Our performance and plans for the future

Annual review 2014
Welcome

We are very proud of the care that we provide across our five hospitals. We are one of the safest NHS trusts in England, with some of the best clinical outcomes, as we continue to build on our long track record in healthcare innovation.

But we also face a difficult set of challenges. Some are shared across the NHS and internationally – how to help people stay healthy, especially the rapidly growing number with long term conditions, and how to manage the pressure on public finances.

We also have our own challenges. Much of our estate needs modernising and we still don’t have the right groupings of services or administrative systems across our hospitals – which makes it harder to provide the best patient experience.

This publication reports on our performance and achievements during the financial year 2013/14. It shows how we are setting the foundations for our organisation to provide the very best care to meet future needs. It also marks a renewed focus on working collaboratively with our patients and local communities.

Sir Richard Sykes
Chairman

Dr Tracey Batten
Chief executive
We undertook significant research and modelling during 2013/14 to develop our new clinical strategy. It was published in July 2014 alongside an outline of the supporting strategies required to ensure its successful implementation. This included plans for a £650 million redevelopment of our estate.

It was guided by the wider service change programme for north west London, *Shaping a healthier future*. It is intended to address our key challenges by:

- creating more local and integrated services, to improve access and help keep people healthy and out of hospital
- concentrating specialist services where necessary, to increase quality and safety
- ensuring better organised care, to improve patient experience as well as clinical outcomes
- delivering more personalised medicine, capitalising on advances in genetics and molecular medicine.

Each of our three main hospitals will develop their own distinctive but interdependent focus:

- **Charing Cross** – a local hospital with innovative day-case diagnostics, therapies and surgery
- **Hammersmith** (including **Queen Charlotte’s & Chelsea**) – a world-leading specialist centre
- **St Mary’s** (incorporating the **Western Eye**) – the major acute centre for the region.

To develop our strategy further and to implement it successfully, we need to do more to explain our thinking and to listen and respond to the views of patients and local communities.

We believe becoming a foundation trust (FT) will support these goals, and we continued with our application process during 2013/14, completing a successful public consultation and beginning to recruit shadow FT members.
How are we doing on...

Patient care

We continue to be one of the safest NHS trusts. In 2013/14, our hospital standardised mortality ratio was 69, equivalent to nearly a third fewer patient deaths than expected.

At 95-97 per cent, we’re significantly above the average on the NHS ‘safety thermometer’ – a measure of avoiding harm such as pressure sores. We had 13 cases of MRSA and 58 of *C difficile* last year. While down overall, these healthcare-acquired infections are still too high and a detailed action plan is in place.

We achieved A&E and all three main ‘referral to treatment’ standards and, supported by joint work with Macmillan Cancer Support, all national cancer service standards. We continued to be in line with the national average for the ‘friends and family test’ which measures the proportion of patients that would recommend us. With Imperial College, our status as one of six academic health science centres in the UK was renewed for a further five years.

Much effort was focused on preparing for the implementation of a new electronic patient administration system (e-PAS), which took place successfully in April. Beginning the move from paper to a fully digital medical record system is an essential milestone in modernising our services. As anticipated, it will be some months before the system is fully bedded in.

This has impacted on the recording of performance in the first half of 2014/15, which is currently being resolved.

Our people

In 2013/14, we employed just over 9,600 people, up slightly on 2012/13. Having the right number of engaged and skilled staff in the right places at the right time is critical in achieving excellent patient experience. As such we developed a new way to review safe staffing numbers, began a staff engagement survey, improved recruitment processes and launched new leadership development programmes.

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**Consistent performance on national standards**

- **Cancer services**
  - 2 week wait, all urgent referral: June '13 98%, Sept '13 94%, Dec '13 99%, Mar '14 96%

- **Referral to treatment**
  - 4 hour wait: June '13 96%, Sept '13 97%, Dec '13 96%, Mar '14 96%

- **A&E**
  - 18 week, admitted: June '13 93%, Sept '13 93%, Dec '13 93%, Mar '14 91%

- **A&E**
  - 4 hour wait: June '13 96%, Sept '13 97%, Dec '13 96%, Mar '14 95%
Finance

Our financial results in 2013/14 reflect a steady performance. Our annual income was £979.5m, slightly up on the previous year.

Expenditure, at £1,082m, was slightly up too. With the required adjustments, this produced an increased annual surplus of £15.1m for reinvestment in future service improvement.

We delivered £45.8m of efficiency savings in-year through initiatives aimed at reducing costs while maintaining or improving quality, just over £3m under target.

The new financial year has brought additional pressures and we reported a small deficit in the first quarter due to additional expenditure relating to implementation of the e-PAS, higher than planned agency staff costs and underperformance on efficiency saving initiatives.

Recording of income has also been impacted temporarily by the e-PAS. We have put in place a number of measures to get back on track.

Expenditure 2013/14

- **Staff**: £526m
- **Supplies and services – clinical**: £199m
- **Supplies and services – general**: £38m
- **Premises**: £40m
- **Depreciation and amortisation**: £36m
- **Public capital dividends**: £19m
- **Other**: £224m

Taking account of a technical adjustment of £117.7m, we achieved a surplus of £15.1m.

Income 2013/14

- **NHS £723.7m**
  - NHS trusts £0.6m
  - NHS England £299.9m
  - CCGs £418.3m
  - NHS foundation trusts £3.9m
  - Department of Health £1m
- **Non NHS £50.7m**
  - Local authorities £9.3m
  - Private patients £34.3m
  - Overseas patients £2.3m
  - Injury costs recovery £1.7m
  - Other patient care £3.1m
- **Other revenue £205.1m**
  - Education, training, research £119.5m
  - Non-patient care services £37.5m
  - Income generation £4.4m
  - Other £43.7m

All amounts have been rounded for this publication. A full breakdown can be found in the annual report.
Our older person’s rapid access clinic (OPRAC) enables frail, elderly patients to have important tests and specialist assessments in one session rather than through various hospital visits.

Patients can also be monitored and treated on a ‘virtual ward’ which we help run. A case manager co-ordinates nurses, therapists, and social workers as well as a dedicated GP and consultant geriatrician to deliver care, where possible, in the community.

This allows patients to be at home while being reassured that there is direct access to hospital care whenever needed.

**Dr Sarah Brice, consultant geriatrician:**

“Working closely with community and social services means we consider patients’ full range of needs. Providing more care at home or in the community is better for patients and more cost effective.”

Meanwhile, our child health general practice hub enables GPs and patients to get faster, local access to specialist care for a range of conditions, such as diabetes or allergies. Initiatives include direct telephone access to paediatricians for GPs, enabling them, in turn, to provide direct telephone access to patients.

The hub also facilitates face-to-face education, joint referral and case management discussions, and specialist clinics run out of GP practices.

**Case study:** Increasing access locally and keeping people healthier

1 in 5 virtual ward patients have avoided an unnecessary hospital stay
Changes to our trauma and cancer services that put patient needs at the heart of our care pathways have had a real impact on both patient experience and outcomes.

The top-ranking major trauma centre at St Mary’s Hospital is treating hundreds of patients a year with multiple, serious injuries, many of whom would not have survived previously or would have been seriously disabled. Opened in January 2011, the centre has structured staffing and care pathways to meet patient needs, ensuring a range of consultant expertise is available immediately 24 hours, seven days a week, and fast access to state-of-the-art diagnostics and a specialist theatre. We are one of only four major trauma centres in London, with all of the most seriously injured patients in our area brought to us even if another A&E department may be closer.

We have also improved our cancer care pathways in response to patient needs. For example, we have established ‘one-stop’ diagnostic clinics for prostate, renal, bladder and breast cancer. Instead of attending multiple appointments over a number of weeks at various sites, patients can now have all the scans, tests and consultations they need at one session at Charing Cross.

This includes more evening and weekend appointments for breast cancer to help patients with work or family commitments. For the vast majority of patients, the outcome of the ‘one-stop’ clinic is a clean bill of health. For others, they will know that the next steps are already underway.

- Our major trauma centre has an additional 2-3 survivors per hundred compared to the average survival rate

97% of prostate cancer patients are now ‘very satisfied’ or ‘satisfied’ with their overall care.

**Case study: Organising care around patients’ needs**

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Imperial College Healthcare NHS Trust

We are a leading provider of specialist and acute health services, caring for over one million patients a year at our five hospitals and in the community in north west London. With our academic partner, Imperial College London, we are one of the UK’s six academic health science centres, working to ensure the rapid translation of research for better patient care, and a major provider of medical education.

Get involved

We want to work more closely with all our stakeholders, especially patients and local communities.

There are various ways to get involved, including:

• Become a member – this will give you a say in how the Trust is run. We are working towards becoming a foundation trust in 2015:
  www.imperial.nhs.uk/foundation-trust

• Volunteer at our hospitals:
  www.imperial.nhs.uk/volunteering

• Support our charities:
  www.imperialcharity.org.uk
  www.cosmiccharity.com

Further information

If you require this document in an alternative format or language, please contact the communications directorate on 020 3313 3005.

Our formal 2013/14 annual report and financial accounts are available at www.imperial.nhs.uk/annualreport