

Quality accounts

2024-2025



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Part one



Chief Executive's statement



As Chief Executive of Maidstone and Tunbridge Wells NHS Trust (MTW) I am delighted to present our Quality Accounts for 2024/25, a year marked by resilience, achievement and the delivery of compassionate high-quality care by colleagues across the organisation in the face of sustained demand for our services.

The Trust's commitment to continuous quality improvement has been supported by regular staff training, patient feedback mechanisms and a robust clinical audit programme. These efforts align with national priorities and our overarching goal of providing care that is safe, personal and effective for every individual we care for.

This year, we have built on our position as one of the top-performing trusts in the country against a number of national healthcare standards. Key achievements include:

- Performance against the four-hour Accident and Emergency (A&E) standard placing MTW regularly in the top five trusts in the country.
- Maintaining compliance with cancer standards, including the delivery of the 62-day cancer standard for five years.
- Treating 2,000 long waiting patients from across Kent and Medway.
- The acquisition of Fordcombe Hospital, near Tunbridge Wells, increasing diagnostic, surgical and imaging capacity.
- Increasing capacity to care for stroke patients with the completion of a purpose built Hyper Acute Stroke Unit and Acute Stroke Unit at Maidstone Hospital.
- The opening of the new Kent and Medway Orthopaedic Centre at Maidstone Hospital. In December 2024 the Chancellor of the Exchequer, Rachel Reeves MP, visited the centre which is providing an additional 2,000 operations a year and reducing system waiting times.
- Completion of the West Kent Community Diagnostic Centre, near our Maidstone site – supporting earlier diagnosis and more convenient pathways.
- Completion of The Undergraduate Medical Building at Tunbridge Wells Hospital – a dedicated academic and accommodation facility for the training of future clinicians.
- Significant progress in the Maternity improvement programme.

While we are proud of the progress we have made we have more work to do to enable us to increase efficiency, treat more patients and live within our budget. We continue to focus on a number of key areas, including Maternity. The directorate was inspected by the Care Quality Commission in 2023 and re-inspected in October 2024 and while we know there is more to be done I am pleased inspectors recognised the culture of learning and improvement in the service. In the year ahead, we have a number of important quality priorities which include:

- Reducing harm, including the introduction of Martha's Rule and a focus on patients who deteriorate.
- Further reducing patient waiting times and length of stay and providing more ambulatory care.
- Improving patient access through Outpatient and theatre optimisation work and introducing smarter patient pathways, with fewer steps, appointments and repeat tests.
- Continuing to work collaboratively across Kent and Medway and provide system support.
- Increasing patient capacity by maximising services at Fordcombe Hospital.

- Strengthening specialist cardiology services at Maidstone Hospital which will enable us to provide increased inpatient care.
- Completing the integration of pathology services into a Kent and Medway-wide joint committee.
- Continuing the successful deployment of the patient portal. Launched in November 2023, this has enabled more than 160,000 patients to manage their healthcare digitally.
- Leverage digital solutions across the organisation to improve care delivery and operational efficiency.

We are proud of the progress we have made over the past year and remain committed to delivering safe, effective care that puts our patients first and meets the needs of our local communities. While challenges remain, especially in the context of growing demand and financial pressures, we will continue to learn, adapt and improve. Our focus remains firmly on driving forwards our quality priorities, patient safety and clinical excellence, and we look forward to building on our achievements in the year ahead.



Miles Scott
Chief Executive

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Purpose of the Quality Account

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

Our year on a page

Delivered
60,563
radiotherapy treatments



Performed
30,483
surgeries



Carried out
86,101
CT Scans



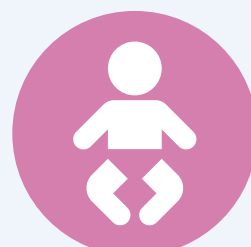
Logged
65,187
IT service desk requests



Provided
675,012
outpatient appointments



Welcomed
5,404
babies into the world



Cared for
953
patients in our Intensive Care Units



Answered
540,000
calls via our switchboard



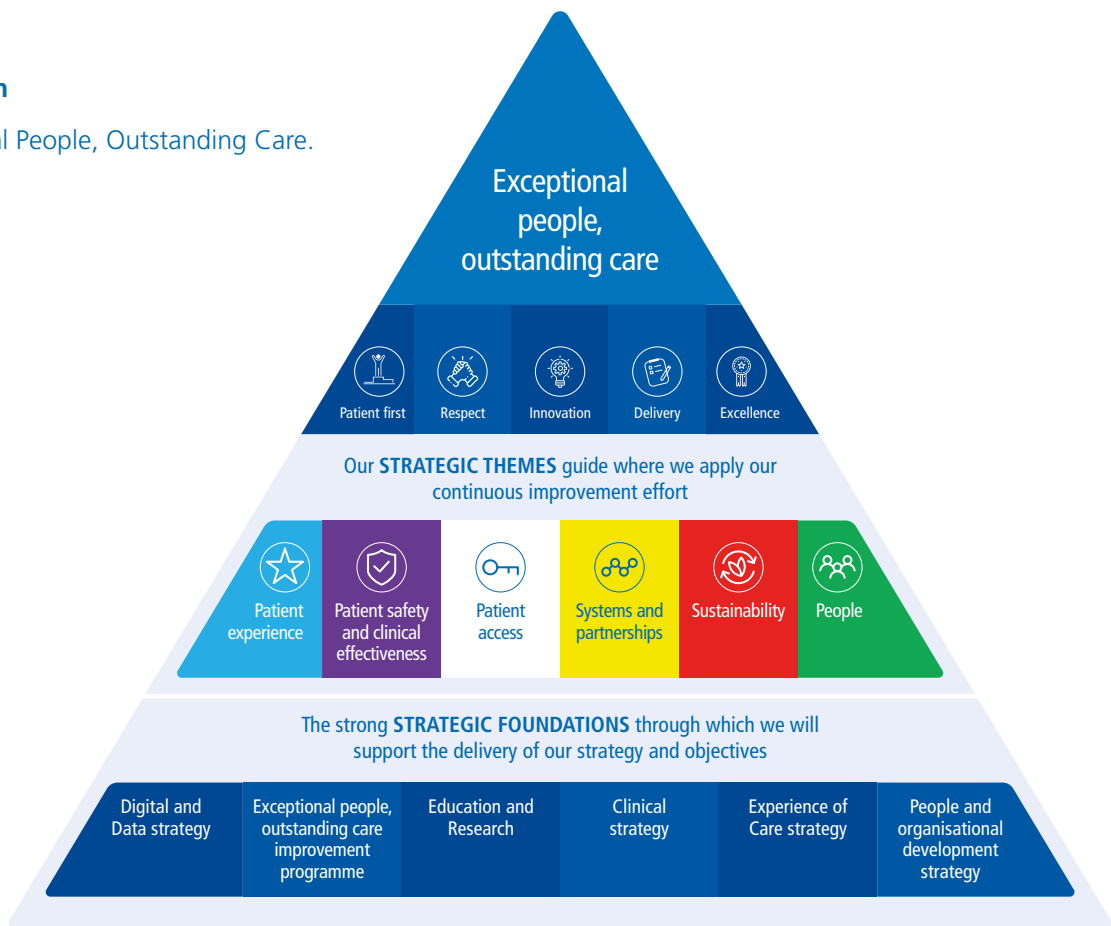
Served
820,498
patient meals



Our strategy, vision and values

Our vision

Exceptional People, Outstanding Care.



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



We have three objectives



Part two



Quality priorities for improvement

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

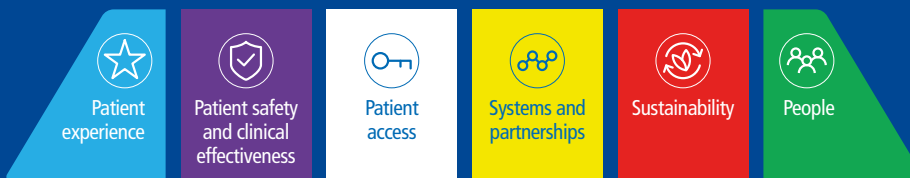
These priorities are aligned with the Trust's Six Strategic "Themes", which have been developed by the Executive Team and our clinical leaders to ensure we are delivering outstanding services.


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

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


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


Strategic themes




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

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

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

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

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

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

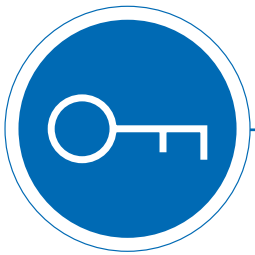
These are the key priorities that we need to focus on, that if we get them right, we will know we are delivering high quality care.

Quality improvement priorities for 2025/26:



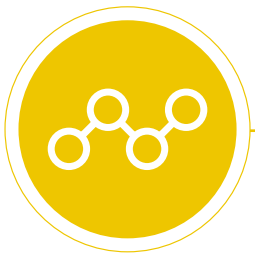
Patient Safety and Clinical Effectiveness

- Reduce significant avoidable harm



Patient Access

- Reduce waiting times for outpatient appointments



Systems and Partnerships

- Reduce the number of delayed inpatient discharges



People

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



Patient Experience

- Increase the number of complaints and concerns closed through an initial conversation or local resolution



Sustainability

- Reduce our reliance on agency staff



Reduce significant avoidable harm

- We will maintain the level of significant avoidable harm to below 0.7 per 1000 bed days (for all severe and above harm).
- We will establish data baselines and interventions that best support identification and management of the deteriorating patient.

What will this mean for our patients?

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





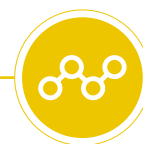
Access to care

- We will achieve a 5% improvement in referral to treatment (RTT) trajectory by March 2026.

What will this mean for our patients?

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





Reduce the number of delayed discharges

- We will work to ensure that no patient resides in an acute hospital bed who needs care that can be provided in another setting.
- We will increase the number of patients leaving our hospitals by noon on the day of discharge.

What will this mean for our patients?

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





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

- We will achieve a Trust-wide vacancy level of 7% or less by the end of 2025/26 financial year.

What will this mean for our patients?

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





We will address complaints and concerns quickly and efficiently

- We will reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients' experience.
- We will work to increase the number of complaints that are resolved through an initial conversation or local resolution meeting.

What will this mean for our patients?

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





We will reduce our reliance on agency staff

- We will achieve the 2025/26 budget for agency and bank expenditure by March 2026.

What will this mean for our patients?

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



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

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

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

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

- Assessment or medical treatment for persons detained under the Mental Health Act 1983 (at the Maidstone and Tunbridge Wells hospital sites).
- Diagnostic and screening procedures (at Maidstone, Tunbridge Wells and Fordcombe hospital sites, the Community Diagnostic Centre in Maidstone and Sevenoaks Urgent Treatment Centre).
- Family planning services (at the Maidstone and Tunbridge Wells hospital sites).
- Maternity and midwifery services (at the Maidstone and Tunbridge Wells hospital sites plus the Crowborough Birth Centre).
- Surgical procedures (at Maidstone, Tunbridge Wells and Fordcombe hospital sites and Sevenoaks Urgent Treatment Centre).
- Termination of pregnancies (at Tunbridge Wells Hospital only).
- Treatment of disease, disorder or injury (at Maidstone, Tunbridge Wells and Fordcombe hospital sites and Sevenoaks Urgent Treatment Centre).

During 2024/25, Maidstone and Tunbridge Wells NHS Trust provided and/or sub-contracted acute and specialised services to NHS patients through our contracts with Integrated Care Boards, Kent County Council and NHS England. The Trust has subcontracted services to the Independent Sector Providers as part of the Prime Provider Model for elective care. The available data on the quality of care for all of these NHS services has been formally reviewed.

The income generated by the NHS services reviewed for quality purposes in 2024/25 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.

Goals agreed with commissioners

Maidstone and Tunbridge Wells NHS Trust's income in 2024/25 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework because NHS England paused the CQUIN programme for 2024/25 and 2025/26.



Reviewing standards

To ensure that we are consistently providing services to the required standards, the Maidstone and Tunbridge Wells NHS Trust supported a number of reviews of its services undertaken by external organisations during 2024/25, including the following:

- General Medical Council – Trainee and Trainer Survey Mar - May-24
- Kent and Medway Medical School – Undergraduate Annual Quality Visits Apr-24
- CQC Inspection of compliance against Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) in Nuclear Medicine (inc Nuclear Medicine Physics) May-24
- Environmental Agency (EA) Inspection of compliance against Environmental Permitting Regulations (EPR) permit for Open Sources, Maidstone Hospital (Nuclear Medicine and Nuclear Medicine Physics) Jun-24
- King's College London – Biannual Undergraduate Quality Visit Jun-24
- Microbiology United Kingdom Accreditation Service (UKAS) surveillance visit against International Organization for Standardization (ISO) 15189:2012 and transition assessment against ISO 15189:2022 standards Jun-24
- Senior Leader Conversation - NHSE Education Quality Intervention Jun-24
- Blood Sciences UKAS surveillance visit against ISO 15189:2012 and transition assessment against ISO 15189:2022 standards Jul-24
- EA Inspection of compliance against EPR permit for Sealed Sources, Maidstone Hospital (Nuclear Medicine Physics and Radiotherapy Physics) Aug-24
- Cellular Pathology UKAS surveillance visit against ISO 15189:2012 and transition assessment against ISO 15189:2022 standards Oct-24
- Human Tissue Authority (HTA) Unannounced Inspection. This included all areas and departments covered by the Human Tissue Authority (HTA) license Oct-24
- South East External Quality Assurance (EQA) Scheme surveillance visit against ISO 17043:2010 and transition assessment against ISO 17043:2023 Oct-24
- CQC Maternity Inspection Tunbridge Wells Hospital Oct-24
- Kent and Medway Medical School – Undergraduate Annual Quality Visits Nov-24
- Regional Quality Assurance of Aseptic Preparation Services assessment Nov-24
- CASPE ((Clinical Accountability, Service Planning and Evaluation) Healthcare Knowledge System (CHKS)) (CHKS Healthcare Accreditation and ISO 9001 certification) Kent Oncology Centre Feb-25
- NHSE Screening Quality Assurance Service (SQAS) Audit of Medical Physics to NHS Breast Screening Programme (NHSBSP), Radiation Physics Mar-25



External auditors

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

TIAA undertook eleven reviews in total, all of which were assurance reviews. Two assurance reviews provided substantial assurance, seven provided reasonable assurance and two provided limited assurance. There were no reviews that received no assurance.

TIAA made 51 recommendations following the reviews of which eight were urgent, 17 were important and 26 were routine.

All TIAA recommendations were reviewed by MTW and actioned as appropriate.

Internal reviews

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





- Internal assurance inspections (based on the CQC methodology) with participation from our patient representatives and quality leads from the NHS Kent and Medway Integrated Care Board (ICB).
- Internal Patient-Led Assessments of the Care Environment (PLACE) 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 our executive led oversight groups, within our governance structure and monitored accordingly.

PLACE 2024

PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the facility's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

MTW participates in PLACE, these are our results against the national averages for 2024:

	Cleanliness	Combined food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
MTW	98.16%	90.49%	93.78% 	97.20% 	88.51% 	91.15% 
National average	98.31%	91.32%	88.22%	96.36%	83.66%	85.20%

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 2024/25 MTW participated in eight (100%) relevant confidential enquiries and 92% (58/63) of all relevant national clinical audits. During the same period, MTW staff successfully completed 180 clinical audits of the 219 due to be completed (local, national and multi-centre studies) to action plan stage.

Action 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 2024/25, 50 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 36 of the national clinical audits and confidential enquiries that were published in 2024/25 and a further 33 national clinical audits and confidential enquiries that had been carried over from 2023/24. 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 2024/25 can be found in Appendix A.

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

Examples of the actions developed for the 69 national clinical audits and confidential enquiries that were reviewed by the Trust in 2024/25:

National Clinical Audit	Improvements to be implemented
HQIP National Heart Failure Audit 2022/23	To ensure patients at Tunbridge Wells Hospital have access to cardiology input, create a robust referral and review process and increase the number of heart failure nurses at the Trust.
National Pancreatic Cancer Audit 2024	Create a focus group to examine the Upper Gastrointestinal/Hepatobiliary pathway and make changes to enable the Trust to achieve the faster diagnosis standard.
National Audit of Dementia 2022/23	Investigate changing to NHSE e-learning for healthcare (elf-h) national training packages for Tier 1 via e-learning. The content would be Dementia Awareness and Raising Awareness of Delirium. Also, Tier 2 content should be updated and delivered either face to face or via e-learning. This should be mandated as face to face at least once every six years.
	The 'This Is Me' document should be routinely offered to patients, family members, and carers. It should always be kept with them and read, reviewed and updated regularly. The patient's 'This Is Me' document should be uploaded to the hospital's electronic patient record and an alert added to highlight the document.
National Audit of Inpatient Falls 2023/24	Carry out a thorough review of the current policy to ensure it aligns with the anticipated new national guidelines, due for release between March and April 2025. This process should include examining any proposed changes, considering their impact on existing protocols, and identifying any necessary updates to uphold best practices and remain compliant with national standards.
NCEPOD Endometriosis Study	Arrange teaching to enhance awareness for other healthcare doctors while attending surgical theatres.

Examples of the actions developed for the 111 local clinical audits and multi-centre studies that were reviewed by the Trust in 2024/25:

Local Clinical Audit	Improvements to be implemented
Re-audit of compliance to the swab counting policy in the Delivery Suite (Tunbridge Wells Hospital)	Amend the language on the current swab counting proforma.
	Escalation of non-compliance of individual to be agreed by Directorate Triumvirate and shared with all staff.
Cycle 3: Glasgow Imrie scoring for acute pancreatitis	Each new cohort of Foundation trainees to be educated on the Glasgow Imrie scoring proforma during education programme.
Theatre Environmental Audit (NG125 (National Institute for Health and Care Excellence (NICE) Guideline number 125))	Establish a timeframe to allow for the Estates and Facilities teams to carry out essential maintenance work and deep clean of the entire department.
	Implement robust cleaning schedules with clear staff responsibilities (including for items stored in corridors). Theatre staff to be made aware of their cleaning responsibilities and schedules. Managers to educate staff during team meetings.
Re-audit of radiation and protection education	Develop clear guidelines on how to communicate radiation risks to patients, including addressing the ongoing debate on whether formal consent for computed tomography (CT) scans should be required.
Compliance of routine screening investigations at presentation for children with newly diagnosed Type 1 Diabetes	Create pre-order set for diabetes blood screening.
	Update the discharge checklist.
Fluid Balance and urine dipstick compliance	Secure funds to order more scales, wet pads and urine collection packs to ensure there are appropriate quantities for each clinical area.
	Create an electronic version of the hydration assessment on the Fluid Balance Chart on Sunrise. This will allow for the cumulative balances to be automatically calculated and ensure all relevant patient details are present.



Research and Innovations

The focus for 2024/25 has been on investing in our research clinical delivery teams, to offer greater research opportunities to patients in a number of specialities, including brain cancer, neonatology, paediatrics and diabetes. Research clinical delivery teams are made up of nurses, midwives, allied health professionals and clinical research practitioners who support hospital staff to deliver patient centred care, increasing patients' treatment options, and offering more choices in the management of disease. Investment in research staff corresponded with an increase in the number and breadth of studies undertaken, and a record number of patients benefitting from trials. In 2024/25 MTW recruited over 8,500 patients to trials, far exceeding the 6,000 recruited in the previous year.

MTW clinical teams were recognised, regionally and nationally, throughout the year, for their high quality research delivery. Examples include:

- The Emergency Departments have consistently been top recruiters in the UK for the Distal Radius Acute Fracture Trial 3 (DRAFT3) CASP (CAst versus Splint) study (headed by Oxford University). The study investigates whether a splint works better than a cast for patients with simple wrist fractures. The teams were also recognised as 'research heroes' and won an award in November 2024 for their high quality of data and recruiting patients 24 hours a day.
- The Trauma and Orthopaedic Department gained recognition for being the top regional recruiter to the BigBOSS study (headed by Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences (NDORMS)), a trial comparing different types of surgery for children with hip deformities, and the PIC Bone study (headed by Oxford University), collecting data about children with bone infections.
- The maternity team were celebrated for recruiting the 700th baby to the Digital Imaging versus Ophthalmoscopy (DiVO) study, (headed by Cambridge University starting August 2024). This study, popular with both maternity staff and parents on the postnatal ward, compared the standard eye examination for newborns with a new digital imaging device.
- Research midwives were recently invited to attend the National Preterm Birth Conference at the Royal College of Obstetricians and Gynaecologists (RCOG) for being in the top five recruiters in the whole of the UK for the PRESTIGE preterm birth study (headed by Imperial College, London).
- The Peggy Wood Breast Care Unit was commended in the National Institute for Health and Care Research Awards for their contribution to vital research projects across the region.
- Maidstone Hospital is the top recruiting site in the UK for the TIGER study (headed by Kings Health Partners) in Ophthalmology, comparing whether adding surgery to regular injections can improve vision for patients with bleeds at the back of the eye due to macular degeneration. MTW Ophthalmology Research Team are in the photograph below.



In response to the growing number of research trials being made available to patients, the Trust has modernised its study set up processes, to shorten approval times. In March 2025, we introduced a new paperless study set up process, which reduced the average study set up time to 58 days for non-commercial trials and 62 days for commercial trials, meeting the national performance target of 70 days.

The last year has seen significant growth in MTW clinicians designing their own research projects to address local health concerns. 22 projects are in development, several being multi-partner collaborations, in areas such as: Stroke, Oncology, Digestive Diseases, Emergency Medicine, Ophthalmology, Urology and Trauma and Orthopaedics. Several bids have been submitted to nationally competitive funding bodies.

In another one of our successful research studies, the Trust's Urology and Research teams (see photograph below), successfully delivered the TRANSLATE study, which compared 'transperineal' biopsy with the more traditional biopsy methods for patients with suspected prostate cancer. Working with colleagues at the University of Oxford, the team was central to both the study design and the development and introduction of the new technique at MTW.

Last year, the Research and Innovation Department supported 28 staff innovation projects, all looking to improve patient care through new innovative ways of working. MTW and collaborators successfully secured funding for an Acute Virtual Ward initiative which opened in March 2025 and is applying for funding to support a further eight innovation projects.

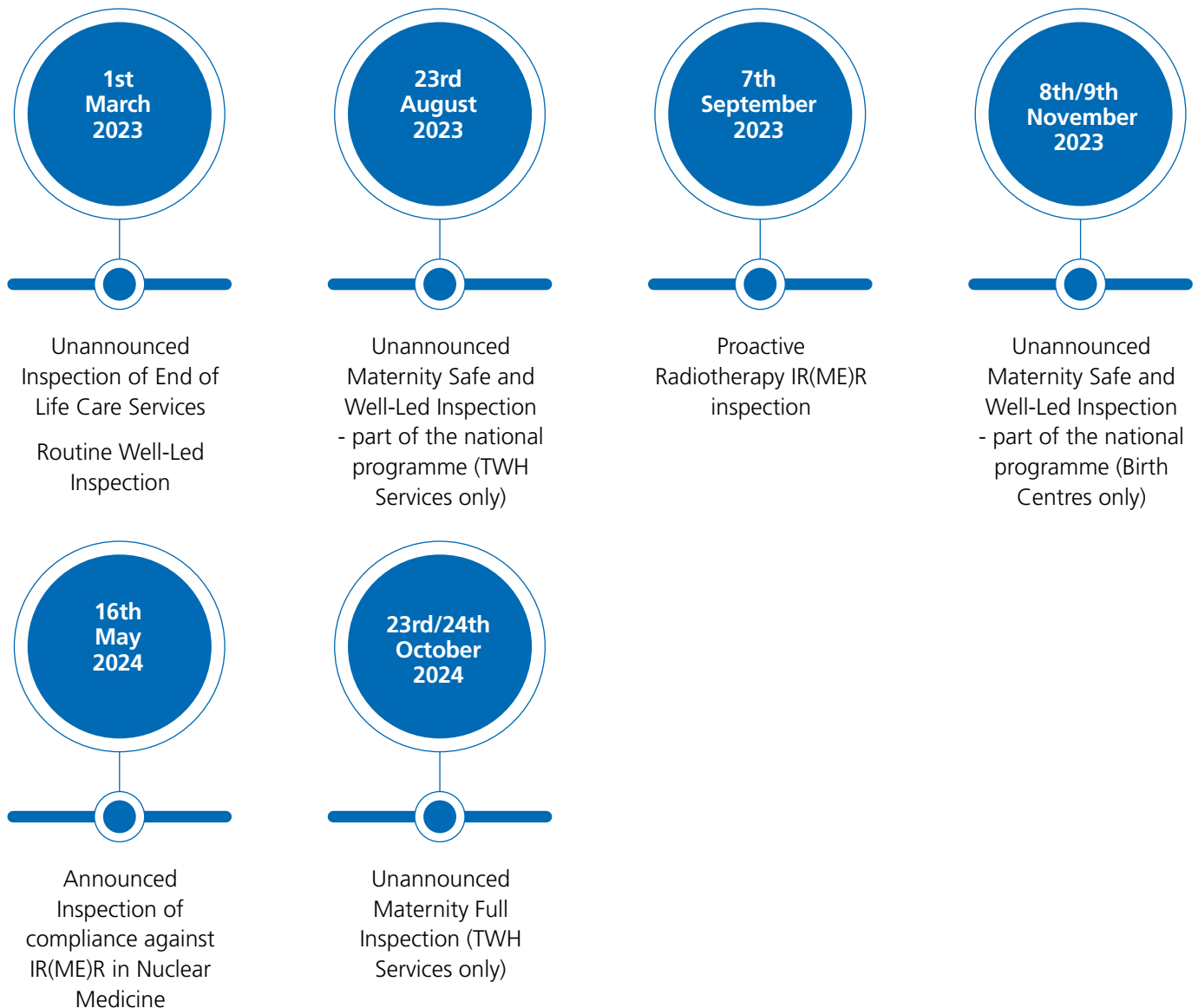
The department has invested in two new digital systems to help MTW researchers develop their projects. Staff can now access software to easily identify research funding opportunities and to access global real-world datasets to support projects involving 'big data' and machine-learning.

MTW has strengthened its research and teaching partnerships with the Kent and Medway Medical School (KMMS), and several schools at the University of Kent, (e.g. Sciences, Computing and Health Services) to support clinical academics in their careers and to boost research growth into 2025/26.



Statements from the CQC

Visits



The CQC inspected the Trust on two occasions in 2024 with the last visit in October 2024 to our Maternity Services at Tunbridge Wells Hospital (TWH).

This was a return visit after the inspection in August 2023 (as part of the CQC's National Maternity Programme) where our maternity service at TWH was inspected and the service was rated as "Inadequate", the CQC made a number of recommendations which focused on governance, processes and documentation in the Trust's maternity units. The Trust took steps to address all of these recommendations. We await the final CQC Report from the October 2024 Inspection.

Following an Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection in May 2024, the CQC reported that there were no areas identified where a breach had been found and therefore no actions were required. The report highlighted several areas of good practice including the licence management and training records held. They also stated that staff spoke at length about the clinical audits they have completed and presented to the department and at external meetings. The CQC Inspectors also saw evidence of good communication across the service and with third party providers.

The overall rating of Requires Improvement for the Trust remains unchanged and is based on the findings of the CQC's last comprehensive inspection in 2017.

Maidstone and Tunbridge Wells NHS Trust



Are services

Safe?	Requires improvement
Effective?	Requires improvement
Caring?	Good
Responsive?	Requires improvement
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 that its information is:

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

NHS Number and General Medical Practice Code Validity

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

- 99.8% (99.8% 23/24) for Admitted Patient Care
- 99.9% (100% 23/24) for Outpatient Care
- 99.3% (99.4% 23/24) for Accident and Emergency Care

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

Data Security and Protection Toolkit – Cyber Assessment Framework (DSPT-CAF)

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) ten data security standards. 2024-2025 sees the DSPT transition to include the Cyber Assessment Framework (CAF) and the inclusion of mandatory assertions to test compliance of organisational readiness and cyber resilience.

All organisations that have access to NHS patient data and systems must use the 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.

As part of our ongoing commitment to data security and governance, we acknowledge the transition from the DSPT to the DSPT-CAF.

This change aligns with evolving national standards and best practices to further enhance the security and resilience of our data systems.

The DSPT-CAF introduces a more structured and risk-based approach to assessing our cybersecurity measures, ensuring compliance with NHS and regulatory requirements. We are actively working to integrate these changes into our policies and procedures, reinforcing our commitment to safeguarding patient and organisational data.

We will continue to monitor developments and maintain transparency in reporting our progress, ensuring that data security remains a top priority within our quality improvement initiatives.

The deadline for the 2024/25 DSPT-CAF is 30th June 2025. The Trust continues with its preparations for the submission and has requested TIAA complete an independent audit of the evidence gathered by the Trust to support its submission.

The mandatory audit assertions are selected by NHS England and will test the evidence for completeness and validity.

In June 2024 the Trust submitted the annual return as 'Standards Met' marking significant progress in the Trusts action plan to deliver compliance across all areas of the DSPT.

The Senior Information Risk Owner, Data Protection Officer and Information Governance Lead regularly update the relevant committees and Trust Board, appraising of the progress of the DSPT-CAF and any relevant regulatory and governance updates affecting the organisation.



Clinical Coding

Code Type	Percentage Correct	Data Quality section of Data Security Standard 1 Level of Attainment	
		Standards met	Standards exceeded
Primary Diagnosis	97.0%	90% or above	95% or above
Secondary Diagnosis	93.5%	80% or above	90% or above
Primary Procedure	99.3%	90% or above	95% or above
Secondary Procedure	91.4%	80% or above	90% or above

The Clinical Coding Team at MTW have achieved “Standards Exceeded” in the Data Security and Protection audit for seven consecutive years, showing an increase in accuracy from 2023/24 for both secondary diagnosis and primary procedures.

Improvements:

We have expanded and continue to deliver our data quality improvement programme working closely with clinical colleagues. We are also working to ensure consistency in coding across Kent and Medway.



Part three



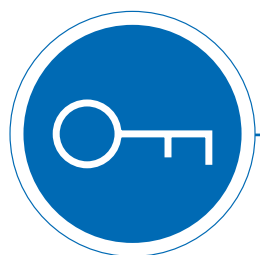
Results and achievements against the 2024/25 quality priorities

The information below summarises the quality improvement priorities we set out to achieve during 2024/25.



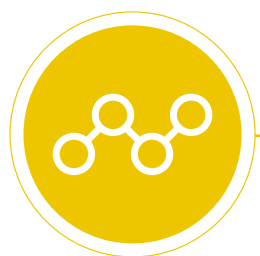
Patient Safety and Clinical Effectiveness

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



Patient Access

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



Systems and Partnerships

- Reduce the number of delayed inpatient discharges



People

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



Patient Experience

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






Sustainability


- Reduce our reliance on agency staff

Patient Safety and Clinical Effectiveness

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?
Reduce significant avoidable harm	<ol style="list-style-type: none"> 1. We will reduce significant avoidable harm to 0.7 per 1000 bed days (for all severe and above harm). 2. We will redesign and launch a revised suite of reporting categories to better identify deteriorating patient type incidents by the end of July 2024. 	<ol style="list-style-type: none"> 1. We reduced significant avoidable harm to 0.2 per 1000 bed days (for severe and above harm). 2. The redesigned suite of reporting categories launched in April 2024 have significantly improved the oversight of themes and trends from incidents and this data feeds into divisional quality governance dashboards and into the patient safety oversight group on a monthly basis. 	 Completed, achieved
Embedding and delivering PSIRF	<ol style="list-style-type: none"> 1. We will roll out PSIRF. 2. We will complete a deep dive review at year one of PSIRF and a refresh of the MTW Patient Safety Incident Response Plan (PSIRP) as required. 	The PSIRP plan deep dive and refresh was completed in February 2025 and submitted to the PSIRF executive leads for review and sign off and this launched in April 2025.	 Completed, achieved
Complete the implementation of EPMA Project	<p>With the implementation of EPMA by March 2025 the following will be managed electronically:</p> <ol style="list-style-type: none"> 1. 85% of all prescribing of drugs by doctors and/or non-medical prescribers. 2. 95% stock management of drugs, on ward. 3. 85% of dispensing of discharge medications. 4. 100% of EDN (electronic discharge notifications) sent to GP. 	EPMA has been successfully rolled out removing the use of paper drug charts in all adult inpatient wards.	 Completed, achieved


What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Implement unified Maternity Improvement Project	<ol style="list-style-type: none"> 1. We will implement a unified Maternity Improvement Project to improve upon how we both measure outcome data and our maternity outcomes within our maternity services. 2. Our maternity services improvement work will return the service to an improved CQC rating by June 2025. 	<ol style="list-style-type: none"> 1. Maternity improvement plan developed in response to CQC Section 29A of the Health and Social Care Act Warning Notice received 31 October 2023 and the key "must" and "should" do actions highlighted in the publication of the CQC reports for Maternity services at Tunbridge Wells Hospital on 26th August 2023 and Maidstone and Crowborough Birth Centres on 8/9th November 2023. The improvement project has made significant progress in the last year, with further work to be embedded in 2025/26. 2. Awaiting CQC report with expected improved rating. 	 Completed, achieved



Patient Access



What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Patient portal - improve how we communicate with our patients	The patient portal will allow us to improve patient-provider communication through secure messaging, and increased patient participation in healthcare decisions.	<p>By January 2025, 145,000 patients have registered on the portal with an average of over 22,000 weekly active users.</p> <p>As at 12th January 2025, 180,000 letters have been read on the Patients Know Best portal (PKB) within 72 hours (around 74% of the total sent to registered patients) equating to a saving of over £152,000 and over 520,000 sheets of paper/printing saved.</p> <p>At the end of December 2024 over 9,000 requests to cancel or reschedule appointments have been processed via the portal.</p> <p>"Did not attend" rates sit at 3.97% for PKB registered patients and 6.33% for unregistered.</p>	 <p>Completed, achieved</p>
Access to care	<ol style="list-style-type: none"> 1. We will ensure that we achieve all constitutional patient access standards. 2. We will work to achieve the planned levels of new outpatient activity shown as a percentage of 2019/20. 3. We will achieve the Trust referral to treatment (RTT) trajectory by March 2025. 	<p>The Trust priority to achieve the planned levels of new outpatients activity shown as a percentage of 2019/2020 has passed the target and the priority was changed in July to focus on length of stay (LOS) in line with the cost cutting themes introduced as part of the Trust's financial recovery.</p> <p>The RTT has not been achieved, but all specialities have developed improvement plans through the "Get It Right First Time (GIRFT) further faster programme."</p>	 <p>Ongoing, partially achieved</p>

Systems and Partnerships

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Reduce the number of delayed discharges	<ol style="list-style-type: none"> 1. We will work to ensure that no patient resides in an acute hospital bed who needs care that can be provided in another setting. 2. We will decrease the number of occupied bed days to 3.5 days (per 1000) for patients identified as no longer fit to reside. 3. We will increase the number of patients leaving our hospitals by noon on the day of discharge. 	<p>Work was undertaken to improve the following:</p> <ul style="list-style-type: none"> • Improve board rounds • Implement a process for criteria led discharge • Improve the EDN on Sunrise to streamline the process for clinicians. <p>This metric was stood down in July 2024 and the work picked up as part of the LOS work for financial recovery cost cutting themes:</p> <ul style="list-style-type: none"> • Further work on board rounds • Meeting developed to facilitate earlier discharges for straight-forward cases where additional support is not required • East Sussex escalation pathway developed for pathway 3 patients. 	 <p>Ongoing, partially achieved</p>



People



What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Improve our staff retention rates	<ol style="list-style-type: none"> 1. We will increase the number of employees with flexible working patterns recorded on our electronic staff record (ESR). 2. We will pilot fit for purpose hybrid working spaces in agreed non-clinical sites 	<p>The Trust-wide turnover rate currently sits at 10.4% against a target of 12%.</p> <p>This metric was stood down for areas of improvement to support financial recovery to focus on a reduction in temporary staffing spend.</p>	 <p>Completed, achieved</p>
Achieve a Trust-wide vacancy rate of 7% or less	<ol style="list-style-type: none"> 1. We will improve upon the number of substantive employees working within the Trust. 2. We will achieve a Trust-wide vacancy level of 7% by the end of the 2025/26 financial year. This would move MTW into one of the top performing NHS trusts in the South East. 	<p>The Trust-wide vacancy rates achieved against the revised target of 8% .</p> <p>These metrics were stood down for areas of improvement to support financial recovery to focus on a reduction in temporary staffing spend.</p>	 <p>Ongoing, partially achieved</p>




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 new Experience of Care Strategy

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
We will reduce the number of negative communication themed complaints	<ol style="list-style-type: none"> 1. We will reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients' experience. 2. We will reduce the overall number of complaints or concerns each month to a target of 24 by March 2024. 3. We will work towards having a zero occurrence of negative communication themed complaints. 	<p>Complaints and concerns are currently experiencing common cause variation and overall complaints have risen slightly but the increase is in line with increased activity.</p> <p>We are continuing to work towards reducing negative communication themed complaints, and there continues to be oversight of this at the experience of care group</p> <p>The Experience of Care Strategy was launched in 2024, and sets out the the four domains that the Trust will work on following feedback from patients, carers relatives and other stakeholders. The domains are: Communication (We will improve how we communicate, listen and respond), Involvement (Patients and families will be central to decision-making), Partnerships (We will deliver locally-based and accessible services) and Culture (We will deliver care with kindness and compassion).</p>	 <p>Ongoing, partially achieved</p>
Mental Health in Acute Care	<ol style="list-style-type: none"> 1. We will have fully implemented our new governance structure to oversee the quality of care offered to those in our care with mental health conditions by May 2025 2. We will have embedded our Improvement Project and have an established Mental Health Oversight Group 3. We will develop and launch a new Mental Health Strategy 4. We will commit to investing long term in a lead for mental health role. 	<p>The Mental Health Committee has been established to provide ongoing governance to oversee the quality of care. Project scope expanded to incorporate all enhanced care needs and patients at risk.</p> <p>A data dashboard was created to provide oversight which includes information on enhanced care needs.</p> <p>The Mental Health Strategy is in development.</p> <p>The Head of Mental Health role was recruited to.</p>	 <p>Completed, achieved</p>

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Quality Assurance Framework	<p>We will implement a new Quality Assurance Framework at MTW. By July 2024 we will have:</p> <ol style="list-style-type: none"> 1. Relaunched a new peer review process at MTW. 2. Introduced a new digital CQC self-assessment process across the Trust including implementing improvement plans where gaps are identified. 3. Digitalised 20 local pre-existing quality checklists with live performance illustrated within each Division's dashboards. <p>By October 2024 we will have:</p> <ol style="list-style-type: none"> 1. Digitalised our oversight of guidelines within one MTW division. 2. Signed off a MTW Quality Assurance Framework policy that aligns with the above activity. 	<p>Peer review tools were built and piloted in two areas.</p> <p>CQC App was stood down and digital checklists developed in its place.</p> <p>37 quality checklists that, for example, measure compliance with standards for infection control, maternity swab counting and resuscitation equipment, were developed and deployed.</p> <p>Quality Assurance Framework Policy is in development. The work associated with this priority will continue as "business as usual".</p>	 <p>Completed, achieved</p>



Sustainability

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
We will reduce our reliance on agency staff	We will achieve the 2024/25 budget for agency and bank expenditure by March 2025.	<p>As part of the Financial Improvement Programme, a number of actions were taken to support the reduction of temporary staffing spend including; increased pay controls with robust approval processes, improved rostering monitored through confirm and support meetings, development of a dashboard to provide data down to ward/department level, regular finance meetings focussing on pay spend, holding of Agenda for Change (AfC) bank rates following a comparison of rates at other local trusts.</p> <p>Temporary staffing spend, both agency and bank, has reduced throughout 2024/25 whilst substantive pay has remained stable.</p>	 Completed, achieved



Further review of quality performance

MTW's virtual ward model

The MTW Virtual Ward pathway is set to become the focus of a special evaluation aiming to see how MTW's model can be replicated across the NHS, following the award of funding from the Small Business Research Initiative (SBRI).

The funding from SBRI, in partnership with the Health Innovation Network Kent Surrey Sussex, was awarded to Luscii which powers our Virtual Ward service. The service is supported by a team of clinical staff in our centralised Virtual Ward Monitoring Hub, who monitor and deliver care to suitable patients in their own home for as long as necessary.

The service has been live since December 2023 and runs 24 hours a day, seven days a week and not only supports patient flow across our sites, but also improves the experience of patients, who are able to receive care in the familiarity of their home, rather than in hospital, helping to reduce stress and anxiety.

The funding, which supports innovations that are ready to scale and make a meaningful difference to urgent and emergency care, will see the start of a 12-month evaluation to better understand who benefits the most from virtual wards, the challenges that need to be addressed and the environmental and financial benefits.

Following the evaluation, MTW will work collaboratively with partners including Luscii, Health Innovation Network Kent Surrey Sussex, Unity Insights and patient and public stakeholders to co-create a replicable, evidence-based blueprint that NHS organisations across the country can follow, so that more patients are able to have access to the service.




To kickstart the project, our partners recently joined MTW representatives including colleagues from our Virtual Ward team, Research and Innovation and Business Intelligence at a special workshop at Maidstone Hospital in March 2025 to set out objectives and plan out the first steps of the evaluation.

Our Hospital Avoidance Lead and Virtual Ward and Discharge Lounge Matron, Fay Johnstone, said: "Our virtual ward has already shown it can improve patient flow and support safe care at home. This evaluation will help us understand what's working, where we can improve, and how we can share our learning with the wider NHS."




Cecilia Price, Luscii's Impact Specialist, added: "MTW's approach to acute virtual care has already benefitted thousands of patients in West Kent, and we believe it could be a game-changer for the wider NHS. With this funding, we have the opportunity to gather the real-world evidence needed to spread and scale this model, in a way that's equitable, impactful and sustainable."








Emergency Department

Quality performance standard	Trust results	How did we do?
95% of patients should be seen, treated, admitted or discharged within four hours of arrival in Emergency Departments (ED).	82.81% of patients were seen, treated, admitted or discharged within four hours of arrival in ED.	 Ongoing, partially achieved
50.0% of patients arriving in the Emergency Departments to be treated within 60 minutes of arrival.	60.6% of patients arriving in ED were treated within 60 minutes of arrival.	 Completed, achieved
95% of patients arriving in the Emergency Department should be assessed within 15 minutes of arrival.	61.4% of patients arriving in the ED were assessed within 15 minutes of their arrival.	 Ongoing, not achieved

Cancer waiting time targets

Quality performance standard	Trust results	How did we do?
28 day Faster Diagnosis - 75% of patients to be told that they either have a diagnosis of a cancer, or a non-cancer diagnosis within 28 days of referral.	For the eleven-month period from April 2024 to February 2025, the Trust achieved 76.9%	 Completed, achieved
31 day Treatment - 96% of patients with a diagnosis of cancer to start their first definitive treatment (FDT), or any subsequent drugs, radiotherapy (RT), or surgery within 31 days of decision to treat (DTT).	For the eleven-month period from April 2024 to February 2025, the Trust achieved 96.9%	 Completed, achieved
62 day Referral to Treatment - 85% of patients referred as an Urgent Suspected Cancer, OR as a Breast Symptom referral, OR through a Screening Service, OR with a Rare Cancer Diagnosis, OR as an Upgrade to start their FDT within 62 days of referral.	For the eleven-month period from April 2024 to February 2025, the Trust achieved 85%	 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 (patients who have been referred on to consultant-led RTT pathways, but whose treatment had not yet started at the end of the reporting period) should be treated within 18 weeks.	74.09% of patients on an incomplete pathway were treated within 18 weeks.	 Ongoing, partially achieved
Cancelled operations standard: <0.8% of operations should be cancelled at the last minute.	0.8% of operations were 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	97.54% of patients who were admitted to hospital were risk assessed for VTE on admission (provisional figure for Q1 to Q4).	 Completed, achieved
Reducing the number of patient falls	The Trust average was 5.8 falls per 1000 occupied bed days (OBDs) in 2024/25. The Trust target was 6.36 falls per 1000 OBDs or less. This was achieved in 10 out of 12 months for 2024/25.	 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.	April 2024 - February 2025, 70.6% patients who have had a stroke spent 90% of their time on a dedicated stroke ward.	 Ongoing, partially achieved

Patient First Improvement System (PFIS)

Since its implementation over two years ago, the Patient First Improvement System (PFIS) has seen in excess of 440 staff trained as improvement practitioners and this translates to 87 multi-disciplinary teams across all clinical and corporate divisions. These teams have 87 physical or virtual improvement huddle boards and across them all have raised over 1200 improvement tickets. A third of these tickets have a direct impact on improving the patient experience, and hundreds more are in active progress. Benefits range across patient experience, staff experience, quality improvement and the use of resources. The aim of PFIS is to ensure all staff feel empowered and supported to make continuous improvements and this system trains them in Lean methodology and coaches them to use improvement tools. Fordcombe and Wells Health have also seen their senior leadership team recently trained in Patient First and have an active leadership improvement huddle-board to target efficiencies in their services. Work is also underway with the Trust's Volunteer Services, to enable them to participate and encourage patient involvement. The Patient First System is also included as a key enabler to supporting several cultural change elements of the Peoples Promise.

Our communications team feature a patient first spotlight article every month in MTW News that focusses on one of our trained teams and the improvements they are undertaking through their huddle boards.

Further cohorts of Patient First will continue to run through 2025 which will see approximately 700 people trained by the end of the year.

Our PFIS and the journey of our organisational capability building will be presented at the International conference of Quality and Patient safety this year. This is a British Medical Journal/Institute of Healthcare improvement conference. We will have a poster on display to present and will have an article published in the BMJ this year.

PFIS improvement projects have included:

- The Radiotherapy team have now gone paperless making processes more efficient and optimising resource management while also reducing costs.
- Community maternity support workers are attending a tongue tie assessment course, to ensure more staff are trained to diagnose the condition, ensuring a faster referral process and treatment for newborns.
- All steps of the referral process for the Virtual Ward have now been digitised, saving time and resources, while also streamlining the service and aligning it with the Trust's Green Plan.

- Patients undergoing radiotherapy treatment were previously not being told in advance if equipment was running late. Staff are now proactively managing a patient's schedule and updating patient communication screens in the event that machines are running late, improving the patient experience.
- Joint Advisory Group (JAG) accreditation shows rigorous, high-quality standards are met to support delivery and improvement of endoscopy services, and also allows the Trust to continue operating as the endoscopy training hub for Kent and Medway. JAG reassessment is required every five years and the PFIS methodology has helped ensure the Endoscopy team are clear on their role and expectations, making sure high-quality evidence has been provided to the assessors.
- Midwives on our Antenatal ward were unable to give presentation scans, which check a baby's position, due to a limited number of midwifery staff with the relevant training. This meant the team were reliant on the availability of doctors. Scanning training sessions have now been held for all midwives on the unit, enabling them to carry out the scans.
- The Short Stay Surgical Unit now has the ability to dispense a strong pain killer directly to patients who were prescribed it late in the day. This means patients no longer have to wait overnight for Pharmacy to dispense the drug.



Improving quality oversight - patient safety

Our patient safety journey with the InPhase Oversight system

- There has been a large-scale transition from multiple quality management platforms onto the InPhase system as a central database to improve data oversight and triangulation of quality data.
- Since the launch of the InPhase System in 2023 and streamlining of the reporting form design the Trust has seen a significant increase in incident reporting culture which has continued throughout 2024/25.
- We have held a number of awareness stands regarding the InPhase system and have received positive feedback from staff on ease of access to report.
- On the 1st April 2024 we launched a new category coding set (CCS) on InPhase replacing the historic, lengthy and repetitive CCS used on the previous system. This large scale change has improved accuracy of incident categorisation and oversight of key patient safety issues, improving reporting of data themes and trends into our various patient safety committees. This new category set was produced based on a thematic review of four years' worth of patient safety data completed as part of our transition to PSIRF.
- This work has had a positive impact in making the reporting categories more bespoke and relevant to MTW which aids better oversight of themes and trends.
- Risks have been aligned to our Strategic Themes enabling escalation of risks from ward to Board with oversight from appropriate committees within the Trust's governance structure.
- To support increased oversight during PSIRF implementation a live dashboard was launched to support tracking of incidents against the PSIRP themes and the associated learning and safety actions identified.
- Each Division has a bespoke live quality dashboard to increase visibility and alignment of quality data across the Trust. Quality data is linked to our risks to support risk scoring and prioritisation capturing data from Central Alerting System (CAS) alerts, incidents, feedback and claims.
- The Care Coordination Centre who oversee the patient flow logistics across the organisation were involved in a pilot project to provide live oversight of key quality issues that would help to support the operational patient flow and bed management processes, such as live inpatient falls, violence, aggression and self-harming incident data. The live dashboard was launched in early 2024 with the goal of making improvements in patient safety and experience across our hospitals as well as helping to support staff experience. Live oversight of inpatient falls as they happen by ward area allows the Care Coordination Centre to carefully consider which wards to allocate high risk patients to as they move from our emergency department to an inpatient area.
- MTW won an award for innovation at the InPhase user group in October 2024 for the use of live dashboards to make swift decisions that enhance efficiencies and improve patient experience.
- As we approach year two of PSIRF the InPhase system has been further utilised to support live themes and trends from post fall reviews, supporting ongoing improvement work. The next steps will include utilising this same methodology for other patient safety priority areas such as VTE and pressure damage.
- To support oversight of improvement following patient safety incidents the digital quality checklist project was launched in 2024 to build a number of snapshot audits into the InPhase system to show live oversight of compliance for assurance and to identify areas of risk.



Quality Improvement Projects (QIPs) carried out by MTW staff that resulted in positive improvements

Emergency Button in Theatres: Implementation of the Red Tape

The aim of this QIP was to improve the visibility of the emergency buzzer in the Trust's theatres to ensure that colleagues could locate it more effectively during emergency cases where help is required.

A variety of staff who used the theatres were provided with a questionnaire before and after the addition of the red tape and in all staff groups; Anaesthetists, Operating Department Practitioners, Scrub Nurses, Theatre Support Workers, the awareness of the location of the emergency buzzer had improved.

The project showed that the implementation of the red tape increased staff awareness and ease of locating the emergency buzzer in theatres. During an emergency, the ability to call for help is paramount and the number one step to take when staff need assistance. This not only increases patient safety, but also provides staff with support when they are in a high stress scenario.

Treatment Escalation Plans Quality Improvement Project

The aim of this QIP was to improve the documentation and visibility of treatment escalation plans (TEP) for inpatients at MTW by creating new, standardised TEP documentation in Sunrise Electronic Patient Record (EPR).

For intervention one, the project leads created six TEP options designed to match the Intensive Care Society consensus on levels of adult critical care, which were added to Sunrise EPR in four different locations. These then went live and, for intervention two, feedback was requested to improve the documents enabling further amendments to be made before being set to live again.

Documentation levels were measured before the introduction of the electronic TEP proforma, and after both interventions. At baseline, 38.7% (209/540) of patients had a TEP completed and displayed on the tracking board. This increased to 64.6% (351/543) after intervention one (December 2024), and 78.1% (441/565) after intervention two (January 2025). Overall, the interventions completed as part of this project have resulted in a considerable improvement in the completion and appropriate documentation of TEP for patients at MTW. It is now compulsory to select a TEP option on the 'IP Post-Take Ward Round' document, so that all patients admitted will have a TEP documented on EPR. This will have a significant positive impact on patients and staff, ensuring patients receive an appropriate level of care and, hopefully, reduce inappropriate invasive interventions for frail, comorbid patients on the wards.

Widening Participation Quality Improvement Project: A mock multiple mini interviews (MMI) for medical school applicants in West Kent

The aim of this QIP was to provide an opportunity for mock medical MMI practice for students from local schools with limited current support, as part of widening participation.

Students from non-fee-paying schools in the local catchment area were invited to participate in mock MMI with facilitators who volunteered from the Trust's Resident Doctors. The mock MMI consisted of two circuits, each with six stations, designed by the project leads and peer reviewed by members of Medical Education. Once complete both the students and facilitators were asked for feedback on how to improve the process for future use.

The students completed a self-rating questionnaire before and after participating in the mock MMI which showed considerable improvements in understanding and confidence in all categories:

- Understanding of the MMI process;
- Confidence in answering questions under time pressure; Confidence in structuring answers to interview questions; Level of preparedness for their upcoming medical MMI.
- Delivery of a mock MMI programme for non-fee-paying school pupils significantly improved participant preparedness for MMI, therefore meeting our overall aim. Designed for easy replication, the initiative ensures long-term sustainability, while also promoting widening participation in medical education.

Complaints

Actions resulting from Complaints 2024-25

Medicine:

- Ensure that pain is reassessed following analgesia and the pain score is updated as appropriate. The Nurse in Charge will ensure that this is completed as part of their quality rounds. Ensure that call bells are within reach and a reminder to staff to answer the bell in a timely manner.

Surgery:

- Anaesthetist to review autism training and raise awareness amongst colleagues; ongoing work to integrate Autism Passports into electronic notes and raise awareness among staff to utilise.

Cancer:

- The Trust now has a Same Day Emergency Care pathway. This means that a patient can self-refer when experiencing a worrying symptom and by-pass Accident and Emergency.

Women's:

- Enable patients to sign the consent form for their upcoming surgical intervention in advance allowing them time to give full consent and ensure their post-operative pain is managed effectively.

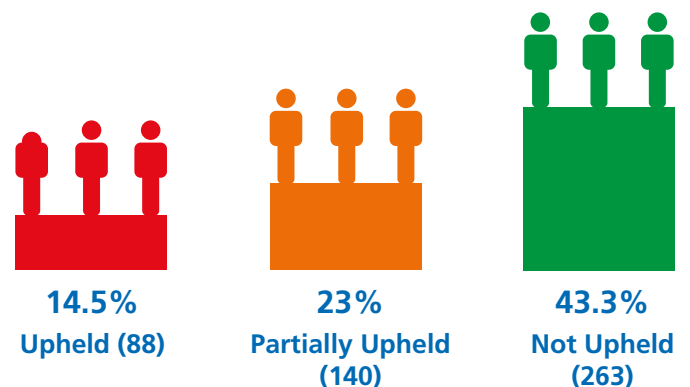
The number of complaints received has increased slightly over the previous year to 607. The team continue to promote family meetings particularly for complex clinical complaints. The team also introduced Early Resolution as a method of resolving complaints. This involves the service contacting the complainant by telephone to resolve their concerns and they are then sent a summary letter detailing the discussion and any agreed actions.

The Trust measures its performance in responding to complaints within 25, 40 or 60 working days (depending on the complexity of each case). This was achieved in 75.8% of the 607 complaints received meeting the Trust's target of 75%.

In quarter three of 2024-2025 a new measure was introduced when the team took on Wells Health (private patient) complaints which has its own timeframe for responding which is 20 working days. The Trust has received six complaints relating to Wells Health since November 2024.

The team closed a total of 608 complaints during 2024-2025 which is a significant improvement (27%) on 2023-2024 where 479 complaints were closed.

Complaints upheld, partially upheld or not upheld



117 complaints (19.2%) were resolved with advice, information or an apology and no further action was required.

PALS performance

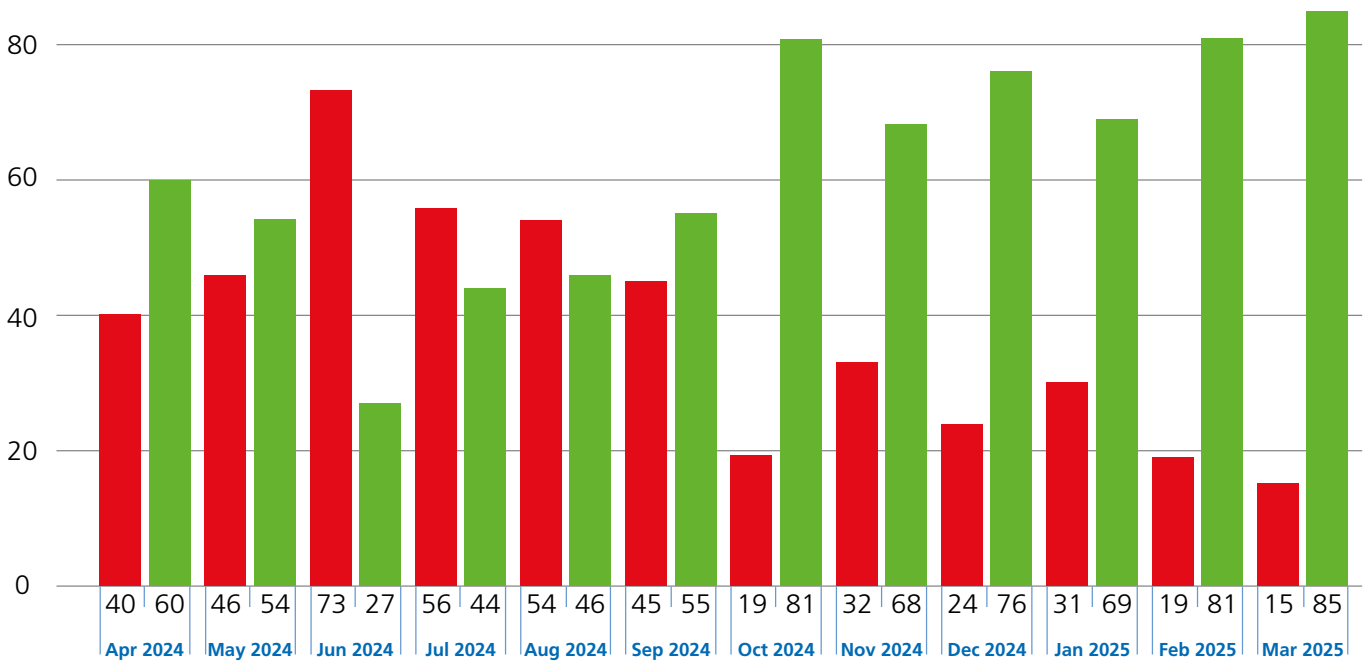
The Patient Advice and Liaison Service received 6,767 contacts in 2024-2025 and closed 6,752 contacts during that period. This remains consistent with the number of contacts received during the previous year (6,567). The main reason for contacting PALS were:

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

Patients are now able to submit concerns via the Trust's website and the Trust is also introducing a QR code to reduce the administrative burden on the PALS team.

Formal Complaints % Performance * This Financial Year

Replied Late Replied on Time



Patient experience surveys

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

National Patient Experience Surveys

The Trust participates in the national annual patient experience survey programme and undertakes all national surveys stipulated by the CQC each year. During 2024/25 the Trust participated in five national patient surveys: Maternity Survey, Inpatient Survey, Urgent and Emergency Care Survey, Cancer Patient Experience Survey and the Children and Young People's Patient Experience Survey.

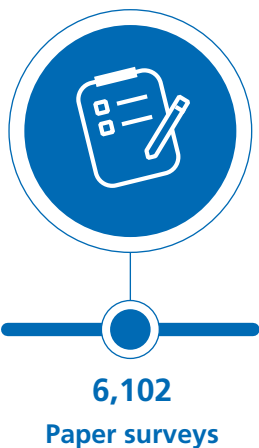
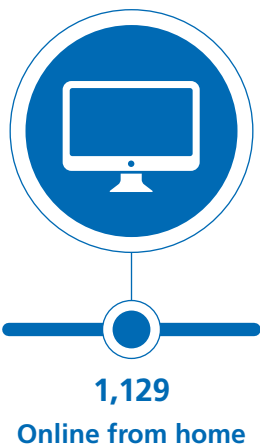
The surveys were undertaken by IQVIA as contractors for our Trust. At the time of writing the Trust is still in the fieldwork process for the Inpatient Survey and the Maternity Survey.

Friends and Family Test

The Trust utilises a multi-modal approach to gathering the FFT data; paper surveys, online surveys, QR code capture and text messages with a web link to ensure accessibility and inclusivity for all patients.

In the time period of 2024/25 there were 106,015 responses to the test. Of those, 90% of the respondents rated the care they received as very good and good.

How the results were received



Improving our workplace culture

With a workforce of over 8,000 staff across many sites, having a positive workplace culture is a top priority for MTW. We have focussed our attention on the delivery of the NHS People Promise to foster an environment which is inclusive and compassionate and where staff are engaged, high performing, creative and able to thrive.

Building on work underway through the People and Culture Strategy, the Trust was accepted onto the People Promise Exemplar Programme with a focus on embedding the People Promise elements into everything we do. Showcasing to colleagues at NHS England at the end of 2024 provided us an opportunity to demonstrate our progress in three key areas.

Staff Voice

- Developing an Employee Listening Strategy setting out our commitment to hearing the voices of all our staff
- Creating an Impact Council giving staff the opportunity to feedback on the issues affecting them the most
- Providing voiceboxes and listening events to support leaders to develop words into action

Kindness and Respect

- Creating a Kindness and Respect Action Plan including easily adopted interventions
- Reviewing incidents of bullying and harassment through a dashboard designed to create a safe and compassionate environment
- Providing more opportunities for staff to speak out through Freedom to Speak Up (FTSU) and our Safe Space Champions
- Supporting staff with our Psychological support service and Wellbeing Champions

Flexible Working

- Providing education and training to support managers to implement flexible working fairly across their teams
- Piloting team based rostering within the nursing and Allied Health Professional (AHP) teams to support innovative ways to create a good work life balance for staff
- Creating a new flexible working approval process and monitoring dashboard to support managers in making decisions

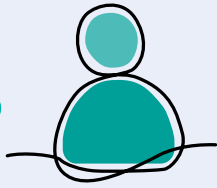
We know that recognition and reward play a key part in staff engagement and morale. With this in mind, we re-established our long service awards after a four-year post COVID hiatus. The MTW Milestones celebrated the dedicated service of 767 of our staff with 10, 20, 30 and 40 years of service to the NHS, with two of our staff recognised for 50 years' service.

Our Exceptional Leaders for All programme has attracted close to 800 leaders of all levels across all staff groups at the Trust since it began three years ago. Participating in Emerging, Developing and/or Strategic cohorts gives MTW leaders an opportunity to develop their leadership skills and mindsets to explore different ways of leading to achieve outstanding care for our patients and our people to make MTW a great place to work. The programme was shortlisted in the British Training Awards and a finalist in the Chartered Institute of Personnel and Development (CIPD) People Management Awards in 2024 and gained Institute of Leadership and Management (ILM) accreditation early in 2025.

To supplement this, we have created a Management Development Fundamentals course. Packed with robust tools and toolkits, the resources available support managers behaviour and knowledge to better manage their team and resources. Since launching in Autumn 2024, around 200 managers have benefitted from this learning with another 50 scheduled for the coming months.

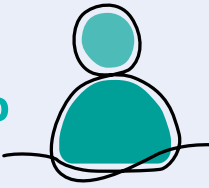
The results from the 2025 NHS Staff Survey

46%



**of substantive staff -
Response rate**

20%



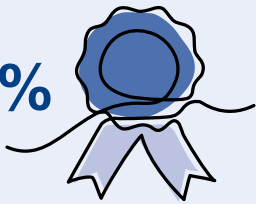
**of bank staff -
Response rate**

74%



**say we are
compassionate
and inclusive**

60%



**feel
recognised
and rewarded**

68%



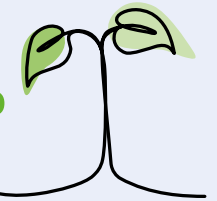
**feel
that we each have
a voice that counts**

62%



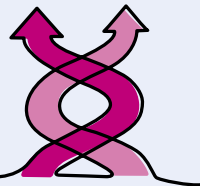
**feel
that we are safe
and healthy**

61%



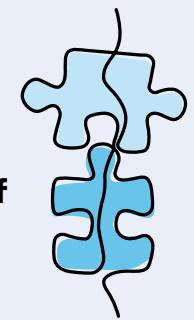
**say they
are always
learning**

64%



**say they
are able to
work flexibly**

68%



**feel part of
a team**

Highlights

- We have scored above the national average for acute trusts for all of the People Promise themes, plus the additional Staff Engagement and Morale themes measured by the survey
- For the second year in a row, staff feedback has ranked MTW one of the top ten hospital trusts in the country – and the second best in the South East – to work for
- Our scores are the highest so far for staff feeling safe and healthy and able to work flexibly and both Engagement and Morale scores have improved

Going Forwards

- We will continue to develop our leaders to build a compassionate and inclusive workforce
- We will embed talent management within our appraisals to provide our staff with clear career development pathways
- We will continue to find innovative ways to listen to our staff and act on feedback through our Listening Strategy
- We will build on the use of technology to enable our staff to work more flexibly

Equality, Diversity and Inclusion (EDI)

We believe that everyone deserves to be treated with fairness, civility, dignity and respect. Our commitment to Equality, Diversity and Inclusion is at the heart of everything we do as we continue to create an environment where everyone feels welcome, respected and able to contribute fully. We want our staff to have equal opportunities to make the most of their talents as we celebrate a wide range of backgrounds, experiences and perspectives within our workforce and in the communities that we serve.

We are in our final year of delivering our EDI strategy, the progress of which is monitored by the EDI Steering Group which in turn provides assurance to the Board.

The Trust is committed to supporting initiatives to not only improve staff experience but boost innovation, collaboration and organisational success by:

- Developing and investing in our staff networks to foster a more inclusive, supported and connected workplace - DisAbility network, MTWProud, Cultural and Ethnic Minorities Network, parental responsibility group, neurodiversity support group, clinically extremely vulnerable support group and menopause support group. We have recently re-launched our senior women's network to include all women, trans and non binary people at all levels of the organisation; launched a new Living with Cancer support group; a new Men's Health support group for sharing advice and experiences relating to physical and mental health; and an Armed Forces network
- Ensuring our minority staff are represented in decision making groups such as the EDI Steering Group, Health and Wellbeing Committee, Staff Impact Council and participating in stakeholder panels in the recruitment of senior staff within the organisation
- Developing and delivering a range of workshops to empower our leaders to recognise the impact of bias in recruitment decisions; the importance of cultural competence in a multi nationality workforce; and understanding the lived experiences of others to advocate for minority groups
- Focussing on utilising inclusive recruitment practices to address the gap in global majority representation in bands 8b and above
- Launching a third cohort of Reverse Mentoring which has extended mentoring opportunities to staff from the LGBTQIA+ community along with staff from ethnically diverse backgrounds and those with long term health conditions.

Our LGBTQIA+ community

We are committed to creating an environment where our LGBTQIA+ staff feel respected, supported and valued. Everything we do is designed to promote a more inclusive and equitable workplace that improves staff satisfaction, creativity and retention.

Our LGBTQIA+ network, MTW Proud, has gone from strength to strength with the appointment of a new committee – supporting the Chair is a Rainbow Correspondent and a Trans Support Coordinator and our Chief People Officer as a brand-new Executive Sponsor.

The network provides a platform for addressing concerns specific to the LGBTQIA+ community, with pastoral support for all members. The network is open to all LGBTQIA+ staff and allies, providing a safe space for all. They meet on a bi-monthly basis and host educational and social events throughout the year:

- Celebrated LGBT History Month with a weekly feature on Activism and Social Change – highlighting the individuals and movements that have fought for LGBTQIA+ rights across history
- Hosted the third MTW Pride event, visiting the majority of our sites over two days to talk about the network
- Joined other local NHS organisations in Canterbury and Margate Pride events walking under the banner "Pride in our NHS"
- Regularly attend Department meetings and inclusion events for staff to sign the Rainbow Badge pledge and talk about the importance of pronouns and gender inclusive language.



Our staff with long term health conditions and disabilities

We are committed to supporting staff with long term health conditions, those with disabilities and anyone who acquires a disability during their employment with us.

The DisAbility Network offers a safe space for staff to connect, share experiences and offer peer to peer support. It serves as a platform where members can openly discuss and address specific concerns related to disability and long-term chronic health conditions. Through the support and engagement of the members, the Network works towards influencing positive change for a more inclusive and equitable culture by removing potential barriers and empowering abilities.

Over the last year they have:

- Hosted stands during Disability History Month to promote the network and discuss how best to support staff with long term health conditions to flourish at work
- Promoted the benefits of using the staff health passport and supported line managers and staff to share their stories at the EDI Steering Group and in network meetings
- Begun an open dialogue with staff and managers around reasonable adjustments and have committed to making 2025-2026 the focus of easy and meaningful adjustments in the workplace
- Organised external guest speakers to attend network meetings on topics such as navigating Attention-Deficit/Hyperactivity Disorder (ADHD)
- Created a parking map for our Hospital sites showing accessible parking spaces
- Improved the accuracy of information regarding disability declaration rates on ESR
- Submitted the first Neurodiversity Employment Index which has provided us with benchmarking areas of good practice and improvements required.

Our black and ethnic minority staff

MTW boasts a diverse workforce, with over 25% of our employees coming from ethnic minority backgrounds.

The Cultural and Ethnic Minorities Network (CEMN) plays a vital role in supporting staff and serves as a trusted advisor to the EDI team in implementing initiatives, such as the third cohort of the Reverse Mentoring Programme.

Over the last year, they have:

- Developed a strategy with three strategic priority areas
 - Network leadership Development
 - Collaborative EDI Schemes
 - Celebrations and Engagement
- Continued to support staff across MTW from a well-being and career development viewpoint.
- Worked with Senior leaders across MTW to promote and influence EDI in MTW policies and processes.
- Collaborated with the Organisational Development team to create, procure, and implement a coaching development programme for women of colour across Kent and Medway. This programme concluded in a celebration event with participants developing the "Coaching in Colour" community of practice.
- Hosted two Black History Month (BHM) events;
 - MTW's Hidden Heroes Event: Six MTW staff members were presented with the MTW's Hidden Heroes Award, recognising their contribution to promoting equality, diversity and inclusion at MTW and working within their roles going above and beyond.
 - Another BHM event in collaboration with the Chief Nurse where internationally educated staff at MTW shared their stories in their own words and celebrated their heritage.
- Built system-wide capacity mentoring the Kent and Medway NHS and Social Care Partnership Trust BAME Network to design and lead the Kent and Medway ICS Black History Month events
- Supported listening events with our Chief Nurse; hosted speaker events and
- Supported the third cohort of the reverse mentoring programme.



Freedom To Speak Up

Collaborative Working

The Freedom to Speak Up (FTSU) function at Maidstone and Tunbridge Wells NHS Trust continues to prioritise Education, Trust, and Validation as the foundational pillars of our service. We work in close collaboration with teams across the organisation to ensure concerns are raised promptly and responded to with care, empathy, and a focus on learning.

Regular meetings are held with every divisional triumvirate to maintain open lines of communication and ensure leadership is actively engaged with staff experiences. This proactive, system-wide engagement enables early intervention and helps to drive positive cultural change across the Trust.

Case Study

A colleague returning to work after a period of ill health encountered barriers due to a lack of agreed reasonable adjustments. Feeling unsupported and unsure where to turn, they accessed the Freedom to Speak Up service. Through informal resolution, we facilitated a conversation between the individual and their line manager, clarifying both the staff member’s needs and the manager’s responsibilities under the Equality Act. As a result, appropriate adjustments were swiftly implemented.

The individual remained in work, felt seen and supported, and the manager reported greater confidence in supporting colleagues with disabilities moving forward. This case highlighted how timely support and open dialogue can prevent escalation and support retention.

Our Strategic Focus

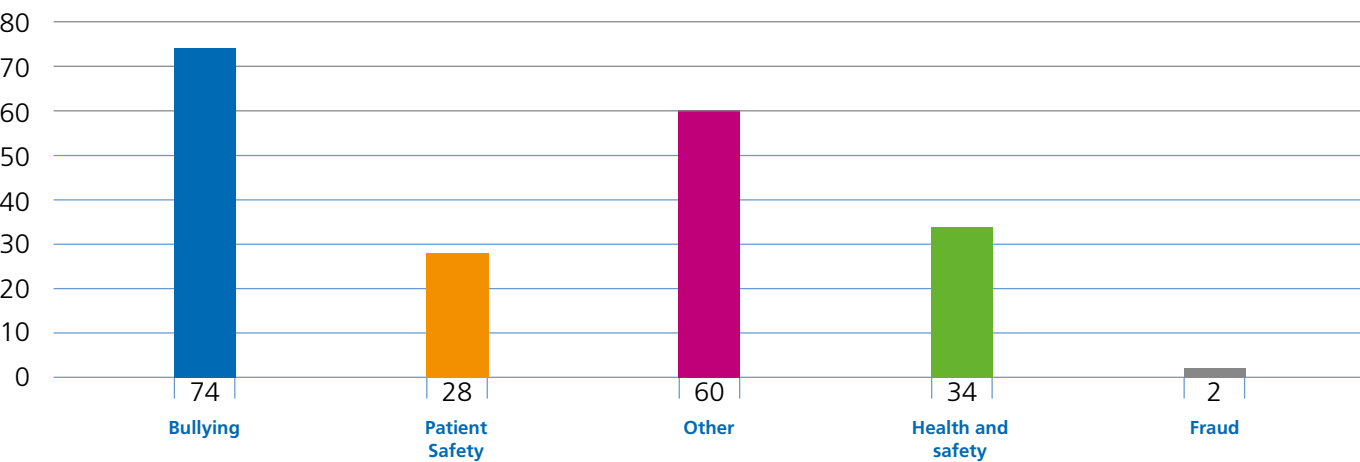
We remain committed to empowering staff to speak up with confidence, knowing their concerns will be heard, valued, and addressed. Our focus on Education ensures staff understand how and when to speak up; Trust underpins our confidential and responsive approach; and Validation reminds every member of staff that their experiences matter.

In response to themes emerging from recent staff survey results, we are expanding our targeted outreach to underrepresented groups and specific staff roles. This includes continued work to reduce barriers to speaking up for those experiencing digital poverty, working off-site, or in roles with limited access to senior support.

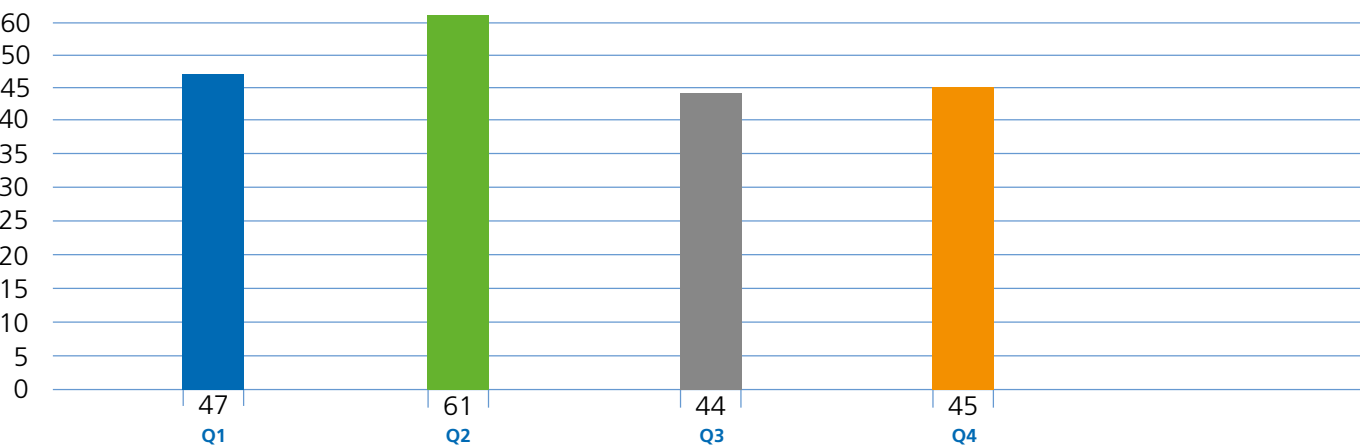
Our outreach, education sessions, and one-to-one engagements will continue to grow throughout the coming year, strengthening our culture of openness and support across all levels of the organisation.

2024-2025 Freedom to Speak up Statistics

Category



2024-2025 Contacts



Medical rota gaps

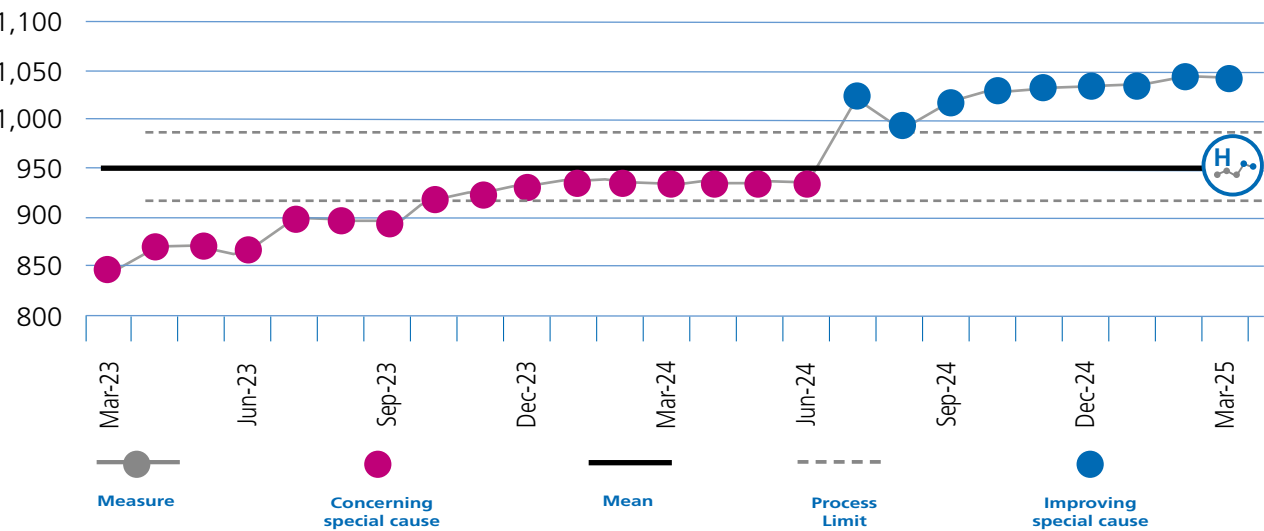
The overall fill rate of our training posts remains high. During the academic year 2024-2025, through the expansion and redistribution of training posts, the Trust were able to increase posts at Higher, Core and Foundation training levels across specialties.

We have a number of initiatives throughout our Departments which help support our rotas. These include programmes for Clinical Fellowships, Specialty Doctors undertaking the Portfolio Pathway and Chief Medical Registrar roles. Advanced Practitioner and Physician Associate roles continue to be recruited to and provide multi-professional support to our services.

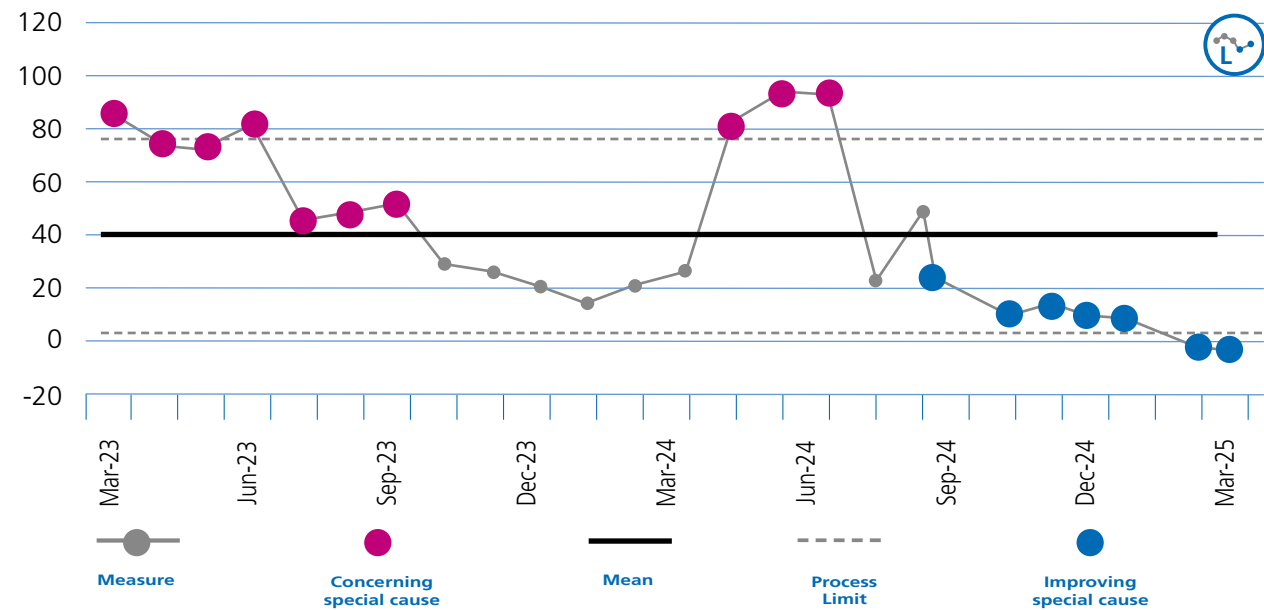
The Guardian of Safe Working reports to the Board on any rota issues that may have been identified by Resident Doctors through exception reporting which is a mechanism used to inform of variations to their scheduled work.

Maidstone and Tunbridge Wells NHS Trust have made a concerted effort over recent years to increase the overall level of medical staffing and at the same time reduce the vacancy rate for doctors and allied health professionals. Our medical workforce has grown from around 800 in February 2022 to over 1,038 in February 2025.

Staff in post



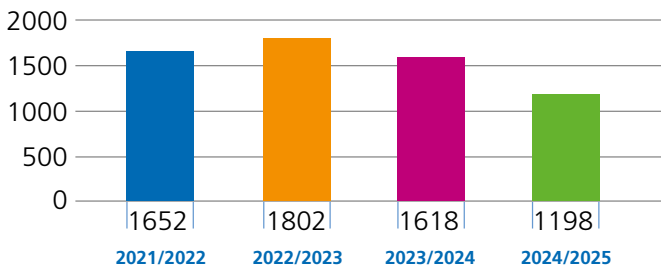
Vacancy rate



Learning from deaths (mortality reviews)

This year, the strategic focus on mortality has been to enhance learning from deaths. Every process formerly associated with mortality has been rebranded to Learning from Deaths. MTW is experiencing the lowest mortality rates compared to the last three years with 1,198 deaths occurring from April 2024 to March 2025.

Figure 1: MTW Deaths Year on Year March - April



Improvements in the Trust's learning from deaths performance can be attributed to three main areas

1. **Sharing learning from deaths:** How we learn, improve clinical practice and patient experience from deaths
2. **Mortality Reviews:** The stages of death review; Medical Examiner Service, Structured Judgement Review (SJR) process, and referral process to the PSIRF
3. **Mortality Indicators:** Hospital Standardised Mortality Ratio, Standardised Mortality Ratio (SMR), and Summary Hospital Level Mortality Indicator (SHMI).

1. Sharing learning from deaths:

In line with the focus to improve learning from deaths, the Mortality Surveillance Group has been rebranded to the Learning from Deaths Group (LfdG). Learning from poor care and good practices highlighted from cases reviewed at the LfdG continue to be shared with directorates via discussion from Mortality leads and via the Patient Safety Learning Hub on the intranet. Divisional Learning from Death reports, including mortality indicators and learning from SJRs are provided to divisions to be presented at Clinical Governance meetings monthly. Cases are also discussed at Clinical Governance meetings. Excellent care is recognised with communication to individuals and/or teams involved. Work has begun to establish a 'toolkit' to share safety messages including mortality, incidents and learning from excellent care across all staff. Targeted efforts will be made to share learning and implement changes when care falls short of optimal standards within Medicine and Emergency Care, where 85% of deaths occur.

Learning actions from deaths reviewed in 2024-2025 include:

- **Sepsis:** Sepsis emerged as a recurring theme identified through the learning from deaths process. Consequently, the Medical Examiner Service began to highlight cases scrutinised where sepsis was mentioned. A total of 67 cases were further reviewed by clinicians and will contribute to the Deteriorating Patient Corporate Programme with oversight from executive management.
- **End-of-life Care:** There is variation in the recognition of patients who are nearing end of life and the involvement of the palliative care team to support their care. There are instances of excellent care in this area and cases where delays in the recognition and communication of end of life has occurred
- **Patient Movement:** Moving of patients between sites and lack of speciality review on alternate sites have been highlighted as an area of improvement
- **Senior Input and Care Planning:** Senior input on ward rounds and early planning of care post discharge have also been raised as areas of learning
- **Communication:** Improved communication with patients and families/carers
- **Good multidisciplinary involvement in patient care** has been highlighted from Structured Judgement . Reviews (SJR)



2. Mortality Reviews:

The Medical Examiner (ME) Service became a statutory function in September 2024. All deaths within West Kent are required to be scrutinised by the Service. Since May 2024, 100% of in-hospital deaths have been scrutinised by the Service.

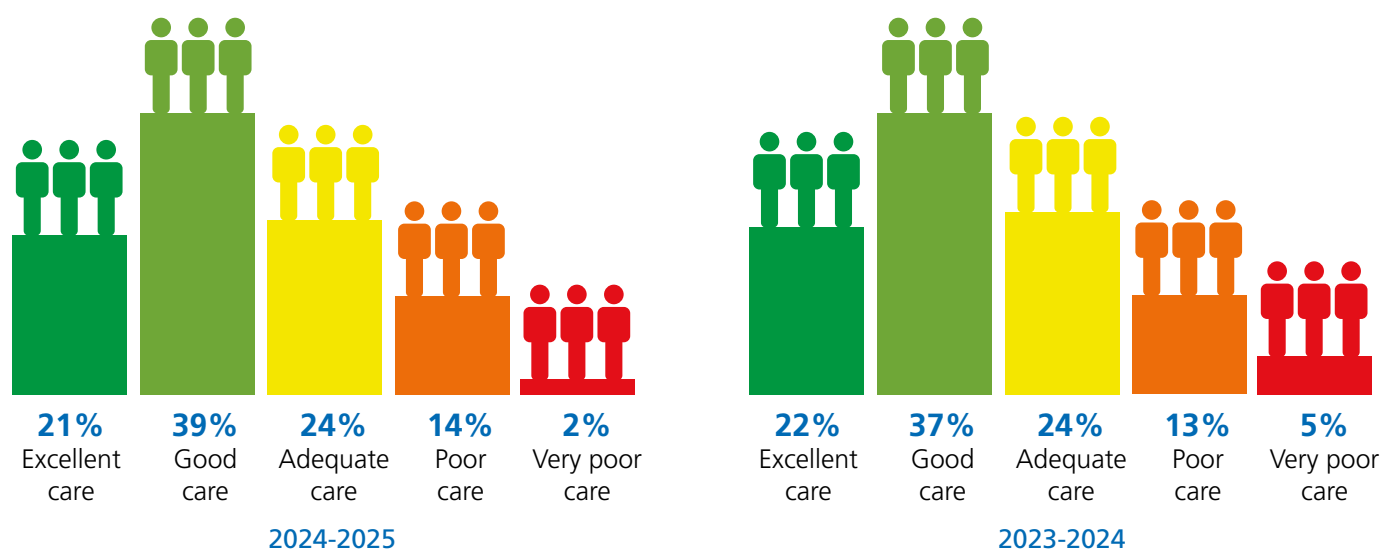
The Medical Examiner scrutiny is the first stage review in the learning from deaths process within the Trust and supports the death certification process. As part of the ME scrutiny, loved ones of deceased patients are provided with the opportunity to give feedback on the care provided by the Trust. Concerns raised as part of this process may initiate an SJR.

When a concern is raised by the ME service regarding a death, a trained clinician will undertake an SJR. The SJR reviewer makes explicit comments about phases of care with scores (excellent, good, adequate, poor, very poor) attributed to each phase and the overall care received. The overall score is agreed upon by the LfDG. Cases assessed as 'Poor' or 'Very Poor' may result in a referral to the Patient Safety team to determine if the PSIRF criteria for a Patient Safety Incident Investigation (PSII) is met. The PSII is the learning from deaths review final stage and recommendations from this stage support the learning from deaths process.

To improve the learning from deaths process and reduce the SJR backlog, seven additional reviewers have been recruited, bringing the total to 16 reviewers. There are currently 15 SJRs within the SJR backlog.

A total of 111 SJRs were allocated this year, with 96 completed by specially trained reviewers in the period April 2024 - March 2025. There has been a 13% (17) decrease in the number of cases referred for SJRs this year to 111 when compared to last year (2023-2024) with 128 cases reviewed. This decrease supports the data highlighted by mortality indicators with lowest death levels being recorded within MTW this year.

Figure 2: Completed Structured Judgement Reviews 2024-2025 versus 2023-2024

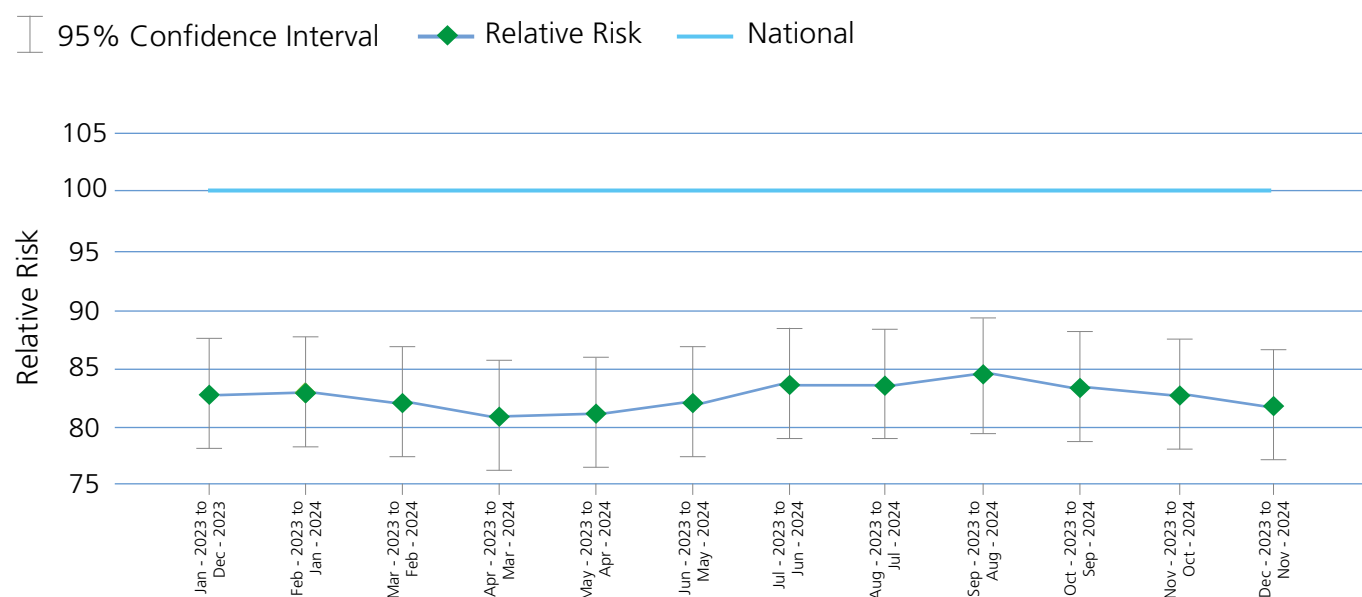


3. Mortality Indicators:

The most recent mortality data (December 2023 to November 2024) from “T Health” (formerly Dr. Foster) shows the Trust’s HSMR and SMR at 81.58 and 79.5, respectively, both classified as “lower-than-expected.” Nationally, a mortality score of 100 indicates that actual deaths align with the expected number. Scores above 100 suggest “higher-than-expected” deaths, while scores below 100 indicate a “better-than-expected” performance.

The Trust has consistently performed “better-than-expected”, with the 12-month rolling average HSMR throughout 2024/2025 lower than the lowest point last year. There is a delay in the collation of data, and this graph is based on the March 2025 T health data refresh.

Figure 3 Diagnoses - HSMR trend rolling 12 months from Dec 23 - Nov 24



The most recent Summary Hospital Mortality Indicator (SHMI) data published by NHS England for the period November 2023 to October 2024 showed the Trust’s SHMI as 91.22, which remains as expected. In MTW, mortality indicators continue to be reported to the Learning from Deaths Group, Patient Outcome Oversight Group (POOG), and Board.

Several factors have contributed to the Trust’s positive position concerning mortality indicators. Continuous improvement work on the accuracy of care episode coding in collaboration with clinicians has impacted the precision of mortality indicators. Sharing learning from deaths and embedding improvement initiatives from last year have also contributed to this position.



National indicators

There are a variety of national indicators highlighted within the Outcomes Framework that each trust is required to report on. MTW considers that this data is as described for the following reasons:

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

The NHS Outcomes Framework has five domains:

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

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

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

- Where trust’s SHMI is ‘higher than expected’ – Band 1.
- Where the trust’s SHMI is ‘as expected’ – Band 2.
- Where the trust’s SHMI is ‘lower than expected’ – Band 3.

In March 2025 the SHMI for Maidstone and Tunbridge Wells Trust was 0.90 (banded as level 2 ‘as expected’).

Summary Hospital-level Mortality Indicator (“SHMI”)	2024/25		2023/24	
	SHMI	Banding	SHMI	Banding
Maidstone and Tunbridge Wells NHS Trust	0.90	2	0.94	2
Best Performing trust	0.70	3	0.72	3
Worst Performing trust	1.28	1	1.26	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	2024/25	2023/24
Maidstone and Tunbridge Wells NHS Trust	56%	42%
Lowest percentage trust	17%	16%
Highest percentage trust	66%	66%

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

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

Prescribed data requirements	Aged 0-15	Aged 16 and over
Readmission rate to MTW within 28 days of being discharged from MTW	12.7%	18.8%

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

Prescribed data requirements	2024/25	2023/24	National average 2024
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	74.7%	74%	61.5%

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

Prescribed data requirements	2024/25 local data	2023/24 local data
The percentage of patients who were admitted to hospital and who were at risk assessed for venous thromboembolism during the reporting period.	96.1%	94.9%
The rate per 100,000 bed days of cases of C. Difficile infection (healthcare associated) reported within the Trust amongst patients aged two or over during the reporting period.	53.1	47.2

Patient Safety Incidents Reported	Number	Severe Harm		Death	
		Number	Percentage	Number	Percentage
2023 - 2024	15,753	32	0.20%	24	0.15%
2024 - 2025	22,129	33	0.14%	11	0.04%

Awards

HSJ Awards – August 2024

Shortlisted – ‘Acute Sector Innovation of the Year’



The Stroke Team was shortlisted for developing the Stroke Assessment Unit at Maidstone Hospital, one of the first in England at the time. Over 70% of suspected stroke admissions are directly brought in to the Unit from the ambulance on arrival, ensuring patients receive the right care in the right place at the right time.

HSJ Awards – August 2024

Shortlisted – ‘HSJ Partnership of the Year’



The Care Coordination Centre was shortlisted for developing the Trust’s electronic bed and capacity management system with healthcare tech company Teletracking. The technology provides real-time information about bed occupancy 24 hours a day, seven days a week.

BBC Local Make A Difference Awards – September 2024

Winner – Volunteer Award



The awards celebrate people doing extraordinary things in their communities. Maidstone Hospital volunteer Mike Williams, won the award in recognition of his incredible 44-year volunteering career, which include 30 years as a League of Friends volunteer at Maidstone Hospital.

NHS England’s Chief Midwifery Officer’s Awards – October 2024

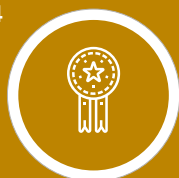
Winners – ‘Improving lives’ and ‘Working together with patients’ categories



Jenny Riley and Beverley Hynes, Maternity Support Workers at MTW, were recognised for their vital contribution and exceptional support of nursing and midwifery practice.

Radiography Awards – November 2024

Winner – Team of the Year for the South East



Radiography teams based at MTW’s Kent Oncology Centre sites at Kent and Canterbury Hospital and Maidstone Hospital won the award in recognition for their work in improving patient waiting times for treatment.

Prostate Cancer UK’s People’s Choice Award – November 2024

Winner – ‘People’s Choice Award’



Metastatic Prostate Clinical Nurse Specialist, Jeanette Smith was recognised for the support she provides to those going through prostate cancer treatment. A number of her patients and their families nominated Jeanette, describing her as ‘enthusiastic, compassionate and selfless’.

Royal Pharmaceutical Society – November 2024

Fellowship



Mildred Johnson, MTW’s Chief Pharmacist and Clinical Director of Pharmacy and Medicines Optimisation, was designated a Fellow of the Royal Pharmaceutical Society - ‘Fellowship is awarded to members who have made an outstanding original contribution to the advancement of pharmaceutical knowledge or attained distinction in the science, practice, profession or history of pharmacy’.

Kent Mental Wellbeing Awards – November 2024

Winner – ‘NHS Wellbeing Project’ and ‘Kent Public Sector Wellbeing Champion’



The MTW Psychological Support and Wellbeing team in recognition of their Mental Health First Aid initiative, which provides people with skills to assist those in crisis to get the support they need.

Awards

HU-CI and AENOR Certification of Good Practices in Humanization of Intensive Care – December 2024



The Intensive Care Unit (ICU) at Tunbridge Wells Hospital became the first in the UK to receive the prestigious Humanisation of Intensive Care (HU-CI) and Asociación Española de Normalización (AENOR) Certification of Good Practices in Humanization of Intensive Care accreditation. The HU-CI Project evaluates different aspects of intensive care and the ICU team scored an 'Excellent' rating across 160 standards.

West Suffolk College Apprentice of the Year – February 2025



Winner - Apprentice of the Year for Science and Pharmacy

Carol White, Science Manufacturing Technician, received the award on completion of the Science Manufacturing Technician apprenticeship. The college describes the award as a 'prestigious award' given in 'recognition of hard work' to apprentices 'who go above and beyond for their employers and in their studies.'

HJS Digital Awards – March 2025

Shortlisted - 'Enhancing Workforce Engagement, Productivity and Wellbeing through Digital'



The Coach a Pharmacist Prescriber (CAPP) platform, created by the Pharmacy team at MTW and NHS Kent and Medway, is an interactive coaching platform for pharmacists undertaking independent prescribing qualifications that makes it easier for trainees to access the support they need.

Defence Employer Recognition Scheme – June 2024

Silver Award



This award is given to employers who have pledged to support the Armed Forces, signed the Armed Forces Covenant, promoted being Armed Forces-friendly and are open to employing reservists, veterans, cadet instructors and their partners.

Veterans Covenant Healthcare Alliance (VCHA) – June 2024

Veteran Aware Status



MTW was awarded 'Veteran Aware Status' for commitment to providing the best standards of care for the armed forces community, based on the principles of the Armed Forces Covenant.

Nursing Times Awards – July 2024

Shortlisted – 'Nurse Leader of the Year'



Vicky Williams, Lead Stroke Specialist Nurse in the Stroke Unit at Maidstone Hospital, was nominated for her approach in pioneering innovative solutions in stroke care to improve the Trust's Stroke Service.

Nursing Times Awards – July 2024

Shortlisted – 'Learning Disabilities Nursing'



Learning Disability Liaison Nurse, Becky Hankin and Mental Capacity Act Clinical Nurse Specialist, Philippa Routs were shortlisted for their work developing pathways to support patients with learning disabilities and make sure their experience is as positive as possible.

Nursing Times Awards – July 2024

Shortlisted – 'Infection, Prevention and Control'



The Infection Prevention and Control team were shortlisted for their quality improvement project to prevent bloodstream infections by improving the care and management of peripheral cannulas

New developments

Enhanced stroke services

On 3 May 2024, we officially opened our new Hyper Acute Stroke Unit (HASU) and Acute Stroke Unit (ASU) at Maidstone Hospital. The new HASU is the first of three specialist units to open in Kent and Medway, and provides capacity for 14 beds. It is also home to a dedicated Stroke Assessment Bay, where 90% of suspected stroke admissions are directly brought in on arrival at the hospital. This means patients do not need to go through the Emergency Department first, and can quickly receive the care they need in the right place at the right time. Together with the newly developed ASU, which provides 35 beds, the Trust's Stroke Unit now has capacity to care for over 1,200 patients a year, an increase of 55% since 2020.

Kent and Medway Orthopaedic Centre

In September 2024, the Kent and Medway Orthopaedic Centre (KMOC) at Maidstone Hospital opened its doors to patients for the first time. The centre has three state-of-the-art operating theatres and 24 beds, expanding capacity across the region for routine orthopaedic operations. This will include up to 2,000 more operations each year, helping Kent and Medway patients who need planned surgery on bones, joints and muscles.

Fordcombe Hospital

In October 2024, the first patients were treated at Fordcombe Hospital. The hospital near Tunbridge Wells enables MTW to support the NHS across Kent and Medway by taking on a significant number of the longest waiting patients. In the first few weeks alone, almost 1,600 patients were transferred to MTW for treatment, with the new site providing planned care for specialist areas such as Ear, Nose and Throat, Trauma and Orthopaedics, Gastroenterology, Diagnostics and Endoscopy. The new development also saw the 170 staff who worked at the former Spire Healthcare site transferred to MTW.

Robotic-Assisted Surgery

October 2024 saw the first robotic-assisted surgery performed at Maidstone Hospital. Using the innovative robotic-assisted surgery system, surgeons are given a highly magnified, 3D view of the surgical area. The surgeon controls the system from a console, which mimics their hand movements to manipulate instruments during the operation, so they can perform complex procedures with more precision, flexibility and control, through a few small incisions. Robotic assisted surgery has many benefits for patients – it is less invasive, leads to less pain after the operation, and can mean a faster recovery time. A second robot arrived at Tunbridge Wells Hospital in April 2025 to further support patients and staff.



West Kent Community Diagnostic Centre

The final phase of the West Kent Community Diagnostic Centre (CDC) at Hermitage Court close to Maidstone Hospital, opened its doors to patients in March 2025. The Hounsfield Unit houses CT, MRI and phlebectomy services and has been named after Godfrey Hounsfield, a British electrical engineer who was awarded a Nobel Prize for his part in developing the CT scan.

Work on the CDC started with the arrival of mobile scanners in 2021, followed by the opening of the first building, Unit A, in 2023. Unit A has delivered 80,000 diagnostic tests so far. The Hounsfield Unit will significantly increase these numbers, with a further 78,000 tests forecast to take place there each year.

Martha's Rule

MTW launched Martha's Rule in March 2025, joining 143 hospitals in England to roll out the new initiative, offering patients, their families, friends and carers 24-hour access to an independent review if they have concerns about a person's deteriorating condition. The rule was introduced following the death of Martha Mills in 2021. The 13-year-old died after developing sepsis in hospital in London, where she had been admitted with a pancreatic injury. Martha's family's concerns about her deteriorating condition were not responded to, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier. The new patient safety initiative, ensures adult inpatients and/or their relatives or friends can call the hospitals' dedicated new phone lines if they are worried an inpatient's condition is getting worse. A second pathway for paediatric patients is in development, to launch early in 2025-2026.

Undergraduate Medical Building

March 2025 saw the completion of the Undergraduate Medical Building at Tunbridge Wells Hospital. The six-storey building will provide accommodation for up to 144 medical students each year and enable them to live close to their clinical placement and help achieve our shared vision with KMMS - to train doctors in the region. The ground floor of the building will house the academic space including a learning hub and private study. Floors one to five are entirely student accommodation made up of individual en-suite rooms, all of which will have access to communal kitchens, dining and living areas.

Part four

Appendices



National Clinical Audit Participation 2024-2025

The national clinical audits and national confidential enquiries that Maidstone and Tunbridge Wells NHS Trust was eligible to participate in during 2024/25 are shown in the table below. We are unable to provide percentages of cases submitted for every national clinical audit as work is still progressing on many of them.

National Clinical Audits 2024-2025	Participation Y, N, N/A	% cases submitted	Comments
British Association of Urological Surgeons (BAUS) Environmental Lessons Learned and Applied to the Bladder Cancer Pathway (ELLA) Audit	N		Trust did not take part in this audit
BAUS Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy (I-DUNC) Audit	N		Trust did not take part in this audit
BAUS National Audit of Patient Satisfaction with Cystectomy Pathway for Bladder Cancer	N/A		Service not available at MTW
BAUS Penile Fracture Audit	N		Trust did not take part in this audit
NHS Digital Breast and Cosmetic Implant Registry (BCIR)	Y	100%	
British Hernia Society Registry	Y		Registration for audit in progress
Intensive Care National Audit and Research Centre (ICNARC) Case Mix Programme (CMP)	Y	100%	
National Confidential Enquiry into Patient Outcome and Death (NCEPOD): Juvenile Idiopathic Arthritis	Y	33.3%	Local patients mainly treated at Great Ormond Street Hospital
NCEPOD Emergency Procedures in Children and Young People	Y	50%	Data submission ongoing
Royal College of Emergency Medicine Emergency Medicine (RCEM) QIP - Adolescent mental health	Y	100%	
RCEM QIP - Care of older people	Y	100%	
RCEM QIP - Time critical medications	Y	100%	
Royal College of Paediatrics and Child Health Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Y	100%	
Royal College of Physicians Falls and Fragility Fracture Audit Programme (FFFAP) - National Audit of Inpatient Falls (NAIF)	Y	100%	
FFFAP - National Hip Fracture Database (NHFD)	Y	33%	Data submission ongoing
NHSE Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Y	100%	

National Clinical Audits 2024-2025	Participation Y, N, N/A	% cases submitted	Comments
University of Oxford / MBRRACE UK collaborative Maternal, Newborn and Infant Clinical Outcome Review Programme	Y	100%	
NCEPOD: Rehabilitation following Critical Care	Y	45.5%	Data collection ongoing
NCEPOD: Blood Sodium	Y	50%	Data collection ongoing
NCEPOD: Acute Limb Ischaemia	Y	100%	
NCEPOD: Acute Illness in people with a Learning Disability	Y		Questionnaires not yet distributed
NHS Digital National Adult Diabetes Audit (NDA): (a) National Diabetes Footcare Audit (NDFA)	Y	100%	
NDA (b) National Diabetes Inpatient Safety Audit (NDISA)	Y	100%	
NDA (c) National Pregnancy in Diabetes Audit (NPID)	Y	100%	
NDA (d) National Diabetes Core Audit	Y	100%	
NDA (e) Gestational Diabetes Audit	Y	100%	
NDA (f) Transition (Adolescents and Young Adults) and Young Type 2 Audit	Y	100%	
University of York National Audit of Cardiac Rehabilitation	Y	100%	
NHS Benchmarking Network National Audit of Care at the End of Life (NACEL)	Y	100%	
Royal College of Psychiatrists National Audit of Dementia (NAD)	N/A	N/A	Round 7 on hold
British Obesity and Metabolic Surgery Society National Bariatric Surgery Registry (NBSR)	Y	100%	
National Cancer Audit Collaborating Centre (NATCAN) - National Bowel Cancer Audit (NBOCA)	Y	100%	
NATCAN - National Oesophago- Gastric Cancer Audit (NOGCA)	Y	100%	
NATCAN- National Lung Cancer Audit (NLCA)	Y	100%	
NATCAN - National Prostate Cancer Audit	Y	100%	
NATCAN - National Audit of Metastatic Breast Cancer (NAoMe) ¹	Y	100%	
NATCAN - National Audit of Primary Breast Cancer (NAoPri)	Y	100%	

National Clinical Audits 2024-2025	Participation Y, N, N/A	% cases submitted	Comments
NATCAN - National Kidney Cancer Audit (NKCA)	Y	100%	
NATCAN - National Non-Hodgkin Lymphoma Audit (NNHLA)1	Y	100%	
NATCAN - National Ovarian Cancer Audit (NOCA)	Y	100%	
NATCAN - National Pancreatic Cancer Audit (NPaCA)	Y	100%	
NHS Digital National Audit of Pulmonary Hypertension	N/A		Service not available at MTW
Intensive Care National Audit and Research Centre (ICNARC) National Cardiac Arrest Audit (NCAA)	Y	100%	
National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU National Cardiac Audit Programme (NCAP): (a) National Adult Cardiac Surgery Audit (NACSA)	N/A		Service not available at MTW
NCAP (b) National Congenital Heart Disease Audit (NCHDA)	N/A		Service not available at MTW
NCAP (c) National Heart Failure Audit (NHFA)	Y	100%	
NCAP (d) National Audit of Cardiac Rhythm Management (CRM)	N		Staffing capacity issue
NCAP (e) Myocardial Ischaemia National Audit Project (MINAP)	Y	100%	
NCAP (f) National Audit of Percutaneous Coronary Intervention (NAPCI)	Y	100%	
NCAP (g) UK Transcatheter Aortic Valve Implantation (TAVI) Registry	N/A		Service not available at MTW
NCAP (h) Left Atrial Appendage Occlusion (LAAO) Registry	N/A		Service not available at MTW
NCAP (i) Patent Foramen Ovale Closure (PFOC) Registry	N/A		Service not available at MTW
NCAP (j) Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	N/A		Service not available at MTW
University of Bristol National Child Mortality Database (NCMD)	N/A		The ICB submit data
NHS Blood and Transplant (NHSBT) National Comparative Audit of Blood Transfusion: (a) 2023 Audit of Blood Transfusion against NICE Quality Standard 138	Y	100%	
NHSBT (b) 2023 Bedside Transfusion Audit	Y	100%	

National Clinical Audits 2024-2025	Participation Y, N, N/A	% cases submitted	Comments
British Society for Rheumatology National Early Inflammatory Arthritis Audit (NEIAA)	Y	100%	
Royal College of Anaesthetists National Emergency Laparotomy Audit (NELA)	Y	100%	
Royal College of Anaesthetists National Emergency Laparotomy Audit (NELA) No-Lap	Y	100%	
Healthcare Quality Improvement Partnership (HQIP) National Joint Registry (NJR)	Y	100%	
Royal College of Obstetricians and Gynaecologists National Maternity and Perinatal Audit (NMPA)	Y	100%	
National Major Trauma Registry (NMTR)	Y	30%	Data submission ongoing
Royal College of Paediatrics and Child Health National Neonatal Audit Programme (NNAP)	Y	100%	
NHS Digital National Obesity Audit (NOA)	Y	100%	
National Bariatric Surgery Register (NBSR)	Y	100%	
The Royal College of Ophthalmologists (RCOphth) National Ophthalmology Database (NOD) Audit (a) Age-related Macular Degeneration Audit	N		Ongoing software issue
NOD (b) National Cataract Audit	N		Trust decision
Royal College of Paediatrics and Child Health National Paediatric Diabetes Audit (NPDA)	Y	100%	
Royal College of Surgeons of England (RCS) National Vascular Registry (NVR)	N/A		Service not available at MTW
University of Warwick Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	N/A		Ambulance Service only
University of Leeds / University of Leicester Paediatric Intensive Care Audit Network (PICANet)	N/A		Service not available at MTW
University of Oxford / MBRRACE UK collaborative Perinatal Mortality Review Tool (PMRT)	Y	100%	
National Respiratory Audit Programme (NRAP): (a) COPD Secondary Care	Y	100%	
NRAP (b) Pulmonary Rehabilitation	Y	100%	
NRAP (c) Adult Asthma Secondary Care	Y	100%	
NRAP (d) Children and Young People's Asthma Secondary Care	Y	100%	

National Clinical Audits 2024-2025	Participation Y, N, N/A	% cases submitted	Comments
Royal College of Anaesthetists Perioperative Quality Improvement Programme (PQIP)	Y	100%	
King's College London Sentinel Stroke National Audit Programme (SSNAP)	Y	100%	
Serious Hazards of Transfusion (SHOT) Serious Hazards of Transfusion UK National Haemovigilance Scheme	Y	100%	
Society for Acute Medicine Benchmarking Audit	Y	100%	
National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	N/A		Service not available at MTW
Cystic Fibrosis Trust UK Cystic Fibrosis Registry	N/A		Service not available at MTW
UK Kidney Association UK Renal Registry Chronic Kidney Disease Audit	N/A		Service not available at MTW
UK Kidney Association UK Renal Registry National Acute Kidney Injury Audit	Y	100%	



Patient Pledge

What you can expect from us:

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

What we ask from you:

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

What we ask of your nominated next of kin:

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



Glossary

ADHD	Attention-Deficit/Hyperactivity Disorder
AfC	Agenda for Change
AHP	Allied Health Professional
ASU	Acute Stroke Unit (provides ongoing care after initial treatment in HASU)
BAME	Black, Asian and Minority Ethnic
BHM	Black History Month
C.Dificle	Clostridium difficile
CAF	Cyber Assessment Framework
CAPP	Coach a Pharmacist Prescriber
CAS	Central Alerting System
CASP	CAst versus SPlint
CASPE	Clinical Accountability, Service Planning and Evaluation
CCS	Category coding set
CDC	Community Diagnostic Centre
CEMN	Cultural and Ethnic Minorities Network
CEO	Chief Executive Officer
CHKS	Caspe Healthcare Knowledge Systems
CIPD	Chartered Institute of Personnel and Development
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CT	Computer Tomography
DlVO	Digital Imaging versus Ophthalmoscopy
DNA	Did not attend
DRAFT3	Distal Radius Acute Fracture Trial 3
DSPT	Data Security and Protection Toolkit
DSPT-CAF	Data Security and Protection Toolkit - Cyber Assessment Framework
DTT	Decision to treat
EA	Environmental Agency
ED	Emergency Department
EDI	Equality, Diversity and Inclusion
EDN	Electronic Discharge Notification
E-Learning	Learning conducted via electronic media e.g. the internet
elf-h	e-learning for healthcare
EPMA	Electronic Prescribing and Medicines Administration system
EPR	Environmental Permitting Regulations

EQA	External Quality Assurance
ESR	Electronic staff record
FFFAP	Falls and Fragility Fracture Audit Programme
FFT	Friends and Family Test
FTSU	Freedom to Speak Up
GIRFT	Get it right first time
GP	General Practitioner
HASU	Hyper Acute Stroke Service (provides specialist care in the immediate first few days after a stroke)
HQIP	Healthcare Quality Improvement Partnership
HSJ	Health Service Journal
HSMR	Hospital Standardised Mortality Ratio
HTA	Human Tissue Authority
Hu-Cu	The name “Hucu” was conceptualized by merging two latin words “huc” and “curae” – meaning “care anywhere”.
ICB	Integrated Care Board
ICNARC	Intensive Care National Audit and Research Centre
ICS	Integrated Care System
ICU	Intensive Care Unit
IG	Information Governance
ILM	Institute of Leadership and Management
InPhase	Compliance management system for Quality Governance
IP	Inpatient
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
ISO	International Organization for Standardization
JAG	Joint Advisory Group
KMOC	Kent and Medway Orthopaedic Centre
KMMS	Kent and Medway Medical School
KPI	Key Performance Indicator
LfDG	Learning from Deaths Group
LGBT+	Lesbian, gay, bisexual and transgender people plus people with gender expressions outside of the norm
LGBTQIA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual
LOS	Length of stay

Glossary

MBRRACE: UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
MCA	Mental Capacity Assessment
ME	Medical Examiner
MGH	Maidstone General Hospital
MMI	Multiple Mini Interviews
MRI	Magnetic Resonance Imaging
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
NDFA	National Diabetes Foot Audit
NDG	National Data Guardian
NDORMS	Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences
NEIAA	National Early Inflammatory Arthritis Audit
NHFD	National Hip Fracture Database
NHS	National Health Service
NHSBSP	NHS Breast Screening Programme
NHS Digital	Aims to improve health and care by providing national information, data and IT services
NHSE	National Health Service England
NHSE/Timewise	NHS England flexible working project for staff
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
NNAP	National Neonatal Audit Programme
NPDA	National Paediatric Diabetes Audit
OBDs	Occupied bed days
PALS	Patient Advice and Liaison Service
PFIS	Patient First Improvement System
PKB	Patient knows best
PLACE	Patient Led Assessment of Care Environment

PMRT	Perinatal Mortality Review Tool
POOG	Patient Outcome Oversight Group
PRIDE	Trust values (Patient First; Respect; Innovation; Delivery; Excellence)
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
QIP	Quality Improvement Project
QR	Quick Response Code
R&I	Research and Innovation
RCEM	Royal College of Emergency Medicine
RCoA	Royal College of Anaesthetics
RCOG	Royal College of Obstetricians and Gynaecologists
RTT	Referral to treatment
SBRI	Small Business Research Initiative
SDR	Strategy Deployment Review
SHMI	Summary Hospital Mortality Indicator
SHOT	Serious hazards of transfusion
SI	Serious Incident
SJR	Structured judgement review
SMR	Standard Mortality Indicator
SQAS	Screening Quality Assurance Service
SSNAP	Sentinel Stroke National Audit Programme
Sunrise	Trust electronic patient records system
TeleTracking	System to provide real-time status of hospital beds
TEP	Treatment Escalation Plan
TIAA	Audit service used by MTW
TWH	Tunbridge Wells Hospital
UKAS	United Kingdom Accreditation Service
URL	Uniform Resource Locator
VCHA	Veterans Covenant Healthcare Alliance
VTE	Venous Thromboembolism

Part five



Feedback from our patients

"I found the document easy to read and being the second year of doing this, found it clear to follow. Particularly interested to see where last year's targets have been met – quite an achievement in the current climate. Also, the understanding that if you take care of your staff, you will achieve the best possible outcomes and great effort this Trust makes to achieve this."

"Overall, I think the report is written clearly and is easy to understand. None of us likes long reports but at least this one is broken down with illustrations, photos, charts and graphics which make it easier to digest."



I like the overall look, the use of colour and mix of words, photos, charts, infographics etc., makes it interesting and engaging

It's helpful having a fairly detailed but concise CEO summary right at the start together with the Purpose of the Quality Accounts

And also the year on a page is a great summary, easy to understand quickly

In Part two, I really like the 'what will this mean for our patients' outcomes being spelt out

In part three, the what we set out to achieve and Did we succeed is well presented and easy to follow.

With all the parts of the report where a lot of verbal description/reporting is essential, the use of photos to break it up is very helpful to make it easier to read.

I would also add that I have a slight visual impairment so sometimes it's not always easy to read different colour texts, however I read the whole of this document on my ipad as a pdf and it was absolutely fine so it worked well for me from an accessibility perspective too!



I read the report with interest.

I liked the setting out of each part and found the coloured diagrams helpful.

I am hoping all the Quality improvement priorities will be met.

The Draft Quality Report gives a full and broadly accessible picture of quality in the Trust.

Feedback from the Kent and Medway Integrated Care Board



Kent and Medway

Nursing and System Workforce Division

Kent and Medway Integrated Care Board - MTW Quality Account 2024/2025 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 the Trust's quality priorities for improvement for 2025/26, which are aligned to the Trust's Six Strategic 'Themes' and have been established following review of clinical audit programme results, thematic reviews and patient feedback.

The Annual Account demonstrates an overview of quality of care in your focus areas, looking at improving the safety, and effectiveness of your services, as well as improving patient experience. Throughout the report you have provided clear and measurable recommendations, and the report has a clear flow, that would be easy to follow for members of the public who may have an interest in reading this report.

The Trust's significant progress with the Maternity Improvement Programme is applauded. This work is not underestimated and the ICB looks forward to continuing to support the Trust with further embedding this important quality improvement work during 2025/26. The Trust's success in the NHS England's Chief Midwifery Officer's Awards, in addition to a variety of other local and national awards is also recognised and celebrated.

We commend your achievement on improving complaints performance, supported by the launch of the Trust's 'Experience of Care Strategy' and note the quality improvement actions that have been implemented in response to patient feedback gathered from complaints. The positive results from the Trust's Patient-Led Assessments of the Care Environment (PLACE) are also noted; it is pleasing to understand that the Trust received above national average results in four out of the six domains.

You have set clear priorities for the coming year, aligned to the aims of the organisation's strategy. We look forward to supporting the Trust's System and partnership work to reduce the number of delayed inpatient discharges and commend the work identified to support early identification and management of deteriorating patients, building on the success of the Treatment and Escalation Plans 2024/25 quality improvement project.

Together, we can



www.kentandmedwayicb.nhs.uk

The Trust's ongoing commitment to learning from patient experience feedback is also recognised. The benefits of the quality improvement priority linked to early resolution of complaints and concerns, in addition to decreasing communication related complaints, are acknowledged.

Since the establishment of the Integrated Care Board in July 2022, we continue to support our strong supportive relationship, focussing on the provision of high quality of care for the population of Kent and Medway. Kent and Medway ICB thanks Maidstone and Tunbridge Wells NHS Trust for the opportunity to comment on these accounts and looks forward to further strengthening the relationships with the organisation through continued collaborative working in the future.

Yours sincerely

A handwritten signature in black ink, appearing to read 'P. Lumsdon', with a long horizontal stroke above the name.

Paul Lumsdon
Chief Nursing Officer
NHS Kent and Medway ICB

17 June 2025



Healthwatch Kent response to the Maidstone and Tunbridge Wells NHS Trust Quality Account 2024/25

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

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

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

- We are grateful to the patient experience team for working with Healthwatch Kent to gather feedback from patients in outpatient departments, including understanding experiences of referrals.
- Maidstone and Tunbridge Wells were recognised at the Healthwatch Awards 2025 for work on people's Emergency Department experiences.
- We regularly share what we hear from the public through attendance at the Trust's Experience of Care Oversight group.
- We've worked with Trust representatives as part of the West Kent Health and Care Partnership.

Quality account

- Once again, the quality account is well presented with it being easy to digest what next years priorities will be and how they will be measured.
- It's also helpful that people can clearly see what impact the agreed priorities will have on the care they receive.
- It's encouraging to see the improving trajectory of complaint response times.
- We'd welcome work continuing to improve "communication" based complaints and feedback.

We look forward to working with the Trust in the coming year.

Feedback from Kent County Council



Members Suite

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

Thank you for offering Kent County Council's Health Overview and Scrutiny Committee (HOSC) the opportunity to comment on the Maidstone & Tunbridge Wells NHS Trust's Quality Account.

Please be advised that HOSC is unable to provide a formal response this year as we are awaiting for confirmation of the Committee membership. The election of the new Chair is scheduled to take place on 15 July 2025, but I appreciate this will be too late to provide feedback on your draft Quality Accounts.

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 (19 June 2025).



Miles Scott
Chief Executive

If you would like this document in large print, easy read or in a different language please contact a member of the Clinical Audit department on 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

यदि तपाईं यो कागजात ठूलो मुद्रणमा वा फरक भाषामा चाहनुहुन्छ भने कृपया क्लिनिकल अडिट वभिगको सदस्यलाई सम्पर्क गर्नुहोस् mtw-tr.ClinicalAudit@nhs.net

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



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