



Putting patients first
Annual review 2012-13

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Chair welcome

The past year has been one of considerable change across the NHS, and I am particularly proud of the way our Trust has risen to meet these challenges.

Most important has been responding to the shocking findings of the Francis inquiry into the failures at Mid Staffordshire NHS Foundation Trust. We have reviewed, strengthened and developed our processes to ensure we are listening and responding to our patients and staff, and that putting patients first remains at the centre of everything we do.

Rising to meet these challenges requires considerable effort and commitment from everyone involved in the Trust – from ward to board. We have reinforced our leadership team and continue to put stringent governance systems in place to consistently provide the highest

quality care. Throughout this process, our approach will always be guided by the Trust’s core values, and by our absolute commitment to improving the care and treatment our patients receive.

In this annual review, you can see the expertise and dedication of teams and individuals across the Trust. Our people, both collectively and individually, are our greatest asset and I have no doubt that if we apply ourselves in the same way as we have done in 2012-13, we will continue to improve as an organisation to meet the needs of all our patients, and their families and carers.

Sir Richard Sykes, chairman



Imperial College Healthcare NHS Trust chairman, Sir Richard Sykes

Putting patients first

Imperial College Healthcare NHS Trust comprises Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and Western Eye hospitals. We are one of the largest acute trusts in the country and in partnership with Imperial College London formed the UK's first academic health science centre (AHSC) in 2007.

Whenever a patient needs treatment at one of our hospitals, we strive to provide the highest quality of healthcare, while ensuring patient safety and improving satisfaction.

We are committed to providing care with compassion and delivering world-leading clinical, acute hospital, and integrated healthcare services. We are also dedicated to undertaking world-class research and delivering the benefits of the latest medical breakthroughs and innovation to our patients.

Putting patients first is the theme of this review and is central to our aims and values.

Our values define what we stand for as an organisation and what we expect from our staff:

Respect our patients and colleagues

Encourage innovation in all that we do

Provide the highest quality care

Work together for the achievement of outstanding results

Take pride in our success

Delivering the highest quality of care remains the top priority and focus for the Trust board. For our full 2012-13 annual report and quality accounts, visit: www.imperial.nhs.uk

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A year of significance

From our chief executive



Jim Wmslett

Chief executive, Mark Davies, discussing progress during an I track visit with the paediatrics outpatients team

The year 2012-13 will stand out as one of the most significant in the history of the NHS for milestones, celebrations, reflection and change. As the NHS prepared to mark 65 years of service, it evolved for the future with sweeping changes to structures and commissioning processes, faced heavy scrutiny regarding quality patient care, and was applauded at the world's largest sporting event.

Two particular moments stand out for me. The first was Danny Boyle's spectacular tribute to the NHS during the opening ceremony of the London Olympics. Nothing could have better articulated the importance of the NHS in British society, nor the esteem in which it is held by the public. Sadly, the second moment was not positive. The publication of Robert Francis QC's report into the catalogue of failure at Mid Staffordshire, illustrated only too

starkly what can happen when the NHS forgets its absolute priority – its duty of care towards patients.

For those entrusted with the leadership of an NHS organisation, the contrast between these two moments could not be greater, yet there is also an important link. In order to maintain public trust in the NHS, we can never be complacent about our care for patients. To quote Jane Cummings, the chief nursing officer for England, we must

Our chief executive, Mark Davies, reflects back on a year of challenges and change; and puts a focus on future improvements as we drive towards Foundation Trust status.

“create a future where people are treated with compassion, dignity and respect by skilled staff who have the competence and time to care”.

Against this, it is very encouraging that throughout 2012-13 the Trust made important progress, whilst continuing to maintain the highest standards of clinical performance, as demonstrated in our ranking as one of the top performing trusts in England for low mortality rates.

The Trust has also made good progress in turning around our performance relating to waiting times and meeting the national cancer standards. To focus our efforts, we established an action plan and cancer leadership team to oversee Trust-wide improvements across all our cancer teams, and to provide a better experience for our patients. As a result, we have been improving month-on-month, and by the end of March 2013 we were meeting all the key national cancer standards – as well as continuing to have some of the best clinical outcomes for cancer in the country.

To help us deliver the best quality healthcare into the future, we have been working in partnership with our commissioners and other healthcare partners across north-west London to develop plans to consolidate our core teams, skills and facilities onto specific hospital sites. The *Shaping a healthier future* programme will enable us to deliver a step-change in the quality of care and treatment we provide.

We have also reviewed how we organise our clinical services, and have put an improved internal structure in place to create four new clinical divisions to better reflect our clinical priorities. This means our services are more closely aligned with the research and educational priorities that we and our partners at Imperial College London are focusing on in our role as an academic health science centre.

All these developments, coupled with significant improvements in our financial performance, support our focus to achieve Foundation Trust status by the end of 2014. Becoming a Foundation Trust is not an end in its own right, but will give us greater freedom to innovate and to reflect the specific needs of our patients and communities. Ultimately, it will help the Trust to become a better organisation that operates more effectively on a day-to-day basis and is more responsive to the needs and wishes of those we serve.

If anything, these plans mean that the years ahead will be just as challenging as the last. However, I am confident that the Trust will continue to rise to these challenges and remain true to our absolute priority – to provide the best possible care and treatment to all our patients.



Mark Davies
chief executive



Jim Winslett

Mark Davies, hosting our annual Outstanding Service Care and Research (OSC&Rs) staff recognition awards ceremony in May 2013



Jim Winslett

A year in our lives

Snapshots from a busy year

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From involvement in the London Olympics to testing of a high-tech heart vest, 2012-13 was another busy year for the Trust that has seen our teams and hospitals involved in a number of achievements and breakthroughs for the benefit of our patients.



Olympics & Paralympics come to London

In July 2012, hundreds of NHS staff took part in the spectacular opening ceremony of the London Olympics, including staff from Charing Cross, Hammersmith, St Mary's and Western Eye hospitals, who dressed up in 1940s nursing uniforms to help showcase the achievements of the NHS. Elsewhere, other staff helped make the Games the most successful ever by taking up volunteering roles as Games Makers.



Behind the scenes, the Olympics and Paralympics presented unique challenges for our emergency planning team. They began making arrangements as far back as June 2011, to ensure our hospitals could operate as usual in the face of any potential disruption caused by London hosting the Games.

We also joined in the celebrations by unveiling an animated 12 metre-high light installation at St Mary's Hospital, called *Basketball*.



Lindo Wing re-opens after major improvements

Our private healthcare facility at St Mary's Hospital officially reopened in June 2012, following an extensive refurbishment of the Lindo Wing.

The Lindo Wing is one of the top private sites in the country for general and maternity services, and one of our four dedicated private facilities. A number of historic births have taken place in the unit over the years, including Prince William in 1982, Prince Harry in 1984, and the latest addition to the Royal Family, Prince George, who was born on 22 July 2013.

The 18 month refurbishment project involved the reconfiguration of the existing layout, creating three new state-of-the-art theatres and patient stay facilities, offering an increased level of comfort for our private patients.



Charity donation saves newborn babies

The neonatal units at Queen Charlotte's & Chelsea and St Mary's hospitals were given a welcome boost in September, when The Winnicott Foundation presented the Trust with £90,000 to buy specialist cooling equipment to protect the brains of newborn babies.

Brain-cooling treatment is used to treat babies deprived of oxygen at birth and helps reduce death and brain damage.

EastEnders' Mo opens breast screening suite

EastEnders star Laila Morse, urged women to attend their breast screening appointments when she officially opened the new breast screening suite at Charing Cross Hospital in October.

The actress, famous for her role as 'Mo Harris', joined staff, patients, and local MPs, as she unveiled a plaque to commemorate the opening. The new unit is run by the West of London Breast Screening Service and provides state-of-the-art equipment and a more comfortable environment for breast screening appointments.



Cutting-edge healthcare goes on show

More than 100 people, including local residents, patients, health workers and school-children, attended the National Institute for Health Research (NIHR) Imperial Biomedical Research Centre Showcase Event at Hammersmith Hospital in November.

There were over 20 exhibits for visitors to interact with and gain first-hand experience of the exciting biomedical research carried out by the research centre, including high-tech robotic surgery, liver scans and brain workouts.



Jim Winslett

Top marks for quality and safety standards

In 2012, we achieved the highest levels of safety standards under two robust external accreditation schemes for quality and patient safety.

The Trust was formally assessed in August against the NHS Litigation Authority acute standards, and was awarded the highest level, Level Three compliance. In November, our maternity units also achieved Level Three, the highest rating in the Clinical Negligence Scheme for Trusts Risk Management Standards for Maternity Services.

The results of these assessments demonstrates our comprehensive approach to identifying and managing risks, and places us amongst a small number of NHS trusts to receive the highest ratings in both.

Christmas panto brings festive cheer for young patients

Children in our paediatrics department were paid a special Christmas visit in December, when national children's charity, Starlight, dropped by to put on a performance of Dick Whittington. The panto provided some welcome amusement for young patients and parents, who might otherwise miss out during the festive season.

World first for ovarian cancer

January saw a world first at Hammersmith Hospital, as we announced with our partners Ovarian Cancer Action, the first ever implant of an alfapump® system as part of the treatment for ovarian cancer. The device is implanted under the skin to manage malignant ascites by draining a dangerous build-up of fluid from the abdomen into the bladder to be passed out in urine.

This system has the potential to provide a significant level of improvement to the quality of life for women with ovarian cancer and to reduce the number of hospital visits. If clinical trials are successful the implants could change treatment for many types of cancer.

Maternity units get makeover funding



Mothers who will have their babies at the Trust can look forward to upgraded facilities, thanks to a government award of **£370,000**.

The maternity units at Queen Charlotte's & Chelsea and St Mary's hospitals will use the funding to improve patient facilities. It is part of £25 million announced by the Department of Health in January awarded to more than 100 maternity units around the country.



High-tech vest helps investigate abnormal heart beats

Our cardiologists were the first in the UK to test a high-tech vest to accurately pinpoint the cause of rapid and abnormal heartbeats in March. The Trust was one of only three centres worldwide, and the first in the UK to use the system.

Each vest contains around 250 electrodes that are used to determine exactly where in the heart abnormal electrical activity is causing problems. Computer images are then generated to produce an 'electrical map' of the patient's heart, which can be used to track the rhythm disturbances to within a few millimetres, so treatment can be planned.

Trust clinician appointed national obesity and diabetes director



In March, it was announced that the Trust's lead clinician for diabetes, Dr Jonathan Valabhji, was appointed as new national

obesity and diabetes director at the NHS Commissioning Board.

Dr Valabhji continues his role as a practicing clinician at the Trust, as well as working with healthcare colleagues across the country to address one of the UK's greatest health challenges – the increasing prevalence of obesity and diabetes.



Third lowest expected mortality rate in the country

The latest data published by the Health and Social Care Information Centre (HSCIC), showed that we have the third lowest mortality rate out of all NHS trusts in England.

The report, published in July 2013, named us as one of 15 trusts with lower than expected mortality ratios over the period between January and December 2012. The report uses Summary Hospital-level Mortality Indicator (SHMI) data, which compares the number of patients who die either in hospital, or within 30 days of discharge, with the number expected to die.

Imperial College Academic Health Science Centre

The Trust came together with Imperial College London in October 2007 to create the UK's first academic health science centre (AHSC). Being an AHSC brings significant benefits for our patients, staff, students and local population, as we take new discoveries and innovations, and promote their application in our hospitals and across the NHS.

Imperial College London has a campus on each of our main sites and is closely integrated with all our clinical specialties. The clinical sciences centre of the Medical Research Council is also based at Hammersmith Hospital, providing a strong foundation for clinical and scientific research.

Imperial College Health Partners

The Trust is a member of Imperial College Health Partners, which formed in June 2012 as an exciting

development to promote the diffusion and adoption of discoveries and innovations into everyday clinical practice across north-west London. The partnership is a limited company bringing together healthcare providers, including acute and specialist hospital, mental health, and community care services, working in partnership with Imperial College London.

Imperial West In March 2013, Imperial College London launched its vision for Imperial West, a new research and translation campus in White City, west London.

The centrepiece of plans for the major new campus, which is situated a short walk from Hammersmith Hospital, will be the £150 million Research and Translation Hub. The hub will provide state-of-the-art space for academics and business partners that can be adapted to keep pace with the changing demands of scientific discovery and innovation.

Application for AHSC designation 2014-2019

Imperial College AHSC has begun its application to the Department of Health to be re-designated an AHSC from April 2014 for a further five years. The role expected of AHSCs is to:

- increase strategic alignment of NHS providers and their university partners, specifically in world-class research, health education and patient care
- improve health and healthcare delivery, including the increased translation of discoveries from basic science into benefits for patients.

Through this, AHSCs will be able to realise their potential as drivers of economic growth through research partnerships with commercial life science organisations.

Read more about our latest research, innovation and education on page 16.

Artist's impression of Imperial West, a major new research and translation campus being developed in White City



Putting quality at the heart of all we do

Each year we work alongside local partners to determine our quality priorities. These priorities are published in our annual quality accounts, which also reports on:

- how well we are doing against our targets
- how well we are doing when compared to similar healthcare providers
- where we need to focus to improve the quality of the services we provide.

The Trust's 2012-13 quality accounts are available on our website: www.imperial.nhs.uk/qualityaccounts

Quality summary

Key achievements in 2012-13

- We significantly reduced healthcare-acquired infections compared to 2011-12 – reducing cases of MRSA from 13 to eight; and *C. difficile* from 142 cases to 86.
- We ranked in the top three trusts in the country for lowest mortality rates as measured by the Summary Hospital-level Mortality Indicator (SHMI).
- We continued to increase the number of adult inpatients who had a venous thromboembolism (VTE) risk assessment and were above the Department of Health target of 90 per cent.
- We eliminated all mixed-sex accommodation, except when it is clearly in the patient's overall best interests, or reflects their personal choice.
- We increased compliance with the Trust policy for prescribing anti-infectives.
- We were above the national NHS staff survey average for staff who agreed: 'if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'.
- We met our target to reduce the number of severe pressure ulcers, with 18 cases in 2012-13, compared with 22 in 2011-12.
- We had no cases of patient falls resulting in severe harm in 2012-13, compared with nine the previous year. The Trust also remains below the national average for reported falls.

Top rating in NHS Litigation

Authority assessment We received the highest rating – Level Three – in the NHS Litigation Authority's (NHSLA) assessment of our acute services in August 2012. The Trust received excellent results passing 48 out of 50 standards. The standards are specifically developed to reflect issues that arise in the negligence claims reported to the NHSLA and include aspects of care such as blood transfusion, consent to treatment and hand hygiene, as well as the safety and security of our buildings, corporate and local induction, and how we learn from incidents, complaints and claims.

Care Quality Commission

compliance The Care Quality Commission (CQC) inspected the Trust six times throughout 2012-13, finding our wards to be clean and observing that we have the right systems in place to prevent and control the risk of infection. The CQC found many examples of good practice and did not require us to carry out any additional actions.



Our focus on quality means patients receive the best possible care, are treated with dignity and respect and that our hospitals are safe and clean. We are committed to putting quality at the centre of everything we do and have rigorous systems in place to ensure performance is closely monitored and immediate action can be taken to rectify any issues affecting the quality of our services.

Quality priorities for 2013-14

Our 2013-14 quality priorities have been developed with input from senior clinical and management staff, patients, members of the public, shadow Foundation Trust members, Local Involvement Networks (LINKs) (now Healthwatch), primary care trusts and local borough councils.

The three priority areas for the year are patient safety, clinical effectiveness, and patient experience. These are based on national and local targets, as well as our own incident rates and performance. Our priorities reflect the local needs of our patients and local partners and aim to ensure we provide care with dignity and respect, that our hospitals are safe and clean, and we offer the best possible treatment.

QG 15 – quality strategy

We are developing a new quality strategy for the Trust to modernise our approach to continuous improvement. The 'QG 15' strategy will be launched across the Trust from October 2013, and covers the six improvement principles defined by Professor Donald Berwick¹: safety; efficacy; patient centeredness; efficiency; timeliness; and equity.

The aim of the strategy is to provide a uniform way for all our staff to think about quality.

Priority	Key objectives
Patient safety	To ensure high performance against the Safety Thermometer, which records pressure ulcers, falls and catheters with urinary tract infections
	To reduce healthcare acquired infections
	To be compliant with the Trust anti-infective policy
	To use reporting of patient safety incidents to bring about improvements in care and reducing harm
Clinical effectiveness	To be compliant with the dementia CQUIN target
	To remain better than the national average for mortality rates as measured by the Summary Hospital-level Mortality Indicator (SHMI)
	To reduce the number of re-admissions to hospital within 28 days of discharge
Patient experience	To increase patient satisfaction as measured by Patient Reported Outcome Scores (PROMs)
	To improve patient satisfaction with waiting times to be seen in outpatient clinics
	To improve the responsiveness to inpatient needs
	To have caring and compassionate staff
	To remain above the national average for staff who would recommend the Trust to friends or family needing care
	To meet the Department of Health target for the Friends and Family Test

¹Professor Donald Berwick is a world expert in patient safety, who was tasked to conduct a safety review of English hospitals.

Getting things right for those that matter

Listening and responding is fundamental in our mission to deliver quality care



Engaging with our people

We are committed to giving staff at all levels the opportunity to approach and hear from senior managers through a range of initiatives.

Examples include:

Open Hour – the chief executive holds monthly ‘Open Hour’ sessions which all staff are invited to attend. These sessions provide a general update on the Trust’s performance, vision and strategy; along with opportunities to ask questions.

Team Brief staff sessions – the chief operating officer holds monthly lunchtime sessions at each of our main hospital sites to outline progress and key actions for the month ahead.

Back to the floor Fridays – senior nurses and midwives return to clinical practice every Friday to undertake work relevant to their role, providing strengthened and visible leadership.

I track visits – the chairman and chief executive regularly visit departments and wards across our hospitals to discuss ‘I track’ patient experience survey results, see what improvements are being made, and hear first-hand from staff about any obstacles standing in the way of improving the experience of our patients.

Above: Senior nurses, Susan Marsters, William Gage and Elaine Dix, go ‘back to the floor’ on ward 10 south at Charing Cross Hospital

Following the Francis Report on the failures at Mid Staffordshire NHS Foundation Trust, we have been carefully scrutinising how we work across our hospitals to ensure we always provide the best possible care, while listening and responding to those that matter most – our patients and staff.

From porters to the chief executive, all our staff have a responsibility to provide high quality care, with dignity and respect. We are continuing to develop new and existing initiatives to ensure patients and their families have a good experience of our care, and that simple feedback systems are in place to tell us what we are getting right and where we can improve. We adopt a ‘ward to board’ approach, providing visible and approachable leadership and a commitment to openness in all that we do.

Patient and carer experience strategy We launched a new patient and carer experience strategy in July 2012, providing a clear framework for us to continue to improve the experience of our patients and their carers while in contact with the Trust.

The strategy was underpinned by care, dignity and respect; with objectives including: introducing a patient experience charter to drive improvements; building our services so patient choice is based on the excellence of the overall quality of the service we provide, as well as our clinical performance; ranking with other peer trusts on patient experience results; and improving staff experience to enhance the experience of our patients.

Looking forward, we will refresh our approach and update our strategy in light of local and national drivers, such as the publication of the Keogh review and the Mid Staffordshire inquiry.

respect our patients and colleagues

Giving patients a say in the future of our cancer services In partnership with Macmillan Cancer Support, we have been involving cancer patients in re-designing and developing some of our cancer services based on their direct experiences of our care. We have been listening to the views of both patients and staff, bringing their perspectives together to improve the experience of our patients and identify new ways of working.

Tell us how we are doing Across our hospitals you will find ‘I track’ electronic survey devices that allow us to continually gather patient feedback and see the results in ‘real time’. This feedback enables us to take swift action to improve our services in direct response to what our patients are telling us. In our inpatient wards and A&E departments, the ‘I track’ surveys now include the government’s ‘Friends and Family Test’, launched in April 2013 to ask patients if they would recommend our services to friends and family if they needed similar care or treatment.

The 2012 engagement action plan Our new engagement action plan has been created to reflect the reality of the working experiences of our staff, which in turn affects the experience of our patients. The plan lists actions that have been created to improve staff experience, including professional and personal development, improving health and wellbeing, and boosting recognition.

Our ‘I track’ consoles and mobile devices allow patients to provide real time feedback

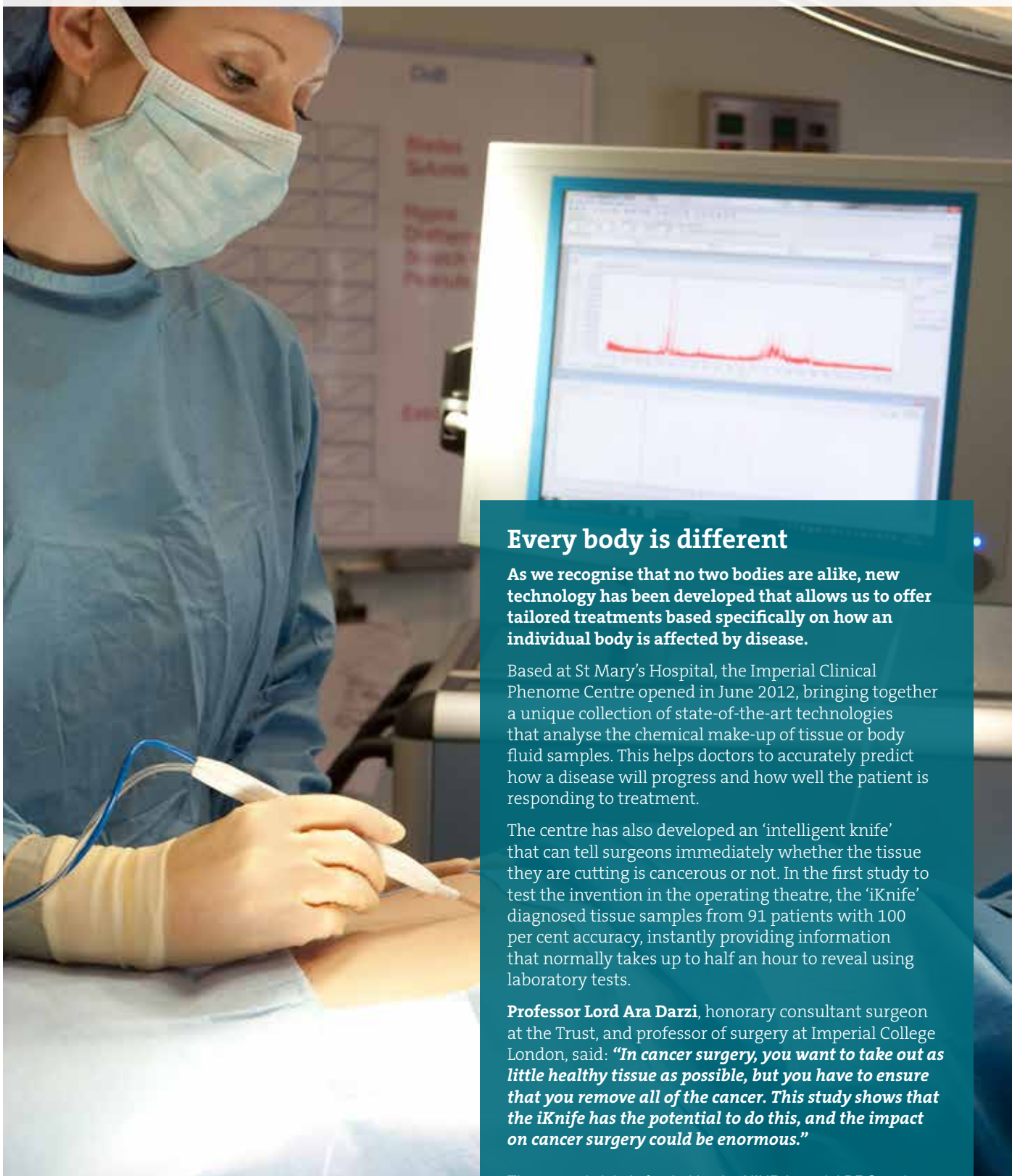
Key facts

- **We produce over 1,300 information leaflets** to help our patients understand their care and treatment.
- **We received 92,071 responses** via our ‘I track’ patient feedback devices in 2012-13.
- **The Trust employs 9,520 people** (at 31 March 2012).



Caring for the future

Introducing the latest technology, research and medical education for the benefit of our patients



Every body is different

As we recognise that no two bodies are alike, new technology has been developed that allows us to offer tailored treatments based specifically on how an individual body is affected by disease.

Based at St Mary's Hospital, the Imperial Clinical Phenome Centre opened in June 2012, bringing together a unique collection of state-of-the-art technologies that analyse the chemical make-up of tissue or body fluid samples. This helps doctors to accurately predict how a disease will progress and how well the patient is responding to treatment.

The centre has also developed an 'intelligent knife' that can tell surgeons immediately whether the tissue they are cutting is cancerous or not. In the first study to test the invention in the operating theatre, the 'iKnife' diagnosed tissue samples from 91 patients with 100 per cent accuracy, instantly providing information that normally takes up to half an hour to reveal using laboratory tests.

Professor Lord Ara Darzi, honorary consultant surgeon at the Trust, and professor of surgery at Imperial College London, said: ***"In cancer surgery, you want to take out as little healthy tissue as possible, but you have to ensure that you remove all of the cancer. This study shows that the iKnife has the potential to do this, and the impact on cancer surgery could be enormous."***

The centre is jointly funded by the NIHR Imperial BRC and industrial partners, including the Waters Corporation and Bruker Spectrospin GmbH.

Working alongside Imperial College London allows us to bring state-of-the-art technology and research into our hospitals, from bench to bedside, giving patients opportunities to access some of the world's latest advancements in medical science.

Our research strategy is driven in close collaboration with Imperial College London through our academic health science centre (AHSC) partnership. The AHSC brings together the College and Trust, working hand-in-hand so that new scientific discoveries in the College may be translated as rapidly as possible into better quality care in our hospitals.

National Institute for Health Research Imperial Biomedical Research Centre The Trust hosts one of the country's 11 National Institute for Health Research (NIHR) Biomedical Research Centres (BRC). This designation is awarded to the most outstanding NHS and university research partnerships, who are leaders in scientific translation and early adopters of new insights in technologies, techniques and treatments for improving health. The NIHR Imperial BRC is the largest in the country and was renewed for a further five years from April 2012.

Clinical trials We are currently involved in hundreds of research projects, many of which will help save lives or improve the quality of life for patients. In partnership with Imperial College London, we also work with leading charities, industry, research funders, and networks to increase the number of patients benefiting from participation in clinical trials. In 2012-13 more than 600 individual research projects were active in our hospitals, and over 46,000 patients were recruited into

NIHR-supported clinical research studies.

There has also been a large increase in the number of cancer patients taking part in our clinical research, with more than 1,000 patients currently in NIHR trials – a 40 per cent increase from 2011-12.

Educating for the future As an AHSC, one of our key focuses is on the education of healthcare professionals. Innovation, enhanced partnerships and educating for the future, were all key to our education programme for 2012-13, as we continued to help staff progress their careers and become leaders in their field.

After a successful bidding process, in August 2012 we were appointed as lead provider of post-graduate medical training in north-west London for an additional nine key specialties in the North West Thames area.

We have successfully won almost £1 million pounds for funding for innovative education projects in the last two years, including several based on harnessing new technologies. Our innovative training programme in leadership with junior doctors learning alongside managers, nurses and other health care staff has been nationally recognised. We have initiated patient safety training for junior doctors, and our academic clinical training programmes are developing the academic potential of nurses and allied health professionals, as well as doctors.

Key facts

In 2012-13:

- **More than 600** individual research projects were active.
- **More than 46,000** patients were recruited into clinical trials.
- **We received 13** nominations and awards for excellence in education.

The Imperial Memory Unit at Charing Cross Hospital recruits patients for a range of clinical trials for research into cognitive impairment

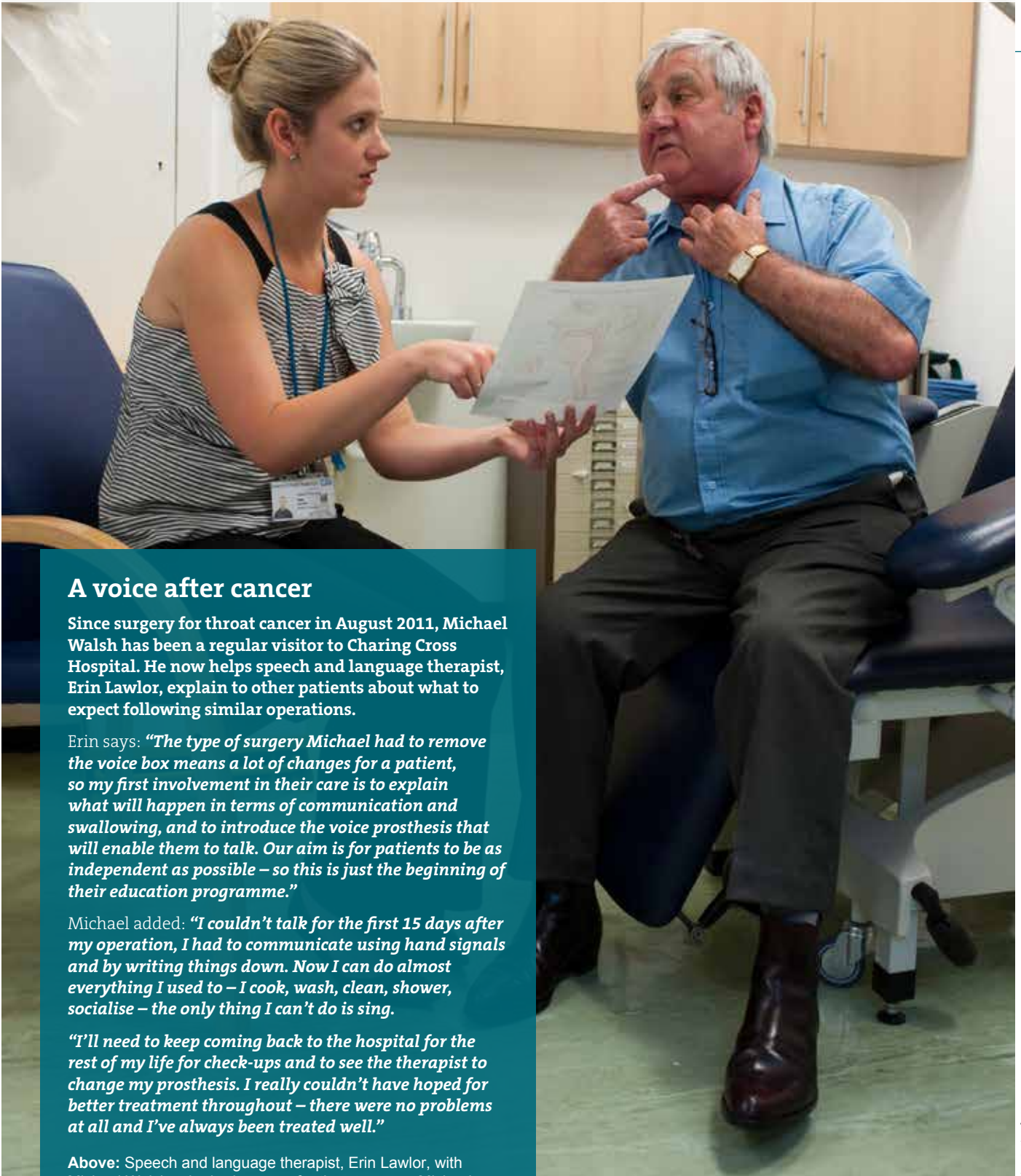


Jim Winslett

Encourage
innovation
in all that we do

Caring for all your needs

Local hospitals serving local needs



A voice after cancer

Since surgery for throat cancer in August 2011, Michael Walsh has been a regular visitor to Charing Cross Hospital. He now helps speech and language therapist, Erin Lawlor, explain to other patients about what to expect following similar operations.

Erin says: *“The type of surgery Michael had to remove the voice box means a lot of changes for a patient, so my first involvement in their care is to explain what will happen in terms of communication and swallowing, and to introduce the voice prosthesis that will enable them to talk. Our aim is for patients to be as independent as possible – so this is just the beginning of their education programme.”*

Michael added: *“I couldn’t talk for the first 15 days after my operation, I had to communicate using hand signals and by writing things down. Now I can do almost everything I used to – I cook, wash, clean, shower, socialise – the only thing I can’t do is sing.*

“I’ll need to keep coming back to the hospital for the rest of my life for check-ups and to see the therapist to change my prosthesis. I really couldn’t have hoped for better treatment throughout – there were no problems at all and I’ve always been treated well.”

Above: Speech and language therapist, Erin Lawlor, with Michael Walsh, who had surgery for throat cancer. Michael now helps other patients ahead of their operation by explaining what to expect

When you think of a hospital, what comes to mind? Our hospitals provide a lifetime of care, from neonatal services through to elderly medicine, and every stage of life in-between. We are responding to local needs by offering a wide range of services that reflect the diversity of the north-west London communities we serve.

We treat every patient as an individual, so the term 'business as usual' doesn't obviously fit but we are ready and waiting to offer the same high standards of care across all our services. We are here for our communities throughout all stages of life. Whether giving birth, visiting our children's services, receiving diabetes care or being treated for cancer – our aim is to provide consistent quality care in everything we do.

Responding to local needs

In developing and managing our services, we work closely with our commissioners to ensure what we provide is meeting the needs of our local communities. A prime example of this is our tuberculosis (TB) service. As north-west London GPs see more cases of TB than in any other area of the country, we provide the best available diagnostic and therapeutic facilities for TB management – diagnosing and treating around 250 new cases each year. In addition, we offer late clinics and outreach facilities to identify cases earlier and provide an accessible service, helping patients to complete their treatment. We also provide the full range of sampling techniques, as well as state-of-the-art molecular and immunological tests and specialist services for multidrug-resistant TB and HIV co-infection.

Always looking to improve Whether a cardiology day patient or a patient recovering from a stroke, we are

committed to putting patients first and are always looking to provide a better experience of our care.

Recent initiatives include training our cancer teams in communicating with patients when dealing with a diagnosis, and helping patients to address their worries and fears. Our lower gastrointestinal (GI) cancer team has also significantly reduced waiting times by allowing patients to choose their own appointment date. Survey results show that all our lower GI patients are now agreeing a date for diagnostic and follow up appointments before leaving the clinic.

Macular team profile, Western Eye Hospital The macular team offer a professional, caring service for all patients with age-related macular degeneration, an eye condition seen in older people that affects their central vision, for example, when reading, looking at photos, watching television, using the telephone, handling money or preparing meals. Patients have praised the way the team put them at ease and make them feel comfortable, relaxed and confident. The kindness, compassion and respect shown by the team in all their services has been commended for its personal touch and providing patients with the highest standard of care, and saw the team nominated as finalists in the Trust's 2013 OSC&Rs staff awards ceremony.

Elizabeth Soldal, holding baby Alexander, with midwife Joyce Otu, in one of our maternity units benefiting from a share of a £370,000 government grant awarded to upgrade our maternity facilities

Key facts

In 2012-13:

- **There were almost 1.3 million patient encounters** at our hospitals.
- **An average of 10,000 calls** were answered on our main switchboard each day.
- **9,005 babies were born at Queen Charlotte's & Chelsea and St Mary's hospitals** (excluding private patients).



Provide the highest
quality **care**

Caring in our communities

Taking care beyond our hospitals



Itchy, Sneezzy, Wheezy

Our paediatric allergy team were nominated and shortlisted for the Child Health Team of the Year in the 2013 BMJ Awards for their work on the Itchy, Sneezzy, Wheezy project to raise awareness and knowledge of allergic disease in children.

The project is helping to educate GPs and community health professionals to improve the diagnoses of childhood allergies and the quality of care. So far, over 170 GPs, school nurses, community health workers, school staff and pharmacists have received training, ultimately reducing the number of children requiring treatment in hospital.

The team also holds allergy clinics in GP surgeries and have set up a dedicated Itchy, Sneezzy, Wheezy website to provide resources and advice for healthcare professionals and parents.

Professor John Warner, consultant paediatric allergy and chest physician at St Mary's Hospital, said: *"We have seen reduced hospital admissions for acute asthma and food allergy over the past six to nine months at St Mary's Hospital. This trend has not been repeated at other London hospitals, so we believe it is due to the implementation of our project."*

www.itchysneezzywheezy.co.uk

Above: Children's advanced nurse practitioner, Rachel Griffin, is part of the Itchy, Sneezzy, Wheezy team, that holds children's allergy clinics in local GP surgeries and provide education and advice for community health workers and GPs

Our care and support goes much further than the confinements of our hospital walls. We recognise the huge benefits that can be achieved by taking elements of our specialist care closer to where our patients live, and in supporting GPs and other primary care professionals.

Whether working with GP practices, schools, community medical centres or directly in a patient's home, we are committed to working with our community partners to help ensure local people are given the best possible care both in and out of hospital. A number of our specialist teams run community programmes to provide direct treatment for patients, or to support local primary care providers across north-west London.

Our experts also provide education and advice for GPs and community partners, ensuring they are equipped with the knowledge and skills to maximise care and reduce hospital attendance.

Community diabetes clinics

Our diabetes consultants work in close partnership with Central London Community Healthcare NHS Trust to provide community based clinics. At these clinics, consultants work alongside community healthcare professionals including dieticians, specialist nurses, psychologists and podiatrists to provide the full range of routine diabetes care.

An example is in Westminster, where clinics are held at The Westminster Diabetes Centre in Maida Vale and South Westminster Centre for Health near Victoria. These clinics enable joined-up care with other health services, such as community mental health teams and healthcare services for the homeless.

Work together for the
achievement
of outstanding results

This community approach brings all-round benefits. For patients it provides multiple sites to access routine diabetes care, integrated with other health services; for GPs it provides a chance to get to know and work more closely with their local consultants; for commissioners it provides cost-effective access to specialist diabetes care when the GP needs some extra help; and for the Trust it allows our hospitals to focus on specialist diabetes services such as type 1 diabetes and diabetes foot disease.

Integrated Care Pilot The Inner North West London Integrated Care Pilot (ICP) is an ambitious programme that was launched in 2011-12 in the boroughs of Westminster, Hammersmith and Fulham, and Kensington and Chelsea, and has since been joined by Hounslow. The aim of the programme is to bring together health and social care providers through a shared vision of collaborative and proactive working with a defined high risk group of patients, namely those over 75 and people with diabetes.

Over the last two years the ICP has supported GPs to produce some 25,000 unique care plans, and over 250 multi-disciplinary case conferences have been held across the four boroughs, discussing approximately 1,700 complex patients.

Diabetes consultant, Dr David Gable, holds regular clinics at The Westminster Diabetes Centre. The clinic began in February 2008 and has seen around 300 patients move from hospital based treatment to receiving routine diabetes care in the community

Key facts

- **The Itchy, Sneezey, Wheezy team** has provided children's allergy training for over 170 GPs, school nurses, community health workers, school staff and pharmacists.
- **The Inner North West London Integrated Care Pilot** has supported GPs to produce 25,000 unique care plans.
- **Around 300 diabetes patients have moved** from hospital based care to receive routine treatment in the community at The Westminster Diabetes Centre.



Saving lives through specialist care

Specialist units for emergency care



Saving hearts at Hammersmith Hospital

Sister Carol Cunningham, is part of an on call team, consisting of nurses, technicians, radiographers and consultants, that provide a 24 hour primary angioplasty service at Hammersmith Hospital, one of London's eight heart attack centres.

Carol explains: *“Following tests, we are usually able to perform a lifesaving angioplasty procedure within 30 minutes of the patient’s arrival at the hospital. This procedure involves unblocking an artery by inserting a small balloon via a very narrow tube, usually through the groin or arm. Once it has reached the blockage, the balloon is inflated and removed, leaving behind a rigid “stent” which squashes the fatty blockage allowing blood to flow through to the heart.*

“The results are quite amazing – one minute the patient is in a great deal of pain and we’re looking at the blocked artery – then within 10 minutes the artery is clear and you can physically see the pain relieving. Patients and their families are always extremely grateful for what we’re able to do, which makes it a very rewarding job.

“After discharge, the most important thing is for patients to access a good rehabilitation programme so the underlying causes of their heart problem can be addressed, such as stress, poor levels of fitness, smoking, poor diet and alcohol.”

Our hospitals are equipped with teams of experts who are on standby to provide some of London's specialist emergency care. Working closely with the London Ambulance Service, our acute medical teams are fully prepared with the skills and equipment to provide high quality lifesaving care around the clock.

We pride ourselves on the emergency care we provide, which saves hundreds of lives each year through our expert acute medical teams who are equipped to provide the right specialist care at the right time.

Our hospitals are home to acute medicine centres including the major trauma centre at St Mary's Hospital, the hyper acute stroke unit at Charing Cross Hospital and the heart attack centre at Hammersmith Hospital. Paramedics may take patients directly to one of these centres rather than the nearest A&E, giving patients access to specialist care and better chances of survival and full recovery.

Best hyper acute stroke unit in the country In November 2012, our hyper acute stroke unit (HASU) at Charing Cross Hospital was ranked first among the 150 stroke units in England in the quarterly *Stroke Improvement National Audit Programme (SINAP)* report, produced by the Royal College of Physicians. The unit is one of eight HASUs in London and sees over 1,800 patients each year for hyper acute care. We offer a 24/7 thrombolysis ('clot-busting') service for appropriate patients who come to the emergency department within four and a half hours of their stroke.

Major trauma centre stars in BBC's 'Keeping Britain Alive' The expertise of our major trauma centre at St Mary's Hospital was showcased as part of the BBC's *Keeping Britain Alive* series, which filmed hospitals around the country across a 24 hour period in October 2012, capturing a single day in the NHS. The centre is one of four trauma centres in London, providing round-the-clock services for people suffering from multiple serious injuries that could result in significant physical harm or death. This includes serious head, chest, abdominal and skeletal injuries sustained as a result of road traffic accidents, assaults, falls and other incidents.

Getting specialist treatment at a major trauma centre has a greater impact on medical outcomes than the journey time to hospital. The centres save lives and prevent long-term disability by giving patients urgent access to specialist trauma teams, dedicated theatres and state-of-the-art equipment to ensure they receive immediate treatment. Our trauma team is led by a consultant 24 hours a day and includes senior doctors from emergency medicine, neurosurgery, orthopaedics, plastic surgery, cardiothoracics and vascular surgery, providing patients with rapid access to the specialist care they need.

Our stroke team at Charing Cross Hospital provide a full range of services, from the hyper acute stroke unit, to the stroke unit ward and rehabilitation facilities

Key facts

- **We treated over 1,800 stroke patients in 2012-13**, with a 3.4 per cent inpatient mortality rate across the Trust's three stroke wards.
- **450 primary angioplasty heart attack treatments** are performed in Hammersmith Hospital's heart attack centre each year.
- **Over 700 head injuries are treated each year** in the major trauma centre at St Mary's Hospital.



Jim Winslett

Take **pride**
in our success

Performance summary

Our focus on quality has brought benefits to patients, with indicators demonstrating we have maintained and improved performance in a range of areas.

- Our **mortality rates** are amongst the lowest in the country, as evidenced in the fact we are in the top three performing trusts for Summary Hospital-level Mortality Indicator (SHMI) ratios¹.
- The number of patients who acquired an **MRSA blood stream infection** in our hospitals fell from 13 patients in 2011-12 to eight in 2012-13, against a threshold of nine cases.
- The number of cases of **C. difficile** fell from 142 in 2011-12 to 86 in 2012-13, against a threshold of 110 cases.

After anomalies were identified in some aspects of our reporting data, the Trust board took the rare step in January 2012 of approving a reporting break relating to the 18 week referral to treatment time targets, diagnostics, and all cancer waiting time targets. Following positive assurance from the NHS Intensive Support Team, reporting recommenced in June/July 2012.

¹According to SHMI data published by the Health and Social Care Information Centre (HSCIC) in July 2013, covering the period January-December 2012.

For 2012-13:

- 97.2 per cent of patients attending our **emergency departments** were treated, admitted or discharged within four hours, which is above the national target of 95 per cent
- we met the **six week diagnostic test target** each month
- we improved our **referral to treatment** performance – achieving the three standards (admitted performance; non-admitted performance; and incompletes) at aggregate Trust level; and in 53 out of 57 of our specialties by March 2013
- we improved performance against the **eight national cancer targets** – from achieving three in June 2012, to achieving all eight in March 2013.

Improving our cancer performance

To help us improve performance specifically around our cancer services, we have introduced a number of initiatives, including:

- establishing a Trust-wide cancer leadership team, which continues to work with staff to improve patient experience and performance
- holding a continuing series of workshops bringing staff working on cancer care together to share good practice and update on progress
- setting nine core cancer action plan activities, along with specific activities for each cancer team
- launching a '**Cancer Brief**' document, which is circulated to staff involved in cancer care every two months to update them on progress and the latest initiatives.



Financial summary

Having eliminated the underlying deficit in 2011-12, our financial plan for 2012-13 was to deliver a surplus to give us the financial platform for an application to become a Foundation Trust.

We delivered the financial improvements for the year by scrutinising every function of the Trust to identify efficiency savings. The surplus of £9.0 million is an £8.5 million overachievement on the planned surplus. This demonstrates the continued improvement the Trust has made and needs to sustain into 2013-14. We also delivered cost improvements of £54.1 million, which is £2 million more than planned.

The improvement in our cash position, predominantly due to an improved income and expense position and a reduction in capital expenditure, resulted in the repayment of a Department of Health capital loan of £20.4 million. The continuing positive trajectory will allow us to submit our Foundation Trust application during 2014.

Further information

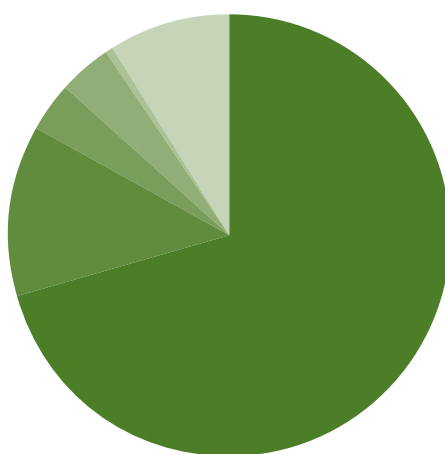
The 2012-13 annual report includes the summary financial statements for Imperial College Healthcare NHS Trust. For a copy of the full accounts refer to the Trust's website: www.imperial.nhs.uk. If you require further understanding of the Trust's financial position and performance, please phone 020 3312 2168.

	2012-13 (£m)	2011-12 (£m)
Income*	971.6	941.9
Expenditure**	1011.5	962.4
Retained surplus / (deficit)	(39.9)	(20.5)
Impairments and adjustments re donated/government grant asset reserve elimination***	48.9	12.1
Retained Surplus / (deficit)	9.0	(8.4)

* Includes investment revenue and other gains

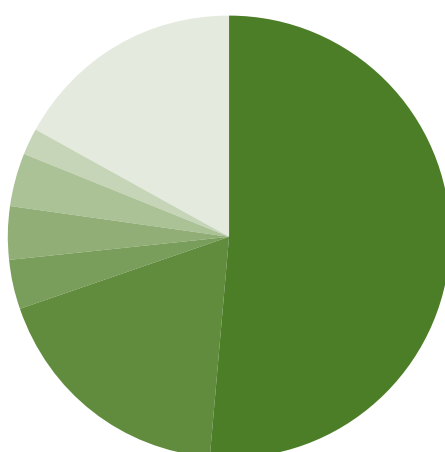
** Includes public capital dividends, other losses and finance costs

*** This is a non-cash charge that is not included in the assessment of the Trust's performance by the Department of Health



Income

- 70.7%** Primary care trusts
- 12.6%** Education, training and research
- 3.4%** Non-patient care to other bodies
- 3.9%** Non-NHS
- 0.6%** Income generation
- 8.8%** Other



Expenditure

- 51.7%** Staff
- 18.2%** Supplies and services – clinical
- 3.6%** Supplies and services – general
- 4.0%** Premises
- 3.6%** Depreciation and amortisation
- 2.1%** Public capital dividends
- 16.8%** Other

Get involved

There are a number of ways to help and get involved with Imperial College Healthcare NHS Trust. Opportunities include helping as a volunteer, supporting one of our charities, or helping us to improve the quality and safety of our services by becoming a shadow Foundation Trust member.

Volunteer at our hospitals Whether keeping patients company, serving drinks at mealtimes, greeting patients and visitors, or general administration duties – our volunteers add that all important ‘extra’ to the care and treatment we provide. If you would like to offer your time and skills as a volunteer we would be delighted to hear from you. To find out about current volunteering opportunities, visit: www.imperial.nhs.uk/volunteering or email voluntaryservices@imperial.nhs.uk

Support our charities There are a number of charities that support the work of the Trust, including:

- **Imperial College Healthcare Charity** An independent charity that raises and manages charitable funds for all five hospitals. The charity has awarded over £7.3 million in grants to more than 150 pieces of clinical research and healthcare projects since 2009. The aim of the charity is to advance healthcare delivery by supporting great science, excellent patient care and a healthier community. www.imperial.nhs.uk/imperialcharity
- **COSMIC (Children of St Mary’s Intensive Care)** Supporting the paediatric intensive care unit at St Mary’s Hospital, COSMIC relies on donations to provide life-saving equipment and to fund vital research into the best possible treatment. www.cosmiccharity.com

Become a member Becoming a shadow Foundation Trust member gives you a greater say in how the Trust is run, access to more information about the Trust, and provides opportunities for you to have an input into our plans at an early stage. It is also an excellent way to show support for your local hospital.

Our members will be able to:

- vote in elections for the Trust’s **council of governors**, or stand for election as a governor
- take part in **consultations** on plans for future development of the Trust
- attend **meetings and events**
- receive **regular information** about the Trust.

Our current plan is to become a Foundation Trust by the end of 2014 and we will be increasing the frequency and variety of communications with our members throughout 2013-14. To find out more, visit: www.imperial.nhs.uk/foundation-trust



Thank you to our partners and supporters



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We would like to say thank you to all partners that supported our work throughout 2012-13; including Imperial College London; local primary care trusts (PCTs) and clinical commissioning groups (CCGs); local involvement networks (LINKs) and Healthwatch bodies; local authority overview and scrutiny committees; North West London Local Education and Training Board (LETB); Maggie's, Macmillan Cancer Support and the National Cancer Action Team; the Friends of Charing Cross Hospital, Friends of Hammersmith Hospital and Friends of St Mary's Hospital; Imperial College Healthcare Charity; COSMIC (Children of St Mary's Intensive Care); The Winnicott Foundation; Leuka; and all our fantastic volunteers.

A special thank you to all those who worked with us as the world's media camped outside St Mary's Hospital in July 2013, awaiting news of the birth of His Royal Highness Prince George of Cambridge. In particular, we would like to thank Westminster Council, the Metropolitan Police, and our staff, patients and visitors for their cooperation during this busy time.

Editorial credits:

Produced by the communications directorate for Imperial College Healthcare NHS Trust.

Designed by HSA Consultancy.

Cover image: Jim Winslett



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His Royal Highness Prince George of Cambridge was born in the Lindo Wing at St Mary's Hospital on 22 July 2013

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



Charing Cross Hospital
Hammersmith Hospital
Queen Charlotte's & Chelsea Hospital
St Mary's Hospital
Western Eye Hospital

Contacts

Charing Cross Hospital
Fulham Palace Road
London W6 8RF
020 3311 1234

Hammersmith Hospital
Du Cane Road
London W12 0HS
020 3313 1000

Queen Charlotte's
& Chelsea Hospital
Du Cane Road
London W12 0HS
020 3313 1111

St Mary's Hospital
Praed Street
London W2 1NY
020 3312 6666

Western Eye Hospital
Marylebone Road
London NW1 5QH
020 3312 6666

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