

**Subject:** The Maidstone and Tunbridge Wells Stroke Service

**To:** HOSC

**From:** Sean Briggs, Chief Operating Officer, Maidstone and Tunbridge Wells NHS Trust

**Date:** 15<sup>th</sup> July 2019

**Purpose:** To outline the case for change for the urgent temporary move of Ward 22 at TWH to Chaucer Ward on the MH site by September 2019

### **Introduction:**

There is an increasing challenge managing the stroke service on Ward 22 at Tunbridge Wells Hospital (TWH) where thrombolysis nurses and registered ward staff numbers are unsatisfactory and pose a high level of risk to staff and patients, despite robust and frequent recruitment activity. The viability of Ward 22 until the opening of the new Hyper Acute and Acute Stroke Unit (HASU) and Acute Stroke Unit (ASU) on the Maidstone Hospital site planned for March 2020, as part of the Kent and Medway Stroke Network Development, is becoming increasingly unlikely due to the high level of vacancies and difficulty in recruiting. Unsurprisingly, uncertainty around the implementation of the HASUs and ASUs has added to our recruitment challenges at Tunbridge Wells, and some staff have, understandably, sought more certainty in other roles both within and outside of the Trust.

This update outlines the challenges and a temporary urgent response to the current and ongoing difficulties which enables safe delivery of the current stroke service and does not impact negatively on the network programme timescales for delivery of the three sites HASU/ASU in Kent and Medway.

The Independent and Judicial Reviews that are pending may change the site of the HASU/ASU's if another configuration is deemed more appropriate by the legal review process. The Trust Board, having considered the current and pending staffing issues, determined the risks to the quality and safety of patients means that urgent and temporary changes to service provision need to be made to manage the risks. Any changes outlined below are reversible should the need arise.

The Trust is taking the decision to move Ward 22 on the TWH site to Chaucer Ward on the MH site without the usual formal consultation with patients, public and stakeholders because it is the view of the Board that there is a risk to the safety or welfare of our patients or staff. It is unlikely this will be reversed before the configuration of the stroke services in Kent and Medway.

## **1. Case for Change**

### **The Challenges:**

#### **Thrombolysis Nurse Staffing**

The table below (table 1) highlights the challenge with thrombolysis nurse staffing. August 2018 to March 2019 showed a steady state. This included the usual turnover and recruitment to the staff group. As a result of the future development of the HASU/ASU there has been uncertainty for staff regarding their future place of work and many do not want to move to the MH site. This has added to our recruitment challenges. This is a highly skilled staff group who can easily obtain work elsewhere and in April 2019 the evidence of this is

apparent when the relatively low level of vacancies increased to 20% for April and May rising to 36.7% currently with a further increase to 53.3% from August. Attempts to recruit are ongoing but have modest or little return which does not match the number leaving the service. The impact is that the thrombolysis service can only be covered 9-5 Monday to Friday and some weekends from August. Senior staff have reviewed other options of junior medical and/or site practitioners covering the service but this is deemed a high risk due to lack of skills. Current staff are doing extra shifts via the bank but the reducing pool of substantive thrombolysis nurses means the amount of potential cover is diminishing and this is not a reliable vacancy management practice. Transferring thrombolysis nurses from MH is not possible as it would impact on the service on this site.

Currently the gaps are being managed by diverting ambulances to the MH site when there is no thrombolysis cover and transferring self-presenters to TWH Emergency Department in an ambulance to Maidstone. This works effectively when there are one or two periods each month however the demand on SECAMB is increasing (table 2) and is anticipated to get worse over the summer period. The impact for SECAMB is a demand on resources that they have not planned or are potentially resourced for. A permanent divert overnight has been requested and discussions are underway however this only manages part of the challenge as decreasing numbers of thrombolysis nurses will require further diverts to MH going forward. The impact on MH is an increase in stroke patients of up to three patients per day.

**Table 1 – Thrombolysis Nurse Staffing, TWH**

Month	Thrombolysis Nurse Establishment	Thrombolysis Nurse Vacancies	% of Establishment
Aug-18	6	0.2	3.3
Sep-18	6	0.2	3.3
Oct-18	6	0.2	3.3
Nov-18	6	0.2	3.3
Dec-18	6	0.2	3.3
Jan-19	6	0.2	3.3
Feb-19	6	0.2	3.3
Mar-19	6	0.2	3.3
Apr-19	6	1.2	20
May-19	6	1.2	20
Jun-19	6	2.2	36.7
Jul-19	6	2.2	36.7
Aug-19	6	3.2	53.3

**Table 2 - SECAMB Diverts to Maidstone Hospital - April 2018 - May 2019 (manual data collection)**

Month	Number of Diverts	Dates	Comments
Apr-18	0	none recorded	
May-18	0	none recorded	
Jun-18	1	21st	

Jul-18	0	none recorded	
Aug-18	2	6 <sup>th</sup> and 21 <sup>st</sup>	
Sep-18	0	none recorded	
Oct-18	2	5 <sup>th</sup> and 18 <sup>th</sup>	
Nov-18	6	20 <sup>th</sup> , 21 <sup>st</sup> , 22 <sup>nd</sup> , 24 <sup>th</sup> , 27 <sup>th</sup> , 29 <sup>th</sup>	
Dec-18	1	1 <sup>st</sup>	
Jan-19	0	none recorded	
Feb-19	2	20 <sup>th</sup> and 21 <sup>st</sup>	
Mar-19	1	1 <sup>st</sup>	
Apr-19	6	19 <sup>th</sup> , 25 <sup>th</sup> , 26 <sup>th</sup> , 27 <sup>th</sup> , 28 <sup>th</sup> , 29 <sup>th</sup> -	some gaps covered with overtime as bank
May-19	20	3 <sup>rd</sup> , 4 <sup>th</sup> -10 <sup>th</sup> , 12 <sup>th</sup> -21 <sup>st</sup> , 24 <sup>th</sup> - 27 <sup>th</sup> , 29 <sup>th</sup>	
Jun-19	4	as at 6 <sup>th</sup> June 2019	Permanent overnight divert being discussed

### **Ward 22 Substantive Nurse Staffing**

Whilst the Trust has improved its overall vacancy rate following a robust recruitment drive, the stroke Unit at TWH is struggling to recruit and retain nursing staff. The significant factor to this recruitment challenge is the pending move of the stroke unit to MH to create a HASU/ASU as part of the Kent and Medway Stroke Review. The majority of nursing staff on ward 22 are unable or unwilling to move to MH, and many have already left in response to the proposed changes. Added to this the vacancy levels are now considerable as outlined in table 3 with currently 76.7% registered nurse vacancies. As with the thrombolysis nurses, recruitment efforts continue with little success for the stroke service at TWH. Shifts are being covered with bank staff where possible. This is a brittle situation and is anticipated to worsen over the summer period.

**Table 3 - Ward 22 - Substantive Staff**

Month	Registered Nurse Estab.	Unregistered Nurse Estab.	Registered Nurse Vacancies	% of Estab.	Unregistered Nurse Vacancies	% of Estab.
Apr-18	23.61	21.87	13.46	57.0	4.1	18.7
May-18	23.61	21.87	13.46	57.0	1.87	8.6
Jun-18	23.61	21.87	13.46	57.0	3.69	16.9
Jul-18	23.61	21.87	14.2	60.1	3.5	16.0
Aug-18	23.61	21.87	15.41	65.3	3.87	17.7
Sep-18	23.61	21.87	15.46	65.5	5.21	23.8
Oct-18	23.61	21.87	16.27	68.9	6.39	29.2
Nov-18	23.61	21.87	16.46	69.7	5.13	23.5
Dec-18	23.61	21.87	16.46	69.7	6.6	30.2
Jan-19	23.61	21.87	16.11	68.2	6.27	28.7
Feb-19	23.61	21.87	15.95	67.6	8.23	37.6
Mar-19	23.61	21.87	15.26	64.6	8.87	40.6

Apr-19	23.16	23.3	15.81	68.3	3	12.9
May-19	23.16	23.3	17.76	76.7	2	8.6
Jun-19	23.16	23.3	17.76	76.7	2	8.6
Jul-19	23.16	23.3	17.76	76.7	2	8.6
Aug-19	23.16	23.3	17.76	76.7	2	8.6

## 2. Solution

To mitigate the high level of risk on Ward 22 requires an alternative approach. Local resolutions have been exhausted and are now not able to deliver what is required to sustain Ward 22 for the next nine months whilst maintaining quality and managing risks. The indications are that the service will progressively deteriorate to a point where urgent and potentially 'knee jerk' intervention is required. The possibility of moving acute stroke patients to another site and keeping rehabilitation at TWH has been explored but the issue with staffing is not resolved and a split pathway can lead to increase lengths of stay.

The plan is therefore to move Ward 22 at TWH to Chaucer ward (adjacent to the Stroke Unit) on the MH site by September 2019. There will be challenges related to the move however the risks can be mitigated more readily on the MH site. The rationale for the move is:-

- Mitigation of the risks of keeping Ward 22 functioning in terms of the quality and safety of the service
- Recruitment to the MH stroke unit is more successful than on the TWH site stroke unit
- Bank and agency fill rates are better on the MH stroke unit site when compared to TWH stroke unit
- We can consolidate our expertise having the whole service on one site and co located
- There are opportunities to review how the whole unit functions by refining the patient pathway and delivering further improvements to the care we give our patients.

Planning and implementing the move now allows for a proactive and robustly planned move over the summer months. This will enable the Trust to conduct the staff consultation for the move and allow us to engage with patients, carers, patient groups and stakeholders. It will allow a level of staffing to be resolved for Chaucer ward and for the ward to be adequately prepared. It also gives other services (therapies, pathology, A&E, imaging, facilities, and pharmacy) time to respond effectively to the move.

Discussions have been taking place with the STP, CCG and SECAMB.

The Trust anticipates that the patient flows will remain the same and that all patients in the current MTW catchment will come to MH if they have a stroke. This will prevent any impact on neighbouring Trusts.

The unit at MH will continue to function as an ASU and rehabilitation unit. It is reversible should the outcome of the Independent and Judicial reviews change the Network configuration.