

**NHS Foundation Trust** 



**Annual Members' Meeting** 2016





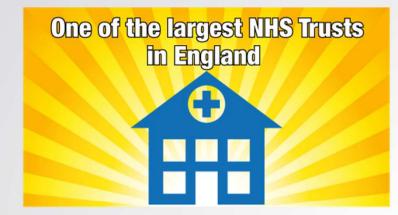
## Welcome

Nikki Cole, Chair



NHS Foundation Trust

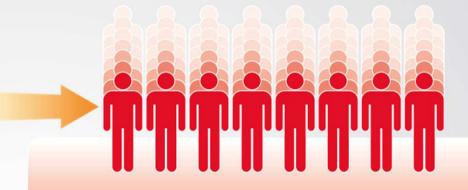
care



East Kent Hospitals University NHS







Serves a local population of almost 670,000 people plus a wider population for some specialist services (i.e. renal and PPCI) of

over 1 million people



Five hospital sites plus several community sites across east Kent.

Over 200,000 A&E attendances; 94,000 inpatients; 80,000 day cases and 727,000 outpatient attendances per year.



## Thank you





## Agenda

Chair's welcome	Nikki Cole, Chair
A review of 2015/16 and a look into the future	Matthew Kershaw, Chief Executive
Financial performance overview	Nick Gerrard, Director of Finance & Performance Management
'A great place to work'	
Report from the Council of Governors	Michèle Low, Lead Governor, and Matt Williams, Public Governor, Swale
Panel discussion	





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# Our improvement journey

Matthew Kershaw, Chief Executive





## What we are aiming for

#### Our vision:

Great healthcare from great people

#### **Our mission:**

Together we care: improving health and lives

#### **Our values:**

People feel cared for, safe, respected and confident we are making a difference

#### Our strategic priorities:

patients, people, provision and partnerships



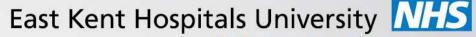


## **Examples of great healthcare** from great people

- K&C chosen as robotic surgery training centre
- Top Trust in Kent for research studies
- CHKS 'Top 40' Hospitals Trust.









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## Our improvement journey



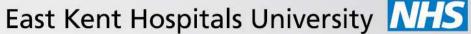




## Our improvement journey: some milestones this year

- Highest staff satisfaction scores to date
- Upgrading facilities, eg, Ashford A&E, bereavement suites
- Environment, food and cleanliness significantly improved
- New models of care, eg, Margate Acute Medical Model
- One of the lowest C difficile infection rates in England in 2015/16.







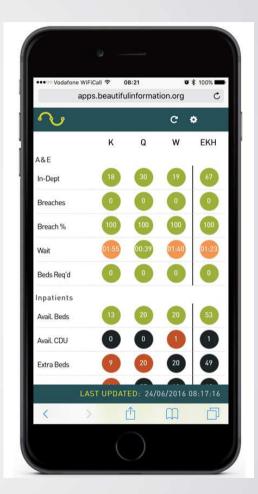
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## How are we improving?

#### Using real time performance information to manage site safety and quality

K&C Site Si	ituation &	Risk As	sessmen	t	Date:	03/08/2016	Time:	16:00
Site Status at 08:00	ED Status:	GREEN	Bed Status:	GREEN	Staff Status:	GREEN		
Site Status at 13:00	ED Status:	amber	Bed Status:	GREEN	Staff Status:	AMBER		
Site Status at 16:00	ED Status:	GREEN	Bed Status:	GREEN	Staff Status:	GREEN		
<b>QEQM</b> Site	Situation	& Risk	Assessm	ent	Date:	03/08/2016	Time:	16:00
Site Status at 08:00	ED Status:	GREEN	Bed Status:	GREEN	Staff Status:	GREEN		
Site Status at 13:00	ED Status:	GREEN	Bed Status:	GREEN	Staff Status:	AMBER		
Site Status at 16:00	ED Status:	RED	Bed Status:	GREEN	Staff Status:	AMBER		
WHH Site Situation & Risk Assessment Date: 03/08/2016						Time:	16:00	
Site Status at 08:00	ED Status:	RED	Bed Status:	AMBER	Staff Status:	AMBER		
Site Status at 13:00	ED Status:	AMBER	Bed Status:	AMBER	Staff Status:	AMBER		
Site Status at 16:00	ED Status:	GREEN	Bed Status:	GREEN	Staff Status:	AMBER		
	ED	Risk – Volumes	as per OCC dash	board, Waits as	per OCC dashboar	d		
Ambulanco Waits	Green: No ambulan	nos awaiting ha	andover and cana	sity to offload	Amhor: Amhulane	ne waiting 15 to 20	): Dod: Amb	hulancos

waiting > 30 minutes; Black: ambulances waiting > 60 minutes







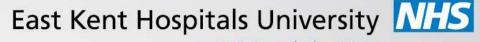
## More highlights





- Improving provision
  - new Dover hospital opened June 2015
  - Estuary View outpatient service opened July 2015
- Additional CT scanner at William Harvey Hospital
- Free Wi-Fi for patients and visitors.

We



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## Our key challenges



Impacted by:

Geography

Multi-sites

Scale and complexity of Trust

#### 1. Emergency care

Patient flow and timeliness

#### 2. Staffing

- ability to attract and retain specialist staff
- culture

#### 3. Clinical governance and safety culture

- deteriorating patients
- assessment for risk of VTE

#### 4. Planned care

impact of waits in cancer and referral to treatment times

#### 5. Finance

challenges of delivering savings and securing funding



Addressed by:

Clinical strategy

Improvement journey



### A better future

- Kent and Medway Sustainability and Transformation Plan
- Collaboration between NHS and social care organisations
- Starting to think about plans for services to meet the needs of everyone in Kent and Medway





## What does better healthcare look like?

Doing much more to help you stay well so you don't develop some of the illnesses we know can be caused by unhealthy lifestyles

Redirecting more of our resources into primary and community services so we can offer more care out of hospital

Organising acute hospital services in the most efficient and effective way







### In summary

- Good progress on our improvement journey
- A clear vision with challenges along the way
- A need to find new ways to provide great healthcare to meet changing needs.





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## Financial Update

Nick Gerrard, Director of Finance & Performance Management





### Financial performance 2015/16

In 2015/16 the Trust's deficit increased from £7.4m to £35.3m

- Patient care income unchanged at £493m
- Other operating income £42m to £44m +£2m

Total costs £542m to £572m +£30m (5.6%)

- Staff costs £316m to £332m +£16m (5.1%)
- CNST premium £10m to £16m +£6m (60%)
- Drugs £53m to £55m +£2m (3.8%)
- Clinical supplies & services unchanged at £72m
- General supplies & services £18m to £18.5m +£0.5m (2.8%)
- Consultancy fees £1.3m to £2.8m +£1.5m (115%)
- Premises costs £17m to £19m +£2m (11.8%)
- Outsourcing (IS) £5m to £6.5m +£1.5m (30%)





### Clinical Income 2015/16

• Elective £94m

Non Elective £135.6m

• Outpatient £73.8m

• A&E £22.1m

• Other £164.1m

Private patients £3.3m

Total £493m

CCGs & NHS England £484m

Private patients £3.3m

Other Trusts/RTA £5.7m





## **Capital**

•	CT scanner WHH	£1.8m
•	A&E WHH	£1.0m
•	Buckland Hospital	£2.5m
•	Patient environment improvement	£1.1m
•	Medical equipment	£2.8m
•	Telephony	£0.6m
•	IT	£2.6m
•	Donated equipment	£0.3m

• Total £12.7m





### **Audit**

Unqualified Audit Opinion on the Accounts





### Financial challenges

- Financial Recovery/STP
- Recruitment and retention
- Reducing agency spend
- Effective control
- Demonstrating efficiency
- Availability of capital
- Clinical strategy
- Activity and performance pressures
- Low Market Forces Factor





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# Governor viewpoint

Michèle Low Matt Williams





## Governors' duties:

## Hold the NEDs to account

Represent the interests of members & the wider public





## Governors decide:

Appoint the Chair & Non-Executive Directors

Approve the Chief Executive's appointment

Significant transactions

Non-NHS income business

... and we must be consulted....





## **Doing the Governors' business**

New committees to improve governance and challenge the NEDs:

Quality Finance & Performance

Audit & Governance

Membership Engagement &

Communications Workforce

Nominations & Remuneration





## **Future priorities**

Increase engagement and communication with members and the public

Ensure our membership represents the

communities we serve

Make it easier for you to contact us and tell us what you think

Ensure your views are considered in future plans





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## Discussion

