

**Delivering our promise**  
Better health, for life



# Annual Review

2017/18



**Imperial College Healthcare**  
NHS Trust

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Published July 2018



# 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 11 academic health science centres and 20 National Institute of Health Research biomedical research centres.**

Despite significant operational and financial pressures in 2017/18, we have continued to improve and to innovate. Our research highlights (on page 26) show how new technology is being used and adapted to improve diagnosis and treatment and, importantly, to enable patients to have more control over their health and care. In particular, as a global digital exemplar site, we are embedding advanced approaches to how we gather and use data to drive learning and improvement.

As well as clinical innovation, our staff are making real progress with the development of new models of care and better ways of working. This is having a broad impact, from building stronger partnerships with GPs jointly to improve care for people with long term conditions to adopting new team coaching approaches that are producing tangible increases in safety and quality.

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 my last full year as chairman. I am prouder than ever of Imperial, of our 11,000 staff and of the value their expertise, care and commitment brings to hundreds of thousands of people each year. I am very grateful to Professor Julian Redhead for stepping up so ably as interim chief executive for much of last year and delighted that we have again, in the appointment of Professor Tim Orchard as chief executive from June 2018, one of our own, renowned clinicians to lead the organisation forward and to help us realise our full potential.

I hope you find our report of 2017/18 interesting and helpful – and I would really encourage you to find out more through our website and social media channels, especially on how you can 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: 2017/18 overview

Professor Julian Redhead, Interim chief executive officer (to June 2018)



**It has become something of a mantra that the NHS – along with all other public services – has to do more, for less.**

**Our 2017/18 annual report shows that while we achieved that again this year, the scale of the continuing challenge demonstrates more clearly than ever the need to quicken the pace of more transformational change too.**

We are impacted by many of the same issues affecting NHS trusts across England – growing and changing care needs, especially of older people and those with long-term conditions; developing and making the most of advances in care and treatment; difficulties in recruiting and retaining enough staff with the right skills; and all in the context of a continuing squeeze on public finances.

We also have to respond to some more local challenges. We are facing a growing struggle with the poor state of our estate and the lack of space in

which to expand our capacity and we are still establishing robust processes to make the most of our electronic patient record system in terms of ensuring accurate, real-time data to inform and drive everything we do. The past year has also been defined for us by a series of senior leadership changes.

This all contributed to a very pressurised operational environment, especially over the winter months but even continuing into the so-called quiet summer months of 2018. While we maintained our strong performance against the national cancer care waiting time standards – consistently in the top quartile of trusts nationally – we were not able to meet the four-hour A&E access standard or the 18-week referral-to-treatment waiting time target.

Given that picture, it's especially important to recognise and build on our achievements. That was one of the reasons we took part again this year in BBC2's Hospital series, allowing cameras in to share the challenges and the pressures but also some of the potential solutions and our successes.

This report details a whole range of ways in which we have done more for our patients, local communities and, importantly, our staff, while progressing on the path to long-term sustainability.

## Improvements and advances

The year has seen us improve and expand outpatient areas at Hammersmith and Charing Cross hospitals; complete or begin major facility improvements for A&E, elderly care and children's intensive care at St Mary's; and upgrade fire safety and emergency lighting at Western Eye. We have also installed two new, state-of-the-art SPECT CT scanners at Hammersmith. Looking to the longer-term, we secured planning permission for phase one redevelopment

of St Mary's, a new, eight-storey building to house ophthalmology services and the majority of the hospital's outpatient services.

As one of 16 global digital exemplar NHS trusts, we continued our ambitious digital roll-out. Last year, that included expanding bedside monitoring directly into our Trust-wide electronic patient record system; introducing a system to enable real-time, central monitoring of babies' heart rates during labour; and piloting an early alert to clinicians of patients at risk of developing sepsis. Around one third of outpatient clinic interactions are now paper free and we expect to complete this aspect of our digital roll-out in 2018/19.

Our work on sepsis alerts is also part of a much wider programme to develop our safety culture. It is underpinned by awareness-raising, training and new processes and policies to ensure staff feel confident to raise safety concerns and know to address potential issues in the workplace. Consequently, we have seen our incident reporting rates increase while maintaining low levels of harm and some of the lowest mortality rates in the country.

In terms of advancing care and treatment, we ran over 650 active research projects across 29 different disease areas. Breakthroughs last year included introducing a new hip resurfacing implant, running the first human trials to treat twin-twin transfusion, establishing a new global standard in assessing the narrowing of the heart's arteries and developing a new tool to detect the earliest signs of glaucoma.

Other nationally recognised developments included our innovative prostate cancer pathway, now being rolled out across the NHS, and we were one of the first three partners selected from across the UK to be a 'flow coaching academy', rolling out a

high-impact team coaching and improvement approach developed by Sheffield Teaching Hospitals. We were commended by NHS Improvement for our contribution to reducing hospital-onset E coli bloodstream infections.

There were prestigious national awards for our PREPARE for surgery programme that has reduced post-operative complications and average length-of-stay, and for our dementia nursing team's approach to ensuring good nutrition for dementia patients in hospital.

Looking to the longer-term again, we made real progress as part of the Hammersmith and Fulham Integrated Care Partnership – primary, community, mental health and acute care providers coming together with the support of commissioners, lay partners and other stakeholders to think about, plan and deliver care differently. We are working on new approaches and care pathways to help local people stay healthy and get access to the right care when and where they do need it.

## Benefitting more people

Overall, we increased the number of 'contacts' we had with patients last year, compared with the previous one. There was a small, one per cent increase in urgent and emergency attendances – through our A&E departments and ambulatory emergency care units – but a much larger increase of seven per cent in emergency admissions, reflecting our sense that we are seeing patients with greater health needs.

We carried out more operations last year, with the main growth in day cases rather than inpatient procedures, which reflects advances in surgical techniques but also the constraints of our inpatient capacity.

## Reducing cost

We achieved our financial plan, delivering a £3m surplus, taking into account additional central support

including sustainability and transformation funding. We also met our agency pay cap and capital expenditure plan and remained within our cash limits. Importantly, we have also taken around £10m off our underlying deficit and are finalising a plan that does the same again for the coming year.

This financial outturn was a result of just over £43m recurrent cost improvements and maintaining a strong financial grip on our day-to-day finances. Our systematic and data-driven approach to reviewing each of our clinical specialties generated high levels of staff engagement and also helped to identify shorter-term efficiencies. Given our operational pressures, this is a big achievement and testament to a huge amount of hard work from staff at all levels across the organisation.

## Looking ahead

Despite our very significant challenges, we are progressing. We were disappointed that our CQC inspections last year did not result in our overall rating moving up from its current 'requires improvement' but we did see a net improvement across the quality domain and service level ratings that inform that single rating. We're clear that we have to increase our pace and get to 'good' and beyond as soon as possible.

That means keeping our focus on continuous improvement, further embedding our organisation-wide improvement approach. It also requires us to establish a comprehensive strategic development programme to drive larger-scale change which calls for even more collaborative working and alignment across the north west London sector. These developments will also inform and be informed by refreshes of a number of key strategies in the coming year, including of our clinical, redevelopment and quality strategies.

All of that, in turn, means a bigger emphasis on understanding and responding to the needs and preferences of our patients and local communities. In particular, we need to involve more people in developing and shaping our plans and services directly. The expansion last year of our lay partner programme and the work of our strategic lay forum is helping to create tangible improvements in the way we think about involvement and we need to build on that to make it a key aspect of 'business as usual'.

We also have to continue the difficult task of clearing our underlying financial deficit. We have agreed a 'control total' for the coming year with our regulator of £20.6m, including a further £48m in cost efficiencies, which makes us eligible for just over £34m of sustainability and transformation funding. As such, we have been able to confirm that we expect to continue to operate as a 'going concern'.

Above all, we have to make an on-going investment in our staff. We have an amazing workforce – the 70th anniversary of the NHS in 2018 is sparking a wave of inspirational stories about our people, past and present. It's so important that we recognise and celebrate their achievements, and give them the space and support to shape change for themselves.

We have a lot to do to create the health and care system that our population needs and deserves – I am optimistic that if we can harness the combined expertise and commitment of our staff, patients, partners and communities, we can get there.

Professor Julian Redhead  
Interim chief executive officer

*Professor Timothy Orchard became  
Chief executive on 7 June 2018*

# 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.**

Our five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and the Western Eye – have a long track record in research and education, influencing clinical practice nationally and worldwide. We also have a growing number of community services and provide private healthcare in dedicated facilities on all of our sites, including at the Lindo Wing at St Mary's.

With our partners, Imperial College London, The Royal Marsden NHS Foundation Trust and Royal Brompton & Harefield NHS Foundation Trust, we form Imperial College Academic Health Science Centre. This is one of 11 academic health science centres in the UK, working to ensure the rapid translation of research for better patient care 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 and values

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 are:

- **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

We provide care from five hospitals on four sites:

- **Charing Cross Hospital, Hammersmith** – providing a range of acute and specialist care, including cancer 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 provide our services in community facilities and in partnership with GPs and community, mental health and social care organisations.

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 all of our services.

## Research, education and innovation

As well as being part of Imperial College Academic Health Science Centre, the Trust, with Imperial College, hosts one of 20 National Institute for Health Research (NIHR) biomedical research centres (BRCs). 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 currently supports over 650 active research projects across 29 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 and Westminster Hospital NHS Foundation Trust, Royal Brompton & Harefield NHS Foundation Trust and The Royal Marsden NHS Foundation Trust, helping to lead innovation in genomics.

The Trust is also part of the NIHR Health Informatics Collaborative

(NIHR HIC) together with Oxford University Hospitals, Cambridge University Hospitals, University College London Hospitals and Guy's and St Thomas' NHS foundation trusts. This collaboration enables NHS clinical data to be linked and shared to allow new insights into care and treatment through research.

In 2017, we were recognised as a leader in the adoption of digital technologies to improve patient care by being selected by NHS England as one of 16 global exemplars of acute care. With our partner, Chelsea and Westminster Hospital NHS Foundation Trust, we received funding and support to drive the use of digital technology to innovate for better patient care and to create products and approaches that can be used by other organisations.



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 2017/18, 900 Imperial College London medical undergraduates trained with us. We had over 450 student nurses and midwives in training in the year, many of whom gained their first job or qualification with us.

### Our charities

We work closely with Imperial Health Charity who support a wide range of initiatives for patients and staff. In 2017/18, the charity invested £6.9m.

This enabled major improvements to our facilities and equipment, including renovations to the A&E department, children's intensive care unit and Thistlewayte ward at St Mary's Hospital; outpatients clinics and the Riverside theatres at Charing Cross Hospital; and outpatients clinics at Hammersmith Hospital.

Imperial Health Charity also manages the volunteering programme for the Trust, a number of grants programmes, including for research fellowships, and an extensive art collection and programme for patients and staff.

During 2017/18, 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 lay partners

We are committed to increasing and improving the involvement of patients and the public in every aspect of our work. An important element of our

involvement approach is our pool of lay partners – individuals from our local communities with experience or interest in the Trust who form part of our project and programme governance. We now have over 40 roles for lay partners as well as a 12-strong strategic lay forum that helps develop and oversee the implementation of our patient and public involvement strategy.

### Our commissioners

Almost half of our care is commissioned by north west London local clinical commissioning groups (CCGs), about 40 per cent is specialist services commissioned by NHS England and the remaining 10 per cent or so is commissioned 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 partnership (STP)

Over 30 NHS, local authority and voluntary sector partners, including our Trust, are working together to improve health and care across north west London. Our sustainability and transformation plan, one of 44 such plans across England, was published in October 2016. Its five delivery areas are:

- radically upgrading prevention and wellbeing

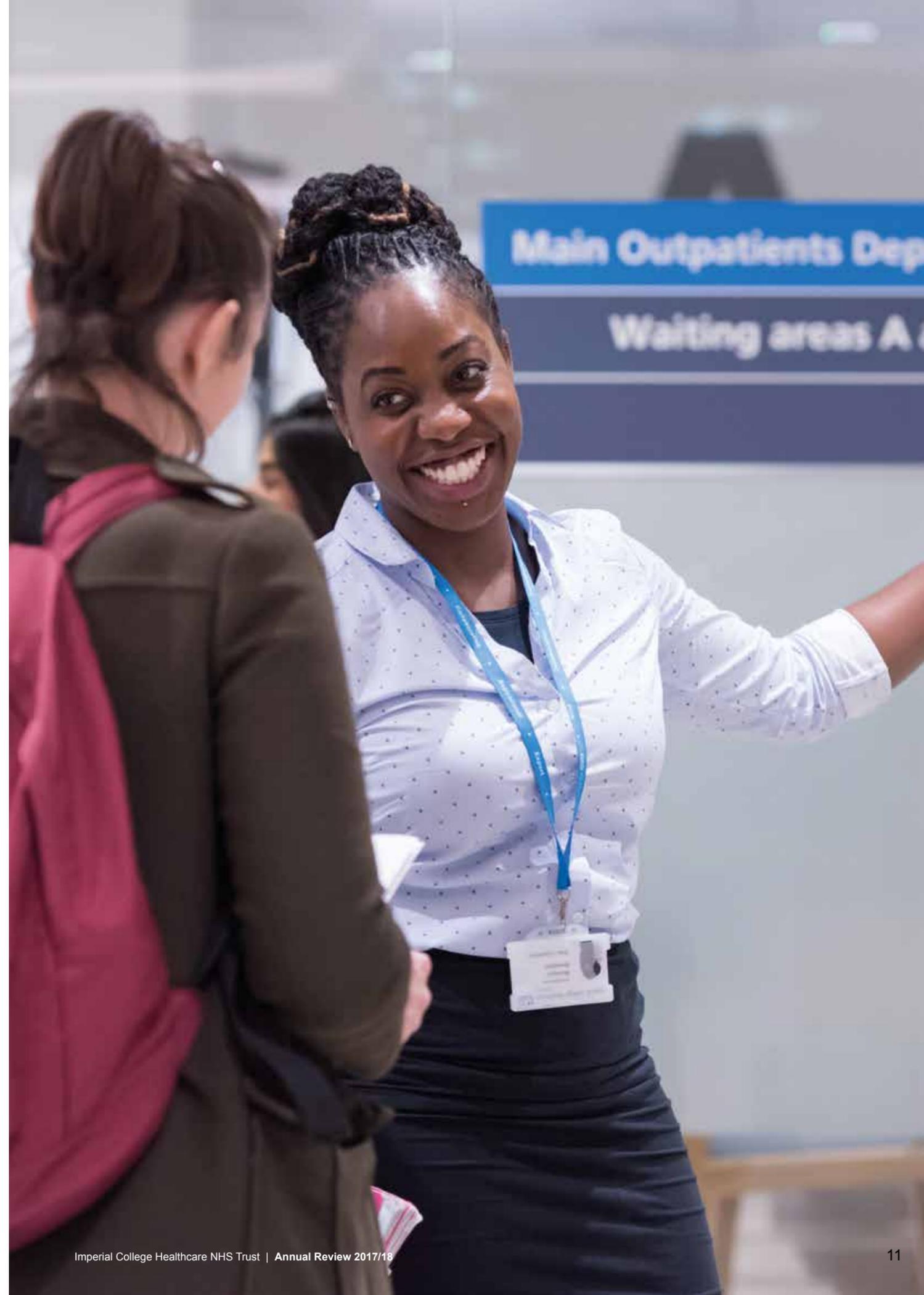
- eliminating unwarranted variation and improving long-term condition management
- achieving better outcomes for older people
- improving outcomes for children and adults with mental health needs
- ensuring we have safe, high quality, sustainable acute services.

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

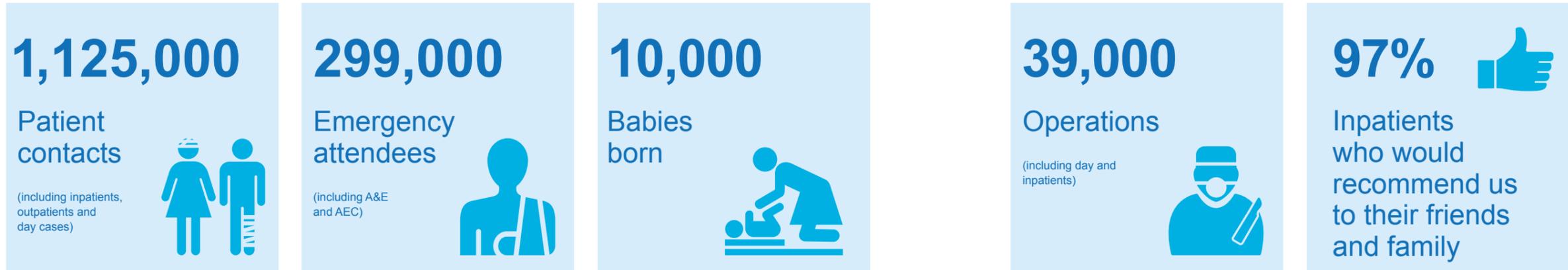
### Our regulators

NHS Improvement is responsible for overseeing both NHS trusts and foundation trusts.

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The Trust is currently rated overall as 'requires improvement'; made up of 'good' for the domains of caring and effective and 'requires improvement' for the domains of safe, responsive and well-led. This follows a comprehensive inspection in 2014, a number of core service inspections in November 2016 and in March and November 2017, and our first well-led inspection in December 2017. Our more recent inspection reports show that we are on an improvement trajectory.



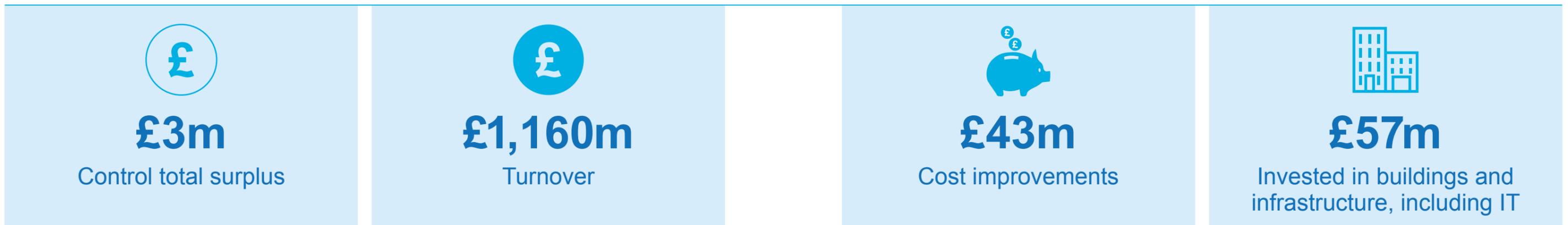
# The Trust in numbers 2017/18 (all rounded)



## Our staff



## Our finances



# 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 operational objectives

Assessing progress against our objectives is an important aspect of performance analysis. As we set out in last year's annual report, guided by our long-term strategic objectives, we agreed five operational objectives that underpinned our detailed 2017 - 2019 business plan:

- to improve the way we run our hospitals
- to develop more person centred approaches to care
- to make our care safer
- to make the Trust a great place to work
- to build sustainability.

## 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 35 to 46. A more detailed assessment of performance against all of our quality targets for 2017/18 can be found in our 2017/18 quality account.

Many of our major initiatives in 2017/18 were intended to support more than one of our 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 improve the way we run our hospitals

## Improving urgent and emergency care pathways

There are a number of important initiatives underway across the Trust to ensure patients move through our urgent and emergency pathways as quickly and as safely as possible.

We are responding to a continuing increase in the number of people attending for urgent and emergency care and in unplanned hospital admissions. In 2017/18, we saw almost a one per cent year-on-year rise in attendances and a seven per cent rise in admissions. In particular, we are seeing more frail, older patients and more with complex health problems.

We did not meet the national standard to achieve that for 95 per cent of patients. Our average performance was 87 per cent.

Our urgent and emergency care improvement programme has six work streams, each led jointly by a clinician and manager:

- streaming and offering better alternatives to hospital admission
- improving emergency department processes
- improving specialist decisions and pathways
- improving bed management
- improving ward processes
- improving discharge processes.

Key achievements through the improvement programme last year include:

## Ambulatory emergency care

Our ambulatory emergency care units provide same-day consultant review

and treatment for patients with a wide range of more serious urgent or emergency health problems without the need to be seen in A&E or, in most cases, to be admitted to hospital. By moving to longer hours and seven-day working and encouraging direct GP referral, our two ambulatory emergency care units saw a 37 per cent increase in attendances, up to just over 17,500 patients in 2017/18. We believe this has helped to reduce the rate of increase in A&E attendances and enabled many patients to get faster diagnosis and treatment.

## St Mary's A&E expansion

We expanded and refurbished the A&E, supported by funding of £3.2m from Imperial Health Charity. The development has increased the number of resuscitation bays from two to four and added a new, four-bed paediatric assessment unit within the children's A&E department. Work continues on further improvements to the department including a sensory room and mental health support area.

We are developing plans for an expansion and refurbishment of Charing Cross A&E in 2018/19.

## Rolling out best practice

As part of a national focus on improving urgent and emergency care pathways, NHS Improvement issued guidance to all acute trusts on best practice that helps reduce delays for patients in adult inpatient wards, which it calls the 'SAFER' patient flow bundle. 'SAFER' was piloted on two wards at St Mary's Hospital and one ward at Charing Cross Hospital. By April 2018, the average time of discharge was an hour earlier than the previous year and the proportion of patients discharged before

noon had nearly doubled on the wards that piloted the initiative. The best practice is now being rolled out across all of our wards.

## Meeting winter pressures

As anticipated, winter 2017/18 was a challenging time for NHS organisations nationally, with a flu outbreak and cold and icy weather adding further to rising demand.

However, good planning, new developments and, above all, the huge hard work and commitment of our staff meant we continued to provide safe care for all our patients.

On top of our ongoing urgent patient pathway improvements, we invested over £1m in a range of measures to boost urgent and emergency care capacity throughout the winter. This included:

- 42 additional winter beds
- community care home beds
- staff flu vaccination campaign
- expanded hospital frailty teams and weekend 'acute take' team
- additional transport and porter resource
- a 'Get winter ready' campaign – for staff, local GPs and the public.

We were the most improved acute trust in England in terms of staff uptake of flu vaccinations this year. Over 60 per cent of frontline staff got their flu jab, up 40 per cent on the previous year.

## Better planned care

We are completely re-building our approach to overseeing planned care, especially in terms of how we manage waiting lists and match demand and capacity. This is in response to significant challenges that arose over a year ago with the reliability of our waiting list data and with a growing



backlog of patients waiting for planned procedures. Last year, we were not able to meet the national standard for at least 92 per cent of patients to wait 18 weeks or less from 'referral to treatment', and more than 200 patients have had to wait over 52 weeks.

We have invested in a major waiting list improvement programme, made up of seven workstreams:

- waiting list recovery – ensuring patients with long waits are treated as quickly as possible and finding better ways to predict and match capacity and demand
- elective care operating framework – establishing better monitoring, staff recruitment and training, waiting list management processes and improvement approaches
- digital optimisation – using digital technology to support and automate our processes and monitoring wherever possible
- clinical harm reviews – systematic processes to ensure and review safety of patients who are waiting longer than they should
- oversight and governance – enhanced reporting to the executive and Trust board, commissioners, and NHS Improvement and NHS England

- audit framework – establishing improved audit and assurance checks for our waiting list management

- data clean up – a thorough check and cleanse of our various waiting lists

We are working to have no patients waiting over 52 weeks as quickly as possible but, while we continue to reduce our waiting list backlog, we estimate we will not achieve the national standard until next year. Planned surgery is currently subject to extensive cancellations due to an increasing number of urgent and emergency patients. External improvement consultancy Four Eyes Insight is working with our surgical teams to improve efficiency across the whole of our planned care pathways, from pre-assessment, through to scheduling and operating theatre utilisation.

### Improving outpatient services

Completing a £3m redesign and refurbishment of clinics at Charing Cross and Hammersmith hospitals, funded by Imperial Health Charity, was a large part of our outpatient improvement work last year.

Gathering and using patient feedback to drive change was another key focus for the year - the 'Experience lab' initiative brought together 10 multi-disciplinary outpatient teams to build their improvement skills and put them directly to use in practical change projects. Across all ten projects, patient satisfaction scores increased by 15 per cent.

Particular successes included cutting waiting times at the Charing Cross phlebotomy service by flexing staffing

at busy times. Staff at the Western Eye Hospital introduced patient navigators to ensure glaucoma patients get appointments when they need them. And all the clinics have improved the quality of information patients receive before their appointments.

We continued to roll out digital technology to improve our outpatient processes and communications:

- many of our services are now available for GPs to book patients in electronically, and all services will be available by 1 August – the national deadline for all GP referrals to be made electronically.
- we introduced a new system to enable clinicians to review GP referrals easily and quickly in order to decide the best course of action for patients
- around one third of clinic interactions are now paper free and we expect to complete the digital roll out in 2018/19.

Our patient services centre, based at Charing Cross Hospital, is bringing together outpatient bookings, planned admissions and patient queries to be managed by one team. It was created in 2016/17 with Imperial Health Charity funding. By the end of 2017/18, around two-thirds of first outpatient appointments and one third of planned admissions were being managed by the patient services centre.

Rescheduling appointments at short notice and long waits in clinic have proved harder to change. Both continue to be the subject of focused attention to achieve improvement.

### Children's intensive care expansion gets underway

After a great deal of planning and fundraising, scaffolding went up at St Mary's Hospital to begin the expansion of our children's intensive care unit. It will nearly double the size of the unit from eight beds to 15, allowing many more critically ill children who need specialist care to be treated.

Half of the funding for the expansion has come from the fundraising efforts of Cosmic Charity and Imperial Health Charity through their joint More Smiles Appeal – the rest is from the Trust's capital budget. The expanded unit is due to open in early 2019.

### Thistlethwayte transformed for better older people's care

A £1m project to refurbish one of the oldest wards at St Mary's Hospital last year transformed the care environment for older patients with complex conditions.

The 20-bed Thistlethwayte ward was redesigned to create extra space for beds and bathrooms, with special lighting and artwork to help frail patients feel more comfortable during their time in hospital. Dementia-friendly signs, clocks, toilet hand rails and name boards were installed.

A planned refurbishment was brought forward and expanded when part of the ceiling in one section of the ward collapsed last summer. A third of the funding was provided by Imperial Health Charity.

### Improvement through digital

Implementing new digital technology plays an important part in improving the way we work.

Last year saw the launch of one of our most ambitious initiatives – to share our electronic patient records system, Cerner, with neighbouring Chelsea and Westminster Hospital NHS Foundation Trust. By 2019, patients' health records will be available to clinicians caring for them across the seven hospitals in the two trusts. Over time, all patient information and test results will be available in real-time wherever and whenever they are needed to inform clinical decision-making.

We are also linking the devices we use to measure vital signs like blood pressure, heart rate and oxygen saturation to our electronic patient record system. This increases patient safety, generating alerts that can identify patients who are at risk of deteriorating, and saves nursing time as we no longer need manual input of data to the system. By the end of 2017/18, we were using connected devices in 63 adult wards across the Trust, releasing an estimated 20,000 hours of nursing time a year for patient care. While we work to exploit digital technology to deliver even better patient care, we also continue to invest to protect our systems from cyber-security attack.

**Objective:** to develop more person-centred approaches to care

**Working with partners to integrate care in Hammersmith and Fulham**

Integrated care is a different way of thinking about, planning and delivering care – based on people, not buildings or organisations; outcomes, not procedures or activity. It focuses on the needs of individuals, helping them to stay as healthy as possible and making it simpler for them to get the care they need when it's needed.

In January 2018, we were one of five organisations working in Hammersmith and Fulham that signed a formal partnership agreement to work towards an integrated care model. We set up a 'committees in common' governance mechanism, with each partner remaining independent but delegating oversight of key aspects of the partnership to the committee. Our partners are Hammersmith and Fulham GP Federation, Chelsea and Westminster Hospital NHS Foundation Trust, West London Mental Health NHS Trust and Central London Community Healthcare NHS Trust.

Representatives from the London Borough of Hammersmith and Fulham and Hammersmith and Fulham Clinical Commissioning Group, as well as lay partners, also form part of the partnership's governance structure.

The aim is to agree an 'alliance contract' with Hammersmith and Fulham CCG that supports the delivery of an integrated care approach during 2018/19 for some services for the population of the borough. The areas that are being explored are services for children, adults with long-term conditions and frail, older people.

The partnership is beginning to look at designing new care pathways. All

partners are committed to involving patients, carers, voluntary sector partners and local residents as well as wider staff and other stakeholders in this design work through 'co-production' events and activities throughout 2018/19.

**Thinking differently about outpatients**

When a GP thinks a patient needs the input of a specialist hospital doctor, they generally refer people for an outpatient appointment. Under the sustainability and transformation partnership (STP) for north west London, we are part of a programme looking afresh at how specialist support is made available in order to move towards more integrated care. Our clinicians and managers worked closely with colleagues in general practice and with other trusts and commissioners, as well as patient representatives across north west London, to explore how care pathways that involve outpatients might evolve. The focus is initially in four specialties – renal, chronic kidney disease, lung disease and heart failure.

Feedback so far has shown that where hospital clinicians and GPs work closely and proactively together, many patients can get the care and support they need without having to wait for a hospital outpatient appointment.

Encouraging and supporting patients to take more control of their own health is another key aspect of the programme, especially for those with long term conditions. Self-help tools, digital technologies and early education and support are all being investigated.

**Connecting care for adults**

A new partnership project with GP practices in north west London is

helping to improve care for many patients with long term conditions.

Launched in September 2017, Connecting care for adults is initially focusing on patients with chronic kidney disease, lung disease (chronic obstructive pulmonary disease and asthma) and heart failure. It involves specialist clinicians from the Trust working with local GP practices to provide practical support in three key areas:

- case reviews
- patient self-management
- education and training.

By the end of 2017/18, more than 600 patient records had been reviewed. In more than half of the cases of patients with lung problems, strong steroid medication could be reduced or stopped altogether. For patients with chronic kidney disease, it was possible to reduce the amount of different medication each patient was taking.

Eighty-seven per cent of GPs involved in the project said that it had improved their overall knowledge of the specialist conditions.

The project is funded by Health Education England.

**Empowering patients with access to data**

Involving patients fully in their own health and care is a key aspect of integrated care. The Care Information Exchange, developed by the Trust and funded by Imperial Health Charity, provides patients with secure, online access to their health records to support self-management. Patients can also share this record with their health and care professionals, family and carers. By the end of 2017/18, the Care Information Exchange had 4,200 registered users across 20 services and six organisations.

**Genomics**

As lead partner for the West London Genomics Medicine Centre, we continued to expand the number of patients with rare diseases, and their families, as well as patients with common cancers, who have consented to have their genetic make-up sequenced as part of the national 100,000 genomes project.

By 31 March 2018, the West London Genomics Medicine Centre had recruited nearly 1,220 cancer patients and 800 patients with a rare disease, plus their families.

Last year, with funding support from Imperial Health Charity, the Western Eye Hospital appointed an ophthalmic genetics consultant. This allowed the service to start recruiting eligible patients with rare genetic eye conditions to the 100,000 genomes project.

Along with wider genomics research and development, the 100,000 genomes project is intended to enable more precise and earlier diagnosis, faster clinical trials, new drugs and treatments and potentially, in time, cures for conditions that currently have no cure at all.

**Patient and public involvement**

We are committed to increasing and improving patient and public involvement in every aspect of our work. Our strategy sets out ambitious goals for achieving meaningful involvement in strategic developments, service improvements, service delivery and improving individual health and wellbeing.

Progress in 2017/18 has included:

- a new digital patient reference group – providing input and feedback on the development of apps, the use of digital patient records and other

online opportunities to help ensure our digital strategy meets the needs and preferences of our patients and communities

- the establishment of an additional 22 lay partner roles – enabling patients and local people to play a full part in the Trust's key projects and programmes, bringing the total to 44 and influencing major developments such as waiting list improvements, estates redevelopment and a new patient transport tender

- the creation of a new volunteer role to support improvement projects – focusing on gathering feedback from patients, carers, family and friends in clinical environments

- publishing our first involvement toolkit for staff – offering advice and practical support to involve patients and the public in services and improvement work.

Implementation of our patient and public strategy is overseen by our strategic lay forum, a group of 12 lay partners plus senior staff from the Trust, Imperial Health Charity and Imperial College. The full forum meets bi-monthly and is actively engaged in the Trust's work and plans as well as contributing to formal business planning for the first time in 2017/18.

**Living with and beyond cancer**

Three years in to our partnership with Macmillan Cancer Support, we are continuing to see an improvement in the experience of patients in active treatment, including through additional specialist nurses and the new Macmillan Cancer Navigator Service. In 2017/18, we focused on 'beyond the

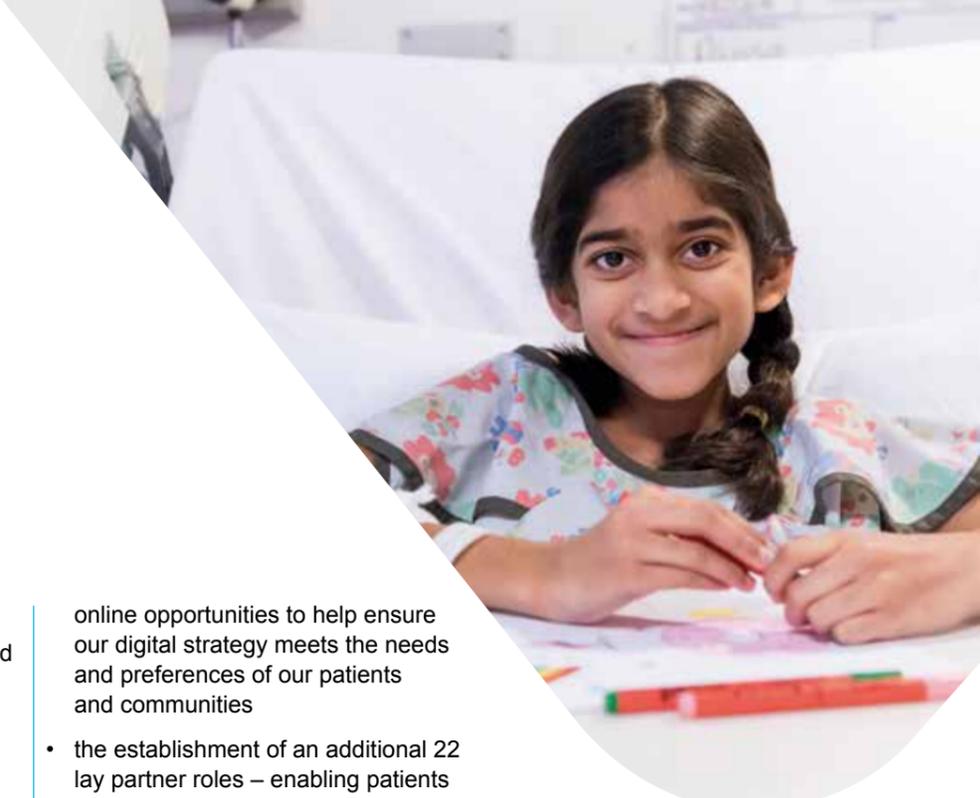
hospital walls', with research into the impact on quality of life for the increasing number of people living with and beyond cancer following treatment.

The research has included interviews with our patients as well as a worldwide literature review of over 70 studies that looked at people's experience of living with and beyond cancer. It will be published in 2018/19 with the aim of informing the development of support for the many people whose treatment is over, but whose life may be changed.

**Our challenges**

Achieving big advances in developing more person-centred approaches to care will require more strategic change across the whole of our health sector. This will require us to establish a comprehensive strategic development programme which calls for even more collaborative working and alignment across the north west London sector. Those developments will also inform and be informed by refreshes of a number of key strategies in the coming year, including of our clinical, redevelopment and quality strategies.

All of that, in turn, means a bigger emphasis on understanding and responding to the needs and preferences of our patients and local communities. In particular, we need to involve more people in developing and shaping our plans and services directly.



**Objective: to make our care safer**

**Improving safety**

In 2016/17, we shared our commitment to embedding a culture where staff felt confident in raising safety concerns and knew how to address these issues in the workplace. This programme of work continued in 2017/18 with three key outcomes:

- introduction of anonymous incident reporting
- implementation of a monthly safety briefing, providing a new way of communicating with staff about safety issues and updates on our nine safety streams, which had been identified as areas of clinical risk
- improvements to the quality of our serious incident investigations, including changes to the management of our Duty of Candour training and processes; report

templates; and the introduction of new training for those involved in investigating serious incidents.

This year, we increased our incident reporting rate – a high reporting rate is viewed as a positive reporting culture, as staff feel able to report incidents that occur. By March 2018, we had increased our reporting rate to 49 per 1,000 bed days, against a national target of 41.7 per 1,000 bed days, which puts us in the top 25 per cent of reporters nationally.

We also expanded our ‘freedom to speak up’ guardian programme, with a clearly identified guardian at each of our hospitals to encourage and allow staff to report any concerns confidentially, outside of the line management structure.

**Safety through technology**

Making patient information available to

clinical staff when they need it to care for patients is critical to patient safety and is at the heart of our work on electronic patient records. During 2017/18 we successfully piloted a new approach to alert clinicians early to patients at risk of developing sepsis. Acting early to give patients the right treatment plan has been proven to increase patient safety.

Similarly, we are connecting the devices that monitor foetal heart rate to our Cerner electronic patient record system. This allows the clinician to more easily monitor mother and baby’s heart rate. Funding through the global digital exemplar programme, see page 71, has helped us to progress further and faster with introducing these innovations.

**New scanners improve detection of disease**

Trust patients were among the first in the world to benefit from two new state-of-the-art SPECT CT scanners installed at Hammersmith Hospital last year. The new scanner is more sensitive, enabling it to localise disease and detect lesions more accurately. The new technology means patients need fewer diagnostic investigations. It is also more comfortable for patients as images are generated more quickly and appointments are shorter.

The scanners are based in a new look department at Hammersmith Hospital which has been refurbished as part of the wider re-development of Trust outpatient areas.

**Our challenges**

We were disappointed that our CQC inspections last year did not result in our overall rating moving up from its current ‘requires improvement’. We’re clear that we have to increase our pace and get to ‘good’ and beyond as soon as possible. For more on our CQC ‘safe’ domain, see page 36.

**Objective: to make the Trust a great place to work**

**Advances in training and development for clinicians**

Last year, we expanded our range of simulation courses, including in vascular surgery and interventional radiology. We also opened the only obstetrics simulation lab in the country at Queen Charlotte’s & Chelsea Hospital.

We established a network of advanced clinical practitioners – experienced, registered healthcare practitioners such as nurses, paramedics, pharmacists and physiotherapists who have completed further training and education at a master’s level. With this network in place, we launched our advanced clinical practice committee and held our first advanced clinical practice conference.

We introduced our first cohort of 13 nursing associate trainees across a number of specialties, with 30 more trainees due to start in 2018. The nursing associate role is designed to bridge the gap between healthcare assistants and registered nurses.

Our apprenticeship programme was rolled out further, with administrative opportunities now in place in clinical and corporate departments across the organisation. During the year, 13 apprentices gained full-time, substantive employment with the Trust having successfully completed their programme. We recruited 39 new apprentices to the programme.

We received funding for a practice facilitator in radiology who will contribute to training staff across the Trust in line with the new sector-wide radiographer career framework. This will significantly improve the learning experience and career development for this key group of staff.

We successfully introduced the new contract for junior doctors and have sustained our performance in the national training survey, with many specialties gaining positive feedback for the training experience. We are working with Imperial College School of Medicine to develop the new undergraduate curriculum which will be introduced in 2019.

Imperial College Academic Health Science Centre’s Clinical Academic Training Office has overseen significant developments in academic opportunities particularly for non-medical academic programmes. Academic educational collaboration continues to expand at the Trust with the appointment of Professor Mary Wells, lead nurse for research, and Dr Caroline Alexander, lead clinical academic for therapies.

**Coaching and leading for improvement**

We were one of the first three partners selected from across the UK to be a ‘flow coaching academy’, rolling out an approach developed by Sheffield Teaching Hospitals, supported by The Health Foundation.

Based within the Trust’s improvement team, Flow Coaching Academy Imperial exists to build team coaching and improvement science skills and support their application in developing better clinical pathways.

At the heart of the approach is a one-year programme with two components:

- Coaching pairs – leading on the improvement of a defined clinical pathway. Made up of a clinician working within the pathway plus another individual from outside of the pathway. The pairs have 18 days of

face-to-face training across 11 sessions.

- Big rooms – a weekly, face-to-face session bringing together a range of staff and patients involved in the pathway to discuss, plan and review improvements. The pairs put their learning into practice by coaching the big room, focusing on making it as easy as possible for patients to ‘flow’ through the pathway and reducing unwarranted variation in processes and care.

Three pathways were trialled in 2017: sepsis, diabetic foot and paediatric asthma. The programme is now being rolled out to nine Trust clinical pathways for Flow Coaching Academy Imperial’s first official programme. The first group of 18 coaches began their training in March 2018.

**An offer full of opportunity**

In 2017/18, we launched our ‘full of opportunity’ campaign to promote all that the Trust has to offer its staff and to encourage others to join us. A recruitment campaign helped us keep our nurse vacancy rate at 14 per cent – slightly lower than the London NHS trust average. The campaign emphasised the Trust’s outstanding learning and development pathways, mentoring by senior nurses and great team working. Individual nurses were featured who personify the depth and breadth of opportunity the Trust has to offer. In the most hard to recruit areas, successful candidates were offered a £5,000 premium, in line with many other NHS Trusts, which helped us bring skilled nurses into post and reduce agency costs.

In September 2017, we held our first ‘Great place to work’ week, with a range of activities across our hospitals, including a health and wellbeing marketplace with healthy food, massage and advice, talks and tours,



and promotions of staff benefits and development opportunities.

We launched our internal transfer career clinics – so that nurses can find the next new role they want right here rather than leave the Trust for promotion. A new training course, ‘Springboard’, was developed to support nurses moving to more senior roles. Managers were also supported to encourage their staff to develop with a new retention toolkit and a team-building programme. In your shoes.

An ‘open door’ staff event was held at Charing Cross Hospital in October to reassure staff about the future of the hospital and celebrate recent investments and achievements there. It included a special Schwartz round – where staff are supported to discuss

the sometimes challenging emotional realities of their jobs. There were tours of the recently renovated outpatients department and patient service centre, as well as the A&E department to talk about future expansion plans.

In response to the growing challenge of staff shortages nationally, especially in nursing, the Trust is expanding its proactive approach to making sure we have enough people with the right skills. This includes developing new types of roles – nursing associate, advanced clinical practitioners and return-to-practice nurses. We are also undertaking more work to understand what is important to nurses at different points in their career so that we can be more flexible. And, as with many other NHS Trusts, there will be a drive to recruit nurses internationally and build on our diverse workforce.

### Best ever staff engagement score

Our staff engagement score increased for the third year in a row in the 2017/18 national NHS survey, reaching a score

of 3.84 out of five. We not only achieved our highest engagement score to date, we also moved up to above the national average.

### New staff orchestra and choir

In 2017, staff from the Trust and Imperial Health Charity launched our first organisational choir and orchestra. The aim was to encourage staff from all over the Trust to come together to play and sing in a fun, relaxed environment. In December, the Medico Orchestra and the Trust choir held their inaugural concert at St James Church in Paddington. The choir has over 25 members and the orchestra, 40.

### Our challenges

Recruiting and retaining staff remains one of our biggest challenges. We are addressing this NHS-wide issue by increasing our own focus on training and development, including through apprenticeship routes, as well as investing more in recruitment in the nearer term. We also recognise we need to do more to ensure and promote equality and diversity. A particular focus for 2017/18 is improving workforce representation of black and minority ethnic staff on band 7 and above and to reduce the disproportionate representation of black and minority ethnic staff receiving a lower rating in their appraisal. An equality and diversity steering committee was established last year, with senior level leadership and broad representation from all divisions with the Trust, to help take this work forward.

## Objective: to build sustainability

### Specialty review programme

The specialty review programme is our clinically-led process to help develop a refreshed clinical strategy, built upwards from specialty level plans. The programme has three interrelated work streams – clinical services, sustainability and workforce.

By the end of the year, nearly all specialties had begun the process by participating in a clinical strategy workshop. Sixteen specialties had been through all three workshops and have developed – or are developing – specialty specific plans.

As an example, one of the outputs of the review of vascular surgery is to develop plans to reduce the length of stay for an endovascular aneurysm repair (EVAR) to less than one day.

### Green light for first phase of St Mary’s redevelopment

Planning permission for a new building at St Mary’s Hospital was approved by Westminster City Council last year as the first phase of the site’s overall redevelopment.

The proposed plan replaces 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 with an eight-storey building. The new facility will house Western Eye ophthalmology theatres and outpatient services as well as many St Mary’s outpatient services.

The urgency of this new build reflects the aging nature of the estate at both St Mary’s and Western Eye hospitals. The modern facility will allow us to take advantage of new technologies and practices as well as ensuring the best possible experience for everyone using

and visiting the hospital. In 2018/19, we are working on securing the approvals for the capital investment that will be required.

### Imperial Private Healthcare

In 2017/18 Imperial Private Healthcare, the private arm of the Trust, generated just under £51m of revenue – a 10 per cent increase on 2016/17. All profits from Imperial Private Healthcare are reinvested back into the Trust, helping to support and improve NHS services as well as our dedicated private facilities. Last year saw Imperial Private Healthcare care for over 18,000 patients, from London, the UK and overseas who either have private healthcare insurance, are embassy sponsored or paid for their own treatment.

We care for patients with a wide range of need. In particular, our private maternity services at The Lindo Wing at St Mary’s Hospital and at Queen Charlotte’s & Chelsea Hospital delivered over 1,000 babies.

As well as generating revenue for NHS provision, our private patient units enable the Trust to care for very poorly people from around the world. This includes supporting major trauma casualties from war zones and patients requiring live kidney transplants.

### Cost improvements

The Trust delivered another challenging programme of cost improvements last year, worth £43.1m recurrently, while continuing to improve our care, caring for more patients. The target for cost improvements had been higher but significant winter pressures, waiting list challenges and our ailing estate meant some of the cost improvements schemes have slipped into 2018/19.

The Trust implemented a number of central initiatives generated by Lord Carter’s review of NHS efficiencies that contributed to our cost improvement programme including:

- a pay cap on agency staff resulting in a reduction in agency costs
- efficiency savings from changing the way we deliver services
- tightening procurement, drugs, contracts, estates and facilities spending including looking at comparative data from across different NHS trusts.

Our cost improvements in 2017/18 helped us to achieve our financial plan. We delivered a £3m surplus, taking into account additional central support including sustainability and transformation funding. We also met our agency pay cap and capital expenditure plan and remained within our cash limits. Importantly, we have also taken around £10m off our underlying deficit and are finalising a plan that does the same again for the coming year.

### Our challenges

We have an ongoing struggle to deal with the poor state of our estate across all of our sites as well as the lack of space in which to expand our capacity. While we continued to make progress on reducing our underlying financial deficit, the scale of our challenge to achieve a fully balanced budget and long-term financial sustainability is significant.



# Highlights 2017/18



## BBC2 Hospital

Last year we partnered with production company Label1 for the second time to bring series two of the documentary Hospital, to BBC2. The series, which showed the daily life of a major acute NHS trust, won the Royal Television Society award for best documentary series and was shortlisted in the 'factual series' category at the 2018 BAFTAs. There were over two million viewers per episode. The series generated over 500 news articles and thousands of views of our blog posts offering background on issues explored in the programmes.

## Award from the Ministry of Defence

The Trust received the ERS Bronze Award from the Ministry of Defence for supporting its staff to be part of the UK's reserve forces and helping people leaving the military to secure jobs at the Trust through the Step into Health programme. The Trust's major trauma unit in particular has a special link to the military, with trauma doctors experiencing field work in war zones, helping them develop the specialist skills for trauma medicine.



## The Trust at 10

In October 2017, we celebrated 10 years of the Trust and our decade long partnership with Imperial College London. We cut the ribbon bringing together our five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's, and the Western Eye – and have been able to develop more integrated care for local people as well as a range of nationally and internationally renowned specialist services.



## Hosting our own 'Old People's Home for 4-Year-Olds'

Some of our oldest patients enjoyed a very special Christmas party in 2017. After being inspired by Channel 4's 'Old People's Home for 4 Year Olds', departments from around the Trust teamed up to host our very own intergenerational Christmas party. The party saw 10 children aged six and seven years old from Laurel Lane primary school come to visit the Albert Ward at St Mary's Hospital. Together the older patients and school children played games, enjoyed some festive snacks, decorated Christmas trees and wrapped presents together.

## Innovating for improvement

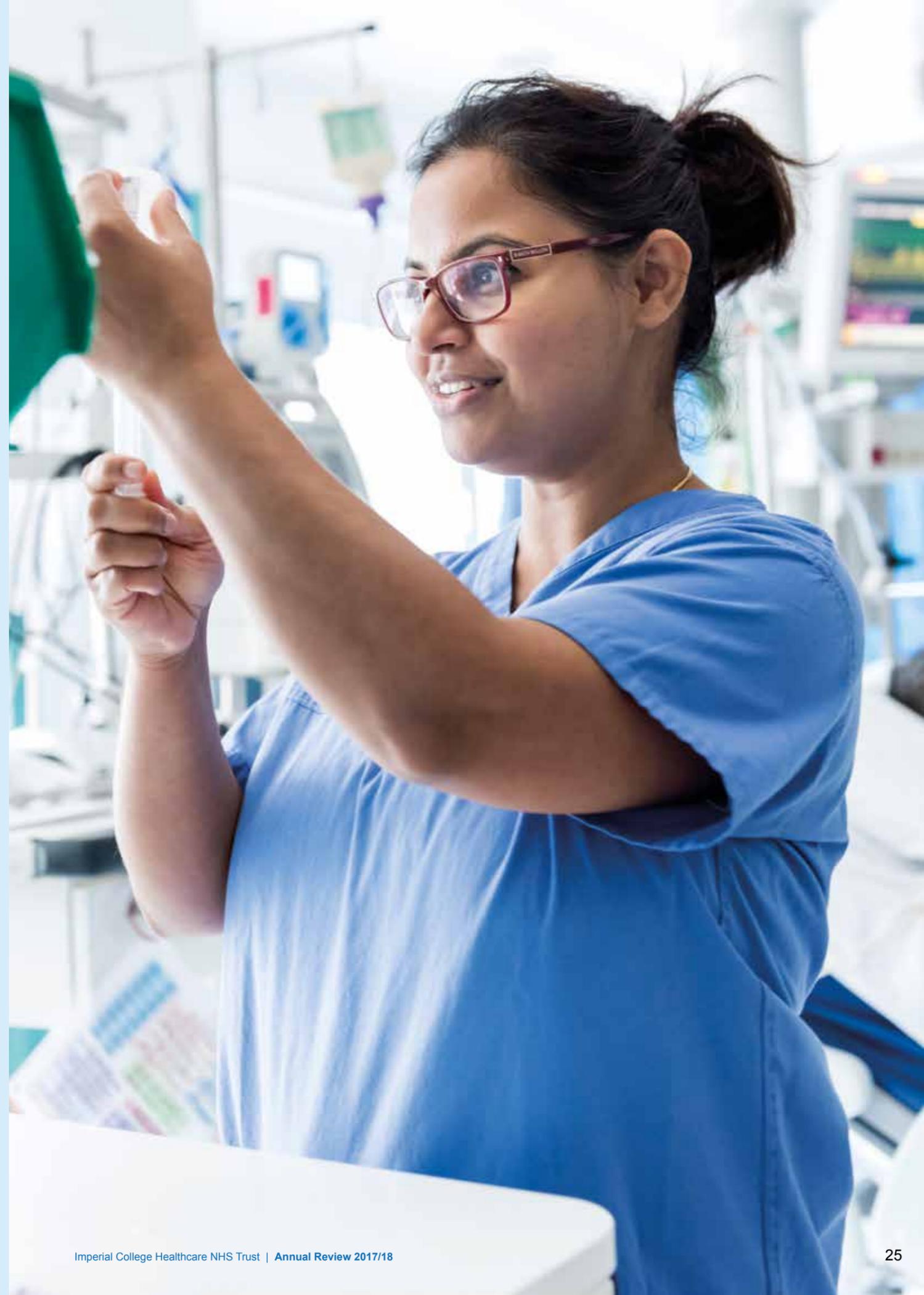
Trust and Imperial College teams were selected by the Health Foundation, an independent health and health care charity, to be part of its £1.5m innovation programme Innovating for Improvement. The project will develop IT software to process all anonymised patient feedback and group it into themes in order to better identify and prioritise areas of improvement. As a result, our efforts can be further focused on finding solutions to common problems.

## Smallest ever UK nappy to help premature babies

New nappies specifically designed to meet the needs of premature babies were piloted on two neonatal intensive care units at the Trust in April 2017. The range of new nappies, developed by Pampers in partnership with charity Bliss, includes the size P3 nappy which is three sizes smaller than a regular newborn nappy and suitable for babies weighing as little as 1.8lb. The new nappies are designed to minimise disruption to help with premature babies sleep, positioning and medical care.

## Stream of live operation to educate surgeons

A surgeon at St Mary's performed an operation which was streamed live at the 22nd World Congress for the International Federation for the Surgery of Obesity and Metabolic Disorders, held in London. Mr Ahmed Ahmed performed a laparoscopic insertion of a LINX device which is implanted to treat acid reflux. The LINX procedure implants a ring of magnetic beads around the lower part of the oesophagus to strengthen it and help keep it closed when not swallowing.



# Research highlights 2017/18

## New heart procedure set to become global standard

A new tool for assessing the narrowing of the heart's arteries, developed by Trust clinicians, is set to be adopted internationally as the new global standard in evaluating patients' suitability for a stent. Narrowing of the coronary arteries can affect how the heart functions, potentially leading to chest pain, heart attacks and heart failure.

Instantaneous wave-free ratio (iFR) allows clinicians to measure the pressure loss caused by the narrowing in these blood vessels to see whether the patient is suitable for a stent – a type of mesh tube used to hold open clogged arteries and increase blood flow. The new technique is more comfortable for patients, takes less time and is more cost effective.

## Pioneering prostate treatments

Charing Cross Hospital is trialling a new world-leading 'one-stop-shop' approach to diagnosing prostate cancer which is helping to reduce diagnosis times from six weeks to just one week. A new scanning and diagnosis method called RAPID means men having an MRI scan can get their results on the same day. For those with a suspicious MRI, a biopsy is done the same day, using new FUSION technology, rather than multiple outpatient visits over four to six weeks.

In addition, Rezum Water Vapour – a new treatment which could improve the lives of thousands of men who are living with the effects of an enlarged prostate – was performed for the first time in London at Charing Cross. The new technique injects small amounts of steam into the prostate which permeates throughout the tissue and allows the gland to shrink as it repairs itself, relieving men of symptoms. It aims to replace a procedure which

takes over an hour and includes two to three days of hospital stay with a 10-15 minute procedure under sedation/local anaesthetic, with patients able to go home that same day.

## Promising new treatment for rare pregnancy cancer

A research trial at Charing Cross Hospital was the first to show how an immunotherapy drug could be used to cure women of a rare type of cancer arising from pregnancy when existing treatments have failed.

The researchers wanted to test whether the drug, pembrolizumab, could be used to treat patients with the cancerous forms of gestational trophoblastic disease (GTD) who had become resistant to long-term chemotherapy.

Three out of the four patients in the trial went into remission after receiving the immunotherapy.

## Pioneering parent-delivered care for premature babies

Parents of premature babies are being given a much greater role in the care of their babies in neonatal care introduced at the Trust. In a UK first, parents of premature babies become the main caregiver while in hospital, with the support and supervision of neonatal doctors and nurses.

Putting parents at the forefront of their premature baby's care reduces anxiety in parents and their baby and benefits the baby's medical progress and development.

It is linked to improvements in weight gain, higher breastfeeding rates, and reductions in infections and length of hospital stay. The approach was funded by a £180,000 grant from Imperial Health Charity.

## £2.2 million funding for twin pregnancy research

Clinicians at the Trust were awarded a £2.2m grant by the Medical Research Council to carry out the first human trials to treat twin-twin transfusion (TTTS), a potentially fatal complication in 10-15 per cent of pregnancies where identical twins share a placenta.

If the blood doesn't flow evenly between the twins, the uneven blood flow results in one of the twins growing too big and the other growing too slowly. High Energy Focused Ultrasound will be trialled to selectively target and destroy placental blood vessels – potentially enabling it to split the placenta in two without the need for an invasive procedure.

## New hip resurfacing implant

Surgeons at Charing Cross Hospital are treating patients with a new type of hip implant that could lead to better outcomes for younger, more active people requiring surgery. The collaboration with Imperial College is the first investigation in the world to resurface patients' hips without using metal implants.

Fifteen patients have so far been treated with a novel ceramic hip resurfacing implant and early results suggest patients can return to physical activities such as swimming and cycling within six weeks of their operation. The clinical trial is designed to show that the ceramic implant is suitable for both men and women, as conventional hip resurfacing techniques are currently unsuitable for female patients.

## New eye test detects the earliest signs of glaucoma

Researchers at the Western Eye Hospital and University College London have developed a new diagnostic tool to detect signs of glaucoma up to a

decade earlier than current approaches, when treatment is much more successful. The technique, called DARC (detection of apoptosing retinal cells), uses a fluorescent marker that shows sick cells as white fluorescent spots during an eye examination, using routine hospital eye examination equipment.

The researchers hope that eventually it may be possible for opticians to carry out the tests, enabling even earlier detection of the disease. The test also has potential for early diagnosis of other degenerative neurological conditions, including Parkinson's, Alzheimer's and multiple sclerosis. The research is funded by the Wellcome Trust, with equipment funded by Imperial Health Charity.

## New technique could bring benefit to Alzheimer's patients

Patients with suspected Alzheimer's have benefited from a study on the use of PET (positron emission tomography) scans to help diagnose the disease at Charing Cross Hospital. The study found patients were able to receive more tailored care and needed fewer investigations after having the scan. In a number of cases a diagnosis became possible for individuals whose clinical features were not typical of the disease.

PET scans have long been used to image tumours, clots and blood flow in the brain. However, their use in patients with Alzheimer's has been limited to date. The scan can show the build-up of misshapen proteins, called beta-amyloid, which are characteristic of Alzheimer's disease – the most common form of dementia.

## Using CGI in reconstructive surgery

Surgeons at St Mary's Hospital and researchers at Imperial College have shown for the first time how surgeons can use computer-generated augmented reality imaging (CGI) while operating on patients undergoing reconstructive lower limb surgery. It is hoped that the approach will improve outcomes for patients.

The Microsoft HoloLens headset is a self-contained computer headset that enables the wearer to interact with 'holograms' – computer-generated objects made visible through the headset. The technology overlays images of CT scans – including the position of bones and key blood vessels – onto the patient's leg, in effect enabling the surgeon to 'see through' the limb during surgery.



# Recognition of our staff 2017/18



**Gemma Clunie**

Gemma Clunie, clinical specialist speech and language therapist, and Rebecca Smith, physiotherapist at Imperial College, were awarded the NIHR (National Institute of Health Research) Clinical Doctoral Research Fellowship to carry out studies about a rare airway disorder and balance problems following a head injury.



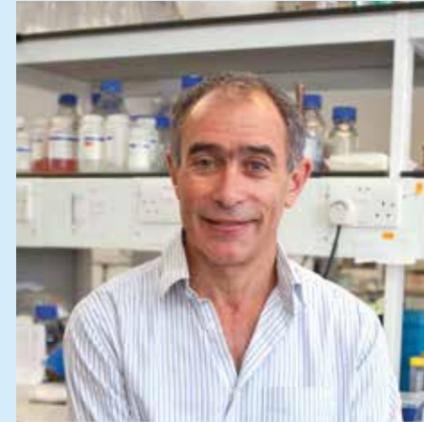
**Dr Nichola Cooper**

Dr Nichola Cooper, consultant haematologist, was awarded the John Moulton grant by the BMA Foundation at its award ceremony. Dr Cooper was awarded the grant to assist her research into idiopathic thrombocytopenic purpura (ITP) to understand clonality in T cells in ITP.



**Mr Shehan Hettiaratchy**

Mr Shehan Hettiaratchy, trauma lead and major trauma director, was recognised for his work in treating people injured in terrorist attacks in London during 2017. Mr Hettiaratchy was one of 12 individuals collectively named 'the most influential Londoners' in this year's Progress 1000 list by the Evening Standard. He was also presented an award by Prime Minister Theresa May at the Daily Mail's Health Hero of the Year awards.



**Professor Michael Levin**

Professor Michael Levin, consultant paediatrician based at St Mary's Hospital, was awarded an MBE by Her Majesty the Queen, recognised for his 'services to infectious diseases, critical care and research in paediatrics' in the New Year's Honours List.



**PREPARE for surgery team**

The Trust's PREPARE for surgery team was named Patient Partnership and Surgical Team of the Year, at the BMJ Awards 2017. The PREPARE for Surgery programme 'trains' patients for surgery based on their individual needs, covering physical activity, diet, psychological wellbeing and medication management. The programme has led to improvements in post-operative complications, with post-operative pneumonia falling from 60 per cent to 30 per cent. Patients are also recovering quicker, with the average length of stay in hospital reducing from 12 days to nine.



**Dementia care team**

The dementia care team were recognised for their tailor-made eating and drinking plans for patients, Dementia Nutritional Support in Hospital Pathway (NoSH), at the HSJ awards where they received the acute sector innovation prize.

NoSH, which helps patients with dementia manage their food and drink, was recognised after making a big impact at St Mary's Hospital, speeding up recovery rates and helping patients return home faster.



**Professor Graham Cooke**

Professor Graham Cooke was awarded a prestigious research professorship for work to help accelerate the elimination of hepatitis C in the UK by the NIHR. Professor Cooke will work with patients at St Mary's Hospital to develop new ways of diagnosing and managing people infected with hepatitis C.



**Professor Alison Holmes**

Professor Alison Holmes, director of infection prevention and control at the Trust, was appointed senior investigator by the NIHR. Senior investigators are among the most prominent and prestigious researchers funded by the NIHR. The appointment was for her research work in infectious diseases and epidemiology.



**Dr Matt Williams**

Dr Williams, a consultant clinical oncologist at the Trust, helped advise producers at Coronation Street on their latest storyline after it was revealed that soap icon Rita Tanner had a brain tumour. Dr Williams worked closely with producers at ITV and the charity Brain Tumour Research to ensure that Rita's storyline was portrayed as accurately as possible.



**Nursing Times Awards 2017**

We were one of 11 NHS Trusts acknowledged for their nurses' response to the London and Manchester terror attacks in 2017 with special recognition Awards. Our nurses were recognised for outstanding contribution during the Westminster and London Bridge terrorist attacks.

# Sustainability report

Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. At the Trust, we aim to continually:

- minimise our carbon footprint
- reduce our energy usage and increase our proportion of green energy
- ensure water efficiency
- encourage sustainable transport
- ensure procurement that is sustainable both environmentally and socially
- improve our preparations for adverse climate impacts.

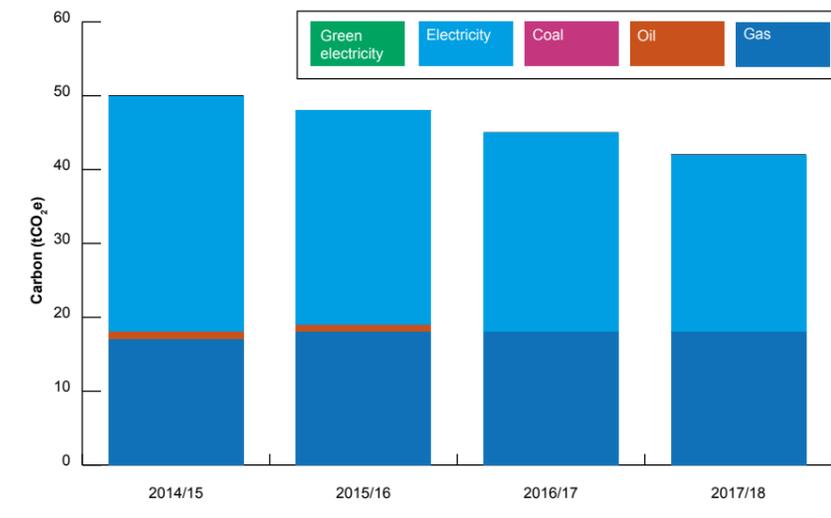
In all our plans we consider the social and environmental impacts to ensure that the legal requirements in the Public Services (Social Value) Act (2012) are met. The Trust currently has 294,304m<sup>2</sup> of floor space.

While we have not yet delivered a comprehensive sustainability plan, the following report demonstrates our successes and challenges in moving forward with our sustainability agenda during 2017/18. The schemes being introduced to minimise the Trust's carbon footprint are set out below.

## Minimising our carbon footprint

The Trust acknowledges its responsibility to its 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 set out in 2013). It is our aim to go beyond this

Carbon emissions – energy use



target and emissions in 2017/18 are down over 2.2 per cent compared with 2016/17.

Every action counts, and we are a lean organisation trying to realise efficiencies across the board to achieve both cost and carbon (CO<sub>2</sub>e) reductions.

During 2017/18 the Trust implemented three projects:

- condensing flue gas recovery at Hammersmith Hospital
- boiler house upgrades at Charing Cross Hospital
- GEM steam traps at St Mary's Hospital.

These projects further reduced our carbon emissions by 2,092 tonnes. Following the success of the flue gas recovery project at Hammersmith Hospital (found to be delivering 120 per cent of target savings), a similar project has just been completed at Charing Cross Hospital which will decrease Trust's emissions by another 1,683 tonnes in 2018/19.

As noted in last year's report, two of the

Trust's hospitals – Hammersmith and Charing Cross – are no longer required to be in the carbon reduction commitment energy efficiency scheme; providing a net reduction in our carbon tax liability of almost £2m over the next five years.

We recognise that there is more to be done to reduce the impact of our activities on the environment. During 2017/18, we aimed to reinvigorate and revive our plans in line with the NHS Sustainability Development Unit guidance, but this has been carried forward to 2018/19. A key part of this will be the introduction of combined heating and power (CHP) reconfiguration at Hammersmith Hospital which will lessen our emissions by 2,616 tonnes, and also secure financial savings of circa £250,000 per annum from 2019/20.

Starting in 2009/10, the Trust has invested in over 34 energy efficiency projects, all funded by Salix interest-free loans (total loan value of £9.4m), which together are delivering savings of £2.4m per annum against the business-as-usual energy spend.

The Trust has benefitted from most of the easier to implement energy efficiency options and in 2018/19 will be exploring the possibility of an energy performance contract. This will enable achievement of medium to long term heat and power aims, as well as identify and implement a full range of commercially viable energy efficiency options.

The Trust has undertaken risk assessment and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that the organisation's obligations under the Climate Change Act and the adaptation reporting requirements are complied with.

## Reducing our energy usage and increasing our proportion of green energy

We spent £9,242,000 on energy in 2017/18, a 3.4 per cent increase on that in 2016/17. This increased spend has been due primarily to the particularly adverse weather conditions over the winter period, with nearly five per cent more total degree days below 18.5C than the previous year. Additionally, the age of much of the Trust's estate, particularly on the St Mary's, Hammersmith and Western Eye hospital sites, makes it very difficult to reduce energy consumption.

The Trust has yet to procure green energy, as demonstrated in the table opposite, as it is prohibitively expensive.

Resource		2014/15	2015/16	2016/17	2017/18
Gas	Use (kWh)	82,453	86,702	86,716	84,814
	tCO <sub>2</sub> e	17	18	18	18
Oil	Use (kWh)	2,834	2,843	658	1,096
	tCO <sub>2</sub> e	1	1	0	0
Coal	Use (kWh)	0	0	0	0
	tCO <sub>2</sub> e	0	0	0	0
Electricity	Use (kWh)	54,034	53,444	54,757	57,534
	tCO <sub>2</sub> e	32	29	27	24
Green electricity	Use (kWh)	0	0	0	0
	tCO <sub>2</sub> e	0	0	0	0
Total energy CO <sub>2</sub> e		50	48	45	43
Total energy spend		£ 8,916,631	£ 9,012,756	£ 8,940,086	£ 9,242,247

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.

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 energy is used as efficiently as is possible given the infrastructure issues outlined.



Water		2014/15	2015/16	2016/17	2017/18
Mains water	m <sup>3</sup>	408,319	428,001	447,780	409,818
	tCO <sub>2</sub> e	372	390	408	373
Water and sewage spend		£ 40,411	£ 746,213	£ 874,505	£ 874,505

Category	Mode	2014/15	2015/16	2016/17	2017/18
Patient and visitor own travel	miles	1,801,377	1,741,784	1,608,420	2,021,121
	tCO <sub>2</sub> e	661.88	629.89	581.30	720.18

### 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 and 2017/18 has seen a further decrease in consumption, by 37,962m<sup>3</sup> from 2016/17.

The Trust is working with Advanced Demand Side Management (ADSM), a utility management consultancy that provides water management services. Their services include invoice validation, including water consumption reports, which has helped achieve saving of circa £170,000 from 2016/17. Their service also includes a water leak detection system that includes underground water leak detection. This identified a large water leak of 20 m<sup>3</sup> per hour, which would not otherwise have been detected until the invoice was received.

### Encouraging sustainable transport

We seek to improve local air quality and improve the health of our community by promoting active travel that avoids car use to our staff and to the patients and public that use our services. Air pollution, accidents and noise – all caused by cars and other vehicles – all cause health problems for our local population, patients, staff and visitors.

The Trust's non-emergency patient transport service undertakes in excess of two million journeys each year. Recent changes to the vehicle fleet have introduced smaller and 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 and Social Care terms and conditions for procurement which contain sustainability clauses, and regularly reviews its compliance against these.

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 was not able to move forward with its plans for implementation of the good corporate citizenship (GCC) tool to help promote social sustainability awareness, but this remains part of our broader sustainability planning.

### 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. The Trust continues to review, develop and implement policies and protocols in partnership with our site partners and other local agencies to mitigate the impact of these changes including handling extreme cold and heat, which were both experienced in 2017/18.





# Performance against the five domains of quality

**Our 2015 – 2018 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 2017/18 were defined in our quality account last year following consultation with our clinical and management teams and with our external stakeholders, through the 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 overleaf as well as areas where we have not performed as well as we would wish. We also developed measurable and structured improvement projects which were assessed for their potential to positively impact on the goals and targets we set. For full details, please see our quality account, which is published on our website.

# 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 and challenges

We had fewer incidents which cause the most harm to patients compared to other acute trusts again this year, and so continue to be below average for incidents causing severe or extreme harm to patients.

We increased our incident reporting rate: An important measure of an organisation's safety culture is its willingness to report incidents affecting patient safety, to learn from them and deliver improved care. A high reporting rate 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 almost 48 per 1,000 bed days, which puts us in the top 25 per cent of reporters nationally.

We reduced our never events, reporting one never events this year, compared to four in 2016/17. Never events are defined as serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

We maintained safe staffing levels: Although our vacancy rates remain higher than our targets, we have

ensured staffing meets planned safe levels this year. Where shifts were not filled, staffing arrangements were optimised and any risk to safe care minimised by the senior nurses.

We have achieved a 37 per cent reduction in the number of grade 3 and 4 pressure ulcers: We are proud that we have exceeded our target of a ten per cent reduction in pressure ulcers compared to 2016/17.

We have met our venous thromboembolism (VTE) assessment target since November 2017: The risk of hospital acquired VTE – blood clots in the vein – can be reduced by assessing patients on admission. The Trust moved to assessment for VTE at drug prescription on admission rather than at discharge at the end of March 2017 in response to limited assurance on accuracy of data from auditing. There was an initial drop in performance across the Trust which we had anticipated and a Trust-wide action plan that included sharing performance data locally was implemented.

We reported ten avoidable infections: Although we did not meet our stretch target to have none we have seen a decrease in avoidable infections in 2017/8, reporting 10 compared to 12 last year. We have also seen a reduction in total cases of both infections when compared to last year.

In March 2018, the Trust also received a letter from NHS Improvement commending our contribution to reducing Escherichia coli bloodstream infections. The Trust was one of 59 who

achieved a 10 per cent or greater reduction in hospital onset infection.

We have not fully met our targets for compliance with Duty of Candour although we are making sustained improvements: This involves giving patients accurate, truthful and prompt information when mistakes are made and treatment does not go to plan as well as providing an apology. As well as being a requirement under the Duty of Candour legislation, the Trust recognises the importance of being open with patients if they have suffered harm related to care or treatment.



## Effective

**Goal:** To show continuous improvement in national clinical audits.

**The goal and targets in our Effective domain are designed to drive improvements to support good practice in our services and ensure the outcomes for our patients are as good as they can be using best available evidence to continuously improve care and treatment. We are delighted that the CQC increased our overall rating in this domain to 'good' following their inspections in 2017 which reflects the progress we have made over the last few years.**

### Effective quality highlights and challenges

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. This year we have also moved up to have the second lowest SHMI of all non-specialist providers in England.

We have participated in 40 out of 41 relevant national clinical audits, and action plans have been implemented

where required: Clinical audit is a key improvement tool through which we can monitor and improve the quality of care that we provide. By taking part in national clinical audit programmes, we are able to benchmark our performance and measure improvements on a year-by-year basis.

We are reviewing all cardiac arrests that occur outside of our intensive care units, emergency departments and coronary care units for harm: When cardiac arrests occur outside of these areas it can be because patients are not being monitored properly, or staff have failed to recognise and act on deterioration in their condition. The Trust now has an increasingly robust process in place to review each of these cardiac arrests for care or service delivery issues. Two cases have been found to have resulted in harm this year, compared to one the previous year.

We did not meet our target to ensure that 90 per cent of clinical trials recruit their first patient within 70 days however we are improving due to focussed work and action: Since quarter two 2016/17, our results have consistently fallen below the 90 per cent target reflecting process and data changes introduced by the Department of Health that year. Performance has also declined nationally. A new consultation by NHS England is currently proposing to establish a single set of national clinical trials metrics which are more robust and which are resistant to different interpretations by Trusts as is currently the case. We continue to review procedures for the timely initiation and delivery of clinical trials.



## 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 and challenges

We have exceeded our target for the percentage of our inpatients and A&E patients who would recommend us to friends and family: For patients reporting a positive experience, interaction with staff continues to be the most significant factor. This relationship between staff and patient experience is well recognised; our patients report this as having the most positive impact on their experience. We are continuing to build upon this relationship by actively encouraging staff to understand and act upon patient feedback.

We have maintained the percentage of outpatients who would recommend our Trust since last year: Although we are disappointed that our outpatient Friends and Family Test (FFT) score has not improved since last year, we are confident that the changes we are making as part of our outpatient improvement programme will significantly improve outpatient experience in the long run.

We did not quite maintain our performance in the national inpatient survey relating to responsiveness to patient's needs: We scored 6.72 out of 10 in the 2016 survey, compared to 6.74 in the 2015 survey.

We did not improve further on our national cancer patient experience survey results: In 2016/17 year we saw the best set of results in the five years that the survey has been running. Unfortunately we did not manage to improve on our results again in 2017/18, scoring 8.5/10 compared to 8.6/10 the previous year. However, the Trust did score above the expected ranges on questions about whether taking part in cancer research was discussed with the patient, and if the patient was given the name of the clinical nurse specialist who would support them through their treatment.

We have exceeded our target to respond to 95 per cent of complaints within the timeframe agreed with the patient: We maintained a high level of performance in relation to responding to complaints within the timeframe agreed with the patient. The process for complaints handling is fully embedded and effective. With a strong commitment to resolving concerns as promptly and effectively as possible and with better access to complaints investigators, we have also seen a reduction in the numbers of complainants taking their complaint onto the Parliamentary and Health Service Ombudsman (PHSO). Overall, the volume of formal complaints received by the Trust continues to fall year-on-year which suggests that people's concerns are being dealt

with nearer the point at which they occur. Clinical care and issues with appointments continue to be the most frequent categories of complaints received. In the latest inspection reports for the Trust, the CQC concluded that overall the management of complaints was "good".



# 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, which can cause harm to our patients. Our goal is to consistently meet the national targets.**

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 and challenges

We have not consistently met all eight cancer standards: Although we did not consistently meet all eight cancer standards across the year, improvements have been seen. These improvements have been the result of a number of actions across each of the targets, including increasing MRI capacity to deliver same day scanning and reporting for prostate cancer referrals and increasing CTC scanning and reporting capacity to support the colorectal straight to test pathway. In September the Trust signed a memorandum of understanding with RMP Vanguard to deliver the £943k investment over the next two years to fully establish the prostate RAPID diagnostic pathway.

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 87 per cent against this target in 2017/18.

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 not met the national performance targets for referral to treatment (RTT): We reported 83 per cent of people treated within 18 weeks between April 2017 and March 2018 compared to the national standard of 92 per cent.

We also reported 267 patients who waited over 52 weeks for treatment throughout the year, compared to the national standard of zero. As part of the Trust's waiting list improvement programme we introduced a clinical review process for patients waiting over 52 weeks for treatment and three cases of clinical harm have been confirmed since the process began in August 2016.

In 2017/18 we also included an 'on admission' clinical harm review for patients waiting 52 weeks and over for treatment within specialties that are included within the 'high risk' category. To date there have been no incidents of clinical harm. Also, a dedicated email address was set up for GP colleagues to alert us to any patients that they are concerned about having increased risk of harm to support us to escalate patients for earlier care where appropriate. No patients have been found to suffer harm through this route.

We continue to deliver our outpatient improvement programme and are seeing improvements as a result: Although we have not met our targets, we have increased the number of appointments made within five working days of receipt of referral from 77 per cent in 2016/17 to almost 84 per cent in 2017/18.

We have improved our PLACE (patient led assessment of the care environment) scores in all categories: This year's results showed an improved position in all six areas measured by PLACE (cleanliness; food and hydration; privacy, dignity and wellbeing; condition, appearance and maintenance; dementia; disability). These improvements were the result of a detailed action plan led by the PLACE steering group, as well as progress with our wayfinding, clinical and estate strategies.

We have not achieved our target to discharge at least 35 per cent of our patients on relevant pathways before noon: The Trust is supporting wards to implement the SAFER flow bundle which combines five elements of best practice to improve patient flow and prevent unnecessary waiting for patients. This includes early discharge to make beds available on the wards to admit new patients from A&E. This year 11.7 per cent of our patients were discharged before noon from across the Trust, compared to 17.5 per cent last year.



## 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 and challenges

We have achieved our goal and increased 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 May and June 2017. We were very pleased to see that our scores for both of these increased again this year; they are our best results for these two questions since the staff survey was introduced in 2013.

We have met our voluntary turnover rate target: 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. We are pleased that we have seen a decrease in staff voluntarily leaving the Trust this year from 10.2 per cent to 9.1 per cent.

Our sickness absence rate remains low: Low sickness absence is an indicator of effective leadership and good people management. We are continuing our focus on supporting the health and wellbeing of our staff along with supportive management interventions for those who are absent due to sickness. There are a range of activities and services available within the Trust including occupational health, staff counselling, stress management, yoga and meditation classes, and smoking cessation clinics. In September 2017 we also ran our 'Great place to work week' which included events designed to get staff fit, active and having fun.

We have maintained our performance overall in the General Medical Council's National Training Survey of junior doctors and our performance for placement satisfaction as measured by SOLE (Student Online Evaluation): 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. Two important elements we use to monitor the satisfaction of our trainee doctors and medical students are:

- Student Online Evaluation (SOLE): In 2016/17, we achieved this target for 76 per cent of our programmes. We are pleased that we have succeeded in slightly improving still further, with 79 per cent of students agreeing that 'overall (they are) satisfied with their placement' in 2017/18.
- General Medical Council's national training survey (GMC NTS): The results of the GMC NTS were

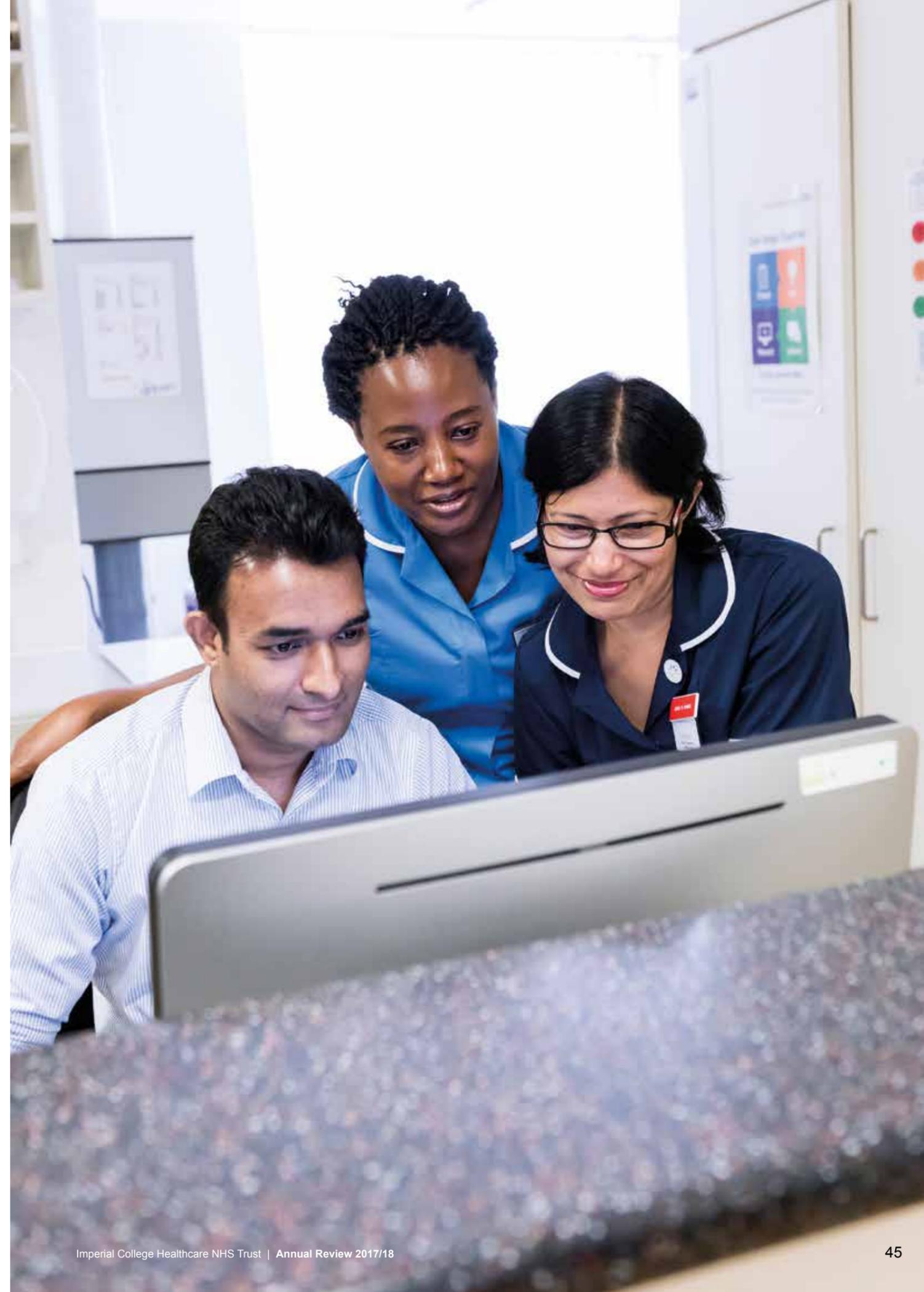
published in July 2017. Whilst the 2016 survey demonstrated significant improvement on previous results, the 2017 results indicate that we have maintained our performance overall. Ongoing supportive improvement plans are in place for specialties of concern through education specialty reviews. Two specialties (ophthalmology and neurosurgery) have been removed from enhanced monitoring by the GMC due to their sustained improved performance. Critical care at Charing Cross Hospital remains under enhanced monitoring with a formal action plan in place.

We re-ran our ward accreditation programme and saw improvements in 38 wards: Our programme of ward inspection carries out regular checks and instigates immediate improvement where necessary. Overall, out of 90 areas reviewed across the Trust, 38 had improved since 2016/17.

We have 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 we have improved on last year's result at 88.5 per cent compared to 86.2 per cent in 2016/17.

We have not achieved our target of 90 per cent of staff being compliant with core skills training, with 87 per cent of our staff fully trained by the end of March 2018: Our core skills training programme ensures the safety and well-being of all our staff and patients. We have an ongoing work programme to maximise compliance rates which includes the introduction of pre-assessment modules, a review of target groups, better communication and improving access to training.

We have not met our percentage target



for the number of doctors who have had an appraisal, however we had positive feedback from our 'higher level responsible officer quality review visit': In February 2017 the Trust was visited by the London revalidation team to assess against the Core Standards Framework for the supervision, support and management of medical staff by the organisation and the responsible officer. The visit highlighted a number of areas of good practice including appraisers having refresher training that was well evaluated by participants, the production of electronic revalidation monthly newsletters, and good working relationships between the medical staff team and the revalidation team. An action plan has been developed for areas highlighted for improvement.

We have not achieved our target to have 10 per cent of staff trained as fire wardens and departmental safety coordinators in 60 per cent of clinical wards, clinical departments and corporate departments: Targeted work has been underway to increase the numbers of trained staff, however high demand on our clinical areas has restricted the availability of our staff to attend the training sessions. In response, a more concise training package for fire wardens has been developed this year and a new e-learning course is being considered for department safety co-ordinator training.

## Annual report

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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](http://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

**[www.imperial.nhs.uk](http://www.imperial.nhs.uk)**

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