

Annual General Meeting 13 September 2017

Members of the Trust board present:

Sir Richard Sykes	Chairman
Dr Andreas Raffel	Non-executive director
Sarika Patel	Non-executive director
Ian Dalton CBE	Chief executive officer
Richard Alexander	Chief financial officer
Prof Janice Sigsworth	Director of nursing
Dr Julian Redhead	Medical director

Members of the executive team in attendance:

Kevin Jarrold	Chief information officer
Michelle Dixon	Director of communications
David Wells	Director of people and organisational development
Prof TG Teoh	Divisional director, women's, children's and clinical support
Prof Tim Orchard	Divisional director, medicine and integrated care
Dr Katie Urch	Divisional director for surgery, cardiovascular and cancer

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 2016/7, to consider priorities for 2017/18, and to account for how the Trust had used its valuable resources. He highlighted how the Trust was continuing to build on the great care, innovation and education our staff provide across its five hospitals and, increasingly, in the community. He expressed his gratitude to all of staff, supporters and volunteers, and partners in the NHS, local authority and voluntary sectors, for their hard work and commitment. He also expressed gratitude to Dr Tracey Batten, the former chief executive, who had left the Trust at the end of July, and welcomed the new chief executive officer, Ian Dalton, CBE.

Ian Dalton, in introduction, provided an outline of his background and experience as both a chief executive of two other NHS trusts and in senior posts at NHS England and the Department of Health. Most recently he had been president of global health and government at BT, and considered that leading an organisation with the expertise, values and commitment of Imperial College Healthcare NHS Trust, made him feel very proud and also excited about what he believed could be achieved for patients and local communities and for our staff and partners.

He then highlighted the key achievements and challenges of the Trust during 2016/17 and the plans for 2017/18. Recognising that 2016/17 had been a tough year for the whole of the NHS, as demand increased while financial constraints tightened, he noted that the Trust did hugely well in caring for more people than ever before while maintaining an excellent record on safety. It also continued to have one of the lowest mortality rates of all acute hospital trusts in the country and delivered over £54 million of efficiency improvements to achieve the 'stretch' financial plan and the year-end target set by NHS England.

Ian Dalton outlined progress made across a wide range of service improvements:

- The impact of major investment in new digital systems and processes, facilities and training across our outpatient services had been recognised by the Care Quality Commission. After their inspection in November, they moved their ratings for outpatient services to 'good'

overall at St Mary's and Hammersmith hospitals and up one level to 'requires improvement' at Charing Cross.

- Following extensive engagement with patients and the public, the Trust had introduced new 'direct entry' urgent care routes at Hammersmith Hospital, streamlined urgent cardiac care pathways and brought acute medicine services at Charing Cross together in new, expanded facilities.
- The Trust had embarked on the biggest estates improvement programme in years, largely thanks to the support of Imperial Health Charity, with building improvements worth £18 million underway or completed at Riverside Theatres at Charing Cross, St Mary's A&E, outpatient clinics at Charing Cross, Hammersmith and the Western Eye hospitals, and the children's intensive care unit at St Mary's (also supported by COSMIC).

Ian Dalton also reflected that the quality improvement (QI) programme launched two years previously was going from strength to strength. Last year, the QI team engaged with around 3,000 staff, providing targeted training and coaching for over 400. More than 50 QI projects were completed or underway. He noted the significant investment being made in digital technologies to support all services. The Trust had been rewarded for this pioneering role when it was selected by NHS England, along with our partner Chelsea and Westminster Hospital NHS Trust, to be one of 16 global digital exemplars for acute care. This came with £10 million of additional funding over three years.

Moving to research, Ian Dalton described how the Trust continued to develop its long legacy of innovation in care and treatments across all of our hospitals, recruiting around 20,000 volunteers into clinical research studies each year, with around 600 such studies open at any one time. He noted that, in September 2016, the Trust had been awarded £90 million of funding by the National Institute of Health Research to run the biomedical research centre in partnership with Imperial College for a further five years.

Ian Dalton then spoke about education which, combined with clinical care and research, enabled the Trust to push the boundaries of what was possible, presently and for the future. He highlighted that, alongside the undergraduate teaching of over 800 doctors and 500 nurses and midwives, and the continuing training of almost 800 junior doctors, the Trust had expanded the scope and scale of the learning and development we provide. Over 100 apprentices had joined the Trust in a range of roles. The Trust was also helping pioneer the role of the associate nurse across acute and community services, and was offering more multi-professional development, supporting and investing in all of our staff including the increasingly important role of therapists.

Turning to the significant operational challenges which, like many other NHS trusts, the Trust had faced Ian Dalton acknowledged that the Trust had struggled to meet all of the national waiting time standards. The reasons were complex, and included increased demand for services, pressure on our health and care partners making it harder to discharge patients to more appropriate care and growing problems with the Trust's ageing estate. Specifically, this had meant that:

- Overall, 90 per cent of patients attending A&E had been treated and discharged or admitted within four hours, against the national standard of 95 per cent. The Trust was making improvements across our urgent and emergency pathways, from expanding the 'outpatient' emergency care to working with partners to streamline discharge processes.
- For waiting times for planned care, the Trust treated 84 per cent of patients within 18 weeks of referral, against the national standard of 92 per cent, and also identified some patients

who had been waiting over a year. The Trust took this very seriously and had a comprehensive waiting list improvement programme, including a systematic data clean-up, better processes and training for managing lists and additional clinical and theatre capacity.

- The Trust had met four out of the eight cancer waiting standards consistently across the year but had not always meet the other four, including the two-week wait from urgent referral to first being seen, and the 62-day wait from urgent GP referral and from screening for first treatment. A focus on improvement continued, including through our long standing partnership with Macmillan Cancer Care.

Ian Dalton reported that operational performance had improved over recent months through a whole range of initiatives and huge effort on the part of our staff. But he recognised that sustainable improvement would require more strategic change in response to strategic challenge, which would be his focus in the coming months in association with the executive team, staff and all stakeholders. He acknowledged that while the Trust's most pressing challenge often appears to be the financial one, the way in which the Trust would become financially sustainable was inextricably linked with the even more important strategic challenges.

- Responding to growing and changing needs, particularly in relation to long term health conditions. Ian Dalton reflected that the Trust was engaged in making some real headway in developing a more sustainable response to those changing needs:
 - working more collaboratively including with our patients and local communities
 - the establishment of the strategic lay forum and appointment of over 30 lay partners to specific programmes and projects
 - the North West London Sustainability and Transformation Plan
 - the five-year strategy for tackling shared challenges in health and care
 - the Hammersmith and Fulham Integrated Care Programme, bringing together GPs, acute, community, mental health and social care providers to re-organise care around the needs of local people
 - the pilot of the Care Information Exchange, offering patients and their health and care professionals in north west London secure online, access to care records and to sharing information.
- Ensuring that the Trust had enough people with the right skills in the right roles. Ian Dalton noted that while the Trust's vacancy rate, just over 12 per cent, was better than the London average, it was not where the Trust needed it to be, especially given that it was likely to get harder to attract and retain staff. He highlighted the need to continue to create an organisational culture and an offer that draws and rewards a diverse and motivated workforce, and welcomed the fact that the Trust had achieved its highest ever staff engagement score in the recent staff survey, following a major focus on this area.
- Securing investment for the sorts of buildings and facilities. Ian Dalton reflected that this was essential in order to support high quality care, research and education for the future. He reported that the Trust had some of the highest levels of backlog estate maintenance across the whole NHS. He appreciated that the estates team do amazing work to keep the buildings – including many Victorian and pre-war facilities – available, including having upgraded boiler plants and theatre ventilation and replaced ceilings and floors. However, it was getting harder and he was clear that patients and staff deserved better. He reported that the Trust had progressed its planning application for a first phase redevelopment of the St Mary's estate, the oldest of the sites; he recognised that it was also important for the Trust to have an overall strategic plan for our estates redevelopment.

Looking forward, Ian Dalton highlighted that his priority was to build on what had been achieved already, to empower staff and to strengthen partnerships with patients, carers, GPs, other health and care providers in order to accelerate more strategic improvements. He shared his commitment to the public that the Trust would always be open and transparent about the challenges and opportunities it faced and would ensure that patients and the public were able to actively shape and contribute to every aspect of its work. He acknowledged that change was inevitable and much needed, but recognised that more needed to be done to explain, to listen and to work with others.

Ian Dalton closed by giving particular mention to two aspects of the Trust's work deserving of a special mention:

- Acknowledging the BBC2 series 'Hospital', which went behind the scenes at our hospitals, and provided an opportunity to show the amazing care and commitment of the staff as well as the growing challenges we face as we respond to changing needs and demands.
- Recognising and paying tribute to the staff's response to three major incidents: the terrorist attacks at Westminster Bridge and London Bridge, and the tragic fire at Grenfell Tower in north Kensington.

Richard Alexander took to the rostrum to present the Trust's annual accounts for 2016/17. He started by commenting that after a really disappointing 2015/16, it was good to have delivered the financial plan again in 2016/17.

He noted that the Trust's position had actually been £1.5 million better than the planned deficit due to a slightly better in-year performance for which the Trust had received a bonus from NHS Improvement. However, while it reduced the overall reported deficit, it had not been cash that the Trust could spend.

Confirming the year-end position as a deficit of £15.3 million, Richard Alexander acknowledged that, nonetheless this was still a deficit, which demonstrated that the Trust had spent more money on patient care than it had received, and was dependent upon cash support from NHS Improvement. He noted that while the deficit was a real problem, it was important to recognise that normal business continued. Nearly £50 million had been spent on capital schemes to improve the estates and equipment. Of this, £8.3 million had been received from the Imperial Health Charity, for which he extended thanks. £1 million had been a loan to invest specifically in energy saving measures and £200,000 had been received as government grants.

Returning to the deficit position, Richard Alexander noted that, to reach this position, the Trust had delivered record savings of nearly £54 million. While this was slightly lower than the challenging target it had been a big achievement and had required a huge effort from all our staff. Moving to the Trust's cash position, he noted that the Trust's cash balance of £21.0 million ensured the Trust met its required cash target, and the Trust borrowed £15.8 million to meet its day-to-day obligations. Showing 2016/17 figures against those of 2014/15 and 2015/16, Richard Alexander noted that the Trust had delivered more activity and received more income than ever before, and highlighted the impact the Sustainability and Transformation funding, at £25.5 million, had on our numbers. It improved our deficit from what would have been another £40m deficit (little improved on 2015/16) to a reported deficit of £15.3m.

He then reflected that £1 billion was a lot of taxpayer’s money, and outlined where it came from and where it was spent. Three quarters of all income was directly spent on treating NHS patients and another ten per cent on education and research, one of the biggest budgets in this area of any UK hospital at £110 million.

Richard Alexander highlighted that non-NHS patient care (£68 million) included work for local authorities, overseas patients, and £46 million of private patient care delivered. He emphasised that every pound the Trust made delivering private care came back into the NHS. Non-patient care services included the provision of pathology to other organisations, something the Trust hoped to grow now that it had set up a shared operation with Chelsea and Westminster and Hillingdon foundation trusts. He reported that a total of £600 million had been spent on staff. He noted that while recruiting staff continued to be a challenge, the Trust had managed to reduce its dependency on temporary staff.

Turning to the £53.8 million of savings which had been delivered as part of delivering sustainable services for our patients and an improved financial position for the tax payer, Richard Alexander outlined the types of savings that had been made across the organisation. These included:

- delivering more services to our patients in a cost effective manner
- providing additional joined up services to our patients in a more appropriate and accessible setting
- reducing our reliance on, and the amount we pay to, agencies for temporary staff
- reduced use of external consultancy
- improving procurement, including switching to alternatives and non-brand items as well as better stock management.

In taking a quick look at the current year, 2017/18, which started in April, Richard Alexander particularly noted that:

- income and activity continued to increase, primarily in the areas of specialist care
- the capital budget included £36m of internally generated funds, £7m from Imperial Charity and anticipated PDC awards (subject to control total)
- the Trust has enough cash to meet its obligations.

Bringing his presentation to a close, Mr Alexander looked forwards, highlighting the challenge in the underlying numbers. He drew attention to the big gap between our underlying position and the reported numbers after the sustainability and transformation funding and also non-recurrent savings that the Trust can generate from its balance sheet. The encouraging news was that the Trust was focusing on improving the underlying position.

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

Question	Response
A patient expressed their frustration at having to travel to different sites for different parts of their care.	Julian Redhead assured the member of public that the same level of care was provided at each of the sites, adding that the Trust needed to try and manage the way in which beds and services were spread across sites.
A member of the public brought to the panel’s attention that their elderly mother	Julian Redhead offered an apology to the member of public for their mother’s poor experience adding that

Question	Response
had been discharged into the community without appropriate care organised.	Trust policy was to discharge patients safely at all times.
A member of the public asked whether they could do anything to support the redevelopment issues particularly around the road access at the St Mary's Hospital site.	Michele Wheeler thanked the member of public for their support and provided an update on the progress of the Trusts redevelopment programme: Phase one St Mary's redevelopment planning application: It was confirmed that the Trust's application would be heard at 26 September meeting of Westminster City Council planning committee. Paddington Cube safety concerns over 'blue light' access to St Mary's Hospital: It was confirmed that the s106 agreement in relation to the Paddington quarter development had been signed. The Trust was seeking legal advice and considering its position.
A patient expressed concern at the estate of the lifts and escalators, particularly at the Charing Cross site.	Prof Sigsworth recognised the frustrations relating to the condition of the estate and offered apologies to the patient, assuring them that there was a comprehensive programme in place to address the backlog maintenance of the Trust's poor estates.
A member of the public and 'Save our hospitals' welcomed Ian Dalton as the new chief executive and added that they were happy to have had constructive discussions with Dr Tracey Batten; they extended an invitation to Ian Dalton to continue these.	Ian Dalton thanked the member of public and confirmed that he would be happy to continue the regular discussions with the 'Save our hospitals' members.
A member of the public asked about the outcome of the general election and whether this had affected the STP	The panel confirmed that the STP direction and pace had not changed and pan-economy discussion as to the most appropriate way in which to deliver care services in the longer term continued.
A member of the public expressed concern that restructuring of nursing shifts could possibly lead to less breaks.	Prof Janice Sigsworth assured the member of public that there had not been any changes to the nursing shifts and that, whilst twelve hour shifts would not be her preferred option, often this was the personal choice of some staff, particularly if fitting work around bringing up young children for example. She added that the Trust wanted to support a work life balance for its staff.

Bringing questions to a close, Sir Richard Sykes then introduced Dr Sanjay Guatama. Dr Guatama highlighted progress with the Care Information Exchange, a patient and clinician portal which provided access to a range of information. The system was currently populated with 700,000 patients' data from across six NHS Trusts, with over 2,000 active patients on the system. Clinicians were using this to drive transformation and had reported high levels of benefit to the small cohort of patients that had piloted it. He highlighted the key areas that it would impact including the management of complex pathways including virtual multi-disciplinary teams and shared care plans across the wider NHS. Information would be shared between organisations which would be

available for authorised users to view and patients would have access to their own records and be able to contribute to the content. Data could also be shared for research purposes.

Dr Gautama introduced Parker Moss, a member of the public whose daughter received cancer treatment at the Trust and in other settings, to discuss the benefits that he had experienced with the Care Information Exchange first hand. The system had enabled Mr Parker to access timely blood test results each morning, enabling him to notify her school if they needed to take specific action. It allowed him and his family to take control of their daughter’s care, when and where they needed it. Mr Moss reported that as well as reducing his stress, it saved the amount of time that he spent communicating with site practitioners, as well as avoiding hospital admissions where possible. During his presentation, Parker Moss shared with the audience the tragic news that his beloved daughter had lost her battle with the cancer and had recently died - the heartfelt sorrow of all present was reflected in the applause that he received.

Question	Response
Data protection – what is the Trust doing to ensure that data is correct?	Dr Sanjay Guatama confirmed that the programmes of work in place across the Trust to ensure that the input of data was correct, confirming that patient identifiable data was removed before being released for the use in research.

Sir Richard Sykes closed the meeting by extending thanks to Parker Moss and 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.