

Review of performance in 2015/16: Overview

Jim Lusby,
Deputy Chief Executive

Overview of performance in 2015/16

– The context

- Large increase in demand: the capacity pressures normally experienced during winter extended for a far longer period than usual
- This led to the need to provide additional inpatient beds by using 'escalation' areas, which incurred higher costs (the staff required for such areas often have to be engaged from external Agencies), and therefore damaged our financial position
- 'Delayed Transfers of Care' (DTCs) were also a key issue. Although we worked closely with Social Services and the community to try to reduce these, the level seen at the Trust has been far higher than could have been reasonably planned for
- This had knock-on effects on average Length of Stay (LOS), which in turn adversely affected the ability to treat patients (particularly elective) as quickly as we would have liked

Overview of performance in 2015/16

– The achievements

- 36% reduction in cases of Clostridium difficile. Only 1 case of MRSA bacteraemia
- Achieved the national targets for treating A&E patients within 60 mins, and for ensuring patients were assessed for risk of Venous Thromboembolism (VTE)
- Achieved the national target for the proportion of Stroke patients spending at least 90% of their inpatient stay on a Stroke ward, and improving the overall position within the Sentinel Stroke National Audit Programme (SSNAP)
- Improvements in Intensive Care, as demonstrated by the data from the Intensive Care National Audit & Research Centre (ICNARC) and the South East Coast Critical Care Network (SECCCN)
- The Quality Improvement Plan (in response to the CQC inspection) was completed
- The management of Maternity services in the High Weald area was transferred to the Trust, which included the Crowborough Birthing Centre (there is more on this later)
- A new Acute Medical Unit at Tunbridge Wells Hospital was opened, providing an extra 38 beds & additional resilience

2016/17 and beyond

- Similar challenges to 2015/16 were expected (and these are occurring thus far)
- In July, the Trust was placed in “Financial Special Measures” (there is more on this later)
- The problems faced are not ours alone, and far greater efforts are needed from the whole health and social care system
- Many positives – two good hospitals and well-placed strategically
- Each area of the country had been asked to produce a 5-year Sustainability & Transformation Plan (STP) to improve health, care and finances
- Glenn Douglas, MTW Chief Executive, is the lead on the STP for Kent and Medway, and work is continuing

Financial Performance 2015/16

Steve Orpin,
Director of Finance

Financial Performance 2015/16

Statutory Duty	Achieved?
Break-even Duty	X
Capital Cost Absorption Duty	✓
External Finance Limit	✓
Capital Resource Limit	✓

Financial Performance 2015/16: Break-even duty

- The Trust has a 3 year break-even duty which restarted in 2013/14. Over the period the Trust's results were:
 - 2013/14: (£12.4m) deficit
 - 2014/15: £0.2m surplus
 - 2015/16: (£23.4m) deficit
- As a result of not achieving the break-even duty, the Trust's Auditors issued a Section 30 notification to the Secretary of State that the Trust had formally breached its 3 year duty in May 2016
- The Trust's break-even duty restarts for the next 3 year period from 2016/17 to 2018/19

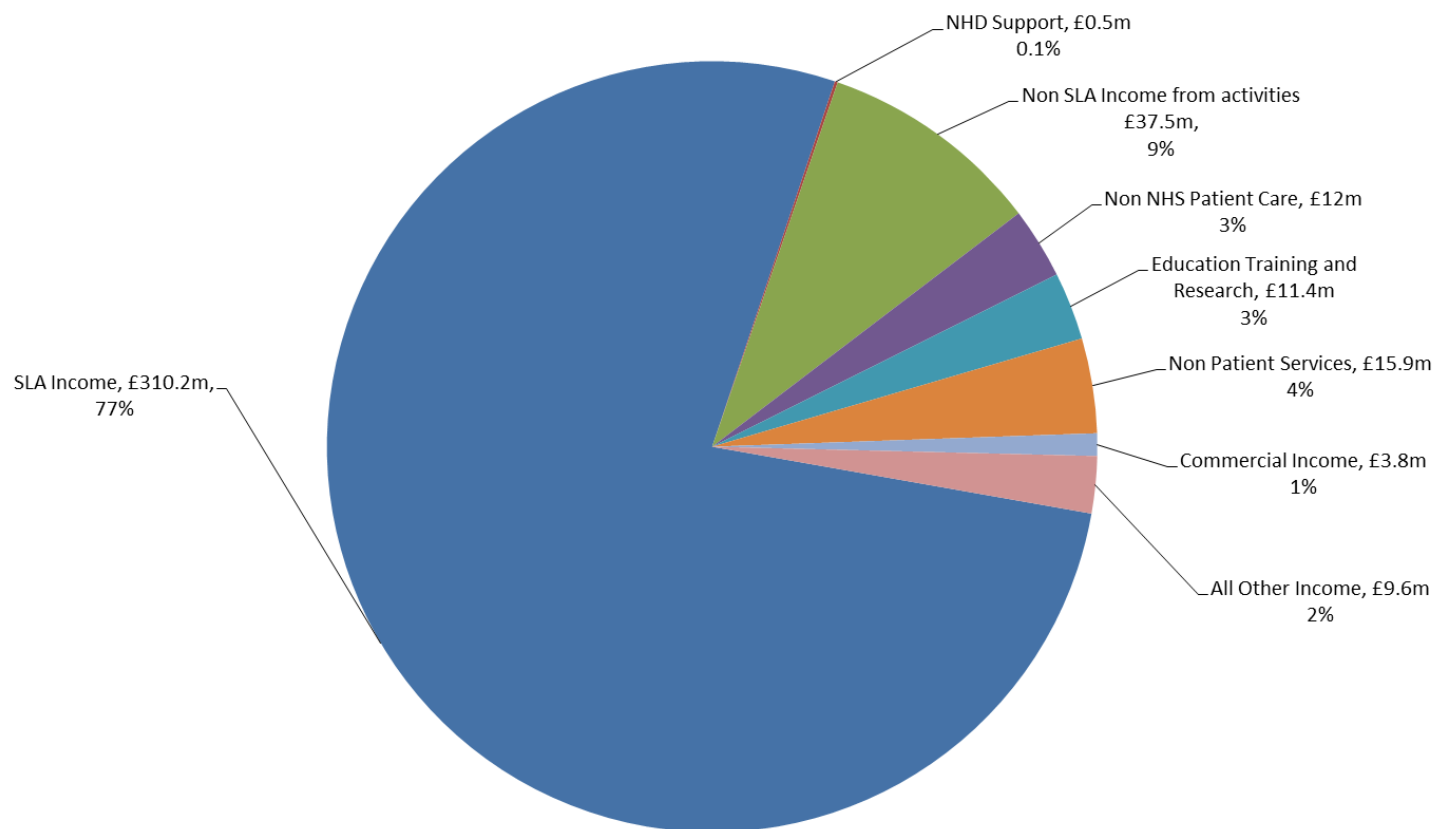
Financial Performance 2015/16

- - The Trust planned a deficit of £12.2m during 2015/16
 - The Trust was £11.2m adverse to plan. The key drivers of this adverse variance were:
 - Significant use of agency staff, particularly in nursing & medical to cover vacancies (£6.6m)
 - Staffing costs due to increasing demand for services and the need to open escalated areas throughout the year. These areas were not funded as part of the original financial plan (£2.3m)
 - Ability to deliver elective activity due to the increasing demand of non-elective activity, LOS and DTOCs
 - Pay was 63% of the Trust's operating expenses. Pay was £10m adverse to plan this was driven by agency usage to cover medical & nursing vacancies at a premium cost
 - Non-pay was £6m adverse to plan. The main driver of this was drugs (£8m). Of this, £7m was recoverable from either NHS England or CCGs

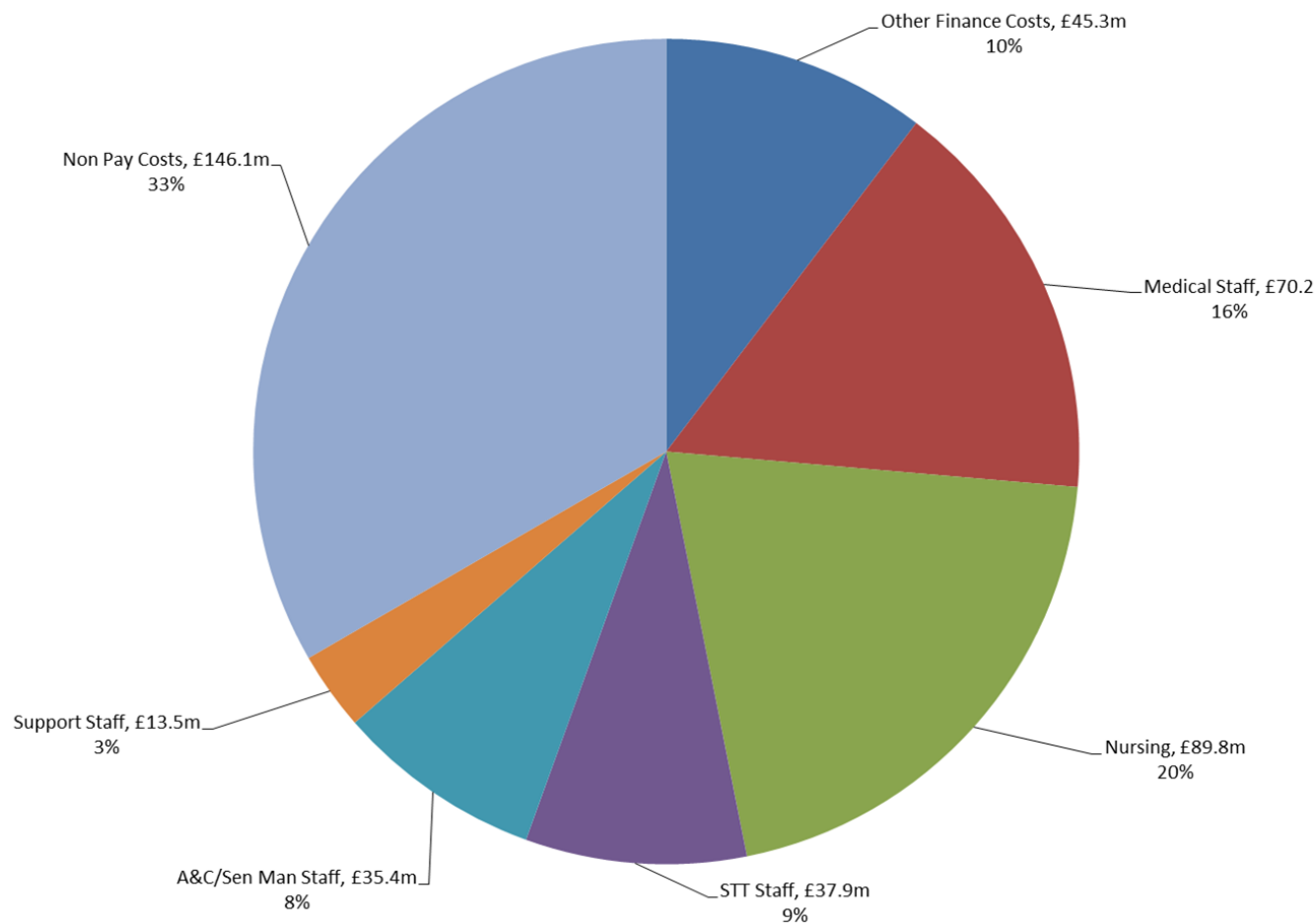
Financial Performance 2015/16

- The Trust's efficiency programme delivered £20.8m against a plan of £21.5m
- The main area of slippage was Length of Stay (LOS). This was due to:
 - A record number of A&E attendances in year, resulting in a high volume of non-elective admissions
 - The Trust opened additional beds on both hospital sites (much of which had to be supported using more costly temporary staffing)

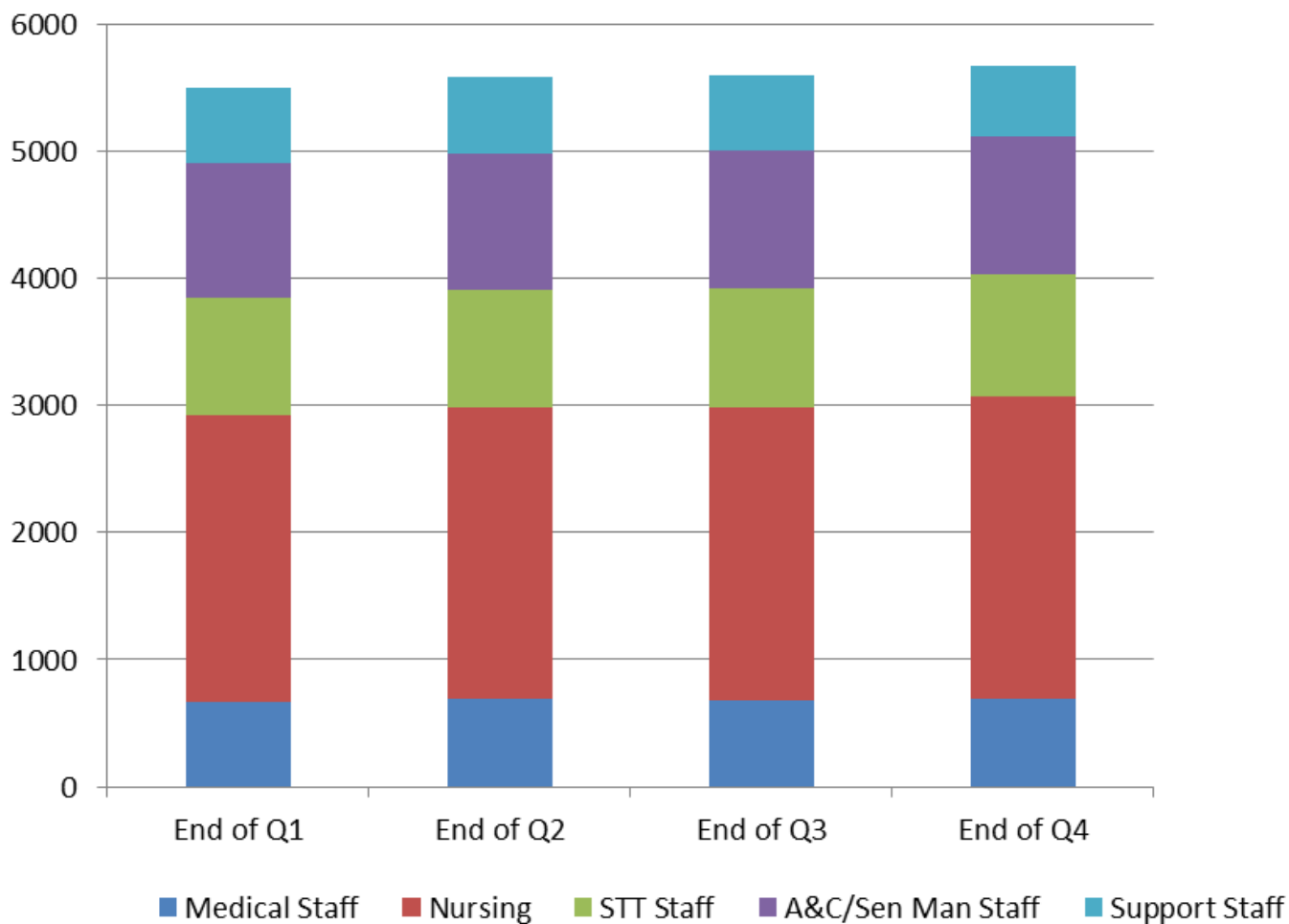
Where do we get our funding from?



What do we spend our money on?



Our staff



Capital investments in 2015/16

- Capital investments totalling £15.4m were made on a new Acute Medical Unit, medical equipment, IT infrastructure and improvements to the Trust's estate
- Top Capital spends:
 - Acute Medical Unit at TWH (£4.8m) supported by £3.5m Public Dividend Capital (PDC)
 - Upgraded Jonathan Saunders/John Day ward at Maidstone Hospital (£2.7m)
 - PAS replacement project work in progress (£1.4m)
- Top donated spends:
 - Tomosynthesis machine (£144k from Breast Cancer Kent)
 - 2 Cardiac Echo machines (£205k funded from the Mollie Hayling and David Crow legacies)
 - Scalp coolers (£114k from "Walk the Walk" Charity)

Outlook for 2016/17

- The Trust has planned a deficit of **£22.9m**
- The above deficit is predicated on delivering a **£23m** Cost Improvement Plan (CIP)
- At the end of month 4 the Trust is behind plan by £4.5m
- The main drivers of this are:
 - CIP slippage of £0.5m
 - Contract penalties relating to 18 weeks and A&E performance
 - Lower Trauma & Orthopaedic activity in the first 4 months than planned
- The Trust has been placed in “Financial Special Measures” by NHS Improvement
- The Trust is currently developing a Recovery Plan to reduce the cost base in the last 6 months of the financial year



Maternity Services

Rowan Connell, Clinical Director, Women's & Sexual Health; and Jenny Cleary, Head of Midwifery, Gynaecology & Sexual Health

Maternity services at the Trust

Maternity Services are not just hospital based



- Antenatal care

Community based in GP & Children Centres

- Place of birth - 3 options

Homebirth

2 Birth Centres

Pembury – Obstetric support



- Postnatal care - community



Community Births

Successful home birth services 2-3% each month –
national average is 1-2%

2 Stand alone Birth Centres

Maidstone

2 births pools / 4 bedrooms

over 2000 births since opening 5 years ago - 8% per
year of all births

Crowborough - part of MTW since 1st April 2016

Births steadily increasing each month



Hospital

Tunbridge Wells Hospital

- ❖ 15 delivery rooms
- ❖ 2 theatres / 2 High Dependency rooms
- ❖ 17 antenatal rooms
- ❖ 31 postnatal rooms
- ❖ Day unit & Triage

What else is provided in Maternity Service - other services

- Specialist midwives – young parents, safeguarding, twin pregnancies, diabetic, HIV
- Screening services – Public Health England targets including Sonography service
- Fetal medicine
- Obstetric/Medical clinics for women with pre-existing conditions such as diabetes, thyroid issues, obesity
- Day assessment units on both sites to reassure women and prevent them from becoming admitted as an inpatient



Developments in 2015/16

- Bereavement Midwife
- Perinatal Mental Health Nurse
- 2 new Consultants
- Facebook page – used by many women to receive latest updates on the services and other useful information
- Updated website
- E3 - updated maternity IT system
- Introduction of computer tablets for Community staff – new way of working
- Crowborough Birthing Centre - now managed by MTW
- Research

Maternity Survey 2015

3rd such survey of women's views of the maternity service

111 Trusts - comparison better or worse than other Trusts

415 women - 49% response rate

Better than other Trusts

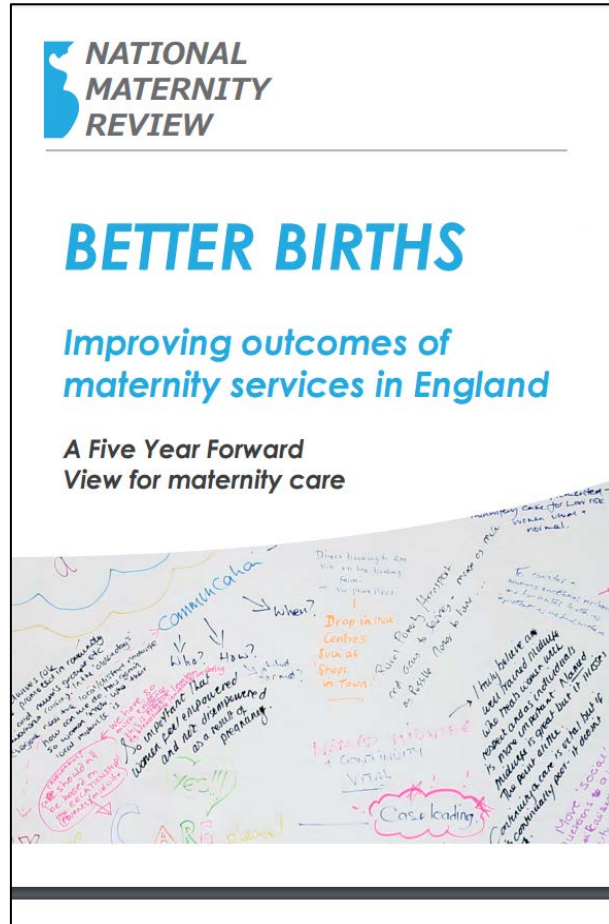
- Time to ask questions
- Help given when contacting a midwife
- Clean hospital / wash facilities
- Support and encouragement to breastfeed
- Felt listened to / Individualised care
- Confidence and trust in the staff

We did not perform worse in any of the questions

Scored about the same as all Trusts throughout the remaining questions

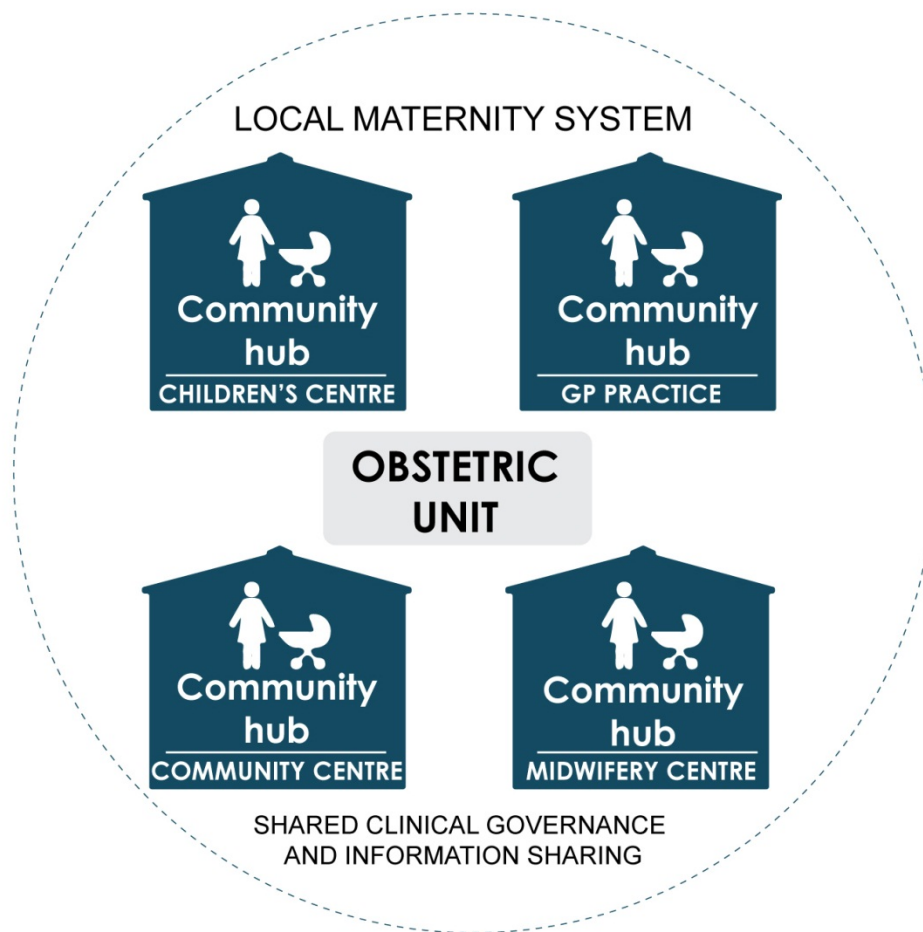
National issue - Maternity

Transformation: Better Births, 2015



- The National Maternity Review was commissioned in March 2015
- Chair: Baroness Julia Cumberlege, Vice Chair: Prof. Sir Cyril Chantler
- Review team: clinicians, women's & patient reps, the Royal Colleges
- Over 12 months - engagement events
- A vision for the future shape of maternity services, that would improve quality

The National Vision



10 work streams: choice & empowerment for women

- Supporting local transformation
- Safety
- Choice and Personalisation
- Perinatal Mental Health
- Transforming the workforce
- Data and Information sharing
- Technology
- Payment System
- Specialised Commissioning
- Prevention and Public Health

Saving Babies' Lives Care Bundle

- In November 2014, Secretary of State for Health announced a new ambition to reduce the rate of stillbirths by 50% in England by 2030, with a 20% reduction by 2020
- Reducing smoking in pregnancy
- Risk assessment and surveillance for fetal growth restriction
- Raising awareness of reduced fetal movement
- Effective fetal monitoring during labour

“Sign up to Safety” – awarded national funds for new training equipment

Plans for 2016/17 and beyond

- Start to implement the Maternity Transformation Plans
- Maternity Pioneer with 2 local Commissioning teams
- “Sign up to Safety” - Reduction in Stillbirth rate
- Increase community births- homebirths & Birth Centre births
- Working with Health visitors & Children centres
- Change in Midwifery Supervision – support network for women & staff
- Appoint 3 new Consultant Obstetricians
- Refurbishment of Crowborough Birthing Centre
- Increase scanning options in community venues
- More research - to provide further evidence for best practices

Thank you – any questions?



Question and answer session

Closing remarks

Anthony Jones,
Chairman of the Trust Board