

Quality accounts

2021-2022



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 priorities 2022/23	10
Quality priority one - improving patient safety	11
Quality priority two - improving patient experience	15
Quality priority three - clinical effectiveness part 1	18
Quality priority three - clinical effectiveness part 2	21
Statements relating to the quality of NHS	24
Reviewing standards	24
Internal reviews	25
Clinical Audit	26
Research and Innovations	28
Goals agreed with commissioners	30
Statements from the CQC	31
Improving data quality	32

Part three

Results and achievements against the 2021/22 quality priorities	34
Patient safety	35
Patient experience	41
Clinical effectiveness	47
Further review of quality performance	50
Complaints	53
Patient surveys	53
Improving our workplace culture	55
2021 National NHS Staff Survey results	56
Freedom To Speak Up (FTSU)	63
Medical rota gaps	64
Seven Day Services	64
Learning from deaths (mortality reviews)	65
National indicators	66
New developments	69
Additional areas of improvement 2021/22	70
Care Co-ordination Centre powered by TeleTracking	71
Sunrise Electronic Patient Record	72
Awards	73

Part four

Appendix A National Clinical Audits	75
Appendix B Patient Pledge	78
Appendix C Glossary	79

Part five

Stakeholder feedback	84
Statement of Directors' responsibilities in respect of the Quality accounts	87



Part one



Chief Executive's statement



On behalf of the Trust Board and staff across our organisation welcome to the 2021-2022 Quality accounts for Maidstone and Tunbridge Wells NHS Trust (MTW).

In a year dominated by our response to and recovery from the impact of COVID-19, these accounts detail how staff worked together to improve patient safety and experience and clinical effectiveness.

The innovation and commitment shown by colleagues drive our quality priorities. And while MTW has seen a large increase in attendances at our hospitals over the last year, we have continued to deliver the 62-day cancer access standard, are one of the top performing trusts in the country for Emergency Department performance and have reduced the number of long waiting patients* from almost 1,000 to zero.

The Trust's ability to provide timely, high quality care has been supported by our enthusiasm in embracing change and technology to provide better outcomes for our patients. This has been demonstrated by the introduction of a new electronic bed management system and Electronic Patient Record system which together ensure a better experience for patients.

Our aim is to deliver our vision of Exceptional People, Outstanding Care and to drive improvements in patient flow and care. This has been supported over the last year with the development of new infrastructure and services. These include:

- A new Community Diagnostic Centre near Maidstone Hospital
- A new Paediatric Emergency Department at Tunbridge Wells Hospital
- A new Surgical Assessment Unit at Tunbridge Wells Hospital – open seven days a week and enhancing the Trust's Same Day Emergency Care pathway
- Construction work for a new medical teaching and accommodation building at Tunbridge Wells Hospital
- New multi-agency frailty care pathways and the expansion of Acute Frailty Services
- An increase in the number of video clinic Outpatient appointments
- Upgrading facilities within the Pharmacy Aseptic Unit at Tunbridge Wells Hospital to meet the growing demand for chemotherapy products

Going forwards we will ensure clinicians, patients and partner organisations continue to be involved in developments as we focus on a number of key projects which include:

- Building a new innovative open-plan multi-occupancy theatre complex to support elective orthopaedic recovery at MTW and across the Kent and Medway system with each patient treated in a dedicated space with ultra-clean air canopies to reduce infections
- Expanding oncology capacity with the opening of an Oncology Outpatients Suite at Maidstone Hospital
- Launching reconfigured stroke services via a new Hyper Acute Stroke Unit and an Acute Stroke Unit**
- Creating a centralised Digestive Diseases Unit – bringing together gastrointestinal, surgical and endoscopy services
- Reconfiguring complex cardiology services with dedicated cardiac wards, a Coronary Care Unit and cardiac catheter labs
- Improving the safety of maternity services by delivering against all the recommendations outlined in the 2022 Ockenden report
- Launching a new surgical bariatric service, enabling patients to receive treatment locally

To deliver our goals we need a healthy workplace culture. The annual NHS staff survey told us our levels of staff engagement and morale are strong and improving but staff wellbeing continues to be a priority. Over the last year we have worked hard to support both the physical and mental wellbeing of colleagues. With the launch of an exciting new recruitment website and ongoing targeted recruitment campaigns our aim is to further support our staff and the experience of patients by recruiting to all vacancies at MTW.

Research and development has a strong track record at the Trust and during 2021/22 MTW recruited 3,515 participants across 84 trials. Going forwards we plan to increase the number of research projects and offer more patients innovative treatments. Building on our achievements a new innovation team will be recruited this year to further develop partnerships with academia.

I want to end by expressing my sincere thanks to colleagues across every department at MTW for all that they have achieved over the last year. Their ambition, energy and compassion are driving performance and improvements in patient care and they should be very proud of their accomplishments as we look forward to the year ahead.

We welcome your feedback and will use it to shape our quality improvements over the next year. So please do share your thoughts and tell us how we are doing and what we can do better

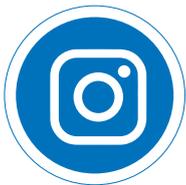
If you have any comments or suggestions you can contact us in the following ways: Follow us on:



www.twitter.com/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

Miles Scott
Chief Executive

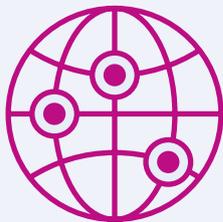
*Patients waiting over 52 weeks for elective treatment.

**A Hyper Acute Stroke Unit provides specialist care in the immediate first few days after a stroke. An Acute Stroke Unit provides the next stage of ongoing care.

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



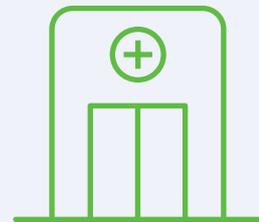
86

different nationalities are represented in our **diverse staff**



575,741

outpatient attendances, **30%+ delivered virtually**



our Emergency Departments **consistently in the top**

10

performing Trusts



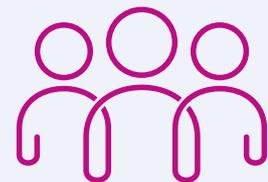
24,797

operations carried out



5,820

babies delivered



170

enrolments onto **apprenticeship programmes**



3,515

participants across **84 research projects**



3

all three national **cancer performance targets met**



12,298

COVID-19 **vaccinations delivered**

Our strategy, vision and values

Our mission

What we are striving to achieve is to be there for our patients and their families in their time of need and to empower our staff so that they can feel proud and fulfilled in delivering the best care for our community.

Our vision

Exceptional People, Outstanding Care.

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



Patient first

We always put the patient first.



Respect

We respect and value our patients, visitors and staff.



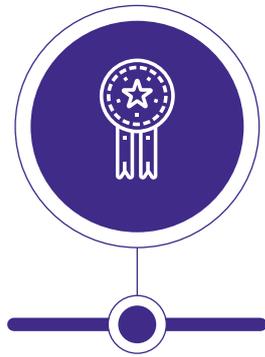
Innovation

We take every opportunity to improve services.



Delivery

We aim to deliver high standards of quality and efficiency in everything we do.



Excellence

We take every opportunity to enhance our reputation.

We have three objectives

To be recognised as a caring organisation

To provide sustainable services

To be improvement driven across all areas



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.

We've also worked hard to ensure our Quality objectives align to our broader strategic themes (see below) and our top 6 big corporate improvement projects (see

below). They 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 are confident that MTW's 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 right we will know we are delivering high quality care.

Corporate improvement projects



Quality priorities 2022/23:



Patient safety

Aim

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

Priorities

- Improve our Sepsis Pathway.
- Improve the management of our patients at risk of falling.
- Improve our Maternity services safety performance.
- Improve our patient safety systems.
- Implement systems to measure our safety culture.
- Improve our patient safety education processes.
- 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.
- Improve the safety of our medicines management systems by launching a new electronic prescribing and medicines administration (ePMA) system.
- Implement adaptable safe clinical pathways for emergency patients during the ongoing COVID-19 pandemic.



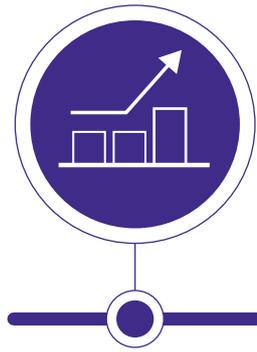
Patient experience

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.
- Expand our current Patient Advice and Liaison Services to make them accessible 7-days a week.
- Improve our responsiveness to our patients who have cause to complain.
- Improve our patient experience services and processes.
- Work with our regional Integrated Care System (ICS) to improve upon how we share learning from patient experience across the region.
- Improve our end of life care support to our patients.
- Improve how we engage with our children and young people.
- Improve upon the experience and access to services of our patients who have cancer.



Clinical effectiveness

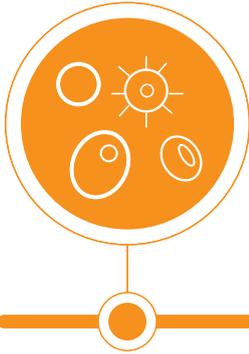
Aim

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

Priorities

- Improve our orthopaedic pathway by building a new innovative open-plan theatre.
- Deliver a new centralised Digestive Diseases Unit (DDU) at Tunbridge Wells Hospital.
- Improve monitoring for pregnant people experiencing hypertension.
- Launch a new surgical bariatric service.
- Improve our child mental health risk assessments.
- Improve our complex cardiology services.
- Finalise our plans to establish a Hyper Acute Stroke Unit and an Acute Stroke Unit.
- Embed our community diagnostic hub and services at our Hermitage Lane site.
- Re-embed our seven day services within our medical specialties.
- Ensure we retain our British Society for Gynaecological Endoscopy accreditation status for our endometrial services.
- Improve patient flow in our Emergency Departments (ED).
- Improve patient flow across our hospitals.
- Improve waiting times for our cancer patients.
- Improve the waiting times for our patients who are waiting for an operation.
- Improve our waiting times for our patients who are waiting for a scan or blood test.
- Improve reporting turnaround times for our patients who have had scans.

Quality priority one - improving patient safety



Sepsis pathway

We will improve our Sepsis Pathway.



Falls

We will improve the management of our patients at risk of falling in our hospitals.



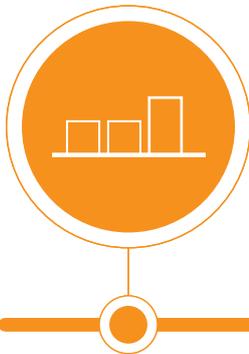
Maternity

We will Improve our Maternity services safety performance.



Safety systems

We will improve our patient safety systems.



Measure safety

We will implement systems to measure our safety culture.



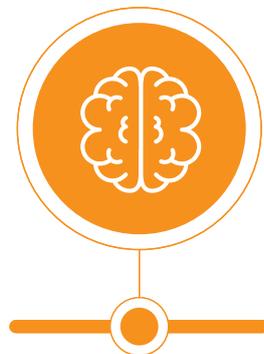
Education

We will improve our patient safety education processes.



Nasogastric

We will improve the systems in place to minimise risk to our patients who have "Nasogastric Tube" care needs.



Haemorrhage

We will improve upon our Intercranial Haemorrhage (bleeds on the brain) clinical pathway.



Patient safety data

We will develop processes to automate our patient safety data collection processes linked to clinical audit.



Medicine

We will optimise medicines use and improve safety around prescribing and medicines administration via a digital tool.



COVID-19

Implement adaptable safe clinical pathways for emergency patients during the ongoing COVID-19 pandemic.

Improving patient safety

Aim	How will we make the improvement	How we will measure success
 <p>We will improve our Sepsis Pathway.</p>	<p>Reviewing and improving our neutropenic sepsis pathway.</p> <p>Improving our sepsis safety netting processes in our Emergency Departments by improving our digital sepsis screening processes.</p> <p>Redesigning and relaunching our Trust wide sepsis education programme.</p>	<p>We will reduce adverse incidents resulting in harm linked to Sepsis management by 90%.</p>
 <p>We will improve upon our management of inpatient falls.</p>	<p>Trust Wide Quality Improvement Workstream One "Improving our patients environment and our specialist falls reduction equipment".</p> <p>Trust Wide Quality Improvement Workstream Two "Improving our processes and Improving our workforce"</p> <p>Trust Wide Quality Improvement Workstream Three "Improving our Understanding of our patients evolving needs".</p>	<p>We will reduce our inpatient falls rate by 20%.</p>
 <p>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.</p>	<p>Via dedicated quality improvement projects, clinical leaders in maternity will be supported to identify opportunities to improve these specific pathways.</p>	<p>Having no adverse events linked to antenatal "Gap and Grow" measurements & the monitoring of hypertension.</p>
 <p>We will improve the safety of our Maternity services by delivering against all of the patient safety recommendations as outlined in the 2022 Ockenden report & the 10 key elements of the National Better Births Plan.</p>	<p>We will utilise existing "ward to board" governance and oversight structures to support the leaders in maternity services to track progress, unblock barriers to progress and demonstrate assurance against the key recommendations in the report.</p> <p>The maternity budget will be reviewed to ensure that a proportion of the budget is ring-fenced for training.</p>	<p>Evidence will be collated and uploaded to our Trust Safety Systems which will demonstrate assurance that each required action has been completed.</p> <p>The proportion ring-fenced from the maternity budget for training will be reported in the 2022/23 Quality Accounts.</p>
 <p>We will ensure MTW implements all of the recommendations as outlined in the new National Patient Safety Strategy (PSIRF) .</p>	<p>Our PSIRF implementation group will continue to deliver on implementing the numerous changes to our systems and processes to ensure we are compliant with the new framework.</p>	<p>We will have produced a PSIRF compliant plan (Patient Safety Incident Response Plan) signed off by our Trust Executive Board and our ICS by October 2022.</p>

Improving patient safety

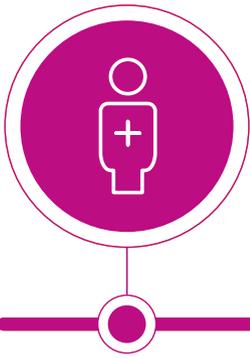
Aim	How will we make the improvement	How we will measure success
 <p>We will implement a new annual Trust wide safety culture measurement system and improve upon our patient safety training.</p>	<p>We will launch the two new digital systems as part of our existing MTW E-learning (electronic staff learning) system.</p>	<p>90% of MTW's 6000 staff will have undertaken the basic patient safety module by June 2023 *which includes a safety culture measurement diagnostic.</p>
 <p>We will improve upon the care of our patients who have nasogastric tube care needs.</p>	<p>We will be redesigning and relaunching our trust wide Nasogastric Tube education plan and competency framework for our staff.</p>	<p>We will have launched the new plan and competency framework by August 2022 and by June 2023 60% of registered nurses in high use/acuity departments will have been trained and signed off as competent against the new framework.</p>
 <p>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.</p>	<p>The clinical teams will be supported to develop an improvement plan which benchmarks this clinical pathway against best practice.</p>	<p>Re-audit the Management of Intracranial Haemorrhage against national best practice guidance results.</p>
 <p>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.</p>	<p>We will work with our informatics leads to review the data available from our new electronic patient record "Sunrise", to automate 10% of our current nationally mandated clinical audits.</p>	<p>10% of the 51 current national clinical audits will be automated by June 2023.</p>

Improving patient safety

Aim	How will we make the improvement	How we will measure success
 <p>We will optimise medicines use and improve safety around prescribing and medicines administration via a digital tool i.e. Electronic Prescribing and Medicines Administration (EPMA) system.</p>	<p>The Sunrise / Informatics implementation project team and Pharmacy Directorate will lead on this funded Trust wide transformational change.</p>	<p>We will achieve 100% allergy documentation for our current baseline of 94%.</p> <p>The electronic discharge notification (EDN) will be sent to the GP within 24 hours of in-patient discharge (in all areas with live EPMA).</p>
 <p>We will implement adaptable safe clinical pathways for emergency patients during the ongoing COVID-19 pandemic.</p>	<p>Redesign the clinical pathways, creating flexible and reactive pathways, using appropriate infection prevention precautions, to manage COVID-19 risk.</p>	<p>In preparation for Winter 2022, the new pathways will be in place by November 2022.</p>



Quality priority two - improving patient experience



Improvement strategy

With the help and input from our patient partners we will redesign and launch a new patient experience improvement strategy.



Advice and liaison

We are expanding our current Patient Advice and Liaison Services to make them accessible 7-days a week.



Response to complaints

We will improve our responsiveness to our patients who have cause to complain.



Patient experience

We will improve our patient experience services and processes.



Share learning

We will work with our regional Integrated Care System (ICS) to improve upon how we share learning from patient experience across the region.



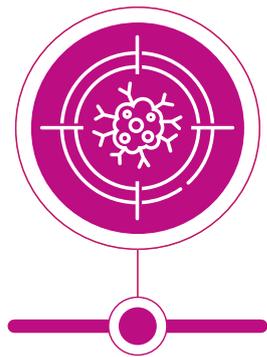
End of life

We will improve our end of life care support to our patients.



Engage

We will improve how we engage with our children and young people.



Cancer services

We will improve the experience and access to services for our patients who have cancer.

Improving patient experience

Aim	How will we make the improvement	How we will measure success
 <p>With the help and input from our patient partners we will redesign and launch a new patient experience improvement strategy.</p>	<p>We will ensure there is a focus on fully understanding the health inequalities that exist within our regional health system and ensuring we have an effective plan for addressing these inequalities.</p> <p>We will ensure our strategy has a clear focus on fully supporting the most vulnerable (adults and children) who use our services.</p> <p>We will ensure the strategy prioritises ensuring the care of our patients who are experiencing mental health problems in both an emergency and an inpatient setting has a clear focus on improving upon the care we give to this patient group.</p> <p>We will ensure the strategy incorporates a clear strategy to optimally support and listen to the needs of the carers of our patients.</p>	<p>The strategy will be ratified at our patient experience committee to ensure an improvement plan is launched for each of these 4 key objectives by September 2022.</p>
 <p>We will improve our ability to listen to and support our patients by expanding our Patient Advice and Liaison Services to make them 7-days a week.</p>	<p>Funding will be sought internally (via business planning) within the Trust to ensure our workforce models are reconfigured to support this change.</p>	<p>The service will launch as a seven-day service by June 2023.</p>
 <p>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).</p>	<p>Funding will be sought internally (via business planning) within the Trust to ensure our workforce models are reconfigured to support this change.</p>	<p>By September 2022 we will have amended our Trust complaints handling target and this will be reflected in our Trust Board Integrated Performance report.</p>
 <p>We will amend our patient experience workforce model to ensure it meets the recommendations detailed in the new complaints framework.</p>	<p>Funding will be sought internally (via business planning) within the Trust to ensure our workforce models are reconfigured to support this change.</p>	<p>The new workforce model and processes aligned to the latest national complaints' framework will be launched by June 2023.</p>

Improving patient experience

Aim	How will we make the improvement	How we will measure success
 <p>We will work with our regional Integrated Care Board to procure a system wide safety system (software) to promote learning across the system from adverse events.</p>	<p>We will work with the regional ICS (Integrated Care System) to engage with this initiative and support its implementation.</p>	<p>An ICS wide “Safety” system will be launched alongside a formalised process for sharing “safety” lessons and learning across the system.</p>
 <p>We will improve upon our end of life care by implementing the recommendations from the latest National End of Life Care Audit.</p>	<p>Via the End of Life Care Committee, the Trust’s teams will be supported to deliver the improvements and recommendations made from our 2021/22 National End of Life Care Audit.</p>	<p>Assessing Trust compliance against 2022/23 National End of Life Care Audit report.</p>
 <p>Launching a new Children’s Board to better support patient engagement and involvement in service developments.</p>	<p>Our division of Women’s, Children’s and Sexual Health Services will lead on developing and launching this forum.</p>	<p>By June 2023 The new Children’s Board will be formally launched.</p>
 <p>Develop integrated supportive care services for our patients who have cancer working with partners to deliver effective wrap around services to prevent or treat the side effects of their treatment.</p>	<p>Our Cancer Services Division will be supported by our quality improvement teams to map best practice for this pathway and to develop and deliver an improved pathway for our cancer patients.</p>	<p>By June 2023 this quality improvement initiative will have been completed.</p>
 <p>Ensure we deliver improved and equal access to our cancer services via the utilisation of public health data to measure the impact of our cancer services.</p>	<p>This initiative will be commenced in 2022 and the outcomes and improvement plan tracked via our Trust’s Cancer Board.</p>	<p>By June 2023 this quality improvement initiative will have been completed.</p>
 <p>Establishing two teenage and young adult cancer networks within the south east and participate in the development of a third network.</p>	<p>The Cancer Division will work collaboratively with the Women’s, Children’s & Sexual Health Services Division to establish these three key networks.</p>	<p>By June 2023 this quality improvement initiative will have been completed.</p>

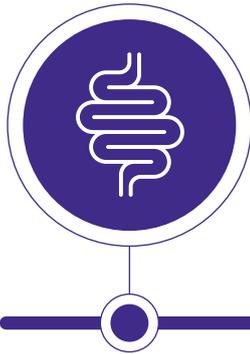
Quality priority three - clinical effectiveness part 1

Improving our clinical pathways



Orthopaedic

Improving our orthopaedic pathway by building a new innovative open-plan theatre.



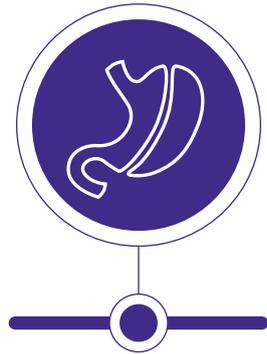
Digestive

Delivering a new centralised Digestive Diseases Unit at Tunbridge Wells Hospital.



Blood Pressure

Introducing improved monitoring for pregnant people experiencing hypertension (high blood pressure).



Bariatric Services

Launching a new surgical bariatric service.



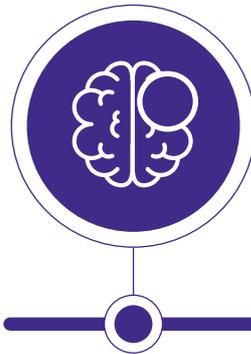
Child mental health

Improving our child mental health risk assessments.



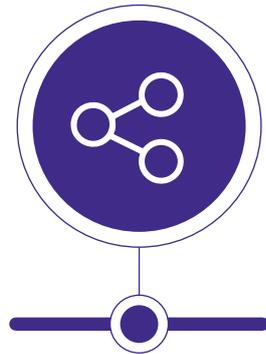
Cardiology

Improving our complex cardiology (heart) services.



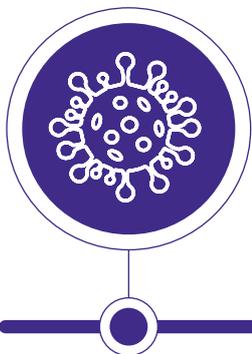
Stroke Unit

Finalising our plans to establish a Hyper Acute Stroke Unit and an Acute Stroke Unit.



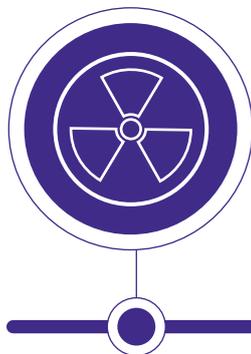
Diagnostic centre

Embedding our community diagnostic centre and services at our Hermitage Court site.



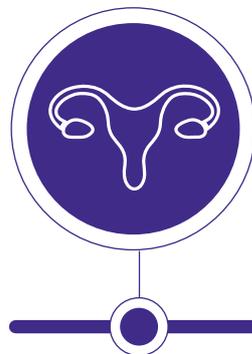
COVID

Re-embed our seven day services within our medical specialties during the ongoing global COVID-19 pandemic.



Radiotherapy

Buying new equipment in our radiotherapy services.



BSGE

Ensuring we retain our British Society for Gynaecological Endoscopy (BSGE) accreditation status for our endometrial services.

Part one - improving our clinical pathways

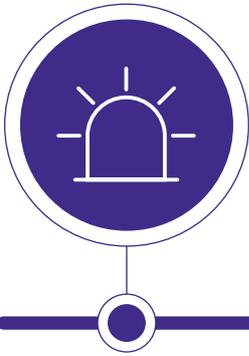
Aim	How will we make the improvement	How we will measure success
 <p>Improving our orthopaedic pathway by building an innovative open-plan theatre.</p>	<p>Completing our development of an innovative open-plan theatre on the Maidstone Hospital site to provide a further four theatres for our patients. This will help us to further improve our care of our elective orthopaedic patients at Maidstone Hospital.</p>	<p>By June 2023 we will have opened our new Theatres and evidence will have been collected to demonstrate improved patient experience and increased operating activity.</p>
 <p>Delivering a new centralised Digestive Diseases Unit at Tunbridge Wells Hospital.</p>	<p>A new centralised Digestive Diseases Unit (DDU) will be launched at Tunbridge Wells Hospital, which will be Kent and Medway's first unit of this kind, bringing together gastrointestinal, surgical services, and endoscopy services. This will provide our patients with an improved multidisciplinary approach to their care.</p>	<p>By June 2023 the new DDU will have opened.</p>
 <p>Introducing improved monitoring for pregnant people experiencing hypertension (high blood pressure) .</p>	<p>We will introduce an improved process of monitoring for our pregnant people experiencing hypertension (high blood pressure).</p>	<p>By June 2023 the new process will be in place.</p>
 <p>Launch a new surgical bariatric service.</p>	<p>We will launch a new Tier 4 (surgical) bariatric service, to enable our patients to receive their surgery locally rather than travelling to providers in London and elsewhere.</p>	<p>By June 2023 the new service will have launched.</p>
 <p>Improving our child mental health risk assessments.</p>	<p>We will work with North East London Foundation NHS Trust (NELFT) and other hospitals in Kent and Medway to standardise and improve our paediatric mental health risk assessment processes.</p>	<p>By June 2023 a standardised risk assessment tool will have been developed across the network.</p>
 <p>Improving our complex cardiology (heart) services.</p>	<p>We will build a new cardiac catheter laboratory as part of our plans to expand our Coronary Care Unit (CCU) at Maidstone Hospital, centralising and improving upon our complex cardiology services at Maidstone Hospital.</p>	<p>By June 2023 the new cardiac catheter laboratory will be in place.</p>
 <p>Finalising our plans to establish a Hyper Acute Stroke Unit and an Acute Stroke Unit.</p>	<p>We will launch the reconfigured Stroke services via a new Hyper Acute Stroke Unit and an Acute Stroke Unit at our Maidstone Hospital.</p>	<p>By June 2023 the new stroke units will have launched.</p>

Part one - improving our clinical pathways

Aim	How will we make the improvement	How we will measure success
 <p>Embedding our community diagnostic services at our Hermitage Court site.</p>	<p>We will continue to embed services at our newly launched Community Diagnostic Centre at our Hermitage Court site next to Maidstone Hospital.</p>	<p>By June 2023 the new Community Diagnostic Centre will be demonstrating improvements in access and patient experience for our patients who require imaging.</p>
 <p>Re-embed our seven day services within our medical specialties during the ongoing global COVID-19 pandemic.</p>	<p>The 2019-21 establishing “Seven Day Hospital Services” workstream will be reviewed and plans put in place to recover any slippage in progress.</p>	<p>By June 2023 the Medicine and Emergency Care division will be able to demonstrate they are fully meeting the original ambitions of the “Seven Day Hospital Services” improvement workstream.</p>
 <p>Buying new equipment in our radiotherapy services.</p>	<p>We will continue to replace our existing radiotherapy provision with state of the art equipment, also establishing satellite units for radiotherapy provision so we can treat our patients closer to their homes.</p>	<p>By June 2023 the Diagnostic Division will be able to demonstrate that the new equipment has been bought and is in place for the benefit of our patients. Our new radiotherapy satellite units will also be in place.</p>
 <p>Ensuring we retain our BSGE accreditation status for our endometrial services.</p>	<p>With the arrival of a new Endometrial Services Lead in June 2022, the service will continue to be reviewed and modernised to ensure accreditation is retained at the next assessment.</p>	<p>By June 2023, the service will have retained their accreditation status.</p>

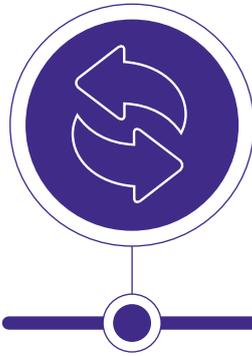
Quality priority three - clinical effectiveness part two

Improving our operational clinical effectiveness



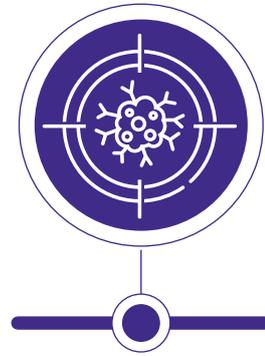
Emergency patient flow

Improving patient flow in our Emergency Departments (ED).



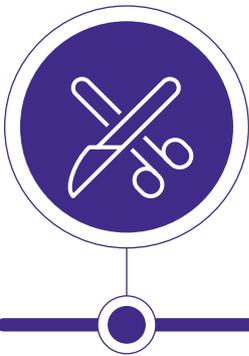
Hospital patient flow

Improving patient flow across our hospitals.



Cancer waiting times

Improving waiting times for our cancer patients.



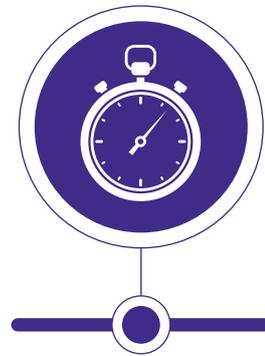
Operation waiting times

Improving the waiting times for our patients who are waiting for an operation.



Scan/blood test waiting times

Improving our waiting times for our patients who are waiting for a scan or blood test.



Provide report waiting times

Improving upon the time it takes for our services to review and provide reports for our patients who have had scans.

Part two - improving our operational clinical effectiveness

Aim	How will we make the improvement	How we will measure success
 <p>Improving patient flow in our Emergency Departments.</p>	<p>Improving upon our current “Clinically Ready to Proceed” performance (currently 50%) within our Emergency Departments, whereby patients who ED have referred to a speciality are transferred to a ward (or our same day emergency care areas) within 60 minutes of the referral being made.</p>	<p>By May 2023 90% of our patients will be clinically made ready to proceed within 60 minutes of their referral being made.</p>
	<p>Continuing to deliver against the latest “12 hours in ED” standard which means we will aim for 98% of our patients to be admitted to a ward within 12 hours of their time of arrival in our Emergency Department. This is different to the previous national standard which was to admit a patient within a maximum of 12 hours from the clinical team’s decision to admit.</p>	<p>By May 2023 98% of our patients will be admitted to a ward within 12 hours of their time of arrival in our Emergency Department.</p>
	<p>Ensure that 90% of our patients receive an initial assessment in our Emergency Departments within 15 mins of their arrival.</p>	<p>By May 2023 90% of our patients will receive an initial assessment in our Emergency Departments within 15 mins of their arrival.</p>
 <p>Improving patient flow across our hospitals.</p>	<p>We will deliver improvements in our hospital patient flow via the delivery of our Trust wide “Safer Better Sooner” improvement programme. This will be based upon the improved utilisation of our digital patient “Tele Tracking” system to provide improved patient flow data to the benefit of our clinical, operational and support teams.</p>	<p>All actions from the improvement programme will be delivered by June 2023.</p>
 <p>Improving waiting times for our cancer patients.</p>	<p>We will continue to deliver against the national standards for cancer *MTW has managed to deliver this successfully for the last 30 months.</p>	<p>By May 2023 MTW will have met all of the operational standards for cancer.</p>
 <p>Improving the waiting times for our patients who are waiting for an operation.</p>	<p>We will continue to deliver a zero tolerance for elective 52 week breaches (people having to wait more than 52 weeks from the point of their referral to receiving their treatment by MTW).</p>	<p>By May 2023 we will have maintained our zero 52 week position.</p>

Part two - improving our operational clinical effectiveness

Aim	How will we make the improvement	How we will measure success
 <p>Improving our waiting times for our patients who are waiting for a scan or blood test.</p>	<p>We will ensure we increase our diagnostic capabilities to a minimum 120% of the activity levels we saw prior to the COVID-19 pandemic (2019/20). This means we will provide over 30,000 Magnetic Resonance Imaging (MRI) scans, 74,000 Computer Tomography (CT) scans and 56,000 ultrasound scans in 2022/23.</p>	<p>By May 2023 we will be able to demonstrate we have increased our diagnostic activity by 120% of 2019/20 levels.</p>
 <p>Improving upon the time it takes for our services to review and provide reports for our patients who have had scans.</p>	<p>We will improve upon our current reporting of outcomes for our diagnostic services in our radiology and histopathology teams.</p>	<p>By May 2023 we will be able to demonstrate improvements in the time taken to report patient scans and histopathology tests against 2021/22 activity levels.</p>



Statements relating to the quality of NHS services provided

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 Maidstone and Tunbridge Wells Hospitals)
- Diagnostic and screening procedures (at Maidstone and Tunbridge Wells Hospitals)
- Family planning services (at Maidstone and Tunbridge Wells Hospitals)
- Maternity and midwifery services (at Maidstone and Tunbridge Wells Hospitals and Crowborough Birthing Centre)
- Surgical procedures (at Maidstone and Tunbridge Wells Hospitals)
- Termination of pregnancies (at Tunbridge Wells Hospital)
- Treatment of disease, disorder or injury (at Maidstone and Tunbridge Wells Hospitals)

The Nominated Individual for the Trust's Registration is Mrs Jo Haworth, Chief Nurse.

For further details of the Trust's CQC Registration, see www.cqc.org.uk/provider/RWF/registration-info.

During 2021/22 the Trust provided and/or subcontracted acute and specialised services to NHS patients through our contracts with Clinical Commissioning Groups, 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 and in response to the COVID-19 pandemic for emergency admissions. 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 2021/22 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.

TIAA, our internal auditors undertook a range of audits to review the internal control environment at the Trust. TIAA undertook 13 assurance reviews in total, 1 assurance review provided significant assurance, 11 provided reasonable assurance and 1 provided limited assurance. There were no reviews that received no assurance. TIAA made 59 recommendations following the reviews of which 9 were urgent, 23 were important and 27 were routine.

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 2021/22, including the following:

- CQC engagement event – Maternity: Response to Ockenden report
- CQC engagement event – Outpatients transformation
- 2020/21 Annual finance external audit; Grant Thornton – completed June 2021
- 2020/21 Annual charitable funds account external audit; Grant Thornton – completed December 2021
- CRS VAT Consultancy – VAT compliance review of contracted out services – quarterly remote reviews
- General Medical Council – Trainee and Trainer Survey – April/May 2021
- United Kingdom Accreditation Service (UKAS) accreditation (Clinical Pathology accreditation (CPA/ISO 17043)) – South East England General Histopathology EQA scheme – August 2021
- UKAS accreditation (Clinical Pathology accreditation (CPA/ISO 15189)) – Microbiology – October 2021
- Medicines and Healthcare Products Regulatory Agency (MHRA) – Transfusion – March 2022
- 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 2022
- Environmental Health, Tunbridge Wells Hospital kitchen – August 2021(October 2021).

Internal reviews

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

- Due to recommence this year - our internal assurance inspections (based on CQC methodology)
- Due to recommence this year - internal PLACE (Patient-Led Assessments of the Care Environment) reviews
- Infection control reviews, including hand hygiene audits

- Executive led "walkabouts"
- Due to commence "Clinical Fridays" *Senior leaders undertake planned clinical / ward based activities
- Monthly Quality Checks for all clinical areas

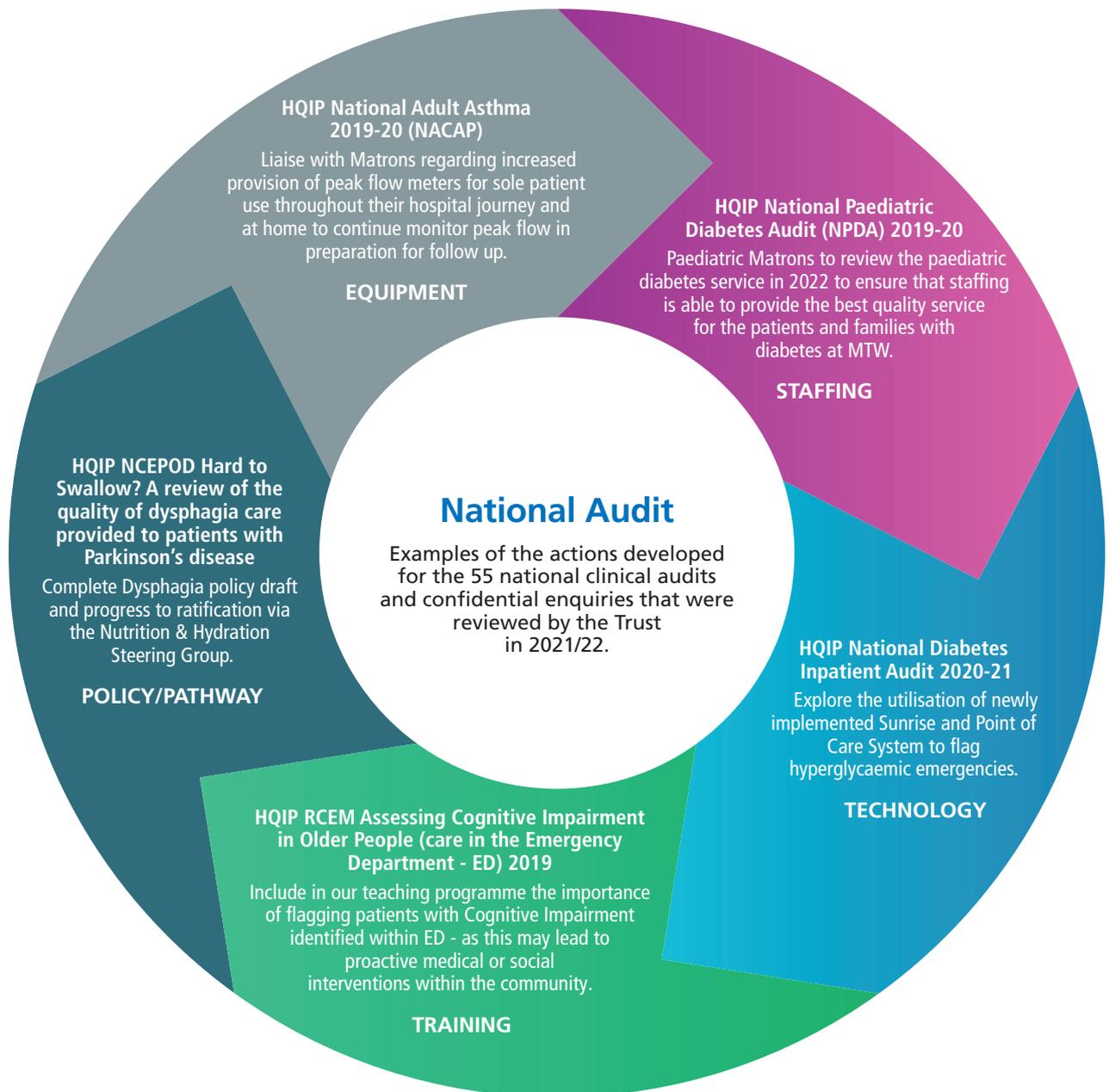
The outcomes of these assessments are included within our triangulation process overseen at our Quality Improvement Committee, with the aim to identify good practice and learning to share across our teams and action plans are developed locally.



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 2021/22 MTW participated in 7 (100%) of relevant confidential enquiries and 91% (41/45) of all relevant national clinical audits. During the same period, MTW staff successfully completed 142 clinical audits of the 193 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; the actions developed fell into five categories – staffing, equipment, training, policy/pathway and technology (see infographics). The remaining audits are at various stages of completeness and will be monitored through to completion. In 2021/22, 38 national clinical audits and confidential enquiries published reports that covered the relevant health services provided by Maidstone and Tunbridge Wells NHS Trust. The Trust reviewed 9 of the national clinical audits and confidential enquiries that were published in 2021/22 and a further 46 national clinical audits and confidential enquiries that had been



carried over from 2020/21. Work continues on the remaining reviews. The COVID-19 pandemic continues to impact the progress of the clinical audit programme with our clinical colleagues prioritising their clinical work as advised by Sir David Sloman, Chief Operation Officer, NHS England and NHS Improvement in a letter to NHS Trusts on 24th December 2021 - "Given the importance of clinical audit in COVID and non-COVID care, clinical audit platforms will remain open for data collection. It should be noted clinical teams should always prioritise clinical care over data collection and submission".

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 2021/22 can be found in Appendix A.

A full list of the clinical audits reviewed is available from the Trust upon request by contacting Clinical Audit - mtw-tr.ClinicalAudit@nhs.net

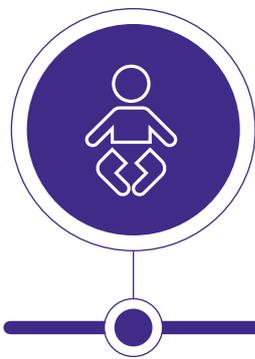


Research and Innovations

The Research and Development Department became the Research and Innovation Department in September 2021 and now supports the development of both new research and innovation projects. Under the leadership of Dr Oliver Blightman, a new Innovation team will be recruited in 2022/23 to develop partnerships with external partners in academia and local innovation hubs to advance innovation opportunities at MTW.

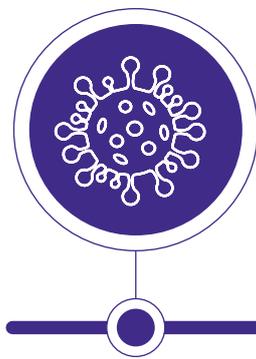
MTW recruited 3515 participants across 84 trials in 2021/22 which is comparable to pre-pandemic levels. Top recruiting research areas include reproductive health and childbirth (1611 participants), COVID-19(846) and critical care (non-COVID-19 studies 428).

Recruiting areas



Reproductive health and childbirth

1611



COVID-19

846



Critical Care

428

2021/22 was the year our research teams returned to delivering research ‘business as usual’ on top of a busy portfolio of COVID-19 research. The research team opened all mandated COVID-19 trials during the pandemic and continued to support their delivery during 2021/22 by recruiting just under 1000 people to COVID-19 trials.

In December, MTW completed and closed the high-profile Novavax COVID-19 vaccine trial following the successful recruitment of over 100 volunteers. Just two months later, the vaccine was approved by the UK Medicines & Healthcare Products Regulatory Agency (MHRA) in February adding to the growing list of COVID-19 vaccines available to the UK population.

2021 saw our Emergency Departments embrace research and open their first cross-site study into Subarachnoid Haemorrhage in ED (The SHED Study) on 13th October. The study, led by the Trainee Emergency Research

Network (TERN) looks at the management of patients in emergency departments in the UK. Despite this being MTW’s first large-scale emergency-based trial, the Emergency Department teams exceeded the contracted recruitment and at the end of the year were the highest recruiting Trust in Kent, Surrey and Sussex, under the leadership of the Principle Investigator, Dr Ragavan Navaratnam.

The departments of Research and Innovation and Medical Education have been working with colleagues at the new Kent and Medway Medical School to prepare a work experience programme for medical students who will join the Trust on placement from 2023/24. Whilst on placement medical students will get to experience working on recruiting clinical trials, under the supervision of research consultants and the research team, and experience first-hand how to recruit patients to clinical trials.

During the summer of 2021, the Research and Innovation Team conducted a scoping exercise with staff in our stroke, digestive diseases and cardiology services to gain an understanding of their requirements for research. Plans are afoot to increase the number of research projects in these areas to offer more patients innovative treatments earlier. NHS England's Core20PLUS5 programme invites research investigation into inequality of access to respiratory and cardiology services in particular, and both the Kent Surrey and Sussex Applied Research Collaboration and the Kent Surrey and Sussex Academic Health Science Network are providing support to healthcare services this coming year.

The MTW consultant body has a strong track record for successfully designing and opening their own studies for the benefit of patients in the region. 2021/22 saw a number of studies open and recruit patients in the following areas:

Living Donor Allograft for Anterior Cruciate Ligament Reconstruction study.

Led by Mr Nick Bowman, Trauma and Orthopaedic Consultant Surgeon. The aim of the study is to determine, in patients who are under 18 with a confirmed ACL rupture, whether parental donor hamstring tendon allograft is as effective as reported outcomes for autograft hamstring reconstruction in the same patient group. The study is open until the autumn 2022.

Non-invasive detection of axillary sentinel lymph nodes and nodal metastasis using ultrafast, super-resolution, dual-contrast enhanced ultrasound imaging in patients with breast cancer.

Led by Miss Karina Cox Consultant Breast and Oncoplastic Breast Surgeon. This study aims to develop a high-resolution imaging system for axillary sentinel lymph nodes in collaboration with Imperial Healthcare Trust, London. The study opened in February 2022 and the first patient was recruited at MTW in March.

The utility of Lung Ultrasound (LUS) to characterise lung recovery in patients with COVID-19.

Led by Dr Tuck-Kay Loke, Respiratory Physician, the study aims to determine the overall diagnostic accuracy of lung ultrasound as a test to identify pulmonary fibrosis as compared to CT Thorax scan in post-COVID patients.

SENTINUS: Technical feasibility and diagnostic accuracy of intradermal microbubbles and contrast enhanced ultrasound to identify sentinel lymph node metastases in breast cancer patients following training and mentorship of imaging specialists.

Led by Miss Karina Cox, Consultant Breast and Oncoplastic Breast Surgeon – the study aims to train imaging specialists to perform a contrast ultrasound test to find and biopsy armpit sentinel lymph nodes in patients with breast cancer and assess how effective the test is at finding cancerous deposits (metastases).



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.

Last year, due to COVID-19, the CQUIN programme was suspended for 2020/21. This year our clinical commissioning group has asked our Trust to focus on achieving the following key CQUINS.

- **Staff Flu Vaccines:** Ensuring a 90% uptake of flu vaccinations by frontline staff with patient contact.
- **National Early Warning Score:** Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.
- **Compliance with timed diagnostic pathways for cancer services:** Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways.
- **Treatment of community acquired pneumonia in line with BTS (British Thoracic Society) care bundle:** Achieving 70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle. Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions.
- **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.



Statements from the CQC

The most recent inspection undertaken of the Trust took place during the period 18th October, 2017 to the 1st February, 2018 with the report published in March 2018. The overall rating for the Trust at that time was 'Requires Improvement'.

In 2019 the CQC reported that they had seen significant improvements since the 2017/18 inspection and although we have been rated as 'Requires Improvement', they acknowledged that significant and sustained

improvements had been made and we were moving towards a 'Good' rating.

The Trust monitors compliance with CQC registration requirements itself, primarily through a programme of in-house assurance visits/inspections and its quality governance framework. The Trust has not participated in any special reviews or investigations by the CQC during the last reporting period.



Overall rating for this trust	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive?	Requires improvement	
Are well-led?	Good	

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% 20/21) for Admitted Patient Care
- 100% (99.9% 20/21) for Outpatient Care
- 99.3% (99.0% 20/21) for Accident and Emergency Care

which included the patient’s valid General Medical Practice code was:

- 100% (100% 20/21) for Admitted Patient Care
- 100% (99.9% 20/21) for Outpatient Care
- 99.9% (99.9% 20/21) for Accident and Emergency Care

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

Data Security and Protection Toolkit (DSPT)

The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian’s 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 DSPT 2021/22 submission 30 June 2022. The Trust continues with its preparations for submission and has requested TIAA to complete an independent audit of the evidence gathered by the Trust to support its submission. The assertions audited are selected by NHS Digital. The audit will test the evidence for completeness and validity.

In June 2021, the submission date for 2020/21, the Trust submitted a ‘Standards Met’ return.

The Senior Information Risk Owner keeps the Trust Board fully apprised of Information Governance issues affecting the organisation.

An Information Governance Committee oversees the Information Governance work within the Trust.

Code Type	Percentage Correct	Data Quality section of Data Security Standard 1 Level of Attainment	
		Standards met	Standards exceeded
Primary Diagnosis	95%	90% or above	95% or above
Secondary Diagnosis	96.2%	80% or above	90% or above
Primary Procedure	98.3%	90% or above	95% or above
Secondary Procedure	94.9%	80% or above	90% or above

Clinical Coding

Clinical Coding 2021/22 Audit Scores

Clinical Coding Auditors:

We have an in house highly Trained Clinical Coding Audit Team

Improvement strategy:

We are also aligning with the Kent and Medway Coding Strategy

Training:

The training programme is delivered by Highly Trained NHS Digital Approved Trainers

Part three



Results and achievements against the 2021/22 quality priorities

The information below summarises the quality improvement priorities we set out to achieve during 2021/22.



Patient safety

Aim

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

Priorities

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

Continue to develop a downward trend in avoidable healthcare associated infections.

Increased focus on reducing the number of hospital acquired deep tissue injuries (DTI) and Category 2 pressure ulcers.

Focus on reducing the number of inpatient falls resulting in harm.

Improve the outcomes of our expectant parents and their babies.

Improve the recognition and escalation of the deteriorating patient with specific focus on NEWS2 sepsis and diabetes.



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.

Priorities

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

The delivery of excellent care for patients at End of Life (EoL) including the experience of the bereaved/families in the bereavement process.

Sustain improvement in the timely completion of Duty of Candour notifications as part of a wider commitment to improve patients' and their carers' experience of adverse incidents and complaints.

Embedding safeguarding practices in all aspects of clinical care.

Implementation of the Dementia Strategy 2021-2024.

Implementation of the Delirium agenda.

Improving communications with community pharmacies to improve access to medicines for patients.

Improve the experience of our expectant parents and their babies.



Clinical effectiveness

Aim

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

Priorities

Improving the flow of patients into and out of our wards and departments.

This section will describe the results and achievements in greater detail against each of the quality priorities. Later in this section other significant improvements in patient care and quality initiatives are outlined to provide further examples of the implementation of the quality agenda within the Trust.

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?
Further improve the quality and timeliness of incident investigations to support the learning lessons agenda.	Increase in achievement of 60-day key performance indicator (KPI) in 2021/22 based on 2020/21 compliance figures.	In November 2021 we launched a dedicated improvement initiative to ensure our serious incident investigations are completed according to their deadline. By May 2022 we no longer had any overdue investigations and are continuing to work hard to ensure this is maintained.	 Completed, achieved
	Decrease in numbers of incidents breaching 45 day closure timeline, based on 2020/21 numbers.	There has been a significant reduction in the total number of incidents awaiting closure breaching (open longer than 45 working days from reported date), however there is still further work required to reach the target.	 Ongoing, partially achieved
Development of performance dashboards and reports that provide meaningful data to support departments and divisions.	Every ward to have a performance dashboard in place on Datix (the Trust's incident reporting system).	Directorate dashboards are now available on Datix.	 Completed, achieved
	Development of actions module (to monitor compliance with open actions from investigations) on Datix to drive performance and timely learning.	The Datix actions module went live in October 2021. The actions from April 2021 onwards for serious incident (SI) investigations have been uploaded onto the system and a process for overseeing their timely implementation has been launched.	 Completed, achieved

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Supporting all staff to share their patient safety experiences and to encourage their development of skills and practices to support patient safety.	Virtual investigation Root Cause Analysis (RCA) training sessions are now in place.	Virtual RCA training sessions provided during the pandemic via Microsoft Teams.	 Completed, achieved
	Design a qualitative process to evaluate staff experience of incident reporting and being involved in the Serious Incident process.	A survey was conducted in 2021 to evaluate our workforces experience of the incident / serious incident reporting process and the findings of this survey fed into our changes and improvements to our reporting processes. We have also built a process to measure and understand our safety culture into our newly launched safety syllabus for staff.	 Completed, achieved

Priority: Continue to develop a downward trend in avoidable healthcare associated infections, in particular.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
To continue excellent practice in infection prevention and control (IPC) measures during the remobilisation of services as we move out of the COVID-19 pandemic.	Flexible and responsive systems in place for infection prevention and control of COVID-19 in line with national guidance.	National guidance has been implemented and updated throughout the pandemic. The IPC team work closely with clinical and operational teams to respond quickly to any changes.	 Completed, achieved
	Performance against the national IPC board assurance framework (BAF) is reviewed with evidence made available to the Trust Board.	The Director of Infection Prevention and Control has updated the IPC BAF regularly and presented it to the Trust Board whenever changes have been made.	 Completed, achieved
	Compliance of self-assessment with the Code of Practice of the Health and Social Care Act 2015 (the Hygiene Code) to be monitored through the Infection Prevention & Control Committee with periodic reports to the Trust Board.	The Director of Infection Prevention and Control has updated the IPC BAF regularly and presented it to the Trust Board whenever changes have been made.	 Completed, achieved
Gram negative bloodstream infections.	To achieve a year on year reduction of gram negative bacteraemia (whilst acknowledging national 5 year target of 50% reduction across the healthcare system by 2024/25).	Number of hospital acquired E.coli cases reduced from 55 to 45 cases per year.	 Ongoing, partially achieved

Priority: Increased focus on reducing the number of hospital acquired deep tissue injuries (DTI) and Category 2 pressure ulcers.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Reduce the number of hospital acquired deep tissue injuries (DTI) and Category 2 pressure ulcers.	10% decrease in number of hospital-acquired avoidable DTIs and Category 2 pressure ulcers by year end, based on 2020/21 numbers.	Unfortunately incidences of Category 2 and DTI pressure damage have increased by 22% in comparison to the previous year. This is attributed to the acuity and complexity of the patients during the continued COVID pandemic.	 Ongoing, not achieved

Priority: Focus on reducing the number of inpatient falls resulting in harm

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Reduce the number of inpatient falls resulting in harm.	5% reduction in number of falls resulting in harm (moderate, serious and death) compared with 2020/21 figures.	Unfortunately the Trust's rate of falls per 1,000 occupied bed days is above the Trust maximum limit of 6.0 at 8.2 at year end (7.8 for the previous year). Three Trust wide improvement workstreams have been set up to improve our falls performance.	 Ongoing, not achieved



Priority: Improve the outcomes of our expectant parents and their babies through:

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Delivery of the ten key elements of the maternity transformation plan, with specific focus on the Continuity of Carer's directive.	Continue to implement and embed the maternity transformation plan.	<p>We have put in place plans to increase our midwifery staffing in order to meet the Continuity of Carer directive</p> <p>Our digital transformation continues and this includes implementing a Maternity Personal Health Record to provide access to electronic records.</p> <p>Our collaboration continues with our "Local Maternity Neonatal System" (LMNS).</p>	 <p>Ongoing, partially achieved</p>
Aim to make measurable improvements in safety outcomes for women, their newborns and families in maternity and neonatal services, as set out in Better Births, the Ockenden report and the Transforming Perinatal Safety publication.	Aim to reduce the rate of stillbirths, maternal and neonatal deaths and neonatal brain injuries occurring during or soon after birth by 50% by 2025 through benchmarking against Saving Lives Care Bundle v2, ATAIN (Avoiding Term Admissions into Neonatal units) and Maternal and Neonatal Safety Collaborative (MatNeo).	<p>Fetal Wellbeing Midwife and Smoking in Pregnancy Midwife in post to support Saving Babies Lives Care Bundle v2.</p> <p>Fetal Surveillance Lead Consultant Obstetrician and Lead Midwife appointed to support clinical staff with fetal monitoring.</p> <p>ATAIN meeting group monitors admissions to Neonatal Unit and identify learning and actions.</p> <p>MatNeo Group continues to engage with regional and national agenda.</p>	 <p>Ongoing, partially achieved</p>
	To achieve the 'halve it' ambition we need to improve care for the populations more at risk of poor outcomes and safety champions can help drive this.	<p>Our "Phoenix Continuity of Carer" team provide additional support to our vulnerable young pregnant caseload.</p> <p>We have also established a Maternity and Neonatal Safety Champion Meeting to ensure there is a forum to highlight and escalate concerns.</p>	 <p>Completed, achieved</p>
	Effective use of Perinatal Mortality Review Tool (PMRT) process in all eligible cases.	<p>All eligible cases are reviewed using the Perinatal Mortality Review Tool with the appropriate attendance, including clinicians external to the trust.</p>	 <p>Completed, achieved</p>

Priority: Improve the recognition and escalation of the deteriorating patient with specific focus on:

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
The correct use of NEWS2 and escalation algorithm.	To achieve 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+ having a NEWS 2 score, time of escalation and time of clinical response recorded. 90% of data recorded meeting Trust policy for escalation and clinical response timeframes.	NEWS 2 audits did not take place in 2021/22 as CQUINs (Commissioning for Quality & Improvement) Workstreams were stepped down during the COVID-19 pandemic. The CQUINs have been reactivated this year and data collection has already commenced.	
Sepsis.	Undertake quarterly audit of 50 sets of notes to assess screening for and treatment of sepsis.	Our sepsis screening audit has continued, but our screening numbers have declined secondary to operational pressures. We will work hard to improve our audit activity levels.	
	Report findings on a quarterly basis to the Sepsis Committee.	Our sepsis audit outcomes are reviewed at our quarterly meetings. This year we introduced Sepsis trollies to all inpatient areas. We were also able to introduce digital Sepsis screening tool into our electronic notes system.	
	The Sepsis Committee will propose improvement actions as a result of audit findings.	The Sepsis committee and improvement action plan is in place. This is an improving picture but further work is required.	

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Diabetes.	Undertake an audit of our Blood Glucose Monitoring and Hypoglycaemia guideline to assess the use of blood glucose monitoring form and algorithm.	An audit was completed in August 2021 and a re-audit is planned for September 2022 following the implementation of actions to improve the documentation of monitoring, treatment and follow up management of hypoglycaemic events in the Trust.	 Completed, achieved
	Complete the implementation of blood glucose monitoring connectivity meters and associated staff training.	All connectivity meters are now distributed and in place across the Trust. Trust targets for clinical staff training have been achieved.	 Completed, achieved
	Assessment of training levels for clinical staff in relation to diabetes and e-learning linked to the "Safer Use of Insulin".	The e-learning for 'Safer Use of Insulin' module was launched on the MTW Learning site in 2020. 2356 Trust staff were identified as needing to complete the module, so far 81% of these staff have undertaken the module.	 Ongoing, partially achieved
	Continue quarterly audits of prescription charts focusing on insulin prescribing and administration with identification of learning and action plans.	Our pharmacy team commenced this audit in the first quarter of the year with 1 day per month screening of prescription charts against audit criteria. Data has been received and shared with the Diabetes team. Analysis of the data and sharing of learning was limited due to pandemic situation. This improvement work continues.	 Ongoing, partially achieved

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?
Make the Patient Experience Lead role a substantive post to lead on the strategy.	Patient Experience Lead role in post and substantive.	The Patient Experience Lead is now substantive.	 Completed, achieved
Review the Patient Engagement and Experience Strategy in light of learning from the pandemic and amend if indicated.	Complete the review and implement the actions.	A full review of the strategy has been completed, work that has commenced and delivered is under evaluation to inform the priorities for the new strategy planned to launch in 2022 / 23.	 Ongoing, partially achieved
Design a qualitative process to evaluate our patients' and families' experience of our Serious Incident Process.	Survey completed, results analysed, findings shared.	This work has not progressed secondary to significant operational pressures. Plans are in place to recruit two patient representatives to assist in ensuring this is delivered in 2022/23.	 Ongoing, not achieved
Monitor implementation and delivery of the strategy quarterly at the Patient Experience Committee (PEC).	Presentations at the PEC.	A review of the 'Making it Personal' strategy was presented to the committee; highlighting the strength of work undertaken during the pandemic. Two areas of this work were recognised by Health Watch Kent and Medway and the team were presented with an award at a local event. There are areas of the strategy that have not been fulfilled; reconfiguring the priorities based on our patients voice and feedback is now the precedence which will be scrutinised during six monthly deep dives to the service and via the Patient Experience Committee.	 Completed, achieved
Re-design and re-launch the complaints satisfaction survey to enable improved understanding of the experience of making a complaint and assess effectiveness in meeting the needs of complainants.	Survey designed, undertaken, with results analysed and findings shared.	We have not been able to progress this important work due to the ongoing impacts of COVID-19 on visiting and the surge in complaints activity. This will be picked up in the coming year in line with launch of new complaints standards framework.	 Paused

Priority: The delivery of excellent care for patients at End of Life (EoL) including the experience of the bereaved/ families in the bereavement process

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Continue to undertake the Trust bereavement survey and maintain consistently good results.	Survey data collected, analysed and reviewed at the end of each financial year.	We have changed our processes during the pandemic for the Bereavement Survey to be sent out electronically.	 Completed, achieved
Improvement in the National End of Life Care (NACEL) survey results, based on most recent results.	Assessment of compliance to be completed to review Trust performance against national report when published.	We participated in the NACEL annual survey, we reviewed the medical records of 40 patients who died within the Trust during a defined time period. The next report is due in July 2022 and we hope to see it demonstrates an improved performance.	 Ongoing, partially achieved
Improvement in completion of individualised care plans (ICP) for End of Life, based on last audit results.	NACEL annual audit results.	The percentage of patients who were dying and had an ICP was marginally above the overall national result in the last published report. The next report is due in July 2022.	 Ongoing, partially achieved
Implementation of the AMBER Care Bundle across adult wards to improve communication (among clinicians, patients and their families) where recovery is uncertain and facilitate advance care planning and increased use of the treatment escalation plan (TEP), (part of ICP audit and NACEL).	AMBER Care Bundle fully implemented across the Trust.	We recruited project clinical nurse specialists. We also engaged and trained clinicians on defined wards to assist with this improvement work. However the project has been put on hold following some long term sickness in the team.	 Paused

Priority: Sustain improvement in the timely completion of Duty of Candour notifications as part of a wider commitment to improve patients and their carers' experience of adverse incidents and complaints

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Refine our reporting to be linked to our Duty of Candour (DoC) performance.	Reporting capturing all three elements of Duty of Candour (verbal notification, written notification and sharing the findings of the investigation).	Our key performance indicators for DoC were refined in line with the regulatory requirements.	 Completed, achieved
Improved Duty of Candour compliance, based on 2020/21 figures.	Improved performance data in respect of DoC.	Our DoC performance has improved however this is still not at 100% and work needs to continue to sustain the improvements and to ensure that patients receive a timely and sincere duty of candour.	 Ongoing, partially achieved
Develop Duty of Candour dashboard on Datix.	Dashboard developed and in use.	A dashboard to show Duty of Candour compliance has been developed within the Trust incident reporting system.	 Completed, achieved



Priority: Embedding safeguarding practices in all aspects of clinical care

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Embed use of the tool developed last year to enable practitioners to ensure that mental capacity assessments (MCA) are documented appropriately.	Audit use of the MCA tool annually.	The electronic MCA Tool attached to the Sunrise system has been implemented and the MCA compliance has been audited.	 Completed, achieved
	Increase the number of staff trained in MCA level 2 & 3 training (monitored at our Safeguarding Committee on a quarterly basis).	The Trust reset MCA training compliance to zero and in March 2022 (1st month since the reset) the redesigned MCA training compliance was at 9.2% for MCA level 2 and 4.2% for MCA level 3.	 Ongoing, not achieved
Demonstrate the involvement of the patient and their representatives in decision making in relation to safeguarding.	Improve the standard of documented MCA assessments.	The outcome of the Trusts MCA audit, completed in November 2021, showed that staff are 30% compliant with documenting their assessments of capacity. Further work is required with staff to embed the use of this tool by practitioners.	 Ongoing, partially achieved
	Results to be shared with wards, actions to be developed.	MCA Audit results have been shared with the Ward Manager's cross-site meeting.	 Ongoing, partially achieved
	Results and action plans to be presented to Safeguarding Committee.	MCA Audit results were presented to the Trusts Safeguarding Committee in January 2022.	 Ongoing, partially achieved
Ensure that all Deprivation of Liberty Safeguard (DoLS) applications are supported by a documented assessment of capacity.	Improve the standard of documented DoLS applications.	Since April 2021 the Deprivation of Liberty Safeguards (DOLS) Office has advocated the use of an electronic DOLS application form. The Trust started using this form in November 2021. There is not a facility to attach a mental capacity assessment (MCA) to the form and so it was unknown if an MCA had been completed or not. The Trusts' database was reviewed and found that 81% had been completed, 8% had not been completed and 11% were unknown if the MCA had been completed.	 Ongoing, partially achieved

Priority: Implementation of the Dementia Strategy 2021-2024

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Monitor ward moves for people with dementia to ensure appropriate admission to the most appropriate bed first time where possible.	Monitor via a new dashboard and results to be reviewed at Dementia Strategy Group and actions identified.	Ward moves continue to be monitored via the Dashboard and reviewed at the Dementia Strategy Group (with improvement actions identified).	 Completed, achieved
Develop Patient Partners for people with dementia in collaboration with the Patient Experience Lead, to enable the ability to receive feedback directly from people with dementia.	Patient Partners for people with dementia to be developed and feedback reviewed.	Quarterly Carers Survey in place and results regularly reported to Strategy Group.	 Completed, achieved
Develop a proposal / business case for a multi-disciplinary team to provide an activity programme for people with dementia.	Proposal / business case to be developed in collaboration with multi-disciplinary team.	A Task and Finish Group was set up to work on this business case however progress has since been paused whilst discussions take place with the Frailty Team who have recently submitted a business case along similar lines. Aim to be reviewed in coming months.	 Paused

Priority: Implementation of the Delirium agenda

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Recruit a Delirium Nurse Facilitator for 1-year pilot.	Monitor business case KPIs once post holder recruited and report to Dementia Strategy Group.	Delirium Nurse Facilitator seconded into post and completed in March 2022. Team working through the next steps with the deputy chief nurse.	 Completed, achieved

Priority: Improving communication with community pharmacies to improve access to medicines for patients.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Introduce remote dispensing of outpatient prescriptions.	Remote dispensing in place and available at local community pharmacies.	The capacity of local community pharmacies in Kent was assessed through the Local Pharmaceutical Committee. It was decided that we should continue to issue outpatients with FP10s to have their prescriptions dispensed at their local pharmacy.	 Completed, achieved

Priority: Improve the experience of our expectant parents and their babies

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
<p>The Patient Experience Midwife and Maternity Voices Partnership (MVP) working together to co-produce local maternity services.</p>	<p>Maternity Voices Partnership chair will conduct a review of information posters, website etc and provided a report.</p> <p>An action plan will be developed to address the findings.</p>	<p>Patient Experience Midwife post was piloted and well evaluated.</p> <p>Action plan is outstanding.</p>	 <p>Ongoing, partially achieved</p>
<p>Employing the use of patient advocates where appropriate.</p>	<p>The role of the patient advocate has not yet been clarified.</p>	<p>Staff encouraged to engage interpreters when appropriate and this is being incorporated into the new patient experience strategy.</p>	 <p>Ongoing, partially 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.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Increasing the effectiveness of ambulance handovers.	Ambulances should not wait more than 30 minutes to offload their patients (number waiting target <3%).	Since October 2021, this target has not been achieved, with the percentage waiting more than 30 minutes ranging between 7.6% & 12.3%.	 <p>Ongoing, partially achieved</p>
	Ambulances should not wait more than 60 minutes to offload their patients (number waiting target 0%).	Since October 2021, this target has not been achieved, with the percentage waiting more than 60 minutes ranging between 0.3% & 1.3%.	 <p>Ongoing, partially achieved</p>
New ED performance standards.	Emergency Department (ED) 95% patients to be seen, treated admitted or discharged within four hours of arrival.	The Trust achieved 83.83%, so did not meet the standard. ED attendances have returned to pre-pandemic levels. *Performance was upper quartile against national performance.	 <p>Ongoing, partially achieved</p>
	Emergency Department 50% of patients to be treated within <60 minutes of arrival	The Trust treated 61.5% of patients within 60 minutes of arrival achieving the standard, however this is a reduction on last year's figure of 71.8%.	 <p>Completed, achieved</p>
Improving the timeliness of discharge of patients from Intensive Care (ICU).	Adherence to the four hour target in 2021/22 of moving medically fit patients back to their specialty ward.	This has shown a deterioration from the 2020/21 performance. This is a reflection of the high pressure on acute general hospital beds from increased attendances and admissions and challenges in discharging patients into the community.	 <p>Ongoing, partially achieved</p>
	Decrease the number of night-time discharges from the Intensive Care Unit (10pm-7am), based on 2020/21 numbers.	Night time discharges have increased since the previous year, but remains comparable with other providers.	 <p>Ongoing, partially achieved</p>

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Ensuring all necessary support is in place to allow patients to leave hospital when it is planned for them to do so.	Improved communication with patients and families, measured by a reduction in the number of complaints and Patient Advice and Liaison Service (PALS) contacts relating to communication.	Unfortunately this performance deteriorated this year. 2020/21 PALS = 739 Formal complaints = 172. 2021/22 PALS = 1141 Formal complaints = 254.	 Ongoing, not achieved
	Improve our processes linked to “discharge medications” by the introduction of computers on wheels (COWs) and Omnicell (automated pharmacy management system) to expedite ward based dispensing.	The current timescale turnaround for dispensing on the wards is approximately half an hour depending on item numbers and the availability of staff. This is significantly faster than being supplied from the hospital dispensary and is proving very popular with ward staff who are starting to identify suitable patients to be included. Over 500 patients have benefitted from the fast TTO (to take out) service.	 Ongoing, partially achieved
Increasing the number of video clinics (currently using the Attend Anywhere platform)	10% of all outpatient activity to be carried out as video appointments.	30.7% outpatient appointments were delivered virtually this year.	 Completed, achieved
Ensure there is sufficient MRI capacity to cater for rapid diagnostics for our emergency, cancer and elective patients.	Develop and progress a fully managed MRI Service in line with the broader Trust needs linking in with external partners. Ensuring high quality service provision and reporting in a timely manner.	The MRI service is still under review but work has progressed at the community diagnostic centre to give us capacity on 2 more mobile scanners. A national initiative is under way to provide software to improve on time efficiencies and the impact of this will be measured later in 2022.	 Completed, achieved
Work to consolidate a high quality, timely and effective therapies service supporting both inpatient and outpatient activity.	Review and consider the changing needs of the Trust patient base and expectations in terms of delivery of service. Ensure all patients are seen within required timeframe and receive high quality and consistent support.	Recruitment and retention have been a priority, as a result staffing levels are improving. We have a reliable data system for evaluating activity, enabling us to adjust activity accordingly.	 Ongoing, partially achieved

Priority: Working towards the development of site-specific centres of excellence for Digestive Diseases and Stroke concentrating on new and improved ways of working which will support best practice and the opportunities for new roles.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
<p>Work to review the best practice diagnostic pathway for colorectal cancer patients in line with broader directional change. Work with surgery and cancer teams to ensure robust diagnostic radiological pathway for cancer pathway patients in line with national changes to avoid unnecessary delays.</p>	<p>Pathway reviewed, revised and implemented as appropriate.</p>	<p>The Colorectal Department worked with Cancer Services, Radiology and Endoscopy to review the straight to test (STT) protocol. The revised pathway incorporates minimally invasive procedures including both Virtual Colonoscopy and Capsule Endoscopy. The results of the GP initiated Quantitative Faecal Immunochemical Test (qFIT) on referral into the trust has supported streamlining the diagnostic pathway by removing this as a hospital initiated test.</p>	 <p>Completed, achieved</p>
<p>Development of a Digestives Diseases Unit on the TWH site.</p>	<p>Completed phases in the development of the Digestive Diseases Unit at TWH.</p>	<p>Phase 1. General Surgical reconfiguration is now complete.</p> <p>Phase 2. Centralisation of gastroenterology services at TWH planned to start May 2022.</p>	 <p>Ongoing, partially achieved</p>
<p>Development of stroke services in preparation for Hyper-Acute Stroke Unit (HASU) focusing specifically on the provision of stroke rehabilitation.</p>	<p>Aim is to commence building towards the end of the year to coordinate the build programme with the development of the innovative orthopaedic theatre.</p>	<p>The implementation plan for three hyper-acute stroke units (HASUs) in Kent and Medway, one of which will be on the Maidstone Hospital has continued to progress.</p> <p>The MTW stroke service has consolidated stroke inpatient services on the Maidstone site and increased staffing levels to ASU national guideline levels.</p>	 <p>Ongoing, partially achieved</p>

Further review of quality performance

In addition to the information and tables provided in the above section reviewing progress against the 2021/22 quality priorities, other measures of quality performance are displayed below.

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).	The Trust did not achieve this standard. It saw 83.83% of patients within 4 hours of arrival in its ED.	 <p>Ongoing, partially achieved</p>
50.0% of patients arriving in the Emergency Departments to be treated within 60 minutes of arrival.	The Trust achieved this standard treating 61.5% of patients within 60 minutes of arrival.	 <p>Completed, achieved</p>
95% of patients arriving in the Emergency Department should be assessed within 15 minutes of arrival.	The Trust did not achieve this standard with 42.5% of patients arriving in the Emergency Department being assessed within 15 minutes of arrival.	 <p>Ongoing, not achieved</p>
Less than 8% of patients arriving in the Emergency Department should have an unplanned reattendance within 30 days.	The Trust did not achieve this standard with an estimated rate of 15% (+/- 1%) of patients reattending within 30 days and 8% (+/- 1%) of patients reattending within 7 days.	 <p>Ongoing, not achieved</p>



Cancer waiting time targets

Quality performance standard	Trust results	How did we do?
<p>Cancer Waiting Time Targets: 93% of patients referred by their GP with suspected cancer are seen within two weeks.</p>	<p>The Trust has consistently achieved this standard. 94.3% of patients with suspected cancer were seen within two weeks during 2021-22.</p>	 <p>Completed, achieved</p>
<p>Cancer Waiting Time Targets: a maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment for all cancers.</p>	<p>The Trust has achieved this standard ensuring that 97.6% of patients who needed to start their treatment within 31 days did so.</p>	 <p>Completed, achieved</p>
<p>Cancer Waiting Time Targets: a maximum 62-day wait from referral from an NHS cancer screening service to the first definitive treatment for cancer.</p>	<p>The Trust achieved this standard of 85% of patients who needed to start their first definitive treatment within 62 days throughout 2021/22 at 85.5%.</p>	 <p>Completed, achieved</p>



Other quality performance standards

Quality performance standard	Trust results	How did we do?
18 week standard: 92% of patients on an incomplete pathway should be treated within 18 weeks.	The Trust did not achieve the national standard of 92% of patients on an Incomplete Pathway being treated within 18 weeks.	 <p>Ongoing, not achieved</p>
Cancelled operations standard: <0.8% of operations should be cancelled at the last minute.	The Trust did not achieve this standard with 0.9% of operations cancelled at the last minute against the national maximum limit of 0.8%.	 <p>Ongoing, partially achieved</p>
Venous thromboembolism (VTE) risk assessment standard: 95% of patients to be risk assessed for VTE on admission.	The Trust ensured that 95% of patients had a VTE Risk Assessment completed on admission to hospital in 2021-22 with an overall score of 96.8%.	 <p>Completed, achieved</p>
Reducing the number of patient falls.	The Trust's rate of falls per 1,000 Occupied Bed days is above the Trust maximum limit of 6.0, with performance equating to 8.2 at the year end.	 <p>Ongoing, not achieved</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.	80.3% of stroke patients spend 90% of their time on a dedicated stroke ward.	 <p>Completed, achieved</p>

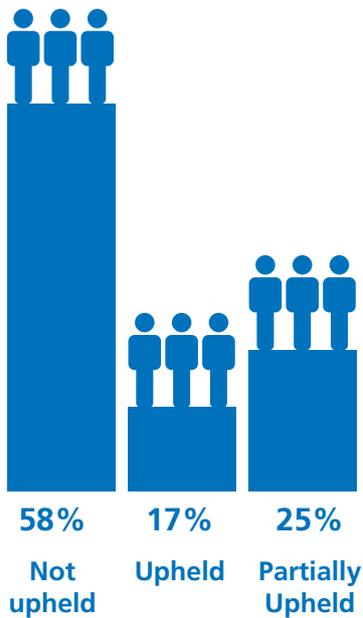
Complaints

Maidstone and Tunbridge Wells NHS Trust has seen the number of complaints increase; our complaints still remain within the expected parameters for an organisation of our size. Supporting our patients to raise their concerns is important to us. This feedback helps to inform improvements to pathways of patient care for the organisation and helps inform education for our staff to support change and constant improvement. The Trust's rate of new complaints per 1,000 occupied bed days is within the expected range of between 1.32 and 3.92 at 2.80 for the year.

Complaints report summary

The Trust opened 614 complaint investigations in 2021/22, a 58% increase on the number of complaints opened 2020/21. This reflected the resumption of services across the Trust as part of the response to the COVID-19 pandemic. The Trust responded to 474 complaints during the same period. Using the guidance set by NHS Digital, as shown below, the majority of complaints were not upheld.

Outcome of formal complaints responded to in 2021/22 (n=474)



The Trust measures its performance in responding to complaints within either 25 or 60 working days (depending on the severity and complexity of each case). In 2021/22, this was achieved in 57.9% of cases.

Patient Advice and Liaison Service (PALS) dealt with 5834 contacts in 2021/2022. The main reasons for contacting PALS were:

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

Patient 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
- 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 2021/22 the Trust participated in three national patient surveys: Maternity Survey, Inpatient Survey and Children and Young People's Survey. The surveys were undertaken by IQVIA for our Trust. At the time of writing the results for the Maternity Survey and the Children and Young People's Patient Experience Survey were published on the Care Quality Commission website. The Trust is currently in the fieldwork process for the Inpatient Survey.

The Trust will be taking part in the Maternity Survey (MAT22), the Urgent and Emergency Care Survey (UEC22) and the Cancer Patient Experience Survey (CPES) in 2022/23.

Local Patient Surveys

All local surveys that are registered with the Patient Outcomes team are entered into a database and their progress is followed up to monitor completion. 23 local patient surveys were registered with the Patient Outcomes Team during 2021/22.

Friends and Family Test (FFT)

Friends and family feedback submission formally recommenced in January 2021, for December 2020 figures, however this reporting period was during the second peak of the pandemic and as such the submission rates are not reflective of previous years.

The Trust utilises a multi-modal approach to gathering FFT; paper surveys, online surveys, quick response (QR) code capture and Uniform Resource Locators (URLs) to ensure accessibility and inclusivity for all patients. Of late, the percentage of online capture outweighs the paper

submission route which provides a 'live' summary of feedback in which can be acted upon sooner.

The priority for 2022/23 is to provide easier formats to feedback, such as short message service (SMS) text messages in high flow areas of admissions. The Trust did not achieve the target of 25% response rate for the Friends and Family Test given to patients after giving birth with a result of 13.5%. Of the responses received for patients accessing Maternity Services 97.9% were positive.

The Trust did not achieve the target of 25% response rate for the Friends and Family Test given to inpatients with a result of 12.4%. Of the responses received, 97.8% were positive. We continue to experience a trend in data which is concerning special cause and we are actioning the issues with the assistance of the project management team and a review of local FFT targets.

2020



11,731

surveys received



10,573

free text comments
80% were positive



97%

of patients had a
positive experience



80

clinical areas
contributed to
gathering feedback

2021



22,457

surveys received



20,164

free text comments
95% were positive



97.8%

of patients had a
positive experience



107

clinical areas
contributed to
gathering feedback

Improving our workplace culture

It is accepted that healthy workplace cultures in NHS organisations are crucial to ensuring the delivery of high-quality patient care. This year 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”**

This year we will therefore outline in our quality accounts all of the important work being undertaken to understand our performance and to improve this important strategic aim.

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 “Climate

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.

Staff Survey Results

We scored higher than average in 5 of the 7 key themes and didn’t fall below the national average for NHS Acute Trusts in any of the themes. The survey also showed that 74% of MTW staff recommended MTW as a place to receive treatment (national average 66.9%) and 66% of staff recommended MTW as a place to work (national average 58%).

You can see more detail linked to our performance on the following page.

Sue Steen, Director of People and Organisational Development said:

“This is great news for MTW as we see feedback on our quality of care and the friends and family test returning to and, in fact, improving upon pre-pandemic levels.

Our levels of staff engagement and morale are higher than the national average of other Acute Trusts which is encouraging news as the health and happiness of our staff is a priority for us.

The staff working here have told us that things are improving and as we continue on our Exceptional People, Outstanding Care journey we will act on their feedback and make sure that they continue to be supported to provide the best possible care to our community.”



2021 National NHS Staff Survey Results



The NHS Staff Survey is an important way for us to hear your views and feedback on what we need to do to make MTW a great place to work and to measure ourselves against other NHS organisations.

In 2021, the NHS Staff Survey was redesigned to track the progress against the seven elements of the People Promise.

This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone. Here are some of the key highlights from the NHS Staff Survey under the People Promise, including how we compare to the average score for acute trusts, where we did well and the areas for improvement.

Key

- 😊 Where we did well
- 😞 Where we need to improve
- ↑ Better
- Same
- 0.0 Scores 0-10

52% shared their views (3385 staff)



We are compassionate and inclusive

7.3
7.2
Compared to the average score for acute trusts

😊 Care of patients is the organisation's top priority
Recommend MTW as a place to work

😞 Discrimination at work from a manager or colleague



We are recognised and rewarded

5.9
5.8
Compared to the average score for acute trusts

😊 Recognition for good work
Staff show appreciation to one another

😞 Level of pay



We each have a voice that counts

6.8
6.7
Compared to the average score for acute trusts

😊 Know what my work responsibilities are
Feel safe to speak up about concerns

😞 Involved in deciding changes introduced affecting work area/team/department



We are safe and healthy

5.9
5.9
Compared to the average score for acute trusts

😊 Have adequate materials, supplies and equipment to do my work
MTW takes positive action on health and wellbeing

😞 Experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public

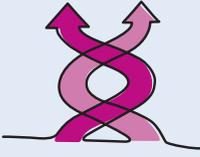


We are always learning

5.7
5.2
Compared to the average score for acute trusts

😊 Opportunities to develop career
Opportunities to improve knowledge and skills

😞 My appraisal left me feeling that my work is valued by my organisation

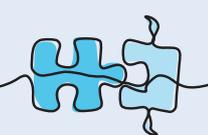


We work flexibly

6.0
5.9
Compared to the average score for acute trusts

😊 Good balance between work and home life
MTW is committed to helping balance work and home life

😞 Able to approach immediate manager to talk openly about flexible working



We are a team

6.6
6.6
Compared to the average score for acute trusts

😊 The team has shared objectives
Receive the respect deserved from colleagues

😞 Manager asks for my opinion before making decisions that affect my work

You said, we did – the story so far

- Continue to roll out Exceptional Leaders programme and the development of a Programme for all managers at the Trust focussing on compassionate and inclusive leadership
- Developing talent management and succession planning – focussing appraisals on personal development and career planning
- Improved the health and wellbeing offer to staff and increased access to support
- Mapping out a programme of work to support staff understanding of diversity and inclusion
- Launched individual recruitment campaigns for key specialty areas and developing new recruitment microsite

Supporting our staff

We have worked hard to create a workplace that supports both the physical and mental wellbeing of our staff. Developing a dedicated wellbeing team has been a priority for us; the team of psychologists, wellbeing partners and Organisational Development (OD) practitioners have been able to provide support to staff

individually and in teams whilst our events officer has created a schedule of holistic wellbeing activities for staff to enjoy.

We continue to develop internal Mental Health First Aiders, de-briefers and mediators to help our staff be



Supporting others



Mental and emotional wellbeing



Physical wellbeing



Financial wellbeing



Health and wellbeing resources for managers



COVID support

Here are some of the things our staff are telling us:

"My organisation has been excellent to work for during the COVID-19 pandemic. I have worked in various Trusts previously to this job and I would like to say how very well supported I have felt since joining the Trust, especially during the COVID-19 pandemic. I highly recommend the Trust to my colleagues in which 3 of them have joined the Trust and commented how happy they are, I also recommend the Trust to my family and friends. I now have a such a happy home/work life balance that I look forward to coming to work. I would like to say thank as I feel a very valued member of the team."

"I am very proud to work for MTW, they are committed to always putting patient care first whilst also focusing on staff welfare. I have worked for other NHS Trusts and Commissioners, but can honestly say that MTW is the best Trust I have worked for. MTW are also very supportive of career progression within the Trust."

Staff networks

Our staff networks have gone from strength to strength and have seen additional peer support groups develop over the last year; the Autism Support Group, Carer’s Network, Chronic Pain Support Group and Senior Women

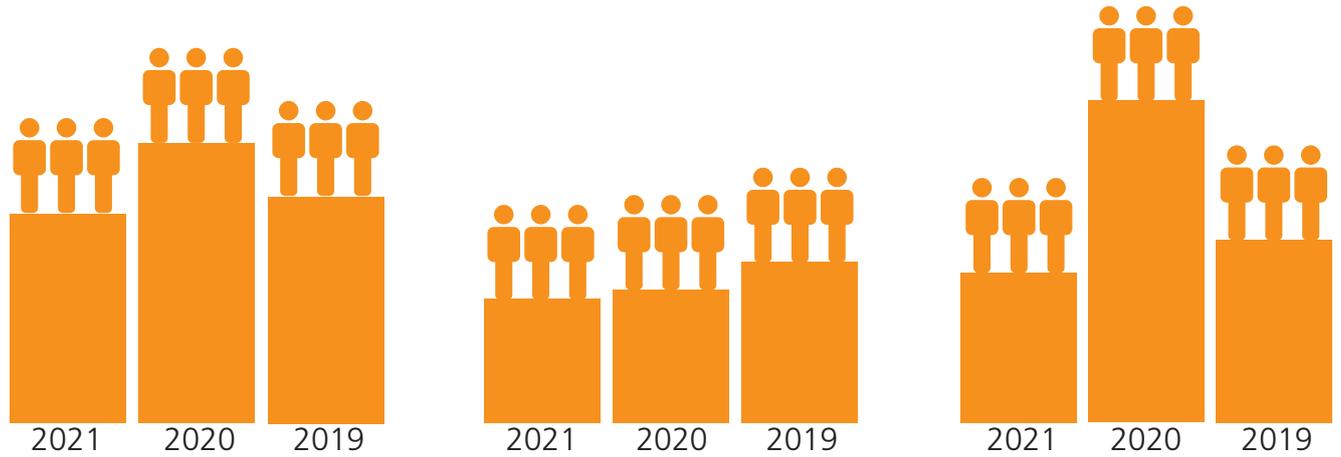
Leaders Network all provide opportunities to staff to share their unique lived experiences and provide support to one another.

Our Workforce Race Equality Standard (WRES) performance
 The target for WRES performance is 1.0 (equity).

Relative likelihood of white staff being appointed from shortlisting compared to Black and Minority Ethnic (BME) staff.

Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.

Relative likelihood of white staff accessing non-mandatory training and Continual Professional Development (CPD) compared to BME staff.



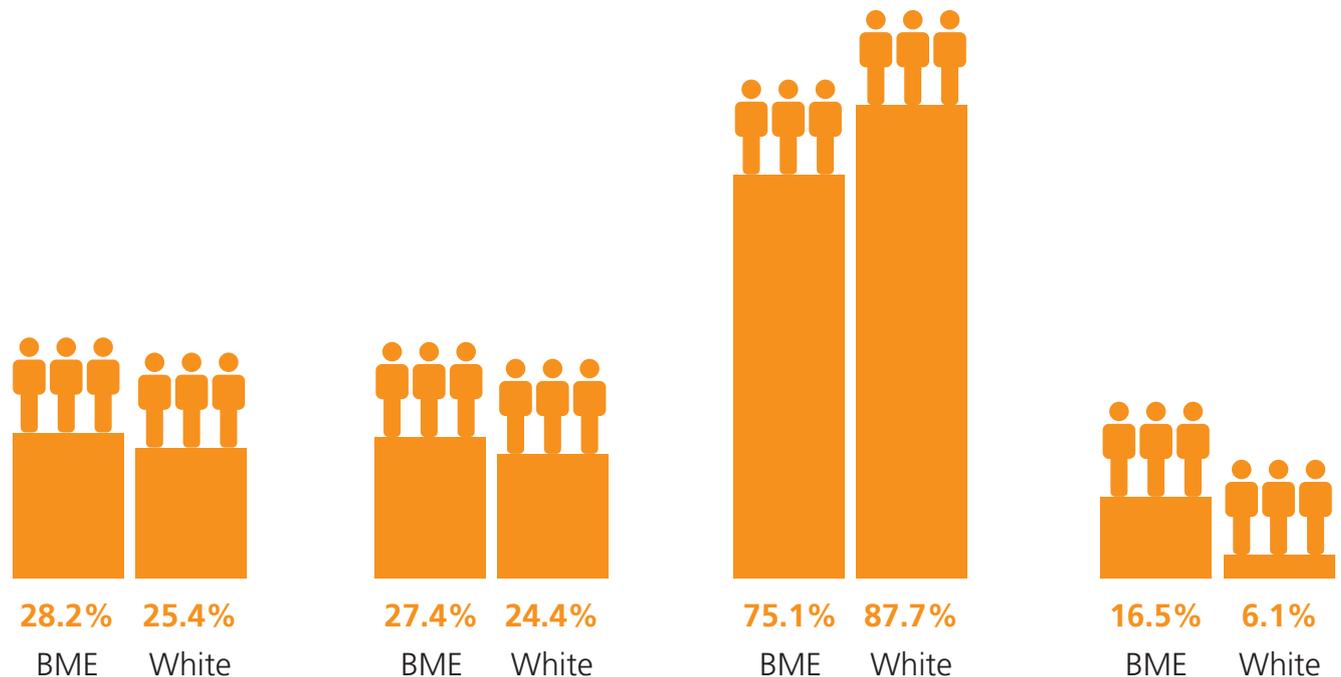
2020 National Staff Survey

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

Percentage of staff believing the Trust provides equal opportunities for career progression or promotion.

Percentage of staff personally experiencing discrimination at work from manager/ team leader or other colleagues.



We are working hard to improve our performance against the WRES standards. Over the next year our focus will continue to be

- Improving the education of our staff regarding race equality
- De-biasing our recruitment processes
- Developing our talent pools and succession planning

We are also working closely with our Divisions to help them to understand the diversity of their workforce and support them to achieve the NHS England/Improvement (NHSE/I) target of having 19% BME representation at all bands by 2025.

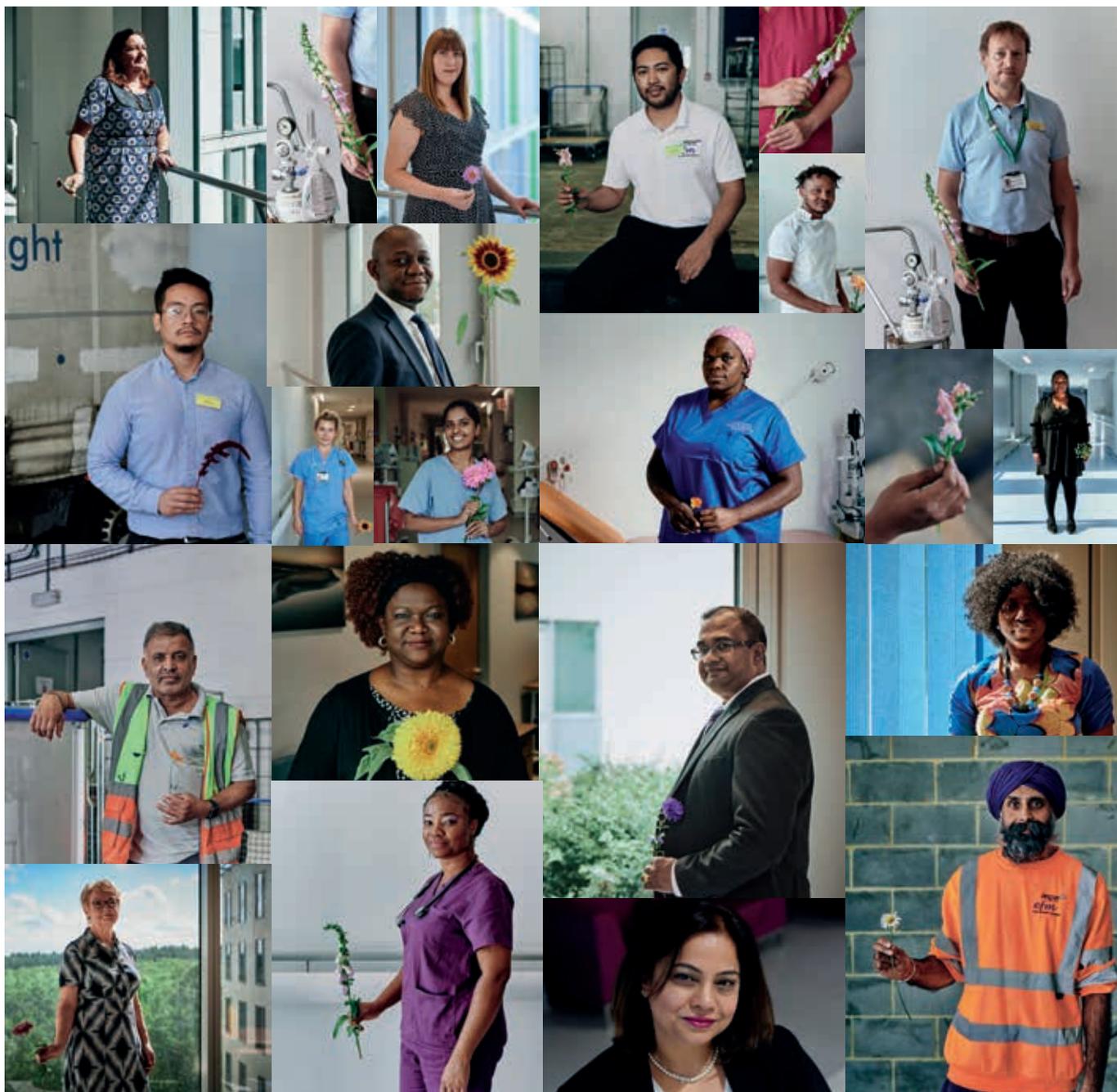
Improving our support to our Black, Asian and Minority Ethnic (BAME) employees

The Cultural and Ethnic Minorities Network (CEMN) is open to all Black, Asian and Minority Ethnic (BAME) staff

and White Allies. The Network's vision is to be open, fair, transparent and equitable.

The Network provides a platform for addressing concerns specific to the Ethnic Minority Communities with pastoral support for all members. The Network also supports MTW Ethnic Minority staff in professional and career development, and helps shape organisational policy, equality and diversity at a corporate level by being a stakeholder in issues related to Ethnic Minority staff, patients and service users. The Network curates twice monthly virtual meetings that have been a source of education and encouragement for staff and leaders across the Trust.

The CEMN has been supporting the Trust in making our recruitment processes and practices more inclusive in order to embed equality, diversity and inclusion across MTW.



The Six National Actions were launched in March 2021 by the Equality, diversity and health inequalities team (EDI) and are set to focus the attention of NHS organisations on race disparity within the workforce. The work undertaken by MTW and the CEMN over the past year has set the foundations of success and created a platform to launch the Six National Actions.

MTW successfully delivered our first Reverse Mentoring programme which saw the whole Trust Board being mentored by Ethnic Minority staff from a wide range of roles. Eight staff from the Ethnic Minority community at MTW entered the Kent and Medway Integrated Care System (KMIC) BAME mentoring programme in September 2021. Matched with mentors across the health

system, the focus for the individuals was on their career development.

MTW piloted an innovative de-biased recruitment process and trained 25 EDI Recruitment Representatives to support recruiting panels understand how to run debiased shortlisting and interviews.

Our White Ally programme launched supporting the See ME First badge scheme; we have delivered training on race equality and developed an EDI module drawing on both our Trust data and the lived experiences of our Ethnic Minority staff for our ongoing Exceptional Leaders programme.

Our Workforce Disability Equality Standard performance

Non clinical staff	Disabled	Non Disabled	Unknown/Null
Bands 1 – 4	5.2%	68%	26.8%
Bands 5 – 7	4.1%	77.8%	18.1%
Bands 8a and 8b	4.1%	80.6%	15.3%
Bands 8c – 9 & VSM	0.0%	78%	22%

Clinical staff	Disabled	Non Disabled	Unknown/Null
Bands 1 – 4	3.6%	67.1%	29.3%
Bands 5 – 7	3.9%	69.7%	26.5%
Bands 8a and 8b	2.7%	72.4%	24.9%
Bands 8c – 9 & VSM	0%	78.6%	21.4%

Staff	Disabled	Non Disabled	Unknown/Null
Medical and Dental staff, Consultants	1.63%	60.9%	37.4%
Medical & Dental, Non Consultants career grade	0.77%	71.5%	27.6%
Medical & Dental, Medical and dental trainee grades	3.78%	85.6%	10.5%

Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is 1.27
 Relative likelihood of disabled staff entering the formal capability process compared to non disabled staff is 0

We celebrated being the second Trust in Kent to reach Disability Confident Leader status in 2021 which demonstrates our commitment to removing barriers to recruiting and retaining staff with disabilities. A new staff health passport to support discussions between managers and staff with long term health conditions has been

introduced, which is structured to help managers create the best working conditions for their staff. Staff now have access to additional Disability Leave to support their need to attend appointments related to their long term health condition.

DisAbility

Our DisAbility network has continued to grow in size and we have held monthly meetings hosting activities related to disabilities open to the whole Trust including the support provided by Occupational Health with reasonable adjustments, introduction of the staff health passport and supporting staff with autism in the workplace.

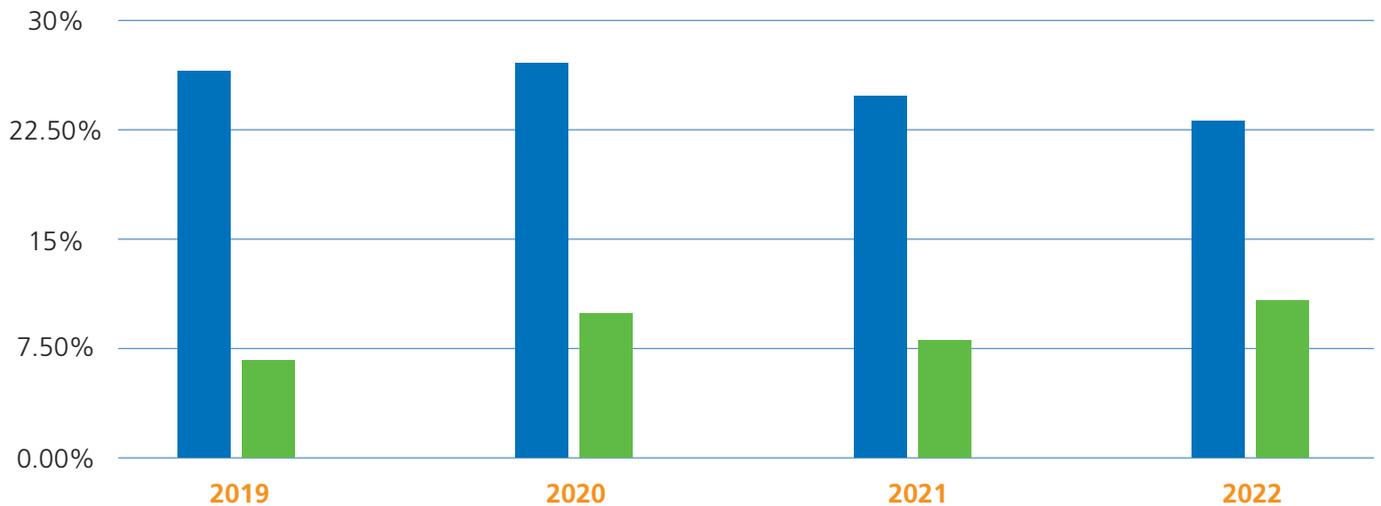
The network plays active roles as subject matter experts to the Trust in developing services, developing our senior leadership training programmes and supporting campaigns such as Different Not Less which focuses on our patients and colleagues with autism.

Pippa Meakins, the newly appointed Chair of the network, has shared her plans to:

- Promote the networks
- Hold acceptance and awareness events
- Improve training about disabilities
- Positively influence the recruitment process for people with disabilities
- Introduce a mentoring system for both staff and managers to provide positive experiences of disabilities for all



Gender pay gap



● Mean gender pay gap using hourly pay

● Median gender pay gap using hourly pay

Our focus to reduce the gender pay gap:

- Workforce race disparity workshops
- Review and update of the internal vacancies process
- Full utilisation of our talent pool
- Advertising flexible working options in all job roles
- Promote HR policies e.g. shared parental leave
- Access mentoring and coaching

LGBT+

Restrictions on events have continued to take their toll on this vibrant network but it didn't stop them launching the very first MTW Pride event in July. With members of the network and their allies, they visited all the main MTW sites with stands and goodie bags at each and a further 100 staff signed up to the NHS Rainbow Badge pledge.

Work continues with teams on developing inclusive environments for our staff and patients, ensuring that appropriate language is used in documentation and inclusive representation in our imagery. The maternity team are following in the footsteps of Brighton NHS Trust by implementing a Gender Inclusive toolkit that supports trans and non binary birthing people.

We have joined an extended pilot of the NHS Rainbow Badge Phase 2 assessment scheme. Over the coming months, we will be assessed on:

- How inclusive our HR policies are
- Training and confidence levels of our staff when providing care for lesbian, gay, bi and trans people (LGBT+) and their carers.
- Training and confidence levels of our staff when providing support for LGBT+ colleagues
- The inclusive behaviours of our staff towards patients
- How inclusive our services are
- How inclusive we are as an employer



Freedom To Speak Up (FTSU)

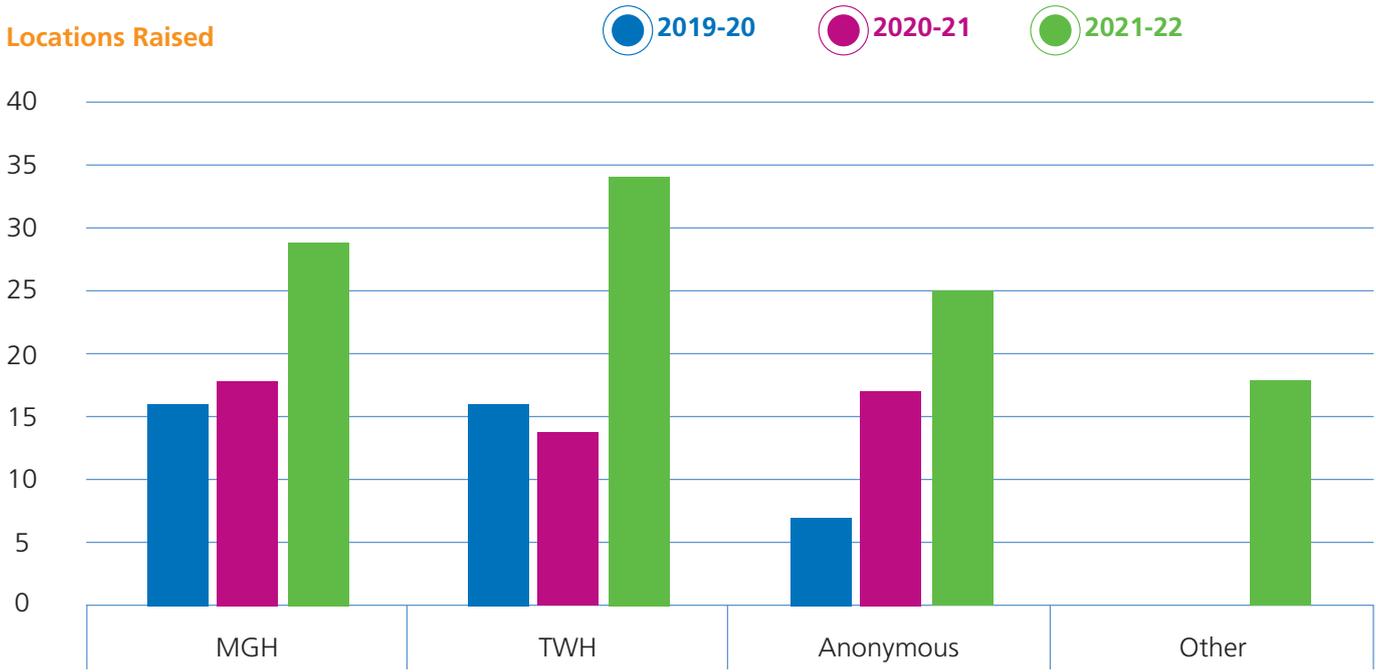
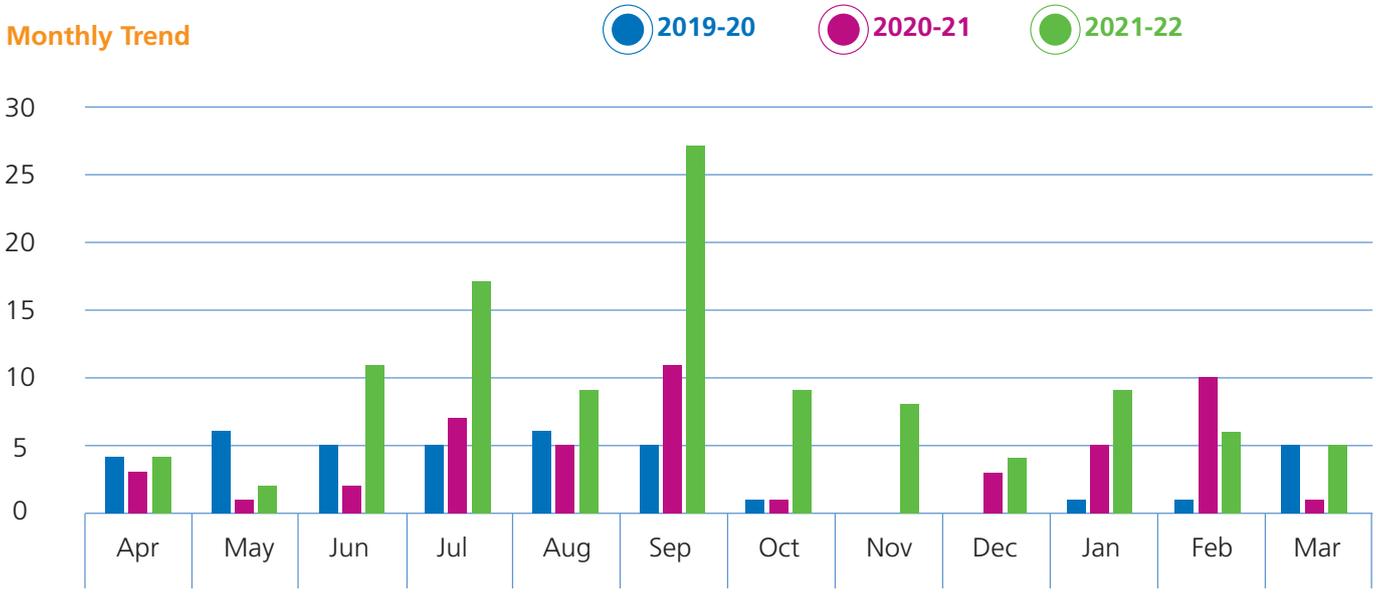
The FTSU function has now been operating for 3 years which affords us the opportunity to review data against potential trends. The Trust has moved from a position of reporting 0 concerns to appointing a Guardian at the end of 2018, reporting 40 concerns in 2019, 40 in 2020 when it appointed a Deputy at the end of November and 107 in 2021. We are encouraged as this suggests a clear relationship between the Trusts investment in the speaking up agenda and our staffs ability and willingness to raise concerns.

We have 31 Safe Space Champions (SSC) in different roles, across the Trust. The Safe Space Champion is there to promote the FTSU agenda, listening to concerns, signposting and informing colleagues of the support

available to our staff. Feedback from staff who have contacted SSC has been encouraging as they mention heightened levels of stress before speaking to the SSC and a sense of appreciation, relief and calmness after speaking with them.

Printed and digital materials have been distributed across the Trust with pictures of some SSC's to encourage staff to reach out to them.

The final module of the Freedom to Speak Up eLearning package was launched on 12 April. This module is developed for senior leaders throughout healthcare - including executive and non-executive directors, and will sit on the MTW Learning platform with the initial FTSU learning package for all staff.



Medical rota gaps

The overall fill rate of training posts across all grades and specialties was very high, including new training posts in Internal Medicine Training, Histopathology, Clinical Radiology, Clinical Oncology, Medical Oncology, Emergency Medicine and Neurology.

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

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

The Guardian works closely with Medical Education and Departments and holds regular Junior Doctor Forum meetings.

The Trust followed Health Education England directives during the peak periods of the COVID-19 pandemic. During the last wave training continued and no trainees were redeployed.

Seven Day Services

From 2018, all NHS trusts have been required to report their activity and progress towards delivering high quality and consistent levels of service and care seven days a week. There are 10 defined standards for seven-day services, of which NHS England/Improvement (NHSE/I) classify four as key standards:

Standard 2: Time to Consultant Review

All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of their admission to hospital.

The Trust completed an audit in December 2021 reviewing the care of a sample of patients who were admitted as emergencies to the Trust in June 2021. Time to first consultant review within 14 hours of admission to hospital was 69% (86/123) compared to previous results 67.3% (66/98) in April 2018. Overall, more patients were included in this audit and the results have reassuringly not deteriorated despite the COVID-19 pandemic.

Standard 5: Diagnostics

Hospital inpatients must have scheduled seven-day access to diagnostic services. Consultant directed diagnostic tests and completed reporting will be available seven days a week.

We have previously reported our level of assurance against this standard but plan to review in 2022/23.

Standard 6: Consultant Directed Interventions

Hospital inpatients must have timely 24-hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines.

We have previously reported our level of assurance against this standard but plan to review in 2022/23.

Standard 8: On-going Review in High Dependency Areas

All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

The Trust completed an audit in December 2021 reviewing the care of a sample of patients who were admitted as emergencies to the Trust in June 2021. Daily patient reviews by a consultant was measured at 79% (89/112 potential consultant reviews) which has improved when compared to previous results in April 2018 52% (81/157 potential consultant reviews). These are encouraging results achieved during the COVID-19 pandemic.

Learning from deaths (mortality reviews)

During the period March 2021 to February 2022, the Trust experienced higher mortality rates when compared to the same reporting period previously 2020/21. However we have continued to maintain our mortality rates largely below expected levels. The Hospital Standardised Mortality Ratio (HSMR) produced by "T Health" (Dr Foster) was under predicted levels except in October and November 2021 when there was a higher than expected number of in-hospital deaths. This was impacted by the COVID-19 pandemic and the way elective spells were counted and coded. Current HSMR is in the low bracket at 94.1 against the 100 target which means the Trust's current mortality rates are lower than expected.

The most recent Standardised Hospital Mortality Indicator (SHMI) data published by the Health and Social Care Information Centre (HSCIC) for the period December 2020 to November 2021 showed the Trust's SHMI as 0.94. The SHMI position is somewhat higher than the same period in last year's account. As a Trust, our SHMI continues to be favourable, with over 12 months running being a positive outlier.

During the period April 2021 to March 2022, there was a total of 1682 deaths in Maidstone and Tunbridge wells NHS Trust. Each death occurring in the hospital is a sad event impacting both the loved ones of the patient and the team responsible for providing their care. The Trust is committed to improving the quality of care provided to our patients and reviewing and learning from death forms part of this process.

The implementation of our Medical Examiner Service in September of 2020 has introduced an independent review of every death occurring in the hospital by a trained Medical Examiner (ME). The ME Service scrutinised 1635 (97%) of the 1682 deaths occurring in the hospital and raised 119 Structured Judgement Reviews (SJR's). Plans are ongoing to extend the ME Service to our community in 2022/2023. This will ensure all deaths within West Kent

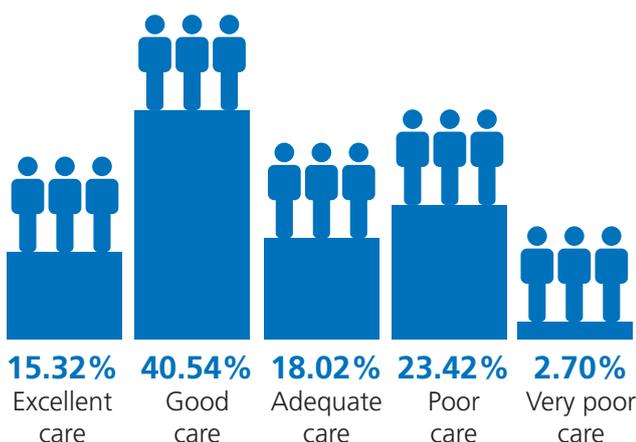
are scrutinised by the service and provide an opportunity for loved ones to raise concerns about quality of care received to an independent clinician.

An SJR is an in-depth review in addition to the ME scrutiny, providing quality and safety judgement scores on the phases and overall care received by a patient in their last episode of care within the hospital. Reviews are undertaken for several reasons including concerns over the care provided.

Learning from deaths identified in 2021/22 include:

- Sepsis was a theme highlighted by our mortality surveillance group (MSG) , process for the early diagnosis of sepsis has been an area of learning
- Improvements around communication especially with patient's family and/or loved ones is required. During the year there were cases that demonstrated good communication, however in other instances a clear opportunity to learn was highlighted.
- Specialist teams based on one site should ensure they fulfil their cross-site duties and management plans are communicated and documented in patient's notes on their behalf even if they are unable to physically attend to the patient.
- Do not attempt cardiopulmonary resuscitation (DNACPR) decisions should be enacted after discussions with the patient or next of kin (NOK) if the patient is unable to partake. Language barriers must not prevent this discussion which should involve a consultant or senior medical staff member.
- Better discharge planning and support to prevent unnecessary return to hospital for our patients undergoing end of life care.

2021/22 Completed structure reviews (n=111)



For all deaths scrutinised during the period April 2021 to March 2022, just over 7% required an SJR to be carried out. 111 of these SJRs were completed by the specially trained reviewers. 62 (55%) of the completed SJRs have a judgement of either "Excellent" or "Good care".

Once the SJR has been completed it is discussed at the Mortality Surveillance Group (MSG), chaired by the Chief of Medicine and Emergency Care and mortality leads who are consultants from divisions/directorates across the Trust. Learning from each case reviewed at MSG is fed back to directorates/divisions, some cases are discussed at divisional and directorate clinical governance meetings. In some rare instances, cases may be referred to the Trust's Serious Incident panel for review. A mortality report from MSG is presented by the Chief of Medicine and Emergency care to the Quality Committee and by the Medical Director to the Board.

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 & 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 2022 the SHMI for Maidstone and Tunbridge Wells Trust was 0.93 (banded as level 2 'as expected').

Summary Hospital-level Mortality Indicator ("SHMI")	2021/22		2020/21	
	SHMI	Banding	SHMI	Banding
Maidstone and Tunbridge Wells NHS Trust	0.94	2	0.91	2
Best Performing Trust	0.72	3	0.73	3
Worst Performing Trust	1.19	1	1.12	1

Patients being treated by the palliative care team should have this recorded in their healthcare records and subsequently coded.

The percentage of patient deaths with palliative care coded	2021/22 (October 2020 – September 2021)	2020/21 (November 2019 – October 2020)
Maidstone and Tunbridge Wells NHS Trust	34%	36%
Lowest percentage Trust	12%	8%
Highest percentage Trust	63%	59%

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

The NHS asks patients about their health and quality of life before they have an operation, and about their health and the effectiveness of the operation afterwards. Data is collected in the form of a patient questionnaire. This helps to measure and improve the quality of care.

There are two surgical procedures for which Patient Reported Outcome Measures (PROMs) data is captured at Maidstone and Tunbridge Wells NHS Trust; Hip and Knee replacements. Up to three measures are used to assess the outcomes of these procedures. The most recent results published are for 2020/21 and have been uploaded on the NHS Digital website.

Data published in February 2022 (based on April 2020 to March 2021) shows an improvement in health gain following an operation for both surgical procedures with hip replacement surgery performing above national average for two of the three measures and knee replacement surgery performing slightly below the national average in two of the measures and slightly above national average in the remaining measure.

PROMS	Measures	MTW NHS Trust Adjusted Health Gain 2020/21	National Adjusted Health Gain 2020/21	Best Performer Adjusted Health Gain 2020/21	Worst Performer Adjusted Health Gain 2020/21
PROMS: hip replacement surgery	EQ-5D	0.447	0.465	0.576	0.391
	EQ-VAS	16.659	14.769	20.598	9.721
	Oxford Hip Score	22.807	22.597	26.293	17.453
PROMS: knee replacement surgery	EQ-5D	0.301	0.315	0.400	0.176
	EQ-VAS	7.786	7.274	13.115	-4.313
	Oxford Knee Score	15.442	16.714	20.152	11.793

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		National average	
	Aged 0-15	Aged 16 and over	Aged 0-15	Aged 16 and over
Readmission rate to MTW within 28 days of being discharged from MTW	Elective 5.3%	Elective 8.6%	Elective 4.1%	Elective 3.8%
	Non-elective 5.9%	Non-elective 16.3%	Non-elective 9.4%	Non-elective 14.0%

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

Prescribed data requirements	2021/22 local and national data	2020/21 local and national data	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.	National Staff Survey 2021 (September – November) = 74%	National Staff Survey 2020 = 81.5%	National Staff Survey 2021 (September – November) = 66.9%

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

Prescribed data requirements	2021/22 local data	2020/21 local data	National average
The percentage of patients who were admitted to hospital and who were at risk assessed for venous thromboembolism during the reporting period.	96.8%	96.6%	95.5% (2019/20 data only available)
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.	29.6	27.4	26.8



New developments

Digestive Diseases Unit - the General Surgical reconfiguration is now complete and all inpatient and Emergency Care is provided on the TWH site with outpatients and day case surgery facilitated at Maidstone. There is an on-call Associate Specialist for the Maidstone site to provide General Surgical support to patients on the wards. The Surgical Reconfiguration was the first phase in the development of a Digestive Diseases Unit (DDU) at the Trust; a joint venture between the Surgical and Medical Divisions to provide a service delivering surgical and gastroenterology services to patients with Digestive Diseases on a single site delivering a multidisciplinary service. The next phase in the development of the DDU is the centralisation of gastroenterology services at the TWH which is planned to start in May 2022 and will be completed with a reconfiguration of wards to support this. Further surgical services to be developed as part of the DDU will include pH Manometry as well as Kent and Medway's first Tier 4 Bariatric Service.



Children's ED - the cranes moved in and work began on the new Paediatric Emergency Department at Tunbridge Wells Hospital in December 2021. The department is co-located with our main Emergency Department (ED) and will provide easy access to support from adult ED staff and resus facilities. The unit opened on 20th April 2022 and is also located within close proximity to radiology and theatres. The unit offers a child friendly environment with appropriate facilities for parents, children and carers alongside separate red and green triage rooms to support infection prevention and control protocols. Our teams and patients will also have access to two high dependency rooms, seven examination cubicles and a minor injuries room.



Cardiology reconfiguration - proposals to centralise inpatient cardiology and cardiac catheter lab services onto a single site in order to help us improve quality of care and create sustainable staffing levels were approved at Board level in February 2022. Centralising will allow us to develop a first-class cardiology service for our patients, in line with national best practice recommendations, as well as offering staff a positive working environment that gives them the opportunity to develop their skills and expertise. A business case has been submitted and work is anticipated to start in about 12 months.



Innovative orthopaedic open-plan theatres - the development of open-plan surgical areas where up to four patients can be treated in a dedicated space, with a specialised air canopy over each station to prevent the spread of infection. Preparatory works for a new theatre complex started at Maidstone Hospital in February 2022. The new block will include four theatres, a 20-bed inpatient ward and a 16-bed day case ward and will be built at the back of the hospital, next to the Renal Unit.



Once completed the theatres will not only expand orthopaedic surgical capacity at MTW but will also provide increased capacity across Kent, Medway and East Sussex and play an important part in elective recovery and the reduction of patient waiting times across the region.

Hyper-acute stroke units (HASUs) - the implementation plan for three hyper-acute stroke units in Kent and Medway, one of which will be on the Maidstone Hospital has progressed slowly. Building work is scheduled to start towards the end of 2022 to coordinate with the development of the innovative orthopaedic open-plan theatres. In the meantime, stroke inpatient services have been consolidated at MGH and two stroke rehabilitation initiatives developed in response to the COVID-19 pandemic; one in partnership with KCHFT with beds at Sevenoaks Hospital and one will Hilton Home Services, have since been robustly and positively evaluated and new contracts have been put in place.



Medical Student accommodation and academic building – work began August 2021; 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 Kent and Medway Medical School students with MTW every 12 months – a 315% increase in the total number of students the Trust currently takes.



Additional areas of improvement 2021/22

Learning disability

Over a million people in England have a learning disability and they often experience poorer access to healthcare than the general population. The NHS Long Term Plan commits the NHS to ensuring all people with a learning

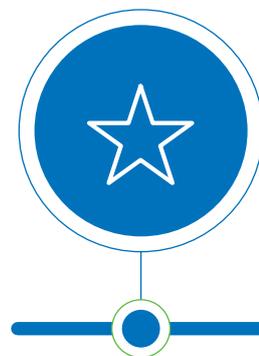
disability, autism, or both, can live happier, healthier and longer lives. In June 2018, NHS Improvement launched the National Learning Disability Improvement Standards for NHS trusts:



Respecting and protecting rights



Inclusion and engagement



Workforce

We have committed to deliver the three NHS Improvement priority standards to improve care delivery to patients and to work at ward level to train staff and deliver tangible improvements in care quality.

Key achievements 2021/2022

Respecting and protecting rights:

- The adults and young person learning disability oral sedation for minor interventions guidance was finalised and is already making a positive difference to those who struggle to access routine and urgent investigations due to their learning disability, behaviour or anxiety.
- The Trust has introduced easy read appointment letters and they are now routinely sent to all patients who are known to have a learning disability.
- This year the Trust pledged to the STOMP (Stopping over medication of people with a learning disability, autism or both) campaign. STOMP is now included in all learning disability training.
- Visitor cards were initiated, the purpose of these cards is to enable genuine carers to support patients with additional needs in the hospital throughout the pandemic when visiting was restricted.
- Following learning from a LeDeR (Learning Disability Mortality Review) involving a neighbouring Trust, the Learning Disability Outpatient Did Not Attend (DNA) data is now routinely scrutinised and followed up with individual patients by the learning disability liaison nurse.

Inclusion and engagement:

- The trust continues to involve people with a learning disability, autistic people and/or their family/supporters in new projects and acts upon feedback. A representative from a learning disability charity regularly attends and inputs into the patient experience committee.

Workforce:

- The different: not less campaign was formally launched in March 2022 to coincide with autism week. The campaign was designed to highlight the needs of those with learning disability and/or with autism with the overall aim of improving patient care.
- There continues to be a dedicated learning disability liaison nurse, employed to support adults with learning disabilities across the Trust.

Further action for 2022/23

- The Learning Disability readmission rate is slightly higher than other patient readmission rates. Further scrutiny of this is needed to implement plans to reduce the Learning disability readmission rate.
- In line with the National Learning Disability Improvement standards, an audit of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation will be undertaken.
- Mandatory Learning Disability Training has been approved in parliament. The Trust was involved in the initial pilot training in December 2021, as and when the code of practice is published preparations to roll this out across The Trust will need to commence.

Care Co-ordination Centre powered by TeleTracking

The introduction of a new electronic bed management system has seen the time a hospital bed is empty more than half and also reduced the time it takes to get a patient from the Emergency Department (ED) into a bed.

All patients on admission will now be given a TeleTracking badge on a wrist band. At the point of discharge the badge will be removed and placed in a drop box which will then send a message to the Bed Turnaround Team via a handheld mobile device telling them that a bed needs cleaning and its location.

Once the bed and bed space have been cleaned and the bed made, the team will send an update via their mobile

device to the Care Co-ordination Centre telling them that the bed is clean and available for use. The centre then allocates the bed to a patient before sending a message to the Portering team so they can initiate a porter to move the patient.

This system demonstrates our enthusiasm and energy in embracing change and technology to provide better outcomes for our patients and introduces a number of key benefits. These include saving staff time, improving the uniformity of notes and ensuring a smoother patient experience.



Sunrise Electronic Patient Record

The Sunrise Electronic Patient Record (EPR) was deployed using a staggered approach at Maidstone Hospital and Tunbridge Wells Hospital during the summer of 2021. The areas that went live included the Emergency Departments, Paediatric Inpatients, Adult Inpatient wards, Outpatients, and Therapies.

An EPR is an electronic version of a patient's medical record that is maintained by an organisation over time and includes the key clinical information relevant to that person's care. This includes clinical notes, activity, medication, vital signs, past medical history, as well as the ability to order pathology tests and imaging, see results and make referrals. It also provides the ability to access other systems to ensure our clinicians have rapid access to the right information at the point of care.

In the year since we went live, we have seen:

- A significant reduction in the time taken to input data, supporting more effective processes.
- Rapid access to information, in one place, as clinical teams need it, wherever they are.
- Reduction in paper use through the addition of almost 100 different clinical documents that have to be completed by clinicians in different areas, as well as all the referral and testing documentation that has gone into the system.

- Reduced number of different systems used by healthcare staff.
- 1.5 million tests and imaging requests made electronically since go live.
- Just over 4 million results have been sent through to Sunrise.

The team continues to maintain and improve existing elements within Sunrise and is collaborating with other trusts in the county who also have Sunrise EPR (East Kent and Medway).

The next steps are to include electronic prescribing within Sunrise later in 2022/2023, This means that handwritten prescriptions, administration of medicine and pharmacy documentation on drug charts will move from paper to an electronic version.

In addition, work is also commencing to implement a further module into Sunrise for all documentation related to surgery including theatre scheduling, pre-assessment and anaesthetic records.



Awards

The Healthwatch Recognition Awards April 2022

Winner - Patient Partners

Excellence in involving people in commissioning and delivery of services.

For listening to Dementia Carers during the pandemic and creating a 'Carers Card' in responsep Manometry as well as Kent and Medway's first Tier 4 Bariatric Service.



Health Tech Newspaper Now Awards February 2022

Finalist - Health Tech Team of the Year

A shared entry for the roll out of Windows 10, Allscripts Sunrise Electronic Patient Records (EPR) and the bed management system TeleTracking, plus ongoing work to make MTW a PaperLite organisation.



Royal College of Midwives Awards August 2021

Shortlisted - Midwife of the Year

Noella Aers, Interim Antenatal and Postnatal Matron.

Harriet Burke, Bereavement Support MidwifeBariatric Service.



Royal College of Midwives Awards August 2021

Shortlisted - Innovation in Maternity Care

Birth planning infographics document designed to assist midwives and doctors in giving women clear information and local data from MTW .



Clinical Pharmacy Congress Awards September 2021

Shortlisted - Excellence in Hospital Pharmacy Practice

The Pharmacy team set up a highly successful drive-through pharmacy in just seven days during the height of the pandemic, which meant that our most vulnerable cancer patients were able to collect their vital medicines safely without having to step out of their car.



Patient Safety Awards September 2021

Highly Commended - Maternity and Midwifery Initiative of the Year Category

Birth planning infographics document designed to assist midwives and doctors in giving women clear information and local data from MTW.



HSJ Awards October 2021

Finalist - Driving Efficiency through Technology

The TeleTracking Bed Management System.



Qube Learning Awards October 2021

Winners - Public Sector Employer of the Year Category

In recognition of the hard work of MTW's apprentices during the pandemic (Learning and Development Team).



Part four

Appendices



National Clinical Audit participation 2021/22

In a letter dated 24th December 2021 from Sir David Sloman, Chief Operating Officer, NHS England and NHS Improvement titled "Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic", Sir David Sloman stated "Given the importance of clinical audit in COVID and non-COVID care, clinical audit platforms will remain open for data collection. It should be noted clinical teams should always prioritise clinical care over data collection and submission."

We are unable to provide percentages of cases submitted for every national clinical audit as work is still progressing on many of them. For some of these national clinical audits we are unlikely to achieve a 100% submission rate due to the additional pressures caused by COVID-19 on the clinical teams involved.

The national clinical audits and national confidential enquiries that Maidstone and Tunbridge Wells NHS Trust was eligible to participate in during 2021/22 are as follows:

National Clinical Audits 2021/22	Participation Y, N, N/A	% cases submitted	Comments
Adult Critical Care Case Mix Programme	Y	100%	
BAUS Urology Audits: Management of the Lower Ureter in Nephroureterectomy Audit	N		Directorate decision
British Thoracic Society - National Outpatient Management of Pulmonary Embolism	Y	66%	Estimate only
BTS - National Smoking Cessation 2021 Audit	Y	100%	
Elective surgery (National PROMs Programme) Hip Replacement, Knee Replacement	Y	100%	
NAP7: Perioperative Cardiac Arrest	Y	100%	
Falls and Fragility Audit Programme: National Audit of Inpatient Falls	Y	100%	
Falls and Fragility Audit Programme: National Hip Fracture Database	Y	66%	Data submission ongoing
Inflammatory Bowel Disease Programme / IBD Registry	N		Directorate decision
Learning Disabilities Mortality Review Programme	Y	100%	
MBRRACE-UK; Maternal Mortality surveillance and mortality confidential enquiries	Y	100%	
MBRRACE-UK; Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal morbidity confidential enquiries	Y	100%	
MBRRACE-UK; Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	Y	100%	
MBRRACE-UK; Perinatal Mortality Surveillance	Y	100%	

National Clinical Audits 2021/22	Participation Y, N, N/A	% cases submitted	Comments
MBBRACE; National mortality Review Tool	Y	100%	
National Adult Diabetes Inpatient Audit	N/A		Cancelled
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – COPD Pulmonary Rehabilitation	Y		Data submission ongoing
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – COPD Secondary Care	Y	70%	Data submission ongoing
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – Adult Asthma Secondary Care	Y		Data submission ongoing
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – COPD Secondary Care (Paediatric Asthma)	Y		Data submission ongoing
National audit of Breast Cancer in Older people	Y	100%	
National audit of Cardiac Rehabilitation	Y	100%	
National Audit of Care at the End of Life 2020	Y	100%	
National Audit of Dementia	N/A		Cancelled
National Audit of Seizure and Epilepsies in Children and Young Adults (Epilepsy 12)	Y	100%	
National Bowel Cancer Audit	Y	100%	
National Cardiac Arrest Audit	Y	100%	
National Cardiac Programme - Cardiac Rhythm Management	Y		Data submission ongoing
NCAP - Myocardial Ischaemia National Audit Project	Y	100%	
NCAP - National Audit of Percutaneous Coronary Interventions (Coronary angioplasty)	Y	100%	
National Comparative Audit of Blood Transfusion Programme - 2021 Audit of Patient Blood Management and NICE Guidelines	Y	100%	
National Comparative Audit of Blood Transfusion Programme - 2021 Audit of the perioperative management of anaemia in children undergoing elective surgery	Y	100%	
National Core Diabetes Audit	Y	100%	
National Diabetes Footcare Audit	Y	100%	Estimate

National Clinical Audits 2021/22	Participation Y, N, N/A	% cases submitted	Comments
National Diabetes Inpatient Audit – Harms	Y	100%	Data submission ongoing
National Early Inflammatory Arthritis Audit	Y	100%	
National Emergency Laparotomy Audit	Y	100%	
National Heart Failure Audit	Y	100%	
National Joint Registry	Y	>99%	
National Lung Cancer Audit	Y	100%	
National Maternity and Perinatal Audit	Y	100%	
National Oesophago-Gastric Cancer Audit	Y	100%	
National Ophthalmology Audit: Adult Cataract Surgery	N		Unable to submit due to software
National Paediatric Diabetes Audit	Y	100%	
National Pregnancy in Diabetes Audit	Y	100%	
National Prostate Cancer Audit	Y	100%	
NCEPOD: Transition from child to adult health services	Y	77%	Data submission ongoing
NCEPOD: Epilepsy	Y	83%	
Neonatal Intensive and Special Care	Y	100%	
Paediatric Inflammatory Bowel Disease Audit	Y	50%	Data submission ongoing
RCEM Severe Sepsis and septic shock (care in Emergency Departments)	N/A		Postponed
RCEM Pain in Children (care in emergency departments)	N		Directorate decision
Sentinel Stroke National Audit Programme	Y	93%	Data submission ongoing
Serious Hazards of Transfusion 2021 UK. National haemovigilance scheme	Y	100%	
Society for Acute Medicine Benchmarking Audit	Y	100%	
The Trauma Audit and Research Network	Y	100%	
Transurethral REsection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	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

AMBER	Assessment; Management; Best Practice; Engagement; Recovery Uncertain
ACL	Anterior Cruciate Ligament
AKI	Acute Kidney Injury
ASU	Acute Stroke Unit
ATAIN	Avoiding Term Admissions into Neonatal units
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BME	Black and Minority Ethnic
BSGE	British Society for Gynaecological Endoscopy
CAP	Clinical Audit Programme
CAS	Central Alerting System
CASPE	Clinical Accountability, Service Planning and Evaluation
CESR	Certificate of Eligibility for Specialist Registration
CHKS	Caspe Healthcare Knowledge Systems
CCG	Clinical Commissioning Group
CDI	Clostridium difficile infection
CDU	Clinical Decision Unit
C.Dificle	Clostridium difficile
CEFM	Continuous Electronic Fetal Monitoring
CEO	Chief Executive Officer
CEPOD	Confidential Enquiry into Peri-operative
	Deaths
CNS	Clinical Nurse Specialist
CNST	Clinical Negligence Scheme for Trusts
COWs	Computers on wheels
CPA	Clinical Pathology accreditation
CPD	Continuing professional development
CQC	Care Quality Commission
CQRG	Clinical Quality Review Group
CQUIN	Commissioning for Quality and Innovation
CRN	Comprehensive Local Research Network
CT	Computer Tomography
Datix	Trust's incident reporting system

DH	Department of Health
DNACPR	Do not attempt cardiopulmonary resuscitation
DoC	Duty of Candour
DOLS	Deprivation of Liberty Safeguards
DSPT	Data Security and Protection Toolkit
DTI	Deep tissue injury
DTT	Decision to treat
ECIST	Emergency Care Intensive Support Team
E Coli	Escherichia coli
ED	Emergency Department
EDI	Equality, Diversity and Inclusion
E-Learning	Learning conducted via electronic media e.g. the internet
EME	Electronic Medical Engineering
ENT	Ear, Nose and Throat
EoL	End of Life
EoLC	End of Life Care
EoT	End of Treatment
EPR	Electronic patient records
FFT	Friends and Family Test
FTSU	Freedom to Speak Up
F/Y	Financial Year
GDPR	General Data Protection Regulation
GiRFT	Getting it Right First Time
GP	General Practitioner
HASU	Hyper-acute stroke unit
HES	Hospital Episode Statistics
HQIP	Healthcare Quality Improvement Partnership
HRG	Healthcare Resource Group
HSCIC	Health and Social Care Information Centre
IG	Information Governance
IOL	Induction of Labour
ICS	Integrated Care System
ICU	Intensive Care Unit
IPC	Infection prevention and control
KMICS	Kent and Medway Integrated Care System

Glossary

KPI	Key Performance Indicator
LGBT+	Lesbian, gay, bi and trans people.
LoS	Length of Stay
LUS	Lung Ultrasound
MCA	Mental Capacity Assessment
MCCD	Medical Certificate of Cause of Death
MDT	Multidisciplinary Team
ME	Medical Examiner
MGH	Maidstone General Hospital
MHRA	Medicines & Healthcare Products Regulatory Agency
MRI	Magnetic Resonance Imaging
MSG	Mortality Surveillance Group
MSK	Musculoskeletal
MTW	Maidstone and Tunbridge Wells NHS Trust
MVP	Maternity Voices Partnership
NACAP	National Asthma and COPD Audit Programme
NACEL	National Audit of Care at the End of Life
NCEPOD	National Confidential Enquiry into Patient Outcomes and Death
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
NHSI	National Health Service Improvement
NHSE/I	NHS England/Improvement
NICE	National Institute for Health and Care
NICU	Neonatal Intensive Care Unit
NOK	Next of kin
NPDA	National Paediatric Diabetes Audit
NRLS	National Reporting Learning System
OD	Organisational Development
PALS	Patient Advice and Liaison
PDSA	Plan, Do, Study, Act
PEC	Patient Experience Committee

PHE	Public Health England
PLACE	Patient Led Assessment of Care Environment
PMRT	Perinatal Mortality Review Tool
PROMS	Patient Reported Outcome Measures
PSI	Patient Safety Incident
QI	Quality Improvement
RCA	Root Cause Analysis
R&D	Research and Development
RCEM	Royal College of Emergency Medicine
SHED	Subarachnoid Haemorrhage in Emergency Department study
SHMI	Summary Hospital Mortality Indicator
SI	Serious Incident
SJR	Structured judgement review
SLT	Speech and Language Therapy
SMR	Standardised Mortality Ratio
SMS	Short message text
SPC	Specialist Palliative Care
SSC	Safe Space Champions
SST	Straight to test
STP	Sustainability and Transformation Plans
Sunrise	Trust electronic patient records system
T&O	Trauma and Orthopaedics
TEP	Treatment Escalation Plan
TERN	Trainee Emergency Research Network
TSR	Towards Safer Radiotherapy
TTO	To take out
TWH	Tunbridge Wells Hospital
Ulysses	Trust's clinical audit management system
VAT	Value added tax
VSM	Very Senior Manager
VTE	Venous Thromboembolism
Waterlow Score	A score of the estimated risk for the development of a pressure ulcer by a patient
WRES	Workforce Race Equality Standard

Part five



Kent and Medway CCGs MTW Quality Account Comments 2021/2022

We welcome the Quality Account for Maidstone and Tunbridge Wells NHS Trust (MTW). The CCG has a responsibility to review the Quality Accounts of the organisation each year using the Department of Health's Quality Accounts checklist tool to ascertain whether all the required elements are included within the document and the CCG confirms that the Quality Account has been developed in line with the national requirements with all the required areas included.

Your report clearly sets out your key areas of quality focus for the coming year, by identifying ambitious priorities for 2022 for each of the three key quality domains: patient safety, patient experience and clinical effectiveness. It is evident that Quality Improvement continues to drive your work and we are excited about the development of new infrastructure and services as outlined in the report.

The innovative ways of working and positive changes to patient pathways seen in response to the pandemic has resulted in a positive response to and recovery from the impact of COVID-19. This can be seen in your Emergency Department performance indicators, 62-day cancer access performance, the significant reduction of patients waiting long periods for outpatient care and increase of virtual appointments offered.

We thank MTW for your candid assessment of the 2020/2021 priorities and note some significant developments, such as the new Community Diagnostic Centre, new Paediatric Emergency Department, new Surgical Assessment Unit, and implementation of the Care Coordination Centre. Clinical audit participation was robust, and the Research and Innovation Department continue to successfully design their own studies, and support both national and international research, most noticeably the high-profile Novavax COVID-19 vaccine trial, later approved by the UK MHRA and the CCG extend their congratulations.

We would like to thank all the staff at the trust for their hard work during this unprecedented time, both patient facing and support staff, reinforcing the Chief Executive's statement recognising "staff ambition, energy, and compassion" to provide outstanding care. The CCG recognise the impact of the 'Exception People, Outstanding Care' journey through staff engagement and the NHS National Staff Survey feedback.

The report clearly outlines the "Exceptional People, Outstanding Care" journey you are undertaking to "create an inclusive, compassionate and high performing culture where our people can thrive and be their best self at work". The DisAbility network has continued to grow, staff continue to engage with the Freedom to Speak Up function. The NHS Rainbow badge pilot has been extended and the Cultural and Ethnic Minorities Network (CEMN) continues to support the Trust in making our recruitment processes and practices more inclusive to embed equality, diversity, and inclusion across MTW.

Clinical Chair: Dr Navin Kumta
Accountable Officer: Paul Bentley

The continued relationship between the Trust and the CCG has allowed collaborative working which will develop into working together within our Integrated Care System (ICS). As the main provider of acute NHS services for the population in West Kent, the CCG Quality Team is proud to support the trust in their vision to provide: 'Exceptional People, Outstanding Care and to drive improvements in patient flow and Care' with the Trust's objectives; 'To be recognised as a caring organisation', 'To provide sustainable services' and 'To be improvement-driven across all areas'.

Throughout the report you have provided clear and measurable objectives for the coming year and have maintained the focus within the three clear domains, which gives the report a clear flow that will be easy to follow for members of the public who may have an interest in reading this report.

In conclusion, the report is well structured and highlights that the quality of patient care remains a clear focus for the organisation and at the forefront of service provision. The CCG thanks the organisation for the opportunity to comment on these accounts and looks forward to further strengthening the relationships with the organisation through continued collaborative working in the future.

Paula Wilkins
Executive Chief Nurse
Kent and Medway CCG

Healthwatch Kent response to the Maidstone and Tunbridge Wells NHS Trust Quality Account 2021/22

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 have supported the Trust's review of Cardiology services; promoting the public consultation and encouraging people to share their views
- We have escalated several cases from patients and families for the Trust to listen, respond and learn from
- We've helped to identify the gaps where staff need to be trained to meet the Accessible Information Standard
- We've provided feedback about the Trust's website with recommendations on how to make it easier for people who want to make a complaint
- We attend the monthly Patient Experience Meetings which discusses feedback from patients & carers
- The Head of Complaints came to talk to us to ensure we are giving the best information to the public about MTW
- We met with the Chief Nurse and the Head of Patient Experience to ensure they are hearing your stories

We have read the Quality Account with interest. Generally, it's well presented, makes sense, and gives the public a glimpse into the Trust performance over the last year. We welcome the redesign of the patient experience improvement strategy and would be happy to support the Trust in its implementation.

Finally, we are encouraging all Trusts to consider adding in a section in the report for each quality priority which clearly sets out about how it will affect the people who use the service and what they should expect to see.

Healthwatch Kent June 2022



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 27 May 2022. They thanked the Trust for the opportunity to comment on the Quality Account, but will not be submitting a statement for inclusion.

Key comments from our patient representatives

The Contents page was very clearly set out and easy to refer to.

With regard to The Chief Executive's Statement, it was excellent to read early on in paragraph 3 of the delivery of the 62 cancer access, the Trust as one of the top trusts in Emergency Department performance and reduced waiting times. The listing of the developments in new infrastructure, services and key new projects so early in the statement is of great value to the reader.

The colour icons are very easy to understand as points of reference.

One question that arose whilst reading were the references to the Hyper Acute Stroke Unit and Acute Stroke Unit. Could a brief note be inserted to explain the difference between the two Units?

I also noted that there will be an increase in the number of video Outpatient Clinic appointments. This raised the question of what alternatives there are for patients who do not have access to a computer.

The new projects that are underway, the advances in patient care both physically and emotionally, the welfare of staff and the recognition and understanding for those with Autism, learning difficulties and mental health issues will surely place MTW as a centre of excellence.

MTW's response to our patient representatives' comments

We thank our patient representatives for taking the time to review our quality accounts.

In answer to the queries raised:

1. A Hyper Acute Stroke Unit provides specialist care in the immediate first few days after a stroke. An Acute Stroke Unit provides the next stage of ongoing care.
2. The alternative provided by MTW NHS Trust to video outpatient appointments continue to be face to face appointments.

Statement of Directors' responsibilities in respect of the Quality accounts

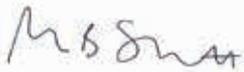
The directors are required under the Health Act 2009 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality 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 (16 June 2022)



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

Maidstone Hospital

Hermitage Lane
Maidstone
Kent, ME16 9QQ

01622 729000

Tunbridge Wells Hospital

Tonbridge Road
Tunbridge Wells
Kent, TN2 4QJ

01892 823535