MTW
Exceptional people, outstanding care

NHS
Maidstone and Tunbridge Wells
NHS Trust

Our clinical strategy

Maidstone and Tunbridge Wells NHS Trust

Maidstone and Tunbridge Wells NHS Trust (also known as MTW) is a large acute hospital Trust in the south east of England. We provide a full range of general hospital services and some aspects of specialist complex care to around 590,000 people living in the south of west Kent and the north of east Sussex.

The Trust's core catchment areas are Maidstone and Tunbridge Wells and the surrounding boroughs. We operate from two main clinical sites: Maidstone Hospital (MH) and Tunbridge Wells Hospital (TWH). The latter is a private finance initiative (PFI) hospital and provides mainly single bedded en-suite accommodation for inpatients.

The Trust employs a team of over 6,000 full and part-time staff. In addition, the Trust provides specialist cancer services to around 1.8 million people across Kent and east Sussex via the Kent Oncology Centre, which is sited at MH, and at Kent and Canterbury Hospital (KCH) in Canterbury. The Trust also provides outpatient clinics across a wide range of locations in Kent and east Sussex.

We are a clinically-led organisation

In 2018 we moved to a clinically-led structure to put our expert clinicians at the heart of everything we do.

Our chief executive and management team are supported by five clinical experts who oversee each of our clinical divisions.

The chiefs of service are each experienced and respected clinical leaders who oversee not only the management functions of their divisions but also set strategic direction.

Each of the strategies in this document have been developed and designed by the chiefs of service and their speciality teams to ensure that everything we do at MTW is clinically-led.

Mr Miles Scott
Chief Executive Officer

Mrs Claire Chalmers
Consultant Breast and Oncoplastic Surgeon

Chief of Service, Diagnostics and Clinical Support Services

Dr Sarah Flint
Consultant Obstetrician and Gynaecologist

Chief of Service for Women's, Children's and Sexual Health

Dr Henry Taylor
Consultant Oncologist

Chief of Service for Cancer Services

Dr Laurence Maiden
Consultant Gastroenterologist

Chief of Service for Medicine and Emergency Care

Dr Greg Lawton
Consultant Anaesthetist

Chief of Service for Surgery

Our clinical strategy has been built from the bottom up by our specialities

Emergency medicine

Develop urgent treatment centres (UTCs) at each site.

Become a lead provider for urgent care.

General surgery

Establish a digestive diseases unit (DDU) at TWH.

Cardiology

Centralise cardiology services.

Establish primary percutaneous coronary intervention (PPCI) provision at MH.

Stroke

Establish a hyper acute stroke unit (HASU) at MH.

Women's services

Develop urogynaecology service.

Create a midwifery-led unit at TWH.

Cancer

Set up networked models of radiotherapy and staffing provision across Kent.

Develop satellite locations.

Urology

Repatriate total nephrectomies.

Explore locating urological cancer surgery at MH.

Ophthalmology

Develop new roles and ways of working to deal with increasing demand.

Imaging

Establish a rapid diagnostic centre.

Upskill our staff and utilise new roles and technologies (e.g. artificial intelligence (AI)).

Children's services

Provide additional tertiary services.

Become a level two provider of oncology services.

Emergency medicine

Our vision

To provide and deliver outstanding care for emergency and medical patients, in an innovative, sustainable, consistent and equitable manner through our professional and caring staff. Manage the growth in demand for emergency services in an efficient and sustainable way.

Our five year plan

2019-20

Open two UTCs.

2020-21

Increase the same day emergency care (SDEC) services to 14-15 hours seven days per week.

2021-22

Support the Trust's development of specialist centres at each hospital site.

2022-23

Develop the range of services to assist with streaming our patients from our urgent and emergency front doors.

2023-24

Develop as a collaborative lead provider for integrated urgent care arrangements in our locality.

What our team think of the plans

"The environment in which we provide services is changing rapidly. We need to ensure that we are not only resilient but continue to be highly successful."

Sally Foy, Divisional Director of Nursing and Quality

The people that have approved this plan

Dr Laurence Maiden
Chief of Service and
Consultant Gastroenterologist

Sally Foy
Divisional Director of
Nursing and Quality

Claire Cheshire
Divisional Director of Operations,
Medicine and Emergency Care

Dr James MacDonald
Consultant and Clinical Director
for Emergency Medicine

Our current service

We have an emergency department (ED) at MH and an ED and trauma unit at TWH. MTW is committed to working closely with community providers to reduce attendances by treating patients at home. We still have more we need to do, but we're building on the good actions we've already taken that are delivering results and have implemented a robust plan to improve our performance and patient experience.

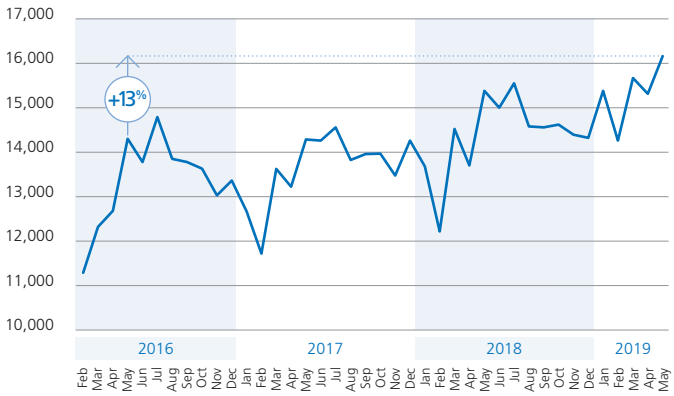
Strengths of the current service

- Introduced streaming criteria directly to ambulatory emergency care (AEC) to facilitate a timely clinical review.
- Increased GP hours within ED in 2018-19.

Weaknesses of the current service

- There has been a need for improvement in the consistent recognition and rapid treatment of sepsis in our emergency and inpatient departments.
- Four hour waits and ambulance handovers standards under significant pressure.

ED attendances by month



The changes we want to make

1

Continue delivering excellent urgent and emergency care services and increase the proportion of need delivered through SDEC.

Increase the SDEC services to 14-15 hours seven days per week. Enable referral by:

- Triage in emergency department.
- Direct referral from GPs.
- Direct transfer from ambulance.
- Direct referral from NHS111.

2

Support the Trust's development of specialist centres at each hospital site.

Support stroke and other regional reconfigurations.

Develop urgent and emergency solutions to transport patients to the most appropriate hospital site for their ongoing care.

Develop consultant connect to assist the ambulance service to transport patients to the most appropriate site for their care.

3

Develop UTCs at each hospital site.

Develop UTCs at each hospital site by autumn 2020. The UTCs will lead to reduced attendance at the main ED enabling the concentration of resource on the correct level of care and treatment for majors and resuscitation.

Develop integration with urgent care services in our locality.

4

Develop as a collaborative lead provider for integrated urgent care arrangements in our locality.

Develop the range of services to assist with streaming our patients from our urgent and emergency front doors.

Develop improved integration with mental health, social care and community health services and a range of admission avoidance services.

General surgery

Our vision

Our vision for general surgery is to provide an exceptional level of care to the people of west Kent.

We want to make sure that we work side-by-side with our non-surgical colleagues to provide truly seamless joined up care, both in and out of the hospital, whilst leveraging the very best of cutting edge technologies and new techniques for our patients.

Our five year plan

2019 -20

Move complex inpatient elective surgery to TWH to establish a DDU.

2020-21

Co-locate general surgery with gastroenterology at TWH to further develop the DDU.

2021-22

Become a centre of excellence for training.

Grow the pelvic floor service to become a referral unit.

2022-23

With urologists and gynaeoncologists establish robotic surgery at MTW.

2023-24

Establish a full pelvic floor service in conjunction with urologists and gynaecologists.

What our team think of the plans

"We are all really excited about the prospect of a digestive diseases unit at Tunbridge Wells Hospital. It will allow us to provide the best possible care for our patients."

Sally Batley, Matron

The people that have approved this plan

Dr Greg Lawton
Chief of Service and Consultant Anaesthetist

Sharon Page
Divisional Director of Nursing and Quality

Sarah Davies
Divisional Director of Operations

Mr Danny Lawes
Clinical Director and Consultant Surgeon

Our current service

There are 80,000 patient visits to MTW's surgery service per year. Patients can access outpatient consultation, day case admission and endoscopy at both hospital sites. Emergency admissions are at TWH, the complex elective inpatient admissions centre is at MH. Maidstone is the hub for west Kent for pre-planned complex and cancer surgery, including breast surgery.

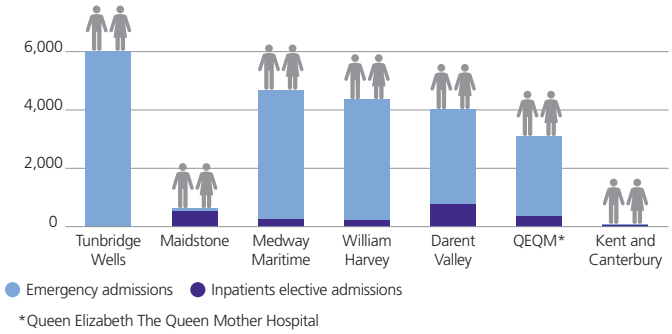
Strengths of the current service

- Statistically better than expected, case mix adjusted, mortality rates and length of stay.

Weaknesses of the current service

- The busiest emergency surgical unit in Kent with a consultant workforce split across both sites.
- Gaps in the continuity of care, leading to delays and patient transfer.
- Difficult to recruit specialist staff leading to high expenditure on locum cover.
- Fragmentation of junior doctor training.
- Difficulty meeting seven day standards.

Surgical patients admitted per year



*Queen Elizabeth The Queen Mother Hospital

The changes we want to make

1

Complex elective inpatient surgical admissions to be admitted to TWH in the future.

This will include patients for colorectal, upper gastrointestinal (GI) hepatobiliary and complex hernia repair surgery.

This will build a stronger consolidated consultant presence with benefits to the continuity of care for surgical patient.

2

A stronger consolidated surgical nursing team with links across the surgical patient pathway, including when patients require high dependency care.

Improved post operative care for the surgical patient.

Improved pathway for patients with gall bladder disease.

Improved surgical teaching and training experience.

3

Improvements for the surgical day case and 23 hour service at MH.

The surgical inpatient space vacated by the complex surgery service can provide 23 hour beds and capacity for prime provider activity for the Trust. This will be used to make improvements to the surgical short stay and day case service.

4

Collaborate with the gastroenterology team to form a DDU at TWH.

Surgeons and physicians will work together to provide in house multidisciplinary care for all patients with digestive diseases. This enables the highly skilled and experienced team to provide high quality care for the local population.

DDUs provide a multidisciplinary approach to conditions requiring colorectal surgery, gallstones, hepatology, inflammatory bowel disease (IBD), lower GI (medical), oncology with established diagnosis and upper GI conditions including dyspepsi.

Cardiology

Our vision

Our vision for cardiology is to provide the very best care available, strengthening the service with the expectation that cardiology services in Kent will be consolidated and position the Trust to be the second Kent PPPCI centre.

We want to work together and develop our team to deliver excellent, innovative seven day services that meet the national standards and the complex needs of our patients.

Our five year plan

2019-20

Agreed strategic direction for a sustainable service and proactive vision for Kent PPCI services.

2020-21

Consult on service consolidation and plan details of the reconfiguration.

Develop direction for PPCI services in Kent.

2021-22

Build a new cardiac catheter laboratory (cath lab) and expand the coronary care unit (CCU) at MH.

2022-23

Centralise complex cardiology services at MH supporting seven day service provision.

2023-24

Heart attack patients in Kent have faster, safer access to PPCI treatment at MH and the William Harvey Hospital (WHH) in Ashford.

What our team think of the plans

"These changes will enhance patient care and provide staff with increased opportunities for development."

Audrey Timbers, Cardiac Nurse Specialist

The people that have approved this plan

Dr Laurence Maiden
Chief of Service and
Consultant Gastroenterologist

Sally Foy
Divisional Director
of Nursing and Quality

Claire Cheshire
Divisional Director of Operations,
Medicine and Emergency Care

Dr Laurence Nunn
Consultant Cardiologist
and Electrophysiologist,
Clinical Lead for Cardiology, MTW

Our current service

Cardiology at MTW is currently provided at MH and TWH:

- A cardiac cath lab at both MH and TWH.
- A CCU at each hospital (six beds at TWH, six at MH).
- Patients admitted at both sites. If they require an angioplasty intervention they may be transferred to TWH. If they require a electrophysiological intervention they may be transferred to MH.

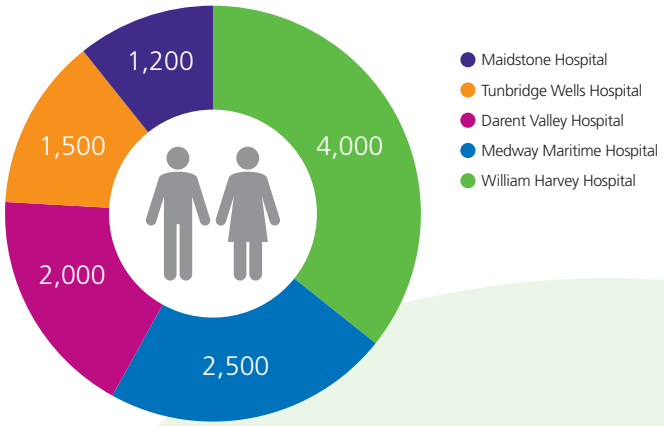
Strengths of the current service

- The same care is provided at both sites to patients.

Weaknesses of the current service

- We have two small units compared to neighbouring hospitals.
- We do not meet minimum procedure volume on coronary angioplasty.
- Delays for transfers for patients.
- Difficult to recruit and retain staff.
- Cannot meet seven day standards.

Patients admitted per year



The changes we want to make

1

Cardiology patients will, by default, be admitted to MH.

Many elements of the out-of-hours cardiac service, such as complete heart block, ventricular tachycardia and other tachyarrhythmia that require urgent or emergency specialist attention, can be competently identified by ambulance crews, who will ensure that the patient is taken directly to MH. Patients with ST-elevation myocardial infarction (STEMI) are already identified by crews and taken to WHH.

2

The service at MH will be supported by an expanded CCU.

Currently, the CCU at TWH has eight beds and the CCU at MH has six beds. We will provide high dependency cardiac care at MH. This will dovetail with the Trust's other strategic developments, taking up excess capacity from the reduced high dependency unit (HDU) requirement at MH for colorectal and upper GI surgery.

3

Two cardiac cath labs at MH with all elective and urgent admissions for cath lab procedures directed to the units.

Currently, 1,700 patients per year (approx 30 per week) have a procedure at TWH's cath lab. By incorporating the two units together, the units at MH are projected to see 3,000 patients per year (approx 60 patients per week). Combined units will make the best use of valuable specialist staff and equipment.

4

The cardiology service supporting TWH.

Many patients presenting in ED and admitted to wards at TWH will have cardiac conditions, either as their primary diagnosis, or in addition to other conditions.

Consultant cardiologists will plan a rota to provide cover for TWH including ward rounds at the site. The rota will use a combination of consultant and staff grades. Where necessary patients will be taken over by the cardiology team and directed to the MH service.

Stroke

Our vision

Our vision is that stroke services for patients across the whole of Kent and Medway will meet the latest national standards and best practice recommendations.

This means improving prevention, urgent care during a stroke, and rehabilitation of those at risk or who suffer a stroke.

Our five year plan

2019-20

Regional review concludes the way forward for acute stroke for Kent and Medway.

2020-21

A new acute assessment unit (AAU) at MH.

HASU opens at MH.

2021-22

Developing the prevention and rehabilitation models.

2022-23

Development of mechanical thrombectomy in Kent.

2023-24

Provide a fully integrated, end-to-end stroke service.

What our team think of the plans

"We are determined to provide the highest quality stroke services for our patients."

Eleanor Doherty, Senior Physiotherapist
Catherine Mandri, Senior Neuro Physiotherapist
Jodie Holland, Occupational Therapist for Stroke

The people that have approved this plan

Dr Laurence Maiden
Chief of Service and
Consultant Gastroenterologist

Sally Foy
Divisional Director
of Nursing and Quality

Claire Cheshire
Divisional Director of Operations,
Medicine and Emergency Care

Dr Chris Thom
Consultant Physician, Clinical Lead
for Stroke and Clinical Director for
Acute and Geriatric Medicine

Our current service

Currently, MTW runs one of the five acute stroke units in Kent and Medway.

The Kent and Medway Sustainability and Transformation Partnership (STP) has undertaken a review of urgent stroke services. Following a public consultation the Joint Committee of Clinical Commissioning Groups agreed to reduce the number of stroke units for Kent and Medway, from six to three. These will be located at DVH, MH and WHH. The HASU at MH has a planned go live date of early 2023.

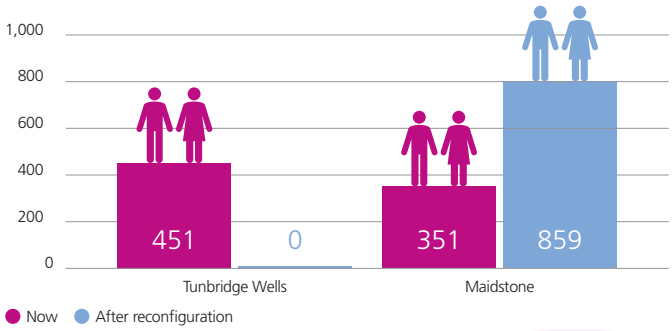
Strengths of the current service

- MTW's stoke unit team have achieved the best scoring Sentinel Stroke National Audit Programme (SSNAP) results in Kent and Medway – 'A' rating. The rest of the units in Kent have 'D' ratings (Jan to Mar 2019).

Weaknesses of the current service

- MTW service is challenged by the requirement for one team at MH to provide HASU services for a larger geographical catchment area across west Kent and Medway.
- Challenged to achieve the best practice tariff requirements, particularly the requirement to spend most of their stay on the stroke unit (90%).

Patients admitted per year



The changes we want to make

1

Develop AAU and Chaucer Ward into a new stroke unit, combining HASU and ASU.

Rehabilitation facilities, including a physio gym, to remain in existing location.

Develop a new AAU. All inpatient stroke service provision centralised at MH. This will be part of a Kent and Medway network of three HASU/ASUs which will work together to meet staffing requirements.

2

Implement the HASU clinical benefits.

The HASU will have continuous access to a consultant with expertise in stroke medicine, with consultant review seven days a week. Scans will be staged according to clinical priority with stroke a prioritised service for scanning. Stroke nurses will be trained to request scans to eliminate any delays.

The CT angiography (CTA) service will be provided by a stroke consultant in the first instance followed by a radiology report the next working day.

3

Maximise staffing across the network.

The new HASU/ASU unit at MH will be one of three operating as part of the Kent and Medway stroke network. They will work together to maximise staffing across the network, supported through shared Kent and Medway recruitment activities, deployment of staffing across units to meet needs through transparent and flexible rostering and shared decision making enabled through Kent and Medway electronic rostering, staff rotations and flexible contractual arrangements. This will allow MTW to meet its workforce requirements on an ongoing basis.

4

Improve stroke rehabilitation.

The HASU/ASU will be fully integrated at MH with the new Kent and Medway stroke rehabilitation pathways once the rehabilitation service is implemented. However, provision must be made at MH for inpatient rehabilitation services to continue until then.

Women's services

Our vision

To integrate our services, promoting collaborative service provision, by working with patients to promote patient-centred care.

Develop our quality and safety services, aiming for excellence at all times, based on a culture of shared learning from incidents and feedback. Invest in our staff to make women's services a great place to work. Continue to develop our specialist services.

Our five year plan

2019-20

Develop the primary and community partnership offer.

Increase day case and outpatient procedures volumes.

2020-21

Embed our learning culture programme.

Deliver the 10 key elements of the Better Births plan.

2021-22

Offer an enhanced urogynaecology service.

Develop community hubs and midwifery-led unit.

2022-23

Integrate services at community hubs.

Create a dedicated midwifery-led unit at TWH.

2023-24

Retain British Society of Gastroenterology (BSG) accreditation status.

What our team think of the plans

"We are dedicated to promoting quality healthcare and wellbeing of women and girls across our community."

Louise Swaminathan, Research Midwife

The people that have approved this plan

Dr Sarah Flint
Chief of Service and Consultant Obstetrician and Gynaecologist

Sarah Blanchard Stow
Head of Midwifery and Quality

Kym Sullivan
Divisional Director of Operations

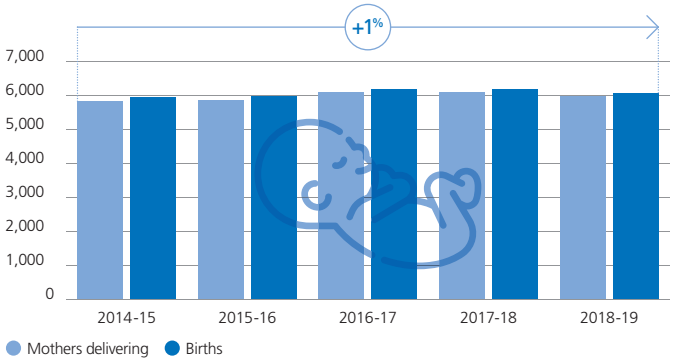
Ms Wunmi Ogunnoiki
Clinical Director and Consultant Obstetrician and Gynaecologist

Our current service

At MTW we provide both maternity and gynaecology services. We provide the highest and safest standards of care for mothers and babies. Our maternity services were rated the best in the country following a review by NHS England in 2016.

The department of gynaecology provides a complete range of care for medical conditions specific to women. General gynaecological outpatient clinics are held at both hospitals. In addition, specialist outpatient clinics are held in the following areas: pelvic pain, menopause, hormone replacement therapy and implant clinics, abnormal bleeding clinics and infertility clinics.

Births and deliveries per year



Strengths of the current service

- Recognized as national best choice for place of birth.
- Strong international research and training collaboration.
- Multispeciality and multidisciplinary team (MDT) working.
- High quality obstetrics and gynaecology ultrasound service.
- BSG accredited endometriosis service.

Weaknesses of the current service

- Don't maximize the opportunities to engage with patients or act upon their feedback.
- Some patient pathways are fragmented, especially the acute and community interface.

The changes we want to make

1

Deliver all 10 key elements of the Better Births plan as outlined in the NHS Long Term Plan.

Encourage more out of hospital deliveries.

Introduce rotational roles for sonographers.

Facilitate rooming-in for parents with babies on the neonatal unit.

2

Enhance our clinical expertise and further develop our service offer. Expand and develop our urogynaecology service.

Expand and develop our urogynae service.

Ensure retention of BSG accreditation status for endometriosis services.

Accelerate innovation and quality through expanding our research and quality improvements (QI).

Develop a learning culture around reporting and mistakes.

3

Ensure patients are treated in the right place at the right time by maximising the opportunities to transfer activities into day case and outpatient settings.

Develop the community day case offer.

Leverage technological advancements such as the MyoSure tissue removal procedure.

Integrate services at community hubs. Create a dedicated midwifery-led unit at TWH.

4

Develop the community gynaecology service as a primary and secondary care partnership.

Integrate gynaecology and sexual health services where clinically appropriate.

Remote monitoring for expectant mothers with hypertension, avoiding the need to come to hospital or community sites and replacing it with remote at home monitoring.

Cancer

Our vision

To provide seamless, fast and effective care to the people of Kent.

We are dedicated to working with our partners in Kent and Medway, and beyond, to ensure the population we serve get world class care within their own county. We constantly look to improve our services by taking advantage of closer working relationships with other NHS and third sector organisations.

Our five year plan

2019-20

Match our workforce capacity to the increases in demand we have experienced.

2020-21

Improve the acute oncology provision at each of our acute hospital sites.

2021-22

Improve our radiotherapy provision by upgrading our east Kent provision.

2022-23

Set up networked models for providing care across Kent.

2023-24

Establish an integrated rapid diagnostic centre in conjunction with imaging services.

What our team think of the plans

"Our medical physics team is dedicated to providing world class cancer care."

Stephen Duck, Director of Medical Physics

The people that have approved this plan

Dr Henry Taylor
Chief of Service and Consultant Oncologist

Charlotte Wadey
Divisional Director of Nursing and Quality

Katherine Goodwin
Divisional Director of Operations

Dr Justin Waters
Consultant Medical Oncologist, Clinical Director for Oncology

Our current service

MTW's Kent Oncology Centre provides oncology services to Kent, Medway and east Sussex. We provide outpatient clinics at both of the Trust's hospitals, as well as: Conquest Hospital (CH), Darent Valley Hospital (DVH), Kent and Canterbury Hospital (KCH), Medway Maritime Hospital (MMH), Queen Elizabeth The Queen Mother Hospital (QEQM) and William Harvey Hospital (WHH).

The Kent Oncology Centre provides a full range of chemotherapy and supportive treatments at MTW's hospitals and radiotherapy services at MH and KCH.

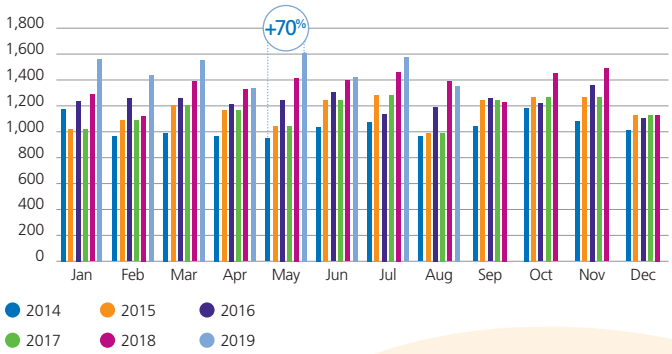
Brachytherapy is provided at MH for gynaecological and prostate cancers.

An 18-bedded inpatient haemato-oncology ward provides inpatient treatments for haematological cancers.

Strengths of the current service

- Wide range of services provided across Kent.
- Expert clinicians in multiple parts of the county.
- Achieving the national standard for cancer.
- Good working relationships already in place with third sector organisations.

Suspected cancer referrals



Weaknesses of the current service

- Ageing equipment – especially for radiotherapy provision in some parts of the county.
- Iniquities in access to some types of care in different parts of the county.
- Increases in demand and problems with recruitment necessitate a new approach to workforce.

The changes we want to make

1

Improve our ability to meet the demands of patients by matching diagnostic and treatment capacity with demand.

Develop integrated supportive care services for patients with cancer, working with partners to wrap services around them, preventing or treating the side effects of treatment and psychological, social, and spiritual problems related to it.

Support our patients who are living with and beyond cancer to prepare for, manage and mitigate the late effects of the disease and their treatment. We will develop a structured, patient-centred, multidisciplinary approach that is delivered away from our acute oncology clinics.

2

Ensure improved and equal access to our cancer services.

Use regional public health data to measure the impact of our cancer services, to help us to improve equitable access and to make informed decisions that improve services.

Maximise use of current provision and upgrading current stock through the commissioning of radiotherapy networks.

Continue to replace our existing radiotherapy provision with state-of-the art equipment, including new facilities in east Kent.

Establish satellite units for radiotherapy provision so that we can treat patients closer to home.

3

Set up networked models for oncology services across Kent.

Given the increasing demand that we have seen over the past few years, and the difficulties in recruiting certain types of consultant staff, we need to establish networked models to meet the demand of the future.

Establish two teenage and young adult cancer networks within the south east and participate in the development of a third network covering integrated pathways with London.

4

Establish a rapid diagnostic centre to ensure we better serve our population across Kent.

We want to ensure that we have the right people and equipment not just to diagnose people but to diagnose them faster so that they can start treatment earlier.

Provide a fully integrated acute oncology service (AOS) at both of our hospital sites to improve the management of patients who present as emergency or develop severe complications following chemotherapy, or as a consequence of their cancer.

Urology

Our vision

The urology team are dedicated to providing high quality care which is safe, personal and effective.

Urology was the first branch of surgery to use endoscopic and keyhole techniques. We continue to advance our practice and standards and reduce variability in patient outcomes. We will attract, educate and support a high quality, patient focussed, urology team.

Our five year plan

2019 -20	2020-21	2021-22	2022-23	2023-24
Improve cancer performance. Complete plans for repatriation of nephrectomy and nephrouretectomy.	Repatriate nephrectomy and nephrouretectomy.	Develop infrastructure and support services for staged return of cancer urology surgery to MH.	Explore MH becoming a urology cancer surgery centre for Kent. Deploy robotic assisted surgery.	Vertically integrated cancer centre to deliver diagnosis, surgery, radiotherapy and chemotherapy from a single hub at MH.

What our team think of the plans

"To improve patient care we need to co-locate complex benign and cancer surgical services. We want to create a vertically integrated cancer centre to deliver diagnosis, surgery, radiotherapy and chemotherapy from a single hub at Maidstone Hospital."

Mr Alastair Henderson, Consultant Urologist

The people that have approved this plan

Dr Greg Lawton
Chief of Service and Consultant Anaesthetist

Sharon Page
Divisional Director of Nursing and Quality

Sarah Davies
Divisional Director of Operations

Mr Mark Cynk
Clinical Lead and Consultant Urologist

Our current service

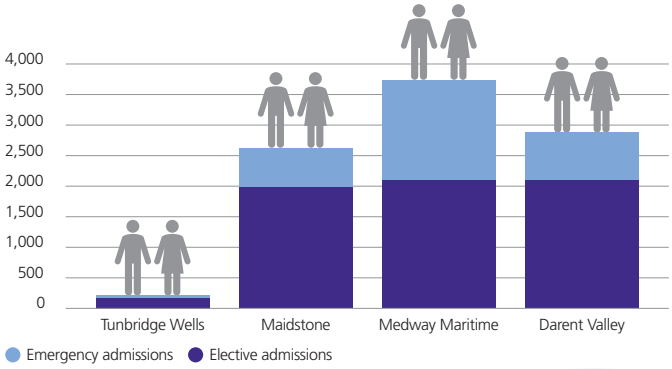
MTW runs outpatient and diagnostic urology services from both hospital sites with admitted patient services concentrated at MH.

MTW is the regional oncology centre. Specialist urology services provided by the Trust include brachytherapy and complex procedures for benign prostatic hypertrophy including laser prostatectomy.

There is a urology investigation unit and day case services on both hospital sites.

The cancer urology specialist surgery and MDT for west Kent is based at Medway.

Surgical patients admitted per year



Strengths of the current service

- Strong reputation with good recruitment.
- Seven consultant urologists with four cancer surgeons.
- Cancer centre on site.

Weaknesses of the current service

- Lack of integration and continuity for patient care arising from cancer urological surgery at MMH.
- Disruption to consultants' work plan from split site working with MMH.
- Four small and aging main operating theatres at MH.
- Vascular support split across the Trust.

The changes we want to make

1

Phase 1: Repatriate local demand for nephrectomy and nephrouretectomy from MMH to MH.

These procedures do not need to be performed in the regional specialist surgery centre.

The projections is that MTW would have 61 total nephrectomy and six nephrouretectomy per year.

This requires an extra 34 all day theatre sessions per year.

2

Phase 2: Explore MH becoming the specialist urological cancer centre MDT for west Kent, co-locating the urology cancer surgery with the cancer centre at MH.

In addition to the additional activity in phase one, this development would bring to the Trust 230 complex urological cancer cases per year, which would require a significant level of additional theatre capacity, approaching three all day sessions/week if it was pursued.

3

Enhance interventional imaging capacity.

24/7 interventional uro-radiology facilities are required for the complex cancer surgery centre work.

Develop improved vascular cover.

The provider of vascular support is split across the Trust. TWH is covered by Guy's and St Thomas' (GSTT) under the SE thames vascular network. Maidstone is currently covered predominantly from Canterbury.

4

Develop robotic assisted surgery.

With robotic assistance surgeons can perform complex tasks that would otherwise have exceeded their abilities with conventional laparoscopy and would be associated with an increased morbidity if performed by laparotomy.

Ophthalmology

Our vision

‘It takes vision to see beyond tomorrow...’

Procuring modern dedicated ophthalmic electronic patient record (EPR) systems and enhancing the roles of paramedical staff, will be crucial in our response to increasing demand. This will enable us to decentralise elements of care that can be safely managed out of, but supported by the hospital eye service.

We will develop our ability to provide an efficient high volume surgical service and continue to develop our leading role in the region with subspeciality expertise.

Our five year plan

2019-20

Complete the training of and deploy clinical nurse specialists.

Review of equipment replacement programme.

2020-21

New EPR system for ophthalmology goes live.

Work with partners to decentralise follow up and review.

2021-22

More virtual clinics enable staff to work at the top of their licence supported by diagnostics and IT.

2022-23

New solutions for emergency and urgent care.

Promotion of one stop patient orientated services.

2023-24

Take up and lead for the region new subspecialty ophthalmic treatments.

What our team think of the plans

“The developing strategy for our ophthalmic services is very useful and exciting.”

Mr Luke Membrey, Clinical Director and Consultant Ophthalmic Surgeon

The people that have approved this plan

Dr Greg Lawton
Chief of Service and Consultant Anaethetist

Sharon Page
Divisional Director of Nursing and Quality

Sarah Davies
Divisional Director of Operations

Mr Luke Membrey
Clinical Director and Consultant Ophthalmic Surgeon

Our current service

The department of ophthalmology at the eye ear and mouth unit (EEMU) at MH is the largest specialised eye unit in the south east of England, serving a total population of 1 million. The service has 16 consultant ophthalmic surgeons each specialising in a particular branch of ophthalmology. Together with a full range of health care professionals the team ensures that there is treatment available for all eye conditions locally.

The ophthalmology service provided over125,000 outpatient consultations last year, more than any other department at MTW.

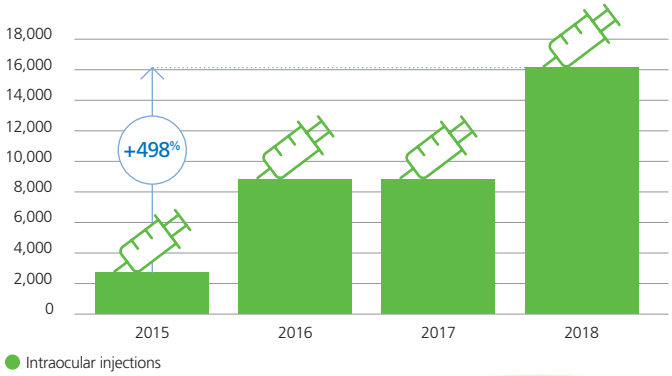
Strengths of the current service

- MTW ophthalmology is a major training unit for postgraduate speciality trainees.

Weaknesses of the current service

- Ophthalmology services nationally are challenged by increasing demand from chronic eye disease requiring long term follow up and regular treatment procedures (e.g. for intraocular injections).
- Follow up in clinically indicated time difficult.
- A lack of an ophthalmic electronic patient record.
- Space constraints for service development.

Intraocular injections by year



The changes we want to make

1

Ensure that we develop the right capacity to deal with the growth in demand for our services.

Audit outpatient clinics in order to assist in creating a map of chronic condition pathway.

Integrate an ophthalmic EPR sytem across the hospital and the community service to enable seamless care in and out of the hospital.

2

Use new approaches to increase our capacity.

Continue to develop virtual clinics to benefit patients, especially those with diabetes, glaucoma and age related macular degeneration.

Maximise one stop clinics to reduce unnecessary repeat visits for patients.

Improve the cataract operating list productivity.

For patients with medical retinal conditions develop non-ophthalmologist injectors.

3

Develop new roles and team members to effectively deliver care devolve.

Devolve non-consultant dependant tasks to health care professionals (HCPs).

Develop a range of HCPs to work at the top of their licence in support of the service, including optometrists and nurse specialists using a comprehensive suite of high quality equipment.

Maximise the effectiveness of a community ophthalmic team (COT).

4

Develop our urgent and out of hospital services.

Develop the ophthalmic urgent care service.

Work with partners to develop a plan for an out of hospital care centre to deal with high volume routine assessment and procedures.

Imaging

Our vision

We deliver over 250,000 patient contacts each year.

However, we are unable to offer comprehensive services due to a lack of capacity and ageing equipment. Our vision is to provide high quality imaging and interventional services which are safe, personal and effective.

As national leaders in radiography lead reporting, we aim to expand the scope of practice for radiographers, enabling our radiologists to focus on the most complex activities. We will remove the requirement for routine outsourcing through workforce, estate and equipment transformation programmes.

We will develop our ability to provide an efficient high volume surgical service and continue to develop our leading role in the region with subspeciality expertise.

Our five year plan

2019-20

Agree the approach to sustainable investment in radiology equipment.

Invest in AI.

2020-21

Reduce radiology outsourcing by securing a new MRI scanner and implementing workforce transformation.

2021-22

Develop an elective imaging centre.

2022-23

Fully remove routine outsourcing.

Complete workforce transformation.

2023-24

Replace all required radiology equipment.

What our team think of the plans

"We have an exciting opportunity to secure sustainable radiology services."

Ceri Davies, Lead Superintendent Radiographer

The people that have approved this plan

Mrs Claire Chalmers
Consultant Breast and Oncoplastic Surgeon
Chief of Service, Diagnostics and Clinical Support Services

Neil Bedford
Divisional Director of Operations

Dr Antony Gough-Palmer
Clinical Director and Consultant Radiologist

Our current service

We provide acute and elective diagnostic and interventional radiology services at both acute hospital sites. We have CT, MRI, ultrasound, x-ray and nuclear medicines services on both sites. At TWH we also provide a dual energy x-ray absorptiometry (DEXA) service, and at MH there is a positron emission tomography and computed tomography (PET-CT) scans service. Radiology is pivotal in a significant number of patient journeys such as cancer pathways. We also provide a comprehensive GP direct access service.

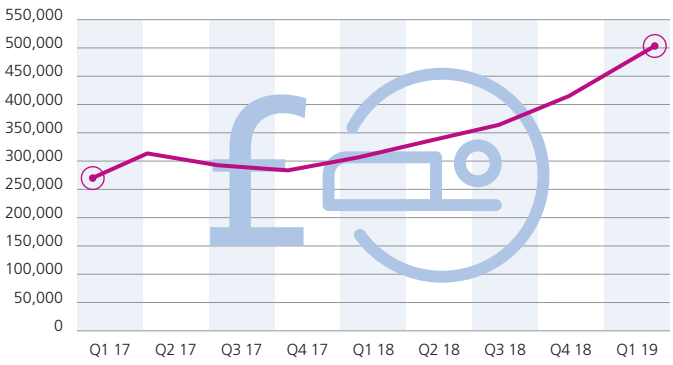
Strengths of the current service

- National leader in radiographer lead reporting.
- Our interventional service is world renowned for palliative care procedures.

Weaknesses of the current service

- We struggle to replace and procure new equipment.
- The demand on services means we do not have a sustainable workforce model.
- We are reliant on significant outsourcing for MRI scanning and reporting of CT and MRI.
- Supporting cancer performance is a key challenge for radiology services to deliver.

MRI outsourcing costs (£)



The changes we want to make

1

Optimise and upskill the radiology workforce.

Expanding the career development opportunities for radiographers and non-medical staff.

Improving recruitment and retention.

Releasing medical time to deliver the most complex activities.

2

Develop a sustainable equipment replacement and procurement approach.

Enabling the Trust to be at the forefront of medical equipment advances in technology.

Mitigate risks associated with lack of capital and downtime impact on performance.

3

Create a future proof service offer to:

Support the Trust in meeting the delivery of constitutional standards, and it's education strategy.

Position MTW to take advantage of future radiology opportunities such as service consolidation and sub-specialisation.

4

Establish an elective diagnostic centre.

To meet our ambitions to support cancer and elective care pathways, we will establish an elective unit which will optimise productivity and patient flow.

We will look to streamline patient pathways to maximise every contact with radiology services.

Children's services

Our vision

To be a first class provider of choice of paediatric care for patients in west Kent and further afield.

Putting infants, children, young people and their families at the heart of what we do, with and for them. Ensure care is provided at the right time in the right place.

Our five year plan

2019-20

Working through the West Kent Integrated Care Partnership (WKICP) develop a plan to improve access to paediatric community services.

2020-21

Support delivery of paediatric hospital at home.

Assess opportunity to provide additional tertiary services.

Train additional nurse specialists.

2021-22

Roll out extended nursing roles, improving sustainability.

Complete business cases for additional tertiary services.

2022-23

Become a level two provider of oncology services.

2023-24

Support delivery of additional paediatric orthopaedic services.

What our team think of the plans

"Working with our partners to improve the availability of care in the community will significantly support our vision of putting families at the heart of what we do."

Kym Sullivan, Divisional Director of Operations

The people that have approved this plan

Dr Sarah Flint
Chief of Service and Consultant Obstetrician and Gynaecologist

Sarah Blanchard Stow
Head of Midwifery and Quality

Kym Sullivan
Divisional Director of Operations

Hamudi Kisat
Clinical Lead and Consultant Paediatrician

Our current service

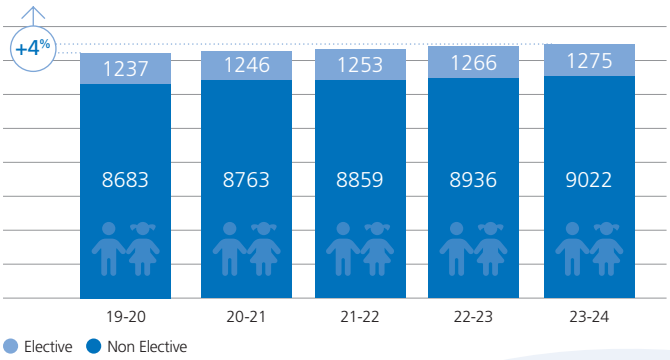
We provide a seven day consultant-led service with a number of specialist services such as diabetes, respiratory and orthopaedics, and a tertiary service for gastroenterology. We also provide a range of day case medical and surgical procedures for a number of conditions. Ambulatory care is available on both of our main hospital sites, as are out patient services, where we also deliver a number of clinics in our local communities.

We provide care for very sick children through our neonatal and high dependency units.

Strengths of the current service

- Rated good in Care Quality Commission (CQC) report, excellent Neonatal Intensive Care Unit (NICU) peer review in 2018.
- Meeting seven day service standards.
- Achieving high dependency unit (HDU) level one standards.
- Compliant facing the future standards 2015.
- No issues in nursing recruitment and retention.

Births and deliveries per year



Weaknesses of the current service

- Difficulty recruiting registrar medical staffing and our junior doctor survey indicates improvements required.
- Children's community team is subscale and there is fragmentation of services.
- No hospital at home so children have to stay in hospital longer than necessary.

The changes we want to make

1

Working with partners to develop the out of hospital service offer.

Creating service models which enable more children to be treated in a community and at home setting reducing the needs for attending hospital and reducing the time they spend in hospital following an admission.

2

Build on the success of our nursing advanced practitioner service to address the challenges in medical workforce.

Enabling a sustainable workforce, improving junior medical workforce conditions and creating additional career development opportunities for nurses and other non-medical professionals.

3

Explore the opportunities to deliver more specialist services locally, reducing the need for children and families to travel to London for care.

Developing an appraisal of our ability to deliver level two oncology and further specialist orthopaedic services in partnership with trauma and orthopaedic services.

4

Improve the way in which young people who are becoming adults and requiring ongoing care are transitioned between services.

Implement the Ready Steady Go model with a key worker or specialist nurse providing continuity of service transition.

Exceptional people, outstanding care

MTW
Exceptional people, outstanding care

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