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# Annual General Meeting

## 21 September 2017





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# Welcome to our Annual General Meeting

**Professor Steve Barnett  
Chairman**



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# Agenda

## Highlights of 2016/17

Katie Fisher, Chief Executive

## Our continued improvement

Tracey Carter, Chief Nurse

## Unscheduled care transformation

Mike van der Watt, Medical Director

## Financial overview and forecast

Don Richards, Chief Financial Officer

## Our plans for the future

Helen Brown, Deputy Chief Executive

## Your questions and answers



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# Highlights of 2016/17

**Katie Fisher  
Chief Executive**



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# About us

Serving over  
500,000 people

4,300 staff  
350 volunteers

Each year:

140,000  
emergency  
attendances

460,000  
outpatient  
attendances

46,900 elective  
and 49,800  
non-elective  
admissions

4,900 babies  
delivered

## Watford General Hospital



- Emergency, high dependency, intensive care
- Elective care for higher risk patients
- Outpatient and diagnostic services
- c.600 beds and nine theatres
- Women's and children's services
- Newly expanded endoscopy unit

## Hemel Hempstead Hospital



- Urgent Care Centre open 08.00–22.00 every day
- Diagnostic services, incl. MRI and pathology
- Outpatient services
- Endoscopy and bowel cancer screening services

## St Albans City Hospital



- Elective care (inpatient low risk and day case)
- Outpatient and diagnostic services
- 40 beds and six theatres
- Minor Injuries Unit open 09.00-20.00 every day



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# Our Vision

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## Our aims are:

- To deliver the best quality care for our patients
- To be a great place to work and learn
- To improve our financial sustainability
- To develop a strategy for the future

**OUR VALUES**  
Commitment  
Care Quality





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# Our people

## Clinical leadership

- Five divisional directors substantive members of executive committee
- Three divisional directors now sit on trust board
- Clinical Advisory Group of senior clinicians meets weekly

## Staff engagement

- See, Start, Support, Sustain – HR manual for managers
- Improved engagement for third year, better results in 65/82 questions
- Ranked 32<sup>nd</sup> in UK staff survey, 11 place improvement on 2015
- Nominated for HSJ workforce award (maternity)

## Agency usage

- 2,068 new staff in last two years, including 995 nurses and midwives
- Reduction in agency spend from £37m in 2015/16 to £27m in 2016/17
- Further reduction to £17m targeted in 2017/18
- BMJ award for collaborative consortium work on agency reduction



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# **Our continued improvement**

**Tracey Carter**  
**Chief Nurse**



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### ***Best quality care***

- *C.diff* in 16/17 at 20 cases (trajectory ≤ 23), sustained improvement last three years
- Mortality (HSMR) consistently 'lower than expected'
- Stroke service rated 'AA' (top 18% nationally)
- Excellent results from dementia audit
- >99% of patients receive harm free care
- Vastly improved cancer and diagnostics performance, far better than average

### ***Strategy for the future***

- 5 of 6 labs have ISO15189 and we expect to achieve the sixth next month
- New cardiac MRI/CT suite open at Watford
- National accreditation for emergency planning
- JAG accredited endoscopy and bowel screening service – 100% for 14 day turnaround

### ***A great place to work and learn***

- Midwifery vacancy rate now at 9%, was 26% in Nov 2015
- Further staff survey score improvements since 2015
- Innovative advanced clinical roles and test site for nursing associate role
- Positive feedback from post-grad school visits
- Undergraduate collaborative working



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# Better governance

## Learning from complaints and serious incidents

- Quarterly learning events
- Divisional reports to Quality & Safety Group include sharing learning
- Triangulation of complaints, litigation, incidents and PALS data
- Divisional and trust-wide quality and safety newsletters
- Better use of IT to support divisions; at-a-glance dashboards and tracking learning from incidents

## Duty of Candour

- Improved staff awareness, identification and recording
- 100% compliance for serious incidents
- Process in place for moderate harms

## Children's safeguarding

- Additional training delivered for adult areas (16-17 year olds)
- Additional 88 staff trained at Level 3, compliance at 96%



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# Unscheduled care transformation

**Mike van der Watt**  
**Medical Director**



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# Unscheduled care transformation

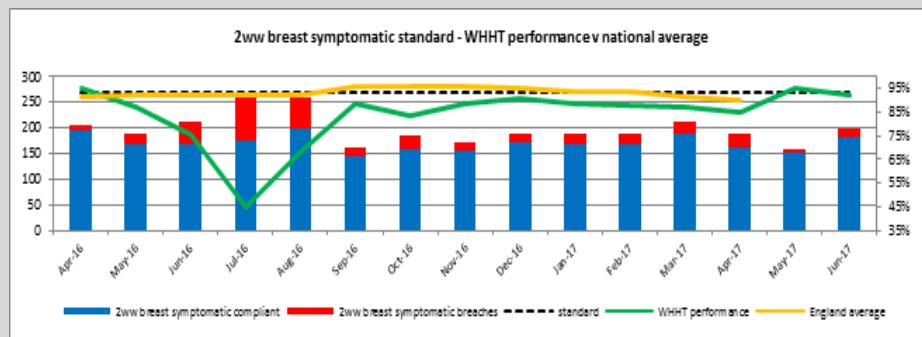
- Improvements in recognising deteriorating patients
- Emergency department safety checklist: hourly pain scores, audited weekly (compliance 80%)
- Performance in all six sepsis areas better than the national average
- 24/7 Rapid Assessment Interface and Discharge (RAID) psychiatric liaison service from September 2017
- Funding secured to undertake structural improvements



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# Improved results

**Cancer:** Compliance across most standards, many better than national average



**Referral to Treatment:** Sustained improvement towards compliance





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# Financial overview and forecast

**Don Richards**  
**Chief Financial Officer**



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## The financial highlights 2016/17...

- A deficit of **£29.4m** against a target plan of **£22.6m**
- Target affected by **£3.8m readmission charges** by HVCCG and consequent **loss** of a further **£3m** central funding
- Increased spending on **frontline clinical staff** by **£3.1m**
- **Saved** an impressive **£14.7m** – equivalent to **4.5% of revenue**
- Spent **£13.8m on capital projects**
- Delivered improving services in a **challenging funding environment**; cash constraints continue to require loan funding
- Achieved around 90% of our CQUINs (Commissioning for Quality and Innovation) targets resulting in **£5.4m income**



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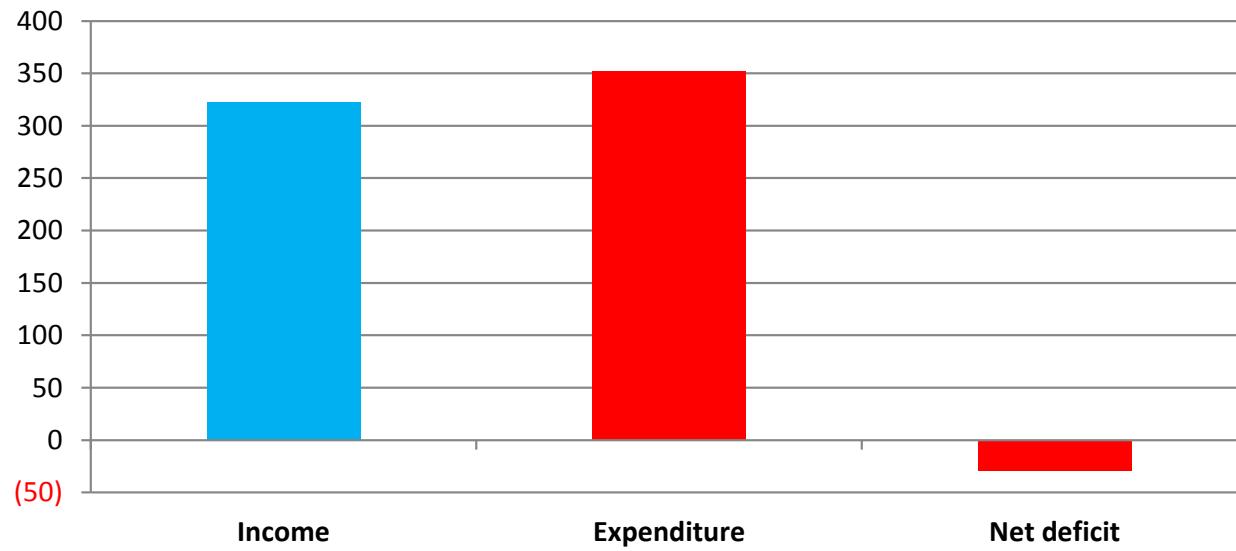
## Our spending

4% increase in patient care income, reflecting activity.

£8.9m Sustainability and Transformation Fund income included in 2016/17, not received in 2015/16.

Costs rose by 4% (pay represents almost two-thirds of the overall cost base).

**2016/17 Income & Expenditure**





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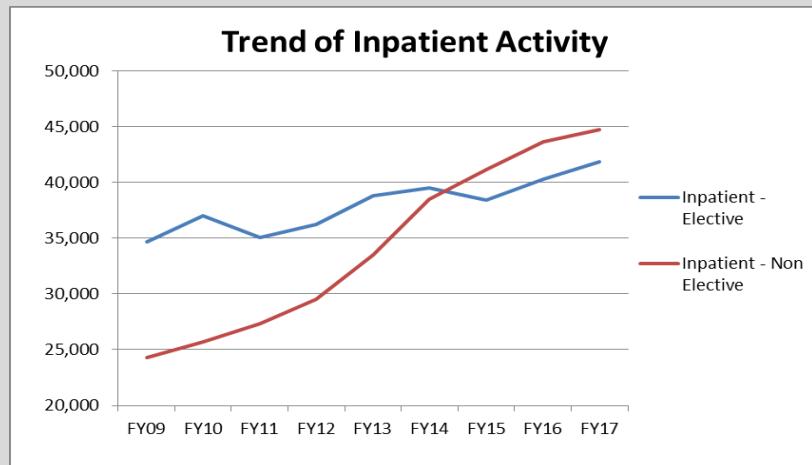
## Our spending

	<b>2016-17</b>	<b>2015-16</b>
Income from patient care activities	286.4	275.0
Other operating income	36.3	24.8
<b>Income</b>	<b>322.6</b>	<b>299.8</b>
Operating expenses	<b>(348.6)</b>	<b>(336.8)</b>
<b>Operating surplus / (deficit)</b>	<b>(348.6)</b>	<b>(336.8)</b>
Other gains and (losses)	(0.0)	0.0
Dividends and interest	(3.4)	(4.1)
<b>Reported NHS financial surplus / (deficit)</b>	<b>(29.4)</b>	<b>(41.2)</b>

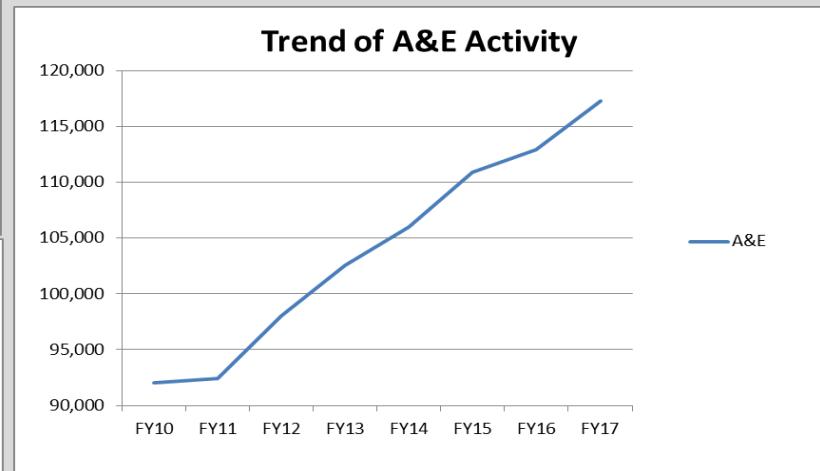
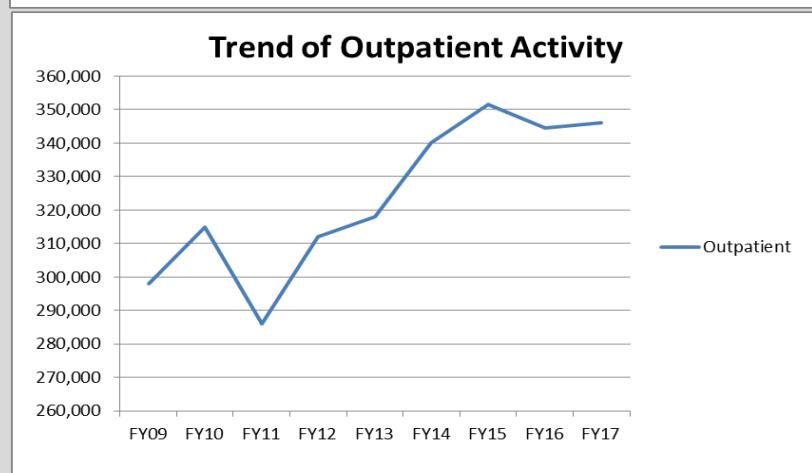


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## How many patients did we treat?



A continued rise (4%) in emergency admissions. Elective admissions continue growing after a small decline in 2014/15, although we continue to admit more emergency patients than elective. Outpatient numbers remain relatively static.

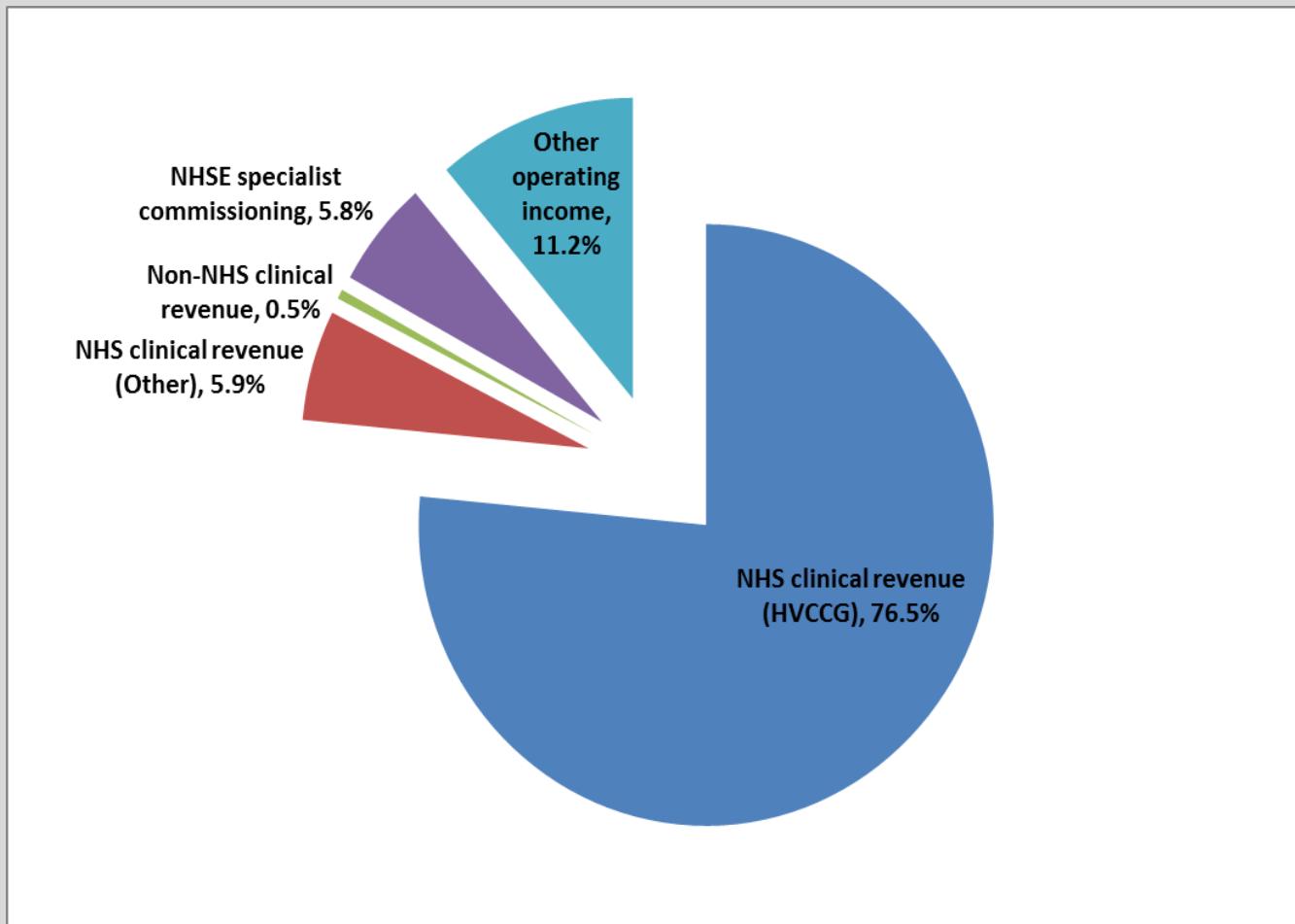


An apparently relentless rise in A&E attendances year on year.



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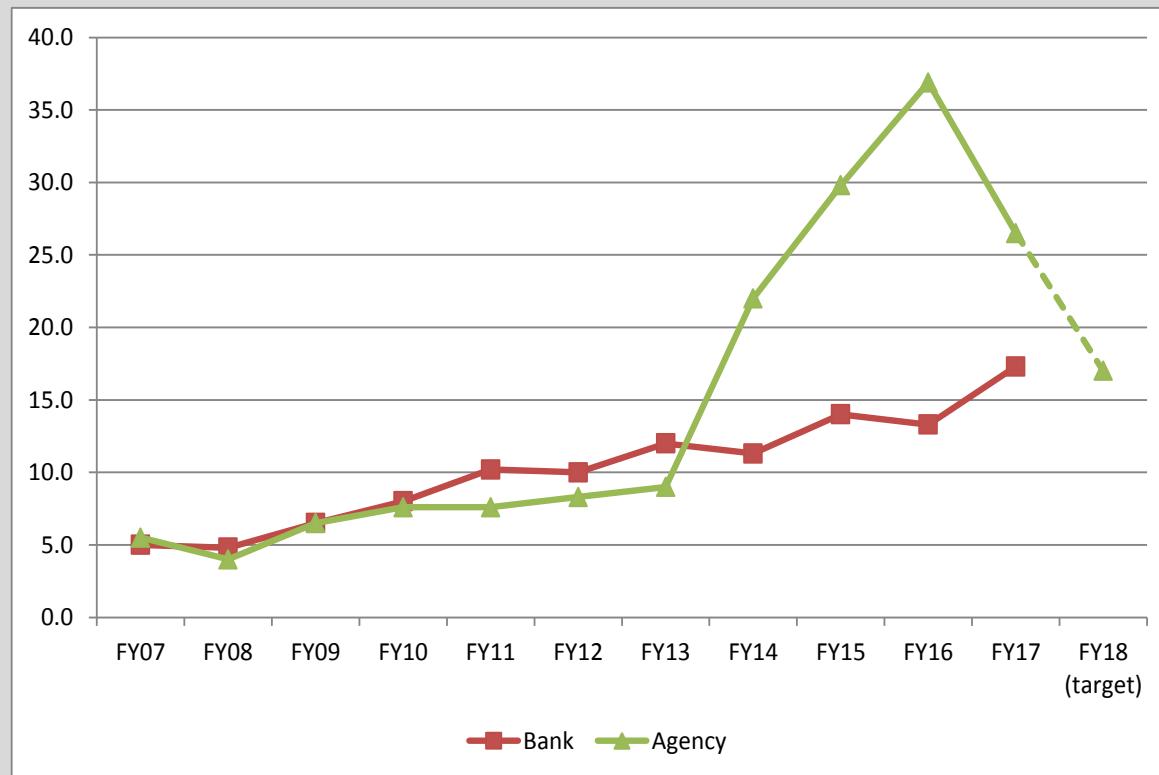
## Our income





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## Cutting agency costs



- In 2016/17 agency costs fell to £26m (**down 28%**), reversing a three-year trend.
- ‘Permanent + Bank’ increased by 9%. More use of bank staff improves **continuity of care**.
- The trust’s vacancy rate for permanent staff **improved to 12.5% at March 2017**.



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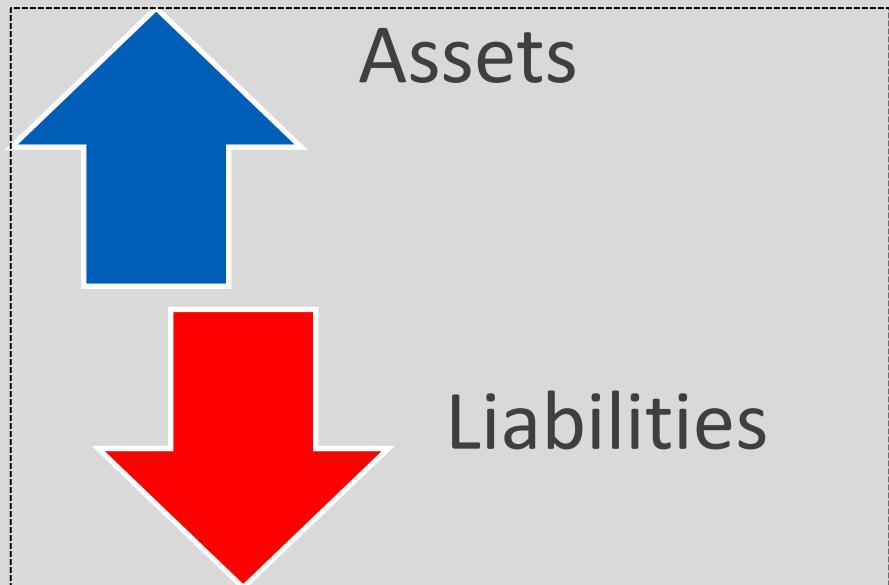
## Assets and liabilities

### Assets

- Land and buildings worth £145m (down from £171m due to land revaluations)
- Receivables £21m (£20m)

### Liabilities

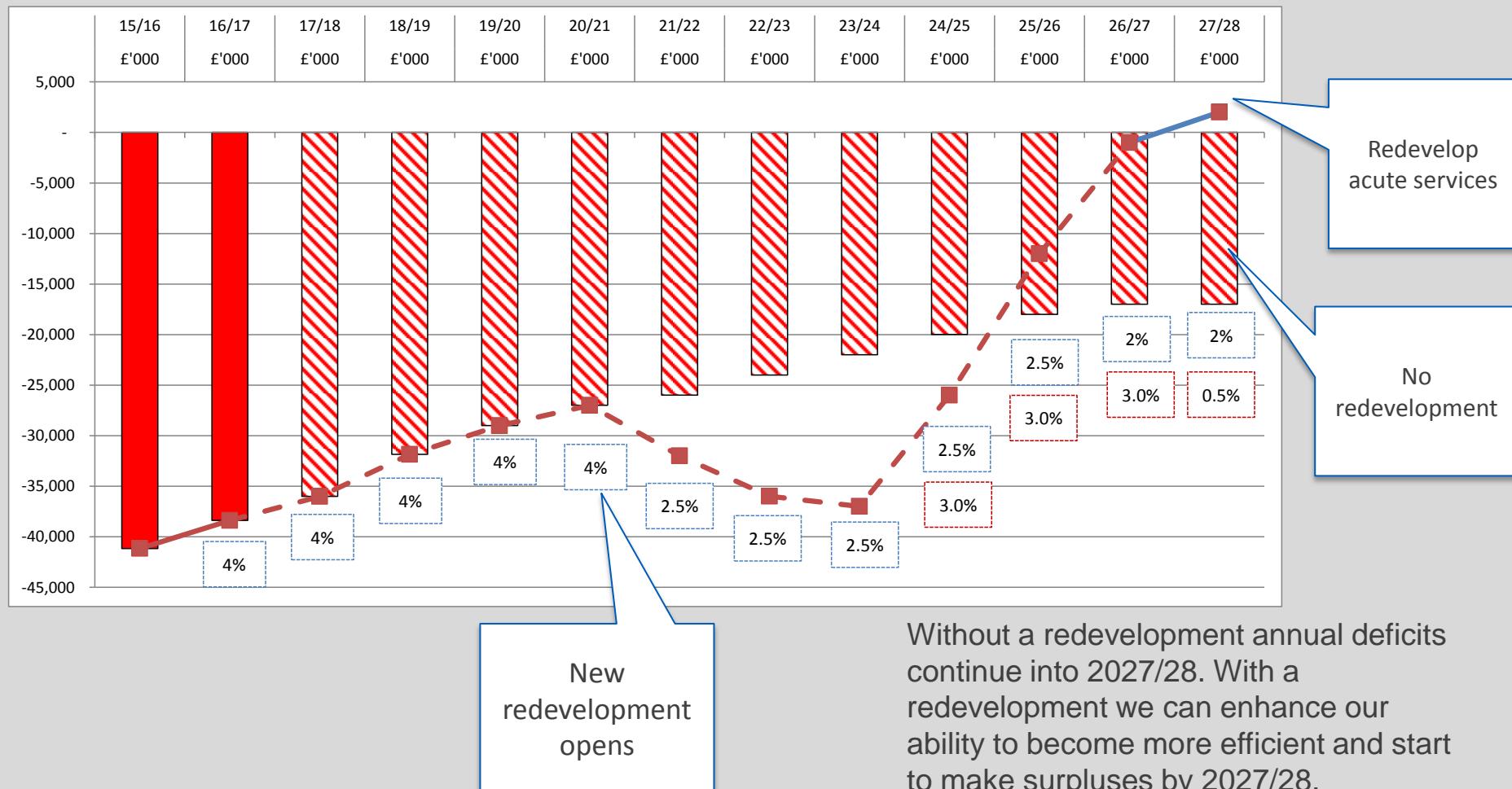
- Outstanding debt £96m (up from £54m due to borrowing to cover the deficit and capex).
- Net taxpayers equity now £29m (down from £91m due to deficit and asset revaluations)





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## The future





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## In 2017/18 we will...

- Expect that contract penalties will not be levied by our commissioners
- Seek collaboration with other healthcare organisations to deliver the best service for our patients and the wider community
- See more benefit from our five-year contract to improve IT infrastructure
- See the benefits of our new world-class MRI/CT investment improve our ability to manage unexpected surges in demand
- Continue to spend less on agency staffing
- Continue to make the case for significant investment in our estate



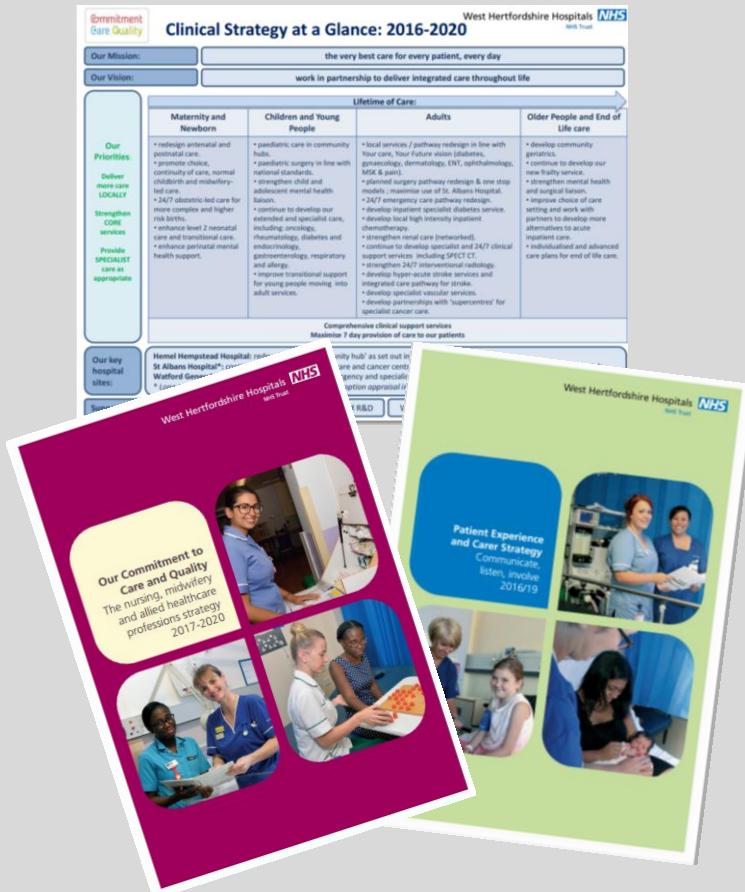
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# Our plans for the future

**Helen Brown**  
**Deputy Chief Executive**



# A strategy for the future



- Quality Strategy
  - Partnership working and Royal Free Hospital group
  - Acute transformation / estate redevelopment
  - Improving Information Management and Technology



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## Quality

To maintain our focus on delivering the very best care, we are developing a new Quality Strategy.

Staff engagement is central to our approach – staff determining what quality looks like will be key to successfully building a culture of continuous quality improvement.



Institute for  
Healthcare  
Improvement

Working with IHI to build our knowledge and capability in improvement science.

Learn from international best practice and implement across key clinical pathways – design systems and support staff to deliver consistent care and reduce unwarranted variation.



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## Partnership with the Royal Free

- The Royal Free London NHS Foundation Trust has been helping us with our improvement journey.
- We've been working together on best practice – in particular, how to reduce unwarranted variation in clinical practice and outcomes.
- Our clinicians are collaborating with the Royal Free on redesigning and implementing approximately 20 pathways. Initially, most of these will focus on the hospital component of care.
- We are looking at other opportunities:
  - rotations to improve recruitment and retention of nurses
  - digital transformation
  - shared support services
  - helping our charity fulfil its potential.



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## Redevelopment plans

We have ambitious plans to transform the way we deliver care and radically improve our buildings and maximise the use of technology.

Our aim is to provide first class facilities for our patients

- Develop Hemel Hempstead Hospital to provide a range of urgent and planned care services with a focus on medical specialties and long term conditions
- Further develop St Albans City Hospital as a planned care centre with a focus on cancer services and surgery
- New or radically redeveloped facilities for acute and specialised care services at Watford General Hospital, with great opportunities linked to the Watford Riverwell redevelopment led by Watford Borough Council

Our strategic outline case (SOC) sets out the options and our rationale for recommending that acute and specialised care services are redeveloped at WGH rather than on a new site. The SOC is currently with NHS Improvement for review.

The next stage will be a very detailed business case and design (Outline Business Case).



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## Short to medium term improvements to our facilities

- £1m funding to develop a new ‘clinical decision unit’ at Watford, alongside our emergency department.
- Final stages of planning for a £15m redevelopment of main theatres at Watford General Hospital.
- Continued investment in critical infrastructure and health and safety priorities.
- Improving car parking (WGH and SACH).
- Implementing our interim estate strategy – making the best use of Hemel and St Albans and ‘de-pressurising’ the Watford site.
- Preliminary scoping options to further improve facilities at Watford in the short to medium term (emergency department, neonatal, delivery suite).



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## Information technology / digital strategy

- Completing ‘making IT happen’ – to deliver a functional & secure basic IT infrastructure (servers, network, data centres, new PCs etc).
- Developing digital strategy – including best route to achieving ‘paperless NHS’ / full electronic patient record.
- RFH are a ‘global digital exemplar’ site – we are exploring opportunities to accelerate our digital improvement through partnership working.
- Working across systems – we lead on digital transformation for the Sustainability and Transformation Partnership .
- Bidding for resource to implement new clinical systems and technology, e.g. e-prescribing.



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## Your questions and answers

**Led by Professor Steve Barnett, Chairman**



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# Here to answer your questions



**Katie Fisher**  
Chief executive



**Don Richards**  
Chief financial  
officer



**Helen Brown**  
Deputy chief  
executive



**Tracey Carter**  
Chief nurse and  
director of infection  
prevention and control



**Michael van der Watt**  
Medical director



**Kevin Howell**  
Director of  
environment



**Louise Halfpenny**  
Director of  
communications



**Paul da Gama**  
Director of human  
resources



**Fran Gertler**  
Director of integrated  
care



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# Thank you

