



Imperial College Healthcare
NHS Trust

Quality account

2020/21

Our quality account 2020/21 is dedicated to the ongoing commitment and expertise of all our people who continue to play a vital role in the UK's response to Covid-19.

We play special tribute to our colleagues who died during the pandemic and celebrate their lives and contribution to the NHS:

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Overview

Professor Tim Orchard, Chief executive



Welcome to the quality account for Imperial College Healthcare NHS Trust for 2020/21.

It's hard to reflect comprehensively on our past year while we remain in the midst of the Covid-19 pandemic. Even now, as we move out of lockdown restrictions, we are having to plan for a potential third wave and assessing the full cost of the pandemic in terms of unmet and new needs.

The scale of our operational response to Covid-19 over the past year or so has been incredible. I am immensely proud and grateful for what our staff and partners have achieved with and for our patients and local communities, notably, our role in the biggest vaccination programme in the history of the NHS. As of 31 March 2021, we have vaccinated over 85 per cent of our frontline staff and this number is increasing every day.

The pandemic has necessitated much more joint planning and working across health and care partners. In particular, collaboration with the four acute NHS trusts in north west London – managing a total of 12 hospitals between us – has enabled us to meet many different aspects of need, from surges in intensive care demand to securing enough personal protective equipment (PPE) to keep our staff safe.

Provider collaboration is now accelerating improvements in care quality and efficiency and will be a key means of reducing the huge backlog in planned care fairly and swiftly. We are continuing to harness our collective resources and expertise to share the practices and processes that we know deliver the best outcomes, to direct capacity where it is most needed.

Closer working is also helping to break down barriers between acute, community and primary care. The need to avoid unnecessary visits to hospital and to help patients leave hospital as soon as they are well enough has been driving



“ I am immensely proud and grateful for what our staff and partners have achieved with and for our patients and local communities. ”

improvements in models of care. During 2020/21, this has included developing advice and guidance to make it easier for GPs to get input from specialist consultant colleagues before referring a patient to hospital, our clinicians supporting nursing home staff on Covid-19 testing and care, and simplifying discharge arrangements with social care partners.

Almost all of us will have had to get to grips with a greater reliance on digital technology during the pandemic across many aspects of our lives. It's been key to our ability to continue to provide safe care for thousands of patients through video or telephone outpatient consultations.

The past year has really brought home the full extent of health inequalities. It has also shown the importance of listening, reflecting and responding to the needs and views of our stakeholders – staff, patients, carers and local residents – in order to build trust, mutual understanding and solutions that work for everyone.

Thank you to everyone who has helped us put this quality account together including Healthwatch, our commissioners and our local authorities, and to staff who work tirelessly to provide our patients with the highest quality of care.



Professor Tim Orchard
Chief executive

1.1 Priorities for improvement

This section of the report provides an overview of our approach to quality improvement, our improvement priorities for the upcoming year and a review of our performance over the last year.



Our improvement methodology

We have a dedicated improvement team whose aim is to build learning, improvement and innovation into everything we do across the Trust. The team continues to ensure the rigorous application of the Institute for Healthcare Improvement's methodology by coaching individuals and teams in their area of work, and through large-scale improvements to drive change. An extensive education programme, available to all staff, that aligns to our Imperial improvement competency framework, supports this work. The framework sets out how we embed improvement knowledge and skills across all levels of our organisation at scale and pace. This offer includes our Imperial Flow Coaching Academy (FCA), which uses big rooms to engage a variety of diverse stakeholders in improvement work across patient pathways, and the level 6 improvement apprenticeship, which supports colleagues in leading strategic improvement initiatives aligned with the organisation's strategy.

This year, our transformation team will continue to lead the implementation of the Imperial Management and Improvement System (IMIS). This method comprises annual objective setting, business planning and a management system designed to support improvement and delivery against our set objectives through a systematic approach to delivering our business. This business planning approach – which includes engagement with staff at all levels and across different groups – identifies a small number of key Trust-level focused improvements, designed to have a direct impact on our strategic goals or objectives within the course of a year. Our plans to implement IMIS in full in 2020/21 were delayed because of the pandemic.

2021/22 improvement priorities

The priorities in this year's report focus on the quality and safety programme.

The priorities have been agreed following a review of incidents (including serious incidents), structured judgement reviews, medical examiner outcomes, national reviews and national audits. Within this programme, there are several areas of focus as follows:

Focus area	Rationale for selection	Progress metrics
Improve patient safety incident reporting rates across the Trust	High rates of incident reporting is a strong indicator that staff value safety, feel safe to raise safety concerns and can learn to continuously improve services. This is a key part of building our culture, being open, transparent when things go wrong and supporting patients, staff and families.	Patient safety incident reporting rate – consistently in top quartile (bed day) 10% improvement at WTE level

Focus area	Rationale for selection	Progress metrics
Improve hand hygiene practice, and the safe use of PPE in our clinical areas	We know that hand hygiene is the single most important factor in the control of infection. The pandemic has increased the risks associated with hand hygiene further, but has also increased the risk associated with the use of PPE. The correct use of PPE, alongside outstanding hand hygiene practice, is a key mechanism through which we can keep both our patients and staff safe, while reducing the risk of nosocomial infection, of Covid-19 and other pathogens. We have seen an increase in incidents causing patient harm during this last year, therefore this is an obvious priority while we continue through our pandemic response.	% compliance recorded by observational hand hygiene audits (6/12) % of appropriate hand hygiene practice observed during look, listen and learn audits (PPE helper visits) % of appropriate donning and doffing observed in look, listen and learn audits % of reported levels of staff anxiety in relation to hand hygiene practice and the correct use of PPE % of infection prevention and control incidents associated with nosocomial transmission
Improve how we agree and document appropriate treatment escalation plans, for our patients in an individualised, compassionate, and inclusive manner	During the pandemic, we saw an improvement in the number of patients where we have held individualised discussions regarding the action that we think should be taken if their heart stops (in patients with Covid-19). However, we continue to see incidents where this is not the case and we don't have a systematic way to measure this and support improvement. Intelligence from our medical examiners and from our structured judgement reviews are showing that this remains an issue. This feeds into end of life care planning, but also into the care of patients when they are deteriorating. We know that proactive consideration of the actions that we will take when a patient deteriorates improves not only patient experience, but also outcomes where escalation is appropriate and should take place in a timely and agreed manner. Importantly, it is also key to how we support those patients who are sadly at the end of their life. We want to build on the improvements we saw during the pandemic; specifically how we approach whether a patient should have cardiopulmonary resuscitation – ensuring decisions are individualised, take into account the patient's wishes and the extent to which the patient has the mental capacity to be involved in decision-making. Importantly we want an agreed treatment escalation plan to be in place for our patients, agreed by their consultant.	% of patients with a DNACPR recorded on our electronic patient record within 24-hours of admission % of DNACPR decisions reviewed by a consultant within 48-hours % of patients with a treatment escalation plan recorded on our electronic patient record % of patients with a DNACPR in place who have had their mental capacity assessed and documented % of documented conversations with next of kin where a patient, who lacks capacity, has a DNACPR in place

Focus area	Rationale for selection	Progress metrics
Improve how we document that our patients have provided informed consent prior to relevant procedures	<p>We have a consent policy and process in place which we audit annually, with actions implemented where the audit identifies issues. However, there is work to do, with issues remaining around ensuring consent forms are uploaded onto the electronic patient record. In addition, our current consent process makes it difficult to determine if 'informed' consent has taken place. Both the Paterson Inquiry and The Cumberlege Report (see page 30) identified issues with the consent process, with patients being unable to make an informed decision and sufficiently weigh up the risks and benefits. The Cumberlege Report identified the confusion created by the volume of patient information leaflets and consent forms, while the Paterson Inquiry found that there was not enough time allowed during the consent process for patients to reflect on their treatment and options.</p> <p>A pilot of an electronic consent process has recently been trialled in breast surgery with positive feedback from both patients and staff. The process allows patients to review clear information on their treatment, ask questions directly of the clinical team, and electronically consent to the procedure. Implementing electronic consent, Trust-wide, could significantly improve how both patients and staff experience the consent process and improve our documentation of the process.</p>	<p>% of patients with informed consent recorded in the electronic patient record prior to a procedure taking place</p>
Reduce avoidable harm and improve performance and outcomes associated with invasive procedures	<p>Following a series of surgical 'never events' we planned to implement a rolling 18-month programme called 'HOTT' (Helping Our Teams Transform). HOTT provides simulation training, in situ coaching, 'conversation cafés', and human factors training for those areas conducting invasive procedures. The original aim of the HOTT programme was to improve performance, safety and staff experience during invasive procedures using a programme that addressed behaviours and human factors.</p> <p>We intend to relaunch our HOTT programme to improve compliance with our existing policies and procedures that are designed to reduce the risk of avoidable harm during invasive procedures.</p>	<p>% of audited compliance with the World Health Organisation's five steps to safer surgery</p> <p>% of audited compliance with the Trust Count Policy</p> <p>% of avoidable harm incidents associated with invasive procedures</p> <p>Audit compliance with high risk (Local Safety Standards for Invasive Procedures) LocSSIPs</p>

Focus area	Rationale for selection	Progress metrics
Reduce the number of patient falls and associated harm levels	<p>The number of falls causing harm to patients has increased on a background of a reduction overall of falls. The recording of incidents is reliant on submissions in our incident reporting system, which means the overall numbers are not always aligned to the clinical records and the national audit data. Themes from incident reports shows an issue with consistent completion of risk assessments and implementation of the falls prevention policy.</p> <p>Falls reduction was a previous safety improvement stream which has not been transitioned to business as usual. We will use this next 12 months to ensure we implement the key interventions to prevent falls.</p>	<p>Overall number of patient falls recorded on our incident reporting system or our electronic patient record</p> <p>% of falls incidents causing harm</p> <p>% risk assessments completed on admission</p> <p>% compliance with falls prevention interventions</p>

We are committed to focusing on these priorities, along with a wide range of other work focused on improving the quality of care provided to our patients, the experience they receive, and the environment and culture in which our staff work. We will continue to respond to the Covid-19 pandemic and will review our priorities as a trust should our response to Covid-19 require this.



Progress against our 2020/21 improvement priorities

Last year we identified six priority improvement areas – based on engagement with staff at all levels and across different groups – aligned to the Trust-level focused improvements set out during the annual business planning cycle.

Throughout 2020/21, the Trust has responded to unprecedented demand and change because of the Covid-19 pandemic. Because of this, many of our work programmes and focussed improvements were suspended. We made changes to how our services run, and ensured that we focussed our resources and expertise on the immediate pandemic response, while also continuing to treat patients that did not have Covid-19. The below table provides an update against our improvement priorities identified for 2020/21. We recognise that in many areas we have not delivered on our plans due to national or Trust-level suspension of activity. In the context of Covid-19, there are some cases where we fundamentally changed the focus of the priority.

Improvement priority	What did we achieve?
1. To improve the Friends and Family Test (FFT) response rate	<p>In response to Covid-19, NHS England/Improvement (NHSE/I) suspended mandatory reporting of FFT data to allow resources to be diverted to focus on the pandemic response. This, in conjunction with reduced activity, resulted in a reduction in our FFT response rates.</p> <p>This year we made two changes to improve our FFT response rates and the usefulness of the data we collect. We amended the wording on the surveys to encourage people to leave detailed comments and moved to text message invitations for patients to complete the survey across all service areas and clinical pathways, learning from work completed in outpatients and emergency departments.</p> <p>Due to the suspension of the FFT reporting requirements and a reduction in responses during the first and second wave of the pandemic, we have not yet been able to assess the impact of these changes.</p> <p>In April 2020, at the height of the first wave, we received our lowest number of responses (1041) – with reductions evidenced during wave two also. In March 2021, we received 10,600 responses, which is approaching pre-Covid-19 response levels. We will continue to work on improving the richness and volume of comments we receive so that we can better plan interventions to improve patient experience.</p> <p>We typically measure patient experience by collating the results of a selection of questions from the national inpatient survey focusing on the responsiveness to personal needs.</p> <p>However, the national inpatient survey programme was suspended over the past year due to the Covid-19 pandemic.</p> <p>A new Trust patient experience scorecard has been developed to include the following:</p> <ul style="list-style-type: none"> • positive overall rating of care (replaces likely to recommend score) • patient experience of care score – based on a composite score of four key questions that focus on what is important to patients • net sentiment score – which looks at all free text comments and identifies positive, neutral, and negative sentiments from which a score is derived. <p>We will use our new scorecard to transition our FFT and patient experience priorities into our business as usual work via the IMIS programme (see introduction).</p>

Improvement priority	What did we achieve?
2. To improve the percentage of staff who feel they can make improvements in their area	<p>During the first and second wave of the pandemic, our formal quality improvement programme was suspended.</p> <p>Our staff have needed to adapt and improvise in how they deliver services, and, in many cases, step in to set up new services in redeployed roles. From this, we have seen that having an embedded improvement programme across the organisation has enabled them to do this with a rigorous approach. This includes the use of driver diagrams to plan and using data to drive insights via regular improvement huddles to iterate and improve.</p> <p>The NHS staff survey asks staff to consider if they can make improvements in their own area of work: 58 per cent of our staff that responded to the survey stated that they either strongly agreed, or agreed that they were able to do so. This is above the benchmark average of 55.4 per cent, but is a reduction from 61.3 per cent in 2019.</p> <p>In the past year there have been over 100 scoping requests made to the improvement team for support with project planning and implementation. Many others have set up improvements locally within their own teams, 12 of whom were selected to share their 'stories for improvement' at our virtual celebration events in September and December 2020.</p> <p>Heading into 2021/22, we are introducing a new online platform called 'Improve Well' to make it easier for staff to share their improvement ideas both locally with their team and across the organisation. We will also be focussing on restarting our quality improvement programme.</p>
3. To improve incident reporting rates	<p>Incident reporting is one of the most important sources of patient safety information, helping us to identify risks to patients and staff. High rates of incident reporting enable us to identify with more accuracy actual or potential harm – analysing this data alongside other sources of intelligence, helps us to learn and continuously improve. We believe that high rates of incident reporting is an important measure of how we are embedding our values and behaviours framework, supporting staff to be open and to report and we chose this as a priority as it is something that every member of staff at every level can improve as part of their role.</p> <p>Pre-pandemic, the numbers of incidents we reported were variable and during the first surge in spring 2020 reporting dropped across all divisions, from 17.59 per 100 whole time equivalent (WTE) in March 2020 to 10.44 in April 2020. We have also seen a decrease in the number of incidents reported during the most recent surge, however the numbers overall have remained higher this time at 13.47 in February 2021. Bed buddies in critical care areas supported clinical teams to continue to report incidents during the second surge, which has helped to maintain incident reporting in these areas.</p> <p>We know that conducting protracted investigations is often a stressful experience for staff and may not always promote an effective learning culture when things go wrong. This may make staff less inclined to report incidents. Therefore, we continue to focus on rolling out 'after action reviews' (AAR) after a successful pilot – a well-recognised technique for conducting quick and effective patient safety investigations that engage staff in rapid local improvement.</p> <p>We are also engaging with colleagues in Imperial College London (Patient Safety Translational Research Centre) to use behavioural insights to increase incident reporting rates, particularly among specific professional groups who report less incidents than others do.</p>

Improvement priority	What did we achieve?
<p>4. To reduce temporary staffing spend</p>	<p>During the pandemic to date, we have carried out large-scale redeployment of our staff on two occasions to ensure that we could meet the unprecedented demand on our services. A newly established redeployment team who worked to support over 1,000 staff to redeploy in both waves led this. We redeployed clinical staff to intensive care (ICU), and we supported staff from across the Trust, including those not clinically trained, to learn new skills and redeploy to a range of roles. These roles included a central proning¹ team in critical care, ward support officers, mealtime assistants, vaccination hub staff, contact tracing, and additional administrative support for a range of teams under pressure.</p> <p>Monthly monitoring of our staffing provision, utilisation of temporary staffing, vacancy, turnover and absence rates, and capability is essential to the delivery of care through safe staffing, supporting excellent patient experience outcomes. Monitoring of these metrics ensures the care we provide is safe, responsive, and well-led.</p> <p>For the period April 2020 to February 2021, a total of £11.5m has been spent on agency staffing which accounts for 1.6 per cent of the Trust's total pay costs. This is £6.4m less than the same period of 2019/20, equating to a 36 per cent reduction. Year-to-date we have spent £4.5m less on bank staffing when compared to the same period in 2019/20. We have achieved cost avoidance of £647k through direct engagement for allied health professionals (AHP), healthcare scientists (HCS), and doctors, despite increased demand due to the Trust's response to Covid-19.</p> <p>Reduction in our temporary staffing spend will be a key component of how we build a sustainable workforce, which is a priority for the coming year. We plan to achieve this through domestic recruitment campaigns, increased international recruitment, targeted wellbeing, and retention workplans, and a review of posts that were not actively recruited to during 2020/21 due to the pandemic.</p>

Improvement priority	What did we achieve?
<p>5. To reduce the number of patients with a length of stay of 21 days or more</p>	<p>Reducing the number of patients with a long length of stay (LLOS) has continued to be a key priority for the Trust throughout the pandemic. LLOS metrics have been included in revised divisional performance scorecards this year and plans are in place for embedding these in directorate scorecards in line with the rollout of IMIS.</p> <p>Pre-pandemic, there was an average of 210 patients with a stay in one of our acute beds that was 21 days or longer. This was above the target of 143 (set at 18/19 baseline).</p> <p>With the advent of the pandemic and significantly lower acute admissions, the number of LLOS patients dropped below the target for the majority of April-October 2020.</p> <p>During the second wave of the pandemic, it became evident that the number of Covid-19 patients the Trust was caring for, particularly those requiring intensive care, was driving LLOS performance. The number of LLOS patients rose between November 2019 to February 2020 and started to reduce through March 2020, as the first wave of Covid-19 subsided.</p> <p>Medically optimised patients:</p> <p>In early 2020, 40 per cent of LLOS patients were medically optimised and therefore no longer requiring a hospital bed. With the implementation of integrated discharge hubs as part of the pandemic response, working with our local system partners we have successfully reduced the number of medically optimised patients residing in hospital by approximately 50 per cent.</p> <p>Discharge hubs are operated by community providers and bring together hospital discharge, social work, community in-reach and commissioning brokerage teams to accelerate the implementation of the Discharge-to-Assess model with no permanent post-acute care decisions being made from hospital.</p> <p>Future plans:</p> <p>Despite significant improvements in processes, relationships, and reporting, we remain an outlier when compared with other London NHS Trusts in terms of percentage of beds occupied by patients with a length of stay over 14-days.</p> <p>Reducing the number of patients with a length of stay over 14 days will remain a key performance indicator for 2021/22. Priority actions to support continuous improvement in this area will include:</p> <ul style="list-style-type: none"> • participation in the Alliance 16 programme delivered by NHSE/I during Q1-2, with a particular focus on demonstrating the effect on flow of embedding highly effective board rounds on wards at Hammersmith and Charing Cross hospitals. • completion of the first phase of the flow transformation programme focusing on liver and acute medical pathways at St Mary's Hospital, with a view to dissemination of learning and wider rollout. • embedding and recruiting to integrated discharge hubs with recurrent funding by Q2. • improving utilisation of discharge lounges including proposed estates work at Charing Cross Hospital.

¹ proning is the process of turning a patient with precise, safe motions from their back onto their abdomen (stomach) so the individual is lying face down

Improvement priority	What did we achieve?
<p>6. To reduce avoidable harm to our patients</p>	<p>We have continued to focus on reducing avoidable harm to our patients but revised our safety improvement programme in response to the pandemic.</p> <p>The percentage of all patient safety incidents (PSIs) causing moderate harm has increased slightly from 1.28 per cent (April 2019 - March 2020) to 1.47 per cent (April 2020 - March 2021), however the overall numbers have decreased (221 were reported in 2020/21 compared to 241 in 2019/20). The percentage of PSIs causing severe or major harm has increased from 0.03 per cent to 0.15 per cent over this period, with 36 being reported in 2020/21 compared to 26 in 2019/20. This is likely to be due to the increased acuity of patients admitted to our Trust during the pandemic. The percentage of extreme harm PSIs has reduced from 0.04 per cent to 0.02 per cent over the same period, with 18 reported in 2020/21 compared to 27 in 2019/20.</p> <p>We chose to focus on the elements of the programme that addressed our changed patient safety risk profile during the pandemic in order to have a demonstrable impact on the safety of patients and staff during the first and subsequent waves.</p> <p>Focus areas included:</p> <ul style="list-style-type: none"> • supporting staff with hand hygiene (HH) and personal protective equipment (PPE) through our award-winning HH/PPE 'helper' programme, which aims to improve compliance with infection control practices in a supportive manner. Ensuring staff always adhere to infection prevention and control practices helps to reduce the incidence of avoidable hospital acquired infections, including Covid-19, and has been key to keeping our staff and patients safe during the pandemic. We carried out over 2,200 visits to clinical areas to support our staff, the reported level of anxiety among our staff during these about the correct use of PPE and infection control practices reduced since the programme has been running, and practice has improved. • staff and patient testing for Covid-19 (included in more detail in the next section). • reducing failure to rescue the deteriorating patient. We know that the acuity and dependency of many of our patients has increased during the pandemic, and our improvement work has focused on ensuring that we continue to provide appropriate care and treatment to our sickest patients. This includes developing real time reporting so we know where these patients are in the hospital and can respond to them quickly. We have also focused on ensuring that staff are appropriately supported to care for patients who are stepped down to general wards with more complex airway management issues because of Covid-19. • improvements in areas conducting invasive procedures continue, overseen through the invasive procedures group. We have completed our invasive procedure action plan, which was devised in response to a series of 'never events' in 2019/20. This has seen the introduction of local safety standards for invasive procedures among a series of actions. We have been supporting improvements in the safety culture in our operating theatres and other areas undertaking invasive procedures through our award winning Helping Our Teams Transform (HOTT) programme (described further in Part 3 of this report). Due to the suspension of large amounts of our elective surgical activity during 2020/21, the formal roll-out of the programme was suspended. However, we continue to offer human factors and simulation training, as well as in-situ coaching where opportunities present themselves. We are focusing on listening to staff experience of teamwork during the pandemic to continue to evolve the programme in 2021/22.

Improvement priority	What did we achieve?
	<ul style="list-style-type: none"> • we have developed evidence-based treatment guidance for Covid-19 and continue with ongoing clinical audit to ensure compliance against best practice, as this emerges. We have also conducted audit against other aspects of the care and treatment of patients with Covid-19 including decision-making at end of life. This includes ceilings of treatment such as 'not for resuscitation' status. The clinical reference group, chaired by the medical director, continues to provide oversight of this and all other aspects of safety and effectiveness in response to the pandemic. • during summer 2020, we conducted a rapid review to identify learning and insights from the first surge of the pandemic. In September 2020, key insights and recommendations from a patient safety perspective were presented to the executive committee, which helped us to better prepare for the subsequent surge in Winter 2020/21. <p>In addition – and despite the operational pressures associated with our response to the pandemic – there is much locally-driven safety improvement work being undertaken in the Trust, which often arises from local audit activity. For instance, the division of surgery, cancer, and cardiovascular services work to reduce pre-operative fasting times, or 'nil by mouth' (NBM), prior to surgery. Work also continues to improve patient falls and staff wellbeing, which is linked to better patient safety and outcomes.</p> <p>We are now planning the next phase of our safety improvement programme: reducing avoidable harm to our patients, and indeed our staff, in the context of Covid-19, remains an improvement priority in to 2021/22.</p>



Covid-19 quality improvement activities

Throughout much of the pandemic, and always while the NHS in England was at its highest level of emergency preparedness and the pandemic classified as a Level 4 Incident, the Trust has operated under a command and control structure, akin to a major incident.

Through our command and control structures, we reassessed our Trust-wide and site-specific improvement priorities, on a near daily basis, and as we exited the first wave of the pandemic.

We made unprecedented developments and changes, at pace, to promote and improve safety and quality as part of our Covid-19 pandemic response. This included making changes to our safety improvement programme that we have outlined above – we also refocused our priorities to reduce the risk of nosocomial infections while reducing harm associated with pressure ulcers.

We are currently reviewing the changes and additional services and processes that we put in place in response to the pandemic. We anticipate that many of these programmes will remain in the Trust for some time to come. This review will ensure that what we provide to our patients and staff remains of a high quality and relevant.

Clinical oversight and support

The Covid-19 pandemic has placed an overwhelming level of demand on the Trust and our clinicians. In response to this rapidly evolving landscape, we implemented several changes to support our staff and the governance of safety and effectiveness. These changes – described below – have helped us to provide a strengthened decision-making and clinical governance structure, deliver improved support for ethical decision-making and maximise the pace of assimilation of a rapidly evolving evidence base into practice in support of an effective organisational and clinical response to Covid-19.

Clinical Reference Group (CRG)

In March of 2020, we established the CRG to lead decision-making and clinical oversight of the Covid-19 response. The CRG, chaired by the Trust's medical director, meets daily and has representation from a wide array of clinical and corporate areas, including our clinical divisions, clinical ethics, infection control, compliance, and nursing.

The CRG has several responsibilities, including:

- to review and approve new clinical guidance in response to Covid-19, particularly where there may be a derogation of standards
- to provide senior clinical oversight and review of ethical decision-making in response to Covid-19
- to monitor incidents related to Covid-19 affecting patients, visitors, and staff members, including oversight to any clinical harm reviews conducted in response to Covid-19

This group has been instrumental in coordinating the Covid-19 response and disseminating essential information across the Trust. Meeting daily throughout the pandemic, the group has reviewed more than 1,000 items, making evidence-based decisions to ensure that our patients and staff remain safe and receive the most up to date care for Covid-19, while continually reflecting on how to improve and adapt our clinical response to the pandemic.

Clinical decision support (CDS)

Our clinical teams make difficult decisions regarding treatment plans for our patients daily. However, in the context of a pandemic, emerging and evolving clinical guidelines, restricted visiting, extreme pressures on our resources and patients less able to engage in decision-making due to respiratory support, we identified a need to provide additional support to our clinical teams, patients, and their families in considering the most difficult treatment decisions for those in our care. This included support relating to whether we should perform cardiopulmonary resuscitation, and whether we should escalate the patient's treatment to our intensive care units.

The CDS has operated uninterrupted since mid-March 2020, 24-hours a day, seven days a week. Its function is to provide clinicians with the opportunity to discuss patient care with colleagues, and to receive clinical ethics support where necessary. The CDS service can be triggered for any reason, but was predominantly set up for circumstances in which:

- the family and/or patient involved do not agree with the clinicians on management of the patient
- clinicians do not agree with each other on management of the patient
- all concerned parties agree on the best course of management, but resource constraints may prevent the implementation of this decision

Based on the concept of a 'three wise people' discussion, the CDS is a formal mechanism that has helped support those making decisions to try to resolve challenges and disagreements by calling on the support of those independent of the case.

The CDS was designed in line with the ethical framework developed by the Committee on Ethical Aspects of Pandemic Influenza first published in 2007, revised by the Department of Health and Social Care in 2017. The framework draws together several different ethical principles, including:

1. Respect
2. Minimising harm
3. Fairness
4. Working together
5. Reciprocity
6. Keeping things in proportion
7. Flexibility
8. Good decision-making, as defined by openness and transparency, inclusiveness, accountability, and reasonableness

Since the CDS was formed in March 2020, the panel has considered over 60 cases, all of which have been presented by a consultant to a panel of at least three doctors independent of the case. Chaired by an associate medical director, our consultants from intensive care, respiratory medicine, palliative medicine, clinical ethics, and many other areas have met to express viewpoints, consider key facts, and come to an independent conclusion with concrete actions – taking into account the view of the patient, their family, ethical decision-making and our legal and moral obligations.

Medical examiner service

Sadly, the Covid-19 pandemic led to an increase in the number of deaths across the Trust during pandemic peaks. Our medical examiner service was newly formed between January and March 2020, in line with national guidelines not associated

with Covid-19. There was no requirement to maintain this service during the pandemic, but we recognised the importance of ensuring we maintained this service. The medical examiners independently review every death that occurs within the Trust to ensure the cause of death is accurate, is explained to the bereaved and that they are provided with the opportunity to raise any concerns about the quality of care or treatment that the patient received.

In 2020/21, 2,111 deaths occurred at the Trust, all deaths were subject to review by our medical examiner service, 802 patients died within 28-days of a positive Covid-19 test result and/or had Covid-19 recorded as causing or contributing to their death on their medical certificate of cause of death. The majority of the 802 patients died in condensed periods of time correlating with the first and second wave of the pandemic – placing significant pressure on the medical examiner service (346 in quarter one, seven in quarter two, 92 in quarter three and 357 in quarter four). In both waves of the pandemic, we redeployed staff to increase our resources in the medical examiner service, and despite increased mortality, independent scrutiny of every death has taken place. Working together with our bereavement team, the medical examiner service has been an intrinsic part of our offer to the bereaved with positive feedback.

Infection prevention and control

Our approach to enhanced infection prevention, and control (IPC) has been an integral part of how we have kept patients and staff safe during the pandemic. Our dedicated team supported by our CRG and clinical teams have responded to emerging clinical guidelines and the ever-changing nature of the pandemic. We have sought to ensure our staff are always clear on the current advice and guidelines – supporting the development of new clinical pathways to ensure that we keep our patients and staff safe.

Hospital-associated Covid-19 infection and transmission

The Trust has used the NHS England categorisation for hospital-onset Covid-19 infections (HOI) since the start of the pandemic. This system uses four categories to define the onset of a Covid-19 infection:

- community onset: positive test result \leq 2 days prior to admission
- hospital-onset indeterminate healthcare associated (HOIHA, positive test result 3-7 days post admission)
- hospital-onset probable healthcare-associated (HOPHA, positive test result 8-14 days post admission)
- hospital-onset definite healthcare-associated (HODHA, positive test result \geq 15 days post admission)

The Trust has recorded 478 hospital onset Covid-19 infections in the 2020/21 reporting period, which are broken down as follows:

Hospital-onset indeterminate healthcare associated (HOIHA, positive test result 3-7 days post admission)	222
Hospital-onset probable healthcare-associated (HOPHA, positive test result 8-14 days post admission)	118
Hospital-onset definite healthcare-associated (HODHA, positive test result \geq 15 days post admission)	138

Sadly, of these 478 cases, 136 patients died following either an indeterminate, probable or definite hospital onset Covid-19 infection. We have an established surveillance system for hospital-onset Covid-19 infections (HOI) and the rate of HOIs in the Trust for the period December 2020 – March 2021 is in line with the mean average rate of other London NHS trusts; we rank 13/30 against other NHS trusts in London.

The Trust's clinical incident management systems are used to investigate and learn from Covid-19 outbreaks and related incidents. An individual review is undertaken for each case of hospital-onset Covid-19 infection in a patient $>$ 7 days after their day of admission where the patient is not included as part of our outbreak management policy.

We have undertaken several actions to prevent, identify, and manage hospital-associated Covid-19 infection and transmission among staff and patients. These include:

- creating an IPC board assurance framework, which is updated monthly with an associated action plan that is reviewed weekly at our CRG
- establishing a surveillance system for hospital-onset Covid-19 infections (HOI) within the Trust
- in partnership with occupational health, developing and establishing systems to identify and manage possible outbreaks of Covid-19 among staff
- using the Trust's clinical incident management systems to investigate and learn from Covid-19 outbreaks and related incidents
- undertaking reviews for each individual case of hospital-onset Covid-19 infection in a patient occurring more than seven days after their day of admission where the onset of infection is not part of an outbreak

In response to updated Public Health England (PHE) national guidelines for the prevention and management of Covid-19, and in response to learning from our experience during the first wave of the pandemic, we have also implemented the following changes:

- All contacts of patients diagnosed with Covid-19 are tested daily for 14-days following exposure
- All patients who test negative for Covid-19 at the point of admission to hospital are tested daily for the first seven days of their admission, and weekly thereafter should they remain in hospital
- We have updated guidance on managing elective and emergency admissions, including how best to care for patients that have recovered from a previous Covid-19 diagnosis, while identifying possible reinfection
- We have changed pre-procedure isolation protocols for elective procedures – balancing how we can support our patients to be safely admitted against the challenge of patients and their household isolating prior to admission.
- We have initiated a process for phasing out valved FFP3 respirators in clinical areas where sterile procedures are undertaken

Personal Protective Equipment (PPE) helper programme

The 'PPE helper programme' was launched during the first wave of Covid-19 to provide ward-level support for staff to use the correct PPE, and to use it safely. Our PPE helpers visit clinical areas daily to observe PPE use and support best practice. In addition to providing advice, PPE helpers record observed compliance with donning

(putting on PPE), doffing (taking off PPE), and levels of staff anxiety. This allows us to track progress over time. Our PPE helpers have delivered over 300 instances of 1:1 training – either by request from departments or due to an outbreak – to clinical and non-clinical staff. We carried out over 2,200 visits to clinical areas to support our staff. The reported level of anxiety among our staff about the correct use of PPE and infection control practices reduced since the programme has been running, and practice has improved.

Health and wellbeing helpline

At the start of the pandemic, we opened a dedicated helpline for our staff. The helpline provided staff with a reference point for all queries relating to the rapidly evolving national and local Covid-19 guidance. Focusing on symptomology, we were able to provide quick advice to our staff regarding self-isolation and testing and shielding once introduced. In the first week alone, we assisted 700 members of our staff via this helpline. Since then, the helpline has provided, and continues to provide, a valuable resource – giving support and guidance, as well as a listening ear, to colleagues across the organisation.



In the first week alone
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Pressure ulcers

Pressure ulcers are an injury affecting areas of the skin and underlying tissue – caused when the skin is placed under too much pressure. They can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle. We investigate each pressure ulcer and put in place a robust action plan for each serious incident. In 2020/21 we reported 42 category 3 and unstageable Trust-acquired pressure ulcers – of these 22 were acquired on patients with a diagnosis of Covid-19 in our critical care areas during the pandemic.

Many of our patients with Covid-19 that acquired pressure ulcers were prone. Prone, where a patient is moved to lie on their front, is a recommended treatment for patients with severe hypoxemia and has been shown to significantly improve the condition and reduce mortality in patients with moderate to severe acute respiratory distress syndrome (ARDS). In many cases, patients were prone for at least 16 hours, and in some cases longer if other positions were not clinically indicated. Prior to the pandemic, prone was a procedure that was infrequently used in a very small proportion of patients admitted to the critical care in the Trust.

To respond to the risk of pressure ulcer damage during prone we implemented a specialist trained prone team to assist with undertaking prone and de-prone as well as patient re-positioning. Prone is a complex procedure and has many potential complications associated with it – including pressure ulcer damage. Our plastic surgery team, working with our tissue viability team, worked throughout the pandemic to review our guidance to provide standardised advice to our clinical teams along with case management to manage pressure relief in relevant cases – this included the need to consider, as a standard, pressure areas for prone patients as part of care planning.

Testing

The Trust's Covid-19 testing programme has formed an integral part of our response to the pandemic. Designed to keep our patients, staff, and their household members safe, the programme has been designed to reduce the risk of nosocomial infection, and to ensure that our staff and their household members could access symptomatic testing quickly when needed.

In partnership with North West London Pathology, the Trust has a comprehensive testing programme for patients and staff as well as their household members. This is led by a central testing team and programme based within the office of the medical director, with inpatient care provided by our clinical teams, alongside contact tracing expertise for staff in our occupational health team and for patients in our infection, prevention, and control team.

220,725 polymerase chain reaction (PCR) tests have been carried out for patients, staff, and their household members since 1 March 2020. In addition to this over, 10,000 staff have enrolled in a twice-weekly rapid home testing using lateral flow testing devices – including 80 percent of our staff designated as patient facing staff.

Patients

The testing team are responsible for the pre-admission screening of patients due to undergo procedures or admission to the Trust in line with PHE guidance. Pre-elective screening is required between three and five days prior to admission and is provided in dedicated testing facilities across all three sites – designed to ensure that we understand a patient's Covid-19 infection status prior to admission so that we can take appropriate steps to keep the patient, other patients, and staff safe. For those

patients that are not able to easily travel to one of our testing facilities we have also designed a home courier testing service in partnership with our patient transport provider.

From 1 April 2020 to 31 March 2021, the Trust performed 174,786 patient tests, prior to admission, at the point of admission, and during inpatient stays, with a total of 7,339 positive results. We have audited our compliance with testing our patients and the findings from this are at pages 30 and 31.

Staff and their household contacts

In the earlier part of the year, all patient facing staff in areas where there was a higher risk to patients should they contract Covid-19 were tested on a twice-weekly basis with polymerase chain reaction (PCR) tests. In September 2020, this was scaled back in response to pandemic conditions and now is only undertaken in three distinct specialties that continue to require ongoing asymptomatic PCR testing (paediatric haematology, oncology and adult haematology). These staff continue to undergo bi-weekly asymptomatic testing.

Since November 2020, all staff have had access to twice-weekly rapid lateral flow testing; over 1,000 of our staff have taken part in this testing programme. We have reported more than 150,000 test results to PHE and have identified nearly 700 staff infected with Covid-19 via the lateral flow-testing programme. We continue to use lateral flow testing in line with national guidance and it remains an integral element of how we keep our patients and staff safe.

The Trust also provides access to testing for any staff with symptoms suggestive of Covid-19. Staff can self-refer for a test, conducted either in our on-site testing hub, or, if necessary, completed via home courier testing service. We also offer this option to household members of staff. This has been an incredibly helpful service in terms of offering rapid access to testing for our staff as well as reducing isolation periods for staff and household contacts where the test has been negative.

From 1 April 2020 to 31 March 2021, we performed 45,939 tests for staff and their household members, with a total of 1,468 positive results.

Vaccination programme

The Trust's vaccination programme began at the end of December 2020 and remains an essential component of our response to the pandemic. We operate three vaccination hubs across our main hospital sites, with capacity to provide over 3,500 vaccinations per week. We currently provide vaccination to our staff, health and social care colleagues across London, and our most vulnerable patients that meet the Joint Committee on Vaccination and Immunisation (JCVI) eligibility criteria.

The delivery of the Covid-19 vaccination programme is a whole hospital effort, led by the office of the medical director; the success of the programme has been contingent on hundreds of colleagues from a range of professional backgrounds who have given their time, enthusiasm, and expertise to the programme.

By the end of March 2021, we had:

- administered 35,000 doses of approved Covid-19 vaccines, including 11,600 second doses
- vaccinated over 12,000 people that work at the Trust, as well as over 7,000 colleagues from the wider health and social care family, and over 2,000 patients,
- vaccinated hundreds of students, contractors and volunteers that work in patient-facing roles.

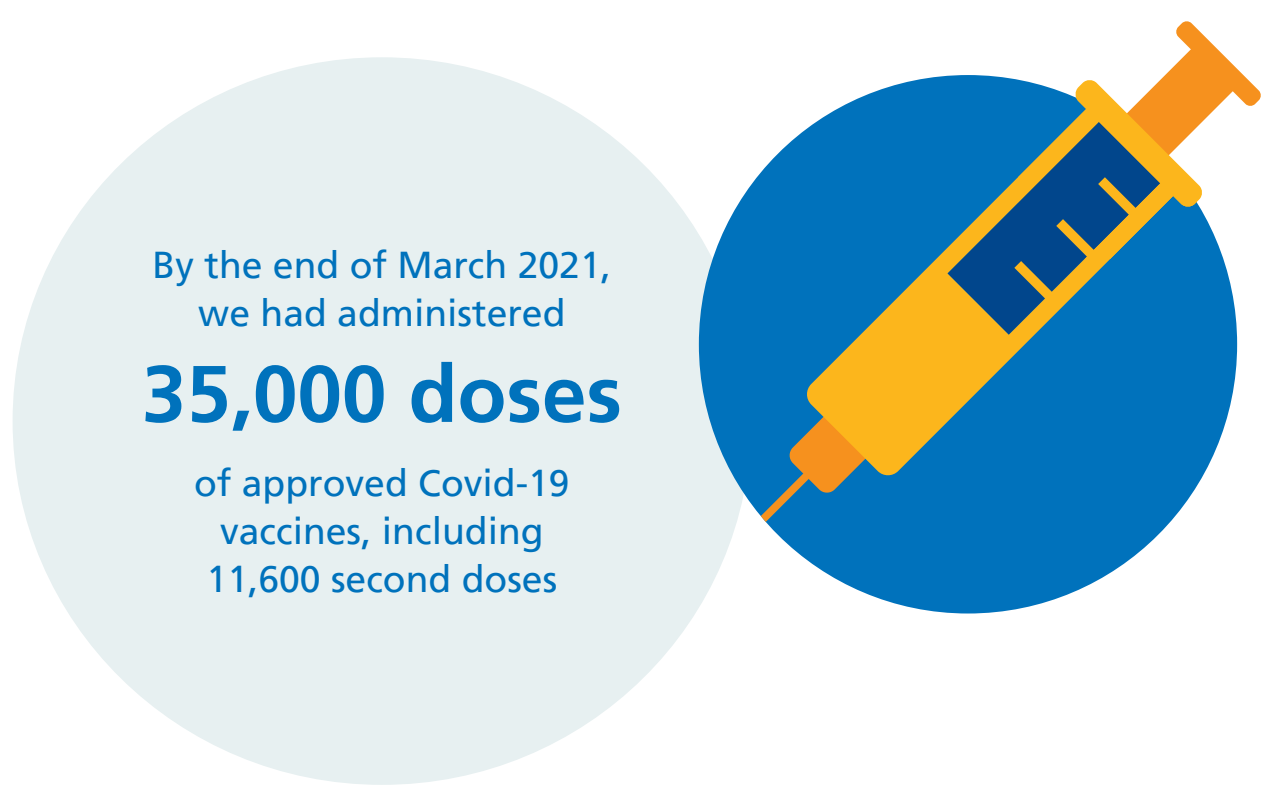
Our vaccination programme has been designed to ensure that we provide the maximum protection possible to those working in health and social care, and to our patients.

We are incredibly proud of our efforts to date and our role in the biggest vaccination programme in the history of the NHS. However, we recognise that there is room for improvement, particularly in vaccination uptake among our staff. As of 31 March, we had vaccinated over 85 per cent of our frontline staff – this is a number that increases daily.

We are completely committed to increasing uptake, and have deployed numerous interventions including face-to-face engagement sessions, digital engagement and pilot activity based on advice from behavioural insight experts from Imperial College London. Some examples that have driven improvements include:

- ongoing communication campaign, with leaflets available in different languages
- outreach work in clinical areas, with the vaccination team speaking to vaccine hesitant colleagues and supporting immediate vaccination and focussed staff sessions where needed
- ability for staff to book an appointment to speak to a clinician about their concerns launched, across several areas including fertility and general health
- personalised letters and emails sent to all staff who had not responded
- calls to all staff registered but not vaccinated
- creation of a vaccine advocate programme, training staff to serve as advocates to encourage vaccine uptake.

We are constantly reviewing the programme and feedback from colleagues to increase uptake and improve the experiences of those accessing the vaccine at the Trust.



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1.2 Statements of assurance from the board

This section includes mandatory statements about the quality of services that we provide, relating to financial year 2020/21. This information is common to all quality accounts and can be used to compare our performance with that of other organisations. The statements are designed to provide assurance that the board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.



Review of services

In 2020/21, Imperial College Healthcare NHS Trust provided services to combat the pandemic and endeavoured to provide its standard commissioned services.

We have reviewed all the data available to us on the quality of care in these NHS services through our performance management framework and assurance processes.

The income generated by the NHS services reviewed in 2020/21 represents 96.7 per cent of the total income generated from the provision of Trust services in 2020/21.

The income generated by patient care services associated with the services above in 2020/21 represents 86.6 per cent of the total income generated from the provision of services by the Trust for 2020/21.

Participation in clinical audits and national confidential enquiries

Clinical audit drives improvement through a cycle of service review against recognised standards, implementing change as required. We use audit to benchmark our care against local and national guidelines so we can allocate resources to areas requiring improvement and as part of our commitment to ensure the best treatment and care for our patients.

National confidential enquiries investigate an area of healthcare and recommend ways to improve it.

During 2020/21, 46 national clinical audits and two national confidential enquiries covered NHS services that we provide. During this period, we participated in 98 per cent of national clinical audits and 100 per cent of national confidential enquiries in which we were eligible to participate. The one national clinical audit the Trust did not participate in was the Society for Acute Medicine's Benchmarking Audit; we have not participated in this non-mandatory audit since 2016. The division of medicine and integrated care review other metrics to provide assurance through divisional governance processes and as part of the oversight of operational performance of emergency pathways.

The national clinical audits and national confidential enquiries that we were eligible to participate in are included in a table at Annex 3 (page 58), with the number of cases submitted presented as a percentage where available. Please note that percentages will be accurate up to February 2021 where hosts were contacted with most of the data collection still ongoing.

National clinical audit

We reviewed the reports of 46 national clinical audits and confidential enquiries in 2020/21. These clinical audits, linked with our focused improvement work, have identified several areas of excellent practice as well as opportunities for development and improvement. Some examples of these national audit reports are given below to indicate the range of work and performance across the Trust.

National diabetes inpatient audit (NaDIA) 2019 report

NaDIA measures the quality of diabetes care provided to people with diabetes while they are admitted to hospital. Over the last 18 months, the Trust has had a strong focus on improving inpatient diabetes care and has demonstrated measurable improvements in patient outcomes and in key clinical metrics. The audit demonstrates an increase in the acuity of our patient population, of our inpatients with diabetes, 85 per cent were admitted as emergencies, indicating an uptrend from 2016 (70.6 per

cent) and 2017 (77.5 per cent). Improved attention to the chronic and preventative health needs of these patients are reflected by the fact that of the inpatients admitted with clinical episodes related to diabetes, 5.6 per cent were admitted due to diabetic foot disease, compared to 10.4 per cent in 2017. Within 24-hours of admission, 30.9 per cent of diabetes inpatients had received a diabetic foot risk assessment. We have improved significantly in terms of severe hypoglycaemia, with 4.2 per cent of inpatients with diabetes having experienced one episode compared to 10.4 per cent in 2017. Increased awareness of best practice related to diabetes management for inpatients means that more patients are referred to the diabetes nurses early on for review. Remote reviews have also resulted in more medicine adjustments according to blood glucose levels. Our ongoing focus for improvement is to create systems that allow for all high-risk in patients with diabetes to be reviewed by the diabetes team and have management plans adjusted appropriately. There is work in progress in collaboration with Chelsea and Westminster Hospital NHS Foundation Trust and the North West London Diabetes Clinical Reference Group to further involve patients and their carers in planning and understanding their care more frequently.

Sentinel stroke national audit programme (SSNAP) report (seventh annual report)

SSNAP measures both the processes of care provided to stroke patients, as well as the structure of stroke services against evidence-based standards. Our stroke performance remains consistently strong and of the highest quality. We recently won the chair award for research and innovation for 'using data to improve patient care', relating to our excellent SSNAP performance. We are one of the best performing hyper-acute stroke units in London and the UK. The national Getting It Right First Time (GIRFT) Team, in the UK Stroke Forum, has used our good clinical practice as an exemplar. In terms of outcomes, we have the second lowest standardised hospital mortality rate for stroke in the UK, and our length of stay has been improving quarter by quarter for the past three years.

National joint registry (NJR) 17th annual report 2020

The NJR collects information on hip, knee, elbow, and shoulder joint replacement surgery and monitors the performance of joint replacement implants. The number of joint replacement operations fell significantly in 2020, as all elective orthopaedic surgery ceased in March 2020 and did not resume until September 2020 due to the Covid-19 pandemic. The reported revision rate for knees was 6.11 per cent versus 4.19 per cent nationally at 10-years, and at one year, it is 0.94 per cent versus 0.47 per cent nationally. The clinical director and clinical team have revised our revision rate and it is felt to represent the number of unicompartmental knee replacements being performed at the Trust. The Trust already holds a surgical multidisciplinary team meeting for all patients referred for revision surgery (some complex referrals come from other trusts in the sector). The Trust's revision rate for hips is lower than the national average at 3.6 per cent versus five per cent nationally at ten years. At one year, we have a slightly higher chance of revision 1.53 per cent versus 0.78 per cent nationally.

National neonatal audit programme (NNAP) 2020 annual report on 2019 data

The NNAP assesses whether babies admitted to neonatal units in England, Scotland and Wales consistently receive high quality care and identifies areas for quality improvement in relation to the delivery and outcomes of care. We continue to perform well against many of the audit measures, frequently exceeding the national

average. Both units at the Trust have a strong breastfeeding ethos with support from lactation consultants. We have an integrated family-delivered care model that encourages parental education and involvement in their baby's care that also supports confidence and breastfeeding. This has resulted in higher than national average rates for babies receiving mother's milk at the time of discharge. We have a nearly 100 per cent success rate in antenatal steroids and magnesium sulphate on both units. In parameters such as consultation with parents, keeping mothers and babies together (term and late preterm) and screening for retinopathy of prematurity, we have performed much above the national average on both units. There has been an ongoing problem with documenting parental presence on the consultant ward round. Although we have made progress from last year, it remains below the national average. We have commenced a focus project aimed at improving this.

National maternity and perinatal audit (NMPA) – NHS maternity care for women with multiple births and their babies

Multiple pregnancies are associated with an increased risk of adverse maternal and neonatal outcomes. NMPA focuses on the maternity care of women with multiple births. The maternity service at the Trust is compliant with all recommendations from the report, including requesting and recording data on the number of fetuses in the first trimester of pregnancy, in addition to number at birth, for women with multiple pregnancies. Compliance for all the recommendations in the report were rated at low risk or satisfactory.

National oesophago-gastric cancer audit (NOGCA) 2020

The NOGCA report focuses on the care received by patients diagnosed with oesophago-gastric cancer in England and Wales, and the outcomes of treatment. The report also evaluates the care pathway followed by patients diagnosed with oesophageal high-grade dysplasia in England. We meet all the recommendations for this audit. All cases are confirmed by two expert pathologists and discussed at a multi-professional meeting. We have the appropriate expertise to offer endoscopic options. A higher than average number of patients on a curative pathway have a CT or PET scan, which are offered in all appropriate cases. We met most national targets, even during the peak of the pandemic. We continue to work with partners who refer to our services to improve any delays to referrals. Survival and local recurrence rates are better than the national average. Our resection margin positivity rate is among the lowest in the country. All specimens are completely blocked and cut to make sure margin assessment is accurate. All patients are considered for palliative treatment.

National ophthalmology dataset (NOD) report 2018-2019

The NOD audit report is based on cataract surgery performed in England, Wales, and Guernsey between September 2018 and 2019. The Trust treats some of the most complex cases in the country but still perform consistently well in terms of surgery outcomes and results. Approximately 3,500 cataract operations were performed at the Trust this year, with the highest complexity score of 2.46 per cent (range 0.4-2.46 per cent).

National patient and parent reported experience measures (PREMs)

The PREMs national audit report is from the National Paediatric Diabetes Audit but focuses on the experience of patients and or carers attending paediatric diabetes units. We received 41 responses to the audit (approximately 37 per cent of cases) – 24.4 per cent were from young people and 75.6 per cent were from their parents and or carers. The overall score of the Trust is significantly higher than the local

and national unit scores – with the Trust performing in the top five per cent of all national units. We received very high scores in the following areas: diabetes team has a positive relationship with children and carers; communicating effectively; respecting religion and cultural beliefs; and overall satisfaction. The Trust scored higher than the average of local and national units in the following areas: understanding the individual needs – 90 per cent (young people) and 96.8 per cent carers; and involving the patients/parents – 90 per cent young people and 96.7 per cent carers. However, there were areas that we needed to review and plan improvements including dietitian and the psychologist staffing levels in. We have recruited a new dietitian, clinical psychologist, and new consultant diabetologist.

Local clinical audit

During the pandemic to date, the Trust has identified several areas where targeted audit would support ongoing assurance and learning – linked to the Trust’s strategic aim in reducing avoidable harm. The Trust’s audit programme was formally suspended during the pandemic and audits associated with Covid-19 were coordinated centrally and reported to the Trust audit group and to the clinical reference group for oversight and monitoring of actions and to provide assurance. Many of these audits form part of our safety improvement programme, with the results used to inform specific quality improvement work. In addition, specialties within directorates conduct local audit activity. Over 2020/21 there were 469 local audits registered in the Trust. The report, including any action plans, are reviewed through local audit and risk governance meetings, and logged centrally.

Some examples of relevant audits associated with Covid-19 that took place to improve the quality of healthcare provided to patients with Covid-19 at the Trust include:

Audit title	Audit findings
Covid-19 consent audit	This audit highlighted a high risk that patients were not being fully counselled for contracting Covid-19 prior to surgery at the Trust and not all consent forms were being uploaded to our electronic patient record to confirm that consent had been received. During the past year, the Trust has changed the way consent is obtained, and we now use specific consent forms that relate to the pandemic.
Covid-19 Dexamethasone audit	This audit identified that not all patients admitted with Covid-19 who required oxygen and or ventilation were being considered for dexamethasone treatment in line with Trust guidance, and the decision to prescribe dexamethasone was not always considered alongside the patient’s pre-existing conditions. Monthly data is now obtained as ongoing assurance to determine whether dexamethasone is considered for all eligible patients in accordance with the Trust guideline.
Assurance for patient isolation for elective surgery	This audit demonstrated that there was satisfactory assurance that patients were being tested for Covid-19 72-hours prior to the date of their admission for surgery. This is a key mechanism to prevent the transmission of Covid-19 within our hospitals. The audit, however, demonstrated that there was insufficient evidence that patients were being asked to self-isolate prior to their admission and actions to improve this were put in place.
Compliance with documentation of Covid-19 infection risk at the time of admission	Patients attending our emergency departments were reviewed as part of this audit to determine whether they were being managed on the appropriate patient pathways in accordance with their Covid-19 infection status. The audit demonstrated that there was satisfactory assurance that Trust procedure was being followed for all patient admissions via our emergency departments, and that appropriate documentation was in place to reflect this.

Audit title	Audit findings
Audit of patient transfer at the Trust documentation during the Covid-19 pandemic	This audit reviewed whether there was appropriate documentation in place to communicate the Covid-19 status for patients as they are moved around the trust. This is important to prevent the spread of Covid-19 when patients are transferred from ward to ward and site to site at the Trust. The audit demonstrated that there was satisfactory assurance that the Covid-19 infection status of the patient was documented and communicated to the receiving ward or site.
Audit of patient discharge to care homes from the Trust	This audit reviewed whether there was documented evidence to confirm that patients being discharged from the Trust to care homes were declared as being clinically fit prior to discharge, and that patients had a Covid-19 test 72-hours prior to discharge with the result documented in the medical record and communicated to the onward care home. The audit demonstrated that there was reasonable assurance that this was happening overall.
Audit to assess process and documentation of DNACPR decision-making for patients with a learning disability during the Covid-19 pandemic	This audit demonstrated good clinical practice and satisfactory assurance against the Trust policy. However, it highlighted that conversations and other modes of communication with families and next of kin were not always recorded and this could be improved. Conversations with patients were noted to happen in a timely manner with evidence that community DNACPR decisions were reviewed and maintained following hospital admission. There was no evidence of any blanket decision-making.
Audit to assess process and documentation of DNACPR decision-making for patients with dementia during the Covid-19 pandemic	This audit demonstrated satisfactory assurance that that the DNACPR decisions were being made in accordance with Trust policy. DNACPR decision-making was timely and recorded within 14 hours of admission in 80.5 per cent of cases, and a consultant confirmed the DNACPR decision within 24 hours in 98 per cent of cases. There was no evidence of any blanket decision-making.
Vitamin D Covid-19 Audit	The aim of this audit was to assess the proportion of patients receiving corticosteroids for acute Covid-19 infection who had Vitamin D and bone profile reviewed on admission, and to assess the proportion of patients who received appropriate bone therapy. The audit demonstrated that Vitamin D was not checked in a significant proportion of patients receiving corticosteroids for Covid-19 and that a significant proportion of patients did not receive appropriate bone protection in the form of Vitamin D. Because of the findings of this audit, we held a teaching session for junior doctors managing Covid-19 patients and we have added the prescribing of Vitamin D to the Covid-19 care set in our electronic patient record.
Audit of documentation of appropriateness for patient transfer	This audit aimed to determine whether there was documentation with a justified medical reason for patient transfers at the Trust. In addition, it aimed to determine the percentage of patient transfers that took place out-of-hours without a clinically justified reason in a snapshot of time. Overall, the audit demonstrated that there was reasonable assurance that there was documentation of justified medical reasons for patient transfers in and out-of-hours.

The Paterson, Cumberlege and Ockenden, inquiries and reports

This year we have also considered the findings of three national inquires/reports:

- **The Paterson investigation and inquiry (report of the Independent Inquiry into the issues raised by Paterson) published in February 2020:** The Paterson investigation and inquiry was commissioned by the government in December 2017, to investigate the malpractice of breast surgeon Mr Paterson and to make recommendations to improve patient safety.

- **The report of the Independent Medicines and Medical Devices Safety Review (The Cumberlege Review) published in July 2020:** The Cumberlege Review was commissioned by the Secretary of State for Health and Social Care in February 2018. Its purpose was to examine how the healthcare system in England responds to reports about harmful side effects from medicines and medical devices and to consider how to respond to them more quickly and effectively in the future.
- **The Ockenden Report (emerging findings and recommendations from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust) published in December 2020:** In the summer of 2017, following a letter from bereaved families, raising concerns where babies and mothers died or potentially suffered significant harm while receiving maternity care at The Shrewsbury and Telford Hospital NHS Trust, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to newborn, infant and maternal harm at The Shrewsbury and Telford Hospital NHS Trust.

1.1. Each of these inquiries/reports highlight significant learning for the NHS. We have reviewed the findings and recommendations and have reported our review of assurance against these to our Trust Executive and Board as follows:

Cumberlege Review:

The Cumberlege review considered specifically hormone pregnancy tests (HPTs), sodium valproate and pelvic mesh implants. A local review was done by the division at the time the issues were identified and assurance was provided that we no longer use these, which has been re-confirmed.

Paterson Review:

The Paterson review raised specific issues about governance of private practice, and links with the NHS. Imperial Private Healthcare (IPH) facilities are governed under the Trust governance systems. As a private practice unit (PPU) Imperial Private Healthcare has access to full range of Trust emergency services including intensive care. Complaints and incidents in IPH are managed through the same processes and seen as part of a whole at trust level, meaning issues in either would be picked up.

Both the Cumberlege and Paterson reviews describe significant failures in the ability of the healthcare system to detect and protect patients from harm. Although the reports focus on system-wide errors and the recommendations are primarily at national level rather than for individual trusts, we have reviewed them to identify any themes and learning that we can use to improve patient and staff safety. We believe we have reasonable assurance that our existing governance and risk management processes would help prevent similar events which led to the commissioning of the Paterson and Cumberlege reports from happening at the Trust. This will be strengthened further as and when the national recommendations made by the reports are implemented. In the meantime, there are existing programmes of work which we are currently progressing which will provide further assurance, these include:

- Incident reporting focused improvement
- Organisational culture improvement programme
- Development of director-led user-insights function
- Procurement of new software for appraisal and revalidation
- Improvements to the learning from deaths and medical examiner process
- Implementation of an electronic consent process

Ockenden report:

We have conducted a self-assessment against the 'Immediate and Essential Actions'. This has been peer reviewed and most elements rated as compliant and some as partially compliant, in line with peers. A comprehensive action plan is in place to meet the recommendations outlined in this report.

Our participation in clinical research

In collaboration with Imperial College London and our other regional partners – plus industry, the charity sector and government – the Imperial Academic Health Science Centre (AHSC) partnership drives our biomedical and clinical research strategy and allows us to coordinate our efforts and align priorities across north west London. It ensures we remain at the forefront of scientific discovery and can apply these new advances to benefit of our patients and the wider population.

Covid-19 has had a major impact on the portfolio of research being undertaken within the Trust and AHSC in 2020/21, as well as on the way this research is delivered. Research is providing the route out of the pandemic and our response has been of national and international relevance.

Collectively, we have led the UK arm of the REMAP-CAP Urgent Public Health study of patients in critical care with Covid-19, which has rapidly identified several therapeutic options – hydrocortisone, tocilizumab and sarilumab. These all have a significant impact on patient survival, reducing mortality and improving recovery so that, on average, patients were able to be discharged earlier from critical care. The study also demonstrated the limited impact of convalescent plasma on patient outcomes for those with Covid-19.

We have conducted important studies focused on the cardiovascular and respiratory damage caused by Covid-19, the characteristics and longer-term effects of the disease, diagnostic technologies, community prevalence, and vaccine studies. Through our NIHR Clinical Research Facility, from over 16,000 applications received, we recruited 822 volunteers to the Oxford/AstraZeneca, Janssen and Imperial's own mRNA vaccine studies.

The pandemic has accelerated our aim to link and analyse large, health-related datasets securely, providing a high-performance solution to allow fast processing of data to provide real-time insight into operational and research needs. The i-Care research platform enables de-identified data to be accessed securely and safely for researchers to analyse data related to the disease, helping us to understand and improve the healthcare response to the pandemic in both north west London and nationally through the work carried out in the NIHR Health Informatics Collaborative (HIC).

Much of our innovative clinical and biomedical research is made possible because of significant infrastructure funding, awarded through open competition by the National Institute of Health Research (NIHR). This includes our NIHR Biomedical Research Centre (BRC), Clinical Research Facility (CRF), Patient Safety Translational Research Centre (PSTRC), Experimental Cancer Medicine Centre (ECMC) and MedTech & In Vitro Diagnostics Cooperative (M&IC). Funding from our own Imperial Health Charity complements this. This year, we have also progressed a new strategy to support the academic career development of nurses, midwives, and other allied health professionals.

The total number of patients receiving NHS services provided or sub-contracted by the Trust in 2020/21 that were recruited to participate in research approved by a research

ethics committee was 13,186. 10,671 patients were recruited into 202 NIHR portfolio studies in 2020/21 – this includes 4,496 patients recruited into 34 Covid-19 Urgent Public Health (UPH) studies. 623 patients were recruited into 44 studies sponsored by commercial clinical research and development organisations (four of which were UPH studies).

In addition to this, colleagues from our infection prevention and control team have been at the forefront of a range of expert advisory groups and have undertaken applied research to improve decision-making regarding IPC and Covid-19 for the future. We are currently collaborating with the Covid-19 Genomics UK Consortium (COG-UK) to investigate the role of whole genome sequencing in understanding the transmission of Covid-19. We are also collaborating with the World Health Organisation (WHO) and the National Institute for Health Research (NIHR) on projects related to Covid-19.

Our CQUIN performance

Commissioning for Quality and Innovation (CQUIN) is a quality framework that allows commissioners to agree annual payments to hospitals based on the number of schemes implemented, and a proportion of our income is conditional on achieving goals through the framework. Although we agreed to implement 10 CQUIN schemes for 2020-21, these were suspended because of Covid-19.

Statements from the Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) for all of its sites; the Trust was compliant with the requirements of its CQC registration during 2020/21 and our current registration status is 'registered without conditions'. The Trust was not subject to any enforcement action this year.

The Trust's overall CQC rating remains 'requires improvement'.

In March 2021, as a response to the first wave of the Covid-19 pandemic, the CQC suspended all routine activity and routine inspections remained suspended for the duration of 2020/21. The CQC introduced a temporary regulatory framework, called the Transitional Regulatory Approach (TRA) which included two virtual assessments for the Trust: one for infection prevention and control in July 2020, and one for urgent and emergency services in November 2020. The CQC neither raised any concerns in relation to these assessments nor required the Trust to take any action. Some routine CQC activity was undertaken with the Trust between July 2020 and March 2021, including engagement meetings and requests for incident reports (as part of the CQC's mandate for learning from deaths).

The Trust has not participated in any special reviews or investigations by the CQC during the year. The CQC reviews all trusts via patient surveys. The outcomes from the 2019 Adult Inpatient Survey were published in July 2020 and one area where we performed worse than expected, "*staff discussing additional equipment or home adaption needs*" was not substantiated by the Trust's own surveys, responded to by significantly more patients (141 in the CQC survey compared to more than 30,000 to the Trust's own). The other area where we performed worse than expected was "*feeling well looked after by non-clinical staff*" – this was attributed primarily to general dissatisfaction among Sodexo staff at the time, which was a known issue. We expect this to have been improved by the bringing in-house of hospitality services in April 2020, patient surveys were undertaken on a delayed schedule during 2020/21 and therefore outcomes from them will not be published until 2021/22 where we expect to see an improvement in this area.

Our data

High quality information leads to improved decision-making, which in turn results in better patient care, wellbeing, and safety. Data quality and security are key priorities for us and essential to our mission.

NHS number and general medical practice code validity

The Trust submitted records during 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data (current to January 2021), which included the patient's valid NHS number, was:

1. 98.4 per cent for admitted patient care
2. 99.0 per cent for outpatient care; and
3. 95.5 per cent for accident and emergency care

The percentage of records in the published data which included the patient's valid general medical practice code was:

1. 100 per cent for admitted patient care
2. 100 per cent for outpatient care; and
3. 100 per cent for accident and emergency care

Data security and protection toolkit

The data security and protection toolkit is an online self-assessment tool that all organisations must use if they have access to NHS patient data and systems to provide assurance that they are practicing good data security and that personal information is handled correctly.

We met all the mandatory standards of the toolkit and therefore produced a 'satisfactory' return. This was published to the Department of Health and verified as 'low risk' and 'reasonable assurance' following independent audit.

Clinical coding quality

Clinical coding is the translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment, or reason for seeking medical attention, into a coded format which is nationally and internationally recognised. The use of codes ensures the information derived from them is standardised and comparable.

The Trust was not subject to any clinical coding audits by NHS commissioners in 2020/21.

Data quality

In 2019/20 the Trust had a robust waiting list data quality improvement programme in place. On an annual basis several quality indicators were highlighted for review and improvement; this process had been in place since 2016. In March 2020, due to the Covid-19 pandemic, immediate changes were implemented for the provision of services across the Trust. To reduce the number of face-to-face contacts taking place in the outpatient departments, where clinically appropriate, services were transferred to telephone or video consultations. For inpatient procedures, all non-urgent elective treatments were stood down and clinical reviews completed by services. Through these review processes, many appointments deemed non-urgent, were cancelled or

postponed. This has had an impact on Trust waiting lists, associated performance, and data quality metrics.

In April 2020, a paper was presented to our Trust executive outlining a Covid-19 elective care waiting list data quality and reporting framework. Several metrics were proposed to create a supporting dashboard, including data quality metrics, and it was agreed the performance support team would carry out a monthly in-depth analysis with a bi-monthly report to the Trust executive and specialty teams advised of any urgent issues as they arise. The Covid-19 waiting list and data quality framework was set to provide oversight and ensure the Trust had full visibility of all patients that were waiting for review and treatment. One of the main functions of the framework is to ensure that patients are on the correct waiting list with the correct waiting time to assist with equitable booking when the Trust was able to restart routine work. There are five steps to the framework, which are outlined in the below table:

#	Process Step	Rationale / Action	Detail
1	Real-time recording of outcomes	For all clinician – patient touchpoints, e.g. cancellations, virtual clinic and clinical review	Supported by operationally owned standard operating procedures for each of the touchpoints (in development)
2	Measurement of activity	Count of above activity (step 1)	Available through current business Intelligence reporting
3	Mitigation reporting	Providing assurance patients are not lost to follow-up and returned to the correct waiting list	Partly supported by the current data quality improvement programme, however, to provide full mitigation several new reports will be required
4	Assurance sample audits	Auditing above (step 3)	Small sample audit on cohorts yet to be defined from step 3
5	Trend analysis of outcomes (RTT)	% breakdown of outcomes (step 1)	Highlight outlying areas for further review to provide assurance Trust wide approach has been applied

In November 2020, a task and finish group, with wide-ranging professional and technical expertise, reporting to the Trust executive, was commissioned to address several specific technical data quality issues across the Trust affecting elective care and reporting of waiting lists. The group initially reviewed 14 issues and prioritised a subset of six for improvement based on volume of errors, risk to patient waiting times and impact on performance.

Considering the second wave of Covid-19, and that the Trust has been working in this manner for several months, a review of the Covid-19 waiting list and data quality dashboard took place in January 2021 to ensure any in-year process changes and newly identified risks were accommodated.

Data quality continues to be reported to the Trust executive on a bi-monthly basis. There is also a weekly waiting list decision support panel to support rapid review of operational process changes alongside impact and mitigations for data quality and reporting.

Learning from deaths

We comply with all elements of the national learning from deaths process, with a policy that sets out standards and measures, compliance with which is regularly reported to the Trust's board. In line with national guidance our medical examiner (ME) service was fully operational prior to the 1 April 2020 deadline. With the ME service review of clinical notes and most importantly a discussion with the bereaved for all deaths occurring in our hospitals, we have ensured that a) the proposed cause

of death is accurate, b) there is appropriate and consistent referral to the coroner, c) the bereaved understand the cause of death and have an opportunity to raise any concerns and d) cases are appropriately referred for Structured Judgement Review (SJR) when the criteria are met.

SJR is a validated methodology in which trained clinicians critically review medical records and comment on and score phases of care through the patient journey and determine if there were any problems with the care delivered. These undergo further review and are dependent on any issues identified may be subject to more in-depth investigation via our serious incident framework to identify the areas for learning and implementation of appropriate actions to address these.

Patient deaths: April 2020 – March 2021

	Q1	Q2	Q3	Q4	Total
Number of patients who died – based on date of death	618	343	457	693	2111
Number of deaths subjected to SJR – based on date of death	64	90	46	75	275

Deaths which occurred in 2020/21

Of the 2,111 deaths that occurred during 2020/2021, all deaths were subject to ME review, 275 were referred for structured Judgement review (SJR). Of the 275 deaths which underwent SJR, there were seven for which some issues were identified in the overall care delivered. In five of these cases, the issues were not found to have contributed to the outcome and the deaths were deemed to be unavoidable. The themes for these were: situations outside of the familiarity of the responsible specialty team may not have been immediately identified and treated. The potential learning from these have been fed into our safety streams: 'responding to the deteriorating patient'. Another theme was poor documentation of clinical decision-making and records of discussions with patients and/or their families when the prognosis of their current condition was poor. Where concerns were raised following the SJR these cases have been managed via our serious incident framework.

Previously, neonatal deaths were either reviewed through SJR or the national perinatal mortality review (PMRT) tool. From August 2020, all neonatal deaths have been referred for PMRT. There has been a total of 40 cases – of the reviews completed, there has been one case where care delivery issues were identified which may have changed the outcome.

The outcomes of SJRs and PMRTs are shared with the relevant clinical teams and across the Trust through divisional quality and safety committees. Individual action plans are developed in response to each case. Cases are also shared with the safety stream leads to ensure the improvement work covers the findings of the reviews.

The Trust is aiming to reduce the time taken for completion of SJRs from 30 working days to seven working days over the course of the next year. In order to achieve this, six consultants across specialties have been appointed as new SJR reviewers who will take over from the existing reviewers and will have dedicated time to undertake SJRs. This dedicated resource will also facilitate increased consistency and opportunity for consolidation of learning from both good practice and areas for improvement to be cascaded through the Trust.

Seven-day hospital services

From 2018, all NHS trusts have been required to report their activity and progress towards delivering high quality and consistent levels of service and care seven days a week. There are 10 defined standards for seven-day services, of which NHS England/Improvement (NHSE/I) classify four as key standards. As a result of the pandemic NHSE/I suspended reporting against these standards, in addition to this the Trust's priority audit programme to focus on essential Covid-19 and patient safety audit work only has continued.

Through our Covid-19 audit programme and patient safety audit work we continue to be able to report substantial levels of assurance against the four priority standards, and full or partial compliance with all other standards; however this is not through the same audits previously completed.

Standard 2 – Time to first consultant review: we audited admission to general adult wards in 2019 and reported substantial assurance against this standard. This exact audit has not been repeated in 2020; however we have undertaken specific Covid-19 related audits to examine the care and decision-making for patient groups admitted to Imperial College Healthcare NHS Trust during the pandemic. In all patient groups we met the standard for consultant review within 14-hours.

Standard 5 – Diagnostics: we have previously reported substantial assurance against this standard. An area for improvement in our previous submission related to access to consultant completed reporting out of hours within the one-hour time frame for urgent patients. We have now implemented regular consultant weekend reporting sessions so that all urgent trainee reports are checked within 12 hours for ED and urgent inpatient activity. This is overseen by the clinical director and reviewed via directorate governance processes.

Standard 6 – Intervention/key services: the Trust previously reported substantial assurance against this standard – 24-hours access is maintained by rostered consultant led teams and rotas.

Standard 8 – Ongoing review: the variety of multi-specialty teams supporting the critical care units during the pandemic has increased the access to early consultant review from specialty teams (vascular surgery access/lines teams, plastic surgery/tissue viability, MDT working with respiratory medicine/infection prevention and control)

Additional standards and next steps: we have assessed ourselves as having reasonable assurance against the six additional non-priority standards, although we have improvements to make in some areas, including how we record patient and family involvement with decision-making, and how we manage patients with mental health needs in our emergency departments. We also need to audit the impact and effectiveness of some of the improvements already made, including to discharge planning and handover of care. We will continue to focus on these standards as we recover from the Covid-19 pandemic and plan the future of our services.

Rota gaps

We have 806 doctors in training working at the Trust, with 45 gaps on the rota, 22 of these gaps have been filled by locally employed doctors. We have 23 unfilled posts, 15 of which are being recruited to. The remaining eight are going through the approval to recruit process. In addition to recruiting, we take action each month to make sure that the rotas are filled, including proactive engagement with Health Education England so we can accurately plan targeted campaigns for hard to recruit specialties and the use of locums where necessary.

1.3 Reporting against core indicators

All acute trusts are required to report performance on a core set of eight quality indicators. An overview of the indicators is included below, with our performance reported alongside the national average and the performance of the best and worst performing trusts, where available. This data is included in line with reporting arrangements issued by NHS England.



Mortality

As part of our drive to deliver good outcomes for our patients we closely monitor our mortality rates, using two indicators, HSMR (Hospital Standardised Mortality Ratio) and SHMI (Summary Hospital-level Mortality Indicator), which enable us to compare ourselves with our peers. Both data sets allow us to understand our mortality rate when compared to our peers. However, the two measures differ slightly in methodology. SHMI measures all deaths that occur in England, including those that occur within 30-days of discharge from hospital and is the official mortality measure for England. HSMR measures more variables than SHMI, such as patients receiving palliative care, deprivation and whether the patient has been transferred between providers. We believe using both measures gives us the best picture of our mortality rate across our hospitals:

SHMI

	National performance 2020/21*			Trust performance				
	Mean	Lowest	Highest	2020/21*	2019/20	2018/19	2017/18	2016/17
SHMI	100	69.51	118.69	74.07	70.24	73.21	74.13	75.54
Banding**	2	3	1	3	3	3	3	3
% deaths with palliative care coding	36.8%	8.0%	59.0%	58.0%	58.1%	57.70%	56.70%	54.90%

*National and Trust position currently only available for December 2019 to November 2020.

**SHMI Banding 3 = mortality rate is lower than expected

Source: NHS Digital

HSMR

	Trust performance			
	2017/18	2018/19	2019/20	2020/21*
HSMR	67.37	64	67.6	76.3
National performance	2 nd lowest HSMR of all acute non-specialist providers	Lowest HSMR of all acute non-specialist providers	Lowest HSMR of all acute non-specialist providers	3 rd lowest HSMR of all acute non-specialist providers

*2021 data is for 12 months up to January 2021.

Source: Dr. Foster

We consider the SHMI and HSMR data to be as described for the following reasons:

- It is drawn from nationally reported data.
- We have reported a lower-than-expected SHMI ratio for the last three years.
- We have the second lowest SHMI ratio of all acute non-specialist providers in England, across the last available year of data (1 Dec 2019 - 31 Nov 2020).
- We have the third lowest HSMR of all acute non-specialist providers across the last available year of data (February 2020 - January 2021).

We intend to take the following actions to improve our mortality rates, and so the quality of our services, by:

- Continuing to work to eliminate avoidable harm and improve outcomes.
- Reviewing every death which occurs in our Trust and implementing learning as a result, as described above in the 'Learning from Deaths' section.

PROMs (patient reported outcome measures) measure quality from the patient perspective and seek to calculate the health gain experienced following surgery for hip replacement and knee replacement. Patients who have these procedures are asked to complete the same short questionnaire both before and after surgery. The Trust is responsible for ensuring completion of the first questionnaire (part A) pre-surgery. The number of pre-surgery forms sent to NHS Digital is compared to the number of surgical procedures performed at the Trust and it is this that provides the Trust's participation rate.

An external agency is responsible for sending patients the second questionnaire (part B) post-surgery. Analysis of any differences between the first and second questionnaires is used to calculate the overall health gain. If insufficient part B questionnaires are returned to the external agency, and in turn to NHS Digital who publish the results, they will not publish an organisation's health gain score.

The below table reports on patients who have had a hip replacement or knee replacement, where significant numbers of surveys were submitted. Hernia repair and varicose vein treatments outcome data is not included as they were removed as indicators but are still listed in the quality account guidance document from NHSE.

	National performance*			Trust performance			
	Mean	Best	Worst	2019/20*	2018/19	2017/18	2016/17
Hip replacement surgery (EQ-5D)	0.460	0.617	0.371	0.468	0.480	0.464	0.443
Knee replacement surgery (EQ-5D)	0.341	0.509	0.284	0.425	0.310	0.298	0.276

Source: NHS Digital

*2019/20 data is latest full year of data available. Currently provisional.

We consider that this data is as described for the following reasons:

- We have a process in place to collect, collate and calculate this information monthly, which is then sent to NHS Digital.
- Data is compared to peers, highest and lowest performers, and our own previous performance.
- We are performing above the mean for both hip and knee replacement surgery. We will continue to focus on improving our performance in these areas.

We intend to take the following actions to improve this percentage, and so the quality of our services:

- We now have a dedicated nurse in post to oversee the process and continue to put patient experience and improvement at the top of our quality agenda.

28-day readmissions

	National mean*	2020/21**	2019/20	2018/19	2017/18	2016/17
28-day readmission rate (Patients aged 0-15)	9.10%	4.60%	4.78%	4.88%	4.92%	5.15%
28-day readmission rate (Patients aged 16+)	10.18%	6.93%	7.45%	6.75%	6.92%	6.64%

*National Mean: 12 months up to September 2020.

**2020/21 Figures: 12 months up to October 2020.

*National Mean: April 2020 – October 2020.

**2020/21 Figures: April 2020 – October 2020.

We believe our performance reflects that:

- we have a process in place for collating data on hospital admissions from which the readmission indicator is derived.
- we have maintained our low unplanned readmission rate for both paediatric patients and adult patients with both rates remaining below national average throughout the year.

We intend to take the following actions to improve this percentage, and so the quality of our services, by:

- continuing to ensure we treat and discharge patients appropriately so that they do not require unplanned readmission.
- working to tackle long-standing pressures around demand, capacity, and patient flow.

Staff recommendation to friends and family

The extent to which our staff would recommend the Trust as a place to be treated is another way to measure the standard of care we provide. In the 2020 National Staff Survey results our results improved for the fourth consecutive year. Our performance, compared to our peers and our previous performance, is listed in the table below.

	National performance			Trust performance		
	Mean	Best	Worst	2020	2019	2018
Percentage of staff who would recommend the Trust to friends and family needing care	74%	91%	49%	79%	75.8%	71.7%

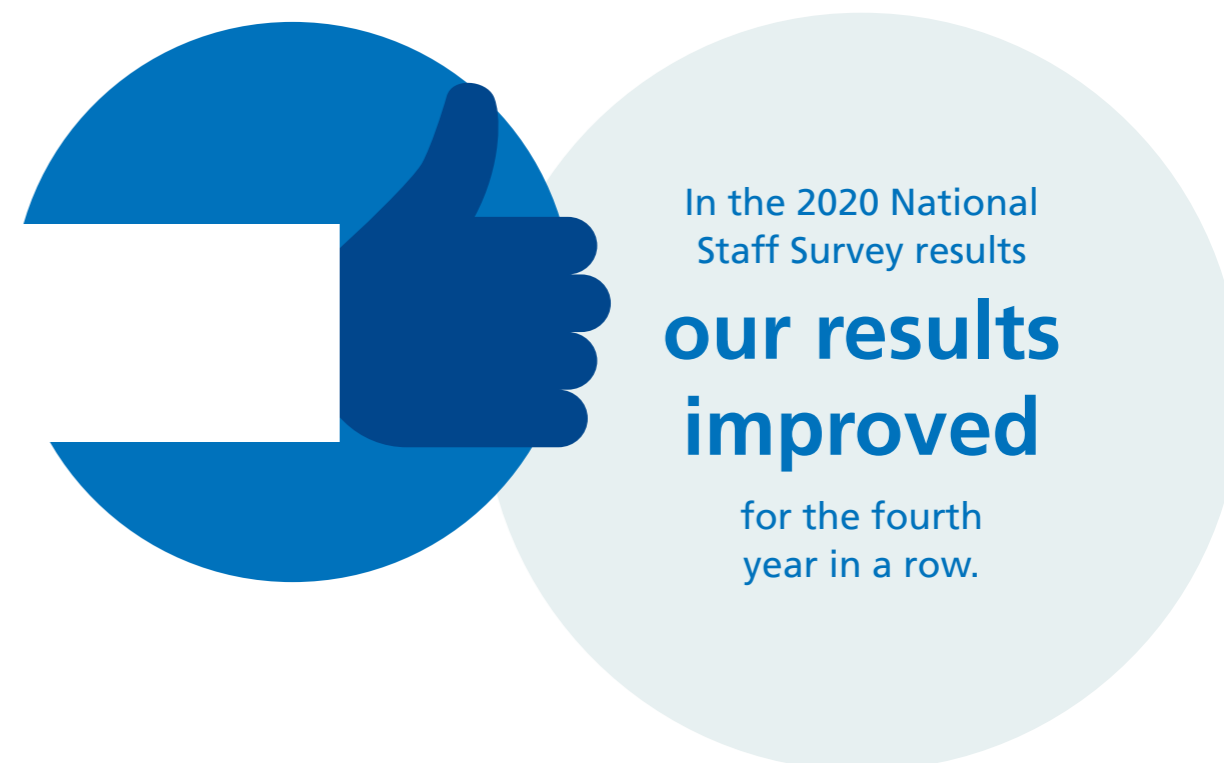
	National performance			Trust performance		
	Mean	Best	Worst	2020	2019	2018
Percentage of staff who would recommend the Trust as a place to work	67%	84%	47%	71%	67%	61%

We consider that this data is as described for the following reasons:

- We utilise nationally reported and validated data from the national staff survey.
- Our results have been above average for acute trusts for the last three years.

During 2020 our staff engagement focus was on supporting staff wellbeing in response to the pandemic. The Trust delivered a significant programme of work on staff wellbeing including:

- supporting our staff working surge rotas and supporting our pandemic response by offering onsite and local hotel accommodation
- investing in CONTACT, our comprehensive staff support service, to offer psychological wellbeing support including counselling, emotional wellbeing groups, psychological first aid training and bespoke support programmes for critical care
- monthly shielding staff network meetings to connect and support our shielding staff including a Christmas Day social
- providing daily hot food deliveries during surge periods for high-risk pathway areas and breakroom supply boxes for more than 5,000 staff working in critical care and wards where patients were being treated for or recovering from Covid-19
- creating a range of wellbeing resources including “before you go home” checklists, a toolkit of activities to support teams and individuals with their wellbeing, regular wellbeing briefings for staff to keep them updated on the latest wellbeing offers
- a network of Filipino staff support champions who offered pastoral support to Filipino support who were living alone of shielding and raising the profile of Filipino staff in the organisation
- dispatched monitors to support staff who are isolating at home following a positive test result for Covid-19 so that they could monitor their oxygen levels and seek appropriate additional healthcare provision in a timely manner if needed
- established more than 50 wobble rooms and open spaces for staff during the initial surge of the pandemic to provide a space to rest and take a break during surge periods
- letters for staff to give their children on behalf of the chief executive to thank them for their understanding of why their parents were working during the pandemic



- launch of a bike user group and refurbishment of cycle sheds
- free parking across all our sites
- provision of staff shops with free grocery and other supplies in the first wave across the three main sites
- the commencement of a 'staff spaces' programme to facilitate long term refurbishment of staff rest rooms, shower rooms, and communal spaces funded by our Imperial Health Charity
- the development of a longer-term programme to re-evaluate and improve the provision of retail and catering across all our sites.

In the 2020 staff survey we achieved our highest ever score for the health and wellbeing theme (5.9) which was a statistically significant improvement on the 2019 result.

We are currently reviewing the 2020 staff survey results in detail and have identified the following areas of focus for 2021/22:

- Continue and enhance our existing programmes of work equality, diversity and inclusion and health and wellbeing including the development of a longer-term wellbeing strategy for the Trust.
- Implement a significant Trust-wide programme in response to the immediate manager theme of the staff survey including how we recruit, develop, and support our managers.
- Continued roll out of our values and behaviours programme, and work on conflict resolution and teamworking.

Patient recommendation to friends and family

The Friends and Family Test (FFT) was initially rolled out to NHS services between 2013 and 2015. The FFT question asked patients, their families and or carers whether they would recommend our services to friends and family if they required similar treatment. This is a key indicator of patient satisfaction.

Revisions were made to the FFT following an extensive review during 2018/19. NHS England sought input from a wide range of stakeholders, including patients, patient experience leads, clinical staff and commissioners.

The Trust had made all preparations to adopt the changes; however mandatory reporting of FFT was suspended by NHS England due to the Covid-19 pandemic.

A&E Friends and Family test

The previous data was based on an average response rate of 17 percent (over 3,000 respondents per month). In 2020/21 this was significantly lower with an average 850 respondents per month.

This lower response rate was expected. Due to the impact of Covid-19 on our services and the additional infection control measures we had in place, we had stopped using hand-held devices and paper surveys in this area.

We believe our performance reflects that:

- We have maintained high standards of care in the ED, as evidenced by the overall rating of care, whilst changing our patient pathways to ensure patients are nursed in appropriate environments based on their COVID-19 status and risk.

We intend to take the following actions to improve this score, and so the quality of our services, by:

- embedding the new FFT survey into practice
- reviewing our promotional materials in the departments, to ensure staff and patients are aware of the results and associated improvements in practice
- continuing to work towards reinstating the services following the pandemic
- closely monitoring and responding to changes in national guidance in the event of an anticipated third wave of Covid-19

Inpatient Friends and Family test

We believe our performance reflects that:

- we have maintained high standards of care for our patients throughout the Covid-19 pandemic, as evidenced by the overall rating of care
- our staff deliver consistently good care, even when they have been redeployed to areas, they do not normally work in. This is a positive reflection of strong local leadership and support throughout this exceptional year

For patients reporting a positive experience, interaction with staff continues to be the most significant factor. This year this has been especially important as national restrictions were placed on all visitors to hospitals.

We intend to take the following actions to improve this score, and so the quality of our services, by:

- embedding the new FFT survey into practice
- reinstating the work we had planned before the impact of Covid-19 on our services, this includes:
 - the deaf awareness pilot in cardiac services. We will need to train staff again and work with the pathway to introduce the use of blue bands to promote deaf awareness.
 - the 'eat, drink, move and sleep' project will need to be reviewed considering the significant changes to the services with catering, cleaning and portering services now being provided 'in-house'.

Venous thromboembolism

Venous thromboembolism (VTE) is a blood clot within a blood vessel that blocks a vein, obstructing or stopping the flow of blood. The risk of hospital acquired VTE can be reduced by assessing patients on admission.

	National performance*			Trust performance				
	Mean	Best	Worst	2020/21**	2019/20*	2018/19	2017/18	2016/17
Percentage of patients' risk assessed for VTE	95.47%	100%	71.83%	96.7%	96.27%	95.39%	93.87%	95.33%

Source: NHS Improvement

*2019/20 includes only Q1-Q3; Q4 unavailable. 2020/21 also unavailable due to COVID-19 reporting delays.

** Provisional figure based on Trust data.

We believe our performance reflects that:

- we have monitored VTE risk assessments monthly throughout the year.

We intend to continue to work to improve this percentage, and so the quality of our services, by:

- working with the areas that are below target to support staff to complete the assessment
- reviewing our compliance with national guidance and are developing reports which will allow us to better monitor the percentage of patients who received appropriate prophylaxis and the outcomes of root cause analysis into VTE cases
- continuing to take part in the Getting it Right the First Time (GIRFT) thrombosis survey

Clostridium difficile

Public Health England changed the surveillance definitions for *Clostridium difficile*. From April 2019, any cases of *C. difficile* within 48 hours of admission have been classed as hospital acquired (previously this was 72 hours). This means we are unable to compare our performance with previous years.

	National performance*			Trust performance				
	Mean	Best	Worst	2020/21*	2019/20	2018/19	2017/18	2016/17
Rate of <i>Clostridium difficile</i> per 100,000 bed days	42 cases	0 cases	174 cases	16.47 (59 cases**)	19.6 (72 cases)	14.3 (51 cases)	17.6 (63 cases)	18.03 (63 cases)

*National and Trust performance are based on Apr-20 to Jan-21 figures. Full 20/21 FY data will be available from PHE in May 2021.

** Based on 48 Hospital-Onset, Healthcare Associated (HOHA) and 11 Community-Onset Healthcare Associated (COHA) cases.

We believe our performance reflects that:

- we utilise nationally reported and validated data
- we monitor performance regularly through our Trust Infection Control Committee and weekly taskforce meeting
- in 2020/21, we reported 59 cases of *C. difficile* attributed to the Trust; 48 of these cases were hospital onset (HOHA), and 11 were community onset (COHA). This is below our target of no more than 77 cases. Two of these cases were related to lapses in care, compared to one last year

We intend to take the following actions to improve in this area:

- Continuing to work on reducing the use of anti-infectives (antibiotics) and improving our hand hygiene rates.

Patient safety incidents

An important measure of an organisation's safety culture is its willingness to report incidents affecting patient safety, to learn from them and deliver improved care. A high reporting rate reflects a positive reporting culture.

	National performance**			Trust performance				
	Mean	Best	Worst	2020/21	2019/20	2018/19	2017/18	2016/17
Patient safety incident reporting rate per 1,000 bed days	Apr-Sep 19: 49.8	Apr-Sep 19: 103.8	Apr-Sep 19: 26.3	Apr-Sep 20: 53.0* Oct 20 – Mar 21: 54.7*	Apr-Sep 19: 50.7 Oct 19 – March 20: 50.4	Apr-Sep 18: 50.4 Oct 18 – March 19: 45.8	Apr-Sep 17: 47.96 Oct 17 – March 18: 51.26	Apr – Sep 16: 42.3 Oct 16 – Mar 17: 46.82

*20/21 data is provisional and is calculated from our Trust figures.

**National performance data is as of 2019/20. NHSE has moved to publishing the national patient safety incident reports once per year, with the next publication due September 2021.

We believe our performance reflects that:

- we utilise the nationally reported and verified data from the National Reporting and Learning System (NRLS)
- our individual incident reporting data is made available by the NRLS every six months.

We intend to take the following actions to improve reporting rates, and therefore the quality of our services, by:

- improving how we report, manage, and learn from incidents, included as part of our quality and safety improvement programme.



Percentage of patient safety incidents reported that resulted in severe/major harm or extreme harm/death

We investigate all patient safety incidents, which are reported on our incident reporting system, Datix. Those graded at moderate harm and above are reviewed at a weekly panel chaired by the medical director. Incidents that are deemed to be serious (SIs) or never events then undergo an investigation which involves root cause analysis (a systematic investigation that looks beyond the people concerned to try and understand the underlying causes and environmental context in which the incident happened).

	National performance**			Trust performance				
	Mean	Best	Worst	2020/21*	2019/20	2018/19	2017/18	2016/17
Percentage of severe/major harm incidents	Apr-Sep 19: 0.23%	Apr-Sep 19: 0.00%	Apr-Sep 19: 1.22%	Apr-Sep 20: 0.18%	Apr-Sep 19: 0.03%	Apr-Sep 18: 0.05%	Apr-Sep 17: 0.06%	Apr-Sep 16: 0.08%
(# of incidents)	(15)	(0)	(17)	(12)	(2)	(4)	(5)	(6)
				Oct 20 – Mar 21: 0.12%	Oct 19 – Mar 20: 0.04%	Oct 18 – Mar 19: 0.04%	Oct 17 – Mar 18: 0.12%	Oct 16 – Mar 17: 0.06%
				(10)	(3)	(3)	(9)	(5)
Percentage of extreme harm/death incidents	Apr-Sep 19: 0.08%	Apr-Sep 19: 0.00%	Apr-Sep 19: 0.7%	Apr-Sep 20: 0.02%	Apr-Sep 19: 0.06%	Apr-Sep 18: 0.05%	Apr-Sep 17: 0.09%	Apr-Sep 16: 0.03%
(# of incidents)	(5)	(0)	(24)	(1)	(5)	(4)	(7)	(2)
				Oct 20 – Feb 21: 0.02%	Oct 19 – Mar 20: 0.06%	Oct 18 – Mar 19: 0.01%	Oct 17 – Mar 18: 0.05%	Oct 16 – Mar 17: 0.12%
				(2)	(5)	(1)	(4)	(9)

*20/21 data is provisional and is calculated from our Trust figures.

**National performance data is as of 2019/20. NHSE has shifted to publishing the national patient safety incident reports once per year, with the next publication due September 2021.

We believe our performance reflects that:

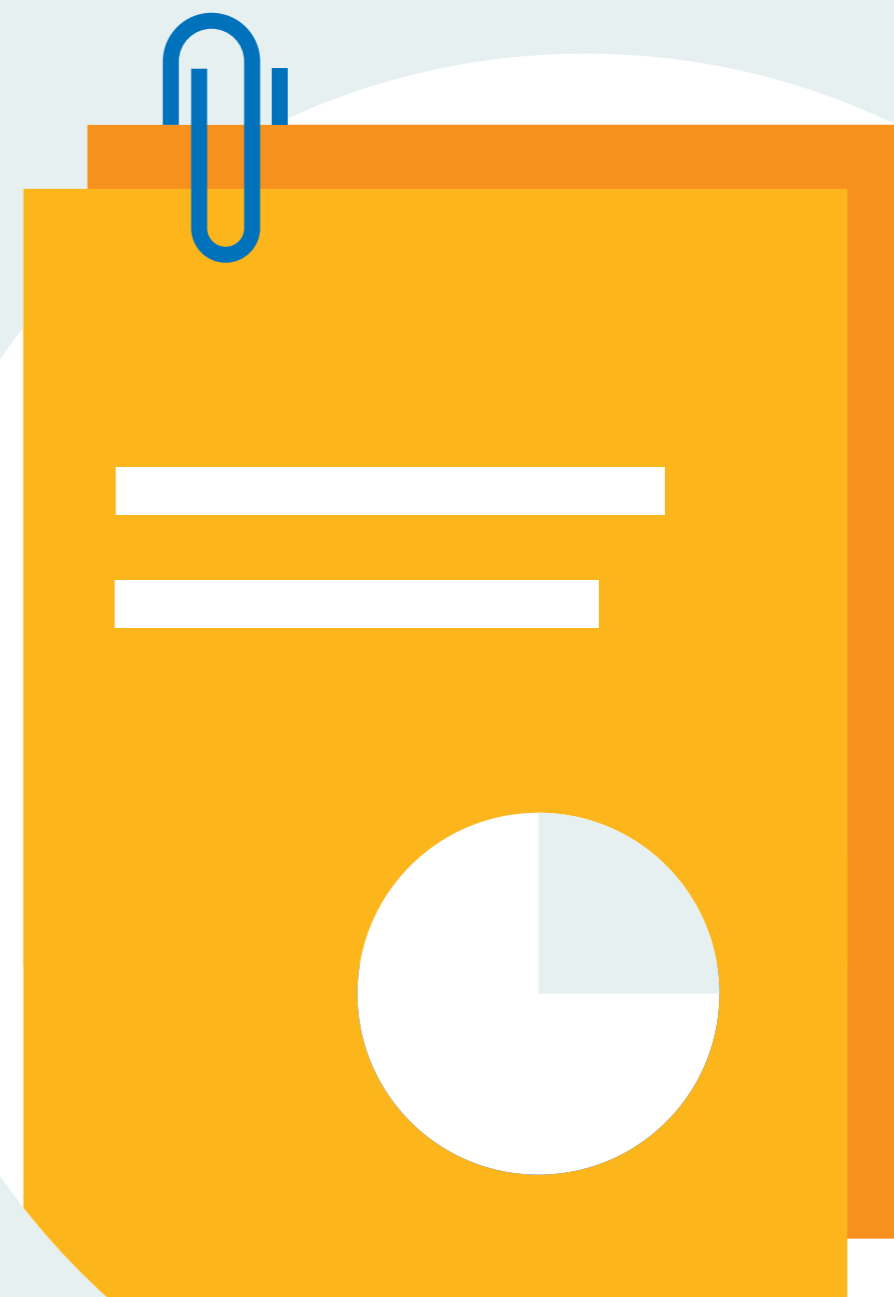
- we utilise nationally reported and verified data from the NRLS
- between April and September 2019 (most recent national data available), we reported 0.03 per cent severe/major harm incidents (two incidents) compared to a national average of 0.23 per cent and 0.06 per cent extreme/death incidents (five incidents) compared to a national average of 0.08 per cent.

We intend to take the following actions to improve this percentage, and so the quality of our services, by:

- continuing to work to eliminate avoidable harm and improve outcomes. See 'Our 2021/22 improvement priorities' section for more detail.

Part 2: Other information and annexes

This section of the report provides further information on the quality of care we offer, based on our performance against the NHS Improvement Single Oversight Framework indicators, national targets, regulatory requirements, and other metrics we have selected.



Our performance with NHS Improvement Single Oversight Framework indicators

NHS Improvement uses several national measures to assess services and outcomes. Performance with these indicators acts as a trigger to detect potential governance issues. We report on most of these monthly to our Trust board through our performance scorecards.

Key performance indicators

As anticipated, performance against the operational standards has been impacted because of Covid-19. Patients are being tracked and managed according to clinical priority and a harm review process in place. All safe options for treating patients are being reinstated as part of recovery planning.

		Performance		Quarterly trend			
		Target	Annual	Q1	Q2	Q3	Q4
Referral to treatment times	% incomplete pathways less than 18 weeks (in aggregate)	92%	67.3%	67.3%	61.0%	76.1%	TBC
Diagnostics	Maximum six week wait for diagnostic procedures	1%	49.2%	66.4%	49.7%	30.0%	TBC
Cancer access initial treatments	Two-week wait	93%		94.3%	85.1%	93.0%	94.8%
Cancer access initial treatments	Breast symptom two week wait	93%		91.9%	89.9%	88.2%	96.8%
Cancer access initial treatments	% cancer patients treated within 62 days of urgent GP referral	85%		76.9%	73.6%	73.9%	76.5%
Cancer access initial treatments	% patients treated within 62 days from screening referral	90%		63.2%	52.9%	92.5%	45.8%
Cancer access initial treatments	% patients treated within 62 days (upgrade standard)	85%		73.7%	90.7%	89.6%	88.3%
Cancer access initial treatments	% patients treated within 31 days of decision to treat	96%		96.3%	95.3%	97.5%	97.5%
Cancer access subsequent treatments	Surgical treatments within 31 days	94%		96.1%	95.4%	97.0%	94.9%
Cancer access subsequent treatments	Chemotherapy treatments within 31 days	98%		99.3%	99.8%	100%	100%
Cancer access subsequent treatments	Radiotherapy treatments within 31 days	94%		98.4%	95.0%	98.4%	97.9%
Infection control	C. difficile acquisitions	77	59	17	14	9	19

In May 2019, the Trust began testing proposed new A&E standards as one of 14 Trusts in England. Like other Trusts involved in the testing, figures on the A&E four-hour access target will not be published for the pilot period and are therefore not included above.

Annex 1: Statements in response to the quality account from commissioners, local Healthwatch organisations and overview and scrutiny committees

Healthwatch Hammersmith & Fulham Statement

Healthwatch Hammersmith & Fulham is pleased to be able to respond to the Imperial College Healthcare NHS Trust's Quality Account for 2020/21. We welcome the continued pageworking relationship we have with the Trust and give our full support to its efforts to involve Healthwatch and wider patients in its work.

We note the progress and limitations on achievements for 2020/21 and further congratulate the Trust and staff for their hard work and dedication during an extremely challenging and demanding year dealing with the Covid-19 pandemic.

Placing particular importance on patient feedback and the patient voice, Healthwatch Hammersmith & Fulham is exceptionally pleased to note the following achievements of the Trust against their 2020/21 improvement priorities and other focus areas:

- Changes to the Friends and Family test (FFT) wording to encourage detailed feedback
- Introduction of text message notifications for patients to complete the FFT
- Development of a new Trust patient experience scorecard
- 36 per cent reduction in temporary staffing spend compared to the previous year – Healthwatch is keenly aware of the variable patient experience feedback that can be attributed to temporary staff
- Improving inpatient diabetes care and measurable improvements in patient outcomes and in key clinical metrics for diabetes care
- Performance in the top five percent of national units for paediatric diabetes and receiving very high scores in the following areas: diabetes team has a positive relationship with children and carers; communicating effectively; respecting religion and cultural beliefs; and overall satisfaction
- The unprecedented developments and changes that took place, at pace, to promote and improve safety and quality as part of the Covid-19 pandemic response and commitment to caring for patients and staff members
- The efforts and role of the Trust in the biggest vaccination programme in the history of the NHS

In addition, we note and understand the rationale for the Quality priorities chosen for 2021/22 and offer our ongoing support to the Trust to help make progress in these areas.

We are particularly pleased to see a commitment to improved end of life care planning and discussions that will ensure DNR conversations are handled sensitively and in a timely way so as to avoid some of the concerning patient experiences Healthwatch is aware of nationally over the course of this last year. We look to support the Trust in getting this right for patients and their families in Hammersmith & Fulham.

While we note the Trust's overall CQC rating remains requires improvement we provide the following feedback from our own Healthwatch intelligence gathering

during 2020/21 and confirm that we are working with the Trust to ensure these issues are being taken into account through 2021/22.

During 2020/21 Healthwatch Hammersmith & Fulham gathered 353 patient experience comments for Imperial College Healthcare NHS Trust hospital sites and urgent care centres. Of these, 70 per cent of the feedback was positive, 16 per cent negative, and 14 per cent neutral.

- Overall the Trust scored an average star rating of 4 out of 5.
- For quality of food, the Trust scored 1.5 out of 5.
- For ease of gaining an appointment; convenience of appointment; and how easy is it to get through on the phone, the Trust scored 3 out of 5.
- For waiting time the Trust scored 3.5 out of 5.
- For cleanliness, staff attitude, and treatment explanation, the Trust scored 4 out of 5 stars
- For quality of care the Trust scored 4.5 stars out of 5.

In addition to the star ratings highlighted above Healthwatch Hammersmith & Fulham receives more detailed patient feedback from individuals. This is analysed for themes. A summary of the high and low performing areas is provided below:

Areas where the Trust is doing very well:

Staff/staff attitude – 89 per cent positive feedback
Treatment and care – 86 per cent positive feedback
Facilities and cleanliness – 74 per cent positive feedback

Areas requiring more attention:

Administration – 68 per cent positive feedback
Access to services incl waiting times – 59 per cent positive feedback

Areas requiring improvement:

Cancellation – 5 per cent positive feedback
Communication – 38 per cent positive feedback

Overall, Healthwatch Hammersmith & Fulham welcomes Imperial College Healthcare NHS Trust's quality improvement measures and we look forward to continuing to work in partnership to improve the care and support of patients and service users.

Healthwatch Hammersmith & Fulham info@healthwatchhf.co.uk 1 June 2021

We received
86 per cent
positive feedback

for treatment and care

Healthwatch Hammersmith
& Fulham patient feedback



London Borough of Hounslow's Health and Adults Care Scrutiny Panel Response

The London Borough of Hounslow's Overview and Scrutiny Committee (the 'Committee') welcomes the opportunity to provide a response to the Imperial College Healthcare NHS Trust (the 'Trust') Quality Account 2020-21 which provides a report on progress made and identifies future priorities.

The Committee would like to thank the Trust and its staff for continuing to provide services, albeit quite differently in some cases, through the Covid 19 pandemic, and for preparing the Quality Account for comment.

2020-21 Quality Account

Improvement priorities

- We note the improvement methodology and the plans to continue it in the new year.
- We note the improvement priorities for next year, however, the table does not set out the baseline for improvement which might help to monitor improvements. It might also be useful to have some benchmark against other comparable trust or national statistical averages.
- We note and support the work on falls prevention which has also been a focus for Hounslow over the last two years.

Progress against 2020/21 goals:

1. To improve the Friends and Family Test (FFT) response rate
 - We note this was significantly affected by the coronavirus pandemic but recognise that responses in March 2021 were almost back to pre-pandemic levels and the plans to improve measurement of patient experience.
2. To improve the percentage of staff who feel they can make improvements in their area
 - We note the impact of the pandemic, and the decrease in staff saying they believe they can make improvements.
 - We note the work of the improvement team on supporting others to do this in their teams and plans to develop this work .
3. To improve incident reporting rates
 - We note the drop in rates and ask that this is reviewed regularly.
4. To reduce temporary staffing spend
 - We note the progress towards this goal, and commend this happening against the backdrop of the pandemic.
5. To reduce the number of patients with a length of stay of 21 days or more
 - We acknowledge the impact of the pandemic on the work towards this goal but also note that the Trust is an outlier among NHS trust with regards to this and stress the importance of continued work to address this.
6. To reduce avoidable harm to our patients
 - We acknowledge the operational pressures resulting from the pandemic and focus areas to target this but still stress the importance of the percentage of incidents going down.

Covid-19 Quality improvement activities

- We note the organisational changes made to respond to the pandemic.
- We note enhancement to infection prevention and control.
- We stress the importance of learning from the hospital-onset Covid infections in response to the infections at the trust but also note changes made in response to this.
- We note work to increase uptake of vaccines among staff, however, suggest that inequalities should also be considered in this work,

Statements of assurance from the board

- We note the participation in 46 national clinical audits and confidential enquiries and the number of local clinical audits, as well as consideration of national enquiries and reports,
- We note the Trust's research participation, and in particular commend research on Covid treatments and use of data,
- We note that the Trust's CQC rating is 'Requires improvement' and ask that this continues to be a priority.
- We note and commend the work on data quality and the progress towards seven day hospital service.

Reporting against core indicators

- While the impact of the pandemic on progress is understandable, we also want to stress the importance of ensuring that the impact of Covid-19 on wider health is mitigated and it doesn't lead to longer-term health impacts.
- We note the low mortality ratios across the Trust.
- We note improvement in staff recommendation to friends and family but stress that there could still be further improvements to this. We note the plans to address this.
- We note the unequal progress on some measures and ask that this is a priority, such as hospital infection and note some measures where progress is made but numbers are still significantly below national best performance, such as patient safety incidents. We note with concern the spike in incidents in 2020/21 and ask that this is addressed.

We noted in 2019 that the format of the report could be made more accessible and an executive summary added for ease of engagement. We would like to make this suggestion again and believe a more accessible report and more understandable data would make it easier for residents and others to engage meaningfully with the report. We also would like to request that in the future the draft report is shared with us at an earlier stage to allow more time to engage with it – LB Hounslow is a committed local partner and a key stakeholder in the health and wellbeing of the borough and we remain keen to provide purposeful, supportive scrutiny to the Trust.

Health and Social Care Policy and Accountability Committee response to Imperial College Healthcare NHS Trust – Draft Quality Accounts 2020/21

H&F Council's Health and Social Care Policy and Accountability Committee (HISPAC) has been asked to respond to Imperial College Healthcare NHS Trust's draft Quality Accounts 2020-2021. The below response has been written in collaboration with the H&F Council Business Intelligence (BI) Service.

The Committee is grateful for the Trust's continued dedication and excellent performance during the Covid-19 crisis. We recognise the acute pressures this has caused and appreciate the candid manner in which the coronavirus pandemic has been discussed.

The Trust has shown clear leadership and a commitment to improving services for staff and patients alike. Much in the report is impressive, though we would particularly like to highlight:

- the areas where the Trust is performing above average against national indicators (hip replacements, breast-feeding, CT/PET scans etc.);
- the success of the Trust's vaccination programme (data provided – March 21); and
- the individualisation of services for patients (parents and those with a DNACPR in particular).

The report does indicate areas of potential concern which we submit require further explanation or attention, including:

- the Trust's overall CQC rating of 'Requires Improvement', particularly given some of the 'Good' and 'Outstanding' ratings on CQC audits listed in the 2019-20 accounts;
- the increase in the number of incidents causing patient harm linked to handhygiene practices – particularly concerning in light of the pandemic; and
- the percentage of beds occupied for 14-day stays or more compared to other London NHS Trusts (despite considerable efforts in this area).

We have provided more general comment on certain areas below. We would like these to be reviewed as part of HISPAC's work next year:

Progress against our 2020/21 improvement priorities

The pandemic has posed significant challenges to the Trust and, understandably, directed focus away from the six priority improvement areas for 2020/21. We would like to understand whether these priorities remain in light of the ongoing pandemic and the Trust's recovery from it. The first, fifth and sixth aims are most important to Hammersmith & Fulham residents and – in our view – merit the most attention, therefore.

Hospital-associated Covid-19 infection and transmission

The Trust's establishment of a surveillance system for hospital-onset Covid-19 infections (HOI) and associated clinical incident management systems has been vital in identifying key learning points to improve the response to future Covid-19 outbreaks. The process has enabled faster decision making to appropriately deal with outbreaks based on past experiences.

The Trust's proactive response has been exemplified by changes implemented following the first wave of the pandemic, including testing all contacts of patients diagnosed with Covid-19 for 14-days following exposure.

Personal Protective Equipment (PPE) helper programme

The introduction of the PPE helper programme has been pivotal in reducing levels of staff anxiety concerning the correct use of PPE and infection control practices. It is essential that as cases of Covid-19 decrease, staff and management remain vigilant to the correct use of PPE to prevent sporadic outbreaks.

Health and wellbeing helpline

The establishment of the health and wellbeing helpline has started to address the physical and mental exhaustion felt by staff throughout the pandemic. The Trust will need to undertake an evaluation of the helpline to understand whether it effectively addresses the needs of staff and consider the possibility of setting up a dedicated support programme for staff mental health in the future.

Testing

Covid-19 testing for has been consistently high across the Trust since March 2020. The collaboration between the Trust and North West London Pathology has built a flexible and responsive testing programme for patients and staff and demonstrates the benefits pooling of resources from different organisations.

Patients

The pre-elective screening procedure has enabled the Trust to minimise the risk of patients due to undergo procedures triggering Covid-19 outbreaks. This should be continued as the vaccination coverage increases.

Vaccination

While the vaccination efforts of the Trust are to be commended, concerns remain around staff vaccine uptake. In addition to remaining focussed on increasing uptake, a review of the success of the interventions implemented to improve vaccination uptake would be useful to identify learning points for future vaccination programmes.

Data quality

The Covid-19 waiting list and data quality framework has allowed the Trust to have oversight of patients waiting for treatment enable decision making. It would be helpful to understand whether the Trust has set a timeframe to reduce the waiting list.

Response prepared by LBHF officers:

Jack Brady, National Management Trainee; and Charlotte Bexson, Public Health Intelligence Analyst

Response from North West London Clinical Commissioning Group

Thank you for sharing the Imperial College Healthcare NHS Trust Quality Account for 2019/20 which we received on 24/05/2021.

We would normally share the account within our CCGs and associates for their review and comment. However, as you will appreciate, the work of the CCGs is focussed on supporting the restoration of services following the pandemic.

As such, we are not in a position to comment fully on the account with our stakeholders as we normally would. However, my direct team has reviewed the account and made the following comments, which I support:

- Where we can check, the data in the account appears to be accurate.
- We wish to congratulate the Trust and the staff for working tirelessly to support patients and the wider community against the unprecedented challenge of Covid-19. We note the significant improvements achieved in 19/20 by developing

innovative ways of working, piloting new models of care alongside high level clinical support (Clinical Reference Group and Clinical Decision Support for example) that have improved the therapeutic environment for staff and patients.

- The Trust's CQC rating of "Requires Improvement" remains unchanged. It was noted that the CQC have reviewed services in line with their updated process during the pandemic and no new areas of concern have been noted.
- Progress on the Trust's quality priorities has been reviewed for 19/21. It is noted that under the current pandemic, not all of these been completed.
- We note that the Trust has continued some of last year's priorities into 21/22 whilst refreshing these in light of the changes brought by the pandemic. We look forward to receiving updates on the progress the organisation makes via the quality improvement commitments that the Trust is undertaking.
- We note that the organisation has identified areas of improvement in the prevention of harm relating to a zero tolerance of injurious falls, where there have been incidences of these in the past year and Category 2, 3 and 4 hospital pressure ulcers. We look forward to seeing the results of these work streams.
- We note the organisations self-assessments against the Paterson, Cumberlege and Ockenden, inquiries and reports and that there are action plans in place to address any outstanding areas. We look forward to receiving the outputs from these action plans.
- We have noted the good progress that the organisation has made against national audits and where issues have been highlighted improvement programmes have been put in place.
- We look forward to working closely with the Trust in the coming year and ensure that we continue to champion the quality, safety and safeguarding agendas together, for the benefit of the commissioned services for patients.

Yours sincerely

Diane Jones

Chief Nurse / Director of Quality

North West London Clinical Commissioning Group

Annex 2: Statement of directors' responsibilities for the quality account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report. In line with national guidelines, we moved to adopt the same requirements for NHS foundation Trust boards in 2019/20 and have continued this year.

In preparing the quality account, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20* and supporting guidance *Detailed requirements for quality reports 2019/20*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 1. board minutes and papers for the period April 2020 to May 2021
 2. papers relating to quality reported to the board over the period April 2020 to May 2021
 3. feedback from Clinical Commissioning Groups
 4. the annual governance statement May 2021
 5. feedback from local Healthwatch and local authority overview and scrutiny committees
 6. the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 7. the national staff survey 2020
 8. the Head of Internal Audit's annual opinion of the trust's control environment May 2021
 9. Mortality rates provided by external agencies (NHS Digital and Dr Foster).
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report. The quality account was reviewed at our Audit, Risk and Governance Committee held in May 2021, where the authority of signing the final quality accounts document was delegated to the chief executive officer and chair.

By order of the board

Date: 25 June 2021



Bob Alexander
Chair

Date: 25 June 2021



Professor Tim Orchard
Chief executive



Annex 3: Participation in national clinical audits and confidential enquiries 2020/21

National Clinical Audit and Clinical Outcome Review Programmes	Host Organisation	Participation	% submitted
Antenatal and newborn national audit protocol 2019 to 2022	Public Health England	✓	100%
BAUS Urology Audits	British Association of Urological Surgeons	✓	Ongoing collection
Case Mix Programme	Intensive Care National Audit and Research Centre	✓	100% and ongoing collection
Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death	✓	100%
Elective Surgery (national PROMs programme)	NHS Digital	✓	Ongoing collection
Emergency Medicine QIPs	Royal College of Emergency Medicine	✓	57%
Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians London	✓	No percentage available. Cases submitted: FLS – 691 NHF – 186 NAIF – 8
Inflammatory Bowel Disease Registry (IBD) Audit	Inflammatory Bowel Disease Registry	✓	Ongoing collection
Mandatory Surveillance of HCAI	Public Health England	✓	Ongoing collection
Maternal, Newborn and Infant Clinical Outcome Review Programme	MBRACE-UK	✓	Ongoing collection for Perinatal and Maternal Surveillance workstreams. Did not participate in maternal morbidity confidential enquiry and twins perinatal mortality confidential enquiry.
Medical and Surgical Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death	✓	100%
National Asthma and COPD Audit Programme	Royal College of Physicians	✓	Ongoing collection
National Audit of Breast Cancer in Older People	Royal College of Surgeons	✓	Ongoing collection
National Audit of Cardiac Rehabilitation	University of York	✓	Ongoing collection
National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network	✓	Data collection suspended during 20/21
National Audit of Dementia (NAD)	Royal College of Psychiatrists	✓	Data collection delayed during 20/21 due to Covid-19

National Clinical Audit and Clinical Outcome Review Programmes	Host Organisation	Participation	% submitted
National Audit of Pulmonary Hypertension	NHS Digital	✓	Ongoing collection
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Royal College of Paediatrics and Child Health	✓	100%
National Bariatric Surgery Register (NBSR)	British Obesity and Metabolic Surgery Society	✓	Data collection suspended due to Covid-19
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre	✓	100%
National Cardiac Audit Programme	Barts Health NHS Trust	✓	Ongoing collection
National Comparative Audit of Blood Transfusion programme - 2020 Audit of the management of perioperative paediatric anaemia	NHS Blood and Transplant	✓	Data collection suspended due to Covid-19
National Diabetes Audits – Adults	NHS Digital	✓	97.1 percent
National Early Inflammatory Arthritis Audit	British society for Rheumatology	✓	Ongoing collection
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	✓	Ongoing collection
National Gastro-Intestinal Cancer Programme	NHS Digital	✓	Ongoing collection
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership	✓	Ongoing collection
National Lung Cancer Audit (NLCA)	Royal College of Physicians	✓	Ongoing collection
National Maternity and Perinatal Audit (NMPA)	Royal College of Obstetricians and Gynaecologists	✓	N/A, data is not collected directly from Trusts
National Neonatal Audit Programme (NNAP)	Royal College of Paediatrics and Child Health	✓	100%
National Ophthalmology Audit	Royal College of Ophthalmologists	✓	Ongoing collection
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	✓	Ongoing collection
National Prostate Cancer Audit	Royal College of Surgeons	✓	100%
National Vascular Registry	Royal College of Surgeons	✓	Ongoing collection
Neurosurgical National Audit Programme	Society of British Neurological Surgeons	✓	N/A, data is not collected directly from Trusts

National Clinical Audit and Clinical Outcome Review Programmes	Host Organisation	Participation	% submitted
NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections	Public Health England	✓	Project closed due to Covid-19
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	University of Warwick	✓	N/A, data flows from ambulance services
Paediatric Intensive Care Audit Network (PICANet)	University of Leeds / University of Leicester	✓	Ongoing collection
Perioperative Quality Improvement Programme	Royal College of Anaesthetics	✓	Ongoing collection
Sentinel Stroke National Audit Programme (SSN/AP)	King's College London	✓	100%, ongoing collection.
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Serious Hazards of Transfusion	✓	Ongoing collection
Society for Acute Medicine's Benchmarking Audit	Society for Acute Medicine	X	Did not participate, non-mandatory audit. Data collection delayed due to Covid-19
Surgical Site Infection Surveillance Service	Public Health England	✓	100%
The Trauma Audit & Research Network (TARN)	The Trauma Audit & Research Network (TARN)	✓	100%
UK Registry of Endocrine and Thyroid Surgery	British Association of Endocrine and Thyroid Surgery (BAETS)	✓	Ongoing collection
UK Renal Registry National Acute Kidney Injury programme	UK Renal Registry	✓	100%



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