

Annual general meeting 2020 – responses to submitted questions which were not reached in the meeting

Question:	Trust response :
<p><b><i>Note that payments during May 20 to Supply Chain Co-ord Ltd totalled £2.1million. What proportion of this amount related to PPE and what amount is the Trust budgeting for PPE for 2020/21?</i></b></p>	<p>We had no cost in May 2020 through Supply Chain Co-ord Ltd for any Personal Protective Equipment (PPE) items.</p> <p>We are currently receiving PPE through the national push manifesto at zero cost. We have no knowledge of when or if that will change and what impact that would have on costs to us.</p>
<p><b><i>Imperial is a very big organisation - who exactly is involved in making decisions and what checks are in place?</i></b></p>	<p>The Trust Board is the ultimate decision-making authority in an NHS Trust, but it will delegate authority to make decisions to appropriate levels in the organisation depending on the level of financial investment and / or level of change in services etc. These different levels of authority are set out in the Trust's Standing Financial Instructions and Scheme of Delegated Authorities.</p> <p>Some decisions made by the Trust will also need higher authority at regional or national level, including NHS England.</p> <p>Controls in place include the non-executive majority of the Trust Board and Board Committees who approve decisions and the external authorisation controls in place.</p>
<p><b><i>Re Primary Care Networks - Hammersmith and Fulham have now left the Tri-borough social care partnership leaving a bi-borough of Westminster and RBKC. Will the Trust be engaging similarly with the Primary Care Networks in Westminster and RBKC? And the local authority bi-borough in social care?</i></b></p>	<p>The Trust is actively engaged with a growing number of Primary Care Networks across North West London in Hammersmith &amp; Fulham, Westminster, Kensington &amp; Chelsea and beyond and is looking to develop it's relationships in primary care as extensively as possible, building on a network of strong clinical partnerships.</p> <p>The Trust's objective is to share the learning from the testbed programme with Hammersmith &amp; Fulham Partnership as quickly as possible to maximise the project's value. Similarly, the Trust remains actively involved in the borough-based Integrated Care Partnerships in Westminster and RBKC, through which</p>

	<p>relationships and collaborative plans with bi-borough Adult Social Care leads continue to develop.</p>
<p><b><i>What public and patient involvement did you have in the Covid-19 response? Was there any involvement in the planning and additional spend?</i></b></p>	<p>As the Trust has strong existing relationships with <a href="#">lay partners</a> and the Trust <a href="#">strategic lay forum</a>, we were able to quickly have external/patient involvement in our Covid-19 response.</p> <p>The strategic lay forum chair attended the daily clinical reference group as soon as it was established. This is a group of senior clinicians and managers that review and approve clinical care pathways that had to change to respond to the pandemic. By having external input into this group, it enabled the patient voice to be heard throughout, resulting in more patient centred pathways, the development of clear patient and visitor information and issues of equity and inclusivity were raised at an early stage.</p> <p>The patient reference group continued to input into patient communication and improved discharge information and a new inpatient booklet.</p> <p>External input also highlighted the fear some communities feel about coming to hospital and how some people needed hospital care, but stayed at home. The Trust responded to this by <a href="#">producing a video</a> addressing these concerns which has been translated into languages for communities where English is not spoken. Our lay partners also focused on how seldom heard groups, black, Asian and minority ethnic (BAME) communities and vulnerable groups need inclusive communication and easy access to care. This is one of the priorities for the coming year.</p> <p>We have involved lay partners as part of our planning and work to set up non-urgent care again. The wide programme is called 'reset and recovery' and includes many projects that are getting feedback from patients on specific issues such as preferences and use of online appointments for example.</p>

	<p>There has been no specific patient involvement in additional spending.</p>
<p><b><i>Question regarding finance - from the slides presented it appears we received over £100m on education, training and research, but spent only £31m. Is this correct? If so, why?</i></b></p>	<p>The difference in spend is due to the fact that most of research, education and training spend is booked as pay and this is reported with pay in the accounts, not with research &amp; development (R&amp;D) and education &amp; training (E&amp;T) expense.</p>
<p><b><i>Did the Trust encounter any difficulty in sourcing PPE? Where there any times when the Trust was unable to provide the recommended PPE to all staff?</i></b></p>	<p>Claire Hook, director of operational performance, mentioned the issue of personal protective equipment (PPE) in her AGM presentation.</p> <p>We have consistently followed national guidance for the use of PPE and introduced ‘PPE helpers’ at ward level to offer advice on the appropriate level of PPE to use as well as the process of safe donning and doffing.</p> <p>Problems with the availability of PPE has been a national issue and, although we have never run out, supplies of some types of equipment have become very low at times.</p>
<p><b><i>Why does the trust not pay lay partners if it values them so much? What is the diversity of the patient involvement and lay partner?</i></b></p>	<p>Our lay partner role is a volunteer one and will remain one. We have always reimbursed lay partners for any carer or public transport travel costs they incur (or organise taxis for those that cannot use public transport) and for any subsistence while supporting our work.</p> <p>We are aware more needs to be done to increase lay partner diversity so it is in line with our local population and enable those that can’t volunteer their time for free. We plan to do this through proactive recruitment and involvement and reimbursing lay partners for their time with us in line with national policies. This was noted as</p>

	<p>one of the key priorities this year as part of the recent <a href="#">patient and public involvement report to Trust board</a> on 29 July, 2020.</p>
<p><b><i>Foundation Trusts have a Council of Governors who are charged with holding the Non-Executive directors to account and are another channel of representation of patients. Does the Trust have a similar body or does it intend to set up a similar informal structure?</i></b></p>	<p>Foundation Trusts are required to have a membership made up of members of the public / patients, who then elect a Council of Governors that in turn holds the Chairman to account for the running of the Trust Board, amongst other duties / powers.</p> <p>As an NHS Trust we are not required to have such a structure and currently have no plans to create such. However, we do have many other mechanisms for engaging with patients and patient groups, and we have a well established Strategic Lay Forum, made up from lay members of the public, who hold us to account for ensuring we have appropriate engagement with patients and their representatives.</p> <p>Examples of recent / ongoing engagement with patients and public include ongoing engagement in the planning for the redevelopment of St. Mary's Hospital and ongoing engagement in our Learning &amp; Insights programme, through which we are gathering wide ranging reflections on the COVID-19 pandemic and the impact on staff, patients and public.</p>

Note: this document is subject to further updates as responses to outstanding questions are added.

(v0.1: August 2020)