

# Annual General Meeting 2020

9th September 2020



Maidstone and  
Tunbridge Wells  
NHS Trust

# Welcome

David Highton,  
Chair of the Trust Board



Maidstone and  
Tunbridge Wells  
NHS Trust

# Review of performance in 2019/20 - Overview

Miles Scott,  
Chief Executive



# Our achievements in 2019/20

## Last year we said we would:

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Continually improve and develop the care we provide to become and be recognised as an outstanding Trust.

Meet the national cancer performance standard of 85% of patients being treated within 62 days of referral.

Address unprecedented demand on our services while maintaining quality of care.

Ensure we have enough staff in key areas, especially nursing at Tunbridge Wells Hospital, and medical staffing in medical specialities.

## To deliver on this we have:

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- Reconfigured our surgical services to co-locate our emergency surgery and complex colorectal surgery at Tunbridge Wells
- Built a new £8m Acute Assessment Unit (AAU) at Maidstone
- Built new car parks on both of our sites
- Consistently met the national standard. We have achieved the Cancer 62 day target (85%) for 12 months in a row – as of July 2020 this was 87.4% by:
  - Implementing a daily tracking system of patient pathways
  - Recruiting more doctors, nurses, allied health practitioners and administrative staff.
  - Reviewing and streamline existing cancer pathways
  - Increasing our diagnostic capacity
- Worked with our partners to create integrated models of care (e.g. in Frailty) and drive transformational programmes.
- Established an Integrated Care Partnership Board and Executive Group across West Kent.
- Implemented our recruitment drive – with over 370 nurses recruited and starting at the Trust over the past year
- Rolled out our Quality, Service Improvement and Redesign (QSIR) training to ensure staff at all levels can help to improve the care we provide
- Established our new 'Exceptional people outstanding care' programme.
- Developed and recruited to new roles such as Trainee Nurse Associates and Physician Associates.

Exceptional people,  
outstanding care

# Our commitments for 2020/21 and the future

## Our priorities:

To respond to the COVID-19 pandemic and keep you and your family safe

## What we will do to address this

- Set up different “red”, “amber” and “green” areas within our hospitals to ensure that we can treat our COVID patients without risking spreading the virus to others
- Ensure that we are testing our patients and staff regularly to ensure your safety
- Expand our critical care capacity so that we have the capacity to deal with a second surge if it happens during winter
- Provide more virtual clinic appointments to ensure that people do not have to travel on to the Hospital site unless necessary

To increase our surgical theatre and outpatient capacity in order to ensure that we reduce the number of patients having to wait over 18 weeks for elective treatment or for an outpatient appointment

- Work with the independent sector to ensure that we can use their capacity in addition to our own
- Increase our capacity for face to face outpatient appointments to support reducing waiting times for appointments
- Increase our waiting room space to ensure that we can increase the number of face to face outpatient appointments while maintaining social distancing to keep people safe

Improve the flow throughout our hospital and community to ensure that we do not have people either waiting for admission or discharge unnecessarily

- Invest in additional medical staff to ensure that we can provide senior decision makers at our front door to give people a rapid and expert opinion on their care
- Invest in a new patient flow system (TeleTracking) to ensure that we reduce the time that people wait to be admitted

Recognise and reward the efforts of our staff who have gone above and beyond for our community during COVID 19 and ensure the welfare of our staff

- Invest in staff break out areas to ensure that our staff have areas where they can recover from the stresses and strains of COVID-19
- Implement our future leaders programme to ensure we are building a diverse set of leaders for the future

Exceptional people,  
outstanding care

# Review of performance in 2019/20 - Finance

Steve Orpin,  
Chief Finance Officer / Deputy Chief Executive



## Financial performance 2019/20

Statutory duty	Achieved?
Cumulative break-even duty	x
External Finance Limit (EFL)	✓
Capital Resource Limit (CRL)	✓

## Financial performance 2019/20: Break-even duty

- Trust's break-even period is normally measured over a three-year period. The Trust's latest formal three-year break-even cycle commenced in 2013/14 and was not met by the end of the period in 2015/16.
- The Trust has achieved an in-year surplus in 2019/20 of £7 million (m), including Provider Sustainability Fund (PSF) income, exceeding its control total and reducing the cumulative deficit accordingly.
- At the 31<sup>st</sup> March 2020 the cumulative deficit stands at £30m, with the Trust having reduced the cumulative deficit by £28m over the last two years.



## Financial performance 2019/20 (1)

Statement of Comprehensive Income	2019/20 (Plan) £m	2019/20 (Actual) £m	Variance £m
Income	502.6	513.0	10.4
Operating expenses	(479.4)	(491.8)	(12.4)
<b>Operating Surplus / (Deficit):</b>	<b>23.2</b>	<b>21.2</b>	<b>(2.0)</b>
Finance income	0.1	0.3	0.2
Finance expense	(15.9)	(15.8)	0.1
PDC dividend charge	(1.6)	(0.6)	1.0
<b>Net finance costs</b>	<b>(17.4)</b>	<b>(16.1)</b>	<b>1.3</b>
Other gains / (losses)	0.0	0.1	0.1
<b>Surplus / (deficit) for the year before technical adjustments</b>	<b>5.8</b>	<b>5.2</b>	<b>(0.6)</b>
Technical adjustments	1.1	1.8	0.7
<b>Surplus / (deficit) for the year after technical adjustments</b>	<b>6.9</b>	<b>7.0</b>	<b>0.1</b>

The Trust met its control total and reported a surplus of £7m which was £0.1m better than plan.

There were some aspects of the plan which were not met. The key drivers of this variance are:

- There was an under performance in private patient income which had a net impact of £2.4m
- An overspend in medical staffing of £2.8m
- An overspend in non-pay costs of £3.0m related to outsourcing and clinical supplies

The variances to plan were offset by use of contingency of £3.6m, Public Dividend Capital (PDC) was less than planned by £1.0m, and release of accruals no longer needed gave a benefit of £3.7m.

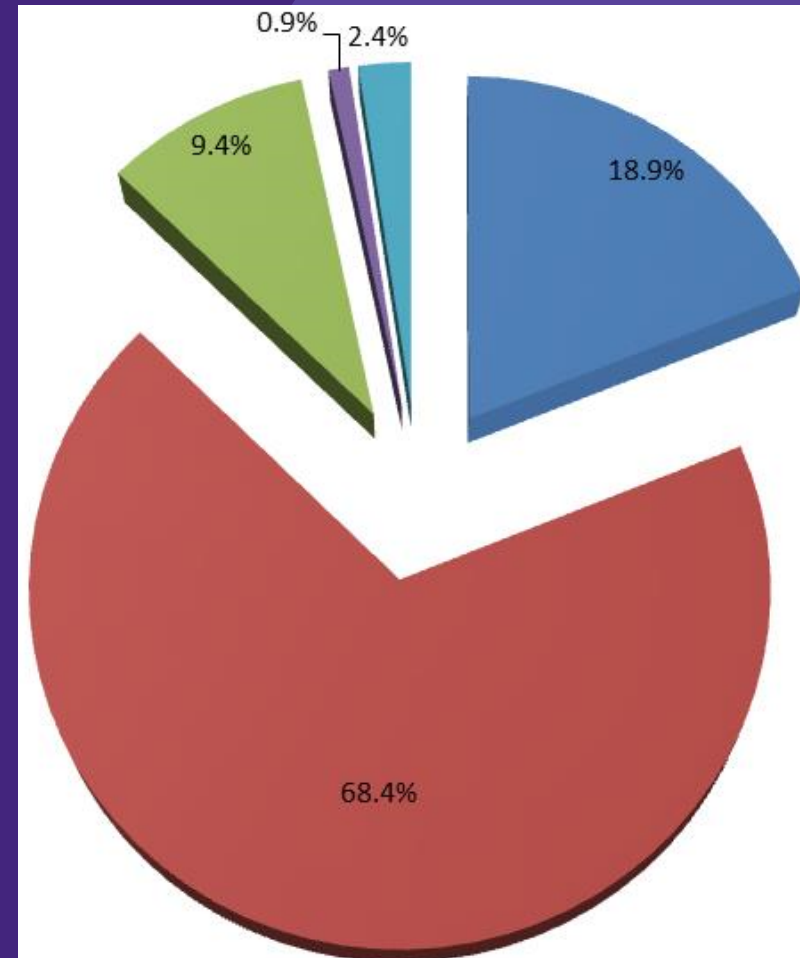
## Financial performance 2019/20 (2)

- The Trust delivered its £22.4m savings target (known as Cost Improvement Programme (CIP)). This was a £8.6m improvement on the preceding financial year.
- However £6.7m of the savings were non recurrent which was a higher proportion by £4m when compared with the plan.

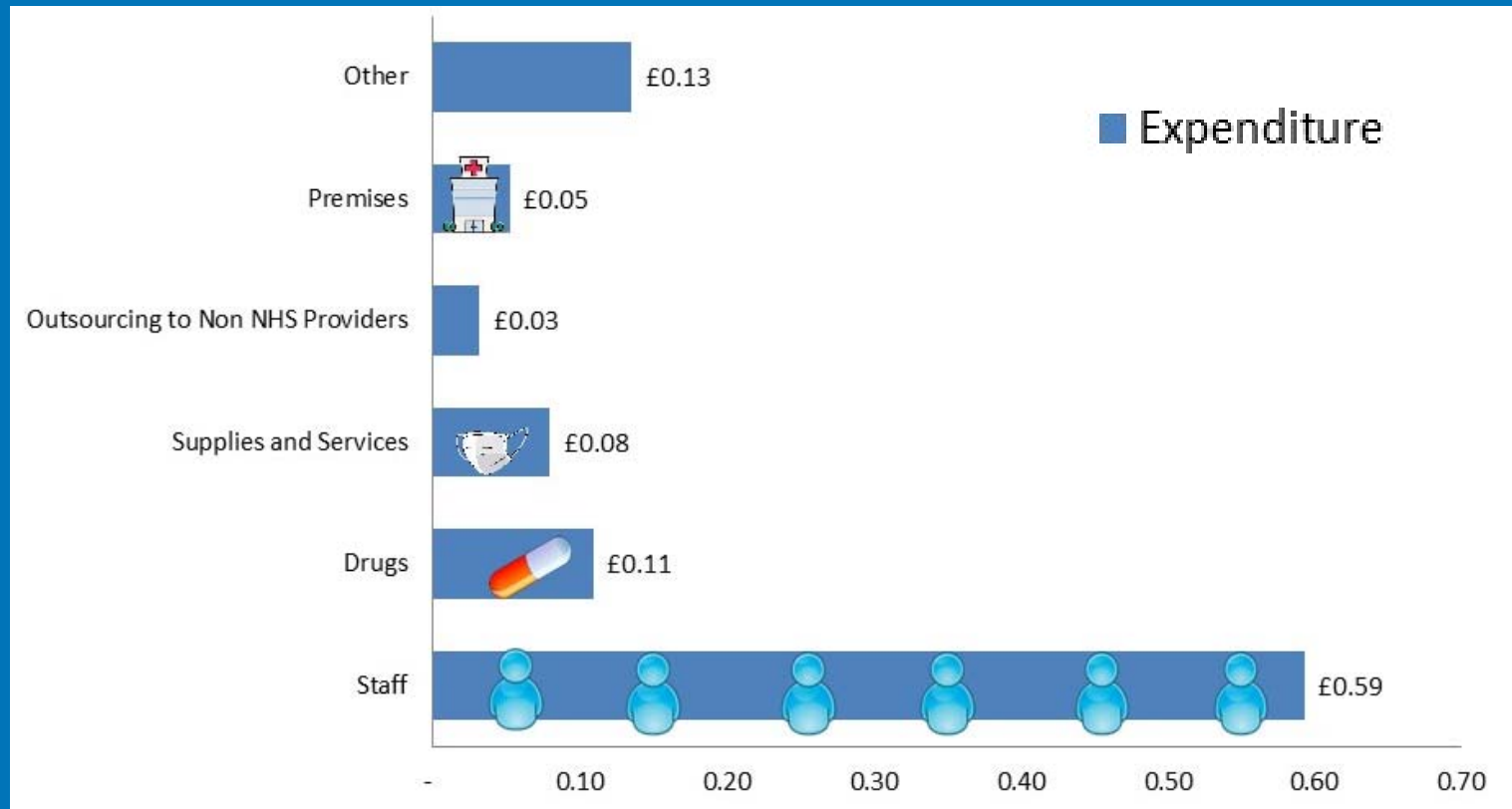
CIP programme by Division	2019/20 Plan £'000	2019/20 Actual £'000	Variance £'000
Surgery	4,329	5,150	821
Cancer Services	654	550	-104
Medical and Emergency Care	3,821	4,131	310
Women's, Children's and Sexual Health	1,470	2,464	994
Diagnostics and Clinical Support	2129	3533	1404
Estates and Facilities	1,542	1,976	434
Corporate	8,414	4,614	-3,800
<b>Total</b>	<b>22,359</b>	<b>22,418</b>	<b>59</b>

## Where do we get our funding from?

- NHS England
- Clinical commissioning groups
- Other Government Bodies
- Commercial Income Incl Private Patients
- Education, training and R&D

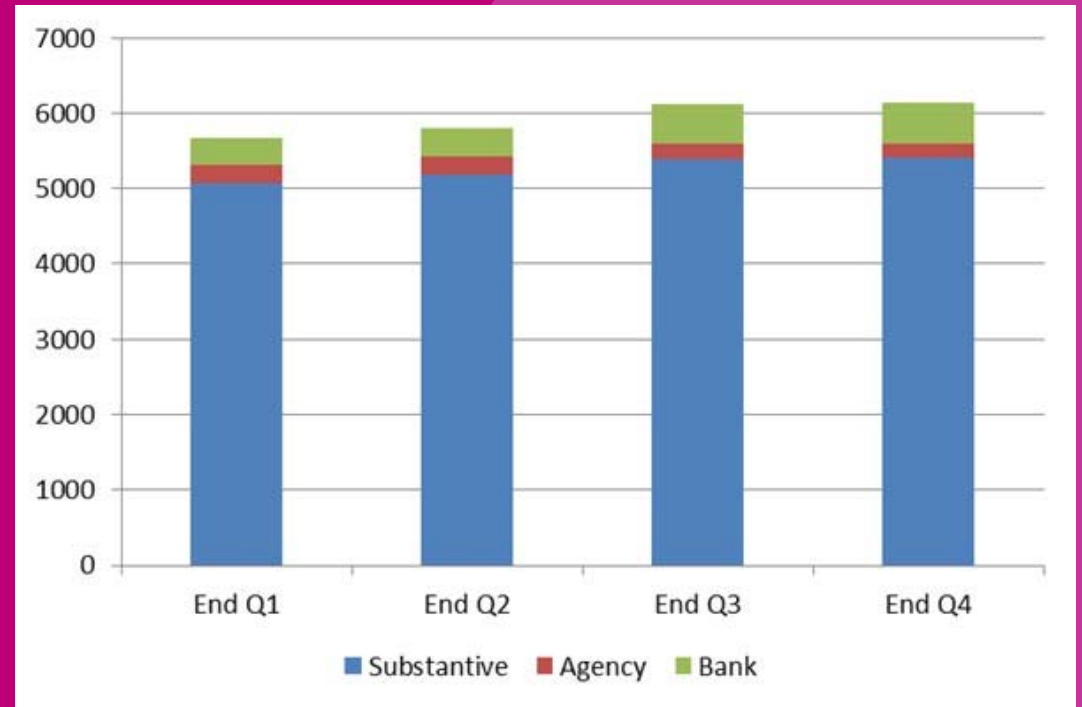
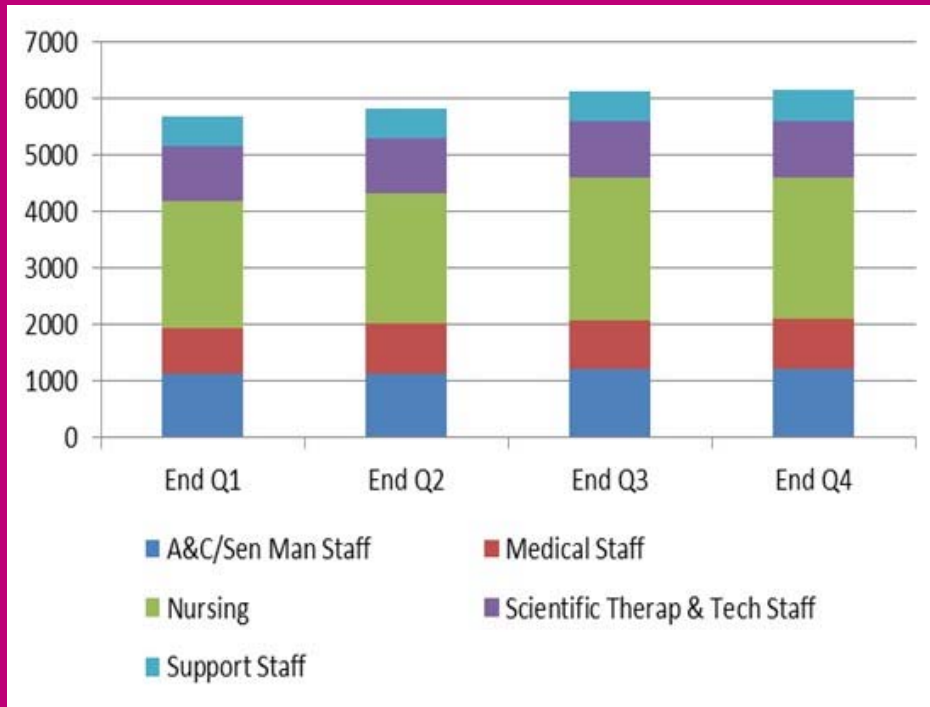


## Where every pound we spend goes:



Exceptional people,  
outstanding care

## Our staff (Whole Time Equivalent)



Exceptional people,  
outstanding care

## Capital investments in 2019/20

The Trust made capital investments of £16.9m in 2019/20 including £0.9m of assets funded from donated or charitable fund sources. This included:

- £2.2m on backlog maintenance and estates renewals at Maidstone Hospital, and £0.4m planned lifecycle at Tunbridge Wells Hospital.
- £2.6m on major diagnostic equipment– two CT scanners, one at each site, and a replacement MRI and Mammography unit at Maidstone Hospital.
- £3.2m was spent on Trust-wide equipment renewals including £0.8m related to surgical reconfiguration and endoscopy.
- £7.5m of investment was made in ICT and Informatics infrastructure and equipment including software and implementation costs for the new Electronic Patient Record (EPR); desktop device replacements; and additional cyber security infrastructure.
- The Trust also spent £462k in 2019/20 relating to COVID-19 including assessment pods, anaesthetic machines, video laryngoscopes and laptops for working from home. The Trust was funded £50k in March for the pods, and the remaining spend was reimbursed in 2020/21.

## Outlook for 2020/21

- As a consequence of COVID-19, nationally mandated interim contracting arrangements are in place between the Trust and commissioners from April to September 2020 which will enable the Trust to deliver financial break-even during this period.
- This arrangement consists of a combination of block payments based on 2019/20 clinical income plus top up payments to match expected expenditure and to cover additional costs related to COVID-19.
- The financial regime for capital was updated in April 2020 to move to a more Sustainability and Transformation Partnership (STP) / Integrated Care System (ICS) -led approach to managing capital allocations and expenditure. The implications and approach to the new regime is currently being developed within the local ICS system.



# Question and answer session



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