Welcome to our annual general meeting 2019
Please take a seat, the AGM is about to begin
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
2018/19 review and look ahead

Professor Tim Orchard
Chief executive
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
Operational performance 2018/19

4-hour A&E access

18 week referral to treatment

Operational standard

Trust 2017/18

Trust 2018/19
Operational performance 2018/19

Cancer: 2 week wait from urgent GP referral

Operational standard
Trust 2017/18
Trust 2018/19

Cancer: 62-day wait from urgent GP referral

Operational standard
Trust 2017/18
Trust 2018/19
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

900,000+
People living across…

Four
boroughs with
access to over…

16,000+
Staff providing
acute and specialist care

• 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.

Our vision:
Better health for life

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

• 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

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

Imperial and Chelsea and Westminster acute and specialist hospitals
- Imperial College London campuses
- Other Trusts’ acute and specialist hospitals

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

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
• 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
2018/19 Financial accounts

Richard Alexander
Chief financial officer
Agenda

2018/19:

• Headlines
• Context
• Financial snapshot
• Investments and savings

2019/20:

• Looking ahead
## 2018/19 headlines

<table>
<thead>
<tr>
<th>Reported surplus</th>
<th>£28.2m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings delivered</td>
<td>£44.1m</td>
</tr>
<tr>
<td>Capital expenditure</td>
<td>£55.1m</td>
</tr>
<tr>
<td>Underlying deficit cut by</td>
<td>£2.8m</td>
</tr>
</tbody>
</table>
### 2018/19 in context

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

* Adjusted for fixed asset revaluation
2018/19 financial snapshot

Where do £s come from?

- NHS patient care, £964m
- Non-NHS patient care, £67m
- Education, training and research, £98m
- Clinical supplies and services, £291m
- Consultancy, £2.1m
- Other, -£5.7m
- Property and premises, plant and equipment, £108m
- Other revenue, £18m
- Rent received, £2m
- STF, £48m
- Financing and interest, £13m
- General supplies and services, £37m
- Clinical negligence, £30m
- Non-patient care services to other bodies, £15m

Where do £s go?

- Staff, £678m
- Education, training and research, £27m
- Clinical supplies and services, £291m
- General supplies and services, £37m
- Property and premises, plant and equipment, £108m
- Consultancy, £2.1m
- Other, -£5.7m
- Financing and interest, £13m
2018/19 investing in staff

Managers and administrators
Scientific and technical
Healthcare assistants
Nursing
Other medical
Consultants
Total fixed workforce
Total flexible workforce
2018/19 investing in estates and equipment

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.

<table>
<thead>
<tr>
<th>Capital expenditure</th>
<th>£55.1m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Backlog maintenance</td>
<td>£18.7m</td>
</tr>
<tr>
<td>ICT and global digital excellence</td>
<td>£10.0m</td>
</tr>
<tr>
<td>Charing Cross emergency department</td>
<td>£5.5m</td>
</tr>
<tr>
<td>Winter bed capacity</td>
<td>£5.0m</td>
</tr>
<tr>
<td>Medical equipment</td>
<td>£4.6m</td>
</tr>
<tr>
<td>Paediatric ICU</td>
<td>£3.4m</td>
</tr>
<tr>
<td>Other schemes</td>
<td>£7.9m</td>
</tr>
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</table>
## 2018/19 savings summary

<table>
<thead>
<tr>
<th></th>
<th>Clinical divisions £m</th>
<th>Corporate £m</th>
<th>Total £m</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trust CIP 2018/19</strong></td>
<td>40.0</td>
<td>4.1</td>
<td>44.1</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute income</td>
<td>26.6</td>
<td>0.0</td>
<td>26.6</td>
</tr>
<tr>
<td>Community income</td>
<td>0.6</td>
<td>0.0</td>
<td>0.6</td>
</tr>
<tr>
<td>Private patients</td>
<td>3.1</td>
<td>0.0</td>
<td>3.1</td>
</tr>
<tr>
<td>Other income</td>
<td>0.1</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Income total</strong></td>
<td>30.4</td>
<td>0.4</td>
<td>30.7</td>
</tr>
<tr>
<td><strong>Pay</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank and agency</td>
<td>1.1</td>
<td>0.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Non clinical/admin</td>
<td>0.2</td>
<td>1.1</td>
<td>1.3</td>
</tr>
<tr>
<td>Clinical related pay savings</td>
<td>0.9</td>
<td>0.0</td>
<td>0.9</td>
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<tr>
<td><strong>Pay total</strong></td>
<td>2.2</td>
<td>1.2</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Non-pay</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial contracts/procurement</td>
<td>2.1</td>
<td>1.0</td>
<td>3.1</td>
</tr>
<tr>
<td>Medicines management/drugs</td>
<td>1.9</td>
<td>0.0</td>
<td>1.9</td>
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<tr>
<td>Consumables and waste reduction</td>
<td>1.4</td>
<td>0.2</td>
<td>1.6</td>
</tr>
<tr>
<td>Other non-pay cost reduction</td>
<td>2.1</td>
<td>1.3</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Non-pay total</strong></td>
<td>7.4</td>
<td>2.6</td>
<td>10.0</td>
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</tbody>
</table>
### 2019/20 looking ahead

<table>
<thead>
<tr>
<th></th>
<th>2018/19 Actual</th>
<th>2019/20 Plan</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>1,164.6</td>
<td>1,176.8</td>
<td>↑12.3</td>
</tr>
<tr>
<td>STF</td>
<td>48.4</td>
<td>27.1</td>
<td>↓21.3</td>
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<tr>
<td>Expenditure</td>
<td>(1,184.8)</td>
<td>(1,192.8)</td>
<td>↑8.0</td>
</tr>
<tr>
<td><strong>Surplus/(deficit)</strong></td>
<td><strong>28.2</strong></td>
<td><strong>11.1</strong></td>
<td>↓17</td>
</tr>
<tr>
<td>Savings</td>
<td>44.1</td>
<td>52.8</td>
<td>↑8.7</td>
</tr>
<tr>
<td>Capital</td>
<td>55.1</td>
<td>67.9</td>
<td>↑12.8</td>
</tr>
<tr>
<td>Year-end cash</td>
<td>26.7</td>
<td>22.7</td>
<td>↓4.0</td>
</tr>
</tbody>
</table>
2019/20 looking ahead

Plan vs actual

<table>
<thead>
<tr>
<th>Year</th>
<th>Plan</th>
<th>Actual</th>
<th>Underlying position</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>-18.5</td>
<td></td>
<td>-47.9</td>
</tr>
<tr>
<td>2016/17</td>
<td>-16.9</td>
<td>-15.3</td>
<td>-49.8</td>
</tr>
<tr>
<td>2017/18</td>
<td></td>
<td>3.0</td>
<td>-37.4</td>
</tr>
<tr>
<td>2018/19</td>
<td></td>
<td>28.2</td>
<td>-34.6</td>
</tr>
<tr>
<td>2019/20</td>
<td></td>
<td>11.1</td>
<td></td>
</tr>
</tbody>
</table>
2019/20 looking ahead

Underlying deficit 2015/16 – 2019/20

<table>
<thead>
<tr>
<th>Year</th>
<th>Imperial (£m)</th>
<th>Imperial % of turnover</th>
<th>London providers % of turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>(53.7)</td>
<td>(5.4%)</td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>(49.8)</td>
<td>(4.9%)</td>
<td></td>
</tr>
<tr>
<td>2017/18</td>
<td>(37.4)</td>
<td>(5.5%)</td>
<td></td>
</tr>
<tr>
<td>2018/19</td>
<td>(34.6)</td>
<td>(5.4%)</td>
<td></td>
</tr>
<tr>
<td>2019/20 Plan</td>
<td>(26.0)</td>
<td>(2.1%)</td>
<td></td>
</tr>
</tbody>
</table>

- Underlying deficit for Imperial College Healthcare Healthcare (NHS Trust) for the years 2015/16 to 2019/20, showing a decreasing trend in both £m and as a percentage of turnover.
2018/19 looking ahead

• 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
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 neighbourhoods

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

Source: IDACI, 2010 Index of Multiple Deprivation

ChiMat 2016 (ONS 2014 data)
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

- 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
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”
Asthma radar

Whole Systems Integrated Care | Asthma Radar

Identify patients with asthma who may be at high risk and/or in need of review.

Click on a traffic light to view details of the selected patient.

GP Practice: [ALL]
Patient Segment: Children
RCP Review Filter: No filter selected
Sort by: Number of Exacerbations

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Age</th>
<th>Number of Risk Factors</th>
<th>Number of A&amp;E/UCC Attendances (past 12 months)</th>
<th>Number of Exacerbations</th>
<th>Number of Prescriptions (past 12 months)</th>
<th>Asthma Review</th>
<th>Inhaler Techniques</th>
<th>Symptomatic Control Test</th>
<th>Personal asthma plan</th>
<th>Peak Flow</th>
<th>FEV1</th>
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<tbody>
<tr>
<td>Patient 22121886</td>
<td>15</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td>25</td>
<td>20</td>
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<td>Patient 5192202</td>
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<td>Patient 2434246</td>
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<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>80</td>
</tr>
<tr>
<td>Patient 11418090</td>
<td>15</td>
<td>2.1</td>
<td>4</td>
<td>10</td>
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</tr>
<tr>
<td>Patient 10664729</td>
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<td>9</td>
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<td>9</td>
<td>9</td>
<td>80</td>
</tr>
<tr>
<td>Patient 13321446</td>
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<td>1</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>80</td>
</tr>
</tbody>
</table>

Patient 22121886, 16
NHS #: 22121886

Latest practice update: 25/02/2017

Risk Factors:
Multiple courses of oral corticosteroids

Click to highlight traffic lights of that colour:
- Green Flag
- Amber
- Red Flag
- Neutral/Unknown

Asthma Care
Exacerbations
Exacerbations (Oral corticosteroids)
All Emergency Care

Peak Flow
Peak Flow % predicted

Jan 13  Jan 14  Jan 15  Jan 16  Jan 17  Jan 18
25  19  24
Learning from our work so far: design principles

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.
A perspective from Primary Care
What does healthcare feel like at the moment
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…
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
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
Thank you

Paula Vennells CBE
Chair
Contact us at: imperial.communications@nhs.net