



MTW

exceptional people, outstanding care

Annual General Meeting 2018

Welcome

**David Highton,
Chair of the Trust Board**

Overview

**Miles Scott,
Chief Executive**

MTW providing care for Kent and Sussex

- Sustainable, integrated modern services at two well-established district hospitals in West Kent
- High levels of sub-specialisation
- Third largest Oncology Centre in the country, serving 1.8 million people in Kent, Medway & East Sussex
- Largest specialised eye unit in the South-East of England, serving one million people
- Stable platform to improve patient care across Kent & East Sussex with a track record of delivering quality, safety and efficiency



MTW's big commitment to care

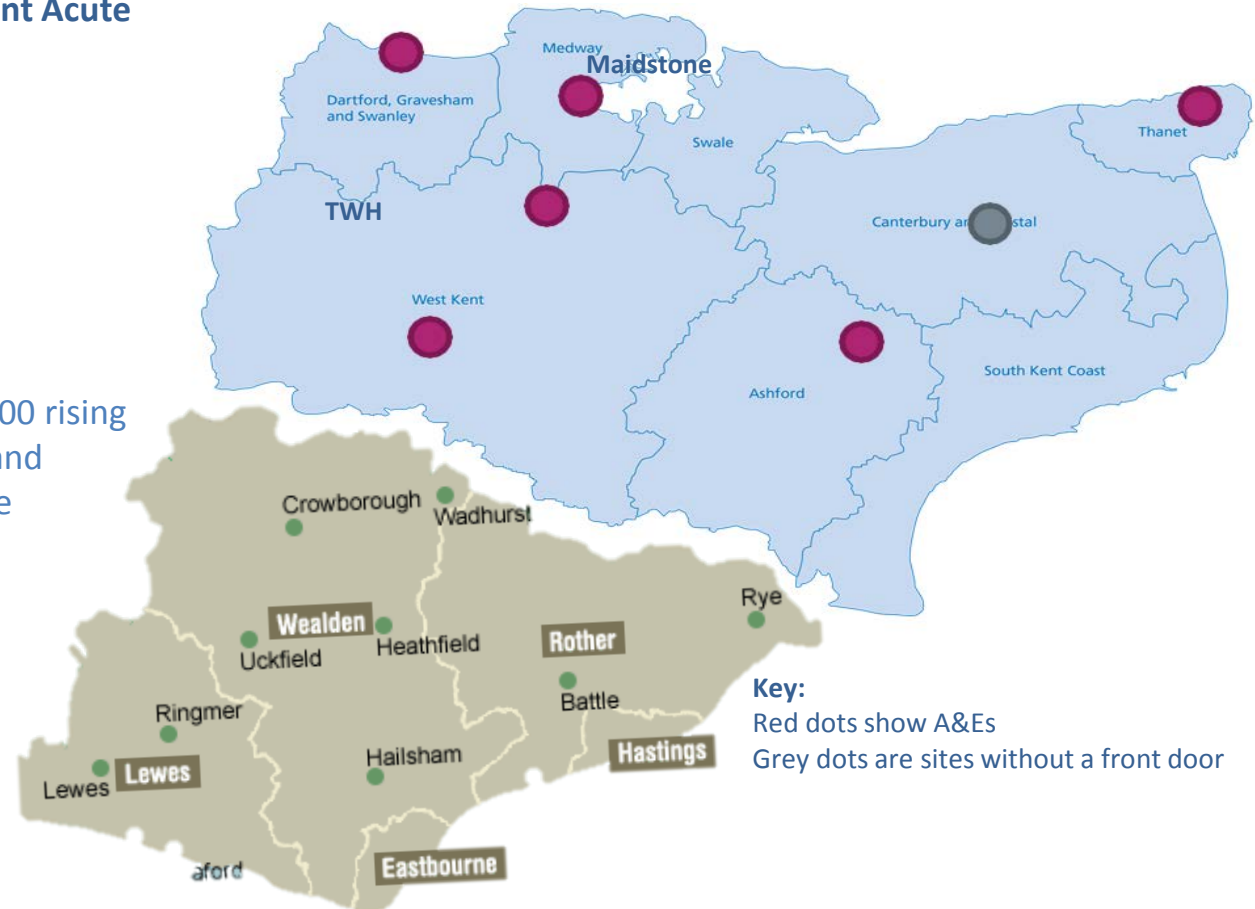
Catchment and Turnover for Kent Acute Trusts:

Medway: Population 405,000
Budget £270m

Dartford: Population 340,000
Budget £250m

Maidstone: Population of 560,000 rising to 1m for eye care and 1.8m for cancer care
Budget £450m

East Kent: Population 695,000
Budget £560m



To be an Outstanding provider of care

- Being clinically-led and patient-driven
- Making more of the care improvements our healthcare professionals and patients want to see as part of a new 3-year quality strategy
- Putting quality and safety at the centre of achieving financial sustainability and regaining our local autonomy through 'Best Care'
- Treating more of our patients in a timely way through innovation and greater community integration

MTW's big commitment to care

Our challenges and achievements in 2017/18

Our achievements

- Improved our A&E waiting times
- Developed new services to improve our patient experience
- Regulators report notable progress following our CQC inspection – good for care
- Best Care, Quality Strategy and Clinically-Led Organisation launched.

Our challenges

- NHS and social care continues to experience unprecedented demand
- Ongoing financial challenge
- Lack of doctors and nurses to fill vacant posts driving high agency use
- MTW waiting times for some patients on a cancer pathway or planned surgery list are too long. We are actively addressing this

MTW's big commitment to care

2018/19 and beyond

Bringing everything together to be **Outstanding**

- Best Care – quality, safety, resource, workforce, flow
- Clinical leadership – the MTW Way
- Achieve autonomy through financial sustainability
- Target a 'Good' CQC rating on our way to Outstanding
- Consistently meet waiting times standards
- Maidstone HASU proposal – look to the future!

Review of performance in 2017/18: Financial performance

**Steve Orpin,
Chief Finance Officer**

Financial performance 2017/18

Statutory Duty	Achieved?
Break-even Duty	x
External Finance Limit	✓
Capital Resource Limit	✓

Financial Performance 2017/18: Break-even duty

- Trust's break-even period is normally measured over a 3 year period
- The Trust's latest 3 year break-even cycle commenced in 2013/14 and was not met by the end of the period in 2015/16.
- The Trust's break-even period has therefore been extended with the plans submitted for 2018/19 intending to bring the Trust into in year balance
- The ultimate aim is to reduce the accumulated deficit each year to reach cumulative break-even by 2021/22

Financial Special Measures

- The Trust was placed in Financial Special Measures (FSM) by NHS Improvement (NHSI) in July 2016
- The Trust remains in FSM at the current time
- The Trust has been working with NHSI on FSM and has met some of the requirements to come out of Special Measures; the remaining requirement is to demonstrate delivery of financial plans in 2018/19

Financial Performance 2017/18 (1)

Statement of Comprehensive Income	2017/18 (Plan) £m	2017/18 (Actual) £m	Variance £m
Income	436.62	440.27	3.65
Operating expenses	(414.40)	(421.21)	(6.81)
Operating Surplus / (Deficit):	22.22	19.06	(3.16)
Finance income	0.04	0.05	0.01
Finance expenses	(15.15)	(15.12)	0.03
PDC dividend charge	(1.47)	(0.05)	1.43
Net finance costs	(16.58)	(15.12)	1.47
Other gains / (losses)	0.00	0.09	0.09
Surplus / (deficit) for the year before technical adjustments	5.65	3.62	(2.03)
Technical adjustments	1.02	(14.55)	(15.57)
Surplus / (deficit) for the year after technical adjustments	6.67	(10.93)	(17.60)

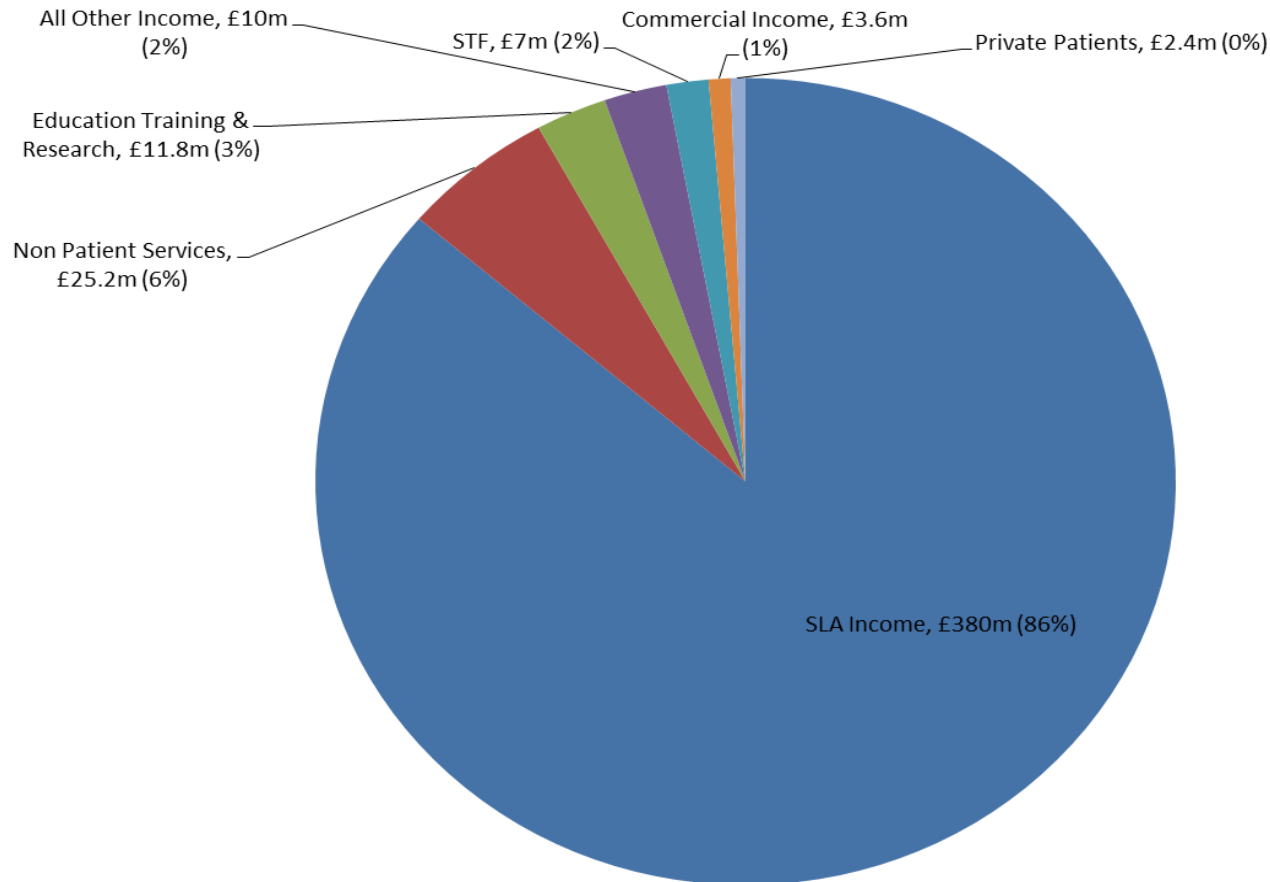
- The Trust reported a deficit of £10.9m, post Sustainability and Transformation Funding (STF), which was £17.6m adverse to the control total set at a £6.67m surplus
- The key drivers of this adverse variance were:
 - Part delivery of the STF performance and financial targets (£4.3m)
 - The plan included £19m of unidentified cost improvement programme (CIP) schemes which were identified throughout the year; the Trust finished the year £9.2m under delivery on its CIP
 - Income shortfalls on private patient income (£3.5m) and Oncology clinical income (£3.1m)
 - The Trust received additional income for winter pressures (£1.2m) and the Aligned Incentives Contract (AIC) risk reserve (£1.5m)

Financial Performance 2017/18 (2)

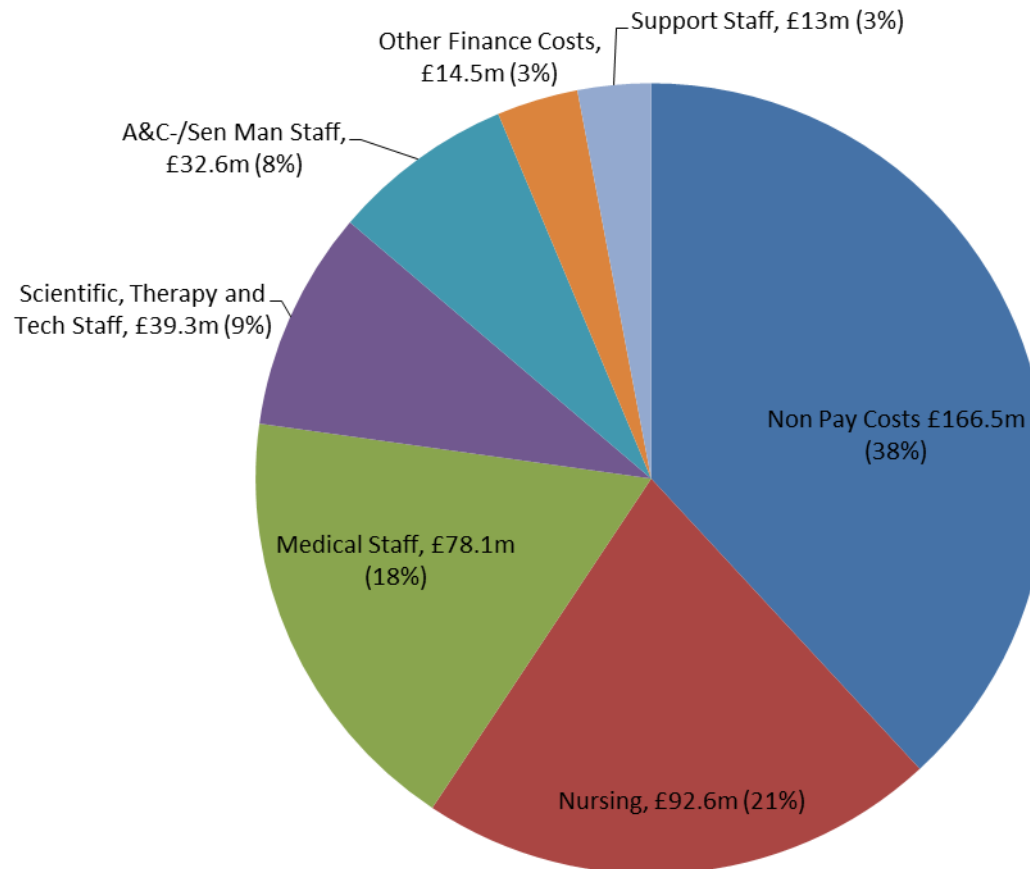
- The Trust had a Cost Improvement Programme (CIP) (during 2017/18 of £31.7m
- Full year delivery was £22.5m, an adverse variance of £9.2m
- The main areas of slippage were:
 - Urgent Care (£4.1m)
 - Planned Care (£2.8) and
 - Women's, Children's and Sexual Health (£1.8m)

CIP programme by workstream	2017/18 (Plan) £000	2017/18 (Actual) £000	Variance £000
Cancer & Haematology	2,398	1,821	(577)
Critical Care	2,170	1,519	(651)
Diagnostics	1,843	1,154	(689)
Head and Neck	982	865	(117)
Surgery	1,796	1,042	(754)
Trauma & Orthopaedics	5,090	5,156	66
Patient Admin	110	116	6
Private Patient Unit	163	128	(35)
Total for Planned Care	14,552	11,801	(2,751)
Urgent Care	8,884	4,796	(4,088)
Women's, Children's and Sexual Health	3,651	1,884	(1,767)
Estates and Facilities	2,758	1,555	(1,203)
Corporate	1,877	2,451	574
Total across all work streams	31,722	22,487	(9,235)

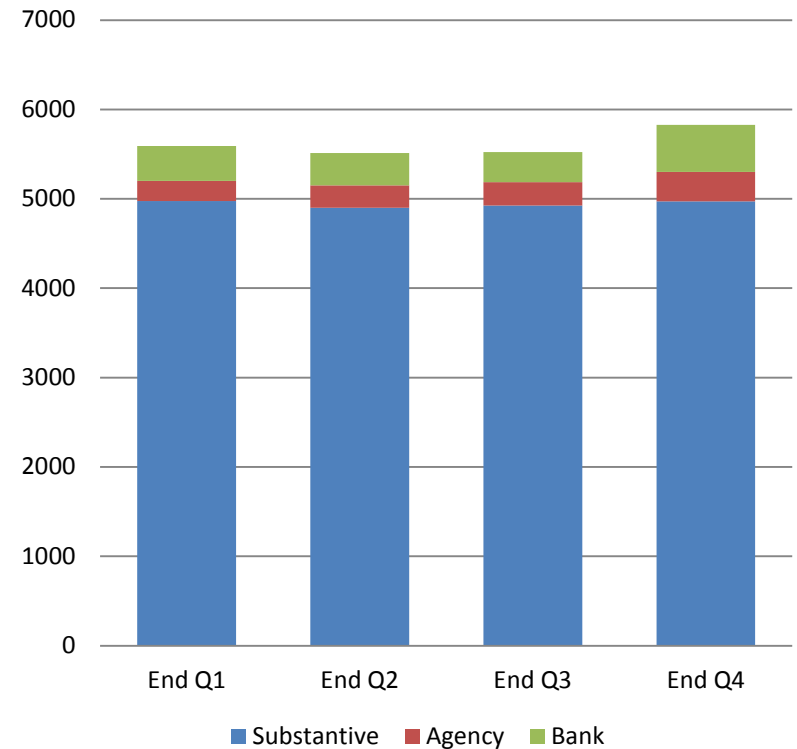
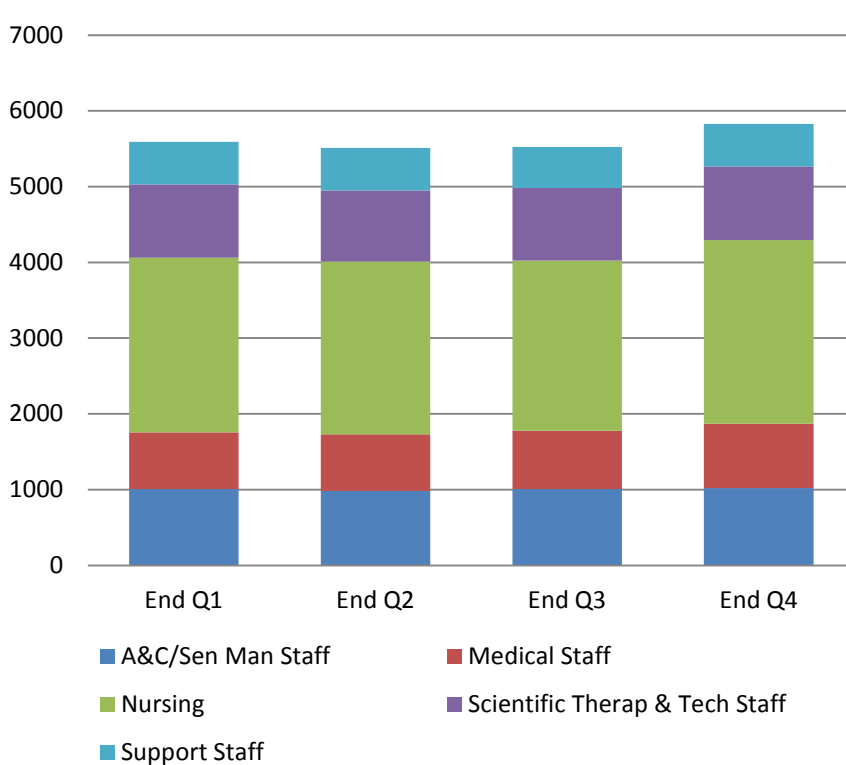
Where do we get our funding from?



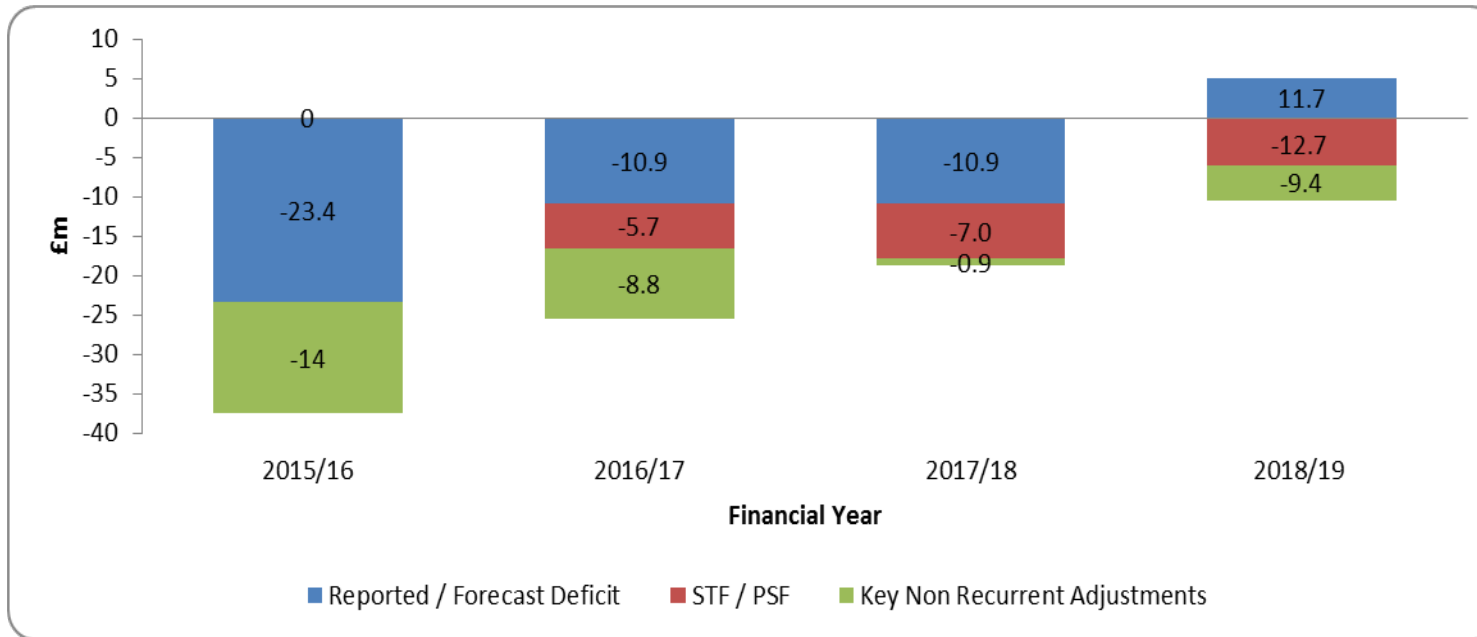
What do we spend our money on?



Our staff (Whole Time Equivalent)



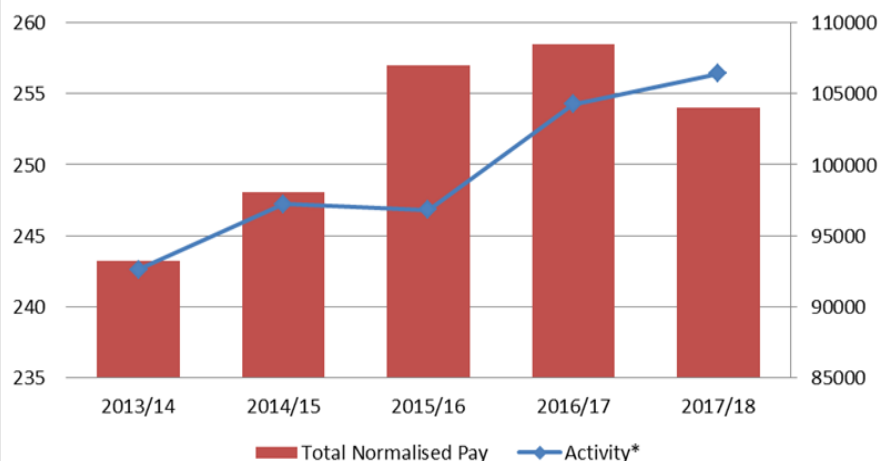
Underlying deficit – 4 year trend



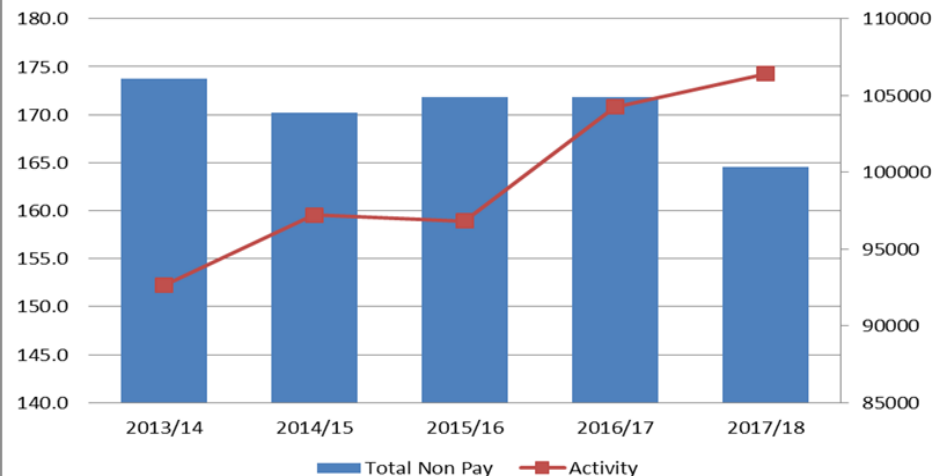
- The Trust's underlying position had been circa £35m in 2013/14, 2014/15 and 2015/16
- The Trust reported a deficit in 2015/16 of £23.4m which reduced to a £10.9m in 2016/17. The Trust reported a year end deficit in 2017/18 of £10.9m.
- The Trust's underlying deficit (after adjusting for key non recurrent items) has reduced between years from £25.4m to £18.8m a reduction on £6.6m between years.
- The Trust's plan for 2018/19 reduces the underlying deficit from £18.8m in 2017/18 to £10.4m in 2018/19

Normalised Pay Trend

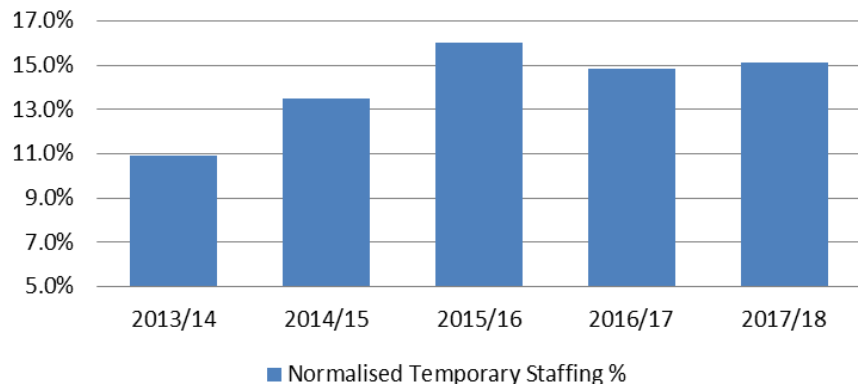
Normalised Pay £m v In Patient Activity



Normalised Non Pay and Activity



**Normalised Pay % Substantive v
Temporary**



Comments

- Normalisation adjustments have been made for Inflation changes and core service changes (HIS Service changes and Crowborough BU)
- In Patient Activity relates to Daycase, In Patient and Non Elective Activity.
- Normalised Pay costs increased between 2013/14 and 2015/16 by £13.7m. In 2016/17 the pay costs increased between years by £1.5m mainly due to the opening of a new ward at TWH. The Trust is forecasting the pay costs in 2017/18 will reduce by £4.5m.
- The % of Temporary staffing costs was rising by 2.5% year on year until 2016/17 when the % of temporary staffing reduced by 1.2%.
- Normalised Non Pay costs has reduced in 2017/18 by £7.2m compared to 2016/17, the main areas that have reduced between years are Outsourcing (£4.4m), Clinical Supplies and Services (£2.2) and Drugs (£2.8m)

Capital investments in 2017/18

- During the year the Trust made capital investments totalling £11.5m including £0.2m of assets funded from donated or charitable sources
- The main capital investments were on:
 - Medical equipment (£3.6m, of which £1.7m was the purchase of a further replacement Linear Accelerator)
 - IT infrastructure (£2.3m), including the replacement PAS system
 - Estates (£4.9m) comprising Energy infrastructure (£2m, with £0.7m funded by Salix loans), backlog maintenance and renewals (£1.8m), GP accommodation in the Emergency Department (£0.6m) and enabling works for the new Linear Accelerator (£0.5m)
- **The Trust donated spend included:**
 - 2 Portable Echo machines for Cardiology (£71k) from legacy funds
 - Ultrasounds for Oncology and Cardiology (£65k)
 - Radial Lounge building work (£40k)

Outlook for 2018/19

Statement of Comprehensive Income	2018/19 (Plan) £m
Income	466.2
Expenditure	(427.3)
EBITDA Surplus:	38.9
EBITDA %	8%
Depreciation & other	(10.1)
Net Interest	(15.8)
PDC dividend	(1.3)
Impairments	(1.0)
Total financing and impairments	(28.2)
Surplus (before technical adjustments)	10.7
Technical Adjustments	1.1
Surplus (after technical adjustments)	11.7

- The Trust has planned a surplus of £11.7m which includes receipt of £12.7m Provider Sustainability Fund (PSF) during 2018/19
- The Trust has signed up to its control total set by NHS Improvement
- To deliver this surplus the Trust must deliver a £24.1m Cost Improvement Programme (CIP) in year
- The Trust remains in Financial Special Measures
- At the end of July the Trust is on plan

What is Best Care?

Whether we're looking after our patients, or supporting our staff, we want everyone to have the Best possible experience with us.

The launch of the Best Care Programme in February 2018 helps us to provide high quality, safe services, delivered by the five workstreams.

Best Safety – Dr Peter Maskell (Medical Director)

Learning lessons and making our services even safer

Best Quality – Claire O'Brien (Chief Nurse)

Working together to provide great quality care for everyone we see

Best Flow – Angela Gallagher (Chief Operating Officer)

Developing the best ways to see our patients

Best Workforce – Simon Hart (Director of Workforce)

Having the best staff available to treat our patients

Best Use of Resources – Steve Orpin (Chief Finance Officer)

Reducing waste and improving value for money

Key Headlines

- **Healthcare professionals at MTW** have made another significant improvement in patient safety after meeting new national best practice for maternity and neonatal services.

MTW is in the first wave of Trusts to meet 10 new maternity safety actions which were introduced this summer by the NHS to support the delivery of safer maternity care.

The scheme rewards local hospitals that take steps to improve delivery of best practice in maternity and neonatal services. MTW has been awarded £908,544. It made its improvements through the Trust's Best Care initiative which has seen clinical teams working throughout the Trust's hospitals to improve patient experience and wellbeing.

The 10 maternity safety actions were agreed by NHS national maternity safety champions **Matthew Jolly** and **Jacqueline Dunkley-Bent** in partnership with NHS Digital, NHS England, NHS Improvement, Royal college of Obstetricians and Gynaecology, Royal College of Midwives, MBRRACE and the Care Quality Commission.

- **MTW is going super green thanks to an ambitious** project to upgrade almost all (99%) of the lighting throughout Maidstone Hospital from inefficient compact fluorescent lighting to LEDs. This is in excess of 12,000 fittings!

The Trust successfully secured Salix funding for the project – interest-free Government funding for the public sector to help improve energy efficiency, reduce carbon emissions and lower energy bills.

The project has been split into four phases, with phases 1, 2 and 3 having been completed in 2017/18 and phase 4 will be underway soon. No financial outlay has been required thanks to the staged payments system and it is believed that the combined project (all four phases) will deliver a yearly energy saving of £400k.

Review of performance in 2017/18: Financial performance

Questions?

Quality Strategy

**Wendy Glazier,
Associate Director Quality Governance**

MTW's big commitment to care

Quality Strategy

- Developed by our staff with feedback from our patients, their families and carers
- 22 priorities over three years
- Direct link to Best Care
- Quality is everyone's business – greater local ownership through clinical leadership

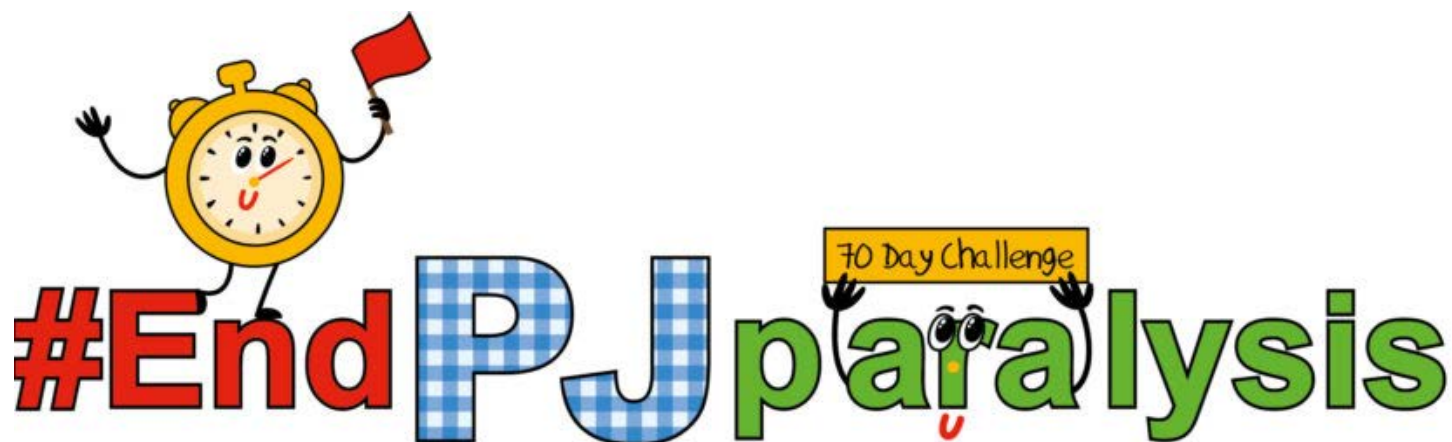
MTW's big commitment to care

Quality Strategy

The BIG five

- **Creating a Safety Culture and Learning Lessons**
- **Improving Patient Experience (personalised care)**
- **Clinical Effectiveness and Tailored Pathways**
- **Supporting Our Staff to be the Best**
- **Recognising and Responding to Complex Needs**

MTW's big commitment to care



We want
our patients to

Get up



Get dressed



&

Get moving



whenever they possibly can.



#EndPJPparalysis



Claire Morris

(Inpatient Physio Clinical Manager)

Madeleine Jarvis

(Clinical lead Physiotherapist OMRH)

Tina Cooper

(Practice Development Nurse (TWH))

Nikki Lewis

(Practice Development Nurse (MST))

Background

- It all started with a tweet...

Prof. Brian Dolan, Anne-Marie Riley, Pete Gordon & Tim Gillat



- **Red** to **green** & *last 1000 days*
- Getting up and dressed used to be 'normal behaviour' time has changed this culture
- Staying in bed causes deconditioning – major determinant to falls & functional decline
- Time is a major currency in healthcare...It is precious
 - 83% of patients spend most of their time in bed
 - 12% in the chair
 - 5% up and moving
 - Only take 25 steps per day
 - Deconditioning can start within 2 hours of admission



Background

Deconditioning can create;

- 50% of frailty patients to become doubly incontinent within 24h of admission
- 50% decline in functional ability between admission and discharge which can take 1 year to return to baseline
- 60% of patients had no documentation to support why they remained in bed
- 10 days in bed = 1.5kgs loss of lean body mass, 14% loss of muscle strength and approx. 10 years of ageing
- Deconditioning contributes to 47% of an older persons' delayed discharge

Background

- National initiative **1,000,000** patients up dressed and moving
- The movement was not intended to focus on numbers / targets / charts / data but to create a ***cultural change***
- Organising activities to encourage patients to move more, such as lunch clubs, art therapies, PAT dog visits
- Initially the findings from work done in other trusts have been hugely positive and found a reduction in:
 - Length of Stay 1 - 1.5 days
 - Pressure ulcers around 80%
 - Falls down by 37%
 - Complaints

An increase in:

- Communication in all areas staff / patients / relatives
 - Team morale and team working
- 96-100% of appropriate patients up, dressed & moving

What have we done?

- National launch week in line with the #endpjparalysis 70 day challenge
- Trial wards W20 & Edith Cavell engaged in the project
- Enlisted champions in ward areas
- Submitting data via the app to contribute to the national data collection
- Re-launch week 23rd July to celebrate the end of the initiative

- Continued recruitment of volunteers
- End PJ Paralysis information live on MTW website
- Gaining feedback from patients, staff and relatives







Achievements!

- Positive conversation with staff & patients - fun and uplifting
- Huge improvements in trial areas
- Rolled out in majority of inpatient areas
- Pre-trial 1-2 patient dressed - Now 15 people dressed per ward on average
- Increase of 24% up and moving
- Recruited 56 volunteers (11 waiting) to help with activities – invaluable service
- Donated money & clothes
- Pat dog visits at both sites
- Singing groups & musicians
- W20 larger activity area & donated T.V
- Tea parties & celebrations, future events
- Dedicated space on W20 & Edith Cavell to store donated items
- Inspirational stories...



Feedback from patients has been very positive. 72 year old Peter, who stayed on the Edith Cavell Ward at Maidstone Hospital, said:

“It’s so much nicer to get out of bed and get dressed, it aids the process of getting better. I am the first person in the bay to get up in the morning and I am eager to get going as I know it will get me back home quicker! I like to get dressed as not only is it more comfortable to wear my own clothes, it means that I look and feel better when I go to physio or see visitors and so on; it makes me feel human.”

National Data

Nationally we have achieved...

769,017 Dressed

790,000 Moving

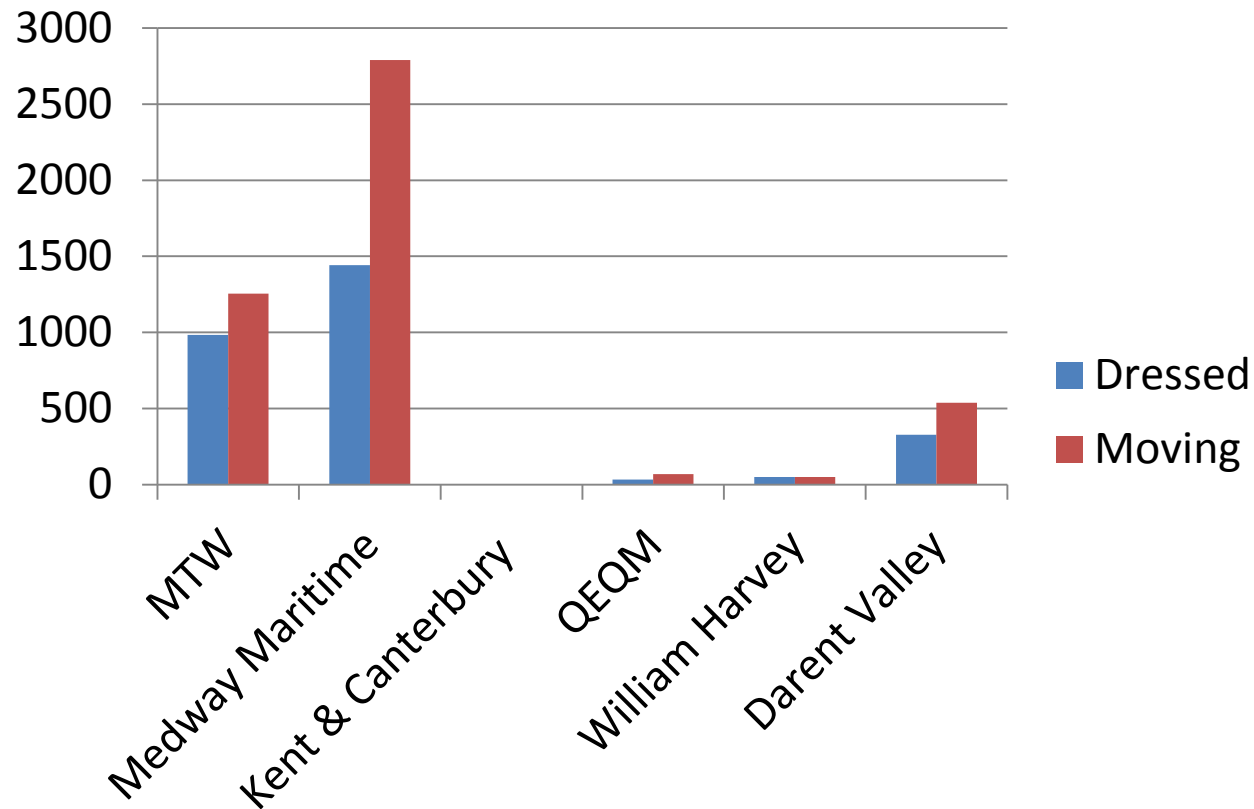
MTW Contribution...

984 Dressed

1255 Moving

Throughout the 70 day challenge

Trust Data and Comparison



Planning Ahead

- Newest recruits – Paediatrics, Oncology and Trauma & Orthopaedics in the coming weeks
- Surgical areas cross site for future recruitment
- Collecting data in recruited areas & mapping against Key Performance Indicator (KPIs)
- Possible spot checks on the wards to monitor engagement
- Providing advice and guidance to keep up momentum
- Keeping up with the national campaign
- Volunteer recruitment – ongoing advert on Trac system
- Auditorium offered for film screenings
- Activity planning for patients



Challenges & Suggestions

- Maintaining momentum – merchandise / keeping the profile up
- Media campaign
- Activity space and planning
- Donations of clothing
- Volunteer recruitment, daily coordination and training
- Family involvement to bring in clothing

Can we associate End PJ Paralysis with ***Always Events?***







Any Questions?

Open question and answer session

**David Highton,
Chair of the Trust Board**

Closing remarks

**David Highton,
Chair of the Trust Board**