Imperial College Healthcare NHS
NHS Trust

Trust Board

26 November 2014

Agenda Item	2.3
Title	Operational Report
Report for	Monitoring/Noting
Report Author	Steve McManus, Chief Operating Officer
Responsible Executive Director	Steve McManus, Chief Operating Officer
Freedom of Information Status	Report can be made public

Executive Summary: This is a regular report to the Trust Board and outlines the key operational headlines that relate to the reporting month of October 2014.

Recommendation to the Board: The Trust Board is asked to note the contents of this report.

Trust strategic objectives supported by this paper:

- 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.

Title : Operational Report

Purpose of the report: Regular report to the Board on Operational Performance

Introduction: This report relates to activity within M7 (October) 2014/15.

A. Shadow Monitor compliance

Foundation Trust governance risk rating (shadow): Amber

Rationale: The Trust under-delivered on the RTT standards and the 4 hour A&E waiting time standard

B. Safety

Mortality Rates:
The Trust's Hospital Standardised Mortality Ratio (HSMR) remains statistically significantly low.

Serious Incidents (SIs) & Never Events:
In October, 17 SIs were reported, and 3 were de-escalated, bringing the total in September to 14. The year to date total is 74 compared to 83 this time last year. No never events were reported in October. The current SI Policy is being updated to streamline the process of reporting.

Venous Thromboembolism (VTE):
In October, the Medical Director was designated Executive Lead for VTE. Trust monitoring of VTE performance was a CQUIN target last year, and although there is no CQUIN currently, this remains part of NICE guidance. A review of the service is underway with a view to linking VTE with the incident reporting process through the Datix system.

Infection Prevention & Control (IP&C)

Meticillin resistant *Staphylococcus aureus* bloodstream infections (MRSA BSI):

- To date 3 cases of MRSA BSI have been allocated to the Trust (one case in April and two cases in May);
- A case of MRSA BSI was identified during October. This is currently being investigated. The final allocation will be determined once the review is complete.

***Clostridium difficile* infections:**

- The Department of Health's annual ceiling for the Trust is 65 cases for 2014/15; to date we have reported 53 cases attributed to the Trust;
- Eight Trust attributable cases were reported to Public Health England (PHE) in October 2014.

Meticillin sensitive *Staphylococcus aureus* bloodstream infections (MSSA BSI):

- In October 2014 nine cases were reported, of which five cases were attributed to the Trust;
- The cumulative figure for this financial year is 19 Trust attributable cases compared to 27

this time last year (FY 2013/14);
- The IP&C team undertake reviews of all Trust attributable cases of MSSA BSIs, findings and subsequent learning are discussed with divisional and clinical teams and any device related BSIs are discussed at the line safety committee.

***Escherichia coli* bloodstream infections (E. coli BSI):**
- In October 2014 there were 27 cases of which eight were attributed to the Trust;
- The cumulative figure since the beginning of April 2014 is 38 Trust attributable cases compared to 48 this time last year (FY 2013/14).

Carbapenemase Producing Organisms:
- There were four cases identified in October. The total for 2014/15 so far is 16;
- In line with the guidance issued by PHE and NHS England, an action plan is in place to ensure that the tool kit is embedded into practice.

Fungal Infection Surveillance:
- We continue to collect Candida blood stream infection surveillance data, in October 2014 we identified three cases, the rolling total for 2014/15 is 15.

Ebola preparedness
- Significant resource has been required to support the Trust in ensuring all sites are fully prepared, IP&C are working with the emergency planning team;
- Following concerns from our staff on the type of Personal Protective Equipment that Public Health England recommended the Trust has sourced additional enhanced PPE (which includes hoods and boots). Further training on the use of these additional new items of PPE will be available for frontline staff within the next fortnight.

Cost improvement programme (CIP) quality impact assessments (QIA)

2013/14 schemes: post-implementation evaluations

In order to consider if there has been any adverse impact on quality after a CIP scheme has been implemented, all divisions were formally requested by the Medical Director and Director of Nursing to complete post-implementation evaluations for a selection of schemes, as outlined in the Trust's policy. A range of key performance indicators were used when undertaking the evaluation such as, incidents, complaints and patient experience.
Over 20 evaluations have been completed for schemes across the divisions with a combined financial value of c.£4mn (based on CIP identified). These were discussed with the Medical Director and Director Nursing at the last set of CIP QIA meetings and presented to the Executive Committee and Quality Committee in October/November. Some of the schemes evaluated were not implemented in 2013/14 due to the high risk score that was given at the time of undertaking the QIA. For the remaining schemes evaluated, there was no adverse impact on quality as a result of implementing the scheme. A number of lessons learnt were presented and have been shared across divisions, for example; effective communication with internal and external stakeholders affected by the implementation of the scheme and/or involved in delivering it, needs to take place as early as possible to ensure expectations are clarified and timescales for delivery agreed.
At present, post implementation evaluations have not been discussed for corporate areas although these discussions will take place at the next set of meetings in January 2015.

2014/15 schemes

The Medical Director and Director of Nursing met with all four divisions in October to discuss 2014/15 CIP schemes. Currently, there are no schemes that have a QIA risk score above 9 and where risk has been identified, mitigating actions are in place. The next set of meetings will take place in January 2015 to discuss schemes for 2015/16 and review the PIE's for the corporate areas.

C. Patient Centeredness

Friends and Family Test

The overall A&E FFT response rate at St Mary's response rate continues to give cause for concern. This is being monitored daily and support provided from the central patient experience team. This issue is being picked up at the divisional performance meetings. There is a risk now of not achieving the quarter 3 CQUIN response rate threshold of 15 per cent. Given the increased pressure around 4 hour waits in October it seems that collection of FFT responses has been given less priority, particularly at the St Mary's Hospital site. The patient experience team are supporting the St. Mary's site by visiting the A&E department 2-3 times daily to encourage staff to remind patients to complete the survey.

Complaints & PALS

There was an increase in volume of formal and PALS complaints in October. An analysis of the key themes emerging from these is underway.

There remains an issue in terms of the rate of complaints closed within the required response time; particularly in Medicine and Surgery, as a backlog of outstanding complaints are cleared. Both divisions have plans in place to clear the backlog with an aim to get back up to the required response rate before the end of the financial year. This issue was discussed at the CEO quarterly performance meetings with divisions agreeing a timeline to get back to an 85 per cent response rate.

D. Effectiveness

Patient reported outcome measures (PROMS):

PROMs measure health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery. PROMs have been collected nationally since April 2009, and are co-ordinated by NHS England and reported by the Health and Social Care Information Centre. Full release figures are published four times a year.

Figures released in August for the period April 2013 to March 2014 indicated that the Trust was within control limited of 99.8 per cent statistical confidence for all four surgeries in terms of the number of modelled records and average health gain. However, the Trust achieved a lower heath gain than the national average for knee replacement surgery.

Management of PROMS has recently moved to the remit of the Medical Director's office. The Associate Medical Director for Safety and Effectiveness is reviewing the data and reporting processes together with working with the Division to determine the cause and the actions required in relation to the knee replacement results.

Work is underway to develop how this is reported in the scorecard, alongside Healthcare Quality Improvement Partnership (HQIP) audit compliance and NICE guidance.

E. Efficiency

Performance against some of the key efficiency measures is reported in the Integrated Performance Scorecard. The Trust is performing well against the elective length of stay measure. However the non-elective length of stay measure worsened in October to above the threshold of less than 4.5 days, to 4.9 days.

Theatre utilisation rates have deteriorated in the month of October to 74 per cent from 77 in September. There needs to be an increased focus across the divisions to improve this figure. Additionally a review is taking place as to the best way to monitor theatre utilisation to ensure that the data published can drive improvement in productivity.

Following an action from the Operational ExCo in September, the percentage of patients with a length of stay greater than 10 days and 28 days is now included within the Integrated Performance Scorecard.

Since the implementation of Cerner, the Trust had to turn off its text messaging reminder service for patients as there were technical reasons which needed to be resolved. The service was partially switched on at the end of September and the did not attend (DNA) rate has started to show signs of improvement. The rate has fallen by 1 per cent for first appointments and by 2 per cent for follow-up appointments. This is expected to improve further in the coming months as the text message reminder service is rolled out to all specialities.

F. Timeliness

Accident and Emergency

Following the closure of the Hammersmith Emergency Unit as planned. The subsequent number of attendances at the St Mary Hospital and Charing Cross Hospital sites has been as expected from the modelling that took place prior to the closure. However, there has been huge variance in the volumes of patients attending A&E, particularly at St Mary's Hospital. Variations in attendances between days can be as high as 120. These unprecedented surges in activity have resulted in the Trust failing to meet the 95 per cent four-hour waiting time standard.

The focus for the Trust is to action a targeted response aimed at boosting resilience. There are a number of initiatives now in place which will improve the waiting times

- Senior decision makers

The Trust has put in place additional GPs in the Urgent Care Centres, Emergency Nurse Practitioners, Intaking Physicians, A&E consultants and management and nursing support. This will improve the pathway within the emergency departments and reduce the time it takes for a clinical decision on the treatment options.

- Physical capacity

The Trust has opened up extra capacity at St Mary's hospital to accommodate an increase in medical admissions. The Trust is also in the process of completing some estates work to accommodate additional ambulatory care and Urgent Care Centre capacity at the Charing

Cross site.

- Escalation points

An earlier review of information that supports management of patient flow is helping to highlight earlier potential blockages.

Actions for the resilience plan are reviewed weekly at the Trust winter operational group, the A&E meeting and at Executive Committee.

Analysis at week ending 14th November suggests that as a Trust we need to have no more than 35 breaches per day each day until the end of December in order to meet the standard for quarter 3 as a whole. This number is consistent with the number of breaches that the Trust historically would have expected on a daily basis.

Referral to treatment (RTT)

There is currently a national amnesty on delivery of the three RTT standards. This has been put in place and agreed at a national and local level to allow Trusts to clear as many over 18 week patients as possible to add resilience into the system going into the winter period. The Trust has put on additional capacity to treat long waiters and therefore a dip in performance is expected. This applies to data submitted for performance in October and November. In October, as planned, all three standards were under delivered. As well as putting extra capacity in some challenged specialities to reduce the numbers of patients waiting over 18 weeks, there have been a number of data quality challenges that the Trust has experienced since the implementation of a new patient administration system in April 2014 (Cerner).

The Trust has an action plan in place to recover the position:

- Resolving any technical issues that relate to Cerner that are preventing the Trust from reporting an accurate position e.g. ability for the Trust to report social adjustments and some treatments;
- Intensive training to support staff to correctly input data at the front end;
- Ensuring that the workflow on Cerner is such that it is difficult to input incorrect data;
- A team of validators are in post to assist with the correction of data;
- Additional capacity has been commissioned over October and November to clear a backlog of patients waiting over 18 weeks. This is to add extra resilience into the system.

The Trust is confident that an accurate position can be reported from December 2014 and the Trust anticipates that the standards will be achieved.

Cancer

In November, performance is reported for the cancer waiting times standards in September and Quarter 2 2014-15. In Quarter 2 the Trust achieved all eight of the cancer standards. The Trust recovered performance against the breast symptomatic 2WW standard and achieved the standard which we under achieved in Quarter 1. Under a Monitor framework, the Cancer performance is assessed on a quarterly basis due to the potentially low volumes in one particular month for any given standard.

In September the Trust achieved six of the eight cancer standards. The Trust under delivered on the 62-day first treatment from GP referral standard. This was the result of a high number of patients being referred into the Trust from other sites late in their pathways, plus a number

of pathways being resolved after delays through the summer period. The Trust also under delivered on the 31-day subsequent surgery standard as a result of a number of delays caused by consultant absence over the summer period. It is expected that performance for both of these standards will be recovered in Quarter 3.

The Trust continues to work with local providers to redesign their diagnostic pathways. This is to ensure that patients are transferred to ICHT for treatment earlier in their pathways in order to reduce the number of shared pathway breaches, the predominant cause of 62-day breaches for the Trust.

Diagnostic waiting times
The Trust has not yet submitted the data for the six week diagnostic standard (due for submission on Wednesday 19th November) but expects to under deliver on this standard in October. During October, it was discovered that a number of neurophysiology test requests had remained on an on-hold state and therefore not reported in our tracking systems. This was as a result of a number of clinicians whose favourites lists on Cerner did not direct an test request towards a booking. This was following a Cerner fix in May 2014. A clinical review has taken place and it has been determined that there is low clinical risk to this group of patients. A re-profiling of performance between May and September will be needed following this finding and the patients that have been waiting are all being booked as a priority into lists over the coming weeks.

G. Equity

Progress continues to be made in relation to strengthening systems and processes that support adult safeguarding work and progress towards a year end level 1 training compliance rate of 85 per cent continues.

The annual safeguarding adults and children and young people reports were presented to ExCo and the quality committee in November.

H. People

People & Organisational Development

Engagement Survey
Our ongoing roll out of Engagement Surveys continues and our 5th Engagement Survey launched in October 2014 with results available in early December. Divisions and Directorates have all updated their action plans as a result of Survey 4 and we are seeing many new and innovative actions and activities emerging from the results of the survey.

PDR
We are continuing the roll out of our new Performance Development and Review process across the Trust. Since April 1356 of our people have received PDR training and their licence to conduct performance reviews, with a further 212 people booked to attend training before the end of December.
The deadline for completing PDRs for Band 7-8b was 30th September and we are currently at an 89 per cent compliance rate. Many areas did achieve full compliance with particular

difficulties in one or two areas. We are now working with those areas to catch up and achieve compliance. The next deadline is to complete all other PDRs for Bands 2-6 by the end of December and we are working with Divisions and Directorates closely to support them achieving this. One theme emerging from the PDR roll out is that managers in some areas are responsible for an unrealistic number of PDRs due to problems in their structures and hierarchy, and this has promoted a wider look at structures and roles.

Mandatory Training

Intense work is underway in Mandatory training to roll out a new reporting system, WIRED 2 which has been developed by the National Skills for Health Academy. It offers improved functionality to report Mandatory training. A project group has also been established bringing together ICT, Resourcing and Mandatory training to resolve many of the system and process issues which affect the quality of Mandatory training data. It is hoped that both workstreams will bring improved accuracy of reporting by the end of the year.

'My Benefits'

In October the trust approved the business case for 'M*y Benefits'*, a comprehensive, extended range of voluntary benefits, with easy access through a single point of entry on the intranet. As part of the new benefits offer, in November we will launch the trust's Home Electronics Solutions scheme which will enable our people to use salary sacrifice to buy anything on the Currys PC World catalogue at reduced rates with the option to repay the cost over a 12 month or 24 month period. Salary sacrifice schemes enable the trust to make considerable savings: it is anticipated that the Home Electronics Solutions scheme alone will generate savings of £175,000 per year (from the second year after the scheme is introduced) for the trust due to reduced rates of National Insurance and pension contributions that the Trust makes on employees.

Industrial action

UNITE, UNISON, GMB and the Royal College of Midwives (RCM) have called another four hour strike on 24 November 2014. We believe the strike period will begin at 7am but this has not been confirmed. The trust will continue to build on its positive industrial relations climate to work in partnership with local trade unions to ensure safe service provision.

People Planning

A full re-model of the Trust's 10-year People Plan is underway, incorporating the Trusts Clinical Strategy, service developments, CIP plans, efficiency requirements and the impact of the activity transitions from the Shaping a Healthier Future programme. This work is being done in partnership with Financial Planning colleagues and Baker Tilly.

Influenza

The flu vaccination programme is nominally on track as we exceeded the target set for phase 1 of the campaign (23 September to 17 October) 1341 doses given versus 1200 dose target. We are slightly behind our trajectory but have recruited additional staffing to help recover our progress to meet the next target of 4200 doses by 28 November. We are about to launch the second major communications push to increase momentum.

By 4 November we will have the capacity to break the flu uptake data down to individual ward or level and we will do this to give the divisional leads an opportunity to help improve uptake

by sharing this with their senior managers. We would appreciate Exco support to place some responsibility for uptake to the divisions when we start providing this information as their engagement will be an important factor in vaccination uptake attitudes and behaviours on the ground.

Smoke Free Hospitals

Smoking Cessation Clinics
Smoking cessation services currently on offer in the locality are coordinated by a wide mix of stakeholders including National Referral Service, Kick It, and our own ICHT Smoking Cessation clinics which are have been onsite once per week per site for our people since September. Further training is being offered in December for two people from the Health & Wellbeing team to increase this offering to 2-3 clinics per week per site from early 2015.

There are additional layers of complexities arising from how these services are currently funded (e.g. Triborough Alliance is only obliged to fund referrals arising from patients who reside in H&F, Westminster/Central & K&C catchment area). However through match funding 'Kick It' support (training our own cessation advisors), we are able to offer support to all ICHT people and our patients regardless of where they live.

NHS Statement of Support on Tobacco Control
Coinciding with Stoptober 2014, ICHT enforced a blanket ban on smoking across all its premises which apply to our people, patients and visitors. In addition ICHT is committed to endorsing the NHS Statement on Tobacco Control; we have the commitment of Public Health and are awaiting sign up from the CCGs GP's and the Leader for Health to enable full commitment to the declaration.

Smoking Signage
Current engagement is underway with Estates to resolve the smoking signage situation across all hospital sites and this will be in place by the end of November.

Training for our people
The Leadership and Talent team have developed a training module to be rolled out, to support our people to have potentially difficult conversations with smokers outside of our hospitals; including our people, our patients and visitors. Experience has shown us that there is often resistance and abuse when these conversations have taken place, so we would like to enable individuals to have these conversations without concern. The programme will run weekly for 6-8 weeks, is 90-120mins in duration and will commence late November.

Wellbeing Website
The website went live on 27th October with a competition to encourage users to login to enter our competition. The website had a total of 1,093 visitors Mon-Sun last week 85.9 per cent of these were new visitors and 14.1 per cent were returning over the course of the week. We had hoped for a better response to enable us to communicate with our people and disseminate messaging about developments in the service provision and benefits available to our people. Communications are now supporting us in trying to get the message out there.

Staff Health & Safety

Having recently taken on the responsibility for Health & Safety for the Trust, P&OD have appointed an interim Head of Health and Safety, Sanjay Dhir. Sanjay brings with him a wealth of experience and has been selected specifically to 'hit the ground running' with what will be a significant workload.

Accidents/Incidents
There were 134 staff incidents. Of these 94 per cent fell into the lower harm categories (44 per cent low harm, 36 per cent no harm and 14 per cent near misses).

Of these, the top 5 categories reported were :-

- Abuse (39 per cent)
- Sharps (14 per cent)
- Exposure to biological agents (12 per cent)
- Slips, trips and falls (10 per cent)
- Manual Handling (7 per cent)

One RIDDOR has been reported during the month which involved a Security Officer slipping on a metal staircase as part of his patrol at Hammersmith Hospital which has resulted in him being absent from work for more than 7 days. Again, this will be investigated further and reported back to the Health and Safety Committee.

Anecdotally, from the Statutory/Mandatory training facilitated by the Safety Team, it is clear that there is significant under-reporting of Datix incidents. Although "abuse" is the most reported sub-category it is, conversely, the most under-reported sub-category. There can be a number of reasons for this, the most common being a lack of positive attitude and behaviour towards incident reporting.

Health and Safety Risk Assessments (AssessNET Update)
During October 2014 a further 19 Risk Assessments were recorded on AssessNET. Ten new Departmental Safety Co-ordinators (DSCs) attended training. The current list of all DSCs is being reviewed and updated and this will be reported on at the next Health and Safety Committee in December 2014.

Safe Nurse/Midwife Staffing

Performance in September
In September, the Trust reported above 90 per cent for the average fill rate for registered nursing/midwifery staff during the day and night and also for unregistered staff at night. The fill rate for unregistered staff during the day was reported as just below 90 per cent.

Performance in October
In October, the Trust reported an average fill rate of above 90 per cent for registered and unregistered nursing/midwifery staff during the day and above 95 per cent at night.

Please refer to Appendices 1 and 2 for ward level data.

For both months there were some ward areas where the fill rate was below 90 per cent. Key reasons for this include; vacancies and/or inability to fill with temporary staff due to specialist

skills required, patients requiring unplanned one to one care (specialling), small numbers in some areas which showed a bigger impact on the overall fill rate for that area and complexities with how to reflect case mix change and/or reduced bed occupancy on the roster system.

On these occasions senior nurses have made decisions to mitigate any risk to patient safety by strategies such as; using the cover of matrons/ward sisters/clinical educators, reducing activity and bed occupancy and redeploying staff from other areas, where appropriate.

I. Finance

The Trust's Income & Expenditure (I&E) position at the end of October was a Year-to-Date (YTD) surplus of £0.8m (after adjusting for the impairment of fixed assets and donated assets), an adverse variance against the plan of £8.0m. There was an increase in Pay expenditure in the month of £0.4m, due to an increases in medical, A&C and senior management. Overall nursing Pay expenditure, including bank & agency, has been consistent with the previous month. Non-Pay expenditure has increased by £1.6m, excluding R&D, when compared to the previous month. The in-month position also includes income payable for delivery of additional waiting list initiative activity, an increase of £2.1m on the previous month.

The main reasons for the YTD adverse variance are:

- Cost Improvement Plans (CIPs) are behind plan by £12.1m (53%);
- Staff pay costs are significantly higher than planned and with an increase in month, indicating that the previously instigated controls and agreed financial recovery controls are not being implemented

There is on-going dialogue with the TDA about the impact of the proposed Project Diamond funding reductions on the Trust's financial position in both current and future years. Any reductions in funding will mean that the Trust's I&E control total will have to reduce accordingly.

J. Education

Changes to the Foundation Programme:
Health Education England has published a report 'Broadening the Foundation Programme', which recommends doctors in training undertake a minimum of one community or integrated placement during their two-year Foundation Programme.

The impact for ICHT is that 18 wte foundation doctor posts are likely to become community placed roles.

The workforce planning and financial consequences of these changes have been considered and an action plan is being developed, led by The Associate Medical Director for Education. A task and finish group is in place to ensure implementation.

The Year of Education – 2015 ("E2015"):
2015 has been designated the 'Year of Education' at ICHT to renew the Trust's focus on education as part of its tripartite mission to provide world class clinical care, research and education.

Although originally designed with medical education in mind, E2015 is being developed to celebrate and share good practice in education between disciplines and professions.

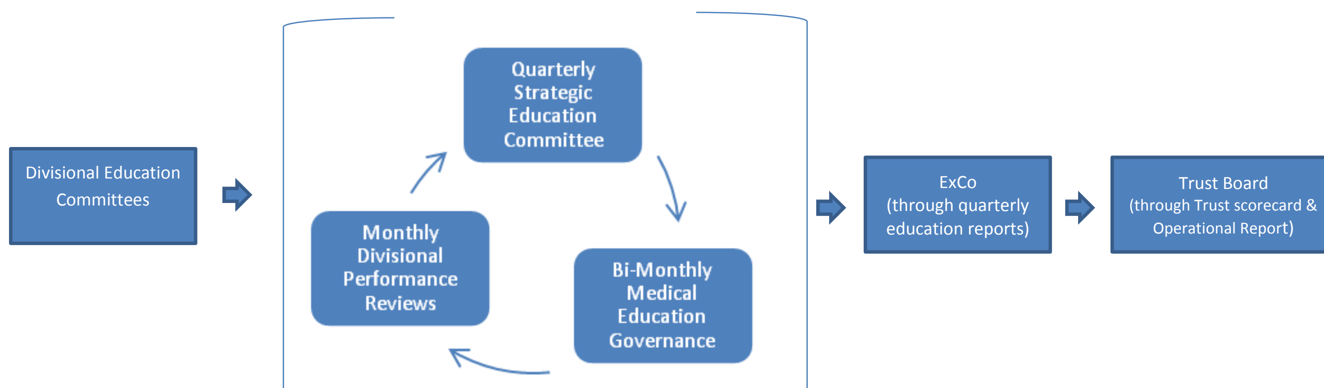
The first planning workshop took place on 10th October, with 3 more to follow between November-December to define the programme for the year, to include:

- Launch event in January on all sites at the education hubs;
- Monthly themed events throughout the year
- Main event in October, including a conference
- Events with our community partners focused on aligning education with service change e.g. Patient led initiatives;
- Joint initiatives with Higher Education Institutions (HEIs);
- Career Fairs for local schools.

A full project plan will be presented to Executive Committee in December.

Education Governance:
A new governance structure has been approved by the Executive Committee for Education (see Chart A below). The Medical Director is the Executive Lead and will continue to report to the ExCo and TB on education. The committee structure has been amended to strengthen the importance of the divisional performance reviews as the key forum for ensuring that divisional actions are being implemented to drive the necessary improvements, particularly in medical education.

Chart A – education governance structure



Divisional education reports and a combined trust report are in development which will underpin the improvement programmes. Performance will be managed through the divisional structures with assurance on progress through the Medical Director. This will include delivery of action plans resulting from GMC trainee surveys and quality visits.

Bullying & Undermining Red Flags:
The GMC has provided the results of the 2014 trainee survey off line indicator covering bullying and undermining. This indicator has shown that the Trust is a red outlier for bullying and undermining in the following specialties:

- Anaesthetics
- Cardiology
- General surgery
- Neurosurgery

- Obstetrics and gynaecology
- Renal medicine
- Rheumatology
- Trauma and orthopaedic surgery
- Urology
- Vascular surgery

In 2013 the Trust completed a project to act on bullying and undermining and set in place a comprehensive support structure and guidance to tackle these issues. As part of the project, Dr John Launer (Associate Dean for Multi-Professional Faculty Development in the Professional Support Unit for London), worked closely with the Directors of Medical Education to engage with the local Faculty group in four specialties challenged by bullying & undermining to provide support, insight and reflection on negative behaviours.

We believe the approaches used in this project have been successful in tackling bullying and undermining behaviours (these specialties no longer have red flags). The approaches used in this project will now be rolled out across the Trust with the ten outlying specialties prioritised for intervention.

In addition to this, the Trust is commencing resilience training for teams focused on "developing the purposeful professional" to enable trainees to respond and function well under pressure and with the complex challenges that the NHS faces today (starting within the 10 highlighted specialties). A comprehensive action plan is in place and progress will be reported through the governance structure.

K. Research

Local Clinical Research Network

The CRN has reviewed mid-year data showing that we have recruited 14,668 patients and are well ahead of our 6 monthly target of 12,300 recruits.

NW London is the smallest of the 15 national networks and when recruitment is adjusted for our population we rank 3rd, without adjustment 11th.

Delivery to time and target:
67 per cent of Commercial studies (compared to national average of 55 per cent) and 58 per cent of Non-Commercial studies closed to time and target in the last 6 months.

Reducing set up time:
NW London are completing 66 per cent of study wide reviews within 15 calendar days compared to a national average of 60 per cent and a target of 80 per cent. We are completing 61 per cent of local reviews within 15 calendar days compared to a national average of 63 per cent and a target of 70 per cent.

Recruitment of patients:
Overall only 26 per cent of non-commercial studies recruit the first patient within 30 days.

Action plans to meet these targets are in place. These figures were produced from the NIHR Open Data Platform (ODP) as of 20th October and the Coordinated System for Obtaining

NHS Permission (CSP) as of 28th October.

NIHR Imperial Biomedical Research Centre (BRC)

NIHR Performance Metrics for Initiating & Delivering Clinical Research:
The key performance indicators for R&D are intended to assess the timely initiation and delivery of commercial and non-commercial clinical research studies taking place at ICHT, as well as growth in activity. The first 3 indicators in the on page 27 of the Integrated Performance Scorecard reflect the important NIHR 70-day metric for recruiting the first patient into clinical trials (see above).

Indicator number 4 on page 27 of the Integrated Performance Scorecard in the list reflects ICHT's performance in delivering commercial interventional clinical trials to time and target, and we are currently above many of our comparator / competitor Trusts in this respect.

Indicator number 5 on page 27 of the Integrated Performance Scorecard reflects the time take to provide local R&D approval for studies hosted at ICHT. This metric has recently been introduced by the NWL Clinical Research Network (NWL CRN) and is different from previous years – Trusts are currently adapting to this new measure. Compared to other Trusts in NWL, as of September 2014, ICHT is rated as amber.

ICHT is performing well in terms of NIHR Portfolio study activity, as measured by indicators 6 to 9 on page 27 of the Integrated Performance Scorecard. Compared to the same period last year, ICHT has recruited roughly the same number (~3 per cent lower) of patients to Portfolio studies (non-commercial), despite a reduction in funding support. There are also more commercial Portfolio studies being recruited to.

NHS Genomics Medicine Centre:
See agenda item 2.6 (Trust Board papers).

Recommendation to the Board: The Trust Board is asked to note the contents of this report.