Imperial College Healthcare
NHS Trust

Imperial College Healthcare NHS Trust

Questions for the Trust Board (29 July 2020) and responses

		Response
Questions from Peter Bell		
1.	**Meetings in public** Can I raise a formal complaint that the Trust are not allowing the public and the press to attend and observe Board meetings when the technology to do so is readily available (in the form of Microsoft Teams which is now licensed to all NHS bodies as far as I am aware). The Trust demonstrated that this technology works at its recent Annual Members Meetings and other trusts (for example, Norfolk and Suffolk NHS Foundation Trust) have successfully held their board meetings in public using Microsoft Teams. • Can I ask what valid reason the Trust has for not allowing the public and press to observe the public part of the board meetings in this way? I note that the Nursing and Midwifery Council has managed to hold all of their Council meetings in public without difficulty. I would have thought that Imperial, with its impressive IT / technical resources, would have wanted to lead the way and champion openness and transparency?	*We decided to keep with Microsoft Teams for the Board meeting rather than LiveEvents (as we used at the AGM) due to the different nature of the meeting. LiveEvents works very well when you have limited number of presenters/speakers (or locations) and having multiple questions being posed - so it works well for an AGM, and our internal all staff briefings etc. However it doesn't work quite as well for a Board meeting, when you have multiple contributors and a general discussion across different participants. There's a need for a producer/s to manage who is live on-screen and therefore delays in moving the camera / focus to each speaker which can end up disrupting the meeting. As the Board meeting is a meeting held in public rather than a public meeting, the emphasis must be on the efficiency of the meeting rather than on live public access to the meeting. It's not the same level of transparency as having the public join the meeting with the ability to ask live questions, but in the circumstances it's the best compromise.* *There are some organisations that choose to use LiveEvents or Zoom, or other technologies for their Board meetings; there are also many who use the same approach as us.* *We recognise the importance of public participation and transparency, and while we have found the AGM/Microsoft Team Live approach will not work for a board meeting with many speakers/discussion all in different locations, we are continuing to explore other ways of running the board meeting live and will aim to do this for the September meeting.*

2.	**Meetings held in private and why reports not discussed in public i.e. Covid-19 (what process is used to determine what goes to private part** In the board papers at "Record of items discussed at the confidential Trust board meeting held on 20 May and 24 June 2020" there is a paragraph summarising an item received at the May 2020 confidential board meeting "The Board received an update on the Covid-19 pandemic reflecting on the Trust's response, current activity including status of ICU beds, plans to returning to business as usual where possible including focus on elective work and prioritisation of deferred treatment, standing down staff from deployment, activities around staff health and wellbeing, pairing arrangements with care homes, testing and considering lasting benefits at Trust level and across the sector. " a) Could the Board please explain why it was necessary for reasons of confidentiality to take this report in private and had the Board considered whether the majority of this report could have been presented and discussed in the public Board meeting? b) What specific aspects of this report related to the potential disclosure of matters which it is in the public interest should not be made public? c) Could the Board clarify what guidelines are used to decide whether an item, or part of an item, is considered to contain confidential information and as a result cannot be tabled in the public Board meeting. What are the exact criteria that the Board uses and does the Board actually vote on whether to take a particular item in the private, confidential part of the Board meeting or is the decision on whether to table an item in public or private taken without being referred to the members of the Board for a decision?	*a) In response to the public question regarding why the Trust discussed the Covid update in the private part of the meeting instead of in public, Mr Jenkinson advised that it was not because there was any sensitivity around what was discussed but the nature of the conversation meant that the CEO provided a thorough and comprehensive update on where the Trust was at in managing the pandemic. It was agreed that an extract of the private Board minutes would be made available to the public as part of the response to questions. Noted that an update on Covid was provided at both parts of the meeting in May 2020.* *b) An extract of the private Board minutes is attached.* *c) The Board does not vote on whether to take a specific item to the private (reserved) part of the Board meeting. It is for the Chair to decide, in collaboration with the Chief executive and Trust secretary. Decisions to take items into the private part of the meeting are made in the context of Section 1 (2), Public Bodies (Admission to Meetings) Act 1960 - 'That representatives of the press, and other members of the public, be excluded from the [remainder of this] meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'.*
3.	**Link to AGM recording and timeliness of making the annual report available.** In the Chief Executive's report at para 8.1 there is a link to the recording of the Annual Members' meeting and the Slide Presentation. (page 23 of 123). However, this is a link to the Trust intranet and is not accessible to the public and press.	*The intranet link was included in error instead of the website link. The AGM video and slide pack can be found on the Trust website here:* *https://www.imperial.nhs.uk/about-us/who-we-are/publications* *Regarding the timing of the publication of the Annual Report, this was answered by Michelle Dixon, Director of Communications,*

	• Can I ask why the video and the presentation have not been made available to the public and press as well being available internally? • Could the Board also explain why the Annual Report which was presented to the Annual Members' meeting on 15th July 2020 (which commenced at 18:00 hrs) was not made available to the public and press until approximately 15:50 hours on the same day?	*during the AGM. Before the Coronavirus Covid-19 outbreak we had decided to move the date of our AGM forward this year – it's previously been held in September – to bring it closer to the financial year we were reporting on and to provide an earlier outlook for the current year 2020/21. This substantially reduced the production period for the annual report which was also impacted by the pressures created by the pandemic and we are sorry that we were only able to publish the document on the Trust's website on the day of the AGM. We will take this issue and other learnings into account when planning for next year's AGM.*
4.	**Difference between a Programme Board and a Committee; why the change; and stakeholder engagement** In item 18.5, report 14e, page 123 of 123, there is the statement "Last year the Board approved the change from Redevelopment Committee to Redevelopment Programme Board to provide the opportunity for stakeholder engagement. Whilst for a period of six months that was appropriate and useful, now that the programme has moved into the Strategic Outline Case phase, it was deemed necessary to revert back to a Redevelopment Board Committee and establish a Steering Group to engage stakeholders with the detail of the business case." • Could the Board please explain the difference between a Programme Board and a Committee and the reasons why a) It was appropriate a year ago to change to the Programme Board format and the reasons why that was appropriate, and b) Why is the change necessary now to change back from a Programme Board format to a Committee format? • Could the Board explain how this change is intended to improve the stakeholder engagement with the Redevelopment plans, and in particular, the involvement of the public and patients in the development of the Strategic Outline Case?	*The difference between a Programme Board and a Board Committee is that the Board Committee is a Committee of the Board with delegated authority for decisions and Programme Board is more of a working group.* *The original Programme Board had wider stakeholder attendance, however due to the increasing commercially sensitive nature of some matters, it was necessary to re-establish the Board Committee. It was the right time and phase to do so and at the same time we determined to establish a stakeholder steering group to help ensure close involvement of key stakeholders, including the chair of our strategic lay forum. Establishment of this group is currently underway.*
5.	**questions relating to the Complaints report**	

	In the Complaints Report, item 178, report no 13, page 111 of 123, there is a report standard header which includes the question: "How have patients, the public and/or the community been involved in this project and what changes were made as a result?" The author has written "N/A" (sic) • Does the Board think it acceptable that the major form of feedback from patients on the Quality of Service they receive from the Trust, i.e. the complaints process and monitoring does not involve patients, the public and/or the community in the project? • Feedback from Quality Improvement initiatives at other Trusts has shown that better involvement of patients, the public and/or the community In the complaints process has resulted in a much more responsive complaints process, increased feedback from patients and improved learning from the complaints process. • Could I ask the Board if they would consider a greater involvement of patients and patients representatives in the processes for collecting and analysing feedback from patients and their carer, families and friends on their experience of services? • The report states that 76% of complainants were satisfied (6 weeks after the complaint) with the response to their complaint. This means that about 1 in 4 complainants are NOT satisfied with the response to their complaint. Does the Board think that this is an acceptable outcome?	*Coincidently similar points were discussed under Item 17 of the July public meeting 'annual complaints service report' at which it was agreed a report would be presented to the September Board covering the wider aspects of patient experience.* *In regard to the 76%.... we have been collecting this feedback for the past 4-6 months. It is timely to look at the themes in terms of what we do well in, and not so well in – this will be included in the above report, looking at the overall experience as well as benchmarking data. The Director of Nursing and Medical Director meet with patients or relatives when a resolution cannot be reached to talk through the issues, offer support and help as best as possible.* *The CEO advised it would be helpful to look at whether the Trust or the patient think the complaint has been satisfactorily dealt with, and also data around whether the complaint has been upheld or not. These would also be included in the report, looking at the wider aspects of patient experience.*
Questions from James Grealy and Merril Hammer		
6.	**Royal Brompton and services** • Following recent reports in the media about the projected merger of the Royal Brompton Hospital with St Thomas and Guys, can the Board report on what progress, if any, has been made in	*The paper that went to NHSE Board in January 2020 was clear that it was very important that the services for our population in NWL are maintained and that patients in NWL are not disadvantaged by anything that happens with the Brompton.*

	negotiations with NHS England to retain key services currently provided at the Brompton in NW London. • Can the Board be specific about which services will be at Imperial hospitals and/or Chelsea and Westminster Hospital and what the expected time frames are for the transfer of these core services to Imperial. Further, are there key services that will be lost to NW London with the loss of the Royal Brompton Hospital given that many patients attending the Brompton are residents in NW London? • What mitigations might be put in place if key services are to be moved out of NW London?	*There is no short term risk as significant public consultation would be required before any service moves. The priority is for a proposed move of specialist paediatrics and adult congenital heart disease which, as a very specialist service, we would support. Therefore we have some time for discussions and engagement to ensure we maintain key services for local communities in NWL.*
7.	**Meetings in Public** • Given the success of the Imperial AGM which was held virtually but with the public able to ask questions 'live', we are surprised that this Board meeting is not being held in public. What are the plans for returning to holding Board meetings in public, even if this can only be via live streaming?	*See response under question 1, above.*
Questions from Abdifatah Dhuhulow Re. Redevelopment, strategy and innovation		
8.	**Redevelopment project and engagement** • Since the Trust has failed to understand the importance of adopting collective approaches to complex problem solving and the importance of giving the service users a real voice to play their part in the decision making processes, how the Trust could expect others like Kaleidoscope to connect with the local community and gather valuable information that could be used for the redevelopment projects and for improving the services that the Trust offers to the local community?	*The Strategic Lay Forum presentation, provided at item 10 of the report (July Board), outlined our approach to ensuring that all stakeholders – especially patients and the public - have a voice in all aspects of our redevelopment programme. The approach was co-designed with lay partners and a redevelopment involvement charter developed by lay partners is available on our website. In addition to the direct involvement of a number of lay partners is specific redevelopment workstreams, we engaged Kaleidoscope to assist with gaining initial insights from stakeholders through surveys and virtual workshops, primarily through support with logistics and analysis. Trust staff also took part in the workshops. This the first phase of ongoing engagement and involvement.*

9.	**Cancer diagnostic facilities – consideration of options to raise funds** Since the Trust has a team for Strategy and Innovation, has this team, together with the redevelopment team members, thought about other ways that they could raise funds to build cancer diagnostic facilities that could meet the needs of the Trust's cancer patients and meet the cost of sustaining these facilities without taking any money from the Trust's budget?	*We are already expanding MRI/imaging facilities and setting up more rapid access diagnostics clinics as part of a strategic approach as part of RM Partners, West London Cancer Alliance. At the moment, the Trust is not seeking to build new facilities.* *Early cancer diagnostics is an absolute priority for the NHS in general so we will continue to focus on that. Proven diagnostics should – and are being – provided by the NHS. We do benefit significantly from charitable and philanthropic support for research to look at new ways of improving cancer diagnostics jointly with the university – as well as new ways of improving the experience of cancer patients.*
10.	**From Joél Beckford**	
11.	**RTT and DNA** Can I ask the board what the trust strategy will be regarding reducing the climbing RTT times and increasing DNA rates, and will they consider sub-contracting to private providers to support the trusts short term goals?	*We are working with NWL and NHSE to reset and recover our diagnostic and elective surgical / ambulatory procedures back to pre-covid levels. As the NHSE (PHE/ NICE) guidance changes this is made easier to return to pathways which can begin to manage pre covid levels of capacity. The Independent Sector is an integral part of this capacity development. We are actively contributing to the NHSE negotiations to retain IS capacity in line with other Trusts, to ensure equity of value and capacity. As part of the Phase 3 NHSE we are developing trajectories to track delivery against.* *The DNA rates mentioned are reflective of a wider public caution and fear of attending hospitals. We estimate that patient refusal to attend diagnostics or procedures may run as high at 30-40% (from local feedback). We are publishing a number of papers demonstrating no increased mortality from surgery during covid-pandemic, and a patient focus group project in oncology to understand fears and efficacy of reassurance. We are working with our Lay Partners and communications to develop a wider publicity campaign to inform and reassure all our patients and public and to date, we have made videos for the public to correct*

		some common misconceptions. Hospitals have effective biosecurity, society have widely adopted mitigation practices all of which enable patients to be assessed, diagnosed and treated safely with no increased risk from covid. We will continue to support all local and national assurance campaigns as they are developed.