TRUST BOARD MEETING AGENDA MEETING IN PUBLIC
10.00am – 12.00pm
Wednesday 25 September 2013

New Boardroom,
Charing Cross Hospital,
Fulham Palace Road,
London, W6 8RF

1	**General Business**			
		Paper	**Presenter**	**Time**
1.1	Chairman's Opening Remarks	**Oral**	Chairman	1 minute
1.2	Apologies	**Oral**	Chairman	1 minute
1.3	Board Members' Declarations of Interest and Conflicts of Interest *To note the attached summary of declarations of interest and to declare any conflicts of interests at the meeting.*	**1**	Chairman	1 minute
1.4	Minutes of the meeting held on 24 July 2013	**2**	Chairman	2 minutes
1.5	Matters Arising and Action Log	**3A** **3B**	Chairman	2 minutes
1.6	Chief Executive's Report	**4**	Chief Executive	15 minutes
2	**Quality and Safety**			
2.1	Director of Nursing's Report: • Quality and Safety • External visits and CQC activity - CQC Inspection Report • Patient experience - Patient experience work plan 2013/14 - Cancer patient experience results - Hearing what patients say	**5** **-** **-** **5A** **5B** **5C** **5D**	Director of Nursing	15 minutes
2.2	Medical Director's Office Report: • Quality Strategy (presentation)	**6**	Medical Director	5 minutes
2.3	Infection Prevention and Control Report	**7**	Director of Infection Prevention & Control	5 minutes
3	**Academic Health Science Centre (AHSC) Report**			
3.1	AHSC Director's Report	**8**	Chief Executive	5 minutes
4	**Performance**			
4.1	Performance Report • A. Performance Report Month 5 2013/14 - Scorecard	**9A** **9B**	Chief Operating Officer	10 minutes

	• B. Trust Integrated Performance Scorecard Proposals - Performance Summary - Integrated Scorecard Actions	**10A** **10B** **10C**		
4.2	Finance Report • A. 2013/14 Month 5 Report • B. 5.3 Cost Improvement Programme	 **11** **12**	Chief Financial Officer	15 minutes
4.3	Director of People and Organisational Development's Report • NHS Staff Survey Action Plans • KPI Report • Leadership Development	**13** **13A** **13B** **13C**	Director of People and Organisational Development	10 minutes
4.4	NHS Trust Development Authority Self-Certifications: • Board Statements • Compliance	**14** **14A** **14B**	Chief Financial Officer	4 minutes
5	**Strategy**			
5.1	Trust and Charity Engagement	**15**	Charity Chairman, CE and Fundraising Director	15 Minutes
5.2	Shaping a Healthier Future	**16**	Chief Financial Officer	5 Minutes
5.3	Director of Research Annual Report	**17**	Director of Research	
5.4	Update on Risk Management Strategy	**oral**	Director of Governance and Assurance	5 minutes
6	**Papers for information**			
6.1	Report of the Audit and Risk Committee meetings on 22 July and 4 September 2013	**Oral**	Sir Gerald Acher,	1 minutes
6.2	Report of the Finance & Investment Committee meeting on 19 September 2013:	**Oral**	Sarika Patel	1 minutes
6.3	Report of the Foundation Trust (FT) Board meetings on 29 August and 20 September 2013 • Foundation Trust Programme Update	**18**	Dr Rodney Eastwood	2 minutes
6.5	Report of the Quality Committee meeting held on 11 September 2013.	**Oral**	Sir Anthony Newman-Taylor	2 Minutes
7.	**Any Other Business**			
		Oral	Chairman	2 minutes
8.	**Date of Next Meeting:**			
	Trust Board Meeting in Public: Wednesday 27 November 2013, Clarence Wing Board Room, St Mary's Hospital.			
11.	**Questions from the Public relating to Agenda Items**			
12.	**Exclusion of the Press and the Public**			
	'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act l960			

Imperial College Healthcare NHS
NHS Trust

Report Title: Declarations of Board Members' Interests

To be presented by: Stephen Guile, Head of Corporate Services and Trust Secretary

Executive Summary: The Department of Health's "Code of Conduct and Accountability" requires that the Chairman and Board members should declare any conflict of interest that arises.

To comply with this requirement a note of all Declarations made by the Board will be taken to each Public Board meeting as a formal record and is attached as Appendix A.

A full register of all Declarations made by all staff including the Board will continue to be kept in accordance with the requirements of the Register of Interests Policy.

The relevant extract relating to Declarations of Interests from the Standing Orders is attached as Appendix B.

Action: For noting

Board Members 'Register of interests – September 2013 **Appendix A**

Sir Richard Sykes Chairman

- Chairman, Singapore Biomedical Sciences International Advisory Council since 2002
- Chairman, UK Stem Cell Foundation since 2004
- Member, Bristol Advisory Council since 2006
- President, British Medical and Dental Students' Trust since 2009
- President, Institute for Employment Studies since 2008
- Chairman, Careers Research Advisory Centre since 2008
- Non-Executive Chairman of NetScientific
- Non-Executive Director of ContraFect since 2012
- Chairman of Royal Institution of Great Britain

Sir Thomas Legg Non-Executive Director

- Imperial College Healthcare Trust Charity Trustee

Professor Sir Anthony Newman-Taylor Non-Executive Director

- Chairman, Colt Foundation
- Trustee, Rayne Foundation
- Chairman, independent Medical Expert Group, Armed Forces Compensation Scheme MoD
- Member, Bevan Commission, Advisory Group to Minister of Health, Wales
- Trustee, CORDA, Preventing Heart Disease and Stroke
- Rector's Envoy for Health, Imperial College
- Head of Research and Development, National Heart and Lung institute (NHLI)

Mr Jeremy M Isaacs Non-Executive Director

- JRJ Group Limited – Director
- JRJ Jersey Limited - Director
- JRJ Investments Limited – Director
- JRJ Team General Partner Limited - Director
- JRJ Ventures LLP – Partner
- JRJ Partner 1 LP – Partner
- JRJ Partner 2 LP – Limited Partner
- JRJ Carry LP – Partner
- Marex Spectron Group Limited – Director/NED Chairman
- Member, Bridges Ventures Advisory Board (Privately owned Venture Capital Company with a social mission)
- Kytos Limited - Director
- Trustee, Noah's Ark Children's Hospice

Dr Rodney Eastwood Non-Executive Director

- Rector's Envoy, Imperial College
- Governor, Chelsea Academy [Secondary school]
- Consultant, Mazars

Sir Gerry Acher Non-Executive Director

- Deputy Chairman of Camelot Group PLC
- Vice Chairman of Motability

- Trustee of Motability 10 Anniversary Trust
- Vice Chairman of RSA Academy

Sarika Patel Non-Executive Director
- Board – Centrepoint
- Board – Royal Institution of Great Britain
- Partner – Zeus Capital
- Board – London General Surgery
- Board – 2020 Imaging

Dr Andreas Raphael Designate Non-Executive Director
- Executive Vice Chairman at Rothschild
- Member of council of Canfield University
- Trustee of the charity Beyond Food Foundation

Mr Mark Davies Chief Executive
- Wife is Managing Director and owner of Redlands Equestrian Ltd and works as a freelance Consultant with the NHS:

Professor Janice Sigsworth Director of Nursing
- Honorary professional appointments at King's College London, Bucks New University and Middlesex University
- Trustee of the Foundation of Nursing Studies

Mr Bill Shields Chief Financial Officer
- Honorary Colonel, 243 (Wessex) TA Field Hospital:
- Elected member of CIPFA council
- Chairman, CIPFA audit committee ;
- Board member, NHS Shared Business Services

Mr Steve McManus Chief Operating
- Chair – National Neurosciences Managers Forum

Professor Nick Cheshire Medical Director
- Hansen Medical: Scientific advisory board Member (Endovascular Robotics programme)
- Hansen Medical: Dept level research support.
- McKinsey Company. Member of Medical Directors Advisory Group
- Medtronic Inc: Scientific Advisory Board Member (Branch AAA stent programme), Institution level grant support. .
- Veryan Medical (IC spin out) Shareholder (0.5%)
- Cook (UK) Speakers Bureau
- Member, Organising Committee of the Multidisciplinary European Endovascular Therapies Conference (MEET) Rome, Italy
- Member, Scientific Advisory Committee of the Controversies and Updates in Vascular Surgery (CACVS) conference Paris France
- Organiser & speaker, Medtronic University course
- Gore Company - Consulting agreement for advanced endovascular therapies

Cook, Medtronic and Gore are endovascular equipment suppliers to the Trust
Hansen Medical manufactures the only commercially available endovascular robot and supplies hardware and disposable robotic equipment to the trust.

Extract from Standing Orders **Appendix B**

7.1.2 Interests which are relevant and material

(i) Interests which should be regarded as "relevant and material" are:

a) Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies);
b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;
d) A position of authority in a charity or voluntary organisation in the field of health and social care;
e) Any connection with a voluntary or other organisation contracting for NHS services;
f) Research funding/grants that may be received by an individual or their department;
g) Interests in pooled funds that are under separate management.
h) Funding received from a third party, excluding Imperial College London, for a staff member.

(ii) Any member of the Trust Board who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in Standing Order 7.3 below and elsewhere) has any pecuniary interest, direct or indirect, the Board member shall declare his/her interest by giving notice in writing of such fact to the Trust as soon as practicable.

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Wednesday 24 July 2013

Oak Suite, W12 conference Centre, Hammersmith Hospital, Ducane Road London

Present:	
Sir Richard Sykes	Chairman *(present by telephone)*
Sir Thomas Legg	Non-Executive Director (in the chair)
Sir Gerald Acher	Non-Executive Director
Dr Rodney Eastwood	Non-Executive Director
Jeremy Isaacs	Non-Executive Director
Prof Sir Anthony Newman-Taylor	Non-Executive Director
Sarika Patel	Non-Executive Director
Mark Davies	Chief Executive
Prof Nick Cheshire	Medical Director
Steve McManus	Chief Operating Officer
Bill Shields	Chief Financial Officer
Prof Janice Sigsworth	Director of Nursing
In attendance:	
Stephen Guile	Head of Corporate Services & Trust Secretary
Dr Jeremy Levy	Director of Education*(for item 2.3)*
Prof Alison Holmes	Director of Infection Prevention and Control *(for item 2.4)*
Prof Dermot Kelleher	Principal of the Faculty of Medicine of Imperial College.
Jayne Mee	Director of People and Organisational Development
Cheryl Plumridge	Director of Governance and Assurance
Dr Jay Bevington	Deloitte (support for the Trust's Board Development Programme)

1	**General Business**
1.1	**Chairman's Opening Remarks**
	The Chairman welcomed Board members and members of the public to the meeting. He welcomed Cheryl Plumridge, Director of Governance and Assurance who had joined the Trust on 1 July 2013; Cheryl would regularly attend Board meetings.
1.2	**Apologies for Absence**
	None
1.3	**Board Members' Declarations of Interest and Conflicts of Interest**
	The Board noted the report. The following were noted: Bill Shields: no longer sits on the CIPFA Group Board and, instead, chairs the CIPFA Audit Committee Sarika Patel: declaration to read 2020 Imaging Dr Andreas Raffel: delete above reference. Prof Sir Anthony Newman-Taylor; add Rector's Envoy for health, Imperial

	College. There were no conflicts of interests declared at the meeting.
1.4	**Minutes of the Meeting held on 29 May 2013**
	The minutes of the meeting held on 29 May 2013 were agreed as a true record.
1.5	**Matters Arising and Action Log**
	The Board noted the updates to actions in the log. Updates were discussed where necessary during the meeting. The following two specific updates were discussed:
1.5.1	**29 May, Minute 2.2.3, Perinatal Mortality:** The Board noted Nick Cheshire's update in the Action Log. Nick Cheshire confirmed that the Vice President of the Royal College of Gynaecology (RCOG) had looked again at our data and that we are not in the top nor bottom centile for any of the measures. They had discussed data from Liverpool to support an assertion that tertiary centres had different figures compared with small local units - the cause of the original Dr Foster alert. The Board agreed that that this action was now completed.
1.5.2	**30 January 2013, Public Question, Transport Lounges:** Bill Shields advised that appropriate action had been taken, working with our contractor ISS, to improve the patient transfer lounges at the Trust and our processes.
1.6	**Chief Executive's Report** The Board noted the Chief Executive's report, and in particular:
1.6.1	**Opening of Cardiac Catheter Laboratories at Hammersmith Hospital** Professor Sir Bruce Keogh, National Medical Director of NHS England, had officially opened two new cardiac catheter laboratories at Hammersmith Hospital on Tuesday 9 July.
1.6.2	**CQC Mental Health Visit** The Board noted that the Care Quality Commission had undertaken a planned visit to St Mary's Hospital on 4 July to monitor compliance with the Mental Health Act and its associated Code of Practice. The Trust will receive a report in due course. In response to a question from Sir Thomas Legg, Mark Davies advised that the Trust had a good relationship with the local CQC teams which carried out inspection visits to the Trust. Janice Sigsworth confirmed that as well as learning from inspection findings, the Trust monitored and learned from the outcomes of national CQC activity and findings.
1.6.3	**Appointments** The Board noted the following appointments referred to in the report: • Chris Harrison, as a member of the London Clinical Senate Council • Mark Davies, to chair the London Leading for Health Partnership Reference Group, the London delivery partner of the NHS Leadership Academy. Sir Richard Sykes said that outside responsibilities of Executive Board members would be reviewed by the Board. A report will be made to the next meeting: **Action: Mark Davies**
1.6.4	**Shaping a Healthier Future** Sir Anthony Newman-Taylor said that if, as a result of this review, the A & E

	Department at Charing Cross was to close and non-elective patients were no longer treated there, the current view of the College is that Imperial College Medical School would need to move to St Mary's. That would have significant implications for the buildings on the St Mary's site. Prof Dermot Kelleher confirmed that the College and the Trust would continue to work closely and constructively together.
1.6.5	**Application to host a Local Clinical Research Network (LCRN)** Mark Davies said that he had been pleased with the local support for the Trust which had, as a result, made the sole bid for North West London. The outcome was awaited
1.6.6	**Quarter 3 Financial Results** The Board noted that the Trust had achieved a surplus of £1.4m at the end of June, an adverse variance against the plan of £0.2m. This was based on a surplus in-month of £0.4m. There was underachievement against the Cost Improvement Programme (CIP). The financial results were discussed in detail under agenda item (4.2.1 below).
2	**Quality and Safety**
2.1	**Director of Nursing's Report** Janice Sigsworth presented her report which covered the following;
2.1.1	**Patient Stories: Hearing what patients and their families say about the care and treatment at the Trust**
	Janet Sigsworth presented a moving film about patient experience and putting oneself in another's shoes. She then introduced her report on Patient experience- setting our some of the key learning from complaints and setting out two patients' stories. Feedback, from whatever source, on patient experience should be applied systematically to help improve patient care and patient pathways. The Trust was applying the Cleveland Clinic principles of care and compassion. Andreas Raffel asked how the objective of applying care and compassion to patients could be translated into some form of Care performance indicators (PIs). Janice Sigsworth said that actions were being taken such as using noticeboards to promote and publicise the right approach and attitudes. Jayne Mee said that it was important to treat staff with the same care and compassion in order to provide good example. Mark Davies said that a case would be made to develop a properly funded programme over a number of years. A report would be brought to the 25 September Board meeting. **Action: Janice Sigsworth** The Board welcomed the update on patient experience.
2.1.2	**Mid Staffs NHT Foundation Trust Inquiry Action Plan**
	Janice Sigsworth presented the updated Action Plan which would be reviewed by the Quality Committee in the Autumn and subsequently further progress would be reported to the Board. Janice Sigsworth said that she would provide Board members with briefings on: • The Friends and Family test, when the government published the findings on 30 July. • The National Cancer Survey, due to be published in the second week of August. She reminded the Board that the Trust had been bottom in the previous year's survey and there had been insufficient time for

	major improvements to have been made. The Board noted the Trust's updated Mid Staffs inquiry Action Plan, **Action: Janice Sigsworth**
2.1.3	**Trust Equality Strategy 2013/15**
	The Board noted the update in the report and looked forward to receiving the proposed Equality Strategy at its meeting on 25 September.
2.2	**Medical Director's Report**
	Nick Cheshire presented the report.
2.2.1	**Patient Safety and Quality Report for Quarter 4 2012/13** The Board noted the report and progress in the using the weekly incident review panel review of incidents to develop learning across the Trust.
2.2.1	**Maternity Outlier Report**
	Nick Cheshire presented the report which included the CQC alert on high levels of elective caesarean sections and the Trust's response. The Board noted the actions which included a complete re-organisation of the birth options clinic at St Mary's and that progress would be monitored through the clinical departmental performance reviews.
2.2.2	**Mortality Rates**
	Nick Cheshire gave a slide presentation on findings of a study by Paul Aylin of imperial College and colleagues, on mortality rates by day of the week for elective day surgery. Data for 2010/11 to 2012/13 had been reviewed in the study. This appeared to show low rates for the Trust relative to other trusts. Sarika Patel said that this was an example of the use of primary research conducted by imperial College that could be applied to the Trust's clinical practice. There would be further analysis and review at the Quality Committee's inaugural meeting on 11 September. **Action: Nick Cheshire**
2.3	**Director of Education's Report**
2.3.1	**Updates on Results of GMC Trainees' National Survey 2013 and on the Trust's Doctors and Medical Students Education Action Plan**
2.3.2	Jeremy Levy reported on progress in the delivery of education and simulation training, though space was still at a premium. The results of the 2013 survey were significantly better than for 2012. A report on the survey results and the Trust's action plan were attached to the report. Dermot Kelleher said that it was important that the education and training polices of the Trust and the College continued to be aligned closely. Sir Richard Sykes noted that Jeremy Levy was moving on from his Director of Education role in the Trust and expressed the Board's thanks to him for his service. Nick Cheshire confirmed that the new Director of Education would report to the Medical Director. He would be reviewing the priorities of clinical staff to support education and the Trust's performance.
2.4	**Infection Prevention and Control Report**
2.3.1	Alison Holmes presented the report. There had been four cases of MRSA BSI bacteraemia lasting more than 48 hours in the quarter to 30 June. All of those patients had been receiving complex care with invasive procedures. There had been 29 cases of C.*Dificile,* as compared with the Trust's annual threshold of 65 for the year 2013/14.

2.3.2	Sir Richard Sykes expressed concern at four cases of MRSA in the quarter. Alison Holmes responded by highlighting the range of actions set out in the report to prevent such infections, including external review and a key focus on the insertion of vascular medical devices. Patients were being isolated, including all with diarrhoea. Steve McManus said that areas had been closed to admissions, with a daily compliance review.
2.3.3	Alison Holmes reported that the Trust had reached a shortlist of two trusts, in its MIHR application, The outcome was expected by December 2013.
2.3.4	The Board noted the report.
3	**Academic Health Science Centre (AHSC) Report**
3.1	**AHSC Director's Report**
3.1.1	Mark Davies presented the report. The Board noted that the new Department of Health process allowed for all applicants which met the criteria, to be designated. The Trust's Pre-Qualifying Questionnaires (PQQ) was submitted on 31 May 2013 and we had been notified that we are one of the eight short listed to the final stage. Dermot Kelleher said that there had been no surprises in the DH's responses to the PQQ. The College and the Trust were working extremely well in tandem; he and Mark Davies confirmed that a great deal of work went on to develop close working to achieve the potential of the Imperial AHSC and this excellent working relationship was noted by the Board. A full application is to be submitted by late September. Confirmation of selected AHSCs will be given by November/December. AHSC designation will commence April 2014 for 5 years.
3.1.2	The Board accepted the report.
4	**Performance**
4.1	**Performance Report – 2013/14 Quarter 3 Report**
4.1.1	Steve McManus presented the report.
4.1.2	The Board noted that: The Trust had sustained good performance in Quality Performance Indicators such as Mortality, Stroke Care and reporting no mixed sex accommodation breaches for the full year. The Trust also continued to deliver the Referral to Treatment standards and continues to meet the 95% target for VTE risk assessments. Each month in 2013/14 the Trust has met the Accident and Emergency four hour maximum waiting times standard. However, as reported above, there had been four cases of Trust-attributed MRSA BSI's (reported in May 2013) against a zero tolerance for 2013/14 and there were eight Trust attributed cases of *C.Difficile* reported in June 2013 against a threshold of five for the month. An action plan is in place to minimise further infections. The Trust also failed to meet the Cancer waiting times targets for 62 day first treatment standard, with 18 patients having delayed treatment and the 31 day first treatment target with 11 patients having delayed treatment. Work continued with the Cancer Management team to track patient pathways to ensure that patients receive treatment within the target time. In response to questions from Sir Richard Sykes and Rodney Eastwood about the failure to achieve two of the eight cancer targets, Mark Davies said

	that processes were still being found that needed fixing. The risks of moving from the CPGs to the new clinical departments were being managed. Steve McManus said that cancer pathways needed further improvemennt. The Urology pathway had recently been improved. Better cancer tracking systems were being developed to give earlier warnings and enable resources to be deployed sooner. . It was agreed that a report on cancer waiting times would be made to the Audit and Risk Committee at its meeting on 4 September 2013. **Action: Steve McManus** A report on the Emergency Departments (A & E) would be made in September in the light of the Select Committee's report, due for publication that day. The report would be to the Quality Committee or to the Audit and Risk Committee; to be determined between the two committee chairmen. **Action: Steve McManus/ Sir Gerald Acher, Sir Anthony Newman-Taylor**. Steve McManus said that work was under way to provide a new integrated performance report in consultation with the FT Programme Board and the Trust Board, aiming for the 27 November 2013 Trust Board meeting. **Action: Steve McManus**
4.2	**Finance Report**
4.2.1	**2013/14 Month 3 Report**
	Bill Shields presented the report. The Trust had achieved a surplus of £1.4m at the end of June, an adverse variance against the plan of £0.2m. This was based on a surplus in-month of £0.4m. CIPs were behind plan by £3.4m but were offset by over-performance in income on CCG contracts and use of the contingency fund. Over performance on income could not be expected to continue and therefore delivery of the CIPs was essential to achieve the financial plan for the year. Regular reports would be made to the Finance and Investment Committee, whose next meeting was due on 19 September. **Action: Bill Shields** Bill Shields confirmed that actions were being taken to remedy the non-realisation of a significant amount of first quarter CIPs. The main failure to deliver was in the Medical Division. The Medical Division was subject to a 'turnaround' process, with regular weekly review meetings with Bill Shields. Mark Davies confirmed that he met the divisional directors with Bill Shields. CIP delivery would be a standing item on the FIC agenda. Nick Cheshire confirmed that the CIPs were clinically led. The Quality Committee and Audit and Risk Committee would be monitoring the clinical risk assessments of the CIPs. **Action: Nick Cheshire and Janice Sigsworth** National automatic pensions enrolment had been identified as an additional cost pressure of c. £490k per annum. In response to a question from Sir Richard Sykes, Steve McManus advised that he was working with SERCO on centralised bookings and call management systems across the Trust with the aim of maintaining quality, improving efficiency and reducing costs. The Board noted the 2013/14 Month 3 Financial Report
4.3	**Director of People and Organisational Development's Report**
	Jayne Mee presented The report:
4.3.1	**Engagement** The Board noted that work was under way to develop and launch a "Pulse Survey" to enable flexible and regular staff feedback. A report would come to the Board on the annual national NHS Staff Survey at its meeting on 25 September. **Action: Jayne Mee**

4.3.2	**Talent Management and Succession Planning** The Remuneration and Appointments Committee had reviewed its terms of reference at its last meeting and had added Talent Management and Succession Planning to its role.
4.3.2	**Leadership and Executive Development**
	The Board noted progress on Leadership and Executive Team Development.
4.3.3	**Key Appointments**
	Jayne Mee welcomed Nicola Grinstead, appointed as Director of Operational Performance, reporting to Steve McManus, who was observing the meeting. She referred to recruitment to other key roles, which included: Director of Strategy; Director of Patient Experience, reporting to Janice Sigsworth; and the Director of Education.
4.4	**NHS Trust Development Agency Self-Certifications for April, May and June 2013**
4.4.1	The Board approved the Board Statements and Compliance Monitor NHS Trust Development Agency Self-Certifications for April, May and June 2013.
5	**Strategy**
5.1	**Integrated Business Plan and Foundation Trust Timetable**
5.1.1	Bill Shields drew Board members' attention to the update included in the Chief Executive's Report. Work was under way to integrate the developing Clinical Strategy with the Integrated Business Plan (IBP) and Long Term Forecast (LTFM). The second draft IBP, which would emphasise the essential Ward to Board approach, was now being developed for review by the FT Programme Board in September and the Trust Board in October, The FT Programme plan remained to achieve FT authorisation on 1 December 2014;
5.2	**Update on the Development of the Clinical Strategy**
5.1.1	Nick Cheshire said that he was working with clinicians within the new divisions to develop the Clinical Strategy for presentation to a Board meeting. Consultation was taking place with commissioners and with imperial college. He would provide an update on the Clinical Strategy for the 25 September meeting.
5.3	**Update on Communications Strategy**
	Mark Davies said that since receiving initial advice from consultants in January, a second phase of work, to review internal and external communications, was due to report to him at the end of August. In response to a question from Sarika Patel, Mark Davies said that relations with outside organisations had been strengthened and were rapidly improving, with regular meetings with commissioners and local authorities in particular.
5.4	**Risk Management Strategy**
5.4.1	Cheryl Plumridge presented the report and outlined the background to the review. Proposals had been discussed with and were recommended by the Audit and Risk Committee and were now coming to the Board for approval. The aim was to invigorate the Trust's approach to managing risk, by strengthening the Strategy, responsibilities and reporting. Processes would be simplified. There would be an increased focus on visual presentation. The Audit and Risk Committee had raised some matters at its meeting on 22 July

	which would be incorporated. Once approved, the Strategy would be promulgated, communicated and reporting through to the Trust Board improved. A senior risk manager would be appointed.
5.4.2	Sir Gerald Acher said that he recommended approval of the revised Risk Management Strategy, subject to the changes identified by the Audit and Risk Committee, and the Board gave its approval on this basis. **Action: Cheryl Plumridge**
5.5	**Review of Board and Committee Structure**

5.5.1	Cheryl Plumridge presented the report. She outlined the background to the review. Proposals had been discussed at a Board Away Day and were now presented to the Board for approval. The rationale was to develop a robust governance framework and make most effective use of the Board member time in Board committees. The report set out the existing and the proposed new structure for approval by the Board. The Board:
	• Approved the new structure for committees;
	• approved the committee memberships set out in the report
	• approved the Template Terms of Reference and the recommendations I; ii; iii and v; and amended iv- the requirement to attend meetings, from 75% to two thirds, as this more closely matched the numbers of committee meetings discussed by the Finance and Investment Committee.
	• noted the specific terms of reference and approved those for the Finance and Investment Committee and awaited the other committees' discussions as follows:
	  o Audit, Risk & Governance would be further reviewed at its meeting on 11 September.
	  o Quality would be reviewed at its inaugural meeting on 11 September.
	  o Foundation Trust Programme Board would be further reviewed at its meeting on 29 August.
	  o Remuneration and Appointment Committee had considered theirs but won't formally approve (or recommend them) in the template format, until their next meeting, later this year.
	• Approved the Programme of Board and Committee Meetings, noting how they feed into one another. Further work may be needed on this as the FT application progresses and the Trust may need to have more Board meetings.
	• Noted that work was continuing on Improving Board Packs – on-going work.
	• Agreed to review the committee terms of reference in about six months' time.
	
	Action: Cheryl Plumridge/Stephen Guile

6	**Papers for Information**
6.1	**Report of the Audit and Risk Committee meetings: 5 June and 22 July 2013**
	Sir Gerald Acher advised that the Trust had received a 'clean' Audit Opinion from Deloitte, had reviewed the Cerner arrangements and was due to further review patient transport at its 4 September meeting.
6.2	**Report of the Finance and Investment Committee meeting: 20 June 2013**
	Sarika Patel reported that the Committee had held its first meeting as the Finance and Investment Committee meeting, under her chairmanship, on 20 June. Amongst other matters the Committee had discussed and confirmed its new terns of reference. The Committee had discussed the letter dated 16

	May 2013 from the TDA which had included the following three conditions attaching to the TDA's approval of the Trust's 2013/14 Operating Plan: 1. The Trust having signed 2013/14 contracts with all its commissioners that materially agree to the income figures and confirmation of all material non-recurrent income streams included in the plan. 2. The Trust having identified and signed off at a Board meeting, recurrent CIP schemes with a full year effect of at least £49.255m; and having identified mitigating non-recurrent actions to ensure it delivers the total 2013/14 CIP value in year. All schemes having signed off quality impact assessments that demonstrate any associated risks to patient safety are appropriately mitigated. Both conditions 1 and 2 above required an appropriate Board minute as confirmation by 30 June 2013. 3. The Trust submitting accurate and consistent responses to the TDA's capital and cash questions and making a final financial plan submission if requested. The Committee had decided that the undertakings required above could be given and recommended that the Board noted, resolved and minuted its confirmation and approval. The Board approved its confirmation as required above.
6.3	**Report of the FT programme board meeting on 20 June 2013**
	Sir Thomas Legg confirmed that an update on the Trust's FT programme had been set out in the Chief Executive's report and in the oral update given earlier in the meeting on the Development of the IBP and on the FT Timetable.
6.4	**Annual Report of the Remuneration Committee**
	Jeremy Isaacs presented the Annual Report of the Remuneration Committee.
8	**Any other business**
	Royal Birth The Board noted the birth of the son of the Duke and Duchess of Cambridge in the Lindo Wing, St Mary's Hospital and wished to record congratulations to their Royal Highnesses and their thanks to all staff involved.
7	**Questions from the Public:**
	There were no questions from the public present.
9	**Date and time of next meeting:**
	Trust Board Meeting in Public: Wednesday 25 September 2013, The new Boardroom, Charing Cross hospital, London W. **AGM:** 6 pm Wednesday 25 September 2013, Imperial College, London SW
10	**Exclusion of the Press and the Public**
	The Board resolved that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act I960

ACTIONS FROM TRUST BOARD MEETING IN PUBLIC
24 July 2013

Minute Number	Action	Responsible	Completion Date	Sept 2013 update
1.6.3	**Appointments** Outside responsibilities of Executive Board members would be reviewed by the Board. A report will be made to the next meeting: **Action: Mark Davies**	Mark Davies	25 Sept 2013 Board	A schedule of Executive Board Member non-NHS outside appointments is attached to this Action Report for noting by the Board
2.1.1	**Improving Patient Experience** A report on the development of a patient experience programme for staff would be brought to the Board .	Janice Sigsworth	25 Sept 2013 Board	See Director of Nursing's Report on 25 September Board agenda
2.1.2	**Mid Staffs NHT Foundation Trust Inquiry Action Plan** The Board noted the Trust's updated Mid Staffs inquiry Action Plan	Janice Sigsworth	25 Sept 2013 Board	Oral update to be given at the meeting
2.2.2	**Mortality Rates** Further analysis on Mortality Rates would be taken to the 11 September 2013 Quality Committee.	Nick Cheshire	Update to 25 Setp 2013 Board	This was reviewed by the Quality Committee on 11 September 2013
4.2.1	**Finance Report** **2013/14 Month 3 Report** The Quality Committee and Audit and Risk Committee would be monitoring the clinical risk assessments of the CIPs.	Nick Cheshire and Janice Sigsworth	Update to 25 Sept 2013 Board	To be reported to the Quality Committee

4.1.2	**Performance Report – 2013/14 Quarter 3 Report** A report on cancer waiting times would be made to the next Audit and Risk Committee	Steve McManus	Update to 25 Sept 2013 Board	A report on Cancer waiting times was made to the Audit Risk and Governance Committee at its meeting on the 4 Sept 2013
4.1.2	**Performance Report – 2013/14 Quarter 3 Report** Emergency Departments (A & E) report would be made in September. The report would be to the Quality Committee or to the Audit and Risk Committee; to be determined between the two committee chairmen.	Steve McManus/ Sir Gerald Acher, Sir Anthony Newman-Taylor.	Update to 25 Sept 2013 Board	An oral update was given to the 11 September Quality Committee meeting, with a further report to be made to the 8 October meeting.
4.1.2	**Performance Report – 2013/14 Quarter 3 Report** The new integrated performance report – aiming to be delivered to the 27 Nov Board.	Steve McManus	27 Nov 2013 Board	Work is continuing on this revised report, for the 27 November Trust Board meeting.
4.3.1	**Engagement** NHS Staff Survey report to Sept 2013 Board	Jayne Mee	25 Sept 2013 Board	An update is on 25 Sept 2013 Trust Board agenda
5.4.2	Sir Gerald Acher said that he recommended approval of the revised Risk Management Strategy, subject to the changes identified by the Audit and Risk Committee, and the Board gave its approval on this basis	Cheryl Plumridge	25 Sept 2013 Board	Item on 25 Sept 2013 Trust Board agenda
5.5.1	**Board Committee Structure** The board approved the Board Committee Structure proposals	Cheryl Plumridge		The Committees are working through their terms of reference and these will then be brought back to the Board for formal approval; this is proposed to be at the 27 November 2013 Trust Board meeting.

Imperial College Healthcare NHS
NHS Trust

Report Title: Matters Arising: Executive Board Members' Outside Interests

To be presented by: Mark Davies, Chief Executive

Executive Summary:
At its meeting on 24 July 2013, the Board decided that all outside responsibilities (I.e. external to the NHS) of Executive Board members would be reviewed for noting by the Board. These are listed below.

Action: For noting

Executive Board Members' Outside interests – September 2013

Mr Mark Davies Chief Executive

- Member of the Royal Geographical Society

Professor Janice Sigsworth Director of Nursing

- Honorary professional appointments at King's College London, Bucks New University and Middlesex University
- Trustee of the Foundation of Nursing Studies

Mr Bill Shields Chief Financial Officer

- Honorary Colonel, 243 (Wessex) TA Field Hospital
- Elected member of CIPFA Council
- Chairman, CIPFA Audit Committee
- Board member, NHS Shared Business Services

Mr Steve McManus Chief Operating

- Chair of Governors – Tackley Primary School
- Chair – National Neurosciences Managers Forum

Professor Nick Cheshire Medical Director

- Hansen Medical: Scientific advisory board Member (Endovascular Robotics programme)
- Hansen Medical: Dept level research support.
- McKinsey Company. Member of Medical Directors Advisory Group
- Medtronic Inc: Scientific Advisory Board Member (Branch AAA stent programme), Institution level grant support. .
- Veryan Medical (IC spin out) Shareholder (0.5%)
- Cook (UK) Speakers Bureau
- Member, Organising Committee of the Multidisciplinary European Endovascular Therapies Conference (MEET) Rome, Italy
- Member, Scientific Advisory Committee of the Controversies and Updates in Vascular Surgery (CACVS) conference Paris France
- Organiser & speaker, Medtronic University course
- Gore Company - Consulting agreement for advanced endovascular therapies

Imperial College Healthcare NHS
NHS Trust

Chief Executive's Report

25 September 2013

1 CHIEF EXECUTIVE SIX MONTHLY REVIEW

1.1 Last six months

In the context of operational management the trust has come a long way in a very short period of time. It has moved from a £8.4m deficit in 2011/12 to a £9m surplus in 2012/13 and a forecast surplus of £15m in the current financial year. This is a rapid financial recovery and the trust has had a similar recovery from significant waiting list difficulties. From achieving just 2 out of 8 cancer waiting list targets this time last year we are now achieving 7 out of 8 targets. On both these matters we know the recovery is not yet complete. There is no room for complacency but the trust is in a significantly better position now than it was before. Our trajectory is a positive one which must be maintained.

In relation to people and structures a new top team has been recruited over the last 18 months. The team is working well together and a formal top team development programme has begun. This will cement and develop these personal and professional relationships. The new divisional structure became operational on 15 July 2013. It is tighter and more professional than its predecessor and will deliver what is required. The senior leaders in the divisions have been appointed and are a blend of talented new blood combined with the best leaders appointed from within. A key feature of the trust is the prominence of clinical leaders. This marks us out from other trusts. To help develop the new teams a suite of leadership programmes has been developed [referred to more extensively elsewhere in the papers today]. The flagship, ground breaking programme is the brand new certificate in medical leadership designed and delivered with Imperial College Business School. The programme is sponsored by the CEO and Medical Director which signifies the importance of developing clinical leaders at Imperial.

The clinical strategy has developed positively and at pace during this year as has the relationship with commissioners. The next iteration of the clinical strategy will be discussed at the trust board seminar in October. Key features of this last period include the detailed engagement of the divisional teams and the enthusiasm for the narrative which has been created by the close involvement of the CCGs. This bodes well for our on-going work with commissioners and others on the next phase of Shaping a Healthier Future (SaHF). The Trust is on course to deliver the four options of the outline business case in early 2014. A final feature worth noting at this stage is that in relation to SaHF and other strategic questions, the trust and its commissioners are responding to queries from media, MP and others with one joint voice. This was exemplified by the joint presentation given to the Hammersmith and Fulham OSC by the CEO and team with colleagues from the CCGs.

Finally, over the last 6 months, the AHSC has continued to prosper and it is thought that relationships between Imperial College and the Trust have never been in better shape. This bodes well for the AHSC reapplication. In addition, relationships with other provider organisations are improving rapidly exemplified inter alia by the support received by the trust in its recent successful bid to host the Local Clinical Research Network (LCRN) for North West London.

1.2 The next six months and beyond

It is clear that we have developed a strong momentum over the last six months despite operating in one of the most challenging financial environments the NHS has seen for some time and despite the inevitable distraction associated with system wide reform. We must maintain this momentum. We cannot allow progress to slow up.

Operationally, as we head into winter, we will ensure that our winter planning and emergency contingency plans are fit for purpose. We must also concentrate on getting the CIP back on track and concentrate on future financial plans which are crucial to the FT application as well as the future success of the organisation. We will do this by using the more nimble, responsive structures now in place and by relying on our very good people who understand the challenge ahead and are determined to make improvements in all we do. This will be backed by our high quality performance management arrangements that are now in place.

We are studying and analyzing the reports on safety and quality by Keogh, Berwick and others and planning the incorporation of key principles and actions into the daily working of the trust to build on its reputation as one of the safest group of hospitals in England.

In the new calendar year (2014) we will plan the next phases and the execution of SaHF, subject to the Secretary of State's ruling on the Independent Reconfiguration Panel (IRP) verdict. We will also look to offer system leadership on the delivery of healthcare standards and in innovation of clinical practice and management. The innovation of today is the mainstream of tomorrow and AHSCs have a responsibility to develop thinking in all areas of healthcare provision, management and leadership.

Much of what is contained in this short resume is developed in more detail elsewhere in the papers today

2 TRUST BUSINESS

2.1 Clinical

2.1.1 HELIX Centre

Imperial College London (ICL) and the Royal College of Arts (RCA) will be launching the joint HELIX centre in the autumn which will bring together designers with NHS staff to develop design solutions to everyday problems on wards and beyond. The HEFCE funded HELIX Centre combines the user-centred design expertise of the RCA and the clinical, engineering and scientific know-how of ICL to develop solutions to everyday problems faced by patients and staff that can transform healthcare.

It is being proposed that the designers are embedded within St Mary's Hospital so that they can develop innovations from the ground up and create a "pop up" design lab on the estate (potentially outside the Patterson building) to coincide with the launch of the centre.
The 'pop up' will be a hub for designers to interact with patients and clinical staff to design solutions to everyday problems on the wards and beyond. This initiative is being championed by Professor the Lord Ara Darzi of Denham and is an opportunity for the Trust to demonstrate its commitment to patient led design and innovation.

2.1.2 Care Quality Commission (CQC) children's inspection reviews

The CQC is beginning a programme of reviews of health services focusing on child safeguarding arrangements and services to promote the health and wellbeing of looked after children. The planned multi-agency inspections of services for looked after children were deferred by Ofsted in April this year but the CQC remain committed to multi-agency inspections in the future and will begin inspections again in April 2015. In the interim period, the CQC will carry out reviews of how health services keep children safe and promote the health and well-being of looked after children. The reviews will explore the effectiveness of health services for looked after children and care leavers and the effectiveness of safeguarding arrangements – areas within the health services that are at greatest risk will be inspected.

Lead Director – Professor Janice Sigsworth, Director of Nursing

2.1.3 Liverpool care pathway

A letter was issued by Norman Lamb MP, Minister of State for Care and Support, in July 2013 following an independent review of the Liverpool Care Pathway (LCP). The review report raises serious concerns on potential implications for the current quality of patient care. The letter asks that the boards of all acute NHS Trusts put into effect a number of actions immediately. In response to the letter, the Trust has suspended the use of the LCP from August 2013; Ten patients identified on the LCP were reviewed clinically by Dr Katie Urch (which concluded that they were being receiving appropriate care) and the Trust has confirmed that patients receiving end of life treatment remain under the care of their named treating consultant with overall supervision by Dr Katie Urch.

Lead Director – Professor Janice Sigsworth, Director of Nursing

2.1.4 Update on Friends and Family Test (FFT)

On 25 May 2012 the Prime Minister announced the introduction of the Friends and Family Test (FFT) with the aim of improving patient care and highlighting best performing hospitals in England. Between April and July 2013, the Trust collected over 3,500 responses for Inpatients and over 7,000 responses for A&E. The Trust's average score for this time period was 70 for inpatients and 50 for A&E. The average response rates were 24.8% for inpatients and 18.2% for A&E. It's important to note that the Trust's A&E response rates are significantly above the national average. National data for April, May and June 2013 was published on 30th July 2013 and is available on the NHS England website. The Trust has published its own results both internally on the Source and externally on its website.

Lead Director – Professor Janice Sigsworth, Director of Nursing

2.1.5 CQC mental health visit

A planned CQC Mental Health Act 1983 monitoring visit took place at the St. Mary's site 4th July. A full report has been received and the Trust has submitted a statement outlining how it will address the recommendations from the report. The report concluded that St Mary's seems well resourced to provide a service to patients with mental health needs and has a robust infrastructure to provide care and treatment under the Mental Health Act. There was a concern noted over use of section 5(2) to hold patients that have been admitted to wards for physical healthcare but this has now been addressed as part of the recommendations.

2.1.6 Quality strategy (QG15)

The Quality Strategy (QG15) is in the final stages of development with a launch date scheduled for October 2013. The strategy has been developed in the context of the publication of the second Francis report in February 2013, the Keogh reviews and is based on the six improvement principles proposed by Donald Berwick in his recent report:

1. Safety
2. Efficacy

3. Patient centeredness
4. Efficiency
5. Timeliness
6. Equity

Performance will be reported to the Management Board and the new Quality Committee to provide the Trust Board with assurance. We are currently working on the governance structure required to embed each improvement principle and the number, type and frequency of reports which will be taken under each heading to monitor the delivery of quality and safety. The intention is for divisional quality boards to also use the same principles within their internal structures, providing a uniform way for all staff to think about quality. We are working with Dr Foster to refine the use of available benchmarking data to agree assurance measurement from board to ward. We are also reviewing the quality data included in the Trust scorecard with the performance team.

Lead Director – Professor Nick Cheshire, Medical Director

2.2 People and Organisational Development

2.2.1 Director of Public Health appointed

Dr Chris Harrison has been appointed director of public health as well as deputy medical director for Imperial Healthcare NHS Trust. Chris joined the Trust in March this year as deputy medical director with an outstanding track record in driving the quality of clinical care and public health, as well as delivering world class cancer services as medical director of The Christie Cancer Centre in Manchester. The new appointment as director of public health builds on Chris's vast experience in both the public health arena and in forging and developing relationships with key external stakeholders and local communities. It also reflects the Trust's commitment to public health as articulated in the Health and Social Care Act and the Public Health White Paper, Healthy Lives, Healthy People.

2.2.2 Interim Director of Communications

John Underwood joined the Trust as interim director of communications at the end of August. John brings a wealth of experience from both the public and private sectors. John is currently the part-time director of the Centre for Health Communications Research at Buckinghamshire New University, and a director of Freshwater UK plc. one of Britain's largest regionally-based communications consultancies.

Over the past 15 years John's work has focused principally on communication and reputation management with a strong emphasis on the public sector and in particular the communication of complex issues in the fields of health and social care. He has worked as an adviser to many NHS organisations on a wide range of health communication issues. Previously, John was a TV reporter and presenter for the BBC, ITV and Channel 4, where he covered a wide range of national and international news. John will play a key role in appointing a substantive director of communications.

2.2.3 Director of strategy appointed

Ian Garlington has been appointed as the director of strategy and will join the Trust in October. Ian has 20 years' experience of driving change and improving quality within NHS trusts and other high profile healthcare organisations, most recently at Buckinghamshire Healthcare NHS Trust, where he played a key role creating the environment for the creation of a hyper acute stroke unit and developing improved services in A&E and endoscopy. This experience will prove valuable to the development of the Trust's strategy as we continue to work to improve the delivery of our clinical services whilst moving towards Foundation Trust status and achieving re-accreditation as an academic health science centre.

2.2.4 Appointment of Chair Florence Nightingale Foundation

Professor Christine Norton has been appointed as a Florence Nightingale foundation chair in clinical nursing practice research at King's College London. The chair position is part of a pioneering partnership between three leading organisations committed to supporting the development of nurses and midwives: The Florence Nightingale School of Nursing and Midwifery at King's College London, the Florence Nightingale Foundation and Imperial College Healthcare NHS Trust. As the Chair, Professor Norton will work across the three organisations to create a collaborative programme of research that advances clinical practice and patient care improvement within nursing.

2.2.5 Clinical senate council members

Imperial College Healthcare NHS Trust now has three members on the clinical senate council (London). Professor Jacqueline Dunkley-Bent and Mr Jonathan Ramsay now join Dr Chris Harrison along with Adrian Bull from Imperial College Healthcare Partners to strengthen our presence and influence to support on-going improvement of quality and outcomes in London.

2.2.6 People and organisation development strategy

As part of the People and Organisational Development strategy, a suite of leadership development programmes have been designed to create inspirational leadership at all levels of the organisation. The aim of these programmes will be to inspire our people to drive exceptional performance and lead us towards achieving foundation trust status. All programmes will have executive sponsorship and start in the autumn, beginning with the certificate in medical leadership. The programmes include:

- Certificate in medical leadership – Inspirational Leadership (in partnership with Imperial College Business School)
- Horizons – Strategic Leadership
- Aspire – The Leadership Way
- Headstart – Management in Leadership
- Foundations – Introduction to Management

A coaching and mentoring network is in the process of being developed to support our people with development interventions and development moves for future roles. We will also begin to run a coaching programme so that we can build a network of coaches to the support the programmes internally and potentially externally in the future.

3 PERFORMANCE

3.1 Month 5 Performance Summary

The Trust has sustained good performance in Quality Performance Indicators such as, Mortality, Stroke Care and reporting no mixed sex accommodation breaches. The Trust also continued to deliver the Referral to Treatment standards and continues to meet the 95% target for VTE risk assessments. Each month in 2013/14 the Trust has continued to meet the Accident and Emergency 4 hour maximum waiting times standard.

However, there have been four cases of recognised Trust attributed MRSA BSI's year to date against a zero tolerance for 2013/14. An action plan is in place to minimise further infections.

The Trust also failed to meet the Cancer waiting times targets for 62 day first treatment standard with 22 patients having delayed The Trust is now meeting 7 out of the 8 cancer standards and work continues with the Cancer Management team to track patient pathways to ensure that patients receive treatment within the target time.

Lead Director – Steve McManus, Chief Operating Officer

4 FINANCE

4.1 Month 5 Finance Summary

The Trust has achieved a year to date surplus of £4.2m at the end of August (after adjusting for impairments and donated assets), an adverse variance against the plan of £1.0m. This is based on a surplus in month of £1.2m, which was a favourable variance of £0.5m. CIPs are now significantly behind plan by £4.8m. This has partially been offset by over-performance income on CCG contracts and utilisation of the contingency fund. It should not be expected that the over-performance on income will continue and therefore marked improved delivery of the CIPs is required in order to achieve the financial plan for the year.

If the current trajectory continues then the Trust will not achieve the required plan and this will seriously impact upon the Foundation Trust timeline. It is therefore imperative that all areas ensure CIP plans are back on track and that any discretionary expenditure or new projects are stopped until it is confirmed that the financial position is stabilised.

Lead Director – Bill Shields, Chief Financial Officer

5 FOUNDATION TRUST APPLICATION

5.1 Foundation Trust (FT) Application Update

Since the last update to the Trust Board in July, the following key milestones have been achieved:

- The programme budget has been agreed by the Foundation Trust Programme Board (FTPB) and Investment Committee;
- There have been a number of revisions to the Long Term Financial Model (LTFM);
- Progress has been made with the development of divisional clinical strategies and the Shaping a Healthier Future (SaHF) business case;
- Plans are now in place to refresh the Membership Strategy;
- There has been continued development of the Integrated Business Plan (IBP) to address known gaps and address TDA feedback;
- The BGAF and QGF self-assessments have commenced;
- External support (Red Clover) has been identified to support the development of the framework for Cost Improvement Plans (CIPs);
- The configuration of the Council of Governors has been agreed by the Foundation Trust Programme Board, to be recommended to Trust Board for approval.

Priorities for the next two months are:

- Complete v0.5 of IBP by September for committee reviews;
- FT Programme budget to be presented to the Finance & Investment Committee (19th
- September);
- Continued focus on CIP plans and their delivery, the outcome of which will inform the timing of
- HDD1 commencement;
- Agree timing of HDD1;
- Further develop enabling strategies and delivery plans;
- Agree scope of Board Development programme;
- Conduct self-scoring of Quality Governance Framework (QGF) and Board Governance
- Assurance Framework (BGAF);
- First draft of Membership strategy;
- Second draft of LTFM to include sensitivity update & modeling;
- Present Quality Strategy (QG15) to Quality Committee (11/09/2013);
- Executive team to review emerging Clinical Strategies early October;
- Seminar session of the trust board to review Clinical Strategy and Trust Vision and Objectives, following Executive review/input;

- Further Constitutional recommendations to go to FTPB.

Lead Director – Bill Shields, Chief Financial Officer

6. NWL BUSINESS

6.1 “Shaping a Healthier Future” Programme Initiation Document (PID)

Following the decision of the Joint Committee of PCTs (JCPCT) in North West London to approve a decision making business case for the reconfiguration of acute services in North West London, the *Shaping a Healthier Future (SaHF)* implementation programme produced a programme initiation document (PID) which was approved by the Implementation Board in June 2013. The implementation of the PID began in February 2013. Significant provider transformation and enabling projects will be required to successfully support those changes.

This stage of the programme represents a fundamental shift for providers in NW London. Where previously they have contributed to the development of the strategy they are now responsible for actively planning and delivering change. ICHT is involved in a number of work streams and is working closely with other providers and CCGs.

Lead Director – Bill Shields, Chief Financial Officer

7. RESEARCH

7.1 Application to host London (NW) Local Clinical Research Network

Following a selection panel over the summer, ICHT have been formally notified that it has been successful in applying to host the North West London (NWL) Local Clinical Research Network (LCRN) from 1 April 2014. The Trust will receive approximately £15m per annum for disbursement among NHS providers in the region, to grow the national research study portfolio, increase the number of patients recruited into studies, improve study set-up times and delivery, and increase commercial investment. The Trust will hold a 5-year contract with the Department of Health to deliver the LCRN. There are opportunities to align the funding with existing research programmes and centres (e.g. BRC) within the Imperial AHSC. We are working closely with the local transition lead to implement the new LCRN. Transition funding is available for senior LCRN posts from January 2014 and for HR support between September 2013 and March 2014.

Lead Director – Professor Jonathan Weber, Director of Research

7.2 NIHR Performance Metrics for Initiating and Delivering Clinical Research

The Trust continues to make steady improvement in terms of the time taken to approve clinical research studies, to recruit the first patient to studies, and to deliver commercial studies to time and target. Progress has been made in several areas, including:

a. Additional resource made available from CRLN funding to support the ‘feasibility assessment’ function within Divisions
b. The DOCUMAS clinical trials database will be fully launched to investigators and study teams in Q2, containing all studies, accruals data, alerting functionality, and reporting capabilities
c. Process maps have been developed which demonstrate the new workflows, and which will act as an online aide memoire for investigators
d. Workshop sessions have been planned for each campus on 23, 24 and 25 September to demonstrate DOCUMAS and explain performance requirements to clinical study teams
e. A joint communication from the Trust CEO and Dean of the Faculty of Medicine will emphasise the importance of achieving these NIHR benchmarks and the need to engage in regular reporting of activity

For the latest report to NIHR (Q1 2013/14), the Trust's performance is summarised as follows:

a. 115 interventional studies were submitted
b. 29 studies met the 70-day benchmark (25%; sector average = 23%)
c. Days between receipt of Valid Research Application and First Patient Recruited:
    a. Mean = 114 days (range 5-669)
    b. Median = 77 days
    c. 75th percentile = 139 days; 90th percentile = 227 days
d. Stage 1 (VRA to R&D approval): median = 21.0 days
e. Stage 2 (R&D approval to First Patient Recruited): median = 46.0 days
f. Reported 110 commercial trials, 35 of which met their target (47 trials still open)

Lead Director – Professor Jonathan Weber, Director of Research

7.3 NIHR Imperial Biomedical Research Centre (BRC)

BRC Themes are currently implementing their agreed work plans, supporting more than 120 individual projects. Meetings are scheduled every quarter with Theme Leaders to monitor expenditure. Weekly meetings take place between the BRC Office and the Trust's R&D Project Accountant to address any issues and plan forward. A light-touch review of BRC Theme progress will take place in March 2014.

The pan-BRC National Health Informatics Collaborative (NHIC) programme is progressing in a number of specific disease areas.

The trust received positive feedback on the BRC annual report recently from NIHR: "…*many research highlights within the BRC research themes during the 202/13 financial year…good examples of effective translation*". The Imperial Confidence in Concept scheme was particularly welcomed, as was the launch of both the MRC-NIHR Phenome Centre and the Imperial Clinical Phenotyping Centre. One area of immediate development will be Patient and Public Involvement (PPI) within the BRC and the Patient Experience Research Centre, linking in with other PPI activities in the CLAHRC and AHSN.

The BRC website will undergo a content 'refresh' over the coming weeks. There may be scope for additional functional developments to ensure a more dynamic 'look and feel', automated news feeds, and – in due course – linking in to the clinical studies database to increase public and patient engagement.

Lead Director – Professor Jonathan Weber, Director of Research

8. COMMUNICATIONS UPDATE

8.1 Strategic communications

We have now received the final report on Strategic Communications and Stakeholder Engagement that the trust commissioned from College Group. This follows an earlier piece of research the same consultants conducted for us on stakeholder perceptions.

This second report contains a number of important recommendations. These include:

- The broadening of the Trust's communications function to build upon the work the trust is already undertaking in the field of stakeholder engagement
- The development of an "always on" stakeholder engagement programme
- The adoption of professional customer relationship management systems
- The development of a comprehensive Trust narrative in compelling, plain English
- The development of a new branding strategy that builds on the Imperial heritage

The Trust's Interim Director of Communications is preparing a detailed action plan designed to ensure the rapid implementation of these recommendations.

The College Group report also recommends the recruitment of a senior Director of Communications and External Relations which, following the departure of our last Director of Communications, is now in hand and out to advertisement. The Trust has already had a number of expressions of interest from senior health service communicators and I am confident we will be able to make a very good appointment by the beginning of November.

8.2 Patient experience media coverage

The recent analysis by Macmillan Cancer Support of cancer patients' experience ranked nine London Trusts (including Imperial) in the bottom ten in the country for patient experience. In previous years this regular survey has generated considerable negative publicity for the Trust not least because journalists have found it difficult to distinguish between "patient experience" and "clinical outcomes". This year there was very little negative media coverage in part because we succeeded in helping journalists to understand that while patient experience at Imperial needs considerable improvement we do have some of the best survival rates in the country for patients with cancer.

This improved public understanding is to be welcomed but it should not be a substitute for increased efforts to improve further our patients' experience. We are on an improving trajectory but we still have much to do in this respect and it remains vital that patients have a good experience in our hospitals.

Lead Director – John Underwood, Interim Director of Communications

9. PARTNER ENGAGEMENT ACTIVITIES

Our engagement programme has continued as we seek to actively build our external relations with key partners. Across the Trust's leadership team we are working with our partners in an open and constructive way which ultimately benefits the patients we care for.

Since the Trust Board's July meeting, I and other Trust directors have been involved in meetings with several councillors, MPs and senior local authority officials representing the residents of Ealing, Kensington & Chelsea, Hammersmith & Fulham, Westminster and the Greater London region through the Mayor of London's office.

A significant meeting in September was the Hammersmith & Fulham Council's health scrutiny committee where I talked about our emerging clinical strategy and development of the draft Integrated Business Plan. I was pleased to be able to present this item jointly with the chair of the Hammersmith & Fulham clinical commissioning group and show how we are working together in this and other areas.

The feedback I get from these engagements is overwhelmingly positive which is an indication that we are increasingly regarded as an organisation which engages, listens to and values the contribution of others.

Lead Director – Mark Davies, Chief Executive

10. IMPERIAL COLLEGE HEALTHCARE CHARITY BUSINESS

10.1 Grants

The general grants round for one-year projects costing between £10,000 and £100,000 is now open to trust staff and local health organisations. In exceptional cases the charity will be accepting applications costing up to £150,000 that can show that a longer time frame will deliver a better

evaluation. The charity has around £1m available for projects that will have a direct impact on patient experience and focus on the themes of either integrated care or long term conditions. The deadline is 27 September 2013. Last year, nine projects totaling £600,000 were funded by the charity.

10.2 Communications

The charity worked closely with the trust communications team on press material surrounding the birth of Prince George and the Royal Palace's support for the charity, resulting in an increase in interest from the national media about the charity.

The charity's new website is now set to launch in October 2013. A charity newsletter has been created and will soon be available to patients and trust staff in outpatient departments at Hammersmith, St Mary's and Charing Cross hospitals.

The charity has been working closely with the major trauma team to film a video about the major trauma centre at St Mary's Hospital which will raise its profile showing work from the emergency department through to rehabilitation services, as well as raise funds for equipment and research.

10.3 Fundraising

The charity will be presenting its work and, in particular, its fundraising strategy at the public trust board meeting on 25 September. This is the first time that the charity has been given this opportunity. The aim is to discuss how best the charity and Trust can work together to meet Trust challenges and deliver significant fundraising targets.

The fundraising team is currently focused on how to engage with patients and staff as donors and the launch of both a Christmas appeal and an appeal for major trauma.

10.4 Art

Internationally acclaimed artist Bridget Riley has started work on installing a new set of murals on the tenth floor of the QEQM building to complement her work on the eighth and ninth floors. Other artists whose work has been recently installed across the trust include Anni Albers in 6 North at Charing Cross, Ian McKeever in the breast care waiting room at Charing Cross and David Nash in the nuclear medicine waiting room at St Mary's Hospital.

Report Title: Director of Nursing's Report

To be presented by: Janice Sigsworth, Director of Nursing

Executive Summary:
The attached paper is a consolidated report covering the following areas:
- Quality and Safety
- External visits and CQC activity
- Patient Experience
    - Patient experience work plan 2013/14
    - Cancer patient experience survey results
    - Hearing what patients and their families say about the care and treatment at Imperial College Healthcare NHS Trust

Key Issues for discussion: N/A
Please refer to the attached paper which summarises the key issues for discussion and the actions required.

Legal Implications or Review Needed
a. Yes ☐
b. No √

Details of Legal Review, if needed
N/A

Link to the Trust's Key Objectives:
1. Provide the highest quality of healthcare to the communities we serve improving patient safety and satisfaction
4. Attract and retain high caliber workforce, offering excellence in education and professional development
5. Achieve outstanding results in all our activities.

Assurance or management of risks associated with meeting key objective:

Purpose of Report
a. For Decision
b. For information/noting ☒

Imperial College Healthcare NHS
NHS Trust

1. QUALITY AND SAFETY

1.1. Liverpool Care Pathway

A letter was issued by Norman Lamb MP, Minister of State for Care and Support, in July 2013 following an independent review of the Liverpool Care Pathway (LCP). The review report raises serious concerns on potential implications for the current quality of patient care. The letter asks that the boards of all acute NHS Trusts put into effect the following actions immediately:

- Undertake a clinical review, led by a senior clinician, of each patient who is currently being cared for using the LCP or a similar pathway for the final days and hours of life, to ensure that the care they are receiving is appropriate and that the patient, where possible, and their family is involved in decisions about end of life care; and

- Assure themselves that a senior clinician is assigned as the responsible clinician to be accountable for the care of every patient in the dying phase, now and in the future.

- Appoint a Board member with the responsibility for overseeing any complaints about end of life care and for reviewing how end of life care is provided

In response to the letter, the Trust has undertaken the following:

- Suspended the use of the LCP from August

- Ten patients identified as being on the LCP were reviewed clinically by Dr Katie Urch, Consultant in Palliative Medicine in August 2013. It was concluded that they were receiving appropriate care and that the patients and families were involved in decisions about end of life.

- Confirmed that patients receiving end of life care remain under the care of their named treating consultant with overall supervision by Dr Katie Urch.

- The Director of Nursing has been nominated as the responsible Board member

ACTION REQUIRED: **The Board is asked to note the actions undertaken**

1.2. Eliminating Mixed Sex Accommodation

NHS England and the Trust Development Authority (TDA) wrote to trusts on 29th August 2013 confirming the updated reporting arrangements for Mixed Sex Accommodation breaches. This is in response to them identifying variations in the reporting arrangements for London's trusts particularly for those patients who need highly specialised care, such as that delivered in critical care units. All Trusts are required to follow the guidance set out in the 'eliminating mixed sex accommodation national guidance letter 2010', from 1st September 2013.

The Trust is compliant with the requirements and has a comprehensive policy in place regarding eliminating MSA which was ratified in April 2013. The policy clearly defines the guidance for critical care patients and is based on the 2010 national guidance letter.

ACTION REQUIRED: **The Board is asked to note the information.**

1.3. Safeguarding children and young people annual report 2012/13

In March 2013 the Trust published its Safeguarding Children and Young People interim report. The 2012/2013 annual report confirms that the Trust met all the requirements set out in David Nicholson's letter dated 16th July 2009 whereby Trusts are required to publish an annual declaration. It also summarizes good progress against the 2012/13 priorities and sets out priorities for the next six months (August 2013 to March 2014). The annual report was presented to the Quality Committee on 11th September and a further report will be presented to the Trust Board in March 2014 together with the annual safeguarding declaration.

ACTION REQUIRED: **The Board is asked to note the information**

1.4. Update on cost improvement programmes quality impact assessment process

The Trust has introduced a revised process for quality assuring and managing cost improvement programme (CIP) quality impact assessments (QIA). This involves the Medical Director and Director of Nursing undertaking a review of CIP QIAs to ensure that the impact on quality (safety, effectiveness and experience) has been robustly considered and any risks identified have been mitigated. The first CIP QIA clinical review meeting took place with divisions in August. Further follow up meetings are scheduled in September with the first round of regular quarterly meetings due to commence in October. The new electronic system to capture the QIAs has been developed and implemented across divisions.

ACTION REQUIRED: **The Board is asked to note the progress and agree receiving quarterly updates on CIP QIAs.**

2. EXTERNAL VISITS AND CQC ACTIVITY

2.1. CQC

2.1.1. Visits

- A planned CQC Mental Health Act 1983 monitoring visit took place at the St. Mary's site 4th July. A full report has been received and the Trust has submitted a statement outlining how it will address the recommendations from the report. A verbal update was presented to the Operations Board on 19th August and the full statement was shared at its meeting on the 2nd September.
- A routine unannounced CQC visit took place took place at the St. Mary's site in August. The final report has been received **and a copy is attached as Appendix A.**

2.1.2. Alerts

- A whistleblowing alert was submitted to the CQC on 29th July 2013 in relation to the renal outpatient department at Hammersmith Hospital. The concerns were investigated and a formal response was sent to the CQC who have confirmed they are content with the Trust's response and have therefore closed the enquiry.

2.1.3. Complaints

- Three complainants have contacted the CQC in relation to:
  - Outpatient care
  - Pre and post-operative care

  These are currently being investigated by the relevant areas.

2.1.4. Compliments

- A patient has contacted the CQC to share very positive comments about their experience of the outpatient gynaecology service and Victor Bonney Ward at Queen Charlottes and Chelsea Hospital. An extract from their comments reads; "I am utterly amazed at the brilliant care that I have received under the NHS and have nothing but praise for all personnel at each stage, from my GP who referred me quickly; to the Consultant Gynaecologist who saw me and organized a scan at very short notice to expedite diagnosis; to the nursing staff and surgical team who have allowed me to have a future. Thank you".
- A patient has contacted the CQC to share very positive comments about their experience on Marjorie Warren Ward at Charing Cross Hospital. An extract from their comments reads; "the

standard of care I received in hospital overall was excellent but I would particularly like to mention the ward staff who were all fantastic - tireless, patient, caring and clearly had the well being of patients in mind first and foremost. They took time to do the little things which make people feel better rather than just the pure medical tasks and did their very best to ensure everyone was as comfortable and happy as possible. I can't praise them enough".

2.2. Healthwatch

- Healthwatch visited Witherow ward in August which consisted of three visits during one week; one in the morning, one in the afternoon and one in the evening. The Trust is currently awaiting the report.

ACTION REQUIRED: **The Board is asked to note the information**

3. PATIENT EXPERIENCE

3.1. Patient Experience Work plan 2013/2014

The 2012/14 Patient Experience Strategy was published in October 2012 and focused on the introduction of real time feedback from patients so that the patient voice was at the centre of improving services, highlighting excellence and driving success.

We want to develop our strategy further, to build on the successes we have made, and to improve on our engagement with patients and the public to ensure that they have the mechanisms and information to influence, support and scrutinise how we deliver our services.

The refreshed approach for 2013/14 will support the new divisional teams to deliver improvement, identify opportunities, innovate and take responsibility/accountability for improving the patient experience. To demonstrate how this will be achieved a work plan has been produced detailing the key actions which will be delivered. The work plan is aligned to the People and OD Strategy and will provide the foundation upon which to build a comprehensive review of the Patient Experience Strategy and establish a wider patient experience improvement programme which will be launched next spring (2014).

Please refer to **Appendix B for a copy of the full work plan**

ACTION REQUIRED: **The Board is asked to note the paper and work being undertaken, for information.**

3.2. Update on the Friends and Family test

On 25 May 2012 the Prime Minister announced the introduction of the Friends and Family Test (FFT) with the aim of improving patient care and highlighting best performing hospitals in England. As of 1st April 2013 standard NHS contracts include a requirement for FFT to be captured by providers of all NHS funded acute inpatient services and A&E departments. All inpatient wards and A&E's must make the devices available to all eligible patients and must collect a minimum of 15 per cent of responses as set out in the Department of Health FFT guidelines.

National data for April, May and June 2013 was published on 30th July 2013 and is available on the NHS England website. The Trust has published its own results both internally on the Source and externally on its website.

Between April and July 2013, the Trust collected over 3,500 responses for Inpatients and over 7,000 responses for A&E. The Trust's average score for this time period was 70 for inpatients and 50 for A&E. The average response rates were 24.8% for inpatients and 18.2% for A&E. It's important to note that the Trust's A&E response rates are significantly above the national average.

Our results show that ICHT has performed in line with the national average for Q1 of 2013, and has a good foundation on which to improve upon. It is important to note that that 95 per cent of patients would be 'extremely likely' (72%) or 'likely' (23%) to recommend our inpatient wards to friends and family.

The Trust is undertaking a range of actions to improve our FFT scores and response rates alongside the on-going patient experience improvement work. The test will be extending to Maternity in the autumn, with an expected roll out to other areas following this.

ACTION REQUIRED: **The Board is asked to note the paper and work being undertaken, for information.**

3.3. Cancer patient experience survey results

The 2013 National Cancer Patient Experience Survey results for the Trust were published on 30th August 2013; the survey was based on patients aged 16 years and over with a primary diagnosis of cancer who had been discharged between 1st September and 30th November 2012. Based on a 2012 to 2013 comparison, the Trust has scored better in 40 out of 63 questions and continues to focus on improving patient's experience of cancer services.

Please refer to **Appendix C for a copy of the full report**.

ACTION REQUIRED: **The Board is asked to note the results and work being undertaken**

3.4. Hearing what patients and their families say about the care and treatment at Imperial College Healthcare NHS Trust

The Trust investigated 82 formal complaints in July representing an average of 0.08% of all contacts. It responded to 95% of these (against a Trust target of 90%) within the deadline set by the complainant. A variety of service improvements took place as a consequence of formal complaints investigations.

Patient stories are a powerful and valuable learning tool and the Trust is committed to receiving these to inform improvement.

Please refer to **Appendix D for a copy of the full report to include a patient story**.

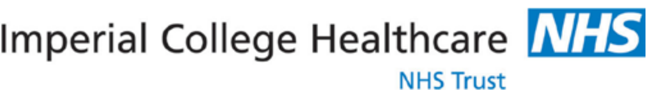
ACTION REQUIRED: **The Board is asked to note the lessons learnt and improvements made**

4. ADDITIONAL ITEMS

4.1. Burdett Trust Grant – Improving dignity in acute care

The Trust has been awarded a grant by the Burdett Trust for Nursing to examine improving dignity in acute care. The grant value is £175,785 over 2 years, which will be used to fund a Practice Educator role and to support the project.

ACTION REQUIRED: **The Board is asked to note the information**



Report Title: Medical Director's Office Report

To be presented by: Professor Nick Cheshire, Medical Director

Executive Summary:

The attached paper is a consolidated report covering the following areas:

1. Quality Governance
2. Appointments
3. External Relations

Key Issues for discussion: N/A
Please refer to the attached paper which summarises the key issues for discussion

Legal Implications or Review Needed

a. Yes ☐
b. No √

Details of Legal Review, if needed
N/A

Link to the Trust's Key Objectives:

1. Provide the highest quality of healthcare to the communities we serve improving patient safety and satisfaction
2. Provide world-leading specialist care in our chosen field
3. Conduct world-class research and deliver benefits of innovation to our patients and population
4. Attract and retain high caliber workforce, offering excellence in education and professional development
5. Achieve outstanding results in all our activities.

Assurance or management of risks associated with meeting key objective:

Purpose of Report

a. For Decision ☐
b. For information/noting √

1. QUALITY GOVERNANCE

1.1 Quality Strategy (QG15)

The Quality Strategy (QG15) is in the final stages of development with a launch date scheduled for October 2013. This strategy is based on the six improvement principles proposed by Donald Berwick:

1. Safety
2. Efficacy
3. Patient centeredness
4. Efficiency
5. Timeliness
6. Equity

The strategy outlines our objectives for each heading split according to where they will be reported and how frequently. Performance will be reported to the management board and the new Quality Committee. We are currently working on the meeting structures required for each improvement principle and the number, type and frequency of reports which will be taken under each heading. The intention is for divisional quality boards to also use the same headings, providing a uniform way for all staff to think about quality.

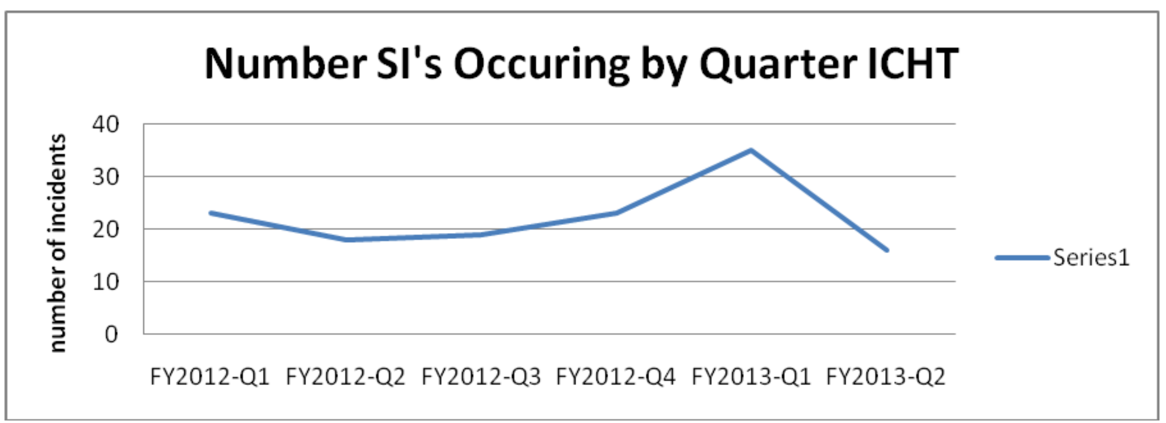
We are working with Dr Foster to refine the use of available benchmarking data to agree assurance measurement from board to ward. We are also reviewing the Quality data included in the Trust scorecard with the performance team.

1.2 Serious Incident Report – Q1/Q2 Update

The number of Serious Incidents (SIs) that have been declared have increased since the introduction of the Medical Director's weekly incident review process. This is a direct consequence of robust review of all open moderate and above incidents and ensuring that action is taken as soon as incidents occur. This has led to a total of 41 SIs declared in Q1 2013/14, compared to 75 across 2012/13.

A significant number of the SIs declared in Q1 actually occurred during last year and so analysis has been completed looking at the date of occurrence. This has shown an increase which may be due to robust identification and declaration of SIs. The total number which occurred in Q1 was 35. The number that have occurred to date in Q2 is 16. See table below.

This trend is being closely monitored by the Medical Director and immediate action on areas of concern will continue.



1.3 Quality Governance Assurance Framework (QGAF)

As part of the Foundation Trust application process our Quality Governance performance is assessed against the ten point QGAF and an overall score of 3.5 or less is required. The assessment consists of 10 questions relating to strategy, capabilities and culture, processes and structure and measurement.

An internal baseline assessment was carried out in July 2013 using the examples Monitor cite as "best practice". The score was agreed at 7.5. As a result of the assessment, an action plan has been developed to address the identified gaps in order to achieve a score of 3.5. Progress against the action plan will be overseen by the Foundation Trust Programme Board, reporting to the Trust Board as per existing governance arrangements.

An independent assessment of performance has been carried out by Deloitte. The assessment included interviews and group meetings with key board and Divisional team members as well as a review of the action plan. Initial feedback was delivered on 30th August. The action plan will be updated and presented to the appropriate committees in the next few weeks. Dates for the next external assessments are being confirmed.

1.4 Review of Cancer Multi-Disciplinary Team Meetings (MDTs) – Update

The review is now underway and an initial two day site visit by colleagues from The Christie NHS Foundation Trust (Cancer Centre) in Manchester was completed on 8th August 2013. Initial feedback from the external team was positive on the improvements in progress and those planned however emphasized the importance of improving consistency and strengthening clinical leadership of these important groupings, ensuring the role of the MDT co-ordinator is properly supported and bringing uniformity to the way case reviews reach the appropriate MDT. A detailed report with actions including the possibility of additional input from The Christie team is expected by the end of September. This will be translated into an action plan which will include regular assurance monitoring by a dedicated member of staff in the Medical Director's office.

1.5 Mortality – Cardiothoracic update

Outcome data for Cardiothoracic Surgery for the two years from March 2011 are now excellent. Data for the financial year to April 2012 shows our adjusted mortality using criteria from the Society for Cardiothoracic Surgeons (SCTS) to be 2.44% and for the period April-March 2013 to be 2.24%.

In the period from April 2008 to March 2011, risk adjusted mortality in the Cardiothoracic Surgical unit at the Hammersmith Hospital was 4.69%. This flagged the unit as a red outlier against the national comparative data set published by the SCTS in February 2013. The Care Quality Commission requested a report on our outcomes which we responded to in May 2013.

The time period between 2008-2011 had been one of considerable development within our cardiac services with the following notable improvements:

- At the end of 2009 the two small legacy services (at St Marys Hospital and at Hammersmith Hospital) were merged into a unified Imperial Cardiac Centre.
- £9 million was invested in state of the art cardiac critical care facilities as well as a ward upgrade and operating room equipment.
- At the time of merger, Professor Gianni Angelini was appointed as academic head of cardiac services.
- In 2011 we invited the Royal College of Surgeons - via their formal review mechanism - to inspect our newly merged service. They gave us valuable advice, all of which we have acted on.

Confirmation was received from the SCTS in July 2013 that our outcomes for the period between 2009-2012 had fallen to a “yellow” alert. This reflects the improvement in outcomes over the recent period. Subsequent to this, current data for April 2013 to August 2013 indicates that further improvements have been made, with a mortality rate of 1.56%.

2. APPOINTMENTS

2.1 NRLS Programme Director

Louise Fleming has been appointed as Programme Director for the National Reporting and Learning System (NRLS). Louise will be working to further the development of the NRLS, to maximise its benefits to the Trust and the NHS as a whole, thereby supporting the wider quality agenda and linking with the NRLS Research Programme at the Centre for Health Policy, Imperial College.

3. EXTERNAL RELATIONSHIPS

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3.1 Clinical Commissioning Groups (CCGs) – Transforming Care Programme

The third workshop of this programme facilitated by NHS Improving Quality will take place on 9th October. Data is being reviewed within the divisions to focus this work on key themes. The areas the commissioners are keen to explore include:

- Subspecialty triage
- Pre- appointment diagnostics

- Specialty review following A&E attendance rather than A&E clinic appointments
- GP referral for all patients who require review by another specialty post hospital discharge

Data analysis will be undertaken by the divisions and will be discussed at following workshops. The process is being lead by the Medical Director's Office.

3.2 North West London Whole Systems Board

North West London CCGs have established a NWL Whole Systems Board to direct the Whole Systems Integrated Care Programme. CCG leads will chair working sub-groups, trust membership of which will be arranged by the Medical Director's Office. The programme is in the early stages, but reports on progress will be made regularly to the Board.

Imperial College Healthcare NHS
NHS Trust

Report Title: Monthly Infection Prevention Summary

To be presented by: Prof. Alison Holmes, Director of Infection Prevention and Control

Executive Summary:
This report includes the Trust's monthly mandatory reports of HCAI for July and August 2013.

Meticillin resistant *Staphylococcus aureus* bloodstream infections (MRSA BSI)
In August one Trust attributed case related to trauma was reported (which will go to arbitration) and one non-Trust case.
A prior non-Trust case reported in June was re-allocated to the Trust in August following an arbitration process, which over ruled the opinions expressed.
In July there were two non-Trust MRSA BSI cases reported, subsequently re-allocated to the Trust, through the Post Infection Review (PIR) process, as they were contaminants.
This brings the total number of 'cases' reported against the Trust to eight for the year to date.

The MRSA policy has now been updated to reflect actions from investigations, key changes are:
In addition to screening all patients on admission, patients with a proven history of MRSA carriage or infection are to be screened on admission and then screened every week throughout their hospital stay; all patients who are in hospital for longer than two weeks are to be screened every week for the duration of their admission; Patients who are having a vascular access device inserted electively should be screened and the result available prior to their procedure where possible.

***C. difficile* infection**
For 2013/14, the Department of Health annual ceiling for the Trust is 65 cases of *C. difficile* infection.
In August 17 cases were reported, three cases were Trust attributable.
In July 12 cases were reported, three cases were Trust attributable.
Year to date 32 cases have been reported.

Each case of *C.difficile* has a detailed case review undertaken to help understand the organism's prevalence and contributory factors for acquisition. Patients are also reviewed on *C.difficile* clinical rounds occurring on all sites. The IPC and infection pharmacy team review risk factors for all *C.difficile* cases including hospitalisations, contact with other patients with symptomatic *C.difficile*, antibiotic and PPI administration and demographics to further our understanding of the local epidemiology. These initiatives support education and shape the management of *C.difficile* going forward. A *C.difficile* e-learning module developed by IPC and Imperial College has been refreshed and made available to all Trust staff at the following link: http://www.imperial.ac.uk/imedia/fom/cipm/player.html

CQC
A routine inspection carried out during an unannounced visit to St Mary's site took place on 30, 31 July and 1 August and found that the site was fully compliant. Patients were protected from the risk of infection because appropriate guidance had been followed and patients were cared for in a clean hygienic environment.

Antibiotic stewardship
The UK Five Year Antimicrobial Resistance strategy was published by the Department of Health on September 10th, highlighting the requirements of hospitals to optimise prescribing and address antimicrobial stewardship. References to Imperial initiatives and publications are cited in the report.

Antibiotic point prevalence study The Trust audit programme includes the six-monthly pharmacist point prevalence study (PPS) which examines the standards of anti-infective prescribing. Pharmacists collect data once on any inpatient prescribed at least one systemic anti-infective (anti-bacterial, anti-fungal or anti-viral) on the day of the study providing the drug chart was available. The Trust sets a compliance rate of 90 per cent for these indicators. The standards of anti-infective prescribing for 2013 as demonstrated by the first set of yearly indicator values are:
Indicator 1: 88 per cent compliant with prescribing anti-infectives within policy
Indicator 2: 93 per cent of prescriptions had an indication documented on the drug chart or in notes
Indicator 3: 67 per cent of anti-infectives had a stop/review date/duration
Overall Compliance: 82 per cent

Hand hygiene compliance In August, 90.4 percent of clinical areas submitted a total of 5100 observations (as measured by the current Trust audit procedures based on a minimum of ten observations per ward, per week) Hand hygiene was 98.5 percent, and compliance with bare below elbows was 98.5 percent.

Aseptic Non-Touch Technique
The Trust continues a rolling programme of the aseptic non-touch technique (ANTT) competency assessment programme at Divisional level as part of the infection prevention plan. Completion of assessments has steadily been increasing from 75 percent in March to 87 percent (5504 clinical staff) at the end of August 2013. Over 90 percent coverage is the target for September.

Infection Prevention and Control Symposium 2013 The second Infection Prevention and Control Symposium is taking place on 17th September 2013. Topics include resistant bacteria: the end of an antibiotic era, understanding the impact of observer's characteristics on hand hygiene compliance rates, current developments in vascular access, antibiotic stewardship, management of diarrhoea and exploring patient safety partnerships with WHO.

A detailed monthly Infection Prevention and Control summary is attached as an appendix.

Key Issues for discussion:

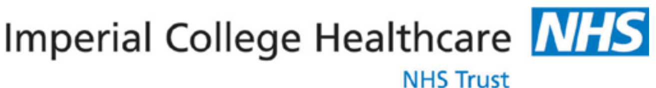
- 'Trust attributed' MRSA BSI cases year to date
- *C.difficile* infections year to date, and preventive actions taking place.
- Other issues requiring input, investigation or reporting in July and August 2013
- Applied research, Innovation and education

Legal Implications or Review Needed No

Details of Legal Review, if needed N/A

Link to the Trust's Key Objectives:
1. Provide the highest quality of healthcare to the communities we serve improving patient safety and satisfaction
2. Provide world-leading specialist care in our chosen field
3. Conduct world-class research and deliver benefits of innovation to our patients and population
4. Attract and retain high caliber workforce, offering excellence in education and professional development
5. Achieve outstanding results in all our activities.

Purpose of Report For information/noting



Monthly Infection Prevention and Control Summary
September 2013
(August 2013 data)

Key Indicators
August 2013

	Month 5: August 2013		Divisions				
	Threshold	Trust	1	2	3	4	PPs
MRSA BSI (>48hrs)	0	1**	0	1	0	0	0
MSSA BSI (>48hrs)	0	5	4	0	1	0	0
E Coli BSI (>48hrs)	0	9	2	5	2	0	0
Clostridium difficile (>72 hrs)	5	3	2	1	0	0	0

Year to Date 2013/14	YTD 2013/14			Divisions				
	Threshold		Cases					
	Year	YTD	Trust	1	2	3	4	PPs
MRSA BSI (>48hrs)	0	0	8*	5	3	0	0	0
MSSA BSI (>48hrs)	N/A	N/A	23	8	11	4	0	0
E Coli BSI (>48hrs)	N/A	N/A	30	7	15	8	0	0
Clostridium difficile (>72 hrs)	65	27	32	22	9	0	0	1

Key:
Division 1 = Medicine
Division 2 = Surgery, Cancer and Cardiovascular
Division 3 = Investigative sciences and clinical support
Division 4 = Women's and Children's
N/A = Not applicable
*of the 8 cases 3 were reallocated from non-Trust to Trust
** Going to arbitration

1. Meticillin resistant *Staphylococcus aureus* bloodstream infections (MRSA BSI)

There is a national expectation of zero MRSA blood stream infections for all Trusts for 2013/14.

In August one Trust attributed case related to trauma and resuscitation in the community was reported (which will be going to arbitration) and one non-Trust case.
A prior non-Trust case reported in June was re-allocated to the Trust in August, following the post infection review (PIR) arbitration process, which over ruled the opinions expressed.
In July there were two non-Trust MRSA BSI cases reported, subsequently re-allocated to the Trust according to the PIR process introduced in 2013, as they did not represent infection, but blood culture contaminants. In one of these cases the blood sample was taken during resuscitation.
This brings a total number of ‘cases’ reported against the Trust to eight for the year to date.

1.1 Update on key elements of the MRSA BSI prevention action plan

The MRSA policy has now been updated to reflect actions from investigations, key changes are:
In addition to screening all patients on admission, patients with a proven history of MRSA carriage or infection are to be screened on admission and then screened every week throughout their hospital stay; all patients who are in hospital for longer than two weeks are to be screened every week for the duration of their admission; Patients who are having a vascular access device inserted electively should be screened and the result available prior to their procedure where possible.
In addition improved systems for communicating MRSA screening results on discharge have been developed and a review of the Trust wide approach to vascular access is underway. There is also a weekly taskforce reviewing cases, practice and actions with the divisions.

Figure 1: Rolling 12-month and monthly number of Trust attributed MRSA BSI cases

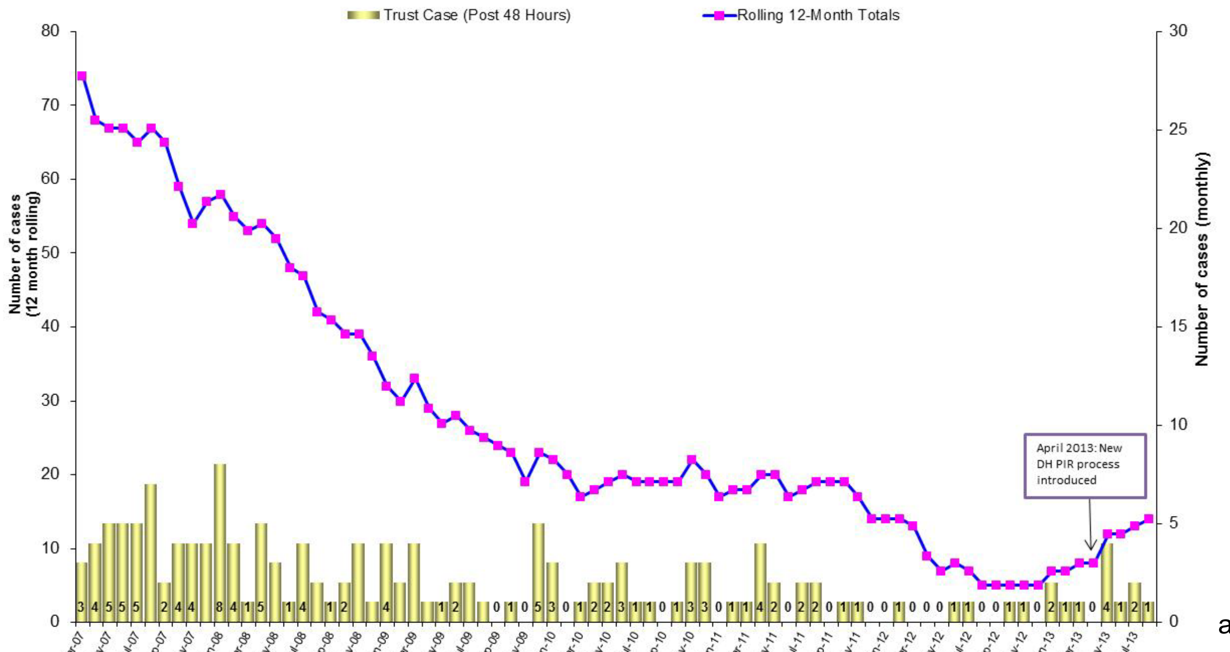


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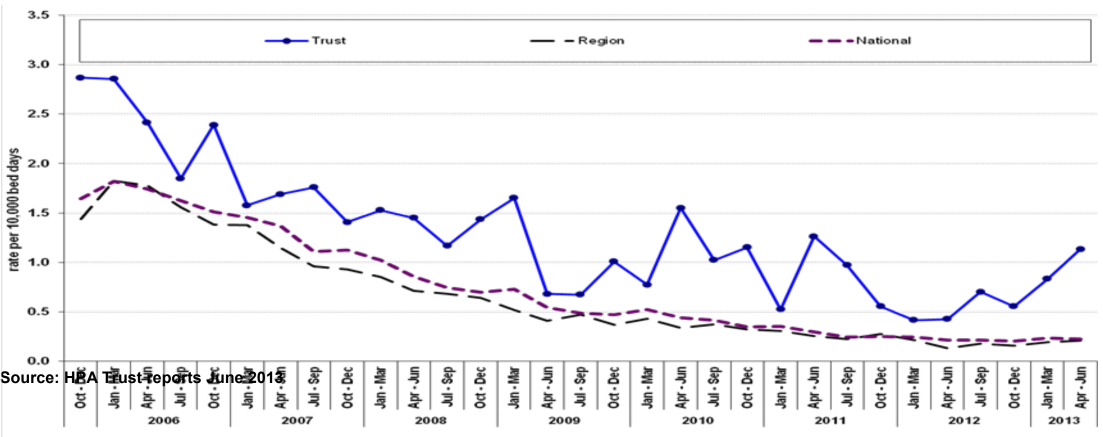
Figure 2: Trend in the Trust-attributable MRSA BSI rate compared to the national & London Region rates (rate/10,000 bed days)



Source: HPA Trust reports June 2013

2. *C. difficile* infections

For 2013/14, the Department of Health annual ceiling for the Trust is 65 cases of *C. difficile* infection.
In August 17 cases were reported, three cases were Trust attributable.
In July 12 cases were reported, three cases were Trust attributable.
Year to date 32 cases have been reported.

Of the six Trust attributable cases in July and August, all occurred in patients aged over 75; five patients were over 80 years of age. Isolation in a side room within two hours occurred in four cases. All antibiotics were in line with policy or approved by infection clinical team.

One patient had a prolonged stay with multiple courses of antibiotics, mostly with infection specialist input; one had antibiotics from GP for skin and soft tissue infection, then was diagnosed with lymphoma and required PPI for prophylaxis during chemotherapy; one was admitted following trauma and received appropriate antibiotics for open fracture; one patient received appropriate surgical prophylaxis; another patient had GP treatment for skin and soft tissue infection and then required admission for IV antibiotics; the last patient was a nursing home resident who had recent hospital contact at another West London hospital prior to admission to the Trust, in whom antibiotic were appropriately used.

2.1 Update on key elements of the *C. difficile* prevention action plan

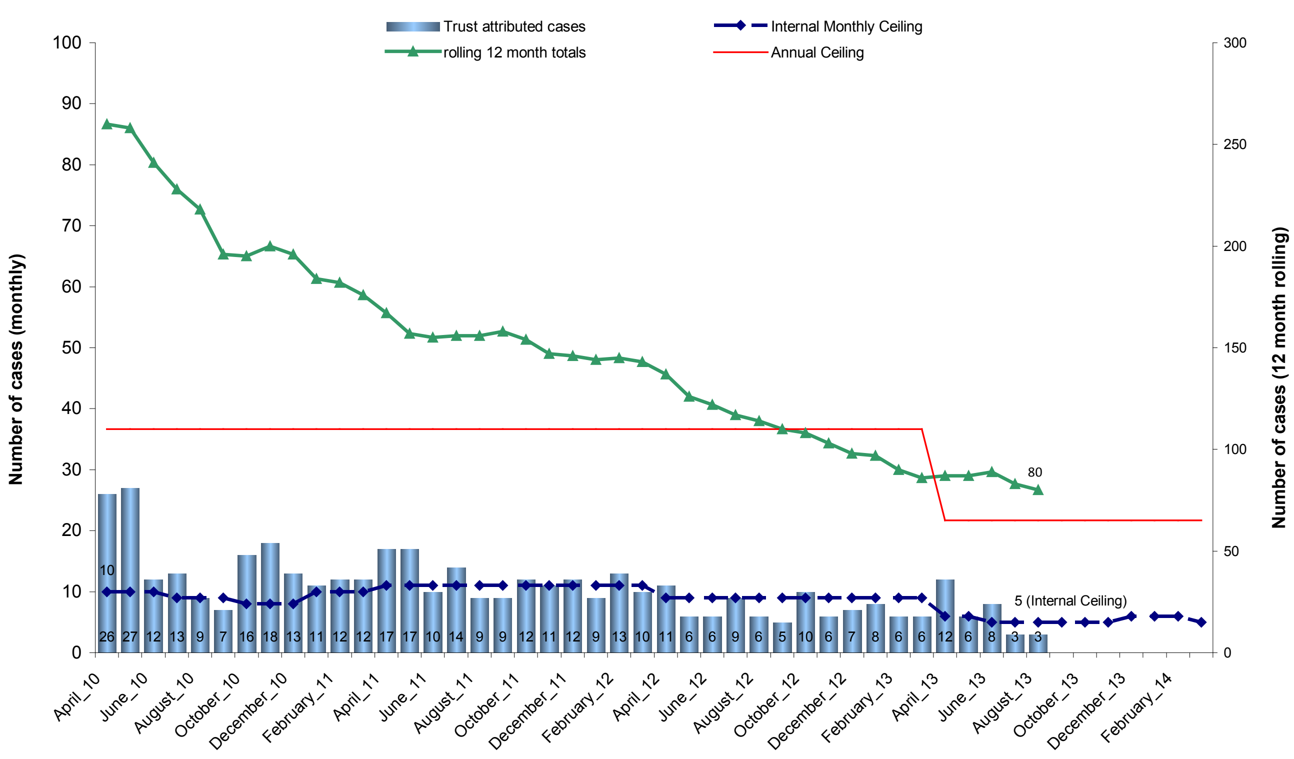
Each case of *C.difficile* has a detailed case review undertaken to help understand the organism's prevalence and contributory factors for acquisition. Patients are also reviewed on *C.difficile* clinical rounds occurring on all sites. The IPC and infection pharmacy team review risk factors for all *C.difficile* cases including hospitalisations, contact with other patients with symptomatic *C.difficile*, antibiotic and PPI administration and demographics to further our understanding of the local epidemiology. These initiatives support education and shape the management of *C.difficile* going forward. A *C.difficile* e-learning module developed by IPC and Imperial College has been refreshed and made available to all Trust staff at the following link: http://www.imperial.ac.uk/imedia/fom/cipm/player.html

C.difficile rounds on all patients have been standardised across the Trust as well as additional clinical input on wards as required by the infection clinicians.

The Trust continues to work closely with other London Trusts at the Acute London Teaching Trusts Infection Control Forum to identify and share areas of best practice with regard to *C.difficile.*

Reporting of *C.difficile* infections externally has now been modified as advised by the Trust Development Authority, management of cases and internal reporting will not be affected.

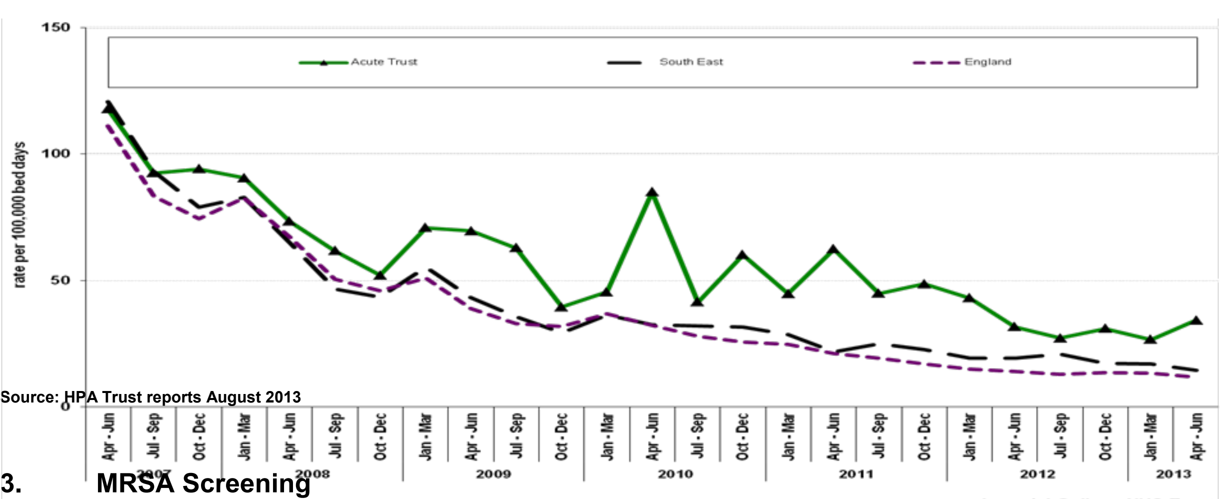
Figure 3: Trust attributable *C.difficile* Infections and 12 month rolling total April 2101-August 2103



2.2 Benchmarking Trust-attributable *C. difficile* rates

Provisional data presented by Public Health England in figure 4 shows that the Trust had a quarterly rate of 34.2 per 100,000 bed days compared to a regional rate of 14.5 and national rate of 11.7.

Figure 4: Trend in Trust-attributable CDI rate compared to national & regional rate (in 100,000 bed days)

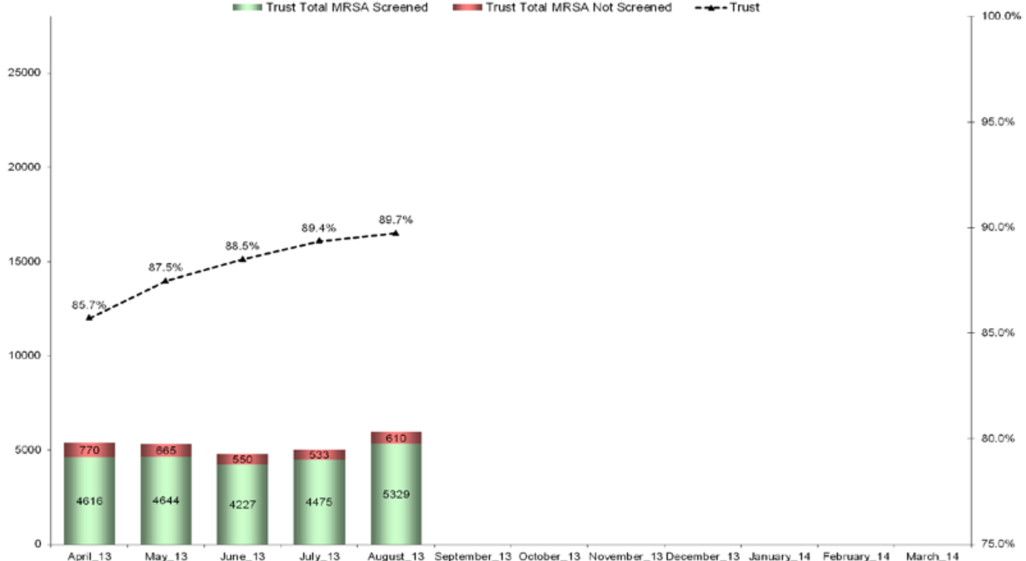


Source: HPA Trust reports August 2013

3. MRSA Screening

The Trust remains compliant with the Department of Health population MRSA screening requirements. Analysis at an individual patient level identified 5939 patients admitted in August 2013 who required screening, of which 5329 (89.7percent) were screened. New national guidance on MRSA screening is still awaited.

Figure 5: MRSA screening compliance rate from April to August 2013



4. Meticillin sensitive *Staphylococcus aureus* bloodstream infections (MSSA BSI)

There is no threshold for this indicator at present. In July 2013, there were 11 cases of MSSA BSI reported to Public Health England (PHE) of which four were Trust attributable (i.e. post 48 hours of admission), in August 14 cases were reported of which five were Trust attributable.

July cases: One was related to a central vascular access device, one was a due to a deep seated infection (discitis) and the third source was skin/soft tissue infection. The source of the fourth case was unknown

August cases: One was related to infection following lumbar spinal surgery with prosthetic material, one occurred in a patient with a prosthetic hip MSSA infection, one occurred in a baby in whom a long line was in place and the fourth in a baby in whom the source was thought to be related to skin break down at time of CPAP mask. The source of the fifth case, in an adult, was unknown despite investigation.

Figure 6a: Monthly MSSA BSI cases

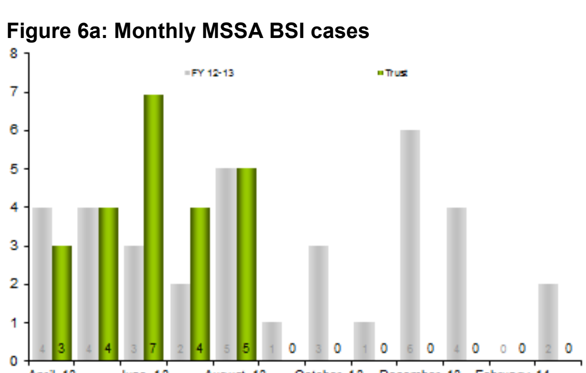
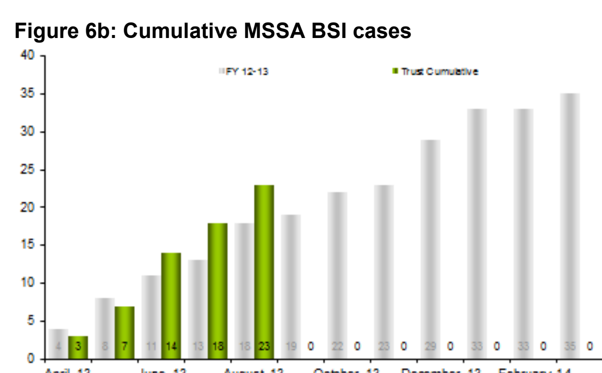


Figure 6b: Cumulative MSSA BSI cases



5. *Escherichia coli* bloodstream infections (*E. coli* BSI)

There is no threshold for this indicator at present. The steep rise in *E.coli* BSIs nationally is a cause of significant concern. In July 2013 there were 24 cases of *E. coli* BSI reported to Public Health England (PHE) of which six were Trust attributable cases, In August 30 cases were reported of which nine cases were Trust attributable.

July cases: Two were related to urinary sources (one related to a urethral catheter and another related to an obstructed urinary system secondary to a pelvic mass); Two cases were due to neutropenic sepsis and a another related to hepatobiliary sepsis. In the sixth case the source was related to a bowel obstruction.

August cases: Twins with early neonatal sepsis accounted for two of these bacteraemias. The source in one patient undergoing stem cell transplant was oedematous, possibly ischaemic bowel; one patient had bowel obstruction; two patients had neutropenic sepsis secondary to chemotherapy; sources in two patients with malignant lung disease and lymphoma were unknown; one had urinary tract obstruction related to cancer.

One of the *E. coli* BSIs in July was later confirmed by the PHE reference laboratory to be a carbapenemase producing organism. Multiple drug resistance had been suspected by the microbiology laboratory and appropriate IPC precautions implemented at that time. These organisms are resistant to multiple antibiotic classes and limited antibiotic treatment options are available to treat them. To prevent transmission to other patients, it is essential that on recognition of a significant risk of carrying a carbapenemase producing organism a patient is isolated, appropriate IPC precautions implemented and the course of action required to manage the case is discussed with IPC and infection clinicians. See the PHE toolkit below (item 10.2).

Figure 7a: Monthly Trust-acquired *E. coli* BSI cases

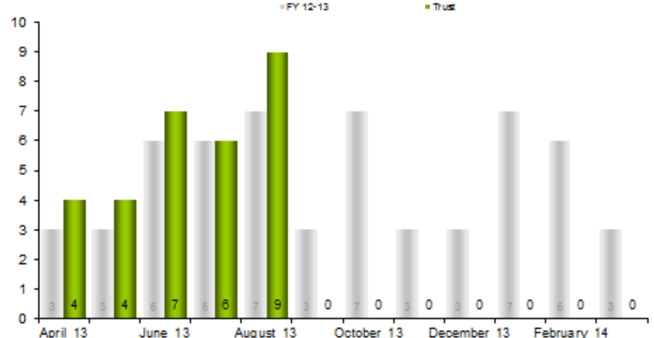
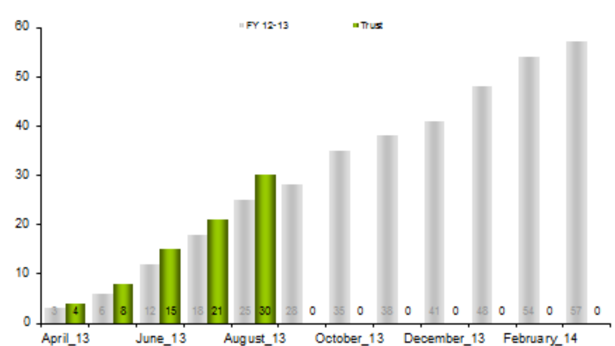


Figure 7b: Cumulative Trust-acquired *E. coli* BSI cases

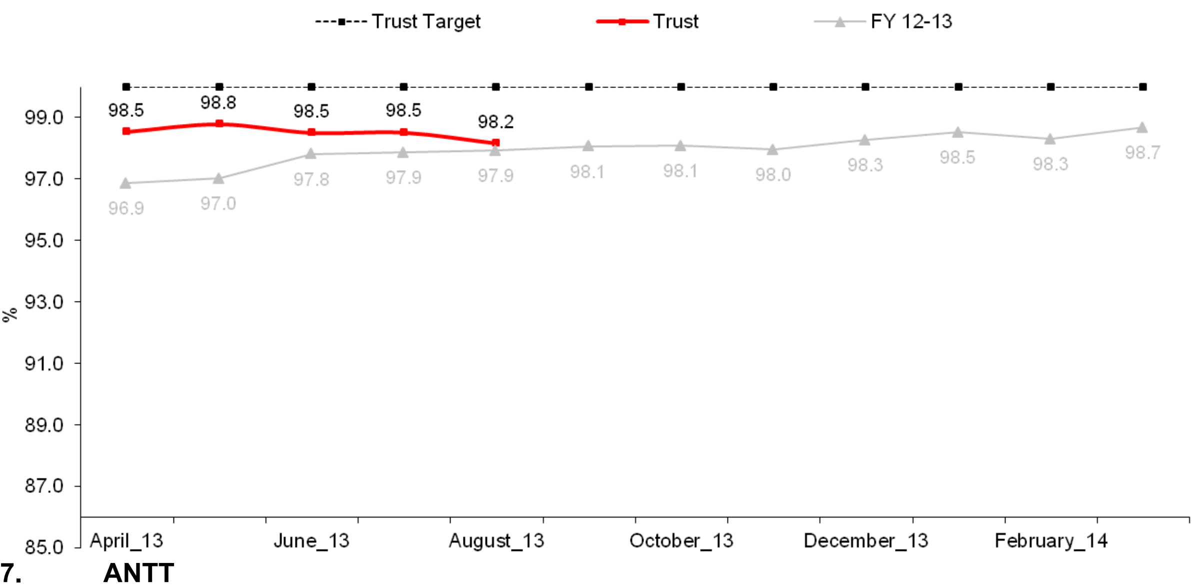


6. Hand hygiene compliance

In August 2013, 90.4 percent of clinical areas submitted a total of 5100 observations (as measured by the current Trust audit procedures based on a minimum of ten observations per ward, per week) Hand hygiene was 98.5 percent, and compliance with bare below elbows was 98.5 percent.

Hand hygiene compliance audit process Hand hygiene is one of the most effective methods to prevent health care associated infections. Audits of hand hygiene compliance measured against the WHO 5 moments of hand hygiene are currently undertaken by each ward monthly and a more detailed and rigorous validation audit is undertaken yearly by the infection prevention and control team.

Figure 8: Average performance of hand hygiene practice



7. ANTT

The Trust continues a rolling programme of the aseptic non-touch technique (ANTT) competency assessment programme at Divisional level as part of the infection prevention plan. Completion of assessments has steadily been increasing from 75 percent in March to 87 percent (5504 clinical staff) at the end of August 2013. The target for September is 90 percent. In August the Infection Prevention and Control team undertook competency assessments for all the new junior doctors as part of their induction programme.

8. Antibiotic stewardship

The UK Five Year Antimicrobial Resistance strategy was published by the Department of Health on September 10th, highlighting the requirements of hospitals to optimise prescribing and address antimicrobial stewardship. References to Imperial initiatives and publications are cited in the report.
https://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018

8.1 Point Prevalence Studies: The Trust audit programme includes the six-monthly point prevalence study (PPS) which examines the standards of anti-infective prescribing. Pharmacists collect data once on any inpatient prescribed at least one systemic anti-infective (anti-bacterial, anti-fungal or anti-viral) on the day of the study providing the drug chart was available.The results of key indicators are fed back to clinical and managerial structures within the Trust and are used to inform the Trust anti-infective quality indicator within the Quality Accounts. A target compliance rate of 90 per cent was set for these indicators.

The standards of anti-infective prescribing for 2013 as demonstrated by the first set of yearly indicator values are shown below.
Indicator 1: 88 per cent compliant with prescribing anti-infectives within policy
Indicator 2: 93 per cent of prescriptions had an indication documented on the drug chart or in notes
Indicator 3: 67 per cent of anti-infectives had a stop/review date/duration
Overall Compliance: 82 per cent

8.2 Comparison with previous studies: The results of the first PPS in 2013 showed a slight reduction in the overall compliance rate (82% versus 85% in 2012). The 2013 results for indicator 1 and 2 are in keeping with previous studies however, indicator 3 showed room for improvement as compliance fell from an average in 2012 of 74% to 67%. The result of indicator 3 remains however an improvement from 2011 when it was 30%. Looking forward, we have reviewed our systems and adopted to increase the PPS frequency to quarterly. Further, we will introduce a new style of report to continue to drive quality and identify areas for improvement.

8.3 Benchmarking anti-microbial prescribing practices: The Trust is currently working with other acute London hospitals to compare key prescribing indicators to understand how we can improve and learn from anti-infective stewardship practices operating in other areas.

8.4 Westminster Council's Health Scrutiny Committee: A paper on infection prevention and control and anti-infective prescribing highlighting "Imperial's good practice and future work in this area" was requested and submitted to the Westminster Council's health scrutiny committee in August 2013. The paper formed a part of an overall report to the committee on 'Public Health' with other contributions from the Tri Borough Public Health team, NHS England, other provider trusts in Westminster and CCGs. The purpose of the paper was "to examine the steps taken in public health to protect against pandemic / epidemic infection and assess providers in their work to increase anti-infective (antibacterials, anti-fungals and antivirals) prescribing."

10. Other matters

10.1 CQC

A routine inspection carried out during an unannounced visit to St Mary's site took place on 30, 31 July and 1 August and found that the site was fully compliant. Patients were protected from the risk of infection because appropriate guidance had been followed and patients were cared for in a clean hygienic environment.

10.2 Resistant organisms

Public Health England (PHE) has produced a toolkit for the early detection, management and control of carbapenemase-producing Enterobacteriaceae (CRE) and we are working closely with PHE colleagues to assess feasibility of this toolkit in managing these organisms at the Trust. Patients with these multiple-drug resistant organisms require isolation in a single room which has implications for isolation room capacity.

Five patients on an intensive care unit were found to be colonised with vancomycin resistant enterococci (VRE) in July. This was identified during routine screening and the patients did not require any treatment. Typing revealed that two patients had the same type of VRE, indicating the transmission may have occurred. Local action to address potential risk factors has taken place. All patients have since been discharged.

11. Applied Research, Innovation and Education.

11.1 The UKCRC Centre of Infection Prevention and Management (CIPM)

Selected Publications, July and August:

- Assessing data sources for sustainable and continuous surveillance: surgical site infections following coronary artery bypass grafts in England. Journal of Hospital Infection. C. King, P. Aylin, A. Chukwuemeka, J. Anderson, A. Holmes
- International implementation of WHO's hand hygiene strategy. The Lancet Infectious Diseases. Castro-Sánchez E, A Holmes A.
- Syndromic Surveillance of Surgical Site Infections - a case study in Coronary Artery Bypass Graft patients. Journal of Infection King C, Aylin P, Moore LS, Pavlu J, Holmes A.
- The increasing role of pharmacists in antimicrobial stewardship in English hospitals. Journal of Antimicrobial Chemotherapy. Wickens HJ, Farrell S, Ashiru-Oredope DA, Jacklin A, Holmes A; in collaboration with the Antimicrobial Stewardship Group of the Department ofHealth Advisory Committee on Antimicrobial Resistance and Health Care Associated Infections (ASG-ARHAI).
- Evaluation of a national microbiological surveillance system to inform automated outbreak detection. Journal of Infection. Freeman R, Charlett A, Hopkins S, O'Connell AM, Andrews N, Freed J, Holmes A, Catchpole M.
- Daptomycin and warfarin – an important clinical observation. The British Journal of Clinical Pharmacy. Gilchrist MJ, Moore LSP, Thomas CP, Brannigan ET.

- Systematic analysis of funding awarded for antimicrobial resistance research to institutions in the United Kingdom, 1997-2010. Journal of Antimicrobial Chemotherapy. Head M; Fitchett, J, Cooke, Wurie, F; Atun, R; Hayward, A, Holmes A; Johnson A, Woodford N.

UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018: This was released by the Department of Health on 10 September. It cites CIPM publication s, educational and awareness programmes and the development of the app to support and improve antibiotic prescribing in the NHS.
https://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018

Chatham House: CIPM Co-Director, Prof A Holmes will be speaking at the Chatham House event on Antimicrobial Resistance, Incentivizing Change towards a Global Solution, 3/4 October.

Norway Collaboration: Prof A Holmes and Academic Research Pharmacist, Esmita Charani were invited to Oslo to discuss the launching of Norwegian national plans on antibiotic stewardship and collaborations with Imperial on 3 September.

11.2 Infection Prevention and Control Symposium 2013

The second Infection Prevention and Control Symposium for Trust staff is taking place on 17th September 2013. Topics include resistant bacteria: the end of an antibiotic era, understanding the impact of observer's characteristics on hand hygiene compliance rates, current developments in vascular access, antibiotic stewardship, management of diarrhoea and exploring patient safety partnerships with WHO.

Report of the AHSC Director, Professor David Taube

Academic Health Science Centre Update

11th September 2013

1. AHSC Application Update

Work continues to develop the full application for the NIHR AHSC designation process. Final submission deadline is 30th September and interviews with the Designation Panel taking place on the 30th October. Up to 6 delegates are to attend the interview; including the AHSC Director and senior representatives from the College and Trust. Confirmation of AHSC designation is expected late November/December (commencing April 2014 for 5 years).

The current draft application has been reviewed by the Joint Executive Group (JEG) on the 3rd September and the Strategic Partnership Board (SPB) on the 10th September. From the feedback received via these forums, a further version of the application is currently in draft and will be reviewed at the forthcoming JEG meeting on the 17th September.

2. Centres For Translational Medicine (CTMs)

Following the September meeting of the CTM Executive Forum, Chaired by the AHSC Director Professor David Taube, the leads for each of the CTMs have been re-affirmed as follows:

Centre for Translational Medicine	Appointed Chair
Metabolic Medicine	Professor Waljit Dhillo
Brain Sciences and Disease	Dr David Sharp
Respiratory and Cardiovascular Diseases	Professor Peter Openshaw
Infectious Diseases	Professor Alison Holmes
Inflammatory Diseases	Professor Matthew Pickering
Surgery and Technology, Cancer & Haematology	Professor the Lord Ara Darzi of Denham
Women's Health, Neonatology and Paediatrics	Professor Andrew Bush
Personalised Medicine	Professor Jeremy Nicholson
Population Health and Primary Care	Professor Elio Riboli
Patient Experience and Safety	Professor Charles Vincent (Co-Chair) Dr Chris Harrison (Co-Chair)
Education and Training	Professor Jenny Higham

Each CTM is currently reviewing their work programmes to bring together discovery science, education, clinical service, wealth and economic growth.

The next meeting of the CTM Executive Forum is planned for October.

3. AHSC/Academic Health Science Network (AHSN) Collaborations

The AHSC have been working closely with the AHSN and the Northwest London Collaboration for Leadership in Applied Health Research & Care (CLAHRC) to develop an internal process to identify readiness and appropriateness of AHSC discoveries for diffusion across the AHSN. Identified discoveries are then put forward for consideration by a higher AHSN committee.

The three examples of discoveries proposed for consideration were:

- **Paired Learning initiative**
- **In-situ simulation training**
- **Management of sickle Cell Crises – eHealth**

4. Branding and Communications

The AHSC new logo is now in use for all related correspondence. An updated version of the AHSC website has been re-launched with renewed content. The website may be accessed via http://www.ahsc.org.uk/.

5. AHSC Global Comparators

The AHSC has signed up as a member of the Dr Foster's Global Comparators Project. The project is an elite benchmarking and improvement network that helps the world's leading hospitals:

- Share best practice, expertise and outcomes;
- Initiate ground-breaking research and peer-reviewed academic publications;
- Improve clinical outcomes;
- Improve cost-effectiveness and efficiency;

It is anticipated that engagement with the programme by the AHSC will help us look beyond our own national boundaries and provide the opportunity to develop international standards of leading clinical practice through collaborative working, sharing of data and international networking.

Lead Director: Professor David Taube, AHSC Director

Imperial College Healthcare NHS
NHS Trust

Report Title: Executive Performance Report Month 5 2013/14

To be presented by: Steve McManus, Chief Operating Officer

Executive Summary:

Please see attached reports for M5:

1. Executive Performance Report
2. Trust Board Performance Report

Legal Implications or Review Needed

a. Yes
b. **No** ✓

Details of Legal Review, if needed: n/a

Link to the Trust's Key Objectives:

1. Provide the highest quality of healthcare to the communities we serve improving patient safety and satisfaction
2. Provide world-leading specialist care in our chosen field
3. Conduct world-class research and deliver benefits of innovation to our patients and population
4. Attract and retain high caliber workforce, offering excellence in education and professional development
5. Achieve outstanding results in all our activities.

Purpose of Report

a. For Decision
b. For information/noting ✓

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Executive Performance Report

Month 5 : August 2013

Executive Summary

This report for the Trust Board summarises the Trust's Performance against key indicators. Accompanying this report is the Month 5 Trust Performance Scorecard which shows performance and monthly run-charts for all key indicators.

In August 2013 the Trust achieved good performance in:

- Achieving 7 out of the eight cancer access standards (this relates to July data as reported one month in arrears)
- Achieving national 18 week referral to treatment waiting time target for admitted, non-admitted patients and patients on incomplete pathways
- Achieving the 95% 'all types' 4 hour Accident & Emergency standard
- Maintaining zero mixed sex accommodation breaches
- Achieving above target for providing national care standards for stroke and maternity patients
- Achieving venous thromboembolism assessment rates.
- Achieving the national diagnostics waiting time Standard
- Sustained good scores for patient feedback

Areas identified as underperforming are:

- The year to date number of Trust attributed cases of MRSA is 8 against a tolerance of zero. However the Trust only recognises 4 of these cases as 3 of these cases are being activity contested and one is in arbitration. An action plan is in place to further minimise the level of infection.
- The Trust failed to meet the Cancer waiting times for 62 day first standard with 22 patients having delayed treatment. The focus and scrutiny on cancer performance continues to remain a high priority.

Against the Department of Health 2012-13 Acute Trust Performance Framework The Trust continued to be defined as 'performing' with a score of 2.61. Against the Monitor Compliance Framework for August the Trust is 'Amber - green' (1.0) as not having met the cancer 62 day standard.

Quality

Mortality The Trust continues to have one of the lowest mortality rates in England, based upon the Hospital Standardised Mortality Rate and Standardised Hospital Mortality Indicator.	**Scorecard Page 3**
Patient Experience **iTrack –** August 13, has been a very positive month with good increase in scores on every question monitored in the Trust score card. The increases in scores are some of the highest we have seen this year. Response numbers are lower than the previous month, but this is likely to be a result of a push to get more responses on the Friends and Family survey.	**Scorecard Page 4**

<table>
<tr><td>FFT –
Inpatients score is slightly down from last month to 69 (70 July 13), but the response rate has increased significantly to 31.63% (24.29% July 13).
A&E score is up from last month to 53 (52 July 13), though the response rate fell to 16.30% (19.25% July 13).</td><td></td></tr>
<tr><td>Infection & Prevention Control
Infection & Prevention Control
In August one Trust attributed case related to trauma was reported (which will go to arbitration) and one non-Trust case. A prior non-Trust case reported in June was re-allocated to the Trust in August following an arbitration process, which over ruled the opinions expressed. This brings the total number of ‘cases’ reported against the Trust to eight for the year to date. However, the Trust only recognises 4 cases year to date as there are three that are being contested and one is in arbitration.

The MRSA policy has now been updated to reflect actions from investigations, key changes are:
In addition to screening all patients on admission, patients with a proven history of MRSA carriage or infection are to be screened on admission and then screened every week throughout their hospital stay; all patients who are in hospital for longer than two weeks are to be screened every week for the duration of their admission; Patients who are having a vascular access device inserted electively should be screened and the result available prior to their procedure where possible.

For C.difficile there were three Trust attributed cases reported in August 2013, against a threshold of five for the month, and therefore we remain above our year to date threshold at 32 cases, against a maximum of 65.

Each case of C.difficile has a detailed case review undertaken to help understand the organism’s prevalence and contributory factors for acquisition. Patients are also reviewed on C.difficile clinical rounds occurring on all sites. The IPC and infection pharmacy team review risk factors for all C.difficile cases including hospitalisations, contact with other patients with symptomatic C.difficile, antibiotic and PPI administration and demographics to further our understanding of the local epidemiology. These initiatives support education and shape the management of C.difficile going forward. A C.difficile e-learning module developed by IPC and Imperial College has been refreshed and made available to all Trust staff at the following link:
http://www.imperial.ac.uk/imedia/fom/cipm/player.html
▪</td><td>Scorecard Page 5</td></tr>
<tr><td>Eliminating Mixed Sex Accommodation (EMSA) In August 2013 the Trust continues its achievement of zero mixed sex accommodation breaches.</td><td>Scorecard Page 6</td></tr>
<tr><td>Stroke Care
The Trust achieved above both national stroke care targets in August 2013. This performance has been sustained since the beginning of last financial year and the Trust expects this to be maintained.</td><td>Scorecard Page 7</td></tr>
<tr><td>Research and Development
The Trust continues to report above the 1% increase set by the Trust for proportion of patients enrolled in NIHR Clinical Research network portfolio research studies. Further metrics to assess research and development performance will be included in the Trust Board performance scorecard from November 2013.</td><td>Scorecard Page 9</td></tr>
</table>

Safety Thermometer The Trust continues to perform extremely well against peers and has one of the best rates of Harm Free care in comparison to the Shelford Group with 95.82% patients being reported as 'harm-free' in August 2013.	**Scorecard Page 10**
Operations	
Accident & Emergency - 4 Hour maximum waiting time ICHT achieved 96.31% overall in August for A&E performance with all sites also above 95%.	**Scorecard Page 11**
Accident & Emergency - Clinical Quality Indicators These are for type 1 only as we do not yet have our Urgent Care Centre data Our dedicated Ambulatory care areas are now in operation at Charing Cross and Saint Mary's and these are being used to stream patients from A&E who can receive same day treatment and investigations with the aim to avoid overnight stay Our time to initial assessment was below the 15 minute target at Saint Mary's but slightly above at Charing cross and Hammersmith. We have now in operation at Charing Cross a dedicated ambulance receiving area where handover and patient initial assessment can take place. All sites continue to perform well when measured against the ambulance service Hospital Alert System. Our Time to treatment is within the 60 minute threshold at Saint Mary's and Charing Cross but just above at Hammersmith. Hammersmith Emergency Unit rotas are under constant review to ensure consistent senior cover 24 hours. Left without being seen is below the 5% at Charing Cross and Hammersmith but just above this month at Saint Mary's. Non admitted time in department is below the 240 minutes on all sites but we remain challenged on time in department for admitted patients. The development of ambulatory care pathways will assist in this as will our monitoring of >10 day length of stay and our current weekend discharge project	**Scorecard Page 12**
Cancer Waiting times In August 2013 the cancer waiting time standards for July were published showing the Trust improved on performance by meeting 7 out of the 8 National Standards as well as the one local standard. The Trust failed to meet the 62 day first standard, hitting 79.7% (an improvement on last month) against the 85% target. This meant that 22 patients had their treatment delayed, ten patients above the tolerance level of 12. Of the 22 patients delayed, four of them were patients referred from local trusts outside the recommended Inter-Trust Referral timeline (all were referred at > than 42 days, 2 of which were > 62 days). The majority of breaches were due to delay in access and reporting of diagnostics, the tumour site with the largest volume of breaches was within the Urology services as the Trust continues to clear the backlog . The focus and scrutiny on cancer performance continues to remain a high priority. The cancer management team have recently developed a new Cancer Improvement Plan to address specific issues which are causing delay along the patient pathway, the focus is mainly on improving communication and timeliness of referrals from local referring Trusts. A second network meeting took place in September and local Trusts have agreed to work together to ensure referrals are sent in a more timely fashion. The Trust is piloting a new Inter-Trust	**Scorecard Page 13**

Referral form in Lung with increased clinical details which will mean patients can be fast tracked more quickly to the appropriate service. The re-engineering of cancer pathways focusing on access to diagnostic services is still on going, with two new pathways commencing work in September, Head and Neck and the Upper GI. Somerset, which is a new system that tracks the patient through their treatment pathway and includes an electronic record of the interaction with the multi-disciplinary team, is now rolled out into all multi-disciplinary meetings. This means the Trust is in a better position to track for the first time access into outpatients, diagnostics, the Multi-disciplinary Team and final treatment to highlight any delay along the patient pathway. Weekly meetings will continue to be held with the Chief Operating Officer and the cancer management team to bring breaches down to the absolute minimum.	
Elective Access - Referral to Treatment M5 continues the performance achievement against all aggregate measures. Work continues in line with agreed trajectories in order to achieve all the measures at Treatment Function Code level by October 2013. The admitted performance in July was 93.6% against the 90% target for patients waiting less that 18 weeks on admitted pathways, 96.8% against the 95% target for patients waiting less than 18 weeks on non-admitted pathways and 95.6% against a target of 92% for patients waiting less than 18 weeks on incomplete pathways. Out of the 57 treatment function codes that form part of the target regime, the trust is performing against 54. The outlying specialties are General Surgery, Urology and Trauma & Orthopaedics with trajectories and actions in place to improve performance in these areas. The Trust expects to achieve all Treatment Function Codes by October 2013.	**Scorecard Page 14**
Diagnostic Waiting times The Trust maintained its year to date performance in August 2013 achieving over 99% performance.	**Scorecard Page 15**
Maternity The maternity service continued to achieve the 90% target for pregnant women seeing a midwife within 12 weeks and 6 days of pregnancy, at 96.0% in August 2013.	**Scorecard Page 16**
Delayed Transfer of Care The Trust was below the 3.5% threshold for patients whose transfer of care was delayed in M5.	**Scorecard Page 17**
Quality, Innovation, Productivity and Prevention The Cost Improvement Programme is driving the delivery of savings as a result of improved efficiencies in key productivity indicators, including staffing, diagnostic demand management, theatre and bed utilisation and outpatient productivity.	**Scorecard Page 18**
Workforce	
August saw the launch of a new report to support improved performance against the Trust's key People KPI's. The report, compiled by the Divisional HR Business Partner, identifies areas of concern and the associated risks and impacts on clinical safety, quality and financial outputs as well as the associated effect on the delivery of safe patient care and good patient experience within their clinical areas. The reports were discussed at the Divisional Performance Reviews and also at the Senior HR Team Meeting. From these discussions, directed recruitment plans to mitigate current vacancies within the band 2~6 nursing establishments are now being formed with an international recruitment campaign also planned to address particular 'hot-spot' areas within ICU and neonatology. Weekly appraisal reporting by Corporate HR has now commenced to support the Divisions and Corporate Directorates in the management and improvement in the number of completed appraisals for their people. This has enabled focused effort at departmental level which has resulted in the Trust appraisal rate lifting by 1% for each of the first two weeks of	**Scorecard Page 19**

reporting. Development of a new People 'BAT' (Bring it All Together) application on Qlikview will begin in September. The aim of this application is to provide managers with a single report which details all of their people and their related compliance status for ANTT, Statutory mandatory Training, appraisal etc as well as core information including sickness.	

Imperial College Healthcare NHS
NHS Trust

Report Title: Trust Integrated Performance Scorecard Proposals

To be presented by: Steve McManus, Chief Operating Officer

Executive Summary:

Purpose
As a Foundation Trust, Monitor will expect the regulation and oversight at Trust Board level of both Quality and Financial performance to be delivered via an Integrated Performance Report (*Monitor: Risk assessment framework, August 2013*). This is in order to provide the Trust Board with assurance regarding the prospective compliance of the Trust with key quality and financial measures as well as wider indicators of organisational performance.

In addition to the recently published revised Monitor performance framework, the recent publications of The Francis Report, The Workforce Assurance Tool, the National Quality Dashboard and the development of the Trust Quality Strategy have provided impetus to revise and refresh the metrics and presentation of the Trust Performance Report.

Process
The development of the current draft Trust Board Integrated Scorecard has been through research and review of integrated performance reports being used in other similar NHS trusts and Foundation Trusts. Research was also extended to comparable overseas hospitals and (health boards. These included the Metropolitan Health Service for Western Australia and the District Health Board for New Zealand both found to be most similar to British trusts.

Specific input was requested from corporate directors and their teams into the development of the revised scorecard to ensure that a broad range of performance indicators were captured and to ensure that the structure of the report was responsive to how data could be best presented.

A further iteration of the Integrated Scorecard will look to summarise the performance data under the 6 domains of quality that has been presented by the medical Directors office through the draft Quality Strategy.

Further suggested developments include incorporating the Care Quality Commission's Quality and Risk Profiles (QRPs), developing a Patient Experience specific page in the report and updating the financial information in line with Monitor's expectations regarding financial risk ratings.

Product
A draft of the initial proposed summary page is attached along with a timeline for developing a version that would be used in full for the November Trust Board. An overview of the main sections and structure of the report is summarised below:

- **Summary Page**: This will provide a high level overview of all indicators contained in the body of the report, in the form of performance dials with RAG status and tables showing Risk Rating compliance against the regulatory metrics.

- **Key Regulatory Measures**: This section of the report will provide the measures relating to the Financial Risk Rating, NHS Compliance standards, TDA and Monitor Risk Ratings, as well as an overview of the CQUINs performance.

- **Local Indicators**: The third section of the report will provide indicators measured at a local level and include workforce metrics, research & development metrics and data completeness.

- **SMART Action Plan**: This will provide an action plan by exception of indicators deemed a potential risk and those placed on the risk register. The action plan will give details of the potential risk, the main controls relating to the indicator, the mitigating actions with the timeframes and the accountable officer who will be the 'owner' of the indicators and will be responsible for ensuring actions are met. The action plan will also provide the anticipated effect on control of putting the suggested actions in place.

- **National Workforce Assurance Tool**: This section will be reported by exception in relation to indicators concerning workforce and quality of care being provided. It would be the responsibility of the Management Board to discuss and interrogate the information provided and who will be able, in turn, to provide assurance to the Trust Board. There will be a Senior Reporting Officer, responsible for each of the metrics and who will provide the required feedback on a monthly basis. This information forms part of the TDA submission.

An overarching Executive Summary will accompany the Integrated Performance report, providing a narrative of current status for the main areas of performance, highlighting areas of adverse performance by exception and signposting future changes in regulatory measures as well as local performance indicators.

Key Issues for Discussion:

1. Review and provide initial feedback on the content and layout of the Scorecard

Link to the Trust's Key Objectives:

1. Provide the highest quality of healthcare to the communities we serve improving patient safety and satisfaction
2. Provide world-leading specialist care in our chosen field
3. Achieve outstanding results in all our activities.

Assurance or management of risks associated with meeting key objective:
Any associated risks to delivering the key objectives will be managed within the Foundation Trust Programme governance arrangements.

Action required by this Programme Board:

1. To note progress to date and plans for completion
2. To provide feedback on the content and layout

FINANCE REPORT - AUGUST 2013

Report Title: Finance Performance Report

To be presented by: Bill Shields, Chief Financial Officer

Chief Financial Officer's message:
The Trust has achieved a year to date surplus of £4.2m at the end of August (after adjusting for impairments and donated assets), an **adverse** variance against the plan of £1.0m. This is based on a surplus in month of £1.2m, which was a **favourable** variance of £0.5m. CIPs are now significantly behind plan by £4.8m. This has partially been offset by over-performance income on CCG contracts and utilisation of the contingency fund. It should not be expected that the over-performance on income will continue and therefore marked improved delivery of the CIPs is required in order to achieve the financial plan for the year.

If the current trajectory continues then the Trust will not achieve the required plan and this will seriously impact upon the Foundation Trust timeline. It is therefore imperative that all areas ensure CIP plans are back on track and that any discretionary expenditure or new projects are stopped until it is confirmed that the financial position is stabilised.

Key Issues for discussion:
Continued improvement required in future months through improved performance against CIPs.

Legal Implications or Review Needed
a. Yes ☐
b. No ✓

Details of Legal Review, if needed
N/A

Link to the Trust's Key Objective
Achieve outstanding results in all our activities.

Assurance or management of risks associated with meeting key objective:

Purpose of Report
a. For Decision ☐
b. For information/noting ✓

Imperial College Healthcare NHS
NHS Trust

FINANCE REPORT - AUGUST 2013

1 Introduction

1.1 This paper outlines the main drivers behind the Trust's reported financial position for the month ending 31st August 2013.

1.2 The narrative report is intended to provide a more focused statement of the main drivers of the financial performance and direct the audience to the appendix for further explanation.

2 Overview of Financial Performance (Pages 1, 2, 3)

2.1 **Statement of Comprehensive Income (I&E Account)** - The Trust's financial position for the month is a **surplus** of £1,229k, with a year to date surplus of £4,230k. This was a **favourable** variance of £492k in month.

2.2 **PCT Service Level Agreement (SLA) Income** – The PCT SLA contract monitoring report for the month of August was calculated using the month 4 actual data and adjusted for the planned monthly profile within the SLA. Over-performance against plan is £10.4m and is associated mainly with CCG's QIPP plans to reduce patient flows into hospital not being achieved.

2.3 **Expenditure** - Pay expenditure shows an **adverse** variance of £5,669k year to date as result of under-achievement of CIPs and a failure to reduce agency costs. Non pay expenditure is showing an **adverse** variance year to date of £3,091k which is mainly due to the purchase and sale of drugs for £1.5m to Lloyds Pharmacy as part of income generation initiative.

3 Monthly Performance (Page 4)

3.1 Divisional financial performance has been assessed against the Financial Risk Rating. The metrics shown in the tables above reflect the five key themes and summarise performance against 25 detailed metrics. Self-assessment has been used where there are currently gaps in data. Detailed analysis of performance against these metrics is being presented and reviewed with Divisions as part of the review of month 5 finance performance.

3.2 There needs to be continued focus on CIP delivery thereby reducing unit costs and securing a reduction in the current expenditure run rate which is key to delivering the financial plan targets.

3.3 There has been a distinct lack of focus on CIP delivery within the first quarter of the year. This has been discussed at the Audit, Risk and Governance Committee and will be considered by the Finance and Investment Committee as well as the Board. This additional attention has resulted in improvement in plans, improved delivery and agreement about the additional controls required.

3.4 The Medicine Division has been put into turnaround after month 3 results as it has the majority of the deficit within the divisions. The key aspects of the turnaround will be weekly monitoring of the main cost drivers and reduced autonomy of financial transactions.

Imperial College Healthcare NHS
NHS Trust

4 Cost Improvement Plan (Page 5)

4.1 The CIP plan for the year is £49.2m. Expected forecast outturn is £40.1m.

4.2 Year to date delivery of CIP was £14.7m (a deficit of £4.8m against plan)

4.3 The Transformation Board is closely monitoring the position and plans are in place to ensure delivery of the 2013/14 target.

5 Statement of Financial Position (Balance Sheet - Page 6)

5.1 The overall movement in balances when compared to the previous month is 1.5m and there are no significant movements to report.

6 Capital Expenditure (Page 7)

6.1 Expenditure in month was £1.0m (£6.0m year to date) which is £1.0m behind plan.

6.2 The programme is behind plan due to Endoscopy project, which was delayed by extended procurement negotiations.

7 Cash (Page 8)

7.1 The cash profile has been set out as per the TDA plan. Cash is behind plan due to organisational changes in the NHS and delays in agreeing contracts with commissioners which continue to impact the cash position in August. Also the Trust paid the ISS facility management contract earlier than planned to take advantage of a discount of £0.5m

8 Monitor metrics – Financial Risk Rating (Page 9)

8.1 The Trust's overall financial risk rating is a FRR of 3 based on the results in August. All risk metrics were broadly on track for August. A score of 3 is mandatory for Foundation Trust status.

9 Conclusions & Recommendations

The Board is asked to note:

- The **surplus** of £1,299k for the month of August; the cumulative **surplus** of £4,230k, a cumulative **adverse** variance of £986k against the plan.
- Actual achievement of new CIP schemes year to date was £14.7m which is behind plan by £4.8m. It is therefore recommended that discretionary expenditure and new projects are stopped until it is confirmed the Trust is back on track with delivery of the financial plan.
- Forecast outturn remains at a surplus of £15.1m. However, if the current expenditure position continues the Trust will potentially need to revise this which will seriously jeopardise the timetable for Foundation Trust status.

Prepared by Mark Collis, Deputy Director of Finance & Marcus Thorman, Director of Operational Finance

Building world class finance

innovation respect
care
achievement
pride

Imperial College Healthcare NHS
NHS Trust

Report Title: Cost Improvement Programme 2013/14

To be presented by: Bill Shields

Executive Summary:
The Trust is behind plan on delivery of CIPs for the first 5 months of the year and is forecasting an adverse variance against planned CIPs of £9.1m for 2013/14. This paper therefore reviews the process to date and covers the actions required to bring the CIP delivery back on track and achieve the original plan signed off by the TDA in May 2013.

The paper was first submitted to the Management Board on 28th August, reviewed and updated following Operational Board on 2nd September and presented to Audit Committee on 4th September. This updated report will be presented to the September Board.

Action required:
To note the update and review the recommendations.

Cost Improvement Programme 2013/14

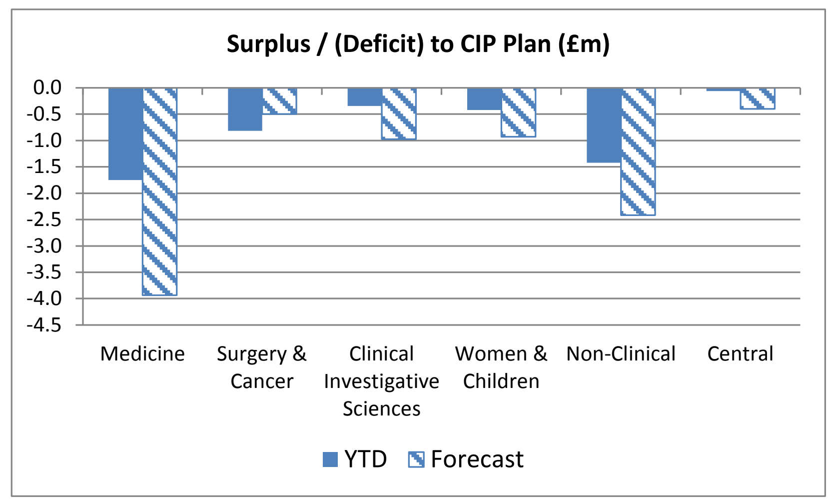
Update to Finance & Investment Committee – 19th[th] September 2013

1. Introduction

The purpose of this paper is:
- to update on performance of the Cost Improvement Programme (CIP) for 2013/14;
- to reconfirm the basis on which the CIP plan was based for 2013/14;
- to reconfirm the agreed approach to financial performance management as part of the Financial Compliance Framework;
- to note actions being taken currently in areas which are under-performing against their CIP targets;
- to propose further actions to ensure delivery of the CIP programme in the current and future financial years.

2. Performance against the CIP for the 4 months ending 31st August 2013

The following headlines were reported as part of the Trust Board finance report:
- £14.7m savings have been delivered year to date as at month 5 against a plan of £19.3m (a deficit against plan of £4.8m);
- £40.1m savings are forecast for 2013/14 against a plan of £49.3m (a deficit of £9.1m against plan);
- £5.7m of savings have been formally identified by Divisions and Non-Clinical Directorates for 2014/15;
- No savings have been formally identified by Divisions and Non-Clinical Directorates for 2015/16;
- Deficits are reported both YTD and forecast for all Divisions as shown in the following chart:



3. Reconfirmation of the basis upon which the CIP plan was agreed for 2013/14

The 2013/14 CIP of £49m represents the second year of the three year Medium Term Financial Strategy (MTFS) approved by the Trust Board on 30th May 2012. The CIP required has been reduced from the original figure of £55.2m due to delivery of £62m of recurrent CIP being delivered in 2012/13 compared to the original level of £52m. It is important to note, therefore, that the required savings in 2013/14 are both lower than those delivered in 2012/13 and the level originally agreed and signed off as part of the MTFS.

The financial plan for Divisions and Non-Clinical Directorates was set following principles agreed by Management Board and Finance Committee. In summary, the historic process of rollover budget allocations was replaced by Divisional and Non-Clinical management team preparing financial plans which delivered a number of financial objectives (including CIP). Clinical Divisions were required to present their plans to bi-lateral review meetings with Executive Directors. These meetings were to be used as the assurance that detailed CIP and financial plans have been adequately reviewed.

This change in approach was necessary to ensure that financial plans are linked to local objectives and the financial impact of savings is planned up-front and subject to review and challenge by Executive Directors before being formally adopted by the Board as the Trust financial plan.

Plans were based on actual expenditure outturn for 2012/13 adjusted for non-recurring items, agreed investments, inflation and CIPs. This approach ensured that budgets were fully aligned to current performance and eradicated the problems caused by rolling over historic budgets.

Divisions and Non-Clinical Directorates were supported in developing their CIP plans by CIP themes developed under the auspices of the Transformation (previously CIP) Board, chaired by the Chief Financial Officer. This meets every month and all Executive Directors are invited to attend and new schemes are presented by a project sponsor before final sign off can occur.

The February 2013 Transformation Board received CIP plans from each of the CPGs which indicated an initial gap of £14.4m against the planned level of savings. Through a process of iteration where the Finance Directorate and newly appointed Finance Business Partners worked with CPGs to resolve this gap, before the final plan was submitted to the Trust Development Authority.

Appendix 1 confirms the CIP analysis provided monthly to the Trust Board (results for 5 months ending 31st August 2013).

4. Reconfirmation of the agreed approach to financial performance management as part of the Financial Compliance Framework

The following core principles were agreed by Management Board and Finance Committee as part of the Financial Compliance Framework:

- The Trust will move away from using budgets and CIPs as the primary measure of financial performance for Clinical Divisions and Non-Clinical Directorates
- The Board's view of financial performance for Clinical Divisions will be based upon a Financial Risk Rating (FRR) using 25 metrics across 5 themes (Financial sustainability, Cost Control, Forecasting Accuracy, Financial Governance and Working Capital)
- A set of Key Performance Indicators will be used by Clinical Divisions to support the delivery of an acceptable FRR. These KPIs will be aligned to and supplement the Financial Risk Rating. Clinical Divisions will be responsible for setting their own targets and forecasts for KPIs.
- Clinical Divisions will be required to set their own financial plans and forecasts which deliver an acceptable FRR.
- The FRR and Clinical Division KPIs will be supplemented by a range of detailed financial and non-financial information which will be widely published to promote strong performance and accountability. This information will also be used to assess whether resources are being appropriately managed within Clinical Divisions.
- A detailed review of financial performance will be undertaken with the Executive team at least quarterly.

The transition to this new performance framework was supported by a comprehensive training programme which has been attended by the majority of accountable managers and clinicians and received excellent feedback from attendees.

This framework ensures that CIP performance is fully linked to overall management of resources and that Divisions are accountable for a balanced view of financial performance. This approach also prevents misalignment of CIP and financial performance and requires an evidence based approach to recording the value of CIP delivery. Unlike in previous years, Divisions now need to reconcile their CIP performance to year on year changes in expenditure to ensure that CIPs are delivering real and cash-releasing savings.

Compliance against the framework is supported by the following:

- Monthly Financial Performance Briefings for Clinical Divisions ensuring that all stakeholders are fully briefed on financial issues (including CIPs);

- All budget managers have access to the Qlikview Finance application to analyse their actual financial results in detail including drilldown to detailed transactions;

- All budgets and forecasts are accounted for in detail in the financial system and show where cost savings have been planned to be delivered (budget managers will have on-line access to view and amend their forecasts from October using the Collaborative Planning system);
- A CIP tracker showing the detailed planned and actual values for all CIP schemes;
- An on-line CIP Quality Assurance Qlikview tool to support the review and sign-off of all CIP schemes.

The FRR scores confirm the impact of shortfalls in CIP delivery on overall financial performance.

5. Actions currently being undertaken in underperforming areas

As at Month 5, the shortfall against the CIP plan is reported as £4.8m. This impacts on the overall Trust income & expenditure position which is showing a deficit against plan of £1.0m (actual surplus of £4.2m delivered against a planned surplus of £5.2m).

Each of the new Divisions is overspent as a result of CIP shortfalls as shown in the following table:

Clinical Division	YTD Surplus/(Deficit) to budget (£m)	CIP surplus / (shortfall) (£m)
Medicine	(3.6)	(1.8)
Surgery & Cancer	(0.3)	(0.8)
Clinical Investigative Sciences	(1.4)	(0.3)
Women & Children	(0.4)	(0.4)

As already stated, the approach to budget setting has eradicated all historic budget issues and the impact of CIP shortfalls is clearly linked to performance against budget. Medicine's financial performance is also impacted by increased nursing and drugs costs.

A detailed review of CIPs also confirms that shortfalls in delivery relate to both unidentified values and also by schemes which are not delivering as planned. Also some schemes appear to be aspirations of cost reduction rather than decisions or changes in working practices which would result in sustainable cost reductions (eg reduction in agency costs).

Discussions at financial performance meetings have revealed that, in the case of Medicine and Surgery & Cancer in particular, a significant value of CIPs put forward and signed off by the management teams are now not felt to be deliverable. It is important to note also that the failure

of commissioners to deliver QIPP schemes does not have a significant impact on CIP delivery, although the overspend in some CPGs is partly attributable to additional activity related costs.

Forecast CIPs are based on detailed discussions with each of the new Divisional Management Teams and, while it is felt that these are robust estimates, it should be noted that a significant element of catch-up is required and the outturn position is, therefore, not without a significant degree of risk.

Where there has been significant under performance on CIP schemes, these have tended to be in areas where a level of operational delivery and/or service transformation is required. Clearly, the change to the new Divisional structure has not aided this as the new Divisional teams have assumed responsibility for and are now assuring the CIP schemes inherited from the previous CPGs. Given there is no area where the senior leadership teams have not changed, this has increased the time taken to quality assure inherited schemes for delivery.

Given the significant adverse variance in the Medicine Division at Month 3, the CFO recommended placing this area in turnaround. This recommendation was accepted. This means that this Division, is subject to more frequent monitoring, has to meet on a two-weekly basis to discuss progress on delivery, is subject to more stringent spend controls and has to produce a recovery plan to resolve the position. Due to annual leave commitments, this is expected by Friday 20th September. Similar turnaround controls on the other Divisions will be imposed if their financial performance and forecasts deteriorate significantly.

The turnaround process will be monitored through the Divisional Financial Performance Briefings which will be now be attended by the CFO and COO. This approach will ensure more attention to detailed CIPs which could be achieved by reviewing as part of the wider Divisional Performance Reviews. Overall delivery will be monitored by the Transformation Board which includes Trust Development Authority representation and reported to the Finance and Investment Committee and the Trust Board on a periodic basis.

Financial performance will continue to be measured against the Financial Risk Rating and reported to the Trust Board and Finance & Investment Committee.

6. <u>Further actions to ensure delivery of the CIP programme in the current and future financial years</u>

Delivery of the CIP programme for 2013/14 is a key component of the Trust's Foundation Trust application. The current year, as well as representing the second year of the current MTFS, is year zero of the five year Long Term Financial Model upon which the Integrated Business Plan is based. Failure to deliver this year will, therefore, dent confidence in the ability of ICHT to deliver further, more challenging CIPs as well as increasing the absolute level to be delivered in later years. Failure to deliver the current year's CIP is, therefore, not a credible option for an

organisation with any realistic aspiration of achieving FT status in the next 15 months. A thoroughgoing recovery plan is, thus, required to ensure current plans and time frames remain on track.

In addition to placing the Medicine Division in formal turnaround, the following recommendations are made to ensure delivery of the current year's CIP and provide greater assurance of delivery of the full three year programme required by the TDA and Monitor.

a. Identify the range of actions which can be taken to recover forecast costs to plan for the remainder of the current financial year;

b. Fortnightly publication of recruitment decisions to Operational Board (who have the right to overturn recruitment decisions) as well as a review of bank, agency and overtime on a monthly basis;

c. All non-clinical appointments on hold for the next three months unless the post delivers a CIP or can demonstrate will improve the financial position;

d. Discretionary spend transactions and breaches of procurement policy reported to Operational Board;

e. All consultancy expenditure requiring CFO approval through a purchase order in advance of services being procured;

f. All CIP schemes to be signed off by through the Qlikview CIP tool;

g. Divisions and non-clinical directorates to publish their detailed CIP plans and forecasts to Operational Board monthly;

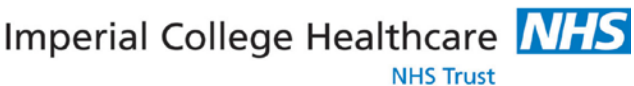
h. External support procured to support Divisions and Non-Clinical Directorates in development of their 3 year CIP plans;

i. 80% of CIP plans for 2014/15 to be planned in detail by the end of November (100% by the end of January 2014)

j. The overall CIP programme to be overseen by CEO through Management Board.

7. Conclusion

The current financial position, while in surplus, represents a significant adverse variance from plan. If unchecked, this will severely impact the financial outturn for this financial year, negatively impact confidence in the Trust's ability to deliver CIPs now and in the future and detrimentally affect the FT authorisation timeline.



This paper has detailed CIP delivery by division, the causes of non delivery and recommended actions which, if implemented, will improve the position and get delivery back on track.

8. Recommendations

Finance and Investment Committee is asked to endorse this paper and agree to the actions set out in section six above. Delivery of the CIP programme on an ongoing basis will be via Operational Board and overseen by the Finance and Investment Committee.

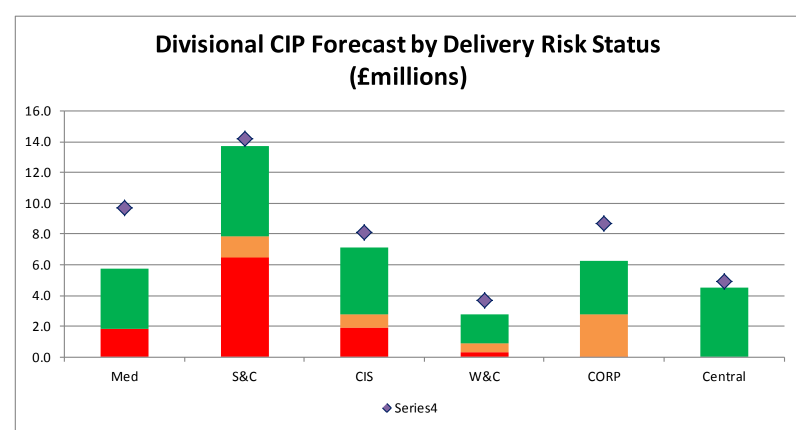
Bill Shields

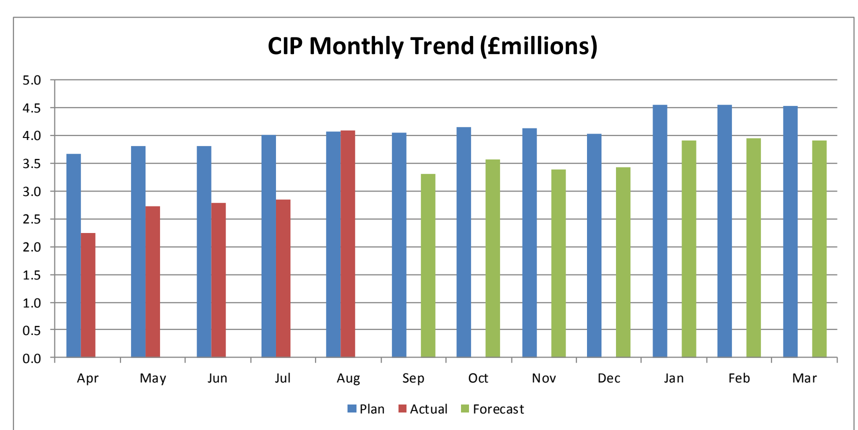
Chief Financial Officer

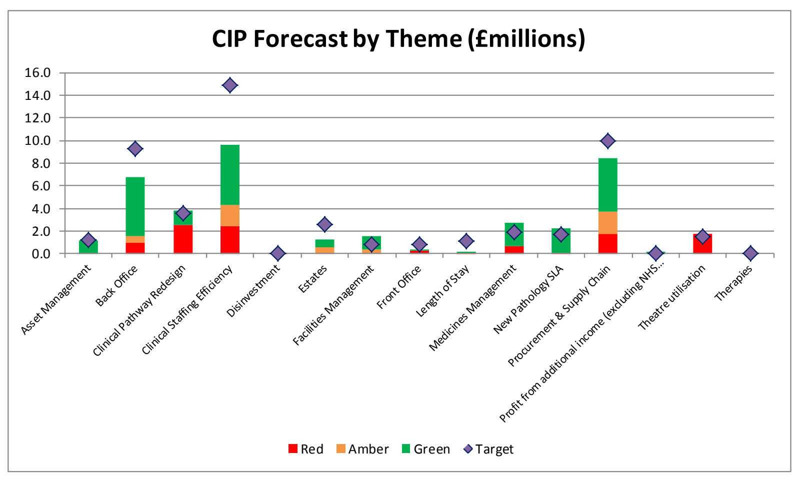
13th September, 2013

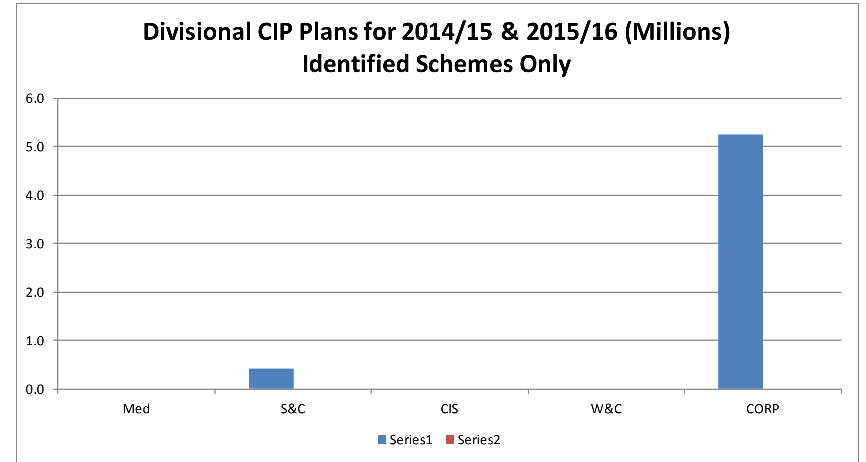
Imperial College Healthcare NHS
NHS Trust

PAGE 5 - Cost Improvement Programme





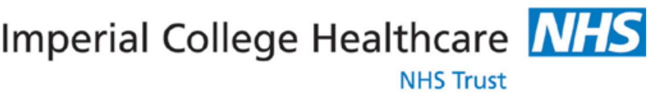




Key Issues:

- £14.7m savings delivered year to date (deficit of £4.8m against plan)
- £40.1m of savings forecast for current year (deficit of £9.1m against plan)
- The Trust has committed to the Trust Development Authority delivery of the full £49.25m plan. Current Divisional and Non-Clinical Directorates forecasts are £40.1m, leaving a gap of £9.15m to be mitigated.
- £5.7m of savings identified for 2014/15 by CPGs and Non-Clinical Directorates (0.8% of operating costs)
- £0.0m of savings identified for 2015/16 by CPGs and Non-Clinical Directorates (0% of operating costs)
- The Trust have now commissioned a piece of work with Red Clover to build a 3-year CIP (2014/15 - 2016/17) with Chiefs of Service and Service Leads.

Trust Board: 25 September 2013 **Agenda Number: 4.3** **Paper: 13**



Report Title: Director of People & Organisation Development Report

To be presented by: Jayne Mee, Director of People & Organisation Development

Executive Summary: This report updates on the People & Organisation Development strategy developments.

Key Issues for discussion:
For information

Legal Implications or Review Needed

a. Yes ☐
b. No ☒

Details of Legal Review, if needed
N/A

Link to the Trust's Key Objectives:

1. Provide the highest quality of healthcare to the communities we serve improving patient safety and satisfaction
2. Provide world-leading specialist care in our chosen field
3. Conduct world-class research and deliver benefits of innovation to our patients and population
4. Attract and retain high calibre workforce, offering excellence in education and professional development
5. Achieve outstanding results in all our activities.

Assurance or management of risks associated with meeting the relevant key objective(s):

Actions required: To note the report

Purpose of Report

a. For Decision ☐
b. For information/noting ☒

1. TALENT DEVELOPMENT

1.1 Engagement

Attached as **Appendix A** is the quarterly update of the NHS National Staff Survey Action Plans, which have recently been presented to the Management Board.

The National NHS Staff Survey will be launched on 23 September 2013 and will be sent to approx 10% of our people (850 sample). We will be piloting the survey as an on line survey to maximise response rates. Results of the national survey are available in Feb/March 2014.

The P & OD Directorate will also be launching the first local engagement surveys in October 2014. Designed to complement the national NHS Staff Survey we will conduct a short quarterly on line survey of up to 15 questions, with a quarter of our people receiving the survey each quarter. The survey will deliver much more timely feedback on engagement and will allow us over time to analyse results at a very local (ward) level, which will enable far better action planning than we can do from the national survey.

1.2 Leadership Development

A new suite of Leadership programmes have been launched **(see Appendix B)**. This includes a comprehensive suite of leadership development for our Top Leaders to commence in October 2013. The programmes include:-

Certificate in Medical Leadership for our Divisional Directors and Senior Clinical Leaders. This programme is a joint venture with Imperial College Business School who have co-designed and will deliver the programme with significant input from our Executive Team.

Horizons and **Aspire**: These two programmes will be for the remainder of our Senior Management population, including both Divisional leaders and Deputy/Associate Directors of our corporate teams. Delivered by our in house Leadership team, these programmes will be bespoke to the needs of our Trust, to ensure that our leaders are supported in developing the essential leadership skills and behaviours to ensure we meet the challenges of the coming years. A new Head of Leadership has recently been appointed to drive these programmes forward.

1.3 Coaching

We are currently recruiting and training a cohort of internal coaches who will be able to support delegates on the Leadership programmes and to develop a coaching culture, where we utilise the experience and expertise of our senior leaders to develop our emerging talented leaders of the future.

1.4 Leadership Forum

A revised and re-invigorated programme has been launched for our regular Leadership Forum. This is a quarterly half day event for our top 150 leaders, to bring them together to foster collaboration, networking and learning in leadership topics. The first event of the new programme took place in July when Jayne Mee spoke alongside top Leadership author and guru, David Smith – formerly People Director of Asda about how to build a High Performance Culture. A number of very practical and positive ideas came out of the session which managers found extremely helpful, and are being trialled in the Trust.

The September session featured guest speaker David Behan, Chief Executive CQC, who delivered an excellent seminar on the new hospital inspection.

1.5 Divisional Team Organisation Development

The Talent Team are facilitating team development for the new senior teams. Our first workshops are being planned with Woman's and Children's Division. All the divisions through the HR Business Partners will also be delivering performance management development over the coming months.

1.6 Creating a Culture of Respect

We have launched a new mandatory training e-learning module for all our people entitled "Creating a Culture of Respect". This will encompass a range of material on Equality and Diversity, Bullying and Harassment and is designed to improve basic awareness of the relevant issues and reinforce the Trust policies on these important issues both from a patient and colleague perspective. It will be part of our mandatory training after.

1.7 Performance & Development Review

During the autumn we will develop and introduce of a revised Performance & Development Review Process with ratings to replace the current Appraisal system which is clunky and has no ratings so we have no idea whatsoever of how our people are doing. This will feed into a Talent Management Programme where we will identify potential and work with people to build an individual development plan which we can monitor.

2. EMPLOYEE RELATIONS

2.1 Divisional Restructure

On 15 July 2013 the six clinical programme groups were replaced by four divisions. Everyone affected by the second phase of the divisional restructure were temporarily mapped to one of the new directorates/divisions.

Formal consultation on the second phase of the divisional restructure began on 6 August. The proposals affected approximately 85 people in business management, nurse management and quality & safety roles. Consultation closed on 9 September.

Following feedback Steve McManus has made minor changes to the proposed structure and job roles. The new structure will be confirmed in an end-of-consultation document which will be agreed with our trade union partners on 12 September.

The people affected by the change will be sent written confirmation of the new structure and the arrangements for recruitment on 13 September.

Interviews for people 'at risk' will take place from 26 September to 11 October. Interviews for external applicants for vacant posts will take place from the mid-October.

People will take up their roles in the new structure from 14 October.

2.2 Employee Relations Service

As part of the wider process of renewal within the P&OD directorate we are moving forward with creating an in-house centralised employee relations function. The recruitment process for the new roles is under away. The management of ER cases will begin to transfer from Capsticks to the new Trust service from 1 November 2013. The arrangements for the transfer will be widely communicated to line managers.

2.3 Partnership Agreement

The trust and its trade union partners are developing a partnership agreement which reflects the constructive working relationship we have with our recognised trade unions. As part of the agreement the Partnership Board will become the main forum for discussion and we aim to move the focus of this group onto matters of strategic importance that affect the people who work for us. It is anticipated that the Partnership Agreement will be signed off in October.

3. RESOURCING

3.1 Senior Recruitment

Ian Garlington will join the Trust on 7 October as Director of Strategy. Ian is currently the Commercial Director at Buckinghamshire Healthcare Trust. He has good Board level experience, gained through his current role as Commercial Director of Buckinghamshire Healthcare NHS Trust.

The Post of Director of Communications and External Relations will be advertised shortly and interviews are expected to take place in October.

Martin Lerner is due to commence working with the Trust on 21 October as the Divisional Director of Operations for Surgery & Cancer. Martin is currently working at UCLH as the Divisional Manager for Cancer Services and brings a wealth of experience with him.

We are also recruiting for Director of Education, Deputy Director of Patient Experience and Associate Director HR Operations.

3.2 Nursing & Midwifery Recruitment

The drive to reduce nursing bands 2-6 vacancies down to 5% continues. Between April and August of this year 234 joiners with 339 offers made during the same period. The vacancy rate for this group of nurses still remains high at 11.61%, however; a number of newly qualified nurses recruited in the summer are starting between September and October. A number of band 6 vacancies are being held pending the Phase 2 restructure. The Women & Children's Division are planning an Open Day on 19 October. Individuals will be interviewed and receive conditional offers on the day if they are successful. An overseas campaign to recruit ICU nurses and Neonatal nurses is currently in progress.

We are continuing to reduce the time period between a conditional offer of employment and an agreed start date – i.e. the time it takes to complete all the pre-employment clearances. The current KPI target is 40 days and the recruitment team are achieving 28 days on average to complete pre-employment clearances.

4. PEOPLE PLANNING & INFORMATION

4.1 Qlikview

The Establishment & Vacancy Qlikview application is now 'live' to managers and budget holders. Work will begin in September to develop a People Information 'BAT' application (Bring it All Together) within Qlikview which will provide managers with a variety of key information about their people in one place.

4.2 People Reporting

The new Divisional structures have now been reflected in all people information reporting at Trust, Divisional and departmental levels. The beginning of September also saw the completion of work to provide Trust managers with a weekly appraisal report.

Additionally, we now have a new HR KPI Performance template which is being used and discussed at the Divisional Performance Reviews and at the Management Board each month. (**See attached example Appendix C)**.

5. HEALTH & WELLBEING

5.1 Occupational Health

The Occupational Health review is nearing conclusion. We now have the vision and modus operandi and the implementation plan is being developed. Between now and Christmas we will develop the "Imperial Way" for Occupational Health. January to March will see stakeholders' engagement and the transition to the new ways of working leading to launching new products in April 2014. We are developing ideas for research and evaluation. The ultimate goal is to change the culture for health and wellbeing in the Trust, with a greater focus on improving workability.

The health and wellbeing committee will have its inaugural meeting on September 18th. This will set in train the creation of a Trust health and wellbeing strategy. We will also discuss the revised Trust No Smoking Policy, which we will launch during October, to coincide with Stopober. There are other initiatives being planned for this month including promoting the Quick and Quit initiative.

We are currently preparing for this year's flu vaccination season. We aim to build on last year's achievement of vaccinating our people. We will work with Senior Trust professionals to redouble our efforts.

On the business side we are tendering to become an approved supplier of Occupational Health services to Universities in the Greater London area. There is a new framework for service provision and in the future universities are expected to obtain their Occupational Health service from an approved supplier.

5.2 Health Foundation Shared Purpose Programme

The Shared Purpose Programme, funded by the Health Foundation, aims to develop a toolkit based on potential links between workforce predictors and clinical outcome data. The quantitative project is progressing well. Collation and cleaning of workforce and clinical data is running to plan, with the support of intensive care areas. The recent recruitment of a medical statistician and collaboration with a Professor of Applied Statistics from the University of Cambridge will direct the data analysis process. The design of the qualitative project to understand staff perceptions of risk and safety is complete for the intensive care units. A pilot is in progress and rollout is planned for October.

Report Title: NHS Trust Development Authority Self-Certifications: July 2013

To be presented by: Bill Shields, Chief Financial Officer

Executive Summary:

As part of the on-going oversight by the NHS Trust Development Authority (TDA) and in preparation for the Trust's application for Foundation Status, the Trust is required to submit two self-certified declarations on a monthly basis. These self–certification declarations have replaced the Single Operating Model (SOM), which the Trust completed and submitted to NHS London, up until the end of 2012/13.

The two returns being submitted monthly are:
Oversight: Monthly self-certification requirements – Board Statements;
Oversight: Monthly self-certification requirements – Compliance Monitor.

Under the new oversight model, all performance is reported one month in arrears, with the exception of cancer which is reported two months in arrears.

The Board is asked to approve the July 2013, submission for ratification. There was no Trust Board meeting in August, the Self-certifications was approved by the CFO prior to the submission.
This process has been agreed with the TDA for approval of retrospective Board sign off assuming Executive sign off had already been given.

Key Issues for discussion:

- No changes to the compliance monitor return since last month
- Board Statement 7 updated to reflect sign off the revised Risk Management Strategy by the Board in July
- Board Statement 10 update to reflect July's performance on MRSA and Cancer targets and reflects what was reported at the Integrated Delivery Meeting
- Board Statement 12 updated to reflect sign off the revised committee structure by the Board in July

Legal Implications or Review Needed

a. Yes ☐
b. No √

Details of Legal Review, if needed
N/A

Link to the Trust's Key Objectives:
1. Provide the highest quality of healthcare to the communities we serve improving patient safety

and satisfaction
2. Provide world-leading specialist care in our chosen field
3. Conduct world-class research and deliver benefits of innovation to our patients and population
4. Attract and retain high caliber workforce, offering excellence in education and professional development
5. Achieve outstanding results in all our activities.

Assurance or management of risks associated with meeting key objective:

Purpose of Report

a. For Decision √
b. For information/noting √

Report Title: Trust and Charity Engagement

To be presented by: David Crundwell, Chairman, Imperial College Healthcare Charity; Jane Miles, Chief Executive and Josephine Watterson, Fundraising Director

Executive Summary:

The Board to consider how the charity and the Trust can work together more effectively to meet the challenges of the next 5 years.

The charity is independent registered with its own trustees that raises, manages and invests charitable funds to benefit the Trust's patients and improve the health of people living locally. It uses its investment and fundraising income to advance clinical research and inspire health improvement. The grants programme awards £2m+ p.a. and the fundraising strategy is building to deliver £15.5m over the next 5 years.

The fundraising target can only be achieved with (i) good fundraising projects to raise funds for and (ii) trust engagement at the most senior level.

Key Issues for discussion:
Decide how the Board, and its members, will engage with the charity, and in particular with the fundraising strategy.

Identification of good projects that we can fundraise for over the next 5 years.

Legal Implications or Review Needed

a. Yes ☐
b. No √

Details of Legal Review, if needed
N/A

Link to the Trust's Key Objectives:

1. Provide the highest quality of healthcare to the communities we serve improving patient safety and satisfaction
2. Provide world-leading specialist care in our chosen field
3. Conduct world-class research and deliver benefits of innovation to our patients and population
4. Attract and retain high calibre workforce, offering excellence in education and professional development
5. Achieve outstanding results in all our activities.

Purpose of Report

a. For Decision ☐
b. For information/noting √

25th September 2013

Trust Board Paper

Purpose of Paper

The purpose of this paper is to provide background on the Charity so that the Board can consider how the Charity and the Trust can work together to meet the challenges of the next 5 years.

The Charity

Imperial College Healthcare Charity was formed in 2009 to raise and manage vital charitable funds for the 5 hospitals within Imperial College Healthcare NHS Trust.

The Charity's overall strategic priorities are:

- To support the NHS Trust/AHSC as a leader in service, development and research by taking healthcare advances from benchside to bedside
- To support the improvement of the health of the local communities, particularly in addressing health inequalities
- To support the improvement of staff skills in delivering first class patient care, safety and patient experience
- To support the development of fundraising

Constitution

Most NHS charities are termed "corporate trustee". Imperial College Healthcare Charity is termed a Section 11 NHS Charity which has trustees, independent of its NHS Trust. Section 11 refers to that section of the NHS and Community Care Act 1990 whereby charitable bodies were established by the Secretary of State for Health in order to serve the new NHS Trusts and were created where the charitable funds exceeded £10m. The creation of a body of trustees and the transfer of charitable funds to it required statutory instruments. At the time of the merger, the charitable funds of the two existing S11 charities (St Mary's and Hammersmith) were transferred into the newly created S11 Charity (Imperial College Healthcare) regulated by the Charities Commission. The number of trustees (in our case, 7) is decided by the Secretary of State for Health and their appointment delegated to the Appointments Commission (now NTDA Appointments).

The Department of Health is currently conducting a review of NHS charities with a view to allowing greater independence for all categories of NHS charities and bring them more into line with the majority of UK charities that are solely regulated by the Charities Commission.

Charity Scheme and Objects

Imperial College Healthcare Charity is governed by a Scheme under powers given in the Charities Act 1993. It has two main funds, each with assets of around £35m - the objects of one are *for any charitable purpose relating to the national health service or the general or specific purposes of Imperial College Healthcare NHS Trust* and the objects of the other are for such purposes relating *to the hospital services (including research) of the Imperial College Healthcare NHS Trust or to any other part of the health service associated with any hospital within the Imperial College Healthcare NHS Trust.*

Charity Trustees and Staff

There are seven trustees. The chairman is David Crundwell. See appendix for trustee biographies.

Based at St Mary's hospital, the Charity has a small staff team led by the chief executive. Its work comprises the management and administration of grants, finance and investment; the commissioning and management of art as well as the development of communications and fundraising.

A. Grants Programme
The trustees award around £2m each year through a series of grants to trust and college staff, patients and external organisations. This includes the OSC&Rs staff recognition scheme, a research fellowship programme and general grants (of up to £100k each) which currently support the development of integrated care across primary and secondary care services. Since 2009, the Charity has awarded over £7.3 million to over 150 projects. Projects are expected to create learning and knowledge that can be disseminated more widely across the hospitals and ultimately the NHS.

In addition the Charity manages around £9m in special purpose funds whose spending is largely delegated to fund advisers across the trust.

Examples of projects funded in 2012 include:

1. Would a reminder text increase the uptake of breast cancer screening?
According to the latest research, the NHS Breast Screening Programme saves more than 1,400 lives a year. The programme aims to ensure that 70% of eligible women are screened. Only 60% of women in London currently take up screening. A randomised double blind trial was set up with GPs in Hillingdon whereby half the group were sent text message reminders for their first breast screening and even though only half the group had mobile numbers, the uptake increased by 8% to 68%. With the software and research still in place, the Charity is now repeating this trial with women being called for cervical screening.

2. Safeguarding vulnerable children through technology
Learning from child protection-related tragedies highlights the importance of good information sharing between agencies. This means that GPs, health visitors, social workers and sometimes the police need to be aware of hospital attendances of children with Child Protection Plans (CPP). The paediatrics team at St Mary's are running a pilot using a system called recurring admission patient alert (RAPA), to ensure that health and social care professionals are notified when those very vulnerable children who are subject to CPPs, attend A&E or are admitted to the Trust.
The Charity, through its paediatrics special purpose fund, is providing the funding to support a project manager to work with the teams to roll out the use of RAPA. This has yet to be evaluated.

3. Research Fellowship: Identifying what determines patients' adherence to preventive medication for heart disease and stroke
Heart disease and stroke are leading causes of death in the UK. Medicine is essential in preventing recurrence and progression. Evidence shows that some people regularly take their medication, but others do not. This research fellow will work with patients and staff for one year gathering data as to why people do not always take medication to prevent cardiovascular disease. This data will be used not only to identify what needs to be done to support people to take their medication but also to compile an application for further work funded through a major funder such as Wellcome or the MRC. This, in turn, will advance the fellow's research career.

B. Arts Programme – collection and workshops
The Charity commissions, acquires and manages works of art. Additional funds are sought for specific projects from the hospital Friends, the National Lottery, the Arts Council England, etc. Works are also loaned from the Tate, artists and collectors. The collection comprises more than 1,600 pieces - paintings, prints, drawings and sculpture as well as stained glass, tapestries and murals. It is a mix of traditional and contemporary art. Works on display include those of Gary Hume, Tracy Emin, Paul Huxley, Bridget Riley and Henry Moore. Most works are located in patient and public areas. Art plays an important part in improving the hospital spaces for patients, staff and visitors creating a healing environment. The art uplifts, distracts, calms and inspires. The

Charity also runs an audience development programme comprising art workshops, tours and lectures for patients and staff. These contribute to a wider understanding and enjoyment of the works of art within the hospitals.

C. Fundraising Strategy 2013-2018

A five year fundraising strategy has been developed and agreed with the Charity's Trustees and is now being communicated on a one-to-one basis with the Trust's Executive Directors.

The strategy is to grow income and the donor database gradually over 5 years, in order to achieve £15m cumulative total in five years and a sustainable income of £5m per annum by year 5. This will be the platform for a step change with a £20m appeal in 2018 that will be achieved over three years.

The fundraising vision is to become the Charity of choice for staff, patients and visitors to Imperial College Healthcare NHS Trust hospitals. Externally we will be a recognised and trusted Charity name that companies, major donors and trusts across the UK will want to support and we will have a diverse and successful fundraising portfolio that will engage and retain both financial and non-financial supporters.

We will achieve this vision by successfully delivering the following objectives:

1. Deliver a three stage appeal programme
2. Establish and implement a grateful patient programme across the 5 hospitals within the Trust
3. Double the size and value of our donor database
4. Achieve £5m gross, sustained annual income by March 2018
5. By the end of five years, establish a significant appeal of £20m to support the Trust's aspirations for Shaping a Healthier Future
6. Implement an attractive and diverse fundraising portfolio

Joint Fundraising Board

Key to fundraising achievement is an alignment of funding needs. Therefore, a Joint Fundraising Board has been established to act as an effective bridge between Imperial College Healthcare NHS Trust and Imperial College Healthcare Charity, with the common aim of raising funds for agreed joint strategic charitable priorities to benefit the NHS Trust and the health needs of the local community.

The fundraising priorities, themes and proposed income streams are outlined in that strategy, but it will be for the Board to work through and agree these on behalf of both organisations. The Joint Fundraising Board comprises:

NHS Trust:	Mr John Cryer
	Dr Chris Harrison
	Mr Steve McManus
Charity:	Ms Jane Miles
	Ms Josephine Watterson

NHS Trust lead is Steve McManus. The Board is chaired by Jane Miles.

Working in Partnership

If we are to operate on the same level as Kings, UCLH or Barts, who are now raising substantial funds through fundraising, we must work together – the Trust and the Charity - to identify the best fundraising appeals and best potential donors. A combination of inspiring projects to raise funds for and a qualified pool of donor prospects will give us the tools required to deliver a £20m appeal.

Trustee Biographies

Chairman - David Crundwell
David is currently Head of Corporate Affairs for Thomson Reuters. A former Reuters journalist and City analyst, he has a strong background in building brands and businesses in the consumer, manufacturing, professional services and media sectors. He is also a member of the UK Government's Expert Advisory Group on hiv/AIDS, BASHH, and Fellow of the Chartered Institute of Public Relations.

Trustee - Professor Hilary Thomas
Professor Hilary Thomas trained in clinical oncology at Hammersmith Hospital and has a PhD in the biology of breast cancer. In 1994 she became a Senior Lecturer in Clinical Oncology at the Royal Postgraduate Medical School two years before it became Imperial College. In 1998 she was appointed Professor of Oncology at the University of Surrey and in 2004 became Medical Director of the Royal Surrey County Hospital. She was an elected member of the General Medical Council from 1998 – 2003, and has been a Trustee of Breakthrough Breast Cancer since 2007. After treatment for breast cancer in 2006, her efforts have focused on improving patient care and experience. Professor Thomas left the NHS in 2007 to take up the post of Group Medical Director of Care UK and then joined KPMG's health advisory practice in 2009 where she is a Partner.

Trustee – Lena Choudary-Salter
Lena is Head of International Programmes Development at the International Childcare Trust and Executive Director at Mosaic Community Trust in Westminster. Prior to this she was Head of Programmes, Asia, at Leonard Cheshire Disability and has held senior roles in international and community development charities, including Oxfam, Merlin, Interact Wordwide, WaterAid UK and the International Planned Parenthood Federation. She was also Director at the Confederation of Indian Organisation UK for over 10 years.

Trustee - Valerie Jolliffe
Valerie Jolliffe runs her own venture capital company, specialising in early stage healthcare technologies and is a non-executive director of a number of spin out companies. Prior to that, she spent 10 years in corporate finance in the City and has an Engineering degree.

Trustee - Dr Mary O'Mahony
Dr Mary O'Mahony trained in general medicine and public health, finishing at St Thomas' Hospital, London. Since then she has worked at local, regional and national levels in the control and prevention of communicable diseases. Her experience includes working on policy development at the Department of Health as well as its implementation, most recently as Director of Local and Regional Services in the Health Protection Agency. She has a long standing interest in the voluntary sector and training.

Trustee - Sir Thomas Legg
Sir Thomas was permanent secretary of the Lord Chancellor's Department (now the Ministry of Justice) from 1989 to 1998. Since then, he has held a variety of posts, including the chairmanship of the former Hammersmith Hospitals NHS Trust, membership of the Audit Commission and the House of Commons audit committee. He is also a consultant to the law firm Clifford Chance and is a Non-Executive Director on the board of Imperial College Healthcare NHS Trust

Trustee – Robert Creighton

Robert Creighton is a recently retired NHS chief executive with many years' experience of senior roles in the public sector. He was Chief Executive of NHS Ealing (Ealing PCT) from 2002 to 2011 and before that Chief Executive of Great Ormond Street Hospital for Children NHS Trust for five years. Most recently he spent two years in strategic leadership roles across London, leading the transition of public health from the NHS to councils, for which he was responsible jointly to the Department of Health and London local government.

Previously he was a senior civil servant in the Department of Health, including a two-year stint as Principal Private Secretary. His early career was as a teacher and a director of an international educational Charity.

He maintains his interest in leadership and innovation in public services through consultancy and non-executive roles.

Chief Executive – Jane Miles
Jane has 32 years' experience of professional fundraising in health and social care charities. She has been Chief Executive of Imperial College Healthcare Charity since 2009. Prior to that she was Chief Executive of St Mary's Paddington Charitable Trust and before then Deputy Chief Executive of ChildLine. Jane is currently a trustee of the Royal College of Nursing Foundation.

Imperial College Healthcare NHS
NHS Trust

Report Title: Development of an Outline Business Case for the Implementation of *Shaping a Healthier Future* - Update paper

To be presented by: Bill Shields

Executive Summary: The Trust is developing an Outline Business Case for capital investment to deliver the changes agreed as part of Shaping a Healthier Future

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Key Issues for discussion:

- The Trust Board is asked to note that the PID was approved in June by the SaHF Implementation Board.
- The Trust Board is asked to note that a Trust PID was approved by the Capital Investment Committee in July
- The Board is asked to note that the OBC will be issued to the Board in December 2013 or January 2014 for consideration

Legal Implications or Review Needed

a. Yes ☐
b. No √

Details of Legal Review, if needed

Link to the Trust's Key Objectives: All

1. Provide the highest quality of healthcare to the communities we serve improving patient safety and satisfaction
2. Provide world-leading specialist care in our chosen field
3. Conduct world-class research and deliver benefits of innovation to our patients and population
4. Attract and retain high caliber workforce, offering excellence in education and professional development
5. Achieve outstanding results in all our activities.

Assurance or management of risks associated with meeting key objective:

Purpose of Report

a. For Decision
b. For information/noting √

Introduction

Following the decision of the Joint Committee of PCTs (JCPCT) in North West London to approve a Decision Making Business Case (DMBC) for the reconfiguration of acute services in North West London, the Shaping a Healthier Future (SaHF) implementation programme produced a Programme Initiation Document (PID). A copy of this can be obtained on the following link or from the Trust Secretary Stephen Guile by emailing him at Stephen.guile@imperial.nhs.uk. The PID, which was approved by the Implementation Board in June 2013, focuses on the implementation of the provider transformation and the enabling projects that are required to successfully support those changes.

Following the publication of the PID for all North West London Trusts and commissioners, Imperial Hospitals Trust created our own PID for the development of an Outline Business Case (OBC) for the redevelopment of St Mary's, Charing Cross and Hammersmith hospitals. This PID was approved by the Capital Investment Committee in July 2013 and the document is available for inspection by the Board if required.

This paper is to update the Board on progress with the development of the OBC. The Trust Board is asked to note that a PID for Shaping a Healthier Future was approved by the SaHF Implementation Board in June and a PID for the development of an OBC for the Trust was approved by the Capital Investment Committee in July.

Background/Context

In February 2013 the Joint Committee of the PCTs took forward the recommendation from the Shaping a Healthier Future (SaHF) Decision Making Business Case (DMBC). The outcomes of which were supported by the Trust.

The DMBC complied with the clinical vision, standards and service models of the three overarching principles form NHS NW London's vision for care. These are that health services needs to be:

- Localised where possible
- Centralised where necessary
- Integrated across health, social care and local authority providers

To deliver the DMBC preferred option, the Trust began work on its own OBC shortly after the DMBC was published.

Impact of the DMBC for the Trust

Under the DMBC preferred option, Charing Cross will become a local hospital with no A&E, Hammersmith will be a specialist hospital and St Mary's will be a larger major Hospital. These changes would mean that the majority of A&E and Non Elective services will transfer from Charing Cross to other Trusts, however the changes consolidate the position of St Mary's as a Major Trauma Centre.

In addition to delivering the DMBC outcomes, the OBC also seeks to deliver further outcomes for the Trust, as below:

- Reorganises the way services are delivered, ensuring patients benefit from the best possible facilities and most modern medical techniques with access to the highest standards of clinical expertise

- Is affordable for Imperial and maintains or improves financial strength
- Supports the FT application
- Examines other capital solutions
- Is agreed with Imperial College
- Ensures that private patient income is not jeopardised and potential grows

The Commissioners have provided a set of assumptions for the next 5 years which reduce overall activity/beds, irrespective of the Trust. These plans are tied to reductions in length of stay and an increased provision of Out of Hospital Care. These QIPP and length of stay improvements ensure that SaHF creates an affordable health system, and these planning parameters allow the Trust to create an OBC that we can expect the commissioners to support. Hence the approach to developing the OBC is to maximise the benefits to the Trust and our patients, within the parameters set by SaHF.

OBC outputs to date

Milestones and key deliverables have been agreed as part of the internal PID, and will culminate in the Board consideration of a finalised OBC in December 2013. To date we have:

- Created Teams and Workstreams: To develop the OBC key workstreams and groups have been set up pulling experts and stakeholders from across the Trust and drawing on external specialist support where needed. These groups include a Project Board, Project Management team, Clinical workstream, Estates workstream, Financial and Activity workstream and a Task & Finish group of operational clinical managers
- Agreed a Longlist: Development of a "longlist" of options, which included looking at possibilities other than the single SaHF preferred solution to deliver SaHF outcomes.
- Assessment: The SaHF assessment criteria were based on North West London as a whole and therefore could not account for the local needs of each Trust. With input from the various stakeholder groups these have been refined to be more "Imperial" focused:
- Shortlist: An initial shortlist of options has been developed from the longlist and this is being assessed against the evaluation criteria.
- Activity Model: An activity model has been created to assess the impact of activity under the short-listed options.
- Financial Model: A financial model has been built that reconciles to the long Term Financial Model. This will be included in the Foundation Trust application as a 'Downside Scenario'.
- Workforce Model: A model has been developed that shows the impact on workforce for all options. Operational and Clinical managers are working together to assess the impact of the opportunities for improving efficiency as a result of the development of modern facilities and through service consolidation
- Estate Solutions: plans are being developed to assess the optimal estate and capital solutions. Ideas are being shared with the Oliver Wyman team to ensure compatibility with the developing Clinical Strategy.

Option Evaluation

The options that are being evaluated are as follows:

- **Option 1 – Do Nothing**. Under this option activity is increased for growth and reduced in line with QIPP. No change to the site configuration.
- **Option 2 – Do Minimum**. Activity assumptions are as Option 1. However changes are made to the estate at St Mary's to create facilities appropriate to modern day healthcare.

- **Option 3 – the SaHF chosen option**. Under this option activity changes are as set out in the DMBC (non-elective and elective services move from Charing Cross). This includes the sale of majority of Charing Cross site, extra capacity at St Mary's and Hammersmith, but no improvement to the rest of the St Mary's site.
- **Option 4 – Alternative SaHF option**. A&E and emergency activity transfer from Charing Cross as set out in the DMBC. The retention of the facilities at Charing Cross allows some elective services to remain there (as defined by Divisional Directors). The option also includes the full redevelopment of the St Mary's site.

Options 1 and 2 are mutually exclusive from options 3 and 4. The Board would need to consider options 1 or 2 in the event that the Secretary of State was to call a halt to SaHF. In the event that SaHF is given approval to proceed, the Board will need to decide between options 3 and 4.

A number of sub-options are being considered for the estate solutions.

All these solutions are being developed within a broad capital envelope of £200m. It is provisionally calculated that this would allow a £350m project at St Mary's (net £200m after c£150m land receipts) and net £nil at Charing Cross / Hammersmith with the capital spend funded by land receipts.

The financial modelling work with the divisions is to ensure that operational efficiencies are driven to create the financial headroom to afford the capital investment. The OBC will need to demonstrate that the Trust can continue to achieve acceptable financial indicators after the capital investment.

Actions and Next Steps

The following action is underway:

- Discussions with Imperial College – this is a major issue as the retention of first class facilities is crucial and the transfer of acute activity from Charing Cross means that some facilities will need to be re-provided. Discussions are on-going with the College over the requirements
- The work on the development of the Clinical Strategy needs to continue to be aligned with the OBC
- Estate solutions and the activity and financial modelling work needs to be further refined
- The CCGs are designing the service solution for Local Hospitals (Charing Cross) and the outcome of this work needs to feed into the OBC that we develop
- Options for the Central Middlesex site, which is loss making even after SaHF, are under consideration. It is possible that the outcome may have some bearing on the services provided by our Trust
- Patient Focus Group - Patient input is key to ensuring the OBC is robust and has stakeholder input. The Patient group has been selected and options will be taken to the group, led by a Clinical Nurse Director.

Board Action:

This paper is for the Board to note that a PID is in place for SaHF and that alocal PID has been approved by the Capital Investment Committee.

The Board is asked to note that it will be asked to consider approval of the OBC at the Board meeting in December 2013 or January 2014.

Bill Shields Chief Financial Officer

Trust Board: 25 September 2013 Agenda Number: 5.3 Paper: 17

Report Title: Director of Research Annual Report

To be presented by: Professor Jonathan Weber, Director of Research

Executive Summary: Research activity within the Imperial Academic Health Science Centre has demonstrated some very significant achievements in 2012/13, both strategic and patient-related. The number of projects funded through the NIHR Imperial Biomedical Research Centre (BRC) has grown substantially, as has the number of patients recruited to studies and the number of publications. New and important research facilities have been launched, including the MRC-NIHR National Phenome Centre and the Imperial Clinical Phenotyping Centre.

Key Issues for discussion:

Strategic research agenda across the Imperial AHSC

Involvement and engagement of patients and public in our research

Legal Implications or Review Needed

a. ☐

b. No √

Details of Legal Review, if needed

Link to the Trust's Key Objectives:

1. Provide the highest quality of healthcare to the communities we serve improving patient safety and satisfaction
2. Provide world-leading specialist care in our chosen field
3. <u>Conduct world-class research and deliver benefits of innovation to our patients and population</u>
4. Attract and retain high calibre workforce, offering excellence in education and professional development
5. Achieve outstanding results in all our activities.

Assurance or management of risks associated with meeting the relevant key objective(s):

Actions required: None – for information/noting

Purpose of Report

a. For Decision ☐

b. For information/noting √

Introduction

2012/13 has proven to be another period of success and achievement for research within Imperial College Healthcare NHS Trust (ICHT). The Trust's research strategy is driven in close collaboration with Imperial College London through our Academic Health Science Centre (AHSC) partnership. The AHSC brings together both organisations, working hand-in-hand so that new scientific discoveries in the College may be translated as rapidly as possible into our hospitals, for the ultimate benefit of patients. Several notable examples of translational research successes are described in this report.

The Trust is also a member of Imperial College Health Partners – newly designated as the Academic Health Science Network (AHSN) for North West London (NWL). The aim of the partnership is to drive innovation and the adoption of new technologies and clinical interventions across the region.

Research Highlights

ICHT recruited more patients to NIHR Portfolio research studies than any other NHS Trust in 2012/13 – more than 46,500 individuals. The COSMOS study – looking at the potential health issues linked to long term mobile phone use – has been a major contributor in this respect. Participation in clinical research demonstrates ICHT's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff maintain awareness of the latest possible treatment possibilities, and active participation in research leads to successful patient outcomes. Figure 1 shows patient recruitment in North West London in 2012/13.

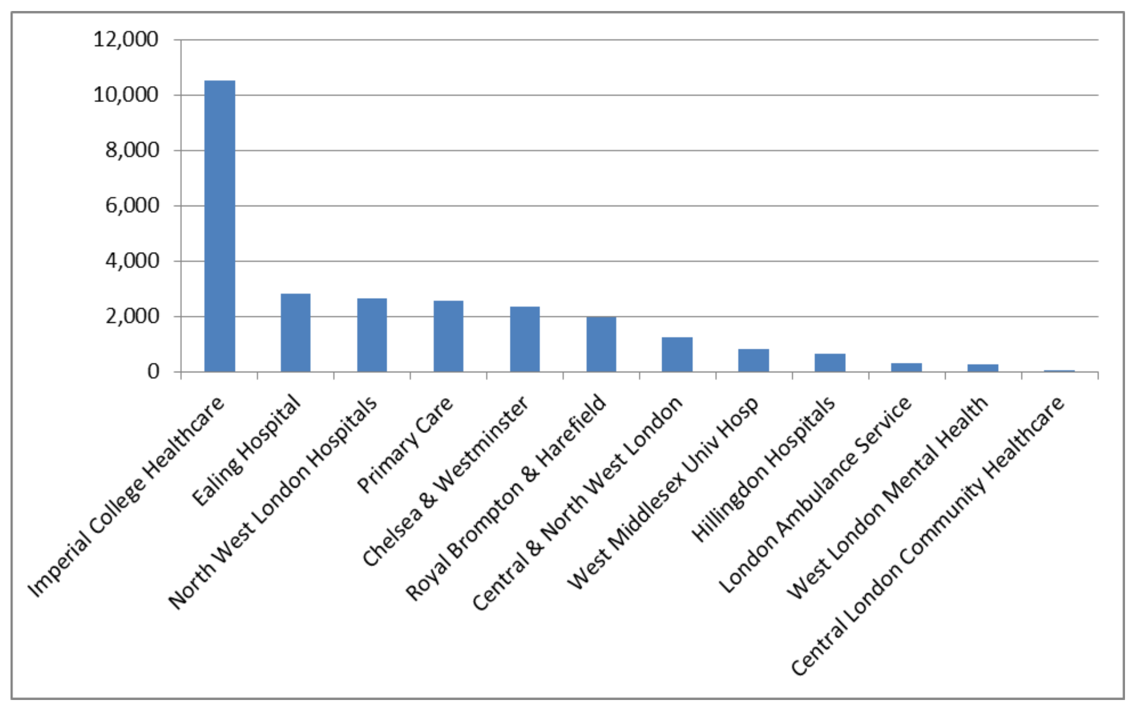


Figure 1. Recruitment to NIHR Portfolio Studies in North West London in 2012/13 Financial Year *(COSMOS study [36,735 recruits] not included for clarity)*

Launch of the latest phase of the NIHR Imperial Biomedical Research Centre (BRC) – the largest such Centre in the country, worth £113m over 5 years from April 2012. The BRC supports more than 600 active research projects at any one time. Feedback from the NIHR on the first year of operations was very positive. New experimental medicine studies have been implemented across all research Themes in the BRC, and outputs from previous initiatives are also bearing fruit. An exciting example of translational work going on in the BRC is the development of a new surgical tool – known as I-Knife – which aims to give instant feedback to surgeons about the tissue they are cutting into – this may transform the way in which decisions are made in the operating theatre, by more accurately discriminating cancerous from healthy tissue (see Annex A for an extract from the recent press release).

The Imperial Clinical Phenome Centre was launched, based at St Mary's Hospital, bringing together a unique collection of state-of-the-art technologies for rapid molecular analysis to the hospital setting, aiming to put them at the heart of clinical decision-making. The new Centre aims to help clinicians diagnose illness more efficiently and choose the best treatments based on a patient's individual metabolic and physiological characteristics.

Based at Hammersmith Hospital, the MRC-NIHR Phenome Centre began operations during the year and several collaborative pilot projects are currently running through the facility. The Centre is a national resource which will focus on molecular phenotyping of epidemiological studies from new and existing bio-banked samples and from national cohorts (see Annex B for an extract from the recent press release).

Among early work funded by the NIHR Imperial BRC were projects in HIV infection and multiple myeloma. We have recently been awarded significant funding (totalling £5.6 million) from the Biomedical Catalyst: Developmental Pathway Funding Scheme (DPFS) scheme to support the translation and early clinical testing of the fundamental discoveries made in these areas.

ICHT recently learned that it has been selected to host the NIHR Local Clinical Research Network (LCRN) for NWL. Working with all NHS providers in the region, the LCRN will help to increase the opportunities for patients to take part in clinical research, ensure that studies are carried out efficiently, and will support the Government's Strategy for UK Life Sciences by improving the environment for commercial contract clinical research in the NHS. ICHT will receive around £80m to run the LCRN over the five years.

The Joint Research Office (JRO) administered almost 400 new funding awards in 2012/13, with a total value over £100 million, including the NIHR Imperial Clinical Research Facility (£10.9m), the NIHR Patient Safety Translational Research Centre (£7.2m), and the Experimental Cancer Medicine Centre (£0.5m). It also negotiated 58 new commercial clinical trial contracts; more than 100 such trials actively recruited patients at ICHT in the year. The Joint Research Compliance Office (JRCO) approved more than 250 new clinical studies, and has reduced its median approval time for interventional studies to 21 days, partly as a result of a new electronic approvals

management system, DOCUMAS, which was implemented in January 2013. In addition, a recent Good Clinical Practice inspection of our clinical trials by the Medicines & Healthcare Regulatory Authority (MHRA) resulted in no critical findings.

Forward Look

2013/14 and beyond will see further growth in experimental medicine within the BRC and AHSC, with a clear focus on project delivery and outcomes. The AHSC has established 11 new Centres for Translational Medicine (CTMs), closely aligned with the BRC research themes. CTMs hold the patient as central to the AHSC objectives, and act as the vehicles through which research, education and clinical service are galvanised to deliver improvements in patient care. There are new opportunities to align the aims and objectives of the various clinical research funding streams in NWL, driven via Imperial College Health Partners. It will be important to enable an environment within the AHSC that is even more attractive to research partners, clinical trial participants, and industry.

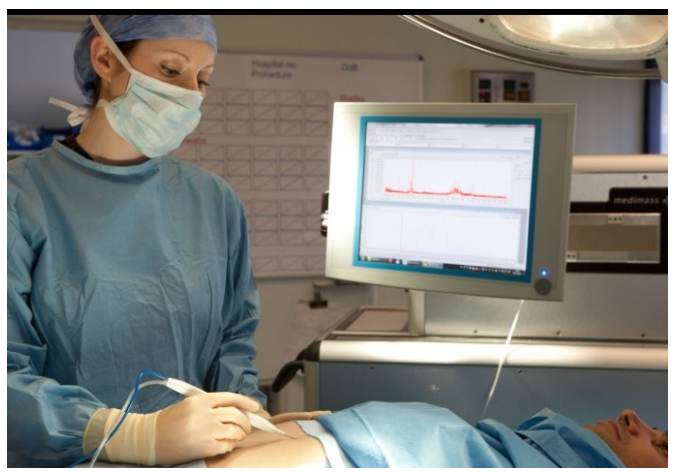
ICHT is involved in several initiatives exploring the possibility of integrating and sharing electronic patient data, together with genotypic and phenotypic information derived from clinical studies, in order to demonstrate benefits for particular patient populations, e.g. those with rare diseases. During 2013/14 and beyond, we anticipate further collaborative working with other centres in London and across the country. We are also investing further in developing the ‘pipeline’ of new scientific discoveries, through funding schemes via the Medical Research Council and Wellcome Trust.

The NIHR recently complimented the BRC on the number and variety of patient and public involvement and engagement (PPI/E) activities that took place within its research Themes during 2012/13.For 2013/14, and building on a very successful public research showcase event in Hammersmith in November 2012 (see right), we intend to develop an integrated approach to PPI/E across the various NIHR programmes in NWL, including the Collaboration for Leadership in Applied Health Research and Care (CLAHRC), the Biomedical Research Units (BRUs) at the Royal Brompton, the Patient Experience Research Centre (PERC) at Imperial, the NWL LCRN, and Imperial College Health Partners.

The UK government is still very much focused on the growth agenda and in attracting investment from the pharmaceutical and other health-related industries. Commercial clinical trial activity continues to increase in the Trust, and we are encouraging the development of high-quality supporting clinical trials infrastructure within the AHSC to ensure that we initiate and deliver patients into studies in a timely manner.

Annex A

"Intelligent knife" tells surgeon if tissue is cancerous



Scientists have developed an "intelligent knife" that can tell surgeons immediately whether the tissue they are cutting is cancerous or not.

In the first study to test the invention in the operating theatre, the "iKnife" diagnosed tissue samples from 91 patients with 100 per cent accuracy, instantly providing information that normally takes up to half an hour to reveal using laboratory tests.

The findings, by researchers at Imperial College London, are published today in the journal Science Translational Medicine. The study was funded by the National Institute for Health Research (NIHR) Imperial Biomedical Research Centre, the European Research Council and the Hungarian National Office for Research and Technology.

In cancers involving solid tumours, removal of the cancer in surgery is generally the best hope for treatment. The surgeon normally takes out the tumour with a margin of healthy tissue. However, it is often impossible to tell by sight which tissue is cancerous. One in five breast cancer patients who have surgery require a second operation to fully remove the cancer. In cases of uncertainty, the removed tissue is sent to a lab for examination while the patient remains under general anaesthetic. The iKnife is based on electrosurgery, a technology invented in the 1920s that is commonly used today. Electrosurgical knives use an electrical current to rapidly heat tissue, cutting through it while minimising blood loss. In doing so, they vaporise the tissue, creating smoke that is normally sucked away by extraction systems.

The inventor of the iKnife, Dr Zoltan Takats of Imperial College London, realised that this smoke would be a rich source of biological information. To create the iKnife, he connected an electrosurgical knife to a mass spectrometer, an analytical instrument used to identify what chemicals are present in a sample. Different types of cell produce thousands of metabolites in different concentrations, so the profile of chemicals in a biological sample can reveal information about the state of that tissue.

In the new study, the researchers first used the iKnife to analyse tissue samples collected from 302 surgery patients, recording the characteristics of thousands of cancerous and non-cancerous tissues, including brain, lung, breast, stomach, colon and liver tumours to create a reference library. The iKnife works by matching its readings during surgery to the reference library to determine what type of tissue is being cut, giving a result in less than three seconds.

The technology was then transferred to the operating theatre to perform real-time analysis during surgery. In all 91 tests, the tissue type identified by the iKnife matched the post-operative diagnosis based on traditional methods. While the iKnife was being tested, surgeons were unable to see the results of its readings. The researchers hope to carry out a clinical trial to see whether giving surgeons access to the iKnife's analysis can improve patients' outcomes.

"These results provide compelling evidence that the iKnife can be applied in a wide range of cancer surgery procedures," Dr Takats said. "It provides a result almost instantly, allowing surgeons to carry out procedures with a level of accuracy that hasn't been possible before. We believe it has the potential to reduce tumour recurrence rates and enable more patients to survive."...

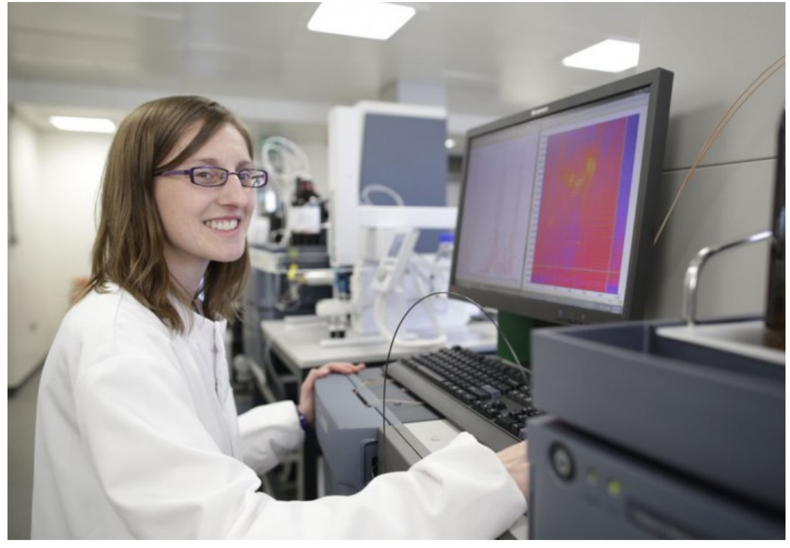
Professor Jeremy Nicholson, Head of the Department of Surgery and Cancer at Imperial College London, who co-authored the study, said: “The iKnife is one manifestation of several advanced chemical profiling technologies developed in our labs that are contributing to surgical decision-making and real-time diagnostics. These methods are part of a new framework of patient journey optimisation that we are building at Imperial to help doctors diagnose disease, select the best treatments, and monitor individual patients’ progress as part our personalised healthcare plan.”

Lord Darzi, Professor of Surgery at Imperial College London, who also co-authored the study, said: “In cancer surgery, you want to take out as little healthy tissue as possible, but you have to ensure that you remove all of the cancer. There is a real need for technology that can help the surgeon determine which tissue to cut out and which to leave in. This study shows that the iKnife has the potential to do this, and the impact on cancer surgery could be enormous.”

Lord Howe, Health Minister, said: “We want to be among the best countries in the world at treating cancer and know that new technologies have the potential to save lives. The iKnife could reduce the need for people needing secondary operations for cancer and improve accuracy, and I’m delighted we could support the work of researchers at Imperial College London. This project shows once again how Government funding is putting the UK at the forefront of world-leading health research.”

Annex B

New centre will decipher roles of nature and nurture in human health



A national research facility that opens today will put the UK at the forefront of a revolution in health and medical research.

The MRC-NIHR Phenome Centre will examine around 100,000 blood and urine samples every year. It will analyse phenomes – the biological results of people’s genes and environment – to help determine the causes of disease and indicate how treatments can be tailored for individual patients. The centre will enable scientists to better understand and tackle diseases that are triggered by environment as well as genetic causes, and help develop strategies for their prevention and treatment.

Ongoing genomics research is helping scientists to understand why some people develop diseases, but most common diseases are influenced by both genetic and environmental factors, such as diet and lifestyle. Studying the phenome will help determine how the environment and genes combine to affect biochemical processes that lead to disease.

The new centre, a collaboration between Imperial College London, King’s College London, and analytical technology companies the Waters Corporation and Bruker Biospin, is funded by the Medical Research Council (MRC) and the National Institute for Health Research (NIHR). It is based at Imperial where its director is Professor Jeremy Nicholson, head of the Department of Surgery and Cancer.

Professor Nicholson said: "The sequencing of the human genome generated a lot of excitement among scientists and the public, but studying our genes has revealed less than we had hoped about common diseases such as cancer, diabetes and heart disease. By studying the phenome we can examine the effects of our genes, our lifestyle and our environment. What we discover about the causes of disease can be used to inform healthcare."

The MRC-NIHR Phenome Centre uses millions of pounds worth of nuclear magnetic resonance and mass spectrometry technology to give the most accurate readings to date of the exact chemical make-up of people's blood and urine. The equipment measures the chemicals, such as fats, sugars, vitamins and hormones, produced by our bodies as well as those that come from our food, drink and medicines, and the air we breathe. It can even detect the different types of bacteria naturally occurring in the gut, which can influence our health.

The new centre will provide a service to researchers throughout the UK, offering fast, efficient and high-quality analysis of people's phenomes.

"This technology is already in use in medical research but only on a small-scale. With the creation of this new facility, it will now be possible to get a complete and accurate biological read-out of thousands of individuals," said Professor Frank Kelly, Co-Investigator at the Centre and Director of Analytical and Environmental Sciences Division at King's College London.

"The ability to study the phenome on an industrial scale means we can pick apart the complex circumstances, genetic and environmental, that cause conditions like cancer, diabetes and heart disease."

Professor Paul Elliott, Co-Investigator at the Centre and Head of the Department of Epidemiology and Biostatistics at Imperial, said: "The MRC-NIHR Phenome Centre offers an unprecedented opportunity to apply nuclear magnetic resonance and mass spectrometry on a large scale to unlock information on genes, environment and lifestyle contained in stored blood and urine samples from thousands of people whose long-term health is being monitored."

Professor Nicholson added: "It will also allow us to see how individual patients respond to different treatments over time. For example, we could quickly discern whether a cancer patient is responding to chemotherapy and if not, switch to a different treatment, without wasting valuable time. And the data we gather will mean that, ultimately, we will be able to predict which treatments will work for which patients, based on their phenome."

Unprecedented capacity

The centre has secured funding of £10 million from the MRC and NIHR for its first five years. Chief Medical Officer, Professor Dame Sally Davies said: "The unprecedented capacity of the centre will allow health researchers a brand new window into how our genes interact with the environment, catalysing advances in diagnosis, treatment and personalised healthcare. This globally unique facility will also facilitate collaborative research with the life sciences industry and therefore has the potential to contribute to the nation's growth. It's a win-win situation for us all."

During its first five years, the centre will also test the thousands of samples already stored by researchers working at the NIHR's Biomedical Research Centres and Units. The Centres and Units are collaborations between hospitals and universities that focus on ensuring that patients benefit from the most promising medical research.

Professor Sir John Savill FRS, MRC Chief Executive said: "The UK has an extremely strong life sciences capability and world-class expertise in this area of research which applies the latest techniques in measuring the chemistry of the human body to valuable patient and subject cohort groups. The MRC-NIHR Phenome Centre is a superb national resource in a strong partnership with industry, unlocking a great deal of potential in UK bioscience and will ultimately result in huge benefits for patients."

International training facility

Thanks to donations of additional equipment from Waters and Bruker, the centre will also include a state-of-the-art international training facility. This will enable students, scientists and doctors from around the world to gain hands-on experience of using analytical technology to study the human phenome.

Art Caputo, President of the Waters Division at Waters Corporation, said: "Waters is proud to be part of this first-of-a-kind research centre and the opportunity to work with such distinguished partners. Our mission at Waters is to advance science to constantly push the boundaries of what’s possible. We fully expect this centre will do just that, multiplying our understanding of disease, setting the standard for this field of research and continually helping us to improve the health of populations around the world. There are no limits to the breakthroughs in health we might see as a result of work here at the NIHR-MRC Phenome Centre and hopefully in the near future in affiliated centres across the world, too."

Dr Manfred Spraul, Director of Applied NMR Business Development at Bruker BioSpin GmbH, said: "We are pleased that Bruker’s cutting-edge NMR solutions can provide the fully automatic analysis capabilities required to help drive the centre’s huge screening programme. Establishing a high throughput system was the first step in bringing NMR inside a healthcare environment, providing large scale epidemiology screening at the same time. Now we are very excited to see our technology impacting the wider field, enabling the personalised phenotyping that will help provide ever more accurate diagnoses and drive new drug development and targeted treatment."

Trust Board: 25 September 2013 **Agenda Number: 6.3** **Paper: 18**

Report Title: Foundation Trust Programme Update

To be presented by: Bill Shields, Chief Financial Officer

Since the last programme update to the Board in July, significant progress has been made across all work streams in driving the development of the key deliverables that will underpin the Trust's Foundation Trust (FT) application. This paper is designed to:

- Update Board members on key achievements since July;
- Set out the programme's priorities for the next period;
- Highlight the risks to the Trust's readiness to undergo the first Historical Due Diligence review (HDD1) in October;
- Seek the Board's approval in principle of the constitution of the future Council of Governors;
- Highlight the top three programme risks and mitigation plans.

The Board is therefore asked to:

- **Note** the programme update;
- **Note** the risks to the Trust's readiness to undergo HDD1 in October with a favourable outcome;
- **Approve** the proposed constitution of the Council of Governors in principle;
- **Note** the programme risks highlighted.

Legal Implications or Review Needed

a) Yes
b) No ✓

Details of Legal Review, if needed: n/a

Link to the Trust's Key Objectives:

1. Provide the highest quality of healthcare to the communities we serve improving patient safety and satisfaction
2. Provide world-leading specialist care in our chosen field
3. Conduct world-class research and deliver benefits of innovation to our patients and population
4. Attract and retain high caliber workforce, offering excellence in education and professional development
5. Achieve outstanding results in all our activities.

Purpose of Report

a) For decision and approval ✓
b) For review/noting ✓

Foundation Trust Programme Update – September 2013

1. Progress since July

Since the last programme update to the Board in July, significant progress has been made across all work streams in driving the development of the key deliverables that will underpin the Trust's Foundation Trust (FT) application. Specifically, the following aspects of the programme plan have been completed since that time:

Work stream	Progress
Strategy	• Ongoing development of Divisional clinical strategies with focus on market analysis • Ongoing development of *Shaping a Healthier Future* (SaHF) Outline Business Case • Service development plans progressed • Enabling strategies and delivery plans strengthened • Full initial draft (v0.5) of Integrated Business Plan (IBP) completed and reviewed by Audit, Risk & Governance Committee, Finance & Investment Committee and FT Programme Board • Ongoing positive commissioner and political engagement activities
Finance	• External support identified to support development of framework for Cost Improvement Plans with Divisions • Ongoing development of Long Term Financial Model (LTFM) • Initial consideration of downside scenarios and mitigation plans
Organisational Governance	• Initial draft of Board Governance Assurance Framework self-assessment • Agreement of constitution of Council of Governors by FT Programme Board and AHSC Joint Executive Group • Plans in place to refresh Membership Strategy by November
Quality Governance	• Refinement of Quality Strategy with launch plans in place • External review of Quality Governance Framework baseline received
Communications	• Draft consultation plan developed

2. Priorities for the next period

The following key milestones are scheduled for the remainder of 2013:

Milestone	Date
Board development away day	2 October
Quality Committee review of draft IBP	8 October
Trust Board consideration of revised vision, objectives, clinical strategy and service development plans	30 October
Finalise Membership Strategy	31 October
External review of Board Governance Assurance Framework (BGAF) and Quality Governance Framework (QGF)	TBC with KPMG
HDD1	October
TDA Board interviews	October
Commence public consultation	11 November
TDA Board observation	27 November (TBC)

To ensure the Trust meets these milestones, efforts during October and November will be focused on:

- Refinement of the IBP based on Board and committee feedback;
- Further development of the LTFM, including:
  - Agreement of activity and capacity assumptions with operational teams;
  - Downside scenario modelling and development of mitigation strategies;
  - Modelling of cost improvement initiatives as they are developed;
- Development of draft BGAF and QGF self-assessments and associated evidence for the Board's discussion and approval prior to external review;
- Preparation for HDD1;
- Board development activities;
- Development of Membership Strategy;
- Further consideration of constitutional arrangements;
- Pre-consultation activities and consultation launch.

3. HDD1

The plan agreed by the FT Programme Board and the TDA in August planned for HDD1 to take place in October. There are three notable factors that could affect the Trust's readiness to undergo HDD1 in October and which could therefore adversely impact the overall timescales of the FT application:

- **Monitor contract award**: Monitor was delayed in tendering the contract for an independent reporting accountant firm to carry out ICHT's HDD1 assessment. The Trust has yet to receive confirmation of its allocated assessor and the TDA has advised that a review will typically commence within six weeks of contract award. It therefore seems unlikely that the review will commence in October.
- **SaHF dependencies**: HDD1 will focus to a large degree on scrutiny of the Trust's developing IBP and LTFM. Given the extent to which both will be informed by the detail of the sector's SaHF reconfiguration plans, these represent a significant dependency for a successful HDD1 review. At present, there remains considerable work to be done at sector level to agree the future of Central Middlesex Hospital (CMH) and the local hospital model which will inform the future of the Charing Cross site (CXH). Whilst it has been agreed that any part ICHT may play in the future of CMH must not impact on its FT authorisation plans, the ability to model the impact of changes to both these sites remains fundamental to building the Trust's financial, strategic and operational plans which will be reviewed during HDD1.
- **CIP delivery and development**: At Month 5 the Trust remains behind plan with the delivery of in year CIPs and is aware of the requirement to produce three years of detailed plans for scrutiny during HDD1. Whilst a robust plan for the development of CIPs has been agreed and external support already in place to identify opportunities for cost reduction, a residual risk remains to the Trust's ability to produce the required plans within the necessary timeframe.

The Board is asked to **note** the risks to the Trust's readiness to undergo HDD1 in October with a favourable outcome.

4. Constitution of the Council of Governors

Once FT authorisation is attained, the Trust will be governed by its Council of Governors, which will represent the different constituencies of the Trust's membership. Led by the Organisational Governance work stream, work is underway to produce a draft constitution for the Trust based on the DH's model constitution, direction from Monitor, research into the constitutions of other AHSCs, legal advice and guidance from the TDA.

At its meeting of 29 August, the FT Programme Board agreed the following constitution for the future Council of Governors, which is now proposed to the Trust Board for approval in principle.

Council of Governors	
	No of Governors
Public Governors (elected) within London	
From the 32 London Boroughs and the City of London	8
Patient Governors (elected)	
Patients within the last five years (including private patients)	8
Staff Governors (elected)	
Clinical	4
Non Clinical	1
Appointed Governors (Partner)	
Commissioners: Clinical Commissioning Groups to collectively appoint to one place NHS England to appoint to one place	2
Local Authorities	2
University - Imperial College	1
Three places for the Trust's partners in the AHSC, but no more than one place per partner	3
The Medical Research Council	1
Designated voluntary organisations and charities with whom the Trust has key relationships	1
Grand Total	**31**

The above proposal would enable Imperial College to nominate two governors: one as a university governor and a second as a representative of the College as a partner in the AHSC. The additional two AHSC seats allow for representation from any future partner organisations in the AHSC. This was agreed in principle by the AHSC Joint Executive Group on 3 September.

The Board is asked to **approve** the proposed constitution for the Council of Governors in principle, pending further work by the FT Programme Board in October on outstanding key issues, including representation on the Appointments and Remuneration Committee(s).

It should be noted that the key aspects of the Trust's proposed constitution form an important part of its public consultation, due to commence on 11 November.

5. Programme risks

For the Board's information, the top three risks on the FT Programme Risk Register are shown below.

Risk	Mitigation plans/ controls	Likelihood	Consequence	Risk score	Owner
Inability to define overarching clinical strategy and thereafter produce well-defined enabling strategies to support this	• Ongoing development of Trust strategy through regular Executive team meetings • IBP SRO agreed as CFO • Plans to develop an operationally based clinical strategy, led by the Medical Director • External support for clinical strategy development procured • Regular programme of Executive and Board level strategy sessions in place • Existing programme of internal communications in place to be used as platform for promoting buy in and ownership including regular Board to Ward briefings	4	5	20	Director of Strategy
Inability to produce and sustain Financial Risk Rating of ≥3	• Clearly defined process for CIP sign-off once schemes have been fully scoped, worked up and entered into the central CIP database thereby ensuring a clinical risk assessment is completed for each scheme • CIP planning for 2013/14 is fully integrated with activity, capacity, workforce and financial plans • Integrated Divisional business plans are subject to ongoing review and challenge by the Executive team • Robust process established to evidence delivery of 2013/14 plans and ensure risks are proactively flagged and managed • Realisation of CIP savings to be monitored in year through CIP Delivery Board and monthly performance management cycle • Plan for development of internal resource to drive CIP programme to be developed by COO • External resource secured to support development of CIP planning for 14/15 and beyond • Active communication and proactive management of CCGs by CFO	4	5	20	Chief Financial Officer
Sector level implementation plans for SaHF limit ability to model scenarios in LTFM with commissioner buy in	• Proactive engagement with SaHF programme by Executive and senior management teams • Proposal to reschedule HDD1 to increase likelihood of a favourable review based on more robust plans and greater commissioner alignment	4	4	16	Chief Financial Officer

Public Trust Board Meeting on 25 September 2013

Supporting Documents

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Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Mary's Hospital

The Bays, South Wharf Road, St Mary's Hospital, London, W2 1NY

Tel: 02033113311

Date of Inspections: 01 August 2013
31 July 2013
30 July 2013

Date of Publication: September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Standard		Result
Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Imperial College Healthcare NHS Trust
Overview of the service	St Mary's Hospital is one of the five registered acute hospital locations of Imperial College Healthcare NHS Trust. The hospital is in Paddington in central London and provides a range of medical, surgical and diagnostic services. The Accident and Emergency Department is one of London's four major trauma centres.
Type of services	Acute services with overnight beds Urgent care services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 July 2013, 31 July 2013 and 1 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by local groups of people in the community or voluntary sector, talked with local groups of people in the community or voluntary sector, were accompanied by a specialist advisor and used information from local Healthwatch to inform our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed trust board minutes, the trust's Quality Accounts and Friends and Family Test results.

What people told us and what we found

We inspected St Mary's Hospital over three days and visited 15 wards and departments, including the Emergency Department, which consists of Accident and Emergency (A&E) and the urgent care centre. The specialist advisor accompanying us was a specialist in emergency medicine. We also visited a ward for older people, adult surgical and medical wards, imaging, outpatient departments and the records department. We followed the patient pathway from the A&E through to the wards. We spoke with patients, families or carers and staff in every area we visited. We also spoke with senior management staff including the Chief Executive, Director of Nursing and Deputy Medical Director as well as a non-executive member of the trust board. We did not inspect paediatric or maternity departments.

Our overall impression was of the good standards of cleanliness of the hospital and the openness and friendliness of all grades of staff and of the leadership provided in the wards and departments we visited. Most patients had had a positive experience of care and treatment at the hospital. They had been treated with dignity and respect, were

complimentary about staff, understood their care and treatment and said there were sufficient staff to meet their needs. Care and treatment was planned and delivered in a way that ensured patients' safety and welfare. Risk assessments were completed for all patients as part of their admission procedures.

Staff told us that management had improved in the last 12 months. This included support and training, communication and management's expectations of staff. They were proud to work for Imperial College Healthcare NHS Trust and wanted to tell us about their work and their plans for improving patients' experiences.

Medical records were managed securely and were accessible when needed. There were processes for managing safeguarding incidents in conjunction with local authority safeguarding teams.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Patients' privacy, dignity and independence were respected. Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Patients' privacy and dignity was respected. On wards patients were cared for in single sex bays or in single rooms on all the wards we visited. There were female and male only bathrooms. We saw that patients could have the curtains closed around the bed when they wished, or when they were receiving care and treatments. We saw staff knocking on room doors before entering. There were quiet rooms available for private conversations when needed. In the Emergency Department people were treated in cubicles and curtained areas.

Patients were given appropriate information and support regarding their care or treatment. Staff greeted patients when they approached their bedsides. We observed that nurses, doctors and other staff were attentive to their patients and were courteous, calm and respectful in their manner. They ensured patients were involved and informed about care and treatment interventions. Staff were able to describe the impact on patients of being in hospital. Ward leaders led by example in the way they spoke with one another and with patients. We noted that although wards were very busy, there was a calm atmosphere during protected meal times. One relative of a person receiving treatment told us "It's a really good crew of staff who ensure there is always a tranquil feeling on the ward".

We saw staff assisting patients to walk. They encouraged them to walk at their own pace and provided support. Patients were free to move around the wards. Patients were also encouraged to be independent if they could, in caring for themselves and in eating and drinking. Staff described how they would encourage this.

Call bells were answered promptly and were within reach of patients. Patients reported that staff attended quickly when they called. One person said "they come quickly if I need help". In many areas staff were very visible so patients did not need to use their bells.

In the recent hot weather we asked whether extra care was given. We saw that an air conditioner had been placed in the ward where older people were treated so that the area

was more comfortable. Electric fans were also widely used to keep patients cool. We saw staff encouraging patients to drink and there were water fountains in waiting and outpatient areas. Snacks and drinks were available in the Emergency Department and these were provided in a trolley service and in response to patient and visitor feedback.

Some patients reported that the wards were noisy at night. Patients generally said they could get enough sleep but wards were busy with admissions coming in through the night although "staff did the best they could".

Patients' diversity, values and human rights were respected. Staff were aware of dignity and cultural issues and dignity and privacy was part of core nursing training. Patients' choices and preferences and their care needs were discussed on initial assessment when they arrived on the ward and reviewed by staff at shift handover meetings. There were facilities available to meet the needs of patients of different faiths. Interpreters were available if needed although staff were of many backgrounds and could speak many of the languages used by patients.

Nursing staff told us they assessed patients on admission and during care rounds to ask their preferences and to check they were meeting their needs. Other healthcare professionals, such as doctors, physiotherapists, occupational therapists and dietitians, saw and reviewed their patients regularly. Records were updated following discussions so that other staff could use the most up to date records. Multi-disciplinary staff meetings involved patients or their relatives.

The trust used electronic devices for people to record their experiences of care and treatment. Patients were also asked to complete the "Friends and Family Test" which asked whether they would recommend hospital wards and A&E departments to their friends and family if they needed similar care or treatment. The results from July 2013 of the Friends and Family test showed that 90.6% of people would be extremely likely or likely to recommend Imperial College Healthcare NHS Trust A&E services to their friends and family. 94.7% would be extremely likely or likely to recommend St Mary's Hospital as an inpatient. Management staff had a real time link to patient experience feedback and reviewed this formally through the Divisional performance meetings which took place monthly. The feedback was also reviewed by one of the sub-committees of the trust board.

The trust may wish to note that although the hospital treated a wide range of people and some do not have English as their first language, all these questions were asked in English.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Patients in wards and outpatient departments reported that they had had a positive experience at St Mary's Hospital. One person said "it's great, I telephoned this morning and they made an appointment for me to come this afternoon". All of the patients the expert by experience spoke with said they understood their treatment plan, the investigations they were having and had their treatment explained in a way they could understand. We spoke with patients who had been through A&E who said that "the process has been rigorous and it's very reassuring" and "the treatment has been excellent".

The Emergency Department is one of London's four major trauma centres receiving five serious trauma patients a day, including children. The adult Emergency Department at St Mary's Hospital was divided into the waiting area, urgent care centre/ambulatory care, assessment areas and resuscitation room. The clinical areas were small but well maintained and clinically functional. There was no evidence of delays for ambulances bringing patients to the hospital and the trust had consistently met the four hour waiting time target in A&E. During the last six months the trust achieved above both the 95% target and the national average for all types of attendance at St Mary's Hospital (this figure included attendances at the Western Eye Hospital). Last year there were 53,999 attendees at the Emergency Department and 29,608 in the urgent care centre.

We found the reception of patients was effective with streaming of patients by senior nurses so that those in need of immediate care and treatment were dealt with quickly. Analgesia was given and investigations took place promptly after arrival. The urgent care centre was staffed by GPs and emergency nurse practitioners and there was effective integration with the rest of the Emergency Department.

There was access to imaging 24 hours a day, with a consultant radiologist and a consultant oncologist on call out of hours. Operating theatres were conveniently accessible from the Emergency Department. Patients requiring acute admission to hospital were admitted to the assessment wards, or to specialty specific surgical wards within the hospital.

Patients had their needs assessed on admission with baseline observations taken in every

ward and department. Care and treatment plans were developed to meet the identified needs. There were protocols and pathways for specific conditions. When dementia was suspected a dementia assessment was carried out and this was documented on distinctive paper. Older people were referred as appropriate to the Older Patient Assessment Liaison team which was a consultant led team assisting patients to get back to wellness and discharge from hospital. We saw evidence of discharge planning in conjunction with community colleagues and this included provision of equipment at home. However, we observed that in spite of pressures for beds, patients' interests were foremost when staff were planning care and treatment.

Care and treatment was planned and delivered in a way that ensured patients' safety and welfare. Risk assessments were completed for all patients as part of their admission procedures. They covered a range of physical and psychological needs and risks and were reviewed daily, where necessary. This was confirmed in the medical records we reviewed in the Acute Medical wards where we found records were easy to follow and legible. The hospital used 'early warning scores' to identify and respond to patients' risk levels. There was a system for assessing patients whose health deteriorated and calling doctors quickly to check on them.

Staff told us that the Liverpool Care Pathway for dying patients was no longer in use. In general decisions not to resuscitate and about palliative care were discussed with patients and their families. We heard of examples where plans were discussed with families and individualised to their needs. There was a specialist palliative care team that advised and supported staff and which staff valued for their expertise and knowledge. The trust may wish to note that the relatives' room in the Emergency Department was unduly austere and did not present a welcoming and caring atmosphere. This was also the case for the mental health assessment room and we fed this back during our inspection.

We saw that the staffing systems recorded that staff had completed mandatory resuscitation training and ensured a suitable skill mix. Resuscitation equipment was available in the wards and departments, was checked routinely and an emergency team would be called to attend if a patient was very unwell.

In 2012 the trust had fewer deaths than would be expected for its mix of patients when compared with England as a whole (Dr Foster hospital mortality measures information). The trust was lower than expected in three of four measures used. (Higher ratios can suggest potential underlying problems.)

The trust took a reporting break in January 2012 for data relating to the 18 week referral to treatment target time and waiting times for cancer including two week waits and diagnostics. It began reporting again in June 2012 (for two week wait and diagnostic targets) and July 2012 (for the 18 week referral to treatment target). We discussed this with the new Deputy Medical Director (who was recruited from a leading cancer specialist hospital) and the Chief Operating Officer. The trust had worked over the last year to rebuild clinical pathways for patients so that they were sustainable and focussed on the organisation and leadership in cancer management. The improvement in this focus has led to better data collection and six of the eight targets being met routinely. The trust has also developed better links with the referrers to its hospitals to try to minimise delays in the system of patient referral. This was an example of clinical and organisational leadership working to improve an area where the trust recognised poorer than required performance and the need to improve services for their patients.

Safeguarding people who use services from abuse Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There were systems to ensure staff undertook safeguarding children and vulnerable adults training relevant to their roles and that this was updated. The majority of staff we spoke with had an understanding of the Mental Capacity Act 2005. All were able to describe what constituted abuse and gave examples of when they had occasion to report this. They understood their responsibilities to report and act where they had concerns. Where there have been allegations of abuse these have been reported to CQC by the local authority safeguarding teams and investigated with input from the trust.

Policies and procedures were available for staff on the trust's intranet. Computer screens had a "pop up" note to remind staff how to raise concerns.

Patients who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. Staff told us about patients who were at risk of falls if unsupervised. In these cases staff risk assessed the best way to protect patients and one to one care would be considered and used if needed. A specialist physiotherapist visited all patients who were admitted after a fall to assess their individual needs. Staff said restraint was not an option. At the time of our inspection there was no one in the hospital subject to the Deprivation of Liberty Safeguards procedures.

In the Emergency Department we saw that there were systems to protect and assist people who were at risk of abuse. These included "best interests" meetings, for example for people with head injuries, involving next of kin or advocates. There were liaison teams of mental health, alcohol and substance misuse staff who assisted with support. We also heard that staff referred homeless people to local support groups. There were reporting systems when staff suspected people were the victims of abuse such as domestic violence.

There was a senior nurse and senior doctor responsible for an overview of adult safeguarding across the trust. They met with safeguarding colleagues from their three

local authorities. Any safeguarding alerts and concerns were treated as an incident and reported using the trust reporting systems and reviewed at the Medical Director's weekly incident review meetings. In the case of a serious matter this was reported to the trust board. Policies and training would be updated if that was required. All safeguarding alerts were discussed and reviewed at the monthly adult safeguarding meetings. These alerts were not closed until the actions were completed and the leads were satisfied that people were safe. The trust had just reviewed the training in the Mental Capacity Act 2005 and Mental Health Act 2007 and all clinical staff will have completed this training by the end of 2013.

Patients told us they felt safe and said if they were worried they would speak to staff. "If I was worried about anything I'd get up and ask" was one comment. They said staff spoke calmly, politely and respectfully to them.

Cleanliness and infection control

Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that all the areas we visited were clean and well maintained. Some of the wards were in older parts of the hospital which were more difficult to clean but nevertheless this did not affect the cleanliness. We inspected bathrooms, toilets, commodes and sluices and found all to be clean. A system to check that equipment was clean and labelled as clean was in use. We saw cleaners working in all areas and were shown cleaning schedules. There was 24 hour access to cleaners. Nursing staff were responsible for cleaning beds and equipment and we saw this demonstrated between patients in the urgent care centre.

There were reminders to use the alcohol hand gel for staff and visitors in several areas of the hospital, for example by the main lifts. There was hand gel by each ward entrance and in patient areas, and sinks and soap, gel and paper towels in every clinical area. We saw that curtains around beds were disposable and dated when changed. On the day of inspection they were clean.

Patients who were due to be admitted for planned procedures had swabs taken for Methicillin-resistant Staphylococcus Aureus (MRSA) at pre-admission clinics so that they could be treated prior to admission if needed. Patients who had an infection were able to be isolated and we saw single rooms available and in use for this purpose. There was personal protective equipment such as aprons and gloves for staff to use. We observed staff washing their hands and using alcohol gel and they were bare below the elbows. Staff reported that there was usually sufficient clean linen and understood how to access extra stocks particularly at weekends.

In all the areas we visited we saw evidence of the infection control and prevention audit programme. This included weekly audit by the cleaning contractor of cleanliness, hand washing audits and environmental audits. Results were available for staff and visitors on the ward notice boards. There was also information about infections for visitors outside wards.

Staff received infection control and prevention training at induction and then at mandatory training. Clinical staff received aseptic non-touch technique training so that they used safe aseptic practice, thus helping to reduce healthcare-associated infections. The infection

control and prevention policies were available for staff on the trust's intranet. There were link nurses in wards and clinical areas who provided infection control advice and support. They received specialist training to undertake these roles. There was also a specialist infection control team who provided advice for their colleagues about the care and treatment of patients.

We spoke with the Director of Infection Prevention and Control (DIPC), a senior doctor, who reported directly to the trust's Chief Executive. She gave us an overview of infection control and prevention at the hospital. Infections such as MRSA blood stream infection and Clostridium difficile were reported as incidents and reviewed in weekly meetings with the Medical Director and the related senior teams of doctors and nurses. The infection control team met weekly to review individual infections, look for themes and plan action where needed. The DIPC reported to the trust board and included the detail behind each case of MRSA or Clostridium difficile infection. The data showed the trust had reported no cases of MRSA infections for 5 of the 12 months between May 2012 and April 2013. January 2013 had the highest number of MRSA cases (2). The DIPC reported that cases of MRSA were below their expected rate at the trust for 2012-2013 and they were within the "targets" set by the Department of Health for both MRSA and Clostridium difficile.

Patients commented on the rigorous cleaning activity. They had noticed staff washing their hands and said that the bathrooms were clean. They were reassured by the completed cleaning checklists in the bathrooms and toilets. One person said the ward was "spotless", another that the toilets were "pristine".

Staffing Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet patients' needs.

Reasons for our judgement

In general on all the wards and areas we visited we found sufficient qualified, skilled and experienced staff to meet the needs of patients. There were some staffing groups that were more difficult to recruit to, for example more senior nurses in the Emergency Department. However the trust had plans for recruitment days, had recruited appropriately and had information about their vacancy rates and the management and provision of sufficient staffing in every area. When new areas opened or the work of an area changed then staffing was reviewed and new rotas devised to meet the changing needs.

In A&E we saw the hospital's nurses' e-rostering system which defined the numbers of staff, grades and skill mix required for each shift. The rotas were set two months in advance and unfilled shifts filled with the trust's bank staff. In the case of unexpected staff absences senior staff would seek a bank staff member or an agency nurse. The staffing systems covered day and night staff.

Staff confirmed that ward managers would seek extra staff if needed and we heard that there were twice daily conference calls to check that staffing numbers were adequate. In general and in all the areas we visited staff told us that there were enough staff to meet the needs of patients. We saw that where patients required one to one care this was provided.

Patients reported positive experiences about the number of staff available. They did say that staff were busy but none reported that their needs had not been met because of lack of staff. One person said "they always come straight away and they can get very busy here".

The provider may wish to note that there were too few consultant posts with 6.8 whole time equivalent posts in the Emergency Department and 2.2 whole time equivalent posts in the Paediatric A&E to provide emergency medicine consultant cover 16 hours a day, 7 days a week. The College of Emergency Medicine recommends a minimum of 10 whole time equivalent posts for any department, with more posts in major centres.

Supporting workers Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We focussed on the training of Health Care Assistants (HCAs) during our inspection. We spoke with and observed the care that HCAs were giving in wards and clinical areas. There was a formal recruitment, interview and training programme for new Band 2 HCAs over 18 months which included the Advanced Apprenticeship with Diploma in Clinical Healthcare Support. We also spoke with the trust's nurse education leaders who told us that new staff must demonstrate the trust's required values at interview. HCAs recruited though the trust's general recruitment process had a specific clinical induction that included reference to the Robert Francis report into the care provided by Mid Staffordshire NHS Foundation Trust as well as the trust's induction.

In some areas HCAs were trained for specific tasks, for example taking blood or taking physiological measurements. We were impressed by the attitudes, aspirations and strong sense of responsibility for patient welfare of the HCAs we spoke with and observed. They reported that they received direct supervision from registered nurses. One HCA told us "there was good mandatory training at the start and I am now on a structured training path".

All new nursing staff we spoke with reported that they had attended, or were about to attend, an induction. Staff confirmed they had received a local induction in their area of work. Mentoring, a buddy system and working as a supernumerary team member at the start in a new area were all in place. However nurses' experiences of these were variable and a few reported that they did not feel as well supported as others. On the other hand other nurses told us they worked with "brilliant teams" and felt well supported.

Nursing staff received training in treatments such as giving intravenous drugs and these were tested. Clinical nurse educators worked in the wards providing competency training and testing, coaching and remedial training. Senior nurses, including the Director of Nursing, worked in the wards on "Back to the floor Fridays" which gave them the opportunity to maintain their own clinical skills, see the care given to patients for themselves and provide leadership, support and encouragement.

Staff were able, from time to time, to obtain further relevant qualifications. For example in the Emergency Department nurses were encouraged to undertake diploma and masters

courses. There was a system to ensure that staff were up to date with training. Non-attendance at training was flagged up with management and followed up through the supervision and appraisal processes. Staff confirmed they had received mandatory training, staff updates and attended team meetings and team days.

In the Emergency Department we found that doctors were supported in their career development, with induction and mentoring in place. In the Imaging Department we heard about the support and training given to staff. This included supervision for junior and new staff.

We did not receive any negative comments from patients, their relatives or carers about staff attitudes or behaviour towards them at the hospital. One person said "the staff here have been marvellous" and another "I think this is excellent and staff have been really good".

Staff understood and were aware of their responsibilities to raise a concern if they had one. What stood out for the inspection team was the leadership in the clinical areas we visited, with senior staff leading by example, respected by other staff and other disciplines. We saw good examples of multi-disciplinary team working with input from staff to review and plan treatment and care for patients. The trust had recently put a new system of four clinical divisions in place. This was intended to provide nursing, medical and organisational leadership and supervision across the trust's hospitals.

Assessing and monitoring the quality of service provision Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We reviewed the governance arrangements at the trust and spoke with a trust non-executive director who was undertaking a visit to the wards on one of the days of our inspection. As of the board meeting on 30 January 2013, the trust had its full quota of non-executive directors. The trust board gained assurance on quality through a number of reports, including the monthly key performance indicators report, complaints information and quarterly quality and safety reports, including the quality account indicators. Patient experience and patient feedback was reviewed at a board sub-committee. Board members visited wards to assure themselves that patients were receiving good care.

It was also noted that the senior team at the trust continued to be 'refreshed', with two new appointments from outside the trust. We saw the trust's focus on improving patient experience and not allowing financial constraints to impact detrimentally on outcomes for patients. The trust's quality account paper indicated that the trust acknowledged it had issues in 2012/2013 around patient experience, waiting times and data recording.

In 2012 the trust achieved NHS Litigation Authority (NHSLA) risk management standards at level three (the highest level of assurance) for its acute service, and also for their maternity services through the Clinical Negligence Scheme for Trusts. There were no delays in reporting for the required National Reporting and Learning System notifications. There were processes for incident reporting and reviewing, including the Medical Director's weekly review with senior managers. Staff reported they used the reporting system and described incidents they had been involved in and the feedback and learning that took place afterwards. We heard of an incident where the Chief Executive had visited the area involved to talk with staff.

We spoke with the manager of the Patient Advice and Liaison Service (PALS). This service offered confidential advice, support and information on health-related matters. They provided a point of contact for patients, their families and carers and work in each trust hospital. The manager managed the NHS Choices website link for the hospitals and responded to people's complaints, concerns and thanks. We saw the site and when people had a concern they were encouraged to contact the trust to give more information so that

the matter could be investigated. There was also a formal complaints process for people to use with investigation, response to the complainant and action plans which were followed through. Complaints information, as well as patient experience information was fed into the trust governance processes and trust board with formal reporting mechanisms.

Our last interview was with the Chief Executive and Chief Operating Officer. The trust was in a period of consolidation so that targets and financial targets were being met routinely. The Chief Executive, or other senior managers, held staff open hours across all the trust sites so that he could feed back about what was going on, including operational performance, and then discuss with staff their concerns and feedback. There were processes to meet with groups of staff, for example senior doctors, at regular meetings. We heard that all these groups were well attended. Certainly staff told us they were pleased to be working in what they described as an improving organisation. The trust was in a process of reorganisation to ensure there was strong leadership at every level, and this included in the wards and departments. The link between the trust board and frontline staff and from the wards back to the management had been demonstrated in all the areas we inspected.

Records Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Patients were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We reviewed the process for the management of medical records at St Mary's Hospital. We will review other records processes, such as staff records and service management records, when we inspect the trust's other locations.

Records were kept securely and could be located promptly when needed. The manager of the health records department described the management and security of health records. Access to the records library was secure. There were policies for the management of health records available to staff on the trust's intranet. Staff were trained in information governance and there was a code of practice for protecting confidential information. Records were tracked and filed safely and moved between trust sites securely so they were available when needed. In outpatient departments patients told us that all their records were available for each appointment.

Medical records were coded by a specialist team. This enabled the trust to understand the amount and detail of patient treatment and care undertaken and complete the required information for external organisations, such as commissioners of services. There were systems for auditing coding to ensure it was undertaken accurately and processes for reviewing the way information was recorded in the records so that coding could be done accurately. We heard of specific examples of this.

In A&E and the urgent care centre we saw how electronic medical records were created for new patients. Urgent care patients' electronic records were accessible by their own GPs in the boroughs local to the hospital so that GPs could easily review the treatment provided to their patients. The use of several electronic recording systems in the Emergency Department was a source of duplication and potential inefficiency if patients were transferred from the urgent care centre with more serious needs. We reviewed sets of medical records on four wards and found they were completed fully, legible and easily accessible for staff. Previous admissions and appointments were documented.

We saw the process of ward managers updating patients' records for handover to the next shift so that staff had up to date information. Staff were updating records contemporaneously in A&E. Staff did not report any problems with accessing records when they needed them. Records were stored securely in the wards and areas we visited.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✗ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✗ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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Trust Board: 25 September 2013 **Agenda Number: 2.1** **Paper: 5B**

APPENDIX B

Director of Nursing Report: Patient Experience Work plan 2013/2014

Work Plan: Objective 1 (Patients) To provide all our patients with excellent experience when they come into contact with our service				
What we will do	**How we will do it (action)**	**Measurement**	**Completed by**	**When**
1. Develop and use a systematic patient feedback tool to capture patient views which will inform service improvement and demonstrate learning	➢ Continue to use real-time patient experience feedback (iTrack) ➢ Expand the roll-out of FFT to Maternity and pilot in: Day Care, Support Services and Outpatients	➢ Monthly divisional insight dashboard ➢ All FFT areas to collect minimum of 15% response rate ➢ Launch of FFT in Maternity in Oct 2013	➢ RC/SF ➢ Senior Divisional Teams ➢ W&C Senior Divisional Team	➢ Sep 13 ➢ Jan 14 ➢ Oct 13
2. Create a culture to be (2B's) kind and caring to patients and one another by embedding these values in recruitment, induction and staff appraisal	➢ Launch 2B promotional materials at Nursing and Midwifery Conference ➢ Introduce values based recruitment for senior nurses based on Shelford group work ➢ Revise PEX induction content to align with 2B's	➢ Promote '2Bs' ➢ Values included in all job descriptions, and assessment against these documented in recruitment process ➢ Update PEX Induction	➢ DoN ➢ DoP/OD/HR ➢ RC/SF	➢ Oct 13 ➢ Dec 13 ➢ Sep 13
3. Undertake intentional rounding (regular checks on patients), to give patients the opportunity to discuss any concerns and feel reassured, cared for and safe	➢ Re-emphasise importance at N&M conference ➢ Ward managers to implement intentional rounding as routine practice on every ward ➢ Audit of patient notes for evidence of rounding as part of clinical audit plan	➢ Inclusion of intentional rounds documented in patient notes ➢ 75% of all patient notes (where appropriate) to show evidence of intentional rounding	➢ DDoN ➢ DDoN	➢ July 13 ➢ Sept 13
4. Provide patients and their families with the right information at the right time and encourage patients to actively participate in their care plan	➢ Launch patient experience tool kit ➢ Have standardised patient information board for every ward and outpatient area ➢ Have patient specific bed boards above each bed, detailing specific information concerning the patient, their named nurse and consultant	➢ Produce, advertise and distribute tool kit materials ➢ Audit tool kit use and effectiveness ➢ Audit of patient information boards ensuring they are up to date	➢ RC/SF ➢ DDoN ➢ DDoN	➢ Oct 13 ➢ Jan 14 ➢ Nov 13
5. Collate patient experience intelligence to develop a single insight dashboard that inform our patient experience strategy and work plan	➢ Create dashboard to triangulate identified data	➢ Create an insight dashboard and present to Divisions, Quality Committee and Trust Board ➢ Dashboard to be reviewed monthly at divisional performance reviews	➢ DoN ➢ DDoN /COO	➢ Oct 13 ➢ Oct 13

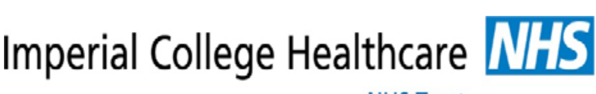
Work Plan Objective 2 (People): Provide staff with the support, skills and best practice to provide high quality patient centred care				
What we will do	**How we will do it (action)**	**Measurement**	**Completed by**	**When**
1. Ensure there is the correct level of senior support within challenging clinical areas	➢ Identify areas that would benefit from senior support ➢ Launch consultation on proposed changes to Ward Sister roles ➢ Implement outcome of consultation	➢ Review identified areas requiring senior support and confirm appropriate support in place	➢ COO/DoN/ DDoN	➢ Dec 13
2. Resource teams and departments adequately, so that staff can respond effectively and proactively to patient care, queries or concerns	➢ Review of N&M staffing levels throughout the Trust ➢ Create action plans for any under resourced areas to address shortfalls	➢ Board sign off of N&M staffing levels twice a year ➢ Divisional staffing reviews through monthly meetings	➢ Trust Board ➢ DoP/OD/HR	➢ Nov 13 ➢ Monthly
3. To engage our people behind the Trust's strategic aims, objectives, ways of working and values: through effective organisation design, support of change management, attraction & recruitment processes, and an engagement programme that we can be proud of	➢ Embed values within all aspects of working life, including induction, recruitment and selection, appraisal and individual performance management systems ➢ Reduce the number of people witnessing or experiencing bullying and harassment	➢ Update induction, recruitment and selections, appraisal and performance management system documentation with revised values ➢ Lowest quartile for question relating to bullying and on pulse or NHS staff surveys	➢ DoP/OD/HR ➢ DoP/OD/HR	➢ Mar 2014 ➢ Ongoing
4. Embed a culture of recognition through forging real and tangible links between performance and reward: through ensuring an integrated approach that everyone understands which include recognition and incentives	➢ Review how we say 'thank you' and praise (e.g. incentive arrangements) ➢ Review current appraisal processes to ensure that we have a 'fit for purpose' system to link performance management and talent management processes ➢ Improve the quality and quantity of appraisals undertaken, ensuring our people have clear objectives and effective feedback to maximise their contribution and performance	➢ Pulse survey to show improved scores on engagement ➢ Revise scheme for local recognition and incentives in place ➢ Staff report improvements in the setting of objectives/expectations in Staff/Pulse survey ➢ Revised appraisal process designed and pilot tested ➢ 85% staff report that they have had a well-structured appraisal in staff survey	➢ DoP/OD/HR ➢ DoP/OD/HR ➢ DoP/OD/HR ➢ DoP/OD/HR ➢ DoP/OD/HR	➢ Starts Oct 13. ➢ Mar 2014 ➢ Mar 2014 ➢ November 2013 ➢ Mar 2014
5. Listen to our people and patients	➢ Introduce a quarterly Engagement Survey to listen to our people's views and action accordingly	➢ Create and deploy quarterly Engagement Survey	➢ DoP/OD/HR	➢ October 2013

Work Plan Objective 3 (Process): Develop processes that are reliable, efficient and standardised to improve overall experience				
What we will do	**How we will do it (action)**	**Measurement**	**Completed by**	**When**
1. Put patients and staff at the centre of what we do by listening to what matters, and understanding what will need to change to improve experience	➢ Continue to use real-time patient experience feedback (iTrack) ➢ Expand the role out of FFT to: Maternity, Day Care, Support Services and Outpatients ➢ Identify other forms on patient experience and incorporate into iTrack for centralised reporting	➢ Monthly divisional insight dashboard ➢ All FFT areas to collect minimum of 15% response rate ➢ Launch of FFT in Maternity in Oct 2013 ➢ Pilot 2 week post discharge telephone interviews for challenged areas	➢ RC/SF ➢ Senior Divisional Team ➢ W&C Senior Divisional Team ➢ COO	➢ Oct 13 ➢ Jan 14 ➢ Oct 13
2. Keep delays to a minimum, especially in areas that have a major impact on patient experience, i.e. waiting times and discharge planning	➢ Performance to be monitored through monthly Trust Scorecard on all national targets e.g. A&E 4 hr target, 18 weeks RTT and 2WW	➢ 2WW (93%) ➢ 18 weeks (90% admitted, 95% non-admitted) ➢ A&E 4 hr wait (95%)	➢ COO/DMD	➢ Monthly
3. Encourage organisations such as Healthwatch to undertake unannounced visits so we can improve the nature and quality of our services	➢ Invite and meet with Healthwatch and other similar organisations to undertake unannounced 'enter and view' visits	➢ Develop a programme and agreed measurements for unannounced visits ➢ Aim for a minimum of 6 unannounced visit each year	➢ DoN ➢ DoN	➢ Dec 13 ➢ Dec 14
4. Identify innovative models of care delivery in the UK and US and embed world class best practice within our organisation	➢ Review delivery of care models from UK/ US ➢ Identify best practice to incorporate into ICHT care planning	➢ Undertake evaluation of the delivery care models from UK/ US ➢ Share outcomes with Divisional leads to assist with revisions to current models of care delivery	➢ Executive Team ➢ Executive Team	➢ Oct – March 14
5. Enliven the care environment to enhance the healing process and spiritual wellbeing of our patients	➢ Promote chaplain service at ward level ➢ Incorporate Trust art, music and pets into wellbeing programme	➢ Create and promote information on wellbeing services available at ICHT	➢ Comms/ Nursing Directorate	➢ Jan 14

Work Plan: Objective 4 (Communicating the message): Listen to our patients and people to make changes to improve and feedback when we have done so				
What we will do	**How we will do it (action)**	**Measurement**	**Completed by**	**When**
1. Include monthly patient experience messages within internal communications such as InBrief and QG15 newsletters	➢ Produce patient experience priority messages each month ➢ Update patient experience intranet site with messages	➢ Produce patient experience priority messages once a month over next 12 month ➢ Key messages to be shared at staff engagement events, such as inductions, conferences and open hour	➢ Nursing /Comms ➢ DoN	➢ Monthly ➢ Oct 13
2. Communicate to patients, through a comprehensive media campaign (e.g. 'You Said We Did' posters, banners, newsletter) how their feedback have improved services	➢ Re-launch You Said We Did' posters ➢ Create PEX banners with key PEX messages ➢ PEX messages to be written on internet site for patients and visitors to see, including FFT performance	➢ Create PEX banners with key PEX messages and put up in key patient facing areas ➢ Update internet site with PEX messages on a regular basis (monthly)	➢ Nursing/ RC/SF/ Comms ➢ Nursing/ RC/SF/ Comms	➢ Sep 13 ➢ Monthly
3. Produce a programme for senior leaders within the organisation to visit clinical areas and have open discussions with staff and patients about their experience	➢ Arrange monthly visits across each site for areas that are challenged or that have had success	➢ Minimum of 12 senior leadership walk round to be arranged over the next 12 months	➢ DoP/OD/HR / DoGA/CG	➢ Monthly
4. Review governance arrangements to ensure a 'ward to board' link up of salient messages from patients and staff	➢ Create a structured mechanism for collecting patient stories ➢ Patient stories to go to Trust Board public meetings	➢ A patient story to be presented to the TB at every public meetings	➢ DoN ➢ DoP/OD/HR & DoN/ DoGA/CG	➢ Bi-Monthly

Key

Comms – Communication's Team
COO – Chief Operating Officer – Steve McManus
DoN – Director of Nursing – Janice Sigsworth
DoP/OD/HR – Director of People, Organsational Development & Human Resources – Jayne Mee
DDoN – Divisional Director/s of Nursing
Nursing – Nursing Directorate
RC/SF – Patient Experience Programme/Project Managers
W&C – Women and Children's Division
DoGA/CG - Director of Governance and Assurance, Corporate Governance – Cheryl Plumridge



Trust Board: 25 September 2013 **Agenda Number: 2.1** **Paper: 5C**

APPENDIX C

Director of Nursing Report: Cancer patient experience survey results

1. Background

The 2013 National Cancer Patient Experience Survey (CPES) results were published by NHS England on 30th August 2013. The national survey of cancer patients is commissioned by the Department of Health.

In total 155 Trusts treating adult cancer patients in England took part in the survey. Eligible patients were those over the age of 16 years with a primary diagnosis of cancer who had been discharged between 1 September 2012 and 30 November 2012. At ICHT there were 1655 eligible patients of whom 744 responded to the survey (49% response rate). The 2012 survey results were published in August 2012. The 2013 survey was undertaken in autumn 2012 before much of the Trust's cancer improvement plan had been actioned.

2. Methodology

The survey is designed to reflect the patient journey through cancer treatment and includes questions from GP referral and diagnosis to hospital experience, home support and overall NHS care. Patients are asked to provide views on their care (questions attached at Appendix 1). For 2013, there were 63 questions. The scores are reported as percentages; the percentages relate to the number of patients who responded with a positive response.

Trusts are then RAG rated to identify for each question those that fall in the lowest 20% (red), the middle 60% (amber) and the highest 20% (green) of Trusts. Top performing Trusts are identified according to the number of times they appear in the highest 20% (green), sorted by how often they are in the bottom 20% (red). Worst performing Trusts are ranked according to the number of times they appear in the lowest 20% (red), sorted by how often they are in the highest 20%. Results are not adjusted for case mix or demographic variables.

3. Results

3.1 Overall

Nationally, the 2013 cancer survey showed improvement in the patient's experience of cancer. However, London Trusts overall do not score well in the survey. Two continuing themes emerge about general organisation of services, especially connecting primary care and hospital care, and on certain aspects of information to patients. London patients are less positive on a wide range of questions. ICHT is one of 49 Trusts who show statistically significant improvements on 1-4 questions (2013). In addition, the Trust improved scores between 2012- 2013 for 40 out of 63 questions, with an improvement ranging from 1-9% per question.

When these results are RAG rated, or scores for each question compared with other Trusts, the picture is less positive.

3.2 ICHT

So whilst our own scores have improved, we can conclude that other Trusts have improved or not performed as poorly on the individual questions; meaning that when our scores are RAG rated we are positioned at the bottom of the leader board despite improving our scores between 2012 and 2013.

We currently have 55 questions red, 5 questions amber and 3 questions green.

We need to keep a strong focus on the improvement plan and keep the timetable tight on delivery.

4. Improvement Programme

Much of the patient experience cancer improvement programme is set upon the foundation of good cancer pathway management. Performance in cancer waiting times against the eight national standards has seen an improvement since last year. This improvement has been supported by the cancer remedial action plan in partnership with CCGs and the Clinical Quality Group (CQG).

5. Key Actions Since the Last Survey

We have taken a number of steps since the 2012 survey was carried out to improve patient experience and there are further steps to take. From the summer of last year a key number of actions have been implemented.

5.1 Leadership structures

The Trust's Senior Leadership team have taken a vigorous hands on and strategic approach to our cancer improvement programme. This has included the appointment of Dr Chris Harrison, former Medical Director at the Christie NHS Foundation Trust in Manchester with a track record in cancer improvement programmes. The Chief Executive has been closely involved in the cancer improvement programme and has made it the focus of much of his staff engagement activity, recognising that patient experience is the responsibility of all staff and improvement is reliant on all members of the team. We have reviewed and implemented a stronger leadership structure with clearer clinical leadership and applied best practice. Our new Trust-wide cancer team led by the Chief Operating Officer has enabled the Trust to refocus on cancer patient experience and begin to transform the care of our cancer patients. We have held regular face to face meetings and presentations with all staff involved in caring for cancer patients and in November 2012 launched a newsletter for staff called Cancer Brief. All teams of cancer clinicians meet every 100 days to review achievements, reflect on patient stories and make decisions about what needs to change.

5.2 Ward and Pathway changes

The Chief Operating Officer has taken responsibility for implementing the programme to improve the Trust's cancer systems and processes. Our cancer clinical leadership team provide consistent high quality guidance and direction to clinical staff to drive transformation of the cancer patient experience. More recently a wider restructuring of the Trust's clinical services, with cancer coming under the remit of the new clinical division for surgery and cancer, has enabled us to further focus on improving cancer patient performance and experience. We are also taking detailed advice from the Christie, the highest scoring cancer service on previous surveys, to assess our multi-disciplinary teams and advise on improvements that can be made. We have put in place a ward based consultant oncologist at Charing Cross Hospital to work towards a system of treating patients during the day. We are ensuring that all cancer patients see the right clinician at the right time by transforming how we make appointments. We are working to minimise the number of hospital visits patients need to make. Every two months, our cancer staff meet with around 40 patient representatives as part of the Cancer Collaborative Patient Experience Board, to find out how we can improve their care and what we are doing well.

5.3 Communications

The Trust is working in collaboration with Macmillan to improve the cancer patient experience and with the National Cancer Director Sean Duffy who visited the Trust and provided valuable advice to the Trust's management and clinical teams. We have implemented Macmillan Value Based Standards for staff and patients and enhanced the Macmillan staff support to cancer patients, and have reviewed the information we give patients to ensure every leaflet and information sheet is clear, helpful and up to date; there are Macmillan support staff at our Charing Cross and Hammersmith sites ready to help patients by talking them through information and leaflets about their condition. We have so far trained more than 550 staff in how to help patients facing cancer and are aiming to train 900 by October 2013. We are planning advanced communication skills training for our cancer Clinical Nurse Specialists and Consultants.

6. Conclusion

The improvement programme will be reviewed having received the CPES results to ensure:

- Pace of delivery

- Clarity on key objectives
- Quick wins

The Trust is committed to delivering improved cancer patient experience and views this as one of its top priorities.

Next immediate steps:

i) Results to the Trust Board on 25th September 2013.
ii) Share results with cancer teams now and at the Cancer Improvement Workshop on 25th October 2013.
iii) Paper to Clinical Quality Group at September/ October meeting
iv) Management meeting with senior cancer leadership team to review plan and increase focus on residual issues.
v) COO/ DON to review performance at Surgical Division Performance meeting on 24th September 2013, and then on an on-going basis.

Appendix 1 – National Cancer Survey Questions

	Seeing Your GP
1	Saw GP once / twice before being told had to go to hospital
2	Patient thought they were seen as soon as necessary
3	Patients health got better or remained the same while waiting.
	Diagnostic Tests
4	Staff gave complete explanation of purpose of test(s)
5	Staff explained completely what would be done during test.
6	Given easy to understand written information about test.
7	Given complete explanation of test results in an understandable way.
	Finding Out What Was Wrong With You
8	Patient told they could bring a friend when first told they had cancer.
9	Patient felt they were told sensitively that they had cancer.
10	Patient completely understood the explanation of what was wrong.
11	Patient given written information about the type of cancer they had.
	Deciding the Best Treatment for You
12	Patient given a choice of different types of treatment.
13	Pts views definitely taken into account by docs & nurses discuss. treat.
14	Possible side effects explained in an understandable way.
15	Patient given written information about side effects.
16	Patient definitely told about side effects that could effect them in the future
17	Patient definitely involved in decisions about care and treatment.
	Clinical Nurse Specialist
18	Patient give the name of the CNS in charge of their care.
19	Patient finds it easy to contact their CNS.
20	CNS definitely listened carefully the last time spoken to.
21	Get understandable answers to import. questions all / most of the time.
	Support for People with Cancer
22	Hospital staff gave information about support groups.
23	Hospital staff gave information about impact on how cancer can impact on work life / education
24	Hospital staff gave information on getting financial help.
25	Hospital staff told patient they could get free prescriptions.
	Cancer Research
26	Patient seen cancer research information in hospital
27	Taking part in cancer research discussed with patient.
28	Patient has taken part in cancer research
	Operations
29	Staff gave complete explanation of what would be done
30	Patient given written information about the operation.
31	Staff explained how operation had gone in understandable way.
	Hospital Doctors
32	Got understandable answers to import. questions all / most of the time.
33	Patient had confidence and trust in all doctors treating them.
34	Doctors did not talk in front of patients as if they were not there.
35	Patient's family definitely had the opportunity to talk to doctor.
	Ward Nurses

36	Got understandable answers to important questions all / most of the time.
37	Patients had confidence and trust in all ward nurses
38	Nurses did not talk in front of patients as if they were not there.
39	Always / nearly always enough nurses were on duty.
	Hospital Care & Treatment
40	Patient did not think hospital staff deliberately misinformed them.
41	Patient never thought they were given conflicting information.
42	All staff asked patient what name they preferred to be called by.
43	Always given enough privacy when discussing condition or treatment.
44	Always given enough privacy when being examined or treated.
45	Patient was able to discuss worries or fears with staff during visit.
46	Hospital staff did everything to help control pain all of the time.
47	Always treated with respect and dignity by staff.
	Information Given to You Before Leaving Hospital and Home Support
48	Given clear written information about what should/should not do post discharge
49	Staff told patients who to contact if worried post discharge
50	Family definitely given all information needed to help care at home
51	Patient definitely given enough care from health or social services
	Hospital Care as a Day Patient / Outpatient
52	Staff definitely did everything to control the side effects of radiotherapy
53	Staff definitely did everything to control the side effects of chemo.
54	Staff definitely did everything they could to help control pain.
55	Hospital staff definitely gave patient enough emotional support.
56	Doctor had the right notes and other documentation with them.
	Care from Your General Practice
57	GP given enough information about patient's condition and treatment.
58	Practice staff definitely did everything they could to support patient.
	Your overall NHS care
59	Hospital and community staff always worked well together
60	Given the right amount of information about condition and treatment
61	Patient offered written assessment and care plan
62	Patient did not feel that they were treated as 'a set of cancer symptoms'
63	Patient's rating of care 'excellent'/very good'

Trust Board: 25 September 2013 **Agenda Number: 2.1** **Paper: 5D**

APPENDIX D

Director of Nursing Report: Hearing What Patients and their Families Say about Care and Treatment at Imperial College Healthcare Trust

1. Introduction

The following report provides an overview of complaints information and action taken for the month of July. It also includes a patient's story.

2. Overview of complaints

2.1 July

The Trust investigated 82 formal complaints in July and responded to 95% of these complaints (against a Trust target of 90%) within the deadline set by the complainant. Overall this represents 0.08% of contacts.

The main reasons for formal complaints in July were:

- Clinical Care 41% approx
- Delayed/Cancelled Appointments (outputs) 12% approx
- Attitude of Staff 11% approx

In July the following service improvements have taken place as a consequence of formal complaint investigations:-

Key issues from complainants	Action Taken
Lack of process to record attendance at WEH where condition is not an emergency	All pts who now attend the WEH and are assessed by the triage nurse and advised that their condition is not deemed an emergency will have their attendance recorded manually. This will ensure that if a concern about their care is subsequently received documentation of the patient's attendance will be to hand to help with staff recalling any events.
Increased patient anxiety and lack of clarity about responsibilities within Nursing team/ward	To help reduce pt anxiety and create the appropriate patient impression the nurses in charge of the ward have been reminded of their duties in terms of providing a cohesive and professional environment when leading their teams.
Messages not being responded to in a timely manner	Staff at the WEH have been reminded to respond to their answerphone messages within twenty-four hours.
Delay in referral to specialist team	As a consequence of a complaint investigation A&E have created a case study for future junior doctors to highlight the importance of an early referral to a specialist team.
Poor customer service skills and attitude	A secretary has been formally spoken to about her poor customer service skills and attitude.
Timeliness of neurology appointments	To ensure pts are seen as quickly as possible following the resignation of a Neuro-Consultant, a weekly clinic has been established at the National Hospital for Neurology and

	Neurosurgery to ensure patients receive on-going specialised care.
Key issues from complainants	**Action Taken**
Poor discharge planning and processes	The ward manager has now reviewed their discharge process with the entire nursing and medical teams to help prevent poor discharges happening in future. In particular good communication and the need to ensure pts are discharged in warm clothing were discussed.
Attitude of staff member	A member of the anaesthetic team has been reminded to respond to patients and relatives queries in a sensitive and tactful manner.
Theatre scheduling and delays in responding to queries	The Ear Nose and Throat team have reviewed the way patients are being assessed and how theatre lists are prepared to help improve the pathway. Staff have also been reminded that patients' queries need to be passed onto the theatre team without delay.
- Lack of knowledge about who staff are - Timeliness of responding to call bells - Lack of information about deviced	Staff on the ward have been reminded of the importance of introducing themselves to patients. Additionally, meetings have now taken place to ensure that nursing staff respond to patients' call bells in a timely manner. The nursing team has also received training on angio-seal devices so that they are able to provide more information to their pts.
- Lack of compassion from Nursing staff - Sensitive conversations by staff taking place amongst patients	Cardiology consultants have emphasised to all staff in their team that a stroke can present in many different ways and that everyone should be vigilant with regard to its detection following cardiac catheterisation. Comments about the compassion of nursing staff have been fed back to the team which will assist with the on-going work surrounding improving communication with relatives and carers in order to enhance their experience whilst their loved ones are in hospital. Staff have also been reminded to carefully consider the nature of the conversations that take place in public areas, which may be in an audible range for patients, and that whenever possible, sensitive conversations should occur in private areas.
Poor attitude and communication skills of a Doctor	Following a complaint about poor attitude and communication about a doctor in A&E we have asked the dictator's agency to provide him with feedback. We have also informed the agency not to put the doctor forward for further locum positions at Charing Cross Hospital.

3. Patient's Story

It is important to hear patients' views on their care to see care and treatment through the patients' eyes, to understand what is important and when we do not get it right to learn lessons to make sure it does not happen again. Equally getting positive feedback and descriptions of care can have similar benefits for learning. This section contains a patient's story (for the purpose of this report the story has been anonymised).

A parent wrote a letter of complaint regarding the issues surrounding the treatment of their child at Charing Cross A&E, following an accident.

The child attended A&E and a blood test, 2 ultrasounds scans and X-rays were carried out. A CT scan was not carried out. Following the results of the tests, the doctors confirmed there was no serious damage and the child could return home but if any abdominal pain occurs, the child should be brought back to A&E immediately. The child returned the next day to A&E and after a few hours of waiting and undergoing the same tests, the Doctors advised the child would need a CT scan and that this would be carried out that evening. The parents were

informed a few hours later that the CT scan would now be performed the next morning and the child was admitted.

The CT scan was carried out which revealed a ruptured spleen. A discussion took place regarding the best place for the child to receive treatment and after the parent discussed this with their own GP, it was decided that the child would be moved to St. Mary's under a particular Consultant. The parents were informed that a bed would be ready for the child at the trauma ward at St. Mary's and that the Consultant and his team would be waiting to receive the patient.

After waiting for a few hours, the child was transferred to St. Marys and taken to the Trauma ward as previously informed. However, when the child and his parents arrived, they were greeted by the Nurse in Charge who was 'extremely rude, said no bed was available and that they knew noting about the child's arrival. The Nurse was extremely dismissive'. The child was very distressed and crying due to the pain at this point. After checking the system, the parents were informed that the decision to admit the child on a regular ward on the 8th floor had been made, after they had left the Charing Cross site on their way to St. Mary's.

A Doctor phoned the Consultant who informed the parent that he had only been asked for advice about the child's care and no one had asked him to accept the child as a patient. He was totally unaware of the transfer. The ambulance driver had also been trying to get further information to help and intimated 'that this sort of thing happens on a regular basis'. The helpful Doctor, who called the Consultant, administered some paracetomol to the child to ease the pain. This had been something the parents had been asking for since their arrival but were told it was not possible to administer simple pain relief until a whole set of tests was repeated again.

The parents discussed their frustrations with the site manager at which point the helpful Doctor came and told them that the Consultant was returning to the hospital from home and had arranged a bed in the trauma ward for the child. Since the patient has been on the trauma ward his care has been excellent according to the parents.

The complainant wrote that 'there is obviously no issue with the medical staff or treatment which has been of a very high standard, but the organisation, administration and communication within the service is not fit for purpose'.

3.1 Action Taken

The CEO and Deputy Medical Director met with the complainant and the following action has been/is being undertaken in response to the complaint:

Key issue	Action Taken/To be taken
No CT scan performed during the initial set of scans when the patient first attended A&E.	We have changed the clinical management protocol for suspected splenic injury to include scanning.
Poor communication and process for transferring patients between sites.	Ensuring that our transfer arrangements between sites work properly. This has been changed by the appropriate team.
Behaviour and attitude of Nurse in charge on the Trauma Ward, toward the parents and child.	Discussions with staff members concerned. The ward Nurse has subsequently apologised and the complainant has accepted this.

The complainant will be contacted again in six months time to update them on progress regarding the above actions.

Agenda Number 4.1 Paper Number 9B

Trust Board Performance Report
Report Period Month 5
(to end August 2013/14)

Trust Board on 25th September 2013

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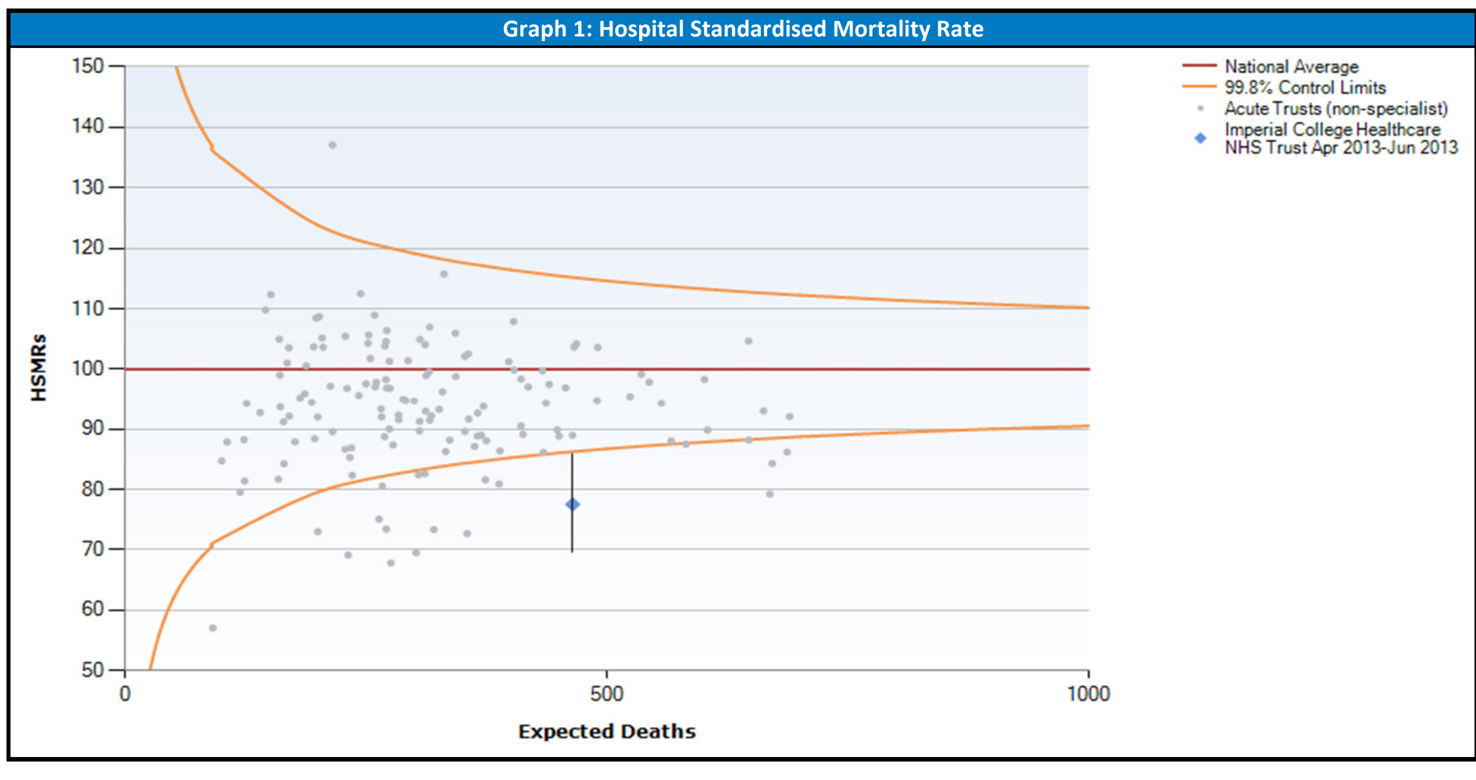
QLTY 1: Mortality - Supports compliance with Care Quality Commission Outcome 4

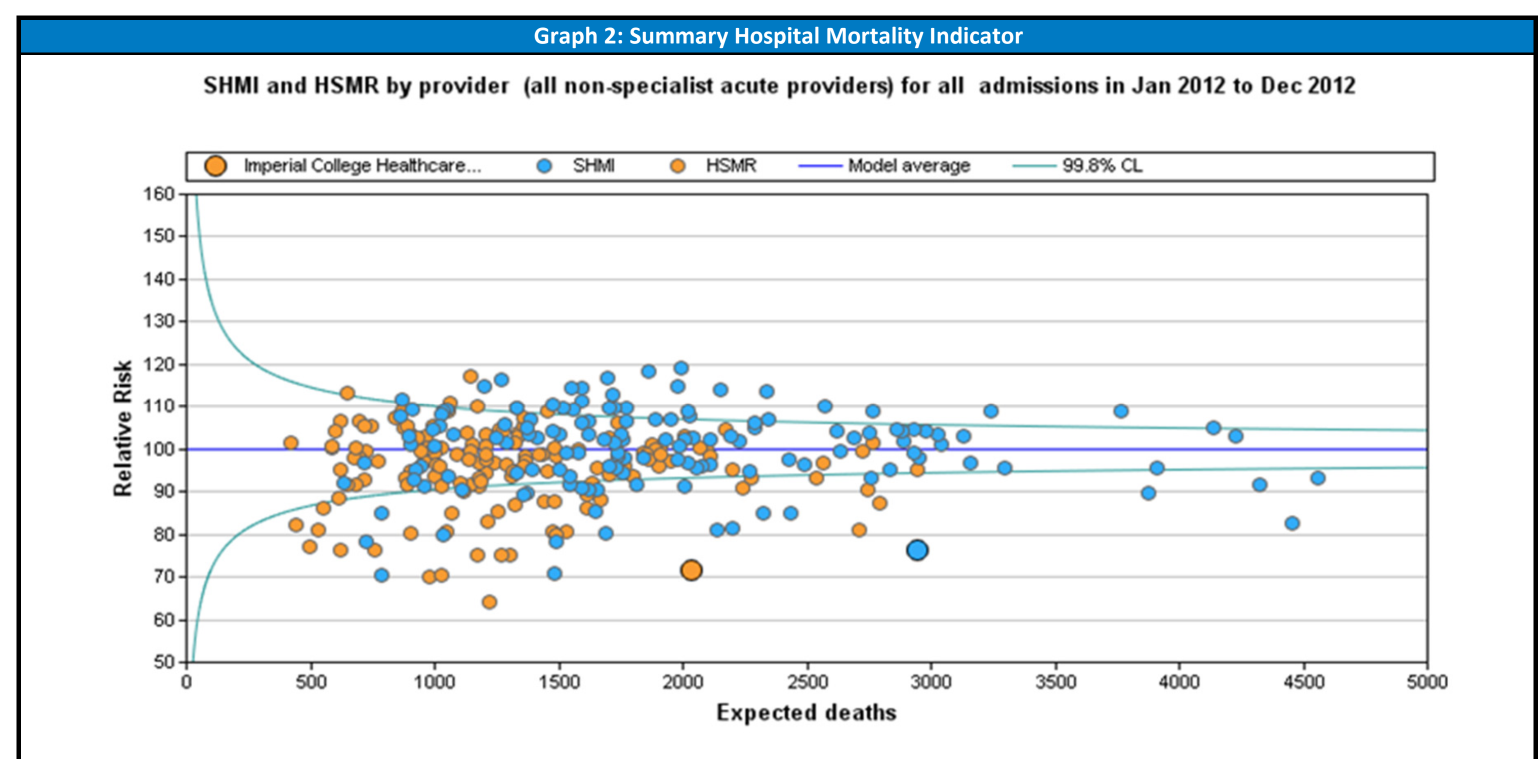
Domain	Indicator	National average	Unit	Apr2012 - Jun2013	Year to date
Mortality	Hospital Standardised Mortality Rate (HSMR) (*)	100	number	77	78

Domain	Indicator	National average	Unit	Jan2012 - Dec2012
Mortality	Summary Hospital Mortality Indicator (SHMI)	100	number	76.5

Graph 1: Hospital Standardised Mortality Rate



Graph 2: Summary Hospital Mortality Indicator

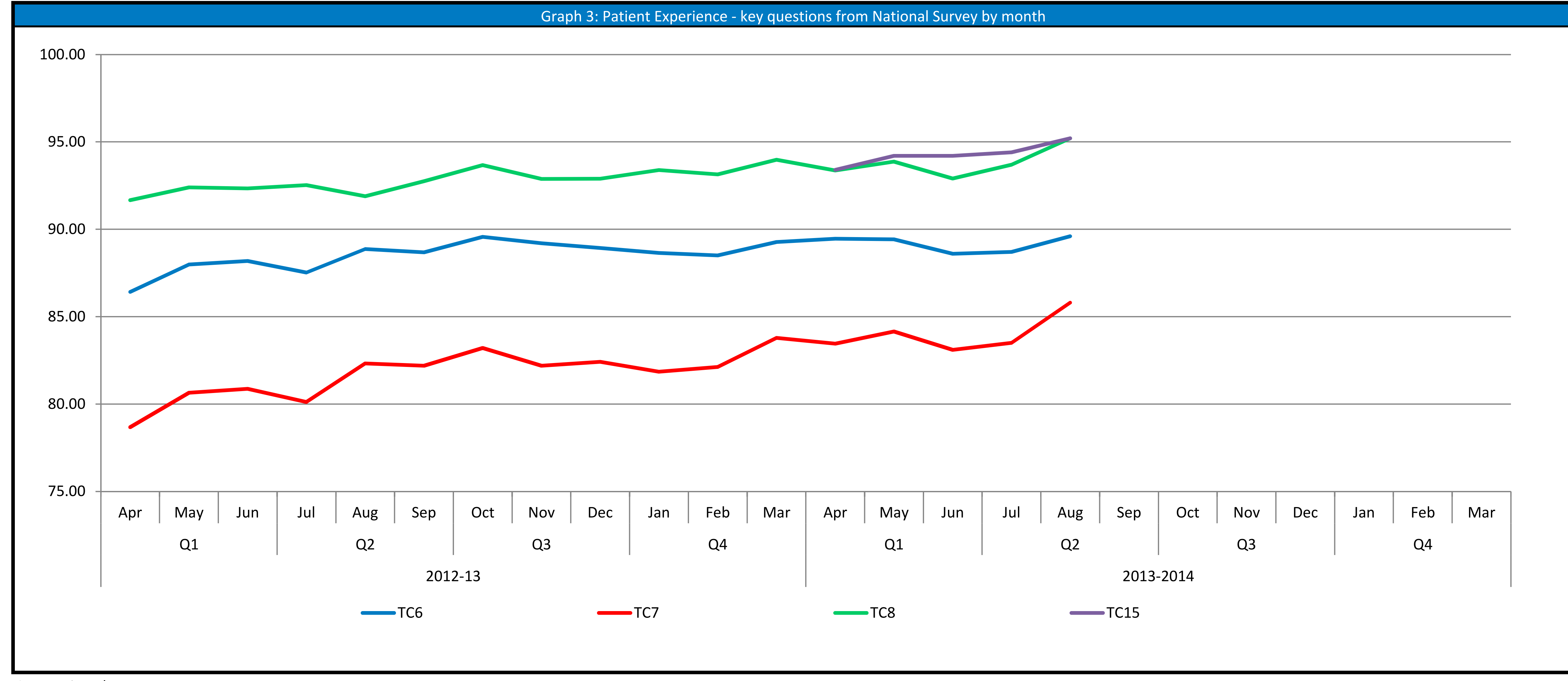


Source: Dr. Foster Intelligence

QLTY 2: Patient Experience - key questions from National Survey - **Supports compliance with Care Quality Commission Outcome 16 and 17**

Core Question	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
TC6: Were you involved as much as you wanted to be in decisions about your care and treatment?	89.5	89.4	88.6	88.7	89.6							
TC7: Did you find someone on the hospital staff to talk to about your worries and fears?	83.5	84.2	83.1	83.5	85.8							
TC8: Were you given enough privacy when discussing your condition or treatment?	93.4	93.9	92.9	93.7	95.2							
TC15: Were the nursing staff (midwives) caring and compassionate?	93.4	94.2	94.2	94.4	95.2							

Graph 3: Patient Experience - key questions from National Survey by month

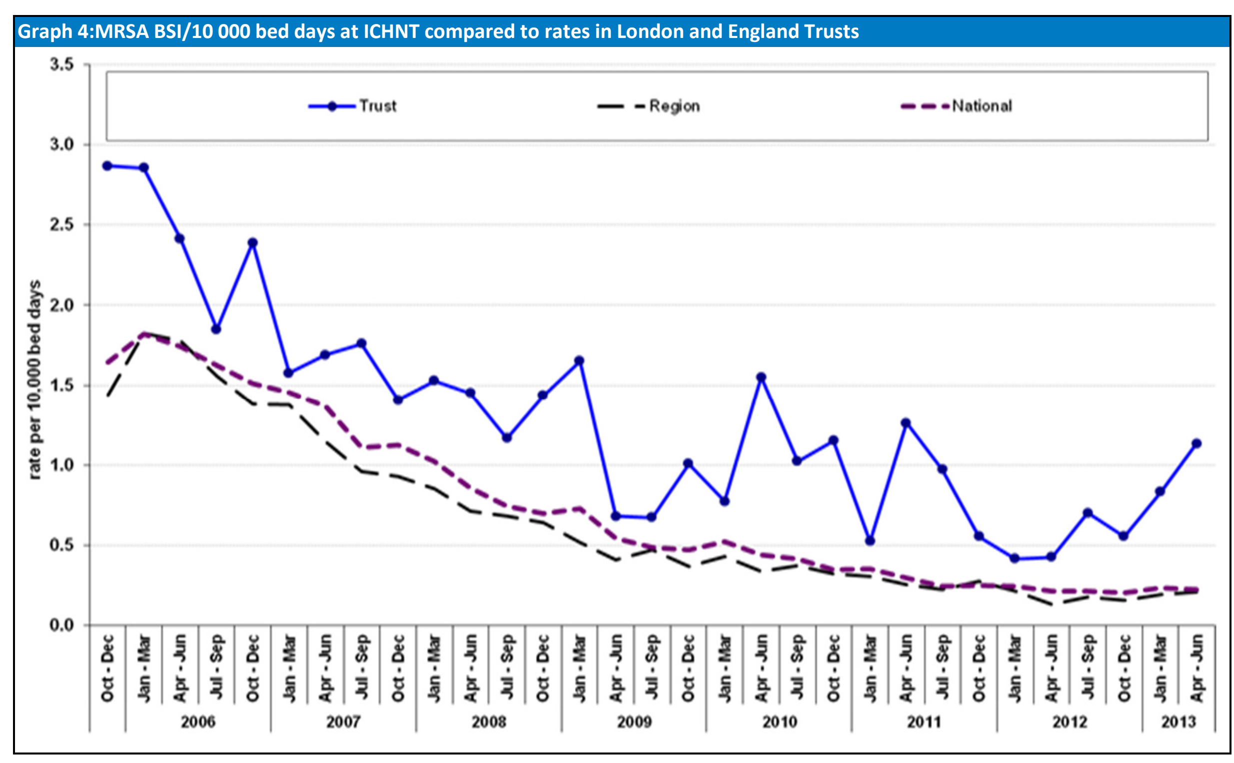


Source: iTrack

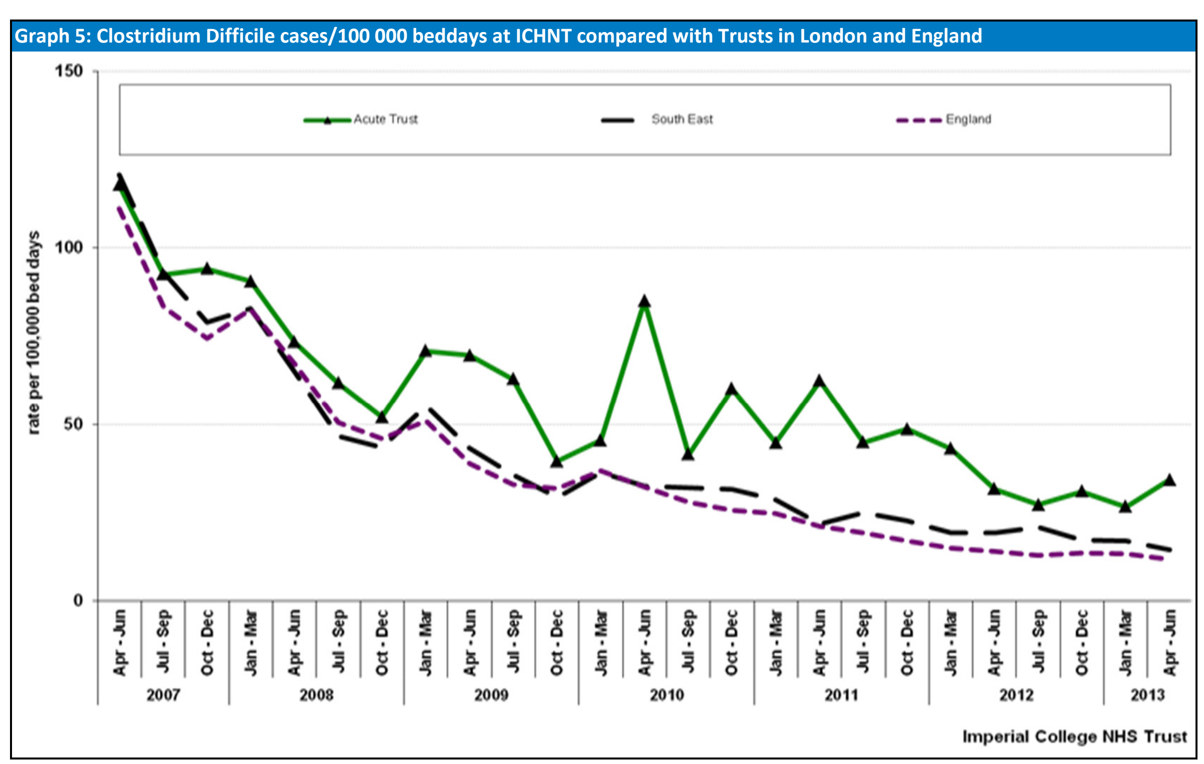
QLTY 3: Infection Prevention Control - **NHS Performance Framework 2013/14 Indicators & Supports Compliance with Care Quality Commission Outcome 8**

Domain	Indicator	Annual Trust Ceiling	Unit	Month 5		Year to date	
Infection Prevention and Control	Methicillin-Resistant Staphylococcus Aureus (MRSA) Bloodstream Infection (BSI) Bacteraemias	<=0	Cases	0	●	4	●
	Clostridium Difficile (C-Diff) post 72 Hours - Enzyme Immuno-Assays (EIA) - (Nationally Monitored)	<= 65	Cases	3	●	32	●

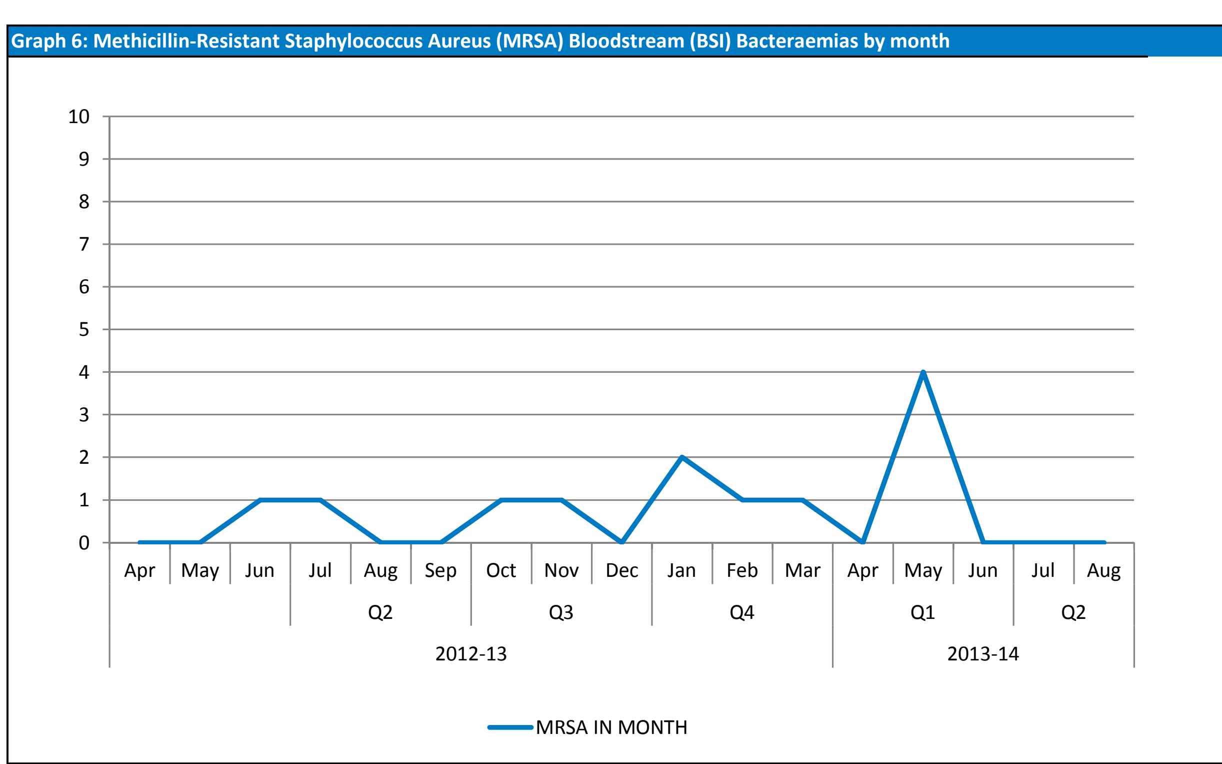
Graph 4:MRSA BSI/10 000 bed days at ICHNT compared to rates in London and England Trusts



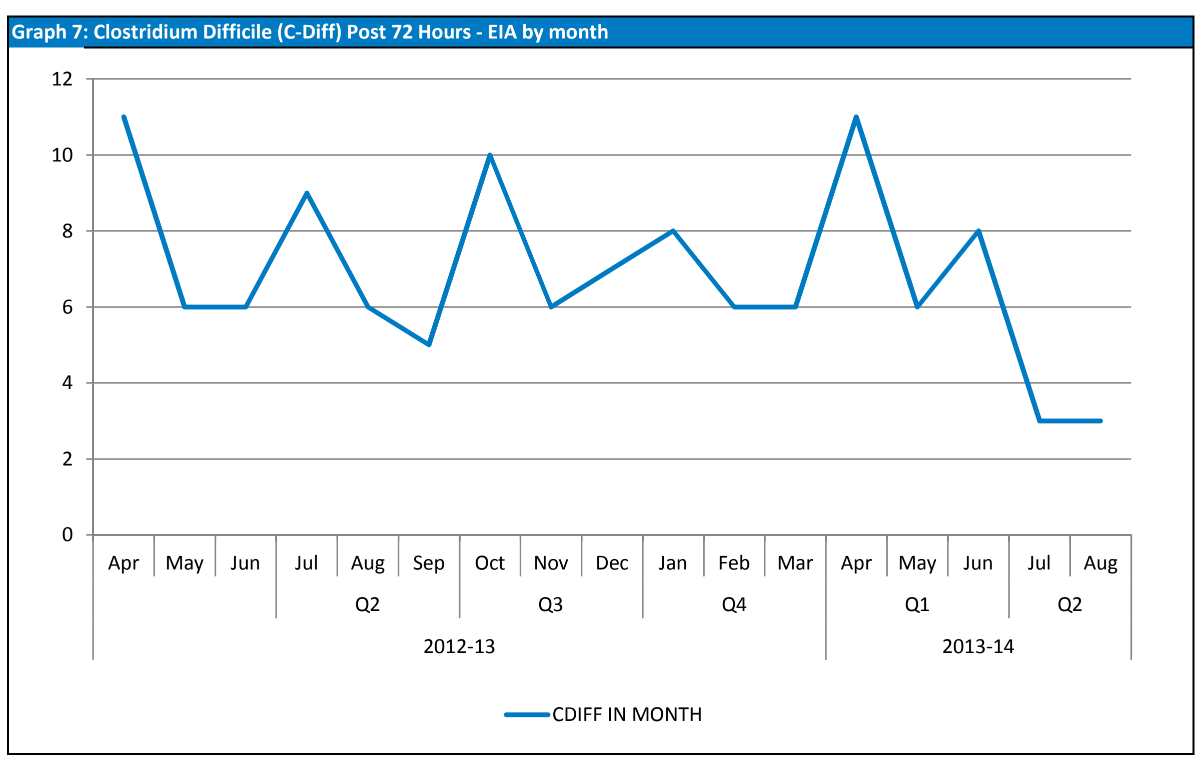
Graph 5: Clostridium Difficile cases/100 000 beddays at ICHNT compared with Trusts in London and England



Graph 6: Methicillin-Resistant Staphylococcus Aureus (MRSA) Bloodstream (BSI) Bacteraemias by month



Graph 7: Clostridium Difficile (C-Diff) Post 72 Hours - EIA by month

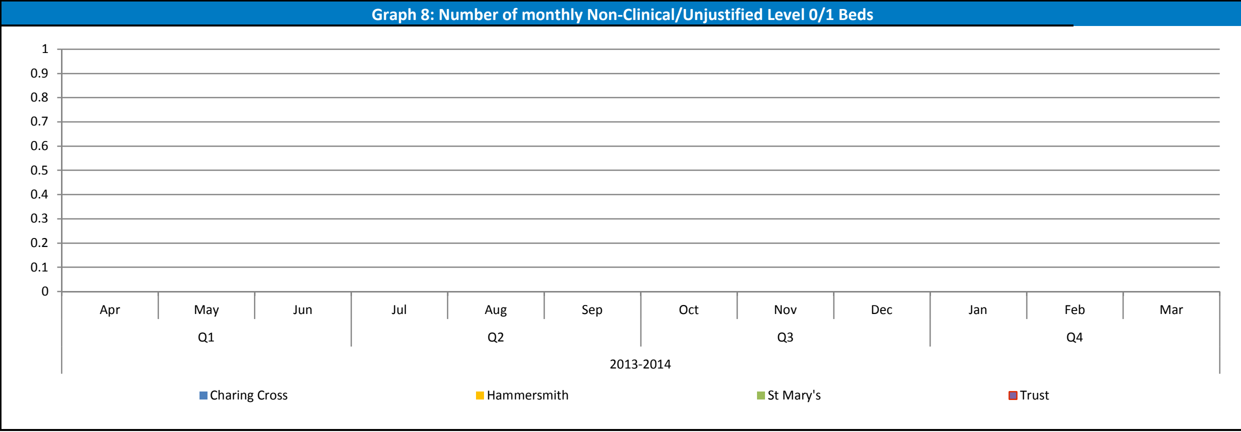


Source: Health Protection Agency & Infection Prevention Control Team

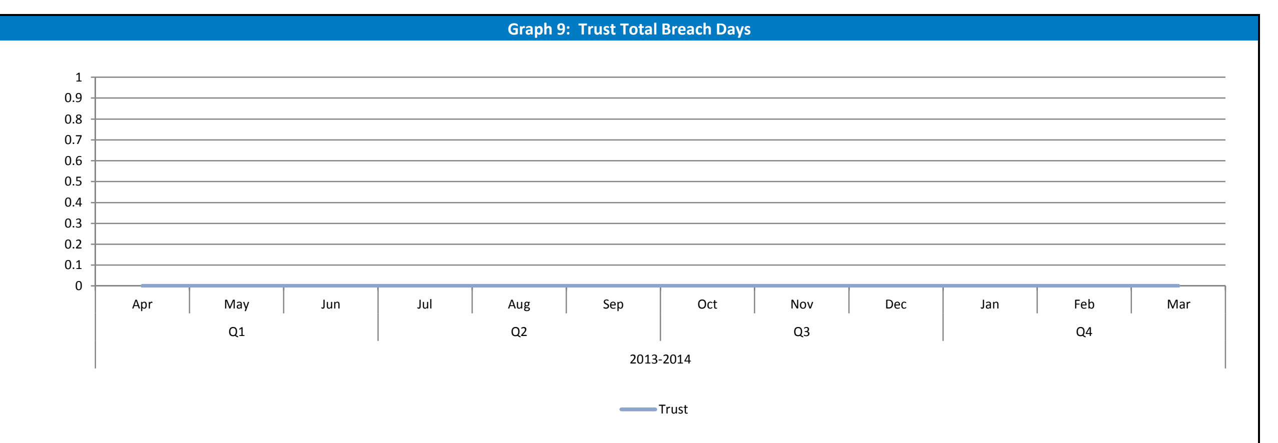
QLTY 4: Eliminating Mixed Sex Accommodation - EMSA - **NHS Performance Framework 2013/14 Indicators & Supports Compliance with Care Quality Commission Outcome 4**

Domain	Indicator	Threshold	Unit	Month 5		Year to date	
Eliminating Mixed Sex Accommodation	Trust - Total patients affected - Eliminating Mixed Sex Accomodation	0	number	0	●	0	●
	Trust - Total breach days - Eliminating Mixed Sex Accomodation	0	number	0	●	0	●
	Trust - Total Finished Consultant Episodes that resulted in breaches	0	number	0	●	0	●
	Charing Cross- Total patients affected - Eliminating Mixed Sex Accomodation	0	number	0	●	0	●
	Charing Cross - Total breach days - Eliminating Mixed Sex Accomodation	0	number	0	●	0	●
	Charing Cross - Total Finished Consultant Episodes that resulted in breaches	0	number	0	●	0	●
	Hammersmith - Total patients affected - Eliminating Mixed Sex Accomodation	0	number	0	●	0	●
	Hammersmith - Total breach days - Eliminating Mixed Sex Accomodation	0	number	0	●	0	●
	Hammersmith - Total Finished Consultant Episodes that resulted in breaches	0	number	0	●	0	●
	St Mary's - Total patients affected - Eliminating Mixed Sex Accomodation	0	number	0	●	0	●
	St Mary's - Total breach days - Eliminating Mixed Sex Accomodation	0	number	0	●	0	●
	St Mary's - Total Finished Consultant Episodes that resulted in breaches	0	number	0	●	0	●

Graph 8: Number of monthly Non-Clinical/Unjustified Level 0/1 Beds



Graph 9: Trust Total Breach Days



Source: Information Team

Patient experience (data take from iTrack - Trust's Patient Experience Tracking System)

		Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
TC3: When you were first admitted to a bed on this ward, did you share a sleeping area, for example a room or a bay, with patients of the opposite sex? This table shows the % of patients who thought that they did not share a sleeping area with a member of the opposite sex on admission.	**Trust**	92	93	92	92	91	94	93	94							

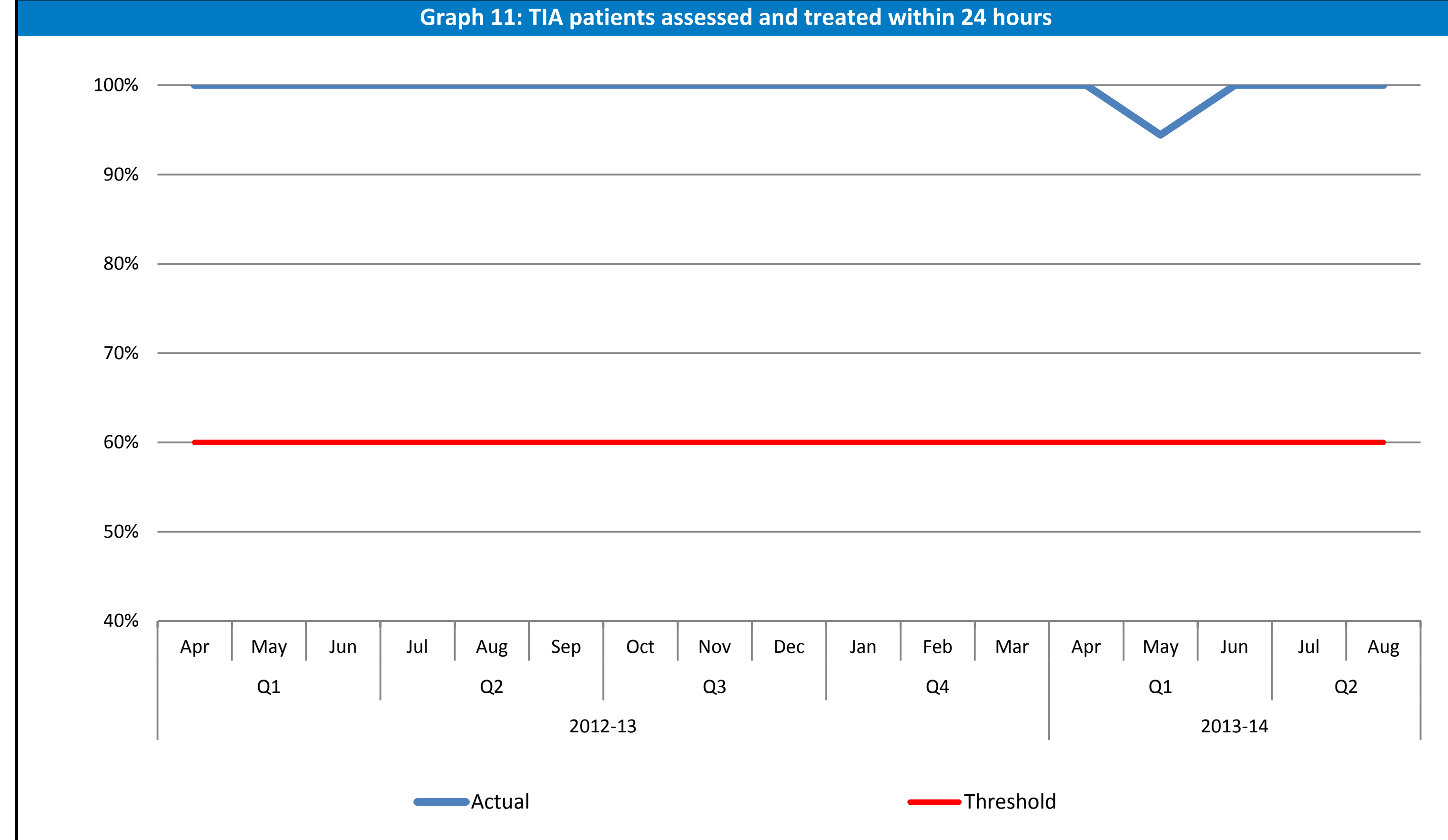
Graph 10 : Patient Experience Tracking System - TC3 by month

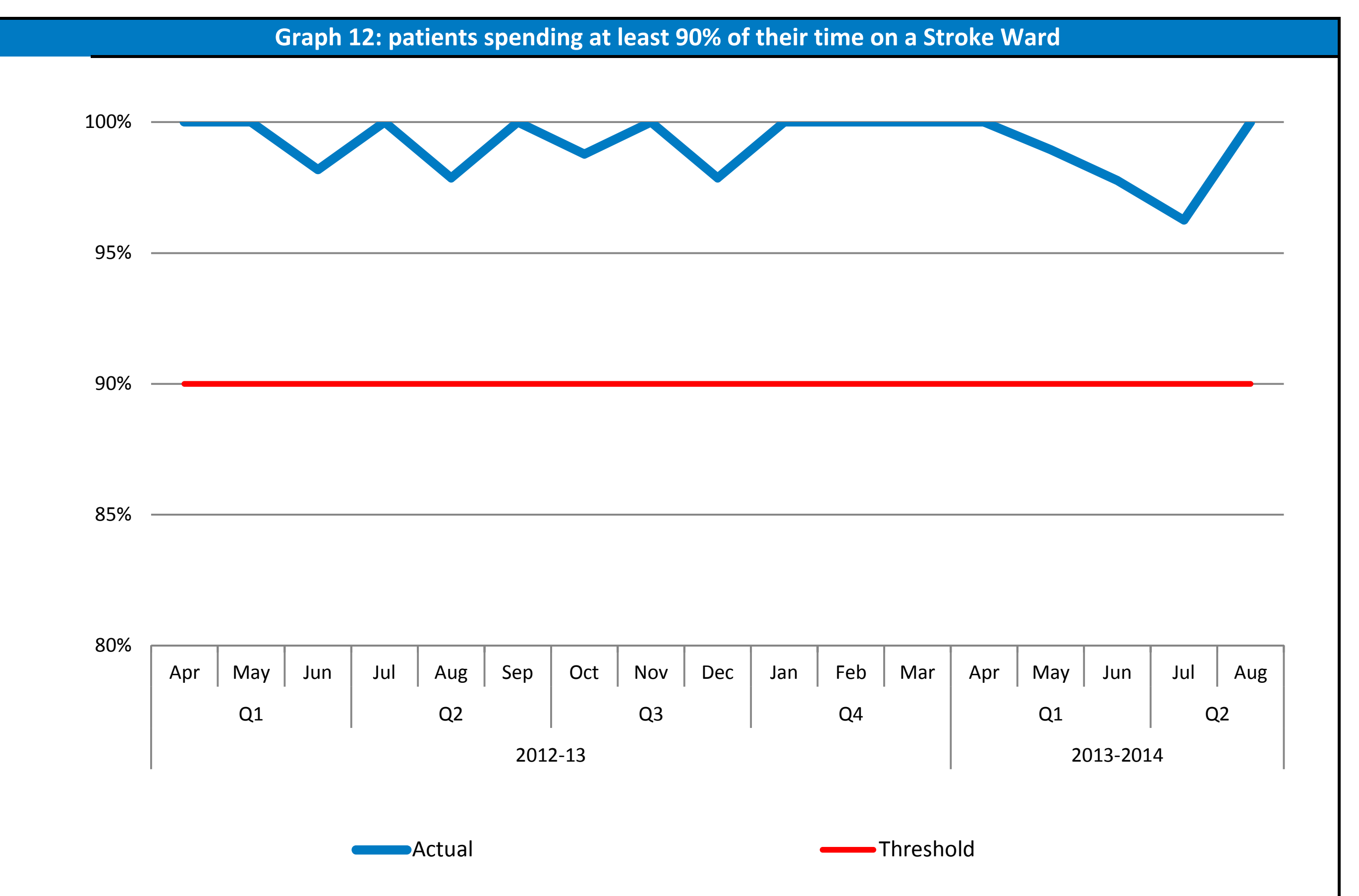
100
98
96
94
92
90
88
86
Jan-13 Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13 Aug-13 Sep-13 Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14

Source: iTrack

QLTY 5: Stroke Care - **Supports compliance with Care Quality Commission Outcome 4**

Domain	Indicator	Threshold	Unit	Month 5		Year to date	
Stroke Care	Patients with high risk of Stroke who experience a TIA and are assessed and treated within 24 hours	60.0	%	100.0	●	98.50	●
	Patients who spend at least 90% of their time in hospital on a Stroke Unit	90.0	%	100.0	●	98.62	●



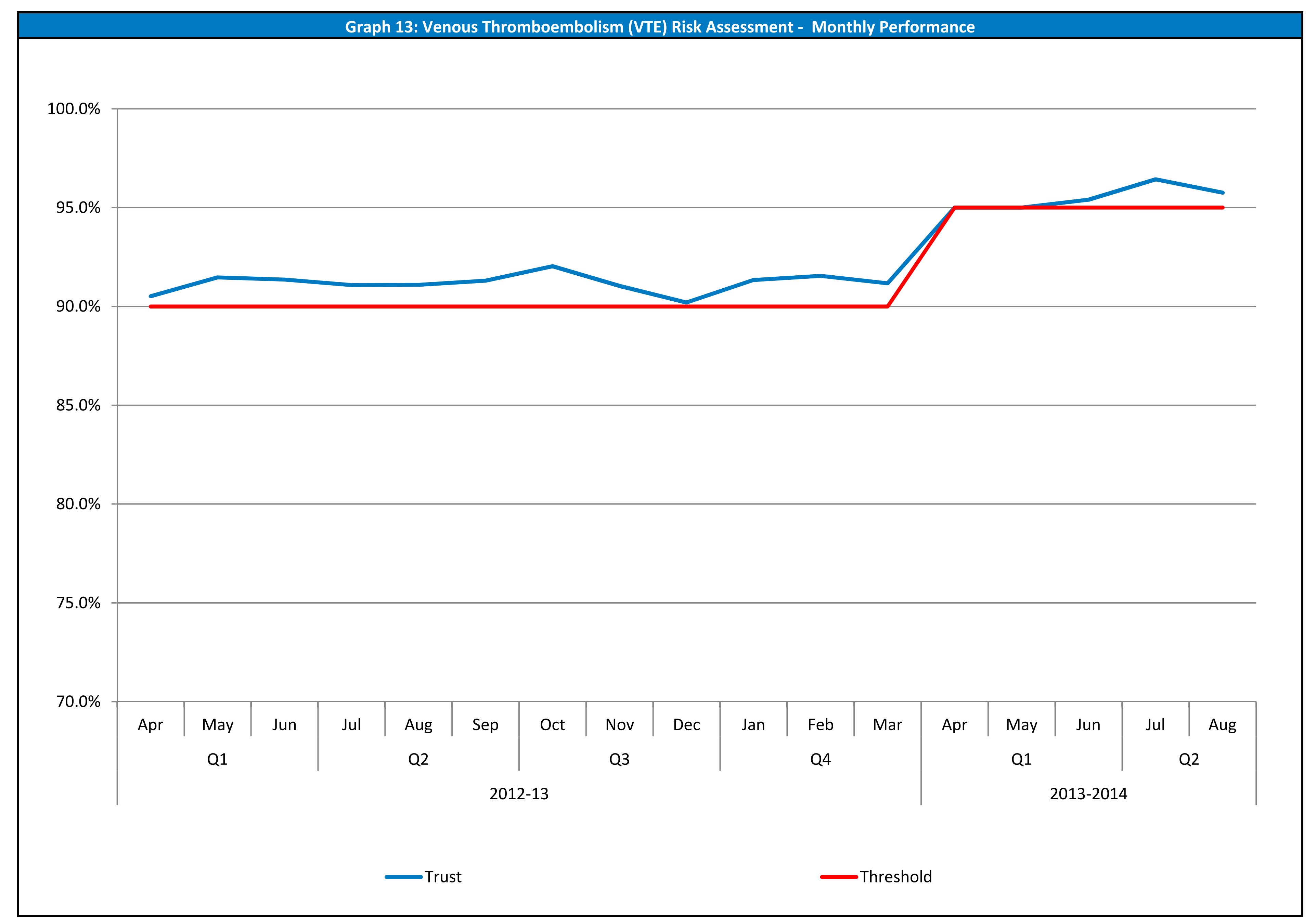


Source: Information Team

QLTY 6: Venous Thromboembolism - **NHS Performance Framework 2013/14 Indicator & Supporting Compliance with Care Quality Commission Outcome 4**

Domain	Indicator	Threshold	Unit	Month 5	Year to date
Venous Thromboembolism (VTE) Risk Assessment	Adult Inpatients who have had a Venous Thromboembolism (VTE) Risk Assessment	95.0	%	95.76 ●	95.52 ●

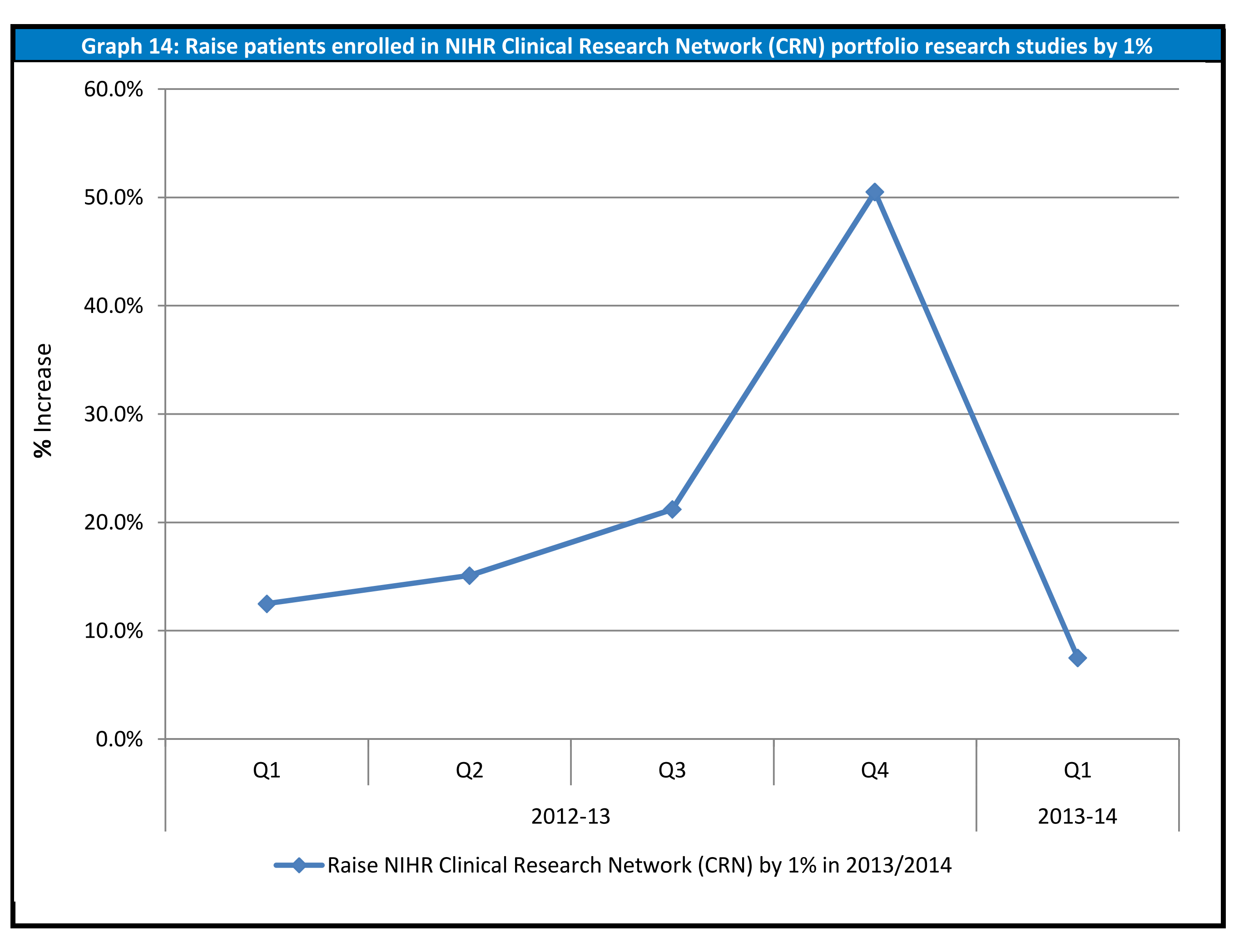
Graph 13: Venous Thromboembolism (VTE) Risk Assessment - Monthly Performance



Source : Information Team

QLTY 7: Research & Development - **Supporting Compliance with Care Quality Commission Outcome 14**

Domain	Indicator	Target	Unit	Quarter 1	Year to date
Research & Development	Raise the proportion of patients enrolled in NIHR Clinical Research Network (CRN) portfolio research studies by 1%	Increase by 1% from 11/12	%	7.5 •	7.5 •

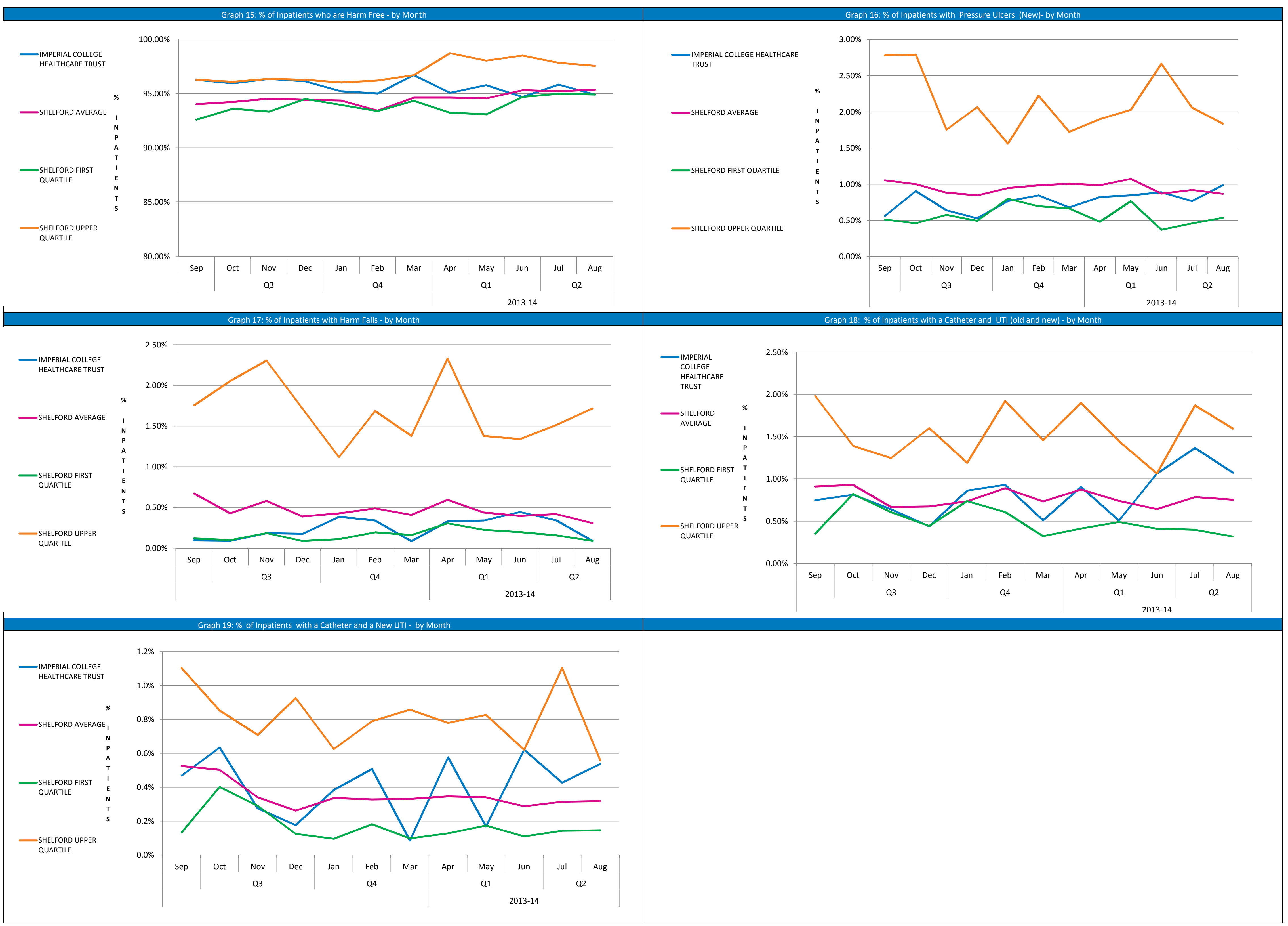


Source: Joint Research Office

QLTY 8: Safety Thermometer - Supports Compliance with Care Quality Commission Outcome 4

Domain	Indicator	Threshold	Unit	Month 5	Year to date
Safety Thermometer	Harm free	-	%	95.82	95.33
	Pressure Ulcers - All	-	Number	43	40.4
	Pressure Ulcers - New	-	Number	11	10
	Falls with Harm	-	Number	1	0.9
	Catheter's & UTI	-	Number	12	11.4
	Catheter's & New UTI	-	Number	6	5.4
	New VTE's	-	Number	2	1.4

(*) - The Safety Thermometer is based on a point prevalence survey exacted the first Wednesday of each month



OPS 1: Accident & Emergency - 4 hour maximum waiting time - NHS Performance Framework 2013/14 Indicators & Supports Compliance with Care Quality Commission Outcome 4

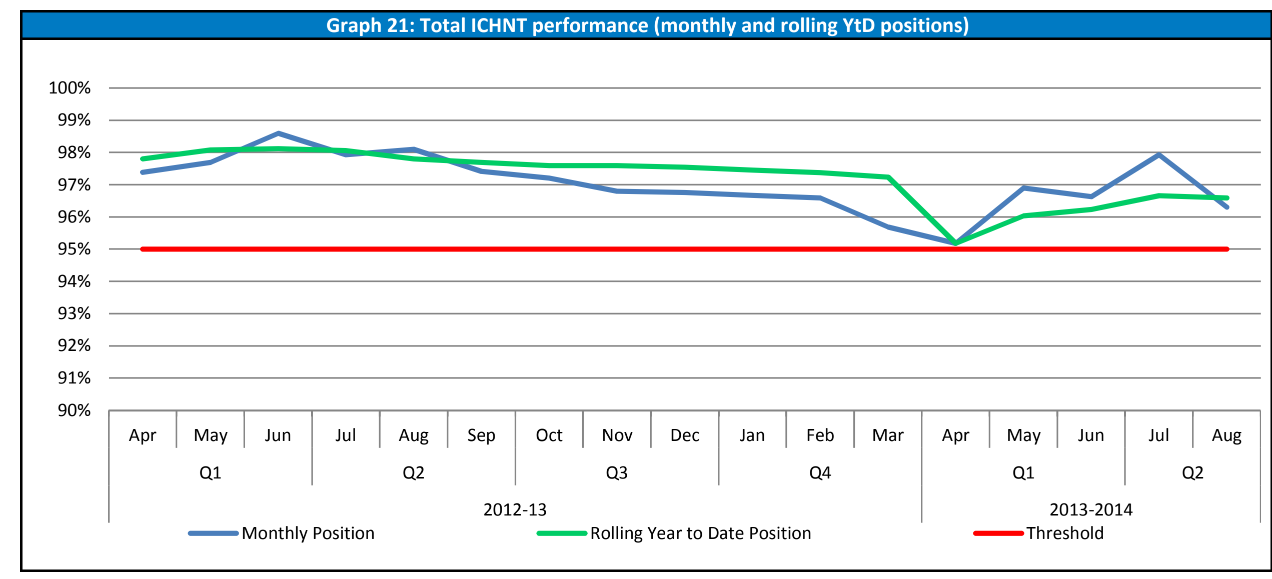
Domain	Site and type		Threshold	Month 5	Year to date
4 hour maximum waiting time In Accident & Emergency	Trust	All (Type 1,2,3)	95.0%	96.3%	96.6%
	Trust	Type 1	95.0%	92.3%	93.1%
	Hammersmith	Type (1,2,3)	95.0%	97.0%	97.5%
	Charing Cross	Type (1,2,3)	95.0%	96.5%	96.2%
	St Mary's	Type (1,2,3)	95.0%	96.0%	96.5%
	Hammersmith	Type 1	95.0%	93.3%	94.5%
	Charing Cross	Type 1	95.0%	92.2%	91.1%
	St Mary's	Type 1	95.0%	92.0%	93.7%
London Ambulance Service (LAS) Handover	London Ambulance Service Patient Handover - within 60 Minutes		100%	100%	100%
	London Ambulance Service Patient Handover - within 30 Minutes		95.0%	99.1%	98.8%
	London Ambulance Service Patient Handover - within 15 Minutes		85.0%	95.2%	93.8%
	London Ambulance Service Breaches Handover > 60 Min		0	0	0

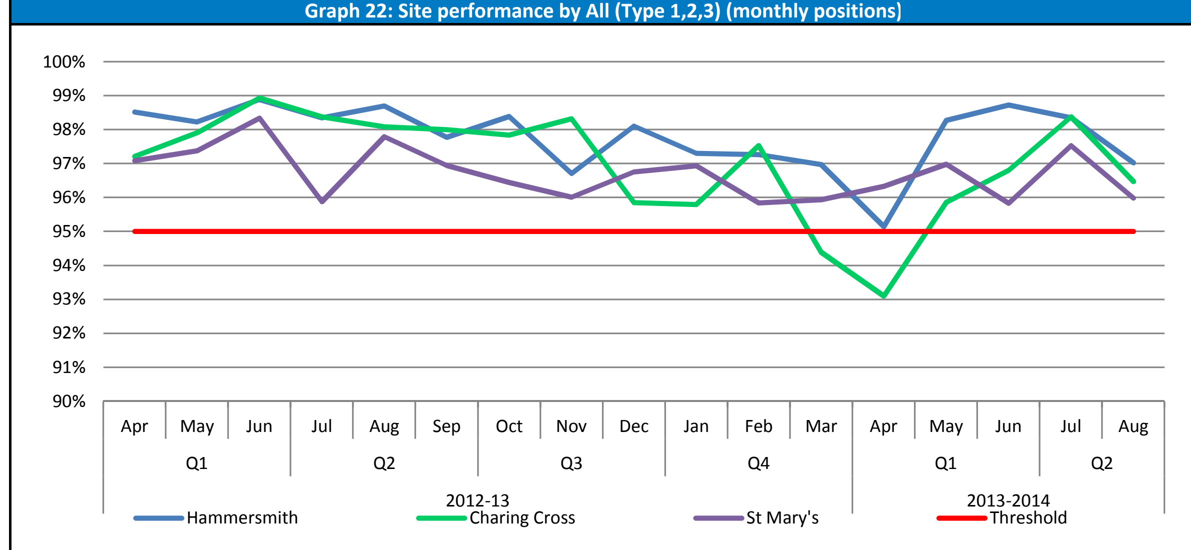
Key

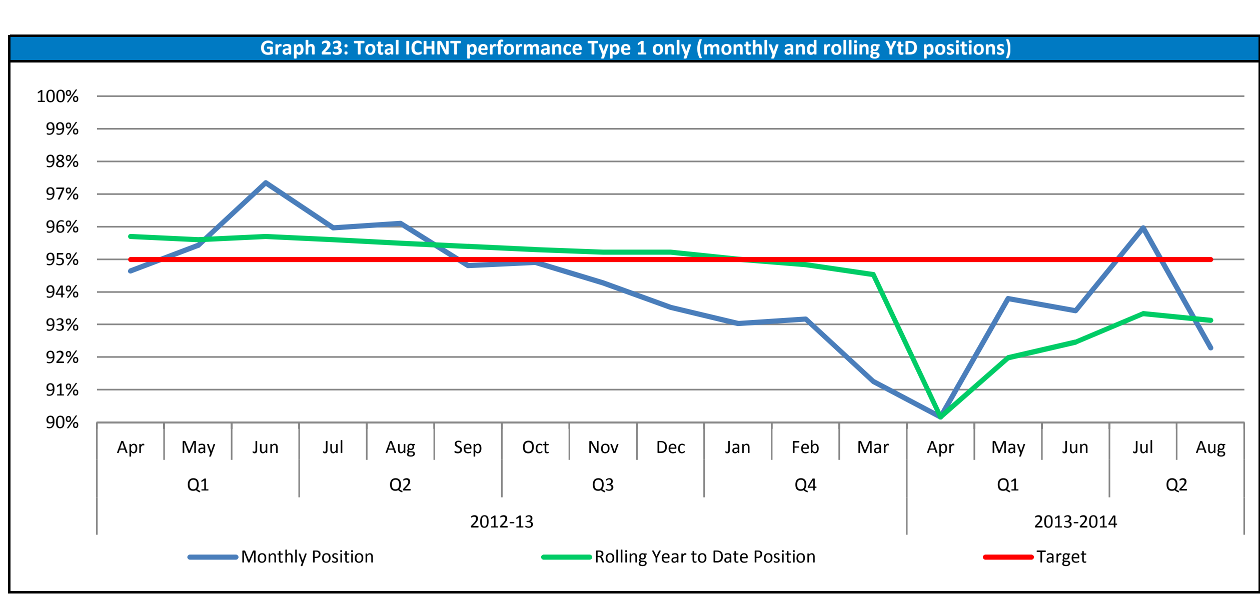
Type 1 = A consultant led 24 hour service with full resuscitation facilities (known previously as 'Majors') ie those patients who attend the main emergency departments across all 3 sites

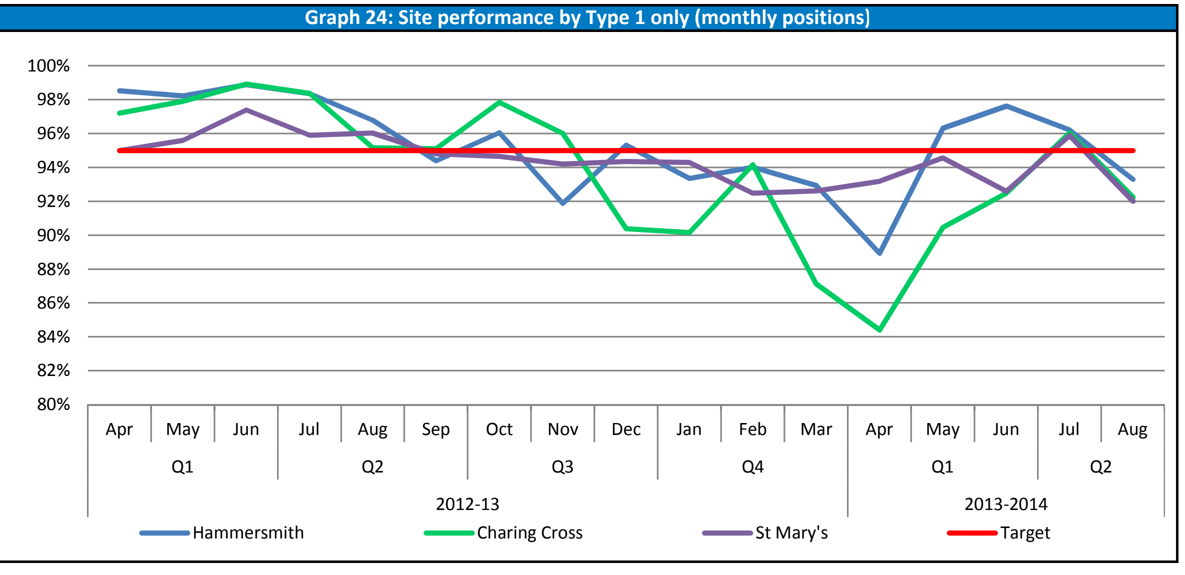
Type 2 = A consultant led single specialty accident and emergency service ie Western Eye for Ophthalmology patients

Type 3 = Other type of A&E/minor injury units (MIUs), Urgent Care Centre. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community









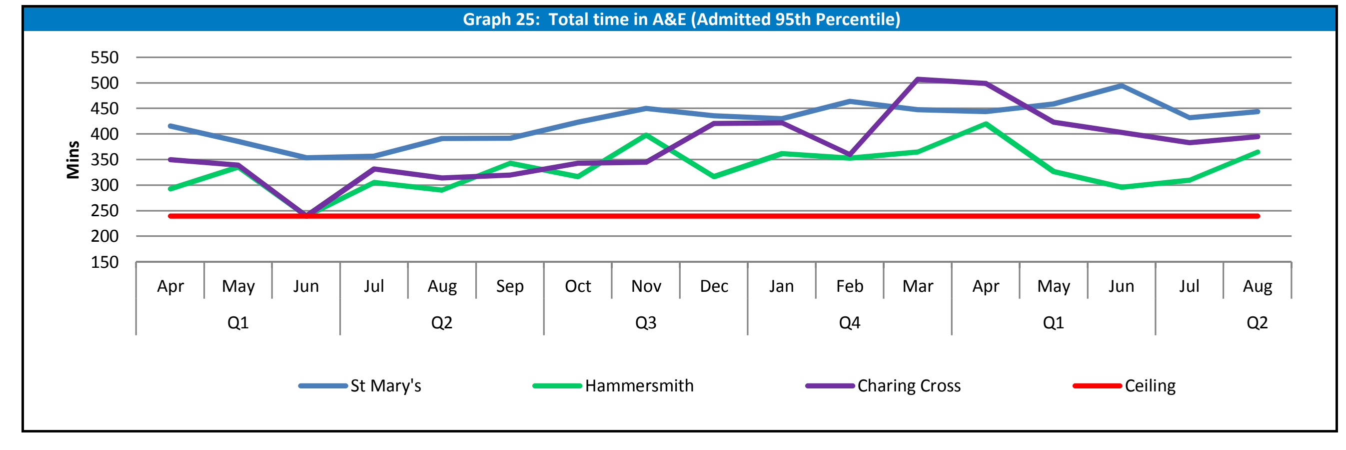
Source: Emergency Medicine

OPS 2: Accident & Emergency - Quality Indicators - **Supports Compliance with Care Quality Commission Outcome 4**

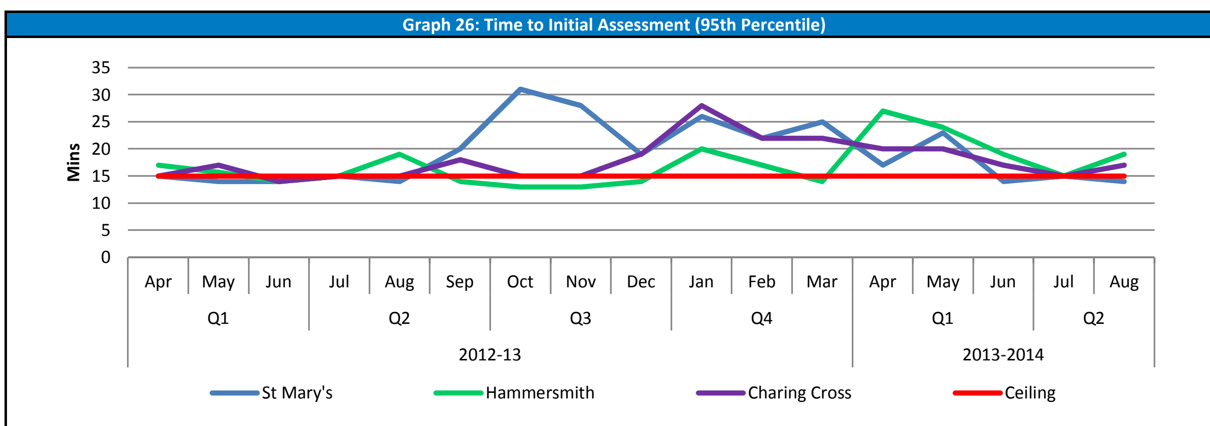
Domain	Indicator	Ceiling	Unit	St Mary's Month 5		St Mary's Year to date		Hammersmith Month 5		Hammersmith Year to date		Charing Cross Month 5		Charing Cross Year to date	
Accident & Emergency - Quality Indicators	**Unplanned re-attendance at A&E within 7 days (*)**	5	%	N/A		N/A		N/A		N/A		N/A		N/A	
	Total time spent in A&E														
	Admitted - 95th Percentile	240	Minutes	444	🔴	455	🔴	365	🔴	363	🔴	395	🔴	426	🔴
	Non-Admitted - 95th Percentile	240	Minutes	240	🟢	239	🟢	240	🟢	240	🟢	239	🟢	240	🟢
	Left Department Without Being Seen Rate	5	%	5.12%	🔴	3.42%	🟢	0.32%	🟢	0.29%	🟢	1.11%	🟢	0.94%	🟢
	Time To Initial Assessment (ambulance cases only)														
	95th Percentile	15	Minutes	14	🟢	15	🟢	19	🔴	18	🔴	17	🔴	18	🔴
	Time To Treatment In Department														
	Median Time	60	Minutes	60	🟢	65	🔴	62	🔴	56	🟢	38	🟢	40	🟢

(*) Data for this indicator was not available at time of publication.

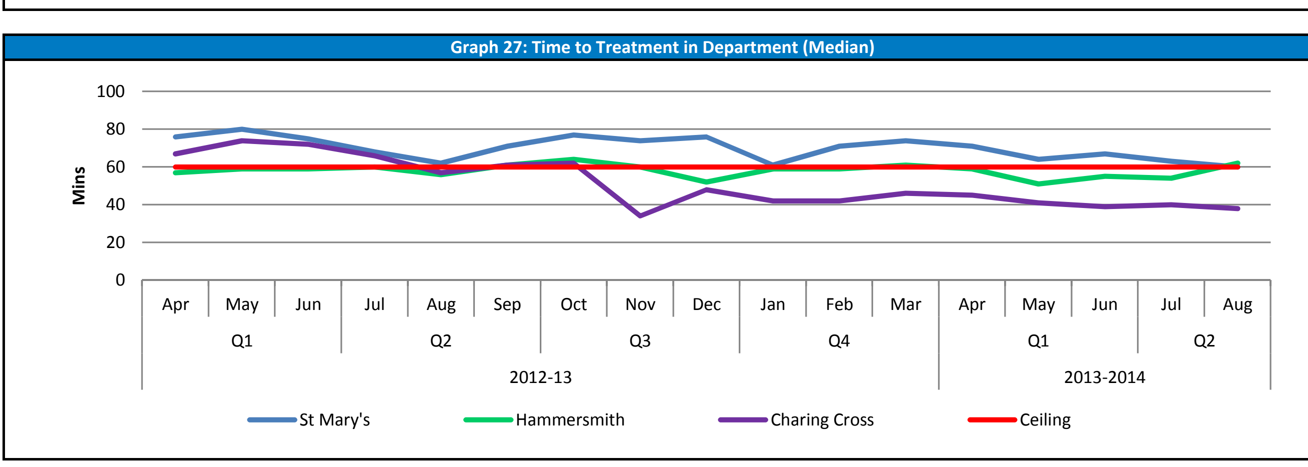
Graph 25: Total time in A&E (Admitted 95th Percentile)



Graph 26: Time to Initial Assessment (95th Percentile)



Graph 27: Time to Treatment in Department (Median)

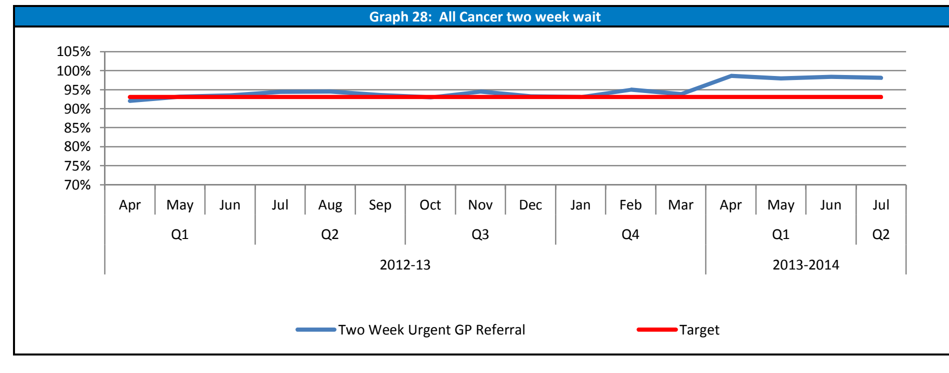


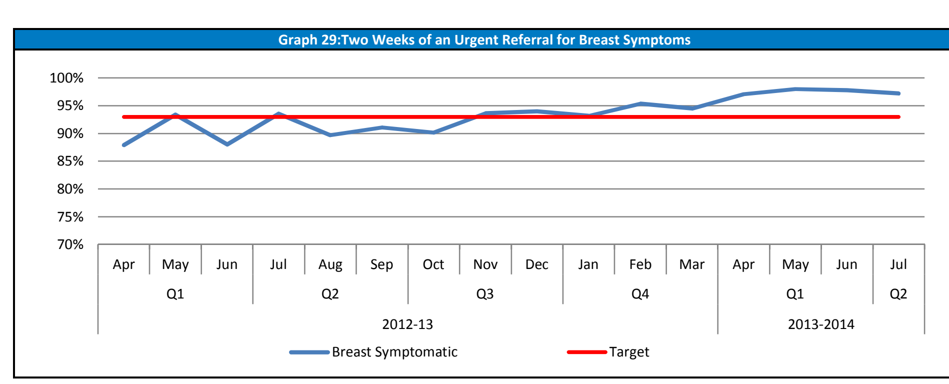
Source: Emergency Medicine

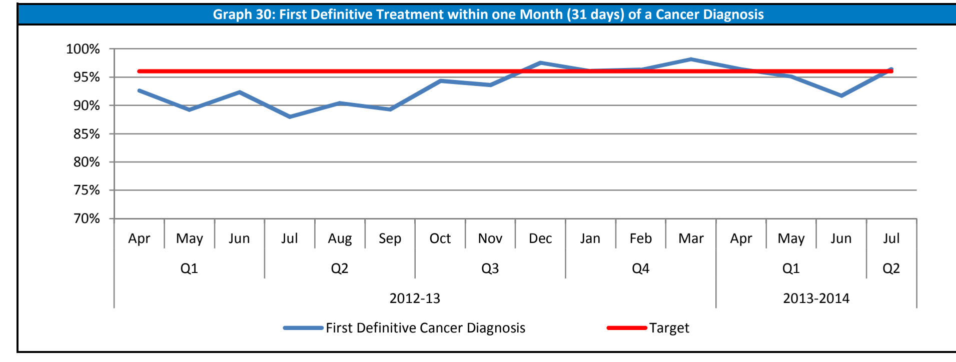
OPS 3: Elective Access - Cancer Waiting Times - NHS Performance Framework 2013/14 Indicators & Supports Compliance with Care Quality Commission Outcome 4

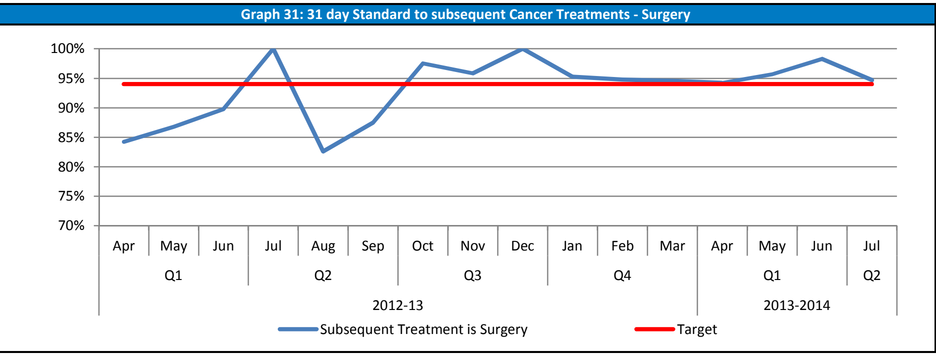
Domain	Indicator	Target	Unit	Month 4	Year to date
Elective Access - Cancer Waiting Times (*) (**)	All Cancer two week wait	93	%	98.1	98.2
	Two week GP referral to 1st outpatient - Breast Symptoms	93	%	97.2	97.5
	First Definitive Treatment within one month (31 days) of a Cancer Diagnosis	96	%	96.4	94.9
	31 day standard to subsequent cancer treatments - Surgery	94	%	94.7	95.7
	31 day second or subsequent treatment - Drug	98	%	98.4	99.6
	Proportion of patients waiting no more than 31 days for second or subsequent cancer Treatment - Radiotherapy Treatment	94	%	97.1	97.4
	All Cancer Two Month Urgent Referral to Treatment wait	85	%	79.7	75.6
	62-Day wait for First Treatment following referral from an NHS Cancer Screening Service	90	%	95.5	92.3

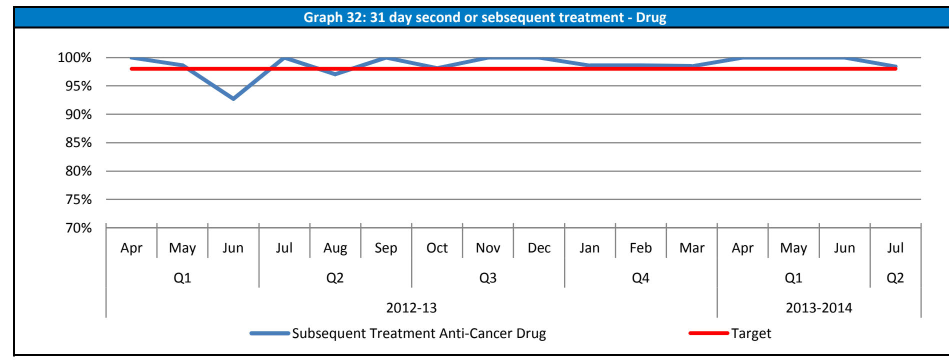
* Cancer data reported one month in arrears as shown on Open Exeter

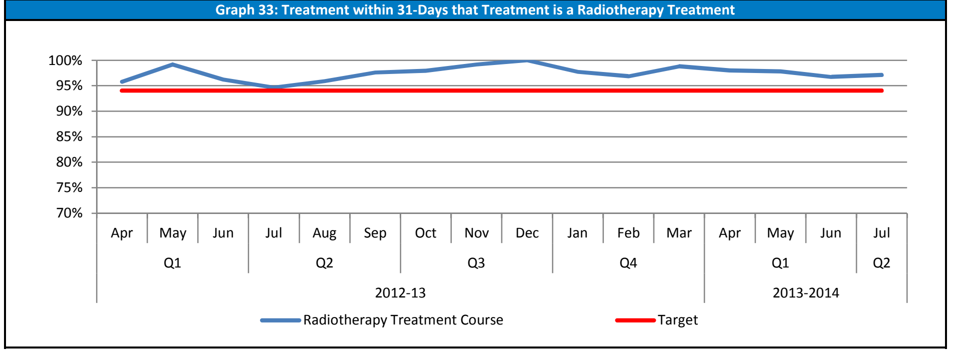


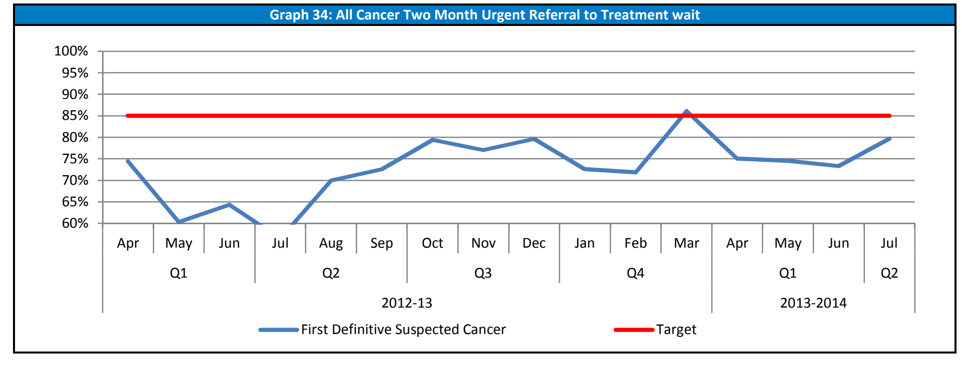


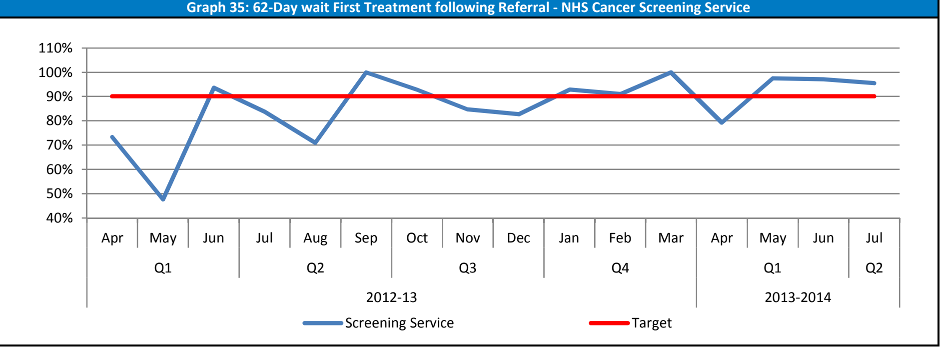












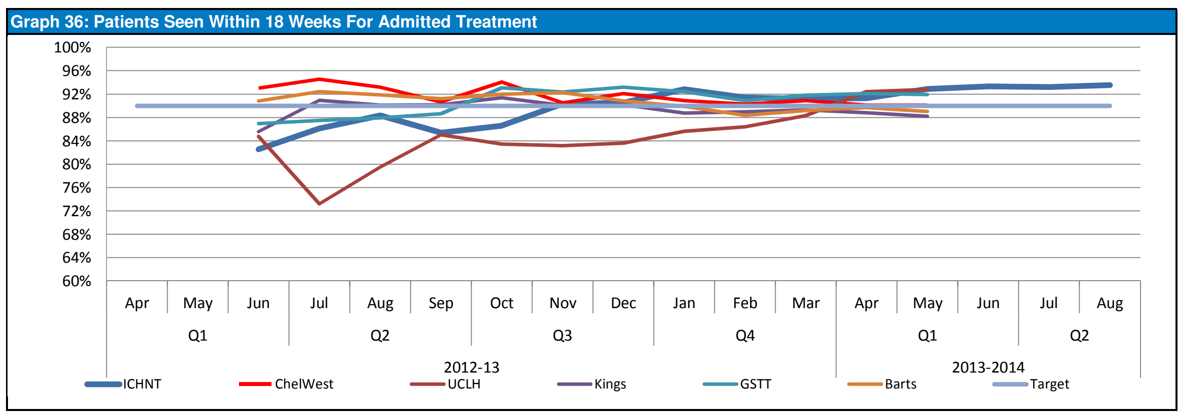
Source: Cancer Services

OPS 4: Elective Access - Referral To Treatment - NHS Performance Framework 2013/14 Indicators & Supports Compliance with Care Quality Commission Outcome 4

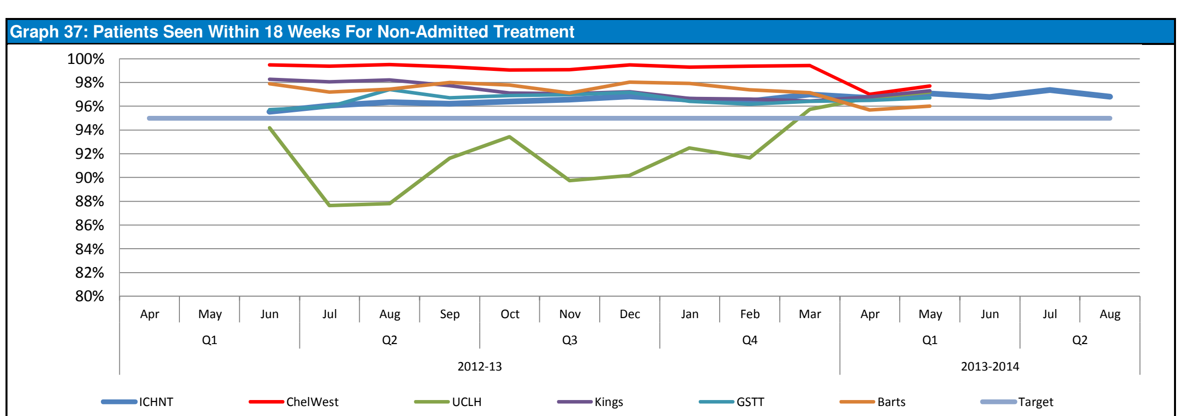
Domain	Indicator	Threshold	Unit	Month 5		Treatment Functions Not Achieving Target M5
Elective Access - Referral To Treatment	Total number of completed Admitted pathways - waiting 18 weeks or less	90.0	%	93.56	●	1
	Total number of completed Non-Admitted pathways - waiting 18 weeks or less	95.0	%	96.81	●	2
	Incomplete pathways where patients waiting less than 18 weeks	92.0	%	95.65	●	-
	Number of Treatment functions where standards are not delivered (admitted, non-admitted and incomplete pathways)	<=20	Number			3

* London Peer comparison not available from Department of Health at time of publishing

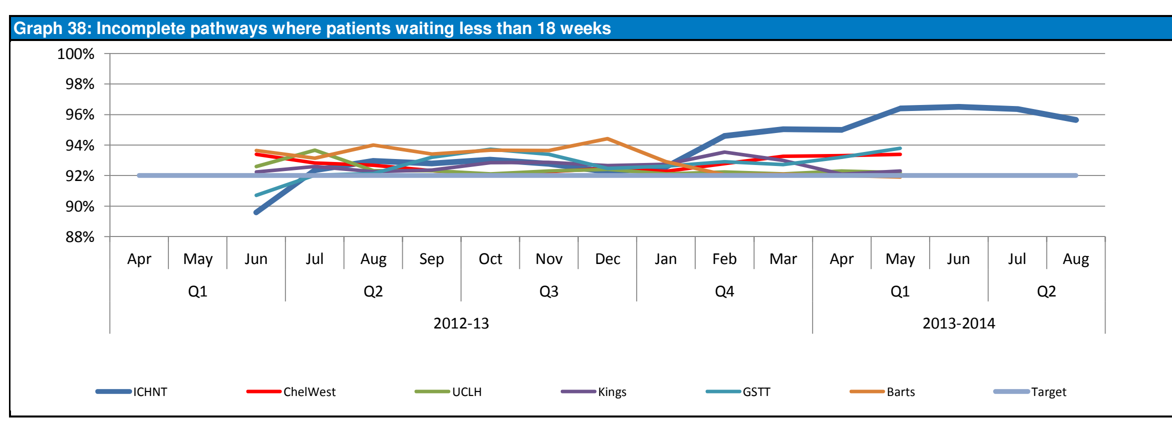
Graph 36: Patients Seen Within 18 Weeks For Admitted Treatment



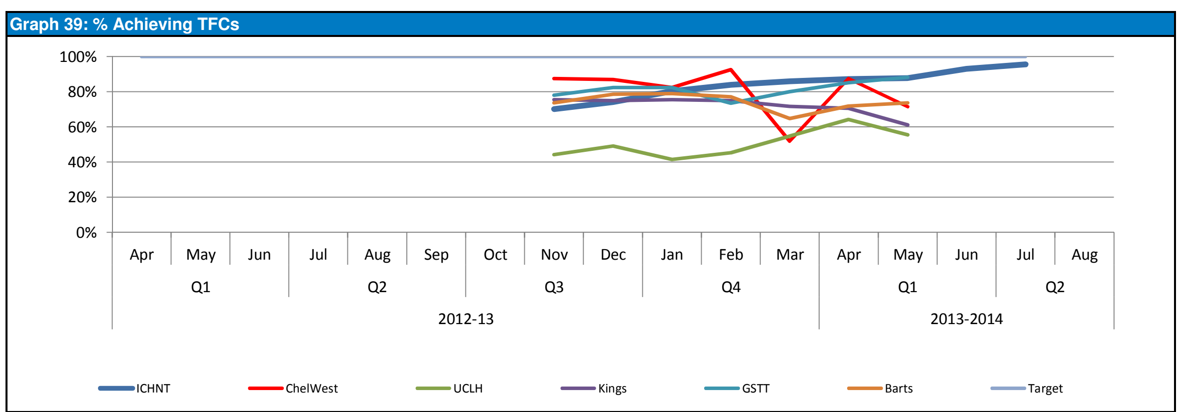
Graph 37: Patients Seen Within 18 Weeks For Non-Admitted Treatment



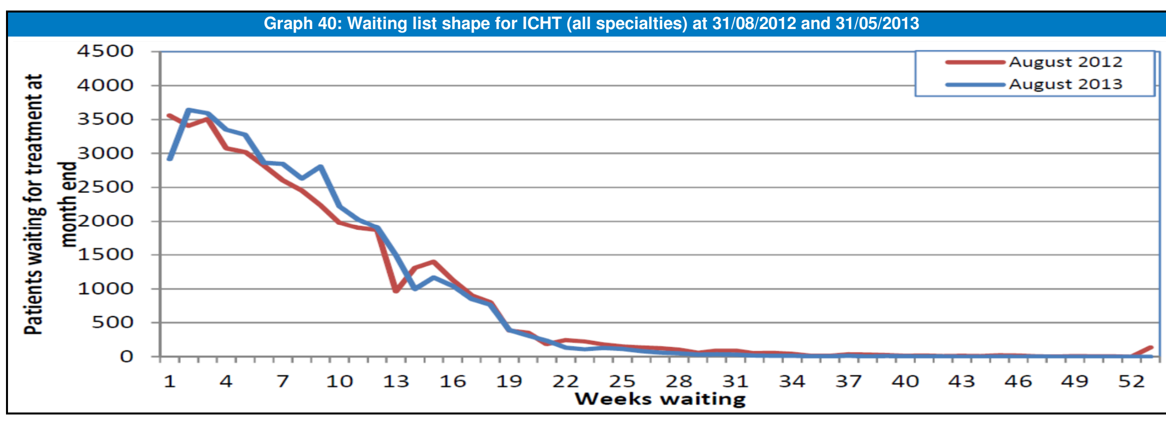
Graph 38: Incomplete pathways where patients waiting less than 18 weeks



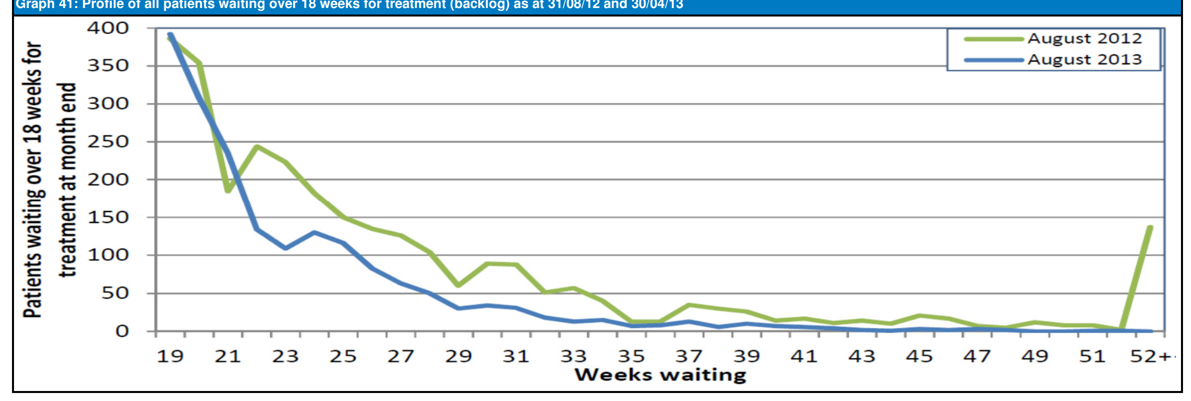
Graph 39: % Achieving TFCs



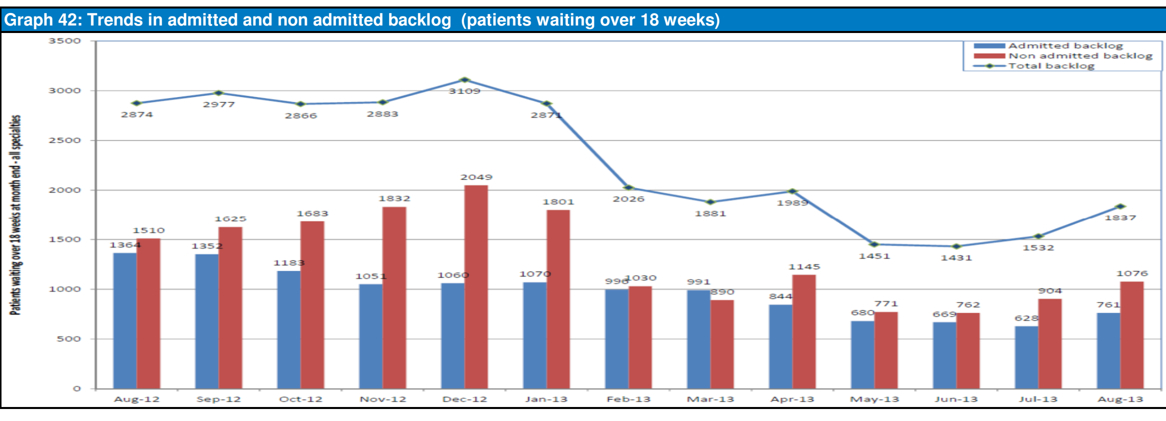
Graph 40: Waiting list shape for ICHT (all specialties) at 31/08/2012 and 31/05/2013



Graph 41: Profile of all patients waiting over 18 weeks for treatment (backlog) as at 31/08/12 and 30/04/13



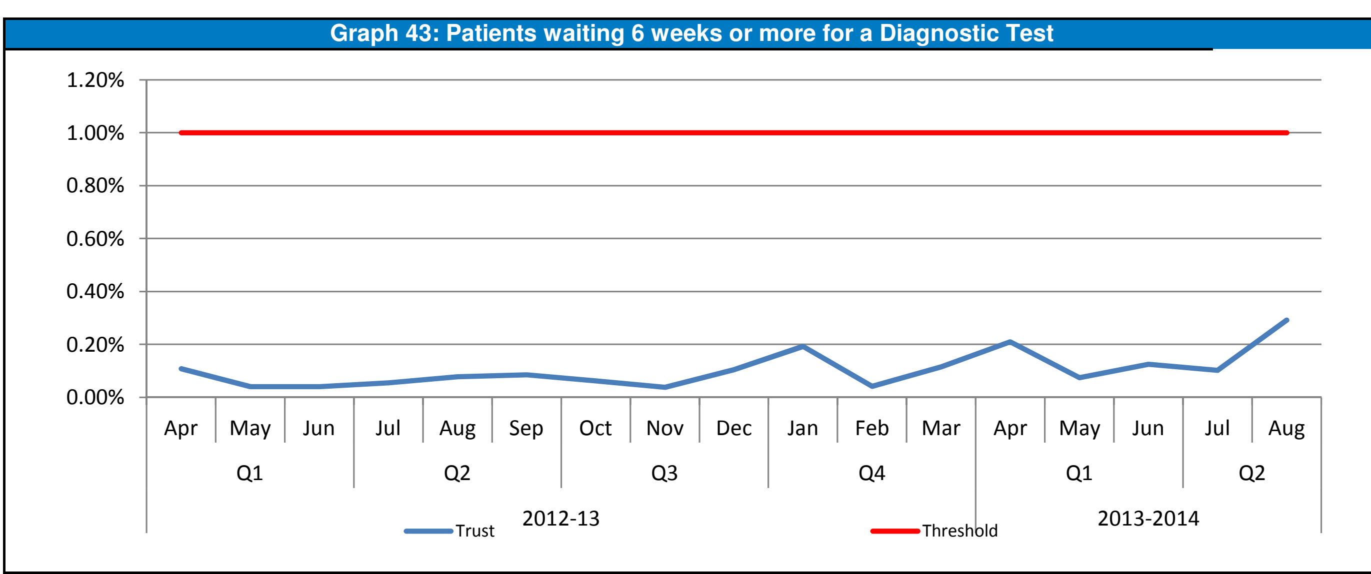
Graph 42: Trends in admitted and non admitted backlog (patients waiting over 18 weeks)



Source: Department of Health

OPS 5: Elective Access - Diagnostics - NHS Performance Framework 2013/14 Indicators & Supports Compliance with Care Quality Commission Outcome 4

Domain	Indicator	Threshold	Unit	Month 5	Year to date
Elective Access - Diagnostics	Patients waiting 6 weeks or more for a diagnostic test	<1	%	0.29 ●	0.16 ●



Source: Information Team

Diagnostic waiting list and Breaches waiting more than 6 weeks

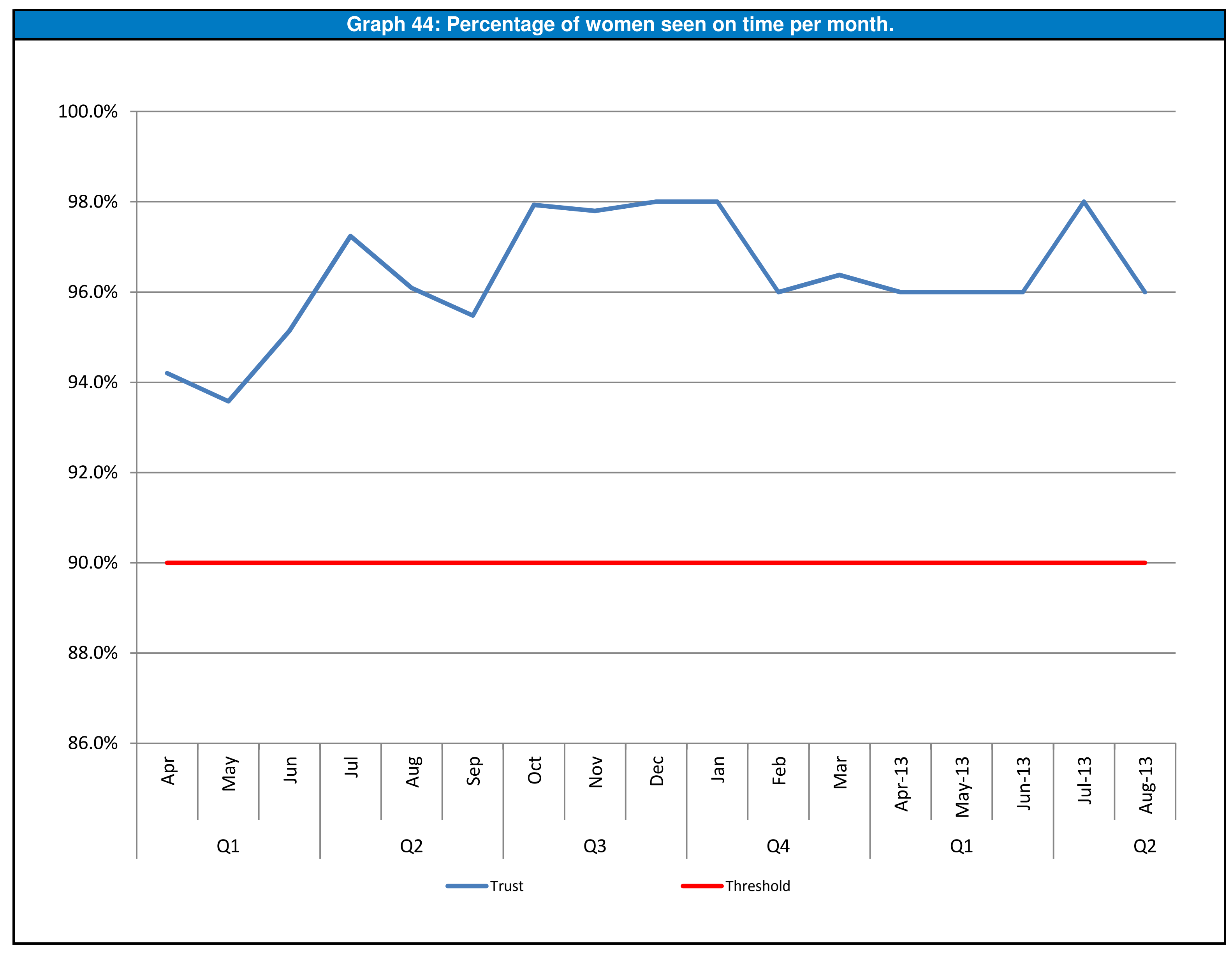
April		May		June		July		August		September	
Attended	Breaches	Attended	Breaches	Attended	Breaches	Attended	Breaches	Attended	Breaches	Attended	Breaches
8576	18	8010	6	8757	11	8782	9	8216	24		

October		November		December		January		February		March	
Attended	Breaches	Attended	Breaches	Attended	Breaches	Attended	Breaches	Attended	Breaches	Attended	Breaches

OPS 6: Maternity - **Supports Compliance with Care Quality Commission Outcome 4**

Domain	Indicator	Threshold	Unit	Month 5	Year to Date
Maternity access - by 12 weeks and 6 days	Women who have seen a Midwife by 12 weeks And 6 days of pregnancy who were referred on time	90.0	%	96.00	96.40

Graph 44: Percentage of women seen on time per month.

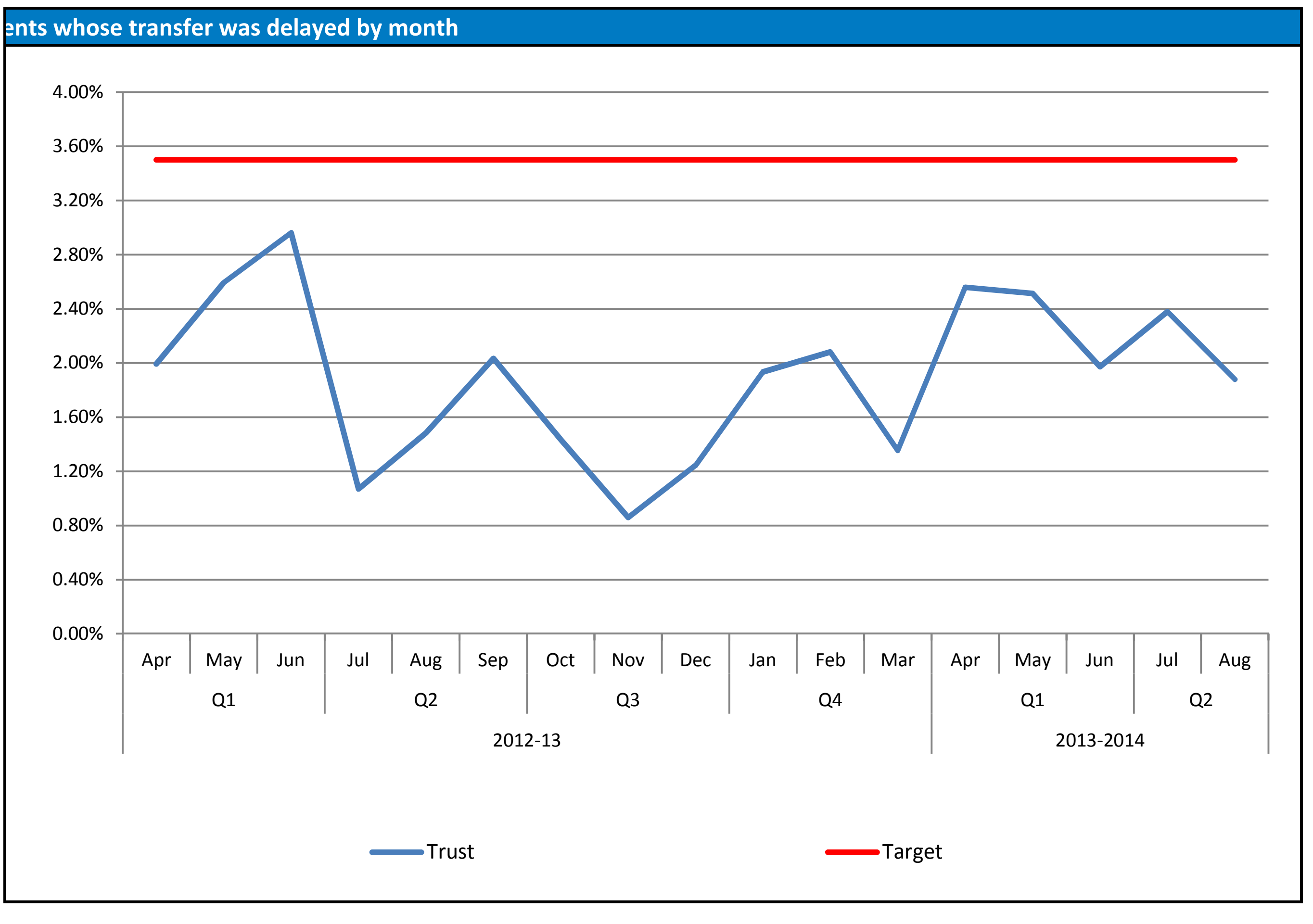


Source: Information Team

OPS 7: Delayed Transfer of Care - **NHS Performance Framework 2013/14 Indicator & Supports Compliance with Care Quality Commission Outcome 4**

Domain	Indicator	Threshold	Unit	Quarter 2		Year to date	
Delayed Transfer of Care	Average number of Acute patients (aged 18+) per day whose transfer of care was delayed	3.5	%	1.88	•	2.26	•

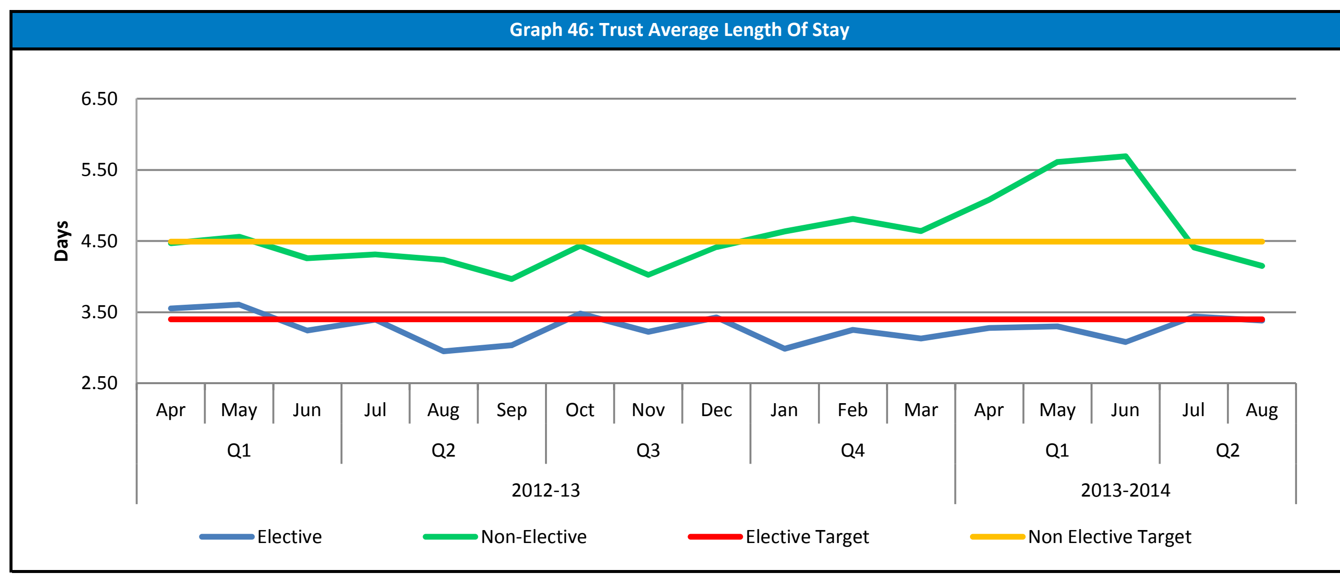
ents whose transfer was delayed by month

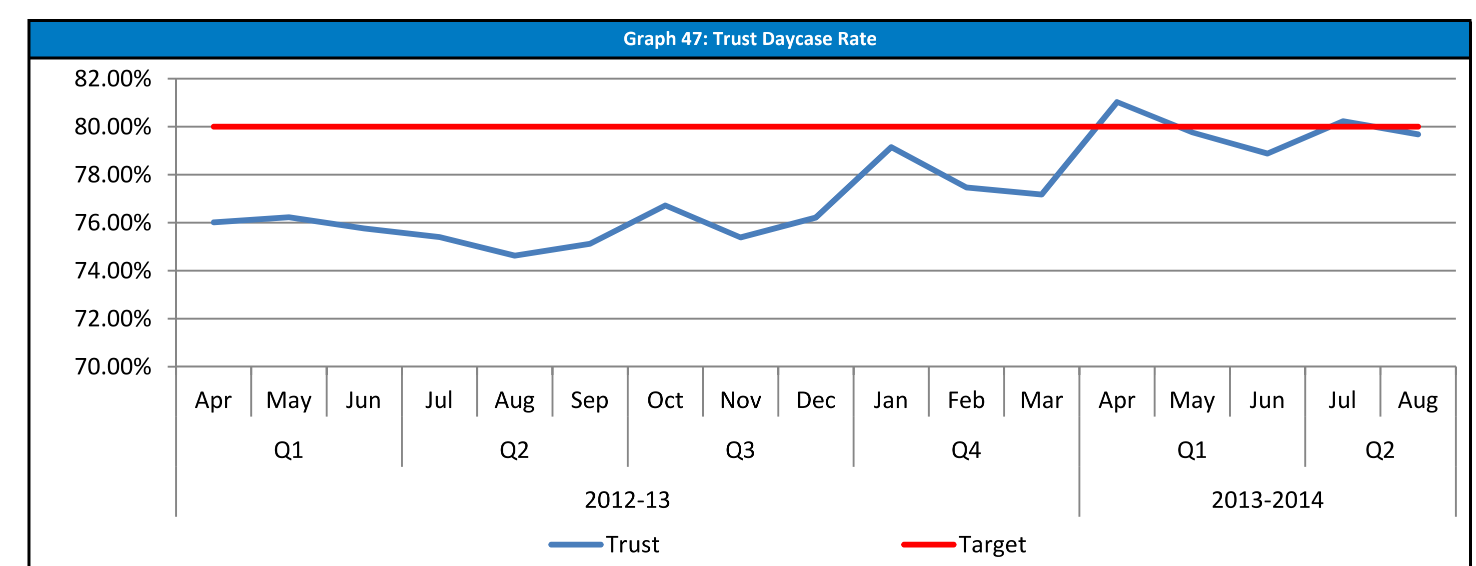


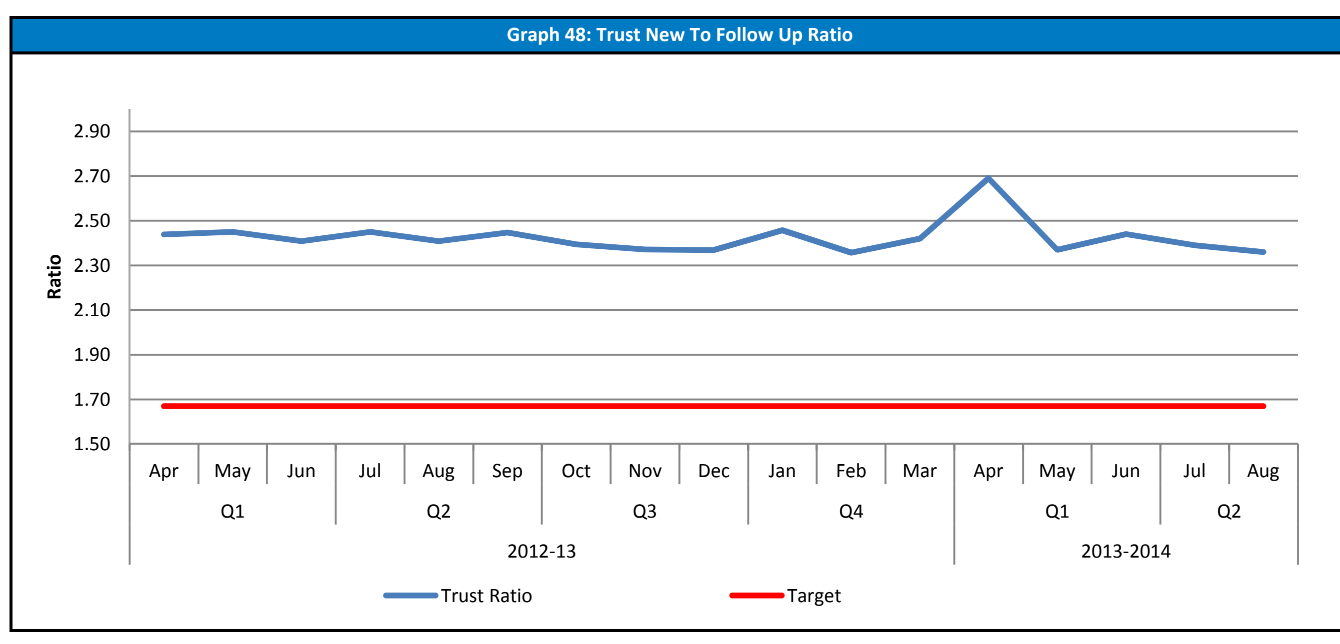
Source: Discharge Team, Clinical Site Management Team & Information Team

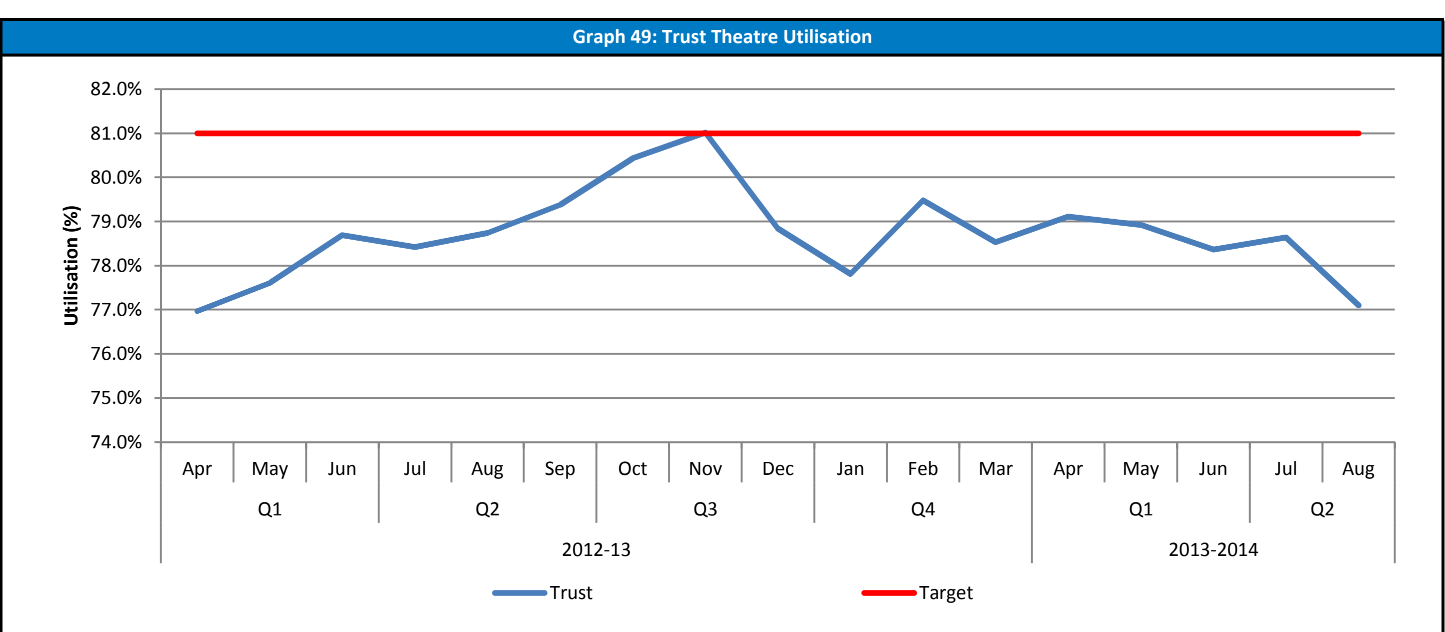
OPS 8: Quality, Innovation, Productivity and Prevention - **Supports Compliance with Care Quality Commission Outcome 4**

Domain	Indicator	Target	Unit	Month 5		Year to date	
Productivity	Average Elective Length of Stay	3.40	Days	3.38	●	3.30	●
	Average Non-Elective Length of Stay	4.49	Days	4.15	●	4.99	●
	Daycase Rate	80.0	%	79.69	●	79.90	●
	New to Follow Up Outpatient Ratio	1.67	Ratio	2.36	●	2.45	●
	Theatre Utilisation Rate	>= 81	%	77.1	●	78.4	●





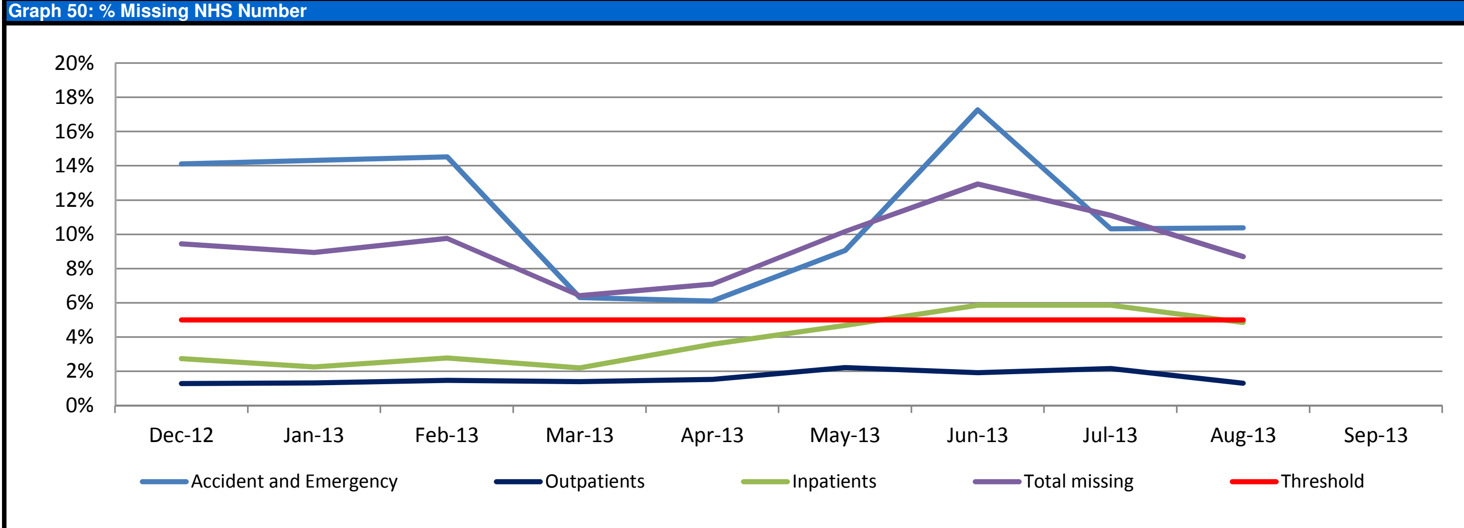


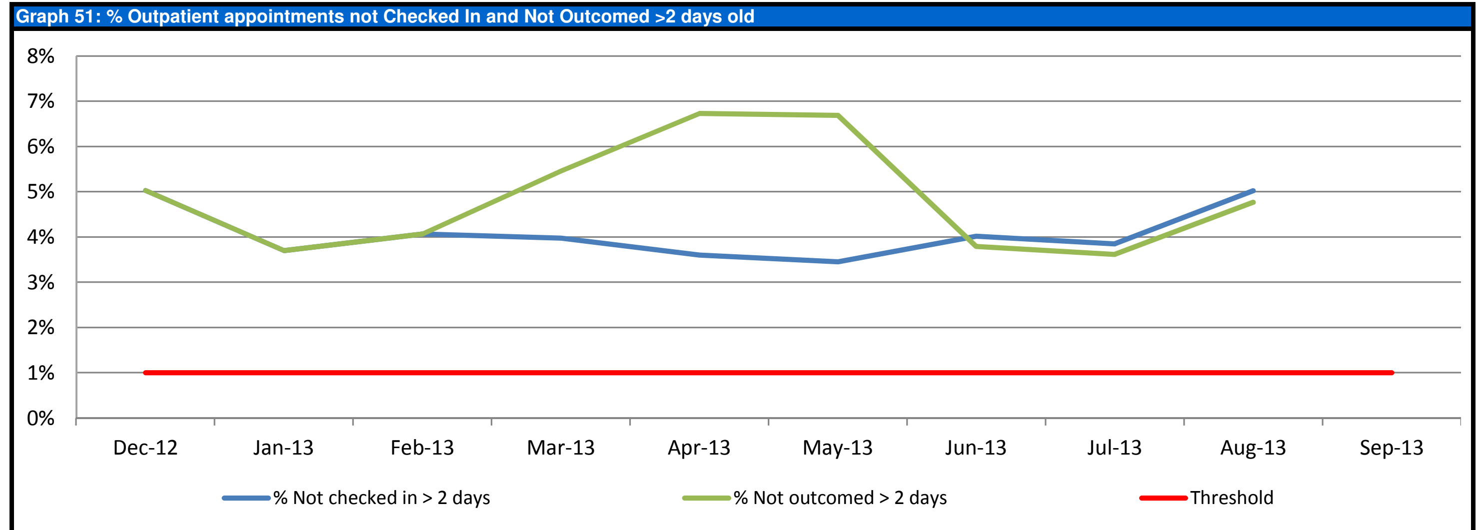


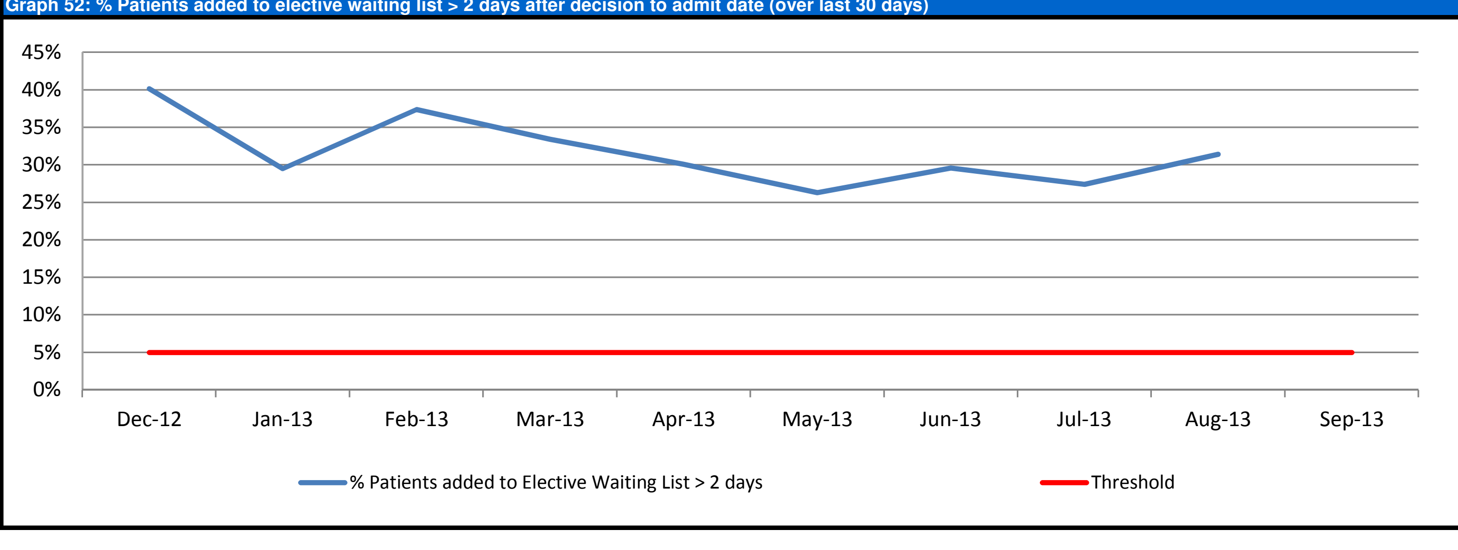
Source: Information Team, Finance Team & Theatre's Team

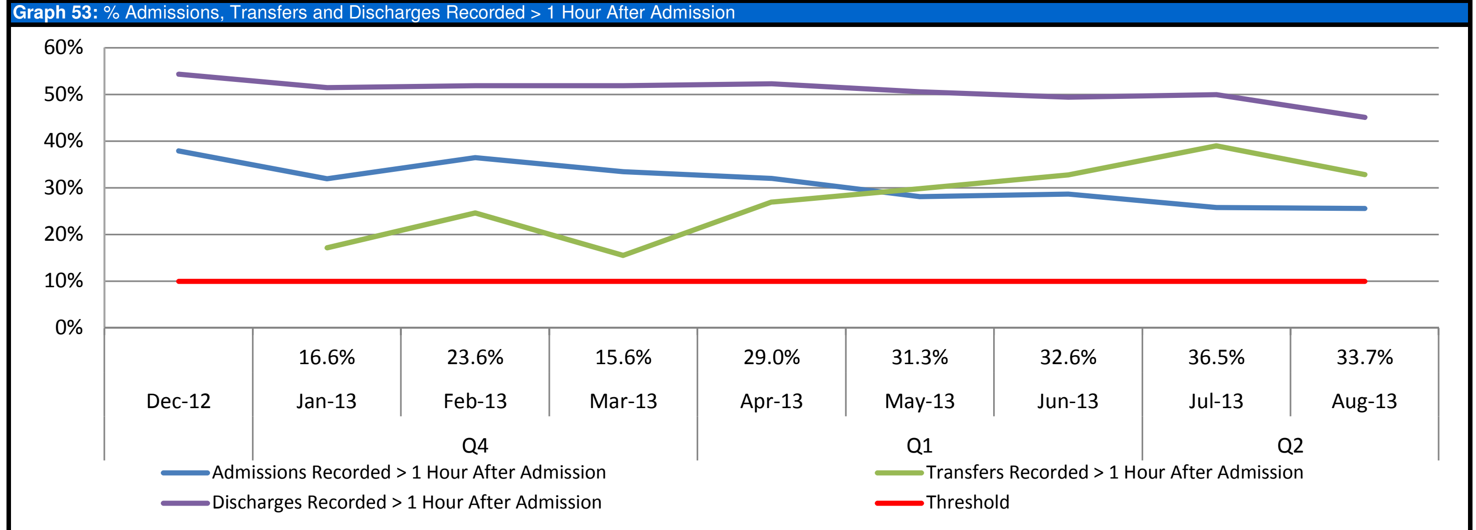
OPS 9: Data Quality - **Supports Compliance with Care Quality Commission Outcome 21**

Domain	Indicator	Threshold	Unit	Month 5		Year to date
The operational data quality indicators are important for: 1. Patient Safety 2. Income Recovery (or avoidance of penalties) 3. Tracking Patient Pathways 4. Supporting the Quality Accounts 5. Readiness for Cerner@Imperial	Missing NHS Number (Accident and Emergency attendances)	635	Number	1664	●	8621
	Missing NHS Number (Outpatient activity)	5253	Number	1376	●	10383
	Missing NHS Number (Inpatient activity)	858	Number	833	●	4310
	Outpatient appointments not checked in >2 days old	1051	Number	5278	●	21769
	Outpatient appointments not outcomed > 2 days old	1051	Number	1631	●	28229
	Patients added to elective waiting list > 2 days after decision to admit date (over last 30 days)	259	Number	1316	●	8363
	Admissions Recorded > 1 Hour After Admission	1514	Number	3878	●	21394
	Transfers Recorded > 1 Hour After Transfer	770	Number	2528	●	12730
	Discharges Recorded > 1 Hour After Discharge	1513	Number	6827	●	37788

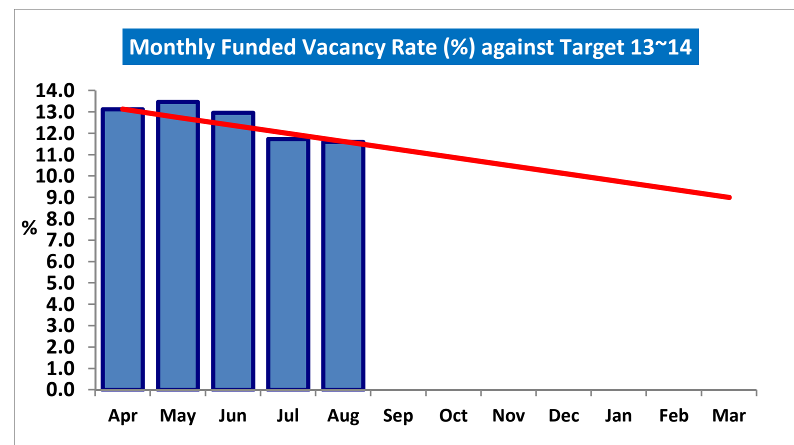






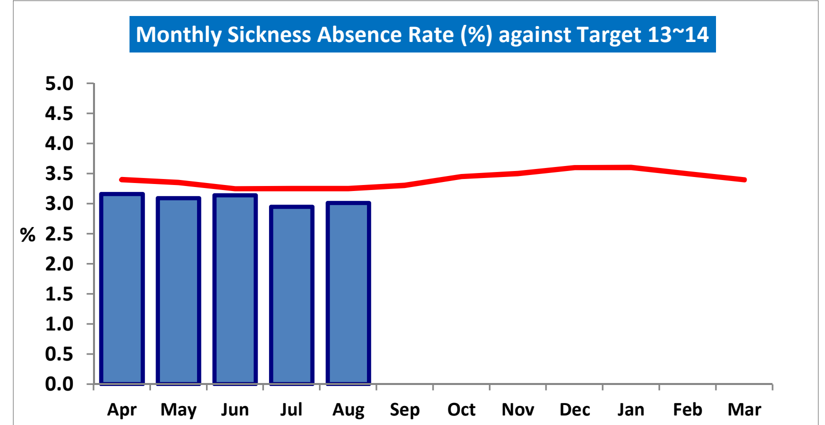


Source: Patient Administration System (ICHIS) and Cymbio Data Quality Reporting Tool



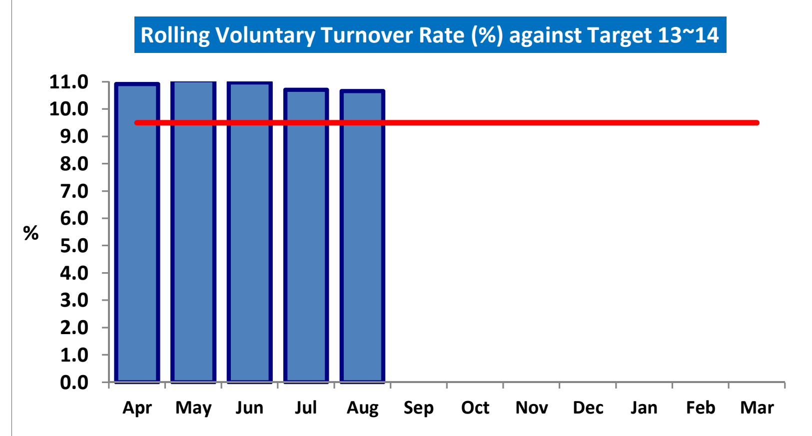
VACANCY RATE TARGET (YEAR-END)	<9.00%	
Current in-month POSITION against target	10.61%	●

% of ESR post WTE that is vacant (ESR post WTE minus staff inpost WTE)



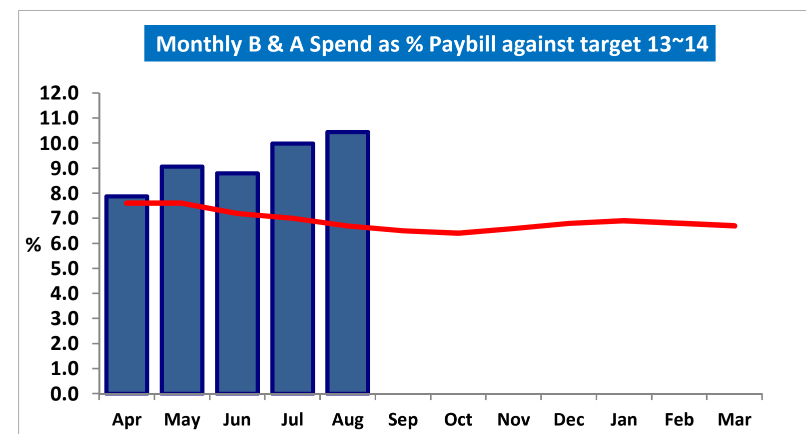
SICKNESS RATE TARGET (YEAR-END)	<3.40%	
CURRENT in-month POSITION against target	3.01%	●
12 Month Rolling POSITION (to August 2013)	3.41%	●

% of contracted working hours lost to sickness



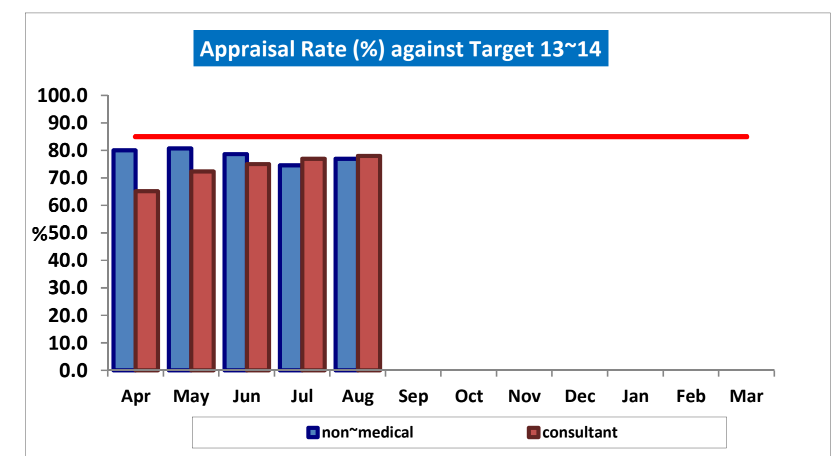
TURNOVER RATE TARGET (YEAR-END)	<9.50%	
12 Month Rolling POSITION against target	10.67%	●

voluntary leavers as % of workforce(average headcount) over 12-month period



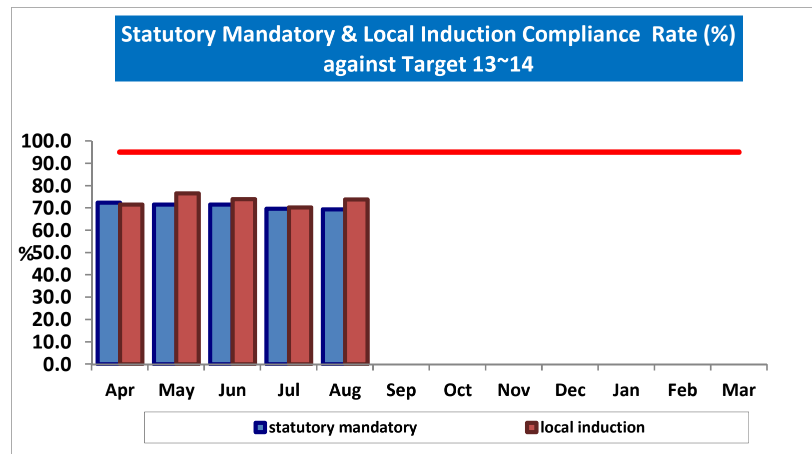
B&A SPEND as% PAYBILL TARGET (YEAR-END)	<7.0%	
CURRENT in-month POSITION against target	10.45%	●
12 Month Rolling POSITION	8.40%	●

% of total paybill attributable to bank and agency spend



APPRAISAL RATE TARGET (YEAR-END)	>85.00%	
NON~MEDICAL STAFF ~ CURRENT POSITION	77.00%	●
CONSULTANT APPRAISAL ~ CURRENT POSITION	78.00%	●

% of current staff who have had an appraisal in the last 12 months



COMPLIANCE RATE TARGET	>95.00	
STATUTORY MANDATORY ~ CURRENT POSITION	69.35%	●
LOCAL INDUCTION ~ CURRENT POSITION	73.81%	●

% of current staff with compliant with statutory mandatory training requirement
% of current staff, who joined in last 12 mths, with a local induction recorded

People Numbers: Substantively employed people numbers in August, were 8,658 WTE; 18 more than in July. Overall, since March 2013, substantively employed staffing numbers have reduced by 13 WTE.

Vacancy: Using the post establishment held on ESR, there was a vacancy rate of 11.60% in August; the equivalent of 1,137 WTE positions. We continue to review all vacant posts with a view to removing those which are not required in the provision of current service requirements.

Sickness: Recorded sickness data for August shows a sickness absence rate of 3.01%; a total 44,900 working hours lost which is the equivalent of 276 WTE staff. This brings our rolling 12-month position to 3.41% against a full-year target of 3.40%. Long-term sickness absence accounted for 30% of all recorded sickness absence in August.

Turnover: During August, there were 85 voluntary leavers bringing the 12-month rolling turnover rate to 10.67%. Across the Divisions this ranges from to 9.95 to 11.45 % and within Corporate Directorates, from 6 to 31%.

Bank & Agency Spend: During August, bank and agency spend accounted for 10.45% of total pay expenditure. Within the Divisions, this ranges from 7.5 to 11.10% and within Corporate Directorates, between 2 and 48%. This brings the Trust 12-month rolling position to 8.40% against a full-year target of 7.0%.

Appraisal: Non medical appraisal across the Trust has increased from75 to 77% in August; ranging from 70 to 85% across the Divisions and 45 to 92% within Corporate Directorates. The Consultant appraisal rates stands at 78% with a range of 67 to 90% across the four Divisions. Weekly reporting for both non-medical and Consultant appraisals has commenced to support local plans to improve performance to reach and maintain the Trust target of 85% for both groups.

Statutory Mandatory & Local Induction: Both Statutory Mandatory and Local Induction training metrics remain below the 95% Trust target at 69 and 74% respectively. Within the Divisions and Corporate Directorates, performance against these two metrics ranges from 30 to 100% for Local Induction and 38 to 87% for Statutory Mandatory Training.

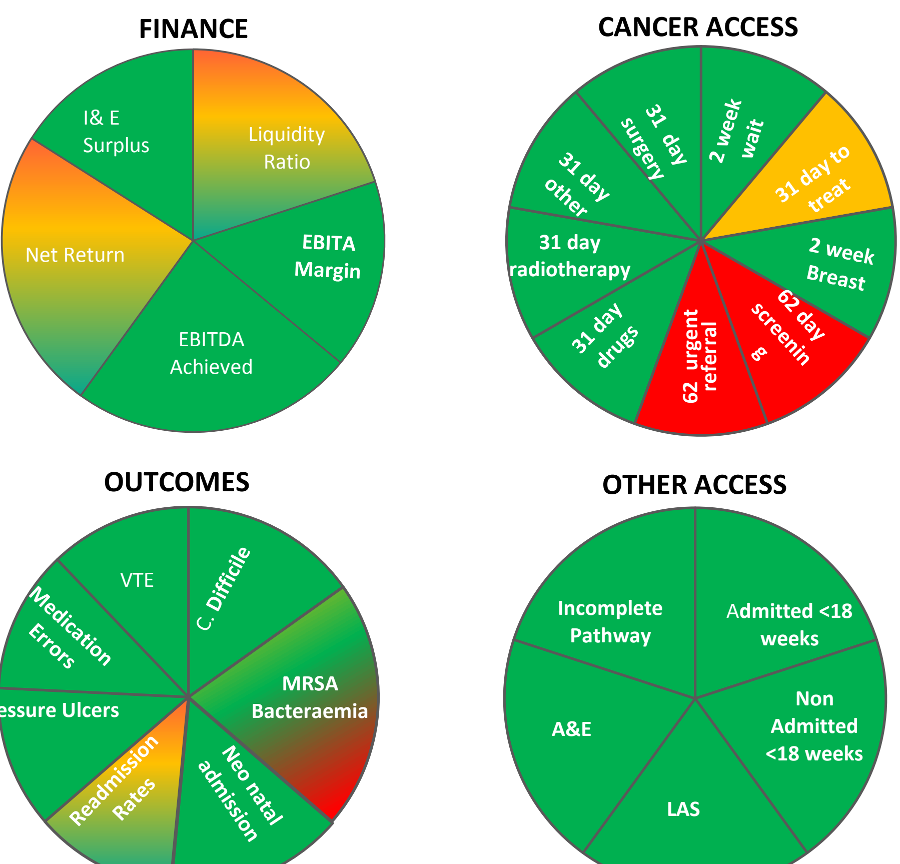
These people metrics are monitored at ward/department level as well as by specialty and Division / Corporate Directorate. Poor, improved and best practice performance are identified within the Divisions with focused support given by the HR Business Partner and senior Divisional Management team to agree and enable plans to improve challenged performance. These plans are reviewed both at the monthly Divisional Performance Reviews and the Senior HR Team meeting.

* the figures and information contained in this analysis relates to CPG/Corporate/Private Patients only

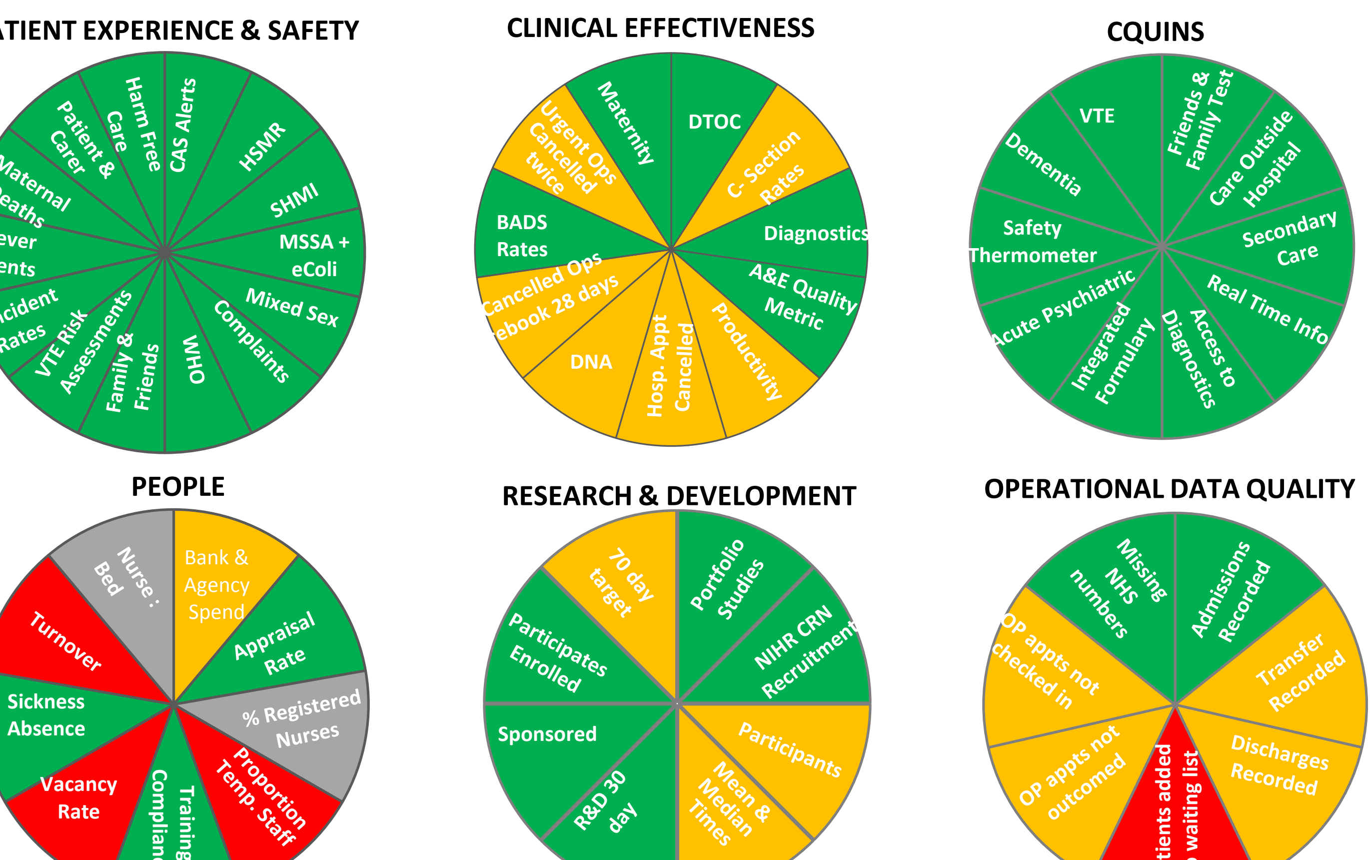
Performance Summary - May 2013

Agenda Number 4.1B Paper Number 10B

Governance Indicators - Risk Rating



Quality, Operations, Workforce



Regulatory Compliance	Threshold	Weighting	Current Position	Last Years Position
Financial Position	1-5	Average of criteria scores	4	4
Cancer: 62 day wait urgent referral	85%	1.0	75%	70.80%
Cancer: 62 day screening service	90%	1.0	79.3%	83.50%
Cancer: 31 day subsequent treatment	98%	1.0	94.5%	92.20%
Cancer: 31 day diagnosis to treatment	96%	0.5	98.2%	92.90%
Cancer: 2 week from referral to first seen	93%	0.5	94.5%	92.10%
18 Weeks: Admitted	90%	1.0	91.27%	91.17%
18 Weeks: Non Admitted	95%	1.0	96.68%	97.02%
18 Weeks: Incomplete Pathway	92%	1.0	95.04%	95.04%
A&E 4 Hour Wait Time	95%	1.0	95.2%	97.24%
MRSA Bacteraemia	*0	1.0	4	8
C. Difficile post 72 hours	*65	1.0	6	86

***de minimis levels applied by Monitor of 6 cases for MRSA and 12 for C.Diff. A risk rating will not be applied unless this number is exceeded.**

Regulatory Compliance	Threshold	Weighting	Current Position	Last Years Position
30 day readmission rates	TBA	1.0		
VTE incidents	TBA	1.0		
Newly acquired pressure ulcers	TBA	1.0		
Medication errors causing serious harm	TBA	1.0		
Admission of term babies to neonatal care	TBA	1.0		

The above indicators will be introduced as part of the regulatory compliance by Monitor in October 2013

Trust Integrated Performance Scorecard Action Timeline Agenda Number 4.1B Paper Number 10C

Actions / milestones	Status	09-Sep	10-Sep	11-Sep	12-Sep	13-Sep	16-Sep	17-Sep	18-Sep	19-Sep	20-Sep	23-Sep	24-Sep	25-Sep	26-Sep	27-Sep	30-Sep	01-Oct	02-Oct	03-Oct	04-Oct	07-Oct	08-Oct	09-Oct	10-Oct	11-Oct	14-Oct	15-Oct	16-Oct	17-Oct	18-Oct	21-Oct	22-Oct	23-Oct	24-Oct	25-Oct	28-Oct	29-Oct	30-Oct	31-Oct	01-Nov	04-Nov	05-Nov	06-Nov	07-Nov	08-Nov	11-Nov	12-Nov	13-Nov	14-Nov	15-Nov	18-Nov	19-Nov	20-Nov	21-Nov	22-Nov	25-Nov	26-Nov	27-Nov	28-Nov	29-Nov	Comments
		M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	
Board Meetings																																																														
FT Programme Board						Submit Paper					Board Meeting																																																			
Operational Board																						Board Meeting																																								
Management Board																											Board Meeting																																		
Trust Board																																							Board Seminar																				Board Meeting			Draft report to October seminar Final report to November Board
Comment / Feedback																																																														
Finance																																																														
Governance																																																														
Information																																																															
IP&C																																																														
Non-Execs - Chairs of Trust Board sub-committees																																																														To commence following the FT Programme Board
Nursing																																																														
Patient Experience																																																														
People & OD																																																														
Production																																																														
Initial draft																																																														
Working draft												*Development of working draft*																																																		
Final																																*Completion of working paper*																														

Contents

Agenda Number 4.2A Appendix

Finance Performance Report for the month ending 31st August 2013

Page	Description	Risk		Report Status
		Month 5	Month 4	
1	Statement of Comprehensive Income (SOCI)	A	R	Attached
2	Income Report	G	G	Attached
3	Expenditure Report	R	R	Attached
4	Financial Risk Rating for Divisions & Corporate Services	A	A	Attached
5	Cost Improvement Plan	R	R	Attached
6	Statement of Financial Position (Balance Sheet)	G	G	Attached
7	Capital Expenditure Report	A	G	Attached
8	Cash Flow Report	A	A	Attached
9	Financial Risk Rating for Trust	G	G	Attached
10	SLA Activity & Income Performance	G	G	Attached

PAGE 1 - STATEMENT OF COMPREHENSIVE INCOME

	In Month			Year To Date (Cumulative)			Forecast Outturn		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
Income									
Clinical	61,430	64,982	3,552	309,272	319,649	10,377	745,934	760,609	14,675
Research & Development & Education	9,562	9,414	(148)	47,810	45,384	(2,426)	114,743	114,743	0
Other	6,650	6,849	199	33,249	33,858	609	79,799	79,799	0
TOTAL INCOME	**77,642**	**81,245**	**3,603**	**390,331**	**398,891**	**8,560**	**940,476**	**955,151**	**14,675**
Expenditure									
Pay - In post	(38,400)	(39,133)	(733)	(192,628)	(195,978)	(3,349)	(464,447)	(468,099)	(3,651)
Pay - Bank & Agency	(3,690)	(4,592)	(902)	(18,058)	(20,377)	(2,319)	(42,984)	(46,037)	(3,053)
Drugs & Clinical Supplies	(17,892)	(20,176)	(2,284)	(89,720)	(95,404)	(5,684)	(214,761)	(218,288)	(3,527)
General Supplies	(2,962)	(3,095)	(133)	(14,810)	(15,689)	(879)	(35,551)	(36,223)	(672)
Other	(9,397)	(8,311)	1,086	(47,080)	(43,608)	3,472	(112,879)	(116,650)	(3,771)
TOTAL EXPENDITURE	**(72,341)**	**(75,307)**	**(2,966)**	**(362,296)**	**(371,056)**	**(8,760)**	**(870,622)**	**(885,297)**	**(14,675)**
EBITDA	**5,301**	**5,939**	**638**	**28,035**	**27,836**	**(199)**	**69,854**	**69,854**	**0**
Financing Costs	(4,613)	(4,441)	172	(23,064)	(23,747)	(683)	(55,371)	(55,371)	0
SURPLUS / (DEFICIT) before Impairment	**688**	**1,498**	**810**	**4,971**	**4,089**	**(882)**	**14,483**	**14,483**	**0**
Impairment of Assets, Stock losses & Donated Asset treatment	49	(269)	(318)	245	141	(104)	592	592	0
SURPLUS / (DEFICIT)	**737**	**1,229**	**492**	**5,216**	**4,230**	**(986)**	**15,075**	**15,075**	**0**

Surplus / (Deficit): The Trust delivered a surplus of £1,229k in month, which is a favourable variance of £492k. The actual achievement of CIP YTD is £14,675k and this is behind plan by £4,829k. The Division's forecast outturn has improved but there needs to be a continual push on cost reduction and the avoidance of discretionary spend to mitigate the reliance on over-performance income.
Income: Clinical income is ahead of plan and is mainly associated with continuing over-performance on the CCGs & NHS England SLAs. The favourable variance on other income is due to the sale of drugs stock to Lloyds Pharmacy as part of the outpatient dispensing initiative. Expenditure also reflects the stock sale, thereby showing a net zero impact upon I&E.
Expenditure: This month's expenditure is broadly in line with the previous month.
Financing costs: The under-spend in month is attributable to the receipt of a capital donation.

Statement of Comprehensive Income (SOCI)	**Risk:**	**A**

PAGE 2 - INCOME

	In Month			Year To Date (Cumulative)			Forecast Outturn		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
Income from Clinical Activities									
Clinical Commissioning Groups	32,616	34,310	1,694	164,209	172,620	8,411	396,073	410,748	14,675
NHS England	23,310	25,504	2,194	117,354	120,096	2,742	283,046	283,046	0
Other NHS Organisations	1,438	1,084	(354)	7,243	6,291	(952)	17,469	17,469	0
Sub-Total NHS Income	**57,364**	**60,898**	**3,534**	**288,806**	**299,007**	**10,201**	**696,588**	**711,263**	**14,675**
Local Authority	785	745	(40)	3,951	3,971	20	9,529	9,529	0
Private Patients	2,704	2,787	83	13,607	13,991	384	32,801	32,801	0
Overseas Patients	149	139	(10)	752	803	51	1,820	1,820	0
NHS Injury Scheme	113	95	(18)	570	612	42	1,373	1,373	0
Non NHS Other	315	318	3	1,586	1,265	(321)	3,823	3,823	0
Total - Income from Clinical Activities	**61,430**	**64,982**	**3,552**	**309,272**	**319,649**	**10,377**	**745,934**	**760,609**	**14,675**
Other Operating Income									
Education, Research & Development	9,562	9,414	(148)	47,810	45,384	(2,426)	114,743	114,743	0
Non patient care activities	2,942	3,210	268	14,710	15,019	309	35,306	35,306	0
Income Generation	506	292	(214)	2,530	1,668	(862)	6,070	6,070	0
Other Income	3,202	3,347	145	16,009	17,172	1,163	38,423	38,423	0
Total - Other Operating Income	**16,212**	**16,263**	**51**	**81,059**	**79,242**	**(1,817)**	**194,542**	**194,542**	**0**
TOTAL INCOME	**77,642**	**81,245**	**3,603**	**390,331**	**398,891**	**8,560**	**940,476**	**955,151**	**14,675**

Income from Clinical Activities: The favourable variance is associated with the continuing over-performance of CCGs & NHS England SLA contracts. It is expected that the CCGs QIPP programmes will not deliver the anticipated reductions in admitted care and outpatient activity.

Other Operating Income: The favourable variance on non patient care activities income is due to the sale of drugs stock to Lloyds Pharmacy as part of the outpatient dispensing initiative.

Statement of Comprehensive Income (SOCI)	**Risk:**	G

PAGE 3 - EXPENDITURE

	In Month			Year To Date (Cumulative)			Forecast Outturn		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
Pay - In Post									
Medical Staff	(12,110)	(12,569)	(459)	(60,948)	(63,033)	(2,085)	(148,373)	(151,648)	(3,275)
Nursing & Midwifery	(11,828)	(12,148)	(320)	(59,073)	(61,037)	(1,965)	(142,594)	(145,868)	(3,274)
Scientific, Therapeutic & Technical staff	(5,506)	(5,560)	(54)	(27,582)	(28,120)	(537)	(66,347)	(67,586)	(1,239)
Healthcare assistants and other support staff	(2,059)	(2,235)	(176)	(10,357)	(11,190)	(833)	(24,746)	(25,433)	(688)
Directors and Senior Managers	(2,490)	(2,561)	(71)	(12,448)	(12,509)	(62)	(29,158)	(29,161)	(3)
Administration and Estates	(4,407)	(4,059)	347	(22,221)	(20,089)	2,132	(53,230)	(48,403)	4,827
Sub-total - Pay In post	**(38,400)**	**(39,133)**	**(733)**	**(192,628)**	**(195,978)**	**(3,349)**	**(464,447)**	**(468,099)**	**(3,651)**
Pay - Bank/Agency									
Medical Staff	(627)	(847)	(220)	(3,205)	(3,685)	(480)	(7,533)	(8,002)	(470)
Nursing & Midwifery	(1,183)	(1,512)	(329)	(5,917)	(6,578)	(661)	(14,213)	(15,590)	(1,377)
Scientific, Therapeutic & Technical staff	(399)	(516)	(117)	(1,902)	(2,450)	(548)	(4,529)	(4,965)	(435)
Healthcare assistants and other support staff	(280)	(285)	(4)	(1,402)	(1,894)	(492)	(3,365)	(4,042)	(677)
Directors and Senior Managers	(335)	(213)	122	(1,674)	(995)	678	(4,017)	(4,010)	7
Administration and Estates	(866)	(1,220)	(354)	(3,958)	(4,774)	(816)	(9,327)	(9,428)	(101)
Sub-total - Pay Bank/Agency	**(3,690)**	**(4,592)**	**(902)**	**(18,058)**	**(20,377)**	**(2,319)**	**(42,984)**	**(46,037)**	**(3,053)**
Non Pay									
Drugs	(8,104)	(9,211)	(1,107)	(40,384)	(44,342)	(3,958)	(97,053)	(100,678)	(3,625)
Supplies and Services - Clinical	(9,788)	(10,965)	(1,177)	(49,336)	(51,062)	(1,726)	(117,708)	(117,610)	98
Supplies and Services - General	(2,962)	(3,095)	(133)	(14,810)	(15,689)	(879)	(35,551)	(36,223)	(672)
Consultancy Services	(1,289)	(1,033)	256	(6,445)	(5,456)	989	(15,464)	(15,464)	0
Establishment	(617)	(799)	(182)	(3,109)	(3,283)	(174)	(7,435)	(7,435)	0
Transport	(824)	(931)	(107)	(4,120)	(4,547)	(427)	(9,892)	(9,892)	0
Premises	(3,351)	(2,760)	591	(16,755)	(15,859)	896	(40,219)	(40,219)	0
Other Non Pay	(3,316)	(2,787)	529	(16,651)	(14,462)	2,189	(39,869)	(43,640)	(3,771)
Sub-total - Non Pay	**(30,251)**	**(31,582)**	**(1,331)**	**(151,610)**	**(154,701)**	**(3,091)**	**(363,191)**	**(371,161)**	**(7,970)**
TOTAL EXPENDITURE	**(72,341)**	**(75,307)**	**(2,966)**	**(362,296)**	**(371,056)**	**(8,760)**	**(870,622)**	**(885,297)**	**(14,675)**
Financing Costs									
Interest Receivable	24	17	(7)	120	95	(25)	287	287	0
Receipt of Grants for Capital Acquisitions	67	387	320	335	448	113	798	798	0
Interest Payable	(72)	(74)	(2)	(359)	(365)	(6)	(859)	(859)	0
Other Gains & Losses	0	0	0	0	(10)	(10)	0	0	0
Depreciation	(2,916)	(3,054)	(138)	(14,580)	(15,333)	(753)	(35,001)	(35,001)	0
Public Dividend Capital	(1,716)	(1,716)	(0)	(8,580)	(8,582)	(2)	(20,596)	(20,596)	0
TOTAL - FINANCING COSTS	**(4,613)**	**(4,441)**	**172**	**(23,064)**	**(23,747)**	**(683)**	**(55,371)**	**(55,371)**	**0**

Pay: Expenditure is higher when compared to last month but this is expected due additional temporary staff required to cover annual leave.
Non Pay: The drugs over-spend is mainly associated with the sale of drugs to Lloyds Pharmacy which is offset by income, and over-spend on PbR excluded drugs. Clinical services spend is higher this month as it includes a charge for outsourcing patient activity to private healthcare providers to meet the 18 week target; this is offset by the income overperformance. The favourable variance on premises in month is a result of spend on office and computer equipment being signifcantly less when compared to previous periods. All other expenditure is within reasonable tolerance limits when compared to the previous periods.
Financing costs: The under-spend is mainly attributable to a charitable donation for the Magellan capital project.

Statement of Comprehensive Income (SOCI)	**Risk:**	**R**

PAGE 4 - Financial Risk Rating for Clinical & Non Clinical Divisions

Medicine	Theme	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Financial Sustainability	🟢	🟢	🟢	🟢	🟢							
	Cost Control	🟡	🟡	🟡	🟡	🟡							
	Forecasting Accuracy	🔴	🔴	🔴	🔴	🔴							
	Financial Governance	🟡	🟡	🟡	🟡	🟡							
	Working Capital & Equipment	🟡	🟡	🟡	🟡	🟡							

S&C	Theme	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Financial Sustainability	🟢	🟢	🟢	🟢	🟢							
	Cost Control	🟡	🟡	🟡	🟡	🟡							
	Forecasting Accuracy	🟡	🟡	🟡	🟡	🟡							
	Financial Governance	🟡	🟡	🟡	🟡	🟡							
	Working Capital & Equipment	🟡	🟡	🟡	🟡	🟡							

DISCS	Theme	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Financial Sustainability	🟢	🟢	🟢	🟢	🟢							
	Cost Control	🟡	🟡	🟡	🟡	🟡							
	Forecasting Accuracy	🟡	🟡	🟡	🟡	🟡							
	Financial Governance	🟡	🟡	🟡	🟡	🟡							
	Working Capital & Equipment	🟡	🟡	🟡	🟡	🟡							

W&C	Theme	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Financial Sustainability	🟢	🟢	🟢	🟢	🟢							
	Cost Control	🟡	🟡	🟡	🟡	🟡							
	Forecasting Accuracy	🟡	🟡	🟡	🟡	🟡							
	Financial Governance	🟡	🟡	🟡	🟡	🟡							
	Working Capital & Equipment	🟡	🟡	🟡	🟡	🟡							

Corporate	Theme	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Financial Sustainability												
	Cost Control	🔴	🔴	🔴	🔴	🔴							
	Forecasting Accuracy	🟡	🟡	🟡	🟡	🟡							
	Financial Governance	🟡	🟡	🟡	🟡	🟡							
	Working Capital & Equipment	🟡	🟡	🟡	🟡	🟡							

TRUST	Theme	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Financial Sustainability	🟢	🟢	🟢	🟢	🟢							
	Cost Control	🟡	🟡	🟡	🟡	🟡							
	Forecasting Accuracy	🟡	🟡	🟡	🟡	🟡							
	Financial Governance	🟡	🟡	🟡	🟡	🟡							
	Working Capital & Equipment	🟡	🟡	🟡	🟡	🟡							

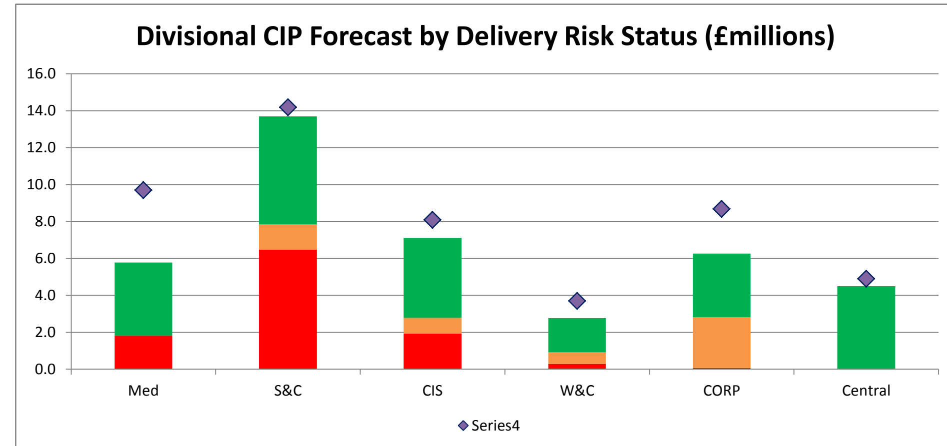
This is the fourth time that Divisional financial performance has been assessed against the Financial Risk Rating., but the first time reporting as Divisions, with April - July previously reported as CPGs. The metrics shown in the tables above reflect the 5 key themes and summarise performance against 25 detailed metrics. M5 performance has been replicated for M1-4 due to gaps in a number of data sources which have not been restated in a Divisional format.

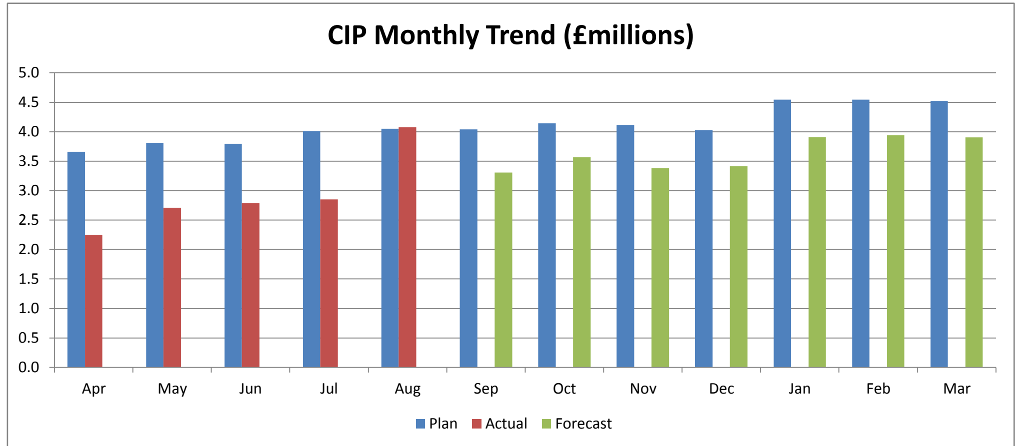
Key issues arising from review of performance against metrics will provide the focus for objectives for Clinical Divisions, Non-Clinical Directorates and the Finance & Procurement Directorate.

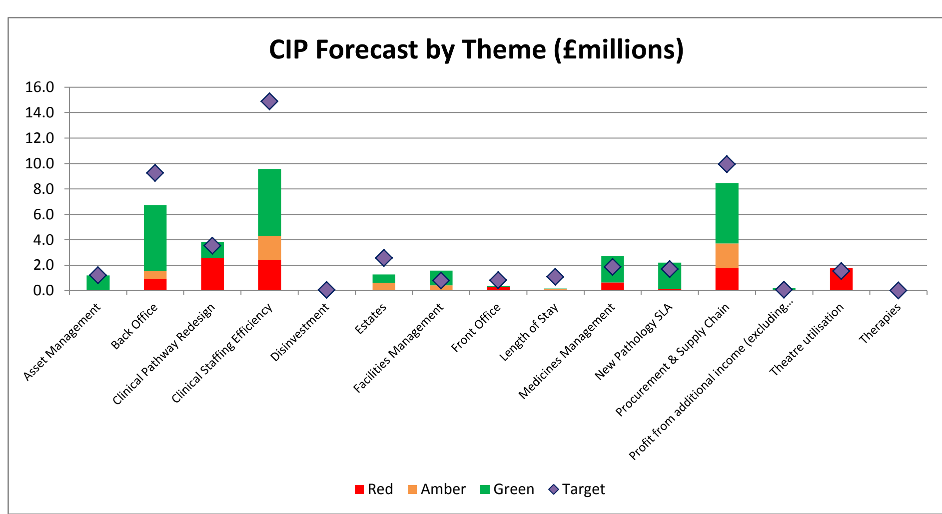
Feedback on the basis of calculation will be reflected in a refined approach to calculation as the Financial Risk Rating is embedded.

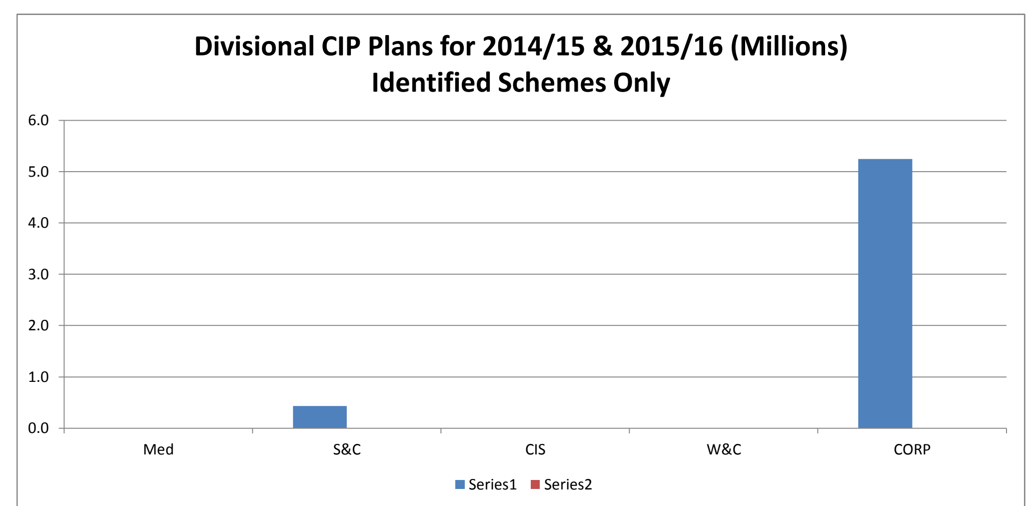
The majority of budget managers have completed a 4 hour training course on the Financial Performance Management framework with all managers planned to have received training by the end of June.

Statement of Comprehensive Income (SOCI) — **Risk: A**









Key Issues:

- £14.7m savings delivered year to date (deficit of £4.8m against plan)
- £40.1m of savings forecast for current year (deficit of £9.1m against plan)
- The Trust has committed to the Trust Development Authority delivery of the full £49.25m plan. Current Divisional and Non-Clinical Directorates forecasts are £40.1m, leaving a gap of £9.15m to be mitigated.
- £5.7m of savings identified for 2014/15 by CPGs and Non-Clinical Directorates (0.8% of operating costs)
- £0.0m of savings identified for 2015/16 by CPGs and Non-Clinical Directorates (0% of operating costs)
- The Trust have now commissioned a piece of work with Red Clover to build a 3-year CIP (2014/15 - 2016/17) with each Chief of Service and Service Lead.

Statement of Financial Position (SOFP)	Risk:	R

PAGE 6 - STATEMENT OF FINANCIAL POSITION

		Opening Balance £000s	Current Month Balance £000s	Previous Month Balance £000s	Monthly Movement £000s	Forecast Balance £000s
Non Current Assets	Property, Plant & Equipment	715,616	706,849	708,502	(1,653)	711,071
	Intangible Assets	1,681	1,512	1,545	(33)	1,225
Current Assets	Inventories (Stock)	17,652	17,645	18,297	(652)	17,652
	Trade & Other Receivables (Debtors)	65,462	136,950	103,698	33,252	63,462
	Cash	55,326	17,841	52,004	(34,163)	50,326
Current Liabilities	Trade & Other Payables (Creditors)	(127,930)	(146,705)	(152,183)	5,478	(140,202)
	Borrowings	(3,059)	(3,075)	(3,075)	0	(2,685)
	Provisions	(37,353)	(39,487)	(38,755)	(732)	(11,656)
Non Current Liabilities	Borrowings	(23,362)	(23,409)	(23,409)	0	(20,677)
	Provisions	0	0	0	0	0
	TOTAL ASSETS EMPLOYED	**664,033**	**668,121**	**666,624**	**1,497**	**668,516**

Ratio/Indicators	Risk Rating		
	Current Month	Previous Month	Forecast
Debtor Days	52	39	25
Trade Payable Days	60	62	59
Cash Liquidity Days	33	33	34

The decrease in property, plant & equipment is due to depreciation for the month exceeding capital expenditure.

The increase in debtors is predominantly due to:

- Increase of invoicing for Q1 CCG and NHS England over performance of £11.3m
- Early payment of £22.7m for ISS facility management contract to secure additional discount

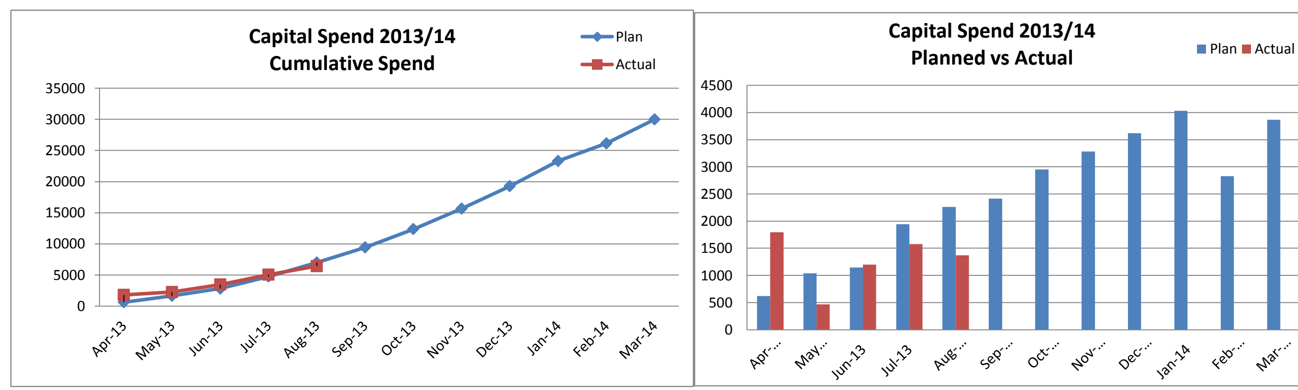
The increase in creditors is predominantly due to:

- Increase in PDC accruals of £1.7m. PDC dividend is paid in September and March each year
- Clearance of supplier invoices £5.1m

Statement of Financial Position (SOFP)	**Risk:**	**G**

PAGE 7 - CAPITAL EXPENDITURE

By Scheme	In Month			Year To Date (Cumulative)			Forecast Outturn		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Imaging Improvements HH	52	27	25	208	31	177	2,093	350	1,743
ICT Investment Programme	550	329	221	1,630	2,012	(382)	4,500	4,500	0
Endoscopy QEQM	420	122	298	1,222	333	889	5,674	5,674	0
Cardiac Relocation (EP)	86	91	(5)	772	632	140	1,708	708	1,000
Medical Equipment	350	26	324	550	671	(121)	4,000	4,448	(448)
Capital Maintenance CXH	100	76	24	300	143	157	1,000	1,000	0
Capital Maintenance HH	100	(3)	103	300	85	215	1,200	1,200	0
Capital Maintenance SMH	100	80	20	300	77	223	1,000	1,000	0
Access Control Upgrade	75	0	75	150	0	150	900	900	0
CCTV Development	0	0	0	0	0	0	65	65	0
Imaging Review	0	0	0	300	0	300	3,000	2,750	250
Theatre Upgrade	200	0	200	400	0	400	900	900	0
Pathology Equipment	30	0	30	80	0	80	140	140	0
Minor Works	0	0	0	0	0	0	500	500	0
Bathroom Upgrade HH Private Patients	100	0	100	100	0	100	250	250	0
Bio-Resource Centre	0	18	(18)	350	40	310	350	850	(500)
Aggregate Site Developments	100	467	(367)	350	1,245	(895)	1,470	1,470	0
Contingency	0	0	0	0	0	0	1,250	1,479	(229)
Shaping a Healthier Future Site Development	0	95	(95)	0	238	(238)	0	1,300	(1,300)
Radiotherapy Improvements	0	38	(38)	0	877	(877)	0	900	(900)
SALIX	0	4	(4)	0	25	(25)	0	64	(64)
Total Capital Expenditure	**2,263**	**1,370**	**893**	**7,012**	**6,409**	**603**	**30,000**	**30,448**	**(448)**
Donations	**0**	(387)	**387**	**0**	(448)	**448**	**0**	**0**	**448**
Government Grants	0	0	0	0	0	0	0	0	0
Total Charge against Capital Resource Limit	**2,263**	**983**	**1,280**	**7,012**	**5,961**	**1,051**	**30,000**	**30,448**	**0**
Capital Resource Limit							(30,000)	(30,000)	**0**
Over/(Under)spend against CRL							**0**	**448**	**0**

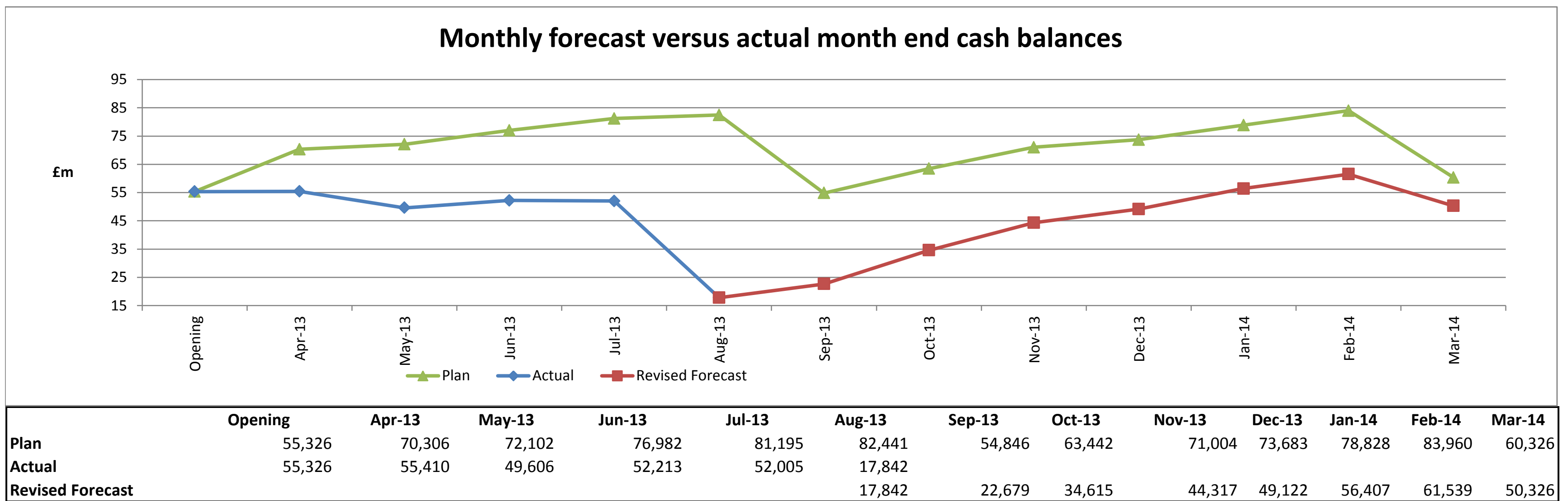


Overall expenditure is approximately £1m behind plan year to date and the main variances can be explained as follows:-

- Imaging at Hammersmith has been delayed by external approvals, selection of specific imaging equipment and complexity of desi gn.
- Cardiac relocation budget included the purchase of the equipment, which has now been included in the managed equipment service annual contract with significant NPV savings.
- Medical equipment includes a donated asset (a Magellan robot)
- The Bio-Resource centre was larger than planned, but business case return supported the expanded capacity requirement.
- Shaping a Healthier Future and Radiotherapy investments were approved in-year.
- Endoscopy project, which was delayed by P21+ negotiations and the Royal Birth.

Statement of Financial Position (SOFP)	Risk:	A

PAGE 8 - CASH



	Opening	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Plan	55,326	70,306	72,102	76,982	81,195	82,441	54,846	63,442	71,004	73,683	78,828	83,960	60,326
Actual	55,326	55,410	49,606	52,213	52,005	17,842							
Revised Forecast						17,842	22,679	34,615	44,317	49,122	56,407	61,539	50,326

Aged Debtor Analysis

Category	0 to 30 Days	31 to 60 days	61 to 90 days	91 days to 6 month	6 to 12 months	Over 1 Year	Grand Total
NHS	£ 14,765,506	£ 29,465,101	£ 2,942,374	£ 7,100,477	£ 690,349	£ 441,783	**£ 55,405,590**
Non-NHS	£ 1,093,330	£ 2,531,890	£ 1,570,391	£ 1,775,414	£ 1,503,252	£ 865,631	**£ 9,339,907**
Overseas Visitors	£ 82,324	£ 122,601	£ 150,680	£ 317,537	£ 464,254	£ 2,133,978	**£ 3,271,373**
Private Patients	£ 1,995,898	£ 1,302,237	£ 306,774	£ 1,950,444	£ 718,003	-£ 62,534	**£ 6,210,822**
Total	**£ 17,937,058**	**£ 33,421,829**	**£ 4,970,219**	**£ 11,143,871**	**£ 3,375,857**	**£ 3,378,858**	**£ 74,227,692**
% of Total Debt	**24.2%**	**45.0%**	**6.7%**	**15.0%**	**4.5%**	**4.6%**	**100.0%**

Previous Month Total
£ 41,147,959
£ 11,408,492
£ 3,272,612
£ 6,099,809
£ 61,928,873

Aged Creditor Analysis

Category	0 to 30 Days	31 to 60 days	61 to 90 days	91 days to 6 month	6 to 12 months	Over 1 Year	Grand Total
All AP Creditors	£ 4,500,873	£ 1,238,667	£ 583,480	£ 98,310	£ 298,696	£ 457,748	**£ 7,177,773**
Total	**£ 4,500,873**	**£ 1,238,667**	**£ 583,480**	**£ 98,310**	**£ 298,696**	**£ 457,748**	**£ 7,177,773**
% of Total Creditors	**62.7%**	**17.3%**	**8.1%**	**1.4%**	**4.2%**	**6.4%**	**100.0%**

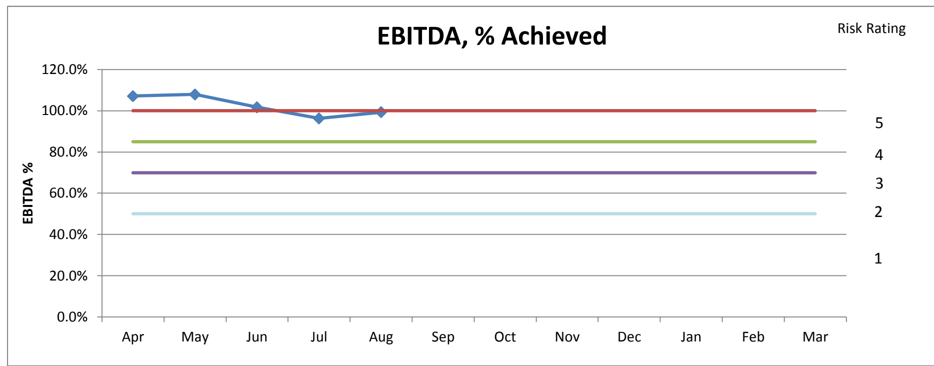
Previous Month Total
£ 6,758,382
£ 6,758,382

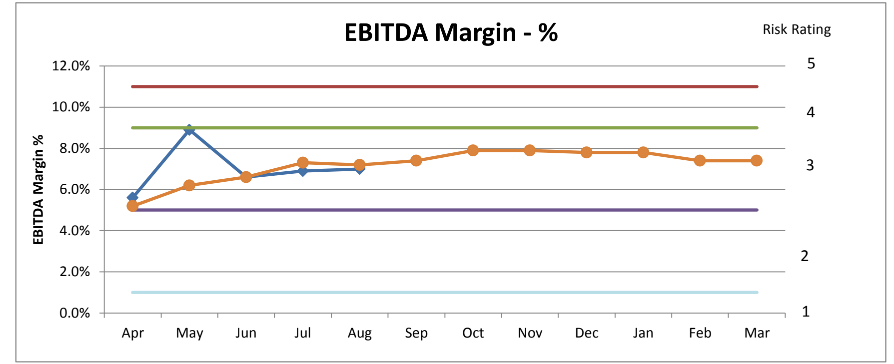
The main elements of the variance from plan of £64.6m are:

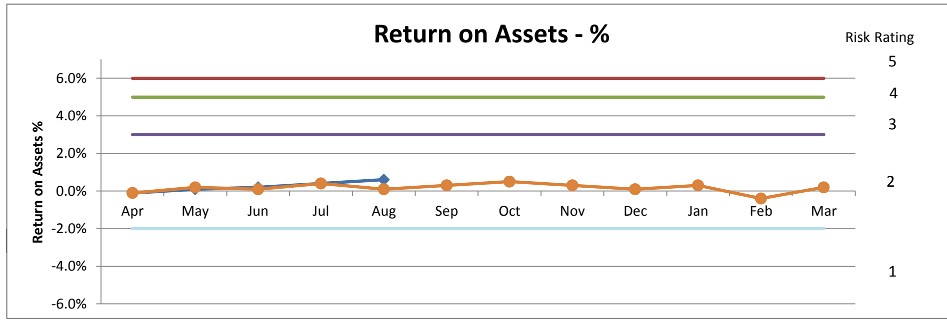
- £18.1m invoiced to Health Education England relating to quarters 1 and 2 was paid in September
- £8.9m raised to the NHS England for quarters 1 and 2 Project Diamond and R&D MFF funding still outstanding. We have been advised that payment will not be made prior to October
- £3.3m rent receivable overdue for Ravenscourt Park Hospital
- £8m reduction in SLA income due to QIPP and performance bond
- £22.7m paid in advance to ISS for the 8 months from 1st October 2013 to 31st May 2014 to secure a discount of £0.55m. The cashflow plan included a six month payment in advance in September

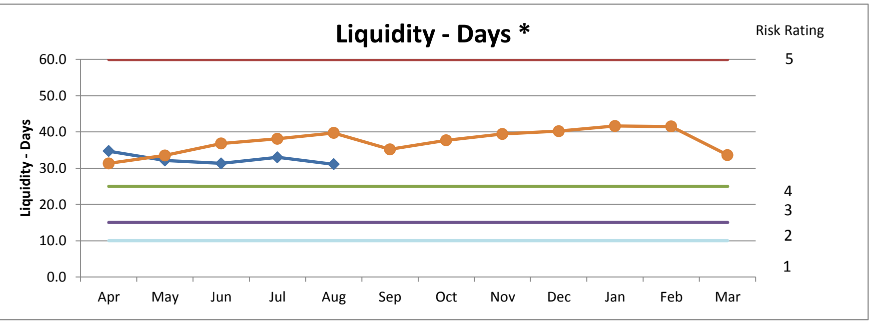
At the end of August, the balance of cash invested in the National Loan Fund scheme totalled £16m. This amount was invested for 7 days at an average rate of 0.38%. Total accumulated interest receivable at 31st August 2013 was £95k.

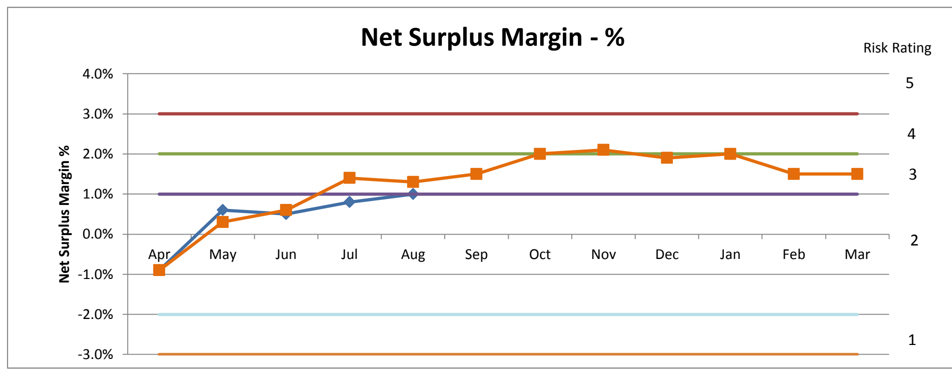
Statement of Financial Position (SOFP)	**Risk:**	**A**

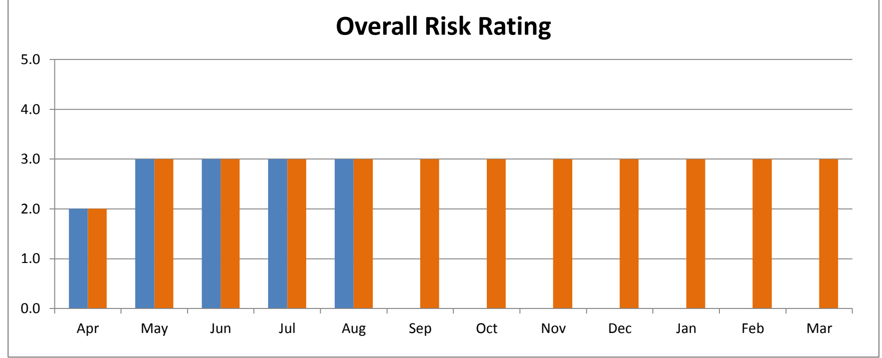












Each chart plots the current performance against each of the five Financial Risk Rating (FRR) metrics.

The Trust's overall FRR based on the results to the end of August is FRR3, as per plan. All risk metrics are on plan.

A score of 3 is mandatory for Foundation Trust status.

* This is a proxy rating assuming a 30 day working capital facility available only to Foundation Trusts.

Financial Risk Ratings	Risk:	G

PAGE 10 - SLA Activity & Income by POD (Estimate for August 2013)

Point of Delivery	Year to Date (Activity) Plan	Year to Date (Activity) Actual	Year to Date (Activity) Variance	Year to Date (Income) Plan £000s	Actual £000s	Variance £000s
Admitted Patient Care						
- Day Cases	27,802	30,232	2,430	24,084	25,340	1,256
- Regular Day Attenders	5,867	6,107	240	2,722	2,758	37
- Elective	8,756	8,544	(212)	30,146	28,219	(1,927)
- Non Elective	36,607	34,574	(2,033)	66,378	67,495	1,117
Accident & Emergency	83,231	85,929	2,698	9,283	9,744	461
Adult Critical Care	17,127	16,150	(977)	20,773	19,250	(1,524)
Outpatients - New	102,376	122,373	19,997	18,287	22,021	3,734
Outpatients - Follow-up	205,999	211,356	5,358	26,876	29,617	2,741
Ward Attenders	2,937	2,700	(237)	472	426	(47)
PbR Exclusions	282,861	759,601	476,741	25,950	28,757	2,807
Direct Access	917,147	916,387	(760)	6,277	7,592	1,315
CQUIN			0	6,845	7,379	534
Others	628,093	644,201	16,108	54,517	55,592	1,075
Commissioning Business Rules	1,149,507	1,148,420	(1,087)	(7,760)	(5,436)	2,324
SLA Income	3,468,311	3,986,575	518,265	284,852	298,754	13,903
Less Non English Organisations	(1,276)	(1,355)	(79)	(1,539)	(1,377)	162
TDA Over performance				2,546		(2,546)
HTLV					935	935
Non Patient Care CCG Income				1,228	696	(533)
Adjustment to TDA Plan				1,719		(1,719)
TOTAL	**6,935,345**	**7,971,796**	**1,036,451**	**288,806**	**299,007**	**10,201**

Income by Sector	Year to Date (Income) Plan £000s	Actual '£000s	Variance £000s
North West - London	134,300	143,615	9,315
London - Others	18,010	18,168	158
Non London	8,429	8,047	(382)
NHS England	114,893	119,161	4,268
Local Authorises	3,951	3,971	20
Non Contracted Activities	2,519	3,194	675
Out of Area Treatment	394	394	0
Other SLA			0
Others	816	827	11
TDA Over performance	2,546		(2,546)
HTLV		935	935
Non Patient Care CCG Income	1,228	696	(533)
			0
Adjustment to TDA Plan	1,719		(1,719)
TOTAL	**288,806**	**299,007**	**10,201**

The report is an analysis of NHS SLA Income from clinical activities excluding other NHS organisations (non England within th e actuals).
The Year to Date Month 5 position is favourable against plan by £ 11.4m. The main reasons are :
1. Increase in non elective work with the key over performing service line Accident and Emergency showing an over performance of £1.1m.
2. Outpatients first appointments are above plan £3.7m of which Imaging diagnostics and Cardiology represent most of the chan ge.
3. Outpatients follow up appointments have also increased against plan . The main variances are Cardiology £0.5m, AMD One St op £0.3m and nephrology £0.2m.
4. Direct Access is above plan by £1.3m, showing an increase on both Pathology and Imaging tests.
5. Other areas include £1.4m for impact of maternity pathway changes to PbR - relating to patients from 12/13 who are due to com plete their pathway in 13/14.
6. There are areas of under performance mainly in elective work, with the key under performing specialties being Trauma & Or thopaedics (£0.6m) and Vascular Surgery (£0.3m).

Statement of Comprehensive Income (SOCI) | **Risk:** | G

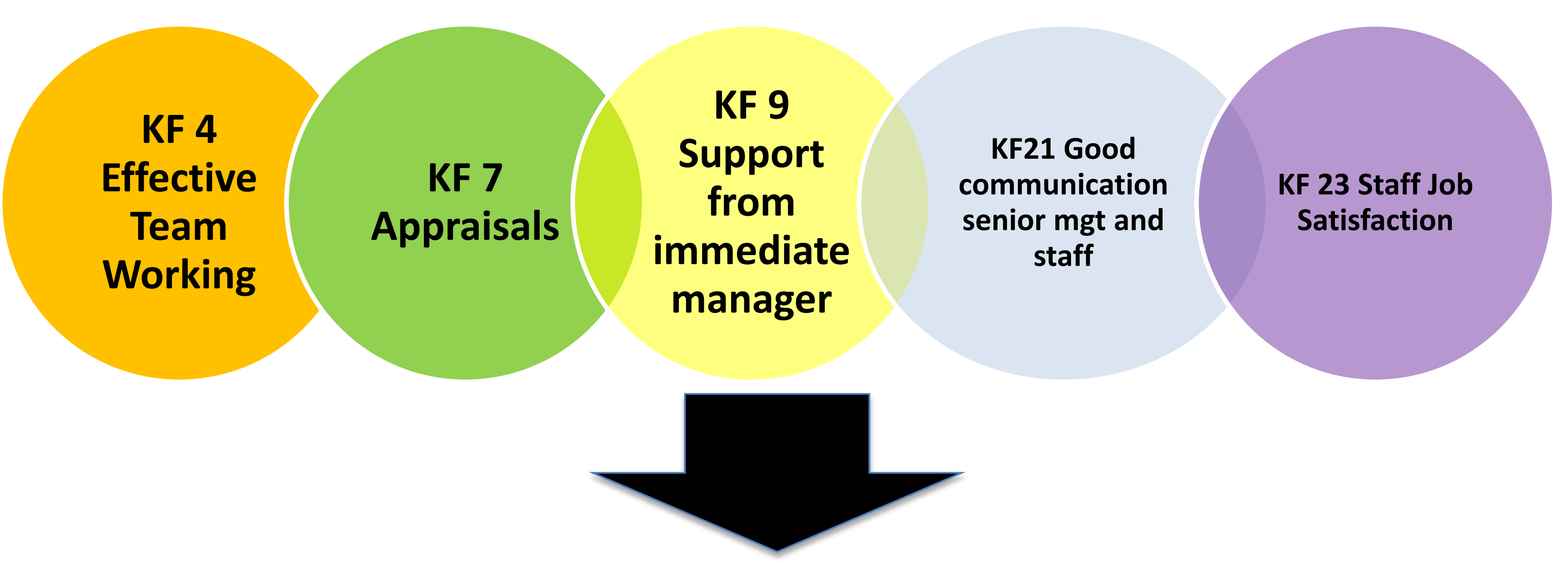
NHS Staff Survey Action Plans

Quarterly Update on Progress

Jayne Mee, Director of People and Organisation Development

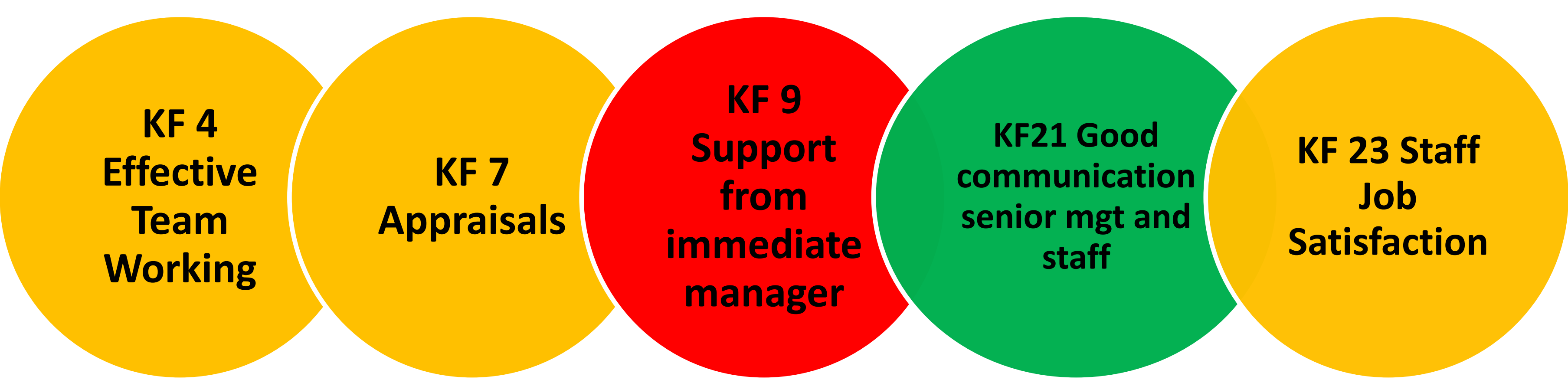
NHS Staff Survey Action Plans 2012

5 Key Themes of Action Plans

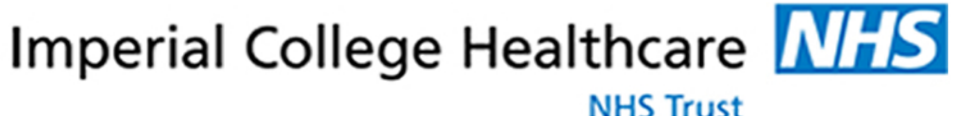


Improved Staff Engagement

Progress By Theme



Breakdown of Progress by Theme



Theme	Examples of Achievements
Effective team working	Away Days, Team Briefing, team redesign, cross team collaboration, newsletters
Quality and Quantity of Appraisals	Appraisal rate 82 % March 2013 compared with 60% in April 2012 Appraisal rate currently 79%
Support from Immediate Manager	Mentors given to new staff
Good Communication from Senior management	Local Open Forums, team meetings, You said we did posters, Newsletters, walkabouts, People planning meetings
Job Satisfaction	Local recognition, exit interviews, local partnership working group established,
Health and Well being	Stress Surveys undertaken, improvements to office accommodation, security and safety training

Summary of planned actions by Theme

Theme	Examples of Outstanding actions
Effective team working	Team meetings and briefing systems, Open Forums, Roadshows, re-structures, handovers, Away Days, team design, cross Division/Directorate working
Quality and Quantity of Appraisals	Achieve 100% appraisals, improve quality of appraisals, implement one to one meetings and mid year reviews, provide training to all managers in appraisal, ensure Personal development plans for all
Support from Immediate Manager	Roll out mentors for new staff, recruit to senior posts, enrol ward managers on development programmes, standardise training for staff, use recognition schemes to recognise achievements
Good Communication from Senior management	Local Open Hours, Local Staff Newsletters, Local Communication strategy and plan, local Partnership working groups, Upgrade of Divisional Page (CPG) on the Source,
Job Satisfaction	Exit interviews, use local recognition schemes, recognise outstanding performance, communication skills training
Health and Well being	Stress Surveys, training for staff facing challenging behaviours from patients, health and safety audits, train in risk assessments, promote CONTACT

Progress by Division/Directorate

Imperial College Healthcare

Division/Directorate	Progress	Examples of achievement
Medicine		Appraisals 89%, Developed Education Minimum bundle for nursing staff, Results of Staff Survey disseminated, Medicine Open Hours held
Surgery and Cancer		Appraisal refresher training for all below 60%, band 6 Nurses all booked for Ward manager devt training, Exit interviews for areas where turnover high Weekly people planning meeting on HR metrics, Develop S & C branding Visions Mission and Values, roll out of supportive interventions for managers and teams triggering at 6+ areas on the MPI report. Stress surveys being carried out in two areas due to concerns raised by the data on the MPI
Investigative Sciences and Clinical Support		Monthly People Meeting to review HR Metrics, Exit questionnaires in Imaging, Review of weekend duties in Imaging, New Divisional forums setting up to launch strategic objectives and priorities, Road shows being planned, Stress Surveys completed across Therapies
Women's and Children's		W & C Open Hour in place, "You said we did" posters launched, Partnership working group being established
Finance		Away days for all staff, Monthly newsletter, facebook page, rolled out finance appraisal process, all staff trained in may, team briefing in place for all staff, Local recognition scheme in place, new training policy in place
ICT		ICT Opens hours and monthly newsletter in place, Business case approved for improved office accommodation, 93% appraisal rate,
Comms		Weekly stand up briefings trialled to keep all updated, I recognise being used, established cross directorate project teams
HR		Away day for all P & OD dept, Recognition awards made, Appraisal 92%, PC upgrade to improve speed, Plan agreed to upgrade accommodation at CXH and to relocate to HH
Estates		Restructures under way to enhance team working, weekly diary meeting for HoDs to improve communication, Estates represented in leadership walkabouts, Security staff trained in safe handling of difficult situations
Medical Services		Monthly meetings in place for all, appraisal rate 88%,other actions postponed until after forthcoming restructure
Operations		Monthly meetings now in place, one to ones in pace for all people
Nursing		Monthly team meetings on each site, Away day Planned, team briefing structure in place, new carpet at CXH, training in appraisals, review of accommodation complete

Some actions achieved/some in progress	Actions achieved/on track as per plan

Planned Action by Division/Directorate

Imperial College Healthcare
NHS Trust

Division/ Directorate	Outstanding Actions
Medicine	Review of Medicine Matters Staff Newsletter, Provide Equality and Diversity training to all, Recruitment and Selection training to all managers, Fill senior vacancies,
Surgery and Cancer	Develop team meeting structure for every dept, and for areas doing shift work, Ensure all clinical staff have a mentor, Continue appraisal refresher training to ensure high quality appraisals, Identify appraisal champions, Identify OLM champions to record appraisal data, Finalise communication strategy and plan, Develop an iPilot scheme where staff can make recommendations for new initiatives and ideas
Investigative Sciences and Clinical Support	Continue to communicate to staff affected by major Pharmacy changes, Achieve appraisal target, Review Datix to assess security incidents, Develop action plan from recent Stress Surveys, include question about "support from manager" in appraisals, Launch new Divisional Forums, Launch a new Divisional Newsletter, Set up Divisional Road shows, Implement training on health and safety and health and safety audits, all therapy managers to do appraisal training, implement guidance on Supervision of Band 5 and 6 staff, Create a Patient and Staff Experience forum for Outpatients and Admissions,
Women's and Children's	Development programmes for Band 5 RGNs, 6 and 7s, implement bespoke multi disciplinary team development, Complete appraisal s, Achieve 80% midwives as signoff mentors, set first meeting of Partnership working group, Roll out standards of expected behaviour
Finance	All appraisal to be completed by 31st August 2013, Complete review of floor plan Salton House
ICT	Implement new office accommodation for Information team, Maintain appraisal rate, continue to manage customer expectations at start of new projects
Comms	Review admin support, Review funding teams and opportunities for staff professional development, Increase opportunities for shadowing, paired learning and networking, Introduce monthly masterclass for team, Implement directorate wide induction process
HR	Implement all planned office moves and improvements, Complete mid year performance reviews, implement training in Difficult Conversations for staff, Complete PC upgrade, Improve staff toilets at CXH,
Estates	Implement planned restructure (Aug/Sept), complete security restructure, achieve full appraisal rate,
Medical Services	Implement survey to all Directorate staff after restructure, Implement open forum meetings for all staff after restructure
Operations	
Nursing	Run 1st bi-annual Away Days

Next NHS Staff Survey

- September 23rd – 2 December 2013
- 850 people - random sample
- Changed provider to Picker: improve reporting
- Includes Friends and Family Question for Staff

Local Engagement Surveys at ICHT

WHAT?	**Short Engagement Surveys QUARTERLY** **All our people surveyed in a year** **SHORT Surveys: up to 15 questions** **Questions which are important to us** **Online** **Data fed back at ward/department/directorate level**
WHY?	**Measure engagement more frequently than annual** **Understand where engagement is high/low** **Develop more meaningful ACTIONS**
WHEN?	**October 2013**

Action Required from all Divisions and Directorates

- Continue to implement **2013 Action plan**
- Next Quarterly Review at Management Board: **November 25th**
- Support people in completing **National NHS Survey** Sept – Dec
- Support people in completing Quarterly **Local Engagement Survey**

People KPI Report ~ Current Performance with Identified Clinical, Quality and Financial Risks with Mitigation Plans

Month 4 ~ July 2013	Period	KPI Target	Current Performance	Performance Flag	Current Plan to Improve Performance	Completion Date	Current Associated Clinical / Quality / Financial Risks	Action to Mitigate Current Associated Clinical / Quality / Financial Risks	Completion Date	Future Associated Clinical / Quality / Financial Risks	Action to Mitigate Future Associated Clinical / Quality / Financial Risks	Completion Date
Vacancy Rate %	in month	9.00%	11.73%	green	*further review of all current vacant posts to remove those not necessary to current service provision. * rolling adverts for nursing recruitment *use of MPI report to focus and facilitate monthly and weekly review meetings *monthly nursing establishment review meetings	sept & on-going	* increased bank & agency usage and spend *high vacancies within ITU generating higher demand for bank & agency - MRSA identified within one unit	*pilot of new Divisional recruitment authorisation process in Medicine with support from People Planning *International recruitment campaign started for ITU vacancies	sept & on-going	*increased bank & agency spend in ITU die to 6 month completion cycle for international recruitment	* work with professional connection and Jonathan West's team to speed up recruitment process	Jan-14
Sickness Absence Rate %	in month	3.25%	2.95%	green	* weekly meetings to review sickness within with linked review into bank & agency usage	on-going	* poor patient experience and high bank & agency spend	* progression of sickness management cases * informal performance reviews for managers of departments with high sickness absence rates	end sept & on-going	* seasonal sickness lift in sickness absence (oct~jan) could impact on requirement for bank & agency bookings	* proactive recruitment to ensure that vacancy rates are as low as possible * weekly meetings to identify when vacancies are coming up and planning recruitment for them	on going
	rolling 12-mths	3.40%	3.44%	red								
Turnover Rate %	rolling 12-mths	9.50%	10.48%	red	* exit interviews in areas of with high voluntary turnover	on-going	* increased bank & agency demand to cover vacancies	* results of exit interviews to help inform plans to reduce high turnover in identified areas of concern	end aug	* increase in turnover expected within ITU	* recruitment action plan in progress	on going
B & A Spend as % of total paybill	in month	7.00%	9.98%	red	* weekly people planning meetings to review bank & agency usage *tight controls to restrict booking of bank & agency for all occupational groups	on-going	*identify areas with poor MPI triggers and poor Harm Free Care indicators *high admin & clerical bank & agency spend in specific areas/directorates	* awaiting results of mini-stress survey on identified areas *weekly review and authorisation of requests for bookings	aug & on-going	* impact on patient care * current fill rate of 85% so real risk of increased £'s spend on agency to cover increased demand associated with seasonal lift in sickness absence	* close monitoring of bank & agency usage to ensure that financial controls do not impact on quality of clinical care provided * pro-active recruitment of vacancies	on going & sep-dec
	rolling 12-mths	7.00%	8.12%	red								
Appraisal Rate % - non-medical	in month	85.00%	74.53%	red	* weekly people planning meetings with areas below 85% * monthly reviews with action plans from Divisional directorates * weekly appraisal reporting from Corporate HR to support improvement plans	on-going & sept	* reduced staff engagement with direct correlation to poor patient experience	* departments with 7/8 triggers invited to performance meeting within Division *weekly review of progress against recovery plans	sept & on-going	* departments with high numbers of appraisals due in single months - no support resource to carry out large volumes of appraisals in short-period	* move to appraisals by incremental date which spreads there views more evenly across the year	end oct
Appraisal Rate % - Consultant	in month	85.00%	77.00%	red	* reviewed monthly within Divisions via reports from Medical Director's office	on-going	* potential to miss performance related or health and well being issues with individuals	* chiefs of service to develop recovery plans	end sep	* revalidation deferred for those without evidence of required number of annual appraisals with direct impact on patient care and increased locum costs	* publicise PREP requirements of revalidation	on going
Statutory Mandatory Training Compliance %	in month	95.00%	69.73%	red	*informal performance meetings with managers to support improvement plans * statutory and mandatory training team working with Divisions to focus on low compliance areas	on-going	* reduced levels of patient safety due to lack of training * data quality of training completion records impacting on ability to manage increase in compliance rate	* working with statutory mandatory team to target areas of low compliance *work with statutory mandatory team to validate and improve data	on-going & end sept	* increased risk of MRSA, c~difficile, manual handling incidents etc	* pro-active management of statutory mandatory training through MPI report and weekly meetings with areas of poor compliance as well as annual plan	on going
Local Induction Compliance %	in month	95.00%	70.24%	red	*general improvement in quality and timeliness within Divisions to record completed inductions in OLM	on-going	* potential to impact on quality of and delivery of care	* identify local OLM champions to improve recording of training *improve timeliness of OLM recording	end aug & on-going			

Developing our Imperial Leaders

A summary of Imperial Leadership Development 2013-14

Programme Summary

This document outlines three of our new Leadership Development programmes launching in 2013

Certificate in Medical Leadership

Inspirational Leadership

Horizons

Strategic Leadership

Certificate in Medical Leadership:-

Inspirational Leadership

- Divisional Directors
- Chiefs of service
- Other Senior Clinical Leaders aspiring to Executive/Divisional Director level

Drive exceptional performance

Horizons: -

Strategic Leadership

- Divisional Directors of Operations/Nursing
- Senior leaders in Corporate Directorates
- Senior leaders with potential to reach Divisional Board/Executive Director role

Aspire: -

The Leadership Way

- Chiefs of Service
- General managers
- Associate Directors in Corporates
- Any with potential to reach these positions

Headstart: -

Management in Leadership

- Ward Managers
- Business Managers
- Heads of Department
- Lead Clinicians

Foundations: -

Introduction to Management

- Junior Sister/Charge Nurse
- Admin managers, Team leaders
- Shift Supervisors

Create Inspirational Leadership

Achieve Foundation Trust Status

Best in Class Leadership

Certificate in Medical Leadership

Inspirational Leadership

Sponsor: Mark Davies, Chief Executive and Prof Nick Cheshire, Medical Director

Programme Lead Prof Dot Griffiths, Imperial College Business School

Objectives

- To create a tight cohort of emerging top leaders in Imperial College Healthcare Trust (ICHT)
- To educate and engage participants in the challenges of creating a world class Academic Health Science Centre
- Create a thought provoking and enlightening learning experience mixing conceptual inputs, discussion of practical leadership and collective experiential moments
- Give participants the confidence to lead and have an immediate impact on themselves and their business by converting learning directly into reality

Selection Criteria The programmes will be aimed at

- Divisional Directors
- Any other Senior Clinical leaders **currently** reporting to Divisional or Executive Director who demonstrate **potentia**l to reach Executive/Divisional Director level within 3 years. Delegates must undertake to complete all aspects of the programme to gain accreditation.

What will the programme look like?

Year 1 will include 11 one day modules of tuition over 12 months

In Year 2 delegates will embark on group projects commissioned by the Trust with continuing taught input totalling 5 days over 6 months. The sessions will contain a blend of case studies, group work, guest speakers and networking dinners. Email and communication breaks will be built into each day to accommodate the needs of the busy professional.

Day 1 Oct 2013	Day 2 Oct 2013	Day 3 Nov 2013	Day 4 Dec 2013	Day 5/6 Jan & Feb 2014
Why are we here? The AHSC vision and strategic context Global and Health Landscape	**Leadership and Team development** What is Leadership? Developing High Performance teams	**Personal Leadership Style** MBTI, Emotional intelligence, Influencing	**How do we Decide what we offer?** Strategy and key strategic frameworks Turning strategy into action	**Money makes our world go around** Understanding Finance and Cost in the NHS Business cases Value for Money Entrepreneurship
Day 7 March 2014	**Day 8 April 2014**	**Day 9 May 2014**	**Day 10 June 2014**	**Day 11 June 2014**
Operations Management and Systems Delivering excellence with fewer resources Stripping out complexity	**How do they do it in other sectors?** Transparency and Accountability Risk management and Governance	**The Culture of the Customer** Who are our Customers The Patient experience	**Culture and the Challenge of Change** What is culture? How can culture be changed? Changing hearts and minds	**Handling Media and Public Scrutiny** Improving your media presence and presentation

Dates

	Date
Module 1	Wednesday 9 October 2013 plus Dinner
Module 2	Tuesday 29 October 2013
Module 3	Thursday 14 November 2013
Module 4	Thursday 12 December 2013
Module 5	Thursday 9 January 2014
Module 6	Thursday 20 February plus Dinner
Module 7	Thursday 20 March 2014
Module 8	Wednesday 9 April 2014
Module 9	Thursday 8 May 2014
Module 10	Friday 20 June 2014
Module 11	Thursday 10 July 2014 plus Dinner

*All days are 8.30am to 6pm at Imperial College Business School, South Kensington Campus

Nomination Process

Applicants should in the first instance discuss this programme with their Divisional Director who will have the final Nomination form. Final Nominations should be sent to Sue Grange Associate Director of Talent sue.grange@imperial.nhs.uk. by **September 16th 2013**

Sponsor: Steve McManus, Chief Operating Officer and Jayne Mee, Director of People and OD

Programme Lead Sue Grange, Associate Director of Talent

Objectives

- Drive exceptional performance through highly engaged people
- Create inspirational leaders who empower and engage their people
- Improve Patient Experience
- Achieve Foundation Trust Status
- Maximise the benefit from the AHSC bringing together research teaching and healthcare services
- Gain confidence as a leader in new role
- Develop the leadership behaviours to support success

Selection Criteria This programme is aimed at leaders currently at

- Divisional Board level
- OR those who have the potential to reach Divisional Board level in the next 2-3 years.
- OR those in senior roles in Corporate Functions that demonstrate the potential to reach Executive Director in the next 2-3 years

Ie. Divisional Directors of Operations, Divisional Directors of Nursing, Deputy Directors of Corporate functions but this list is not exhaustive

What will the programme look like?

The programme will include 6 days of shared classroom learning. It will also comprise diagnostics and 360 tools, coaching or action learning input, guest speakers and a group project over the course of the programme

Day 1 : Leading Yourself	Day 2: Leading Leaders and Followers	Day 3: Leading Strategic Stakeholders
Introduction and Context Authentic Leadership Why should anyone be led by you?	Leadership Style Developing High Performing teams Creating a culture of Engagement	Strategic Relationship Management Positive politics
Day 4: Leading the Trust	**Day 5: Leading with your Performance Edge**	**Day 6: Leading for Results**
Leading Transformational change Leading Innovation	Managing for high performance and managing conflict Transformational Performance conversations	Sustaining strategic networks Developing a Leadership manifesto

Dates

COHORT 1	Date
Module 1	Wed 23 October 2013
Module 2	Fri 6 December 2013
Module 3	Wed 29 Jan 2014
Module 4	Thu 6 March 2014
Module 5	Thu 10 April 2014
Module 6	Thus 22 May

*All days are 9am to 5.30pm at W12 Conference Centre

COHORT 2	Date
Module 1	Wed 5 February 2014
Module 2	Mon 10 March 2014
Module 3	Wed 30 April 2014
Module 4	Wed 4 June 2014
Module 5	Thu 10 July 2014
Module 6	Wed 13 Aug 2014

*All days are 9am to 5.30pm at W12 Conference Centre

Nomination Process

Applicants should in the first instance discuss the programmes with their Divisional Director or Executive Director. Nomination forms will be sent to Divisional Directors and Executive Directors for completion and should be returned to Sue Grange, Associate Director of Talent sue.grange@imperial.nhs.uk by **September 16th 2014**. If you would like an informal discussion about selecting the most appropriate programme please contact sue.grange@imperial.nhs.uk

Sponsor: Steve McManus, Chief Operating Officer and Jayne Mee, Director of People and OD

Programme Lead Beverley Aylott, Head of Leadership

Objectives

- Drive exceptional performance through highly engaged people
- Create inspirational leaders who empower and engage their people
- Improved Patient Experience
- Achieve Foundation Trust Status
- Maximise the benefit of from the AHSC bringing together research teaching and healthcare services
- Gain confidence as a leader in new role
- Develop the leadership behaviours to support success

Selection Criteria This programme aimed at leaders who are:-

- Current General Managers, Chief of Service, Associate Directors from Corporate Departments and any equivalent managers from 8c and above who lead departments or services
- Any individuals who demonstrate the potential to reach these positions in the next 1-2 years

What will the programme look like?

The programme will include 6 days of shared classroom learning. It will also comprise diagnostics and 360 tools, coaching or action learning input, guest speakers and a group project over the course of the programme

Day 1 : **Leading Yourself**	**Day 2:** **Leading Teams**	**Day 3:** **Managing Stakeholders**
Introduction and Context Personal Effectiveness Personal values and Brand	High Performing Teams Management Style and Climate	Relationship and Stakeholder Management Influencing and Engaging
Day 4: **Managing Change**	**Day 5:** **Managing Performance**	**Day 6:** **Making an Impact**
Managing Effective change Guiding others through change Coaching for effective change management	Courageous Performance Conversations Dealing with Performance issues	Coaching for future success Sustaining networks Why would anyone want to be managed by me?

Dates

COHORT 1	Date
Module 1	Wed 22 October 2013
Module 2	Thu 14 November 2013
Module 3	Tue 10 December 2013
Module 4	Thu 6 February 2014
Module 5	Wed 12 March 2014
Module 6	Tue 29 April 2014

*All days are 9am to 5.30pm at W12 Conference Centre

Dates

COHORT 2	Date
Module 1	Thu 23 Jan 2014
Module 2	Tue 4 March 2014
Module 3	Tue 15th April 2014
Module 4	Tue 5th June 2014
Module 5	Thu 17 July 2014
Module 6	Thu 7 August 2014

*All days are 9am to 5.30pm at W12 Conference Centre

Nomination Process

Applicants should in the first instance discuss the programmes with their Divisional Director or Executive Director. Nomination forms will be sent to Divisional Directors and Executive Directors for completion and should be returned to Sue Grange, Associate Director of Talent sue.grange@imperial.nhs.uk by **September 16th 2014**. If you would like an informal discussion about selecting the most appropriate programme please contact sue.grange@imperial.nhs.uk

Head start
Management into Leadership

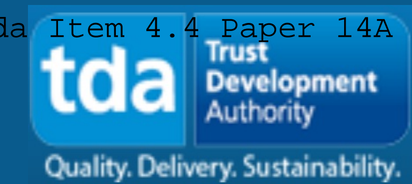
See the Source for current programmes http://source/leadershipdevelopment/courses/index.htm . New programmes coming in 2014

Foundations
Introduction to Management

Autumn 2013: A new modular programme for any Bands 2-5 who wish to progress their career and develop management skills

Other non-Modular Programmes: See http://source/leadershipdevelopment/courses/index.htm for all other programmes including Coaching conversations, Effective Change management, Finance management Training, Handling Difficult conversations, Appraisals, Understanding Workforce Policies and Procedures and many more

NHS TRUST DEVELOPMENT AUTHORITY



OVERSIGHT: Monthly self-certification requirements - Board Statements

Monthly Data.

CONTACT INFORMATION:

Enter Your Name:

Enter Your Email Address

Full Telephone Number: Tel Extension:

SELF-CERTIFICATION DETAILS:

Select Your Trust:

Submission Date: Reporting Year:

Select the Month

April	May	June
July	August	September
October	November	December
January	February	March

BOARD STATEMENTS:

CLINICAL QUALITY
FINANCE
GOVERNANCE

The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.

BOARD STATEMENTS:

For CLINICAL QUALITY, that

1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

1. CLINICAL QUALITY
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For CLINICAL QUALITY, that

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

2. CLINICAL QUALITY
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For CLINICAL QUALITY, that

3. The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

3. CLINICAL QUALITY
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For FINANCE, that

4. The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

4. FINANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For GOVERNANCE, that

5. The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

5. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For GOVERNANCE, that

6. All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

6. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For GOVERNANCE, that

7. The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

7. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For GOVERNANCE, that

8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

8. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For GOVERNANCE, that

9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).

9. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For GOVERNANCE, that

10. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

10. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For GOVERNANCE, that

11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

11. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For GOVERNANCE, that

12. The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

12. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For GOVERNANCE, that

13. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

13. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:

For GOVERNANCE, that

14. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

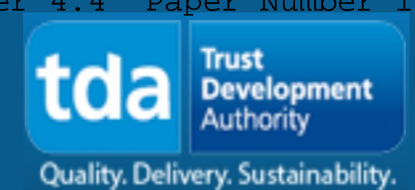
14. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

NHS TRUST DEVELOPMENT AUTHORITY



OVERSIGHT: Monthly self-certification requirements - Compliance Monitor
Monthly Data.

CONTACT INFORMATION:

Enter Your Name:

Enter Your Email Address

Full Telephone Number: Tel Extension:

SELF-CERTIFICATION DETAILS:

Select Your Trust:

Submission Date: Reporting Year:

Select the Month	April	May	June
	July	August	September
	October	November	December
	January	February	March

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:

1. **Condition G4** – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).

2. **Condition G7** – Registration with the Care Quality Commission.

3. **Condition G8** – Patient eligibility and selection criteria.

4. **Condition P1** – Recording of information.

5. **Condition P2** – Provision of information.

6. **Condition P3** – Assurance report on submissions to Monitor.

7. **Condition P4** – Compliance with the National Tariff.

8. **Condition P5** – Constructive engagement concerning local tariff modifications.

9. **Condition C1** – The right of patients to make choices.

10. **Condition C2** – Competition oversight.

11. **Condition IC1** – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence: The new NHS Provider Licence

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COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:

Comment where non-compliant or at risk of non-compliance

1. Condition G4
Fit and proper persons as Governors and Directors.

Timescale for compliance:

2. Condition G7
Registration with the Care Quality Commission.

Timescale for compliance:

3. Condition G8
Patient eligibility and selection criteria.

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

4. Condition P1
Recording of information.

Timescale for compliance:

5. Condition P2
Provision of information.

Timescale for compliance:

6. Condition P3
Assurance report on submissions to Monitor.

Timescale for compliance:

7. Condition P4
Compliance with the National Tariff.

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

8. Condition P5
Constructive engagement concerning local tariff modifications.

Timescale for compliance:

9. Condition C1
The right of patients to make choices.

Timescale for compliance:

10. Condition C2
Competition oversight.

Timescale for compliance:

11. Condition IC1
Provision of integrated care.

Timescale for compliance: