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**AGM 2018 event summary**

Ninety-five people attended the annual general meeting. Before the official presentations, guests had the opportunity to take refreshments and visit stalls to speak with representatives from Healthwatch, Imperial Health Charity, Maggie’s, Friends of St Mary’s hospital, and the Trust’s patient and liaison service (PALs) and patient and public engagement representative.

**Opening address**

Trust chairman, Sir Richard Sykes, welcomed everyone to St Paul’s Church. In his opening address, the chairman said, “Thank you for making the time to join us this evening. The annual report, which you will find on your chairs, provides a snapshot of the many developments at the Trust over the past year as well as, I hope, a clear and balanced account of our achievements and challenges.

It also represents my last full year as chairman as I will step down in December when my term comes to an end. After seven years, I can honestly say that I am more proud than ever of the Trust, of our 11,000 staff and of the value their expertise, care and commitment brings to hundreds of thousands of people each year.

One unusual feature of last year was the number of changes of chief executive – we have had three since Dr Tracey Batten left to return to Australia in July 2017, including one interim appointment. It isn’t ideal to have so much change at this level but the high calibre of each of the three, the strong legacy that Tracey left behind and the stability and expertise of our wider leadership team meant that we were able to continue on our improvement path.

I am very grateful to Ian Dalton for his contribution – Ian left us to become chief executive of our national regulator NHS Improvement. Huge thanks also to Professor Redhead, who stepped up so ably as interim chief executive from December. He has now resumed his role as medical director, and is here tonight as part of the senior team.

And I am delighted that we have again, in the appointment in June 2018 of Professor Tim Orchard, one of our own, renowned clinicians to lead the organisation. As many of you will know, Tim was executive director of the Trust’s medicine and integrated care division and professor of gastroenterology at Imperial College.

I hope you find our report of 2017/18 interesting and helpful – and I would really encourage you to find out more through our website and social media channels, especially on how you can get more involved in shaping and guiding our work this year.”

**Performance and plans for the future**

Chief executive, Professor Tim Orchard and chief financial officer, Richard Alexander, provided an overview of our performance and achievements and annual review and accounts.

Detailed information about the Trust’s 2017/18 performance and accounts can
be found in our full annual report on our website, linked [here](https://www.imperial.nhs.uk/~/media/website/about-us/publications/annual-report-2017-18.pdf?la=en).

Professor Orchard said, “In 2017/18, we cared for more people than ever before – an average of over 20,000 patient contacts each week across our five hospitals and a growing number of community and integrated services. This included a further year-on-year increase in urgent and emergency attendances and admissions as well as in planned operations. We also continued to see a change in the profile of our patients, with more older people and people who are sicker and who have a number of different health problems.

We did this while maintaining our very good track record on safety and outcomes – we continued to have one of the lowest mortality ratios of all acute trusts in the NHS – and 97 per cent of our inpatients said they would recommend us to their friends and family. We did this also while dealing with some very significant operational issues and while delivering efficiency savings, enabling us to achieve our financial target for the year and to reduce our underlying deficit.”

Richard Alexander set out the topline line financial figures for the Trust. He said the Trust had made a reported surplus of £3 million, making savings of £43 million and cutting the underlying deficit by £12 million.

He explained that most of the Trust’s income was for NHS patient care: £905 million, with other substantial income for education as well as support from sustainability and transformation funding. The Trust’s largest spend was £640 million on staff - which had increased year on year - followed by £269 million on clinical supplies and services.

Looking ahead, he said the Trust had a challenging financial position in 2018/19 and beyond, that addressing the underlying financial challenge is key and we have to be prepared to change. The Trust had planned for a £13.6 million surplus for 2018/19. He said we will continue to invest in maintaining and improving our estate and equipment but redevelopment is now critical.

**Questions and answers**

Questions and answers were held for 30 minutes chaired by the Trust chairman.

Questions panel:

·       Chairman, Sir Richard Sykes

·       Chief executive, Prof Tim Orchard

·       Chief financial officer, Richard Alexander

·       Director of nursing, Prof Janice Sigsworth

·       Medical director, Prof Julian Redhead

·       Divisional director for medicine and integrated care, Dr Frances Bowen

·       Divisional director for surgery, cancer and cardiovascular, Prof Katie Urch

·       Divisional director for women’s, children’s and clinical support, Prof TG Teoh

A full list of questions asked and their responses will be available on the Trust website shortly.

**Guest speakers**

Consultant stoke physician Dr Soma Banerjee and Consultant interventional neuroradiologist Dr Kyri Lobotesis, who work at Charing Cross Hospital where we have our specialist stroke unit, explained the innovative ways in which we are revolutionising stroke care at the Trust.

Dr Banerjee and Dr Lobotesis described how a new procedure, called thrombectomy, is now offered at Charing Cross seven days a week between 07.00 – 23.00. Thrombectomy is a simple, safe procedure which works by inserting a specially designed device into the affected blood vessel in the brain, via the patient’s groin, to remove a blood clot.

This makes Imperial College Healthcare one of the first NHS trusts in England to offer a seven-day service. A full 24-hour thrombectomy service will be offered to patients in north west London as soon as possible.

The device, which resembles a small metal cage, is carefully guided through the blood vessel and used to cut through the clot and pull it out, allowing blood flow to resume.

Developed over recent years, the treatment has been shown to reduce the likelihood of long-term brain injury, disability and loss of independence for patients who are suffering from an ischaemic stroke. This is the most common type of stroke, where the supply of blood to the brain is restricted or stopped by a clot.

Around 300 stroke patients a year are set to benefit from the expansion of the service at Charing Cross Hospital

“Thrombectomy represents a significant step forward in the way we look after patients who have suffered a severe stroke,” said Dr Soma Banerjee, Clinical lead of Imperial College Healthcare’s stroke team. “With this treatment, we’re much better able to reduce the risk of long-term damage to a patient’s brain and therefore reduce the risk of long-term disability.”

“When the flow of blood to the brain is impeded during a stroke, it’s critically important to act as quickly as possible to remove the blockage. That’s why it’s such good news that we’re able to expand our thrombectomy service at Charing Cross,” added Dr Kyriakos Lobotesis, Clinical lead of Imperial College Healthcare’s interventional neuroradiology team.

The Trust’s specialist neurological rehabilitation service also provides intensive, tailored rehabilitation programmes for those who need extra support.

**Full presentation slides from the annual general meeting 2017/18
are available on the Trust website** [**www.imperial.nhs.uk**](http://www.imperial.nhs.uk)