

# Welcome to the annual general meeting 2021

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**Bob Alexander**

Acting Chair

# Agenda

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## Annual general meeting Wednesday 14 July 2021

### Agenda

- 18.00** Welcome and introduction – Bob Alexander, Acting Chair
- 18.05** 2020/21 review and look ahead – Professor Tim Orchard, Chief Executive
- 18.35** 2020/21 accounts and financial outlook – Jazz Thind, Chief Financial Officer
- 18.45** Questions and answers
- 19.25** Wrap up and thanks – Bob Alexander, Acting Chair
- 19.30** Live event closes

**A few moments for reflection and  
to pay our respects...**

# 2020/21 review and look ahead

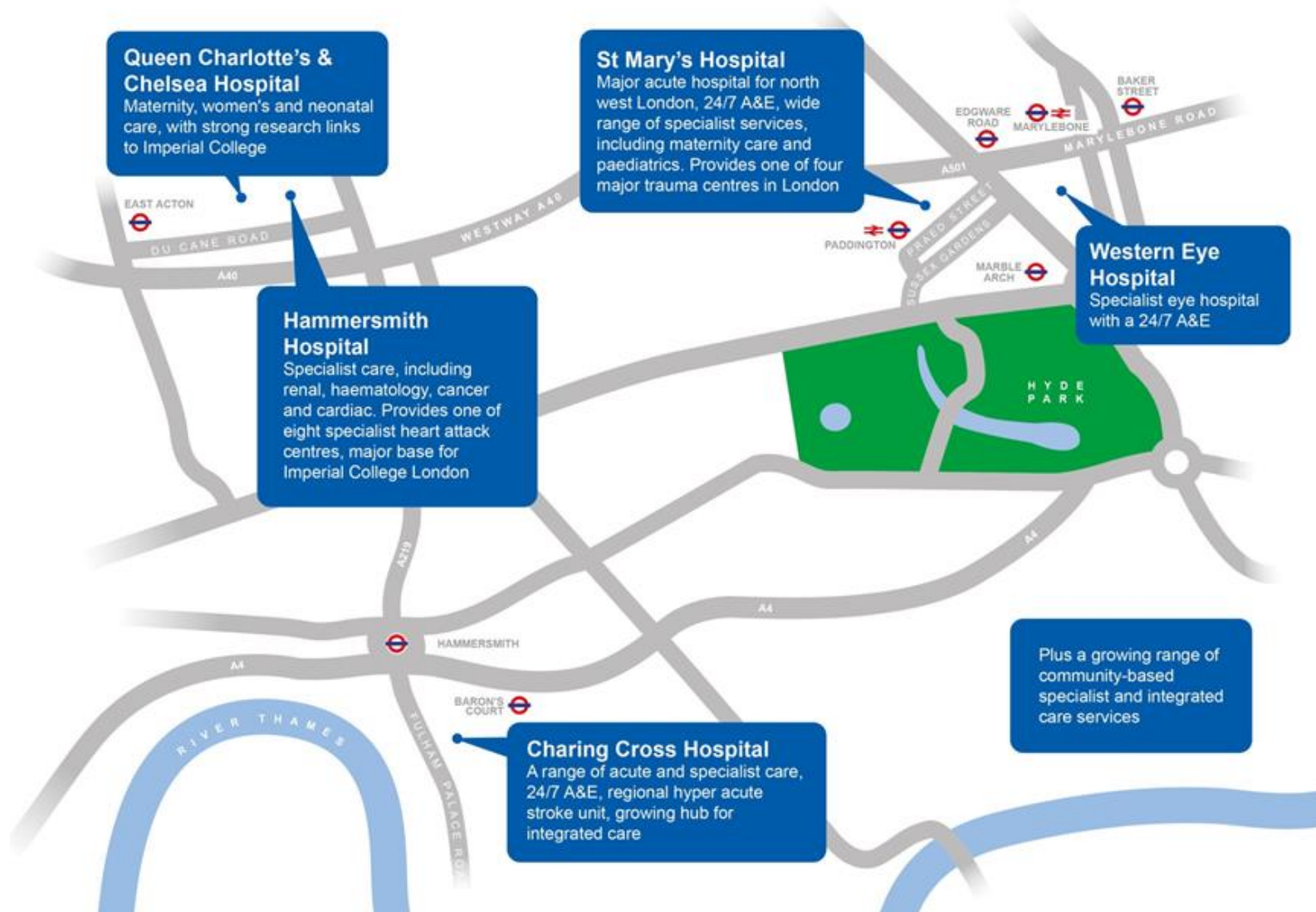
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**Professor Tim Orchard**

Chief executive

Thank you

# Our hospitals and services



# Our Trust in numbers: 2020/21

**1,069,100**  
**(1,294,000)**

Patient  
contacts

(including inpatients,  
outpatients and  
day cases)



**200,700**  
**(305,000)**

Emergency  
attendees

(including A&E  
and AEC)



**20,200**  
**(38,000)**

Operations

(including day and  
inpatients)



**£1.425bn**  
**(£1.3bn)**

Turnover



**14,500**  
**(13,000)**

Staff



**950**  
**(710)**

Active research  
projects across  
29 disease areas

# Our Covid-19 response



# Our Covid-19 response in numbers

## Our Covid-19 response

From the start of the pandemic to 31 March 2021, we:

helped **4,708** patients recover from Covid-19 from a total of **5,593**



recruited **4,673** patients to **31** Covid-19 clinical research studies

vaccinated **21,810** staff, healthcare colleagues and patients



processed **511,260** Covid-19 PCR tests (via North West London Pathology)

cared for up to **492** inpatients with Covid-19 on any one day



sadly had **885** patients die at our hospitals with Covid-19

received **16,855** hours of support from hospital volunteers, managed by Imperial Health Charity



redeployed up to **1,000** staff

# Our response to the Covid-19 pandemic

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- We experienced two main waves of demand - the first wave peaked on 7 April 2020, when 360 of our inpatients had Covid-19, and the second on 20 January 2021, with 492 Covid-19 patients.
- We expanded our intensive care units – and created additional ones by transforming our children’s intensive care and surgical innovation unit as well as some recovery and general wards – going from 84 intensive care beds pre-pandemic up to 150 in early 2021.
- While we saw more patients with Covid-19 during the second wave, we were also able to maintain more planned care and enable a greater proportion of patients with Covid-19 to recover.
- We put in place – and have continued to develop – a range of measures and new ways of working to keep patients, staff and visitors safe, including: introducing comprehensive use of PPE; rigorous Covid-19 testing; separating care pathways according to risk; on-site vaccination clinics; and, necessary visiting arrangements.

# Key learnings from the Covid-19 pandemic

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- We instigated a rapid insight and learning approach, drawing on the feedback and ideas of staff, lay partners and other stakeholders.
- New ways of working were catalysed by the pandemic, including:
  - greater **collaboration** with our health and care partners especially our neighbouring acute NHS trusts
  - a more strategic focus on **staff health and wellbeing**
  - stronger **engagement** with our local communities and other stakeholders, especially to help tackle inequalities
  - a big shift in the uptake of **digital** technology and systems
  - greater awareness and involvement in **research and innovation** across the whole Trust

# Our strategic goals –progress and challenges through the pandemic

# Our organisational strategy

## Our vision

Better health, for life

## Our mission

To be a key partner in our local health system and to drive health and healthcare innovation, delivering outstanding care, education and research with local, national and worldwide impact.

## Our values

Collaborative – Aspirational – Kind - Expert

## Strategic goals



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



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



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

# Reviewing 2020/21 progress and challenges

## Strategic goal 1:

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

## Headlines:

- Improving access to urgent and emergency care
- Outpatient transformation
- Building an integrated children's healthcare network
- Tackling health inequalities through 'Compassionate communities'
- Care Information Exchange
- Involving patients and local communities\*

# Involving patients and local communities

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## **Closer collaboration between lay partners and clinicians**

- ✓ Lay partners are now more directly involved with clinicians and inputting into clinical issues, including through key roles on the clinical reference group and reset and recovery projects.

## **Engaging communities and building trust through relationships**

- ✓ Consistent and regular meetings with community leaders from black, Asian and minority ethnic groups, with shared agenda setting, direct Q&A and responding to issues raised by them.
- ✓ This created a sense of trust so that messages – for example, on vaccine hesitancy, safety and the importance of face masks – reached further and were considered reliable.

## **Greater strategic input by lay partners**

- ✓ Through closer working relationships with senior leaders, lay partners have been able to input earlier and more effectively into strategic developments.
- ✓ Lay partners are increasingly raising issues proactively to improve user/patient focus, rather than just responding to developments that the Trust chooses to share.

# Reviewing 2020/21 progress and challenges

## Strategic goal 2:

To develop a sustainable portfolio of outstanding services

### Headlines:

- Quality and safety
- Bringing our hotel services staff in house
- Our first Green Plan
- Estate redevelopment\*
- Acute care recovery and reset\*



# Estate redevelopment

- We plan to fully redevelop the St Mary's site (where the need is most urgent), as well as rebuild or refurbish significant parts of the Charing Cross and Hammersmith sites. Western Eye Hospital is due to move from its current location to be incorporated into the most appropriate of these developments.
- In October 2020, the Prime Minister confirmed major redevelopments for all three of our main hospital sites as part of the Government's health infrastructure plan which includes the 'New Hospital Programme'. We are currently included in phase 2 – for delivery from 2025 onwards.



# Acute care recovery and reset

As part of the north west London integrated care system, the sector's four acute NHS trusts established a joint acute care board and programme in March 2021. Building on the collaboration that has enabled us to respond so effectively to the Covid-19 pandemic, we want to do more to make the most of our collective resources and opportunities, join-up our care and reduce unwarranted variations in access and outcomes.

## Planned operations and procedures

- Clinical prioritisation and harm reviews
- Single view of waits
- More opportunities for treatment:
  - Partner providers where capacity
  - Fast track surgical hubs
  - More capacity, including 'insourcing'
- National benchmarking to focus improvement

## Outpatient services

- Advice and guidance
- Piloting 'patient initiated follow-ups'
- Virtual appointments

## Urgent and emergency care

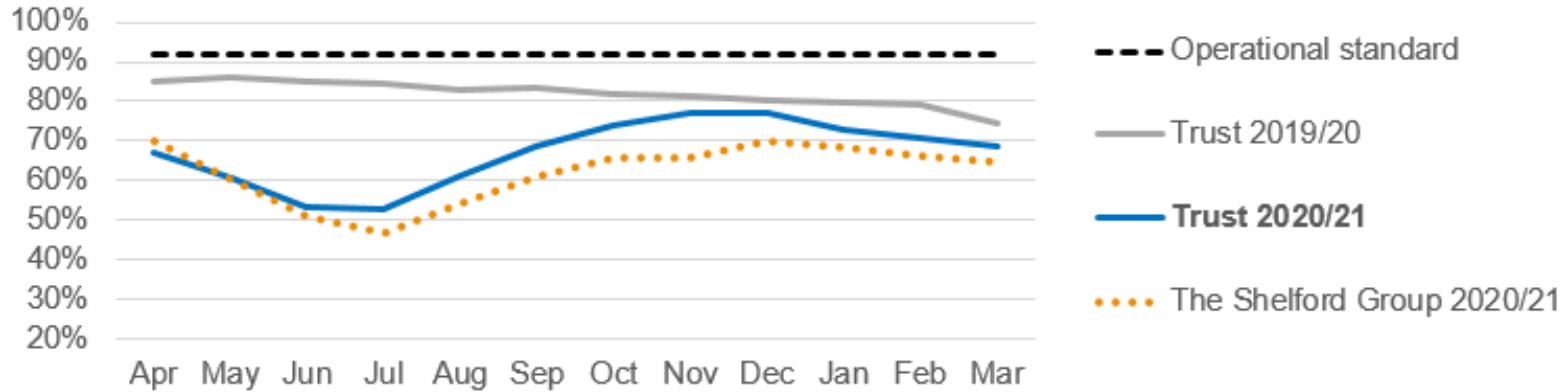
- Review of urgent care pathways
- Expanding and maximising the effectiveness of 'same day emergency care'.

## Enabling developments

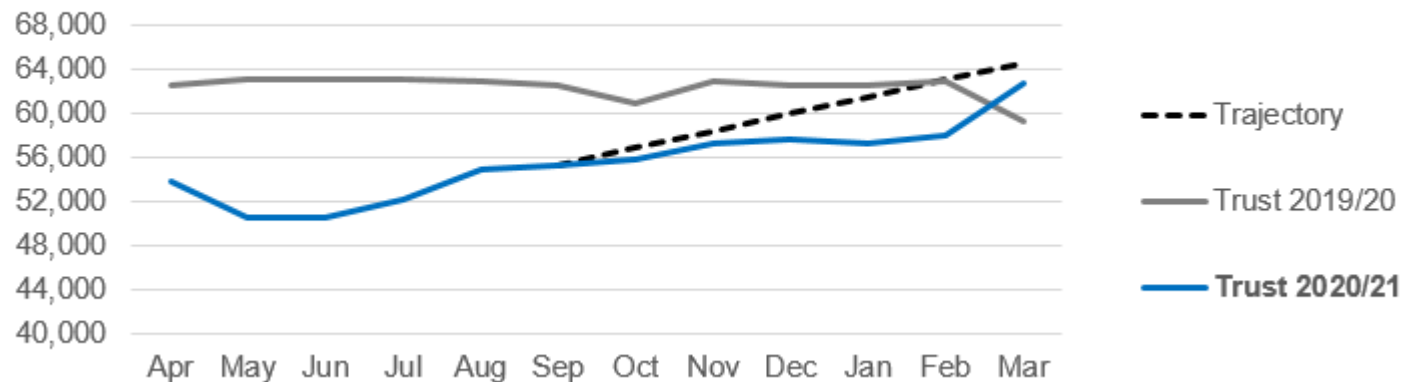
- Tackling health inequalities
- Patient and public involvement
- Staff health and wellbeing
- On-site safety
- Patient administration and experience

# Operational performance 2020/21

### 18 week referral to treatment



### Overall size of the elective waiting list

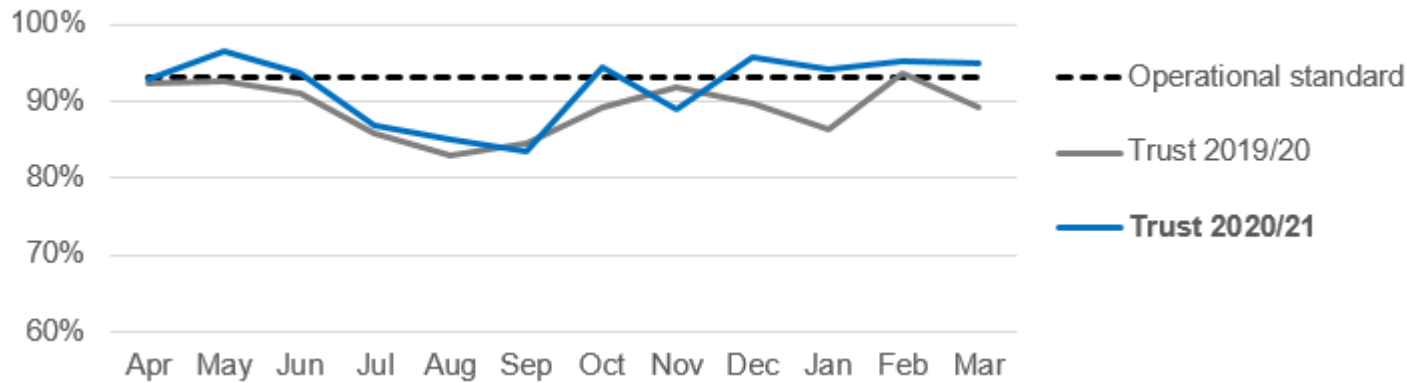


# Operational performance 2020/21

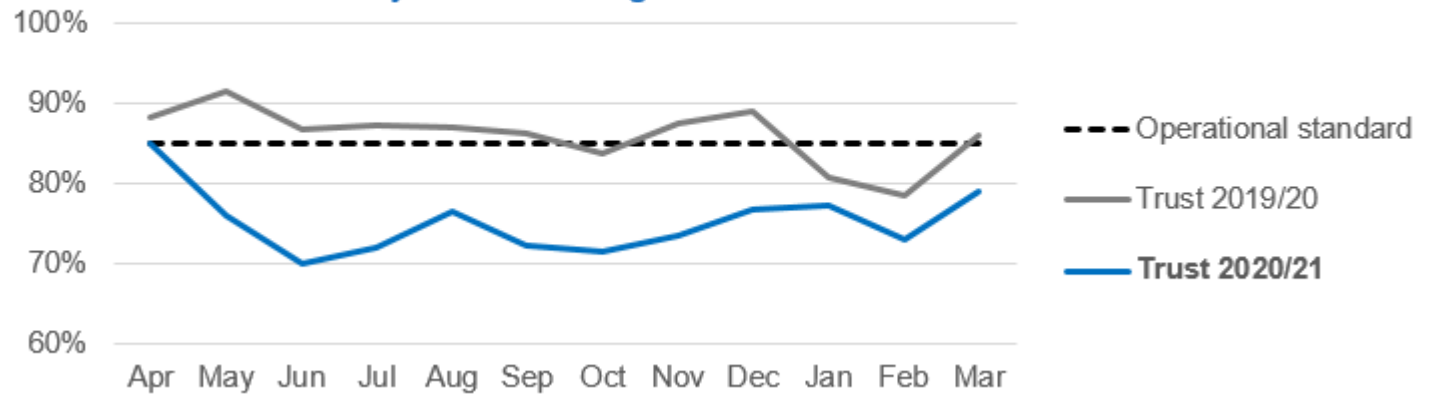


# Operational performance 2020/21

Cancer: 2 week wait from urgent GP referral



Cancer: 62 day wait from urgent GP referral



# Reviewing 2020/21 progress and challenges

## Strategic goal 3:

To build learning, improvement and innovation into everything we do

### Headlines:

- Understanding Covid-19 health disparities
- Research during the pandemic
- Making our hospitals easier to navigate
- Staff support Covid-19 legacy programme
- Improving equality, diversity and inclusion in our workplace\*

# Improving workplace equality, diversity and inclusion

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- In 2020/21 equality, diversity and inclusion (EDI) was a key organisational priority; at the same time, the disproportionate impact of Covid-19 on Black, Asian and minority ethnic communities has highlighted systemic inequalities that must be addressed.
- We have run a programme of reverse mentoring for senior leaders, made changes to our recruitment and disciplinary processes that is making them fairer and expanded our central EDI team, supporting the growth of our staff networks and their increasing influence:
  - LGBTQ+
  - Women's
  - I-CAN (disability)
  - BAME multidisciplinary
  - BAME nursing & midwifery
- There is much more to be do to create an organisation that is not only fair but feels equal, inclusive and diverse to our staff. As such, EDI will continue to be a key organisational priority.

# Looking ahead to 2021/22 and beyond



# The year ahead: challenges and opportunities

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## Key challenges

- Financial regime
- Potential Covid-19 third wave
- Staff recruitment and retention
- Very long waits
- Our current estate
- Health inequalities

## Key opportunities

- Deeper collaboration with health and care partners
- Greater patient and public involvement
- Improved staff engagement
- The role of our hospitals as ‘anchor institutions’
- Potential from a switch to digital
- A stronger focus on research and innovation

# Core priorities for 2021/22

1

- Ensure all our patients who are waiting for acute and specialist care get the advice, guidance and/or treatments/operations they need as quickly as possible

2

- Build a sustainable workforce – through improvements in: health and well-being; recruitment; equality, diversity and inclusion; career pathways and retention

3

- Advance our plans to redevelop our estate across each of our sites

**Across our work on each of these core priorities, we will ensure that we:**

- Proactively and collaboratively, play our full part in developing our integrated care system, specifically through the acute care programme
- Continue to place quality (providing care that is safe, effective, caring, responsive, well-led, representing good use of resources, equitable) as the defining outcome of our work
- Have a strong user focus, including through significant involvement and engagement with patients, staff and local communities

# A new focus on collaboration and integration: our population and partners in north west London



- Moving towards statutory North West London Integrated Care System from April 2022
- Imperial College Healthcare provides:
  - specialist care across north west London and beyond
  - general acute care primarily for Hammersmith & Fulham, Kensington & Chelsea, Westminster, southern Brent and Ealing

# 2020/21 accounts and financial outlook

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**Jazz Thind**

Chief financial officer

# Headlines

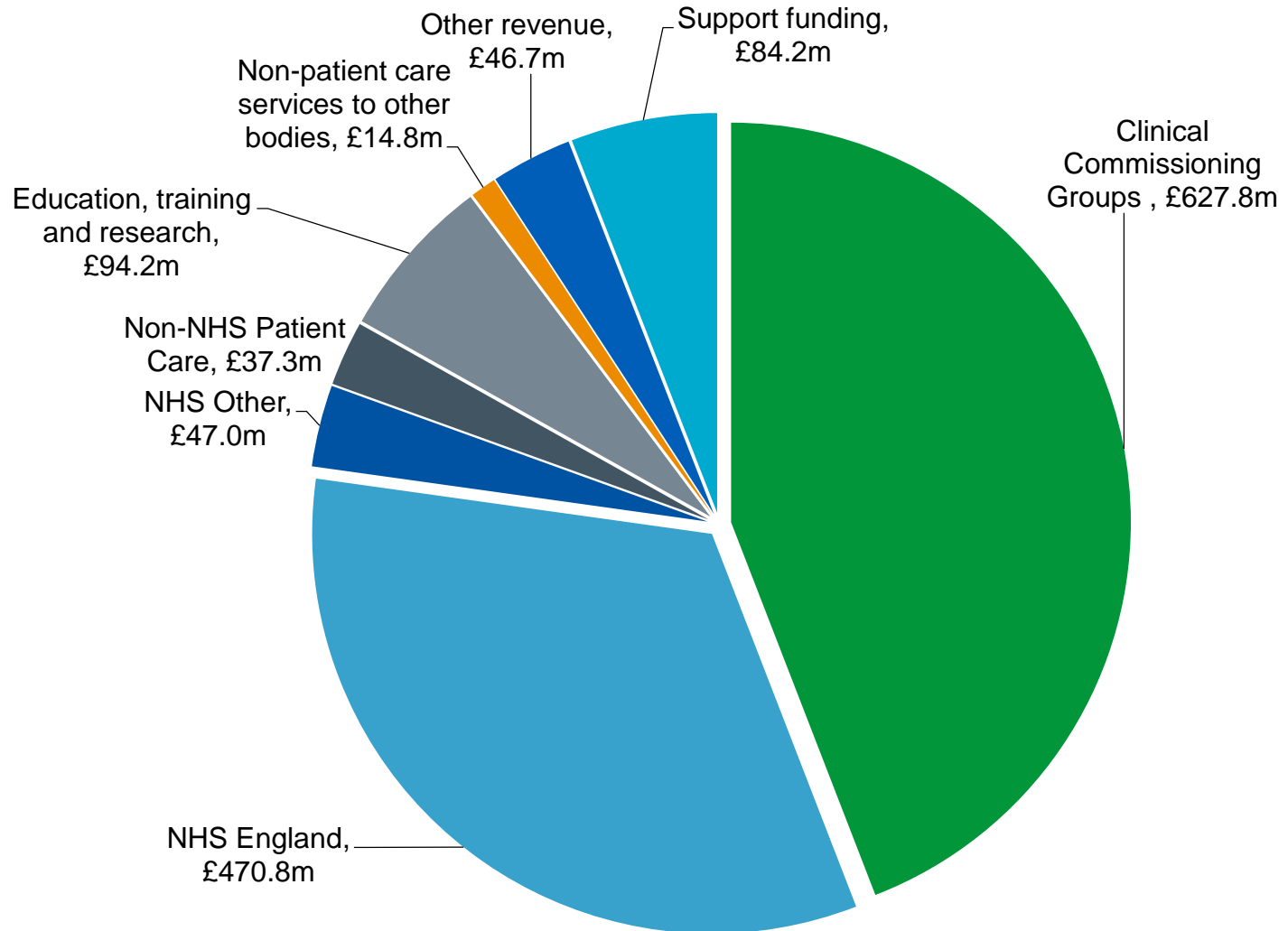
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<p>Reported Surplus £47k</p>	<p>Top-up funding and national support £84.2m</p>
<p>Savings £6m (2<sup>nd</sup> half of the year only)</p>	<p>Capital £85.9m &amp; Cash £149.1m</p>

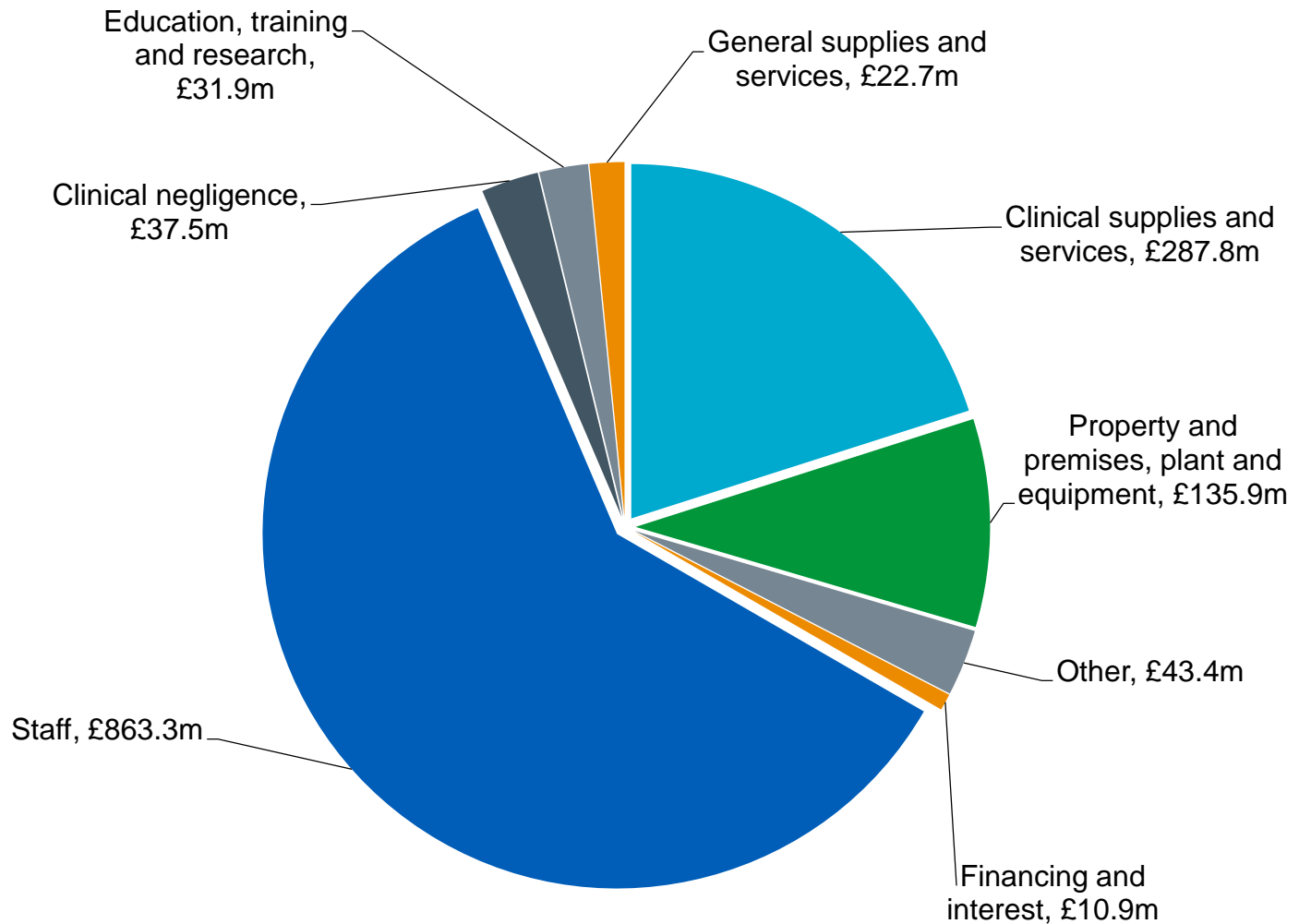
## 2020/21 – The context

	2017/18 £'m	2018/19 £'m	2019/20 £'m	2020/21 £'m
Revenue from patient care activities	974.0	1,030.9	1,124.3	1,182.8
Other operating revenue	161.3	133.7	158.5	240.0
Provider sustainability funding	25.5	48.4	17.8	-
<b>Total revenue</b>	<b>1,160.8</b>	<b>1,213.0</b>	<b>1,300.6</b>	<b>1,422.8</b>
Staff costs	(640.0)	(678.8)	(749.2)	(863.2)
Other operating costs	(501.1)	(493.2)	(526.7)	(541.4)
<b>Operating surplus (deficit)</b>	<b>19.8</b>	<b>40.9</b>	<b>24.8</b>	<b>18.2</b>
Net financing costs	(1.1)	(0.9)	(0.6)	(0.5)
Public dividend capital payable	(10.1)	(11.8)	(12.3)	(10.3)
Donated asset adjustment	(5.5)	(0.1)	(2.2)	(7.3)
<b>Surplus (deficit)</b>	<b>3.0</b>	<b>28.2</b>	<b>8.7</b>	<b>0.1</b>

# Our income



# Our expenditure





# Covid19 pandemic



Adopted 'Governance Light' approach

- ensured agile decision making
- maintained financial control

Responsiveness remained key

Good financial management intact

Donations of personal protective equipment and medical equipment

# Capital Investment - £86m

## Infrastructure programmes

### Backlog maintenance £18.7m

Continuation of 8 year plan to address highest risk areas

### ICT £8.2m

IT programme included:

- Network replacement
- Desktop replacements
- Agile working solutions
- Windows 10

### Medical Equipment £7.3m

Replacement of items deemed highest risk:-

- Patient monitoring
- Defibrillators
- Anaesthetic machines
- Mobile x-ray

## Priority developments

### Projects £42.2m

Including;

- MRI replacement
- Urgent emergency care
- Critical infrastructure replacement
- Care information exchange
- PET CT
- Brain FUS
- Donated equipment

### Other £9.5m

Redevelopment programme  
Covid-19 works

\* = includes £1.9m of charitable funding to projects

# Looking ahead

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Funding 2021/22

ICS envelopes for capital and revenue  
Remains a year of two halves

Our plan

6 month plan only  
2.3% efficiency  
ICS expectation = breakeven position

Operational trajectories

75%, 80%, 85%  
Attracts Elective Recovery Funding

Capital investment

Backlog maintenance of our estate  
Medical equipment  
IT

Redevelopment

Progressing the full business case for SMH  
Continuing work on CXH and HH

# Thank you - annual general meeting 2021

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**Contact us at:**

[imperial.communications@nhs.net](mailto:imperial.communications@nhs.net)