

Welcome to our AGM 2016

Please take a seat,
the AGM is about to
begin

Welcome
Chairman,
Sir Richard Sykes

2015/16 review and a look ahead

**Chief executive,
Dr Tracey Batten**

Highlights

- More care for more people
- Focus on improving quality
- Innovative care
- Progress on digital strategy
- Working in partnership
- Maintained cancer care standards

Highlights from 2015/16



Kate Middleton supports hospital where Prince George and Princess Charlotte were...

by Ainhua Barcelona

November 26, 2015 The Duchess of Cambridge is showing her support for St Mary's Hospital in



UK NEWS

Amazing video shows student singing during operation to remove his brain tumour

Jimmy Nsubuga for Metro.co.uk

Singing is difficult enough without having to do it when you're having

Add comment



Imperial introduces new nurse-led dementia pathway

By Steve Ford News Editor Follow @SteveJFord

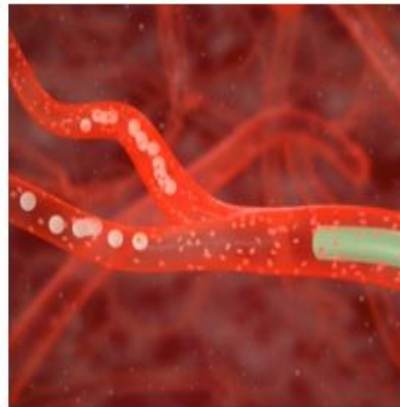


Real Christmas miracles: The winter babies that survived against all odds



Laser detects brain tumour cells during surgery - BBC News

Fergus Walsh Medical correspondent
Surgeons in London have used lasers to diagnose abnormal tissue during an operation to remove a brain tumour for the first time in Europe. The ...



Cancer 'bullet' could bring survival hope to thousands of seriously ill patients

By Andrew Gregory

The radioactive beads, which are a third of the diameter of a hair, are injected into blood vessels to deliver radiation Doctors are hailing a ...

New Specialist Services for Older Patients Launched at Charing Cross Hospital

chiswickherald.co.uk

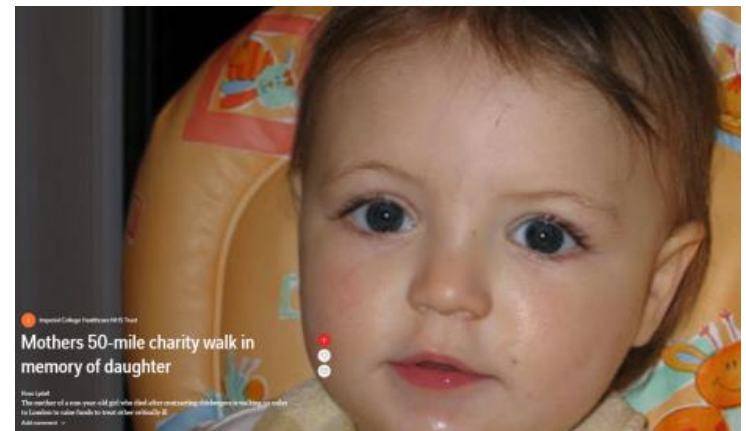
New specialist services for older patients requiring short hospital stays or specific medical treatment have been introduced by Imperial

HOSPITALS

Appeal launched to help fund new £10m children's ICU at St Mary's Hospital

By Goolistan Cooper

A major fundraising drive has been launched to improve the Childrens Intensive Care Unit at St Marys



Imperial College Healthcare NHS Trust
Mothers 50-mile charity walk in memory of daughter

Times post
The mother of a six-year-old girl who died after contracting the commonest form of cancer in London is calling funds to fund a five-mile walk in her memory.

Challenges

- Our financial position
- A&E and waiting list access standards
- The state of our estate

Looking ahead: 2016/17 and beyond

- Financial improvement and sustainability
- A&E access improvement
- Reduce waiting lists
- Sustainability and transformation plan (STP)

Looking ahead: 2016/17 and beyond

- New models of care
- St Mary's Hospital phase I redevelopment
- Continued investment in our staff

Financial accounts 2015/16

**Chief financial officer,
Richard Alexander**

Agenda

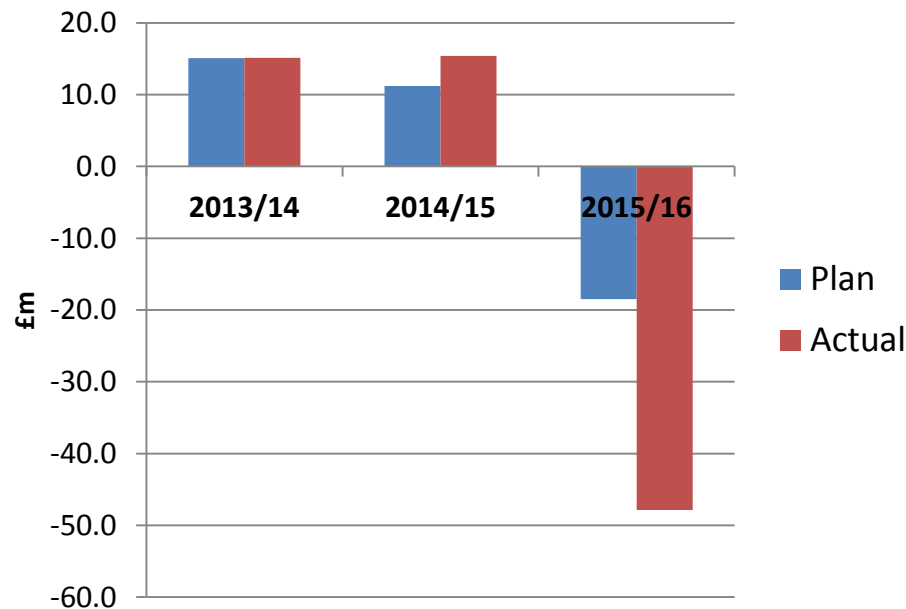
- Headlines for the year 2015/16
- Statement of Comprehensive Income
- Where does the income come from?
- How do we spend it?
- A look ahead

Headlines for 2015/16

- Year-end deficit: £47.9m
 - Made up of:
 - outturn £30.1m operational
 - £17.8m estates provisions
- Cash balance: £24.2m
- Capital expenditure: £34.4m
- Savings delivered : £28.9m

Performance against plan over last 3 years

Plan versus actual 2013/14 to 2015/16



- (£18.5m): 15/16 planned deficit
- (c£8m): unplanned fines and challenges from commissioners
- (c£4m): slower growth in private patients
- (£c£18m): provided for poor quality estate

Statement of Comprehensive Income

	2013/14	2014/15	2015/16
	£m	£m	£m
Revenue from patient care activities	774.4	795.7	832.2
Other operating revenue	204.9	204.9	187.7
Total revenue	979.3	1000.6	1019.9
Employee benefits	-526.2	-553.4	-582.7
Other costs*	-419	-418	-470.9
Operating surplus	34.2	29.3	-33.7
Net financing costs	-0.8	-0.4	-0.5
Surplus for the financial year*	33.3	28.9	-34.2
Public dividend capital payable	-18.8	-14.4	-11.5
Adjustment for donated assets	0.6	0.9	-2.2
Retained surplus/(deficit) for the year*	15.1	15.4	-47.9

* Adjusted for impairments

What were the key changes in 2015/16?

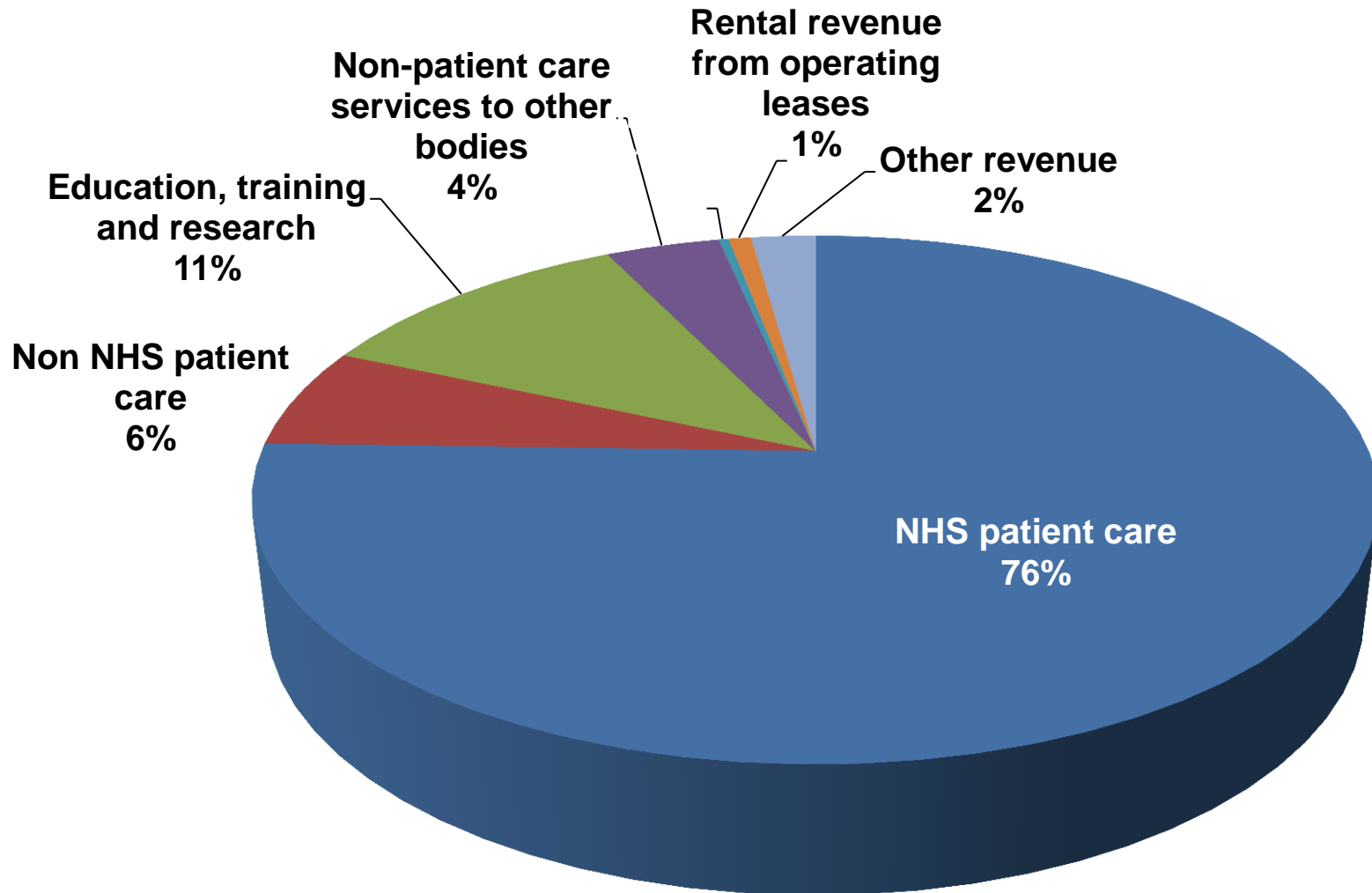
Major changes in income :

- £40m increase - services for local patients
- no increase - specialised services
- reduction - education, training and research income
- removed - £24m subsidy for complex specialist care

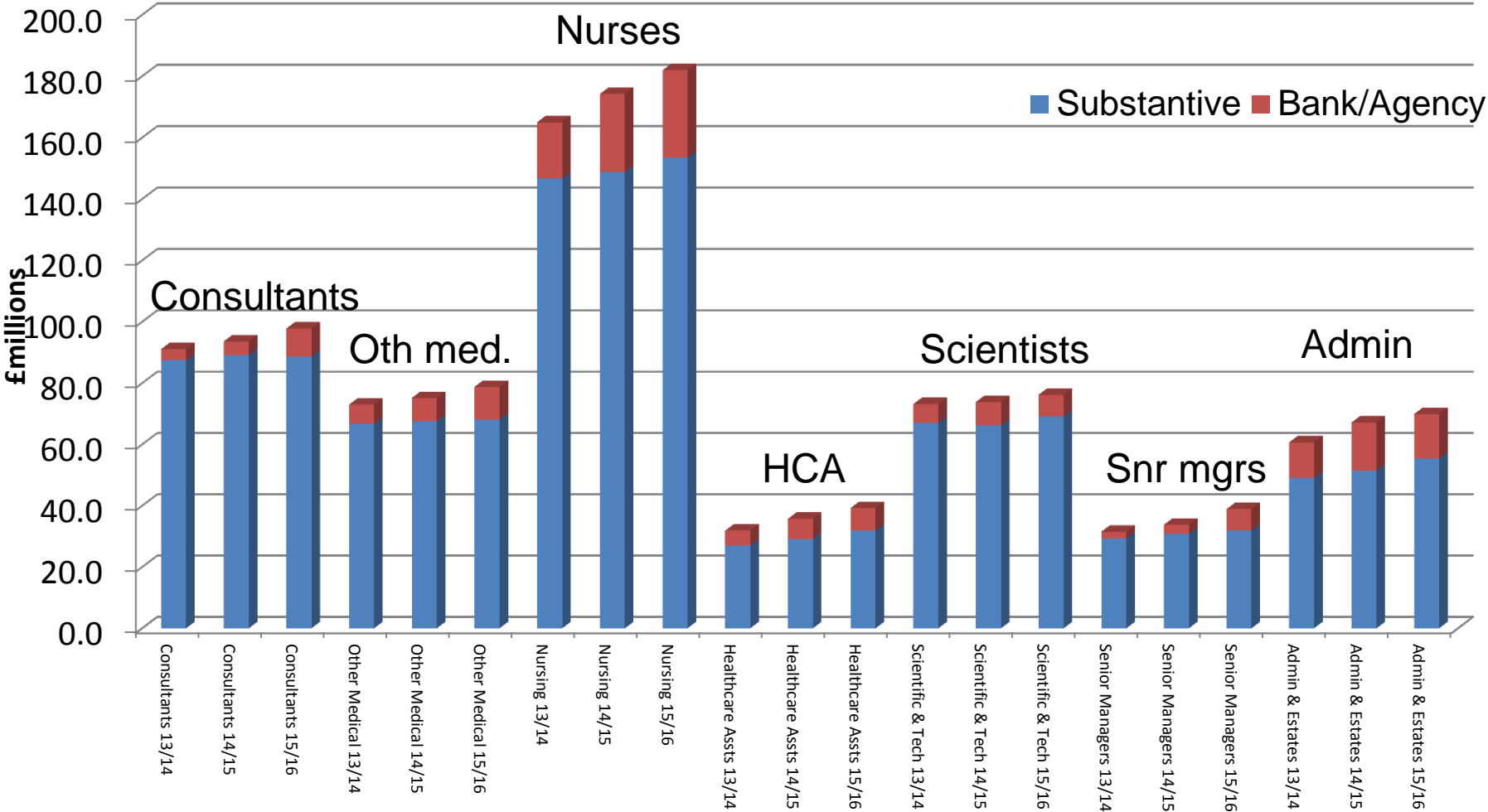
Increases in expenditure:

- the cost of delivering additional activity
- inflation and other NHS cost pressures
- implementing new patient administration system
- costs and provisions associated with estates

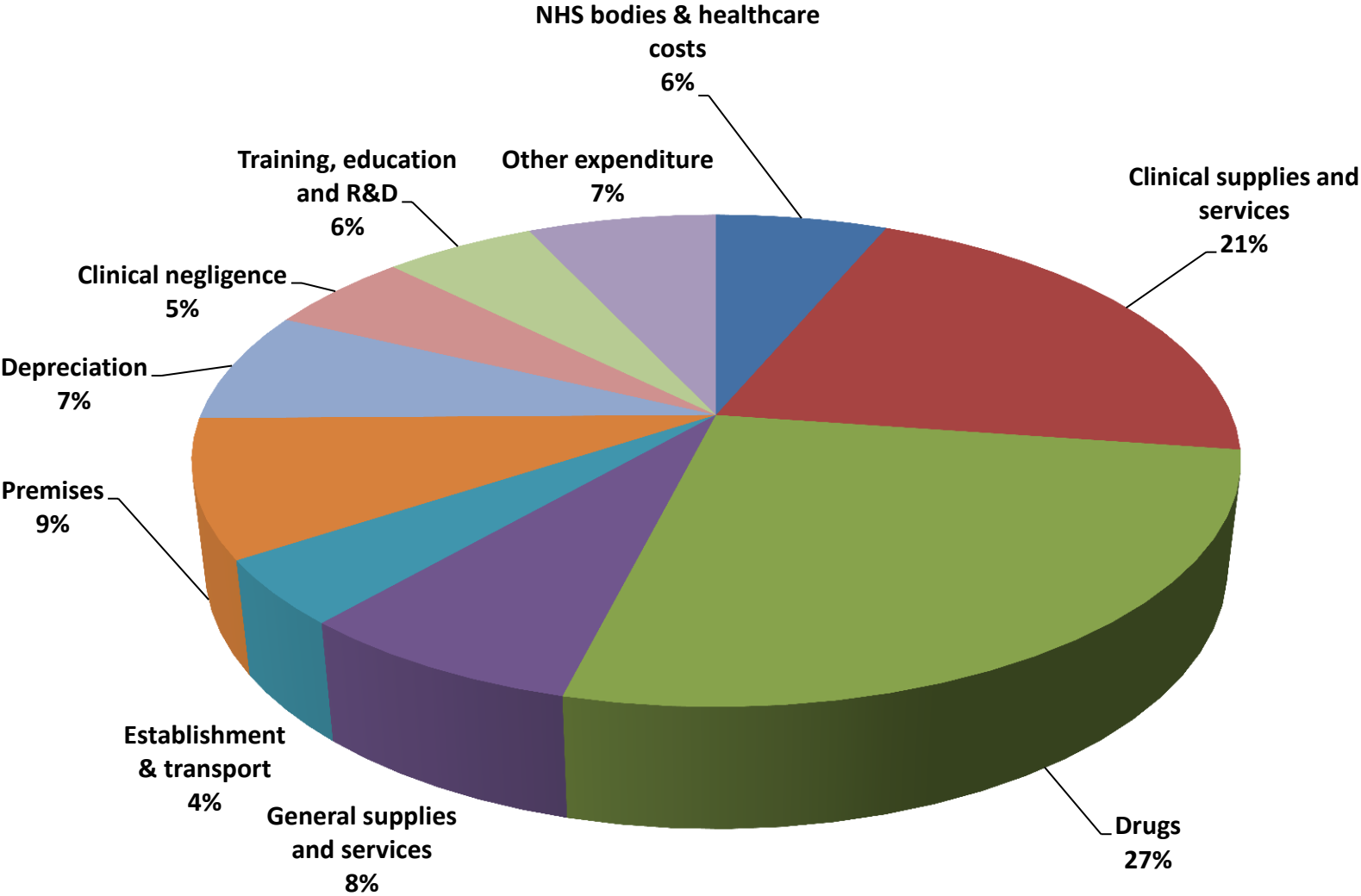
£1billion income:



£1 billion spending – staff £583m



£1 billion spending – non-staff £471m



Looking ahead: 2016/17 plan

Financial plan 2016/17	2015/16	2016/17	Movement between years
	Actual	Plan	
	£m	£m	£m
Income*	1,019.9	1,045.4	↑25.5
Expenditure	1,067.8	1,097.4	↑29.6
Surplus / (Deficit)**	(47.9)	(52.0)	↓4.1
CIP	28.9	54.1	↑25.2
Capex	34.4	32.9	↓1.5
Cash	24.2	20.8	↓3.4

*Including investment revenue

**Excluding technical adjustments

Looking ahead: 2016/17 and beyond

- Challenging financial position in 2016/17 and into the future, savings target almost doubled
- Financial improvement programme, agreed with NHSI, supported by PwC
- Investing with charity support in maintaining and improving our estate and equipment, including:
 - A&E
 - outpatients
 - paediatric intensive care
- Preparing for major redevelopment

Questions and answers

- Chairman Sir Richard Sykes
- Chief executive Dr Tracey Batten
- Chief financial officer Richard Alexander
- Director of nursing Professor Janice Sigsworth
- Medical director Dr Julian Redhead

Also here to take any questions are our divisional directors:

- Professor Tim Orchard - medicine and integrated care
- Professor Jamil Mayet - surgery, cancer and cardiovascular
- Professor TG Teoh - women's, children's and clinical support

Professor Tim Orchard

Divisional director for medicine and
integrated care

A partnership to explore accountable care in Hammersmith and Fulham

Anna Bokobza – Integrated care programme director
Imperial College Healthcare NHS Trust

Professor Simon Barton – Associate medical director
Chelsea and Westminster Hospital NHS Foundation Trust

The challenges we're facing

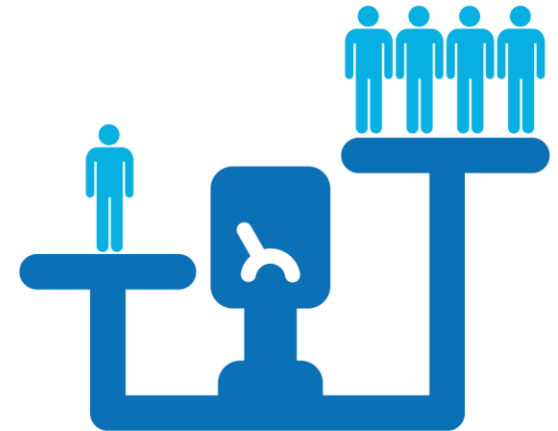
Health and wellbeing



in people living
with one or more
long term condition



in people with
advanced dementia
or Alzheimer's



One in five children
aged 4-5 are
overweight

The challenges we're facing

Care and quality



A third of patients in our acute hospitals could be better cared for in the community or at home



Four in five of us would **prefer to die at home** but only one in five are able to do so



Waiting times for many outpatient services and operations are **increasing**



Care is often **fragmented**

The challenges we're facing

Finance
and efficiency

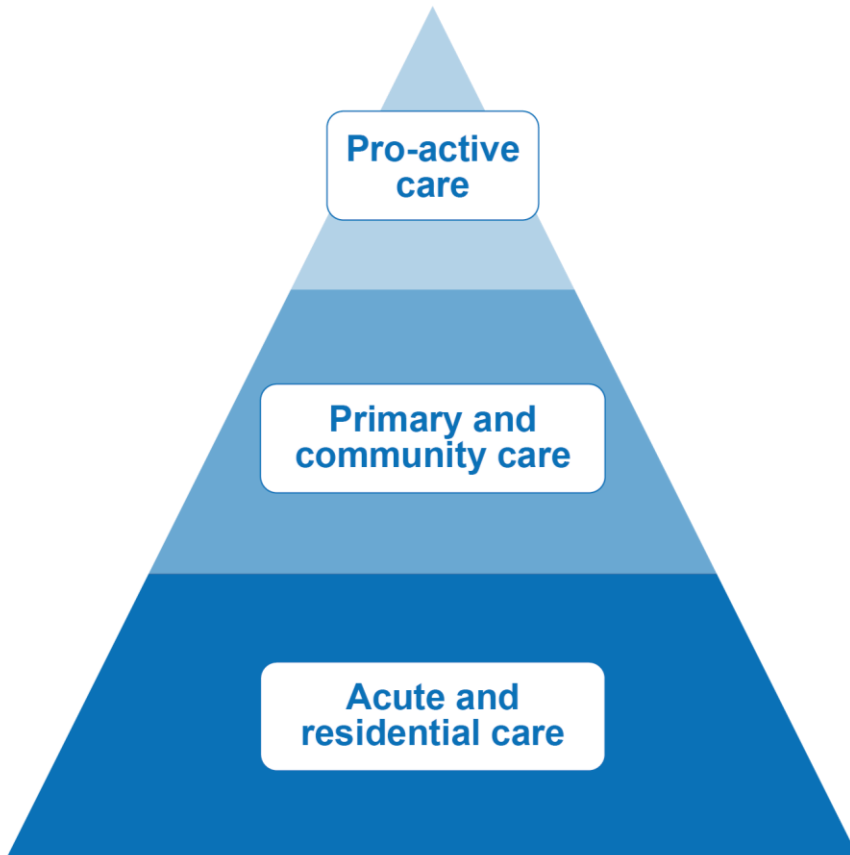


£1.3 billion

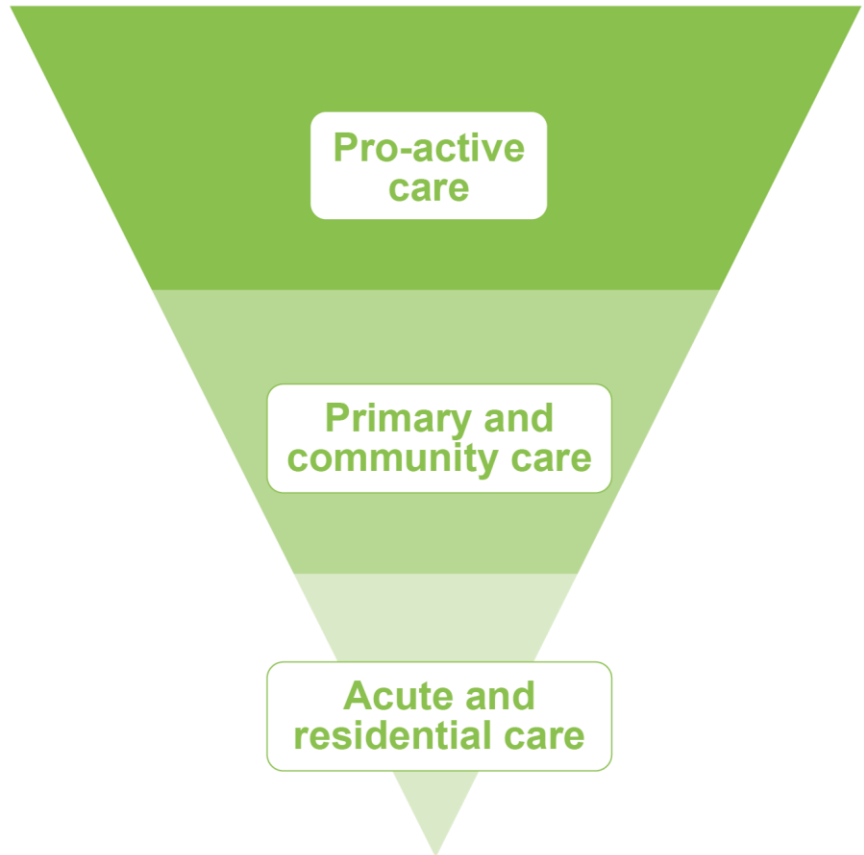
funding gap
by 2021



What should great care look like?



Current system: Reactive care often responding to crises, under resource and capacity pressures



Future system: Pro-active care focusing on self-care, wellbeing and community interventions

So what should great care look like?

- Helps people to be as healthy as possible
- Helps people who become unwell to get better as quickly as possible
- Joins up care and services and makes it easier for individuals to have the right health and care support for them
- Genuine partnership working between health and care providers and the individuals they serve

Why can accountable care help?

Because:

- It puts the individual at the centre
- It aligns incentives so everyone is pulling in the same direction
- Success and funding reflect what is achieved for the individual, not how much is done to them
- The needs of the whole population are important, not just those who are acutely unwell
- It demands joined up information and care planning

Developing accountable care in H&F

Hammersmith and Fulham Integrated Care Programme, a formal partnership launched in July 2016 between:

- Hammersmith and Fulham GP Federation
- Imperial College Healthcare NHS Trust
- Chelsea and Westminster Hospital NHS Foundation Trust
- West London Mental Health NHS Trust

Plus lay representatives on key governance structures

Developing accountable care in H&F

With a lot of collective resource, experience and skills:

£194m
combined
income
(from local
commissioning
group)



187,000
POPULATION



18,700
staff plus
31 GP
practices



A range of innovative integrated health
services and collaborations

Developing accountable care in H&F

The partnership is working to:

- Design a practical accountable care approach for the borough
- Identify and implement more immediate improvements to join up care, primarily through two pilot projects
- Build strong foundations for potentially forming or becoming part of a formal accountable care partnership

Familiar faces pilot project

Objective: to test the principles of the partnership in practice

- Identified 71 patients who had visited A&E ≥ 10 times in 10 months, of whom 13 had visited > 20 times
- Local GPs obtained special consent from 19 patients to share their clinical records between all partners
- Brought together senior clinicians from across the partnership to review specially consented cases
- Clinicians also individually reviewed the other case records
- Identified key themes to inform potential care pathway improvements

Familiar faces pilot project

Achievements and learning so far

- Building trust and knowledge between clinicians across the partner organisations
- Important to bring together all clinicians involved in an individual's care to achieve insights BUT it is time-intensive
- Different information systems and information sharing rules are acting as a significant barrier to better care
- We have a better understanding of this vulnerable patient group – characterised by complex health and mental health conditions, in contact with GP but also often requiring out-of-hours urgent or emergency care
- GP and social care need to be involved in care planning and multi-disciplinary team planning

Familiar faces pilot project

Next steps

- Working with some of the specially consented patients to see how we can improve the design of urgent and emergency care pathways
- Looking at how we could improve outcomes and experience for patients who stay in hospital for a long time

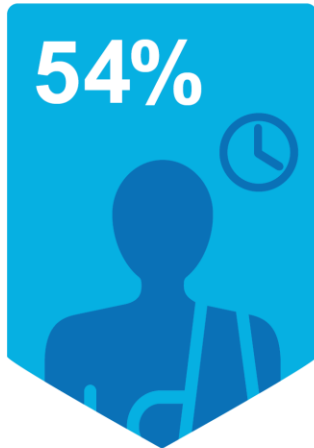
How accountable care can work

The Alzira model records achievements including:

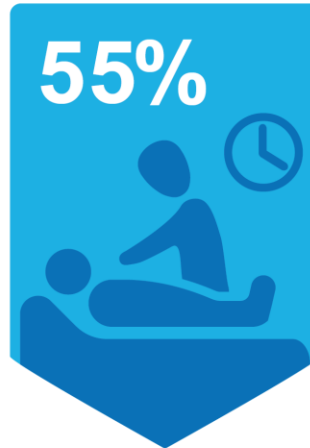


91%
patient satisfaction

93%
staff satisfaction



reduction in average
A&E waiting time



reduction in average
elective waiting time



decrease
in cost per capita

How to get involved in H&F

- We are developing a programme of workshops, interviews, and research to ensure local people, patients and carers are at the heart of the design process for new care pathways and ways of working
- Please register to get involved and we will keep you informed of opportunities – complete one of our ‘get involved’ forms or email involvement@imperial.nhs.uk, indicating your interest in integrated care

Q&A panel

Professor Simon Barton – Associate medical director
Chelsea and Westminster Hospital NHS Foundation Trust

Anna Bokobza – Integrated care programme director
Imperial College Healthcare NHS Trust

Dr Sarah Elkin – Clinical director for directorate of integrated care,
Imperial College Healthcare NHS Trust

Dr Stephen Hirst, Medical director
Hammersmith and Fulham GP Federation

Thank you
Chairman,
Sir Richard Sykes