

JANUARY 2021 PUBLIC BOARD MEETING

The January Board meeting has been cancelled in order to allow the organisation to focus on the operational response to the second wave of the Covid-19 pandemic. We are publishing here the summary report from the chief executive that would have been presented at the meeting.

The Board recognises the huge efforts being made by staff across all services and wish to express their thanks and appreciation for this dedication and commitment. We pay special recognition to colleagues who have died during the pandemic, including, most recently, Charing Cross nurse Pedro Barte.

Chief executive's report

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

- Operational response to Covid-19
- Covid-19 vaccination programme
- Flu campaign
- Financial performance
- Hotel services progress
- EU exit
- CQC update
- Redevelopment
- Research and innovation
- Stakeholder engagement
- Celebrating success

1. Operational response to Covid-19

In response to increasing demand across London, especially since the new year, we have expanded our intensive care capacity significantly, up to 150 beds. As well as expanding our permanent adult intensive care units and acute respiratory units across all three main sites, we have transformed most of our children's intensive care unit at St Mary's into an adult unit (while the majority of children's intensive care is consolidated temporarily at Great Ormond Street Hospital) and created additional intensive care units at each hospital.

With greater clinical understanding of Covid and more treatments available, we have been able to care for more patients on general acute wards during this second wave of infections. This has put more pressure on our wards, with 23 wards now set up to provide care for Covid-positive patients.

Our capacity expansion has relied on almost 1,000 staff being able to take on temporary new roles, for some or all of their time. In addition, we are very grateful to clinical staff from the military who, under the supervision of our clinicians, are helping to run one of our additional intensive care units at Hammersmith Hospital. We have also had to postpone all but time-critical planned care for January and February.

We are continuing to work within a 'gold command' governance structure across the Trust and on each site, and linking into a north west London response operating in a similar way. There has been a

huge amount of collaboration and co-ordination across the sector and more widely across the whole of the capital.

We have worked hard to ensure safe and high quality care for all patients, putting in place a wide range of infection prevention and control measures, including physical distancing and pathway separation within our A&Es and wards, regular inpatient testing, enhanced cleaning, careful compliance with personal protective equipment requirements and combining an expanded reception service with dedicated hygiene stations and support at key entrances. We are also ensuring we optimise the 'flow' of care, expanding our 'same day emergency care' to avoid unnecessary hospital stays and working closely with partners to ensure patients who are well enough to be discharged from hospital have the support in place to be discharged promptly.

We have expanded our resources to keep patients and families informed about changes in how we work and, while visiting restrictions are in place, to help them stay in touch. We have been focusing particularly on engaging with our local community groups and leaders, with a regular forum with our medical director now in place, to listen and respond to local feedback and concerns. This has led to the development of specific information about how clinical decisions are made and an initiative to improve access to high quality translation services.

We are placing the same emphasis on ensuring the safety and wellbeing of our staff. We have a well-established, same-day, symptomatic testing service as well as a twice-weekly self-testing programme using 'lateral-flow' home kits to pick up infections without symptoms. We have vaccinated over 60 per cent of our patient-facing staff through our on-site Covid-19 vaccination programme (see below). We have good supplies of PPE and a PPE helper scheme to ensure staff get the practical advice and support they need. Through our staff support Covid-19 legacy programme, supported by Imperial Health Charity, we have doubled the size of our staff counselling service; begun a major programme of refurbishment for staff break areas, showers and changing rooms; and we are piloting a monthly distribution of break room supplies.

Our largest number of Covid-19 positive patients to date during this second wave was on 20 January when we were caring for 492 patients who had tested positive for Covid-19 on their current admission. One hundred and thirteen of these patients were being cared for in intensive care. We currently (as of 25 January) have 476 patients who have tested positive on their current admission, 123 of whom are being cared for in intensive care and with a total of 136 patients in our intensive care units.

2. Covid-19 vaccination programme

Our staff vaccination programme began on 22 December 2020. In line with national guidance, we have prioritised staff at higher risk of being infected with Covid-19 and those at higher risk of severe disease.

The St Mary's site was the first site approved as a hospital hub and additional hubs have followed more recently at Hammersmith and Charing Cross. Our hospital hubs are responsible for vaccinating our own staff as well as those from other healthcare partners across London. To date, we have administered over 9,000 vaccination doses, the majority of which were for our staff. A tailored communication campaign is in place to encourage staff to be vaccinated and to respond to questions.

In line with all NHS trusts in England, we have amended the dosing schedule and are providing the second dose of the vaccine 12 weeks, rather than 21 days, after the first dose. The decision is intended to enable the greatest number of at-risk people to be protected in the shortest possible time.

Vaccines for the general public are being co-ordinated at a sector level across north west London, following the national prioritisation approach. We will be helping to run two mass vaccination centres in the community from February.

We are developing plans to roll out vaccines to some priority and vulnerable patients who have to attend our hospitals frequently, such as dialysis patients, or who are likely to be in hospital for several weeks. We are already able to offer a vaccine to regular patients in one of our renal dialysis units and we are working to expand to other units as quickly as possible.

3. Flu campaign

From September 2020 to Christmas, flu vaccinations were delivered by a record number (445) of peer vaccinators, complemented by two dedicated flu vaccination clinics per day on each of our three main sites. To help ensure physical distancing, attendance at the vaccination clinics was by appointment only. In addition, bespoke clinics were held for specific groups such as hotel services staff.

Since January 2021, the campaign has moved into a second phase given the commencement of the Covid vaccination programme. Flu vaccinations are still available from divisional peer vaccinators and divisions.

As at 5 January 2021, 67% (7,027) of frontline healthcare workers had been vaccinated. This compares with 55% at the same time in 2020. We do not expect a significant increase in flu vaccine uptake between now and the end of the campaign on 5 March 2021 due to the focus on the Covid vaccination programme, though a number of actions are still in progress to maximise the total uptake including:

- Follow up of staff who have registered but are yet to receive the vaccine.
- Follow up staff yet to respond to ensure, as a minimum, we have a response from every staff member.
- Divisions using local data, trajectories and delivery targets to review vaccination rates by cost centre and delivery by peer vaccinators.
- Focussed action plan for hotel services to access flu vaccinators locally.

4. Financial performance

The Trust agreed an outturn position with the North West London integrated care system for second half of the financial year of a £15.8m deficit. The deficit was based on the month 5 forecast outturn with funding for additional growth to meet elective targets and the permanent expansion of intensive care capacity bed base while excluding any costs related to a second Covid-19 surge. NHS commissioner income has been agreed at a block contract value, however an elective incentive scheme is in place with a penalty or additional income applied depending on whether the sector misses or exceeds the agreed activity targets.

At the end of November 2020, the Trust met the year to date deficit plan of £3.1m. There was additional income from increased private activity offset by costs above plan, including higher than planned costs relating to the respond to the Covid pandemic.

The Trust completed a forecast at the end of November which, net of agreed cost reduction schemes, shows a revised gap of £1.5m to the agreed deficit plan. Given the second Covid wave, which was not included in the Trust plan (as per NHSE/I planning guidance), this forecast is not likely to be representative of the emerging position. The Trust will not be in a position to meet the agreed deficit plan if the additional costs associated with the second wave prove to be material and not reimbursable. The organisation is ensuring that there is sufficient oversight of any additional financial requirements through its daily executive meetings.

The Trust has continued to make good progress on delivering its capital programme with year-to-date total spend of £39.2m against a plan of £46.6m. The cash balance at 30 November was £174.6m with the majority of this linked to block payments made in advance which will roll out in due course.

5. Hotel services progress

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

The in-house approach has also allowed more flexibility in responding to Covid challenges, such as increased cleaning frequency recommended by PHE. Since the last report, the service has been maintained and flexed to meet the demands faced as part of the evolving response to the pandemic. Since bringing the service back in-house the Trust's management have regularly met with

all unions representing staff and relationships have improved, with no new issues raised at the last sequence of meetings.

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

6. EU exit

The Government reached an agreement on the UK's future relationship with the EU in advance of the end of the transition period and, as such, the Future Relationship Bill received Royal Assent on 30 December 2020. Although this has provided clarity about the impact of leaving the Single Market and Customs Union on the NHS, there remains a risk of disruption at the border whilst the new arrangements are embedded. For this reason, the continuity of supply preparations undertaken by the Department of Health and Social Care will remain in place to mitigate against potential disruptions caused by new customs and border processes and all NHS organisations have been asked to retain the arrangements stood up for the end of the Transition Period until further notice.

We are confident in the preparations we have made – we hold a supply of medicines to operate as usual for between four and six weeks, have robust mechanisms for dealing with shortages, have assessed contracts for the supply of medical devices and clinical consumables that fall outside the national arrangements for high priority categories, and have not seen any significant change in the number of EU nationals that work here. The main concern remains that, like every other NHS organisation, we are reliant on the national arrangements given the instruction not to stockpile. The EU Exit planning group will continue to meet to review the position and ensure that any issues are responded to rapidly. To date we have not encountered any significant problems arising directly from EU Exit but have a successful history of robust response to major incidents and business continuity incidents as well as well-rehearsed command and control plans to enable us to respond to any incident if we need to.

7. CQC update

The CQC was planning to consult on its new regulatory strategy this month, ahead of its planned launch in May 2021. [The consultation has now been announced](#); the consultation is public and anyone can respond. The CQC has indicated that it will also launch a second consultation later this month, for proposals relating to the CQC's activities during the pandemic, but that will also inform the new strategy overall. The proposals focus on how the CQC can assess performance and rate providers in a more flexible and responsive way, moving away from ratings only being changed following a full inspection.

8. Redevelopment

The Trust has received feedback on the business case for the redevelopment of St. Mary's from the DHSC and the New Hospital Programme team. The Department has confirmed its support for the case and recognised there is a pressing need to redevelop St Mary's. Before proceeding further, we have been asked to undertake further work to confirm the scope and size of the new hospital and to ensure we have considered all appropriate options for delivering the services. In parallel, we are commencing work to progress redevelopment plans for Charing Cross and Hammersmith hospitals to support the production of business cases later this year.

9. Research and innovation

As the numbers of patients with Covid-19 being admitted to our hospitals has continued to increase, our research teams, some of whom have been redeployed to clinical duties, are continuing to do all they can to give our patients the opportunity to participate in Covid-19 related research. The impact of the research undertaken across the Trust and Imperial College London, in the first wave of the pandemic in the first half of 2020, is having a positive impact on the treatments patients are being given and the outcomes they achieve. We are currently prioritising a number of national 'urgent public health' studies, including REMAP-CAP, led by Professor Antony Gordon, one of our intensive care clinical academics, which recently reported benefits of two intravenous anti-inflammatory medications on critically ill patients with Covid-19.

To date, we have recruited over 3,450 patients to a number of different trials. We are also actively supporting further vaccine trials within our clinical research facilities and across the clinical research network that we host.

10. Stakeholder engagement

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

- Cllr Tim Mitchell, Westminster City Council: 19 November 2020
- Royal Borough of Kensington and Chelsea Adult Social Care and Health Select Committee: 19 November 2020
- Hammersmith & Fulham Save our NHS: 23 November 2020
- Karen Buck MP and Andy Slaughter MP: 15 December 2020
- Nickie Aiken MP: 6 January 2021
- Cllr Tim Mitchell, Westminster City Council: 14 January 2021

11. Celebrating success

I am delighted to report that Professor Sir Huw Thomas, consultant gastroenterologist at the Trust, professor of gastrointestinal genetics at Imperial College and head of Her Majesty's Medical Household and Physician to the Queen, was appointed Knight Commander of the Royal Victorian Order in the 2021 New Year Honours. In the same Honours, Ian Lush, Chief executive of Imperial Health Charity and Chair of NHS Charities Together, was awarded an OBE in recognition of his contribution to charitable services to the NHS. Many congratulations to both of them – much deserved.

The North West London Pathology (NLWP) team have received two awards from the Royal College of Pathologists for their significant contribution to specialty for 2020 and were also awarded UNIVANTS of Healthcare Excellence, in recognition of their pathology partnership serving three major London hospital Trusts (Imperial College Healthcare NHS Trust, Hillingdon Hospitals NHS Foundation Trust, and Chelsea and Westminster NHS Foundation Trust).

In November, the Trust joined a national network of more than 40 NHS trusts providing 'long Covid' specialist clinics to help patients suffering debilitating effects of the virus months after being infected. We also continue to work closely with the English National Opera to develop and roll out an online social prescribing intervention of singing, breathing and wellbeing aimed at supporting and enhancing the recovery of patients who are still experiencing symptoms after their initial Covid-19 illness.

Professor Tim Orchard
Chief executive
25 January 2021