

Maidstone and Tunbridge Wells NHS Trust

Presentation to Kent HOSC

28 November 2014

Glenn Douglas

Chief Executive

taking

p r i d e

PATIENT FIRST - RESPECT - INNOVATION - DELIVERY - EXCELLENCE

Strategy

to achieve clinical and financial sustainability

- Currently being finalised
 - work streams led by clinicians
 - 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
- To become a financially viable organisation no need for major structural changes or mergers/acquisitions

Strategy

to achieve clinical and financial sustainability

- Four key enablers to achieve strategy
 - Improve capability
 - Promote Innovation to drive down costs
 - Seize opportunities for development/growth
 - For example, pro-active care management
 - Be able to compete
 - Tender management

Strategy

to achieve clinical and financial sustainability

➤ Next steps

- Further review of output from business analysis
- Write Strategy document, including specific outcomes to be achieved over next 5 years
- Develop implementation plan, including comprehensive stakeholder engagement plan
- Review governance structure

Stroke Service Improvement

- Governance

- Trust Board focus
- Governance arrangements
 - Stroke Improvement Board, chaired by Medical Director with WK CCG and HW&L CCG representatives
 - Stroke Clinical Steering Group, chaired by Clinical Director, includes WK CCG and other stakeholders
 - Engagement Group, chaired by Deputy Director of Strategy, includes Healthwatch and local CCG representatives
- Need to meet Government 4 tests
 - Strong public and patient engagement
 - Clear clinical evidence base
 - Patient choice
 - Support from commissioners

Stroke Service Improvement

- Public and patient engagement

- One of Government 4 tests for key service changes
- Early engagement undertaken includes
 - Survey of over 200 patients regarding existing stroke services
 - Discussions with stroke survivors at Stroke Association meetings
 - Survey of over 200 members of trust
 - Discussions with stroke staff to enable them to raise any concerns/
suggest opportunities for improvement
 - Briefing MPs and GPs
- Engagement plan developed to get all stakeholder views on
 - i) Case for change
 - ii) Model of care
 - iii) Assessment method
 - iv) Long list of delivery options

Stroke Service Improvement

- Clinical case for change

Robust clinical case for change developed and agreed by West Kent CCG. Two key opportunities for improvement.

1. Stroke standards as measured by SSNAP data not met although improvement made during last 9 months

	Overall SSNAP Jul to Sep 2013	Overall SSNAP Oct to Dec 2013	Overall SSNAP Jan to Mar 2014	Overall SSNAP Apr to Jun 2014
Maidstone	E	E	D	D
Tunbridge Wells	E	E	E	D

Comparative performance to local trusts confirms opportunity to improve

Stroke Service Improvement

- Clinical case for change

	Overall SSNAP Jul to Sep 2013	Overall SSNAP Oct to Dec 2013	Overall SSNAP Jan to Mar 2014	Overall SSNAP Apr to Jun 2014
Medway	E	E	D	D
Darent Valley	E	E	E	D
Eastbourne	E	D	D	D
William Harvey	D	D	D	C
Kent and Canterbury	D	D	D	E
QEQM Margate	C	D	D	C
Frimley Park	E	D	C	B
Epsom	C	C	C	B
St Peter's	D	D	D	C
Princess Royal	E	E	D	D
Royal Surrey County	D	D	C	C
Royal Sussex County	D	D	D	D
East Surrey	D	E	D	C
St Richard's Sussex	E	E	E	D
Worthing	E	D	D	D

Stroke Service Improvement

- Clinical case for change

2. Requirements of the Stroke specification issued by South East Coast Clinical Network not met, for example
 - Hyper acute service
 - Lack of discreet area
 - Longer than specified thrombolysis times
 - 7 day rapid access to TIA service
 - Only provided 5 days/wk
 - Carotid doppler imaging at Maidstone

Case for change forms part of early public/patient engagement.

Stroke Service Improvement

- Model of care and possible delivery options

- Stroke Clinical Steering Group have
 - i. Agreed need to adopt requirements set out by South East Coast Clinical Network regarding
 - Stroke specification for model of care (eg includes Hyper acute service)
 - Stroke quality and service standards
 - II. Generated a draft long list of options for delivery
 - III. Developed draft assessment criteria and method to produce short list

All of above forms part of early public/patient engagement.

Summary

- Strategy to achieve clinical and financial sustainability being finalised
- Opportunities to improve stroke service being driven by the Trust in partnership with stakeholders