

Annual General Meeting

5 September 2019

**Executive meeting room
Watford General Hospital**

**Welcome to our
Annual General Meeting**

**Phil Townsend
Chairman**

Agenda

Welcome

Phil Townsend, Chairman

Review of 2018/19

Christine Allen, Chief Executive

Financial overview and forecast

Don Richards, Chief Financial Officer

Clinical highlights

Tracey Carter, Chief Nurse

Anna Wood, Deputy Medical Director

Your questions

Board and executive team



Christine Allen
Chief Executive



Helen Brown
Deputy Chief Executive



Paul Bannister
Chief Information Officer
and SIRO



Tracey Carter
Chief Nurse and Director
of Infection Prevention
and Control



Paul da Gama
Chief People Officer



Don Richards
Chief Financial Officer



Sally Tucker
Chief Operating Officer



Dr Michael van der Watt
Chief Medical Officer



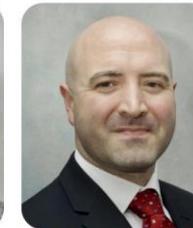
Fran Gertler
Director of
Integrated Care



Sean Gilchrist
Director of Digital
Transformation



Louise Halfpenny
Director of
Communications



Patrick Hennessy
Director of Environment



Rodney Pindai
Director of Contracts,
Efficiency and Commercial
Developments



Jane Shentall
Director of Performance



Dr Andy Barlow
Divisional Director for
Medicine



Martin Keble
Divisional Director for
Clinical Support Services



Dr Rachel Hoey
Divisional Director for
Emergency Medicine



Mr Jeremy Livingstone
Divisional Director for
Surgery, Anaesthetics
and Cancer

Non-executive directors



Phil Townsend
Chairman



John Brougham
Non Executive Director



Paul Cartwright
Non Executive Director



Ginny Edwards
Non Executive Director
Freedom to Speak Up
Guardian



Natalie Edwards
Associate Non Executive
Director



Jonathan Rennison
Non Executive Director
Senior Independent
Director

Review of 2018/19

Christine Allen
Chief Executive

About us



Our local hospitals at Watford, Hemel Hempstead and St Albans cover a catchment area of

over **500,000** people

150,000 emergency patients treated
500,000 outpatient attendances



4,500
babies
delivered



4,950 staff
and **400**
volunteers

2018/2019 - another busy year, when we...

- treated or cared for **c.750,000** people at one of our three hospitals or in the community
- were inspected by the Care Quality Commission
- had a busy winter, with challenges in meeting the demand for services
- saved a record £16m and delivered against our planned deficit
- were above average overall in the staff survey – in the top 20% of acute trusts. Results showed that our workforce feel motivated and supported by managers

And we consolidated great work in recruitment with the result that we spent less money on agencies and had more permanent staff to help us ***deliver the best care for every patient, every day***

Care Quality Commission – inspection results

The CQC inspected urgent and emergency care, medical care, surgery and maternity at Watford General Hospital and the Minor Injuries Unit (MIU) at St Albans City Hospital and the Urgent Treatment Centre (UTC) at Hemel Hempstead Hospital.

There was also a review of our leadership, under the ‘well led’ regime.

The rise in ‘good’ ratings continued

The emergency department (ED) and surgery fared well but we were disappointed with a rating of ‘inadequate’ for the MIU at St Albans City Hospital.

Overall, we were commended for our caring staff and the number of initiatives and improvements that were focused on enhancing the experience of patients.

Managing winter pressures

Following a difficult winter 2017/18, we put these plans in place in 2018/19:-

- Worked closely with local authority and NHS partners to increase access to community-based support to increase patient flow/reduce delayed discharges
- Expanded our ED by relocating some outpatient activity and creating 12 additional majors cubicles
- Re-provided ambulatory care services to ensure service continuity, creating additional beds and reducing the number of patients in ED
- Reduced the ambulance handover time

These actions cut the time spent by patients waiting in ED for admission, reduced crowding, improved the experience for patients and resulted in ***NO corridor waits***

Significantly, the number of complaints received relating to waiting times in ED ***more than halved*** this year compared to the previous year.

And, in order to protect our patients and staff, we vaccinated **77%** of patient facing staff against flu.

Performance

Improving the experience of emergency patients was a major focus in 2018/19 and will continue to be in 2019/20

- We were slightly nearer the 95% 4 hour ED target at **80.9%** compared to 80% from 2017/18 despite increasing attendances
- We hit the **two week wait target** for suspected cancer patients
- The **18 week Referral To Treatment target** of 92% was a challenge. We slipped from 88% in 2017/18 to **83.9%** in 2018/19
- We were close to **national targets for other cancer waiting times** and, in line with previous years, **we hit our diagnostic targets**
- A huge focus was given to '**long waiters**' (**52 weeks +**) and we ended 2018/19 with only four cases and all of these were patients who opted to wait beyond dates we had offered.



- **Raise a Smile this Christmas** appeal was so successful that every patient in all three hospitals had two presents to open over the festive period
- We launched a two year **youth volunteering programme** thanks to a successful funding application to the Pears Foundation
- Patients are now benefiting from **30 new wheelchairs (with their own shelter!)** made possible following a funding application to our wonderful League of Friends
- The **Cots for Watford Tots** appeal run by Jackie Fitzsimons, a healthcare assistant in maternity, smashed its fundraising target so 24 new cots are due any day now
- We underwent a period of **organisational review** to strengthen governance and oversight and ensure complete compliance with regulatory bodies

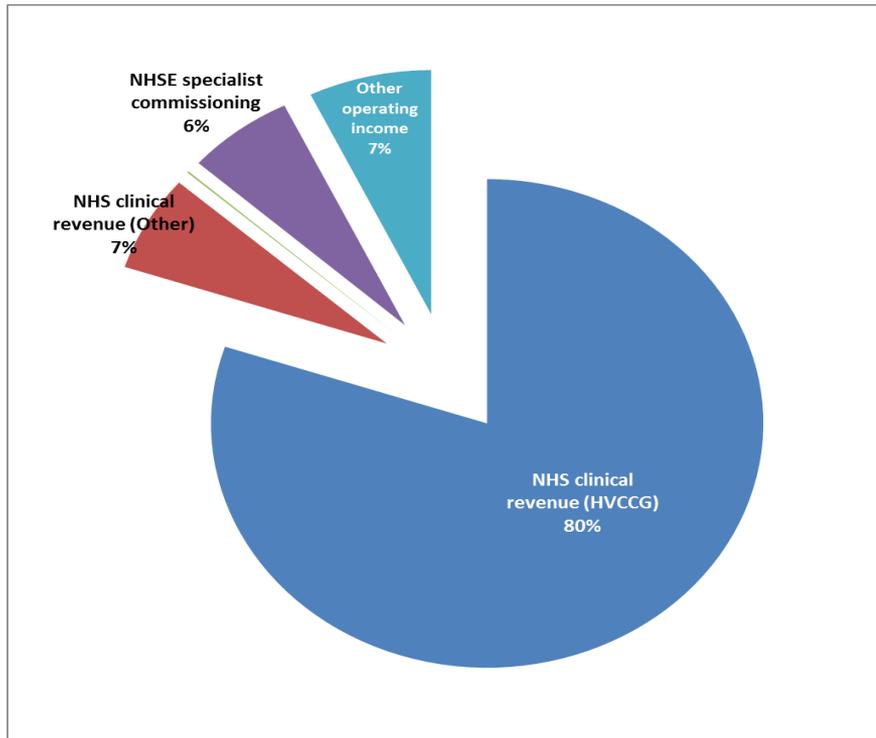
Financial review

Don Richards
Chief Financial Officer

The financial highlights 2018/19...

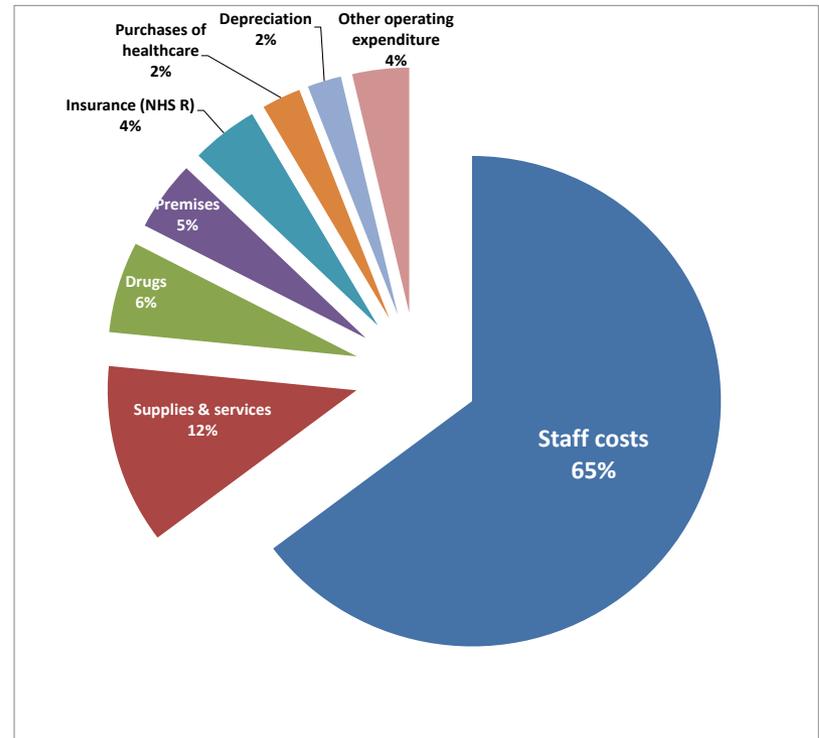
- A deficit of **£49.6m** against a target plan of **£52.9m**
- Increased spending on **frontline clinical staff by £8.5m**
- **Saved** a record **£16.1m** – equivalent to **4.8% of revenue**
- Invested **£12.6m in buildings, equipment, IT**
- **Treated more patients** in a challenging funding environment; continue to require loan funding
- **Agency staff costs** reduced further to **£14.9m** and is now less than half what it was three years ago

Where do we get our revenue funding from?



80% of our income comes from Herts Valleys Clinical Commissioning Group paid largely in line with activity numbers

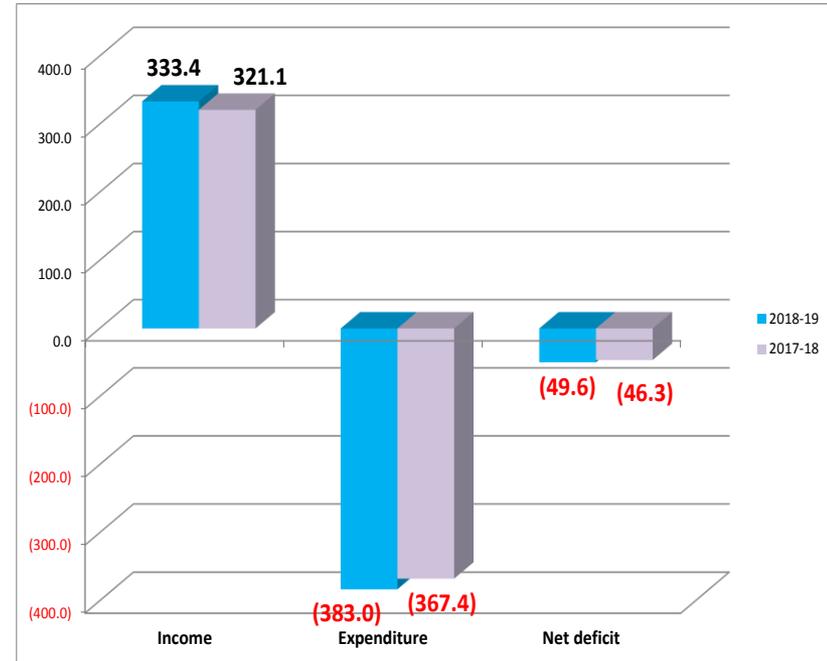
What do we spend our revenue funding on?



65% of our costs are on staff.

Our income and spending

	2018-19	2017-18 (excl STF)
Income from patient care activities	307.7	291.8
Other operating income	25.6	29.3
Income	333.4	321.1
Operating expenses	(381.0)	(364.3)
Operating (deficit)	(47.7)	(43.2)
Other gains and (losses)	0.9	(1.3)
Dividends and interest	(2.9)	(1.8)
Reported NHS financial surplus / deficit	(49.6)	(46.3)



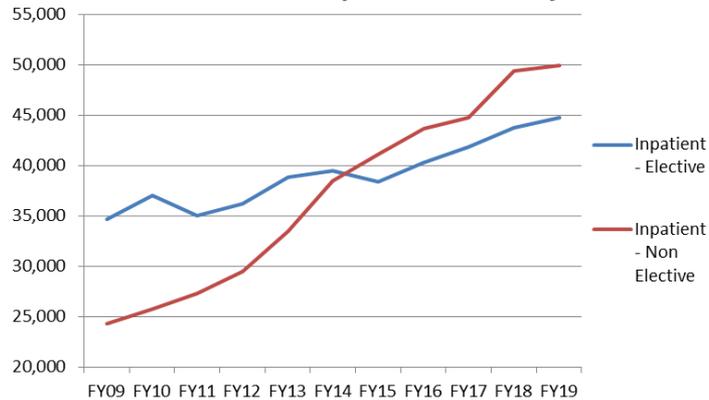
£5m of the income increase due to more elective care, £4m of the income increase was due to increased complexity of emergency admissions, £2m of the increase due to more A&E attendances. Other income fell because in 2017/18 the Trust received extra winter funding.

Staff costs rose by £12m (including pay awards) within this agency costs reduced. Interest payments are increasing due to borrowing.

Note: The trust received £3.7m Sustainability & Transformation Funding (STF) in 2017/18 (nil 2018/19), which is excluded from the above table. The deficit including STF would have been £42.6m in 2017/18.

How many patients did we treat?

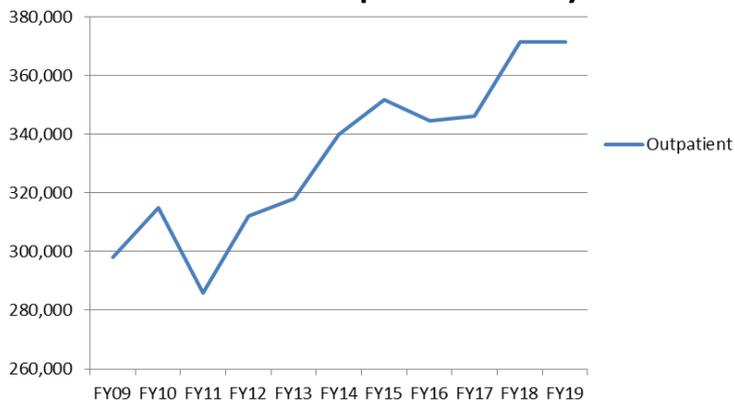
Trend of Inpatient Activity



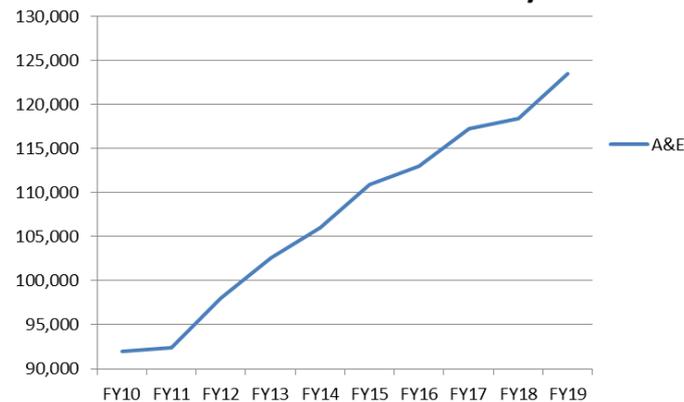
Non-elective have experienced a decade of growth, albeit slowing considerably in 2018/19.

Elective admissions have continued their growth of the last few years, although we still admit more emergency patients than elective.

Trend of Outpatient Activity



Trend of A&E Activity



Outpatient attendances saw a return to stability in 2018/19 after a sharp jump in the previous year.

The rise in **A&E attendances** shows no signs of abating after a decade of successive increases.

CQUIN income aligns quality improvements with funding

The trust loses up to £7m if quality is not improved in six key areas.

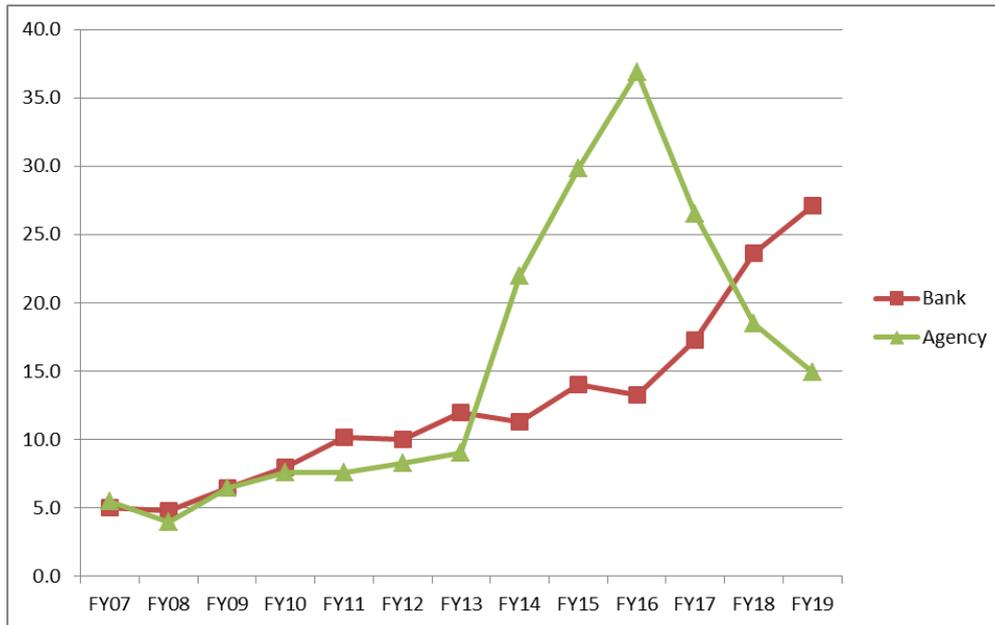
We earned £5.1m in six areas:

1. **Health & Wellbeing** (healthy food & flu vaccinations 100% achieved)
2. Better identification of **sepsis**, treatment of sepsis and reduced antibiotic use
3. Improved identification and management of **emergency patients** with **mental health** needs
4. Better provision of remote **clinical advice and guidance to GPs**
5. Better management of **specialist drugs** for specialist commissioners.
6. We didn't meet targets for giving **advice to patients on alcohol and tobacco use**. An area for improvement next year

How did we deliver £16.1m record efficiencies?

- **Reduced** reliance on **agency** staff
- A new **soft facilities** (catering, cleaning, portering) management contract
- Reduced **staff spending** in **corporate** departments
- Savings on **drugs spend** and consumables
- Increased private patient income
- Reduced **business rates**
- Reduced **energy expenditure**
- More productivity in specialties to meet activity targets without spending the full tariff

Cutting agency costs improves quality and finances



In 2018/19 agency costs fell to £15m (**down 19%**), building on a downward trend (30% fall in 2017/18 and 28% in 2016/17) which is expected to slow down but continue downwards into 2019/20

In 2015/16 we spent **£37m** on agency staff compared to **£15m** in 2018/19

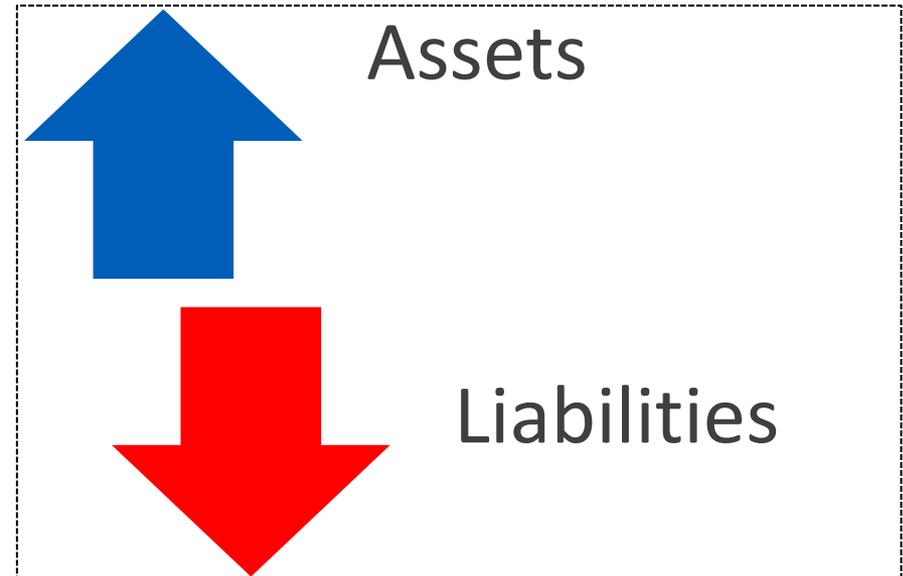
Assets and liabilities

Assets

- Land and buildings worth **£175m** gross (up from £144m due to land revaluations)
- Receivables **£19m** (£20m)

Liabilities

- Outstanding debt **£196m** (up from £138m due to borrowing to cover the deficit and capex)
- Net taxpayers equity now - **£24m** (down from -£2m due to in-year deficit of £50m offset by positive revaluations of £27m)



Capital expenditure

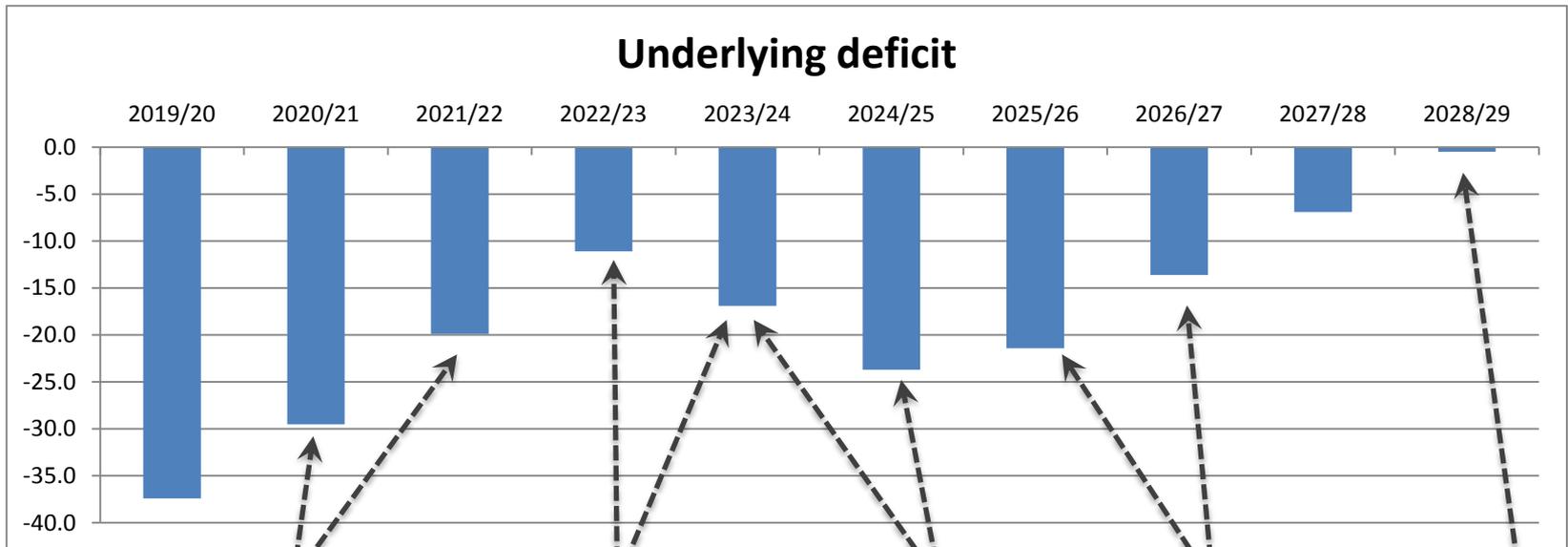
The trust made capital investments totalling **£12.6m** in 2018/19:

	£m
Backlog maintenance	4.7
Medical equipment	3.0
IT - Infrastructure	1.2
Estates reconfiguration - Improve capacity	2.9
IT - End user devices	0.8
Capital expenditure	12.6

Key projects:

- General refurbishment of clinical areas
- Fire safety improvements (doors, partitioning, lighting)
- New equipment (eg echo cardio machines, ultra sound, other imaging)
- Desktop IT equipment
- Energy use improvements
- Electrical infrastructure

The future... five stages



1. Deficit reduces due to higher than national average savings.

2. Deficit reduction unsustainable due to estate.

3. Increased capital charges due to major redevelopment.

4. Increased efficiency due to better estate

5. Return to break-even

Clinical highlights 2018/19

Tracey Carter, Chief Nurse

Dr Anna Wood, Deputy Medical Director

Safeguarding initiatives

The safeguarding team has worked **in partnership with the police and Hertfordshire safeguarding adults partnership** to provide safe and well checks for victims of human trafficking and modern slavery within the sex trade.



What have they done?

- Improved partnership working in all aspects of safeguarding
- Developed a Health Proforma as part of the modern slavery risk assessment and reporting form and shared throughout key clinical areas
- Raised awareness across the local health footprint
- Developed a practice model related to this work which they aim to share on a national level
- Will engage with other hard to reach groups and offer access to essential health care and safeguarding services within the local areas

Volunteer improvements

- **We have developed new volunteer roles**
 - Dining companions
 - 'Rose volunteers' for end of life care patients
- **We provide bi-monthly training sessions for these new roles**
 - Dementia awareness
 - End of life care – special training and supervision programme
 - Mobility training



Maternity and Neonatal Health Safety Collaborative

First national initiative – May 2018 Improve the detection and management of neonatal hypoglycaemia

Collaborative working has resulted in a reduction in babies with low blood sugars being admitted to neonatal intensive care unit (NICU) and separated from their mothers

- In January 2018 – **18** babies were admitted
- In January 2019 – just **2** babies were admitted



Evidence based clinical work

Clinical practice groups

- Professional leadership group

Clinical work

- Gall bladder disease
- Child with wheeze
- Prostate cancer
- Early pregnancy/induction of labour
- Fatty liver pathway
- Anaemia pathway

Examples of quality and service improvement

- The London Trauma Network peer reviewed our trauma service and deemed it to be **one of the best**
- There is now a **day case option for prostate surgery**, where appropriate
- **Enhanced recovery processes** are in place
- **Virtual clinics for urology stones and fracture follow ups** have been introduced

Examples of quality and service improvement

- **Accredited** endoscopy service
- Endoscopy team **expansion**
- **Endoscopy telephone assessment service**
- **Introduction of new diagnostic techniques** to improve cancer diagnosis
- **New genetic test** to support colorectal cancer treatment
- **Marker testing** for non-alcoholic fatty liver disease

Examples of quality and service improvement

Electronic respiratory triage system

- Reduces waits for outpatient appointments
- Ensures that patients see the correct consultant
- Reduces unnecessary follow up appointments

Introduction of radial EBUS

(endobronchial ultrasound) to improve lung cancer diagnosis

Recently introduced:

- **Cardiac MRI - 1,381** per year
- **CT coronary angiography imaging**
(non invasive techniques) - **1,945** per year

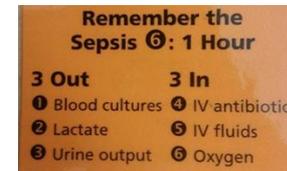
Examples of quality and service improvement

Remote dermatological advice and diagnosis

- Herts Valleys Clinical Commissioning Group agreed a **tele dermatology** service for St Albans and Harpenden and Hertsmere
- **Patient survey** has shown an average satisfaction score of 4.5/5
- GPs have reported that the **service is easy to use, quick and of good quality**
- **Hot clinics**
Rapid access clinic initiatives in neurology, dermatology respiratory medicine, cardiology and surgery

Sepsis

- We have a sepsis nurse leader who has championed sepsis awareness across the organisation
- We introduced a bright orange 'Think Sepsis' T-shirt, highly visible and worn at all times
- Introduced orange Sepsis 6/Sepsis trigger mini cards
- Developed sepsis Information Boards



Quarterly sepsis newsletters
detailing: CQUIN progress charts
and general sepsis news events
and information



Learning from deaths

Structured Judgement Reviews

- The trust reviews unexpected deaths using the structured judgement review (SJR) methodology adopted by the Royal College of Physicians to identify learning.
- The trust has
26 trained consultant reviewers
4 medical examiners

Themes

- **End of life care**, in particular the application of resuscitation directives
- **Recording fluid balances** for patients
- **Documentation** of patient care
- **Education** related to the use of anticoagulants and inpatient procedures
- **Timely review** of diagnostic tests

Role of Medical Examiner

Scrutiny of patients' clinical care by case notes and discussion with the relevant medical team

Oversight of the referral by the relevant medical team, if indicated to:
the Coroner
for structured judgement review
for consideration at the Serious Incident Panel

Ensuring accuracy of medical death certification

Education and feedback to the trust at clinical governance forums

Proactively speaking with bereaved relatives to discuss and ensure their understanding of the medical death certificate entries and any concerns they may have.

Your questions



Thank you

 www.westhertshospitals.nhs.uk

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