients appropriately so that they do not require unplanned readmission
- continuing to work to tackle long-standing pressures around demand, capacity, and patient flow.

Staff recommendation to friends and family

The extent to which our staff would recommend the Trust as a place to be treated is another way to measure the standard of care we provide. Our performance, compared to our peers and our previous performance, is listed in the table below.

	National performance			Trust performance		
	Average (acute trusts)	Best	Worst	2021	2020	2019
Percentage of staff who would recommend the Trust to friends and family needing care	66.9%	89.5%	43.6%	74.3%	79%	75.8%

	National performance			Trust performance		
	Average (acute trusts)	Best	Worst	2021	2020	2019
Percentage of staff who would recommend the Trust as a place to work	58.4%	77.6%	38.5%	64.5%	71.4%	67.5%

Another key measure in the NHS staff survey is the overall measure of engagement and morale. Overall engagement measures motivation, involvement and advocacy. In 2021, our overall score for engagement dropped from 7.2 to 7.0, though this trend held across all acute trusts. Our score therefore remains above the average score of 6.8 for all acute trusts. The same trend is seen in the overall score for morale, where our score dropped from 6.1 in 2020 to 5.8 in 2021. We remain above the average of 5.7 for acute trusts.

During 2021 our staff engagement focus was on supporting staff wellbeing in response to the pandemic. The Trust delivered a significant programme of work in response to the 2020 staff survey results which included three priority people programmes:

- Equality, diversity and inclusion: progress in delivering on our equality agenda has included the launch of the Calibre leadership programme designed for staff with disabilities, an inclusive recruitment approach for senior roles to improve representation of Black, Asian and minority ethnic (BAME) staff, commitment from six senior leaders to build a better, anti-racist workplace, the introduction of 19 BAME ambassadors to provide a safe and supportive space for BAME staff to raise concerns, a bespoke team based race equity training for managers, and the relaunch of our equality impact assessment process which helps us to consider the impact of our policies on all groups of people.
- Improvement through people management: a significant Trust-wide programme in response to the immediate manager theme of the staff survey including how we recruit, develop, and support our managers.
- Health, safety and wellbeing: this has included the expansion of our health and wellbeing services to include a permanently-funded expanded counselling service, staff physio services, long Covid clinics, a winter wellbeing plan including breakroom supplies, free food carts and Christmas vouchers for staff, completion of the first wave of 'rest nest' and staff room renovations, new physical activity offers, a new benefits portal, financial wellbeing support and guidance, and the launch of wellbeing champions.

We also continued to roll out of our values and behaviours programme, and work on conflict resolution and teamworking.

We are currently reviewing the 2021 staff survey results in detail and will determine the priority people programmes for 2022/23 based on these results.

Patient recommendation to friends and family

The Friends and Family Test (FFT) was initially rolled out to NHS services between 2013 and 2015. The question asked patients, their families and/or carers whether they would recommend our services to friends and family if they required similar treatment. This is a key indicator of patient satisfaction.

Revisions were made to the FFT following an extensive review during 2018/19. NHS England sought input from a wide range of stakeholders, including patients, patient experience leads, clinical staff and commissioners.

The key changes included the timing and frequency of FFT completion and the FFT question itself. Patients can now complete the FFT at any point in their patient journey and as many times as they want to. This is now referred to as the participation rate not the response rate; it does not measure the total number of patients who complete the survey but rather the number of surveys patients complete.

The core question changed to 'overall how was your experience of our services?' This new FFT score cannot be directly compared to the previous FFT 'likely to recommend' question, given the different wording of the question.

The new Trust scorecard reports one composite measure that incorporates the four FFT pathways (inpatient, outpatients, emergency department, and maternity services). Over the past year, the average overall rating of care score has been 88 percent, with the inpatient average at 96 percent and the emergency department at 80 per cent. These trends are comparable or better than the England national average.

The net sentiment score looks at all free text comments and identifies positive, negative and neutral comments from which a score is derived. Over the past year, this has averaged at 50 (on a scale from -100 to +100) indicating the Trust receives significantly more positive comments than negative.

A&E Friends and Family Test

The average participation rate over the past year has been eight per cent (over 1,300 responses per month). This is an improvement from 2020/21 (an average of 850 respondents per month), although still lower than our pre-Covid-19 response numbers.

Since the introduction of the new FFT question we have noted the England average for this new core question score averages at 80 percent per month. This is approximately five percent lower than the previous 'likely to recommend' FFT question. This national trend is mirrored in our data, though the Trust performs better or the same when compared to national England data.

It is difficult to know whether this is a 'real' reduction in patients' overall experience of care or whether it is due to the new wording of the question itself.

	National performance 2021/22			Trust performance				
	Mean	Best	Worst	2021/22**	2020/21*	2019/20	2018/19	2017/18
Score	81%	100%	56%	84%	N/A	93%	94%	94%

*Reporting was suspended for most of 2020/21 due to the Covid-19 pandemic
**The 'FFT' question was changed in 2020/21 so our data for this year is not comparable to previous performance

We believe our performance reflects that:

- we have maintained consistently good standards of care in our emergency departments at a time of extreme and competing demands due to the ongoing impact of Covid-19 and extended 'winter pressures'. The Trust has worked to redevelop our urgent care pathways to ensure patients are nursed in appropriate environments based upon their Covid-19 status and risk.
- our staff are kind to our patients as evidenced through the feedback we receive.

We have taken the following actions to improve this score, and so the quality of our services, by:

- embedding the new FFT survey into practice
- continuing to work towards reinstating the services following the pandemic
- introducing patient liaison volunteers into the emergency department to support patients in accessing drinks and snacks in the department.

Inpatient Friends and Family Test

	National performance 2021/22			Trust performance				
	Mean	Best	Worst	2021/22**	2020/21*	2019/20	2018/19	2017/18
Score	94%	100%	69%	95%	N/A	97%	97%	97%

*Reporting was suspended for most of 2020/21 due to the Covid-19 pandemic
**The 'FFT' question was changed in 2020/21 so our data for this year is not comparable to previous performance

We believe our performance reflects that:

- we have maintained high standards of care for our patients throughout the Covid-19 pandemic, as evidenced by the overall rating of care
- our staff deliver consistently good care, even when they have been redeployed to areas in which they do not normally work. This is a positive reflection of strong local leadership and support throughout this exceptional year.

For patients reporting a positive experience, interaction with staff continues to be the most significant factor. This has been especially important this year, as national restrictions continued on all visitors to hospitals.

We intend to take the following actions to improve/maintain this score, and so the quality of our services, by:

- building upon our deaf awareness work, as we launch a programme of deaf awareness and British Sign Language (BSL) training for staff
- reintroducing patient liaison volunteers into clinical areas
- reinstating visiting, as Covid-19 restrictions allow
- reviewing and relaunching the 'eat, drink, move and sleep' project to help improve patient experience on our wards.

Responsiveness to inpatients' personal needs

One way in which we measure patient experience is by collating the results of a selection of questions from the national inpatient survey focusing on the responsiveness to personal needs. Our performance, compared to peers as well as our previous performance, is shown in the table below.

	National performance 2020/21*			Trust performance				
	Mean	Best	Worst	2020/21**	2019/20*	2018/19	2017/18	2016/17
Score	68.6	86.0	57.6	70.8	N/A	65.2	68.8	67.3

*There was no national inpatient survey published in 2019/20
**The most recent data is from the national survey which was published in 2021 for data from 2020

Our performance reflects that:

- this data is drawn from the nationally reported results of the national inpatient survey, which was published in October 2021 for data collected from patients who were discharged in November 2020
- we are performing above the national mean and our performance has improved compared to previous years.

We intend to take the following actions to improve/maintain this score, and so the quality of our services, by:

- continuing to take action to improve patient experience as described above
- embedding a culture of continuous quality improvement on our wards through our refreshed ward accreditation programme (WAP+). The WAP+ combines data from three methodologies to provide a dashboard of performance: digital data automatically populated from the electronic patient record, an unannounced observational visit and an evidence portfolio designed to allow wards to showcase their performance in other areas, such as research culture and wellbeing initiatives. The accreditation report provides a basis from which ward managers can identify and track priority areas for improvement, with each ward matched with a coach to support local improvement work.

In addition to our ongoing work to improve patient experience, we are also continuing to focus on improving our services for our most vulnerable patients. This includes:

- our safeguarding service, which provides expert safeguarding advice and support to staff, patients and their families. During the year we appointed a domestic abuse nurse specialist in response to a rise in domestic abuse disclosures from patients. Following a fall in compliance during the pandemic, we implemented a change to our approach for Level 3 safeguarding training for staff working with children to make it easier to complete.
- we have a service level agreement with Central and North West London NHS Foundation Trust to oversee the application of the Mental Health Act. No breaches of the Act were reported during the year. The agreement also includes a training component and during the year a number of Mental Capacity Act (MCA) masterclasses were provided to staff, which were positively evaluated. We have added additional guidance, resources and training for our staff.

Venous thromboembolism

Venous thromboembolism (VTE) includes deep vein thrombosis (DVT) and pulmonary embolism (PE) both of which are blood clots within a vein obstructing or stopping the flow of blood. The risk of hospital acquired VTE can be reduced by assessing patients on admission and applying preventative measures such as early mobilisation, chemoprophylaxis with anticoagulants and mechanical devices such as compression stockings.

We have continued to exceed the national guidance for VTE risk assessment of more than 95 per cent of all inpatients. Data is provided on a continuous basis via the Trust dashboard.

	National performance**			Trust performance				
	Mean	Best	Worst	2021/22*	2020/21	2019/20	2018/19	2017/18
Percentage of patients risk assessed for VTE	95.47%	100%	71.83%	96.4%	96.62%	95.90%	95.39%	93.87%

Source: Trust data – suspended reporting to NHS England/Improvement
*2021/22 data – provisional figures based on Trust data.
**National performance data not available for 2020/21 – figures reflect performance from 2019/20 national data.

Our performance reflects that:

- we have monitored VTE risk assessments monthly throughout the year.

We intend to continue to work to improve this percentage, and so the quality of our services, by:

- working with the areas that are below target to support staff to complete the assessment. However, we are satisfied from the review of patient level data that the three to four per cent of patients seemingly not assessed are not at high risk for VTE.
- reviewing our compliance with national guidance and are developing reports which will allow us to better monitor the percentage of patients who received appropriate prophylaxis and the outcomes of root cause analysis into VTE cases
- initiating audits to ensure compliance with the NICE quality statements and guidance relevant for VTE.

Clostridium difficile

	Trust performance					
	Mean*	**2021/22#**	**2020/21**	**2019/20****	**2018/19**	**2017/18**
Rate of Clostridium difficile per 100,000 bed days	31.2	27.6	16.5	28.6	14.3	17.6
Number of cases		71	59	101	51	63

*National performance figures are based on UK Health Security Agency (UKHSA) epidemiological data for the period April through January financial year 2021/22. The complete financial year 2021/22 data will be available in May 2022.
**Change to Public Health England C.*diff* definitions
Based on April through February financial year 2021/22 cases

Our performance reflects that:

- submissions to UKHSA's mandatory infection portal are carried out monthly and signed off by the chief executive's office.
- incidence and rate of C.difficile infection are monitored regularly through a weekly meeting with assurance provided through quarterly Trust infection control committee meetings.
- in 2021/22, we reported 71 cases of C. difficile attributed to the Trust. This is below our target of no more than 99 cases. Two of these cases were related to lapses in care, the same number as last year.

We intend to take the following actions to improve in this area:

- continuing to work on reducing the use of anti-infectives (antibiotics) and improving our hand hygiene rates and personal protective equipment (PPE) use to reduce the incidence and transmission of infection.

Patient safety incidents

An important measure of an organisation's safety culture is its willingness to report incidents affecting patient safety, to learn from them and deliver improved care. A high reporting rate reflects a positive reporting culture.

	National performance**			Trust performance				
	Mean	**Best**	**Worst**	**2021/22*****	**2020/21***	**2019/20**	**2018/19**	**2017/18**
Patient safety incident reporting rate per 1,000 bed days	58.4	118.7	27.2	54.9	52.1	Apr-Sep 19: 50.7 Oct 19 – March 20: 50.4	Apr-Sep 18: 50.4 Oct 18 – March 19: 45.8	Apr-Sep 17: 47.96 Oct 17 – March 18: 51.26

*Data is now released yearly, not every six months, so there will now only be one figure for the year as opposed to two.
**National performance data is as of 2020/21
*** 2021/22 data is provisional and is calculated from our Trust figures.

Our performance reflects that:

- we utilise the nationally reported and verified data from the national reporting and learning system (NRLS)
- our individual incident reporting data is made available by the NRLS annually (previously every six months)
- we monitor our incident reporting rates internally on a monthly basis
- Our incident reporting rate has improved year on year, however where previously we have been in the top quartile compared to other acute non-specialist trusts, we are now below the mean. This is based on the most recent national data available, which is for 2020/21. During this period, incident reporting rates increased across the country, although the number of incidents reported actually decreased. This reflects the impact of the pandemic with reduced activity affecting the bed day denominator. In 2020/21 our incident reporting rate was tenth highest out of 18 London trusts.

We intend to take the following actions to improve reporting rates, and therefore the quality of our services, by:

- improving how we report, manage, and learn from incidents, included as part of our quality and safety improvement programme.

Percentage of patient safety incidents reported that resulted in severe/ major harm or extreme harm/death

We investigate all patient safety incidents, which are reported on our incident reporting system, Datix. Those graded at moderate harm and above are reviewed at a weekly panel chaired by the medical director. Incidents that are deemed serious (SIs) or never events then undergo an investigation which involves root cause analysis, a systematic investigation that looks beyond the people concerned to try and understand the underlying causes and environmental context in which the incident happened.

	National performance**			Trust performance				
	Mean	**Best**	**Worst**	**2021/22*****	**2020/21***	**2019/20**	**2018/19**	**2017/18**
Percentage of severe/ major harm incidents (# of incidents)	0.2%	0.00%	1.00%	0.13% (24)	0.12% (18)	Apr-Sep 19: 0.03% (2) Oct 19 – Mar 20: 0.04% (3)	Apr-Sep 18: 0.05% (4) Oct 18 – Mar 19: 0.04% (3)	Apr – Sep 17: 0.06% (5) Oct 17 – Mar 18: 0.12% (9)
Percentage of extreme harm/death incidents (# of incidents)	0.2%	0.00%	1.8%	0.04% (7)	0.06% (9)	Apr-Sep 19: 0.06% (5) Oct 19 – Mar 20: 0.06% (5)	Apr-Sep 18: 0.05% (4) Oct 18 – Mar 19: 0.01% (1)	Apr – Sep 17: 0.09% (7) Oct 17 – Mar 18: 0.05% (4)

*Since 2020/21 data has been released yearly, not every six months, so there will now only be one figure for the year as opposed to two.
**National performance data is as of 2020/21
*** 2021/22 data is provisional and is calculated from our Trust figures.

Our performance reflects that:

- we utilise nationally reported and verified data from the NRLS
- between April 2020 and March 2021 (most recent national data available), we reported 0.12 per cent severe/major harm incidents (18 incidents) compared to a national average of 0.2 per cent and 0.06 per cent extreme/death incidents (nine incidents) compared to a national average of 0.2 per cent.
- between April 2021 and March 2022, based on our provisional internal data, we reported 0.13 per cent severe/major harm incidents (24 incidents) and 0.04 per cent extreme/death incidents (seven incidents). Ten of these remain under investigation so the final harm level may change.
- we now report all falls with hip fractures as severe/major harm in line with national recommendations which has led to an increase in the percentage of these incidents.

We intend to take the following actions to improve this percentage, and so the quality of our services, by:

- continuing to work to eliminate avoidable harm and improve outcomes. See 'Our 2022/23 improvement priorities' section for more detail.

PART 2:
OTHER INFORMATION AND ANNEXES

This section of the report provides further information on the quality of care we offer, based on our performance against the NHS Improvement single oversight framework indicators, national targets, regulatory requirements, and other metrics we have selected.

Our performance with NHS Improvement single oversight framework indicators

NHS Improvement uses several national measures to assess services and outcomes. Performance with these indicators acts as a trigger to detect potential governance issues. We report on most of these monthly to our Trust board through our performance scorecards.

Key performance indicators

As anticipated, performance against the operational standards has been impacted because of Covid-19. Patients are being tracked and managed according to clinical priority and a harm review process in place. All safe options for treating patients have been reinstated as part of recovery planning.

		Performance		Quarterly trend			
		Annual	Target	Q1	Q2	Q3	Q4
Referral to treatment times	% incomplete pathways less than 18 weeks (in aggregate)	92%	68.7%	70.4%	71.2%	68.6%	5.1%
Diagnostics	Maximum six-week wait for diagnostic procedures	1%	26.1%	36.6%	30.3%	21.9%	14.3%
Cancer access initial treatments	Two-week wait	93%	85.1%	93.9%	92.9%	80.0%	73.4%
Cancer access initial treatments	Breast symptom two week wait	93%	66.3%	93.8%	95.9%	58.8%	16.8%
Cancer access initial treatments	% cancer patients treated within 62 days of urgent GP referral	85%	70.8%	77.7%	76.8%	68.2%	60.3%
Cancer access initial treatments	% patients treated within 62 days from screening referral	90%	60.6%	76.1%	55.6%	55.5%	55%
Cancer access initial treatments	% patients treated within 62 days (upgrade standard)	85%	85.2%	87.7%	85.8%	82.5%	84.8%
Cancer access initial treatments	% patients treated within 31 days of decision to treat	96%	95.7%	97.6%	95.8%	95.0%	94.3%
Cancer access subsequent treatments	Surgical treatments within 31 days	94%	91.5%	94.5%	90.8%	89.2%	91.4%
Cancer access subsequent treatments	Chemotherapy treatments within 31 days	98%	99.8%	100.0%	99.4%	100.0%	99.8%
Cancer access subsequent treatments	Radiotherapy treatments within 31 days	94%	97.2%	96.6%	96.8%	97.5%	97.9%
Infection control	C. difficile acquisitions	99	71	16	20	13	22

In May 2019, the Trust began testing proposed new A&E standards as one of 14 trusts in England. Like other trusts involved in the testing, figures on the A&E four-hour access target will not be published for the pilot period and are therefore not included above.

Annex 1: Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

NHS North West London Collaboration of Clinical Commissioning Group (NW London CCG)

The NHS North West London Collaboration of Clinical Commissioning Group (NW London CCG) has welcomed the opportunity to respond to the Trust's Quality Account for the year 2021/22, which we received on 6th May 2022. We acknowledge the impact COVID-19 has had on the Trust and the progress made against the Trust priorities. We note the good work the Trust has made over the year to ensure the health and wellbeing of staff was critical to the delivery of safe care to patients.

We are delighted that the Trust is committed to developing and supporting safety improvement programmes which prioritise safety issues. We note that it will employ consistent measurement and improvement methods to monitor progress.

We have reviewed the progress made against the six priorities for 2021/22.

We are pleased with the progress that the Trust has made in incident reporting and that there has been an overall improvement, which is important for quality improvement developments and better outcomes for patients. This will certainly support the Trust in the transition to the Patient Safety Incident Response Framework (PSIRF). We note harm levels have remained low and look forward to hearing more on the progress that is being made in this area.

We acknowledge that further work is required to improve hand hygiene practice, safe use of Personal Protective Equipment (PPE) in clinical areas and reducing blood streams infections. We fully support the continuation of this priority for 2022/23.

We recognise that further work is required in documenting appropriate escalation plans for patients and the impact this will have on those who are on the end of life pathway. We support the continuation of this priority for 2022/23.

We look forward to hearing about the continued roll out of the electronic consent process and digital consent for all elective surgical procedures. We note the progress made and support the continuation of this priority for 2022/23.

We note the good work around "Helping Our Teams Transforms" to improve performance and outcomes associated with invasive procedures and the continued work into 2022/23.

We acknowledge the work on patients falls and the Trust's ambition to reduce harm from falls by 25 per cent. We acknowledge that there is further work to be done and support the continuation of this priority for 2022/23.

We acknowledge the contributions and results from the Trust participation in the national audits and the successes in performance as well as areas identified. We note the Trust compliance against NHS England initial assessment on the Ockendon Report.

We recognise some patients lack mental capacity as highlighted in the account and the Trust has identified this as one of your focus areas, we look forward to seeing the progress made in this area of improvement.

The openness and transparency which has been articulated in this reporting year is notable, demonstrating a clear approach to learning from deaths. We also note appropriate dissemination of identified learning across the Trust.

The CCG fully supports the Trust in continuing with the six priorities from 2021/22 into 2022/23, in addition to the two new priorities. It is acknowledged that this Quality Account complies with national guidance and demonstrates areas where there has been achievement as well as areas where improvement is required.

On behalf of NHS NW London CCG, we look forward to continuing to work closely with the Trust over the coming year to further improve the quality of services to our patients.

London Borough of Hounslow's Health and Adults Care Scrutiny Panel Response

Thank you for the chance to comment on your quality accounts, received 6 May 2022. On behalf of the London Borough of Hounslow's Overview and Scrutiny Committee, please find our response statement for inclusion in the Imperial College Healthcare NHS Trust Quality Account 2021-22 report.

The London Borough of Hounslow's Overview and Scrutiny Committee (the 'Committee') welcomes the opportunity to provide a response to the Imperial College Healthcare NHS Trust (the 'Trust') Quality Account 2021-22 which provides a report on progress made and identifies future priorities.

The Committee would like to thank the Trust and its staff for continuing to provide services through the Covid-19 pandemic and for preparing the Quality Account for comment.

Statement

Thank you for sharing your improvement priorities, for this and next year. We note the work done on the 2021/22 improvement priorities, and we are pleased to see 'Improve patient safety incident reporting rates' as the first priority as we noted last year the importance of keeping this under review. We note the positive change in numbers and hope to see this sustained. We note the other priorities for the year. In the future, it would also be useful to see the continued progress on last year's priorities.

We note the continued Covid-19 improvement work and appreciate the ongoing importance of this. However, we would want to reiterate the importance of mitigating the impact of Covid on wider health and progress on other priorities, as we had stressed last year.

We note the review of services and are happy to see the continued research activities of the trust. We also commend the focus on ensuring equal participation in clinical research. We note the continued work with the CQC and the work done on mortality rates. We also note the changes to the Friends and Family Test and hope to see trend data in the future when comparable numbers are available.

We commend that national benchmark data is provided on some measures, and would like to suggest that this should be done for all measures, including monitoring trends over time. The data could, however, be presented in a clearer way and we would like to reiterate what we noted last year: that a more succinct report and an executive summary would be helpful.

On behalf of the Committee, I thank the Trust for sharing the Quality Account for comment. We hope to continue this positive engagement going forward.

Healthwatch Hammersmith and Fulham Statement

Healthwatch Hammersmith and Fulham is pleased to be able to respond to the Imperial College Healthcare NHS Trust (ICT) Quality Account for 2021/22. We welcome the continued working relationship we have with the Trust and give our full support to its efforts to involve Healthwatch and wider patients in its work.

We note the progress and limitations on achievements for 2021/22 and further congratulate the Trust and staff for their hard work and dedication during another extremely challenging and demanding year dealing with the Covid-19 pandemic.

Placing particular importance on patient feedback and the patient voice, Healthwatch Hammersmith and Fulham is exceptionally pleased to note the following achievements of the Trust against their 2021/22 improvement priorities and other focus areas:

- Increase in initiatives and opportunities for underrepresented communities to join clinical studies and collect better demographic data that is reflective and of current patients and service users.
- Achieved over 10,000 pieces of patient feedback from the Friends and Family Test. Our patient experience data generally corroborates the largely positive feedback received by the Trust from the FFT and Trust scorecards.
- Establishment of the Equality, diversity, and inclusion programmes for staff. Including the introduction of 19 BAME ambassadors to provide a safe and supportive space for BAME staff, the Calibre Leadership Programme and team-based race equity training for managers. All of which will ultimately impact better representation, understanding and care that patients receive.
- The unprecedented developments and changes that took place, to promote and improve safety and quality as part of the Covid-19 pandemic response and commitment to caring for patients and staff members. Patients have commented on the high standards of hygiene and covid-19 safety procedures.

In addition, we note and understand the rationale for the Quality Priorities chosen for 2022/23 and offer our ongoing support to the Trust to help make progress in these areas.

During 2021/22 Healthwatch Hammersmith and Fulham gathered 477 patient experience comments, 64% positive, 22% negative, 14% neutral in sentiment.

Overall the Trust scored an average star rating of 4 out of 5.

Our findings show that service users in our sample experienced a very high level of satisfaction with the quality of treatment and care and the staff involved in this delivery with an average star rating of 4.5*.

Patient experience data regarding access to services and aspects of the administrative function indicated a lower level of satisfaction, principally in relation to waiting times and the booking/availability of appointments. These issues have likely been exacerbated by the increased pressures on resources as result of the Covid-19 pandemic.

However, given the low levels of feedback on ICT healthcare services overall, we would welcome some strong partnership work with the Trust to support and develop Healthwatch opportunities for obtaining independent feedback on services. We look forward to developing these discussions and a more concerted approach to partnership work in 2022/23.

Overall Healthwatch Hammersmith and Fulham welcomes Imperial College Healthcare NHS Trust's quality improvement measures, and we look forward to continuing to work in partnership to improve the care and support of patients and service users.

Healthwatch Central West London (CWL) Response to The Imperial College Healthcare (ICH) NHS Trust Quality Accounts 2021/22

We welcome the opportunity to comment on the Imperial College Healthcare NHS Trust Quality Accounts (QA), and to comment on the quality of the services commissioned locally to meet the health needs of Westminster and Kensington and Chelsea residents.

Our members acknowledge the challenges that the Trust had to deal with during the Covid-19 pandemic: caring for patients with Covid-19, dealing with a greater than usual demand on emergency departments and delayed planned care. And alongside that, taking part in the biggest vaccination programme in the history of NHS.

We commend the Trust for its commitment to supporting its staff by strengthening the leadership and decision making, as well as, offering support with difficult conversations. We applaud the Trust for smoothly operating the dedicated helpline that provided information related to the rapidly evolving national and local Covid-19 guidance.

We commend the Trust for the high number of front-line staff (92%) vaccinated with first and second doses of the Covid-19 vaccine.

Our members welcome the Trust's focus on reducing hospital-associated Covid-19 infections and transmissions, and recognise huge challenges in the early identification, isolation, and treatment of patients with Covid-19, alongside non-Covid patients.

We acknowledge that engaging with patients during the Covid-19 pandemic was difficult and we are pleased to know that in the next year, the Trust will focus its efforts on implementing patients' participation strategy.

Comments on Quality Accounts (QA) 2021/2022

QA Presentation & Layout

Overall accessibility of QA

Our members commend the Trust for the clear narrative of the report as well as the lack of acronyms which makes it easier for a lay members to understand it.

Our members welcome a detailed account of Covid-19 quality improvement activities, service reviews and national audit data.

We suggest that the analysis of complaints and lessons learned, would be a welcome addition to the Quality Account.

As the trust operates from various locations, our members would have liked to see a more detailed account of each location, cross-referencing the data might help to make the document more relevant for the reader.

Use of graphs and tables

Our members welcome the use of tables to present key information across the QA.

Quotes

Our members would like to encourage the Trust's use of quotes to represent qualitative data, especially when talking about patient feedback and the Friends and Family Test.

Patient Engagement

Friends and Family Test (FFT)

We noted that the FFT has been changed to: 'overall how was your experience of our services?' and welcome this change. There also were changes to how this survey is collected, allowing for it to be completed at any point of a patient journey.

We commend the Trust on relatively high positive scores which range from 80% for the emergency department to 96% for the inpatient department.

However, we do not know what the response rate is, nor do we know the Hospitals it corresponds to. It would be useful to break this down by the Hospital and the department or service area.

Our members would encourage the Trust to carry out further engagement with patients, families, and carers to explore how services could be improved, and we would suggest focusing on the low scoring areas and using focus groups, workshops or consultations to listen to people views.

We would encourage the Trust to use quotes to illustrate qualitative data of FFT.

Our members noted that the staff survey FFT results were low – only 74% of staff would be happy to recommend ICH as a place of treatment, and even lower – 65%, would recommend the Trust as a place of work. It would be useful to understand what reasons were given by staff and what steps the Trust will take to further explore how to improve staff satisfaction.

Other patient engagement initiatives

We commend the Trust for undertaking a variety of initiatives to improve health outcomes for their patients. However, more detail is needed to understand how patients will be involved in decision making and improvement planning. For example, it is not clear if the End of life care steering group includes a lay member or a patient representative.

Our members would have liked to see how the Trust will follow up on a recent audit which highlighted the need to involve patients, families and carers in the improvement of electronic consent for patients who lack the capacity to consent themselves.

Our members have noted that there were missed opportunities to engage with patients in every key priority area and there is no detail about who are your community partners.

Our members commend the decision to introduce volunteers specifically, the patient liaison volunteers into the emergency departments to support patients in accessing drinks and snacks.

Targets

Our members commend the Trust for prioritising fall prevention and aiming for an ambitious target to reduce falls with harm by 25%. Our members would have liked to have more detailed actions on how the Trust will achieve this target. We would encourage the Trust to engage with patients and carers in conversations about what would help them to feel safer and reduce the risks of falls.

We commend the Trust for putting emphasis on staff training. Our members would like to know how training packages are evaluated against participants' satisfaction and effectiveness.

Our members noted that the results in incident reporting are encouraging, and harm levels are virtually half the national average. This demonstrates the culture of trust and transparency and is the key element in encouraging staff and managers to strive for improvement.

Conclusion

We welcome the decision to relaunch patient involvement and patients' safety strategy.

We commend the Trust for taking part in innovative research with the National Institute of Health Research which will allow our residents to benefit from cutting-edge treatments.

To improve decision making, we encourage the Trust to introduce the roles of patient representatives and to think about how these are recruited.

Healthwatch CWL and our members would like to congratulate the Imperial College Healthcare NHS Trust for such a comprehensive document which informs all levels of interest in knowledge and enquiries.

We look forward to continuing work with the Imperial College Healthcare NHS Trust in improving the care and support of patients.

Annex 2: Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report. In line with national guidelines, we moved to adopt the same requirements for NHS foundation trust boards beginning in 2019/20 and have continued this year.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20* and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
  1. board minutes and papers for the period April 2021 to May 2022
  2. papers relating to quality reported to the board over the period April 2021 to May 2022
  3. feedback from clinical commissioning groups
  4. the annual governance statement May 2022
  5. feedback from local Healthwatch and local authority overview and scrutiny committees
  6. the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
  7. the national staff survey 2021
  8. the head of internal audit's annual opinion of the Trust's control environment May 2022
  9. Mortality rates provided by external agencies (NHS Digital and Dr. Foster).
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report. The quality account was reviewed at our audit, risk and governance committee held in May 2022, where the authority of signing the final quality accounts document was delegated to the chief executive and chair.

By order of the board

M. Swindells 30 June 2022 | **Matthew Swindells, Chairman**

30 June 2022 | **Professor Tim Orchard, Chief executive**

Annex 3: Participation in national clinical audits and confidential enquiries 2021/22

National Clinical Audit and Clinical Outcome Review Programmes	Host Organisation	Participation	% submitted
Case Mix Programme	Intensive Care National Audit and Research Centre	√	Ongoing data collection
Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death	√	100%
Chronic Kidney Disease Registry	The Renal Association/The UK Renal Registry	√	Ongoing data collection
Elective Surgery (National PROMS)	NHS Digital	√	Ongoing data collection
Emergency Medicine QIPs	Royal College of Emergency Medicine	√	Ongoing data collection
Falls and Fragility Fracture Audit Programme	Royal College of Physicians	√	Ongoing data collection
Inflammatory Bowel Disease Audit	IBD Registry	√	Four records submitted
Learning Disabilities Mortality Review Programme	NHS England	√	100% submitted to NHSE/I audit of learning disability standards
Maternal and Newborn Infant Clinical Outcome Review Programme	University of Oxford / MBRRACE-UK collaborative	√	Ongoing data collection
Medical and Surgical Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death	√	100%
National Adult Diabetes Audit	NHS Digital	√	Ongoing data collection
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	Royal College of Physicians	√	Ongoing data collection
National Audit of Breast Cancer in Older Patients	Royal College of Surgeons	√	N/A – Data not collected directly from hospitals
National Audit of Cardiac Rehabilitation	University of York	√	Ongoing data collection
National Audit of Care at the End of Life	NHS Benchmarking Network	√	100% – Ongoing data collection
National Audit of Dementia	Royal College of Psychiatrists	√	N/A – no nationally mandated data collection
National Audit of Pulmonary Hypertension	NHS Digital	√	Ongoing data collection. Data not reported yet due to pandemic
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Royal College of Paediatrics and Child Health	√	Ongoing data collection
National Cardiac Arrest Audit	Intensive Care National Audit and Research Centre / Resuscitation Council UK	√	100% – Ongoing data collection.
National Cardiac Audit Programme	Barts Health NHS Trust	√	Ongoing data collection
National Child Mortality Database	University of Bristol	√	N/A – Data does not come directly from hospitals
National Comparative Audit of Blood Transfusion	NHS Blood and Transplant	√	100% – ongoing data collection
National Early Inflammatory Arthritis Audit	British Society of Rheumatology	√	Ongoing data collection. 11 cases submitted, no ascertainment available
National Emergency Laparotomy Audit	Royal College of Anaesthetists	√	100% Charing Cross Hospital, 12.5% St Mary's Hospital – ongoing data collection, not final
National Gastro-intestinal Cancer Programme	NHS Digital	√	90% – ongoing data collection
National Joint Registry	Healthcare Quality Improvement Partnership	√	Ongoing data collection
National Lung Cancer Audit	Royal College of Physicians	√	Ongoing data collection. 161 surgical resections
National Maternity and Perinatal Audit	Royal College of Obstetrics and Gynaecology	√	Ongoing data collection
National Neonatal Audit Programme	Royal College of Paediatrics and Child Health	√	100% – ongoing data collection
National Paediatric Diabetes Audit	Royal College of Paediatrics and Child Health	√	Ongoing data collection
National Perinatal Mortality Review Tool	University of Oxford / MBRRACE-UK collaborative	√	Ongoing data collection
National Prostate Cancer Audit	Royal College of Surgeons	√	Ongoing data collection
National Vascular Registry	Royal College of Surgeons	√	Ongoing data collection. 478 total cases
Neurosurgical National Audit Programme	The Society of British Neurological Surgeons	√	N/A – data collected from HES data
Out-of-Hospital Cardiac Arrest Outcomes Registry	University of Warwick	√	N/A – data not collected from hospitals
Paediatric Intensive Care Audit	University of Leeds / University of Leicester	√	Ongoing data collection
Respiratory Audits	British Thoracic Society	√	100% (Smoking Cessation). Pulmonary Embolism – not participated
Sentinel Stroke National Audit Programme	King's College London	√	90% – Ongoing data collection
Serious Hazards of Transfusion	Serious Hazards of Transfusion	√	Ongoing data collection. 38 total reports
Society for Acute Medicine Benchmarking Audit	Society for Acute Medicine	X	Non participation
Transurethral REsection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	BURST Collaborative / British Urology Researchers in Surgical Training	√	Ongoing data collection. 20 total cases
Trauma Audit and Research Network	The Trauma Audit and Research Network	√	91% – data collection ongoing
Urology Audits	British Association of Urological Surgeons	X	Non participation

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