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Part One



Chief Executive's statement



These Quality Accounts are an opportunity to reflect on our achievements during a year in which we have experienced record levels of demand for our emergency and urgent care services. Colleagues across the organisation have worked together and responded incredibly well to these pressures, continuing to provide the highest levels of compassionate care which puts our patients first.

In the last year Maidstone and Tunbridge Wells NHS Trust (MTW) has been recognised as one of the top performing trusts in the country and we remain

committed to continually improving the quality of care we provide while meeting national standards.

In 2022/23 service developments and achievements include:

- Performance against the four-hour standard placing us in the top five trusts in the country
- An increase in the use of Same Day Emergency Care pathways
- A reduction in the number of long waiting patients (those waiting 52 weeks) from 1,000 to zero
- The delivery of the national 62-day cancer standard for more than three years
- The opening of a new Paediatric Emergency Department (ED) at Tunbridge Wells Hospital (TWH)
- Further development of the successful Community Diagnostic Centre
- The introduction of a new electronic prescribing and medicines administration system

MTW has made significant progress in performance and earlier this year the Trust was moved to the highest level in the NHS England Oversight Framework – one of only seven acute hospital trusts to achieve this rating. I am extremely proud to be a part of this organisation and of the teamwork, commitment and innovation shown by colleagues every day. As we look to the future we are determined to further improve

the services we provide. To support us to do this we have set a number of quality priorities for 2023/24. These are:

- Patient safety – ensuring robust processes are in place to measure and reduce avoidable harm. Priority areas of focus include Sepsis pathways, the management of falls and maternity safety performance.
- Patient experience – ensuring patients have positive experiences in our care and are involved in developing and improving services. To support this, and working in partnership with our patients, the Trust will launch a new patient experience improvement strategy. Our Patient Advice and Liaison Services will be expanded to a 7-day a week service and we will develop the support provided to cancer and end of life care patients.
- Clinical effectiveness – to improve the management of patient journeys through the use of evidence-based practice. Priorities include the opening of the Kent and Medway Orthopaedic Centre in early 2024 to improve orthopaedic pathways, and completing the development of a Hyper Acute Stroke Unit. We will also improve patient flow and waiting times across clinical services, including cancer, elective surgery and diagnostics.

Our ongoing investment in and support of our staff is central to our development journey, as is the continued roll-out of our Patient First Improvement System. This equips and empowers staff to take decisions, enabling them to make improvements across all areas of our organisation.

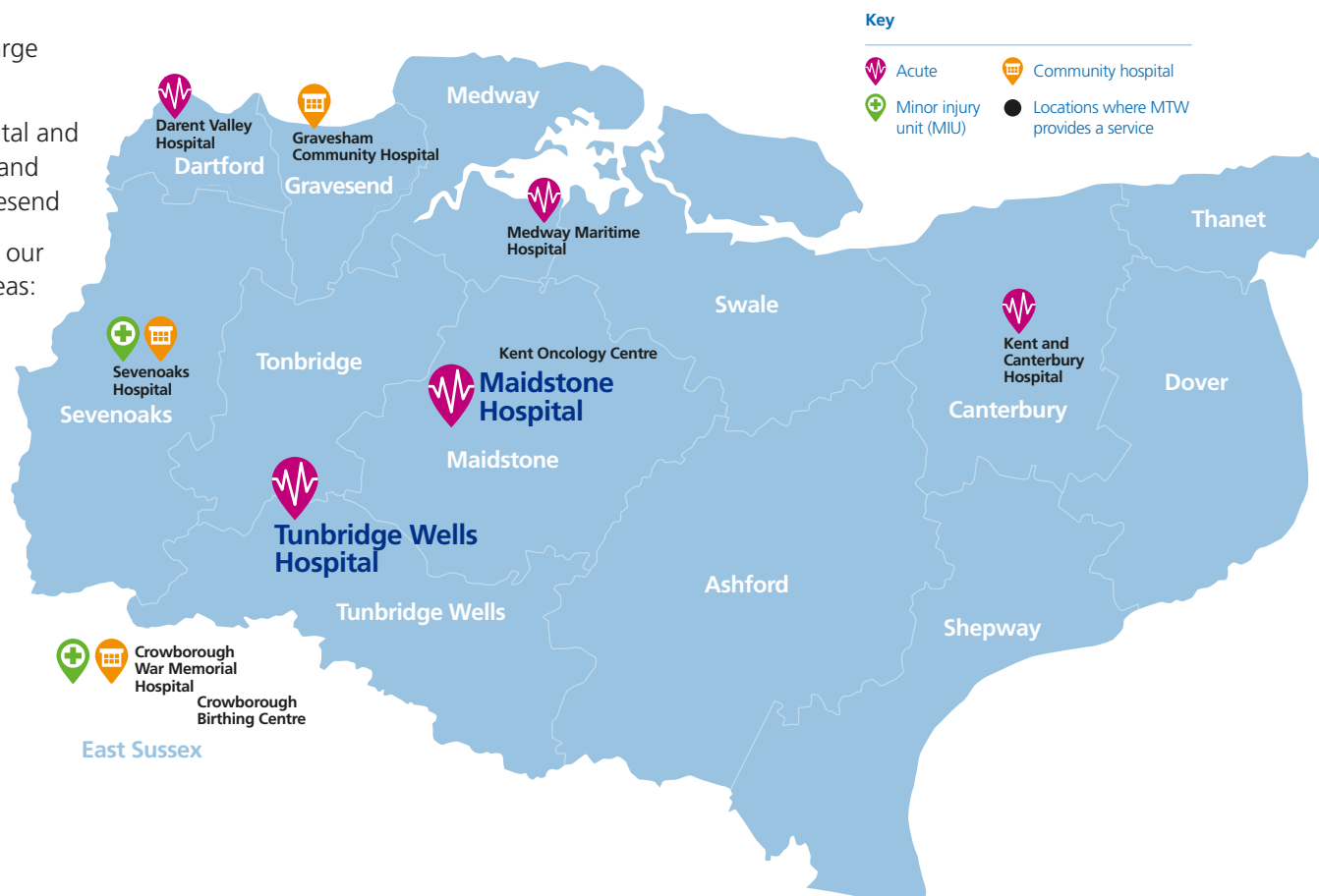
The Trust's vision is exceptional people providing outstanding care and I am confident that we will build on the excellent progress already made and deliver our quality priorities in the year ahead and beyond.

A handwritten signature in dark ink, appearing to read 'Myles Scott'.

Myles Scott
Chief Executive

About us

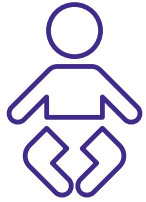
- Maidstone and Tunbridge Wells NHS Trust (MTW) is a large hospital trust in the south east of England
- The Trust has two main clinical sites at Maidstone Hospital and Tunbridge Wells Hospital with satellite facilities at Kent and Canterbury Hospital, Crowborough, Medway and Gravesend
- We provide a full range of general hospital services and our core secondary catchment covers five district council areas: Maidstone, Tunbridge Wells, Tonbridge and Malling, Sevenoaks and Wealden
- In addition MTW is one of the largest providers of specialist cancer services in the country, providing care to around 1.9 million people across Kent and East Sussex at the Kent Oncology Centre
- We have a team of over 7,000 staff



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 2022/23



5,709

babies delivered



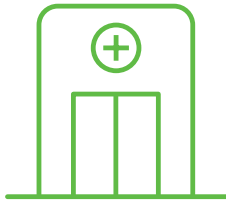
9,549,330

Pathology tests in our labs



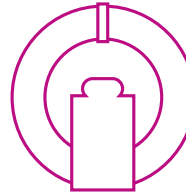
882,908

Patient contacts



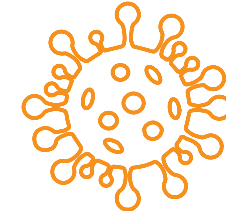
208,366

ED attendances



402,280

MRI and CT Scans



1984

COVID patients cared for



140

enrolments onto
apprenticeship programmes



92

different nationalities are represented in our
diverse staff



25,841

operations
carried out

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.



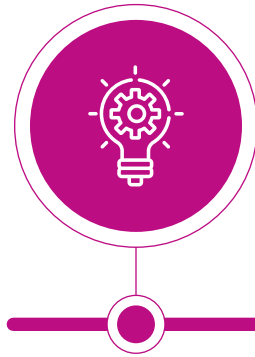
Patient first

We always put the patient first.



Respect

We respect and value our patients, visitors and staff.



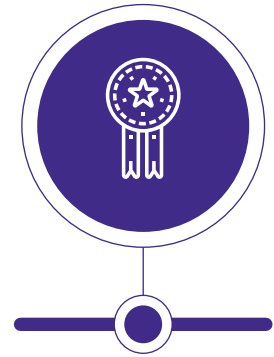
Innovation

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 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.



-  **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

Sunrise EPR

Outstanding Care Programme

Health and wellbeing strategy

Workforce supply

Acute and urgent care

Outpatient transformation



Quality priorities 2023/24:

Patient Safety



Aim

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

Priorities

Improve our Sepsis Pathway.
 Improve the management of our patients at risk of falling.
 Improve our Maternity services safety performance.
 Improve the systems in place to minimise risk to patients who have nasogastric tube care needs.
 Improve upon our intracranial haemorrhage clinical pathway.
 Develop processes to automate our data collection processes linked to clinical audit.

Patient Experience



Aim

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

Priorities

Redesign and launch a new patient experience 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.
 Improve our end of life care support to our patients.

Clinical Effectiveness



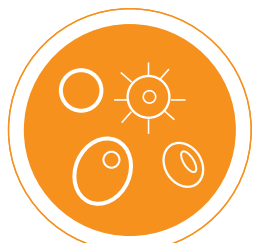
Aim

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

Priorities

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

Quality priority one - improving patient safety



Sepsis pathway

We will improve our sepsis pathway.



Falls

We will improve upon our management of inpatient falls.



Maternity

We will improve our Maternity services safety performance.



Nasogastric feeding

We will continue to improve upon the care of our patients who have nasogastric tube care needs.



Haemorrhage




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.





Patient safety data

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



Improving patient safety

Aim	How will we make the improvement	How will we measure success	What will this mean for our patients
 <p>We will improve our sepsis pathway.</p>	Reviewing and improving our neutropenic sepsis pathway.	<p>We will reduce adverse incidents resulting in harm linked to sepsis management by 90%.</p> <p>Target date of June 2024 set against 2020-2022 average performance.</p>	<p>Any patient presenting with a severe infection will receive best practice care.</p>
	Improving our sepsis safety netting processes in our Emergency Departments by improving our digital sepsis screening processes.		
	Redesigning and relaunching our Trust wide sepsis education programme.		
 <p>We will improve upon our management of inpatient falls.</p>	Trust Wide Quality Improvement Workstream One: "Improving our patients environment and our specialist falls reduction equipment".	<p>We will reduce our inpatient falls rate by 16% (aligned to SDR Harm reduction metric for 2023/24).</p>	<p>Our patients and their families should feel reassured that we have measures in place to significantly reduce the chance of them suffering a fall during their hospital admission.</p>
	Trust Wide Quality Improvement Workstream Two "Improving our processes and Improving our workforce".		
	Trust Wide Quality Improvement Workstream Three "Improving our understanding of our patients' evolving needs".		
 <p>We will improve our maternity performance linked to our antenatal gap and grow measurement processes.</p>	<p>Via dedicated quality improvement projects, clinical leaders in maternity will be supported to identify opportunities to improve these specific pathways.</p> <p>Implement digital GAP and GROW measurement.</p>	<p>Continue to have no adverse events linked to antenatal GAP and GROW measurements & the monitoring of hypertension.</p>	<p>During pregnancy the babies growth will be measured using the latest technology.</p> <p>We are also ensuring that we monitor blood pressure properly for people suffering from high blood pressure during their pregnancy.</p>

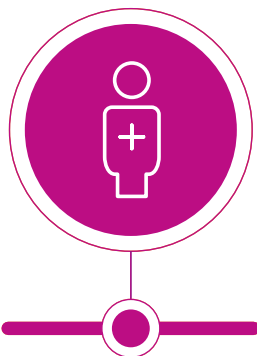
Improving patient safety

Aim	How will we make the improvement	How will we measure success	What will this mean for our patients
 <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>Evidence will be collated and uploaded to our Trust safety systems which will demonstrate assurance that each required action has been completed.</p>	<p>Several reports have been produced nationally that have identified ways that Maternity services can improve care, at MTW we are ensuring all of these recommendations are being implemented.</p>
 <p>We will continue to improve upon the care of our patients who have nasogastric tube care needs.</p>	<p>We will continue with rolling out our new trust wide nasogastric education plan.</p>	<p>60% of registered nurses in high use/acuity departments will have been trained and signed off as competent against the new framework by June 2024.</p>	<p>Sometimes patients need assistance with feeding via a specialist tube called a nasogastric tube. This is inserted into the stomach via the nose and then taped into place. In healthcare these types of procedures are known to cause a safety risk if they are not managed appropriately. For example the tube can be accidentally placed into the lung or dislodge and change position. This can then increase the risk that liquids or feeds could end up in the lung rather than the stomach, causing a patient harm. At MTW we have a safety improvement plan to ensure risks linked to these tubes is minimised, one of the final stages includes a new educational plan for our staff. This will help us to continue to keep our patients safe.</p>

Improving patient safety

Aim	How will we make the improvement	How will we measure success	What will this mean for our patients
 <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 audit against national best practice guidance results by June 2024.</p>	<p>MTW clinical teams participate in hundreds of national audits to ensure the care that we provide meets national best practice standards. One audit linked to the management of patients who suffer bleeds in their brain, originally found there were areas for improvement. The Stroke Team are therefore working hard to implement an improvement plan alongside a plan to re-audit their performance over the next 6 months. This means our patients can continue to expect to receive the best care within our Stroke services.</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 50 current national clinical audits will be automated by June 2024.</p>	<p>It is important that MTW ensures all of our planned audits of care are undertaken each year. Our aim to digitalise and automate some of these processes means that we can free up more of our doctors' and nurses' time to care for our patients.</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 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

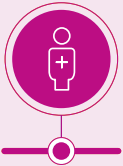
We will improve our patient experience services and processes.



End of life



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

Improving patient experience


Aim	How will we make the improvement	How will we measure success	What will this mean for our patients
<div></div> <p>With the help and input from our patient partners we will redesign and launch a new patient experience strategy.</p>	<p>We will engage with our patients to launch a new patient experience strategy this year.</p>	<p>The strategy will be finalised and approved by our patient experience committee and Trust Board by December 2023 - KPIs (key performance indicators or metrics) will be defined as part of this finalised piece of work.</p>	<p>Patients will know there is a plan in place to prioritise and improve their experience of their care. Our patients can be assured that this work is co-designed with people who use our services and that MTW is always focusing on working with our patients to ensure their experience of care is the best it can be.</p>



Improving patient experience

Aim	How will we make the improvement	How will we measure success	What will this mean for our patients
 <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 December 2023 we will have amended out Trust complaints handling target and this will be reflected in our Trust Board Integrated Performance Report.</p>	<p>When things go wrong our patients and their families can expect their concerns to be investigated quickly and thoroughly.</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 February 2024.</p>	<p>Recently best practice standards for complaints handling have been released by a national organisation called the Parliamentary and Health Service Ombudsman. MTW will be changing its complaints systems and processes to ensure these changes are adopted and our patients and their families have an easy to understand complaints process that quickly responds to their concerns.</p>

Improving patient experience

Aim	How will we make the improvement	How will we measure success	What will this mean for our patients
 <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 Trusts teams will be supported to deliver the improvements and recommendations made from our 2021/22 End of Life Care Audit and participate in the 2023/24 National End of Life Care Audit.</p>	<p>Assessing Trust compliance against 2022/23 National End of Life Care Audit report.</p>	<p>Nationally there are best practice standards linked to how hospitals should deliver care to patients who are approaching the end of their life. MTW is committed to ensuring we deliver compassionate and supportive end of life care to our patients and their loved ones. We therefore have an improvement plan linked to our provision of end of life care that is based on best practice. Our patients and their loved ones should therefore expect to receive the highest standards of care and support should they be approaching the end of their life.</p>



Quality priority three - clinical effectiveness part one

Improving our clinical pathways



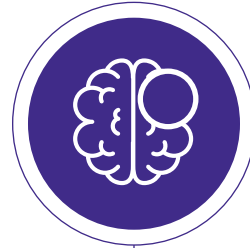
Orthopaedic

Improving our orthopaedic pathway by building Kent and Medway Orthopaedic Centre.



Cardiology




Improving our complex cardiology (heart) services.



Stroke Unit

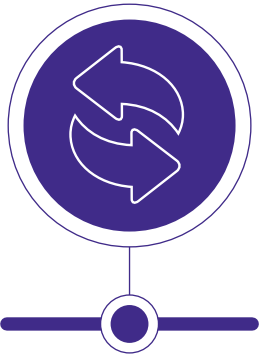
Finalising our plans to establish a Hyper Acute Stroke Unit and an Acute Stroke Unit.

Part one - improving our clinical pathways

Aim	How will we make the improvement	How will we measure success	What will this mean for our patients
 <p>Improving our orthopaedic pathway by building Kent and Medway Orthopaedic Centre</p>	<p>Completing our innovative development of the Kent and Medway Orthopaedic Centre 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 trauma and orthopaedic patients at Maidstone Hospital.</p>	<p>By March 2024 we will have opened our new Theatres and evidence will have been collected to demonstrate improved patient experience and increased operating activity.</p>	<p>Patients across Kent awaiting knee and hip surgery can expect reduced waiting time for their operations when this new centre opens at Maidstone Hospital.</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 2024 the new cardiac catheter laboratory will be in place .</p>	<p>Patients who require urgent cardiac interventions (stenting) will have faster access to treatment when Kent opens its newest service at Maidstone Hospital.</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 Service via a new Hyper Acute Stroke Unit and an Acute Stroke Unit at our Maidstone Hospital.</p>	<p>By January 2024 the new stroke units will have opened.</p>	<p>Local patients who have a stroke will be treated at a dedicated and newly expanded specialist stroke centre.</p>

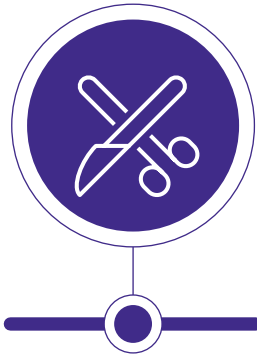
Quality priority three - clinical effectiveness part two

Improving our operational clinical effectiveness



Hospital patient flow

Improving patient flow across our hospitals.



Hospital waiting times


Improving the waiting times for patients using our surgical and cancer services.





Provide report waiting times

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

Part two - improving our operational clinical effectiveness

Aim	How will we make the improvement	How will we measure success	What will this mean for our patients
 <p>Improving patient flow across our hospitals.</p>	<p>Improving upon our current “Clinically Ready to Proceed” performance (currently 50%) within our Emergency Departments (EDs), 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 June 2024 90% of our patients will be clinically made ready to proceed within 60 minutes of their referral being made.</p>	<p>Patients who require emergency treatment and care within our EDs can expect to be treated and admitted within best practice time-frames.</p>
	<p>Continuing to deliver against the latest “12 hours in ED” standard*. We will aim for 98% of our patients to be admitted to a ward within 12 hours of their arrival time in our ED. *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 June 2024 98% of our patients will be admitted to a ward within 12 hours of their time of arrival in our ED.</p>	
	<p>Ensure that 90% of our patients receive an initial assessment in our EDs within 15 mins of their arrival.</p>	<p>By June 2024 90% of our patients will receive an initial assessment in our EDs within 15 mins of their arrival.</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 TeleTracking 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>If a patient requires admission into one of our inpatient services, they can expect this to be undertaken in a timely way and this is linked to how we digitally oversee and support the smooth running of our admissions and discharge processes.</p>

Part two - improving our operational clinical effectiveness

Aim	How will we make the improvement	How will we measure success	What will this mean for our patients
 <p>Improving the waiting times for patients using our surgical and cancer services.</p>	We will offer a 7-day a week acute oncology service.	By June 2024 we will have implemented a 7-day a week acute oncology service for our cancer patients.	Our patients can expect easier access to our cancer services 7 days a week.
	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) .	By June 2024 we will have maintained our zero 52 week position.	MTW will continue to reduce waiting times for our patients who are waiting for an operation within our hospital.
 <p>Improving upon the time it takes for our services to review and provide reports for our patients who have had tests.</p>	Improving upon the time it takes for our services to review and provide reports for our patients who have had histopathology tests.	By June 2024 we will be able to demonstrate improvements in the time taken to report patient scans and histopathology tests against 2021/22 activity levels.	If you require a scan or a test we will ensure this happens quickly and avoid unnecessary delays.

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 both hospital sites)
- Diagnostic and screening procedures (at both hospital sites)
- Family planning services (at both hospital sites)
- Maternity and midwifery services (at both hospital sites plus the Crowborough Birth Centre)
- Surgical procedures (at both hospital sites)
- Termination of pregnancies (at Tunbridge Wells Hospital only)
- Treatment of disease, disorder or injury (at both hospital sites)

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 2022/23 Maidstone and Tunbridge Wells NHS Trust provided and/or sub-contracted acute and specialised services to NHS patients through our contracts with Clinical Commissioning Groups (April to June 2022 inclusive), Integrated Care Boards (July 2022 to March 2023 inclusive), 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 2022/23 represents 100% of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or sub-contracting of, NHS services.

Reviewing standards and external reviews

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 2022/23, including the following:

- General Medical Council – Trainee and Trainer Survey – March/May 2022
- Human Tissue Authority – Mortuary – June 2022
- 2021/22 Annual finance external audit; Grant Thornton – completed June 2022
- United Kingdom Accreditation Service (UKAS) accreditation (ISO 15189) – Cellular Pathology – September 2022
- UKAS accreditation (ISO 17043) – SE England General Histopathology EQA scheme – September 2022
- 2021/22 Annual charitable funds account external audit; Grant Thornton – completed October 2022
- Health and Safety Executive (HSE) Ionising Radiation Regulations 2017 inspection of Nuclear Medicine Department – November 2022
- UKAS accreditation (ISO 15189) – Microbiology – November 2022
- HSE inspection of Microbiology Containment Level 3 (CL3) laboratories – November 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 2023
- Bliss Baby Charter external assessment for accreditation - February 2023
- Care Quality Commission (CQC) Well-led inspection – March 2023
- CQC End of Life Care Inspection – March 2023

TIAA

TIAA, our internal auditors undertook a range of audits to review the internal control environment at the Trust. TIAA undertook 13 reviews in total of which 12 were assurance reviews and the remaining one was an advisory review, one assurance review provided substantial assurance, 8 provided reasonable assurance and three provided limited assurance. There were no reviews that received no assurance. TIAA made 78 recommendations following the reviews of which 8 were urgent, 33 were important and 37 were routine.

Internal reviews

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

- Internal assurance inspections (based on the CQC methodology) with participation from our patient representatives and Quality Leads from West Kent and Sussex Alliance CCG's
- Internal PLACE (Patient-Led Assessments of the Care Environment) reviews
- Infection control reviews, including hand hygiene audits
- Trust Board member "walkabouts"
- Matron's Quality Checks

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



Clinical Audit

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

In 2022/23 MTW participated in 100% (8) of relevant confidential enquiries and 91% (53/57) of all national clinical audits. During the same period, MTW staff successfully completed 145 clinical audits of the 203 due to be completed (local and national) to action plan stage.

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

The remaining audits are at various stages of completeness and will be monitored through to completion. In 2022/23, 37 national clinical audits and confidential enquiries published full reports that covered the relevant health services provided by Maidstone and Tunbridge Wells NHS Trust. The Trust reviewed 23 of the national clinical audits and confidential enquiries that were published in 2022/23 and a further 27 national clinical audits and confidential enquiries that had been carried over from 2021/22. Work continues on the remaining reviews.

The list of Healthcare Quality Improvement Partnership (HQIP) national clinical audits and national confidential enquiries (NCEPOD National Confidential Enquiries into Patient Outcomes and Death) that Maidstone and Tunbridge Wells NHS Trust was eligible to participate in and participated in during 2022/23 can be found in Appendix A.

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



Examples of the actions developed for the 95 local clinical audits and 50 national clinical audits and confidential enquiries that were reviewed by the Trust in 2022/23:

National Clinical Audit	Improvements to be implemented	Local Clinical Audit	Improvements to be implemented
HQIP National Early Inflammatory Arthritis Audit (NEIAA) 2021-22	<p>Develop follow-up care pathways to increase the proportion of patients achieving remission within one year of diagnosis.</p> <p>Set up early inflammatory arthritis referral pathways with the aim of removing barriers to early referral, effective triage and rapid specialist review.</p>	South Thames Paediatric Network (STPN) Airway Audit	Developing and promoting educational resources for utilising video laryngoscopes/ fibre optic laryngoscopy even for first attempts. Business case put forward for paediatric video laryngoscopes and these have been ordered.
HQIP: National End of Life Care Audit 2021	Complete business case for additional funding and resource for recruitment to Clinical Nurse Specialist posts.	Re-Audit of serum calcium measurement in patients discharged from ED and referred to stone clinic, following diagnosis of renal or ureteric stones.	Business case to be developed to purchase a lithotripter.
HQIP National Audit of Inpatient Falls (continuous) (FFFAP) 2020 -21	When Trust Falls policy is reviewed include specification of analgesia administered within 30 minutes of fall and diagnosis of possible femoral fracture.	Paediatric Safeguarding reports: Are we doing it well?	Safeguarding team to open talks with Sunrise to implement a digital form that then can be printed if required.
HQIP National Annual SHOT Audit 20/21	New Laboratory Information Management System (LIMS) due to be brought in to improve good practice and patient care.	Sexual Health Management of People Involved in Sex Work	Adding pre-exposure prophylaxis (PrEP) question to integrated proforma on the sexual health electronic patient records system.
HQIP; MBRRACE-UK; Saving Lives, Improving Mothers' Care - Surveillance of Maternal Deaths in the UK 2016 - 2018	Update epilepsy guideline to include red flags including nocturnal seizures and present to Multidisciplinary Team (MDT) - obstetricians and midwives. Circulate information on red flags and referral criteria to GPs.	Neurological (neuro) observations for patients with suspected head injuries within the Emergency Department	Glasgow Coma Score (GCS) and neuro observations to be added to Sunrise Electronic Patient Record triage screen.

Research and Innovations

MTW successfully consented over 6700 patients to 85 trials during 2022/23, demonstrating that research activity is back on track following the pandemic.

Maternity services had a very successful year, recruiting over 5000 women to six studies and the department was recognised by the National Institute for Health and Social Care Research in March by winning the NIHR Clinical Research Network Kent, Surrey and Sussex Research Support Award.

Patients were recruited from a wide range of specialties, including our increasingly research active emergency departments. ED staff successfully completed the delivery of two diagnostic studies, recruiting 111 patients presenting with suspected sub arachnoid haemorrhage and 143 with suspected acute coronary syndrome in what are extremely busy environments. Both studies were opened in collaboration with the Trainee Emergency Research Network, the emergency medicine research network base of the United Kingdom. The research team has also collaborated with South East Coast Ambulance Service (SECAMB) to deliver two pre-hospital studies. Plans are now in place to create our first dedicated emergency department research team under the leadership of a dedicated Advanced Clinical Practitioner (ACP) Trainee.

Research in our critical care departments went from strength to strength in 2022 with the delivery of nine studies across both sites, recruiting over 670 patients to a wide variety of trials. The Critical Care Team deliver a growing and varied portfolio in the ICU, emergency departments and peri-operative specialties, to expand on the opportunities for patients to benefit from participation in research. Whilst the team focus on setting up new and important studies, COVID research continues to contribute to additional treatments for COVID 19.

2022 saw the successful delivery of a number of high-profile MTW-investigator-led studies at MTW. The Living Donor Allograft for Anterior Cruciate Ligament Reconstruction study, led by Mr Nick Bowman, Trauma and Orthopaedic Consultant Surgeon at the Tunbridge Wells hospital successfully secured a two-year study-extension and a new human tissue licence to recruit further patients. A popular study, over 90% of patients eligible agree to take part and nine new patients were successfully enrolled on the trial in 2022/23, raising the profile of Orthopaedics as a research active service.



Our Clinical Lead for Research, Miss Karina Cox, continued to lead her two high profile studies in breast research. The 'SENTINUS' trial aims to train imaging specialists to perform an ultrasound to find and biopsy armpit lymph nodes in patients with breast cancer and assess how effective the test is. The 'LISCENUS' study looks at the detection of cancer in lymph nodes using ultrafast, super-resolution, dual-contrast enhanced ultrasound imaging in patients with breast cancer. As a result of the great research taking place within breast surgery, the breast surgical research team has linked up with our successful breast oncology research team to share expertise and to create a dynamic breast research team able to support a wider breadth of studies and new innovations.

Our gastroenterology services also had an active research year, recruiting over 250 patients to trials. This is a growing area of research activity and plans are in place to double the size of the research team to offer more research opportunities for patients at the Tunbridge Wells hospital as part of the activity of the Digestive Diseases Unit.

2022 saw the start of building work within the oncology service of the first dedicated research patient clinic room. The room will provide additional capacity to oncology research staff to consent and treat trial patients and will also house the new metastatic breast cancer trial clinic for Kent and Medway, due to start in 2023. The oncology centre was also the first clinical service at MTW to create a new Clinical Nurse Specialist/Research Nurse role to provide a co-ordinated nursing and research service to patients with melanoma.

In early 2023, the research and innovation team entered into discussions with a number of commercial companies to support electronic management and storage of our research documents. Moving to an electronic study set up and management will allow us to open studies quicker and reduce the administrative burden on research clinical staff, allowing more time to be spent on clinical activities. Utilising technology, new studies will be set up and managed more efficiently through the use of mobile telephones and apps.



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.

This year our Integrated Care Board has asked our Trust to focus on achieving the following key CQUINs:

- **Prompt switching of intravenous to oral antimicrobial treatment:** Achieving 40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria.
- **Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service:** Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via a secure electronic message.
- **National Early Warning Score (NEWS2):** achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.
- **Reducing the numbers of pressure ulcers:** Achieving 85% of acute and community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.
- **Identification and response to frailty in emergency departments:** Achieving 30% of patients aged 65 and over attending A&E or same-day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up.
- **Staff Flu Vaccinations:** ensuring a 90% uptake of flu vaccinations by frontline staff with patient contact.

- **Supporting patients to drink, eat and mobilise (DrEaMing) after surgery:** Ensuring 80% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.
- **Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery:** ensure at least 75% of patients are aware of any material risks involved in the recommended treatment and are also aware of any reasonable alternative treatments via SDM conversations.
- **Treatment of non-small-cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway:** achieve 85% of adults with non-small-cell lung cancer (NSCLC) stage I or II and good performance status having treatment with curative intent.



Statements from the CQC







The most recent inspection of the Trust with a published report was undertaken during the period 18th October, 2017 to the 1st February, 2018 (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.

CQC visit March 2023

In March 2023 MTW NHS Trust welcomed the CQC when they visited to review the quality of our End of Life Care service and to consider how well our services are led. We await the formal report from the CQC.

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 monitored for each submission made by the Trust throughout the year to the NHS Digital Secondary Uses Service. The data is submitted 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% 21/22) for Admitted Patient Care
- 100% (100% 21/22) for Outpatient Care
- 99.2% (99.3% 21/22) for Accident and Emergency Care

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

- 100% (100% 21/22) for Admitted Patient Care
- 100% (100% 21/22) for Outpatient Care
- 100% (99.9% 21/22) for Accident and Emergency Care

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

Data Security and Protection Toolkit (DSPT)

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

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

The deadline for the 2022/23 DSPT is 30th June 2023. The Trust continues with its preparations for the 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, this will test the evidence for completeness and validity.

In June 2022 the Trust submitted the annual return for 2021/22 as 'Standards Not Met' due to NDG standard 8, 'Unsupported systems' not being fully compliant with limited assurance. NHS Digital have been consulted and reviewed the action plan and timeline. This has been agreed, with the status of the DSPT submission recategorized by NHS England to 'Approaching Standards' in July 2022.

The Senior Information Risk Owner keeps the Trust Board fully apprised of progress of the project with Quarterly reports submitted to the Trust Board. The report and action plan are also shared with NHS Digital in order to provide assurance of the progress towards 'Standards Met'.

The Information Governance Lead regularly reports governance issues affecting the organisation with regular reports provided to the Information Governance Committee and Trust Board.

Clinical Coding

Code Type	Percentage Correct	Data Quality section of Data Security Standard 1 Level of Attainment	
		Standards met	Standards exceeded
Primary Diagnosis	97%	90% or above	95% or above
Secondary Diagnosis	95.35%	80% or above	90% or above
Primary Procedure	95.56%	90% or above	95% or above
Secondary Procedure	91.43%	80% or above	90% or above

The Clinical Coding Team at MTW have achieved "Standards Exceeded" in the Data Security & Protection audit for 5 consecutive years.

Improvements:

We are aligned with the Kent and Medway Coding Strategy and in 2022/23 we have been delivering Clinical Coding Data Quality Improvement programs.

Clinical Coding Training and Audit

Our Training and Audit Team currently has two NHS England Licenced Clinical Coding Trainers and one NHS England Licenced Clinical Coding Auditor.



Part Three



Results and achievements against the 2022/23 quality priorities

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

Results and achievements against the 2022/23 quality priorities

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 (EDs).
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.










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?
We will improve our sepsis pathway.	We will reduce adverse incidents resulting in harm linked to sepsis management by 90%.	In June 2021 – June 2022 there were two sepsis delay serious incidents (SIs) reported. In June 2022 – June 2023 there was one sepsis delay SI reported but this was downgraded to no harm.	 Completed, achieved
We will improve upon our management of inpatient falls.	We will reduce our inpatient falls rate by 20%	The overall falls rate for 2022/23 was 6.83 falls per 1000 occupied bed days (OBDs). The falls rate in 2021/22 was 8.24 per 1000 OBDs. We reduced our inpatient falls rate by 17%. One of the actions that led to this improvement was making falls training mandatory.	 Completed, achieved
We will Improve our Maternity performance linked to our antenatal GAP and GROW measurement processes and improving how we monitor Mothers for signs of high blood pressure.	To have no adverse events linked to antenatal GAP and GROW measurements & the monitoring of hypertension.	Incidence of errors leading to poor outcomes linked to GAP and GROW measurements has reduced due to a review of the GAP and GROW guidance for staff by the Saving Babies Lives programme which has been supported by staff training. The maternity team are working on plans to support home monitoring of blood pressure in pregnancy.	 Ongoing, partially achieved

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
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 and the 10 key elements of the National Better Births Plan.	Evidence will be collated and uploaded to our Trust safety systems which will demonstrate assurance that each required action has been completed.	<p>Evidence has been shared with the NHS England Oversight inspection team. It has also been presented to the Local Maternity and Neonatal System (LMNS) for peer review and ICB assurance.</p> <p>Progress has been reported regularly via existing “ward to board” governance and oversight structures.</p>	 <p>Ongoing, partially achieved</p>
	The proportion ring-fenced from the maternity budget for training will be reported in the 2022/23 Quality Accounts.	The Learning and Development Department are responsible for the Trust training budget. A continuing professional development budget for each nurse, midwife and allied health professional was set by the government to cover three years starting in April 2020. In addition, the Maternity Department received funding from the Apprenticeship Levy. The Trust also provided funding for their statutory mandatory training. All of this funding was ring-fenced by the Learning and Development Department for the Maternity Department.	 <p>Completed, achieved</p>
We will ensure MTW implements all of the recommendations as outlined in the new National Patient Safety Incident Reporting Framework (PSIRF).	We will have produced a PSIRF compliant plan (Patient Safety Incident Response Plan - PSIRP) signed off by our Trust Executive Board and our ICS by October 2022.	Approved by Trust Board in March 2023 ready for submission to the ICB.	 <p>Completed, achieved</p>
We will implement a new annual Trust wide safety culture measurement system and improve upon our patient safety training.	90% of MTWs 6000 staff will have undertaken the basic patient safety module by June 2023 (which includes a safety culture measurement diagnostic).	77% of staff have completed level one – 6982 out of 9000 staff which includes our bank / temporary workforce.	 <p>Ongoing, partially achieved</p>

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
We will improve upon the care of our patients who have nasogastric tube care needs .	We will have launched the new plan and competency framework by August 2022 and by June 2023.	We have revised our Trust wide education and competency framework on the insertion and use of nasogastric tubes. The e-learning platform was launched on 1st March 2023.	 Completed, achieved
	60% of registered nurses in high use/acuity departments will have been trained and signed off as competent against the new framework.	We are yet to achieve the 60% sign off for trained and competent staff in high use areas. 41% of registered nurses and medical staff have completed the e-learning module.	 Ongoing, partially achieved
We will improve upon our patient outcomes for patients who have suffered an intracranial haemorrhage / bleed by improving our adherence to national best practice guidance.	Re-audit of the management of intracranial haemorrhage against national best practice guidance results.	The re-audit was completed. There were some small improvements including now meeting the 100% admission to a stroke unit which is indicative of excellent practice, however two of the standards were not met. The management of intracranial haemorrhage improvement plan is scheduled for review at Quality Deep Dive in 2023.	 Ongoing, not achieved
We will work with our health informatics team and clinical leaders to automate 10% of our "clinical audit" data collection processes This will release more of our frontline clinical staff's time.	10% of the current mandatory national clinical audits that are applicable to the Trust (61) will be automated by June 2023.	A working group was established and embedded. This is now part of the Trust's digital strategy. Testing on one automated audit completed (National Dementia Audit).	 Ongoing, partially achieved




What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
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.	We will achieve 100% allergy documentation for our current baseline of 94%. The electronic discharge notification (EDN) will be sent to the GP within 24 hours of in-patient discharge (in all areas with live EPMA).	The EPMA system was successfully launched in 2022. A recent snapshot audit of allergy documentation of six areas at the Trust identified that three areas achieved 100% and overall the compliance was at 96%.	 Completed, achieved
We will implement adaptable safe clinical pathways for emergency patients during the ongoing COVID-19 pandemic.	In preparation for Winter 2022, the new pathways will be in place by November 2022.	Fully achieved.	 Completed, 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?
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.	By June 2023 this quality improvement initiative will have been completed.	The Cancer Services division have worked with NHSE to develop an enhanced care pathway which has supported patients undergoing treatment. The Trust aims to continue this service and open it up to more patients with a wider range of tumour sites.	 <p>Ongoing, partially achieved</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.	By June 2023 this quality improvement initiative will have been completed.	This initiative has been commenced with an external review of oncology provision across Kent and Medway, in partnership with the Cancer Alliance. Work has already begun on acute oncology services to ensure equality across the region for example 7-day working. This has been achieved by the appointment of a Nurse Consultant of Acute Oncology.	 <p>Completed, achieved</p>
Establishing two teenage and young adult cancer networks within the south east and participate in the development of a third network.	By June 2023 this quality improvement initiative will have been completed.	This has been completed with the South Thames Network and additionally the new Teenage and Young Adult CNS is now in place.	 <p>Completed, achieved</p>

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
With the help and input from our patient partners we will redesign and launch a new patient experience strategy.	The strategy will be ratified at our patient experience committee to ensure an improvement plan is launched for each of these four key objectives by September 2022.	The Trust is participating in a national pilot in 2023 and the current patient experience strategy has been extended until after the pilot has been completed.	 Ongoing, not achieved
We will improve upon our ability to listen to and support our patients by expanding our Patient Advice and Liaison Services to make them accessible 7-days a week.	The service will launch as a 7-day service by June 2023.	Focus has been on stabilisation and recovery of the complaints performance	 Ongoing, not achieved
We will increase our internal capacity to better respond to our patients when things have gone wrong by changing our Trust complaints handling target from 75% to 90% (the percentage of complaints responses being delivered within the timescale agreed with our patients).	By September 2022 we will have amended out Trust complaints handling target and this will be reflected in our Trust Board Integrated Performance Report.	<p>Focus has been on stabilisation and recovery of the complaints performance.</p> <p>Plans in place to increase workforce capacity and for this to be increased from December 2023.</p>	 Ongoing, not achieved




What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
We will amend our patient experience workforce model to ensure it meets the recommendations detailed in the new national complaints framework.	The new workforce model and processes aligned to the latest national complaints' framework will be launched by June 2023.	Business case drafted due for submission April 2023. Plans in place to trial new framework in one division for 2023/24.	 Ongoing, partially achieved
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.	An ICS wide "safety" system will be launched alongside a formalised process for sharing "safety" lessons and learning across the system.	New safety system procured for MTW launching in April 2023. This aligns to the ICS's procurement of a system wide safety system.	 Completed, achieved
We will improve upon our end of life care by implementing the recommendations from our latest national end of life care audit.	Assessing Trust compliance against 2022/23 National End of Life Care Audit (NACEL) report.	Assessment of compliance completed for NACEL 2021/22 data; partial compliance identified, an action plan was developed to address gaps. Actions include completing a business case for additional staff and developing an electronic version of the integrated care pathway for the dying on Sunrise. Data was not submitted for 2022/23 audit due to lack of resource.	 Ongoing, partially achieved
Launching a new Children's Board to better support patient engagement and involvement in service developments.	By June 2023 the new Children's Board will be formally launched.	We are on target to launch the Children's Board in June 2023.	 Ongoing, partially achieved









Clinical effectiveness




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





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





Improving Our Clinical Pathways

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Improving our orthopaedic pathway by building Kent and Medway Orthopaedic Centre.	By June 2023 we will have opened our new Theatres and evidence will have been collected to demonstrate improved patient experience and increased operating activity.	This project has been delayed however ground works have begun and the project is now planned for completion for next year.	 Ongoing, partially achieved
Delivering a new centralised Digestive Diseases Unit at Tunbridge Wells Hospital.	By June 2023 the new pathway will have launched.	On target for completion in June 2023.	 Ongoing, partially achieved
Introducing improved monitoring for pregnant people experiencing hypertension (high blood pressure).	By June 2023 the new process will be in place.	Limited progress so far, awaiting allocation of "Obstetric Hypertension Lead".	 Ongoing, not achieved

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Launch a new surgical bariatric service.	By June 2023 the new service will have launched.	New service and unit opened.	  Completed, achieved
Improving our child mental health risk assessments	By June 2023 a standardised risk assessment tool will have been developed across the network.	Standardised risk assessment tool now in use.	  Completed, achieved
Improving our complex cardiology (heart) services.	By June 2023 the new cardiac catheter laboratory will be in place.	This project is over-running.	  Ongoing, not achieved
Finalising our plans to establish a Hyper Acute Stroke Unit and an Acute Stroke Unit.	By June 2023 the new stroke units will have launched.	Over-running; phase 1 completed December 2022; phase 2 planned for completion September 2023; phase 3 January 2024.	  Ongoing, partially achieved

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Embedding our community diagnostic hub and services at our Hermitage Lane site.	By June 2023 the new Community Diagnostic Hub will be demonstrating improvements in access and patient experience for our patients who require imaging.	Community Diagnostic is on track and should be completed by June 2023.	  Completed, achieved
Buying new equipment in our radiotherapy services.	By June 2023 the Trust 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.	One Halcyon (type of Linac) became operational in August 2022 and one is currently being commissioned and due to become operational in December 2023. The "satellite" new build at East Kent is still work in progress.	  Ongoing, partially achieved
Ensuring we retain our British Society for Gynaecological Endoscopy (BSGE) accreditation status for our endometrial services.	By June 2023, the service will have retained their accreditation status.	BSGE accreditation retained 27/03/2023 after an audit of the work completed at MTW in 2022. A new Endometrosis Lead was appointed at the Trust in June 2022.	  Completed, achieved

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Improving patient flow in our Emergency Departments.	By May 2023 90% of our patients will be clinically made ready to proceed within 60 minutes of their referral being made.	Current performance “clinically ready to proceed” for the Trust for March 2023 is 30.9%.	 Ongoing, partially achieved
	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>Patients admitted to a ward within 12 hours of their arrival March 2023 - 86.1% of admitted patients were admitted within 12 hrs.</p> <p>We will continue to deliver improvements in our hospital patient flow via the delivery of a number of initiatives under the Safer Better Sooner umbrella including TeleTracking.</p>	 Ongoing, partially achieved
	By May 2023 90% of our patients will receive an initial assessment in our Emergency Departments within 15 mins of their arrival.	“Patients receiving an initial assessment within 15 minutes of arrival” performance for the Trust is 49.7%.	 Ongoing, partially achieved
Improving patient flow across our hospitals.	All actions from the improvement programme will be delivered by June 2023.	Key projects are Discharges before Noon (achieving target) and Weekend Discharges (not achieving target). Other areas include implementation of EDN and improved discharge processes such as Pathway 2 streamlining.	 Ongoing, partially achieved

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Improving waiting times for our cancer patients.	By May 2023 MTW will have met all of the operational standards for cancer.	MTW has achieved the 62-day target for 40 months (did not achieve for the month of September 22). We continue to work towards achieving the (2 week wait) target and the 28-day faster diagnosis.	 Ongoing, partially achieved
Improving the waiting times for our patients who are waiting for an operation.	By May 2023 we will have maintained our zero 52-week position.	There were two patients who breached the 52 week wait in 2022/23 (one on September 2022 and one in December 2022).	 Ongoing, partially achieved
Improving our waiting times for our patients who are waiting for a scan or blood test.	By May 2023 we will be able to demonstrate we have increased our diagnostic activity by 120% of 2021/22 levels.	Fully achieved, assisted by the opening of the Community Diagnostic Hub.	 Completed, achieved
Improving upon the time it takes for our services to review and provide reports for our patients who have had scans.	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.	Fully achieved for patient scan reports; further work required for histopathology test reporting.	 Ongoing, partially achieved

Further review of quality performance

In February 2023 NHS England moved Maidstone and Tunbridge Wells NHS Trust from the NHS System Oversight Framework Level Two to Level One (the highest level) following a recommendation by the Kent and Medway Integrated Care Board (ICB). The top rating is given to trusts who are consistently high performing and play an active leadership role in supporting local and ICB priorities.

Maidstone and Tunbridge Wells NHS Trust is regularly in the top five in the country for achievement against the accident and emergency four-hour target, has delivered the 62-day cancer standard each month for the past three years, and has no patients waiting over 52 weeks for elective care. It has also recently been recognised for its patient flow tracking systems.





The other general acute trusts rated “One” are:

- London: Chelsea and Westminster, Homerton Healthcare, Kingston Hospital;
- North East and Yorkshire: Newcastle upon Tyne Hospitals, Northumbria Healthcare;
- Midlands: South Warwickshire.




In addition to the information and tables provided in the above section reviewing progress against the 2022/23 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 (EDs).	MTW NHS Trust = 85.2% National Average = 71%	 Ongoing, partially achieved
50.0% of patients arriving in the EDs to be treated within 60 minutes of arrival.	The Trust achieved this standard treating 68.1% of patients within 60 minutes of arrival.	 Completed, achieved
95% of patients arriving in the ED should be assessed within 15 minutes of arrival.	The Trust did not achieve this standard with 52.1% of patients arriving in the ED being assessed within 15 minutes of arrival.	 Ongoing, not achieved
Less than 8% of patients arriving in the ED should have an unplanned reattendance.	The Trust nearly met this standard with 8.5% reattending within 30 days in 2022.	 Ongoing, partially achieved

Cancer waiting time targets

Quality performance standard	Trust results	How did we do?
Cancer waiting time targets: 93% of patients referred by their GP with suspected cancer are seen within 2 weeks.	The Trust has consistently achieved this standard. 94.4% of patients with suspected cancer were seen within two weeks during 2021-22.	 Completed, achieved
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.	The Trust has achieved this standard ensuring that 96.7% of patients who needed to start their treatment within 31 days did so.	 Completed, achieved
Cancer waiting time targets: a maximum 62-day wait from referral from an NHS cancer screening service to the first definitive treatment for cancer.	The Trust achieved this standard of 85% of patients who needed to start their first definitive treatment within 62 days throughout 2022/23 at 85.0%.	 Completed, achieved

Other operational quality performance standards

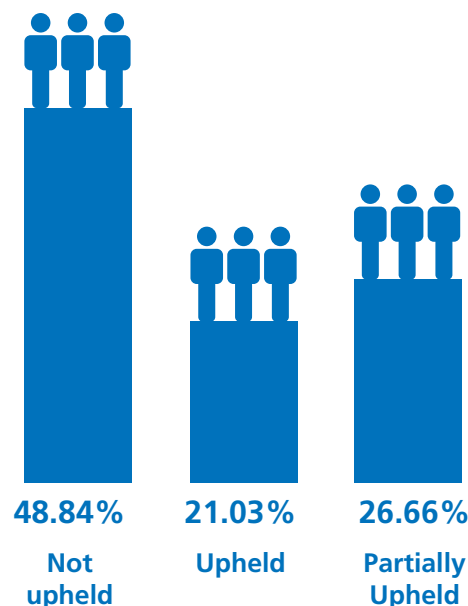
Quality performance standard	Trust results	How did we do?
18 week standard: 92% of patients on an incomplete pathway should be treated within 18 weeks.	The Trust did not achieve the national standard of 92% of patients on an incomplete pathway being treated within 18 weeks.(71.1%).	  Ongoing, not achieved
Cancelled operations standard: <0.8% of operations should be cancelled at the last minute.	The Trust narrowly missed this target with 0.9% of operations cancelled at the last minute.	  Ongoing, partially achieved
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 2022-23 with an overall score of 96.2%.	  Completed, achieved
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.	83.3% of stroke patients spent 90% of their time on a dedicated stroke ward at the Trust in 2022.	  Completed, achieved

Complaints

Maidstone and Tunbridge Wells NHS Trust has seen the number of complaints decrease by 14.8%; noting 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 develop education for our staff to support change and constant improvement.

The Trust opened 523 complaint investigations in 2022/23, a decrease on the number of complaints opened in 2021/22. This reflects efforts to resolve issues by staff at ward and service level as they arise following the resumption of services across the Trust as part of the response to the COVID-19 pandemic. The Trust responded to 604 complaints during the same period. Using the guidance set by NHS Digital, as shown below, the majority of complaints were not upheld.

Complaints upheld or not upheld 2022/23 (n=474)



The Trust measures its performance in responding to complaints within either 25, 40 or 60 working days (depending on the severity and complexity of each case). In 2022/23, this was achieved in 54.5% of cases. The Trust recognises that there are huge improvements to be made in this area.

Our Patient Advice and Liaison Service (PALS) dealt with 4832 contacts in 2022/2023. The main reasons for contacting PALS were:

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

Patient experience surveys

The Trust employs a range of methods to gather feedback from patients including three different forms of patient surveys:

- National patient experience surveys
- Local patient surveys
- 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 2022/23 the Trust participated in five national patient surveys: Maternity Survey, Inpatient Survey, Urgent and Emergency Care Survey, Cancer Patient Experience Survey and the National Stroke Survey. The surveys were undertaken by IQVIA as contractors for our Trust. At the time of writing the Trust is still in the fieldwork process for the Inpatient Survey and the Maternity Survey. The results for the Urgent and Emergency Care Survey are due to be published nationally in June 2023.

Local Patient Surveys

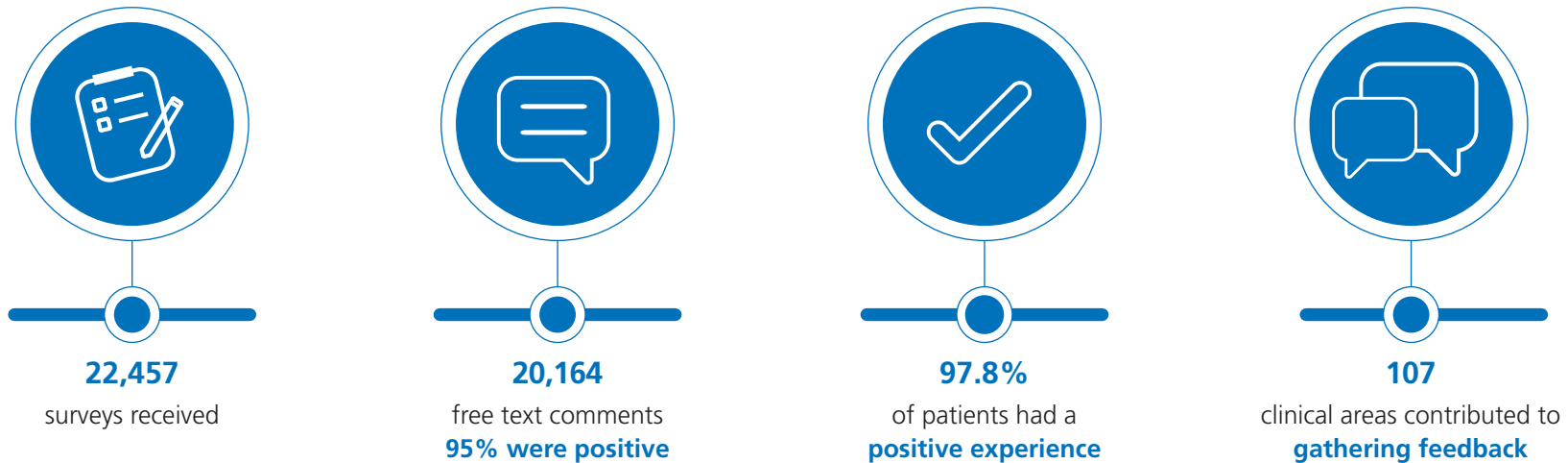
All local surveys are registered with the Patient Outcomes Team and are then entered into a database and their progress is followed up to monitor completion. 39 local patient surveys were registered with the Patient Outcomes Team during 2022/23.

Friends and Family Test (FFT)

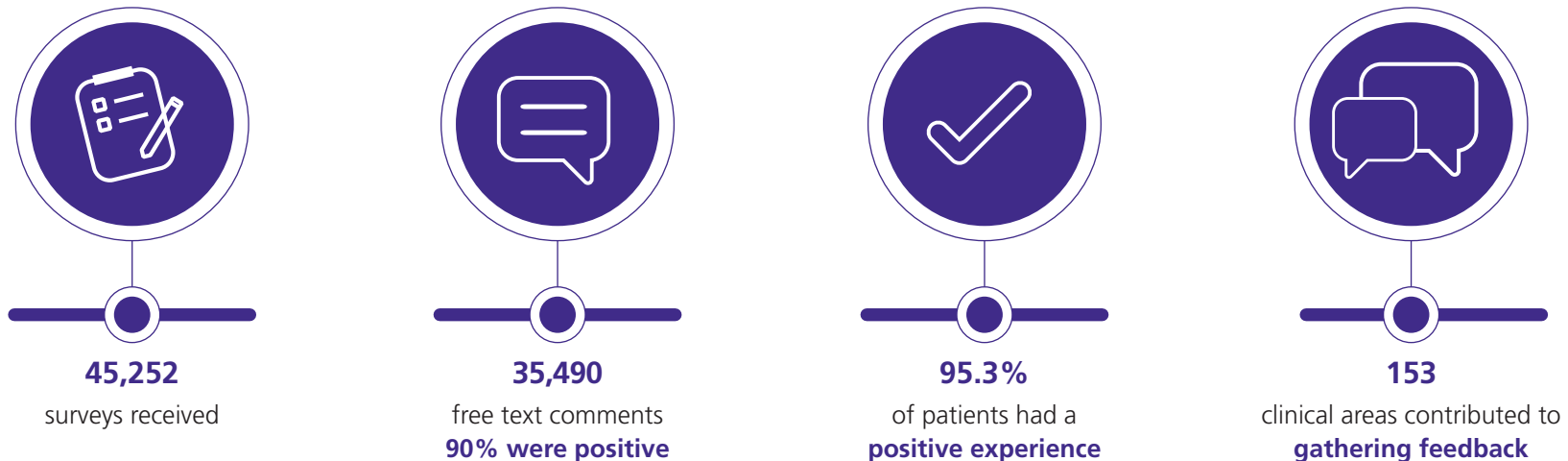
The Trust utilises a multi-modal approach to gathering the FFT data; paper surveys, online surveys, QR code capture and URLs to ensure accessibility and inclusivity for all patients. Currently, the percentage of online capture outweighs the paper submission route which provides a 'live' summary of feedback in which can be acted upon sooner.

The priority for 2022/23 was to provide easier formats to feedback, such as SMS text messages in high flow areas of admissions. This was piloted with the Outpatient Departments and more recently with the EDs.

FFT 2021/22



FFT 2022/23



Improving our workplace culture

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

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

Our strategic goal:

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

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 engagement and growth

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



Supportive team behaviours

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



Recruitment and resourcing

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



Collective and compassionate leadership

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



Equality, diversity and personalisation

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

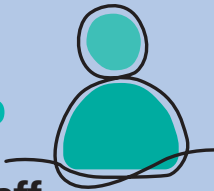


Health and wellbeing

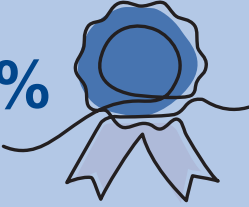
We will take a holistic and preventative approach to health and wellbeing in caring for our people.


The results from last year's NHS Staff Survey

See our People Promise theme results, key highlights and areas for improvement below. We'll be coming back to you with more detail on the results and the steps we'll take to fulfil our People Promise soon.

42% 
of MTW staff
responded to the
2022 Staff Survey

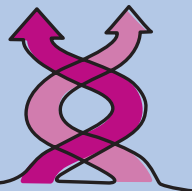
72% 
say we are
compassionate
and inclusive

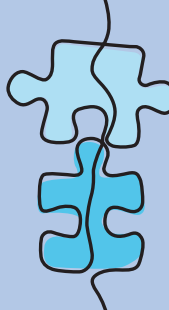
58% 
feel
recognised
and rewarded

67% 
feel
that we each have
a voice that counts

59% 
feel safe
and healthy

56% 
say they
are always
learning

61% 
say they
are able to
work flexibly

66% 
feel part of
a team

Highlights

- Patient care remains your priority and you would recommend MTW to friends and family
- Increased engagement with our wellbeing initiatives
- Feeling your role makes a difference to patients or service users
- Feeling trusted to do your job

Going forwards

- Empowering you to decide changes affecting your work and department
- Supporting you to gain more from appraisals and development reviews
- Continuing to build an anti-discriminatory, anti-harassment and anti-bullying environment
- Continuing to increase wellbeing and safety

Sue Steen, Director of People and Organisational Development said:

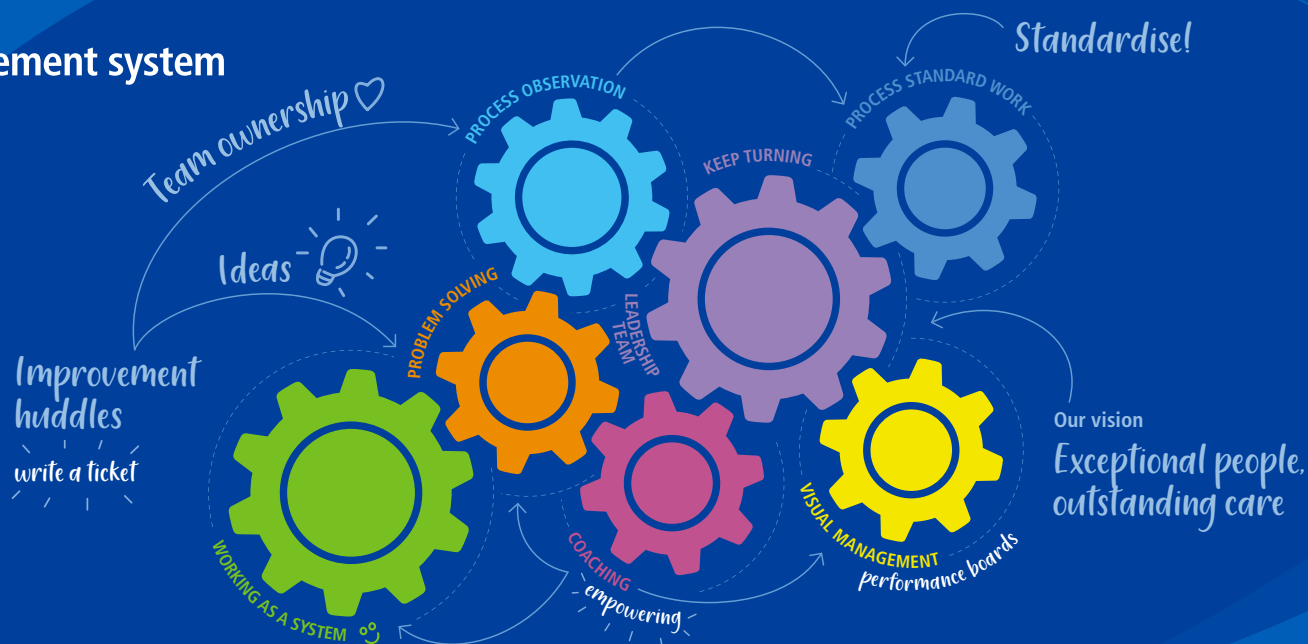
"I am pleased that, despite a tough few years, most of our People Promise results remain above or in line with the national average for acute trusts, and there are also areas where we have improved on our scores from previous surveys. Thank you so much to those who were able to complete the survey."

"Importantly, we recognise that while we have performed well relative to the national average for other acute trusts, there is work to be done on a range of areas and work will continue to address areas in which we need to improve. However, the improvements we have made since the 2021 survey demonstrate that your feedback has impact whether it's through the national staff and climate surveys or staff listening events."

"We have created new staff roles dedicated to improvement, including the roll-out of the Patient First Improvement System (PFIS), to help empower all colleagues to be able to make decisions and take positive action in their work and division. We're very excited for this next step in our journey in our commitment to being exceptional people, providing outstanding care."



Patient first improvement system

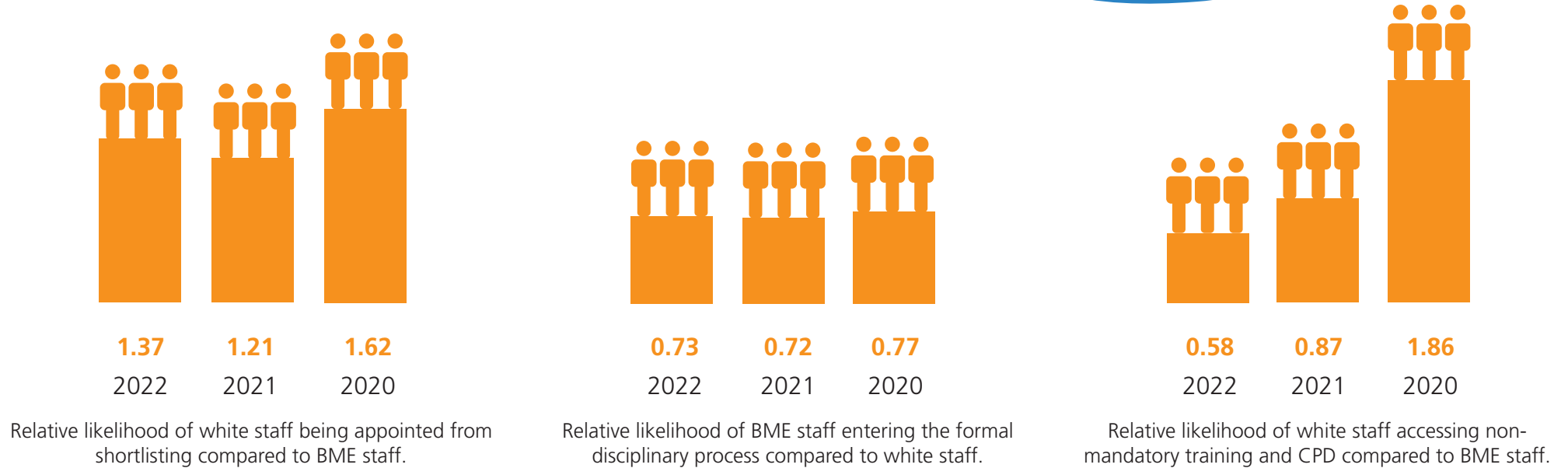


Staff networks

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, Parent's Network, Inter Faith Networks and Senior Women Leaders Network all provide opportunities for staff to share their unique lived experiences and provide support to one another. The networks have also been key in developing the lived experience content for our Exceptional Leaders programme.



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



2022 National Staff Survey

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

- De-biasing recruitment – increasing the likelihood of staff from ethnic minority backgrounds being appointed from shortlisting
- Improving opportunities for staff to have a voice – decreasing the experiences of harassment, bullying or abuse from staff and discrimination from managers for our ethnic minority staff

- Creating talent pools and supporting staff with opportunities to progress – improving the career paths of our ethnic minority staff
- Promoting equality, diversity and inclusion (EDI) across the organisation and supporting the work of our Cultural and Ethnic Minorities Network



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

The Cultural and Ethnic Minorities Network (CEMN) is open to staff from all ethnic minority backgrounds and to allies. The network's vision is to be open, fair, transparent and equitable in all that they do.

The CEMN provides a platform for raising concerns specific to staff from ethnic minority groups and pastoral support and advocacy is offered to all ethnic minority staff whether they are a member of the network or not. The network supports staff in professional and career development, helps to shape organisational policy and links into the Trust Board on its activities.

A new network committee was elected in 2022 at the annual board meeting who have been actively supporting the Trust to embed equity, diversity and inclusion at the heart of everything we do.

During the year, the network has led on the launch of the Kent and Medway Integrated Care System BAME mentoring programme for ethnic minority staff in bands 5 to 7 to help to develop their careers. The successful pilot was extended to women and non-binary staff earlier in 2023.

Network chairs formed part of a review forum of ER cases looking at potential bias and making recommendations for improvements in process.

The network played an integral part in the delivery of WRES workshops to divisional triumvirates and executives. The workshops provided an understanding of local WRES data and the support available for divisions to tackle race inequality within their areas.

Diverse organisations deliver improved success and we are proud of the diversity we have in our Trust. Our EDI strategy will address differentials in experience and inequalities where they exist. We have a proactive EDI agenda which we will build on over the next three years and add a focus on the concept of personalisation which recognises that whilst being equitable, fair and operating within the boundaries of UK employment law, there is opportunity to be flexible to an individual's circumstance and make person-centred decisions which are empathetic and inclusive.

The commitments we will make:

- Insist on a culture of equity and inclusion where all staff expect and respect difference
- Consider individual differences and experience as we make people-centred decisions at work
- Publish and deliver on our WRES and Workforce Disability Equality Scheme (WDES) and Gender Pay Gap action plans and monitor this at a divisional level
- Strengthen and promote our staff networks to strengthen their voice and improve knowledge and understanding about individuals' lived experience and different privileges
- Undertake equality impact assessments across all people policies and processes and demand equity of access and opportunity irrespective of difference and beyond protected characteristics
- Refocus investigations and handling of conflict through early intervention and mediation.



Our Workforce Disability Equality Standard (WDES) performance

Non clinical staff	Disabled	Non Disabled	Unknown/Null
Bands 1 – 4	5.6%	71.1%	23.3%
Bands 5 – 7	6.6%	78%	15.3%
Bands 8a and 8b	3.5%	82.3%	14.2%
Bands 8c – 9 & VSM	1.7%	81.06%	17.2%

Clinical staff	Disabled	Non Disabled	Unknown/Null
Bands 1 – 4	3.8%	70.6%	25.6%
Bands 5 – 7	4%	70.9%	25.1%
Bands 8a and 8b	3.1%	72.9%	24%
Bands 8c – 9 & VSM	0%	77.1%	22.9%

Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is 1.33

Relative likelihood of disabled staff entering the formal capability process compared to non disabled staff is 1.17

DisAbility

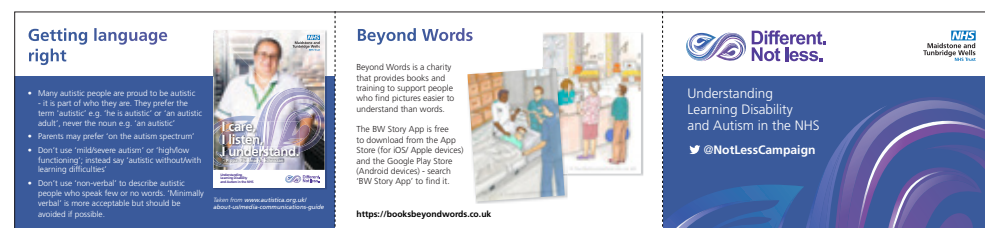
The Trust has given its WDES staff networks a voice within the organisation by:

- Creating subgroups and support networks including Chronic Pain, Clinically Extremely Vulnerable and Autism Support
- Commissioned Disability Awareness training to support the recruitment process
- Appointed a new Disability Network Chair in 2022 and increased membership
- Worked with Autism Reality Experience company to develop content for ED experience
- Supported the launch of the Different Not Less Campaign for staff and patients with Autism
- Launched the MTW Health Passport
- Launched Disability Leave

Disability network news

- Different Not Less campaign supported to promote a better understanding of autism and learning disabilities and to support the delivery of equality in care for all patients
- Autism support group launches as sub group of Disability Network
- Supports development and deployment of Staff Health Passport
- Schedules series of guest speakers to attend network meetings and open to all at MTW for education and information
- Chair takes part in lived experiences video to support EL programme
- Provided a facility for the autism simulation company to film and create a simulated learning experience based within a hospital environment. Continue to work with them to pilot scenarios throughout the hospital to provide education to medical professionals across the country about how the environment impacts patients and staff who are on the autistic spectrum

- Network Chair attends BMJ Leadership live conference bringing together a wide range of medical staff to discuss positive leadership and promotion of equity in the workplace
- Creates a network of experienced leaders to support less experienced through situations related to disabilities to promote confidence in our leaders of the Trust
- Estates represented at Disability Network Meetings to consider how the estate meets the needs of staff and patients with disabilities

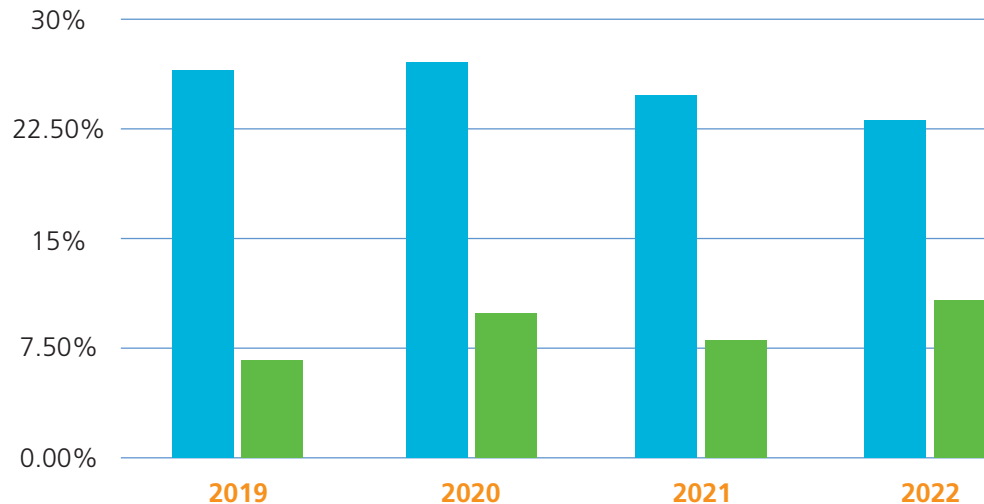


Gender pay gap

The actions from the Gender Pay Gap report have been reviewed against the Government Equalities Office which offer a mixture of evidence-based impact and promising actions.

Continued focus on transparent and equitable recruitment practices

- De-biasing recruitment scheduled throughout 2023, commissioned externally by the ICB and co-designed with EDI leads. A working group will support the effective delivery of the programme across the Trust.
- Values based recruitment training will be made available locally to include de-biasing and consideration of skills-based assessments.
- Continue to expand cohort of EDI Recruitment Reps to support fair and equitable recruitment.



● Mean gender pay gap using hourly pay

● Median gender pay gap using hourly pay

Developing talent management and succession planning

- Introduction of formalised talent and succession planning for Board and ETM in 2023 and wider staff from 2024 (in line with the deployment of the Perform Module of the learning management system (LMS)).



LGBT+

- In 2022 we took part in an extended pilot of the NHS Rainbow Badge Assessment
- This looked at our policies, our workforce, the support we provide to our LGBT+ patients and staff and reviewed the experiences of our LGBT patients and services that we deliver
- In January 2023 we received an overall assessment of Bronze – the first NHS Trust in Kent and Medway to participate in this assessment
- The assessment score is accompanied by a comprehensive action plan to support our ongoing work in this area

Freedom To Speak Up (FTSU)

Collaborative working

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

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

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

Case Study

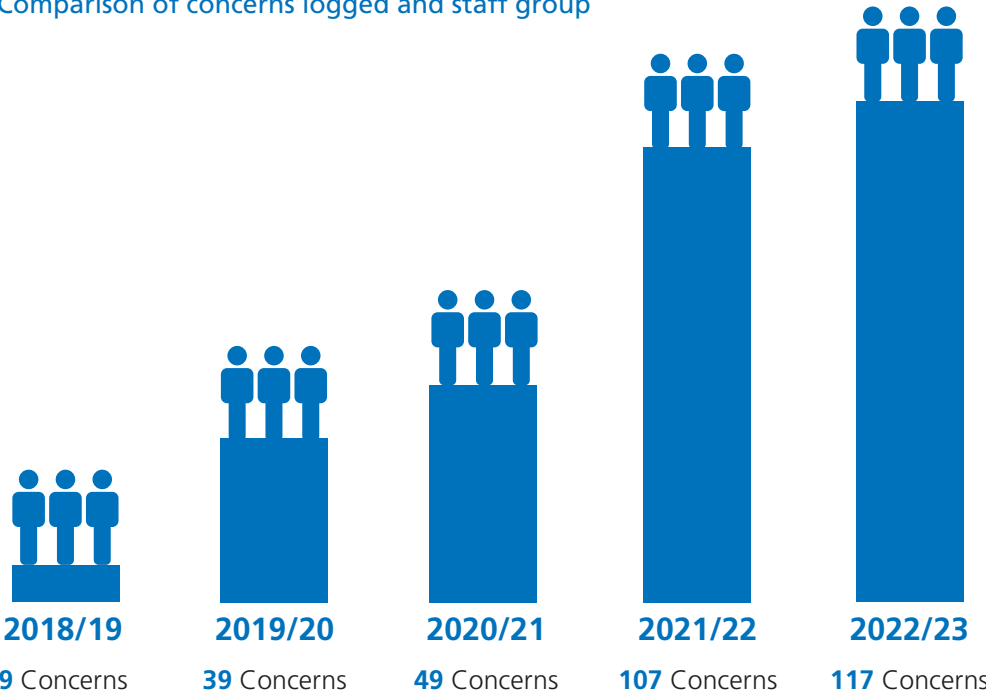
A recent FTSU case highlighted a potential area for improvement in working relationships for staff who are employed by MTW but managed operationally and clinically by an outside organisation. It specifically related to services commissioned by Maidstone and Tunbridge Wells NHS Trust. As a result of this case closer consideration is now given to our contractual arrangements. This involves clear expectations and guidelines on how staff are treated when being managed by other providers, enabling our own service managers to robustly manage the quality of clinical services provided by 3rd parties should concerns be raised by staff.

Our Forward Focus

Attending the Trusts satellite sites and various departments, clinical governance sessions are being undertaken to raise the profile of the speaking up agenda. We try to specifically focus on both service improvements and learning. It is intended that this will continue to encourage staff to raise concerns building our positive safety culture.

Since 2020 we have been capturing information from staff speaking up as to how they identify in terms of BAME or Non-BAME. In 2023 we have widened our data capture to ask if staff speaking up would be happy to disclose any other protected characteristics. This is to help evidence how effective our interactions are and to also promote the benefits of using our speaking up processes is within these staff groups. We contacted the National Guardians Office to suggest they may consider requesting all FTSU Guardians across the NHS capture this data to help understand if we are succeeding in reaching staff groups that there is evidence showing they are less likely to speak up. The National Guardian has requested we share with them our process and findings over the coming year to help inform national policy on this.

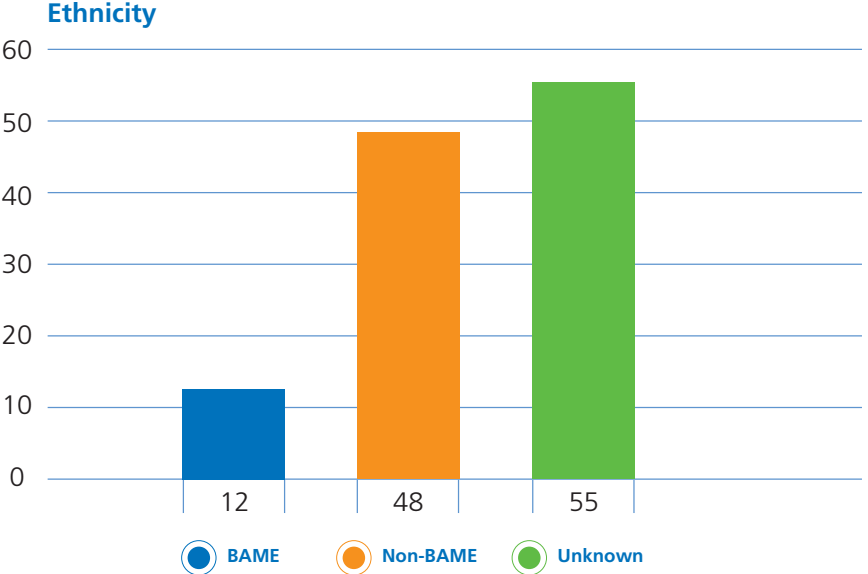
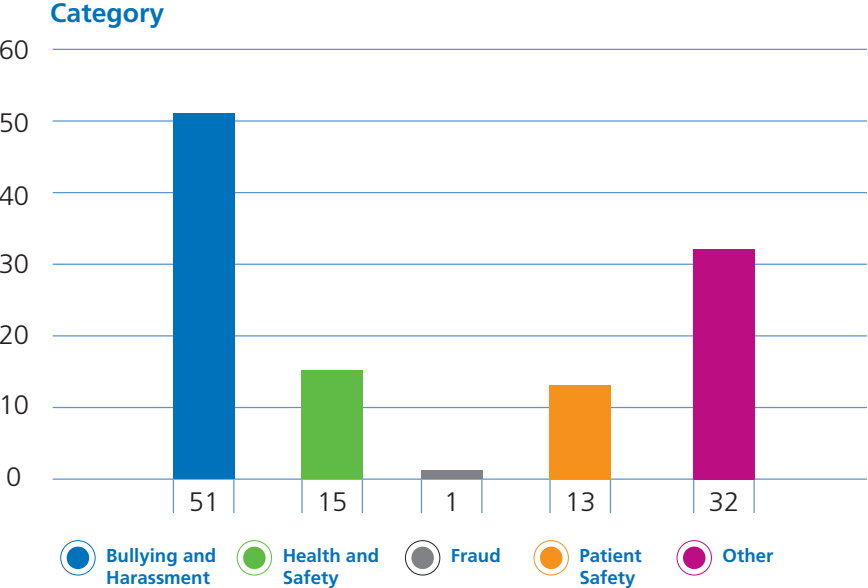
Comparison of concerns logged and staff group



Freedom To Speak Up Guardian Board Report. April 2023

Notes; FTSU Guardian started in October 2018 1 day per week alongside working another full time role. Deputy FTSU Guardian started in October 2020 4 days per week

2022/23 Freedom to Speak up Statistics



Medical rota gaps

The overall fill rate of training posts across all grades and specialties was reassuringly high, including new training posts in Emergency Medicine, Clinical and Medical Oncology, Clinical Radiology, Histopathology, Cardiology, Gastroenterology, Respiratory Medicine and Obstetrics & Gynaecology.

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 Registration (CESR), Chief Medical Registrars and the Medical Training Initiative for the recruitment for 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 have been identified by Trainees through exception report which is a mechanism used by our Trainees to inform of variations to their scheduled work.



Learning from deaths (mortality reviews)

There have been higher mortality rates experienced by the Trust from January 2022 to December 2022, when compared to the same reporting period in 2021, however we have continued to maintain our mortality rates either at or below expected levels. The Hospital Standardised Mortality Ratio (HSMR) produced by "T Health" (Dr Foster) was under predicted levels except in January 2022 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 101.7 against the target of 100, but this remains within the expected range for the Trust.

The most recent Standardised Hospital Mortality Indicator (SHMI) data published by NHS England for the period December 2021 to November 2022 showed the Trust's SHMI as 0.9144 which remains as expected.

During the period January 2022 to December 2022, there was a total of 1747 deaths in Maidstone and Tunbridge Wells NHS Trust (MTW) as highlighted by T Health (Dr Foster). Mortality indicators continue to be closely monitored and reported to the Mortality Surveillance Group, Board and Quality Committee on a regular basis.

Mortality Reviews

Maidstone and Tunbridge Wells NHS Trust has an in-depth mortality review process aligned to the national guidance on learning from deaths published in 2017. Each death in the hospital is a sad event and impacts on the loved one of patients and staff involved in their care. At MTW, there is a focus on ensuring learning from deaths impact future practice and supports the improvement in quality of care provided by the trust.

MTW provides all three levels of scrutiny that can be applied when someone dies; death certification, case record review and investigation.

1 Death Certification

The Medical Examiner Service hosted at MTW is now embedded and on average scrutinises 97% of in hospital non-coronial deaths every month. A Medical Examiner (ME) is an independent senior clinician trained by the Royal College of Pathologists. The Medical Examiner Service supports the medical certification of death process and reviews the records of patients that have died to identify immediate learning or problems in care that require further scrutiny. The service also supports bereaved

families and carers, working with the bereavement team. The number of in patient deaths during April 2022 – Mar 2022 was 1802, with 1743 cases scrutinised by the Medical Examiner Service, a 97% performance across the year.

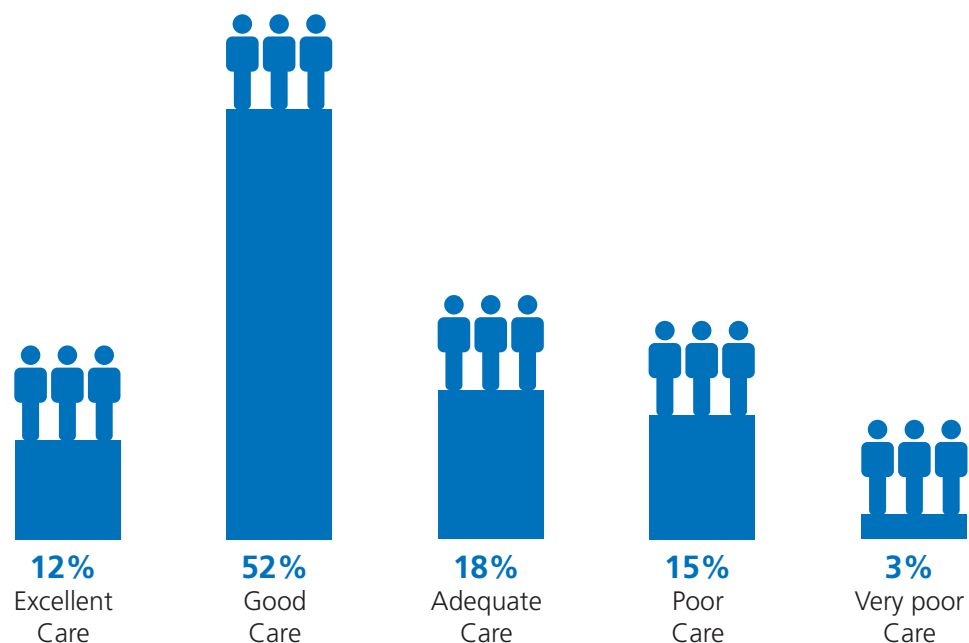
2 Case Record Review

Some cases require further review for a number of reasons and the Medical Examiner (ME) Service can request a Structured Judgement Review (SJR). 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. SJRs can be requested by the ME Service for a number of reasons including but not limited to:

- Deaths where a significant concern about the quality of care provided is raised by bereaved families and carers
- Deaths where a significant concern about the quality of care provided is raised by medical examiner or staff
- Deaths where the patient had a learning disability
- Deaths where the patient had a diagnosis of a high functioning autistic spectrum condition (ASC) (formerly known as Asperger's)
- Deaths where the patient had a recognised mental health condition/ was known to mental health services
- Deaths in a specialty, diagnosis or treatment group where an 'alarm' has been raised e.g. an elevated mortality rate, concerns from audit, CQC concerns, Datix raised
- Deaths where the patient was not expected to die - for example, elective procedures
- Deaths where learning will inform MTW's quality improvement work

A total of 85 SJRs were completed of the 109 allocated to specially trained reviewers in the period April 2022 - March 2023. 3 (3%) of the SJRs completed had a score of 'Very Poor Care' and 13 (15%) were assessed as 'Poor Care'. This is an improvement on the previous year ending March 2022 where 28 SJRs were assessed in the 'Poor' and 'Very Poor Care' category. There is a current backlog of SJRs which are yet to be reviewed, however a trajectory is in place to remove the backlog and the SJR backlog is a standing agenda item at Mortality Surveillance Group.

2022/23 Completed structure reviews (n=85)



3 Investigation

Completed SJRs are discussed at Mortality Surveillance Group (MSG), chaired by the Medical Director with input from Mortality Leads, Structured Judgement Reviewers, Patient Safety, Lead Medical Examiner and other key stakeholders from across the Trust. There are instances when an investigation is required in addition to the reviews and these are usually cases where 'Poor' or 'Very Poor Care' assessments have been made. A decision is made by MSG to refer such cases to patient safety to be reviewed by the Serious Incidents Panel.

Assurance around Learning from deaths

- Learning from each case reviewed at MSG is fed back to directorates/divisions, some cases are discussed at divisional and directorate clinical governance meetings.
- There are instances when MSG writes to specific teams to ask for assurance on processes regarding a case discussed where there is an opportunity to improve care quality.
- A letter of excellence is also written to teams where cases reviewed have been assessed as 'Excellent Care' to reinforce positive practice and commend outstanding care.
- A mortality report is presented by the Medical Director to the Quality Committee and Board on a periodic basis.

Learning from deaths identified in 2022/23 include:

- **Learning from deaths:** Embedding learning from deaths is an area of focus currently. A Quality Committee 'deep dive' on Mortality was held in April 2023 and outlined steps to improve learning from deaths. A standard operating procedure is now in place, approved by the MSG, to support this.
- **Septicaemia:** Sepsis is still an area of concern and was highlighted in last year's quality accounts. While there are instances where good practice is highlighted, there were still cases reviewed by the MSG where it was not identified early. A review of all SJRs where sepsis has been outlined has been analysed to support the "Reducing Harm" breakthrough objective within the trust.
- **Documentation:** Reviewers are unable to adequately assess cases due to the quality of documentation.
- **Transfer of Care:** Communication around transfer of care both across sites within the Trust and other specialist providers is an area of improvement. Delays have been identified impacting on quality of care as a result of transition of patients between sites or providers.
- **Multidisciplinary team involvement:** Joint decision making and involvement of multidisciplinary teams in care is an area of good practice. Phases of care in SJR around end of life care are consistently assessed as providing good and excellent care.



National indicators

There are a variety of national indicators highlighted within the NHS 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 2023 the SHMI for Maidstone and Tunbridge Wells Trust was 0.93 (banded as level 2 'as expected').

Summary Hospital-level Mortality Indicator ("SHMI")	2022/23		2021/22	
	SHMI	Banding	SHMI	Banding
Maidstone and Tunbridge Wells NHS Trust	0.91	2	0.94	2
Best Performing Trust	0.72	3	0.72	3
Worst Performing Trust	1.22	1	1.19	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	2022/23	2021/22
Maidstone and Tunbridge Wells NHS Trust	32%	34%
Lowest percentage Trust	13%	12%
Highest percentage Trust	66%	63%

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

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

Prescribed data requirements	MTW NHS Trust		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	11.8%	16.4%	12.5%	14.7%

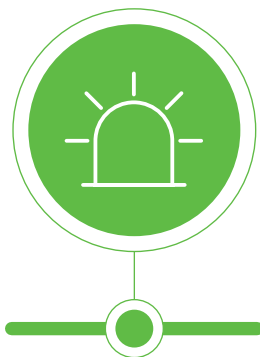
Domain 4: Ensuring that people have a positive experience of care

Prescribed data requirements	National Staff Survey 2022 - MTW	National Staff Survey 2021 - MTW	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.	70%	74%	62%

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

Prescribed data requirements	2022/23	2021/22
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	96.2%	96.8%
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.	24.34	29.6

New developments



Two new emergency service facilities

Two new emergency service facilities at MTW were officially unveiled by a number of local MPs, including the MP for Tunbridge Wells, the Rt Hon Greg Clark.

The purpose-built Surgical Assessment Unit (SAU) played a key part in our COVID-19 response. During the first wave of the pandemic, the unit enabled us to create much needed additional intensive care space.

Our guests also visited our new Children's ED at Tunbridge Wells Hospital. This links in directly with the current main Emergency Department and increases capacity for our most urgent patients.

Both of these new facilities help MTW to ensure patients are seen as quickly as possible, and to maintain our position as one of the top performing EDs in the country.



Endoscopy training hub (Surgery)

MTW has been confirmed as the endoscopy training hub for Kent and Medway, part of the South East Academy.

The Trust has also been awarded JAG (Joint Advisory Group) on Gastrointestinal Endoscopy training provider accreditation status and is now one of the national centres commissioned to improve endoscopy training in England.

MTW is one of the most successful trusts in the country for training clinical endoscopists. We have trained nine in recent years and eight are still working at MTW. This has enabled the Trust to deliver timely, high-quality endoscopy services for patients, expand our bowel cancer screening colonoscopy lists and retain JAG accreditation across both sites.



Halcyon (Cancer)

Patients at our Kent Oncology Centre were treated for the first time with our new state-of-the-art Halcyon machine.

Only a small number of cancer treatment centres in England are using this new radiotherapy technology which halves treatment times and provides a much more comfortable experience for patients.

The £2 million Halcyon accelerator machine targets larger tumours more effectively and provides more accurate images in a less enclosed and quieter environment, helping to reduce the stress a patient may feel. As well as being much easier for specialist staff to use, the Halcyon also offers increased efficiency such as dramatically lower running costs, helping to save energy and being completely paperless.



New Digital Safety System, InPhase

MTW purchased a new digital quality oversight system called InPhase in 2022. We are currently expanding this digital assurance and oversight system. This will allow us to triangulate our patient safety themes and learning with our complaints, risk, clinical audit activity and NICE compliance. New dashboards will help us to track progress for multiple safety and quality metrics helping us to identify emerging trends and themes relevant to our quality of care with ease.



Virtual wards

We saw record-breaking levels of attendances across our sites in December. To support the prevention of avoidable admissions into hospital and assist with early discharge, the Trust introduced virtual wards to enable us to continue to provide safe, high quality levels of care.

A virtual ward is a safe alternative to staying in hospital. It provides patients with wearable technology that allows clinical staff to continually monitor them while they are at home, for up to 14 days. The equipment sends alerts to staff if a patient's observations change and they become unwell, ensuring any changes to treatment can be made quickly.

The Trust setup 20 virtual respiratory beds before widening the approach to include virtual wards for other specialties.



Orthopaedic Assessment Unit at TWH

A new Orthopaedic Assessment Unit (OAU) opened at Tunbridge Wells Hospital to support the national drive for 'same day emergency care'. Orthopaedics deals with injuries and conditions that affect the musculoskeletal system, such as bones, joints and ligaments.

The Unit provides emergency care to patients who are then be able to go home the same day, if safe to do so, and return later for review instead of being admitted to a ward.

The OAU joins a growing number of same day emergency care (SDEC) units at MTW, including those for Ambulatory Care and Acute Frailty.

The Trust sees over 500 patients each week through our SDEC units, helping to reduce pressure on our EDs and getting patients home sooner.

Further quality improvement initiatives

Sunrise Electronic Patient Record (EPR)

In June 2023 MTW will celebrate two years since Altera Digital Health Sunrise EPR went live laying the foundation of the Trusts digital transformation strategy, improving efficiencies and patient outcomes. The team has worked exceptionally hard to bring the solution into use at the Trust, as well as ongoing work to continually improve and add functionality.

Projects undertaken to date include:

- Rollout of EPMA across adult inpatients (September – November 2022)
- Doctors Handover
- Virtual Fracture Clinic Integration
- Sepsis documentation
- Soliton integration
- Point of care test results automation into Sunrise
- Tab integration with Kent and Medway care record and Oncology

Current projects are:

- Piloting electronic discharge notice (EDN) with a plan to roll out fully to adult inpatients during May onwards
- Developing Sunrise Surgical Care and iPro integration for launch later this year (a new theatre booking and anaesthetic pre-assessment and operative care system)
- Electronic ordering of tests in Oncology
- Automation of vital signs into Sunrise (integrating our patient bed flow management system with our EPR and patient administrative IT systems)
- Interface with TeleTracking / PAS (patient admissions system) and Sunrise

These are only a small handful of some of the bigger pieces of work the team undertake to improve Sunrise functionality and user experience.

Their work has not only supported our clinical teams in delivering exceptional patient care with on average 2000 staff using Sunrise at any one time (about a quarter of our workforce). It has also helped the Trust do its bit for the environment, by reducing significantly the amount of paper used by us:

- More than 6 million documents have been created
- Almost 2.25 million requests for tests and imaging have been made through Sunrise
- Nearly 6 million results have been received
- Just under 2 million specimens collected.

The digitalisation of our patient healthcare records has resulted in a large reduction in paper use at the Trust, equivalent to about 3000 trees*.



*(<https://ribble-pack.co.uk/blog/much-paper-comes-one-tree>).

Sunrise electronic prescribing and medicines administration (EPMA)

In November 2022 Maidstone and Tunbridge Wells NHS Trust successfully delivered Altera Digital Health's Sunrise electronic prescribing and medicines administration module (EPMA) within the Sunrise EPR system further accelerating the Trust's digital maturity.

EPMA, the latest ambitious phase of transformation, is now live across the Trust, embedded within the EPR. This will improve patient safety by reducing medication errors and improve experiences for clinicians as the EPR is able to enhance their workflows and release time for patient care.

The system will enable accurate, timely prescribing processes, operating as an assistive tool for clinicians. "The system is going to completely transform ways of working for our pharmacists, many of whom are working digitally for the first time," said Mildred Johnson, Chief Pharmacist and Chair of EPMA Project Board, Maidstone and Tunbridge Wells NHS Trust.

The system will increase prescriber awareness when duplicate high-risk medicines are prescribed, starting with anti-coagulants, reducing medication errors and give pharmacists extra assurance. "We expect this to be especially valuable in busy periods, when medication errors can be more likely," explained Mildred. "The system will also enable prescribers to see adverse drug reactions, which will greatly improve patient safety."

The roll-out was carefully conducted over just two weekends building on learnings from previous go-lives, as well as multiple trial runs before launch. Programme Director

for EPR and Digital Transformation at Maidstone and Tunbridge Wells NHS Foundation Trust, Jane Saunders said: "The success of the project was down to the thorough training, preparation and support put in place before and throughout the go-lives. The trial runs we conducted especially helped us to make better operational decisions and streamline the launch, causing minimal disruption to patient care."

The Trust is seeing a major benefit to the on-call doctors and pharmacists, who are now able to prescribe remotely as they can access the system from anywhere. It means clinical staff on wards are spending less time on the phone to get medication prescribed and are able to spend more time with patients.



Care Co-ordination Centre powered by TeleTracking

MTW established a Care Coordination Centre powered by TeleTracking providing real time visibility of over 780 beds in November 2020. The system displays each bed's real time status and provides both current bed availability, as well as predicting future bed capacity to support bed management.

Since then, with visibility of available beds, MTW has significantly reduced the amount of time a bed is empty and the time a patient spends in the ED before they are transferred to a bed. This ensures patients arriving in ambulances are quickly moved into the hospital, has helped increase the number of planned operations performed each day, and given nurses and ward staff more time back to focus on patient care. Dedicated bed cleaning and portering teams also help reduce the pressure on nurses and maximise the speed at which patients can be transferred to available beds.

The system has attracted national attention, with recent visits from Amanda Pritchard, the Chief Executive of NHS England, and from Steve Barclay MP, the Secretary of State for Health and Social Care, to see the technology in action.

Miles Scott, the Trust's Chief Executive said: "Our approach at MTW is not just 'more of the same' but using new ways of working to meet an increase in demand. Our bed management system helps make the very best use of the clinics, wards and specialist skilled staff in our hospitals."

"The system helps ensure our patients get the right care, in the right place at the right time, helping to minimise discharge delays and getting patients home or to their next place of care as quickly as possible."

The improvements that the system has brought mean that MTW has no long-waiting patients (those waiting over 50 weeks for planned care) and has the best urgent care performance in the region. Despite increasing attendances at the Trust's Emergency Departments, the Trust is regularly ranked as one of the highest performing Accident and Emergency (A&E) departments in the country, and has recently been recognised as 4th best performing trust in the country (April 2023).



Neonatal Bliss Accreditation

The Tunbridge Wells Hospital neonatal unit has successfully completed its Bliss re-accreditation and has now achieved Platinum Bliss Baby Charter accreditation, one of only four neonatal units in the UK to do so.

The assessment was carried out at Tunbridge Wells unit on 21 February 2023 and showed that staff at Tunbridge Wells neonatal unit are dedicated to providing the best possible service in line with the principles of family-centred care outlined in the Bliss Baby Charter. Parents are actively encouraged to be part of their baby's care and supported to be so.

Bliss was impressed by many aspects of the unit's care, but these elements stood out in particular:

- Availability of a dedicated Family Support and Bereavement Lead Nurse and a Safeguarding Lead.
- The availability of an expert in developmental care with dedicated non-clinical hours enabling her to provide regular cot-side training to staff. The desire to develop a Developmental Care team with more members of staff undertaking Family and Infant Neurodevelopmental Education (FINE) training with a clear action plan for future Developmental Care initiatives such as 'birthday cuddles' and undertaking more procedures on babies during skin-to-skin.
- Efforts to maximise developmental care through 'all time is quiet time' policy.
- Ensuring that a baby's cares are centred around parent availability and the baby's readiness for cares, as opposed to clustering cares.

- The availability of support services for bereaved families, including memory boxes, butterflies on cots denoting a bereavement and a dedicated neonatal cold cot.
- The availability of accommodation for parents within the unit and the efforts of staff to ensure that when the rooms are empty, they are offered to parents who may need to rest during the day.
- Follow-ups with all parents post-discharge.
- The provision of free parking and food for parents in the parent kitchen.
- Excellent provision of staff wellbeing services including "wellbeing Wednesdays", access to occupational health, a staff support line and activities such as acupuncture and yoga classes. In addition support from senior medical and nursing staff in the form of staff debriefs following bereavement.



Veterans Covenant Healthcare Alliance Accreditation

Maidstone and Tunbridge Wells NHS Trust has agreed to work towards accreditation from the Veterans Covenant Healthcare Alliance by Autumn 2023. This will acknowledge the Trust's commitment to several key pledges to ensure that those who serve or have served in the armed forces and their families are treated fairly. This includes:

- Ensuring that the armed forces community is never disadvantaged compared to other patients
- Training relevant staff on veteran-specific culture or needs
- Making veterans, reservists and service families aware of appropriate NHS services beneficial to them
- Supporting the armed forces as an employer.

Maidstone and Tunbridge Wells NHS Trust have invited employees who fall into one of the categories below to come forward and be a part of the Veteran Aware Accreditation working group to help the Trust work towards its accreditation:

- Currently or have ever served in the UK Armed Forces (this includes Reservists, former Territorial Army, National Service & Commonwealth)
- An immediate family member of someone who is currently, or who has ever served, in the UK Armed Forces (this includes spouses/ partners and children)
- An adult cadet force volunteer



External awards

External awards nominated for or won by the Trust and/or employees.

The Healthwatch
Recognition Awards
April 2022



Winner

'Excellence in involving people in commissioning and delivery of services'

Winner

'Excellence in listening to people's views and thoughts about services award'

The Trust was recognised for its work to create the new Patient Partner model and for their Carers Card which was introduced at the start of the pandemic to support people with dementia and their carers.

NHS Parliamentary
Awards
June 2022



Regional Winner

South East regional winner -
Future NHS Award

The Care Coordination Team achieved the award for their dedication in delivering the TeleTracking automated bed management system.

NIHR Clinical Research
Network Kent, Surrey
and Sussex Research
Support Awards
July 2022



Highly Commended Research Support Award

The ICU Teams were recognised for their support of research during the pandemic, including a study investigating why some patients with COVID-19 experienced a mild infection, others required intensive care and why for some it was fatal.

Starlight Health
Play Awards
October 2022



Runner Up

Mentor of the Year Award

Health Play Specialist Vicki Belton was recognised for her dedication in developing the next generation of health play specialists, to help change the experience of hospital treatment for seriously ill children.

HJS Awards
November 2022



Finalist

Performance Recovery Award

The Endoscopy Team reduced the number of patients waiting for an endoscopy procedure from 3,000 in August 2020 to zero by increasing capacity and introducing new ways of delivering care e.g. participating in the Colon Capsule Endoscopy pilot programme.

Kent and Medway
Healthy Workplace
Programme
February 2023



Silver Award

The Silver Award recognised the Trust's commitment to meeting the health and wellbeing needs of its staff by providing a healthy workplace. This includes having training opportunities in place for staff and encouraging healthy activities both in and outside of work.

Student Nursing
Times Awards
March 2023



Finalist

Innovation in Practice Award

Student Nurse Karla Hamlet was shortlisted for her work on the VOICE BOX project, which allows students to post their ideas to improve their education and working experience at the Trust while on their placements.

NIHR Clinical Research
Network Kent, Surrey
and Sussex Research
Support Awards
March 2023



Winner

Research Support Award

The Maternity Triage, Maidstone Birth Centre and Antenatal Ward teams won the award for their support of the group B Strep (GBS) research trial. The study involved the routine testing of pregnant women for GBS, and the teams' work led to 80% of eligible women being offered the test for group B Strep.

Part Four

Appendices



National Clinical Audit participation 2022/23

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.

The national clinical audits and national confidential enquiries that Maidstone and Tunbridge Wells NHS Trust was eligible to participate in during 2022/23 are as follows:

National Clinical Audits for inclusion in Quality Accounts 2022/23	Participation Y, N, N/A	% cases submitted	Comments
Adult Critical Care Case Mix Programme (ICNARC)	Y	100%	
BAUS Snapshot audit. Management of muscle invasive bladder cancer in transurethral resection of the bladder (MITRE)	Y		Maidstone Hospital surgeons participated in this snapshot study
Bariatric Surgery Register	Y	64%	Service commenced January 2023
Elective surgery (National PROMs Programme) Hip Replacement, Knee Replacement	Y	Hips 72% Knees 66%	April 2022 to February 2023
Falls and Fragility Fractures Audit Programme (FFFAP) - National Audit of Inpatient Falls	Y	100%	
FFFAP - National Hip Fracture Database (NHFD)	Y	82%	Data submission ongoing
NAP7: Perioperative Cardiac Arrest	Y	100%	
Inflammatory Bowel Disease (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%	

National Clinical Audits for inclusion in Quality Accounts 2022/23	Participation Y, N, N/A	% cases submitted	Comments
MBRRACE-UK; Perinatal Mortality Surveillance	Y	100%	
MBRRACE; National mortality Review Tool	Y	100%	
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) – COPD Pulmonary Rehabilitation	Y	100%	
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) – COPD Secondary Care	Y	100%	
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) – Adult Asthma Secondary Care	Y	100%	
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) – COPD Secondary Care (Paediatric Asthma)	Y	100%	
National audit of Breast Cancer in Older people (NABCOP)	Y	100%	
National audit of Cardiac Rehabilitation (NACR)	Y	100%	
National Audit of Care at the End of Life 2020 (NACEL)	N		EoLC department did not have the capacity to submit data - Executive Team decision
National Audit of Dementia (NAD)	Y	100%	
National Audit of Pulmonary Hypertension	N/A		
National Audit of Seizure and Epilepsies in Children and Young Adults (Epilepsy 12)	Y	100%	
National Bowel Cancer Audit (NBOCA)	Y	100%	
National Cardiac Arrest Audit (NCAA)	Y	100%	
National Cardiac Programme (NCAP) - Cardiac Rhythm Management (CRM)	Y		Data submission ongoing

National Clinical Audits for inclusion in Quality Accounts 2022/23	Participation Y, N, N/A	% cases submitted	Comments
NCAP - Myocardial Ischaemia National Audit Project (MINAP)	Y	100%	
NCAP - National Audit of Percutaneous Coronary Interventions (PCI) (Coronary angioplasty)	Y	100%	
National Child Mortality Database	N/A		
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 Comparative Audit of Blood Transfusion Programme – Blood sample collection and labelling	Y	100%	
National Core Diabetes Audit (NDA)	Y	100%	
National Diabetes Footcare Audit	N	100%	Diabetes Team did not have capacity to submit data for this audit
National Diabetes Inpatient Audit – Harms	Y	100%	
National Early Inflammatory Arthritis Audit (NEIAA)	Y	circa 50%	Data submission ongoing
National Emergency Laparotomy Audit (NELA)	Y	100%	
National Heart Failure Audit	Y	100%	
National Joint Registry (NJR)	Y	100%	
National Lung Cancer Audit (NLCA)	Y	100%	
National Maternity and Perinatal Audit (NMPA)	Y	100%	

National Clinical Audits for inclusion in Quality Accounts 2022/23	Participation Y, N, N/A	% cases submitted	Comments
National Oesophago-Gastric Cancer Audit (NOGCA)	Y	100%	
National Paediatric Diabetes Audit (NPDA)	Y	100%	
National Pregnancy in Diabetes Audit	Y	100%	
National Prostate Cancer Audit (NPCA)	Y	100%	
NCEPOD: Crohns Disease Study 2022	Y	83%	
NCEPOD: Community Acquired Pneumonia Study 2022	Y	85%	
NCEPOD Testicular Torsion Study 2022	Y	67%	Data submission ongoing
NCEPOD Transition from child to adult services study 2022	Y	77%	
Neonatal Intensive and Special Care (NNAP)	Y	100%	
Paediatric Inflammatory Bowel Disease Audit	Y	100%	
RCEM Severe Sepsis and septic shock (care in Emergency Departments)	Y	100%	
RCEM Pain in Children (care in emergency departments)	Y	100%	
Sentinel Stroke National Audit Programme (SSNAP)	Y	100%	
Serious Hazards of Transfusion 2021 (SHOT) UK. National haemovigilance scheme	Y	100%	
Society for Acute Medicine Benchmarking Audit	Y	100%	
The Trauma Audit and Research Network (TARN)	Y	83 - 100%	
National Ophthalmology Audit: Adult Cataract Surgery	N		Unable to submit due to software

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

ACL	Anterior Cruciate Ligament
ACP	Advanced Clinical Practitioner
ASC	Autistic Spectrum Condition
ASU	Acute Stroke Unit (provides ongoing care after initial treatment in HASU)
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BLISS	Baby Life Support Systems
BME	Black and Minority Ethnic
BMJ	British Medical Journal
BSGE	British Society for Gynaecological Endoscopy
C.Dificle	Clostridium difficile
CAP	Clinical Audit Programme
CAS	Central Alerting System
CASPE	Clinical Accountability, Service Planning and Evaluation
CCG	Clinical Commissioning Group
CCU	Coronary Care Unit
CEO	Chief Executive Officer
CESR	Certificate of Eligibility for Specialist Registration
CHKS	Caspe Healthcare Knowledge Systems
CNS	Clinical Nurse Specialist
CPA	Clinical Pathology accreditation
CPD	Continuing professional development
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CT	Computer Tomography
Datix	Trust's incident reporting system
DDU	Digestive Disease Unit
DH	Department of Health
DrEaMing	Drink, eat, mobilise

DSPT	Data Security and Protection Toolkit
DTI	Deep tissue injury
DTT	Decision to treat
ED	Emergency Department
EDI	Equality, Diversity and Inclusion
EDN	Electronic Discharge Notification
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
ePMA	Electronic Prescribing and Medicines Administration system
EPR	Electronic patient records
ETM	Executive Team Meeting
FFFAP	Falls and Fragility Fracture Audit Programme
FFT	Friends and Family Test
FINE	Family and Infant Neurodevelopmental Education
FTSU	Freedom to Speak Up
GCS	Glasgow Coma Score
GDPR	General Data Protection Regulation
GP	General Practitioner
HASU	Hyper Acute Stroke Service (provides specialist care in the immediate first few days after a stroke)
HES	Hospital Episode Statistics
HQIP	Healthcare Quality Improvement Partnership
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HSMR	Hospital Standardised Mortality Ratio
ICB	Integrated Care Board
ICS	Integrated Care System

Glossary

ICU	Intensive Care Unit
IG	Information Governance
InPhase	Compliance management system for Quality Governance
IV	Intravenous
JAG	Joint Advisory Group
KMCR	Kent and Medway Care Record
KMICS	Kent and Medway Integrated Care System
KPI Key	Performance Indicator
LGBT+	Lesbian, gay, bisexual and transgender people plus people with gender expressions outside of the norm
LMNS	Local Maternity & Neonatal System
LMS	Learning Management System
MBRRACE: UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
MDT	Multidisciplinary Team
ME	Medical Examiner
MGH	Maidstone General Hospital
MRI	Magnetic Resonance Imaging
MSG	Mortality Surveillance Group
MTW	Maidstone and Tunbridge Wells NHS Trust
NACAP	National Asthma and COPD Audit Programme
NACEL	National Audit of Care at the End of Life
NCEPOD	National Confidential Enquiry into Patient Outcomes and Death
NDG	National Data Guardian
NEIAA	National Early Inflammatory Arthritis Audit
Neuro	Neurological
NEWS	National Early Warning Score
NG	Nasogastric Tube
NHFD	National Hip Fracture Database
NHS	National Health Service

NHS Digital information,	Aims to improve health and care by providing national data and IT services
NHSE	National Health Service England
NHSE/I	NHS England/Improvement
NHSI	National Health Service Improvement
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
NPDA	National Paediatric Diabetes Audit
NSCLC	Non-small-cell-lung-cancer
OBDs	Occupied bed days
PALS	Patient Advice and Liaison
PFIS	Patient First Improvement System
PLACE	Patient Led Assessment of Care Environment
PMRT	Perinatal Mortality Review Tool
PrEP	Pre-exposure prophylaxis
PROMS	Patient Reported Outcome Measures
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
QI	Quality Improvement
RCEM	Royal College of Emergency Medicine
SAU	Surgical Assessment Unit
SDEC	Same Day Emergency Care
SDM	Shared decision making
SECAMB	South East Coast Ambulance Service
SHMI	Summary Hospital Mortality Indicator
SHOT	Serious hazards of transfusion
SI	Serious Incident
SJR	Structured judgement review
SMS	Short message text
SSC	Safe Space Champions

Glossary

STPN	South Thames Paediatric Network
Sunrise	Trust electronic patient records system
T&O	Trauma and Orthopaedics
T0	Time of escalation
T1	Time of clinical response
TeleTracking	System to provide real-time status of hospital beds
TIAA	Audit service used by MTW
TSR	Towards Safer Radiotherapy
TWH	Tunbridge Wells Hospital
UKAS	United Kingdom Accreditation Service
VSM	Very Senior Manager
VTE	Venous Thromboembolism
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard



Part Five



Feedback from our patients

The Maidstone and Tunbridge Wells NHS Trust Quality Accounts were shared with the Trust Patient Experience Committee lay members on 17th May 2023 to give them an opportunity to relay any feedback before the Quality Accounts were published. No comments have been received to date.



Feedback from the Kent and Medway Integrated Care Board

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



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

Your report clearly sets out your quality priorities for 2023/24 which link to your six Strategic themes. These align with the ICB quality priorities.

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

We commend your achievement on reducing your falls rate per occupied beds. We acknowledge your achievement of finalising a PSIRF plan and look forward to its implementation to improve learning. The introduction of your new safety system will be helpful in how we develop learning as a system going forward. Congratulations on your new surgical bariatric service which we know will improve patient care.

You have set clear priorities for the coming year, aligned to the aims of the organisation's strategy. We strongly support your priorities for improving care in maternity services and for patients who are receiving naso-gastric feeds. We also support the work to make improvements to outcomes for patients with an intracranial haemorrhage. The priority for sepsis we hope can support the ICB quality priority of improving care for deteriorating patients. We look forward to your work on your patient experience strategy and how this will support a framework for improving experience nationally. We acknowledge you have reduced the number of priorities this year compared to last year and is a move towards streamlining your focuses on quality.

It should be noted the four national audits that the Trust has not participated in. We understand the exceptional circumstances around these and look forward to working with you in ensuring compliance with all national audits during 2023/24.

Feedback from the Kent and Medway Integrated Care Board

You reference your priorities have been set by your executive team, clinical leaders, outputs from clinical audits, patient feedback and learning from incidents. As you have a priority for patient engagement this year, we look forward to a more co-designed approach to priorities with the population you serve going forward.

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

Yours sincerely



Dame Eileen Sills
Chief Nursing Officer
NHS Kent and Medway ICB

Healthwatch Kent response to the Maidstone and Tunbridge Wells NHS Hospital Trust Quality Account 2022/23

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've visited the trust to speak to radiology and physiotherapy departments as part of our work listening to people about what they value from an Allied Health Professional. Patients told us that more seating was needed in the waiting room for Radiology. The trust noted this feedback and agreed to implement that in the department move in 2024.
- We regularly share what we hear from the public directly with the patient experience lead and discuss possible solutions.
- Healthwatch Kent is working with the Trust to ensure underrepresented groups are included in shaping the new 5-year Patient Experience Strategy.
- Healthwatch Kent supported the Trust to engage with members of public in shaping the new Kent and Medway Orthopaedic Centre opening at Maidstone in 2024.

We have read the Quality Account with interest. Generally, the report is clear concise and engaging.

Healthwatch Kent June 2023

Feedback from Kent County Council



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 6 June 2023. They thanked the Trust for the opportunity to comment on the Quality Account, but will not be submitting a statement for inclusion.

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

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).

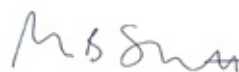
In preparing the Quality Accounts, directors are required to take steps to satisfy themselves that:

- 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 (22nd June 2023)



Miles Scott
Chief Executive

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mtw-tr.ClinicalAudit@nhs.net

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

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