Imperial College Healthcare NHS
NHS Trust

TRUST BOARD AGENDA – PUBLIC

25 January 2017

11.45 – 13.00

New Boardroom, Charing Cross Hospital

Agenda Number		Presenter	Timing	Paper
1	**Administrative Matters**			
1.1	Chairman's opening remarks & apologies	Chairman	11.45	Oral
1.2	Board member's declarations of interests	Chairman		Oral
1.3	Minutes of the meeting held on 30 November 2016	Chairman		1
1.4	Record of items discussed at Part II of board meetings held on 23 & 30 November 2016	Chairman		2
1.5	Action Log and matters arising	Chairman		3
2	**Operational items**			
2.1	Patient story	Director of nursing	11.50	4
2.2	Chief Executive's report	Chief executive		5
2.3	Integrated performance report	Safe/effective: Medical director Caring: Director of nursing Well-led: Director of P&OD Responsive: DD Medicine & Int care DD surgery, cancer & CV DD Women's, chil'n & CS		6
2.4	Month 9 2016/17 Finance report	Chief finance officer		7
3	**Items for decision or approval**			
3.1	Revised investment approval delegations	Chief financial officer	12.10	8
3.2	LINACs replacement	Divisional Director, Surgery Cancer & Cardiovascular		9
4	**Items for discussion**			
4.1	Research report	Director of research	12.25	10
4.2	Corporate risk register	Director of nursing		11
5	**Items for information**			
5.1	Summary of STP Joint health and care transformation group	Chief executive	12.45	12
6	**Board committee reports**			
6.1	Finance and investment committee	Committee chair	12.45	13
6.2	Redevelopment committee	Committee chair		14
6.3	Quality committee	Committee chair		15
6.4	Audit, risk & governance committee & October 2016 meeting minutes	Committee chair		16
7	**Any other business**			
8	**Questions from the Public relating to agenda items**			
			12.55	
9	**Date of next meeting**			
	Public Trust board: Wednesday 29 March 2017, Clarence Wing Boardroom, St Mary's Hospital			

Imperial College Healthcare NHS Trust

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Wednesday 30 November 2016
11.30 – 13.00
W12, Hammersmith Hospital

Present:	
Sir Richard Sykes	Chairman
Sir Gerry Acher	Deputy chairman
Dr Rodney Eastwood	Non-executive director
Dr Andreas Raffel	Non-executive director
Sarika Patel	Non-executive director
Victoria Russell	Designate non-executive director
Nick Ross	Designate non-executive director
Dr Tracey Batten	Chief executive
Richard Alexander	Chief financial officer
Prof Janice Sigsworth	Director of nursing
Dr Julian Redhead	Medical director
In attendance:	
Jan Aps	Trust company secretary (minutes)
Kevin Jarrold	Chief information officer
David Wells	Director of people and organisational development
Prof Tim Orchard	Divisional director, medicine & integrated care
Prof TG Teoh	Divisional director, women's, children's & clinical support
Prof Jamil Mayet	Divisional director, surgery, cancer & cardiovascular
Michelle Dixon	Director or communications

1	**Administrative Matters**	**Action**
1.1	**Chairman's opening remarks and apologies** The Chairman welcomed members and the public to the meeting, noting apologies from Prof Andrew Bush, Peter Goldsbrough and Prof Gavin Screaton.	
1.2	**Board members' declarations of interests** There were no declarations of interest made at the meeting.	
1.3	**Minutes of the meeting held on 28 September** The minutes were accepted as an accurate record of the meeting, with the following minor amendment: Item 2.3: Responsive: Sarika Patel requested a further update to the Trust board on the FFT satisfaction rates in maternity.	**TT**
1.4	**Record of items discussed at Part II of board meeting held on 27 July 2016 and at extraordinary meeting 23 November 2016** The Trust board noted the report.	
1.5	**Action Log and matters arising** The Trust board noted the update from David Wells regarding bank and agency spend.	
2	**Operational items**	
2.1	**Patient Story** Michelle Dixon introduced a video which had been presented at the recent successful lay partner engagement event. In 'Garry's story', Garry describes his experience as a lay representative (often alone) since the late 1990's, for HIV patients. He commented that a sense of humour and patience were necessary skills for the role, and that he had	

	enjoyed giving something back for having had treatment at the Trust which meant he had survived his 'death sentence'. Garry commented that he had felt a little jaded at times, and considered that the Trust needed to create a liaison officer role to link with, and support, patient representatives. He encouraged others to get involved, to come to learn and then to give back, to share in a rewarding experience. Michelle Dixon commented that 'Garry's story' had been viewed positively by the engagement event. Noting the Trust board's previous approval of the patient and public involvement (PPI) strategy, she confirmed that progress was being made, and that a project manager was now implementing arrangements by which PPI would become embedded in all areas of the Trust. Responding to Sir Gerry Acher, Michelle Dixon confirmed that the volunteering team had moved to the Charity and that the Trust and the Charity were working together to greatly increase the use of volunteers, and that a paper would be presented on this subject at the January Trust board. Responding to a query from Dr Andreas Raffel, Michelle Dixon commented that the plan would be for a minimum of two lay partners in each service, but there was much to do to achieve this position, both within communications as facilitator, and across the divisions. The Trust board welcomed the patient story and took assurance in the improved service being provided to patients with learning disabilities.	MD
2.2	**Chief Executive's report** Dr Batten highlighted the following: • Planning for winter: increasing demand across the NHS was putting a strain on many hospitals, even before the additional pressure of the winter season. Whilst the highest proportion of attendees at the emergency department (ED) were working age adults, the growth had been amongst particularly sick elderly patients. The Trust had put in place additional measure to manage and mitigate this risk: ambulatory emergency care facilities at St Mary's and Charing Cross; improved patient pathways at Charing Cross – medical and surgical assessment units; and the refurbishment of the ED at St Mary's. Sir Gerry Archer noted that London Ambulance Service was also missing its targets, with a key cause given as delays in transferring patients into EDs. The Trust was performing well in this – Charing Cross was in the top five, and St Mary's at number seven or eight, of the 28 London EDs. Any delays were caused by lack of space, not lack of staff. • CQC inspection of outpatients and diagnostics services 22/24 November: little information would be available until the report was received (due in late January 2017, at which point it would be published), but inspectors had noted a clear improvement, and had found teams welcoming and well-prepared. Further unannounced visits could be made during the two weeks following the inspection. • St Mary's redevelopment: a planning application was expected to be submitted in mid-December for the proposed outpatient and diagnostics building. The Trust, whilst supportive of the regeneration of the Paddington area, had submitted concerns to WCC as to the practicality and safety of the proposed road access in the Paddington quarter development, as had London Ambulance Service. The Trust board noted the chief executive's report.	
2.3	**Integrated performance report** SAFE/ EFFECTIVE: In commenting on the safety and effectiveness indicators, Dr Julian Redhead particularly noted that: mortality indicators continued to suggest a good quality of care; a further never event had resulted in no harm but was being thoroughly investigated; a case of MRSA in the major trauma ward was being investigated; and work continued to reduce the incidence of C difficile. Noting Dr Rodney Eastwood's concern at a further retained swab never event, Dr Julian Redhead confirmed that the timeliness and prioritisation of all areas of induction training for junior doctors was being reviewed, as was a 'training passport' to reduce the requirement for training each time junior doctors changed trusts (Health Education	

	England were the lead on this initiative). Adherence to the WHO checklist was being further considered by the Quality committee. CARING: Prof Sigsworth noted that: inpatient friends and family test (FFT) response rate and recommendation rating remained favourable; obtaining responses remained difficult in the emergency department, although a number of methods had been tried; and the maternity response had improved but that mothers' recommendation rating had fallen (this was being investigated); satisfaction ratings in outpatients had fallen since a change in collection methodology. Improvement in patient transport responsiveness was encouraging, but greater improvement was required; the contractor was proposing changes to reduce driver vacancies, and the Trust was trying smooth out the demand for patient transport across the day. WELL-LED: David Wells reported that sickness rates were reasonable and stable, and that there had been a welcomed improvement in the employee survey. The vacancy rate remained at 10%, with voluntary turnover slowly reducing, with the highest vacancy rate remained in bands 2-6 nursing; this was being actively addressed. Use of agency had much reduced, and was below the planned trajectory. There remained an issue in achieving good compliance with mandatory and statutory training among junior doctors; an initial approach to streamlining requirements across London had not been successful, but further options were being considered. Sir Richard Sykes expressed concern at the Trust's 15% vacancy among midwives. There were a number causes, but it had been hoped that the action plan in place for recruitment and retention of nurses and midwives would have shown a positive impact. Prof Sigsworth concurred with the concerns, and learning was being sought from trusts where there had been greater success in addressing this, including UCLH. RESPONSIVE: Prof Orchard reported that the 4 hour target in A&E had not been achieved, with performance similar to the national average; caused mainly by an increasing number of sicker elderly patients. Six streams of activity were being progressed to improve the patient experience and flow through the hospital, including improving discharge arrangements and working with community stakeholders to facilitate transfer of patients to a more appropriate environment. Prof Mayet noted that there had been some improvement in the 18 weeks performance. With validation of (RTT) waiting lists almost complete, the number of patients experiencing particularly long waits for their procedures should start to reduce, with a significant improvement across the waiting list reported by the end of March 2017. The Trust had achieved five of the eight cancer standards. Attention was being focussed on: a further one-day reduction in turn around, which would ensure achievement of the target; and encouraging improvement in the work-up and handover of patients referred from other hospitals to support achievement of the 62 day treatment target. Prof Teoh reported that the performance target for diagnostic services had been achieved, that 'did not attend' rates were improving slightly, and there had been a continued reduction in the number of hospital initiated cancellations for appointments. Responding to Sarika Patel's query, Prof Teoh commented that performance on outpatient indicators compared well with other London trusts, but poorly with the national position; the outpatient improvement programme was demonstrating traction, and the performance was expected to improve significantly over the next few months. The Trust board noted the report.	
2.4	**Month 7 2016/17 Finance report** Richard Alexander presented the month 7 financial report confirming that both the Trust in-month and year-to-date positions remained slightly ahead of plan. Activity had been above plan, and was reflected in an income position £7.4m above plan year to date. Pay was favourable to plan, with agency costs continuing below those of the previous year and also below the agency cap. Non-pay was adverse to plan, although this was partly off-set by favourable variance in income. The focus continued in relation to the CIP programme and productivity improvement working with PwC.	

	The Trust board noted the report.	
3	**Items for decision or approval**	
3.1	**Appointment of external auditors** Richard Alexander outlined the process by which the Audit Risk and Governance Committee (Part I), acting as the Audit Panel (governed by the Local Audit Accountability Act 2014) had appointed the external auditor. The new contract would come into force from April 2017. He noted that the finance team were considering options in relation to future procurement of internal auditors, but commented that there were a number of challenges. The Trust board ratified the appointment of Deloitte LLP as the Trust's external auditor for an initial period of three years from April 2017, with the option to extend for two periods of one year, and agreed that the public Trust board paper formed the notice required by the Act, having been presented to the public and held on the Trust public website.	
3.2	**Trust Organisational Strategy document**	
	Dr Tracey Batten outlined the Trust Organisational Strategy document, reviewed following discussion and feedback at the board seminar in October, which brought together existing strategies including clinical quality and safety, informatics, and patient and public involvement, along with key enabling strategies such as the financial improvement programme. The document had three sections - the strategic context; the operations environment; and the strategic plans to address the gaps to address the five year forward view priorities. The Trust board welcomed and approved the Organisational Strategy document, and noted that a public facing version was being developed (which would be presented at the January Trust board).	Michelle Dixon
4	**Items for discussion**	
4.1	**CQC update report** Prof Janice Sigsworth presented the regular quarterly report, and confirmed that the Trust continued to be registered at all sites with no conditions. The Trust board noted the report.	
4.2	**Sustainability and transformation plan** Dr Tracey Batten outlined the main points in the October submission, highlighting the key changes: • six of the eight boroughs signed the final submission (not Ealing or Hammersmith & Fulham), and the London Ambulance service and the Royal Brompton were now in the NWL STP Footprint • additional actions within a number of the delivery areas • a more detailed section on primary care in the context of out of hospital services • addition of a potential joint 'one public estate bid' • details of achievements thus far in the enabling workstreams • a small increase in the financial gap (£1.3bn to £1.4bn) in the do nothing scenario • an improved financial position in the 'do something ' scenario (from a deficit of £30.6m to a deficit of £19.6m) due to improvements in the CCG financial position. The nine priorities and five delivery areas remained the same, and remained a real financial challenge. A pan-NWL Health and social care transformation group had been created as the steering group for the STP, and Dr Batten was a member. The group had no delegated powers; any key decisions would be presented to the Trust board for approval prior to implementation. The Trust was creating an STP forum as the local governance and delivery group. Responding to a query from Sarika Patel, Dr Batten confirmed that there had been no further information as to how implementation of the plans would be financially supported from the centre. The Trust board noted the changes in, and ratified the submission of, the October STP submission, and noted the creation of a Trust STP forum as the local governance and	

	delivery group.	
4.3	**Agency reporting to NHS Improvement** David Wells outlined the requirement for trusts to provide assurance to NHSI that the Trust board was holding the executive to account for the control of agency spend. To this end, a self-certification checklist would be reviewed and approved at each meeting. The Trust was operating within the cap set at the start of the year; he acknowledged that there had been some increase in the use of agency, but the divisions continued to keep this to a minimum. The Trust board approved the submission of the self-certification checklist.	
5	**Items for information**	
5.1	**NHS Improvement Q2 report** Dr Tracey Batten noted the report which describes the overall NHS provider sector performance for the first six months of the year, and provides interesting comparator information. Noting that 60% of providers were reporting a deficit position (as were the Trust), Dr Batten confirmed that the Trust remained on target for the planned year end, and the challenges with performance targets faced by the Trust were commonly reflected across the NHS provider sector. The Trust board noted the report.	
6	**Board committee reports**	
6.1	The Trust board noted the report from the board committees as follows: • Finance and investment committee (23 November) • Redevelopment committee (23 November) • Quality committee (16 November) • Audit risk & governance committee (12 October).	
7	**Any other business**	
	There were no items of any other business.	
8	**Questions from the Public relating to agenda items** In responding to questions from the public, the following key points were made by Trust board members: • The Shaping a healthier future (SAHF) business case (outer sector) was due to be submitted to the NHS Improvement investment committee in January. • The commissioners had led the STP engagement events; it was recognised that far more public engagement would be required, and again, this would be led by the NWL CCGs. The Trust would also be involved in these fora. • Dr Batten confirmed that there was no plan to close the emergency department at Charing Cross within the next five years, and that beyond this, changes in primary and community services would need to have enabled a reduction in emergency activity prior to any such plan. • The Chairman confirmed his previous statement that Trust staff were dedicated and hard-working, and that much was expected of them; the leadership team sought to ensure they were effectively supported to maintain high morale. David Wells noted that responses to the employee survey were listened to, and that improvements to staff experience and training and development opportunities were made whenever possible. Prof Janice Sigsworth commented that staff were flexed whenever there was a risk of an unsafe staffing level; staff were also encouraged to report any such situations. Both Dr Julian Redhead and Prof Sigsworth confirmed that additional staff required on safety grounds had always been supported.	
9	**Date of next meeting**	
	Public Trust board, 25 January 2017: Charing Cross Hospital – start time to be confirmed – approximately 11.30 (TBC).	

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board - public	30 November 2016

Record of items discussed at the confidential Trust board meetings on 30 November 2016

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 30 November 2016:

CQC inspection of outpatient services 22-24 November
Verbal feedback from the inspection team had noted a clear improvement since the inspection in September 2014, and had found the Trust staff welcoming and well-prepared.

St Mary's Phase 1 redevelopment
The Trust would be submitting a planning application for the new outpatient building would be submitted on 16 December. The Trust had submitted an objection, on safety grounds, to the road access proposed by the Sellar Group as part of the application for the 'Paddington cube' which was to be considered by Westminster planning committee on 6 December.

Google DeepMind contract
The Trust board supported the signing of the service agreement and information processing agreement with Google DeepMind. This was an innovative collaborative agreement to create an infrastructure to support apps for use on smart phones and tablets, initially focused on clinical use.

Shaping a Healthier Future (SaHF) ImBC strategic outline case (SOC)
The Trust board noted the receipt of the SaHF business case (part 1), describing the re-provision of clinical services in the outer sector of NW London, and that the Trust had been asked to provide a letter of support for the proposal. A number of outstanding issues required addressing, and the Trust board agreed to the delegation of approval and submission of the letter to the chief executive.

Recommendation to the Trust board:

The Trust board is asked to note this report.

Trust strategic objectives supported by this paper:

To realise the organisation's potential through excellence leadership, efficient use of resources, and effective governance.

Author	Responsible executive director
Jan Aps, Trust company secretary	Tracey Batten, Chief executive

Imperial College Healthcare NHS Trust

TRUST BOARD MEETING IN PUBLIC

ACTION LOG

Action	Meeting date & minute number	Responsible	Status	Update (where action not completed)
FFT in maternity: Sarika Patel requested a further update to the Trust board on the FFT satisfaction rates in maternity, and action being taken to improve.	September 2016	TG Teoh	In progress	An action plan has been implemented and is monitored through the divisional quality and safety meetings. A quality improvement project is launching in maternity with a specific focus on FFT and the directorate is also considering the development of a patient experience sub-group.
Volunteers: to provide an update on the involvement of volunteers following the move to the Charity	November 2016 2.1	Michelle Dixon / Ian Lush	In progress	Agenda item deferred to March Trust board
Trust strategy document: a summary document would be prepared and presented to the Trust board for publication on the Trust website	November 2016 3.2	Anne Mottram	In progress	Document in preparation.

MATTERS ARISING

Minute Number	Action /issue	Responsible	January 2017 Update

FORWARD PLAN AGENDA ITEMS FROM BOARD DISCUSSIONS

Imperial College Healthcare NHS Trust

Report due	Report subject	Meeting at which item requested	Responsible

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust Board	25 january 2017

Patient Story

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.

This month's patient story arises from a complaint received about delays in securing an outpatient appointment and the subsequent waiting time for surgery. Ms P will tell her story in a pre-recorded video and explain the impact that these delays have had and continue to have on her life.

Quality impact:

Reducing delays in referral and treatment is a key priority for the trust. Ms P's story illustrates the impact that this waiting can have on our patients.

Financial impact:

The financial impact of this proposal as presented in the paper enclosed:
1) Has no financial impact.

Risk impact:

Failure to treat patients in a timely manner can have negative impacts on health and wellbeing.

Recommendation(s) to the Trust board:

The Trust board is asked to note this paper and the patient story

Trust strategic objectives supported by this paper:

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

Author	Responsible executive director	Date submitted
Guy Young Michael Casey	Janice Sigsworth	05.01.2017

Patient Story

1. Background

The use of patient stories at board and committee level is increasingly seen as positive way of reducing the "ward to board" gap, by regularly connecting the organisation's core business with its most senior leaders. There is an expectation from both commissioners and the Trust Development Authority that ICHT will use this approach.

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

The Board has previously approved the patient and public involvement strategy, a key part of which is engagement with users of our services and increasing the number of patients who are actively involved.

2. Ms P

The Trust has a number of work streams to address waiting times for outpatient appointments and treatment, for example the waiting list improvement programme and the outpatient improvement programme. Despite this, some patients continue to experience delays for non-emergency procedures and/or have appointments cancelled, sometimes at short notice.

Ms P has been living with increasingly debilitating hip pain and was referred to our orthopaedic outpatient department in April 2016. She received an initial appointment for August 2016. Two weeks before the appointment was due, Ms P received a letter stating that this clinic has been cancelled. On contacting the clinic, Ms P was informed that the consultant was not available for 6 weeks. A new appointment was made for 3 October 2016. Ms P complained to the trust as this would have meant she had waited 23 weeks for her initial outpatient appointment. The complaints team were able to arrange for her appointment to be brought forward to 12 September.

Ms P was seen promptly by the consultant when she attended clinic, but was told that there would be now be a six to nine month wait for surgery, which is clearly very disappointing for her. It is hoped that this will be able to be brought forward and a pre-assessment date has been arranged in February. At the time of writing however a date for surgery is still yet to be confirmed.

Ms P wanted to share her story and talk about the impact of waiting for an appointment and treatment and how it feels to have appointments cancelled at short notice when you are living with pain.

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board - public	25 January 2017

Chief Executive's Report

Executive summary:

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

Key strategic priorities:

1) Financial performance
2) The Trust's financial improvement programme
3) Operational performance
4) Stakeholder engagement
5) BBC2 Documentary, 'Hospital'
6) Urgent and emergency care services and managing extra winter demand
7) Update on major building improvements
8) CQC re-inspection of Outpatients and Diagnostic Imaging

Key strategic issues:

1) St Mary's Hospital redevelopment plans
2) North West London Implementation Business Case
3) Cerner Contract with Chelsea and Westminster Hospital
4) North West London Pathology

Quality impact:

N/A

Financial impact:

N/A

Risk impact:

N/A

Recommendation(s) to the Trust board:

The Trust board is asked to note this report.

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.
To educate and engage skilled and diverse people committed to continual learning and improvements.
As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
To pioneer integrated models of care with our partners to improve the health of the communities we serve.
To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance.

Author	Responsible executive director	Date submitted
Tracey Batten	Tracey Batten, Chief Executive	18 January 2017

Chief Executive's report

Key Strategic Priorities

1. Financial performance

For December 2016, the Trust reported an in-month deficit of £8.2million before sustainability and transformation funding (STF), which was on plan for the month. Year-to-date (i.e. up to the end of December 2016), the Trust reported a deficit of £38.4million, before STF, £0.4million better than plan.

The Trust is forecasting to be on plan at the end of the year (i.e. up to the end of March 2017) with a deficit of £41.0m before STF. The STF available to the Trust in the 2016/17 financial year is £24.1M.

2. Financial improvement programme

The Trust continues to work in partnership with PwC to progress our financial improvement programme. They have supported the Trust in establishing a Project Support Office (PSO) which is driving efficiencies in the long-term and improving cost management across the organisation.

PwC is in the process of completing the handover to the PSO to ensure that the financial improvement programme is sustainable when PwC support ends. You will note that the Chief Financial Officer's report on the January Trust board agenda states that the cost improvement plan programme is forecast to be behind plan by £5.5million at the end of the year (i.e. up to the end of March 2017). The Trust is working to make sure that this gap is closed while also maintaining its continued focus on the safety and quality of clinical services.

3. Operational Performance

Cancer: In November 2016 the Trust achieved seven of the eight national cancer standards. Performance against the 62-day GP referral to treatment standard was 82.0%, against the national standard of 85% – this met the agreed performance trajectory target of 78.7% for the month.

Accident and Emergency: Performance against the four hour access standard for patients attending Accident and Emergency was 84.5% in December 2016, which did not meet the performance trajectory target of 89.8% for the month. Please see section 6 of this report for a more detailed update on how the Trust is responding to the current pressures on its urgent and emergency care services and managing extra winter demand.

Referral to treatment (RTT): The latest elective waiting times performance is for November 2016. At the end of the month, 83.6% of patients were waiting less than 18 weeks to receive consultant-led treatment, against the national standard of 92% (October performance was 83.4%). The numbers of patients waiting over 18 weeks reduced - at the end of November, 10,309 patients were waiting over 18 weeks (October performance was 10,624 patients).

The Trust continues the work on its waiting list improvement, with external expert advice and support, to ensure we return to delivering the RTT standard sustainably. As part of this programme a data clean-up exercise has identified a significant number of patients waiting

over 52 weeks for treatment. At the end of November, the number of patients waiting over 52 weeks was 401. The priority is to agree a date for treatment for each patient as soon as possible. Each patient is subject to a clinical review to make sure that their care plan is appropriate in view of the time they have waited for treatment.

Diagnostic waiting times: In December 2016, 0.17 per cent of patients were waiting over six weeks against a tolerance of 1 per cent, therefore achieving the standard.

4. Stakeholder engagement

Our recent stakeholder communications have focused on providing updates on two important Trust developments: firstly, the submission in December of our planning application to Westminster City Council for the proposed new outpatients building at St Mary's Hospital; and also, the new TV documentary series 'Hospital' following Trust staff and patients at our five hospitals – Charing Cross, Hammersmith, Queen Charlotte's and Chelsea, St Mary's and Western Eye – which began broadcast on BBC Two earlier in January.

The Trust's strategic lay forum held another of its regular meetings in December to oversee the development and implementation of our strategies, programmes and projects.

In addition, the Trust's three bi-monthly electronic newsletters for stakeholders, GPs and shadow foundation trust members were published in December.

5. BBC2 Documentary, 'Hospital'

Wednesday 11 January saw the first episode of the BBC Two documentary, Hospital, air. The series reflects over a year of preparation and research with the production company Label1. The first episode explored capacity within the Trust, particularly looking at intensive care and high dependency beds. The first episode has been very positively received by NHS staff, patients and the public. There were 2.1 million viewers on the night and the hashtag "hospital" trended at number one on Twitter for seven hours. We have participated in several media interviews relating to the documentary, including BBC Breakfast and the Daily Telegraph. Episode two explores how the Trust works with patients, their families, carers and external organisations to discharge patients safely and in a timely manner and the impact that not being able to discharge patients has on the Trust and our patients.

6. Urgent and emergency care services and managing extra winter demand

The Trust was exceptionally busy over the Christmas and New Year period (even in comparison with similar holidays in past years). This trend has continued throughout the month of January. A similar trend has been experienced by other trusts in North West London and across the UK. Despite huge efforts, this increased demand on the Trust's urgent and emergency care services, is having an impact on how quickly we can see and treat patients and on our capacity for planned care. In order to help address these challenges the Trust has an on-going programme of developments to improve our whole urgent and emergency care pathway as well as initiatives to manage the further anticipated increase in demand through the second half of the winter months.

I'd like to update the Trust board on the following service developments:

Ambulatory emergency care (AEC) changes

- The Trust is extending operational hours for ambulatory emergency care services at St Mary's and Charing Cross to help avoid unnecessary hospital admissions.
- The services are closely integrated with the medical and surgical teams in the emergency department and provide specialist diagnostics and treatment for patients

who have urgent needs but are well enough to go home in between procedures or consultations – essentially, to be cared for on an urgent outpatient basis.

- The Trust is now working towards opening hours of 08.00-22.00, Monday-Friday, and 08.00-20.00 at weekends.

Charing Cross pathway improvements

- The Trust is bringing together all acute medicine services and developing an acute assessment unit (AAU) to provide a more streamlined pathway for urgent and emergency patients, enabling faster access to the right specialist opinion where required. It involves the creation of a new 13-space AAU on the current South Green ward (to open in the week commencing the 16 January 2017) and the formation of a single 35-bed acute admissions ward on the ground floor of the hospital – Marjory Warren Ward which opened in December 2016.

St Mary's pathway improvements

- The Trust opened a 12-space surgical assessment unit in the Paterson Building in early January 2017 to improve the urgent and emergency care pathway and enable faster access to the right specialist opinion where required.
- Refurbishment of the A&E department continues with its completion due in April 2017. The work will result in a new, expanded resuscitation and rapid assessment area.

I'd like to use this opportunity to thank all our staff for all their hard work and commitment to provide safe and effective care during this exceptionally busy time. Also, I'd like to acknowledge the patience and support of our patients and other users of our Trust at this time.

7. Update on other major building improvements

Refurbishment of Main Outpatients and the new Central Booking Office

Work continues to refurbish Outpatients at Charing Cross Hospital, starting with the ENT, Audiology and Ophthalmology clinic areas. The ENT outpatient area re-opened in December 2016. Work to the main Outpatients area at Charing Cross is scheduled for later this year. In addition, the new Central Booking Office on the Charing Cross site opened in December 2016 which will help streamline patient administration across the Trust.

Work is also now underway to refurbish the main and renal outpatients at Hammersmith Hospital.

The whole refurbishment programme for Outpatients and the Central Booking Office has been funded by Imperial College Healthcare Charity.

Refurbishment of Riverside Theatres

The refurbishment of the Riverside Theatres on the Charing Cross Hospital site is now complete and the unit re-opened in early January 2017. These Theatres are for patients requiring a 'day surgery' procedure and so, typically, will go home on the same day as their operation. The aim of this project is to improve the way the Theatre space is used to make it more efficient and to allow for better patient experience both before and after their day surgery.

We are fortunate that the refurbishment is, again, being funded by Imperial College Healthcare Charity.

8. CQC re-inspection of Outpatients and Diagnostic Imaging

The CQC re-inspected our Outpatient and Diagnostic Imaging services between 22 and 24 November 2016. This follows the CQC Trust inspection in September 2014 where the Trust received an overall rating of requires improvement. The Trust is expecting to receive formal feedback from the CQC visit early in the next three months.

Key Strategic Issues

1. St Mary's Hospital redevelopment plans

A planning application for the proposed, new outpatients building on the St Mary's site was submitted to Westminster City Council in December 2016. The proposed eight-storey building will replace the existing Salton House, Dumbell and Victoria and Albert buildings between Praed Street and South Wharf Road on the eastern side of the hospital estate. The new facility will bring together the majority of outpatient services and supporting diagnostics such as blood tests, which are currently provided from 40 different locations across the hospital site. It will serve around half a million patients a year. The planning application reflects on-going community consultation, which began in September 2016. The Trust anticipates the planning application will be put out for consultation by the Council in January 2017.

2. North West London Implementation Business Case (IMBC)

In December 2016, part one of the North West London IMBC was submitted to NHS England as part of the Shaping a Healthier Future programme. This outline business case is for the capital investment needed to effectively deliver high quality health services for the residents of North West London across primary care, the community and other acute hospitals in North West London only. NHS England will provide feedback on the business case from January 2017. Part two of the IMBC, which deals with the capital requirements for inner North West London acute hospitals (which includes Imperial College Healthcare NHS Trust), is still to be completed.

3. Cerner Contract with Chelsea and Westminster Hospital NHS Foundation Trust

The Trust has signed an amendment to its contract with Cerner, our provider for electronic patient records software, allowing us to share our Cerner system with Chelsea and Westminster NHS Foundation Trust. This will deliver benefits for patient outcomes, and clinician and patient experience as well as economies of scale. Clinicians will be able to access health records for patients in their care on the same system wherever they have been seen in the seven hospitals across the two trusts. The rollout to Chelsea and Westminster Hospital and West Middlesex University Hospital is expected to take two years. At the same time clinical and operational staff from the two trusts will also be working together on enhancements to the system already in at Imperial College Healthcare NHS Trust.

4. North West London Pathology (NWLP)

Further to the last update in the November 2016 Chief Executive report, NWLP continues to make good progress as it gets ready to be fully operational on 1 April 2017. It is an NHS owned joint venture between Hillingdon Hospitals NHS Foundation Trust, Chelsea and Westminster NHS Foundation Trust and our Trust which will provide pathology services across north west London through a new 'hub and spoke' model. Imperial will be the host provider for NWLP with the hub based at Charing Cross Hospital.

The combined pathology services will deliver 30 million tests per year and is estimated to be about 5-6% of the total pathology service in England.

From 1 January 2017, all Pathology staff who work more than 50% of their time in Pathology have TUPE (transferred) to this Trust as the host for NWLP. This means that individuals employed by Hillingdon and West Middlesex (now part of Chelsea and Westminster) have transferred to the employment of our Trust. One member of staff has transferred from our Trust to Chelsea & Westminster Hospital.

Imperial College Healthcare NHS Trust

Report to:	Date
Trust board - public	**25 January 2017**

Integrated Performance Report

Executive summary:

This is a regular report and outlines the key headlines that relate to the reporting month of December 2016 (month 9).

Recommendation to the Trust board:

The Board is asked to note this report.

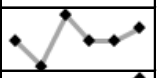
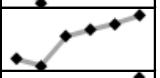
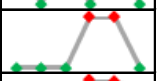
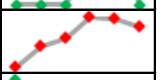
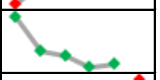
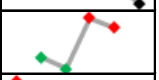
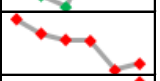
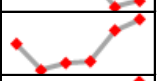
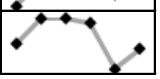
Trust strategic objectives supported by this paper:

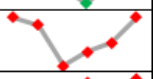
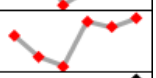
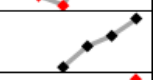
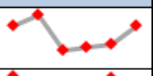
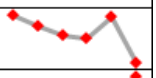
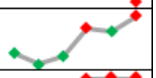
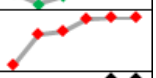
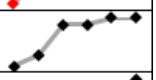
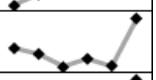
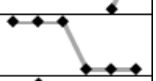
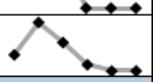
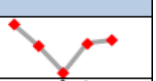
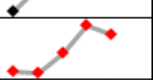
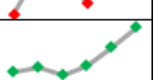
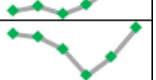
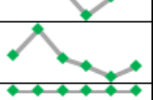
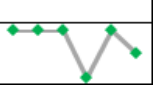
To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

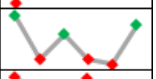
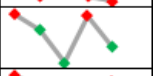
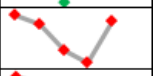
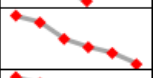
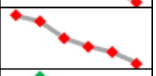
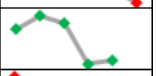
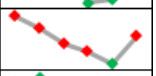
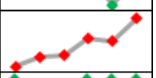
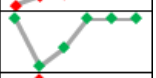
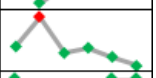
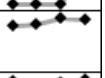
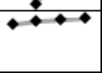
Author	Responsible executive director
Terence Lacey (Performance Support Business Partner) Julie O'Dea (Head of Performance Support)	Julian Redhead (Medical Director) Janice Sigsworth (Director of Nursing) David Wells (Director of People and Organisational Development) Jamil Mayet (Divisional Director) Tim Orchard (Divisional Director) Tg Teoh (Divisional Director)

Contents

1. Scorecard summary

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	Julian Redhead	Dec-16	-	**20**	
Incidents causing severe harm (number)	Julian Redhead	Dec-16	-	**3**	
Incidents causing severe harm (% of all incidents YTD)	Julian Redhead	Dec-16	-	**0.12%**	
Incidents causing extreme harm (number)	Julian Redhead	Dec-16	-	**3**	
Incidents causing extreme harm (% of all incidents YTD)	Julian Redhead	Dec-16	-	**0.04%**	
Patient safety incident reporting rate per 1,000 bed days	Julian Redhead	Dec-16	44.0	**48.6**	
Never events (number)	Julian Redhead	Dec-16	0	**0**	
MRSA (number)	Julian Redhead	Dec-16	0	**0**	
Clostridium difficile (cumulative YTD) (number)	Julian Redhead	Dec-16	23	**50**	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	Julian Redhead	Nov-16	95.0%	**95.6%**	
CAS alerts outstanding (number)	Janice Sigsworth	Dec-16	0	**2**	
Avoidable pressure ulcers (number)	Janice Sigsworth	Dec-16	-	**1**	
Staffing fill rates (%)	Janice Sigsworth	Dec-16	tbc	**95.4%**	
Post Partum Haemorrhage 1.5L (PPH) (%)	Tg Teoh	Nov-16	2.80%	**3.5%**	
Core training - excluding doctors in training / trust grades (%)	David Wells	Dec-16	90.0%	**85.0%**	
Core training - doctors in training / trust grades (%)	David Wells	Dec-16	90.0%	**70.8%**	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Dec-16	0	**3**	
Effective					
Hospital standardised mortality ratio (HSMR)	Julian Redhead	Aug-16	100	**55.98**	
Clinical trials - recruitment of 1st patient within 70 days (%)	Julian Redhead	Qtr 1 16/17	90.0%	**94.2%**	
Unplanned readmission rates (28 days) for over 15s (%)	Tim Orchard	Jun-16	-	**6.36%**	
Unplanned readmission rates (28 days) for under 15s (%)	Tg Teoh	Jun-16	-	**5.08%**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Caring					
Friends and Family Test: **Inpatient** service % patients recommended	Janice Sigsworth	Dec-16	95.0%	**96.8%**	
Friends and Family Test: **A&E** service % recommended	Janice Sigsworth	Dec-16	85.0%	**94.8%**	
Friends and Family Test: **Maternity** service % recommended	Janice Sigsworth	Dec-16	95.0%	**95.7%**	
Friends and Family Test: **Outpatient** service % recommended	Janice Sigsworth	Dec-16	94.0%	**89.8%**	
Non-emergency patient transport: waiting times of less than 2 hours for outward journey	Janice Sigsworth	Dec-16	-	**76.3%**	
Mixed-Sex Accommodation (EMSA) breaches	Janice Sigsworth	Dec-16	0	**16**	
Well Led					
Vacancy rate (%)	David Wells	Dec-16	10.0%	**11.1%**	
Voluntary turnover rate (%) 12-month rolling	David Wells	Dec-16	10.0%	**10.3%**	
Sickness absence (%)	David Wells	Dec-16	3.1%	**3.3%**	
Bank and agency spend (%)	David Wells	Dec-16	9.2%	**12.6%**	
Personal development reviews (%)	David Wells	Sep-16	95.0%	**n/a**	
Non-training grade doctor appraisal rate (%)	Julian Redhead	Dec-16	95.0%	**78.9%**	
Staff FFT (% recommended as a place to work)	David Wells	Q2	-	**65.0%**	
Staff FFT (% recommended as a place for treatment)	David Wells	Q2	-	**83.0%**	
Education open actions (number)	Julian Redhead	Dec-16	-	**24**	
Reactive maintenance performance (% tasks completed within agreed response time)	Janice Sigsworth	Dec-16	98%	**60.2%**	
Responsive					
RTT: 18 Weeks Incomplete (%)	Jamil Mayet	Nov-16	92.0%	**83.6%**	
RTT: Patients waiting over 18 weeks for treatment (number)	Jamil Mayet	Nov-16	-	**10309**	
RTT: Patients waiting 52 weeks or more for treatment (number)	Jamil Mayet	Nov-16	0	**401**	
Cancer: 2-week GP referral to 1st outpatient - cancer (%)	Jamil Mayet	Oct-16	93.0%	**93.2%**	
Cancer: Two week GP referral to 1st outpatient – breast symptoms (%)	Jamil Mayet	Oct-16	93.0%	**96.2%**	
Cancer: 31 day wait from diagnosis to first treatment (%)	Jamil Mayet	Oct-16	96.0%	**97.6%**	
Cancer: 31 day second or subsequent treatment (surgery) (%)	Jamil Mayet	Oct-16	94.0%	**95.6%**	
Cancer: 31 day second or subsequent treatment (drug) (%)	Jamil Mayet	Oct-16	98.0%	**100.0%**	
Cancer: 31 day second or subsequent treatment (radiotherapy) (%)	Jamil Mayet	Oct-16	94.0%	**97.8%**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Jamil Mayet	Oct-16	85.0%	**82.0%**	
Cancer: 62 day urgent GP referral to treatment from screening (%)	Jamil Mayet	Oct-16	90.0%	**92.9%**	
Cancelled operations (as % of elective activity)	Jamil Mayet	Nov-16	0.8%	**0.7%**	
28 day rebooking breaches (% of cancellations)	Jamil Mayet	Sep-16	5.0%	**8.5%**	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Dec-16	95.0%	**64.7%**	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Dec-16	95.0%	**84.5%**	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Nov-16	1.0%	**0.3%**	
Outpatient Did Not Attend rate: (First & Follow-Up) (%)	Tg Teoh	Dec-16	11.0%	**11.7%**	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Dec-16	10.0%	**7.9%**	
Outpatient appointments made within 5 working days of receipt (%)	Tg Teoh	Dec-16	95.0%	**83.2%**	
Antenatal booking 12 weeks and 6 days excluding late referrals (%)	Tg Teoh	Dec-16	95.0%	**97.0%**	
Complaints: Total number received from our patients	Janice Sigsworth	Dec-16	100	**72**	
Complaints: % responded to within timeframe	Janice Sigsworth	Dec-16	95.0%	**100.0%**	
Money and Resources					
In month variance to plan (£m)	Richard Alexander	Dec-16		**0.00**	
YTD variance to plan (£m)	Richard Alexander	Dec-16		**0.41**	
Annual forecast variance to plan (£m)	Richard Alexander	Dec-16		**0.00**	
Agency staffing (% YTD)	Richard Alexander	Dec-16		**6.0%**	
YTD NHS income performance variance to plan (£m)	Richard Alexander	Dec-16		**7.03**	
CIP % delivery YTD	Richard Alexander	Dec-16		**103.5%**	

2. Key indicator overviews

2.1 Safe

2.1.1 Safe: Serious Incidents

Sixteen serious incidents (SIs) were reported in December 2016. These are currently under investigation.

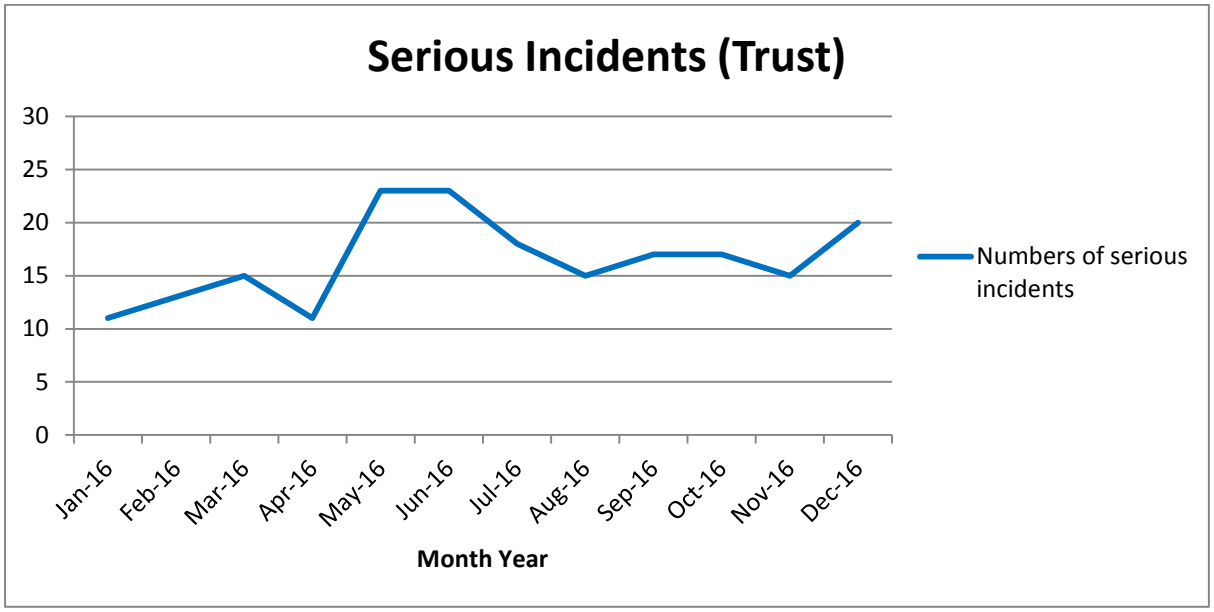


Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period January 2016 – December 2016

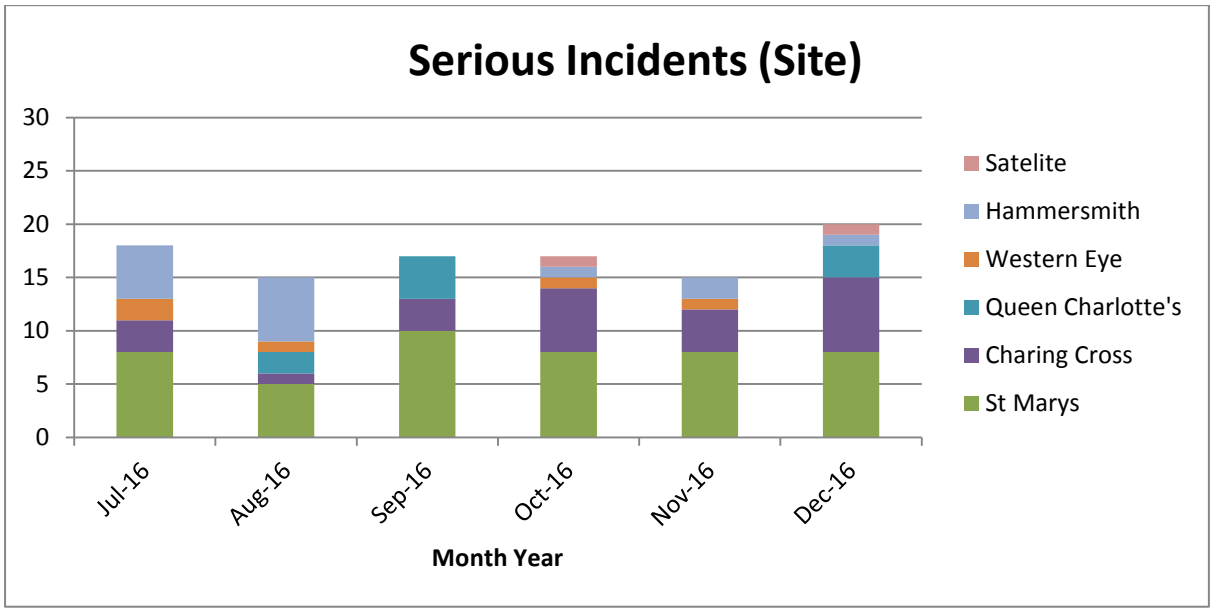


Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period July 2016 – December 2016

2.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust reported three major/severe harm incidents and three extreme harm/death incidents in December 2016.

The percentage of incidents causing these levels of harm reported by the Trust since April 2016 remains below national average when compared to the data published by the National Reporting and Learning System (NRLS) in September 2016.

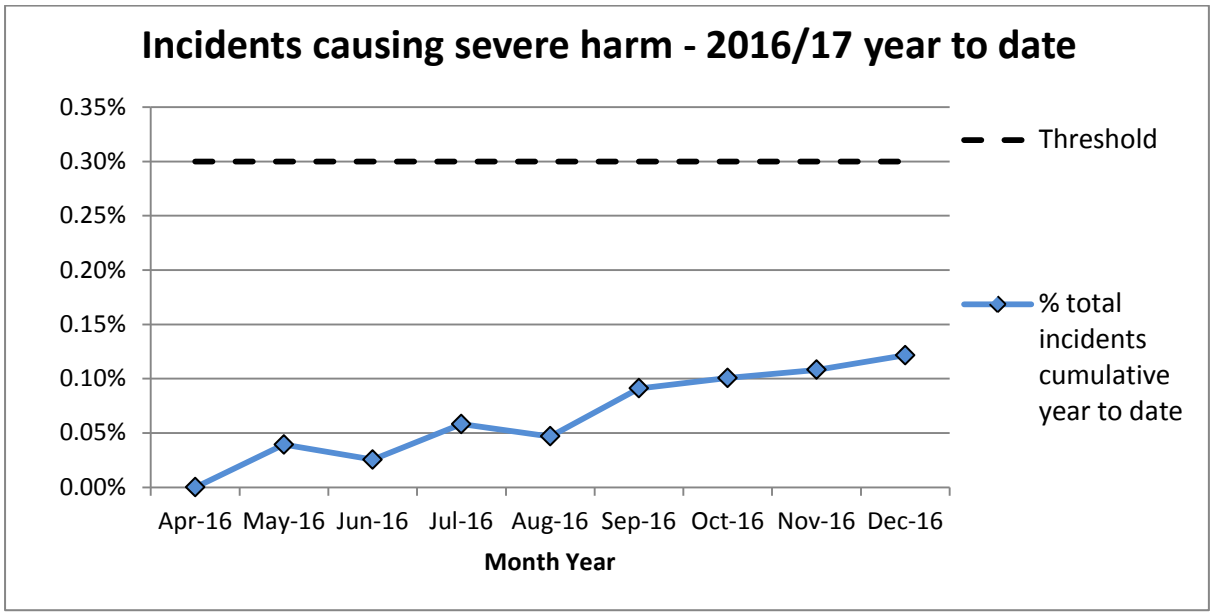


Figure 3 – Incidents causing severe harm by month from the period April 2016 – December 2016 (% of total patient safety incidents YTD)

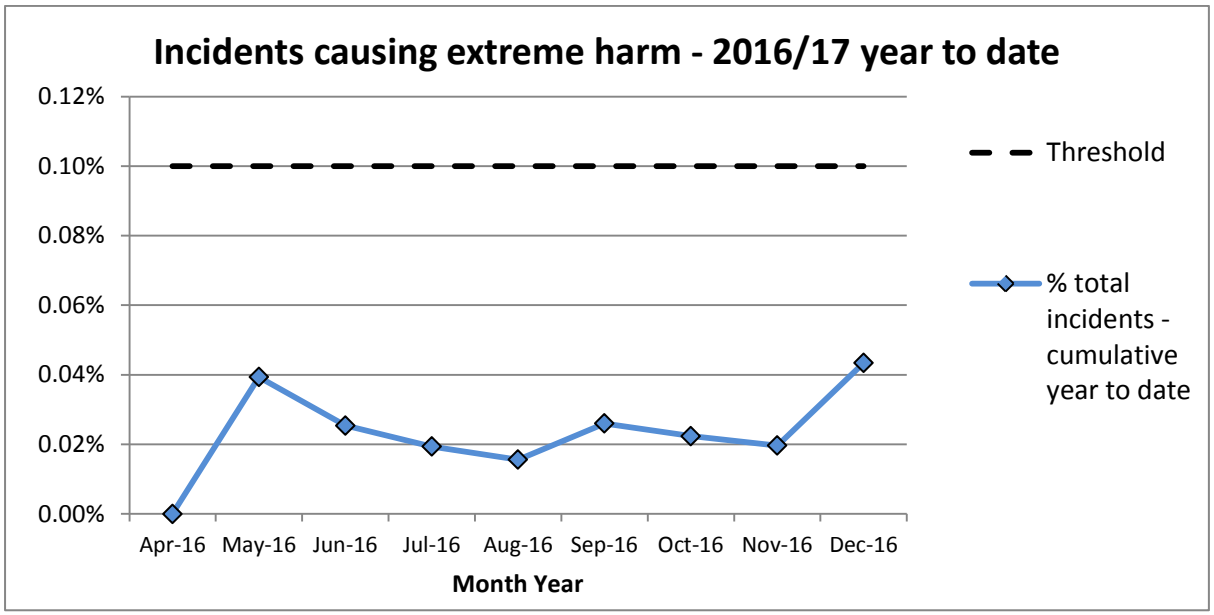


Figure 4 – Incidents causing extreme harm by month from the period April 2016 – December 2016 (% of total patient safety incidents YTD)

Patient safety incident reporting rate

The Trust's incident reporting rate for December 2016 is 48.59. This places the Trust amongst the highest 25 per cent of reporters nationally.

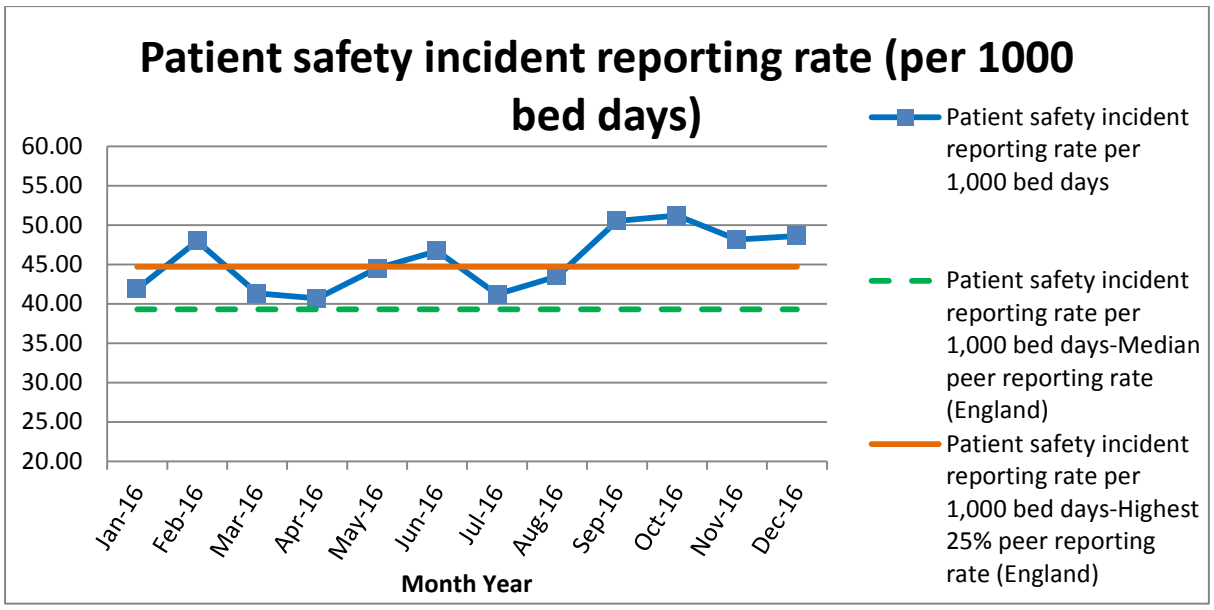


Figure 5 – Trust incident reporting rate by month for the period January 2016 – December 2016

(1) Median reporting rate for Acute non specialist organisations (NRLS 01/10/2015 to 01/03/2016)

(2) Highest 25% of incident reporters among all Acute non specialist organisations (NRLS 01/04/2015 to 30/09/2015)

Never Events

No never events were reported in December 2016.

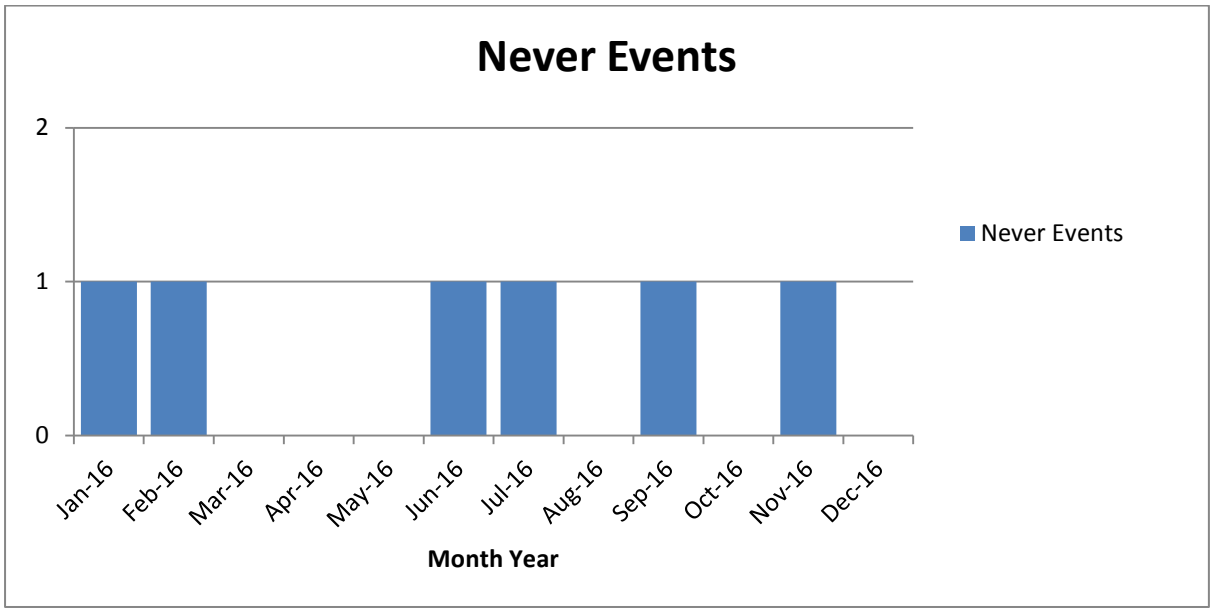


Figure 6 – Trust Never Events by month for the period January 2016 – December 2016

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

Eight cases of MRSA BSI have been identified at the Trust in 2016/17; three of these have been allocated to the Trust, one in May, one in October 2016 and one in November 2016. Each case is reviewed by a multi-disciplinary team. Actions arising from these meetings are reviewed regularly to identify themes. Contributory factors are addressed with the divisions via the taskforce weekly group meetings.

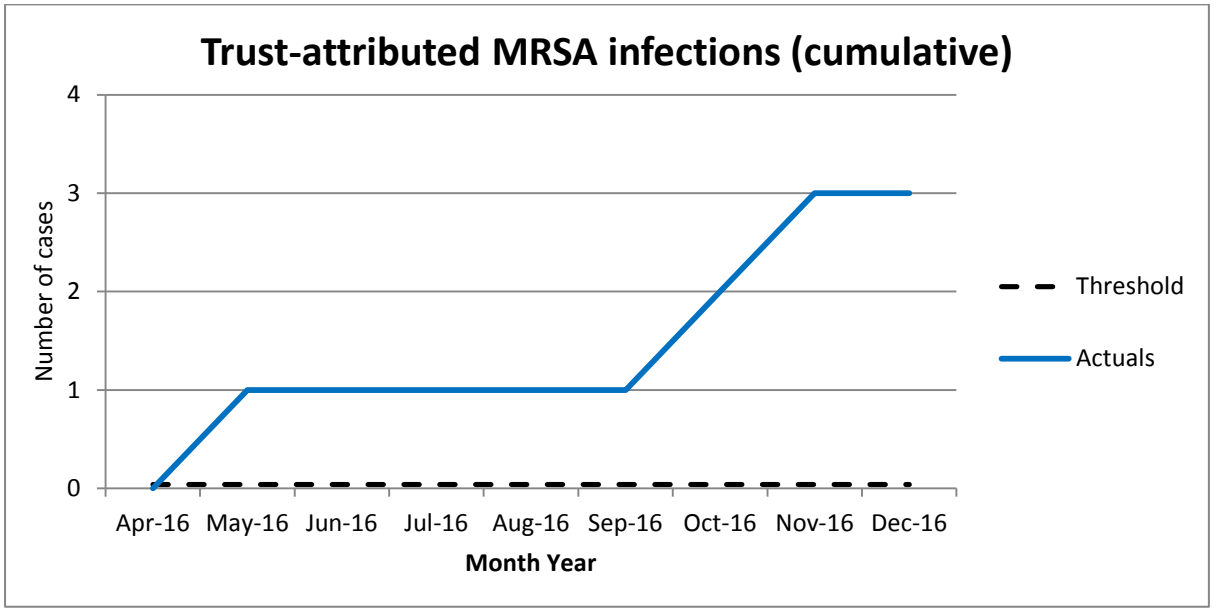


Figure 7 – Cumulative number of MRSA infections for the period April 2016 – December 2016

2.1.4 Safe: Clostridium difficile

Two cases of *Clostridium difficile* were allocated to the Trust for December 2016; neither of these have been identified as a lapse in care. The locations of these cases are shown below:

- Ward 11 North, CXH (ICU – SCCS)
- Ward 11 South, CXH (Neurosurgery – MIC)

A total of 50 cases have been allocated to the Trust in 2016/17, the annual target remains 69 cases. Each case is reviewed by a multi-disciplinary team to examine whether any lapses in care occurred and to agree actions to address issues found.

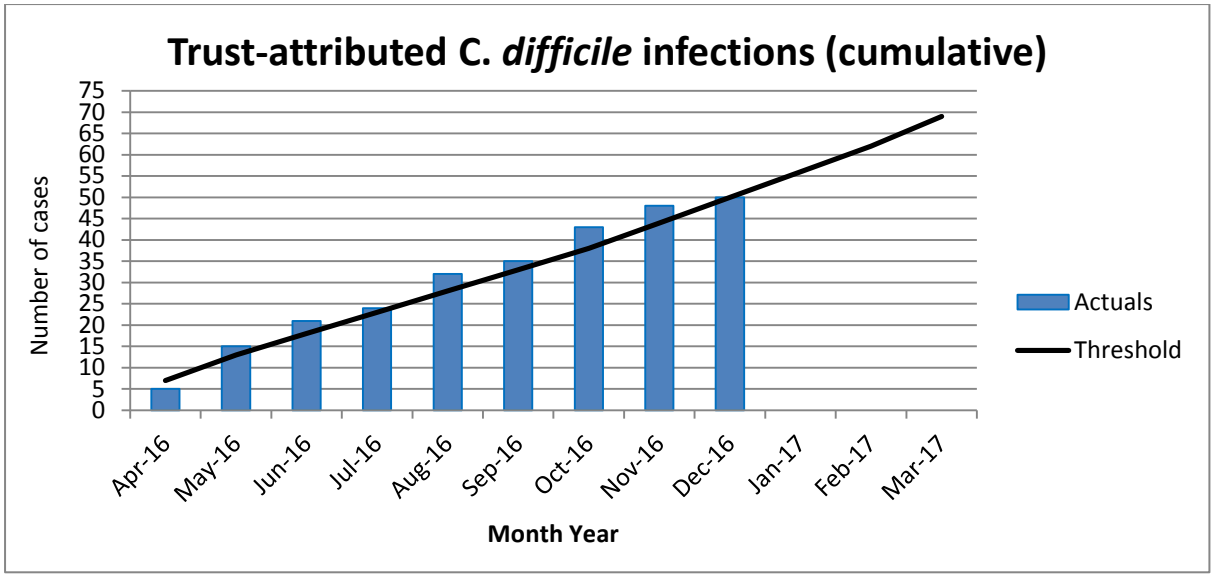


Figure 8 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2016 – December 2016

2.1.5 Safe: Venous thromboembolism (VTE) risk assessment

The latest reported VTE risk assessment performance is for November 2016 which was 95.6 per cent of adult inpatients (including day cases) assessed for venous thromboembolism (VTE) within 24 hours of admission, against the national quality target of 95 per cent or more. The December data are subject to further validation.

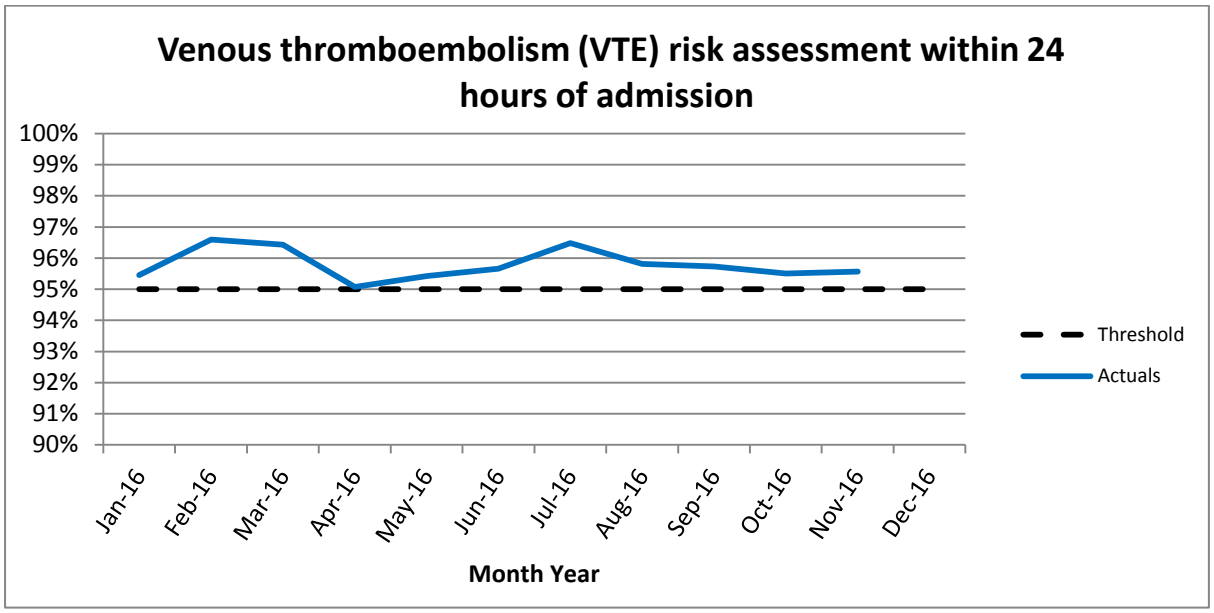


Figure 9 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period January 2016 – November 2016

2.1.6 Safe: Avoidable pressure ulcers

There was one avoidable unstageable pressure ulcer recorded in December 2016. The Trust has exceeded the target which was to achieve a 10 per cent reduction on 2015/16 which equates to no more than 22 during 2016/17.

All pressure ulcers are reported as serious incidents and investigated by the Senior Nurse for the clinical area and local action plan implemented. No trust-acquired category 4 pressure ulcer has been reported since March 2013

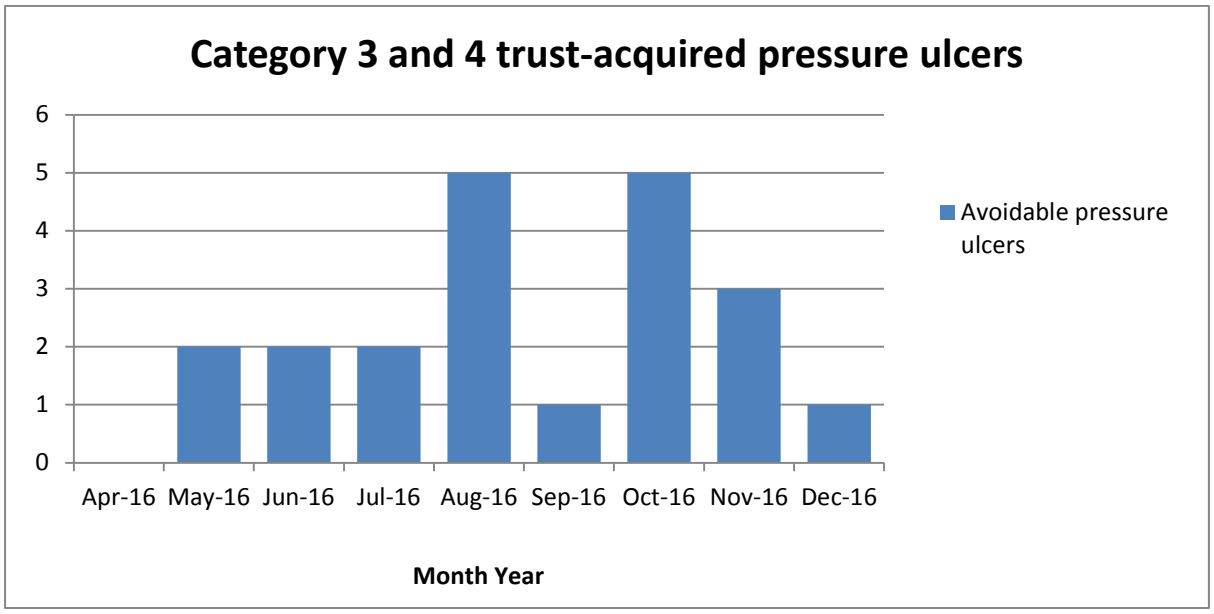


Figure 10 – Number of category 3 and category 4 (including unstageable) trust-acquired pressure ulcers by month for the period April 2016 – December 2016

2.1.7 Safe: Safe staffing levels for registered nurses, midwives and care staff

In December 2016 the Trust met safe staffing levels for registered nurses and midwives and care staff overall during the day and at night. The thresholds are 90 per cent for registered nurses and 85 per cent for care staff.

The percentage of shifts meeting planned safe staffing levels by hospital site are as follows:

Site Name	Day shifts – average fill rate		Night shifts – average fill rate	
	Registered nurses/midwives	Care staff	Registered nurses/midwives	Care staff
Charing Cross	96.23	87.45	97.27	96.26
Hammersmith	97.20	85.50	98.42	90.18
Queen Charlotte's	97.42	94.34	96.34	98.17
St. Mary's	96.00	89.39	97.27	96.13

The fill rate was below 85 per cent for care staff and 90 per cent for registered staff in the following wards:

- 4 South (medicine) had a fill rate of 84.66 per cent for care staff during the day.

This equated to 13 shifts uncovered. This was the result of rapid escalation to meet the demand for extra beds (6) and a combination of sickness, maternity leave and unfilled vacancies. The overall fill rate was over 90 per cent.

- 5 West (general medicine) had a fill rate of 73.81 per cent for care staff during the day. This equated to 22 shifts unfilled. 4 shifts were for escalation and increased activity whilst 11 shifts were for patients requiring enhanced care (specials). The gap in staffing overall was the result of a combination of factors; sickness, unfilled vacancies and the requirement for specials as well as the amalgamation of two clinical areas (5 West and 5 South). Managers are currently working through the staffing requirements of the new combined area according to patient acuity and dependency.
- 7 West (gastroenterology) had a fill rate of 82.82 per cent for care staff during the day .This equated to 14 shifts unfilled. This related to an increased requirement for specials for some patients. The overall fill rate was over 90 per cent.
- 8 South (general medicine) had a day fill rate of 83.43 per cent for care staff. This relates to 25 unfilled shifts as a result of increased requirement for specials.
- Manvers (general medicine) had a day fill rate of 84.53 per cent for care staff during the day. This resulted from the use of the Manvers rota to request shifts for the escalation beds (4-7) over the month of December equating to 11 shifts.
- Samuel Lane had a fill rate of 78.39 per cent for care staff during the day. This equated to 14 shifts unfilled. This was due to rapid escalation of beds (3) over much of December due to increased capacity requirements.
- Thistle ward (medicine) had a day fill rate of 83.87 per cent for care staff. This was due to an increased requirement for specials. The ward manager of the area for 34.5 hours in the numbers to ensure patients received appropriate levels of care.
- John Humphrey (medicine) had a fill rate for 88.87 per cent day fill rate for registered nurses and 75.68 per cent fill rate for care staff plus an overall fill rate of 82.54 per cent. The staffing gap related to unfilled shifts for enhanced care and staff sickness. Staffing cover was provided by other areas (PIU and Christopher Booth)
- A9 (cardiothoracic surgery) had a day fill rate for care staff of 69.77 per cent and 80.15 per cent at night equating to 12 day and 8 night shifts respectively unfilled. This resulted from an increased requirement for specials and staff were moved from other areas to ensure patients received the care they needed.
- 6 South ward (oncology) had a night fill rate of 86.90 per cent for registered nurses. This equated to 10 shifts where 1 HCA was used in place of the 1 of 3RNs that are established for the area.The establishment for this area will be reviewed to ensure the template matches the satffing requirements in the future, as 3 RNs are not required.

- The day fill rate for care staff overall at the Hammersmith site was 83.14 per cent for the month of December in the division of medicine. This was due to increased bed numbers and the high numbers of specials required across the division.

In order to maintain standards of care the Trust's Divisional Directors of Nursing and their teams optimised staffing and mitigated any risk to the quality of care delivered to patients in the following ways:

- Using the workforce flexibly across floors and clinical areas and in some circumstances between the three hospital sites.
- Cohorting patients and adjusting case mixes to ensure efficiencies of scale.

In addition, the Divisional Directors of Nursing regularly review staffing when, or if there is a shift in local quality metrics, including patient feedback. All Divisional Directors of Nursing have confirmed to the Director of Nursing that the staffing levels in December 2016 were safe and appropriate for the clinical case mix.

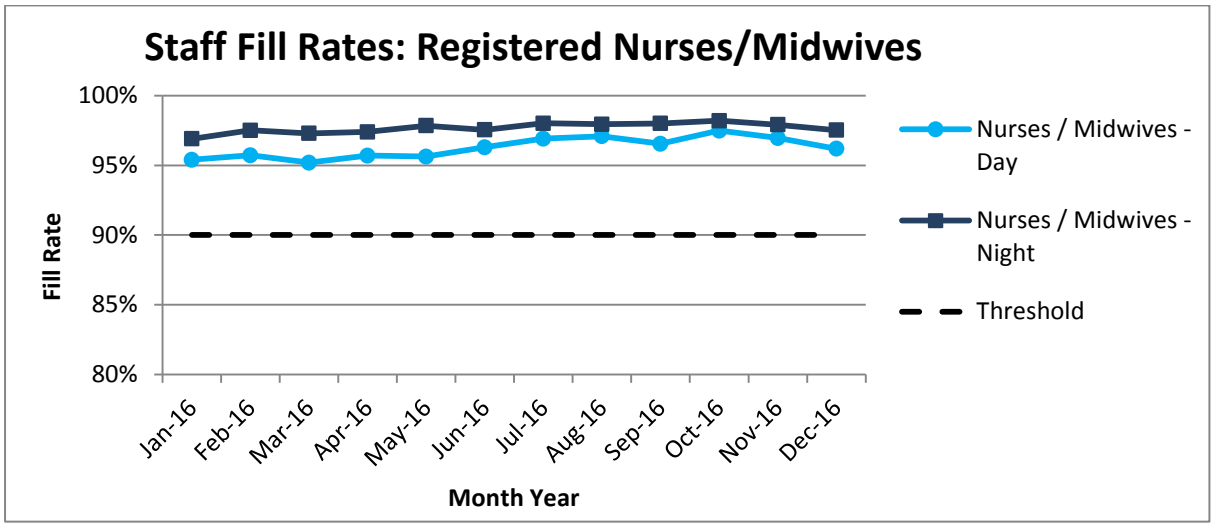


Figure 12 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period January 2016 – December 2016

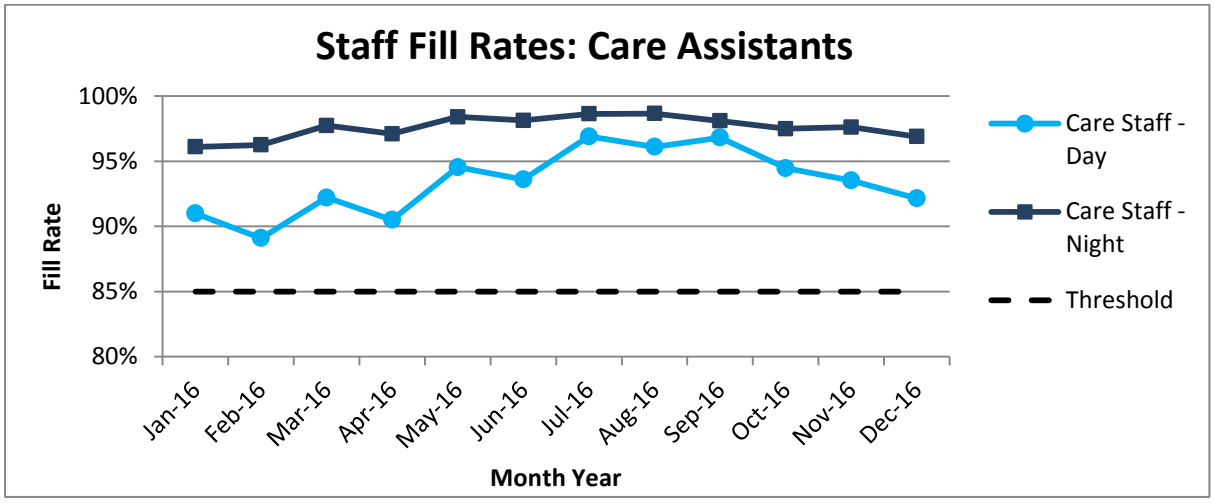


Figure 13 - Monthly staff fill rates (Care Assistants) by month for the period January 2016 – December 2016

2.1.8 Safe: CAS alerts

The Department of Health Central Alerting System (CAS) is a system for issuing patient safety alerts, public health messages and other safety critical information and guidance to the NHS and others. At end December 2016 there were 2 overdue CAS alerts for estates at the Trust, relating to the following:

1. Metal waste pipes used for the disposal of laboratory solutions and reagents containing sodium azide.
2. Recall of Hager 10 kA Miniature Circuit Breakers (MCBs)

Actions are being put in place to comply with each of the above alerts and to ensure completion. These include: warning labels to accessible pipework; Assessing circuit breakers for potential recall - to date only 1 has been identified of the type rating in the alert.

All open alerts are within their completion deadline dates.

2.1.9 Safe: Postpartum haemorrhage

The latest reported performance is for November 2016, where 3.5 per cent of women who gave birth at the Trust had a postpartum haemorrhage (PPH), involving an estimated blood loss of 1500ml or more within 24 hours of the birth of the baby. This was above the target, but was in line with the improvement trajectory.

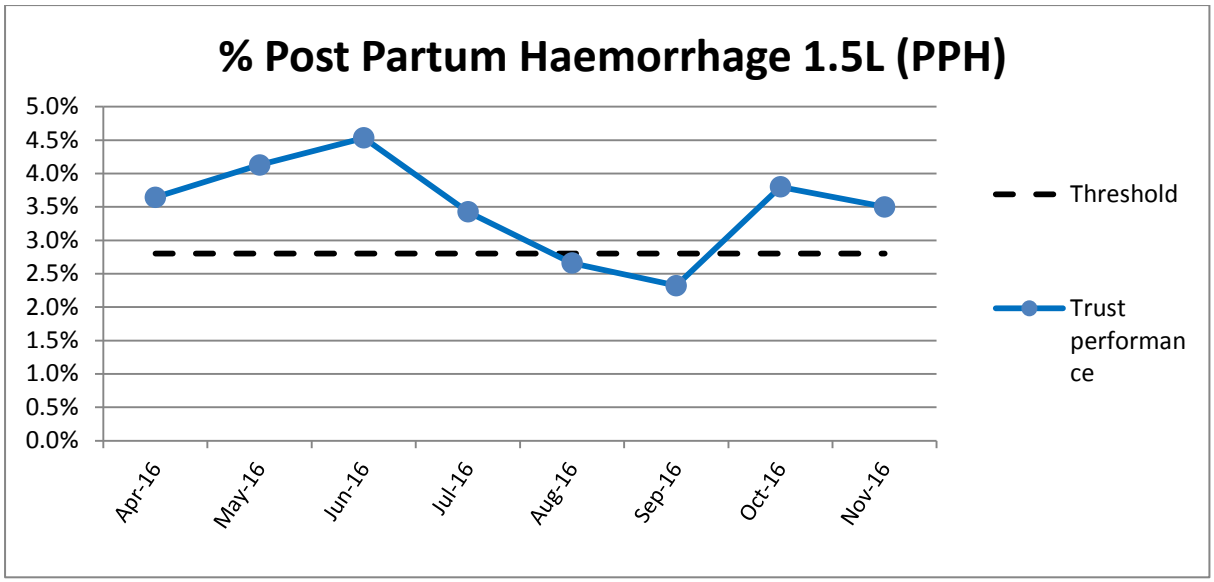


Figure 14 – Postpartum haemorrhage (PPH) for the period April 2016 – November 2016

2.1.10 Safe: Statutory and mandatory training

Core skills - excluding doctors in training / trust grade

In December 2016, overall compliance was 84.96 per cent against a target of 90 per cent. A communications campaign will commence in late January to launch the Core Clinical Topics as well as the Core 10 Topics.

Core Skills for doctors in training / trust grade

In December 2016, overall compliance was 70.76 per cent against a target of 90 per cent. The compliance for junior doctors is below target. This is attributed to a recent London-wide initiative to streamline movement of staff across London. This resulted in manual processes having to be completed and doctors asked to repeat modules. Measures are being taken to revise the process for the next intakes in February.

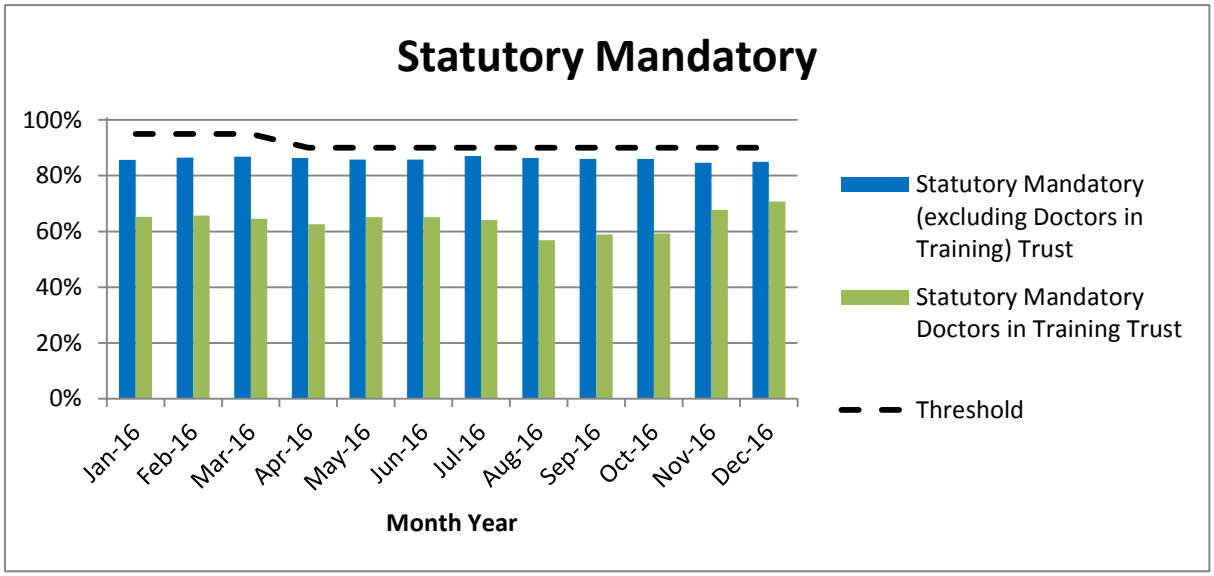


Figure 15 - Statutory and mandatory training for the period January 2016 – December 2016

2.1.11 Safe: Work-related reportable accidents and incidents

There were three RIDDOR-reportable (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents in December 2016.

- The first incident was an employee who received a finger injury whilst moving a patient, resulting in a work-related sickness absence of over 7 days.
- The second incident was an employee who was exposed, via inhalation, to 'a substance which could cause personal injury', due to ventilation malfunctioning; this is reportable as a dangerous occurrence.
- The third incident was an employee who was exposed, via eye contact, to 'a substance which could cause personal injury', arising from its unintentional release, caused by the catastrophic failure of a syringe which was connected to a pump injector; this is reportable as a dangerous occurrence.

In the 12 months to end December 2016, there have been 38 RIDDOR reportable incidents of which 13 were slips, trips and falls. The Health and Safety service continues to work with the Estates & Facilities service and its contractors to identify suitable action to take to ensure floors present a significantly lower risk of slipping.

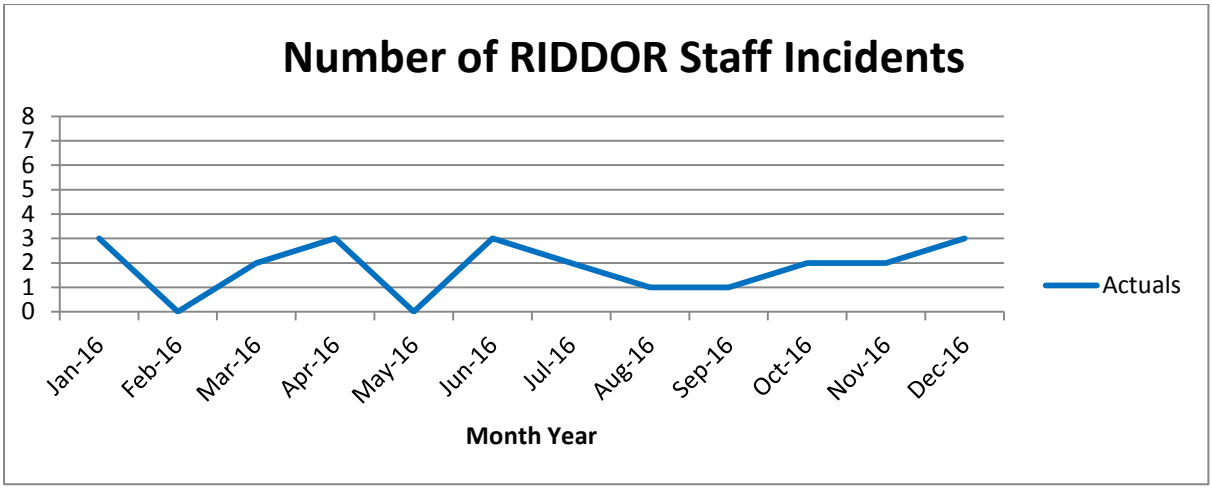


Figure 16 – RIDDOR Staff Incidents for the period January 2016 – December 2016

2.2 Effective

2.2.1 Effective: National Clinical Audits

There have been 26 national clinical audit reports published since April 2016 in which the Trust participated. Seventeen of these remain under review by the divisions, with action plans being developed for any areas of concern.

2.2.2 Effective: Mortality data

Our target for mortality rates in 2016/17 is to be in the top five lowest-risk acute non-specialist trusts as measured by the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI). The most recent monthly figure for HSMR is 55.98 for August 2016. Across the last year of available data (September 2015 – August 2016), the Trust has the third lowest HSMR for acute non-specialist trusts nationally. The Trust has the fourth lowest SHMI of all non-specialist providers in England for July 2015 to June 2016.

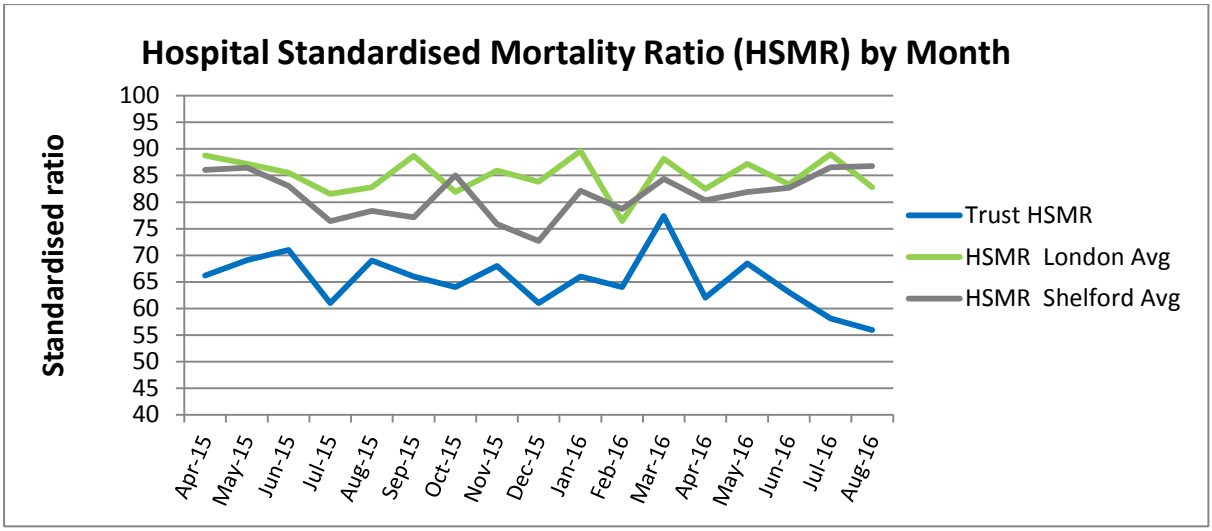


Figure 17 - Hospital Standardised Mortality Ratios for the period April 2015 – August 2016

2.2.3 Effective: Mortality reviews completed

The Trust's mortality review process has confirmed three deaths which occurred in the Trust between April-September as 'avoidable'. These have been investigated as serious incidents, and actions and learning implemented as a result. All potential avoidable deaths are reviewed by the Mortality Review Group which meets quarterly. The next meeting will occur on Friday 27 January. Revised data on the number of confirmed avoidable deaths identified so far by the process will therefore be included in next month's report.

2.2.4 Effective: Recruitment of patients into interventional studies

In quarter 1 2016/17, 94.2 per cent of clinical trials recruited their first patient within 70 days of a valid research application, against an internal target of 90 per cent.

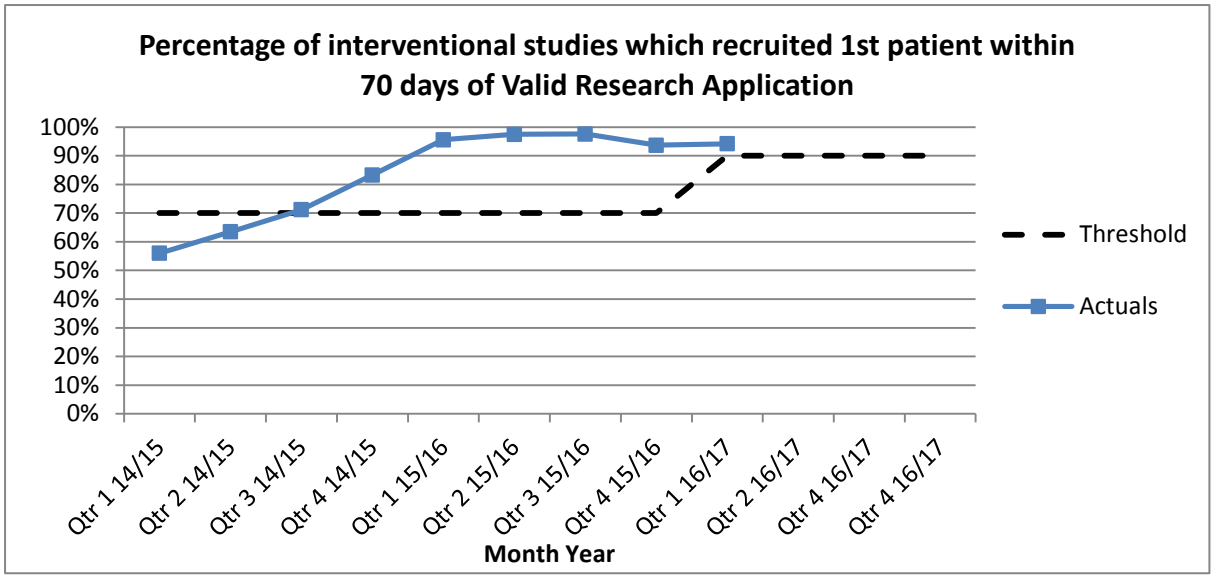


Figure 18 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q4 2015/16

2.2.5 Effective: Readmission rates

The Trust target is to reduce unplanned readmissions after discharge from the Trust and be below the national average. The most recent monthly figure is for June 2016 because of the time lag involved. For June 2016, Imperial readmission rates are lower in both age groups than the Shelford and National rates.

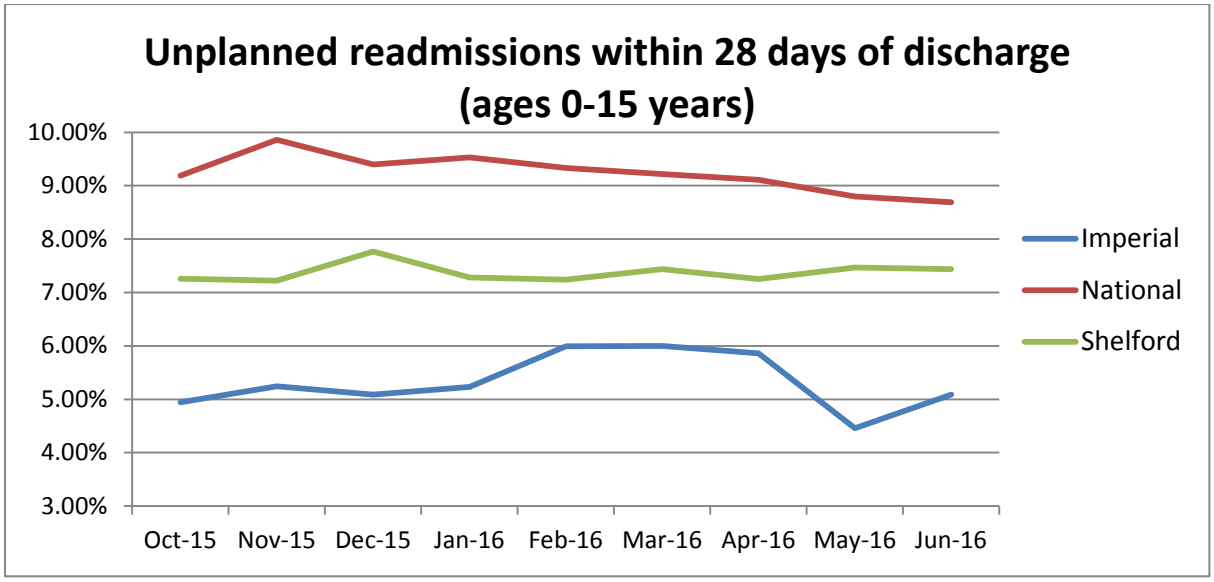


Figure 20 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages -15 years) for the period October 2015 – June 2016

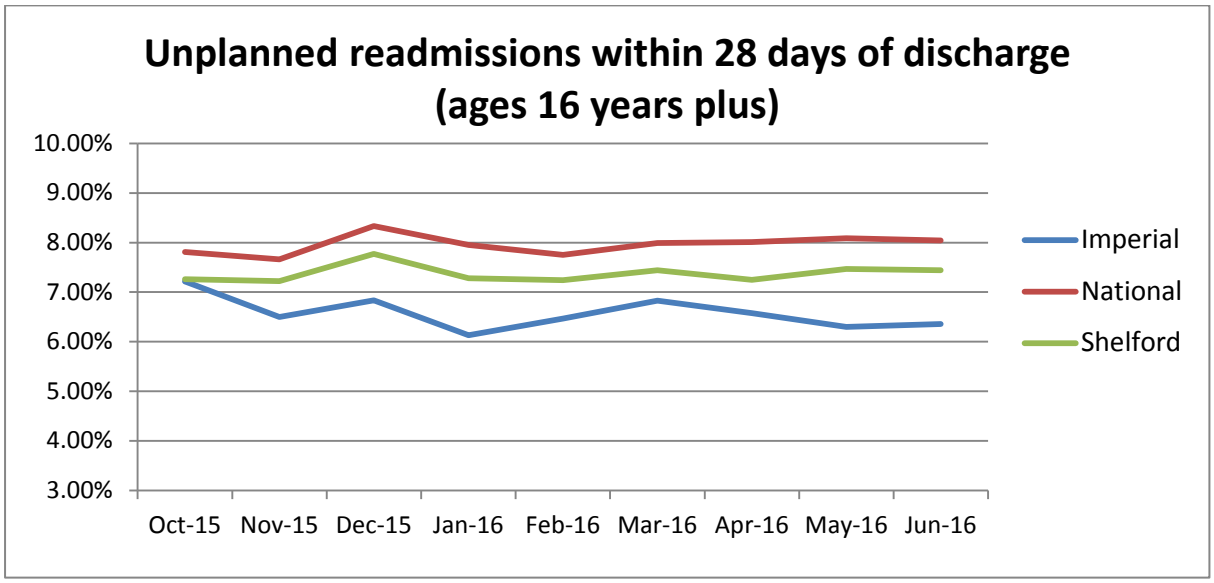


Figure 21 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages 16 years plus) for the period October 2015 – June 2016

2.2.6 Effective: Outpatient appointments checked in and checked out

When patients attend for their outpatient appointment they should be checked-in on the Trust system (CERNER) and then checked-out after their appointment so that it is clear what is going to happen next. If these steps are not done the Trust waiting list performance may be affected and patients may also not be moved on promptly to the next stage in treatment.

The improving performance as shown below reflects new Trust-wide targets and escalation processes to clear appointments not checked in or checked out on the system in a timely manner.

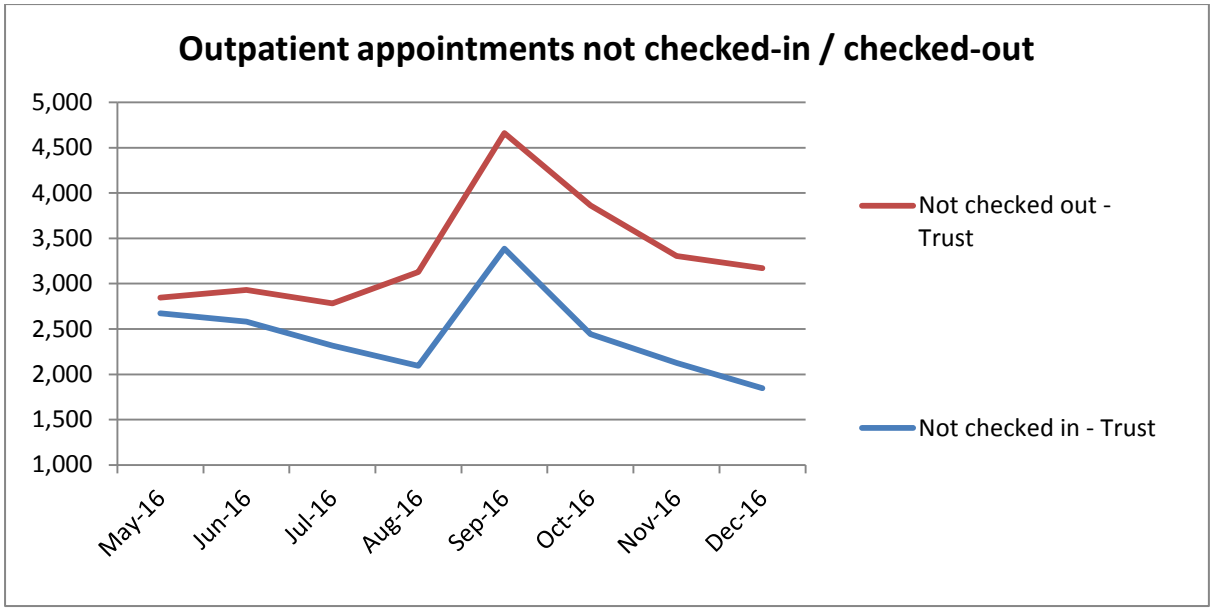


Figure 22 – Number of outpatient appointments not checked-in or DNA's (in the last 90 days)/ checked-in and not checked-out for the period May 2016 – December 2016

2.3 Caring

2.3.1 Caring: Friends and Family Test

There was a general fall in the response rates in December for inpatient, A&E and outpatient services. This may partly be due to the well documented pressures during the month and a reduction in close monitoring of the response rates. Willingness to recommend remains high and there has been a noticeable improvement in the overall maternity scores. This was particularly apparent in the post natal ward surveys that saw a 4 per cent in-month increase in the willingness to recommend.

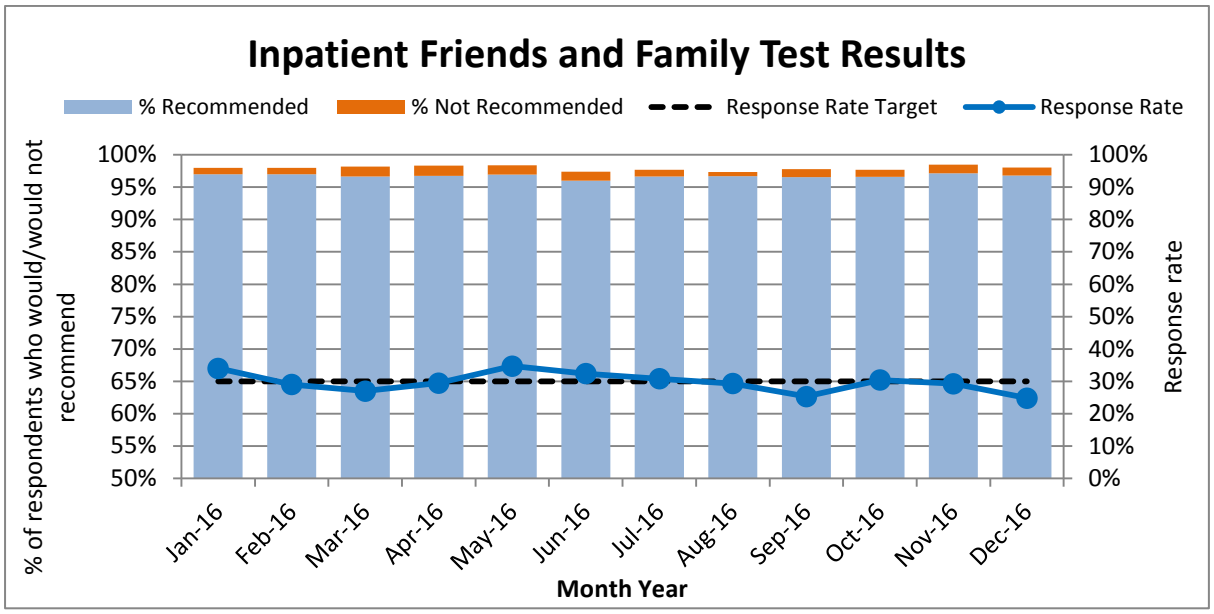


Figure 23 - Friends and Family (Inpatients) for the period January 2016 – December 2016

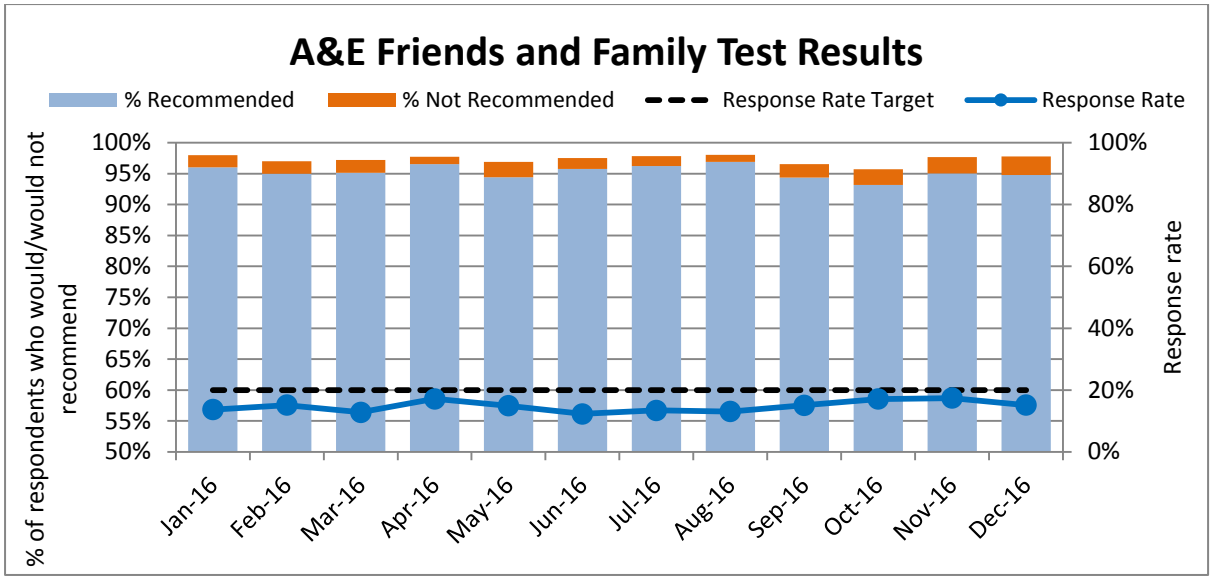


Figure 24 - Friends and Family (Accident and Emergency) for the period January 2016 – December 2016

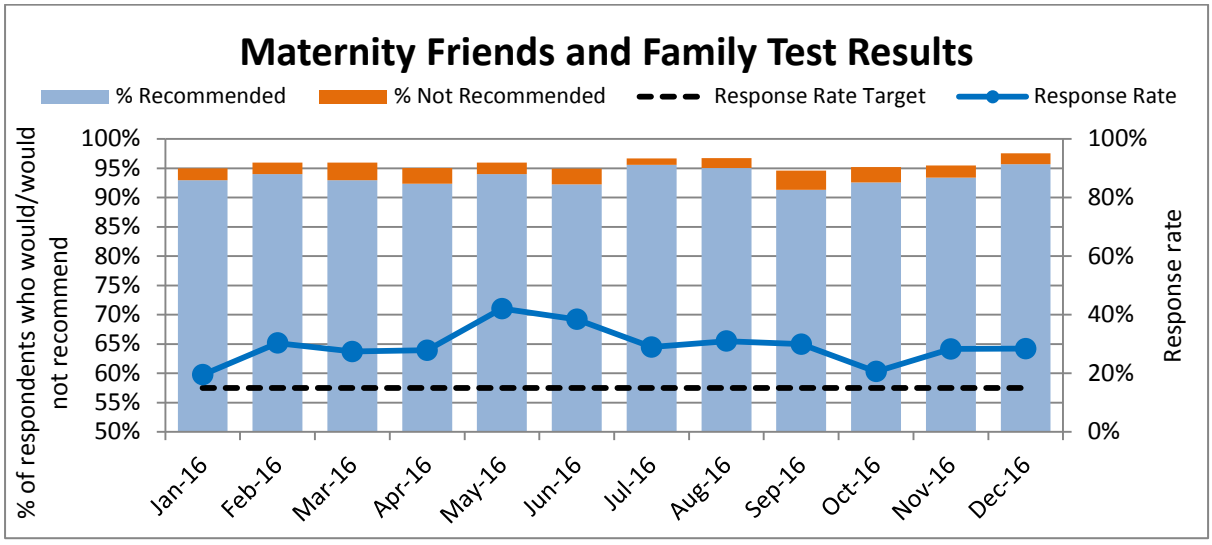


Figure 25 - Friends and Family (Maternity) for the period January 2016 – December 2016

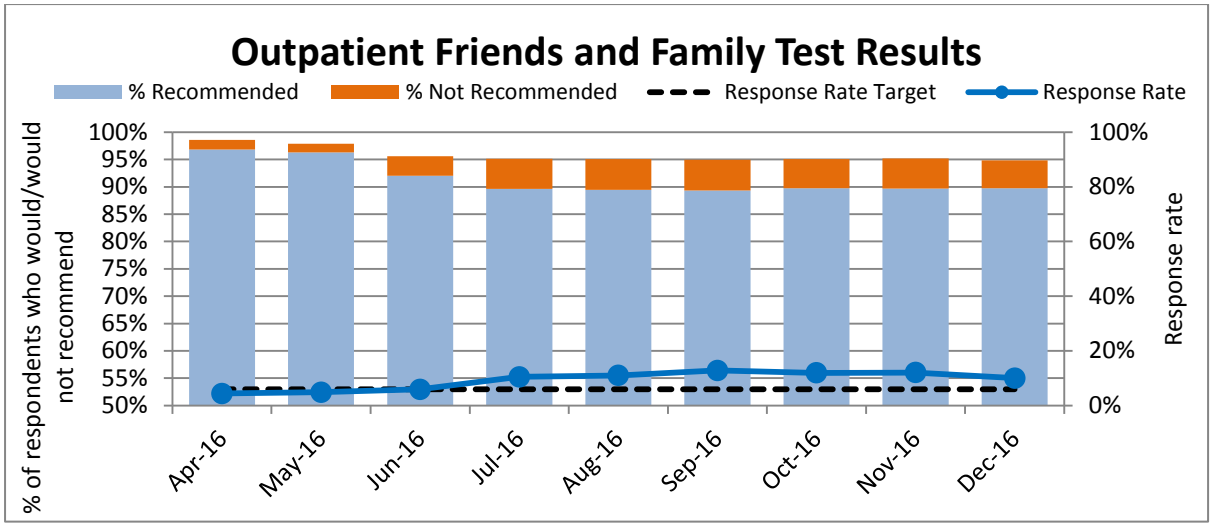


Figure 26 - Friends and Family (Outpatients) for the period April 2016 – December 2016

2.3.2 Caring: Patient transport waiting times

Non-Emergency Patient Transport Service

In December 2016, 76.3 per cent of patients who left the hospital as part of the non-emergency patient transport scheme left within 120 minutes of their requested pick up time (outward discharges and transfers), against a target of 98 per cent. A combination of new vehicles, driver recruitment and trialling of a new automated system are expected to result in journeys completed within shorter timeframes and improved month-on-month performance.

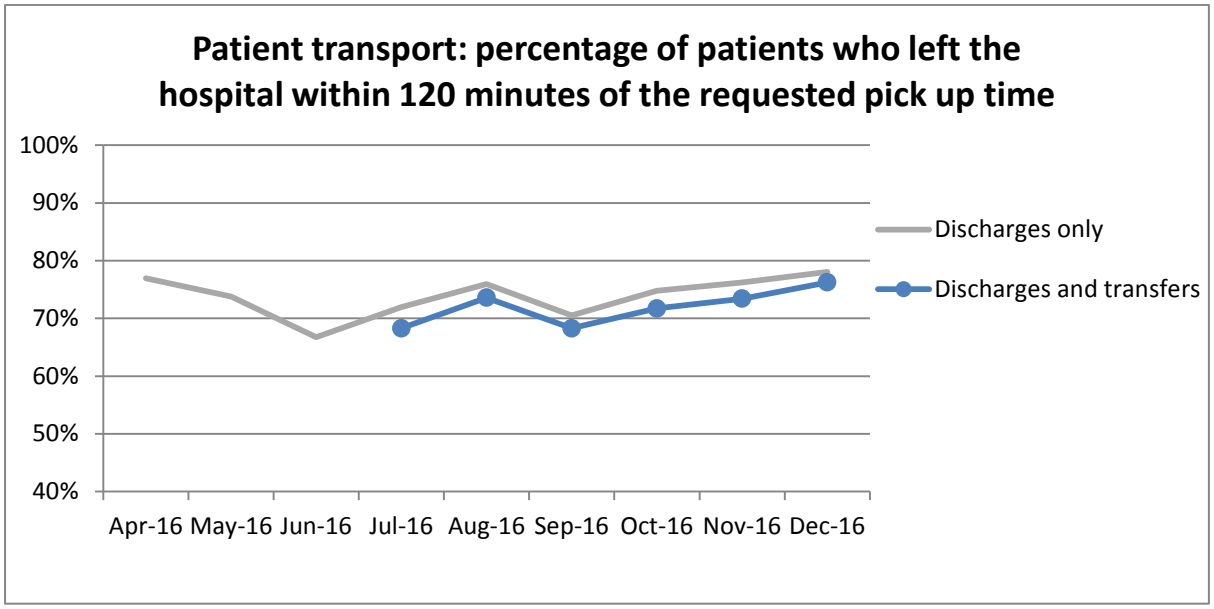


Figure 27 - Percentage of patients who left the hospital (discharges and transfers) as part of the patient transport scheme within 120 minutes of their requested pick up time between April 2016 and December 2016

2.3.3 Caring: Eliminating mixed sex accommodation

In December 2016, the Trust reported 16 breaches of the mixed-sex accommodation (MSA) national policy standard.

All 16 MSA breaches occurred within the intensive care units (ICU). Patients who are waiting for discharge from ICU to the appropriate ward are counted as MSA breaches if they are still in the ICU at midnight. Patients are usually identified for discharge at 9am.

The increase in MSA breaches over recent months relates to a change in practice in the use of side rooms in the ICU. A patient who is awaiting discharge can be moved into a side room and would not breach the MSA policy. This practice has now changed for the reasons outlined below.

- The practice involves moving intubated level 3 patients around the unit which is regarded as a safety concern by the ICU team. If a patient was accidently extubated and came to harm the move would be difficult to justify.

- The Trust recently had a VRE outbreak on the critical care unit at CXH. One of the issues identified has been the large number of patient bed moves. The infection control team requested that bed moves are minimised as much as possible. This has had a knock-on effect on MSA breaches.
- The practice ties up the limited number of side rooms which are being used for patients who require isolation on clinical grounds.
- Feedback from our patients and relatives is that additional bed moves contribute to poor experience.

The Trust is investigating solutions to improve discharge of patients from the intensive care unit which will reduce breaches of the mixed-sex accommodation policy.

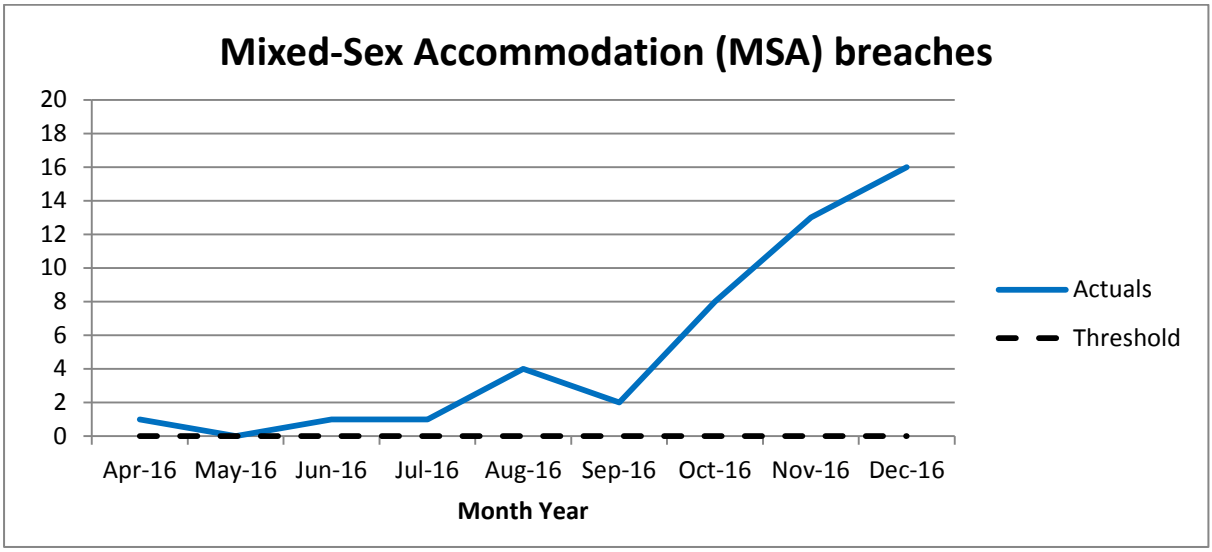


Figure 28 – Number of mixed-sex accommodation breaches reported for the period April 2016 – December 2016

2.4 Well-Led

2.4.1 Well-Led: Vacancy rate

All roles

At the end of December 2016, the Trust directly employed 9,727 WTE (whole time equivalent) members of staff across Clinical and Corporate Divisions and Research & Development areas.

The contractual vacancy rate for all roles was 11.15 per cent against the target of 10 per cent; an increase from the 10.35 per cent reported in November. This increase is attributed to two factors. The first is an increase to the post establishment of 66 WTE and a drop in the number of new joiners to the Trust in December (an expected seasonal fall due to many candidates not wishing to set a start date in the weeks

leading up to Christmas). Despite the reported rise in the Trusts vacancy rate, we still compare favourably to others in our region. Across London, the average vacancy rate for all Trusts is 14.0 per cent with London Acute Trusts averaging at 16.9 per cent (NHS Improvement).

During the month there were a total of 126 WTE joiners and 153 WTE leavers across all staffing groups and the Trusts voluntary turnover rate (rolling 12 month position) stands at 10.26 per cent.

Actions being taken to support reduction in vacancies across the Trust include:

- Bespoke campaigns are underway for a variety of specialities

- A variety of channels are being used to attract and recruit people including, Open Days booked monthly for 2017, Fairs, social media, print advertising and recruitment databases to source the passive and active market

- A social media campaign is being launched to maximise to publicity from the BBC documentary

- We are creating an assessment and selection tool to ensuring consistent decision-making to support retention and engagement – to be available from Q1 onwards

There were 451 WTE candidates waiting to join the Trust across all occupational groups.

Bands 2 - 6 Nursing & Midwifery on Wards

At end of December 2016, the contractual vacancy rate for band 2-6 Nursing & Midwifery ward roles was 17.49 per cent with 425 WTE vacancies; an increase on the November positionof 16.06 per cent and attributable to 17 WTE additional posts and 21 WTE fewer staff. For all Trust Nursing and Midwifery roles,at all bands, the vacancy rate is 13.82 per cent which compares favourably to the average across London (15 per cent).

Actions being taken to support reduction vacancies include:

- A project group is up and running to launch a 9/12 month project to address Band 2-6 ward based recruitment & retention including a variety of work streams which will address turnover issues and add additional recruitment strategies in this challenging marketplace

- Second phase of the new Capital Rotation Foundation programme have commenced to achieve a cohort of 30 Band 5 nurses by April 2017

- Nurse Associate pilot will commence in April 2017

- An attraction plan developed for theatres including: over-recruiting, changing the mix of Band 5 and 6s, and focused agency recruitment has reduced the vacancy rate by 50 per cent.

- We are actively attracting additional student nurses over and above our trainees

- We are scoping an international recruitment campaign

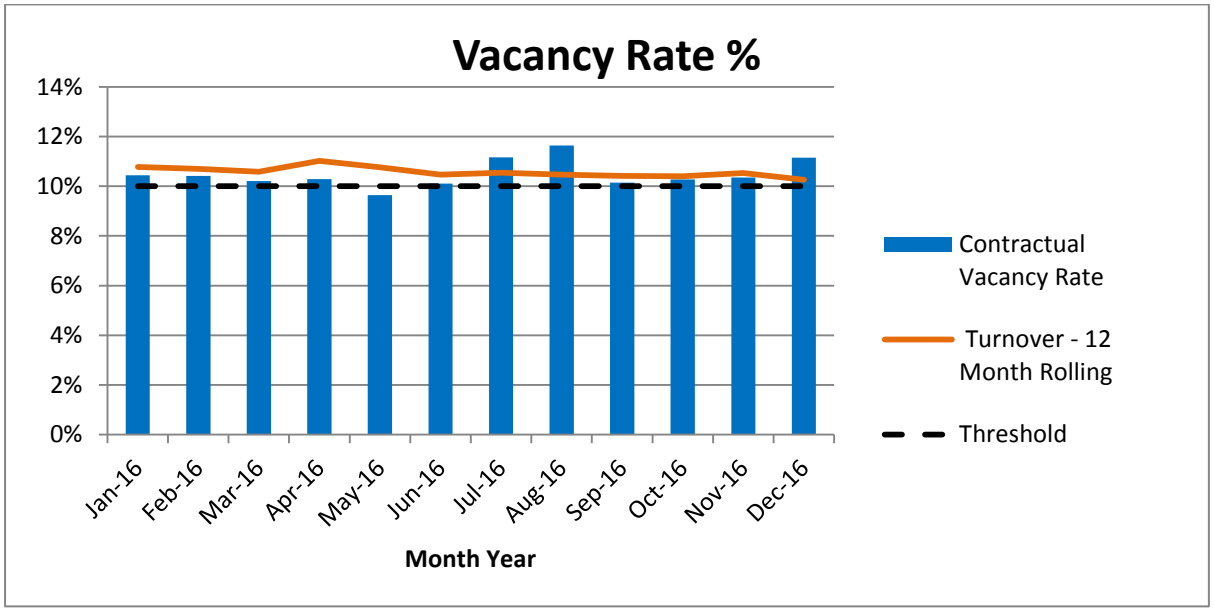


Figure 29 - Vacancy rates for the period January 2016 – December 2016

2.4.2 Well-Led: Sickness absence rate

In December 2016, recorded sickness absence was 3.09 per cent with the rolling 12 month sickness position of 3.04 per cent, both measures comparing favourably against the year-end target of 3.10 per cent or lower and the 3.30 per cent position reported in November 2015.

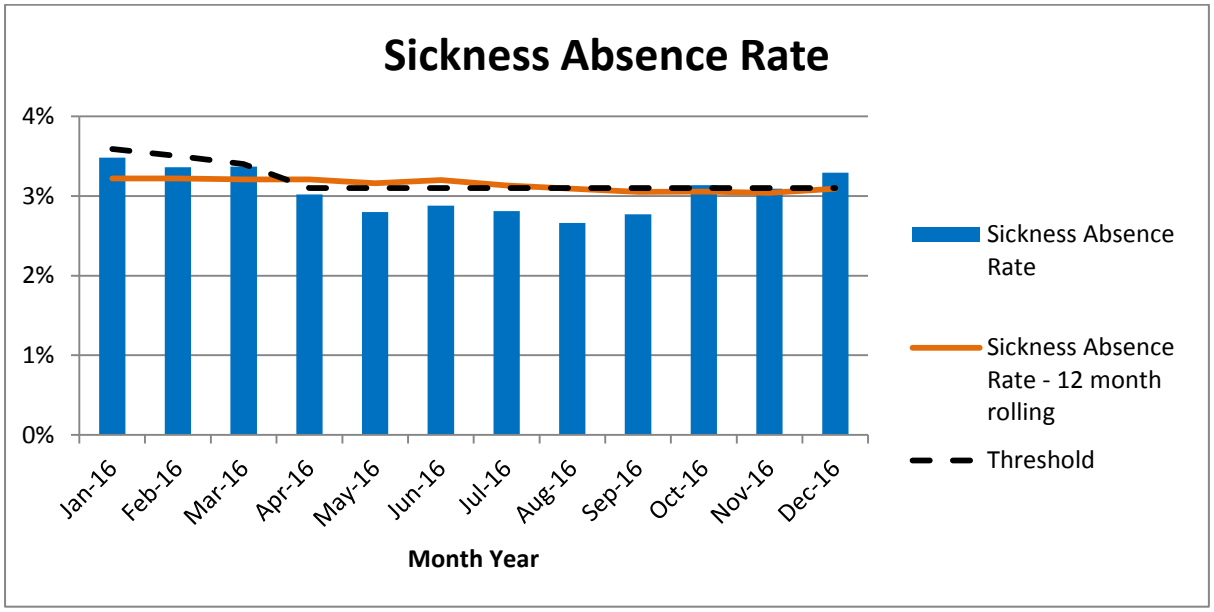


Figure 30 - Sickness absence rates for the period January 2016 – December 2016

2.4.3 Well-Led: Performance development reviews

The Trust achieved an 86 per cent compliance rate for completed Performance Development Reviews (PDR) for our non-medical staff. The new PDR cycle will begin on 1st April 2017 and will run up until September 2017.

2.4.4 Well-Led: Doctor Appraisal Rate

Doctors' appraisal rates have increased this month to 86.90 per cent.

All overdue doctors have all been contacted in line with Trust policy. Any doctor overdue by 3 months or more has received a letter from the Deputy Responsible Officer and advised of Trust policy, which includes the sanction of initiating a disciplinary investigation.

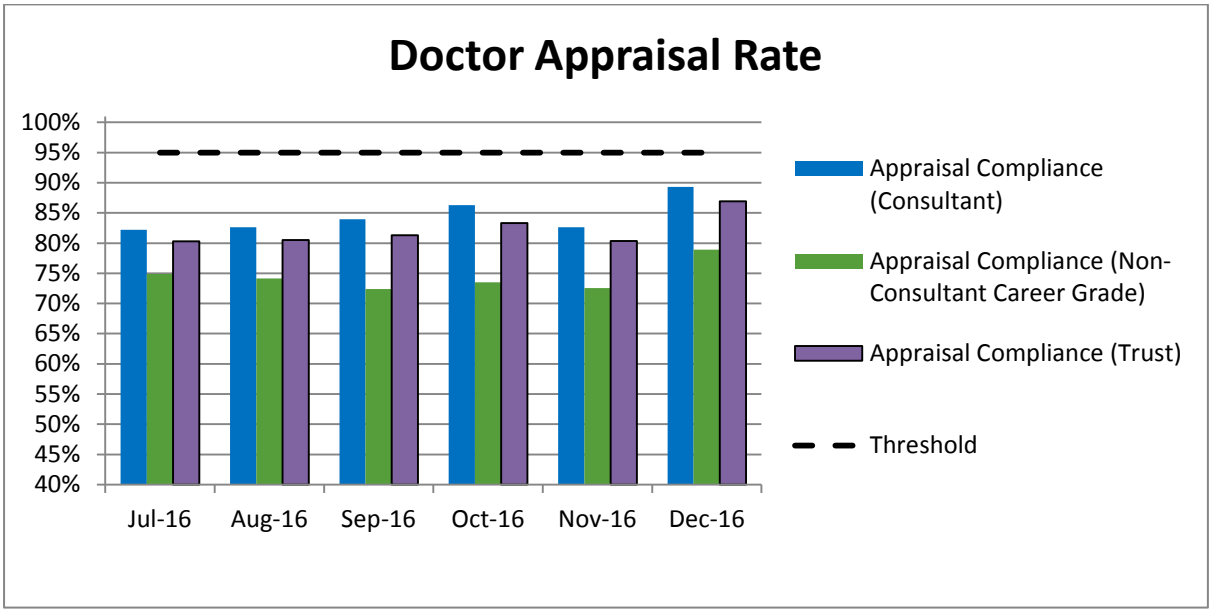


Figure 31 - Doctor Appraisal Rates for the period July 2016 to December 2016

2.4.5 Well-Led: General Medical Council - National Training Survey Actions

Health Education North West London quality visit

There remain 24 actions open from the Health Education North West London quality visit. The last action plan submission was November 2016.

2015/16 General Medical Council National Training Survey

The results of the GMC NTS survey 2015/16 were published in July and show a significant improvement, with 54 green flags compared to 20 last year and 25 red flags (where we are shown to be a significant national outlier), compared to 50 last year.

An action plan in response to the red flags was submitted to Health Education England in October 2016, consisting of 66 actions. The next update is due on 31

December. The numbers of open and closed actions will be monitored through this report going forward.

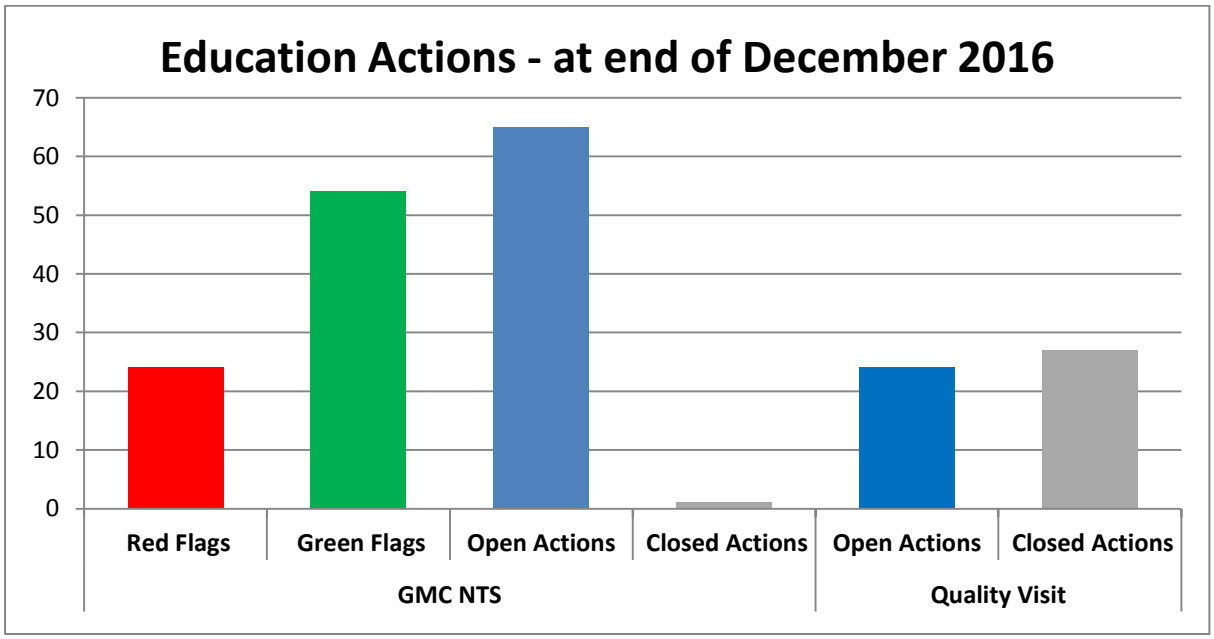


Figure 32 – General Medical Council - National Training Survey action tracker, updated at end December 2016

2.4.6 Well Led: Estates – maintenance tasks completed on time

In December 2016, 60.10 per cent of maintenance tasks were completed within the allocated response time against a target of 98 per cent. The main limiting factor was staffing levels over the Christmas and New Year period, as construction industry generally closes down.

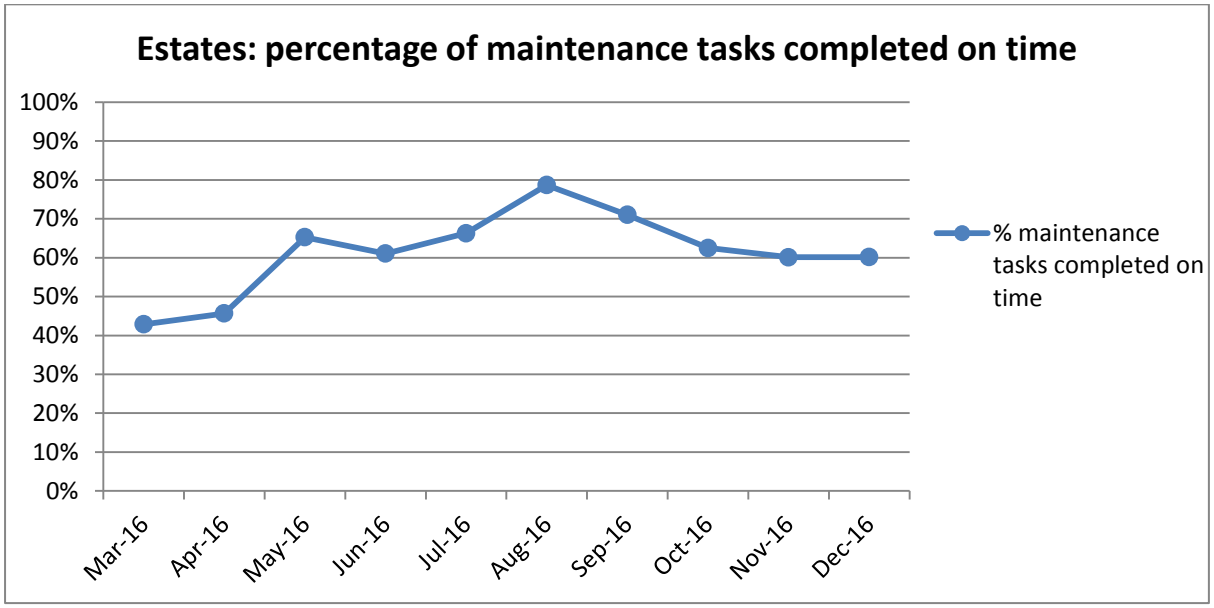


Figure 33 – Estates: percentage of maintenance tasks completed on time for the period April 2016 – December 2016

2.5 Responsive

2.5.3 Responsive: Consultant-led Referral to Treatment waiting times

The latest elective waiting times performance is for November 2016. The Trust's over 18 week incomplete performance improved in October and November, the first time for over a year, and the Trust projected that the backlog would reduce to enable the national standard of 92 per cent to be met, potentially by September 2017.

At the end of the November, 83.63 per cent of patients were waiting less than 18 weeks to receive consultant-led treatment (October performance was 83.40 per cent). The numbers of patients waiting over 18 weeks reduced to 10,309 patients from 10,624 in October.

The Trust continues the work of its waiting list improvement team and action plan, with external expert advice and support, to address RTT challenges and return to delivering the RTT standard sustainably. The project also oversees the management of the existing clinical review process which provides assurance that patients who wait over 52 weeks are not coming to significant harm. Significant progress has been made on all of the aspects of the programme. This includes waiting list data clean-up, roll out of a new Clinical Outcome form, establishment of right first time processes, additional clinical activity and theatre capacity and performance recovery trajectories for 18 week and long waiters. This project will continue into 2017/18.

The 18 week and 52 week performance in December and January is not expected to improve significantly on November. This takes into account less elective activity being done as result of national holiday, winter pressures, implementation of the new theatre timetable at Riverside and the continuing issue of patients identified from the data clean-up exercise requiring immediate attention. Performance is expected to improve from February 2017 onwards, although future projections on the rate of improvement each month still remain subject to uncertainty.

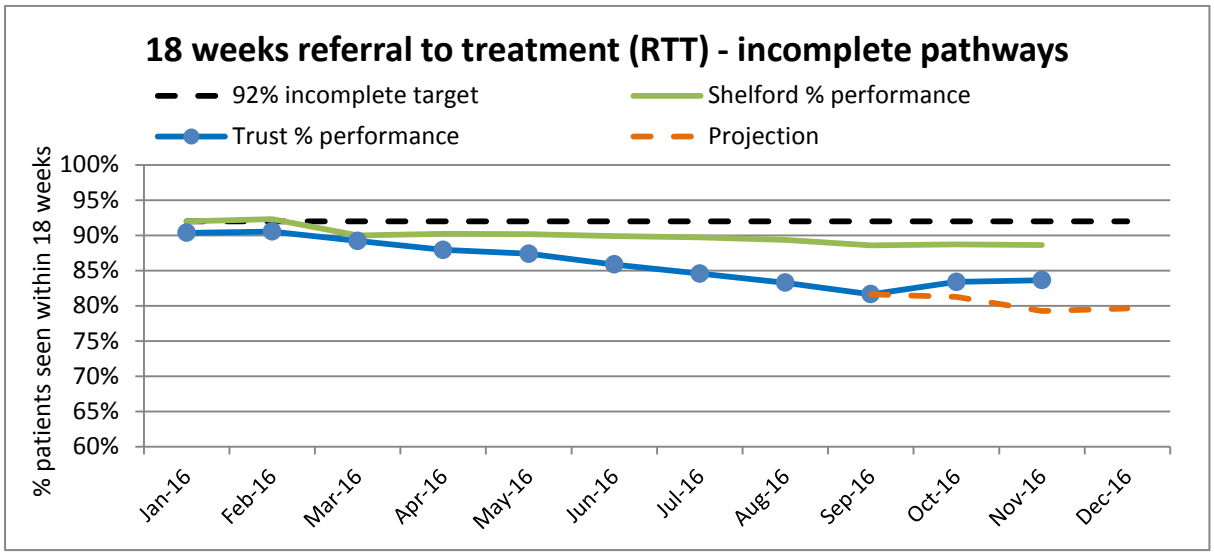


Figure 34 – Percentage of patients seen within 18 weeks (RTT incomplete pathways) for the period January 2016 – November 2016

52 weeks

The clean-up of the inpatient and outpatient waiting lists through the improvement programme continued in November. The impact is that there are a large number of patients whom we had not been tracking consistently in specific specialities because RTT rules were applied incorrectly at an earlier stage of the patient's treatment pathway.

In total at the end of November 2016, 401 patients had waited over 52 weeks for their treatment since referral from their GP (including 12 patients on gender reassignment pathways).

The priority for all long waiters is to agree a date for treatment for each patient as soon as possible. Each patient is subject to a clinical review to make sure that their care plan is appropriate in view of the time they have waited for treatment. Of the 401 patients reported as waiting over 52 weeks at end November:

- **251** patients were previously reported as waiting over 52 weeks at end of October. Cinical reviews and treatment plans are now in place. In many cases the patient continued to be waiting because they did not wish to have their delayed surgical operation straight away.
- **93** additional patients were identified as part of the data clean-up who have been re-instated onto the RTT waiting list.
- **45** patients were new breaches for whom we had been reviewing regularly, but whose treatment took longer than it should have done because of capacity problems or other reasons.

Clinical reviews and treatments plans are being completed on all patients waiting over 52 weeks.

Gender reassignment surgery pathways

- **12** patients on gender reassignment surgery pathways had waited over 52 weeks at end November 2016. These pathways were reported for the first time in June 2016 following agreement with NHS England which commissions the service from the Trust. The Trust is the only NHS provider of male to female gender reassignment surgery in the country. This backlog is steadily reducing in line with the agreed plan.

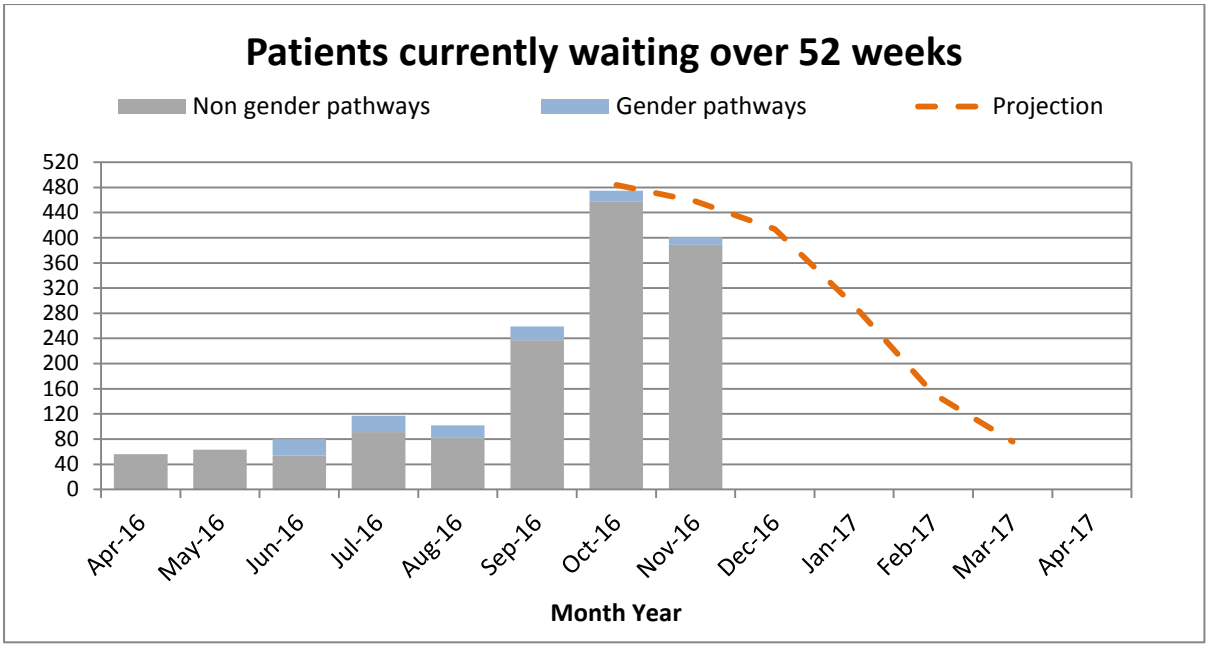


Figure 35 - Number of patients waiting over 52 weeks split by gender pathways and non-gender pathways, for the period April 2016 – November 2016

2.5.4 Responsive: Cancer

In January 2016, performance is reported for Cancer Waiting Times standards for November 2016. In November, the Trust achieved seven of the eight national standards including recovering the performance against the 62-day screening standard. Performance against the 62-day GP referral to treatment standard was 82.0 per cent in November which met the performance trajectory target of 78.7 per cent for the month.

Indicator	Standard	Nov-16
Two week GP referral to 1st outpatient – all urgent referrals (%)	93.0%	93.2%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	96.2%
31 day wait from diagnosis to first treatment (%)	96.0%	97.6%
31 day second or subsequent treatment (drug treatments) (%)	98.0%	100.0%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	97.8%
31 day second or subsequent treatment (surgery) (%)	94.0%	95.6%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	82.0%
62 day urgent GP referral to treatment from screening (%)	90.0%	92.9%

Table 1 - Performance against national cancer standards for November 2016

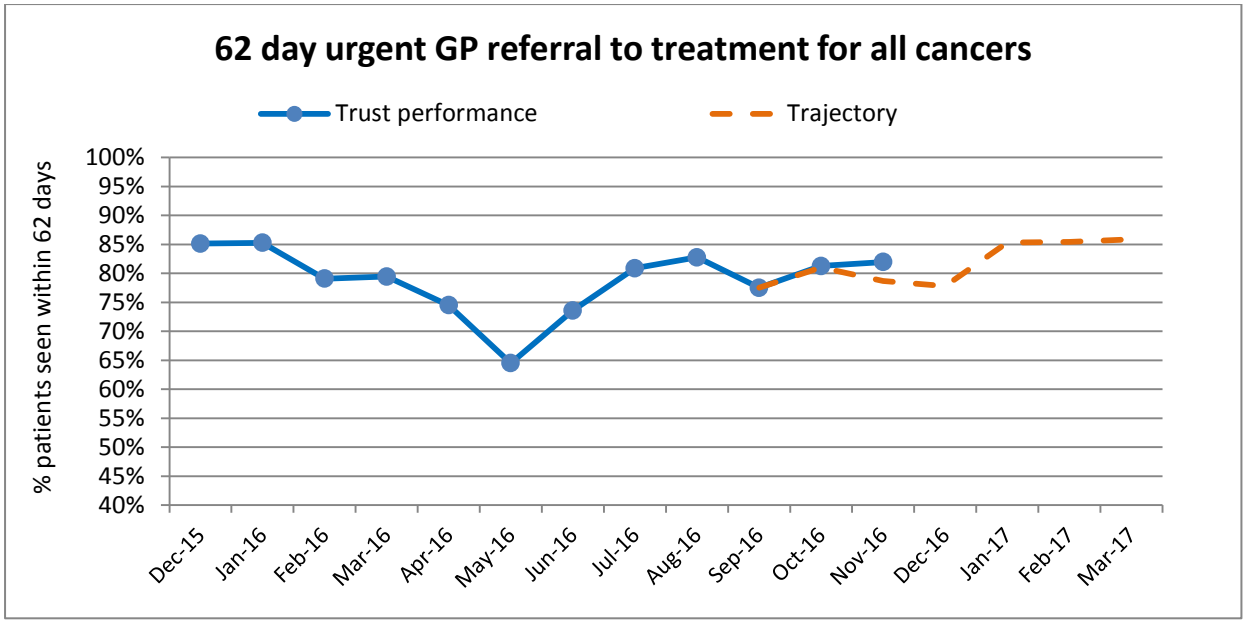


Figure 36 – Cancer 62 day GP referral to treatment performance for the period December 2015 – November 2016

2.5.5 Responsive: Elective operations cancelled on the day for non-clinical reasons

The cancellation rate for December was 0.83 per cent which is slightly above the target threshold of 0.8 per cent. The 28-day rebooking performance for quarter 3 will be submitted to the national system on 26 January.

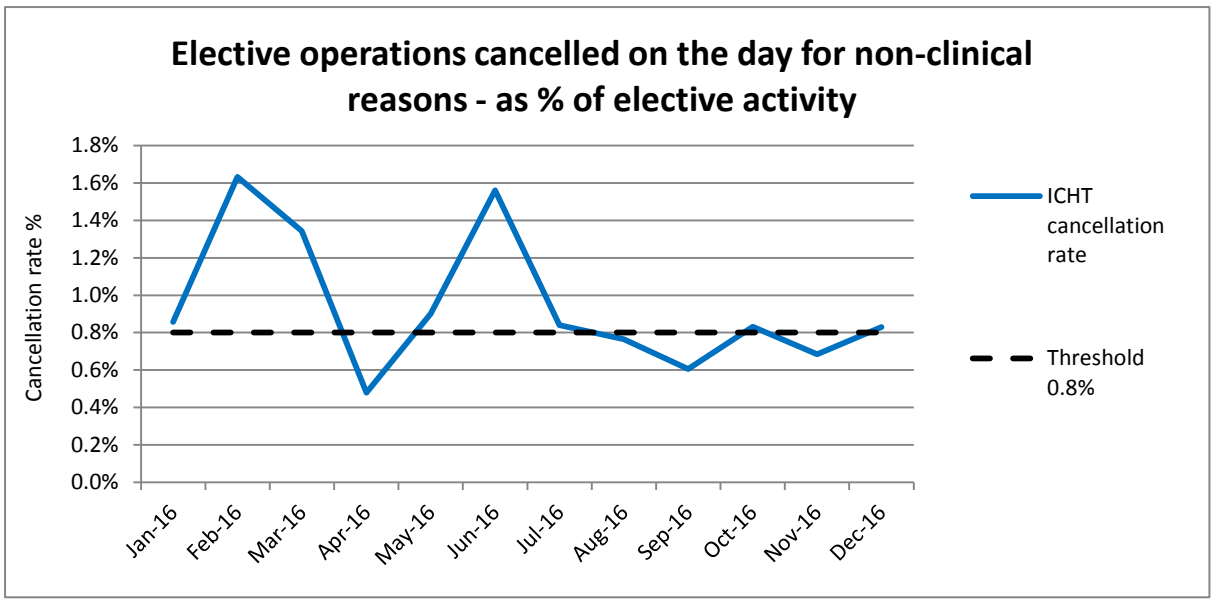


Figure 37 - Elective operations cancelled at the last minute for non-clinical reasons as a % of elective admissions for the period January 2016 – December 2016

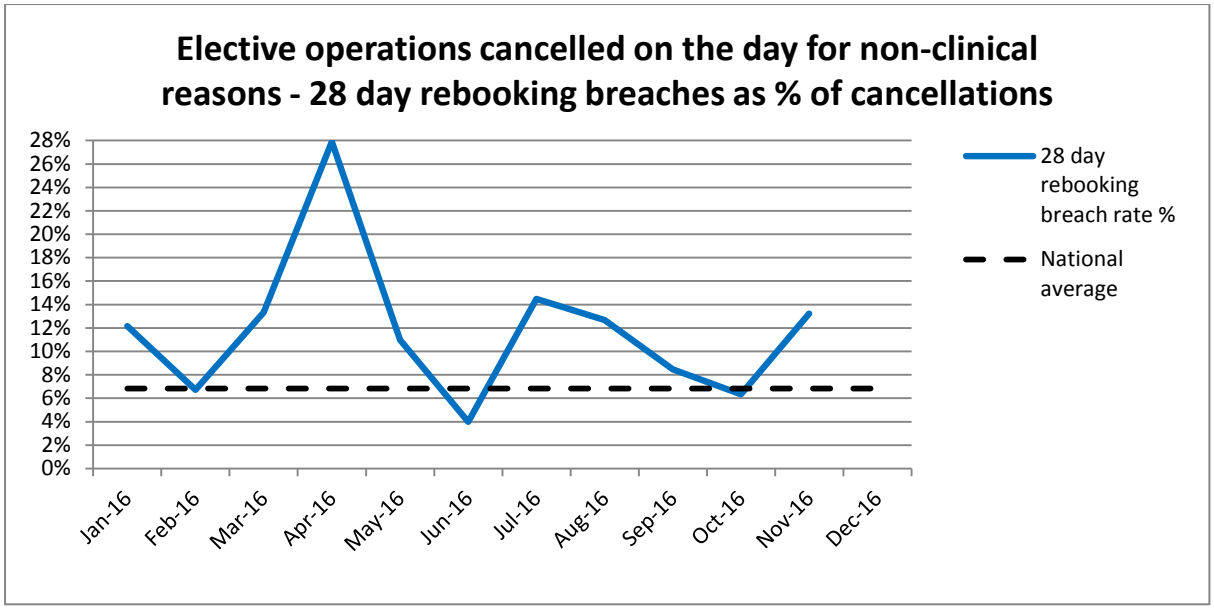


Figure 38 - Patients not treated within 28 days of their cancellation as a % of cancellations for the period October 2015 – September 2016

2.5.6 Responsive: Accident and Emergency

Performance against the four hour access standard for patients attending Accident and Emergency was 84.53 per cent in December 2016, which did not meet the performance trajectory target of 89.76 per cent for the month.

The drivers for current performance continue to be as follows:

- Ongoing difficulties with the performance of the Vocare Urgent Care Centre and the pathway for transferring patients from the UCC to the Emergency Department.
- Demand for urgent and emergency services remaining high across all sites, with increasing demand from ambulance arrivals.
- High levels of bed occupancy with increasing urgent and emergency demand.
- In December, the Trust reported 271 Trolley-waits of between four and twelve hours hours and 10 Trolley-waits of twelve hours or more (November was 200 and 7). All of the 12-hour trolley wait breaches were for patients waiting for a mental health bed.
- The total number of bed days taken up by all delayed patients was 722 (November was 572).

The Trust has an on-going programme of developments to improve the whole urgent and emergency care pathway. The priority is to reduce waits, improve flow and capacity and manage extra winter demand.

An expansion in capacity for emergency admissions is planned for early January with the opening of a new Acute Assessment Unit at CXH and a new Surgical Assessment Unit at SMH.

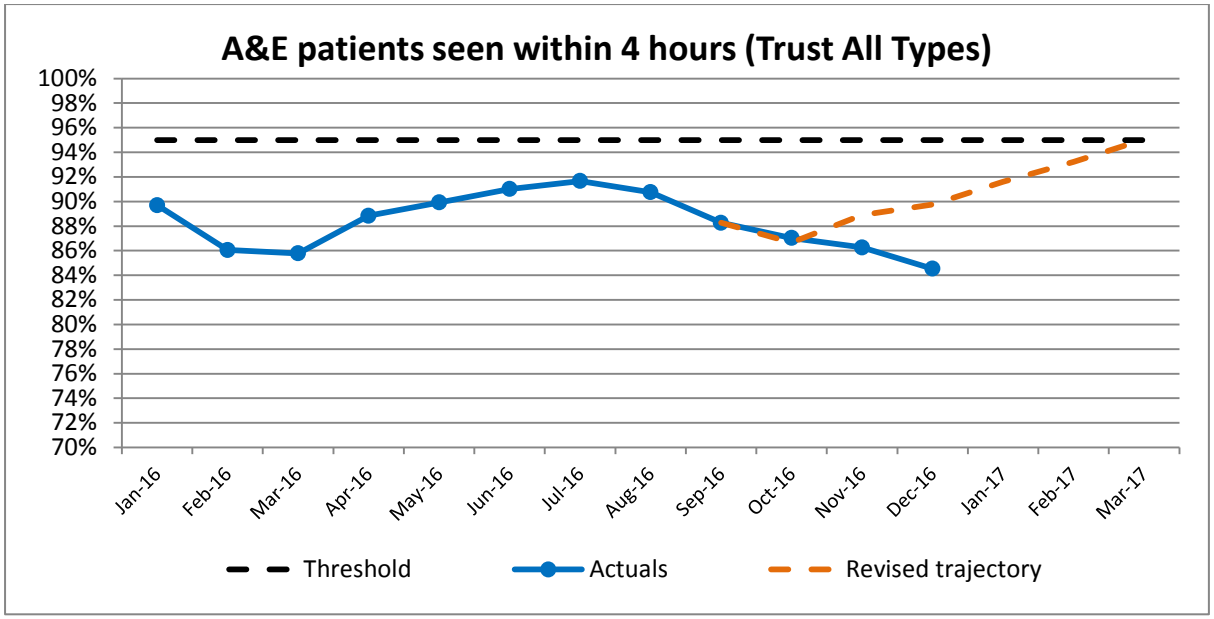


Figure 39 – A&E Maximum waiting times 4 hours (Trust All Types) for the period January 2016 – December 2016

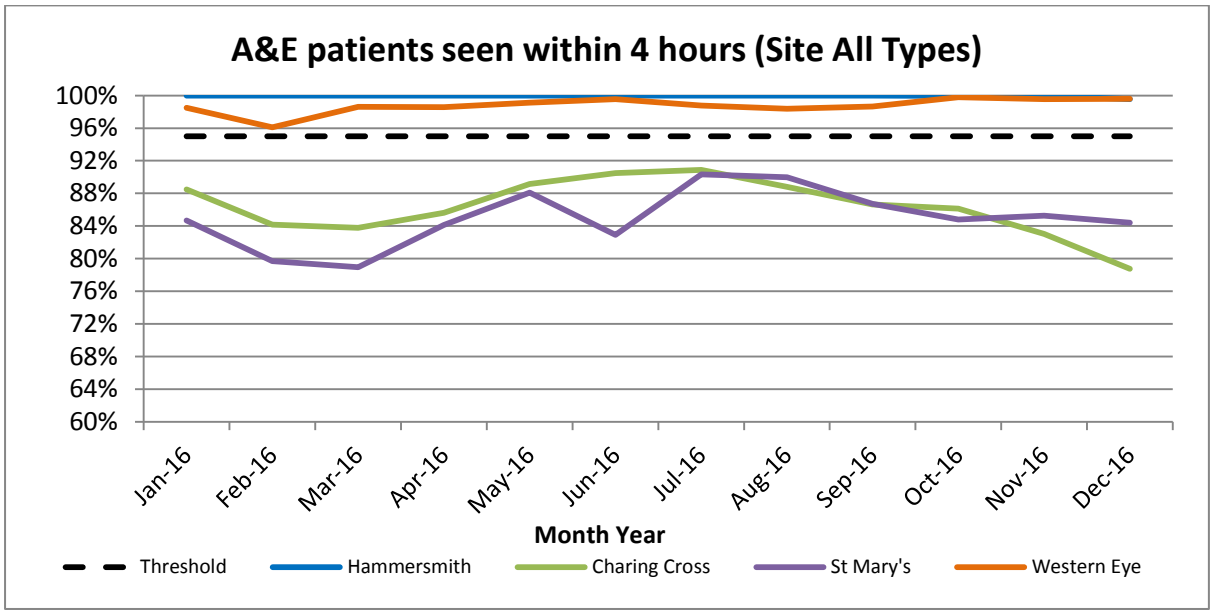


Figure 40 – A&E Maximum waiting times (Site All Types) 4 hours for the period January 2016 – December 2016

2.5.7 Responsive: Diagnostics

In December 2016, the Trust met the monthly 6 week diagnostic waiting time standard with 0.17 per cent of patients waiting over six weeks against a tolerance of 1 per cent.

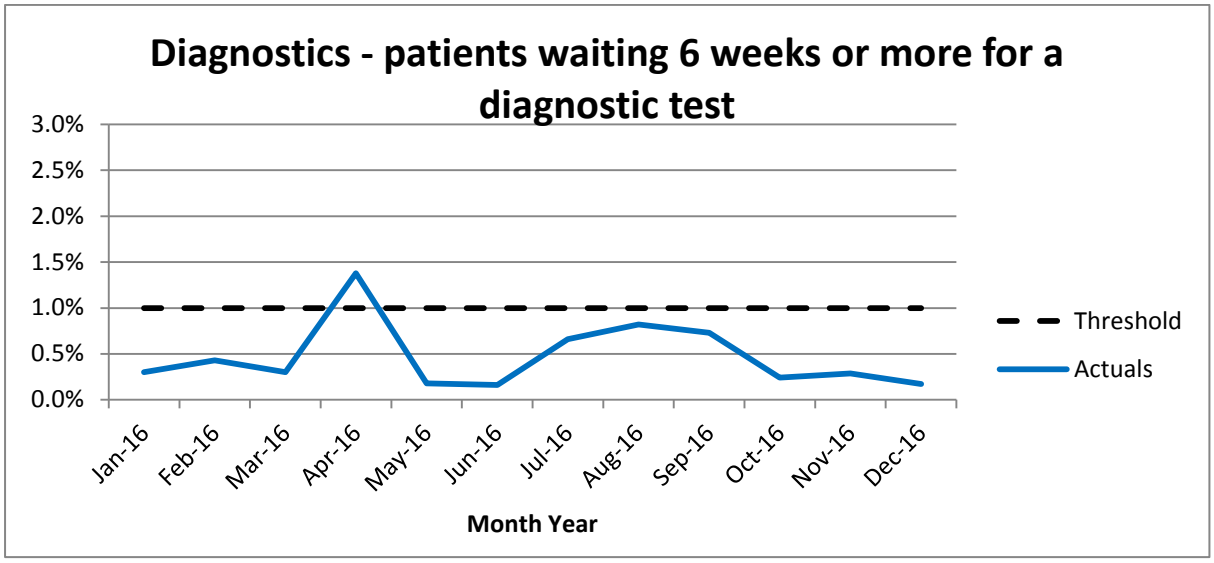


Figure 41 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period January 2016 – December 2016

2.5.8 Responsive: Patient attendance rates at outpatient appointments

In December, the aggregate DNA (first and follow up) performance was 11.7 per cent which equates to a total of 8,939 appointments in the month and 447 DNAs per working day. This is an increase on November performance of 11.0 per cent (7,240 appointments) and did not meet the performance trajectory target of 11.0 per cent for the month. This is likely to be due to seasonality affecting attendance rates.

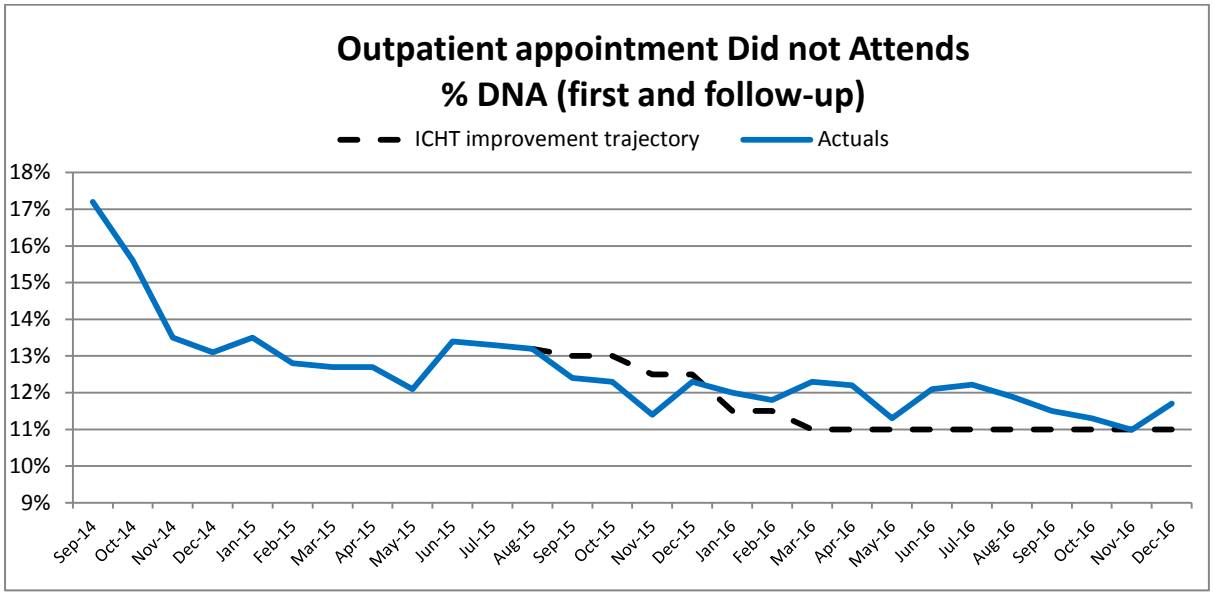


Figure 42 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period September 2014 – December 2016

2.5.9 Responsive: Outpatient appointments cancelled by the Trust

In December, 13.7 per cent of outpatient appointments (14,639) were cancelled by the Trust with 7.9 per cent (8,474) of these cancelled at less than 6 weeks' notice. This equates to 732 appointments per working day, of which 424 appointments are at short notice. This is an increase on the November position which was 12.5 and 7.5 per cent respectively but still better than the performance trajectory target of 9.0 per cent for the month.

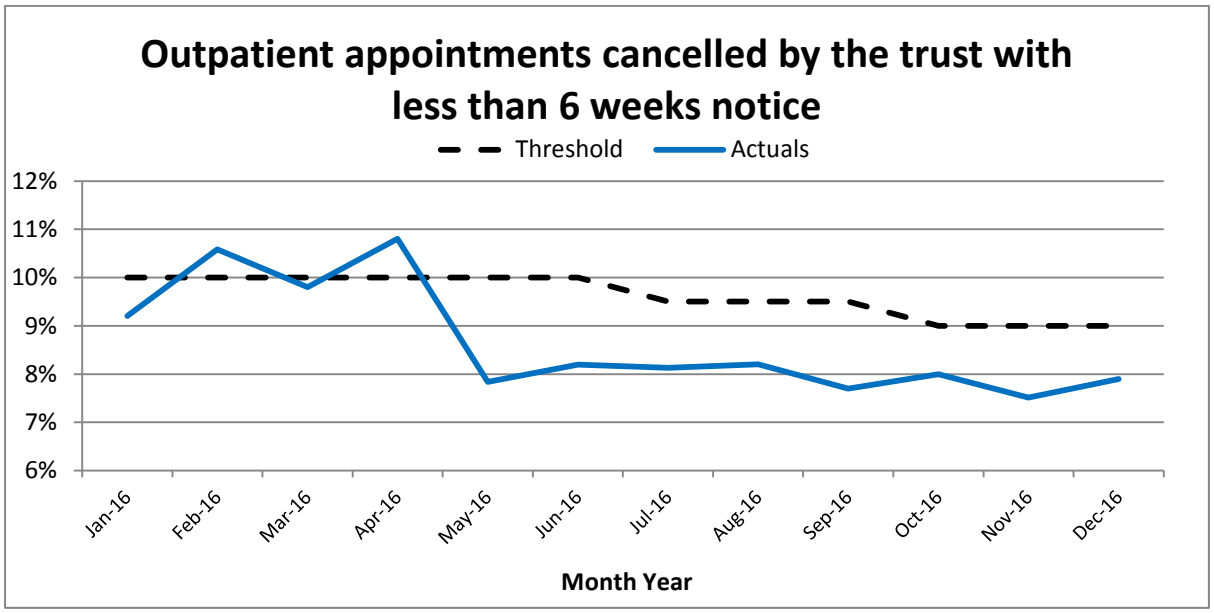


Figure 43 – Outpatient appointments cancelled by the Trust with less than 6 weeks' notice for the period January 2016 – December 2016

2.5.10 Responsive: Outpatient appointments made within 5 days of receipt

The Trust's quality strategy target is for 95 per cent of routine outpatient appointments to be made within 5 working days of receipt of referral. In December, 83.2 per cent of routine appointments were made within 5 days which is an improvement on November performance of 75.1 per cent.

This is reflective of the continued focus on new ways of working though the Patient Service Centre for centralised services, such as improved tracking and performance monitoring, increased responsiveness to outliers using huddle boards, and increased resourcing allocation to bookings as a result of improved call handling staffing model.

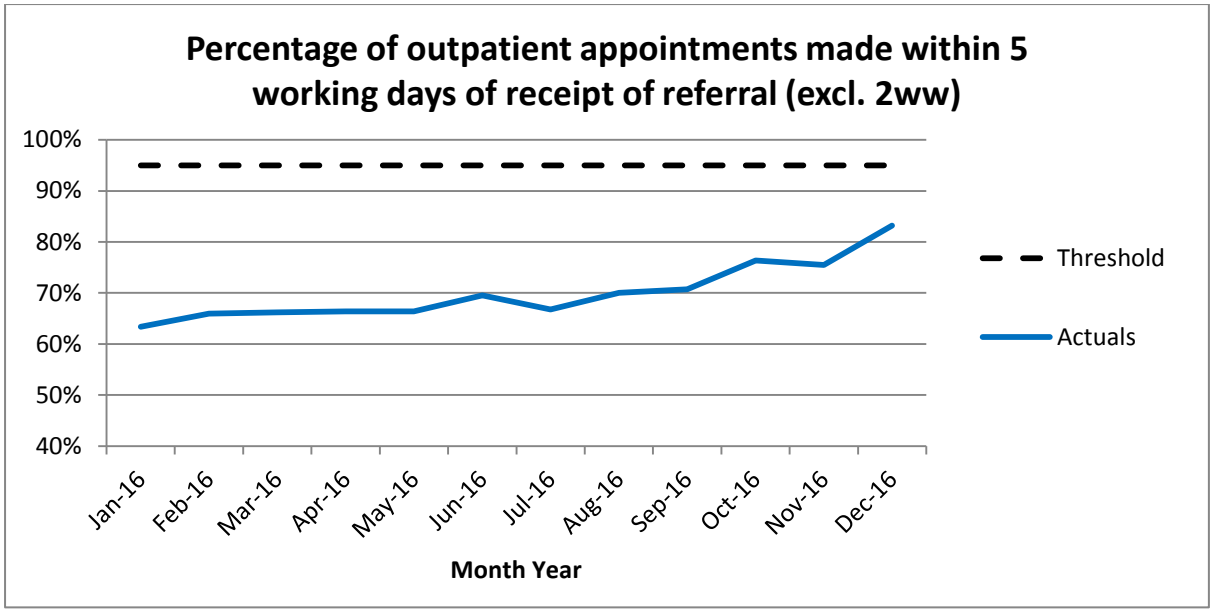


Figure 44 – % of outpatient appointments made within 5 working days of receipt of referral (excluding 2 week waits) for the period January 2016 – December 2016

2.5.11 Responsive: Access to antenatal care – booking appointment

In December 2016, 97.0 per cent of pregnant women accessing antenatal care services completed their booking appointment by 12 weeks and 6 days (excluding late referrals), meeting the target of 95 per cent or more. The Trust is expected to continue to achieve this access standard during 2016/17.

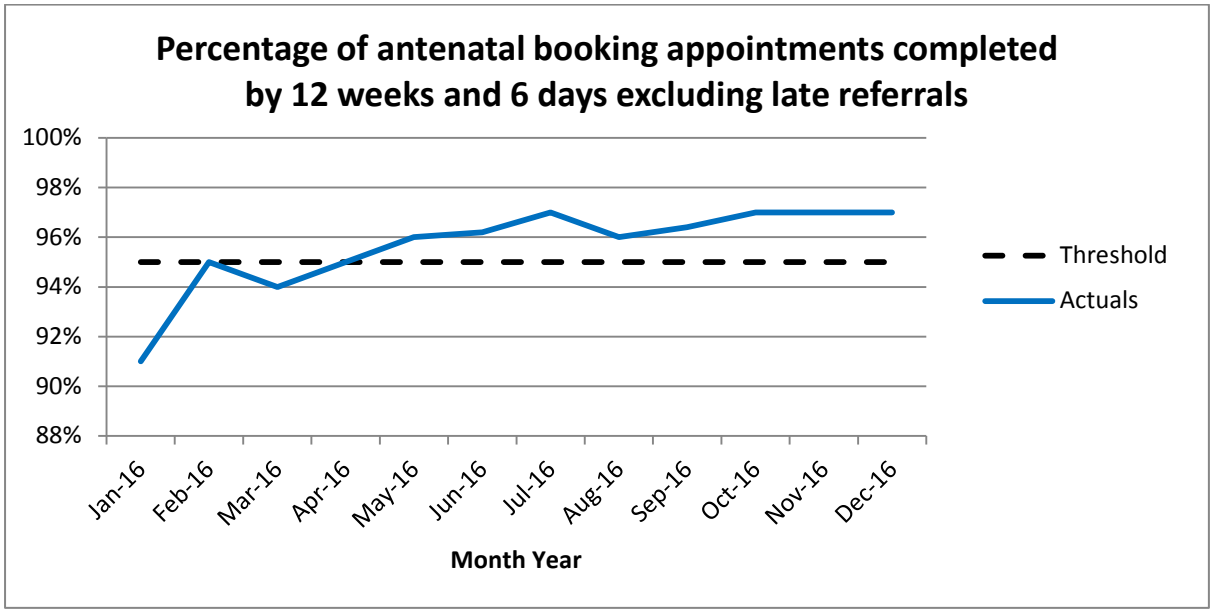


Figure 45 – Percentage of antenatal booking appointments completed by 12 weeks and 6 days excluding late referrals for the period January 2016 – December 2016

2.5.12 Responsive: Complaints

Only 72 formal complaints were received in December. December is the month that historically sees the lowest number of complaints, but this is still notable although we would anticipate this to increase again in January as it does each year.

The response time target was maintained at 100 per cent in December although one complaint breached the three day acknowledgement target due to a recording error.

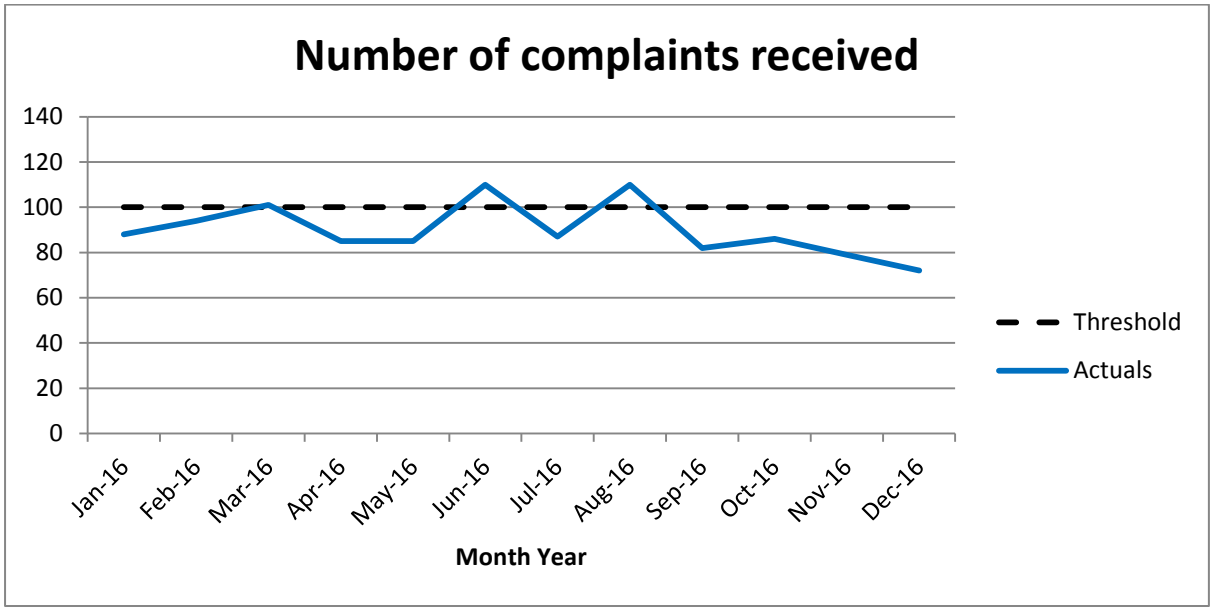


Figure 46 – Number of complaints received for the period January 2016 – December 2016

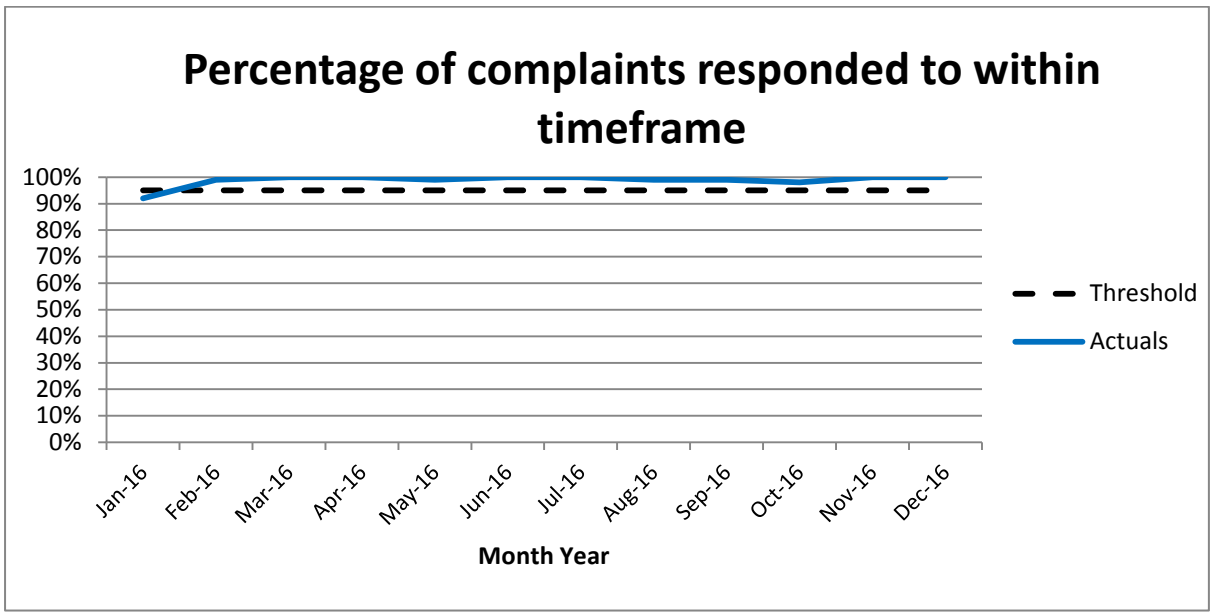


Figure 47 – Response times to complaints for the period January 2016 – December 2016

3. Finance

Please refer to the Monthly Finance Report to Trust Board for the Trust's finance performance.

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board - public	25 January 2017

Month 9 2016/17 finance report

Executive summary:

This paper presents the month 9 financial position including the in month and year to date position.

Overall, the Trust is meeting its plan in month and is £0.4m favourable to plan year to date.

Quality impact:

N/A

Financial impact:

The financial impact of this proposal as presented in the paper enclosed:
1) Has no financial impact.

Risk impact:

Risks are highlighted in the summary pages

Recommendation(s) to the Committee:

The Board is asked to *note the paper, including the risks and recommended actions*

Trust strategic objectives supported by this paper:

Retain as appropriate:
To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

Author	Responsible executive director	Date submitted
Janice Stephens, Deputy CFO Michelle Openibo, Associate Director: Business Partnering	Richard Alexander, CFO	19th January 2017

IMPERIAL COLLEGE HEALTHCARE NHS TRUST

FINANCE REPORT – 9 MONTHS ENDED 31st December 2016

1. Introduction

This report provides a brief summary of the Trust's financial results for the 9 months ended 31st December 2016. The Trust Board is asked to note this paper.

2. Summary

The Trust is reporting a deficit of £38.4m before Sustainability and Transformation Funding (STF); a favourable variance to plan of £0.4m. Including STF the Trust has a deficit of £20.3m. The table below provides a summary of the income and expenditure position.

	In Month			Year To Date (Cumulative)		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	80.21	84.26	4.06	769.80	783.04	13.23
Pay	(50.04)	(49.95)	0.09	(448.70)	(444.37)	4.34
Non Pay	(35.68)	(40.04)	(4.36)	(317.43)	(335.70)	(18.27)
Reserves	1.42	1.42	(0.00)	(6.32)	(6.32)	(0.00)
EBITDA	(4.10)	(4.31)	(0.21)	(2.65)	(3.35)	(0.70)
Financing Costs	(3.52)	(3.28)	0.24	(26.13)	(30.30)	(4.18)
SURPLUS / (DEFICIT) including donated asset treatment	(7.62)	(7.59)	0.03	(28.78)	(33.66)	(4.88)
Donated Asset treatment	(0.57)	(0.60)	(0.03)	(10.03)	(4.75)	5.29
Impairment of Assets	-	-	-	-	-	
SURPLUS / (DEFICIT)	(8.19)	(8.19)	0.00	(38.81)	(38.40)	0.41
STF Income	2.01	2.01	-	18.07	18.07	-
SURPLUS / (DEFICIT) after STF income	(6.18)	(6.18)	0.00	(20.74)	(20.33)	0.41

Income is above plan by £13.2m year to date, £3.9m of which relates to income for pass through drugs and devices and £7.0m relates to increased activity. Pay is favourable reflecting slippage on investments for CIP schemes. Within pay, agency continues to be below last year's spend and below the agency cap. Non Pay is adverse to plan, £18.3m year to date of which £3.9m relates to pass through costs which have offsetting variances in income, much of the balance primarily reflects the costs of delivering additional activity above the plan and the effect of any unmet CIPs that were budgeted in non-pay.

3. Revenue

3.1 NHS Activity and Income

The summary table shows the position by division.

	Year To Date Activity			Year To Date Income (£m)		
	Plan	Actual	Variance	Plan	Actual	Variance
Division of Medicine and Integrated care	575,580	595,803	20,223	180.84	182.31	1.47
Division of Surgery, Cancer and Cardiovascular	443,077	434,683	(8,394)	205.58	205.59	0.01
Division of Women, Children and Clinical Support	232,380	231,878	(502)	99.83	100.76	0.93
Central Income	-	-	-	94.72	103.12	8.40
Pathology	1,548,088	1,588,357	40,268	9.52	9.62	0.10
Clinical Commissioning Income	2,799,126	2,850,721	51,595	590.49	601.40	10.91

[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 (such as pass through drugs and devices).]

Income within Medicine and Integrated Care is over performing mainly due to Stroke and Neurosciences which are £2.1m over plan YTD. Within Women and Children and Clinical Support Division Children's services has over performed by £1.6m YTD which is offset in the Divisions by under performance in Maternity of £1.6m.

3.2 Private Care income

Private care income was £0.8m behind plan in month and £2.4m behind plan year to date. There have been delays to income generation schemes and capacity constraints at Hammersmith and Charing Cross Hospitals which have reduced private activity below plan. There is a forecast increase in income for the last quarter of the year as schemes come on line.

3.3 Clinical Divisions

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

	In Month			YTD		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Divisions						
Income	21.11	21.72	0.61	193.27	194.98	1.70
Expenditure	(16.80)	(17.55)	(0.75)	(154.52)	(156.89)	(2.37)
Medicine and Integrated Care	4.32	4.17	(0.14)	38.75	38.08	(0.67)
Income	22.23	20.74	(1.50)	208.73	209.88	1.14
Expenditure	(20.19)	(22.58)	(2.39)	(184.02)	(189.57)	(5.55)
Surgery, Cancer and Cardiovascular	2.04	(1.85)	(3.88)	24.72	20.31	(4.41)
Income	12.26	11.81	(0.45)	110.94	111.93	0.98
Expenditure	(12.03)	(12.26)	(0.23)	(108.14)	(108.37)	(0.23)
Women, Children & Clinical Support	0.22	(0.45)	(0.68)	2.81	3.56	0.75
Income	2.95	2.71	(0.24)	26.90	25.37	(1.53)
Expenditure	(5.74)	(5.15)	0.59	(46.66)	(46.59)	0.06
Pathology	(2.79)	(2.44)	0.35	(19.76)	(21.22)	(1.46)
Imperial Private Healthcare	0.80	0.68	(0.12)	9.00	8.64	(0.36)
Total Clinical Division	4.59	0.12	(4.47)	55.52	49.36	(6.15)

Medicine and Integrated Care is £0.7m overspent, mainly due to non-pay overspends on costs for activity above the plan. Surgery, Cancer and Cardiovascular is £4.4m behind plan driven by costs for the waiting list improvement programme, additional costs for theatres and high clinical supplies costs. Women, Children and Clinical Support is favourable to plan by £0.8m, this is driven by above plan income performance and underspends on pay. Pathology is underperforming by £1.5m year to date mainly due to under achievement on income contracts. Private Health is adverse to plan year to date by £0.4m, costs are below plan but not enough to offset the income underperformance.

4. Efficiency programme

£36.6m of CIP efficiencies have been delivered in the first nine months of the year, adverse to plan by £2.8m. The main drivers for underperformance on plan in the Surgery, Cancer and Cardiovascular Division are pay cost reduction, theatre and clinic efficiency schemes and income generation schemes which are behind plan. Medicine and Integrated Care are on plan year to date. Women, Children and Clinical Support Division is behind plan due to unidentified CIPs and delays to income generation schemes. Pathology underperformance is due to unavoidable delays in executing a new managed equipment service. The Trust is working with the Project Support Office (PSO) through its Financial Improvement Plan to ensure that new CIP plans are developed and the total Trust CIP plan including stretch is delivered in full.

5. Cash

The cash balance at the end of the month was £43.3m.

6. Conclusion

The Trust is favourable to plan year to date by £0.4m. There are a number of risks, notably full delivery of the CIP programme and the size of NHS income over performance which may cause an affordability issue for commissioner. There is a risk that if the Trust is unable to achieve all the performance targets set when agreeing the STF then the full £24.1m income will not be received. The Executive continues to work internally to reduce costs while safeguarding quality and with the commissioners and NHSI to ensure fair remuneration for activity carried out.

The Trust Board is requested to note this report.

Appendix

Statement of Comprehensive Income – 9 months to 31st December 2016

	In Month			Year To Date (Cumulative)		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Income						
Clinical (excl Private Patients)	62.4	66.1	3.7	605.0	623.9	18.9
Private Patients	3.9	3.1	(0.8)	36.2	33.8	(2.4)
Research & Development & Education	9.0	9.4	0.4	81.3	82.0	0.7
Other	4.9	5.7	0.8	47.3	43.3	(4.0)
TOTAL INCOME	**80.2**	**84.3**	**4.1**	**769.8**	**783.0**	**13.2**
Expenditure						
Pay - In post	(48.8)	(43.7)	5.1	(437.5)	(391.0)	46.5
Pay - Bank	(0.7)	(3.2)	(2.6)	(5.8)	(28.5)	(22.7)
Pay - Agency	(0.6)	(3.0)	(2.4)	(5.4)	(24.8)	(19.4)
Drugs & Clinical Supplies	(24.0)	(25.0)	(1.1)	(211.4)	(217.2)	(5.8)
General Supplies	(2.8)	(3.1)	(0.3)	(25.5)	(27.2)	(1.7)
Other	(8.9)	(11.9)	(3.0)	(80.6)	(91.4)	(10.8)
TOTAL EXPENDITURE	**(85.7)**	**(90.0)**	**(4.3)**	**(766.1)**	**(780.1)**	**(13.9)**
Reserves	1.4	1.4	(0.0)	(6.3)	(6.3)	(0.0)
Earnings Before Interest, Tax, Depreciation & Amortisation	**(4.1)**	**(4.3)**	**(0.2)**	**(2.7)**	**(3.4)**	**(0.7)**
Financing Costs	(3.5)	(3.3)	0.2	(26.1)	(30.3)	(4.2)
SURPLUS / (DEFICIT) including financing costs	**(7.6)**	**(7.6)**	**0.0**	**(28.8)**	**(33.7)**	**(4.9)**
Donated Asset treatment	(0.6)	(0.6)	(0.0)	(10.0)	(4.7)	5.3
SURPLUS / (DEFICIT) including donated asset treatment	**(8.2)**	**(8.2)**	**0.0**	**(38.8)**	**(38.4)**	**0.4**
Impairment of Assets	0.0	0.0	0.0	0.0	0.0	0.0
SURPLUS / (DEFICIT)	**(8.2)**	**(8.2)**	**0.0**	**(38.8)**	**(38.4)**	**0.4**
STF	2.0	2.0	0.0	18.1	18.1	0.0
SURPLUS / (DEFICIT)	**(6.2)**	**(6.2)**	**0.0**	**(20.7)**	**(20.3)**	**0.4**

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board - public	25 January 2017

Investment and capital approvals update

Executive summary:

NHS Improvement has recently updated its capital regime guidance and thresholds. In parallel with these changes, we have been considering our approach to investment decision making within the Trust. We therefore attach two related papers:

The first paper discusses the impact of changes to the rules and requirements regarding the review and approval of capital investment and property transactions. This replaces all previous guidance relating to the capital regime and investment business case approval process published by the NHS Trust Development Authority (NHS TDA) or Monitor; it is effective from its publication date (November 2016). The main change within this publication is the increase in the Trust's delegated approval threshold to £15m.

The second paper is the investment approval framework (IAF) which consolidates and formalises a number of disparate guidance pieces and is intended as a guide to Trust managers for navigating the investment and approval process for service developments, tenders, engagement of external consultants and post-project evaluations.

These papers were discussed at the Executive Transformation Committee on 10 January and Finance & Investment Committee on 18 January – both were supportive of the proposed approach.

Quality impact:

No direct impact

Financial impact:

The financial impact of this proposal as presented in the papers enclosed:
1) Has no financial impact.

Risk impact:

Effective investment procedures reduce the risk of the Trust spending public funds inappropriately.

Recommendation(s) to the Trust board:

The committee is asked to:

- Note the contents of the NHSI capital regime guidance;
- Approve an increase to the delegated approval threshold for the Chief Executive to £5m;
- Approve the creation of a formal internal approval panel, chaired by the CEO or CFO to consider investments valued between £5m-£15m;
- Approve the investment appraisal framework (noting that the IAF will be updated to reflect the above decisions prior to publication).

Trust strategic objectives supported by this paper:

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

Author	Responsible executive director	Date submitted
Dr Brunel Eiliazadeh and Nicole Jolley	Richard Alexander	11 January 2017

Summary of NHSI capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts

This paper discusses the impact and requirements regarding the review and approval of capital investment and property transactions and replaces all previous guidance relating to the capital regime and investment business case approval process published by the NHS Trust Development Authority (NHS TDA) or Monitor, and is effective from its publication date (November 2016). It applies to both NHS trusts and foundation trusts.

The following key point is for the Executive committee to note:

A confirmed increase in the threshold level for capital spend to £15m (previously £5m) for which organisations such as ourselves will need NHSI approval to proceed (noting that this limit can be lowered at NHSI's discretion).

Table 1: Summary of threshold limits

Financial value of the capital investment or property transaction	Approving person/committee/board
Up to £15m	Trusts approve under their own governance arrangements
£15m to £30m	NHS Improvement executive director of resources/deputy CEO or NHS Improvement director of finance and DH
£30m to £50m	NHS Improvement Resources Committee and DH
Over £50m	NHS Improvement Resources Committee, NHS Improvement Board, DH and HMT

As a result of the increase in delegated limits by NHSI, we recommend that the approval delegation limit for the Chief Executive be increased to £5m (currently £3m) in order to facilitate internal approval of business cases that fall between £3m-£5m. This will require Trust Board approval. Alternately FIC could be granted approval authority up to £5m.

Previously, cases that had an investment value greater than £5m were submitted to the TDA/NHSI for approval. For those business cases that fall between the Trust's previous £5m threshold and the new £15m threshold, we recommend that a more formal internal approval panel is created, chaired by the CEO or CFO, and consideration is given to carrying out the following as appropriate (determined on a case by case basis):

- Independent review carried out by critical friends (by invitation)
- Independent review carried out by external advisors (noting this will incur expenditure)

For these projects, the new approval panel will replace DSP; following which, cases will be submitted to FIC and Trust Board for approval. This offers a more streamlined process by minimising bureaucracy and does not require further delegation for projects.

It should be noted that delegated limits apply to capital investment and property transactions business cases including asset disposals and IT procurement, leased equipment, leased property, managed equipment, managed service and energy service performance contract schemes where the delegated limits apply to whole-life costs, not just capital costs. Irrespective of the delegated limits set out, capital investment schemes or property transactions that are deemed novel, contentious or repercussive, or to have novel, contentious or repercussive financing arrangements, may also require NHS Improvement, DH and HMT approval.

Imperial College Healthcare NHS Trust

The purpose of this IAF is to provide Trust managers with a guide covering the investment and approval process for the following:

- Service developments requiring capital and/or revenue investment (business cases)
- Commissioner tenders
- Supplier tenders
- Engagement of external consultants (over £50k)
- Post-project evaluations (PPE)

The approval process and financial approval thresholds differ depending on which type of investment is being considered, and it is important that the appropriate governance process is followed for each to ensure the Trust Board is able to make sound financial decisions that support its strategic objectives and vision.

There are a number of boards, groups and committees that consider, recommend and approve investment; namely:

Decision Support Panel (DSP)
Run by the strategic finance team, the DSP provides support and guidance on all investment types. The DSP meets weekly to discuss forthcoming investments and offers collegiate challenge and can assist in resolving or escalating issues prior to submission to other boards and committees.

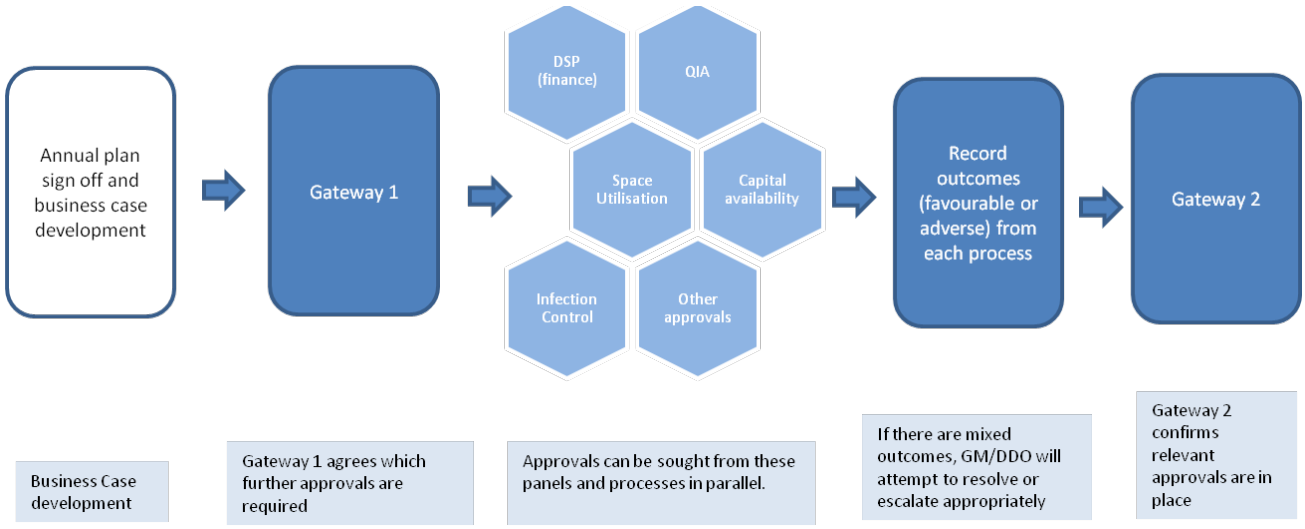
Capital Steering Group (CSG)
The CSG meets monthly to consider all investments requiring capital funding and make recommendations to the Executive Committee and Executive Operational Performance Committee. Additionally, the CSG reviews monthly capital expenditure against budget for all investments and recommends mitigating actions in the case of variances.

Executive Operational Performance Committee (ExOp)
The role of ExOp is to monitor the financial and operational performance of the Trust. As part of this role ExOp reviews and approves all investment proposals within its delegated limits or for approval/ratification by ExCo, Finance and Investment Committee or the Trust Board.

Finance and Investment Committee (FIC)
On behalf of the Trust Board, FIC undertakes thorough and objective reviews of financial policy and performance issues, and risks to the financial position. It advises the Trust Board on financial issues and investment strategy, including those related to the Trust's estate. This includes the approval of investment proposals outside the delegated limits of the ExCo.

Trust Board
The Trust Board approves all investment proposals above the delegated limits of the ExCo and considered by FIC.

Imperial College Healthcare NHS
NHS Trust



NHS Improvement (NHSI)
The final approving body for those capital, IT, leased equipment and leased property investments in excess of the Trust's delegated financial limits. Additionally, investments that are considered novel, contentious or repercussive (or those with novel, contentious or repercussive financing arrangements) are referred to NHSI for approval.

The tables below show the various delegated approval thresholds for each of the above bodies.

Capital investments

Required Investment	Divisional Board	CSG	ExCo / ExOp	FIC	Trust Board	NHS Improvement
Below £50k	Yes	Yes	No	No	No	No
£50k - £1m	Yes	Yes	Yes	No	No	No
£1m - £2m	Yes	Yes	Yes	Yes	No	No
£2m - £15m	Yes	Yes	Yes	Yes	Yes	No
Over £15m	Yes	Yes	Yes	Yes	Yes	Yes

Revenue investments

Required Investment	Divisional Board	Capital Steering Group	ExCo / ExOp	Finance and Investment Committee	Trust Board	NHS Improvement
Below £100k	Yes	No	No	No	No	No
£100k - £1m	Yes	No	Yes	No	No	No
£1m - £2m	Yes	No	Yes	Yes	No	No
£2m - £5m	Yes	No	Yes	Yes	Yes	No
Over £5m	Yes	No	Yes	Yes	Yes	No*

*Except life cycle costs of IT investments and lease of equipment and property

The following section of the IAF provides an overview of each investment type.

business plan. Generally, business cases should meet one or more of the following criteria:

- Reduce risk
- Address issues of patient safety
- Address compliance issues
- Invest to save/cost reduction
- Investment in capital assets

The level of investment required will determine both the format of the business case and the approval pathway. Generally speaking, for business cases that require investment which are under £1m, a single business case can be developed; for cases however that are above £1m, we would expect the business case to be developed using the SOC, OBC and FBC.

Following formal approval of the division's annual business plan, the requirement remains that a business case should be commenced and developed using the appropriate template/s (refer table below). The divisional team should engage their finance business partner, procurement business partner (if appropriate) and the strategic finance team at the earliest opportunity in order to develop a robust financial model and procurement strategy.

As part of the development of the business cases and prior to DSP submission, service teams should ensure appropriate engagement with corporate functions such as IT and HR depending upon the nature of the business case to ensure appropriate stakeholder engagement where applicable. Divisions should ensure business cases align with divisional and Trust strategy in order to aid prioritisation and help the executive decision making process.

Following local sign-off of the business case, it should be submitted to the DSP for independent review. The DSP will feed back any comments, queries or challenges, and once these are addressed will formally recommend the business case for onwards internal submission (where external approval of business cases is required, the strategic finance team will act as liaison with NHSI).

Where a SOC, OBC and FBC are required, these should be dealt with sequentially. Once one stage of the business case process has been agreed the following stage can commence. For example, once the SOC has been completed, the OBC can start. Each stage follows the same process; refining the strategic case and finalising a firm costing model. It should be noted that if there is a financial variance in excess of 10% between the OBC and the FBC, the case must revert to the OBC stage and regain approval.

Imperial College Healthcare NHS Trust

Level of spend	Nature of spend	Business case template	Financial model template
Less than £1m	Revenue only with no procurement or estates impact Includes capital and/or procurement	Business case only required Business Case under £1m.docx	
Greater than £1m	Revenue with/without IT or leased property/equipment spend over £5m (for lifecycle) Capital Novel, contentious or repercussive	Generally SOC, OBC and FBC required SOC over £1m.doc OBC over £1m.doc FBC over £1m.doc	Financial model template.xlsx
Greater than £15m		NHSI quality and business case checklist required to supplement the above	

Commissioner tenders

In the current challenging economic climate it has become even more important to ensure that tender opportunities are subject to rigorous, evidence-based evaluation to ensure that they meet the wider strategic needs of the organisation while generating a reasonable return on investment. Commissioners however, often issue tenders with very short response times, which, if not managed appropriately, can result in the Trust responding in a piecemeal fashion. This framework aims to ensure that all commissioner tenders:

- are consistent with the Trust's clinical and commercial strategies
- meet quality standards
- deliver value for money (VFM)
- are affordable
- are manageable within our resources across tendering activity, mobilisation and in operation
- are decided at pace and in the appropriate forum whilst minimising bureaucracy.

Intelligence on upcoming tender opportunities may come via one of three sources: monitoring of online resources (by the strategic finance team); formal commissioner interfaces; and informal interactions with commissioners and other stakeholders (eg contract management meetings).

Imperial College Healthcare NHS Trust

Stage	Action	Responsibility
Identification	Identify opportunities through stakeholder intelligence	All
	Identify opportunities through horizon scanning	Strategic finance team
	Flag potential opportunities to relevant divisions and inform service development and commissioner relations team	
Approval (stage 1)	Ensure compliance with decision making process on whether to bid	Divisional board DSP
	Make decision to pursue opportunity	
Bid development	Development of service provision arrangements for opportunity	Head of Operations
	Agree pricing strategy	Finance business partner in conjunction with DSP
	Project management of bid response	Strategic finance team
Approval (stage 2)	Review and sign off of completed bid response	ExCo/ExOp, FIC or Trust Board depending on value and risk
Submission	Upload bid response to tender portal(s)	Strategic finance team
Maintenance	Update tender log	

The finance business partner and the strategic finance team should be engaged at the earliest opportunity.

Supplier tenders

All purchasing activity at the Trust is undertaken in accordance with UK law, public procurement law, regulations and directions, the Trust's standing financial instructions (SFIs) and should be based on achievement of VFM.

Prior to entering any tendering process, divisions must ensure they have gained Trust approval via the submission of a business case (refer above) and should liaise with their procurement business partner (who will provide detailed guidance on the tendering process) in the first instance.

External consultancy over £50k

The Trust is currently required to seek advance approval from NHSI before signing new contracts for consultancy projects in excess of £50k, and to extend, vary or incur additional expenditure on an existing contract to which we are not already committed (where the total new contract value exceeds £50k). The internal approval process follows that of business cases with all external consultancies over the threshold being approved by ExCo before going to NHSI (this will be coordinated by the strategic finance team). Links to the NHSI template and guidance are provided below:

NHSI consultancy guidance

NHSI consultancy template

service development, commissioner tender, supplier tender or external consultancy) and consist of two elements: a project evaluation review (PER) and a post-project review (PPR).

The PER element should be completed immediately upon closure of the project and assesses the effectiveness of project management arrangements up to this point. The PER should consider the project's objectives, whether it met key implementation milestones and short-term benefit realisation targets. Any remedial actions must also be outlined should the project have failed to meet any of these.
The project manager is responsible for completion of the PER and it will be considered by the project board, divisional board and ExCo.

The PPR element should be conducted six to twelve months after project closure (this will depend on milestones set out in the original business case) and documents the success of the project by considering whether the project benefits included in the original business case were met, and to what extent (this will include both financial and non-financial benefits and any lessons learned).
The PPR is led by someone independent of the project team; however the project manager, project board and finance business partner will be expected to contribute. The PPR is considered by ExCo, FIC or the Trust Board, depending on the value of investment.

A different, one-stage PPE process is required for external consultancy (over £50k) for reporting to NHSI.

Post project evaluation templates

Type of PPE	Template
Project evaluation review Post-project review	Bus case and tender PPE.docx
Consultancy over £50k	Consultancy PPE.doc

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board - public	25 January 2017

LINACs replacement

Executive summary:

Two of the four linacs installed at Charing Cross Hospital must be replaced over the next two years. In November 2016, NHSE informed ICHT of the announcement of a new £130m capital fund to support the modernisation of radiotherapy services in England. It is likely that

This paper provides an update on our intention to submit a full business case as soon as possible in order to secure NHSE funding for the replacement of the two new linacs. It is anticipated that the OBC will be complete by February. This paper was discussed and supported at the Executive Transformation Committee on 10 January 2017. This paper was subsequently discussed at the Finance and Investment Committee on the 18 January and the Committee supported the request that the Trust board delegate approval to the chief finance officer.

Quality impact:

The replacement of the 2 LINACS that are beyond routine serviceable life will meet the CQC domains of **effective and responsive** as it will:

- Allow further implementation of new radiotherapy technology for all patients where necessary, in line with best national & international practice;
- Allow compliance with commissioning requirements for Imperial College Healthcare NHS Trust as a lead provider for radiotherapy services in London;
- Allow compliance with commissioning requirements for Imperial College Healthcare NHS Trust as lead provider for specialized neuro-oncology services in North West London;
- Improve standard of treatment for all patients ;
- Improve productivity with less machine breakdown time due to aged equipment impacting on efficiency;
- Minimize reputational loss for the Trust and Cancer Services and enhance staff retention;
- Allow delivery and growth of private patient radiotherapy services at the Trust

Financial impact:

The financial impact of this proposal will be will be set out in the Full Business Case when submitted.

The Trust Board is asked to note the estimated capital investment of £6m. We believe that ICHT will be eligible for funding of up to £5m from the NHSE fund (subject to review by the NHSE expert panel) and approximately £1m will be required from the ICHT approved capital plan to be profiled over 2 financial years. The NHSE funding will only be released to trusts who are in advanced stages of their business planning processes and will be subject to prioritisation within the fund.

Risk impact:
If the development of this business case is delayed, the risk remains that NHSE funding cannot be secured. Without this funding, ICHT will need to fund the 2 new linacs out of existing capital funding which remains highly constrained. The impact of not approving the purchase of the 2 linacs (either through NHSE funding or existing capital) will be documented through the eventual business case itself.
Recommendation(s) to the Committee:
The Trust board is asked to note the contents of this paper and to delegate approval to the chief finance officer.
Trust strategic objectives supported by this paper:
To achieve excellent patients experience and outcomes, delivered efficiently and with compassion. As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care. To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance.

Author	Responsible executive director	Date submitted
Dr Danielle Power/Dr Brunel Eiliazadeh	Jamil Mayet, Divisional Director SCC	19 January 2017

LINACs Replacement

Cancer Services are rapidly developing a business case to replace the currently used radiotherapy equipment which is now beyond its serviceable life on the Charing Cross Hospital (CXH) site, in line with commissioning expectations for a technologically modern radiotherapy service. Two of the four linacs installed at Charing Cross Hospital must be replaced now over the next two years. The reasons for this include:

1. **Obsolescence**: the equipment is greater than 10 years of age and defined as obsolete by NHS England.
2. **Securing the SRS contract:** ensure compliance with the demands of modern stereotactic radiotherapy as required by the recently awarded SRS contract with NHSE (value in 2017-18 £607k, increasing in subsequent years – total contract 7 years).
3. **Patient outcomes:** in order to maintain excellent outcomes for patients ICHT must keep step with evolution of treatment techniques which require enhanced resolution of delivery and the latest in robotic correction.
4. **Financial opportunity:** Access to Public Dividend Capital (PDC) from Department of Health via NHS England
5. **Escalating repair costs and upgrades**.

The reason for the accelerated development of this business case is to secure and utilise a proportion of the new £130 million capital fund to support the modernisation of radiotherapy services in England – Please see Appendix 1 “NHS England Letter to trusts RT equipment”. This funding that has been made available to support the replacement of key equipment in line with National Independent Cancer Taskforce Strategy and the Five Year Forward View for Cancer Services.

The capital fund is an integral element of the overall programme of radiotherapy modernisation which is being led by NHS England’s Radiotherapy Clinical Reference Group (CRG) through a national service review. The service review builds on both the joint publication with Cancer Research UK (CRUK) of ‘A Vision for Radiotherapy, 2014 – 2024’ and the report of the independent Cancer Taskforce. Both policy publications set out the case for ensuring that more patients have access to modern and innovative radiotherapy as this has been shown to be clinically and cost effective. Implementation of this vision would provide patients with substantially improved outcomes, higher cure rates and fewer side effects from their treatment.

The £130 million capital investment programme does not replicate previous radiotherapy equipment replacement programmes (such as the ‘New Opportunities Fund’). Instead, NHS Trusts will be able to access Public Dividend Capital (PDC) from the Department of Health (DH), in the usual way, to fund the purchase of equipment. As such, there will be no ‘bidding process’ as has been used in prior replacement funds, and prioritisation of equipment for replacement will be undertaken by NHSE. We believe that we will be eligible for some significant funding, but the NHSE funding will only be released to trusts who are in advanced stages of their business planning processes and will be subject to prioritisation within the fund.

A Business Case is therefore being developed for the replacement of 2 Linear Accelerators (LINACS) within the existing LINAC radiotherapy department at an estimated total capital cost of approximately £6m. Each LINAC has a capital investment cost of approximately £2.5m and an enabling cost estimate of £0.5m each for building works. Replacement will minimize costs as existing installations (bunkers) will be utilized.

Feasibility studies which could take 4-6 weeks to complete are however required to develop

robust costings as part of the Outline Business Case (OBC) which is anticipated to be submitted for approval in Feb'17 however the development of this case is being expedited due to the availability of the NHSE funding.

It should be noted that even without this funding, there still remains the need to develop a business case to maintain our radiotherapy service. Without this funding, or if only part funding is provided, ICHT will need to fund the 2 new linacs out of existing capital funding which remains highly constrained.

Appendix 1 - NHS England Letter to trusts RT equipment

NHS England

Dear

Recipient name (Radiotherapy provider)

NHS England

1st November 2016

Re: Transforming Radiotherapy Services - £130m capital investment programme

I am writing to provide further information following the recent announcement of a new £130 million capital fund to support the modernisation of radiotherapy services in England.

Replacing obsolete and aged equipment promptly is our priority and to that end a considerable amount of work has already been completed by the Radiotherapy Clinical Reference Group (CRG) to help achieve this goal. Based on this work, which has through multiple sources identified our immediate priorities, it is anticipated that the capital fund will provide financial support for over 100 replacements and/or upgrades of radiotherapy machines in hospitals in England.

The capital fund is an integral element of the overall programme of radiotherapy modernisation which is being led by NHS England's Radiotherapy Clinical Reference Group (CRG) through a national service review. The service review builds on both the joint publication with Cancer Research UK (CRUK) of 'A Vision for Radiotherapy, 2014 – 2024'[1] and the report of the independent Cancer Taskforce[2]. Both policy publications set out case for ensuring that more patients have access to modern and innovative radiotherapy as this has been shown to be clinically and cost effective. Implementation of this vision would provide patients with substantially improved outcomes, higher cure rates and fewer side effects from their treatment.

The service review has three over-arching components:

- Developing a modern clinical and service model able to tackle variation and facilitate improved access to innovative techniques. NHS England has recently commenced a period of public engagement on proposals for networked services[3];
- Agreement of a sustainable funding solution for radiotherapy within the National Tariff Payment System, that takes account of the high capital cost of delivering care and newer clinical practices; and
- Modernisation of equipment in order to unlock improvements for patients

[1] https://www.cancerresearchuk.org/sites/default/files/policyfeb2014radiotherapy_vision2014-2024_final.pdf
[2] https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf
[3] https://www.engage.england.nhs.uk/survey/264ceb37

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust Board	25 January 2017

Research Report

Executive summary:

This report presents a summary of recent progress with respect to the various research initiatives ongoing within the Imperial Academic Health Science Centre (AHSC). It covers the outcome of the recent NIHR Imperial Biomedical Research Centre (BRC) re-application, clinical impacts from the BRC 2015/16 annual report, an update of ICHT recruitment activity for NWL Clinical Research Network portfolio studies, a brief description of our plans to grow commercially-sponsored research income, and an update on the NIHR/Wellcome Trust Clinical Research Facility.

Quality impact:

The quality and scale of experimental medicine research carried out across the Imperial Academic Health Science Centre will impact patient care in the future in terms of innovative treatments, diagnostics and devices. Research activity includes many specific examples of patient benefit. Part of the BRC research activity focuses on patient and public involvement in research, through our Patient Experience Research Centre, and a strategy exists to involve and engage patients and the public in the research we do, across all Themes.

Financial impact:

The BRC re-application included proposed costs of £108m for the 17/18 to 21/22 financial years. The BRC was re-awarded at a total value of £90m over these 5 years. The financial proposal included an agreed indirect cost rate of 18% on all costs and a section on value for money. The financial impact of the BRC proposal was reviewed by the Deputy Chief Financial Officer with delegated authority of the Chief Financial Officer. Budget revision and planning is ongoing in discussion with Trust Finance.

Risk impact:

The risks associated with research are financial and reputational. The performance of the NIHR Imperial BRC is compared nationally with other BRCs. Competition was stronger than ever in the recent funding call and Imperial must continue to demonstrate a high level of high-quality research outputs and activity, as well as value for money. As well as direct BRC income, other income streams are formulaically dependent on this, such as Research Capability Funding (RCF).

Recommendation(s) to the Trust board:

The Trust board is asked to note this report.

Trust strategic objectives supported by this paper:

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.

Author	Responsible executive director	Date submitted
Jonathan Weber, Director of Research / Paul Craven, Head of Clinical Research Operations	Dr Julian Redhead, Medical Director	20 January 2017 (prepared October 2016)

RESEARCH REPORT (presented Jan 2017; originally prepared November 2016)

A) NIHR Imperial Biomedical Research Centre (BRC) Re-Application: 2017-22

The full re-application for the NIHR Imperial Biomedical Research Centre was submitted on 6 June 2016. This consisted of an over-arching narrative, individual narratives for 9 Themes (Brain Sciences, Cancer, Cardiovascular, Immunology, Infection, Metabolic Medicine & Endocrinology, Surgery & Technology, Antimicrobial Resistance and Gut Health) and for 5 Cross-Cutting Themes (Informatics & Biobanking, Genetics & Genomics, Imaging and Molecular Phenomics, Core Costs). The financial value of the application was £108,090,000 and a full and detailed costing also formed part of the application.

The outcome of the BRC call for applications was announced in early September. 20 NHS Trust/University partnerships in England were awarded BRC funding; the award to ICHT/Imperial College was **£90,008,747** over 5 years.

This is a very significant amount of funding in the overall context of higher competition nationally and regionally, and outcomes elsewhere. All the submitted BRC Themes were accepted, with the exception of the proposal for a new Theme in Anti-Microbial Resistance (AMR) – the International Selection Panel recommended that this work be combined / merged with that of the Infection Theme. The proposed new Gut Health Theme was awarded (£4.5m over 5 years).

We have since been in liaison with the NIHR to discuss the feedback in more detail, and to submit a revised plan of work for the next 5 years, to match the awarded budget, and taking into account this feedback. This will form the basis of the final contract awarded. The BRC will consist of:

8 Research Themes

1. Brain Sciences: Theme Lead = Professor Paul Matthews
2. Cancer: Theme Lead = Professor Charles Coombes
3. Cardiovascular: Theme Lead = Professor Sian Harding
4. Gut Health: Theme Lead = Professor Elaine Holmes
5. Immunology: Theme Lead = Professor Marina Botto
6. Infection & AMR: Theme Lead = Professor Peter Openshaw
7. Metabolic Medicine: Theme Lead = Professor Steve Bloom
8. Surgery & Technology: Theme Lead = Professor Ara Darzi.

5 Cross-Cutting Themes:

1. Genetics & Genomics: Theme Lead = Professor Jorge Ferrer
2. Imaging: Theme Lead = Professor Eric Aboagye
3. Informatics & Biobanking: Theme Lead = Professor Paul Elliott
4. Molecular Phenomics: Theme Lead = Professor Jeremy Nicholson
5. Core Costs: Theme Lead = Professor Jonathan Weber.

The new BRC incorporates a strong and ambitious programme of informatics- and bioresource-based research. The Core Costs Theme contains budgets for the Imperial Clinical Trials Unit, the Patient Experience Research Centre, BRC Office, Information Governance, research histopathology, support for research nurse training, ACF bursaries, pharmacy and radiology.

Each Theme will have their own 5-year budget derived from costs submitted in the re-application process. A number of ‘top-sliced’ budgets have also been created to fund cross-Theme initiatives to support clinical research training, new recruitment to key posts, industrial collaborations and PPI/E activities.

The BRC also contributes to supporting the ‘pipeline’ of new experimental medicine discoveries with commercial potential, through our annual Joint Translation Fund, which funds projects for 6-12 months to develop proof of concept, which are then supported actively through subsequent stages

of translation.

B) NIHR Imperial BRC 2015-16: Annual Research Report

The NIHR contractually requires all its research infrastructure programmes to complete an Annual Research Report (ARR). The ARR consists of 3 parts:

1. Textual narrative – an over-arching progress update for the BRC (including PPI/E, industry collaborations, links with other NIHR infrastructure), as well as contributions from each Research and Cross-Cutting Theme;
2. Added Value Examples – examples of translational impact funded or otherwise supported by the BRC;
3. Finance and activity data – a detailed report on various measures of research activity and output (publications, IP, projects, grants, staff, students) as well as an expenditure report for the previous year compared to forecast and a forecast expenditure plan for 16/17.

This year, parts 1 and 2 were not required until August due to the parallel ongoing process of BRC re-application. Part 3 was submitted in summer 2016 by the BRC Office and reported to this Committee at the time. Feedback on the Annual Research Report will be provided later in the year by NIHR. This will consist of specific comments to us, as well as various anonymous comparisons of activity across all BRCs. These will be presented to the Committee in due course. Annex A provides examples from the Annual Report of BRC research which has had an impact on – or has the potential to impact – clinical care.

It is a requirement of BRC funding that all publication outputs must acknowledge this support. An analysis of whether this is being done on a regular basis has been carried out and shared with the Divisions. There are several reasons why acknowledgement of funding may be difficult (publication word limits, collaborators taking the lead with journals) but we are using this analysis to focus efforts on particular Themes/teams to improve performance in this important metric.

C) NWL Clinical Research Network 2016/17

A concerted effort was carried out by the Divisional Research Management teams in October / November to ensure recruitment data for all NIHR portfolio studies was up-to-date and uploaded, in order to ensure the activity counted for next year's funding allocation.

Indicative planning suggests that NW London will see an increase in Activity Based Funding as a result of this (details still to be confirmed by the NWL Clinical Research Network). In addition, ICHT was mentioned in a national press release as "…*leading the way with the biggest increase in the number of studies when compared to 2015/16. [ICHT] offered 421 studies to their patients, 56 more than the previous year. This saw them tie nationally with Barts London NHS Trust for the biggest increase in studies compared to 2014/15.*"

The full press release is in Annex B.

According to CRN data, as of end of October, ICHT had recruited 8,339 patients in 16/17, slightly behind our forecast for this point in the year. This represents almost 50% of the total patient recruitment in the NWL Clinical Research Network.

D) Commercial Clinical Research Contracts

Approximately 80-100 commercially-sponsored clinical trials are hosted by Imperial College Healthcare NHS Trust (ICHT) each year, from a variety of external companies (pharma, biotech, medtech, CROs). This is a competitive global market. This portfolio of studies generates ~£5m per annum in income (some of which can be viewed as a 'surplus') and ~£1m per annum in overhead for the Trust. For these trials (generally later phase), the sponsoring company assumes the legal and financial management responsibilities under the Research Governance Framework and, as such, also takes on risks relating to study design, patient safety, IMP preparation, etc. The Sponsor usually has rights to any intellectual property that emerges. ICHT acts as a host site – providing access to / consent / recruitment of eligible patients within its own clinical space, and carrying out the relevant procedures as specified in the protocol (e.g. blood tests, scans, IMP administration). The specific costs of such trials include (but are not limited to):

- Principal Investigator (PI) time
- Research nurse time (to set up studies carry out patient consent, protocol procedures, etc.)

- Support service costs – pharmacy; radiology; pathology; clinical research units
- One-off fees per study (e.g. archiving, set-up)
- Capacity-building element
- Overhead / indirect costs.

In addition, the new Health Research Authority (HRA) processes have subsumed all local governance approvals and now require NHS Trusts to agree – within 40 calendar days – that they have the required 'capacity and capability' to deliver each study to time and target. This 'clock' starts ticking when each local host site receives the initial pack of information by email from the HRA. The 'clock' ends when the site has carried out all the necessary internal feasibility appraisals and has agreed costs and contractual terms and conditions with the Sponsor (including signature).

ICHT has carried out work to review the potential for increasing revenue from commercially-sponsored clinical research, base-lining and benchmarking ourselves against other similar Trusts. This will be taken forward as a specific project in 17/18 to identify clinical specialties which may have the potential to increase the number of such studies, to ensure processes reflect the aim to maximise revenue in a financially sustainable way, and to consider the most effective way to invest the surpluses that are generated.

E) NIHR/Wellcome Clinical Research Facility (update since November 2016)

In addition to the NIHR Imperial BRC award, the NIHR/Wellcome Imperial Clinical Research Facility was also renewed – a total of almost £11m over 5 years. This facility occupies the ground floor of the Imperial Centre for Translational and Experimental Medicine (ICTEM) on the Hammersmith Hospital site, providing a safe environment and expertise to carry out phase 1 clinical research studies.

Annex A Extract from NIHR Imperial BRC Annual Report 2015-16

IMPACT ON HEALTHCARE PROVISION

Please list any significant new work showing how your Centre is translating its work into practice for the benefit of patients within your Trust and influencing its translation further afield; you may also summarise significant developments in examples reported previously.

Rheumatology Theme: Prof Matthew Pickering and colleagues have characterised the genetic basis of an entirely new complement-mediated kidney disease (Gale *et al*., Lancet, 2010). Their complement genotyping protocols are now provided by the ICHT clinical immunology service and have been made available to all physicians caring for patients with complement-mediated kidney disease across the UK. Our broad expertise in this area (complement genetics, mechanisms of kidney injury and pathology) has enabled us to perform the first use of complement inhibition in refractory Systemic Lupus Erythematosus (Pickering *et al*., Rheumatology, 2015); publish international guidelines (Pickering *et al.*, Kidney International, 2013) and provide key evidence to NICE (evidence summary ESUOM49, Dec 2015) on the treatment of C3 glomerulopathy.

Infection Theme: The UK recently experienced an unprecedented surge in scarlet fever (10-fold increase in notifications; 16,000 cases in 2015). Imperial's research into group A streptococcal (GAS) infections that cause scarlet fever (Sriskandan) enabled detailed investigation of invasive GAS in pregnant and postnatal women and children; BRC funding supported the only longitudinal study able to investigate the basis for the rise in cases. Standard typing methods were found inadequate, but novel whole genome and phenotypic analyses of the national surges in M3 and M89 rapidly identified which GAS strains were responsible for invasive and systemic disease. Sequencing of M89 GAS isolates from ICHT patients demonstrated recombination-related genome remodelling (loss of capsule, gain of toxins) in a previously undescribed clade that emerged in 2007 throughout the UK and has subsequently become dominant throughout Europe and North America. Analysis of M type ENT isolates submitted to ICHT 2009-2015 (Turner et al., Emerg Inf Dis, 2016,) provides evidence that, unlike in the Far East, the surge is not attributable to antimicrobially resistant clones but is instead related to altered patterns of consulting, diagnosis, and treatment of sore throat, coupled with changes in childcare. These findings, widely reported in the press in the UK and abroad (Turner et al., mBIO, 2015), affected the choice of vaccines leading to reconsideration of the NICE 2008 guidelines, and resulting in new national guidelines (PHE 2012) regarding GAS transmission risk and management in hospital.

Cardiovascular Theme: Instantaneous Wave-free Ratio (iFR) is a new technique for the evaluation of coronary stenosis severity, developed and subsequently patented (over 15 patents granted/pending) by Dr Justin Davies at Hammersmith Hospital (Sen et al., JACC 2012, 2013). The BRC supported core clinical academic salaries, specific project funding and clinical research infrastructure such as the Imperial Clinical Trials Unit. By using mathematical algorithms to detect the best phase of the cardiac cycle to measure stenosis severity, iFR removes the need for administration of powerful vasodilator drugs such as adenosine: this improves patient comfort and reduces costs. One metric to judge the success of iFR is by studying its rapid global adoption since it was first commercialised by Volcano Corporation/Philips in 2013 (CE Mark) and 2014 (FDA approval). Now used in over 3000 catheter laboratories around the world it has rapidly become one of the main coronary physiological assessment techniques. Much of this success is due to the simplicity of the technique and potential for costs savings and improved patient experience. Two very large randomised clinical studies DEFINE-FLAIR (n=2500), and iFR SwedeHeart (n=2000) are now near completion of recruitment. DEFINE-FLAIR, is an investigator led NIHR adopted study run at ICHT in collaboration with Oxford BRC and the proposed Brompton/Imperial-BRC. It is the largest physiological study ever performed in the field, with investigators in Australia, Asia, Africa, Middle East and North America. iFR is already included in the 2015 ESC coronary revascularisation guidelines. Reporting in 2016, DEFINE-FLAIR and iFR-SwedeHeart studies will aim to extend guideline indications to become standard of care for revascularisation decision making.

Cardiovascular Theme: Results of the Anglo-Scandinavian Cardiac Outcomes Trial (ASCOT) influenced national and international guidelines for blood pressure and lipid lowering. The BRC

supported core clinical academic salaries and clinical research infrastructure such as Imperial Clinical Trials Unit and the Genomics Facility. Subsequent to the trial reports, major substudies have identified new physiological, biochemical and genetic markers predicting cardiovascular outcomes in hypertensive subjects. Long term blood pressure variability, N-terminal pro-BNP and candidate genes identified by GWAS have been shown to be important independent predictors of future coronary and stroke events. (Sever et al., JACC, 2013; Mega et al., Lancet, 2015; Kaasenbrood et al., Circ Cardiovasc Qual Outcomes, 2016). These studies have advanced our knowledge of disease mechanisms, identified new targets for intervention, and contributed to advances in personalised treatment. Long-term follow up studies are in progress, the results of which will contribute to our understanding of the legacy effects of lipid-lowering with statins. Investigations on this cohort are following-up the observation that levels of serum immunoglobulins (IgG and IgM) have a strong inverse relation to major adverse coronary events in humans, independent from other routinely measured risk factors. Further investigation of the major potential problem of adverse events associated with statin use is ongoing (SAMSON), the outcomes of which will have significant impact on clinical practice. New studies have been initiated with monoclonal antibodies to PCSK9 - a major international clinical trial with related substudies (FOURIER).

Cancer Theme: The National Gestational Trophoblastic Disease (GTD) Centre at ICHT (Seckl et al., Lancet, 2010), the world's largest centre for managing this group of illnesses, has played an international leading role in establishing effective GTD treatment and management protocols (ESMO Clinical Practice, 2013; RCOG, 2010; combined International Society for the Study of Gestational Trophoblastic Disease, European Organisation for the Treatment of Trophoblastic Disease and Gynaecologic Cancer InterGroup, 2014). We define standard of care globally (Schmid et al., Lancet, 2009; Fisher et al., Lancet, 2011; Agarwal et al,., Lancet, 2012; Alifrangis et al., J Clin Oncol, 2013; Savage et al., J Clin Oncol, 2015) and have developed CRUK guidelines for the treatment of GTD, based on our studies. This includes the new policy for monitoring patients with a persistently high marker > 6 months after the end of treatment (Agarwal), and the refinement of chemotherapy for high risk patients through the use of gentle induction treatment which has eliminated early deaths (Alifrangis). We established that egg donation from an unaffected donor can enable a normal pregnancy when they have an inherited repetitive molar pregnancy disease (Fisher). In addition, we have been able to establish that women undergoing multi-agent chemotherapy for less than 6 months in total duration have no overall increase risk of developing second cancers later in life (Savage). In GTD we still lose patients mostly from drug resistant disease. Our laboratory science has identified several new targets to either reverse resistance to existing agents and/or provide direct therapies. Two of these, anti-PD-1 mAb pembrolizumab and the anti-endoglin mAb TRC105, are approaching clinical trial; at least one other (Wee1) should be actionable. In GTD we will be using our national and international databases together with our tissue, urine and blood biobanks to continue to refine prognostic markers enabling improved stratification of patients for the least toxic/most appropriate therapies.

Please also describe examples of work which has significant potential to improve patient outcomes or experiences in the future, setting out how the Centre plans to ensure that these potential benefits are realised.

Obesity, Diabetes, Endocrinology & Metabolism Theme: Satiety gut hormones oxyntomodulin, pancreatic polypeptide, peptide YY, and GLP-1/glucagon act naturally to reduce food intake and their increase is responsible for weight loss after bariatric surgery. To massively reduce weight and cause diabetes remission combinations are very powerful, better than Roux-en-Y surgery, as seen in our combination trials of natural GLP-1, oxyntomodulin and peptide YY in patients with diabetes. Following our first Phase 1 clinical trial of an analogue of oxyntomodulin (TKS 1225), TKS1225 was spun out into a company, Thiakis, bought by Wyeth Pharmaceutical for a milestoned payment of US$150M. A Phase 1B trial in 2016 (Wellcome Trust Translational Award Scheme) of pancreatic polypeptide PP 1420 showed safety and tolerability at doses of 32 mg. The weekly peptide YY analogue Y242 phase 1 trial significantly reduces food intake and body weight in a Phase 1 28-day trial, and the first time in human trial of its more potent successor Y3394 is due to start in 2016 (supported by MRC Developmental Clinical Studies scheme, £4M). Our glucagon and GLP-1 analogue G3215 has been shown to induce a significant weight loss in its Phase 1 first time in

human trial (supported by MRC Developmental Clinical Studies scheme, £4.8M). We have also developed a novel food ingredient, inulin propionate ester, to prevent weight gain. We have conducted the first in man study and proof of principle studies (2010) with an intervention period of 6 month. This work was published in Gut (Chambers et al., Gut, 2015). We hold the patent (WO 2014020344 A1). We are currently in discussions with the food ingredient company, Millbo, to translate the inulin propionate ester into the food chain.

Surgery & Surgical Technology Theme: Supported by NIHR Imperial BRC, Hark is a clinical task management platform developed with the HELIX Centre and the Imperial NIHR PSTRC (King, Darzi). Hark is a digital platform that prioritises who needs to do what, where and when across all aspects hospital life. Over four years of research and development has supported the creation of Hark, with the underpinning research leading to >10 peer reviewed publications. A notable design and software engineering team took on the specifications determined by the research and worked with end users in building the Hark software. Pilot studies at ICHT show that compared to pagers and pen and paper, Hark improved information transfer within clinical teams in 22 out of 24 key areas. Hark response times were 37% quicker compared to traditional pagers. This research has been published in the Journal of Medical Internet Research (Patel et al., J Med Internet Res, 2016), the world's leading eHealth journal. Scaled up, we are confident that Hark can have a transformative impact on clinical outcomes and cost-effective healthcare delivery. The scale up of Hark across the 5 hospital sites at ICHT has been approved and is supported by the Board and an implementation plan is in place. There is interest from many other healthcare organisations in using Hark, providing enormous potential for research.

Genetics & Genomics Theme: Prof Chris Toumazou has developed a revolutionary semiconductor-based sequencing technology that enables rapid point-of-care genetic diagnosis. This obviates the need for expensive laboratory installations. One of the most immediate applications is the genetic diagnosis of pathogens at the bedside or outside of specialised centres, thus enabling immediate initiation of life-saving treatments. The same principle has been used for rapid, low cost, large-scale genome sequencing, and has provided the patents on which Ion Torrent (currently owned by Thermo Fisher Scientific) has based its next generation sequencing products. DNA Electronics has also licensed its technology to Roche's 454 Life Sciences to enable long-read DNA sequencing. The technology represents a significant breakthrough in genomics and has accordingly received extensive attention in the public, business, scientific and medical media. Prof Toumazou's technologies have resulted in multiple ongoing collaborations, including Cancer, Metabolic Medicine & Endocrinology, and Infection Themes. Imperial Innovations will play a key role in supporting and commercialising applications of this new technology as they arise.

Stratified Medicine Theme: We have described how a MS-based chemical imaging data workflow can be used in a pathology workflow to automatically identify region-specific lipid patterns in colorectal cancer, resulting in highly accurate (>98%) identification of pixels according to morphology (cancer, healthy mucosa, smooth muscle, and microvasculature). This work originated as a project in the current BRC and specific advances include the use of multivariate image modelling to the 2D- topographical metabolic data collected from tissue sections. This research demonstrates the potential of a chemoinformatics-based strategy for Imaging MS data, which will support future hospital pathology services in automatic tissue annotation and thus rapid diagnostics (in a number of therapeutic areas including cancer and inflammatory disease diagnostics), accelerating, augmenting (and potentially replacing) conventional histopathology with potential significant lowering of healthcare costs (Veselkov et al., PNAS, 2014).

ANNEX B PRESS RELEASE: ICHT leading the way in NIHR portfolio studies

League tables show increase in opportunities to take part in research in North West London

Date: 25 October 2016

North West London has once again seen a boost in the number of studies offered to patients, according to a league table published today by the National Institute for Health Research (NIHR) Clinical Research Network (CRN).

The 2015/16 NHS Research Activity League Table shows all NHS trusts in London and across the rest of England are delivering clinical research, providing thousands more patients with access to better treatments and care.

Leading the way with the biggest increase in the number of studies when compared to 2015/16 is Imperial College Healthcare NHS Trust, who offered 421 studies to their patients, 56 more than the previous year. This saw them tie nationally with Barts London NHS Trust for the biggest increase in studies compared to 2014/15. Chelsea and Westminster Hospital Foundation NHS Trust came fifth nationally.

Paul Craven, Head of Clinical Research Operations, Imperial College London & Imperial College Healthcare NHS Trust said:

"Imperial has long been a world-class academic health science centre, dedicated to translating science into improvements in clinical care. We are extremely proud to see this tradition being carried forward with the largest increase in studies nationally. This is a tribute to the many dedicated staff who work on setting up and delivering clinical research, and to our patients of course, whose active participation and involvement in studies is inspiring.

"Finding new and innovative ways to improve patient care and experience is at the heart of everything we do, and we have ambitious plans to achieve even more in the future."

Over 600,000 patients took part in research in England in 2015/16, over 26,000 in North London alone. One of these patients is retired IT business analyst Gillian Burns, a renal patient at Hammersmith Hospital. Gillian was told about the PEXIVAS study almost immediately after diagnosis with antibody associated vasculitis.

"I was told about the trial within an hour of my diagnosis with AAV on a Friday and was enrolled on the following Monday. It was both scary and positive, I was glad to be a part of it."

Over 60% of NHS Trusts [53% for Clinical Commissioning Groups (CCGs)] across the country increased the number of clinical research studies undertaken in their trust last year, contributing to the drive for better treatments for all NHS patients.

Commercial research activity is an added feature for the 2015/16 league table. Collaboration with industry is vital to enable the NHS to deliver first class clinical research, speeding up the development and availability of new treatments, therapies and diagnostics. The data shows that a record number of commercial contract research studies have been delivered by NHS trusts in England over the last five years [650 in 2015/16].

London North West Healthcare NHS Trust sees the importance of collaborating with industry to deliver research and offered 18 industry-sponsored studies in 2015/16, 7 more than the previous year.

Dr Alan Warnes, Assistant Director of Research and Development at the Trust stresses the importance of clinicians, patient and industry working together to deliver research.

"We have worked together with professionals and patients to successfully develop and deliver our research portfolio through a synergistic, collaborative approach. Commercial organisations are keen to work with the Trust because of our national and international status in key disease areas and our collaborative approach with research teams working as members of the clinical teams to deliver research outputs.

“Crucially, we have a very active Patient Research Forum that supports our researchers across the Trust to ensure that our work is patient friendly, ethical and appropriate.”

Primary care research is also highlighted as part of the report, listing the extent of research activity happening in communities across the country. Last year over 42% of English GP practices recruited people to NIHR research studies.

Chief Operating Officer of the CRN North West London, Joanne Holloway, says:

“In North West London London patients are firmly at the centre of what we do; from the early stages of looking at the design of a new trial so that we offer clear and useful information to potential participants, to thinking carefully about the right time to talk to someone about research. Integrating research with clinical care helps us to widen access to research so that more people are offered the opportunity to take part."

The top five trusts in North West London (total number of studies)

1. Imperial College Healthcare NHS Trust - 421 studies
2. London North West Healthcare NHS Trust - 126 studies
3. Chelsea and Westminster Hospital NHS Foundation Trust - 125 studies
4. Royal Brompton and Harefield NHS Foundation Trust - 79 studies
5. The Hillingdon Hospitals NHS Trust - 40 studies.

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust Board - Public	25 January 2017

Corporate Risk Register

Executive summary:

The Trust Board reviewed the Corporate Risk Register at its meeting in July 2016 as part of the agreed bi-annual process. A number of changes have been made to the Corporate Risk Register since the last update to the Trust Board, which have been approved by the Executive Committee and presented to the Audit, Risk and Governance Committee.
Please refer to **Appendix 1** for a copy of the Trust's Corporate Risk Register.

At present, there are 17 corporate risks within the risk register of which 11 are identified as operational risks and 6 as strategic. The highest risks are scored as 20 and the lowest as 6.

Key themes include:

- Workforce
- Operational performance
- Financial sustainability
- Clinical site strategy
- Regulation and compliance
- Delivery of care.

The following changes to the Corporate Risk Register have been made since the last review by the Trust Board in July 2016:

- Two risks have been de-escalated from the Corporate Risk Register: one risk that was commercial in confidence and *Risk 83 Failure to meet required or recommended vacancy rates across all areas of the organisation*
- Two new risks have been escalated onto the Corporate Risk Register: *Risk 92 Failure to ensure staff are immunised fully against those biological agents to which they are most likely to be exposed whilst at work* and *Risk 93 Failure to meet required or recommended Band 2-6 vacancy rate for Band 2-6 ward based staff and all Nursing & Midwifery staff*
- The risk score for *Risk 74 Failure to gain funding approval from key stakeholders for the redevelopment programme* has increased
- The risk scores for the following risks have decreased: *Risk 72 Failure to implement, manage and maintain an effective health and safety management system* and *Risk 92 Failure to ensure staff are immunised fully against those biological agents to which they are most likely to be exposed whilst at work* . A proposal to de-escalate Risk 92 was also presented to the Executive Committee meeting on the 24 January 2017
- The target risk scores for the following risks have been increased: *Risk 7 Failure to*

maintain key operational performance standards and *Risk 90 Risk of cyber security threats to Trust data and infrastructure*.

There will be further discussion of the Corporate Risk Register at the Executive Committee on 24 January 2017. A verbal update will be given at the Board meeting on the outcome of that discussion.

The Corporate Risk Register will next be presented to the Trust Board in July 2017.

Quality impact:

The corporate risks are reviewed by the Executive Committee and the Audit, Risk and Governance Committee regularly to consider any impact on quality and associated mitigation. The report applies to all CQC domains: Safe, Caring, Responsive, Effective and Well-Led.

Financial impact:

Some of the risks outlined in Appendix 1 will have a financial impact and this is considered as part of existing work streams in relation to the risks.

Risk impact:

The impacts of each risk are captured within Appendix 1.

Recommendation(s) to the Committee:

- Note the changes to the corporate risk register
- Note the corporate risk register

Trust strategic objectives supported by this paper:

- To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvements.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Author	Responsible executive director	Date submitted
Valentina Cappo, Corporate Risk/ Project Manager	Janice Sigsworth, Director of Nursing	18 January 2017

Corporate Risk Register

1. Purpose

The following report provides an update on the Corporate Risk Register and provides a summary of key changes since it was reviewed by the Trust Board in July 2016.

2. Background

The Trust Board reviewed the Corporate Risk Register at its meeting in July 2016 as part of the agreed bi-annual process. The following governance process for risk management is in place within the Trust:

- **Directorate risk registers**; these are discussed and approved at directorate quality and safety meetings; risks that cannot be managed locally are escalated to the divisional risk registers.
- **Divisional risk registers;** these are discussed and approved at monthly divisional quality and safety meetings; key risks are brought to the Quality Committee monthly and at the Executive Committee each quarter.
- **Director risk registers;** each corporate director has their own risk register, which key extracts are discussed at the Executive Committee quarterly. Since January 2017 key risks from the corporate directorates risk registers are also presented to the Quality Committee monthly.
- **Corporate risk register:** This is discussed and approved monthly at the Executive Committee, and is presented quarterly at the Audit, Risk and Governance Committee and six-monthly at the Trust Board.

3. Changes to the Corporate Risk Register

A number of changes have been made to the Corporate Risk Register since the last update to the Trust Board, which have been approved by the Executive Committee and are summarised below.
Please refer to **Appendix 1** for a copy of the Trust's Corporate Risk Register.

a. Risk de-escalated from the Corporate Risk Register

- ***Risk 83*** *– 'Failure to meet required or recommended vacancy rates across all areas of the organisation'*;
- Overall vacancy rates have been met;
- There remains an issue with regard to Band 2 to Band 6 nursing vacancies, which at the time of this risk's de-escalation were reflected in the October figure at 15.76%, against a 10% target;
- On 22 November 2016 the Executive Committee agreed that this risk be de-escalated from the Corporate Risk Register and replaced with a separate risk related to nursing vacancies only.

- One risk that was commercial in confidence has been de-escalated from the Corporate Risk Register.

b. New risks escalated onto the corporate risk register since July 2016

Two new risks have been escalated onto the Corporate Risk Register as follows:

- ***Risk 93*** *– 'Failure to meet required or recommended Band 2-6 vacancy rate for*

Band 2-6 ward based staff and all N&M staff';

- Band 2 to Band 6 nursing vacancies rate was 15.76% in October, against a 10% target;
- On 22 November 2016 the Executive Committee agreed the inclusion of this risk onto the Corporate Risk Register.

- ***Risk 92*** *- Failure to ensure staff are immunised fully against those biological agents to which they are most likely to be exposed whilst at work*
- At its meeting on 25 October 2016, the Executive Committee agreed escalation of this risk onto the Corporate Risk Register
- The risk was originally scored as 12 (L4 x C3)
- All relevant staff have been contacted and their reviews scheduled
- The current risk score was subsequently reduced from 12 (L4 x C3) to 9 (L3 x C3), which was agreed at the Executive Committee meeting on 22 November 2016
- Due to a combination of far greater control secured over the risk (as evidenced by the HSE being satisfied the Trust is taking effective action in this risk area), greater risk awareness amongst staff and, also, more effective mitigation arrangements in place, the risk score has been further reduced to 6 (L3 x C2), pending approval at the Executive Committee meeting on the 24 January 2016.

c. Change to risk score

The score for the following risks has increased:

- ***Risk 74*** *- 'Failure to gain funding approval from key stakeholders for the redevelopment programme resulting in continuing to deliver services from sub-optimal estates and clinical configuration, including PICU and WEH'*
- The risk score has increased from 12 (3X4) to 16 (4x4). There have been a number of changes to both the internal and external financial landscape that are likely to place significant constraints on the Trust's aspirations to deliver the 4c site development proposal, hence increasing the likelihood of this risk materialising.

d. Change to target risk score

The score for the following risks has increased:

- ***Risk 90*** *- Risk of cyber security threats*
- The target risk score for this risk has been reviewed and increased to 16 (L4 x C4)
- The target risk score is reflective of the continually changing nature of the external threat and evidence of recent attacks on other NHS organisations.

- ***Risk 7*** *– Failure to maintain key operational performance standards*
- The target risk score has changed from 6 (3x2) to 12 (3x4) due to challenges in addressing RTT and data quality issues.
  The target risk score date has changed to April 2017.

e. Outcome of discussion at the Executive Committee on 24 January 2017

Due to the timing of the Trust Board meeting, there will be further discussion of the Corporate Risk Register at the Executive Committee (ExCo) on 24 January 2017 where it is likely that the following change will be agreed; the changes have subsequently been provisionally included in Appendix 1, as follows:

- ***Risk 72*** *- 'Failure to implement, manage and maintain an effective health and safety management system'*.
- The risk score has been provisionally reduced from 12 (L3 x C4) to 9 (L3 x C3), pending approval of the ExCo, to reflect greater control secured over health and safety, as evidenced by the findings of the recent Health & Safety Executive (HSE) inspections and the nature of the health and safety matters being reported upwards from the divisions and directorates.

A verbal update will be given at the Board meeting on the outcome of the discussion from the Executive Committee.

4. Next steps

- The Corporate Risk Register will continue to be discussed at the Executive Committee each month and at the Audit, Risk and Governance Committee at each meeting;
- The Corporate Risk Register will next be presented to the Trust Board in July 2017.

Recommendations to the Board:

- Note the changes to the Corporate Risk Register,
- Note the Corporate Risk Register.

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

Imperial College Healthcare NHS
NHS Trust

Corporate Risk Register

Trust Board Committee

January 2017

V.63

Key: Scoring

To calculate the risk placement on the matrix,

it is necessary to consider both the likelihood of the risk happening and the consequence of it happening as described below:

			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
Consequence	Severity		1	2	3	4	5
	Negligible	1	1	2	3	4	5
	Minor	2	2	4	6	8	10
	Moderate	3	3	6	9	12	15
	Major	4	4	8	12	16	20
	Catastrophic	5	5	10	15	20	25

Key:

Risk Source: The source of the risk / where or how the risk was identified, for example strategic planning

Initial Score: The score of the risk when first identified

Current Score: The current risk score including key controls to mitigate this risk

Trend / Movement: Arrow to show if the risk has increased ⇧ decreased ⇩ or remained the same ⇔ within the last four weeks.

Target Score: Target of the risk once all future and current actions have been completed and implemented

Contingency Plans: Predefined action plans that would be initiated should the risk materialise

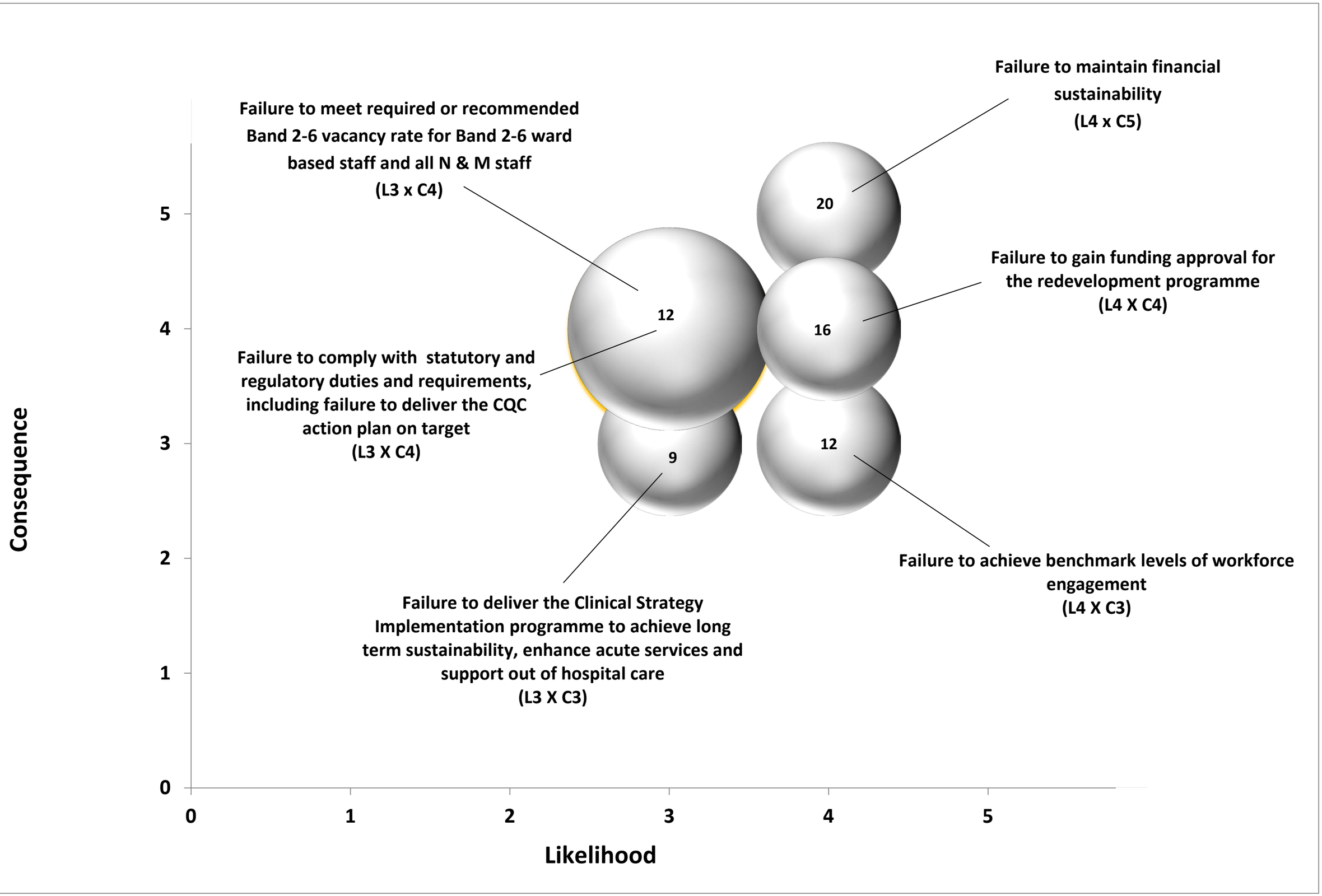
Corporate Risk Register Dash Board – Trust Board Committee, January 2017

Corporate Risk Register			Lead Director	Initial Score	Date risk identified	≤6	8	9	10	12	15	16	≥20	Date to achieve target risk score
STRATEGIC RISKS														
Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion														
48	Page 5	Failure to maintain financial sustainability	Chief Financial Officer	20	Mar-12						○		♦	Apr-17
81	Page 6	Failure to comply with statutory and regulatory duties and requirements, including failure to deliver the CQC action plan on target	Director of Nursing	16	Dec-14		○			♦				Feb-17
93	Page 7	*NEW* Failure to meet required or recommended Band 2-6 vacancy rate for Band 2-6 ward based staff and all Nursing & Midwifery staff	Director of People & OD	12	Nov-16		○			♦				Mar-17
Trust Objective 2. To educate and engage skilled and diverse people committed to continual learning and improvement														
67	Page 8	Failure to achieve benchmark levels of workforce engagement	Director of People & OD	9	Oct-13	○				♦				Jun-17
Trust Objective 4. To pioneer integrated models of care with our partners to improve the health of the communities we serve														
74	Page 9	Failure to gain funding approval from key stakeholders for the redevelopment programme resulting in continuing to deliver services from sub-optimal estates and clinical configuration	Chief Executive	12	Oct-14		○			→		♦		Jun-17
73	Page 10	Failure to deliver the Clinical Strategy Implementation programme to achieve long term sustainability, enhance acute services and support out of hospital care	Medical Director	16	Oct-14	○		♦						Apr-17
OPERATIONAL RISKS														
Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion														
55	Page 11	Failure of estates critical equipment and facilities that prejudices trust operations and increases clinical and safety risks *(Amalgamated with previous risk no. 89)*	Director of Nursing	20	Mar-11						○		♦	Mar-17
88	Page12	Risk of Spread of Organisms such as CPE (Carbapenem-Producing Enterobacteriaceae)	Medical Director	12	Jul-15		○					♦		Jul-17
71	Page 13	Failure to deliver safe and effective care	Medical Director	12	Oct-14		○			♦				Dec-17
87	Page 14	Failure to comply with the statutory and regulatory duties and requirements, including failure to deliver outpatient improvement plan	Divisional Director of WCCS	12	Jul-15		○					♦		Feb-17
75	Page 15	Failure to provide safe Emergency Surgery at Charing Cross site	Divisional Director of SCCS	16	Oct-14		○			♦				Mar-17
7	Page 16	Failure to maintain key operational performance standards	A&E: Divisional Director of MIC RTT: Divisional Director of SCC Diagnostics: Divisional Director of WCCS	15	Jun-07					○			♦	Apr-17
90	Page 17	Risk of cyber security threats to Trust data and infrastructure	Chief Information Officer	16	Jul-15						→	○ ♦		*Review Jun-17*
91	Page 18	Failure to currently meet some of the core standards and service specifications (as set out by the CQC) for High Dependency areas within the Trust	Divisional Director of SCCs	16	Jun-16	○						♦		Apr-17
Trust Objective 2. To educate and engage skilled and diverse people committed to continual learning and improvement														
65	Page 19	Failure to achieve benchmark levels of medical education performance and provide adequate and appropriate training for junior doctors	Medical Director	12	Feb-14		○			♦				Sep-17
72	Page 20	Failure to implement, manage and maintain an effective health and safety management system	Director of People & OD	12	Oct-13	○		♦	←					Mar-17
92	Page 21	*NEW* Failure to ensure staff are immunised fully against those biological agents to which they are most likely to be exposed whilst at work	Director of People & OD	12	Jun-16	○ ♦	←							Mar-17

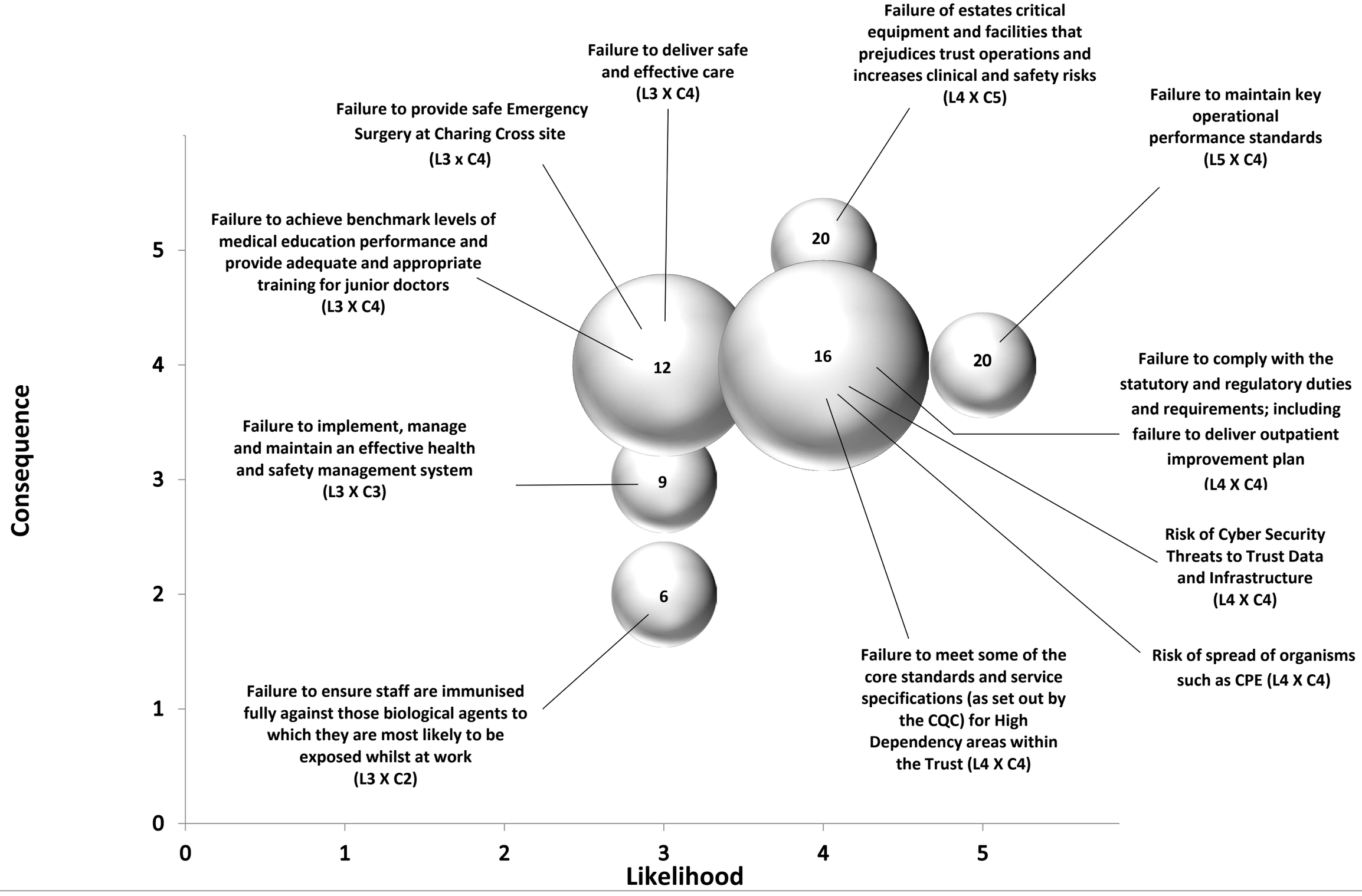
Key:

→ Arrow indicates movement since last report
♦ Diamond indicates current score
O Circle indicates target risk score
* Star indicates new risk since last report

Trust Risk Profile – Strategic Risks



Trust Risk Profile – Operational Risks



Strategic Risks

Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk	Initial Score		Key Controls	Current Score		Proximity	Actions and Progress report	Trend / Movement	Target Score		Contingency Plans
					Impact Cause Effect Impact	Likelihood	Consequen		Likelihood	Consequen				Likelihood	Consequen	
48 / Datix 1597	Chief Financial Officer	Risk Assessment / Operational Risk	1	March 2012	**Failure to maintain financial sustainability** **Cause:** • Poor RTT performance could lead to excessive fines at a level significantly exceeding Trust budget from 17/18 • Loss of DH/NHS England (Project Diamond) income for complex specialist treatments • CCG affordability pressures combined with historic planning gap leading to increase in level of challenges and lack of recurrent reinvestment. Huge challenge for 17/18 • Historic dependence on non-recurrent funding sources masked underlying financial picture • Failure to increase private patient income as planned in 15/16 • Annual reductions in Education funding • Correction of historic usage of R&D funding for clinical subsidy • Additional costs of operating across three sites & with outdated estate and aged equipment • Slower-delivery of Clinical Strategy Implementation Plan • Agency costs (at premium rates) incurred to cover substantive roles • Investments in Acute medical model • Investment in implementation costs of Cerner including data validation • NWL Pathology project represents a significant investment in a complex project **Effect:** • Failure to secure the full £24m of Sustainability and Transformation funding • Failure to deliver a financial surplus • Reputational risk of being in significant deficit, possibly missing stretch target and failure to commit to 17/18 Control Total • Loss of financial autonomy & reputational damage associated with the risk of being put into Financial Special Measures • Dependence upon DH revolving working capital facility • Dependence upon SaHF for site redevelopment project costs & Charity for major capital investments **Impact:** • Delays/cancellation of planned investments including projects for improved financial sustainability, estate and quality initiatives with risk to service viability • Previous guidelines now mandatory as linked to cash support • Enforced, rapid 10% cut on corporate functions has increased the risk of reduced control and service • Potential conflict between delivering operational targets and hitting financial goal, greater focus on financial priorities by all staff • Reduced capacity to engage with wider healthcare community & issues • Redesign/exit unsustainable service impacts: potential loss of revenue, including NHS income, research and education income, other income	4 x 5 20		• PWC engaged to carry out Causes of the Deficit work • Weekly CEO meeting with RTT turnaround team. Close monitoring with commissioners and regulators • CEO & CFO engagement with Provider Network, AUKUH, Shelford etc, to lobby on system issues pressures including Tariff and Diamond – reports to FIC and Trust board • Affordability gaps with commissioners minimised for 16/17; divisions now fully engaged with Contracting process , senior engagement with STP demand reduction programme • Active cash management and reports to FIC and Board. • Monthly financial reporting and performance reviews reported up to FIC and Trust board • CIP, CSIP, QI and all major change programmes report to monthly Executive Transformation Committee and then to FIC • Performance oversight by NHSI including Financial Improvement Programme (FIP) • Cash controls: o Stock control – minimizing working capital tied up in stock o Cash monitoring – tracking forecast daily cashflows to identify risk points o Debt collection – maximizing cash collection from debtors o Creditor management • CEO led joint planning meeting with Charity • Full engagement in SaHF programme seek to maximise Trust gain and mitigate risks from broader initiatives • CEO leads for providers in the regional planning process (STP) • NWL Pathology governance structure agreed by Executives in Aug 2016. Three separate Executive leads for ICHT as Host, Owner & Customer	4 x 5 20		Current	**Working capital**: • Agreement of revolving working capital facility up to £65m from the Department of Health • Implementation of 13 week cash flow management model from April 2016 and weekly cash committee to review working capital position • Intensive period of FIP support largely completed to review all working capital arrangements and improve effectiveness of forecasting and actions to recover income and manage accounts payable **I&E:** • Engagement with NHS Improvement's 'Financial Improvement' programme (FIP) now in transition phase to Trust ownership • Cost management teams of 3 (known as Cost Control Trios) for each directorate (Pilot began in April 2016, full implementation with advice / assistance from FIP partner) – progress reviewed weekly as part of FIP • Contingency £200k released for RTT turnaround request for total £600k to address. Discussions with commissioners re their financial support • Implementation of organisation restructure in April (Phase 1) and July (Phase 2) to support long term efficiency programme, review Dec/Jan • Service line reviews designed to identify key further opportunities towards sustainability of all service lines – sustainable operating model being developed to deliver reviews of all service lines by the end of next financial year, with sustainability and transformation plans for each service submitted to FIC (on hold during FIP) **Long term:** Trust wide engagement in SAHF & STP programme (including consideration of long term financial modelling, sustainability and site strategy) **January 2017:** Target risk score date changed to April 2017 as uncertainty over level of central support remains. **Target risk score date: April 2017**	⇔	3 x 5 15		• Revolving working capital facility provides cash support cover of up to £26m (£16m has been drawn down YTD) – with the ability to extend the limit up to £65m. (However, note that these national arrangements are interim while a permanent process is being agreed between DH and NHSI)

Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Impact / Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
81 / Datix 1599	Director of Nursing	Strategic Planning / Strategic risk	1	Dec 14	**Failure to comply with the Care Quality Commission (CQC) regulatory requirements and standards could lead to a poor outcome from a CQC inspection and / or enforcement action being taken against the trust by the CQC.** **Cause**: • Lack of robust systems and processes which enable the trust to achieve regulatory compliance and to drive improvement • Failure of staff to adhere to trust and local area policies, procedures, guidelines, etc. • Failure of executive and senior staff to: o Seek and take account of regulatory advice o Participate in the trust's Improvement and Assurance Framework, and ensure action is taken in response to recommendations resulting from framework activities o Enable all staff to participate in the trust's Improvement and Assurance Framework • Lack of resource to support work and improvements relating to identified non-compliances and failures to deliver improvements **Effect**: • Reduction in the quality and safety of patient care: o Greater number of incidents relating to patient safety, and of potentially greater severity o Increase in poor patient experiences and complaints • Breach of regulatory requirements and failure to achieve regulatory standards **Impact**: • Potential for criminal prosecution • Potential restriction on individuals' ability to practice and / or restriction / closure of trust services • Poor reputation • Potential for financial impact: o Penalties imposed by the CQC o Reactive and inefficient ways of working o Increased use of bank and agency staff due to inability to recruit and retain staff o Increased claims and litigation, including increased CNST payment • Potential loss of revenue: o NHS income ▪ Inability to deliver services ▪ Termination of contracts by commissioners o Reduced business for Imperial Private Healthcare	3 x 4 16		• The trust has a dedicated Regulation Manager with a significant healthcare regulation background, including experience with inspections and policy development in the CQC's current regulatory approach • An Improvement and Assurance Framework was implemented at the trust during 2015/16. The framework is modelled on the CQC's inspection methodology for NHS acute trusts and is adapted when the CQC make changes to their regulatory approach. o Activities carried out under the framework include: ➢ Quarterly service checks to ensure the trust's CQC registration is kept up to date ➢ Divisional self-assessments against the CQC's five domains of care, which include a 'confirm and challenge' exercise to provide assurance about the validity and robustness of self-assessment outcomes ➢ Service and themed quality reviews using the CQC's inspection methodology ➢ Ward accreditation programme for inpatient areas and main outpatient services ➢ Management of CQC inspections, including responding to CQC inspection findings o Delivery of the framework and the outcomes of framework activities are reported to the Executive (Quality) Committee and Quality Committee, and the Trust board. • Departments, directorates, corporate areas and divisions undertake local monitoring activities and report the outcomes through local governance processes and as appropriate (may be a summary, may be by exception) to the Trust's Executive (Quality) Committee and Quality Committee, and the Trust board. • Incidents and complaints are monitored and reported as part of divisional and the Trust's Quality Reports o Issues with lack of resource can be addressed and escalated via local processes and via the Executive Committee.	3 x 4 12	Current	**January 2017:** • Routine administration to keep the Trust's CQC registration accurate and up to date continues to be managed in line with the Trust's Improvement and Assurance Framework • The ward accreditation programme for 2016/17 has now been completed. An update on the programme was presented to the Executive Committee on 3 January 2017. • The CQC is currently consulting on its new approach to regulating NHS acute hospitals (the consultation runs from 20 December 2016 to 14 February 2017). The new approach will take effect in April 2017. o The impact that the new approach will have for the Trust will be reflected in the Improvement and Assurance Framework for 2017/18. • The next round of divisional CQC self-assessments will be undertaken in early 2017/18, after the CQC publishes its new approach. They will be in line with the CQC's template / format (it is expected to be an online tool) and will be required to be submitted to the CQC (no date has been identified). • The target risk score date has been changed to March 2017, when the risk can be re-assessed based on the CQC inspection reports following the inspection of Outpatients and Diagnostic Imaging which took place in November 2016. **Target risk score date: February 2017**	⇔	2 x 4 8		• Prioritise the use of internal expertise and act on their recommendations based on quality and safety information about the trust • Benchmark the trust's approach and performance against similar trusts • New trust organisational structure from April 2016 will support improved accountability at executive and senior level • Commission external review and support as needed

Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Impact / Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
Risk 93	Director of People & OD	KPIs / Strategic Risk	1	Nov 16	***NEW* Failure to meet required or recommended Band 2-6 vacancy rate for Band 2-6 ward based staff and all N&M staff** **Cause:** • National shortage of N&M in some disciplines • Conflicting operational priorities slowing down recruitment process. • Competition from neighbouring Trusts attracting potential employees • High turnover especially for Band 2 & 6 & N&M staff • High turnover of Band 5& 6 N&M staff within two years of joining • Tier 2 visa requirements • The increase in emergency activity has resulted in additional capacity which requires the recruitment of staff. • Additional beds opened **Effect:** • Reduced staff morale /increased turnover /Increased rates of sick absence – vicious circle • Increased bank and agency usage • Poor patient experience • Poor organisational performance • Inability to recruit high quality candidates • Potentially increased incidents **Impact:** • Potential to increase costs: Bank & Agency • Potential reputational with adverse revenue impact: reduction in market share • Potential to increase costs: reactive & Inefficient ways of working • Potential to incur penalties and/or fines: Contractual and Enforcement Notices	3	4	• Restructured recruitment teams in place to reduce the total time to hire. Additional checks being monitored daily to increase the pace & quality of activity. Three Resourcing Business Partners have been added to the team act as account managers for Divisions, run centralised campaigns and also manage campaigns for hard to recruit areas. • Monthly meetings in place with Divisions to review vacancy rate, recruitment activity and impact of this • Recruitment and attraction strategy and plan in place which focuses on Divisional (rolling adverts and bespoke strategies) and across Trust activity (Student Nurse campaign and Open Days), as well as broadening channels used to increase the pipeline • All current vacancies for nursing in key areas advertised • Safe staffing on wards monitored through monthly fill rate reports for nursing by division. • Bank and agency support available • Monthly exception reports now produced for Divisional Quality and Safety Committee • A new revised retention plan is being developed to reduce the turnover for all N&M staff and for Band 2-6 ward based staff • Associate Director of HR Operations and Resourcing working with Business Partners to monitor vacancy levels. •	3	4	Current	• Recruiting to 10% or less vacancy level for bands 2- 6 and all N&M staff. • Strategic People Planning meetings have been redesigned and have been re-launched. • On-going review of Divisional resourcing plans with consideration given to hard to recruit areas against vacancy factor. Continuing with Divisional plan for reduction in vacancies through open days, rolling adverts and international recruitment. • On-going activity across the Trust on HCA rolling adverts, across Trust monthly Open Days, Fairs, Capital Nurse Programme and Student Nurses scheme. • Attain bank fill of 90% by improving management of requests. • Increased use of social media and broadening of channels to increase the profile of the Trust and attract more candidates. • Revised Student Nurse recruitment is in place which has improved conversion rate to 60%. • Diagnostics exercise being developed to better target the retention strategy. New retention strategy will be in place by February 2017. • Recruitment and Retention Programme have been commenced to respond to challenging turnover and recruitment issues. **January 2017:** • The overall N&M vacancy rate at the end of November was 13.27%. This compares well against an average 17% vacancy rate across London. • Band 2-6 ward based N&M vacancy rate was 16.02% in November – this figure is hard to track against other trusts as they do not track the vacancy rate for this population. The across London figures shared are fall all N&M staff. • Resourcing & Retention Task and Finish Group established, chaired by the Director of People & Organisation Development. Ward by ward focus and action plan to fill vacancies. **Target risk score date: March 2017**	⇔	2	4	• Continue to monitor impact of changes and implement further corrective measures as needed • Use of Bank & Agency staff • Reduction in activity • Escalation of staffing issues through divisional management structure and site team • Early identification of staffing issues with shifts put out to bank and agency. • Reed introducing a "refer a friend" scheme to attract more bank workers.

Trust Objective 2. To educate and engage skilled and diverse people committed to continual learning and improvement

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Impact / Cause / Effect)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
67/ Datix 1601	Director of People & OD	Staff engagement surveys / Strategic Risk	2	Oct 13	**Failure to achieve benchmark levels of workforce engagement** **Cause:** • Senior leaders fail to empower/inspire staff • Job not regarded as good for health • Organisation not seen to be taking positive action on health & wellbeing • Opinions thought not to count • Managers not undertaking PDR's • Trust not employing 'the right people in the right posts', **Effect:** • Reduced staff morale/increased staff turnover/ Increased rates of sick absence / bank and agency usage • Lack of engagement • Poor patient experience /Poor organisational performance • Increased safety risk to patients • Inability to recruit high quality candidates • Staff sickness **Impact:** • Potential to increase costs: Bank & Agency • Potential Reputational with adverse revenue impact : reduction in market share • Potential to increase costs :Reactive & Inefficient ways of working	3	3 9	• NHS survey • Communications events – Open Forum, Divisional Forums Newsletters • Source communications • Monitoring at Executive Committee • Monitoring at Quality Committee & Trust Board • Discussed at Divisional reviews • Director of P&OD attends Quality Committee • Health and Wellbeing Strategy developed • People strategy • Make a Difference people recognition scheme • Monitoring of any 'hot spot' lack of engagement areas	4	3 12	On-going	• A Trust Engagement Survey was introduced and run in August 2016. This has a new methodology and a new baseline Total Engagement score of 77%. Response rate was strong with 3224 responses. • The Standard FT questions in the new Survey showed improvement in the scores as follows: o 83% of respondents would recommend this Trust as a place for care or treatment (77% in our last Engagement Survey) o 65% of respondents would recommend this Trust as a place to work (60% in our last Engagement survey) • The results have now been made available to all managers down to Ward/Department level and Action plans have been returned to the People & Organisation Development team, who are designing a "You Said, We Did" video to capture the activities being undertaken within the action plans. Video will be used to promote the engagement programme and working to a completion of May 2017. A number of tools have been made available to managers to help them implement action including a "Managers guide", "In Your Shoes" workshops, and QI support. • The national NHS Survey carried out Oct – Nov 2015 showed a reduction in Engagement score last year and a drop above average compared too other Acute Trusts, to lowest 20%. Specific action plans developed by Corporate & Divisional Directors. The last National survey was carried out in October – December 2016; ICHT response rate was 42.5% (507 respondents) Compared to 33.5% in 2015 and 41.2% in 2014. Results will be released in February 2017. • People strategy 2015-2019 (which includes; Culture & Engagement, Organisation Development, Talent Development and Health & Wellbeing) has been refreshed. **Target risk score date: June 2017**	⇔	2 x 3 6	• Continue to monitor impact of changes and implement further corrective measures as needed • Any identified hot spots to be directly addressed with tailored action plan

Trust Objective 4. To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk	Initial Score	Key Controls	Current Score	Proximity	Actions and Progress report	Trend / Movement	Target Score	Contingency Plans
					Impact / Cause / Effect / Impact	Likelihood x Consequence		Likelihood x Consequence				Likelihood x Consequence	
74 / Datix 1602	Chief Executive Officer	Risk Workshop / Strategic Risk	4	Oct 2014	**Failure to gain funding approval from key stakeholders for the redevelopment programme resulting in continuing to deliver services from sub-optimal estates and clinical configuration, including PICU and WEH** **Cause**: • Case for change not sufficiently clear and/or compelling therefore insufficient support for key aspects of our clinical strategy from stakeholders. • Delays to obtaining planning permissions • Technical design and build issues lead to unanticipated challenges and project creep • Increase in costs beyond currently expected levels through indexation, due to delays in business case. • Inability to obtain sufficient and timely funding • Insufficient organisational capacity to capitalise on strategic and commercial opportunities. • Failure to achieve support for key aspects of our clinical transformation, especially service reconfiguration and estate redevelopment from one or more key audiences / stakeholders • Lack of internal resources allocated to deliver the programme **Effect**: • Poor organisational performance – inefficient pathway management • Poor reputation with regulatory bodies • Failure/delays in implementing new clinical models and new ways of working • Deteriorating and / or inadequate estate • Failure of critical equipment and facilities that prejudices trust operations • Reduced staff morale and staff engagement • Reduced confidence in our services/public concern about their services • Difficulty in programming interim capital projects **Impact**: • Reduction in patient experience and satisfaction • Poor staff experience and increased staff turnover • Potential increase in clinical incidents • Potential increase in staff health and safety incidents • Potential loss of income • Potential reputational impact with stakeholders - Loss of market share	3 x 4 12	• Regular meetings with NHSE, NHSI, CCG partners for early identification of potential issues/changes in requirements • Reports to Trust Board and ExCo • Regular meetings with Council planners and GLA • Active management of backlog maintenance. • Active ways of engaging clinicians through models of care work • Active stakeholder engagement plan, including regular meetings and tailored newsletters/evaluation • Active internal communications plan, including CEO open sessions • Internal and external resource and expertise in place.	4 x 4 16	One to six months	• Option 4c produced along with option 2a as a comparator • Meetings with NHSE/NHSI SAHF and STP team on-going. • Implementation Business Case will be split into two (Inner and Outer schemes in North West London) • Strategic estates advisor work on-going • Active engagement with developers of adjoining sites on-going • Internal and external stakeholder engagement strategy to manage relationships. • Whole hospital clinical review group established and led by Deputy Medical Director, supported by clinical model development group meetings for Charing Cross Hospital • Approval given to explore the initial phase of the redevelopment of St Mary's Hospital, working with Imperial College Healthcare Charity. • Planning application for initial phase of the redevelopment • Space utilisation panel established. This will review and prioritise uses of space across the trust. • Decant plans to be developed. • Phase One Project Board established. • Staff consultation commenced July 2016. • Next steps to review option 4c to ascertain what is feasible within current funding levels. • Public exhibition held 8-10th September 2016 • Strategic Outline Case being produced for phase one of the St Mary's redevelopment. **November 2016:** • Strategic outline case submitted to NHSI for approval in November 2016 • The planning application for new Winsland Street Road is being developed. **January 2017:** • Planning application for phase one the new outpatients building submitted December 2016 • SOC2 currently on hold, awaiting funds and approval to proceed. Delay to programme are likely to mean costs increase and programme to deliver is extended. • NHSI to review SOC for new outpatients building in January 2017. **Target risk score date: June 2017**	⇧	2 x 4 8	• Develop site based redevelopment solutions • Maintain flexibility to respond to any changes in demand as required • Identify and develop alternative options • Increase priority of stakeholder engagement activities

Trust Objective 4. To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk Cause / Effect / Impact	Initial Score Likelihood	Initial Score Consequence	Key Controls	Current Score Likelihood	Current Score Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score Likelihood	Target Score Consequence	Contingency Plans
73 / Datix 1510	Medical Director	Risk Workshop / Strategic Risk	4	October -14	**Failure to deliver the Clinical Strategy Implementation programme (CSIP) to achieve long term sustainability, enhance acute services and support out of hospital care.** **Cause:** • Failure to set up an adequately resourced and skilled programme group • Lack of engagement with clinical and managerial staff • Lack of support from commissioning colleagues • Lack of engagement from external stakeholders • Unknown / changing economic landscape affecting health care needs • Modelling assumptions for services are based on incorrect or inappropriate data • Clinical leads do not have capacity to deliver workstreams • External stakeholders and public consultations do not support the proposed changes • Lack of finance and information capacity **Effect:** • Capacity at SMH remains constrained • Clinical services are not configured appropriately to optimise the space available in the new hospital building at SMH • Unable to move to a 24/7 model of care • Unable to deliver highest possible quality of care • Failure to improve patient experience • Failure to meet efficiency KPI • Failure to grasp opportunities in development of personalised medicine • Inability to support out of hospital care **Impact:** • Poor patient experience and clinical care as not responding to changes in clinical practice and advances in clinical care • Potential to incur contractual penalties (due to higher demand for trust services impacting upon waiting time) • Potential for loss of NHS income • Potential for increased costs as result of reactive and inefficient ways of working • Failure to meet Trust strategic objectives • Failure to maintain high calibre employees • Potential to incur penalties and/or fines: Contractual and Enforcement notices (Financial penalties resulting from non-compliance) • Loss of reputation with commissioners and public Financial loss due to amendments to build of new hospital at SMH	4 x 4 16	• Deputy Medical Director responsible for management of project • Clinical strategy in place • Estates strategy in place • Initial programme plan approved including phase one workstreams • Governance structure defined • Links with Estates Redevelopment Programme established – Deputy Medical Director is clinical lead • Initial scoping work completed • Links to quality strategy and CQC action plan • Clinical leads appointed for each workstream • Executive Transformation Committee established • Working groups established for each workstream	3 x 3 9	Current	**Phase 1** • Acute Medicine removed from HH on 03/08. Outstanding issues: o Cerner fix being developed to allow RHT unit to process pts o Radiology concerns about removal of SMAC (discussions with PIU on-going) o Protocol to support upgrading RHT trollies to beds as necessary • Phase 1 of new Chest Pain pathway commenced implementation on 03/08. Stepped approach to continue with: o Staffing for weekend and angio lists in the Heart Attack Centre (HAC) (Nov 2016) o Opening up full complement of beds on C8 (pending nursing recruitment) o Providing weekend diagnostic cover e.g. Echo • Business case for Vascular Surgery approved by ExTra (Nov 16); now in OBC phase. Planned for submission to ExTra in March 2017. • Ambulatory Emergency Care (AEC) programme complete. **Phase 2** • Phase 2 of the Clinical Strategy Implementation Programme approved by ExTra 09/02/15. • Links with QI team strengthened (support for flow discharge work and CSIP support to Sheffield Microsystem Programme) Three programmes identified: **i. Critical Care** • Interviews and process mapping complete • Structure of CQUIN (which only targets delayed discharges from L3 to L1 care) could reinforce failure in system. • CQUIN (30% reduction in critical care delayed discharges by 31/03/17 at risk due to root cause lying downstream of project and marker of overall Trust capacity issues. **ii. Flow Project** • Diagnostic phase aligned with “Playing our part” (formerly “breaking the cycle”) • Clinical Leads appointed Oct 2016 • Currently in diagnostic phase. **iii. Acutely Unwell Medical Patients** • Frail and elderly identified as cohort to focus on initially. Scoping meeting held with clinical team 4th Aug 2016. Initial stakeholder list drafted. • Initial process mapping delivered (QI) • Initial stakeholder interviews delivered (QI) • Clinical Leads appointed October 2016 • In diagnostic phase (Jan 2017) • Exemplar Ward and Frail and elderly pathway development delayed due to current operational pressures. **Target risk score date: April 2017**	⇔	1 x 3 3	• Process to be managed through the Medical Director’s office with nominated clinical leads

Operational Risks

Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend /Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
55 / Datix 1607 (merged with risk 89 1608)	Director of Nursing	Strategic planning / Operational Risk	1	Mar 11	**Failure of estates critical equipment and facilities that prejudices trust operations and increases clinical and safety risks** **Cause:** • Historic under investment • Obsolescence of the estate • Availability of capital and revenue funding • Inability to retain core competencies within the workforce • Delay in delivering NWL reconfiguration plans **Effect:** • Possible short-notice closure of facilities due to critical equipment failures and breakdowns (e.g. lift breakdowns, chillers and plant failures, infrastructure and effect on environment) resulting in loss of capacity • Obsolete infrastructure, plant and equipment installations that do not meet current standards • Inability to keep up with repair requests and minor improvements for operational / clinical benefit • Reduced staff morale leading to higher turnover and increased rates of sickness absence • Loss of reputation and reduced confidence from key stakeholders • Increased waiting times for patients • Increase length of stay for patients • Breaching waiting targets and diagnostic targets **Impact:** • Potential to incur penalties /fines: Enforcement Notices • Inability to effect changes to estate in order to achieve transformation of clinical services • Potential to increase costs: Reactive & inefficient ways of working • Potential reputational Impact: Loss of market share • Potential to increase costs: i.e. claims and litigation impact on CNST payment • Potential to increase costs: Bank & Agency staff	4 x5 20		• Implementation of new Hard Facilities Management (Hard FM) Managed Service solution through specialist maintenance provider CBRE Ltd from 1/4/16 to provide improved compliance and responsive reactive repair maintenance service. • Retention of Senior Estates Management team structure to deliver 'informed client role' to ensure effective and compliant delivery of contract against specification and performance standards. • Statutory and regulatory inspections have been re-scheduled to ensure compliance with statutory and mandatory undertakings and to minimise impact on front line service • All planned (PPM) and reactive (repair) maintenance works managed through computer aided maintenance management system (CAMMS) to provide improved programming and management reporting. • ExCo updated on 10/10/15 of current Trust Backlog Maintenance Liability of £1.3b (total project investment costs) and request for £131m Capital Backlog Maintenance funding over the period 2016/2021 to mitigate high and significant risk items. • Successful delivery of 2015/16 Capital Backlog Maintenance programme to mitigate Risks ≥ 16 Investment programme funding of £14m subsequently reduced mid-year to £11.5mand programme re-profiled accordingly. Risk prioritised Projects to the value of £11m delivered. • The 2016/ 17 Capital Backlog Maintenance programme of £10.42m Capital Backlog Maintenance, plus £0.8m contingency has been allocated to target the highest risk areas focusing on addressing single points of failure, emergency plant, equipment and infrastructure upgrades. • £1.1m additional Capital funding allocated to upgrade HH electrical Infrastructure to support known increase in supply capacity requirements. • Formal reviews of Hard FM operational performance are conducted continually review performance against contract. • PLACE (Patient-Led Assessment of the Care Environment) lead by Estates and Facilities to understand patient perceptions and identify priorities from a patient perspective helping to provide independent feedback and prioritise future works. • Monthly Estates & Facilities Quality Committee for closer collaborative working with front line services and appropriate reporting to monitor/improve performance. • Regular meetings with the operations team to co-ordinate and minimise the impact of operations and planned maintenance closures on patient areas and services • Estates & Facilities H&S, Fire and Compliance committee has been established to formally report and monitor statutory/mandatory compliance. • Quarterly reporting	4 x 5 20	Current	• Hard FM managed Service contract commenced in April 2016 with CBRE as service delivery partners. CBRE have now completed their Asset verification and condition surveys. It is now clear that the asset schedule issued as part of the contract procurement process is now disputed by CBRE and it will be necessary for the Trust to enter into a reconciliation exercise as a contract variation is now more likely to be required to align any significant differences with the latest survey and as such the contract may increase. A 3 month transition period was agreed to allow the contact to 'bed in'. KPI performance has been monitored during this period but KPI penalties have not been implemented prior to 30/6/16. This transition period has been extended due to delays in CBRE being able to fully implement their IT solution. The IT connectivity issue has been resolved and the Trust are meeting with CBRE in February 2017 to review the KPI system. • An enhanced Planned Preventative Maintenance (PPM) programme is in place to reduce the risk of key equipment failures together with regular testing of equipment and systems. This is not yet achieved due to the issues with the CBRE contract. • All departmental Health and Safety Policies and Procedures have been reviewed following recent organisational change. All policies are being updated to reflect new ICHT organisation restructure • Formal safe system of work duty holder appointment letters have been updated and re-issued to reflect recent ICHT organisation restructure. • Risk review workshops scheduled to update departmental risk registers and the action plans prioritised to ensure that all statutory, regulatory and preventative checks and maintenance are identified, programmed and carried out as quickly as possible within the constraints of available resources • A full Estate code 6 Facet Estate code condition survey was completed in early November 2015. Orders have been issued for a 20% update of the survey in accordance with Estate code guidance. The updated survey data identifies and prioritises future capital investment priorities. This document is continually updated to reflect investment and mitigation of backlog risk. • Review of 6 facet Condition Survey undertaken, including re-profiling and verification of data that has provided a 5, 10 and 15 year capital backlog funding look ahead to support the Trusts redevelopment programme. • 2016/17 Prioritised Capital Backlog Maintenance programme agreed to the value of £10.42m plus £0.8m for contingency sum for emergency plant, equipment and infrastructure upgrades. Agreed as follows - £1.1m HH power upgrade. There needs to be a similar level of investment in 2017/18 approved as part of business planning. • Carrying out further 'what/If' reviews of Capital Backlog Maintenance Programme to reflect potential changes in Estates over the period 16/17 to 25/16. • Completion of detailed Business Continuity Plan in conjunction with Emergency Planning Team. Completed August 2016 **Target risk score date: March 2017**	⇔	3 x 5 15		• Capital plan to align to clinical strategy within financial abilities • Major incident plan / sector wide contingency plans • Development and implementation of integrated business continuity plan • NHSLA insurance cover • Estates Strategy with contingency plans agreed. • Mitigation of 'single points of failure' and improved infrastructure resilience providing improved business continuity planning. • Trust is reviewing options to utilise potential land receipts to use to re-invest in modernising the estate in addition to the Capital Programme will need to continue to increase, reflecting the degree of depreciation that is attributable to estates buildings and equipment and will continue to be targeted on the highest risks.

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88 / Datix 1644	Medical Director	Incidents /Operational risk	1	July -15	**Risk of spread of CPE (Carbapenem-Producing Enterobacteriaceae)** **The number of patients presenting to the Trust who are infected or colonised with CPE is likely to increase in line with global and national trends. The risk is uncontrolled spread of CPE within the Trust.** **Cause:** • CPE will spread if it is not controlled through infection prevention and control interventions, chiefly screening and isolation, hand hygiene, and environmental hygiene. • Also, the use of antibiotics will drive the CPE problem. • Easy transmission from patient to patient if correct IPC procedures are not followed. • Certain specialties (e.g. ICU, renal and vascular) at higher risk of transmission. • Current isolation capacity insufficient to implement the PHE toolkit recommendations. **Effect:** • Failure to contain the spread of CPE will result in endemicity of CPE within our patient population, which will lead to more limited antibiotics and ultimately worse outcomes. • Increased demand for isolation facilities, potentially beyond available capacity. • Resource impact. • This will result in direct and indirect financial losses to the Trust (including bed and ward closures with resulting lower throughput, and increased costs of litigation), and reputational damage. **Impacts:** • Increase costs - Reactive / inefficient working, • Penalties / fines - Enforcement notice.	3	4	• Measures to combat CPE 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 Trust has a CPE Policy in place, and has patient and staff information available on the Source. • Flagging system on CERNER for identifying known carriers is in place. • Serious Incident investigation following ward closures resulting in increased emphasis on hand hygiene, environmental improvements and cleaning. • CPE management is discussed weekly at the HCAI Taskforce meeting. • CPE action plan monitored monthly through Quality & Safety sub-group with exception reporting to ExQu	4	4	Current	• Electronic system to measure admission screening compliance is now in place and being used to address areas with low compliance. Compliance improving gradually. • Plans under development to improve single room capacity, and to plan for cohorting on a bay or ward basis. Cohorting plan has been agreed with the Divisions. • The surgical division is in the process of reviewing semi-permanent isolation pods to increase isolation capacity. • Work to consider the provision of an in-house decontamination solution is ongoing. In the short-term, an agreement has been put in place with the current provider to reduce cost and improve response times; in the longer-term, a business case for an in-house service will be developed. • A review of deaths of patients with the outbreak strain of CPE has been performed – no patient has died from CPE. • The Trust has begun to review each new case of CPE individually as part of the Department of Health's ERS requirements. • Several new smaller CPE outbreaks have been identified and controlled. • Retrospective CPE screening case-finding exercise on Weston ward related to the GES-5 outbreak continues. • Escalation of outstanding estates work - meeting has taken place with Estates, IPC and the Director of Nursing to establish timelines and resolution of outstanding issues. • Screening data now available at ward level through the IPC scorecard and will be included in the HFC reports from January onwards. This will allow the divisions to target areas of low compliance. • Despite steady improvement, compliance with CPE admission screening remains low and requires further improvement, which is holding up the delivery of the CPE action plan. In November 2016 the target risk score date was changed to July 2017 after screening rates improvement is demonstrated **Target risk score date: July 2017**	⇔	2	4	• The Trust has in place a local contingency plan to implement ward-level cohorting in the renal speciality. • Pods may provide additional single room capcity suitable for isolating patients with CPE in some areas. • Seek guidance and support from NHSE and PHE.

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71 / Datix 1609	Medical Director	NHSLA / CQC / Operational Risk	1	October 2014	**Failure to deliver safe and effective care in respect of:** • **Incident reporting and Serious Incidents.** • **Never Events** • **HSMR, SHMI and mortality alerts** • **Infection Prevention & Control** • **CAS alerts** • **NICE guidance and standards** • **National audits** • **Clinical audit programmes** • **Quality assurance of data submissions** • **Clinical guidelines** **Cause:** • Appropriate governance process not in place • Visibility of current compliance not available or known • Insufficient resource in place to manage the process • Non-compliance with Trust policies and procedures • Non-compliant with surgical WHO checklist • Continued change in HCAI landscape • Increasing incidence of antimicrobial resistance **Effect:** • Unable to demonstrate that practice is evidence based • Limited oversight of externally reported data • Inability to demonstrate any or adequate audit trail • Unable to benchmark care against peers • Increase in SIs and Never Events • Increased mortality rates • Increased potential for Healthcare Acquired Infection (HCAI) **Impact:** • Increased harm to patients • Potential to incur penalties and/or fines: Contractual and Enforcement notices (Financial penalties resulting from non-compliance) • Limited understanding of performance benchmarks • Potential loss of reputation and reduction in market share as a result of Negative media coverage • Non-compliance with CQC regulation • Potential to increase costs: i.e. claims and litigation impact on CNST payment	3 x 4 12	• Associate Medical Directors for Safety & Effectiveness and Infection Prevention & Control in post • Executive responsibility for clinical governance revised • Compliance and improvement monitoring governance process through the Executive Quality Committee (ExQu) in place • Trustwide reports including performance data in place • Root cause analysis and learning from incidents • Weekly incident review meeting with Medical Director • SI policy updated to streamline process • Being Open policy reviewed to include duty of candour, training undertaken within divisions, divisional duty of candour advisors in place • Quality Accounts published in June 2016 – aligned with Quality Strategy • Quarterly IPC report to ExQu and Quality Committee in place • Updated invasive procedures policy published – mandates briefing and debriefing stages of '5 steps to safer surgery' • Quality Strategy published and QI programme launched • Implementation of bespoke software systems to support Clinical Audit activity across the Trust and support implementation actions plans Staff training for incident and risk management; clinical audit; Datix; Duty of Candour; organisational learning • Implementation of bespoke software systems to support clinical implementation of NICE Guidance Active Corporate Clinical Audit programme and service level engagement for implementation of action plans where appropriate. • Corporate clinical audit programme implemented to enable directing of efforts to areas most in need of improvement - quarterly reports will be submitted to ExQu • Trust clinical audit and effectiveness lead commenced in September 2016 • Trust Quality & Safety Sub-group established in June 2016, reporting to ExQu • Trust wide Clinical Audit and Effectiveness Group has been established and key work streams have been agreed, monthly updates will be provided to the Quality & Safety Sub-group, with exception reports to ExQu.	3 x 4 12	current	• Consultation regarding divisional governance teams has been completed and new structure was implemented in September 2016 to ensure streamlined management and governance • The clinical audit policy has been reviewed and approved to reflect the new trust wide Safety and Effectiveness structure. • Mortality reviews that have been graded at Level 2 Suboptimal Care on the mortality module are now presented monthly to the MD meeting to allow senior visibility and assurance. • A full report on compliance with the duty of candour in 2015/16 was provided to ExQu in September 2016. Actions are in place to improve compliance. The Duty of Candour policy, process and training package is being re-launched in January 2017 • All surgeons and anaesthetists have completed the invasive procedures mandatory online training. The current compliance rate for all staff is 78%; work within the divisions is being undertaken to refresh the denominator and increase compliance with a deadline of end of February 2017 for completion • Four never events occurred between March and November 2016. A safer surgery task and finish group and action plan is in place • A process for the management of high risk SIs, inquests and claims has been implemented, which is reported monthly. • Safety culture programme project plan in development – immediate actions underway including development of a methodology for strategic safety improvement, the staff survey to define staff attitudes to safety has been completed and results will be analysed and disseminated in February 2017. Six safety streams have been agreed as the trust safety improvement priorities Safe administration of medicines, Recognising and rescuing the deteriorating patient, Safe mobilisation and prevention of falls with harm, Patient ID, Safer surgery and Hand hygiene. In November 2016, the target risk score date was changed to December 2017. Following implementation of the new safety culture programme, risk score is expected to be achieved when there is evidence of improvements in safety culture. **Target risk score date: December 2017**	⇔	2 x 4 8	• Process to be managed through the Medical Director's office with nominated clinical leads

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87 / Datix 1780	Divisional Director of Women's, Children & Clinical Support	CQC inspection /Operational risk	1	July -15	**Failure to comply with the statutory and regulatory duties and requirements, including failure to deliver OPD improvement plan** **Cause:** • Lack of robust processes • Failure of staff to comply with Trust policies, processes and standards • Lack of visible leadership • Lack of robust key performance indicators • Impact from transition to Cerner • Multi management facets • Lack of clarity and consistency between centralised and decentralised OPD departments **Effect:** • Poor patient experience • Poor reputation of OPD services • Potential negative reputational impact • Potential failure to meet key Trust access targets • Potential to remain rated as inadequate by the CQC **Impacts:** • Increase costs - Reactive / inefficient working, • Penalties / fines - Enforcement notice	3	4	• Service Level Agreement • Outpatient improvement steering group • Monthly progress reports to Executive Quality Committee • OPD scorecard with key improvement trajectories Leadership walkrounds • Weekly patients referral triage management • Referral tracking indicators for OPD booking office • Local audits of clinic start and stop times and availability of patient records	4	4	Current	**November 2016:** • As planned, the Task and Finish (T&F) Group now meets weekly with key stakeholders across the organisation to assist the front facing services in OPD and DI to prepare for the upcoming CQC re-inspection. The CQC Assuredness Group which oversees the work of the T&F group has likewise moved to weekly meetings. • CEO and NED walk rounds of all outpatient services across the three main sites have taken place and observations/areas for improvement noted and followed up through the T&F group. • Mock CQC inspections have also taken place in November across the three sites in Outpatients and Diagnostic Imaging. The team is grateful for the support that has been provided by WCCS colleagues. Actions are being addressed immediately and monitored by Divisional Directorate team. • Phase 1 of the ENT/Eye/Audiology/Oral charity funded improvements to our clinic environment is now open to patients. Some snagging is still outstanding and is being addressed through a task and finish group. • The Outpatient Improvement Programme (OIP) team is working together with the Waiting List Improvement Programme to put in place improved processes to reduce data quality errors such as checked in but not checked out. The team are also facilitating the work of the 'outsourcing' team with the aim of reducing waits to first appointment. • A discussion workshop was held with ICT/Cerner and the OIP team to discuss moved to paperless records. A working group has now been established to take this priority agenda forward and improve availability of records in clinic. **December 2016:** • CQC visit complete. Awaiting draft report by March 2017 • Opening the first floor of Patient Service Centre, the first step towards delivering a single point of access for our patients bringing together outpatient booking, patient call centre and admissions. • Launch and rollout a of new clinical outcome form across St Mary's Hospital and Western Eye Hospital. • Implemented a new staffing model in the call centre to be more responsive to fluctuations in demand. **Target risk score date: March 2017 (*after CQC report is published*)**	⇔	2	4	• May have to invest in additional resources including senior nurse and general manager leadership overseeing the outpatient clinics at each site • May have to reduce activity

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75 / Datix ID 1338	Divisional Director of Surgery, Cancer & Cardiovascular	Risk Workshop / Operational Risk	1	October -14	**Failure to provide safe Emergency Surgery at Charing Cross site** **Cause:** • Lack of Consultant cover at Charing Cross site. • Insufficient number of junior doctors to cover rota's due to recruitment issue and agency caps Trustwide **Effect:** • Potential clinical risk to emergency surgery patients admitted to Charing Cross. **Impact:** • Increase costs – Reactive / inefficient working • Revenue loss – NHS income • Potential for loss of NHS income (as result of cancellations of elective activity) • Reputation impacting revenue – Reduced market share • Potential Reputational with adverse revenue impact: results in reduction in market share • Reputation impacting revenue – Service decommissioned • Potential for service to be decommissioned • Penalties / fines – Litigation / compensation • Potential to increase costs: i.e. claims and litigation impact on CNST payment as result of patient safety breaches • Penalties / fines – Enforcement notice • Potential for enforcement notices and costs through CQC • Penalties / fines – Contractual • Potential to incur contractual penalties through non delivery of quality standards.	4 x 4 16		• Non GI Consultant surgeons removed from rota • Cover from SMH GI Consultant Surgeons - Consultant surgical rota supplied from SMH consultant body. • Consultant of the Week model set up at CX to provide NCEPOD operating and review emergency patients. • Chief of Service discussions with Consultant surgeons to ensure continued short term support for contingency measures while long term solutions put into place. • Surgical clinical fellows attached to Academic surgical unit providing clinical cover at CX re-advertised to support junior rota. • Moved to Consultant of the week system from Sep 2014. • Recent increase in transfers of surgical patients from St Mary's to Charing Cross, where resident surgical cover is less robust mitigated by policy of no cross site transfers after 8pm. (On-going discussions with senior team about what the long term model will look like). • ANP covering former FY1 posts. Dedicated surgical SNP cover for out of hours. • 1 ANP out of 4 now prescribing. ANPs able to offer cover in hours, but not out of hours. • A full consultant and SpR Rota remains in place. SHO recruitment is on-going. • Gaps in SHO rota are filled by agency.	3 x 4 12	Current	• Investment in clinical nurse specialist, trust fellows, additional consultants. • Surgical Nurse Practitioners appointed • Additional consultant appointments made. First new appointments due to start end Oct 2015. • Out of hours and at weekends the Site Team will provide SNP cover • Extended SHO cover for 6 months due to delay in recruiting SpRs. • Surgical task force created; Divisional Team meeting with Surgical Leads to address a number of issues, including those related to emergency surgery cover. • This action remains on-going: Clinical Director discussions with Consultant surgeons to ensure continued short term support for contingency measures while long term solutions put into place. Surgical clinical fellows attached to Academic surgical unit providing clinical cover at CX re-advertised to support junior rota. **August 2016:** • Actions for SHO recruitment are on-going and new recruits should start August / Sept. This should reduce the risk at that time, but it is still an issue currently until the SHOs are in post. Still going out to agency to fill gaps in rota. **October 2016:** • We now have a full complement of SHOs at CXH, but are down two members of staff at registrar level, and one registrar down in breast surgery. SMH are two SHOs down, recruitment ongoing. Agency to continue to be used to fill gaps. **November 2016:** • For General surgery there is now a resident registrar from 20.00 – 08.00. 75% of the junior vacancies have been filled. For Urology and specialist surgery there is a model of a registrar of the day to address gaps on the rota. There is a gap on the ENT rota the registrar of the day model has been implemented to assist with this, and SHO's will now not cover pre-admission clinic **January 2017** • The acute surgical service has been strengthened on CXH site with rota gaps being filled, more Senior Consultant presence, and a 24 hour resident on call SpR rota. The lack of night and weekend surgical cover at SHO level is an active issue. **Target risk score date: March 2017**	⇔	2 x 4 8		• Consultant surgical rota supplied from SMH consultant body. • Clinical Director discussions with Consultant surgeons to ensure continued short term support for contingency measures while long term solutions put into place. Surgical clinical fellows attached to Academic surgical unit providing clinical cover at CX re-advertised to support junior rota.

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7/ Datix 1610	Divisional Director of MIC, SCC & WCCS	Risk Assessment / Operational Risk	1	June 2007	**Failure to maintain key operational performance standards including – Emergency Department (ED) target, Cancer waiting target, Diagnostic target and RTT target** **Cause**: • Mismatch of accurate reporting and poor data quality due to implementation and embedding of new systems and processes. • Mismatch of capacity and demand • Financial challenges • Bed capacity across sites • Volatility of non-elective demand • Increased requirements for elective RTT activity • Late discharges / delayed review by speciality doctors • Potential infection outbreak • Loss of capacity being lost due to equipment failure • Transfer of SMH UCC service to an external provider **Effect**: • Reduced patient experience / staff morale • Increased operational inefficiencies • Failure to meet contractual / regulatory / performance requirements • Loss of reputation and reduced confidence from key stakeholders • Delays to accessing services • Elective patients on the waiting list have to be cancelled. • Delayed step downs from critical care. • Transfer of patients between sites impacting on patient experience **Impact**: • Poor quality of care • Potential increased costs: Reactive & Inefficient ways of working • Potential to incur penalties and/or fines • Potential reputational Impact: Loss of market share • Potential for increased lengths of stay • Potential lack of continuity of service, reputation, retention of staff, accountability and governance caused by the transfer of SMH UCC	5 x 3 15		**ED** • Daily ED Performance Reports • Agreed performance trajectory with Commissioners and NHS England and an action plan to underpin the delivery of the trajectory. • Escalation to mental health providers • Agreement of full capacity protocol and implementation (from October 2016) • Extending operational hours for ambulatory emergency care services at St Mary's and Charing Cross (from 22nd October) • Escalation of ongoing issues with Vocare service to commissioners. • Phase 1 of acute assessment unit move at Charing Cross to streamline pathways rolled out 5th December 2016. • 'Playing your part week' held. **RTT** • Jul 2016-Apr2017: Monthly WLIP Steering Groups including IST NHSE and NWL CCG commissioners. Weekly WLIP management meetings and RTT meetings with General Managers to help ensure progress against actions and trajectories. **Cancer waiting times** • 3 year MOU and funding agreement with Macmillan into cancer services • Increased investment in cancer MDT Coordinators • Investment into Somerset System (Cancer tracking tool **Diagnostic waiting times** • Additional radiologist sessions to report on images and reduce turnaround time • Local level scorecards and monitoring forums • Senior input into site operations • information peer review • Clear escalation plans • Participation in weekly sector operations executive • Development and implementation of site/clinical strategy	5 x 4 20	Current	**ED** • Weekly performance review meeting with CEO and other divisions. • Fortnightly meetings with commissioners established • Redevelopment of SMH Emergency Department (to be completed Q4 16/17) • Formal review of ED performance via ECIST completed **RTT** • Data Quality Audit setup to ensure integrity of waiting list data. Sampling and larger validation of pathways will run through to end of November 2016, • Information and access to reporting is being substantially improved, with input from GMs, to ensure reports are directly useful to management of demand and capacity. • Deleted pathways[Increase the sample audit size to 1000; Advised to increase audit sample >1000 by JL] • Validation of Outpatient w/l. Noting: Initial error rate could be 5%. IST flag that risk could be higher. Validation of OP w/l is planned for completion by Dec but needs to be sooner.[IST support - agreed scope and input; Outsourcing plan (NB initial estimate of 4000 cases to achieve 92% by end March); Learn from Barts and BHR; Validation plan with clear timelines to NHSE and NHSI] • Demand Management[NWL Round table on demand management; Set out the support needed by NHSE re potential contractual barriers to large scale demand management schemes including IS] • **October 16:** RTT team validation work on IPWL ongoing; approximately 100 plastics patients found to have had clocks stopped inappropriately. SI declared. Work ongoing for clinical validation of RTT clock stop patients who have been removed from PTL. Recruitment of nurse to manage clinical validations – due to start Mid-October. SI investigation ongoing. • **November 2016:** Sampling audits continue within specialities , and two further serious incident reviews have been declared in HPB and pain and ophthalmology these reviews have also highlighted further significant number of patient waiting 52+ weeks identified in orthopaedics and ENT • **January 2017:** The SI reports on RTT are due this month, actions will be updated following panel. Sampling audits continue, as does work by the RTT validation team. RTT has been added to the divisional quality and safety agenda. **Cancer waiting times** • Implemented internal validation process for cancer peer review • Implemented internal validation process for cancer pathways • On-going work with DGH in relation to timeliness of cancer pathway referrals **Diagnostic waiting times** • 0 breaches reported via DOH return for October - which is a significant improvement on our return from September (25). • Continuing to mitigate with additional ad hoc sessions based on voluntary overtime and prioritising of urgent inpatient and cancer 2WW patients. Continued work with HR support to improve recruitment with a weekly task and finish group. • New RIS PACS system in place x 6 months • Outsourcing of MRI scans through Alliance and the Steiner unit • Zero breaches in November & December (Diagnostic Target). Additional sessions in place based on voluntary overtime and continued to outsource as required to support delivery of RTT and cancer waiting times. • Recruitment continues to secure posts that would allow extended hours to be delivered within core hours to further support ED/Cancer/and RTT targets. • Average MRI waits are within 5 weeks for most areas and CT within 6 weeks. • We continue to prioritise critical care, urgent and cancer 2WW patients to maintain performance standards. **Target risk score date: April 2017**	⇔	3 x 4 12		• Agreed remedial action plan with commissioners for RTT and choose and book. • ED recovery plan • Additional elective activity focused on CXH / HH sites • Increased senior (executive) scrutiny of the emergency pathway and in patient discharge planning • Validation of closed pathways on-going. Patients to be contacted as appropriate.

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90/Datix 1978	Chief Information Officer	Information and Communications Technology Risk	1	July 15	**Cyber Security Threats to Trust Data and Infrastructure** Risk to Data; A cyber security incident can result in data being stolen, destroyed, altered or ransomed. Risk to Infrastructure: A cyber security incident can result in all or part of Trust ICT infrastructure being disabled, or destroyed. There would be a prolonged period of recover. **Causes:** In order to function, the Trust needs to maintain an IT environment connected to the internet. This exposes the Trust to a constant flow of infection and attack. **Effect:** • **Data:** o **Stolen;** reputational damage, breach of obligations as regards data security, fines, notification to the victim (s), compensation and legal claims. o **Destroyed;** almost all patient data is being created and stored digitally including medications, observations and treatment decisions.. It is possible for hackers to destroy not only online data but all backups. o **Altered;** connected medical devices are vulnerable to external hacking. Staff with access to data are the most likely insider threat. Maliciously altering data can affect both corporate and clinical systems and can result in either patient data or corporate data being changed. o **Ransomed;** the data doesn't leave the Trust infrastructure but is unable to be accessed until a ransom is paid. Even if a ransom is paid, there is no guarantee that the encryption key will be handed over and access to the data restored. • **Infrastructure** o **Disabled;** there would be a prolonged period of downtime while networks, servers and storage were disinfected and restored to service. Outage is likely to be anywhere between a week to a month. o **Destroyed;** There would be up to 6 months down time, several million pounds of expenditure to replace equipment and restore services. **Impact:** • Patient care and safety • Reputational damage • Contractual and Enforcement Notices , compensation claims • There would be a prolonged period of operation using downtime procedures which would severally impact capacity, revenue and costs	4	4	**Technical Controls** • The Trust tries to maintain the lowest possible attack profile to reduce exposure to malware and hacking. Access to social networking, Skype, webmail, tor browsers and other high risk sites are all blocked. • The Trust maintains firewalls and a documented change control process to block threats. • The Trust maintained Servers and Desktops are installed with anti - virus software. • Trust has contracted with iBoss for software to detect and mitigate any threats discovered inside the firewalls. • The Trust has invested in a backup and restore system that, to date, has been able to restore files compromised by ransomware with minimal data loss. There are about 3 – 4 incidents a month. • There is a monthly cyber security dashboard reviewed at ICT Security and Risk Committee (SARC) to track threat activity and effectiveness of response. • The Trust has an Anti-Malware Procedure to ensure that ICT engineers can efficiently contain, and resolve cyber threats. This procedure is reviewed and updated annually to ensure that the documented processes are current and aligned to industry best practices. • The Trust have contracted a 3rd party supplier to provide Security as a Service. This enables ICT to tap into specialist resources for support and assistance. In addition, PEN testing and Security Risk assessments are conducted annually to ensure that the Trust addresses and resolves these security gaps	4	4	Current	**Staff Education and Awareness of Cyber Risks:** Imperial have signed up with NHS Digital to be an early adopter of the KNOWLEDGE learning material to raise staff awareness of cyber security issues and safe practice. The course material will be incorporated into the mandatory IG training program in 2017/18. **Cerner 7 24 PCs:** A pilot project funded from 2016/17 capital has configured a new Cerner 7 24 PC which is more resilient to Cyber threat. Funding request to deploy this new configuration are in 2017/18 Capital Plans**.** **ICT Technical Security Manager recruitment**: ICT have identified funds to recruit to a Technical Security Manager post. It is anticipated a candidate will be in place Q1 2017. **Process Controls** The Trust Emergency Planning Department are working on plans for business continuity in the event of Cyber Security incident. Advice from the Cabinet Office to all Boards is to plan on the basis of 'it is not if, but when'. **Target risk score** The target risk score is reflective of the continually changing nature of the external threat and evidence of recent attacks on other NHS organisations. The controls in place are appropriate and up to date, but because it is not possible to be one step ahead of all cyber threats this will continue to be a high risk. **Target risk score date:** ***Review June 2017 following Cerner 7 24 PC configuration.***	⇔	4	4	• In the event of an incident, hire external specialists to resolve security threat and restore service as soon as possible • Downtime procedures • Trust Cyber Security Incident Plan

Trust Objective 1. To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Impact / Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend /Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
91/Datix 2023	Jamil Mayet, Divisional Director of SCC / Tim Orchard, Divisional Director of MIC	Incident reporting	1	3/6/2016	**Failure to currently meet some of the core standards and service specifications (as set out by the CQC) for High Dependency areas within the Trust.** **Cause:** • Poor Environment • Poor equipment • Insufficient trained staff in Critical Care • Lack of Staffing on the St Mary's Hospital Medical HDU • Lack of Level 2 beds at Hammersmith Hospital • Current level of medical cover does not meet standard for critical care • Absent of Critical Care outreach team on the Hammersmith site • Lack of medical cover on the medical high dependency unit at SMH and CXH, which does not meet the standard for Critical Care **Effect:** • Delivery of care provided to patients • Patients being nursed in inappropriate areas (C8 ward) due to lack of level 2 beds • Inability to meet critical care standards on medical HDU with consequent impacts on patient safety. • Inability to open additional capacity on demand and potentially impacts on staff activity and morale and patient safety. **Impact:** • Potential to increase costs: staff • Potential to increase costs: Reactive & Inefficient ways of working • Potential to incur penalties and/or fines: Contractual and Enforcement Notices	4	4x4 16	• Review of the HDU's against the standards completed and paper written and reviewed at EX QU • Meeting completed with Medical Director to agree immediate actions and review risk, date for further meeting agreed. • Review of all incidents and SI's by critical care and two independent consultants • Cover arrangements under review with Chiefs of service in relation to cover being provided out of hours SOPs to be produced for each unit, links with medical firms strengthened by surgical HDUs • Options papers to Critical Care Committee 9/6/16 to review long term options • Patients are managed within existing medicine areas on the Hammersmith Site. C8 ward is operating as a level 1 area with monitored beds. • Escalation of staffing issues within agreed framework. Early requests for bank shift and agency where required. Requests for cross coverage from other clinical areas. • Current mitigations continue to be ICU support and use of Outreach. Outreach hours have been extended on CXH site and a proposal is in preparation to extend this to weekends and to HH.	4	4x4 16	Current	• SI and incident review completed. Three serious incidents reported all independently reviewed. At the review it was noted that whilst there was learning there was not felt to be failure to rescue. Two of the cases were infection control related • SOP in development • Site strategy plans are under development through the Trust critical care group with a Trustwide approach to the provision of level 2 and 3 beds. • Ongoing recruitment efforts to fill vacant posts on ward. • Out of hours SOP in development for each unit, and the cover arrangements for the HDUs are being reviewed by the Chiefs of Service • Outcome of Critical Care Group / Site Strategy Plans is for Critical Care to take over management of HDUs Trustwide. Further plans ongoing. Target Q2 2017 remains. **January 2017** • C8 ward at HH has moved to CXH site and the new Medicine Unit opened at CXH in November 2016; this does not include HDU. The HDU will then be moved to the 11th floor and the date for this is still in negotiation • An outreach business case has been written and approved - post now being advertised and training of staff expected to commence May 2017 for roll out of expanded service across all 3 sites in following months • Vacancies reduced to non-critical level - however staff turnover high. • The new acute medicine unit opened on Marjory Warren ward on 5 December 2016. As part of this move, four level 2 beds have opened on the 11th floor critical care unit to accommodate medical level 2 patients. Short guide on patient selection attached. • Business case for SMH HDU reconfiguration approved at EXCO - potential opening Summer 2017. • Working group set up in October to produce SOPs. Draft SOP for the new HDU has been written. **Target risk score date: April 2017**	⇔	3x2 6	• Continue to work towards an integrated model and utilisation of current services provided by the Site team and outreach.

Trust Objective 2. To educate and engage skilled and diverse people committed to continual learning and improvement

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk	Initial Score	Key Controls	Current Score	Proximity	Actions and Progress report	Trend /Movement	Target Score	Contingency Plans
					Impact / Cause / Effect / Impact	Likelihood x Consequence		Likelihood x Consequence				Likelihood x Consequence	
65 / Datix 1613	Medical Director	Divisional risk register / Operational risk	2	Feb 2014	**Failure to achieve benchmark levels of medical education performance and provide adequate and appropriate training for junior doctors, resulting in suspension of training.** **Cause**: • Inadequate training and education programmes • Inconsistent engagement of supervisors and provision of supervision • lack of transparency of educational resources • Regional service reconfiguration that impacts training opportunities • Failure to introduce supervision time in consultant job plans **Effect**: • Failure to deliver high quality training • Reduction in student and training places commissioned by Imperial College or HE NWL • Damage to reputation as a world class medical education provider • Risk of trainees being removed **Impact**: • Potential loss of revenue: Research and education income (Failure to maintain medical education income) • Undermines mission of AHSC by failing to provide medical education integrated with research and service provision • Reputational with adverse revenue impact: Compromises future re-designation of AHSC • Potential to increase costs: Bank & Agency staff as result of being unable to recruit and retain medical staff at all levels • Potential to increase costs: i.e. claims and litigation impact on CNST payment due to poorly trained staff and potential for harm. • Reputational with adverse revenue impact: Service decommissioned and withdrawal of medical student places • Possible increase of complaints / incidents due to lack of continuity of medical staff/gaps in rotas Potential Cost implications of locum requirements, service pressures and impact of future removal of funding for training posts	3 x 4 12	• Education transformation programme launched • New management structure in place • Anti-bullying strategy implemented • Revised governance structure implemented • Safety panel monitoring incidents weekly – chaired by MD • National trainer census complete – meets required standards • Formal process for the management of education action plans in place • Trust Education Committee established • Annual programme of specialty reviews chaired by the medical director established • Annual trainee 'deep dive' programme in place • Exception reporting process implemented for new junior doctor contract • Task and finish group for recruitment and retention of non-training grades established to mitigate rota gaps	3 x 4 12	On-going	**Protecting EPA in job plans:** GMC census returned with over 500 accredited trainers. *Inability to quantify time in job plans for education due to lack of completion of job plan returns – job planning still underway in the divisions*. **Undergraduate Teaching:** planning for 2016/17 year exams commenced – Year 6 exam space confirmed, pending confirmation of Year 3 exam space (Trust) **Action Plans:** action planning module go-live delayed. UTL workshop planned for early March 2017. Action plan returned end Sept 2016 in response to NTS, additional actions due for submission January 2017. **Day One Ready Induction:** Review of content for core skills training being undertaken by P&OD, supported by education. Plan to ensure trainees complete their training prior to starting in the Trust will commence in January 2017 and be fully implemented by the August induction 2017. **Teaching:** New requirement for CMT simulation has been incorporated into the teaching programme to commence in May 2017 **Quality governance:** Monthly specialty review meetings in place for Histopathology and Medical oncology Training reinstated in Ophthalmology and Neurosurgery. Undergraduate quality process is ongoing 24 remaining actions from the quality visit in November 2015, awaiting LETB response to December submission Specialty reviews underway in specialties which have significant numbers of red flags, enhanced monitoring by the GMC already in place, or where SOLE (Student On-Line Evaluation) reports do not meet the required 0.5 score. In November 2016 the target risk score date was changed to September 2017. The target risk score will be reached when there is evidence that improvements achieved in education last year are embedded and sustained into next year. Assurance will be provided by the results of the GMC survey in July 2017. **Target risk score date: September 2017**	⇔	2 x 4 8	• Increase scope of CIP programme due to loss of income

Trust Objective 2. To educate and engage skilled and diverse people committed to continual learning and improvement

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Impact / Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend /Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
72/ Datix 1614	Director of People & OD	Strategic Planning / Operational risk	2	Oct 13	**Failure to implement, manage and maintain an effective health and safety management system including:** - **Appropriate health and safety policies, procedures and safe systems of work** - **Risk assessments and risk control measures** - **Information, instruction, training, support and supervision** - **Monitoring, measuring and auditing** - **Governance and assurance arrangements** **In order to protect the health, safety, and wellbeing of employees, contractors, students, patients and visitors whilst at or on behalf of the Trust.** **Cause:** • Lack of appropriate and effective H&S management structures • Lack of appropriate H&S information and guidance – including policies, procedures and safe system of work • Lack of induction, job specific and refresher training • Lack of management ownership and accountability • Poor employee engagement, awareness and culture • Lack of competent H&S advice and resources • Failure to report and investigate accidents/incidents/near misses **Effect:** • Increase in accidents, incidents and ill health • Damage to property and equipment • Impact on business continuity • Reduced morale, quality & productivity • Increased rates of sickness absence due to injuries and ill health • Poor patient experience • Poor reputation with regulatory bodies such as HSE and CQC **Impact:** • Potential to incur criminal penalties and/or fines: • Contractual and Enforcement Notices • Potential to increase costs: i.e. claims and litigation impact on CNST payment • Potential loss of revenue : NHS Income as a result of Increased incidents to staff and patients • Management time to investigate accidents/incidents and implement corrective/preventative action • Training & retraining costs • Reputational risks	3 x 4 12	• Fully staffed Health and Safety Service • Strategic Health and Safety Committee • Division/Corporate Functions Health and Safety Committees/ Quality and Safety Committees • Divisional Health and Safety Leads • Departmental Safety Coordinators • Accident/incident reporting via DATIX • H&S risk assessments undertaken and recorded on Assessnet • Trust and Divisional Health and Safety dashboards • Health and safety training, including Health and Safety e-learning, Manual handling training, Fire Safety training • Periodic updates to Executive (Quality) Committee and Quality Committee • Readily accessible H&S information e.g. webpages on Source • Health and safety policy, supported by Division local procedures	3 x 3 9	Current	• Risk reduction plans have been formulated, and are in the process of being implemented, for the current 4 highest causes of injury to staff: 'Violence and Aggression', 'Sharps', 'Slips, trips and falls' and manual handling • Introduction of Workplace review/inspection regime commenced in November 2015. Once introduced fully, a performance standard is likely to be set in relation to a minimum number of workplaces being reviewed each quarter e.g. 80% • Increased complement and training of Fire Wardens required • Work closer with both external partners (such as Imperial College) and internal partners (such as Estates and Facilities and Occupational Health) to ensure any work affecting the health and safety of those who might be affected by the Trust undertaking is joined up, effective and efficient **January 2017** Risk rating reduced from 12 (3x4) to 9 (3x3) to reflect greater control secured over health and safety, as evidenced by the findings of the recent HSE inspections and the nature of the health and safety matters being reported upwards from the Divisions and directorates. • Closer liaison required with Estates & Facilities to ensure smooth progress with items such as contractor management and Slips trips and falls • Continued focussed work required to introduce workplace inspection regime • Manual Handling risk reduction action plan to be finalised **Target risk score date: March 2017**	⇩	1 x 4 4	• Prioritise and utilise internal H&S expertise e.g. DSCs, Security, Trade Union Reps (external additional support may be required) • Monitor effectiveness of health and safety action plan

Trust Objective 2. To educate and engage skilled and diverse people committed to continual learning and improvement

Risk ID Number	Risk Owner	Risk Source / Type	BAF Ref.	Date when risk first identified	Description of Risk (Impact / Cause / Effect / Impact)	Initial Score: Likelihood	Initial Score: Consequence	Key Controls	Current Score: Likelihood	Current Score: Consequence	Proximity	Actions and Progress report	Trend / Movement	Target Score: Likelihood	Target Score: Consequence	Contingency Plans
92/ 2055	David Wells, Director of People & Organisation Development	External Assessment	1	28/06/2016	***NEW* Failure to ensure staff are immunised fully against those biological agents to which they are most likely to be exposed whilst at work** **Cause:** • Immunisation policy may need updating to ensure the contents are accurate and pragmatic • Failure to observe the requirements of the immunisation policy fully, including a failure to monitor and audit policy compliance, as follows: o Inadequate health-screening of new staff during recruitment o Patient-facing newly-employed staff beginning work with patients potentially without being fully immunised o Patient-facing existing staff failing to keep their immunisations up to date o Inadequate arrangements in place for identifying when existing staff need their immunisations updating o Inadequate arrangements in place to remind staff (and their managers) that their immunisations need updating o Failure to take effective action if staff wilfully do not update their immunisations **Effect:** • Increase in staff ill health (infection) incidents • Increase in patient ill health (infections) and the patient's length of stay in hospital • Impact on business continuity • Reduced morale, quality & productivity • Increased rates of sickness absence due to staff ill health • Poor patient experience • Poor reputation with regulatory bodies such as HSE and CQC **Impact:** • Potential to increase costs: Reactive & Inefficient ways of working • Potential to incur penalties and/or fines: Contractual and Enforcement Notices • Potential to increase costs: Bank and Agency Staff • Potential to increase costs: Increased length of stay	4x3 12	• Immunisation Policy and related procedures and guidelines in place, including the following requirements: o New staff having no contact with patients unless immunised fully o Occupational Health Service carrying out the health screening of new employees o Occupational Health Service (OHS) carrying out the reminding of existing staff regarding their immunisations, following up on those reminders, including the Divisions in those reminders, and Divisions taking effective action to make staff attend and have their immunisations • Functional Requirements Form completed for vacancy during recruitment • New staff not receiving an unconditional offer of employment unless health screening has been completed (or authorisation has been received from the recruiting manager to do so) • E-learning Sharps Injuries and Bodily Fluids Exposure training • OHS advice for staff who receive sharps injury • Post-exposure prophylaxis (PEP) arrangements • Incident reporting, investigation and analysis e.g. when staff at work receive a sharps injury or exposure to a virus • Arrangements in place to notify the OH service of new starters, leavers and those who change posts, ensuring the Trust database for staff immunisation records, Cohort, is kept up to date accordingly	3x2 6	Current	• Ensure consistent quality of service from OHS. KPIs to be introduced from February 2017 • Immunisation policy and related procedures and guidelines need updating. Policy to be updated and effective from beginning of February 2017, at the latest • Robust Datix incident reporting arrangements needed when staff sharps injury occurs, wherever staff present themselves for PEP treatment • Periodic updates to Divisions needed on the numbers of undertake exposure prone procedures (EPP) staff who require a review of their immunisation status. Suitable arrangements to be put in place by mid-November • Introduce an OH business continuity plan. **January 2017** Risk rating reduced from 9 (3x3) to 6 (3x2), due to a combination of far greater control secured over the risk (as evidenced by the HSE being satisfied the Trust is taking effective action in this risk area), greater risk awareness amongst staff and, also, more effective mitigation arrangements in place. • All staff immunisation records have been reviewed. All relevant staff have been contacted and their reviews scheduled; clinics are being set up and will all be in place by the 18 January to accommodate anyone who needs to be seen across the 3 sites. After review all the EPP staff who are currently 'Health not cleared' will either be 'Health cleared' or 'Health cleared with restrictions'. **Target risk score date: March 2017**	⇩	2x2 4	• Agency staff to be employed to cover shortages in service OHS contract service quality to be sacrificed to maintain Trust service quality

Acronyms

AHSC – Academic Health Science Centre

BRC – Biomedical Research Centre

CCG – Clinical Commissioning Group

CE – Chief Executive

CFO – Chief Financial Officer

CNST – Clinical Negligence Scheme for Trusts

COO – Chief Operating Officer

CQC – Care Quality Commission

CQUIN – Commissioning for Quality and Innovation

CXH – Charing Cross Hospital

ECIST – Emergency Care Intensive Support Team

ED – Emergency Department

ExCo – Executive Committee

ExQu – Executive (Quality) Committee

FBC – Full Business Case

FIC – Finance Investment Centre

FT – Foundation Trust

HCAI – Healthcare Associated Infections

HSE – Health and Safety Executive

MD – Medical Director

NWL – North West London

PLACE – Patient Led Assessment of the Care Environment

PMO – Project Management Office

PPM – Planned Preventative Maintenance

R&D – Research and Development

RTT – Referral to Treatment

TDA – Trust Development Authority

UCC – Urgent Care Centre

Imperial College Healthcare NHS Trust

Report to:	Date of meeting
Trust board - public	25 January 2017

STP Joint health and care transition group - Meeting Summary December 2016

Executive summary:

At the last meeting the key issue on the table was finance. The first discussion was around the bidding process for the initial tranche of money from the transformation fund with it being made clear that this first round would focus on four priority areas.

There were some reservations expressed by colleagues about the limited scope of what could be bid for, however it was decided to move forward with the bid process and to review in early January before bid submission

Next we discussed how funding would flow through the system, with Steven Mair (City Treasurer, Westminster City Council) presenting the finance update paper and the funding flows principles paper, with a key principle being openness and transparency. There was good discussion around the papers including on the impact of the Out of Hospital (OOH) strategy. The finance discussion closed with recognition around the table that we all see the value of the single public pound, and both papers being agreed.

We then moved into a discussion on the programme of activity within the STP, with Matt Hannant (Director of Strategy & Transformation, NW London Collaboration of CCGs) presenting a high level summary of what action had taken place against the delivery plans so far, though noted this was a first draft and would need to be updated before coming back to the group.

We then looked specifically at three key areas:

1. Mental Health
2. Workforce
3. Digital.

Jane Wheeler (Deputy Director Mental Health Transformation, NW London) and Fiona Butler (Chair West London CCG) presented a paper on mental health which noted that there was Good distributed leadership and governance and that we had made significant progress on a number of areas e.g. 24/7 urgent care pathway across NW London is in place.

On Workforce Ethie Kong (Chair Brent CCG) updated the group verbally, noting that we now have a new joint governance in place across health, social care and education. The first meeting took place on 6th December.

Bill Sturman (Director of Informatics, NW London Collaboration of CCGs) then gave a verbal update on Digital progress, highlighting that the local digital map submitted to NHSE in November was aligned to the STP and that the first Digital Programme Board meeting prioritised a set of 20 digital projects for the period to 2020/21. Ian Goodman (Chair Hillingdon CCG) and Imperial College Partners co-chair the group.

The next meeting will be on 19 January 2017.

Quality impact:

The STP is focused on improving the integration and delivery of health and care services across NW London.

Financial impact:

No direct financial impact.

Risk impact:

Ensuring effective meeting structures and programme oversight will reduce the risk of poor integration of service developments.

Recommendation to the Trust board:

The Trust board is asked to note the report.

Trust strategic objectives supported by this paper:

To achieve excellent patients 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.
To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance.

Author	Responsible executive director	Date submitted
STP team	Dr Tracey Batten, Chief executive	18 January 2017

Imperial College Healthcare NHS Trust

Report to**:** **Trust board**

Report from**:** **Finance & Investment Committee (18 January)**

KEY ITEMS TO NOTE

The Committee:

- Noted that the Trust had met its plan in-month, and was £0.4m favourable year to date, and was forecasting to meet the planned deficit of £41m, not including Sustainability and Transformation Fund funding. The Committee noted that there were risks within the forecast which the Trust was taking action to mitigate where possible.
- Noted the continuing progress achieved by the divisional teams in relation to the financial improvement programme, recognising that there remained a gap to the stretch target (a key contributor to this was the slippage of pathology plans). The Committee discussed the setting of a 'baseline' from which the CIP was set; members noted the volatile nature of such baseline, but it was recognised that the 'bridge' analysis gave clarity to the starting point.
- Noted the plan that had been submitted on 23 December 2016, and the gap that existing between that and the control total issued by NHS Improvement. Having received better information on tariff and expected activity, the Trust was developing an improved plan. This would reflect the financial impact areas of opportunity and risk highlighted in the earlier submission.
- Supported the business case being prepared for the replacement of two LINAC machines, and the intention to bid for the capital cost from an NHS England radiotherapy modernisation fund. Given the submission time scales, the Committee supported the request that the Trust board delegate approval to the chief finance officer.
- Noted the contents of the NHS Improvement capital regime guidance, and recommended that the Trust board approve a formal update to the delegated approval threshold for the chief executive to £5 million. It also supported the creation of a formal internal approval panel, chaired by the chief executive or chief financial officer to consider investments valued between £5m and £15m, and the proposed investment appraisal framework, although it requested a review of the document to ensure complete clarity of delegated values.
- Received an update on the activity to develop robust service level and patient level costing analysis, and also a draft analysis of the Trust's run-rate. The Committee discussed how each of these tools could be most usefully applied to add value to managing the Trust's financial position. Work would continue in both areas, and be presented again at the March committee.
- Received an update on NWL Pathology arrangements, and supported the Laboratory Services business case which was to be presented to the Trust board.

Imperial College Healthcare NHS Trust

Action requested by Trust board
The Trust board is requested to: • Note the report; • Agree to the delegation of approval of the LINAC business case to the chief finance officer (as per item 3.2); • Approve a formal update to the delegated approval threshold for the chief executive to £5 million (as per item 3.1).

Report from: Dr Andreas Raffel, Chair, Finance & Investment Committee
Report author: Jan Aps, Trust Company Secretary
Next meeting: 22 March 2017

Imperial College Healthcare NHS Trust

Report to:	**Trust board**
Report from:	**Redevelopment committee report (18 January 2016)**

KEY ITEMS TO NOTE

The planning application for the comprehensive outpatient and diagnostic facility for patients had been submitted, ahead of programme, on 14 December, and is being considered by the planning officers.

On 6 December 2016 Westminster City Council Planning committee granted planning permission subject to resolution of a number of matters. The Trust continues to have some significant safety concerns, which need further consideration.

RECOMMENDATION:

The Trust board is requested to:

- Note the report
- Note that some of the discussion held at the Committee was considered 'commercial in confidence'.

Report from:	Sir Richard Sykes, Chairman
Report author:	Jan Aps, Trust company secretary
Next meeting:	22 February 2017

Imperial College Healthcare NHS Trust

Report to**: Trust board**

Report from: **Quality Committee (11 January 2017)**

KEY ITEMS TO NOTE

Divisional Director's risk register update: The Committee reviewed the divisional risks:
Winter pressures: the Committee noted the extraordinary increased demand on services, particularly in the emergency department both in terms of attendances and the very high acuity of patients' illness. The Committee were reassured that there was no rise in reported adverse events, and that this was not because Datix reporting numbers had dropped because of time pressures. The Committee agreed that it was important the current abnormal conditions did not become viewed as 'the new norm', noting that the pressure on staff, space and all resources was huge.

RTT performance: the waiting list improvement programme continued.
Imaging: The Committee acknowledged the risks for the imaging department relating to both demand and the aging equipment. New CT cameras would be in place later in the year which would reduce this risk.

Critical care strategy: The Committee was pleased to note its support of the critical care strategy which sought to co-locate the high dependency beds at St Mary's with existing level 3 intensive care beds, in order to improve quality, particularly patient safety. The proposal included the provision of outreach services on all three sites, seven days a week.

Update on ward accreditation findings: The Committee noted the findings of the ward accreditation findings from 2016 and acknowledged that the key areas of concern were around the environment, both in terms of estate and cleanliness, and medicines administration; the Committee noted the actions in place to improve these areas.

Quarterly CIP QIA update: The Committee was pleased to note that the Medical Director and Director of Nursing had a process in place to assess and ensure that the cost improvement programme was not impacting on the quality of care provided to patients. The Medical Director particularly noted that the Divisional teams were vigilant in this respect.

Quality report: The Committee noted the work in place to improve the duty of candour process within the Trust. It was acknowledged that there was an issue with PROMS data and the Committee noted that the Medical Director's Office would look at other potential providers.

Health and safety report: The Committee were pleased to note that the Health and Safety Executive had visited the Trust in December 2016 to assess the Trust's compliance with asbestos regulations and had been satisfied with the management arrangements in place. The Committee noted the continuing work in place to reduce incidents of violence and aggression towards staff, and in particular that violence and aggression was of serious concern.

RECOMMENDATION:
The Trust board is requested to:

- Note the report

Report from: Prof Andy Bush, Chairman, Quality Committee
Report author: Jessica Hargreaves, Deputy Board Secretary
Next meeting: 15 February 2017

Imperial College Healthcare NHS Trust

Report to: **Trust board**

Report from: **Audit, Risk & Governance Committee (7 December 2016)**

KEY ITEMS TO NOTE

Internal audit and counter-fraud report: The Committee noted that the amendments to the audit plan (including a review of IVF services and an additional review of water management). In reviewing the most recent audit reports, the Committee noted that, as usual, remedial actions plans of those resulting in limited assurance would be presented at the next meeting. The Committee welcomed hearing that future counter-fraud activity would have a preventative focus.

Management action plans following audits which had received a limited or no assurance rating: The Committee noted and supported the actions plans being implemented in relation to water systems compliance.

Tender waivers: The Committee were pleased to note the continuing reduction in the number and value of tender waivers.

Overseas patients: income recovery process: the Committee noted the actions being undertaken to improve the income recovery process retain to overseas patients, noting in particular that the Trust had seen a good reduction in legal settlements, and had a good relationship with border agency staff which had brought about an increase in the retrieval of income.

Corporate risk register: The Committee particularly noted the increase in rating of the cyber security risk (which would be further considered at the next meeting) and the risk in relation to vacancies within nursing and midwifery (the management and mitigation of this risk was considered to be appropriate).

Annual review of scheme of reserved and delegated powers and scheme of financial authorities: The Committee approved the changes made to the scheme of reserved and delegated powers and scheme of financial authorities, to reflect the changes made to the standing orders and standing financial instructions approved at the previous meeting.

Fire safety update report: The Committee were pleased to note that the 'first responder approach' had helped have the lowest number of call-outs to the London Fire Bridge but asked for assurance that this was potential delay did not increase risk. The Committee welcomed the plan to hold table top evacuation exercises in 2017, and requested consideration of full evacuation exercises at a future point.

Winter plan: The Committee noted the winter plan and its alignment with the full capacity protocol, which had been working well since its recent implementation.

Occupational health: The Committee noted the Health &Safety Executive follow up visit had recognised the improvements made, and considered that the Trust had appropriately addressed the concerns raised.

Recruitment and retention: The Committee welcomed the focus on this important area of workforce management, and asked to be kept informed of actions and impact.

Governance arrangement for the joint chief information officer's position: The

Committee noted the arrangements in place between the Trust and Chelsea & Westminster FT to ensure effective governance and risk mitigation.

Raising concerns: The Committee noted the introduction of 'speak-up' guardians and asked that there be greater communication as to the existence and role of these positions.

The confirmed minutes of the October 2016 meeting are attached.

Action requested by Trust board
The Trust board is requested to: • Note the report

Report from: Sir Gerald Acher, Chairman, Audit, Risk & Governance Committee
Report author: Jan Aps, Trust Company Secretary
Next meeting: 8 March 2017

Imperial College Healthcare NHS Trust

MINUTES OF THE AUDIT, RISK & GOVERNANCE COMMITTEE
Wednesday 12 October 2016
10.00am – 12.30pm
Clarence Wing Boardroom
St Mary's Hospital

Present	
Sir Gerald Acher (Chair)	Non-executive director
Sarika Patel	Non-executive director
Dr Andreas Raffel	Non-executive director
Nick Ross	Non-executive director
In attendance:	
Dr Tracey Batten	Chief executive
Prof Janice Sigsworth	Director of nursing
Dr Julian Redhead	Medical director
In attendance:	
Siobhan Peters	Deputy CFO
Jessica Hargreaves	Deputy board secretary (minutes)
Leigh Lloyd-Thomas	Partner / public sector assurance, BDO LLP
Philip Lazenby	Director of audit, TIAA
Kevin Limn	Director, TIAA
Arti Patil	Counter fraud manager, TIAA
TG Teoh	Divisional director, WCCS
Jamil Mayet	Divisional director, SCC
Martin Lerner	Divisional director of operations, SCC

1	**GENERAL BUSINESS**	**Action**
1.1	**Chairman's opening remarks and apologies for absence** The Chair welcomed everybody to the meeting. Apologies were received from Richard Alexander, Prof Andrew Bush, Kevin Jarrold and Jan Aps.	
1.2	**Declarations of interest or conflicts of interest** There were no declarations of interest declared at the meeting.	
1.3	**Minutes of the Committee's previous meeting** The minutes of the meeting were approved as an accurate record.	
1.4	**Action log, forward plan, & matters arising report** The Committee noted the updates, particularly that: Terms of reference: Jan Aps would discuss the revised terms of reference with Sarika Patel for update; these would then be added to the following Committee agenda for noting. Financial accounts: Richard Alexander would update the Committee as to the Trust's position regarding quarterly hard close of the accounts.	
2	**EXTERNAL AUDIT BUSINESS**	
	There was no external audit business.	
3	**INTERNAL AUDIT BUSINESS**	
3.1	**Internal audit progress report and counter-fraud annual report** Kevin Limn presented the report and confirmed that the audit plan had been progressing as planned; one significant revision was to undertake an RTT validation exercise. Responding to a query from Sarika Patel, Kevin Limn confirmed that the RTT review would replace the average length of stay audit and the activity data	

	review of outpatients; the Committee agreed that the RTT review was the priority. Philip Lazenby noted that the assurance mechanism in place in certain areas had not been satisfactory. Dr Tracey Batten requested that any issues relating to staff compliance with the audit process be escalated to the staff members' managers. Arti Patil presented the counter fraud report highlighting that of the five open investigations two were subject to criminal proceedings, two were with income and one was pending closure. She also noted that there had been three sanctions since the previous Committee meeting in July 2016. The Committee noted the report.	
3.2	**Action plans for limited assurance audits** • **PPE medical equipment managed service contract** Prof Janice Sigsworth confirmed that a new management process had been put in place and that a newly recruited head of clinical technical services was developing an equipment library and asset register which would improve the management of equipment across the Trust. • **Duty of candour audit compliance** Dr Julian Redhead confirmed that work was underway to address the gaps in the duty of candour compliance. Key actions included the introduction of a mandatory training e-learning module for consultants as well as adding a form in Cerner to improve the documentary aspect of the requirements. • **SIs and WHO audit compliance** Dr Julian Redhead confirmed that the safer surgery task and finish group had been overseeing the invasive procedures training and assured the Committee that all consultants had completed the training. It was confirmed that SI actions were now being monitored by the safety and effectiveness team and an action plan put in place to improve the process. It was agreed that updates on the duty of candour compliance and the SI's and WHO checklist audit would be presented at the July 2017 Committee. The Committee noted the reports and supported the recommendations for improving compliance.	**JR** **JR**
4	**FINANCIAL & OTHER BUSINESS**	
4.1	**Tender waivers report** Siobhan Peters outlined the report noting that there were a total of 30 waivers approved with a value of £722,108 compared to the previous year where 80 waivers were approved to a value of £3,195,408. The Committee were pleased to note the continued reduction in both the value and the number of waivers being approved.	
4.2	**Losses and special payments register** Noting a decrease generally in losses, Siobhan Peters highlighted that overseas write offs remained a concern. The Committee agreed that there needed to be a trust wide focus to address this. Siobhan Peters confirmed that work was underway and the proposed process would be presented at a future Committee meeting. The Committee noted the schedule of losses and special payments.	**SP**
5	**GOVERNANCE & RISK BUSINESS**	
5.1	**Corporate risk register** Prof Janice Sigsworth presented the corporate risk register, highlighting the escalation of the risk of failure to meet some of the CQC core standards and service specifications for high dependency areas. The Committee were pleased to note the de-escalation of the risk of delay in reporting diagnostic investigations due to the introduction of the new RIS PACS system. Prof Sigsworth informed the Committee that the overall risk of high vacancy rates had reduced from 16 to 12, but noted that this risk remained high for nursing bands 2-6 vacancy rates. The Committee	**JS**

	requested that an update on progress with this issue be presented in 3-6 months time. Responding to a query from Dr Andreas Raffel, Prof Sigsworth confirmed that the target risk score for the estate condition risk would remain red due to the age of the infrastructure, meaning that both the likelihood and impact would remain high. Acknowledging the upcoming target risk date for the IT risk, Prof Sigsworth agreed to review and amend the date with Kevin Jarrold. The Committee agreed that risk 55 (estates) should be divided into two sections as it was both an operational and strategic risk. The Committee noted the changes to the risk register.	
5.2	**Annual review of standing orders and standing financial instructions** The Committee approved the minor changes to the standing orders and standing financial instructions which had been made to reflect organisational changes.	
5.3	**Single oversight framework – NHSI first review** Dr Tracey Batten noted that the single oversight framework had been taken to the Trust board and considered by the executive committee. Responding to a query from Nick Ross regarding the levels of support, Dr Batten confirmed that the aim of the Trust would be to get from level 3 to level 2 in the next financial year once improvement had been achieved in relation to RTT performance and financial sustainability. The Committee agreed that level 2 was a realistic expectation. The Committee noted the framework and the arrangements in place to ensure the KPI scorecard and other monitoring processes aligned fully with the new requirements.	
5.4	**Addressing RTT issues through the waiting list improvement programme** Prof Jamil Mayet briefed the Committee on the arrangements for addressing RTT issues through the waiting list improvement programme. Responding to a query from Sir Gerald Acher, Dr Tracey Batten confirmed that following the extensive review of the issues, there was now a good understanding of the work required to complete the process for getting RTT performance back on track. Prof Mayet confirmed that a key focus now was data accuracy and the importance and necessity of getting it right first time. The Committee noted the continuing clinical reviews to determine whether any patient had come to harm and felt assured by the process of investigation where appropriate. The Committee noted that a communications plan was in place to address any publicity following a potentially high-profile FOI request. The Committee noted the extensive work underway to deliver RTT performance and improve waiting list management.	
5.5	**CQC update (including re-inspection of outpatients and diagnostic imaging)** Prof TG Teoh presented the CQC update report which summarised the continuing work that was overseen by the outpatient improvement programme. Notable progress had been made in reducing the DNA rate, call centre response time and hospital initiated cancellations. Dr Tracey Batten confirmed that weekly walk-arounds by executive and non-executive directors were taking place, highlighting that further work would be required at St Mary's, whilst feedback on the Hammersmith and Charing Cross sites had been very positive. The Committee noted the report and update.	
5.6	**Governance arrangements for joint CIO post** The Committee agreed that this would be discussed in depth at the following meeting.	
6	**ANY OTHER BUSINESS**	
	None noted.	
7.0	**DATE OF NEXT MEETING**	
7.1	**7 December 2016 10:00am – 1:00pm, Clarence Wing Boardroom**	