

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date of meeting: **27 November 2014**

By: **Assistant Chief Executive**

Title: **Maidstone and Tunbridge Wells NHS Trust - overview**

Purpose: **To gain an overview of the Trust's services, performance and future strategy.**

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## **RECOMMENDATIONS**

### **HOSC is recommended:**

- 1. To consider and comment on the presentation from Maidstone and Tunbridge Wells NHS Trust (appendix 1); and**
  - 2. To identify any areas requiring further scrutiny.**
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## **1. Background**

1.1 Maidstone and Tunbridge Wells NHS Trust (MTW) was formed in 2000 to take over services previously run by the Kent and Sussex Weald NHS Trust and Mid Kent Healthcare NHS Trust. The Trust was responsible for three hospitals:

- Kent & Sussex Hospital in Tunbridge Wells
- Pembury Hospital
- Maidstone Hospital

1.2 The two acute hospital sites in Tunbridge Wells (Kent & Sussex and Pembury) were consolidated into one modern facility, the Tunbridge Wells Hospital, on the former Pembury Hospital site. The Trust closed Kent & Sussex Hospital in September 2011, following the opening of the £230 million Tunbridge Wells Hospital. The Tunbridge Wells Hospital was a Private Finance Initiative (PFI) development and was the first NHS hospital in England to be built with 100% single rooms for inpatients.

1.3 The Trust is a large acute hospital trust which provides a full range of general hospital services to around 560,000 people living in west Kent and northern parts of East Sussex. The Trust's core catchment area is Maidstone, Tunbridge Wells and their surrounding boroughs and districts.

1.4 In addition, the Trust provides specialist cancer services to 1.8 million people across Kent, Hastings and Rother, through the Kent Oncology Centre at Maidstone Hospital and unit at the Kent & Canterbury Hospital in Canterbury. The Trust also provides some services in community settings including the provision of stroke rehabilitation at the Tonbridge Cottage Hospital.

## **2. Areas for scrutiny**

2.1 As HOSC has not scrutinised MTW's services for some time, the Trust's Chief Executive, Glenn Douglas, has been asked to provide the committee with an overview of the Trust's services, performance and future priorities, particularly as these affect East Sussex residents. The Trust's presentation is attached at **appendix 1**.

2.2 The main commissioner of services from MTW in East Sussex is High Weald Lewes Havens Clinical Commissioning Group (CCG). Ashley Scarff, Director of Strategy and

Commissioning from the CCG will be in attendance to assist with any issues from a commissioner viewpoint.

2.3 HOSC may wish to explore areas such as:

- Any issues which arise for East Sussex residents as a result of the Trust's hospitals being located across the local authority/CCG boundary.
- Links to local community services in East Sussex.
- The Trust's role as a provider of specialist services for a wider catchment population.
- Experience of the new Tunbridge Wells Hospital, three years on from its opening.
- The Trust's financial situation and plans to achieve sustainability.
- Any potential service change or development arising from the Trust's future strategy which is likely to impact on East Sussex residents, for example in relation to stroke services.

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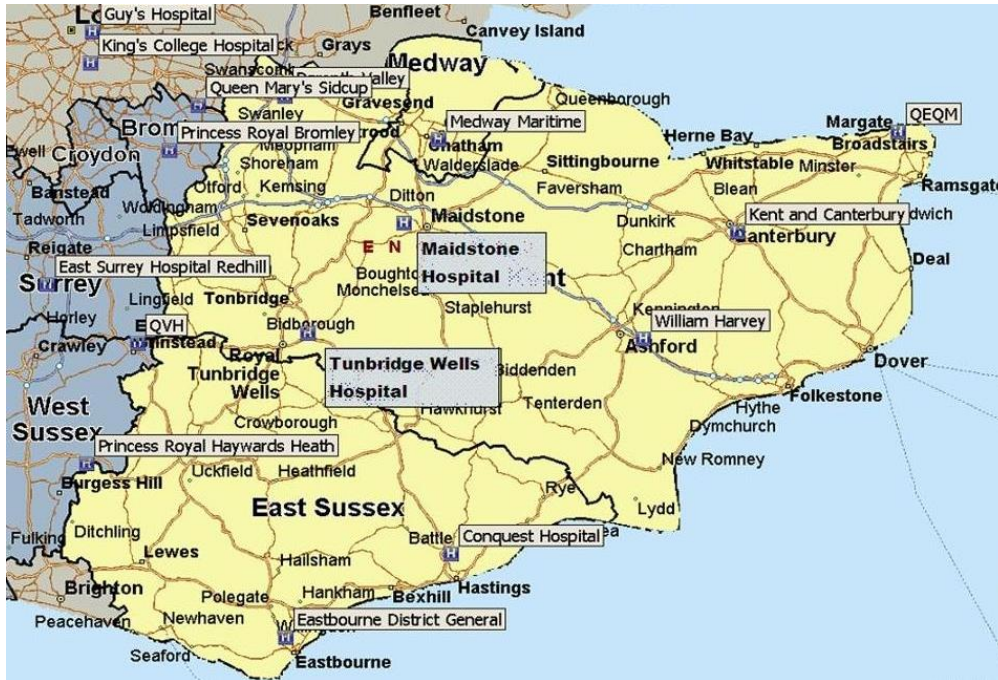
# Maidstone and Tunbridge Wells NHS Trust

## Presentation to East Sussex HOSC

27 November 2014

**Glenn Douglas**  
**Chief Executive**

# Services



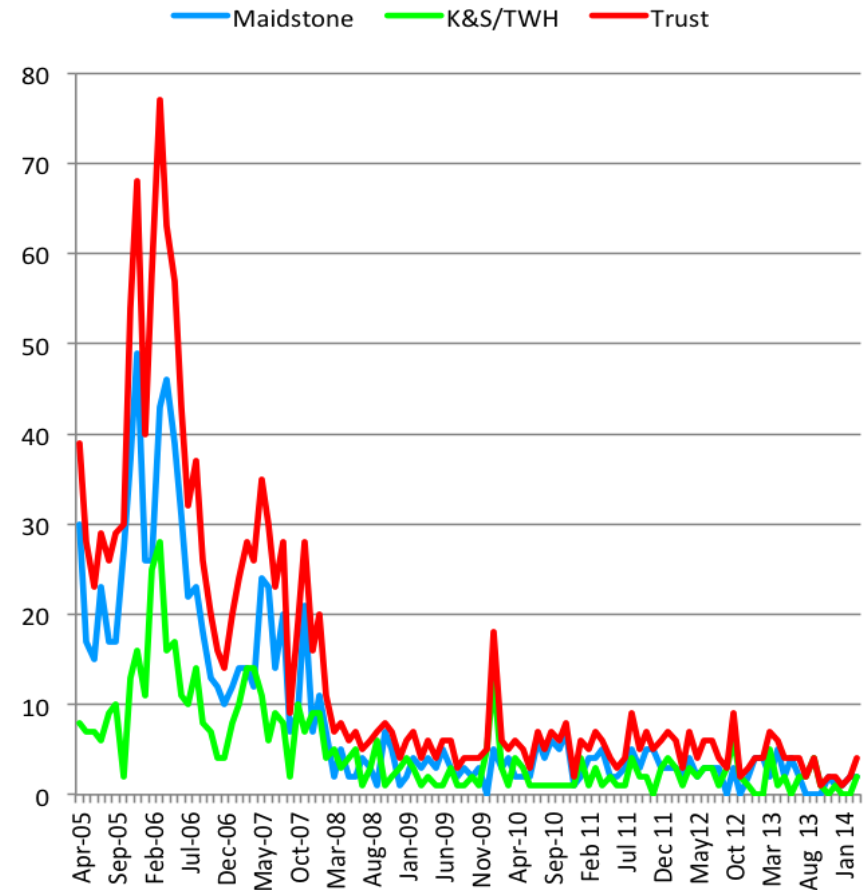
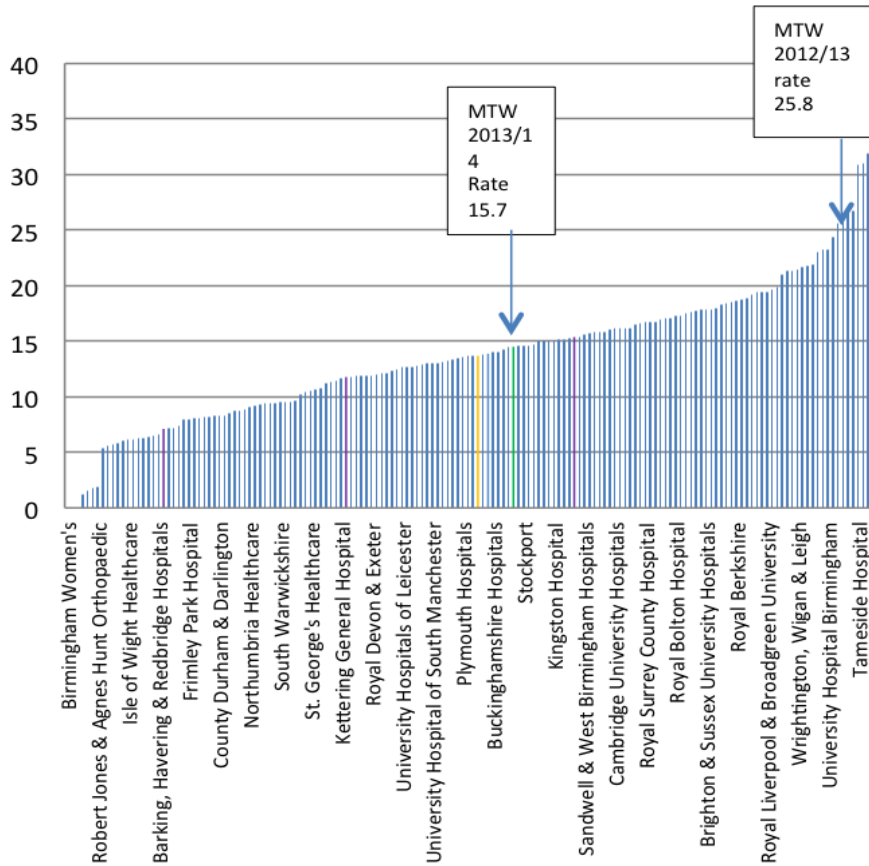
- General Acute services from two hospitals
- Serve 560,000 patients
- 8% patients from East Sussex
- MTW is the local general acute for 27% of Wealden, 3% of Rother and <1% of Hastings and Eastbourne residents
- Cancer service to 1.8m in total; including 40% of Wealden, 20% of Rother and <1% of Hastings and Eastbourne residents

# Tunbridge Wells Hospital at Pembury

- New hospital opened in 2011
- Services reconfigured
- 512 single rooms with ensuite facilities
- Privacy and dignity
- Positive patient experience



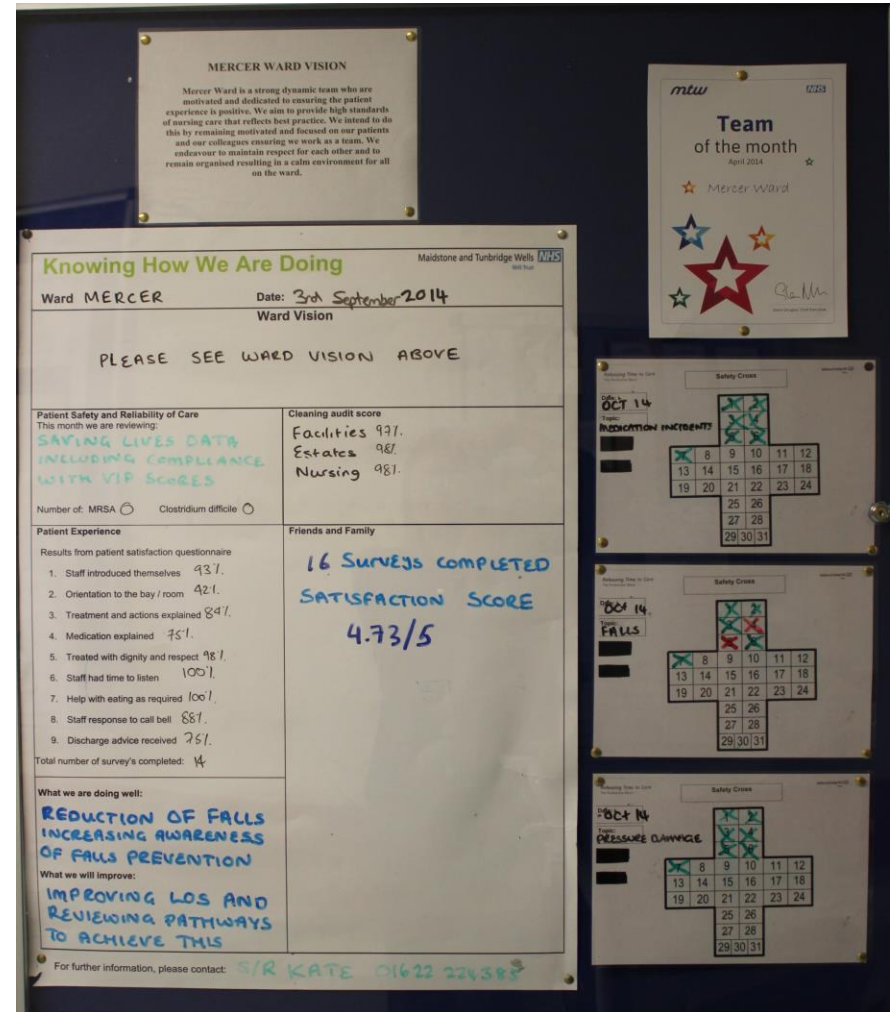
# Performance - Infection Control



Amber = national median      Green = MTW

# Performance - Ward Assurance

- Ward level for staff and patients
- “Knowing How We Are Doing” boards
  - Patient experience survey results
  - Cleaning audits
  - Infections
- Safety Crosses
  - Falls
  - Pressure ulcers
- Safe staffing boards
- Friends and Family



# Recent challenges

A&E	Trainees in Surgery	Clostridium difficile	Oesophageal surgery
<ul style="list-style-type: none"> <li>• CQC visit 2012                             <ul style="list-style-type: none"> <li>○ Staffing</li> <li>○ Care</li> </ul> </li> <li>• New Thinking</li> </ul>	<ul style="list-style-type: none"> <li>• December 2012</li> <li>• Return after 4 months</li> <li>• Now second highest fill in Kent, Surrey and Sussex</li> </ul>	<ul style="list-style-type: none"> <li>• Recent award</li> <li>• 0 in Sept 2014</li> </ul>	<ul style="list-style-type: none"> <li>• Invited Review by Royal College of Surgeons</li> <li>• Suspended service</li> <li>• CQC visit</li> <li>• Link with tertiary centre</li> <li>• Learning                             <ul style="list-style-type: none"> <li>○ Speak Out Safely</li> <li>○ Invited Reviews</li> </ul> </li> </ul>



# Financial Challenge

- Expensive PFI
- Planned deficit £12m
  - Covered by TDA
- Cost Improvement Programme (£22.4m/c. 6%)
- Difficult decisions
  - Kent Pathology
- Continued quality investments
  - Paediatric nursing
  - Nurse staffing
  - Consultants
  - Therapies
- Stable financial position

# Strategy

to achieve clinical and financial sustainability

- Currently being developed, business analysis completed
- Initial findings indicate trust should focus on
  - Strategic hub for emergency care (Keogh centre at TWH)
  - Improve productivity
  - Focus on larger population base
  - Develop patient pathway and community focus
- Four key enablers to achieve strategy
  - Improve capability
  - Promoting Innovation
  - Seize opportunities for development/growth
  - Be able to compete

# Future Plans - Stroke

- Trust Board focus
- National Clinical Director for Stroke attended Board
- SSNAP data: both sites latest quarter improved to 'D' rating
- Governance arrangements include joint Clinical Steering Group
- 30% of stroke patients at TWH are from East Sussex
- HWL&H Head of Quality reviewed service
- Early engagement regarding Case for change, Model of care and possible delivery options prior to election
- Public consultation summer 2015

# Future plans - Emergency Pathway

- Non elective capacity challenges
- Ambulatory
  - Maidstone - UMAU
  - TWH under development
- Length of Stay / Delayed transfers of care
- Sector instability
- Recruitment challenges
  - Nursing
  - Consultants
- Paediatrics
  - Phase 1: Split pathway
  - Phase 2: Dedicated paed A&E
- Business case approved; recruiting paediatric nurses
- Design stage for new paediatric and ambulatory care area

# Future plans - East Sussex developments

- HWLH Community services tender
  - MTW expression of interest
- MTW teams looking at
  - how we might improve emergency service for Crowborough residents. Minor injury units / urgent care centres
  - Intermediate care beds at Crowborough
  - Crowborough birthing unit
- MTW seeking public members from the North of East Sussex as part of on-going engagement with patients and public

# Links with community health and social care

MTW discharge teams in general find our E Sussex patients have

- Slower, less robust community support
- No Early Supported Discharge service
- Slower reablement service
- Referral to E Sussex community hospital is more difficult
- Slower assessments for Continuing Healthcare Funding

Discharge teams and Kent Community Liaison work to minimise impact through

- Weekly conference MTW & East Sussex social services and the Joint community rehabilitation manager
- Improving links with HWLH commissioning
- Links with Crowborough hospital manager

# Summary

- Trust and community - on a journey
- Committed staff
- On-going challenges
- Still have work to do
- Continually striving to improve
- Many successes
- Good partnerships

