Imperial College Healthcare NHS
NHS Trust

TRUST BOARD AGENDA – PUBLIC
30 September 2015
11.55 – 13.00
Clarence Wing Boardroom, St Mary's Hospital

Agenda Number		Presenter	Timing	Paper
1	**Administrative Matters**			
1.1	Chairman's opening remarks & apologies	Chairman	11.55	Oral
1.2	Board member's declarations of interests	Chairman		Oral
1.3	Minutes of the meeting held on 29 July 2015	Chairman		1
1.4	Record of items discussed at Part II board meeting 29 July 2015	Chairman		2
1.5	Action Log	Chairman		3
1.6	Minutes of annual general meeting 9 September 2015	Chairman		4
1.7	Draft Board & committee schedule 2016-17	Trust co secretary		5
2	**Operational items**			
2.1	Patient Story	Director of nursing	12.05	6
2.2	Chief Executive's Report	Chief executive		7
2.3	Operational Report & Integrated Performance Scorecard	Chief ops officer		8
2.4	Finance report	Chief financial officer		9
3	**Items for decision or approval**			
3.1	Equality Delivery System (EDS) grading outcome	Director of nursing	12.20	10
3.2	NHS TDA self-certifications – July/August 2015	Trust co secretary		11
4	**Items for discussion**			
4.1	Improving the quality of care – CQC update report'	Director of nursing	12.25	12
4.2	Trust engagement surveys	Dir of people & OD		13
4.3	Infection prevention and control report	Medical director		14
4.4	Education report	Medical director		15
5	**Board committee reports**			
5.1	Quality committee report (16 Sept)	Committee chair	12.50	16
5.2	Finance and investment committee report (23 Sept)	Committee chair		17
6	**Items for information**			
7	**Any other business**			
8	**Questions from the Public relating to agenda items**			
			12.55	
9	**Date of next meeting**			
	25 November 2015, Hammersmith Hospital			

Imperial College Healthcare NHS Trust

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

11.30am – 1.25pm
Wednesday 29 July 2015
New Boardroom, Charing Cross Hospital

Present:	
Sir Gerald Acher	Deputy Chairman
Dr Rodney Eastwood	Non-executive director
Jeremy Isaacs	Non-executive director
Sarika Patel	Non-executive director
Andreas Raffel	Non-executive
Dr Tracey Batten	Chief executive officer
Alan Goldsman	Interim chief financial officer
Prof Chris Harrison	Medical director
Steve McManus	Chief operating officer
Prof Janice Sigsworth	Director of Nursing
In attendance:	
Jan Aps	Trust company secretary (minutes)
Karen Charman	Interim director of people and organisational development
Michelle Dixon	Director of communications
Ian Garlington	Director of strategy & redevelopment
Kevin Jarrold	Chief information officer
Pippa Nightingale	Head of midwifery (item 3.2)
Prof Tim Orchard	Divisional director of medicine (item 3.1)
Prof Jonathan Weber	Director of AHSC (item 4.5)
Julia Jones	Dementia campaigner (item 2.1)
Jo James	Lead dementia nurse

1	**General business**	**Action**
1.1	**Chairman's opening remarks and apologies** The chairman welcomed Board members, staff and members of the public to the meeting. Apologies for absence were received from Sir Richard Sykes and Sir Anthony Newman Taylor.	
1.2	**Board members' declarations of interest and conflicts of interest** There were no additional conflicts of interests declared at the meeting.	
1.3	**Minutes of the meeting held on 27 May 2015** The minutes were agreed as an accurate record.	
1.4	**Record of items discussed at Part II board meeting 27 May** The report was noted.	
1.5	**Matters arising and action log** Dr Batten noted that all items were either completed or were on future agendas. The Board noted the updates to the action log.	
2	**Operational items**	
2.1	**Patient Story** Julia Jones, (lead for June's campaign) and Jo James (lead dementia nurse) described both the John's and June's campaigns, and the way in which the Trust had responded to	

	implement them, by way of development of the carers passport, and embracing carers as a key care provider for dementia in-patients. Julia Jones commented that she was pleased that the Trust board were interested in this work, and that they should be proud of services delivered. She told of 'John', a gentleman living well with dementia, who had been admitted to a hospital elsewhere for treatment for leg ulcers, but who had deteriorated massively as a result of having not been able to be supported or interact effectively with his family. This had led to 'John's campaign' – the right of the family to be with the patient. June's campaign focused on the fear that people with dementia are likely to have on admission to hospital (they were equally as vulnerable as young people), and sought the right for people with dementia to have their carers with them in hospital. Jo James had contacted the campaign to ask how the Trust could learn to further improve services for patients, and this had led to the introduction of a welcome poster, on doors of wards to encourage families and carers to seek further information on how they could support patients with dementia whilst in hospital. Use of the approach was spreading across the wards, but further work was needed to ensure comprehensive coverage. Dr Tracey Batten noted that the dementia team had recently presented their innovative work to the executive committee. In responding to Dr Batten's question about what the Trust could do to further improve, Julia Jones suggested that, having shared so much expertise with others, the Trust could now seek what further improvements those trusts had been able to make which could be introduced at Imperial. Steve McManus asked about the environmental needs of the carers; Jo James acknowledged the space limitations across the Trust, and commented that it was important to ensure carers were provided with food and refreshments and access to ward facilities; she felt that few carers would seek to stay. Prof Sigsworth was asked if a briefing paper could be provided to board members at a future date, reflecting on the work that Trust had already done on Dementia and what further the Trust could do and how it could learn from others. The deputy chairman extended the Trust boards thanks to Julia Jones and Jo James for their commitment and support to improving patient care.	JS
2.2	**Chief Executive's Report** Dr Tracey Batten particularly highlighted the following items: • The transfer of Ealing maternity services on 1 July to (amongst others) St Mary's and Queen Charlotte's Hospitals had gone smoothly; paediatric service transfers would commence in summer 2016. Both the transfer of staff from Ealing Hospital and the recruitment of additional staff had been successful. • The roll-out of Cerner electronic clinical documentation would commence in September following successful pilots; completion in March 2016 would see a 'paper-lite' medical record. • The 2014/15 Annual report had been published on the website, and hard copies would be available at the end of the meeting; it would be presented at the Annual General Meeting in September. • The talent and organisation development team had been named Winner in the national Healthcare People Management Awards (HPMA) in the leadership development category which was a significant achievement. • Alan Goldsman, Interim Chief Financial Officer would be leaving the Trust in August; Dr Batten extended thanks to him for his extensive and significant contribution since he joined the Trust at the beginning of this year. Richard Alexander would join the Trust as the substantive Chief Financial Officer on Monday 3 August 2015 from University College London NHS Foundation Trust (UCLH) where he had been the Finance Director. • Jeremy Hunt, Secretary of State for Health, had set out the government's 25 year vision for a patients-led, transparent and safer NHS; key areas included: a focus on seven 7 day services (the Trust would need to understand how this could be achieved): the merger of Monitor and the Trust Development Agency as NHS	

	Improvement (what would this mean for regulation of the Trust) • The Trust had been named as one of the best places to work in the NHS in 2015. Any areas where the survey had shown below average performance would be reviewed. The Trust board noted the report.	
2.3	**Operational Report & Integrated Performance Scorecard** Steve McManus highlighted the revised performance scorecard, noting that it had been aligned to the CQC domains. The Trust had achieved the four hour access standard for patients attending Accident and Emergency in June, the first time in a number of months and was the result of a number of initiatives to improve flow within the organisation. Referral to treatment (RTT) performance had considerably improved over recent months. In June the Trust met the standard (92% of patients should be waiting under 18 weeks) for the first time since May 2014. Further work over the coming months to increase capacity, particularly in surgical specialities, would result in patient waiting times reducing further. The Trust achieved six of the eight cancer standards; it did not meet the 62-day GP referral to treatment standard and the 62-day screening standard. This was due to delays in access to diagnostic services and late referrals from other Trusts in North West London resulting in insufficient time to treat the patient in target, and patient choice reasons. The Trust has had significant challenges with diagnostic capacity in recent months. This was particularly affecting imaging services and was due to high staff turnover, diagnostic equipment downtime, as well as insufficient equipment capacity. Steps were in hand to ensure the Trust returns to achieving the standard in the third quarter of 2015/16 and the issue has been placed on the corporate risk register. In responding to Dr Andreas Raffel, Ms Charman detailed the two areas of statutory and mandatory training which were have a deleterious impact on the overall position, and further commented that the Trust planned to achieve an overall position of 95% compliance in PDR's by the end of September. Mr McManus noted the apparent sudden increase in regular day attenders, and explained that this was being investigated. Prof Sigsworth outlined that the executive committee had that week invested further to increase the speed of recruitment to vacant band 2-6 nurses. Further actions were also being taken in relation to retention. She kept the situation under close review. The Trust board noted the report.	SMcM
2.4	**Finance Report** Introducing the report, Alan Goldsman reported that after three months the Trust was reporting a deficit of £11.0m; an adverse variance to plan of £1.9m. Whilst board members considered that a successful recovery from this position would be challenging, he considered it to be achievable by delivery of the planned and funded patient care volumes (both NHS and private care), urgently addressing the invoicing queries issued by CCGs, and by significantly improving cost control in key service areas, notably patient specialising. It was anticipated that the contracts with the CCGs and NHS England would be finalised by the end of August. Over the first quarter, £4.6m (69%) of planned Cost Improvement Programmes (CIPs) had been delivered. As divisions worked to gain traction on schemes agreed during the latter stages of the business planning process, in-month delivery was forecast to improve from July (to 88%). Dr Tracey Batten confirmed that the executive team had good oversight of the situation, and responded to Dr Andreas Raffel's query about how activity would be increased, by outlining the theatre efficiency plans. The deputy chairman extended the Trust board's thanks to Mr Goldman for his contribution as chief finance officer. The Trust board noted the report.	
3	**Items for decision or approval**	

3.1	**Proposal for co-location of stroke services** Dr Tim Orchard outlined that the key reasons for the proposed single integrated stroke unit on the Charing Cross site were to: • provide the best outcomes and experience for patients, their families and carers • improve access to therapy services; • provide 7-day, 24-hour consultant cover for all our patients, in line with best practice guidelines set out by the Royal College of Physicians; • co-locate stroke and neurosurgical services, and have the best trained stroke team; • provide 24-hour availability of MRI scanning services; • reduce the average length of stay for all stroke patients. A single, integrated stroke unit at Charing Cross Hospital could, however, mean a potentially longer journey for visitors of patients who would currently be cared for in the St Mary's Hospital stroke unit, and a specific piece of transport analysis was commissioned to understand the potential impact on patients, visitors and staff and to use the findings to develop information and identify possible approaches to address travel issues. In the most affected areas, an average increase of 20 minutes travel was identified. The Board approve that the proposed stroke service co-location along with immediate improvements to information on transport options and support for visitors and further consideration of longer-term improvements as part of the developing Trust-wide transport strategy.	
3.2	**Values and behaviours project** Michelle Dixon, introduced the paper which was the result of the organisation-wide project to refresh the Trust values, articulate the behaviours desired, and to define the ethos and core promise to patients, local communities, staff and other stakeholders, noting that board members had been engaged in shaping the output. Pippa Nightingale outlined the phases of work including the engagement of over 1200 staff in three months, who had been very positive about the concept, but noted there had been a level of scepticism in relation to the work being carried through to full implementation. During the engagement a strong view had been that the name of the Trust should be revised to be simpler. The outputs would be launched at the September leadership forum, and a core group would be taking this forward, to embed the ethos, promise, values, and behaviours in all areas, and particularly in patient, staff and stakeholder experience. The focus on 'efficiency' would be made more explicit. It was noted that it was essential that the board and executive demonstrated the values and behaviours, and development sessions would be arranged to ensure this was the case. Board members congratulated the team who had led this work, whilst acknowledging the size of the task, and saw a key role for NEDs, who would be invited to the leadership forum. The board approved the planned outputs and approach to implementation.	MD KC JA
3.3 and 3.4	**Quality Strategy and Quality Improvement Programme implementation plan** Prof Harrison presented the Quality Strategy, noting that both the Trust board and quality committee had discussed this previously, and the quality committee had recommended it for approval by the Trust board. He also outlined the work being undertaken in relation to the quality improvement programme, particularly noting the appointment of a clinical lead (Dr Bob Klaber). The Trust board approved the Quality Strategy, and noted the proposed approach to quality improvement methodology and the progress made with the implementation of the values –based QI programme.	
3.5	**NHS TDA self-certifications – May/June 2015** Jan Aps noted the increased level of scrutiny now in place for the review and approval of the NHS TDA self-certifications by individual directors and at executive committee. The Trust board ratified the submission of the May return and approved the submission of	

	the June return.	
3.6	**Annual Reference costs submission** Alan Goldsman noted that the reference costs collection was a mandatory return for all trusts and was used to underpin the payment by results (PbR) tariffs, highlighting that the Shelford Group, having undertaken significant work in this area, had a very robust process. The report had been discussed in detail at the finance and investment committee which had recommended it to the Trust board. The Trust board ratified the submission noting that it had been submitted on 27 July 2015.	
4	**Items for Discussion**	
4.1	**2014 National adult inpatient survey results** Prof Janice Sigsworth reported that the survey results showed a small improvement on the 2013 survey, with the Trust being rated as 'about the same as' other trusts in all sections of the survey. The differential between the trust and it closest peers (Guy's and St Thomas' and UCLH) was the smallest it had ever been, and the trust's performance had been better is some areas. Overall, the results were considered to be good, with patients rating their overall experience at 8 out of 10, but the small size of the survey was acknowledged. The significant programme of work now being undertaken at the Trust was expected to deliver an improvement in the Trust's performance in this and other surveys, although it was noted that this would take time to be reflected in similar surveys. A more wide-ranging approach was being taken, having identified 'lead' indicators, rather than focusing action plans at the specific lower-scoring results. The Trust board welcomed the improvement position, and noted the report.	
4.2	**CQC update report** Prof Janice Sigsworth presented the report, particularly noting the progress against the action plan, and the robust way in which the plan was monitored. There was a renewed focus on achieving improvement in outpatient services, a critical area; it was noted that this required significant transformational change, and the new quality improvement methodology was being used as the basis for this. In response to Sarika Patel's query about signage at St Marys, Steve McManus confirmed that that the Charity were funding improvement to the outpatient environment, including signage and way-finding. The Trust board noted the update report, particularly that further action was being undertaken to ensure improvement performance against the CQC standards.	
4.3	**Clinical strategy implementation and estates redevelopment** The paper provided a review of the key elements of the clinical strategy and estate redevelopment plans, highlighting how the Trust's various strategies were linked. Dr Bill Oldfield had been appointed to lead the implementation of the clinical strategy which would change the shape of how care was delivered both in the Trust's hospitals and also in wider community settings. The Trust board noted the report.	
4.4	**2015/16 Clean Sheet Review to set Nursing and Midwifery Establishments** Prof Janice Sigsworth outlined the detailed and comprehensive process of clean sheet review which had been undertaken to set the nursing and midwifery establishments, noting that the clinical staff found this a positive process in supporting the challenge of their roles. She felt confident that the process had established appropriate staffing levels. Dr Andreas Raffel commented that the continued increase in staffing numbers would appear contrary to an increase in efficiency. In responding, Prof Sigsworth noted that the increases related to specific areas of increased activity; she would provide the detailed analysis to Dr Raffel. The Trust board noted the completion of the clean sheet review (and its incorporation into to the 2015/16 budgets), and noted the operational risks and mitigations to safe nurse staffing.	JS
4.5	**Research update**	

	Prof Jonathan Weber highlighted the following items from his report: • Creation of an innovate schemes to support non-medical clinical staff in achieving PhDs (funded by the charity); • Demonstrable increase (15%) in commercial clinical income (appropriate management of overhead charges is being reviewed); • Clinical trials' performance improvements: now best nationally against peer organisations; • Cancer and inherited rare disease whole genome sequencing as part of the Genomic Medical Centre; • Increasing public and patient involvement and engagement, including the Imperial festival. Prof Weber also noted the reapplication timetable (quarter 2, 2016) for the NIHR Imperial biomedical research centre; this would be discussed at the January Trust board meeting. In response to a question from Sarika Patel, it was confirmed that clear intellectual property arrangements were in place, working with Imperial Innovations. The board welcomed the report, and thanked Prof Weber for his team's commitment to supporting the Trust's research objective. The Trust board noted the report.	
5	**Board Committee Items**	
5.1	**Audit, Risk & Governance Committee** Sir Gerry Acher presented the committee report. The Trust board noted the report of the meeting on 8 July, the minutes of the meetings on 22 April and 27 May 2015 and the committee's annual report.	
5.2	**Quality Committee** Dr Rodney Eastwood (on behalf of Prof Anthony Newman-Taylor) highlighted the briefing the committee had received in relation to the instances of CRE infection; risks identified related particularly to a shortage of isolation facilities, and hand hygiene issues. Additional controls were in place, including the screening of all relevant patients and a greater focus on hand hygiene. Contingency arrangements were also being developed. This was a national issue, and the executive committee had agreed to this being included in the corporate risk register. The Trust board noted the report of the meeting on 15 July, the minutes of the meeting on 13 May 2015 and the committee's annual report.	
5.3	**Finance & Investment Committee** Sarika Patel presented the report particularly noting that, given the demands on capital, the committee had requested that potential risks associated with items not prioritised for funding in 2015 be considered at the audit, risk and governance committee. She also highlighted the positive post-implemented evaluation of the hotel and catering contract, noting the learning in relation to ensuring quality standards were achieved. The Trust board noted the report of the meeting on 22 July 2015 and the minutes of the meetings on 20 May, 22 May and 15 June 2015.	
5.4	**Remuneration Committee** Jeremy Isaacs presented the committee report, noting that the committee had been advised by the TDA that the claw-back arrangement proposed by the committee would not been possible. The Trust board noted the report of the meeting on 24 June 2015.	
6	**Items for information**	
6.1	**Emergency Preparedness assurance report** Steve McManus presented the progress made against the Emergency Preparedness assurance report action plan which he had presented to the January 2015 board meeting. He noted that a number of actions were completed and that all actions were progressing as planned.	

	The Trust board noted the report.	
6.2	**Local Supervising Authority (LSA) report of standards of supervision of midwives'** Prof Sigsworth highlighted the positive findings of the annual audit undertaken by the Local Supervising Authority. Action was being taken in relation to a number of minor recommendations; these would be monitored by the local committee. The Trust board noted the report.	
7	**Any other business**	
	There were no items of any other business.	
8	**Questions from the public relating to Agenda items** In response to questions from the public the following points were made: • Dr Batten explained that the Community Independence Service was being monitored in a number of ways: by a Partnership Board which consisted of the chief executives of each of the bodies engaged in commissioning and delivering the services; regular reports to the executive committee; oversight and scrutiny by the Better Care Fund Board; and report of any critical areas to Board committees. • Dr Batten confirmed the North West London urgent and emergency care vanguard bid had been unsuccessful. She reported that a letter had been received from NHS England requiring London health organisations to form urgent and emergency care networks that would define the scope of each facility within the network. • Prof Sigsworth asked that patient issues such as that outlined by Save our Hospital (the potential inappropriate discharge of patients from A&E during night hours) be communicated directly with her. • The deputy chairman was pleased to note the Stroke Association's positive feedback on the relocation of stroke services.	
9	**Annual general meeting** Wednesday 9 September, Porchester Hall, London, W2 5HS 17:30 - 19:00 (doors open 17:00 and close at 19.30)	
10	**Date and time of next meeting** The next meeting would be held on 30 September 2015, Clarence Wing Boardroom, St Mary's Hospital.	

Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	1.4
Title	Record of items discussed at the confidential Trust Board on 29 July
Report for	Noting
Report Author	Jan Aps, Trust company secretary
Responsible Executive Director	Tracey Batten, Chief executive

Executive Summary:

Decisions taken, and key briefings, during the confidential sessions of a trust board are reported (where appropriate) at the next trust board held in public.

Issues of note and decisions taken at the Trust board's confidential meetings held on 29 July:

- **Imperial College Healthcare Charity**: the Trust board approved the Chief Executive signing a letter of support for the Charity to proceed towards becoming a fully independent organisation with effect from April 2016. The Articles of Association would clearly state that the Charity focus was for the benefit of the Trust.
- **Shaping a healthier future (SaHF) business case**: an updated case was presented to the Trust board, and board approved the chief executive writing to the commissioning groups supporting the implementation business case and addendum.
- **Radiology information system (RIS) / Picture archiving communication system (PACS) business case:** the outline business case was approved, and the full business case would be presented to the September Trust board.
- **Microbiology automation:** the Board noted that the outline business case had been approved in September 2014. The Trust board approved the full business case.
- **Cancer Vanguard:** The Trust board approved the submission of an expression of interest for an Accountable Clinical Network for Cancer led by the Royal Marsden Hospital FT on behalf of organisations in west London.
- **NWL Pathology**: the Trust board received an update on the progress towards implementing a partnership across three trusts in north-west London, particularly focused on addressing the remaining reserved matters requiring agreement.

Recommendation to the Trust board:

The Trust board is asked to note the report.

Imperial College Healthcare NHS Trust

TRUST BOARD MEETING IN PUBLIC

ACTION LOG

Action	Meeting date & minute number	Responsible	Status	Update (where action not completed)
Increase in regular day attenders Update to be provided on the conclusion of the investigation	29 July 2015 2.3	Steve McManus	Complete – in ops report	
Values and behaviours The focus on 'efficiency' would be made more explicit.	29 July 2015 3.2	Michelle Dixon	Complete – amendments made	
Values and behaviours Development sessions would be arranged to ensure that the board and executive demonstrated the values and behaviours of the Trust.	29 July 2015 3.2	Karen Charman	Complete – dates arranged – Executive session (1/9); Board session 28/10)	
Leadership forum NEDs would be invited	29 July 2015 3.2	Jan Aps	Complete	
2015/16 Clean Sheet Review to set Nursing and Midwifery Establishments Detailed analysis on specific areas of increased activity to be provided to Dr Raffel.	29 July 2015 4.4	Prof Janice Sigsworth	Complete – additional information provided	
Leadership development Consideration to be given to implementing a Trust-based graduate training scheme.	27 November 2013 3.4.2	Karen Charman	Cancelled – this action will not be taken forward	

Imperial College Healthcare NHS Trust

FORWARD PLAN AGENDA ITEMS FROM BOARD DISCUSSIONS

Report due	Report subject	Meeting at which item requested	Responsible
TBC	**Dementia briefing paper** – reflecting on the work that Trust had already done on Dementia – what further work the Trust could do – and how it could learn from others.	29 July 2015 2.1	Prof Janice Sigsworth

Imperial College Healthcare NHS
NHS Trust

Annual General Meeting
9 September 2015/6

Members of the Trust board present:

Sir Richard Sykes	Chairman
Dr Andreas Raffel	Non-executive director
Dr Tracey Batten	Chief executive
Steve McManus	Deputy chief executive / chief operating officer
Richard Alexander	Chief financial officer
Prof Janice Sigsworth	Director of nursing

Members of the executive team in attendance:

Kevin Jarrold	Chief information officer
Ian Garlington	Director of strategy and redevelopment
Michelle Dixon	Director of communications
Karen Charman	Interim director of people and OD
Dr Julian Redhead	Representing Prof Chris Harrison

The Chairman, Sir Richard Sykes welcomed members of the public and staff to the meeting, which was a key opportunity to reflect on what the Trust had achieved for patients and local communities in 2014/15, to consider priorities for 2015/16, and to account for how the Trust had used its valuable resources.

Dr Tracey Batten then provided an overview of the Trust's performance and achievements in 2014/15, as well as looking ahead to the challenges and opportunities for 2015/16. She reiterated that the Trust sought to provide the very best care and support for its patients and local communities, to help them be as healthy as possible throughout their lives. She noted that this was within a society that was living longer, with an increasing incidence of long-term health conditions. Dr Batten reflected that individual patients' experience of the Trust may not always be that which she outlined, but confirmed it was where the Trust wanted to be, and proceeded to outline areas where important progress had been made:

- Providing more opportunity for the 10,000 staff to be involved in shaping what the Trust did and how services were delivered, recognising that frontline staff were closest to the patients and understood well what was working and what wasn't. Staff engagement and recognition programmes were having an impact, with the overall 'engagement score' above average and rising.
- Making a major investment in a Trust-wide digital patient records system, working towards a 'paper-lite', rather than paperless, system by spring 2016, which would ultimately allow both clinicians and patients to have real-time access to health data.
- Having been awarded the contract to be the lead health provider for a community independence service for three London boroughs, working in partnership across acute, community, mental health and primary care. Other services had also developed community-based services over the past year or so, including gynaecology and ophthalmology.
- Working closely with commissioners on the changes to A&E services, including the planned closure of the emergency department at Hammersmith Hospital and extension of the urgent care centre to a 24/7 service. In recognising some local anxiety, she assured the audience that this had enabled the delivery of a safer emergency service, though acknowledging that some patients attending A&E had experienced longer waiting times.
- Continuing, in association with Imperial College, to innovate and rapidly translate research breakthroughs into better patient care.

- Developing and implementing the Trust's improvement plan following the inspection by the Care Quality Commission, where the Trust received an overall rating of 'requires improvement', a disappointing rating, but the report itself was viewed as being extremely constructive. It clearly set out the Trust's challenges while recognising the great care provided to patients, and served as a catalyst for the Trust to redouble its efforts to get the essentials right.

Dr Batten then outlined the key points in quality and operational performance in 2014/15:

- Continuing low patients deaths (against the national average) and real progress on cancer care, was balanced by challenging performance in a number of other areas.
- Along with many trusts across England, the Trust struggled to meet A&E waiting time targets through the second half of 2014/15. On average, across the year, just under 94 per cent of our patients were assessed, treated, admitted or discharged in under four hours, against a national standard of 95 per cent. By working to improve all aspects of emergency pathways, the Trust had managed to get back to, or close to, the 95 per cent standard. Staff were working hard to make further improvements to emergency pathways, and there would be further significant investment in additional consultants in the autumn of 2015.
- The Trust saw challenges in reporting on its waiting time standards throughout 2014/15 during the introduction of a new patient administration system, and in some specialties, the Trust needed to have a particular focus on reducing the number of patients who had already been waiting over 18 weeks. Dr Batten reporting good progress, with the Trust having met the standard of 92 per cent of patients waiting under 18 weeks since June 2015.

Looking ahead, Dr Batten reflected that 2015/16 and 2016/17 were likely to be characterised by more challenge and change, making the Trust's focus and progress against both immediate improvement plans and our longer-term strategy even more important:

- Noting the establishment of the clinical strategy in 2014, she outlined the approval of the new quality strategy, designed to drive up quality and enable continuous improvement, and developed with input from patients, staff and other stakeholders. It set clear goals and measures for what the Trust would seek to achieve between 2015 and 2018. Dr Batten commented that driving up quality was especially important when under financial pressure; her long personal experience in health care had shown that the best way to improve efficiency was to deliver better quality care.
- The Trust sought to encourage more of the great staff and patient-led projects seen in 2014/15 such as the development of the carer's passport by the dementia team, which enabled carers to provide essential support by visiting outside of normal hospital visiting times.
- Implementation of the core strategies – clinical, quality and financial - was being supported by refreshed organisational values and behaviours. Through a major engagement programme, staff had made it clear that they wanted the Trust to develop an organisational culture that better supported improvement and excellent patient care; a culture that supports all staff to be kind, collaborative, expert and aspirational.
- Increasing the involvement and engagement of patients, GPs and other stakeholders in the Trust's plans and decisions was a further priority, pressing ahead with developing an active and engaged membership to help shape our thinking and actions. Having launched a new member newsletter in the spring, the Trust sought to continue to expand its membership and provide more opportunities for members to get involved.

Dr Batten closed by again thanking members of the public and staff for taking the time to attend the annual general meeting.

Sir Richard Sykes then introduced Mr Richard Alexander, chief financial officer, who had joined the Trust from University College Hospitals NHS Foundation Trust in August.

Mr Alexander took to the rostrum to present the Trust's annual accounts for 2014/15. He started by confirming that the Trust had once again successfully met the statutory financial performance targets and had delivered efficiency savings of £39.7m (out of a planned £49.3m) in 2014/15. He outlined the financial performance metrics relating to the statutory financial duties.

Duty	Requirement	Achievement
1. Breakeven duty	To ensure total expenditure does not exceed income	Achieved – surplus of £15.4m, after adjusting for impairments
2. External financing limit (EFL)	To remain within DH borrowing limit	Achieved – cash outflow of £6.2m
3. Capital absorption rate of 3.5 per cent	To pay a dividend of 3.5 per cent to the DH	Achieved
4. Capital resource limit (CRL)	To ensure capital expenditure is within the limit set by DH	Achieved – Net spend of £32.9m

Capital expenditure (excluding externally funded schemes) for the period had been £32.9m; with schemes aimed at achieving a balance between maintaining and replenishing the asset infrastructure, reducing risk, investing in information technology, and improving the patient experience.

The Trust's total operating income was £1,000.6m; an increase of £21.3m compared to the previous year. This increase included Project Diamond funding of £24.4m. This payment reimbursed the Trust for the excess costs of treating specialist patients not funded in national tariff. New funding was also received from NHS commissioners to support reduction in patients waiting for treatment and to meet extra demand for patient care services over winter. Sales of non-essential assets also contributed to this income growth.

The total operating expenditure was £1,109.9m including an asset impairment of £123.8m and donated asset adjustment of £0.9m. After adjusting for the impairment and donated asset adjustment, overall expenditure has increased by £21.0m when compared to the previous year. This increase has been driven by the cost of delivering additional activity, the cost improvement programme, and new investment in increased staffing levels on wards and in the Trusts A&E departments.

The Trust's efficiency programme focused on new initiatives that aimed to deliver savings in excess of 4.5 per cent of costs deemed influenceable in the short and medium-term planned turnover (£39.7m achieved). These were carefully planned and implemented through the Trust's executive committee, where any potential risks to patient safety and patient experience are rigorously assessed to ensure that none would have a detrimental impact on service quality and patient experience. Key themes were for clinical pathway redesign, medicines management, negotiating better prices with suppliers and reviewing supply chain arrangements, exploiting commercial opportunities to increase income and reducing overheads.

The Trust continued to invest in its capital infrastructure to help achieve its strategic service objectives. During 2014/15 the Trust invested a total of £36.5m to modernise its estate, deal with backlog maintenance issues, purchase new and replacement medical equipment and upgrade IT equipment and infrastructure. Significant schemes in 2014/15 included: backlog maintenance of £6.3m; medical equipment of £8.6m; IT investment of £5.1m; and imaging investment of £4.2m.

The Trust maintained a strong cash position throughout the year; remaining within its external financing limit (EFL), with a year-end cash position of £43.3m. This is £12.3m less than the level anticipated when the cash plan was developed at the start of the financial year and, for the most part, this is because the Project Diamond funding will now be received in the next financial year.

Financial outlook

Bring his presentation to a close, Mr Alexander looked forwards, highlighting that the five year forward view strategy document published by NHS England has called for improvements of approximately £22bn from within the health service. With a further £8bn promised by the end of this new parliament from the taxpayer the financial challenge to the whole health service had been clearly set out. The Trust recognised that this meant thinking very differently about its services and how these must provide value for money if it is to meet its share of that challenge and if the Trust is to make the major investments in its estate and services that are needed. In 2015/16 the Trust would be significantly expanding its approach to delivering long-term financial sustainability. The Trust, with support from its CCGs, had set aside funding for investment in a programme of clinical service transformation. This would mean changing the way services were delivered at every level of the organisation and would involve front line staff, patients and key stakeholders even more in making improvements that would improve the quality and value of services.

Sir Richard Sykes then invited Mr Steve McManus, chief operations officer and deputy chief executive, Professor Janice Sigsworth, director of nursing, and Dr Julian Redhead, deputy medical director to the rostrum. He then invited questions from the floor:

Question	Response
Whilst the low mortality rate should be celebrated, concern was expressed at the apparent complacency exhibited by the Trust in relation to A&E and other waiting times, particularly in relationship to the sickest patients waiting in A&E, and expressed concern as to how the times may be longer over the winter. She also noted poor performance in ambulance arrival times.	Mr McManus assured the public that the Trust was not complacent, and strove for continuous improvement, highlighting reductions in recent waiting times for the Trust's sickest patients. This was being achieve by increased numbers of emergency department consultants, extension of ambulatory services to seven days, and increasing the resource of the discharge team, thus freeing beds for emergency admissions.
It was noted that two of the theatres were being upgraded, although it was her understanding that services at Western Eye were to transfer longer-term to St Mary's.	Dr Batten confirmed that the Trust planned to transfer Western Eye services to St Mary's longer-term, but explained that on-going essential maintenance and upgrading continued across the site whilst awaiting funding to progress with the desired redevelopments.
A patient at St Mary's, explained that she was expecting her next elective procedure to be planned for Charing Cross Hospital, which would be awkward for her to access. She asked if it would be possible to have this undertaken at St Mary's.	Mr McManus confirmed that the Trust offered elective orthopaedic services on both sites, and asked her to make herself know to a member of staff at the end of the meeting for this to be resolved.
Noting that the Trust board had agreed to the short-term co-location of stroke services at Charing Cross Hospital, which had been mainly welcomed by patients and the public, assurance was sought that a risk-assessment had been undertaken in relation to the further move of all stroke services to St Mary's.	Dr Redhead commented that it was pleasing to here that the move to co-locate stroke services had been positively received, especially that patients and the public could see the benefits of clinical adjacency. Clinical staff were very supportive of the approach being taken. The long term plan remained that all stroke services would be relocated to Mary's to be co-located with major trauma services which shared a number of diagnostic and clinical requirements.
A patient at Charing Cross Hospital expressed concerned that the additional lymphedema services provided were not being offered to all patients.	Diane Dunn, lead nurse for cancer, explained that the service had been introduced as a one year pilot (extended by four months), jointly with St John & St Elizabeth Hospital, funding for which had ceased.

Question	Response
	The Trust had sought funding from the commissioners for continuing the services, but not all had been willing to support this, hence not being directly available to all patients. Patients not able to access this service were directed to other services.
Further details of the proposed service changes at Charing Cross were requested.	Dr Batten confirmed that each of the main hospital sites had a key role for future health services in NW London: Charing Cross, as a local hospital; Hammersmith, as a specialist hospital; and St Mary's, as a major acute hospital. The timings for planning had been discussed at the public board meeting in July 2015; the Trust was bidding for capital support and commencing working on business cases for each site. When funding had been secured, there would be further community engagement with the detailed planning.
Concern was expressed that as more of the population get older and more poorly, there may be no further clinical treatment for them, and they could be discharged from hospital with no further care plan.	Dr Redhead agreed that hospital is often not the best place for patients to receive care, and that the Trust worked with commissioners and other providers to try and ensure appropriate services could be made available to patients at home or as close to their homes as possible. This is particularly true for palliative care services.
A patient who had experienced a stroke had been told their care would be provided at Charing Cross but had heard no further information.	Professor Sigsworth asked her to make herself know to a member of staff at the end of the meeting for this to be resolved.
Further information was requested in relation to: the increase in impairments outlined in the annual accounts; and whether a good CQC inspection report or becoming a foundation trust would be more important 3-5 years hence.	Mr Alexander noted that the impairment changes resulted mainly from land valuation amendments, but suggested he could be contacted outside the meeting should further information be desired. In relation to priorities, he confirmed that his priority as chief finance officer was clear: patient outcomes and care were of foremost importance; along with this the Trust needed to be financially responsible and create a sustainable future. Dr Batten added that becoming a foundation trust was a balance of financial sustainability, quality of care, and strong governance, noting the symbiotic relationship between efficiency and quality.
The tremendous work done by, and care given to patients, was acknowledged, as was the contribution of the Charity and the Friend. Concern was expressed that computer errors meant that there was incorrect information in the discharge letters being provided to GPs. An enquiry was made as to why the waiting list was not being reduced by undertaking weekend operating.	Dr Batten commented that the Trust was only as good as the 10,000 staff providing care and the services that supported this, and that the Trust recognised and welcomed the support of the Charity and the Friends. Dr Batten outlined that the Trust was moving towards introducing services across all seven days of the week, but noted that it had substantial implications for staffing. However, she outlined that to reduce waiting times, there had been weekend elective surgery.

Question	Response
	Kevin Jarrold explained that the Trust was in the process of introducing a new computer system, and that at times there had been significant challenges. Eventually he hoped that there would be no requirement for the paper that was currently created as part of the patient process, and welcomed a further direct conversation after the meeting.
Noting the strengths of the integrated care approach being taken by the Trust, concern was expressed as to how this could continue and grow given the shortage of GPs and reducing budgets of community trusts. Concern was expressed that the Trust would struggle to attract staff if accommodation was not available.	Dr Batten confirmed that developing integrated care services was vital and key to the Trust's strategy. The Trust was working closely with a wide range of health and social care providers to address a range of anachronistic processes to improve care for patients across the community. Dr Batten acknowledged that housing was a major issue for public sector employers across London, and noted that the local councils were seeking to address this issue.

Bringing questions to a close, Sir Richard Sykes then introduced Professor Sian Harding, Professor of Cardiac Pharmacology at Imperial College London and Director of the Imperial British Heart Foundation Cardiovascular Regenerative Medicine Centre.

Professor Harding provided the audience with a fascinating exposition on medical research developments in relation to heart failure. She particularly highlighted recent developments in research on heart cells, and the potential to help patients with poor heart function. She explained the work that had been taking place for some time on the beating muscle of the heart and the cells that make up that muscle – cardiomyocytes. When the heart was damaged, for example by a heart attack, the patient could initially recover, but finally the patient develops heart failure.

Professor Harding outlined two complementary strategies: gene therapy, where the aim was to reverse the changes in the remaining cardiomyocytes, restoring the beating force of the heart; and cell therapy, where the intention was to give new cardiomyocytes to the heart and so reverse the damage itself. This was seen as a real breakthrough that could improve treatment for heart failure patients.

Professor Harding responded to questions from the floor, including:

- confirming that she had been involved in the development and use of ventricular devices, which could provide rest to cells which could increase their power; and
- noting that the work being undertaken could potentially have a real impact on the local population, both in engaging in clinical trials (which were advertised on the Trust website), and longer term from more cost-effective treatments.

Sir Richard Sykes closed the meeting by extending thanks to Professor Harding, the board and executive speakers, the production team, staff who had provided the stands, and the members of the public and staff who had attended. He asked attendees to provide feedback on the event to enable continued improvement, and confirmed that the proceedings of the meeting would be made available on the Trust website.

Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	1.7
Title	Draft Board & committee schedule 2016-17
Report for	Noting
Report Author	Jan Aps, Trust company secretary
Responsible Executive Director	Dr Tracey Batten, Chief executive

Executive Summary:

A proposal to move Trust board meetings generally from the last week to the first week of the following month was circulated at the request of the chief executive and chairman, mainly to ease the pressure on financial and operational reporting. However, it is apparent that this would conflict with a number of diaries and will therefore not be implemented.

The schedule for Trust board in 2016/17 remains as now – the last Wednesday of the month. On reviewing the diary, it is apparent that the March 2016 board date falls in Easter week – members are asked to consider whether a move to Wednesday 6 April would be preferable.

The schedule for the Finance and investment committee follows the schedule in place since April 2015 that is the Wednesday prior to the board meeting.

The schedule for the quality committee follows the schedule as for 2015/16.

The schedule for the audit, risk and governance committee is more difficult to confirm before annual accounts submission dates are known, but the proposed dates follow a similar pattern to 2015/16.

Two meetings have been proposed for the Remuneration committee (as per 2015/16); these will need to be confirmed with David Wells on appointment.

Two dates are suggested for the annual general meeting – Wednesday 7 or 14 September – members are asked which they would prefer.

Recommendation to the Board:

The Board is asked:

- to agree the meetings schedule as outlined;
- to confirm if members would like the March 2016 meeting moved to 6 April
- to confirm which date they would like for the 2016 AGM.

IMPERIAL COLLEGE HEALTHCARE NHS TRUST BOARD & COMMITTEE SCHEDULE 2016 – 2017 v0.1

MONTH	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
TRUST BOARD MEETING – PUBLIC/PRIVATE		Wed 25 May Pre-meeting 9.30 – 10.00 Celia Hensmen Suite 10.00 – 13.30 W12		Wed 27 July Pre-meeting 9.30 – 10.00 10.00 – 13.30 NB		Wed 28 Sept Pre-meeting 9.30 – 10.00 Sitting Room 10.00 – 13.30 CWB		Wed 30 Nov Pre-meeting 9.30 – 10.00 Celia Hensmen Suite 10.00 – 13.30 W12		Wed 25 Jan Pre-meeting 9.30 – 10.00 10.00 – 13.30 NB		Wed 29 Mar Pre-meeting 9.30 – 10.00 Sitting Room 10.00 – 13.30 CWB
TRUST BOARD SEMINAR	Wed 27 Apr 10.00 – 12.30 NB		Wed 29 June 10.00 – 12.30 CWB				Wed 26 Oct 10.00 – 12.30 NB		Wed 14 Dec 10.00 – 12.30 CWB		Wed 22 Feb 10.00 – 12.30 W12	
TRUST BOARD DEVELOPMENT MEETINGS	Wed 27 Apr 12.30 – 14.30 NB		Wed 29 June 12.30 – 14.30 CWB				Wed 26 Oct 12.30 – 14.30 NB		Wed 14 Dec 12.30 – 14.30 CWB		Wed 22 Feb 12.30 – 14.30 W12	
AGM						7 or 14 September Date, Time and Venue tbc						
AUDIT, RISK & GOVERNANCE COMMITTEE	Wed 20 April 10.00 – 1.00 CWB	Wed 25 May 13.45 – 15.15 W12		Wed 6 July 10.00 – 1.00 CWB			Wed 5 Oct 10.00 – 1.00 CWB		Wed 7 Dec 10.00 – 1.00 CWB			Wed 8 Mar 10.00 – 1.00 CWB
QUALITY COMMITTEE		Wed 11 May 10.00 – 13.00 CWB		Wed 13 July 10.00 – 13.00 CWB		Wed 14 Sept 10.00 – 13.00 CWB		Wed 16 Nov 10.00 – 13.00 CWB		Wed 11 Jan 10.00 – 13.00 CWB		Wed 15 Mar 10.00 – 13.00 CWB
FINANCE & INVESTMENT COMMITTEE		Wed 18 May 16.00 – 18.00 CWB		Wed 20 July 16.00 – 18.00 CWB		Wed 21 Sept 16.00 – 18.00 CWB		Wed 23 Nov 16.00 – 18.00 CWB		Wed 18 Jan 16.00 – 18.00 CWB		Wed 22 Mar 16.00-18.00 CWB
REMUNERATION & APPOINTMENTS COMMITTEE			Wed 29 June TBC 9.00-10.00 NB				Wed 26 Oct TBC 9.00-10.00 NB					

W12	Oak Suite, W12 Conference Centre, Hammersmith Hospital
CWB	Clarence Wing Boardroom, St Mary's Hospital
NB	New Boardroom, Charing Cross Hospital
S	Submission of papers deadline

Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	2.1
Title	Patient Story
Report for	Noting
Report Author	Guy Young, Deputy Director of Patient Experience
Responsible Executive Director	Janice Sigsworth, Director of Nursing

Executive Summary:

Patient stories are seen as a powerful method of bringing the experience of patients to the Board. Their purpose is to support the framing of patient experience as an integral component of quality alongside clinical effectiveness and safety.

CB is a patient who is profoundly deaf. The trust's failure to adequately address his communication needs and make reasonable adjustments to his care resulted in a poor experience.

Recommendation to the Board:

The Board is asked to note the patient story

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Background

The use of patient stories at board and committee level is increasingly seen as a positive way of reducing the "ward to board" gap, by regularly connecting the organisation's core business with its most senior leaders.

The perceived benefits of patient stories are:

- To raise awareness of the patient experience to support Board decision making
- To triangulate patient experience with other forms of reported data
- To support safety improvements
- To provide assurance in relation to the quality of care being provided (most stories will feature positive as well as negative experiences) and that the organisation is capable of learning from poor experiences
- To illustrate the personal and emotional sequelae of a failure to deliver quality services, for example following a serious incident

CB's story

This patient story focuses around disability and how a failure to deal with it effectively has led to a poor patient experience. The issue was raised as a complaint and has led to increased awareness and the initiation of some important actions that will hopefully improve the situation in future.

CB's story is told by his close friend and sign language interpreter LT.

CB is profoundly deaf. He suffered a minor stroke in January and needed to be admitted. CB's partner who was with him is also deaf, and the two of them became stressed and confused because there was no British Sign Language (BSL) interpreter available. CB did not understand what was happening yet was being asked to consent to an invasive procedure. LT, a close friend of the couple and a BSL translator, was contacted by them and came to assist. Staff were clearly aware of the communication problem, but seemed unable to make reasonable adjustments to the care or find a solution to the poor communication.

An example of where we failed to make a reasonable adjustment was when they were told they could go and get something to eat and would be called when they needed to come back. For obvious reasons CB asked that he be sent a text rather than receive a phone call. He was told that this was not possible! It also emerged that due to a national lack of BSL interpreters the Trust needs to provide 10 days notice to book one; potentially manageable in an elective situation but not helpful in an emergency.

The Trust has been able to plan much more effectively for CB since the concerns were raised and LT confirms that for each of his subsequent follow up appointments a BSL interpreter has been present.

As a result of this complaint we are taking the following action:

- Carrying out a complete review of the translation policy and processes
- Creating resource folders, especially for our emergency departments, but they will also be available throughout the Trust via the Source. These will include pictorial aids and BSL alphabets.
- Exploring the use of video links with an initial focus on BSL.
- Developing a training module and improved documentation of procedures for staff on how to access and use interpreting services.
- Exploring training opportunities for staff and the potential for developing a staff register of languages spoken and BSL.

Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	2.2
Title	Chief Executive's Report
Report for	Noting
Report Author	Dr Tracey Batten, Chief Executive
Responsible Executive Director	Dr Tracey Batten, Chief Executive

Executive Summary:

This report outlines the key strategic priorities and issues for Imperial College Healthcare NHS Trust.

Recommendation to the Trust board:

The Trust board is asked to note 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.

Key Strategic Priorities

1. Financial performance

As expected, this year is proving to be extremely challenging financially. At the end of August (month five) the Trust was £2.2m behind its financial plan, reporting a year to date deficit of £12.8m. We have not met our own ambitious growth targets for treating private patients and we are also encountering much more challenge to the level of our NHS activity from our commissioners. We are committed to not only recovering our financial position back to plan by the end of the year but also working hard to exceed that.

2. Stretch target and sustainability

Along with every other provider trust, we received a letter from our regulator asking us to deliver a better performance than our submitted plan (deficit of £18.5m). Understanding the financial challenges on the service nationally, we have taken this challenge extremely seriously and asked all of our budget holders to 'stretch' by a further 2% of budgets to endeavour to deliver this improved result - we of course have to balance this against maintaining safe and high quality care. There is a huge focus on not only delivering our budget but also stretching beyond that and improving our long-term sustainability.

3. Operational performance

Referral to treatment performance has considerably improved over recent months. The primary measure of RTT performance is that 92 per cent of patients should be waiting under 18 weeks at the end of each month. The Trust has achieved this standard in both June and July and is expected to continue to meet this standard for August. With agreement from local commissioners, submission for this standard has been delayed this month to Friday 25 September due to technical issues. It is expected that the Trust will continue to show a reduction in the number of patients waiting over 18 weeks for treatment for the month of August.

The Trust has not met the 6-week diagnostic standard since May 2014 but is expecting to achieve this from October 2015. There is a recovery plan in place for improving imaging capacity and reducing the time that patients wait for their diagnostic test. This includes recruitment of additional staff to accommodate longer working hours and access to additional scanning machines. It is noteworthy that the Trust is currently ahead of the recovery trajectory.

Performance against the four hour access standard for patients attending accident and emergency remained slightly below threshold at 94.86 per cent in August. A number of initiatives to improve flow within the organisation are on-going. For patients who are discharged, there has been an increased focus on discharging before noon, to allow increased capacity for any new emergency admissions and free up capacity within the emergency department.

In September, performance is reported for the cancer waiting times standards in July. In July, the Trust achieved seven of the eight national standards. The Trust failed to meet the 62-day GP referral to first treatment standard. In July, there were 16 breaches reported against the 62-day standard, relating to 22 individual patients (pathways started at other

trusts only contribute half of a breach to the ICHT total). Of the 22 patients, only two breached the target as a result of delays caused by the Trust. Both related to the urology rapid access diagnostic pathway. An action plan has been agreed with the Urology team. The remaining breaches related to patient comorbidities, patient choice delays and referrals from other trusts arriving too late to be able to schedule treatments within target.

4. Cerner Implementation

On 5 September 2015 the Trust successfully transferred the Cerner system and all of the data from the British Telecom (BT) data centre to the Cerner data centre. This was the culmination of extensive planning, preparation and testing over the last six months. The transition process required a period of 12 hours of system downtime with our hospitals operating on our established downtime procedures. This was managed successfully and some teething problems with user access and reporting have now been resolved.

The Trust Board has previously been updated on progress with the pilot for Cerner clinical documentation and electronic prescribing. We have now started the roll out of this functionality across the whole Trust. The first tranche covering surgical specialities at St Mary's Hospital went live on 21 September 2015 We are now into a rapid deployment phase that will see the functionality rolled out across the whole Trust by March 2016. This represents a significant step towards the goal of a digital patient record.

5. Nursing agency cap

Following a brief consultation in August 2015 on proposed trust caps for Nursing Agency spend, Monitor and TDA sent out joint correspondence informing the Trust of the caps that would be applied for the next three and half financial years. Within the letter the Trust was requested to supply the proposed trajectories that would work within the levels outlined by 14 September 2015.

An internal group led by Karen Charman, Interim Director of People and Organisational Development, and involving all of the divisional directors of nursing, worked together on the rationale for our proposed trajectory based on current use and requirements over the winter period. The Trust will now work with the TDA and Monitor to reach an agreed ceiling trajectory.

The introduction of the nursing agency cap fits in with our focus on reducing the number of vacancies in the organisation, particularly amongst band 2-6 nurses.

6. Stroke services co-location

Following supportive feedback from patients, carers, local residents and other stakeholders we brought our inpatient stroke services at St. Mary's Hospital to co-locate with our stroke services at Charing Cross Hospital in September 2015. We now have an integrated 34-bed stroke unit, an expanded gym for rehabilitation, as well as the 20-bed hyper-acute stroke unit – 'HASU' – co-located on the ninth floor of Charing Cross Hospital.

We want to deliver the best outcomes and experience for all our stroke patients and this move enables us to offer seven-day senior clinical review and therapy services.

This interim service model is planned for approximately a five year period, during which time the St Mary's Hospital site would be redeveloped and modernised so that the whole integrated stroke service could be re-located there in new facilities, as set out in the Trust's clinical strategy published in July 2014.

7. Stakeholder engagement

We have continued our programme of stakeholder engagement on Trust issues and developments. The Trust has welcomed Ann Green as the new director of Healthwatch Central West London, taking over the role from Paula Murphy who has helped build a constructive relationship between our two organisations.

We continue to publish our bi-monthly *Partner Update* e-newsletter which aims to supplement face-to-face contact and ensure that our stakeholders are kept up to date with what is happening at our Trust.

Our 2014/15 AGM took place on Wednesday 9 September 2015 in Porchester Hall. Just over 140 patients, local residents and staff attended. Key themes from feedback include:

- The majority of attendees were happy with the venue and presentations, although people would have liked more time for the questions and answers.
- The audience particularly enjoyed the presentation by Professor Sian Harding about her gene and cell therapy research on regenerating the failing heart and how Trust patients are benefiting from the rapid translation of research into practice facilitated by our collaboration as an academic health science centre – many thought we should continue to have presentations on advances in health care and this is something we will follow up.

The executive team spoke to a number of attendees after the event and were heartened by many positive comments about our services and staff. There were also a number of comments about the evening being a good improvement from last year's AGM.

8. Staff engagement survey 8 – results

The eighth staff engagement survey was conducted in July/August 2015. The overall results show that the response rate remains steady at 57% (no change from Survey 7). Engagement levels are in line with Survey 7 at 44%. The Friends and Family test questions show similar consistency: "Would you recommend for care or treatment" remains unchanged at 77% and "Would you recommend as a place to work" has increased by 1% to 61%. On a year on year basis performance on all questions has improved on 2013/14 scores. Hammersmith Hospital remains the most engaged site in the Trust.

9. Parliamentary and Health Service Ombudsman 'complaints about acute trusts 2014-15' report

The Parliamentary and Health Service Ombudsman (PHSO) has published the second of a series of regular reports to enable chief executives and trust boards to consider the data about the complaints in their organisation in the context of the wider acute sector. (See appendix one). The report provides a comparative analysis of 2013/14 and 2014/15 NHS complaints data.

The Trust welcomes this report from the Ombudsman and the findings support the Trust's direction of travel in how we manage complaints. In common with most trusts, the Trust has seen an increase in the volume of enquiries investigated by the Ombudsman in 2014/2015. When the volume of clinical episodes is factored in, the Trust is average in terms of the volume of enquiries accepted by the Ombudsman (6.84/100,000 episodes) – best = 1.7, worst = 12.6.

The report highlights the importance of effective management of complaints by the trust, for example in terms of listening to and addressing the concerns raised and providing suitable apologies and remedies. Our new complaints management process due to come into effect in October 2015 has been developed in order to address these issues.

10. Launch of transformation programme and new values and behaviours

The Trust is launching and rolling out the transformation programme and new values and behaviours in September, starting with the leadership forum on Monday 28 September 2015. This is a good opportunity to ensure our values are embedded in our key initiatives. The transformation programme, rooted in shared values, will help to engage all of our people to ensure that we deliver our new promise of 'better health, for life'.

An extensive communications programme has been developed to ensure engagement with a good mix of staff and patients. Pop-up stalls will appear in entrances, canteens or other busy thoroughfares in all five of our hospitals. Stall 'hosts' will explain what's happening and answer any questions. They will also encourage staff – and any interested patients – to add to a 'values wall', which will comprise postcards detailing someone who they think really lives our values. There will be iPads and screens available for staff and interested patients to view the new corporate film, quality improvement animation and a beta version of the new website. The Chief Executive all-staff sessions will focus on the launch of the transformation and values programme, and specifically on the quality improvement programme.

11. Imperial College Healthcare Charity week

A week of fundraising and awareness activity by Imperial College Healthcare Charity was opened by former England rugby player Matt Dawson on Monday 21 September 2015 at St Mary's Hospital. The *A Question of Sport* team captain lent his support to 60 staff, patients and local residents who abseiled ten storeys from the top of the hospital's Queen Elizabeth the Queen Mother (QEQM) building to raise funds for the charity. The executive team also took part in a static bike challenge which involved a number of staff members cycling the distance between all of our five sites.

As part of the awareness week, the Charity has announced it is to step up its fundraising and support for patients and staff. It has committed an additional £15 million for strategic projects over the next two years to help the Trust deliver its clinical vision.

As part of Charity Week, the Health and Wellbeing team also hosted three days of wellbeing events across our hospitals, including flu jabs, health checks, foot scans, smoking cessation, amongst many other things. There were also opportunities for staff to find out more about benefits available to them and to better understand the hospitals

charity. As with subsequent events the £1 (healthy) curry proved popular, and the team served 2100 staff across the three days. Additionally, the team prepared 1200 goody bags with small donations from suppliers for front line staff that couldn't attend from theatres, A&E, and the wards on all of the sites.

Key Strategic Issues

1. Shaping a Healthier Future (SaHF) Outline Business Case (OBC)/Implementation Business Case (ImBC)

The Trust is working with colleagues at NHS England, Trust Development Authority (TDA), Monitor and the Clinical Commissioning Groups on the submission of a revised ImBC, now expected to be completed by January 2016. This will be updated to reflect the five year forward view objectives and baseline activity and financial data based on 2014/15 outturn levels. The ImBC is essential to securing the capital to support the implementation of the clinical service plan for North West London (SaHF) and the Trust's clinical strategy.

The business case is due to come back to the Trust board in Jan 2016. This is then due to be incorporated into a consolidated ImBC representing all trusts in the North West London sector. The ImBC is expected to go onwards to NHS England for approval in March 2016. This revised timetable reflects the need for further work to strengthen the business case and to reflect current financial and activity performance.

2. Cancer 'vanguard' application

A group of trusts, including Imperial College Healthcare, put forward an expression of interest for creating an "Accountable Clinical Network for Cancer" for west London on 31 July. The aim is to develop and test a new model of cancer care within the framework set out by the NHS Five Year Forward View, and the document 'Examining New Options and Opportunities for Providers of NHS Care' (The Dalton Review). If successful, the proposal would lead to designation as a 'vanguard' site within the national models of acute care collaboration programme, hosted by the Royal Marsden Hospital.

The proposal opens the opportunity not only to develop and test new models of cancer care but also to address some of the key factors leading to poorer cancer care survival in the UK, for example, late presentation, diagnosis and investigation of symptoms possibly due to cancer. Whilst west London has survival rates well above the UK average for some cancers, improvement in outcomes remains a feasible proposition when international comparisons are made.

Our proposal was shortlisted with interviews taking place on 7 and 8 September 2015. The outcome of the bids is expected in late September.

Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	2.3
Title	Operational Report and Scorecard
Report for	For noting
Report Author	Steve McManus, Chief Operating Officer
Responsible Executive Director	Steve McManus, Chief Operating Officer

Executive Summary: This is a regular report to the Trust Board for Operational Performance and outlines the key operational headlines that relate to the reporting month of August 2015.

Recommendation to the Board: The 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.

Operational Performance Report

Report Period Month 5 (to end August 2015)

Trust Board, 30th September 2015

Table of Contents

1. Scorecard Summary

Pg	Metric	Period	Standard	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Performance	Direction of Travel	Forecasting Q3	Q4	Q1
	Safe												
5	Serious Incidents (S.I.s)	Aug-15	0	25	7	5	14	3	20				
6	Staffing fill rates		tbc	94.58%	96.00%	96.00%	96.75%	97.00%	95.30%				
7	MRSA		0	0	1	0	0	1	2				
7	Clostridium difficile		28		8	16	23	26	31				
	Effective												
8	Hospital Standardised Mortality Ratio (HSMR)	Qtr 4 14/15	100	64.7	63	70.97	80.8	67.06	71.78				
8	Percentage of interventional studies which recruited 1st patient within 70 days of Valid Research Application	Qtr 1 15/16	70%	56.00%	64.00%	71.20%	71.20%	83.30%	96.70%				
9	Harm Free Care (Safety Thermometer)	Aug-15	90%	96.6%	97.2%	96.6%	97.0%	95.9%	96.7%				
9	30 day readmissions		tbc	5.21%	5.59%	6.77%	6.43%	4.57%	4.69%				
10	Average length of Stay (elective)		3.4	3.7	3.9	4.2	3.7	3.7	4.2				
11	Average length of stay (non-elective)		4.5	4.8	4.8	4.5	4.8	5.2	4.1				
11	Activity: First Outpatient	Jul-15	27,337	28,336	31,909	29,333	27,776	32,578	30,331				
11	Activity: Follow-up Outpatient		45,300	45,314	50,352	47,082	44,830	50,973	47,965				
12	Activity: Daycase		6,433	5,774	6,536	6,059	6,001	7,618	5,982				
12	Activity: Elective Inpatient		1,752	1,688	1,637	1,308	1,335	1,393	1,821				
12	Activity: Non-elective Inpatient		8,286	7,794	8,593	8,742	8,895	8,945	8,391				
12	Activity: Adult Critical Care		3,561	3,729	3,444	3,390	3,227	3,257	4,173				
12	Activity: Regular Day Attender		270	986	1,217	1,114	167	161	932				
	Caring												
14	Mixed-Sex Accommodation	Aug-15	0	0	0	2	0	0	0				
15	Friends and Family Test - Inpatients		95%		94.00%	93.00%	97.00%	97.00%	96.00%				
15	Friends and Family Test - A&E		85%		79.00%	87.00%	91.00%	87.00%	93.00%				
16	Complaints (total number received)		100	117	111	79	106	103	106				
	Well Led												
16	Vacancy rate (%)	Aug-15	10.0%	11.7%	12.1%	12.5%	11.6%	12.9%	12.6%				
16	Sickness absence rate (%)		3.4%	3.5%	3.1%	3.1%	3.0%	3.1%	3.0%				
17	Statutory and mandatory training excl. doctors in training / Trust grades (%)		95.0%	80.0%	80.5%	80.9%	82.0%	81.0%	82.4%				
17	Statutory & mandatory training - doctors in training /Trust grades (%)		95.0%	n/a	n/a	68.1%	63.0%	63.5%	59.6%				
18	Consultant appraisal rate (%)		95.0%	92.0%	93.0%	91.0%	86.0%	84.2%	83.0%				
18	Band 2-9 & VSM PDR rate		95.0%		2.0%	9.0%	27.0%	35.6%	51.3%				
19	Health and Safety RIDDOR		0	2	2	2	2	1	1				
19	Open actions relating to GMC surveys, quality and monitoring visits		tbc	0	0	0	No Data	No Data	No Data	NEW			
20	Staff engagement score		tbc	39	37	38	37	41	44				
	Responsive		0										
22	18 Weeks Incomplete (%)	Aug-15	92.0%	90.2%	91.6%	91.7%	92.1%	92.0%	No Data				
22	18 weeks Incomplete Breaches (number)		tbc	5097	4375	4591	4,367	4,306	No Data				
22	52 Weeks Waits (Number)		0	15	8	11	2	4	No Data				
23	Diagnostic tests waiting longer than 6 weeks (%)		1.0%	1.4%	3.2%	4.4%	2.0%	2.2%	No Data				
24	A&E Type 1 Performance (%)		95.0%	82.3%	83.8%	85.6%	89.0%	87.4%	87.9%				
24	A&E All Types Performance (%)		95.0%	92.1%	92.6%	93.8%	95.4%	94.7%	94.9%				
25	Two week GP referral to 1st outpatient, cancer (%)	Jul-15	93.0%	94.5%	94.4%	93.0%	94.1%	93.0%	94.6%				
25	Two week GP referral to 1st outpatient – breast symptoms (%)		93.0%	93.1%	95.5%	93.4%	93.1%	95.4%	93.7%				
25	31 day wait from diagnosis to first treatment (%)		96.0%	96.6%	98.7%	96.2%	97.4%	97.3%	96.6%				
25	31 day second or subsequent treatment (surgery) (%)		94.0%	100.0%	94.8%	94.3%	97.3%	100.0%	100.0%				
25	31 day second or subsequent treatment (drug) (%)		98.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%				
25	31 day second or subsequent treatment (radiotherapy) (%)		94.0%	99.0%	100.0%	97.3%	98.7%	95.8%	100.0%				
25	62 day urgent GP referral to treatment for all cancers (%)		85.0%	73.1%	87.8%	86.4%	76.4%	85.7%	79.7%				
	62 day urgent GP referral excl. late ITRs (%)		85.0%	79.7%	90.3%	88.6%	79.0%	88.2%	85.3%				
25	62 day urgent GP referral to treatment from screening (%)		90.0%	86.7%	90.6%	89.5%	88.0%	88.2%	94.4%				
26	New Outpatient DNA rate (%)	Aug-15	12.3%	15.0%	13.2%	12.6%	13.9%	14.0%	13.6%				
26	Follow-up Outpatient DNA rate (%)		11.3%	14.1%	12.3%	11.8%	12.6%	12.3%	12.4%				
27	Hospital initiated outpatient cancellation rate (%)		tbc	6.8%	6.8%	6.6%	6.7%	7.2%	7.1%				

2. Indicator Overviews

2.1 Safety

2.1.1 Safety: Serious Incidents (SIs)

20 serious incidents were reported in August 2015. The year to date total is 44, in line with this time last year. We continue to review each case.

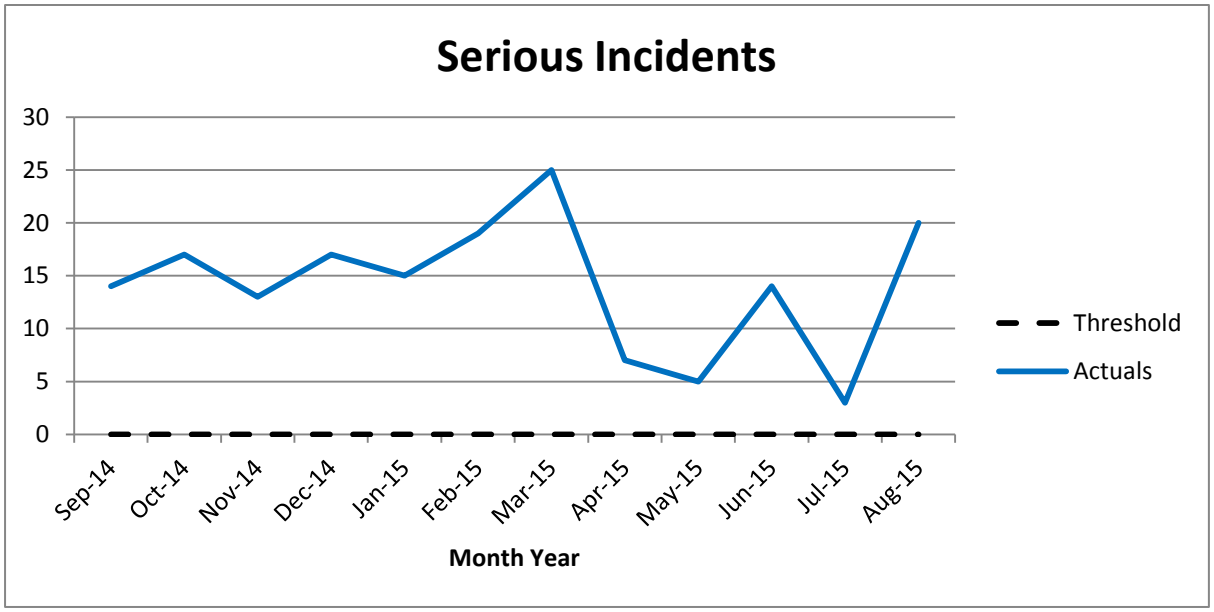


Figure 1 - Number of Serious Incidents (SIs) by month for the period Sep 2014 – August 2015

2.1.2 Safety: Nurse / Midwife staffing levels

In August the Trust reported the following for the average staffing fill rate overall:

- Above 95 per cent for registered nursing/midwifery staff during the day and night;
- Above 90 per cent for care staff during the day; &
- Above 95 per cent for care staff during the night.

The average staffing fill rate for August by hospital site was as follows:

Charing Cross

- Above 90 per cent for registered nursing/midwifery and care staff during the day; &
- Above 95 per cent for registered nursing/midwifery and care staff during the night.

Hammersmith

- Above 90 per cent for registered nursing/midwifery and care staff during the day; &
- Above 95 per cent for registered nursing/midwifery and care staff during the night.

Queen Charlotte's

- Above 90 per cent for registered nursing/midwifery staff during the day and night; &
- Above 85 per cent for care staff during the day and night.

St. Mary's

- Above 95 per cent for registered nursing/midwifery staff during the day;
- Above 90 per cent for care staff during the day; &
- Above 95 per cent for registered nursing/midwifery and care staff during the night.

Please refer to Appendix 1 for ward level detail.

The month of August continued to see a sustained improvement in performance for registered nursing staff and a slight decline for care staff during the day. There were a small number of ward areas where the fill rate was below 85 per cent for care staff and below 90 per cent for registered nursing staff and this is largely due to the following:

- The introduction of more stringent controls on using agency staff has impacted on the fill rate where shifts that were traditionally filled by agency staff are no longer being requested;
- Small numbers of unfilled shifts in some areas e.g. A8, D7 and Dacie wards which has shown a bigger impact on the overall fill rate for that area; &
- Staff within medical wards such as AMU and Joseph Toynbee are pooled and redeployed across areas to ensure patient safety is maintained. This is not always reflected on the rostering system. An in-depth quality review of these areas is undertaken on a monthly basis looking at acuity and dependency, incidents and a variety of workforce measures. The establishment for these areas will be reviewed in the autumn as part of the Trust's agreed establishment review process.

On occasions where small number of shifts were unfilled, senior nurses have made decisions to mitigate any risk to patient safety by undertaking the following:

- The ward manager/sister working clinically within the numbers;
- Increasing the compliment of registered staff where there has been a reduced fill rate for care staff;
- Monitoring progress against recruitment and vacancy reduction plans;
- Reviewing staffing on a daily basis;
- Adjusting the occupancy to ensure patient needs are met by the staff that are available; &
- Redeploying staff from other areas, where possible.

Divisional Directors of Nursing have confirmed that the levels of care provided during August were safe.

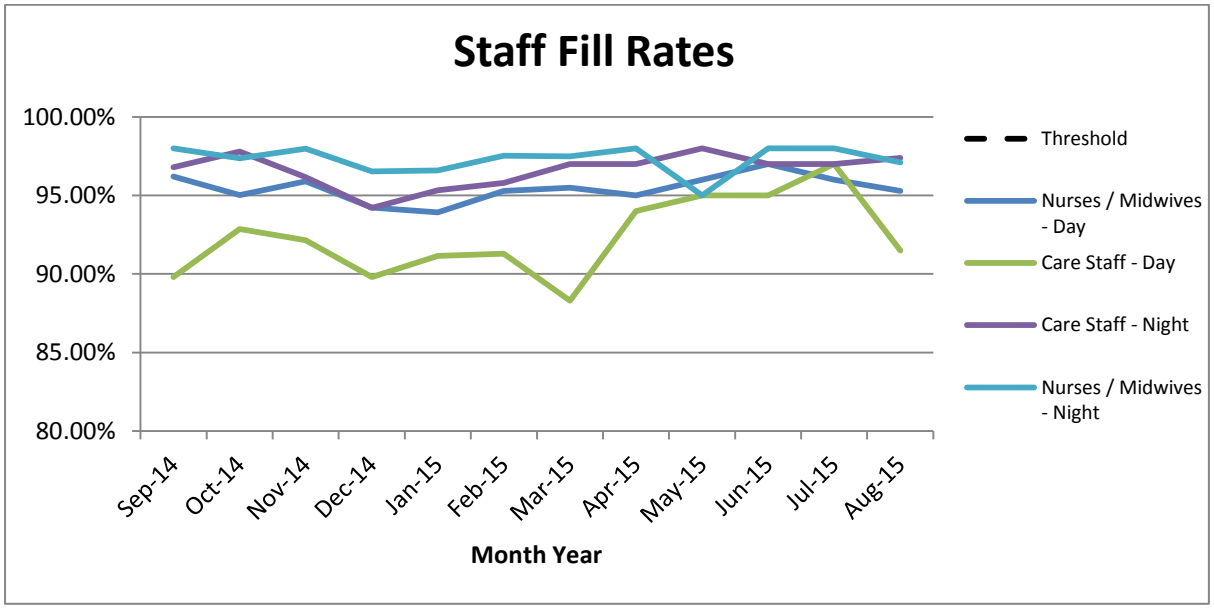


Figure 2 – Staff fill rates by month for the period September 2014 – August 2015

2.1.3 Safety: Meticillin resistant Staphylococcus aureus bloodstream infections (MRSA BSI)

Two cases of MRSA BSI were provisionally allocated to the Trust in August. These cases are being investigated. So far this year, 2 cases have been allocated to the Trust compared to 3 cases this time last year.

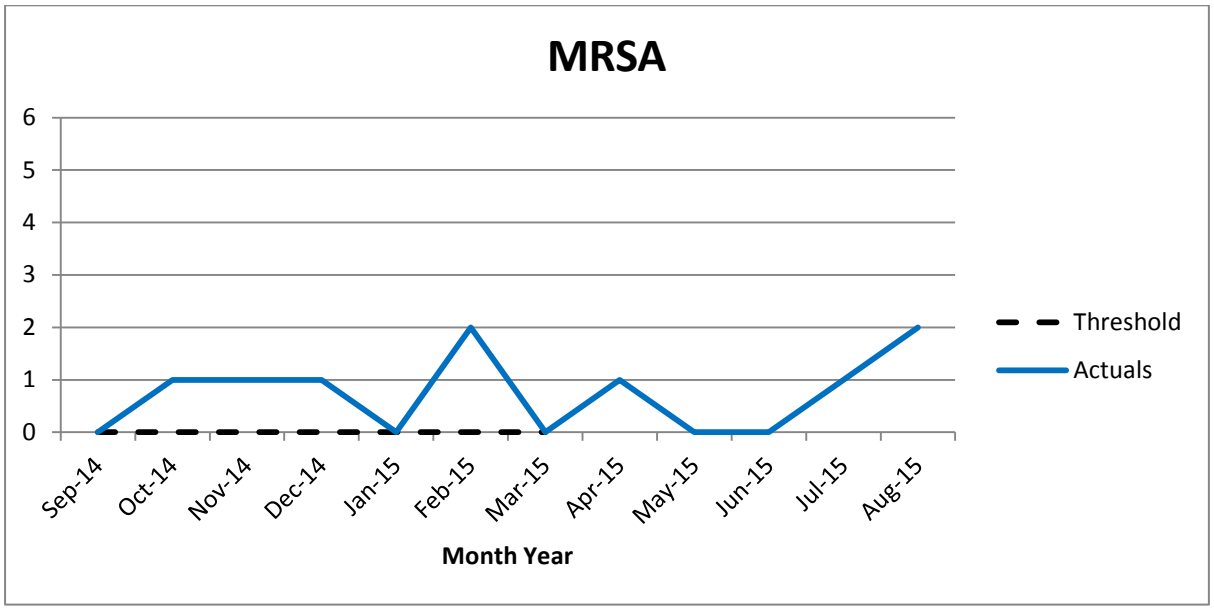


Figure 3 - Number of MRSA (b) infections by month for the period Sep 2014 – Aug 2015

2.1.4 Safety: Clostridium difficile

Two cases of C. difficile were allocated to the Trust for August 2015. Neither of these have been identified as a potential lapse in care. A total of 28 cases, 2 of which are attributable to lapses in care, have been allocated to the Trust so far this year, compared to 41 last year.

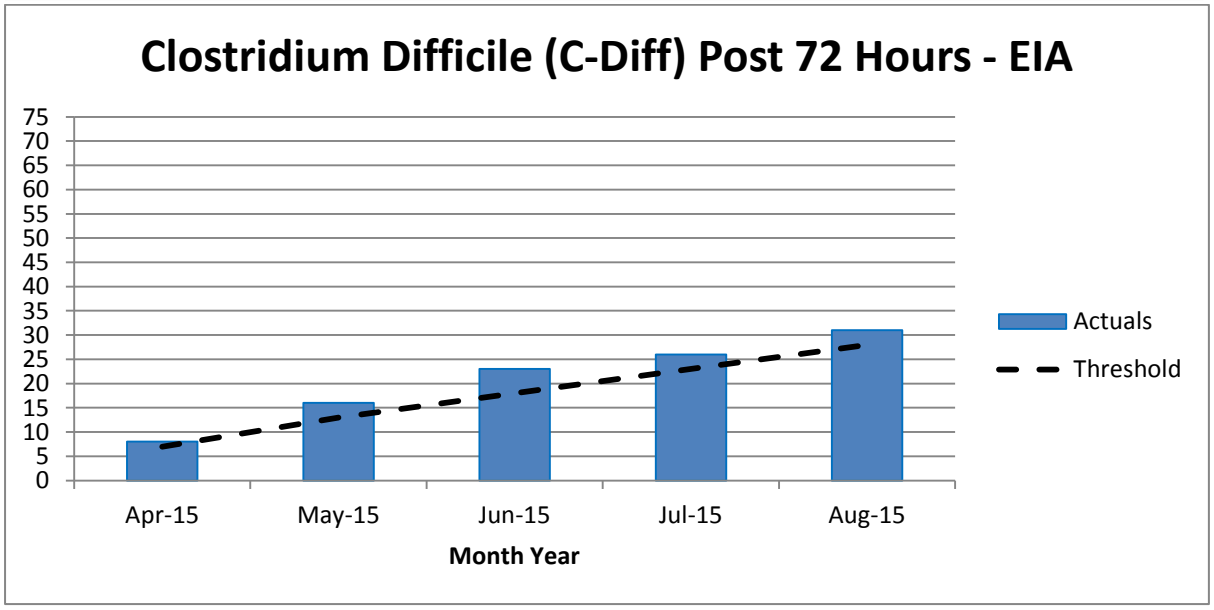


Figure 4 - Number of Clostridium Difficile infections above cumulative plan by month for the period April 2015 – August 2015

2.2 Effectiveness

2.2.1 Effectiveness: Mortality Data

The Trust's Hospital Standardised Mortality Ratio (HSMR) is 66.67 for April 2015. Across the last year of available data (May 2014 – April 2015), the Trust has the second lowest HSMR rate for acute non-specialist trusts nationally and the lowest in the Shelford Group. The Trust also has the second lowest Summary Hospital-Level Mortality Indicator (SHMI) of all non-specialist providers in England for Q4 2013/14 to Q3 2014/15.

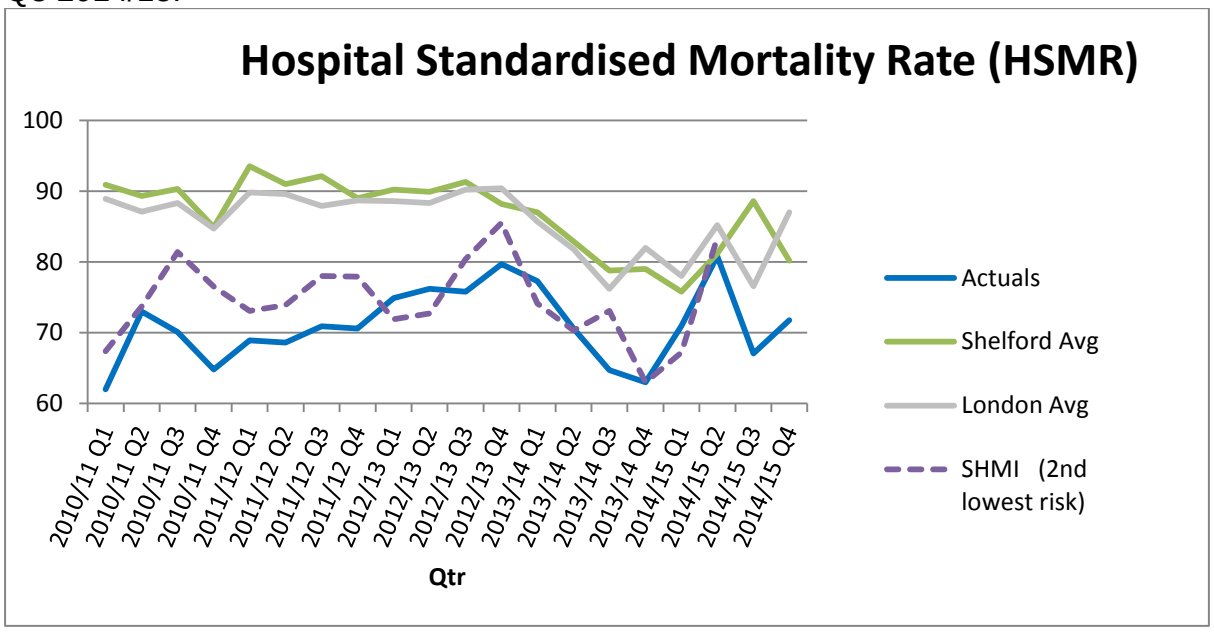


Figure 5 - Hospital Standardised Mortality Ratios for the period Q1 2010/11 to Q4 2014/15

2.2.2 Effectiveness: Recruitment of patients into interventional studies

The national target for recruiting the first patient into clinical trials within 70 days is 70 per cent. Trust performance for Q4 is 83.3 per cent. Preview data for Q1 2015/16 suggests the Trust performance against the 70-day benchmark is over 90 per cent. This improvement in performance is the result of applying a robust feasibility assessment to every clinical trial which the Trust is asked to host.

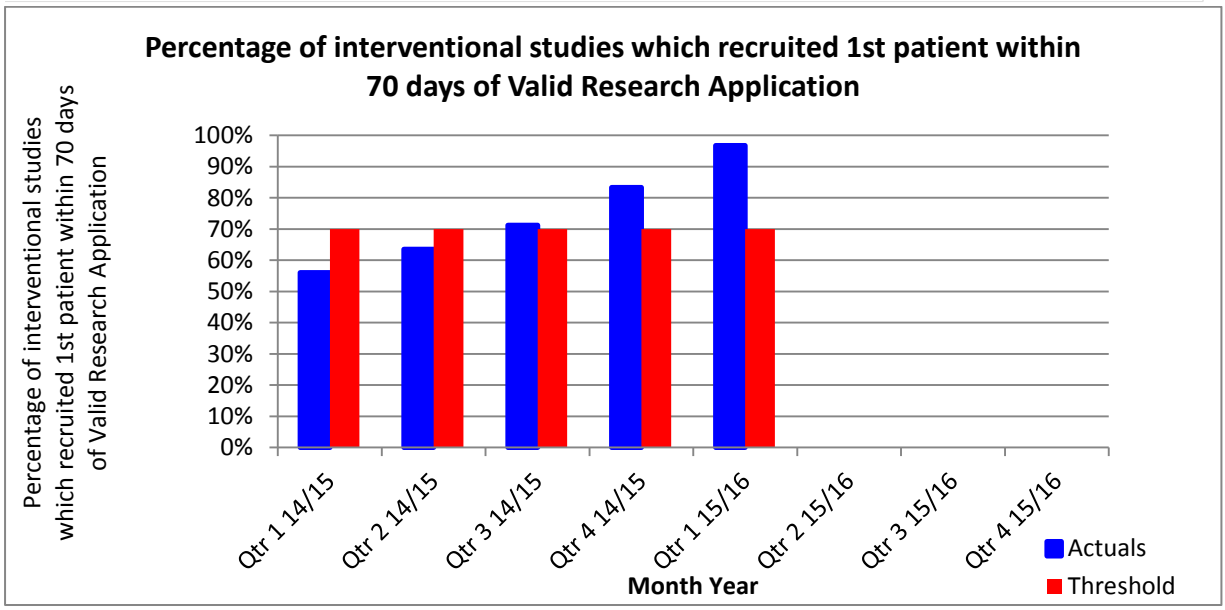


Figure 6 - Interventional studies which recruited First patient within 70 days of Valid Application Q1 2014/15 – Q1 2015/16

2.2.3 Effectiveness: Harm Free Care (Safety Thermometer)

The Trust continues to deliver excellent results in ensuring our patients experience Harm Free Care during their inpatient stays, with scores that are consistent with higher scores than both the London and Shelford average.

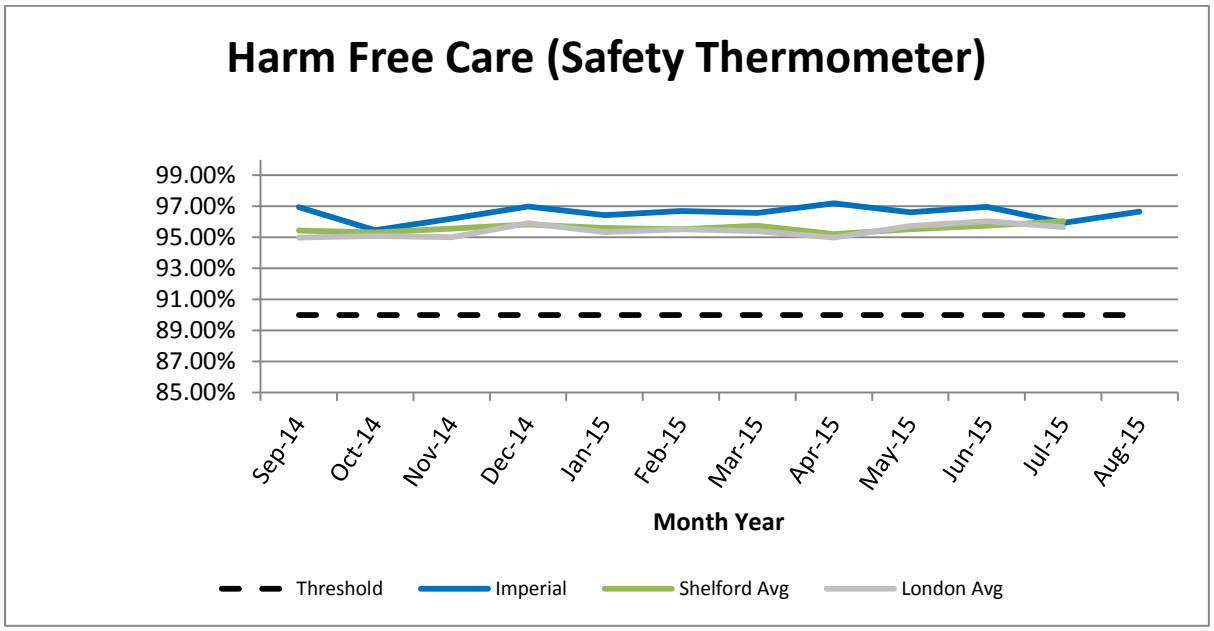


Figure 7 – Harm Free Care (Safety Thermometer) September 2014 – August 2015

2.2.4 Effectiveness: 30 Day Readmissions

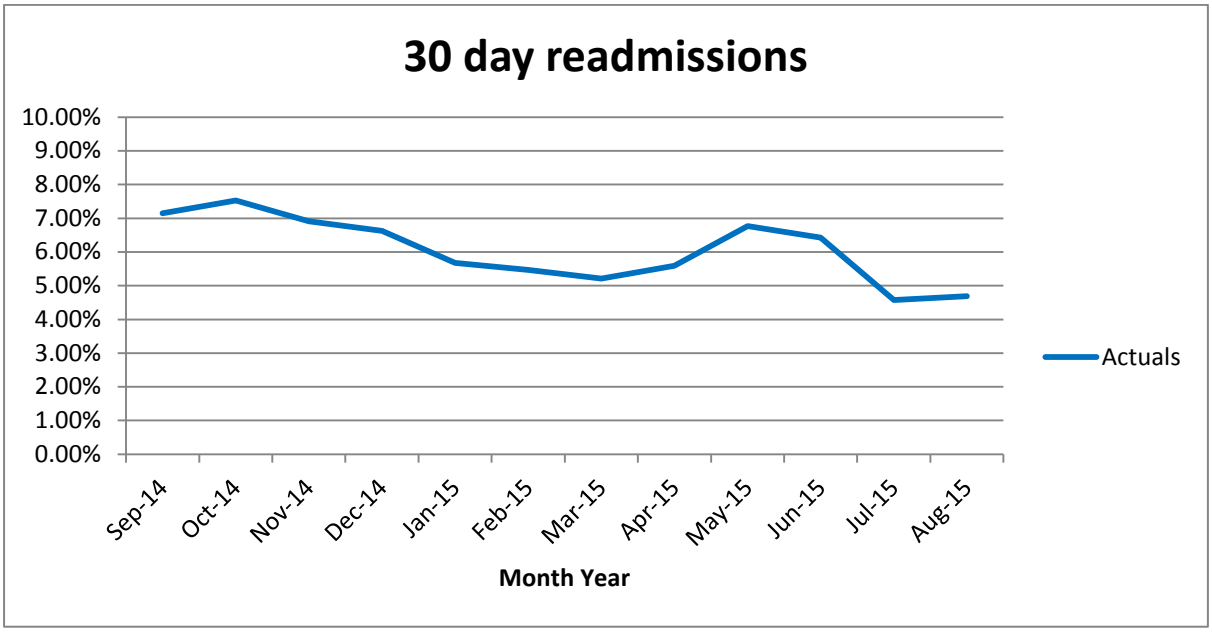


Figure 8 - 30 day readmissions for the period September 2014 - August 2015

2.2.5 Effectiveness: Average Length of Stay

The Trust has seen an overall reduction in the average length of stay for patients on an elective pathway in August. However, the shift between elective and non-elective length of stay will be reviewed by a working collective constituted by the site, information, and performance teams.

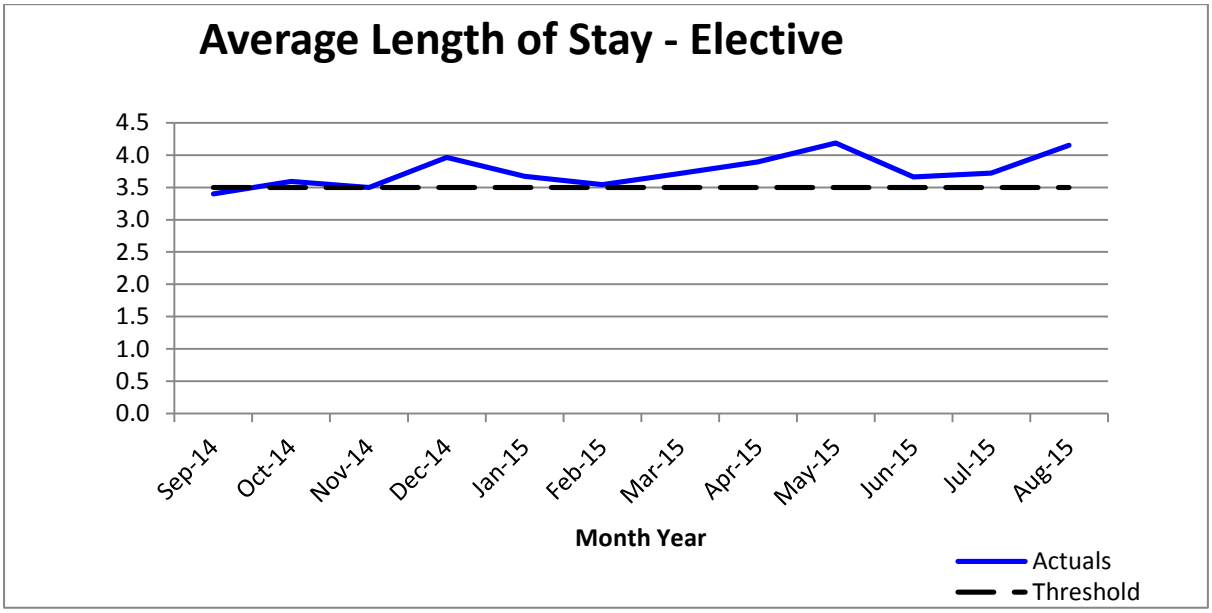


Figure 9 – Average Length of Stay – Elective for the period Septermber 2014 – August 2015

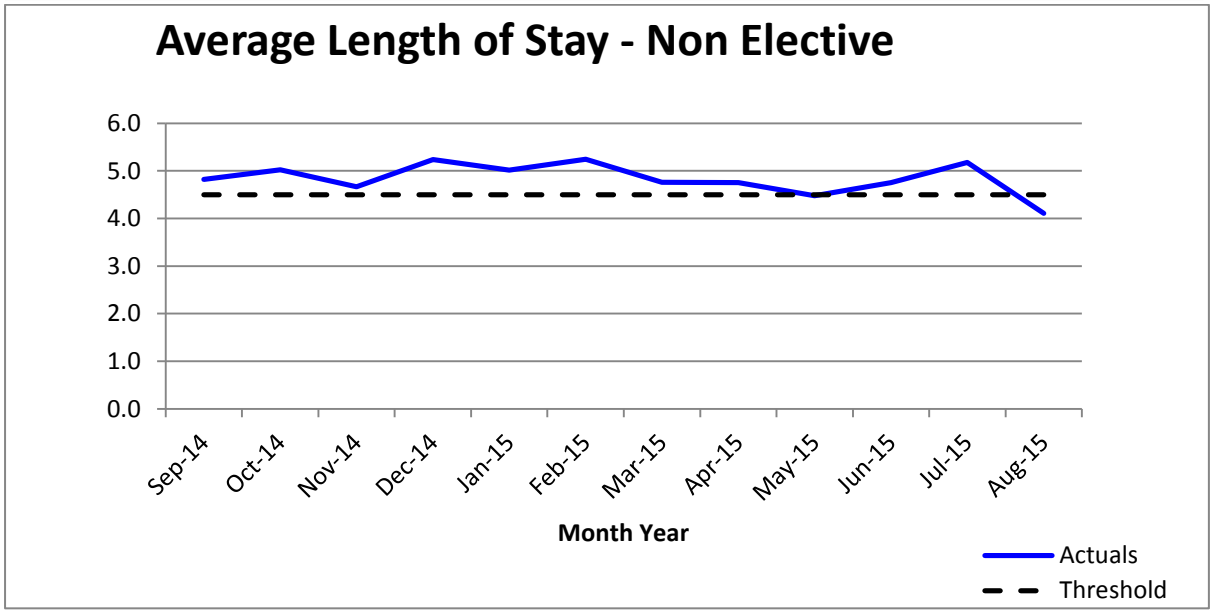


Figure 10 – Average Length of Stay – Non-Elective for the period Septermber 2014 – August 2015

2.2.6 Effectiveness: Activity data

Plans are in place to operationalise a regular review with the Finance, Operational, and Corporate teams. These reviews will commence in October. The analysis of these indicators will drive data quality improvement to ensure the correct depth of coding. The data for August 2015 is not available at the time of writing of this report.

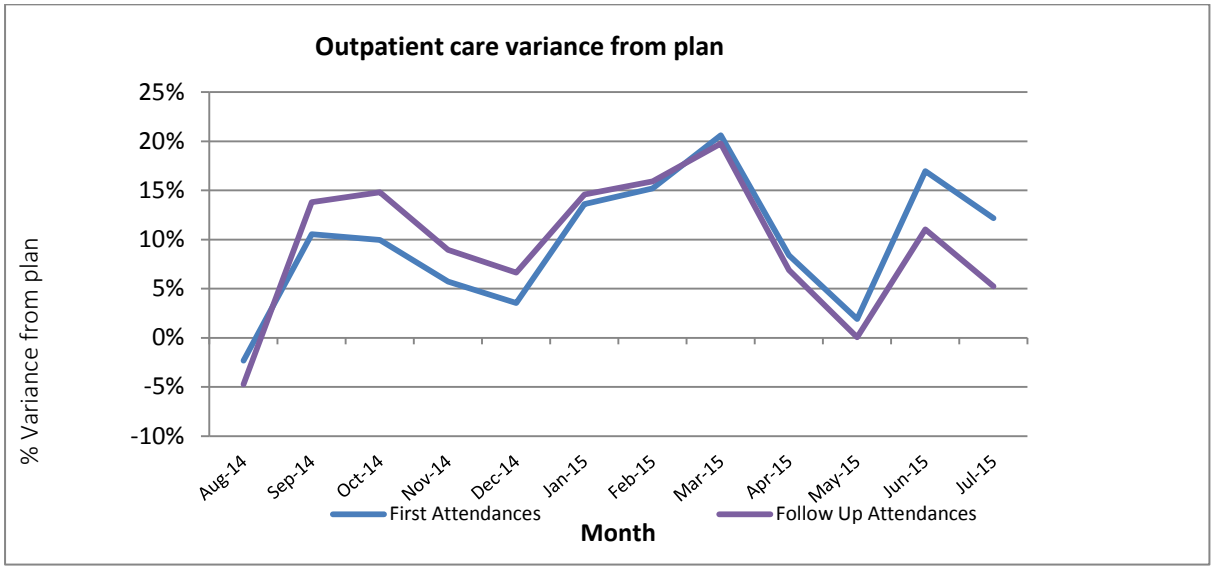


Figure 11 – Outpatient Care Variance from Plan for the period August 2014 – July 2015

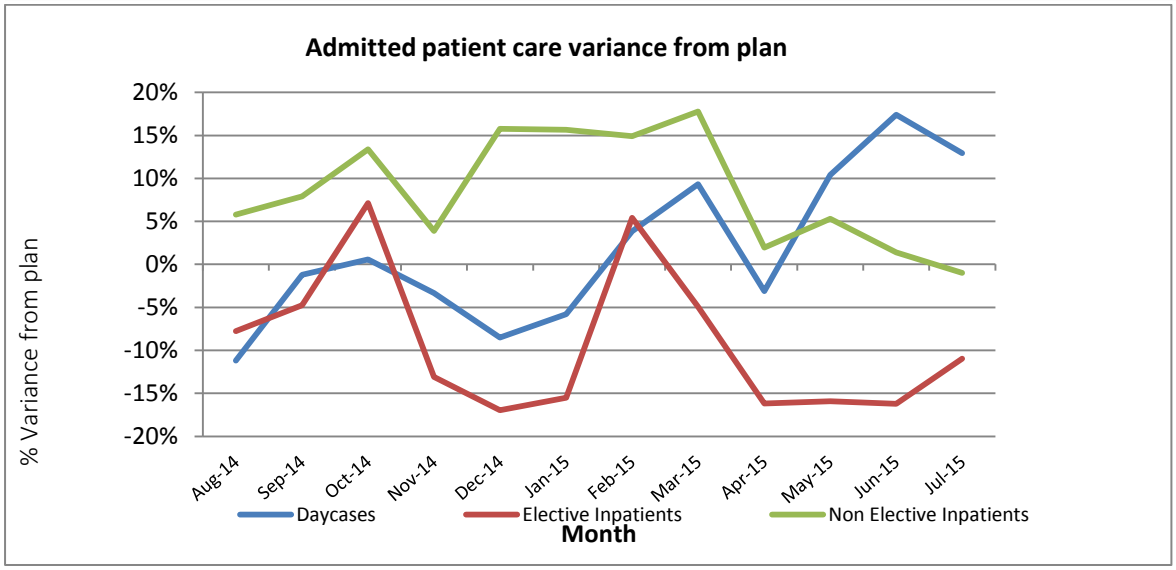


Figure 12 – Admitted Patient Care Variance from Plan for the period August 2014 – July 2015

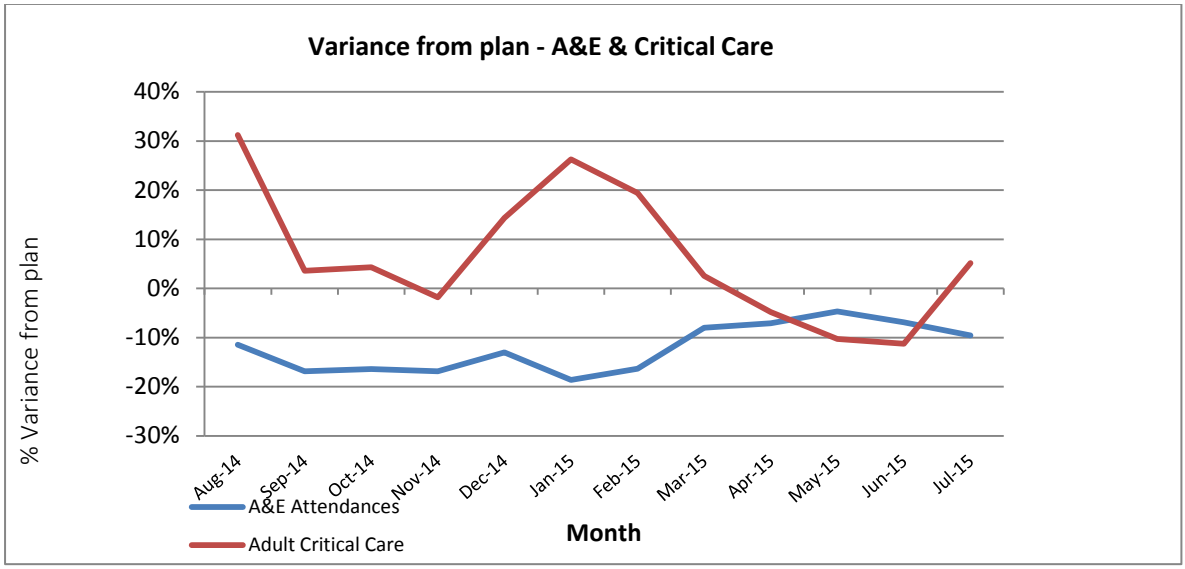


Figure 13 – A&E and Critical Care Variance from Plan for period August 2014 – July 2015

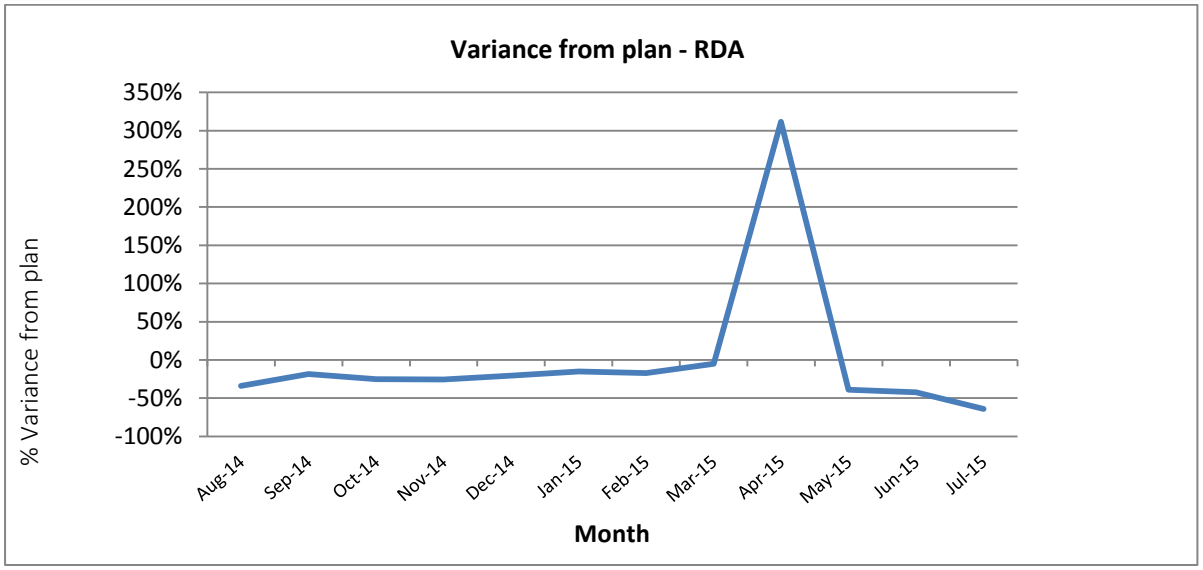


Figure 14 – Regular Day Attender (RDA) Variance from Plan for the period August 2014 – July 2015

There is a notable spike in the variance against plan for the Regular Day Attenders (RDA) data. This was due to a counting and coding change for our Oncology service where the Trust has agreed with commissioners to code activity as daycase work rather than regular day attender work. The plan was agreed from April but the change in coding did not reflect until May, hence the variance.

2.3 Caring

2.3.1 Caring: Eliminating mixed sex accommodation

The Trust reported 0 instances of mixed-sex accommodation breaches during August 2015.

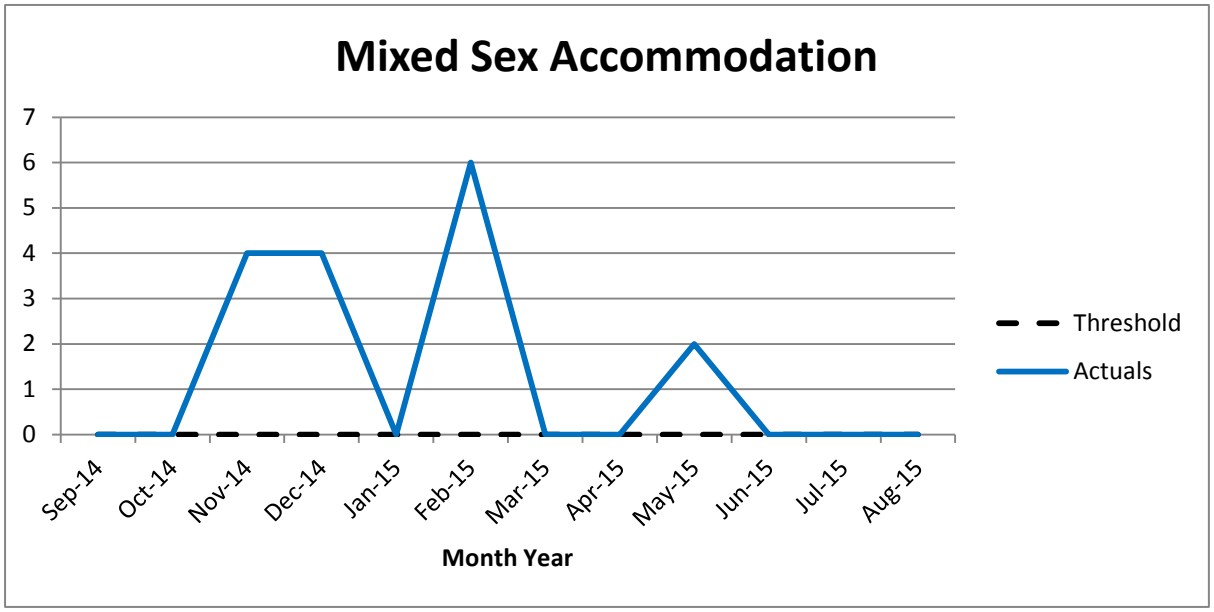


Figure 15 - Mixed Sex Accommodation breaches by month for the period Septermber 2014 – August 2015

2.3.2 Caring: Friends and Family Test

The percentage of patients willing to recommend friends and family to the Trust remains good. Notably in August the A&E percentage willing to recommend was 93 per cent, the highest it has been in the last 12 months. Response rates are fairly consistent but require further improvement. More options for patients to provide feedback are being developed, for example patients will be able to respond through the new trust website when it is launched in October.

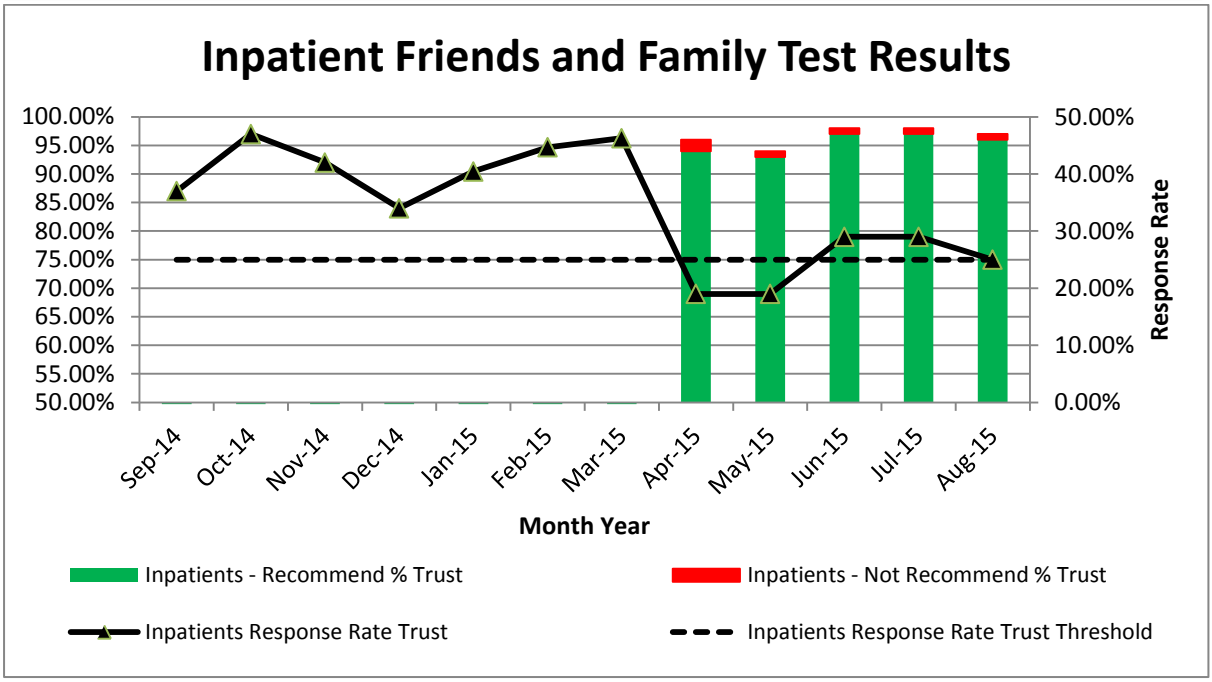


Figure 16 - Friends and Family: Percentage who would recommend ICHT Inpatients for the period April 2015 – August 2015

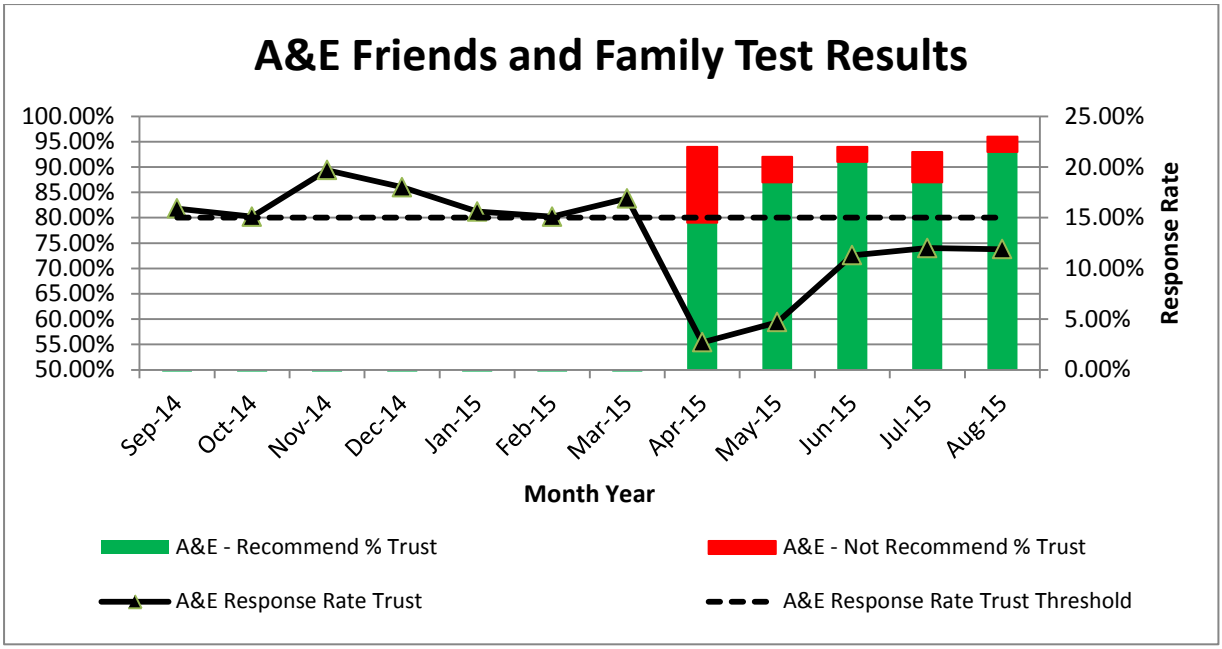


Figure 17 - Friends and Family: Percentage who would recommend ICHT Accident and Emergency for the period April 2015 – August 2015

2.3.3 Caring: Complaints

The number of complaints received in August was consistent with previous months. August saw a significant improvement in the percentage of complaints responded to within the timeframe agreed with the complainant (nominally 25 days). At 74 per cent this is the best it has been for over a year, there was a concurrent reduction in the average response time to 42 days, the lowest since April 2014. This improvement is as the result of a determined effort by the divisional and central teams to clear a

backlog in advance of the change to the complaints system. Key appointments have now been made and the new system is expected to go live at the beginning of October.

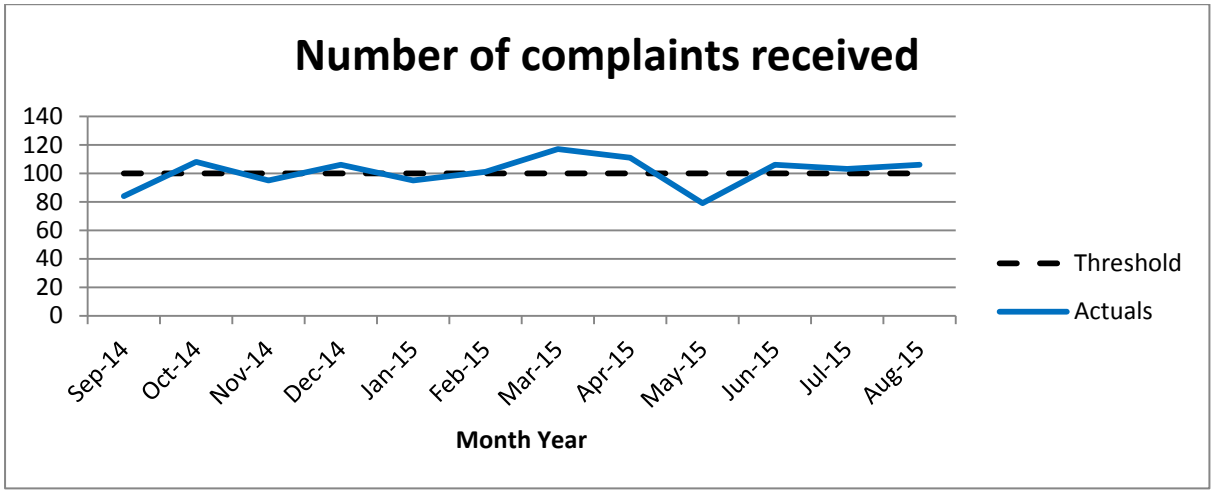


Figure 18 – Number of complaints received for the period Septermber 2014 – August 2015

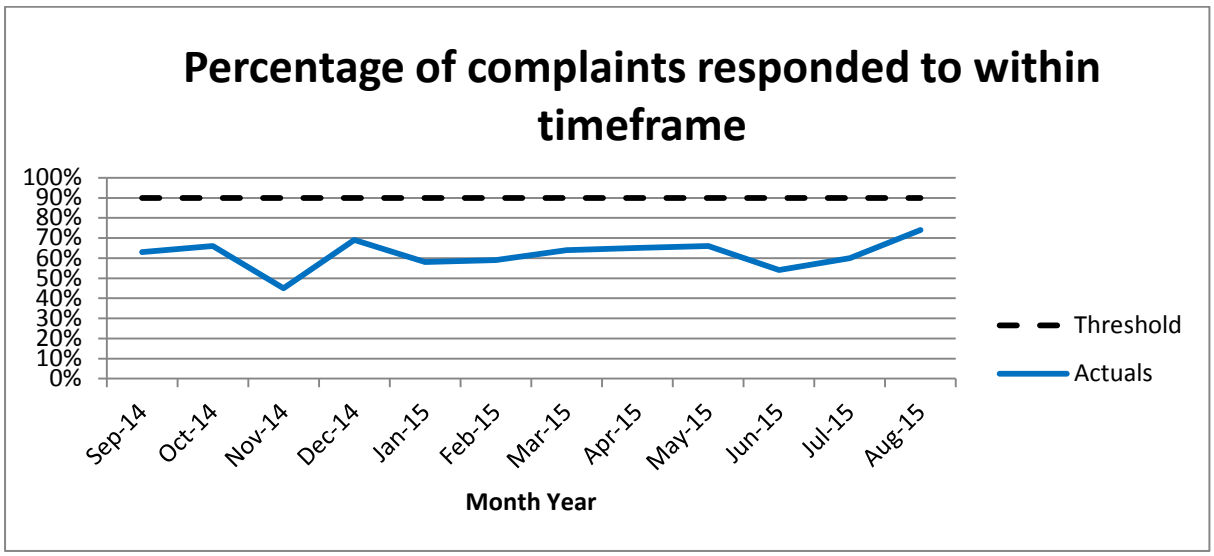


Figure 19 – Number of complaints responded to within the period Septermber 2014 – August 2015

2.4 Well-Led

2.4.1 Well-Led: Vacancy Rate

All roles

At the end of August, we directly employed 9,293 WTE (35 WTE greater than end of July) which when factored in with establishment updates, has reduced our vacancies by 45 WTE down to 12.55 per cent. A further 1,464 WTE was worked through bank and agency staffing giving a total staffing compliment of 10,757 WTE; 85 WTE above the ESR post establishment. During the coming months, additional staffing resource will be required to support the roll-out of Cerner documentation and e-Prescribing as well as delivery of the newly won community tenders; Harrow Cardiology, Ealing Cardiology and Ophthalmology Triborough.

Bespoke and generic recruitment strategies and campaigns continue to support the reduction of vacancies with 486 WTE pipeline candidates waiting to join, giving a non-recruited to vacancy rate of 7.97 per cent. The Trust voluntary turnover rate is 10.88 per cent, one of the lowest when compared to other London Acute Teaching Trusts, which equates to approximately 90 WTE per month.

Bands 2~6 Nursing & Midwifery on Wards

Within the wards, the band 2-6 vacancy rate was 17.17 per cent (421 WTE vacant); marginally higher than the 16.93 per cent seen at the end of July and due to an increased number of leavers in August reducing the numbers of directly employed staff. A further 178 WTE candidates are waiting to fill these ward vacancies, giving a non-recruited vacancy rate of 9.90 per cent per cent. On average, we lose 18 WTE from the band 2-6 ward staffing base each month giving a current turnover rate of 10.60 per cent.

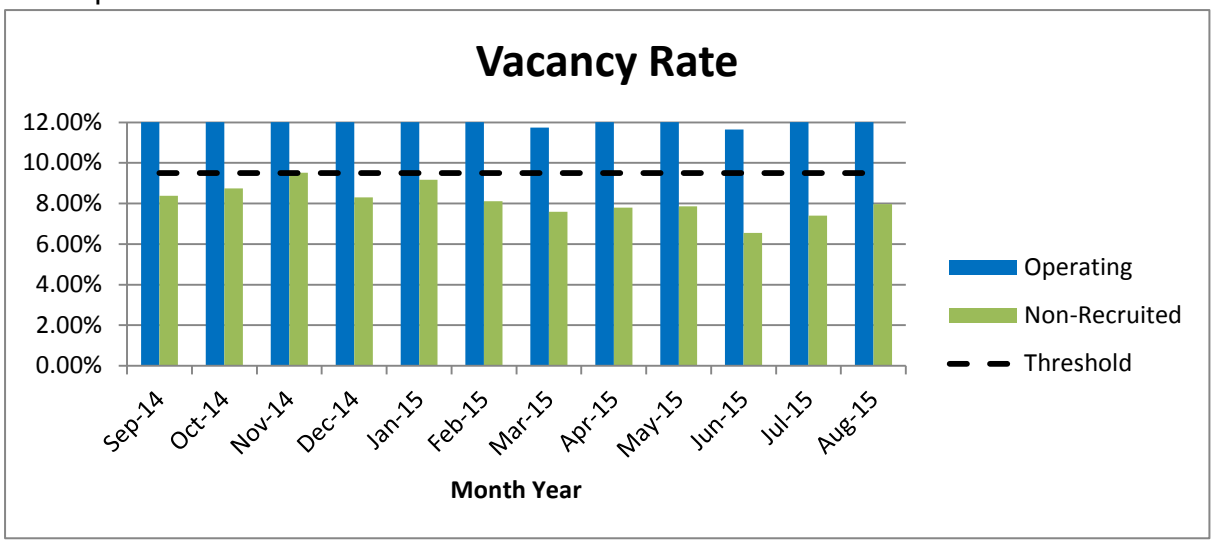


Figure 20 - Vacancy rates for the period Septermber 2014 – August 2015

2.4.2 Well-Led: Sickness absence rate

Recorded sickness absence decreased marginally in month from 3.09 per cent to 3.04 per cent but remains lower than the 3.23 per cent recorded in July 2014 (4 per cent less). Overall, this brings the rolling 12-month position to 3.36 per cent which remains within the 15/16 target of 3.40 per cent.

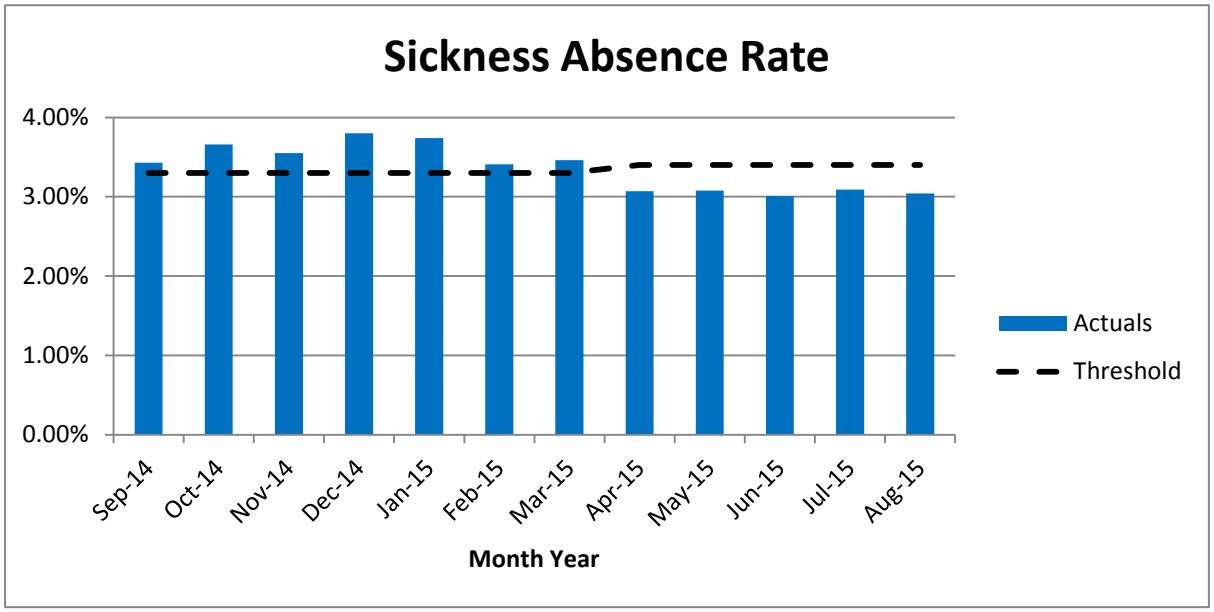


Figure 21 - Sickness absence rates for the period Septermber 2014 – August 2015

2.4.3 Well-Led: Statutory and mandatory training

- **Excluding doctors in training / trust grade**

WIRED 2 was launched on 13 March 2015 to enhance our ability to report on topic level compliance rates for the Trust's ten core skills training topics. Compliance rates have improved significantly from 69 per cent in April 2014 to 82 per cent currently. A campaign has been launched to increase compliance in Fire Training, with Loop day sessions and targeted communications across the Trust. Compliance has increased from 71 to 75 per cent during July with further campaigns in September. To further support Manual Handling training compliance, an additional trainer will be joining the Trust in October, for three months, to provide additional classroom training.

- **Doctors in training / trust grade**

Reports for doctors in training mirror those of other staff groups and shows an overall compliance rate of 60 per cent. Individualised training profiles produced by WIRED are prompting the steady increase in compliance as the group have clarity around which courses they are required to complete from point of induction. A new cohort of doctors joined us in August and will be monitored for core skills compliance.

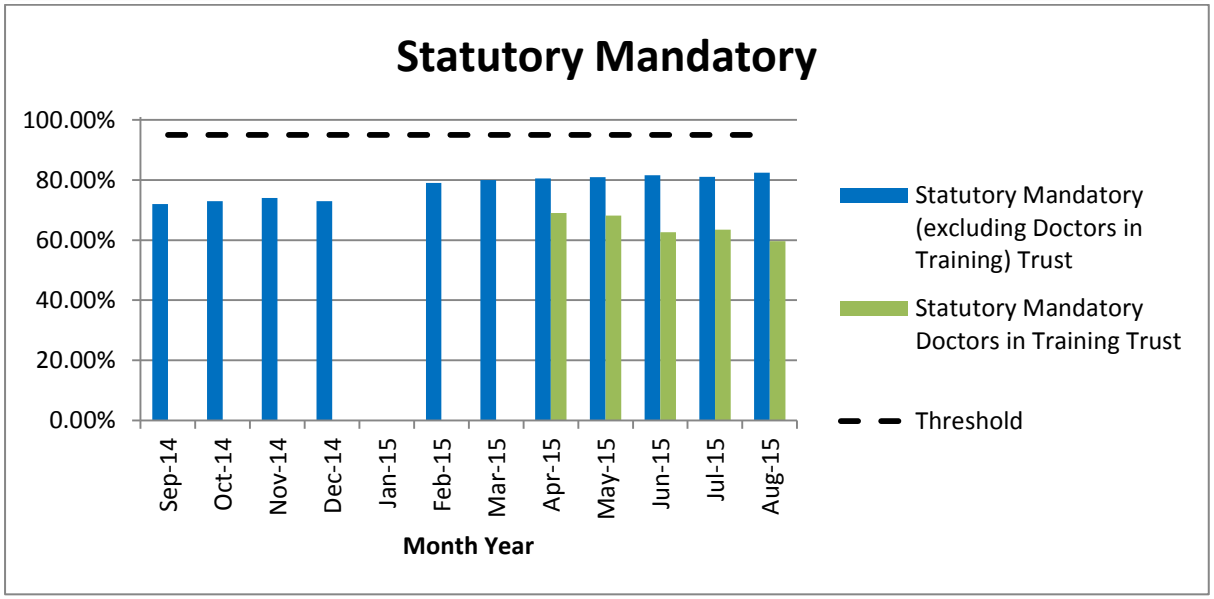


Figure 22 - Statutory and mandatory training for the period Septermber 2014 – August 2015

2.4.4 Well-Led: Non-training grade Doctor Appraisal Rate

The appraisal figures reported now include doctors starting at the Trust with an overdue appraisal. This change in reporting which is compliant with GMC guidelines has led to a reduction in the reported appraisal rates. As new starters complete their appraisals we anticipate a return to previous levels.

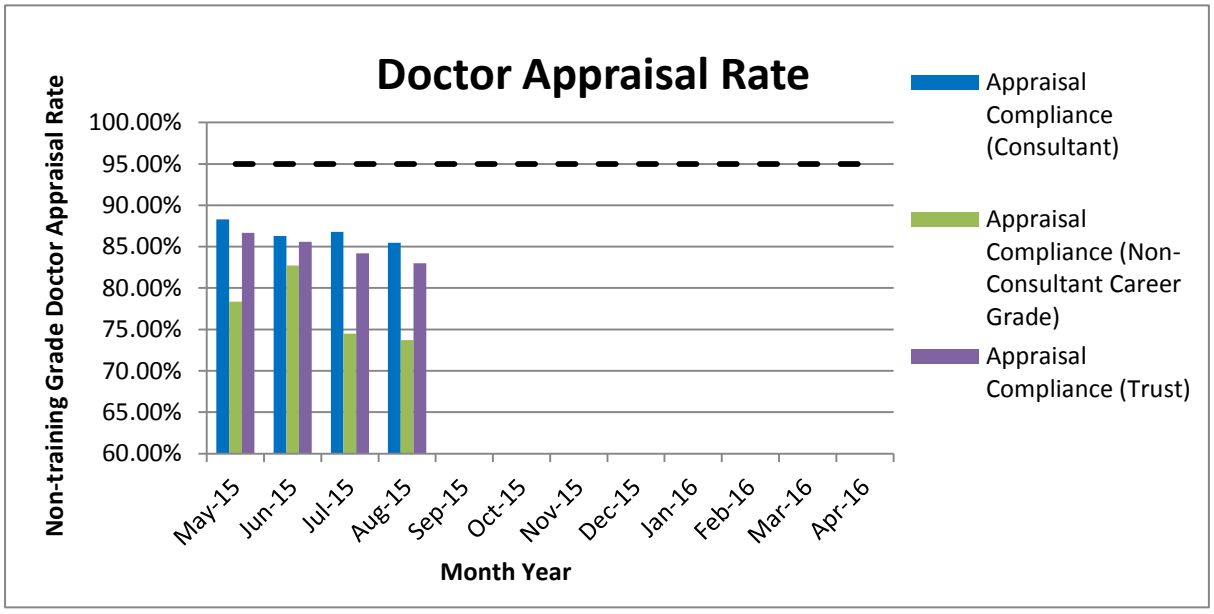


Figure 23 - Grade Doctor Appraisal Rates for the period May 2015 to April 2016

2.4.5 Well-Led: Performance Development Reviews (band 2 – 9 & VSM)

At the end of August, the PDR compliance rate for all of our non-medical staff was 51.32 per cent; against an expected trajectory compliance of 65.61 per cent. All of our non-medical staff are expected to have had a completed PDR by the end of September and Divisional and Corporate leads, with the support of the HR Business Partners, are working to ensure that remaining PDR's are scheduled, completed and

recorded as soon as possible (as of 15th September, compliance stands at 56.71 per cent).

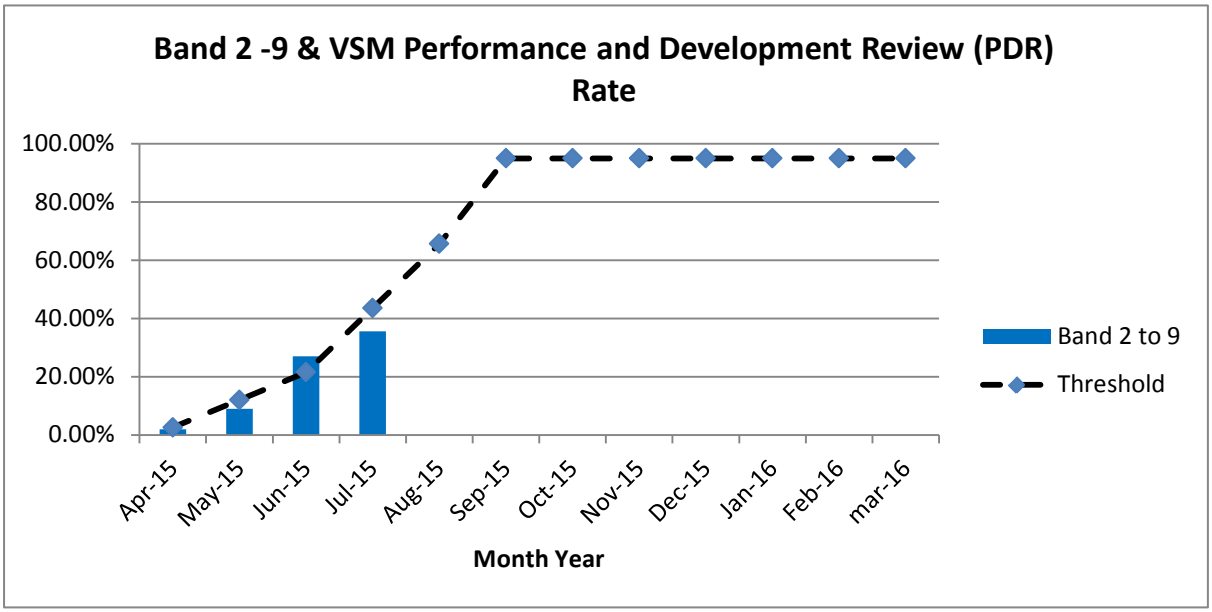


Figure 24 - Band 2 - 9 performance development review rates for the period April 2015 to March 2016

2.4.6 Well-Led: Health and Safety RIDDOR

One reportable RIDDOR accident occurred in August. The incident involved a staff member slipping on a wet floor when walking across a room, resulting in a torn hamstring and more than seven days off work. In the 12 months to 31st August 2015, there have been 30 RIDDOR reportable accidents of which 4 were RIDDOR reportable dangerous occurrences. Since April 2015, there have been 8 RIDDOR reportable accidents, 4 of which were 'slips, trips and falls/ collisions'; consistently, the majority of all RIDDOR accidents are slips, trips and falls. The Health and Safety service is working with the Estates & Facilities service and its contractors to investigate ways of ensuring floors present a significantly lower risk of slipping.

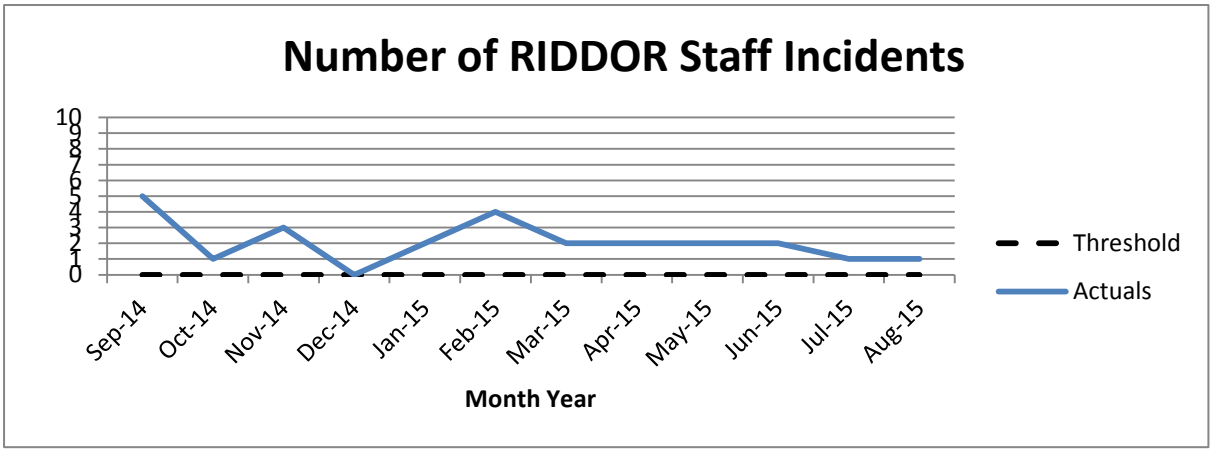


Figure 25 – RIDDOR Staff Incidents for the period Septermber 2014 – August 2015

2.4.7 Well-Led: GMC NTS Actions

The GMC National Training survey was published in June 2015. 24 of our programmes have at least one red flag (negative outliers), with the total number of red flags being 50. We have developed 176 actions in response to the red flags and will monitor performance against these on a monthly basis, reporting the number of actions which have been closed internally through the monthly scorecard.

A total of 85 actions are on track to be closed by the end of October. The remaining 91 are longer term in scope and are anticipated to be completed by the end of January 2016.

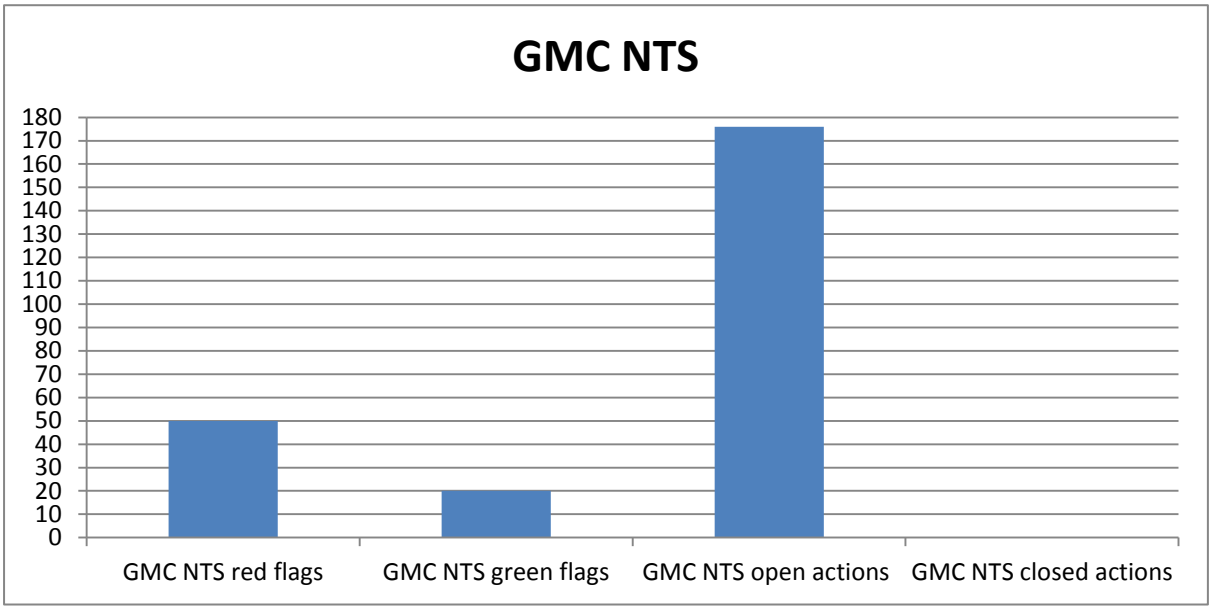


Figure 26 – GMC NTS action tracker, updated at the end of August 2015

2.4.8 Well-Led: Staff Engagement

The current cycle of the Trustwide engagement survey started on Monday 20 July and closed on 10 August. The early indicators are of a steady rise in response rate in all areas. The engagement scores and narrative will be updated for next month's operational report.

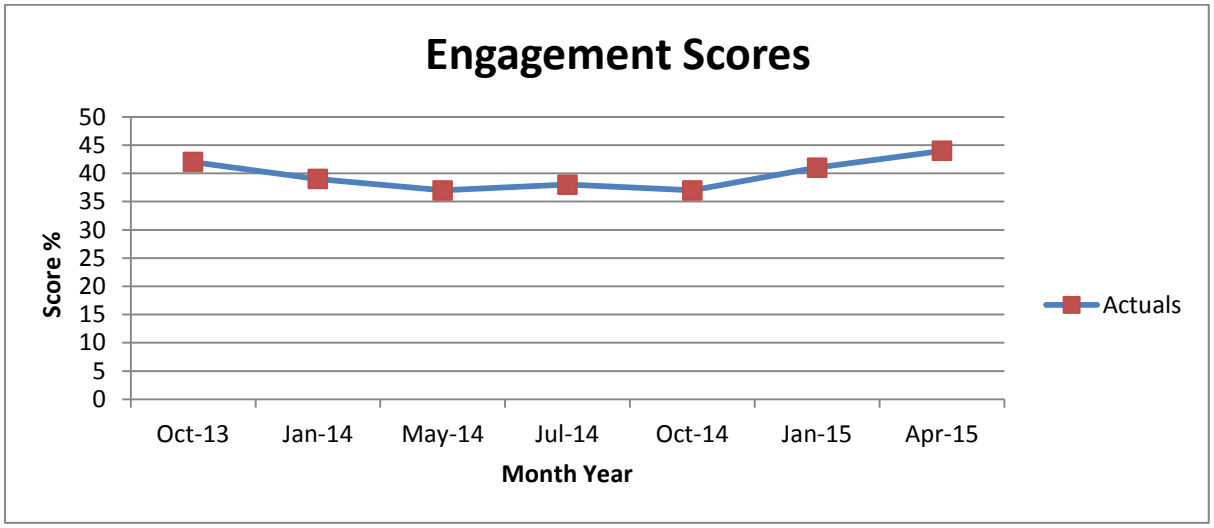


Figure 27 – Engagement scores for the period October 2013 – April 2015

2.5 Responsive

2.5.1 Responsive: Referral to Treatment (RTT)

The NHS Constitution enshrines the right of patients to be treated within 18 weeks of referral to a consultant-led service. Performance is assessed against two primary performance standards;

- Incomplete Pathways (92 per cent); &
- Number of over 52 week waits (zero tolerance).

Referral to treatment performance has considerably improved over recent months. The primary measure of RTT performance is that 92 per cent of patients should be waiting under 18 weeks at the end of each month. With agreement from local commissioners, submission for this standard has been delayed this month to Friday 25th September due to technical issues with availability of our data. It is expected that the Trust will continue to show a reduction in the number of patients waiting over 18 weeks for treatment.

Further work over the coming months in increasing capacity, particularly in surgical specialities, will result in patient waiting times reducing further and a reduced number of patients waiting over 18 weeks.

The Trust had 4 patients in July who were waiting over 52 weeks for treatment. One, it was found, subsequent to reporting, had already had their treatment previously. Two have now had their treatment and the final patient had chosen to wait due to work commitments.

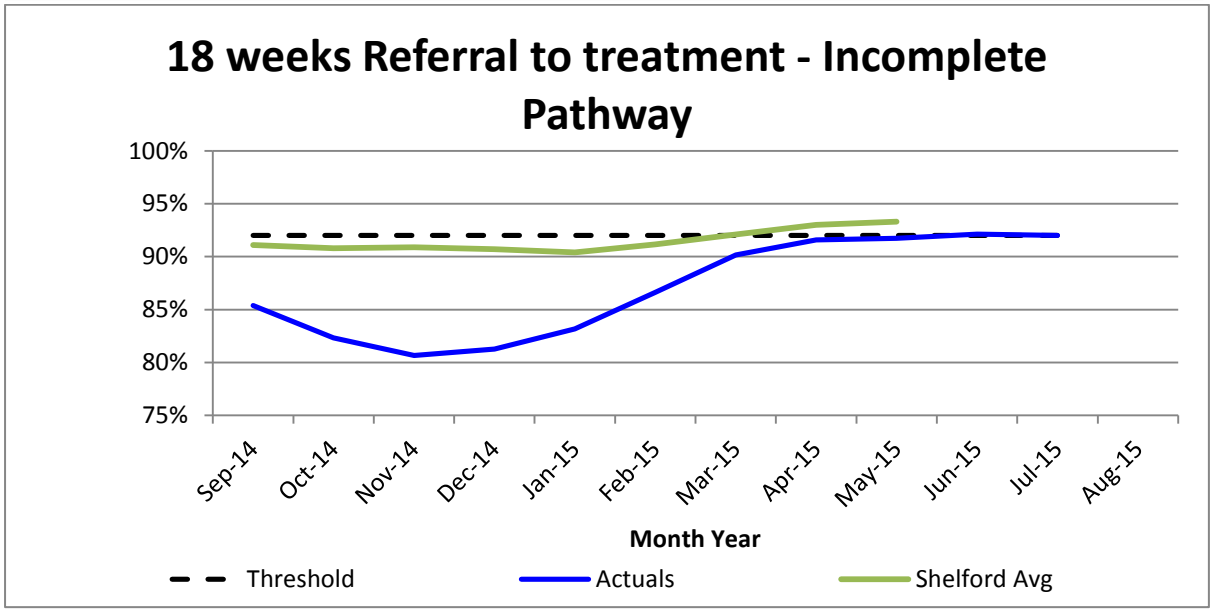


Figure 28 - RTT Incomplete Pathways for the period August 2014 – July 2015

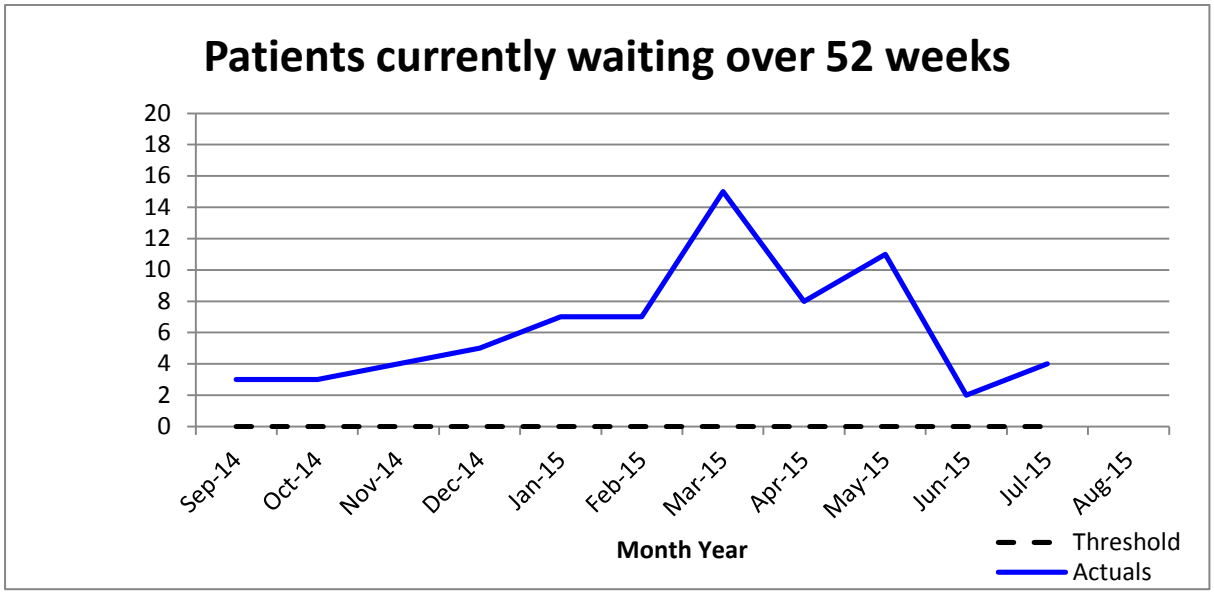


Figure 29 - Number of patients waiting over 52 weeks for the period August 2014 – July 2015

2.5.2 Responsive: Diagnostics

The Trust has had significant challenges with diagnostic capacity in recent months. This was particularly affecting our imaging services and is as a result of insufficient staff and high staff turnover, break down of old diagnostic equipment, and additional equipment needed to increase capacity. The Trust has not met the 6-week diagnostic standard since May 2014 and does not expect to achieve until the third quarter of 2015/16.

There is a recovery plan in place for improving imaging capacity and reducing the time that patients wait for their diagnostic test. This includes recruitment of additional staff to accommodate longer machine opening hours and access to additional

scanning machines. Recruitment of staff is going well and new staff have begun to staff over the summer period. This has supported a reduced waiting time for patients needing an imaging diagnostic test and reduced breaches of the six week diagnostic standard. It is noteworthy that the Trust is currently significantly ahead of the recovery trajectory.

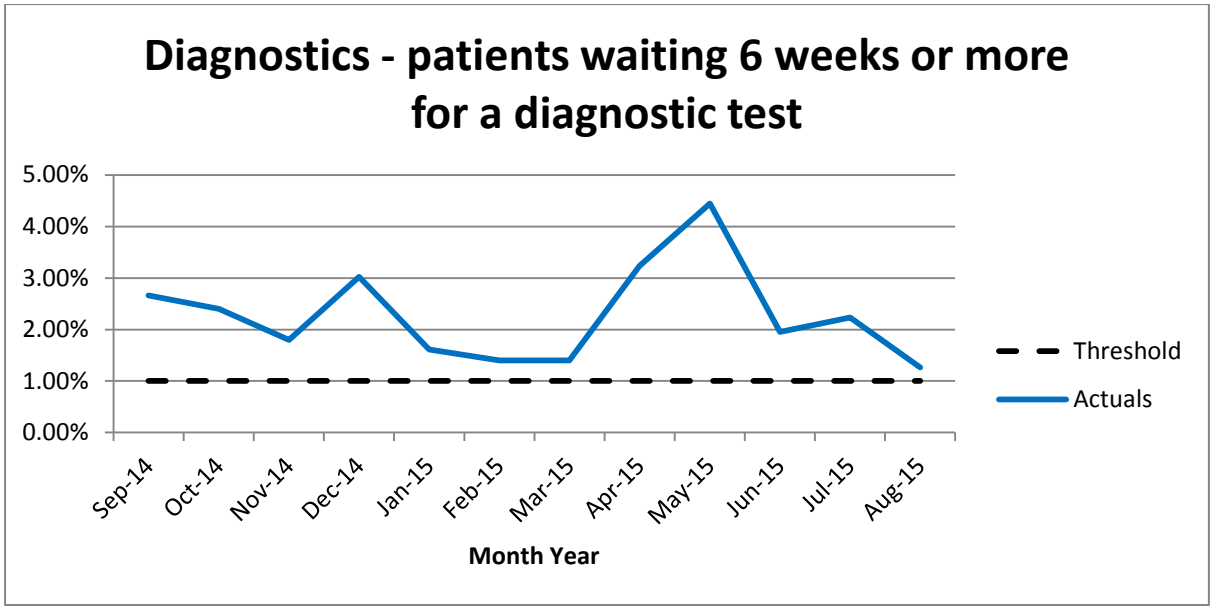


Figure 30 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period September 2014 – August 2015

2.5.3 Responsive: Accident and Emergency

Performance against the four hour access standard for patients attending Accident and Emergency remained slightly below threshold at 94.86 per cent in August.

A number of initiatives to improve flow within the organisation are on-going. For patients who are discharged, there has been an increased focus on discharging before noon, to allow increased capacity for any new emergency admissions and free up capacity within the Emergency Department.

The A&E performance (all types) is presented at Trust level and split by site (CXH, HH, SMH, WEH). The CQC would assess our performance across four sites.

The Trust is the in process of finalising the plan for delivery of services over the winter period. It is expected that demand in many services will rise during the winter period and capacity is increased in order to accommodate this. The final versison of the winter plan will be signed off by the executive team at the end of September.

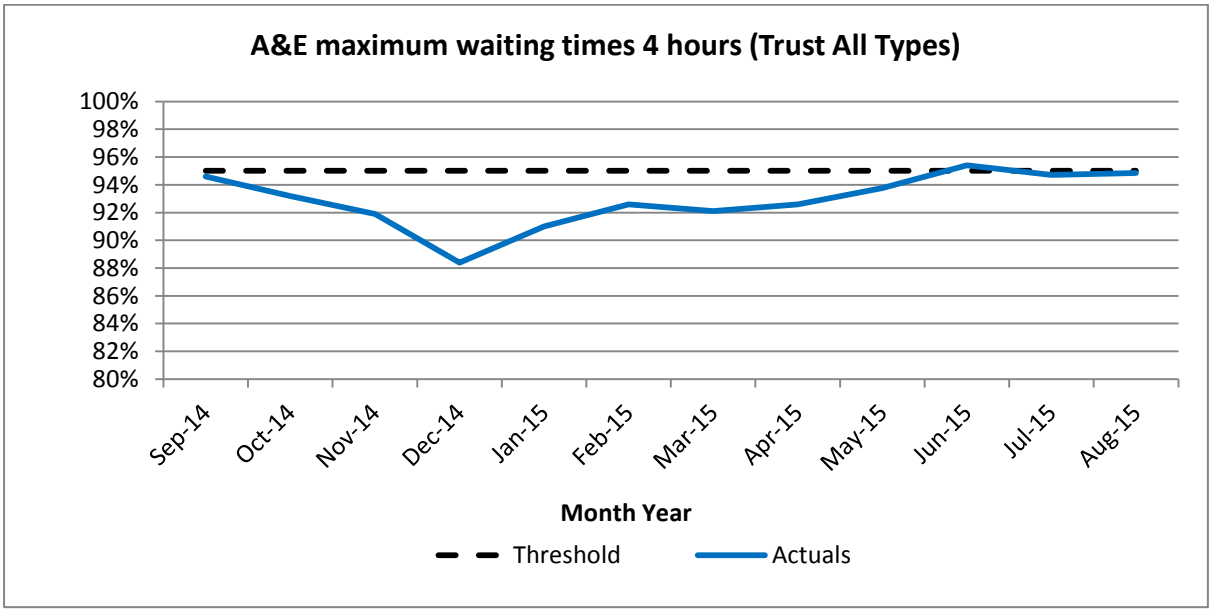


Figure 31 – A&E Maximum waiting times 4 hours (Trust All Types) for the period September 2014 – August 2015

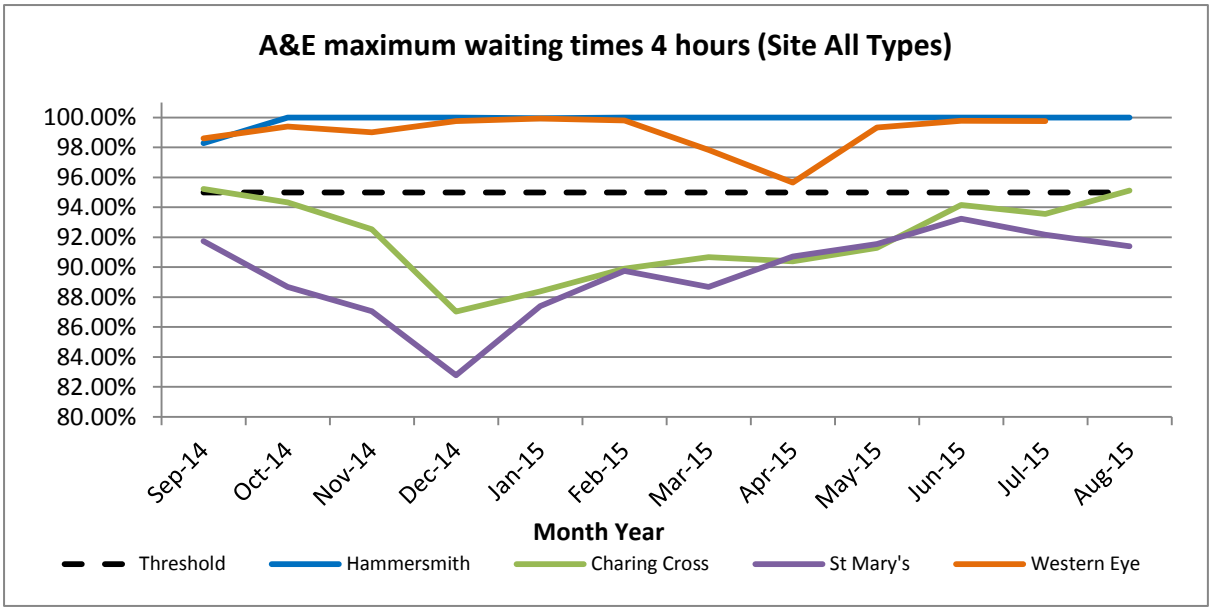


Figure 32 – A&E Maximum waiting times (Site All Types) 4 hours for the period September 2014 – August 2015

2.5.4 Responsive: Cancer

In September, performance is reported for the cancer waiting times standards in July. In July, the Trust achieved seven of the eight national standards. The Trust failed to meet the 62-day GP referral to first treatment standard.

In July, there were 16 breaches reported against the 62-day standard, relating to 22 individual patients (pathways started at other trusts only contribute half of a breach to the ICHT total). Of the 22 patients, only two breached the target as a result of delays caused by the Trust. Both related to the urology rapid access diagnostic pathway. An action plan has been agreed with the Urology team which includes:

- Demand and capacity analysis of the rapid access clinics;
- A review of how imaging services support the rapid access model;
- Extended support with patient contact through the Macmillan Navigator service; &
- The implementation of new diagnostic equipment for suspected prostate cancers delivered through a research agreement.

The remaining breaches related to patient comorbidities preventing treatment, patient choice delays during the diagnostic phase of the pathway and referrals from other trusts arriving too late to be able to schedule treatments within target. There were 10 breaches caused by the late transfer of patients. The Trust negotiated a breach reallocation policy with the CCGs which has been included in the 2015/16 contract. This requires that referring trusts deliver patients to ICHT by day 42 of a 62 day pathway with full diagnostic workup. If they fail to do this, and the patient subsequently breaches, the breach will be reallocated in full to the referring trust. This is not reflected in the nationally reported position, but is reflected in local reporting. The application of the policy to the July activity improves the performance from 79.7 per cent to 85.3 per cent against the 85 per cent standard.

NHSE have offered to support the management of NWL trusts who regularly refer patients to ICHT too late into the pathway to treat within target, or without appropriate work up. This issue is also under continued management through the CWHHE cancer performance committee meetings and a joint action plan has been agreed between all NWL cancer treatment providers.

The Trust has recovered performance against the standard in August and expects to report as passing the month. The Trust also recovered performance against the 62-day screening standard in July after failing to meet the target in June and Quarter 1.

Indicator	Standard	July-15	Q1 15/16
Two week GP referral to 1st outpatient, cancer (%)	93.0%	94.6%	93.3%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	93.7%	93.9%
31 day wait from diagnosis to first treatment (%)	96.0%	96.6%	97.2%
31 day second or subsequent treatment (surgery) (%)	94.0%	100%	96.8%
31 day second or subsequent treatment (drug) (%)	98.0%	100%	99.4%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	100%	97.5%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	79.7%	85.0%
62 day urgent GP referral to treatment from screening (%)	90.0%	94.4%	88.0%

Table 1 - Performance against national cancer standards for the period 1st June to 30th June 2015

2.5.5 Responsive: Outpatient DNA rates

A DNA (Did Not Attend) occurs where a patient fails to attend an arranged appointment without cancelling it beforehand. DNAs cost the NHS an average of £108 per appointment. When a patient DNAs appointment, they may be discharged back to their GP.

DNA rates have reduced since September following increased rates of use of text messaging reminders to patients prior to their outpatient appointment.

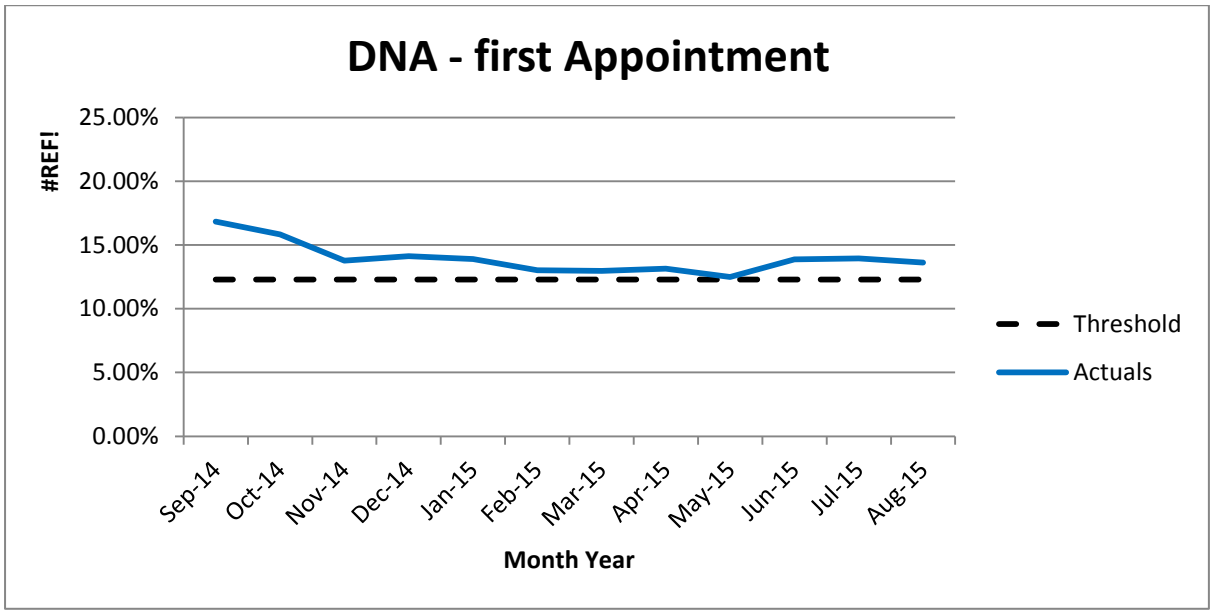


Figure 33 – First outpatient DNA rate for the period September 2014 – August 2015

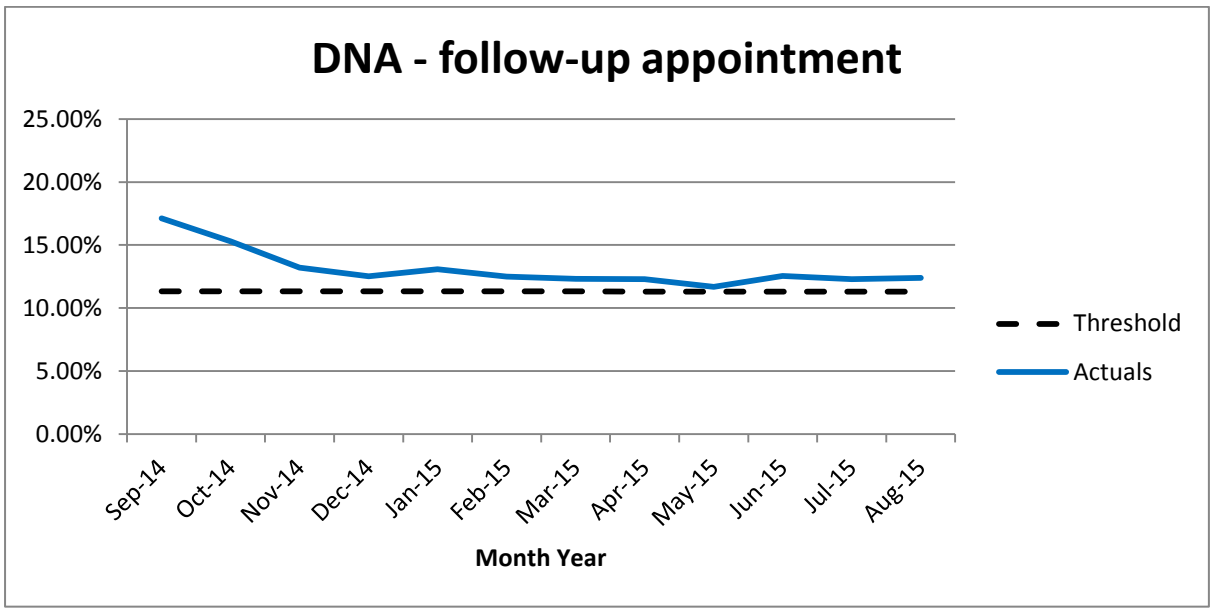


Figure 34 – Follow up outpatient DNA rate for the period September 2014 – August 2015

2.5.6 Responsive: Hospital Appointment Cancellations (hospital instigated)

Appointments are sometimes cancelled by a service within the hospital. This should only occur in very limited circumstances – such as in an emergency or when a member of staff is ill. Hospital instigated cancellations impact on the hospital's efficiency and potentially delays treatment for our patients.

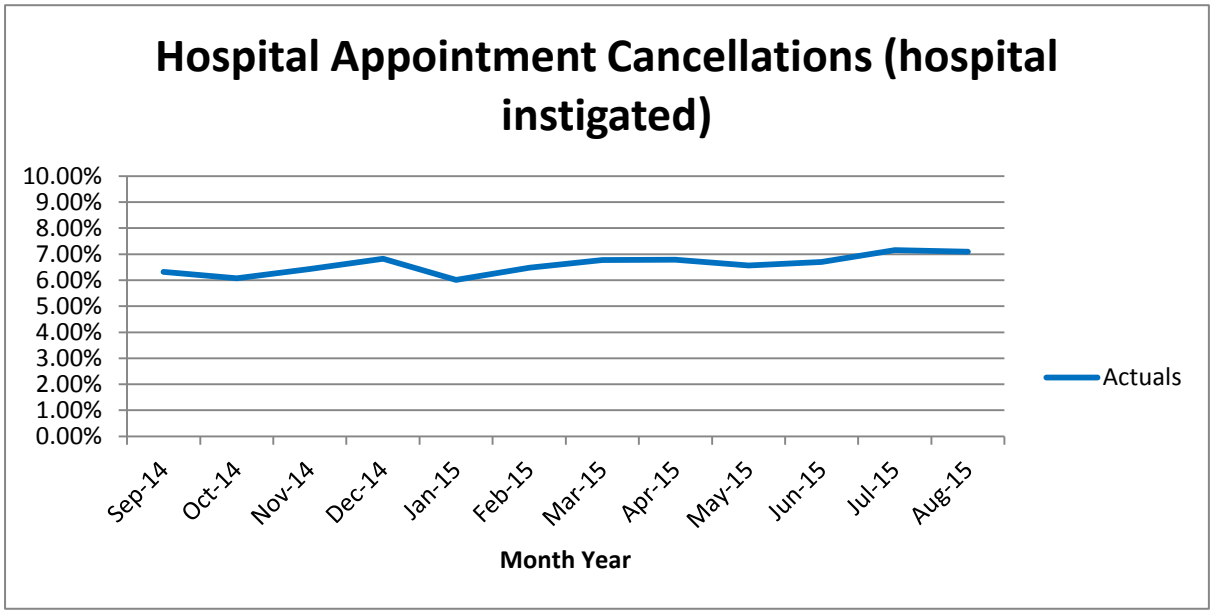


Figure 35 – Outpatient Hospital instigated cancellation rate for the period September 2014 – August 2015

3. Finance

Please refer to the Monthly Finance Report for the Finance narrative.

Appendix 1

August 2015

Monthly planned Nursing/Midwife staffing hours versus Nursing/Midwife staffing hours actually worked

			Day						Night					
			Registered Nurses/Midwives			Care Staff			Registered Nurses/Midwives			Care Staff		
Division	Hospital Site Name	Ward Name	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled
Medicine	Charing Cross Hospital -	10 North Ward	1825.5	1666.5	91.29%	688	642	93.31%	897	897	100.00%	690	690	100.00%
Medicine	Charing Cross Hospital -	11 South Ward	2617	2405.5	91.92%	479	460	96.03%	2265.5	2185	96.45%	460	448.5	97.50%
Medicine	Charing Cross Hospital -	4 South Ward	1544	1475	95.53%	1352.5	1157	85.55%	1115.5	1046.5	93.81%	1085.666667	1074.17	98.94%
Medicine	Charing Cross Hospital -	5 South Ward	1849	1849	100.00%	0	0	100.00%	1759.5	1759.5	100.00%	23	23	100.00%
Medicine	Charing Cross Hospital -	5 West Ward	2422	2237	92.36%	1023.5	874	85.39%	1943.5	1886	97.04%	1117	1105.5	98.97%
Medicine	Charing Cross Hospital -	8 South Ward	1904.5	1819.6	95.54%	1748	1564	89.47%	1069.5	1023.5	95.70%	1414.5	1403	99.19%
Medicine	Charing Cross Hospital -	8 West Ward	1432.5	1406.5	98.18%	1330.5	1220.5	91.73%	1127.5	1127.5	100.00%	889	879.5	98.93%
Medicine	Charing Cross Hospital -	9 North Ward	2676.5	2418	90.34%	908.5	837.5	92.18%	2127.5	2021	94.99%	345	345	100.00%
Medicine	Charing Cross Hospital -	9 South Ward	1830.33	1702.83	93.03%	1299.5	1114	85.73%	1069.5	1035	96.77%	1311	1286.5	98.13%
Medicine	Charing Cross Hospital -	9 West Ward	1453.5	1453.5	100.00%	941.5	908.5	96.49%	715	715	100.00%	977.5	966	98.82%
Medicine	St Mary's Hospital (HQ) -	Almroth Wright Ward	1842.5	1738.25	94.34%	759	713	93.94%	1426	1413.83	99.15%	677	676	99.85%
Medicine	St Mary's Hospital (HQ) -	AMU	1367.75	1231.25	90.02%	755.3	574.12	76.01%	1253.5	1232.5	98.32%	483	448.5	92.86%
Medicine	Hammersmith Hospital - F	C8 Ward	1831	1808	98.74%	736	667	90.63%	1771	1748	98.70%	724.5	690	95.24%
Medicine	Hammersmith Hospital - F	Christopher Booth Ward	1782.5	1679	94.19%	417.5	398.5	95.45%	1069.5	1035	96.77%	448.5	448.5	100.00%
Medicine	St Mary's Hospital (HQ) -	Douglas Ward SR	1960.75	1768.75	90.21%	41.25	41.25	100.00%	1886	1839	97.51%	80.5	80.5	100.00%
Medicine	Hammersmith Hospital - F	Dewardener Ward	1554.5	1408	90.58%	0	0	100.00%	1495	1449	96.92%	0	0	100.00%
Medicine	Hammersmith Hospital - F	Fraser Gamble Ward	1434.5	1383.5	96.44%	1115.5	1095	98.16%	1111.25	1099.75	98.97%	908.5	908.5	100.00%
Medicine	St Mary's Hospital (HQ) -	Grafton Ward	1266	1224	96.68%	724.5	724.5	100.00%	1138.5	1138.5	100.00%	391	391	100.00%
Medicine	Hammersmith Hospital - F	Handfield Jones Ward	1482	1335.5	90.11%	774.5	727	93.87%	1058	1035	97.83%	391	402	102.81%
Medicine	Hammersmith Hospital - F	John Humphrey Ward	1471	1364	92.73%	788	723.5	91.81%	713	690	96.77%	793.5	782	98.55%
Medicine	St Mary's Hospital (HQ) -	Joseph Toynbee Ward	1433	1292	90.16%	599	402.5	67.20%	1272	1168.5	91.86%	547.8333333	547.83	100.00%
Medicine	Hammersmith Hospital - F	Kerr Ward	1675	1652	98.63%	858	839	97.79%	1184.5	1173	99.03%	352.5	352.5	100.00%
Medicine	Charing Cross Hospital -	Lady Skinner Ward	1159.5	1156	99.70%	471.5	429	90.99%	713	701.5	98.39%	770.5	759	98.51%
Medicine	St Mary's Hospital (HQ) -	Manvers Ward	1426	1403	98.39%	759	759	100.00%	1414.5	1391.5	98.37%	747.5	747.5	100.00%
Medicine	Hammersmith Hospital - F	Peters Ward	1106	1036	93.67%	739	716.5	96.96%	724.5	701.5	96.83%	368	368	100.00%
Medicine	St Mary's Hospital (HQ) -	Lewis Lloyd	1200.5	1169.5	97.42%	981.25	916	93.35%	714	714	100.00%	1023.5	1023.5	100.00%
Medicine	St Mary's Hospital (HQ) -	Samuel Lane Ward	1836	1785.5	97.25%	748.5	679.5	90.78%	1426	1414.5	99.19%	437	437	100.00%
Medicine	St Mary's Hospital (HQ) -	Thistlewaite Ward	1580.5	1547.25	97.90%	920	862.5	93.75%	1104	1069.5	96.88%	609.5	609.5	100.00%
Medicine	St Mary's Hospital (HQ) -	Witherow Ward	1217	1169.83	96.12%	751	697.5	92.88%	724.5	724.5	100.00%	805	793.5	98.57%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital -	10 South Ward	2051.5	1980.67	96.55%	729	698.5	95.82%	1414.5	1390.83	98.33%	23	23	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital -	6 North Ward	2308.5	2255.5	97.70%	897	820.5	91.47%	1104	1081	97.92%	989	989	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital -	6 South Ward	1330	1207.5	90.79%	839.5	799	95.18%	940	851	90.53%	241.5	230	95.24%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital -	7 North Ward	2032	1961	96.51%	942.58	855.08	90.72%	1437.5	1390	96.70%	986	963	97.67%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital -	7 South Ward	1997	1846.83	92.48%	840	720.91	85.82%	989	953.67	96.43%	356.5	344.25	96.56%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - F	A6 CICU	3014.5	2940	97.53%	419.5	419.5	100.00%	2714	2662.75	98.11%	230	230	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - F	A7 Ward & CCU	2208	2074.75	93.97%	646	540.5	83.67%	1828.5	1724.75	94.33%	552	506	91.67%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - F	A8 Ward	1532	1391.5	90.83%	713	678.5	95.16%	1069.5	1069.5	100.00%	161	92	57.14%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - F	A9 Ward	1411	1399.5	99.18%	506	425.5	84.09%	1058	1046.5	98.91%	368	333.5	90.63%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) -	Albert Ward	1823	1768.5	97.01%	1296	1112	85.80%	1058	1023.5	96.74%	1173	1104	94.12%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) -	Charles Pannett Ward	2449.75	2392.75	97.67%	754.5	678.5	89.93%	1842	1830.5	99.38%	724.5	690	95.24%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - F	D7 Ward	1260	1260	100.00%	389	316	81.23%	713	713	100.00%	506	492.5	97.33%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - F	Dacie Ward	1674	1629.5	97.34%	413.5	348.5	84.28%	1081	1046.5	96.81%	184	184	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital -	Intensive Care CXH	4336.08	4278.98	98.68%	677	677	100.00%	4281	4260	99.51%	345	345	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - F	Intensive care HH	4987	4903.25	98.32%	471.5	471.5	100.00%	4989.42	4877.42	97.76%	276	264.5	95.83%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) -	Intensive Care SMH	5276.25	5244.78	99.40%	862	862	100.00%	5121.5	5072.5	99.04%	954.5	931.5	97.59%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) -	Major Trauma Ward	1895	1720.5	90.79%	612	517.5	84.56%	1656	1564	94.44%	563.5	540.5	95.92%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) -	Patterson Ward	1235.5	1155	93.48%	391	379.5	97.06%	713	713	100.00%	379.5	379.5	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital -	Riverside	2690.5	2587	96.15%	1579.5	1409.5	89.24%	1311	1253.5	95.61%	701.5	667	95.08%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) -	Valentine Ellis Ward	2206.5	2165.25	98.13%	765.5	619.5	80.93%	1782.5	1656	92.90%	356.5	264.5	74.19%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - F	Weston Ward	1486.5	1385.26	93.19%	533	409.5	76.83%	1012	980	96.84%	238.5	238.5	100.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) -	Zachary Cope Ward	2555.5	2352	92.04%	920	839.5	91.25%	2058.5	1978	96.09%	931.5	874	93.83%
Women and Children's	St Mary's Hospital (HQ) -	Aleck Bourne 2 Ward	4862.5	4462.25	91.77%	1642	1497.5	91.20%	4358.5	4161.75	95.49%	1414.5	1322.5	93.50%
Women and Children's	Queen Charlotte's Hospit	Birth Centre QCCH	975.5	975.5	100.00%	272	272	100.00%	713	713	100.00%	345	345	100.00%
Women and Children's	St Mary's Hospital (HQ) -	Birth Centre SMH	1066.5	1055	98.92%	0	0	100.00%	782	782	100.00%	287.5	287.5	100.00%
Women and Children's	Queen Charlotte's Hospit	Edith Dare Postnatal War	4253.5	3928.5	92.36%	2106	1985.5	94.28%	253.5.0	3928.5	92.36%	1748	1985	88.06%
Women and Children's	St Mary's Hospital (HQ) -	GRAND UNION WARD	2136.5	2085	97.59%	0	0	100.00%	1932	1851.5	95.83%	0	0	100.00%
Women and Children's	St Mary's Hospital (HQ) -	GREAT WESTERN WD	2135.5	2121.5	99.34%	368	368	100.00%	1853.5	1853.5	100.00%	333.5	333.5	100.00%
Women and Children's	St Mary's Hospital (HQ) -	Lillian Holland Ward	1922	1804	93.86%	697.5	663.42	95.11%	724.5	690	95.24%	356.5	355.5	99.72%
Women and Children's	Queen Charlotte's Hospit	Neo Natal	3800.03	3669	96.55%	194	194	100.00%	3623.5	3565	98.39%	46	46	100.00%
Women and Children's	St Mary's Hospital (HQ) -	NICU	2235.5	2140	95.73%	310.5	310.5	100.00%	2208	2139	96.88%	276	276	100.00%
Women and Children's	St Mary's Hospital (HQ) -	PICU	2265.5	2123.5	93.73%	0	0	100.00%	2036.5	2022.25	99.30%	0	0	100.00%
Women and Children's	Queen Charlotte's Hospit	QCCH labour	4866.55	4639.8	95.34%	828	820.8	99.13%	4632.5	4207	90.81%	713	713	100.00%
Women and Children's	Hammersmith Hospital - F	Victor Bonney Ward	1818	1636.5	90.02%	575	523.5	91.04%	1056.5	1022	96.73%	333.5	333.5	100.00%

Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	2.4
Title	Financial report - 3 months ended 31 August 2015
Report for	Noting
Report Author	Richard Alexander, Chief financial officer
Responsible Executive Director	Richard Alexander, Chief financial officer

Executive summary:

This report provides a brief summary of the Trust's financial results for the 5 months ended 31 August 2015.

Recommendation:

The Trust board is asked to note this paper and the actions proposed to mitigate and recover the position going forward.

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and in the appropriate environment.

IMPERIAL COLLEGE NHS TRUST

FINANCE REPORT – 5 MONTHS ENDED 31 August 2015

1) Introduction

This report provides a brief summary of the Trust's financial results for the 5 months ended 31 August 2015. The Trust board is asked to note this paper and the actions proposed to mitigate and recover the position going forward.

2) Summary

After five months the Trust is reporting a deficit of £12.7m; an adverse variance to plan of £2.2m. The table below provides a summary of the income and expenditure position.

	In Month			Year To Date (Cumulative)		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Total Income	84,557	84,496	(61)	420,172	411,278	(8,894)
Total Expenditure	(82,668)	(82,136)	532	(411,364)	(404,853)	6,511
Earnings Before Interest, Tax Depreciation and Amortisation	1,889	2,360	471	8,808	6,425	(2,383)
SURPLUS / (DEFICIT) including donated asset Treatment	(2,018)	(1,416)	602	(10,455)	(12,999)	(2,544)
SURPLUS / (DEFICIT)	**(2,036)**	**(1,467)**	**569**	**(10,593)**	**(12,747)**	**(2,154)**

The Trust has been asked by the TDA to improve upon its planned deficit of £18.5m. The Trust remains committed to delivering the best possible financial outturn this year consistent with delivering quality, sustainable care and is working with the TDA to quantify how much that improvement might be. As the M5 position clearly illustrates there are challenges in the current financial position which the Trust is addressing.

3) Revenue

The Appendix provides a summary of the position after 5 months.

3.1) NHS Activity and Income

The summary table shows the position by division.

Divisions	Year to Date (Activity)			Year to Date (Income)		
	Plan	Actual	Variance	Plan £000s	Actual £000s	Variance £000s
A – Medicine	1,536,570	1,797,284	260,714	124,236,668	125,168,706	932,038
B - Surgery and Cancer	741,821	1,783,198	1,041,377	126,805,779	129,229,016	2,423,237
C - Investigative Sciences and Clinical Support	889,803	983,483	93,680	13,903,025	14,256,536	353,511
D - Womens and Childrens	149,891	129,255	(20,636)	46,723,428	46,511,381	(212,047)
X/Z - Central Total	47,323	47,505	182	8,629,045	4,355,652	(4,273,394)
YTD AUGUST's FORECAST ACTIVITY & INCOME	3,365,407	4,740,724	1,375,317	320,297,945	319,521,290	(776,655)

[Note: The Central division reports those revenue streams from NHS commissioners that are not for direct patient care or managed through patient care facilities controlled by the clinical divisions (such as for patient transport); or items that have a 'contra' impact on expenditure.]

The significant adverse position within the Centrally reported income is due to the high level of challenges we are experiencing from Commissioners. We are working together with our commissioners to resolve each challenge.

3.2) Private Care income

Private care income continues to underperform, by nearly £3.5m at M5. It has been a disappointing stat to the year as it has proved impossible to grow this activity as planned. A detailed plan for improvement for the second half year has been submitted.

3.3) Expenditure

The devolved financial position for clinical divisions is set out in the table below.

		In Month			Year to Date (Cumulative)		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Division of Medicine	Income	1,003	1,780	777	5,129	5,982	854
	Pay	(11,801)	(12,157)	(356)	(58,867)	(60,292)	(1,425)
	Non Pay	(4,782)	(4,498)	284	(23,838)	(24,908)	(1,069)
Division Of Medicine		**(15,579)**	**(14,875)**	**704**	**(77,577)**	**(79,217)**	**(1,640)**
Division of Women and Children	Income	618	(269)	(887)	2,953	1,778	(1,175)
	Pay	(6,586)	(6,129)	457	(31,567)	(30,206)	1,361
	Non Pay	(1,276)	(1,141)	134	(6,110)	(5,364)	746
Division Of Women And Children		**(7,243)**	**(7,539)**	**(296)**	**(34,725)**	**(33,792)**	**932**
Investigative Sciences & C S	Income	2,261	2,152	(110)	11,307	11,276	(31)
	Pay	(8,954)	(8,933)	21	(44,596)	(44,285)	311
	Non Pay	(3,636)	(3,550)	86	(18,016)	(17,996)	20
Investigative Sciences & C S		**(10,328)**	**(10,331)**	**(3)**	**(51,304)**	**(51,005)**	**299**
Surg, Canc & Cardiovasc Div	Income	485	2,196	1,711	2,425	1,973	(453)
	Pay	(12,858)	(12,920)	(62)	(63,882)	(63,630)	252
	Non Pay	(4,279)	(4,056)	223	(21,261)	(20,587)	673
Surg, Canc & Cardiovasc Div.		**(16,652)**	**(14,780)**	**1,872**	**(82,717)**	**(82,244)**	**473**

The Division of Medicine continues to experience greater than planned requirements for nurse 'specialing'; for patients requiring one-to-one nursing care. There is some evidence of an increase in the acuity of patients requiring treatment which we are analysing and discussing with commissioners. Both of these situations are being reviewed and challenged with improvement expected for the second half of the year

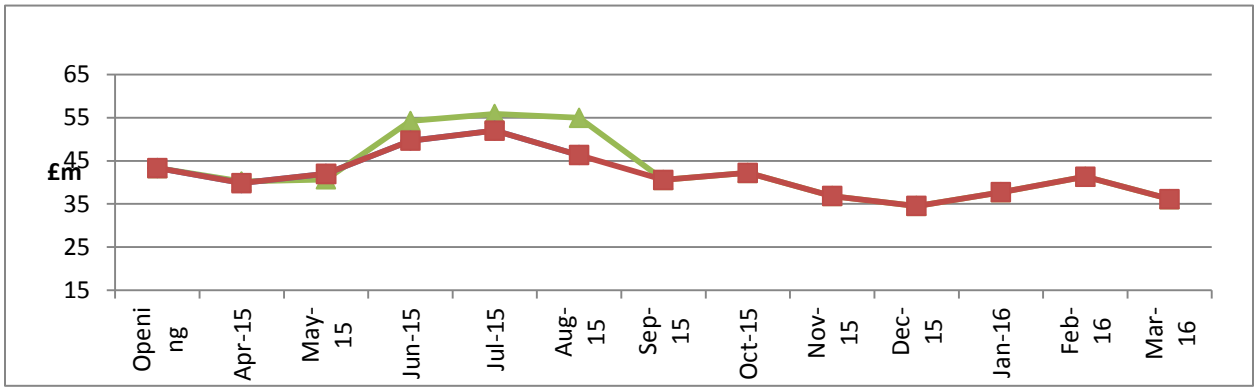
4) Contract

Contracts have now been signed with both NHSE and our lead CCGs. There is a significant gap between the level of activity specified in the contracts and the level of activity which the Trust anticipates having to deliver in order to meet patient need. Levels of activity are reported to and discussed with commissioners monthly, the financial impact of 'over performance' against the contract level is a delay in receiving remuneration.

5) Efficiency programme
73% CIP delivery at £9m vs plan of £12.3m is a small improvement against the M3 rate of delivery but remains a concern. The majority of the shortfall is forecast to be caught up by the end of the year

The Chief Operating Officer and Chief Financial Officer hold weekly Programme Oversight meetings about CIP and business plan delivery, with fortnightly meetings with each division. These will be used to maintain focus on CIP delivery and ensure that, where required, robust mitigations are signed off and implemented to support delivery of the full value of the CIP programme required by the 2015/16 business plan – starting with deep dive meetings planned to start in the second half of July.

6) Cash
The chart below compares the actual and forecast cash balance (brown line) to the plan (green line). At the end of August the Trust was £8.7m below plan, largely due to the delay in contract signature, but expecting to get back to plan by Sept.



7) Conclusion
The rate of performance improvement required in both activity performance and productivity is planned to increase across the year and this is important to the Trust reducing its deficit as we go into the next financial year. With the pressure on all sources of funding and the operational pressures which winter brings, this is obviously challenging. However the nature and detail of that challenge is becoming increasingly clear with the signature of contracts and 5 months of performance and the Trust is engaged at all levels and with partners in addressing that challenge.

Appendix

Statement of Comprehensive Income – 5 months to 31st August 2015

	In Month			Year To Date (Cumulative)		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Income						
Clinical (excl Private Patients)	65,989	67,745	1,756	327,686	326,559	(1,127)
Private Patients	3,945	2,831	(1,114)	19,375	15,898	(3,477)
Research & Development & Education	8,998	9,048	50	44,990	45,077	87
Other	5,625	4,872	(753)	28,121	23,744	(4,377)
TOTAL INCOME	**84,557**	**84,496**	**(61)**	**420,172**	**411,278**	**(8,894)**
Expenditure						
Pay - In post	(43,825)	(41,134)	2,691	(214,335)	(205,026)	9,309
Pay - Bank	(1,553)	(3,007)	(1,454)	(9,893)	(12,740)	(2,847)
Pay - Agency	(2,766)	(3,979)	(1,213)	(14,505)	(21,714)	(7,209)
Drugs & Clinical Supplies	(21,282)	(20,606)	676	(106,600)	(106,609)	(9)
General Supplies	(2,878)	(3,481)	(603)	(14,417)	(15,080)	(663)
Other	(10,364)	(9,929)	435	(51,614)	(43,684)	7,930
TOTAL EXPENDITURE	**(82,668)**	**(82,136)**	**532**	**(411,364)**	**(404,853)**	**6,511**
Earnings Before Interest, Tax, Depreciation & Amortisation	**1,889**	**2,360**	**471**	**8,808**	**6,425**	**(2,383)**
Financing Costs	(3,907)	(3,776)	131	(19,263)	(19,424)	(161)
SURPLUS / (DEFICIT) including donated asset treatment	**(2,018)**	**(1,416)**	**602**	**(10,455)**	**(12,999)**	**(2,544)**
Impairment of Assets	0	0	0	0	0	0
Donated Asset treatment	(18)	(51)	(33)	(138)	252	390
SURPLUS / (DEFICIT)	**(2,036)**	**(1,467)**	**569**	**(10,593)**	**(12,747)**	**(2,154)**

Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	3.1
Title	NHS Equality Delivery System (EDS) Report
Report for	Noting
Report Author	Guy Young, Deputy Director of Patient Experience
Responsible Executive Director	Janice Sigsworth, Director of Nursing

Executive Summary:

The paper provides a report on the recent EDS grading of patient experience related outcomes.

Recommendation to the Board:

The Board is asked to note the outcome of the EDS assessment of patient outcomes.

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

The NHS Equality Delivery System

1. Background and structure of the EDS

The NHS Equality Delivery System (EDS) was launched in 2011 to assist NHS organisations in meeting their obligations under the 2010 Equality Act. It provides a framework and toolkit with which organisations can assess and improve the services they provide in regard to the protected characteristics identified under the act. It helps NHS organisations to make sure that their services and working environments are free from discrimination in line with the public sector Equality Duty.

Under the act there are nine protected characteristics:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race (including ethnicity and national identity)
- Religion or belief
- Gender
- Sexual orientation

An updated version of the EDS toolkit, EDS2, was launched in 2014. At the heart of the EDS are four goals:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

Each goal has a number of associated outcomes providing specific areas of focus. Outcomes are assessed and graded in order to understand how the organisation is performing in relation to the nine protected characteristics. There are four levels of grading depending on the number of protected groups that fare well in comparison to people overall:

- Undeveloped – two or less protected groups fare well
- Developing – three to five protected groups fare well
- Achieving – six to eight protected groups fare well
- Excelling – all nine protected groups fare well

2. Assessment and ICHT position

Assessment is undertaken by presenting evidence to stakeholders at a grading workshop. At ICHT Goals 3 and 4 are monitored and assessed by the workforce directorate and goals 1 and 2 by the patient experience function in the nursing directorate. This report covers goals 1 and 2.

In late 2013/14, ICHT assessed three patient outcomes; these and the associated grading are shown in the table below:

Goal	Outcome	Grade
Better health outcomes	1.4 The safety of patients is prioritised and assured	Developing
Improved patient access and experience	2.3 Patients and carers report positive experiences of the NHS, were they are listened to and respected and their privacy and dignity is prioritised	Developing
	2.4 Patients' and carers' complaints about services and subsequent claims for redress should be handled respectfully and efficiently	Achieving

As a result of these assessments ICHT aimed to improve objectives 1.4 and 2.3 during 2014/15.

In line with the EDS2 guidance, a preparatory engagement workshop was held on 26 June 2015. This was followed by two grading events on 28 July and 3 August.

Four patient related outcomes were assessed and the grades are shown below. Note: the wording of the outcomes has changed slightly in the EDS 2 toolkit but, in essence, 1.4 and 2.3 were reassessed.

Goal	Outcome	Grade
Better health outcomes	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving
Improved patient access and experience	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
	2.3 People report positive experiences of the NHS	Achieving

Each outcome was graded as achieving based on eight protected groups faring well. In all outcomes it was felt that patients with disabilities, notably learning disabilities (LD), fared less well. Although some examples of outstanding care were presented, particularly in relation to patients with profound disability, the workshop heard examples which would suggest that this is not always the case.

There was no evidence presented that would suggest that any of the other protected groups fared less well in comparison to people overall. It is important to note that this exercise is not an assessment of the overall effectiveness of the trust systems and processes, but specifically in relation to whether protected groups fare less well when compared to people overall.

3. Next steps

In the last 18 months, ICHT has undertaken work in relation to supporting patients with LD. A large amount of training in relation to mental capacity has been undertaken and a patient with LD has come to speak about their experience as a patient to senior nurses at the *back to the floor* session. The trust also employs an LD administrator, part funded by the tri-borough, to support patients in the trust, for example by arranging best interest meetings for people that lack capacity to consent.

Despite this work, it is clear that more needs to be done in this area particularly in terms of training, awareness raising, planning for elective care and making sure appropriate information is available. This is planned to be a major programme of work for the nursing directorate over the coming year under the patient experience/safeguarding agenda. The trust is currently working closely with the tri-borough LD commissioning lead and will develop a work plan for the coming year.

It is proposed that the above outcomes are reassessed in a year, specifically in relation to the disability protected characteristic to ensure that progress has been made.

Imperial College Healthcare NHS
NHS Trust

Trust board - public

Agenda Item	3.2
Title	NHS Trust Development Authority Self-Certifications
Report for	Ratification & Approval
Report Author	Jan Aps, Trust company secretary
Responsible Executive Director	Tracey Batten, chief executive

Executive summary:

As part of the on-going oversight by the NHS Trust Development Authority (TDA) the Trust is required to submit self-certified declarations on a monthly basis.

The Trust board is asked to ratify the July 2015 submission (reviewed by the executive committee on 25 August) and to approve the August 2015 submission (will be reviewed by the executive committee on 29 September 2015). There are only minor changes to the reports from previous submissions.

Recommendation to the Board:

The Board is asked to approve the Trust Development Agency self-certifications.

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

NHS TRUST DEVELOPMENT AUTHORITY
OVERSIGHT: Monthly self-certification requirements - Board Statements
Monthly Data: July 2015, to be submitted 28/08/2015

CLINICAL QUALITY
FINANCE
GOVERNANCE
The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.
In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope

For CLINICAL QUALITY, that:	Executive lead
Q1. *The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.* **ICHT Response: Yes** **Explanation: Governance arrangements in place to assure quality of care with clear accountability and reporting.**	Chris Harrison, Medical director
Q2. *The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.* **ICHT Response: The Board is satisfied that the Trust meets the CQC registration requirements and is registered with no conditions.** **Following the CQC inspection in September 2014, the Trust received a number of compliance actions. An action plan has been approved by the Trust Board and CQC to address these regulatory breaches. Furthermore, a new compliance and improvement framework outlining the Trust's approach to ensure on-going compliance has been approved by the Trusts' Executive Committee.**	Janice Sigsworth, Director of nursing
Q3. *The Board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.* **ICHT Response: Yes** **Explanation: Responsible officer in place with governance arrangements to provide assurance.**	Chris Harrison, Medical director
For Finance, that:	
Q4. *The Board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.* **ICHT Response: Yes** **Explanation: The Trust remains a going concern as defined by the most up to date accounting standards.** **The Board considers annually the Going Concern of the Trust as per IAS 1. The accounts for 2014/15 were prepared on a 'Going Concern' basis with a paper reviewed by the May Trust Board that supported this conclusion. The deficit position of the Trust should be noted, but sufficient cash funds are held to remain solvent as per IAS 1..**	Richard Alexander, Chief financial officer
For GOVERNANCE, that:	
Q5. *The Board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.* **ICHT Response: Yes** **Explanation: A detailed review of compliance with the NTDA Accountability Framework and the NHS Constitution is underway; ratings against the oversight model, and the well-led framework assessment templates is underway.**	Jan Aps Trust company secretary
Q6. *All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.* **ICHT Response: Yes** The Trust has a Risk Management Strategy and a Corporate Risk Register (CRR). The CRR identifies the key risks to the organisation. **Explanation: The Trust has a Risk Management Framework in place and risks identified as part of the FT process have been identified and documented with appropriate actions in place to deliver.**	Janice Sigsworth Director of nursing
Q7. *The Board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.* **ICHT Response: Yes** **Explanation: The Framework for 2015/16 has been reviewed by the Trust company secretary. The proposed oversight model and confirmed suite of indicators has recently been received and is being reviewed to ensure that all required indicators are monitored as part of business as usual. The Annual Governance Statement identifies significant issues for 2015/16. The Trust has a Risk Management Framework and Board Assurance Framework in place and risks / barriers to achievement of the strategic objectives have been identified and documented with appropriate actions in place to deliver. In addition, the risk management framework includes a rigorous review of scoring, controls and mitigation.**	Janice Sigsworth Director of nursing
Q8. *The necessary planning, performance management and corporate and clinical risk management processes and*	Richard Alexander, Chief Financial Officer

mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily. **ICHT Response: Yes** **Explanation: There are risk management processes in place. Recommendations from audits are followed up and the actions reported at each Audit, Risk & Governance Committee. Notwithstanding this, delivering the annual operating plan will be particularly demanding.**	
Q9. *An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk)* **ICHT Response: Yes** **Explanation: The AGS formed part of the annual reporting arrangements. Compliance with AGS will be monitored using the Trust's risk management and governance assurance frameworks**	Jan Aps Trust company secretary
Q10. *The Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.* **ICHT Response: No** **Explanation:** **Meticillin resistant Staphylococcus aureus bloodstream infections (MRSA BSI):** • One case of MRSA BSI was allocated to the Trust in July 2015. This case is being investigated. • So far this year, 2 cases have been allocated to the Trust compared to 3 this time last year. **Clostridium difficile infections:** • Three cases of C. difficile were allocated to the Trust for July 2015. None of these have been identified as a potential lapse in care. • A total of 26 cases have been allocated to the Trust so far this year, compared to 31 last year. The annual objective for the Trust is 69 for 2015/16 **Accident and Emergency:** • Although the four hour access standard for patients attending Accident and Emergency was achieved in June, Trust performance dipped slightly below the threshold to 94.71 per cent in July. • A number of initiatives to improve flow within the organisation are on-going. • For patients who are discharged, there has been an increased focus on discharging before noon, to allow increased capacity for any new emergency admissions and free up capacity within the Emergency Department. **Referral to treatment (RTT):** • Referral to treatment performance has considerably improved over recent months. It is expected that the Trust will continue to meet the primary measure of RTT performance of 92 per cent of patients should be waiting under 18 weeks at the end of each month for July. • Further work over the coming months in increasing capacity, particularly in surgical specialities, will result in patient waiting times reducing further and a reduced number of patients waiting over 18 weeks. • We have agreed a trajectory with our Commissioners for some of the specialties that are not achieving and are monitoring this performance weekly and managing directly with the Divisions.	Steve McManus, Chief operating officer.
Q11. *The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.* **ICHT Response: Yes** **Explanation: The Trust is compliant and submitted its most recent toolkit return on 31 March 2015, achieving a minimum level 2 assessment against all standards.**	Kevin Jarrold, Chief information officer.
Q12. *The Board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.* **ICHT Response: Yes** **Explanation: Board members are reminded at each Trust board of the need to ensure that the register of interests is current; it is formally reviewed regularly at Trust Board meetings.** **Arrangements for making declarations for all staff grade 8c and above are being reviewed (to strengthen assurance); a new process using the e-learning tool will ease management action and provide an audit tool for compliance. The Trust currently has one NED vacancy.**	Jan Aps Trust company secretary
Q13. *The Board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.* **ICHT Response: Yes** **Explanation: A Board development programme continues to run in 2015/16 on a bi-monthly basis.**	Karen Charman, Director of people and organisational development.
Q14. *The Board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.* **ICHT Response: Yes** **Explanation: A high calibre senior management team is in place with the capacity, capability and experience to deliver the annual operating plan.** **Development sessions continue in 2015/16.**	Karen Charman, Director of people and organisational development.

NHS TRUST DEVELOPMENT AUTHORITY
OVERSIGHT: Monthly self-certification requirements - Compliance Monitor.
Monthly Data: July 2015 to be submitted 28/08/2015

1. Condition G4 – Fit and proper persons as ~~Governors and~~ Directors (also applicable to those performing equivalent or similar functions).
2. Condition G5 - Having regard to monitor guidance.
3. Condition G7 – Registration with the Care Quality Commission.
4. Condition G8 – Patient eligibility and selection criteria.
5. Condition P1 – Recording of information.
6. Condition P2 – Provision of information.
7. Condition P3 – Assurance report on submissions to Monitor.
8. Condition P4 – Compliance with the National Tariff.
9. Condition P5 – Constructive engagement concerning local tariff modifications.
10. Condition C1 – The right of patients to make choices.
11. Condition C2 – Competition oversight.
12. Condition IC1 – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence:
The new NHS Provider Licence
COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:

Condition	Executive lead
Q1. Condition G4 Fit and proper persons as ~~Governors and~~ Directors. (Also applicable to those performing equivalent or similar functions). **ICHT Response: Yes** **Explanation:** All Directors comply with the fit and proper persons requirements.	Karen Charman, Director of people and organisational development.
Q2. Condition G5 Having regard to Monitor guidance. **ICHT Response: Yes** **Explanation:** Where appropriate to NHS trusts	Richard Alexander, Chief financial officer
Q3. Condition G7 Registration with the Care Quality Commission. **ICHT Response: Yes** **Explanation:**	Janice Sigsworth, Director of nursing
Q4. Condition G8 Patient eligibility and selection criteria. **ICHT Response: Yes** **Explanation:** This condition requires licensees to set and publish transparent patient eligibility and selection criteria and to apply these in a transparent manner. This includes criteria for determining patient eligibility for particular services, for accepting or rejecting referrals or determining the manner in which services are provided. The Trust fulfils this condition through a range of methods including; use of the ICHT access policy which sets out transparently how the Trust manages referrals and access to services, co-design with CCGs and NHSE of the eligibility criteria for access to specialist tertiary services and publication of these criteria to health care professionals and patients, use of specific processes to seek funding approval for those procedures where contractually prior commissioning approval is required, compliance with the standards set out within the NHS Constitution.	Steve McManus, Chief operating officer
Q5. Condition P1 Recording of pricing information (particularly in relation to expenditure, and expenditure incurred by third parties delivering healthcare services) **ICHT Response: Yes** **Explanation:**	Richard Alexander, Chief financial officer
Q6. Condition P2 Provision of information to enable Monitor (for which read TDA) to undertake their functions. **ICHT Response: Yes** **Explanation:** All financial and activity reporting information required by TDA is provided to timetable	Richard Alexander, Chief financial officer
Q7. Condition P3 Provision of assurance reports on submissions to Monitor (for which read TDA) which comply with requirements and provide a true and fair assessment **ICHT Response: Yes** **Explanation:** Provided as required to TDA	Richard Alexander, Chief financial officer
Q8. Condition P4 Compliance with the National Tariff. **ICHT Response: Yes** **Explanation:**	Richard Alexander, Chief financial officer
Q9. Condition P5 Constructive engagement concerning local tariff modifications. **ICHT Response: Yes** **Explanation:**	Richard Alexander, Chief financial officer
Q10. Condition C1 The right of patients to make choices. **ICHT Response: Yes** **Explanation:** This condition protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have choice of provider. ICHT achieves this condition through a range of initiatives including; publishing waiting times through Choose & Book to support patients and their GP in making informed decisions in the GP surgery, working closely with CCGs and NHSE to draft and	Steve McManus, Chief operating officer.

implement referral criteria/pathways for access to specialist services.	
Q11. Condition C2 Competition oversight. **ICHT Response: Yes** **Explanation:**	Richard Alexander, Chief financial officer
Q12. Condition IC1 Provision of integrated care. **ICHT Response: Yes** **Explanation:** This condition states that the licensee shall not do anything that could reasonably be regarded as detrimental to enabling integrated care. ICHT works in partnership with commissioners to develop integrated care and whole systems approaches to developing patient pathways including; co-design and piloting of a virtual ward, development of joined community and secondary care outpatient services, improvements to electronic communications relating to patient records.	Steve McManus, Chief operating officer.

NHS TRUST DEVELOPMENT AUTHORITY
OVERSIGHT: Monthly self-certification requirements - Board Statements
Monthly Data: August 2015, to be submitted 30/09/2015

CLINICAL QUALITY
FINANCE
GOVERNANCE
The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.
In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope

For CLINICAL QUALITY, that:	Executive lead
Q1. *The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.* **ICHT Response: Yes** **Explanation: Governance arrangements in place to assure quality of care with clear accountability and reporting.**	Chris Harrison, Medical director
Q2. *The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.* **ICHT Response: The Board is satisfied that the Trust meets the CQC registration requirements and is registered with no conditions.** **Following the CQC inspection in September 2014, the Trust received a number of compliance actions. An action plan has been approved by the Trust Board and CQC to address these regulatory breaches. Furthermore, a new compliance and improvement framework outlining the Trust's approach to ensure on-going compliance has been approved by the Trusts' Executive Committee.**	Janice Sigsworth, Director of nursing
Q3. *The Board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.* **ICHT Response: Yes** **Explanation: Responsible officer in place with governance arrangements to provide assurance.**	Chris Harrison, Medical director
For Finance, that:	
Q4. *The Board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.* **ICHT Response: Yes** **Explanation: The Trust remains a going concern as defined by the most up to date accounting standards.** **The Board considers annually the Going Concern of the Trust as per IAS 1. The accounts for 2014/15 were prepared on a 'Going Concern' basis with a paper reviewed by the May Trust Board that supported this conclusion.**	Richard Alexander, Chief financial officer
For GOVERNANCE, that:	
Q5. *The Board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.* **ICHT Response: Yes** **Explanation: A detailed review of compliance with the NTDA Accountability Framework and the NHS Constitution has been completed; development of an action plan against the well-led framework (using CQC/ Monitor and TDA requirements) is underway.**	Jan Aps Trust company secretary
Q6. *All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.* **ICHT Response: Yes** The Trust has a Risk Management Strategy and a Corporate Risk Register (CRR). The CRR identifies the key risks to the organisation. **Explanation: The Trust has a Risk Management Framework in place and risks identified as part of the FT process have been identified and documented with appropriate actions in place to deliver.**	Janice Sigsworth Director of nursing
Q7. *The Board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of*	Janice Sigsworth Director of nursing

these risks to ensure continued compliance. **ICHT Response: Yes** **Explanation: The Framework for 2015/16 has been reviewed by the Trust company secretary. The proposed oversight model and confirmed suite of indicators has recently been received and is being reviewed to ensure that all required indicators are monitored as part of business as usual. The Annual Governance Statement identifies significant issues for 2015/16. The Trust has a Risk Management Framework and Board Assurance Framework in place and risks / barriers to achievement of the strategic objectives have been identified and documented with appropriate actions in place to deliver. In addition, the risk management framework includes a rigorous review of scoring, controls and mitigation.**	
Q8. *The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.* **ICHT Response: Yes** **Explanation: There are risk management processes in place. Recommendations from audits are followed up and the actions reported at each Audit, Risk & Governance Committee.**	Richard Alexander, Chief Financial Officer
Q9. *An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk)* **ICHT Response: Yes** **Explanation: Compliance with AGS will be monitored using the Trust's risk management and well-led governance assurance frameworks**	Jan Aps Trust company secretary
Q10. *The Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.* **ICHT Response: No** **Explanation:** **Meticillin resistant Staphylococcus aureus bloodstream infections (MRSA BSI):** Two cases of MRSA BSI were provisionally allocated to the Trust in August. These cases are being investigated. So far this year, 2 cases have been allocated to the Trust compared to 3 cases this time last year. **Clostridium difficile infections:** Two cases of C. difficile were allocated to the Trust for August 2015. Neither of these have been identified as a potential lapse in care. A total of 28 cases, 2 of which are attributable to lapses in care, have been allocated to the Trust so far this year, compared to 41 last year. **Accident and Emergency:** Performance against the four hour access standard for patients attending Accident and Emergency remained slightly below threshold at 94.86 per cent in August. A number of initiatives to improve flow within the organisation are on-going. For patients who are discharged, there has been an increased focus on discharging before noon, to allow increased capacity for any new emergency admissions and free up capacity within the Emergency Department. The A&E performance (all types) is presented at Trust level and split by site (CXH, HH, SMH, WEH). The CQC would assess our performance across four sites. The Trust is the in process of finalising the plan for delivery of services over the winter period. It is expected that demand in many services will rise during the winter period and capacity is increased in order to accommodate this. The final versison of the winter plan will be signed off by the executive team at the end of September. **Referral to treatment (RTT):** Referral to treatment performance has considerably improved over recent months. The primary measure of RTT performance is that 92 per cent of patients should be waiting under 18 weeks at the end of each month. With agreement from local commissioners, submission for this standard has been delayed this month to Friday 25th September due to technical issues with availability of our data. It is expected that the Trust will continue to show a reduction in the number of patients waiting over 18 weeks for treatment. Further work over the coming months in increasing capacity, particularly in surgical specialities, will result in patient waiting times reducing further and a reduced number of patients waiting over 18 weeks. The Trust had 4 patients in July who were waiting over 52 weeks for treatment. One, it was found, subsequent to reporting, had already had their treatment previously. Two have now had their treatment and the final patient had chosen to wait due to work commitments.	Steve McManus, Chief operating officer.
Q11. *The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.* **ICHT Response: Yes** **Explanation: The Trust is compliant and submitted its most recent toolkit return on 31 March 2015, achieving a minimum level 2 assessment against all standards.**	Kevin Jarrold, Chief information officer.

Q12. *The Board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.* **ICHT Response: Yes** **Explanation: Board members are reminded at each Trust board of the need to ensure that the register of interests is current; it is formally reviewed regularly at Trust Board meetings.** **Arrangements for making declarations for all staff grade 8c and above are being reviewed (to strengthen assurance); a new process using the e-learning tool will ease management action and provide an audit tool for compliance. The Trust currently has one NED vacancy.**	Jan Aps Trust company secretary
Q13. *The Board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.* **ICHT Response: Yes** **Explanation: A Board development programme continues to run in 2015/16 on a bi-monthly basis.**	Karen Charman, Director of people and organisational development.
Q14. *The Board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.* **ICHT Response: Yes** **Explanation: A high calibre senior management team is in place with the capacity, capability and experience to deliver the annual operating plan.** **Development sessions continue in 2015/16.**	Karen Charman, Director of people and organisational development.

NHS TRUST DEVELOPMENT AUTHORITY
OVERSIGHT: Monthly self-certification requirements - Compliance Monitor.
Monthly Data: August 2015 Submitted 30/09/2015

1. Condition G4 – Fit and proper persons as ~~Governors and~~ Directors (also applicable to those performing equivalent or similar functions).
2. Condition G5 - Having regard to monitor guidance.
3. Condition G7 – Registration with the Care Quality Commission.
4. Condition G8 – Patient eligibility and selection criteria.
5. Condition P1 – Recording of information.
6. Condition P2 – Provision of information.
7. Condition P3 – Assurance report on submissions to Monitor.
8. Condition P4 – Compliance with the National Tariff.
9. Condition P5 – Constructive engagement concerning local tariff modifications.
10. Condition C1 – The right of patients to make choices.
11. Condition C2 – Competition oversight.
12. Condition IC1 – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence:
The new NHS Provider Licence
COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:

Condition	Executive lead
Q1. Condition G4 Fit and proper persons as ~~Governors and~~ Directors. (Also applicable to those performing equivalent or similar functions). **ICHT Response: Yes** **Explanation:** All Directors comply with the fit and proper persons requirements.	Karen Charman, Director of people and organisational development.
Q2. Condition G5 Having regard to Monitor guidance. **ICHT Response: Yes** **Explanation:** Where appropriate to NHS trusts	Richard Alexander, Chief financial officer
Q3. Condition G7 Registration with the Care Quality Commission. **ICHT Response: Yes** **Explanation:**	Janice Sigsworth, Director of nursing
Q4. Condition G8 Patient eligibility and selection criteria. **ICHT Response: Yes** **Explanation:** This condition requires licensees to set and publish transparent patient eligibility and selection criteria and to apply these in a transparent manner. This includes criteria for determining patient eligibility for particular services, for accepting or rejecting referrals or determining the manner in which services are provided. The Trust fulfils this condition through a range of methods including; use of the ICHT access policy which sets out transparently how the Trust manages referrals and access to services, co-design with CCGs and NHSE of the eligibility criteria for access to specialist tertiary services and publication of these criteria to health care professionals and patients, use of specific processes to seek funding approval for those procedures where contractually prior commissioning approval is required, compliance with the standards set out within the NHS Constitution.	Steve McManus, Chief operating officer
Q5. Condition P1 Recording of pricing information (particularly in relation to expenditure, and expenditure incurred by third parties delivering healthcare services) **ICHT Response: Yes** **Explanation:**	Richard Alexander, Chief financial officer
Q6. Condition P2 Provision of information to enable Monitor (for which read TDA) to undertake their functions. **ICHT Response: Yes** **Explanation:** All financial and activity reporting information required by TDA is provided to timetable	Richard Alexander, Chief financial officer
Q7. Condition P3 Provision of assurance reports on submissions to Monitor (for which read TDA) which comply with requirements and provide a true and fair assessment **ICHT Response: Yes** **Explanation:** Provided as required to TDA	Richard Alexander, Chief financial officer
Q8. Condition P4 Compliance with the National Tariff. **ICHT Response: Yes** **Explanation:**	Richard Alexander, Chief financial officer

Q9. Condition P5 Constructive engagement concerning local tariff modifications. **ICHT Response: Yes** **Explanation:**	Richard Alexander, Chief financial officer
Q10. Condition C1 The right of patients to make choices. **ICHT Response: Yes** **Explanation:** This condition protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have choice of provider. ICHT achieves this condition through a range of initiatives including; publishing waiting times through Choose & Book to support patients and their GP in making informed decisions in the GP surgery, working closely with CCGs and NHSE to draft and implement referral criteria/pathways for access to specialist services.	Steve McManus, Chief operating officer.
Q11. Condition C2 Competition oversight. **ICHT Response: Yes** **Explanation:**	Richard Alexander, Chief financial officer
Q12. Condition IC1 Provision of integrated care. **ICHT Response: Yes** **Explanation:** This condition states that the licensee shall not do anything that could reasonably be regarded as detrimental to enabling integrated care. ICHT works in partnership with commissioners to develop integrated care and whole systems approaches to developing patient pathways including; co-design and piloting of a virtual ward, development of joined community and secondary care outpatient services, improvements to electronic communications relating to patient records.	Steve McManus, Chief operating officer.

Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	4.1
Title	Improving Quality of Care - CQC Update Report
Report for	Noting
Report Author	Priya Rathod, Deputy Director of Quality Governance (Nursing Directorate)
Responsible Executive Director	Professor Janice Sigsworth Director of Nursing

Executive Summary

The following report provides an update to the Trust Board in relation to: the Trust's Care Quality Commission (CQC) registration for quarter 1 (Q1) of 2015/16, the implementation of the compliance and improvement framework and progress against the CQC action plan and inspection preparation.

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Imperial College Healthcare NHS
NHS Trust

CQC Update Report

1 Purpose

The following report provides an update to the Trust Board in relation to; the Trust's Care Quality Commission (CQC) registration for quarter 1 (Q1) of 2015/16, the implementation of the compliance and improvement framework, progress against the CQC action plan and inspection preparation.

2 Quarter 1 (2015/16) update in relation to the Trust's CQC registration

2.1 Registration Status

- The Trust continues to be registered at each site without any conditions

2.2 Intelligent Monitoring

- The Board will recall from its last meeting that the Trust received notification from the CQC that it was an outlier for mortality rates for patients admitted with acute myocardial infarction. The Trust responded that it was undertaking clinical reviews in relation to this and the Trust submitted the review outcomes to the CQC in April 2015. On 22 May 2015 the CQC advised the Trust that they were satisfied with its response and consider this matter to be closed.
- At the Trust Board meeting in May 2015, a summary of the draft CQC Intelligent Monitoring report (published twice a year) and any key risks for the Trust were presented. Subsequently, the CQC published the report on their website on 29th May 2015.
- All risks identified are currently under review.

2.3 Notifications made to the CQC

- In the best interests of patients and to support the safety and quality of care, 16 applications were made to deprive patients of their liberties in Q1.
- In Q1 the Trust notified the CQC about five incidents as required under Regulation 4(5) of the Ionising Regulation (Medical Exposure) Regulations 2000.
- These were reviewed at the Executive and Quality Committees and actions closed.

2.4 Complaints to the CQC

- Two complaints were made to the CQC about the Trust in Q1 relating to services within the divisions of medicine and surgery. Both complaints were investigated by the Trust and a response provided to the CQC who have confirmed they are satisfied that the issues have been addressed.
- The CQC received six whistleblowing alerts about the Trust in Q1 related to; A&E waiting times, staff behaviour and allegations of discrimination.
- In response to the increased amount of contact with the CQC about complaints / concerns raised with them an updated version of the Trust's Raising Concerns (Whistleblowing) Policy was launched:
    - The policy was published on the Source
    - A 'See something, do something' campaign was shared to support staff to speak up internally
    - Staff sessions on raising concerns were delivered between 6 and 14 July by the People and Organisational Development team
- A communications plan to raise awareness among patients and families is currently in development, however posters now displayed around the Trust contain information which is applicable to both staff and patients.

2.5 Inspections

- The Trust was not inspected by the CQC in Q1 of 2015/16.
- The CQC have published their inspection schedule through to the end of January 2016 and the Trust has not been named.

3 Compliance and Improvement Framework

- A trust-wide Compliance and Improvement Framework began implementation in April 2015 to ensure the Trust is compliant with CQC regulations and to drive improvement in the quality of care delivered. The procedure to underpin the delivery of the framework was signed off by the Director of Nursing on 2 July 2015 and ratified by the Executive Committee on 28 July

- The framework comprises of the following components:

3.1 Director led compliance reviews

- A Director lead has been identified for each of the 13 CQC regulations to understand if regulatory requirements are being met.
- A gap analysis against the regulations was undertaken for Q1 2015/16 and was completed in August 2015. The outcomes of this will be presented to the Executive Quality Committee in October 2015 for review.

3.2 Internal reviews

3.2.1 Deep dive reviews

- During 2015/16, internal audit will conduct a series of deep dive reviews for areas that were rated as 'good' by the CQC.
- To date, the following reviews have taken place at the St. Mary's site:
    - *Maternity and Gynaecology*
        - Based on the key findings, the service appears to be continuing to provide a 'good', 'safe' and 'caring' service.
        - The findings have been shared with the division and also with the Executive and Quality Committees.

  The final reports and recommendations are currently being awaited for the following reviews:
    - *Critical Care*
    - *Children's and young people*
    - *End of Life Care*
- The outcomes of these reviews will be shared with divisional colleagues for any action required and the findings will be presented to the Executive Quality Committee in October 2015 and to the Quality Committee in November 2015.

3.2.2 Core Service reviews

- A set of three core service reviews will be undertaken throughout 2015/16 for areas that were rated as 'inadequate' and 'requires improvement'.
- These reviews are unannounced visits and are led in conjunction with internal audit.
- The first set of core service reviews for outpatients and urgent and emergency services took place in June 2015.
    - *Outpatients*
        - The review found that while improvements had been made in some areas, the scale and pace of these was not as significant as required. Further work is required

regarding administration processes, the environment and having clear leadership within clinics.
        - Work is being undertaken through the outpatient improvement programme to address the issues raised both by the CQC and during the core service review.
    - *Urgent and emergency services*
        - The review found that staff were generally positive about the improvements that have been made since the CQC inspection but they recognised that further work is still required in relation to the environment of care, staffing and demand management.
- The second set of reviews for surgery, medicine and critical care took place in mid-September 2015.
- The detailed outcomes of the first set of reviews have been shared with divisional colleagues for any action required and the findings have been presented to the Executive Quality Committee and Quality Committee. The outcomes of the second set of reviews will be shared in the same way.
- The third set of core service reviews are planned for early 2016.

3.3 Ward accreditation programme

- A ward accreditation programme is currently being implemented across the Trust and over 20 wards have been reviewed as part of this process to date. It is anticipated that all wards will have been reviewed by the end of October 2015.
- The programme is designed to support ward, unit and department managers to understand how they deliver care, identify what works well and where further improvements are needed.

4 Engagement with external stakeholders

- A workshop in August 2015 with senior colleagues from the NHS Trust Development Authority and Clinical Commissioning Groups to provide in depth detail and assurance about all of the activity being undertaken in relation to the CQC action plan and the compliance and improvement framework.
- The TDA and CCGs fed back after the workshop that they were highly impressed with what the Trust is doing.
- It was agreed that in order to continue to strengthen relationships another workshop will be held before Christmas and that monthly meetings between the TDA, CCG and the Deputy Director of Quality Governance will continue to take place.
- A range of external stakeholders have been invited to participate in the Trust's core service review teams.

5 Progress against the CQC action plan

- All actions within the plan are largely on track. A summary of progress is outlined below.

CQC 'Must-do Compliance' Actions Overview			
Status of actions	**July**	**Aug**	**Trend**
Actions completed on time	34	36	⇧
Actions on track	4	3	⇩
Actions completed late	7	10	⇧
Actions off track	0	0	⇔
Actions not completed	10	6	⇩
Total	**55**	**55**	

CQC 'Must-do' Actions Overview			
Status of actions	**July**	**Aug**	**Trend**
Actions completed on time	24	24	⇔
Actions on track	1	1	⇔
Actions completed late	5	8	⇧
Actions off track	0	0	⇔
Actions not completed	7	4	⇩
Total	**37**	**37**	

The exceptions relate to the following areas:

- Implementation of a 24/7 anaesthetic rota with anaesthetists who have recent obstetrics experience.
    - The Chief of Service for anaesthetics has confirmed that as of early November all Consultant Anaesthetists that are on the general rota will begin undertaking regular labour ward sessions as part of their agreed job plan to maintain obstetric skills.
- The outstanding completion of statutory and mandatory training to achieve the Trust's target.
    - A variety of actions are currently being undertaken at all levels of the Trust to ensure that the required target for training is met. An update on this is provided in the operational report and scorecard which is a separate agenda item at this meeting.

6 Key areas of risk for the Trust

- Based on the findings of the core service reviews and outstanding actions within the action plan, the following areas are highlighted as key risks for the Trust:
    - *Outpatients*
      A comprehensive programme of work is underway to address the issues and improve the service for our patients. A monthly report on progress is presented at the Executive Quality Committee.
    - *Compliance with statutory and Mandatory training*
      Compliance levels are at 82% however a variety of actions are being undertaken including increasing the availability of certain modules such as fire and manual handling, to address this.
    - *Vacancies*
      There has been an increase in band 2-6 vacancies due to a number of staff leaving in August and also due to the expansion of services that require additional posts to be recruited to.

7 Improving the quality of care

- The Compliance and Improvement Framework sets out the 'business as usual' approach for assessing and monitoring compliance with the CQC's regulations and to support the delivery of 'good' and 'outstanding' care. It enables the Trust to address areas of concern, whilst identifying areas of best practice and is aligned to other key Trust initiatives, such as the Quality Strategy. The framework is currently supporting preparations for the Trust's next CQC inspection.
- Whilst a variety of good work is currently being undertaken, additional activity will commence in order to specifically prepare for an upcoming inspection. This will include:
    - Central, corporate and divisional planning (review of the previous processes, development of standing operating procedures and managing the inspection preparation project plan)
    - Development of a communications and engagement plan to span all levels of the trust and external stakeholders.
    - A review of the 'provider information return' and the 'pre-inspection data request' (quantitative and qualitative datasets requested by the CQC that were submitted ahead of the inspection) will be undertaken by the nursing directorate.
    - Where our own staff are CQC specialist advisors and have inspected another Trust, they will share their learning and experience with colleagues.
    - In order to gain assurance about the quality of how the Trust's services are delivered out of hours and to align with CQC inspection methodology, it is proposed that each division develops a programme of reviews for out of hours and the weekend.

8 Recommendations

- To note the paper

Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	4.2
Title	Staff Engagement Survey 8 Results
Report for	Monitoring
Report Author	Sue Grange, Associate Director of Talent
Responsible Executive Director	Karen Charman, Interim Director of People & OD

Executive Summary:

This report details the results of Engagement Survey 8. This was conducted in July/August 2015.

The overall results show that:

- The response rate remains steady at 57% (no change from Survey 7)
- The engagement score remains at 44% (no change from Survey 7)
- The Friends and Family test questions show similar consistency: "Would you recommend for care or treatment" remains unchanged at 77% and "Would you recommend as a place to work" has increased by 1% to 61%

The report also outlines the comparative position from the end of year 1 to the end of year 2, which shows an overall position of improvement comparing one year with another. The report highlights the detailed area of focus for action and recommends next steps in developing action plans. A further update on these action plans will be provided at the meeting.

The report was presented to the Quality committee on 16 September.

Trust strategic objectives supported by this paper:

- To educate and engage skilled and diverse people committed to continual learning and improvement.

Imperial College Healthcare NHS Trust Engagement Survey July 2015

How do you feel about working at Imperial?

Share your thoughts

Imperial College Healthcare NHS Trust

Executive Summary Report

September 2015

Karen Charman
Director of People & OD

Respect our patients and colleagues | Encourage **innovation** in all that we do | Provide the highest quality **care** | Work together for the **achievement** of outstanding results | Take **pride** in our success

Survey 1-8 Engagement Survey

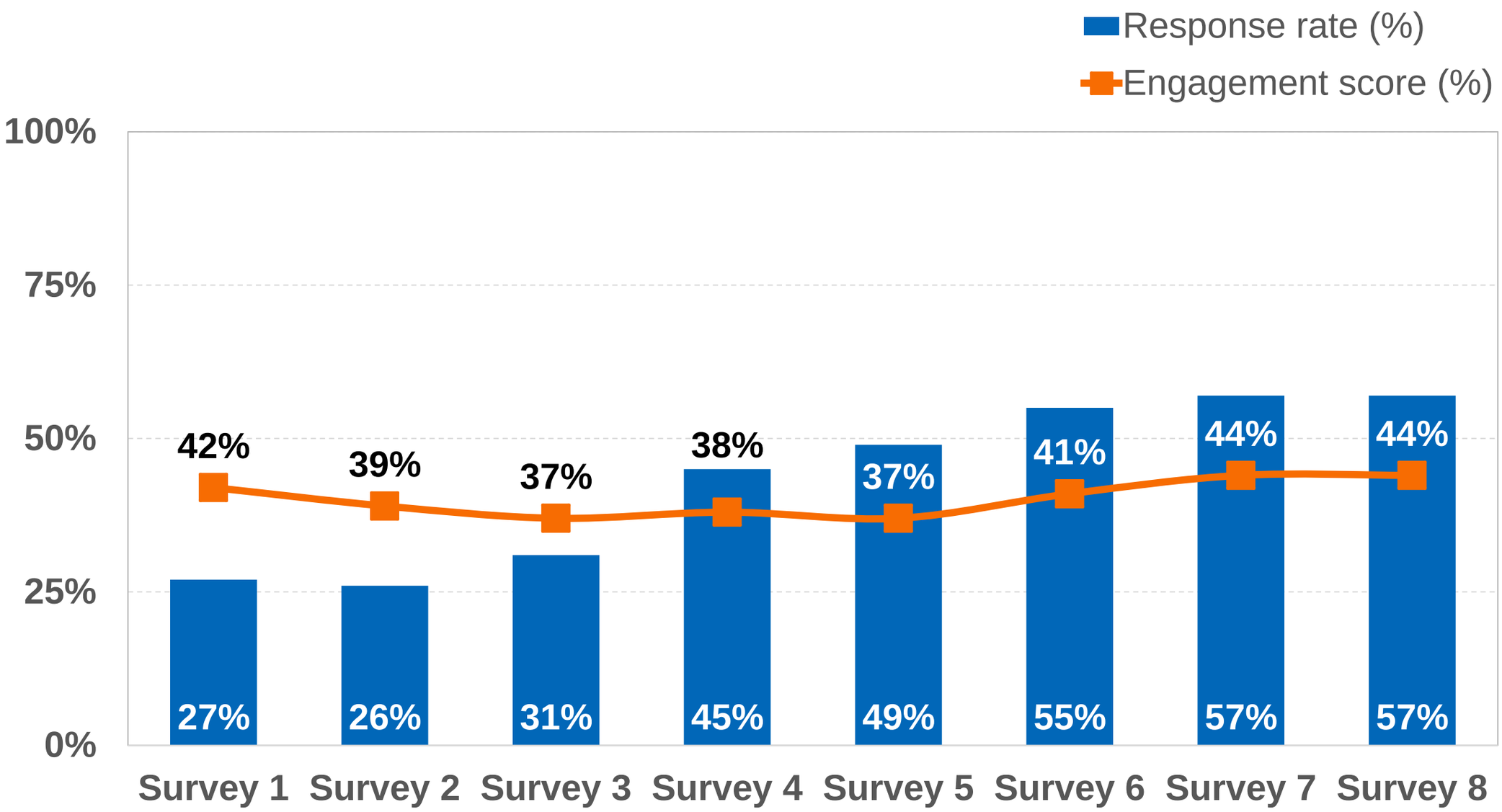
Summary of overall results

Survey	Response rate	Total number of respondents	Engagement score	FFT Recommend for treatment	FFT Recommend for place to work
Total combined Yr 14/15	**54%**	**5197**	**42%**	**77%**	**59%**
Survey 8 (Jul 15)	**57%**	**1429**	**44%**	**77%**	**61%**
shift from Apr 15	0		0	0	+1
Survey 7 (Apr 15)	57%	1305	44%	77%	60%
Survey 6 (Jan 15)	55%	1254	41%	76%	56%
Survey 5 (Oct 14)	49%	1209	37%	77%	58%
Total combined Yr 13/14	**34%**	**3276**	**39%**	**78%**	**59%**
Survey 4 (July 14)	45%	1415	38%	78%	60%
Survey 3 (May 14)	31%	692	37%	78%	57%
Survey 2 (Jan 14)	26%	564	39%	NA	NA
Survey 1 (Oct 13)	27%	605	42%	NA	NA

Please note Engagement Scores for survey 6 onwards are based on a new question set and surveys 1 and 2 included the FFT questions.

Survey 1-8 Engagement Survey

Summary of results over time



Please note Engagement Scores for survey 6 are based on the new question set and surveys 1 and 2 included the FFT questions.

Respect our patients and colleagues | Encourage **innovation** in all that we do | Provide the highest quality **care** | Work together for the **achievement** of outstanding results | Take **pride** in our success

Survey 8
Summary

Survey 8: Carried out July/ Aug 2015

Overall engagement score: 44%

Recommend for treatment: 77%
Recommend as a place to work: 61%

Response Rate: 57%

1,429 responses

2,499 email invitations were sent to the Survey 8 sample. In addition to those accessing the survey via their email invitation (913), 36% of the responses (516) were received via the generic link. In Survey 7 37% of responses were received via the generic link.

Main areas for action

13. The Trust Board and Executive Team provide clear direction for the organisation **29%** (+1)

6. At work my opinions seem to count **38%** (+1)

12. My organisation takes positive action on health and wellbeing **36%** (-2)

Respect our patients and colleagues | Encourage **innovation** in all that we do | Provide the highest quality **care** | Work together for the **achievement** of outstanding results | Take **pride** in our success

Survey 8

Engagement

Positive ratings above that in Survey 1 (note impact of question changes)

overall engagement same as Survey 7 at 44%

and no increase in % negative responses

Analysis on responses to all the engagement question items*

	Survey						Survey			
	Total combined Yr 14/15	8		7	6	5	Total combined Yr 13/14	4	3	2	1
Positive 10, 9 and 8	**42%**	**44%**	**-**	**44%**	**41%**	**37%**	**39%**	**38%**	**37%**	**39%**	**42%**
Neutral 7, 6 and 5	**39%**	**39%**	**+1**	**38%**	**40%**	**41%**	**38%**	**39%**	**40%**	**37%**	**36%**
Negative 4, 3, 2 and 1	**19%**	**18%**	**-**	**18%**	**18%**	**22%**	**23%**	**23%**	**23%**	**24%**	**22%**

The table tracks the scores throughout the year, showing the percentage change in the score since Survey 7 and the Total combined Yrs 14/15 and 13/14 scores.

Please note Engagement Scores for survey 6 onwards are based on a new question set and surveys 1 and 2 included the FFT questions.

Survey 8

FFT

How likely are you to recommend the Trust?

1. How likely are you to recommend Imperial College Healthcare NHS Trust to friends and family if they needed care or treatment?

	Survey 8		Total combined Yr 14/15	Survey 7	Survey 6	Survey 5	Total combined Yr 13/14
Positive Extremely Likely and Likely	**77%**	-	**77%**	**77%**	**76%**	**77%**	**78%**
Negative Extremely Unlikely and Unlikely	**7%**	-	**7%**	**7%**	**8%**	**7%**	**8%**
Extremely Likely	27%	0	26%	27%	25%	27%	26%
Likely	51%	+1	50%	50%	50%	50%	52%
Neither Likely Nor Unlikely	16%	0	16%	16%	17%	16%	14%
Unlikely	5%	+1	5%	4%	5%	5%	5%
Extremely Unlikely	2%	-1	3%	3%	3%	2%	3%
Don't know	19 responses		63 responses	20 responses	11 responses	13 responses	30 responses

2. How likely are you to recommend Imperial College Healthcare NHS Trust to friends and family as a place to work?

	Survey 8		Total combined Yr 14/15	Survey 7	Survey 6	Survey 5	Total combined Yr 13/14
Positive Extremely Likely and Likely	**61%**	+1	**59%**	**60%**	**56%**	**58%**	**59%**
Negative Extremely Unlikely and Unlikely	**20%**	-	**21%**	**20%**	**23%**	**21%**	**21%**
Extremely Likely	19%	-	18%	19%	16%	16%	17%
Likely	42%	+1	41%	41%	40%	42%	42%
Neither Likely Nor Unlikely	19%	-1	20%	20%	21%	21%	20%
Unlikely	12%	+1	12%	11%	13%	12%	13%
Extremely Unlikely	8%	-	9%	8%	10%	9%	9%
Don't know	8 responses		42 responses	16 responses	6 responses	12 responses	14 responses

The table tracks the scores throughout the year, showing the percentage change in the score since Survey 5 and the Total combined Yr 14/15 and 13/14 scores.

Respect our patients and colleagues | Encourage **innovation** in all that we do | Provide the highest quality **care** | Work together for the **achievement** of outstanding results | Take **pride** in our success

Staff FFT: National Results

The staff friends and family test (FFT) was introduced in 2014/15. The most recent national published data is Quarter 4 2014-5, using our Jan 2015 survey (Survey 6). Our Q4 performance against key comparators is shown below:-

	Our Scores	Response Rate % Range (based on headcount)*	Average Scores	FFT Score Range	Our Ranking
National (all NHS trusts)	a) 56% would recommend us for work b) 75% would recommend us for treatment	Between 0.13% and 81.59%	a) 62% b) 77%	a) Between 12% and 91% b) Between 45% and 100%	a) 161 out of 240 trusts b) 141 out of 240 trusts
Shelford Group		Between 0.39% and 38.50%	a) 69% b) 87%	a) Between 54% and 80% b) Between 73% and 95%	a) 9 out of 10 trusts b) 9 out of 10 trusts
London Acute trusts		Between 0.93% and 27.69%	a) 64% b) 78%	a) Between 45% and 88% b) Between 56% and 98%	a) 17 out of 22 trusts b) 13 out of 22 trusts

a = work b = treatment

* The National FFT does not specify methodology and therefore Trusts use a variety of methods, some with very low response rates

Survey 8

Taking action

Can people see that their feedback matters?

59% believe that action will be taken on the results of this survey and just over half

53% feel that action has been taken on the previous survey.

I believe that action will be taken on the results of the survey

	Survey 8		Total combined Yr 14/15	Survey 7	Survey 6	Survey 5	Total combined Yr 13/14
Yes	**59%**	**+1**	**57%**	**58%**	**56%**	**56%**	**53%**
No	**41%**	**-1**	**43%**	**42%**	**44%**	**44%**	**47%**

I believe that action has been taken as a result of the previous survey
(new item in Survey 6)

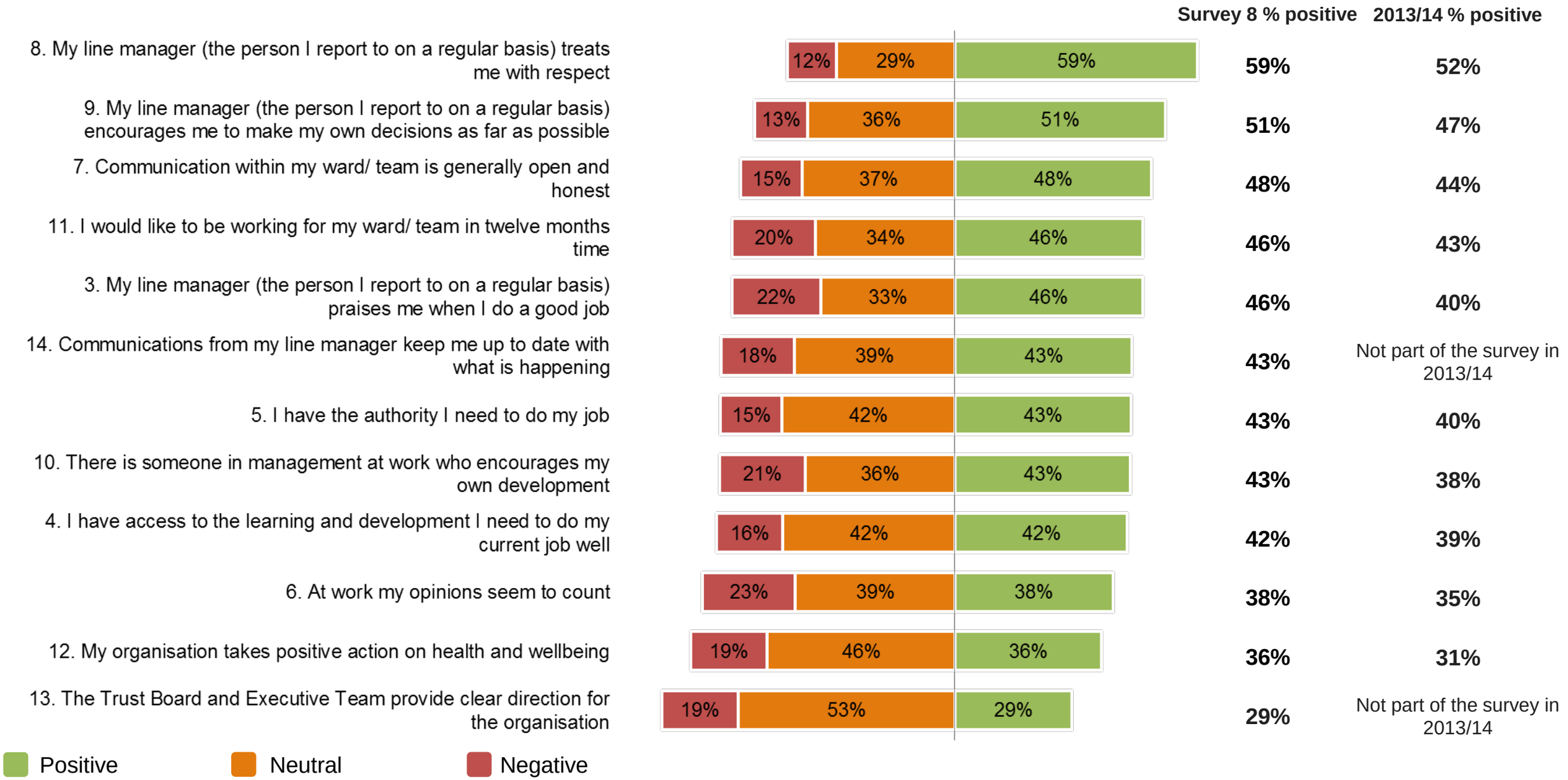
	Survey 8		Total combined Yr 14/15	Survey 7	Survey 6	Survey 5	Total combined Yr 13/14
Yes	**53%**	**+2**	**51%**	**51%**	**50%**		
No	**47%**	**-2**	**49%**	**49%**	**50%**		

The table tracks the scores throughout the year, showing the percentage change in the score since Survey 5 and the Total combined Yr 14/15 and 13/14 scores.

Survey 8

Engagement

The question items and responses in detail



Respect our patients and colleagues | Encourage **innovation** in all that we do | Provide the highest quality **care** | Work together for the **achievement** of outstanding results | Take **pride** in our success

Survey 8

How does engagement compare?

Across divisions and over time

Division / Corporate Directorate	Survey 8 % positive		Total combined Yr 14/15	Survey 7 % positive	Survey 6 % positive	Survey 5 % positive	Total combined Yr 13/14	Survey 4 % positive	Survey 3 % positive	Survey 2 % positive	Survey 1 % positive
Dir Of Chief Exec	Low base		***57%**	***55%**	Low base	Low base	Low base	Low base	Low base	Low base	Low base
Director of Strategy	Low base		Low base	Low base	-	-					
Director Of Operations	50%	-7	44%	57%	26%	33%	52%	60%	44%	Low base	Low base
Division Of Medicine	42%	-2	42%	44%	42%	38%	38%	38%	35%	42%	44%
Division Of Women And Children	41%	-1	41%	42%	43%	36%	37%	36%	34%	41%	40%
Estates Directorate	63%	+27	43%	36%	37%	38%	43%	49%	36%	39%	51%
Finance Directorate	42%	-2	39%	44%	36%	28%	46%	46%	42%	47%	45%
Human Resources	45%	-9	50%	54%	49%	53%	45%	42%	42%	52%	60%
Information & Comms Technology	47%	-4	46%	51%	41%	44%	40%	41%	29%	49%	50%
Investigative Sciences & Clinical Support	44%	-1	41%	45%	38%	38%	37%	36%	35%	40%	41%
Office of Medical Director	47%	-20	49%	67%	46%	39%	40%	34%	Low base	Low base	Low base
Office of Nurse Director	46%	-	47%	46%	56%	41%	55%	60%	Low base	45%	Low base
Press & Communications	49%	+16	39%	33%	Low base	Low base	45%	49%	Low base	Low base	Low base
Private Patients Directorate	61%	+3	58%	58%	51%	39%	43%	42%	43%	45%	37%
Surg, Canc & Cardiovasc Div	40%	+3	38%	37%	42%	34%	37%	37%	39%	37%	37%

* Figures are cumulative surveys 5-6 due to low base for individual surveys in these directorates (total 11 and 23 respectively), percentages are based on responses to the current and previous question sets. Please note figures for surveys 1 and 2 included the previous FFT questions.

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Survey 8

How does engagement compare?

Across sites

Site	Survey 8 % positive		Survey 7 % positive	Survey 6 % positive
Charing Cross Hospital	45%	-	45%	40%
Hammersmith Hospital	47%	+3	44%	40%
Queen Charlottes & Chelsea Hospital	36%	-3	39%	37%
Renal Satellite Sites	38%	-12	50%	30%
St Marys Hospital	45%	-2	47%	45%
Western Eye Hospital	27%	-2	29%	33%

Those Survey 8 scores above the Trust overall by 10% points are highlighted in green and those below by 10% are highlighted in red.

The Renal Satellite Sites have been grouped together. The score includes:-

- Brent Renal Centre
- Ealing Renal Satellite Unit
- Hayes Renal Centre
- Northwick Park Renal Centre
- St Charles & Hammersmith Renal Centres
- Watford Renal Centre

Survey 8

View on values

Overall and across sites

	There is a clear and consistent set of values that governs the way we operate	Generally, people within the Trust behave in accordance with our values
Trust overall	**36%**	**32%**
Dir Of Chief Exec	Low base	Low base
Director of Strategy	Low base	Low base
Director Of Operations	**40%**	**27%**
Division Of Medicine	**35%**	**32%**
Division Of Women And Children	**36%**	**30%**
Estates Directorate	**47%**	**47%**
Finance Directorate	**35%**	**27%**
Human Resources	**29%**	**27%**
Information & Comms Technology	**38%**	**28%**
Investigative Sciences & Clinical Support	**33%**	**30%**
Office of Medical Director	**26%**	**26%**
Office of Nurse Director	**46%**	**37%**
Press & Communications	**13%**	**13%**
Private Patients Directorate	**55%**	**52%**
Surg, Canc & Cardiovasc Div	**35%**	**31%**

Those scores above the Trust overall by 10% points are highlighted in green and those below by 10% are highlighted in red.

These questions were added to survey 8 to get a baseline score before the values change in the autumn. They are not included in the engagement score calculations.

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Top 10 comments identified in response to the question: "What one thing would make a positive impact for you and your working life?"

Top 10 themes identified – out of 893 comments	**No. of times raised**
Better **career development**/ planning and more **training opportunities** and support	96
If appropriate **staffing levels** were addressed	76
Develop better **leadership/ management** structure, skills and support	58
Better organisation wide **communication/ feedback** with more transparency, openness and honesty	55
Encourage better **team-working**, collaboration and understanding	53
Increase availability of **flexible working** to create a balance between work and my personal life	49
To be **recognised, valued and appreciated** for my/ my team's efforts and achievements	48
A **positive**, supportive (and non-bullying) culture where people are treated **fairly, equally and with respect**	44
Improve the **environment** for both patients and staff	44
To be **listened to and involved**, especially in matters affecting me	40

Looking at the engagement items, what are the priorities?

Action

13. The Trust Board and Executive Team provide clear direction for the organisation
29%

6. At work my opinions seem to count
38%

12. My organisation takes positive action on health and wellbeing
36%

Watch

4. I have access to the learning and development I need to do my current job well
42%

10. There is someone in management at work who encourages my own development
43%

5. I have the authority I need to do my job
43%

14. Communications from my line manager keep me up to date with what is happening
43%

Do more of

8. My line manager (the person I report to on a regular basis) treats me with respect
59%

9. My line manager (the person I report to on a regular basis) encourages me to make my own decisions as far as possible
51%

7. Communication within my ward/ team is generally open and honest
48%

11. I would like to be working for my ward/ team in twelve months time
46%

3. My line manager (the person I report to on a regular basis) praises me when I do a good job
46%

Engagement score 44% Survey 8

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Summary of Survey 8 results

What is positive

- Survey participation remains steady at 57% participation.
- Engagement levels are inline with Survey 7.
- On a year on year basis all questions are up on 13/14 (*note changes in question text*)
- Estates see a significant increase of 27% points to 63% positive.
- Private patients remains high at 61% positive.
- Hammersmith are the most engaged site at **47%** positive, up 3% points since Survey 7.

Where can we improve

- Focus remains on Leadership with *The Trust Board and Executive Team provide clear direction for the organisation* being the lowest scoring question at just **29%** positive.
- *At work my opinions seem to count* remains in the bottom 3 items, despite its highest ever score.
- Seeing its scores drop (negating some of the improvement from Survey 7), *My organisation takes positive action on health and wellbeing* **19%** were negative on this item and **46%** were neutral.

Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	4.3
Title	Quarterly Infection Prevention & Control Report
Report for	Monitoring
Report Author	Jon Otter, General Manager / Darren Nelson, Head of Operations
Responsible Executive Director	Chris Harrison, Medical Director

Executive Summary:

The attached presentation is the quarterly Infection Prevention & Control Report to the Board for monitoring. The report provides data and information from April-July 2015 on the following:

- Meticillin-resistant *Staphylococcus aureus* bloodstream infections (BSI)
- *C. difficile* infections
- *Escherichia coli* & meticillin-sensitive *Staphylococcus aureus* bloodstream infections (BSI)
- Adult ICU central line-associated BSI (CLABSI)
- Surgical Site Infection (SSI)
- Aseptic Non Touch Technique (ANTT)
- Other current IPC issues, including the CRE outbreak

This report will be presented quarterly.

Recommendation(s) to the Board: The Board is asked to note the content of the quarterly IPC report and monitor the data and actions detailed going forward.

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

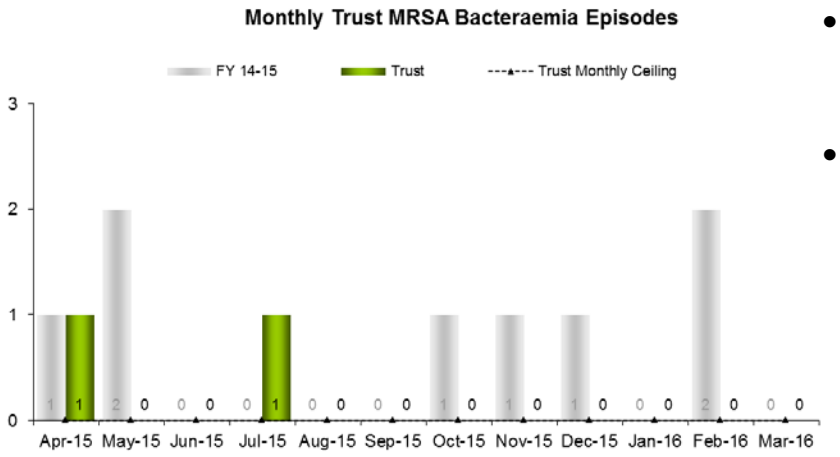
Quarterly Infection Prevention and Control Report

August 2015
(April - July 2015 data)

HCAI mandatory reporting

Alert Organism	Apr-15		May-15		Jun-15		Jul-15		
	Trust cases	Trust Ceiling	Trust cases	Trust Ceiling	Trust cases	Trust Ceiling	Trust cases	Trust Ceiling	YTD cases
Trust attributable MRSA BSI (>48hrs)	1	0	0	0	0	0	1	0	2
Trust attributable MSSA BSI (>48hrs)	0	N/A	3	N/A	4	N/A	1	N/A	8
Trust attributable E.coli BSI (>48hrs)	7	N/A	5	N/A	9	N/A	5	N/A	26
Trust attributable C. difficile PCR positive EIA positive (>72 hrs)	8	7	8	6	7	5	3	5	26

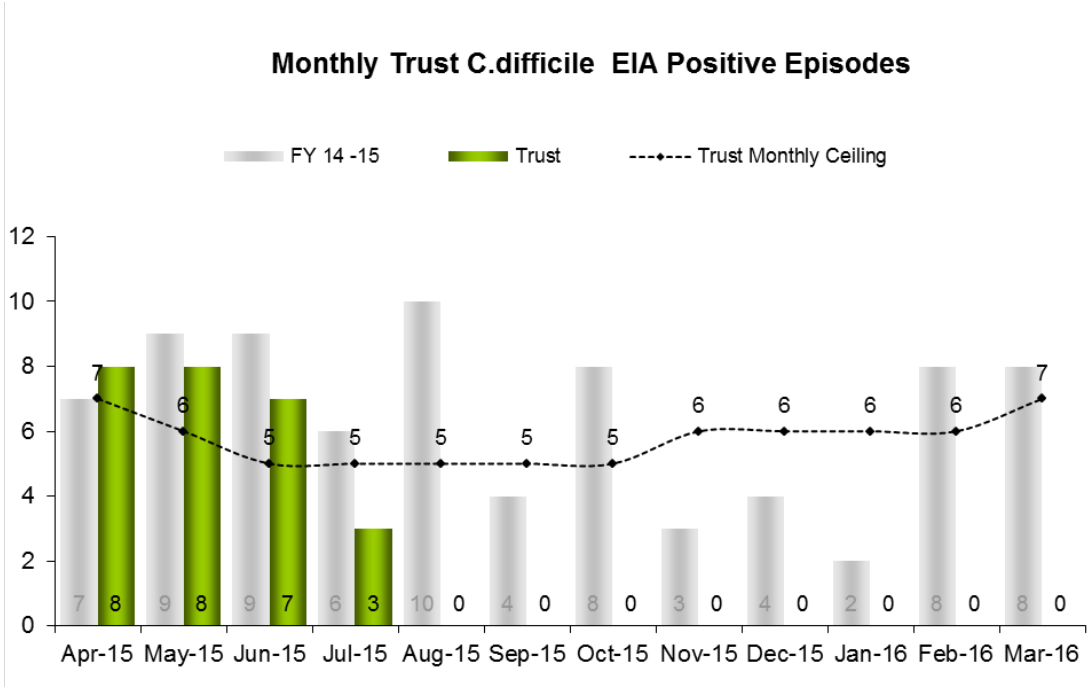
Meticillin-resistant *Staphylococcus aureus* bloodstream infections (BSI)



- There have been 7 cases of MRSA BSI identified at the Trust YTD.
- Of these seven cases:
  - 2 have been finally allocated to the Trust.
  - 2 have been finally allocated as non-Trust.
  - 3 cases have been referred to the arbitration panel. These cases are all initially allocated as non-Trust.

- Of the two Trust cases, one case (April) was likely to be secondary to skin contamination and one case (July) was related to a vascular access device.
- Of the three cases that are awaiting allocation from the arbitration panel, two are from the same renal patient (May and July) and is felt to be related to a recurrent deep-seated infection of the pacemaker. The final case is another renal patient who regularly attends both the podiatry services and dialysis unit at the Trust and was admitted through A&E.

C. difficile infection



- There have been 26 cases allocated to the Trust for this financial year.
  - Two cases have had a potential lapse in care identified.
- The annual objective for the Trust is 69 for FY 2015/16.

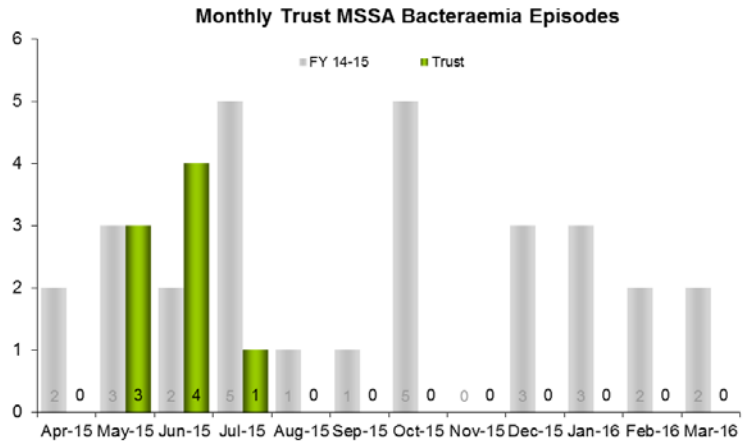
C. difficile infection – lapses in care FY15/16

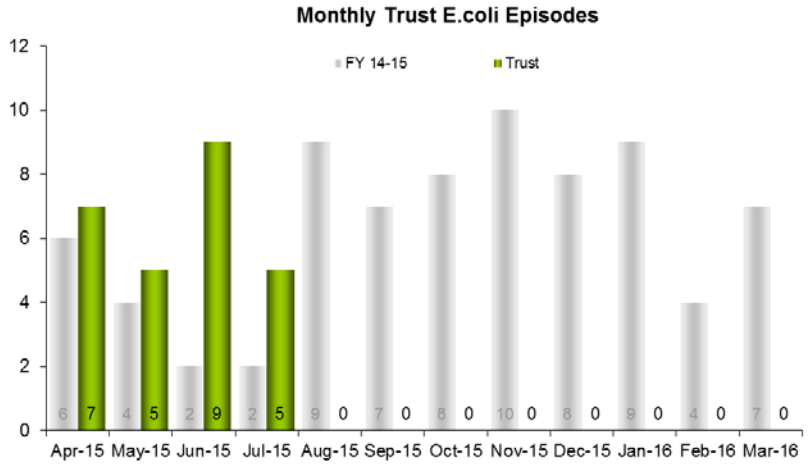
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Total Trust cases 14/15	8	8	7	3	-	-	-	-	-	-	-	-
Antimicrobial exposures												
No exposure	2	1	0	0	-	-	-	-	-	-	-	-
Prescribed as per policy	6	7	7	3	-	-	-	-	-	-	-	-
Outside of policy and action taken	0	0	0	0	-	-	-	-	-	-	-	-
Crossing pathways												
No contact with other patients with *C. difficile*	3	5	6	1	-	-	-	-	-	-	-	-
Had contact with other patients with *C. difficile*	5	3	1	2	-	-	-	-	-	-	-	-
Potential lapse in care	**0**	**1**	**1**	**0**	-	-	-	-	-	-	-	-

The provisional definition of a lapse in care associated with toxin positive C. *difficile* disease within Imperial College Healthcare NHS Trust is:

- Non-compliance to the ICHNT antibiotic policy, or
- Following a review of the patient's journey prior to the positive test, was there a point at which the patient shared a ward with a patient who was symptomatic with C. *difficile* positive diarrhoea. In this instance, the ribotyping should be ascertained to look for possible transmission. A different ribotype suggests not a potential lapse in care.

Escherichia coli & meticillin-sensitive *Staphylococcus aureus* bloodstream infections (BSI)

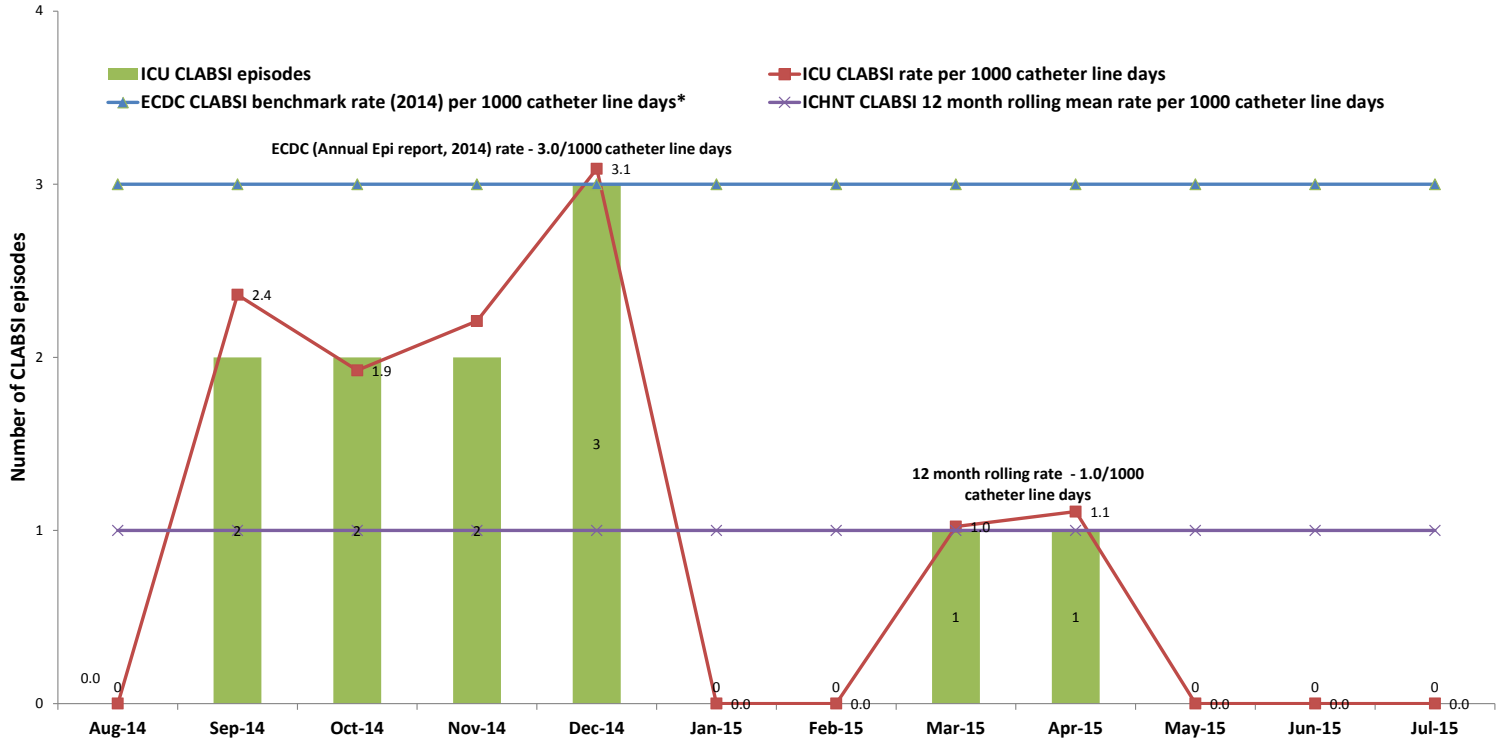




There is no threshold for these indicators at present. The national rise in *E. coli* BSIs is a cause of significant concern.

- There have been eight Trust-attributable **MSSA BSI** cases for this financial year compared with 12 this time last year (FY 2014/15); of the eight cases (FY 15-16), three were line-related.
- There have been 26 ***E. coli* BSI** Trust-attributable cases for this financial year compared to 14 this time last year (FY 2014/15).
  - Two of the 26 cases were classed as catheter-associated urinary tract infections (CAUTI).
  - We have investigated the year-on-year increase in July 2015 and identified no cause for concern.

Adult ICU central line-associated BSI (CLABSI)



- The 12 month rolling CLABSI rate for all three adult ICUs combined is 1.0 per 1000 catheter days, benchmarked against the ECDC (Annual Epidemiological Report, 2014) ICU CLABSI rate of 3.0 per 1000 catheter days.
- There has been one episode of CLABSI (in April 2015) this FY 2015-16, a rate of 0.3 per 1000 catheter days.
- PICU have not had a central line-related BSI (CLRBSI) since the end of April 2013.

Surgical Site Infection (SSI)

Orthopaedics

- The 12 month rolling Trust average SSI (Aug 2014 – July 2015) rate is:
  - 0.0% for knee replacement procedures (national average 0.6%*).
  - 0.0% for hip replacement procedures (national average 0.6%*).
- The latest quarter (Jul – Sept 2015) as thus far seen:
  - 0 SSIs identified in 31 knee replacements
  - 0 SSIs identified in 27 hip replacements

Cardiothoracic

- The 12 month (Aug 2014 – July 2015) rolling Trust average SSI rates are:
  - 2.1% for CABG (national average 4.5%*).
  - 0.0% for non-CABG cardiothoracic procedures (national average 1.2%*).
- The latest quarter (Jul – Sept 2015) has thus far seen:
  - 0 post-CABG SSI in 22 CABG procedures
  - 0 SSIs identified in 12 non-CABG procedures

** Public Health England national SSI rates*

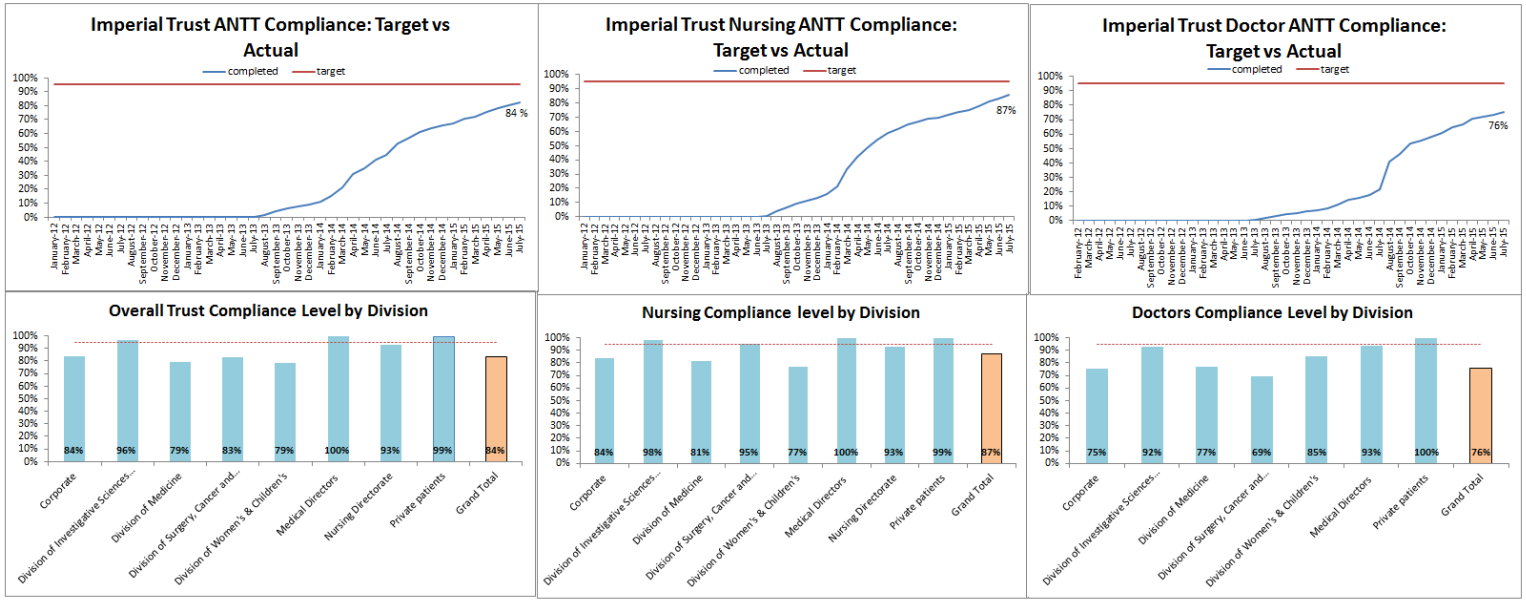
Antimicrobial stewardship

- The first biannual anti-infective point prevalence survey took place in June / July. 1076 patients were reviewed with approximately 41% of inpatients scheduled to receive an anti-infective.
- 738 anti-infectives were prescribed (55% intravenous). Of these 738 anti-infectives, 92% were prescribed according to policy or on the advice of infection teams with 93% having a documented indication on the drug chart or medical notes. Approximately 70% of anti-infectives had a documented stop of review date. The Trust has a suggested compliance of 90% for these indicators.
- The study (based on a review of inpatient data only) examines a suite of key anti-infective prescribing and safety indicators as advised by the Department of Health's "Start Smart then Focus" anti-infective programme and acts as a mechanism to identify areas for improvement. The results of the study are disseminated via clinical and managerial structures and are included as one of the Trust performance indicators in Quality Accounts.
- The Trust is taking part in a Global Antimicrobial Point Prevalence Survey. The results will enable benchmarking of antimicrobial practice, drive quality improvement and allow shared learning in this area.
- A new colistin policy developed in response to the current CRE cases has been drafted and is awaiting peer review. This policy will address adults / paediatrics / neonatal patient populations.
- The Trust antibiotic apps are currently being redeveloped and will be due for launch in September.
- Antimicrobial supply chain breaks continue to be a challenge particularly when treating resistant pathogens. Infection pharmacy teams are managing the process.
- Preliminary work has started on the Trust's response to European Antibiotic Awareness Day which will be held in November.
- Novel antimicrobial to help combat resistant Gram-negative infections (which are currently in phase 3 trial design) have been sourced.

Aseptic Non Touch Technique (ANTT)

FY 15-16
Week ending 03.08.2015

Analysis of ANTT Compliance at Imperial College Healthcare NHS Trust



- Currently ANTT compliance for the Trust is at 84%; of 16% non-compliant staff, 7% have lapsed compliance since their training and assessment >2 years ago.
- All non-consultant level medical staff are now ANTT assessed on the day of induction in a skills lab setting by assessors from the IPC team with assistance from the Divisions.
- YTD, 86.8% of clinical areas submitted a total of 23,500 observations (as measured by the current Trust audit procedures based on a minimum of ten observations per ward, per week). YTD hand hygiene compliance was 99.1%.

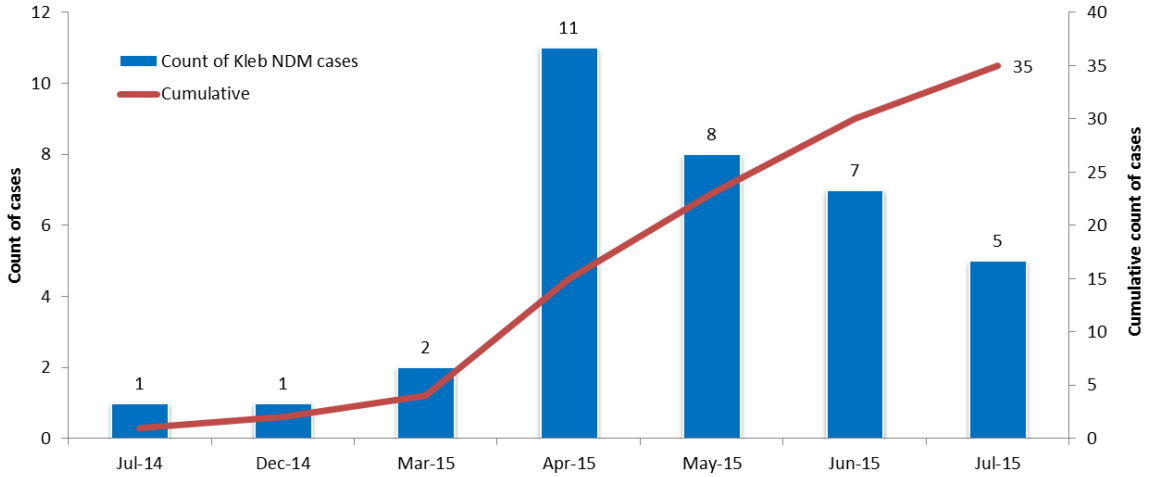
Current issues: CRE outbreak (NDM *K. pneumoniae*) – executive summary

- Carbapenem-resistant Enterobacteriaceae (CRE) is an emerging pathogen worldwide, which is highly resistant to antibiotics, has the potential to spread rapidly, and can cause serious infections.
- There are limited options available to treat CRE; antimicrobial stewardship is critical.
- The Trust has experienced an outbreak of CRE that has affected 35 patients since July 2014, of which 33 were in 2015 (as of 31/07/2015).
- This outbreak has affected the SMH and HH sites, and resulted in bay and ward closures.
- Outbreak control measures have been introduced with the support of the Divisions and Public Health England (PHE).
- The number of new cases detected each month has been static since May.
- Containment of this outbreak and management of CRE in general remains a high priority for the Trust.

Current issues: CRE outbreak (NDM *K. pneumoniae*) – background

- CRE have emerged as a serious problem in some parts of the world (notably Greece, Italy and Israel) and have begun to cause outbreaks in the UK. Furthermore, there is one region of the UK (Manchester) where CRE are already endemic. A number of London hospitals have reported small outbreaks. Public Health England (PHE) issued a Patient Safety Alert and Toolkit related to CRE in 2013, which prompted admission screening in some high-risk specialties in the Trust.
- The Trust has seen a steady increase in the number of CRE cases identified in the last few years, characterised by diversity of the bacterial species and the type of resistance mechanism, and limited evidence of in-hospital transmission. However, in 2015, a cluster of closely related CRE (NDM-producing *Klebsiella pneumoniae*) was first identified, which has since been recognised as an outbreak.

Current issues: CRE outbreak (NDM *K. pneumoniae*)



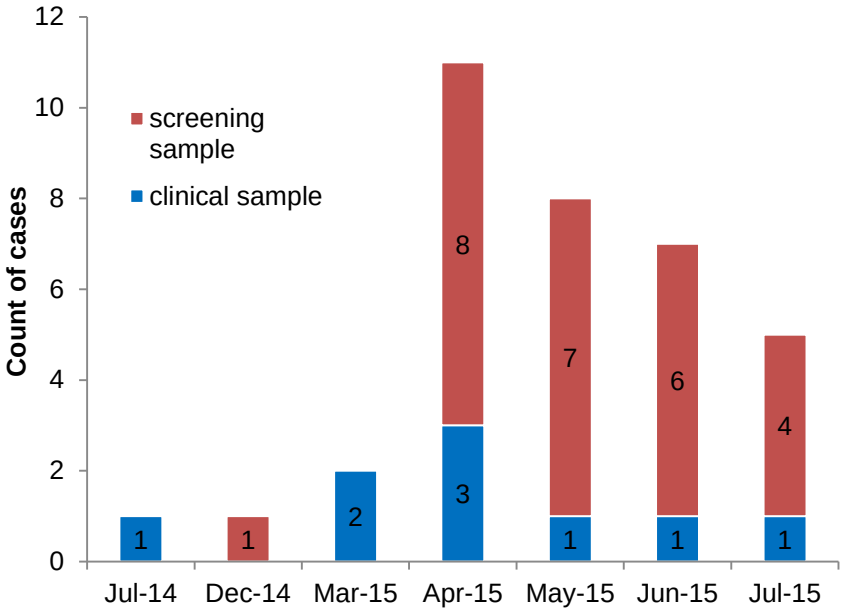
- 35 patients with the same type of CRE (NDM-producing *K. pneumoniae*) have been identified since July 2014 (as of 31/07/2015) (see Figure 1).
  - Transmission has likely occurred on renal wards and an infectious diseases ward at HH, and vascular wards at SMH.
  - 8 of the patients with the CRE outbreak strain have died, but initial reviews suggest that none have died from CRE; this issue is being reviewed independently by the Medical Director's office.
- Investigations are underway regarding patient pathways within ICHNT and other hospitals, in collaboration with PHE. We continue to send risk factor information relating to each (PHE reference lab confirmed) CRE case to PHE.
- There is a major focus on environmental hygiene, isolation capacity and hand hygiene practice.
- A different strain of CRE (OXA-48 producing *K. pneumoniae*) has been contained at Charing Cross.

Current issues: CRE outbreak (NDM *K. pneumoniae*) – impact

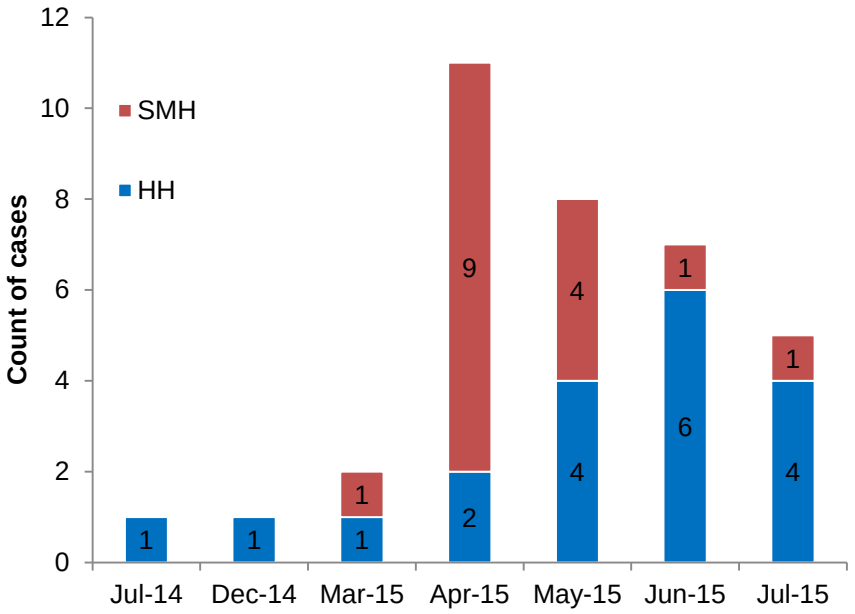
- The outbreak has resulted in 7 bay closures, 4 ward closures, and 4 serious incidents:
  - Bay closures: 3 on Samuel Lane at SMH; 1 on Handfield Jones, 1 on Kerr, 1 on Peters, and 1 on De Wardener at HH.
  - Ward closures: The ward closure on Samuel Lane lasted 17 days. The first Zachary Cope closure period (in May) lasted 22 days, with the whole ward closed for 10 days, and some bays open for the remaining 12 days. The second Zachary Cope closure in August 2015 lasted 7 days. Samaritan ward was closed for 7 days in August.
  - Serious incidents: The 4 serious incidents were related to the ward closures on Zachary Cope, Samuel Lane and Samaritan.

Current issues: CRE outbreak (NDM *K. pneumoniae*) epi curves

Cases stratified by initial specimen (screening or clinical)



Cases stratified by location where patient was first identified



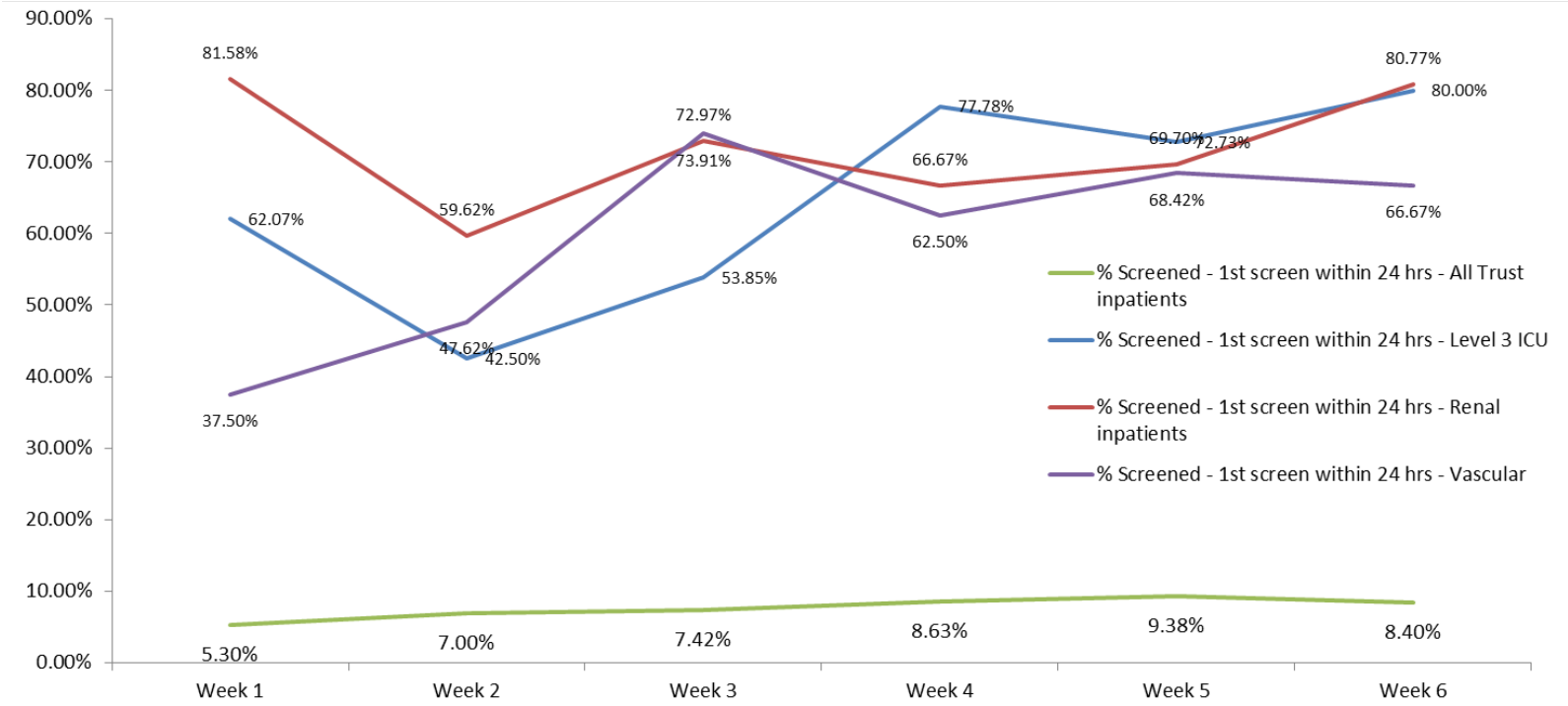
Current issues: CRE outbreak (NDM *K. pneumoniae*) – control measures

- When the outbreak was first identified in March 2015, screening of patients on affected areas in renal and vascular wards was commenced. This identified presumed transmission of the outbreak strain on Zachary Cope ward, which triggered a ward closure in May 2015. Similarly, evidence of transmission of the outbreak strain on Samuel Lane also triggered a ward closure in late May 2015. Following satisfactory fulfilment of actions outlined to rectify the highlighted areas of concern following a review of standards on both wards, they were re-opened.
- The outbreak response has been performed in close collaboration with the Medical Director's office, and PHE. Measures have been implemented around improved screening and isolation, laboratory and epidemiological investigations, internal and external communications, hand hygiene, environmental cleaning and disinfection, and antimicrobial usage and stewardship. The outbreak control measures are listed in full in the Appendix. PHE has performed site visits and submitted reports to assist with reviewing standards on the affected wards. There is also a weekly conference call with internal and external stakeholders (including PHE and our commissioners) to ensure that information is being shared freely.

Current issues: CRE – Trust-wide screening

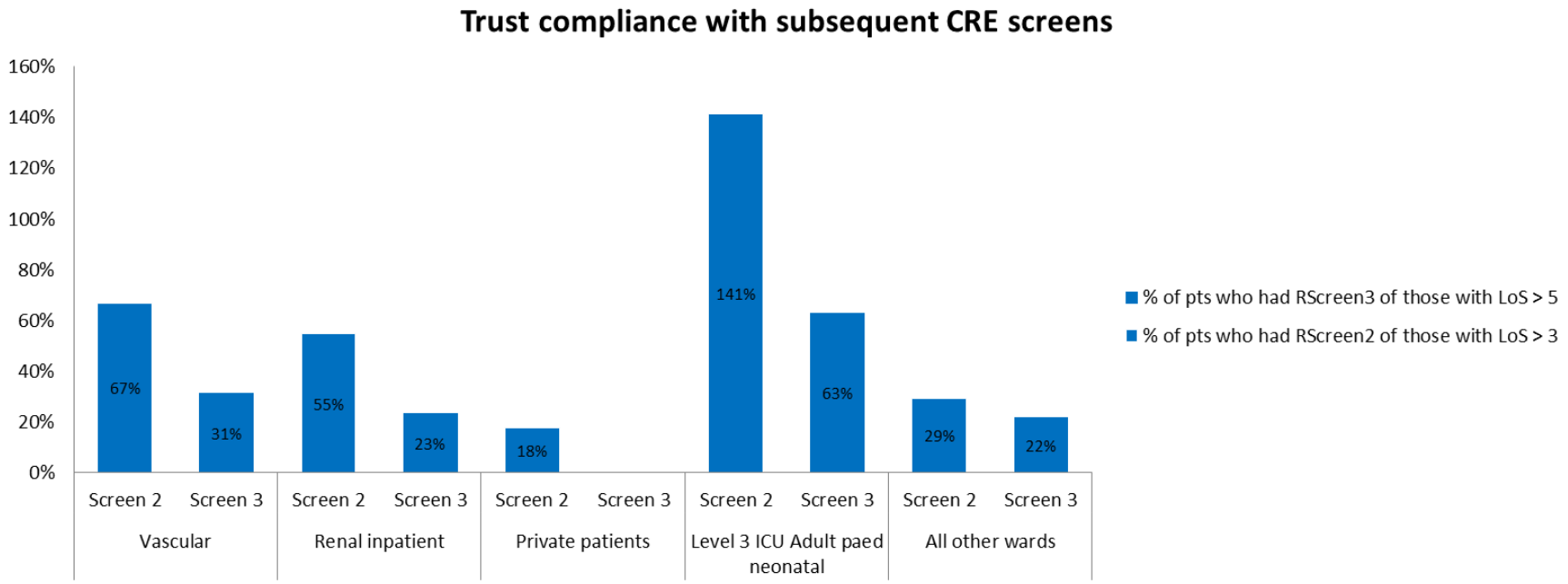
- The outbreak of CRE has led to an expansion of admission screening for CRE, which was being performed in a small number of high-risk specialties only prior to the outbreak. In line with the guidance issued by PHE and NHS England, risk-factor based admission screening for CRE was implemented Trust-wide in June 2015. A simple trigger to identify patients at higher risk of CRE carriage for admission screening has been implemented: all patients who have had healthcare in any hospital (UK or abroad) within the last 12 months OR patients who are resident abroad (not including UK residents with recent travel). Following national guidelines, those that meet this screening trigger are screened on three separate occasions each separated by 48 hours to confirm a patient is not affected by CRE i.e. is negative. We anticipate that this will identify around 40% of admissions to the Trust for screening.
- To support this new approach, and in conjunction with the Divisions and Trust Communications, IPCT have produced the following resources, which are available on the Source: draft CRE Policy, Staff FAQ, Patient information sheet (including translated versions).

Current issues: CRE admission screening compliance, Trust and speciality



- CRE admission screening compliance has seen improvements week on week.
- Latest figures indicate 8.4% of all in-patient admission to the Trust, assessed at being ‘at-risk’ of CRE carriage, being successfully screened within 24 hours of admission.
- Figures confirm high compliance with CRE admission screening for specialities such as renal, vascular and level 3 ICUs, 80.7%, 66.7% and 80.0% respectively.

Current issues: Trust CRE screening compliance



- Currently Trust compliance with subsequent, i.e. 2nd and 3rd CRE screens, is lower than expected.
  - Only 18% of private patients had a 2nd CRE screen and none had a 3rd screen.
  - The figure of 141% for ICU is due to the fact that all patients are screened on admission to ICU, regardless of pre-ICU admission screen status.

Current issues: *Mycobacterium* in heater-cooler devices used for cardiac surgery

- MHRA alert issued 11/06/2015.
- Other hospitals have reported a small number of patients having cardiac surgery where cardiopulmonary bypass equipment was used developed an infection of *Mycobacterium* species (Sax *et al. Clin Infect Dis* 2015). No cases have been identified at ICHNT.
- The risk of infection is hard to quantify as environmental monitoring of this organism does not take place.
- Weekly reporting via UNIFY2 (an online data collection system) commenced week 15/06/2015.
- Manufacturers instructions for cleaning and disinfection are being followed.
- Water testing of machines commenced 26/06/15 after updated cleaning/disinfection instructions implemented 19/06/15. Positive water results for *Mycobacterium* species received week commencing 06/07/15.
- Air sampling took place 10/07/15. An air samples was collected from the front and rear of 5 heater-cooler devices. We are awaiting the results of the air sampling.
- Positive air samples received 11/08/15.
- Plans in place to remove affected machines from circulation to return to the manufacturer for deep cleaning.
- The MHRA have been informed.

Other issues

- In June the CMO issued a CAS alert for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in the returning traveller.
  - We responded to the alert and reassured the CCG to say we had recirculated this and the locally updated Trust guidance to EDs and critical care – this was disseminated via emergency planning and the site ops team.
  - The Trust has seen several suspected MERS cases in recent weeks all of which have tested this system. No positives samples to date.
- BCG immunisation supply issues, and contribution to management plan for staff without BCG.
- The Trust Antibiotic App has gone offline; the latest policy has been placed on the Source, and an advisory note has gone out through Comms.
- Mupirocin is in short supply nationally. An advisory note has been sent to key personnel.

Appendix – list of CRE outbreak control measures

Screening

- Implemented enhanced screening on inpatient wards in affected specialties; now performing admission and weekly screening of all patients.
- Implementation of admission risk assessment and screening for CRE of patients with risk factors.
- A point prevalence screen of all renal haemodialysis outpatients is planned.

Lab / epidemiology

- Tightened lab definition of CRE, and ensuring that in-house PCR is applied to confirm the presence and type of a carbapenemase gene.
- Established a case definition in conjunction with PHE.
- Implemented a robust system to electronically flag known CRE cases, particularly when they are re-admitted.
- Identification and electronic flagging of retrospective contacts of cases who shared a bay with them.
- Reviewed pathways of patients through the renal and vascular specialties and wards.
- Updated a Gantt chart of known and new cases movements throughout the Trust, daily.
- Produced plans for and implemented a cohort area in renal wards.

Communications

- Worked with Trust and PHE Comms to provide and review reactive statements for the media.
- Provided internal briefings for affected specialties.
- Implemented a system of communication with external hospitals and healthcare facilities when CRE patients are discharged.
- Alerted DIPC forums and relevant clinical networks.
- Kept external stakeholders and PHE abreast of developments.
- Weekly updates at ‘Back to the Floor Friday’.

Appendix – list of CRE outbreak control measures

Hand hygiene

- Reviewed hand hygiene compliance for affected wards.
- Reinforced the importance of meticulous hand hygiene.

Environmental cleaning / disinfection

- Implemented chlorine for discharge cleaning of areas used to care for affected patients.
- Increased the frequency of daily cleaning to 3x per day in affected areas where there has been suspected transmission.
- Performed visual environmental inspections and an audit of cleaning standards using UV markers.
- Investigated mattresses to determine whether they are fit for purpose, and that the decontamination protocols are suitable. This resulted in the replacement of a high proportion of specialist and normal mattresses.
- Review of processes for decontamination of mattresses.
- Ensured that pillows of CRE patients are discarded after use.
- Segregation of toilets for known CRE cases.
- Made equipment single patient use for patients affected by CRE where possible.

Antimicrobial stewardship

- Renal Antimicrobial Policy has undergone review and is currently out for comment.
- Introduction of renal weekly antimicrobial review rounds with Infection / Pharmacy teams (over and above 2 existing weekly ward rounds).
- Weekly vascular antimicrobial point prevalence study (PPS) over 4 weeks to access antimicrobial policy compliance (over and above existing PPS processes).
- Review of antimicrobial consumption within renal and vascular wards.
- Colistin: adult policy revision, and collaboration with other centres. Paediatric and neonatal policy in development.
- Phase 3 trial development antimicrobials have been investigated in case needed for CRE patients. ICHNT can source these as needed.
- HH CRE Grand Round, stressing the importance of stewardship in managing/ preventing these infections. CXH / SMH Grand Rounds planned.

Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	4.4
Title	Medical Education Report
Report for	Noting
Report Author	Ruth Brown, Associate Medical Director for Education
Responsible Executive Director	Chris Harrison, Medical Director

Executive Summary:

This report is the annual update to the Board on progress with the medical education transformation programme. The programme was commenced in 2014 following transfer of executive responsibility for education to the Medical Director. This paper outlines progress that has been made with the programme since the last annual report to the Board in 2014, key improvements in monitoring the quality of medical education including the results of the recent service reviews and an update on postgraduate and undergraduate education, including the recently published GMC National Training Survey results.

Recommendation to the Board:

The Board is asked to note progress with the medical education transformation programme and planned future actions to improve the quality of medical education at the Trust.

Trust strategic objectives supported by this paper:

- To educate and engage skilled and diverse people committed to continual learning and improvement.

Imperial College Healthcare NHS Trust

Medical Education Transformation Programme Update

Purpose of the report: The purpose of this paper is to provide an annual update to the Board on progress with the Medical Education Transformation Programme.

Introduction:
Responsibility for medical education was transferred to the Medical Director in summer 2013. A medical education transformation programme was developed in 2014 to deal with persistent issues related to education, including:

- poor reviews and survey results;
- consistent reports of poor supervision;
- reports of bullying and undermining;
- negative perception of ICHT's performance and commitment to improve.

This paper outlines progress that has been made with the programme since the last annual report to the Board in 2014, key improvements in monitoring the quality of medical education and an update on postgraduate and undergraduate education, including the recently published GMC National Training Survey results.

1. Update on progress

The following key progress has been made in Medical Education since the last annual report:

- Completed the reconfiguration of educational structure with new appointments in key clinical leadership roles (DME, DCS, foundation programme directors and education managers for Divisions) and centralised educational business hub supporting site offices;
- Progress on team job planning and transparency of Educational PAs in consultant job planning – increase to 5.8% of total PAs allocated to education;
- Established Divisional Education committees, Divisional DME presence on Divisional committees and Local Faculty groups in 95% of specialties;
- Resilience training programme to counteract negative behaviour/undermining reports;
- Action planning process in place to ensure prompt effective actions for National Training Survey and Quality Visits (Undergraduate and Postgraduate);
- Faculty development and training – National Trainer census complete and meets current standards –project in place for deadline July 31 2016;
- Enhanced process for support of trainees involved in serious incidents/complaints with appropriate reports to GMC for trainee revalidation purposes;
- Improved Trust induction for junior medical staff – rating improved and no red flags;
- Induction for new consultants including training for educational roles;
- Enhanced simulation access for students and foundation doctors – initial multi-professional simulation pilots successful;
- Major improvements in SOLE feedback in many specialties – additional students/new placements agreed at HH and CX with concomitant appointment of undergraduate fellows;
- Engagement with teaching fellows and enhanced experience for students – confirmation of 13 education fellows from August in UG and PG

- Successful identification and creation of community and psychiatry posts to implement the Broadening the Foundation Programme requirements – implemented August 2015.

The following are the priorities and planned developments which will be completed by January 2016:

- Day one readiness for doctors to commence work on first day in Trust – prior learning recognition;
- Mentoring of students by FY1s – roll out of project;
- Pilot teaching clinics to enhance student experience and learning in ENT;
- Access to UPTODATE (electronic evidence based decision support) for all staff in the clinical areas;
- Access to Electronic learning resources – including video streaming in key Trust education rooms and improved access to appropriate websites in the clinical areas;
- Business case for the development of Apps to support decision making at the bedside and enhance the learning experience;
- Confirmation and implementation of the simulation strategy;
- Appointment of a community Foundation programme director to support community/mental health posts;
- Focus on developing community placements and rotations to support five year forward plan;
- Teaching fellow conference and forward developmental programme – developing a cohort of future educators;
- Sharing of medical education strategy;
- Co-development of the integrated Trust education strategy.

2. Medical Education Quality Monitoring

Quality in education is externally monitored by a combination of the GMC National Training survey (PG), SOLE survey (UG) and Quality Visits (separate PG and UG visits) focused on specific specialties or triggered visits where there is immediate concern. Understanding issues (and successes) in Education before they are identified by external quality monitoring is critical so that we can take appropriate action.

This year, in response to a number of concerns raised both internally and by our external stakeholders, including the suspension of neurosurgery and ophthalmology training, we have instigated an annual series of specialty education reviews, which included meetings with the trainees and students to triangulate metrics with real time feedback. Issues raised in these reviews have been combined with the outstanding actions from previous quality visits (undergraduate and postgraduate) and the surveys (national training survey and SOLE survey) and will be regularly reviewed in a new integrated action planning process.

2.1 Specialty Specific Reviews

A series of Specialty Education Reviews will now be held on an annual basis, chaired by the Medical Director and the Associate Medical Director for Education, with the Divisional Director in attendance. This process allows the Medical Director to have continued oversight of postgraduate and undergraduate education at specialty level and to provide assurance to the board that areas of concern are being addressed, improvements monitored and any patient safety or service impact issues as a consequence of

developments in education are dealt with. This process is also more pre-emptive, allowing problems to come to light earlier and ensuring actions are put in place to deal with any issues before they escalate.

The first annual specialty reviews commenced in June 2015 and will be completed by the end of September 2015. The objectives of the reviews were to:

- explore the challenges in meeting the required GMC standards of medical education – for both undergraduate and postgraduate education (including open actions from surveys and visits);
- review current and future service demands and discuss their impacts on educational delivery and the opportunities for training to support service development;
- learn about and celebrate good educational practice within specialties /sites;
- review the future workforce models planned;
- agree actions to support the further improvement in medical education where required.

In addition, we also undertook specialty specific trainee feedback sessions which allowed us to triangulate issues with real time feedback. Summary reports and actions have been produced from these meetings and will be combined with any outstanding education action plans and used to inform specialty meetings and divisional boards going forward. These issues, along with open actions from the GMC survey and visits, are being collated into one education action plan for each specialty which will be monitored monthly by the AMD for Education and Head of Education Performance.

Key themes have arisen from the specialty education reviews and which are supported by existing or new projects. These projects will be run by an educational project team to ensure delivery. Themes are:

1. Safe Supervision – faculty development
2. Protected Education Programmed Activity (EPA)
3. Minimum protected teaching time for trainees to learn – rota, teaching and sharing good practice
4. Gaps in trainee rotas – recruitment issues
5. Develop an international Fellowship Scheme to supplement shortage of trainee doctors
6. Develop a nationally recognised simulation training programme
7. Improve day one readiness
8. Standardised Local Faculty Group programme supported by masterclasses
9. Access to educational resources and space
10. Handover – standardised process
11. Developing a supportive culture for our junior doctors
12. Develop a Trust 'Workforce of the Future' programme – integrating with workforce development and clinical strategy to clarify team working/roles

2.2 GMC NTS Survey – postgraduate education

The results of the GMC National Training Survey were published in June 2015. The Trust has made significant progress this year in some areas; for example induction (internal feedback) where we have reduced from three red flags (negative outlier) to none. We also have no red flags in the domain of educational supervision and overall we have 42

programmes with no red flags at all. We have 7 programmes with green flags (positive outlier).

24 of our programmes have at least one red flag, with the total number of red flags being 50. A number of these programmes were already areas where concern existed and action plans are already in progress e.g. Neurosurgery and Ophthalmology.

We have developed 176 actions in response to the red flags and will monitor performance against these on a monthly basis, reporting the number of actions which have been closed internally through the trust scorecard.

2.3 HENWL Education Quality Visit- postgraduate education

An annual quality visit to the Trust from HENWL is scheduled on 2nd and 3rd November. The visit will focus on specialties where there are concerns from previous visits, the NTS or an in year triggered event. Specialty reviews have been particularly helpful in identifying some of the root causes of the red flags or previous issues.

The following Specialty Schools have confirmed that they will visit us:

- General Surgery – St Mary's, Charing Cross and Hammersmith Hospitals
- Core Surgery – St Mary's, Charing Cross and Hammersmith Hospitals
- ENT – St Mary's
- Vascular Surgery – St Mary's
- Medical Oncology – Charing Cross
- Haematology – Hammersmith
- ACCS – St Mary's
- ICM – Charing Cross
- Neurosurgery – Charing Cross
- Core Medical Training – Hammersmith
- Dermatology – St Mary's
- GUM – St Mary's
- Emergency Medicine – St Mary's
- Histopathology – Hammersmith
- Neonatology - Hammersmith
- General Practice – TWR based at St Mary's
- Foundation – TWR St Mary's, Charing Cross and Hammersmith Hospitals

The visit team will meet with trainees and trainers to hear from them about the successes and challenges of receiving and delivering education, as well as the senior executive team and education team. Information will be reviewed from reports and action plans from previous visits as well as data from the most recent GMC training survey results including any patient safety issues that were raised. We are holding specialty specific planning meetings over the next few weeks to ensure preparedness as well as further engagement with trainees as necessary.

A full report on the visit (to include notable practice, issues of concern and any immediate feedback) will be provided to the Trust within 4 weeks of the visit.

2.4 GEMV Action Plan Interim Report – undergraduate education

The Imperial College visit to the Trust in February 2015 raised concerns about the variable student experience, in particular the quality of the student teaching in Medicine and Surgery at St Mary's (the latter being highlighted as giving most concern).

The resultant action plan was constructed to look to revitalise the student experience at SMH. The plan also addresses other trust wide issues raised. An update on the actions is provided below:

- Review of year 3 undergraduate experience undertaken using qualitative and quantitative methods used to identify main themes of the concerns of both UG students and Trust medical staff in St Mary's;
- Collaborative working with external stakeholders (College Head of Quality), and learning from good practice from other sites in the region (Northwick Park Hospital and St. Peter's, Chertsey);
- 'Ideas Bank' methodology used throughout the information gathering, analysing feedback and stakeholder discussion phases, from which recommendations have been identified;
- Appointment of new undergraduate teaching fellow roles in all three sites to supplement existing roles from funding obtained through ring-fencing additional student funding allocation from the college (we have gone from 6 to 9 dedicated UG teaching fellows in the trust for 15/16);
- A trust wide job plan collection exercise has shown that we have protected 98% of the EPA that we anticipate is required to deliver education across the Trust;
- Audit of all rooms in the trust designated to medical education has been completed – next phase is to put forward a business case for approval to improve the condition of the rooms where necessary;
- Detailed trust-wide ENT UG teaching transformation plan including new Teaching Clinic on both sites.

2.5 SOLE Feedback – undergraduate education

Table A below compares 2013/14 data with the recently published results for 2014/15. Overall, 74% of our programmes have a score of at least 0.5, which corresponds to a 'mostly agree' score, compared to 46% in 2013/14.

Table A: SOLE Feedback – rating per site and programme

Programme	CX 2013/14	CX 2014/15	CX Change	SMH 2013/14	SMH 2014/15	SMH change	HH 2013/14	HH 2014/15	HH change
Year 2 introductory	0.5	0.75	0.25	0.5	0.2	-0.3	N/A	N/A	N/A
year 3 medicine	0.49	0.63	0.14	0.4	0.68	0.28	0.59	0.5	-0.09
year 3 surgery	0.44	0.88	0.44	0.25	0.19	-0.06	N/A	N/A	N/A
Critical Care	0.51	1	0.49	0.25	0.13	-0.12	0.75	0.75	0
Radiology	0.31	N/A	UK	0.52	1	0.48	0.65	0.75	0.1
Dermatology	0.06	1	0.94	0.43	0.08	-0.35	N/A	N/A	N/A
Oncology	0.45	0.62	0.17	N/A	N/A	N/A	N/A	N/A	N/A
Orthopaedics (4 wk Msk)	0.03	0.72	0.69	0.48	TBC	N/A	N/A	N/A	N/A
Rheumatology (4 wk Msk)	0.17	0.63	0.46	0.53	TBC	N/A	N/A	N/A	N/A
HIV GUM	N/A	N/A	N/A	0.5	0.38	-0.12	N/A	N/A	N/A
O&G	N/A	N/A	N/A	0.36	0.85	0.49	N/A	N/A	N/A
paeds	N/A	N/A	N/A	0.66	0.43	-0.23	N/A	N/A	N/A
paeds residency	N/A	N/A	N/A	0.72	0.63	-0.09	0.9	1	0.1
yr 6 cardiology	N/A	N/A	N/A	N/A	N/A	N/A	0.67	1	0.33
yr 6 ophthalmology	0.47	0.5	0.03	0.41	0.21	-0.2	N/A	N/A	N/A
yr 6 EM	0.54	1	0.46	0.86	0.88	0.02	N/A	N/A	N/A
yer 6 neurology	0.62	0.7	0.08	0.49	0.5	0.01	0.53	0.5	-0.03
ye 6 ENT	0.36	0.5	0.14	0.19	0.33	0.14	N/A	N/A	N/A
yr 6 renal	N/A	N/A	N/A	N/A	N/A	N/A	0.44	0.77	0.33
yr 6 medicine	0.71	0.88	0.17	0.44	0.63	0.19	0.17	0.25	0.08
yr 6 surgery	0.14	0.88	0.74	0.56	0.43	-0.13	N/A	N/A	N/A
Total programmes over 0.50	**5**	**14**		**8**	**7**		**6**	**7**	
Percentage of placements with 0.50 or more	**33%**	**100%**		**44%**	**44%**		**75%**	**87.50%**	

The data shows a significant improvement at Charing Cross, where all programmes now have a score of at least 0.5, a small improvement at Hammersmith Hospital and no movement at St Mary's. We will report data on a quarterly basis to the Executive Quality Committee (data will not be available for all programmes each quarter) and use the feedback to target improvement in the areas it is most needed.

2.6 Integrated Medical Education Action Plans

A new process has been established to ensure effective management of the actions related to medical education and to ensure timely and accurate responses with effective implementation and monitoring of actions. Ownership of the action plans sits with the corporate education team through the Directors of Medical Education/Directors of Clinical Studies.

The Heads of Specialty are responsible for implementing the action plan, with the support of the corporate education team. The Medical Director has oversight of the actions and approves any responses prior to their submission.

Actions which have been closed are now being audited and reviewed by the Associate Medical Director for Education and Head of Professional Development & Education Performance to ensure that they have been completed and that the improvements are sustained.

Actions from the visits and surveys will be combined with actions from the service reviews into one action plan per specialty. This will be reviewed at the local faculty groups, the divisional education meetings and divisional committees. We would expect an update on each action on a quarterly basis to the Education project team who will be supporting the implementation of the actions.

A considerable amount of work has been undertaken in the last 6 months to focus on addressing the issues contained in the action plans. We have closed 46 of our actions

from the previous postgraduate Quality visit. We have 176 open actions submitted in response to the NTS survey in 2015 of which 85 are on track to be closed by the end of October. The remaining 91 are longer term in scope and are anticipated to be completed by the end of January 2016. We have 7 actions open in response to the GEMV quality visit which we anticipate will be closed by the next review in February 2016.

Recommendation to the Board:

The Board is asked to note progress with the medical education transformation programme and planned future actions to improve the quality of medical education at the Trust.

Imperial College Healthcare NHS
NHS Trust

Report to: **Trust board**

Report from: **Quality Committee (16 September 2015)**

KEY ITEMS TO NOTE

Divisional Director's risk register update
The committee reviewed the divisional risks; it was noted that there had been renewed difficulties in recruiting for the surgical rota at Charing Cross Hospital. It was confirmed that the service remained safe, but actions were being taken to increase surgical supervision and halt the transfer of acute patients to Charing Cross Hospital. It was also reported that a number of medical trainee posts could potentially be withdrawn from Hammersmith Hospital.

Ventilation problems had resulted in a number of theatres at Charing Cross and St Mary's being closed; higher utilisation of other theatres was reducing impact on theatre throughput until plant could be returned to the required level.

Evidence suggested that the CRE (NDM-producing K. pneumoniae) outbreak which had affected the St Mary's and Hammersmith sites was contained; all affected wards had reopened. The Trust was working with Public Health England, who had visited the sites, to review procedures on the affected wards.

Quality report
The committee noted that the Trust continued to maintain very low (good) HSMR and SHMI rates.

The new invasive procedures policy, which mandates the briefing and debriefing stages of the WHO checklist, had been embedded into theatre practices.

The committee noted that the Friends and Family Test response rates for inpatient areas remained unchanged at 29%; this was higher than the national comparator data published in June (26%).

Quality improvement report: safer surgery
The committee received a report as to the investigation of, and actions taken subsequent to, recent surgical never events. Action focused on the effective implementation of best practice principles in clinical leadership and team-working as set out in the '*Five Steps to Safer Surgery*', and adherence to the WHO safer surgery checklist standards (as outlined above).

Quality improvement report: medicines management and storage
In a regular report to the committee, Ann Mounsey, Chief Pharmacist highlighted:
• A reduction in medication incidents reported in the period January – June 2015, across nearly all divisions (the exception being private patients)
• The number and proportion of incidents classed as 'low harm' had increased, with

'moderate' harm incidents reducing from six to two incidents and no major or extreme incidents.
• The introduction of Cerner ePA would help with obtaining the true incidence of 'delayed' and 'omitted' medicines, which were the most common cause of incidents.
• New legislation for 'Drug-driving' was introduced in March 2015 under the Road Traffic Act. It sets the limits, not only for for drugs commonly associated with illegal use, but also a number of prescription drugs (at normal therapeutic levels). The Trust had produced a leaflet which would be given to all patients who were in receipt of a prescription for such drugs.

RECOMMENDATION:

The Trust board is requested to:

- Note the report

Report from: Dr Rodney Eastwood, acting Chairman, Quality Committee
Report author: Tracy Walsh, Committee clerk
Next meeting: 11 November 2015

Imperial College Healthcare NHS Trust

Report to: **Trust board**

Report from: **Finance & Investment Committee (23 September 2015)**

KEY ITEMS TO NOTE

Finance report
Mr Richard Alexander reported that at month 5 the Trust was reporting a deficit of £12.8m; this was a small improvement of £0.5m in the year-to-date position against plan (now £2.2m adverse). The position was in part due to lower than expected activity in Imperial Private Healthcare and an unexpectedly high level of commissioner challenges. The committee expressed their concern with the situation, and sought assurance that clear plans were in place to return to the budgeted position. The committee requested stretch targets and a cash flow position to come to the next meeting. The committee also requested for finance reports to be emailed out to NEDs in months that there is no Finance & Investment Committee meeting.

Imperial Private healthcare
Mr Steve McManus reported that the first five months of the year had been particularly challenging but that plans had been put in place to return the division to the planned contribution margin. This would be under constant review.

NWL Pathology update
Mr McManus provided an update on progress since the business case had been approved (September 2014) for the pathology joint venture. He noted that further reports would be submitted to the partner Trust Boards during October and November 2015.

Tenders and business cases
The committee recommended two business cases, two supply tenders and two service development tenders to the Trust board for approval / ratification. The committee requested a framework for Finance & Investment Committee against which to review service development tender bids which should include impact on divisional contributions. The committee had also requested a strategy on community bids which will be presented to the Trust board in November.

Revised capital programme 2015/16
The committee noted that reprioritisation of the capital programme had been carried out as a result of rescheduling of some projects, and the need to free some capital for in-year requirements. Patient and staff safety had been foremost when reprioritising projects. The committee reiterated the need for the audit committee to review the risks on back log maintenance on an ongoing basis.

Action requested by Trust board

The Trust board is requested to

- Note the report

Imperial College Healthcare NHS Trust

Report from: Sarika Patel, Chair, Finance & Investment Committee
Report author: Tracy Walsh, Committee clerk
Next meeting: 18 November 2015