

# Annual General Meeting 2012/13

## Imperial College Healthcare NHS Trust

Wednesday 25 September 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

# Welcome

## Chairman, Sir Richard Sykes

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# Programme of events

- 6.00pm **Welcome**  
Chairman, Sir Richard Sykes
- 6.10pm **Annual review and looking to the future**  
Chief Executive, Mark Davies
- 6.25pm **Financial summary: building world class finance**  
Chief Financial Officer, Bill Shields
- 6.40pm **Patient experience: putting patients first**  
Director of Nursing, Janice Sigsworth
- 6.55pm **Questions and answers**  
Your chance to ask questions
- 7.30pm **Close**

# Opening remarks

Chairman, Sir Richard Sykes

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# Annual review and looking to the future

Chief Executive, Mark Davies

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# Introduction

- Coming through tough times
- The world in which we live
- Progress and achievements as an Academic Health Science Centre
- Looking to the future



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# Coming through tough times

**PERFORMANCE**

## Imperial stops reporting on waiting lists

Ben Clover  
ben.clover@emap.com

One of England's largest hospital trusts has taken the rare step of suspending its reporting of three key performance measures as it is "unable" to determine how many patients are waiting for treatment.

support team found the trust was "unable to provide sufficient assurance over the size of the admitted and outpatient waiting lists".

In his report to the trust board last week, interim chief executive Mark Davies said: "The board needs to understand that the position the trust is in is seri-

The trust is now asking its commissioners, principally the north west London primary care trust cluster, for financial support to tackle the 18-week backlog, thought to total more than 2,000 patients. This could mean treatment in other NHS trusts or the private sector.

The board said it would work

## Probe into 25 cancer deaths after blunders led to treatment delays

Sophie Goodchild  
Health Correspondent

THE deaths of 25 cancer patients are being investigated by a London hospital after referral blunders. Imperial College Healthcare has already admitted that hundreds of patients with suspected cancer may have missed out on fast treatment because of "poor record keeping".

unrelated to any problems caused by delayed treatment - leaving 25 still under

It seems to us there could be a possibility of clinical harm as a result of delays in the diagnosis and treatment'

Council's letter to health trust

### Hospital at centre of deaths probe

Health chiefs are looking into the deaths of several patients who were sent to St Mary's Hospital for cancer tests to see if a mix-up with their records contributed to their demise. Imperial College Healthcare NHS Trust is reviewing how the patients were dealt with following a referral to the hospital and whether or not treatment was not given due to poor record-keeping.



**LONDON**

## Imperial reduces deficit forecast to £19m

Ben Clover  
ben.clover@emap.com

One of the capital's most financially challenged trusts is now reporting a significant reduction in its predicted deficit.

Imperial College Healthcare Trust is forecasting a deficit of £19m for 2011-12, down from the £35m envisaged earlier this year.

**More finance news online**

South Devon £2m above surplus target  
**NHS Oldham falls behind on "stretch" savings target**  
Bournemouth and Christchurch exceeds planned surplus

[www.hsj.co.uk/hsj-local](http://www.hsj.co.uk/hsj-local)  
for updates on what is happening in your area

led by Bill Shields, former finance

over organisation had been improved. But Imperial's most recent finance report said: "Concern remains over the level of cash balances during quarter four and how the trust ensures it can continue to make payments."

It added: "The trust is discussing with NHS London the possibility of accessing additional public dividend capital to sup-



## NHS trust reassures patients over blunder

>> Clinical review under way after cancer records were found in disarray

By Greg Burns  
gregburns@trinitysouth.co.uk

AN INVESTIGATION has been launched to determine whether data recording blunders by Imperial College NHS Healthcare Trust could have cost lives.

tested or not, and others duplicated. The trust launched a review to track patients referred for a cancer test to make sure they were treated with 15 tested and found not to have cancer.

But 74 people have died since, and an independent review is taking place to discover if a missed diagnosis caused their death. Investigations into 49 of the deaths have been completed and ruled not to be down to the failings of the trust with the reviews into the remaining 25 deaths to be completed by the end of July.

It has promised to review its

our poor record keeping. We are extremely sorry that this situation was not identified and resolved earlier, however we would like to reassure our patients that this was an issue of poor record keeping not clinical care.

Health bosses are being brought before council health committees in Hammersmith and Fulham and Westminster to give a reassurance that the blunders will never be repeated. Councilor Marcus Ginn, community care leader in Hammersmith and Fulham, said: "We take the management and

## Cancer patients 'may have died after loss of records'

By Rebecca Smith, Medical Editor

CANCER patients may have died or suffered complications after a leading hospital trust lost their medical records and then played down the risk of them missing life-saving treatment, it has been alleged.

one death the delay may have been a contributory factor but evidence was "inconclusive".

Sarah Richardson, a councillor at Westminster city council, said: "Managers were more worried about their reputation than about patient safety. In a public forum they said no

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# The world in which we live

- Public concern about quality and safety
- Financial pressures
- Pressure on services
- Big changes in NW London: *Shaping a healthier future*
- The most far-reaching organisational changes in history of NHS



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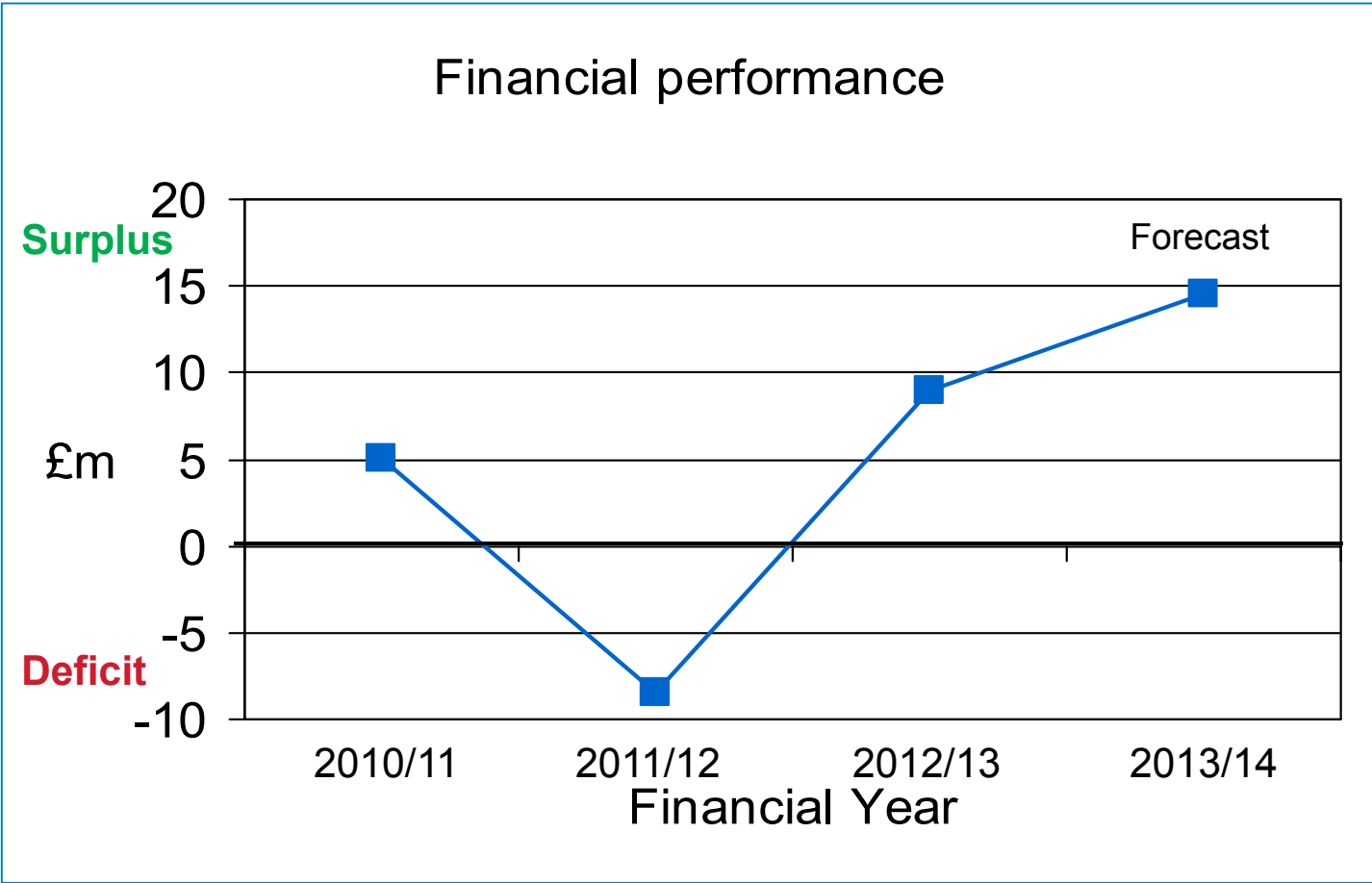


# How we have done: from red to green

	Early 2012		March 2013
Financial Performance	Red	→	Green
A&E 4-hour maximum waiting time	Green	→	Green
Delayed Transfer of Care for acute patients	Green	→	Green
Elective/Planned: 18 weeks waiting times from referral to treatment	Reporting Break	→	Green
Cancer waiting times: 8 national standards	Reporting Break	→	Green
Maternity: women seen by midwife on time	Green	→	Green
Stroke: assessment, treatment and care	Green	→	Green
Infection Prevention and Control: MRSA/ <i>C.difficile</i> thresholds	Red	→	Green
Adult inpatients having Venous Thromboembolism (VTE) risk assessment	Red	→	Green

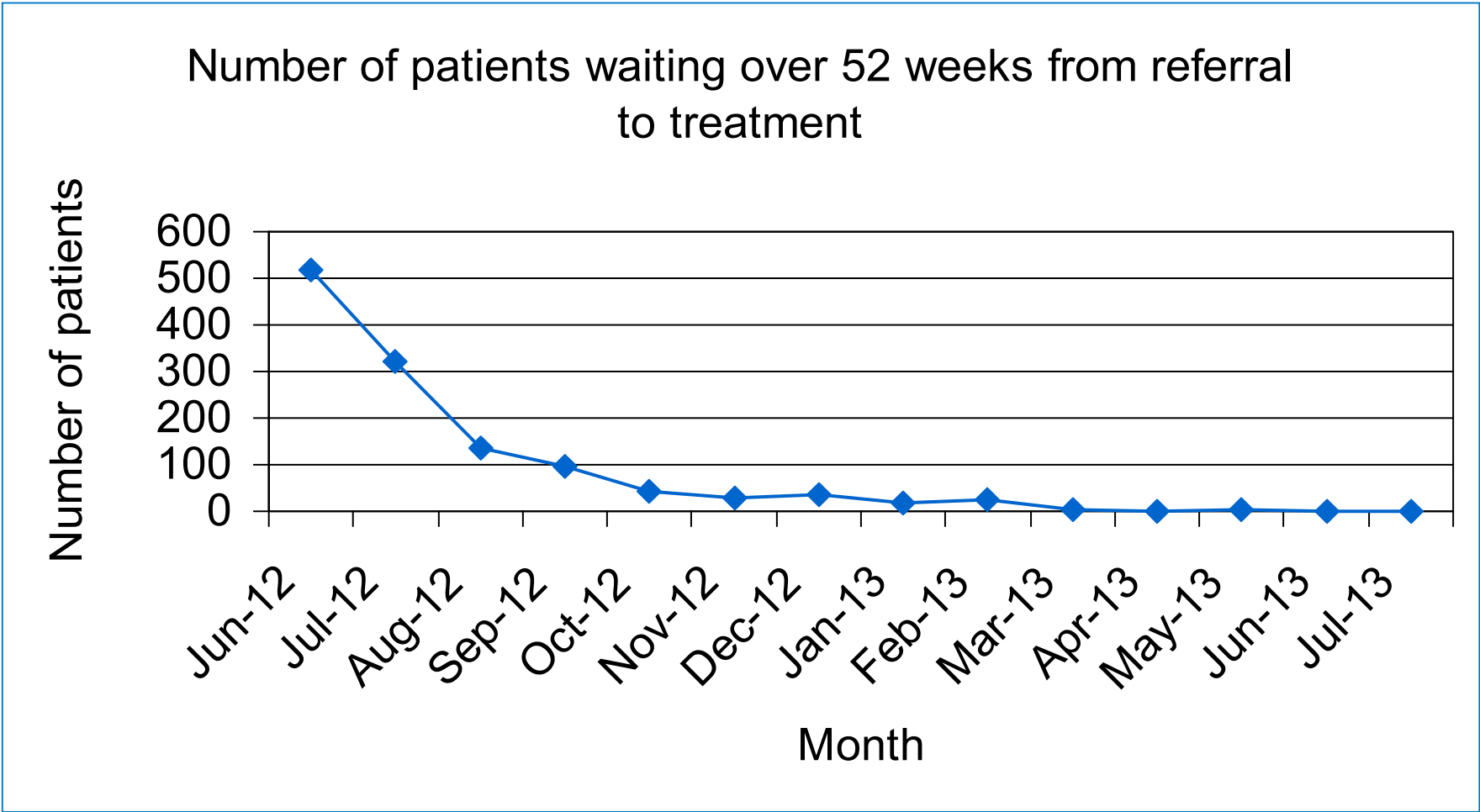
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# How we are managing the money



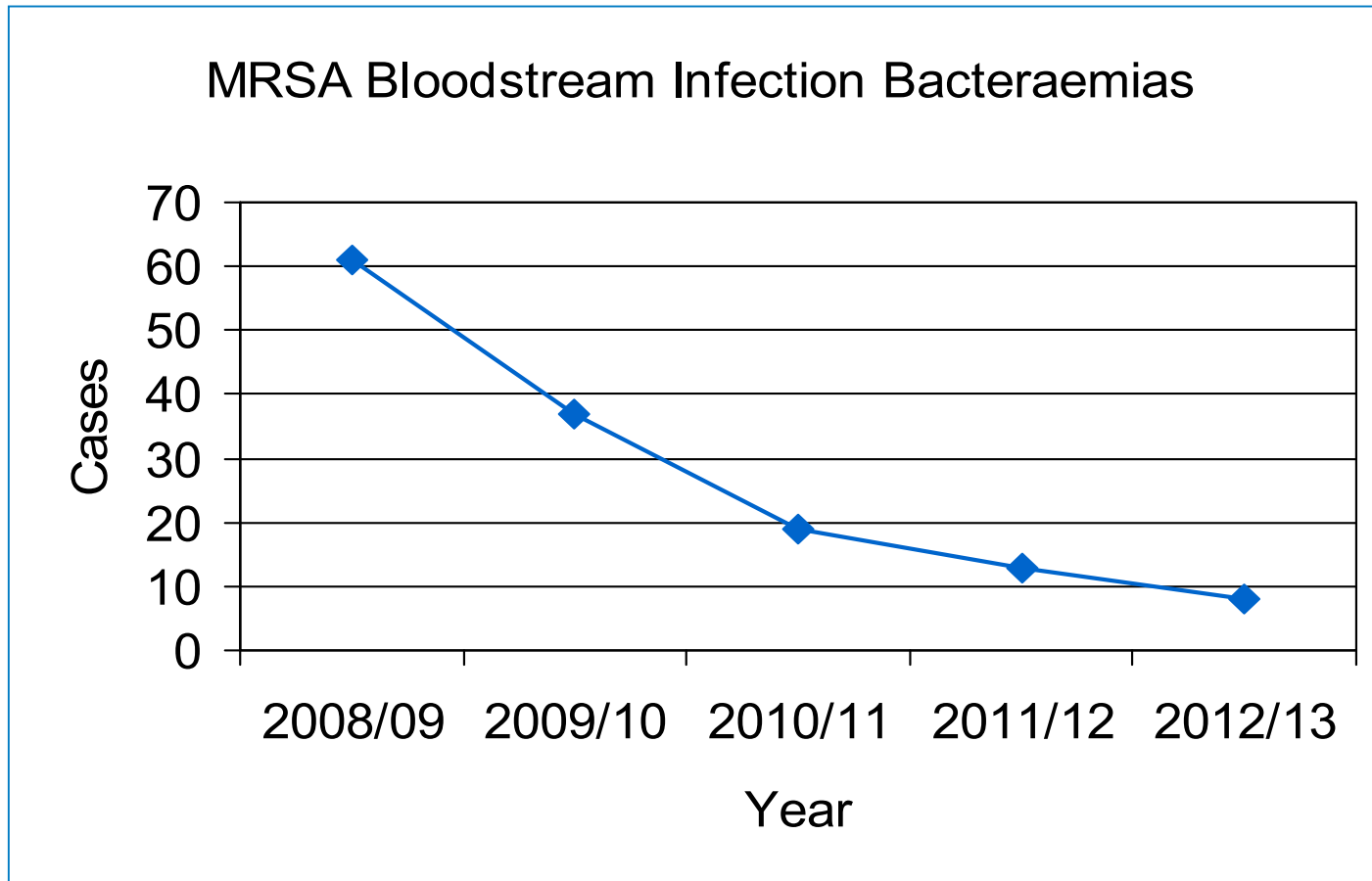
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# Improving waiting times



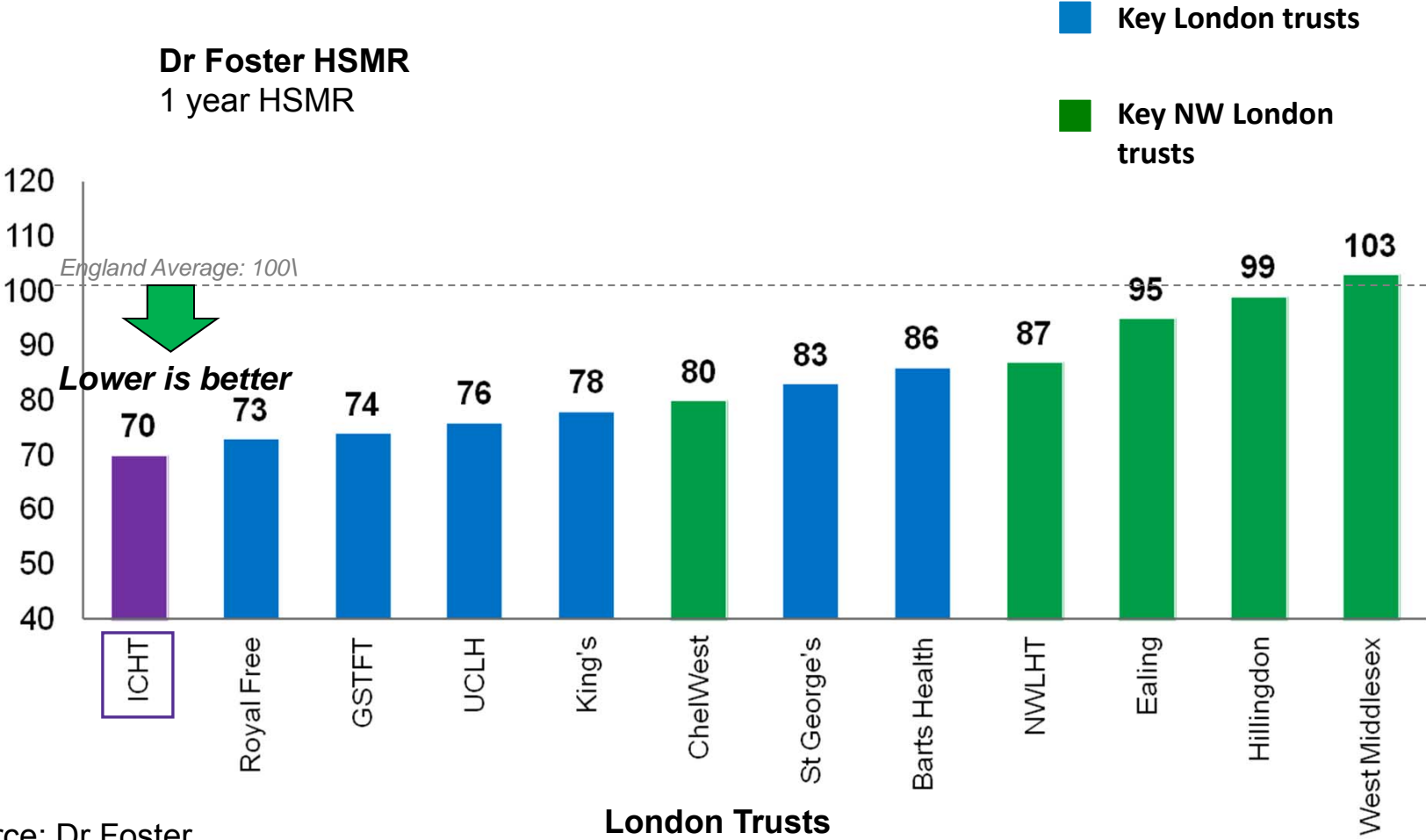
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# Reducing hospital infections



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# Among the best patient outcomes in UK



Source: Dr Foster

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# Achievements as an AHSC

- Education
  - Lead provider in north west London for postgraduate training of doctors
  - Innovator in the use of simulated training
- Research
  - Partner with Imperial College
  - UK's largest recipient of Department of Health research funds
  - 600+ active research projects



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# Looking to the future

- Foundation Trust status
- Innovation and leadership as an AHSC



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# The future: Foundation Trust status

- Through membership and council of governors will bring Trust closer to the people we serve
- Symbol of a well run, well led organisation
- Remain part of the NHS



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# The future: clinical strategy

- Exciting clinical strategy developed by Trust clinicians
- Operating from three main sites:
  - Hammersmith Hospital: Specialist
  - St. Mary's Hospital: Major Acute
  - Charing Cross: Local and Elective
- All providing local services as well as their particular unique function



# Innovation as an AHSC

Making the innovation of today  
the mainstream of  
tomorrow...



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# Summary

- Trust has come a long way
- Now stable but more to do...patient experience
- Key role as an Academic Health Science Centre
- The future... helping people keep healthy as well as treating them when they are sick

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# Financial Performance: building world class finance

Chief Financial Officer, Bill Shields

# Agenda

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## Annual Accounts 2012/13

- Headlines for the year
- Looking back on 2012/13
- Statement of Comprehensive Income
- Operating Revenue
- Operating Expenses
  - Employee Benefits
  - Other Costs
- Capital Expenditure

## Looking Forward

- Financial Plan for 2013/14
- Foundation Trust Timeline



# Headlines for the year

- Surplus for the year of £9.0m (excluding impairments)
- Cash balance of £55.3m increased by £32.3m
- Paid off a Department of Health loan of £24m
- Capital expenditure of £25m
- Research and development spending (excluding staff) increased by £2.8m to £16.7m
- Savings programme delivered £54.1m of efficiencies (£62m FYE)
- Shadow Monitor Financial Risk Rating (FRR) of level 3
  - FRR of 5 is the highest rating and the lowest risk; 1 is the lowest rating and the highest risk. Foundation Trusts are expected to achieve at least a level 3



# Annual Accounts 2012/13

Statement of Comprehensive Income	2011/12 £m	2012/13 £m
Revenue from Patient Care Activities	731.3	752.6
Other Operating Revenue	210.4	217.7
<b>Total Revenue</b>	<b>941.7</b>	<b>970.3</b>
Employee Benefits	(534.7)	(522.5)
Other Costs*	(391.4)	(416.4)
<b>Operating Surplus</b>	<b>15.5</b>	<b>31.6</b>
Net financing costs	(1.7)	(1.5)
<b>Surplus for the financial year*</b>	<b>13.8</b>	<b>30.1</b>
Public dividend capital payable	(22.2)	(21.0)
<b>Retained surplus/(deficit) for the year*</b>	<b>(8.4)</b>	<b>9.0</b>

\* Excludes an impairment for 2011/12 of £12.1m and 2012/13 of £17.5m which is a non-cash, non-operational charge relating to the downward valuation of the Trust's building assets.

# Annual Accounts 2012/13

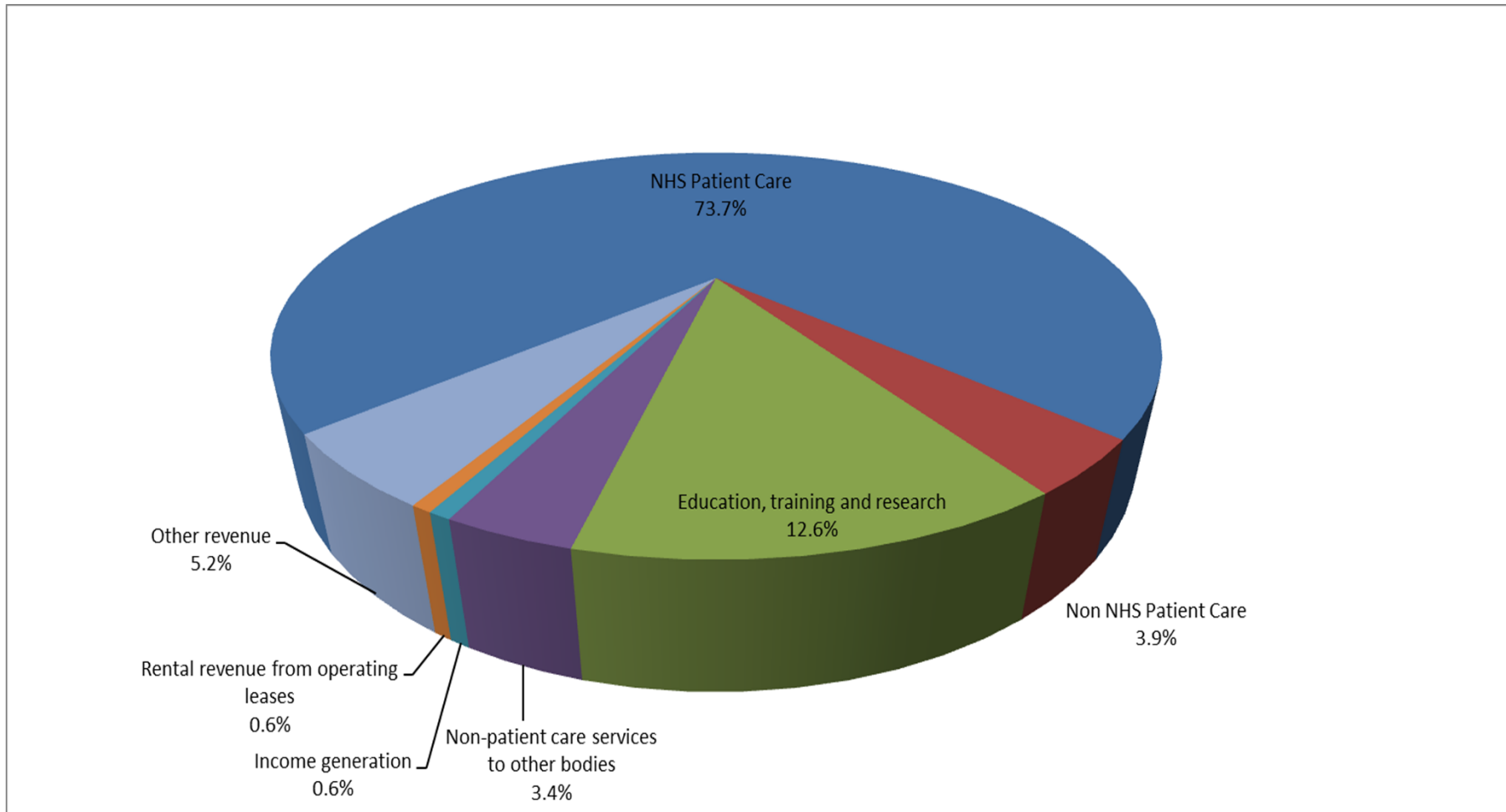
Operating Revenue	2011/12 £m	2012/13 £m
<b>Revenue from patient care activities</b>		
Strategic Health Authorities	5.2	5.7
Primary Care Trusts	688.3	700.2
Other NHS	3.4	9.3
Non-NHS	34.6	37.4
<b>Other operating revenue</b>		
Education, training and research	118.6	122.7
Non-patient care services to other bodies	34.4	33.1
Income generation	5.1	6.0
Rental revenue from operating leases	5.4	5.6
Other revenue	46.7	50.3
<b>Total operating revenue</b>	<b>941.7</b>	<b>970.3</b>



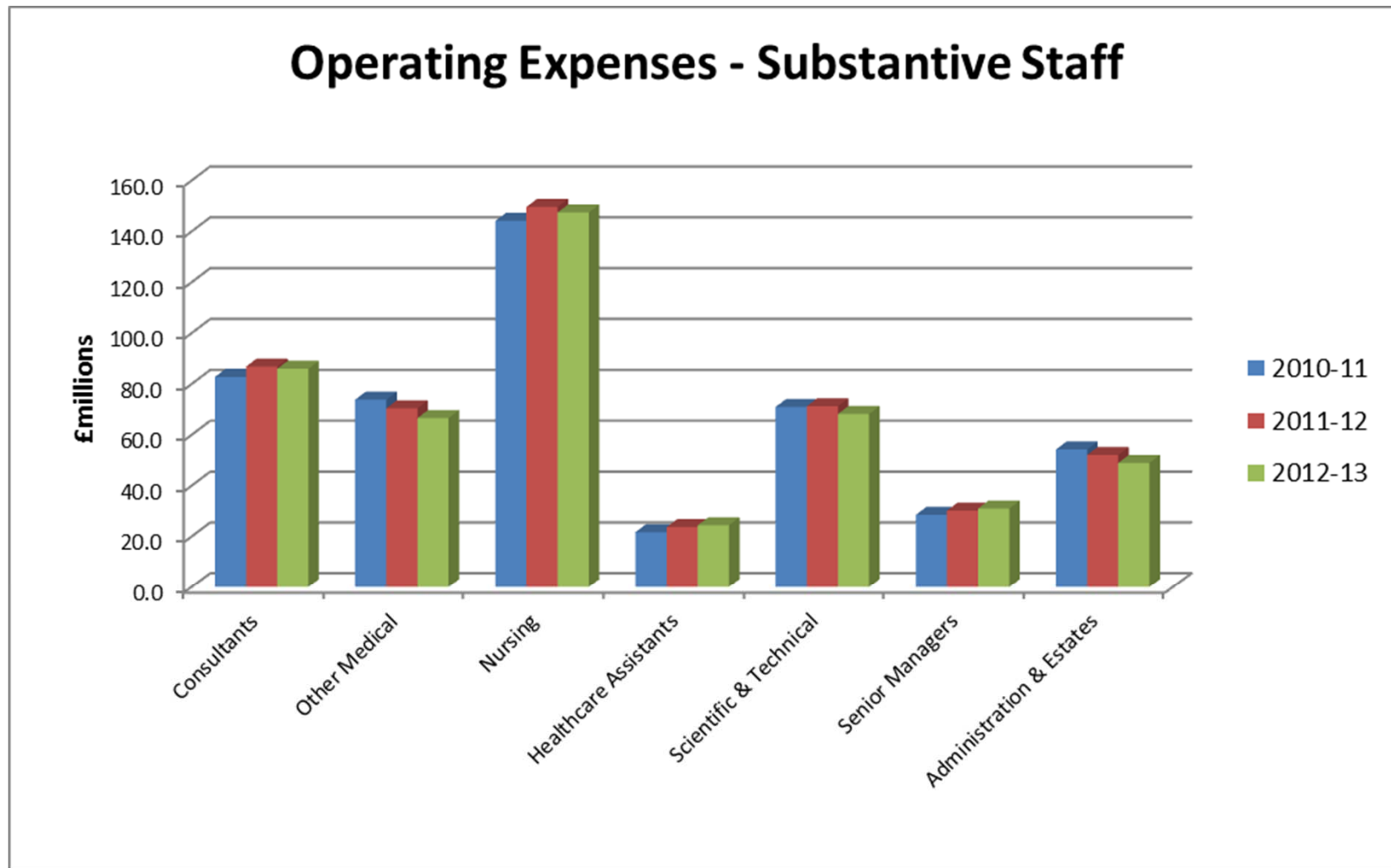


# Annual Accounts 2012/13

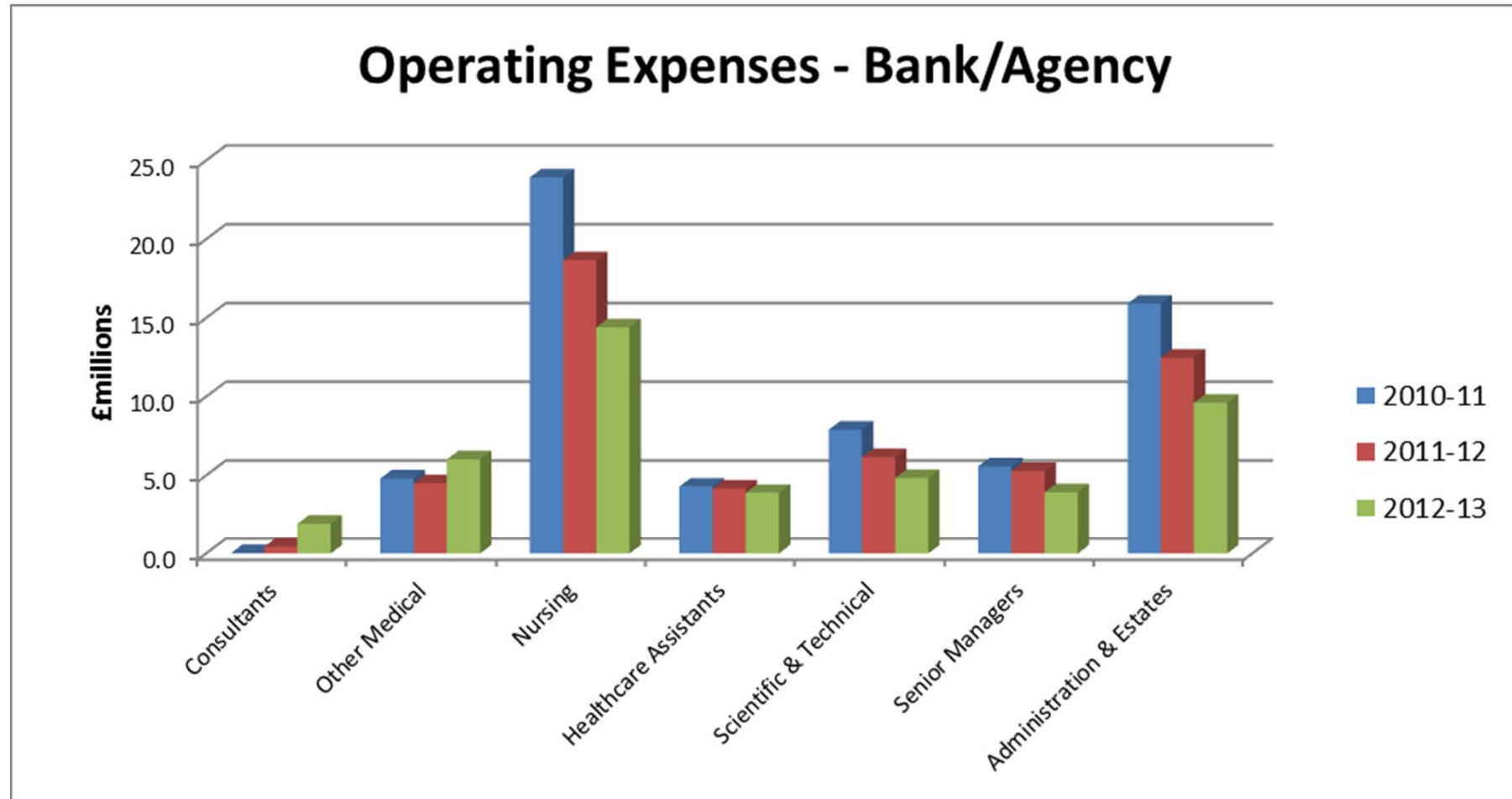
## Operating Revenue – 2012/13



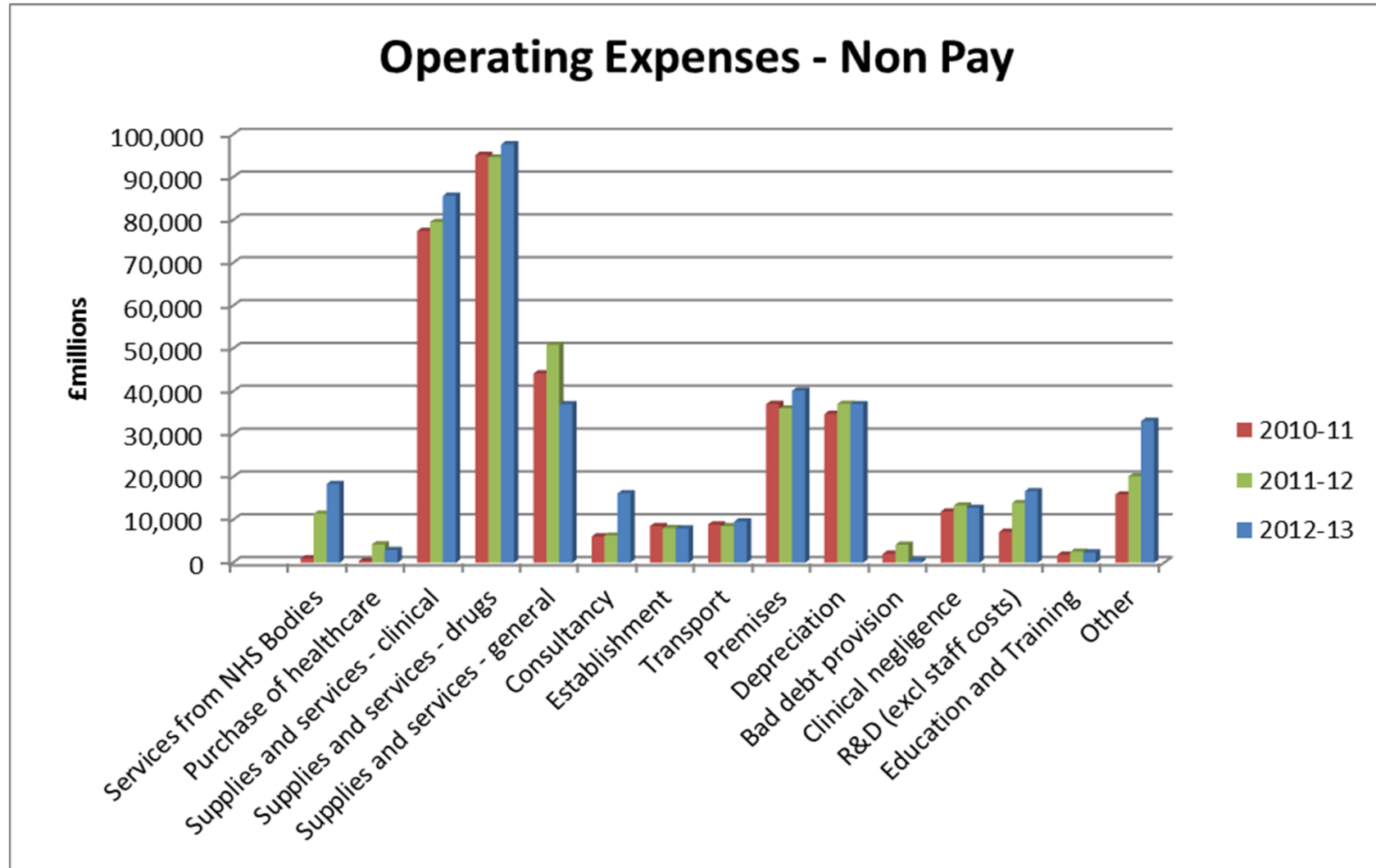
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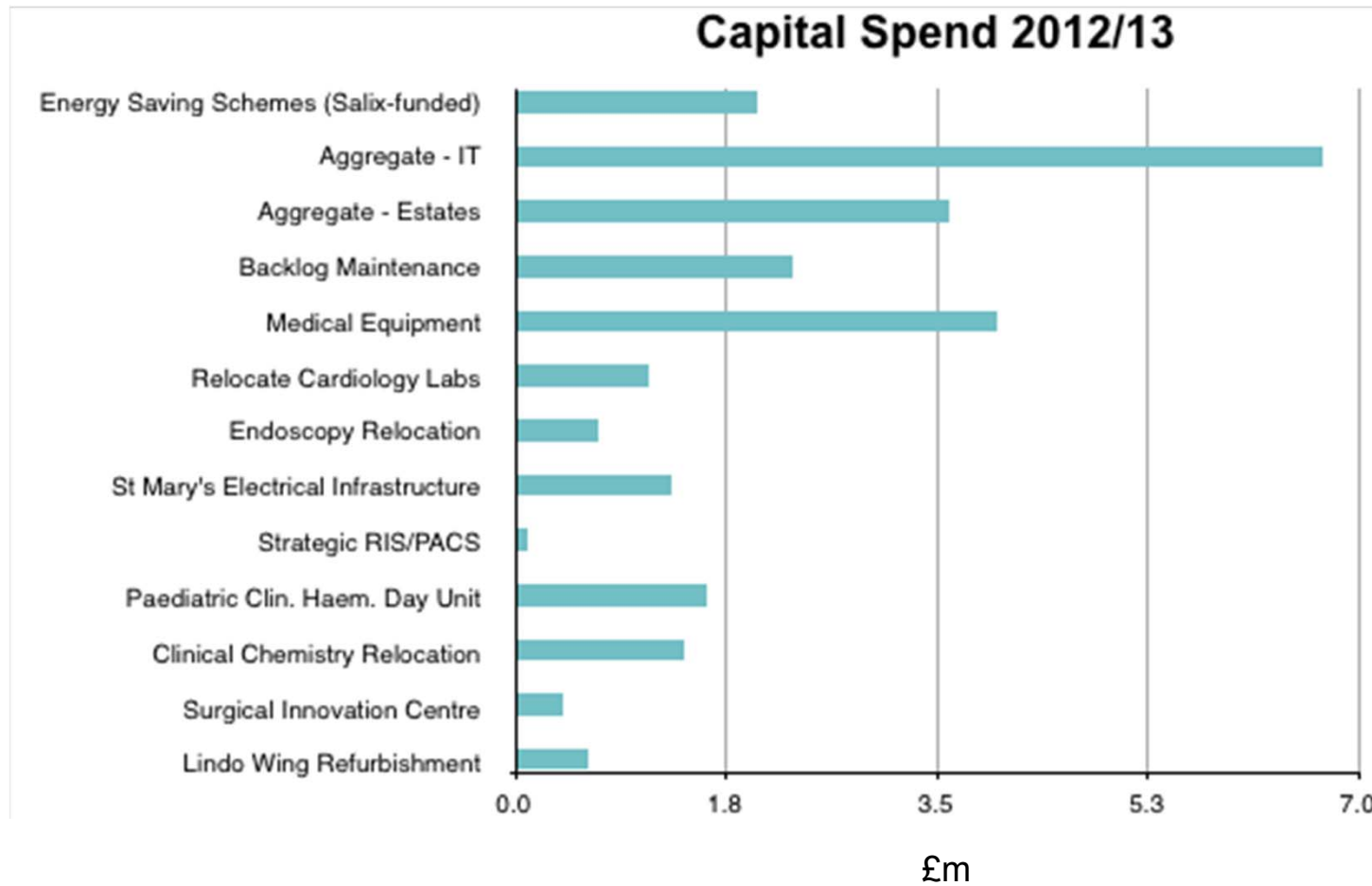
# Annual Accounts 2012/13



# Annual Accounts 2012/13



# Annual Accounts 2012/13



# Looking forward: 2013/14

Financial Plan 2013/14	2012/13 Plan £m	2013/14 Plan (agreed by TDA) £m	Movement in plan between years £m
Income	950.1	941.3	↓8.8
Expenditure	949.6	926.8	↓22.8
Surplus / (Deficit)*	0.5	14.5	↑14.0
CIP	52.0	49.3	↓2.7
Capex	30.0	30.0	→0.0
Cash	24.4	60.3	↑35.9

\*Excluding technical adjustments



# Foundation Trust application

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- Approval given by NHS Trust Development Agency (TDA) to apply for Foundation Trust Status in February 2013
- Agreed Plan with TDA with objective of authorisation on 1 December 2014
- Progressing through the application process the Trust will need to demonstrate that it is:
  - Legally constituted
  - Financially viable
  - Well governed
- Trust is currently going through the TDA phase of the application
- The Monitor phase of the application is due to commence summer 2014



# Foundation Trust engagement

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- As part of the FT application process, the Trust is engaging with its partners and stakeholders, which will include:
  - A period of 12 weeks of public consultation commencing in November, focusing on the Trust’s clinical strategy and key service developments
  - Recruiting members of the public to become members of the new Foundation Trust
  - Electing a representative Council of Governors to be a voice for the local communities the Trust serves





# Conclusions and Future Work Programme

- Focus on delivery of existing CIP schemes in implementation and operational cost control to ensure delivery of 13/14 financial targets
- CIP programme for next 3 years based upon coherent programmes to drive transformational change
- Alignment of financial, activity, capacity and workforce planning with Clinical Divisions actively planning and managing resources to deliver clear quality, performance and financial outcomes
- Solid platform from Building World Class Finance (BWCF) Programme allows the Trust to build capability within Clinical Divisions to manage resources to the highest level of efficiency and effectiveness
- Accelerate next stage developments of the BWCF Programme on leading edge practices on planning and Service Line Reporting
- The Trust is now a reference point for leading financial management practice within the NHS

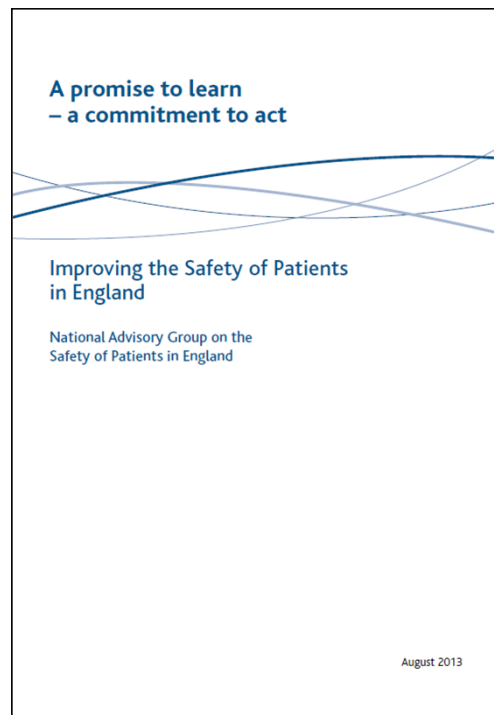


## Putting patients first

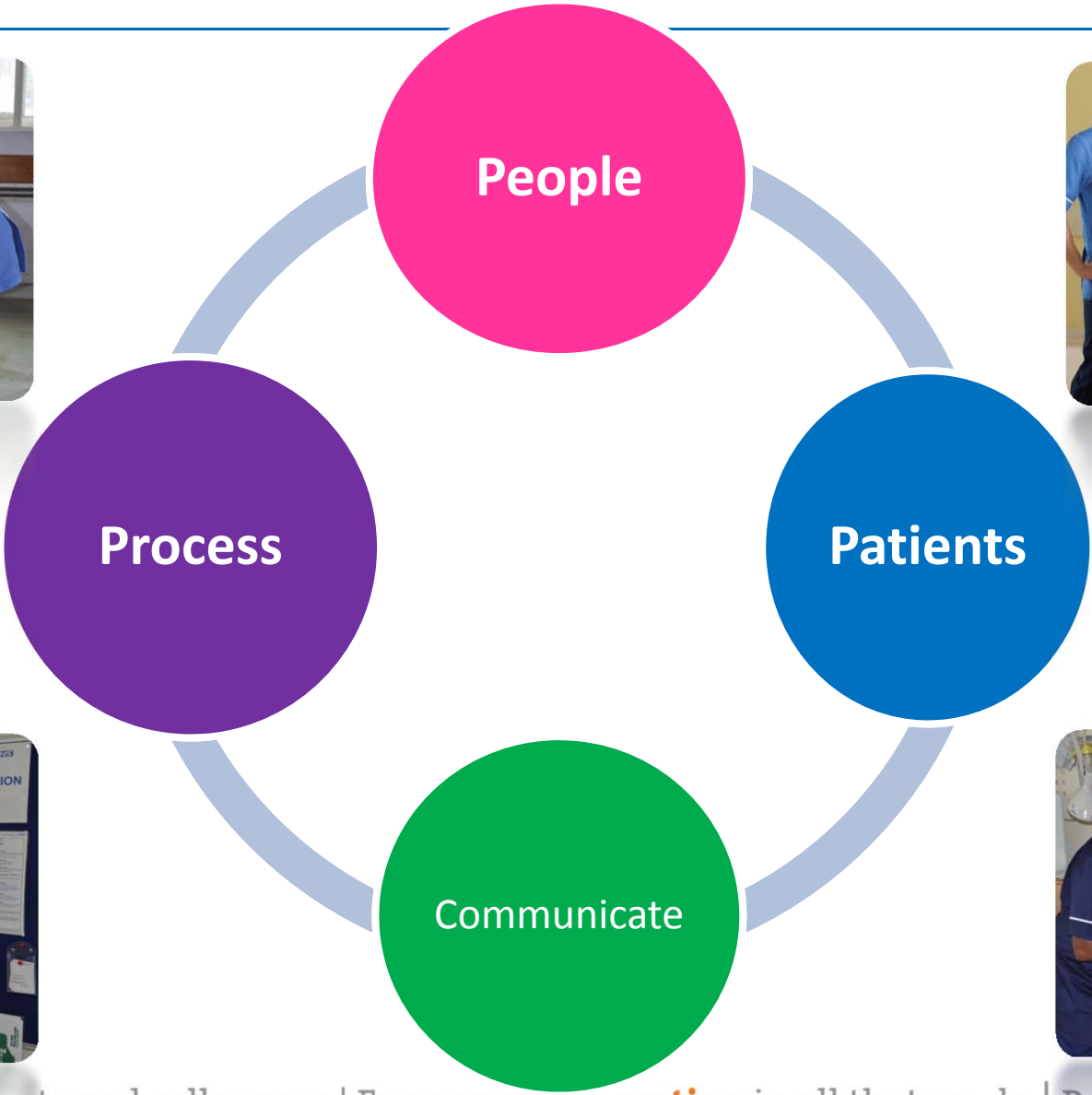
Director of Nursing, Janice Sigsworth

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# A promise to learn - a commitment to act

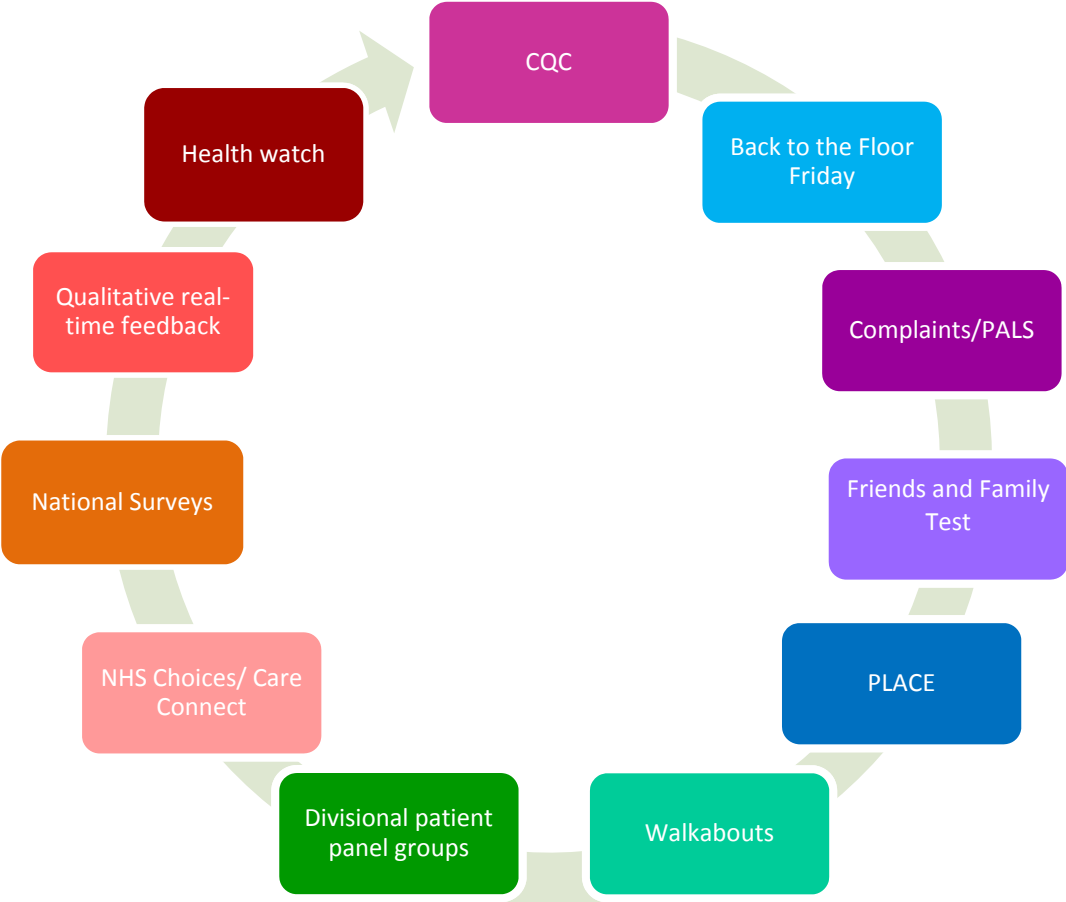


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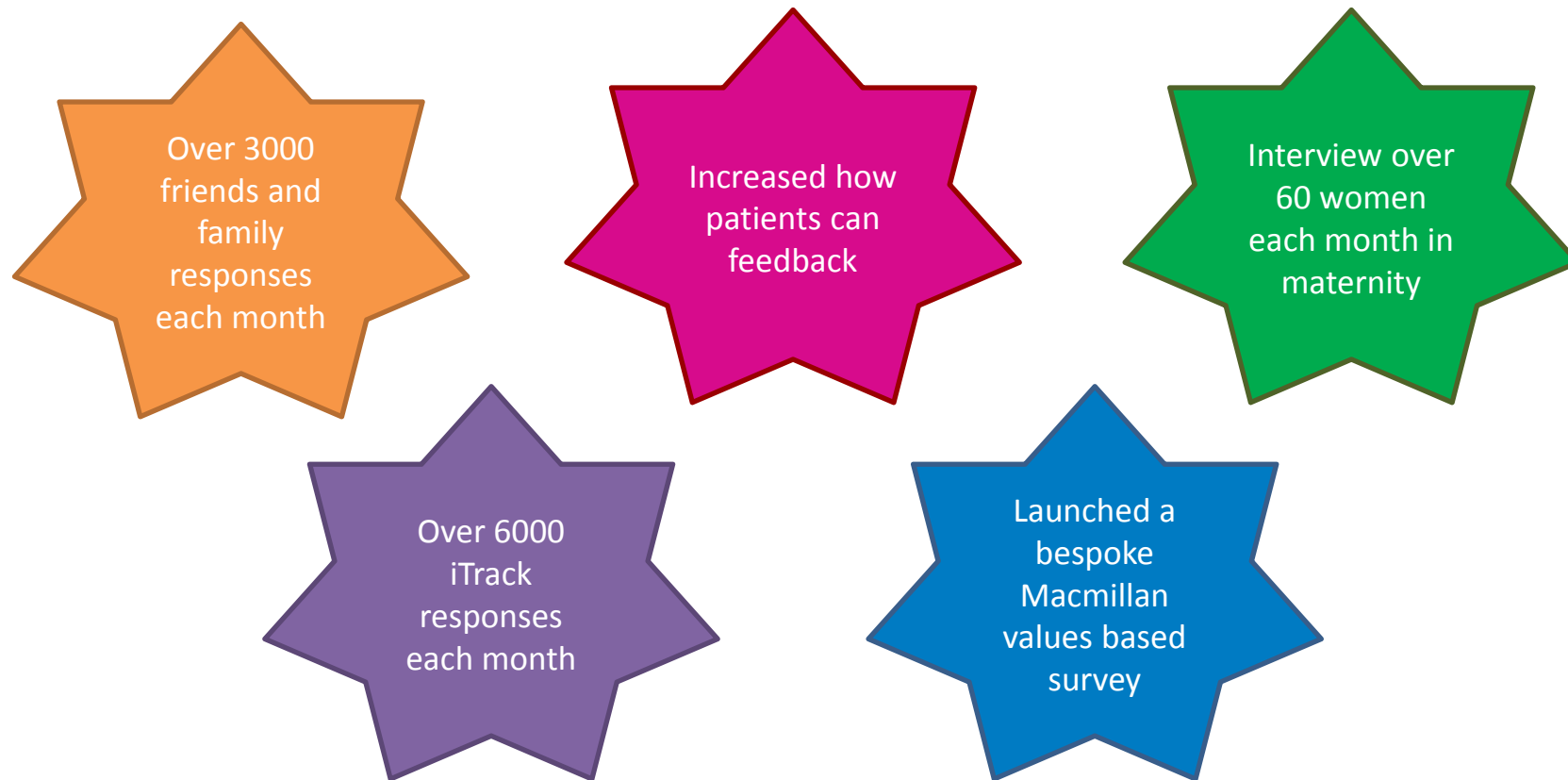
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# Listening to patients and families



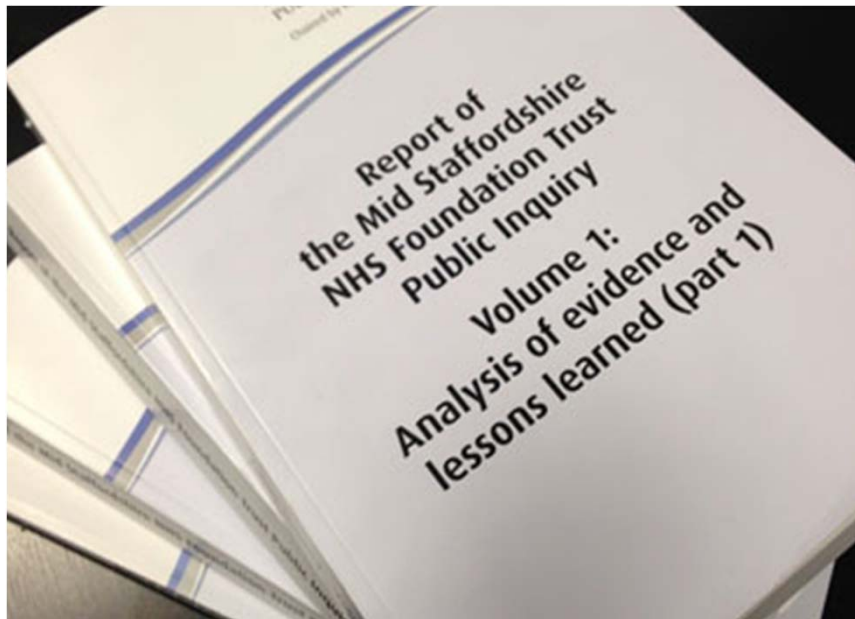
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# We have so far made great progress



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# Implementing the Francis Report and Keogh Review



## The Keogh Mortality Review

Terms of reference Hospitals under review National Advisory Group Methodology Published reports

Hospitals under investigation

### Hospitals under investigation

The following 14 hospital trusts were investigated as part of this review on the basis that they had been outliers for the previous two years on either the [Standardised Hospital-Level Mortality Index](#) or the [Hospital Standardised Mortality Ratio](#):

- [Basildon and Thurrock University Hospitals NHS Foundation Trust](#)
- [Blackpool Teaching Hospitals NHS Foundation Trust](#)
- [Buckinghamshire Healthcare NHS Trust](#)
- [Burton Hospitals NHS Foundation Trust](#)
- [Colchester Hospital NHS Foundation Trust](#)



The image shows a hospital room with two beds, each covered with a bright blue sheet. The room has orange curtains and a white wall. A small information icon (i) is visible in the top right corner of the image area.

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# National Surveys

**There is an overall improvement in our national surveys**

National Survey	Trust Current Performance
Inpatient Survey	• 2 <sup>nd</sup> Acute Trust in North West London
Outpatient Survey	• 2 <sup>nd</sup> Acute Trust in London
Maternity Survey	• 2 <sup>nd</sup> Maternity service in London
Accident & Emergency	• 4 <sup>th</sup> equal A&E service in London
Cancer Survey	• Amongst the lowest Trusts

- Improving the experience of our cancer patients is high priority
- We have some of the best survival rates in the country and want to equal this for patient experience



# Cancer patient experience

*“Improvements are very possible. Trusts across London, such as Imperial, are making enormous efforts to improve. They are working well with cancer patients and with Macmillan to address the problem. Improvements won’t happen overnight – they take time and rely on continued top-level commitment.”*


**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

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# Friends and Family Test (FFT)

Imperial College Healthcare **NHS**  
NHS Trust

**Tell me  
about your  
experience**



We value your feedback. Complete a 'friends and family test' and help us do our job better. Ask a staff member for details.

**NHS**

## The Friends and Family Test

We value your feedback, and want to make our services as good as possible for you. That's why we'll be asking you the following simple question:

**"How likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?"**

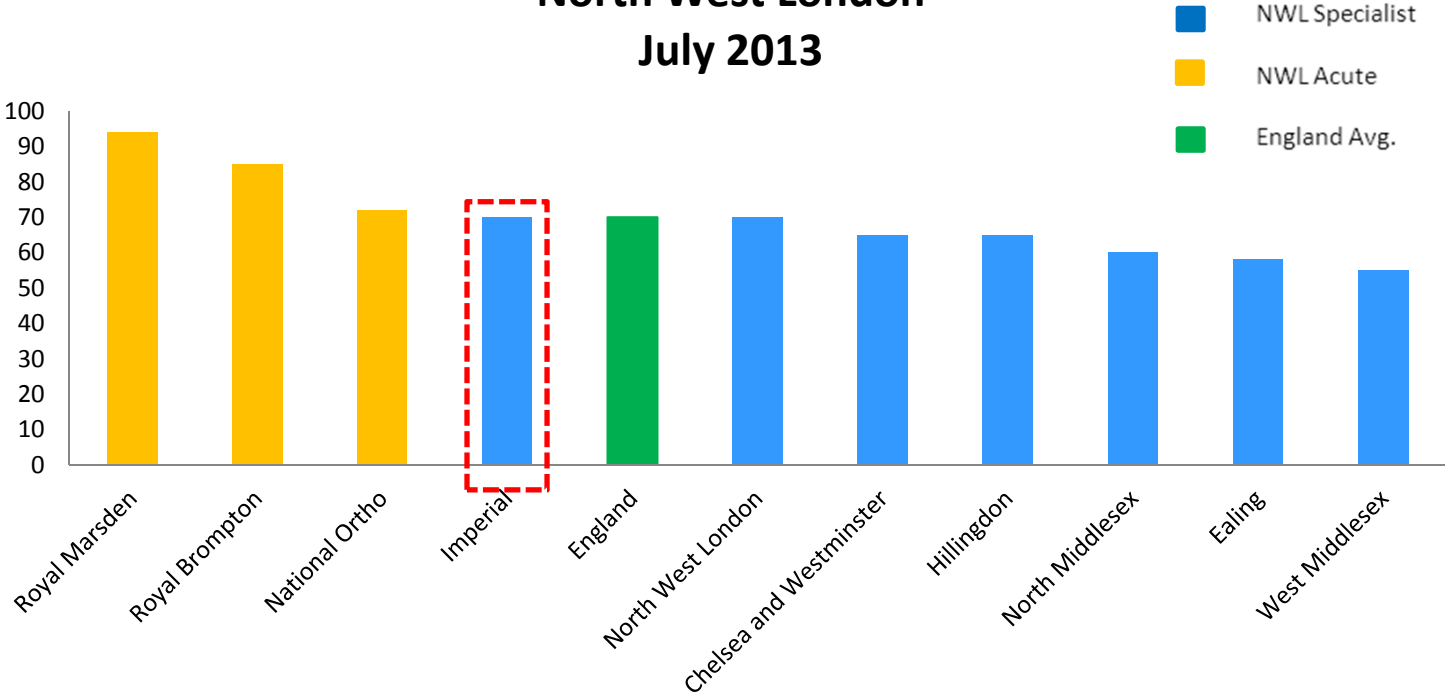
This simple survey is quick and easy to complete - please ask a staff member if you need help finding an Itrack survey device.

For more information on the Friends and Family Test, please visit [www.nhs.uk/friendsandfamily](http://www.nhs.uk/friendsandfamily)

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# Friends and Family Test (FFT)

Friends and Family Test Inpatients Score  
North West London  
July 2013



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## What patients say...

Information  
Continuity Support  
Integrated  
Communication  
Comfort Welcoming  
Respect

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# You said: “I want more information on the wards” We did:

Imperial College Healthcare **NHS**  
NHS Trust

Witamy Welcome to आपका स्वागत है 13 North ward

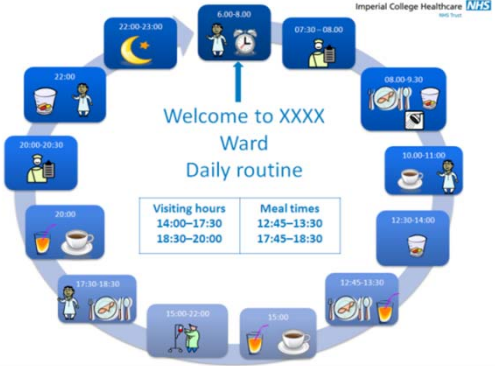
**Our phone number is**  
020 331 1111

**Visiting times**  
14.00-17.30  
18.30-20.00

**Sonia Al-Chemsa**  
Senior sister  
The senior sister has day to day responsibility for running of the unit and delivering high quality care.

**Thomas Grey**  
Ward clerk  
The ward clerk is your first point of contact.  
If you wish to discuss your care with a senior nurse, the ward clerk will assist you.

**Sarah Michaels**  
Matron  
Your experience We would like to hear about your experience as our patient. On discharge we would be grateful if you could complete the patient survey. Your nurse or ward clerk will assist you



Imperial College Healthcare **NHS**  
NHS Trust

**Do you have any questions or concerns about your care?**

**If you do, please talk to the ward manager or a member of staff anytime**

The ward manager on this ward is xxxxxx xxxxx  
They are available XXXX – XXXX

Outside these hours, please feel free to talk to any member of staff.

Or if you prefer, you or your family and friends can contact the ward on tel: [phone number]

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# You said: “Improve food quality and choice”

## We did:



**eat well**

Vegetable Curry

Weight (g)	Energy (kcal)	Protein (g)	Fat (g)	Carbohydrate (g)	Sugars (g)	Salt (g)	Fibre (g)
370	413	12	9	67	8	1.32	9.8

**Ingredients...**  
 Water, Tomatoes (Tomatoes, citric acid), Long Grain Rice, Chick Peas (Chickpeas, water, salt, anti-oxidant: ascorbic acid), Black Eyed Beans (Black eye beans, water, salt, anti-oxidant (E300)), Tomato Paste (Tomatoes), peas, cauliflower, water, salt, anti-oxidant (E300)), Creamed Coconut (Dessicated coconut), Rapeseed oil (Rapeseed oil, antifoaming agent (E900)), Garlic Puree (Rehydrated garlic, citric acid (E330)), Ginger Paste (Ginger, citric acid (E330)), Carrot, Sugar, Onion, Paprika, cornstarch, Salt, Coriander, Ground Turmeric, Cumin, Whole Grain Mustard (Mustard seed, water, spirit vinegar, sugar, salt, natural flavouring, stabiliser (E415), preservative (E202), vegetable oil), Curry Powder (Coriander seed, fenugreek seed, tumeric, fennel seed, cumin seed, black pepper, chillies, salt, cloves, garlic powder), Garam Masala (Coriander, cumin, fennel, ginger, dill, clove, celery), Chilli Powder.

\*Recipe contains alcohol or derivative of alcohol

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You said: *“Involve me in my care”*  
We did:



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You said: *“Create a comfy healing environment”*  
We did:



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You said: *“Treat me with care and compassion”*

*“We don’t see things as they are,  
we see things as we are”*

Anaïs Nin

Seeing things from different perspectives helps to:

- ✓ reduce distressing emotions
- ✓ feel more confident
- ✓ enable us to be more understanding and empathic
- ✓ improve communication and relationships



# We will be ...



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# We are committed to ...



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# We know ...



**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

# We shall keep listening and learning

We will work with external organisations as independent reviewers of our services



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# At Imperial College Healthcare...



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# A final message...



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# Questions & Answers



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# Closing remarks

Chairman, Sir Richard Sykes

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Thank you for attending

For further information email:  
[communications@imperial.nhs.uk](mailto:communications@imperial.nhs.uk)