Trust Board Meeting ('Part 1') - Formal meeting, which is open to members of the public (to observe)

Thu 26 February 2026, 09:15 - 13:00

Marie South and Alan Pentecost Rooms, Academic Centre, Maidstone Hospital

Agenda

09:15 - 09:16
1 min

02-1
To receive apologies for absence

Annette Doherty

09:16 - 09:16
0 min

02-2
To declare interests relevant to agenda items

Annette Doherty

09:16 - 09:16
0 min

02-3
To note progress with previous actions

Annette Doherty

- Board actions log (Part 1).pdf (1 pages)

Patient Experience

09:16 - 09:41
25 min

02-4
Patient Experience story

Emma Sutton

N.B. This item is scheduled for 09.20am

- CCS Blood Culture Story cover Page RG.pdf (2 pages)
- CCS Division- Blood Culture Patient Story RG.pdf (3 pages)

Reports from the Chair of the Trust Board and Chief Executive

09:41 - 09:46
5 min

02-5
Report from the Chair of the Trust Board

Annette Doherty

- Chair's Report - Public Board February 2026 - FINAL APPROVED.pdf (3 pages)

09:46 - 09:51
5 min

02-6
Report from the Chief Executive

Miles Scott

- CEO Report - Public Board February 2026 - FINAL APPROVED.pdf (4 pages)

Reports from Trust Board sub-committees

09:51 - 10:01
10 min

02-7
Quality Committee, 11/02/26

Joanna Webber

Summary of Quality Committee 11.02.26.pdf (3 pages)

10:01 - 10:11
10 min

02-8
People and Organisational Development Committee, 20/02/26

Alex Yew

Summary of People and Organisational Development Cttee 20.02.26.pdf (3 pages)

10:11 - 10:21
10 min

02-9
Finance and Performance Committee, 24/02/26

Neil Griffiths

N.B. Report to follow.

Summary of Finance and Performance C'ttee 24.02.26.pdf (3 pages)

Integrated Performance Report

10:21 - 11:21
60 min

02-10
Integrated Performance Report (IPR) for January 2026

Miles Scott and colleagues

Finalised Integrated Performance Report January 20022026.pdf (41 pages)
Safe Staffing report Planned v Actual - FINAL January 2026 v3_.pdf (1 pages)

11:21 - 11:36
15 min

Break

Quality items

11:36 - 11:46
10 min

02-11
Quarterly Learning from Deaths report

Sara Mumford

Quarterly Learning from Deaths report.pdf (11 pages)

Assurance and policy

11:46 - 11:56
10 min

02-12
Quarterly report from the Freedom to Speak Up Guardian

Jack Richardson

FTSU Quarterly Report.pdf (5 pages)

Other matters

11:56 - 12:06
10 min

02-13
Six monthly update on Research and Innovation

Hazel Everest and Laurence Nunn

- Board cover page R&I Feb 26.pdf (1 pages)
- Trust Board R&I report Feb 26.pdf (16 pages)

12:06 - 12:06
0 min

02-14
To consider any other business

Annette Doherty

12:06 - 12:06
0 min

02-15
To respond to any questions from members of the public

Annette Doherty

12:06 - 12:06
0 min

02-16
To approve the motion (to enable the Board to convene its ‘Part 2’ meeting) that...

Annette Doherty

in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960,representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

NHS Maidstone and Tunbridge Wells NHS Trust

Log of outstanding actions from previous meetings — **Chair of the Trust Board**

Actions due and still 'open'

Ref.	Action	Person responsible	Original timescale	Progress[1]
N/A	N/A	N/A	N/A	N/A
				N/A

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
N/A	N/A	N/A	N/A	N/A

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
N/A	N/A	N/A	N/A	N/A
				N/A

[1] Not started | On track | Issue / delay | Decision required

Title of report	**PATIENT STORY- PATHOLOGY CASE REVIEW**					
Board / Committee	**TRUST BOARD**					
Date of meeting	26 February 2026					
Agenda item no.	02-4					
Executive lead	Jo Haworth, Chief Nurse					
Presenter	Emma Sutton, Divisional Head of Quality and Governance CCS					
Report Purpose (Please ☑ one)	***Action/Approval***	☐	***Discussion***	✓	***Information***	✓

Links to Strategic Themes (Please ☑ as appropriate)					
					
✓	☐	☐	☐	☐	✓

Executive Summary	
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	This patient story looks at the change in methodology for processing blood cultures to expedite the diagnosis of patient's condition and subsequent antimicrobial stewardship and for two patients how this change significantly altered their outcome for the better.
Any items for formal escalation / decision	
Appendices attached	• Appendix A – CCS Division- Blood Culture Patient Story

Report previously presented to:		
Committee / Group	Date	Outcome/Action
Nursing, Midwifery, Allied Health Professional and Pharmacy Board	28 January 2026	To share with deteriorating patient lead (completed)

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	PR2: If we do not reduce the number of significant avoidable harm events our patients are at risk of poor clinical outcomes PR4: Failure to provide compassionate, effective, responsive and safe care may negatively impact the experience of care for patients their families and carers and may affect the reputation of the organisation.
Links to Trust Risk Register (TRR)	3409 PRIMARY BAF RISK PATIENT SAFETY: If we do not reduce the number of significant avoidable harm events our patients are at risk of poor clinical outcomes 3579 There is a risk that patients do not receive care and treatment in line with best practice 3580 There is a risk of not undertaking timely and cohesive learning from incidents, patient feedback, experience and claims.

	3581 There is a risk of reputational damage to Trust, due to patients suffering severe harm.
Compliance / Regulatory Implications	N/A

Staff Experience: Patient outcomes improved on Blood Culture Pathway

Staff Member:	**Services/wards experienced**:
Consultant Microbiologist and Clinical Lead Microbiology.	Pathology- Blood Sciences and Microbiology, Emergency Department (ED), medical wards, Infection Prevention Control (IPC), Virtual ward and the Hospital at Home Team

Outline of experience:

Patient 1
A 57-year-old patient presented to the emergency department (ED) at Maidstone Hospital (MGH) in September 2025 with a history of worsening urinary tract symptoms and right leg cellulitis. The ED team took Blood cultures, within one hour, which were sent to Pathology within 15 minutes of collection. The patient was seen by ED doctor within 2 hours, and impression was of complicated urinary tract infection and leg cellulitis. The patient was given one dose of intravenous (IV) antibiotics and was discharged with a 5-day course of oral antibiotics. The National Early Warning Score (NEWS) 2 score was 1 on discharge.

On the same day, the blood cultures flagged positive results which indicated a serious infection that can lead to sepsis and septic shock if untreated (gram negative bacterial infection). Microbiology escalated their concerns and discussed this with ED within one hour of the results with the request to recall the patient and administer alternative antibiotics as the antibiotic the patient was discharged on was ineffective to treat the bacterial infections. The ED team contacted the patient to come back for further treatment. The patient at this time reported they were feeling unwell, dizzy, sweaty and shivery with worsening flank pain.

The patient was admitted to a medical ward at MGH, with their NEWS 2 score at 4 and requiring supplemental oxygen. Appropriate antibiotics commenced with the patient making a complete recovery and discharged to the virtual ward for continuation of IV antibiotics 24 hours later and then discharged from hospital after 3 days to complete their treatment with oral antibiotics.

The reflective review of the Clinical Lead for Microbiology is that the responsive testing of the patients' blood cultures within one hour allowed prompt initiation of appropriate therapy as the patient was initially on the incorrect empirical antibiotic. With the previous processes for testing blood cultures and equipment used (pre Virtuo), the initial result would not have been identified until the following morning and then need additional testing which would have led to at least a 24-hour delay in starting appropriate antibiotics. In the few hours between discharge from ED and re-admission the patient had already deteriorated, so it is possible that a further delay in starting appropriate antibiotics could have led to an adverse outcome for the patient. Untreated gram-negative sepsis carries a high morbidity and mortality.

Patient 2
In October 2025, a different patient presented to MGH ED at with a history of fever, blanching rash and vomiting. Blood cultures were collected by ED staff within an hour, and these were loaded by Blood Sciences team 53 minutes later. The patient was started on antibiotics and admitted to a medical ward. The patient was reviewed the following morning and a diagnosis of probable viral illness. The plan was to stop all antibiotics and discharge the patient later that day. However, the blood cultures flagged positive result (gram negative diplococci), likely meningococcus. This was escalated through Microbiology to the lead consultant who liaised with the clinical teams caring for the patient and appropriate antibiotics were recommenced and the patient was not discharged. The clinical lead then liaised with the infection prevention and control team as further public health actions were required as the meningococcal infection was a notifiable disease in the UK. Close contacts to the patient were started on the appropriate treatment.

The patient made a good recovery and was discharged from hospital 3 days later under the care of the hospital at home team to complete her course of IV antibiotics and is doing well.

The reflective review of the Clinical Lead for Microbiology is that Meningococcal septicaemia is a life-threatening condition with high mortality without appropriate treatment; and as for the first patient, without the process and technology now available to the Trust, there would have been at least a 24-hour delay in diagnosis. Fast diagnosis led to prompt interventions and the administration of appropriate prophylaxis to close contacts to prevent cases of secondary infection.

Positive points to highlight:	**Negative points to highlight:**
• Prompt triage and identification of the need to take blood cultures (Sepsis Pathway) • Prompt collection and transfer of blood cultures samples by ED to pathology. • Prompt testing of specimens by Blood Sciences teams in both patient cases. • Responsive action of the Microbiology team upon identification of positive blood culture and next steps on gram stain including communication, escalation and advising on the appropriate antimicrobial therapy for both patients. • Multi-disciplinary team approach in activating Infection Prevention and control measures for close contacts.	None

Actions to take from this:

- Continued communication and education across the Trust to continue to improve blood culture fill and time from collection to load requirements.
- Share experiences with the Pathology teams so that they know the difference this has made- completed by Consultant Microbiologist.
- Share experiences, learning and engagement strategies across the Kent and Medway Pathology Network to share with their Trusts.
- Potential sharing nationally either via the National Pathology Quality leads forum, Microbiology regional groups, Institute of Biomedical Science (IBMS) gazette or annual national conference.
- Sharing of these best practices with clinical teams

Some background information:

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs, with the immune system going into overdrive. It can lead to shock, multiple organ failure and even death if not recognised and treated promptly.

Blood culture is the gold standard investigation to identify the causative pathogen in sepsis.

Antibiotics- 33% of inpatients are on antibiotics at any one time. Studies show that approximately a third of patients with Gram-negative sepsis are not on appropriate therapy.

Virtuo- an analyser which blood cultures are loaded onto and commences incubation and facilities identification if and when appear positive in comparison to manual review at interims.

Following issue of NHSE national review into blood cultures processes the two recommended standards were made which Pathology reports on monthly as part of their Key Performance Indicators:

- ❖ At least a total of 40ml of blood taken from the Blood Culture sets.

The volume of blood cultured is key: the lower the volume, the lower the chance of detecting organisms causing an infection.

- ❖ Blood culture samples to be loaded onto the analyser within four hours of collection.

For each hour delay to loading on the blood culture analyser there is both a loss of viability of organisms and an incremental delay to obtaining a result.

Microbiology Quality Improvement Project

- In 2023 MTW had only one Virtuo at the MGH site with blood cultures loaded only within routine working hours (9am-5.30pm Mon-Fri, 9am-1pm Weekends). The average percentage of cultures from Tunbridge Wells Hospital (TWH) loaded within 4 hours was 36%, at MGH this was 33% and the percentage filled appropriately was 32%.
- Microbiology communicated requirements of the blood culture pathway, supported revision of venepuncture training, promoted use of the Pod to transport these to the lab.
- In February 2024; a business case was approved for a second Virtuo to be based at TWH site and this was installed with 24/7 loading achieved at this site.
- In September 2025, the Virtuo at MGH site was moved from Microbiology to Blood Sciences to facilitate 24/7 loading.
- Following the completion of the project the average percentage of cultures from TWH loaded within 4 hours is 60%, at MGH this is 83% and the percentage filled appropriately is 63%.

A Virtuo

Title of report	**Report from the Chair of the Trust Board**					
Board / Committee	**Trust Board**					
Date of meeting	Thursday 26 February					
Agenda item no.	2-5					
Executive lead	Annette Doherty, Chair					
Presenter	Annette Doherty, Chair					
Report Purpose (Please ☑ one)	***Action/Approval***	☐	***Discussion***	☐	***Information***	✓

Links to Strategic Themes (Please ☑ as appropriate)					
					
✓	✓	✓	✓	✓	✓

Executive Summary			
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	Chair's Report for the February Trust Board meeting		
Any items for formal escalation / decision	N/A		
Appendices attached	There are no appendices to this report.		
Report previously presented to:			
Committee / Group		Date	Outcome/Action
N/A		N/A	N/A

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	Please list any BAF Principal Risks to which this report relates: • N/A
Links to Trust Risk Register (TRR)	Please list any risks on the Trust Risk Register to which this report relates • N/A
Compliance / Regulatory Implications	Please list any compliance or regulatory matters raised or addressed by this report • N/A

I wish to draw the points detailed below to the attention of the Board:

The Board has spent a significant amount of time in recent weeks considering the Trust's medium-term plan, which covers 2026/27 to 2028/29. The plan includes information on activity, performance against constitutional standards, productivity, workforce and finance. It has the Trust delivering a balanced financial plan while also achieving increases in activity and productivity. The plan is stretching, with a significant efficiency requirement to achieve breakeven, and a number of risks that will require management. The Board will need to continue to be sighted on the delivery of the plan and the management of the key risks.

The Board approved the Trust's business plan on Thursday 12 February which included a five-year narrative plan outlining the key challenges and areas of focus for us. The plan is clear that, over the next five years, the Trust must deliver financial sustainability while protecting access to elective, cancer and urgent care, improving productivity and quality through digital transformation, innovation and expanded out-of-hospital pathways. This must be underpinned by disciplined financial and workforce planning and delivery against performance targets. Transformation will be delivered through a series of integrated programmes focused on outpatient reform, urgent and emergency care redesign, admission avoidance, discharge optimisation and workforce.

We celebrated International Day of Women and Girls in Science this month, which recognised the achievements and contributions of women and girls in the fields of science, technology, engineering and mathematics (STEM), and the importance of gender equality in the scientific community. Many women in science and technology have achieved groundbreaking discoveries over the decades, and I was delighted to take part in the Trust's recognition of the day by sharing my own experiences of working in STEM, and the invaluable support I have received from teachers and mentors throughout my career.

In a month where we celebrated the achievements of women in science, I was delighted to meet Vickie Gadd in the Gynae Oncology team on 19 February, who recently received royal recognition for her long-standing voluntary work.

Vickie is a lead Clinical Nurse Specialist for Gynae Oncology Genetics and Family History at Maidstone Hospital, and is part of a local volunteer group which supports women across Kent who are living with a faulty BRCA gene.

Called BRCA Kent, the group provides guidance and support to women across the county, bringing together those who have been diagnosed with a genetic mutation to share their experiences and build connections. Vickie's contribution to the group has included raising awareness among healthcare professionals across Kent by taking part in community education events covering topics such as understanding family history and explaining risk-reducing surgery options.

The group was honoured with the King's Award for Voluntary Service at the end of last year, the highest award given to local volunteer groups in the UK, equivalent to an MBE. It will be formally presented to them in April by Lord-Lieutenant of Kent, Lady Annabel Colgrain.

On behalf of the Board, I would like to congratulate Vickie and her fellow volunteers in BRCA Kent for their commitment to supporting women in the county living with a faulty BRCA gene.

Consultant appointments

I and my Non-Executive colleagues are responsible for chairing Advisory Appointment Committees (AACs) for the appointment of new substantive Consultants. The Trust follows the Good Practice Guidance issued by the Department of Health, in particular delegating the decision to appoint to the AAC, evidenced by the signature of the Chair of the AAC and two other Committee members. The delegated appointments made by the AAC since the previous report are shown below.

Date of AAC	Title	First name/s	Surname	Department	Potential / Actual Start date	New or replacement post?
28/11/2025	Consultant Gastroenterologist-IBD	Mohammad	Saifuddin	Gastroenterology	18/12/2025	28/11/2025

Title of report	**Report from the Chief Executive**					
Board / Committee	**Trust Board**					
Date of meeting	Thursday 26 February 2026					
Agenda item no.	02-6					
Executive lead	Miles Scott, Chief Executive					
Presenter	Miles Scott, Chief Executive					
Report Purpose (Please ☑ one)	***Action/Approval***	☐	***Discussion***	☐	***Information***	✓

Links to Strategic Themes (Please ☑ as appropriate)					
					
✓	✓	✓	✓	✓	✓

Executive Summary			
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	Chief Executive Report for the February Trust Board meeting, summarising Trust developments and achievements over the last month.		
Any items for formal escalation / decision	N/A		
Appendices attached	There are no appendices to this report.		
Report previously presented to:			
Committee / Group		Date	Outcome/Action
N/A		N/A	N/A

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	Please list any BAF Principal Risks to which this report relates: • N/A
Links to Trust Risk Register (TRR)	Please list any risks on the Trust Risk Register to which this report relates • N/A
Compliance / Regulatory Implications	Please list any compliance or regulatory matters raised or addressed by this report • N/A

I wish to draw the points detailed below to the attention of the Board:

- MTW is experiencing significant financial and operational pressures and will not meet its financial plan this year. Instead we are forecasting a deficit of £16.6m. This is the first time in eight years we have not delivered our financial plan. Despite delivering the largest savings programme in our history (£49m), rising costs, increased demand, workforce challenges and underlying pressures have contributed to our current position.
  MTW remains a strong, high-performing organisation, but we take responsibility for missing our plan and are focused on putting this right.

  Last week, more than 100 senior leaders from across the Trust came together to agree immediate actions for the final month of 2025/26 to consolidate our position and ensure we begin 2026/27 in the strongest possible place.

  These actions cover four areas:

  - A pause on recruitment which allows us to review how teams are structured. Recruitment to essential, safety critical posts will continue.
  - A one third reduction in temporary staffing.
  - Reducing length of stay and safely closing escalation areas.
  - Reducing discretionary non-pay spend.

  It is important to recognise what we have achieved together. Over recent years we have:
  - Improved cancer performance
  - Strengthened maternity services
  - Embedded same day emergency care
  - Delivered significant progress through our People Transformation Programme, reducing bank staff use by 15% and agency staff use by 50% this year
  - Expanded services as more patients need our care

  The reforecast builds on this year's savings programme and forms part of a structured three-year plan aligned with our long-term strategy and transformation priorities. It reflects the national focus on improving productivity, transforming pathways, strengthening system working, supporting the 'left shift', and accelerating digital transformation.

  As we continue this work, our commitment remains the same: supporting our staff, improving our services, and increasing our efficiency so we can deliver sustainable, high-quality care for our patients. By delivering our plan, we can continue investing in the services and facilities our patients and colleagues rely on.

  Our priority is, and will always be, providing safe care and the best possible experience for the people we serve.

- In a week where we marked World Cancer Day, the Trust has once again met all three national standards for cancer care. This coincided with the Government's launch of the National Cancer Plan, which places a strong emphasis on supporting the cancer workforce by transforming diagnostics and investing in new technologies to create more time for care. MTW has recently introduced a number of service developments with reflect the plan's focus on innovation, workforce development and productivity:

  - The Trust has become one of just a few in the country to provide liver stereotactic ablative body radiotherapy (SABR). The new service in the Kent Oncology Centre at Maidstone Hospital means patients in Kent can now access this highly specialised treatment closer to home, reducing the need for repeated travel to London.
  - An AI-enabled auto-contouring system, which outlines organs at risk to guide radiotherapy, has been installed at the Kent Oncology Centre and at our site at Kent and Canterbury Hospital. The technology will significantly reduce treatment planning time, cutting administrative workload and enabling clinicians to focus more on patient care.
  - MTW is one of the first trusts in the UK to receive a latest-generation plotting tank at Kent and Canterbury Hospital. This advanced equipment is used to measure and verify radiation dose distributions in water, which simulates human tissue, supporting even greater accuracy and safety in radiotherapy delivery.

- A team at Maidstone Hospital has carried out 40% more gallbladder operations in a single day than

previous standard care by utilising a surgical robot. The surgical team, led by Consultant Upper Gastrointestinal and Bariatric Surgeon, Mr Matyas Fehervari, completed a record number of procedures as part of a high intensity theatre (HIT) list. Carried out using one of the Trust's two surgical robots, the high-intensity list for gallbladder removal was the first at MTW. The procedure, known as a cholecystectomy, is traditionally carried out with keyhole (laparoscopic) surgery, which usually means five operations a day. By using robot-assisted surgery instead, where the robotic arms mimic the surgeon's hand movements through small incisions, the team were able to safely operate on seven patients, who all went home the same day. Being able to provide gallbladder surgery to more people, more quickly, means better care for patients, as they experience fewer bouts of inflammation and fewer visits to A&E during flare-ups.

- As we continue through winter, we are still experiencing sustained pressures across our sites, particularly in our Emergency Departments. The important role that partnership working plays in responding to these pressures and planning for the future has been strongly emphasised at various events and visits throughout this month:

    - The Southeast Learning and Improvement Network (LIN) event was held in Southampton on 6 February. LINs are a national initiative by NHS England to drive local improvements across urgent and emergency care, elective, and mental health services, and are led by NHS Trust Chief Executives. As collaborative, regionally led forums, the networks bring together leaders from NHS organisations, local authorities, voluntary sector partners and people with lived experience to share learnings and best practice. I was joined at the event by Deputy Medical Director, Dr James MacDonald and Chief of Cancer Services, Miss Philippa Moth, where we led workshops on urgent and emergency care, with discussions including optimising the first 72 hours of care and the standardisation of community urgent care services to reduce frailty admissions. Other workshops discussed elective care in women's health and gynaecology, and enabling psychologically safe cultures while innovating in reducing length of stay.
    - At the NHS Kent and Medway System Improvement Group this month we discussed the System Improvement Plan, which focuses on transforming patient care across Kent and Medway through enhanced digital integration, proactive prevention and improved access to primary care by 2026-27. The plan is supported by six improvement pillars: acute care transformation, neighbourhood care transformation, ICB reset, leadership, culture and capability, digital and technology and finance. Each pillar will be operated in a multidisciplinary team approach with a CEO sponsor, ICB lead and programme director. We are creating a system transformation resource from within existing capacity which will be hosted by Kent and Medway Mental Health NHS Trust. Linked to the pillars, we are working jointly on four system business cases to support transformation and will be key enablers to left shift and system sustainability. The pillars will also be a key enabler to delivering system efficiencies and the financial recovery plan. MTW are leading the acute care transformation and contributing to all others.
    - We recently welcomed colleagues from York and Scarborough Teaching Hospitals NHS Foundation Trust, who visited a number of services at Maidstone Hospital to share learning. The visitors heard how we have responded to increased pressures in our Emergency Departments with initiatives including co-located Urgent Treatment Centres and the West Kent Single Point of Access hub, which brings together senior paramedics from the South East Coast Ambulance Service and clinicians from MTW and Kent Community Health NHS Foundation Trust who speak with ambulance crews to make real-time decisions on the most appropriate service for patients' needs. The visit also included our Stroke Unit, which provides both hyper acute and acute stroke care to over 1,000 patients a year, and our central Care Coordination Centre, which uses real-time digital bed management to improve flow, safety and patient experience across Maidstone and Tunbridge Wells hospitals.

- Occupational therapists, doctors and physiotherapists from across Kent, Surrey and Sussex recently attended a study day at Maidstone Hospital on complex upper limb issues in children. The event was hosted by the Trust's Complex Paediatric Upper Limb Service, which provides highly specialised support for children and young people with neurological conditions such as cerebral palsy, who experience functional difficulties using their upper limbs. The service has been developed into a regional referral centre and treats children with a range of paediatric orthopaedic conditions, helping improve their ability to use their hands. The study day gave experts the opportunity to share ideas and learnings about the management of children with complex upper limb issues. They also discussed working with community services to create a regional care plan for children and young people with arm and hand difficulties due to cerebral palsy.

- Harriet Whyatt, a Bereavement Midwife at Tunbridge Wells Hospital, has won a national CuddleCot

award for her work in bereavement care. Bereavement midwives offer support, information and compassionate care when a baby dies at any stage of pregnancy. Harriet was nominated by some of the bereaved families she has supported, in recognition of her dedication in ensuring individuals facing baby loss receive the best possible care. On behalf of the Board, I would like to congratulate Harriet on receiving this award, which is testament to the support and compassion she shows to families as they navigate some of the hardest times of their lives.

- Congratulations to the winner of the Trust's Employee of the Month award for January, Karen Smith. Karen, who works in Maidstone Hospital's Radiology department, received six nominations, each describing how her kindness, positivity, respect and support for staff and patients make a real difference. She is described as a 'team player' with a 'big heart', who brings new ideas and solutions to the department, including creating colouring packs for young patients.

  January was the first month of our re-launched Employee of the Month awards, and we received 81 nominations. The awards now welcome nominations by any member of staff, patients and visitors, and these are reviewed each month by a new judging panel which includes colleagues from a wide range of services, departments and locations across the Trust.

Title of report	**Summary report from the Quality Committee, 11/02/26**					
Board / Committee	**Trust Board Meeting**					
Date of meeting	26th February 2026					
Agenda item no.	02-7					
Executive lead	Jo Haworth, Chief Nurse; Sarah Davis, Chief Operating Officer; Sara Mumford, Chief Medical Officer and DIPC					
Presenter	Jo Webber, Associate Non-Executive Director					
Report Purpose (Please ☑ one)	***Action/Approval***	☐	***Discussion***	☐	***Information***	✓

Links to Strategic Themes (Please ☑ as appropriate)					
Patient experience	Patient access	Sustainability	People	Systems and partnerships	Patient safety and clinical effectiveness
✓	✓	☐	☐	✓	✓

Executive Summary	
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	The Quality Committee met in person on 11th February 2026 (a ''deep dive'' meeting). The Committee considered the following topics: The BAF risks overseen by the Quality Committee; Review of patient discharges at the Trust, and an update on the Trust's Mental Health Strategy. The Committee noted that the reports presented, demonstrate that controls relating to Principal Risks 2, 3, and 4 of the Board Assurance Framework demonstrate partial assurance.
Any items for formal escalation / decision	N/A
Appendices attached	There are no appendices to this report.

Report previously presented to:		
Committee / Group	Date	Outcome/Action

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	PR:2 If we do not reduce the number of significant avoidable harm events our patients are at risk of poor clinical outcomes PR 3: If the Trust does not meet its constitutional patient access standards there may be delays in care for our patients, financial implications and reputational damage PR 4: Failure to provide compassionate, effective, responsive and safe care may negatively impact the experience of care for patients, their families and carers and may affect the reputation of the organisation.
Links to Trust Risk Register (TRR)	Please list any risks on the Trust Risk Register to which this report relates • 3417 - Risk of Significant physical and/or psychological harm to patients as a result of prolonged Histology turnaround times

	• 3096 - Risk of increased staff turnover/ sickness/ negative impact on wellbeing across Cellular Pathology- all roles.
Compliance / Regulatory Implications	N/A

The Quality Committee met (in-person / face-to-face) on 11th February 2026 (a 'deep dive' meeting).

The key matters considered at the meeting were as follows:

- The Committee reviewed the **actions from previous meetings**.
- The Committee considered the Board Assurance Framework (BAF) and noted that the 'Patient Access'; Patient Safety and Clinical Effectiveness' and 'Patient Experience' Principal risks, were all being reviewed regularly.
- The Deputy Director, Operational Flow, and the Deputy Chief Nurse, Quality and Patient Experience presented a **review of patient discharges at the Trust,** which provided an overview from both a performance and flow perspective, and a quality and safety perspective. The Committee heard that reviews had been undertaken around discharge pathways, delays and no criteria to reside (NCTR) performance, with the MTW noted as one of the lowest NCTR-reporting Trusts regionally. Infection control performance remained strong, though norovirus had affected several areas leading to closed beds on wards in January 2026. The Trust vaccination rate was at 54% against the national target of 47% and Integrated Care Board (ICB) target of 55%. Multiple system-wide and internal interventions were implemented to support safe and timely discharge, but key challenges persisted around community delays, system pressures and communication with patients and carers. Operational discussion highlighted weekend discharge barriers, site variation between Maidstone Hospital and Tunbridge Wells, workforce constraints, increasing pathway complexity and rising numbers of patients without criteria to reside. The Trust's long-term plan aimed to improve capacity and workforce models, with measures also in place to reduce frequent re-attendance through treatment escalation plans and complex case reviews. National themes for patient experience showed issues with communication, involvement in decisions and emotional distress during delays, prompting actions to develop improved discharge communication, voluntary-sector partnerships and strengthened feedback mechanisms. Transport reliability remained an unresolved issue. Future priorities include stronger system partnership working, improved local communication with patients, shared level of risk across the system for flow improvement, and continued work to reduce length of stay, with readmission tracking to be strengthened via Patient Outcomes Oversight Group reporting.
    - ❖ The Committee noted that this demonstrated limited assurance of the effectiveness of controls for the Board Assurance Framework, Principal Risks 2, 3 and 4.
- The Head of Mental Health and the Divisional Director of Nursing and Quality, Paediatrics, Gynaecology, and Sexual Health then provided an **update on the Trust's Mental Health Strategy**, which included details on the five-priority Mental Health Strategy, outlining commitments across emergency and inpatient safety, preventative outpatient care, digital innovation, workforce development and strengthened partnerships. A number of achievements were highlighted such as the Mental Health dashboard, enhanced care model and launch of the All Age Mental Health Strategy. The group viewed a live demonstration of the Enhanced Care dashboard, which was noted to be available for teams to view. Discussion focused on delivery capacity, with the five-year plan broken into targeted workstreams led by multiprofessional teams, though resourcing would need review for future sustainability. The Committee sought clarity on what 'good' looks like, and it confirmed this was defined within the strategy with strong emphasis on preventative outcomes. Children's mental health was incorporated through a combined dashboard and workstream. Cultural improvements and staff confidence continued to be strengthened, with emergency department practice shifting towards more holistic and parallel assessment of mental and physical health. The Committee was asked to support further multiprofessional engagement and future resourcing requirements.
    - ❖ The Committee noted that this demonstrated adequate assurance of the effectiveness of controls for the Board Assurance Framework, Principal Risks 2, 3 and 4.
- The items for scrutiny at future Quality Committee 'deep dive' meetings were discussed.

Title of report	**Summary report from the People and Organisational Development Committee, 20/02/26**					
Board / Committee	**Trust Board 'Part 1' Meeting**					
Date of meeting	26th February 2026					
Agenda item no.	02-8					
Executive lead	Helen Palmer, Chief People Officer					
Presenter	Alex Yew, Non-Executive Director					
Report Purpose (Please ☑ one)	***Action/Approval***	✓	***Discussion***	☐	***Information***	✓

Links to Strategic Themes (Please ☑ as appropriate)					
Patient experience	Patient access	Sustainability	People	Systems and partnerships	Patient safety and clinical effectiveness
☐	☐	☐	✓	☐	☐

Executive Summary	
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	The People and Organisational Development Committee met (virtually via webconference) on 20th February 2026 (a 'deep dive' meeting). The Committee considered the following topics: 1) The People BAF risk 2) Monthly review of the "Strategic Theme: People" section of the Integrated Performance Report (IPR) 3) Very Senior Management (VSM) Recruitment 4) AI-enabled automated bank approvals 5) Review of the Trust's People related risks 6) Review of Internal Audit plan 2026/27 The Committee noted that the reports presented, demonstrate that controls relating to Principal Risk 1 and an element of Principal Risk 6 of the Board Assurance framework are demonstrating effectiveness.
Any items for formal escalation / decision	
Appendices attached	

Report previously presented to:		
Committee / Group	Date	Outcome/Action
N/A	N/A	N/A

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	PR1: Failure to attract and retain a culturally diverse workforce may prevent the organisation from achieving its ambition to be an inclusive employer PR 6: Failure to deliver the Trust financial plan resulting from the system being in financial recovery
Links to Trust Risk Register (TRR)	ID993 – Continued dependency on bank and agency staff following improvements in vacancy/recruitment levels
Compliance / Regulatory Implications	N/A

The People and Organisational Development Committee met (virtually via webconference) on 20th February 2026 (a 'deep dive' meeting).

The key matters considered at the meeting were as follows:

- The **actions from previous 'deep dive' meetings** were reviewed.
- The Committee considered the **People Board Assurance Framework (BAF) risk** and had regard to this throughout the meeting. It was noted that BAF revision work was already under way, given the changing landscape, and that clearer data, timelines and definitions of success were needed to support future risk-scoring decisions.
- The Committee conducted a **monthly review of the "Strategic Theme: People" section of the Integrated Performance Report (IPR)**, wherein it was reported that there had been continued reductions in substantive headcount and a flat but lower year-on-year level of variable staffing spend, though temporary staffing remained a financial pressure. Vacancies had risen but were expected to reduce following the establishment review. Sickness absence had peaked above 5% in January due to seasonal illness and transformation-related stress, with improvements seen in February, and work was underway to restore business-as-usual sickness management, strengthen Human Resources (HR) support and progress Occupational Health and Wellbeing initiatives. The Committee emphasised the need for targeted sickness reduction to help meet financial goals. It was confirmed that the Trust was on track to meet workforce-related pay targets once Phase two transformation changes and tighter recruitment controls took effect, alongside a 30% reduction in variable pay. DBS compliance had risen to 93% and processes for contractors were now robust. The group requested clearer reporting on talent, learning and leadership, and noted that while medical appraisals were well managed, the AfC system was challenging, with improvements expected through the ESR replacement.
    - ❖ The Committee considered that this demonstrated the controls articulated in the Board Assurance Framework, Principal Risk 6 regarding reduction in temporary staff spend.
- The Deputy Chief People Officer / Temporary Staffing Programme Director presented the **Very Senior Management (VSM) Recruitment** report which included that VSM and Board recruitment had been brought in-house, strengthening governance and improving consistency through updated stakeholder panel guidance, standardised interview questions, refreshed job packs and embedded Equality Diversity and Inclusion (EDI) competencies. The Committee also heard suggestions to involve external stakeholders, including patients with lived experience; while panels were currently internal, it was noted that external NHS peers were sometimes included, and support was offered to explore patient involvement once the Experience of Care team, currently being rebuilt, was fully staffed and funding solutions were identified. The group was advised that the new recruitment approach was ready to go and would be used for the next appropriate vacancy. Finally, the Committee heard concerns about widening candidate attraction to better reach under-represented groups, with recognition that external support might still be required if internal networks proved insufficient.
- The Committee then heard about **AI-enabled automated bank approvals** wherein it was noted that MTW would be the next trust to adopt the "APA" automation process, following Kent Community Health Foundation Trust's successful pilot, which delivered more consistent bank-shift approvals and over £100k savings in four weeks by rejecting non-compliant requests. The Committee was advised that APA used automation for approvals, with artificial intelligence (AI) providing analytical reporting that highlighted poor rostering practices. The Committee heard that the Trust planned to complete the Establishment Review before building the system in May/June and piloting it across 10–20 wards in July. It was noted that the tool would apply across all staff groups, integrate with systems such as Patchwork, and was expected to generate savings exceeding its £180k annual running cost. The Committee further heard that robust cost-benefit modelling, cash-flow planning and monthly monitoring via the Finance and Performance Committee would be essential, and that a full Business Case would be submitted following the pilot, with interim progress updates shared.
- The group reviewed the **Trust's People related risks** wherein it was reported that there were 65 open people-related risks, with increases driven by new risks and strategic realignment, and many risks overdue for review or action. Five risks were rated red, and key themes continued to center

on staffing, training, workload and skill mix. Strengthened governance structures were now in place, though overdue risks remained a concern and an improvement plan was proposed. The Committee discussed refining future reporting to focus on strategic, BAF-aligned and priority operational risks. It also heard that some reclassified risks might need further review, that business partners would help improve oversight, and that governance capacity should strengthen as new staff joined.

- The Committee considered the assurance provided relating to the People BAF risk, and the Chair conducted an evaluation of the meeting.
- The Committee noted the **Internal Audit plan 2026/27** and the **forward programme.**

Title of report	**Summary report from the Finance and Performance Committee**					
Board / Committee	**Trust Board Meeting**					
Date of meeting	24th February 2026					
Agenda item no.	02-9					
Executive lead	Neil Griffiths, Non-Executive Director					
Presenter	David Morgan, Non-Executive Director					
Report Purpose (Please ☑ one)	***Action/Approval***	☐	***Discussion***	☐	***Information***	✓

Links to Strategic Themes (Please ☑ as appropriate)					
					
☐	✓	✓	☐	✓	☐

Executive Summary	
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	The Finance and Performance Committee met (virtually) on 24th February 2026. The Committee considered the following topics: 1) To consider the BAF risks 2) The patient access strategic theme metrics for January 2026 3) The financial performance for month 10, 2025/26 4) Quarterly Productivity Report 5) Medium Term Plan (Including an update from the work of System Financial Improvement Director) 6) Quarterly update on the Business Case benefits realisation 7) Quarterly update on the implementation of the Digital and Data Strategy 8) To approve the implementation of the Federated Data Platform for RTT and PTL 9) Submission for Cash Application 10) Approval of Terms of Reference of the Cash Committee The Committee noted the Summary report from the People and Organisational Development Committee, January 2026, the Communications and Engagement Plan, Quarterly analysis of consultancy use, Notification of the use of the Trust Seal; the forward programme and reviewed the Internal Audit plan 2026/27 The Committee noted that the reports presented, demonstrate that controls relating to Principal Risks 3,5 and 6 of the Board Assurance Framework are demonstrating effectiveness in the information presented at the meeting, but the risks remained.
Any items for formal escalation / decision	
Appendices attached	N/A

Report previously presented to:		
Committee / Group	Date	Outcome/Action
N/A	N/A	N/A

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	• PR3: If the Trust does not meet its constitutional patient access standards there may be delays in care for our patients, financial implications and reputational damage • PR5: If we do not work effectively as a system patients that are no longer fit to reside will remain within MTW for longer which may result in poorer clinical outcomes and reduced flow through our hospitals • PR6: Failure to deliver the Trust financial plan resulting from the system being in financial recovery
Links to Trust Risk Register (TRR)	Please list any risks on the Trust Risk Register to which this report relates • 791 – Failure to meet Referral to Treatment Targets (RTT) • 3109 – Failure to deliver Financial Plan including recurrent cost improvement programmes for 2024/25 • 3113 – There is a risk that the Trust will not have enough cash to meet its commitments resulting in suppliers not being paid and the Trust not meeting its BPPC (Better Payment Practice Code) • 3130 – There is a risk that the Trust will not be able to deliver it's financial efficiency plan (CIP)
Compliance / Regulatory Implications	N/A

The Finance and Performance Committee met on 24th February 2026, virtually via webconference.

The key matters considered at the meeting were as follows:

- The **actions from previous meetings** were noted.
- The group considered and reviewed the Board Assurance Framework (BAF) risks relating to the Committee.
- The **Patient Access strategic theme** metrics for January were reviewed, and the Committee heard that the Emergency Department (ED) performance for January was at 70%, ambulance handovers had increased, the length of patients waiting 12 hours or more in ED had increased there was a reduction in non-elective length of stay. The committee heard there was a focus on a number of areas to improve the situation. The Committee heard that following the September 2025 mid-year review, the Referral to Treatment Time (RTT) performance was revised and agreed with NHSE. It was noted that a recovery plan was in place, was being closely monitored and expected to deliver improvements in the coming months.
- The **financial performance month 10, 2025/26** was then presented by the Chief Finance Officer, which included that the Trust was £1.3m in surplus in the month, which was £1.2m adverse to plan and in line with the forecast of 16.6m deficit. The Trust was forecasting to deliver £52.4m in savings in a full year, the favorable and adverse variances to the financial position were discussed. The Committee discussed the Trust's capital spend and the Trust's cash position.
- **The Medium-Term Plan (Including an update from the work of System Financial Improvement Director)** was then presented, wherein it was noted that work on delivery of the plan had commenced, leaders and staff were working at pace to ensure the run rate at the start of the next financial year was optimized.
- The Associate Director of Operations - Women's, Children & Sexual Health attended to present the **Quarterly Productivity Report**, which noted that productivity of the services was largely positive and included details on two key areas of focus for a deep dive into the productivity of those areas. The Committee heard that the service has benchmarked against system partners, identified areas of improvements and identify actions to improve productivity in those areas which would be overseen by task and finish groups.
- The Director of Strategy, Planning and Partnerships provided the Committee with the **quarterly update on the Business Case benefits realization.** The group heard that the benefits realisation review process was business as usual, included, what benefits had been delivered, what had not been delivered and identified lessons learned, which were shared by the Business Case Review Panel at the early stages of a business case being developed.
- The Director of IT attended to present the **quarterly update on the implementation of the Digital and Data Strategy,** which included an overview of progress made in delivering the Trust's Digital and Data Strategy during the last quarter, highlighting key developments that directly support operational performance, financial recovery, clinical transformation and national policy requirements. The Committee discussed collaborative working at system level on the acquisition and implementation of digital systems in order to reduce duplication and cost.
- The Committee reviewed and approved the **implementation of the Federated Data Platform for RTT and PTL.**
- The Committee then noted the **summary report from the People and Organisational Development Committee, Jan. 2026; review of Internal Audit plan 2026/27; Communications and Engagement Plan; Quarterly analysis of consultancy use; Notification of the use of the Trust Seal;** and the **forward programme.**
- The Committee **considered the assurance provided at the meeting relating to the Board Assurance Framework** and noted that the information presented, demonstrated that controls relating to Principal Risks 3,5 and 6 of the Board Assurance Framework are demonstrating effectiveness.
- The Committee then reviewed the **submission for the Cash Application** and approved the **Terms of Reference** for the Cash Committee.

NHS
Maidstone and Tunbridge Wells NHS Trust

Integrated Performance Report

January 2026

MTW
exceptional people, outstanding care

Contents

Appendices

Note: Detailed dashboards and a deep dive into each SDR and CQC Domain are available on request - mtw-tr.informationdepartment@nhs.net

Key to KPI Variation and Assurance Icons

Variation			Assurance					
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Common cause - no significant change	Consistent (P)assing of Target - Upper control limit is below the target line or Lower control limit is above the target line (depending on the nature of the metric)	Metric has (P)assed the target for the last 6 (or more) data points, but the control limits have not moved above/below the target.	Inconsistent passing and failing of the target	Metric has (F)ailed to meet the target for the last 6 (or more) data points, but the control limits have not moved above/below the target.	Consistent (F)ailing of Target - Lower control limit is below the target line or Upper control limit is above the target line (depending on the nature of the metric)	Data Currently Unavailable or insufficient data points to generate an SPC

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Maidstone and Tunbridge Wells NHS Trust

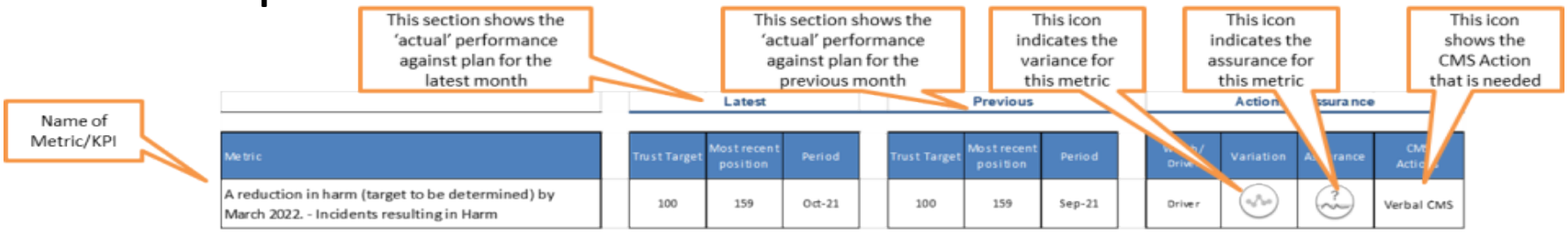
Escalation Rules:

Please see the Business Rules for the five areas of Assurance: Consistently Failing, Not achieving target >=6 months, Hit or Miss, Consistently Passing and Achieving target >=6 months (three slides in the last Appendix)

Escalation Pages:

SPC Charts that have been escalated as have triggered the Business Rule for Full Escalation have a Red Border

Scorecards explained



Further Reading / other resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count

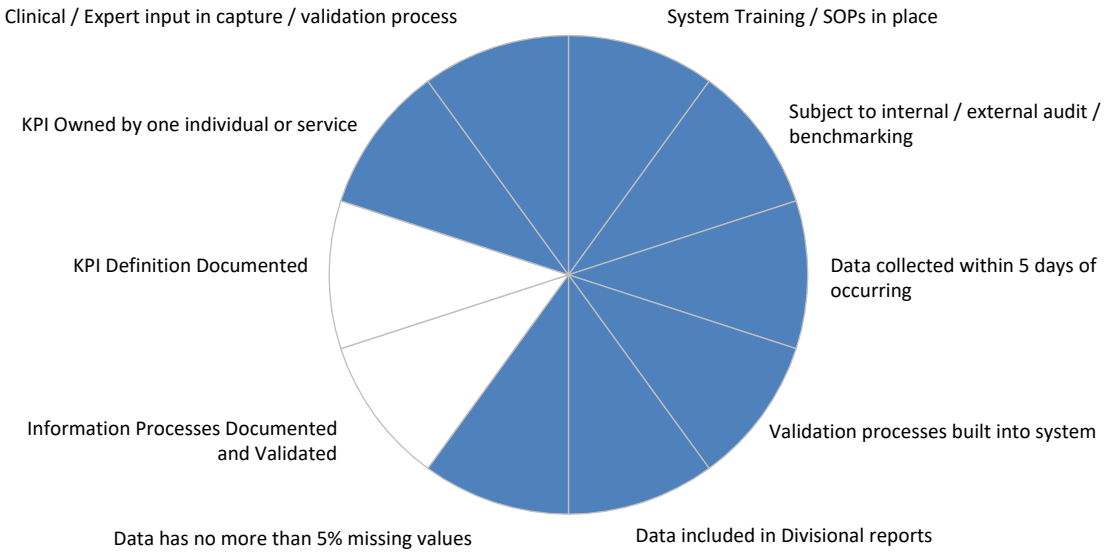
MTW exceptional people, outstanding care

Forecasts

				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Well Led	Reduce the Trust wide vacancy rate to 12%		12%	8.5%	Sep-23	12%	8.6%	Aug-23	Driver			Note Performance	8.1%		
Breakthrough Objectives	Well Led	Reduce Turnover Rate to 12%		12%	12.8%	Sep-23	12%	12.7%	Aug-23	Driver			Full CMS	12.7%		

A three month forward view forecast has been included in the IPR for the Vision and Breakthrough metrics. Variation and Assurance icons being generated for the forecasted position to give an indicative view of performance at that point. There are varying approaches being used to generate these forecasts. Some are statistical and others based on detailed plans and / or upcoming known events. These are signed off by Exec. SROs.

Data Quality Kite Marks



A Kite Mark has been assigned to each metric in the report. This has been created by assessing the source system against relevant criteria as well as the documentation and oversight associated with each metric.

A point has been assigned for each of the criteria met. The maximum score is ten. There are ten segments in the Kite Mark image and the corresponding segments are shaded blue based on those that have been met.

The ordering of the criteria has been kept consistent so users can see which criteria are met/unmet. So in the example shown, the 'KPI documentation' and 'Information Process documentation' are unmet.

The implementation of this is an audit recommendation.

Executive Summary

Executive Summary:

The Strategy Deployment Review (SDR) governance structure and Improvement process has been reviewed for the new financial year and the new Vision and Breakthrough Objectives for each of the six strategic themes have been agreed. The new objectives are therefore reflected in this report. These Key Performance Indicators are at an early stage and will continue to be developed as the improvement programme continues. Any indicators that are part of the National Performance Assessment Framework (NPAF) have been highlighted or added if they were not already included in the report.

People: Delivery of the pay elements of the Financial Improvement Plan 25/26 indicator is experiencing common cause variation but has now failed the target for 6+ months. The breakthrough objective of achievement of the workforce plan in WTEs remains in common cause variation, and consistently failing the target, with the substantive staff element of this also currently escalated. Agency staff spend as a proportion of the total pay spend continues to experience special cause variation of an improving nature and continues to consistently pass the target. Vacancy Rate remains in common cause variation and has moved to variable achievement of the target. Turnover Rate has returned to common cause variation of a concerning nature but continues to consistently pass the target. The number of staff that leave within 12 and 24 months are now both in variable achievement of the target. The Nursing Safe Staffing levels is consistently achieving the target. Statutory and Mandatory Training continues to be consistently passing the target. The Trust continues to consistently achieve the target for both the percentage of staff Afc 8c or above that are female or have a disability. Performance for the percentage of staff Afc 8c or above that are BAME has moved to special cause variation of an improving nature but is consistently failing the target. The Trust continues to implement several actions to improve performance.

Patient Safety & Clinical Effectiveness: The rate of incidents causing patients moderate or higher harm continues to be in special cause variation of a concerning nature and failing the target for 6+ months. The number of incidents of moderate+ harms due to potential mismanagement of deteriorating patients is experiencing common cause variation and variable achievement of the target. Both the Rates of E.Coli and C.Diff continue to experience common cause variation and variable achievement of the target. However, the new NPAF Indicators which monitor a 12-month rolling count of cases as a proportion of the Trust Threshold for both E.Coli and C.Difficile are currently escalated. The rate of falls has moved to common cause variation but continues to pass the target for more than six months. VTE performance was above the 95% target in December (data runs one-month behind and is in common cause variation while passing the target for 6+ months.

Patient Access: The Trust continues to provide system support (SYS) to other Trusts across Kent and Medway which is therefore adversely affecting the Trust's RTT performance that is reported nationally. RTT was below the trajectory target for January of 73.7% at 70.1% (Excluding SYS) which was 2.6% below the internal recovery trajectory. Nationally we reported 70.01% (including SYS). This indicator is experiencing special cause variation of a deteriorating nature and variable achievement of the target. We remain one of the best performing trusts in the country for longer waiters. Nationally we have reported 15 52 week breaches at the end of January 25, due to mutual aid provided to peer organisations. The number of patients having waited more than 40 weeks (Excluding SYS) continues to experience common cause variation and variable achievement of the target. The "Reduction in weeks wait for first Outpatient Appointment" indicator is experiencing common cause variation and consistently failing the target. This has a phased trajectory to get to an average wait of 13 weeks for first outpatient appointment by March 26

Diagnostic Waiting Times performance was 5.3% above the trajectory target for January at 97%. This indicator is experiencing special cause variation of an improving nature and has now passed the target for 6+ months. The overall Diagnostics target has also now changed nationally from 99% to 95%.

Executive Summary (continued)

Patient Access (Continued): The Trust's performance for A&E 4hrs was 6% below the trajectory target for January at 72.3% and is failing the target for 6+months. The new NPAF Indicator for A&E 4hrs (an Aggregated Quarterly Position) is consistently passing the NPAF target of 78% . Performance remains one of the highest Nationally. Both the average in-hospital non-elective length of stay and Ambulance Handovers <30m+ins indicators are currently experiencing common cause variation but have failed the target for 6+ months. Work continues to improve flow across the Trust. The conversion rate from A&E to inpatient admission remains in common cause variation and has consistently passing the target. The Trust continues to achieve the combined 31 day first definitive treatment standard and the 62 day first definitive treatment standard (both the monthly snapshot and new NPAF aggregated quarter positions). CWT metrics are the Provisional reported monthly positions, but the position hasn't been fully validated yet. Finalised reports will be available after the 6 monthly refresh. The new NPAF indicator for the 28 Day Faster Diagnosis standard which is an aggregate quarterly position is currently escalated due to the target for NPAF being 80% rather than the current national target of 75%.

Outpatient utilisation continues to experience special cause variation of a concerning nature and variable achievement of the target. January performance will improve as cashing up of clinics continues. The percentage of Clinical Admin Unit (CAU) Calls answered within 1 minute remains in common cause variation and is consistently failing the target. Performance for First Outpatients activity was above the trajectory target for January (this is likely to improve as cashing up of clinics take place). This indicator is experiencing common cause variation and variable achievement of the target. Elective Activity (Inpatients and Day Case combined) was above the new plan for January but remains in common cause variation and variable achievement of the plan. Theatre Utilisation is experiencing common cause variation but is consistently failing the are either a new appointment, or a follow up appointment with a procedure, has moved to common cause variation and has achieved the target for 6+ months. The rate of all outpatient appointments that Diagnostic Imaging activity levels were below plan in January, and this indicator remains in common cause variation and variable achievement of the target.

Patient Experience: The number of overall complaints continues to experience special cause variation of a concerning nature and has failed the revised target for more than six months. The Breakthrough Objective to increase the number of complaints that are closed through an initial conversation or local resolution is in common cause variation and variable achievement of the new target of 15.7%. Complaints responded to within the target date passed the target again in January, at 84%, and continues to experience special cause variation of an improving nature and now has hit the target for 6+ months. Maternity, Inpatients & Outpatients Friends and Family Response rates remain in common cause variation and have failed the target for six consecutive months or are consistently failing.

Systems: Both the daily average in-hospital non-elective beddays (Excluding Virtual Ward) and the daily average virtual ward beddays are experiencing common cause variation and variable achievement of the target. The target for the Virtual Ward beddays has been increased to 95% of the 60 beds. The Average Non-Elective LOS for Fracture Neck of Femur (NOF) has returned to common cause variation and variable achievement of the target.

Sustainability: The Trust was £1.3m in surplus in the month which was £1.2m adverse to plan in the month. Year to Date the Trust is £18.7m in deficit which is £11.8m adverse to plan. The most recent Implied Productivity NPAF Metric is experiencing special cause variation of an improving nature but is consistently failing the target.

Maternity: Indicators for Women waiting for Induction of Labour continue to experience common cause variation and consistently failing the target. The Trust is now showing data post-validation (April-24 onwards) for both indicators for Decision to delivery interval (Category 1 & Category 2) caesarean sections. The Decision to delivery interval (Category 2) caesarean section indicator is now experiencing special cause variation of an improving nature but consistently failing the target.

Executive Summary (continued)

Escalations by Strategic Theme:

People:
- Delivery of the pay elements of the Financial Improvement Plan 2025/26 (P.11)
- Achievement of Workforce Plan (WTEs) (P.12)
- Achievement of Substantive Element of Workforce Plan (WTEs) (P.13)
- % of Afc 8c and above that are BAME (P.13)

Patient Access:
- Achieve a 5% improvement in RTT Incomplete Pathway Performance (P.19)
- RTT - Reduction in weeks wait to first outpatient appointment (Average) (P.20)
- Ambulance Handovers < 30 mins (P.21)
- Percentage of emergency department attendances admitted, transferred or discharged within 4 hours - monthly *NPAF Metric* (P.21)
- Percentage of emergency department attendances admitted, transferred or discharged within 12 hours – Quarterly *NPAF Metric* (P.21)
- Cancer - 28 Day Faster Diagnosis Compliance - Quarter Position Aggregated *NPAF Metric* (P.21)
- 10% Reduction in Non-Elective LOS (P.22)
- Outpatient Calls answered <1 minute (P.22)
- % Capped Theatre Utilisation (P.22)
- RTT Waiting List (Excl SYS) (P.22)

Systems:
- Daily Average Virtual Ward Beddays (P.28)

Sustainability:
- Implied Productivity YTD vs Previous Year (P.30)

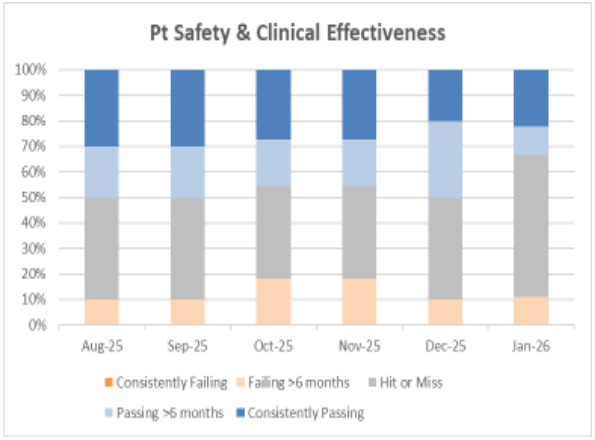
Patient Safety & Clinical Effectiveness:
- Rate of Incidents resulting in moderate harm per 1,000 occupied beddays (P.15)
- 12 month rolling count of E. coli cases as a proportion of trust threshold *NPAF Metric* (P.16)
- 12 month rolling count of C. difficile cases as a proportion of trust threshold *NPAF Metric* (P.16)

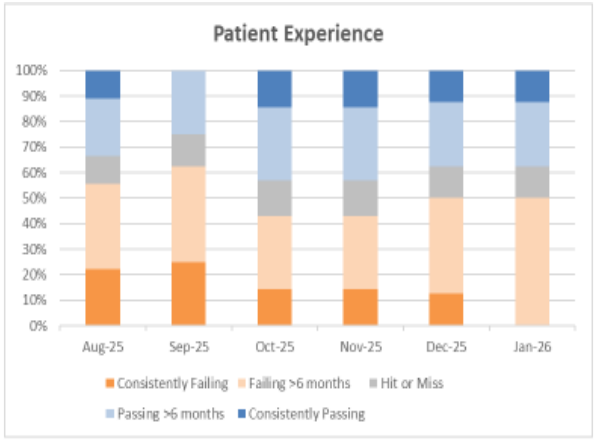
Patient Experience:
- New Complaints Received (P.24)
- FT Response Rates: Maternity (P.25)
- FT Response Rates: Outpatients (P.25)

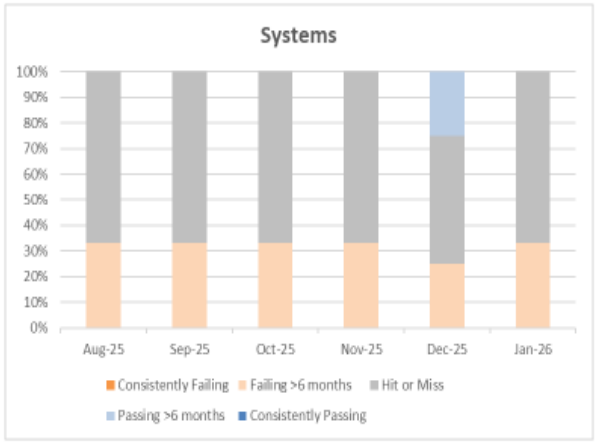
Maternity Metrics:
- Women waiting for Induction of Labour <2 Hrs (P.32)
- Women waiting for Induction of Labour <4 Hrs (P.32)
- Decision to delivery interval (Cat 2) caesarean section (P.32)

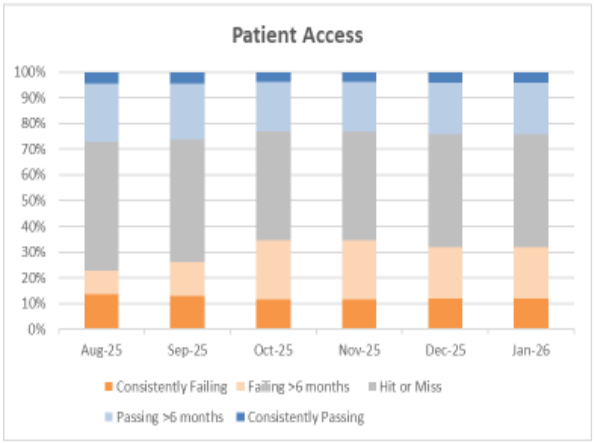
**Escalated due to the rule for being in Hit or Miss for more than six months being applied*

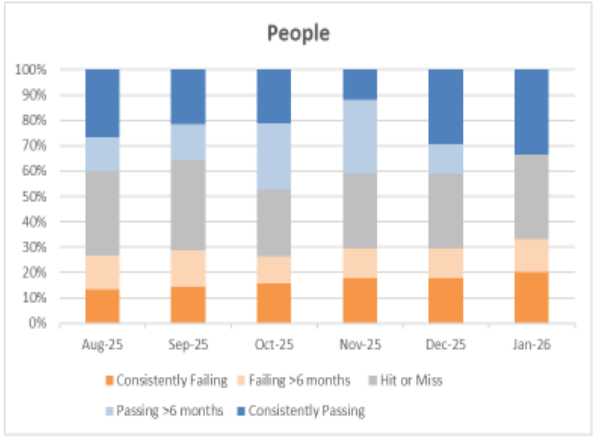
Assurance Stacked Bar Charts by Strategic Theme

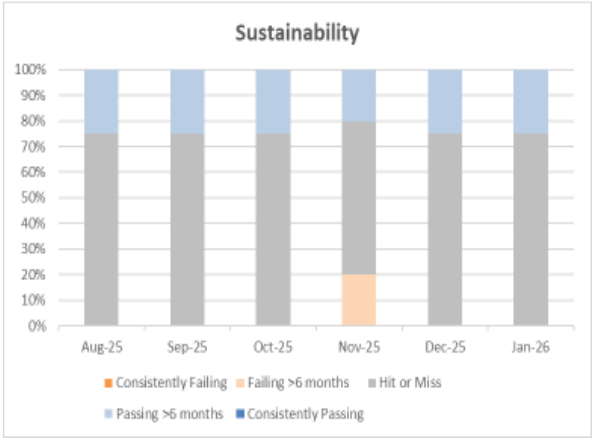












Matrix Summary

January 2025

Assurance

Variance	Pass ★	Pass	Hit and Miss	Fail	Fail -
Special Cause - Improvement	Agency Spend as a % of spend – target of 3.2% Statutory and Mandatory Training Percentage of AfC 8c and above that have a Disability Summary Hospital-level Mortality Indicator (SHMI) *NPAF Metric*	Access to Diagnostics (<6weeks standard) % complaints responded to within target	Achievement of Bank Element of Workforce Plan (WTEs) Achievement of Agency Element of Workforce Plan (WTEs) Cancer - 62 Day (New Combined Standard) data runs one month behind Capital Expenditure (£k)	Friends and Family (FFT) % Response Rate: Outpatients	Percentage of AfC 8c and above that are BAME 12 month rolling count of MRSA cases *NPAF Metric*
Common Cause	Percentage of AfC 8c and above that are Female Standardised Mortality HSMR *Cancer - 62 Day (one month behind) - Quarter Position Aggregated *NPAF Metric* Safe Staffing Levels (Nursing)	Rate of patient falls per 1000 occupied bed days Cancer - 31 Day First (New Combined Standard) - data runs one month behind	Staff Leavers within 12 months Staff Leavers within 24 months Number Moderate+ Harms Attributed to the Potential Mismanagement of Deteriorating Patients (data runs one month behind) Never Events IC - Rate of Hospital E.Coli per 100,000 occupied beddays IC - Rate of Hospital C.Difficile per 100,000 occupied beddays IC - Number of Hospital acquired MRSA Bacteraemia *Cancer - 28 Day Faster Diagnosis Compliance (one month behind) - Quarter Position Aggregated *NPAF Metric* RTT Patients waiting longer than 40 weeks for treatment (Excluding System Support) Cancer - 28 Day Faster Diagnosis Compliance (data runs one month behind) Cancer - 28 Day Faster Diagnosis Completeness (data runs one month behind) To achieve the planned levels of new outpatients activity To achieve the planned levels of elective (DC and IP combined) activity To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity To increase the number of complaints that are closed through an initial conversation or local resolution - shown as a percentage of all complaints closed To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience To support the system financial recovery plan through the better use of beds programme - Daily Average In-Hospital Non-Elective Overnight Beddays (excluding Virtual Ward) * Delivery of the better use of beds programme for MTW - Daily Average Virtual Ward Beddays - Target is 95%of 60 beds Delivery of the better use of beds programme for MTW - Average Non-Elective LOS for Fracture Neck of Femur (NOF) - Data runs one month behind Delivery of financial plan inc. operational delivery of capital investment plan (net surplus(-)/net deficit (+) £000) *NPAF Metric* Reduce non-pay spend Implied Productivity Growth (YTD compared to previous year)	Delivery of the pay elements of the Financial Improvement Plan 2025/26 RTT - Reduction in weeks wait to first out patient appointment (Average weeks wait excluding cancer pathways) Ambulance Handover Delays >30mins To reduce the overall number of complaints or concerns each month Friends and Family (FFT) % Response Rate: Inpatients Friends and Family (FFT) % Response Rate: Maternity	Achievement of Workforce Plan (WTEs) Achievement of Substantive Element of Workforce Plan (WTEs) 12 month rolling count of C. difficile cases as a proportion of trust threshold *NPAF Metric* RTT - Reduction in weeks wait to first out patient appointment (Average weeks wait excluding cancer pathways) CAU Calls answered <1 minute Achieve 10% Reduction in Non-Elective LOS (including Zero LOS & Excluding Type 5 and Virtual Ward) % Capped Theatre utilisation.
Special Cause - Concern	% VTE Risk Assessment (one month behind) **Percentage of emergency department attendances admitted, transferred or discharged within 4 hours - Quarter Position Aggregated *NPAF Metric*		Sickness Absence *NPAF Metric* Reduce the Trust wide vacancy rate to 8% % Outpatient Clinic Utilised (slots) % of Patients Discharged to a PIFU Pathways Complaints Rate per 1,000 occupied beddays To achieve a 5% improvement in RTT (Excluding SYS) as per the Trust Trajectory *NPAF Metric* RTT Total Waiting List (Excl SYS)	Reduction in rate of patient incidents resulting in Moderate+ Harm per 1000 bed days (data runs one month behind) Percentage of emergency department attendances spending over 12 hours in the department - Quarter Position Aggregated *NPAF Metric* A&E 4 hr Performance	12 month rolling count of E. coli cases as a proportion of trust threshold *NPAF Metric* To achieve a 5% improvement in RTT (Including SYS) - Reported Nationally

Strategic Theme: People

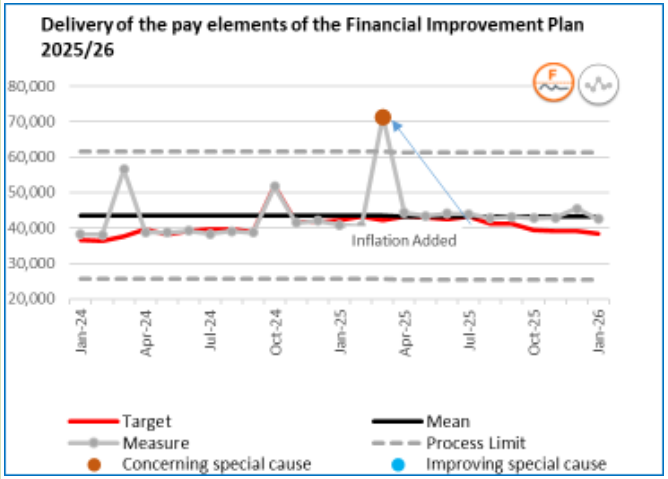
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	Three Month Forecast	Variation	Assurance
Vision	Well Led	Delivery of the pay elements of the Financial Improvement Plan 2025/26		38,421	42,510	Jan-26	39,084	45,443	Dec-25	Driver			Full CMS			
Breakthrough Objective	Well Led	Achievement of Workforce Plan (WTEs)		7695	8118	Jan-26	7742	8208	Dec-25	Driver			Full CMS			
NHS Performance Assessment Framework (NPAF) Metrics	Well Led	Sickness Absence *NPAF Metric*		4.5%	5.1%	Dec-25	4.5%	4.8%	Nov-25	Driver			Not Escalated	4.6%		
Constitutional Standards and Key Metrics	Well Led	Achievement of Substantive Element of Workforce Plan (WTEs)		7068	7501	Jan-26	7115	7561	Dec-25	Driver			Escalation			
	Well Led	Achievement of Bank Element of Workforce Plan (WTEs)		552	541	Jan-26	552	594	Dec-25	Driver			Not Escalated			
	Well Led	Achievement of Agency Element of Workforce Plan (WTEs)		74	76	Jan-26	74	54	Dec-25	Driver			Not Escalated			
	Well Led	Agency Spend as a % of spend – target of 3.2%		3.2%	-2.1%	Jan-26	3.2%	0.9%	Dec-25	Driver			Not Escalated			
	Well Led	Reduce the Trust wide vacancy rate to 8%		8.0%	8.1%	Jan-26	8.0%	7.4%	Dec-25	Driver			Not Escalated	7.7%		
	Well Led	Reduce Turnover Rate to 12%		12.0%	11.8%	Jan-26	12.0%	11.3%	Dec-25	Driver			Not Escalated	11.7%		
	Well Led	Statutory and Mandatory Training		85.0%	90.9%	Jan-26	85.0%	91.3%	Dec-25	Driver			Not Escalated	90.9%		
	Well Led	Percentage of AfC 8c and above that are Female		66.0%	72.0%	Jan-26	66.0%	71.9%	Dec-25	Driver			Not Escalated	70.88%		
	Well Led	Percentage of AfC 8c and above that have a Disability		4.0%	11.2%	Jan-26	4.0%	11.0%	Dec-25	Driver			Not Escalated	12.29%		
	Well Led	Percentage of AfC 8c and above that are BAME		14.9%	8.4%	Jan-26	14.6%	8.9%	Dec-25	Driver			Escalation	9.08%		
	Well Led	Staff Leavers within 12 months		15.3	18	Jan-26	15.3	5	Dec-25	Driver			Not Escalated	14		
	Well Led	Staff Leavers within 24 months		28	34	Jan-26	27.8	19	Dec-25	Driver			Not Escalated	29		

Vision: Counter Measure Summary

Metric Name – Delivery of the pay elements of the Financial Improvement Plan 2025/26

Owner: Chief People Officer
Metric: Delivery of the pay elements of the Financial Improvement Plan 2025/26
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



Jan-26
42,510
Variance / Assurance
Metric is currently experiencing common cause variation and has failed the target for 6+ months
Max Limit (Internal)
38,421
Business Rule
Full Escalation as has failed the target for 6+ months

2. Stratified Data

	Current Month ' £000			Current Month WTE		
				Submitted		
	Actual	Plan	Variance	Actual	Plan	Variance
Substantive	40,190	37,523	-2,667	7,501	7,068	-432
Bank	3,042	1,971	-1,071	541	552	11
Agency	-894	479	1,373	84	74	-9
Other	173	-1,552	-1,725	0	0	0
Total Pay	**42,510**	**38,421**	**-4,089**	**8,126**	**7,695**	**-431**

	Year to Date £000			Year to Date WTE		
				Submitted		
	Actual	Plan	Variance	Actual	Plan	Variance
Substantive	395,465	388,637	-6,828	76,735	72,692	-4,043
Bank	34,740	21,493	-13,248	5,585	5,854	269
Agency	3,426	5,709	2,283	670	916	245
Other	1,730	-5,301	-7,031	0	0	0
Total Pay	**435,361**	**410,538**	**-24,824**	**82,990**	**79,461**	**-3,528**

3. Top Contributors & Risks

Top Contributors:

- Historic substantive recruitment above plan
- Inconsistent rostering practices and approvals creating inaccurate bank demand.
- Medical rosters not recorded consistently on electronic systems.
- High levels of demand and acuity including enhanced care.
- Turnover remains low.

Risks:

- There is a risk that Divisions will continue to rely on temporary staffing above plan to an even greater extent with tighter substantive vacancy control
- There is a risk that unexpected high demand on services will cause temporary staffing levels to be higher than planned
- There is a risk that WTE may increase due to planned industrial action

4. Action Plan

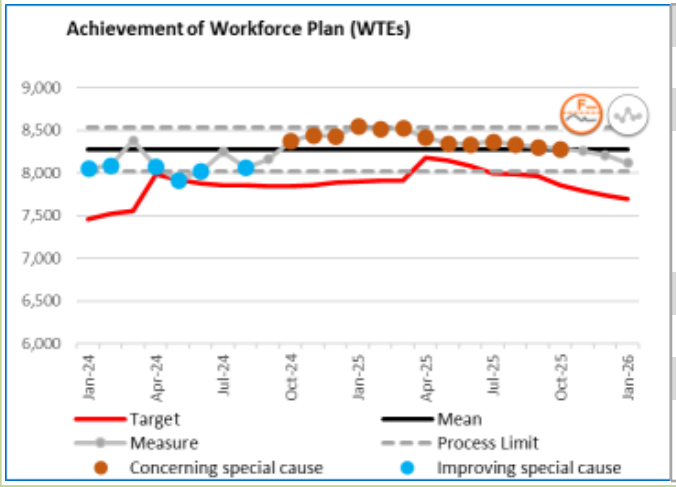
Workstreams	Actions	When	Who
Rostering Performance	Ongoing programme to establish e-rostering for all HCP teams (into 3rd phase with no major issues)	Ongoing	Head of Temporary Staffing
	Regular review of nursing rostering KPIs with Divisions	Ongoing	Deputy Chief Nurse
Vacancy and Pay Controls	Establishment review to ensure budget, establishment and WTE are consistent across whole Trust	May 2026	Chief People Officer
	Exec Vacancy Control Panel as an escalation route for essential roles during a recruitment 'firebreak'	Ongoing	Chief People Officer
Bank pay	Weekly review of temporary staffing use across all staff groups and divisions	Ongoing	Workforce Workstream Leads
Data analysis	Project team reviewing data to identify root causes of variance of WTE to plan	Ongoing	Project team
Medical Staffing	System-wide harmonisation of pay rates Roll-out of Patchwork/rostering and revised job planning approaches.	Ongoing	Chief Medical Officer/ Chief People Officer
Temporary Staffing	Divisional targets set by Executives to reduce temporary staffing spend by 50%	Dec 25-Mar 2026	Divisional Leads

Financial Breakthrough Objective: Counter Measure Summary

Metric Name – Achievement of Workforce Plan (WTEs)

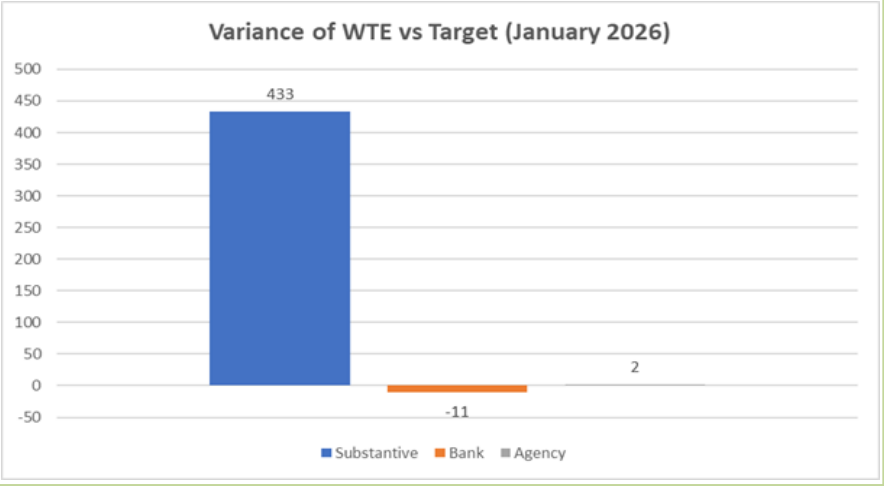
Owner: Chief People Officer
Metric: Achievement of Workforce Plan (WTEs)
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



Jan-26
8,118
Variance / Assurance
Metric is currently experiencing common cause variation and is consistently failing the target
Max Limit (Internal)
7,695
Business Rule
Full Escalation as has failed the target for 6+ months

2. Stratified Data



3. Top Contributors & Risks

Top Contributors:

- Historic substantive recruitment above plan
- Lack of clarity in some areas around the alignment of the Workforce Plan/budgets and Employee Staff Record (ESR)
- Turnover remains low

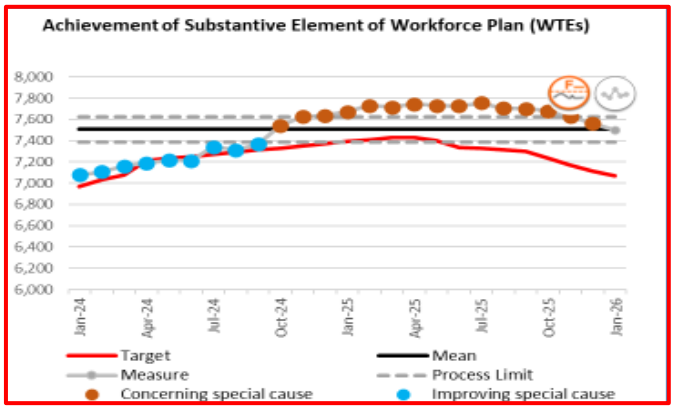
Risks:

- There is a risk that recruitment continues at a rate higher than planned
- There is a risk that the vacancy control panels are not as effective in controlling establishment, given the Trust's and System's financial sustainability position.
- There is a risk that workforce is reviewed in isolation i.e. substantive or bank and should be reviewed holistically as workforce with triangulated control.

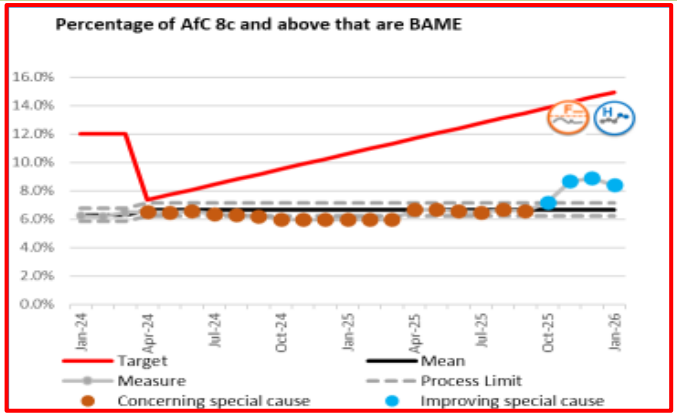
4. Action Plan of the Breakthrough Objective

Workstreams	Actions	When	Who
	Workforce Transformation Programme Phase 2 redeployment and notice period for leavers	Jan – Mar 2026	Chief People Officer
Data analysis	Project team reviewing data to identify root causes of variance of WTE to plan (ETM SDR Request)	Ongoing	Project team
Workforce Pay Controls	PWC supporting pay workstreams and Divisions to identify and implement further pay reduction schemes	Feb 2026	PWC / Workstream & Divisional Leads

People – Workforce: CQC: Well-Led



Jan-26
7,501
Variance / Assurance
Metric is currently experiencing special cause variation of a concerning nature and has failed the target for 6+ months
Max Limit (Internal)
7,068
Business Rule
Full Escalation



Jan-26
8.4%
Variance / Assurance
Metric is currently experiencing special cause variation of an improving nature and consistently failing the target
Target (Internal)
14.6%
Business Rule
Full Escalation

Summary:	Actions:	Assurance & Timescales for Improvement:
Achievement of Substantive Element of the Workforce Plan: is experiencing special cause variation of a concerning nature and has failed the target for 6+ months **% of AfC 8c and above that are BAME:** This metric is special cause variation of an improving nature and consistently failing the target.	**Achievement of Substantive Element of the Workforce Plan:** The freeze on external recruitment for all but the most critical (timing and to patient care) is in place and monitored by executive colleagues. We are seeing substantive drop more steeply now as a result of Phase 1 and will see an impact of Phase 2 from the end of Q4 onwards. Substantive WTE has dropped below the mean for the first time since Oct-24 and has been steadily reducing since Apr-25. **% of AfC 8c and above that are BAME:** Work is underway for a New Manager's Induction programme focused on embedding organisational values, aligning with the NHS Long Term Plan, and developing leadership skills, with input from subject matter experts. Blended learning methods and ongoing stakeholder feedback will shape its delivery. An initial session was run 11/02 which will inform the EDI strategy is imminent, which will put forward recommendations on talent/succession management to support this area.	**Achievement of Substantive Element of the Workforce Plan:** • Continued use of the divisional and executive panels to halt all but the most needed external recruitment (in place and ongoing) • Impact of Phase 1 (from October through to December 2025). Impact of Phase 2 (expected January to March 2026 onwards) • A3 being developed – problem statement and current condition complete, stratified data review in progress **% of AfC 8c and above that are BAME:** The People Business Partners have been provided with suggested targets for recruiting managers • at least one person on every recruitment panel for 8C and above must have attended the workshop/undertaken online learning • use positive action recruitment outcomes for all band 8B and above • by the end of the financial year to have 80% of all recruiting managers skilled in inclusive recruitment As BPs priortise Transformation, although this work is live, there will need to be a re-focus on this and other activity once we move to a more business as usual from February onwards

Strategic Theme: Patient Safety & Clinical Effectiveness

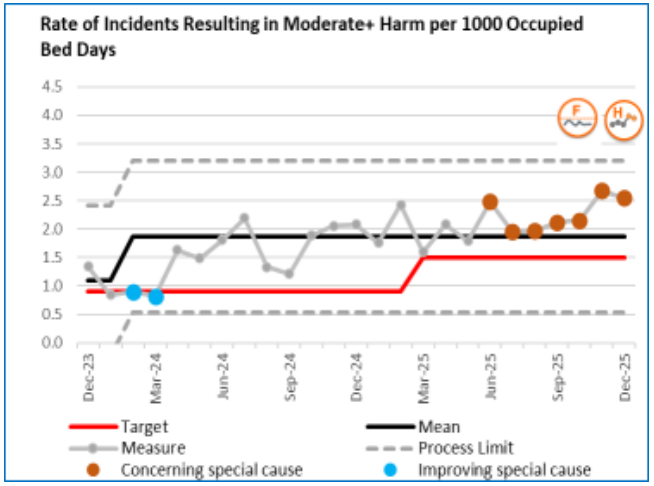
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	Three Month Forecast	Variation	Assurance
Vision	Safe	Reduction in rate of patient incidents resulting in Moderate+ Harm per 1000 bed days (data runs one month behind)		1.50	2.55	Dec-25	1.50	2.68	Nov-25	Driver			Full CMS	2.67		
Breakthrough Objective	Safe	Number Moderate+ Harms Attributed to the Potential Mismanagement of Deteriorating Patients (data runs one month behind)		2.1	4	Dec-25	2.1	5	Nov-25	Driver			Verbal CMS	4		
NHS Performance Assessment Framework (NPAF) Metrics	Safe	Summary Hospital-level Mortality Indicator (SHMI) ***NPAF Metric***		100.0	87.6	Oct-25	100.0	87.6	Sep-25	Driver			Not Escalated	85.0		
	Safe	12 month rolling count of E. coli cases as a proportion of trust threshold ***NPAF Metric***		1.0%	1.29%	Jan-26	1.0%	1.50%	Dec-25	Driver			Escalation			
	Safe	12 month rolling count of C. difficile cases as a proportion of trust threshold ***NPAF Metric***		1.0%	1.07%	Jan-26	1.0%	1.15%	Dec-25	Driver			Escalation			
	Safe	12 month rolling count of MRSA cases ***NPAF Metric***		0	1	Jan-26	0	1	Dec-25	Driver			Not Escalated			
Constitutional Standards and Key Metrics	Safe	Number of new Patient Safety Incident Investigations (PSIIs) commissioned in month		TBC	5	Jan-26	TBC	4	Dec-25	Driver	No SPC	No SPC	Not Escalated			
	Safe	Number of new After Action Reviews (AARs), commissioned in month		TBC	0	Jan-26	TBC	4	Dec-25	Driver	No SPC	No SPC	Not Escalated			
	Safe	Number of new SWARMs commissioned in month		TBC	0	Jan-26	TBC	0	Dec-25	Driver	No SPC	No SPC	Not Escalated			
	Safe	Standardised Mortality HSMR		100.0	84.8	Oct-25	100.0	82.8	Sep-25	Driver			Not Escalated	83.1		
	Safe	Never Events		0	0	Jan-26	0	1	Dec-25	Driver			Not Escalated	0		
	Safe	IC - Rate of Hospital E.Coli per 100,000 occupied beddays		32.6	25.4	Jan-26	32.6	20.3	Dec-25	Driver			Not Escalated	32.8		
	Safe	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays		44.3	55.9	Jan-26	44.3	26.6	Dec-25	Driver			Not Escalated	35.0		
	Safe	IC - Number of Hospital acquired MRSA Bacteraemia		0	0	Jan-26	0	0	Dec-25	Driver			Not Escalated	0		
	Safe	Rate of patient falls per 1000 occupied bed days		6.4	4.4	Jan-26	6.4	4.2	Dec-25	Driver			Not Escalated	3.7		
	Caring	% VTE Risk Assessment (one month behind)		95.0%	96.1%	Dec-25	95.0%	97.2%	Nov-25	Driver			Not Escalated	95.4%		

Vision: Counter Measure Summary

Project/Metric Name – Reduction in harm : Incidents resulting in moderate to severe harm and death

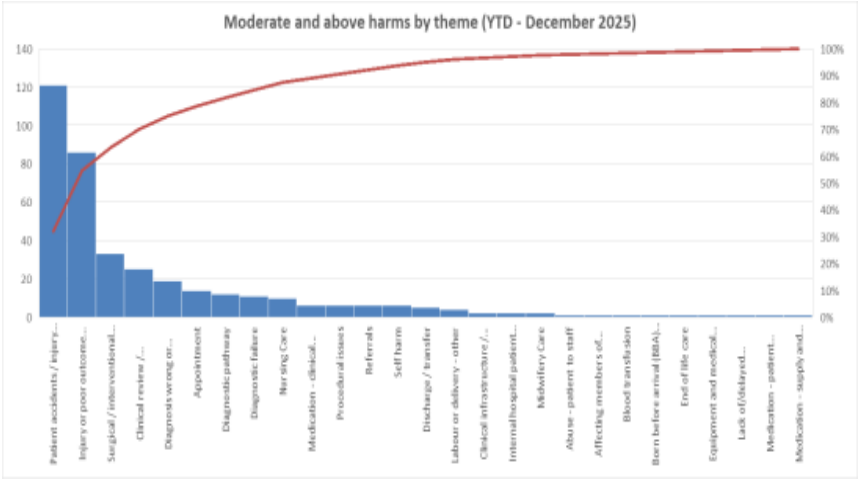
Owner: Chief Medical Officer
Metric: Incidents resulting in moderate+ harm per 1000 bed days
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data

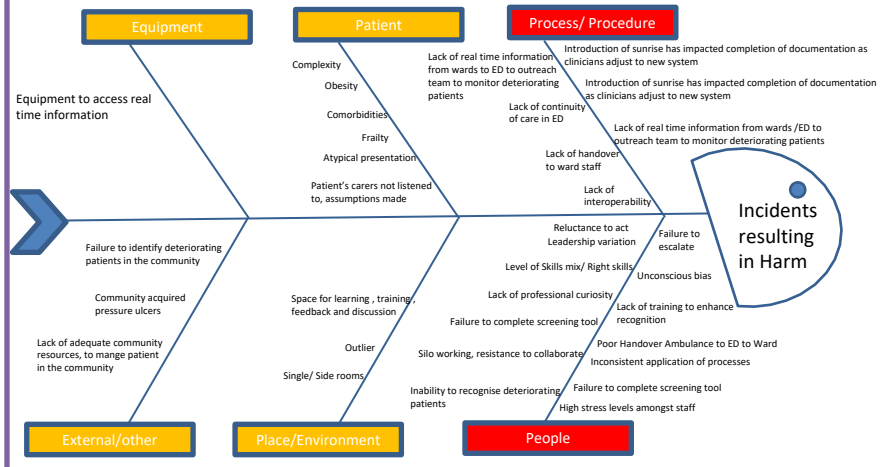


Nov-25 (1-month arr)
3.08
Variance Type
Metric is currently experiencing common cause variation
Maximum Limit (Internal)
1.5
Target Achievement
Metric has failed the target for 6+ months

2. Stratified Data



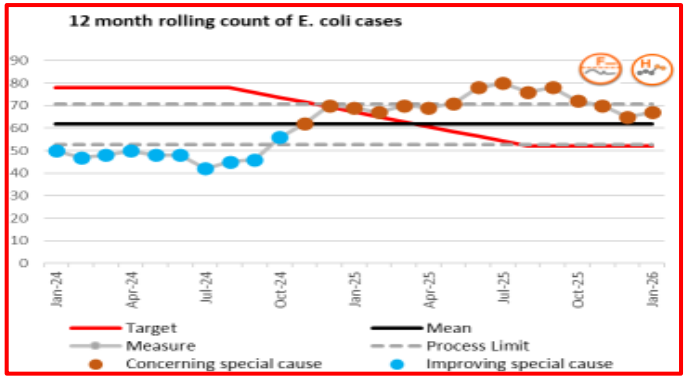
3. Top Contributors



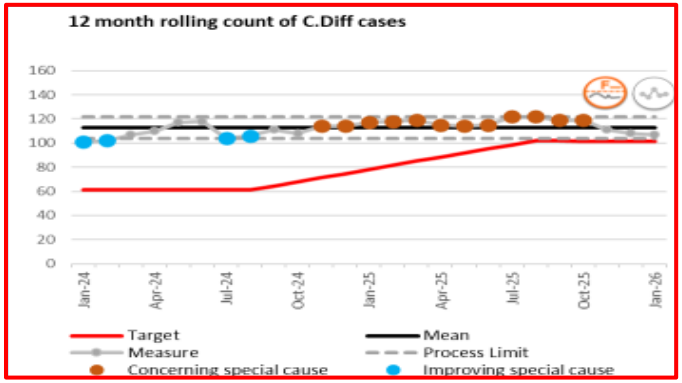
4. Action Plan

Actions	Leads	Due by
Deteriorating Patients		
Develop Deteriorating Patient Trust wide mandatory training	JB	Apr-26
Upskilling resident doctors in the deteriorating patient pathway clinical review document	YJ/MM/JB	Apr-26
Analysis of Peri arrest data on InPhase	JB	Apr-26
Establish H@N	YJ	May-26
Setting up Deteriorating Patient Committee	SM/JB	Jun-26

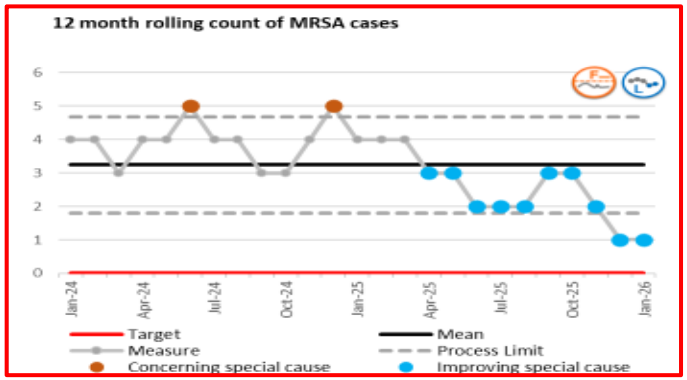
Patient Safety & Clinical Effectiveness: CQC: Safe



Jan-25
67
Variance / ,Assurance
Metric is currently experiencing Special Cause Variation of a concerning nature and is consistently failing the target
Target (Threshold)
50
Business Rule
Full Escalation as has failed the target for 6+months



Jan-25
107
Variance / Assurance
Metric is currently experiencing common cause variation and has is consistently failing the target
Target (Threshold)
90%
Business Rule
Full Escalation as has failed the target for 6+months



Jan-25
0
Variance Type
Metric is currently experiencing Special Cause Variation of an improving nature but is consistently failing the target
Target (Threshold)
0
Target Achievement
Full Escalation as consistently failing the target

Summary:

12 Month rolling count of E. coli cases: The NPAF Metric uses a 12 month rolling data period and measures the number of cases as a proportion of the Trust Threshold. The Graphs above show the number of cases reported in a 12-month period as at the end of each month. This metric is currently experiencing Special Cause Variation of a concerning nature and is consistently failing the target

12 Month rolling count of C.diff cases: The NPAF Metric uses a 12 month rolling data period and measures the number of cases as a proportion of the Trust Threshold. The Graphs above show the number of cases reported in a 12-month period as at the end of each month. . This metric is currently experiencing common cause variation and is consistently failing the target

12 Month rolling count of MRSA cases: The NPAF Metric uses a 12 month rolling data period and measures the number of cases reported.. The Graphs above show the number of cases reported in a 12-month period as at the end of each month. . Metric is currently experiencing Special Cause Variation of an improving nature but is consistently failing the target

Actions:

E. coli:- IPT newsletters, ad hoc department training sessions, regular audits are carried out on:

- Catheter care/ daily documentation of catheter care
- Hydration initiatives in progress
- IV care and documentation
- Hand hygiene

Mattresses are cleaned at the time of linen changes with sporicidal wipes

C.diff- Actions include:

- Rapid review of all healthcare attributable cases (HOHA, COHA) with the clinical teams and microbiologist
- Sharing of learning with divisions at governance forums
- Appropriate personal protective equipment in place
- Increased training on infection prevention and antimicrobial stewardship for divisions/ clinicians
- Weekly consultant microbiologist/IPC ward rounds
- Deep cleaning programme for high-risk areas – ward 10, 11 and 32 completed
- Review of disinfectant products - implementation of chlorine-based disinfectant in progress
- Continued support regarding patient placement/ risk assessment
- New diarrhoea pathway launched in October 2025 – education ongoing
- Cleaning of mattresses implemented at every linen change using sporicidal wipes

MRSA - The Trusts continues to review all cases and share learning where appropriate. No hospital attributable cases since February 2025. The ICB is notified as per schedule 4 of any cases for their investigation and actions.

Assurance & Timescales for Improvement:

E. coli:- A rapid review is undertaken by the IPT to identify any themes and trends, any areas for learning is fed back to clinical teams.

C.diff- The Trust has an ongoing working action plan which is regularly updated and taken to the IPCC for overview. November and December saw a positive impact from changes implemented by the action plan.

MRSA: We have a screening programme in place for MRSA on acute admissions meeting a risk criteria, and for those undergoing certain elective procedures. Last case of MRSA was in February 2025.

We actively treat and take appropriate precautions for patients who have been identified as being colonised with MRSA.

Overall: The Infection prevention team continue to monitor and escalate where infection and nosocomial rates are rising, RCA scrutiny will continue for alert organisms including E.Coli and C.Difficile, with the aim of seeing a month-on-month reduction in cases.

Strategic Theme: Patient Access

				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	Three month Forecast	Variation	Assurance
Vision	Responsive	To achieve a 5% improvement in RTT (Excluding SYS) as per the Trust Trajectory *NPAF Metric*		73.7%	70.1%	Jan-26	69.6%	69.6%	Dec-25	Driver			Verbal CMS	74.5%		
Breakthrough Objective	Responsive	RTT - Reduction in weeks wait to first out patient appointment (Average weeks wait excluding cancer pathways)		14.0	19.8	Jan-26	14.5	19.2	Dec-25	Driver			Full CMS	20.7		
NHS Performance Assessment Framework (NPAF) Metrics	Responsive	RTT Patients waiting longer than 52 weeks for treatment - Reported Nationally *NPAF Metric*		N/A	15	Jan-26	N/A	13	Dec-25	Driver	No SPC	No SPC	Not Escalated			
	Responsive	**Percentage of emergency department attendances admitted, transferred or discharged within 4 hours - Quarter Position Aggregated *NPAF Metric*		78.0%	78.7%	Dec-25	78.0%	82.0%	Sep-25	Driver			Not Escalated			
	Responsive	Percentage of emergency department attendances spending over 12 hours in the department - Quarter Position Aggregated *NPAF Metric*		5.0%	8.3%	Dec-25	5.0%	6.4%	Sep-25	Driver			Escalation			
	Responsive	*Cancer - 62 Day (one month behind) - Quarter Position Aggregated *NPAF Metric*		85.0%	85.8%	Dec-25	85.0%	85.7%	Sep-25	Driver			Not Escalated			
	Responsive	*Cancer - 28 Day Faster Diagnosis Compliance (one month behind) - Quarter Position Aggregated *NPAF Metric*		80.0%	82.3%	Dec-25	80.0%	76.6%	Sep-25	Driver			Not Escalated			
Constitutional Standards and Key Metrics	Responsive	RTT Total Waiting List (Excl SYS)		45,650	49,466	Jan-26	49,447	49,386	Dec-25	Driver			Not Escalated			
	Responsive	To achieve a 5% improvement in RTT (Including SYS) - Reported Nationally		74.9%	70.01%	Jan-26	74.8%	69.6%	Dec-25	Driver			Business Rules not applied (for info only)			
	Responsive	RTT Patients waiting longer than 40 weeks for treatment (Excluding System Support)		742	877	Jan-26	741	835	Dec-25	Driver			Not Escalated	675		
	Responsive	RTT Patients waiting longer than 40 weeks for treatment (System Support only)		N/A	33	Jan-26	N/A	26	Dec-25	Driver	No SPC	No SPC	Business Rules not applied (for info only)			
	Responsive	Access to Diagnostics (<6weeks standard)		91.7%	97.0%	Jan-26	90.6%	96.6%	Dec-25	Driver			Not Escalated	99.0%		
	Responsive	A&E 4 hr Performance		78.3%	74.9%	Jan-26	76.9%	76.1%	Dec-25	Driver			Escalation	76.8%		
	Responsive	Cancer - 31 Day First (New Combined Standard) - data runs one month behind		96.0%	99.4%	Dec-25	96.0%	98.7%	Nov-25	Driver			Not Escalated	98.8%		
	Responsive	Cancer - 62 Day (New Combined Standard) data runs one month behind		85.0%	91.1%	Dec-25	85.0%	86.3%	Nov-25	Driver			Not Escalated	85.0%		
	Responsive	Cancer - 28 Day Faster Diagnosis Compliance (data runs one month behind)		75.0%	81.6%	Dec-25	75.0%	82.2%	Nov-25	Driver			Not Escalated	80.0%		
	Responsive	Cancer - 28 Day Faster Diagnosis Completeness (data runs one month behind)		90.0%	92.2%	Dec-25	90.0%	93.3%	Nov-25	Driver			Not Escalated	92.7%		

* The RTT Trajectory and Patients waiting more than 40 weeks excludes the patients that have been added to our waiting list as the Trust is now providing system support (SYS) to our neighbouring Trusts across Kent and Medway to help reduce long waiting patients to ensure these patients are treated as quickly as possible.

- CWT metrics are the Provisional reported monthly positions, but the position hasn't been fully validated yet. Finalised reports will be available after the 6 monthly refresh and the position is expected to improve.

Strategic Theme: Patient Access (continued)

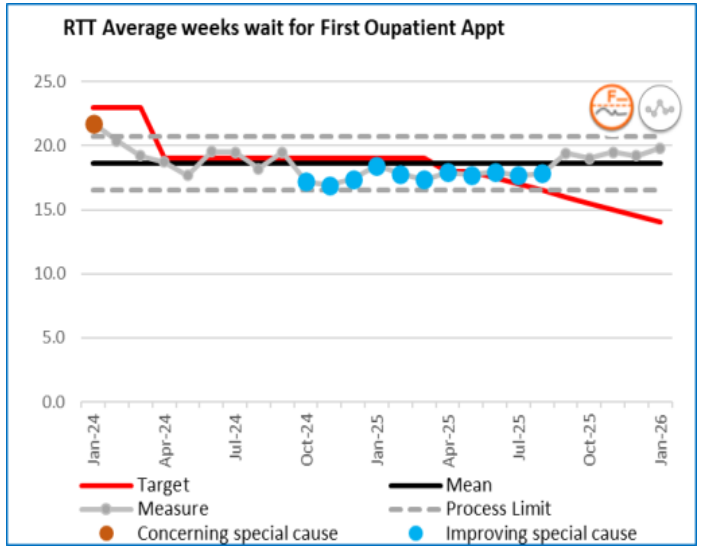
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	Three Month Forecast	Variation	Assurance
Constitutional Standards and Key Metrics	Effective	% Outpatient Clinic Utilised (slots)		85.0%	82.7%	Jan-26	85.0%	84.1%	Dec-25	Driver	L	?	Not Escalated	83.6%		F
	Effective	% of Patients Discharged to a PIFU Pathways		6.0%	5.5%	Jan-26	5.9%	5.7%	Dec-25	Driver	L	?	Not Escalated	5.2%	L	P*
	Effective	CAU Calls answered <1 minute		90.0%	81.1%	Jan-26	90.0%	85.2%	Dec-25	Driver		F	Escalation	83.1%	L	F
	Effective	Ambulance Handover Delays >30mins	TBC	5.0%	10.7%	Jan-26	5.0%	9.3%	Dec-25	Driver		F	Escalation	11.2%	H	F
	Effective	Achieve 10% Reduction in Non-Elective LOS (including Zero LOS & Excluding Type 5 and Virtual Ward)		5.9	7.2	Jan-26	5.9	7.5	Dec-25	Driver		F	Escalation			
	Effective	Conversion rate from ED (Excluding Type 5 and including Direct Admissions)		16.0%	15.0%	Jan-26	16.0%	15.6%	Dec-25	Driver		P	Not Escalated			
	Effective	To achieve the planned levels of new outpatients activity		23,270	24,078	Jan-26	22,186	23,270	Dec-25	Driver		?	Not Escalated	22,102		?
	Effective	To achieve the planned levels of elective (DC and IP combined) activity		6,105	6,430	Jan-26	6,030	5,991	Dec-25	Driver		?	Not Escalated	6,325		?
	Effective	% Capped Theatre utilisation.		85.0%	79.5%	Jan-26	85.0%	80.9%	Dec-25	Driver		F	Escalation			
	Effective	Rate of all Outpatients that are either New or FUP with a procedure (Nat Target min 49%)		49.0%	50.6%	Jan-26	49.0%	50.0%	Dec-25	Driver		P	Not Escalated	50.5		P
	Effective	To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity		17,916	16,906	Jan-26	17,916	18,372	Dec-25	Driver		?	Not Escalated	18,521		?

Breakthrough Objective: Counter Measure Summary

Project/Metric Name – RTT - Reduction in weeks wait to first outpatient appointment (Average weeks wait excluding cancer pathways)

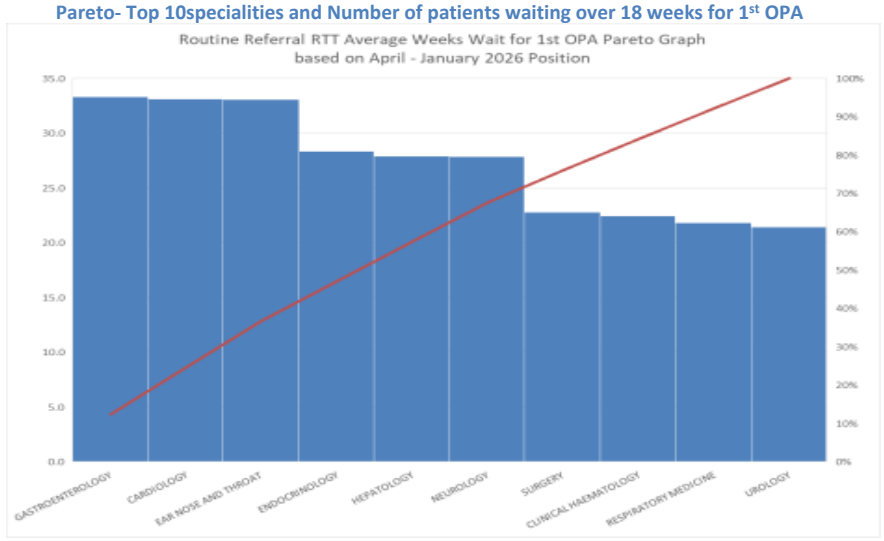
Owner: Chief Operating Officer
Metric: RTT – Reduction is weeks wait to first outpatient appointment (Average)
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



Jan-26
19.8
Variance Type
Metric is currently experiencing common cause variation
Max Limit (Internal)
14.0
Target Achievement
Metric is consistently failing the target

2. Stratified Data



3. Top Contributors

- Cardiology
- Gastroenterology
- ENT- Increase in Urgent Referrals
  Capacity – below expected activity plans
  Follow up activity being booked in for New activity

Further data reviews underway to determine root causes in each specialty listed above.

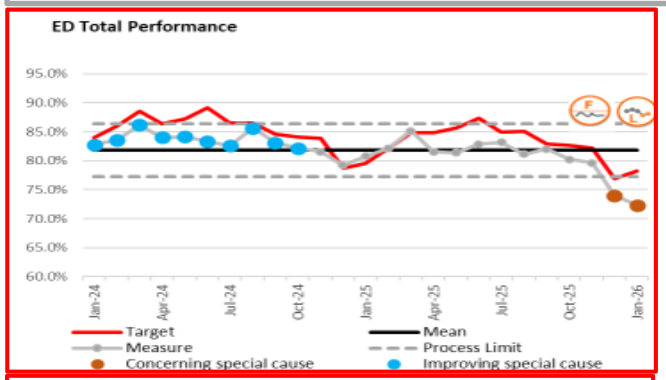
Key Risks:

- Mutual aid
- Cancelled activity due to industrial action may impact performance
- Financial constraints could impact ability to deliver activity levels
- Clinical engagement to transform pathways

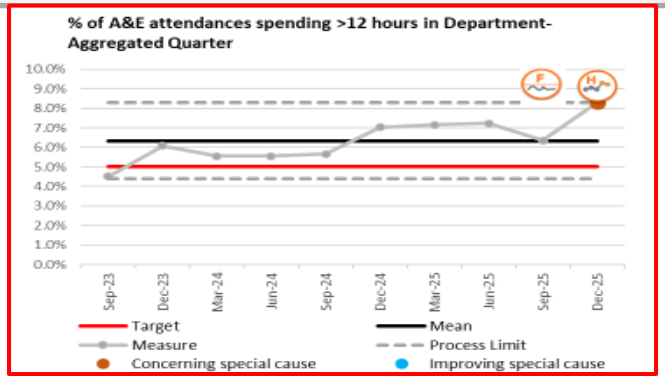
4. Action Plan

Action	When
Pathway mapping and Time and Motion Study completed for Hepatology and new pathway going through final review	Jan 26-Complete
Triangulate all data against top specialty contributors – Completed for ENT, ongoing for Cardio and Gastro	Mar 26-Ongoing
Complete root cause analysis for each pathway- Completed for ENT, Ongoing for Cardio and Gastro	Mar 26-Ongoing
ENT CAU process- Training and Education to reduce rework	Mar 26-Ongoing
Capacity of audiology- Clinic realignment and improved monitoring in progress.	Feb 26-Ongoing
ENT- Review demand and capacity variation in subspecialities	Mar 26-Ongoing
Gastro -Work is in progress with Northumbria to establish a Gastroenterology Single Point of Access; Northumbria visit confirmed for 17 February	Mar 26-Ongoing

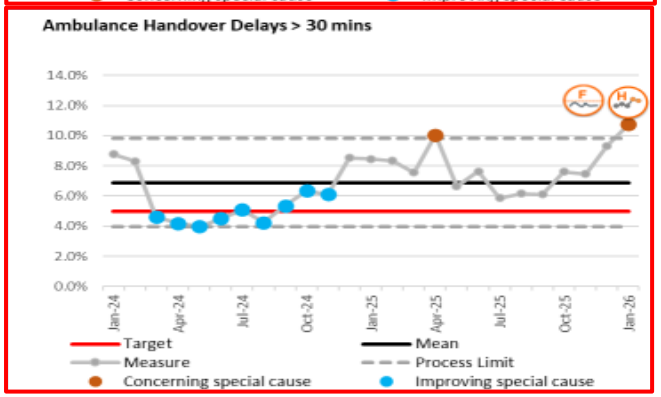
Patient Access: CQC: Responsive



Jan-26
72.3%
Variance / Assurance
Metric is currently experiencing special case variation of a concerning nature
Target (Bus. Plan)
76.9%
Business Rule
Full Escalation as has failed the target for 6+months



Oct - Dec-25
8.3%
Variance / Assurance
Metric is currently experiencing Special case variation of a concerning nature
Max Limit (NPAF)
5%
Business Rule
Full Escalation as has failed the target for 6+months



Jan-26
10.7%
Variance / ,Assurance
Metric is currently experiencing common cause variation and has failed the target for 6+ months
Max Limit (Internal)
5%
Business Rule
Full Escalation as has failed the target for 6+months

Summary:

A&E 4 hrs (Monthly) & A&E >12 hrs (Quarterly NPAF): Both these metrics are experiencing special cause variation of a concerning nature and have failed the target for 6+ months

Ambulance Handover delays <30mins: is experiencing common cause variation and has failed the target for 6+months

Actions:

A&E 4 hrs (Monthly) & A&E >12 hrs (Quarterly NPAF): Extremely challenged winter position.

Ambulance Handover delays <30mins:. Delays recently caused by reduced flow and escalation areas.

ED improvement Action Plan formulate and submitted.

Key actions :
- Consultant front door streaming at TWH
- Super RAP implementation
- CDU optimisation workstream
- SOP for Minors Surge
- UTC utilization focus work

Trust wide approach to flow meeting being arranged by COO

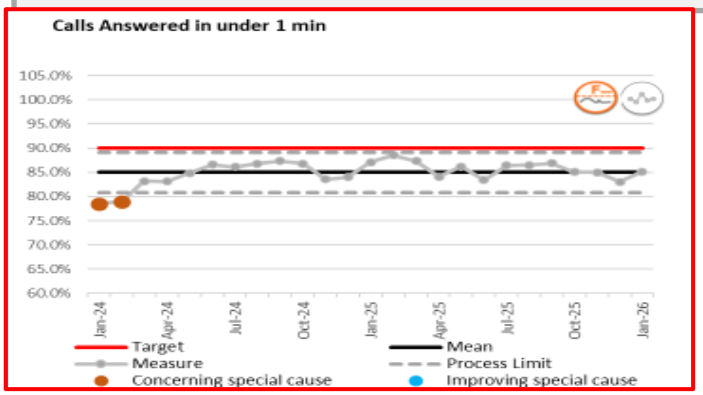
SDEC transformational work to bypass ED and send patient direct to SDEC

Assurance & Timescales for Improvement:

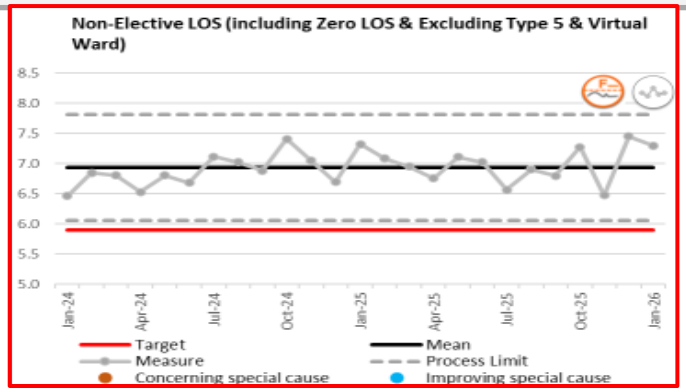
A&E 4 hrs (Monthly) & A&E >12 hrs (Quarterly NPAF): UEC internal action plan in development.

Ambulance Handover delays <30mins: Collaboration with SECAMb and the Care Coordination Centre (CCC) in order to create capacity to offload ambulances

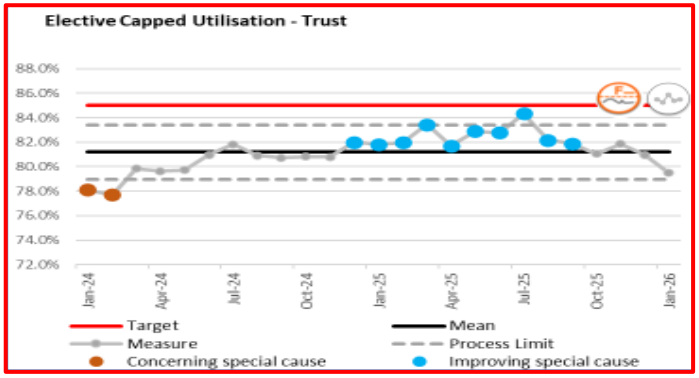
Patient Access: CQC: Responsive



Jan-26
85.1%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and consistently failing the target
Target (Internal)
90%
Business Rule
Full Escalation as is consistently failing the target



Jan-26
7.3
Variance Type
Metric is currently experiencing common cause variation consistently failing the target
Target (Internal)
5.9
Target Achievement
Full Escalation as is consistently failing the target



Jan- 26
79.5%
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
85%
Target Achievement
Metric is consistently failing the target.

Summary:

Calls Answered <1 min: is experiencing common cause variation and remains consistently failing the target.

Non-Elective LOS (Excluding VW): This indicator how now been changed to exclude the Virtual Ward (VW) LOS. It is now experiencing common cause variation and has failed the target for 6+ months.

.

Elective Capped Theatre Utilisation: is experiencing common cause variation and consistently failing the target.

Actions:

Performance against the under 1 minute Working on how to decrease the calls by maximising PKB Portal and auditing the incoming call data for reasons on why patients are calling in.

Non-Elective LOS: Key focus areas for improvement:

- No criteria to reside
- SDEC,
- Weekend discharges – CLD
- Teletracking optimisation
- Innovation & expansion into Maternity

Elective Capped Theatre Utilisation: Key actions include:

- Cancellation group set up – working on patient pathway
- Improve IPRO Pre-Op Assessment (POA) questionnaire completion – Posters/leaflets/update patient details/better coms
- Increase TUB to Bi-weekly

Assurance & Timescales for Improvement:

Calls Answered within 1 minute in the CAUs:.. Performance for January was 81% which has decreased from 85% in December. Total calls answered in January was 31,942 which was 6,413 more calls than the previous month and expected as we see reduced call volumes across December.

Non-Elective LOS: This is the operation flow financial theme project, reported through the Financial Improvement Programme Board.

Elective Capped Theatre Utilisation: Smart scheduling in Ophthalmology, Trauma & Orthopaedics and Gynaecology is ongoing.

Strategic Theme: Patient Experience

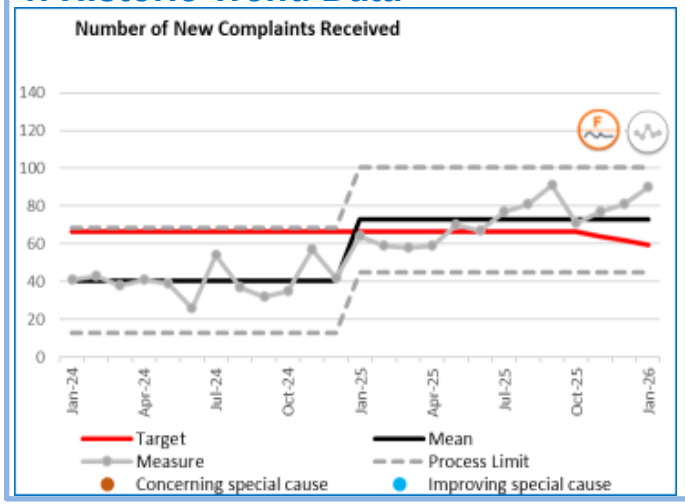
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	Three Month Forecast	Variation	Assurance
Vision	Caring	To reduce the overall number of complaints or concerns each month		60	90	Jan-26	62	81	Dec-25	Driver			Full CMS	91		
Breakthrough Objective	Caring	To increase the number of complaints that are closed through an initial conversation or local resolution - shown as a percentage of all complaints closed		15.7%	10.5%	Jan-26	15.7%	15.5%	Dec-25	Driver			Verbal CMS			
Constitutional Standards and Key Metrics	Caring	To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience.		24	23	Jan-26	24	30	Dec-25	Driver			Not Escalated	31		
	Caring	Complaints Rate per 1,000 occupied beddays		3.9	4.6	Jan-26	3.9	4.3	Dec-25	Driver			Not Escalated	5.2		
	Caring	% complaints responded to within target		75.0%	82.0%	Jan-26	75.0%	84.0%	Dec-25	Driver			Not Escalated	75.0%		
	Caring	Complaints Backlog – Older than 4 months		0	7	Jan-26	0	7	Dec-25	Driver	No SPC	No SPC	Not Escalated			
	Caring	Complaints Closed in Month		38	67	Jan-26	38	68	Dec-25	Driver	No SPC	No SPC	Not Escalated			
	Caring	Complaints - 3 Day acknowledgement		95.0%	96.0%	Jan-26	95.0%	97.0%	Dec-25	Driver	No SPC	No SPC	Not Escalated			
	Caring	Friends and Family (FFT) % Response Rate: Inpatients		21.4%	15.7%	Jan-26	21.4%	12.0%	Dec-25	Driver			Escalation	14.72%		
	Caring	Friends and Family (FFT) % Response Rate: A&E		9.9%	12.0%	Jan-26	9.9%	11.0%	Dec-25	Driver			Not Escalated	11.36%		
	Caring	Friends and Family (FFT) % Response Rate: Maternity		12.1%	9.7%	Jan-26	12.1%	8.2%	Dec-25	Driver			Escalation	10.02%		
	Caring	Friends and Family (FFT) % Response Rate: Outpatients		15.9%	13.2%	Jan-26	15.9%	12.1%	Dec-25	Driver			Escalation	14.41%		
	Safe	Safe Staffing Levels (Nursing)		93.5%	99.9%	Jan-26	93.5%	99.0%	Dec-25	Driver			Not Escalated	98.1%		

Vision: Counter Measure Summary

Metric Name – To reduce the overall number of complaints or concerns each month

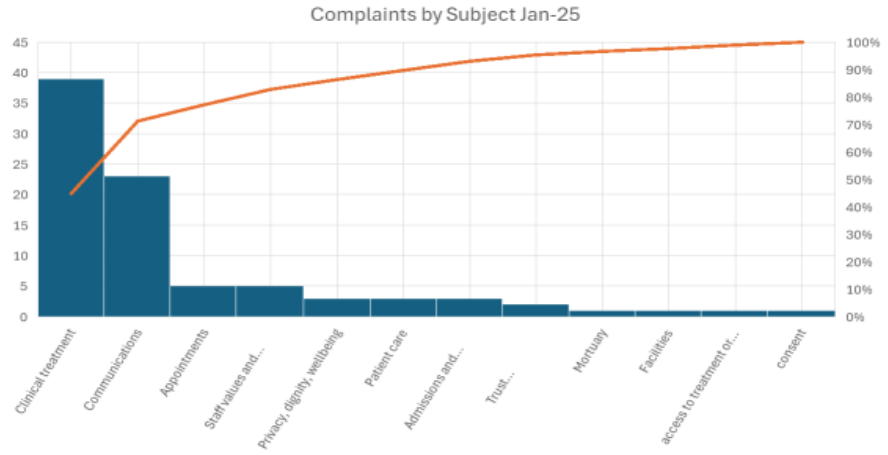
Owner: Chief Nurse
Metric: Number of Complaints Received Monthly
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



Jan-26
90
Variance Type
Metric is currently experiencing common cause variation
Max Limit (Internal)
62
Target Achievement
Metric is has failed the target for 6+ months

2. Stratified Data



3. Top Contributors and Key Risks

Using A3 Thinking, we have understood the themes of complaints received and poor communication was one of the main issues affecting patient experience.

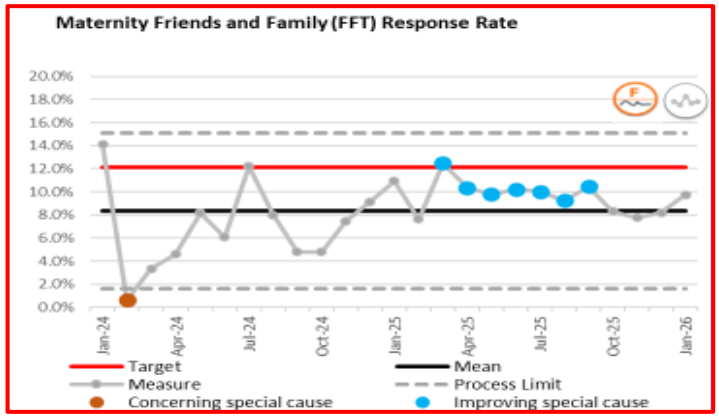
Key Risks:

1. The key risk to delivery of the breakthrough objective actions is primarily staff capacity.
2. Standardisation of measures about Divisional actions for complaints
3. Competing workloads for Divisional teams to execute actions related to feedback received.

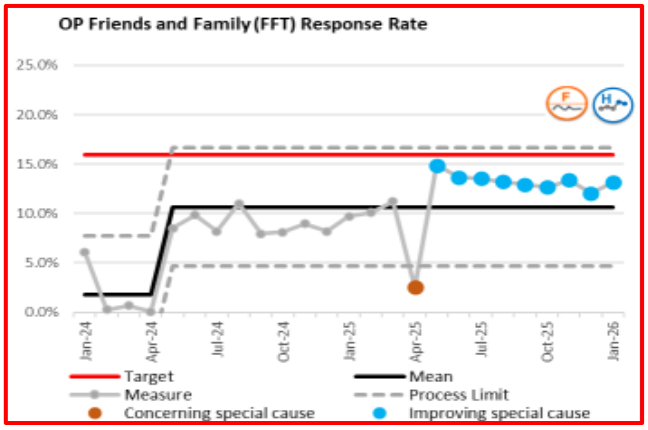
4. Action Plan of the Vision Objective:

Workstreams	Action	Who
Trust-wide / core team	Complaints Team requesting, through their training packages around complaints, departments and services try to de-escalate concerns rather than signposting straight to formal complaints route – ongoing	Patient Complaints Lead
Trust-wide / core team	Review new complaints coming in to determine the themes and trends, to determine if any remedial actions are possible – ongoing	Patient Complaints Lead
Trust-wide / core team	Promotion of telephone resolution (early resolution) & meetings (family meetings - name changes to local listening meeting in new policy	Patient Complaints Lead
Trust-wide / core team	PALS team is now fully staffed and will be de-escalating complaints were appropriate	Patient Complaints Lead
Trust-wide / core team	Additional training around de-escalation as part of the roll out of the new policy	Patient Complaints Lead

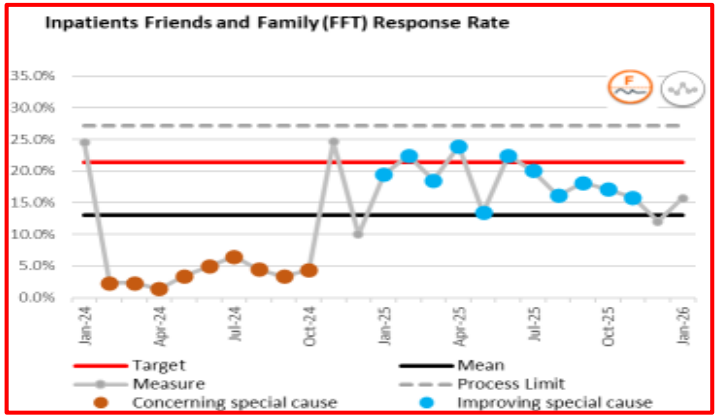
Patient Experience: CQC: Caring



Jan-26
9.7%
Variance / Assurance
Metric is currently experiencing special cause variation of an improving nature but has failed the target for 6+ months
Target (Ave. National)
12.1%
Business Rule
Full Escalation as failed target for 6+ months



Jan-26
13.2%
Variance / Assurance
Metric is currently experiencing common cause variation and is consistently failing the target
Target (Ave. National)
15.9%
Business Rule
Full escalation as is consistently failing the target



Jan-26
15.7%
Variance / Assurance
Metric is currently experiencing common cause variation and has failed the target for 6+ months
Target (Ave. National)
21.4%
Business Rule
Full Escalation as failed target for 6+ months

Summary:

Friends and Family Response Rate - Maternity: is currently common cause variation and has failed the target for 6+ months.
National Response – 12.6%
Trust Recommended Rate is 100%

Friends and Family Response Rate - Outpatients: Is experiencing special cause variation of an improving nature, butt is consistently failing the target.
National Response – 16.9%
Trust Recommended Rate is 93.9%

Friends and Family Response Rate - Inpatients: Is experiencing common cause variation and has failed the target for 6+ months.
National Response – 21.4%
Trust Recommended Rate is 92.2%

Actions:

Maternity: The response rate has increased marginally since last month but remains low. Whilst the quantity of feedback remains low, the positivity ratings remain high with staff attitude, implementation of care consistent themes and an increase in the number of positive comments associated with communication. The top 3 negative themes are communication, implementation of care and staff attitude. Negative comments encompassed multiple themes with an apparent lack of confidence in care or lack of trust a common thread.

Outpatients: The outpatient response rate has increased slightly. Whilst the most significant proportion of responses are as a result of SMS text invitations, the survey fatigue filter has a significant impact on the number of requests sent. Although we continue to receive regular requests for paper forms from OP areas the number of completed forms returned has reduced with many being received months after completion. Top themes continue to be consistent over the last few months, positive themes of attitude of staff, implementation of care and environment continue, kindness of staff is a common theme. Areas for improvement remain staff attitude, environment and waiting times within the department.

Inpatients: The response rate has increased marginally; this is strongly associated with a decrease in the amount of paper surveys being returned, (inpatient areas have habitually the highest users of paper forms). Positive themes over the last 3 months are consistently staff attitude, implementation of care and environment, negative themes are slightly less consistent, in January the top 3 themes were staff attitude, environment and implementation of care. Positive comments significantly outweighed negative comments where the themes are the same, several references to staff attitude during communication or a lack of communication.

Assurance & Timescales for Improvement:

FFT Response All: Overall, response rates in January remain low. Wells Health are submitting the required data to the Private Healthcare Information Network (PHIN) for private patient activity; NHS activity undertaken at Wells Health is included within the above response rates. Transcription of responses received by hard copy is now completed in-house, it's noted that whilst this mode of response remains limited there has been a substantial decrease in responses via this means over the last few months.

Friends and Family (FFT) Response Rates:
Deliveries of paper forms to all inpatient areas have been completed and ward managers have been emailed encouraging the prompt return (in month) of paper responses.. Requests for paper forms continue to be fulfilled within a 48hour window wherever possible. Paper forms are consistently uploaded within 48hrs of receipt. Engagement stands in main reception areas are being undertaken and visits to wards to engage with staff and gain feedback are being undertaken. Meetings with alternate FFT providers continue.

Strategic Theme: Systems

				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision	Effective	To support the system financial recovery plan through the better use of beds programme - Daily Average In-Hospital Non-Elective Overnight Beddays (excluding Virtual Ward) *		524	606	Jan-26	524	681	Dec-25	Driver			Verbal CMS			
Breakthrough Objective	Effective	Delivery of the better use of beds programme for MTW - Daily Average Virtual Ward Beddays - Target is 95% of 60 beds		57	62	Jan-26	57	52	Dec-25	Driver			Verbal CMS			
Constitutional Standards and Key Metrics	Effective	Delivery of the better use of beds programme for MTW - Average Non-Elective LOS for Fracture Neck of Femur (NOF) - Data runs one month behind		12.0	13.6	Dec-25	12.0	10.2	Nov-25	Driver			Not Escalated			

*This strategic theme is focussing on contributors to the overall non-elective length of stay that are part of the Better Use of Beds programme.
Please note that the target for the Vision metric is a 10% reduction which represents the Trust's internal stretch target.
Please note that virtual wards beds includes an element of patients in the process of transferring to the virtual ward

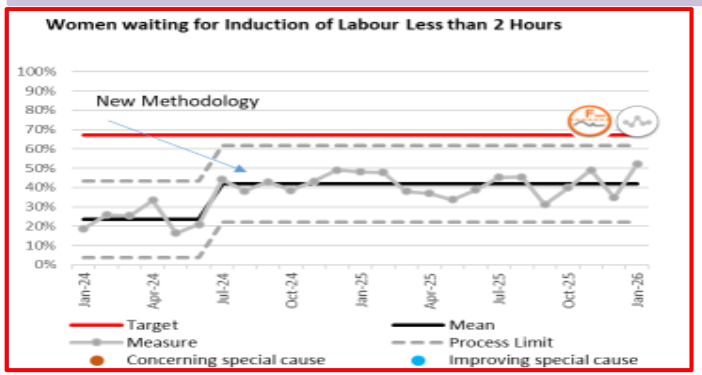
Strategic Theme: Sustainability

				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	Three Month Forecast	Variation	Assurance
Vision	Well Led	Delivery of financial plan, inc. operational delivery of capital investment plan (net surplus(-)/net deficit (+) £000) *NPAF Metric*		2,568	1,326	Jan-26	-1,714	-1,786	Dec-25	Driver			Verbal CMS	734		
Breakthrough Objectives	Well Led	Reduce non-pay spend		21,470	22,837	Jan-26	21,472	22,280	Dec-25	Driver			Verbal CMS	22,797		
NHS Performance Assessment Framework (NPAF) Metrics	Productivity & Efficiency Metric	Implied Productivity Growth (YTD compared to previous year)		2.0%	1.0%	Sep-25	2.0%	2.4%	Aug-25	Driver			Not Escalated			
Constitutional Standards and Key Metrics	Well Led	CIP		8,965	5,132	Jan-26	8,262	4,577	Dec-25	Driver	No SPC	No SPC	Not Escalated	4,693	No SPC	No SPC
	Well Led	Cash Balance (£k)		3,556	10,289	Jan-26	4,285	13,385	Dec-25	Driver			Not Escalated	4,000		
	Well Led	Capital Expenditure (£k)		4,522	1,372	Jan-26	689	4,160	Dec-25	Driver			Not Escalated	4,930		

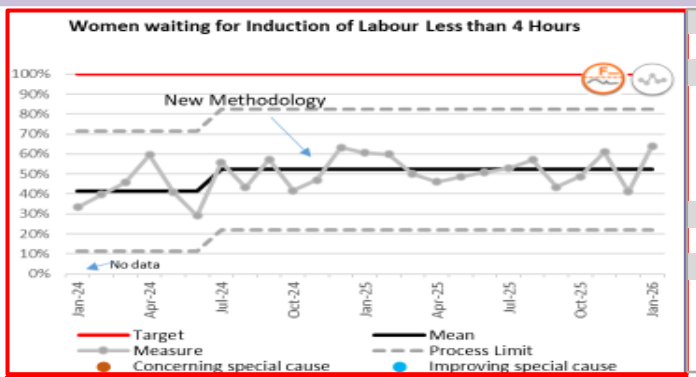
Maternity Metrics

				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Constitutional Standards and Key Metrics	Maternity Metric	Registerable Births		No target	424	Jan-26	470	470	Dec-25	Driver		No target	Not Escalated	449		No SPC
	Maternity Metric	Antenatal bookings		No target	583	Jan-26	545	553	Dec-25	Driver		No target	Not Escalated	607		No SPC
	Maternity Metric	Elective Caesarean Rate		No target	24.1%	Jan-26	No target	24.6%	Dec-25	Driver		No target	Not Escalated	23.8%		No SPC
	Maternity Metric	Emergency Caesarean Rate		No target	25.5%	Jan-26	No target	25.2%	Dec-25	Driver		No target	Not Escalated	26.8%		No SPC
	Maternity Metric	Induction of Labour Rate		36.0%	27.4%	Jan-26	36.0%	26.5%	Dec-25	Driver			Not Escalated	26.9%		
	Maternity Metric	Women waiting for Induction of Labour less than 2 Hours		67.0%	52.0%	Jan-26	67.0%	34.8%	Dec-25	Driver			Escalation	47.3%		
	Maternity Metric	Women waiting for Induction of Labour less than 4 Hours		100.0%	64.0%	Jan-26	100.0%	41.1%	Dec-25	Driver			Escalation	56.2%		
	Maternity Metric	Preterm Birth (<37 weeks) Rate		6.0%	5.9%	Jan-26	6.0%	7.7%	Dec-25	Driver			Not Escalated	6.3%		
	Maternity Metric	Unexpected term admissions to NNU (data runs one month behind)		4.0%	4.7%	Dec-25	4.0%	3.7%	Nov-25	Driver			Not Escalated	4.5%		
	Maternity Metric	Stillbirth rate		0.4%	0.5%	Jan-26	0.4%	0.4%	Dec-25	Driver			Not Escalated	0.4%		
	Maternity Metric	PPH >=1500% Rate		3.0%	3.1%	Jan-26	3.0%	2.8%	Dec-25	Driver			Not Escalated	2.9%		
	Maternity Metric	Major Tear (3rd/4th degree Rate)		2.5%	4.3%	Jan-26	2.5%	2.2%	Dec-25	Driver			Not Escalated	3.1%		
	Maternity Metric	Breastfeeding Intention Rate at Birth		75.0%	79.3%	Jan-26	75.0%	81.1%	Dec-25	Driver			Not Escalated	81.0%		
	Maternity Metric	Decision to delivery interval Category 1 caesarean section < 30 mins		95.0%	0.0%	Jan-26	95.0%	90.0%	Dec-25	Driver			Not Escalated	33.9%		
	Maternity Metric	Decision to delivery interval Category 2 caesarean section < 75 mins		95.0%	0.0%	Jan-26	95.0%	92.9%	Dec-25	Driver			Escalation	-0.3%		
	Maternity Metric	One to one care in labour - % of women who are diagnosed in labour		100.0%	100.0%	Jan-26	100.0%	100.0%	Dec-25	Driver			Not Escalated	100.0%		
	Maternity Metric	% of shifts for which Delivery Suitte coordinator is supernumerary (MOPEL)		100.0%	100.0%	Jan-26	100.0%	100.0%	Dec-25	Driver			Not Escalated	100.0%		
	Maternity Metric	Women waiting for Induction of Labour less than 6 Hours		100.0%	72.0%	Jan-26	100.0%	50.0%	Dec-25	Driver			Escalation			

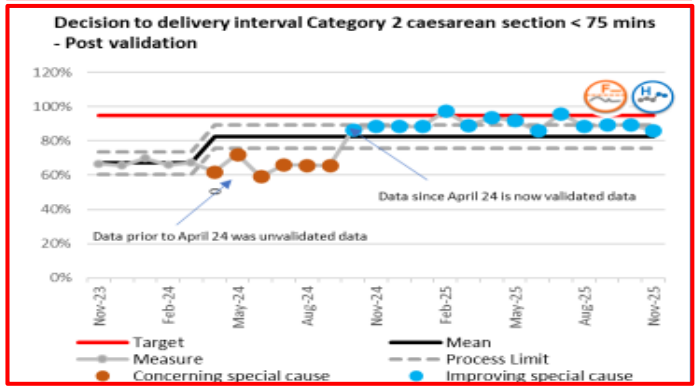
Maternity Metrics



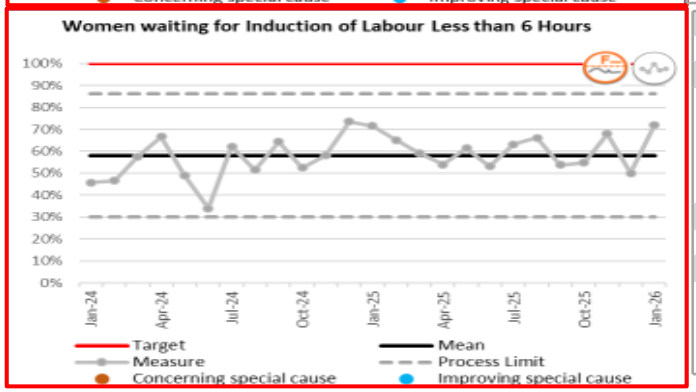
Jan-26
52.0%
Variance / Assurance
Metric is currently experiencing Common Cause Variation
Target (Internal)
67%
Business Rule
Full escalation as consistently failing the target



Jan-26
64.0%
Variance / Assurance
Metric is currently experiencing Common Cause Variation
Target (Internal)
100%
Business Rule
Full escalation as consistently failing the target



Nov-25
86.3%
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature
Target (Internal)
95%
Business Rule
Full escalation as consistently failing the target



Jan-26
70.0%
Variance / Assurance
Metric is currently experiencing Common Cause Variation
Target (Internal)
100%
Business Rule
Full escalation as consistently failing the target

Summary:

Women waiting for Induction of Labour less than 2: is experiencing common cause variation and consistently failing the target.

Women waiting for Induction of Labour less than 4 Hours: is experiencing common cause variation and consistently failing the target.

Women waiting for Induction of Labour less than 6 Hours: is experiencing common cause variation and consistently failing the target.

Decision to delivery interval Category 2 caesarean section <75mins: is experiencing special cause variation of an improving nature but consistently failing the target

Actions:

A3 in progress to address flow throughout the service which impacts transfer for ongoing induction of labour.

IOL project group is proposing the allocation of an IOL midwife on Triage and delivery suite to support flow through pathway.

Decision to delivery interval Category 2 caesarean section <75mins: Each category 2 C-sections are reviewed clinically and any harm escalated to risk team, the vast majority do not cause any harm and there is oversight via MNCOG

Assurance & Timescales for Improvement:

Women waiting for Induction of Labour less than 2 or 4 Hours:
This metric is impacted by periods of high activity which are largely unpredictable, as well as staffing availability.
Ongoing risk assessment, prioritisation and escalation is in place to maintain the safety of women whose care is delayed.
Initial consensus is there has been no significant impact from the change in IOL for post dates. However, it is recognised that more data is required.
Initially, challenges around staffing and bed space on Postnatal Ward was thought to be the main bottle neck. However, Delivery Suite staffing and practices have a significant impact.
Timescales for improvement will be dependent on the outcome of the flow project and any actions required as a result.

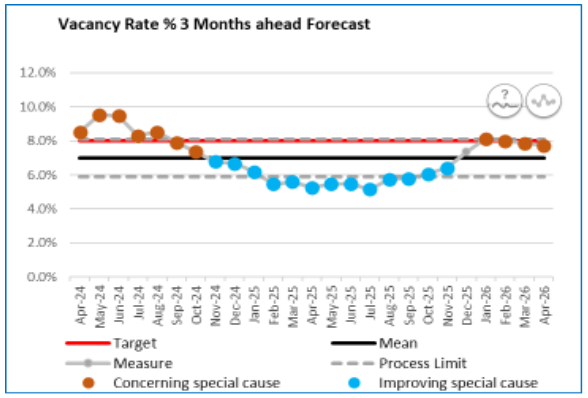
Decision to delivery interval Category 2 caesarean section <75mins: The team continue to share learning from each review

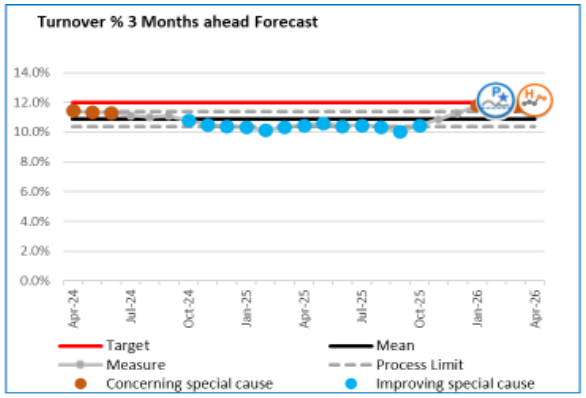
NHS
Maidstone and Tunbridge Wells NHS Trust

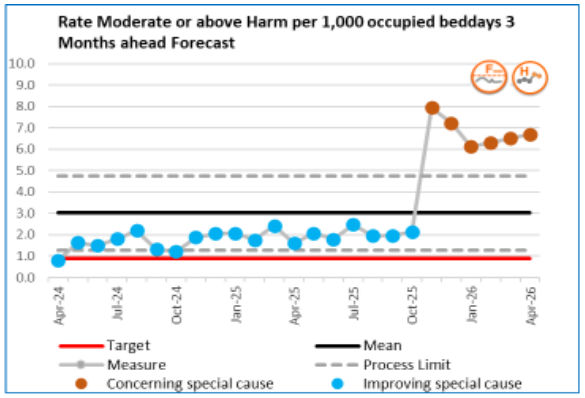
Appendices

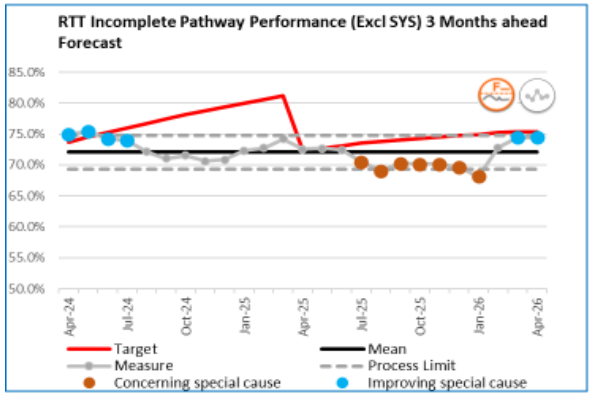
MTW
exceptional people, outstanding care

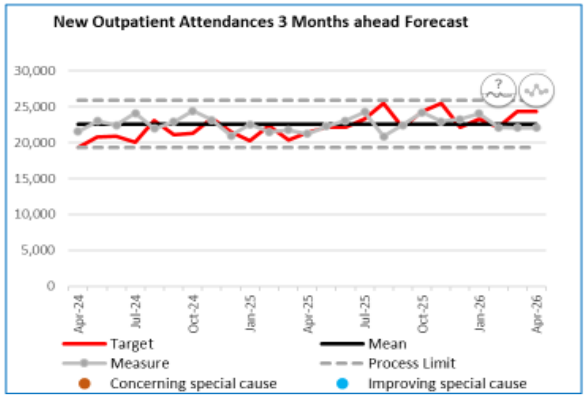
Forecast SPCs (3 month forward view) for Vision and Breakthrough Objectives

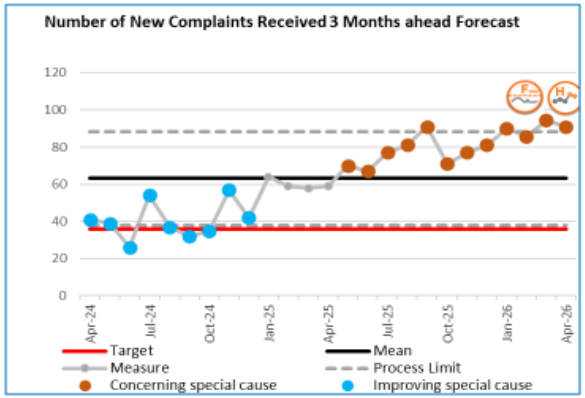


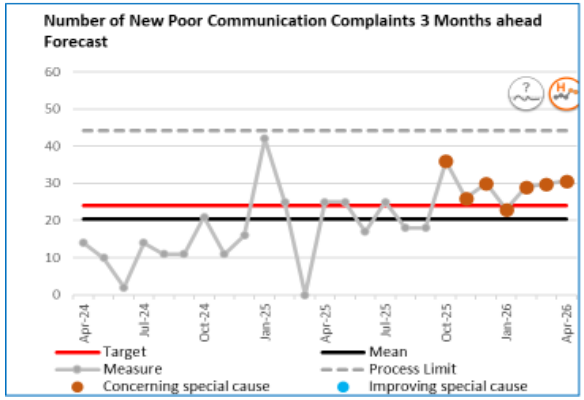


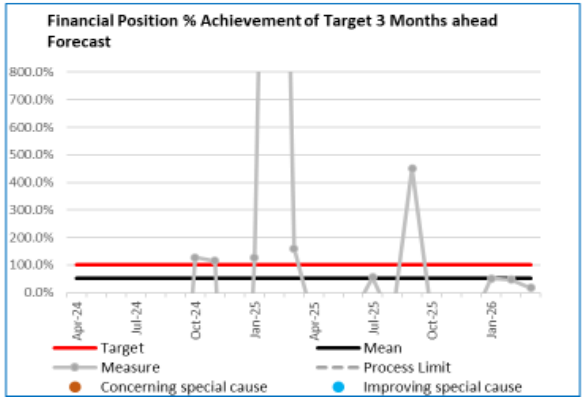


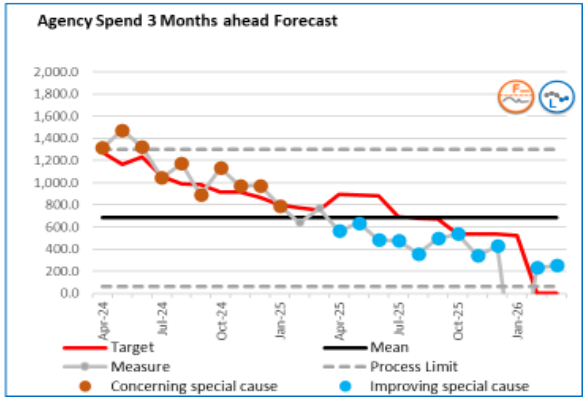




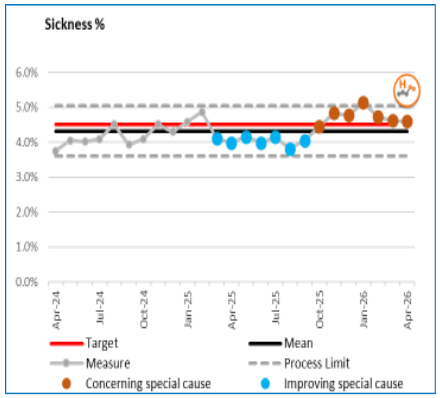


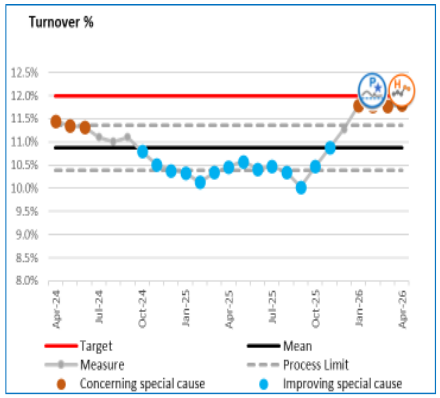


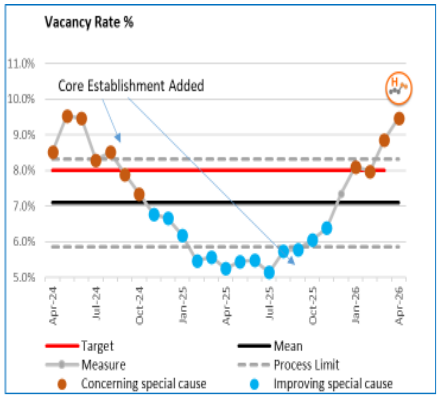


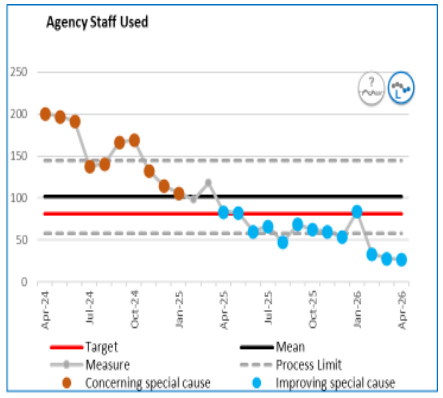


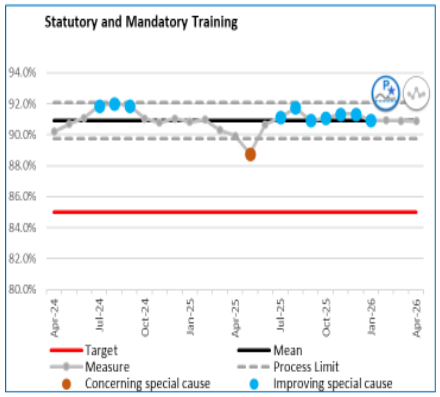
Forecast SPCs (3 month forward view) for People Indicators

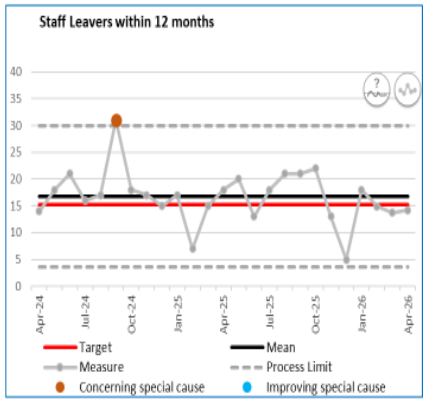


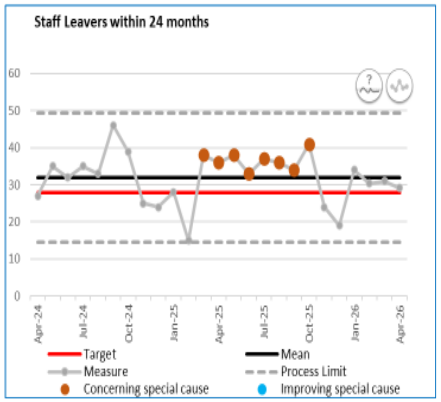


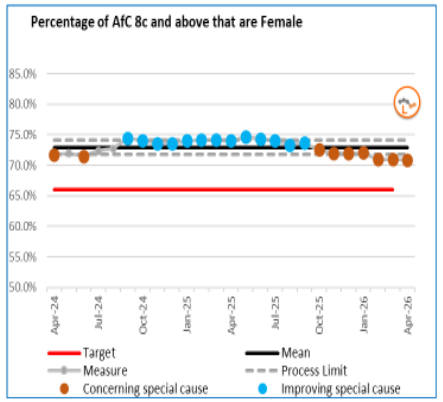


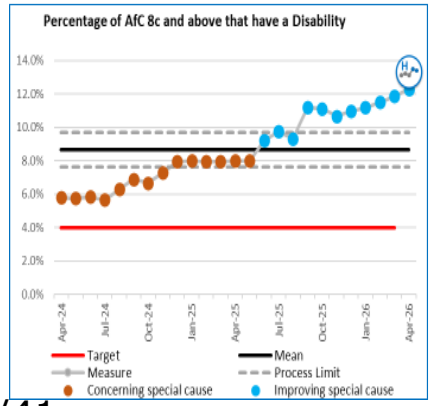


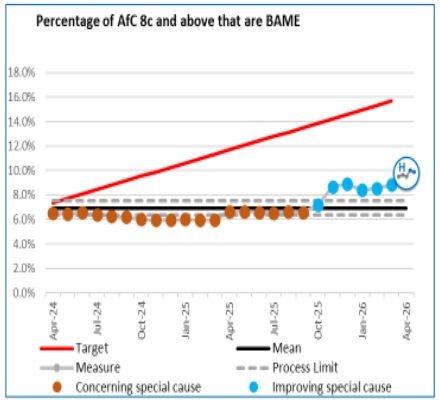


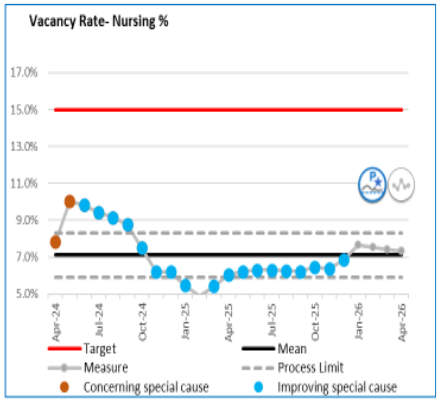




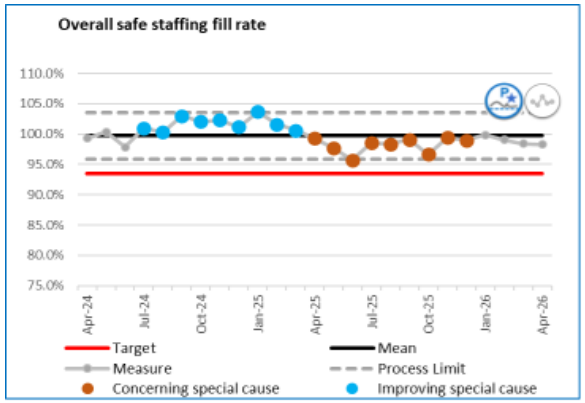


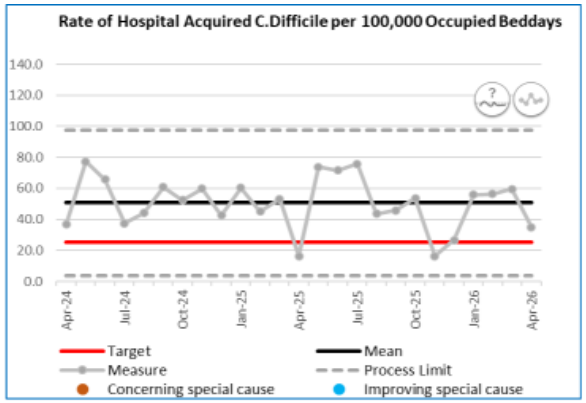


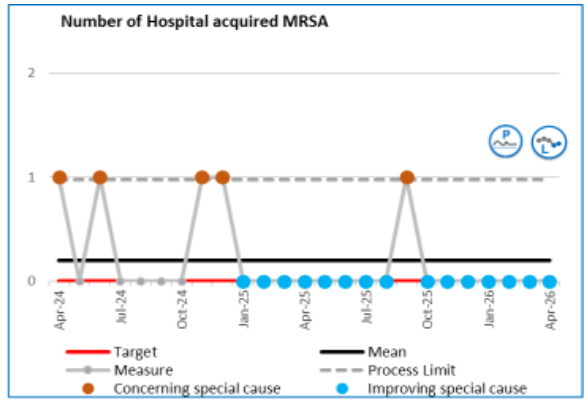


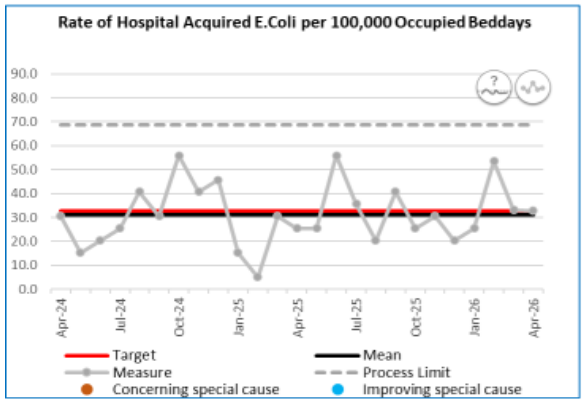


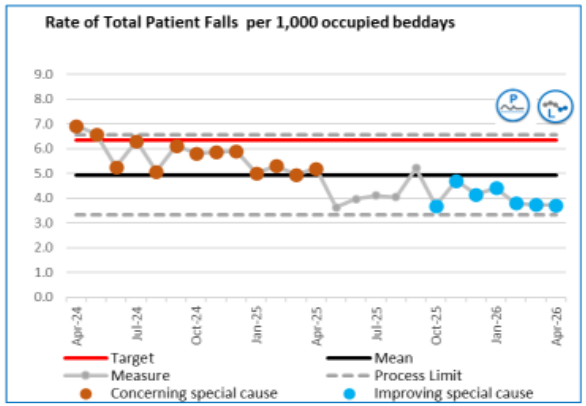
Forecast SPCs (3 month forward view) for Patient Safety Indicators

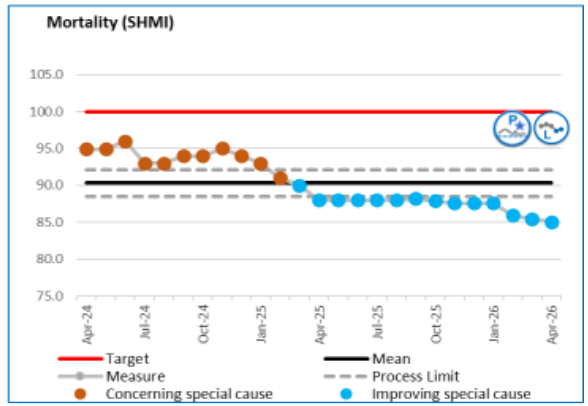


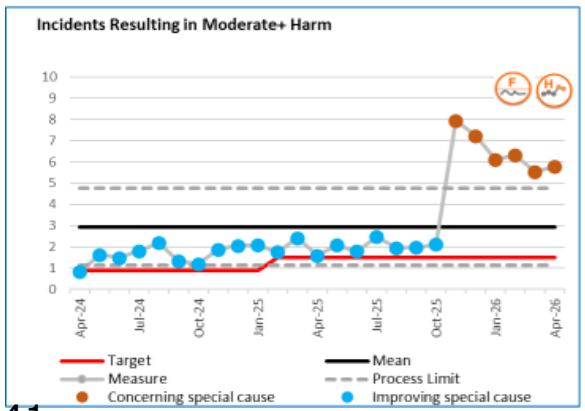


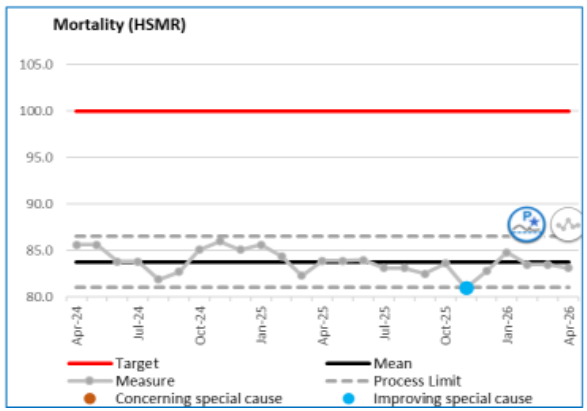




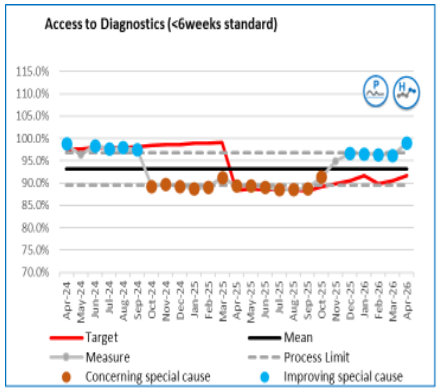


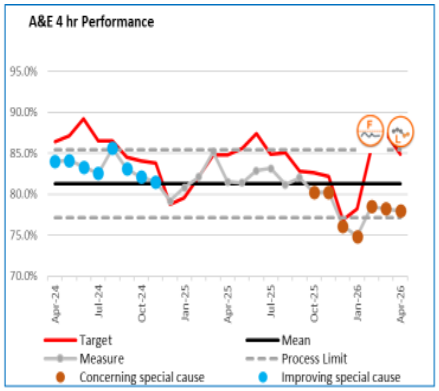


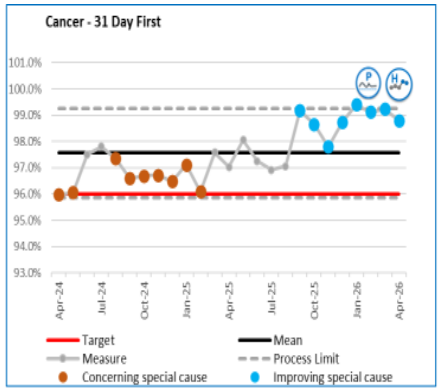


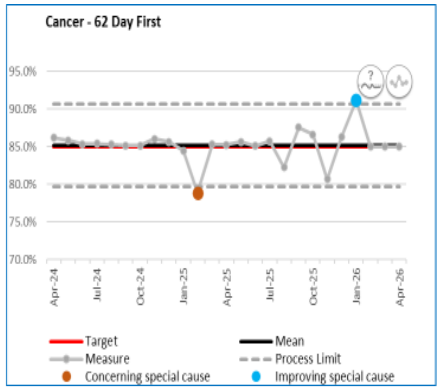


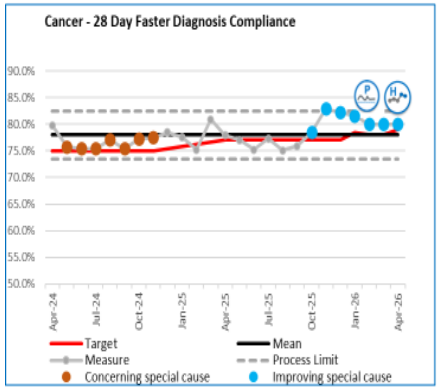
Forecast SPCs (3 month forward view) for Patient Access Indicators

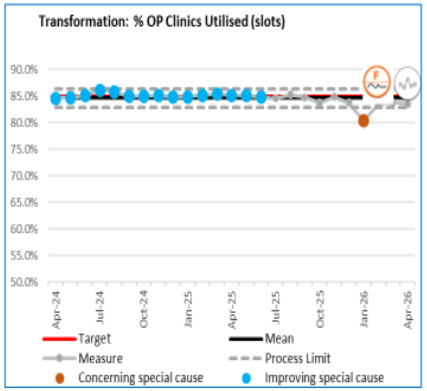


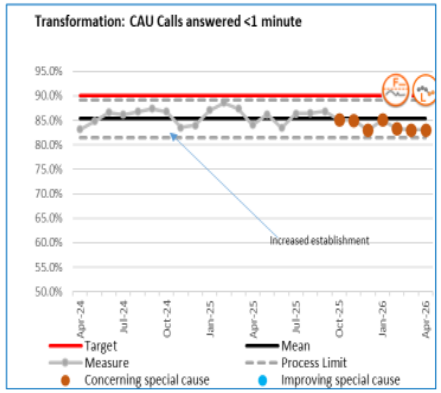


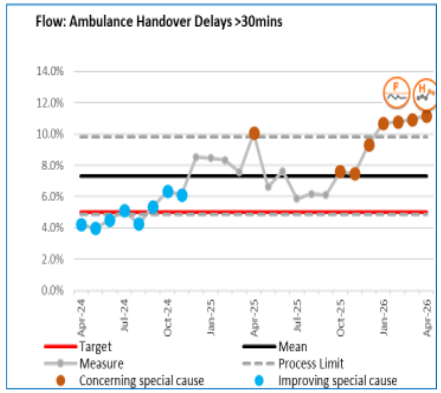


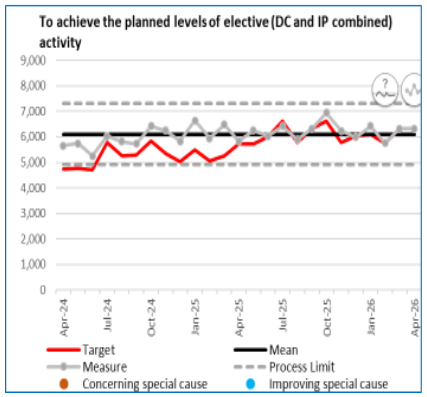


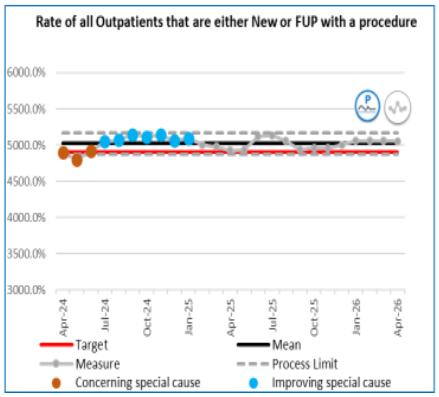


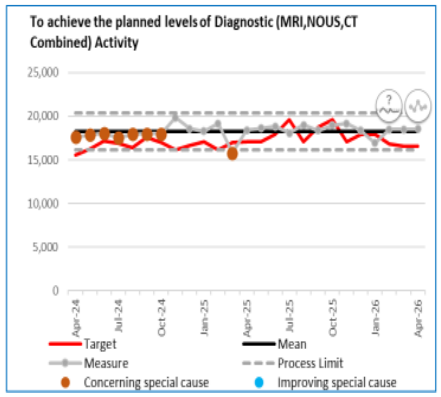


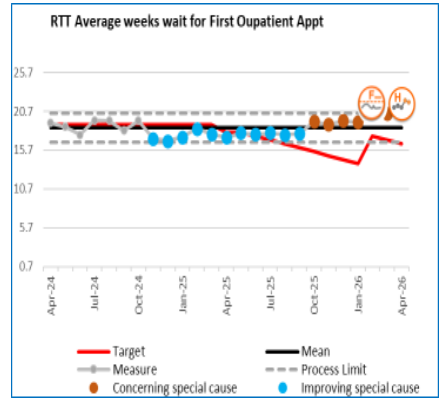




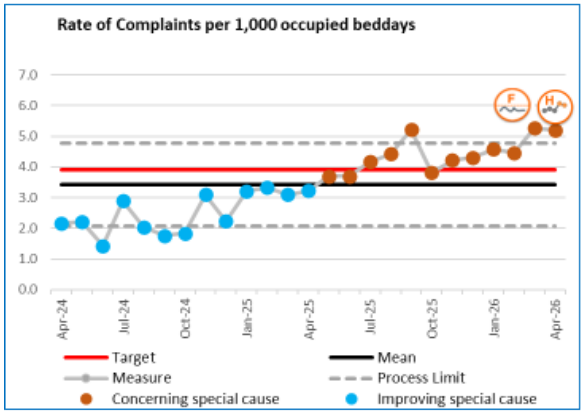


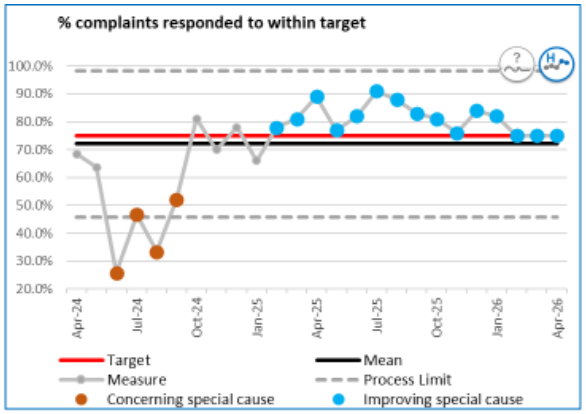


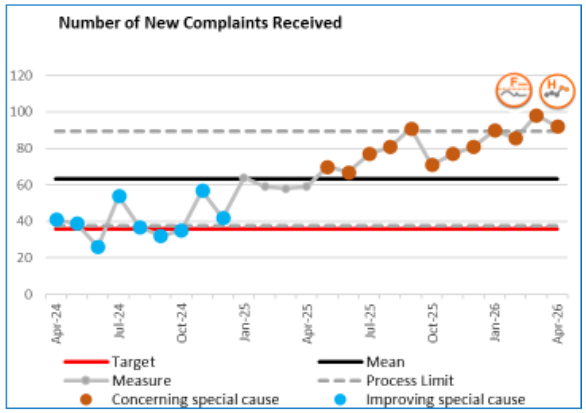


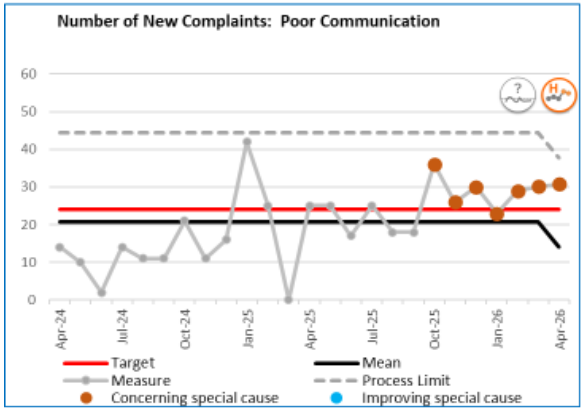


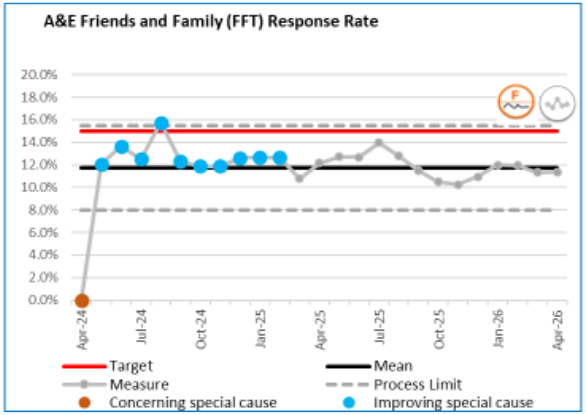
Forecast SPCs (3 month forward view) for Patient Experience Indicators

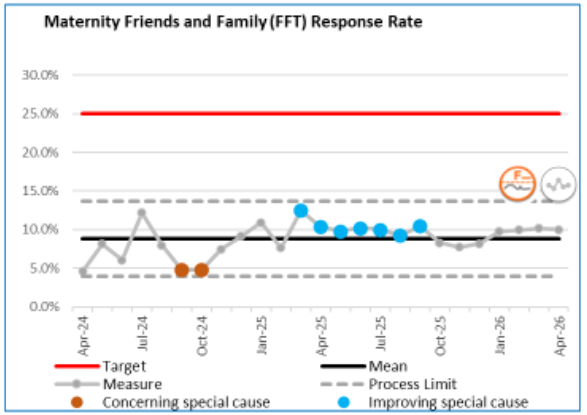


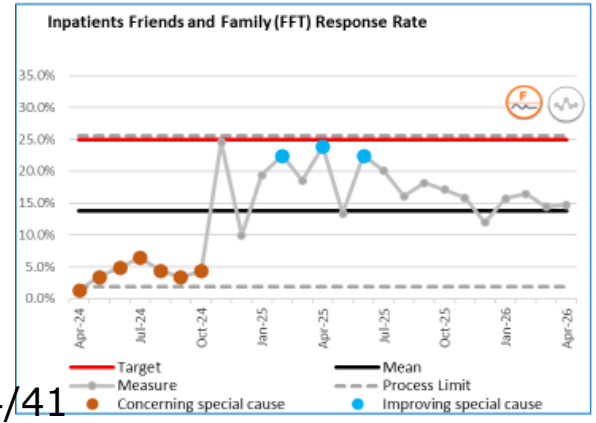


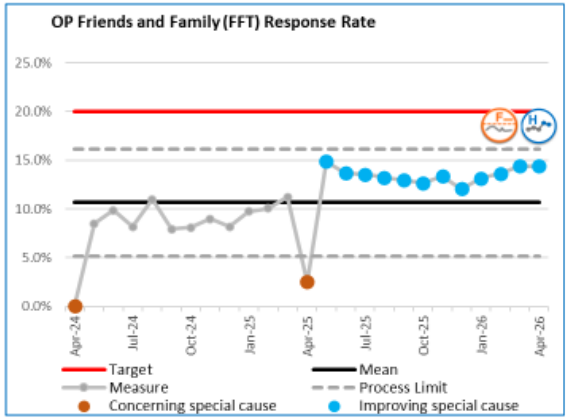


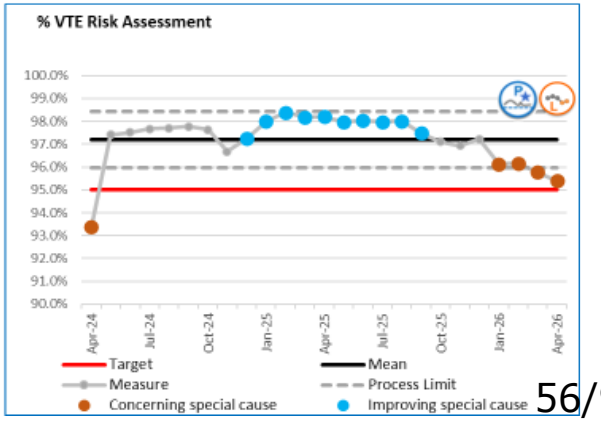




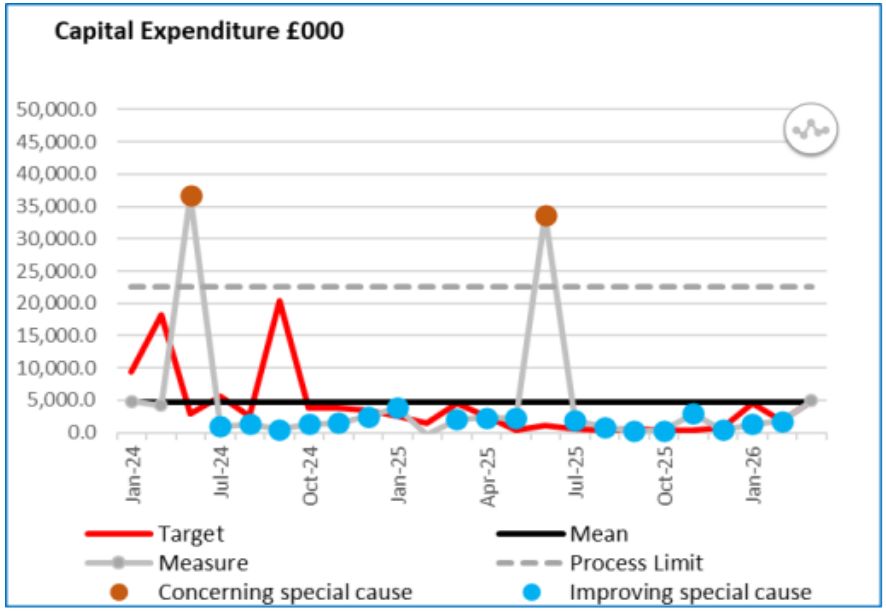


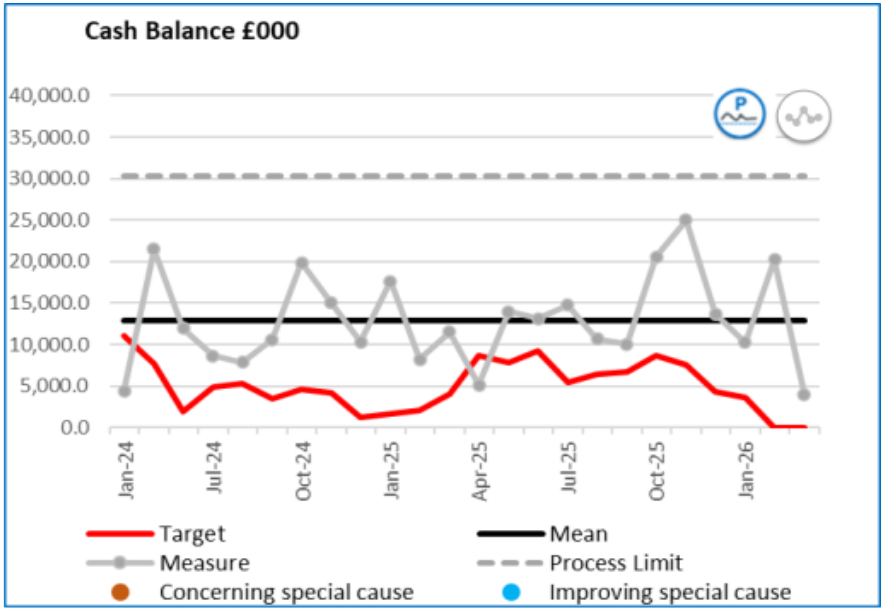


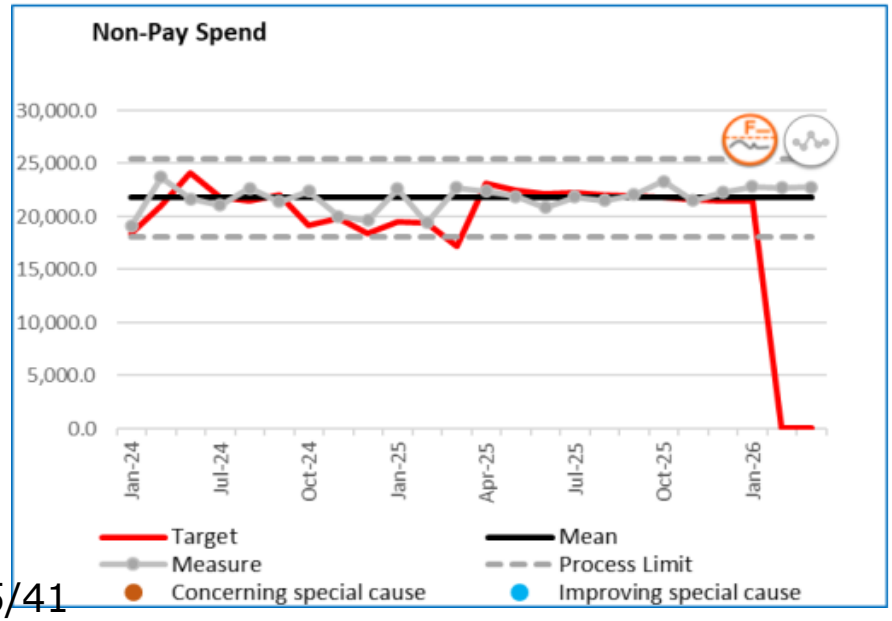




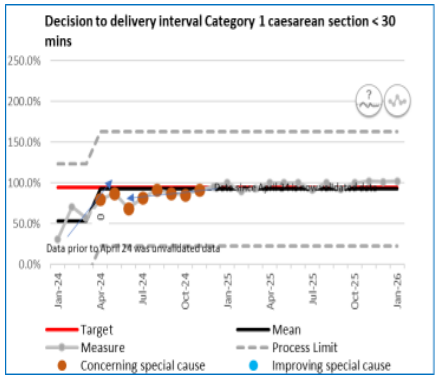
Forecast SPCs (3 month forward view) for Sustainability Indicators

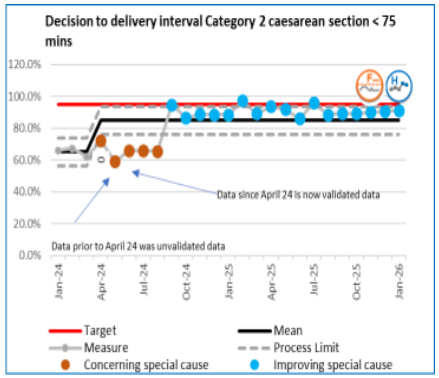


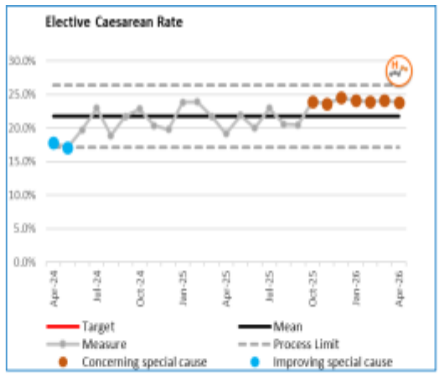


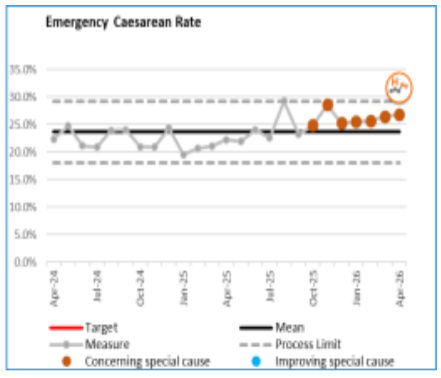


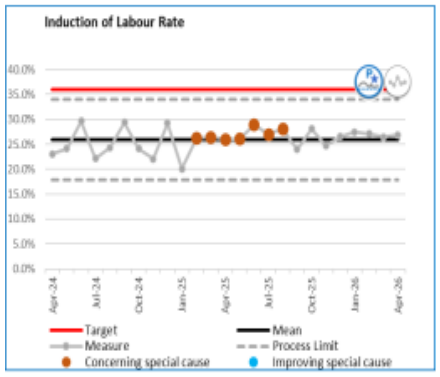
Forecast SPCs (3 month forward view) for Maternity Indicators

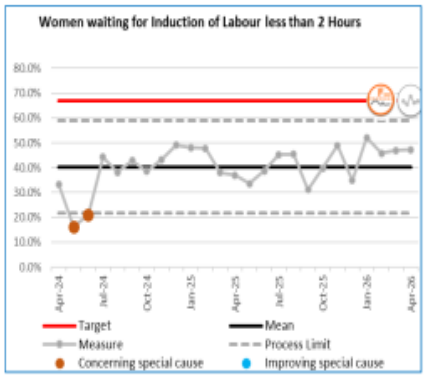


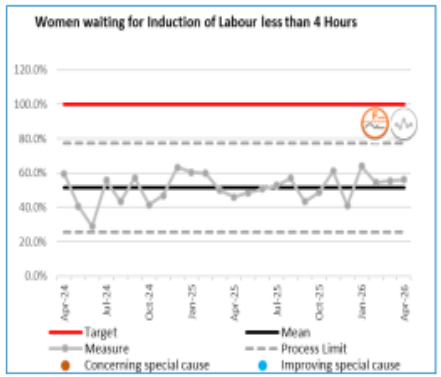


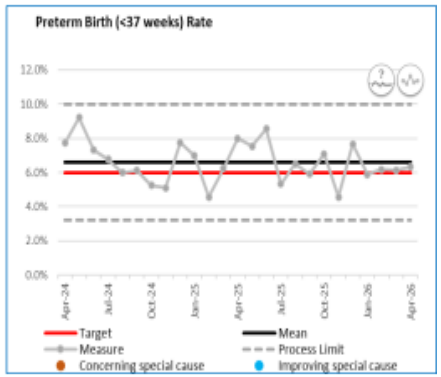


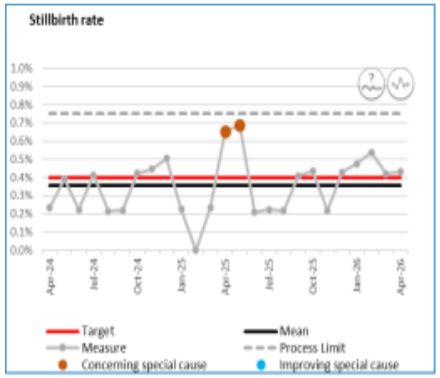


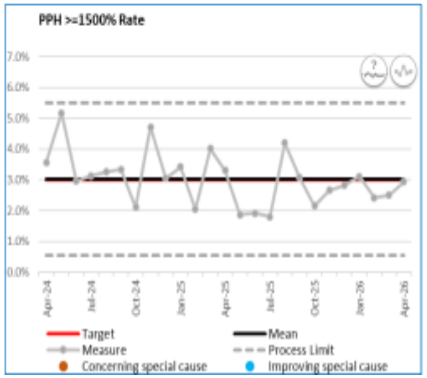


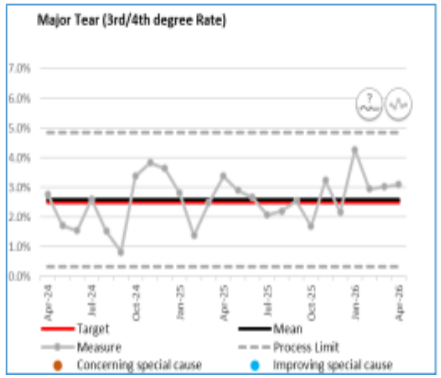


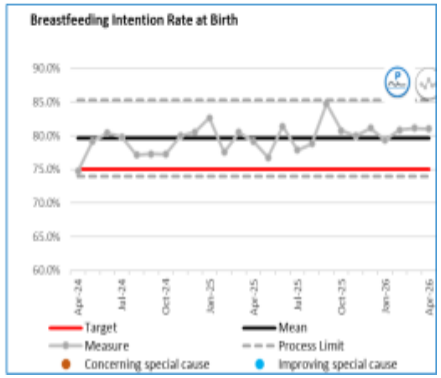






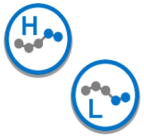






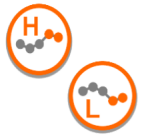
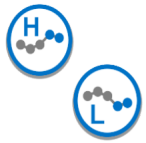
SDR Business Rules Driven by the SPC Icons

Assurance: Failing

Variation	Assurance	Understanding the Icons	Business Rule – DRIVER	Business Rule - WATCH
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.	Metric is Failing the Target (which is likely if it is a Driver Metric). A full CMS is required to support actions and delivery of a performance improvement	Metric is Failing the Target and is showing a Special Cause for Concern. Consider escalating to a driver metric.
		Common Cause - no significant change. Assurance indicates consistently (F)ailing the target.	Metric is Failing the Target (which is likely if it is a Driver Metric). A full CMS is required to support actions and delivery of a performance improvement	Metric is Failing the Target and is in Common Cause variation. Consider next steps.
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.	Metric is Failing the Target (which is likely if it is a Driver Metric). A full CMS is required to support actions and delivery of a performance improvement	Metric is Failing the Target, but is showing a Special Cause of Improvement. Note performance, but do not consider escalating to a driver metric

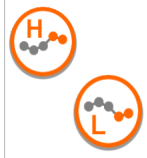
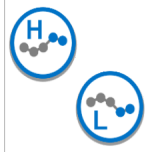
SDR Business Rules Driven by the SPC Icons

Assurance: Hit & Miss

Variation	Assurance	Understanding the Icons	Business Rule – DRIVER	Business Rule - WATCH
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates inconsistently hitting or missing the target.	Metric is Hitting & Missing the Target and is showing a Special Cause for Concern. A verbal CMS is required to support ongoing actions and delivery of a continued / permanent performance improvement	Metric is in Common Cause, but is showing a Special Cause for Concern. Note performance, but do not consider escalating to a driver metric
		Common Cause - no significant change. Assurance indicates inconsistently hitting or missing the target.	Metric is Hitting & Missing the Target and is in Common Cause variation. A verbal CMS is required to support ongoing actions and delivery of a continued / permanent performance improvement	Metric is Hitting & Missing the Target and is in Common Cause variation. Note performance, but do not consider escalating to a driver metric
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates inconsistently hitting or missing the target.	Metric is Hitting and Missing the Target, but is showing a Special Cause of Improvement. Note performance	Metric is Hitting and Missing the Target, but is showing a Special Cause of Improvement. Note performance
Any		Assurance indicates inconsistently hitting or missing the target.	A Driver Metric that remains in Hit & Miss for 6 months or more will need to complete a full CMS	N/A

SDR Business Rules Driven by the SPC Icons

Assurance: Passing

Variation	Assurance	Understanding the Icons	Business Rule – DRIVER	Business Rule - WATCH
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is Passing the Target, but is showing a Special Cause for Concern. A verbal CMS is required to support continued delivery of the target	Metric is Passing the Target, but is showing a Special Cause for Concern. Note performance, but do not consider escalating to a driver metric
		Common Cause - no significant change. Assurance indicates consistently (P)assing the target.	Metric is Passing the Target and is in Common Cause variation. Note performance, consider revising the target / downgrading the metric to a 'Watch' metric	Metric is Passing the Target and is in Common Cause variation. Note performance
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is Passing the Target and is showing a Special Cause of Improvement. Note performance, consider revising the target / downgrading the metric to a 'Watch' metric	Metric is Passing the Target and is showing a Special Cause of Improvement. Note performance

Passing, Failing and Hit & Miss Examples

Metrics that consistently **pass** have:

The **upper** control limit **below** the target line for metrics that need to be **below the target**

The **lower** control limit **above** the target line for metrics that need to be **above the target**

A metric achieving the target for 6 months or more will be flagged as passing

Metrics that are **hit and miss** have:

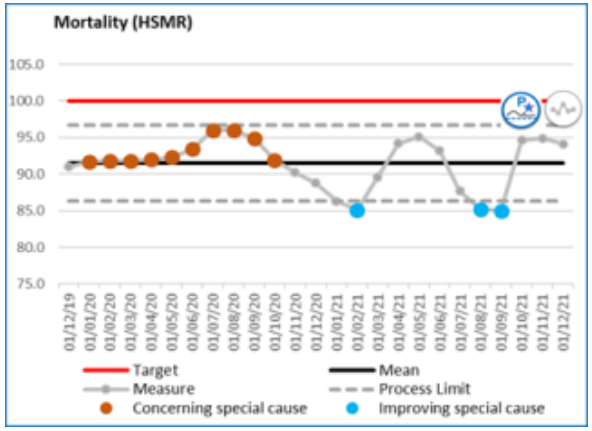
The **target** line **between** the **upper** and **lower** control limit for all metric types

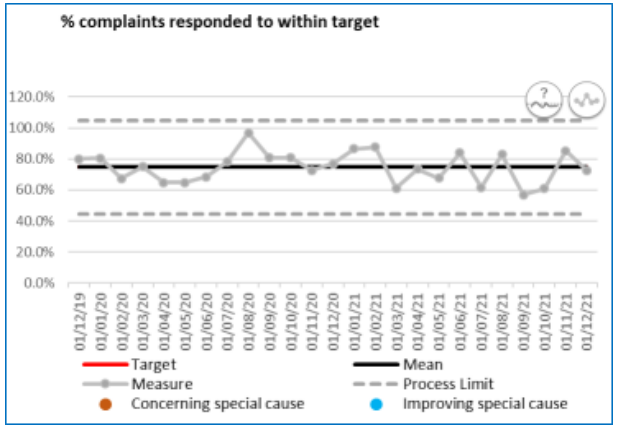
Metrics that consistently **fail** have:

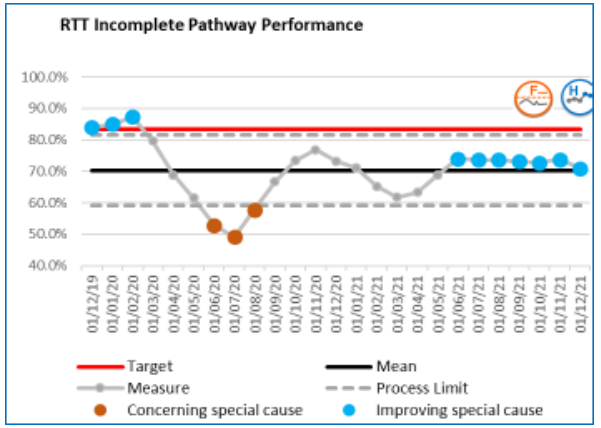
The **lower** control limit **above** the target line for metrics that need to be **below the target**

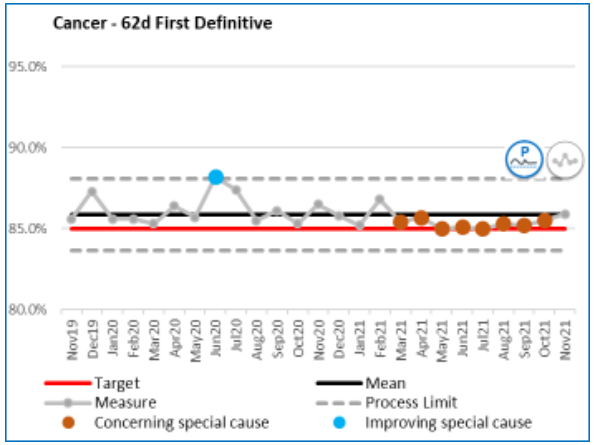
The **upper** control limit **below** the target line for metrics that need to be **above the target**

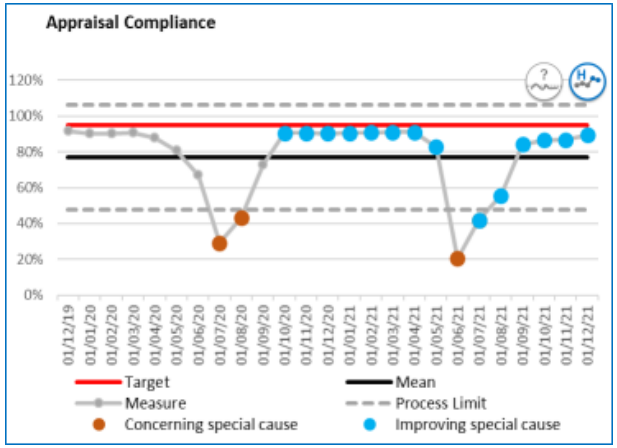
A metric not achieving the target for 6 months or more will be flagged as failing

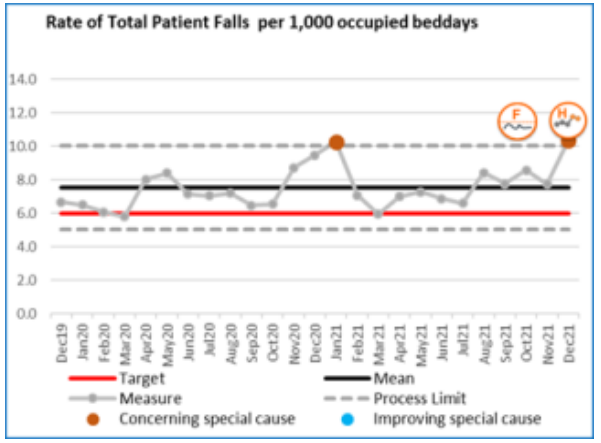












Maternity Metrics Definitions

Type	Section	Metric Name	Measure	Definition	Calculation - extracted from E3	Target	Target source	Rationale for inclusion
Activity	Women Birthed	Number of births	Women birthed	Women who gave birth (includes all registerable live births and stillbirths).	Number of women birthed	> 470	Average births per month at MTW last 5 years	- For use as denominator - Indicator of workload - Trends
	Caesarean birth	Elective caesarean birth rate	Elective	Women who gave birth that had elective caesarean section as the method of birth (Category 4 CS only).	Number of women birthed by an elective caesarean section	NA	National recommendation not to set targets for type of birth	- Provide insight into contributing factors for total c/s rate - Maternal risks - Impact on baby care and feeding - Length of stay
		Emergency caesarean birth rate	Emergency	Women who gave birth that had an emergency caesarean section as the method of birth (Categories 1-3 CS only).	Number of women birthed by an emergency caesarean section	NA	National recommendation not to set targets for type of birth	- Provide insight into contributing factors for total c/s rate - Maternal risks - Impact on baby care and feeding - Length of stay
	Induction of labour	Induction of labour rate	% of women	Women who commenced induction of labour with prostaglandins, artificial rupture of membranes or a syntocinon drip when not in labour	Number of women with onset of labour is induced	< 36%	Average National Rate (March 2024)	- Indicator of workload - Trends
Bookings	Number of new Bookings	Bookings	No of women	Women who have the first booking visit with the midwife, including transfers in where a previous booking visit has taken place out of area.	Number of women booked	> 545	Average bookings per month at MTW last 5 years	- For use as denominator - Indicator of workload - Trends
Clinical Indicators	Timely EMCS	Category 1 caesarean birth - decision to birth ≤ 30 mins	% of women	Women having Category 1 caesarean section within 30 minutes of decision for procedure	The % of all women having Cat 1 C-section with decision to birth interval less than or equal to 30 minutes	100%	RCOG best practice	- Indicator of workload - Trends - Maternal & fetal risks
		Category 2 caesarean birth - decision to birth ≤ 75 mins	% of women	Women having Category 2 caesarean section within 75 minutes of decision for procedure	The % of all women having Cat 2 C-section with decision to birth interval less than or equal to 75 minutes	100%	RCOG best practice	- Indicator of workload - Trends - Maternal & fetal risks
	Maternal Morbidity	Post partum haemorrhage ≥ 1500ml	% of women	Women who gave birth who had a measured blood loss of 1500ml or over	Number of women who have birthed with PPH ≥ 1500ml	< 3%	National Maternity Dashboard average	- Morbidity & mortality - Length of stay
		3rd/4th degree tear	% of women	Women with a vaginal birth (spontaneous or assisted) who sustained a 3rd or 4th degree perineal tear	Number of women with 3rd and 4th degree tear, by women having a vaginal birth	< 2.5%	National Maternity Dashboard average	- Potential long term impact - Morbidity & mortality - Length of stay
	Breastfeeding	Women who intend to breastfeed following birth	% of women	Women whose intention is to breastfeed their baby/ies at the time of birth.	Number of women with intention to breastfeed at time of birth	> 75%	National Maternity Dashboard average	- Infant health benefits - Maternal health benefits - Trends
	Premature births	Premature births <37 weeks gestation	% of births	Live babies born who are born less than or equal to 36+6 weeks	Number of preterm births at less than or equal to 36+6 weeks by the total births	< 6%	Saving Babies Lives Care Bundle national target	- Reducing premature births is a national target - Morbidity and mortality - Length of stay - Trends
	Neonatal morbidity & mortality	Stillbirth rate	per 1000 births	All babies stillborn after 24 weeks gestation	Number of stillbirths	< 4	2022 ONS data	- Reducing stillbirths is a national target - Mortality - Trends
		Unanticipated admission to NNU >37 weeks	% of births	All babies born on or after 37 weeks who are admitted to the neonatal unit	Number of admissions to NNU by number of births after 37 weeks gestation	< 4%	National Standard (ATAIN)	- Reducing avoidable term admissions to NNU is a national target - Morbidity and mortality - Length of stay - Experience - Trends
	Timely Procedures	Induction of labour delayed < 2 hours	% of women	Women having induction of labour who are transferred to Delivery Suite for the next stage of the process within 2 hours of identification that the	The % of all women having induction of labour who transfer within 2 hours	67.0%	Local target to aim for improvement	- Indicator of workload - Trends - Maternal & fetal risks
		Induction of labour delayed < 4 hours	% of women	Women having induction of labour who are transferred to Delivery Suite for the next stage of the process within 4 hours of identification that the	The % of all women having induction of labour who transfer within 4 hours	100.0%	Local target to aim for improvement	- Indicator of workload - Trends - Maternal & fetal risks

Jan-26	DAY				NIGHT				TEMPORARY STAFFING		Bank / Agency Demand RN/M (number of shifts)	WTE Temporary demand RN/M	Temporary Demand Unfilled - RM/N (number of shifts)	Occupied Beds	Planned CHPPD	Actual Care Hours per pt day	CHPPD by reg/unregistered			Nurse Sensitive Indicators						Financial review		
Health Roster Name	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Bank/ Agency Usage	Agency as a % of Temporary Staffing							CHPPD Registered Nurses and Midwives	CHPPD Non registered Care staff	CHPPD Non registered Nursing associates	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Enhanced care	Staffing Red Flags raised	Comments	Budget £	Actual £	Variance £ (overspend)
Acute Medical Unit (M) - NG551	86.9%	119.6%	-	-	95.2%	152.3%	-	-	21.2%	11.6%	95	6.61	40	597	9	9.0	4.9	4.1	0.0	-	-	3	0	59	10	Enhanced care and escalation on unit	219,217	219,676	(459)
Stroke Unit (M) - NK551	107.3%	116.5%	-	100.0%	110.2%	127.1%	-	-	32.5%	0.9%	114	7.97	33	1045	7	8.6	4.1	4.3	0.2	15.4%	100.0%	4	1	29	3	Enhanced care/dementia and delerium pts	278,451	280,516	(2,065)
HASU (34) - NK552	107.3%	115.5%	-	-	113.2%	129.0%	-	-	40.1%	0.6%	191	13.02	37	510	9	10.3	8.6	1.7	0.0	30.4%	85.7%	2	0	5	4	Enhanced care and escalation on unit	203,595	199,273	4,322
Cornwallis - NU251	95.2%	93.5%	-	-	101.1%	93.7%	-	-	23.4%	0.0%	41	2.73	2	550	8	7.2	4.2	3.1	0.0	56.4%	100.0%	0	0	0	7		132,762	133,295	(533)
Culpepper Ward (M) - NS551	104.6%	91.6%	-	-	100.0%	112.8%	-	-	13.9%	0.0%	13	0.86	0	397	7	7.4	5.1	2.4	0.0	111.1%	100.0%	1	0	4	0		141,431	140,571	860
CCU (M) - NS551	100.0%	-	-	-	100.0%	-	-	-	10.6%	0.0%	15	0.93	0	180	8	7.9				81.8%	100.0%	0	0	0	0				
Edith Cavell - NS459	112.3%	140.0%	-	100.0%	104.3%	161.0%	-	-	40.1%	8.4%	46	3.04	3	669	6	7.5	3.5	3.7	0.4	12.5%	100.0%	0	0	58	1	Enhanced care/dementia and delerium pts	113,222	146,380	(33,158)
Foster Clark - NR359	99.2%	127.3%	-	-	95.5%	162.2%	-	-	39.9%	3.6%	95	6.50	12	862	6	7.3	3.2	4.1	0.0	11.6%	60.0%	3	1	96	6	Enhanced care/dementia and delerium pts	200,295	190,793	9,502
John Day Respiratory Ward (M) - NT151	92.3%	107.0%	-	100.0%	101.4%	104.0%	-	-	19.1%	6.9%	87	5.99	21	918	7	7.4	4.1	3.3	0.0	31.3%	93.3%	2	3	44	4	Enhanced care/dementia and delerium pts	221,711	204,732	16,979
Intensive Care (M) - NA251	99.6%	97.0%	-	-	99.7%	100.0%	-	-	7.3%	0.0%	34	2.21	0	139	41	41.0	34.8	6.1	0.0	450.0%	88.9%	0	0	0	-	Enhanced care/dementia and delerium pts	250,334	223,386	26,948
Lord North Ward (M) - NP651	91.7%	91.7%	-	-	99.3%	93.5%	-	-	13.7%	0.0%	44	2.66	13	416	9	8.3	5.9	2.5	0.0	15.4%	75.0%	6	2	0	6		120,030	132,517	(12,487)
Mercer Ward (M) - NJ251	103.1%	126.8%	-	100.0%	100.3%	160.0%	-	100.0%	36.1%	4.7%	30	1.85	2	795	6	7.7	3.2	4.4	0.1	41.2%	100.0%	1	0	106	1	Enhanced care/dementia and delerium pts	166,884	206,901	(39,917)
Peale Ward COVID - ND451	93.2%	135.9%	-	-	99.2%	151.1%	-	-	26.5%	22.7%	54	3.56	10	395	8	9.4	5.2	4.2	0.0	6.9%	50.0%	1	0	55	3	Enhanced care/dementia and delerium pts	102,439	100,532	1,907
Short Stay Surgical Unit (M) - NE751	95.4%	91.5%	-	-	94.1%	78.4%	-	-	4.9%	0.0%	7	0.52	1	76	32	27.6	20.5	7.1	0.0	0.0%	-	0	0	0	0	Enhanced care/dementia and delerium pts	76,122	73,910	2,212
Whatman Ward - NK959	91.6%	91.1%	-	-	100.1%	117.3%	-	-	23.4%	5.6%	53	3.62	12	647	8	7.9	4.0	3.9	0.0	6.3%	100.0%	0	0	31	5	Enhanced care/dementia and delerium pts	195,072	176,442	18,630
Maidstone Birth Centre - NP751	82.8%	96.3%	-	-	100.1%	99.5%	-	-	16.7%	0.0%	38	1.97	2	23	99	91.3	-	-	-	0.0%	-	0	0	0	-		83,580	86,857	(3,277)
Acute Medical Unit (TW) - NA001	95.0%	129.8%	-	100.0%	100.1%	142.0%	-	-	22.0%	11.3%	82	5.74	34	992	8	8.6	4.6	4.0	0.1	-	-	8	4	101	17	Enhanced care/dementia and delerium pts	318,292	313,508	4,784
Coronary Care Unit (TW) - NP301	87.3%	82.9%	-	-	93.6%	-	-	-	34.9%	0.0%	82	5.62	16	219	12	10.3	8.9	1.4	0.0	-	-	0	0	0	0		83,162	86,453	(3,291)
Hedgehog Ward (TW) - ND702	99.5%	43.5%	-	-	103.1%	29.0%	-	-	12.1%	22.9%	84	5.43	15	560	11	9.3	8.3	0.9	0.0	9.7%	92.3%	0	0	20	1	Enhanced care/dementia and delerium pts	221,804	207,646	14,158
Intensive Care (TW) - NA201	104.3%	67.7%	-	-	99.3%	87.1%	-	-	3.0%	0.0%	39	2.37	2	204	59	57.7	25.0	3.2	0.0	-	-	1	0	0	-		405,834	407,821	(1,987)
Private Patient Unit (TW) - NR702	100.1%	84.5%	-	-	98.4%	96.8%	-	-	4.9%	0.0%	4	0.28	0	152	17	14.6	9.3	5.3	0.0	15.4%	50.0%	1	0	0	3		83,071	77,342	5,729
Ward 2 (TW) - NG442	90.0%	100.7%	-	100.0%	95.2%	117.8%	-	-	25.7%	3.0%	101	6.59	22	827	7	7.3	3.4	3.9	0.0	26.3%	90.0%	4	0	38	16	Enhanced care/dementia and delerium pts	256,852	223,639	33,213
Ward 10 - NG130	94.0%	101.0%	-	100.0%	96.7%	107.6%	-	100.0%	23.7%	2.8%	85.00	5.89	37.00	808.00	6.67	6.6	3.7	2.8	0.2	-	-	6	0	12	3	Enhanced care/dementia and delerium pts	169,652	153,201	16,451
Ward 11 (TW) - NG131	83.2%	104.8%	-	-	93.5%	97.6%	-	-	17.3%	0.0%	127	8.78	55	869	7	7.0	3.6	3.3	0.0	16.2%	83.3%	3	0	1	0		191,900	176,140	14,760
Ward 12 (TW) - NG132	86.0%	91.7%	-	-	91.9%	101.6%	-	-	25.6%	3.6%	107	7.20	27	949	6	5.9	3.0	2.9	0.0	14.6%	66.7%	7	1	18	10	Enhanced care/dementia and delerium pts	212,765	211,378	1,387
Ward 20 (TW) - NG230	89.4%	121.3%	-	-	97.5%	122.1%	-	-	24.1%	8.3%	90	5.70	18	925	7	7.0	3.3	3.7	0.0	24.2%	62.5%	6	1	63	8	Enhanced care/dementia and delerium pts	224,918	225,075	(157)
Ward 21 (TW) - NG231	95.3%	88.2%	-	-	102.9%	103.2%	-	-	20.2%	1.7%	88	5.46	23	941	7	6.7	4.1	2.5	0.0	36.1%	76.9%	2	0	8	1		190,649	197,226	(6,577)
Ward 22 (TW) - NG332	95.4%	143.9%	-	-	96.8%	150.6%	-	-	28.8%	7.1%	70	4.83	12	946	6	7.8	3.3	4.5	0.0	36.7%	81.8%	5	2	129	14	Enhanced care/dementia and delerium pts	215,667	213,556	2,111
Ward 30 (TW) - NG330	96.8%	105.0%	-	100.0%	92.3%	96.0%	-	-	17.9%	0.0%	62	4.22	11	818	7	7.0	3.6	3.3	0.2	10.7%	66.7%	12	4	8	0		186,088	177,053	9,035
Ward 31 (TW) - NG331	93.0%	104.5%	-	100.0%	97.6%	108.1%	-	-	18.1%	1.0%	97	5.75	18	910	7	6.7	3.4	3.2	0.1	14.7%	80.0%	4	3	16	16	Enhanced care/dementia and delerium pts	188,658	195,840	(7,182)
Ward 33 (Gynae) (TW) - ND302	96.9%	118.8%	-	-	98.4%	98.5%	-	-	38.2%	0.0%	31	1.77	5	289	8	7.8	4.8	3.0	0.0	16.7%	100.0%	1	0	3	-	Enhanced care/dementia and delerium pts	114,395	119,044	(4,649)
NICU (TW) - NA102	80.6%	-	-	-	84.4%	-	-	-	17.7%	0.0%	120	7.15	19	361	17	15.1	13.8	1.3	0.0	-	-	0	0	0	-	Extended cot bed base	264,276	241,802	22,474
Short Stay Surgical Unit (TW) - NE901	110.4%	105.4%	-	100.0%	140.5%	105.6%	-	100.0%	38.3%	0.0%	65	4.37	2	478	8	9.9	6.5	3.1	0.3	-	-	0	0	0	-		113,556	118,195	(4,639)
Surgical Assessment Unit (TW) - NE701	98.0%	83.9%	-	-	100.0%	100.0%	-	-	10.9%	0.0%	13	0.95	2	167	15	14.5	10.6	3.9	0.0	-	-	0	0	0	-		82,025	90,529	(8,504)
Midwifery Services - Delivery Suite - NF102	88.7%	87.0%	-	-	83.9%	80.6%	-	-	10.3%	0.0%	96	5.92	34	1796	5	4.1	-	-	-	-	-	0	0	0	-		334,943	392,800	(57,857)
Midwifery Services - Antenatal Ward - NF122	97.1%	84.9%	-	-	95.2%	83.9%	-	-	23.4%	0.0%	69	3.74	9	335	9	8.0	-	-	-	-	-	0	0	0	-		98,638	95,470	3,168
Midwifery Services - Postnatal Ward - NF132	101.6%	73.7%	-	-	98.8%	89.4%	-	-	20.7%	0.8%	130	7.09	10	631	11	10.5	-	-	-	-	-	1	0	0	-		234,170	202,588	31,582
Accident & Emergency (M) - NA351	94.4%	112.3%	-	100.0%	101.5%	141.3%	-	-	33.7%	9.4%	334	21.05	66	0	-	-	-	-	-	0.0%	72.1%	0	0	73	-	Contact Care/Enhanced Care/dementia and delerium	438,271	500,321	(62,050)
Accident & Emergency (TW) - NA301	107.2%	95.8%	-	100.0%	108.2%	98.7%	-	100.0%	24.3%	4.0%	234	15.15	35	0	-	-	-	-	-	13.2%	75.3%	0	0	41	-	Contact Care/Enhanced Care/dementia and delerium pts	460,358	525,817	(65,459)
Community Midwifery Services - Team Leads - N160	46.4%	-	-	-	-	-	-	-	0.0%	-	-	-	-	0	-	-	-	-	-	-	-	0	0	0	-				
Community Midwifery Services - TW/Eden/Ton/PW/Hawk - N160	89.9%	97.8%	-	-	-	-	-	-	2.6%	0.0%	11	0.48	0	0	-	-	-	-	-	-	-	0	0	0	-				
Community Midwifery Services - Phoenix Team - N160	95.3%	0.0%	-	-	-	-	-	-	0.0%	-	-	-	-	0	-	-	-	-	-	-	-	0	0	0	-				
Community Midwifery Services - Sevens/Mallings - N160	116.0%	-	-	-	-	-	-	-	0.0%	-	-	-	-	0	-	-	-	-	-	-	-	0	0	0	-				
Community Midwifery Services - Maidstone/Leeds - N160	71.4%	58.2%	-	-	-	-	-	-	12.7%	0.0%	48	2.17	0	0	-	-	-	-	-	-	-	0	0	0	-				
Community Midwifery Services - Crowborough - N160	90.4%	73.8%	-	-	-	-	-	-	1.5%	0.0%	2	0.10	0	0	-	-	-	-	-	-	-	0	0	0	-				
Crowborough Birth Centre (CBC) - NF775																	-	-	-			0	0	0	-		67,402	-624	68,026
Midwifery Services - Specialist Midwives - NF152																	-	-	-			4	0	0	-		95,579	121,790	(26,211)
Midwifery Services - Antenatal Outpatient Clinic - NF142																	-	-	-			0	0	0	-		68,081	62,124	5,957
																	-	-	-										
Midwifery TW (four IP rosters)	94.5%	76.4%	-	-	89.9%	85.6%	-	-	16.3%	0.4%	295	16.74	53				-	-	-										
Midwifery TW Community (six comm. rosters)	88.1%	80.8%	-	-	-	-	-	-	4.5%	0.0%	199	10.83	19				-	-	-			0	0	0	-		348,540	338,250	10,290
Midwifery TW (all fourteen rosters)	86.1%	78.7%	-	-	90.4%	85.6%	-	-	9.6%	0.3%	533	32.48	85				-	-	-			1	0	0	-				
																	-	-	-				0	0					
Maidstone Orthopaedic Unit (M) - NP951	71.4%	72.9%	-	100.0%	58.7%	74.6%	-	100.0%	0.0%	-	-	-	-	184	31	21.8	12.7	7.5	1.7	65.5%	100.0%				0		167,370	136,281	31,089
S&M Orth Centre - Inpatient Ward - TK153	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Fordcombe Ward (APC) - NU901	99.9%	99.2%	-	-	98.1%	-	-	-	15.0%	0.0%	29	1.74	2	90	24	23.1	20.9	2.2	0	-	-						83,097	72,190	10,907

RAG Key

Under fill / Over fill

Green: equal to or greater than 90% but less than 110%
Amber Less than 90% OR equal to or greater than 110%
Red equal to or less than 80% OR equal to or greater than 130%

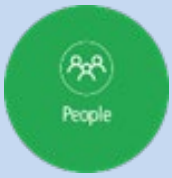
Total Established Wards		8,427,256	8,401,234	26,022
Additional Capacity beds	Cath Labs	58,855	55,812	3,043
	Whatman			
Other associated nursing costs		5,369,630	4,854,430	515,200
Total		13,855,743	13,311,477	544,266

Even though closed from Oct 25 - May 26 costs here haven't been distributed to other areas - Costs now mostly moved - Budget remains

This cost centre incurred a cost in M10

This cost centre incurred a cost in M10

Title of report	**Learning from Deaths Report**					
Board / Committee	**Trust Board**					
Date of meeting	26th February 2026					
Agenda item no.	02-11					
Executive lead	Dr Sara Mumford, CMO					
Presenter	Dr Sara Mumford, CMO					
Report Purpose (Please ☑ one)	***Action/Approval***		***Discussion***	☐	***Information***	✓

Links to Strategic Themes (Please ☑ as appropriate)					
					
✓	☐	☐	☐	✓	✓

Executive Summary	
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	This paper focuses on the work of the Learning from Deaths Group including statutory scrutiny of deaths by the Medical Examiner service and National benchmarking mortality data at the Trust. No new concerns identified from National benchmarking data. SHMI for the period September 2024 to August 2025 (reported six months in arrears) is 87.63 and "within expected" and similar across both Maidstone and TWH sites. Crude mortality data sits within seasonal expected ranges with 384 in-hospital adult deaths in Q3 with 59 deaths referred to HM Coroner.
Any items for formal escalation / decision	Reduction in SJRs referred for scrutiny
Appendices attached	• Appendix A – Category of SJRs allocated by ME Service • Appendix B – Themes from SJRs to record on InPhase

Report previously presented to:		
Committee / Group	Date	Outcome/Action

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	• PR 2: If we do not reduce the number of significant avoidable harm events our patients are at risk of poor clinical outcomes • PR 4: Failure to provide compassionate, effective, responsive and safe care may negatively impact the experience of care for patients, their families and carers and may affect the reputation of the organisation
Links to Corporate Risk Register (CRR)	
Compliance / Regulatory Implications	

Learning from Deaths Board Report Q3 2025-2026

Introduction

This report provides analysis and seeks to provide assurance around hospital deaths occurring between October - December 2025 at Maidstone and Tunbridge Wells NHS Trust. The Trust also hosts the Medical Examiner (ME) service, who have a statutory requirement to scrutinise deaths that occurred at the Trust, at other healthcare providers and in the community. Whilst this is an independent service their data is included in this report.

The Learning from Deaths Group (LfDG) meets monthly to provide assurance that all hospital associated deaths are proactively monitored, reviewed, reported and where necessary referred to the Patient Safety team for further investigation. A further responsibility of the group is to ensure learning from mortality reviews are shared with clinical teams to learn from omissions in care and to highlight good practice.

The group is chaired by the Deputy Medical Director (Quality and Safety) and includes membership from consultants across directorates (except maternity and paediatrics), allied health professionals, Chief registrar and senior registrars. National benchmarking data, crude hospital data, ME data and individual cases are discussed as standing items in the agenda.

National Benchmarking Data

The external provider Dr Foster/Telstra produces an overview of mortality data for individual Trusts. The below data relates to the period October 2024 - September 2025 and was published on 16th January 2026. There are three separate measures of mortality provided: Hospital Standardised Mortality Ratio, Standardised Mortality Ratio and Summary Hospital-Level Mortality Indicator. The latter includes deaths that occurred 30 days after discharge from hospital.

Hospital Standardised Mortality Ratio (HSMR+)

HSMR+ compares the observed number of patient deaths in hospital to the number predicted after adjusting for the case mix of patients.

HSMR+ for September 2025 is 79.78 and “lower-than-expected”, based on 3042 superspells and 83 deaths (crude rate 2.73%).
HSMR+ for the period October 2024 to September 25 is 81.21 and “lower-than-expected”, based on 41,108 superspells and 1121 deaths (crude rate 2.73%).

There is very little change to report in the Trust’s HSMR+ performance (see Figure 1); and the Trust remain in a position which is statistically significantly lower than peers (see Figure 2).

There are no significant changes to flag in ‘trends in coding’ compared to previous reports but non-elective HSMR+ deaths with specialist palliative care remains near an all-time high for the Trust. Late recognition of end of life has been identified as a theme for case reviews (see below) but other reasons including external factors as to why patients may be dying in hospital rather than at home or with other providers are recognised as contributory.

Figure 1: HSMR 12 month Rolling Trend

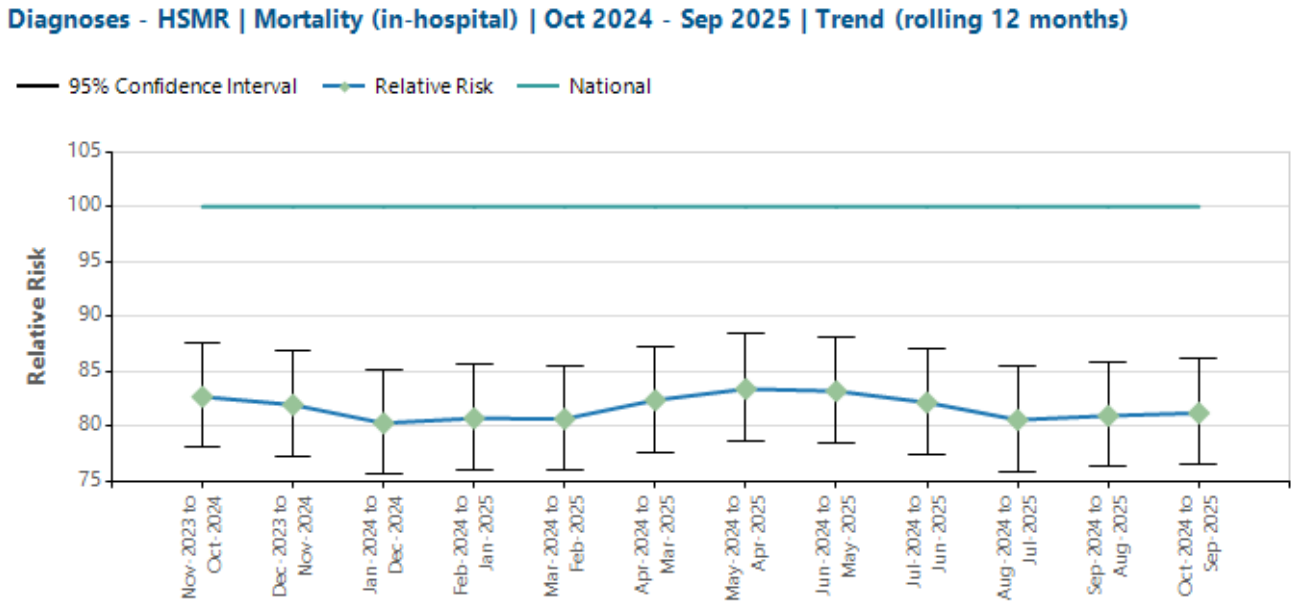
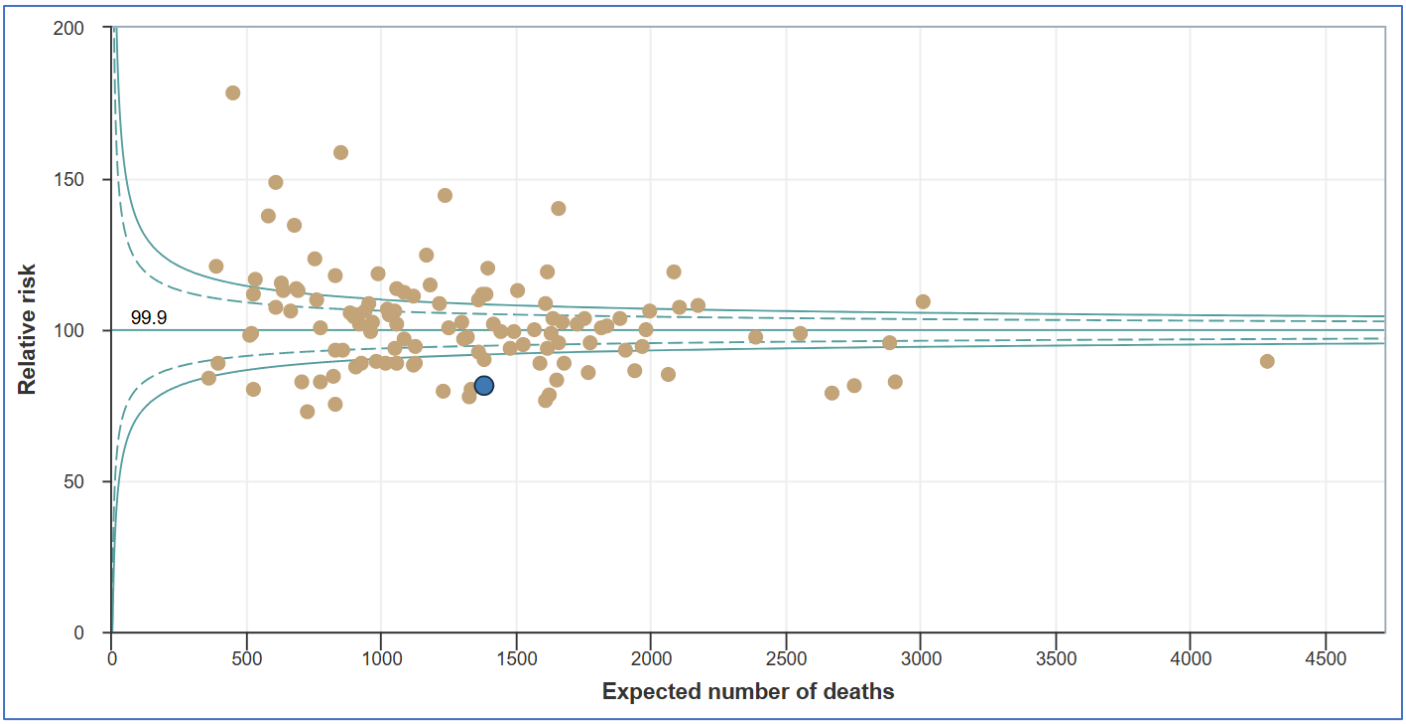


Figure 2: National HSMR+ Peer Comparison



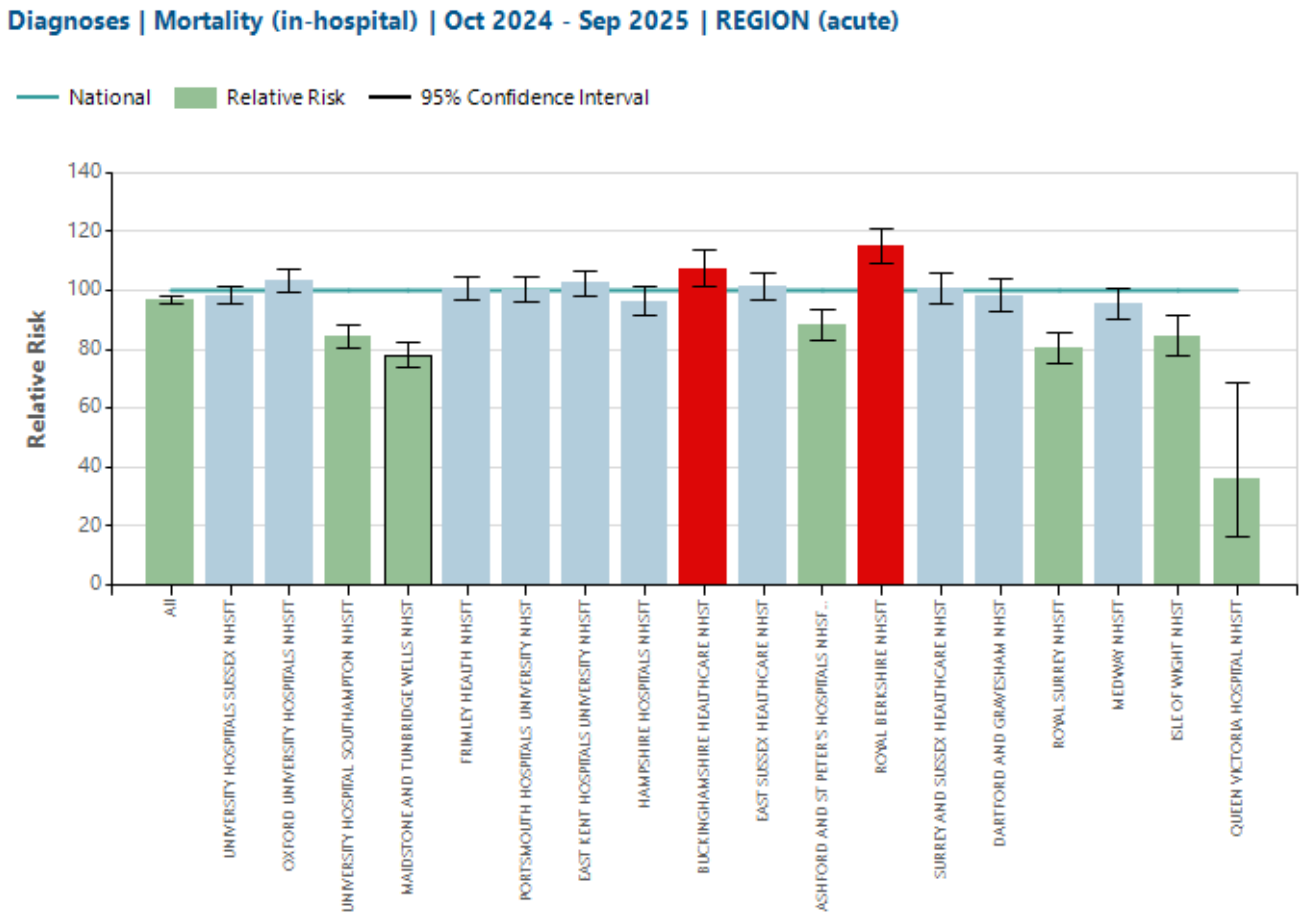
Standardised Mortality Rate (SMR)

SMR for September 2025 is 86.1 and "within expected", based on 12,308 superspells and 116 deaths (crude rate 0.9%).

SMR for the period October 2024 to September 2025 is 77.9 and "lower-than-expected", based on 162,461 superspells and 1396 deaths (crude rate 0.9%) (see Figure 3 for peer comparison).

There is one outlier, 'other endocrine disorders' (8 deaths), which has previously been reported with no concerns identified.

Figure 3: SMR 12 Month Peer Comparison



Summary Hospital-Level Mortality Indicator (SHMI)
The SHMI is the ratio between the actual number of patients who die following admission (including those who die within 30 days of discharge) at MTW and the number that would be expected to die based on average England figures, given the characteristics of the patients treated there.
SHMI for the period September 2024 to August 2025 is 87.63 and “within expected” and similar across both Maidstone and TWH sites.

Crude Mortality Data

Crude in-patient mortality rates for Q3 are as below (Figure 4) with the number of community deaths reported to the ME Office included in brackets (statutory from September 2024). Coronial referrals are for hospital cases only. There is no obvious increase in levels from previous years.

Figure 4: Number of in-patient deaths for Q3 (brackets show community deaths)

Year	October	November	December	Total	Coronial referrals
2025	128 (241)	116 (210)	140 (258)	384 (709)	59
2024	100 (268)	113 (263)	133 (228)	346 (759)	75
2023	110	146	185	441	89
2022	166	146	211	523	90
2021	166	139	166	471	94

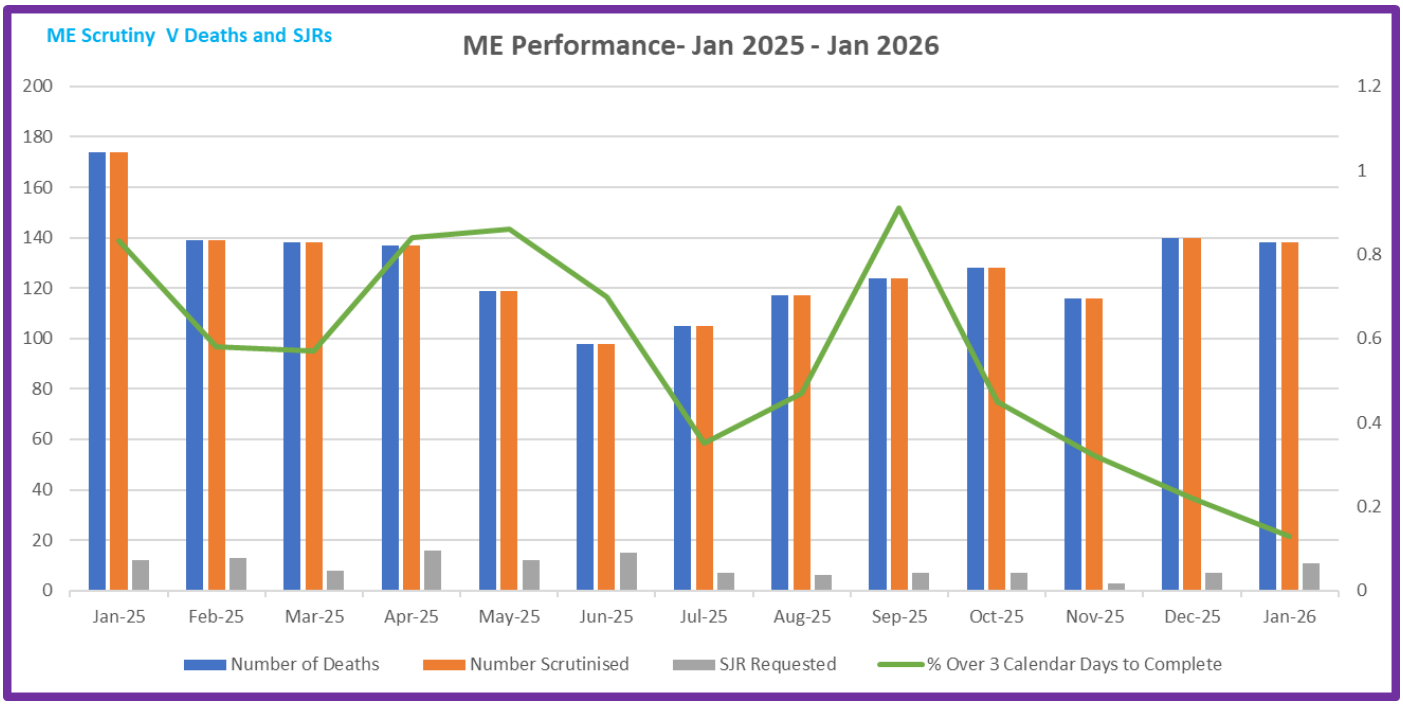
Medical Examiner Service

When a person dies, Medical Examiners are required, with the support of Medical Examiner Officers, to make a proportionate scrutiny of the health care records and discuss the case with both a qualified attending practitioner (QAP) and the bereaved family. The scrutiny should be completed within three calendar days of death.

The increased workload from community deaths under review and staffing challenges continue to impact on the ability of the Medical Examiner Service to complete reviews within three days. The percentage of cases that took more than three calendar days to complete were 24% in October, 30% in November and 6% in December (Figure 5).

In Q3 there were 59 cases out of 384 referred to HM Coroner. These were distributed as 33 from Maidstone Hospital and 26 from TWH.

Figure 5: ME performance January 2025 - January 2026



Structured Judgement Reviews (SJR)

When a concern is raised by the Medical Examiner Service regarding a death (according to one of nine nationally standardized and validated categories, see Appendix A), a trained clinician will undertake an SJR. It is expected that 10-15% of deaths will be referred for an SJR. In category H, Deaths where learning will inform the provider's quality improvement work, the most recent theme has been sepsis; the next theme will be deaths within 30 days of discharge.

At the time of writing, there are 15 reviewers of whom nearly half have been recruited in the last 18 months. Of these, one is an allied health professional, two are senior registrars and the remainder are consultants.

The SJR reviewer makes explicit comments about phases of care with scores (excellent, good, adequate, poor, or very poor) attributed to each phase and the overall care received. The reviewer completes the SJR on InPhase. A turnaround time of 28 working days from receiving the SJR request to completion is the expectation. The overall score is agreed by the LfDG at a monthly meeting and since January 2026, the main themes for learning are recorded. SJRs are currently not shared with families.

There are two separate data sets relating to SJRs for each month; the cases referred for an SJR and the cases that are completed and discussed at LfDG. Figure 6 compares cases referred for an SJR between 2024/25 and 2025/26.

Figure 6: Cases referred for SJR in 2025-26

Month	Number of SJRs raised 2025-2026	Number of SJRs raised 2024-2025
April	3	8
May	8	6
June	12	8
July	5	7
August	3	9
September	7	9
October	6	12
November	5	10
December	8	14
TOTALS	57	83

At the most recent LfDG, the reduction in referrals from the ME service for an SJR was raised with the Lead Medical Examiner. Possible reasons for this were discussed and included staffing levels and expertise.

To address this trend, the Chair of the LfDG has requested that the below audits are undertaken by the ME service in the next financial year:

1. Days to completion of scrutiny.
2. Case load for each ME.
3. Quality of scrutiny including ‘double scrutiny’.
4. Frequency of discussion with QAP/family.
5. SJR referrals.

In addition, when considering the number of SJR reviewers available, a total of 24 SJRs can be undertaken each month. If this capacity is not reached according to the categories in Appendix A, the ME service will randomly select additional cases to undergo an SJR to ensure a minimum of 20 cases are completed each month.

Reasons for SJR referral for cases discussed in Q3

Of the 21 cases that were discussed at LfDG in Q3, the reasons for referral for SJR were:

- Family concerns: 6 (29%)
- ME concerns 7 (32%)
- Learning disability 6 (29%)
- Autistic Spectrum Disorder 1 (5%)
- Mental health diagnosis 1 (5%)

Figure 7 shows the overall scores for the SJRs that were agreed at LfDG in 2025. It is noted that there were two cases of very poor care identified in Q3. It is noted that from Q3 the SJR outcome documented below are those that have been discussed at that LfDG meeting rather than date of SJR referral.

Figure 7: SJR outcomes 2025-2026 as discussed at each monthly LfDG

Month	Very Poor care	Poor care	Adequate care	Good care	Excellent care	Total cases discussed at LfDG
Apr-25	-	-	-	2	1	
May-25	-	-	-	5	3	
Jun-25	-	5	2	5	-	
July-25	-	1	1	1	2	
Aug-25	-	-	1	2	-	
Sept-25	-	2	3	1	-	
Oct-25	1	1	6	2	0	10
Nov-25	1	1	1	3	1	7
Dec-25	0	2	1	0	1	4
Totals	2	12	15	21	8	

Discussion regarding 'Poor' and 'Very Poor' care cases

Most cases are judged to be of adequate care or above. Below are the cases discussed during Q3 LfDG where concerns were raised regarding care provided.

Very Poor Care

- 73-year-old gentleman with learning disabilities was admitted with repeated episodes of gastrointestinal bleeding. There was significant delay in endoscopic investigation and limited senior decision makers involved. There were numerous opportunities missed to offer support and reasonable adjustments including DNACPR put in place without due consideration and lack of consultant review. Action was for referral to Patient Safety Incident Response Group (PSIRG) for consideration of Patient Safety Incident Investigation (PSII).

- 75-year-old lady died in the community having been seen in ED three days prior with vomiting. Postmortem showed infarcted inguinal hernia with small bowel obstruction, and the case has been referred to HM Coroner. Action was for referral to PSIRG for consideration of PSII in view of

potential missed diagnostic opportunities, unaddressed red flags, lack of comprehensive examination and follow-up of abnormal investigations. Uncertain documentation regarding out of hours contact was also noted.

Poor care

- 78-year-old lady who was discharged earlier in the day despite vomiting and frailty. She returned within 5 hours via ambulance. No sepsis screening or antibiotics given initially. Although the death was felt to be not preventable there were omissions in care including delayed imaging, poor antibiotic choice and abnormal blood results not acted upon. The recommendation was for the case to be presented at Clinical Governance (CG).

- 84-year-old gentleman with advanced liver disease whose death was judged to be not preventable, but care was poor due to delayed recognition and response to deterioration, lack of timely escalation decisions and system-level issues with specialist input and ward flow. The actions were to discuss in Gastroenterology CG and highlight case at Deteriorating Patient Group.

- 73-year-old frail lady with multiple comorbidities admitted with presumed infection from pressure ulcers. She remained in ED for 24 hours, with ensuing lack of senior review and decision making and delayed recognition of end of life. The recommendations were for expectations of frequency of consultant reviews at job planning to be highlighted. Safeguarding teams were made aware of case.

- 75-year-old gentleman admitted with urinary sepsis with early recognition of sepsis but inadequate documentation especially in ITU, challenges with fluid balance and defibrillator management. The case was for discussion at relevant CG meetings and highlighted to resuscitation committee.

Referrals to PSIRG Q3

As discussed above two cases were referred to PSIRG in Q3 to discuss whether they required further learning response including PSII.

Additional themes and learning

Thematic reviews
In addition to the themes identified in the poor and very poor care cases, consistent themes have been identified in reviews. These have been collated in Appendix B. To date, a thematic review has been undertaken of Sepsis management and presented at Safety Grand Rounds in Autumn 2025. The Winter Safety Grand Round highlighted Learning Disability case. The Spring Safety Grand Round is planned to discuss earlier recognition of end of life. A significant project is ongoing at the Trust regarding ongoing concerns with deteriorating patients and the learning from SJRs has fed into this work.

Deaths where learning will inform the provider's quality improvement work
SJR categories (see Appendix A) allow for an option that can be at the discretion of the Trust. From Q4, the Chair of the LfDG has requested that deaths that occurred within 30 days following an admission to MTW undergo an SJR.

Sharing of Learning

- Quarterly Safety Grand Rounds: these commenced August 2025 and continue quarterly on both sites. All staff are welcome.
- Individual discussions and reflection with team members where appropriate.

- Learning from poor care and good practices highlighted from cases reviewed at the LfDG continue to be shared with directorates via presentation at monthly Clinical Governance meetings.
- Learning is also being shared via the Learning from Deaths Section in the Patient Safety Learning Hub on the intranet.
- Divisional mortality reports, including mortality indicators and learning from SJRs are provided to MEC, Surgery and Cancer divisions to be presented at monthly Clinical Governance meetings.
- Excellent care is recognised with communication to individuals and/or teams involved.

Planned Actions

- Appoint a Learning from Deaths lead within Medicine and Emergency Care to attend the Learning from Deaths Group (LfDG) and co-ordinate presentation of cases at CG and Safety Grand Rounds.
- A Safety Chief Registrar has been appointed with a key remit to focus on sharing of learning with resident doctors and learning from deaths across the trust. Patient Safety newsletter will be published monthly starting in next financial year.
    - Attendance by LfDG Chair to Medical Examiner Clinical Governance to encourage consistency of referral for SJRs

Appendix A: Category of SJRs allocated by ME Service

A	Deaths where a significant concern about the quality of care provided is raised by families and carers
B	Deaths where a significant concern about the quality of care provided is raised medical examiners and staff
C	Deaths where the patient had a diagnosed learning disability (ies)
D	Deaths where the patient had a diagnosis of a high functioning autistic spectrum condition (ASC) (formerly known as Asperger's)
E	Deaths where the patient has a recognised mental health condition/was known to mental health services
F	Deaths in a specialty, diagnosis, or treatment group where an 'alarm' has been raised (for example, an elevated mortality rate, concerns from audit, CQC concerns, InPhase raised
G	Deaths where the patient was not expected to die - for example, in elective procedures
H	Deaths where learning will inform the provider's quality improvement work (e.g. sepsis)
I	Maternal or neonatal deaths

Appendix B: Themes from SJRs to record on InPhase

Concerns:

- Failure to recognise deteriorating patient
    - Failure to recognise/manage sepsis.
    - Delays in commencing fluid resuscitation
- Delays in speciality team reviewing patient in ED once accepted
- Lack of senior review
- Failure to engage appropriate speciality
- Inappropriate transfer of patient
- Failure to act upon investigation result/delay in result
- Delay in recognising and managing End of Life
- Lack of communication with patient/family including where English is not first language
- Failure to meet nutritional needs
- Lack of MCA/best interest meeting or other safeguarding concern
- Care planning post discharge was a further area of learning
- Failure to assess/manage pressure areas
- Failure to of VTE risk assessment/thromboprophylaxis/anticoagulation
- Failure of robust discharge planning
- Inadequate documentation

Good practice:

- Clear and concise documentation of patient's healthcare record
- Early consultant involvement allowing for high level and appropriate decision making.
- Evidence of discussion with family
- Evidence of early specialist involvement in decisions
- Evidence of early recognition of End of Life

Title of report	**Freedom To Speak Up Guardian Report Q3 (October – December 2025)**					
Board / Committee	**Trust Board**					
Date of meeting	26th February 2026					
Agenda item no.	02-12					
Executive lead	Helen Palmer – Chief People Officer					
Presenter	Jack Richardson - Lead Freedom To Speak Up Guardian					
Report Purpose (Please ☑ one)	***Action/Approval***		***Discussion***	✔	***Information***	✔

Links to Strategic Themes (Please ☑ as appropriate)					
Patient experience	Patient access	Sustainability	People	Systems and partnerships	Patient safety and clinical effectiveness
☐	☐	☐	✔	☐	✔

Executive Summary	
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	This is the quarterly report for the period October 2025 to December 2025, presented to ETM by the Freedom To Speak Up Guardian (FTSU). The purpose of this report is to identify trends, address issues, and provide a progress update on the Freedom to Speak Up function. During this quarter, 76 concerns were raised. The most reported location was Maidstone, followed by Tunbridge Wells. Divisional breakdown highlights Core Clinical Services as the division with the highest number of cases. Concerns were received through various routes, including direct contact with the FTSUG, anonymous portal logs, safe space champions, and staff side conversations. This report provides a detailed analysis of these concerns and associated trends.
Any items for formal escalation / decision	
Appendices attached	There are no appendices in this report

Report previously presented to:		
Committee / Group	Date	Outcome/Action

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	PR1: Failure to attract and retain a culturally diverse workforce may prevent the organisation from achieving its ambition to be an inclusive employe
Links to Trust Risk Register (TRR)	993 – Continued dependency on bank and agency staff following improvements in vacancy/recruitment levels 3252 – Significant Employment Issues

	994 – Our staff survey and WRES and WDES data demonstrate that our BAME and disabled communities have less opportunity at MTW (especially % representation of BAME (Global Majority) at band 8C+)

Introduction

This quarter has seen a sustained escalation in concern across the Trust, with a total of 76 Freedom to Speak Up (FTSU) cases, compared to 59 in the previous quarter. This increase aligns with the continued progression of the Transformation Programme and wider organisational pressures.

A significant proportion of concerns raised this quarter required signposting into transformation support routes or escalation through the Employee Experience workstream, reflecting the complexity and interdependency of issues being experienced by staff.

Despite the increased volume and intensity of concerns, the FTSU service has remained proactive, responsive, and strategically engaged. Targeted outreach has been delivered to high-pressure teams, supporting the development of bespoke listening initiatives and local action plans. In parallel, FTSU has delivered system-level training to other Trusts on implementing FTSU strategies, sharing learning and best practice.

Q3 2025 Data Collection

Q3 2025 Data Collection

Total Concerns Logged: 76

Theme	Number
Bullying and Harassment	22
Health and Safety	20
Other	24
Patient Safety	9

Fraud	1
Total	**76**
Transformation	**21**

Note: Transformation concerns cut across multiple thematic categories and are not mutually exclusive.

Breakdown of Other

Theme	Description	Number of Concerns
Transformation Engagement	Concerns about unclear or inconsistent communication, feeling unheard in consultation, workload uncertainty and perceived disengagement by senior leaders	6
Advice Requests	Requests for confidential advice	6
Fairness, Equity & Workforce Practice	Percieved unfairness relating to pay uplifts, banding and recruitment practices	5
Morale, Psychological Safety & Organisational Trust	Expressions of low morale, loss of pride or loyalty to the trust	4
Local Working Practices	Concerns about local practices impacting fairness or professionalism (Excessive smoking breaks, lack of professional boundaries)	3

Note: Themes have been assigned based on the primary issue raised. Some concerns span multiple areas; however, each has been counted once for reporting purposes to provide clarity and avoid duplication.

Reporting Patterns

This quarter has seen a high volume of emotionally intense and complex concerns, many of which relate to leadership behaviour, compassion in management practice, and the cumulative impact of organisational change.

A notable proportion of contacts demonstrate reluctance to formally raise concerns. Repeated informal requests for advice (e.g. “Can we talk?”) were received; however, in several instances, when conversations were offered, individuals disengaged. This was frequently accompanied by expressed fear of reprisal, exclusion, or being labelled as problematic. This pattern continues to indicate reduced psychological safety, particularly within high-pressure clinical areas and services in scope of transformation.

Several cases involved serious allegations of unprofessional conduct, including bullying, intimidation, discriminatory language, breaches of Information Governance, and failures to follow occupational health or governance processes. In multiple instances, staff described feeling ignored or unsupported following sickness, injury, or traumatic events, leading to perceptions of being disposable or undervalued.

While many cases were triaged promptly and escalated appropriately through Patient Safety, HR/ER, or divisional leadership routes, the recurrence of similar themes across multiple services suggests organisational patterns that warrant continued senior oversight and coordinated support, rather than isolated or unrelated incidents.

Breakdown by Theme

Behaviour and Civility and Leadership Conduct

Concerns relating to bullying, intimidation, belittling behaviour, and lack of compassion represent the largest thematic area this quarter.

Reports describe managers:

- Using aggressive or inappropriate language (including swearing and shouting)
- Dismissing staff wellbeing, sickness, or occupational health recommendations
- Exerting pressure to attend work despite injury, bereavement or mental distress.
- Favouring certain individuals while excluding or marginalising others

The emotional tone of these reports is notably distressed, with staff describing feelings of worthlessness, fear, and exhaustion. As a direct result, FTSU have been working alongside Wellbeing, EDI and Leadership development to re-define kindness and civility intervention.

Transformation

Many staff reported feeling talked over, dismissed, or patronised in consultation settings. Others expressed concern that the transformation has been approached with insufficient understanding of role diversity, particularly for ACPs and specialist staff, leading to inappropriate job descriptions and unsafe assumptions.

The cumulative impact is a significant deterioration in morale, with some staff reporting loss of pride, loyalty, or confidence in the organisation.

Process and Governance Concerns

Several reports indicate Information Governance breaches, delayed patient correspondence, and poor record-keeping practices that present clear clinical and organisational risk. These have been escalated to the relevant division and handled at speed through their own internal processes.

Staff also raised concerns about unequal treatment of international staff, use of immigration status as leverage, and inconsistency in redeployment or slotting decisions, further eroding trust in fairness and process integrity. As part of this, FTSU has worked with Helen Palmer, and Learning and Development to increase our internal training offering around visas and immigration, to ensure there is not an ignorance around the subject.

Equality, Diversity and Inclusion

There has been a small rise in reports of homophobic and racist language, from both staff and public-facing roles. Reports of nationalist slogans being used in some areas, leaving members of our global majority staff feeling intimidated.

Patient Safety

Several concerns highlight direct or indirect patient safety risks, including:

- Staff shortages and unsafe workloads
- Inappropriate patient placement due to bed pressures
- Missed or delayed medication linked to process failures
- Reduced supervision and training capacity in pressured services

Staff consistently reported that they raised concerns locally but did not feel listened to, leading them to seek support through FTSU as a last resort. This is consistent with previous trends during times of clinical and financial pressures. I continue to stress the importance of escalating and managing these concerns appropriately, even during times of transformation.

Outreach and Proactive Work

Despite the unpredictable reporting pattern, several key pieces of strategic work have progressed this quarter:

- **Targeted Outreach:** Capacity was used to engage with specific teams under pressure, resulting in the development of tailored listening initiatives and staff action plans.
- **Transformation Collaboration:** FTSU has worked closely with the transformation workstream to support staff, including the creation of short, accessible videos explaining available services and the role of elected staff representatives.
- **National Sharing of Best Practice:** MTW's cost-saving model for FTSU was shared via NHS Elect, contributing to wider system learning and supporting other Trusts to embed culture change within financial constraints. MTW's FTSU strategy is also being shared as best practice to other trusts.
- **Kindness and Civility work:** FTSU has been working on statistics to understand the cost implications of unkindness, and reviewing how we develop a kinder workforce. Utilising 'patient centric' approaches and applying them to management styles to exemplify and amplify the importance of being kind at work.
- **Active Engagement in MDT:** This quarter, the FTSU Guardian has joined the newly established People and OD multidisciplinary team (MDT) meetings. These forums sit separately from the existing divisional MDT arrangements with triumvirates and HR Business Partners and provide a Trust-wide mechanism for escalation, triangulation of data, and coordinated oversight. The People and OD MDT brings together intelligence from multiple entry points, including FTSU, HR/ER, EDI, wellbeing, and transformation, enabling emerging themes and systemic risks to be identified earlier and addressed collectively. This approach supports a more joined-up, consistent response to concerns, reduces duplication, and ensures that issues raised through different routes are managed with shared ownership and appropriate senior visibility.

Title of report	**Six-monthly Research and Innovation Update Report**					
Board / Committee	**Trust Board**					
Date of meeting	26th February 2026					
Agenda item no.	02-13					
Executive lead	Dr Sara Mumford					
Presenter	Dr Laurence Nunn, Clinical Lead for Innovation, Dr Paul Blaker, Clinical Lead for Research, Hazel Everest, Head of Research and Innovation					
Report Purpose (Please ☑ one)	***Action/Approval***	☐	***Discussion***	☐	***Information***	✓

Links to Strategic Themes (Please ☑ as appropriate)					
					
✓	✓	✓	✓	✓	✓

Executive Summary	
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	Progress with research and innovation delivery on-track Progress with the R&I strategies on track, first drafts to CMO in March 2026. Work continuing to ensure MTW complies with new Government KPIs for clinical research set up and delivery, including the 150-day maximum set up time. NIHR annual funding not confirmed as at time of writing Positive early findings from innovation and research projects with examples from the virtual ward project, ophthalmology, women and children, and paediatric orthopedic research.
Any items for formal escalation / decision	None
Appendices attached	None

Report previously presented to:		
Committee / Group	Date	Outcome/Action
Executive Team Meeting	10th February 2026	

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	Please list any BAF Principal Risks to which this report relates: •
Links to Trust Risk Register (TRR)	Please list any risks on the Trust Risk Register to which this report relates •
Compliance / Regulatory Implications	Please list any compliance or regulatory matters raised or addressed by this report •

Quarterly update - Research and Innovation Report to Trust Board

February 2026

This report sets out developments in Research and Innovation activity between November 2025-February 2026.

Research Performance Metrics

Number of patients recruited to trials and number of NIHR- trials opened

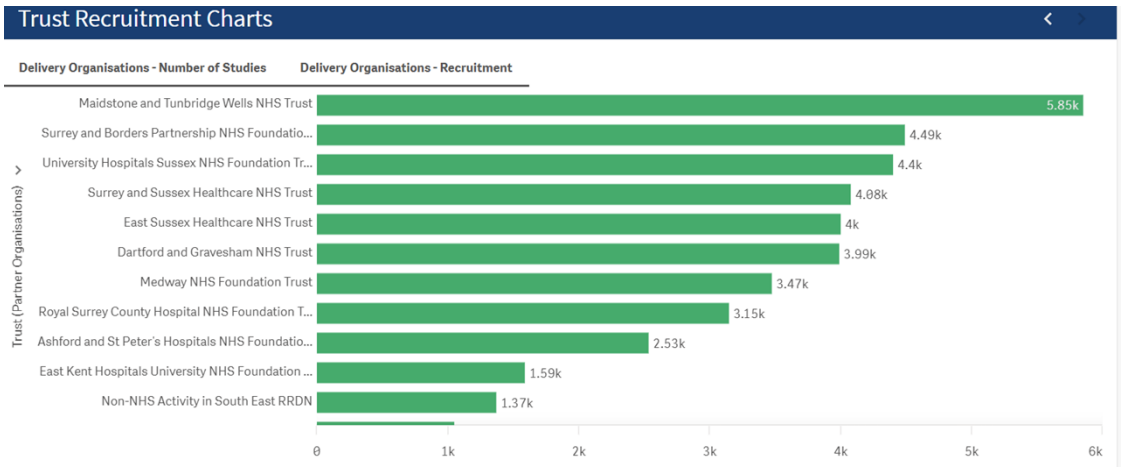
There are 151 studies open to recruitment and 75 studies in the patients follow up stage.

Studies open and recruiting or open in follow up as at 31st January 2026.

Open studies	Open Studies	Follow up
Non commercial	126	61
Commercial	17	13
MTW-Led	6	0
Academic/student	2	1
Total	**151**	**75**

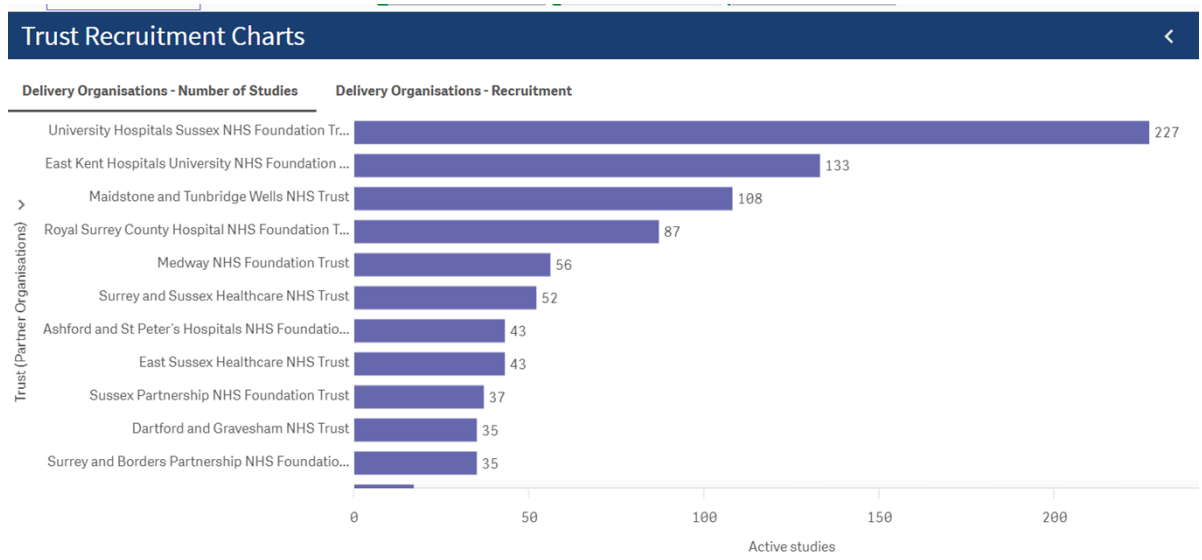
There are a further 21 studies currently in set up (five commercial) across range of specialties. Sponsor invitations continue to be received at the same rate and the number of trials secured at site remains steady. Research delivery does not appear to have been negatively impacted by operational winter pressures.

Recruitment to NIHR-badged research studies, by site, across the Kent, Surrey and Sussex region



Data from CPMS as at 5th February 2026

Number of open NIHR-badged studies (by site) across the Kent, Surrey and Sussex region.



Data from CPMS as at 5th February 2026

Radical changes to clinical trial development and delivery in the UK

Under the Government's Fit for the Future and Life Sciences Sector plans, reforms to clinical trial approval, set-up and delivery are being rolled out to strengthen the UK life sciences ecosystem. We welcome the changes as they will provide greater opportunities for NHS organisations to increase research activity. The changes aim to make the UK one of the fastest countries in the world to set up commercial clinical trials. Via a "single front door" for sponsors, changes aim to cut administrative burden, set up delays, support faster, more inclusive recruitment and embed research as a core NHS function, rather than an optional extra. There are 33 improvement headings, which are summarised here NHS England » Increasing research activity in the NHS

Whilst improvements to the UK clinical trial system have been continuous since 2020/21, following the pandemic, the rate of change has gathered pace since the publication of the 10-year plan in July 2025. The R&I department continues to work with internal and external partners to ensure the organisation is compliant or working toward compliance, against all the national requirements. Transforming the UK clinical research system: August 2025 update - GOV.UK

In summary, changes that impact at site level include:

- Using the standardised national contracts and costing templates - compliant
- Implementing new, proportionate, risk assessments for IRMER/EME – in progress
- Recording new Key Performance Metrics for NHS organisations on research delivery - compliant

- Achieving the new 150 maximum study set up time for eligible commercial studies– partially compliant
- Increase number of commercial trials secured, and successfully delivered – partially compliant
- All research active staff to complete the new Good Clinical Practice in Research training (based on the latest ICH-GCP E6(R3) guidelines) at their next training refresher time point.

National 150-day study set up target (90 days NHS organisation target)

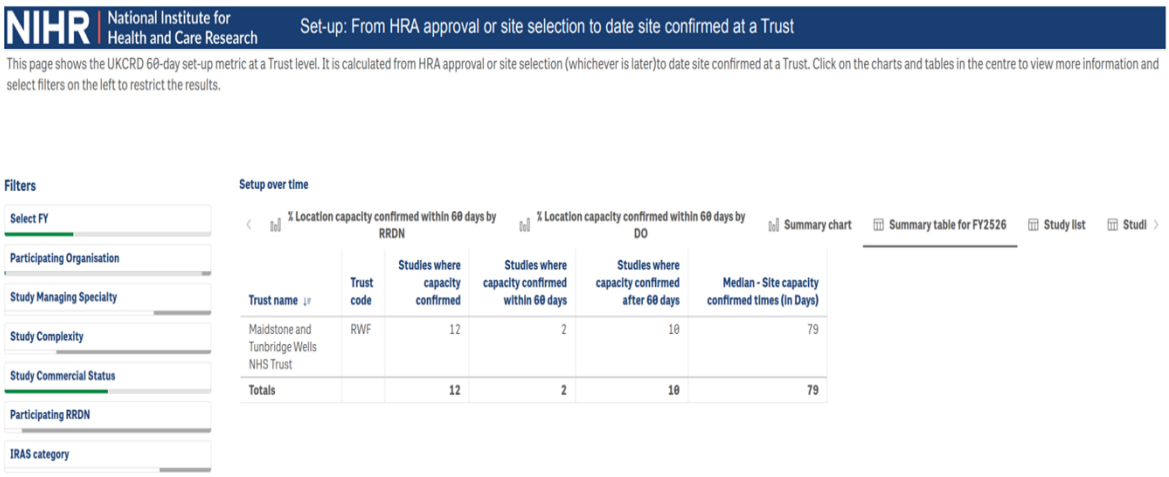
Research active organisations delivering NIHR commercial research must drastically reduce the time it takes to set up clinical trials by 1st April 2026. The aim is to reduce the average study set up time from 250+ days to under 150 days for eligible commercially sponsored studies.

The 150-day target is split into three parts:

60 days: Combined review decision by the Medicines and Healthcare products Regulatory Agency (MHRA) and Research Ethics Committee.
60 days: Site-level study set-up and activation.
30 days: Time from study opening at site to first participant recruited.

Whilst the regulatory approval time (first 60 days MHRA/REC) has improved (often exceeding targets), the site level study set up and first patient recruitment times, have not, with averages of 27% (for 60-day opening) and 41% (for 30-day first patient) respectively, between March 2024 and February 2025.

Data taken from the NIHR CPMS system shows MTW is currently exceeding the time taken to set up eligible commercial studies (median time in days = 79 against target of 60 days)


NIHR | National Institute for Health and Care Research — Set-up: From HRA approval or site selection to date site confirmed at a Trust

This page shows the UKCRD 60-day set-up metric at a Trust level. It is calculated from HRA approval or site selection (whichever is later)to date site confirmed at a Trust. Click on the charts and tables in the centre to view more information and select filters on the left to restrict the results.

Filters

Select FY

Participating Organisation

Study Managing Specialty

Study Complexity

Study Commercial Status

Participating RRDN

IRAS category

Setup over time

% Location capacity confirmed within 60 days by RRDN | % Location capacity confirmed within 60 days by DO | Summary chart | Summary table for FY2526 | Study list | Studl

Trust name	Trust code	Studies where capacity confirmed	Studies where capacity confirmed within 60 days	Studies where capacity confirmed after 60 days	Median - Site capacity confirmed times (in Days)
Maidstone and Tunbridge Wells NHS Trust	RWF	12	2	10	79
Totals		12	2	10	79

A review of our performance over the past year shows that around 50% of our studies are set up within 60 days. Those that fall outside of that are predominantly those where the delay is with the commercial company, but we do encounter internal set up delays. The main barriers relate to internal approvals around IRMER, IG and EME. Nationally interpretations of the research specific requirements of IR(ME)R and EME are inconsistent at NHS site level. IG approval waiting times for data-heavy studies is too lengthy. These inconsistencies result in unnecessary steps in the set-up of research studies and can cause significant delays.

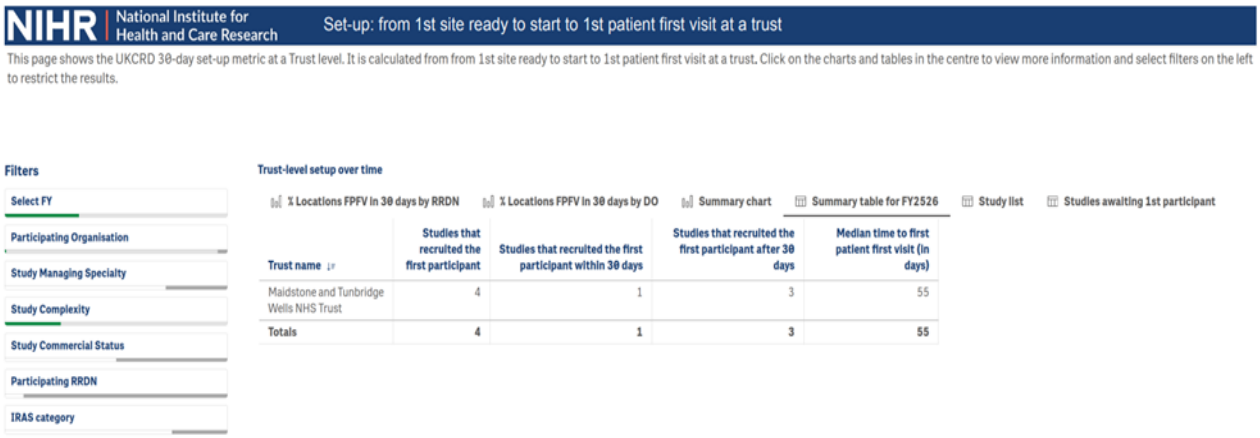
The Health Research Authority has released important clarifications on national research review processes and IR(ME)R legislation in England, Wales and Northern Ireland, to help make NHS study set-up and the delivery of research easier. The guidance is for all those involved in the set-up and delivery of research studies involving ionising radiation as part of medical (diagnostic or therapeutic) exposures delivered in the NHS. It was published on 29 January 2026.

The guidance has prompted the R&I department to review our research governance processes and SOPs relating to IRMER to ensure they align with the new guidance. The Research and Innovation Manager is meeting with staff involved in delivering ionising radiation to patients/participants to agree a way forward.

Guidance relating to IG and EME assessments will be published at the end of April 2026. The R&I department will liaise with colleagues in these areas to discuss the new processes.

Actions taken by the Trust over the past 12 months has reduced study set up times, such as procuring the Florence research management system and reducing internal bureaucracy within the research governance process. The R&I Department is especially pleased to see the definition of "essential (research) records" has been expanded to include digital records/files as we work with a paperless research system. The Research Governance Team is working with the KSS RDN and partner organisations to review all provider governance processes in a bid to develop one streamlined process across the south-east region. Stephen Barnett, KSS RDN Director has asked to visit the MTW R&I department to better understand our study set up process and use of the Florence system. We have shared our new, streamlined governance study feasibility process with the RDN for dissemination to partner organisations to support them to work efficiently.

The time taken from opening a commercial trial to recruiting the first patient has been set at a maximum of 30 days. At MTW, the median number of days from opening a commercial trial to recruiting the first patient is 55 days (target = 30 days).



Nationally and locally this target is challenging, as it is dependent on eligible patients being available to recruit around the time a study is opened and for those patients consent to participate. Work is underway to look at how clinical staff can begin to identify eligible patients during the study set-up phase to ensure patients are available to recruit within the 30-day window.

Compliance with the national targets is a priority for the R&I department. The NIHR annual research funding model in England will directly link 20% of delivery funding to success in reducing study set-up times from 2026 onward.

As part of the Core Components of Monthly Research Board Reports

In line with the requirements of the UK policy framework for health and social care research, from April 2026, Trust R&I departments must provide a progress and monitoring report (monthly) to Trust Board detailing the following:

- **Performance Metrics (KPIs):** Tracking the volume and speed of research activity, including the number of new studies approved, recruitment targets, and adherence to the 70-day benchmark for set-up (or the new 150-day target).
- **Financial Performance**: Reporting on research income, expenditure, and Research Capability Funding (RCF).
- **Governance & Compliance:** Assurance that studies are adhering to protocols, and that required approvals (HRA/REC) are in place.
- **Risk Management:** Updates on the research-related risk register, including high-severity risks related to participant safety or data management.
- **Strategic Objectives:** Progress against Trust-wide research strategies.

NHSE will publish a reporting template in April 2026, but in the interim, the R&I Department is working with finance colleagues to agree datasets, time-points and reporting dates in preparation for April 2026.

Research strategies

Research and Development Strategy 2021-2026

As the period of the existing research and development strategy draws to a close, there is only one outstanding objective to achieve – to formalise the clinical research leadership role in every research-active clinical area. The role, whilst not renumerated, will be responsible for supporting growth in research and innovation within their area, encourage and support junior staff research activities, develop collaborative relationships and attend the new Trust Research Committee. Clinical leads will be supported by the Director of Research via an annual appraisal, a peer network group and the R&I Department. The Director of Research, Head of R&I and the Clinical Lead for Research in Oncology are working together to develop the role, including securing clinical leadership in each oncology tumour-group. The role can be held by any NHS clinical professional. All post holders are expected to be research active themselves and either have or be willing to have a strong collaborative approach to designing and delivering research. The draft job outlines will be shared first with the Trust Chief Medical Officer in March 2026.

Over the past five years, this strategy has delivered:

- a fit for purpose, modernised research and innovation team, through reorganisation, training and the use of technology
- an infrastructure allowing MTW to host and sponsor MTW investigator-led research, including surgical studies and clinical trials involving a medicinal product (CTiMPS)
- joint working practices with the Kent and Medway Medical School to support medical student placements and project delivery
- a system for linking NHS staff with academics (affiliations, joint research activities)
- a programme of knowledge exchange events
- formalised research training for all staff, available on MTW Learn.
- an increase in the number and breadth of research designed and delivered by MTW staff
- growth in research activity in a number of clinical areas including cardiology, stroke neonatal and emergency departments
- an increase in the number of commercial trials secured
- introduction of technology to manage our research processes (EDGE and Florence)
- increase in the number of nurses and AHPs both designing and leading research project delivery
- an increase in the number of grant applications submitted to awarding bodies, from two-three per year, to, on average, one per month.

The Head of R&I will produce a report in April, highlighting the cumulative impact of these improvements and how it prepares the organisation to deliver the aims and objectives within the new Research Strategy 2026-2030.

New Research Strategy 2026- 2030

The R&I Department is currently consulting with key internal and external stakeholders to develop the next MTW Research Strategy. Strategic objectives for the next four years include:

- Closer working relationships with academics (university affiliations, sharing of resources)
- Creating agile research relationships that are reactive to opportunities (supporting funding applications/opportunities, preparing and applying for key NIHR-badged accreditations)
- Creating programmes of research to address local health challenges
- Better supporting the research opportunities and interests of students, (including post-graduate research opportunities for specialist trainees from the KSS region)
- Maximising income opportunities to boost research activity and support clinical services.

Research development and delivery depend on strong cross-sector collaboration, so it is vital the MTW strategy complements that of partner organisations, including KMMS, University of Kent/Greenwich and other NHS providers. A face-to-face meeting has been arranged by the R&I Department for the end of February to consult on the draft strategy with research leaders from across health, social care and academia. The meeting will also facilitate wider discussion on how all stakeholders can play a mutually beneficial role in addressing regional health challenges through research and explore how we can include research into the east Kent neighbourhood health pioneer programme.

The final draft and publication of the Research Strategy 2026-2030 will follow the consultation and publication of the Trust Organisational Strategy, to ensure alignment between the two.

Grant applications update

Since the last report, a number of MTW researchers have received the outcome of their grant application. The success rate for first time applications to awarding bodies is around 10%, so MTW researchers, whilst disappointed, will address the feedback and continue to submit applications.

1. Stroke. PI Laura Henderson, Lead Research Physiotherapist. COPS.

Implementing an interdisciplinary continence post-stroke programme for patients with urinary incontinence on an acute stroke unit. (COPS)**.** NIRH RFPB. Grant application value: £150,000 – **unsuccessful**

Feedback: awaited

2. Cancer. PI: Dr Catherine Harper-Wynne, Consultant Medical Oncologist and AlgoSource, France. (Algosource)

Randomized clinical trial on the impact of a multimodal nutritional approach in patients aged ≥65 with Breast cancer undergoing first-line therapy, EU Mission Cancer. Grant application value £268,000 -**unsuccessful.**

Feedback: *The proposal's objectives are clear, measurable, verifiable, achievable and pertinent to the topic of the call. The proposed work is partially ambitious and provides limited evidence on how it goes beyond state of the art. For example, how PHYCOCARE contributes to improving quality of life and survival is not sufficiently articulated. The scientific methodology is not appropriate nor sufficiently described. It is unclear how the new supplement will be produced and formulated. Moreover, how improvement in patients' quality of life can be obtained is only generally stated. In addition, the interventions, the duration, and the outcomes are not clearly defined. This is a weakness.*

3. Cancer: CI: Dr Catherine Harper-Wynne, Consultant Medical Oncologist and The Institute of Cancer Research. (OPT-PEMBRO). Grant application value £42,000 – awaiting outcome

4. Cancer/DDU. Mr Haythem Ali, Consultant General Surgeon. EPOP3.
Effectiveness and cost-effectiveness of an isometric-resistance exercise programme in counteracting loss of physical function in patients undergoing elective surgery for abdominal and pelvic cancers (EPOP3), NIHR Research for Patient Benefit. Grant application value £495,000 - **unsuccessful**

Feedback: awaited

New NIHR funding model from April 2026

The 2026/7 budget is the first to be based on the new NIHR national funding model, (adopted from April 2026) to enable a more transparent, fair, and predictable system of funding. The model is subject to refinement but for the first year, funding is allocated as follows:

50% baseline funding	Based on the allocation that organisation has received in the previous financial year
30% Activity	A measure of research activity conducted, based on the non-commercial research activity that an organisation has conducted over the previous 3 financial years.
20% Performance	Enhancements to funding through success against key system metrics, based on organisational performance the previous year

At time of writing the NIHR has not announced the annual research budget allocations for provider organisations for 2026/27.

Research staffing

New appointments

Dr Catherine Harper-Wynne, Consultant Medical Oncologist, has been appointed to the role of Clinical Research Lead for Oncology. Dr Harper- Wynne is very well connected to academic and pharmacological networks and has a strong history of delivering research in breast oncology. She takes an active role in supervising medical students and has been leading conversations with

local universities to secure clinical-academic posts and affiliations. Dr Harper-Wynne has worked closely with the R&I Department for many years in a supportive capacity.

Macmillan adoption of research staff.

The oncology research nursing team recently secured Macmillan Professional status and is the first oncology research team in the country to secure the adoption. Benefits include access to grant support for training/conference attendance (£1000 per individual) and access to Macmillan resources and professional support. The success is very much credited to the research team being fully embedded within the oncology department. The oncology research team work closely with Macmillan-supported non-research colleagues and put forward the case that they are also front-line providers of care. Feedback from oncology nursing staff highlights how they feel more embedded within the department, have greater recognition and a greater sense of belonging within the oncology department.

Collaborating with academia to support students

The R&I department welcomed the first cohort of pre-registration physiotherapy masters students to their hybrid clinical research placement in January (two days research, three days in the stroke unit). Over the past month, feedback from both students and the University of Brighton have been very positive, with the University of Brighton keen to formalise and extend the programme at MTW. It is hoped that the programme can be extended to offer placements twice a year and include orthopaedic and MSK physiotherapy students. In exchange for a comprehensive introduction to research, students are identifying eligible patients for inclusion to stroke trials during their three days working clinically on the stroke unit. Brighton University has also expressed interest in working with MTW to develop joint research projects, which is welcomed as we extend our reach to secure collaborations beyond Kent and Medway.

Employee of the month and runner up position

In December 2025, the Trust employee of the month and runner up position were both awarded to research nurses. Michelle Page, Cardiovascular research nurse won employee of the month and Deborah Wilcox, Lead Oncology Research Nurse was awarded the runner up position.

Michelle Page was described as an outstanding research nurse whose contribution extends far beyond her job description. Her leadership in practice development, commitment to staff support and innovation in education demonstrate an exceptional level of dedication and foresight.

Deborah was described as an unsung hero. Colleagues highlighted her instrumental role in securing Macmillan recognition for the Oncology Research Team, as well as her leadership in running patient coffee mornings that provide support, education, and companionship on what is often a lonely and frightening time in a person's life. She was also commended for her mentorship, generosity with her knowledge, and unwavering support of colleagues. ensuring the oncology research department works efficiently and effectively. Her coffee morning format has

been adopted by other research teams, with coffee mornings planned for research patients in ophthalmology, stroke (in collaboration with the stroke association) and respiratory services.

Partnerships.

Working across geographical boundaries

The 'right research, right setting' initiative is a UK clinical research strategy aimed at embedding research into the NHS by diversifying trial locations beyond hospitals into primary and community care to improve trial access and participant diversity through the use of digital tools and regional models. This is challenging, as many community health and care settings do not have access to research governance departments or research-experienced staff to deliver studies. In the last three months, MTW has taken a region-wide approach to open two NIHR studies jointly with health partners to maximise opportunities for patients.

The first study is the paediatric surgical study ‘OP-NonStop’, led by Professor Daniel Perry, Consultant Children’s Orthopaedic Surgeon at Alder Hey Children’s Hospital, Liverpool, and Mr Nicolas Nicolaou, Consultant Children’s Orthopaedic Surgeon at Sheffield Children’s Hospital. The study evaluates surgical versus non-surgical treatments for children aged 5–12 with Perthes' Disease *. As EKHUFT does not offer the paediatric surgery the study requires, children under the care of both MTW and EKHUFT (randomised to the surgical intervention arm) have their surgery at MTW.

* Perthes' disease is a condition affecting the hip joint in children. It is rare (1 in 9,000 children affected) and it is not fully understood why it occurs. Part or all of the femoral head (top of the thigh bone: the ball part of the ball-and-socket hip joint) loses its blood supply and may become misshapen. This may lead to arthritis of the hip in later years.

Oxford University Hospitals (2025). Paediatric Orthopaedics Perthes’ disease. Available at: https://www.ouh.nhs.uk/paediatricorthopaedics/information/conditions/perthes-disease/. (Accessed 17 February 2026).

MTW, Kent and Medway ICB and Medway NHS Foundation Trust have collaborated on a funding proposal to explore the use of new software to help identify eligible patients for trials run in both secondary and primary care (GP practices). To improve the patient experience and widen participation, patients can be approached either by GPs or hospital clinicians, depending on convenience. Funding would support a full review of the software options available and a feasibility study. Software identified is:

- EMIS Recruit,
- OpenSAFELY (NHS England),
- CPRD (MHRA)
- mymhealth

Feedback from the NIHR is expected in the next 4-8 weeks.

Research Outcomes

UK Government policy recognises the part research plays in transforming patient care, enhancing efficiency, and driving innovation. Emphasis is now being placed on ensuring Trust Boards are aware of the benefits of both opening trials and trial outcomes. Staff are often surprised when told that standard of care medication is funded in commercial trials involving a control arm and that often providers can keep trial-issued medical equipment when a trial has closed. The R&I Department is routinely collecting benefits and outcome information to ensure it is fed into Trust-wide analyses of health improvements, cost efficiencies and changes to practice.

Patient benefits and outcomes from MTW-led and hosted research.

This part of the report is dedicated to highlighting just some of the research that is taking place at MTW and to share examples of the benefits to patients and how research participation is changing healthcare practice. This report features research from MTW women and children, paediatric orthopaedic and ophthalmology departments.

Ophthalmology research

The Voyager Study

The ophthalmic department is participating in the VOYAGER study which is a global, non-interventional study of Fricimab for retinal diseases. The study assesses patients with neovascular age-related macular degeneration, diabetic macular edema, or retinal vein occlusion treated with faricimab. over a 5-year period (November 2022 – November 2027) to elucidate real-world treatment patterns and clinician- and disease-related drivers of outcomes. CI, Dr. Clare Bailey from Bristol Eye Hospital has reported preliminary findings. Early analysis of 120 treatment-naïve eyes with nAMD and 67 eyes with DME show positive functional and anatomical improvements after 6 months of treatment. Improvements in patient vision and extended treatment intervals, potentially reducing the number of injections need compared to standard care.

It is the first bispecific antibody for intraocular use that inhibits both VEGF-A and angiopoietin-2, and the Port Delivery Platform with ranibizumab, an anti-VEGF. The study is also the first to address holistic aspects to patient management, encompassing clinical and ophthalmic outcomes, anatomical features, clinicians' experience, and treatment regimens.

The GEM study

The GEM study – led by Kings College London (GaslEss Macular Hole Surgery), compares a new "gasless" technique to standard vitrectomy to standard care. Currently standard surgery uses a gas bubble to hold the retina in place, requiring patients to lie face-down for 50 minutes per hour for a week, causing pain and severely restricting activity.

The novel surgical method avoids using gas tamponade and instead involves using a hinged flap of the internal limiting membrane to cover the hole, which is secured by gravity and viscoelastic gel.

MTW is one of just six NHS sites running the study in England. We were chosen as the ophthalmic department is one of the highest recruiting teams in the country to ophthalmic studies led by Kings. Patient benefits include access to this novel surgery (which is only available as part of a clinical trial) and a more comfortable recovery, which eliminates the need for strict face-down posturing.

Paediatric orthopaedic research

The SCIENCE study

MTW paediatric orthopaedic surgeons Miss Jo Dartnell and Miss Ay-o-dele (previously of MTW), with support from the Trauma and Orthopaedic research team, recruited children to the national SCIENCE study, looking at surgical fixation versus non-surgical care for children with a displaced medial epicondyle fracture of the elbow. The results showed that both treatments worked equally well, with those on the surgical arm not recovering quicker. Children reported similar pain levels, range of arm movement and time taken to return to sporting activities.

The benefits to patients from using a cast meant fewer operations, fewer complications and fewer days of school missed. Outcomes for the NHS include reduced surgery and in-patient stays. .

The paper was recently published in the Lancet

Surgical fixation versus non-surgical care for children with a displaced medial epicondyle fracture of the elbow (the SCIENCE study): a multicentre, randomised controlled, superiority trial and economic evaluation

The LIV ACL Study

Consultant Orthopaedic Knee Surgeon Mr Nick Bowman, and the T&O research team have recruited over 50 children to their pioneering reconstructive knee surgery trial, the ACL study. Young patients who have torn their anterior cruciate ligament (ACL) are the first in the country to benefit from this novel surgery. ACL injuries happen when a severe twisting force is applied to the knee and are often seen in people who play sports such as football, netball or skiing. The surgery is usually done by taking part of the child's own hamstring tendon to create a new anterior cruciate ligament, which connects the two bones making up the knee. The surgery being trialled involves taking the hamstring tendon – a donor tendon – from a parent to make the repair. The technique was pioneered in Australia and it is hoped that eventually it may be offered as routine surgery in the UK. The T&O research team has collected participant data for over two years and recently submitted their results to the British Association for Surgery of the Knee - BASK. Patient outcomes have been excellent with none of the children re-injuring their ACL after the two-year follow up period. Recovery for children and donor parents has been good. Mr

Bowman is now exploring opportunities to offer this surgery to routine patients when the study closes to recruitment in September 2026.

Women and Children Research

The OBS-UK study

The maternity service has taken part in the national OBS-UK study, looking at better managing blood loss during childbirth. Though participation in the trial, the Women and Children's directorate have secured funding to buy a bedside ROTEM device which is a point-of-care, viscoelastic testing device used to rapidly assess blood coagulation, clot formation, and stability within 10–15 minutes. This device has created lasting change in how MTW manages obstetric bleeding and would not have been available if not for the implementation of the study.

The Comet Study

The MTW neonatal department, supported by a new neonatal research team is the first level-2 neonatal unit to offer level 1 specialist care as part of the COMET study, led by Imperial College London. The study investigates if cooling therapy (whole-body hypothermia) can safely improve cognitive outcomes in babies with mild brain damage following restricted oxygen or blood flow around the time of birth. MTW participation means babies do not need to travel for treatment.

The Starship Study

The maternity team are about to open the STARshiP study, working closely with Oxford Screening Laboratory, to implement a new screening tool to be used for all women booking their pregnancy at MTW. The screening tool predicts the likelihood of a woman developing pre-eclampsia in her pregnancy. Currently a NICE-approved screening tool developed is used which only records maternal risk factors as high or low risk. With the new validated screening tool, which has been developed by the Fetal Medicine Foundation (FMF), maternal risk factors, measurement of blood flow through the placenta, maternal blood pressure, and the level of placental growth factor in maternal blood are included as risk factors for pre-eclampsia. This screening tool is twice as accurate as the current NICE screening tool, particularly in women from black and ethnic minority groups and those in their first pregnancy. Participation in this study allows women using MTW maternity services to benefit from the improved risk assessment immediately. This study has been requested by the National Screening Committee and, if deemed feasible, the FMF screening tool will be implemented across all NHS Trusts as standard care.

The CORE 10 Study

The women and children's research team has recently set up the CORE-10 study, looking at developing a questionnaire to assess 1) psychological distress following a miscarriage and 2) those that are identified as suffering from moderate or severe distress. All women who have unfortunately been through Early Pregnancy Unit recently who have had a confirmed miscarriage

were approached via email to express interest in participating in the study for a referral to mental health services. The feedback has been overwhelmingly positive. Interviews with the women revealed a common goal among participants was t improve women's health services, with particular emphasis on post-miscarriage care for future women.

Below are some of the responses from women who were invited to participate.

"I will happily take part in this research questionnaire. I must admit the help and signposting has been absolutely nil. It's quite astonishing that there is no help or follow up for women/ parents who have experienced any kind of pregnancy loss. It's the most awful thing to experience and to have no support from services, like you do after birth."

"So I would happily take part to highlight, to make people aware and to push for aftercare services in pregnancy loss. Examples- follow ups by a GP, signposting to miscarriage groups or charities, a physical check over as well as a mental health chat. Someone to fully explain what to expect after miscarriage, what not to expect. How to deal with work, how to deal with life."

"I have just found it very disheartening that there is so much there after birth, but yet, with miscarriage there is nothing and in my experience you need it more.
Thankfully I have a supportive network and my work has been kind. But for points I've mentioned about there has been nothing. There needs to be a change! Thank you. "

"Many thanks for your email and I'd be happy to take part and help research that may support other women's physical and mental health. Do let me know next steps."

"Thank you for your email. I would be happy to take part, especially if this research could potentially help others. I look forward to hearing from you further.
"
"Thanks for reaching out, I can confirm my interest in partaking in the study, as I do believe there should be more support offer to women following pregnancy loss."

Innovation Update

Infrastructure

The new MTW IP Policy is in draft and will be consulted on in the coming weeks. The policy incorporates the new guidance published in November 2025. More information is in the link Intellectual property (IP) guidance for the NHS in England - GOV.UK

The first draft of the Standing Agenda and Terms of Reference for the new Innovation Committee and Innovation Development group are in draft and will be shared with the Chief Medical Officer before wider consultation.

Projects in Development

There are 13 Innovation projects across multiple specialities (Stroke, Surgery, Cardiology, ENT, Computer Sciences, Frailty) in development.

Funding applications

One funding application submitted in the last three months was unsuccessful. Feedback from the funder, (NIHR i4i Product Development Awards) is awaited.

The applicants: Stopford Healthcare (lead applicant), *AI Enabled Chest Pain Triage and Decision Support Platform for Rapid Access Chest Pain Clinics*. Total bid value: £1,825,000.00, total MTW costs, £430, 206. *Update 22/01/26 UNSUCCESSFUL*

Projects in set up

Transform-VHT: Transforming Healthcare through Virtual Human Technology in Underserved Communities is an EPSRC (Engineering and Physical Sciences Research Council) funded knowledge mobilisation project led by Professors Suhki Shergill at KMMH/KMMS and Jim Ang at the University of Kent.

The project aims to tackle rural health inequalities through AI-driven Virtual Human Technology (VHT) — creating interactive, personalised digital tools to support patient education, rehabilitation, and mental health. At MTW, the work would involve researchers spending time in clinical, digital and data environments (where appropriate) to learn about healthcare challenges and identify practical applications and early pilot projects.

MTW will not receiving funding but has an opportunity to learn and directly benefit from the expertise and resource of the School of Computing at the University of Kent.

Open Projects

Scaling Acute Virtual Wards: An Evidence-based NHS Blueprint

Early findings highlight improved patient confidence, overall experience and trust in hospital-to-home care (compared to traditional hospital cohort), with 94% patients reporting a positive impact on wellbeing and a recommendation score of 9.1/10. This is an early demonstration that virtual ward model is not only effective but also trusted by patients, supporting earlier discharge and safer scale-up of our model across the NHS.

More information available in the press release (published 16.02.26) here: Luscii awarded SBRI Healthcare funding

Innovation events

The rescheduled ***Innovation in Action: Kent & Medway*** event is to be held on 1st April 2026. The event will spotlight real-world innovation across Kent and Medway, bringing together health

and care professionals, researchers, innovators, and industry partners. Details and registration here: Innovation in action: Kent & Medway - Rescheduled Tickets, Wed 1 Apr 2026 at 18:00 | Eventbrite

Innovation strategy 2026 - 2030 update

The innovation strategy 2026-2030 is in draft form currently and meetings are being arranged to share the draft with internal colleagues over the next few weeks. Starting with colleagues in the area of digital and IT, the Head of R&I will present the draft strategy to the Digital Leaders Group in March. Meetings with colleagues from information governance, finance, procurement and sustainability will follow. Internal stakeholders will help design the content of the strategy, and involvement of strategy leaders/authors is particularly important. Contributions will be framed around an existing strategy framework that focuses on-

- Developing an innovation framework for the organisation
- Developing an innovation-ready workforce
- Fostering our collaborations and developing new ones
- Maximising opportunities to generate income
- Focus innovation activities to address key organisational priorities

The KSS Health Innovation Network (KSSHIN) has agreed to support strategy development to provide a broader, south-east region-wide view of innovation activity and how MTW can provide input. A meeting has been arranged for Dr Laurence Nunn, Clinical Lead for Innovation, the R&I Department and representatives from Darenth Valley Hospital to discuss opportunities to collaborate on innovation. This meeting will be facilitated by the KSSHIN.