

Delivering our promise
Better health, for life



Annual Review

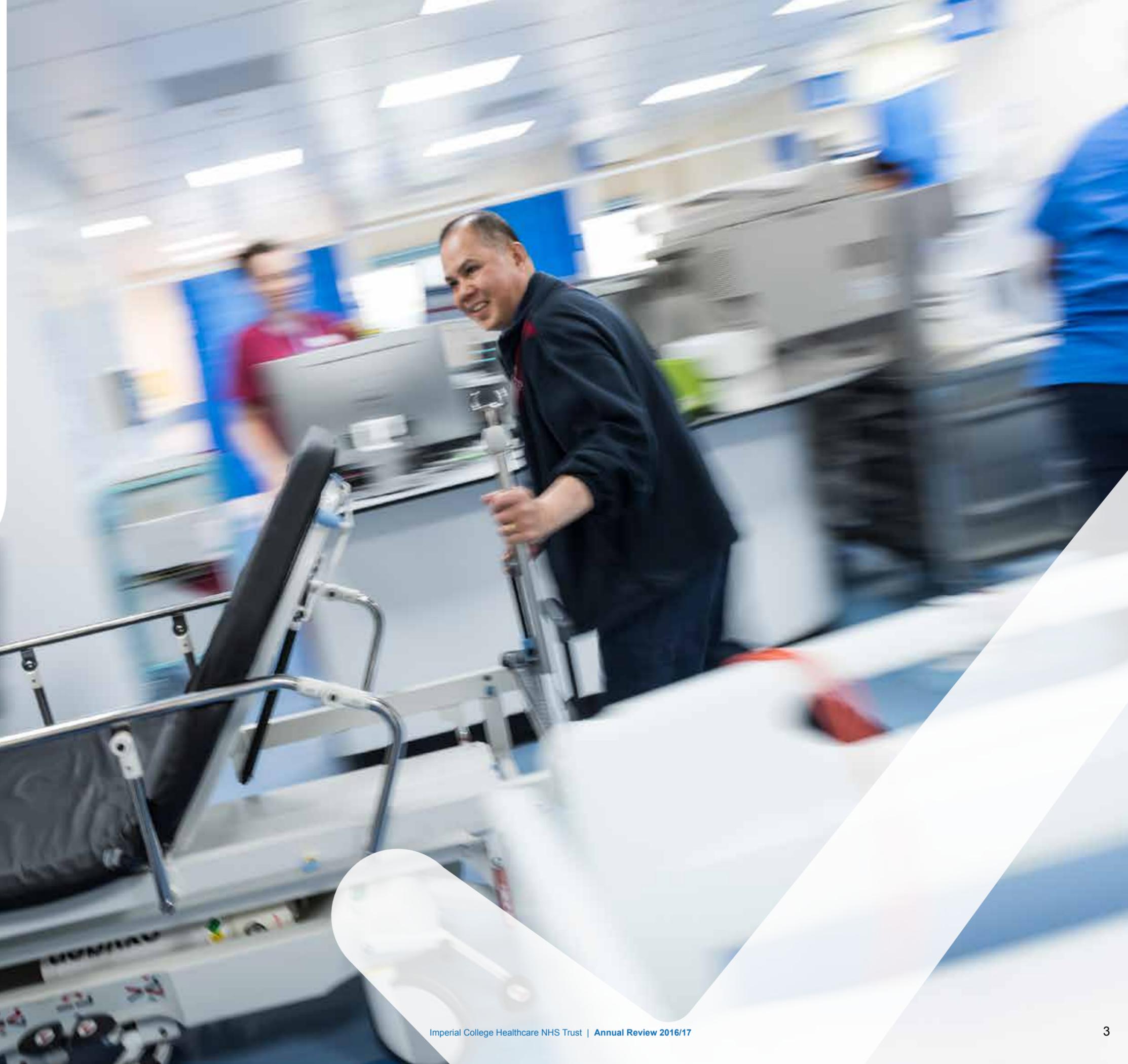
2016/17

Imperial College Healthcare **NHS**
NHS Trust

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Published August 2017



Welcome

Sir Richard Sykes, chairman



Imperial College Healthcare is one of the largest NHS trusts in the country, offering a wide range of acute and specialist care for our local communities as well as for patients nationally and internationally. We also play a lead role in healthcare research and education, as part of one of the UK's nine academic health science centres and 20 National Institute of Health Research biomedical research centres.

With growing challenges and opportunities for health systems across the world – from the increasing volume and complexity of care needs to the huge potential of our growing understanding of genomics – it's more important than ever that the NHS continues to innovate. And we need to do this at a time of unprecedented financial pressure.

Our approach is to continue to make improvements in all aspects of how we run our services as well as to develop new models of care and ways of working. It's clear the only sustainable way forward is greater integration across the health and care system and a whole population focus on helping everyone to be as healthy as possible. This will require a coming together of all stakeholders, as well as a genuine partnership between health and care services and the patients and local communities we serve, to evolve to meet changing needs while staying true to the values and ethos of the NHS.

Those values were highly visible in the incredible response to those injured in the attack on Westminster Bridge and around Parliament in March. As one of four major trauma centres in London, St Mary's Hospital received eight patients within minutes of a major incident being called. Staff across the Trust immediately went into action, from the major trauma, intensive care and theatres teams to security and other clinical teams making sure all our patients were getting the care they needed while making room for the casualties. Their behaviour reflected the many media reports of the astonishing expertise, professionalism and selflessness on display in the NHS that day.

We also had the unusual experience last year of seeing the Trust in action weekly on national television in the BBC Two documentary series, Hospital. Again, I was very proud of the values and behaviours demonstrated by staff across our hospitals, on the 'shop floor' as well as behind the scenes. Hospital also did a great job of raising awareness and understanding of the challenges and opportunities we all need to respond to if we are to ensure our Trust – and the wider NHS – can deliver its full potential over the coming years.

This annual report provides a snapshot of many more developments at the Trust over the past year as well as, we hope, a clear and balanced account of our achievements and challenges. It also represents the last full year under the leadership of our chief executive Dr Tracey Batten, who is returning to Australia. Tracey has been key to very significant improvements across all aspects of the Trust and our wider health system over the past three years.

I hope you find our report of 2016/17 interesting and helpful – and I would really encourage you, in whatever role you have, to find out more through our website and social media channels, especially on how you could get more involved in shaping and guiding our work this year and for the years to come.

A handwritten signature in black ink that reads "Richard Sykes".

Richard Sykes
chairman

Performance report



Performance report: 2016/17 overview

Dr Tracey Batten, chief executive



Our staff achieved an incredible amount last year, in an increasingly challenging and complex environment.

First and foremost, we responded to rising demand by providing great care to more people than ever before. Compared with the previous year, that included 7,500 more patients seen in A&E, 7,000 more day surgery patients, 11,000 more outpatient contacts and 6,000 more people coming into hospital as inpatients. Overall, we had over 1.5 million patient contacts last year.

We also built on the first year of our new quality improvement approach, with projects underway throughout the Trust as well as significant progress on our strategic improvement programmes and developments. This included refurbished clinics, more streamlined processes and better communications across all of our outpatient services as well as better urgent and emergency pathways and improved facilities.

At the end of May 2017, the Care Quality Commission acknowledged a real improvement in outpatient services and diagnostic imaging at Charing Cross, Hammersmith and St Mary's hospitals, publishing new ratings for outpatient services and diagnostic imaging based on its inspection in November 2016. The ratings are up two levels to 'good' overall at St Mary's and Hammersmith hospitals, and up one level to 'requires improvement' at Charing Cross.

However, increasing demand also meant that we struggled with the national operational performance standards – particularly for waiting times for A&E and for some planned operations. We have put in place clear action plans, though delivering the standards consistently is a key risk as we go into 2017/18.

Collaboration

The past year also saw a step change in collaboration and coordination across the NHS and, increasingly, with social care and other partners. Published in October and setting out a five-year strategy for tackling shared challenges in health and care, the North West London Sustainability and Transformation Plan is still a work in progress in many ways, but it has sparked a renewed and very positive impetus to joint working.

There was significant, tangible progress from collaboration in a number of areas. The Hammersmith & Fulham Integrated Care Programme has expanded to include five NHS organisations as well as lay partners, and we are working closely with social services in the borough to design and test out genuinely joined up care pathways for local people. Our care information exchange, offering patients and their health and care professionals in north west London secure online access to care records and to sharing information, began its pilot roll out, ending the year with 1,000 registered users across 13 services and five organisations.

Our academic health science centre partnership with Imperial College expanded to include The Royal Marsden NHS Foundation Trust and the Royal Brompton & Harefield NHS Foundation Trust. This has doubled the pool of clinicians and other healthcare staff, researchers and academics who are working together to translate research breakthroughs into better patient care as quickly as possible.

Innovation

In terms of innovation, we were delighted to be funded by the National Institute of Health Research to run our biomedical research centre in partnership with Imperial College for a further five years. The BRC is supporting 675 active research projects across 15 different disease areas.

With funding support from Imperial Health Charity, we also began the first UK trial to treat patients with debilitating tremors using focused ultrasound, opening the way for a potentially 'game-changing' non-invasive alternative to conventional brain surgery.

We were rewarded for our role as a leader in the adoption of digital technologies to improve patient care, when we were selected by NHS England to be one of 16 global digital exemplars for acute care. With our partner Chelsea & Westminster Hospital NHS Foundation Trust, we will receive funding and support to drive forward the use of digital technology and create products and approaches that can also be used by other organisations.

Leadership and support

All of this was achieved while meeting a 'stretch' financial plan which allowed us to comply with our 'control total' for the year set by our regulators NHS Improvement. Our outturn of -£15.3 million, including non-recurrent sustainability and transformation funding of £25.4 million, reflected the delivery of £54 million of cost improvements by staff across the whole Trust. Our new systems and enhanced support mean we start 2017/18 more prepared for further cost improvements than ever before. However, given the

overall financial challenge, with the NHS facing one of its smallest funding increases in many years, the Trust has again needed to set a budget with a planned deficit.

I believe our new organisational structure – devolving more authority to our clinical teams, supported by more focused corporate support, and reducing the number of management layers – has been an important factor in our ability to deliver more for patients this year. Our nearly 11,000 staff are really beginning to make the most of new opportunities to initiate and lead change in their own areas as well as to influence our strategic developments.

We also benefitted hugely from our close relationship with Imperial Health Charity, who are helping to fund many of our major initiatives as well as supporting patients and staff through their grants schemes, arts programme and volunteering. And we have great support from a number of other charities too, as well as our hospital Friends organisations. We have increasingly active patient and public involvement across all aspects of our work, and I am particularly appreciative of our strategic lay forum, now in its second year.

As ever, I am extremely grateful to all of our staff, supporters and volunteers, and our partners in the NHS, local authority and voluntary sectors, for all of your hard work and commitment in achieving the most that we can for our patients and local communities.

Dr Tracey Batten
chief executive until 30 July 2017

Ian Dalton CBE became chief executive
on 31 July 2017



About the Trust

Imperial College Healthcare NHS Trust provides acute and specialist health care in north west London for around a million and a half people every year. Formed in 2007, we are one of the largest NHS trusts in the country, with nearly 11,000 staff.

We seek to ensure our care is not only clinically outstanding but also as kind and thoughtful as possible. We want to play our full part in helping people live their lives to the fullest.

We are part of Imperial College academic health science centre, along with Imperial College London, The Royal Marsden NHS Foundation Trust and The Royal Brompton & Harefield NHS Foundation Trust – supporting rapid translation of research and excellence in education.

Our vision and objectives

Our vision is to be a world leader in transforming health through innovation in patient care, education and research.

To enable us to achieve this, our strategic objectives are:

- to achieve excellent patient experience and outcomes, delivered efficiently and with compassion
- to educate and engage skilled and diverse people committed to continual learning and improvement
- as an academic health science centre, to generate world leading research that is translated rapidly into exceptional clinical care
- to pioneer integrated models of care with our partners to improve the health of the communities we serve

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

Our ethos

To help everyone to be as healthy as they can be, we want to look out for the people we serve as well as to look after them.

We look after people by providing care, whenever and however we are needed, listening and responding to individual needs. We look out for people by being their partner at every stage of their life, supporting them to take an active role in their own health and wellbeing.

We are one team, working as part of the wider health and care community. We are committed to continuous improvement, sharing our knowledge and learning from others. We draw strength from the breadth and depth of our diversity, and build on our rich heritage of discovery.

By doing all this, we ensure our care is not only clinically outstanding but also as kind and thoughtful as possible. And we are able to play our full part in helping people live their lives to the fullest. Our promise is better health, for life.

Our values:

- **Kind** – we are considerate and thoughtful, so you feel respected and included.
- **Expert** – we draw on our diverse skills, knowledge and experience, so we provide the best possible care.
- **Collaborative** – we actively seek others' views and ideas, so we achieve more together.
- **Aspirational** – we are receptive and responsive to new thinking, so we never stop learning, discovering and improving.

Our hospitals and services

We provide care from five hospitals on four sites as well as a range of community facilities across the region.

Our five hospitals are:

- **Charing Cross Hospital**, Hammersmith – providing a range of acute and specialist care, it also hosts the hyper acute stroke unit for the region and is a growing hub for integrated care in partnership with local GPs and community providers. Charing Cross has a 24/7 A&E department.
- **Hammersmith Hospital**, Acton – a specialist hospital renowned for its strong research connections. It offers a range of services, including renal, haematology, cancer and cardiology care, and provides the regional specialist heart attack centre. As well as being a major base for Imperial College, the Acton site also hosts the clinical sciences centre of the Medical Research Council.
- **Queen Charlotte's & Chelsea Hospital**, Acton – a maternity, women's and neonatal care hospital, also with strong research links. It has a midwife-led birth centre as well as specialist services for complicated pregnancies, foetal and neonatal care.
- **St Mary's Hospital**, Paddington – the major acute hospital for north west London as well as a maternity centre with consultant and midwife-led services. The hospital provides care across a wide range of specialties and runs one of four major trauma centres in London in addition to its 24/7 A&E department.
- **Western Eye Hospital**, Marylebone – a specialist eye hospital with a 24/7 A&E department.

Increasingly, we offer patient consultations and care in community facilities that would traditionally have been provided in our hospital outpatients clinics, and we are working closely with GPs and other primary and community care organisations to offer integrated health care services.

Imperial Private Healthcare is our private care division, offering a range of services across all of our sites. This includes the Lindo Wing at St Mary's Hospital, the Thames View at Charing Cross Hospital and the Robert and Lisa Sainsbury Wing at Hammersmith Hospital. The income from our private care is invested back into supporting our NHS services.

Research and education

The Trust with Imperial College hosts one of 20 National Institute for Health Research (NIHR) biomedical research centres (BRC). This designation is given to the most outstanding NHS and university research partnerships in the country, leaders in scientific translation, and early adopters of new insights in technologies, techniques and treatments for improving health.

The NIHR Imperial BRC supports 675 active research projects across 15 different disease areas. We also lead

one of NHS England's 13 genomic medicine centres – the West London Genomic Medicine Centre – with our partners Chelsea & Westminster Hospital NHS Foundation Trust, The Royal Brompton & Harefield NHS Foundation Trust and The Royal Marsden NHS Foundation Trust, helping to drive innovation in genomics.

We are a major provider of education and training for doctors, nurses, midwives and allied health professionals including therapists, pharmacists, radiographers and

healthcare scientists. In 2016/17, 810 Imperial College medical undergraduates trained with us and we are the lead provider for core, specialty and GP medical postgraduate training across north west London. We have around 500 student nurses and midwives in training annually, many of whom gain their first job or qualification with us.

Our charities

We work increasingly closely with Imperial Health Charity, which supports a wide range of initiatives for patients and staff. In 2016/17 the Charity supported £8.3 million of expenditure on the Trust's capital programme along with a number of other non-capital schemes and initiatives.

During 2016/17 the Trust also received generous support from COSMIC (Children of St Mary's Intensive Care), the Winnicott Foundation, which raises funds to improve care for premature and sick babies at St Mary's Hospital, and each of the Friends of St Mary's, Charing Cross, and Hammersmith hospitals.

Our commissioners

Almost half of our care is currently commissioned by north west London local clinical commissioning groups (CCGs), about 40 per cent is specialist care commissioned by NHS England, and about 10 per cent of our care is by other commissioners including CCGs beyond our local area.

The CCGs in north west London have formed two groupings:

- CWHHE collaborative: NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith & Fulham CCG, NHS Hounslow CCG, and NHS West London CCG

- BHH federation: NHS Brent CCG, NHS Harrow CCG and NHS Hillingdon CCG.

North West London Sustainability and Transformation Plan (STP)

In north west London, we are working together across the NHS, social care and voluntary sector to improve healthcare services for our two million residents. A Sustainability and Transformation Plan (STP) for health and care in north west London was published in October 2016. One of 44 such plans across England, it was developed by 28 NHS, local authority and voluntary sector partners, including our Trust.

Its five delivery areas are:

- radically upgrading prevention and wellbeing
- eliminating unwarranted variation and improving long-term condition management
- achieving better outcomes for older people
- improving outcomes for children and adults with mental health needs
- ensuring we have safe, high quality, sustainable acute services.

Our own strategies are very much in line with the objectives of the STP and a number of our key initiatives are being supported by and/or influencing the STP's implementation.

Our regulators

From 1 April 2016, the NHS Trust Development Authority (TDA) and Monitor, the regulator for NHS foundation trusts, merged to form NHS Improvement, now responsible for overseeing both NHS trusts and foundation trusts. Under NHS Improvement's Single Oversight Framework, the Trust is rated as a three

out of four segments. A rating of three is given to providers who are receiving mandated support for significant concerns.

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The Trust received an overall rating of 'requires improvement' following the CQC's first, full inspection of our Trust in September 2014.

The CQC returned in November 2016 to inspect our outpatient and diagnostic imaging service, the only core service to be rated overall by site as 'inadequate' following the 2014 inspection. The new ratings for this core service were published in May 2017, and reflected improvements across all sites, moving to 'good' overall at St Mary's and Hammersmith hospitals and 'requires improvement' overall at Charing Cross Hospital.

In March 2017, the CQC carried out unannounced inspections of two core services: maternity at St Mary's Hospital, currently rated as 'good', and medical care at St Mary's, Charing Cross and Hammersmith hospitals, with all sites currently rated as 'requires improvement'. We will receive our ratings from these inspections during 2017/18.



The Trust in numbers 2016/17 (all rounded)

Our care

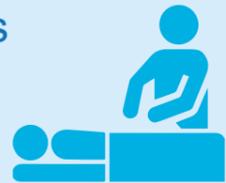
1,055,000

outpatient
contacts



210,000

inpatient
contacts



288,500

A&E
attendees



10,500

babies
born



109,000

inpatient
operations



97%

Inpatients who
would recommend
us to their friends
and family



Our staff



10,970

Staff,
including:



2,500

Doctors



4,400

Nurses &
midwives



650

Allied health
professionals



950

Scientists &
technicians



120

Pharmacists



810

Undergraduate
doctors in training



500

Nurses in education,
pre-registration

Our finances



£1,096.6m

Turnover



-£15.3m

Deficit at year end



£54m

Efficiency savings



£47.6m

Invested in buildings
and infrastructure

Performance analysis: introduction

We regularly review information and feedback about our services and activities at all levels across the organisation. This helps us ensure we are on track to meet our targets and objectives and to deliver our strategic plans, as well as to help us spot and address problems as soon as they arise.

We also contribute to a range of national monitoring programmes, which allows our performance to be benchmarked against that of similar NHS trusts.

Every month, our executive management team reviews a comprehensive set of performance indicators – our 'scorecard'.

A scorecard with a core set of indicators is also reviewed by the Trust board at its public meeting. For each indicator, we look at how we are performing against national standards and/or our own targets that flow from our various strategies.

On our website, we publish an easy-to-understand monthly performance summary taken from the scorecard as well as the full scorecard that goes to each public board meeting.

Assessing performance against our strategic objectives

Assessing progress against our objectives is an important aspect of performance analysis. All developments within the Trust must aim to achieve one or more of our five strategic objectives:

- to achieve excellent patient experience and outcomes, delivered with care and compassion
- to educate and engage skilled and diverse people committed to continual learning and improvement
- as an academic health science centre, to generate world leading research that is translated rapidly into exceptional clinical care
- to pioneer integrated models of care with our partners to improve the health of the communities we serve
- to realise the organisation's potential through excellent leadership, efficient use of resources and effective governance.

Following our analysis of performance against our strategic objectives for 2016/17, we look forward and set out our two-year, business plan objectives for 2017-19. These objectives take into account the following, significant issues facing the Trust as we enter 2017/18 (further detail on each issue is provided in the governance statement on page 46):

- ability to achieve and maintain financial sustainability
- ability to achieve required performance targets in the emergency department and for elective surgery
- ability to recruit and retain required clinical staff, particularly in relation to ward-based nurses, midwives and radiographers
- ability to gain funding approval from key stakeholders for the redevelopment programme
- ability to fund the appropriate level of back-log maintenance whilst awaiting redevelopment, and the resulting risk to necessary funding for the medical equipment replacement programme.

Assessing performance against the five domains of quality

The scorecard sets out our indicators under the five domains of quality used by the Care Quality Commission to assess the quality of NHS organisations across England – safe, effective, caring, responsive and well-led.

These domains also form the framework for our quality strategy and for our annual quality account that sets out and reports on our annual targets for improving quality.

This performance report draws out the annual performance against key indicators under each domain, see pages 32 to 41. A more detailed assessment of performance against all of our quality targets for 2016/17 can be found in our 2016/17 quality account.

Many of our major initiatives in 2016/17 were intended to support more than one of our strategic objectives. However, for ease of reporting, we have set them out in this report under the primary objective to which they relate.

Performance against corporate objectives

Objective: to achieve excellent patient experience and outcomes, delivered with care and compassion

Improving outpatient services

Around a million people come to the Trust's hospitals as outpatients every year and we have been running a major programme to improve the quality of their experience.

This includes £3 million of refurbishment works, creating a more patient-friendly environment at our clinics at Charing Cross and Hammersmith hospitals, funded by Imperial Health Charity (known as Imperial College Healthcare Charity in 2016/17) who also committed nearly £300,000 to update the outpatient department at Western Eye Hospital.

And it's not just about the physical space. We have also been tackling issues with appointment letters, patients being rescheduled at short notice and long waiting times in some clinics with high demand.

From September 2016 patients were able to get their appointment details by email if they chose, with 90,000 patients opting in to receive email correspondence by March 2017. For those who prefer having their appointments sent by post, we switched to a new postal service in June 2016 that is faster and more reliable. We also made the appointment letters clearer and more informative.

If patients want to change their appointment they will soon be able to ring one phone number for all queries. During the year, we created a single patient services centre at Charing Cross Hospital with funding from our Charity. Here, all of the outpatient administration teams are coming together putting in place new ways of working to make sure we get things right for patients and GPs, first time.

We also introduced appointment reminders by voicemail and expanded text reminders, with more than half of patients contacted now confirming their attendance. All of the improved communication has meant that fewer people are missing their appointment – down from 17 per cent in 2014 to 11 per cent in 2017.

This is all part of our efforts to go digital, helping to make our processes more streamlined. Patient records are held electronically on a secure system, which has many benefits for patient care. Now, when a doctor sees a patient in clinic, they have their key details to hand and there aren't delays waiting for paper records. Furthermore, GPs now receive 96 per cent of documentation, including patient discharge summaries, electronically.

GPs can also refer patients to our hospitals electronically, with a 50 per cent increase in GP electronic referrals in the six months to March 2017. There is a national requirement for all referrals to be made via electronic channels by October 2018.

Patient transport is another key issue for those who are not able to travel to outpatient appointments independently. We reviewed our patient transport service, recruited an additional 28 drivers and introduced a new system that can match short notice requests to the earliest available vehicle.

In November 2016, the CQC carried out an inspection of our outpatient and diagnostic imaging service, provided at St Mary's, Charing Cross and Hammersmith hospitals. This was the only core service to be rated overall by site as 'inadequate' following our first, full inspection in 2014. The new ratings for this core service were published in

May 2017, and reflected improvements across all sites, moving to 'good' overall at St Mary's and Hammersmith hospitals and 'requires improvement' overall at Charing Cross Hospital.

Now that we are making good progress with our systems and facilities, we are focusing our efforts on transforming our model of care to meet changing needs and demand as well as on following up on further, recommended actions from our 2016 CQC inspection.

Milestone in St Mary's redevelopment

A planning application for a vital new outpatients building at St Mary's Hospital was submitted to Westminster City Council in December 2016.

The proposal is driven by three main needs, to:

- **support better care** – allowing for more integrated care, tailoring and combining different specialist services to meet individual needs as well as helping patients to recover quickly and stay well.
- **improve patient experience** – providing services in ways that will make it as easy and as stress free for patients, their carers and families, as possible.
- **replace ageing buildings** – a third of buildings at St Mary's are more than 100 years old and expensive to maintain and run. New and more efficient buildings will follow best practice in design and technology.

The proposed eight-storey building will replace the existing Salton House, Dumbell and Victoria and Albert buildings between Praed Street and South Wharf Road on the eastern side of the hospital estate.

The new facility will bring together the majority of St Mary's outpatient services



and supporting diagnostics such as blood tests, which are currently provided from 40 different locations across the hospital site.

The development plans include the latest technology, with follow-up consultations via telephone or Skype where appropriate. And there will be faster, more holistic care with co-ordinated, same day appointments for patients with multiple needs so that people can have their tests, results and consultation all in one day.

There are also plans for fast check-in, a café, children's play area and easy-to-follow signage. Space for community health and wellbeing sessions, research and training is being built into plans. Patients and lay partners are involved in the design to make sure it will work well for everyone using the service. It will serve around half a million patients a year.

Reducing waiting times

With increasing demand for our services, keeping waiting times down for planned care has been a particular challenge. In early 2016, the Trust also identified some issues with how we were managing our waiting lists as well as underlying capacity problems in some areas. This is despite increasing

the number of planned operations we carry out by 50 per cent over the past four years.

We invited NHS Improvement's Elective Care Intensive Support Team to review our processes and to provide advice on improvements. In response, we established a dedicated waiting list improvement programme that has focused on:

- a data quality clean up – a systematic and detailed audit of all of our waiting lists. This resulted in an increase in the number of patients reported to be waiting over 18 weeks from referral to treatment – the national standard is for no more than 92 per cent of patients to wait this long. We also identified a number of patients who had been waiting over 52 weeks

- improved waiting list management – better processes, training and on-going audit to make sure all lists are now managed correctly and consistently
- systematic clinical review – detailed reviews by doctors to ensure patients are not coming to clinical harm as a result of their waits
- additional clinical activity – including running more outpatient clinics and theatre sessions, both within the Trust and with the support of independent sector providers
- improved theatres – our Riverside theatres at Charing Cross Hospital were completely refurbished, see below. A temporary mobile operating theatre was used to ensure that we were able to maintain our theatre capacity during the refurbishment period.

A full refurbishment of Charing Cross Hospital's Riverside theatres has enabled us to provide a better experience for patients, expand the range of procedures undertaken there and put in place more efficient ways of working. The four operating theatres in the unit are tailored for planned surgery for short-stay patients. The £1.8 million upgrade programme was supported by a £1 million grant from Imperial Health Charity.

See page 38 for a summary of our performance against the national 18-week referral to treatment standard.

Boosting urgent and emergency care

We saw a three per cent increase in A&E attendances and a five per cent increase in emergency admissions in 2016/17. Like many trusts across the country, we struggled to meet the national standard for 95 per cent of A&E patients to be treated and discharged or admitted within four hours. See page 38 for a summary of our performance against the standard.

We have been rolling out a range of improvements to enable a better 'flow' of patients through our urgent and emergency care pathways. We are working to ensure patients receive care in the right place at the right time by the right healthcare professional, from their first contact with us, through assessment, diagnosis and treatment, to ensuring a safe and timely discharge.

Key initiatives in 2016/17

St Mary's Hospital

A £3.2 million refurbishment of St Mary's A&E began in June, funded by Imperial Health Charity. Due for completion in summer 2017, it is providing:

- an expansion in resuscitation bays – where seriously ill patients are stabilised as priorities – from four to six
- a new four-bed assessment unit within the children's A&E department to provide dedicated facilities for children who need further investigation
- a new adult clinical assessment area
- a redesigned reception area to offer more privacy and a better patient experience
- a new area where friends and families can wait.

In addition, the Trust opened a 12-space surgical assessment unit at St Mary's in January 2017 to enable faster access to a specialist surgical opinion where required.

A&E remained open throughout the refurbishment and staff worked hard to ensure the works did not affect our patients' experience. An expansion in consultant numbers in 2015/16 has enabled us to have more senior staff in the department until later in the evening and at the weekends, and a further expansion of consultants for our children's A&E is planned for 2017/18.

Charing Cross Hospital

A £790,000 redevelopment has enabled us to expand and co-locate services for patients in our urgent and emergency care pathway on the ground floor at Charing Cross, close to the A&E department.

This includes a new acute assessment unit for up to 13 patients and a 35-bed acute medical unit for patients admitted urgently, through A&E or via their GP, who need further short-term observation, diagnostics or treatment before being discharged or admitted to the appropriate inpatient ward.

Some of the doctors and nurses on the new units have moved across

from Hammersmith Hospital as part of planned changes in autumn 2016 to consolidate acute medicine services at Charing Cross and St Mary's where we have our A&E departments.

Mental health

Following a change in legislation designating emergency departments as safe places to accommodate those in crisis, the number of patients attending the emergency departments at St Mary's and Charing Cross hospitals with a mental health related complaint increased and has remained high throughout 2016/17. Waiting times for this group of patients continue to rise, with patients requiring admission to a mental health bed experiencing the longest delays.

We are working with commissioners and the mental health trusts to improve the pathway for mental health patients. We have also established a dedicated consultant lead for mental health and added registered mental health nurses in both emergency departments.

Ambulatory emergency care

We extended the opening hours of our ambulatory emergency care (AEC) service at St Mary's and Charing Cross hospitals, which now includes weekends. The AEC service provides specialist diagnostics and treatment for patients who have urgent needs but are well enough to go home in between procedures or consultations and, essentially, to be cared for on an urgent outpatient basis.

Improving safety

We have achieved a 50 per cent reduction in the total number of grade 3 and 4 pressure ulcers (the most serious) since 2014 and we have not had a grade 4 pressure ulcer since 2013. This has been further supported by an app developed by the tissue

viability team in 2015/16 which allows nurses to record and share vital real time data about pressure ulcers enabling better management and prevention.

We continue to focus on preventing ulcers and are collaborating with our partners in the community to adopt a whole systems approach to reducing harm from pressure damage.

We have reduced the number of hospital-acquired infections, reporting:

- three Trust-attributable cases of MRSA BSI compared to seven the previous year
- 63 Trust-attributable cases of Clostridium difficile compared to 73 the previous year.

We continue to work to reduce infections by reducing the inappropriate use of antibiotics, improving hand hygiene, screening and training.

Significant improvements were implemented in relation to safer surgery, including training and audit programmes. A group was established to review how we were conducting interventional procedures across the Trust and to ensure we were providing the safest possible care for our patients. As a result of this work, we are starting to see improvements in compliance with the five steps to safer surgery.

Recognising that we have more work to do to improve our safety culture, in June 2016 we started a programme of work to develop and embed a culture in which all staff can describe their contribution to patient safety, feel confident in raising safety concerns and know how to address such issues within their place of work. This work will continue into 2017/18.

Further information about the work described above and our performance against the five domains of quality can be found on pages 32 to 41, with full details available in our quality account.

Faster access for chest pain and urgent renal and haematology care

Patients with cardiac-related chest pain or urgent renal or haematology conditions are benefitting from the introduction of new 'direct entry' urgent care pathways at Hammersmith Hospital in August 2016. Timely treatment in a specialist centre has been demonstrated to improve outcomes.

These patients now see the right clinician and receive the right care in the right facilities, first time. Previously, patients presenting with urgent chest pain or renal or haematology care needs could be seen by the acute medicine service at Charing Cross, Hammersmith or St Mary's hospitals before being transferred to the appropriate specialist service. This created an unnecessary step in a patient's care journey.

Patients with cardiac-related chest pain attending A&E at St Mary's or Charing Cross hospitals are now stabilised and transferred directly to the heart assessment centre at Hammersmith Hospital.

Patients with suspected heart attack are already taken directly by London Ambulance Service to one of London's eight specialist heart attack centres, including the one at Hammersmith Hospital, rather than the nearest A&E. This has been in place since 2010 and has been proven to save lives.

Hammersmith Hospital's heart attack centre layout was changed to improve privacy and patient experience as well as to increase capacity by up to 15 beds for patients to recuperate after their treatment.

All of the changes followed extensive engagement with patients, carers, local residents and other stakeholders.



Objective: to educate and engage skilled and diverse people committed to continual learning and improvement

Making quality improvement everyone's business

As part of our 2015-2018 quality strategy, the quality improvement (QI) programme was launched and is now into its second year of building a culture of continuous improvement across the organisation.

The programme:

- engages with staff to ensure everyone knows about QI and feels empowered to see improving patient care as a key part of their role
- builds improvement capability through a programme of QI education to enable staff to lead, champion and coach improvement work within their teams
- supports teams to deliver focused QI projects and programmes aligned to our quality strategy
- embeds rigorous improvement methods in our organisational approach to change.

The method of improvement is to 'plan' – make a plan to do something; 'do' – try it out; 'study' – see what happens using measurement; and 'act' – use the results to tweak things the next time round. In this way we build up lots of small changes that add together to make a big difference.

In 2016/17, the QI team engaged directly with just under 3,000 staff, initiating a broad ranging education and coaching programme for over 400.

At March 2017, the QI team was actively supporting 17 strategic Trust-wide initiatives as well as 45 service-led QI projects. They have provided over 112 pieces of internal consultancy work to Trust improvement projects.

Case study: Improving use of orthopaedic theatres

Our trauma and orthopaedics team provide the lead spinal service for north west London and perform over 3,500 planned surgery procedures per year. Data analysis showed that the service was not performing as efficiently as it could be. First cases were not always starting on time, performance targets for theatre utilisation were not met, and there were too many cancellations on the day of surgery.

Members of the multi-disciplinary team attended a QI training day where they worked together to identify the challenges they wanted to address and plan their first improvements. The team ran a series of diagnostics in order to understand the issues. This included observations of practice, a review of patient experience and development of a data pack.

For their first 'test' improvement, the team introduced an extra bay with a dedicated nurse for the patient next on the surgery list. This means they are ready the minute the theatre is available, decreasing the number of late starts and minimising turnaround time between patients. As a result theatre starting time and utilisation has improved and there is an increased number of surgical lists.

Improving education for our healthcare professionals

We teach a range of healthcare professions and, in 2016/17, this included 810 undergraduate doctors in training, in association with Imperial College London, and 500 nurses and midwives, through King's College and Bucks New University.

Medical education has continued to develop through a transformation programme, resulting in improved feedback from our clinical placements.

We have attracted additional placements for undergraduates by offering innovative new ways of training. Our programme of simulation for foundation doctors and those in surgical training shares unique training facilities with Imperial College, and we run team training and in-situ multi professional simulation to enhance patient safety awareness in several specialties.

The postgraduate medical education department continues to deliver training across our five hospitals, supporting 790 trainees – junior doctors who continue to be developed following graduation. We improved on our performance in the national training survey.

We continue to train the nurses and midwives of the future, and also offer the post graduate education they need to do their jobs and grow professionally. In 2016/17 we prepared to be an early implementer site for the new nursing associate role, with the training programme for these new professionals beginning in April 2017.

We are also exploring the graduate nurse apprenticeship programme which we aim to begin in September 2017. The apprenticeship programme will allow staff who wish to train as a registered nurse to gain their qualifications while being employed by us. We are also looking at growing our apprenticeship training schemes for other professionals.

Expanding our research fellowship programme

Imperial Health Charity and our National Institute for Health Research Biomedical Research Centre's research

fellowship programme provides 'first-step funding' for health professionals looking to begin their academic career.

This year, nine projects received grants of up to £50,000 to undertake pioneering research and invest in the training and development of our hospital staff.

The programme allows staff – medical and non-medical – to undertake 12 months of research to develop their research skills for the benefit of patients. Just under £437,000 was allocated to a range of grants, which include research into improving ultrasounds to better assess liver damage and developing a urine test to diagnose oesophageal and gastric cancers.

Developing our staff at all levels

More than 1,000 staff participated in our award-winning staff development programmes in 2016/17.

Courses include the year-long, modular courses for leaders at different stages of their careers – from front line supervisors up to senior leaders. We also ran an innovative 'paired-learning' programme which enables junior doctors and junior managers to learn together.

Our short-course programme aids specific skills development and provides career support. And we run an active coaching and mentoring register and training programme as well as regular sessions on people management topics including performance and development reviews, HR policies and procedures, and handling workplace conflict.

Focus on staff engagement

During 2016/17 there was a focused effort to improve employee experience across the organisation and we achieved our highest ever staff

engagement score in the national NHS staff survey in winter 2016.

We understand that staff engagement is essential to excellent organisational performance and the delivery of high quality patient care, taking a holistic approach. This included in-depth engagement with staff in the restructure of the organisation, involvement in our work on values, the launch of *Pulse* magazine and the development of our new people and organisation development strategy *Better health, for life, through our people*.

We redesigned our internal engagement survey *Our voice, our trust* to better understand how we can help people have more good days at work. We also rolled out a conversation-based approach to sharing and articulating staff experience called *In our shoes* which over 700 employees have taken part in.

Project SEARCH

Twelve young adults with learning disabilities began a one year work experience programme at Charing Cross Hospital in September 2016. The students taking part gain valuable work

experience and built a transferable skill set at the Trust through a supported internship training programme called *Project SEARCH*.

Project SEARCH is aimed at supporting young adults with learning disabilities into paid employment. Only seven per cent of adults with learning disabilities were in some form of paid work in 2012 according to the Department of Health, this is in contrast to the 65 per cent who said they would like a paid job and are capable of having one with the right kind of support and training.

The students work in different departments in the hospital, and are matched to their placements based upon their skills, abilities and interests. They rotate placements every three months in order to gain the maximum amount of experience during their time at the Trust. Our first cohort of students graduated in July 2017.



Objective: as an academic health science centre, to generate world leading research that is translated rapidly into exceptional clinical care

£90 million biomedical research centre award

In September 2016 we were awarded £90 million, in partnership with Imperial College, to continue our joint research to develop and improve treatments for our patients.

The biomedical research centre (BRC) award, from the National Institute for Health Research (NIHR), covers the five years from April 2017. The NIHR is funded by the UK Department of Health.

The Imperial BRC was first established in 2007 and the new funding allows us to continue our world-class research into cancer, heart disease, brain sciences, immunology, infection, surgery and metabolic disorders.

It will also support research and technology development in areas that cut across conditions such as genomics, imaging, molecular phenotyping and the use and storage

of biomedical data and samples. In addition, for the first time, the NIHR award to the Imperial BRC will fund research into gut health, with a focus on innovative approaches to disease that consider the microbiome.

Work funded by the Imperial BRC is already having an impact on how patients are diagnosed and treated. Researchers have:

- developed a promising treatment for the childhood degenerative disease, Friedrich's ataxia
- created a new test for a form of kidney disease
- generated new insights into cardiovascular disease using imaging technology and genomics
- designed a prototype implantable chip that can help control appetite
- designed an intelligent surgical knife called the 'iKnife' which identifies if tissue being cut is cancerous.

Clinical excellence funding for clinical research

The National Institute for Health Research (NIHR)/Wellcome Trust Imperial Clinical Research Facility at Hammersmith Hospital was awarded more than £10 million in funding by the Department of Health for clinical excellence.

This specialist research facility provides dedicated bed space for up to 25 patients participating in research studies that require stays of up to 10 days. The research facility is staffed by a team of 40 dedicated healthcare professionals specialising in clinical research. They facilitate ground breaking trials that otherwise would not be possible due to demand for hospital beds and the expertise required.

The new award, the largest grant awarded in London, will fund the clinical research facility until March 2022. This will allow the Trust to continue to support experimental medicine clinical research studies with patients and healthy volunteers across a wide range of conditions.

Non-invasive ultrasound for brain surgery

We began the first UK trial to treat patients with debilitating tremors using high-intensity, focused ultrasound waves, avoiding traditional, invasive brain surgery techniques.

Around one million people in the UK are affected by an essential tremor (ET), a brain disorder characterised by uncontrollable shaking. Approximately 100,000 people also have tremors caused by other movement disorders such as Parkinson's disease or multiple sclerosis. Currently, patients with ET or other types of tremor are offered treatment that can have serious side effects.

The Trust hopes that the procedure will be made available on the NHS once

the trials have concluded and the effectiveness of the treatment has been proven. It is anticipated that new trials will be set up to examine the benefits of the treatment for people with Parkinson's disease and other types of tremor, including multiple sclerosis associated tremor in the near future.

The trial was supported by a £1 million grant from Imperial Health Charity to enable the purchase of special equipment to deliver the ultrasound.

Building the foundations for personalised medicine

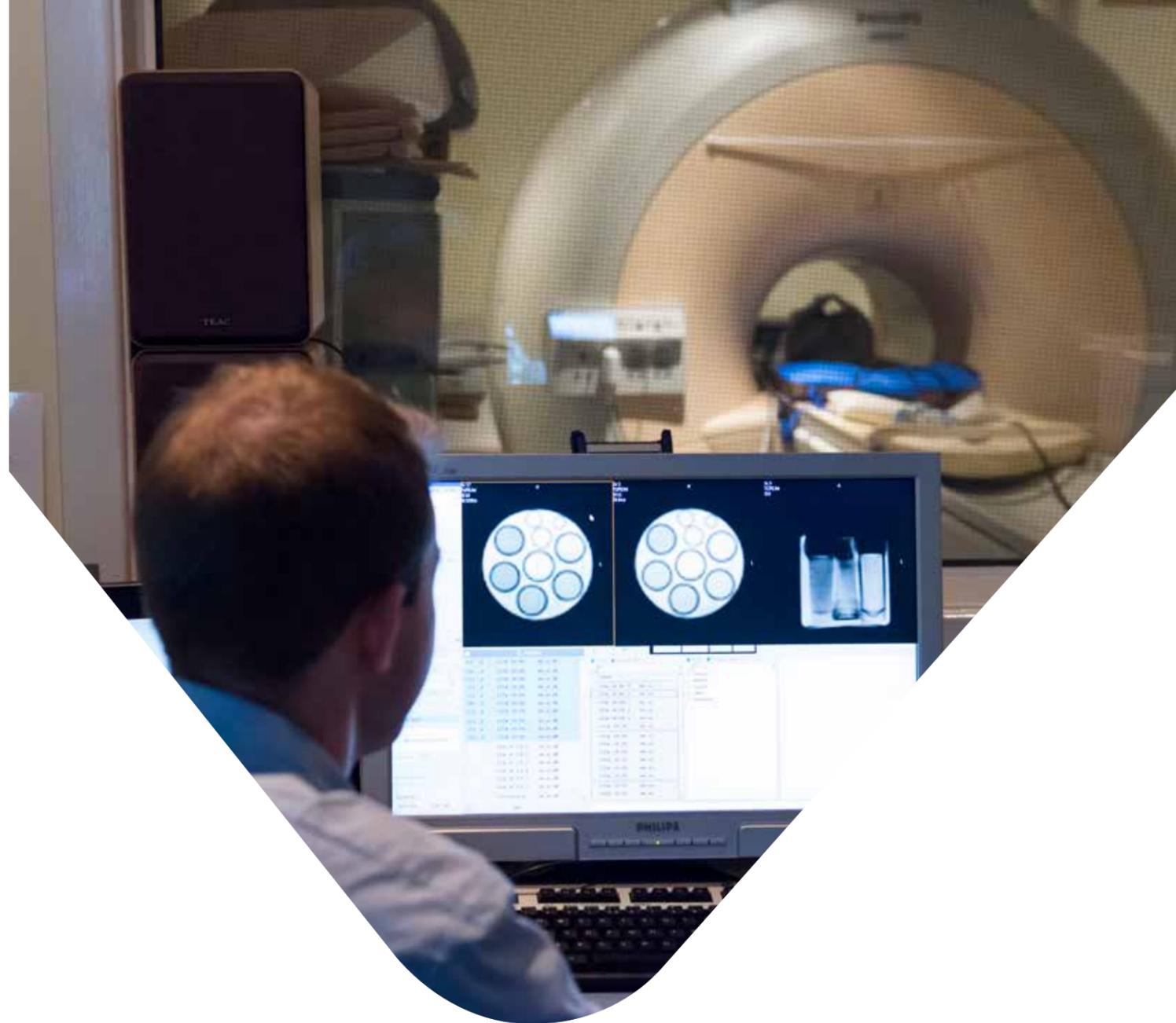
We are the lead organisation for the West London Genomic Medicine Centre, one of 13 NHS centres delivering the 100,000 Genome Project nationally.

The project aims to create a new genomic medicine service for the NHS, transforming the way people are cared for. It focuses on two main groups – patients with a rare disease and their families and patients living with common cancers.

These areas have been selected because eligible rare diseases and cancer are strongly linked to changes

in the genome. By understanding these changes, there is potential to better understand how the disease develops and which treatments will be most effective. Patients may be offered a diagnosis where there wasn't one before. In time, there is the potential of new and more effective treatments.

Working alongside our partners Chelsea & Westminster Hospital NHS Foundation Trust, Royal Brompton & Harefield NHS Foundation Trust and Royal Marsden NHS Foundation Trust, the West London Genomic Medicine Centre had collectively recruited 487 rare disease patients and 387 cancer patients to the project as of March 2017.



Objective: to pioneer integrated models of care with our partners to improve the health of the communities we serve

Hammersmith & Fulham integrated care programme

The Trust is part of a growing collaboration of organisations working to develop a radically better way of providing care for the population of Hammersmith and Fulham.

Along with the Hammersmith & Fulham GP Federation (representing GP practices in the borough), Chelsea & Westminster Hospital NHS Foundation Trust, West London Mental Health NHS Trust and Central London Community Healthcare NHS Trust, the partnership aims to:

- design a practical ‘accountable care’ approach – collectively looking after the holistic needs of local people and helping them stay as healthy as possible, rather than only focusing on treating patients when they present with a health problem
- identify and implement immediate improvements to ‘join-up’ care, primarily through a series of tested projects
- build strong foundations for forming a formal accountable care partnership – influencing and responding to emerging health policy across north west London and the rest of the country.

Accountable care approaches are a potential way of overcoming dispersed responsibility for the commissioning and provision of care. The programme also involves lay partners in the co-design of all aspects of the emerging care model.

During 2017/18, the partnership plans to test its shared principles in practice by redesigning a number of care pathways for a sample of the

population. The partnership is also working closely with Hammersmith & Fulham social care services.

A step change in patient and public involvement

The first Trust-wide patient and public involvement strategy and action plan, created through a series of co-design events, was approved by the Trust board in July 2016. It builds on many great examples of patient and public involvement in supporting and developing specific services across the Trust.

At the heart of the strategy is the commitment to ensure patients and the public are able to help shape and input to every aspect of the Trust’s work, specifically:

- maximising individual health and wellbeing, for example with patients engaging directly with their health and care professionals through the Care Information Exchange
- supporting care and service delivery, through volunteering and fundraising
- improving care and services, for example by taking part in workshops to re-design services
- strategy, policy and planning, by providing ‘lay partner’ input to project groups and programme boards, for example.

During the year, significant progress was made on establishing new ways for patients and the public to get involved. This includes:

- establishing a 12-strong strategic lay forum – made up of patients, carers and local residents to oversee the further development and implementation of the strategy

and to ensure key Trust policies and developments have appropriate patient and public input

- recruiting, training and supporting an additional 22 lay partners to oversee Trust programmes and service developments as equal members of the team
- creating a patient communications group to help ensure our materials are clear and effective.

The patient and public involvement work is supported by Imperial Health Charity, who also took over responsibility for volunteering at the Trust during the year.

Care Information Exchange

The Trust is leading a major initiative to build an online care record for patients and those providing their care across north west London.

With £3 million funding from Imperial Health Charity, the goal is to improve care and help patients be more in control of their own health. Patients can access their information at any time, on their computer or smartphone, and choose to share the information as they wish, with health and care professionals, relatives and carers. Patients also have the ability to record their own information into their record.

By the end of 2016/17, over 1,000 patients had registered with the Care Information Exchange, of whom 600 were active users across 13 services and five organisations. A further 500,000 records have been created in the exchange, ready to enable many more patients to register and to become active users.

Improving cancer care with Macmillan Cancer Support

Our partnership with Macmillan Cancer Support is entering its third year. Having successfully improved the experience of patients in active treatment – as evidenced by the latest National Cancer Patient Survey – the programme is now focusing on improving the quality of life for the increasing number of people living with and beyond cancer.

Advances in scientific knowledge mean that at least 50 per cent of people diagnosed with cancer can now expect to live for ten years or longer. But we know that there are side effects, both of the cancer and its treatment, which can impact on quality of life.

Phase two of our partnership specifically aims to:

- develop a deeper understanding of what enables people to live well with and beyond cancer, or stops them from doing so, by way of an in-depth research project
- deliver services which enable people to access timely support and information to help them manage their condition.

Central to the ethos of the programme is strengthening the links between the Trust and the wide range of community-based services in north west London, including GP and primary care services and community and charitable groups. We know that as cancer is increasingly recognised as a chronic condition, support services outside the hospital setting will be critical to the education, self-management and adjustment of patients to their ‘new normal’.

North West London Pathology

A major hub for pathology services in north west London was developed at Charing Cross Hospital in preparation for the launch of North West London Pathology on 1 April 2017.

North West London Pathology is a joint venture between the Trust, Chelsea & Westminster NHS Foundation Trust and Hillingdon Hospital NHS Foundation Trust to provide a modern and efficient pathology service. The partnership is expected to manage 25 million tests per year and become one of the biggest pathology services in Europe.

Most of the routine, specialist and non-urgent activity will be delivered at the ‘hub’ at Charing Cross Hospital. Pathology required urgently for the immediate treatment of patients will be performed in 24/7 essential service laboratories based at the other hospital sites in the group.

Major projects to prepare for the launch included the development of a common IT system, 150 staff moved from West Middlesex and Hillingdon to Charing Cross in January 2017 and a board was appointed in March 2017.



Objective: to realise the organisation’s potential through excellent leadership, efficient use of resources and effective governance

Building financial sustainability

We made significant progress during the year towards achieving financial sustainability, delivering one of our largest ever cost improvement programmes and putting in place robust processes and support for devolving more financial management to clinical directorates and corporate teams. And this was achieved at the same time as caring for more patients and continuing to make improvements in quality.

We were one of 16 NHS trusts to take part in NHS Improvement’s national financial improvement programme. We chose to partner with consultants PricewaterhouseCoopers (PwC) whose specialist team worked closely with our clinicians and managers to ensure cost improvement schemes were planned and implemented effectively. They also helped us to establish a project support office to oversee all cost improvement schemes, initially running it with their own staff and then being part of its careful transition to an on-going, in-house function.

We were also one of the first wave of trusts to take part in Lord Carter’s review of hospital productivity, helping us to benchmark ourselves against similar trusts across the country to identify where we might be able to make further savings.

Projects that have contributed to our cost improvement programme include:

- bringing our fertility service back in-house, as the Wolfson Fertility Centre
- outsourcing our managed equipment service
- renegotiating contracts with some of our big suppliers
- developing our private services.

At the start of 2016/17 we were not in a position to sign up to our financial control total set by NHS Improvement. However, when we reviewed our financial performance half way through the year we were then confident the Trust would achieve a ‘stretch’ plan that was £11 million improved. Due to a huge amount of hard work and commitment across the organisation, plus the support of the financial improvement programme, this has enabled us to deliver our control total – of an operational deficit of -£41 million – which has allowed us to access non-recurrent, sustainability and transformation funding of £25.4 million, delivering a year-end position of a deficit of -£15.3 million. This compares with our 2015/16 year-end position of a -£47.9 million deficit.

Our new processes and support have enabled us to be at a more advanced stage of planning and implementation for cost improvement schemes as we entered 2017/18 but the financial challenge this year is even greater than last year’s, with increasing demand and additional cost pressures. We are continuing to develop in-year plans as well as focusing on how we can address more strategic aspects of our deficit, such as the costs we incur from having very old and inefficient estate and the high costs of some of our very complex, specialist services.

Trust recognised as global digital exemplar

Our role as a leader in the adoption of digital technologies to improve patient care was recognised in March 2017 when, in partnership with Chelsea & Westminster Hospital NHS Foundation Trust, we were selected by NHS

England to be one of 16 global digital exemplars in acute care. As a global digital exemplar, we will receive funding and support to drive forward the use of digital technology and create products and approaches that can be used by other organisations.

Our joint application with Chelsea and Westminster put our shared electronic patient record system at the heart of our plan. Our bid also included commitments to record sharing to support integrated care and patient engagement, development of healthcare apps which will securely connect to the patient record, and technology to support population health.

Kind to each other, kind to patients

Staff are encouraged to reflect together on the personal aspects of their sometimes emotionally challenging work in healthcare through a series of open forums called Schwartz rounds. The rounds aim to directly support staff, enhance relationships and communication within and between teams, and contribute to a compassionate organisational culture while improving patient and carer experience.

Since 2015, when Schwartz rounds were launched, we have hosted 23 rounds across our three main hospitals, attended in total by over 1,000 staff of which around 10 per cent also work in community settings. Staff consistently rate their experience of these meetings very highly.

Funding from Macmillan Cancer Support, Health Education North West London (HENWL) and Imperial Health Charity enabled us to set up and run this project for the first 18 months, and continued support from Imperial Health Charity and HENWL will maintain our programme through 2017.



Highlights 2016/17



HRH The Prince of Wales meets Trust's nursing stars

His Royal Highness The Prince of Wales visited St Mary's Hospital in October 2016 to meet four nurses from the Trust who were shortlisted for the Nursing Times Awards 2016: Abby Harper-Payne – nominated for a rising star award, Becky Johl – nominated for cancer nursing award, Dionne Levy – winner of the rising star award and Louise Savine and the tissue viability team – nominated for technology and data in nursing award. His Royal Highness also received a demonstration of a new app developed by nurses at the Trust to help prevent pressure ulcers.

Trust first in UK to pilot Finnish-style baby boxes

The Trust's Queen Charlotte's & Chelsea Hospital was the first hospital in the country to offer Finnish-style baby boxes for newborns as part of a pilot project. The Trust distributed 800 baby boxes, which in Finland is thought to have contributed to reducing the infant mortality rate in the country from 65 infant deaths per 1,000 births in 1938 to 2.26 per 1,000 births in 2015. The UK has some of the highest rates of infant mortality in Europe, ranking 22nd out of 50 European countries, with 4.19 deaths per 1,000 births. It is thought the small size of the baby box prevents babies from rolling onto their tummies which experts think can contribute to sudden infant death syndrome.

New technology partnership to help patient safety and care

The Trust has entered into a new partnership with British technology company DeepMind to help it harness the latest digital technology to support better patient care.

The five-year agreement will see DeepMind and the Trust implement technology for mobile clinical applications (apps), including an application programming interface (API) to manage the secure exchange of information between the Trust's existing electronic patient record system and mobile apps for patient care.



Mayor of London visits St Mary's

The Mayor of London Sadiq Khan visited the Trust's major trauma centre services at St Mary's Hospital to learn more about the youth violence intervention programme which aims to tackle youth gang violence. The programme is the result of a partnership between the Trust, Redthread and Imperial Health Charity.



BBC2's Hospital

BBC Two's *Hospital* was a groundbreaking six-part documentary airing January to February 2017 that went behind the scenes at our hospitals to show the complexity of the NHS in action. The series received widespread praise for its honest, informative and compelling depiction of the NHS's complex challenges and huge achievements, drawing record viewing figures and sparking debate across social media. A second series started June 2017.

Wolfson Fertility Centre

The Trust is now able to provide a comprehensive fertility and IVF service for patients at its Hammersmith Hospital site in London. The fertility service, based at the Wolfson Fertility Centre, can provide a full range of IVF treatments for patients, both on the NHS as well as privately through Imperial Private Healthcare. The centre includes a state-of-the-art embryology laboratory, which has recently benefitted from a half million pound upgrade of all equipment.

Virtual physiotherapy

Trust staff were part of the low-cost invention, gripAble™ which was recognised by a NHS England Innovation Challenge Prize in 2016 as a means of delivering cost-effective physiotherapy.

The gripAble™ device is designed for patients to use unsupervised in hospital and at home. This simple device can improve the ability of patients with arm disability to play physiotherapy-like computer games, according to new research with stroke patients who had suffered successive strokes with arm paralysis at the Trust over six months.

100,000 new cases of arm weaknesses are diagnosed each year following a stroke. Often this impairs people's ability to carry out daily activities, requiring long-term care. The use of mobile-gaming could provide a cost-effective and easily available means to improve the arm movements of stroke patients but in order to be effective patients of all levels of disability should be able to access it.

The team is now carrying out a feasibility study in north west London to test the use of the device in patients' homes.

Life-saving technology for trauma patients

Specialist trauma surgeons from the Trust are working with the National Institute of Health Research Diagnostic Evidence Cooperative and instrumentation designers from Developers Highland Biosciences to develop new technology to quickly detect whether a patient is suffering from internal bleeding.

The handheld device, called the Coaguscan, is currently in early prototype stage and will help clinicians determine if a patient is suffering from internal bleeding and the exact number of blood products a patient requires from their transfusion.

Recognition for our staff



Venetia Wynter-Blyth, a gastrointestinal clinical nurse specialist at the Trust was awarded the Royal College of Nursing's highest honour, nurse of the year 2016, for her holistic approach to getting patients both physically and psychologically fit for surgery.



Ludwig Lupak, above left, a biomedical scientist at the Trust was awarded the Company Members Prize by the Institute of Biomedical Science, after achieving the top mark in the higher specialist diploma in clinical biochemistry.



Dr Nicola Strickland, a consultant radiologist at the Trust, was elected as president of the Royal College of Radiologists.



Dionne Levy, a midwife from the Trust, was crowned 'rising star' at the Nursing Times Awards 2016. As a specialist mental health midwife she is responsible for making sure pregnant women with mental health problems receive the right levels of integrated care at this crucial time.



Mr Ahmed Ahmed, a consultant in upper gastrointestinal surgery and lead bariatric surgeon at the Trust, was presented with an award from the National Institute for Health Research (NIHR) for recruiting the first patients onto a trial to test the use of a specialist stapler used in bariatric surgery.



Dr Guri Sandhu, a consultant ear, nose and throat surgeon at Charing Cross Hospital has been recognised for his outstanding contribution to laryngology – receiving the Isshiki Award from the British Laryngological Association, and becoming only the fifth recipient worldwide.

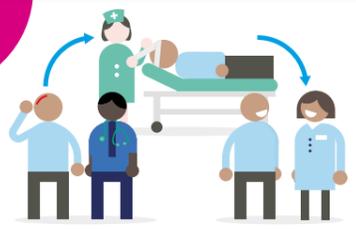


Professor Lesley Regan, head of obstetrics and gynaecology at St Mary's Hospital, has been elected the first female president of the Royal College of Obstetricians and Gynaecologists for 64 years.

Our promise: Better health, for life

Our objectives 2017-2019

1.



Improving the way we run our hospitals

We will create care pathways with processes, ways of working and facilities that consistently achieve the best possible outcomes and experiences for our patients and their families, making the most of digital and other new technologies.

Key initiatives

- ***Outpatient improvement** – including the establishment of a patient service centre, extending digital communications and a major programme of clinic refurbishments.
- ***Improving patient flow** – ensuring patients are cared for in the right place, at the right time, by the right healthcare professional, from first contact, through assessment, diagnosis and treatment, to ensuring a safe and timely discharge; including improvements in A&E, assessment and ambulatory care facilities.
- **Waiting list improvement** – ensuring the most effective management of our planned care, with a focus on better processes and training to improve data quality, enhanced clinical review and more responsive capacity planning.

2.



Developing more person-centred approaches to care

We will work in partnership with our patients and partner organisations to create sustainable service and organisational models that help our population stay as healthy as possible and ensure access to the most appropriate care when and where it is needed.

Key initiatives

- **Hammersmith and Fulham integrated care** – testing fully integrated approaches to care in collaboration with other NHS, local authority and lay partners.
- ***Care information exchange** – providing patients and their care professionals in north west London with secure online access to their health records and the ability to share information safely.
- ***Way-finding project** – implementing a Trust-wide approach to ensuring patients and visitors can navigate our sites easily and feel a sense of welcome throughout their journey.
- ***Children's services** – expanding and refurbishing our paediatric intensive care unit, plus a wider redesign of our care and facilities for children.

3.



Making our care safer

We will build a culture where all our staff feel safety is key, are able to 'speak up' and understand their responsibilities; and where patients also feel confident to raise safety concerns and believe they will be addressed.

Key initiatives

- **Safety culture** – following research and engagement with staff and patients, making and embedding improvements in core areas of practice, including how we report and learn from incidents in an open and fair way.
- **Critical care reconfiguration** – improved co-ordination of critical care across our sites, including bringing together management of all critically ill patients in dedicated areas by staff fully trained in critical care and organ support.
- **Digital programme** – including greater use of, and easier access to, electronic patient records, automated alerts to identify deteriorating patients and clinical decision-making support.

4.



Making the Trust a great place to work

We will create a shared sense of belonging across our organisation, with staff feeling supported, valued and fulfilled, and make a compelling 'offer' in terms of reward and recognition, wellbeing and development.

Key initiatives

- **Embedding our values and behaviours** – promoting positive behaviours and tackling poor ones through support and training for managers, action on bullying and violence, a greater focus on equality and diversity and more accessible senior leadership.
- **One-stop workplace portal** – improving staff experience by replacing our intranet with combined online access to all our business and management functions, including upgraded HR systems, an internal social network and a comprehensive resource library.
- **Recruitment and retention action plan** – developing our 'employer's offer', promoting it more effectively, internally and externally, and simplifying our recruitment processes.

5.



Building sustainability

We will continue to build an organisational culture and strategy that enable us to deliver our promise, effectively and sustainably.

Key initiatives

- **Specialty review programme** – a clinically-led approach to supporting our specialties to develop unified and sustainable clinical, workforce and financial plans.
- **Corporate services collaboration** – identifying opportunities for improvement and efficiency from collaborative working, including North West London Pathology and roll out of a joint electronic patient record system with Chelsea and Westminster Hospital NHS Foundation Trust.
- ***St Mary's Hospital redevelopment phase 1** – bringing together the majority of St Mary's outpatient and related diagnostic services in one modern building, reflecting a new model of outpatient care.

*Supported by 

Our strategies

 Clinical	 Quality	 Financial	 Workforce	 Digital	 Estates	 Research	 Education	 PPI	 Private healthcare
To help lead the development of integrated care closer to home, the consolidation of specialist care on fewer sites where it improves outcomes and safety, and the advancement of personalised medicine.	To create a culture of continuous improvement to increase and sustain quality, including through a Trust-wide quality improvement methodology and using the Care Quality Commission's quality framework – safe, effective, caring, responsive and well-led.	To achieve planned savings and more efficient ways of working so that we can move to a sustainable financial position, allowing us to invest sufficiently in the development of our staff, services and estate.	To ensure we are recruiting, engaging and developing sufficient staff with the right skills and capabilities in the right roles, responding to changing needs and service models.	To facilitate improvements in care pathways, enable data to be shared safely, help empower patients to take an active role in their care, and support population health, using our Cerner electronic patient record system as the foundation.	To secure a significant re-development and new build on the St Mary's and Charing Cross sites, with Western Eye Hospital relocating to the St Mary's site, and a smaller re-development on the Hammersmith and Queen Charlotte's & Chelsea site.	To make the most of opportunities to align translational research across our expanded academic health science centre partnership and to implement our biomedical research centre programme in partnership with Imperial College.	To support the delivery of our clinical, quality, research and workforce strategies including through multi-professional approaches, new educational models and increased use of technology for learning.	To ensure that patients and our communities actively shape, and can help contribute to, every aspect of our work, including as lay partners, co-design and research participants, volunteers and fundraisers.	To develop high quality private practice on all of our sites, with all surplus being reinvested to improve care and support NHS services.

Our values

Kind Expert Collaborative Aspirational

Performance against the five domains of quality

Our quality strategy is delivered through the achievement of our quality goals which ensure quality is our number one priority. Our goals are:

Safe

To eliminate avoidable harm to patients in our care as shown through a reduction in the number of incidents causing severe/major harm and extreme harm/death.

Effective

To show continuous improvement in national clinical audits with no negative outcomes.

Caring

To provide our patients with the best possible experience by increasing the percentage of inpatients and A&E patients who would recommend our Trust to friends and family if they needed care or treatment to 94 per cent.

Responsive

To consistently meet all national access standards.

Well-led

To increase the percentage of our staff who would recommend this Trust to friends and family as a place to work or a place for treatment on a year-by-year basis.

Our quality improvement priorities for 2016/17 were defined in our quality account last year following consultation with our clinical and management teams, and with our external stakeholders and patient representatives through our quality steering group.

Progress with these goals and the targets which support them is described here under each quality domain. Areas where we are proud of the improvements we have made or sustained are outlined under 'quality highlights'. Areas where we have not performed as well as we would wish are summarised under 'quality challenges'. For full details, please see our quality account, which is published on our website.

Performance against the five domains of quality

Safe

Goal: To eliminate avoidable harm to patients in our care as shown through a reduction in the number of incidents causing severe/major harm and extreme harm/death

We want to ensure our patients are as safe as possible while under our care and that they are protected from avoidable harm.

Safe quality highlights

We remain below average for incidents causing severe or extreme harm to patients: We had fewer incidents which cause the most harm to patients compared to other acute trusts this year and have decreased the number overall, with 28 reported in 2016/17 compared to 31 in 2015/16.

We increased our incident reporting rate: An important measure of an organisation's safety culture is its willingness to report incidents affecting patient safety, learn from them and deliver improved care. A high reporting rate is viewed as evidence of a positive reporting culture, as staff feel able to report incidents that occur. By the end of the year, we had increased our reporting rate to 49.09 per 1,000 bed days, which puts us in the top 25 per cent of reporters nationally.

We maintained safe staffing levels: Although our vacancy rates remain higher than our target, we have ensured staffing meets planned safe levels this year. The use of temporary workers is one of the ways we have achieved this. Where shifts were not filled, staffing arrangements were optimised and any risk to safe care minimised by the senior nurses.

We have reduced the number of non-clinical transfers of patients between our hospitals out-of-hours and have reported none which occurred without clinical agreement: The move of acute medicine from Hammersmith Hospital to the Trust's other main sites at Charing Cross and St Mary's hospitals has supported a decrease in the number of inter-site transfers out-of-hours occurring for capacity reasons, with none occurring in December 2016. For the second year in a row, we have not reported any serious incidents where a non-clinical out-of-hours transfer was a contributory factor.

We have achieved a 50 per cent reduction in the number of grade 3 and 4 pressure ulcers since 2014: Although we have not achieved our target of a 10 per cent decrease compared to 2015/16, we are proud that we have reduced the occurrence of these types of pressure ulcer by nearly 50 per cent in three years and that we have not had a grade four pressure ulcer – the most serious kind – since March 2014.

Safe quality challenges

We reported four surgical related never events: Never events are defined as serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. In 2015/16, we reported six never events related to practice in surgery. Improvements were implemented in response, including training and audit programmes. However, four more surgical never

events occurred in 2016/17. We carried out a major review and, as a result of this work, we are starting to see improvements in compliance with the five steps to safer surgery.

We reported 12 avoidable infections: In 2015 we began to report 'avoidable' incidences of MRSA blood stream infections (BSI) and Clostridium difficile infections. Although we did not meet our target, we had a slight decrease in avoidable infections in 2016/17, reporting 12 compared to 13 the previous year and with an overall reduction in both infections.

There are two key elements to reducing the risk of infections occurring in hospital, which we will continue to work on into 2017/18:

- reducing the inappropriate use of anti-infectives (antibiotics)
- improving hand hygiene – we developed a new audit which will allow us to monitor and improve compliance for all of the five moments of hand hygiene.

We did not meet the VTE (Venous thromboembolism) assessment target between December and March this year: The risk of hospital acquired VTE – blood clots in the vein - can be reduced by assessing patients on admission. In 2015/16, an internal audit raised concerns about recording VTE assessments. We have been working throughout 2016/17 to ensure effective recording of this assessment. Once this is fully embedded, we expect a return to reporting above target.

Effective

Goal: To show continuous improvement in national clinical audits with no negative outcomes

The goal and targets in our effective domain are designed to drive improvements to support good practice in our services and ensure the best possible outcomes for our patients.

Effective quality highlights

Our mortality rates remain consistently low and we have a system in place to review all deaths that occur in the Trust: 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). Both of these have

remained low, with our Trust being amongst the five lowest risk acute Trusts in the country throughout the year.

Reviewing every death which occurs in our hospitals enables us to learn from any errors and pick up quickly on potential issues which could result in harm to other patients. Of the 1,897 deaths which have so far been reviewed through our new online system, five of them have been confirmed as avoidable deaths. These have all been investigated as serious incidents and the actions and learning have been shared across the Trust.

Since December 2016, we have had a system in place to enable us to review cardiac arrests occurring outside our intensive care units and emergency departments: this is because when a cardiac arrest happens outside these two areas, it is often due to patients not being monitored properly or staff failing to recognise and act on deterioration in their condition. Any incidents where harm has been found are now able to be properly investigated and learning shared. Since this process was implemented, one case has been found to have resulted in harm.

Effective quality challenges

We have not been able to report against our goal to show continuous improvement in national clinical audits with no negative outcomes: Unfortunately, as national clinical audits report in different ways, we have struggled to measure performance

against our goal. We will change our goal next year so that we are able to measure our performance more effectively.

Our PROMs health gain was unable to be measured for all procedures due to insufficient numbers of forms being returned: Patient Reported Outcome Measures (PROMs) measure quality from the patient perspective and seek to calculate the health gain experienced following four surgical procedures: surgery for groin hernia, varicose veins, hip replacement and knee replacement. We are working to ensure more questionnaires are completed by patients to allow us to make improvements based on what our patients are telling us.

We have not achieved our target to discharge at least 35 per cent of our patients on relevant 'pathways' before noon: Untimely discharge has been identified as one of the most common reasons why A&E departments fill and patients have long waits to be seen, admitted or discharged. We have not met our target this year. This is partly due to patients being unable to be discharged as they are waiting for a bed at a care home. We are working with our partners in the community to solve this issue.

We did not meet our target to ensure that 90 per cent of clinical trials recruit their first patient within 70 days: Since 2014, up until quarter one 2016/17, we have consistently reported above 90 per cent against this target. However, our results fell below target in quarter two 2016/17, reflecting changes to the Health Research Authority (HRA) approvals process for clinical trials. The average approval times have increased nationally as well as locally. We are identifying ways of shortening approval times so that we can meet our target.

Caring

Goal: To provide our patients with the best possible experience by increasing the percentage of inpatients and A&E patients who would recommend our Trust to friends and family if they needed care or treatment to 94 per cent

We know that treating our patients with compassion, kindness, dignity and respect has a positive effect on recovery and clinical outcomes. To improve their experience in our hospitals, we ensure that we listen to our patients, their families and carers, and respond to their feedback.

Caring quality highlights

We have exceeded our target for the percentage of our inpatients who would recommend us to friends and family and have maintained our performance in the national inpatient survey published in July 2016, with results very similar to other acute NHS Trusts: 97 per cent of our inpatients said they would recommend the Trust to friends and family.

For patients reporting a positive experience, interaction with staff is usually the most significant factor. When patients report a negative experience, the cause is usually due to ineffective systems and processes. We continue to take steps to improve and to ensure that waiting and delays are kept to a minimum and, where they are unavoidable, patients are kept informed and the environment and staff are as welcoming and supportive as possible.

five years that the survey has been running.

We have exceeded our target to respond to 90 per cent of complaints within the timeframe agreed with the patient: In 2015/16 we restructured the complaints service and process following feedback to create a more responsive and caring service for our patients and identify learning for our staff. We have continued to build on the improvements we made last year, focusing on analysing themes and learning from complaints to enable us to direct quality improvement based on what our patients are telling us.

Caring quality challenges

The percentage of outpatients who would recommend our Trust to friends and family is below average and has dropped to 91 per cent from 94 per cent the previous year: Although we are disappointed that this percentage has declined, we are confident that the changes we are making as part of our outpatient improvement programme – see page 15 – will significantly improve outpatient experience.



Responsive

Goal: To consistently meet all national access standards

Having responsive services that are organised to meet people's needs is a key factor in improving experience and preventing delays to treatment. To consistently meet national standards, we will continue to review our processes to ensure they are as efficient as possible, while keeping the needs of our patients central.

We know we have much work to do to tackle long-standing pressures around demand, capacity and patient flow to enable us to meet these targets.

Responsive quality highlights

We continue to deliver our outpatient improvement programme and are seeing improvements as a result: We have reduced the amount of outpatient clinics cancelled by the trust, reduced the number of patients who do not attend their outpatient appointments by improving our communications with them, and increased the number of appointments made within five working days of receipt of referral from 70.7 per cent in August to 78.9 per cent in March 2017. For more on outpatients, see page 15.

Responsive quality challenges

We have not consistently met the national standard for non-clinical on-the-day cancellations of surgery: We experienced increased demand for emergency care in 2016/17 which did contribute to the cancellation of a number of planned operations, although

we worked hard to minimise them being cancelled on the day of surgery. We did deliver the 0.8 per cent target for three quarters of the year, but not in quarter four where we delivered 0.9 per cent. We also increased our theatre capacity in key surgical specialties and through the new Riverside Theatres at Charing Cross hospital. For more, see page 17.

As a major centre for emergency care and trauma in London, we do have to work to make sure that planned surgery is not impacted by the nature of our emergency work. A project is underway for 2017/18 to ensure that planned surgery and care gets the priority it needs.

We have not met the standard for all patients who have planned operations cancelled for non-clinical reasons on the day of surgery (or day of admission) to be offered another binding date within 28 days. A full review of this is underway for 2017/18.

We have not met the national four hour A&E standard: Like many NHS trusts, we continue to struggle to meet the 95 per cent standard for A&E patients to be treated and discharged or admitted within four hours, reporting 89.6 per cent against this target in 2016/17. Pressures on A&E are complex and include pressures on the entire urgent and emergency care system, with acute trusts, ambulance services, mental health and social services all reporting major challenges to delivery. We have an on-going programme of improvements and interventions in place to reduce waits, improve flow and capacity and manage extra winter demand. For more, see page 16.

We have not met the national performance targets for referral to treatment (RTT) within 18 weeks: We reported 83.9 per cent of people treated within 18 weeks between April



2016 and March 2017 compared to the national standard of 92 per cent.

We also reported 1,578 patients who had waited over 52 weeks for treatment throughout the year, with 475 in October reducing to 275 in March compared to the national standard of zero. Our failure to meet these standards is due to poor procedures for managing waiting lists internally and to a mismatch of demand and capacity in some specialties.

In response we developed a waiting list improvement programme, which is working closely with our commissioners and NHSI, and is making good progress. For more, see page 16.

We recognise that extended delays will negatively affect patients' experience of care and cause associated anxiety and distress. While we are focusing

on minimising delays and improving our waiting list processes to ensure patients are treated in a timely manner, we have implemented robust arrangements to ensure that patients are not coming to clinical harm as a result of waiting too long.

We have not consistently met all eight cancer standards: We met four out of eight cancer standards in all four quarters this year. However we did not achieve the targets for the following standards across every quarter: two week wait from urgent referral to first being seen; two week wait from referral for breast cancer to first being seen; and 62-day wait for first treatment from urgent GP referral and from screening. We have been working hard to stabilise and improve performance and met all but two of the standards by quarter four.

We have not improved our PLACE (Patient led assessment of the care environment) scores in all categories: We have improved our performance in three of the areas measured by PLACE – cleanliness, food and hydration, and condition, appearance and maintenance – compared to our scores for 2015/16. However, in the three other areas – privacy and dignity, dementia and disability – our results have deteriorated. A detailed action plan is underway with themes of flooring repairs, access such as seating and hand rails, and improved signage. Dementia and disability requirements are at the heart of the designs for our new outpatients departments, A&E departments and strategy to improve our wayfinding.

Well-led

Goal: To increase the percentage of our staff who would recommend this Trust to friends and family as a place to work or a place for treatment on a year-by-year basis

Evidence shows that staff who are engaged and happy in their jobs, respected and given opportunities to learn, provide better care for their patients. We have implemented a number of improvements to increase staff engagement throughout the organisation and to help us to deliver our annual targets.

Well-led quality highlights

We have achieved our goal to increase the percentage of staff who would recommend our Trust as a place to work and as a place for treatment: We monitor staff engagement through the national staff survey and through our annual internal survey *Our Voice, Our Trust* which was run between July and September 2016. We were very pleased to see a significant improvement in the scores for both of these; they are our best results for these two questions since the staff survey was introduced in 2013.

We have slightly decreased our voluntary turnover rate: A key aspect of reducing the voluntary turnover rate (the number of staff who choose to leave and work elsewhere) is to ensure staff have the opportunity for career progression, feel their job is worthwhile and fulfilling, and they are supported to develop. Although we have not met our target, we are pleased that we have seen a slight decrease in

staff voluntarily leaving the Trust this year from 10.6 per cent to 10.2 per cent.

Our sickness absence rate remains low: Low sickness absence is an indicator of effective leadership and good people management. This year we have focused on embedding our sickness absence policy, which was launched last year, and on supporting the health and wellbeing of our staff. Our Occupational Health service provides a range of activities and services, including staff counselling, stress management services, yoga and meditation classes, weight management programmes, smoking cessation clinics and rapid access physiotherapy.

We have increased the percentage of our doctors who have had an appraisal: Although we are still slightly behind our target of 95 per cent, we are pleased that our appraisal rates for doctors are now above national average.

We have significantly improved our results in the General Medical Council's National Training Survey of junior doctors and have maintained our performance for placement satisfaction for all medical student placements: As one of London's largest teaching hospitals, we want to provide the best training for our doctors, as we believe this is a key element of being a 'well-led' organisation. We launched a comprehensive education transformation programme in 2015 and have seen improvements in the satisfaction of our trainee doctors and medical students as shown through:

- Student Online Evaluation (SOLE): In 2015/16, we achieved this target

for 73 per cent of our programmes, which was an improvement of almost 50 per cent on the previous year. We are pleased that we have succeeded in slightly improving still further, with 76 per cent of students agreeing that 'overall (they are) satisfied with their placement' in 2016/17.

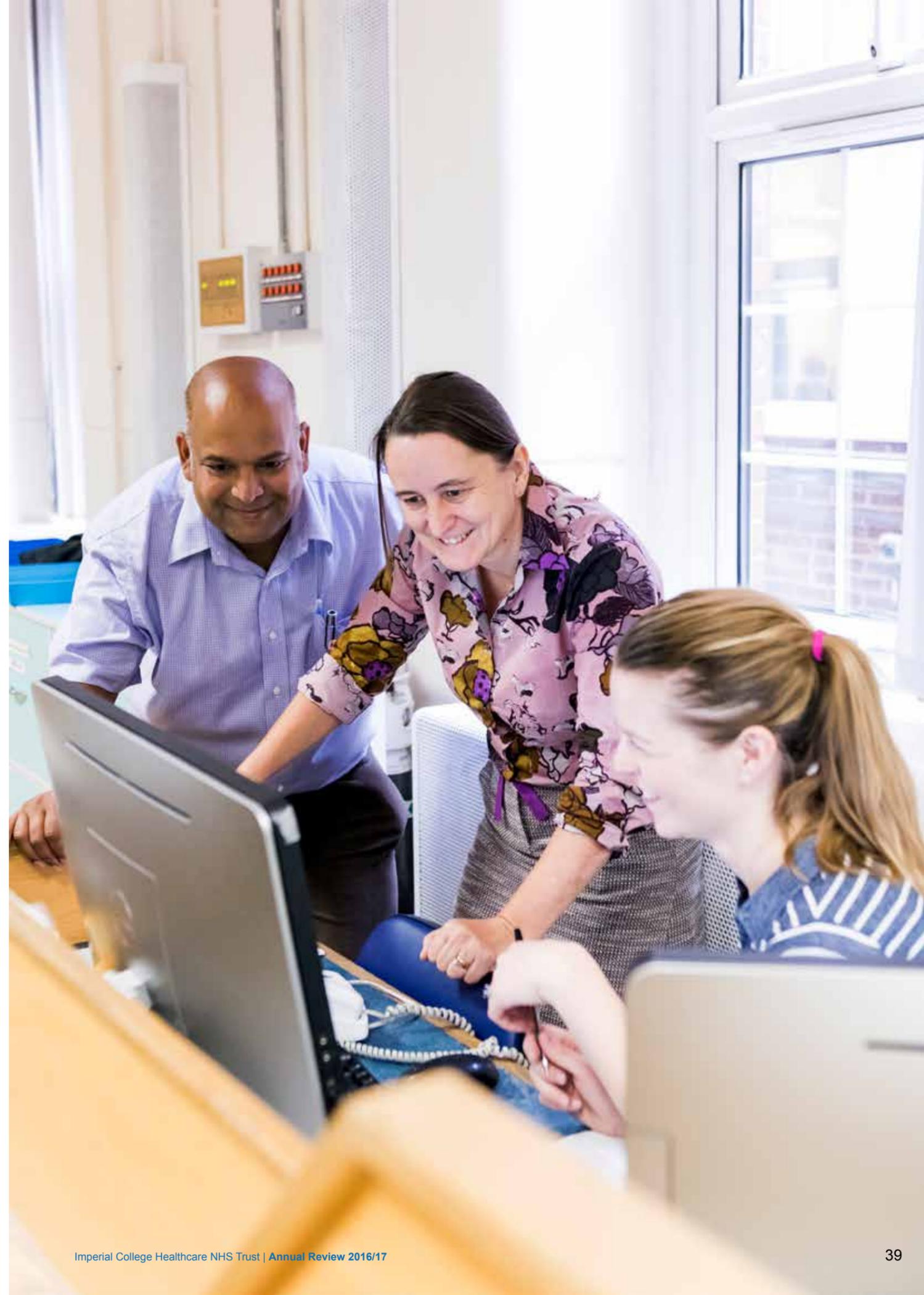
- General Medical Council's national training survey (GMC NTS): Our results have improved significantly with a reduction in red flags (where we are a significant national outlier) by 50 per cent. We have also more than doubled the number of green flags (where we are doing well) from 20 to 54, with three times as many programmes having green flags than in the previous survey.

We re-ran our ward accreditation programme and saw improvements in 25 wards: Our programme of ward inspection carries out regular checks and instigates immediate improvement where necessary. Overall, out of 75 areas reviewed across the Trust, 25 had improved since 2015/16. The Trust's quality improvement team is supporting projects on individual wards to help address their key issues.

Well-led quality challenges

We have not increased the percentage of staff who have had a performance development review (PDR): Our appraisal scheme for staff is aimed at driving a new performance culture across the Trust. Although we are below target and slightly below last year's result, our rate remains high at 86.2 per cent with over 7,200 staff completing their PDR. We will continue to embed and improve the process in 2017/18.

We have not achieved our target of 90 per cent of staff being compliant with core skills training, with 85.6 per cent of our staff fully trained by the end of March 2017: Our core skills training programme ensures the safety and well-being of all our staff and patients and we continue to target areas where compliance is particularly low. We are reviewing all mandatory training modules to streamline and improve them.



Sustainability report

Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities.

We are developing a sustainable development management plan. The aims will include the following:

- minimising our carbon footprint
- reducing our energy usage and increase our proportion of green energy
- ensuring water efficiency
- encouraging sustainable transport
- ensuring procurement that is sustainable both environmentally and socially
- improving our preparations for adverse climate impacts.

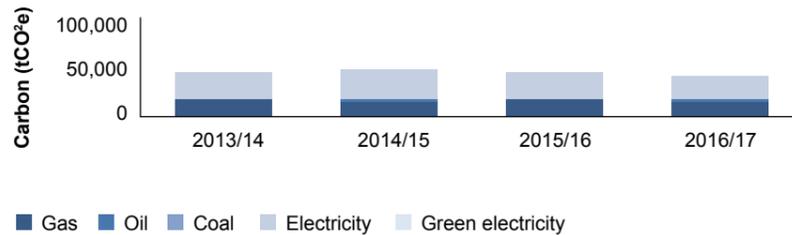
The plan will show how we consider the social and environmental impacts to ensure that the legal requirements in the Public Services (Social Value) Act (2012) are met. The Trust currently has 294,304m² of floor space.

Minimising our carbon footprint

We acknowledge the responsibility to our patients, local communities and the environment by working hard to minimise our carbon footprint. As an NHS Trust, it is our duty to contribute towards the national aim of reducing the carbon footprint of the NHS, public health and social care system by the equivalent of 28 per cent by 2020, (from the footprint created in 2013). It is our aim to go beyond this target and, thus far, against our own stretch target, emissions in 2016/17 are down 18 per cent compared with 2010.

Every action counts, and we are a lean organisation trying to realise efficiencies

Carbon emissions – energy use



across the board to achieve both cost and carbon (CO₂e) reductions. We have improved our advanced buying allowance, from the carbon reduction commitment energy efficiency scheme, saving £32,000 on our carbon tax payments. Two of our sites, Hammersmith and Charing Cross hospitals, are no longer required to be in the carbon reduction commitment energy efficiency scheme; this will give a net reduction in our carbon tax liability of almost £2 million over the next five years.

We recognise that there is more to be done to reduce the impact of Trust activities on the environment. During 2017/18, we plan to reinvigorate and revive our plans with reference to the NHS Sustainability Development Unit guidance.

Our application for a flue gas heat recovery project at Charing Cross Hospital has received funding approval in the form of an interest-free loan, and will be completed in 2017/18. This will help the Trust to achieve a reduction of 1,738 tonnes per annum in emissions at Charing Cross. The Trust is also planning to make a subsequent application to upgrade burners and controls for boilers at Hammersmith Hospital, draught proofing at Charing Cross Hospital, as well as carry out lighting upgrades across all sites.

Reducing our energy usage and increase our proportion of green energy

Whilst, with a spend of £9,345,463 on energy in 2016/17, costs continue to rise (a 1.1 per cent increase in spend from 2015/16), the Trust achieved a small reduction of 2.9 per cent in energy used over the same period. On-going energy saving initiatives and favourable climate conditions have enabled this reduction despite increases in clinical activity. However, the age of much of our estate, particularly on the St Mary's, Hammersmith and Western Eye sites, makes it very difficult to reduce energy consumption. The breakdown overleaf also demonstrates that the Trust has yet to procure green energy as, at present, this is cost prohibitive.

Work continues to review the mechanical and electrical infrastructure across all sites to assess both current and future needs. This work focuses on the development and implementation of an automated meter reading system, and improved integration with the building management system and energy monitoring, as well as targeting and reporting systems. This will provide improved 'real time data', and an improved speed and quality of plant performance and energy consumption data. The data will be visible to staff, patients and visitors and this will assist

in engaging them in supporting our future energy reduction plans. When the systems integration is complete, the reporting interface will display costs, consumption and emissions data at main entrances and employee workstations.

The combined heat and power system, now operating for extended hours, has led to additional electricity export income and heat savings.

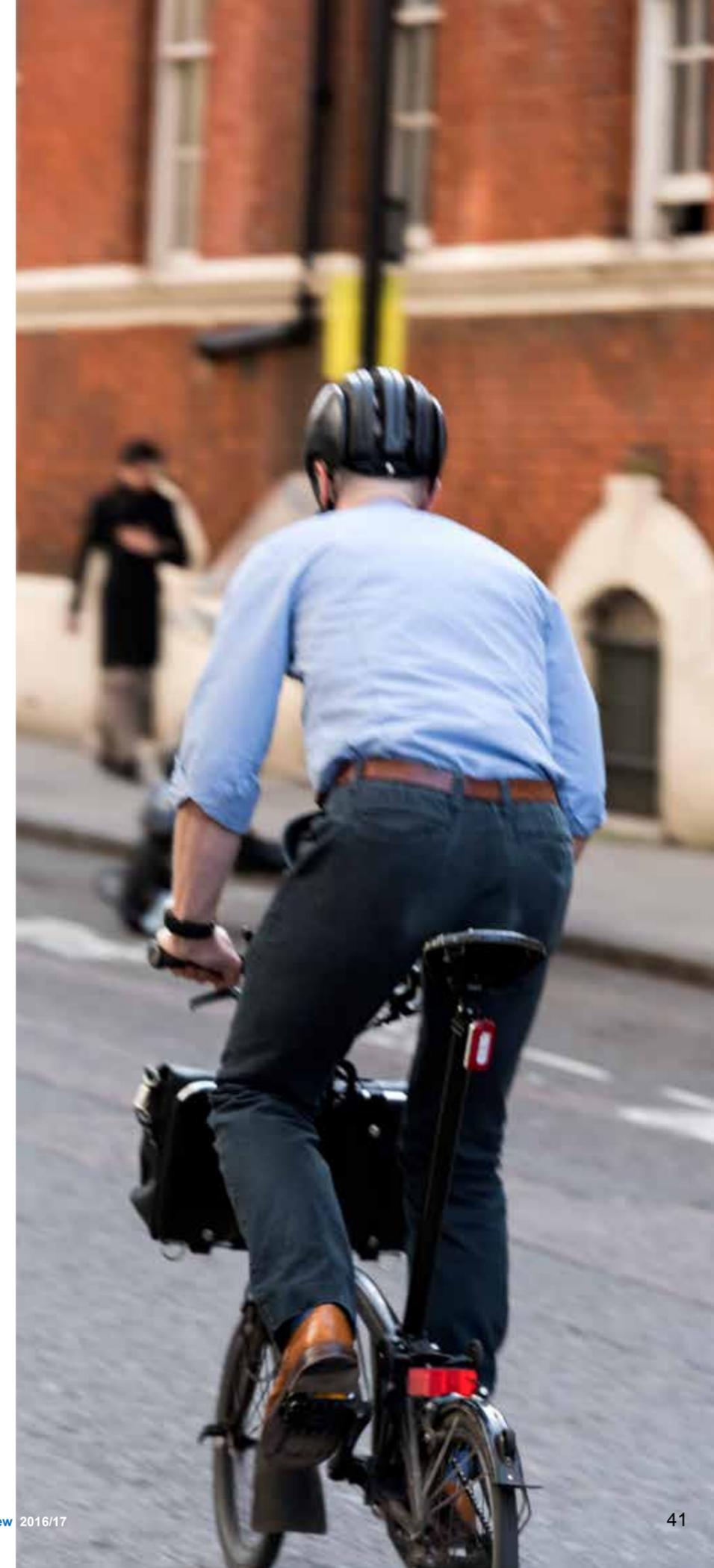
We have installed LED lighting and, through a continuous review of the building management system, adjusted temperature set points and system operating times to ensure improved energy efficiency.

During the year we also saw benefits arising from a number of projects which have reduced overall electricity consumption, reduced gas consumption by eight per cent and also reduced water consumption (with a total reduction of 13 per cent from 2012/13).

The Trust is now planning to connect its combined heating and power plant to the UK Power Network, benefitting the Trust both environmentally and financially. This will help the Trust to significantly reduce its carbon emissions as well as to save on pass-through costs on our utility bills i.e. transmission and distribution charges.

Ensuring water efficiency

The Trust has been working on water efficiency measures for the past five years. Significant progress has been made on reducing water consumption waste through a variety of initiatives. Unfortunately, water consumption has increased this year, partly due to Thames Water identifying a meter that they had not previously billed against, some infrastructure leaks and the loss of the borehole service at Hammersmith Hospital for a significant period of time.



Resource		2013/14	2014/15	2015/16	2016/17
Gas	Use (MWh)	85,332	82,453	86,702	82,617
	tCO ₂ e	18,102	17,299	18,145	17,266
Oil	Use (MWh)	553	2,834	2,843	1,495
	tCO ₂ e	177	907	908	474
Electricity	Use (MWh)	52,617	54,034	53,444	54,749
	tCO ₂ e	27,809	31,669	28,898	27,105
Coal	Use (MWh)	0	0	0	0
	tCO ₂ e	0	0	0	0
Green electricity	Use (MWh)	0	0	0	0
	tCO ₂ e	0	0	0	0
Total energy CO ₂ e		46,088	49,874	47,951	44,845
Total energy spend		£8,835,331	£8,916,631	£9,012,756	£9,345,463

Water		2013/14	2014/15	2015/16	2016/17
Mains	m ³	446,440	408,319	428,001	493,895
	tCO ₂ e	407	372	390	450
Water & sewage spend		£630,451	£640,411	746,213	940,393

Category		2013/14	2014/15	2015/16	2016/17
Patient and visitor travel	miles	1,597,675	1,801,377	1,741,784	1,608,420
	tCO ₂ e	590.30	661.88	629.89	581.30

The Trust's non-emergency patient transport service undertakes about 325,000 journeys per annum. Recent changes to the vehicle fleet have introduced more appropriate vehicles to improve service quality and also deliver lower vehicle emissions.



Ensuring procurement that is sustainable both environmentally and socially

The Trust uses the approved Department of Health terms and conditions for procurement, which contain sustainability clauses, and regularly review our compliance against these. We use the NHS e-class procurement system and will be looking to implement improved

reporting and analysis of the carbon impact of the various procurement streams.

The Trust purchases all furniture via the Crown commercial services framework, which is Forestry Commission certified. It also purchases most paper and stationery from the 'premier elements earth' range, which has a high post-consumer waste content. We recycle medical equipment that is decommissioned through auctions and reinvest these funds in new medical equipment.

The Trust is considering the use of the good corporate citizenship (GCC) tool to help promote social sustainability awareness in 2017/18.

Improving our preparations for adverse climate impacts

Events such as heat waves, cold snaps and flooding are expected to increase as a result of climate change, and the

Trust has ensured that both current and projected environmental conditions are addressed in the estates redevelopment programme approved by the Trust board.

We have developed and implemented a number of policies and protocols in partnership with our site partners and other local agencies to mitigate the impact of these changes including heat wave and business continuity plans.

Annual report

To view our full annual report including our accountability report and financial statements please go to the publications page on our website: www.imperial.nhs.uk/about-us/who-we-are/publications

Charing Cross Hospital

Fulham Palace Road
London W6 8RF
020 3311 1234

Hammersmith Hospital

Du Cane Road
London W12 0HS
020 3313 1000

**Queen Charlotte's
& Chelsea Hospital**

Du Cane Road
London W12 0HS
020 3313 1111

St Mary's Hospital

Praed Street
London W2 1NY
020 3312 6666

Western Eye Hospital

Marylebone Road
London NW1 5QH
020 3312 6666

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