TRUST BOARD AGENDA – PUBLIC

New Boardroom, Charing Cross Hospital
31 January 2018
11:30-13:00

		Presenter	Timing	
1	**Administrative Matters**			
1.1	Chairman's opening remarks and apologies	Chairman	11.30	Oral
1.2	Board member's declarations of interests	Chairman		Oral
1.3	Minutes of the meeting held on 29 November 2017	Chairman		1
1.4	Record of items discussed at Part II of board meeting held on 29 November 2017	Chairman		2
1.5	Action log and matters arising	Chairman		3
1.6	Review of declarations of interests	Trust company secretary		4
2	**Operational items**			
2.1	Patient story	Director of nursing	11:35	5
2.2	Chief Executive Officer's report	Chief executive officer		6
2.3	Integrated performance report	Safe/effective: Medical director Caring: Director of nursing Well-led: Director of P&OD Responsive: DD Medicine & Int care DD surgery, cancer & CV DD Women's, chil'n & CS		7
2.4	Finance report for December 2017	Chief finance officer		8
3	**Items for decision or approval**			
3.1	Trust Code of accountability and Code of conduct	Trust company secretary	12:20	9
4	**Items for discussion**			
4.1	Emergency Planning Risk & Resilience (EPRR) assurance plan 2017/18	Director of nursing	12:25	10
4.2	CQC update	Director of nursing		11
4.3	Children & Young People CQC national survey	Divisional director WCCS		12
4.4	2016 CQC Emergency department survey	Divisional director MIC		13
5	**Items for information**			
6	**Board Committee reports**			
6.1	Finance & Investment Committee report	Committee chair	12:45	14
6.2	Quality Committee report	Committee chair		15
6.3	Audit, Risk & Governance Committee report	Committee chair		16
6.4	Redevelopment Committee report	Committee chair		17
6.5	Remuneration Committee report	Committee chair		18
7	**Any other business**			
8	**Questions from the Public relating to agenda items**			
			12:50	
9	**Date of next meeting**			
	Trust board: Wednesday 28 March 2018 11:30-13:00, Clarence Wing Boardroom, St Mary's Hospital			

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Wednesday 29 November 2017
11.00 – 13.00
Boardroom, Charing Cross Hospital

Unconfirmed

Present:	
Sir Richard Sykes	Chairman
Sir Gerry Acher	Deputy chairman
Sarika Patel	Non-executive director
Dr Andreas Raffel	Non-executive director
Peter Goldsbrough	Non-executive director
Prof Andy Bush	Non-executive director
Victoria Russell	Non-executive director
Nick Ross	Designate non-executive director
Ian Dalton CBE	Chief executive
Richard Alexander	Chief financial officer
Prof Julian Redhead	Medical director
Prof Janice Sigsworth	Director of nursing
In attendance:	
Michelle Dixon	Director of communications
Kevin Jarrold	Chief information officer
David Wells	Director of people and organisational development
Prof Tim Orchard	Divisional director, medicine & integrated care
Dr Katie Urch	Divisional director, surgery, cancer & CV
Prof TG Teoh	Divisional director, women's, children's and clinical support
Jan Aps	Trust company secretary (minutes)
Stephanie Harrison-White	Head of patient experience (item 2.1)
Dr Kathy Bamford	Deputy director of infection control (item 4.3)
Prof Mark Thursz	Interim director, biomedical research centre (item 4.5)
Barbara Britner	Associate director of HR (item 4.6)
Andrew Hartle, Richard Allen, Mitra Bakhtiari, Claudia Primus; and Adam Heritage	Trust freedom to speak up guardians (item 4.6)

1	**Administrative Matters**	**Action**
1.1	**Chairman's opening remarks and apologies** Sir Richard Sykes welcomed all members and attendees to the meeting.	
1.2	**Board member's declarations of interests** There were no additional declarations of interest made at the meeting.	
1.3	**Minutes of the meeting held on 27 September 2017, and the Annual General Meeting (AGM) held on 13 September 2017** The minutes of the meeting held on 27 September, and the AGM were confirmed as an accurate records, subject to the following minor changes: • To change from 'fly' to 'flu' • To correct the date of the next meeting	

	• To record Sarika Patel's attendance at the AGM.	
1.4	**Record of items discussed at Part II of board meeting held on 27 September** The Trust board noted the report.	
1.5	**Action Log and matters arising** The Trust board noted the updates provided.	
2	**Operational items**	
2.1	**Patient story** Prof Janice Sigsworth introduced ND who had been admitted as a patient having suffered significant leg injuries following a collision when riding her bicycle. ND explained the traumatic impact that this had on her life, especially at first as she came to terms with the extent of her injury. She had been treated in the Lindo Wing, and described the respect and dignity with which she was treated, and the positive impact this had had on her recovery; she felt completely aware of the care exhibited and kindness of all her interactions with staff, from the cleaners and catering staff through to the consultants throughout her long stay. Reflecting on ND's experience Prof Sigsworth commented that the Trust needed to raise the profile of ordinary people having an extraordinary impact through doing things that could seem so ordinary. Responding to a request from Nick Ross, Prof Sigsworth explained that the domestic staff had been invited to hear ND's experience through viewing a short video that had been made of the experience. The Trust board noted the patient story.	
2.2	**Chief Executive's report** Before the chief executive officer commenced his briefing, the chairman announced the imminent departure of Ian Dalton to take up a new position as chief executive officer of the regulator, NHS Improvement. Sir Richard Sykes thanked Ian Dalton for his contribution during his time at Imperial, and welcomed the appointment of Prof Julian Redhead as interim chief executive officer, and appointment of Prof Tim Orchard and Dr Bill Oldfield jointly (but with separate portfolios) to the post of medical director; Prof Orchard would also continue as divisional director for medicine and integrated care (with additional support). Ian Dalton particularly noted the following items: • Vocare urgent care centre: a recent CQC inspection had rated the service as inadequate, and special measures had been put in place to deliver improvement, including the appointment of a new clinical director; the Trust continued to support the service wherever possible. • St Mary's phase one redevelopment: the Mayor's stage 2 referral process had been completed satisfactorily and the Trust was in discussion with Westminster City Council to agree the details of the s106 agreement. • Charing Cross Hospital: the two days of staff and public engagement had received much positive response, and demonstrated the importance of Charing Cross Hospital now and into the future. • NHS Improvement and Trust undertakings agreement: a letter confirming the undertakings made by the Trust to its regulator had been signed and its delivery would be subject to bi-monthly review at Trust board. Sarika Patel asked that rather than a separate report, it be included within the existing reporting structures. Responding to a query from Sarika Patel, Ian Dalton confirmed that the Trust had submitted Judicial Review papers, awaiting a response from the Court; a further Judicial Review had been submitted by London Heritage. The Trust board noted the report.	**JA**
2.3	**Integrated performance report** SAFE / EFFECTIVE: Prof Julian Redhead reported that overall, the Trust continued	

Unconfirmed

	to provide safe services, reporting: a good HSMI, high incident reporting with low patient harm, a low threshold for C difficile cases and no MRSA or never events in the period. Responding to a query from Dr Andreas Raffel, Prof Redhead confirmed that a high harm level would demonstrate poor safety performance, and outlined the approach taken to the monitoring of incidents and identifying of any trends to ensure effective learning from incidents; he also reflected that a number of the safety strategy streams had resulted from such review. To a follow-up query he confirmed that mortality performance was reviewed at all levels to identify any areas where the Trust may be an outlier, to ensure that overall good performance did not mask any poor performance. Prof Redhead also highlighted that the expected decline in performance which had followed the change in VTE reporting had not been as sharp as anticipated, and that the improvement trajectory was better than expected. As originally reported, this was a compliance rather than a patient risk issue. Responding to a query from Sarika Patel, Prof Redhead commented that there were very specific definitions for any 'never event', and that the 'severe harm' event and 'harm death' detailed within the 'learning from death reviews' did not fall into this definition, but were nevertheless being considered seriously, hence their highlight in the report. CARING: Prof Janice Sigsworth particularly noted, that while none remained the aim, the Trust had a good record in ensuring that few patients developed pressure ulcers; a focus on procedure related ulcers would continue to reduce further. She reported that staffing levels were reasonable, with a constant flex of staff across wards to ensure there was adequate staffing. Friends and family test (FFT) recommendation rates remained good, but continued efforts were in place to improve response rates, particularly in A&E, where Prof Tim Orchard was taking a personal interest. Sir Gerry Acher commented that he considered that receptionists should be encouraged to obtain this information from patients; Prof TG Teoh noted that currently it was within the clinic sister's role, but acknowledged this was not always appropriate. Reviewing the patient transport indicators, Sir Gerry Acher expressed concern about the performance, and suggested that the audit, risk & governance (ARG) Committee get more involved if issues continued; Prof Sigsworth recognised there were issues, both in the Trust's procedures and the provider's current delivery. The tendering of the service had been discussed at the finance and investment committee, but members had agreed that it was not necessary to have NED directly involved in the procurement process. She confirmed that the CCGs were involved in the specification and tendering of the new service (but had chosen not to take responsibility for the service); however, the CCGs had not agreed to fund the level of service that would enable improvements desired. Prof Sigsworth reported that all mixed sex breaches remained as part of the step down of patients in ITU (whereby patients no longer requiring ITU level care could not be accommodated in more appropriate ward areas). The recent increase was brought about by clinical protocols reducing the non-clinical movement of patients within the ITU; she noted that it appeared that not all trust's reported this in the same way. WELL-LED: Prof Sigsworth noted the continuing issues with estates reactive maintenance; she confirmed that contract changes being agreed (to increase manpower and equipment) should help improve this situation and also noted that CRBE (the contractor) and the estates department were conducting an analysis of all outstanding maintenance tasks to re-assess priority for completion. Sir Richard Sykes received confirmation from the divisional directors that this was a considerable problem to their teams. Peter Goldsbrough raised concerns about the timeliness of resolution of responsive maintenance, Prof Sigsworth considered that the contract changes should have a positive impact, but commented that divisions would need to engage in the re-prioritisation of tasks outlined.	

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	David Wells noted that the overall vacancy rate was 11.6% (London average 13.2%) against a target of 10%; with turnover falling to below 10%, it was the increased headcount (to support increased activity) which was holding up the vacancy rate. Focus remained on nursing roles band 2-6, where vacancy rates were 15.8%, with a wide range of recruitment and retention initiatives. RESPONSIVE: Prof Orchard reported that the introduction of a number of ambulatory care initiatives meant that 1500 patients had avoided attending the emergency department. The average length of stay had reduced to 2.5 days for care of the elderly, which had been a real improvement, with continued focus on optimising the way patients were treated, including transport arrangements, to enable safe earlier discharge. Prof Tim Orchard particularly highlighted that, when the increase in activity is taken into account, overall A&E performance had improved at the Trust compared to the same period last year. Peter Goldsbrough reflected that, given the positive actions undertaken, was it possible to ensure that low-level indicators could be in place such that staff could identify improvement from these actions; Prof Orchard confirmed that he ensured that teams could see the impact of their improvements. Dr Katie Urch reported that the Trust continued to focus on treating patients now identified as having waited over 52 weeks for an elective procedure, as well as a programme of activity to ensure that patient data was accurate and that patients were treated in a timely way. The current position was that 83.3% of patients had waited less than 10 weeks to receive consultant-led treatment, against the standard of 92%. Turning to theatre efficiency, Dr Urch reported that it had been identified that a large element of lost theatre time was due to patients not being ready for their procedure, and focus was being given to improved pre-assessment procedures and scheduling (building on the work undertaken in 2016 by PwC). Responding to Sarika Patel, Dr Urch confirmed that the Trust did not experience high numbers of patients not attending for their procedures. Dr Urch reported that all cancer standards had been achieved in this reporting period. Prof TG Teoh reported that 12.5% of patients did not attend an appointment booked for them, in spite of various initiatives to reduce to the threshold of 11%; greater focus was being given to this area, and also to more significant changes to improve patient pathways. The Trust board noted the integrated performance report.	
2.4	**Month 7 Finance report** Richard Alexander reported that, at month 7 (end October) the Trust was, overall £2.0m adverse to plan, in month and year to date (before Sustainability and Transformation Funding). He confirmed that the executive team were working on mitigation plans to recover the position and, while recognising that there were risks to the position, that the Trust expected to meet the control total for the year. As the Trust has not achieved the A&E four hour waiting target for quarter 2 (July-September), it had not been eligible for the full STF; year to date this had caused a £1.5m adverse variance to the plan. Mr Alexander also noted that capital spend was behind plan, year to date, by £11.5m; he explained that this related largely to the phasing of spend and confirmed that the Trust expected to deliver within the capital resourcing limit. With £18.5m in the bank at the end of August, the Trust was not anticipating a requirement to draw down any additional working capital. The Trust board noted the report.	
3	**Items for decision or approval**	
3.1	**Corporate risk register** Prof Janice Sigsworth, in introducing the report, highlighted the increase in risk relating to CQC inspections given the newness of the revised regime, recognising that this was a time of learning for all trusts; she also noted that those escalating	

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	risks were currently being considered for inclusion on the corporate risk register. Prof Sigsworth then outlined the risk appetite discussion which was planned for the audit, risk and governance committee and board seminar in December. Responding to a query from Dr Andreas Raffel, Prof Sigsworth recognised the value of having the target risk score, and would re-add this to the document. Sir Gerry Acher commented positively on the register, reflecting that the movement of individual risks on and off the register demonstrated that it was a 'live' document. He queried whether, given the positive relationship with, and feedback from, the London Fire Brigade as to fire prevention arrangements, it would be appropriate to reduce the risk score; Prof Sigsworth reflected that the Grenfell Tower fire had inevitably affected the resources that the LBF had to progress the planned relationship with the Trust, but that they had engaged with a live evacuation at St Mary's Hospital. The Trust board noted the corporate risk register.	
3.2	**Board assurance framework** Jan Aps noted that the Trust board had reviewed the assurance framework at their meeting in September, but that she had re-presented it with specific requests for amendments in relation to recruitment and retention, data quality, and information security; these were supported by members. The Trust board agreed to the proposed changes to the board assurance framework.	
3.3	**NWL local maternity services – 'better births' implementation plan** Prof TG Teoh presented the better births, maternity implementation plan which was an STP driven programme that sought to improve maternity services across the sector, with most of the initiatives designed to increase safety and quality, and a further number focused on improving personalisation and choice through enhanced continuity of care, clear information and availability of digital tools. The Trust board supported the plan, welcomed the leadership role that the Trust's maternity team was taking on maternity transformation, and noted that actions would be taken forward by the NWL local maternity systems.	
4	**Items for discussion**	
4.1	**Care Quality Commission (CQC) update** Prof Janice Sigsworth introduced the report, particularly highlighting that: • CCQ inspection reports for maternity at St Mary's and medical care at St Mary's, Charing Cross and Hammersmith hospitals had been published on 19 October, and the Trust had submitted an improvement action plan in response • an unannounced CQC inspection had taken place on 7-9 November: urgent and emergency services at St Mary's and Charing Cross hospitals and surgical services at St Mary's, Charing Cross and Hammersmith hospital • the Trust was preparing for the CQC well-led inspection planned for 5-7 December. • An alert received as part of 'CQC Insight' (an analytics database) had been investigated, but no issues had been identified; this would be reviewed at the Quality Committee. The Trust board noted the paper.	
4.2	**Learning from deaths report** Noting that the Trust was compliant with national reporting requirements, Prof Julian Redhead outlined the key points from the report which detailed progress with implementing the learning from death in care framework: • a cohort of staff had been identified to undertake structured judgement reviews and they were undergoing the necessary training • structured judgement reviews had been implemented in a specified subsection of patients and a number of reports had been completed • mortality reporting metrics were being incorporated into both Trust and divisional scorecards from November data onwards	

Unconfirmed

	• reported mortality data remained in line with that previously reported. The Trust board noted the report, and asked that further reports be brought forward as further learning, from within and without the Trust, was identified.	**BO**
4.3	**Infection prevention and control report** Dr Kathy Bamford started by congratulating frontline clinical teams for the significant strides achieved in infection prevention: only one MRSA case since April 2017; 30% fewer cases in the first six months of the year (Compared to a similar period last year); and bi-annual point prevalence survey of anti-microbial usage reporting 93% overall compliance (against a 90% target). However, she continued by recognising that infection would always be a concern, and the international increase in detection of CPE was of key note; with seven new clusters having been identified by screening programmes, with five declared as serious incidents due to potential cross-transmission. Hand hygiene arrangements and audits had been much strengthened as part of the response. World shortages of some of the most commonly prescribed antibiotics had required review of related policies and usage. Whilst this individual issue had been resolved, it has also demonstrated the fragility of the antibiotic pipeline. Responding to a query from Peter Goldsbrough, Dr Bamford provided assurance that this had not led to harm in any patients, but had been stressful for a number of staff required to find alternative sources of scarce drugs. The Trust board extended thanks to the infection control team and wider clinical teams for their continued efforts and the informative report.	
4.4	**Quality strategy** Prof Julian Redhead noted that the new strategy document would allow a clear articulation of how the Trust's improvement methodology was at the heart of its approach to quality, and provide an opportunity for the Trust to explore its quality improvement journey over the next three years. The Trust board welcomed the progress on the revision of the quality report, and would provide feedback directly to the medical director's office.	
4.5	**Quarterly research report** Prof Mark Thursz introduced the report, outlining the recent progress and forthcoming priorities with respect to clinical research and development, highlighting in particular: • Biomedical research centre: more than 130 individual projects commenced since BRC inception in April 2017; a bid for £2.9m had been submitted to DH/NIHR in relation to anti-microbial resistance; and the progress against each of the eight research themes • NWL clinical research network: total funding allocation to the Trust in 2017/18 increased to just over £14m (5% uplift); above plan in terms of recruitment of patients to clinical trials; and considered to be 'efficient' in this recruitment • Commercial clinical research: Hosting of approximately 90-10 trials each year; income stream from such activity continues to grow, and further work to ensure this is appropriately expanded and utilised continues • Initiating clinical research metric: as with many other sites, the Trust's performance has fallen in this area – work continued to reduce approval times. Responding to a query from Dr Andreas Raffel, Prof Thursz outlined the ethical requirements and monitoring and audit arrangements which ensured that there was clear potential for patient benefit from engagement in clinical trials. The Trust board noted the report.	
4.6	**Freedom to speak up guardian report** Nick Ross firstly introduced the item, reflecting that Sir Robert Francis' original plan may not have given sufficient thought to the inevitable level of involvement and therefore time and emotional commitment of the 'freedom to speak-up guardians' –	

Unconfirmed

	they could not merely act as a conduit. He commented that he had been hugely impressed by the work of the Trust's five guardians, and noted that they needed board level support to ensure they were released for sufficient time to undertake the role, and to ensure an appropriate level of visibility. Barbara Britner, associate director, employee relations, then introduced the guardians: Andrew Hartle (St Mary's); Richard Allen (Hammersmith); Mitra Bakhtiari (Queen Charlotte's and Chelsea); Claudia Primus (Charing Cross); and Adam Heritage (Western Eye). Richard Allen explained that most contact was made by email or telephone, and that the contacts had resulted in a wide range of responses from suggestions for improved ways of working through to disciplinary proceedings, from minor behaviour infractions to serious allegations. He reflected that such speaking up needed to become a 'business as usual' activity, and confirmed Nick Ross's comment that arrangements were needed to allow guardians to be released appropriately to handle the workload in a timely manner. Ian Dalton noted that he had met with the guardians the previous day and was very supportive of their work and the need for more time. The Trust board extended thanks to the guardians for their commitment to the role, and for the report.	
5.1	**Engagement survey action plan** David Wells noted that the positive headline results of the survey had been previously reported to the Trust board in July 2017, along with the areas which needed further work. Since then the focus had been on: • developing local improvement action plans (including: introduction of safety huddles; 'caring for you campaign'; improving rest areas; local Schwartz rounds) using the 'Engage' and 'In our shoes' toolkits; • Trust wide actions to address common themes (health and wellbeing plan; harassment and bullying reduction plan; equality and diversity plan; retention plan). The Trust board welcomed the improved results and the focus on sustaining and continuing this improvement.	
5.1	**2016 national cancer patient experience survey** The improvement shift seen in the results in 2015 had not repeated itself in the 2016 results (only small changes exhibited), but the Trust's results were closer to the national norm. However, it was felt that the phase 2 of the cancer improvement programme with Macmillian would lead to sustained improvement in patient experience; the results had only strengthened the commitment to improvement. Reflecting on Peter Goldsbrough's concern as to the value of the information given the time lapse in reporting the results, Prof Sigsworth reported that this was normal for this survey, but would share the Trust board's concerns with the national team. The Trust board noted the report.	**JS**
5	**For information**	
5.1	**Cost improvement programme (CIP) quality impact assessment (QIA)** Prof Janice Sigsworth particularly noted that robust nature of challenge within the divisions meant that few schemes needed to be sent back for further consideration – in this instance only three had not been approved. The Trust board noted the report.	
6	**Items for information**	
6.1-6.5	**Board committee reports** The Trust board noted the reports from the following committees: • Finance and investment committee • Redevelopment committee • Quality committee, particularly the issues relating to the backlog of maintenance	

Unconfirmed

	tasks and the success thus far of the 'flu campaign. • Audit, risk & governance committee • Remuneration and appointments committee.	
7	**Any other business**	
	There was no other business.	
8	**Questions from the public relating to agenda items**	
	• A member of Save our Hospitals commented that the Charing Cross Hospital engagement event had been very positive, but that a longer term statement (beyond 2021) was sought. The chairman reflected that it was difficult for the Trust to make a definitive statement, but that he was glad that the importance of the services and staff at Charing Cross had been effectively communicated at the event. The chief executive further commented that the volume of hospital activity spoke for itself, and that the campaigners' frustrations were genuinely understood. • Responding to a member of the public, who had noted the significant donations from Imperial Health Charity and asked how much more they had, the chief executive welcomed their generous contributions but noted that as an independent body, the Charity's funds were for them to discuss; further information was available online.	
	Date of next meeting	
	Public Trust board: Wednesday 31 January 2018, New boardroom, Charing Cross Hospital	

Unconfirmed

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - public	31 January 2018

Record of items discussed at the confidential Trust board meetings on 29 November 2017

Executive summary:

Trust board members received a briefing from the Trust's Counter-fraud lead on the key sections of the Bribery Act 2010, where bribery was defined as 'giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so'. He focused on section seven which outlined the corporate offence of failing to prevent bribery; the organisation was required to have: a policy and procedures to prevent bribery; senior level anti-bribery commitment; an understanding of the risks, and controls in place to minimise such risks; effective due diligence arrangements for external suppliers; comprehensive communication and training of requirements; and monitoring and review mechanisms.

Recommendation to the Trust board:

The Trust board is asked to note this report.

Trust strategic objectives supported by this paper:

To realise the organisation's potential through excellence leadership, efficient use of resources, and effective governance.

Author	Responsible executive director
Jan Aps, Trust company secretary	Prof Julian Redhead, Interim chief executive officer

Imperial College Healthcare NHS
NHS Trust

TRUST BOARD MEETING IN PUBLIC

ACTION LOG

Action	Meeting date & minute number	Responsible	Status update
NHS Improvement and Trust undertakings agreement: a letter confirming the undertakings made by the Trust to its regulator had been signed and its delivery would be subject to bi-monthly review at Trust board. Sarika Patel asked that rather than a separate report, it be included within the existing reporting structures.	29 November 2017 2.2	Jan Aps	Completed - NHSI undertakings report included as an appendix to the Trusts integrated performance report.
Learning from deaths report – the board asked that further reports be brought forward as further learning, from within and without the Trust, was identified.	29 November 2017 4.2	Bill Oldfield	In progress – further reports will be presented to the Trust board when available.
2016 National cancer patient experience survey - Reflecting on Peter Goldsbrough's concern as to the value of the information given the time lapse in reporting the results, Prof Sigsworth reported that this was normal for this survey, but would share the Trust board's concerns with the national team.	29 November 2017 5.1	Janice Sigsworth	Completed

MATTERS ARISING

Minute Number	Action /issue	Responsible	Update

FORWARD PLAN AGENDA ITEMS FROM BOARD DISCUSSIONS

Report due	Report subject	Meeting at which item requested	Responsible

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - public	31 January 2018

Board members' register of interests

Executive summary:

Please find attached the latest board members' register of interests as will be published on the Trust website. All board members have confirmed these are correct.

Quality impact:

Well led domain

Financial impact:

Not relevant

Risk impact:

Ensuring that the board members' register of interests is kept up to date minimises the risk of actual or perceived conflicts of interest.

Recommendation to the Committee:

The Committee is asked to note the report and ensure that any changes are reported in-year to the Trust company secretary.

Trust strategic objectives supported by this paper:

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

Author	Responsible executive director	Date submitted
Jan Aps, Trust company secretary	Prof Julian Redhead, Chief executive officer	25 January 2018

Imperial College Healthcare NHS
NHS Trust

Board Members' Register of Interests

Sir Richard Sykes Chairman
- Director, EDBI Pte Ltd since 2011
- Chairman, Singapore Biomedical Sciences International Advisory Council since 2002
- Chairman, UK Stem Cell Foundation since 2004
- Non-Executive Chairman of NetScientific plc since 2008
- Chairman of Royal Institution of Great Britain since 2010
- Chancellor Brunel University since 2013
- Chairman PDS Biotechnology Corporation since 2014
- Advisor – Healthcare at Home.

Sir Gerald Acher Non-Executive Director
- Vice Chairman of Motability
- Trustee of Motability 10 Anniversary Trust
- President of Young Epilepsy
- Chairman Brooklands Museum Trust
- Chairman Cobham Community Bus CIC
- Chairman – Cobham Conservation and Heritage Trust

Mr Peter Goldsbrough Non-Executive Director
- Non-Executive Director – R J Young (Properties) Ltd;
- Non-Executive Director – Jenkinsons Holding Ltd.
- Senior Advisor – The Boston Consulting Group;
- Visiting Professor – Institute of Global Health Innovation, Imperial College London;
- Spouse – Non-Executive Director, NHS England.

Victoria Russell Non-Executive Director
- Partner – Fenwick Elliott LLP;
- Deputy Chairman – Livery Committee
- Trustee and Committee Member – Sulgrave Club for Young People.

Professor Andrew Bush Non-Executive Director
- Chairman – Publications Committee of the European Respiratory Society (sit on the Executive and Steering Committees;
- Senior Investigator – NIHR.
- Research Grants:
    - NIHR Career Development Fellowship, "Use of molecular profiling to determine optimal management for moderate to severe preschool wheeze", ref: CDF-2014-07-019 £770,661 awarded to Dr Sejal Saglani, Research Support Professors Deborah Ashby, Andrew Bush, Clare Lloyd;
    - BRC-BRU Joint funding for Pump Priming, "Lung clearance index in PCD: a five year follow up", £9,050, PI AB, November 2014;
    - BRC-BRU Joint funding for Pump Priming, "Non-invasive assessment of airway inflammation in Sickle Cell Disease", £14,998.93, AB Co-PI, November 2014;

- COST Action BM1407: “Translational research in primary ciliary dyskinesia: bench, bedside and population perspectives”, €550,000 over 4 years, PIs AB and Dr Jane Lucas;
- BLF Research Grant, “Patterns of airway infection and inflammation distinguish pathophysiological phenotypes in preschool wheezers independently of symptom pattern”, £50,800, PI Dr Sejal Saglani, AB Co-PI;
- PhD studentship, 2015, AUK Centre for Applied Research, “Vitamin D in the treatment of asthma: a Cochrane review and feasibility studies for trials of vitamin D supplementation in children”, £60,000 over 3 years, PI Prof Chris Griffiths;
- From IC Trust, August 2015, £30,000 to support research expenses (PI);
- BLF Pump Priming Research Grant, October 2015, “Evaluation of a simple hand-held device for the rapid assessment of wheeze and breathlessness in adolescents and young adults”, £25,000 over 3 years, PI Dr James Hull;
- Wellcome Strategic Award, November 2015, “Pulmonary epithelial barrier and immunological functions at birth and in early life – key determinants of the development of asthma?”, £4.64 million (Institutional support and BLF >£0.5 million), AB Principal Applicant; additional funding £210,000 for two PhD studentships from British Lung Foundation, £200,510 from Northern Ireland HSC R&D Division and five other PhD studentships;
- MRC-Asthma UK Centre for Mechanisms in Allergic Asthma third renewal, 2015 for 5 years, £2.6 million, AB Co-applicant;
- Action for A-T Clinical Fellowship, Jan 2016, “The natural history of ataxia telangiectasia”, £210,725, AB Collaborator;
- From Asthma UK, AUK-IG-2016-342 Dynamic Personalised Asthma Action Plan (PAAP) Smartphone Application, with paired, accessory Digital Peak Flowmeter,£23,400, AB PI;
- From Asthma UK, AUK-IG-2016-339 Granulocyte activation and functional interactions with the bronchial epithelium and asthma control in children, £49,995, AB co-investigator;
- From Asthma UK, AUK-PHD-2016-372 Gene-environment interactions mediating preschool wheeze: the role of 17q21, farmyard microbes and innate cytokines £100,000 AB co-investigator;
- From Action for A-T, IMAGIN-AT – advanced imaging and physiology respiratory endpoints for clinical trials in Ataxia-Telangiectasia, £94,839 over 3 years, AB co-investigator.

Sarika Patel Non-Executive Director

- Board – Centrepoint
- Board – Royal Institution of Great Britain
- Director – London General Surgery
- Commissioner and Board member – Board of the Gambling Commission
- Board member – Office of Nuclear Regulation.

Dr Andreas Raffel Non-Executive Director

- Member of the International Advisory Board - Cranfield School of Management;
- Board Member - Change Grow Live (CGL;
- Board of Trustees - Bristol University.
- Senior Advisor - Rothschild;
- Trustee - Bristol Univesrity;
- Trustee - Change Grow Live (CGL).

Nick Ross Designate Non-Executive Director
- Freelance Journalist;
- Broadcaster;
- Conference Moderator;
- Chairman – Wales Cancer Bank Advisory Board;
- Vice President – Institute of Advanced Motorists;
- President – The Kensington Society;
- Director – ICH Charity Ltd;
- Chairman – UCL Jill Dando Institute of Crime Science;
- President – Healthwatch.
- Member – RCP Committee of Ethical Issues in Medicines;
- Trustee – UK Stem Cell Foundation;
- Affiliate – James Lind Alliance;
- Trustee – Sense About Science;
- Trustee – Crimestoppers:
- Trustee – Imperial College Hospital Charity Board.

Professor Julian Redhead Interim Chief Executive Officer
- Trustee – Royal Society Prevention Accidents;
- Director – Stadium Doctors Ltd and Opus Clinic;
- Shareholder – Fortius Clinic and Opus Clinic;
- Medical Director – Fortius Clinic;
- Inspector – Care Quality Commission;
- Major Incident Doctor – London Ambulance Service;
- Doctor – Chelsea Football Club;
- Private Practice – Fortius Clinic and Lindo Wing

Richard Alexander Chief Financial Officer
- Non-Executive Director of HDI – Health Data Insights
- Ex Oracle employee and current shareholder

Professor Janice Sigsworth Director of Nursing
- Honorary professional appointments at King's College London, Bucks New University and Middlesex University;
- Trustee of the General Nursing Council Trust;
- Clinical advisor to the NMC Review of Pre-Registration Nursing Standards;
- Chair of the Shelford Chief Nurses Group.

Professor Tim Orchard Interim Medical Director
- Pharmaceutical Advisory Boards (adhoc): Vifor Pharma, Celgene, Abbvie and Ferring.
- Medical Advisor – NW London Crohn's and Colitis UK.
- Private Practice: ICHT and the London Clinic

Dr William Oldfield Interim Medical Director
- Nil to declare.

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - public	31 January 2018

Patient Story

Executive summary:

Patient stories are seen as a powerful method of bringing the experience of patients to the Board. Their purpose is to support the framing of patient experience as an integral component of quality alongside clinical effectiveness and safety.

This month's patient story focuses on the importance and impact of planning for young people who are transitioning from paediatrics to adult services.

Seema, now aged 18 years, has been using our paediatric allergy services since she was 6 years old. She has attended our outpatient services regularly throughout this time and has faced many anxious moments as her allergies have increased resulting in periods of hospitalisation and anaphylaxis reactions.

Seema will describe how she and her family have been prepared for moving into adult services and how that through this preparation, she felt supported and ready for the move.

Quality impact:

The board will hear how through planning and working in close partnership with the clinical team, Seema has been able to move from paediatric to adult services. She will describe how supportive her clinician has been and how she has felt listened to and involved in her care.

This activity is relevant to the safe and caring CQC domains.

Financial impact:

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

Risk impact:

None

Recommendation(s) to the Committee:

The Committee is asked to note this paper and the patient story.

Trust strategic objectives supported by this paper:

To achieve excellent patient experience and outcomes, delivered with care and compassion.

Author	Responsible executive director	Date submitted
Guy Young Stephanie Harrison-White	Janice Sigsworth	19 January 2018

Patient Story

1. Background

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

The perceived benefits of patient stories are:

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

The Board has previously approved the patient and public involvement strategy, a key part of which is engagement with users of our services and increasing the number of patients who are actively involved.

2. Seema’s story

Adolescents or young people (classified as those aged between 10 and 19) account for over 12 per cent of the UK’s total population (Census 2011);an increasing number of whom have long term conditions and complex health needs.

Shaw et al (2004) describe how the lack of ‘discrete provision for transfer of care’ between paediatric and adults services leave young people feeling ‘dumped, cut off and abandoned’.

The Trust recognises that our current transitional care services for young people need improving. As a result we will focus this year on outcome 1.3 of the NHS Equality Delivery System 2 (EDS2); *Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed* particularly related to the protected characteristic of age.

Transition, (in the context of this patient story) is defined as ‘the purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from child-centred to adult-orientated health care systems’ (Blum et al 1993).

Seema, is an 18-year old young person who is currently studying for a degree in medical physiology. Seema has been using our children’s allergy services since she was 6 years old, under the care of Dr Gore.

Seema will describe the impact of her complex allergies on her life, requiring frequent outpatient appointments and hospital admissions. Over the years, Seema built up a close relationship with the team caring for her, describing it as feeling like being ‘part of a family’. She had trust and confidence in the staff and explains how staff had had to ‘save her life’ on one occasion following a severe allergic reaction. Throughout most of her care at the Trust, Seema attended appointments supported by her mother.

As Seema approached 16 years of age, her consultant introduced the concept of preparing Seema for becoming more independent with a view to moving into adult services in the future. Seema will explain how this gradual introduction of the topic gave her and her mother some time to reflect on the future changes to her care and how she felt anxious at the beginning of this journey. This was not only a transition of care but a change for both Seema

and her mum. Prior to this time, Seema's mum had always led the appointments speaking on her daughter's behalf.

The transition process began 2 years in advance of the actual transition of care and as Seema will describe it enabled her to learn to speak for herself and about herself. She recognises that this took time to develop and she needed to build her confidence which she felt enabled to do in this supportive environment. Seema started having part of the consultation on her own and then her mother would join for the remainder of the appointment.

She will describe how she felt she was a partner in her care and was involved in decisions about herself and her future transitional plan. Seema felt listened to and respected and was in agreement as to her next steps. She described feeling she had 'complete control' and had gained in confidence.

Seema is now at the point where she has begun attending adult services in another Trust for her on-going care, whilst still remaining under the care of Dr Gore at the Trust. She now feels ready to complete her transition to adult services describing being ready for 'no more toys on the floor, no more Disney on the television' and 'hot drinks' in the new adult area.

Seema recognises that her experience was a process, a process of working together, growing together and finally becoming an independent young person. Whilst she is ready for the transition, she recognises that her new relationships with her new team will also now need to build into the trusting relationship she had with the paediatric team, but that due to the preparation and support she was given she is now ready for this.

3. Lessons learnt

Moving from paediatric to adult services is a process which requires careful planning, time and a supportive, safe environment that enables a young person to prepare for independently navigating and managing their own future health and well-being.

It is evident that when managed properly this transition can become almost the inevitable next step that the young person is ready and wants to take. Supporting a person and their family through this must not be underestimated. The clinical team showed great ***kindness*** and worked in close ***collaboration*** with Seema, her family and her future clinicians. Their effective communication enabled this process to happen.

At the Trust, adolescents are primarily managed by our paediatric teams. There are some excellent examples of ***collaborative*** working between paediatric and adults services such as the HIV services, who have gained an international reputation for their work; however we need to extend this across all our teams to ensure we have a consistent approach.

As part of this work, the newly established Adolescent Interest group, consisting of paediatric and adult clinicians, is currently reviewing our adolescent services and is proposing the development of a 'virtual' adolescent service in the first instance. This will ensure adolescents receive the holistic, developmentally appropriate support they need in all clinical settings.

The Trust is also participating in the Global Teen Health Week (18-24 March) which is an international event focused on Teenage specific health related matters. During this week, the Adolescent Interest group will host a number of information stands in the main entrance of QEQM and chair an Adolescent Schwartz round. The purpose of this is to raise the profile of adolescent care to everyone and to highlight the unique challenges (health, social and mental) faced by adolescents.

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust Board - public	**31 January 2018**

Chief Executive Officer's Report

Executive summary:

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

Key strategic priorities:

1) Financial performance
2) Financial improvement programme
3) Operational performance
4) Stakeholder engagement
5) Update on major building improvements
6) Freedom to speak up guardians
7) NHS 70th anniversary

Key strategic issues:

8.) Redevelopment update

Quality impact:

N/A

Financial impact:

N/A

Risk impact:

N/A

Recommendation(s) to the Trust board:

The Trust board is asked to note this report.

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered with care and compassion.
To educate and engage skilled and diverse people committed to continual learning and improvements.
As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
To pioneer integrated models of care with our partners to improve the health of the communities we serve.
To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance.

Author	Responsible executive director	Date submitted
Julian Redhead, Chief Executive Officer	Julian Redhead, Chief Executive Officer	23 January 2018

Chief Executive Officer's report

Key Strategic Priorities

1. Financial performance

In December the Trust was informed that it would receive £3.7m of winter funding, £2.5m of this was to support costs for winter already within Trust plans, £1.2m was to provide support opening additional capacity over winter months.

In December 2017, the Trust reported an in-month deficit, before sustainability and transformation funding (STF) and winter funding of £1.1m which was £2.6m favourable to plan. Year to date (i.e. the nine months up to the end of December 2017) the Trust reported a deficit of £23.4m which is on plan.

The Trust expects to meet the control total for the full financial year (i.e. by the end of March 2018).

STF achievement is monitored on a quarterly basis, 70% on meeting financial targets and 30% on meeting our A&E 4 hour trajectory (to see, treat and admit or discharge patients within a four hour time scale). The Trust achieved the financial targets but failed to meet the A&E trajectory for quarter 3. The Trust therefore failed to achieve £2.1m of income in month, bringing the adverse variance to plan on STF to £3.6m for the year.

2. Financial improvement programme

The Trust has set a £54.4m cost improvement programme (CIP) in 2017/18 as part of its overall financial plan; this is in line with the value achieved in 2016/17 of £53.8m.

The year to date plan is £37.4m, there has been achievement of £26.3m giving a £11.1m underperformance. This underperformance is due to a combination of slippage against planned schemes and yet to be identified plans. Divisions meet weekly with the programme support office and Trust management team to review progress on identification and achievement of CIPs.

The specialty review programme is continuing across the Trust. This is a clinically-led approach to supporting clinical specialties to develop sustainable plans, including clinical, workforce and financial data. Pricewaterhouse Cooper(PwC) have provided some targeted support to the women's children's and clinical support division to help identify and achieve CIPs.

3. Operational Performance

Cancer 62 day waits: In January 2018, performance was reported for the Cancer waiting times for November 2017. The Trust delivered performance of 87.1% against the 62-day standard for September which is above the national standard of 85% and ahead of trajectory (85.1%).

Accident and Emergency: Performance against the four-hour access standard for patients attending Accident and Emergency was 84.2% in December 2017 which did not meet the performance trajectory target for the month. The key issues remain as follows:

- Increased demand and acuity within type 1 departments (rising type 1 attendances at CXH and an increase in arrivals via ambulance and major trauma presentations at SMH);

- Difficulties with late transfer of patients from the Vocare UCC to the Emergency Department at SMH; &
- High levels of bed occupancy and bed days lost through a combination of delayed transfers of care from the hospital, delays for mental health beds & on-going estate issues.

Schemes to provide additional urgent and emergency care capacity for winter pressures are on track, including reopening of beds closed due to estates issues and opening of additional winter beds. The Trust continues the programme of patient flow improvements which are overseen by the four-hour Performance Steering Group.

In line with recommendations from NHS England to free up capacity and support emergency pathways, additional temporary measures are being taken to postpone non-urgent operations and procedures that were due to take place during January 2018.

Referral to treatment (RTT): At the end of December 2017, 81.8 per cent of patients had been waiting less than 18 weeks to receive consultant-led treatment, against the standard of 92 per cent (November performance was 83.3 per cent). A revised Trust-level recovery trajectory is being finalised. In December 6 of the 12 services that have an agreed specialty action plan achieved their December target.
There were 242 patients who had waited over 52 weeks for their treatment since referral from their GP. This was a slight reduction on November and was 85 below the trajectory for the month. Each patient is subject to a clinical review to make sure that their care plan is appropriate in view of the time they have waited for treatment, and we are expediting the treatment of all long-waiting patients wherever possible. Modelling of the impact of cancellation and postponement of elective activity in January indicates a slight increase in the numbers of RTT breaches.

As reported in September, the Trust's waiting list improvement programme (WLIP) has been restructured into three key work streams responsible for delivery of the programme objectives: RTT recovery and sustainability, elective care operating framework and digital optimisation. The programme continues to be overseen by a Waiting List Improvement Programme Steering Group, with external representation from Commissioners and NHS Improvement.

Diagnostic waiting times: The latest reported performance is for December 2017 where 1.5% of patients were waiting over six weeks against a tolerance of 1%. The performance was ahead of the recovery trajectory for the month of 2.2%; we expected to return to previously good performance and achieving our target of 1% from February onwards.

4. Stakeholder engagement

The Trust's strategic lay forum met on 6 December for the latest of its bi-monthly meetings.

We have continued our regular stakeholder engagement programme. In December, I met Cllr Heather Acton Westminster City Council's Cabinet Member for Adult Social Services and Public Health. I also attended Hammersmith & Fulham Council's Health Scrutiny Committee to update them on the Trust's interim leadership arrangements and Charing Cross Hospital. I also held a joint meeting with our local MPs Karen Buck, Rt Hon Mark Field and Andy Slaughter.

In January, we were pleased to host a visit to St Mary's Hospital's Emergency department by Secretary of State for Health Rt Hon Jeremy Hunt MP. We hosted a visit by local MP Andy Slaughter to Queen Charlotte's and Chelsea Hospital to discuss the specialist clinics for women and families in north west London who are affected by female genital mutilation

(FGM). And I also met with the chair of Westminster City Council's Health Scrutiny Committee Cllr Jonathan Glanz.

On 23 January, together with Professor Tim Orchard I attended the North West London Joint Health Overview & Scrutiny Committee to provide an update on Charing Cross Hospital.

5. Update on major building improvements

Refurbishment of Main Outpatients Departments – All Sites:

Building works to the Out Patients and Renal Outpatient Departments at Hammersmith Hospital has been completed with snagging and minor works to complete by end of January 2018. Both Departments are open to patients. Works at Charing Cross Hospital Outpatients Department is in progress with phase 1 complete and phase 2 due to complete mid February 2018. Overall Planned project completion date is March 2018. The whole refurbishment program for Outpatients has been funded by Imperial Health Charity.

Paediatrics intensive care unit (PICU) at St Mary's Hospital:

Works to Paediatrics Research Unit (PRU) on the second floor of Cambridge wing has now been completed and occupied over the Christmas period. Phase 2, works to form the new PICU unit commenced in the new year and strip out works are progressing well with a final completion date scheduled for mid-February 2019. The project is funded through both Trust capital and Imperial Health Charity funding.

Thistlewaite Ward at St Mary's Hospital:

Works to fully refurbish to old Thistlewaite ward was completed over the Christmas period and the ward was opened to patients in the new year.

7 North Ward at Charing Cross Hospital:

A four phase programme of works was agreed to ensure that the ward would remain operational with minimal bed losses. Phase 1 was completed prior to the New Year and phase 2 is currently on going. All works are due to be completed by the end of March 2018.

Imaging replacement programme:

A programme of works to upgrade and replace five of the existing imaging x-ray suites is underway on all three sites. At St Mary's Hospital, the upgrade to the existing software system and minor refurbishment of one of the x-ray suites is complete with the second upgrade due to commence in February 2018. At Hammersmith Hospital, the IR (interventional radiology) machine replacement is on target for the Philips equipment delivery due at the end of January 2018, with hand over to the department with the new changing and equipment rooms in February 2018. Works are also progressing at the Charing Cross Hospital imaging suite, with builders work for both electrical & mechanical services upgrades and new imaging suite. Works are due to complete on four of the five upgrades this financial year, with one suite at the Charing Cross site commencing in April 2018.

MRI replacement at Hammersmith Hospital (Enabling works):

Construction works are in the final stages for the replacement of one of the MRI machines at Hammersmith Hospital. The works included removal of the existing MRI through the external wall of the A Block at Hammersmith Hospital, with the delivery and installation of the machine having been completed just before Christmas. Final closing up of works and testing and commissioning are being carried out over the next month before hand over to

the department.

LINAC Replacement Programme at Charing Cross Hospital:

Trust plans to replace two LINAC (linear accelerator radiotherapy treatment) machines at Charing Cross Hospital have commenced, with the first LINAC room refurbishment completed with the LINAC machine delivered and installed earlier this month. The second LINAC machine refurbishment will commence in September 2018 with completion and commissioning due for February 2019.

Emergency Department Re-configuration at Charing Cross Hospital:

Plans for reconfiguring the emergency department at Charing Cross Hospital, achieving an increase in size of the resuscitation unit, have been developed and tenders have been returned. The refurbishment will require extensive mains power upgrade and tenders for this are being reviewed. The full business case will be submitted for approval in February 2018, seeking capital funding in 2018/19 and 2019/20.

Some other capital projects currently in the feasibility stage include:

- New sixth Catheter Lab at Hammersmith Hospital.
- Grand Union Ward at St Mary's Hospital
- Western Eye Hospital Reception and Outpatient refurbishment
- Full refurbishment of Multi-disciplinary team (MDT) rooms/space review
- Gynaecology Emergency Room - Winston Churchill
- New parent accommodation
- Development of gym space at St Mary's to support surgical enhanced recovery programme.

6.) Freedom to speak up guardians

As outlined at the Trust board in November 2017, NHS trusts are required to nominate a Freedom to Speak Up (FTSU) Guardian. The Trust has chosen to create five FTSU guardians, across a variety of departments and with representation on each of the main sites. Measures taken to increase the guardians' profile include circulating their contact details in payslips, promotion through In Brief, the source and a screensaver, and updating the raising concerns policy to reflect their roles. Discussions are taking place with the guardians and their line managers to agree protected time to carry out the role. Any agreed arrangements will be reviewed regularly. The board will be kept up to date bi-annually.

7.) NHS 70th anniversary

The NHS celebrates its 70th birthday on 5 July 2018. NHS England and NHS Improvement are encouraging NHS organisations to take part in the NHS70 celebrations.

At our Trust, we are organising the following activities to celebrate both the NHS' 70th birthday in July and Charing Cross Hospital's 200th anniversary in October. They include an NHS70 themed staff awards ceremony, social media campaign and an exhibition of key events and developments across our Trust since 1948..

- #ImperialPeopleNHS70 – Facebook / @imperialpeople / Instagram campaign – began this month and will run to July
- Counting down the decades – exhibition from July – October 2018, across our five hospital sites
- Long service awards – 20 March 2018
- A nationwide charity event is in discussion, with details to be confirmed shortly

- Make a Difference annual staff awards – 5 July 2018 (all NHS organisations are being encouraged to hold a staff awards ceremony as part of NHS70 celebrations on or around 5 July 2018 - our approach to awards ceremonies is being used by NHS England as the template for best practice)
- Charing Cross Hospital's 200th anniversary – October 2018

8.) Redevelopment update

We have recently gained planning permission for the first phase of a redevelopment of St Mary's Hospital - a new, 8-storey building on the eastern side of the site. The section 106 agreement was finalised and full approval granted on 4 January 2016. There is a six week period from that date for any applications for judicial review of the process.

Our regulator, NHS Improvement, has approved the initial business case - a strategic outline case. We are now working on the next stage of the approvals process – an outline business case for the capital investment that will be required. We are aiming to submit this to NHS Improvement in early spring.

As part of the business case development, we are exploring a number of funding options. We are also continuing to explore ways of progressing a full redevelopment of the site.

In addition, we are now looking to accelerate a solution for the Western Eye Hospital. This will potentially involve bringing forward a move from its Marylebone Road site. There has been a long standing plan to relocate the Western Eye to a fully redeveloped St Mary's site. To accelerate a move from the current site, we will need to explore a wider range of options that we could implement within the next 3-5 years, particularly looking at relocating into the new Phase one building at St Mary's.

The growing challenges facing the Western Eye are due to both the poor quality of the hospital's estate and the fact that it stands alone from any other services or sites. Co-locating our eye services with other acute services will enable us to provide greater 24/7 clinical cover more efficiently, as well as faster access to all diagnostics. It will also benefit patients who need additional care from other specialist teams. We also want to consider the potential impact and opportunities of the proposed move of Moorfields Eye Hospital to King's Cross in 2024.

At our Charing Cross and Hammersmith/Queen Charlotte's and Chelsea sites, we have large backlog maintenance issues too. We are continuing to invest in estate developments there through our annual rolling capital programme to ensure a safe environment and to prioritise expansion and improvement of key areas.

We are committed to continuing to involve staff, partners and stakeholders in the redevelopment of St Mary's. We will also be sharing our thinking on Western Eye options more widely and seeking involvement in their development over the coming weeks and months as well as providing regular updates on our estate plans for the whole Trust.

We are disappointed that our application for a judicial review of the planning approval process for the Paddington Quarter (Paddington 'Cube') development adjacent to the St Mary's site has been refused. We will continue to raise our safety concerns about the proposed new access road that has been approved as part of the redevelopment with the Council and the developers to try to ensure further mitigation.

Report to:	Date
Trust board - public	**31 January 2018**

Integrated Performance Report

Executive summary:

This is a regular report which outlines the key headlines relating to the reporting month of December 2017 (month 9).

The NHS Improvement Undertakings report for January is attached – as requested at the November Trust board, this has been included as part of the integrated performance report, rather than as a separate agenda item.

Recommendation to the Trust board:

The Board is asked to note this report.

Trust strategic objectives supported by this paper:

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

To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance.

Author	Responsible executive director
Performance Support Team	William Oldfield (acting Medical Director) Janice Sigsworth (Director of Nursing) David Wells (Director of People and Organisational Development) Catherine Urch (Divisional Director) Tim Orchard (Divisional Director and acting Medical Director) Tg Teoh (Divisional Director)

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1. Scorecard

ICHT Integrated Performance Scorecard - 2017/18

Month 10 Report

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	William Oldfield	Dec-17	-	**6**	
Incidents causing severe harm (number)	William Oldfield	Dec-17	-	**3**	
Incidents causing severe harm (% of all incidents YTD)	William Oldfield	Dec-17	-	**0.10%**	
Incidents causing extreme harm (number)	William Oldfield	Dec-17	-	**1**	
Incidents causing extreme harm (% of all incidents YTD)	William Oldfield	Dec-17	-	**0.06%**	
Patient safety incident reporting rate per 1,000 bed days	William Oldfield	Dec-17	44.0	**50.7**	
Duty of candour compliance at 09/01/2018:					
Compliance with duty of candour (SIs)	William Oldfield	Nov-17	100%	**96.0%**	
Compliance with duty of candour (Level 1 - internal investigations)	William Oldfield	Nov-17	-	**60.0%**	
Compliance with duty of candour (Moderate and above incidents)	William Oldfield	Nov-17	-	**83.0%**	
Never events (number)	William Oldfield	Dec-17	0	**0**	
MRSA (number)	William Oldfield	Dec-17	0	**0**	
Clostridium difficile (cumulative YTD) (number)	William Oldfield	Dec-17	62	**47**	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	William Oldfield	Dec-17	95.0%	**95.8%**	
CAS alerts outstanding (number)	William Oldfield	Dec-17	0	**0**	
Avoidable pressure ulcers (number)	Janice Sigsworth	Dec-17	-	**1**	
Staffing fill rates (%)	Janice Sigsworth	Dec-17	tbc	**96.7%**	
Post Partum Haemorrhage 1.5L (PPH) (%)	Tg Teoh	Dec-17	2.8%	**2.4%**	
Core Skills (excluding Doctors in Training) (%)	David Wells	Dec-17	90.0%	**84.9%**	
Core Skills (Doctors in Training) (%)	David Wells	Dec-17	90.0%	**73.1%**	
Core Clinical Skills (excluding Doctors in Training) (%)	David Wells	Dec-17	tbc	**83.3%**	
Core Clinical Skills (Doctors in Training) (%)	David Wells	Dec-17	tbc	**64.5%**	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Dec-17	0	**1**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Effective					
Hospital standardised mortality ratio (HSMR)	William Oldfield	Aug-17	100	**68.0**	
Mortality reviews at 03/01/2018:					
Total number of deaths	William Oldfield	Dec-17	-	**159**	
Number of local reviews completed	William Oldfield	Dec-17	-	**58**	
% of local reviews completed	William Oldfield	Dec-17	100%	**36.5%**	
Number of SJR reviews requested	William Oldfield	Dec-17	-	**9**	
Number of SJR reviews completed	William Oldfield	Dec-17	-	**1**	
Number of avoidable deaths (Score 1-3)	William Oldfield	Dec-17	-	**0**	
Clinical trials - recruitment of 1st patient within 70 days (%)	William Oldfield	Sep-17	90.0%	**53.3%**	
Discharges before noon	Tim Orchard	Dec-17	35.0%	**10.0%**	
Unplanned readmission rates (28 days) over 15s (%)	Tim Orchard	Jun-17	-	**7.2%**	
Unplanned readmission rates (28 days) under 15s (%)	Tg Teoh	Jun-17	-	**4.7%**	
Outpatient appointments not checked-in or DNAd (app within last 90 days) (%)	Tg Teoh	Dec-17	-	**1.5%**	
Outpatient appointments checked-in AND not checked-out (%)	Tg Teoh	Dec-17	-	**1.2%**	
Diagnostic and surgical orders waiting to be processed (Add/Set Encounter)	Kevin Jarrold	Dec-17	0	**1337**	
Caring					
Friends and Family Test: **Inpatient** service - % patients recommended	Janice Sigsworth	Dec-17	95.0%	**97.9%**	
Friends and Family Test: **A&E** service - % recommended	Janice Sigsworth	Dec-17	85.0%	**94.4%**	
Friends and Family Test: **Maternity** service - % recommended	Janice Sigsworth	Dec-17	95.0%	**93.0%**	
Friends and Family Test: **Outpatient** service - % recommended	Janice Sigsworth	Dec-17	94.0%	**90.9%**	
Complaints: Total number received from our patients	Janice Sigsworth	Dec-17	100	**89**	
Non-emergency patient transport: waiting times of less than 2 hours for outward journey	Janice Sigsworth	Dec-17	-	**71.7%**	
Mixed-Sex Accommodation (EMSA) breaches	Janice Sigsworth	Dec-17	0	**19**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Well Led					
Vacancy rate (%)	David Wells	Dec-17	10.0%	**12.1%**	
Voluntary turnover rate (%) 12-month rolling	David Wells	Dec-17	10.0%	**9.4%**	
Sickness absence (%)	David Wells	Dec-17	3.1%	**3.3%**	
Personal development reviews (%)	David Wells	Jul-17	95.0%	**-**	
Doctor Appraisal Rate (%)	Tim Orchard	Dec-17	95.0%	**88.4%**	
Staff FFT (% recommended as a place to work)	David Wells	17/18 Q1	-	**70.6%**	
Staff FFT (% recommended as a place for treatment)	David Wells	17/18 Q1	-	**85.1%**	
Education open actions (number)	Tim Orchard	Dec-17	-	**0**	
Reactive maintenance performance (% tasks completed within agreed response time)	Janice Sigsworth	Dec-17	-	**15.8%**	
Responsive					
RTT: 18 Weeks Incomplete (%)	Catherine Urch	Dec-17	92.0%	**81.8%**	
RTT: Patients waiting over 18 weeks for treatment (number)	Catherine Urch	Dec-17	-	**11439**	
RTT: Patients waiting 52 weeks or more for treatment (number)	Catherine Urch	Dec-17	0	**242**	
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Catherine Urch	Nov-17	85.0%	**87.1%**	
Cancelled operations (as % of total elective activity)	Catherine Urch	Nov-17	0.8%	**0.9%**	
28 day rebooking breaches (% of cancellations)	Catherine Urch	Nov-17	8.0%	**7.7%**	
Theatre utilisation (elective) (%)	Catherine Urch	Dec-17	85.0%	**74.3%**	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Dec-17	95.0%	**64.1%**	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Dec-17	95.0%	**84.2%**	
A&E patients spending >12 hours from decision to admit to admission	Tim Orchard	Dec-17	0	**5**	
Waiting times for first outpatient appointment (routine) (average weeks waited for attended appointments)	Tg Teoh	Dec-17	-	**7.4**	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Dec-17	1.0%	**1.5%**	
Outpatient Did Not Attend rate: (First & Follow-Up) (%)	Tg Teoh	Dec-17	11.0%	**12.7%**	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Dec-17	7.5%	**9.1%**	
Outpatient appointments made within 5 working days of receipt (%)	Tg Teoh	Dec-17	95.0%	**85.6%**	
Money and Resources					
In month variance to plan (£m)	Richard Alexander	Dec-17		**-3.69**	
YTD variance to plan (£m)	Richard Alexander	Dec-17		**-4.87**	
Annual forecast variance to plan (£m)	Richard Alexander	Dec-17		**-8.09**	
Agency staffing (% YTD)	Richard Alexander	Dec-17		**4.4%**	
CIP % delivery YTD	Richard Alexander	Dec-17		**83.3%**	

2. Key indicator overviews

2.1 Safe

2.1.1 Safe: Serious Incidents

Six serious incidents (SIs) were reported in December 2017, which are undergoing root cause analysis. Each SI was from a different category. Unlike previous reports, there were none caused by treatment delay due to lack of availability of mental health beds.

A downward trend in the overall number of SIs has been seen over the last three months. The most notable categories where reductions have been seen are treatment delay (availability of mental health beds), pressure ulcers and infection control incidents.

These reductions are in part due to our improvement work, as well as a focus on expediting initial investigations to allow more accurate SI declaration, which should in turn reduce our de-escalation requests. This is supported by the launch of a new 72 hour investigation template which is being completed by our clinical and governance teams and presented to the weekly MD incident panel for all moderate and above incidents. This is helping teams to accurately describe the early findings from their initial investigations which in turn should support accurate decision making on the declaration of SIs. At the same time, we have agreed with the Director of Nursing that we will no longer routinely declare all pressure ulcers as externally reported SIs which is in line with the national SI framework.

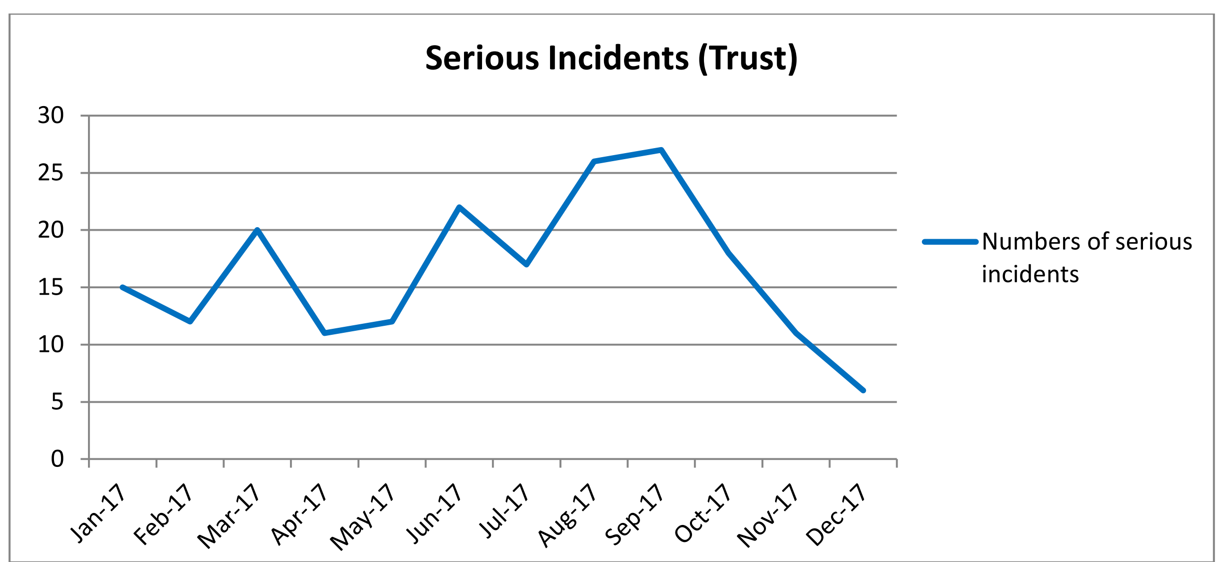


Chart 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period January 2017 – December 2017

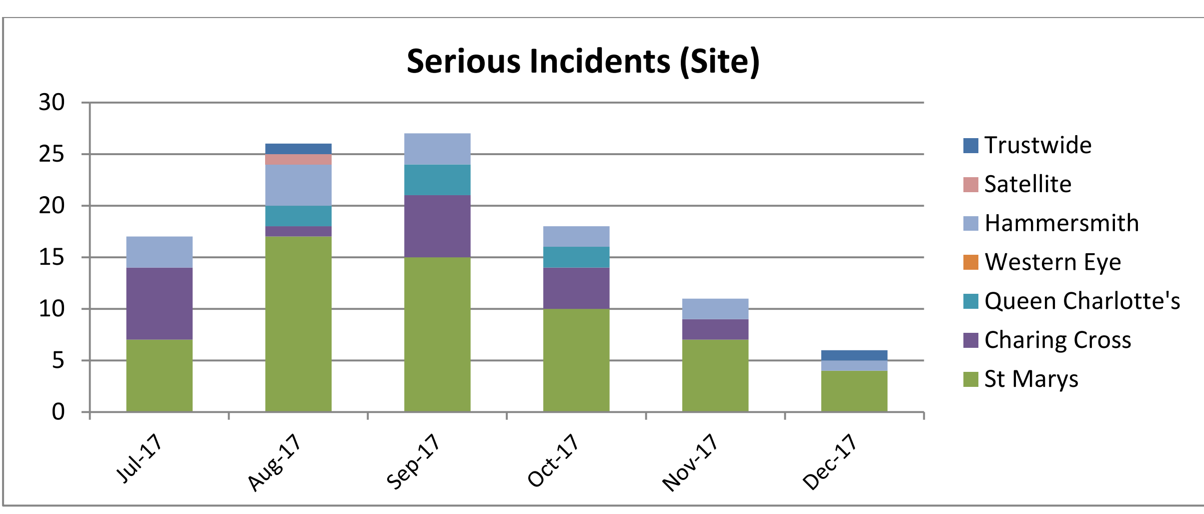


Chart 2 - Number of Serious Incidents (SIs) (Site level) by month for the period July 2017 – December 2017

In the last 12 months there has been an overall increase in the number of SIs reported compared to the preceding 12 month period, from 173 to 197. The increase reflects the Trust's commitment to improving the culture of safety through encouraging transparent identification of issues to enhance the opportunities for learning in a supportive environment. The increases are understood and our harm profile is not raising a specific cause for concern.

As reported previously nine safety improvement programmes (safety streams) have been in place to support reducing recurrence for the categories that have been reported most frequently:

1. Pressure Ulcers
2. Safe Mobility and Prevention of Falls with Harm
3. Recognising and Responding to the Very Sick Patient
4. Optimising Hand Hygiene
5. Safer Surgery
6. Fetal Monitoring
7. Safer Medicines
8. Abnormal Results
9. Positive Patient Confirmation

2.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust reported three severe/major harm incidents and one extreme harm/death incident in December 2017. These incidents are being investigated. The severe harm incident that was still under review at the time of reporting last month, has been downgraded and is undergoing a local investigation.

There have been thirteen severe and seven extreme harm incidents reported so far this year. This is below average when compared to data published by the National

Reporting and Learning System (NRLS) in September 2017 for the October 2016 – March 2017 period.

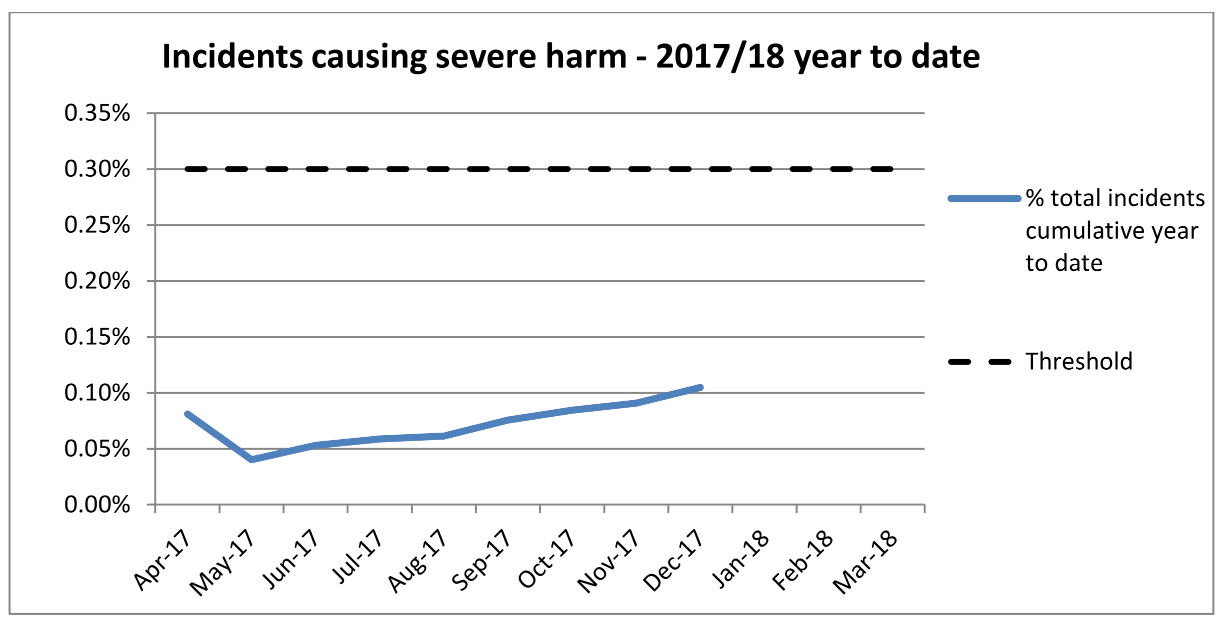


Chart 3 – Incidents causing severe harm by month from the period April 2017 – December 2017 (% of total patient safety incidents YTD). Threshold Source: National Reporting and Learning System (NRLS)

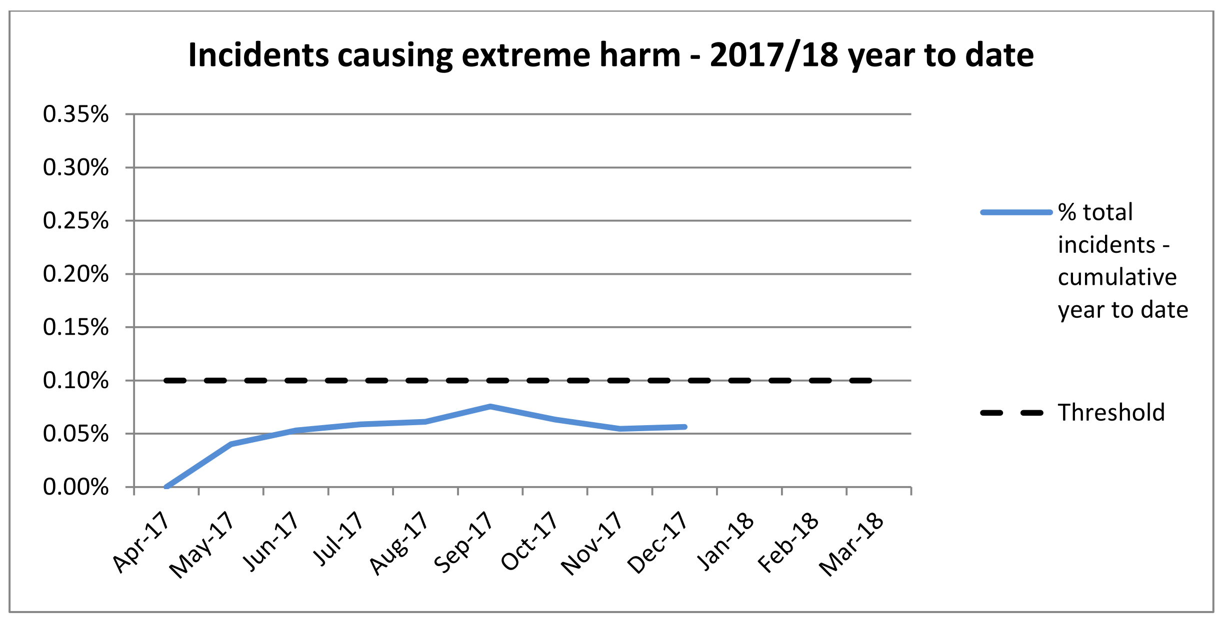


Chart 4 – Incidents causing extreme harm by month from the period April 2017 – December 2017 (% of total patient safety incidents YTD). Threshold Source: National Reporting and Learning System (NRLS)

<u>Patient safety incident reporting rate</u>

The Trust's incident reporting rate for December 2017 is 50.73 which places us within the highest 25% of reporters nationally. A high reporting rate with low levels of harm is one indicator of a positive safety culture and is one of the key focus areas for the safety culture improvement programme launched in July 2016.

Over the last 6 months there has been a steady increase in patient safety incident reporting in a number of directorates, particularly children's services and critical care, as a result of focussed local improvement work. December numbers have dropped which will be partly explained by seasonal variation (reduced activity) in particular in theatres and anaesthetics who reported 58% less.

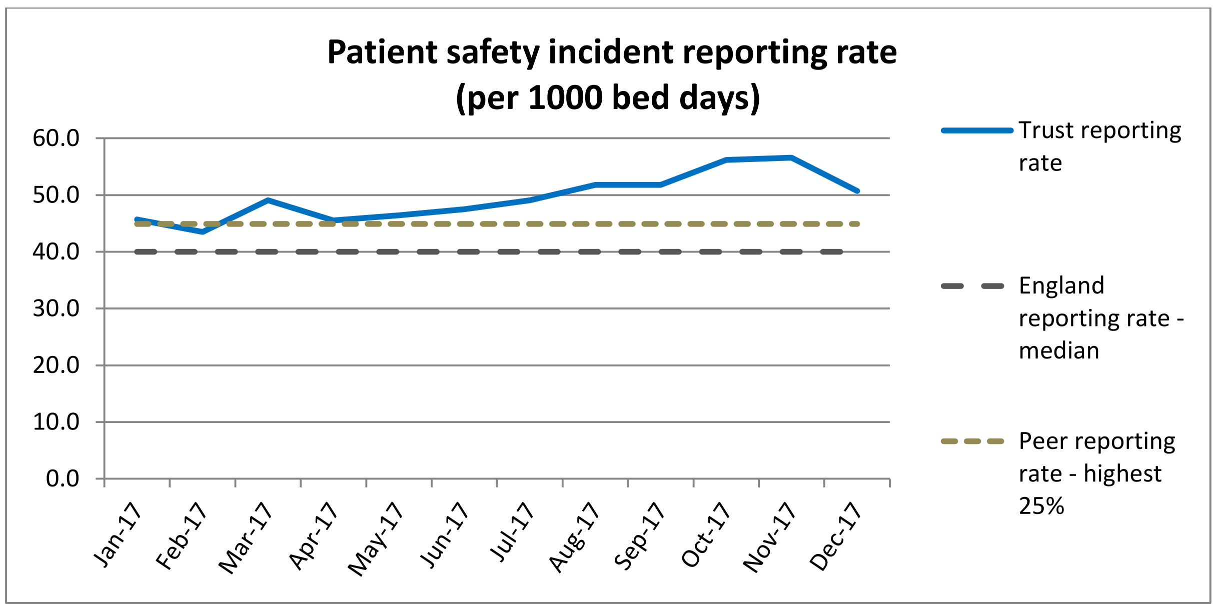


Chart 5 – Trust incident reporting rate by month for the period January 2017 – December 2017

1. Median reporting rate for Acute non specialist organisations
2. Highest 25% of incident reporters among all Acute non specialist organisations

2.1.3 Safe: Duty of candour

Concerns were raised in February 2017 about Trust compliance with duty of candour for incidents that have been declared as SIs. These concerns originated from a retrospective compliance audit in September 2016 (limited assurance) and also from an SI where the candour process was not adequate. A full review of processes across the Trust was commissioned by the Medical Director, and since April 2017 compliance for SI investigations has been monitored through the medical director's incident review panel, with improvements seen. This commenced in July 2017 for incidents graded moderate and above and all level 1 investigations.

The table below shows the number of SIs, internal investigations and cases of moderate harm reported between April and November 2017, and the percentage of these which have had stage 1 and stage 2 of the duty of candour process completed which are all improving. The data goes back to April 2017 to reflect the current financial year.

Focussed work is supporting the improving performance with internal investigations being the most difficult to influence. This is partly explained by the level of harm for patients in this group which often is not moderate. Historically we have not sent letters to patients when they did not experience moderate harm and our policy was not clear on this point. The policy has now been revised to make explicit that this is

required. The compliance for December 2017 is not yet available as data is reported one month in arrears.

	SIs	Level 1 (internal investigations)	Moderate and above incidents
Number of incidents (Apr 2017 – Nov 2017)	137	55	40
Total with stage 1 complete	135	37	33
Total with stage 2 complete	131	35	34
Total with both stages complete	131	33	33
Percentage fully compliant with duty of candour requirements	96%	60%	83%

Percentage of incidents fully compliant with duty of candour requirements at 9 January 2018

2.1.4 Safe: Never events

There have been no further never events declared since the case in July 2017. The surgery, cancer and cardiovascular (SCCS) division have implemented immediate action to minimise recurrence of the July never event by using an alert on epidural lines in the form of a printed sticker. This is a short term measure until new products which do not allow connection to inappropriate devices become available (expected in Quarter 4). An implementation plan has been developed and a Task and Finish group is being set up by the SCCS division to manage the roll out trust wide.

An audit of the sticker alert on epidural lines is currently underway in all clinical areas. It has been extended to the end of February 2018 to ensure a large enough sample size across the three sites. The results will be reported in the March report.

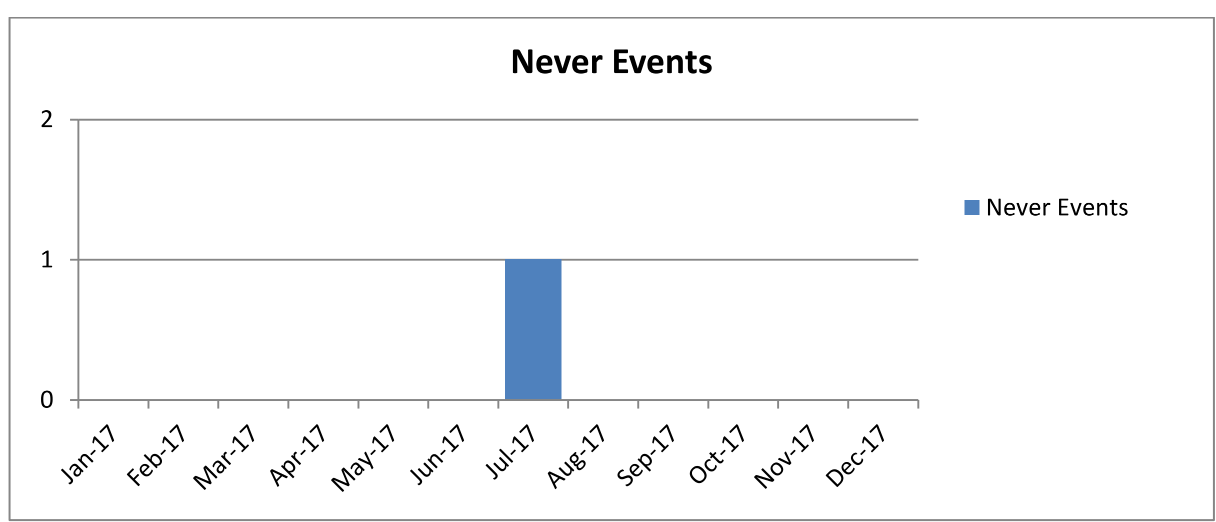


Chart 6 – Trust Never Events by month for the period January 2017 – December 2017

2.1.5 Safe: Meticillin - resistant *Staphylococcus aureus* bloodstream infections (MRSA BSI)

There were no cases of MRSA BSI identified at the Trust in December 2017. One case of MRSA BSI has been allocated to the Trust so far in 2017/18; this occurred in April 2017.

2.1.6 Safe: *Clostridium difficile*

Six cases of Clostridium difficile were allocated to the Trust for December 2017; one of these was identified as a lapse in care. Since the last report a case from November 2017 has also now been identified as a lapse in care.

Forty seven cases of Clostridium difficile have so far been allocated to the Trust in 2017/18, which is below trajectory. Four cases have been identified as a lapse in care so far in 2017/18, following multi-disciplinary team review, held monthly.

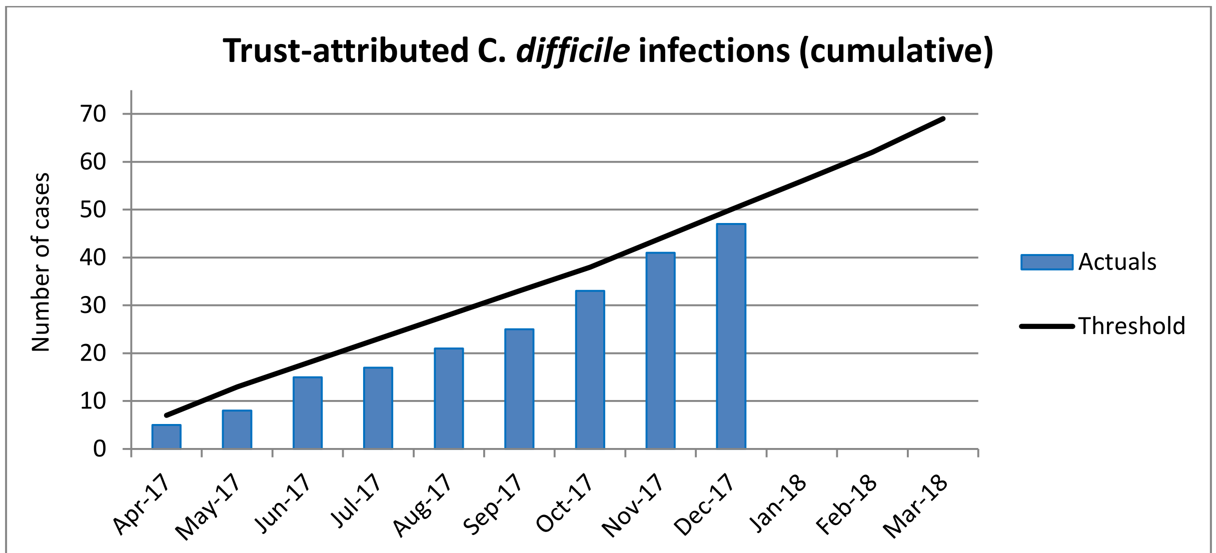


Chart 7 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2017 – December 2017

2.1.7 Safe: Venous thromboembolism (VTE) risk assessment

The Trust performance remained above target at 95.8 per cent at end December. Sustained improvements are now being seen across the divisions as a result of local action plans and monitoring arrangements. A Trust wide action plan has been in place during this financial year given the difficulties we have experienced and progress reported to Executive Quality Committee through the Trust's Quality Report.

The data quality of VTE assessment will undergo an external audit as part of the indicator testing for the Trust's 2017/18 Quality Account.

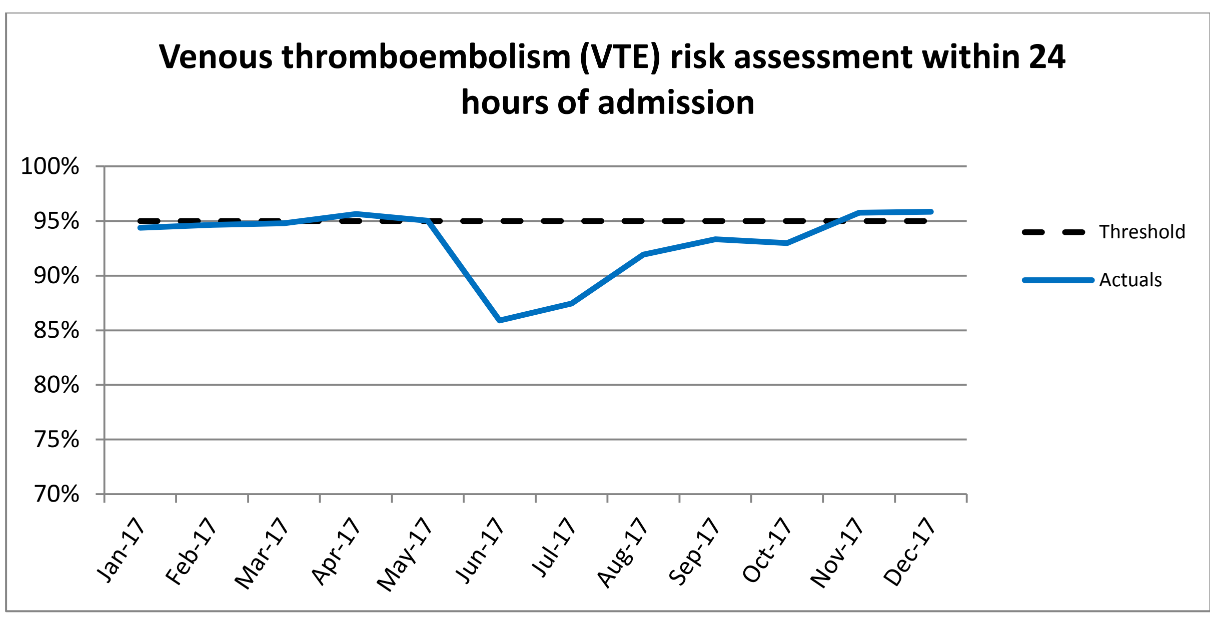


Chart 8 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period January 2017 – December 2017

2.1.8 Safe: CAS alerts outstanding

The Department of Health Central Alerting System (CAS) is a system for issuing patient safety alerts, public health messages and other safety critical information and guidance to the NHS and others. There are currently no overdue alerts.

2.1.9 Safe: Avoidable pressure ulcers

There was one avoidable unstageable pressure ulcer reported for the month of December 2017 in the Division of Medicine and Integrated care. The total number of avoidable pressure ulcers for the year is now 13 compared to 21 for the same period last year. Each avoidable pressure ulcer is subject to a serious incident review by the Matron/Charge Nurse of the clinical area and an action plan put into place.

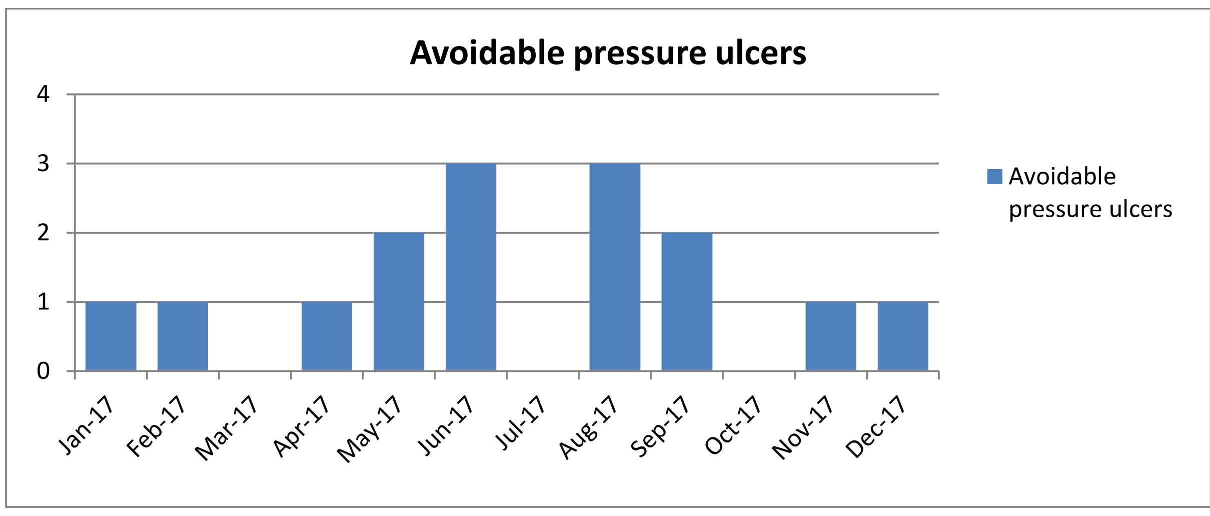


Chart 9 – Number of category 3 and category 4 (including unstageable) Trust-acquired pressure ulcers by month for the period January 2017 – December 2017

2.1.10 Safe: Safe staffing levels for registered nurses, midwives and care staff

In December 2017 the Trust met safe staffing levels for registered nurses and midwives and care staff overall during the day and at night. The thresholds are 90 per cent for registered nurses and 85 per cent for care staff. The percentage of shifts meeting planned safe staffing levels by hospital site are provided in the table below. Additional detailed for safe staffing levels below target by ward is provided in appendix 1.

Site Name	Day shifts – average fill rate		Night shifts – average fill rate	
	Registered nurses/midwives	Care staff	Registered nurses/midwives	Care staff
Charing Cross	94.7%	91.6%	96.7%	93.6%
Hammersmith	95.0%	92.2%	97.7%	94.3%
Queen Charlotte's	96.6%	98.2%	98.8%	97.2%
St. Mary's	95.0%	92.3%	96.6%	97.1%

During the month of December there was increased activity across NHS Trusts which required and initiated a national response from NHS England. As a result a number of non-urgent elective procedures were postponed to reduce the pressure on bed capacity and increased Emergency Department activity.

In order to maintain standards of care the Trust's Divisional Directors of Nursing and their teams optimised staffing and mitigated any risk to the quality of care delivered to patients in the following ways:

- Using the workforce flexibly across floors and clinical areas as described and in some circumstances between the three hospital sites.
- Cohorting patients and adjusting case mixes to ensure efficiencies of scale.

In addition, the Divisional Directors of Nursing regularly review staffing when, or if there is a shift in local quality metrics, including patient feedback.

In order to respond to the continued challenge of filling shifts for health care staff from the nurse bank, plans are being established to improve the uptake of these shifts to reduce future staffing gaps. There is also renewed focus on recruitment and retention of staff across bands 2-6 and a strategic reponse to the challenges has been developed and lead by Organisational Development with senior nursing input.

The Nursing Associate pilot commenced in April 2017 and 21 new trainees were employed across our partner organisations, 13 of which are based at Imperial.

All Divisional Directors of Nursing have confirmed to the Director of Nursing that the staffing levels in December 2017 were safe and appropriate for the clinical case mix.

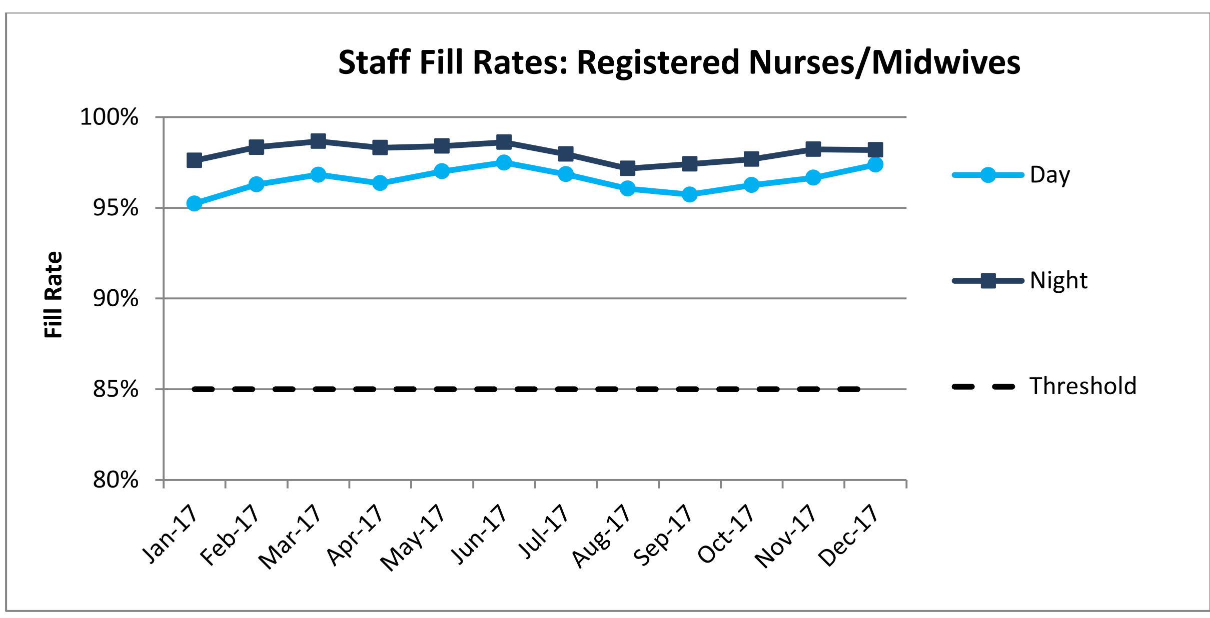


Chart 10 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period January 2017 – December 2017

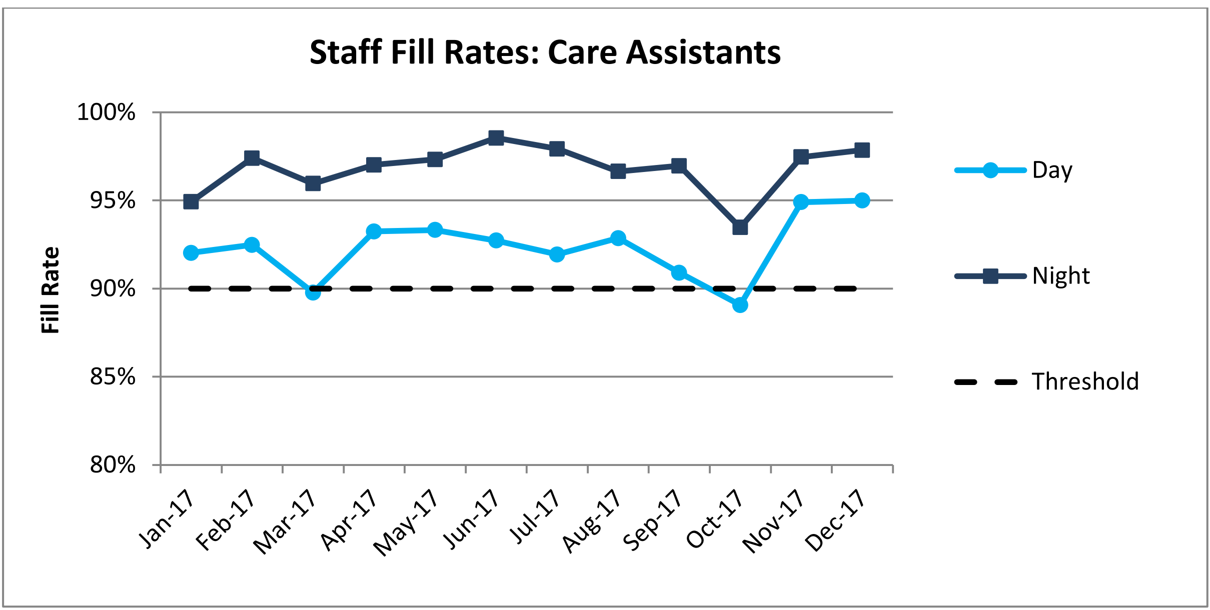


Chart 11 - Monthly staff fill rates (Care Assistants) by month for the period January 2017 – December 2017

2.1.11 Safe: Postpartum haemorrhage

In December, 2.4 per cent of women who gave birth at the Trust had a postpartum haemorrhage (PPH), involving an estimated blood loss of 1500ml or more within 24 hours of the birth of the baby. This met the Trust target of 2.8 per cent or less.

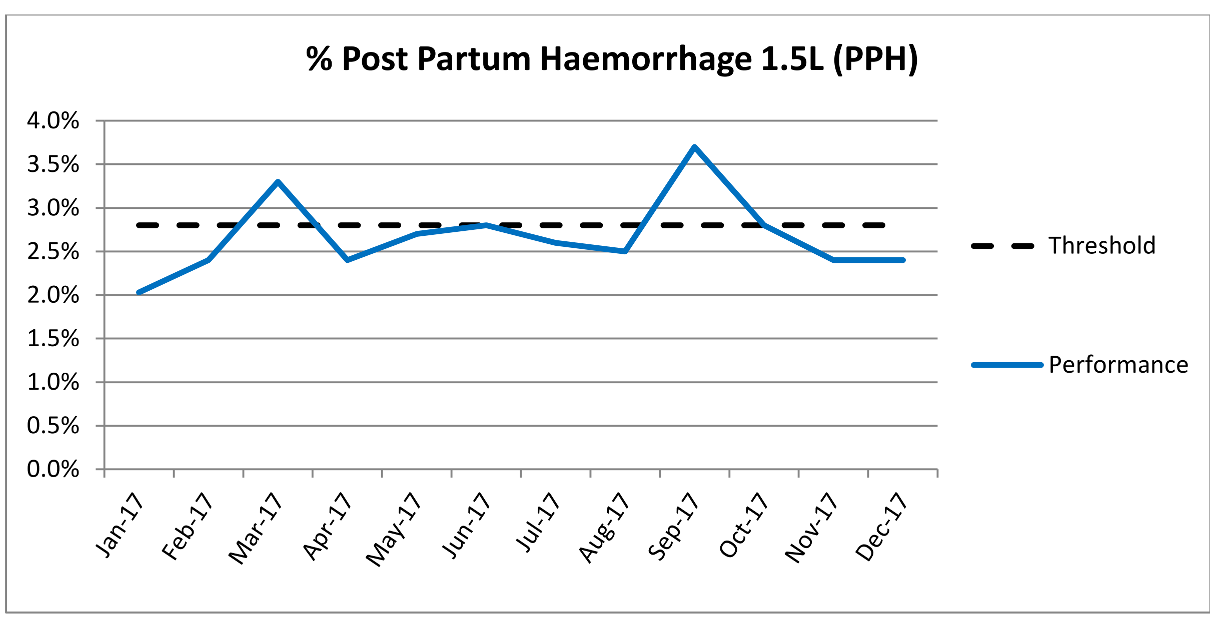


Chart 12 – Postpartum haemorrhage (PPH) for the period January 2017 – December 2017

2.1.12 Safe: Core skills training

Core Skills Training (statutory mandatory): At the end of December, the compliance rate for Doctors in Training/Trust Grade was 73.1 per cent and for all other staff, 84.9 per cent

Core Clinical Skills Training: At the end of December, the compliance rate for Doctors in Training/Trust Grade was 64.5 per cent and for all other staff, 83.3 per cent.

An audit has been completed by the Trust external auditors on the Core Skills Department concluded that there is reasonable assurance that mandatory training is being completed, recorded and monitored. They identified no urgent action points, 2 important actions, 4 routine actions and 1 operational action that are required. An action plan has been agreed and is now being delivered.

A workshop for subject matter experts has been arranged for January 2018 to discuss how the Core Skills team and Subject Matter Experts can better work together to address under-performing areas.

A pilot is being run within the finance department to send all staff that are non-compliant an email with details of the subjects that they need to complete. If the pilot is successful, it is anticipated that every 2 weeks, when the WIRED reporting tool is updated, approximately 7,000 staff will receive an email with their areas of non-compliance listed with links to the eLearning courses.

Imperial is part of a national pilot to streamline the induction of Doctors in Training (DiT). As part of the pilot, 8 Core Clinical subjects have been identified which will be transferable between Trusts making it easier to demonstrate compliance in these subjects without requiring DiT to retake training courses they have previously completed.

The first meeting of the Core Skills Governance Committee is arranged for January. The committee will meet monthly and review the Core Skills requirements, with a view to continuously monitoring the mandatory training requirements across the Trust.

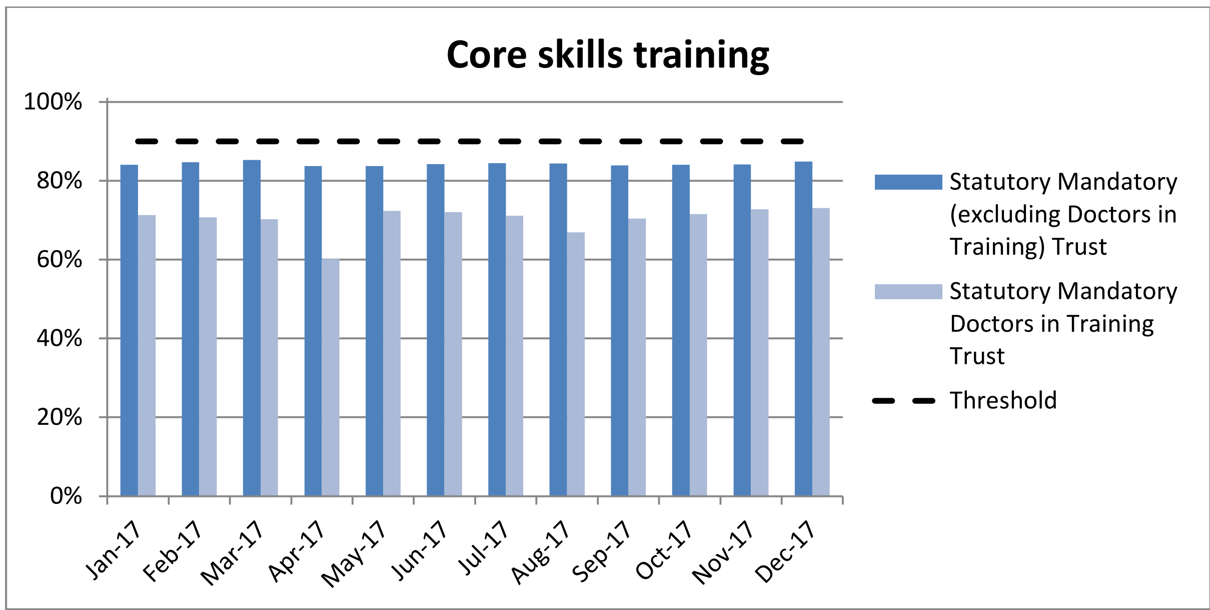


Chart 13 - Statutory and mandatory training for the period January 2017 – December 2017

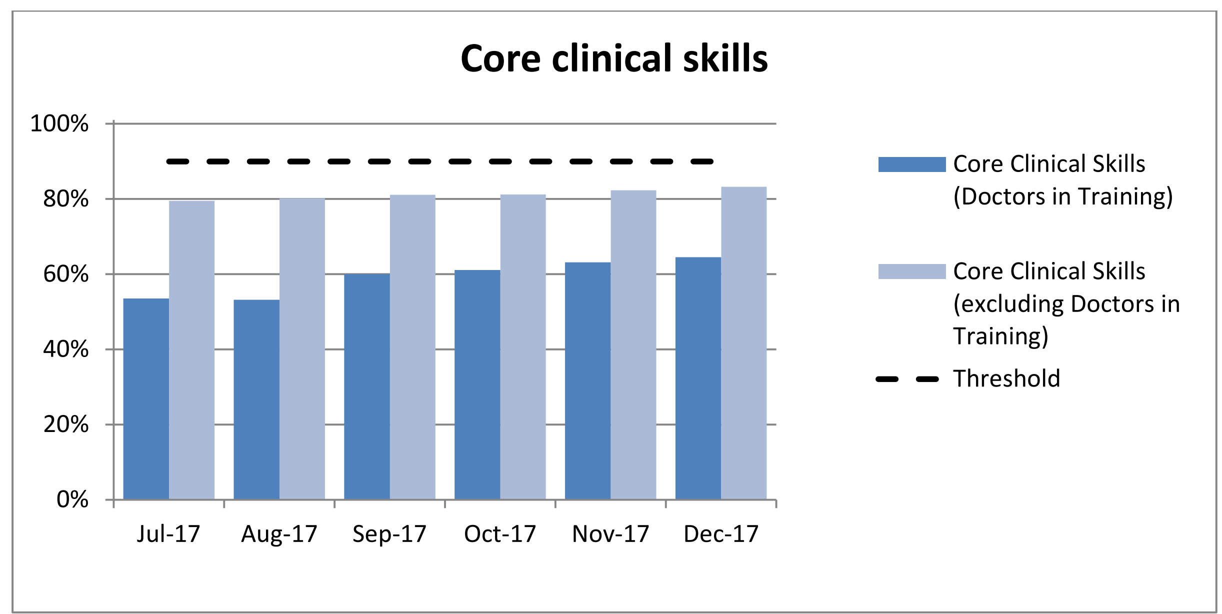


Chart 14 – Core clinical skills training for the period July 2017 (first reported) – December 2017

2.1.13 Safe: Work-related reportable accidents and incidents

There was one RIDDOR-reportable (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incident in December 2017

-The incident involved a member of staff being struck by a falling object. The incident was reportable to the HSE because the person was absent from work sick for a period of more than 7 days.

In the 12 months to 31st December 2017, there have been 41 RIDDOR reportable incidents of which 17 were slips, trips and falls. The Health and Safety service continues to work with the Estates & Facilities service and its contractors to identify suitable action to take to ensure floors present a significantly lower risk of slipping.

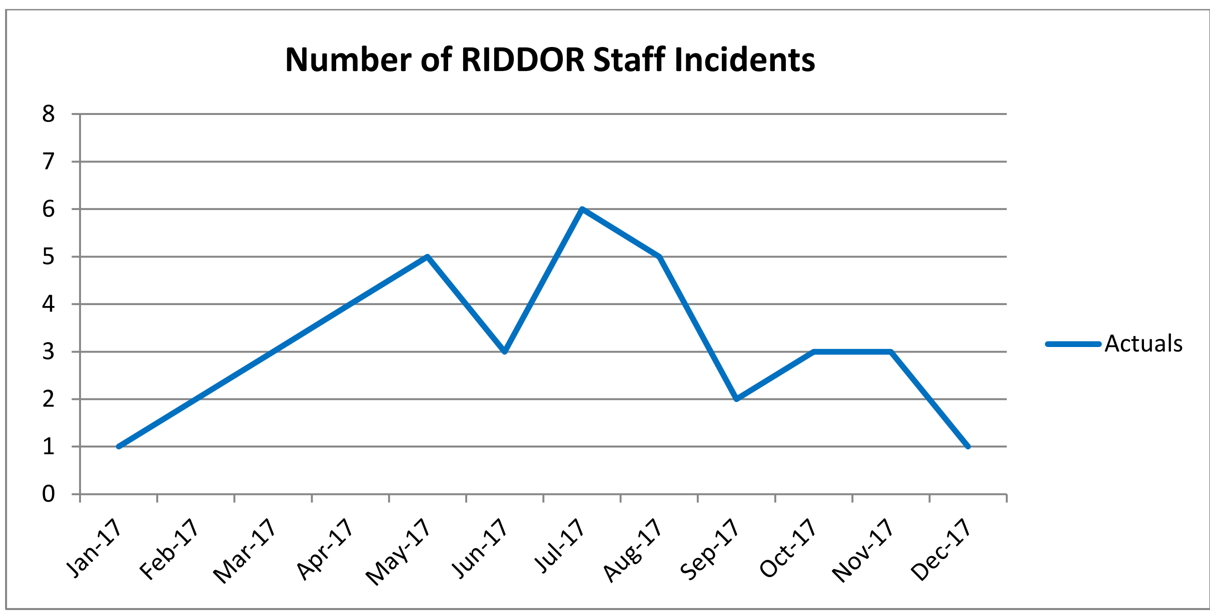


Chart 15 – RIDDOR Staff Incidents for the period January 2017 – December 2017

2.2 Effective

2.2.1 Effective: National Clinical Audits

Since April 2017, a total of 40 relevant HQIP and NCEPOD national study reports have been published. The Trust participated in 37 of these studies and the reports have been issued to the relevant divisions for a full review and are progressing through the specialty and divisional review processes. Progress is being monitored by the divisional quality and safety committees and reviewed by the quality and safety subgroup.

Three reports have been through the full trust process and levels of assurance agreed by the relevant division/directorate quality and safety committee.

2.2.2 Effective: Mortality data

The Trust target for mortality rates in 2017/18 is to be in the top five lowest-risk acute non-specialist trusts as measured by the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI).

The most recent HSMR is 68 (August 2017). Over the last 12 months the Trust has had the second lowest HSMR for acute non-specialist trusts nationally. The Trust also has the 2nd lowest SHMI of all non-specialist providers in England for Q1 2016/17 – Q4 2016/17.

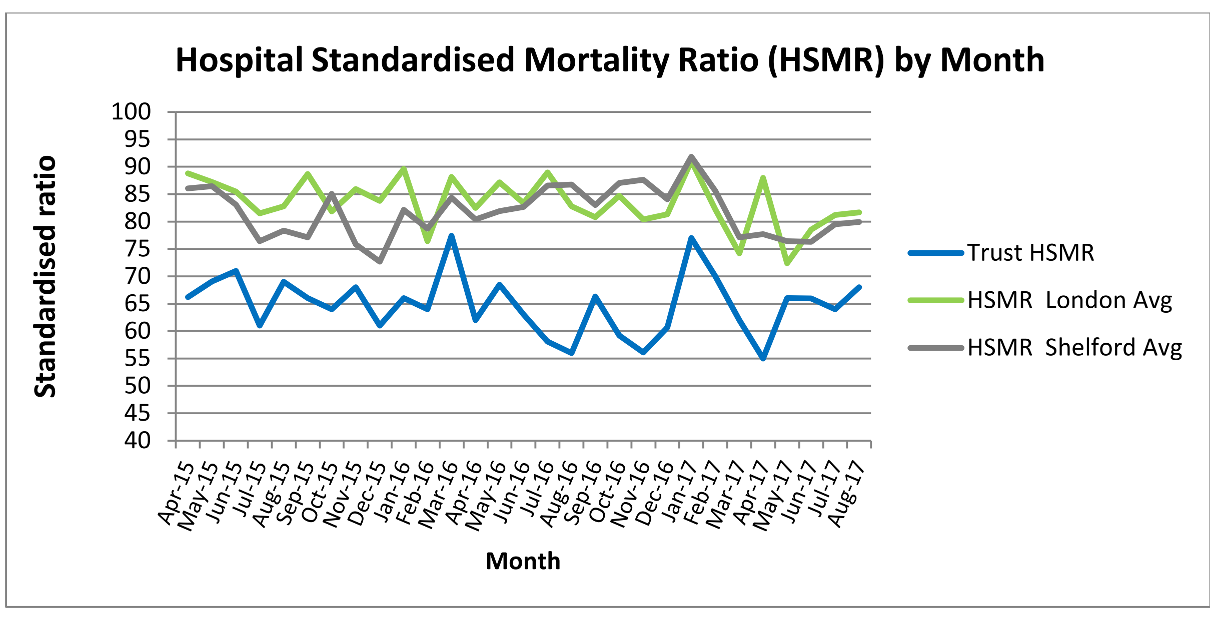


Chart 16 - Hospital Standardised Mortality Ratios for the period April 2015 – August 2017

2.2.3 Effective: Mortality reviews completed

In March 2017 a framework for NHS Trusts on identifying, reporting, investigating and learning from deaths in care was published by the National Quality Board. This includes a new requirement for a quarterly 'learning from deaths dashboard' to the Trust Board. This was presented to the Trust Board in November 2017 in line with the reporting requirement. The next dashboard with Q3 data is due to be presented to the Trust Board in March 2018.

The Trust implemented the structured judgement review methodology (SJR) in September 2017, which included deaths from July 2017 onwards. Data is refreshed on a monthly basis as SJRs are completed and 37 completed reports have been received to date. Cases are reviewed at the monthly Mortality Review Group with a focus on any avoidable factors and learning themes. As more cases are reviewed the group will be able to recommend work streams to be considered as part of the trust improvement programme. To date, the Trust has confirmed two cases of avoidable deaths. Both cases have undergone SI investigations, action plans have been agreed and the associated actions are currently being undertaken.

In order to instigate the SJR process at the earliest opportunity the timeframe for local, level 1 review completion has been shortened to 7 days, from the previous 30 days, effective from September 2017. This shortened process is reflected in the lower local level 1 review data whilst the transition to the new timeframe takes place. A weekly performance report in relation to overdue cases is reviewed at the MD panel.

The Trust is continuing to identify and train reviewers so that they can undertake SJR and increase the numbers of reviews completed.

Mortality reviews (at 3 January 2018)

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD
Total number of deaths	119	152	137	138	163	151	161	167	159	1347
Number of local reviews completed	119	152	135	137	161	140	142	123	58	1167
% Local Reviews Completed	100%	100%	99%	99%	99%	93%	88%	74%	36%	87%
Number of SJR reviews requested	3	3	2	21	26	22	34	15	9	135
Number of SJR reviews completed	2	1	1	5	6	10	8	3	1	37
Number of avoidable deaths (Score 1-3)	1				1					2

Note: The timeframe for local, level 1 review completion was shorted from 30 days to 7 days, effective September 2017

2.2.4 Effective: Recruitment of patients into interventional studies

We did not achieve our target of 90% of clinical trials recruiting their first patient within 70 days of a valid research application for the previous two quarters. Validated data for Q2 2017/18 has recently been issued by NIHR and shows ICHT performance at 53.3%. This is an increase on the two previous quarter's performance, but slightly below the national average of 55.6%.

Historically, much of the delay for ICHT studies has been at contract negotiation stage. We have recently re-staffed the ICHT JRO with new contracts experts and new leadership. As well as now being fully resourced, the team are taking a more pragmatic and proactive approach to contract and cost negotiation (within agreed negotiation boundaries). Weekly team meetings now take place to review all studies in the pipeline, to identify potential issues and escalate.

Performance has declined nationally following process and data changes introduced by the DoH in 2016/17. A new consultation by NHS England is currently proposing to establish a single set of national clinical trials metrics – agreed by the industry sector – by Q3 2018, which are more robust and which are resistant to different interpretations by NHS Trusts as is currently the case.

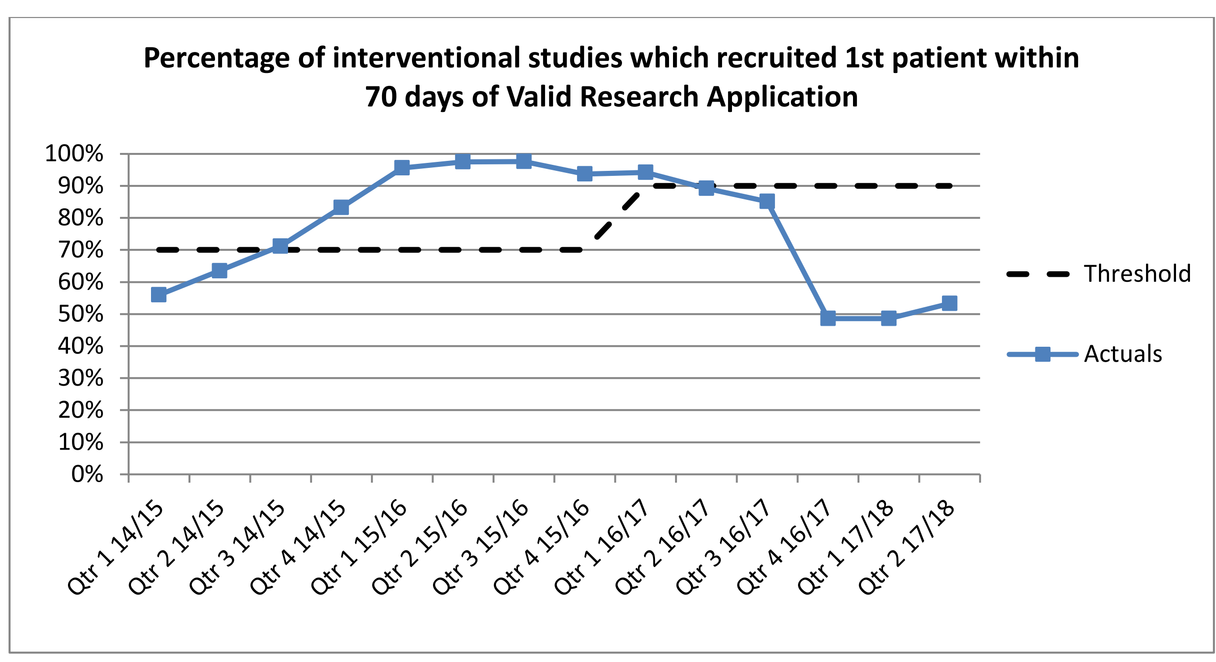


Chart 17 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q3 2017/18

2.2.5 Effective: Discharges before noon

The Trust is supporting wards to implement the SAFER flow bundle which combines five elements of best practice to improve patient flow and prevent unnecessary waiting for patients. This includes early discharge to make beds available on the wards to admit new patients from A&E. In December, 10 per cent of patients were discharged before noon and the aim is to achieve the national standard of 33 per cent as set out in the SAFER bundle.

Regular reports on discharge by noon data by ward are being published on the source to show where good patient flow is being achieved and where improvements need to be prioritised. Several wards already have board rounds in place and more are expected to implement these in January as part of the roll out of SAFER. Board rounds will support early discharge by identifying patients who will be discharged the next day to the whole multidisciplinary team so work can be effectively prioritised

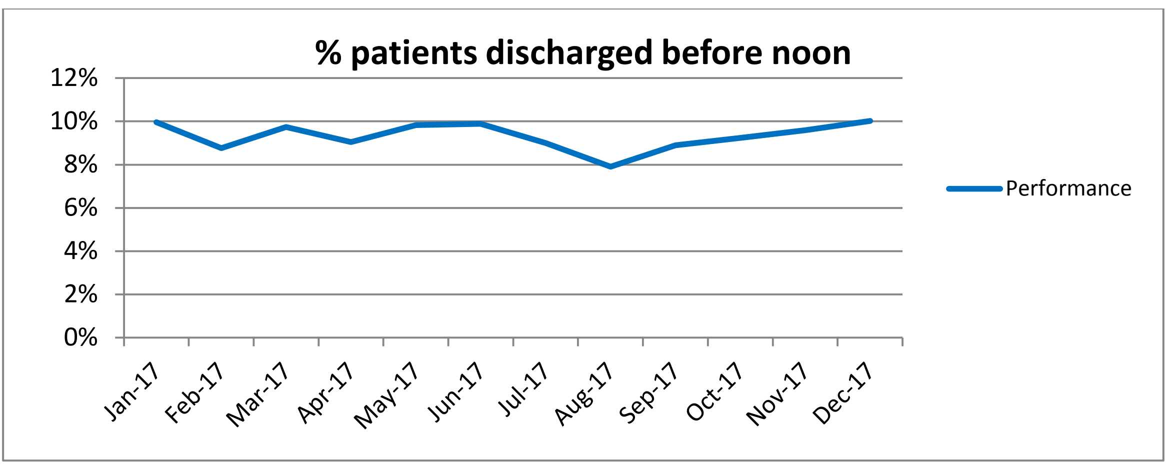


Chart 18 – Patients discharged before noon as a % of total discharges between January 2017 and December 2017

2.2.6 Effective: Readmission rates

The most recently reported 28 day readmission rates (through Dr Foster intelligence) continued to be lower in both age groups than the Shelford and National rates.

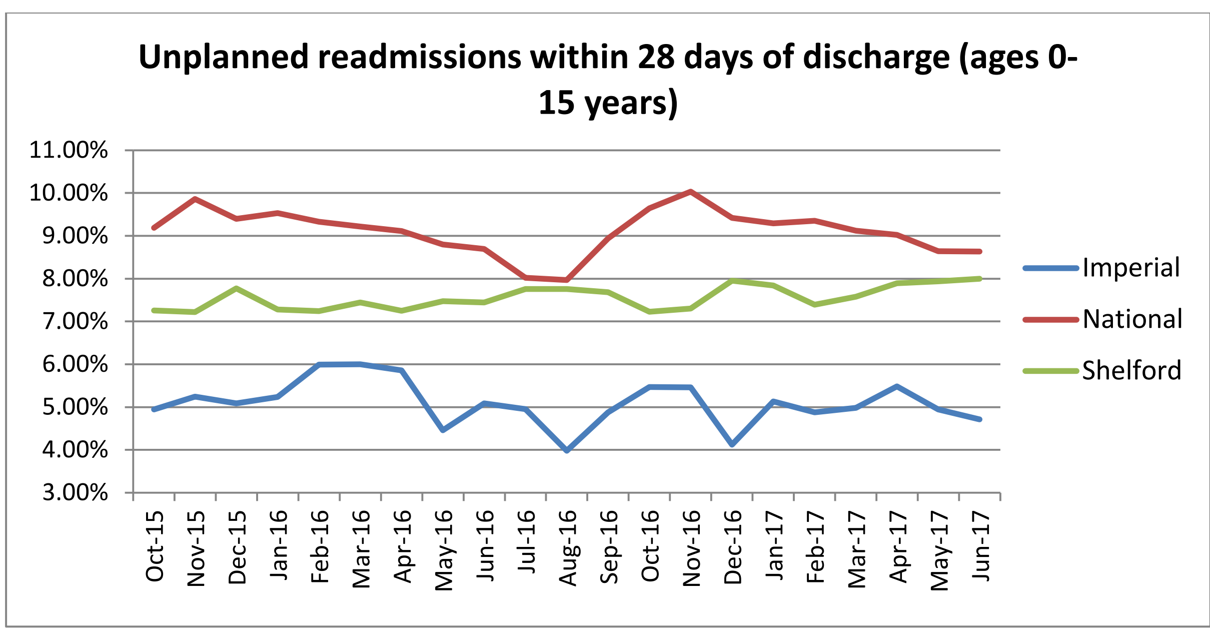


Chart 19 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages -15 years) for the period October 2015 – June 2017

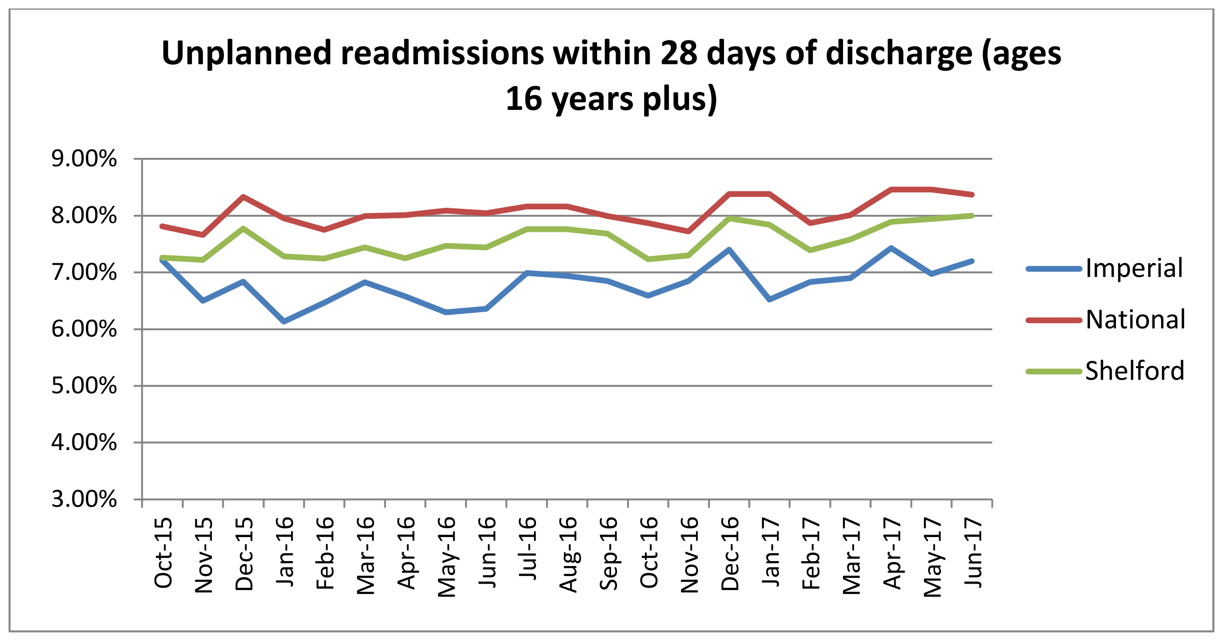


Chart 20 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages 16 years plus) for the period October 2015 – June 2017

2.2.7 Effective: Diagnostic and surgical orders waiting to be placed on the inpatient waiting list

This is a key data quality indicator (DQI) in the Trust's new Data Quality Framework which is being implemented during 2017/18. It measures all patients who have had an order for a diagnostic or surgical procedure placed by the clinical team, but these have not yet been processed by the administration team. Processing orders quickly ensures patients are appropriately placed onto the inpatient waiting list and facilitates the offer of timely treatment in line with RTT targets. The Trust operating standard is that orders should be routinely processed within 2 working days of being placed by the clinician.

A data quality action group is being established and will meet end January. This will include agreeing local plans with the divisional data quality leads to process clinical orders and further improve performance in line with the trajectory.

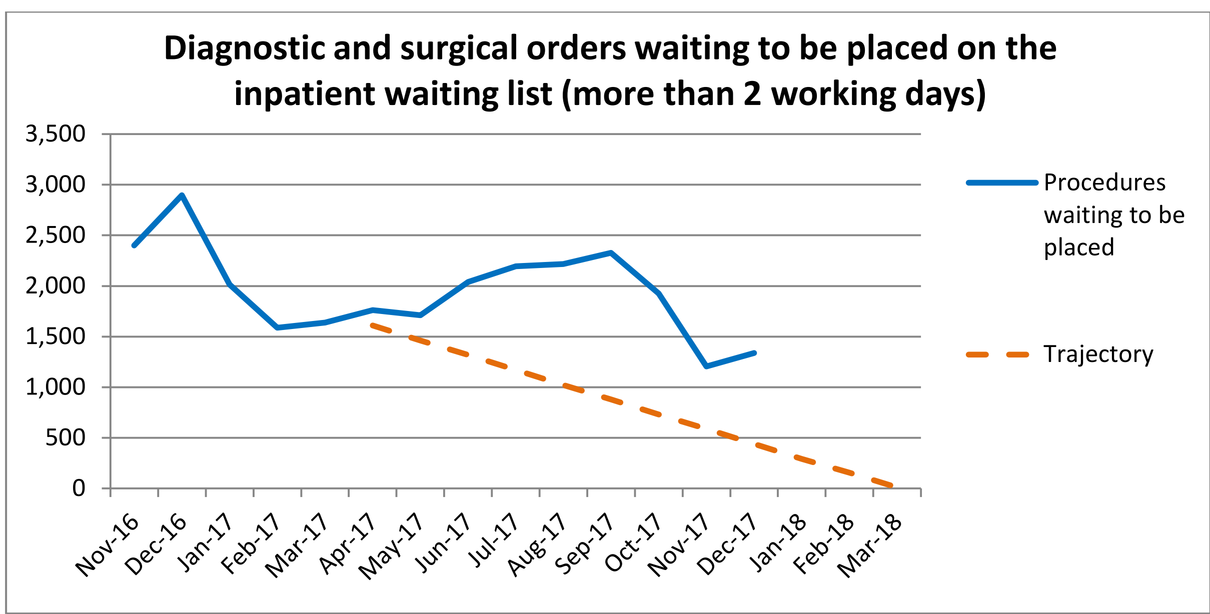


Chart 21 – Number of patients on the Add/Set Encounter request list of more than 2 working days for the period November 2016 – December 2017

2.2.8 Effective: Outpatient appointments checked in and checked out

When patients attend for their outpatient appointment they should be checked-in on the Trust patient administration system (CERNER) and then checked-out after their appointment. This is important so that the record of the patient's attendance is accurate and it is clear what is going to happen next in the patient's treatment journey. The escalation processes to clear appointments on the system in a timely manner continue to be implemented.

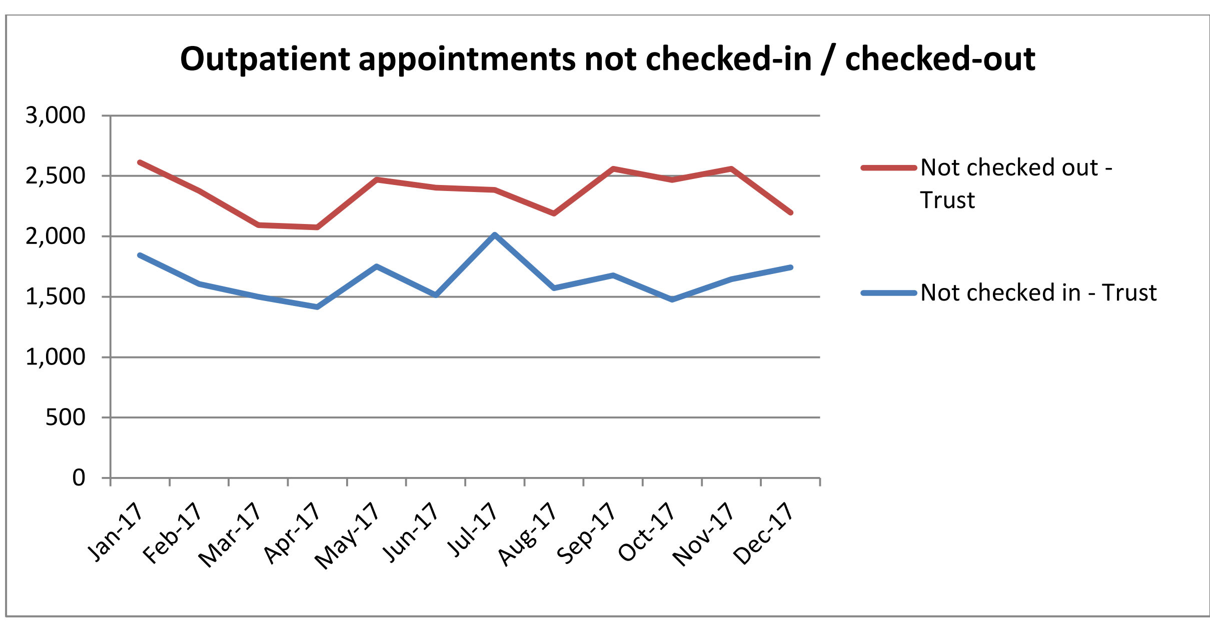


Chart 22 – Number of outpatient appointments not checked-in or DNA'd (in the last 90 days) AND number of outpatient appointments checked-in and not checked-out for the period January 2017 – December 2017

2.3 Caring

2.3.1 Caring: Friends and Family Test

Generally the likelihood to recommend score remains high across the board.

Friends and Family test results

Service	Metric Name	Oct-17	Nov-17	Dec-17
Inpatients	Response Rate (target 30%)	31.9%	32.9%	29.9%
	Recommend %	97.0%	96.8%	97.9%
	Not Recommend %	0.8%	1.2%	0.7%
A&E	Response Rate (target 20%)	12.8%	15.9%	14.9%
	Recommend %	93.1%	93.9%	94.4%
	Not Recommend %	3.7%	3.8%	2.7%
Maternity	Response Rate (target 15%)	32.9%	37.5%	26.9%
	Recommend %	93.2%	93.2%	93.0%
	Not Recommend %	2.9%	2.1%	2.6%
Outpatients	Response Rate (target 6%)	10.0%	11.1%	11.4%
	Recommend %	91.2%	92.0%	90.9%
	Not Recommend %	4.5%	3.9%	4.4%

2.3.2 Caring: Patient transport waiting times

Non-Emergency Patient Transport Service

The response times fell in December which is attributed to a shortage of DHL drivers and high sickness levels which have impacted on overall performance.

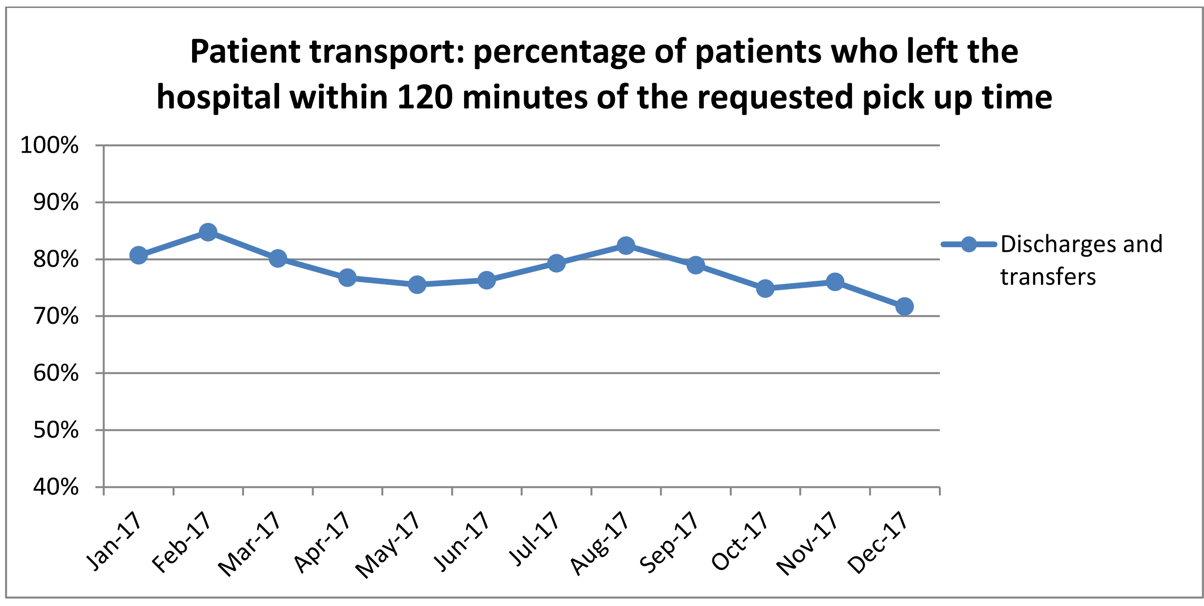


Chart 23 - Percentage of patients who left the hospital as part of the patient transport scheme within 120 minutes of their requested pick up time between January 2017 and December 2017

2.3.3 Caring: Eliminating mixed sex accommodation

The Trust reported 19 mixed-sex accommodation (MSA) breaches for December 2017. The increase in breaches since October 2016 has been mainly attributable to breaches occurring within ITU at Charing Cross. For critical care (level 2 and 3) mixing is acceptable as it is recognised nursing acuity requires gender mixing, however it is not acceptable when a patient in the critical care units no longer requires level 3 or 2 care, but cannot be placed in an appropriate level one ward bed.

The Division of Surgery and Cancer are undertaking a deep dive into the situation to understand root causes, resultant actions with progress will continue to be reported to the Executive Quality Committee.

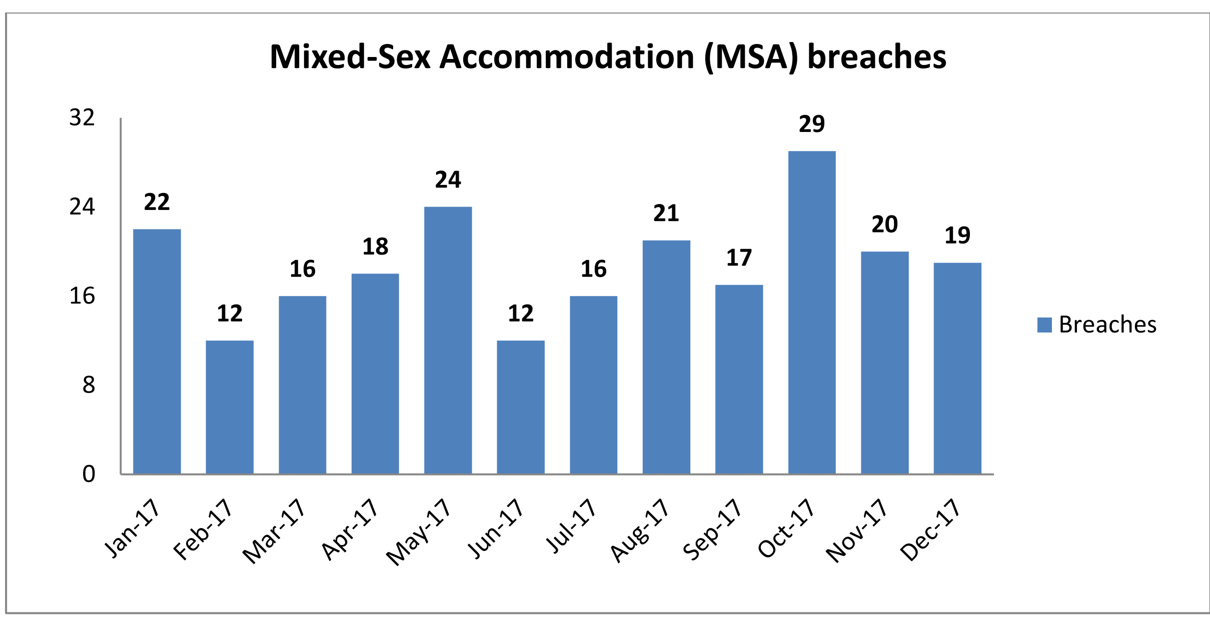


Chart 24 – Number of mixed-sex accommodation breaches reported for the period January 2017 – December 2017

2.3.4 Caring: Complaints

The number of complaints remained below the threshold and response times remain good.

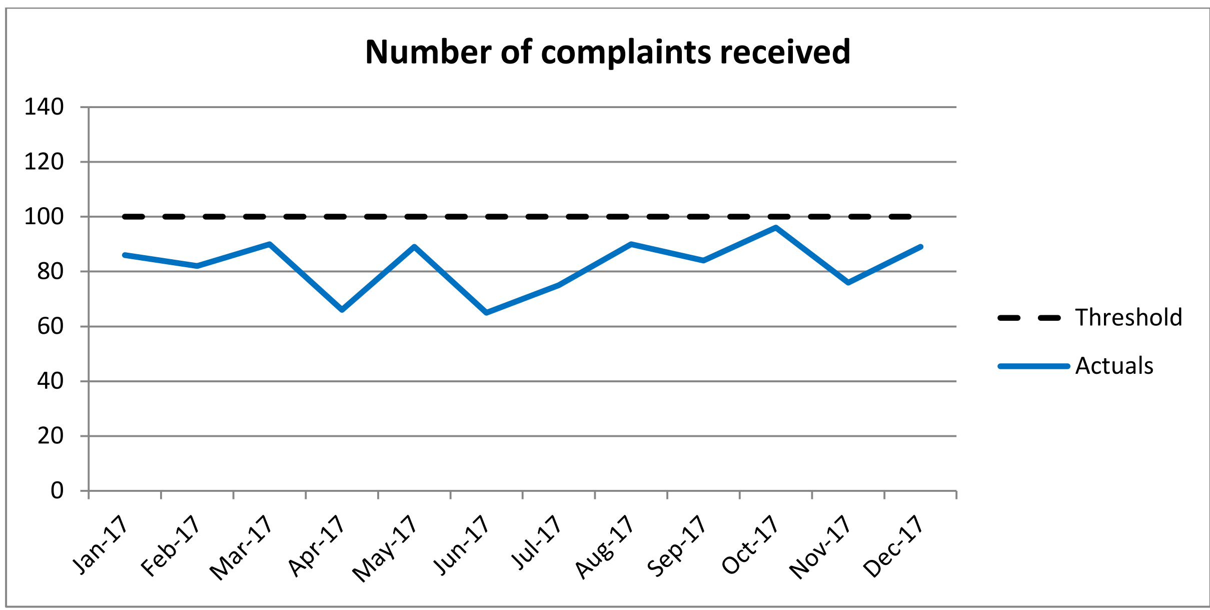


Chart 25 – Number of complaints received for the period January 2017 – December 2017

2.4 Well-Led

2.4.1 Well-Led: Vacancy rate

All roles

At end December 2017, the Trust directly employed 9,326 WTE (whole time equivalent) members of staff across Clinical and Corporate Divisions. The contractual vacancy rate for all roles was 12.13 per cent against the target of 10 per cent; remaining below the average vacancy rate of 12.4 per cent across other Acute London Teaching Trusts.

During the month there were a total of 127 WTE joiners and 148 WTE leavers across all staffing groups and the Trusts voluntary turnover rate (rolling 12 month position) stands at 9.4 per cent.

Actions being taken to support reduction in vacancies include:

- Bespoke campaigns and advertising for a variety of specialities.
- Open Days, Fairs, social media and print advertising. A preferred supplier list is in place to support hard to recruit areas.
- The Careers website content is being redrafted and further materials are being developed to support recruitment activity.
- A retention campaign including 'Our Working Lives' pages on the Source and a ‘Great Place to Work’ week which was ran in September and had positive feedback.
- We are attending a local community recruitment initiative, the Hammersmith and Fulham Employment and Skills fair on 8th March.

All Nursing & Midwifery Roles

At end of December 2017, the contractual vacancy rate for all of the Trusts Nursing & Midwifery ward roles was 14.21 per cent with 721 WTE vacancies across all bands. Within the band 2 – 6 roles of this staffing group, the vacancy rate stands at 15.28 per cent and we continue to work with other London Acute Teaching Trusts to benchmark and share information to support a reduction in these vacancies.

Actions being taken to support reduction in our Nursing and Midwifery vacancies include:

- Nursing recruitment campaigns.
- Automatic conditional offer letters to our student nurses.
- A ‘Student Attraction Strategy’ to make the Trust ‘employer of choice’.
- Open Days and social media campaigns planned for Haematology, ITU, Specialist Surgery, Trauma and Children’s services.
- Campaigns for the Charing Cross hotspots and campaigns for Stroke, Neurology,

Acute and Specialist Medicine for early 2018. A Recruitment and Retention premium is being put in place for areas which have a vacancy rate above 35 per cent in the Medicine and Integrated Care division.

- Career development pathways for midwives.
- Reducing the time an advert is open and centralising shortlisting to reduce the time to hire time.
- New careers clinics for Band 5 and 6 nursing and midwifery staff to help support them with career options and opportunities.

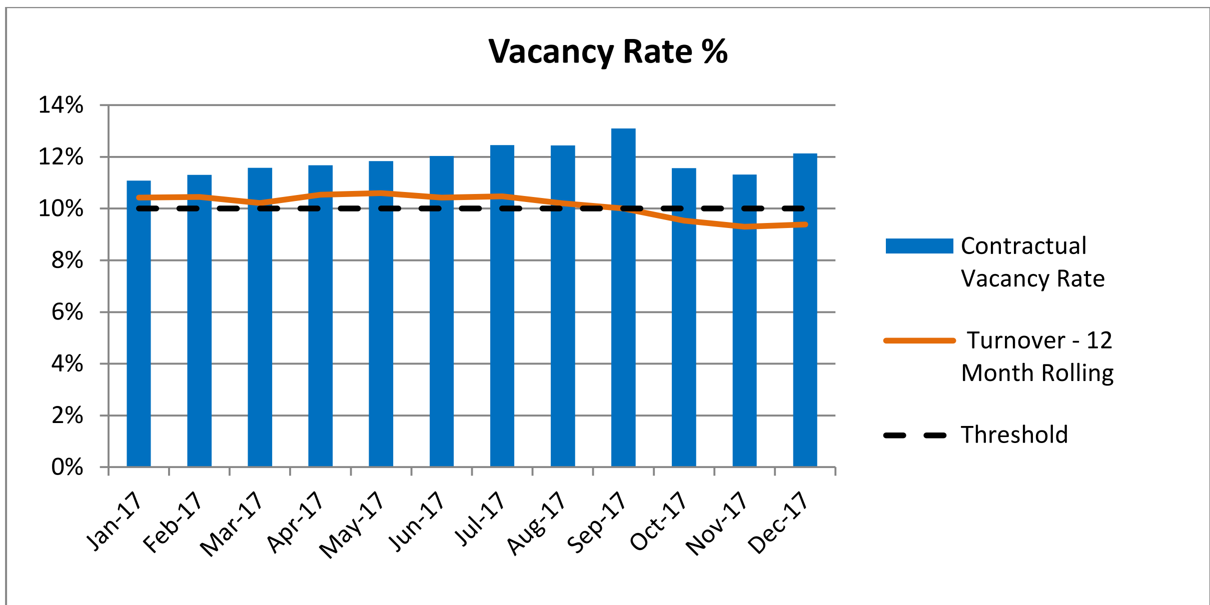


Chart 26 - Vacancy rates for the period January 2017 – December 2017

2.4.2 Well-Led: Sickness absence rate

Recorded sickness absence in December was 3.3 per cent, maintaining the Trusts rolling 12 month sickness position at 2.9 per cent against the year-end target of 3.1 per cent or lower.

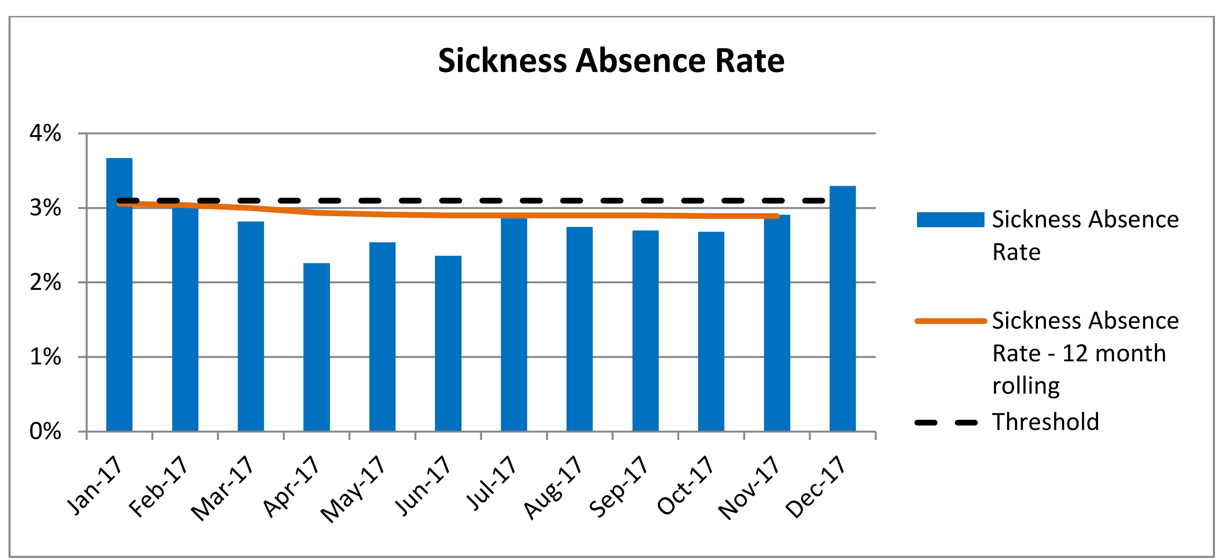


Chart 27 - Sickness absence rates for the period January 2017 – December 2017

2.4.3 Well-Led: Performance development reviews

The PDR cycle for 17/18 began on 1 April 2017 and closed on the 31 July 2017 with 88.5 per cent of staff having completed a PDR with their line manager; reviewing past year performance against objectives and the Trust values, agreeing personal development plans and setting objectives for the year. The PDR cycle for 18/19 will commence 1 April 2018.

2.4.4 Well-Led: Doctor Appraisal Rate

Doctors' appraisal rates are 89.7 per cent this month. Actions being taken to increase compliance include continuing the Professional Development monthly drop-in sessions across all Trust sites, reviewing the automated reminder emails from PREP and reviewing the system to ensure it is user friendly and easy to navigate by doctors. Individual contact continues with doctors who are overdue with application of the trust policy where appropriate.

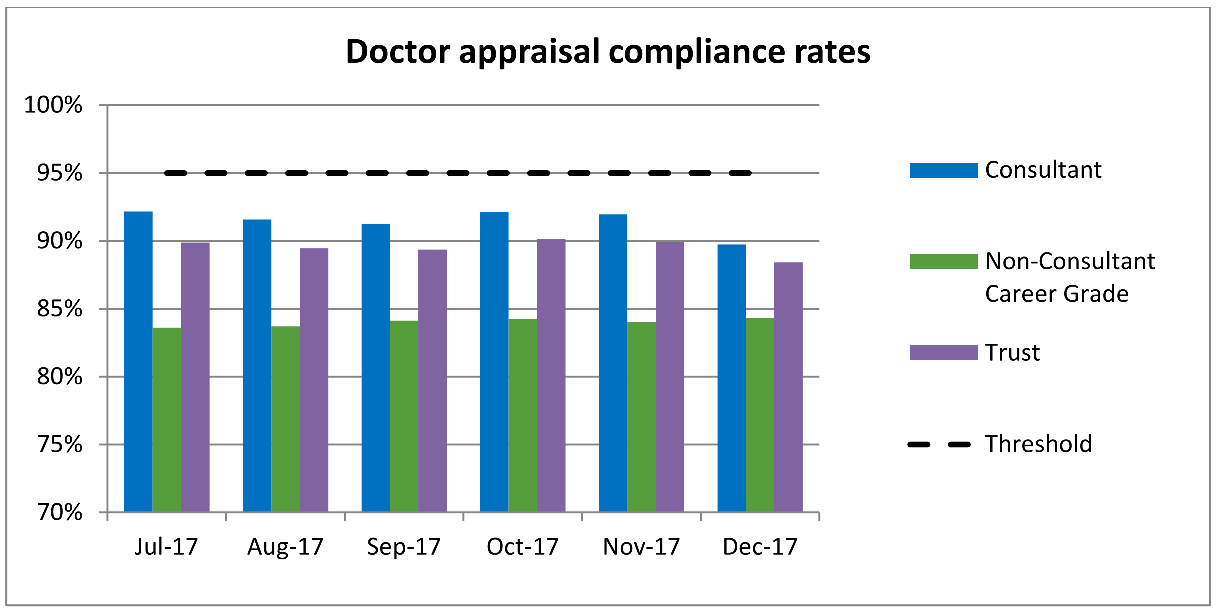


Chart 28 - Doctor Appraisal Rates for the period July 2017 to December 2017

2.4.5 Well-Led: Staff Friends and Family

The overall Engagement score increased from 77% in 2016 to 80% in 2017. The headlines of the Staff Friends and Family test results showed that:

- 86% of staff recommend the Trust as a place for care or treatment
- 72% of staff recommend the Trust as a place to work

The FFT scores were our highest performance to date in the last three years. The Trust has undertaked the 2017 NHS National Staff Survey and the results will be published in March 2018.

2.4.6 Well-Led: General Medical Council - National Training Survey Actions

Health Education England quality visit

The quality visit action plan has now been closed based on the evidence submitted.

2016/17 General Medical Council National Training Survey

The results of the General Medical Council's National Training Survey 2017 were published in July. The 2016 survey demonstrated significant improvements on previous results. The 2017 results indicate that we have maintained our performance overall, with some specialties demonstrating significant improvements, while others either remain challenged or have seen a deterioration in performance. On-going internal monitoring is being undertaken for specialities of concern through education specialty reviews.

In 2015 three specialities were put under enhanced monitoring by the GMC – critical care at Charing Cross Hospital, ophthalmology and neurosurgery. Formal actions plans were put in place with progress monitored at monthly meetings with the Medical Director, and locally through local faculty groups. The 2017 results for both ophthalmology and neurosurgery demonstrated that changes made have been sustained and therefore the GMC have agreed to remove from enhanced monitoring. Critical care remains under enhanced monitoring and the recurring red flags triggered a quality review from Health Education England in September which resulted in an additional action plan around developing the workforce, developing MDT simulation opportunities and enhancing supervision. Action plans are in place.

Health Education England (HEE) requested action plans in response to the survey results with 10 actions remaining outstanding. These are being monitored via the education specialty reviews and local faculty groups and will be reported in this report. A progress report on our actions was submitted to HEE on 19th January 2018.

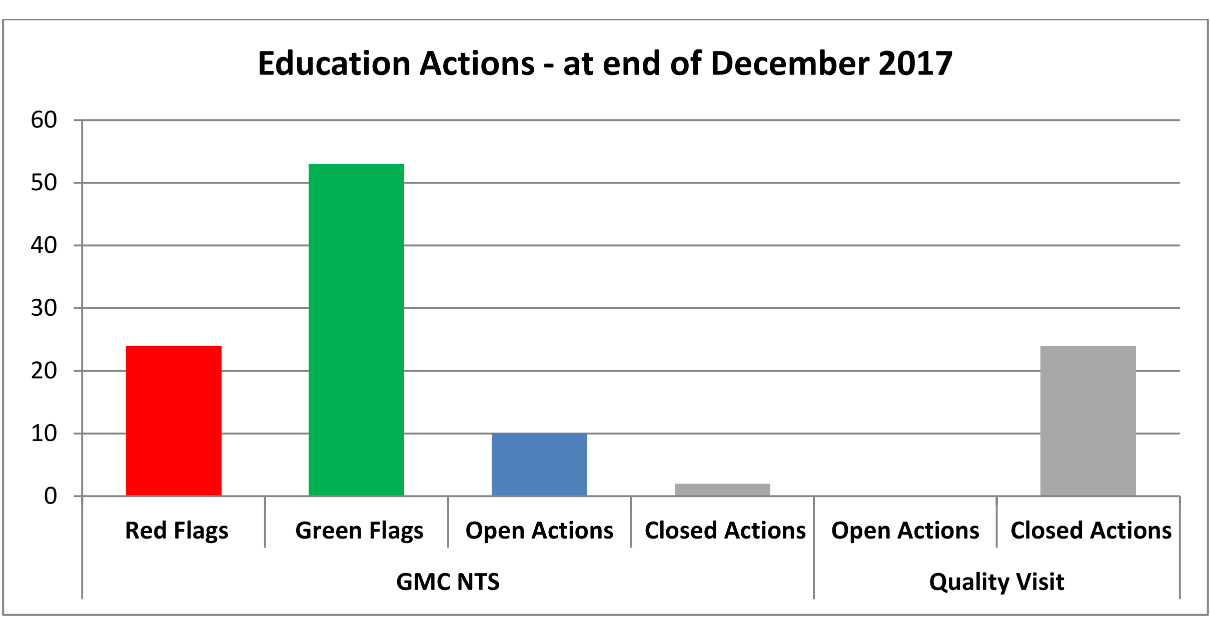


Chart 29 – General Medical Council - National Training Survey action tracker, updated at end December 2017

2.4.7 Well Led: Estates – reactive (repair) maintenance tasks completed on time

The performance for reported repair tasks completed on time during December, as delivered by the Trust's maintenance contractor (CBRE), was 16 per cent. The Deputy Head of Estates is in discussion with the contractor to produce the required action plan and improvement process.

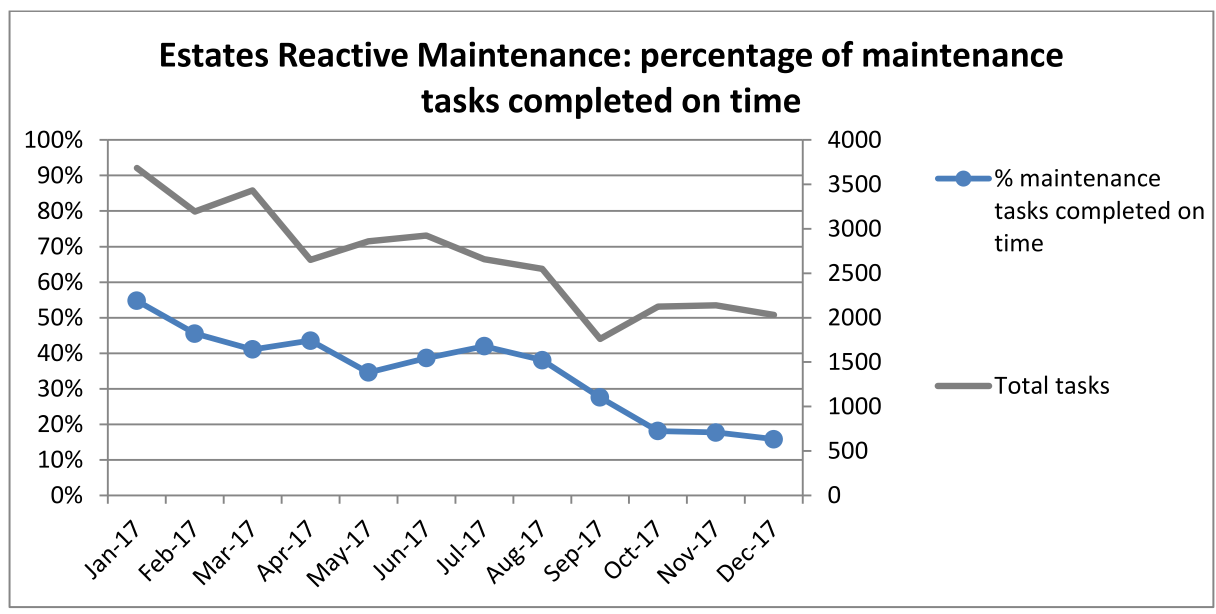


Chart 30 – Estates: percentage of maintenance tasks completed on time for the period January 2017 – December 2017

2.5 Responsive

2.5.1 Responsive: Referral to treatment waiting times

At end December 2017, 81.8 per cent of patients had been waiting less than 18 weeks to receive consultant-led treatment, against the standard of 92 per cent (November performance was 83.3 per cent).

There were 242 patients who had waited over 52 weeks for their treatment since referral from their GP. This was a slight reduction on November and was 85 below the trajectory for the month. Each patient is subject to a clinical review to make sure that their care plan is appropriate in view of the time they have waited for treatment, and we are expediting the treatment of all long-waiting patients wherever possible.

The Trust anticipates an increase in reported breaches for January as a result of the impact of temporary postponement of non-urgent elective activity in January to support emergency pathways, as part of the national response. A revised Trust-level RTT recovery trajectory is being finalised.

As reported in September, the Trust's waiting list improvement programme (WLIP) has been restructured into three key work streams responsible for delivery of the programme objectives: RTT recovery and sustainability, elective care operating framework and digital optimisation. The programme continues to be overseen by a Waiting List Improvement Programme Steering Group, with external representation from Commissioners and NHS Improvement.

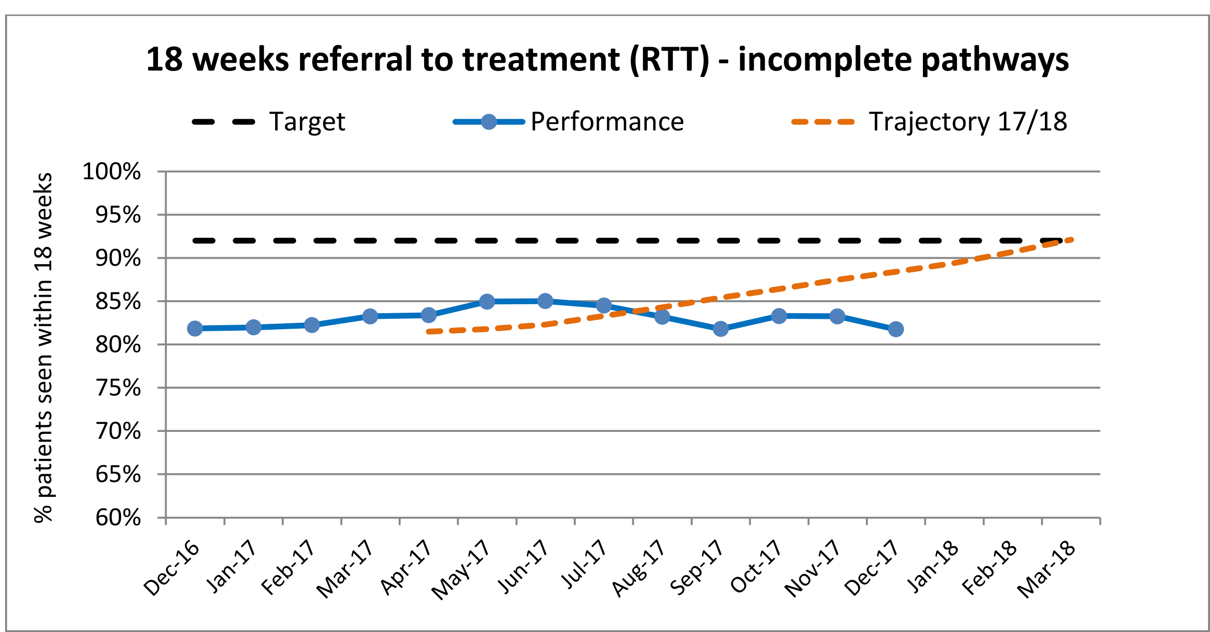


Chart 31 – Percentage of patients seen within 18 weeks (RTT incomplete pathways) for the period January 2017 – December 2017

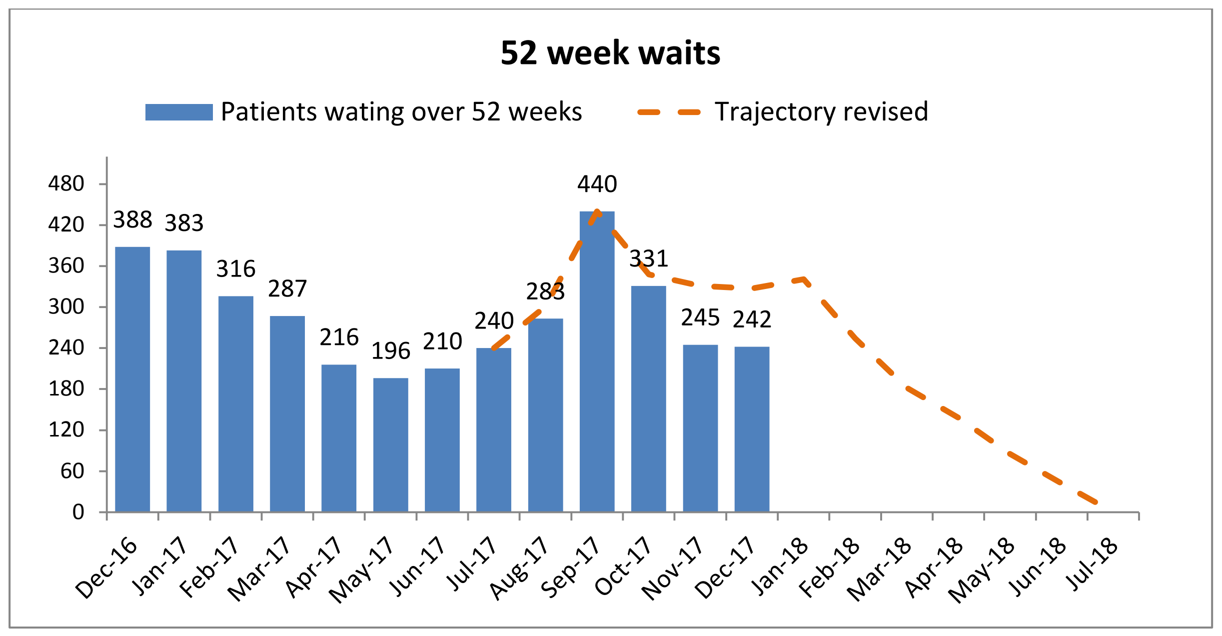


Chart 32 - Number of patients waiting over 52 weeks for the January 2017 – December 2017

2.5.2 Responsive: Cancer 62 day waits

Due to the timing of submissions cancer performance is reported for November 2017. The Trust achieved the 62-day standard, delivering performance of 87.1 per cent against, above the trajectory target of 85.1 per cent.

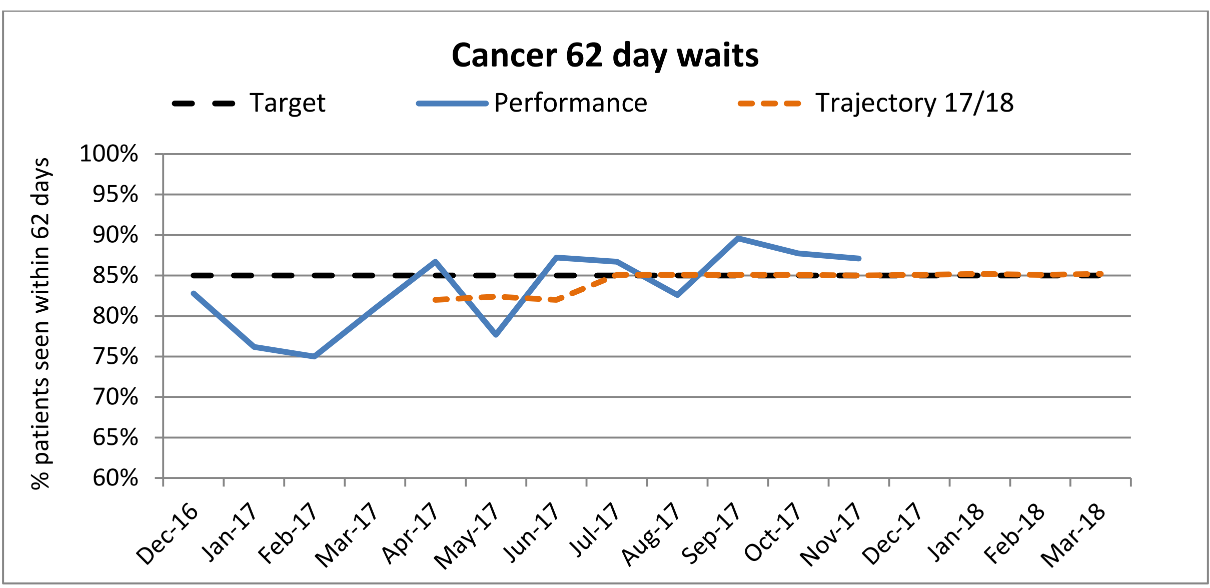


Chart 33 – Cancer 62 day GP referral to treatment performance for the period December 2016 – November 2017

2.5.3 Responsive: Theatre utilisation

The Trust overall theatre utilisation performance for elective operations was 74 per cent[1] in December 2017 against a target of 85 per cent.

The key issues remain as follows:

- On the day cancellations rose slightly across the Trust during December
- Patient unfit on the day and DNA's continue to be the main issue for cancellations at the CXH and HH sites; unavailability of wards beds at SMH accounted for 25 per cent of overall cancellations
- Largest opportunity[2] within Trauma & Orthopaedics (22 per cent of the Trust's overall opportunity for December)

Performance is continually being reviewed with the specialities at the Trust's monthly Theatre Efficiency Group. The Four Eyes productivity programme has commenced and will be looking to support the Trust in taking the following steps to improve overall theatre performance:

- Strengthening scheduling processes within the Patient Services Centre through the introduction of the Four Eyes scheduling tool in January, which gives visibility of number of cases booked and 'list fullness';

[1] Includes elective, trauma and waiting list initiative sessions (excludes emergency and private sessions)
[2] Opportunity is defined as the sum of late starts, early finishes and overruns in minutes

- Continued focus on 'start up processes' in theatres e.g. Team Brief and 'Golden Patient' sent for prior to scheduled start time; and
- Improving the utilisation of the central pre-assessment clinics to develop a pool of 'fit' patients ready for scheduling.

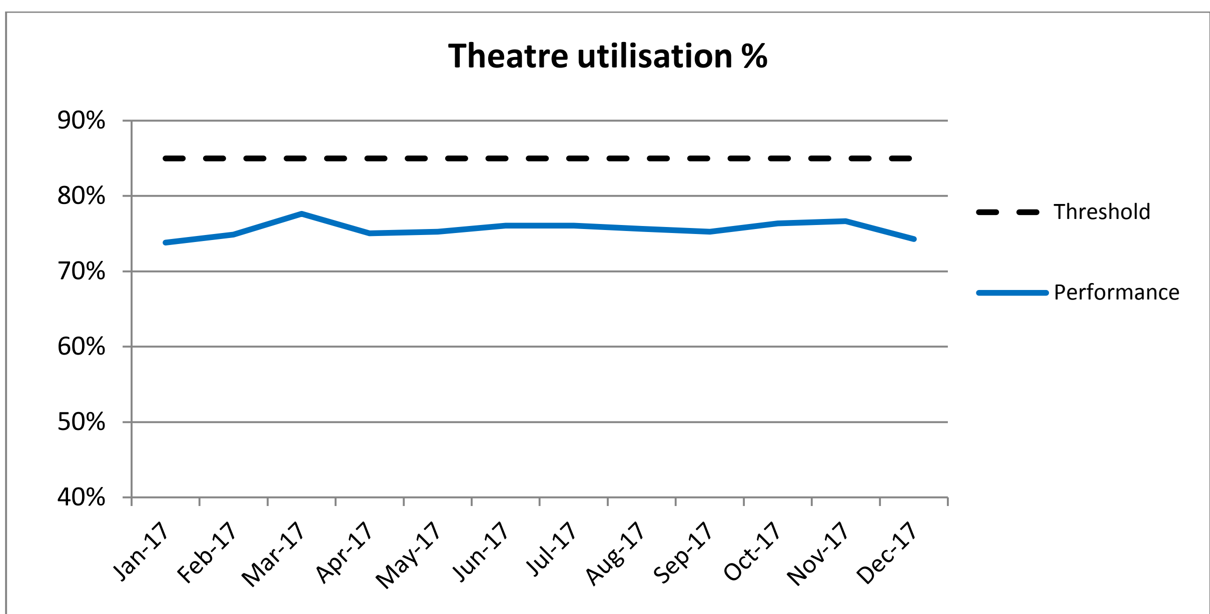


Chart 34 – Average theatre utilisation (Trust-wide, elective operations) for the period January 2017 – December 2017

2.5.4 Responsive: 28-Day Rebookings

The national submission for quarter 3 2017/18 is 25 January and a full update will be provided in the February report.

2.5.5 Responsive: Accident and Emergency

Performance against the four-hour access standard for patients attending Accident and Emergency was 84.2 per cent in December 2017 against the 90.2 per cent Sustainability and Transformation Fund (STF) target for the month. These figures are a drop from the previous month and marginally lower than the same month in 2016 where performance was 84.5 per cent. There were five 12-hour trolley wait breaches for the month.

The Trust continues to experience significant pressures and the key issues remain as follows:

- Increased demand and acuity within type 1 departments (rising type 1 attendances at CXH and an increase in arrivals via ambulance and major trauma presentations at SMH);
- An increase in arrivals via ambulance and major trauma presentations at SMH;
- Difficulties with late transfer of patients from the Vocare UCC to the Emergency Department at SMH; &

- High levels of bed occupancy and bed days lost through a combination of delayed transfers of care from the hospital, delays for mental health beds & on-going estate issues.

In line with recommendations from NHS England to free up capacity and support emergency pathways, additional temporary measures are being taken to postpone non-urgent operations and procedures that were due to take place this month.

Schemes to provide additional urgent and emergency care capacity for winter pressures are on track, including reopening of beds closed due to estates issues and opening of additional winter beds.

The Trust continues the programme of patient flow improvements which are overseen by the four-hour Performance Steering Group.

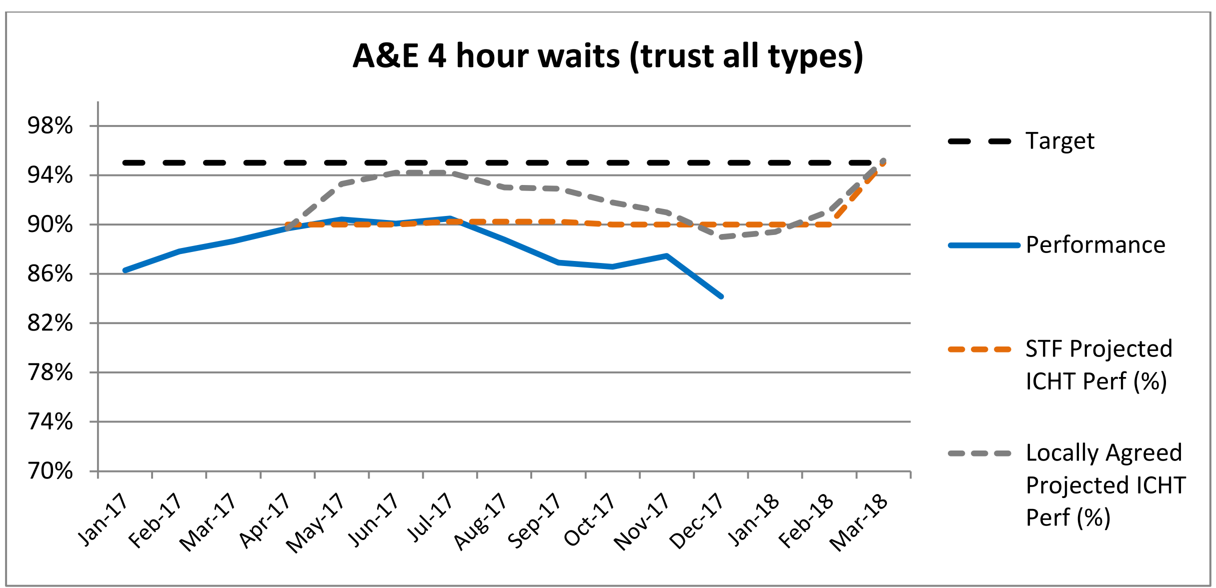


Chart 35 – A&E Maximum waiting times 4 hours (Trust All Types) for the period January 2017 – December 2017

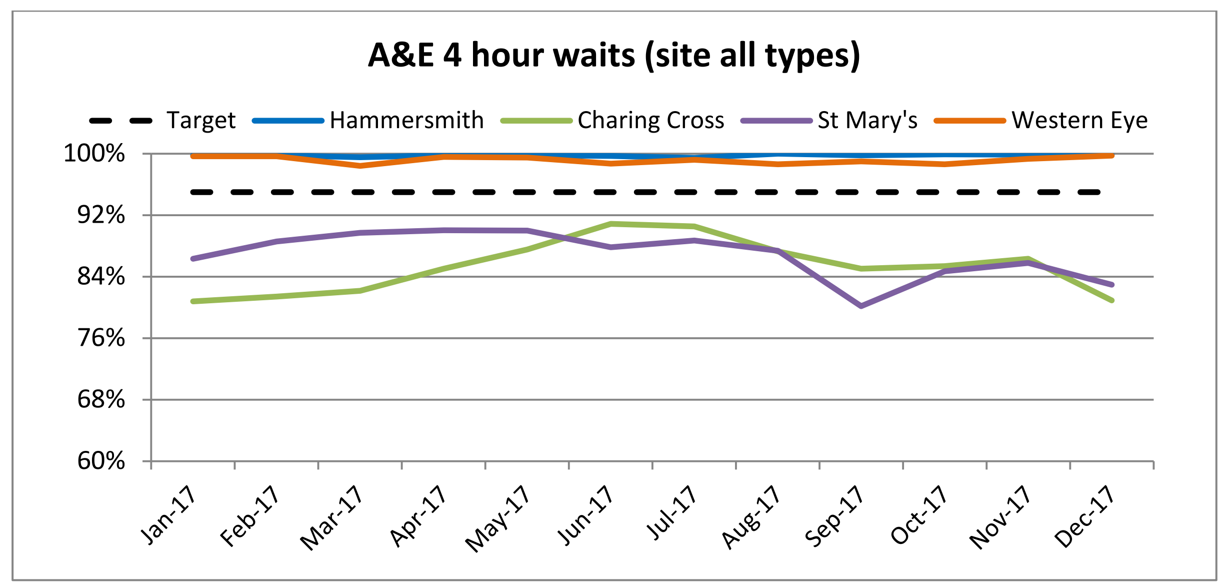


Chart 36 – A&E Maximum waiting times (Site All Types) 4 hours for the period January 2017 – December 2017

2.5.6 Responsive: Diagnostic waiting times

The latest reported performance is for December 2017 where 1.5 per cent of patients were waiting over six weeks against a tolerance of 1%. The performance was ahead of the recovery trajectory for the month of 2.2 per cent. The Trust expects to return to previously good performance of achieving the target of 1% from February onwards.

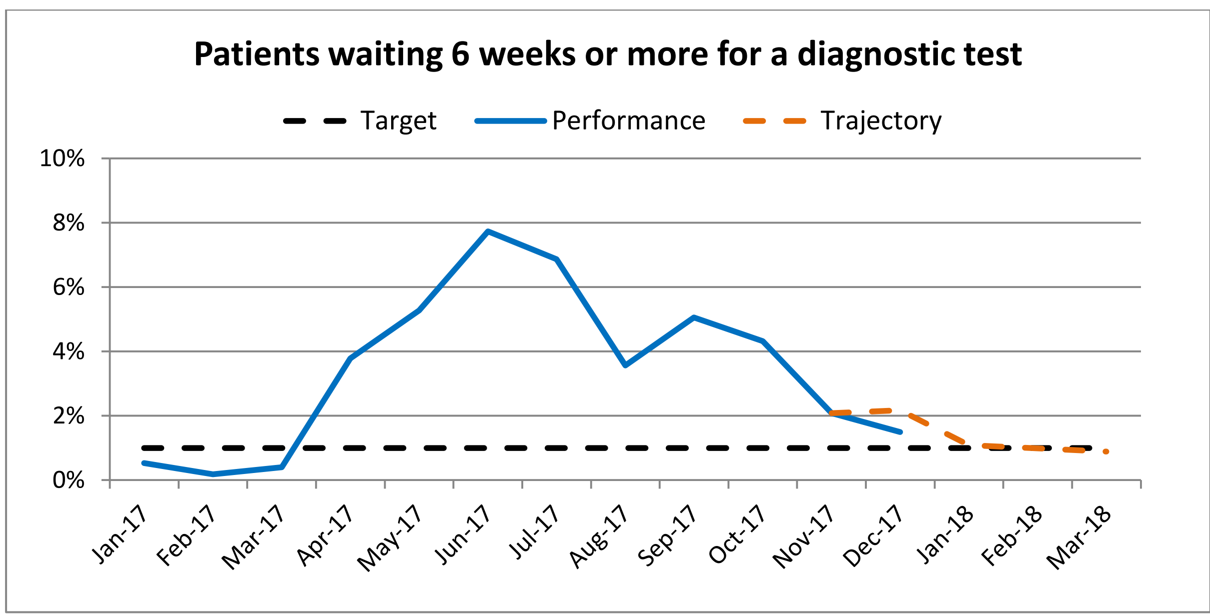


Chart 37 – Diagnostic waiting times for the period January 2017 – December 2017

2.5.7 Responsive: Waiting times for first outpatient appointment

A key milestone of the 18 week RTT pathway is the first outpatient appointment. This is where the patient will be assessed by a specialist and decisions on whether further tests are needed and the likely course of treatment are made. This indicator shows the average number of weeks that patients waited before attending their first outpatient appointment following a referral for routine appointments only. The average waiting time was 7.4 weeks to attending first appointment from referral. The waiting times vary widely between clinical services, ranging from 4 – 13 weeks.

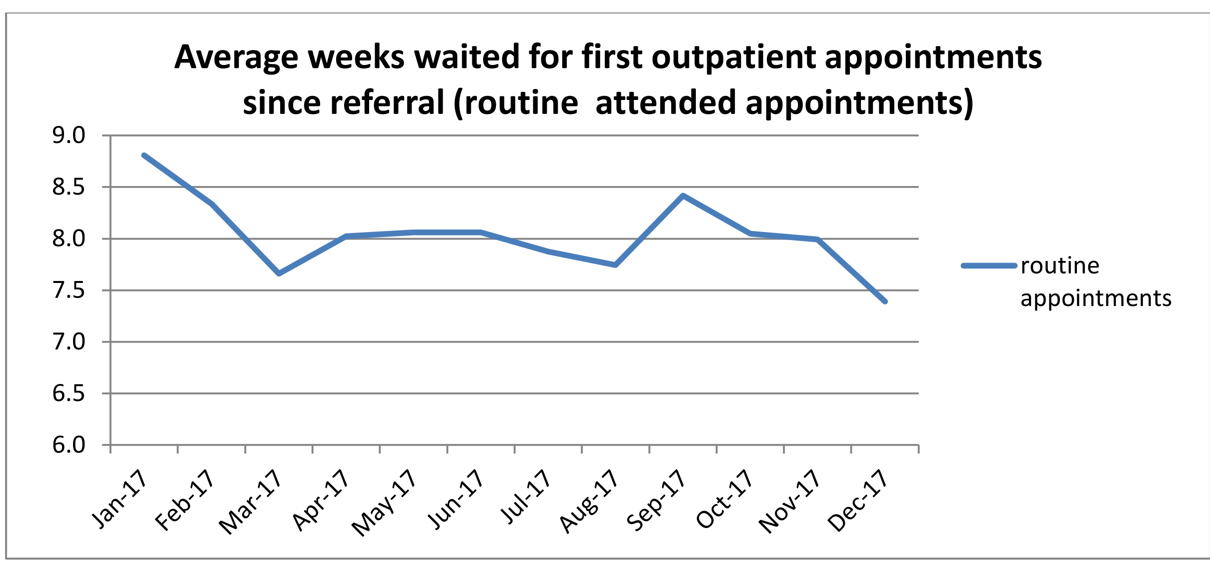


Chart 38 – Average weeks waiting time from referral to first outpatient appointment for the period January 2017 – December 2017 (routine appointments)

2.5.8 Responsive: Outpatient DNA

The overall DNA rate was 12.7 per cent in December and the priority is to reduce the numbers of patients not attending their appointments to less than 11 per cent. This continues to be above the threshold and a range of actions will continue to be put in place: These are:

- Promoting option for patients to receive appointment letters via email providing instant notification of appointments;
- Deliver a single point of access for appointment handling and queries; &
- Carrying out specialty and sub-specialty analysis of DNA rates to identify clinical pathways with increased opportunity for targeted intervention.

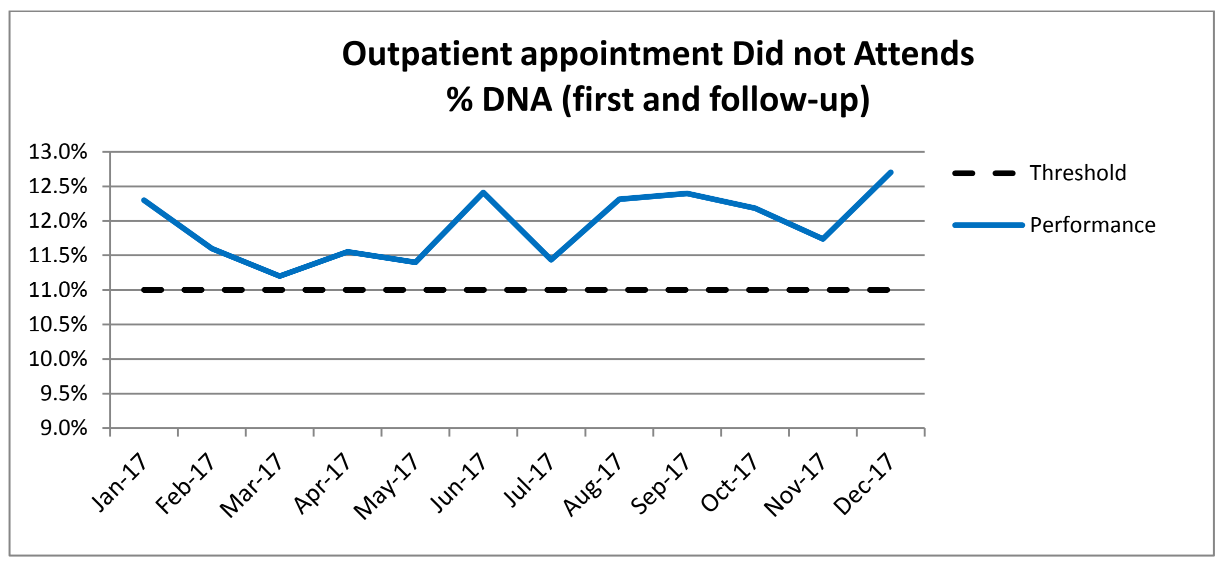


Chart 39 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period January 2017 – December 2017

2.5.9 Responsive: Outpatient appointments cancelled by the Trust

In December 9.1 per cent of outpatient appointments were cancelled by the hospital with less than 6 weeks' notice. Performance remains above the target; priority areas are as follows:

- A quality improvement project, funded by Imperial Health Charity, to improve the patient experience and reduce the cancellations of outpatient appointments.
- A deep dive to is being carried out in order to (i) understand impact of expediting appointments on cancellation rates and RTT breach status (ii) review the indicator definiton and (iii) review reasons for cancellation
- Working with specialty teams to embed the trust policy of ensuring a minimum of six weeks' notice is provided for planned leave requiring the cancelling of clinics

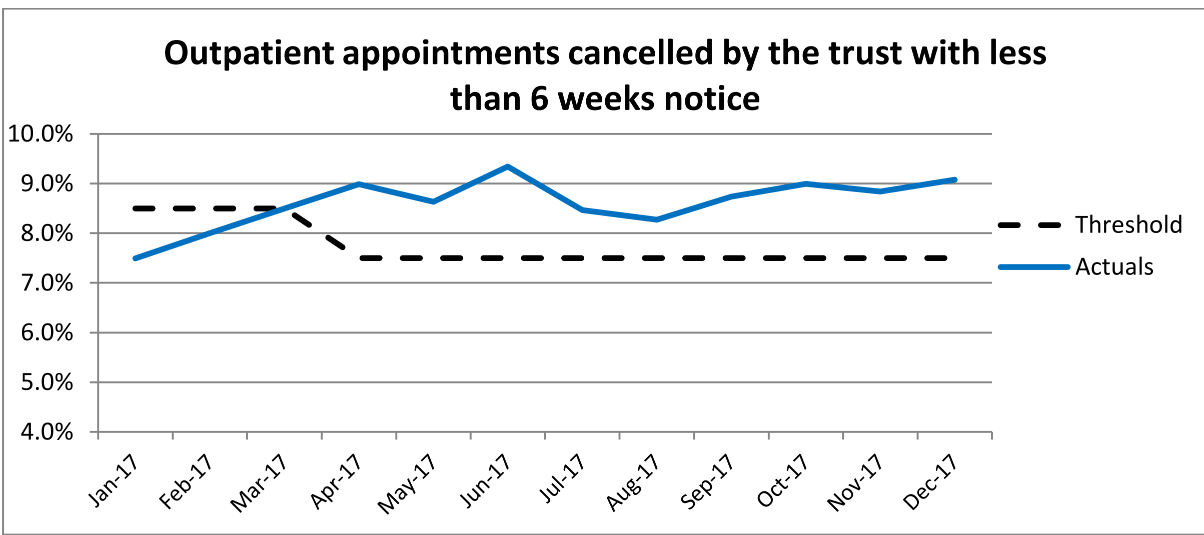


Chart 40 – Outpatient appointments cancelled by the Trust with less than 6 weeks' notice for the period January 2017 – December 2017

Note: the indicator currently measures appointments that are cancelled and rebooked to the same day, appointments that are cancelled and moved to an earlier date for the patient as well as appointments that are cancelled and pushed back and result in longer waits for the patient.

2.5.10 Responsive: Outpatient appointments made within 5 days of receipt

There has been steady improvement since January 2017 in the percentage of referrals booked for a first outpatient appointment within 5 working days since receipt. Work continues to establish new ways of working to increase responsiveness including improved tracking and roll-out of e-vetting for services within the Patient Service Centre.

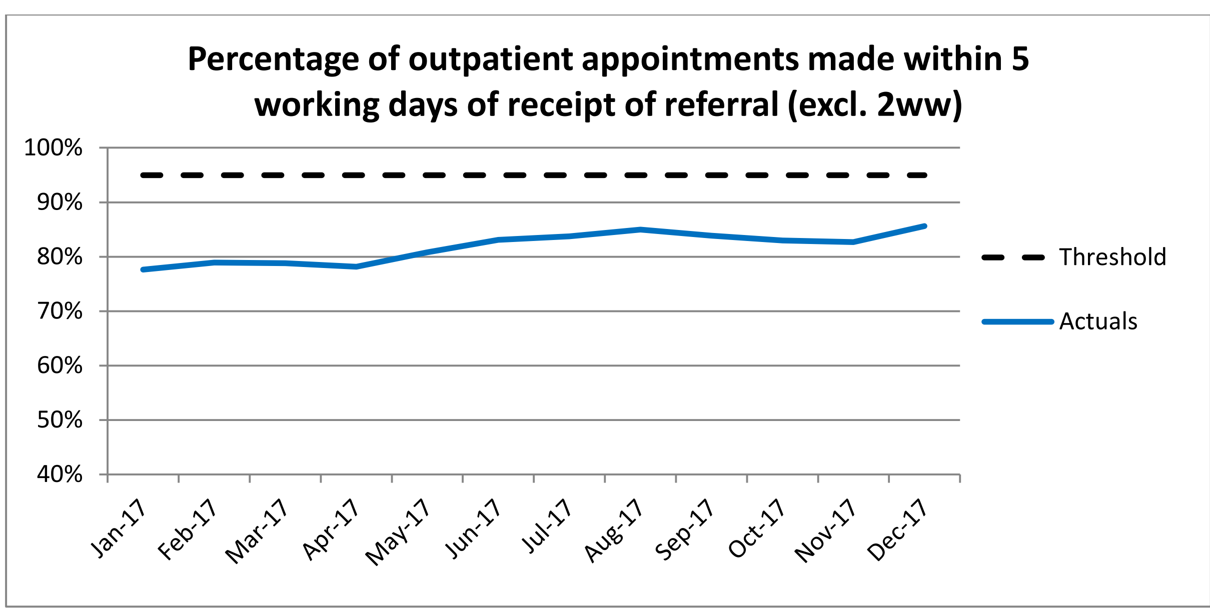


Chart 41 – % of outpatient appointments made within 5 working days of receipt of referral (excluding 2 week waits) for the period January 2017 – December 2017

3. Finance

Please refer to the Monthly Finance Report to Trust Board for the Trust's finance performance.

Appendix 1 Safe staffing levels below target by ward (additional detail)

The fill rate was below 85 per cent for care staff and 90 per cent for registered staff in the following wards:

- A8 (general surgery) had a day fill rate of 87.11 per cent for registered staff which equated to 21 shifts unfilled however, over the Christmas period there were 8 empty beds and elective procedures were postponed to relieve pressure. The matron for the area also worked clinically to support the team.
- C8 (cardiology) had a day fill rate of 68.42 per cent for care staff. This equated to 12 unfilled shifts for enhanced care of patients, which were covered by moving staff from other areas.
- Dacie ward only rosters one health care support worker at night and was unable to fill this shift over the December period and therefore the fill rate for care staff is 0 per cent. The shift was covered by moving staff from another area.
- Westen ward (haematology) had a day fill rate of 82.63 per cent for registered staff which equated to 22 shifts. During December however, activity was reduced due to planned bed closures and refurbishment.
- 10 North (neurology) had a day fill rate of 81.81 per cent which equated to 11 shifts unfilled for enhanced care of patients.
- 4 South (respiratory medicine) had a night fill rate for care staff of 84.62 per cent which equated to 7 unfilled shifts. These were covered by flexible use of rostered staff.
- 8 West (medicine) had a day fill rate of 89.45 per cent for registered staff and 81.11 per cent for care staff, which equated to 22 and 29 shifts unfilled respectively.
- John Humphrey's ward had a day fill rate of 79.77 per cent and a night fill rate of 83.64 per cent for care staff. This equated to 15 shifts unfilled for enhanced care during the day and 9 shifts at night. These shifts were safely covered by cross cover of care staff from other areas.
- Peters ward (nephrology) had a day fill rate for registered staff of 88.72 per cent which equated to 13 long day shifts and 4 shorter late shifts unfilled. The staffing gap was covered by flexible use of existing staff and skill mix.
- DAAU AMU had a day fill rate of 82.87 per cent for registered staff and 83.67 per cent day fill rate for care staff. This equated to 33 registered staff shifts unfilled during the day, 14 of which were due to an extra registered nurse added to the establishment to improve patient flow and the remaining due to sickness absence. Staff were moved from other areas to ensure patients were cared for safety.

- DAAU HDU (Douglas ward) had a day fill rate of 83.29 per cent for registered staff and 83.39 per cent during the day for care staff. This equated to 27 shifts unfilled 7 of which were for enhanced care of patients. The remainder of unfilled shifts was due to high sickness over the Christmas period and staff vacancies. These shifts were safely covered by cross cover of care staff from the first floor.
- Manver's ward had a day fill rate of 80.23 per cent for care staff. This equated to 17 shifts unfilled which were safely covered by flexible use of staff across the ward.
- Samuel Lane had a day fill rate of 78.16 per cent for care staff. This equated to 27 shifts unfilled for enhanced care and staff vacancies.
- PCCS (PICU) at St Mary's Hospital had a day fill rate of 81. 13 per cent which equated to 63 day shifts unfilled. Admissions to the unit were stopped and all non essential staff training was halted in order to release clinical staff for duty. Senior nurses worked clinically to fill the staffing gaps and medical and site teams increased their support and oversight to the unit as did the divisional management team. Patients were risk assessed daily and allocated according to available skill mix and patient acuity. Additionally, the DDN for the area maintained personal oversight of the area during times of high demand to facilitate and support staff management and patient safety.

Imperial College Healthcare NHS Trust – Action plan to deliver the agree undertakings

At 24 January 2018

	No	Summary of undertaking	Timeframe [date]	Not started/ in progress/ completed	Trust actions and comments
Finance	1.1	Return to underlying surplus with year on year improvements in the underlying position	Start of 2021/22	In progress	Work is continuing on our Specialty Review Programme and our transformation programme which will form the building blocks of the recovery plan. Recruitment for a Director of Strategic Development has commenced; this post will coordinate the work, and we are going through a process to put in place the resources and structures to support delivery of the plan.
	1.2	Develop a financial recovery plan to return to surplus by the start of 2021/22	31 March 2018	In progress	See above
	1.3	Clear timetable and milestones for Financial Recovery Plan including recurrent CIP to deliver 2018/19 control total	31 January 2018 23 January FROG	In progress	Work is on-going to refresh the Trust plan for 2018/19. As part of that we are currently proposing to develop a challenging CIP programme of £40m - £50m. Once NHSI planning guidance for 2018/19 has been published we will be able to firm up our plans.
A&E	2.2	Maintain A&E performance of at least 90%	Throughout Winter 2017/18	In progress	The Trust has not met the 90% target to date this winter – see graph below. **2017-18 A&E Performance & Trajectories** Locally Agreed Projected ICHT Perf (%); National Target (%); Actual ICHT Performance (%); STF Projected ICHT Perf (%) 100.0%, 95.0%, 90.0%, 85.0%, 80.0%, 75.0% Apr '17 89.7%; May '17 90.3%; Jun '17 90.1%; Jul '17 90.5%; Aug '17 88.8%; Sep '17 87.1%; Oct '17 86.6%; Nov '17 87.5%; Dec '17 84.3%; Jan '18; Feb '18; Mar '18 Actions to improve A&E performance are being managed through the Improving Patient Flow Programme. Specifically for winter additional schemes of work are in place to increase the acute bed base, staffing and support service resources.
	2.3	Maintain A&E performance of 95%	31 March 2018	Not started	As above

London North West Healthcare NHS Trust – Action plan to deliver the agree undertakings

	No	Summary of undertaking	Timeframe [date]	Not started/ in progress/ completed	Trust actions and comments
	2.4	Develop and submit to NHS Improvement a dashboard allowing the Trust Board to track the effectiveness of the Improving Patient Flow plan	To POM meetings	In progress	A scorecard has been developed for the Improving Patient Flow Programme and is submitted through the Provider Oversight Meeting updates.

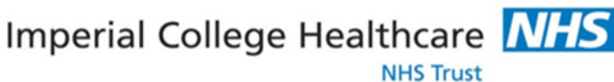
	No	Summary of undertaking	Timeframe [date]	Not started/ in progress/ completed	Trust actions and comments
RTT & 52 weeks	3.1	Validate the number of 52 weeks waits and ensure all receive treatment or are discharged	July 2018	In progress	RTT long waiters (40+ weeks) are managed by clinical Directorates and Divisions, and monitored by the Trust's Waiting List Improvement Programme (WLIP). All long-waiting patients are validated and actively tracked on a weekly basis, and are reviewed to ensure they are reported accurately as part of monthly performance reporting. A 52 week recovery trajectory was agreed and circulated in November 2017, and this was disaggregated to specialty level in December 2017. The Trust is currently ahead of its 52 week trajectory, reporting 242 patients >52 weeks in December 2017 against a trajectory of 327 patients. Performance is shown in the graph below.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Incomplete pathways >52 weeks	217	196	210	240	301	440	331	245	242	
16/17 recovery trajectory	337	301	214	124	85	62	40	20	10	-
Revised recovery trajectory						440	348	331	327	341

An Elective Care Delivery Manager, reporting jointly to ICHT and to NHSI, was appointed on 15th January 2018, with a remit to support the Trust in focusing on delivery of > 52 week trajectory.

London North West Healthcare NHS Trust – Action plan to deliver the agree undertakings

	No	Summary of undertaking	Timeframe [date]	Not started/ in progress/ completed	Trust actions and comments
	3.2	Develop and submit an RTT recovery plan to deliver RTT incomplete performance target	To be confirmed in February 2018	In progress	Under the auspices of the Waiting List Improvement Programme (WLIP), the Trust has developed action plans and RTT recovery trajectories for the 12 most challenged specialties (approximately 60% of the total Trust RTT incomplete waiting list).[1] These were finalised and signed-off with IST input in December 2017, and an internal assurance process has been developed and implemented. The specialty recovery trajectories have been aggregated at Trust level and combined with current trend data from the non-modelled TFCs to create a draft Trust-level recovery trajectory. This is currently being reviewed with input from the circa 40% of specialties who were not required to complete recovery plans to ensure that it accurately reflects forecast performance trends, and to identify if there are any other areas which may require focused support to enable them to improve performance. The impact of postponing elective activity in January 2018 is also being assessed and will be factored into the trajectory. It is anticipated that a draft RTT recovery trajectory will be completed by 31 January 2018 for internal review and approval, prior to sharing with key stakeholders in February 2018. *[1] General surgery, T&O, urology, ENT, ophthalmology, neurosurgery, gastroenterology, dermatology, neurology, colorectal surgery, plastic surgery, vascular surgery.*
Data	4.1	Commission an independent review of the clinical and administrative processes within its elective pathways, clinical oversight of avoidable harm.	30 November 2017	In progress	We expect to have an external lead formally contracted by the board meeting and a formal contract awarded to an expert team very shortly after that. The expert team are currently re-drafting their specification hopefully for the final time. It has been an extremely challenging piece of work to specify given the amount of work and teams of experts that have previously been engaged to help us in this critical but highly complex area.
Governance	5.2	Trust Board to oversee delivering undertakings, and risks to the successful achievement	With immediate effect	In progress	Reported to public Trust board (bi-monthly) as part of overall financial and performance reporting



Report to:	Date of meeting
Trust Board - public	31 January 2018

Finance Report for December 2017

Executive summary:

This report provides a brief summary of the Trust's financial results for the 9 months ended 30th December 2017.

In December the Trust reported a surplus of £2.6m before STF and winter funding which brings the year to date position back to plan. In quarter 3 draft A&E performance means the Trust is not eligible to receive this element of the STF funding (£2.2m).

Capital spend is behind plan year to date by £9.4m, and whilst the Trust expects to live within its capital resourcing limit, this requires spend of £9.5m per month for the remainder of the year.

There was £22.5m in the bank at the end of December. The Trust is not anticipating drawing down further working capital and expects to live within its external financing limit, and to hit is cash plan.

Financial impact:

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

1) Has no financial impact.

Risk impact:

Risks are highlighted in the summary pages

Recommendation(s) to the Committee:

The Committee is asked to note the paper, including the risks and issues highlighted.

Trust strategic objectives supported by this paper:

Retain as appropriate:
To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

Author	Responsible executive director	Date submitted
Michelle Openibo, Associate Director: Business Partnering Janice Stephens, Deputy CFO	Richard Alexander, CFO	25 January 2018

FINANCE REPORT – 9 MONTHS ENDED 30th December 2017

1. Introduction

This report provides a brief summary of the Trust's financial results for the 9 months ended 30th December 2017.

2. Financial Performance

In December the Trust was informed that it would receive £3.7m of winter funding. £2.5m of this was to support costs for winter already within Trust plans and £1.2m was to support opening additional capacity over winter months. As a consequence the Trust is required to show the £2.5m as an improvement to its forecast outturn, £1.25m in December and £1.25m in February.

Sustainability and Transformation Funding (STF) is calculated on a quarterly basis. There are two elements, financial performance which accounts for 70% and A&E 4 hour performance which accounts for 30%. Year to date the trust has met its financial control total so has achieved the financial element of STF, but has failed to achieve the A&E portion in both quarter 2 and 3 resulting in an adverse variance in month of £2.2m taking the year to date adverse variance to £3.6m

Before STF and winter funding the Trust reported an in-month favorable variance to plan of £2.6m. This brings the year to date position back to plan. A key driver of this was an improvement in reported income. The Trust estimates the NHS income position in month and finalizes the reported figures in the following month. The additional income is the main reason that the trust has shown a positive position. Private care was also above plan in month and continues to grow.

	In Month			Year To Date		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	86.06	88.61	2.55	806.18	813.03	6.85
Pay	(48.86)	(48.59)	0.27	(439.45)	(440.84)	(1.39)
Non Pay	(36.38)	(37.94)	(1.56)	(341.52)	(352.61)	(11.09)
Reserves	(0.36)	0.10	0.46	(11.52)	(9.39)	2.13
EBITDA	0.46	2.19	1.72	13.68	10.19	(3.49)
Financing Costs	(3.61)	(9.02)	(5.41)	(32.52)	(33.91)	(1.38)
SURPLUS / (DEFICIT) inc. donated asset treatment	(3.15)	(6.84)	(3.69)	(18.85)	(23.71)	(4.87)
Donated Asset treatment	(0.51)	(0.02)	0.49	(4.59)	(5.52)	(0.93)
Impairment Treatment	-	5.80	5.80	-	5.80	5.80
SURPLUS / (DEFICIT)	(3.66)	(1.06)	2.61	(23.44)	(23.43)	0.00
STF Income	2.43	0.24	(2.19)	12.15	8.50	(3.64)
Winter Pressures	-	1.25	1.25	-	1.25	1.25
SURPLUS / (DEFICIT) after STF income	(1.23)	0.44	1.67	(11.29)	(13.68)	(2.39)

Year to date income is above plan due to additional NHS activity. Pass through drugs and devices are underperforming against the plan by £6.5m year to date. This is offset with reduced costs. Education and research income is also above plan and this income is also offset with costs to deliver the services.

Pay costs are overspent year to date, this is primarily due to unmet CIPs. In some cases it has proved inappropriate to deliver planned cost reductions as activity has been greater than planned and the resources required to meet demand – in these instances the Trust usually receives additional income which at least partially offsets the lost CIP saving.

Non pay costs are overspent in month and year to date, there have been overspends on clinical supplies and outsourcing to meet the additional demand in the trust in all divisions.

2.1. NHS Activity and Income

The summary table shows the position by division

Divisions	Year To Date Activity			Year To Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Total Division of Medicine & Integ. Care	643,151	648,873	5,723	191.80	196.18	4.38
Total Division of Surgery, Cancer & Cardiov.	527,684	522,398	(5,286)	227.52	233.99	6.47
Total Division of Women, Children & Clin. Support	1,953,952	1,884,167	(69,785)	119.25	115.62	(3.62)
Central Income				101.90	98.02	(3.88)
Clinical Commissioning Income	3,124,786	3,055,438	(69,349)	640.47	643.81	3.34

Within clinical divisions there is over performance on clinical income year to date. The adverse variance within central is relates to pass through drugs and devices income which is £6.5m under plan year to date, and has offsetting cost variances.

Medicine and Integrated Care (MIC) is over performing mainly due to non-electives. The over performance has been in general non – electives and in neurosciences and stroke. Renal activity is underperforming; the Division had planned for an increase in activity which has not been seen in year.
The main areas of over performance within Surgery, Cancer and Cardiovascular (SCC) are clinical hematology and oncology and palliative care. Staff vacancies have caused an underperformance in Cardiac services.

The main area of underperformance in Women Children and Clinical Support Services (WCCS) is maternity. There has been a reduction in maternity income in year and indications are that this is a trend seen across the country. There is work being undertaken to understand the resources required in the maternity service should activity numbers remain low.

2.2. Private Patients Income

Private patient's income is behind plan year to date. There has been underperformance in children's income due to a loss of paediatric bone marrow transplant patients. This reduction is unlikely to recover and the division is planning to reduce the plan next year to take into account the permanent loss of activity. There has also been some delays to implementation of the trust's IVF service. This service has

grown in year, but is below plans due to delay in recruitment. Staff are due to start in post in January which is expected to improve the income position.

2.3. Clinical Divisions

The devolved financial position for clinical divisions is set out in the table below. Clinical divisions are favorable to plan in month and adverse year to date.

	In Month			Year To Date		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Divisions						
Income	20.45	23.37	2.91	203.51	208.74	5.23
Expenditure	(16.37)	(18.26)	(1.89)	(156.31)	(163.63)	(7.32)
Medicine and Integrated Care	4.08	5.11	1.03	47.20	45.11	(2.09)
Income	26.33	25.90	(0.44)	234.50	239.07	4.57
Expenditure	(22.67)	(23.26)	(0.59)	(201.25)	(209.03)	(7.78)
Surgery, Cancer and Cardiovascular	3.66	2.63	(1.03)	33.25	30.04	(3.21)
Income	14.46	14.16	(0.30)	136.49	127.70	(8.79)
Expenditure	(16.34)	(15.72)	0.62	(148.53)	(146.86)	1.67
Women, Children & Clinical Support	(1.88)	(1.56)	0.32	(12.04)	(19.15)	(7.12)
Imperial Private Healthcare	0.49	1.22	0.73	10.26	11.53	1.27
Total Clinical Division	6.35	7.41	1.05	78.66	67.52	(11.14)

The favourable position to plan in month is mainly due to the additional income received; £1.1m of this was in MIC, £1.5m in SCC and £0.6m in WCCS. In month there has also been a plan adjustment between MIC and SCC. Four critical care beds moved from MIC to SCC at Charing Cross. The plan for these beds has been adjusted in month causing a £0.9m favourable movement in MIC and £0.9m adverse in SCC.

The key driver of the MIC position is unidentified CIPs. The Division has a large non elective income over performance and is incurring additional costs of activity. The position in SCC is adverse to plan year to date. This is partially due to unidentified CIPs but there have also been additional costs incurred for the waiting list improvement programme which is overspending. WCCS adverse variance to plan is due to income issues with both private children's and NHS maternity activity causing underperforming against plan. Within WCCS Pathology accounts for £1.1m of the adverse variance year to date. This is due to underperformance on income, both GP direct access and contracts with other organisations. For Imperial Private Health there has been over performance on income with associated costs of delivery.

3. Efficiency programme

The Trust has set a £54.4m CIP in 2017/18 as part of its overall financial plan; this is in line with the value achieved in 2016/17 of £53.8m.

The year to date plan is £37.4m there has been achievement of £26.3m giving a £11.1m underperformance year to date. This underperformance is due to a combination of slippage against planned schemes and yet to be identified plans. A number of actions and workstreams continue across

the organisation, in order to further close the gap, mitigate against further slippage and strengthen the current deliverables supported by the Project Support Office

4. Cash

The Trust closed Month 9 with a cash position of £22.6m. It is currently anticipated that the Trust will not require further draw down of working capital. The closing cash balance for the year is forecast to be £25.3m. The Trust continues to develop opportunities to further improve the Trust's cash position and avoid additional borrowing.

5. Capital

In-month gross capital expenditure was £4.3m against a planned spend of £4.4m and cumulatively the gross spend is £25.2 against a planned spend of £34.6m. The capital programme continues to have close oversight by the Capital Expenditure Assurance Group and is forecast to be on plan and the end of the year and meet the Capital Resource Limit.

6. Conclusion

The Trust has incurred additional costs to meet the high level of over performance, mainly in non-electives but also in some elective specialties. Meeting this demand has put constrains on the ability of clinical divisions to meet cost reduction CIPs. Overall the Trust is on plan year to date, which means that it is eligible for the financial portion of STF (70%). However there remains risk to the delivery of the control total if current forecasts are not maintained or additional financial risks occur which cannot be mitigated.

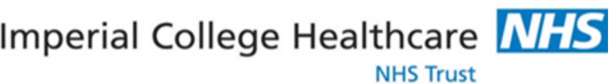
7. Recommendation

The Trust Board is asked to note the report.

Appendix

Statement of Comprehensive Income – 9 months to 30th December 2017

	In Month				Year To Date		
	Plan £m	Actual £m	Variance £m		Plan £m	Actual £m	Variance £m
Clinical (excl private patients)	71.1	72.8	1.7		664.8	663.5	(1.3)
Private Patients	3.5	3.9	0.4		37.8	36.8	(1.0)
Research, Development and education	8.2	8.7	0.4		74.6	77.1	2.4
Other non-patient related income	3.2	3.2	0.0		29.0	35.7	6.7
Total Income	86.1	88.6	2.6		806.2	813.0	6.9
Pay - in post	(44.9)	(43.6)	1.3		(408.6)	(386.5)	22.1
Pay - Bank	(0.6)	(4.2)	(3.6)		(5.4)	(36.0)	(30.6)
Pay - Agency	(3.4)	(0.8)	2.5		(25.4)	(18.4)	7.1
Drugs and Clinical supplies	(19.4)	(20.0)	(0.7)		(185.6)	(185.4)	0.2
General Supplies	(3.0)	(3.0)	0.0		(25.6)	(27.0)	(1.4)
Other	(14.0)	(14.9)	(0.9)		(130.2)	(140.2)	(9.9)
Total Expenditure	(85.2)	(86.5)	(1.3)		(781.0)	(793.4)	(12.5)
Reserves	(0.4)	0.1	0.5		(11.5)	(9.4)	2.1
Earnings before Interest, Tax, Depreciation and Amortisation	0.5	2.2	1.7		13.7	10.2	(3.5)
Financing Costs	(3.6)	(9.0)	(5.4)		(32.5)	(33.9)	(1.4)
SURPLUS / (DEFICIT) including financing costs	(3.2)	(6.8)	(3.7)		(18.8)	(23.7)	(4.9)
Donated Asset treatment	(0.5)	(0.0)	0.5		(4.6)	(5.5)	(0.9)
SURPLUS / (DEFICIT) including donated asset treatment	(3.7)	(6.9)	(3.2)		(23.4)	(29.2)	(5.8)
Impairment of Assets	0.0	5.8	5.8		0.0	5.8	5.8
SURPLUS / (DEFICIT)	(3.7)	(1.1)	2.6		(23.4)	(23.4)	0.0
STF	2.4	0.2	(2.2)		12.1	8.5	(3.6)
Winter Funding	0.0	1.3	1.3		0.0	1.3	1.3
SURPLUS / (DEFICIT) after STF and winter income	(1.2)	0.4	1.7		(11.3)	(13.7)	(2.4)



Report to:	Date of meeting
Trust board - public	31 January 2018

Trust Code of accountability and Code of conduct

Executive summary:

Whilst an overall NHS Code of conduct exists, most trusts also have their own Trust board code of accountability and Code of conduct. In the early days of the Trust (2007, revised 2010), the Trust board agreed a Code of conduct, which has remained in place, but has rarely been reviewed or shared since.

A revised proposed Code of Conduct has been prepared, as attached. This document seeks to outline the standards of conduct expected of board members, to ensure that NHS business is conducted with probity.

Quality impact:

Ensuring that we seek to continuously improve various areas of our corporate governance demonstrates that the Trust strives to be a well-led organisation.

Financial impact:

The code of conduct has no direct financial impact.

Risk impact:

Existence of, and compliance with, a Code of conduct reduces the likelihood of reputational risk from poorly considered actions or behaviours.

Recommendation to the Trust board:

The Trust board is asked to:

- Note and agree the proposed Code of conduct
- Agree to an individually signed copy being attached to the personal file of board members.

Trust strategic objectives supported by this paper:

To realise the organisation's potential through excellent leadership, efficient use of resources, and effective governance.

Author	Responsible executive director
Jan Aps, Trust company secretary	Prof Julian Redhead, Chief executive officer

Imperial College Healthcare NHS
NHS Trust

For approval

CODE OF ACCOUNTABILITY AND CODE OF CONDUCT FOR THE TRUST BOARD

1. Code of Accountability

1.1 Introduction

Information provided by NHS Improvement, and the Department of Health Code of Practice is the basis on which Imperial College Healthcare NHS Trust's board members should seek to fulfill thier duties and responsibilities.

1.2 Status

NHS trusts are established under statute as corporate bodies so ensuring that they have separate legal personality. Statutes and regulations prescribe the structure, functions and responsibilities of the Trust board and prescribe the way the chair and members of the Trust board are to be appointed.

1.3 Code of Conduct (see section 2 for the Code of Conduct)

All board members are required on appointment to subscribe to the Code of Conduct. The chair and the non-executive directors are responsible for taking firm, prompt and fair disciplinary action against any executive director in breach of the Code of Conduct. Breaches of the Code of Conduct by the chair or non-executive director should be drawn to the attention of the chair of NHS Improvement.

1.4 Statutory Accountability

NHS trust's assume responsibility for ownership and management of hospitals or other establishments or facilities defined in an order transferring them by authority of the Secretary of State to whom they are accountable through NHS Improvement. The Trust's finances are subject to external audit by a Trust appointed auditor. The chief executive officer and the chief finance officer are directly responsible for the organisations annual accounts.

1.5 The Trust board of directors

Together the executive board members and the non-executive board members, under a chair, share corporate responsibility for all decisions of the board. There is a clear division of responsibility between the chair and the chief executive officer.

The chief executive officer is directly accountable to the chair and the non-executive members of the board for the operation of the organisation and for implementing the board's decisions. The chief executive officer should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Trust board.

The chairman and the non-executive board members are responsible for monitoring the executive management of the organisation and are responsible to the chair of NHS Improvement for the discharge of these responsibilities.

The Trust board has six key functions for which they are held accountable:

- To set the strategic direction of the organisation within the overall policies and priorities of the government and the NHS, define its annual and longer term objectives and agree plans to achieve them;

- To oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary;
- To ensure effective financial stewardship through value for money, financial control and financial planning and strategy;
- To ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the organisation;
- To appoint, appraise and remunerate senior executives;
- To ensure that there is effective dialogue between the organisation and Sustainability and Transformation Partnership (STP) partners on its plans and performance and that these are responsive to the wider community's health needs.

In fulfilling these functions the Trust board should:

- Specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the Trust board can fully undertake its responsibilities;
- Be clear what decision and information are appropriate to the Trust board and draw up standing orders, a schedule of decision reserved to the Trust board and standing financial instructions to reflect this;
- Establish performance and quality targets that maintain the effective use of resources and provide value for money;
- Ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against programmes to be monitored and senior executives held to account;
- Establish Audit and Remuneration Committees on the basis of formally agreed terms of reference which set out the membership of the sub-committee, the limit to their powers, and the arrangements for reporting back to the Trust board;
- Act within statutory financial and other constraints.

1.6 The Role of the chair

The chair is responsible for leading the Trust board and for ensuring that it successfully discharges its overall responsibility for the organisation as a whole. It is the chair's role to:

- Provide leadership to the Trust board;
- Enable all Trust board members to make a full contribution to the Trust board's affairs and ensure that the Trust board acts as a team;
- Ensure that key and appropriate issues are discussed by the Trust board in a timely manner;
- Ensure the Trust board has adequate support and is provided efficiently with all necessary data on which to base informed decisions;
- Appoint non-executive board members to an Appointment and Remuneration Committee of the Trust board, which will advise on the appointment, appraisal and remuneration of the chief executive officer and other executive board members;
- Appoint non-executive board members to an Audit Committee of the Trust board;
- Advise the Secretary of State through the chair of NHS Improvement on the performance of non-executive Trust board members.

1.7 Non-executive Trust board members

Non-executive Trust board members are appointed to bring an independent judgement to bear on issues of strategy, performance, key appointments and accountability through NHS Improvement and to the local community. They have a key role in working with the chair in the appointment of the chief executive officer and other Trust board members. Non-executive members comprise the Audit Committee. In addition, they undertake specific

For approval

functions agreed by the Trust board including chairing of other Trust board committees, oversight of relations with staff, the general public and the media, participation in professional conduct and competency enquiries, staff disciplinary appeals, complaints and procurement.

1.8 Reporting and controls

It is the Trust board's duty to present through the timely publications of an annual report, annual accounts and other means, a balanced and readily understood assessment of the Trust's performance. The Trust board observes the detailed financial guidance issued by NHS Improvement, including the role of internal and external auditors. The Standing Orders of the Trust board prescribes the terms of which committees of the Trust board are delegated functions, as does the schedule of decisions reserved for the Trust board.

1.9 Delegation of interests

All Trust board members including the chair are required to declare any conflict of interest that arises in the course of conducting NHS business. Trust board members should declare on appointment any business interests, directorships, positions of authority in a charity of voluntary or other body contracting for NHS services and any other significant interests held. Such declarations are formally recorded and held in a register, which is available to the public on the Trust website.

1.10 Employee relations

The Trust board complies with legislation and guidance from NHS Improvement, respects agreements entered into by itself, and establishes terms and conditions of service that are fair to the staff and represent good value for money.

2. The Code of Conduct

2.1 Introduction

The Code of Conduct for the Trust board is based upon the Code of Conduct for NHS Boards and applies to all members of the Imperial College Healthcare NHS Trust board.

2.2 Public Service Values

There are three crucial public service values which underpin the work of Imperial College Healthcare NHS Trust:

- Accountability;
- Probity;
- Openness.

2.3 Principles

Trust board members have a duty to conduct NHS business with probity. They have a responsibility to respond to staff, patients and suppliers impartially to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct. The Trust board operates within the 'Seven Principles of Public Life' recommended by the Nolan Committee:

Selflessness - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.

Integrity – Holders of public office should not place themselves under any financial obligation to outside individuals or organisations that might influence them in the performance of their official duties.

For approval

Objectivity – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness – Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty – Holders of public office have a duty to declare any private interests relating to their public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership – Holders of public office should promote and support these principles by leadership and example.

2.4 Openness and public responsibilities

The Trust board ensures that it is open with the public, patients and with staff as the need for change emerges. Major changes should be consulted upon before decisions are reached and information supporting those decisions made available.

The Trust's business should be conducted in a socially responsible way and it should have an open relationship with the local community and communicate regarding the service provided. Confidentiality of personal and individual patient information is respected at all times.

2.5 Public service values in management

The chair and the Trust board members have a duty to ensure that public funds are adequately safeguarded and that at all times the Trust board conducts its business as efficiently and effectively as possible. The Trust board should ensure that all public statements and reports issues are clear, comprehensive and balanced, and fully represent the facts. Annual reports and other key reports are issued in good time to all individuals and groups in the community who have a legitimate interest in the Trust to allow full consideration by those wishing to attend public meetings.

2.6 Public business and private gain

Members of the Trust board should declare on appointment, or as and when the need arises, any business interests, position of authority in a charity or voluntary body in the field of health and social care and any connection with a voluntary or other body contacting NHS services. These must be formally recorded and entered into a register, which is held by the Trust company secretary available to the public. Directorships and other significant interests held by the Trust board members must also be declared and kept up to date. When the Trust board considers items that have a relationship to a member's area of interest, then the individual member must declare this at the time and withdraw and play no part in the discussion or decision making.

2.7 Hospitality and other expenditure

The use of NHS monies for hospitality and entertainment should be carefully considered. All expenditure on such items should be capable of justification. Gifts and Hospitality received by Trust board members should be declared to, and recorded by, the Trust company secretary.

2.8 Relations with suppliers

The Trust board has an explicit procedure for the declaration of hospitality and sponsorship offered by, for example, suppliers. Their authorisation must be carefully considered and the

For approval

decision recorded. The Trust board should be aware of the risks of incurring obligations to suppliers at any stage of a contracting relationship.

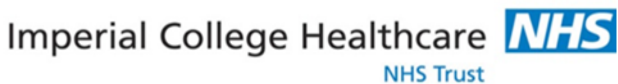
2.9 Staff

The Trust board should ensure that staff have a proper and widely publicized procedure for voicing issues of concern or complaints regarding bad management, breaches of the code of conduct or other concerns of an ethical nature; a key role in this are the speak-up guardians who provide an annual report to the Trust board, and also ad hoc reports should they think this appropriate. The Trust board and non-executive directors must establish a climate that enables staff to have confidence in the fairness and impartiality of procedures for registering their concerns.

2.10 Compliance

Trust board members should satisfy themselves that the actions of the Trust board and its members in conducting Trust board business fully reflects the values in this Code and, as far as is reasonable practicable, that concerns expressed by staff or others are fully investigated and acted upon. All Trust board members of the Imperial College Healthcare NHS Trust are expected upon appointment to subscribe to this Code of Conduct, and to re-affirm this by annual presentation of the Code to the Trust Board.

For approval



Report to:	**Date of meeting**
Trust board - public	31 January 2018

Bi-annual update from ICHT's Emergency Planning, Resilience and Response (EPRR) team

Executive summary:

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

1. Threat Level
2. EPRR Activity and Incidents
3. An overview of ICHT's response to the following Ransomware cyber-attack, London Bridge, Grenfell and Parsons Green Major Incidents
4. EPRR Exercises and Training
5. Updates post NHS England Assurance rating and Action Plan for 2017/18

Quality impact:

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

Financial impact:

Has no direct financial impact.

Risk impact:

The paper seeks to assure the Trust Board that risks associated with EPRR are being mitigated and managed appropriately. EPRR risks are raised through the Trust's internal risk process DATIX and monitored through the EPRR Steering Group.

Recommendation(s) to the Trust Board:

The Trust Board is asked to:

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

Trust strategic objectives supported by this paper:

To achieve excellent patient experience and outcomes, delivered with care and compassion.
To educate and engage skilled and diverse people committed to continual learning and improvements.
To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance.

Author	**Responsible executive director**
Merlyn Marsden Site Director, Charing Cross & Hammersmith Hospitals	Janice Sigsworth Director of Nursing & Accountable Emergency Officer (AEO) for EPRR

Bi-annual update from ICHT's Emergency Preparedness, Resilience and Response (EPRR) team

1. Introduction

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect patient care and business as usual operations across the NHS. These could be anything from extreme weather conditions to an infectious disease outbreak, a major transport accident or a terrorist act.

The Civil Contingencies Act (2004) requires NHS acute providers to demonstrate that they can respond to incidents whilst maintaining appropriate patient services.

NHS organisations are also required to adhere to NHS England's EPRR Core Standards (2015) setting out the minimum criteria which NHS organisations and providers of NHS funded care are required to meet.

2. Threat Level

Following Manchester bombing in May 2017 and Parsons Green attack in September 2017 the UK threat level was raised for a short period to the highest level – CRITICAL to allow the armed police to be on the ground. This activated a high level of alert across the organisation and vigilance by staff and security.

The current threat level for international terrorism in the UK is SEVERE. The terrorist related incidents last year locally and around the world are a driving our continued emphasis on work in relation to Major Incident, Trauma, Mass casualties and ensuring staff are aware of their role should a Major Incident occur.

3. EPRR Activity and Incidents in April 2017 – January 2018

Successful response and activation of the following emergency plans to these incidents;

3.1. May 2017

- Ransomware cyber-attack required NWL Trauma Network Major Incident Framework activation to support London wide trauma activity.
- The Trust also activated relevant downtime plans to prevent virus intrusion.

3.2. June 2017

- London Bridge and Borough Market attack required Major Incident Plan activation.
- Grenfell Tower fire led to Major Incident Plan activation.
- Paterson Wing (St Mary's Hospital) flooding resulted in Evacuation and ICHT Business Continuity Plan activations.

3.3. September 2017

- Parsons Green attack led to Major Incident Plan activation.

3.4. November 2017

- Fire alarm actuation led to activation of the Evacuation Plan at Western Eye Hospital
- Loss of water at St Mary's Hospital resulted in an internal incident and activation of ICHT Business Continuity and Service Business Continuity Plans.

3.5. December 2017

- A small fire outside the Western Eye Hospital prompted standard Fire Procedure implementation and subsequent fire investigation report has been completed. A staff debrief is being held on 24 January 2018, but a robust action plan is already in place including a review of the Trust Fire Safety Policy roles and responsibilities has been agreed with Division. Bespoke fire warden training is underway and evacuation plans are being reviewed in line with the installation of evacuation equipment that was

already scheduled.

Learning from the above incidents following debriefing sessions have been included within EPRR Steering Group agenda. The following plans have been updated:

- Major Incident Plans
- Command and Control Overarching Strategy
- Mass Casualty Plan
- NWL Trauma Network Major Incident Framework
- Evacuation Plan
- ICHT Business Continuity Plan

Where possible the incidents have run alongside business as usual. The Estates, Facilities and Clinical Divisional Management teams have been integral in supporting the Site Directors in responding to, and recovering from, these incidents. It should be noted that the extent of the disruption caused by the Major Incidents, as well as the business continuity incidents, has had an impact on Trust staff, as well as the community we serve.

Debrief sessions have been held to identify notable practice and lessons to improve on, which have been incorporated into Action Plans monitored through the EPRR Steering Group. An important part of the focus of the debrief process, has also been to check on the health and wellbeing of our staff. As the incidents have occurred over a relatively short period, many of our staff have been involved in a number, or all, of the incidents. The Grenfell fire incident and follow up highlighted the need for further staff support in which the Trust's Counselling, Stress Management and Mediation (CONTACT) service has been invaluable.

In conclusion, the Trust has responded well to all Major and Business Continuity Incidents. The Trust's ability to mount a cohesive and professional response that is coordinated and provides high quality care is testament to all Trust staff involved.

4. EPRR Exercises & Training

- A Live Evacuation Simulation Exercise was run by the EPRR and Fire Safety teams. The exercise was simulating the evacuation of Valentine Ellis, an orthopaedic ward on the 8th Floor of QEQM. Our partners from the London Fire Brigade, NHS England and surrounding acute trusts were all involved observing and taking part. The exercise successfully tested our Evacuation Plan and response.
- An NHS England Paediatric Surge Table Top Exercise tested Business Continuity arrangements confirming robust arrangements are in place to respond to a surge in paediatric admission following an incident.
- The Trust's 6-monthly Internal Communication Exercise was deferred due to our response to the four major incidents and therefore our communications alerting system was tested as part of or incident response.
- On-going Silver and Gold on-call Training including Strategic Leadership in a Crisis training for our Executive run by NHS England.
- Loggist and Major Incident Training for all staff continues across the organisation.

5. NHS England EPRR Assurance Update

As part of the NHS England EPRR Assurance arrangements, the Trust's level of compliance is measured against a set of Core standards. These standards enable NHS organisations across the country to share a common purpose, practice and co-ordinate EPRR activities. It also provides a consistent, cohesive framework for self-assessment, peer review and assurance process across the NHS.

The Assurance process centres around:-

- 8 Core standards for EPRR, containing 37 detailed evidential requirements:
  - Governance

    - Duty to Assess Risk
    - Duty to Maintain Plans – Emergency Plans and Business Continuity Plans
    - Command and Control
    - Duty to Communicate with the public
    - Information Sharing
    - Co-Operation
    - Training and Exercising
- 3 Core standards relating to (HAZMAT) Hazardous Materials / (CBRN) Chemical, Biological, Radiological and Nuclear, containing further 14 evidential requirements:
    - Preparedness
    - Decontamination Equipment
    - Training
- Annual deep dive, which for 2017/18 focussed on Governance

All 11 Core standards and associated 66 evidential measures were peer reviewed, assessed by CCG and validated by NHS England, London.

This year NHS England introduced a Strategic Assets Key Lines of Enquiry Assessment in addition to the annual EPRR Assurance requiring further evidence of resilience at the Trauma Centres, Burns Units, High-level Isolation Units and High Security Mental Health Facilities.

NHS England agreed with the self-assessment giving the Trust's EPRR Assurance level of compliance as Substantial (the same rating as last year). NHS England was also content with the evidence provided regarding the Strategic Asset Enquiry.

Against the 66 evidential measures;

- 65 GREEN measures (99%)
- 1 AMBER measure (1%)
- 0 RED measure

The amber rating relates to the completion of the remaining Service Business Continuity Plans to ensure becoming fully compliant. An EPRR 2017/18 Assurance Action Plan has been formulated which addresses the work required to complete the final Business Continuity Plan and it also includes the recommendation made by NHS England to follow up and monitor the several action trackers created following the Major Incidents.

Delivery and completion of the EPRR 2017/18 Assurance Action Plan will be overseen by the Trust's EPRR Steering Group which is chaired by the Site Director.

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - public	31 January 2018

CQC Update

Executive summary:

- The CQC carried out unannounced inspections of surgery (at St. Mary's, Hammersmith and Charing Cross) and urgent and emergency services (at St. Mary's and Charing Cross) on 7, 8 and 9 November 2017.
- Two areas for action relating to medicines management and the maintenance of medical equipment were highlighted by the CQC at the time of the inspection. The Trust has already put in place actions to address the above.
- The Trust had its first new style CQC inspection of its well-led domain at Trust level on 5, 6 and 7 December 2017.
- The draft inspection reports for all of the above inspections were received by the Trust on 22nd January 2018 and a factual accuracy check is currently being undertaken.
- It is anticipated that the final reports, along with all ratings, will be published on the CQC's website no later than 19 February 2018.
- The reports will include updated ratings at site, core service and Trust level and will reflect all inspections carried out since 2014.
- The CQC does not plan to carry out further routine inspections of Trust services in 2017/18.
- The CQC have undertaken a range of publications and reviews and further detail on these is presented in the paper.

Quality impact:

The report applies to all five CQC domains.

Financial impact:

This paper has no financial impact at present.

Risk impact:

This paper relates to the following risk on the corporate risk register:

- **Risk 81:** *Failure to comply with the Care Quality Commission (CQC) regulatory requirements and standards could lead to a poor outcome from a CQC inspection and / or enforcement action being taken against the trust by the CQC.*

Recommendation(s) to the Committee:

- To note the update

Trust strategic objectives supported by this paper:

This paper supports the following strategic objectives for the Trust:

- Improving the way we run our hospitals and services.
- Making our care safer.
- Developing more patient-centred approaches to care.

Authors	Responsible executive director	Date submitted
Priya Rathod, Deputy Director of Quality Governance	Janice Sigsworth, Director of Nursing	23 January 2018

CQC Update

1. Purpose

The following report is an update on CQC-related activity at and/or impacting the Trust since the last update to the Board in November 2017.

2. Inspections

2.1 Unannounced core service

- The CQC carried out unannounced inspections of surgery (at St. Mary's, Hammersmith and Charing Cross) and urgent and emergency services (at St. Mary's and Charing Cross) on 7, 8 and 9 November 2017.
- Two out of hours visits were carried out after the main site visit, one to each A&E at St. Mary's and Charing Cross. It is normal practice for the CQC to undertake out of hours visits as part of a core service inspection.
- The Trust received draft reports for these inspections on 22nd January 2018 and is currently undertaking a factual accuracy check.
- The report is presented in a new style which includes; a summary report and a more comprehensive evidence appendix which outlines the detailed findings and evidence used to form the judgements and awarded ratings.
- High level feedback was given to the Trust at the end of the inspections and two areas for action relating to medicines management and the maintenance of medical equipment were highlighted by the CQC.
- The Trust has already put in place actions to address the above and once the report is finalised, the specific findings and actions will be taken forward by the appropriate division and progress overseen by the Executive Committee.
- It is anticipated that the final report will be published on the CQC website by 19th February 2018.

2.2 Well-led Domain at Trust Level

- The Trust had its first CQC well-led inspection on 5, 6 and 7 December 2017.
- The Trust received the draft report for this inspection on 22nd January 2018 and is currently undertaking a factual accuracy check
- It is anticipated that the final report will be published on the CQC website by 19th February 2018.
- The CQC does not plan to carry out further routine inspections of Trust services in 2017/18.
- As always, the CQC may carry out an inspection in response to serious concerns.

2.2.1 Impact of well-led inspection on Trust CQC ratings

- Once a Trust has its well-led inspection each year, the overall ratings for each hospital and the Trust will be updated to take account of all inspections carried out in the previous 12 months.
- For the Trust, this means that the draft report received, includes revised ratings by site for the following core services that have been re-inspected since the 2014 inspection:

Core services that have been re-inspected since 2014

Date of inspection	Core service	Site/s
November 2016	Outpatients and diagnostic imaging	St Mary's, Charing Cross and Hammersmith
March 2016	Maternity	St Mary's
March 2016	Medical care	St Mary's, Charing Cross and Hammersmith hospitals
November 2016	Surgery	
November 2016	Urgent and emergency services	St Mary's and Charing Cross

- A revised set of overall Trust ratings for the safe, caring, effective and responsive domains are included which will is an aggregation of the core service ratings.
- The overall Trust rating for well led however, is solely based on the outcome of the well led inspection (as opposed to an aggregation of the well led domain ratings from all core service inspections).

- The findings from all inspection reports will be shared with the Executive Quality Committee, Quality Committee and Trust Board in March 2018, once these are finalised and published.

3. Management and oversight of Trust-wide and Trust Level Actions arising from inspection reports

- The Executive committee agreed at its meeting in November 2017 that where the CQC has set actions for the Trust which are applicable across the Trust and require a coordinated Trust-wide response, and/or which require action to be taken at Trust level, i.e. by corporate areas outside of services / divisions, a mechanism is needed to put suitable support, oversight and monitoring in place to ensure action is taken and improvements are achieved. To this end, the following trust-wide areas have been identified:
  - Statutory and mandatory training system and records
  - Adherence to the Trust's policies for medicines management
  - Checking medical devices to ensure they are safe for use
  - Compliance with hand hygiene requirements

- Each of the areas outlined above have an existing group/committee that oversees the work plan that will provide a progress update to the Executive Quality Committee on a monthly basis and to the Quality Committee thereafter.

4. Publications and National Reviews

4.1 CQC consultation on 2018/19 fees

- The CQC has consulted on changes to its fee structure which will take effect for 2018/19.
- The outcome of the consultation and revised fee structure will be published at the end of March 2018.
- The implications for the Trust based on the current consultation document would be an increase in fees from c.£300,000 at present to c.£1mn.

4.2 CQC joint working protocol with the Nursing and Midwifery Council (NMC)

- On 27 November 2017, the CQC published an updated joint working protocol with the NMC in order to work more effectively together and reduce duplication.
- This new protocol updates the one published in July 2014 and provides an operational model for staff in both organisations. It is designed to work alongside existing processes so both organisations work together and share information.
- The revised protocol can be found here: https://www.cqc.org.uk/sites/default/files/200171127_updated_JWP_NMC_CQC.pdf

4.3 National data request for radiology

- The CQC is undertaking a review of all NHS acute and community trusts in relation to the timescales for reporting radiology examinations as they are aware that there have been significant backlogs of radiology reporting in some trusts.
- The information submitted by all Trusts will be used to assess the national situation concerning radiology reporting and a report will be published as a result.
- To this end, the CQC wrote to the Trust on 17 November 2017 requesting a variety of data which was submitted on 1st December 2017. The report will be published in the coming months.

4.4 Best practice for emergency departments

- In September 2017 the CQC convened a group of emergency medicine specialists working in well-performing emergency departments, to discuss best practice for A&Es in light of the pressures currently facing all A&Es in England.
- On 29 November 2017 the CQC published *"Meeting the quality challenge; sharing best practice from clinical leaders in emergency departments"*, which provides practical examples of positive action that some trusts are taking to help meet the challenges of managing capacity and demand.

4.5 Locality reviews

- At the request of the Secretary of State, earlier in 2016/17 the CQC commenced an inspection programme of the interface between health and social care in 20 geographical areas. Reviews will use case tracking and focus on people over 65 years of age. The first 12 reviews are now concluding and a further eight will be carried out early in 2018.
- The Trust has not been included in any of the locality reviews.

5. Next Steps

- Complete the factual accuracy process for the CQC inspection reports
- Share the inspection findings and actions with the Executive Quality Committee, Quality Committee and Trust Board in March 2018.

6. Recommendations the Committee

- To note the update

Report to:	Date of meeting
Trust board - public	**31 January 2018**

2016 Children and young people's inpatient and day case survey results

Executive summary:

The 2016 Children and young people's inpatient and day case survey (CYP) was conducted last year. The initial results were published by Picker in October 2017, based on the 54% of NHS Trusts that use Picker to administer their surveys; these results were available for internal use only as they are subject to change once the final Care Quality Commission (CQC) CYP survey is published. The CQC survey uses a different scoring method and presents the national picture. The CQC CYP report was published on 28 November 2017.

The results indicate that the Trust was 'about the same' as expected when compared with other Trusts and were worse than expected for two of the questions. Overall the Trust was 'about the same' as expected'.

CQC uses a scale of 0-10 to score the responses with 0 referring to the most negative patient experience and 10 being the most positive patient experience. We are pleased to report that we scored 9 or greater for our staff being friendly and treating patients and parents with dignity and respect.

The full report is available via the link below:
http://www.nhssurveys.org/Filestore/CYP16_BMK_Reports/CYP16_RYJ.pdf

Quality impact:

Delivering a high quality experience to patients with cancer is a key quality objective for the trust.

Financial impact:

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

1) Has no financial impact.

Risk impact:

Failure to remain in a respectable position amongst NHS peers would present a reputational risk to the trust.

Recommendation(s) to the Committee:

The board is asked to note the report.

Trust strategic objectives supported by this paper:

To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Author	Responsible executive director	Date submitted
Caroline Scott-Lang Stephanie Harrison-White	Tg Teoh	29 November 2017

1. Background

The 2016 Children and Young People's inpatient and day case national survey (CYP) was conducted in 132 acute and specialist NHS trusts across England. Patients were eligible to participate if they were admitted to hospital as an inpatient or day case **and** were aged between 15 days and 15 years when discharged between 1 November and 31 December 2016. The report was published on 28 November 2017.

The sampling month for the previous CYP survey (2014) was different therefore CQC have not directly compared the two surveys due to potential variations in the data.

Picker are contracted to administer the CYP on behalf of the Trust. Picker administers the survey for 54% of NHS Trusts (71 in total) and provides internal reports for each organisation. These reports are based on the findings of the 'Picker Trusts' only and therefore differ to the findings of the national CQC report. This report will focus on the findings from the CQC survey as it provides the national context.

1,115 patients treated at ICHT were selected as eligible and 260 responded to the survey (response rate 23%, unchanged from last year). The national response rate was 26%, with over 34,708 completing the survey nationally.

There are 3 versions of the survey that are incorporated into the results. These are:

- CYP aged 8-11 years with a section for their parents/ carers to complete
- CYP aged 12- 15 years with a section for their parents/ carers to complete
- Parents/ carers of those aged 0-7 years

Key facts about the sample population who responded to the survey:

- 67% completed the parent/ carer survey (0-7 years)
- 18% completed the children's survey (8-11 years)
- 16% completed the young person's survey (12-15 years)
- 46% had an operation or procedure during their stay
- 69% were male and 31% were female

The CQC published results have been weighted and standardised to reflect certain demographic information such as age, thus enabling comparisons between organisations. The results are scored and presented as being 'better', 'about the same' or 'worse' than would be expected. The questions are scored an a scale from 0 to 10, with a score of 0 referring to the most negative patient experience and 10 being the most positive patient experience.

2.1 Results Of CQC CYP report

Overall the Trust was 'about the same' for the majority of questions and worse than expected for the two questions (below):

- Did the hospital change your child's admission date at all? (parent question)
- Did your child like the hospital food provided? (parent question)

CYP were also asked about hospital food and scored more positively than parents who completed the survey.

CQC have not published historical data comparisons for this survey due to the different sampling periods that would inevitably impact on the results. In 2016, the sample period was for those

discharged between 1 November and 31 December 2016 and for the 2014, the sample period was for those admitted in August.

2.2 Results Of Picker Report (internal use only)

Picker have analysed the data and correlated each response against the overall care question, to measure the importance of each question to the child or parent. This enables the Trust to understand what matters most to our children and parents in the context of this survey. Staff being friendly was considered important to both parents and the children for example.

On reviewing the ten most important questions, the Trust did not perform as well for one of these questions, this being question c15: “Did hospital staff talk with you about how they were going to care for you?”. This has been incorporated into the action plan (appendix 1).

The questions where the Trust did not perform as well against other Picker Trusts have been reviewed against the overall CQC findings. We noted that although we were ‘about the same’ as expected, we were within the lower part of the scale and therefore these questions have been included in the action plan (appendix 1).

3. Comparison of ICHT to similar London Trusts

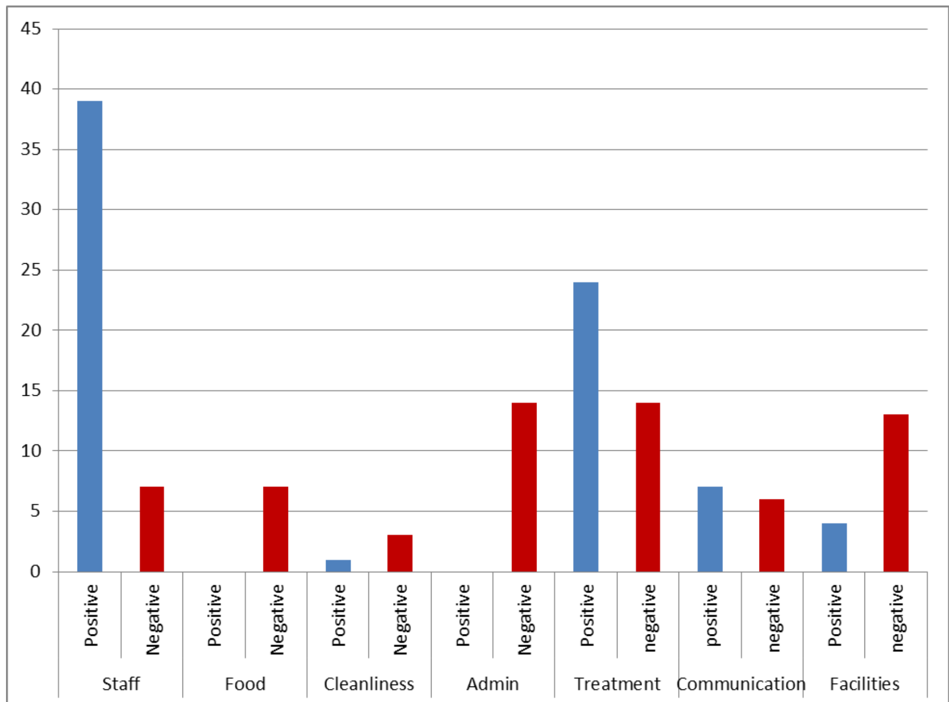
The table below shows how we performed in the overall questions when compared with similar London NHS Trusts.

We were one of the top performing Trusts for staff being friendly and the top for how well staff looked after children, based on parents responses for children aged 0-7 years. This table confirms that overall both nationally and within London, the Trust was comparable and in some areas better than peers.

	Barts Health	KCH	GSTT	ChelWest	Georges	ICHT	Lowest trust score in England	Highest trust score in England
CYP aged 0-15 year								
Do you feel that the people looking after you were friendly?	9	9.4	9.3	9.3	9.4	9.3	8.7	9.9
Overall how well do you think you were looked after in hospital	8.7	9	9.1	8.8	8.9	8.9	8	9.7
Parents/ carers of 0-7 year old were asked:								
Do you feel that the people looking after your child were friendly?	8.7	9	9	8.8	8.8	9	8.1	9.7
Do you feel that your child was well looked after by the hospital staff?	8.6	8.7	8.9	8.9	8.9	9	7.9	9.8
Were you treated with dignity and respect by people looking after your child?	8.8	9.1	9.4	9	9	9.1	8.3	9.8
Parents/ carers of 0 to 15 year olds were asked:								
Do you feel that you (parent/ carer) were well looked after by hospital staff	7.6	7.8	8.2	7.7	8.1	7.9	7	9.3
Overll, I felt my child had a ..	8.1	8.4	8.6	8.3	8.4	8.2	7.6	9.4
Average score across all sections	8.5	8.77	8.93	8.7	8.8	8.8	7.94	9.6571

4. Themes from patient comments

The table below shows the number of positive and negative responses by theme.



Staff and treatment accounted for the majority of positive comments from young people and their parents. This is reflected in the positive scores related to hospital staff. It was evident from the feedback that the role of the play specialists is pivotal in improving patient experience. Parents described how play specialists supported patients attending theatre and how this transformed their care.

Negative comments focused on waiting times and appointment cancellations with some comments regarding the length of time waiting to be discharged. The facilities and environment negative feedback included a lack of cots or appropriate beds for patients; poor facilities for parents and a lack of televisions.

5. Summary

The CYP results for 2016 confirm that the Trust is ‘about the same’ as expected. The survey was completed last year and the Paediatric team have already been working on many of the areas identified in this survey for example food and patient pathways. This work has been captured in the action plan (appendix 1) as it is relevant to the findings of this report.

The paediatric team is committed to improving patient experience, this is evident by the positive impact our staff continue to have on patient and parent experience. We need to continue to build upon this ensuring that the child or young person remains at the heart of all we do and that they feel included and involved in their care.

6. Next steps

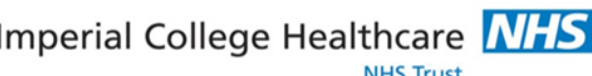
The survey findings have been reviewed and used to inform the draft action (appendix 1). This was reviewed and agreed at the Divisional Quality and Safety Board in December and quarterly updates reported to this committee.

Appendix 1- CYP Draft Action Plan

	Issue	Actions	Due	Owner	Progress
1	Poor CYP Patient experience result in questions related to: • The hospital changed your admission date (parents question)	To improve capacity through a more coordinated patient flow and expansion of PICU			
		• Clinical decision Unit (CDU) opened in Paediatric ED to avoid unnecessary admissions to the wards	August 2017	Paediatric emergency medicine consultant	Completed
		• Increase in ED paediatric consultants (2 new full time consultants in post)	June 2017	Head of specialty paediatric emergency medicine	Completed
		• Implementation of new pre-assessment pathway supported by consultant anaesthetist	Dec 2017	Paediatric intensive care consultant/ Consultant paediatrician	Completed
		• To increase capacity by increasing PICU beds from 8 to 15 beds	Feb 2019	Consultant paediatrican Clinical director	In progress
		• Review and re-launch of "fast track to home" and criteria led discharge pathways	May 2018	Paediatric site practitioner / Associate medical director/ Matron (paeds)	In progress
2	Poor CYP Patient experience result related to: ***The child did not like the hospital food (parents question)***	• Review patient and parents feedback on food and use this to inform future actions.	May 2018	Clinical director	In progress
		• Review findings of recent tasting session and incorporate into findings from feedback review	May 2018	Clinical director/ Matron (paeds)	In progress
		• Conduct a patient focus group to explore how CYP feel about the food service	May 2018	Clinical director/ Matron (paeds)/ Band 6 sister	
		• To update the actions following the completion of the above reviews and focus group	May 2018	Clinical director / Head of children's nursing	

3	Borderline results for questions related to communication ***Were you involved in decisions about your care and treatment (children aged 8-15 years)***	To ensure that young people are actively included in conversations about their health and treatment plan: • Ensure all young people admitted to hospital are offered the opportunity to complete the 'what matters to me' poster • Display the 'what matters to me poster' by the child/ young person's bed space, with their consent • Promote the use of videos in preparing young people for hospital through promoting the links on posters and including in communications with families • Develop and implement the 'my care matters' tool for children with long term health conditions, including the use of passports	Jan 2018 Jan 2018 April 2018 July 2018	Matron (paeds) Band 6 sister Ward manager Matron (paeds)/ Band 6 sister Ward manager 18 week pathway coordinator/ ExLab team Clinical director/ Clinical service lead /Play service team lead	In progress In progress In progress In progress
3	Borderline results for questions related to: ***Were you able to prepare food in the hospital if you wanted to (parent response)***	To provide parents with information about existing facilities and alternative arrangements. • Improve signage to existing kitchen facilities including times these facilities can be accessed • Review ward information leaflets and displays to ensure up to date and consistent information is included. As a minimum to include how the food service operates in the Trust for children; support for breast feeding mothers; out of hours availability	Feb 2018 Feb 2018	Matron (paeds)/ Band 6 sister/ Ward manager Lead Nurse for children/ Matron (paeds)/ Band 6 sister Ward manager	

4	Early detection of changes in performance through measuring and monitoring patient experience feedback	To develop a systematic approach to gathering and reviewing patient feedback in paediatrics. • Each ward to nominate a patient experience champion • Review patient feedback each month using the Meridian system • Report to the Children's Patient Experience Committee key themes from patient feedback • Develop a bespoke patient experience survey for paediatrics using key themes form the CYP survey and general feedback • Develop new ways of presenting feedback on the ward including celebrating positive comments • CYP action plan to be reported to the directorate and divisional Quality & safety Committee and Ex.Co	Feb 2018 Feb 2018 Feb 2018 Mar 2018 2018 May 2018 On-going	Matron (paeds)/ Band 6 Sister/ VS /Modern Matron PEx leads (as above) PEx Leads Lead nurse for children/ Consultant paediatrician/ Trust Patient experience team Consultant paediatrician/ Lead nurse for children General Manager Consultant	**First paper submitted December 2017**
5	Lower than national average response rates for the CYP survey ***23% vs 26%***	• Agree and develop additional promotional materials to be displayed in ward and dept areas • Design and develop leaflets to be distributed to patients and parents during the next CYP sample period • Display posters and distribute leaflets during the sample period • Inform directorate team next survey period	Late 2018 – in line with next CQC CYP IP survey	Trust Patient experience team	



Report to:	Date of meeting
Trust board - public	**31 January 2018**

CQC 2016 Emergency Department Survey Results

Executive summary:

The 2016 Emergency Department survey results were published on 17th October 2017. All patients aged 16 years and older, who attended type 1 and type 3 emergency services between 1st September and 30th September 2016 and were not staying in the hospital during the sampling period, were eligible to be included. The overall response rate of 20% was below the national average of 28%. The 2016 data is not directly comparable to the 2014 report due to different methodology and a change in the sampling month.

ICHT used Picker to collect our data, as did 54% of trusts nationally. Picker released the data in April 2017 comparing the 74 Trusts they had worked with. The Picker results are not published nationally and are for internal use only. When compared to other trusts within the Picker cohort, ICHT ranked 66/74 in terms of performance, and performed significantly worse than average for 8 questions and average for 27 questions.

Of note at the time of the survey the SMH ED was undergoing a refurbishment which created significant challenges in terms of clinical environment and privacy/dignity.

The CQC report contains the compiled results of all 137 participating trusts nationally (not just Picker trusts) and should be regarded as definitive. This report presents type 1 data only; due to the variations in how type 3 services are managed and the number of type 3 departments across the services. A summary of the type 3 data is provided for internal use only as the data is not adjusted and is reported as crude percentage responses only.

Based on the CQC report, using type 1 data only, ICHT performed significantly worse on 2 sections (hospital environment and facilities and respect and dignity). Looking at the individual questions, ICHT scores were below average on 7 questions including having someone to talk to; cleanliness of the department and what danger signs to look for on discharge.

Overall, ICHT was identified as achieving 'worse than expected' results. An action plan to address the results has been drawn up with the Emergency Department team and the Patient Experience team.

The full report is available via the link below:
ED16_RYJ.pdf

Quality impact:

Delivering a high quality experience to patients is a key quality objective for the trust.

Financial impact:

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

Risk impact:		
Failure to remain in a respectable position amongst NHS peers would present a reputational risk to the trust.		
Recommendation(s) to the Committee:		
The Committee is asked to note the report.		
Trust strategic objectives supported by this paper:		
To achieve excellent patient experience and outcomes, delivered with care and compassion.		
Author	**Responsible executive director**	**Date submitted**
Stephanie Harrison-White Dr Alison Sanders James Bird Sarah Grace	Professor Tim Orchard	24 January 2018

CQC 2016 Emergency Department Survey Results

1. Background

The 2016 Emergency Department national survey (ED) was conducted in 137 acute and specialist NHS trusts across England with a type 1 accident and emergency department. Forty nine of these trusts also had direct responsibility for running a type 3 department. Patients were eligible for the survey if they were aged 16 years and older, had attended an emergency department during September 2016 and were not staying in hospital during the sampling period.

Type 1 departments are defined as a major, consultant-led A&E Department with full resuscitation facilities operating 24 hours a day, 7 days a week. Type 3 departments are defined as an A&E/minor injury unit with designated accommodation for the reception of accident and emergency patients. The department can be doctor or nurse led, treats at least minor injuries and illnesses and can be routinely accessed without appointment. For the purposes of this survey, this included the urgent care facilities located at HH and CXH sites only. The UCC at SMH was excluded from the sample as it is operated by a private provider.

The CQC published ED report utilises type 1 data only as there is substantial variation between type 3 departments and data consistency between departments is a potential confounder, therefore type 3 data has only been shared for internal use at Trust level and as a data pool at national level. However the survey does include patients who started their journey in the UCC (type 3) but were red streamed into the main emergency (type 1) department, and the questionnaire does not clearly delineate experience in the 2 parts of the system.

Previous surveys had been conducted in 2003, 2004, 2008, 2012 and 2014, but were performed in the January – March period. Due to this change in sampling month, results from 2016 are not comparable with previous years.

Imperial's Emergency departments have seen a rise in attendances of 6% across both departments, and 14% at Charing Cross within the last year. At the time of the survey neither department had undergone significant development since the formation of the trust. A refurbishment of the St Mary's department had just started at the time of the survey, but was not complete until a year later. Although it has improved the quality of the environment, and increased resuscitation capacity, there is no overall increase in capacity, and both departments remain significantly underdeveloped to manage the current/ rising attendance rate seen on both sites. Despite this, clinical outcomes for the departments and the major trauma service that runs at St Mary's remain excellent.

2. Methodology

Picker are contracted to administer the CYP on behalf of the Trust. Picker administers the survey for 54% of NHS Trusts (77 in total) and provides internal reports for each organisation in advance of the formal publication. These reports are based on the findings of the 'Picker Trusts' only, and do not aim to standardise results in the same way as the final report, and therefore differ to the findings of the national CQC report. Picker uses different data analysis techniques to the CQC and present findings in the form of problem scores, reported as a percentage. This report will primarily focus on the findings from the CQC survey as it provides the national context, but references the internal Picker report.

1,199 patients treated at ICHT in September 2016 were selected as eligible across type 1 and type 3 departments, and were contacted by post between October 2016 and March 2017. The response rate for the type 1 department was 20% compared with a national average response rate of 28%.

The CQC published results have been weighted and standardised to reflect certain demographic information such as age, thus enabling comparisons between organisations. The results are scored and presented as being 'better', 'about the same' or 'worse' than would be expected. The questions are scored an a scale from 0 to 10, with a score of 0 referring to the most negative patient experience and 10 being the most positive patient experience. However, the questions were asked with a number of possible options, which were attributed scores between 0 and 10, so for example if there were 4 options they would be allocated scores of 0, 3.3, 6.7 and 10, and if there were 3 options 0,5 and 10. In considering the results it is therefore worth looking at the overall numerical scores in order to assess the clinical validity as well statistical significance.

The survey consisted of 44 questions, divided into 8 sections, and results are presented by section and by individual question. The 8 sections are:-

S1. Arrival at the emergency department
S2. Waiting times
S3. Doctors and nurses
S4. Care and treatment
S5. Tests (answered by those who had tests)
S6. Hospital environment and facilities
S7. Leaving the emergency department
S8. Respect and dignity
S9. Experience overall

2.1 Results Of CQC ED report (using type 1 data only)

The trust scored over 7/10 for all sections with the exception of waiting times, where the score was 5.4 – in this section the highest score nationwide was 6.7, and due to a low number of responses the trust did not get a score for the section "Leaving the Emergency Department". This demonstrates that the majority of responses demonstrated a positive experience of treatment. The score for experience overall was 7.4, which was within the expected range. However, the trust had scores that were worse than expected for 2 sections:

- Hospital environment and facilities (score 7.3 - range 7.3 – 9.0)
- Respect and dignity (score 8.2 – range 7.9-9.4)

On reviewing the individual questions, the Trust was 'worse' than expected for 7 and about the same for all other responses. The seven we were 'worse' than expected were:

- If your family or someone close to you wanted to talk to a doctor, did they have enough opportunity to do so? (6.8; 6.8 - 8.6)
- Sometimes a member of staff will say one thing and another will say something else quite different. Did this happen to you? (8.2 ; 8.0 – 9.5)
- In your opinion how clean was the emergency department? (7.8; 7.4 – 9.5)
- While you were in the emergency department did you feel threatened by other patients or visitors? (8.9 ; 8.8 – 9.9)
- Were you able to get suitable food or drinks when you were in the emergency department? (5.2 ; 5.1 – 8.2)

- Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home? (4.1 : 4.1 – 7.4)
- Overall did you feel treated with respect and dignity while you were in the department? (8.2: 7.9 – 9.4)

It is not possible to work out from the results provided whether scores relate to the CXH or SMH department or to both.

2.2 Results Of CQC level 3 data (internal use only)

The CQC have provided a basic analysis of the results split by type 1 and type 3. This data is not adjusted and must be viewed with caution. When comparing the results where we performed ‘worse’ than expected, the type 3 departments performed better than type 1. For example, 10% of type 1 respondents felt the type 1 department was not clean as opposed to 2% of type 3 respondents. However, it must be taken into account that by the nature of the interactions and underlying medical conditions type 3 patients are very different, and would spend less time in the department.

2.3 Results Of Picker data (internal use only)

When reviewing the responses for those Trusts that used Picker as there survey contractor (54% of Trust), we noted that both Picker and CQC rated the Trust as ‘worse’ than expected for cleanliness of the department; feeling threatened by other patients or visitors and being unable to get suitable refreshments.

3. Comparison of ICHT to similar London Trusts and Shelford Trust

The table overleaf shows how we performed in the overall questions when compared with similar London NHS Trusts and Shelford Trusts. Of note, all of these London and Shelford Trusts have undergone extensive rebuilds within their emergency departments.

	London Trusts			Both				Shelford					
	Barts Health	ChelWest	Georges	**ICHT**	UCLH	KCH	GSTT	CMFT	CUH	OUH	NUTH	UHB	STH
s1. Arrival at the emergency department	7.6	8.1	8.4	**7.2**	7.5	7.6	8	7.5	8.3	8.4	8	7.9	7.6
s2. waiting times	5.7	5.9	6	**5.4**	5.8	5.4	6.1	5.8	6.1	5.9	6	5.3	5
s3. Doctors and nurses	8.1	8.6	8.4	**7.9**	8.7	8.2	8.4	8.6	8.7	8.7	9	8.5	8.5
s4. Care and treatment	7.5	8.1	7.8	**7.4**	8	7.6	8		8.2	8.2	8	7.7	7.7
s5. Tests (answered by those who had tests)	8.3	8.8	8.1	**8**	8.7	8.6	8.5	8.5	8.5	8.8	8	8.6	8.5
s6. Hospital environment and facilities	7.6	8.1	7.9	**7.3**	8.2	7.9	8.6	7.9	8.6	8.5	9	8.3	8.2
s7. Leaving the emergency department	6	6.4	6.3		6.5	6.1	6.6		6.5	7.2	7	6	6.7
s8. respect and dignity	8.4	9.1	9	**8.2**	9.2	9	9.1	9.1	9.3	9.3	9	9	9
s9. Experience overall	7.7	8.3	8	**7.4**	8.4	7.8	8.2	8	8.1	8.2	8	8.1	7.9
Average score across all sections	7.43	7.9	7.8	**7.4**	7.9	7.6	7.9	7.9	8	8.1	8	7.7	7.68
better than													
about the same													
worst similar													

4. Comment

Overall these results are disappointing for the department, but do relate to a period over a year ago, when the St Mary’s department was undergoing significant works to improve the environment within the physical constraints of the space. This directly impacted on the patient pathway and made cleaning the environment more challenging than normal.

It is highly likely that a number of the questions received negative responses for the SMH site due to the refurbishment and it is anticipated that with the refurbishment now completed, the environment will improve both in terms of patient pathways and the overall patient experience. However the physical space constraints in both departments remain significant and if attendances continue to rise at the current rate, it will be very difficult to deliver optimal patient experience without significant investment.

The directorate team have taken a proactive approach to engaging with feedback over the intervening period since the survey: The directorate Quality & Safety monthly meeting reviews patient experience, complaints and incidents and acts on themes found. Word clouds summarising words used by patients to describe their experience are included in Appendix 2 for information.

Of note, some of the questions which received negative responses in the CQC survey matched the findings of the directorate (food and drink availability, violence and aggression, discharge information) and link with the following questions from our local survey:

- In your opinion how clean was the emergency department?
- While you were in the emergency department did you feel threatened by other patients or visitors?
- Were you able to get suitable food or drinks when you were in the emergency department?
- Sometimes a member of staff will say one thing and another will say something else quite different. Did this happen to you?

These reflect on-going issues with cleaning contractors, although local surveys suggest a recent improvement, and on-going issues with the underlying unsuitability of the estate.
In contrast to the following questions receiving negative response in the CQC survey, the departments had received a number of compliments and few complaints in these areas:

- Overall did you feel treated with respect and dignity while you were in the department?
- If your family or someone close to you wanted to talk to a doctor, did they have enough opportunity to do so

Indeed, the recent CQC inspection feedback highlighted that patients were treated with dignity, even when the departments were very full. The following question had not received any positive or negative feedback by the directorate in any reviews:

- Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?

However, the fact that this survey has flagged this is concerning and this will be a major focus for the action plan in ensuring that this advice is available.

5. Summary

This survey has revealed some disappointing results, regarding patient experience, particularly in the light of the excellent clinical outcomes from the departments. Although when asked about overall experience the department did not score significantly worse than expected, this survey has flagged a number of areas where the trust has performed less well than expected. There are a number of factors that may have affected the scores including the lower than average response rate and the on-going refurbishment at St Mary’s, but

despite this the survey highlights potentially important issues. The directorate has had an active programme of seeking feedback in the 15 months since the survey was conducted, and improvements have been made, and are continuously monitored. The action plan attached aims to address process and behavioural issues raised, however there remain significant challenges around managing an increasing workload in an estate that is physically so constrained.

6. Next steps

The survey findings have been reviewed and used to inform the draft action plan (appendix 1). This will be reviewed and agreed at the Divisional Quality and Safety Committee in January and updates will be reported to the Quality Committee.

Appendix 1- CYP Action Plan

	Issue	Actions	Due	Owner	Progress
1	Poor ED Patient experience result related to: ***Hospital environment and facilities***	To continue to improve the environment and facilities in the Emergency Departments			
		• Review access to food and drinks from the ED and review the feasibility of having a food/ drinks trolley available	Completed	Lead nurse, emergency medicine	There is a drinks trolley in both departments. There are vending machines in the CXH waiting room, this was considered on the SMH rebuild but there was not enough space.
		• Review the service provided to the ED from Sodexho in terms of catering and food availability when the trust is red/black 'capacity' alerts	February 2018	Site directors	Discussions surrounding the introduction of hot meals on the SMH site are in progress.
		• Improve signage and information to nearest food and drinks facilities	April 2018	Senior comms project manager/Comm team	In progress- part of way finding project
		• Ensure that patients are informed if they are NBM.	April 2018	Lead nurse, emergency medicine/ Matrons	Review and audit within three months
		• Review cleaning audits and current SLA's for departments	March 2018	Lead nurse, emergency medicine/General manager, ED	
		• Increase checks on ED cleaning standards	Completed	Lead nurse, emergency medicine	We are currently auditing cleaning standards twice a week. Audits are conduct with facilities and Sodexho
		• Review the security presence in the ED at SMH and CXH	May 2018	General manager, ED	Dec 2017 directorate Q&S approved 24/7 cover for SMH due to on-going violence and aggression. Business case and divisional approval required. Incidents reviewed monthly.

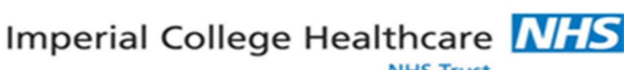
2	Poor ED Patient experience result related to: ***Respect and dignity***	• Remind all staff of the Trust values and behaviours • Ensure Trust values and behaviours are integrated and monitored through staff PDR's • Reinforce staff introducing themselves by their name and addressing patients by their preferred name • Ensure all staff are vigilant in using appropriate screening and asking before they enter behind curtains	February 2018 To match staff PDR cycle March 2018 January 2018 – Daily monitoring required due to overcrowded departments.	Directorate triumvirate Directorate triumvirate Directorate triumvirate	Launch Hello my name is campaign Extra privacy screens to be ordered for patients being cared for in over capacity (Corridor) when department overcrowded.
3	Poor ED patient experience on: ***Information when leaving the ED department***	To ensure that all patients receive a minimum amount of information on discharge including what symptoms/ danger signs to look out for and who to contact if worried To ensure that the GP letter is given to patients on discharge and has information on warning signs	April 2018 April 2018	ED heads of specialty (for ED patients) All heads of specialty (for specialty patients discharged from ED)	Processes of how patients are informed and information given to patients to be reviewed and audited within 3 months

4	Early detection (and action) of changes in performance through measuring and monitoring patient experience feedback	To develop a systematic approach to gathering and reviewing patient feedback in the ED: • Promote the collection of FFT feedback, each department to reach a 20% response rate • Develop a local action plan for departments that do not reach 20% response rate • Review patient feedback each month using the Meridian system. Develop a local action if likely to recommend is <90%. • Report to the directorate quality and governance meeting key themes from patient feedback • Develop new ways of presenting feedback in the departments including celebrating positive comments • ED action plan to be reported to the directorate and divisional Quality & safety Committee and ExCo	April 2018 Completed Monthly Monthly March 2018 Monthly - directorate and division.	Lead nurse, emergency medicine Lead nurse, emergency medicine Lead nurse, emergency medicine Lead nurse, emergency medicine Heads of specialty and matrons Heads of specialty and matrons	Action plan completed, continuous monitoring on a monthly basis required. PEX kiosk to be ordered/ purchased for SMH. Completed- reported monthly at directorate Q&S and via weekly INFORMED. Directorate to report monthly to the division at directorate performance review
5	Lower than national average response rates for the ED survey *20% vs 28%*	• Agree and develop additional promotional materials to be displayed in ward and department areas prior to the next sample period • Design and develop leaflets to be distributed to patients and parents during the next ED sample period • Display posters and distribute leaflets during the sample period • Inform directorate team next when next survey period is due	April 2018 April 2018 April 2018	Patient experience team	Directorate to work closely with the Patient experience team.

Appendix 2- Patient comments

Negative comments

Positive comments



Report to:	**Trust board**
Report from:	**Finance & Investment Committee (17 January 2018)**

KEY ITEMS TO NOTE

The Committee:

- Noted that the Trust's in-month position was £2.6m favourable to plan before sustainability and transformation funding and winter funding, following a catch up of income received during December. It was noted that the Trust was still adverse year-to-date, and whilst the £3m catch up was very positive, there remained a gap of £2m which needed to be closed. The divisions and finance teams were confident that this could be achieved.
- Was pleased to note that work was underway to ensure that all consultant work plans for 2018/19 would be completed by the end of February 2018.
- Noted that the Trust would be appointing a permanent director of strategic development; in the interim, PwC had commenced a review of existing transformation activity.
- Acknowledged that, although the capital programme was currently £10m behind plan, requiring significant spend in quarter four, there was still confidence that the planned spend would be met by the end of the financial year.
- Discussed a report from PwC which sought to interpret the model hospital data (benchmarking information across the NHS) in relation to Trust performance. It was noted that the Trust was now in a stronger position, with a business intelligence overlay that would allow the organisation an improved understanding of the data, and how best this could be applied.
- Noted that the Use of Resources assessment which had been scheduled for 14 December 2017, had been cancelled. Instead, NHS Improvement had held an informal review of the use of resources information with the finance team on 11 January 2018; this was felt to have been a positive sharing of information, particularly in relation to opportunities for the 2018/19 cost improvement plan.
- Noted the summary of business cases approved by the executive.

The Trust board is requested to:

- Note the report.

Report from: Dr Andreas Raffel, Chair, Finance & Investment Committee
Report author: Jessica Hargreaves, Deputy Board Secretary
Next meeting: 21 March 2018

Imperial College Healthcare NHS
NHS Trust

Report to**: Trust board**

Report from: **Quality Committee (7 January 2018)**

KEY ITEMS TO NOTE

Divisional director's risk register update: The Committee reviewed the divisional risks:
Emergency Department - the Committee acknowledged the increasing winter pressures which were impacting the emergency department; the Committee extended their thanks to the staff for ensuring that patient safety and dignity was maintained at all times, and noted that, even though percentages meeting targets were down, the actual numbers were slightly up, the fall in percentages reflecting the increased numbers of patients presenting.
Fire safety – the Committee noted with concern an increased fire risk at Western Eye Hospital following two recent fires; an urgent, robust review with the fire safety officers was requested to be completed immediately [post meeting note: the review was undertaken on the same day and the fire safety team were satisfied that the emergency exits were clear and fit for purpose, and evacuation equipment was present in all required areas].
Medicines management – the Committee noted the work in place to improve medicines management across the Trust which was being monitored regularly by the division and the executive quality committee; the risk had also been added to the corporate risk register.
Increased demand in imaging – the Committee noted that the imaging department was finding the continuing increase in patient activity a growing challenge; the recruitment of appropriate staffing and the reliability of aging assets were both having an impact. A report on the risks relating to diagnostic performance and the proposed mitigations would be discussed at the executive operational performance committee and an update would be provided to the Committee in March.

Serious Incident (SI) monitoring report: The Committee noted that there had been 18 serious incidents reported in October; which had included delays in transfer to an appropriate care setting for six mental health patients. These continued to be reported as serious incidents to ensure that the Commissioners were aware of the continuing issue. An action plan was in place to address the CPE (a specific infectious isolate) issues and the risk was being mitigated and monitored by the infection control team.

Venous Thromboembolism (VTE) assessments: The Committee were pleased to note that the Trust had achieved the 95% trajectory for VTE assessments (undertaken for all patients on admission) for November 2017.

Royal College of Obstetricians and Gynaecologists invited review action plan: The Committee noted the progress made against the action plan developed in response to an external invited review into maternity services at St Mary's hospital following a neonatal death in May 2016. Significant improvements to the Trust's serious incident process had been made and included incident investigation training which had been well received by staff. The Committee acknowledged that quarterly updates on this important work stream would be provided.

Medical education performance: The Committee were pleased to note the progress made in medical education performance, particularly the continued improvements demonstrated in the annual undergraduate student online evaluation. It was noted that in 2017/18, education specialty reviews would be completed for all specialties, not just those under close monitoring.

Health and safety report: The Committee noted that violence and aggression against staff remained

an issue of concern; the security team continued to mitigate this and provide support to staff. Information was requested by the Committee about whether these incidents had resulted in prosecution of the offender, of course excepting those cases where the root cause was an uncontrolled medical condition in the aggressor; an update would be provided to the following meeting. The Committee were pleased to note the decreasing number of incidents relating to slip, trips and falls among staff.

Flu plan: The Committee noted that, as at early January, nearly 50% of staff had received the flu vaccine; whilst not reaching the 70% target, this had demonstrated a significant improvement on the previous year, and all concerned were to be congratulated. The Committee acknowledged that it was important to ensure learning from this year's programme in order to continue to see improvement year on year.

CQC 2016 Emergency Department survey results: The Committee reviewed the results. Noting that the information related to patients attending in September 2016, members recognised the clear improvements made since the survey had taken place; this had been confirmed by the CQC during more recent inspections. The low response rate for the friends and family test (FFT) in the emergency department remained of some concern, and the Committee were reassured to hear that an action plan had been put in place to improve this; an update on progress would be presented to the Committee in March.

RECOMMENDATION:
The Trust board is requested to:

- Note the report

Report from: Prof Andy Bush, Chair, Quality Committee
Report author: Jessica Hargreaves, Deputy Board Secretary
Next meeting: 7 March 2018

Quality Report: report to Trust board on additional indicators

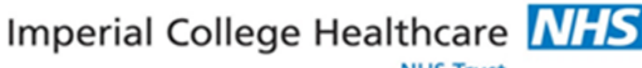
Following discussion and request at the Board seminar in October 2017, additional information on indicators within that the Quality report that are not included in the Trust board scorecard will now be reported as part of the Quality committee report as follows:

Quality Report Targets and Goals	Frequency	Data type	Information for Board Report
We will promote safer surgery by ensuring 100% compliance with all elements of the WHO checklist	Monthly	Monthly data per element from divisional audit process	**October 2017 (M7)** Briefing: 89% Sign in: 96% Time out: 99% Sign out: 99% De-brief: 87% Monthly observational audits of WHO checklist compliance is conducted by the division of surgery, cancer and cardiovascular. A random audit of 65 cases was completed in October 2017 by theatre staff and the data included here. Although this gives a picture, it is not sufficiently targeted to allow focused improvement work therefore a plan for speciality auditing is being finalised which will target specialities that have shown a decrease in performance in the Trustwide audit. This specialty auditing will commence in January 2018 with a focus on specific specialties across all sites each month. Initial areas of focus have been identified as cardiothoracic, cardiac cath lab, general surgery, HPB, urology and orthopaedics. The final audit plan will be detailed in the quality report.
We will have no serious incidents where failure to complete the WHO checklist properly is a factor	Monthly	Monthly data from STEIS	**October 2017 (M7)** 0 (YTD=1)
We will maintain 90% for anti-infectives prescribed in line with our antibiotic policy or approved by specialists from within our infection teams	Six monthly	Trustwide percentage	This is reported every 6 months. The last result was 91% in September 2017

Quality Report Targets and Goals	Frequency	Data type	Information for Board Report
We will ensure that palliative care is accurately coded	Monthly	Palliative care coding rate as per HSMR (supplied by Dr Foster)	**<u>October 2017 (M7)</u>** 100%
We will increase PROMs participation rates to 80%	Monthly	Monthly internal participation data	The most recent data is not currently available on NHS Digital due to an issue with the website. August and September data will be reported in next month's quality report. The Trust discontinued varicose veins surgery and groin hernia surgery national PROMs collection from 1st October 2017 following communication from NHSE that this is no longer mandatory. The Trust is developing bespoke internal KPIs for varicose veins and a planning meeting is set to take place on 11th December 2017
	6 monthly	6 monthly participation as published by HSCIC	
PROMs reported health gain above national average (groin hernia, hip replacement, knee replacement, varicose veins)	6 monthly	6 monthly health gain for all indexes as published by HSCIC	April 2016 – March 2017: Participation rates above 80% for 2/4 procedures Health gain unable to be calculated for groin hernia and hip replacement Health gain below average for 2/3 indexes for knee replacement and varicose veins
We will review all out-of-ICU/ED and coronary care unit cardiac arrests for harm and deliver improvements as a result	Monthly	Total number, percentage reviewed and cases of potential harm.	<u>**September 2017 (M6)** – data reported one month in arrears</u> 33% Three out of nine of ICU/ED and coronary care unit cardiac arrests occurring in September 2017 have had a review completed by the resuscitation team. The review of the management of the cardiac arrest for these cases has shown no care or service delivery issues. The other six cases are currently under investigation but have been initially reported as being no harm. Since July the review completion rate data has been taken from Datix. Whilst all cases have been reviewed or are under review, unless the incident is finalised in Datix it is not reflected in the monthly data percentage.
We will have no inpatients waiting over 52 weeks for elective surgery, and reduce the number	Monthly	Number of patients coming to	<u>**September 2017 (M6)** – reported one month in arrears</u> Clinical harm reviews have been completed for all patients waiting over 52 weeks in

Quality Report Targets and Goals	Frequency	Data type	Information for Board Report
of patients waiting over 40 weeks and implement our agreed clinical validation process		harm while waiting YTD	September which includes 2 patients undergoing an 'on admission' clinical harm review. None of these patients have experienced clinical harm whilst waiting for treatment. The required clinical harm reviews identified within October data are currently being completed.
We will ensure 98% of admissions to an intensive care bed occur within 2 hours of the decision to admit/completion of surgery	Monthly	% of admissions within 2 hours of decision	**October 2017 (M7)** 80% In October 2017, 80% of patients were admitted within 2 hours of the decision. Although not hitting our target of 98% all three sites have improved this month despite difficulty with discharges. In October 31% of level 1 discharges were delayed more than 24 hours across the three sites which resulted in a delay to admissions. Actions are in place within each critical care unit to ensure prompt discharge and turnaround and facilitate early admission.
We will improve our PLACE scores year-on-year; aiming to maintain our score above national average for cleanliness; meet the national average for food; be above the bottom 20% for condition, appearance and maintenance and for privacy and dignity; and improve our scores compared to last year for dementia and disability	Annually	Score as per published PLACE results	N/A - annual
We will have a departmental safety coordinator in 60% of clinical wards, clinical departments and corporate departments	Monthly	% of DCSs - all departments	**October 2017 (M7)** 46.4%
We will ensure at least 10% of our staff are trained as fire wardens	Monthly	% of staff trained as fire wardens	**October 2017 (M7)** 5% In October 35 new members of staff were trained as fire wardens to add to the running total.

Quality Report Targets and Goals	Frequency	Data type	Information for Board Report
			There is a significant reduction in the number of staff trained to be a Fire Warden compared to the last report. Data cleansing has removed staff who were listed as trained, but have since resigned from the Trust. This has reduced the number of staff shown as trained significantly from 9.5 to 5 %. The aim is to implement a new process that will ensure data is regularly updated to remove any trained employees who have left the organisation. Further work between HR and the Fire team is to be arranged to ensure that the data is as accurate as possible. To try and increase the number of staff trained as fire wardens, the fire safety team have developed a more concise training package. The aim of the training is to reach more staff by making use of their in situ training, and the new approach is being trialled in a number of units (CCU and Private Patients) over the next three months. If successful, it will be rolled out across all sites and should increase the numbers of fire wardens being trained each month from 35 to 50. Managers will still need to nominate staff in their respective departments to attend fire warden training.
We will ensure we respond to all exception reports from junior doctors within 14 days of an application being made and that we delliver improvements as a result	Quarterly	Number of exception report and number responded to within 14 days	**October 2017 (M7)** 46% (YTD) A total of 63 exception reports were received in October 2017. Thirty three of these were closed within 14 days, 19 were closed over the 14 days and 11 remain open. So far, no fines have been issued in relation to any exception reports. Outcomes of the 52 exception reports closed in October are as follows: 5 – not agreed 3 – no payment or TOIL given 13 – TOIL (14.75 Hours) 31 – Payment for additional hours (44.95 standard hours and 1.5 enhanced hours)



Report to: **Trust board**

Report from: **Audit, Risk & Governance Committee (6 December 2017)**

KEY ITEMS TO NOTE

Internal audit progress report including limited assurance audit reports and management progress against previous limited assurance audit reports

The Committee noted the internal audit progress and progress against the plan.

Management action progress updates were presented in response to two of the limited assurance audit reports from internal audit. The Committee acknowledged the improved processes in place for subject access requests (patients requesting copies of their clinical record). The Committee were pleased to note that the business intelligence team and maternity service were meeting monthly to review the data held on maternity patients, and had improved processes and quality of data.

Counter-fraud update including: LCFS work plan, NFI progress report & cases and investigations

The Committee noted that there were four live investigations and seven cases in which further enquiries were being made; the outcome of these would be discussed with the finance team once investigations had been completed. It was noted that the Trust board had received Bribery Act training on 29 November 2017 and that the local counter fraud specialist (LCFS) continued to deliver regular training sessions to staff at all levels to support understanding and identification of any fraudulent activities.

Corporate risk register

The Committee reviewed the corporate risk register, noting newly escalated risks, including those highlighted by the recent CQC inspections relating to medicines management, hand hygiene and statutory and mandatory training.

The Committee agreed that the risk related to malicious attacks (major incidents) would be downgraded from the corporate risk register, although kept under review in the divisional risk register.

Risk Appetite – developing a board approach

The Committee discussed approaches to determining the risk appetite and it was agreed that there needed to be a practical solution to reach a position whereby the Trust had an agreed risk appetite framework and statement in place for 2018/19. This would be discussed further with board members at a workshop in December 2017, and a final proposal presented to the Committee and Trust board in March 2018.

Cleaning standards – action plan progress

The Committee welcomed the commitment expressed by the Sodexo senior management team to address the issues that had been raised relating to cleaning standards. The working group, which was attended by both Trust staff and Sodexo staff, would continue on a monthly basis to ensure that there was no slippage in the improvement programme; an update on progress would be presented to the Committee in July 2018.

Interquest IR 35 update

The Committee noted the results of the IR 35 audit (which reviews arrangements in place to ensure that staff were employed in accordance with UK tax requirements); they were pleased to note that all the required checks had been carried out across of the sample. The audit did highlight some issues regarding how the Trust engaged personal service company (PSC) contractors and both the finance and HR teams had worked together to improve arrangements. An internal audit would be

undertaken in 2018.

Independent review of waiting list management – terms of reference

The Committee noted the terms of reference of the independent review of the Trust's waiting list management arrangements; and confirmed that it was critical to identify best practice as part of the review. The review would be reported back to the Committee once completed.

Losses and special payments

The Committee were pleased to note the continuing reduction in losses and special payments.

Tender waivers report

The Committee were pleased to note the continuing decrease and that there had been no waivers over £1m.

Appointment of internal auditors

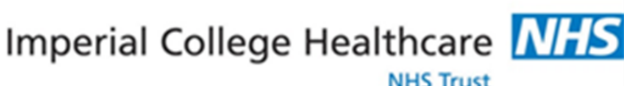
The Committee ratified the decision to award the internal audit contract to PricewaterhouseCoopers (PwC).

Action requested by Trust board

The Trust board is requested to:

- Note the report

Report from: Sir Gerry Acher as Chairman, Audit, Risk & Governance Committee
Report author: Jessica Hargreaves, Deputy board secretary
Next meeting: 21 March 2018



Report to:	**Trust board**
Report from:	**Redevelopment committee report (13 December 2017 & 17 January 2018)**

KEY ITEMS TO NOTE

Phase 1 (Triangle) building, St Mary's: The Trust has been granted planning permission for the first phase of a redevelopment of St Mary's Hospital - a new, 8-storey building on the eastern side of the site. The section 106 agreement was finalised and full approval granted on 4 January 2016, and has entered the six week potential judicial review period. Work continues to submit an outline business case for the capital investment that will be required, and to explore a number of funding options. The Trust is also continuing to explore ways of progressing a full redevelopment of the site, including potential resiting the Western Eye Hospital within the Phase 1 (Triangle) building.

Paddington Cube safety concerns over 'blue light' access to St Mary's Hospital: The courts did not support the Trust's application for a judicial review of the planning approval process for the Paddington Quarter (Paddington 'Cube') development adjacent to the St Mary's site; no further action would be taken by the Trust. The Trust's desired outcome remains to negotiate with the owners of the Royal Mail site to achieve a safe and operable road access.

Communications plan: The committee agreed a series of communication messages for sharing with stakeholders and the wider public.

Further information is provided in the CEO report (Agenda item: 2.2)

RECOMMENDATION:

The Trust board is requested to:

- Note the report
- Note that some of the discussion held at the Committee was considered 'commercial in confidence'.

Report from: Sir Richard Sykes, Chairman
Report author: Jan Aps, Trust company secretary
Next meeting: 28 February 2018

Imperial College Healthcare NHS
NHS Trust

Report to: **Trust board**
Report from: **Remuneration Committee (6 December 2017)**

Key points to note:

Mid-year appraisals: The Committee that the executive half-year appraisals had not been completed, due to the departure of the chief executive officer.

Appointments: The Committee approved the appointment and remuneration of the following on an interim basis (initially for a period of three months):

- Prof Julian Redhead to be appointed as interim chief executive officer from 4 December 2017
- Prof Tim Orchard and Dr Bill Oldfield to be appointed as interim medical directors from 4 December 2017

Executive team succession: the Committee discussed future potential successors for executive team roles, particularly in relation to the medical successions for the divisional director roles, and the barriers to and opportunities in clinical staff entering leadership roles, and progressing from them. In discussion, it was acknowledged that the corporate roles were more likely to be filled from external recruitment, given that the depth of experience may require those already in executive roles, but from smaller or less complex environments. The Committee supported further development of the succession plan.

Recruitment of chief executive officer: recruitment was progressing, using recruitment consultants to consider a further list of candidates. The Committee noted the next steps being taken.

Recruitment of director of strategic development: The Committee noted that there would be a short pause in the progressing of appointment to this post, to ensure that the job description was still considered to reflect the Trust's requirements.

Recommendation:

The Trust Board is requested to:

- Note the report.

Report from: Sarika Patel, chairman, Remuneration committee
Report author: Jan Aps, Trust board secretary
Next meeting: tbc