Imperial College Healthcare NHS — NHS Trust

TRUST BOARD AGENDA – PUBLIC
24 May 2017
11.15 – 13.00
Oak Suite, W12, Hammersmith Hospital

Agenda Number		Presenter	Timing	Paper
1	**Administrative Matters**			
1.1	Chairman's opening remarks & apologies	Chairman	11.15	Oral
1.2	Board member's declarations of interests	Chairman		Oral
1.3	Minutes of the meeting held on 29 March 2017	Chairman		1
1.4	Record of items discussed at Part II of board meeting held on 29 March 2017	Chairman		2
1.5	Action Log and matters arising	Chairman		3
1.6	Use of the Trust seal	Trust company secretary		4
2	**Operational items**			
2.1	Patient story	Director of nursing	11.25	5
2.2	Chief Executive's report	Chief executive		6
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		7
2.4	Month 12 2016/17 Finance report, and update on plan for 2017/18	Chief finance officer		8
3	**Items for decision or approval**			
3.1	NHSI Self-certification requirements	Trust company secretary	12.10	9
4	**Items for discussion**			
4.1	Patient and public engagement	Director of communications	12.15	10
4.2	CQC quarter 4 update	Director of nursing		11
4.3	Emergency planning, risk and resilience	Director of nursing		12
4.4	Academic health science centre (AHSC) update report	AHSC director		13
5	**Items for information**			
5.1	Summary of STP Joint health and care transformation group	Chief executive	12.45	14
5.2	Cost improvement programme Quality impact assessments (QIA)	Director of nursing / Medical director		15
5.3	Delivering our promise: Better health for life	Director of communications		16
6	**Board committee reports**			
6.1	Finance and investment committee	Committee chair	12.50	17
6.2	Redevelopment committee	Committee chair		18
6.3	Quality committee	Committee chair		19
6.4	Audit, risk & governance committee and audit minutes	Committee chair		20
6.5	Remuneration committee	Committee chair		21
7	**Any other business**			
8	**Questions from the Public relating to agenda items**			
			12.55	
9	**Date of next meeting**			
	Public Trust board: Wednesday 26 July 2017, New Boardroom, Charing Cross Hospital			

Imperial College Healthcare **NHS**

NHS Trust

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Wednesday 29 March 2017
11.30 – 13.00
Clarence Wing Boardroom, St Mary's 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
Peter Goldsbrough	Non-executive director
Prof Andy Bush	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:	
Kevin Jarrold	Chief information officer
David Wells	Director of people and organisational development
Michelle Dixon	Director of communications
Prof Tim Orchard	Divisional director, medicine and integrated care
Prof Jamil Mayet	Divisional director, surgery, cancer and cardiovascular
Prof TG Teoh	Divisional director, women's, children's, and clinical services
Prof Alison Holmes	Director of infection prevention and control (4.1)
Ian Lush	Chief executive, Imperial College Healthcare Charity (4.2)
Ann Mounsey	Chief pharmacist (4.3)
Jan Aps	Trust company secretary (minutes and 3.1)

1	Administrative Matters	Action
1.1	**Chairman's opening remarks and apologies**	
	The Chairman welcomed members, attendees and members of staff and the public to the meeting.	
1.2	**Board member's declarations of interests**	
	There were no additional declarations of interest made at the meeting.	
1.3	**Minutes of the meeting held on 25 January 2017**	
	The minutes were accepted as an accurate record of the meeting.	
1.4	**Record of items discussed at Part II of board meetings held on 25 January 2017**	
	The Trust board noted the report.	
1.5	**Action Log and matters arising**	
	The Trust board noted the updates provided.	
2	**Operational items**	
2.1	**Patient Story**	
	Prof Janice Sigsworth introduced Mrs A and her sister. Mrs A outlined her experience	

of contracting gestational trophoblastic disease (GTD), a rare form of cancer, during her pregnancy in September 2016, and being referred to the Trust. Initially distressed at the diagnosis, she was soon reassured by the way in which Dr Sarwar, Linda Dayal and the GTD team explained her condition and cared for her over the five months of treatment. Her sister outlined the impact on family, highlighting the support network and how kindly the staff had dealt with patient and families.	
Sir Richard Sykes thanked Mrs A for her sharing her story, and for the positive feedback about the Trust, and was pleased to understand that meeting others with the same disease meant they could share experiences. Responding to a query from Nick Ross, Mrs A responded that perhaps the Trust could, for patients diagnosed with rare conditions, provide better and more detailed information to their GPs and local hospitals where they will receive part of their treatment – this would improve patient experience and promote good practice in those environments. The Trust board thought this was helpful feedback and would act on it. Dr Tracey Batten also thanked Mrs A for coming and sharing her story, for taking the time to write and ensure the staff who had made such a difference to her experience were recognised, and for then coming to Trust board to again provide such positive feedback on the care she received.	JR/ DDs
The Trust board noted the patient story.	

2.2	**Chief Executive's report**	
	Dr Tracey Batten highlighted several items:	
	• The staff's response to the Westminster Bridge major incident on the previous Wednesday had demonstrated an amazing professional and compassionate response, and had demonstrated particularly effective co-ordination between sites. She expressed an enormous thank you to all staff, and noted that several of those involved were still patients in the Trust.	
	• Councillor Cowan, leader of Hammersmith & Fulham Council had sent a note to all residents, attached to their Council Tax bill, which provided misleading information about the plans for Charing Cross Hospital, causing anxiety amongst both the community and staff. The Trust had responded in writing.	
	• Westminster City Council had written to its partners to inform them that they and Kensington & Chelsea Council had ended tri-borough social services arrangements which had been in place with Hammersmith & Fulham Council following actions by H&F Council.	
	• The Trust still awaited the CQC inspection report from the November 2016 inspection of outpatient and diagnostic services. Verbal feedback from the further inspection, undertaken in February of medicine services on all sites and maternity services on the St Mary's site, had raised no significant issues.	
	• The national staff survey had been published and showed improved results for the Trust, with engagement scores up two categories; there was further work to do on reducing discrimination and violence; this was being addressed.	
	• In relation to St Mary's site redevelopment, the plans for a new outpatient and diagnostic building would be considered by the council planning office at its May committee; business case development continued. The Paddington cube application had been approved by the Mayor's office, with the caveat of achieving a safe road access; discussion continued to address the Trust's and LAS's concerns on the proposed road. Incidents such as that of 22 March demonstrated the important of good access to the hospital.	
	The Trust board noted the report.	
2.3	**Integrated performance report**	
	SAFE/ EFFECTIVE: In commenting on the safety and effectiveness indicators, Dr Julian Redhead particularly noted: that overall safety remained at satisfactory levels with good mortality rates; low infection rates; control good infection, and an improvement in consultant appraisal rates.	

	CARING: Janice Sigsworth highlighted improvements in non-emergency patient transport performance and patient experience, but noted that complete elimination of mixed sex accommodation had been a challenge in the intensive care unit at Charing Cross Hospital. Operational pressures, and an infection outbreak had meant that it had proved more difficult to keep male and female patients separate at all times following step-down; the position was expected to improve in the coming months.	
	WELL-LED: David Wells noted that: improvements in the engagement had been highlighted in the chief executive's report; sickness absence had remained low over the winter months and times of operational pressures; use of agency staffing remained lower than the threshold; and that ward based nursing vacancies remained a challenge. In response to a query from Dr Rodney Eastwood, Mr Wells commented that it was expected that the positive impact on job applications resulting from the BBC documentary would start to impact on vacancies in April and May.	
	RESPONSIVE: Prof Tim Orchard reported that A&E performance continued to improve, which, given the pressures during the winter period, had been a real success, and that the refurbishment at St Mary's was nearing completion, which would be welcomed by staff. Further capacity was being explored at Charing Cross, where the CCG had leased a number of rooms which it may be possible to use differently. Work continued to improve patient flow through the hospital with the aim of further improving patient experience and further improving performance; this would be particularly necessary given that access to the 30% performance element of the Sustainability and Transformation Fund was to be entirely reliant on achieving the A&E Performance target. The Emergency department board was working closely with primary care and NHS Improvement to bring about further system improvement. Responding to Peter Goldsbrough, Prof Orchard confirmed that identifying and implementing good practice from elsewhere had been a key part of the improvement approach and would continue to be so.	
	Prof Jamil Mayet recognised that the trajectory to treat the backlog of long-waiting patients had not been achieved, but the size of the backlog was now reducing, and focus was on ensuring patients were treated as quickly as possible. The key barrier was capacity for operating on particularly specialist cases. Prof Mayet also noted that only five of the eight cancer targets had been met: the treatment within two weeks of GP referral had been impacted by the Christmas period (lessons were being learned to improve this in future); there had been some late transfers of care from other acute hospitals; and the screening standard was affected by the low number of patients overall, and on review, it was not considered that the Trust could have positively impacted the position. Focus continued on reducing the number of patients who had their operation cancelled on day.	
	Prof TG Teoh reported good performance in diagnostic waiting times, and in most of the outpatient indicators, but noted that at 11.6%, continued focus was required to reduce the number of patients not attending their appointments.	
	Dr Andreas Raffel noted the good performance in many areas, but highlighted the poor performance in the percentage of maintenance tasks completed on time. Prof Janice Sigsworth commented that there had been particular issues in the way the contract with the contractor had been constructed that underestimated the scale of the work; discussions continued to understand what would be needed to achieve the key indicators. Responding to a query from Sarika Patel, Prof Sigsworth reported that whilst the indicator for safe staffing appeared low in some areas, this was mainly the result of issues with the rostering software rather than actual staffing issues; no wards would be left with an unsafe level of staffing as staff were redeployed to address such situations.	
	The Trust board noted the integrated performance report.	
2.4	**Month 11 2016/17 Finance report**	
	Richard Alexander noted the month 11 financial report highlighting that the Trust was on plan in-month, was £0.4m favourable year to date, and was forecasting to improve	

	on the planned deficit of £41m by £0.5m, not including Sustainability and Transformation Fund funding. He commented that the efficiency improvement achieved in year had been a significant achievement. The Trust board noted the report.	

3	**Items for decision or approval**	
3.1	**Board assurance framework** Jan Aps introduced the updated board assurance framework, which continued to follow the new approach and format introduced in July 2016. Sources of assurance had been strengthened and were more comprehensive than on the previous version, all risk register references had been reviewed and updated, and the Sustainability and Transformation Plan and Accountable Care Partnership had been added as new areas of activity. Members welcomed the document which was felt to be a key part of providing assurance on the Trust's activities to the Trust board. The Trust board approved the board assurance framework.	
4	**Items for discussion**	
4.1	**Infection prevention and control report** Prof Alison Holmes introduced the report which outlined the infection prevention and control activity and surveillance updates, particularly noting that antimicrobial stewardship was becoming more important to patient safety. The Trust continued to perform well on C. difficile and MRSA blood stream infections; of fifteen C. difficile positive cases, only one was found to be a potential lapse in care, in relation to antibiotic use. Of the three MRSA infections, one was considered unavoidable, and there were none associated with use of central lines. Prof Holmes noted the new national focus on gram negative infections, reflecting that the Trust had been focusing on ensuring effective management of these for some time. There had been a national increase in the cases of E. coli, and also at the Trust, but these cases did not reflect the national position of being associated with the use of catheters. Within the Trust, these tend to be in immunosuppressed patients, where it was particularly difficult to tackle, but focus continued both for these patients, and on minimising such infections in any other patients. Antibiotic resistance patterns showed a growing trend, such resistance drove the use of carbapenems, which, in turn, drove the emergence of carbapenemase-producing enterobacteriaeae (CPE), which required careful management. In relation to antibiotic stewardship, the Trust was working closely with primary care to improve prescribing. Prof Holmes highlighted a specific incident of a patient being admitted with a fungal infection (C. auris); early identification and effective handling by ward staff had prevented secondary cases. Responding to a question from Sir Richard Sykes, Prof Holmes confirmed that GPs had been receptive in the support and advice from the Trust; this work was supported by Public Health. Reflecting on a comment from Peter Goldsbrough, she noted that the Trust was considered best in class for experience of, engagement in and initiatives for, infection control; areas for further improvement included compliance with basic practice, (eg hand washing) and the challenges posed by the condition of the estate and the ability to isolate patients (included on the risk register). Responding to a query from Dr Rodney Eastwood, Prof Holmes noted that of the two specialties (thus far) where surgical site infections was recorded, whilst there had been an increase in identified infections in relation to non-CABG cardiac infections, although this had quickly reduced again; a common link could not be found, but this was being discussed with Public Health England. The Trust board welcomed the helpful report, and thanked Prof Holmes and the teams for ensuring this was an area where the Trust was best in class.	

4.2	**Charity name & volunteer update**	
	Ian Lush introduced the report, commenting that Trustees had not decided to change the Charity's name lightly, but sought to simplify the name to ensure clarity of role; research had demonstrated that many of the public considered that the Charity was attached to the College rather than the Hospital. The Charity had taken the opportunity to review its logo, and had, in a cost-effective manner, moved to a simple and effective logo that worked at different scales.	
	Moving to the volunteering service which had transferred to the Charity in summer 2016, Ian Lush outlined an ambitious but achievable three year plan to achieve the vision of being 'an instantly recognisable community of volunteers who are visibly making a difference to the experience of all our patients, visitors and staff'. The volunteers would have a strong presence on each site, and a recent intensive pilot in outpatients had received very positive feedback and useful learning.	
	It was suggested that the next volunteer recruitment 'push' should align with the next series of 'Hospital'. The development of an employee volunteering programme was also discussed and supported.	
	Sir Gerry Acher commented that it may be timely for the Trust to explore the process by which names of the Trust and Charity could again become aligned.	
	The Trust board noted and supported the change to the Charity name to Imperial Health Charity, and welcomed the progress made in developing the Charity's volunteering service.	
4.3	**Hospital pharmacy transformation**	
	Ann Mounsey introduced the transformation plan, a requirement of the Carter review, which outlined how efficiency and effectiveness of pharmacy services would be improved. The plan had been subject to wide consultation, and drafts had received positive feedback from NHS Improvement.	
	Responding to positive feedback on the plan from Peter Goldsbrough, Ms Mounsey confirmed that there were detailed annual objectives, plans to deliver and metrics to measure achievement. Noting Nick Ross's comment on supporting effective discharge for patients, she confirmed that the team were working to further improve from the acute hospital average position, focusing on both understanding whether the patient actually needs additional discharge medications, and bringing forward when the pharmacy knows that the medication is required. Responding to a query from Dr Andreas Raffel, Ms Mounsey confirmed that the Trust had an automatic substitution policy, and an effective and controlled purchasing system, both of which had delivered improved efficiency, and also had processes in place to use bio-similars where clinically appropriate.	
	The Trust board welcomed the hospital pharmacy transformation plan, and supported its submission to NHS Improvement.	
4.4	**CQC quarter 3 update**	
	Prof Janice Sigsworth introduced the report, noting that Dr Batten had covered CQC inspections earlier in the meeting. CQC were changing their inspection framework, but final details had yet to be published; the Trust could expect to receive one inspection of core services per year, along with an inspection of the Trust's leadership each year, with review of use of resources still under consideration, in alignment with NHS Improvement.	
	Responding to a query from Peter Goldsbrough, Prof Sigsworth outlined the self-assessment approach in place, and the developing process of unannounced peer review.	
	The Trust board noted the report, and were pleased to note that no significant issues had been raised during the recent CQC inspection.	
5	**Items for information**	
5.1	**NHS Mandate 2017**	

	The Trust board noted the summary of key deliverables for 2017/18 contained within the NHS Mandate document.	
5.2	**Summary of STP Joint health and care transformation group**	
	The Trust board noted the STP meeting summaries.	

5.3	**Sustainability and Transformation Plans (STP) update**	
	Dr Tracey Batten particularly noted that the national Five Year Forward View update document was due for publication before the end of March; it was understood that it would formalise the process for appointing leads for each of the STPs, and consider the development of the STP footprints as Accountable Care Organisations.	
	The Trust board noted the report.	
6	**Board committee reports**	
6.1 - 6.5	• Finance and investment committee (March 2017) • Redevelopment committee (February & March 2017) • Quality committee (March 2017) • Audit, risk & governance committee (March 2017) • Remuneration committee (September & December 2016).	
	The Trust board noted the Committee reports.	
7	**Any other business**	
	Noting it was to be Prof Jamil Mayet's last meeting as Divisional director for Surgery, Cancer & Cardiovascular, the Chairman extended the Trust board's thanks to Prof Jamil Mayet for his commitment, professionalism and contribution in the role.	
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: • Richard Alexander, in outlining the role provided by PwC as part of the financial Improvement programme, commented that he considered they had directly contributed a further £10m of the savings, achieved by providing a dedicated team whose focus was only on delivering efficiency, at a cost between £2-3m. Working in a way that was different to our staff, whose focus was patient care, they brought discipline to considering and delivering on cost savings from which our teams had learnt. • Noting the continuing concerns of the Save our Hospital campaign, Dr Tracey Batten commented that there was no new statement to add to the public statements previously made about Charing Cross Hospital. The Trust had considered that Hammersmith and Fulham Council's leaflet had risked causing anxiety amongst both the community and staff. The Trust and the STP has committed that prior to any change to Chairing Cross Hospital there would need to be tangible evidence that out of hospital strategies were working to reduce emergency department activity and acute hospital admissions.	
9	**Date of next meeting**	
	Public Trust board, Wednesday 24 May 2017, W12 Hammersmith Hospital	

Imperial College Healthcare **NHS**
NHS Trust

Report to:	Date of meeting
Trust board - public	24 May 2017

Record of items discussed at the confidential Trust board meetings on 29 March 2017

Executive summary:

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

Issues of note and decisions taken at the Trust board's confidential meetings held on 29 March 2017:

Business plan 2017/19
The Trust board supported the Trust's proposed plan: a submission to NHS Improvement of a £41m deficit plan, and recognised that this would mean the Trust would not be eligible for sustainability and transformation funding (STF).

Potential NW London corporate services consolidation
The Trust board approved the Trust's participation in the feasibility study to review the opportunities from consolidation of NW London corporate services, contingent on full funding of the study and implementation costs from NHS Improvement and approval by all trusts.

Accountable care partnership update
The Trust board noted that Central London Community Healthcare NHS Trust (CLCH) were now engaging with the partnership, giving coverage of all main providers to the relevant population of 43,000 patients. A key focus was the improving of child and family health.

Capital plan 2017/18
The Trust board noted the proposed capital plan of £46.3m for 2017/18 including Charity donations, and the plan to appoint a substantial post to provide dedicated financial support to the programme.

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**
NHS Trust

TRUST BOARD MEETING IN PUBLIC

ACTION LOG

Action	Meeting date & minute number	Responsible	Status	Update (where action not completed)
Information provided to professionals in referring hospitals: to review whether information provided to referring hospitals for patients with very specialist/rare conditions is appropriate for use	24 March 2017 2.1	Divisional directors	In progress – transfer action to Executive quality committee. Will report via quality committee.	
Recruitment processes: to provide the Trust board with an update on timeliness of recruitment processes in the next Performance report	January 2017 2.3	David Wells	On-going	Improvement in time to hire will be reported in the performance report at regular intervals
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	Michelle Dixon	Complete	Encompassed in 'Better health for life' poster

MATTERS ARISING

Minute Number	Action /issue	Responsible	May 2017 Update

FORWARD PLAN AGENDA ITEMS FROM BOARD DISCUSSIONS

Report due	Report subject	Meeting at which item requested	Responsible

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - public	24 May 2017

Annual report of use of the Trust seal	
Executive summary:	
The Trust standing orders required that the use of the Trust seal is reported to the Trust board on an annual basis.	
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:	
Reporting use of the Trust seal enables review of the contracts, property agreements and other documentation that has been entered into during the year, acting as a control to reduce risk of misuse.	
Recommendation to the Trust board:	
The Trust board is asked to note the report.	
Trust strategic objectives supported by this paper:	
To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance.	

Author	Responsible executive director	Date submitted
Jessica Hargreaves Deputy board secretary	Dr Tracey Batten Chief executive	16 May 2017

Use of the Trust common seal April 2016- March 2017

This table is a record of the use of the Trust seal as required by the Trust Standing Orders

Seal number	Parties ICHT and…	Nature of transaction requiring affixment of seal	Witnesses to affixment of seal	Date of affixment of seal
163	Calderstones Partnership NHSFT & Salford Royal NHSFT	Transfer of ELFS shared services	Richard Alexander, Acting Chief Executive Jan Aps, Trust Company Secretary	28/04/2016
164	DHL Supply Chain Ltd	Variation of contract for the provision of transport services	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	10/06/2016
165	Compass Contract Services	Shop premises at Charing Cross Hospital	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	13/06/2016
166	Compass Contract Services	Retail unit and storage unit at Hammersmith Hospital	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	13/06/2016
167	Imperial College, Royal Brompton & Harefield NHSFT, Royal Marsden NHSFT	Joint working agreement for Imperial College Academic Health Science Centre	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	14/06/2016
168	EE Ltd & Hutchinson 3G UK	Deed of variation to lease of part of St. Mary's Hospital	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	21/06/2016
169	Vocare Ltd	Lease for premises on ground floor of caravan building and 1st floor of QEQM	Richard Alexander, Chief Financial Officer Jan Aps, Trust Company Secretary	23/07/2016
170	Sunquest	Contract for pathology LIMS service	Dr Tracey Batten, Chief Executive Richard Alexander, Chief Financial Officer	11/08/2016
171	Hillingdon Hospital NHSFT & Chelsea & Westminster NHSFT	Joint venture agreement for NWLP	Dr Julian Redhead, Acting Chief Executive/Medical Director Richard Alexander, Chief Financial Officer	17/08/2016
172	EE Ltd & Orange Personal Communications Services Ltd	15 year aerial lease	Dr Julian Redhead, Acting Chief Executive/Medical Director Jan Aps, Trust Company Secretary	15/08/2016

Seal number	Parties ICHT and…	Nature of transaction requiring affixment of seal	Witnesses to affixment of seal	Date of affixment of seal
173	Cornerstone Telecomms Infrastructure Ltd	15 year lease for cell no.1627 – Charing Cross Hospital	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	24/10/2016
174	Amway Property Ltd	Release of right of light & air on part of South Wharf road from development on North Wharf road	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	21/11/2016
175	WH Beuce Coachworks Ltd	Build, supply and installation of MRI unit, admin block and walkway	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	08/11/2016
176	UK Broadband	Deed of surrender of existing lease on telecom cabin, Charing Cross Hospital	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	10/11/2016
177	UK Broadband	Lease for telecom cabin at Charing Cross Hospital	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	10/11/2016
178	Lloyds Bank & Cardtronics UK Ltd	License to assign in triplicate for new ATM machines at Charing Cross Hospital	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	10/11/2016
179	Community Health Partnerships Ltd	Five year underlease of premises in Heart of Hounslow Centre of Health	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	28/11/2016
180	VOID			
181	Cerner Ltd	Extension of domain share with Chelsea & Westminster NHSFT. Call off agreement for provision of a PAS/EPR solution & hosting services	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	14/12/2016
182	Cornerstone Telecomms Infrastructure Ltd	15 year lease for ariel cabin on 12th floor, Charing Cross Hospital	Professor Janice Sigsworth, Acting Chief Executive/Director of Nursing Jan Aps, Trust Company Secretary	19/12/2016
183	IVF Hammersmith Ltd	Deed of termination of IVF services at Hammersmith	Professor Janice Sigsworth, acting Chief Executive/Director of Nursing Jan Aps, Trust Company Secretary	13/01/2017
184	Westminster City Council	Provision of Genito-Urinary medicine services for 2015/16 & 2016/17	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	24/01/2017
185	Keymed	Provision of maintenance, repair and calibration of medical equipment (endoscopes) 5 year term	Dr Tracey Batten, Chief Executive Professor Janice Sigsworth, Director of Nursing	28/02/2017
186	Willmott Dixon Construction	Paediatric Intensive Care Unit (PICU) remodelling and refurbishment contract, St Mary's Hospital	Dr Tracey Batten, Chief Executive Jan Aps, Trust Company Secretary	23/03/2017

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board – public	24 May 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 highlights how our expert care has a positive impact on our patients. Mr E will tell his story about his experience when he underwent a simultaneous pancreas-kidney (SPK) transplant in which a pancreas transplant is performed in tandem with a kidney transplant. He will describe the specialist care he received during the immediate post transplant period and his on-going outpatient experience.
Quality impact:
The board will hear how staff can have a positive impact on patients' experience; through expert knowledge and empathy and highlight how communication is pivotal to supporting patients when they 'step-down' from high dependency areas to wards for on-going care. This activity is relevant to the safe and caring CQC domains.
Financial impact:
The financial impact of this proposal as presented in the paper enclosed: 1)   Has no financial impact.
Risk impact:
None
Recommendation(s) to the Committee:
The Committee 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 Stephanie Harrison-White	Janice Sigsworth	18 May 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 NHS Imporvement 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. Mr E

Our transplantation centre serves north west London and its population of almost two million people. We also provide transplant services for kidney patients from the Lister Hospital in Stevenage, and are happy to receive patients from other parts of the country by personal or medical request. Our transplant team performs approximately 170 kidney transplants a year, of which half are living donor transplants (where a kidney is donated by a living person). We also perform between 10 and 15 pancreas transplants each year. The vast majority of these procedures are simultaneous pancreas-kidney (SPK) transplants in which a pancreas transplant is performed in tandem with a kidney transplant.

In addition, we provide outpatient transplant services at Hammersmith and St Mary's hospitals. Through these clinics we provide long-term follow up for approximately 1700 transplant patients.

Mr E has been using our renal services at Hammersmith Hospital for over 4 years and continues to use our outpatients' services on a regular basis. Mr E has been diabetic since he was aged 18 years. As a result of complications of his diabetes, he developed renal failure 4 years ago. His renal function quickly deteriorated requiring him to start haemodialysis 3 times each week at our acute dialysis unit (AUCHI) at Hammersmith Hospital.

After almost 7 month of dialysis, Mr E received an early morning call informing him that a suitable donor had been found and he had to immediately report to Hammersmith Hospital for a SPK transplantation in November 2015.

Following the transplant surgery, Mr E was initially nursed on Dewardner ward as he required high dependency care for the first few weeks. During this time, he experienced excellent care from highly qualified staff. This helped him to have trust and confidence in the care he was receiving.

After an extended period of time on Dewardner ward, where the nursing ratios reflect the high dependency nature of the ward (1:2 nurse to patient); Mr E was transferred to Peters ward. Mr E will describe how he felt moving between the areas and how the change in staffing levels affected him. Mr E did not feel prepared for the 'step down' from the high dependency ward and reflects that it felt 'a bit more stretched' in Peters ward.

Upon arrival on the ward, his bed space was not ready and he had to wait on his bed in the corridor. He recounts that his medicines were sometimes given 20 minutes late and the anxiety this caused him.

Mr E did find the staff to be kind and caring in both areas; it was lack of preparation for the move and lack of information and communication about the differences between the wards that caused him anxiety.

Since being discharged from hospital in December 2015, Mr E has continued to use our renal outpatients' services and currently attends every 7 weeks. Mr E has described the busy nature of these services, often having to wait for 3-4 hours; however he has found the staff to be welcoming, caring and kind and describes how they remember everyone's name and each person is made to feel important.

Mr E has used his experience to raise the profile of the need to increase donors amongst African and Caribbean communities through working with the African Caribbean Leukaemia Trust (ACLT). He has attended the House of Parliament to discuss this subject with MP's.

3. Lessons learnt

Patients who access highly specialised services at the trust and require intensive or high dependency care as part of that process, often report a very positive experience of care. In part this is due to the commitment and enthusiasm of staff in these areas, their technical skill and knowledge and the increased nurse to patient ratios required. However the impact of 'stepping down' care and moving from a high dependency area to a ward is known to be a difficult transition for patients and their families. This is clearly demonstrated in Mr E's story.

Whilst our values have been shown to have a positive impact on Mr E's experience, as staff demonstrated *kindness* through meaningful interactions including active listening; introducing themselves by name and smiling and demonstrated their *expert* knowledge through the care they delivered, our communication during the ward transfer could have been better.

This story has been shared with the renal team and work has already begun on reviewing how patients are 'stepped down' to ensure that we work *collaboratively* between clinical areas and with the patient, to prepare them and so reduce their anxiety at this difficult time.

The renal team acknowledge that the waiting times are too long in the outpatient clinics and are currently undertaking two programmes of work to address this;
- The booking process is changing so that patients will be allocated a specific time slot with an allocated consultant.
- Renal are one of the teams engaged with the experience lab project and their work is focused specifically on shortening waiting times in clinic and reducing in-house cancellations.

They anticipate starting to see the benefits of these interventions within the next two months.

Imperial College Healthcare **NHS**
NHS Trust

Report to:	Date of meeting
Trust Board - public	**24 May 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) Update on major building improvements
6) BBC2 documentary, 'Hospital', series 2
7) CQC report on Outpatients and Diagnostic Imaging
8) Experience Day – International Forum on Quality and Safety in Healthcare
9) Health and Safety Executive Improvement Notice
10) Independent investigation into the Amin Abdullah case

Key strategic issues:
1) St Mary's Hospital redevelopment plans
2) Cyber-attack

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 May 2017

Chief Executive's report

<u>Key Strategic Priorities</u>

1. Financial performance

The Trust's 2017/18 plan submitted to NHS Improvement in March has a planned outturn of a £41m deficit. With our non-recurrent sustainability and transformation fund (STF) allocation for 2017/18 of £24.3m, this would still leave a gap of £23.4m to the 'control total' set by NHS Improvement. This means that we are not currently eligible for our 2017/18 STF funding.

We are part of the national 'capped expenditure process' whereby we are working in collaboration with partners across the North West London Sustainability and Transformation Plan footprint to develop options to close the sector's control total gap.

For the financial year ending 31 March 2017, we achieved an overall deficit of £40.8m before non-recurrent STF funding. This is £0.2m better than the agreed plan of £41.0m and reflects cost improvements of £54m. With STF funding, we are reporting a year-end position of a £15.3m deficit. This is £1.5m better than the control total of a £16.9m deficit set by our regulators, NHS Improvement. These are un-audited year-end figures; our 2016/17 financial statement and accounts will be published formally in our annual report in July following audit.

2. Financial improvement programme

In April 2017, the Trust reported an in-month deficit of £5.6million which was on plan for the month. The Trust has not completed a detailed forecast for month 1 but is expecting to achieve the £41m deficit plan.

The Trust has set a £54.4m cost improvement programme (CIP) in 2017/18; this is in line with the value achieved in 2016/17 of £53.8m. The divisions continue to work hard in identifying and delivering these further efficiencies, supported by an internally established Programme Support Office. In addition the Trust is working with various information sets, including the 'Model Hospital' data from Lord Carter's review of hospital efficiency, to help identify cost savings and reduce variation in the way we do things.

Further opportunities to improve our financial sustainability will be identified as part of our new specialty review programme – a clinically-led approach to supporting all of our clinical specialties to develop unified and sustainable clinical, workforce and financial plans.

3. Operational Performance

<u>Cancer</u>: In March 2017 the Trust achieved seven of the eight national cancer standards. The Trust delivered improved performance against the 62-day urgent GP referral to treatment for all cancers, delivering 80.9 per cent compared with February 2017 (75.0 per cent) but did not meet the trajectory target of 85.0 per cent or more. Performance continues to be impacted by late referrals and patients being referred with incomplete diagnostics from other trusts' which is subject to an intensive piece of work in North West London to jointly resolve these issues.

Accident and Emergency: Performance against the four-hour access standard for patients attending Accident and Emergency continued to improve in April 2017. Overall performance was 89.7 per cent which met the performance trajectory target for the month. The Trust continues to implement a programme of work to avoid unnecessary hospital admissions, reduce waits, improve capacity availability and patient flow. Each work stream is led in partnership by a senior clinician and a senior manager.

Referral to treatment (RTT): The latest RTT submitted performance position is end of March where 83.2% of patients had been waiting less than 18 weeks to receive consultant-led treatment, against the national standard of 92%; this met the trajectory target and was an improvement on February's position of 83.1%. The Trust anticipates that the 18 week wait position for April will continue to improve and will meet the trajectory target of 81.5%. 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. Significant progress has been made, including data clean-up of waiting lists, clinical outcome forms, elective capacity modelling and additional clinical activity and theatre capacity.

The on-going data clean-up of the waiting lists has identified a significant number of patients waiting over 52 weeks for treatment. At the end of March, 287 patients were waiting over 52 weeks; this was an improvement on February's reported position of 316 patients. The April 52 week wait performance is expected to improve further and will meet the trajectory target for the month. Reducing the number of patients waiting over 52 weeks is a key priority over the coming months, and work continues to support the directorates in their efforts to rapidly improve this position. The Trust 52 week wait trajectory for 2017-18 is to deliver zero 52 week waits by January 2018.

Diagnostic waiting times: The April 2017 diagnostics performance will be submitted 19 May. The Trust anticipates that the performance standard of 1 per cent or fewer patients waiting over six weeks for a diagnostic will not be met for this month. A significant number of breaches of the standard have been identified in the endoscopy service. The Trust has established a weekly steering group to oversee a full assessment of the situation and additional capacity is being investigated to recover performance as quickly as possible.

4. Stakeholder engagement

We have continued our regular stakeholder engagement programme. In April, I met Cllr Heather Acton, Westminster City Council's Cabinet Member for Adult Social Services and Public Health. In May I also met with Cllr Vivienne Lukey, Hammersmith & Fulham Council's Cabinet Member for Health and Adult Social Care, and Cllr Rory Vaughan, Chair of the Health, Adult Social Care & Social Inclusion Policy & Accountability Committee. The Hammersmith & Fulham meeting also included Cllr Sharon Holder, Lead Member for Hospitals & Health Care, and the forthcoming new Cabinet Member for Health and Adult Social Care, Cllr Ben Coleman.

At the end of March, we attended Westminster City Council's health scrutiny committee to discuss our A&E service activity and performance at St Mary's Hospital. On 26 April we attended Hammersmith & Fulham Council's health scrutiny committee to discuss our trust-wide A&E service activity and performance over the winter period.

Following the Trust's response to the major incident following the attack at Westminster Bridge, we were grateful to receive visits recognising the great team work and professionalism of our staff from Rt Hon Jeremy Hunt MP, Secretary Of State for Health, and Cllr Steve Summers, Mayor of Westminster City Council.

With the UK general election being set for 8 June 2017, we officially entered the 'pre-election purdah' from 22 April. NHS Improvement and NHS England issued guidance for NHS bodies, including our trust, in order to be particularly careful that nothing that we do or say could call into question our political impartiality.

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

5. Update on major building improvements

Refurbishment of Main Outpatients: Work continues to refurbish the outpatient departments at both Charing Cross and Hammersmith hospitals; the ENT, audiology and ophthalmology clinic areas at Charing Cross are all completed. The tender for the work to the main outpatients area at Charing Cross has now been returned and the order is being placed for the contractor to commence work in June 2017 with a planned completion date of March 2018.

Work continues on the refurbishment of the main and renal outpatients at Hammersmith Hospital. The main outpatients work is scheduled to complete in July 2017 with the renal outpatients to follow in September 2017.

The whole refurbishment programme for outpatients has been funded by Imperial Health Charity.

St Mary's Hospital emergency department and paediatric emergency department refurbishment: As part of the emergency department improvements the remodelling of the resuscitation and paediatric areas has reached its final phase of works. These include creating a new clinical decision unit within the paediatric emergency department, refurbishment and expansion of resuscitation from four to six bays, and creating a new combined assessment space for ambulance and self-presenting patients. Works are scheduled in four phases and, at present, phase three will conclude in May 2017 and phase four which will be the new clinical decision unit will be completed in the summer 2017.

The whole refurbishment programme has been funded by Imperial Health Charity.

Paediatric intensive care unit (PICU) at St Mary's Hospital: Works continue to support the expansion of, and improvements to, PICU. Phase one is underway to prepare new space in Cambridge Wing to allow relocation of the paediatric research unit which, in turn, will allow expansion space for PICU in the QEQM building. The redeveloped unit will have 15 beds, almost doubling the current number, plus new equipment, a dedicated parents' room and a private room. This project is divided into three phases with a final completion date scheduled for December 2018.

The project is funded through both trust capital and Imperial Health Charity funding.

Two new SPECT CTs at Hammersmith Hospital: Construction works have now been completed and the two new SPECT CT machines are being installed and commissioned. The project included the full refurbishment of the old endoscopy and current nuclear medicine area in A block, to facilitate the new scanners, control rooms and recovery areas. Works included a new plant, power and infrastructure installation to support it. The scanners are scheduled to go live through the summer of 2017.

The project is being funded via trust capital.

Backlog works including lift replacements across Charing Cross and St Mary's hospitals: As

part of the continued works under back log maintenance, there is a major lift replacement programme currently underway on the seven main lifts in the St Mary's QEQM building, and the seven main tower lifts at Charing Cross Hospital.

The replacement programme will continue throughout 2017/18 and is due to complete in May 2018.

Replacement of cath labs A & B at Hammersmith Hospital: As part of the managed service contract the Trust has with Medtronic, two new labs are planned for refurbishment and replacement equipment. This project is currently in design and works are scheduled to be completed late summer 2017. The scheme has been fully funded through the trust capital programme.

New MRI at Hammersmith Hospital: A new MRI will be installed at Hammersmith. The works have been tendered and works will commence late summer 2017. The scheme has been fully funded through the trust capital programme.

6. BBC2 Documentary, 'Hospital' – Series Two

Filming at our Trust for the second series of the BBC Two documentary series 'Hospital' completed at the end of April. The first episode of the four-part series is expected to air at the end of June. The content of the series is currently being finalised however, it is expected to include accident and emergency, major trauma, mental health, dementia care, cancer services and cardiology. We would like to thank patients and staff for their participation in the series.

7. CQC report on outpatient and diagnostic imaging services

The Trust is still awaiting the final CQC report from their re-inspection of our outpatients and diagnostic imaging services late last year.

8. Health and Safety Executive (HSE) Improvement Notice

The Health and Safety Executive issued North West London Pathology, which is now hosted by this Trust, with an improvement notice in April 2017. This followed an inspection triggered by an incident earlier this year where a dangerous substance (hazard group 3) was not transferred correctly between laboratories at Hillingdon and Charing Cross hospitals.

North West London Pathology has already started work on an agreed action plan to address the HSE improvement notice. We have been given until the end of July 2017 to complete the action plan and North West London Pathology is on track to do so.

9. Independent investigation into disciplinary process for Mr Amin Abdullah

The Trust is commissioning an independent investigation into its disciplinary process resulting in the dismissal of Mr Amin Abdullah, a nurse who took his own life in February last year. This is in consultation with NHS Improvement and follows the conclusion of the coroner's inquest and further discussions with Mr Abdullah's partner and will focus on identifying opportunities where we could improve our processes further.

10. Experience Day – International Forum on Quality and Safety in Healthcare

The aim of the International Forum on quality and safety in healthcare is to support and

energise the movement for healthcare improvement and to connect healthcare leaders and practitioners worldwide to improve outcomes for patients and communities. It is attended by over 3,000 delegates from over 80 countries and I am delighted that the Trust's Quality Improvement (QI) team was invited by the Forum organisers to host an 'Experience Day' in April. The day itself was very well received and focused on building organisational capability in QI and how best to involve patients and the public in the process.

I'd like to use this opportunity to thank the Trust's QI team for putting on the event and for giving the Trust an opportunity to showcase our excellent work in this area to date.

Key Strategic Issues

1. **St Mary's Hospital redevelopment plans**

Phase one St Mary's redevelopment planning application: The determination of the application for the new outpatient services building is ongoing. We expect the application to be heard at the June meeting of Westminster City Council planning committee.

Phase one St Mary's redevelopment outline business case: The outline business case is progressing as planned.

Paddington Cube safety concerns over 'blue light' access to St Mary's Hospital: The Trust, London Ambulance Service and other NHS partners continue to pursue a resolution to our concerns about the safety of the Paddington Cube scheme's proposed new road access for St Mary's Hospital. We are working to ensure the section 106 legal agreement (between Westminster City Council and the developer about the measures that must be taken to make the scheme acceptable) adequately addresses our safety concerns.

2. **Cyber-attack**

I am very pleased to inform you that the Trust has remained free from virus infection following the global cyber-attack on Friday 12 May. As soon as we became aware of the threat, we took steps to isolate our systems from the external network. We stopped internal and external email, blocked internet access, and restricted links to the NHS N3 network to a small number of clinical systems including our Cerner electronic patient record software. From that point on, we focused on three priorities:

- Maintaining safe patient care
- Applying the latest protection to our PCs, servers and medical equipment
- Reconnecting the Trust to external systems in a carefully controlled way, based on clinical and operational priority and assurance that those external systems are infection free

Our hospitals have stayed open as usual, and we have maintained safe patient care and supported other London trusts affected by the virus. I am very grateful to our ICT team and to all of our staff. The ICT team have worked extremely long hours to secure our systems and demonstrated exceptional commitment and expertise. Our clinical and operational staff have maintained our services for patients under very difficult circumstances. Whilst I recognise that the threat still remains and there is still work to do to get us back to normal, I am very proud of the way the organisation has responded.

Imperial College Healthcare **NHS**

NHS Trust

Report to:	Date
Trust board - public	**24 May 2017**

Integrated Performance Report	
Executive summary:	
This is a regular report and outlines the key headlines that relate to the reporting month of April 2017 (month 12).	
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

ICHT Integrated Performance Scorecard

Month 1 Report

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	Julian Redhead	Apr-17	-	**12**	
Incidents causing severe harm (number)	Julian Redhead	Apr-17	-	**1**	
Incidents causing severe harm (% of all incidents YTD)	Julian Redhead	Apr-17	-	**0.08%**	
Incidents causing extreme harm (number)	Julian Redhead	Apr-17	-	**1**	
Incidents causing extreme harm (% of all incidents YTD)	Julian Redhead	Apr-17	-	**0.08%**	
Patient safety incident reporting rate per 1,000 bed days	Julian Redhead	Apr-17	44.0	**41.2**	
Never events (number)	Julian Redhead	Apr-17	0	**0**	
MRSA (number)	Julian Redhead	Apr-17	0	**0**	
Clostridium difficile (cumulative YTD) (number)	Julian Redhead	Apr-17	62	**5**	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	Julian Redhead	Mar-17	95.0%	**94.8%**	
CAS alerts outstanding (number)	Janice Sigsworth	Apr-17	0	**0**	
Avoidable pressure ulcers (number)	Janice Sigsworth	Apr-17	-	**1**	
Staffing fill rates (%)	Janice Sigsworth	Apr-17	tbc	**96.7%**	
Post Partum Haemorrhage 1.5L (PPH) (%)	Tg Teoh	Apr-17	2.8%	**2.4%**	
Core training - excluding doctors in training / trust grades (%)	David Wells	Mar-17	90.0%	**85.3%**	
Core training - doctors in training / trust grades (%)	David Wells	Mar-17	90.0%	**70.2%**	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Apr-17	0	**4**	
Effective					
Hospital standardised mortality ratio (HSMR)	Julian Redhead	Dec-16	100	**60.7**	
Clinical trials - recruitment of 1st patient within 70 days (%)	Julian Redhead	Qtr 4 16/17	90.0%	**73.1%**	
Unplanned readmission rates (28 days) for over 15s (%)	Tim Orchard	Oct-16	-	**6.59%**	
Unplanned readmission rates (28 days) for under 15s (%)	Tg Teoh	Oct-16	-	**5.56%**	
Outpatient appointments not checked-in or DNAd (app within last 90 days) (number)	Tg Teoh	Apr-17	-	**2073**	
Outpatient appointments checked-in AND not checked-out (number)	Tg Teoh	Apr-17	-	**1415**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Caring					
Friends and Family Test: **Inpatient** service % patients recommended	Janice Sigsworth	Apr-17	95.0%	**95.8%**	
Friends and Family Test: **A&E** service % recommended	Janice Sigsworth	Apr-17	85.0%	**94.7%**	
Friends and Family Test: **Maternity** service % recommended	Janice Sigsworth	Apr-17	95.0%	**95.1%**	
Friends and Family Test: **Outpatient** service % recommended	Janice Sigsworth	Apr-17	94.0%	**89.4%**	
Non-emergency patient transport: waiting times of less than 2 hours for outward journey	Janice Sigsworth	Apr-17	-	**80.1%**	
Mixed-Sex Accommodation (EMSA) breaches	Janice Sigsworth	Apr-17	0	**18**	
Well Led					
Vacancy rate (%)	David Wells	Apr-17	10.0%	**11.7%**	
Voluntary turnover rate (%) 12-month rolling	David Wells	Apr-17	10.0%	**10.5%**	
Sickness absence (%)	David Wells	Apr-17	3.1%	**2.3%**	
Personal development reviews (%)	David Wells	Apr-17	95.0%	**5.4%**	
Doctor Appraisal Rate (%)	Julian Redhead	Apr-17	95.0%	**89.5%**	
Education open actions (number)	Julian Redhead	Apr-17	-	**0**	
Reactive maintenance performance (% tasks completed within agreed response time)	Janice Sigsworth	Apr-17	98%	**43.5%**	
Responsive					
RTT: 18 Weeks Incomplete (%)	Catherine Urch	Mar-17	92.0%	83.2%	
RTT: Patients waiting over 18 weeks for treatment (number)	Catherine Urch	Mar-17	-	10601	
RTT: Patients waiting 52 weeks or more for treatment (number)	Catherine Urch	Mar-17	0	287	
Cancer: 2-week GP referral to 1st outpatient - cancer (%)	Catherine Urch	Mar-17	93.0%	93.2%	
Cancer: Two week GP referral to 1st outpatient – breast symptoms (%)	Catherine Urch	Mar-17	93.0%	**93.8%**	
Cancer: 31 day wait from diagnosis to first treatment (%)	Catherine Urch	Mar-17	96.0%	**97.8%**	
Cancer: 31 day second or subsequent treatment (surgery) (%)	Catherine Urch	Mar-17	94.0%	**100.0%**	
Cancer: 31 day second or subsequent treatment (drug) (%)	Catherine Urch	Mar-17	98.0%	**99.2%**	
Cancer: 31 day second or subsequent treatment (radiotherapy) (%)	Catherine Urch	Mar-17	94.0%	**96.9%**	
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Catherine Urch	Mar-17	85.0%	**80.9%**	
Cancer: 62 day urgent GP referral to treatment from screening (%)	Catherine Urch	Mar-17	90.0%	**91.8%**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Cancelled operations (as % of total elective activity)	Catherine Urch	Mar-17	0.8%	**0.8%**	
28 day rebooking breaches (% of cancellations)	Catherine Urch	Mar-17	5.0%	**17.7%**	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Apr-17	95.0%	**75.2%**	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Apr-17	95.0%	**89.7%**	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Mar-17	1.0%	**0.4%**	
Outpatient Did Not Attend rate: (First & Follow-Up) (%)	Tg Teoh	Apr-17	11.0%	**11.6%**	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Apr-17	7.5%	**8.5%**	
Outpatient appointments made within 5 working days of receipt (%)	Tg Teoh	Apr-17	95.0%	**81.5%**	
Antenatal booking 12 weeks and 6 days excluding late referrals (%)	Tg Teoh	Apr-17	95.0%	**98.0%**	
Complaints: Total number received from our patients	Janice Sigsworth	Apr-17	100	**66**	
Complaints: % responded to within timeframe	Janice Sigsworth	Apr-17	95.0%	**100.0%**	
Money and Resources					
In month variance to plan (£m)	Richard Alexander	Mar-17		**0.01**	
YTD variance to plan (£m)	Richard Alexander	Mar-17		**0.40**	
Annual forecast variance to plan (£m)	Richard Alexander	Mar-17		**0.00**	
Agency staffing (% YTD)	Richard Alexander	Mar-17		**5.5%**	
YTD NHS income performance variance to plan (£m)	Richard Alexander	Mar-17		**18.69**	
CIP % delivery YTD	Richard Alexander	Mar-17		**97.0%**	

2. Key indicator overviews

2.1 Safe

2.1.1 Safe: Serious Incidents

Twelve serious incidents were reported in April 2017. These are currently under investigation.
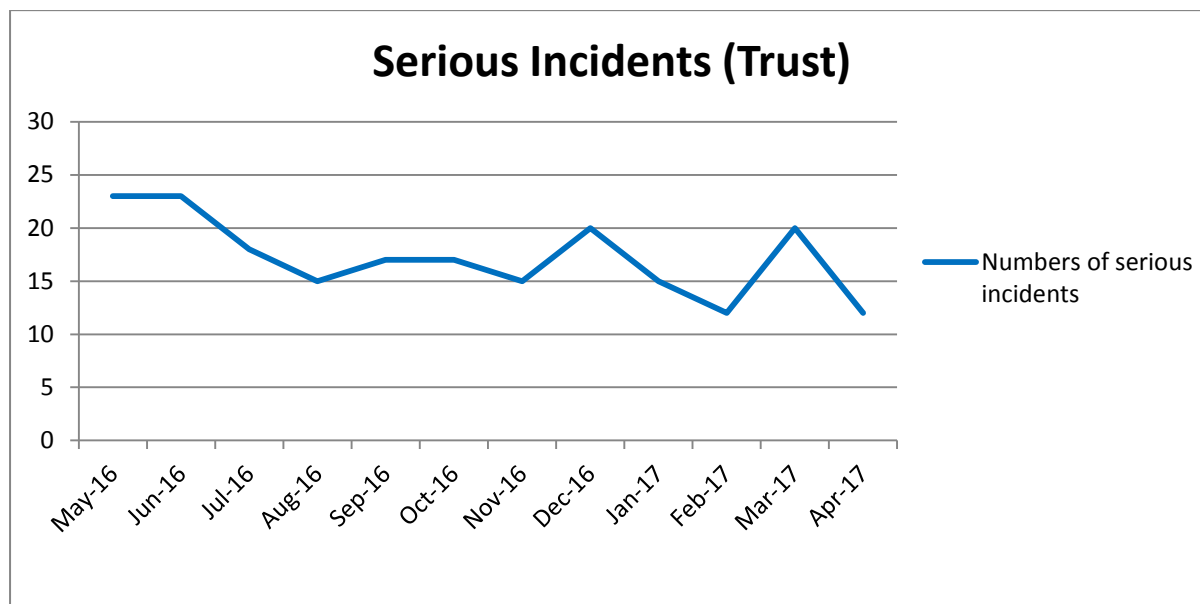

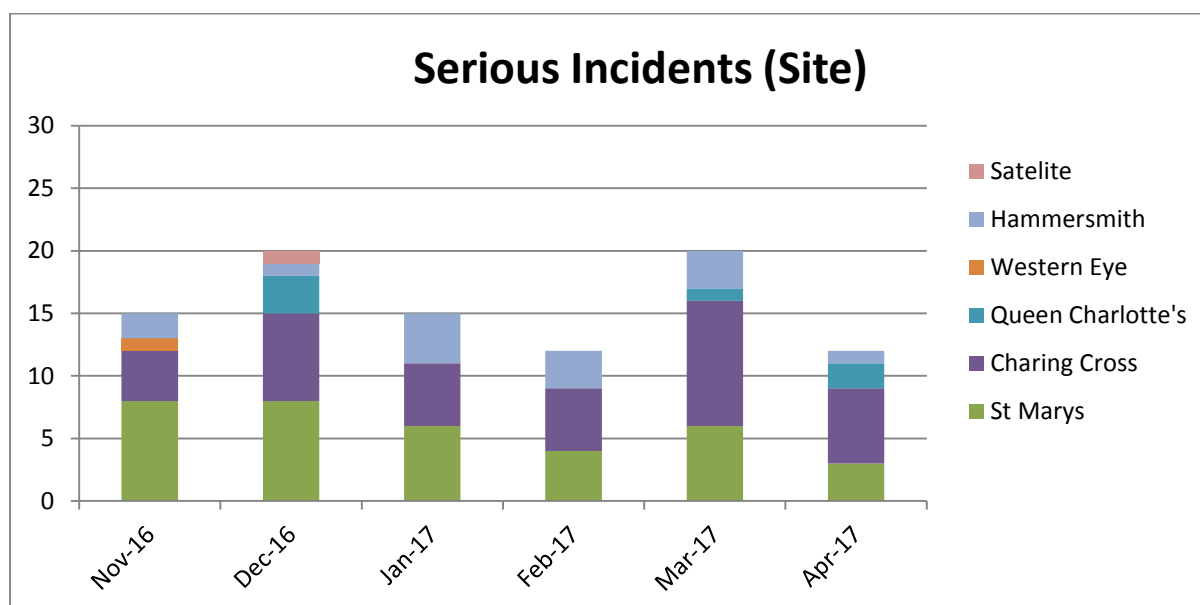**Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period May 2016 – April 2017**

**Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period November 2016 – April 2017**

2.1.2   Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust reported one major/severe harm incident and one extreme harm/death incident in April 2017.
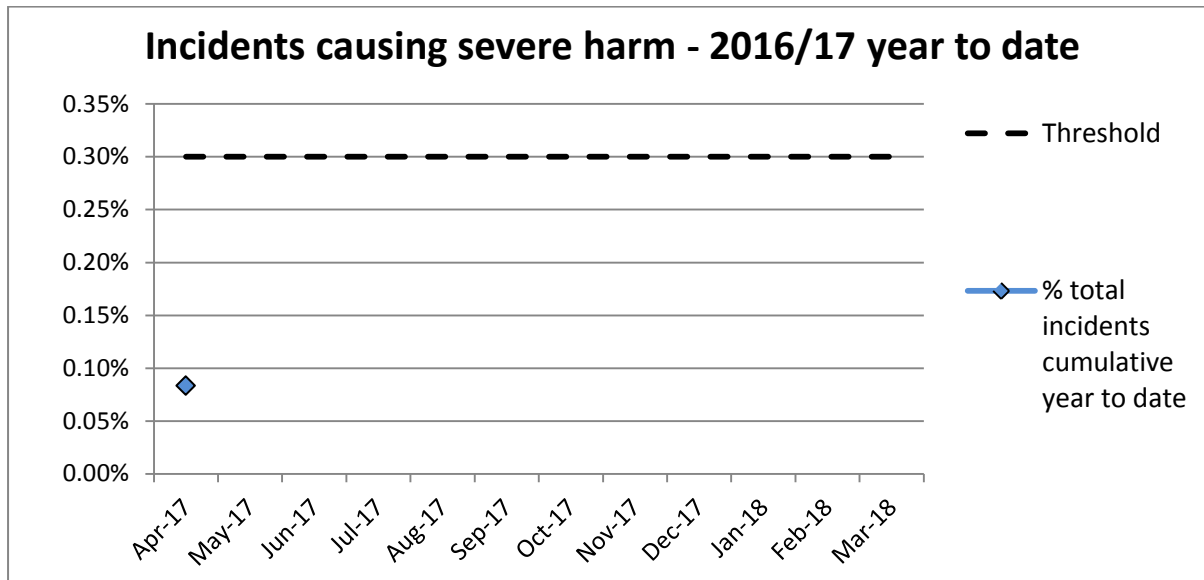
Figure 3 – Incidents causing severe harm by month from the period April 2017 – March 2018 (% of total patient safety incidents YTD)
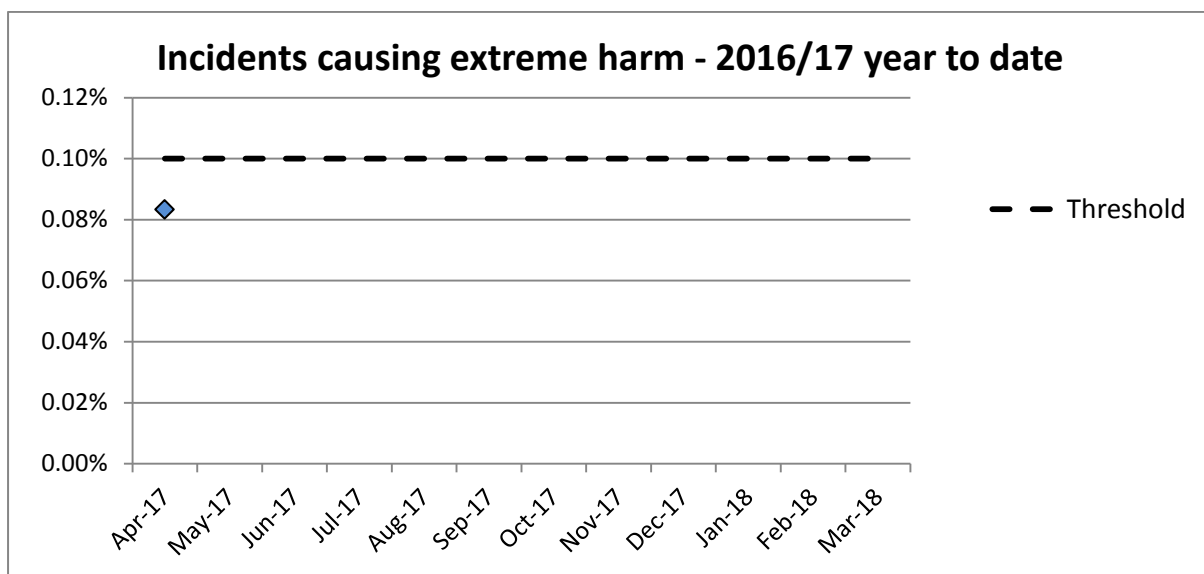

Figure 4 – Incidents causing extreme harm by month from the period April 2017 – March 2018 (% of total patient safety incidents YTD)

Patient safety incident reporting rate

The Trust's patient safety incident reporting rate for April 2017 is 41.15. This places the organisation below the highest 25 per cent of reporters nationally. A priority of the safety culture programme is to support improvements in incident reporting which will include a re-design of the Datix incident reporting system so that logging

incidents is quicker and more straightforward, feedback takes place more quickly and themes can be spotted more swiftly, and escalated for prompt action.
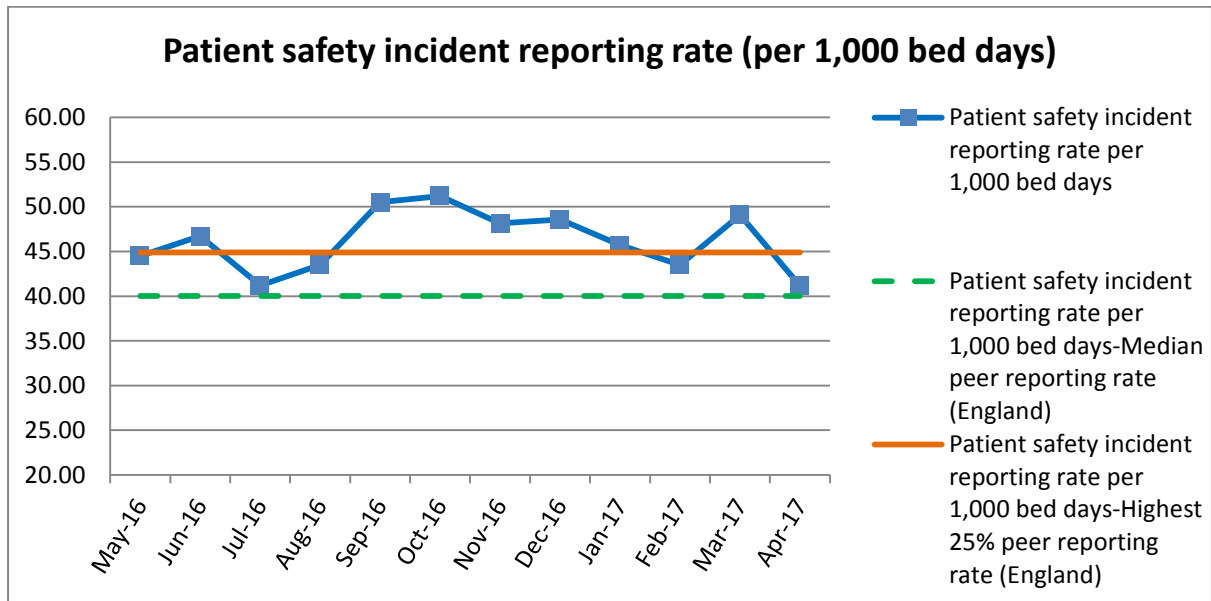

Figure 5 – Trust incident reporting rate by month for the period May 2016 – April 2017

(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 April 2017. The last never event reported by the Trust was in November 2016.
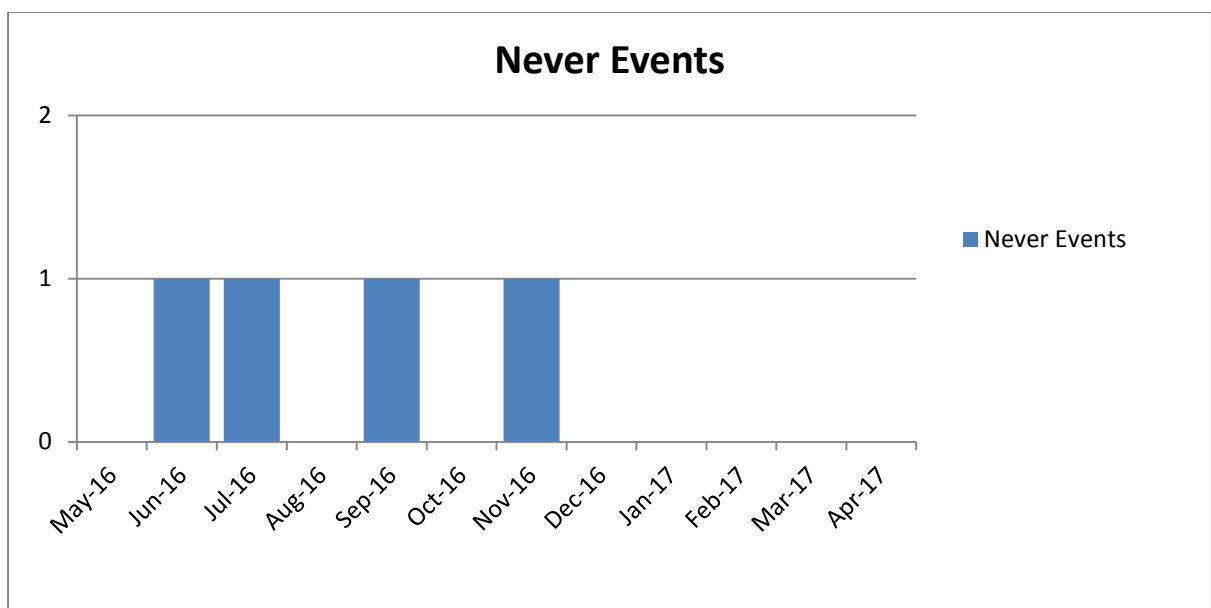
Figure 6 – Trust Never Events by month for the period May 2016 – April 2017

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

There was one case of MRSA BSI identified in April 2017; this has not been allocated to the Trust. 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 weekly Taskforce group meetings.

2.1.4 Safe: *Clostridium difficile*

Five cases of *Clostridium difficile* were allocated to the Trust for April 2017, one of which has been identified as a lapse in care, due to non-adherence to the antibiotic policy.

Each case is reviewed by a multi-disciplinary team to examine whether any lapses in care occurred.
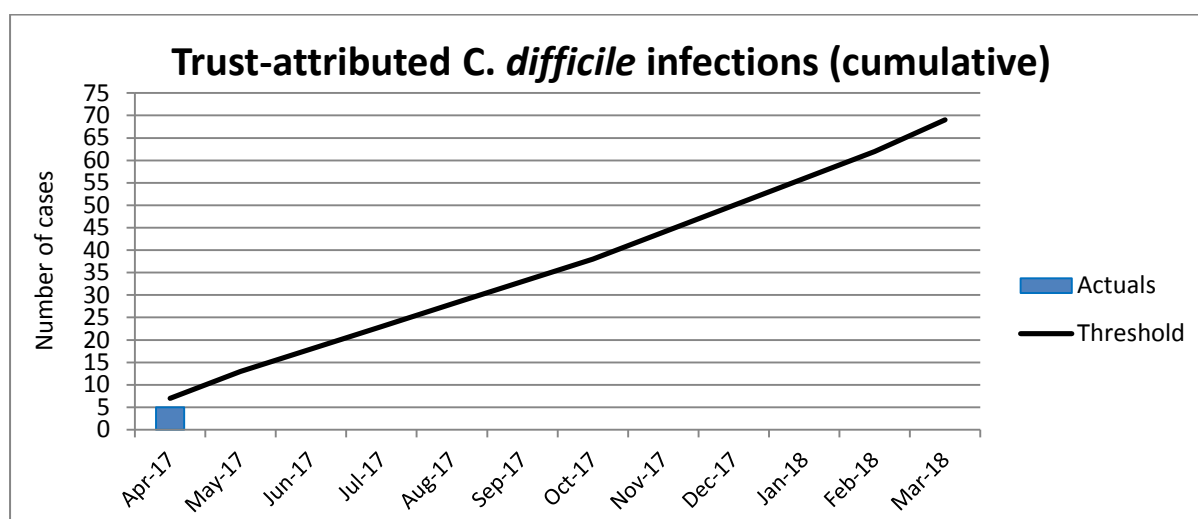

Figure 7 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2017 – March 2018

2.1.5 Safe: Venous thromboembolism (VTE) risk assessment

The Trust moved to recording VTE assessment at the point of medication prescription at the end of March 2017. Following this change, there have been issues with accurately reporting performance against this target. We are therefore unable to report Trust level data for April 2017. The medical director is leading a weekly task and finish group to ensure reporting can recommence as soon as possible. An action plan is in place to drive improvements in all aspects of VTE performance, which reports monthly to the executive quality committee.

## Venous thromboembolism (VTE) risk assessment within 24 hours of admission
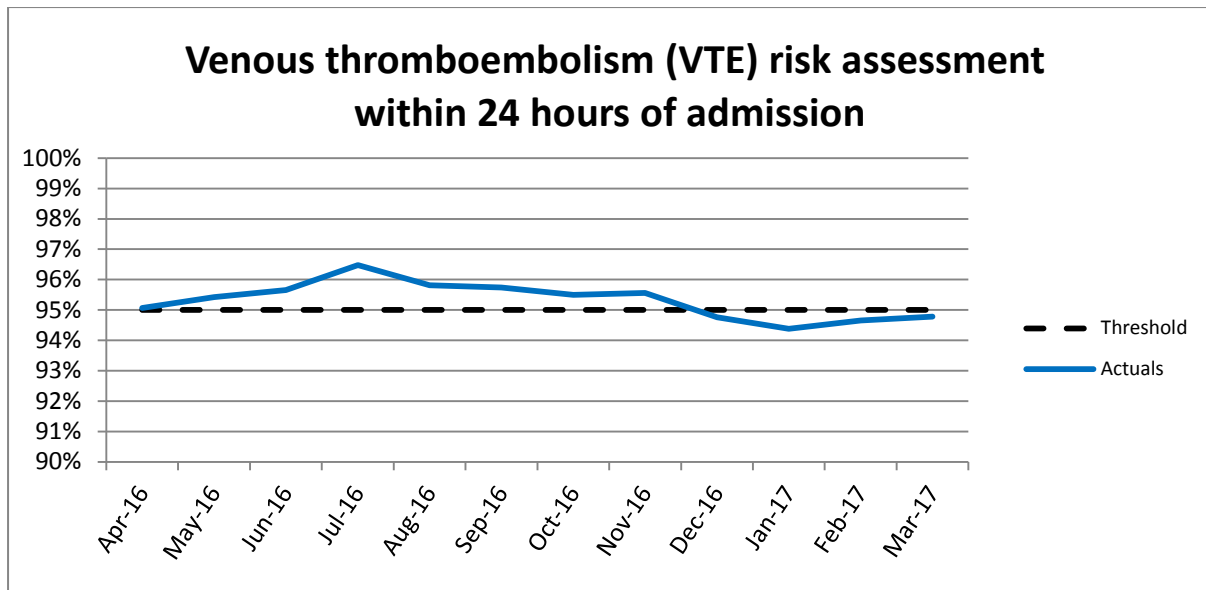
Figure 8 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period April 2016 – March 2017

2.1.6 Safe: CAS alerts outstanding

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 April 2017 there were no overdue CAS alerts.

2.1.7 Safe: Avoidable pressure ulcers

There was one confirmed avoidable category 3 pressure ulcer reported in April 2017. The Trust remains a high performing outlier with comparatively very low incidence of avoidable pressure ulcers. The Trust has not reported a trust acquired category 4 pressure ulcer since March 2014.

Category 3 and 4 trust-acquired pressure ulcers
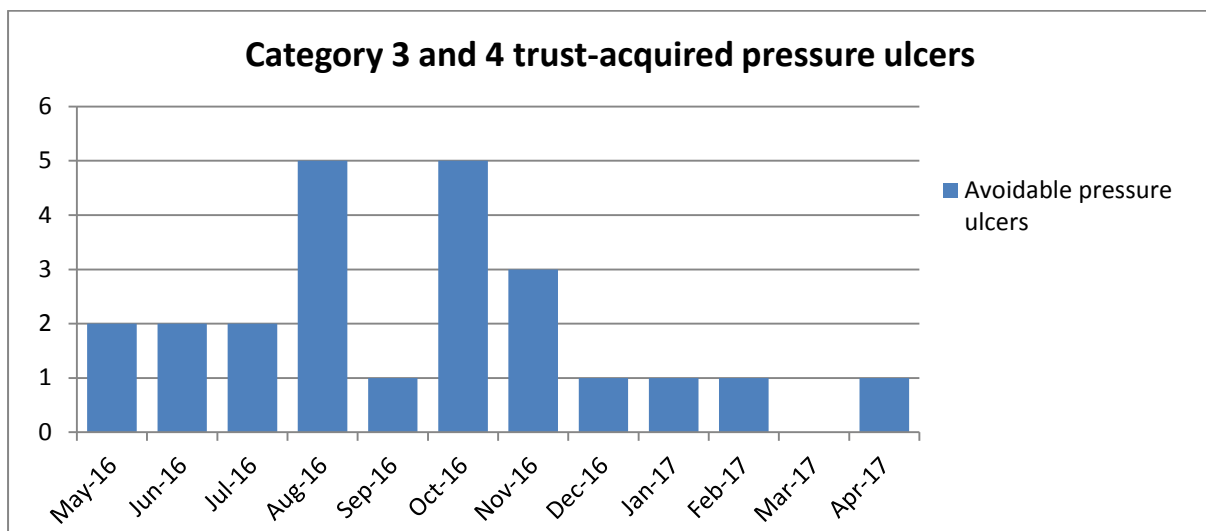
Figure 9 – Number of category 3 and category 4 (including unstageable) trust-acquired pressure ulcers by month for the period May 2016 – April 2017

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

In April 2017 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	94.82%	93.06%	98.31%	96.45%
Hammersmith	97.50%	92.51%	98.95%	98.03%
Queen Charlotte's	98.25%	95.07%	97.74%	96.37%
St. Mary's	97.19%	94.45%	98.16%	97.73%

See appendix 1 for ward level narrative detail of the fill rate below threshold.

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.

In order to respond to the continued challenge of filling shifts for health care staff from the nurse bank, plans are being established to improve the uptake of these shifts to reduce future staffing gaps.

There is also renewed focus on recruitment and retention of staff across bands 2-6 and a strategic reponse to the challenges is being developed , including:

- The Nursing Associate pilot commenced in April and 21 new trainees were employed across our partner organisations, 13 of which will be based at Imperial.

- The development of the apprentice nurse pathway in the coming months will also offer an opportuntiy to bolster up the workforce whilst new recruits train towards registration over a four year period, whilst being employed as apprentices. The divisons will consider increasing numbers of trainees in the coming months.

All Divisional Directors of Nursing have confirmed to the Director of Nursing that the staffing levels in April 2017 were safe and appropriate for the clinical case mix.
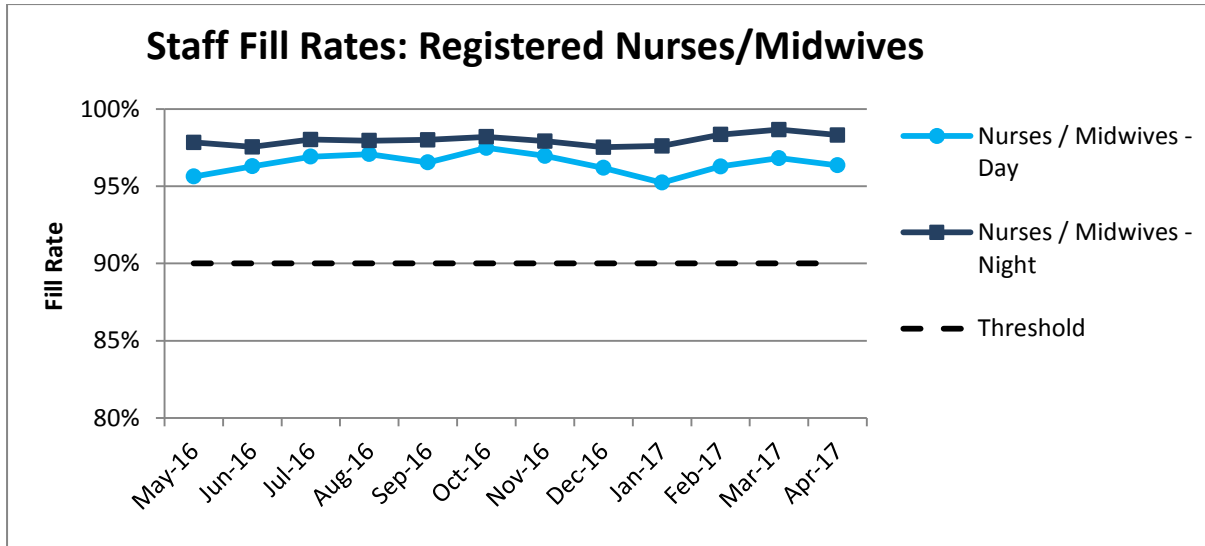
Figure 10 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period May 2016 – April 2017

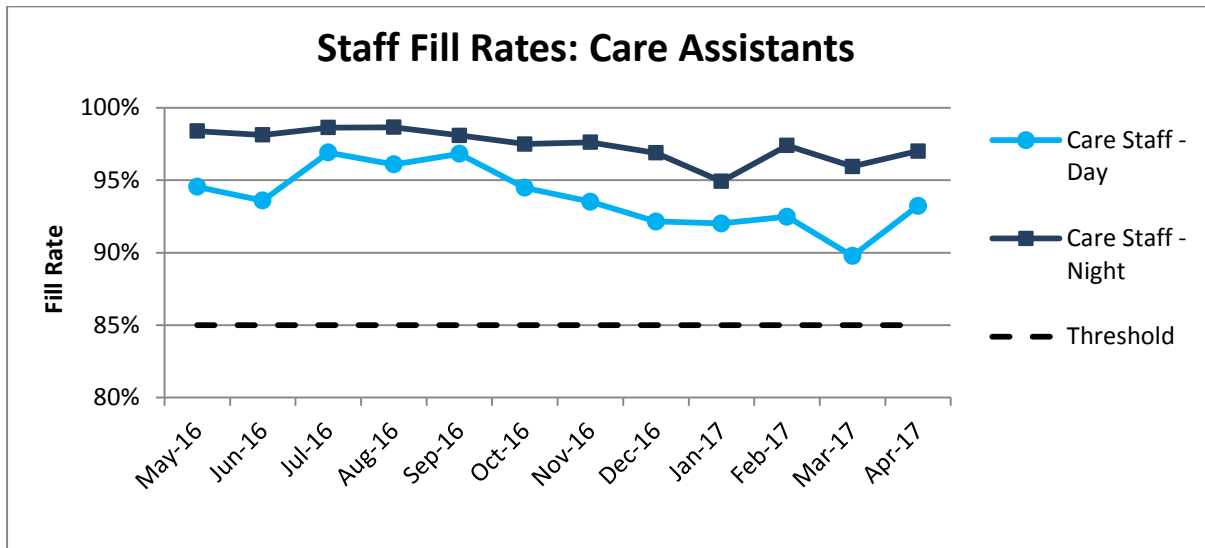**Figure 11 - Monthly staff fill rates (Care Assistants) by month for the period May 2016 – April 2017**

2.1.9 Safe: Postpartum haemorrhage

In April 2.4 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 met the Trust target of 2.8 per cent or less.
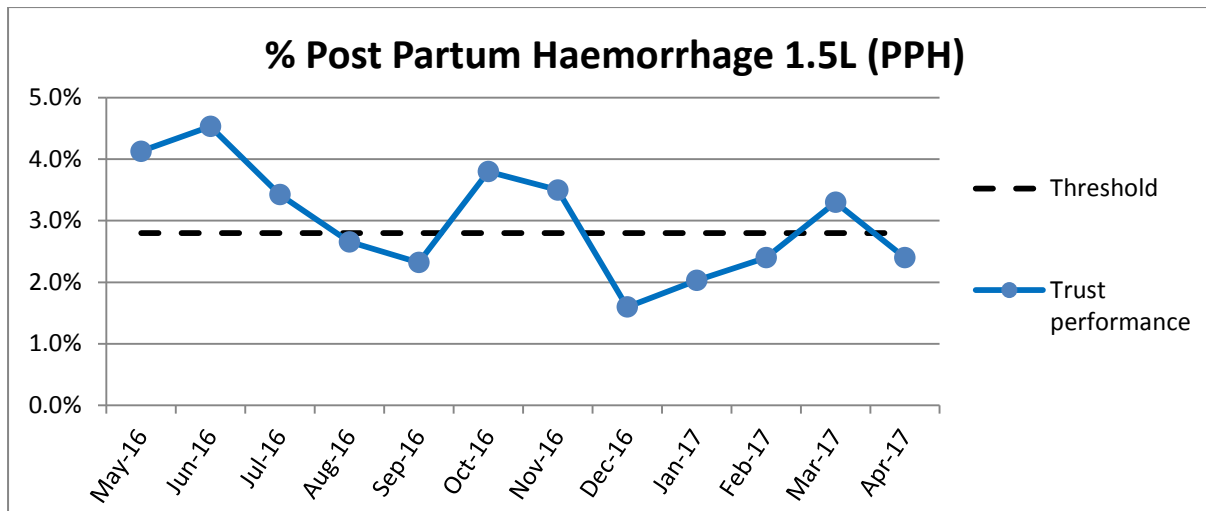
Figure 12 – Postpartum haemorrhage (PPH) for the period May 2016 – April 2017

2.1.10 Safe: Statutory and mandatory training

Core skills

The core skills figures for April are not yet available as the reporting system is being updated. In March, overall compliance was 85.6 per cent against a target of 90 per cent for all staff excluding Junior Doctors in training and 71.4 per cent compliance for Junior Doctors.

Core Clinical Skills

A new indicator on core clinical skills will be reported monthly commencing in June 2017.

Figure 13 - Statutory and mandatory training for the period April 2016 – March 2017

2.1.11 Safe: Work-related reportable accidents and incidents

There were four RIDDOR-reportable (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents in April 2017.

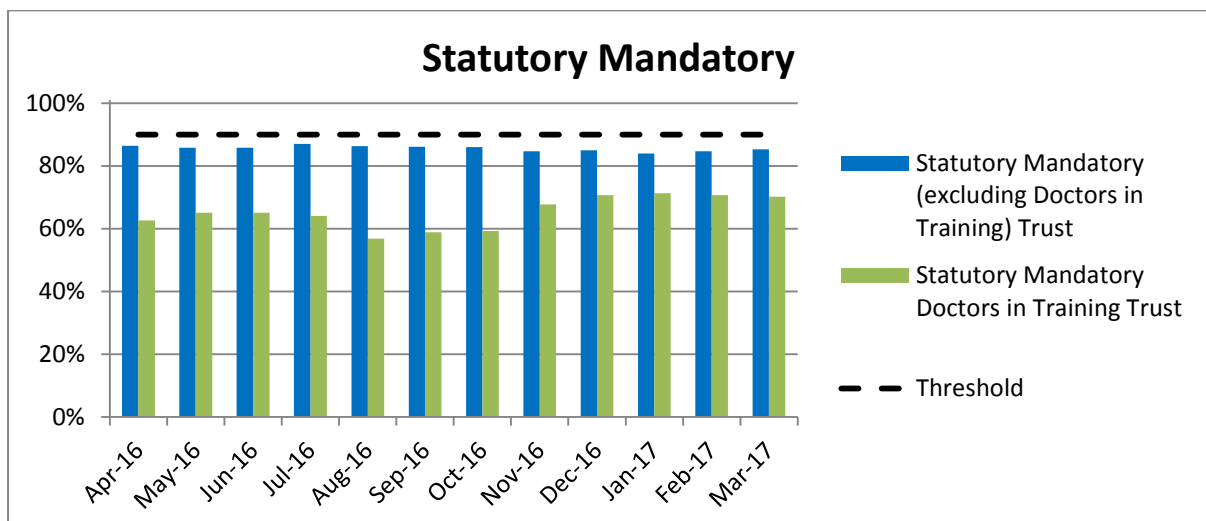-   The first incident involved a member of staff slipping on a wet floor and sustained a fractured kneecap, which resulted in a sickness absence of over 7 days. The incident was reportable to the Health and Safety Executive (HSE) because of the bone fracture.

-       The second incident involved a member of staff who received a needle stick injury from a sharp contaminated with a blood borne virus. The incident was reportable to the HSE as a Dangerous Occurrence (release or escape of a biological agent).

-       The third incident involved a member of staff tripping over bed wires and sustaining an injury which resulted in a sickness absence of over 7 days.

-       The fourth incident involved the failure of lifting equipment (whilst hoisting a patient). The incident was reportable to the HSE as a Dangerous Occurrence (failure of lifting equipment)

 In the 12 months to 30th April 2017, there have been 36 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.
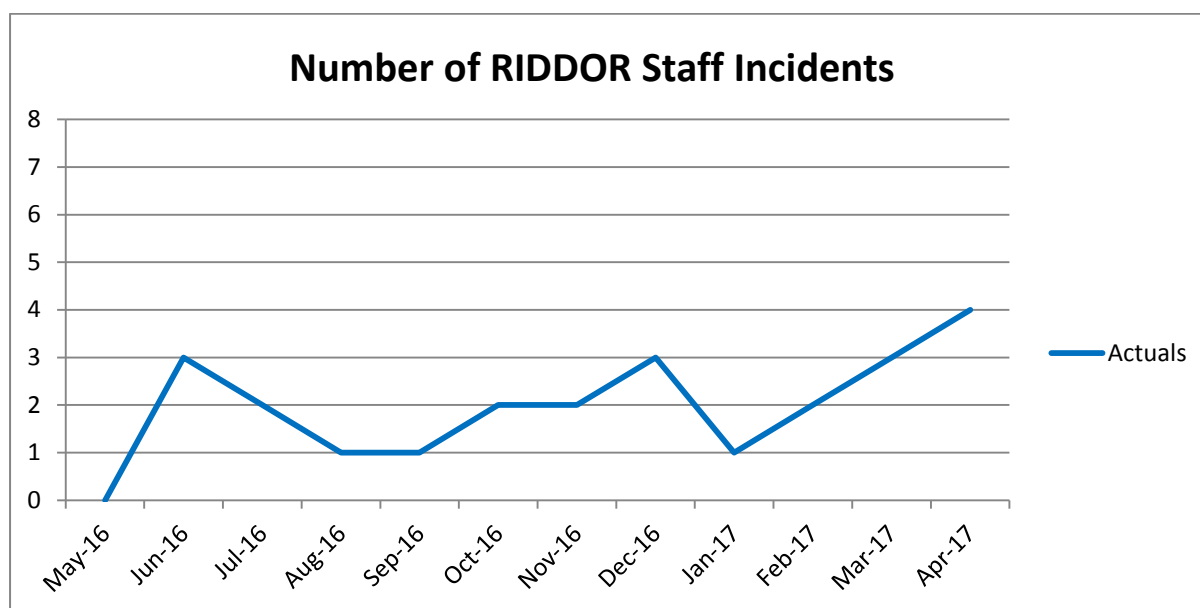

Figure 14 – RIDDOR Staff Incidents for the period May 2016 – April 2017

2.2 Effective

2.2.1 Effective: National Clinical Audits

Thirty-three national clinical audit reports have been published since April 2016 in which the Trust participated. Thirty-two of these have been fully reviewed with actions plans developed in response to recommendations and areas for improvement. The outstanding report (national comparative audit of blood transfusion) remains under review by the division. A summary of performance will be published as part of the Trust's Quality Account.

2.2.2 Effective: Mortality data

The Trust 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 HSMR is 60.65 (December 2016). Over the last 12 months the Trust has had the second 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.
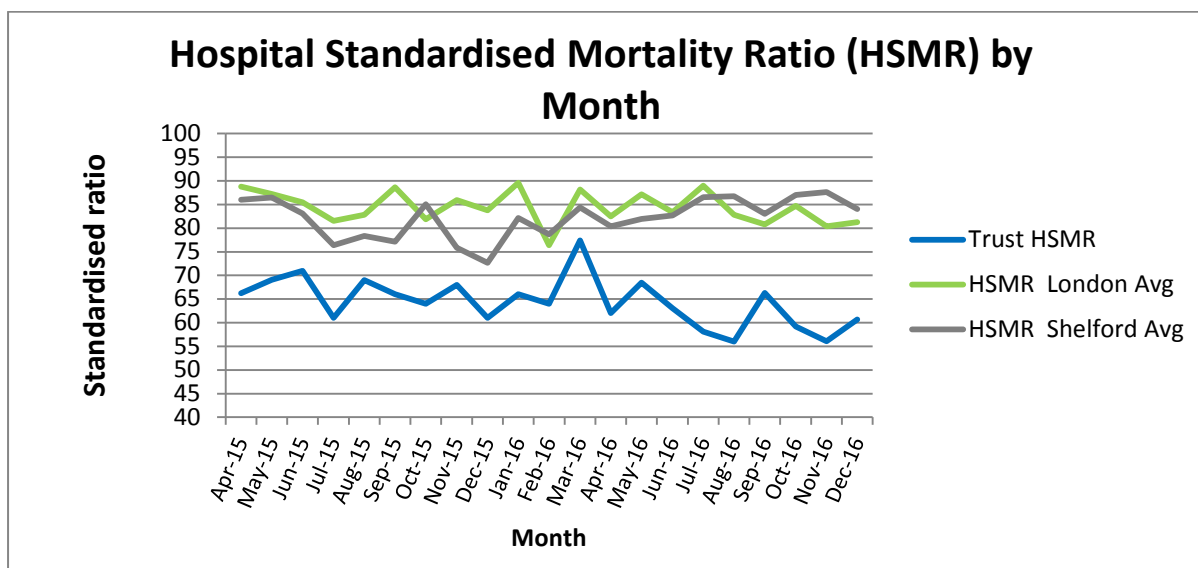
Figure 15 - Hospital Standardised Mortality Ratios for the period April 2015 – December 2016

2.2.3 Effective: Mortality reviews completed

Since the online mortality review system went live in February 2016, seven avoidable deaths have been confirmed. These have all been investigated as serious incidents.

There are currently ten cases of potential avoidable death under review and due for presentation to the Trust's Mortality Review Group (MRG) once completed.

Ninety-two per cent of deaths occurring in the Trust between February 2016 and April 2017 have been reviewed by the divisions as part of the standardised review

process. Plans are in place within the divisions to review outstanding cases. This data is reported quarterly and will next be updated following the next MRG in July 2017.

From April 2017, NHS England has mandated that Trusts must collect and publish specified information on deaths, including those that are assessed as more likely than not to be due to problems in care, and evidence of learning and action that is happening as a consequence of this information. To meet this requirement, quarterly reports, including numbers of avoidable mortalities reported and learning from this process, will be submitted to Executive quality committee and Quality Committee, with the first report occurring in June 2017, with an annual report to Trust Board.

2.2.4 Effective: Recruitment of patients into interventional studies

We did not achieve our target of 90 per cent of clinical trials recruiting their first patient within 70 days of a valid research application in the last three quarters of 2016/17, with performance reducing to 73.1 per cent in quarter four.

The most recent result reflects the impact of the full implementation of the new Health Research Authority (HRA) approvals process. The main reason for longer approval times in the new system is that the full duration of contract negotiation must now be included within the strictly-defined study initiation window of 70 days. The contracts team only receives legal agreements for review on the date when the HRA clock starts; no initial review or assessment can take place prior to that date (which was the practice previously). Average approval times have increased nationally as well as locally in the last two quarters, according to the NIHR reports, and as shown by the national average figure of 72.5 per cent. The Trust is reviewing processes for contractual review and negotiation, to identify ways of shortening these approval times and coming back within our target metric of 90 per cent. It should be noted also that there is an inherent lag involved in the clinical trials set-up and reporting process.
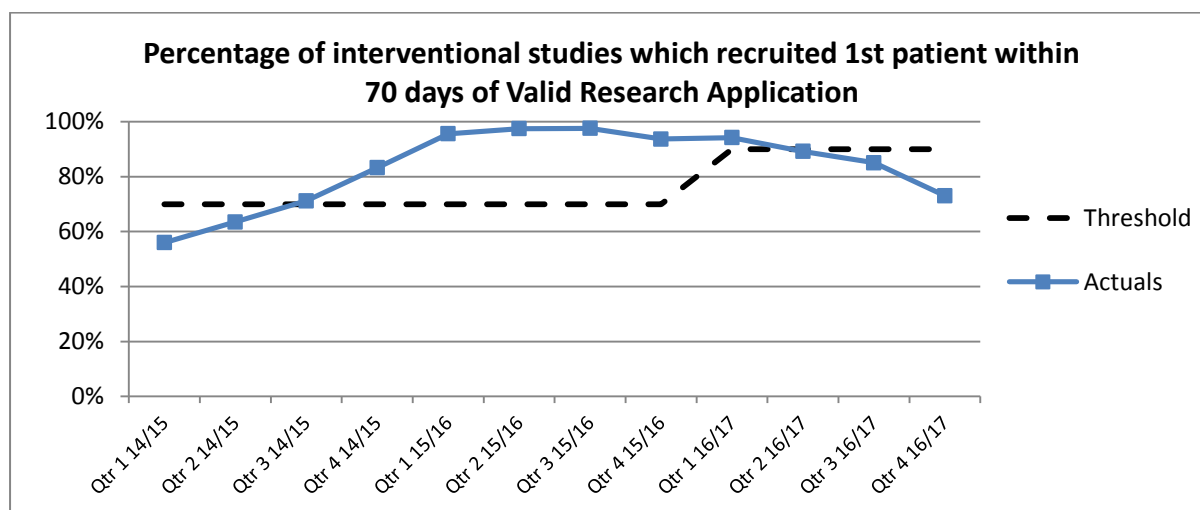
Figure 16 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q4 2016/17

2.2.5 Effective: Readmission rates

For October 2016 (the latest month reported), the Trust readmission rates continued to be lower in both age groups than the Shelford and National rates.
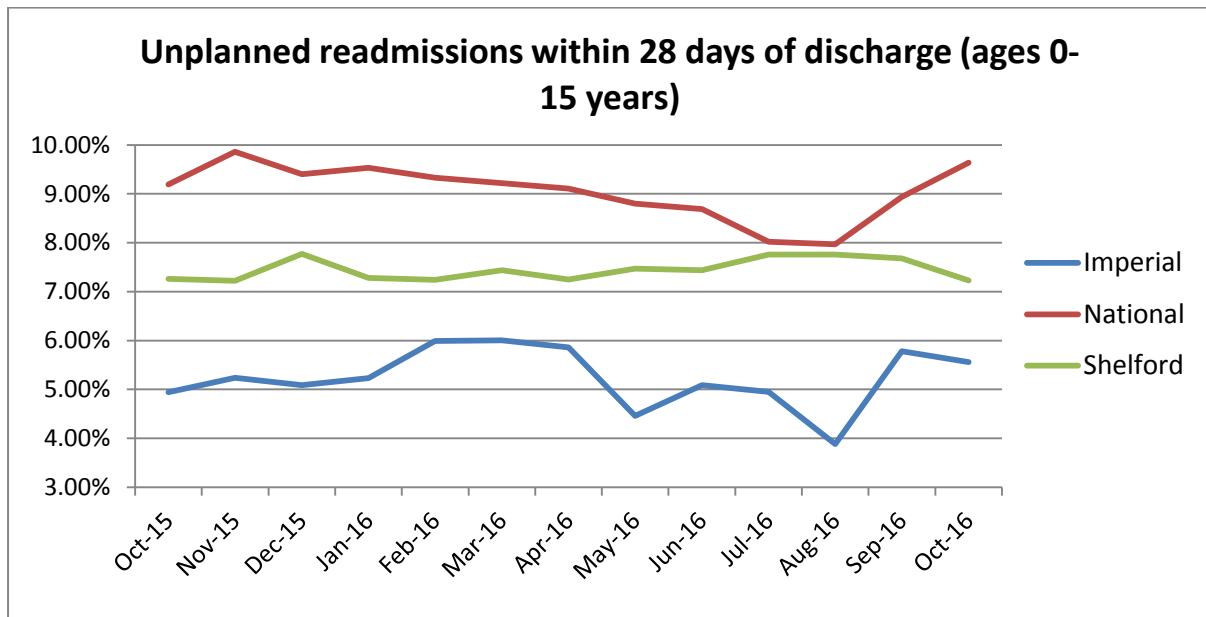
Figure 17 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages -15 years) for the period October 2015 – October 2016
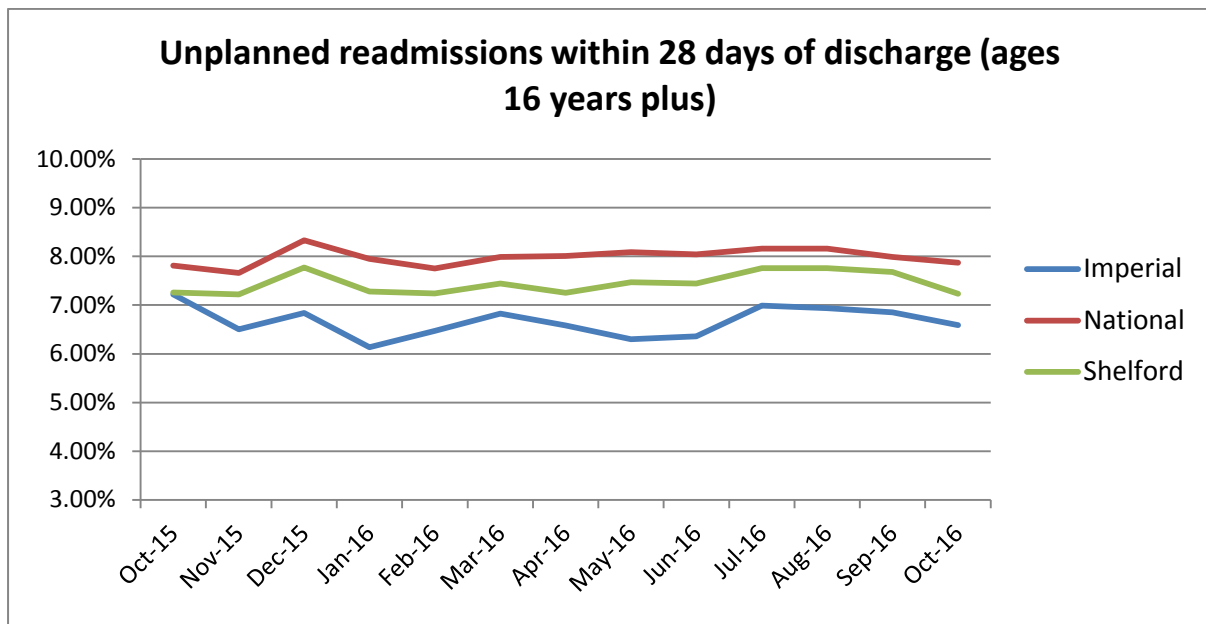
Figure 18 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages 16 years plus) for the period October 2015 – October 2016

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. Trust-wide targets and escalation processes to clear appointments on the system in a timely manner continue to be implemented.
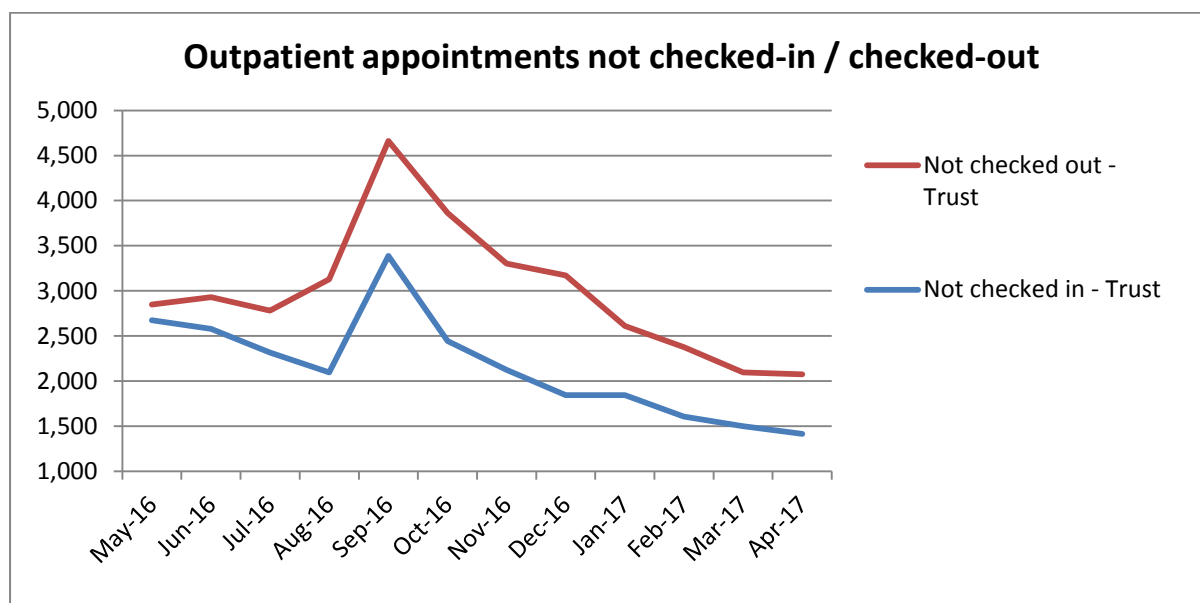
Figure 19 – Number of outpatient appointments not checked-in or DNA'd (in the last 90 days)/ checked-in and not checked-out for the period May 2016 – April 2017

2.3 Caring

2.3.1 Caring: Friends and Family Test

The Likelihood to recommend remains high across all surveys. In April all response rate targets were met apart from A&E. The A&E response rate performance remains above the national average but below target.

Service	Metric Name	Feb-17	Mar-17	Apr-17
Inpatients	Response Rate (target 30%)	35%	33%	30%
	Recommend %	*97%*	*97%*	*96%*
	Not Recommend %	*1%*	*1%*	*1%*
A&E	Response Rate (target 20%)	13%	18%	16%
	Recommend %	*94%*	*94%*	*95%*
	Not Recommend %	*3%*	*3%*	*3%*
Maternity	Response Rate (target 15%)	32%	41%	28%
	Recommend %	*93%*	*92%*	*95%*
	Not Recommend %	*3%*	*2%*	*1%*
Outpatients	Response Rate (target 6%)	12%	11%	10%
	Recommend %	*91%*	*91%*	*89%*
	Not Recommend %	*5%*	*5%*	*5%*

Friends and Family test results

2.3.2 Caring: Patient transport waiting times

Non-Emergency Patient Transport Service

Due to the recent network disruptions we have been unable to report figures from our patient transport system this month.
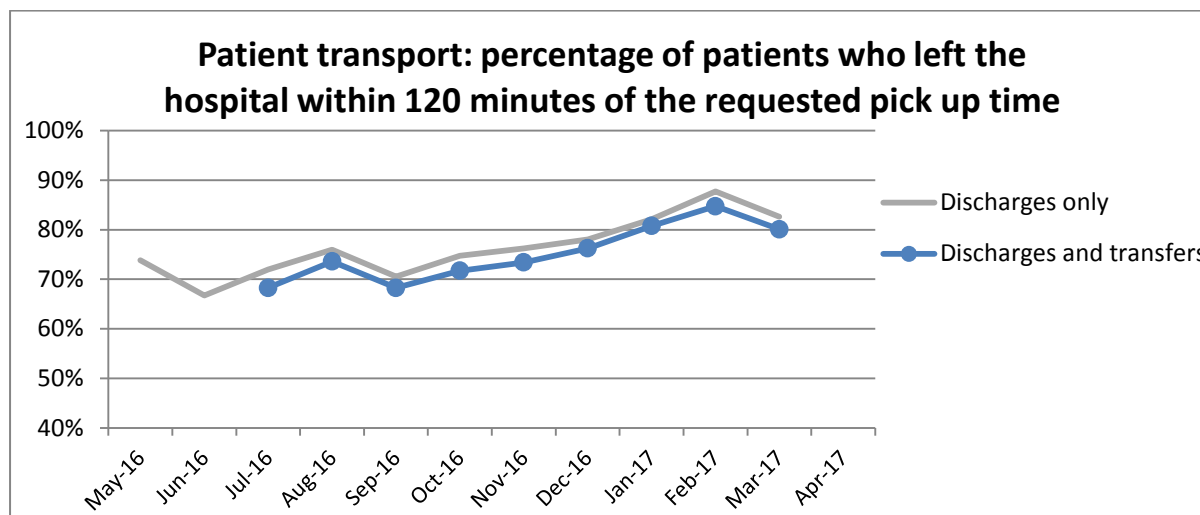
Figure 20 - Percentage of patients who left the hospital as part of the patient transport scheme within 120 minutes of their requested pick up time between May 2016 and March 2017

2.3.3 Caring: Eliminating mixed sex accommodation

The Trust reported 18 mixed-sex accommodation (MSA) breaches in April 2017. All breaches were incurred by patients awaiting step down from critical care to ward areas and whose discharge is delayed.

For critical care (level 2 and 3) mixing is acceptable as it is recognised nursing acuity requires gender mixing, however it is not acceptable when a patient in the critical care units no longer requires level 3 or 2 care, but cannot be placed in an appropriate level one ward bed.

The increase in breaches since October 2016 has been mainly attributable to breaches occurring within ITU at Charing Cross. This appears to have been caused by a combination of bed pressures and a VRE outbreak which was formally declared in November 2016 which has restricted the use of side rooms for patients awaiting discharge to minimise patient moves on non-clinical grounds.

A deep dive into the situation in ITU at Charing Cross is continuing to understand the root causes and an action plan is being put in place to return to the previous good level of performance.

Mixed-Sex Accommodation (MSA) breaches
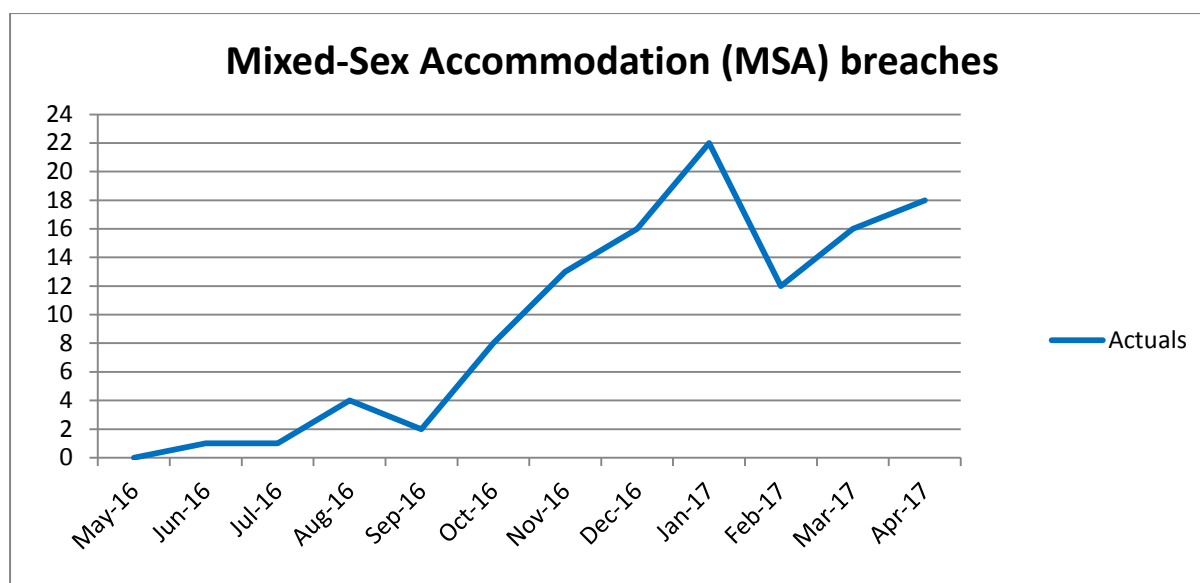
Figure 21 – Number of mixed-sex accommodation breaches reported for the period May 2016 – April 2017

2.4 Well-Led

2.4.1 Well-Led: Vacancy rate

<u>All roles</u>

At the end of April 2017, the Trust directly employed 9,818 WTE (whole time equivalent) members of staff across Clinical and Corporate Divisions. The contractual vacancy rate for all roles was 11.7 per cent against the target of 10 per cent. The average vacancy rate across all London Trusts is 14.0 per cent.

There were 166 WTE joiners and 142 WTE leavers across all groups. The voluntary turnover rate (rolling 12 month position) was 10.5 per cent.

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

- Bespoke campaigns for a variety of specialities.

- A variety of channels are being used to attract and recruit people including: Open Days, Fairs, social media, print advertising and recruitment databases for direct sourcing.

- Open Days planned for all staff groups for Children's services and at the Western Eye Hospital.

- A new assessment and selection tool to ensure consistent decision-making to support retention and engagement – available from June 2017.

- The medical recruitment process is under review.

- Work has started on the Trust microsite and brand to better align it to the overall

Trust brand. The microsite will be moved onto the main Trust site by end of May and the new 'Look and Feel' of the recruitment brand will be available by June 2017.

- A planned recruitment campaign is being developed to run along the next BBC Hospital series.

<u>All Nursing & Midwifery Roles</u>

At end of March 2017, the contractual vacancy rate for all Nursing & Midwifery ward roles was 14.7 per cent with 717 WTE vacancies. The London average is 15 per cent. Across the band 2 – 6 roles the vacancy rate stands at 18.6 per cent. We continue to work with other London Acute Teachng Trusts to benchmark and share information to support a reduction in these vacancies.

Actions being taken to support reduction in our Nursing and Midwifery vacancies include:

- Care for the Elderly and Acute Medical Unit: An Open Day is being planned for June. Social targeting and social media will be used in the short-term and in the longer-term a campaign is being developed to promote the area and developing messages to use in advertising materials.

- A social media campaign is being planned for Stroke/Neurology and direct sourcing is being planned for IBS nurses.

- An Open Day for IPH nurses is planned for May.

- A project group is established to address Band 2-6 ward based recruitment & retention.

- The Recruitment Team are planning three main nursing campaigns for early summer, the autumn and in early 2018.

- An automatic conditional offer letter has been sent out to all of our student nurses who graduate in August 2017 – depending on obtaining their qualification.

- We are actively attracting additional student nurses over and above our trainees. A student nurse database has been created places adverts on all job boards and we will target fairs to attend next year. We are benchmarking other trusts and what they do to maximise their conversion rate for their own students, so that insights can be developed for our recruitment.

- A supplier is in place for international recruitment.

- A sole vendor relationship is being explored for nurses for 'hard to recruit' areas as some other large NHS Trusts in London already have in place.

- The volume assessment centres have been revised to make these more efficient, effective and to realise a better candidate experience and conversion rate.
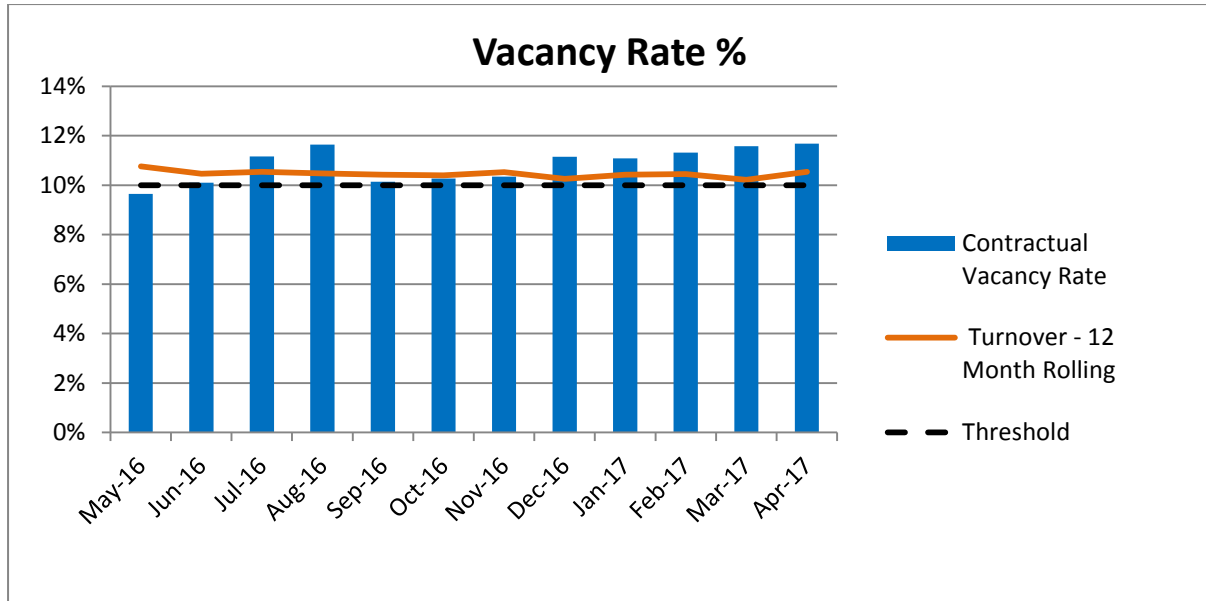
Figure 22 - Vacancy rates for the period May 2016 – April 2017

2.4.2 Well-Led: Sickness absence rate

Recorded sickness absence in April was 2.26 per cent bringing the Trusts rolling 12 month sickness position to 2.92 per cent against the year-end target of 3.10 per cent or lower.
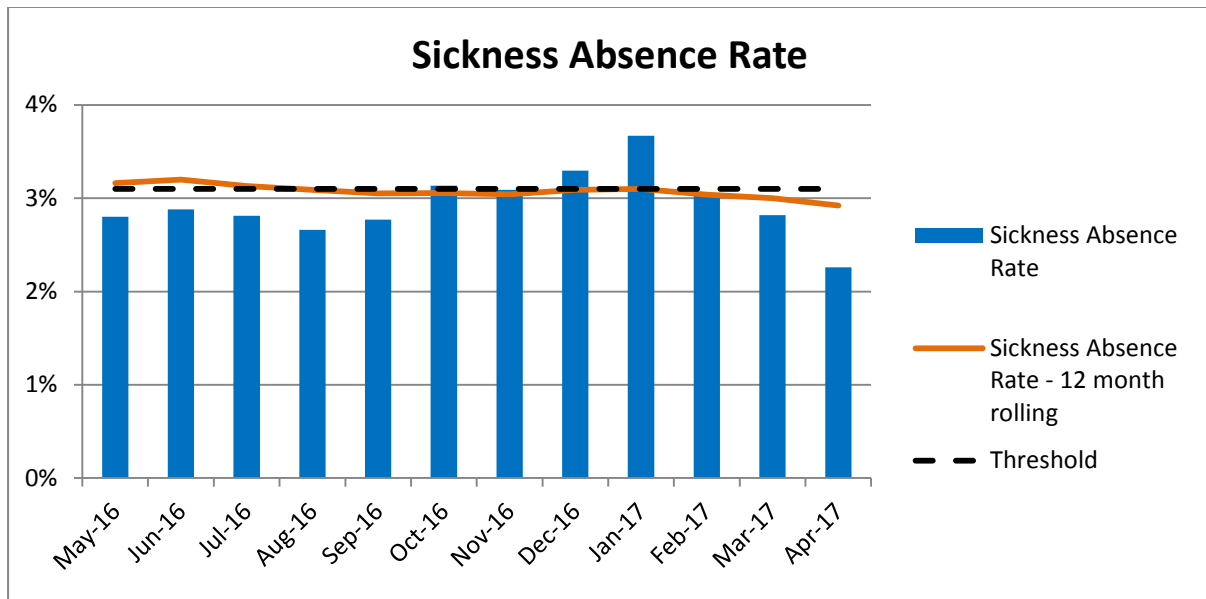
Figure 23 - Sickness absence rates for the period May 2016 – April 2017

2.4.3 Well-Led: Performance development reviews

The new PDR cycle began on 1 April 2017 with all PDR's to be completed by the end of July 2017; compliance for Clinical and Corporate Divisions was 5.73 per cent at the end of April.

2.4.4 Well-Led: Doctor Appraisal Rate

Doctors' appraisal rates have fallen slightly this month to 89.47 per cent from 91.13 per cent in March. However, we remain above the national average of 86.6 per cent.
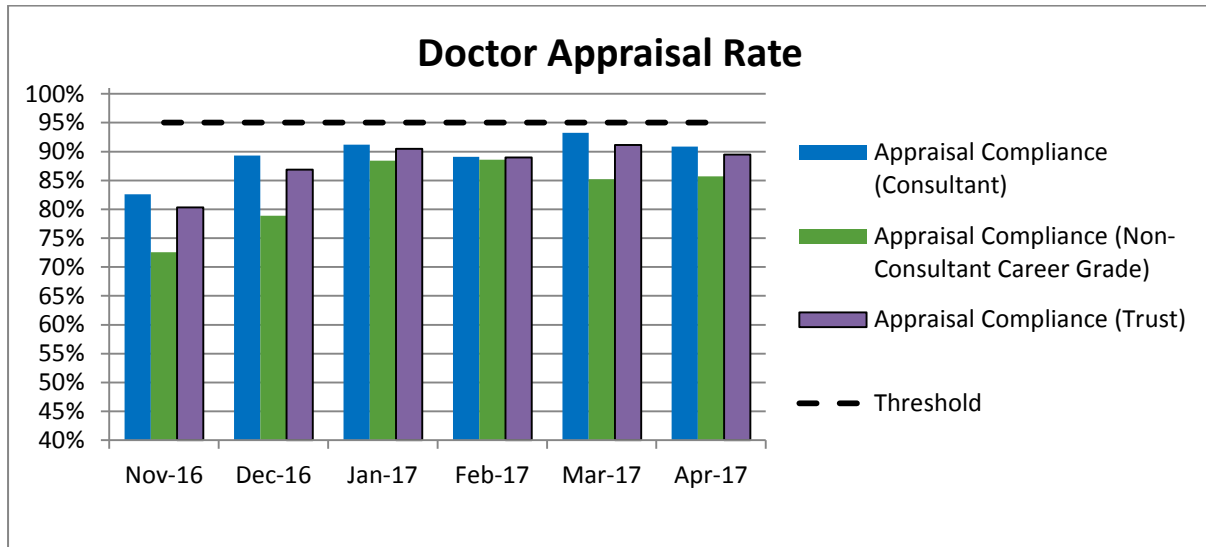
Figure 24 - Doctor Appraisal Rates for the period November 2016 to April 2017

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

Health Education England quality visit

Six actions from the quality visit remain open and are being monitored through the local faculty group meetings (LFGs).

2015/16 General Medical Council National Training Survey
There are six outstanding open actions on the 2016 National Training Survey (NTS) action plan. All other actions were closed in March. The 2017 NTS closed in May; the results will be published in July 2017 and summarised in the August report.
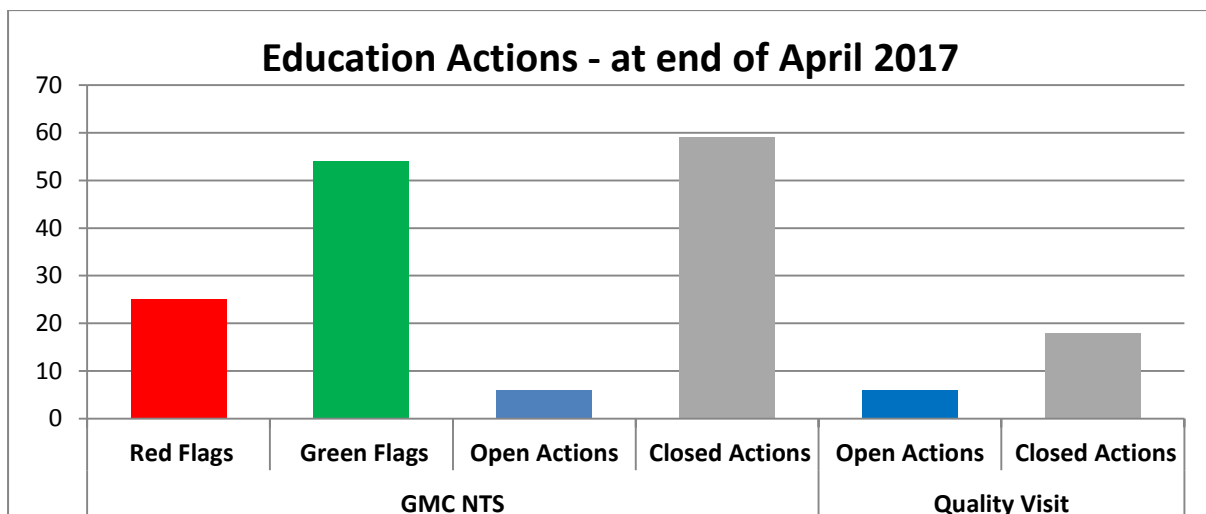
Figure 25 – General Medical Council - National Training Survey action tracker, updated at end April 2017

2.4.6 Well Led: Estates – maintenance tasks completed on time

The percentage of estates maintenance tasks completed on time improved slightly in April following month on month reductions since August 2016. The main underlying causes, including staff leave, continue to be closely monitored by the Estates team.
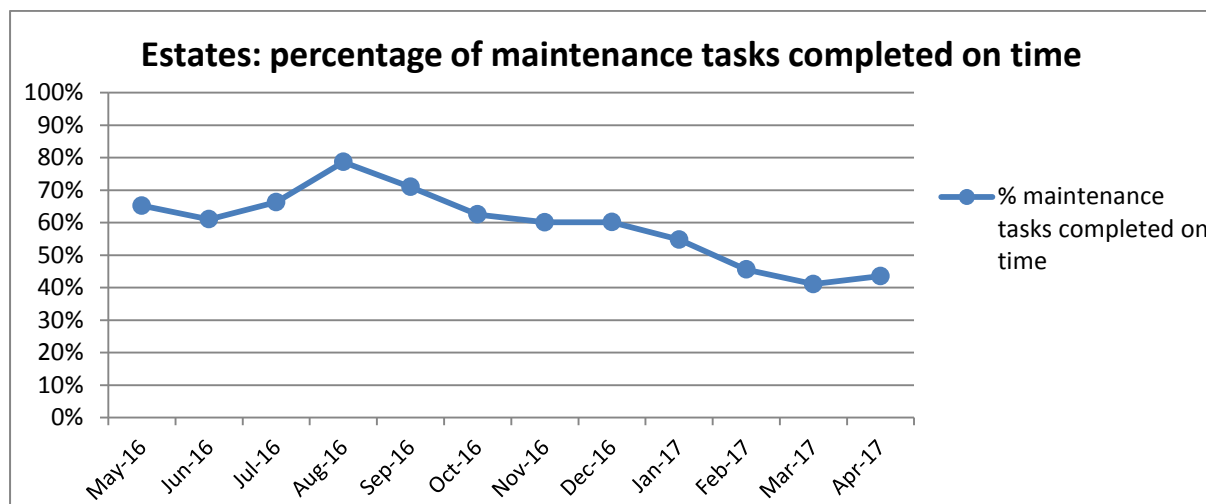
Figure 26 – Estates: percentage of maintenance tasks completed on time for the period May 2016 – April 2017

2.5 Responsive

2.5.1 Responsive: Consultant-led Referral to Treatment waiting times

The latest RTT submitted performance position is end March where 83.2% of patients had been waiting less than 18 weeks to receive consultant-led treatment, against the national standard of 92%; this met the trajectory target and was an improvement on February's position of 83.1%. The Trust anticipates that the 18 week wait position for April will continue to improve and will meet the trajectory target of 81.5% for the month.

The Trust continues the work on its waiting list improvement programme (WLIP) and action plan to address RTT challenges and return to delivering the RTT standard sustainably. The WLIP also oversees the management of the clinical review process which provides assurance that patients who wait over 52 weeks are not coming to harm.

Significant progress has been made on all of the aspects of the programme, including the data clean-up of the waiting lists, the roll out of a new Clinical Outcome form across the Trust, the establishment of right first time processes, additional clinical activity and theatre capacity and performance recovery trajectories for 18 week and long waiters. The project continues into 2017/18.

Elective capacity modelling has now been completed and actions are underway to support improvements. Additional capacity is also being delivered for outpatients and work is on-going to quantify the capacity and demand gap to inform future planning.

The Trust RTT trajectory for 2017-18 is to deliver the 92 per cent national standard by March 2018.

18 weeks referral to treatment (RTT) - incomplete pathways
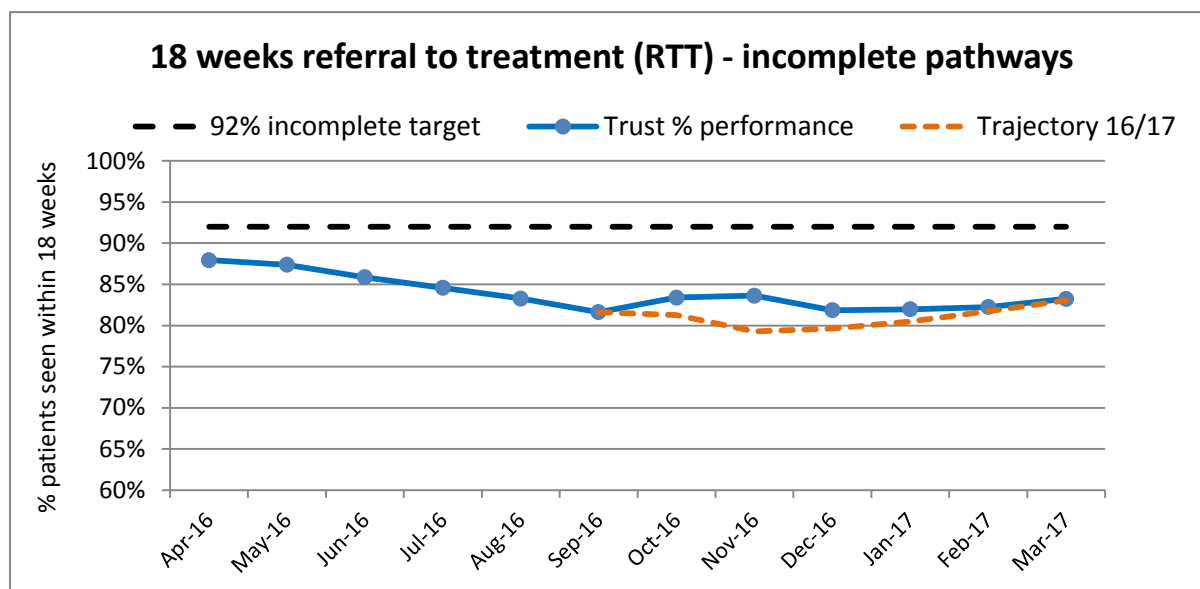
Figure 27 – Percentage of patients seen within 18 weeks (RTT incomplete pathways) for the period April 2016 – March 2017

52 weeks

The on-going data clean-up of the inpatient and outpatient waiting lists has resulted in a large number of patients whom we had not been tracking consistently in specific specialities. This is because RTT rules were applied incorrectly at an earlier stage of the patient's treatment pathway.

The Trust reported 287 patients waiting over 52 weeks at the end of March; this was an improvement on February reported position (316 patients) but did not achieve the Month 12 STF trajectory. This is primarily due to continued high levels of patients being reported from the data clean-up work streams, on-going capacity challenges in orthopaedics, plastics and ENT. The April 52 week wait performance is expected to improve further and will meet the trajectory target for the month.

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.

Reducing the number of patients waiting over 52 weeks is a priority work stream for the programme over the coming months, and work is currently on going to support the directorates in their efforts to rapidly improve this position. The Trust 52 week wait trajectory for 2017-18 is to deliver zero 52 week waits by January 2018.
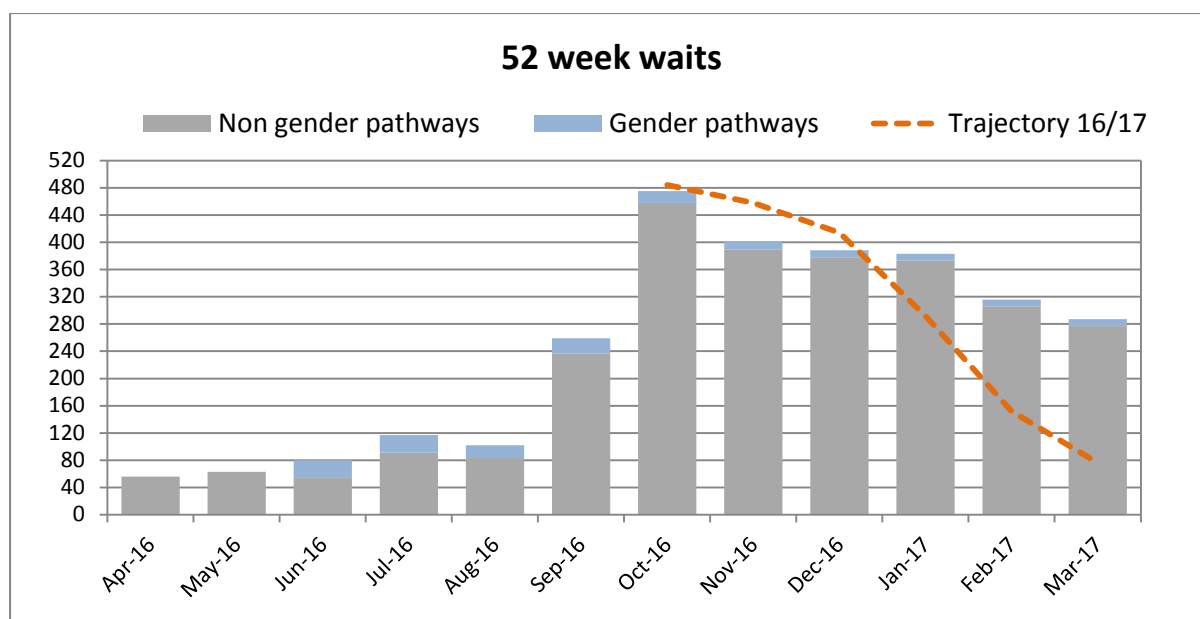
Figure 28 - Number of patients waiting over 52 weeks split by gender pathways and non-gender pathways, for the period April 2016 – March 2017

2.5.2 Responsive: Cancer

In May 2017, performance is reported for Cancer Waiting Times standards for March 2017. In March 2017 the Trust achieved seven of the eight national cancer standards. The Trust recovered performance against the 62-day GP referral to treatment from screening (delivering 91.8 per cent against a 90 per cent target).

The trust delivered improved performance against the GP referral to treatment for all cancers, delivering 80.9 per cent compared with February (75.0 per cent) but did not meet the trajectory target of 85.0 per cent or more.

Underperformance against the 62-day GP referral to first treatment standard predominantly related to urology and colorectal diagnostic pathways and late referrals from NWL sites. The Trust is implementing improvements to the prostate diagnostic pathway through the RAPID programme pilot, re-launching the colorectal straight to test pathway and continues to ensure improvements on shared pathway performance. Delivery of the performance trajectory is on track for quarter one.

Indicator	Standard	Feb-17	Mar-17
Two week GP referral to 1st outpatient – all urgent referrals (%)	93.0%	93.2%	93.2%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	93.1%	93.8%
31 day wait from diagnosis to first treatment (%)	96.0%	96.3%	97.8%
31 day second or subsequent treatment (drug treatments) (%)	98.0%	100.0%	99.2%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	97.0%	96.9%

31 day second or subsequent treatment (surgery) (%)	94.0%	97.0%	100.0%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	75.0%	80.9%
62 day urgent GP referral to treatment from screening (%)	90.0%	67.6%	91.8%

Performance against national cancer standards
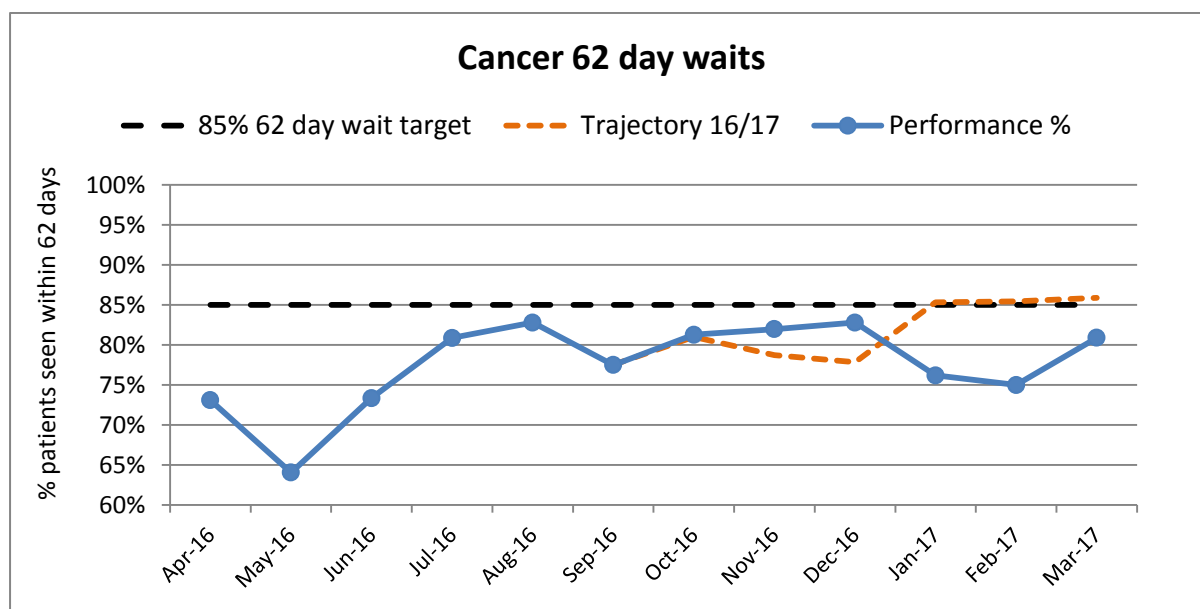
Figure 29 – Cancer 62 day GP referral to treatment performance for the period April 2016 – March 2017

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

All NHS patients who have elective operations cancelled for non-clinical reasons on the day of surgery (or day of admission) are to be offered another binding date within 28 days. The most recent national submission is for quarter 4, January 2017 – March 2017.

- Overall, 0.8 per cent of operations (252 cancellations) were cancelled on the day as a percentage of total elective activity which is slightly less than the national average of 1 per cent.

- Thirty patients breached the 28-day rebooking guarantee standard. This is a breach rate of 12 per cent and remains high; the national average is around 7 per cent of cancellations not rebooked within 28 days.

The priority is to ensure all potential breaches are re-dated as early as possible following a cancellation. The Trust has introduced new 28-day rebooks reporting to ensure full visibility of potential breaches and escalation processes are being reviewed with discussion with our commissioners.

Elective operations cancelled on the day for non-clinical reasons - as % of elective activity
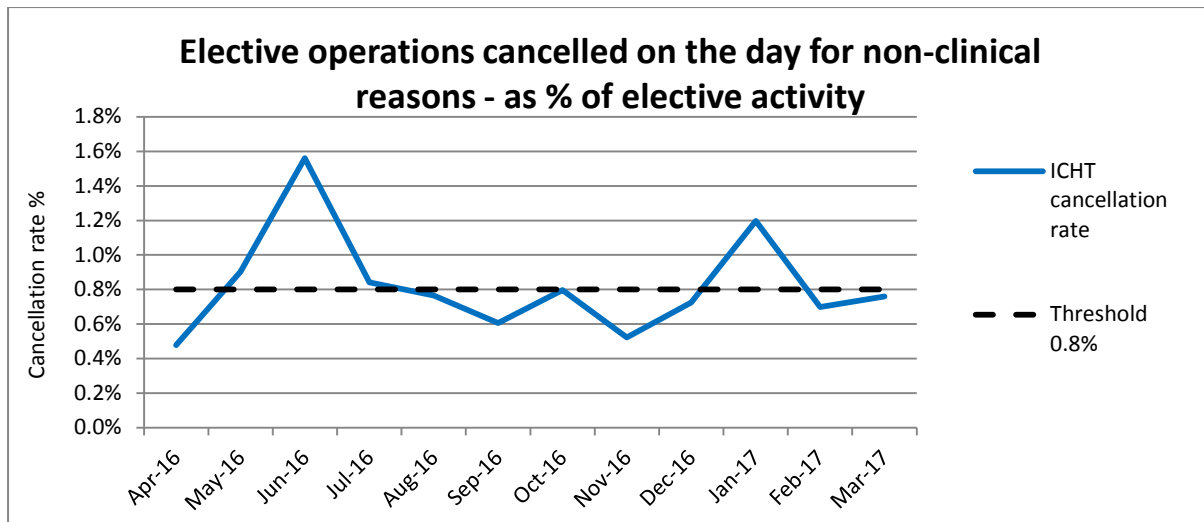
Figure 30 – Non-clinical cancellations as a % of elective activity for April 2016 – March 2017

28 day rebooking breaches as % of cancellations
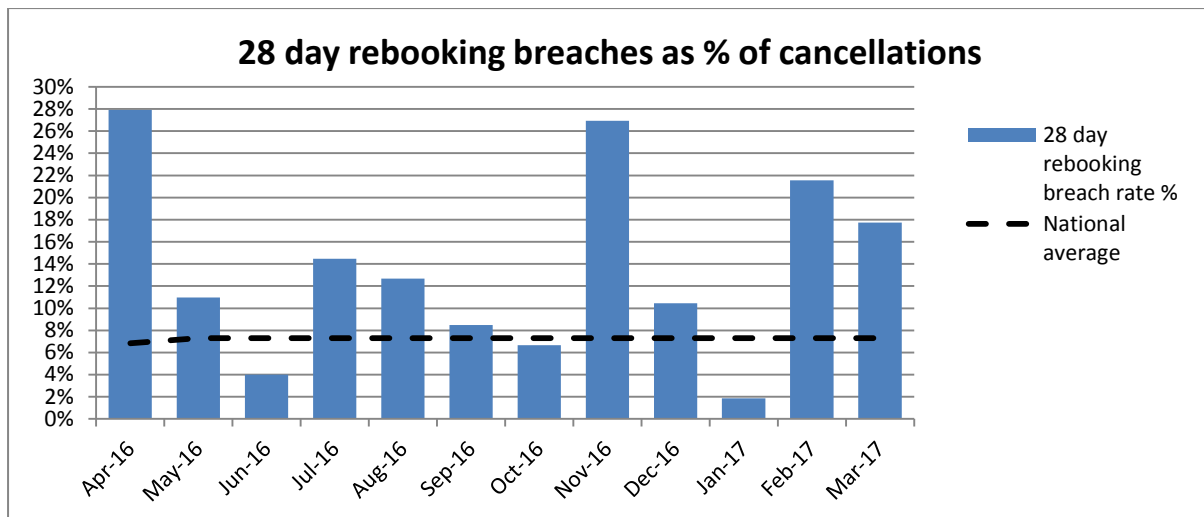
Figure 31 - 28 day rebooking breaches as % of cancellations for April 2016 – March 2017

2.5.4 Responsive: Accident and Emergency

Performance against the four-hour access standard for patients attending Accident and Emergency continued to improve in April 2017. Overall performance was 89.7 per cent which met the performance trajectory target for the month.

The improved performance follows expansion in capacity for emergency admissions with the opening of a new acute assessment unit at CXH and a new surgical assessment unit at SMH. The Trust is also extending operational hours for ambulatory emergency care services to help avoid unnecessary hospital admissions.

The key issues remain as follows:

- Difficulties with transfer of patients from the Vocare UCC to the Emergency Department;

- Increased demand and acuity;

- High levels of bed occupancy;

- High numbers of bed days lost through delayed transfers of care from the hospital; & delays for mental health beds.

To support further improvements in performance over the coming months the Trust has launched a programme of immediate and longer term developments. The programme focuses on the following work streams:

- Streaming and avoiding unnecessary hospital admissions;

- Improving emergency department operations;

- Efficient specialist decisions and pathways;

- Improving capacity availability through more effective management of inpatient beds; &

- Improving our ward and discharge processes.

The Trust has also established a four-hour Performance Steering Group to oversee the activities within the five work streams. The group is chaired by the Divisional Director of the Medicine and Integrated Care and attended by the Chief Executive Officer. Each work stream is led in partnership by a senior clinician and a senior manager.
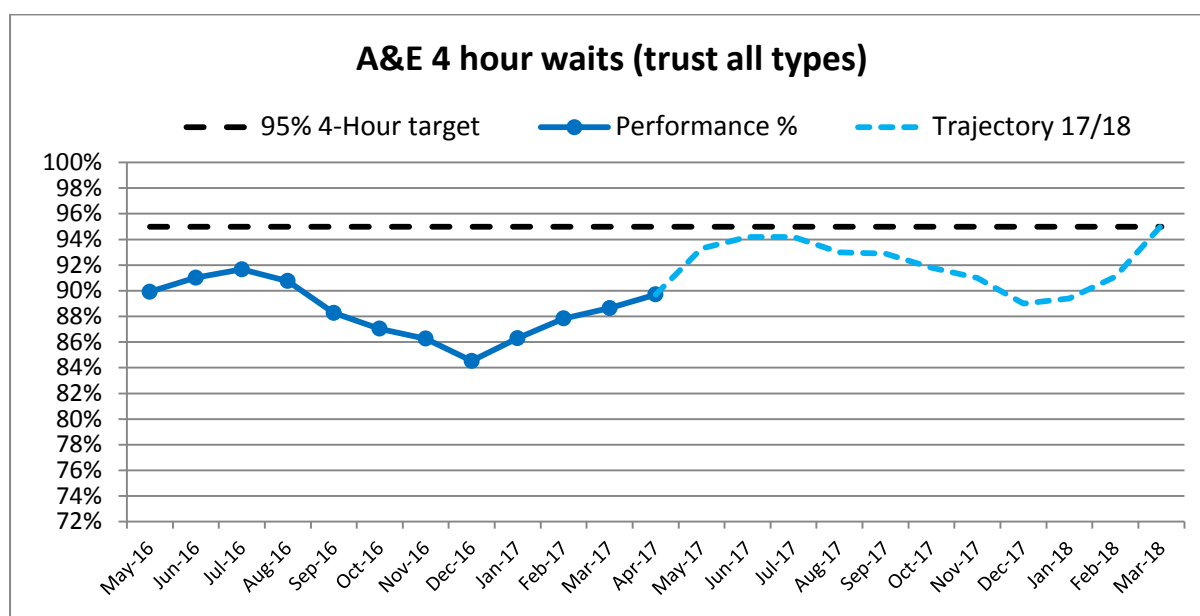
Figure 32 – A&E Maximum waiting times 4 hours (Trust All Types) for the period May 2016 – April 2017

A&E 4 hour waits (site all types)

Legend: Threshold, Hammersmith, Charing Cross, St Mary's, Western Eye
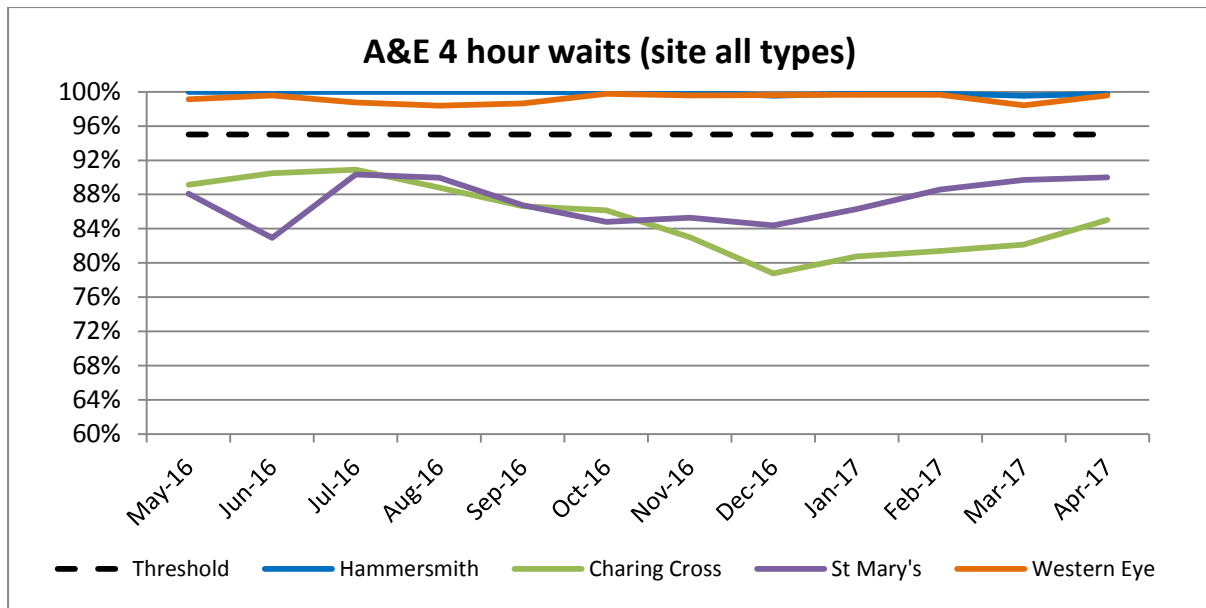
Figure 33 – A&E Maximum waiting times (Site All Types) 4 hours for the period May 2016 – April 2017

2.5.5 Responsive: Diagnostics

The latest reported position is for the end of March. The Trust anticipates that the performance standard, 1 per cent or less patients waiting over six weeks for a diagnostic, will not be met for April. A deep dive into local data records within endoscopy services identified an issue with patient tracking and the recording of offer dates for some patients. The Trust has established a weekly Steering Group to oversee a full assessment and additional capacity is being investigated to ensure a rapid improvement of performance.

Diagnostics - patients waiting 6 weeks or more for a diagnostic test

Legend: Threshold, Actuals
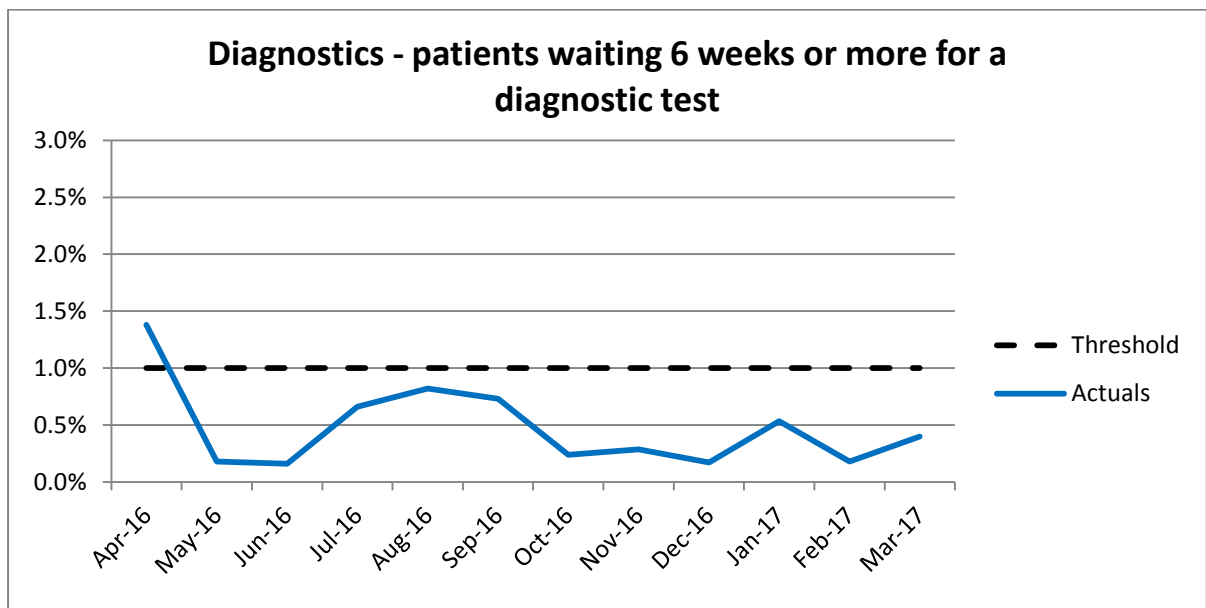
Figure 34 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period April 2016 – March 2017

2.5.6 Responsive: Patient attendance rates at outpatient appointments

The overall DNA (first and follow up) rate was 11.6 per cent (8,882 appointments) (March performance was 11.2 per cent). The DNA rate for new appointments was 12.9 per cent and for Follow-up appointments it was 11.1 per cent.

The detailed review of outpatient DNA rates in parallel with hospital- and patient-initiated cancellations is continuing. Specialty reports will allow managers and clinicians to explore their appointment data in greater detail and consider steps that can be taken to further improve attendance.
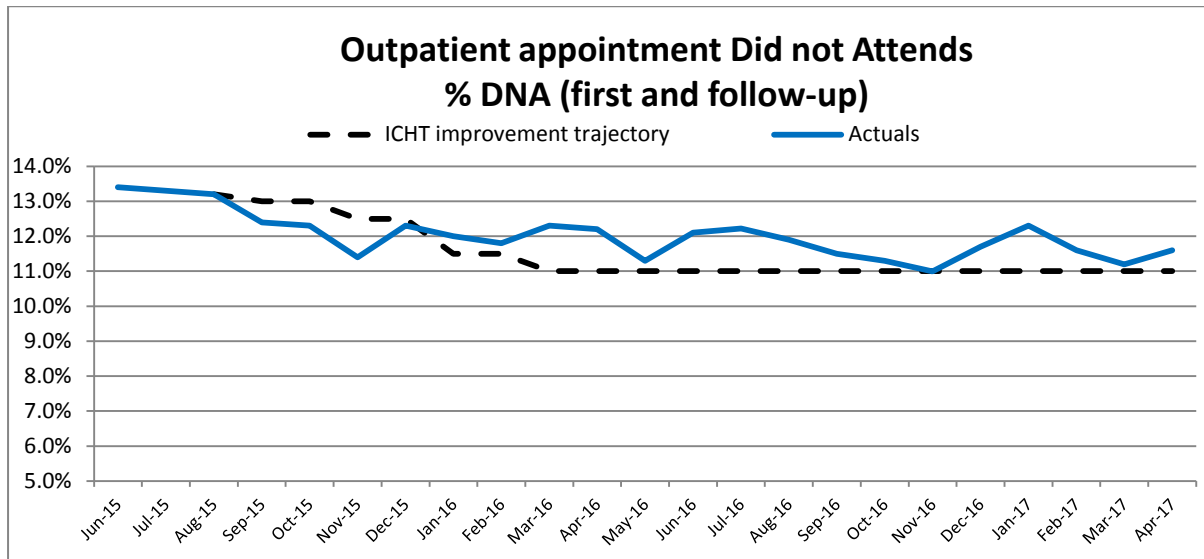
Figure 35 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period June 2015 – April 2017

2.5.7 Responsive: Outpatient appointments cancelled by the Trust

In April, 8.5 per cent of outpatient appointments were cancelled by the hospital with less than 6 weeks' notice. The Trust quality strategy target for 2017/18 changed from 8.5 per cent to reduce the proportion to 7.5 per cent. As noted for DNA a detailed review of appointments data is being conducted to identify underlying trends and improvement actions.
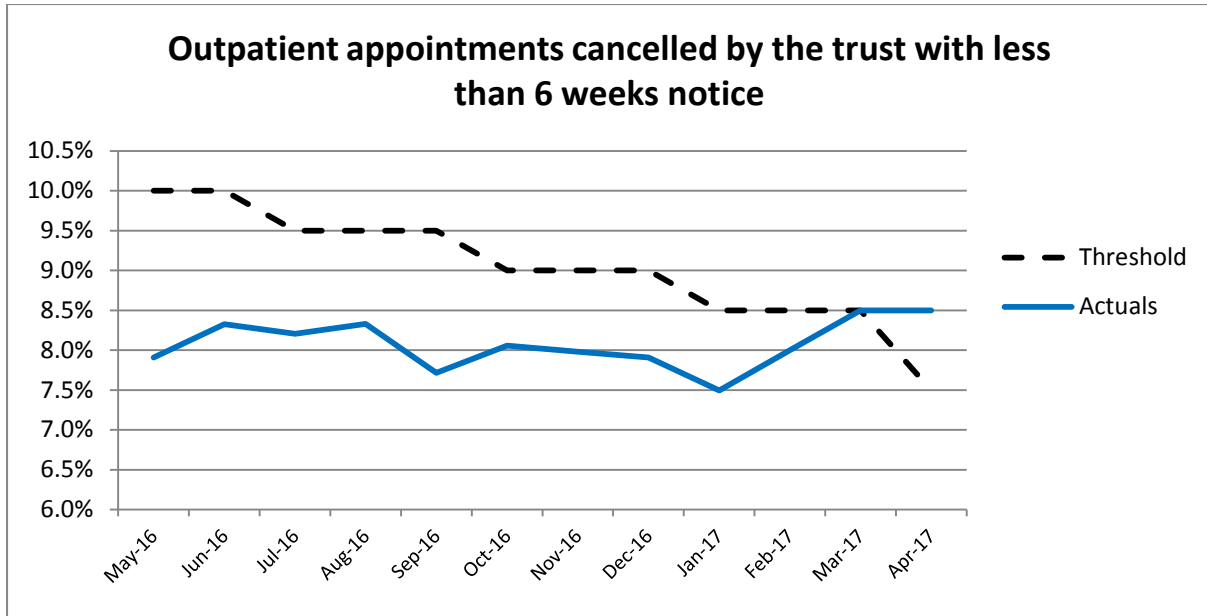
Figure 36 – Outpatient appointments cancelled by the Trust with less than 6 weeks' notice for the period May 2016 – April 2017

2.5.8 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 April, 81.5 per cent of routine appointments were made within 5 days. Work continues to establish new ways of working to increase responsiveness including improved tracking through the Patient Service Centre.
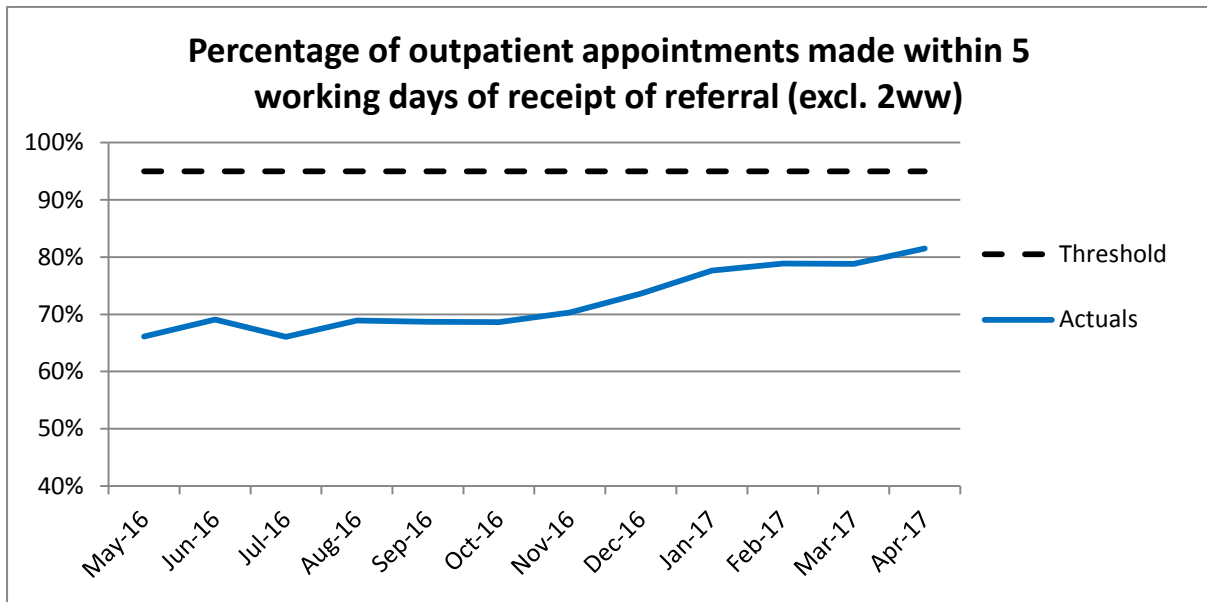
Figure 37 – % of outpatient appointments made within 5 working days of receipt of referral (excluding 2 week waits) for the period May 2016 – April 2017

2.5.9   Responsive: Access to antenatal care – booking appointment

This Trust achieved 98 per cent of pregnant women accessing antenatal care services completed their booking appointment by 12 weeks and 6 days (excluding late referrals).
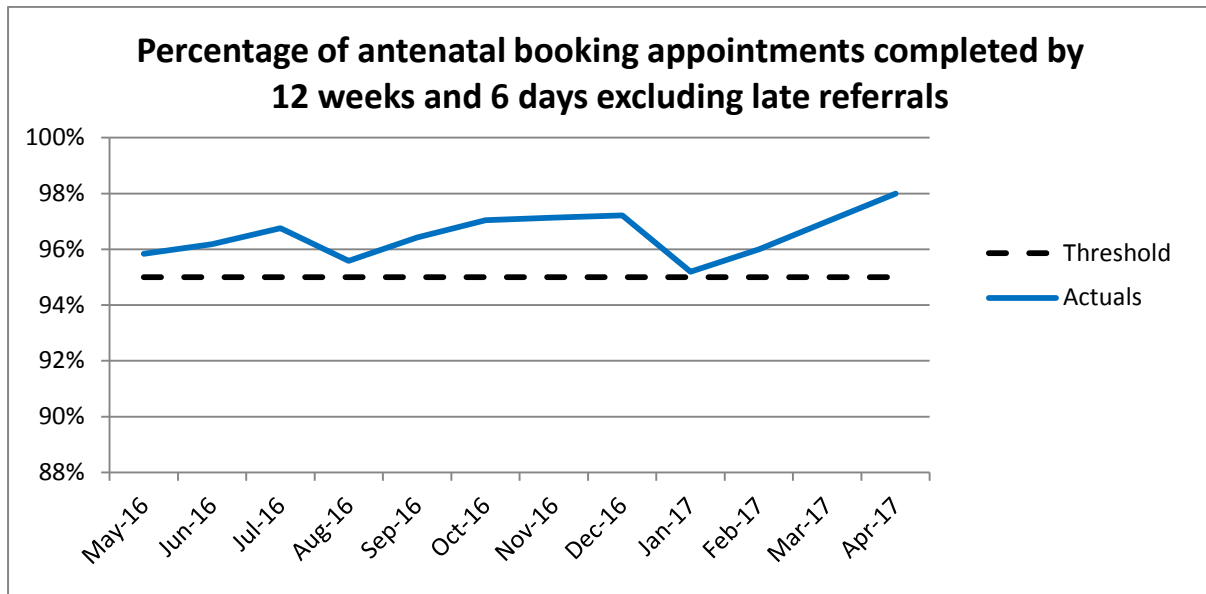
Figure 38 – Percentage of antenatal booking appointments completed by 12 weeks and 6 days excluding late referrals for the period May 2016 – April 2017

2.5.10 Responsive: Complaints

The number of complaints in April was lower than expected, which may be due to the two Bank Holidays however our analysis of three years' worth of complaints data is showing a downward trend. In April 2017 all complaints received were acknowledged within 3 days and 100 per cent of complaints were responded to within the time agreed with the complainant. The average time to respond was 22 days.
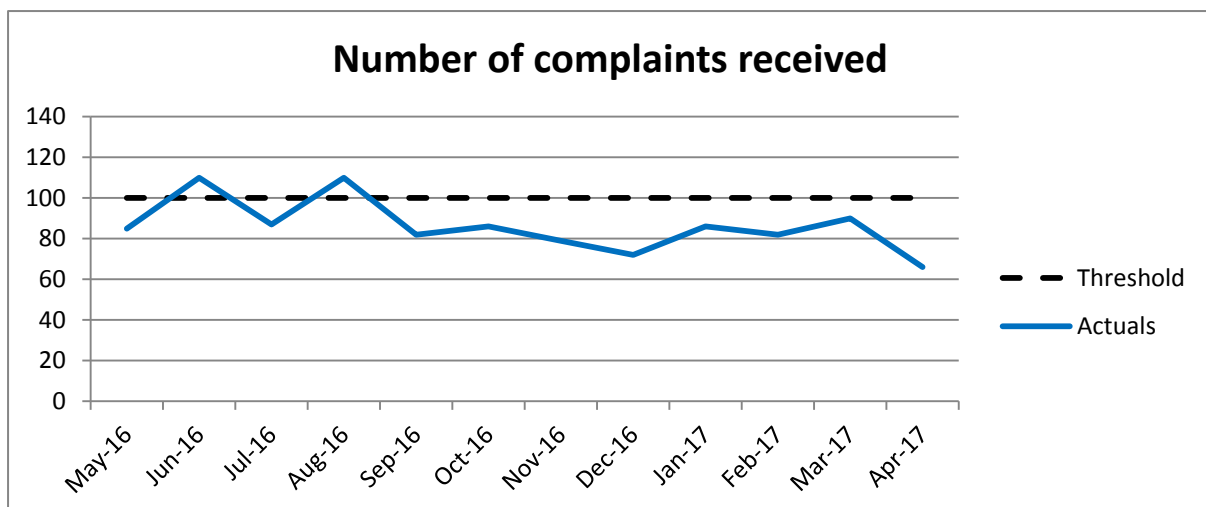
Figure 39 – Number of complaints received for the period May 2016 – April 2017
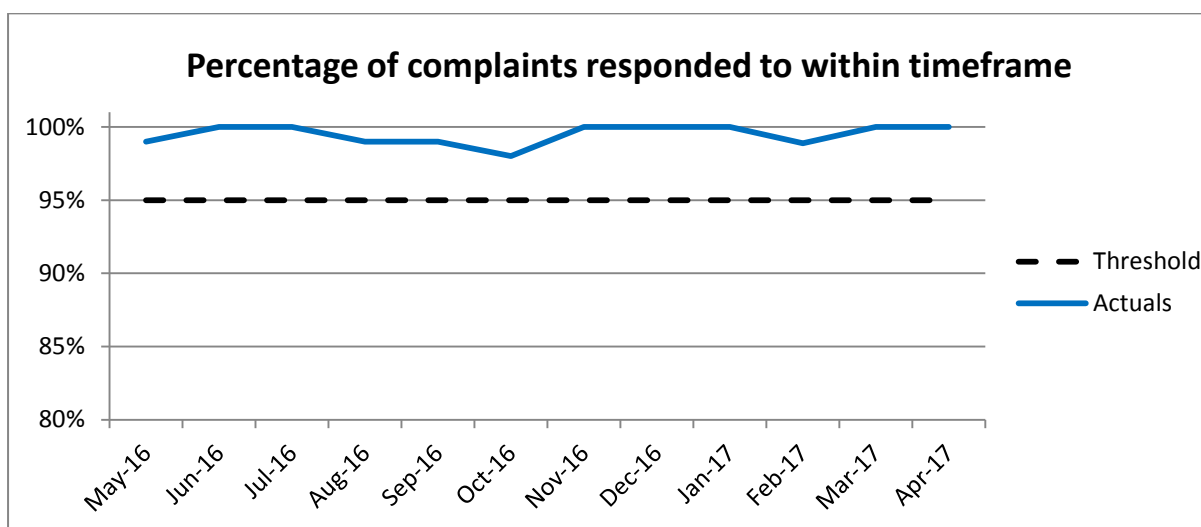
Figure 40 – Response times to complaints for the period May 2016 – April 2017

3. Finance

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

Appendix 1   Safe staffing levels below target by ward (additional detail)

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

- 11 South (Neurosurgery) had a day fill rate of 83.36 per cent for care staff. This equated to 10 shifts for enhanced care of two patients that were covered by the ward with support from the ward manager. The overall day fill rate was 91.14 per cent.

- Charing Cross AAU had a day fill rate of 75.05 per cent for registered nurse staff. There were no gaps as bed occupancy was not at capacity of 13 beds, the unit flexed between 9 to 11 beds over the month. The overall day fill rate was 79.70 per cent. There was a night fill rate of 59.65 per cent for care staff. There were no gaps as bed occupancy was not a capacity of 13 beds, the unit flexed between 9 to 11 beds over the month. The overall night fill rate was 81.60 per cent.

- DAAU AMU had a day fill rate of 79.98 per cent for care staff. This equated to 8 shifts for enhanced care of patients. These shifts were covered by flexible use of care staff across the first floor, with support from the ward manager. The overall day fill rate was over 88.34 per cent.

- DAAU Joseph Toynbee had a day fill rate of 82.92 per cent for care staff. This equated to 14 shifts for enhanced care of patients. These shifts were covered by flexible use of care staff across the first floor, with support from the ward manager. The overall day fill rate was over 91.59 per cent.

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - public	24 May 2017

Finance Report for 2016/17 and Business Planning update for 2017/18
Executive summary:
This paper presents the financial position for 2016/17 including the in month and year to date position.

Overall, the Trust met the financial plan in 2016/17, before STF funding. The Trust expects to receive £25.5m STF funding, £1.4m higher than plan. Therefore after STF the Trust had a £15.3m deficit, £1.4m favourable to the control total.

The paper provides an update on the 2017/18 business plan. The Trust has set a deficit budget of £41m for 2017/18. This is £23m short of the control total set by NHS Improvement and additional work is being undertaken to bridge the gap. |
| **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
Paul Doyle, Deputy CFO
Michelle Openibo, Associate Director: Business Partnering	Richard Alexander, CFO	18 May2017

FINANCE REPORT – 12 MONTHS ENDED 31st MARCH 2017

1. Introduction

This report provides a brief summary of the Trust's financial results for the 12 months ended 31st March 2017.   The financial position of the Trust is in draft until the accounts have been approved by the auditors.   The paper also outlines the business planning process for 2017/18

2. 2016/17 Financial Performance

2.1 2016/17 Key External Financial Metrics

- The Trust performed slightly better than the control total accepted in September. The Trust had a £0.2m favourable variance to the agreed deficit plan of (£41.0)m before Sustainability and Transformation Funding (STF). The Trust has been allocated £25.5m of STF funding (including £1.4m of bonus and incentive funding for exceeding the target). Therefore the Trust ended the year with a deficit of £15.3m, £1.5m favourable to the control total.

- The Trust achieved the Capital Resource Limit (CRL) for the year, the net Trust funded capital plan was £39.1m with Trust outturn spend of £39.1m. The Trust achieved the capital absorption rate of 3.5%

- The Trust achieved its External financing limit (EFL) for the year, this metric relates to the cash flow of the Trust and the Trust is allowed to be under but not overspent against it. The EFL was £18.7m and the Trust was £18.6m a permitted variance of £40k.

- As part of the single oversight framework the Trust has a score for Finance and use of resources based on 5 key metrics. The score for each metric range from 1 (best) to 4 (worst). There are two metrics on which the Trust scores a 4, I&E margin and liquidity and for this reason the Trust cannot score higher than 3. Before this override the average of the 5 metrics is a rating of 2.4.

2.2 Financial Performance

	In Month			16/17 Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	94.73	105.82	11.09	1,033.73	1,065.45	31.72
Pay	(50.13)	(51.23)	(1.10)	(599.56)	(597.21)	2.35
Non Pay	(37.83)	(48.81)	(10.98)	(423.25)	(459.43)	(36.17)
Reserves	3.55	3.55	(0.00)	(3.13)	(3.13)	(0.00)
EBITDA	10.32	9.34	(0.98)	7.79	5.69	(2.10)
Financing Costs	(4.10)	17.41	21.51	(37.89)	(18.93)	18.96
SURPLUS / (DEFICIT) including donated asset treatment	6.22	26.75	20.53	(30.10)	(13.24)	16.86
Donated Asset treatment	(0.13)	(0.45)	(0.32)	(10.86)	(6.87)	3.99
Impairment of Assets	-	(20.67)	(20.67)	-	(20.67)	(20.67)
SURPLUS / (DEFICIT)	6.09	5.63	(0.46)	(40.96)	(40.78)	0.18
STF Income	2.01	3.61	1.60	24.10	25.45	1.35
SURPLUS / (DEFICIT) after STF income	8.09	9.24	1.14	(16.86)	(15.33)	1.53

Income is ahead of plan, of which £18.7m is due to activity based commissioning income and £6.3m relates to above plan use of pass through drugs and devices. Pay spend was under plan at the start of the year but was £1.1m overspent in month 12 partially due to overspends in Surgery, Cancer and Cardiovascular to deliver the increase in income. Pay costs have increased throughout the financial year as activity growth schemes were started; there has also been an increase in costs as NWL Pathology staff have transferred into the Trust which is offset by increased income. Non pay costs are adverse to plan of which £6.3m relates to pass through drugs and devices which is offset by income. £10.2m of the non pay variance is due to unallocated CIPs, budgeted in non-pay, which have mainly been delivered through income growth. There was also £4.8m of non pay budget reduction where costs were removed on the assumption that commissioner-led QIPP programmes would reduce activity and income, however these programmes have only partially delivered activity reduction and this means that services have not been able to remove costs.

In 2016/17 there was £24.1m of Core STF income available to the Trust allocated based on operational and financial performance. The Trust will receive 100% of the core STF. As the Trust has overachieved against the control total we will receive matched incentive funding of £0.2m. In additional bonus STF is available for Trusts that meet the control total and £1.1m has been allocated to Imperial. Overall £25.5m of STF has been awarded for 2016/17.

2.3 NHS Activity and Income

The summary table shows the position by division.

Divisions	Year To Date Activity			16/17 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
Division of Medicine and Integrated care	762,828	796,413	33,585	239.39	244.77	5.38
Division of Surgery, Cancer and Cardiovascular	588,178	587,359	(818)	273.25	281.26	8.01
Division of Women, Children and Clinical Support	309,625	315,675	6,049	132.73	135.11	2.38
Central Income	-	-	-	131.14	140.13	8.99
Pathology	2,066,820	2,127,513	60,694	12.71	12.89	0.18
Clinical Commissioning Income	3,727,451	3,826,961	99,510	789.22	814.16	24.95

NHS Clinical Income had high over performance in year. There has been a substantial increase in A&E attendances, which are 11% above plan, which has led to an increase in emergency inpatients. As well as the increase in general emergency work within Medicine and Integrated Care there was also over performance in Stroke and Neurosciences which is £3.5m over plan for the year. In Surgery, Cancer and Cardiovascular key areas of over performance were in areas where additional work needed to be completed to meet demand such as General Surgery and Ophthalmology. Within Women and Children and Clinical Support Division, Children's services has continued to over perform and is £1.9m over plan, and there has also been over performance in Imaging of £1.8m. This is somewhat offset by underperformance in Maternity of £1.4m.

2.4   Private Care Income

Private care income was on plan in month following a number of months of underperformance giving a £3.1m underperformance on private income for the year. There have been delays to income generation schemes and capacity constraints at Hammersmith and Charing Cross Hospitals which have reduced the ability of the private services to reach the 2016/17 plan. The Private Patients Division is working with Clinical Divisions to set a challenging and achievable private care income target for 2017/18.

2.5   Clinical Divisions

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

	In Month			16/17 Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Divisions						
Income	21.87	23.82	1.95	255.95	262.03	6.08
Expenditure	(16.65)	(17.65)	(1.00)	(204.64)	(210.26)	(5.61)
Medicine and Integrated Care	5.22	6.17	0.95	51.30	51.77	0.46
Income	24.30	29.84	5.54	277.42	287.34	9.92
Expenditure	(19.92)	(20.47)	(0.55)	(244.08)	(254.30)	(10.22)
Surgery, Cancer and Cardiovascular	4.38	9.38	4.99	33.33	33.04	(0.30)
Income	12.94	13.66	0.72	148.04	150.24	2.20
Expenditure	(12.02)	(12.25)	(0.22)	(144.31)	(145.42)	(1.12)
Women, Children & Clinical Support	0.92	1.41	0.49	3.73	4.82	1.09
Income	3.11	3.84	0.73	35.99	35.84	(0.15)
Expenditure	(5.28)	(6.52)	(1.25)	(62.51)	(63.69)	(1.18)
Pathology	(2.17)	(2.69)	(0.52)	(26.52)	(27.84)	(1.32)
Imperial Private Healthcare	1.17	1.60	0.43	12.29	12.25	(0.05)
Total Clinical Division	9.52	15.87	6.35	74.14	74.02	(0.12)

Medicine and Integrated Care was £0.1m better than the outturn target agreed as part of the revised control total discussions in September. The Divisions had a large overspend on expenditure and over performance on income, mainly due to non delivery of CIPs that were budgeted as cost savings and delivered through more efficient activity growth. In month Surgery, Cancer and Cardiovascular were favourable to budget by £5.0m, mainly due to a favourable NHS Income position. In March additional work was done to meet referral to treatment times which increased the over performance against plan. The Division was £0.9m better than the outturn target agreed as part of the revised control discussions. Women, Children and Clinical Support finished the year favourable to plan by £1.1m, there was a large underspend on pay costs as posts were unable to be filled. Pathology is adverse to plan at year end by £1.3m mainly due to under achievement on income contracts with other providers. Private Health were almost on plan for the year, in year costs were controlled to offset income underperformance.

3. Efficiency programme

£53.8m of CIP efficiencies have been delivered for the year, adverse to plan by £3.9m. The largest areas of underperformance are Pathology – due to unavoidable delays in executing a new managed equipment service, as well as the clinical Divisions of Women, Children's, and Clinical Support and Surgery, Cancer & Cardiovascular, which were predominantly due to unidentified CIPs and delays to income generation schemes. The Trust has continued to build on the successes in 2016/17 and has made good progress in identifying schemes toward meeting its 2017/18 target of £54.4m.

4. Cash

The cash balance at the end of the year was £21m. The Trust has avoided additional draw down on the working capital facility through close management of debtors and creditors. The Trust met its target EFL of £18.7m.

5. Capital

Capital expenditure excluding donations was on plan. The gross year-to-date capital expenditure position, including donated assets was £47.6 at year end. This represents slippage of £3.7m from the planned expenditure of £51.3m, relating to donations for charity funded projects. Excluding donations, net capital expenditure is £39.1m which is on target for the financial year, and meets the CRL

6. 17/18 Business Planning

On 30 March the Trust submitted a business plan to NHS Improvement for 2017/18 with a forecast deficit of £41m and a CIP target of £54.4m. The Trust also asked for additional capital funding to help address the implications of its chronic backlog maintenance liability.

This plan was £23.4m short of the control total set by NHS Improvement, so at this stage the Trust will not be eligible for sustainability and transformation funding of £24.3m.

Given the Trust, and North West London (NWL) as a whole, are not hitting their control totals we need to participate in the 'capped expenditure process'. The first stage of this is to ensure that we, and NWL as a whole, are doing everything to meet the national efficiency initiatives such as Carter, Rightcare and Getting it Right First Time, to close the gap to the Trust and system control total.

Beyond that we have been asked for other options, including non-recurrent savings, to close the gap to our control total. The process is on-going.

7. Conclusion

The Trust is favourable to plan for the year by £1.5m; not including STF funding the trust was favourable to plan by £0.2m.

The majority of clinical and corporate areas achieved or had only small adverse variances to plan, a significant achievement given the size of the efficiency challenge in the year. Within the year there has been a large increase in NHS clinical income and Divisions have managed this additional demand with efficient use of resources enabling them to remain within their financial plans.

The size of NHS income over performance remains a risk to the Trust's financial position as it may cause an affordability issue for commissioners. The year-end over performance is in line with North West London Clinical Commissioning Group (NWL CCG) forecast and the joint work that has been undertaken between the Trust and NWL CCG continues to mitigate risks for both organisations.

The 2017/18 budget has been set to meet a £41m deficit plan, this does not meet the control total set by NHS Improvement and additional work is being undertaken to bridge the gap.

The Trust Board is asked to note the report.

Appendix

Statement of Comprehensive Income – 12 months to 31st March 2017

	In Month			16/17 Outturn		
	Plan **£000s**	**Actual** **£000s**	**Variance** **£000s**	**Plan** **£000s**	**Actual** **£000s**	**Variance** **£000s**
Income						
Clinical (excl Private Patients)	76.4	80.5	4.1	813.6	843.6	30.0
Private Patients	4.4	4.4	0.0	49.1	46.0	(3.1)
Research & Development & Education	9.1	10.4	1.3	108.6	110.4	1.8
Other	4.9	10.6	5.6	62.5	65.4	3.0
TOTAL INCOME	**94.7**	**105.8**	**11.1**	**1,033.7**	**1,065.5**	**31.7**
Expenditure						
Pay - In post	(48.9)	(44.9)	4.0	(584.6)	(525.9)	58.7
Pay - Bank	(0.7)	(3.3)	(2.6)	(7.8)	(37.9)	(30.0)
Pay - Agency	(0.5)	(3.0)	(2.5)	(7.1)	(33.4)	(26.3)
Drugs & Clinical Supplies	(23.2)	(27.4)	(4.3)	(281.5)	(291.4)	(9.9)
General Supplies	(2.8)	(3.0)	(0.1)	(34.0)	(36.2)	(2.2)
Other	(11.8)	(18.4)	(6.6)	(107.7)	(131.8)	(24.1)
TOTAL EXPENDITURE	**(88.0)**	**(100.0)**	**(12.1)**	**(1,022.8)**	**(1,056.6)**	**(33.8)**
Reserves	3.6	3.5	(0.0)	(3.1)	(3.1)	(0.0)
Earnings Before Interest, Tax, Depreciation & Amortisation	**10.3**	**9.3**	**(1.0)**	**7.8**	**5.7**	**(2.1)**
Financing Costs	(4.1)	17.4	21.5	(37.9)	(18.9)	19.0
SURPLUS / (DEFICIT) including financing costs	**6.2**	**26.7**	**20.5**	**(30.1)**	**(13.2)**	**16.9**
Donated Asset treatment	(0.1)	(0.5)	(0.3)	(10.9)	(6.9)	4.0
SURPLUS / (DEFICIT) including donated asset treatment	**6.1**	**26.3**	**20.2**	**(41.0)**	**(20.1)**	**20.9**
Impairment of Assets	0.0	(20.7)	(20.7)	0.0	(20.7)	(20.7)
SURPLUS / (DEFICIT)	**6.1**	**5.6**	**(0.5)**	**(41.0)**	**(40.8)**	**0.2**
STF	2.0	3.6	1.6	24.1	25.5	1.4
SURPLUS / (DEFICIT)	**8.1**	**9.2**	**1.1**	**(16.9)**	**(15.3)**	**1.5**

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - public	24 May 2017

NHS Improvement self-certification statements

Executive summary:

As from April 2017, NHS Improvement require that NHS Trusts, as Foundation Trusts (FT) have always been required to do, self-certify compliance against a number of specific statements. Board members may remember that the Trust had previously submitted Monitor style self-certification statements until the end of 2015, when the requirement was removed.

The self-certification statements in this paper are, in essence, FT Licence requirements. However, the introduction of NHS Improvement's (NHSI) Single Oversight Framework (briefing provided to the Trust board in September and November 2016) bases its oversight along similar lines.

The Trust company secretary would contend that sufficient assurance has been provided to the Trust board during 2016/17 (and continues to be provided) to enable the Trust board to confirm that the statements made in Appendix Two (for G6 and FT4) are considered to be an accurate reflection of the Trust's position.

Following review and discussion, the Trust board is asked to support the proposed declaration as follows:

- Condition G6
  Not later than two months from the end of the Financial Year (by 31 May 2017), the Trust board ('the Licensee') is required to self-certificate to the effect that it "Confirms" or "Does not confirm" that it had well established and effective processes and systems to identify risks and guard against their occurrence in 2016/17, and, that these are still in place and their implementation and effectiveness is regularly reviewed going forward.
  It is recommended that the Trust board formally sign-off the Self-Certification for Condition G6 as "Confirmed".

- Condition FT4
  The Trust board is required to self-certificate "Confirmed" or "Not confirmed" (by 30 June 2017) to a number of governance-related statements and set out any risks and mitigating actions planned for each one within the NHSI self-declaration template.
  It is recommended that the Trust board formally sign-off the Self-certification for Condition FT4 as "Not confirmed for (a) and confirmed for (b-h)".

All Self-Certifications will be made public on the Trust's website within one month of the highlighted self-certification deadlines.

Quality impact:

The self-assessment statements and the board assurance framework that enables these to be confirmed, are a key element of the Trust corporate governance arrangements, and link clearly with the developing NHSI/CQC Well-led assessments.

Financial impact:
The paper as outlined has no direct financial impact.

Risk impact:
The introduction of these Board self-assessment statements forms part of NHSI's assurance and oversight mechanism, strengthening the Single Oversight Framework, and preparing for the introduction of the revised NHSI/CQC Well-led assessments.
The Trust has clear risk management arrangements and a comprehensive board assurance framework that enables potential risks within these areas of activity to be identified, managed and mitigated.

Recommendations to the Trust board:
The Trust board is asked to:
• review the board self-assurance statements and definitions of the requirements of those statements;
• consider whether the evidence outlined constitutes sufficient assurance for the Trust board to be in a position to complete the self-assessment statements;
• confirm that the statements made in Appendix Two (for G6 and FT4) are considered to be an accurate reflection of the Trust's position (recognising that the annual governance will have been submitted by the end of May 2017)
• approve statements FT4 and G6 (in Appendix Two) being published on the Trust's publication scheme on the website
• note that NHSI may audit that self-certification has been completed
• note the fuller review of the Provider Licence provided in Appendix Three.

Trust strategic objectives supported by this paper:
To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance.

Author	Responsible executive director	Date submitted
Jan Aps, Trust company secretary	Dr Tracey Batten, Chief executive	18 May 2017

Imperial College Healthcare **NHS**
NHS Trust

NHS Improvement self-certification statements

Introduction

The Provider Licence is part of the legislative framework of foundation trusts, rather than NHS trusts. However, directions from the Secretary of State require the Trust Development Agency (now operating as NHS Improvement) to ensure that NHS trust comply with conditions equivalent to the licence as it deems appropriate, including giving directions to an NHS trust where necessary to ensure compliance. NHS Improvement, in the way it is now requiring NHS trusts to report against licence conditions, is making it clear that it intends to use the requirements of the Licence directly (rather than create an aligned framework) as part of its oversight arrangements.

As from April 2017, NHS Improvement require that NHS Trusts, as Foundation Trusts (FT) have always been required to do, self-certify compliance against a number of specific statements. Board members may remember that the Trust had previously submitted Monitor style self-certification statements until the end of 2015, when the requirement was removed. These are, in essence FT Licence requirements. However, the introduction of NHS Improvement's (NHSI) Single Oversight Framework (briefing provided to the Trust board in September and November 2016) bases its oversight along similar lines.

During development of the new board assurance framework in 2016/17, it was agreed to introduce similar statements from the executive team to the Trust board to provide a further layer of assurance. Executive directors were asked to confirm the status against these statements in January 2017, April 2017 and again in preparation for the board approving the NHSI self-certification statements outlined in the paper – these are attached as Appendix One.

The specific requirements of the two conditions, FT4 and G6 are detailed below, with simulated template submission forms attached as Appendix Two. The Trust is not, as yet, required to submit the forms enclosed, merely to assure itself as to the Trust's position against the conditions within the statements. However, it is possible that some form of self-assessment submission will be introduced following the implementation of the NHSI / CQC use of resources and revised well-led assessments.

A list of the evidence of assurance that has been provided to the Trust board and its committees in the last year is provided below.

Requirements of the specified conditions

Condition FT4 requires that:
- the [Licencee] Trust shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS (such systems and processes are detailed on the self-certification form)
- the [Licencee] Trust shall submit to [Monitor] NHS Improvement within three months of the end of each financial year:
  - a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial and any actions it proposed to take to manage such risks.
- Prospective, considering risks to compliance in the next financial year.

Condition G6 requires NHS trusts to:
- have processes and systems that identify risks to compliance

- take reasonable mitigating actions to prevent those risks and a failure to comply from occurring Providers must annually review whether these processes and systems are effective.
- Retrospective, for the financial year most recently ended.

Evidence of assurance in relation to the NHS Improvement self-certification statements:

The Trust board and its committees receive assurance in relation to the requirements of the specified conditions in a number of ways through the year. The following are the key ways in which assurance is provided:
- Executive self-assessment statements (Appendix One)
- Board assurance statement (reviewed and approved by the Trust board in March 2017)
- Annual governance statement (draft reviewed by Audit, risk & governance committee (ARG) in April 2017, final to be approved for submission by ARG and Trust board – private, 31 May 2017)
- Quality report (draft reviewed by ARG in April 2017, final to be approved for submission by ARG and Trust board – private, 31 May 2017)
- Corporate risk register (provided to ARG on a quarterly basis, and the Trust board on a six-monthly basis), and comprehensive risk registers in place below this
- Annual internal audit review of the risk management arrangements (provided to ARG – *reasonable assurance* rating received)
- Chief executive's report to Trust board (provided to the Trust bi-monthly)
- Board committee reports (provided to Trust board – public, following each committee)
- Board committee minutes (provided to Trust board – private, once confirmed as accurate; audit minutes provided to Trust board – public)
- CQC report to Trust board – public, bi-monthly
- Board seminar presentations from divisions and areas of interest (eg education; research; integrated care), bi-monthly.

Audit of self-certification

From July, NHS Improvement will contact a select number of NHS trusts and foundation trusts to ask for evidence that they have self-certified. This can either be through providing the templates if they have used them, or by providing relevant Trust board minutes and papers recording sign-off.

Provider Licence conditions

Appendix Three outlines each of the conditions and the definitions of the Provider Licence, and also describes the Trust's position in relation to each of them.

Appendix One

Executive governance statements for Trust board – May 2017

SAFE	Executive lead
Q1. *The Trust board can be satisfied that, to the best of the Executive's knowledge, the Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.* *(This takes account of NHSI's oversight model, CQC information and its own data on serious incidence and patterns of complaints)* **Director response:** Yes **Explanation, where response is No:**	Dr Julian Redhead, Medical director Prof Tim Orchard, Dr Katie Urch, Prof TG Teoh Divisional directors
Q2. *The Trust board can be satisfied that plans in place are sufficient to ensure on-going compliance with the Care Quality Commission's registration requirements.* **Director response:** Yes **Explanation, where response is No:**	Janice Sigsworth, Director of nursing Prof Tim Orchard, Dr Katie Urch, Prof TG Teoh Divisional directors
Q3. *The Trust board can be satisfied that processes and procedures are in place to ensure all clinical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.* **Director response:** Yes **Explanation, where response is No:**	Dr Julian Redhead, Medical director Prof Janice Sigsworth, Director of nursing
EFFECTIVE	**Executive lead**
Q4. *The trust board can be satisfied that appropriate clinical audit arrangements are in place to ensure effective care and treatment is received in line with legislation, standards, evidence based guidance and service change.* **Director response:** Yes **Explanation, where response is No:**	Dr Julian Redhead, Medical director
CARING	**Executive lead**
Q5. *The trust board can be satisfied that the trust takes appropriate measures to engage patient and public involvement in the development of services and in shaping patient care.* **Director response:** Yes **Explanation, where response is No:**	Michelle Dixon, Director of Communications
Q6. *The trust board can be satisfied that patients are treated with kindness, dignity, respect and compassion.* **Director response:** Yes **Explanation, where response is No:**	Prof Janice Sigsworth, Director of nursing
RESPONSIVE	**Executive lead**
Q7. *The Trust board can be satisfied that plans in place are sufficient to ensure on-going compliance with all existing operational targets and a commitment to comply with all known targets going forward.* **ICHT Response:** No **Explanation, where the response is No:** Emergency department: The Trust is currently not achieving the national standard to see, treat and discharge 95 per cent of patients that present to an urgent or emergency care setting within four hours. The key drivers of this underperformance are rising demand, particularly from ambulance arrivals, high levels of inpatient bed occupancy and underperformance of the outsourced urgent care centre on the St Mary's site. In response to these pressures we have developed an on-going programme of developments to improve the whole urgent and emergency care pathway. The priority of this plan is to reduce waits, improve flow and capacity and manage additional demand. The plan is supported by a trajectory for improvement, agreed with our commissioners and approved by NHSI, that will bring performance to 95 per cent by the end of March 2018. Progress with delivering the action plan and monitoring performance against the improvement trajectory is undertaken through the four hour performance working group. This meeting is chaired by the divisional director for medicine and integrated care and reported to the executive committee. Referral to treatment: The Trust brought in external expertise to support it in addressing a number of underlying issues identified in waiting list management early in 2016; the data validation team had picked up inconsistencies in how waiting list processes were being managed, there were some continuing data quality issues highlighted on risk registers, and not enough outpatient and elective treatment were being planned to	Prof Tim Orchard, Dr Katie Urch, Prof TG Teoh Divisional directors

ensure there was capacity to meet demand. With the support of local commissioners, the Trust invited a national team to review our information systems and processes, data validation and rules application in relation to the 18 weeks referral to treatment standard. In response to the report, the Trust established a waiting list improvement programme to develop and implement an action plan to:

- support the office of the medical director in embedding processes to assure patient safety
- put in place and maintain best practice waiting list management processes
- complete work to ensure a fully comprehensive and accurate understanding of all of our waiting lists
- improve our systems and processes to ensure good data quality at point of entry
- achieve the national waiting list standard sustainably.

The programme is driven by a dedicated waiting list improvement team supported by an external waiting list expert and incorporates a number of work streams: establishing comprehensive and accurate data quality; focus on treating patients waiting over 52 weeks; improving responsiveness, including through increased capacity both within the Trust and with the support of independent sector providers; improving waiting list management processes and data quality practice; and governance and monitoring.

Progress with delivering the action plan and monitoring performance against the improvement trajectory is undertaken through the Waiting list improvement steering group, (to become the Planned Care Performance Group) chaired by the Divisional Director for surgery, cancer and cardiovascular in collaboration with NHSE / NHSI/ CCG, and reported to the executive committee.

A revised trajectory has been agreed with the Trust's commissioners and approved by NHS Improvement which sees the Trust achieving the RTT target by March 2018.

Cancer: The Trust has consistently met four of the eight cancer targets, but performance against the two week GP referral to first outpatient for both 'all urgent referrals' and 'breast symptoms' has been less consistent. Improved clinic planning is expected to improve this position.   The Trust continues to address the late referrals of patients on shared pathways from other NW London sites, recently exacerbated by internal pathway delays, which makes achieving the 62 day urgent GP referral to treatment target a particular challenge. The Trust is continuing to work with linked hospitals and CCGs to improve shared patient pathways to recover performance. The very low numbers of patients on the 62 day urgent GP referral to treatment from screening means that a single patient delay can adversely impact achievement of this target; it is rare that any breaches of the screening standard is Trust attributable.

WELL-LED:	
Q8. *The Trust board can be satisfied that plans in place are sufficient to ensure on-going compliance with all existing financial targets and a commitment to comply with all known targets going forward.* **ICHT Response:** No **Explanation, where the response is No:** At the beginning of the year the Trust set a deficit budget of £52 million for the year including a challenging saving target, a cost improvement plan (CIP) of £53.8 million. The Trust's underlying deficit position, which had emerged during 2015/16 was estimated to be £53.6 million. In April, the Trust began the implementation of a significant simplification of the Trust's organisational structure which was completed in September. The Trust was also successful in its application to be part of the NHS Improvement financial improvement programme (FIP) and Pricewaterhouse Coopers (PwC) were engaged at the end of April to support the Trust in delivering its challenging CIP programme. PwC worked both centrally setting up a project support office and in the re-organised divisions helping to embed improvements in financial information and financial discipline. Halfway through the year, confidence in the delivery of the CIP programme, the identifications of some non-recurrent gains and an on-plan performance enabled the Trust board to submit a revised financial plan, stretching by £11 million, to reduce the deficit to £41 million for 2016/17. This was accepted as the Trust's control total which gave the Trust access to a further £24 million of non-recurrent sustainability and transformation funding (STF), subject to delivering the financial targets and operational trajectories for A&E and waiting times. The Trust remained on its stretched plan throughout the second half of the year and delivered a pre-STF deficit £0.3 million better than plan, receiving STF in full plus a £1.4 million bonus payment recognising that achievement and resulting in a deficit after STF of £15.3m. CIP savings of £53 million were delivered, meeting the original plan target of £53.8 million but short of the stretch target of £57.8m. This was offset by greater than expected non-recurrent benefits and significantly higher than planned levels of activity as the hoped for demand reductions were only partially successful. The Trust's control over its cash position and capital programme were very significantly strengthened during the year resulting in the delivery of both our cash and capital targets. The improved cash control and the receipt of the STF meant that far less of the approved working capital facility was required. The 2017/18 plan has been submitted with a deficit of £41 million representing an improvement in the underlying deficit of about £10 million but requiring another challenging CIP of £54.4 million. The focus on the FIP in 2016/17, with its intensive focus on in-year payback meant that the planned specialty level service reviews had to be postponed and have now started in April 2017. The Trust has also been successful in its application to be part of FIP2 but the support is likely to take a different format reflecting the progress that the Trust has made. We have asked for support in three areas: firstly, an independent verification of the year-on-year external cost pressures impacting the Trust which requires in excess of £40m or 4 per cent	Richard Alexander, Chief financial officer Prof Tim Orchard, Dr Katie Urch & Prof TG Teoh Divisional directors

savings just to avoid the underlying deficit worsening; secondly, support for our speciality review programme; and thirdly, the potential for support if work currently underway fails to bridge a gap of £10 million in our CIP programme. Currently the planned deficit of £41 million has not been accepted as our control total and therefore in 2016/17 the Trust is not eligible for STF and may be liable to highly punitive performance fines against national targets. This will also result in the Trust moving into a cumulative financial deficit position during the year. The issue of going concern has been discussed at audit, risk and governance committee with the active engagement of external audit. The Trust is dependent upon the working capital facility provided by the Department of Health to remain financially viable or a cash perspective. If appropriate repayment conditions can be agreed then this short term facility will be converted into a more appropriate funding model during 2017/18. The Trust board exercises much of its financial governance via the finance and investment committee and the audit, risk and governance committee; both of these committees are engaged in the oversight of the issues and actions outlined above.	
Q9. *The Board can be satisfied that they will be proactively, reliably & independently advised as to the going concern status of the Trust and the issues impacting that status, as defined by the most up to date accounting standards in force from time to time and financial best practice.* **ICHT Response:** Yes **Explanation, where response is No:**	Richard Alexander, Chief financial officer
Q10. *An Annual Governance Statement is in place, and the Trust board can be satisfied that the Trust is compliant with the risk management and assurance framework requirements that support the Statement and that significant issues are included within the Board Assurance Framework.* **ICHT Response:** Yes **Explanation, where the response is No:**	Jan Aps Trust company secretary Prof Janice Sigsworth, Director of nursing
Q11. *The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.* **ICHT Response:** Yes **Explanation, where the response is No:**	Kevin Jarrold Chief information officer
Q12. *The Trust board will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; that all board positions are filled appropriately, and that plans exist to fill any vacancies as required.* **ICHT Response:** Yes **Explanation, where response is No:**	Jan Aps Trust company secretary
Q13. *Fit and proper persons: The Board can be satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.* **ICHT Response:** Yes **Explanation, where the response is No:**	David Wells Director of people and organisational development
Q14. *The Board can be satisfied that: the management team has the capacity, capability and experience necessary to deliver the Trust objectives; and the management structure in place is adequate to deliver the annual operating plan.* **ICHT Response:** Yes **Explanation, where the response is no:**	David Wells Director of people and organisational development
Q15. *The Trust board can be satisfied that the Trust seeks to remain at all times compliant with the NHSI Single Oversight Framework and shows regard to the NHS Constitution at all times. All current key risks to compliance have been identified and addressed – or there are appropriate action plans.* **ICHT Response:** Yes **Explanation, where the response is No:**	Dr Tracey Batten, Chief executive

Appendix 2

FT4 declaration for Imperial College Healthcare NHS Trust

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one where it is "not confirmed"

1	Corporate Governance Statement	Response	Risks and Mitigating actions
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Not confirmed	Not confirmed for (a) : The Trust recognises that, whilst it achieved, and slightly exceeded, its control total for 2016/17, its underlying deficit position is not one which can be considered to be 'compliant with the requirement to operate efficiently, economically and effectively'. However, in engaging with the Financial Improvement Programme (FIP) 1, the Trust achieved the targets set, delivering one of the highest levels of improvement of those trusts engaged in the Programme. By engaging in FIP 2, the Trust seeks to again demonstrate its commitment to improving its efficiency, economy and effectiveness. Confirmed for (b) to (h).
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;	Confirmed	
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	

Signed on behalf of the Board of directors

Signature_____   Signature_____

Name[_____]   Name[_____]

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A[_____]

G6 declaration for Imperial College Healthcare NHS Trust

Declarations required by General condition 6 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2   General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

1   Following a review, for the purpose of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

Signed on behalf of the board of directors,

Signature   **Signature**

Name [   ]   **Name** [   ]

Capacity [job title here]   **Capacity** [job title here]

Date [   ]   **Date** [   ]

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

A [   ]

PROVIDER LICENCE CONDITIONS AND COMPLIANCE				
Licence Condition and description	**Level of Compliance**	**Evidence/Board Assurance**	**Comment where non-compliant or at risk of non-compliance and required action**	**Completion Date**
SECTION 1: GENERAL				
G1 This condition requires 'licensees' to provide NHSI with any information they may require for licencing functions.	**Compliant**	The Trust has robust data collection and validation processes and has a good track record of producing and submitting large amounts of accurate, complete and timely information to regulators and other third parties to meet specific requirements. Weaknesses identified in the RTT arrangements have been comprehensively addressed in 2016/17, and Data Quality Steering Group introduced to oversee continued improvement and monitoring.	N/A	
G2 This condition contains an obligation for all 'licensees' to publish such information as NHSI may require, in a manner that is made accessible to the public.	**Compliant**	The Trust is committed to operating in an open and transparent manner and has robust governance arrangements to ensure that required information is made accessible to the public. The Trust board meets in public and will continue to undertake the majority of Trust business in public meetings; agendas, minutes and associated papers are published on our website, and include a summary of business conducted in private. Our website contains a variety of information and referral point details providing advice to the public and referrers who may require further information about services. Copies of the Trust's Annual Report and Accounts and Quality Account are published on the website and the Trust operates a publication scheme for Freedom of Information requests.	N/A	

PROVIDER LICENCE CONDITIONS AND COMPLIANCE					
Licence Condition and description		**Level of Compliance**	**Evidence/Board Assurance**	**Comment where non-compliant or at risk of non-compliance and required action**	**Completion Date**
G3	Payment of fees to NHSI The Health & Social Care Act 2012 ("The Act") gives NHSI the ability to charge fees and this condition obliges licence holders to pay fees to NHSI if requested.	**N/A**	No decision has yet been made by NHSI to charge fees. The Trust pays fees to other parties such as the Care Quality Commission and NHS Resolution (was NHSLA).	N/A	
G4	Fit and proper persons as Directors (also applicable to those performing equivalent or similar functions)	**Compliant**	All employment contracts contain a clause concerning possible termination in the event of gross misconduct. The Trust disciplinary policy defines misconduct. The Trust operates a rolling programme of Disclosure & Barring Service (DBS) checks for front line staff and for staff with access to sensitive information. The Trust board are subject to DBS checks on appointment. The Standing Orders contains relevant clauses for directors about eligibility, disqualification and removal.	N/A	
G5	Having regard to Monitor/NHSI Guidance. This condition requires licensees to have regard to any guidance that NHSI issues.	**Compliant**	The Trust has had regard to NHSI guidance through submission of required annual and quarterly declarations, self-certifications and exception reporting as set out in the Single Oversight Framework and previous Compliance Frameworks.	N/A	
G6	Systems for compliance with licence conditions and related obligations. This requires providers to take all reasonable precautions against the risk of failure to comply with the licence and other important requirements.	**Compliant**	The Trust has an approved risk management policy and a clear approach to identifying, managing, escalating and mitigating risk. The executive committee monitors risks across the organisation, and assurance provided to, and oversight given by, relevant board committees. The Trust has a robust board assurance framework	N/A	

PROVIDER LICENCE CONDITIONS AND COMPLIANCE					
Licence Condition and description		**Level of Compliance**	**Evidence/Board Assurance**	**Comment where non-compliant or at risk of non-compliance and required action**	**Completion Date**
			which is reviewed on a six-monthly basis by the audit, risk and governance committee and Trust board. Internal and external audit reports on regulatory compliance are reviewed at the executive and audit, risk and governance committees.		
G7	Registration with the Care Quality Commission. This licence condition requires providers to be registered with the Care Quality Commission and to notify NHSI if registration is cancelled.	**Compliant**	The Trust has full registration of all services with the CQC.	N/A	
G8	Patient eligibility and selection criteria. This condition requires licence holders to set transparent eligibility and selection criteria for patients and to apply these in a transparent manner.	**Compliant**	The Trust publishes descriptions of the services it provides and who the services are for on the Trust website. Eligibility is defined through commissioners' contracts. Assurance is gained through the assessment stages to ensure that the appropriate services are provided.	N/A	
G9	Application of Section 5 (Continuity of Services). This condition applies to all 'licensees'. 'Licensees' are required to - notify NHSI at least 28 days prior to the expiry of a contractual obligation if no renewal or extension has been agreed. - continue to provide the service on expiry of the contract until NHSI issues a direction to continue service	**Compliant**	The Trust has strong working relationships with its commissioning partners within the local health economy. The Trust board has a director responsible for leading on contract negotiations. The Trust has a strong track record of delivering service transformation, efficiency, productivity and quality improvement to meet the needs of the local population.	N/A	

PROVIDER LICENCE CONDITIONS AND COMPLIANCE

Licence Condition and description	Level of Compliance	Evidence/Board Assurance	Comment where non-compliant or at risk of non-compliance and required action	Completion Date
provision for a specified period or is advised otherwise. Services shall cease to be CRS if: - commissioners agree in writing that there is no longer a service need and the regulator has issued a determination in writing that the service is no longer a CRS; or - the contract to provide a service has expired and the direction notice issued by NHSI specifying a further period of provision has expired. 'Licencees' are required under this Condition, to notify NHSI of any changes in the description and quantity of services which they are under contractual or legal obligation to provide.				
SECTION 2 - PRICING				
P1	Recording of information. Under this condition, NHSI may oblige licensees to record information, particularly information about their costs, in line with guidance to be published by Monitor/NHSI.	**Compliant**	The Trust records all of its information about costs in line with current guidance and will comply fully with any new guidance.	N/A	
P2	Provision of information. Having recorded the information in line with Pricing condition 1 above, licensees	**Compliant**	The Trust will comply fully with any new requirements to submit information to NHSI.	N/A	

PROVIDER LICENCE CONDITIONS AND COMPLIANCE					
	Licence Condition and description	Level of Compliance	Evidence/Board Assurance	Comment where non-compliant or at risk of non-compliance and required action	Completion Date
	can then be required to submit this information to NHSI.				
P3	Assurance report on submissions to NHSI When collecting information for price setting, it will be important that the submitted information is accurate. This condition allows NHSI to oblige licensees to submit an assurance report confirming that the information that they have provided is accurate.	**Compliant**	The audit risk and governance committee receives and monitors all internal audit reports including specific reports on pricing.	N/A	
P4	Compliance with the National Tariff . The Health and Social Care Act 2012 requires commissioners to pay providers a price which complies with, or is determined in accordance with, the National Tariff for NHS health care services. This licence condition imposes a similar obligation on licensees, i.e. the obligation to charge for NHS health care services in line with the National Tariff.	**Compliant**	The Trust will follow national guidance which is consistent with the NHS payment system, with a value based commissioning contract where variable payments are related to outcomes or activities.	N/A	
P5	Constructive engagement concerning local tariff modifications	**Compliant**	The Act allows for local modifications to prices. This licence condition requires licence holders to engage constructively with commissioners, and to try to reach agreement locally, before applying to NHSI for a modification.

The Trust will follow national guidance which is consistent with the NHS payment system, with a value based commissioning contract where variable | N/A | |

PROVIDER LICENCE CONDITIONS AND COMPLIANCE					
Licence Condition and description		Level of Compliance	Evidence/Board Assurance	Comment where non-compliant or at risk of non-compliance and required action	Completion Date
			payments are related to outcomes or activities.		
CHOICE & COMPETITION					
CI	The Right of patients to make choices. This condition protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider. This condition applies wherever patients have a choice under the NHS Constitution, or where a choice has been conferred locally by commissioners.	**Compliant**	The Trust complies fully with all guidance in relation to patient choice.	N/A	
C2	Competition oversight. This condition prevents providers from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users. It also prohibits licensees from engaging in other conduct that has the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	**Compliant**	All licensed provider organisations will be treated as 'undertakings' under the terms of the Competition Act 1998. This means that all licensed providers will be deemed to be organisations engaging in an 'economic activity' for which the provisions of the Competition Act will apply. The Trust will ensure compliance with the Competition Act. The Trust board and executive committee have access to expert advice to ensure compliance with this condition.	N/A	
INTEGRATED CARE					
IC1	Provision of integrated care. The licensee shall not do	**Compliant**	The Trust is an active participant and leader in the local health and social care economy across the	N/A	

PROVIDER LICENCE CONDITIONS AND COMPLIANCE					
Licence Condition and description		Level of Compliance	Evidence/Board Assurance	Comment where non-compliant or at risk of non-compliance and required action	Completion Date
	anything that could reasonably be regarded as detrimental to enabling integrated care		STP and is working in partnership with commissioners to take forward models of integrated care, particularly with Hammersmith and Fulham GP Federation. The Trust has a strong track record of working on integrated care pathways with other health and social care providers.		
CONTINUITY OF SERVICES					
CoS1	Continuing provision of Commissioner Requested Services. This condition prevents licensees from ceasing to provide Commissioner Requested Services, or from changing the way in which they provides Commissioner Requested Services, without the agreement of relevant commissioners.	**Compliant**	The Trust has strong working relationships with its commissioning partners within the local health economy. The Board has a director responsible for leading on contract negotiations. The Trust has a strong track record of delivering service transformation, efficiency, productivity and quality improvement to meet the needs of the local population.	N/A	
CoS2	Restriction on the disposal of assets. This licence condition ensures that licensees keep an up to date register of relevant assets used in the provision of Commissioner Requested Services. It also creates a requirement for licensees to obtain NHSI's consent before disposing of these assets when NHSI is concerned about the ability of the licensee to carry on as a going concern.	**Compliant**	The Finance Department maintains a capital asset register for all depreciable assets valued at over £5,000 on purchase, or group assets valued individually over £1,000, and when grouped together functionally, valued at more than £5,000. The Estates Department maintains a property and property leases register. The Procurement Department a register of contracts (including non-estates leases).	N/A	

PROVIDER LICENCE CONDITIONS AND COMPLIANCE					
Licence Condition and description		**Level of Compliance**	**Evidence/Board Assurance**	**Comment where non-compliant or at risk of non-compliance and required action**	**Completion Date**
CoS3	Standards of Corporate Governance and Financial Management. This condition requires licensees to have due regard to adequate standards of corporate governance and financial management. The single Oversight Framework will be utilised by NHSI to determine compliance The Trust has a corporate Governance manual containing a suite of governance documents including: - An overarching corporate governance framework; - Standing Financial Instructions; and - Reservation and Delegation of Powers to the Board.	**Compliant**	Governance and financial reports to the Trust board meetings and board committees confirming details of the Trust's governance and financial management and information which supports the Governance and Continuity of Services declarations, including: - standing orders Scheme of reserved and delegated powers Standing financial instructions and delegated financial authorities - Board assurance framework	N/A	
CoS4	Undertaking from the ultimate controller. This condition requires licensees to put in place a legally enforceable agreement with their 'ultimate controller' to stop ultimate controllers from taking any action that would cause licensees to breach the license conditions. This is best described as a 'parent/subsidiary company' arrangement.	N/A	**This licence condition would not apply as the Trust is not an authorised NHS Foundation Trust.**	N/A	
CoS5	Risk Pool Levy. This licence condition obliges licensees to contribute, if required, towards	N/A	The regulatory Risk Pool Levy has not come into effect to date.	N/A	

PROVIDER LICENCE CONDITIONS AND COMPLIANCE				
Licence Condition and description		**Level of Compliance**	**Evidence/Board Assurance**	**Comment where non-compliant or at risk of non-compliance and required action**	**Completion Date**
	the funding of the 'risk pool' – this is like an assurance mechanism to pay for vital services if a provider fails.		The Trust currently contributes to the NHS Litigation Authority risk pool for clinical negligence, property expenses and public liability schemes.		
CoS6	Cooperation in the event of financial stress. This licence condition applies when a licensee fails a test of sound finances, and obliges the licensee to cooperate with NHSI and any of its appointed persons in these circumstances in order to protect services for patients.	**Compliant**	As part of the single oversight framework the Trust has a score for Finance and use of resources based on 5 key metrics. The score for each metric ranges from 1 (best) to 4 (worst). There are two metrics on which the Trust scores a 4, I&E margin and liquidity, for this reason the Trust cannot score higher than 3. Before this override the average of the 5 metrics is a rating of 2.4. The Trust has a track record of co-operating with external bodies and regulators.	N/A	
CoS7	Availability of Resources. This licence condition requires licensees to act in a way that secures access to the resources needed to operate Commissioner Requested Services.	**Compliant**	The Trust has forward plans and agreements in place with commissioners that meet this condition.	N/A	
NHS FOUNDATION TRUST CONDITIONS					
FT1	Information to update the register of NHS Foundation Trusts.	N/A	**This licence condition would not apply as the Trust is not an authorised NHS Foundation Trust.**	N/A	
FT2	Payment to NHSI in respect of registration and related costs.	N/A	If NHSI moves to funding by collecting fees, the Trust may need to comply with this licence condition. Monitor/NHSI would consult stakeholders before introducing such a fee.	N/A	
FT3	Provision of information to advisory panel.	N/A	**This licence condition would not apply as the Trust is not an authorised NHS Foundation Trust.**	N/A	

PROVIDER LICENCE CONDITIONS AND COMPLIANCE				
Licence Condition and description		**Level of Compliance**	**Evidence/Board Assurance**	**Comment where non-compliant or at risk of non-compliance and required action**	**Completion Date**
FT4	NHS Foundation Trust Governance arrangements. This condition will enable NHSI to continue oversight of governance of NHS Foundation Trusts and NHS Trusts. In summary, licensees are required to: (a) operate efficiently, economically and effectively; (b) have systems and processes and standards of good corporate governance; (c) have regard for the guidance published by NHSI; (d) have effective Board Committee Structures (e) have clear accountabilities and reporting lines throughout the organisation and maintain appropriate capacity and capability of the Board; (f) comply with healthcare standards; (g) have effective financial management, control and decision making; and (h) maintain accurate information	**Not compliant for (a)** **Compliant for (b) – (h)**	The Trust board undertakes regular review of: • board and committee effectiveness; • strategic objectives and risks to delivery through the board assurance framework, corporate risk register and annual plan • review of committee terms of reference; • standing financial instructions and reservation of powers to the board and delegation of powers. Other forms of assurance include: • Executive self-assessment statements • Managerial and professional lines of accountability and clinical leadership; • Audit, risk and governance committee scrutiny; • Corporate risk register, and annual internal audit of risk management arrangements; • Internal controls framework; • Internal and external audit reports; • Monthly integrated performance reports; • Annual appraisals and development plans; • Annual report and quality account; • Reports to the Trust board from committee chairs; • Divisional quality scorecards & dashboards; • Specialty or subject 'deep dives' at committees; • Strategies and policies kept under regular review; • Internal Well-led framework review.	Not confirmed for (a) The Trust recognises that, whilst it achieved, and slightly exceeded, its control total for 2016/17, its underlying deficit position is not one which can be considered to be 'compliant with the requirement to operate efficiently, economically and effectively'. However, in engaging with the Financial Improvement Programme (FIP) 1, the Trust achieved the targets set, delivering one of the highest levels of improvement of those trusts engaged in the Programme. By engaging in FIP 2, the Trust seeks to again demonstrate its commitment to improving its efficiency, economy and effectiveness. Confirmed for (b) to (h).	

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - public	24 May 2017

Patient and public involvement – progress and priorities 2017/18

Executive summary:

This paper provides an update on implementation of the Trust's patient and public involvement (PPI) strategy. It summarises the five-year strategy that was agreed by the board in July 2016 and outlines progress to date. It also provides information on the PPI priorities for 2017/18.

A key element of our PPI strategy was the development of our strategic lay forum. This group of 12 lay partners, along with Trust representatives, meets bimonthly to advise on PPI aspects of major Trust projects and oversees the further development and implementation of the PPI strategy. The forum is playing an increasingly important role as a 'critical friend' to the organisation and we are very grateful for their time and commitment.

While significant progress has been made over the past year, we acknowledge there is still much to do, particularly around working with seldom-heard groups and ensuring we hear a diverse range of voices. Both these challenges, among others, are addressed in our priorities for 2017/18.

The Board is asked to note the progress against the strategy and endorse the PPI priorities for 2017/18.

Quality impact:

Effective patient and public involvement is an essential factor in improving patient care and experience and in the overall development of health and wellbeing for our patients and communities.

Financial impact:

We have established a small, central PPI budget to fund the PPI project manager role and to support new functions to develop a PPI infrastructure and to build awareness and engagement. Imperial Health Charity, Trust communications and the quality improvement team contribute to this, as well as the patient experience research centre at Imperial College. Projects and services fund their own PPI activities locally.

Risk impact:

Key risks are:
- Insufficient resources/focus to implement strategy and other supporting projects
- Reputational damage and loss of confidence in our services
- Missed opportunities for better care for patients, poorer care for patients

Recommendation(s) to the Committee:

The Board is asked to note the progress against the strategy and endorse the PPI priorities for 17/18.

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.		
Author	**Responsible executive director**	**Date submitted**
Linda Burridge, patient and public involvement project manager	Michelle Dixon, director of communications	17 May 2017

Author	**Responsible executive director**	**Date submitted**
Linda Burridge, patient and public involvement project manager	Michelle Dixon, director of communications	17 May 2017

Patient and public involvement – progress and priorities 2017/18

1. A summary of our strategy

Through the PPI strategy, and other transformational programmes, our **vision** is for:

- all patients to feel that they are understood, heard, and have control and choice over their health and care so that it meets their specific needs
- as many patients, families, carers and local residents as possible to feel encouraged and supported to take an active role in their own health as well as in shaping and delivering the care we provide to help ensure it better reflects patients' needs
- a core group of patients, carers and local people to be able to directly influence the development and delivery of our organisational strategy to help us ensure we are making the best use of all of the insight, skills and knowledge available to us.

The strategy defined five *key principles* for involvement:

- We need to actively find out what patients, carers and local people want and avoid making assumptions
- We should look to make involvement business as usual for everyone – it shouldn't be considered as a central 'function' but a way of working embedded in everything we do
- We need to think north west London-wide – recognising that patients, carers and local people don't 'belong' to one NHS organisation. We should look to integrate or align our involvement activities and approaches wherever possible in the same way that we are looking to integrate and align our services
- We must learn to share and draw on what works and what doesn't
- We must find ways of systematically measuring and evaluating the outcomes and impacts of activities.

We also set out a strategic framework for PPI, defining four broad areas of involvement:

As part of the strategy we have four workstreams to reach our vision:

- PPI infrastructure – processes, policies, resources. This work stream focuses on the foundations we need to embed PPI in the Trust.
- Building awareness and engagement – a comprehensive PPI 'offer' that will be shared with our patients and communities.

- Systematically acting on feedback – meaningfully responding to feedback as part of business as usual.
- Individual ownership of health and wellbeing – to support new approaches to care that encourage and help everyone to stay as healthy as possible.

2. Progress to date

Workstream one: PPI infrastructure

The strategic lay forum oversees implementation of our PPI strategy and provides advice and support on PPI for major programmes and developments. The forum meets bi-monthly, under the chairmanship of Michael Morton, and includes 11 other lay partners plus staff representatives from QI, governance, communications, patient experience and the Charity. The forum is now well-established and is becoming more diverse. The forum has advised on many projects and developments, for example, it helped to shape the successful engagement around the consolidation of stroke services.

On 1 March, we held our first ever event that involved strategic lay partners directly in the development of the Trust's annual business plan.

We aim to have two lay partners for each key Trust project or initiative and 14 new lay partners have been placed onto projects or into services since April 2017. We have more potential lay partners awaiting placement with appropriate projects and we are regularly securing new project opportunities. To date, we have identified 15 projects for lay partners to join. This includes projects that are not usually considered suitable for lay input, such as improving waiting list management or cost improvement programmes.

A patient communication group has also been established. This group of 22 volunteer their time to feedback via email or phone calls on draft patient information leaflets and letters. They provide a valuable extra review step in the existing process to develop and approve patient communications.

A draft expenses policy for involvement has been developed in partnership with the strategic lay forum and is now being shared with services and teams with active PPI approaches for further input before being finalised and put forward for ratification. A dedicated PPI project manager has been in post since July 2016, joint-funded by communications, QI and the Charity. We're currently in the process of agreeing a memorandum of understand (MoU) between the three original funding partners and, additionally, the patient experience research centre at Imperial College. As well as formalising shared funding arrangements, this MoU will also set out the partners' commitments to joint working and shared ownership of delivery of the PPI action plan. This is intended to help us co-ordinate, monitor and review all PPI activities, wherever they are 'owned' and managed.

We're also developing our PPI capability across the Trust. As part of QI training, a half day PPI workshop is offered to Trust staff and, so far, 30 staff members have taken part. We are currently developing a PPI toolkit to enable staff members to develop and run their own PPI projects. The QI team and PPI project manager consult with and provide advice to Trust managers and teams who want to engage patients and the public in their work.

Workstream two: building awareness and engagement

Significant work has been undertaken to share our developments with our audiences of patients, communities and staff and to engage with peer organisations. Longer-term PPI opportunities, or ones that have relevance to a broad group of participants, are promoted via the website, membership newsletter, emails and via links with other organisations such as

Healthwatch. PPI content on the website and in our member newsletter generates on average two to three requests from potential lay partners per week.

In November 2016, we publicised an open invitation to patients and the public to attend a workshop to build awareness of our PPI work and help us co-design the role of lay partners. In order to make the event as accessible as possible, it was held on a Saturday afternoon in a church in Hammersmith. Forty people attended (20 staff and 20 members of the public) and we developed our initial principles of lay partnership and recruited new lay partners.

Our PPI work is increasingly being recognised externally, for example in a recent peer review of paediatric services and at this year's Institute for Healthcare Improvement conference in London.

Workstreams three and four
Further work needs to be done to progress workstreams three and four, *systematically responding to feedback* and *patient ownership of health and wellbeing*. We have chosen to prioritise the first two workstreams to ensure the foundations are in place. We also need to work differently across workstreams three and four as responsibility for these areas is more diffuse. For the health and wellbeing stream, plans are being established to identify and review relevant projects across the Trust and beyond, such as NHS 'vanguards', in order to inform a more strategic Trust approach.

3.   2017/18 action plan
Through a process of co-design with our strategic lay forum, a detailed action plan has been developed. The following is a summary of our priority activities, which also been endorsed by our executive committee:

- Formalising the role and remit of lay partners and their 'contract' with the Trust. We will evolve our initial principles of lay partnership to a more detailed charter that sets out clear roles and responsibilities for both the Trust and lay partner.
- Establishing and embedding a full suite of training and support resources for PPI, especially for lay partners, co-design participants and staff. This will support the PPI skills training offered by QI to help PPI activity expand throughout the Trust.
- Developing a 'membership' offer and presenting it systematically to all patient contacts, ensuring effective co-ordination with all other 'consent to contact' activities. We are developing a clear offer with a varied and flexible range of involvement opportunities, from just keeping in touch through a bi-monthly e-newsletter or attending a lecture on new healthcare innovations to becoming a lay partner or regular volunteer.
- Establishing a systematic evaluation programme, including some quantitative and qualitative measurement of Trust PPI activity.
- Demonstrating the value of PPI to staff, building connections and sharing best practice amongst individuals and teams, to ensure PPI is embedded and championed at all levels across the Trust.
- Building engagement systematically with civic society/local communities. We want to build relationships with organisations such as local community and faith groups, schools and universities so that we can expand the reach of our PPI work, especially to ensure a representative diversity of involvement.
- Exploring new feedback approaches, piloting a number of new initiatives such as running polls and interviews with patients in our waiting areas to enable rapid feedback on improvements they would like to see.
- Drawing out and connecting initiatives planned or underway across the Trust and elsewhere that support individual ownership of health and wellbeing amongst our patients and local communities.

Delivery and governance
The strategic lay forum, including both staff and lay members, oversees the progress of the PPI strategy and monitors the delivery of it through an annual PPI action plan. The work will be supported by a PPI steering group that is being established which will be made up of the four 'funders' and the workstream leads as well as the chair of the strategic lay forum. The strategic lay forum reports quarterly to the Trust executive committee and annually to the Trust board.

The Board is asked to note the progress against the strategy and endorse the PPI priorities for 2017/18.

Report to:	Date of meeting
Trust board - public	24 May 2017

CQC Quarterly Update: Quarter 4, 2016/17

Executive summary:

- During quarter 4 (Q4), 2016/17:
  - The Trust made 25 applications under the deprivation of liberties safeguards.
  - No patients died whilst being detained by the Trust under the Mental Health Act 1983.
  - No certified treatment was sought or delivered for Trust patients.
  - The CQC requested the Trust investigate one complaint raised with them.
- Draft inspection reports for Outpatients and diagnostic imaging, which were inspected at St Mary's, Charing Cross and Hammersmith hospitals in November 2016, were received on 18 April 2017. The draft reports reflect significant improvement since the previous inspection in 2014. The reports are currently being checked for factual accuracy; the contents and ratings will be confirmed by the CQC prior to publication on their website, which is expected to be in late May 2017.
- In March 2017, unannounced inspections were carried out in response to concerns relating to the core service of Medical care at St Mary's, Charing Cross and Hammersmith hospitals, and Maternity at St Mary's Hospital.

Quality impact:

The report applies to all five CQC domains.

Financial impact:

This paper has no financial impact at present

Risk impact:

This paper relates to the following risks on the corporate risk register:
- **Risk 81:** *Failure to comply with statutory and regulatory duties and requirements, including failure to deliver the CQC action plan on target*
- **Risk 87:** *Failure to deliver outpatient improvement plan*

Recommendation(s) to the board:

To note the paper.

Trust strategic objectives supported by this paper:

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

Authors	Responsible executive director	Date submitted
Guy Young, Deputy Director of Patient Experience Kara Firth, Regulation Manager	Janice Sigsworth, Director of Nursing	27 April 2017

CQC Quarterly Update: Quarter 4, 2016/17

1. Purpose

The following report is the regular quarterly report to this Committee providing an update in relation to the Trust's CQC registration. This report covers quarter 4 (Q4) of 2016/17.

2. Registration Status

The Trust continues to be registered at all sites without any conditions.

3. Notifications made to the CQC
3.1. Mental health notifications

Notification	Q1	Q2	Q3	Q4
Applications made to deprive patients of their liberties (DoLS)	33	19	23	25
Patient deaths which occurred whilst being detained under the Mental Health Act	0	0	0	0
Certified treatment was sought or delivered (i.e. by a panel or second opinion appointed doctors (SOAD))	0	0	0	0

4. Concerns and complaints raised by the CQC

- The CQC asked the Trust to investigate one complaint which was raised with them about the Trust in Q4, which related to patient transport.
  - The complainant alleged that the Trust did not provide adequate transport for their appointments at the Brent Renal Centre, as they were not provided their own transport vehicle but have to travel with other patients.
  - The CQC accept that the Trust is not required to provide this, and consider the matter closed.
- No whistleblowing alerts were made to the CQC about the Trust in Q3.

Issue	Q1	Q2	Q3	Q4
Concern or complaint	3	6	4	1
Whistleblowing	0	0	0	0

5. CQC Inspections and Reviews
5.1. Inspections
5.1.1. Outpatients and diagnostic imaging at the Trust

The core service of *Outpatients and diagnostic imaging* was inspected in November 2016 at St Mary's, Charing Cross and Hammersmith hospitals.

- The announced site visit took place from 22 to 24 November 2016.
- Outpatient services visited included main outpatients and devolved services which are managed divisionally (Imperial Private Healthcare was not included in the inspection).
- The draft inspection reports were sent to the Trust for a factual accuracy check on 18 April 2017.
  - The outcomes of the check were submitted to the CQC on 3 May 2017.
  - The CQC will advise which challenges have been accepted and explain any cases where a challenge was rejected. The reports will be amended accordingly.
  - Once the factual accuracy process has concluded, the final reports, including all ratings, will be published on the CQC's website, which is expected to occur by the end of May 2017.

The final inspection reports may have some changes from the draft versions, following the Trust's check for factual accuracy.

5.1.2. Unannounced inspection of Medical care at St Mary's, Charing Cross and Hammersmith hospitals, and Maternity at St Mary's Hospital, in March 2017

Following the two unannounced CQC inspections carried out on 7, 8 and 9 March 2017, in line with the CQC's current turnaround times for inspection reports, the Trust is expected to receive its draft reports from these inspections between July and September 2017.

5.2. CQC Reviews

The Trust did not participate in any national or thematic reviews carried out by the CQC during Q4.

6.   The CQC's New Regulatory Approach for 2016-2021
6.1. Delayed publication of the new regulatory framework

During Q4, the CQC consulted on a proposed new approach to regulating NHS acute trusts. Publication of the final new approach has been delayed due to pre-election publication restrictions, which means the Trust has been unable to finalise its 2017/18 *Improvement and Assurance Framework*.

It is now expected that the CQC's new approach for regulating NHS acute trusts through 2021 will be published in mid- to late June 2017. The Trust's *Improvement and Assurance Framework* will be subsequently amended and implemented.

6.2. New requirement for relationship management

Each NHS acute trust has an inspector assigned as a 'relationship manager', with whom the Trust meets regularly. Relationship management aims to encourage informal discussions and foster a culture of information sharing, both when there are serious concerns but also, to support action being taken before concerns become serious.

The Trust's relationship manager has advised that engagement is expected to change during 2017/18 and become more formal. It will continue to be used as an intelligence gathering exercise, and in addition to requiring submission of the engagement form, the CQC may also hold staff focus groups, hold patient listening events, and visit some areas of the Trust.

As always, intelligence gathered via relationship management will continue to be used as part of the CQC's inspection planning and scheduling.

Recommendations to the board:

* To note the paper.

Imperial College Healthcare **NHS**

NHS Trust

Report to:	Date of meeting
Trust board - public	24 May 2017

Bi-annual update from ICHT's Emergency Planning, Resilience and Response (EPRR) team

Executive summary:

The purpose of this report is to provide an update and assurance in relation to the Trust's Emergency Planning, Resilience and Response (EPRR) arrangements and plans;
The paper contains the following updates for the Trust board:

1. Threat level
2. EPRR activity and incidents
3. EPRR exercises and training
4. Updates post NHS England Assurance rating and action plan
5. Our response to the Westminster Incident.

Quality impact:

In addition to our statutory requirement through the Civil Contingencies Act (2004), EPRR forms part of the patient safety and quality agenda of Care Quality Commission regulation.

Financial impact:

Has no direct financial impact.

Risk impact:

The paper seeks to assure the Trust board that risks associated with EPRR are being mitigated and managed appropriately. EPRR risks are raised through the Trust's internal risk process DATIX and monitored through the EPRR Steering Group.

Recommendation(s) to the Trust board:

The Trust board is asked to:
- Note the updates
- Confirm that it provides sufficient assurance for the Trust board in relation to EPRR
- Confirm the NHS England Assurance action plan to address the amber ratings.

Trust strategic objectives supported by this paper:

To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
To educate and engage skilled and diverse people committed to continual learning

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

Author	Responsible executive director
Merlyn Marsden, Site Director, Charing Cross & Hammersmith Hospitals	Janice Sigsworth, Director of Nursing & Accountable Emergency Officer (AEO) for EPRR.

Bi-annual update from ICHT's Emergency Planning, Resilience and Response (EPRR) team

1. Introduction

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect patient care and business as usual operations across the NHS. These could be anything from extreme weather conditions to an infectious disease outbreak, a major transport accident or a terrorist act.

The Civil Contingencies Act (2004) requires NHS acute providers to demonstrate that they can respond to incidents whilst maintaining appropriate patient services.

NHS organisations are also required to adhere to NHS England's EPRR Core Standards (2015) setting out the minimum criteria which NHS organisations and providers of NHS funded care are required to meet.

The current threat level for international terrorism in the UK is SEVERE. The recent terrorist related incidents locally and around the world are underlining our continued emphasis on work in relation to Major Incident, Trauma, Mass casualties and ensuring staff are aware of their role should a major incident occur.

2. EPRR activity and incidents in Q3 and Q4 2016/17

Successful response and activation of the following emergency plans to these incidents:

- Chemical spillage at Charing Cross Hospital led to CBRNe (Chemical, Biological, Radiological, Nuclear, explosive)/ Hazmat (Hazardous Material) plan activation
- Shepherds Bush apartment block led to St Mary's Major Incident plan activation
- Smoke spread (overheated air conditioning unit) at Hammersmith Hospital lead to Evacuation plan activation
- Contaminated casualties (following a night club acid attack) attended St Mary's leading to CBRNe plan activation
- Westminster Bridge incident requiring Major Incident plan activation

Learning from the above incidents following debriefing sessions have been included within EPRR steering group agenda. The following plans have been updated: Major Incident Plans, Mass Casualty Plan, CBRN Plan and the NWL Trauma Network Major Incident Framework.

3. EPRR exercises & training

- Two live simulation exercises, held at Charing Cross Hospital, successfully tested our CBRNe plan and response.
- The 6-monthly communication exercise confirmed our ability to contact key staff during an incident. Trust bleeps, key staff mobile phones and back-up phones were tested showing results similar to previous tests. This was also tested in a live scenario during the Westminster Bridge incident.
- Completion of Silver and Gold 'Strategic Leadership in a Crisis' training delivered to all on-call staff.
- Loggist and major incident training for all staff continues across the organisation.

4. NHS England, London EPRR assurance update

As part of the NHS England EPRR assurance arrangements, the Trust's level of compliance is measured against a set of core standards. These standards enable NHS organisations across the country to share a common purpose, practice and co-ordinate EPRR activities. It also provides a consistent, cohesive framework for self-assessment, peer review and assurance process across the NHS.

The assurance process centres around:-
- 8 core standards for EPRR, containing 37 detailed evidential requirements
- 3 core standards relating to HAZMAT and CBRN, containing further 14 evidential requirements
- Annual deep dive, which for 2016/17 focussed on business continuity and fuel disruption.

All 11 core standards and associated 51 evidential measures were peer reviewed, assessed by CCG and validated by NHS England, London.

The Trust received achieved Substantial Compliance against the 51 evidential measures;
- 48 GREEN measures (94%)
- 3 AMBER measures (6%)
- 0 RED measures

The AMBER ratings related to our business continuity programme which requires
1. Revision of ICHT Strategic Business Continuity Policy
2. Update of divisional and directorate BIA's aligned to ISO 22301
3. Update of divisional and directorate Business continuity plans aligned to ISO 22301
4. Re-writing of the Trust-wide Business continuity plan
5. Completion of a Business continuity exercise.

The above actions are being completed as part of a business continuity programme update which reports via Executive Operations Committee and are on track to deliver an updated business continuity programme in September 2017.

Delivery and completion of the assurance action plan will be overseen by the Trust's EPRR Steering Group which is chaired by the Site Director.

5. Westminster Incident

On Wednesday 22 March 2017 at 14:40 an attack occurred on Westminster Bridge, in Parliament Square and within the grounds of the Palace of Westminster in central London. Five people were killed as a result of the incident, 40 people were injured with 26 of the victims were treated in several hospitals in London and 8 treated at St Mary's.

St Mary's Hospital was placed on standby at 15:10 following information received from the scene and declared a major incident at 16:01. Following the major incident declaration, the communications cascade was circulated to all staff and our Major Incident actions from our Major Incident Plan were underway. Both Charing Cross

and Hammersmith Hospital helped decant appropriate patients from St Mary's to create capacity for major trauma casualties from the incident, which is part of our rehearsed emergency plans.

The Trust stood down the major incident response at 18:47.

All staff were invited to take part in a hot debrief immediately post incident as well as a cold debrief which took place on 26 April 2017. The debriefs form part of our post incident report, which contains learning and actions identified to update processes, plans and will be monitored through the EPRR Steering Group.

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - public	24 May 2017

Academic health science centre (AHSC) update		
Executive summary:		
Imperial College Healthcare NHS Trust and Imperial College London are the founding partners of the Imperial College Academic Health Science Centre, whose vision is to improve the quality of life of patients and populations by taking new research discoveries and translating them into new therapies as quickly as possible. In June 2016, the AHSC expanded to include the Royal Brompton & Harefield NHS Foundation Trust and the Royal Marsden NHS Foundation Trust The AHSC Director will present an update on the AHSC activities in 2016-2017.		
Quality impact:		
This aligns to the effective and well-led CQC domains.		
Financial impact:		
N/A		
Risk impact:		
N/A		
Recommendation(s) to the Trust board:		
The Trust board is asked to note the 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.		
Author	**Responsible executive director**	**Date submitted**
Prof Jonathan Weber	Prof Jonathan Weber	18 March 2017

Annual Update

Professor Jonathan Weber
26th April 2017

Imperial College AHSC

- UK's first Academic Health Science Centre

- *"AHSCs are partnerships that have aligned NHS provider and university strategic objectives that allow them to harness and integrate world-class research, excellence in health education, and excellence in patient care."*

  Department of Health, 2013

- History:

Creation	Designation	Re-organisation	Catalyse	Expansion
2007	**2009**	**2012/13**	**2014/5**	**2016**

• Merger of Hammersmith NHS Trust and St Mary's NHS Trust to create Imperial College Healthcare NHS Trust
 	
• Simultaneous integration of Trust with Imperial College London to create UK's first AHSC
 	
• Single leadership governance model
	• IC AHSC formally designated by Department of Health	• Appointment of AHSC Director
		
		• Overlapping governance structure
		  ➢ Strategic Partnership Board (SPB)
		  ➢ Joint Executive Group
		  ➢ Themes (CTMs)
		
		• Joint Working Agreement (and IP agreement) between Trust and College
			• Re-designation by the Department of Health
			
			• New Director appointed
			
			• New work programme and priorities initiated
				• Royal Marsden and Royal Brompton & Harefield NHS Foundation Trusts join

Imperial College
Academic Health
Science Centre

AHSC governance

Post-expansion priorities

- Informatics

- Education

- Research

In order to align activities strategically across the all partners and add value through:

➢ *increased breadth*

➢ *increased critical mass*

➢ *potential for efficiency gains*

Whilst retaining a close relationship with ICHT due shared infrastructure and Imperial BRC partnership

Informatics – Implementation at Imperial/ICHT

- Development of an e-Health informatics platform was a key requirement of 2013 AHSC competition

- ICHT Cerner a key deliverable

NIHR Health Informatics Collaborative (NHIC)

- Established in 2013

- Includes NIHR BRCs at Oxford, Cambridge, UCLH, GST and ICHT

- CMO challenge to NHS CEOs - to make NHS patient information for research.

- NHIC project aims:
  - To extract and make available catalogued, high quality patient data at each trust
  - to establish a framework for data sharing and re-use across the partners including a data sharing agreement, publication and IP policy

- NHIC funding has provided dedicated research informatics capability in NHS IT departments

Research Informatics Infrastructure at ICHT
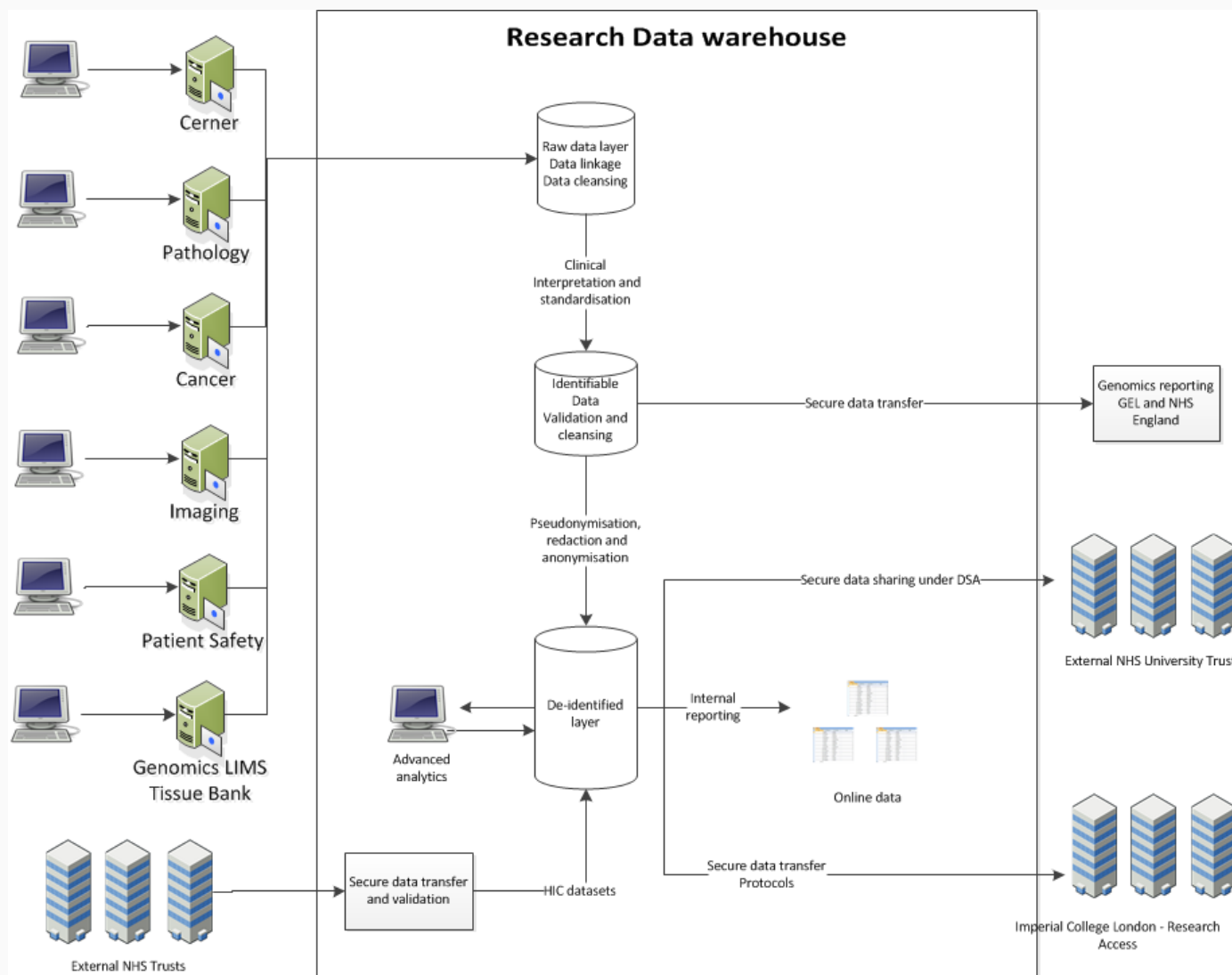
NHIC Clinical Themes

The HIC has created and shared datasets for the five initial themes and the exemplar studies are currently in progress. These themes are:

- Acute coronary syndrome (**ICHT lead**)
- Viral hepatitis (Oxford)
- Critical care (UCLH)
- Ovarian cancer (C'bridge)
- Renal Transplantation (GST)

A further five themes begun in 2016:

- Lung Cancer **(ICHT lead)**
- Breast Cancer
- Prostate Cancer
- Colorectal cancer
- Infection

BRC Informatics strategy

- Enriched data repository – routine NHS data matched to external datasets

- Utilises DSI high-end computing and analytical resources

- "Walled garden" to allow matching of patient-level data for clinical and research use

- Links to consent-to-contact and patient consent for research tissue use

- **Benefits academics:**
  - ✓ access to a unique, enriched resource for research.

- **Benefits NHS:**
  - ✓ DSI analytics for patient care and improved services.
  - ✓ Pilot ongoing to identify high risk patients at risk of "safety" errors
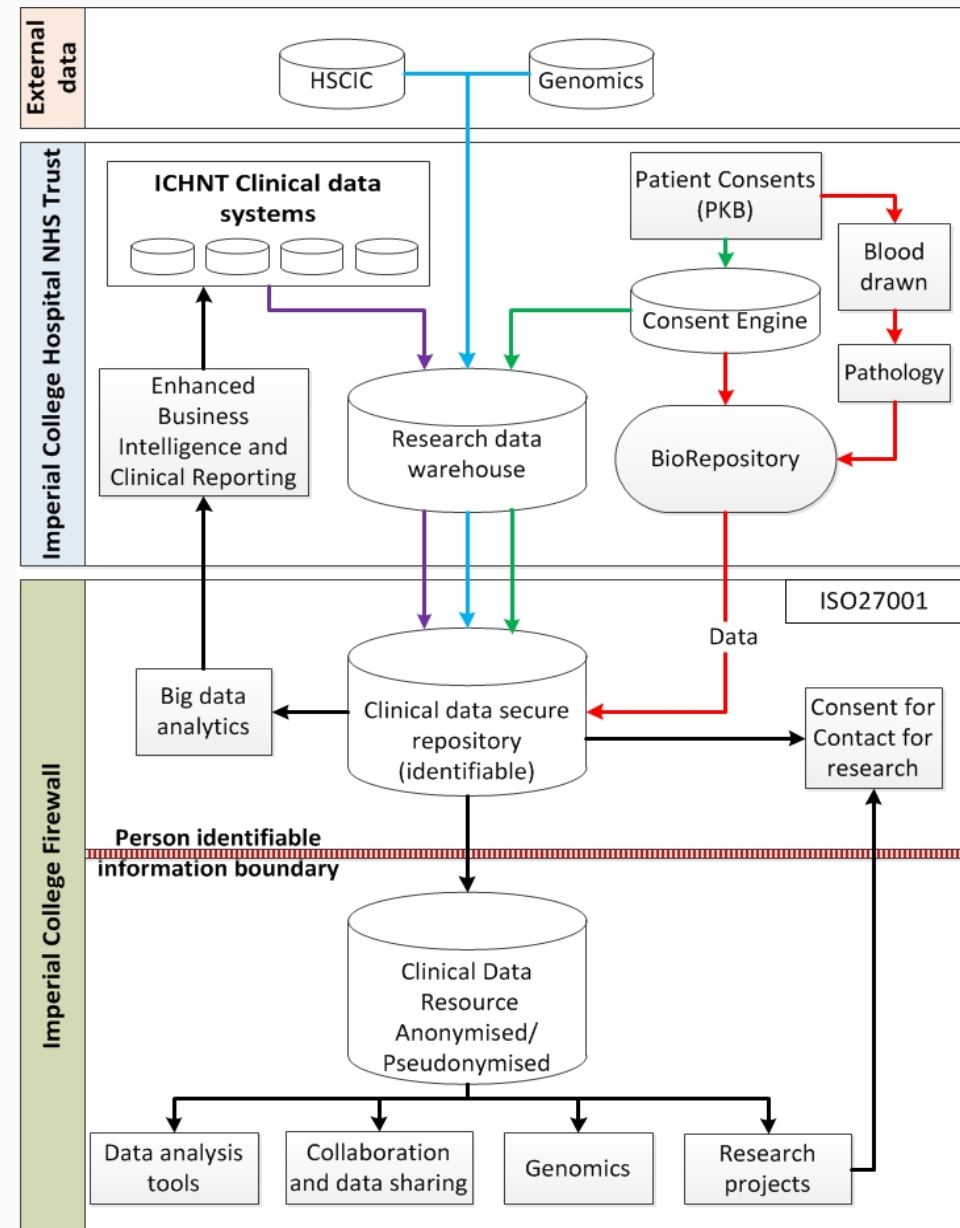
ICHT Discover project

- Implementation of universal consent across ICHT
  - Consent for use of tissue and biological specimens in research
    - Surplus diagnostic tissue
    - Additional blood and biopsy samples
  - Consent to be approached about participation in specific clinical studies

- Progress
  - REC – June 2017
  - Electronic consent engine for storage and web-based application application form built
  - "Go-live" in August/September.
  - Communications plan in progress

Expanded AHSC Informatics exemplars

Imperial College Academic Health Science Centre

Lung Cancer
- Imperial AHSC leads (Popat, Lim & Seckl) and part of wider NHIC programme
- Research question identified (non-smoking lung cancer)
- Extensive data set to be collected (COSD, RTDS, SCTS, SACT) = GEL

Acute Coronary Syndrome
- Harefield to contribute its ACS data to existing ICHT-led NHIC project

Exemplars will establish whether the AHSC partners can:
- *Collect routine clinical data for research to a similar standard*
- *Share, interrogate and visualise the agreed data set (through DSI)*
- *Develop a comprehensive West London informatics approach*

Future AHSC Strategy:
- Extension of "walled garden" across all partners
- Creation of a larger and richer "AHSC resource" for etiological and interventional research:
  - universal consent processes in place across all partners

Expanded AHSC Education & Training

- Supported and delivered by Imperial College AHSC Clinical Academic Training Office (CATO):

  the centralised pan-professional clinical academic training hub and single point of contact for Imperial College AHSC for advice and information on clinical academic careers, recruitment, training and funding

- 2017 focus on post-graduate training for nurses and allied health professionals:

Non-medical trainees (Sept 2016)				
(n=)	ICHT	RBH	RMH	TOTAL
Pre-doc	45	3	3	51
PhD	37	12	7	56
Post-doc	2	0	14	16

Medical trainees (Sept 2016)				
(n=)	ICHT	RBH	RMH	TOTAL
Pre-doc	65	3	16	84
PhD	~374	80	33	487
Post-doc	48	15	8	71

Future AHSC Strategy:
- Increase the numbers of non-medical clinical academics at all career stages
- Position AHSC for future DH initiatives in nursing and AHP-led research
  - e.g. planned NIHR doctoral training accounts
- Embed AHSC ethos across the partner organisations
- Recruit and retain the best staff

Non-medical clinical academic training

Imperial College
Academic Health
Science Centre

2017 Workplan: to deliver all AHSC elements of the career pathway :

Training Programmes/Schemes

Post-graduate training	Post-doctoral training	Substantive Academic Career (Senior Lecturer & beyond)

- Researcher Development Programme
- NIHR Masters Programme (City)
- Imperial MSc or modules
- Pre-doctoral award
- NIHR Doctoral Fellowships
- Other Doctoral Fellowships (e.g. BHF,CRUK etc)
- Post-doctoral award
- NIHR \Clinical Lecturer
- NIHR Post doc Fellowships
- NIHR Senior Lecturer
- NIHR Career Development Fellowships

Legend:
- NIHR – non-med
- NIHR – med & non-med
- AHSC

Support activities

- AHSC master classes series
- AHSC mentors and coaching support

Events and Information

- CATO NWL Annual symposium for non-med
- CATO Annual research conference
- CATO Website/Guidance

Imperial College Business School

- In top 3 of UK Business Schools

- Expanded AHSC programme for 2017

  ➢ **NEW AHSC Leadership Development Course (launch Autumn 2017)**
    - To address NHS Improvement's 2016 strategy "Developing people – improving care"
    - Cohort of ~25 aspiring clinical leaders across AHSC
    - Programme of 6x1 day sessions with Business School Faculty, a project plus 1:1 coaching
    - Themes include leadership development, systems management and working across boundaries

  ➢ **NEW AHSC management master classes**
    - Stand alone events with presentations from Business School Faculty – similar themes to leadership development course
    - >30 attendees

Expanded AHSC Research Priorities

Cancer:
- Early detection and diagnosis:
  - ➢ Working groups for colorectal and lung cancer established
- Extend informatics capability across tumour types

Cardiovascular:
- Cross-Faculty approach:
  - ➢ Mechanical and electrical functioning of the heart

    (maths, imaging, genomics and modelling with biologists and clinicians)
  - ➢ Stratified medicine approaches for cardiovascular disease treatment and medical management
    (imaging, genetics, metabolomics, informatics)
  - ➢ New devices and materials (inc. stem cells & novel cell scaffolds)

    (engineers, biologists, clinicians and imaging)
  - ➢ Population/NHS data to improve patient pathways
    (mathematicians , modellers, health economists and clinicians)

Respiratory
- Cross- Faculty approach:
  - ➢ Prevention and early detection of disease
  - ➢ Technologies for diagnosis and disease monitoring

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Science Centre

Thank-you

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board - public	24 May 2017

STP Joint health and care transition group - Meeting Summary

Executive summary:

20 April 2017

After Dr Mohini Parmar (Chair Ealing CCG and STP system leader) opened the meeting the group moved into the traditional open forum and discussed: adult social services funding in Better Care Fund (BCF) commissioning and the need for some clear guidance; the role of the A&E delivery board; and the possibility of joint commissioning.

Keith Edmunds (CFO Central, West London, Ealing, Hammersmith & Fulham and Hounslow CCGs) then provided the finance update, noting the proposed revised approach to prioritisation and the prioritisation framework including the aim to test the approach using three cases: alcohol prevention; response at time of crisis; and discharge to assess. He also set out the financial challenges which we face as a healthcare system in North West London and the need for colleagues to continue working together to reach a positive outcome.

Dr Parmar then moved the meeting onto updates from the programme areas. Juliet Brown (Local Services Programme Director NW London CCGs) provided an introduction to delivery area three priority areas, before handing over to Elizabeth Rutherford (Associate Director Local Services NW London CCGs)and then Rachel Tustin (Associate Director Acute Care Transformation) & Stephen Day (Director Adult Social Services London Borough of Ealing).

Elizabeth talked through the work on Enhanced Care in Care Homes, noting that when addressing the need of older people we need to think clearly about what can we offer to them rather than what is simply convenient for the organisation. That's why this piece of work brings together acute and social care for a holistic approach at the start of the process. She then highlighted successful examples of this work in Sheffield (who have set up a multi-disciplinary team) and Leicester (who have set up an emergency frailty unit within A&E), before noting that we have set up an older peoples care reference group which has now been extended to a sub-group and we are working with providers to share learning and examples of best practise across Ealing, Northwick Park, and Hillingdon hospitals.

Rachel and Stephen then provided an update on Discharge to assess, which is where patients who are medically fit for discharge will be discharged back home and are not assessed when in a hospital bed. National evidence suggests that discharge to assess at home has a higher impact so work is on-going with care homes and housing associations to see how we could deliver it here in NW London.

Finally Stephen Webb (STP Communications lead) provided an update on the latest communications and engagement. He noted that: the project one-liners and one-pagers have nearly been completed and will clearly map how the system fits together; the team are looking into how we can make the most out of existing channels in place for patient involvement and linking in with Local Government; and that we are working on a proactive way to communicate

with the public via various social media channels The next meeting will be on Thursday 25th May 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 care 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 May 2017

Imperial College Healthcare NHS
NHS Trust

Report to:	Date of meeting
Trust board – public	24 May 2017

Quarterly update on the quality impact assessments (QIA) for Trust cost improvement programmes (CIP), quarter 4 – 2016/17

Executive summary:
• The trust has an approved CIP QIA process which ensures that the impact on the quality of care resulting from CIPs is fully considered before schemes are implemented. This paper outlines that process
• Approved 2016/17 CIP schemes have been delivered with no evidence of adverse impact on quality
• The CIP QIA policy was reviewed during Q4 and took effect from 1 March 2017 and simplifies the QIA process for low risk schemes.
• The process of QIA and approval of 2017/18 schemes has begun.

Quality impact:
This paper describes the approach on-going within the Trust to minimise the likelihood of a risk to quality from the implementation of cost improvement programmes and aligns with all five CQC domains.

Financial impact:
This paper has no financial impact other than those associated with delivering the CIP schemes.

Risk impact:
The corporate risk register has two risks which link to clinical risk and financial management: - **Risk 71:** Failure to deliver safe and effective care and - **Risk 48:** Failure to maintain financial stability

Recommendation(s) to the Board:
To note the paper

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, Deputy Director of Patient Experience Kara Firth, Regulation Manager	Julian Redhead, Medical Director Janice Sigsworth, Director of Nursing	17 May 2017

1.   CIP QIA process

Potential CIPs are identified and loaded onto the trust StratPro system. As part of this a quality risk assessment is undertaken against the five QCC domains for each scheme. This is conducted using the National Patient Safety Agency 5x5 risk management matrix. This results in a risk score with the minimum being 1 and the maximum 25. The highest score in any of the domains provides the overall score for any given scheme.

Schemes scoring 6 or below are considered to be low risk and can be initiated following approval by the divisional triumvirate. These low risk scores must also be finally approved by the Medical Director and/or Director of Nursing at some point, but waiting for this need not hold the scheme up.

Schemes scoring 7 or above require approval by the medical and/or nursing directors before they commence. In cases where time is pressing this can be done by email, but more often than not review and approval of schemes is undertaken at a meeting between the divisional teams and the medical and/or nursing directors or their nominated representatives.

Each scheme is discussed and the potential quality impacts are considered with a particular focus on higher scoring schemes. Where there are concerns about the level of potential quality impact the division will be asked to provide further evidence of controls to reduce the impact before approval is given. For example, in a recent meeting, the WC&CS division were asked to provide further assurance in regard to a scheme related to midwifery rostering systems before approval is given.

On occasion, when the quality impact is felt to outweigh the financial benefit, approval will not be given and schemes will need to be withdrawn. Schemes that were withdrawn in 2016/17 as a result of the QIA process include the reducing the provision of nightwear and towels for patients, the withdrawal of the ward hostess role and a reduction in cleaning frequency in clinical areas.

Each year a sample of schemes undergo a post-implementation evaluation to check that the QIA process is working effectively. No approved schemes have been identified as a result of this process where the quality impact was greater than predicted.

2.   2016/17 Schemes

The 2016/17 CIPs with an overall QIA risk score of 12 or above are shown in the table below. All other trust schemes were scored 9 or below. Note: the risk scores shown relate specifically to the quality impact, not the risk to delivery of the project which is not considered as part of this process.

There is no evidence to date that any of the schemes have resulted in a deterioration of quality of patient care. The CIP QIA policy states that where there is an emerging quality impact the division must inform the medical and/or nursing directors who may instruct that the scheme is suspended or withdrawn. No such concerns have been raised.

A post-implementation review of some or all of the schemes listed below will take place later in the year.

Division / Corporate Area	Scheme	QIA Risk Score
Surgery, cancer and cardiovascular	Hand trauma (1617POEM3)	12
	Procurement and reduction of loan costs (1617POEM4)	12
	Administration and clerical review (1617POEM9)	12
	Orthopaedics RTT (1617POEM21)	16
	ENT day cases (1617POEM22)	12
	Remove additional salary costs (1617POEM27)	12
	Haematology income growth (1617SGCN012)*	12
Women, Children and Clinical Support	Activity related MRT/CT/PET (1617Imag001)	12
	MES (Pathology equipment and reagents procurement) (1617Path002)	12
	Hillingdon – transfer of elements for pathology (1617Path005)	12
	East of England (1617Path006)	12
	PP income (1617Path007)	12

3.   2017/18 Schemes

The QIA reviews for 2017/8 schemes have now begun and a number have been approved to progress to implementation. A small number have been referred back to divisions for further work or further evidence of the potential quality impact has been requested. Further schemes are being developed and will be subjected to the QIA process once they are ready and approved by the division.

4.   Summary

The trust has a robust Executive Committee approved CIP QIA policy and process that ensure that the potential impact on the quality of patient care is considered for all schemes prior to their initiation. The updated policy will ensure that the effectiveness of this continues whilst also making the process more efficient.

Imperial College Healthcare NHS

NHS Trust

Report to:	Date of meeting
Trust board - public	**24 May 2017**

Delivering our promise: Better health, for life
Executive summary:
We have completed the update of our 'delivering our promise' leaflet/poster, illustrating the connections between our values, strategies, key initiatives and our 'promise' - better health, for life. The leaflet is primarily aimed at all those involved in delivering our work - staff, volunteers and partners - to ensure everyone understands how they are contributing to the achievement of the Trust's goals. The leaflet will also be published on our website, with links to further, detailed information about our agreed strategies and initiatives, to act as a resource for anyone who wants to know more about how we work.

The updated leaflet has a new focus on promoting resources to help staff make their own improvements locally as well as to get involved with cross-cutting improvement programmes.

The previous leaflet was published in 2015 as part of the launch of our refreshed values and behaviours. It has been a popular resource for staff, and is now a part of all our new staff inductions.

The Board is asked to note publication of *Delivering our promise: Better health, for life.* |
| **Quality impact:** |
| n/a |
| **Financial impact:** |
| n/a |
| **Risk impact:** |
| n/a |
| **Recommendation(s) to the Committee:** |
| The Board is asked to note publication of *Delivering our promise: Better health, for life.* |
| **Trust strategic objectives supported by this paper:** |
| To educate and engage skilled and diverse people committed to continual learning and improvements. To realise the organisation's potential through excellent leadership, efficient use of resources and effective governance. |

Author	Responsible executive director	Date submitted
Michelle Dixon, director of communications	Michelle Dixon, director of communications	18 May 2017

Our promise:
Better health, for life

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Our objectives 2017-2019

1. Improving the way we run our hospitals

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

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

2. Developing more person-centred approaches to care

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

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

3. Making our care safer

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

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

4. Making the Trust a great place to work

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

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

5. Building sustainability

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

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

Supported by

Imperial Health Charity

Our strategies

Clinical
To help lead the development of integrated care closer to home, the consolidation of specialist care on fewer sites where it improves outcomes and safety, and the advancement of personalised medicine.

Quality
To create a culture of continuous improvement to increase and sustain quality, including through a Trust-wide quality improvement methodology and using the Care Quality Commission's quality framework – safe, effective, caring, responsive and well-led.

Financial
To achieve planned savings and more efficient ways of working so that we can move to a sustainable financial position, allowing us to invest sufficiently in the development of our staff, services and estate.

Workforce
To ensure we are recruiting, engaging and developing sufficient staff with the right skills and capabilities in the right roles, responding to changing needs and service models.

Digital
To facilitate improvements in care pathways, enable data to be shared safely, help empower patients to take an active role in their care, and support population health, using our Cerner electronic patient record system as the foundation.

Estates
To secure a significant re-development and new build on the St Mary's and Charing Cross sites, with Western Eye Hospital relocating to the St Mary's site, and a smaller re-development on the Hammersmith and Queen Charlotte's & Chelsea site.

Research
To make the most of opportunities to align translational research across our expanded academic health science centre partnership and to implement our biomedical research centre programme in partnership with Imperial College.

Education
To support the delivery of our clinical, quality, research and workforce strategies including through multi-professional approaches, new educational models and increased use of technology for learning.

PPI
To ensure that patients and our communities actively shape, and can help contribute to, every aspect of our work, including as lay partners, co-design and research participants, volunteers and fundraisers.

Private healthcare
To develop high quality private practice on all of our sites, with all surplus being reinvested to improve care and support NHS services.

Our values

Kind   **Expert**   **Collaborative**   **Aspirational**

Our values

Kind
We are considerate and thoughtful, so you feel respected and included.

Expert
We draw on our diverse skills, knowledge and experience, so we provide the best possible care.

Collaborative
We actively seek others' views and ideas, so we achieve more together.

Aspirational
We are receptive and responsive to new thinking, so we never stop learning, discovering and improving.

Here to support your improvements

Improvement hub – rolling out the Trust-wide quality improvement methodology – plan, do, study, act – and providing training, advice, mentoring and practical support. Contact: **imperial.qi@nhs.net**

Patient and public involvement team – providing advice and guidance; toolkits, training and networks; co-ordination and governance; connecting you with potential lay partners and patient groups. Contact: **linda.burridge@nhs.net**

Leadership development – providing a range of programmes and advice for staff at all levels, from frontline supervisor to senior leader. Contact: **imperial.leadership@nhs.net**

Project support office – providing support and guidance on all elements of our cost improvement programme and the delivery of national efficiency agendas. Contact: **mark.greene1@nhs.net**

Communications team – providing advice, guidance and practical support for projects as well as access to our corporate communications channels. Contact: **imperial.communications@nhs.net**

Imperial Health Charity – supporting the Trust through grants, fundraising, the arts programme and volunteering. Contact: **info@imperialcharity.org.uk**

System-wide improvements

A sustainability and transformation plan (STP) for health and care in north west London was published in October 2016. One of 44 such plans across England, it was developed by 28 NHS, local authority and voluntary sector partners, including our Trust.

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

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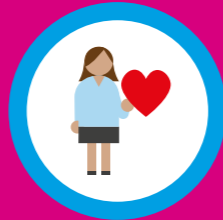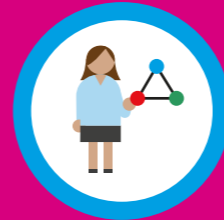
Our behaviours

Kind
To be kind:
- we put people first
- we listen, notice and respond
- we see things from others' point of view

In practice:
- notice when someone needs help
- make eye contact and smile
- introduce ourselves by name and role
- actively listen and respond to others
- make time for meaningful interactions

Expert
To be expert:
- we're informed and up to date
- we're reliable
- we're responsible

In practice:
- keep our practice up to date
- do what we say we will do
- be sure of our facts and the limitations of our knowledge
- use money, time and other resources efficiently
- seek solutions to problems and secure help if we can't resolve them ourselves

Collaborative
To be collaborative:
- we work as a team
- we're open and approachable
- we're adaptable

In practice:
- involve others in the development of ideas and plans from the start
- actively build partnerships
- share information and knowledge, openly and honestly
- respect others' time and contributions
- be willing to change our mind

Aspirational
To be aspirational:
- we strive for excellence
- we embrace innovation
- we champion better care

In practice:
- always look for ways to improve what we do
- make time for reflection and learning
- recognise and celebrate achievements
- don't be afraid to challenge or be challenged
- enable and support others to learn and develop

Our ethos

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

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

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

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

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Delivering our promise
Better health, for life

Our promise:
Better health, for life

Imperial College Healthcare NHS
NHS Trust

Report to**:**	**Trust board**
Report from**:**	**Finance & Investment Committee (17 May 2017)**

KEY ITEMS TO NOTE

The Committee:

- Noted that the Trust had delivered a slightly better than planned position for 16/17. The achievement had been recognised by NHSI with bonus funding of £1.1m; whilst this would improve the year end position, it would not be available to spend.

- Noted that a revised plan had been submitted on 30 March as had been agreed at the March Trust board, to move to a planned deficit of £41m with CIP of £54.4m. The Committee discussed the proposed Trust response to the requirement to participate in the 'capped expenditure process' (CEP). ~The first stage of this was to ensure that the Trust, and the STP as a whole, have done all possible to align to national efficiency initiatives such as 'Carter', 'Rightcare' and 'Getting It Right First Time'. The Trust had also been asked for other options, including non-recurrent savings, to close the gap. The Committee reviewed the note outlining four options prepared by the executive and cleared it for submission noting that it was not board approved and would be discussed further with the Trust board. The committee suggested that the Trust take a firmer line in raising the potential savings across the STP from reducing duplication between provider and commissioner and across CCGs.

- Discussed the progress with the specialty review programme, noting the specific outputs and timeframes. It was acknowledged that the initial process would identify themes which would then shape a rolling programme of transformation and sustainability. The Committee supported the programme and noted that an update following the initial reviews would be presented at the Committee in July.

- Reviewed the payroll and headcount growth analysis from 2014/15 to 2016/17; the Committee were pleased to note the significant reduction in agency spend in 2016/17 compared to the previous year. It was noted that the paybill had increased by £57m, of which £34m had been in support of clinical activity growth, service changes and investment in safer staffing; £27m had been due to inflation on pay and pension values, and £15m related to investment in Cerner and RTT validation. This information had been shared with NHS Improvement as part of the 2017/18 operating plan submission. The Committee noted that while the paper demonstrated good understanding of where the costs had increased, a link to productivity would be informative. The Committee discussed the summary of the Trust's productivity metrics and supported the direction to improve both understanding and usage of Carter metrics. The Committee discussed an update on purchasing and in particular the clear direction for the Trust to increase its use of nationally contracted products, regionally or specialty contracted products with less locally contracted purchasing

- Noted the budget and outturn expenditure for the site redevelopment programme for 2016/17 as well as the proposed capital and revenue budgets for 2017/18 along with the proposed analysis of activities for the year. The Committee were assured by the level of scrutiny of contractors costs undertaken by the Trust's redevelopment team.

Imperial College Healthcare NHS
NHS Trust

- Reviewed, and supported for approval by the Trust board the Global Digital Exemplar business case, noting the way the funding would be used and the benefits that would be realised both in terms of improvements in quality and cash releasing savings.

- Approved the Trust's involvement in the joint DH/NHSI eligibility pilot in Maternity (Queen Charlotte site only) and Renal which request that all patients bring in two forms of ID to their first appointment. This pilot is expected to run in the Trust from July through September.

The Trust board is requested to:
- Note the report.

Report from: Dr Andreas Raffel, Chair, Finance & Investment Committee
Report author: Jessica Hargreaves, Deputy Board Secretary
Next meeting: 19 July 2017

Imperial College Healthcare NHS
NHS Trust

Report to**:**	**Trust board**
Report from**:**	**Redevelopment committee report (26 April and 17 May)**

KEY ITEMS TO NOTE

<u>Phase one St Mary's redevelopment planning application</u>: The determination of the application for the new outpatient services building is ongoing. We expect the application to be heard at the June meeting of Westminster City Council planning committee.

<u>Phase one St Mary's redevelopment outline business case</u>: The outline business case is progressing as planned.

<u>Paddington Cube safety concerns over 'blue light' access to St Mary's Hospital</u>: The trust, London Ambulance Service and other NHS partners continue to pursue a resolution to our concerns about the safety of the Paddington Cube scheme's proposed new road access for St Mary's Hospital. We are working to ensure the section 106 legal agreement (between Westminster City Council and the developer about the measures that must be taken to make the scheme acceptable) adequately addresses our safety concerns.

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:	**28** June 2017

Imperial College Healthcare **NHS**

NHS Trust

Report to**: Trust board**

Report from: **Quality Committee (10 May 2017)**

KEY ITEMS TO NOTE

Divisional Director's risk register update: The Committee reviewed the divisional risks:

Estates – the committee noted the continuing risks relating to the infrastructure of the Trust; in particular a current risk related to 7 North ward which had caused concern following the third CPE outbreak of the same typing (which meant the cause was environmental); the Committee were assured that immediate actions had been taken and that reviews with estates and infection control were taking place.   A mitigation plan would be presented to the following Committee meeting.

RTT – The Committee noted the continuing work in place to address the RTT issue, including the work on the over 18 week validation tracking process.

Diagnostic imaging – The Committee were pleased to note that two new SPEC CT scanners were now in place which would reduce the risk relating to the aged assets in diagnostic imaging.

CQC quarterly update: It was noted that the Trust was awaiting the final report following the inspection on outpatients and diagnostic imaging; the Committee extended thanks to the teams for the collation of the comprehensive the data request from the CQC and were pleased to note the positive verbal feedback from the inspectors following the most recent inspection (of maternity and core services of medical care).

Quality report: The Committee noted that there had been 27 stage 3 pressure ulcers reported in 2016/17, which was greater than the threshold of 22; actions were in place to seek further improvement; no stage 4 pressure ulcers had been reported. Noting the concerning patient-led assessments of the care environment (PLACE) scores, the Committee were assured than an action plan was in place to address areas requiring improvement and that further inspections were being undertaken in the near future; an update would be presented to the Committee in July.

The Committee also expressed concern regarding the increased number of patients that had not attended their appointments in outpatients in January and February, and were assured that a deep dive review to understand the causes was being undertaken.

The Committee were pleased to note that complaints had decreased overall from previous years.

Health and safety report: The Committee noted the improvement notice that had been received from the Health and Safety Executive (HSE) on the category 3 laboratory at Hillingdon Hospital (now the Trust's legal responsibility) following an inspection, triggered by an incident in February 2017 (inadequate processes surrounding transfer of Category 3 material); the Committee were offered assurance that steps were in place to address the improvement notice and the response would be submitted to the HSE in due course. The Committee noted the progress with the flu plan, with the Trust flu task and finish group leading the work in place; the full plan would be presented to the following Committee meeting.

Quality improvement update: The Committee were pleased to note the positive feedback that had been received following the Trust taking part in an international quality and safety in healthcare forum. The Committee welcomed the spread of the quality improvement methodology Trust-wide and the planned development of an improvement team.

Imperial College Healthcare **NHS**

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Acknowledging it was Dr Eastwood's last meeting, the Committee thanked him for his huge support and valuable contribution, and wished him all the very best for the future.

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: 12 July 2017

Imperial College Healthcare **NHS**
NHS Trust

Report to**:**	**Trust board**
Report from**:**	**Audit, Risk & Governance Committee (24 April 2017)**

KEY ITEMS TO NOTE

Internal audit plan 2017/18: Having been amended to reflect comments from the Committee, the plan was approved.

Counter-fraud plan 2017/18: The Committee particularly discussed the risks relating to cyber-crime, and requested a review of the robustness of the Trust's arrangements. The plan was approved.

Annual counter-fraud report 2016/17: Noting the report, the Committee asked for a greater focus on investigation of risks identified at other client sites, but not, as yet, identified at the Trust.

Draft annual accounts: The latest position on the draft accounts was shared with the Committee, and it was noted that the draft accounts were due for submission on 26 April. The Committee recognised the achievement of the team for having produced such a comprehensive and understandable set of draft accounts.

Draft annual report and annual governance statement: The Committee reviewed and commented on the draft reports noting that the final document would be presented for approval on 31 May.

Draft head of internal audit opinion: The Committee noted that the overall level of assurance in the opinion was 'reasonable', based on the work undertaken by the team during the year.

Draft quality account: The Committee noted the latest version of the quality account and recognised that the quality committee had primary responsibility for the document.

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

Imperial College Healthcare NHS
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MINUTES OF THE AUDIT, RISK & GOVERNANCE COMMITTEE
Wednesday 8 March 2017
10.00am – 13:00pm
The Bay's meeting room
St Mary's Hospital

Present	
Dr Andreas Raffel	Non-executive director (Chair)
Sarika Patel	Non-executive director
Nick Ross	Non-executive director
In attendance (part I):	
Dr Tracey Batten	Chief executive
Richard Alexander	Chief financial officer
Prof Janice Sigsworth	Director of nursing
Dr Julian Redhead	Medical director
In attendance:	
David Wells	Director P&OD
Paul Doyle	Deputy CFO
Janice Stephens	Deputy CFO
Jessica Hargreaves	Deputy board secretary (minutes)
Leigh Lloyd-Thomas	Partner / public sector assurance, BDO LLP
Philip Lazenby	Director of audit, TIAA
William Simpson	Counter fraud manager, TIAA
TG Teoh	Divisional director WCCS (item 5.4)
Tim Orchard	Divisional director MIC
Ellis Pullinger	Assistant chief executive (item 5.5)
Doyin Ogunbiyi	Financial controller (item 4.2)

1	GENERAL BUSINESS (Part I &II)	Action
1.1	**Chairman's opening remarks and apologies for absence**	
	The Chair welcomed members and attendees to the meeting. Apologies were received from Sir Gerry Acher, Prof Andy Bush 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.	
	Bill Simpson confirmed that the Trust had spent £56,250 for counter fraud in 2016/17.	
	The Committee agreed that 'due dates' would be added to actions.	
	The Committee agreed that an update on Cyber security would be presented at the following meeting.	
Part I		
2	**EXTERNAL AUDIT BUSINESS**	
	Audit plan 2016/17	
	Leigh Lloyd-Thomas presented the audit plan for 2016/17, noting that whilst 1.25% would be the materiality point any error over £250k would be highlighted to the Committee as had been the case the previous year. He	

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	outlined the approach as described in the paper. Noting the alternative site basis, Richard Alexander requested to have sight of this as soon as possible; Leigh confirmed that this was in hand. Responding to a query from Sarika Patel, Richard Alexander confirmed that there would be a change in the way that the Trust charged road traffic accidents (RTA's) and this would be followed up by BDO. In answer to RA's question regarding Ravenscourt Park, Leigh confirmed his understanding that the basis for the handling of the onerous lease provision is not expected to change as no new information was available.	**LLT**
	Noting the quality account, Dr Andreas Raffel queried whether there were any plans to reduce the size of the report; Dr Julian Redhead confirmed that this had already started, and he would share the draft with Dr Raffel when prepared.	**JR**
	The Committee noted the report and the scope of the planned audit work.	
3	**INTERNAL AUDIT BUSINESS**	
3.1	**Internal audit progress report and counter-fraud annual report inc timeliness of discharge limited assurance audit report**	
	Kevin Limn presented the internal audit progress report noting that ten audits had received reasonable assurance and that one, the timeliness of discharge audit, had received limited assurance. Noting that nine audits had not progressed as planned, the Committee sought assurance that these would not be delayed any further, and highlighted the importance of ensuring that the plan was accurate and included the appropriate executive sponsors. Kevin Limn agreed to provide the final plan to the following Committee. Responding to a query from Sarika Patel, he agreed to add detail of the assurance received in the comments section of the audit reports. Sarika Patel also expressed concern at the weighting scale used to determine the outcome of an audit and Kevin Limn agreed to review this with the TIAA central team; this would be discussed at the following Committee.	**KL** **KL** **KL**
	The Committee noted the progress report and emphasized the importance of having clear communication between the executive team and internal audit.	
	Bill Simpson presented the counter fraud report. The Committee were pleased to note that there had been a focus on raising the awareness of counter-fraud with staff and the TIAA counter fraud team had been regularly attending the Trust's corporate induction.	
	The Committee noted the update.	
	Prof Tim Orchard presented the timeliness of discharge limited assurance audit report, acknowledging that whilst the audit had been useful, for future audits it was key for all sides to agree more clearly the scope of an audit. The discharge policy for adults had now changed and had been signed off by the executive; the paediatric policy was in progress.	**TO/KL**
	The Committee noted the actions identified, and also that a follow up audit would commence in quarter 4 of 2017/18.	
3.2	**Draft internal audit plan 2017/18**	
	The Committee reviewed the draft internal audit plan for 2017/18 noting that this had been reviewed by the executive team, and also been circulated to	

	Committee members for comment. Dr Raffel noted that key areas of focus he would like to see would be Referral To Treatment (RTT) process compliance, bullying and harassment levels amongst staff, and the efficiency and effectiveness of the Project Management Office. Sarika Patel added that she would wish to see an audit of adherence to the diversity strategy; David Wells agreed that he would review this with his team.	**DW**
	Kevin Limn informed the Committee that there had been some changes within the internal audit team which should lead to a refreshed profile of internal audit in the near future; the Committee welcomed this.	
	The Committee noted the draft internal audit plan and it was agreed that the final plan would be presented to the following Committee.	
3.3	**Action plans for limited assurance audits** • **Diagnostics services** • **Avantec (automated inventory management system) cabinets limited assurance audit** The Committee noted the management action reports which sought to address the recommendations within the audit reports.	

Imperial College Healthcare NHS

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Report to**:**	**Trust board**
Report from**:**	**Remuneration Committee (29 March 2017)**

Key points to note:

Executive objectives: The Committee noted the aligned objectives agreed for the executive team as had been the case for 2016/17, and which had been well-received; it was agreed to add a further item on the 'effective on-boarding of the new chief executive. The Committee welcomed the introduction of a formal mid-year review as part of the revised performance development process.

Chief executive recruitment: The Committee noted the person specification and remunerations arrangements, and approved the submission of the NHS Improvement document to commence the approval process.

Appointment to the position of divisional director, surgery cancer and cardiovascular: The Committee approved the appointment of Dr Katie Urch and the remuneration package, and noted that the decision would be ratified at the next Trust board meeting.

Confirmation of remuneration for joint chief information officer: The Committee noted that the Department of health had approved the remuneration arrangements for the joint post.

Recommendation:

The Trust Board is requested to:
- Note the report
- Ratify the appointment of Dr Katie Urch.

Report from: Sarika Patel, chairman, Remuneration committee
Report author: Jan Aps, Trust board secretary
Next meeting: 10 July 2017