

Ref: FOI/GS/ID 6864

**Please reply to:**  
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11 August 2021

## **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Funding, Chaplaincy and patient records.

*You asked:*

*1] How much money did the coding process of our Mother's case release to your Trust? If this question is worded incorrectly then please explain how the funding system works on an individual patient basis? How much income/ revenues/ funds was generated from our Mother's case? Is there a standardised rate per day per in-patient? I imagine there are add ons depending on the work involved. Separate rates for A&E?*

*2] Please supply email copies of the following appendices to the Care of the Adult Dying and Deceased Patient Policy and Procedure, as I am unable to find them online: NUMBER 4 - RWF-OPF-CSS-C-CAN1. ; NUMBER 5 - RWF-OWP-APP125. ; NUMBER 6 - RWF-ONC-PAL-FOR-1 ; NUMBER 8 - RWF-OWP-APP121 ; NUMBER 9 - RWF-OWP-APP123*

*3] The Chaplaincy Service. During April-May 2020 there were 38 deaths on Ward 22. How many of those deaths involved the Chaplaincy Service? During the month of May 2020 how many visits did the hospital Chaplains or any other religious practitioner make into Ward 22? If that information is available then please distinguish between the hospital Chaplains and others. If no physical visits were made to Ward 22 during May then how many times was the TWH Chaplaincy Service contacted by phone?*

*4] Please supply all known data on the use of the Chaplaincy service in TWH during the months of April and May 2020. This should include the case numbers, the names of the Chaplains involved, the method of communication between Wards/Units and the Chaplaincy Service, the number of physical visits to Wards/Units and the amount of times the Chaplaincy Service offered support to the families concerned. Please also supply copies of any notices given to the Chaplaincy Service and the Ward about Covid-19 protocols*

*relating to the use of the Chaplaincy Services from the beginning of the first Covid-19 wave and up until the end of May 2020.*

*5] A flowchart of what should happen to a case file once the patient is deceased.*

Trust response:

1. Due to the pandemic all trusts are currently on a block funding contract arrangement and receive a fixed agreed income for their activity. Pre-pandemic there was a funding system called payment by results whereby each treatment/procedure was allocated a price including an A&E attendance tariff, it is currently unknown what will be implemented for future periods post pandemic.'

2.



RWF-ONC-PAL-FOR  
-1.doc



RWF-OPF-CSS-C-CA  
N1.docx



RWF-OWP-APP121.  
docx



RWF-OWP-APP123.  
doc



RWF-OWP-APP125.  
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3. Please note that one of the Trust Chaplains has since retired and we are unable to confirm whether they made any visits or had telephone conversations with Ward 22. The Trust Chaplain is not aware that they were involved in any of the deaths on Ward 22. During May the Chaplain made one visit to ward 22. This was on 7 May. The Chaplaincy do not tend to log telephone calls from Wards so cannot confirm how many if any were received from Ward 22.

4. During April and May the Chaplain was involved in the following:

Funerals -11 babies and 1 Adult contract. This would also involve planning services, arranging dates, liaising with Funeral Director's

Meetings – 11-12 Meetings including team meetings, 121's, staff welfare meetings and EOLC and baby loss

Staff Support – 24 meetings with staff offering support

Visits – 27 visits to various wards. It is difficult to quantify the times given – this would vary depending on need. EOLC and Baby loss would take more time than a more generic visit

They were also involved in filming for international Nurses day, laying a wreath for VE day, blessings of babies who had died, mentoring new chaplain

5.

1. On the day death notified to Bereavement, healthcare records are removed from the ward/unit, taken to bereavement for scanning ready for scrutiny by the Medical Examiner.

2. Relevant doctor to complete paperwork is ascertained, accurate date and time of death, whether ICPDP is present

3. Healthcare record taken back to the ward for doctors to complete the Medical Examiner (ME) summary

4. A) Death cleared by ME– doctor writes the paperwork – healthcare records then come back to Bereavement for copies of death paperwork to be added – healthcare records are processed and then go to coding

B) Death referred to the coroner for post-mortem (PM) – healthcare records collected from ward - taken to coding, then sent to mortuary to go with patient for the PM – come back to Bereavement after the PM and sent to Health

Records (healthcare records for Inquest to coding/coroner/legal depending on the requests at the time)

Previously and before the ME service started, the healthcare record would have stayed on the ward until the doctor had completed the death certificate and/or crematorium paper or ascertained the case needed referring to the coroner, then as above at No. 4