

Welcome to the annual general meeting 2020

Paula Vennells CBE

Chair

Agenda

**Annual general meeting
Wednesday 15 July 2020
(Virtual live-streamed event)**

Agenda

- 18.00** **Welcome and introduction - Paula Vennells CBE, chair**
- 18.05** **2019/20 review and look ahead - Professor Tim Orchard, chief executive**
- 18.20** **Financial performance - Jazz Thind, chief financial officer**
- 18.30** **Presentation: How Covid-19 response is changing health and care for good**
Dr Bob Klaber, director of strategy, research & innovation
Claire Hook, director of operational performance
- 18.45** **Questions and answers**
- 19.25** **Wrap up and thanks - chair**
- 19.30** **Live event closes**

Recognising and remembering colleagues



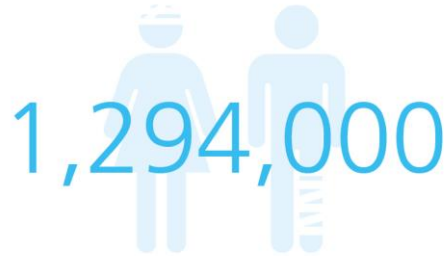
2019/20 review and look ahead

Professor Tim Orchard

Chief executive

Thank you

Our Trust in numbers 2019/20



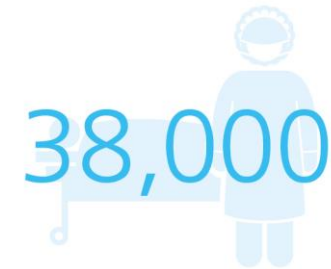
Patient contacts

(including inpatients, outpatients and day cases)



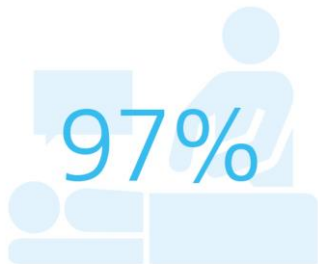
Emergency attendees

(including A&E and AEC)

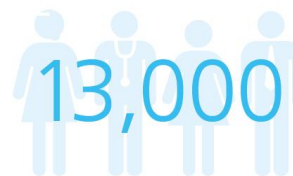


Operations

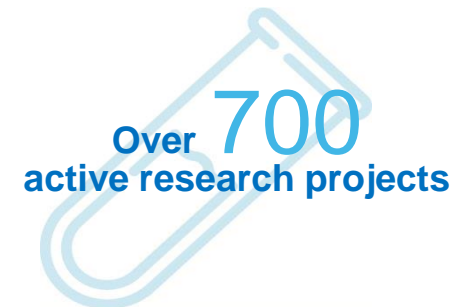
(including day and inpatients)



Inpatients who would recommend us to their friends and family



Number of staff



Performance against 2019/20 objectives

Objective 1:

To enable more patients to get the right care and support, in the right place, at the right time

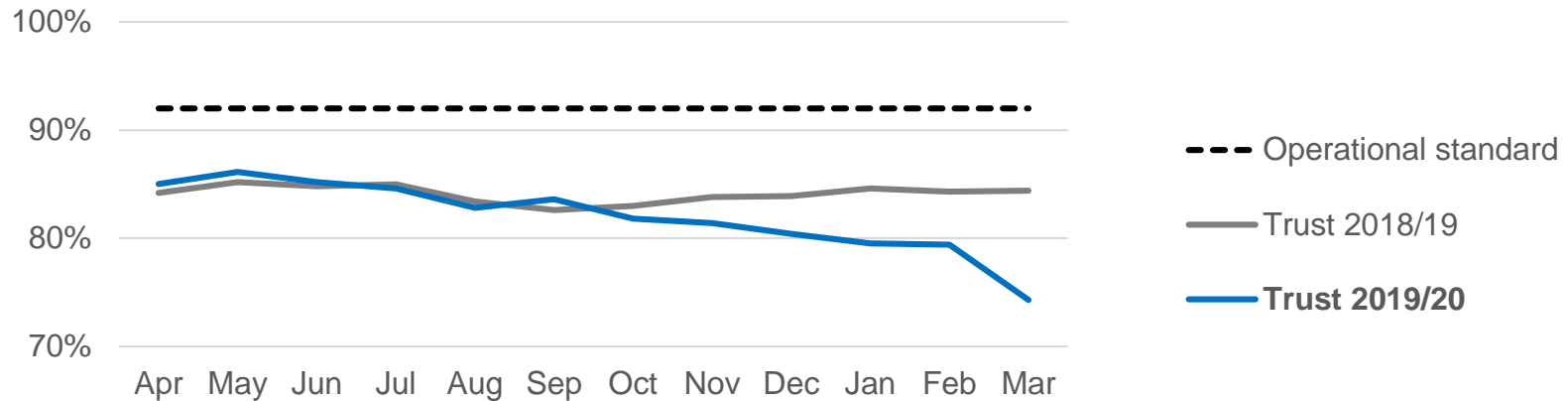
Headlines:

- Expanding A&E at Charing Cross Hospital
- Setting up 'command centres'
- Improvement in CQC ratings
 - 2 'Outstanding' ratings
- Patient transport

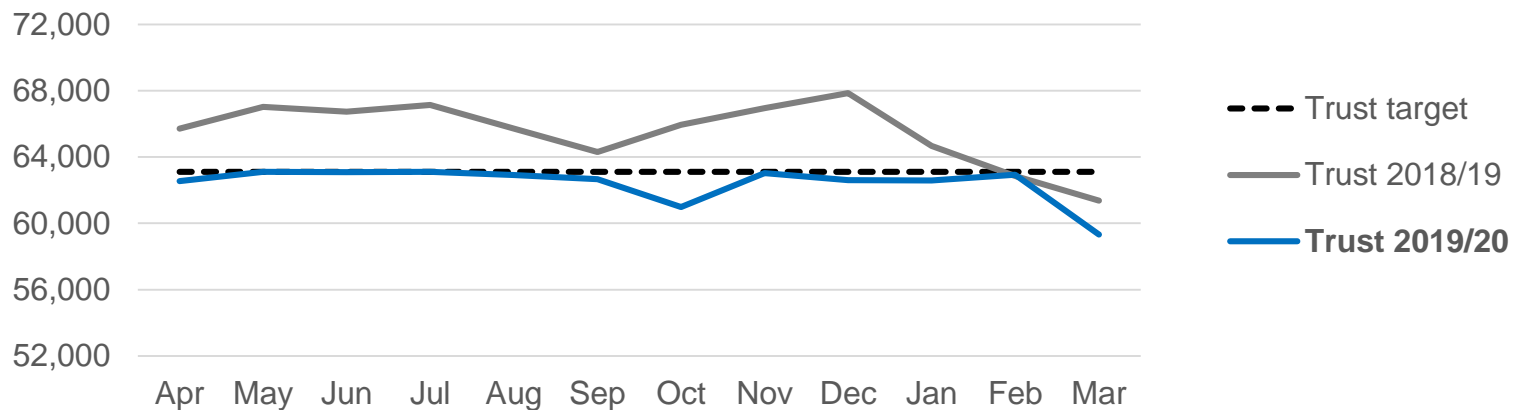


Operational performance 2019/20

18 week referral to treatment

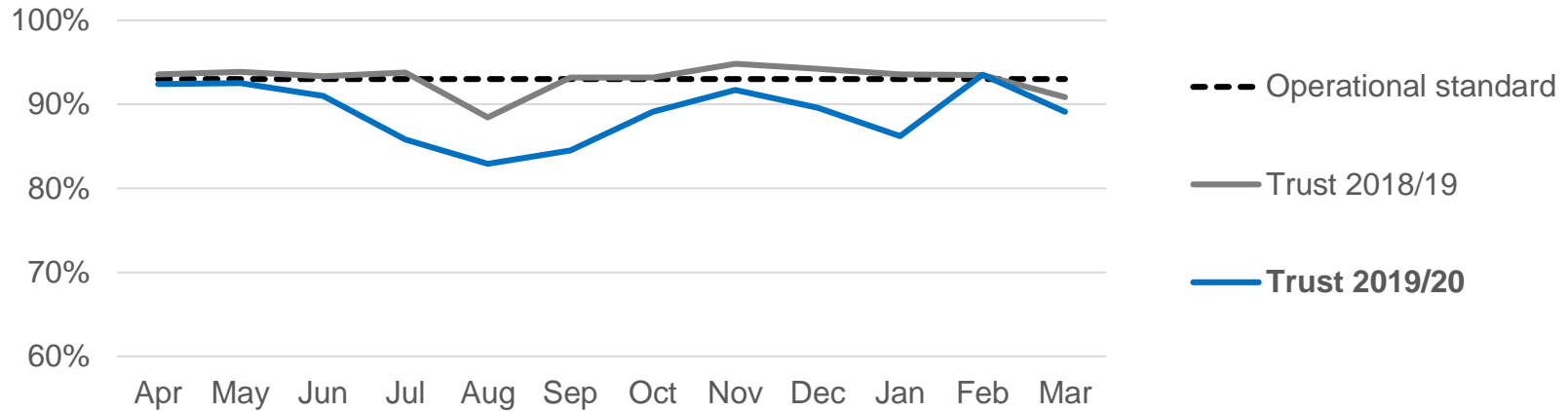


Referral to treatment – waiting list size

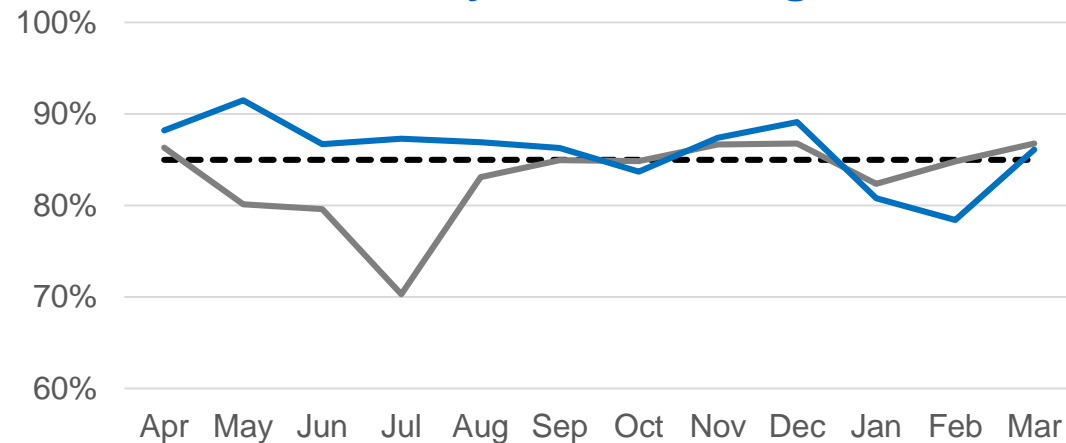


Operational performance 2019/20

Cancer: 2 week wait from urgent GP referral



Cancer: 62 day wait from urgent GP referral



Performance against 2019/20 objectives

Objective 2:

To expand and connect developments that enable better integration of care

Headlines:

- Patient and public involvement
 - Strategic lay partners
 - Working with local authority partners
- Primary care partnerships
 - Primary Care Network test bed
- Collaboration with Chelsea and Westminster
- New care models across NW London



Performance against 2019/20 objectives

Objective 3:

To reduce unwarranted variations in care pathways

Headlines:

- Improving quality
- Flow Coaching Academy
- Improving safety
- Maintaining low mortality rates



Performance against 2019/20 objectives

Objective 4:

To develop strategic solutions to key challenges

Headlines:

- Staff recruitment and retention
- Hotel services
- Investment in building works
- Redevelopment



Performance against 2019/20 operational objectives

Objective 5:

To strengthen the connections between our service developments and our research

Headlines:

- Research and innovation
- AHSC redesignation
- Global digital exemplar
- Covid research programme



Performance against 2019/20 operational objectives

Objective 6:

To achieve a measurable improvement in our organisational culture

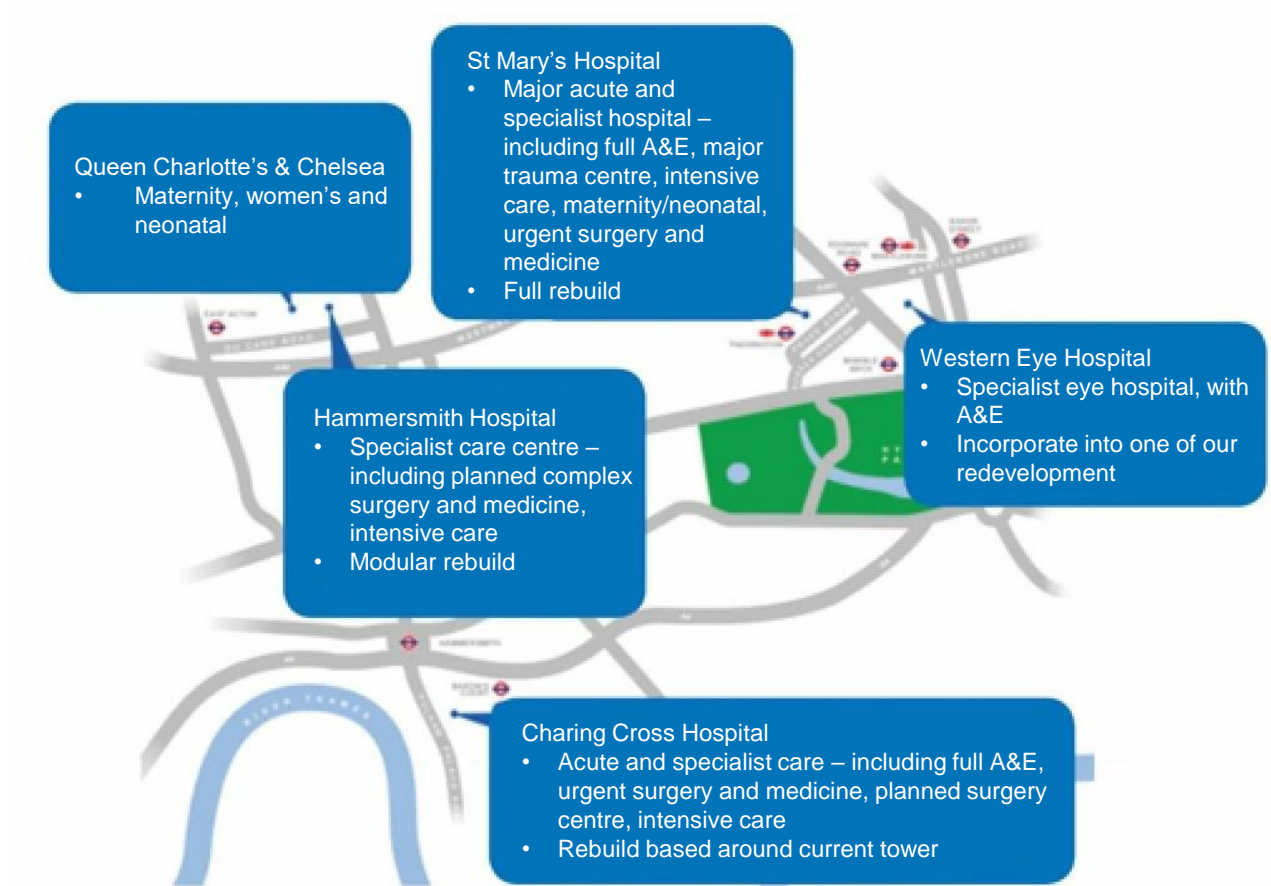
Headlines:

- Improving our organisational culture
 - Values and behaviours
- Staff engagement
 - Improved engagement score and staff survey
 - Virtual engagement
- Improving equality, diversity and inclusion
- Building staff-led networks
- Impact of Covid-19 on BAME communities

Looking ahead

- Recovery and reset – our longer term response to Covid-19
 - safety and reassurance
 - operational performance
 - building on what has worked
- Strategy refresh – vision and values
 - integration, population health and partnerships
 - tackling health inequalities
 - practical support and wellbeing for staff
 - user-focused digital offer – for patients and staff
- Redevelopment

Redevelopment: aspirations for our hospitals...



...services and partnerships

Research and education

On all sites, with Charing Cross as Imperial College's main medical undergraduate centre and Hammersmith as our largest research centre.

Integrated care

Integrated care hubs at Charing Cross and St Mary's plus specialist 'outreach' with our health and social care partners

Digital care

Expanded offer across all services, including virtual urgent and planned clinics and patient portal for health records, information and engagement

Financial performance

Jazz Thind

Chief financial officer

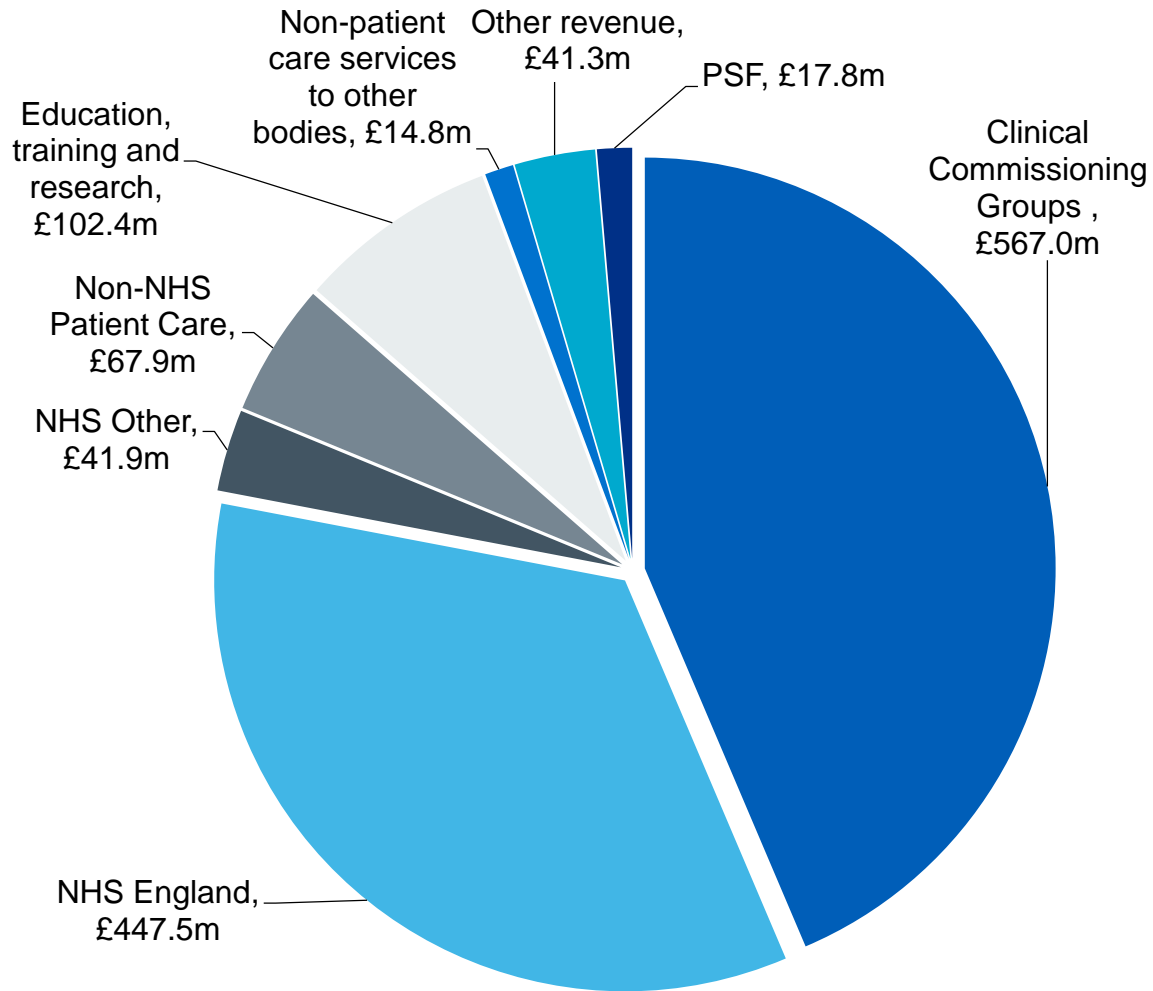
Headlines

<p>Reported Surplus £8.7m</p>	<p>Total Provider Sustainability Funding £17.8m</p>
<p>Savings £43m</p>	<p>Capital £56m & Cash £44m</p>

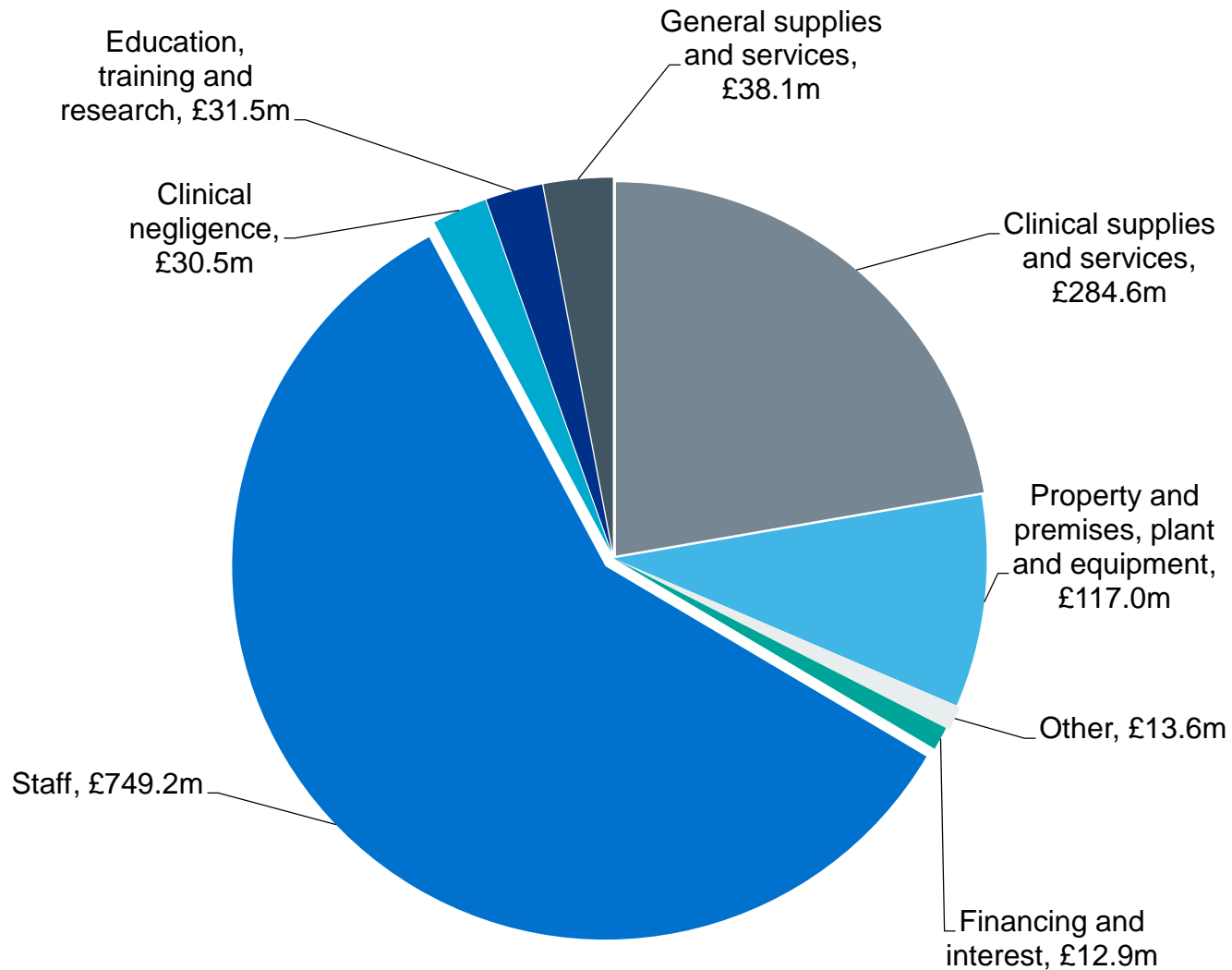
2019/20 – The context

Statement of comprehensive income	2016/17 £'m	2017/18 £'m	2018/19 £'m	2019/20 £'m
Revenue from patient care activities	890.1	974.0	1,030.9	1,124.3
Other operating revenue	181.0	161.3	133.7	158.5
Provider sustainability funding	25.5	25.5	48.4	17.8
Total revenue	1,096.6	1,160.8	1,213.0	1,300.6
Staff costs	(600.0)	(640.0)	(678.8)	(749.2)
Other operating costs	(491.5)	(501.1)	(493.2)	(526.7)
Operating surplus (deflct)	5.1	19.8	40.9	24.8
Net financing costs	(1.1)	(1.1)	(0.9)	(0.6)
Public dividend capital payable	(12.2)	(10.1)	(11.8)	(12.3)
Donated asset adjustment	(7.2)	(5.5)	(0.1)	(2.2)
Surplus (deflct) for the financial year	(15.3)	3.0	28.2	8.7

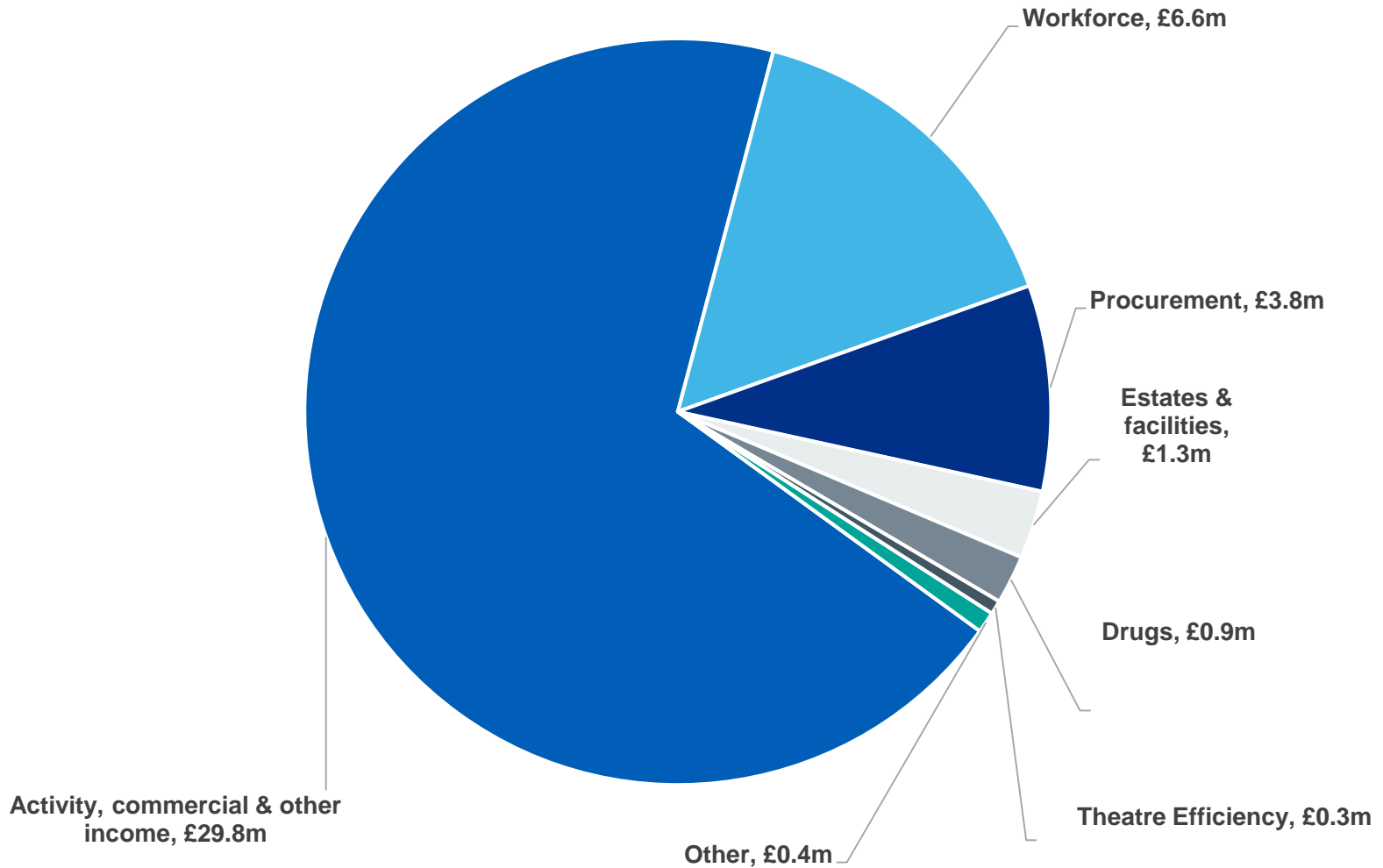
Our income



Our expenditure



Savings delivered £43m



Covid19 pandemic

Responsiveness was key

£ was not to be the limiting factor however...

Scrutiny, oversight and approval processes still needed to be robust

£5.7m



Investing in estates and IT - £56m

Infrastructure programmes

Backlog maintenance £20.4m

Continuation of 8 year plan to address highest risk areas

ICT £8.7m

IT programme included:

- Network replacement
- Desktop replacements
- Windows 10
- Communication rooms

Medical Equipment £8.2m

Replacement of items deemed highest risk. Included;

- Ultrasounds
- Dialysis machines
- Cardiac bypass machines
- Endoscopy stacks

Priority developments

Projects £15.5m

Including;
CXH Emergency department
SMH Paediatric Intensive Care
Paediatric parent Accommodation
Hybrid Vascular Theatre
Care Information Exchange

Other £3.2m

Redevelopment programme
North West London Pathology
transformation

* = includes £3.2m of charitable funding to projects

Looking ahead

- Challenging financial landscape
- Funding regime for the 20/21 and beyond tbc
 - COVID and Winter
 - Contracting
 - System allocations
- Focus on cost control & address the underlying financial challenge
- Continuing to invest in our estate, equipment & IT
- Receiving funding approval for the redevelopment of our sites

How Covid-19 response is changing health and care for good

Dr Bob Klaber, director of strategy, research & innovation

Claire Hook, director of operational performance

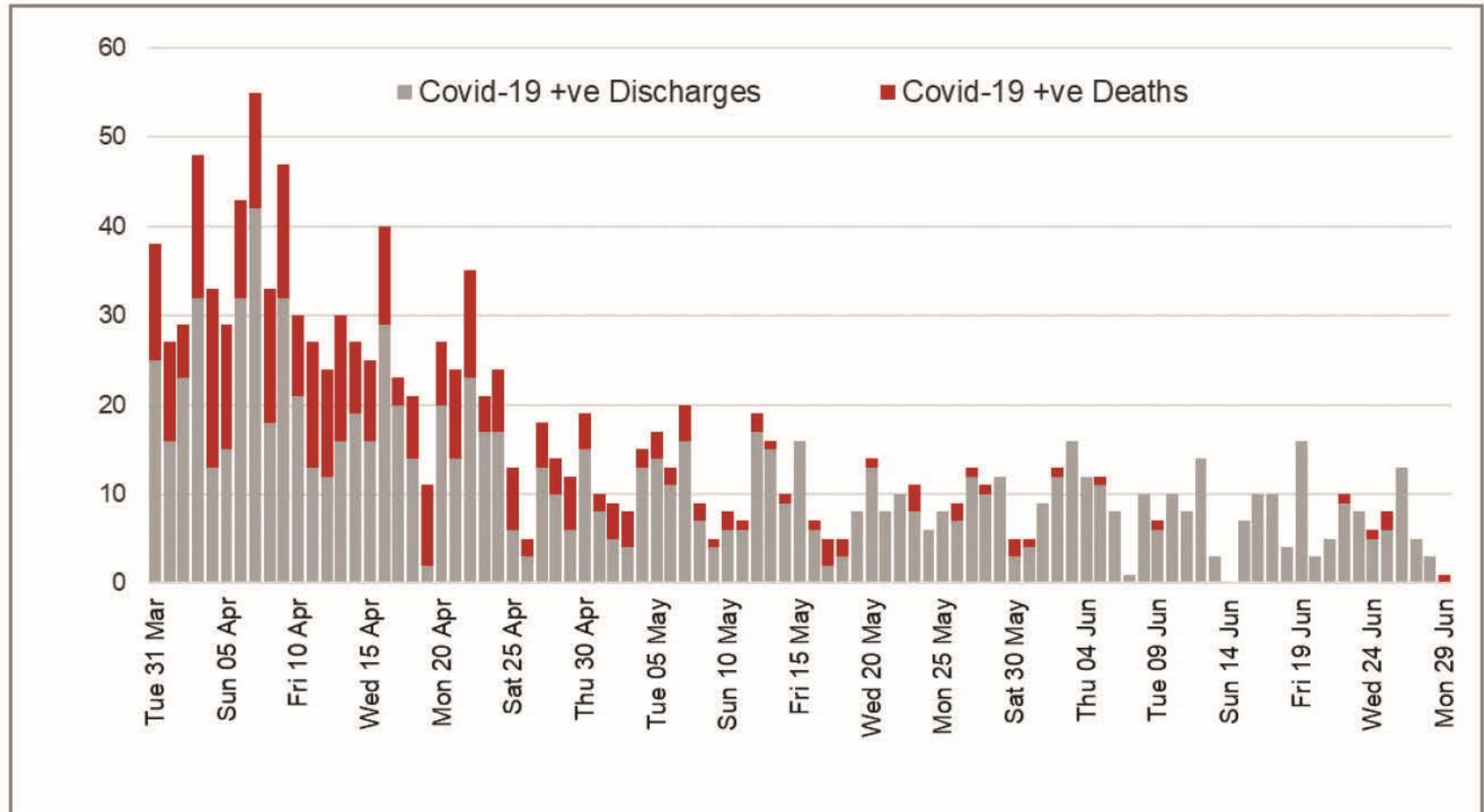
Timeline of events

31 Dec	WHO informed of cases of pneumonia of unknown cause in China
10 Jan	PHE guidance on infection prevention and control for COVID-19
20 Jan	First cases of COVID-19 reported outside of China
24 Jan	COBR meeting on COVID-19 chaired by Health Secretary
27 Jan	Health Secretary statement to Parliament
End Jan	Trust initiates planning for COVID-19 pandemic response
31 Jan	First known cases of COVID-19 confirmed in England

Timeline of events

20 Feb	NHS minimum operating standards for COVID-9 patient pathway
5 Mar	Trust multi-site exercise to test pandemic response plan
5 Mar	UK reports first death related to COVID-19
9 Mar	Trust admits first COVID-19 positive patient
12 Mar	Trust moves to 'Gold command'
12 Mar	Trust reports first death of patient related to COVID-19
23 Mar	Prime Minister announces lockdown measures
7 Apr	Number of COVID-19 positive patients being cared for by the Trust reaches peak 360 total
13 Apr	Number of COVID-19 positive ventilated patients in the Trust reaches peak 132 total

Caring for Covid-19 patients



As of 30 June 2020:

- 1,239 Covid +ve patients recovered and discharged
- Sadly 425 deaths

Clinical and operational response

- NHS response managed as a 'level 4 major incident' at national, regional and local levels
- Overall Trust 'gold command' structure was established supported by site level management to ensure clear decision making and coordination in each hospital
- Quickly made temporary changes to the way services are organised – in order to increase critical care capacity to meet the surge in demand and to minimise the risk of contracting the virus for other patients we reduced elective capacity to time-critical procedures only
- Increased critical care capacity from 68 to 143 beds and planned additional capacity to increase to up to 300 beds as needed
- Almost 700 members of staff from all clinical and non-clinical groups were trained and redeployed to directly support our response
- 'Virtual' outpatient appointments replaced on-site appointments and visitor attendance restricted to exceptional circumstances

Wider response and support

- Followed national guidance for the use of personal protective equipment (PPE) – problems with the availability of PPE was a national issue and, although we have never run out, supplies of some types of equipment were very low at times so we had to use agreed alternatives
- Support for our staff including emotional wellbeing – groups meet at dedicated spaces on our main sites and individual counselling is available to help staff deal with the challenges presented by dealing with Covid-19 – this is continuing
- Other support initiatives have been established including transport, parking, accommodation, provision of a range of free hot food, 24/7 onsite free ‘shops’, shopping collections/deliveries and ‘welfare’ boxes
- We are extremely grateful to Imperial Health Charity and a range of generous donors and volunteers – local councils, community organisations and businesses and individual members of the public – for making all of this possible

Where we are now

- As the number of cases of patients being treated for Covid-19 has reduced, we have turned our attention and efforts to organisational and system recovery and reset
- configuring our sites and services to facilitate the safe restart of some elective activity, increased non-Covid care and safe working for our staff – designing ‘Covid risk managed’ and ‘Covid protected’ pathways for elective and non-elective care
- reinstating elective activity focusing on patients with greatest clinical need
- embedding and expanding pathway changes that minimise risk to patients and staff
- coordination of staff re/de-deployment and ongoing support to staff with their wellbeing
- continued readiness for further waves of the Covid-19 pandemic

Reflections on our learning

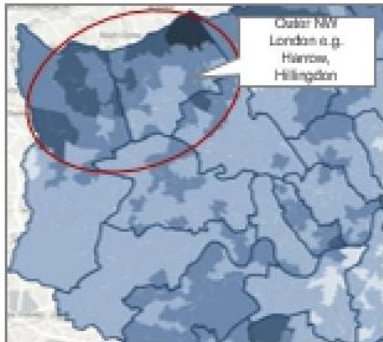


Community insights

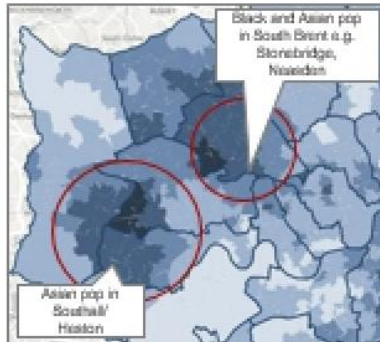
Reflections on our learning

- Significant inequality across NW London with some communities outliers on a range of measures

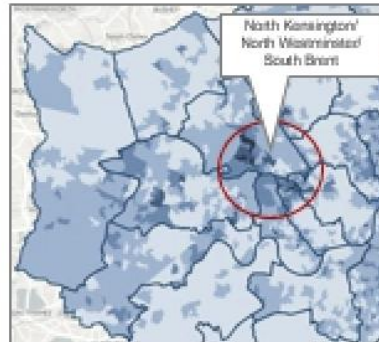
Age: % people over 70



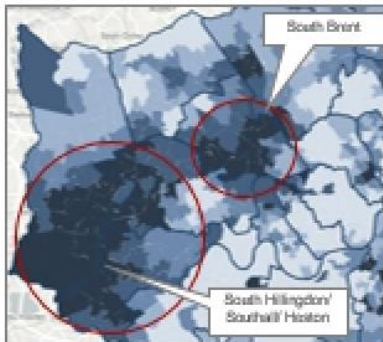
Ethnicity: % BAME



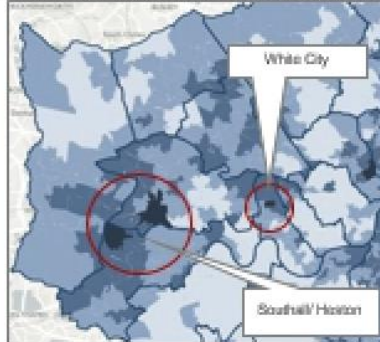
Deprivation: IMD 2019



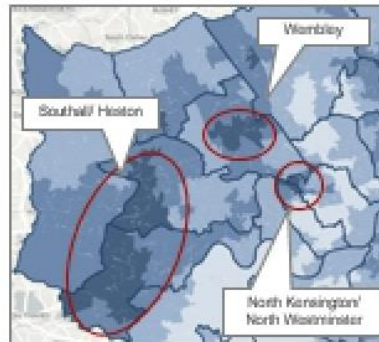
Jobs: % in insecure occupations



Poverty: % children living in poverty



Medical: % 18+ with obesity



**Inequalities
and a focus
on need**

Reflections on our learning

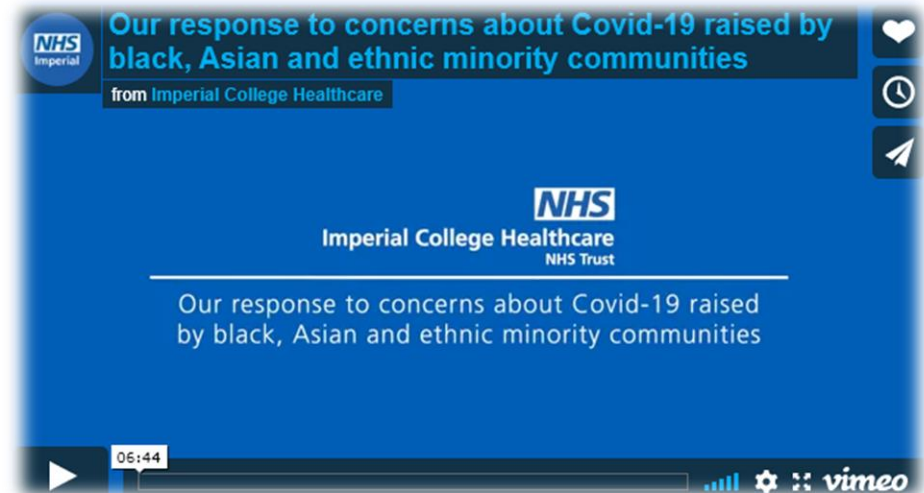


**Staff and the
importance
of their
health and
well-being**

Reflections on our learning



Fear

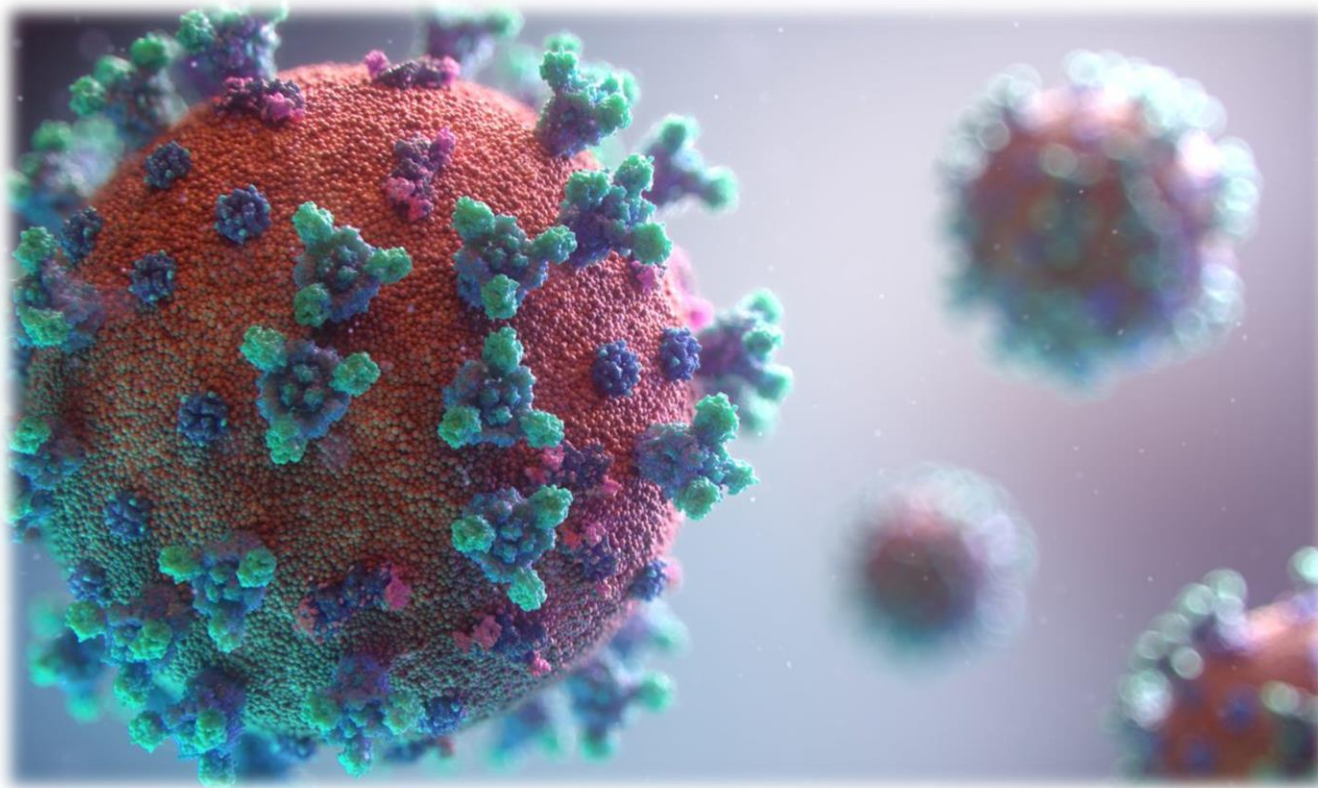


Reflections on our learning



**Accelerated
digital
change**

Reflections on our learning



**Research
and rapid
learning**

Reflections on our learning



**New ways
of working**

Reflections on our learning



**Gratitude
and hope**

Looking to the future

1	Care that is centred around the things that matter most to each individual
2	Strong attention to staff health & wellbeing
3	Safe, sustainable and high quality clinical services
4	Care that is driven by research, innovation and data
5	A culture of working and learning together in partnership
6	A focus on building healthier communities

Thank you - annual general meeting 2020

Contact us at:

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