Imperial College Healthcare
NHS Trust

Welcome to our annual general meeting 2019

NHS
Imperial College Healthcare
NHS Trust

Please take a seat, the AGM is about to begin

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NHS Trust

Welcome

Paula Vennells CBE

Chair

Agenda

Part I

- 2018/19 review and look ahead
- Our finances 2018/19
- Integrated care

Part II

- Questions and answers

Imperial College Healthcare NHS Trust

2018/19 review and look ahead

Professor Tim Orchard

Chief executive

NHS
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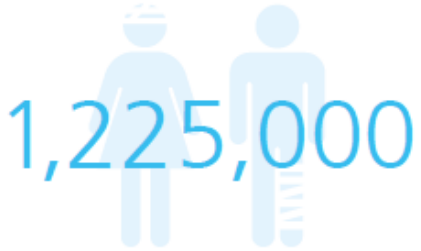
Our Trust in numbers 2018/19



1,225,000

Patient contacts

(including inpatients, outpatients and day cases)

312,000

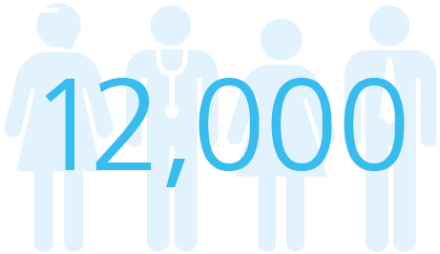
Emergency attendees

(including A&E and AEC)

40,000

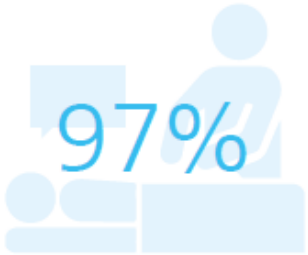
Operations

(including day and inpatients)



12,000

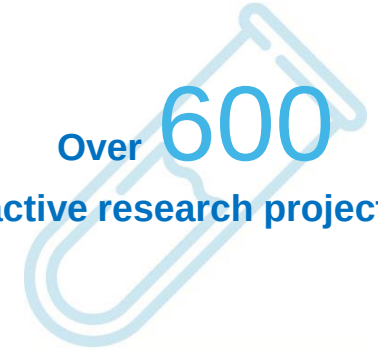
Number of staff



97%

Inpatients who would recommend us to their friends and family

A top 4 Trust with lowest mortality ratios



Over 600 active research projects

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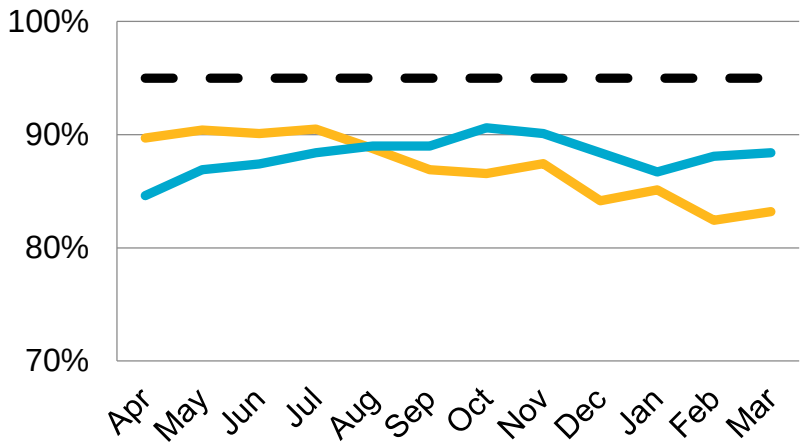
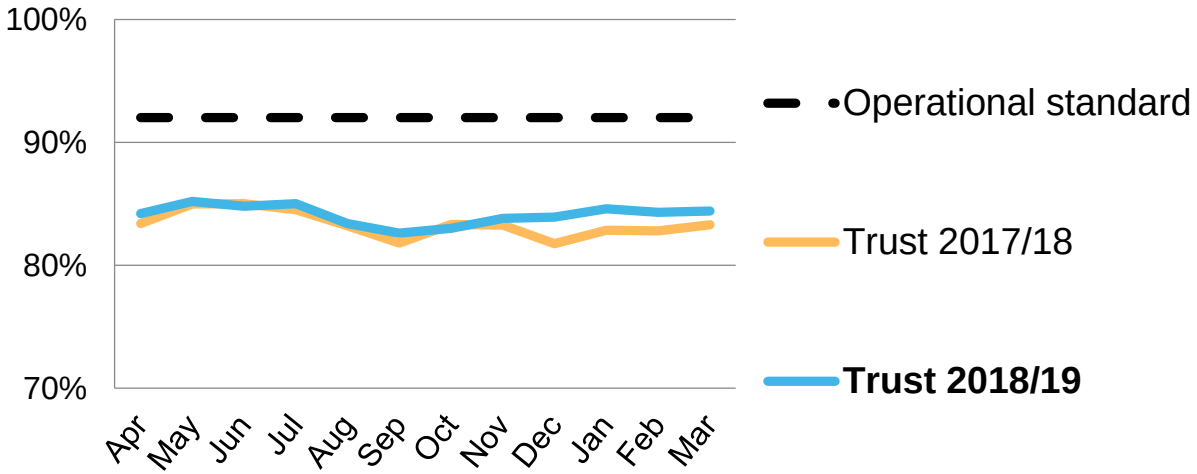
Operational performance 2018/19

4-hour A&E access



18 week referral to treatment



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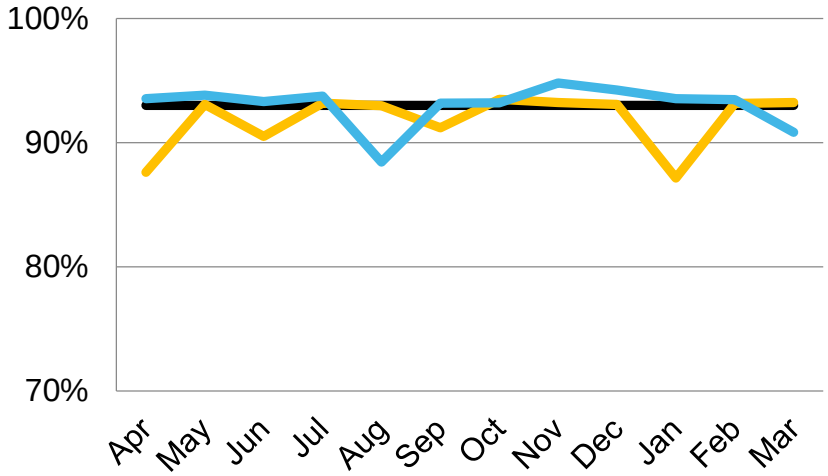
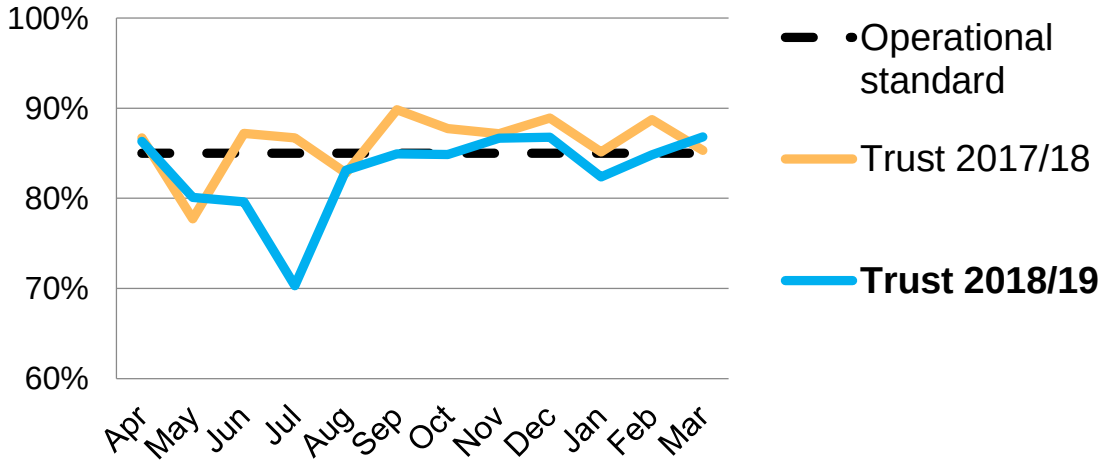
Operational performance 2018/19

Cancer: 2 week wait from urgent GP referral



Cancer: 62-day wait from urgent GP referral



Key achievements and challenges

- Improving quality and safety
- Patient and public involvement
- Research and innovation
- Partnerships and joint working

Strategy and transformation

- Refreshed organisational strategy
- Creating a better organisational culture
- More progress on digital
- A new urgency – and opportunity – for estates redevelopment

Starting with the population we serve

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900,000+
People living across…

- Together with Chelsea and Westminster, we provide most of the acute and specialist care for people living in Hammersmith and Fulham, Hounslow, Kensington and Chelsea, Westminster.
- Our two trusts offer a large range of services from seven hospitals within ten miles of each other – and we have increasingly connected clinical strategies and partnership-wide service offers.

Four
boroughs with access to over…

Our vision:

Better health for life

Our goals:

High quality, integrated care
Outstanding and sustainable services
Learning, improvement and innovation

16,000+
Staff providing acute and specialist care

- We want to work even closer together with Chelsea and Westminster – and with our other NHS partners as well as those in research and education and local government – to better meet the needs of our local populations in ‘inner’ north west London and support the wider north west London health system.

Building on existing developments

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Current Imperial College Healthcare and Chelsea and Westminster partnership developments

Pathway collaborations

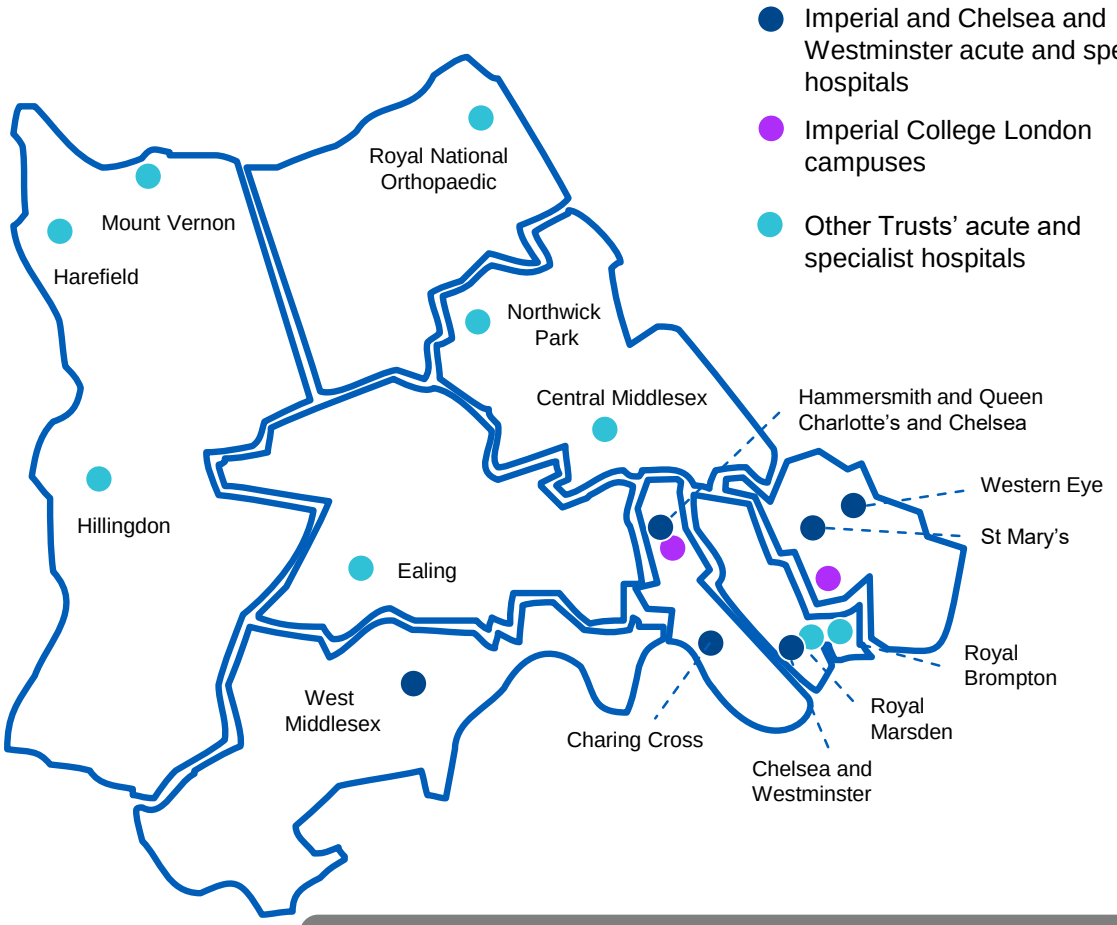
- HIV inpatient care
- Dermatology
- Ophthalmology

Service and research integration

- West London Children's initiative
- Cardio-respiratory care

Infrastructure

- Cerner electronic patient records



A growing range of system-wide collaborations, such as for imaging, cancer and patient records

Providing an opportunity for a new approach to estate redevelopment

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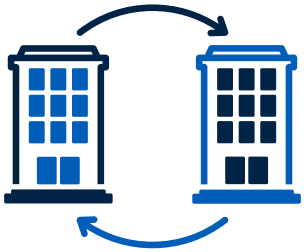
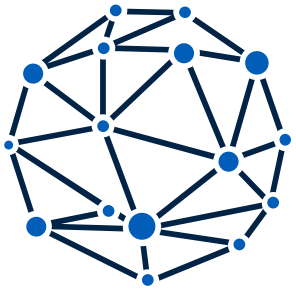


A joined-up strategy across the two trusts …

- Better meeting the needs of our shared population
- Providing more options for services and investment



and extending to our wider partners

- Considering opportunities for health, all health care and social care as well as for traditional acute and specialist care
- Widening involvement in research, education and innovation

So, we are…

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- Producing a redevelopment plan in partnership with Chelsea and Westminster that helps deliver our aligned clinical strategies and meets the needs of the wider north west London system

- Ensuring it reflects a shared and realistic view of future acute and specialist demand

- Maintaining at least our current inpatient capacity and our existing A&Es

Imperial College Healthcare NHS Trust

2018/19 Financial accounts

Richard Alexander

Chief financial officer

Agenda

2018/19:

- Headlines
- Context
- Financial snapshot
- Investments and savings

2019/20:

- Looking ahead

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2018/19 headlines

Reported surplus £28.2m	Capital expenditure £55.1m
Savings delivered £44.1m	Underlying deficit cut by £2.8m

2018/19 in context

	2016/17 £'m	2017/18 £'m	2018/19 £'m
Revenue from patient care activities	890.1	974.0	1,030.9
Other operating revenue	181.0	161.3	133.7
Sustainability and Transformation Funding (STF)	25.5	25.5	48.4
Total revenue	**1,096.6**	**1,160.8**	**1,213.0**
Employee benefits	(600.0)	(640.0)	(678.8)
Other operating costs*	(491.5)	(501.1)	(493.2)
Operating surplus/(deficit)	**5.1**	**19.8**	**40.9**
Net financing costs	(1.1)	(1.1)	(0.9)
Public dividend capital payable	(12.2)	(10.1)	(11.8)
Donated asset adjustment	(7.2)	(5.5)	(0.1)
Surplus/(deficit) for the financial year	**(15.3)**	**3.0**	**28.2**

* Adjusted for fixed asset revaluation

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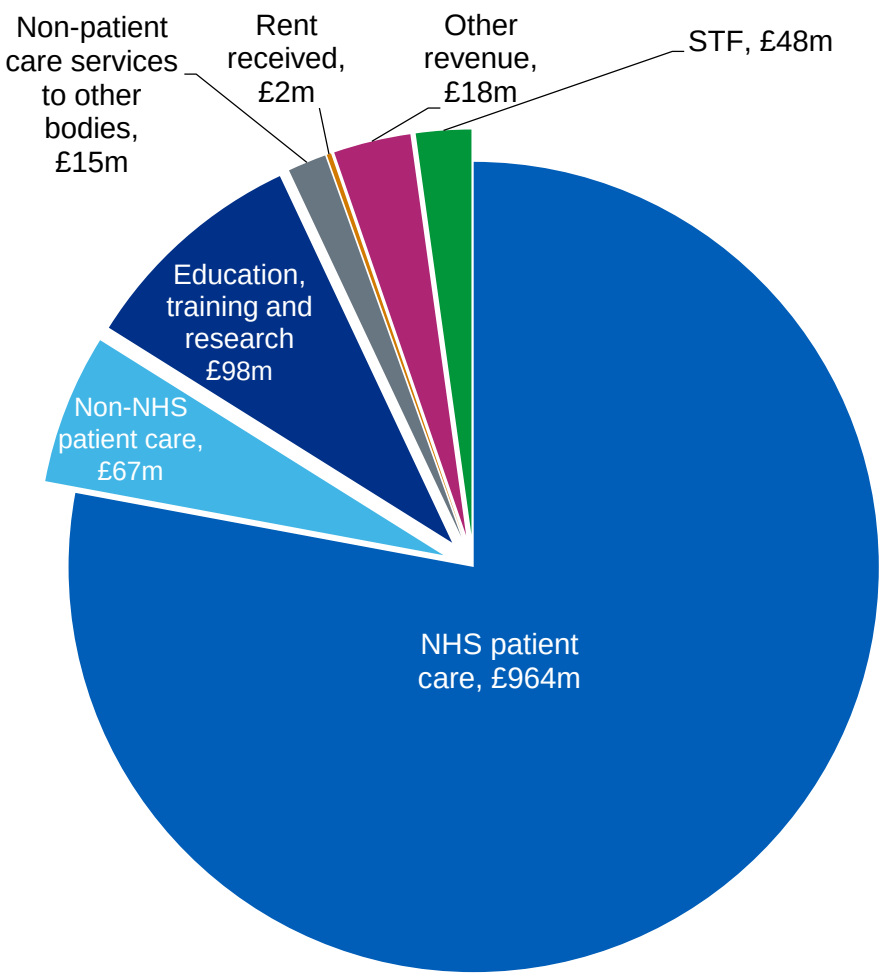
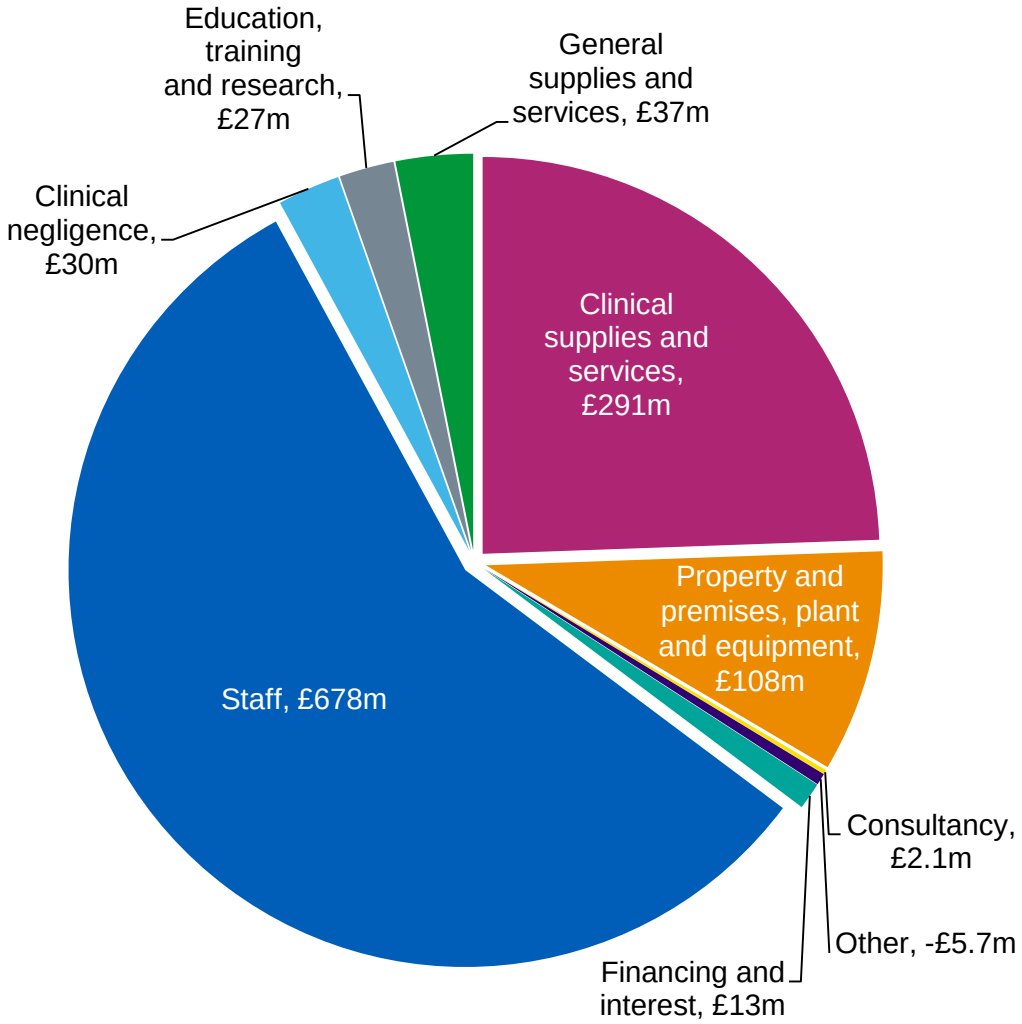
2018/19 financial snapshot

Where do £s come from?



Where do £s go?



2018/19 investing in staff

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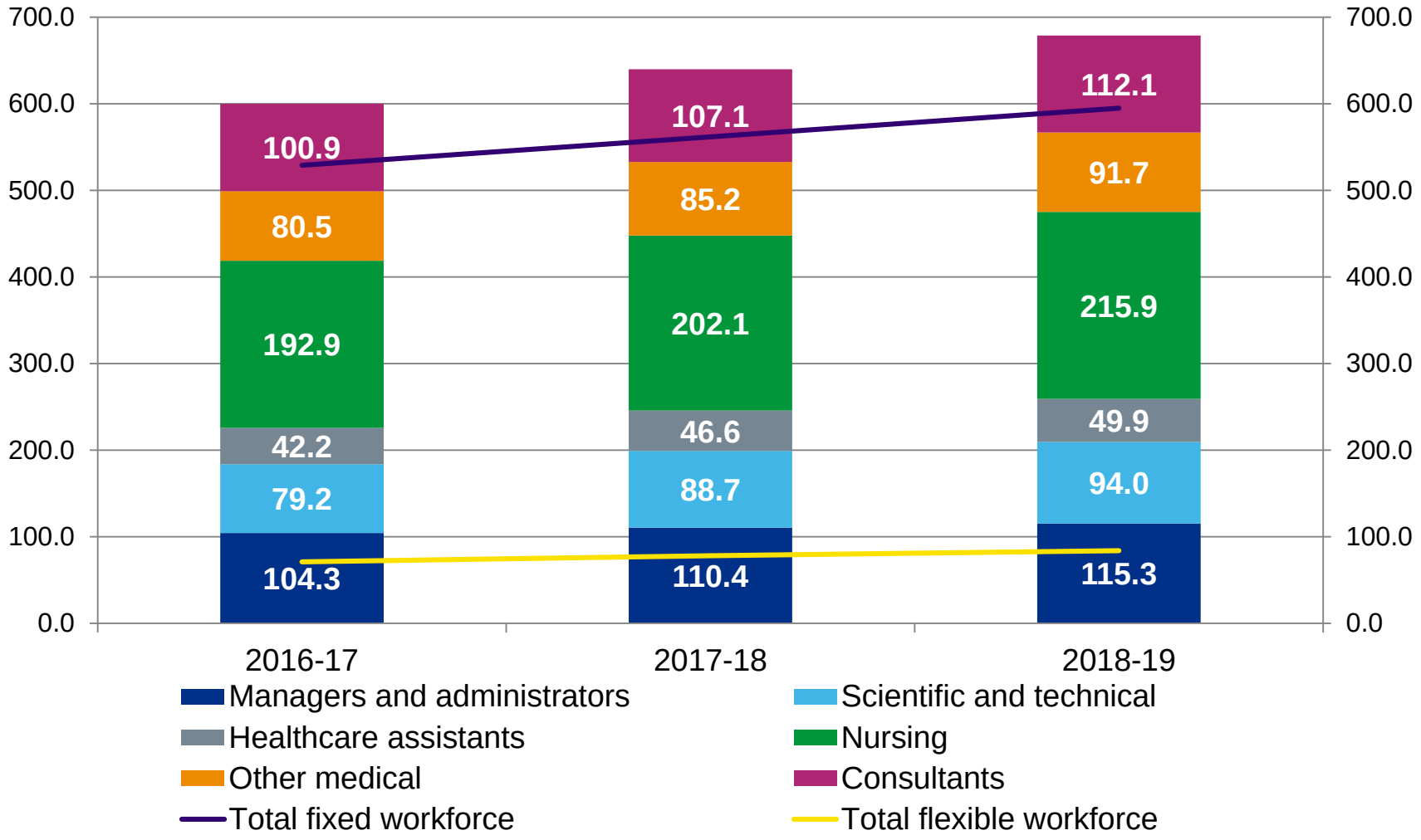

2018/19 investing in estates and equipment

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Capital expenditure	£55.1m
Backlog maintenance	£18.7m
ICT and global digital excellence	£10.0m
Charing Cross emergency department	£5.5m
Winter bed capacity	£5.0m
Medical equipment	£4.6m
Paediatric ICU	£3.4m
Other schemes	£7.9m

- The Trust has invested £55.1m in capital expenditure, covering estates, equipment and technology
- Backlog maintenance is a particular challenge for the Trust given the nature of the estate
- We balance the need to put resources into backlog maintenance alongside the need to continue investing in technology, equipment and service capacity
- The Trust's investment in ICT is focused on providing effective systems and supporting our status as a Global Digital Exemplar

2018/19 savings summary

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	Clinical divisions £m	Corporate £m	Total £m
Trust CIP 2018/19	**40.0**	**4.1**	**44.1**
Income			
Acute income	26.6	0.0	26.6
Community income	0.6	0.0	0.6
Private patients	3.1	0.0	3.1
Other income	0.1	0.4	0.4
Income total	**30.4**	**0.4**	**30.7**
Pay			
Bank and agency	1.1	0.2	1.2
Non clinical/admin	0.2	1.1	1.3
Clinical related pay savings	0.9	0.0	0.9
Pay total	**2.2**	**1.2**	**3.4**
Non-pay			
Commercial contracts/procurement	2.1	1.0	3.1
Medicines management/drugs	1.9	0.0	1.9
Consumables and waste reduction	1.4	0.2	1.6
Other non-pay cost reduction	2.1	1.3	3.4
Non-pay total	**7.4**	**2.6**	**10.0**

2019/20 looking ahead

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	2018/19 Actual £m	2019/20 Plan £m	Change £m
Income	1,164.6	1,176.8	↑12.3
STF	48.4	27.1	↓21.3
Expenditure	(1,184.8)	(1,192.8)	↑8.0
Surplus/(deficit)	**28.2**	**11.1**	**↓17**
Savings	44.1	52.8	↑8.7
Capital	55.1	67.9	↑12.8
Year-end cash	26.7	22.7	↓4.0

2019/20 looking ahead

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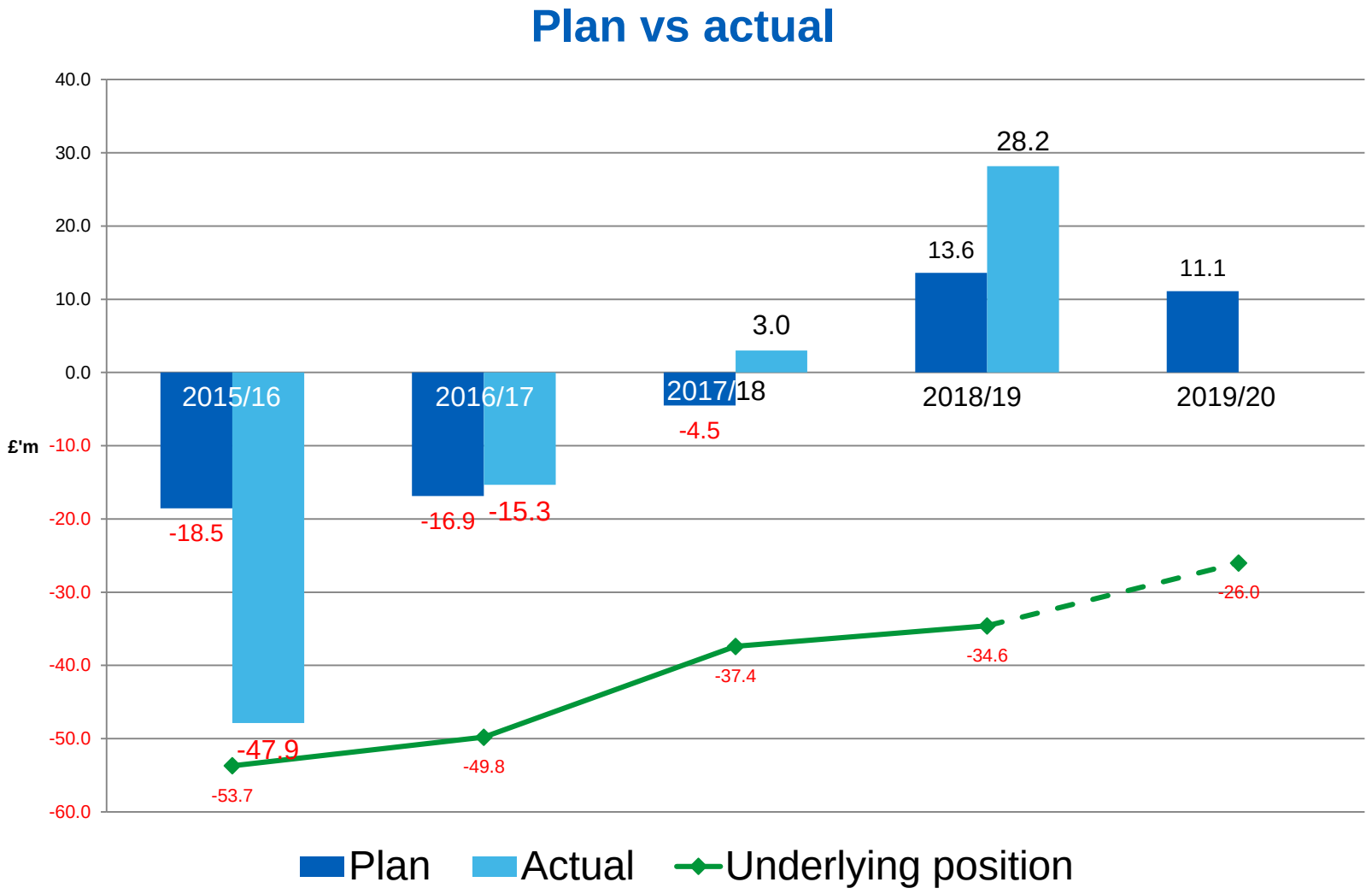

2019/20 looking ahead

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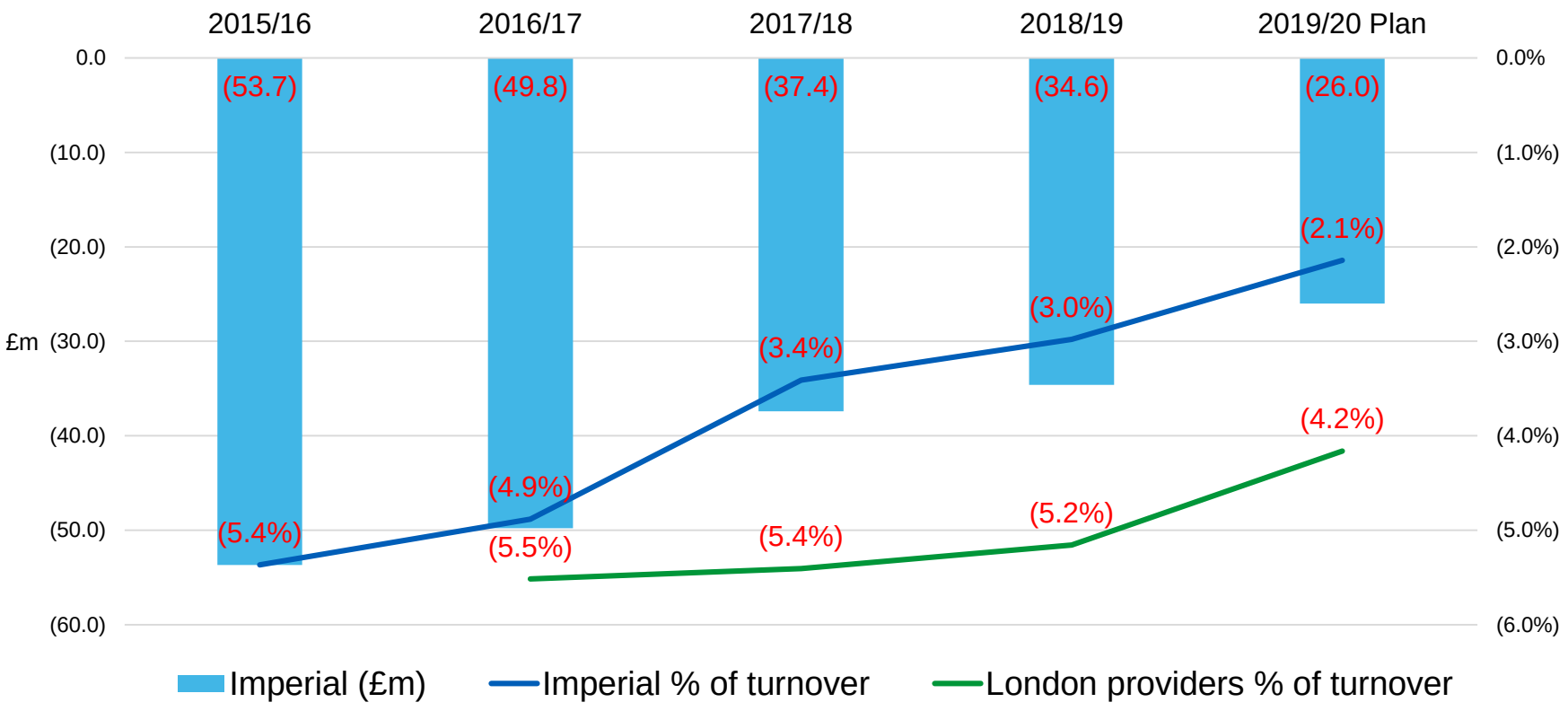
Underlying deficit 2015/16 – 2019/20



2018/19 looking ahead

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- Challenging north west London and Trust financial position in 2019/20 and beyond – focus on control of costs
- Complex national environment with uncertainty over funding allocations, particularly around capital
- Addressing the underlying financial challenge remains a key priority
- We continue to invest in maintaining and improving our estate and equipment but redevelopment is now critical

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Our population and partners – working together to provide integrated care

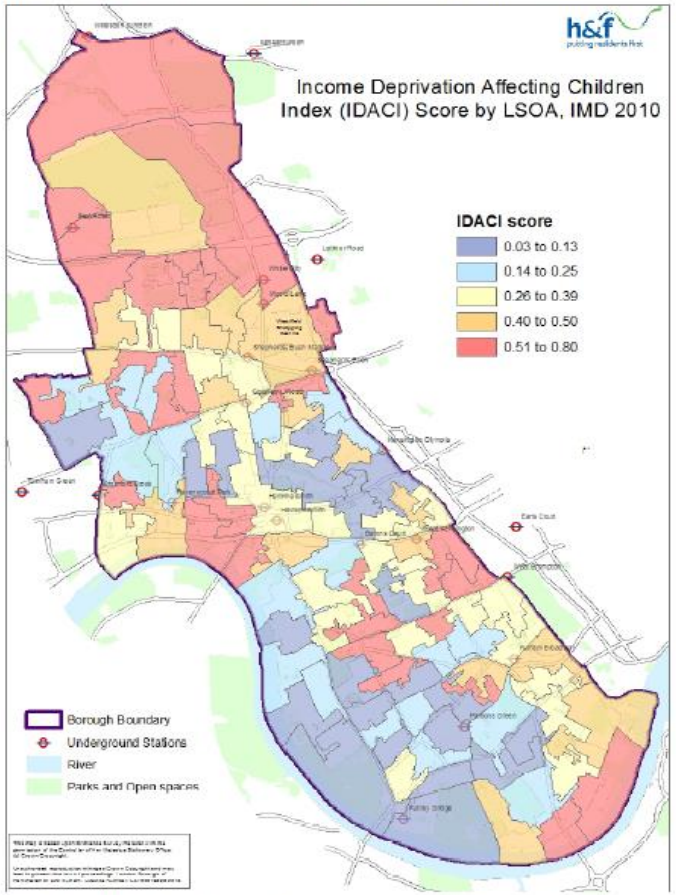
Dr Bob Klaber, consultant paediatrician & deputy medical director

Toby Hyde, deputy director of transformation

Dr Anna Wilson, GP and clinical director of Hammersmith & Fulham Partnership primary care network

One of our neigbourhoods

Map 4 – IDACI scores at a local level in Hammersmith and Fulham



Source : IDACI, 2010 Index of Multiple Deprivation

36,700 children (0-19)
11,800 under five years (6.6%)
2440 live births/year

23.8% of children in H&F are living in poverty
Obesity
Dental health
Mental health
Immunisation

ChiMat 2016 (ONS 2014 data)

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Will doing more of this lead to better?

Starting with listening to patients

"My health visitor told me to do one thing and the hospital told me something else. It's confusing."

"I only found out how to use my son's inhaler properly when he had an asthma attack and was on the children's ward"

"No one seems to know who's doing what. My [severely disabled] son has 3-4 appointments a week and I don't think any of these [professionals] talk to each other!"

"I prefer to see my GP – I know him and he's looked after all my family for years"

Our Child Health GP Hubs – a model of integrated child health

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- Each hub is typically 3-6 GP practices within existing locality/network in NW London
- ~20,000 practice population (~4,000 children), but this will grow with move to PCNs
- 6 hubs with 26 GP practices established

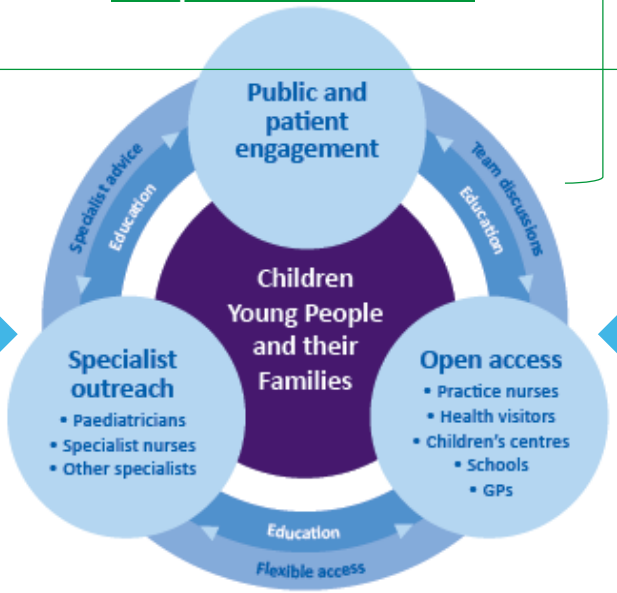
Tertiary care Sub-specialty paediatrics

Secondary care general paediatrics

Vertical integration between GPs and paediatric services

Horizontal integration across multiple agencies

- Health visitors
- Dieticians
- Community nurses
- Practice nurses



- CAMHS
- Voluntary sector
- Schools
- Social care
- Children's centres

Child Health GP Hubs

connecting care for children

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Outcomes from child health GP hubs

Improved experience of care

Outstanding feedback of patient and family experience

As a result of being seen in the child health GP hub 88% of parents felt more comfortable about taking their child to see their GP in the future

Reduced per-capita cost

Observed reductions in hospital activity from GP practices involved in a hub:

39% reduction in outpatients
22% reduction in ED
17% reduction in admissions

Better use of existing resources through connecting care

Improved population health

Segmentation model allows for specific preventative interventions – e.g.:

- focusing on all children with asthma having a clear action plan at home, school, GP and hospital
- improving the proactive management of dental health

Improved staff experience and learning

GPs at heart of model

All GP trainees, FY doctors and ST1-3 trainees in paediatric at Imperial now get experience of the hubs

Relationships and connections are built through learning

Described on many occasions as “the best CPD I have ever had”

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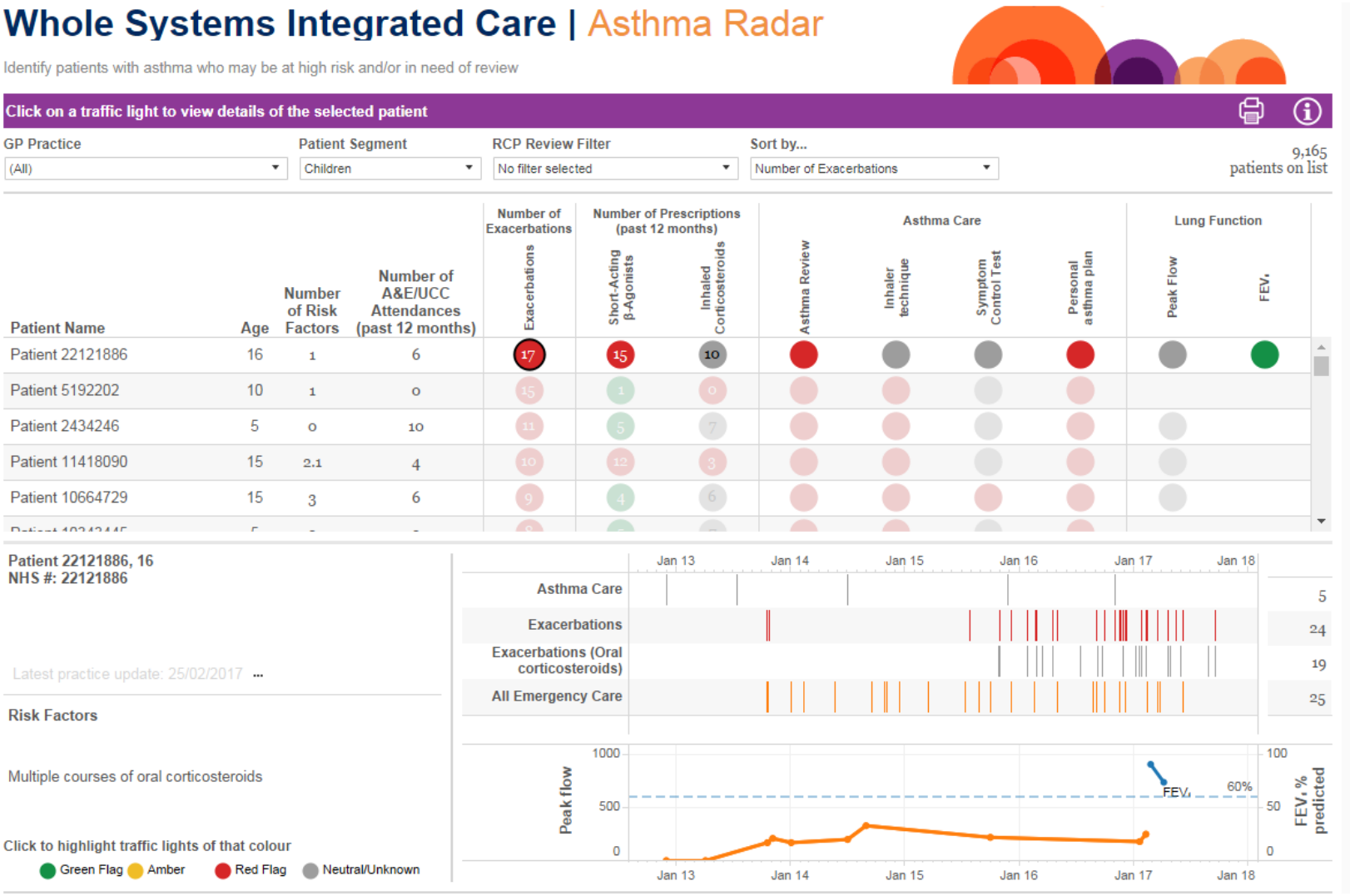
Asthma radar



Learning from our work so far: design principles

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1. Focus on **connections and relationships**; NHS services can be minimally changed, while their capability and capacity are maximised
2. Harness **existing strengths**: put **GP practices at the heart** of new care models – specialist services are drawn out of the hospital to provide support and to help connect services across all of health, social care and education
3. Include the **whole population**, (using segmentation to create bundles of care) to drive prevention and improve equity
4. Health seeking behaviours improve through **peer-to-peer support**
5. New approaches to care have to be **co-designed** with children, young people, parents, carers and communities
6. Focus on **outcomes that really matter to patients**
7. Use **education and development**, for the whole multi-professional team, as a key way to build relationships and finding new ways to work together

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A perspective from Primary Care

What does healthcare feel like at the moment

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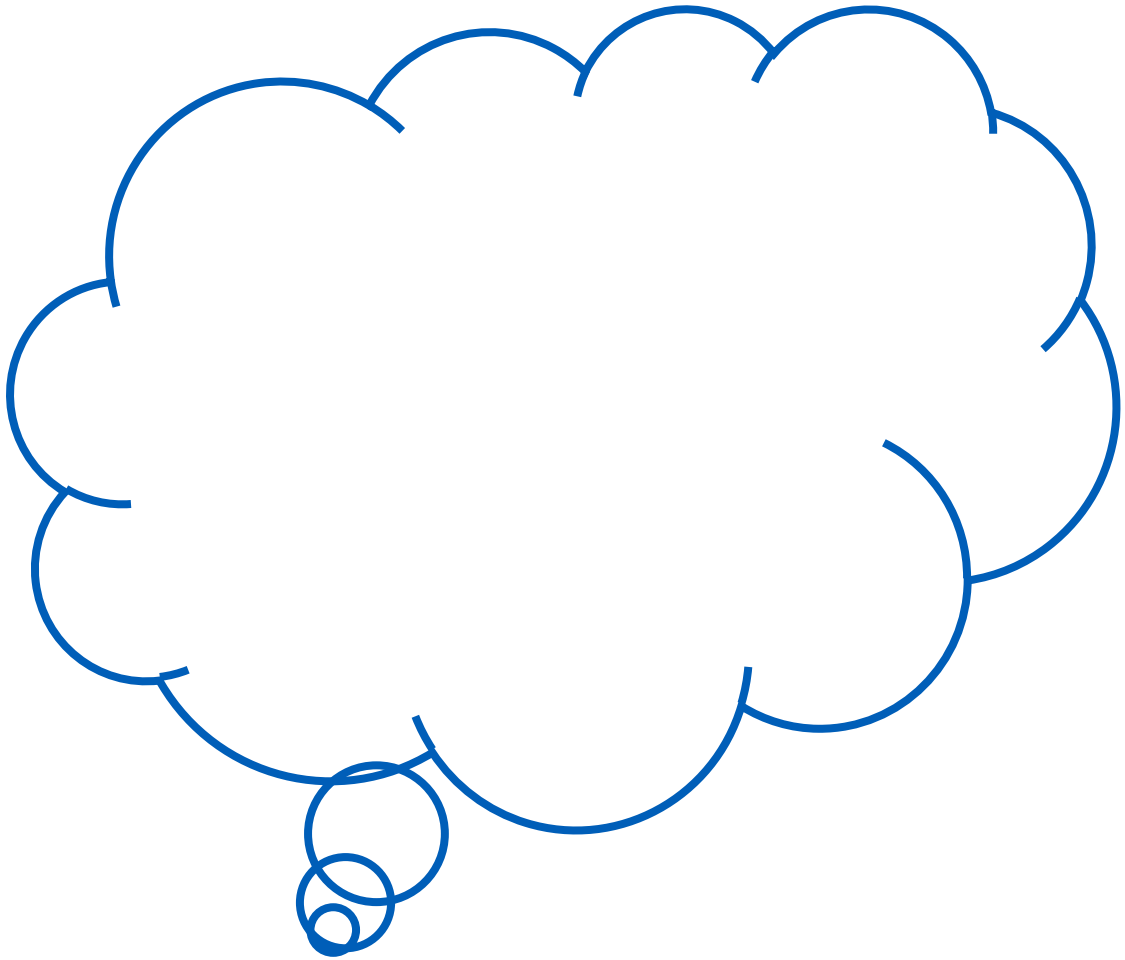

The integration opportunity

Focus on relationships…

The integration opportunity

Focus on place…

The integration opportunity

Focus on population…

The integration opportunity

Focus on what makes us thrive as individuals and communities…

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Our vision and strategic goals

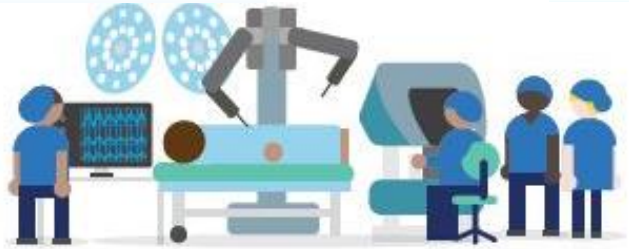
Our vision:

Better health, for life

Strategic goals

To help create a **high quality integrated care** system with the population of north west London

To build **learning, improvement and innovation** into everything we do



To develop a **sustainable** portfolio of **outstanding services**

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Paula Vennells CBE, chair

Prof Tim Orchard, chief executive

Richard Alexander, chief financial officer

Prof Julian Redhead, medical director

Prof Janice Sigsworth, director of nursing

Questions and answers

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Thank you

Paula Vennells CBE

Chair

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Contact us at: imperial.communications@nhs.net