

## Annual General Meeting - minutes 12 September 2018

Members of the Trust board present:

Sir Richard Sykes	Chairman
Sir Gerry Acher	Non-executive director
Victoria Russell	Non-executive director
Prof Tim Orchard	Chief executive officer
Richard Alexander	Chief financial officer
Prof Janice Sigsworth	Director of nursing
Prof Julian Redhead	Medical director

Members of the executive team in attendance:

Kevin Jarrold	Chief information officer
Michelle Dixon	Director of communications
Kevin Croft	Director of people and OD
Prof TG Teoh	Divisional director - women, children's and
Dr Frances Bowen	Divisional director - medicine and integrated care
Prof Katie Urch	Divisional director - surgery, cancer and cardiovascular

### 1. Chairman's welcome and introduction

The Chairman, Sir Richard Sykes welcomed members of the public and staff to the meeting, which was a key opportunity to reflect on what the Trust had achieved for patients and local communities in 2017/8, to consider priorities for 2018/19, and to account for how the Trust had used its valuable resources through the presentation of the annual report. He reflected that this would be his last year as Chairman and expressed his deep pride in the organisation, thanking all staff, supporters and volunteers, and partners in the NHS, local authority and voluntary sectors, for their hard work and commitment. He also reflected the challenges faced by the Trust during the past year, including the changes in chief executive, and thanked Prof Julian Redhead for his contribution as interim chief executive.

### 2. Presentation by chief executive

Prof Orchard presented his chief executive's review of 2017/18, highlighting the scale of activity performed by the Trust and the key achievements and challenges of the Trust during 2017/18. Recognising the operational pressures faced by the Trust during 2017/18, he noted that the Trust had maintained the excellent record on safety – continuing to have one of the lowest mortality rates of all acute hospital trusts in the country – and had achieved the financial targets.

Prof Orchard summarised some of the improvements made across the Trust, enabling staff to provide care to more people while keeping a focus on safety and dignity. These improvements included the expansion of our ambulatory emergency care services, enabling hundreds of patients each month to get the care they need without an inpatient admission or even an A&E attendance; redevelopment of St Mary's A&E; and the roll out of national best practice across all wards. In addition, the pathways improvement programme had continued, with the focus on managing our beds more efficiently, including using a new 'real-time' monitoring system, and putting in more resource to help patients get all of the support they need to be discharged promptly after they have had inpatient treatment.

Prof Orchard also announced that the Trust had secured up to an additional £5m of capital funding that would enable the Trust to undertake urgent works to create an extra 50 beds across our sites this winter. He was confident that with that additional capacity plus all of the work staff were undertaking to improving clinical pathways, it would be possible to continue to provide high quality care throughout the winter months.

Prof Orchard summarised operational performance during 2017/18. He reported that access to planned care was compromised by a combination of poor data quality that made it hard to manage our waiting lists effectively, a backlog of patients waiting for treatment that had built up, and problems in matching capacity to demand, especially at times of high urgent and emergency care demand. The Trust therefore began a major transformation in the approach to planned care, including improvements to waiting list management and monitoring, using digital technology to support and automate processes, and putting in place more systematic clinical reviews. In addition the Trust put on extra theatre lists and made use of independent sector providers where possible to tackle the backlog. As a result, the Trust had improved performance against the 18 week referral to treatment standard and had reduced the number of patients waiting over 52 weeks from 440 to 30, with plans to reduce that to zero by October.

Prof Orchard summarised other areas in which the Trust was transforming care, developing the care models, infrastructure and ways of working that would enable the Trust to meet rapidly changing health and care needs, to become financially and operationally sustainable and to make sure the Trust continued to attract, develop and retain a great workforce. These initiatives included continued investment in the quality improvement programme, with over 4000 staff having taken part in quality improvement education and training and over 100 improvement coaches now trained and active across the organisation.

Prof Orchard summarised estate and service developments, reporting an investment of just over £57m on new or on-going capital projects across our hospitals. He thanked Imperial Health Charity for their incredible support in its approach to fundraising and grant giving which had been key to making many of our more significant estates developments possible. He also thanked COSMIC charity who worked in partnership with Imperial Health Charity on the More Smiles appeal to support the redevelopment of the children's intensive care unit.

Projects that had begun or continued last year, included:

- remodelling and refurbishment of outpatient clinics at Charing Cross and Hammersmith
- £10m redevelopment of the children's intensive care unit at St Mary's Hospital, increasing beds from eight to 15.
- imaging replacement programme across all three main sites
- LINAC (linear accelerator radiotherapy treatment) replacement programme at Charing Cross
- refurbishment of Thistlethwayte ward at St Mary's
- £6.9m on new digital technology across the Trust , supported through the NHS global digital excellence programme

Prof Orchard advised, however, that despite these great projects, it was increasingly difficult to keep pace with the demands of the Trust's old estate, with the Trust having the largest backlog maintenance liability of all NHS trusts. Nearly £18 million had been spent on maintenance projects as part of an eight-year £130m programme to tackle the essentials. For the longer-term, Prof Orchard advised that the Trust had been seeking to progress a major estates redevelopment programme, with 2017/18 seeing a significant step forward with the grant of planning permission for a new building at St Mary's to house ophthalmology and outpatient services.

Prof Orchard closed by thanking Sir Richard for his leadership in his seven years as Chairman.

### **3. Presentation by chief financial officer**

Mr Alexander then presented the Trust's annual accounts for 2017/18, highlighting the reported £3m surplus achieved with the support of additional funding received by the Trust as a result of meeting the financial control total agreed at the beginning of the year. He reported that an underlying financial deficit remained but that the Trust had reduced this by £12m during 2017/18, while still investing £57m in capital projects, including improvements to the Trust estate.

Mr Alexander summarised some of the key financial performance indicators, including sources of income, pay and non-pay expenditure and a summary of savings achieved across pay and non-pay. He outlined the budget for 2018/19, including the target surplus of £13.6m, with the support of additional Provider Sustainability funding. This would result in a further reduction of the Trust's underlying deficit. He set out some of the challenges in achieving this target, including the achievement of £48m in savings while continuing to maintain the current aging and deteriorating estate.

### **4. Questions and answers**

Sir Richard Sykes then invited all the executive team to the rostrum. He then invited questions from the floor:

#### ***4.1 Question from patient of Western Eye Hospital***

The appointments system at Western Eye is not working well – within my appointment, the doctors tell me I can have my next appointment at a certain time, but then the receptionist says they will have to post me the details.

Additionally, why don't you have RNIB volunteers to help patients at the Western Eye?

*Answer:*

- Julian Redhead – these are good points. Appointment management is an issue and we welcome your ideas.
- Janice Sigsworth – we do have some volunteers but this is something we could increase.

#### ***4.2 Question from Lay forum member***

How does the Trust plan to tackle staffing challenges in the context of Brexit?

*Answer:*

- Kevin Croft – this issue is being considered at a national level by HR directors in conjunction with the Department of Health and Social Care.

#### ***4.3 Question from member of Save Our Hospitals***

Firstly, a congratulations on the Trust's performance over a challenging year. However, we note that there is a rising demand for A&E services, and at the CCG AGM yesterday (11.9.2018), there was reference to plans to reduce out of hours cover, and make cuts to urgent care centres at Hammersmith and Charing Cross Hospitals. Have you been consulted about this by the CCG, and made plans to mitigate the impact on demand for A&E?

*Answer:*

- Tim Orchard – there are no such changes planned for this winter. We will be discussing the CCG's proposals with them but we do need to be sure that we don't just create a different set of problems.

#### **4.4 Question from a member of the public who lives near Hammersmith Hospital**

Since your estate is such an issue, why don't you use the space around Hammersmith Hospital to help solve some of the problems?

*Answer:*

- Tim Orchard – we have a new £5m investment to boost capacity for the winter, and the majority of the new beds created through this will be at Hammersmith. We will likely open a new ward there, though are working through those plans at the moment.
- Hammersmith is the campus with the least pressure from an estates point of view, but we also need to ensure we have the right beds, for the right needs, in the right places.

#### **4.5 Question from patient of Western Eye Hospital**

I'm very pleased with the service I get at Western Eye, but there is still a long wait for appointments when you arrive, as appointments all seem to be in blocks at the same time. Can you not stagger the appointments better?

*Answer:*

- Katie Urch – outpatients at Western Eye is a very busy site in a small space. We have been working to improve this, for example by sending out more specific appointment times. We apologise if you are still getting generic appointment times, and we can look into that.

#### **4.6 Question from a member of Save Our Hospitals**

We're grateful for the openness of the CEOs to meet with us, and we'd like to thank Sir Richard Sykes for his service to the Trust, and thank the charity for its investment in Charing Cross Hospital.

In a response to Andy Slaughter MP, a minister at the Department for Health and Social Care said that given the rise in demand for urgent care, it would be difficult to justify a reduction in service levels at Charing Cross, and that the Trust believes any reduction at Charing Cross would be long into the future. Significant service changes are also subject to full public consultation. Can we therefore have a positive commitment that the Trust will publicly pressurise the CCG to withdraw the downgrading of Charing Cross, and that any reduction would indeed require a full public consultation?

*Answer:*

- Tim Orchard – the Minister summarised the situation very well.
- The terms of a public consultation would be determined by the commissioners.
- Our position hasn't fundamentally changed. Our job remains to deliver the best possible care to patients and we will continue to do that for the foreseeable future.

#### **4.7 Question from a member of the public**

Would the Trust consider using blockchain technology to improve efficiency in financial management?

*Answer:*

- Richard Alexander – clearly this technology does hold significant potential. There are no immediate plans, but I am happy to talk to you further.

#### **4.8 Question from a patient who helps review our patient communications**

I'm impressed with some of the improvements that have been made recently, but the outpatients department at Charing Cross still needs improvement, in particular the chairs are very uncomfortable.

*Answer:*

- Janice Sigsworth – we have been doing a lot to refurbish outpatient areas across the Trust. I'd be happy to talk afterwards about the specific clinic and we can look into this.

#### **4.9 Member of public who regularly uses the St Mary's swimming pool**

While I recognise that it is managed by Imperial College London, users of the swimming are very disappointed by the decision to close it. The pool has significant benefits for both patients and staff. Could the Trust use its influence to pressure the College into reconsidering this decision, which is due to be made this month?

*Answer:*

- Kevin Croft – the pool is a great asset in terms of staff health and wellbeing. We are in communication with the College, and our position is that we would like it to remain open. *(Since the AGM, the College has made the decision to keep the pool open.)*

#### **4.10 Question from a patient**

The appointment system at the Trust is unsatisfactory – I have received communications saying I've been discharged having missed an appointment, when I never received the initial appointment letter. Why can't we be given an appointment at the time of the previous appointment, or at least by email, requesting a reply, instead of by post?

*Answer:*

- TG Teoh – we are looking into this issue and we do have a system where we ask patients whether they would prefer communication by email.

#### **4.11 Question from patient**

Why is the annual report printed on such high quality paper, it's very wasteful?

*Answer:*

- Tim Orchard – we'll note that feedback for next year's report.

### **5. Presentation – The stroke care revolution**

Sir Richard Sykes then introduced Consultant interventional neuroradiologist Dr Kyri Lobotesis, and Consultant stroke physician Dr Soma Banerjee, who presented 'The stroke care revolution' outlining advances in stroke care and the treatment of hyperacute ischaemic stroke through the introduction of mechanical thrombectomy – a promising new modality of interventional stroke treatment to remove blood clots – which led to improved outcomes.

Sir Richard Sykes closed the meeting by extending thanks to all speakers, the production team, staff who had provided the stands, and the members of the public and staff who had attended. He asked attendees to provide feedback on the event to enable continued improvement, and confirmed that the proceedings of the meeting would be made available on the Trust website.