

# Quality accounts

## 2023-2024



# Contents

## Part one

Chief Executive's statement	4
Our year on a page	6
Our strategy, vision and values	7

## Part two

Quality priorities for improvement	9
Quality improvement priorities 2024/25	10
Patient Safety & Clinical Effectiveness	11
Patient Access	13
Systems & Partnerships	14
People	15
Patient Experience	16
Sustainability	18
Statements relating to the quality of NHS services	19
Reviewing standards	20
External auditors	21
Internal reviews	21
Clinical Audit	22
Research and Innovations	24
Goals agreed with commissioners	26
Statements from the CQC	27
Improving data quality	29
Clinical Coding	30

## Part three

Results and achievements against the 2023/24 quality priorities	32
Patient safety	33
Improving patient experience	35
Clinical effectiveness	37
Further review of quality performance	39
Emergency Department (ED)	40
Cancer waiting time targets	40
Other operational quality performance standards	41
Patient First Improvement System	42
Green QIPs (quality improvement projects) carried out by MTW staff	44
Complaints	45
Patient experience surveys	46
Improving our workplace culture	48
The results from the 2023 NHS Staff Survey	49
Freedom To Speak Up (FTSU)	52
Medical rota gaps	54
Learning from deaths (mortality reviews)	56
National indicators	58
Awards	60
New developments	62

## Part four

Appendix A National Clinical Audits	64
Appendix B Patient Pledge	68
Appendix C Glossary	69

## Part five

Feedback from our patients	72
Feedback from the Kent and Medway Integrated Care Board	75
Feedback from Healthwatch Kent	76
Feedback from Kent County Council	77
Statement of Directors' responsibilities in respect of the Quality Accounts	78



# Part one



# Chief Executive's statement



2023/24 has been another very challenging, but successful year for Maidstone and Tunbridge Wells NHS Trust (MTW) as our teams work together to deliver the highest levels of care. The last 12 months have seen us focus on a number of key priorities including developing services to support patients in our local communities and across Kent and Medway, continuing to recover our pre-COVID performance levels, supporting the health and wellbeing of our staff – all while managing periods of industrial action.

Thanks to the hard work of colleagues across the organisation we are one of the best performing acute hospital trusts in the country against a backdrop of record-breaking attendances at our Emergency Departments (ED) and a large increase in cancer referrals.

We are one of the few trusts in the country to have no long waiting patients (those waiting more than 52 weeks), reducing this from almost 1,000 to zero in less than a year. We are regularly in the top five trusts in the country for ED performance and have delivered the 62-day cancer standard each month for more than four-years running.

While ensuring our patients receive some of the quickest access to care in the country we have also delivered a number of major infrastructure projects, developed services and grown our workforce over the last year. This has included:

- The West Kent Community Diagnostic Centre (CDC) was formally opened in 2024 by the Secretary of State for Health and Social Care, Victoria Atkins. The CDC provides a broad range of elective diagnostics away from our main hospital sites.
- The Trust acquired the Spire Tunbridge Wells Hospital in March 2024, a purchase which enables us to develop clinical services in a number of areas and provide additional NHS capacity across Kent and Medway.
- In May 2024 the new Stroke Unit at Maidstone Hospital was formally opened. The unit, which contains a 14 bed Hyper Acute Stroke Unit and a 25 bed Acute Stroke Unit, enables the Trust to care for more than 1,000 patients a year, a 30% increase since 2019.
- Work on the Kent and Medway Orthopaedic Centre at Maidstone Hospital will complete in the summer, bringing three state of the art operating theatres and 24 dedicated surgical beds, and providing additional capacity for patients across Kent and Medway.
- Construction work is nearing completion on the new academic building for medical students at Tunbridge Wells Hospital. The six-storey building will provide teaching facilities and accommodation for 145 medical students a year, including trainee doctors from the Kent and Medway Medical School.
- The Trust has continued to develop our successful acute virtual ward service over the last year, caring for more than 750 patients and saving approximately 3,000 acute bed days. Virtual wards enable patients to receive hospital-level care at home safely, helping speed up their recovery and freeing up hospital beds for patients that need them most.
- During 2023/24 we were able to recruit almost 1,500 new colleagues and we achieved our target of reducing the Trust-wide vacancy rate.

We are proud of the progress we have made in performance and services, but we know there is still work to do. In 2023 the Trust was inspected by the Care Quality Commission (CQC) and we were delighted to receive a Good rating for Well-Led, however our End of Life Care service was rated "Requires Improvement" and our maternity service at Tunbridge Wells Hospital was rated "Inadequate". The CQC made a number of recommendations around governance, processes and documentation for both services. The Trust has taken steps to urgently address all of these recommendations, many of which have now been completed.

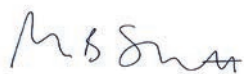
The Trust has also worked hard to respond to the Independent Inquiry into the issues raised by the David Fuller case. The Inquiry's Phase 1 report was published in November last year and contained 15 recommendations for MTW. In February 2024, following the introduction of a robust action plan, the Trust Board was assured all the recommendations had been fully implemented and the response and supporting evidence was signed off by the Kent and Medway Integrated Care Board and submitted to NHS England and the Department of Health and Social Care.

Looking ahead our attention is also on a number of projects which will strengthen our opportunities to work collaboratively with our partners and deliver real benefits to our patients. These include:

- Developing our collaboration with West Kent Health and Care Partnership, in particular the development of Integrated Neighbourhood Teams in primary and community care.
- Continuing to provide system support across Kent and Medway and developing, integrating and maximising services at the Spire facility.
- Completing the development of the CDC which will see a modular build to house static MRI, CT scanning, phlebotomy and outpatients. Once complete, it is predicted the CDC will provide an additional 105,000 scans and tests each year.
- Strengthening specialist inpatient cardiology service at Maidstone Hospital. This will enable us to provide increased capacity for inpatient care and an ambulatory area to support our Same Day Emergency Care services.
- Taking forward our programme of development in clinical operations in partnership with our nationally recognised electronic bed management system.
- Developing our patient portal which was launched in November last year. The system helps service users take control of the management of their outpatient appointments and in the first six months 100,000 patients registered for the portal electronic bed management system.
- Completing the integration of pathology services into a Kent and Medway-wide joint venture.

The Trust has taken a fresh approach this year when developing quality priorities by basing them on our corporate projects and linking them directly to the Trust's six Strategic Themes. A key quality priority is to reduce significant avoidable harm and as part of our work in this area we are pleased to have been registered as an early adopter for Martha's Rule. This will ensure patients, families, carers and staff have round-the-clock access to a rapid review from a separate care team if they are worried about a patient's condition. We look forward to participating in this pilot and the benefits this will bring to patient care. How we communicate with patients is also the focus of a quality priority. Work in this area will be supported by the ongoing development of the Trust's digital patient portal. This enables patients to view outpatient appointment details and letters and access online information and resources about their care from any device.

Achieving our vision of exceptional people providing outstanding care remains our motivation and our key priority and I am confident we will continue to build on the progress we've already made and take this into the years ahead.



Myles Scott  
Chief Executive

## Purpose of the Quality Account

Quality Accounts are reports to the public from providers of NHS healthcare service about the quality and standard of services they provide. Every acute NHS Trust is required by the Government to publish a Quality account annually. They are an important way for trusts to show improvements in the services they deliver to local communities. The quality of services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

# Our year on a page

Delivered  
**59,228**  
radiotherapy treatments



Processed  
**713,251**  
pharmacy prescriptions



Performed  
**25,873**  
surgeries



Carried out  
**78,430**  
CT scans



Logged  
**62,603**  
IT service desk requests



Provided  
**454,883**  
outpatient appointments



Welcomed  
**5,566**  
babies into the world



Logged  
**292,056**  
portering jobs



Cared for  
**963**  
patients in our Intensive Care Units



Answered  
**586,000**  
calls via our switchboard



Recruited  
**1,487**  
new colleagues



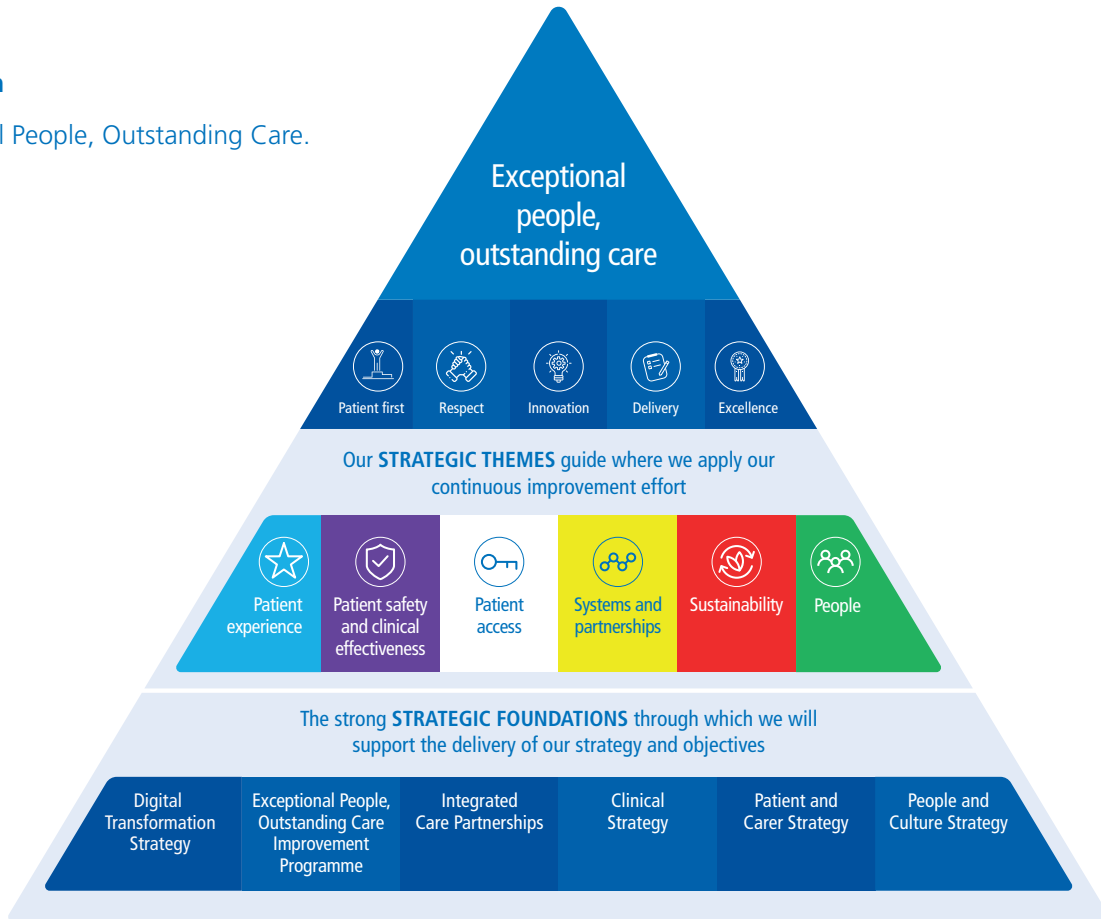
Served  
**720,000**  
patient meals



# Our strategy, vision and values

## Our vision

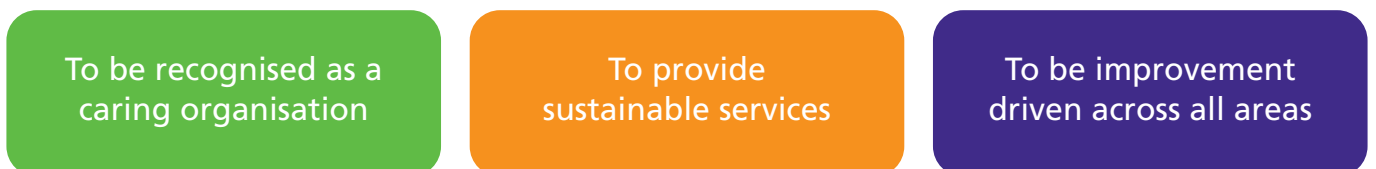
Exceptional People, Outstanding Care.



Our PRIDE values are at the heart of what we do.



We have three objectives



# Part two





# Quality priorities for improvement

Every year the Trust sets quality priorities which represent areas where we would like to see significant improvement over the course of the next year.

These priorities are aligned with the Trust's Six Strategic "Themes", which have been developed by the Executive Team and our clinical leaders to ensure we are delivering outstanding services.

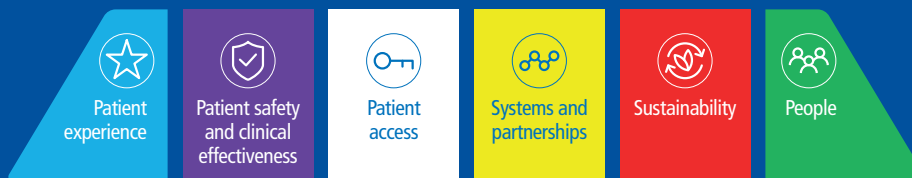
This year, our quality priorities are based on the output of our learning from our internal clinical audit programme, our regular thematic reviews from adverse events and

listening to and reviewing patient feedback. We will also include the Trust's top seven big corporate improvement projects as priorities.

We are confident that Maidstone and Tunbridge Wells NHS Trust's (MTW) commitment to quality improvement means our leaders have the right skills to lead on improvement. This has been achieved by the Trust's "Strategy Deployment for Leaders Programme", where leaders of our departments, directorates and divisions have been supported to lead change and improvement workstreams.



## Strategic themes



**Patient experience:** To meet our ambition of always providing outstanding health care quality we need people to have a positive experience of care and support.

**Patient safety and clinical effectiveness:** Working together to put quality at the heart of all that we do. Achieving outstanding clinical outcomes with no avoidable harm.

**Patient access:** Ensuring all our patients have access to the care they need to ensure they have the best chance of getting a good outcome.

**Systems and partnerships:** Working with partners to provide the right care and support, in the right place, at the right time.

**Sustainability:** Long-term sustainable services providing high quality care through optimising the use of our resources.

**People:** Creating an inclusive, compassionate and high-performing culture where our people can thrive and be their best self at work.

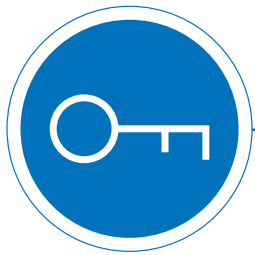
These are the key priorities that we need to focus on, that if we get them right, we will know we are delivering high quality care.

# Quality improvement priorities for 2024/25:



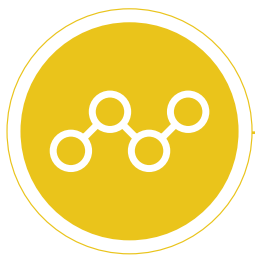
## Patient Safety & Clinical Effectiveness

- Reduce significant avoidable harm
- Embedding and delivering the Patient Safety Incident Response Framework (PSIRF)
- Complete the implementation of the Electronic Prescribing and Medications Administration (EPMA) project
- Implement unified Maternity Improvement project



## Patient Access

- Patient portal - improve how we communicate with our patients
- Achieve all constitutional patient access standards



## Systems & Partnerships

- Reduce the number of delayed inpatient discharges



## People

- Improve our staff retention rates
- Achieve a Trust-wide vacancy rate of 7% or less



## Patient Experience

- Reduce the number of negative communication themed complaints
- Implement a new Quality Assurance Framework
- Improve upon our care of patients with mental health needs attending MTW



## Sustainability

- Reduce our reliance on agency staff

# Patient Safety & Clinical Effectiveness



## Reduce significant avoidable harm

- We will reduce significant avoidable harm to 0.7 per 1000 bed days (for all severe and above harm).
- We will redesign and launch a revised suite of reporting categories to better identify deteriorating patient type incidents by the end of July 2024.

### **What will this mean for our patients?**

Our patients who are starting to deteriorate will be identified sooner and receive treatments that ensure they have the best chance of recovering from their illness.



# Patient Safety & Clinical Effectiveness



## Embedding and delivering PSIRF

- We will roll out PSIRF.
- We will complete a deep dive review at year one of PSIRF and a refresh of the MTW Patient Safety Incident Response Plan (PSIRP) as required.

### **What will this mean for our patients?**

Our patients, their families and carers will have the opportunity to be involved in incident investigations. They will be spoken to compassionately and will be supported to share their observations and concerns.

# Patient Safety & Clinical Effectiveness

---



## Complete the implementation of EPMA Project

The Electronic Prescribing and Medicines Administration (EPMA) Project will ensure that the Trust has a robust system that delivers safe, high quality and cost-effective ways to order prescriptions across MTW (excluding chemotherapy).

Patient Safety is improved whilst cost of delivering care is reduced.

With the implementation of EPMA by March 2025 the following will be managed electronically:

- 85% of all prescribing of drugs by doctors and/or non-medical prescribers.
- 95% stock management of drugs, on ward.
- 85% of dispensing of discharge medications.
- 100% of EDN (electronic discharge notifications) sent to GP.

### **What will this mean for our patients?**

Our patients will be safer and their discharge from our Trust will be smoother and more efficient.

# Patient Safety & Clinical Effectiveness

---



## Implement unified Maternity Improvement Project

- We will implement a unified Maternity Improvement Project to improve upon how we both measure outcome data and our maternity outcomes within our maternity services.
- Our maternity services improvement work will be return the service to an improved Care Quality Commission (CQC) rating by June 2025.

### **What will this mean for our patients?**

Our patients will receive safer care and treatment whilst attending our Trust.

# Patient Access

---



## Patient portal - improve how we communicate with our patients

The Patient portal will allow us to improve patient-provider communication through secure messaging, and increased patient participation in healthcare decisions.

### **What will this mean for our patients?**

Our patients will be better informed about their care and will be more actively involved in planning their care.

# Patient Access

---



## Access to care

- We will ensure that we achieve all constitutional patient access standards.
- We will work to achieve the planned levels of new outpatient activity shown as a percentage of 2019/20.
- We will achieve the Trust referral to treatment (RTT) trajectory by March 2025.

### **What will this mean for our patients?**

Our patients will have shorter waiting times for their outpatient appointments.





## Reduce the number of delayed discharges

- We will work to ensure that no patient resides in an acute hospital bed who needs care that can be provided in another setting.
- We will decrease the number of occupied bed days to 3.5 days (per 1000) for patients identified as no longer fit to reside.
- We will increase the number of patients leaving our hospitals by noon on the day of discharge.

### **What will this mean for our patients?**

Our patients who are ready to be discharged will do so in a timely manner thereby reducing delays for patients waiting to transfer from the Emergency Department (ED) to our wards.



# People

---



## Improve our staff retention rates

Flexible working is a key driver of retention. We will agree, implement and cascade flexible working principles across MTW for clinical and non-clinical staff to better promote benefits of a range of flexible options available to all in line with new NHS England (NHSE) best practice.

We will educate line managers on the benefits, options and how to operationalise flexible and hybrid working in line with NHSE/Timewise best practice without impacting patient care (through job planning/rostering).

- We will increase the number of employees with flexible working patterns recorded on our electronic staff record (ESR).
- We will pilot fit for purpose hybrid working spaces in agreed non-clinical sites.

### **What will this mean for our patients?**

Our patients will benefit from a more consistent approach to their care. With a confident, well-trained and content staff base, patients will see a reduction in patient safety incidents and an overall improvement to their experience as a patient at our Trust.

# People

---



## Achieve a Trust-wide vacancy rate of 7% or less

- We will improve upon the number of substantive employees working within the Trust.
- We will achieve a Trust-wide vacancy level of 7% by the end of the 2025/26 financial year. This would move MTW into one of the top performing NHS trusts in the South East.

### **What will this mean for our patients?**

Our patients will benefit from a more consistent approach to their care. With fewer staffing shortfalls on a day to day basis, the Trust can ensure a reduction in patient safety incidents and an overall improvement to patients' experience at our Trust.

# Patient Experience



## We will reduce the number of negative communication themed complaints

- We will reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients' experience.
- We will reduce the overall number of complaints or concerns each month to a target of 24 by March 2024.
- We will work towards having a zero occurrence of negative communication themed complaints.

### What will this mean for our patients?

Our patients will see an improvement in the way our staff share information with them. This will mean that information is shared consistently and accurately.



# Patient Experience



## Mental health in Acute Care

We will improve upon the support and standard of care offered to patients who have a mental health need within our acute care setting.

By May 2025, we will agree a new governance structure to oversee the quality of care offered to this patient group. We will also define a new set of data sets that will help us to better track the outcomes and this patient group's experience of care. And we will develop and launch a new improvement strategy for this patient group. We will invest in and recruit to a new specialist lead role for mental health.

- We will have fully implemented our new governance structure to oversee the quality of care offered to those in our care with mental health conditions
- We will have embedded our Improvement Project and have an established Mental Health Oversight Group
- We will develop and launch a new Mental Health strategy
- We will commit to investing long term to a lead for mental health role

### What will this mean for our patients?

Our patients who attend our Trust with a mental health need will receive improved support and care. There will be an emphasis on ensuring these patients' experiences and outcomes are used to drive further improvements.





## Quality Assurance Framework

We will implement a new Quality Assurance Framework at Maidstone and Tunbridge Wells NHS Trust that:

- Is embedded in practice.
- Aligns to the new CQC inspection model.
- Measures MTW's performance against the quality statements.

By July 2024 we will have:

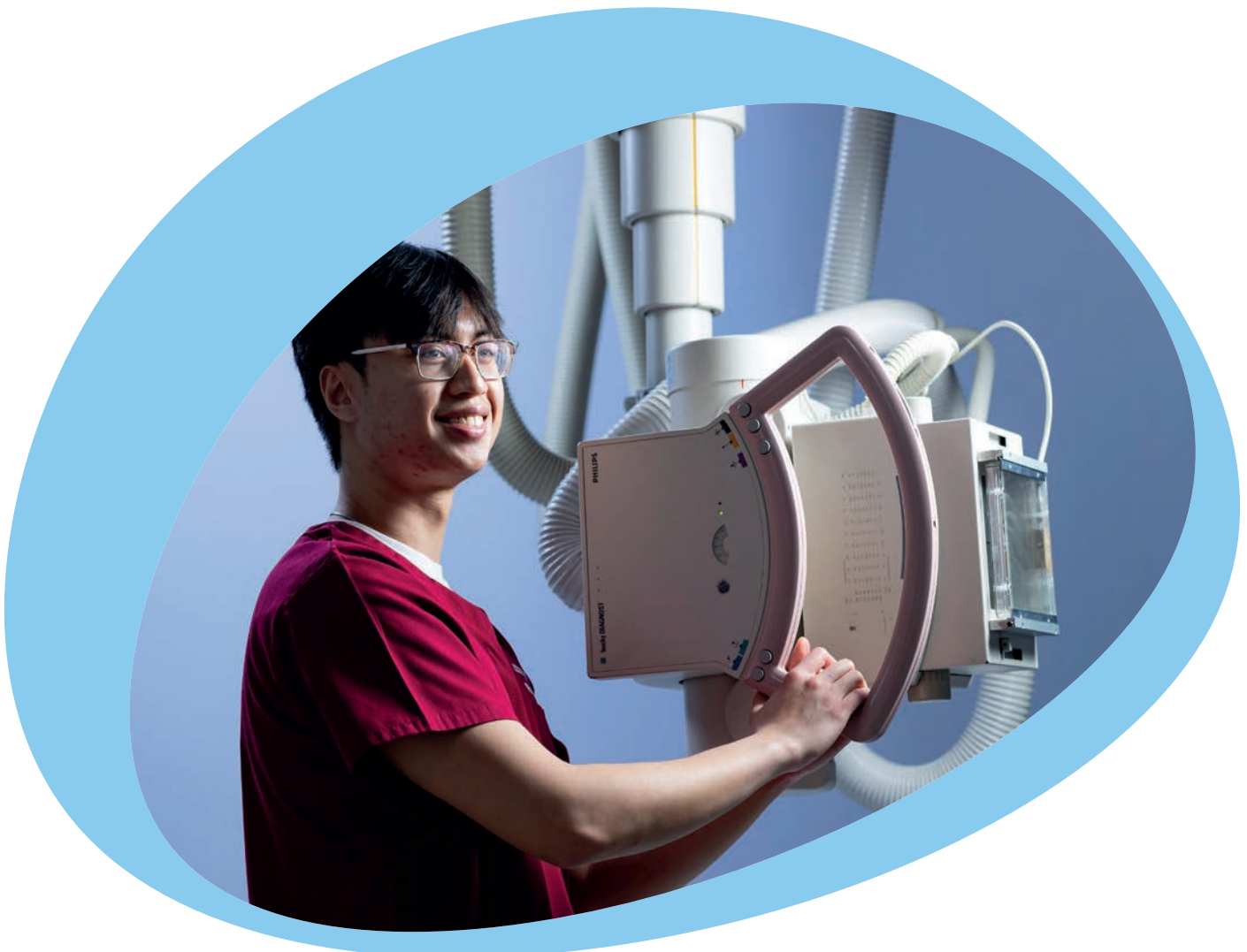
- Relunched a new peer review process at MTW.
- Introduced a new digital CQC self-assessment process across the Trust including implementing improvement plans where gaps are identified.
- Digitalised 20 local pre-existing quality checklists with live performance illustrated within each Division's dashboards.

By October 2024 we will have:

- Digitalised our oversight of guidelines within one MTW division.
- Signed off a MTW Quality Assurance Framework policy that aligns with the above activity.

### What will this mean for our patients?

The quality and safety of our patients' care is paramount to the Trust. With an agreed quality assurance framework we will be able to better internally identify areas that require increased support and focus to improve. This will improve upon our patients' experience of care at MTW.





## We will reduce our reliance on agency staff

- We will achieve the 2024/25 budget for agency and bank expenditure by March 2025.

### **What will this mean for our patients?**

Our patients will benefit from a more consistent approach to their care. This will help to ensure a reduction in patient safety incidents and an overall improvement to their experience as a patient at our Trust.



# Statements relating to the quality of NHS services provided as required within the regulations

In this section we report on statements relating to the quality of the NHS services provided as stipulated in the regulations.

The content is common to all providers so that the accounts can be comparable between organisations and provides assurance that the Maidstone and Tunbridge Wells NHS Trust Board has reviewed and engaged in national initiatives which link strongly to quality improvement.

The Trust is registered with the Care Quality Commission (CQC) to provide the following Regulated Activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983 (at both hospital sites).
- Diagnostic and screening procedures (at both hospital sites and our community diagnostic hub in Maidstone).
- Family planning services (at both hospital sites).
- Maternity and midwifery services (at both hospital sites plus the Crowborough Birth Centre).
- Surgical procedures (at both hospital sites).

- Termination of pregnancies (at Tunbridge Wells Hospital only).
- Treatment of disease, disorder or injury (at both hospital sites).

During 2023/24, Maidstone and Tunbridge Wells NHS Trust provided and/or sub-contracted acute and specialised services to NHS patients through our contracts with Integrated Care Boards, Kent County Council and NHS England. The Trust has subcontracted services to the Independent Sector Providers as part of the Prime Provider Model for elective care. The available data on the quality of care for all of these NHS services has been formally reviewed.

The income generated by the NHS services reviewed for quality purposes in 2023/24 represents 100% of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or sub-contracting of, NHS services.



# Reviewing standards

To ensure that we are consistently providing services to the required standards, the Maidstone and Tunbridge Wells NHS Trust supported a number of reviews of its services undertaken by external organisations during 2023/24, including the following:

- Care Quality Commission (CQC) Well-led inspection: March - April 2023.
- CQC End of Life Care Inspection: March - April 2023.
- UKAS accreditation (ISO 15189:2012) SU1 Cellular Pathology: May 2023.
- General Medical Council – Trainee and Trainer Survey: March - May 2023.
- King's College London – Biannual Undergraduate Quality Visit: May 2023.
- UKAS accreditation (ISO 15189:2012) SU1 Blood Sciences: January 2024.
- Kent and Medway Medical School – Undergraduate Annual Quality Visit: May 2023.
- HTA – Microbiology (As part of Trauma and Orthopaedics research assessment): August 2023.
- CQC Maternity Inspection Tunbridge Wells Hospital: August 2023 - February 2024.
- Environment Agency – Waste management in Microbiology and Cellular Pathology: September 2023.
- CQC Inspection of compliance against IR(ME)R in Radiotherapy – Kent Oncology Centre: September 2023.
- UKAS accreditation (ISO 15189:2012) SU1 Microbiology: October 2023.
- Regional Quality Assurance of:
  - Aseptic Preparation Services assessment (October 2023).
  - Cellular Pathology (January 2024).
- UKAS transition visit against ISO 15189:2022 standards for Microbiology: October 2023.
- UNICEF Baby Friendly Inspection (BFI) Stage 3 Assessment: October 2023.
- CQC Routine Maternity Inspection: November 2023.
- UKAS accreditation (ISO 15189:2022 Transition assessment) Microbiology: November 2023.
- Independent inquiry into the issues raised by the David Fuller case Phase 1 Report: November 2023.
- UKAS accreditation (ISO 17043:2010) proficiency testing SE England General Histopathology EQA scheme: December 2023.
- UKAS reassessment visit against ISO 17043:2012 for EQA scheme: December 2023.
- UKAS accreditation (ISO 15189:2012) SU2 Cellular Pathology: January 2024.
- UKAS surveillance visit against the ISO 15189:2012 standards for:
  - Cellular Pathology: July 2023.
  - Microbiology: October 2023.
  - Blood Sciences: December 2023.
  - Cellular Pathology: January 2024.
- CASPE (Clinical Accountability, Service Planning and Evaluation) Healthcare Knowledge System (CHKS) (ISO 9001, CQC, Peer Review, TSR and Francis Rec.) Radiotherapy, Medical Physics (including E.M.E. Services), Chemotherapy, Clinical Trials, Oncology Outpatients, Clinical Haematology, admin and clerical site visit: February 2024.

## External auditors

We work with TIAA (a company who specialise in undertaking internal audit programs) to audit key activities within the Trust in an effort to identify strategic, operational and financial risks.

TIAA undertook 12 reviews in total of which 11 were assurance reviews and the remaining one was an advisory review. Two assurance reviews provided substantial

assurance, five provided reasonable assurance and four provided limited assurance.

There were no reviews that received no assurance. TIAA made 61 recommendations following the reviews of which nine were urgent, 23 were important and 29 were routine.

## Internal reviews

Internally, we have the following reviews to assess the quality of service provision:

- Internal assurance inspections (based on the CQC methodology) with participation from our patient representatives and quality leads from the NHS Kent and Medway Integrated Care Board (ICB).
- Internal PLACE (Patient-Led Assessments of the Care Environment) reviews, Infection control reviews, including hand hygiene audits.
- Trust Board member “walkabouts”.
- Matron’s Quality Checks.

The outcomes of these assessments are included within our triangulation process to review clinical areas and identify any areas where additional support and actions are required to maintain standards. Action plans are developed locally and, alongside the associated reports, are scrutinised in the Quality Improvement Committee, within our governance structure and monitored accordingly.



# Clinical Audit

Participation in national clinical audits, national confidential enquiries and local clinical audit is mandated and provides an opportunity to stimulate quality improvement at Maidstone and Tunbridge Wells NHS Trust. Identified aspects of care are evaluated against specific criteria to ascertain compliance and quality. Where indicated, changes are implemented and further monitoring is used to confirm improvement in healthcare delivery.

In 2023/24 MTW participated in eight (100%) of all relevant confidential enquiries and 91% (52/57) of all relevant national clinical audits. During the same period, MTW staff successfully completed 126 clinical audits of the 170 due to be completed (local and national) to action plan stage.

Actions plans were developed for the completed clinical audits that were not fully compliant and presented an opportunity to implement improvements. Examples of these improvements are listed in the tables below.

The remaining audits are at various stages of completeness and will be monitored through to completion. In 2023/24, 30 national clinical audits and confidential enquiries published full reports that covered the relevant health services provided by Maidstone and Tunbridge Wells NHS Trust. The Trust reviewed 24 of the national clinical audits and confidential enquiries that were published in 2023/24 and a further 30 national clinical audits and confidential enquiries that had been carried over from 2022/23. Work continues on the remaining reviews.

The list of Healthcare Quality Improvement Partnership (HQIP) national clinical audits and national confidential enquiries (NCEPOD National Confidential Enquiries into Patient Outcomes and Death) that Maidstone and Tunbridge Wells NHS Trust was eligible to participate in and participated in during 2023/24 can be found in Appendix A.

A full list of the clinical audits reviewed and the opportunities identified to implement changes for improvement is available from the Trust upon request by contacting Clinical Audit - [mtw-tr.ClinicalAudit@nhs.net](mailto:mtw-tr.ClinicalAudit@nhs.net)

## Examples of the actions developed for the 54 national clinical audits that were reviewed by the Trust in 2023/24:

National Clinical Audit	Improvements to be implemented
HQIP National Diabetes Footcare Audit (NDFA)	To provide an increase in podiatry services with the aim to provide inpatient services to both sites of the trust.
	Use the audit findings to encourage commissioners and service managers to ensure NICE recommended diabetes foot care service is in place.
HQIP National Neonatal Audit Programme (NNAP)	Increase numbers of neonatal nurses and improve retention of this staff group. Recruit new nursing staff that are British Association of Perinatal Medicine (BAPM) compliant to include qualified Advanced Care Practitioners (ACP) and trainee ACPs.
HQIP ICNARC (Intensive Care National Audit and Research Centre)	Improve patient flow / delayed discharges - across Intensive Care and High Dependency Units at Tunbridge Wells Hospital by increasing Site Team and Command Control Centre (CCC) awareness of ward fit patients in Intensive Care.
HQIP National Prostate Cancer Audit	Consider establishing radiotherapy centre specialist gastrointestinal services to offer advice to people with bowel-related side effects of radiotherapy and develop firm links with a dedicated Gastroenterologist.
	Undertake internal audit and review of radiotherapy treatment delivery processes. Audit acute and late toxicity for three cohorts of patients reflecting changes made to the Prostate Radiotherapy Treatment Protocol since 2020.
NCEPOD Testicular Torsion study	Ask clinicians to add orchidectomies to the morbidity database for discussion at morbidity and mortality meetings.
National End of Life Audit 22.23 (Fourth Round)	Hospital Specialist Palliative Care Team to undergo workforce review to ensure sufficient staff to provide a seven-day service.

Examples of the actions developed for the 72 local clinical audits that were reviewed by the Trust in 2023/24:

Local Clinical Audit	Improvements to be implemented
Trust-wide Nasogastric (NG) Tube audit	Reduce pressure on staff for data collection of the clinical audit. Automate data collection from Sunrise document for future audits.
	Business case completed and actioned. Post to go out for recruitment. Urgent need for nutrition nurses to carry out the audits, provide training and ensure improvements in patient safety are achieved.
Re-audit Obstetric Cholestasis	Update flowchart to reflect new and updated guidelines. Print out the flow chart and place it in clinic rooms and triage.
Re-audit Maidstone and Tunbridge Wells NHS Trust Operating Theatres - Benchmarking of Perioperative Standards Audit	Trained Dementia Champion required for Maidstone Theatres. Already appointed a member of the staff as Dementia Champion at Tunbridge Wells and will take this link role for Maidstone Theatres.
Immediate Sequential Bilateral Cataract Surgery (ISBCS) audit	Agreed criteria for patient selection - patients who are at low risk of ocular complications during and after surgery, patients who need general anaesthetic (GA) for cataract surgery but for whom GA carries an added risk of complications or distress.
Re-audit Accuracy and completeness of Do not attempt cardiopulmonary resuscitation (DNACPR) orders	Liaise with electronic notes team regarding a compulsory prompt for senior review and endorsement and review of dates so that these are not overlooked on forms.
Mental Capacity Assessment (MCA) Audit	To develop a mental capacity competency framework for all registered practitioners using the MCA code of practice, when application of MCA is required in their day to day roles.



# Research and Innovations

The past year has been very busy for the Research and Innovation Team and the last year has been one of the most research-productive at MTW yet. A number of new initiatives were introduced which are propelling research and innovation to new heights.

There has been a change in the culture of the delivery team over the last year in response to the Trust Research Strategy (2021-26) and the publication of 'Making Research Matter – Chief Nursing Officer for England's Strategic Plan for Research' (2021). Work has taken place to:

- Ensure that research opportunities are visible to clinicians and most importantly to patients.
- To increase patients' access to research and offer them more choice in their treatment options.

We believe that involving patients and the public in the design, development and delivery of research is paramount to ensuring that our efforts are aligned with their needs and priorities. We are strengthening our outreach work, facilitating open and inclusive dialogues, and ensuring that the voices of those we serve are heard, and incorporated into our research endeavours.

Our first research patient event was held for haematology patients and was very well received. A plan is in place to roll out similar engagement events for all research active areas of the Trust.

Expanding our MTW-led research and innovation portfolio is of prime importance. Our staff are brimming with innovative ideas so we are working on creating an MTW Seed Fund to pump-prime collaborative, grassroots projects for first-time researchers, enabling them to explore potentially life-changing discoveries and take the first step in their research journey.

A number of bids for research funding were submitted to the National Institute for Health and Care Research (NIHR) and other grant awarding bodies last year to support MTW research, totalling over one million pounds. Funding was sought to support research vaccination provision across Kent and Medway and to support research into gastric surgery.

In the autumn, MTW successfully secured the national Cancer Vaccine Launch Pad study. The project enables NHS patients with cancer to participate at the earliest possible opportunity in cancer vaccine trials and to accelerate the development of cancer vaccines. The Research and Innovation Team is working with surgical and Kent Cancer Centre staff to deliver this trial and offer this national study to eligible colorectal patients.

MTW is committed to driving continuous improvement and embracing innovation to enhance patient care and operational effectiveness. As such, we welcomed a new Innovation Manager in January, to cultivate an environment that fosters creative thinking, accelerates the creation, development, and adoption of new ideas, and streamlines the translation of research into tangible healthcare solutions.

During the first three months, the Innovation Manager has engaged in several key activities to lay the groundwork for the future growth of innovation at MTW:

## Partnerships and Collaboration

- Working to strengthen strategic partnerships with local academic institutions, industry leaders, funding bodies, other NHS Trusts and public sector organisations to work together to find solutions to healthcare problems.
- Engaging with our Patient and Public Involvement and Engagement (PPIE) team to recruit a dedicated Patient Champion for innovation to ensure that our projects are aligned with real-world challenges and opportunities.



### Promotion, Engagement and Fundraising

- Updating and promoting our innovation support offer to MTW staff and prospective external partners with the view of generating a pipeline of collaborative projects, from diagnostics and therapeutics to service delivery models – championing both clinical and corporate innovation.
- Establishing the Research and Innovation Charity fund. Contributions will be instrumental in furthering our work.

### Innovation Projects

- We currently have nine registered innovation projects in various stages of development. These include a mix of commercial and investigator-led collaborations across various specialities, including Radiotherapy, Cardiology, Palliative Care, and Pathology. Looking ahead, the Innovation Manager will continue to build upon these foundational efforts and expand the scope of our work.

By fostering an environment that celebrates and enables innovation, R&I aims to position our Trust at the forefront of healthcare transformation, delivering tangible improvements in patient care and operational excellence.

A number of MTW staff were recognised for their involvement in research. The year ended with the Peggy Wood Breast Care Centre receiving an NIHR award in recognition of their support in delivering breast cancer studies.



# Goals agreed with commissioners

This section describes how the Commissioning for Quality and Innovation (CQUIN) payment framework is used locally. The intention of the CQUIN framework when it was initially introduced was to support the cultural shift within the NHS to ensure that quality is the organising principle for all NHS services.

It provides a means by which payments made to providers of NHS services depends on the achievements of locally agreed quality and innovation goals.

In 2023/24 our Integrated Care Board asked our Trust to focus on achieving the following key CQUINS:

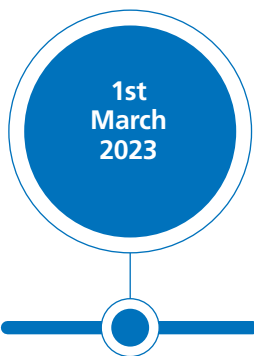
- **Prompt switching of intravenous to oral antimicrobial treatment:** Achieving 40% (or fewer) patients still receiving intravenous (IV) antibiotics past the point at which they meet switching criteria.
- **Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service:** Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via a secure electronic message.
- **National Early Warning Score (NEWS2):** Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a National Early Warning Score (NEWS2) time of escalation (T0) and time of clinical response (T1) recorded.
- **Reducing the numbers of pressure ulcers:** Achieving 85% of acute and community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.
- **Identification and response to frailty in emergency departments:** Achieving 30% of patients aged 65 and over attending A&E or same-day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up.
- **Staff Flu Vaccinations:** Ensuring a 90% uptake of flu vaccinations by frontline staff with patient contact.
- **Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery:** Ensure at least 75% of patients are aware of any material risks involved in the recommended treatment and are also aware of any reasonable alternative treatments via SDM conversations.
- **Treatment of non-small-cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway:** Achieve 85% of adults with non-small-cell lung cancer (NSCLC) stage I or II and good performance status having treatment with curative intent.

NHS England has paused the CQUIN programme for 2024/25.

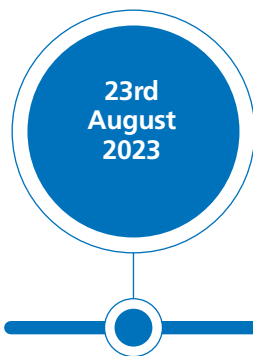


# Statements from the CQC

## Visits



Unannounced  
Inspection of End of  
Life Care Services  
  
Routine Well-Led  
Inspection



Unannounced  
Maternity Safe and  
Well-Led Inspection



Proactive  
Radiotherapy IR(ME)R  
inspection



Routine Maternity  
Inspection

The CQC inspected the Trust on four occasions in 2023 with the last visit in November 2023 to our birthing centres in Crowborough and Maidstone.

In March 2023, the CQC carried out a Well-Led review of the Trust and reviewed one service, End of Life Care. MTW was once again rated as 'Good' for leadership and has been rated as "Requires Improvement" for End of Life Care.

As this was a focussed rather than a full inspection, the overall rating of Requires Improvement for the Trust remains unchanged and is based on the findings of the CQC's last comprehensive inspection in 2017.

As part of the CQC's National Maternity Programme in August 2023 our maternity service at TWH was inspected and the service was rated as "Inadequate", the CQC made a number of recommendations which focused on governance, processes and documentation in the Trust's maternity units. The Trust has taken steps to address all of these recommendations, many of which are now completed. These included:

- Undertaking a multidisciplinary workforce review within maternity services.
- The implementation of new guidelines on induction of labour.
- Additional training and new guidelines on the management of postpartum haemorrhage (PPH).
- Streamlining of the emergency theatre pathway.
- Improving the use of the data we capture and report on.

MTW NHS Trust are pleased that the CQC also highlighted examples of good practice and care at MTW. These included:

- A focus by staff on the needs of people using the service and cared for them with dignity and respect.
- An open culture where service users and families could raise concerns.
- Staff feeling respected, valued and supported.
- Staff felt able to talk to departmental leaders about difficult issues.

Following an Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection in September 2023, the CQC issued an Improvement Notice regarding concerns linked to our quality assurance processes, specifically this related to our documentation and management of our radiation incidents. MTW NHS Trust submitted evidence regarding these concerns and was deemed to comply with the notice on 22 September 2023.

The Trust monitors compliance with CQC registration requirements itself, primarily through a programme of in-house assurance visits/inspections and its quality governance framework.

# Maidstone and Tunbridge Wells NHS Trust



## Are services



# Improving data quality

Maidstone and Tunbridge Wells NHS Trust is committed to providing services of the highest quality. Specifically, MTW needs to ensure its information is:

- Consistently captured;
- Recorded accurately;
- Securely shared within the boundaries of law.

## NHS Number and General Medical Practice Code Validity

Data quality is also monitored for each submission the Trust is required to make throughout the year to NHS Digital, Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data, which included the patient's valid NHS number was (as at Month 11):

- 99.8% (99.8% 22/23) for Admitted Patient Care
- 100% (100% 22/23) for Outpatient Care
- 99.4% (99.2% 22/23) for Accident and Emergency Care

The Trust has developed a data quality dashboard to assist service managers and clinicians.

## Data Security and Protection Toolkit (DSPT)

The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's (NDG) 10 data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. Organisations must make an annual submission supported by appropriate evidence to demonstrate that they are working towards or meeting the required standards.

The deadline for the 2023/24 DSPT is 30th June 2024. The Trust continues with its preparations for the submission and has requested TIAA complete an independent audit of the evidence gathered by the Trust to support its submission. The assertions audited are selected by NHS Digital, this will test the evidence for completeness and validity.

In June 2023 the Trust submitted the annual return for 2022/23 as 'Standards Not Met' due to NDG Standard 8, 'Unsupported systems' not being fully compliant with some limited assurance. NHS England were consulted and an action plan and timeline proposed. This was reviewed and approved by the Trust Board and NHS England with the status of the toolkit amended by NHSE to 'Approaching Standards' in August 2023.

It is anticipated that the Trust will again submit a 'Standards not met' assessment for 2023/24. The Trust remains in regular contact with NHS England to review the action plan at quarterly intervals. It is anticipated that the status of the DSPT will again be reassessed by NHS England to 'Approaching Standards' in July 2024.

In addition, the Senior Information Risk Owner, Data Protection Officer and Information Governance Lead regularly update the relevant committees and Trust Board, appraising of the progress of the project and any relevant governance updates affecting the organisation as required.



# Clinical Coding

Code Type	Percentage Correct	Data Quality section of Data Security Standard 1 Level of Attainment	
		Standards met	Standards exceeded
Primary Diagnosis	96%	90% or above	95% or above
Secondary Diagnosis	93.10%	80% or above	90% or above
Primary Procedure	96%	90% or above	95% or above
Secondary Procedure	91%	80% or above	90% or above

The Clinical Coding Team at MTW have achieved “Standards Exceeded” in the Data Security and Protection audit for six consecutive years. Showing an increase in accuracy from 2022/23 for both secondary diagnosis and primary procedures.

### Improvements:

We continue to work closely with our Coding Colleagues across Kent and Medway and at MTW we have delivered a comprehensive Clinical Coding Data Quality Improvement programme which has led to improvements in the quality of the clinically coded data.



# Part three



# Results and achievements against the 2023/24 quality priorities

The information below summarises the quality improvement priorities we set out to achieve during 2023/24.



## Patient safety

### Aim

Ensure robust processes are in place to measure and reduce avoidable harm.

### Priorities

- Improve our sepsis pathway.
- Improve the management of our patients at risk of falling.
- Improve our Maternity services safety performance.
- Improve the systems in place to minimise risk to patients who have "Nasogastric Tube" care needs.
- Improve upon our intracranial haemorrhage clinical pathway.
- Develop processes to automate our data collection processes linked to clinical audit.



## Patient experience

### Aim

To ensure that patients have positive experiences in our care and are involved in developing and improving our services.

### Priorities

- Redesign and launch a new patient experience improvement strategy with the help of our patient partners.
- Improve our responsiveness to our patients who have cause to complain.
- Improve our patient experience services and processes.
- Improve our end of life care support to our patients.



## Clinical effectiveness

### Aim

To improve the management of our patient journeys through the utilisation of evidence-based practice.

### Priorities





- Improve our orthopaedic pathway by building the Kent and Medway Orthopaedic Centre.
- Improve our complex cardiology services.
- Finalise our plans to establish a Hyper Acute Stroke Unit and an Acute Stroke Unit.
- Improve patient flow across our hospitals.
- Improve waiting times for our patients.
- Improve reporting turnaround times for our patients who have had tests.






# Patient safety

**Aim:** To sustain and further enhance robust processes to provide a supportive environment that recognises and reduces avoidable harm.

**Priority:** Embedding a safety culture within the Trust through ongoing implementation of the National Patient Safety Strategy.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
We will improve our Sepsis Pathway.	We will reduce adverse incidents resulting in harm linked to sepsis management by 90%.  Target date of June 2024 set against 2020-2022 average performance.	There were no serious incidents (SIs) for sepsis reported for patients attending the Trust from April 2023 to February 2024.	 <b>Completed, achieved</b>
We will improve upon our management of inpatient falls.	We will reduce our inpatient falls rate by 16% (aligned to strategic deployment review (SDR) Harm reduction metric for 2023/24).	The Trust has achieved a 14% reduction on the rate of falls per 1000 occupied bed days over the last ten months to 31st January 2024 (full year's data not yet available).	 <b>Ongoing, partially achieved</b>
We will Improve our Maternity performance linked to our antenatal gap and grow measurement processes and improving how we monitor Mothers for signs of high blood pressure.	To continue to have no adverse events linked to antenatal "Gap & Grow" measurements and the monitoring of hypertension.	There was one adverse event linked to antenatal "Gap & Grow" measurements in 2023/24. The Trust training materials were reviewed and the new GAP 2.0 training programme will go live on the 1st April 2024.  Blood pressure in pregnancy management: Hypertension guideline reviewed and updated after a cluster of incidents. Review revealed no overarching themes related to the incidents.	 <b>Ongoing, partially achieved</b>
We will improve the safety of our Maternity services by delivering against all of the patient safety recommendations as outlined in the 2022 Ockendon report and the 10 key elements of the National Better Births Plan.	Evidence will be collated and uploaded to our Trust safety systems which will demonstrate assurance that each required action has been completed.	The recommendations from the three year delivery plan have been mapped to our new Overarching Improvement Plan. Each of the actions from the CQC report has also been mapped to the four themes of the three year delivery plan. This plan will be the focus for all the improvement workstreams in the Directorate and should be finalised by the end of June 2024.	 <b>Ongoing, partially achieved</b>



What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
We will improve upon the care of our patients who have nasogastric tube care needs.	60% of registered nurses in high use/acuity departments will have been trained and signed off as competent against the new framework.	Over the last year we have rolled out the NG eLearning training for eligible staff members across different professional groups (993). The compliance is now at 71%.	 <b>Completed, achieved</b>
We will improve upon our patient outcomes for patients who have suffered an "Intracranial Haemorrhage / bleed" by improving our adherence to national best practice guidance.	Re-audit of the Management of Intracranial Haemorrhage against national best practice guidance results.	Re-audit currently in progress.	 <b>Ongoing, partially achieved</b>
We will work with our health informatics team and clinical leaders to automate 10% of our "clinical audit" data collection processes. This will release more of our frontline clinical staff's time.	10% of the current mandatory national clinical audits that are applicable to the Trust (50) will be automated by June 2024.	Limited progress has been made due to staff shortages in Clinical Audit and freezes on coding in the Sunrise Team.	 <b>Ongoing, not achieved</b>



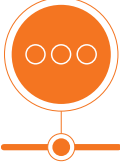

# Improving patient experience

**Aim:** To increase the opportunities available for patient involvement, interaction and gathering of views and feedback, which can then be utilised to improve services, pathways of care and the experience for all concerned.

**Priority:** Implementation of the Patient Engagement and Experience Strategy 'Making it Personal'.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
With the help and input from our patient partners we will redesign and launch a new patient experience improvement strategy.	The strategy will be finalised and approved by our patient experience committee and Trust Board by December 2023.	We have been going through the process of re-writing our strategy for the next five years from 2024. We have been working with NHSE to complement the new Experience of Care framework and were delighted to be chosen as a pilot site for this.	 <b>Completed, achieved</b>
We will increase our internal capacity to better respond to our patients when things have gone wrong by changing our Trust complaints handling target from 75% to 90% (the percentage of complaints responses being delivered within the timescale agreed with our patients).	By March 2024 we will have amended our Trust complaints handling target and this will be reflected in our Trust Board Integrated Performance Report.	<p>Focus has been on stabilisation and recovery of the complaints performance.</p> <p>Our target has been changed to achieving 75% consistently by October 2024.</p>	 <b>Ongoing, not achieved</b>



What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
<p>We will amend our patient experience workforce model to ensure it meets the recommendations detailed in the new national complaints framework.</p>	<p>The new workforce model and processes aligned to the latest national complaints framework will be launched by March 2024.</p>	<p>Funding has been secured via a successful business case to ensure our workforce models are reconfigured to support this change. The new workforce model and processes align to the latest national complaints framework, which will be reflected in an updated complaints policy by July 2024.</p>	 <p>Ongoing, partially achieved</p>
<p>We will improve upon our end of life care by implementing the recommendations from our latest national end of life care audit.</p>	<p>Assessing Trust compliance against 2022/23 National End of Life Care Audit (NACEL) report.</p>	<p>The End of Life Care Committee has been restructured to form six workstreams (Strategy and Delivery, Audit and Research, Governance and Risk, Education and Training, Digital and IT, and Security and Dignity of the Deceased Patient) to deliver on the MTW End of Life Care Action Plan. This action plan is informed by NACEL recommendations, national guidelines and CQC actions and is designed to equip the Trust to deliver high-quality, compassionate, and holistic End of Life Care.</p>	 <p>Completed, achieved</p>






# Clinical effectiveness






**Aim:** To improve the management of our patient journeys through the utilisation of evidence-based practice.

**Priority:** Improving the flow of patients into and out of our wards and departments

## Improving our clinical pathways

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Improving our orthopaedic pathway by building Kent and Medway Orthopaedic Centre.	By June 2024, our new Theatres will have opened and evidence will have been collected to demonstrate improved patient experience and increased operating activity.	Delay in completion of building project, however building is on track to be completed by the end of May 2024 with preparations for the theatres to open taking place in June 2024.	 <b>Completed, achieved</b>
Improving our complex cardiology (heart) services.	By June 2024 the new cardiac catheter laboratory will be in place.	Part of our cardiology improvement is in place. The reconfiguration of specialist cardiology services is progressing.	 <b>Ongoing, partially achieved</b>
Finalising our plans to establish a Hyper Acute Stroke Unit and an Acute Stroke Unit.	By January 2024 the new stroke units will have launched.	<p>1. The Hyper acute and acute stroke units (HASU/ASU) will be completed at the end of March 2024. The delay from 2022/23 was due to construction challenges unknown before building commenced.</p> <p>2. The new unit will provide a HASU/ASU in line with national stroke standards and an assessment bay and clinic space to support patients on an ambulatory pathway. New pathways have been developed to streamline cases and provide the most effective care in the right setting for our patients.</p> <p>3. Local patients from both MTW and Medway will have new and streamlined facilities which will enable staff to deliver care more efficiently and effectively.</p>	 <b>Completed, achieved</b>

## Improving our operational clinical effectiveness

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Improving patient flow across our hospitals.	By June 2024 90% of our patients will receive an initial assessment in our EDs within 15 minutes of their arrival.	65.1% of our patients receive an initial assessment within 15 minutes in our EDs as at 1st March 2024.  A review has been completed of our current triage and documentation processes. A decision has been made to redesign our pathway based on the Manchester Triage System.	 <b>Ongoing, partially achieved</b>
	All actions from the “Safer, Better, Sooner” improvement programme based upon the improved utilisation of our digital patient TeleTracking system will be delivered by June 2024.	Teletracking – Continued improvements being made to increase efficiencies.	 <b>Ongoing, partially achieved</b>
Improving the waiting times for patients using our surgical and cancer services.	By June 2024 we will have implemented a 7-day a week acute oncology service (AOS) for our cancer patients.	We have a 7-day AOS service in place across both sites, Mon-Sun 9-5pm. This is also offered on bank holidays (only day not available on site is Christmas day but there is an on call service that day).	 <b>Completed, achieved</b>
	By June 2024 we will have maintained our zero 52 week position.	Overall this has been achieved, however there were a few breaches for one or two specialties in 2023/24. Many specialties are now working towards to a zero 40 week wait for their patients.	 <b>Completed, achieved</b>
Improving upon the time it takes for our services to review and provide reports for our patients who have had scans	We will be able to demonstrate improvements in the time taken to report patient scans and histopathology tests against 2021/22 activity levels	From both a pathology and radiology perspective, there has been significant work undertaken looking at the turnaround times and some positive steps in terms of how we manage, including ensuring appropriate KPIs and workload allocation. Unfortunately the demand on both services has grown significantly which has reduced the impact of any improvements made.	 <b>Ongoing, partially achieved</b>

## Further review of quality performance

The dedication and innovation of its staff has enabled MTW to become one of the top performing trusts in the country. It is one of the only trusts in England to have no long waiting patients (those waiting more than 52 weeks for planned surgery), is regularly in the top five in the country for emergency department performance and has delivered the national cancer standard consistently for over four years.

In this year's survey, staff experience scores across all seven NHS People Promise themes have improved, and even more staff say that they would recommend the Trust as a place to work compared with last year, placing MTW in the top ten acute trusts for improved scores in this important measure.



### MTW Stroke Service




The latest Sentinel Stroke National Audit Programme (SSNAP) has awarded an overall A-rating to the Stroke Unit at Maidstone Hospital. The latest results mean the Unit is currently the highest-rated stroke service in the Kent and Medway region, placing Maidstone and Tunbridge Wells NHS Trust (MTW) in the top 5% of acute trusts in the country for stroke care.

The national healthcare quality improvement programme measures how well stroke care is being delivered in the NHS in England. The SSNAP provides information to clinicians, commissioners, patients and the public which can be used to improve the quality of care that is provided to patients.

The Trust's Stroke Unit treats around 1,000 stroke patients every year. A stroke is a serious, life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. Urgent treatment is essential, as the sooner a person receives treatment for a stroke, the less damage is likely to happen.

Ten categories are individually scored as part of the SSNAP, ranging from scanning and specialist assessment to physio and discharge processes. The result for each category contributes to the overall score. As part of their overall A-rating, our Stroke Unit's performance was above the national average in a number of areas, including patient assessment times and the provision of therapy.




# Emergency Department

Quality performance standard	Trust results	How did we do?
95% of patients should be seen, treated, admitted or discharged within 4 hours of arrival in Emergency Departments (ED).	85.4% of our patients were seen, treated, admitted or discharged within 4 hours of arrival in ED.	 Ongoing, partially achieved
50.0% of patients arriving in the Emergency Departments to be treated within 60 minutes of arrival.	The Trust achieved this standard treating 65.2% of patients within 60 minutes of arrival.	 Completed, achieved
95% of patients arriving in the Emergency Department should be assessed within 15 minutes of arrival.	The Trust did not achieve this standard with 64.2% of patients arriving in the ED being assessed within 15 minutes of arrival.	 Ongoing, not achieved

## Cancer waiting time targets






From October 2023 the Cancer waiting times (CWT) standards were updated and a number of the individual targets are no longer monitored as national CWT standards.

With the change in the CWT standards, there has been variable achievement of the combined standards from October 2023 and there is not yet a full year of reportable data available.

Quality performance standard	Trust results	How did we do?
<b>28 day Faster Diagnosis</b> - 75% of patients to be told that they either have a diagnosis of a cancer, or a non-cancer diagnosis within 28 days of referral.	For the six month period from October 2023 to March 2024, the Trust achieved 77.9%.	 Completed, achieved
<b>31 day Treatment</b> - 96% of patients with a diagnosis of cancer to start their first definitive treatment (FDT), or any Subsequent Drugs, radiotherapy (RT), or surgery within 31 days of decision to treat (DTT).	Combining the subsequent treatments with the first definitive treatments has affected the achievement of this standard until March 2024, where the Trust successfully achieved 96.0%.	 Completed, achieved
<b>62 day Referral to Treatment</b> - 85% of patients referred as an Urgent Suspected Cancer, OR as a Breast Symptom referral, OR through a Screening Service, OR with a Rare Cancer Diagnosis, OR as an Upgrade to start their first definitive treatment (FDT) within 62 days of referral.	The Trust continued to achieve the 62 day standard throughout 2023-24, and for the six month period from October 2023 the Trust achieved 85.67% against the new combined 62 day standard.	 Completed, achieved



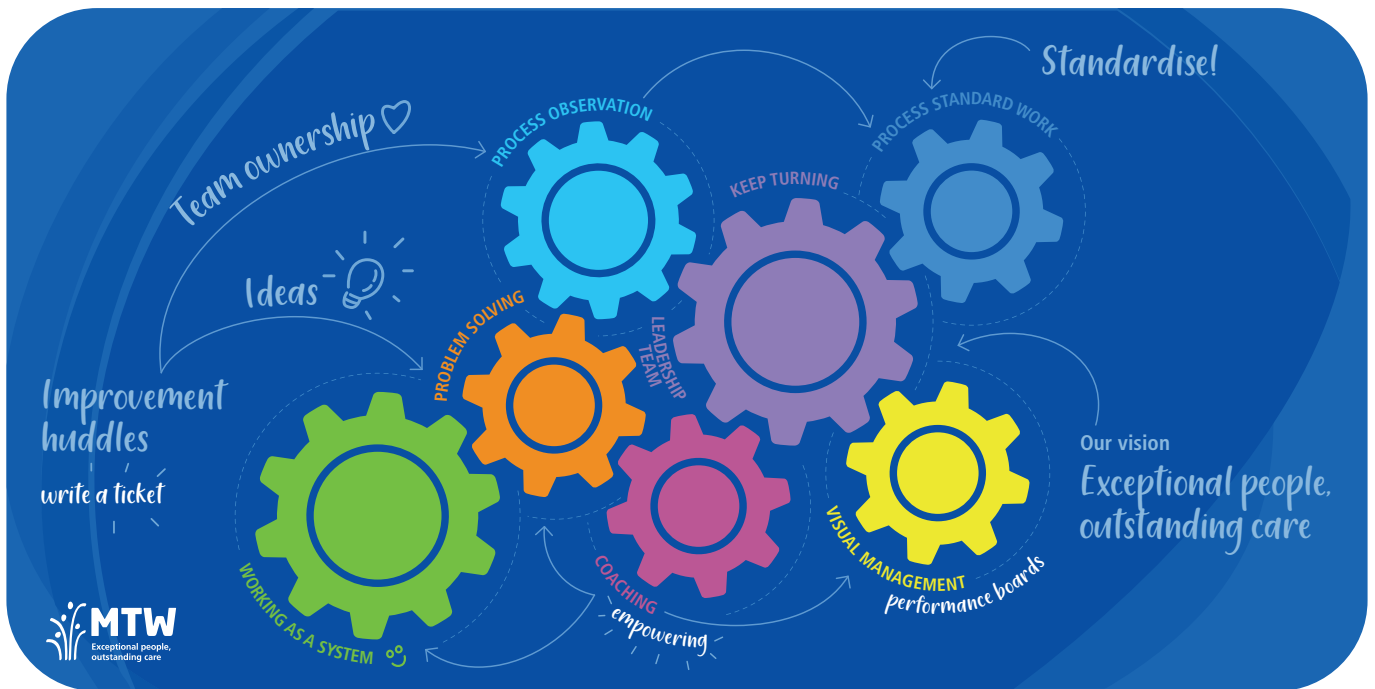
# Other operational quality performance standards

Quality performance standard	Trust results	How did we do?
<p>18-week standard: 92% of patients on an incomplete pathway should be treated within 18 weeks.</p> <p>Internal Trust target 75.8%</p>	<p>The Trust did not achieve the national standard of 92% of patients on an incomplete pathway being treated within 18 weeks (75.1%), however the Trust narrowly missed its internal target of 75.8%.</p>	 <p>Ongoing, partially achieved</p>
<p>Cancelled operations standard: &lt;0.8% of operations should be cancelled at the last minute.</p>	<p>The Trust achieved this target with 0.7% of operations cancelled at the last minute.</p>	 <p>Completed, achieved</p>
<p>Venous thromboembolism (VTE) risk assessment standard: 95% of patients to be risk assessed for VTE on admission</p>	<p>The Trust ensured that 94.9% of patients had a VTE risk assessment completed on admission to hospital in 2023/24.</p>	 <p>Completed, achieved</p>
<p>Reducing the number of patient falls</p>	<p>Trust average was 6.06 falls per 1000 occupied bed days (OBDs) in 2023/24. The Trust target is 5.96 falls per 1000 OBDs or less. This was achieved in 6 out of 12 months for 2023/24.</p>	 <p>Ongoing, partially achieved</p>
<p>Improving care for patients who have had a stroke standard: 80% of stroke patients to spend 90% of their time on a dedicated stroke ward.</p>	<p>78.4% of stroke patients spent 90% of their time on a dedicated stroke ward.</p>	 <p>Ongoing, partially achieved</p>

# Patient First Improvement System

Our vision at MTW is exceptional people, outstanding care and the Patient First approach supports us to achieve this ambition by empowering staff to make changes that will benefit our patients. In September 2022, we launched our Patient First Improvement System (PFIS) which trains teams to use new problem-solving skills to improve their processes and make continuous improvement part of their day to day duties.

18 months on and by mid-April 2024, a total of 46 clinical and non-clinical teams will have received training across all divisions of the Trust. By the end of 2024, approximately 500 staff members will be PFIS trained.



As part of PFIS, patients, staff and visitors can raise tickets with suggested improvements. The trained teams then hold regular huddles to discuss suggestions and decide how to implement them. Over 400 improvement tickets have been raised across the teams since January this year, resulting in the implementation of a number of projects to improve the experiences of patients and staff across the Trust. Recent improvement projects have included:

- The Short Stay Surgical Unit has implemented FP10 prescription forms to enable patients to obtain medication from a local pharmacy. This has been most impactful for patients on evening lists who were waiting overnight for Pharmacy to dispense medication before discharge, as it means they can now go home sooner.
- Finance have implemented better processes around finance coding, which have improved the accuracy of reporting and the manual resources needed to do this.
- Peale Ward has achieved a 100% compliance with lying/standing (L/S) blood pressure for two months in a row after raising an improvement ticket. Compliance with L/S blood pressure is important as it has an impact on the reduction of falls. When the Falls Team were auditing, Peale's scores were consistently low, suggesting the team were not completing them which may put patients at risk, however, the team were not ticking the correct section on Sunrise because they had not received the right training. By doing some focused work and applying structured problem solving they got to the root cause and implemented their solution.

- New dissection benches are being introduced in some of our laboratories to help turnaround times. More benches mean that the team are able to process more samples and still have people being trained. When training, there is much more time needed and so the benches are taken up for extended periods of time. A business case was written to address this as the labs are having more work each year, the complexity is higher and also there are a larger quantity of slides per sample. Recruiting reporting clinicians is challenging, so the best way is to grow our own, but that takes time and space.

- Teams on Ward 21 now complete bedside handovers so that they are able to monitor the weaning off of oxygen before doctors do their rounds. The issue was that the observations were being taken early in the morning, the handover was taking place from shift to shift and only at the doctor's rounds was it recognised if the oxygen needed to be reduced. Now by handing over by the bedside this can be checked and weaning started before the doctors see the patient. This will improve patient experience, clinical effectiveness and enable earlier discharges.

They are now also using computers on wheels for handovers rather than paper. The benefit of this is the information is live and up to date rather than using a handover sheet that is printed at the start of the shift where there may be additional clinical need for the patient, it is also greener as less printing and less risk of information governance (IG).

- A ticket from our Women's, Children's and Sexual Health division was raised by two patients about the lack of a fridge for the patients to store their food, milk and supplies whilst on the ward (delivery suite/postnatal).

Staff had two fridges for their own use and cleared and cleaned one out strictly for patient use only. This has improved patient experience for all of their new mums.



# Green QIPs (quality improvement projects) carried out by MTW staff

## Turning the treatment room green - recycling of sterile medical equipment packaging by Dr Natasha Varshney (SHO) and Dr Albert Joseph (SHO)

The aim of this QIP was to assess the recycling potential of sterile medical waste.

NHS trusts and Foundation trusts are currently producing about 377,000 tonnes of waste annually. To help achieve the NHS target of achieving net zero by 2045, reducing the amount of clinical waste going to landfill or being incinerated is key and recycling sterile medical equipment packaging is an important area for improvement.

The medical equipment stored in stock cupboards of treatment rooms in the Gastroenterology ward at Tunbridge Wells Hospital was investigated. The packaging of each piece of medical equipment was studied and data collected.

On the day of data collection, the treatment room had a total of 97 different pieces of equipment. 25 items (26%) had packaging that had recycling information. The results show that the amount of packaging which can be recycled is still low and that most of the medical equipment packaging lacks recycling information. This highlights the need to mandate the manufacturing companies to include recycling information on their packaging and ideally mandate that the packaging is recyclable if sterile.

One of the ways in which MTW staff can modify their behaviour to recycle sterile packaging is to prepare their medical equipment in the treatment room and dispose of the packaging via the appropriate waste stream rather than at the patient's bedside, where contamination can take place and the nature of the waste then changes from sterile to non-sterile and requires the clinical waste disposal route.

This study highlights the need for a central authority to oversee that recycling of sterile medical equipment packaging can take place. The recycling of sterile medical equipment packaging can be achieved by clear labelling, staff behaviour changes and having the means to recycle the packaging by the provision of recycling waste streams.

## Increasing patient awareness of the carbon footprint associated with the use of salbutamol inhalers and encouraging 'greener' use of inhalers by Elsa Shijo, Trainee Pharmacist

NICE stated that in 2016/2017 more than 26 million prescriptions were written for metered dose inhalers in England. Salbutamol inhalers are a type of metered dose inhaler (MDI) which contain the propellant hydrofluoroalkane-134a, a potent greenhouse gas used to propel the active ingredient from the device into the lungs to reach the target site, with 500g of CO<sub>2</sub> eq. emissions per dose. Comparatively, Salbutamol accuhalers which are a type of dry powder inhaler (DPI) do not contain propellants, producing only 20g of CO<sub>2</sub> equivalent per dose.

This project aims to understand patients' knowledge of the environmental impact of Salbutamol inhalers and to take steps to reduce the carbon footprint associated with the use of MDIs:

- To identify patients' awareness of the carbon footprint associated with the use of their inhaler, identifying current habits in terms of patients' use and disposal of their inhaler devices
- To review the inhaler techniques of patients who have not had an inhaler review in over six months and those who are not confident with their inhaler technique.
- To assess whether patients are suitable to be switched to the dry powder inhalers using an in-check device.

A survey was completed on all patients who have Salbutamol listed as a current or previous medication on their drug charts focusing on the respiratory ward and the acute admissions ward.

A number of interventions were implemented for those patients who were using their inhalers inappropriately e.g. over reliance, or were using incorrect inhaler technique or had brought in out of date or unusable inhalers.

Patient information leaflets were shared and patients were directed to resources to guide them on reducing their carbon emissions from their inhaler use.

A learning session on the results of the first cycle of the QIP was delivered to Pharmacy Staff on greener inhaler use.


In conclusion, patients included in this project had limited awareness of the environmental impact of Salbutamol inhalers and more should be done to enable patients to reduce the carbon impact of these devices.

# Complaints

Some of the actions that MTW has taken in response to complaints received over the last year:



- A new policy has been implemented where patients are encouraged to let their friends and family know what their medical position is to ensure that they are disclosing their own information. Where this is not possible, a password system has been implemented where the person seeking the information can give a secure password provided by the patient, enabling staff to disclose the information with consent.



- The Haematology Service has introduced a new telephone system; incoming phone calls are initially directed to the identified individual, but should they not answer, the call opens to the remaining members of the team. This ensures that all calls are answered by a person negating the need for automated call answering services.



- All staff to undertake the new mandatory learning disability and autism training. In addition, bespoke training will take place on the wards to assist, guide and support staff when looking after patients with neurodiversity.



- The Urology Service are monitoring the length of clinic appointment wait times and increasing clinic capacity when required to ensure their patients do not have too long to wait for their appointments.

The number of complaints at MTW still remain within the expected parameters for an organisation of our size, however the Trust has seen a decrease in the number of complaints by 10.13% over the last year.

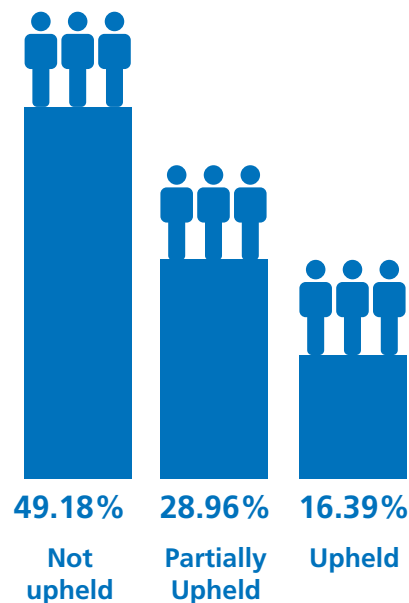
The Trust opened 470 formal complaint investigations in 2023/24, a decrease from 523 in 2022/23. This reflects efforts to resolve issues by both staff at ward and service level, and our Patient Advice and Liaison Service (PALS) as they each endeavour to address concerns and resolve issues as and when they arise. The majority of complaints were not upheld.

The Trust measures its performance in responding to complaints within either 25, 40 or 60 working days (depending on the severity and complexity of each case). In 2023/24, this was achieved in 64.27% of complaints; although an increase on 54.5% in 2022/23, the Trust recognises that there are huge improvements still to be made in this area. We have extended the number of our complaint handlers from two to five in order to make further improvements in our complaints service. Our Patient Advice and Liaison Service (PALS) dealt with 6,567 contacts in 2023/23, an increase from 4,832 contacts in 2022/2023. We have recruited an additional PALS Officer to support the service.

The main reasons for contacting PALS were:

- Concerns
- Information requests
- Liaison requests
- Messages
- Compliments

## Complaints upheld or not upheld 2023/24



# Patient experience surveys

The Trust employs a range of methods to gather feedback from patients including three different forms of patient surveys: National patient experience surveys, Local patient surveys and The Friends and Family Test (FFT).

## National Patient Experience Surveys

The Trust participates in the national annual patient experience survey programme and undertakes all national surveys stipulated by the Care Quality Commission (CQC) each year. During 2023/24 the Trust participated in five national patient surveys: Maternity Survey, Inpatient Survey, Urgent and Emergency Care Survey, Cancer Patient Experience Survey and the Children and Young People's Patient Experience. The surveys were undertaken by IQVIA as contractors for our Trust. At the time of writing the Trust is still in the fieldwork process for the Inpatient Survey and the Maternity Survey. The results for the Urgent and Emergency Care Survey are due to be published nationally in June 2024.

## Friends and Family Test

The Trust utilises a multi-modal approach to gathering the FFT data; paper surveys, online surveys, QR code capture and URLs to ensure accessibility and inclusivity for all patients. In the time period of 2023/24 there were 34,967 responses to the test. The number of responses was down on the previous year due to transitioning the surveys between two providers to enhance the data capture from our patients.

Of those, 94% of the respondents rated the care they received as very good and good.

102 responses were submitted by tablet, 20,490 online and 14,375 were paper cards.

33% of the respondents identified a disability, long term health or mental health condition.



FFT 2023/24



surveys received



free text comments  
**95% were positive**



of patients had a  
**positive experience**



clinical areas contributed to  
**gathering feedback**

FFT 2022/23



surveys received



free text comments  
**90% were positive**



of patients had a  
**positive experience**



clinical areas contributed to  
**gathering feedback**

# Improving our workplace culture

MTW NHS Trust employs a team of over 6,000 full and part-time staff across our sites supported by a team of dedicated and committed volunteers. Every single one of our employees, whatever their role, contributes to the delivery of high quality care and experience for the communities we serve.

One of our key strategic ambitions is to “Create an inclusive, compassionate and high performing culture where our people can thrive and be their best self at work”.

## Improving Our “Staff Voice”

One of the key themes of the People Promise is that staff have a voice. It’s really important that we encourage our staff to tell us what it’s like for them working at MTW. We have therefore adapted our quarterly “staff experience survey” to ask key engagement questions from the “National NHS Staff Survey” to help us to benchmark against other NHS Acute Trusts and track the success of improvements.

### Our strategic goal:

We will achieve continuous improvement to take MTW to the best place in the NHS Staff Survey amongst acute trusts.



## Staff engagement and growth

We will listen to, enable and strengthen the staff voice and help people to develop and grow.



## Supportive team behaviours

There will be a consistent experience of the Trust values in our teams and we will reward the right things.



## Recruitment and resourcing

Through workforce planning and clear career pathways we will create a sustainable productive workforce.



## Collective and compassionate leadership

We value effective and compassionate leadership at all levels, learning from experience and seeking continuous improvement.



## Equality, diversity and personalisation

We will continue to champion respect of difference, ensure equity of opportunity and enable people to bring their best selves to work.



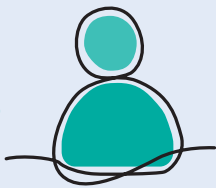
## Health and wellbeing

We will take a holistic and preventative approach to health and wellbeing in caring for our people.



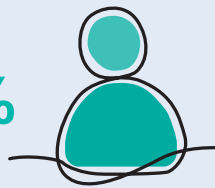
# The results from the 2023 NHS Staff Survey

**47%**



**of substantive staff -  
Response rate**

**20%**



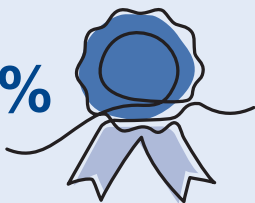
**of bank staff -  
Response rate**

**74%**



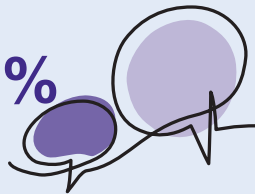
**say we are  
compassionate  
and inclusive**

**60%**



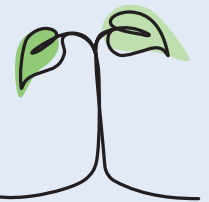
**feel  
recognised  
and rewarded**

**68%**



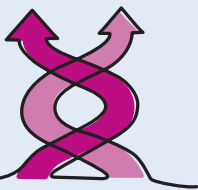
**feel  
that we each have  
a voice that counts**

**61%**



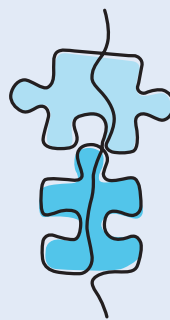
**say they  
are always  
learning**

**63%**



**say they  
are able to  
work flexibly**

**68%**



**feel part of  
a team**



**MTW**

Exceptional people,  
outstanding care

## Highlights

- We have scored above the national average for acute trusts for all of the People Promise themes plus the additional staff engagement and morale themes measured by the survey
- Our staff ranked MTW as one of the top ten trusts in the country - and the second best trust in the south east - to work for.
- Our staff experience scores across all seven of NHS People Promise themes have also improved, and even more staff are telling us that they would recommend MTW as a place to work. This puts us in the top ten acute trusts for improved scores in this measure.

## Going Forwards

- We will use technology and innovative working practices to enable our staff to work more flexibly and improve the care we provide to our patients
- We will continue to improve the value that our appraisals add to the career development of our staff
- We will continue building an inclusive working environment for all
- We will embed good team work and line management across the organisation

## Equality, Diversity and Inclusion (EDI)

We want to create a working environment and culture where every individual can feel safe, have a sense of belonging and is empowered to achieve their full potential. By creating an environment in which everyone's voice is heard and considered, we can tap into a wealth of diverse perspectives, leading to increased collaboration, productivity and overall staff satisfaction. We are now in our second year of delivering our EDI Strategy and have created a Trust EDI project which is monitored through the SDR process. An EDI Steering Group has been established which monitors progress on the delivery of both the EDI strategy and the NHS EDI Improvement Plan.

The Trust supports a number of initiatives to ensure equal and inclusive access to learning and employment which include:

- Developing and empowering our vibrant staff networks - MTWProud, Cultural and Ethnic Minorities Network, DisAbility Network, Parental Responsibility Network, Chronic pain support group, neurodiversity support group, clinically extremely vulnerable support network, menopause support group and recently re-launched Senior Women Leaders.
  - Representation from our staff networks on the EDI Steering Group, Health and Wellbeing Committee and various stakeholder interview panels ensuring the voices of our minority staff are heard.
  - Developing interactive workshops on inclusive recruitment and allyship.
  - Delivering interactive sessions on bias, micro aggressions and advancing cultural competence.
  - Increasing the number of EDI recruitment representatives to help raise awareness of and offer peer to peer support for inclusive recruitment.
  - Ensuring equality objectives are in place for the Trust Board.
  - A mentoring programme to help address the gap in representation of ethnic minority staff in senior roles.
  - A focus on inclusive recruitment in bands 8b and above to address the gap in ethnic minority and disabled staff representation.
- Participating in Step into Health programme which helps those leaving the Armed Forces to access employment opportunities in the NHS.
  - A second cohort of reverse mentoring which enables staff from ethnic minority backgrounds and those with long term health conditions share their experiences with senior colleagues including our Trust Board and Divisional Leaders.

## Our LGBTQIA+ community

We are committed to ensuring that staff who identify as LGBTQIA+ feel safe and valued at work. We want our staff to feel able to be authentic at work to reduce stress and ill health and increase morale and retention. We obtained a Bronze Award in the NHS Rainbow Badge Assessment demonstrating our commitment to inclusion in the recruitment and retention of staff from the LGBTQIA+ community, ensuring that they can develop and grow their careers at MTW.

Our LGBT+ network has re-launched this year with the appointment of a new Co-Chair, new Executive Sponsor and a more inclusive network name – MTWProud. The vibrant network is open to all LGBTQIA+ staff and allies, providing a safe space for all. They also provide advice and guidance to the Trust on EDI related initiatives. Over the last year they have:

- Celebrated LGBT History Month with a weekly feature on Health and Medicine – reliving some of the most historic times within the community and how history impacts their future.
- Hosted the second MTW Pride event, spreading their colourful wings to share information about the network to the majority of our sites.
- Joined other local NHS organisations in Canterbury Pride walking under the banner "Pride in our NHS".
- Regularly attend Department meetings and inclusion events for staff to sign the Rainbow Badge pledge and talk about the importance of pronouns and gender inclusive language.



## Our staff with long term health conditions and disabilities

We are committed to supporting staff with long term health conditions, those with disabilities and anyone who acquires a disability during their employment with us. We are a Disability Confident Leader which demonstrates our commitment to the recruitment and retention of people with disabilities, how we ensure our policies, processes, training and culture enables disabled staff to flourish. We have had one cohort of Project SEARCH, a programme committed to transforming the lives of young people with learning disabilities and/or autism and we are currently working with Bemix to host supported internships from September 2024.

Our DisAbility Network has increased and a small committee has formed which has included the appointment of a Deputy Chair and a Secretary. The network provides advice and support to its members and act as a trusted advisor to the EDI Team in the implementation of initiatives such as increasing disability declaration rates on ESR. Over the last year they have:

- Hosted awareness stands during Disability History Month.
- Developed an accessible way to declare EDI data on ESR.
- Signposted staff and managers to access support through Access to Work and Able Futures.
- Designed a commendation letter which is sent from the network and our Chief Executive to managers who have been recognised as providing excellent support to staff with health conditions.
- Provided advice to the Learning & Development team to ensure that staff accessing training could request reasonable adjustments and that training venue accessibility is assessed and communicated.
- Encouraged participation of network members as mentors in the reverse mentoring programme.

## Our black and ethnic minority staff

We are proud to say that over 26% of MTW staff are from ethnic minority backgrounds and we are committed to supporting this staff group to have opportunities to learn, grow and develop their careers in the Trust. Our work on raising awareness of racism continues with anti racism workshops delivered to our senior leadership team and EDI recruitment representatives being present on panels of 8a and above. We have appointed a lead nurse for the pastoral care of our international recruits and have been awarded a national NHS pastoral care quality award in recognition of the support provided.

The Cultural and Ethnic Minorities Network (CEMN) continues to provide support to staff and is a trusted advisor to the EDI team in the implementation of initiatives such as the second cohort of the reverse mentoring programme. Over the last year they have:

- Led on the design and delivery of the Kent and Medway Integrated Care System Black History Month event.
- Created an event focussed on the experiences of our internationally educated staff.
- Hosted Black History Month event "Sheroes among us".
- Supported listening events with our Chief Nurse.
- Designed and delivered an event to recognise the contributions of our internationally educated staff past and present on Windrush Day.
- Encouraged participation of network members as mentors in the reverse mentoring programme.



# Freedom To Speak Up (FTSU)

## Collaborative working

The FTSU function works collaboratively with our teams to ensure key insights are shared to maximise our learning. In particular the FTSU team work closely with the following teams:

- Patient Safety.
- Organisational Development.
- Human Resources.
- Staff Networks.
- Retention Team.
- Health and Wellbeing.
- Occupational Health and Psychological Services.

This interdepartmental working has helped us to highlight areas for service improvement that, in isolation, one department might not have been able to identify.

## Case Study

A recent FTSU case raised a potential area for improvement in communication between staff and managers out of hours. The incident highlighted the necessity for additional support during challenging times. Consequently, there is a renewed focus on rostering and on-call arrangements to ensure prompt assistance is available when urgently needed, thereby enhancing support for all staff members.

## Our Strategic Focuss:

We are committed to actively engaging with staff across various departments and satellite sites to elevate the importance of speaking up. Our efforts are directed towards fostering a culture of constructive feedback, with a dual emphasis on enhancing services and promoting continuous learning. We aim to empower staff to voice their concerns, thereby nurturing a speaking up culture.

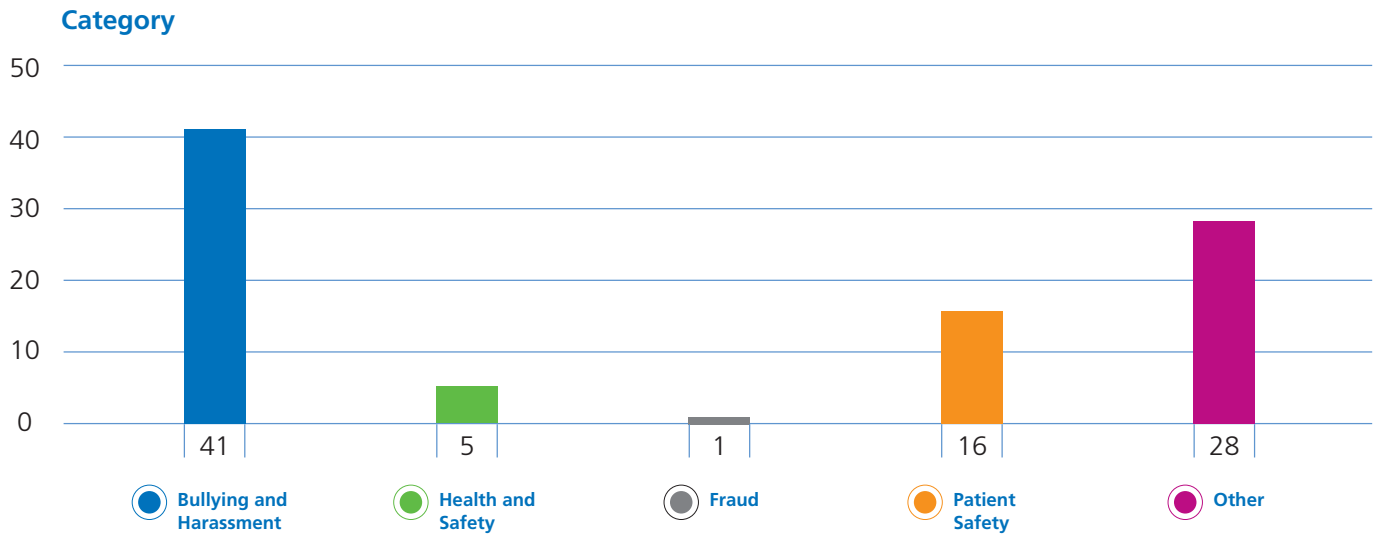
We are also aware of a discrepancy in speaking up habits across specific job roles. We are proactively reaching out to individuals experiencing digital poverty. Ensuring those who do not have access to a computer can still have their voices heard.

We are also spearheading multiple initiatives to improve reporting outcomes, and reporter satisfaction. We are using three main themes to do this:

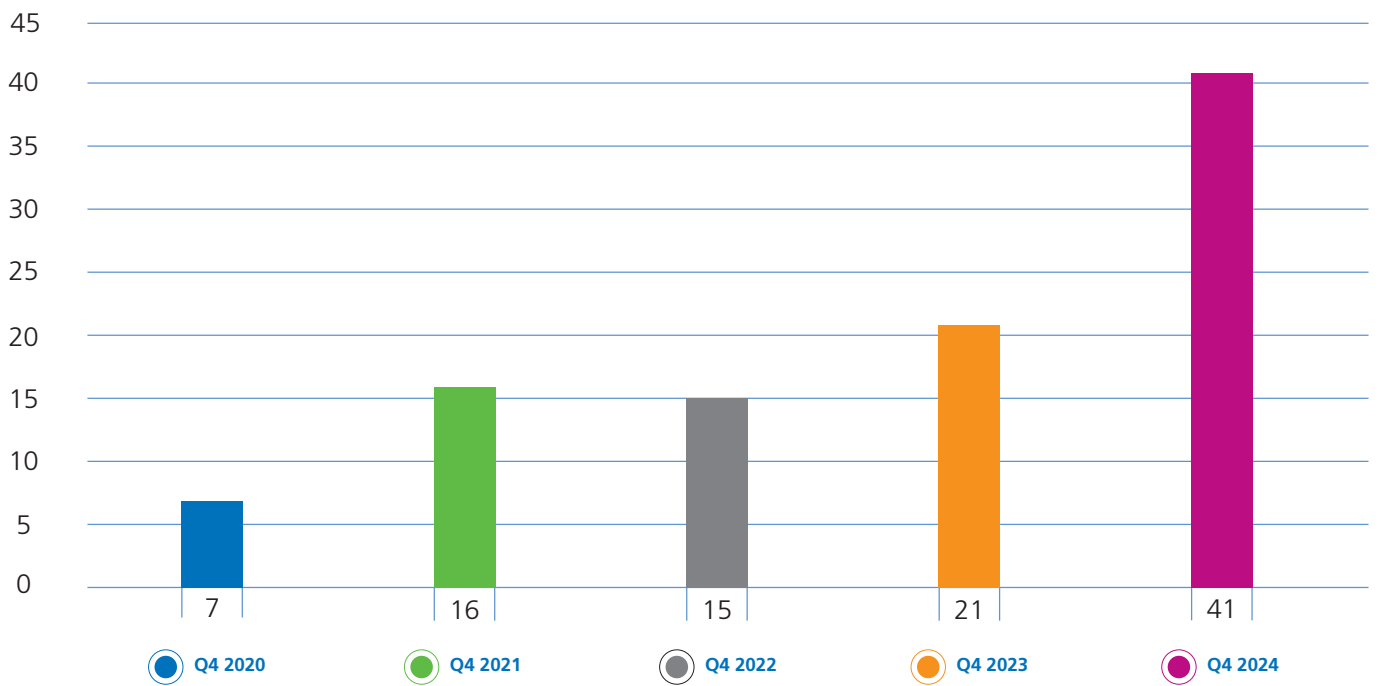
- Awareness: Ensuring clarity on what issues can be raised and where they can be reported.
- Trust: Establishing confidence among staff that speaking up is integral to a culture of learning.
- Encouragement: Emphasising that every concern, regardless of its perceived significance, is valued and welcome.



### 2023/24 Freedom to Speak up Statistics



### 2023/24 Total concerns logged



# Medical rota gaps

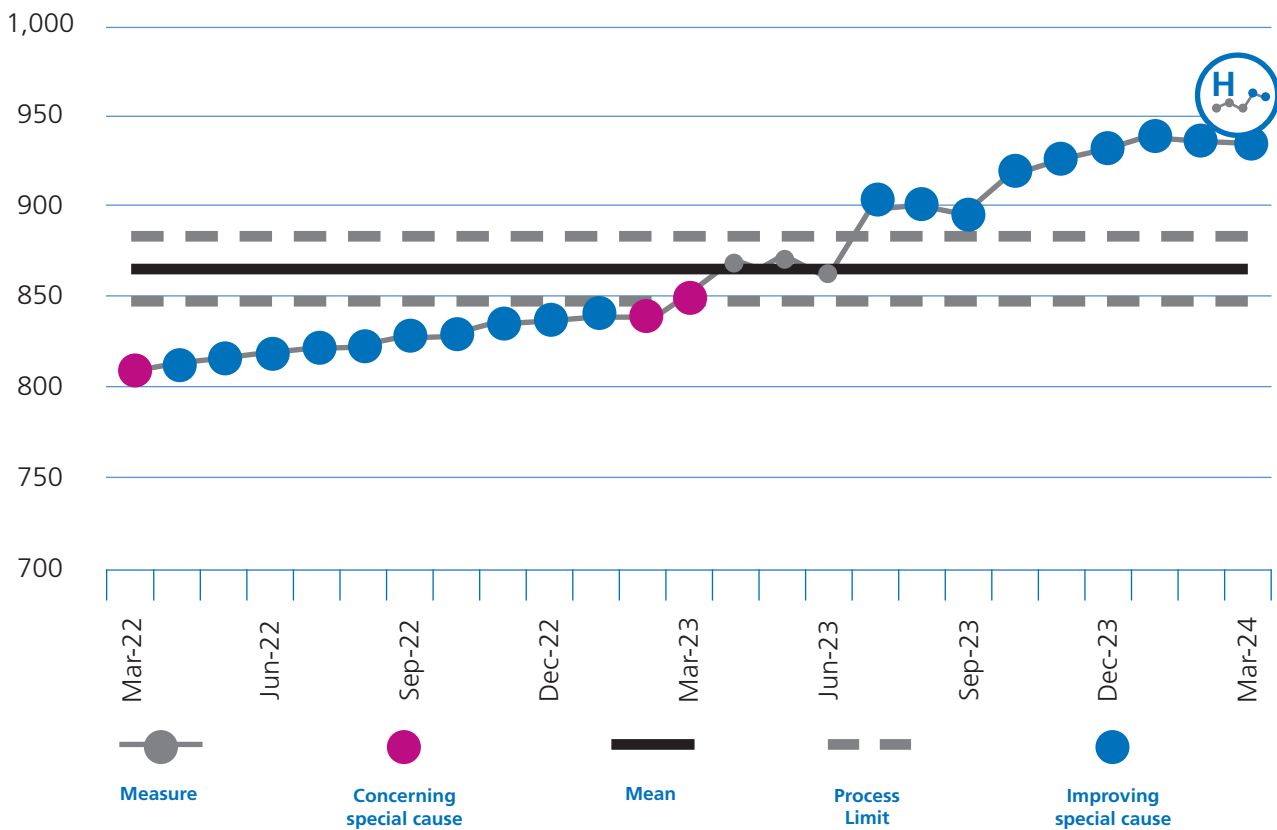
The overall fill rate of our training posts remains high. During the academic year 2023/24, through the expansion and redistribution of training posts, we were able to increase our posts at Higher, Core and Foundation training levels across our specialties.

We have a number of initiatives throughout our Departments which help support our rotas. These include programmes for Clinical Fellowships, Senior Clinical Fellow Certificate of Eligibility for Registration (CESR), Chief Medical Registrars and the Medical Training initiative for overseas doctors. Advanced Practitioner and Physician Associate roles continue to be recruited to and provide multi-professional support to our services.

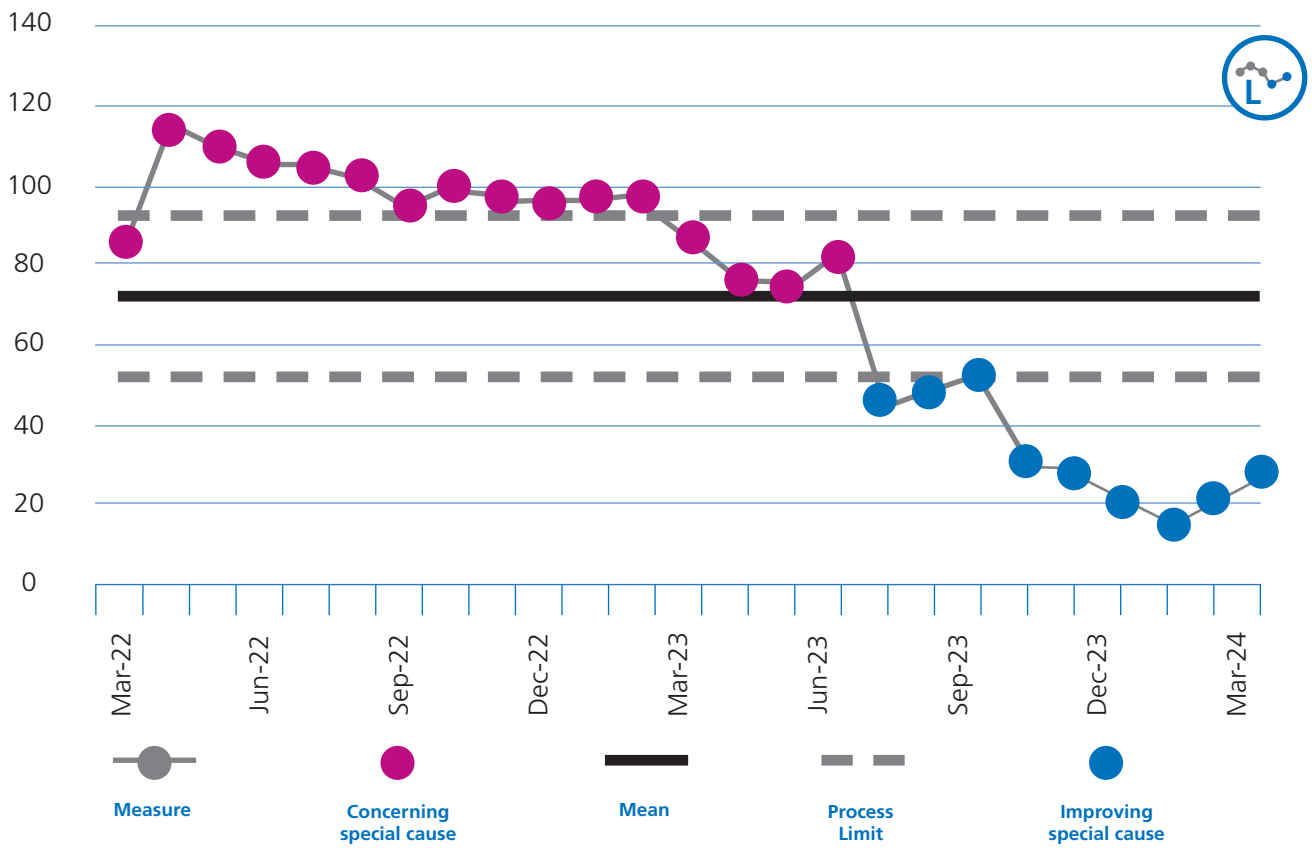
The Guardian of Safe Working reports to the Board on any rota issues that may have been identified by Trainees through exception reporting which is a mechanism used by our Trainees to inform of variations to their scheduled work.

Maidstone and Tunbridge Wells NHS Trust have made a concerted effort over the last two years to increase the overall level of medical staffing and at the same time reduce the vacancy rate for doctors and allied health professionals. Our medical workforce has grown from around 800 in February 2022 to over 960 in February 2024.

## Staff in Post



## Vacancy



# Learning from deaths (mortality reviews)

Mortality rates within the Trust have seen a decline from January 2023 to December 2023, when compared to the same period in 2022. Deaths occurring in the Trust in the year ending 2023 was 1,656 compared to 1,747 deaths in the previous year.

Learning from deaths across the Trust has improved, especially in three areas;

## 1 Mortality Indicators:

Mortality indicators Hospital Standardised Mortality Ratio (HSMR), Standardised Mortality Ratio (SMR), and Summary Hospital level Mortality Indicator (SHMI) are produced by "T Health" (formally Dr Fosters). The most recent data for the period January 2023 to December 2023 showed the Trust HSMR and SMR at 85.77 and 83.4 respectively, both categorised as "lower-than-expected".

Nationally, the mortality indicator score for hospitals is set at 100, which indicates that the actual number of deaths is the same as the expected number. If the score is above 100, this means more deaths are occurring at the hospital than expected. A score under 100 means that a trust has fewer deaths than expected, therefore performing better.

The Trust is currently performing at the 12th month of consecutive decline in the HSMR position, see below a graph of our performance on a 12-month rolling average.

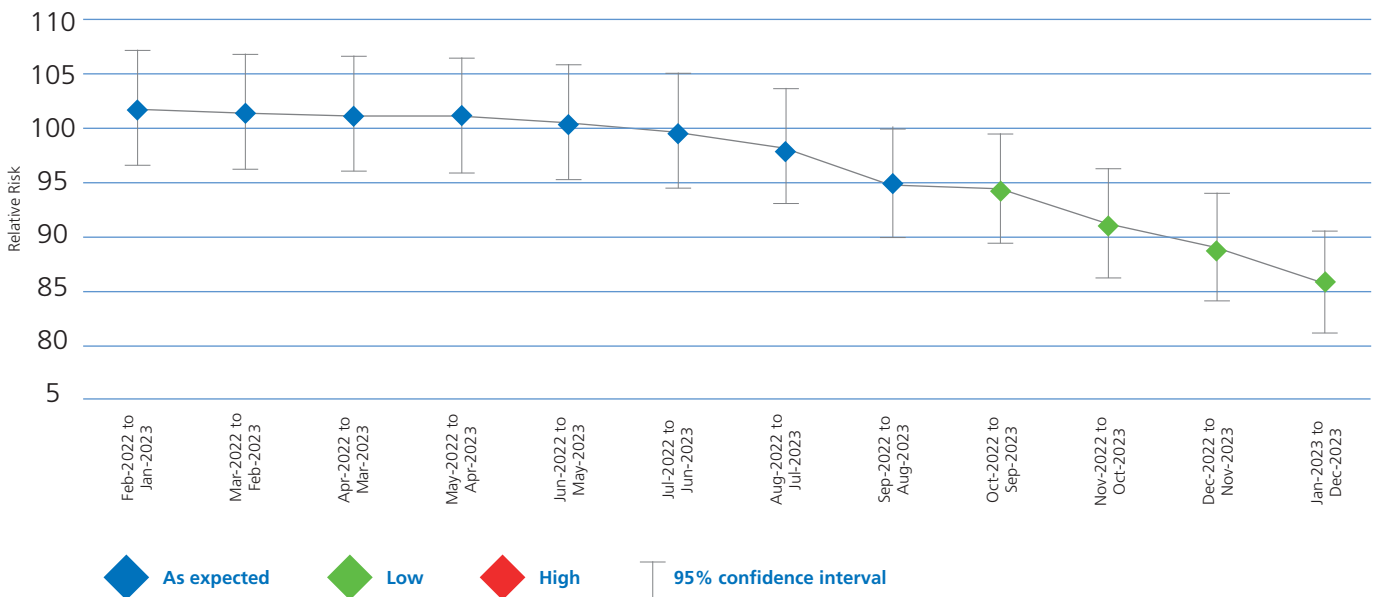
There is a delay in the collation of data and this graph is based on the April 2024 T health data refresh.

The most recent Standardised Hospital Mortality Indicator (SHMI) data published by NHS England for the period December 2022 to November 2023 showed the Trust's SHMI as 93.92 which remains as expected. In the last year, the Trust mortality indicators have remained within the expected or lower-than-expected levels.

In Maidstone and Tunbridge Wells NHS Trust (MTW), mortality indicators continue to be closely monitored and reported to the Mortality Surveillance Group, Board, and Quality Committee regularly.

The improvement in MTW's mortality indicators is multifactorial with several developments around the learning from deaths process. There has been increased accuracy in the coding of care episodes, the coding team continues to work with clinicians to improve this which supports the accuracy of mortality indicators.

Figure 1 Diagnoses - HSMR trend rolling 12 months from Jan 23 - Dec 23





## 2 Mortality Reviews:

The Medical Examiner (ME) Service is now established, reviewing 97-100% of deaths within the hospital, and is an area that improves the learning from deaths process. The Service has streamlined the initial first-stage mortality review and supports clinicians with the death certification process. Contact with the loved ones, carers and relatives of deceased patients is a part of the ME review process. This highlights concerns about MTW's care provision which can initiate a Structured Judgement Review.

A Structured Judgement Review is an in-depth review carried out by a senior clinician reviewing and scoring different aspects of care received by patients in their last episode of care within the hospital. Structured Judgement Reviews (SJR) are discussed at Mortality Surveillance Group (MSG) meetings by senior medical and nursing clinicians. Cases assessed as 'Poor' or 'Very Poor' may be referred through the Patient safety team for a review against the Patient Safety Incident Response Framework (PSIRF) threshold to determine if a Patient Safety Incident Investigation (PSII) is required. Referred cases are reviewed by an Executive panel and feedback on referral outcomes is made to MSG by the Patient Safety team.

There were over 50 cases in the SJR backlog up to three years in arrears. Improvements have included recruiting more SJR reviewers and effective management of the SJR process. There are currently no SJRs in the backlog.

A total of 128 SJRs were allocated and completed by specially trained reviewers in the period April 2023 - March 2024. Six (5%) of the SJRs completed had a score of 'Very Poor Care' and 16 (12%) were assessed as 'Poor Care'. Whilst this is slightly higher than last year's figures for cases within these categories there were 50% more cases reviewed this year (2023/24) 128, compared to 85 cases last year.

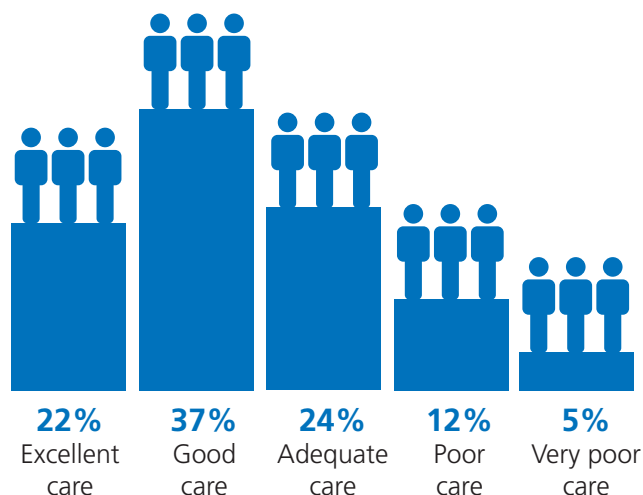
## 3 Sharing learning from deaths:

Another area of improvement is the sharing of learning from deaths. Mortality Surveillance Group writes to teams where a Structured Judgement Review demonstrates excellent care to commend exceptional care provision. A divisional mortality report is now produced by the Medical Directorate team and is a standing agenda item at Clinical Governance to circulate both positive and negative learning from deaths reviewed. A mortality section has also been developed in the Patients Safety Learning Hub on the intranet where all the learning from SJRs are uploaded as well as divisional mortality reports. MSG may also write to teams and clinicians asking them to review their practice in line with cases discussed at MSG to encourage learning.

## Learning from deaths identified in 2022/23 include:

- Sepsis is a recurring theme discussed at MSG, there is a need for increased awareness to support early identification, treatment, and escalation. A Deteriorating Patient Corporate Programme with Executive management oversight is being developed. Sepsis improvement will form part of this programme of work.
- Treatment delays are another key area of learning highlighted by SJRs.
- Improved communication with patients and families/carers.
- Need for comprehensive and clear documentation to support care.
- Good multidisciplinary involvement in patient care has been highlighted from reviews.
- Prompt recognition of patients who are nearing end of life and involvement of the palliative care team is another good area of care.

## 2023/2024 completed Structured Judgement Reviews



# National indicators

There are a variety of national indicators highlighted within the Outcomes Framework that each Trust is required to report on. Maidstone and Tunbridge Wells NHS Trust considers that this data is as described for the following reasons:

- The Trust submitted a 'standards met' Data Security and Protection Toolkit. As part of this process audits of clinical coding and non-clinical coding have been undertaken as well as completing the "completeness and validity checks".
- In addition, three key indicators are selected and audited each year as part of the Trust's assurance processes.

## The NHS Outcomes Framework has five domains:

- 1 Preventing people from dying prematurely.
- 2 Enhancing the quality of life for people with long-term conditions.
- 3 Helping people to recover from episodes of ill health or following injury.
- 4 Ensuring that people have a positive experience of care.
- 5 Treating and caring for people in a safe environment and protecting them from avoidable harm.

## Domains 1 and 2: Preventing people from dying prematurely and enhancing the quality of life for people with long-term conditions

The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the number of patients who die following hospitalisation and the number that would be expected to die on the basis of average England figures. A ratio that is less than 1 indicates that less patients died at the Trust than expected. Trusts are categorised into one of three bands:

- Where Trust's SHMI is 'higher than expected' – Band 1.
- Where the Trust's SHMI is 'as expected' – Band 2.
- Where the Trust's SHMI is 'lower than expected' – Band 3.

In March 2024 the SHMI for Maidstone and Tunbridge Wells Trust was 0.94 (banded as level 2 'as expected').

Summary Hospital-level Mortality Indicator ("SHMI")	2023/24		2022/23	
	SHMI	Banding	SHMI	Banding
Maidstone and Tunbridge Wells NHS Trust	0.94	2	0.91	2
Best Performing Trust	0.72	3	0.72	3
Worst Performing Trust	1.26	1	1.22	1

Patients being treated by the palliative care team should have this recorded in their healthcare records and subsequently coded. Last year MTW saw a significant improvement in the recording of palliative care provided to our patients.

The percentage of patient deaths with palliative care coded	2023/24	2022/23
Maidstone and Tunbridge Wells NHS Trust	42%	32%
Lowest percentage Trust	16%	13%
Highest percentage Trust	66%	66%

### Domain 3: Helping people to recover from episodes of ill health or following injury

Emergency readmissions to hospital shortly after being discharged are sometimes avoidable and may provide an indicator of the quality of care provided.

Prescribed data requirements	MTW NHS Trust	
	Aged 0-15	Aged 16 and over
Readmission rate to MTW within 28 days of being discharged from MTW	12.3%	21.31%

### Domain 4: Ensuring that people have a positive experience of care.

Prescribed data requirements	2023/24	2022/23	National average
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	74%	70%	63%

### Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

Prescribed data requirements	2023/24 local data	2022/23 local data
The percentage of patients who were admitted to hospital and who were at risk assessed for venous thromboembolism during the reporting period.	94.9%	96.2%
The rate per 100,000 bed days of cases of C. Difficile infection (healthcare associated) reported within the Trust amongst patients aged 2 or over during the reporting period.	47.2	24.34

The Trust limit for Clostridioides difficile infections (CDI) was exceeded with 107 Trust apportioned cases against a year end limit of 61. In response to these high rates, Trust-wide incident meetings were held and a CDI action plan developed which resulted in a downward trend in numbers. Key actions were implemented and good infection, prevention and control (IPC) practice and antimicrobial stewardship further promoted. All cases of CDI are reviewed to ascertain the likely cause and any areas for shared learning.

# Awards

HSJ Digital Awards – April 2023

## Shortlisted – ‘Improving Urgent and Emergency Care Through Digital’



The state-of-the-art bed management system being used by the Trust's Care Coordination Centre was recognised for helping to ensure patients receive the right care, in the right place at the right time. The system provides real-time information about bed occupancy, helping to significantly improve bed turnaround times.

Platinum Bliss Awards - May 2023

## Accreditation



The Neonatal unit at Tunbridge Wells Hospital became one of only four in the UK to receive platinum accreditation in the Bliss Baby Charter. Run by the charity Bliss, which supports premature or sick babies, the Baby Charter was established in 2005 and is now the UK standard for developing, measuring and improving family-centred care.

NIHR Clinical Research Network Kent, Surrey and Sussex Research Support Awards – February 2024

## Highly Commended



Peggy Wood Breast Care Centre, for supporting the three trust-sponsored trials in the unit which led to the establishment of an embedded research clinic week.

Shortlisted – Critical Care Outreach team, for their involvement with the AIRWAYS-3 project.

Shortlisted – Urology team, for supporting the TRANSLATE study, which looked into the use of two different biopsy methods.

South East Perinatal Learning and Sharing event – June 2023

## Winner – ‘Maternity Team of the Year’



## Winner – ‘Excellence in Perinatal Education, Learning and Research’

Our Maternity teams were awarded ‘Maternity Team of the Year’ for supporting a patient who received a terminal cancer diagnosis during her pregnancy and was given only four weeks to live. The Maternity Research team also won the ‘Excellence in Perinatal Education, Learning and Research’ award for supporting the research into group B Strep in pregnant women.

NHS England National Preceptorship Framework for Nursing - January 2024

## Gold standard Quality Mark



MTW achieved the gold standard Quality Mark for the support we provide to newly-registered nurses. Our Preceptorship Programme aims to welcome and integrate newly-registered nurses into their teams at the Trust, providing them with a 12-month period of dedicated guidance and support. The Quality Mark is awarded to organisations who have created an environment where new team members can thrive, learn and grow.

HSJ Awards – November 2023

## Finalist – ‘Performance Recovery Award’



The Trust was recognised for introducing new ways of working which ensure patients in the area are receiving some of the fastest access to treatment in the country. These include the use of a real time bed management system, the growth in Same Day Emergency Care which provide quick access to diagnostic tests and specialist care, and investments in staff training and service developments.

Royal College of Anaesthetics (RCoA) – February 2024

## Accreditation

The Anaesthetic department received accreditation under the prestigious RCoA Anaesthesia Clinical Services Accreditation (ACSA) scheme. The award recognised the department's commitment to a high standard of practice in providing safe, effective and compassionate care to patients.



HSJ Digital Awards – March 2024

## Shortlisted – 'Improving Out of Hospital Care Through Digital'

The Acute Virtual Ward programme at MTW was shortlisted for its work in delivering acute hospital-level care directly to patients in their homes by a team of specialist nurses and doctors. The introduction of the programme has enabled MTW to increase its capacity for treating patients requiring acute-level care.



HSJ Partnership Awards – March 2024

## Gold – 'HealthTech Partnership of the Year'

## Silver – 'Best Acute Sector Partnership with the NHS'

The Trust's electronic bed and capacity management system won Gold and Silver awards in two categories of HSJ Partnership Awards. Used in our Care Coordination Centre, the technology provides real-time information about bed occupancy at both Maidstone and Tunbridge Wells hospitals, helping to maintain flow through our hospitals by reducing the amount of time a bed is empty.



Healthwatch Recognition Awards – March 2024

## Winner – 'Excellence in Collaboration'

## Winner – 'Excellence in inclusivity and equal access to services'

The Trust was recognised for its SWAN service, which was set up collaboratively with the Anne Robson Trust to provide companionship for patients in their final days and hours of life. The Trust also won an award for the Breast Radiology team's efforts to make breast screening services accessible and inclusive for all biopsy methods.



# New developments

## Patient portal:

In November 2023, we launched our patient portal – Patients Know Best – helping service users take control of the management of their outpatient appointments. By signing up to the portal, patients can view appointment letters, cancel and request to reschedule their appointments all with a few taps on their personal devices, meaning they do not need to call into our teams and also allowing others to be booked into cancelled or moved appointments. Nearly 100,000 patients registered in the first six months, helping to reduce calls into Clinical Admin Units, decrease Did Not Attend (DNAs) in our outpatient clinics and save on postage costs for patient letters.

## Enhanced stroke services:

A new Hyper Acute Stroke Unit (HASU) at Maidstone Hospital opened to patients in December 2023 as part of a wider project to develop the Trust's stroke services. One of three specialist units in Kent and Medway, the HASU will help to consolidate existing stroke resources across the region in order to meet national best practice standards, ensuring all patients across Kent and Medway receive high-quality stroke care.

## Kent and Medway Orthopaedic Centre:

2024 will see the official opening of the Kent and Medway Orthopaedic Centre at Maidstone Hospital, providing three state-of-the-art operating theatres and 24 dedicated surgical beds. It will expand the Trust's capacity for routine orthopaedic operations including more than 2000 extra knee and hip replacements each year, transforming care for Kent and Medway patients who need planned surgery on bones, joints and muscles. The theatre complex is located behind the main hospital building and will focus on orthopaedic care for patients, helping deliver many more operations for patients across Kent and Medway, and reducing the length of time patients stay in hospital.

## West Kent Community Diagnostic Centre:

In January 2024, the West Kent Community Diagnostic Centre was officially opened by the Secretary of State for Health and Social Care, Victoria Atkins, enabling thousands more patients to get faster access to tests including x-rays, CT, MRI, DEXA and ultrasound scans. The centre at Hermitage Court, on Hermitage Lane, also provides additional clinic rooms and x-ray, respiratory and cardiology rooms and will provide tests, checks and scans to around 149,000 people in its first year.

## Kent and Medway Medical School:

Following on from a wide range of infrastructure developments, 2024 will also see the opening of new medical student accommodation and an academic teaching building at Tunbridge Wells Hospital. The new state-of-the-art six storey building will provide teaching facilities and high-quality accommodation for 145 medical students and trainee doctors a year. Once fully established, it will place 120 additional medical students with MTW each year – a 315% increase in the total number of students the Trust currently takes.

## Acquisition of the Spire Tunbridge Wells Hospital:

In March 2024, MTW bought Spire Tunbridge Wells Hospital, a private healthcare facility in Kent. The purchase will enable the Trust to develop clinical services in a number of areas and provide additional NHS capacity across Kent and Medway. The hospital at Fordcombe will provide MTW with additional facilities including: two theatres, 28 inpatient and day care beds, diagnostics including X-ray, MRI, CT and endoscopy, and a number of consultation and treatment rooms. This will increase NHS capacity and enable MTW to carry out more procedures for long waiting patients across Kent and Medway. Following the acquisition there will be a transition period, which is expected to be around six months, while MTW works on the development and integration of services.

# Part four

## Appendices



## National Clinical Audit Participation 2023/24

The national clinical audits and national confidential enquiries that Maidstone and Tunbridge Wells NHS Trust was eligible to participate in during 2023/24 are shown in the table below. We are unable to provide percentages of cases submitted for every national clinical audit as work is still progressing on many of them.

National Clinical Audits 2023/24	Participation Y, N, N/A	% cases submitted	Comments
British Thoracic Society Adult Respiratory Support Audit	Y	100%	
The British Association of Urological Surgeons (BAUS) BAUS Nephrostomy Audit	Y	100%	
British Hernia Society British Hernia Society Registry	N/A		Due to start Spring 2024
NHS Digital Breast and Cosmetic Implant Registry	Y	100%	
Intensive Care National Audit & Research Centre (ICNARC) Case Mix Programme (CMP)	Y	100%	
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Child Health Clinical Outcome Review Programme: Juvenile Idiopathic Arthritis	Y		Data submission in progress
NHS Digital Elective Surgery (National PROMs Programme)	Y	93%	
Royal College of Emergency Medicine Emergency Medicine QIPs: Care of Older People	Y		Data submission in progress
Royal College of Emergency Medicine Emergency Medicine QIPs: Mental Health (Self-Harm)	Y		Data submission in progress
Royal College of Paediatrics and Child Health Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Y	100%	
Royal College of Physicians Falls and Fragility Fracture Audit Programme (FFFAP): National Audit of Inpatient Falls (NAIF)	Y	75%	Continual data submission
FFFAP: National Hip Fracture Database (NHFD)	Y	99%	Continual data submission
IBD Registry Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory Bowel Disease (IBD) Audit]	N		Directorate decision. IQICC closed March 2024
IBD Registry Paediatrics Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory Bowel Disease (IBD) Audit] NHS England Learning from lives and deaths	Y	100%	
NHS England Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Y	100%	
University of Oxford / MBRRACEUK collaborative Maternal, Newborn and Infant Clinical Outcome Review Programme	Y	100%	



National Clinical Audits 2023/24	Participation Y, N, N/A	% cases submitted	Comments
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Medical and Surgical Clinical Outcome Review Programme: Endometriosis	Y	62.5% (5/8)	
NCEPOD: End of Life Care	Y		Data submission in progress
NCEPOD: Rehabilitation following critical illness	Y		Data submission in progress
NHS Digital National Adult Diabetes Audit (NDA): National Diabetes Footcare Audit (NDFA)	Y	100%	
NDA:A21:C39 National Diabetes Inpatient Safety Audit (NDISA)	N		Staffing capacity issue
NDA: National Pregnancy in Diabetes Audit (NPID)	Y	100%	
NDA: National Diabetes Core Audit	Y	100%	
Royal College of Physicians National Asthma and COPD Audit Programme (NACAP): COPD Secondary Care	Y	47%	
NACAP: Pulmonary Rehabilitation	Y	38%	
NACAP: Adult Asthma Secondary Care	Y	36%	
NACAP: Children and Young People's Asthma Secondary Care	Y	100%	
University of York National Audit of Cardiac Rehabilitation	Y	100%	
NHS Benchmarking Network National Audit of Care at the End of Life (NACEL)	N/A		NACEL paused during 2023
Royal College of Psychiatrists National Audit of Dementia (NAD)	Y	100%	
NHS Digital National Audit of Pulmonary Hypertension	N/A		
Intensive Care National Audit & Research Centre (ICNARC) National Cardiac Arrest Audit (NCAA)	Y	100%	
National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU National Cardiac Audit Programme (NCAP): National Adult Cardiac Surgery Audit (NACSA)	N/A		

National Clinical Audits 2023/24	Participation Y, N, N/A	% cases submitted	Comments
NCAP: National Congenital Heart Disease Audit (NCHDA)	N/A		
NCAP: National Heart Failure Audit (NHFA)	Y	100%	
NCAP: National Audit of Cardiac Rhythm Management (CRM)	N		Staffing capacity issue
NCAP: Myocardial Ischaemia National Audit Project (MINAP)	Y	100%	
NCAP: National Audit of Percutaneous Coronary Intervention (NAPCI)	Y	100%	
University of Bristol National Child Mortality Database (NCMD)	N/A		
NHS Blood and Transplant National Comparative Audit of Blood Transfusion (NHSBT): 2023 Audit of Blood Transfusion against NICE Quality Standard 138	Y	100%	
NHSBT: 2023 Bedside Transfusion Audit	Y		Data submission in progress
British Society for Rheumatology National Early Inflammatory Arthritis Audit (NEIAA)	Y	100%	
Royal College of Anaesthetists National Emergency Laparotomy Audit (NELA)	Y	100%	
Royal College of Surgeons of England (RCS) National Gastro-Intestinal Cancer Audit Programme (GICAP): NATCAN - National Bowel Cancer Audit (NBOCA)	Y	100%	All patients diagnosed with cancer are registered with National Cancer Registration Analysis Service for inclusion in the national clinical audit programme
NATCAN - National Oesophago-Gastric Cancer Audit (NOGCA)	Y	100%	
NATCAN- National Lung Cancer Audit (NLCA)	Y	100%	
NATCAN - National Prostate Cancer Audit	Y	100%	
Royal College of Surgeons of England (RCS) National Cancer Audit Collaborating Centre - National Breast Cancer Audit	Y	100%	
Healthcare Quality Improvement Partnership (HQIP) National Joint Registry (NJR)	Y	97%	Data submission in progress
British Obesity & Metabolic Surgery Society National Bariatric Surgery Registry (NBSR)	Y		Data submission in progress
Royal College of Obstetricians and Gynaecologists National Maternity and Perinatal Audit (NMPA)	Y	100%	
Royal College of Paediatrics and Child Health National Neonatal Audit Programme (NNAP)	Y	100%	

National Clinical Audits 2023/24	Participation Y, N, N/A	% cases submitted	Comments
NHS Digital National Obesity Audit (NOA)	Y	100%	
The Royal College of Ophthalmologists (RCOphth) - National Ophthalmology Database (NOD) Audit	N		Ongoing software issue
National Cataract Audit	N		Plan to register for 2024/25
Royal College of Paediatrics and Child Health - National Paediatric Diabetes Audit (NPDA)	Y	100%	
Royal College of Surgeons of England (RCS) National Vascular Registry (NVR)	N/A		
University of Warwick Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	N/A		
University of Leeds / University of Leicester Paediatric Intensive Care Audit Network (PICANet)	N/A		
University of Oxford / MBRRACE UK collaborative Perinatal Mortality Review Tool (PMRT)	Y	100%	
Royal College of Anaesthetists Perioperative Quality Improvement Programme	Y	100%	
King's College London Sentinel Stroke National Audit Programme (SSNAP)	Y	100%	
Serious Hazards of Transfusion (SHOT) UK National Haemovigilance Scheme	Y	100%	
Society for Acute Medicine Society for Acute Medicine Benchmarking Audit	Y	100%	
The Trauma Audit & Research Network (TARN)	Y	100%	TARN closed June 2023
UK Kidney Association - UK Renal Registry National Acute Kidney Injury Audit	Y	100%	



# Patient Pledge

## What you can expect from us:

- ✓ We commit to giving you the best possible care that we can
- ✓ We will treat you with respect, politeness and sensitivity
- ✓ Your spiritual and religious needs will be respected
- ✓ We will explain your care options and the risks involved to ensure you can give informed consent
- ✓ We are committed to involving you in the delivery of your health care
- ✓ Our aim is to not keep you in hospital for longer than necessary to reduce your risk of hospital acquired infection
- ✓ We will start planning for your discharge on admission, and keep you informed of your estimated discharge date
- ✓ We will listen, investigate and respond to all complaints and concerns

## What we ask from you:

- ✓ Treat our staff with respect
- ✓ Participate in decision making
- ✓ Be proactive in planning for your discharge
- ✓ Work together to achieve realistic outcomes
- ✓ Be aware that hospital may not be the best place for you to be when recovering
- ✓ Take responsibility for your own health if you are able to
- ✓ Understand that for some patients, therapy is part of your recovery and it's important you participate if you are able
- ✓ Discuss your concerns with ward staff

## What we ask of your nominated next of kin:

- ✓ Be involved in discussions and support you in making decisions
- ✓ Talk to us about what help and support you might need
- ✓ Support you in following agreed care plans
- ✓ Be respectful of decisions made by you
- ✓ Help us to get you home by supporting with the discharge plan and follow up services
- ✓ Provide us with up to date contact details



# Glossary

ACP	Advanced Clinical Practitioner
AOS	Acute oncology service
ASU	Acute Stroke Unit (provides ongoing care after initial treatment in HASU)
BAME	Black, Asian and Minority Ethnic
BAPM	British Association of Perinatal Medicine
BLISS	Baby Life Support Systems
C. Difficile	Clostridium difficile
CASPE	Clinical Accountability, Service Planning and Evaluation
CCC	Command Control Centre
CDI	Clostridioides difficile infections
CEO	Chief Executive Officer
CESR	Certificate of Eligibility for Specialist Registration
CHKS	Caspe Healthcare Knowledge Systems
CO2	Carbon Dioxide
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSW	Care Support Worker
CT	Computer Tomography
CWT	Cancer waiting time
DNA	Did not attend
DNACPR	Do not attempt cardiopulmonary resuscitation
DPI	Dry powder inhaler
DSPT	Data Security and Protection Toolkit
DTT	Decision to treat
ED	Emergency Department
EDI	Equality, Diversity and Inclusion
EME	Electronic Medical Engineering
EDN	Electronic Discharge Notification
E-Learning	Learning conducted via electronic media e.g. the internet
ENT	Ear, Nose and Throat
EPMA	Electronic Prescribing and Medicines Administration system
ESR	Electronic staff record
FDT	First Definitive Treatment
FFFAP	Falls and Fragility Fracture Audit Programme
FFT	Friends and Family Test
FTSU	Freedom to Speak Up
GA	General anaesthetic

GDPR	General Data Protection Regulation
GP	General Practitioner
HASU	Hyper-acute stroke unit
HASU	Hyper Acute Stroke Service (provides specialist care in the immediate first few days after a stroke)
HQIP	Healthcare Quality Improvement Partnership
HSJ	Health Service Journal
HSMR	Hospital Standardised Mortality Ratio
HTA	Human Tissue Authority
ICB	Integrated Care Board
ICNARC	Intensive Care National Audit and Research Centre
ICS	Integrated Care System
IG	Information Governance
InPhase	Compliance management system for Quality Governance
IPC	Infection Prevention and Control
IR(ME)R	Ionising Radiation (Medical Exposure Regulations)
ISBCS	Immediate Sequential Bilateral Cataract Surgery
IV	Intravenous
KPI	Key Performance Indicator
LGBT+	Lesbian, gay, bisexual and transgender people plus people with gender expressions outside of the norm
LGBTQIA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual
L/S	Lying/standing
MBRRACE: UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
MCA	Mental Capacity Assessment
MDI	Metered dose inhaler
ME	Medical Examiner
MGH	Maidstone General Hospital
MRI	Magnetic Resonance Imaging
MSG	Mortality Surveillance Group
MTW	Maidstone and Tunbridge Wells NHS Trust
NACAP	National Asthma and COPD Audit Programme
NACEL	National Audit of Care at the End of Life

# Glossary

NCEPOD	National Confidential Enquiry into Patient Outcomes and Death
NDFA	National Diabetes Foot Audit
NDG	National Data Guardian
NEIAA	National Early Inflammatory Arthritis Audit
NEWS	National Early Warning Score
NG	Nasogastric Tube
NHFD	National Hip Fracture Database
NHS	National Health Service
NHS Digital	Aims to improve health and care by providing national information, data and IT services
NHSE	National Health Service England
NHSE/Timewise	NHS England flexible working project for staff
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
NNAP	National Neonatal Audit Programme
NPDA	National Paediatric Diabetes Audit
NSCLC	Non-small-cell-lung-cancer
OBDs	Occupied bed days
PALS	Patient Advice and Liaison
PFIS	Patient First Improvement System
PLACE	Patient Led Assessment of Care Environment
PMRT	Perinatal Mortality Review Tool
PPH	Postpartum hemorrhage
PROMS	Patient Reported Outcome Measures
PSIRF	Patient Safety Incident Response Framework

PSIRP	Patient Safety Incident Response Plan
QIP	Quality Improvement Project
RCEM	Royal College of Emergency Medicine
RCoA	Royal College of Anaesthetics
R&I	Research and Innovation
SDEC	Same Day Emergency Care
SDM	Shared decision making
SDR	Strategy Deployment Review
SHMI	Summary Hospital Mortality Indicator
SHO	Senior House Officer
SHOT	Serious hazards of transfusion
SI	Serious Incident
SJR	Structured judgement review
SMR	Standard Mortality Indicator
SSNAP	Sentinel Stroke National Audit Programme
Sunrise	Trust electronic patient records system
T0	Time of escalation
T1	Time of clinical response
TeleTracking	System to provide real-time status of hospital beds
TIAA	Audit service used by MTW
TSR	Towards Safer Radiotherapy
TWH	Tunbridge Wells Hospital
UKAS	United Kingdom Accreditation Service
UNICEF	United Nations Children's Fund
VTE	Venous Thromboembolism

# Part five



# Feedback from our patients

"I found them fascinating, there is a huge amount of information there.

I like the year on a page early on in the report and the use of pictures with the numbers, easy to understand, although the vision triangle is quite hard to read when printed on A4.

The consistent use of symbols e.g. the star for patient experience is really helpful and allows links to be made.

I like the use of photos of real people too, not just diagrams throughout the report, this makes it feel person centred.

I thought it was important that the reviews of services were listed so that users could see external reviews are happening.(p.20) as well as the clinical audits and internal reviews etc.

Also good to see details of research and innovations. And awards.

Altogether I thought the information was presented in a very clear and informative manner, it's difficult to convey so much detail without having some pages with fairly dense text and you would lose something if that was simplified but where possible colour and diagrams/photos/ symbols and white space break it up so that it is still accessible.

Well done!"

"I have read through it, but with a great deal of difficulty, due to the very small fonts used - this may be down to my age (78) and the need to wear spectacles, but even on my 15" laptop screen, with the pages filling the screen, it was very difficult to read, so I had to use a magnifying glass to read many sections - I did print the Chief Executive's statement, but to have printed any more would have been very expensive in terms of paper, and, in particular, printer inks.

I can appreciate that, if you increased the font sizes to at least 10 to 12 points, which the Royal National Institute for the Blind recommend for generally easy reading for people with visual impairments, the report would probably be very many pages longer, and some diagrams, etc, may be difficult to produce.

I did note that you offered, on page 41, the opportunity to request large print format, but I could only read that using the magnifying glass, so you may need to consider increasing the font size of that statement, to make it clearer for all to read.

Having said all that, which, I hope, will be taken as constructive criticism, I found the report extremely interesting, and full of admirable aims and objectives which, I believe, will vastly improve services to patients, and hopefully, help all NHS staff involved to carry out their duties more efficiently and with improved morale.

Well done to everyone involved, and I wish you all every success in achieving the proposed outcomes."

We have noted this patient's feedback and have increased the font-size on the back cover of the report.





"As a Health non-professional my observations regarding this document are from a layman's point of view. When I opened the document, I was somewhat dismayed by the length of it but of course, once I was into it I realised that this was an important "statement of intent" for a large and complex organisation, which MTW NHS Trust is.

My first impression was that this seemed very much like an election manifesto i.e. something of a "wish list". I then realised that if you don't aim high, you get nowhere and to aim for the very best is the only way to progress towards being the very best!

The layout is attractive – the photographs are integral to demonstrating the interest in the particular area being described. It took me a couple of sections to become accustomed to the methodology of the layout. Where, as a layman, I didn't understand some of the terminology, the paragraph regarding the effect on patients clarified the effect being sought. The Glossary became a very useful section for me!

There is a lot of text to read which sometimes became a bit tedious but is obviously necessary to convey what is relevant. I suspect readers

will head for the sections they consider relevant to them. Item 3 of the suggested feedback is whether I might think there was anything missing – that is a question I am not qualified to answer. However, I personally felt the report was comprehensive and informative.

The graphs were well laid out and easy to understand and the use of different colour, especially for boxes containing information made the process of reading their content much easier (and less likely to be "skipped").

I found the whole document extremely interesting and discovered a much better understanding of the complex problems that running such a large organisation throws up! I guess that as a layman, actually reading it through could be considered as a positive.

I like the Patient Pledge. I have always been grateful for the care I have received from the NHS and appreciated the intense pressure that the staff are under. I am fortunate that my children as nominated next of kin (and attorneys of my LPA's) are closely involved in my life and hope they would adhere to what is requested by you and my wishes as imparted to them by me."

"On the whole the report is easy to understand. The charts and diagrams are mainly clear and easy to understand - however please see my comment below.

I don't think I can comment on whether anything is missing as I've not seen a QA report before but it seems very comprehensive and I don't think it would benefit from being any longer.

I hope you don't mind me pointing out there are one or two errors in the Chief Executive statement, there is no space between 'January 2024' and 'by' in the first bullet point and two commas after a word in the second bullet point. Also, although I really like the idea of the 'Year

On A Page', that page seems quite 'busy' with a mixture of charts/graphics and quite a lot of different colours. It may be that as I was looking at it on a screen, the pyramid seems to have loads of information on it and the objectives look a bit small and crammed in on the end. I know you can't change it and there's probably loads of research why they are a good thing, but after 30yrs+ in the NHS, I find acronyms and pyramid charts a bit 'old hat'."

We have noted the typographical errors identified by this patient and have rectified them ahead of publication.



"I found the document easy to read and understand although it was longer than I expected. I liked the detail and diagrams as they helped the narrative. There was nothing I didn't like."

"I think that the report is clearly written on most parts, but p.54 and 55, graphs and text: could be clearer. I liked the use of colour coding and easy identifiable symbols, however p. 62 tells about exciting and positive new initiatives, such as Patients Know Best, but fails to acknowledge the challenges with the Patients Know Best and how these have been addressed and/or will be addressed in the future."

"Zero negative themed feedback in your industry is not possible (Patient Experience priority page 16). A restaurant can strive for that, as can a car manufacturer. However, in a hospital people are arriving in distress, or anxiety, as a result of bad things happening to them, or having treatment for life limiting illness, and you will have the full range of neurological disorders. Your patients are all going to have bad days, your staff can do their best, but patients' problems will cloud their initial judgement and expectations.

I would urge a diversity of feedback, and the great active listening you are doing. Same for accident reporting – if you target zero accidents, you achieve that quickly by encouraging non-reporting, which defeats the object.

Sustainability - the word means different things in all industries, but was expecting to see reference to waste targets and the 'reduce - re-use – recycle theme'.

Absolutely fantastic to see the plans and improvement initiatives. They just look undersold hidden away at the back of the report."



# Feedback from the Kent and Medway Integrated Care Board



## Kent and Medway Integrated Care Board - MTW Quality Account 2023/2024 Comments

We welcome the Quality Account for Maidstone and Tunbridge Wells NHS Trust. Kent and Medway Integrated Care Board (ICB) confirm that this Quality Account has been produced in line with the National requirements and includes all the required areas for reporting.

Your report clearly sets out your quality priorities for improvement for 2024/25, which are aligned to the Trust's Strategic themes and have been established following review of clinical audit results, and themes and trends from adverse events and patient feedback.

The Annual Account demonstrates an overview of quality of care in your focus areas, looking at improving the safety, and effectiveness of your services, as well as improving patient experience.

Throughout the report you have provided clear and measurable recommendations, and the report has a clear flow, that would be easy to follow for members of the public who may have an interest in reading this report.

We commend your achievement on reducing adverse incidents resulting in harm, linked to sepsis management, in addition to the work that has been undertaken to improve end of life care provided by the Trust. The implementation of a seven-day week to improve waiting times for patients using oncology and surgical services is also pleasing to see. The range of 'green' quality improvement projects that MTW staff have carried out this year is also acknowledged.

You have set clear priorities for the coming year, aligned to the aims of the organisation's strategy. We strongly support your priorities in relation to implementation of a unified Maternity Improvement Project and the digital improvement projects - Electronic Prescribing and Medications Administration project and developing a patient portal. We look forward to supporting you with reducing the number of delayed discharges from inpatient services. We invite you to highlight progress with your quality priorities in the Provider Quality Meetings.

It should be noted that five national audits have not been participated in. We understand the exceptional circumstances for these and look forward to working with you in ensuring compliance with all national audits in the future.

Thank you for your engagement at the Provider Quality Meetings and System Quality Group, continuing our collaborative partnership for the population of Kent and Medway. This report clearly sets out your vision for staff and service user support for the coming year and beyond.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Paul Lumsdon'.

**Paul Lumsdon**  
Chief Nursing Officer  
NHS Kent and Medway ICB

21 June 2024

**Together, we can**



[www.kentandmedwayicb.nhs.uk](http://www.kentandmedwayicb.nhs.uk)



## Healthwatch Kent response to the Maidstone and Tunbridge Wells NHS Trust Quality Account 2023/24

Healthwatch Kent is the independent champion for the views of patients and social care users in Kent. Our role is to help patients and the public get the best out of their local Health and Social Care services.

For several years now, local Healthwatch across the country have been asked to read, digest and comment on the Quality Accounts which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers).

We'd like to take this opportunity to support the Trust by setting out the areas we have worked together on in the past year:

- We are grateful to the patient experience team for working with Healthwatch Kent to gather feedback from patients in outpatient departments, as part of our Stakeholder Engagement Initiative.
- Maidstone and Tunbridge Wells were recognised at the Healthwatch Awards 2024, for their inclusivity and equal access to services for research looking at Gender Inequality in Breast Imaging Radiology.
- We regularly share what we hear from the public directly with the Patient Experience Team
- Trust representatives have been key in driving the work of the West Kent Health and Care Partnership.
- We worked with the trust to speak to people about their experience using physiotherapists and radiologists as part of our work with Canterbury Christ Church University.

We have read the Quality Account with interest. Generally, the report is clear and well presented. We particularly like how the account sets out what the priorities will mean for patients.

Healthwatch Kent June 2024

# Feedback from Kent County Council



**Members Suite**  
Kent County Council  
Sessions House  
County Hall  
Maidstone  
Kent  
ME14 1XQ

Kent County Council's Health Overview and Scrutiny Committee has confirmed the receipt of the Maidstone and Tunbridge Wells NHS Trust's Quality Account on 24 May 2024. They thanked the Trust for the opportunity to comment on the Quality Account, but will not be submitting a statement for inclusion.

# Statement of Directors' responsibilities in respect of the Quality Accounts

The directors are required under the Health Act 2009 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011)).

In preparing the Quality Accounts, directors are required to take steps to satisfy themselves that:

- The Quality Accounts presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Accounts is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Accounts, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Accounts is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Accounts have been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Accounts.

Approved by order of the Trust Board (27 June 2024).



Miles Scott  
Chief Executive



If you would like this document in large print or in a different language please contact a member of the Clinical Audit department on [mtw-tr.ClinicalAudit@nhs.net](mailto:mtw-tr.ClinicalAudit@nhs.net)

Dacă doriți acest document cu caractere mari sau într-o altă limbă, vă rugăm să contactați un membru al departamentului de audit clinic la [mtw-tr.ClinicalAudit@nhs.net](mailto:mtw-tr.ClinicalAudit@nhs.net)

यदि तपाईं यो कागजात ठूलो मुद्रणमा वा फरक भाषामा चाहनुहुन्छ भने कृपया क्लिनिकल अडिट विभागको सदस्यलाई सम्पर्क गर्नुहोस् [mtw-tr.ClinicalAudit@nhs.net](mailto:mtw-tr.ClinicalAudit@nhs.net)

Jeśli chcesz otrzymać ten dokument dużą czcionką lub w innym języku, skontaktuj się z członkiem Działu Audytu Klinicznego pod numerem [mtw-tr.ClinicalAudit@nhs.net](mailto:mtw-tr.ClinicalAudit@nhs.net)



@MTWnhs



[maidstone-and-tunbridge-wells-nhs-trust](https://www.linkedin.com/company/maidstone-and-tunbridge-wells-nhs-trust)



[mtw\\_nhs\\_trust](https://www.instagram.com/mtw_nhs_trust)



[www.facebook.com/mymtwhealthcare](https://www.facebook.com/mymtwhealthcare)

**Maidstone Hospital**

Hermitage Lane  
Maidstone  
Kent, ME16 9QQ

01622 729000

**Tunbridge Wells Hospital**

Tonbridge Road  
Tunbridge Wells  
Kent, TN2 4QJ

01892 823535