

Meeting of the Trust Board

Date: Thursday 13th November 2025

Title of Report	Annual Board Report for Medical Education Services			Agenda Item		
Stabilisation Plan Domain	Culture	Performance	Governance and Quality	Finance	Not Applicable	
	X	X	X	X		
CQC Reference	Safe	Effective	Caring	Responsive	Well-Led	
	X	X	X	X	X	
Author and Job Title	Dr Ashike Choudhury, Director of Medical Education (DME) Carol Atkins, Head of Medical Education Services June Mossop-Toms, Medical Education Manager Dr Priya Krishnan, Director of Undergraduate Medical Education (DUME) Dr Manisha Shah, Simulation Lead Richard Pemberton, Knowledge & Library Services Strategic Manager					
Lead Executive	Alison Davis, Chief Medical Officer					
Purpose	Approval	X	Briefing		Noting	X
Proposal and/or key recommendation:	Proposal: The Board is asked to note and endorse the continued investment in Medical Education across postgraduate and undergraduate programmes, recognising the strategic link between education, workforce development, and patient care. Key Recommendations: 1. Endorse Educational Leadership & Faculty Development - o Support the ongoing development of SAS Education Fellows, Specialty Education Leads, and consultant supervisors to strengthen educational capacity and governance. 2. Support Workforce & Trainee Expansion Initiatives - o Approve measures that facilitate increased trainee placements, including KMMS students, redistribution of posts, and expansion of training capacity, ensuring alignment with service delivery needs. 3. Prioritise Supervisor Capacity & Protected Teaching Time - o Recognise the need for adequate numbers of accredited supervisors and sufficient SPA time to maintain high-quality supervision and educational outcomes. 4. Promote Culture, Well-being & Safe Learning Environment - o Endorse initiatives such as Active Bystander Training, mentorship programmes, and recognition of educational excellence to foster a positive and inclusive learning environment.					

	5. Maintain Oversight of Education Quality & Patient Safety Support continued monitoring of GMC survey outcomes, NETs, patient safety concerns, and training quality metrics, with escalation of any areas of significant concern to the Board. Strategic Rationale - Investing in Medical Education and multi-professional team development ensures the Trust maintains a highly skilled, resilient, and supported workforce. This approach strengthens collaboration across clinical professions, enhances communication and patient pathways, and directly contributes to patient safety, quality of care, and workforce sustainability. These priorities align fully with the Trust's Clinical Strategy and Patient First philosophy.
Executive Summary	Medical Education – Executive Summary: Key Messages (2024/25) Leadership & Governance: - Medical Education led by DME, supported by Head of Medical Education Services and Manager, with specialty leads overseeing local training delivery. - DUME oversees undergraduate education; DME accountable to CMO and KSS Postgraduate Dean. Scope of Activity: - Covers postgraduate training, support for SAS and Locally Employed Doctors, undergraduate education (GKT & KMMS), simulation, library services, and training for Physician Associate and Pharmacy students. Quality Improvement: - Targeted initiatives in Acute Medicine, Paediatrics, and General Surgery addressing GMC survey and KSS quality intervention feedback. - Focus on enhancing clinical supervision, trainee experience, and governance. - Co-ordinated response to concerns regarding undergraduate accommodation. - Medical Education investment in the purchase of ultrasound machines to enhance training experience and meet curricula requirements. Capacity & Faculty Development: - Promoted consultant and SAS engagement in educational roles. - Introduced SAS Education Fellows and Specialty Education Leads to strengthen the faculty and learning environment. Trainee Expansion & Workforce Planning: - Increased KMMS student placements and supported accommodation. - Collaborated with operational teams to expand and redistribute trainee posts nationally, improving service delivery and patient care. Sustainability:

	○ All educational services delivered within budget, maintaining high-quality training alongside operational pressures. Overall: Medical Education at MFT continues to deliver safe, high-quality, and inclusive training, strengthening supervision, professional development, and patient care, while supporting national and local strategic priorities.
Issues for the Board/Committee Attention:	Medical Education – Key Highlights Excellence and Improvement • Medical Education continues to align with the 5-Year Medical Education Strategy, supporting the Trust’s Clinical Strategy and Patient First philosophy. • During 2024/25, all outstanding education governance action plans were closed in collaboration with specialties and the KSS Deanery, demonstrating strong commitment to providing a positive training environment at Medway. • To recognise this achievement, the Trust held the first Medical Education Awards in 2025, celebrating excellence in clinical teaching, supervision, and educational leadership. Areas of Ongoing Concern • Maintaining a positive learning culture in some high-pressure areas and specialties remains a challenge. Continuous collaborative work and leadership support are required to sustain high-quality training and a safe, inclusive environment. • Supervisory capacity continues to be a concern due to: ○ Increased demand for supervision of Locally Employed Doctors ○ Retirements or departures of existing supervisors ○ Limited availability in job plans for educational activity Addressing these areas is critical to maintaining high standards of education & training and ensuring a safe, supportive environment for both trainees and patients. Continual improvement of integrated action plans with corporate departments—including HR, EDI, Workforce, and Quality—remains essential to aligning education priorities with organisational objectives. Addressing these areas is critical to maintaining high standards of education and training and ensuring a safe, inclusive, and supportive environment for both trainees and patients, in line with the Trust’s Clinical Strategy and Patient First philosophy.
Committee/ Meetings at which this paper has been	This paper will be presented at the next People Committee, Faculty of Education Forum and Local Academic Board in November 2025

discussed/ approved: Date:				
Board Assurance Framework/Risk Register:	No specific risks have been identified on the Corporate Risk Register. Education and training risks are monitored and managed through the established Education Governance process (Local Faculty Groups & Local Academic Board), with escalation to the Trust Risk Register if required. Please note comments around 10 Point Plan in the main body of this report.			
Financial Implications:	There is no adverse impact on the Trust's financial position this year or anticipated in the future. Any Trust-funded training posts would have a cost implication; however, these are replacing existing Clinical Training Fellow (CTF) posts already funded within the Trust, so the overall budget and financial position remain unaffected. We are keen to continue our productive and effective working relationship with CFO and finance business partner to target Medical Education priorities.			
Equality Impact Assessment and/or patient experience implications	Equality, Diversity, and Patient Experience – Summary No significant issues have been identified through Equality Impact Assessment. Education governance ensures that resident doctors are safe, competent, and well-supervised, supporting patient safety, care quality, and patient experience. Reasonable adjustments and targeted support are provided where required, ensuring equal access to training and education for all trainees. Oversight by the KSS Deanery, alongside Education Fellows, accredited supervisors, and Royal College Tutors & Education Leads, ensures that any issues are quickly identified and addressed, maintaining a safe, inclusive, and high-quality learning environment. Our residents are working and training at Medway, which has recently published a Cultural Transformation Report. This was produced by Absolute Diversity, which is leading the Cultural Transformation Programme with our Deputy CEO.			
Freedom of Information status:	Disclosable	X	Exempt	

Education & Training Update

The Trust continues to strengthen its educational infrastructure and training programmes across all specialties, supporting professional development, high-quality supervision, and a culture of inclusivity and excellence. In 2025, significant initiatives have been implemented to enhance trainee experience, expand professional capabilities, and embed consistent governance and training standards across the organisation.

GMC National Trainee Survey (NTS) 2025

The National Training Survey is the UK's largest annual insight into medical training, surveying over 71,000 doctors and trainers. Key national findings include:

- Clinical supervision is rated highly by 87% of trainees.
- 90% of trainers enjoy their role, but only 52% can consistently use allocated training time.
- 26% of trainees and 29% of trainers reported training was adversely affected by unfilled rota gaps.
- Burnout remains a concern, with 61% of trainees and 47% of trainers at moderate or high risk.
- 21% of trainees reported hesitation in escalating patient care concerns, higher in Emergency Medicine (26%), O&G (27%), and Surgery (29%).
- Discrimination and micro-aggressions remain reported issues, with higher prevalence among LGBTQ+ and ethnic minority trainees.

The survey highlights areas of strength but also critical challenges that must be addressed to maintain high-quality training and safe patient care. Encouragingly, burnout levels have declined for the second consecutive year, underscoring the importance of supportive workplace environments. It is fair to say that all these national issues are relevant to Medway.

Medway-specific insights:

- Five patient safety concerns were raised; all have been addressed through staffing adjustments, SOP implementation, and improved escalation processes.
- One bullying/undermining concern in Acute Medicine has been addressed through support and mentoring, with observable improvement.
- Positive improvements observed in Paediatrics and ICU; several specialties, including Surgery F2, have moved from red flags to within-range performance.
- Areas of concern include Acute Internal Medicine, Cardiology, and Emergency Medicine, with ongoing GMC reporting and action plans.

Medical Education Awards

The inaugural Medway Medical Education Awards were held at the Canterbury Christ Church University (CCCU) campus. The event recognised excellence in clinical teaching, supervision, and educational leadership across the Trust in both postgraduate and undergraduate education.

Professor Jo Szram, Postgraduate Dean for Kent, Surrey and Sussex (KSS), attended as keynote speaker. Representatives from the Kent and Medway Medical School (KMMS) were also present, reinforcing collaboration between clinical and academic partners.

Awards were presented in the categories of Clinical Educator of the Year, Trainee Teacher Award, and Outstanding Contribution to Education.

College Tutors and Specialty Education Leads

New College Tutors and Specialty Education Leads have been appointed in Paediatrics, ENT, Acute Medicine, Cardiology, Emergency Medicine, General Medicine, Endocrinology, Rheumatology, and Simulation, with only one specialty pending an appointment.

These roles strengthen the educational infrastructure, ensuring consistency in supervision, induction, trainee feedback, and responses to GMC actions.

Educational Supervisor Refresher Workshops were delivered four times in 2025, covering updated GMC standards, feedback techniques, and trainee wellbeing, with attendance recorded and CPD certificates issued. Additional CPD events, including *Trainee in Need of Support* and *Coaching and Mentoring* workshops, have also been provided in response to GMC Trainer Survey feedback.

Educational Supervisors

The Trust currently has approximately 196 accredited supervisors supporting undergraduate, postgraduate and locally employed doctors. The majority of these supervisors are also GMC-recognised trainers. Around 23 Medway supervisors remain to be registered with the GMC. Ongoing collaboration with the Chief Medical Officer's Office ensures validation of Educational Supervisor (ES) registration against GMC records, job plans, educator status and appraisal data.

There is periodic shortfall in the number of supervisors available to support the growing demand for resident, LED, and medical student placements, including in community settings that contribute to Foundation and GP programmes. This creates pressure on the current pool of supervisors, who often have limited availability due to competing clinical, administrative, and educational responsibilities. Such challenges may impact the quality and consistency of supervision, potentially limiting placement capacity and affecting the Trust's ability to meet educational standards and workforce training requirements.

To address this, we are actively promoting educational roles to consultants and SAS doctors not currently engaged as supervisors. Targeted initiatives highlight the professional and personal benefits of teaching, including career development, enhanced job satisfaction, and contribution to the quality of training across the organisation. We are also targeting newly appointed consultants when they join the Trust.

SAS and Education Teaching Fellows

Six Specialty and Associate Specialist (SAS) doctors have been appointed as Teaching Fellows across Paediatrics, Acute Medicine, Obstetrics & Gynaecology, and Anaesthetics, each with dedicated SPA time funded through the Medical Education Tariff. Senior Fellows are leading on ultrasound and simulation-based teaching, promoting interdepartmental collaboration and the sharing of expertise across specialties. This innovative model, developed in collaboration with SAS Tutor Mr. Mohanlal, has demonstrated clear educational benefits, and the introduction of a SAS Advocate role is under consideration to further strengthen this faculty.

Feedback from trainees and departments has been highly positive, with increasing interest from other SAS colleagues in joining the teaching faculty. The majority of SAS Fellows are completing a Postgraduate Certificate in Medical Education, supporting their progression as educational leaders. In parallel, a SAS Local Faculty Group (LFG) is being established to support SAS doctors pursuing the CESR pathway to consultant level, with outcome data currently being collated.

A consultant interview preparation course is being developed in partnership with the CMO office. The pilot course is to run on Sunday 7th December 2025.

In addition, the Trust has appointed seven Medical Education Fellows, drawn from F2 doctors completing their Foundation Programme. These Fellows contribute to both

undergraduate and postgraduate teaching, with most undertaking a PG Certificate in Medical Education and one pursuing the BSMS Leadership PG Cert. Fellows retain clinical engagement through one clinical day per week in a specialty of their choice, supported by Medical Education funding.

A long-standing joint fellowship between the Emergency Department and Simulation Team continues to enhance debriefing and well-being initiatives, providing rich, experiential learning opportunities that strengthen both team performance and trainee development. An exciting fellowship between foetal medicine and medical education has been approved and funded.

Active Bystander Training

A new Active Bystander Training initiative has been introduced to promote a respectful and inclusive workplace, based on the “4 Ds” model – Direct, Distract, Delegate, Delay.

Delivered in collaboration with HR and the EDI Team, initial sessions targeted multidisciplinary staff groups and received positive feedback. Ongoing sessions will expand access across all staff, supporting a culture of accountability, respect, and inclusion.

Foundation Curricula Changes

The National Foundation Enhance Programme has been introduced to embed generalism and broader professional capabilities, including leadership, quality improvement, and interprofessional working. A designated Education Fellow oversees the programme, with six Foundation rotations currently following the Enhance route. Trainees receive structured support, feedback, and reflective learning aligned with the Foundation curriculum. The programme is monitored and evaluated to assess engagement, learning outcomes, and inform future curriculum development. There is scope to improve impact and uptake of this programme.

Operational Pressures on Teaching

Clinical and operational pressures, particularly during winter surges, continue to impact protected teaching time.

To safeguard education, the Trust has implemented rota adjustments, consultant-led teaching support, and flexible micro-teaching models, alongside the development of hybrid and on-shift teaching to maintain continuity.

The Foundation teaching programme has been reviewed and condensed to follow patient pathways, with no teaching scheduled during peak service pressures, ensuring trainees can fully engage in both clinical duties and educational sessions.

Ultrasound Machines funded through Medical Education Tariff

Following feedback through the Local Faculty Group, five new point-of-care ultrasound (POCUS) machines were procured, including one upgraded ex-demo model, to support training and bedside teaching.

Access is prioritised for trainees in Emergency Medicine, Acute Medicine, Anaesthetics, ICU, and SAS doctors completing ultrasound competencies.

A Faculty of Ultrasound Training has been established with Trust leads overseeing teaching, supervision, and governance. Additional formal courses are planned for the next academic year.

Expansion Posts

Approval has been secured for additional Deanery training posts across key specialties to address workforce demands and support the delivery of safe, high-quality patient care amid service pressures.

While the number of posts is increasing, emphasis remains on maintaining high standards of training, ensuring that all trainees continue to receive structured supervision, educational support, and exposure to appropriate clinical experiences.

The recruitment, induction, and onboarding of these new posts are being coordinated jointly by the regional training office and the Trust Medical Education team, ensuring smooth integration of trainees into clinical teams and alignment with Trust educational policies and governance standards.

Monitoring and evaluation mechanisms are in place to assess trainee experience, placement capacity, and educational outcomes, ensuring that expansion supports both service delivery and the quality of training within the Trust.

National GIRFT Fellow

A registrar has been appointed as a National Getting It Right First Time (GIRFT) Fellow, contributing to national service improvement, education, and workforce planning. Insights gained through this role have been applied locally to inform quality improvement initiatives and optimise training pathways, enhancing both patient care and educational experience within the Trust. This year's fellow will be concentrating on elective surgery.

Culture and Inclusion

The Trust maintains a sustained focus on promoting a positive, inclusive, and supportive departmental culture. Key initiatives include:

- Active Bystander Training to support respectful workplace behaviours
- Peer mentoring to foster professional development and well-being
- Recognition of educational excellence through awards and celebratory events

Looking ahead, new initiatives are planned, including a Medical Education Conference in 2026, and ongoing work by the Faculty of Education to embed the NHSE Safe Learning Environment Charter, reinforcing a culture of safety, inclusion, and high-quality education.

National Resident Doctor 10-Point Plan – Trust Context

The National Resident Doctor 10-Point Plan was published on 29 August 2025, applying to approximately 75,000 resident doctors across the NHS. All Trusts are expected to act across all 10 areas within 12 weeks, report progress to their boards, and implement corrective measures where standards are not met. The plan will be incorporated into the new NHS Oversight Framework. Its purpose is to address recurring concerns reported by resident doctors, including payroll errors, rota problems, rest facilities, access to meals, repeat training, and employer changes at each rotation.

The Medway 10PP Task and Finish Group, chaired by the DME with Medical Education administrative support, includes all relevant stakeholders to oversee local implementation.

Summary of Key 10 Points and Local Actions

1. Workplace Wellbeing – Audit facilities (rest areas, mess rooms, lockers, on-call parking, hot meals, learning space); develop and approve local action plans within 12 weeks.
2. Work Schedules and Rotas – Ensure compliance with Rota Code of Practice; issue detailed rotas at least 6 weeks before rotations; monitor performance nationally.
3. Annual Leave – Review leave allocation to ensure fair, transparent, and consistent arrangements.
4. Board-Level Leadership and Peer Representation – Appoint a senior leader responsible for resident doctor issues and a resident peer representative (Board-approved: Amir Khan, Surgical Chief Registrar).
5. Payroll Accuracy – Participate in the national programme to reduce payroll errors by ≥90% by March 2026; establish governance to monitor payroll within 12 weeks.
6. Mandatory Training – Ensure resident doctors do not repeat statutory training unnecessarily; comply with national MoU; NHS England reform expected by April 2026.
7. Exception Reporting – Implement the national framework for reporting excess hours, ensuring fair compensation and safe working practices; HR to provide administrative support from February 2026.
8. Prompt Reimbursement of Expenses – Review processes to ensure reimbursement for study leave, travel, and subsistence within 4–6 weeks.
9. Rotation Impact on Trainees – Implement changes to reduce disruption from moving posts while maintaining service delivery.
10. Employer Changes – Expand the Lead Employer model to minimise the need for residents to change employers each rotation; roadmap to be developed by October 2025.

Take-Home Messages for the Board in respect to 10 Point Plan

- Board awareness and engagement is expected and important for compliance.
- Approve Board representation from the resident doctor peer representative.
- HR support required for Exception Reporting, with accountability for response times.
- Trust compliance is expected to increase from a baseline self-assessment of 64% in September. This will be rechecked at the end of November 2025.

Simulation Report – Dr Manisha Shah

The Trust's Inclusive and Diverse Simulation-Based Education Programme continues to advance equality, diversity, inclusivity, and psychological safety across all simulation training, aligning with our mission to deliver brilliant care outcomes through brilliant people. Over the past year, key achievements include developing a nationally recognised debriefing framework for neurodivergent participants, introducing psychologically safe “Dynamic Debriefs” with well-being support, and securing NHSE-funded research with Canterbury Christ Church University on the sustainability of in-situ simulation, with findings presented nationally.

The Simulation Strategy Group has been restructured to ensure balanced representation across professions, while future priorities focus on improving programme engagement, sustaining “Difficult Conversations” training, developing a simulation-based conflict resolution

course for frontline and non-clinical teams, and generating income through immersive room hire.

There has been further growth of our Simway Hospital, which is a bespoke simulated clinical environment at Medway. It provides F1 doctors, standalone F2s and IMGs with a safe, structured induction where they practise NHS ward processes, communication, and managing acutely unwell patients. This initiative eases transition into clinical roles, reduces anxiety, and builds confidence before starting on the wards.

The programme positively impacts not only new doctors but also the multidisciplinary teams they join, including nursing staff, allied health professionals, ward managers, Pharmacists, Physiotherapists, by improving preparedness, communication, and teamworking from day one. Simway Hospital was a finalist at the HSJ in the Partnership Award 2025, Workforce and Well-being initiative of the year.

All these projects, underpinned by our values of being BOLD, ensuring Every Person Counts, being Sharing and Open, and working Together, reinforces the Trust's position as a national leader in inclusive, evidence-based, and sustainable simulation-based education.

Undergraduate Report – Dr Priya Krishnan (DUME)

The undergraduate medical education team has had a highly successful year, marked by the graduation of the first cohort of Kent and Medway Medical School (KMMS) students in 2025. Three of these graduates have now joined Medway as Foundation Year 1 (F1) resident doctors, and early feedback on their experience has been extremely positive.

We currently host KMMS students in years 3–5 and King's College London (GKT) students in years 4–5. To support the delivery of high-quality education, the faculty has expanded to include an undergraduate administrator, additional educational supervisors, Year 5 leads, and a simulation lead. We have also increased the number of F3 Education Fellows and appointed SAS Education Fellows to enhance teaching capacity across programmes. In addition, SAS doctors have been actively contributing to bedside teaching, strengthening multi-professional collaboration in medical education.

A KMMS quality visit in December 2024 provided excellent feedback overall, with the only action related to student accommodation. This has since been fully addressed by relocating all students to the upgraded Pier Quays accommodation, which has received very positive feedback.

Student satisfaction and feedback scores from both KMMS and GKT have been excellent. Ongoing investment has included the procurement of new timetabling software, simulation equipment, and the development of a new student induction video to further enhance the learning experience.

Notably, several King's students have presented and published Quality Improvement projects undertaken at Medway, with recognition at both local and regional levels, demonstrating the Trust's growing reputation as a strong teaching and learning environment.

Knowledge and Library Service Report – Richard Pemberton

The Knowledge and Library Service has continued to demonstrate exceptional impact across the Trust, with a year marked by innovation, recognition, and measurable contributions to patient care and organisational efficiency.

The team conducted 185 evidence searches between October 2024 and September 2025. These searches have directly supported evidence-based decision-making across clinical departments, contributing to cost savings in areas such as pharmaceutical procurement and facilities management while supporting clinicians to deliver on the Patient First and Getting it Right First-Time agendas.

A major milestone this year was the launch of our patient-facing library service. After a 25-year absence, the revival of our library trolley service has been transformative, supporting patient wellbeing and recovery during their hospital stay. This initiative garnered significant positive media coverage, featuring on the BBC website, BBC Radio Kent, and Meridian TV News, raising the profile of Medway NHS Foundation Trust's commitment to holistic patient care.

The team's collaborative work with clinical departments continues to flourish. Our embedded support for journal clubs including Pharmacy, Critical Care, Medical Education and the Emergency Department has enhanced staff skills in critical appraisal and evidence-based practice, whilst our educational sessions with the Emergency Department have been described as "engaging, insightful, and valuable" by consultants and trainees alike. From Estates to Medical Education, departments across the Trust have benefited from the team's expert literature searching, critical appraisal support, and evidence synthesis.

There has been a significant increase in training session delivered by the team with 102 delivered between October 2024 and September 2025, 2.5 times the number of the same period last year with 655 students and staff members attending which is 3.5 times the same period last year.

The service successfully bid to the Deanery with support of the DME and the trust Digital Lead (Dilip Pillai) to secure a Clinical Fellow role focused on growing the use of Clinical Decision Support Tools, BMJ Best Practice and UpToDate, this is the first time this role has been created across the NHS in England and has garnered interest across the country.

Individual excellence within the team has been formally recognised this year. The Knowledge and Library Service Manager received the Sustainability Award at the Medway Star Staff Awards, whilst the Senior Library Assistant was honoured at the Research and Innovation Awards for outstanding support from a non-research team member—testament to the breadth of impact our service delivers.

The service continues to operate at capacity, with evidence suggesting that investment in library services yields a net economic benefit of £3.85 for every £1 spent. Unfortunately, NHSE's national resource funding was reduced this year and as a result the library collection of online journals has shrunk, there being no local budget available to compensate for these national losses. As demand grows and the value of our evidence-informed decision support becomes increasingly clear, consideration should be given to expanding the team and enhancing the resource budget to ensure all clinical departments can benefit from this vital resource.

Overall Summary and Acknowledgements – Medical Education 2024/25

The Trust has continued to strengthen its education and training programmes across all specialties, supporting high-quality supervision, professional development, and a culture of inclusivity, safety, and excellence. In 2024/25, significant progress has been made across undergraduate and postgraduate training, simulation-based education, and Knowledge & Library services, ensuring that trainee experience, faculty development, and governance standards remain robust.

Highlights include:

- **Simulation-Based Education:** Expansion of Simway Hospital and inclusive simulation programmes has enhanced preparedness, confidence, and multidisciplinary teamworking, receiving national recognition as a finalist in the HSJ Partnership Award 2025.
- **Undergraduate Training:** Successful graduation of the first KMMS cohort, excellent student feedback, expanded faculty including SAS Education & full-time Fellows, and enhanced multi-professional teaching support.
- **Knowledge & Library Services:** Growth in evidence-based support for clinical decision-making, patient-facing library initiatives, and training sessions, alongside national innovation through the first Clinical Decision Support Fellow role.
- **Faculty Development:** Appointment of new College Tutors, Specialty Education Leads, and SAS Teaching Fellows has strengthened supervision, induction, and trainee support, embedding a culture of educational excellence.
- **Governance and Workforce Planning:** Implementation of GMC and national trainee survey recommendations, expansion posts, and local action plans aligned with the National Resident Doctor 10-Point Plan have ensured continued focus on safe, high-quality training.

These achievements would not have been possible without the dedication, expertise, and hard work of the Trust's Medical Education office team, CMO Office, the faculty of supervisors and educators, SAS and education Fellows, College Tutors, and Specialty Education Leads. Their commitment underpins the Trust's ability to deliver safe, inclusive, and high-quality training, directly benefiting patient care, staff development, and organisational resilience.

We look forward to building on these successes in 2025/26, with ongoing initiatives to expand faculty, strengthen trainee support, further embed inclusive and evidence-based learning, and continue to enhance both patient experience and workforce excellence.

Meeting of the Trust Board

Date: Wednesday 12th November 2025

Title of Report	Infection Protection and Control Standard Contract			Agenda Item	6.2
Stabilisation Plan Domain	Culture	Performance	Governance and Quality	Finance	Not Applicable
					X
CQC Reference	Safe	Effective	Caring	Responsive	Well-Led
	X				
Author and Job Title	Rod Harford Rothwell – Head of IPC and Decontamination Lead				
Lead Executive	Steph Gorman – Acting Chief Nursing Officer and Director of IPC				
Purpose	Approval		Briefing		Noting
					X
Proposal and/or key recommendation:	This report is for noting by the Board following publication of the NHS standard contract 2025/2026 for minimising Clostridioides difficile (C.difficile) and gram-negative bloodstream infections (GNBSI's).				
Executive Summary	This year's standard contract was published in June 2025. It sets out the thresholds for each organisation for numbers of infections within the year. Every year sees either a reduction on the previous year's threshold or a static position. The purpose of this contract is to continue to drive reductions in the numbers of healthcare associated infections. This report sets out the thresholds for the Trust for the year 2025/26 as well as demonstrates the year end position of 2024/25. MRSA bacteraemia's do not have a threshold and remain at zero tolerance. All of the GNBSI were below threshold last year however the threshold for C.difficile was breached in January and the year ended with 11 cases over threshold. The report then details the changes made and the next steps for the IPC team to work with the divisions to continue to drive improvements in patient care, reduce hospital acquired infections. These include the introduction of ward intensive support for wards with ongoing problems with hospital acquired infections, continuing the simulation training, IPC condensed audits focusing on hand hygiene, commode cleanliness, canula and catheter care, screening and documentation.				

Issues for the Board/Committee Attention:	Although MRSA does not appear within this contract as a GNBSI the Trust breached the zero-tolerance last year with a total of 5 cases and there have been 2 cases so far this year. The year started with a high number of C.difficiles cases but the total number so far is below this point last year with 26 cases			
Committee/ Meetings at which this paper has been discussed/ approved: Date:	IPC Programme Group – 30th July 2025 Quality Assurance Committee – 6th October 2025			
Board Assurance Framework/Risk Register:	NA			
Financial Implications:	NA			
Equality Impact Assessment and/or patient experience implications	Any hospital acquired infection will increase length of stay, will add antimicrobial costs and will cause harm and if not managed appropriately can lead to outbreaks. Infections are classed as moderate or severe. Outbreaks could lead to bed closures, even whole ward closures in extreme cases. IPC uses PSIRF to understand any root causes, any learning and whether this infection was avoidable particularly in relation to antimicrobial usage. This is all then added to the IPC quality improvement plan with key actions in place to reduce the risk of reoccurrence. This is all monitored through IPC operational group and then IPC programme group feeding into Quality and Patient Safety Sub-Committee			
Freedom of Information status:	Disclosable X		Exempt	

Minimising Clostridioides difficile & Gram-Negative Bloodstream Infections

NHS Standard Contract 2025/2026
12th June 2025

Rod Harford-Rothwell

Head of IPC & Decontamination Lead



Medway
NHS Foundation Trust



**Patient
FIRST**

Introduction

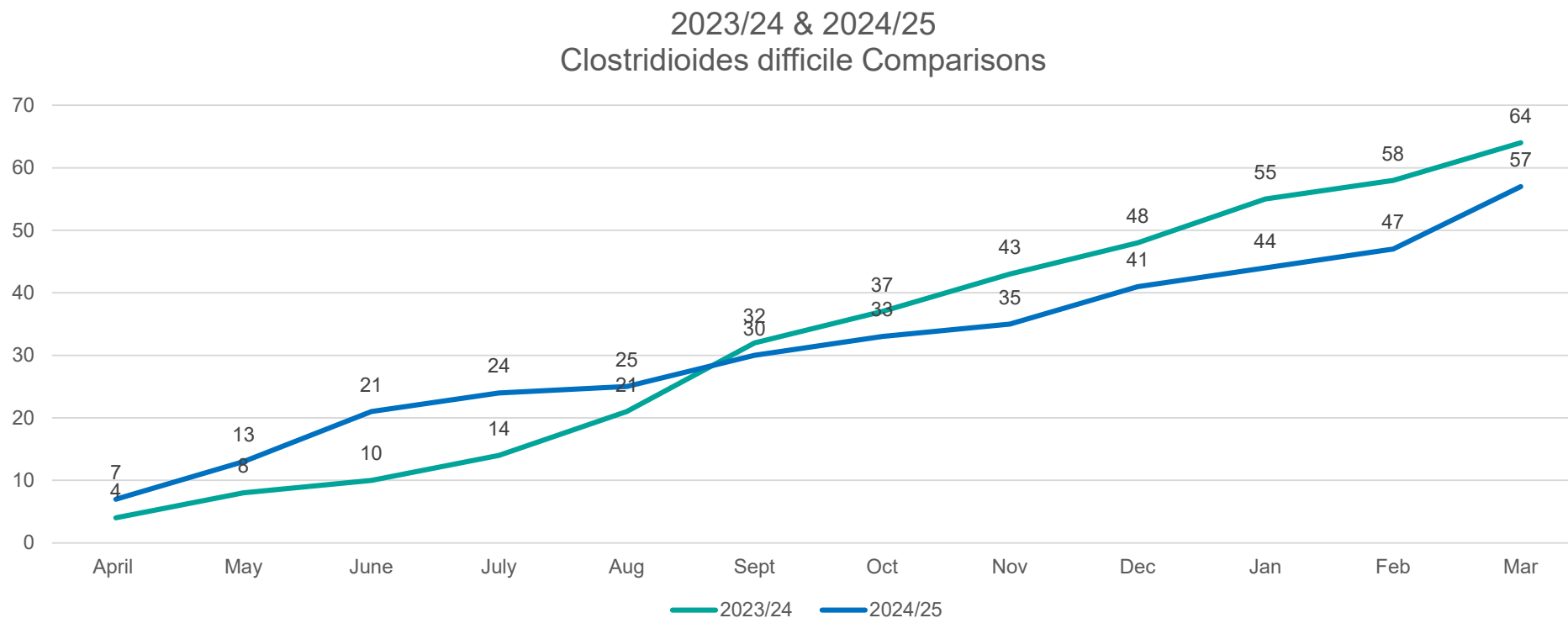
- On the 12th June 2025 the NHS Standard Contract 2025/26 was published for minimising *Clostridioides difficile* and GNBI's. This contract sets out the Trust's forthcoming thresholds for all alert organisms.
- These requirements support the delivery of the Antimicrobial Resistance (AMR) National Action Plan 2024/29
- **Clostridioides difficile (C.diff)** - if the number of cases was 10 or less the threshold would be equal to that count, for all others the threshold was reduced by 1.
- **GNBI's** – For *E.coli*, *Klebsiella* and *Pseudomonas* if the number of cases was 10 or less the threshold would be equal to that count. For all others the threshold would be reduced by 5%
- **MRSA Bacteraemias** – not mentioned within the contract but to remain at zero tolerance.

Key Changes

- In addition to the new trusts thresholds, publication of thresholds at sub-ICB level are included (previously published at ICB level).
- Due to the increasing trends, the approach for each trust and sub-ICB is, their 2025/26 thresholds for GNBSIs and for *C.difficile* are the lower of :
 - their 2024/25 thresholds or
 - 0% decrease on 2024 calendar year cases, i.e. whichever of the above options leads to a threshold which reflects the largest reduction from their 2024 calendar year cases
- As part of ongoing preparations for future inclusion of blood culture and CDI testing data into threshold assessments, trusts are asked to ensure testing data completeness within the quarterly mandatory laboratory returns (QMLR), to facilitate identification of positivity rates from blood culture sampling and CDI stool testing.

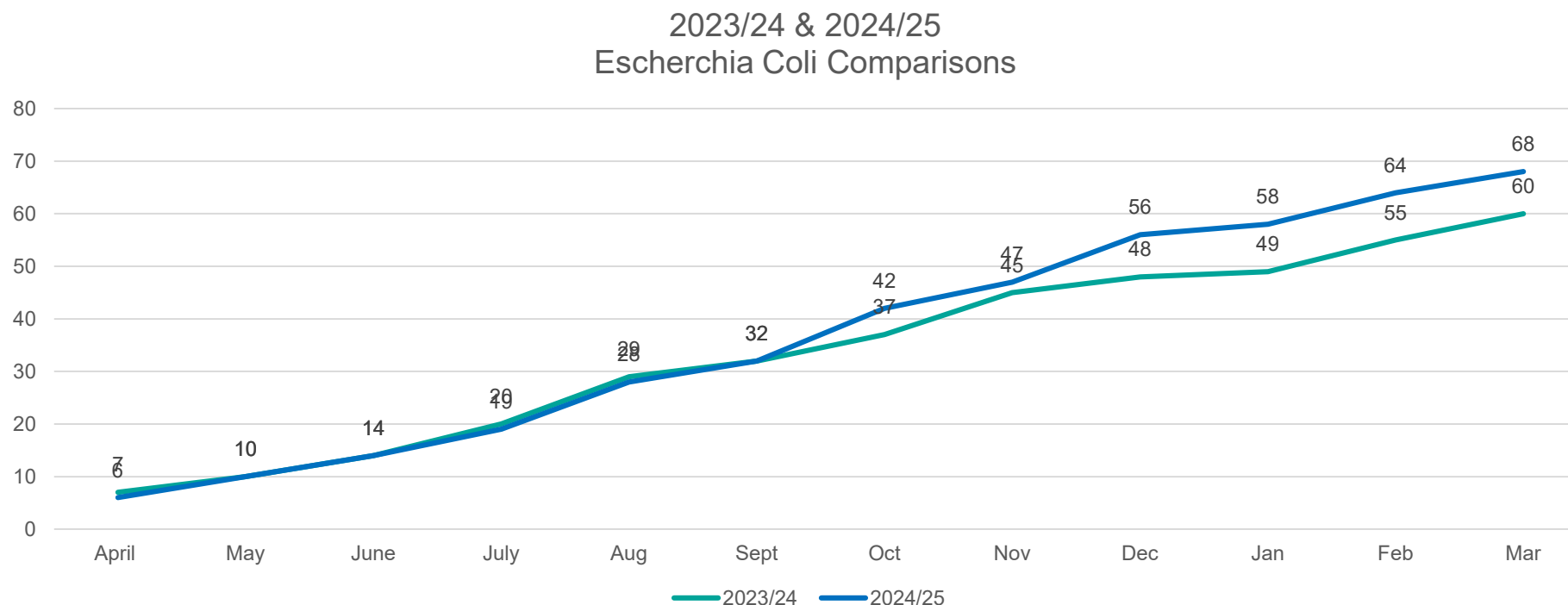
Clostridioides difficile (C.diff)

- Lasts years threshold was 53 cases and MFT breached that in January and ended the year with 64 cases exceeding the threshold by 11.
- **This years threshold allows for 53 cases** which is no change from last year



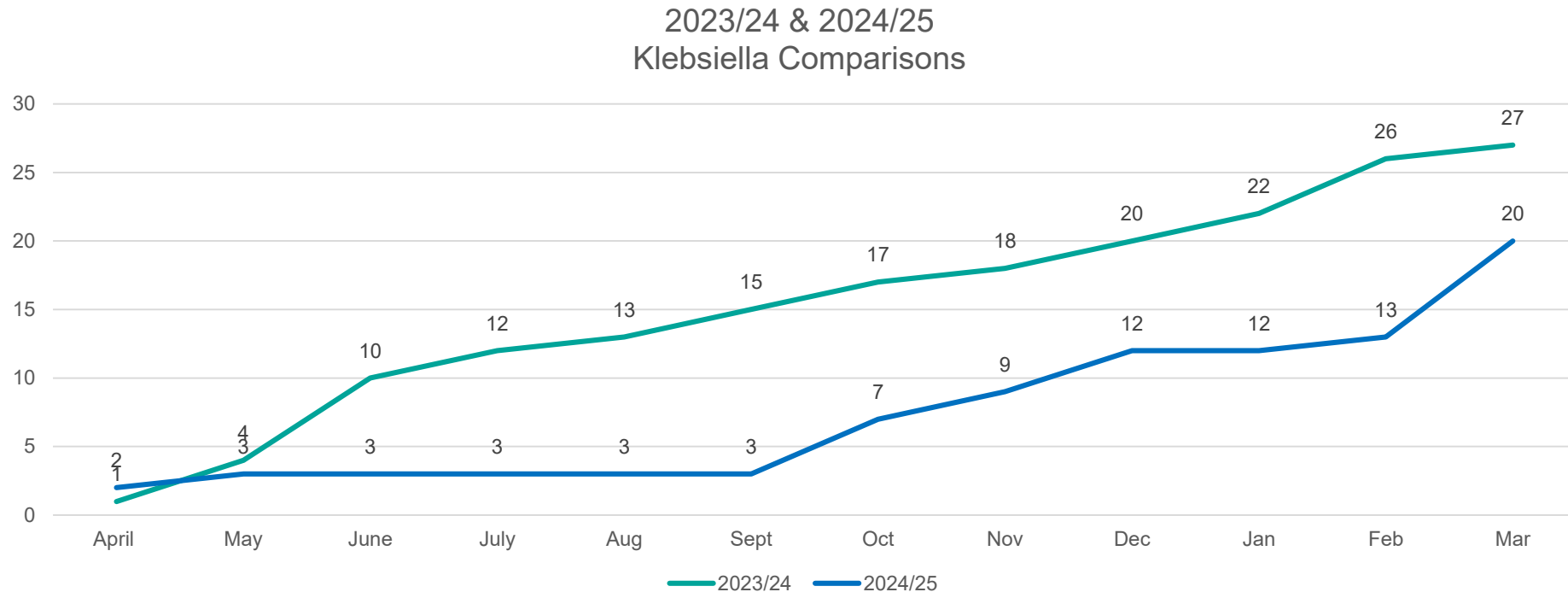
Escherichia coli (E.coli)

- Last years threshold was 88 cases and we achieved 68. This was under target but an increase on the previous year as we ended on 52.
- This year the threshold allows for 81 cases which is 7 cases fewer the previous threshold.



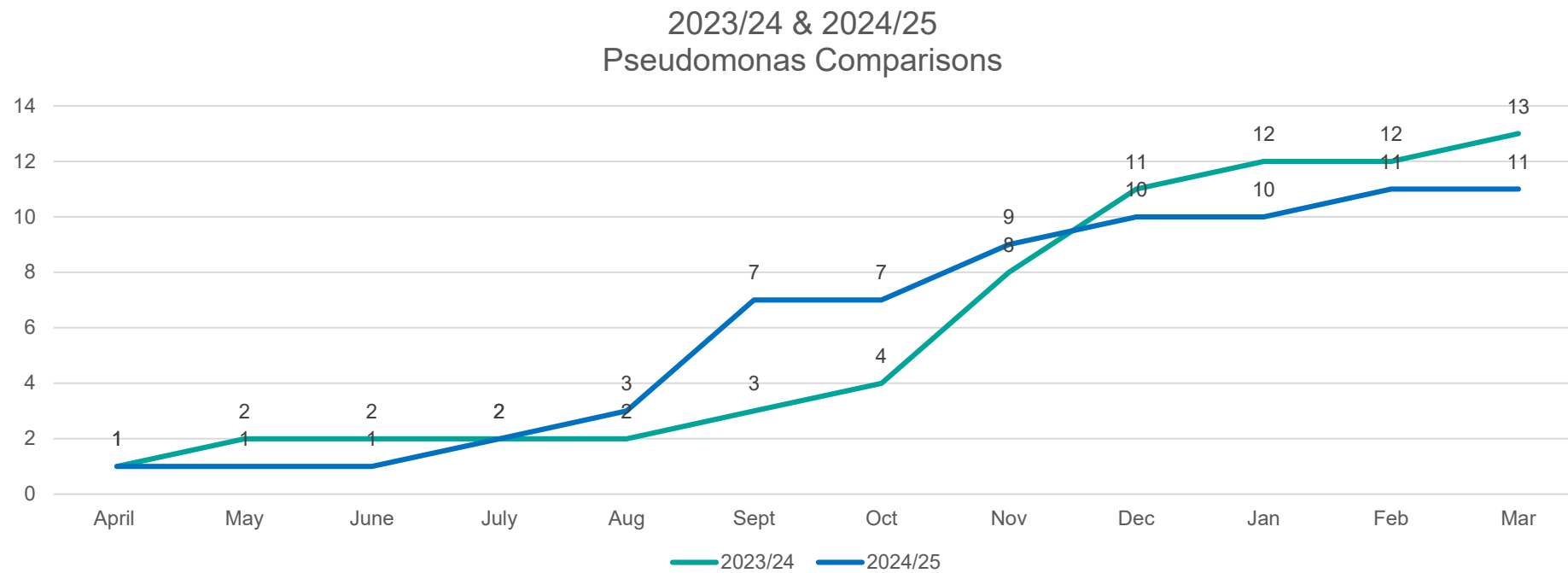
Klebsiella

- Last years threshold is 27 which was 5 cases fewer than the previous year showing a 3% reduction.
- This years threshold is 27 cases, which is no change from previous threshold



Pseudomonas

- Last years threshold was 15 and we achieved that target with 13 cases in total coming 2 cases under threshold.
- This years threshold is 15 cases



Next steps

- Introduction of IPC team monthly condensed audits focusing on hand hygiene, commode cleanliness, canula and catheter care, screening and documentation
- Continue to work with ASG to ensure antimicrobial stewardship aligns with the AMR National Action Plan for 2024/2029 and remains a top priority for the organisation.
- Increase the frequency of antimicrobial point prevalence audits and working with the pharmacy team
- Continue to hold PSIRF Swarms for *C.diff* Infection looking at system thinking, systems and partnerships and extrapolate learning for any omissions to prevent reoccurrence.
- Continued use of the diarrhoea assessment tool (DAT) aids staff and supports their decision making processes.
- Continuation of the commodes replacement programme.
- Roll out a rapid review style process for hospital acquired GNBI's
- To aim for a 5% reduction for GNBI's on last years achievement not threshold.
- Period of Increased Incidence (PII) for any 2 or more infections within a rolling 28 day period.
- Simulation style training to continue to help support the wards who remain on PII for more than 4 weeks
- Intensive support for wards that have already undergone simulation training.

Meeting of the Trust Board in Public

Date: Wednesday 12th November 2025

Title of Report	Survey Results – Cancer Patient Experience and Inpatient CQC			Agenda Item	6.3
Stabilisation Plan Domain	Culture	Performance	Governance and Quality	Finance	Not Applicable
			x		
CQC Reference	Safe	Effective	Caring	Responsive	Well-Led
		x	x	x	
Author and Job Title	Nikki Lewis, Associate Director of Patient Experience				
Lead Executive	Chief Nursing Officer				
Purpose	Approval		Briefing		Noting x
Proposal and/or key recommendation:	Noting – The Board or Committee must formally receive the information				
Executive Summary	Inpatient Survey The report provides a summary and overview of the Inpatient CQC survey and the cancer experience of care The survey is commissioned by MFT to Picker who carry out the survey and analysis on our behalf. The survey sample was taken between November 2024 and January 2025 with the results published under embargo in August 2025. Therefore, a time lapse between capture and publication of the results is noted. The response rate overall was 40% of the sample selected within the time period, to note that 89% of respondents were white, British heritage, 61% were over the age of 66. Comparatively there have been marginal improvements in the experiences of cancer patients received since 2023. Medway NHS Foundation Trust in comparison to other organisations in the 2024 survey are ‘about the same’ in more than 33 questions which is an improvement since 2023. Patients provided feedback that their experience was ‘best’ within the virtual ward environment, whilst they were waiting for elective care and the information they were provided whilst waiting.				

	The areas which require improvement include; - Waiting for admission to hospital - Leaving hospital, giving patients notice when they are planning discharge and providing information on who to contact if they are concerned once home - Getting food and drink outside of mealtimes - Staff explaining to patients why they are moving Actions to address the issues have been fully detailed within the report. Cancer Patient Experience Survey The report provides a summary and overview of the national cancer survey which is led by NHSE. The survey commenced in late 2024 with the results published in July 2025. The response rate for Medway NHS Foundation Trust was 45% and divided by Tumour group. the survey measures experience of the patient journey from diagnosis, treatment and through to discharge across all services. There were positive changes in this year's survey comparatively to 2023, and as a benchmark Medway NHS Foundation Trust have made positive improvements towards national average scores. The report identifies and details specific actions that the team have commenced for improvement based on patient feedback. To note, research opportunities have increased since the last survey but still require improvement/.
Issues for the Board/Committee Attention:	Outstanding performance was noted in regards to the virtual ward provision, MFT demonstrating feedback was rated more positively than in comparative organisations.
Committee/ Meetings at which this paper has been discussed/ approved: Date:	Trust Leadership Team July 2025
Board Assurance Framework/Risk Register:	N/A
Financial Implications:	N/A

Equality Impact Assessment and/or patient experience implications	For the board to note, the demographic of respondents is not representative of the Medway population			
Freedom of Information status:	Disclosable	x	Exempt	

Cancer Patient Experience Survey

Review of 2023 & 2024 Action Plan

August 2025



Executive Summary

MFT Responses



- The National Cancer Patient Experience Survey (NCPES) 2024 marks the fourteenth iteration of the survey, first conducted in 2010.
- It is designed to monitor the quality of cancer care, support local quality improvement, inform commissioning and service provision, and guide the work of charities and stakeholder groups supporting people affected by cancer.
- The 2024 survey was commissioned and managed by NHS England and delivered by the independent provider Picker, under the oversight of the National Cancer Patient Experience Advisory Group. This group established the principles and objectives for the survey programme and supported the development of the questionnaire.
- A total of **64,055 patients** from a sample of **127,021** responded to the survey, giving a **response rate of 50%**, across **131 NHS Trusts** in England.
- The survey captures patient experience across the full cancer pathway, from diagnosis and treatment to inpatient care and beyond and continues to provide critical insight to support patient-centred cancer care nationally and locally.

Respondents by ethnicity

	Number of respondents
White	
English / Welsh / Scottish / Northern Irish / British	440
Irish	*
Gypsy or Irish Traveller	*
Roma	*
Any other White background	6
Mixed / Multiple Ethnic Groups	
White and Black Caribbean	*
White and Black African	*
White and Asian	*
Any other Mixed / multiple ethnic background	*
Asian or Asian British	
Indian	8
Pakistani	*
Bangladeshi	*
Chinese	*
Any other Asian background	6
Black / African / Caribbean / Black British	
African	6
Caribbean	*
Any other Black / African / Caribbean background	*
Other Ethnic Group	
Arab	*
Any other ethnic group	*
Not given	
Not given	31
Total	511

Respondents by tumour group

	Number of respondents
Brain / CNS	0
Breast	138
Colorectal / LGT	59
Gynaecological	7
Haematological	60
Head and neck	7
Lung	26
Prostate	97
Sarcoma	0
Skin	0
Upper gastro	4
Urological	60
Other	53
Total	511

Respondents by survey type

	Number of respondents
Paper	412
Online	99
Phone	0
Translation service	0
Total	511

2023 Action Plan Review



Medway
NHS Foundation Trust

The following section provides an overview of progress made against the actions identified for MFT in the 2023 NCPES action plan.

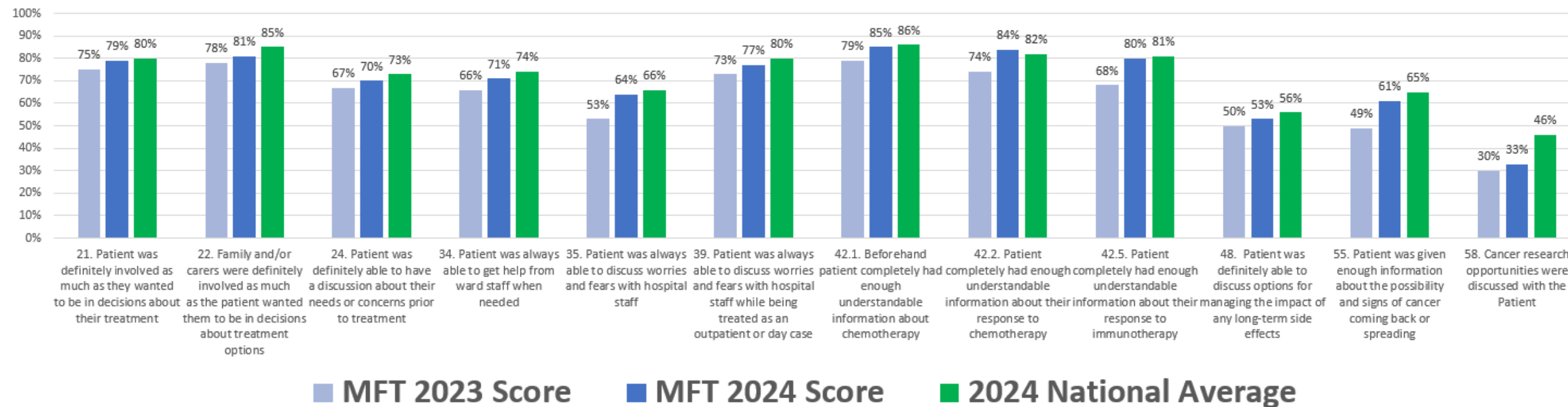
	Question	2024 Score	+/- Improvement	2023 Score	2022 score	2021 score	2024 National score	2023 Action Plan Update
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	79%	+4%	75%	75%	77%	80%	Shared findings and continued with oversight through all available feedback mechanisms. Ensured a CNS is present at clinical appointments to empower them to make informed decisions regarding their treatment pathway. Honorary contracts put into place to attend MTW oncology clinics to support Medway patients during clinic appointments to understand and make informed decisions regarding their treatment options.
Q22	Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	81%	+3%	78%	77%	70%	85%	Shared findings and continued with oversight through all available feedback mechanisms. Ensured that all communication clearly recommends that patients bring an accompanying family member or carer to appointments to help share the information.
Q24	Patient was definitely able to have a discussion about their needs or concerns prior to treatment	70%	+3%	67%	65%	70%	73%	Shared findings and continued with oversight through all available feedback mechanisms. Ensured all CNS Teams offered an initial HNA and created a care plan to be followed up and updated throughout their treatment pathway. Each patient to have a pre treatment appointment with the chemotherapy department to discuss side effects and or concerns regarding treatment.
Q34	Patient was always able to get help from ward staff when needed	71%	+5%	66%	68%	75%	74%	Shared findings and continued with oversight through all available feedback mechanisms. Introduced cancer link nurses in the general wards with access to specialist advice and resources. The psychosocial team increased attendance at ward rounds to advocate for patient needs and offer support to staff where required.
Q35	Patient was always able to discuss worries and fears with hospital staff	64%	+11%	53%	59%	66%	66%	Shared findings and continued with oversight through all available feedback mechanisms. Introduced cancer link nurses in the general wards with access to specialist advice and resources. Site specific and AOS CNS teams undertake ward visits for patients admitted to hospital to ensure continuity of care.
Q39	Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	77%	+4%	73%	68%	70%	80%	Shared findings and continued with oversight through all available feedback mechanisms. Improvement in score from last year following introduction of Band 4 CSW from Social work team visiting GDU daily. Site specific CSW now attending 1 st treatment appointment with patients to support with worries and fears.

2023 Action Plan Review

	Question	2024	+/- Improv ement	2023 Score	2022 score	2021 score	2024 Nation al score	2023 Action Plan Update
Q41.2	Beforehand patient completely had enough understandable information about chemotherapy	85%	+6%	79%	83%	83%	86%	Shared findings and continued with oversight through all available feedback mechanisms. Full review of patient information literature and accessible information. Regular monitoring of patient pre-chemotherapy assessments to ensure consistent approach to provision of education and information. Introduction of the Electronic information board in the waiting room of the chemotherapy unit
Q42.2	Patient completely had enough understandable information about their response to chemotherapy	84%	+10%	74%	-	-	82%	Shared findings and continued with oversight through all available feedback mechanisms. Supported by correct resources being utilised at the correct times. Collaborative resources from external stakeholders accessed and shared to support information provided to patients, including the use of Macmillan booklets in alternative languages
Q42.5	Patient completely had enough understandable information about their response to immunotherapy	80%	+12%	68%	74%	-	81%	Shared findings and continued with oversight through all available feedback mechanisms. All patients on immunotherapy are now provided with alert information relating to their specific treatment. Education and training provided to nursing staff across cancer units, wards, ED and SDEC on the effects of immunotherapy treatment and cancer.
Q48	Patient was definitely able to discuss options for managing the impact of any long-term side effects	53%	+9%	44%	50%	50%	56%	Shared findings and continued with oversight through all available feedback mechanisms. Encouraged CNS site specific teams to hold information/education sessions for patients on how to manage long term psychological and physical side effects. Implementation of treatment summaries is ongoing.
Q55	Patient was given enough information about the possibility and signs of cancer coming back or spreading	61%	+12%	49%	57%	56%	65%	Shared findings and continued with oversight through all available feedback mechanisms. Ensured all patients are aware of the OAFU/PIFU pathway, including identifying red flag symptoms for referral back into the service. Implementation of treatment summaries is ongoing.
Q58	Cancer research opportunities were discussed with the Patient	33%	+3%	30%	33%	44%	46%	Shared findings and continued with oversight through all available feedback mechanisms. Ongoing action – Continue to liaise with research teams across KMCA to ensure up to date research studies are available for discussion at MDT and with patients.

2023 Action Plan Review

NCPES MFT Updated 2023 Action Plan
2023 Results vs 2024 Results vs National % Scores



2024 Action Plan

All actions and findings to be shared and progressed with oversight through all available feedback mechanisms.

	Question	2024 Score	2023 Score	2022 score	2024 National score	Action	Owner
Section Name: Care planning							
Q24	Patient was definitely able to have a discussion about their needs or concerns prior to treatment	70%	67%	-	73%	Continue roll-out of the HNA induction training led by the PCSF to ensure all new staff are equipped to initiate meaningful holistic conversations. Deliver Quality Improvement work to improve the consistency, quality, and person-centred nature of care plans produced from HNAs. Embed the 'HNA at Home' model across services to allow patients time to reflect on their needs and concerns ahead of appointments, supporting more effective conversations to enable audit of the quality of care plans delivered.	Macmillan Lead Cancer Nurse Deputy Lead Cancer Nurse PCSF & Patient Experience Team
Section Name: Support from hospital staff							
Q28	Patient definitely got the right level of support for their overall health and wellbeing from hospital staff	71%	71%	-	78%	Expand the use of Padlets across all tumour sites to improve access to trusted information and support resources in a digital format. Introduce a dedicated Health and Wellbeing Padlet to provide a multi-channel approach to information, complementing face-to-face support with easily accessible digital content. Increase the frequency of Health and Wellbeing Events to widen access to holistic support and improve visibility of available services. Align with CIC7 project work to strengthen links between primary and secondary care by co-designing support offers in partnership with patients, GPs, and hospital teams, ensuring more joined-up and personalised support for overall health and wellbeing.	Macmillan Lead Cancer Nurse Deputy Lead Cancer Nurse PCSF & Patient Experience Team
Section Name: Hospital care							
Q33	Patient was always involved in decisions about their care and treatment whilst in hospital	62%	64%	-	72%	Undertake a review of the Acute Oncology Service (AOS) emergency clinical pathway to identify opportunities to strengthen patient involvement at key decision points. Use insights from patient feedback to embed shared decision-making principles within AOS and inpatient cancer care settings.	Macmillan Lead Cancer Nurse Deputy Lead Cancer Nurse PCSF & Patient Experience Team

2024 Action Plan

	Question	2024 Score	2023 Score	2022 score	2024 National score	Action	Owner
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Section Name: Immediate and long-term side effects

Q45	Patient was always offered practical advice on dealing with any immediate side effects from treatment	64%	64%	-	71%	Review the emergency triage phone line to ensure consistent and timely advice is provided to patients experiencing immediate side effects. Conduct a review of the pre-assessment treatment pathway to strengthen the provision of practical, personalised advice on managing side effects before treatment begins. Update Health and Wellbeing Event content and tumour-specific Padlets to include clearer, more accessible information on side effects of treatment.	Macmillan Lead Cancer Nurse Deputy Lead Cancer Nurse PCSF & Patient Experience Team
Q48	Patient was definitely able to discuss options for managing the impact of any long-term side effects	53%	44%	-	56%	Ensure all patients receive an End of Treatment Summary that includes clear information and signposting on managing long-term physical and psychological side effects. Encourage CNS teams to deliver patient-facing information and education sessions focused on long-term side effect management. Ensure Padlet content includes resources and guidance on coping with late effects of treatment. Work with CIC7 project team to strengthen follow-up and aftercare by improving collaboration between secondary and primary care, enabling more consistent support for long-term side effect management.	Macmillan Lead Cancer Nurse Deputy Lead Cancer Nurse PCSF & Patient Experience Team

Section Name: Support while at home

Q50	During treatment, the patient definitely got enough care and support at home from community or voluntary services	46%	50%	-	53%	Strengthen signposting to community and voluntary sector support within End of Treatment Summaries Improve care plans to include clear actions and referrals where appropriate to support access to local services during treatment. Work with CIC7 project team to improve communication and coordination between hospital teams, GPs, and community providers, ensuring patients receive timely, joined-up support at home.	Macmillan Lead Cancer Nurse Deputy Lead Cancer Nurse PCSF & Patient Experience Team
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2024 Action Plan

	Question	2024 Score	2023 Score	2022 score	2024 National score	Actions	Owner
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Section Name: Care from your GP practice

Q51	Patient definitely received the right about of support from their GP practice during treatment	39%	37%	-	48%	Use the CIC7 project as the primary tool to strengthen collaboration between primary and secondary care, co-designing solutions with patients, GPs, and hospital teams to better understand patient concerns and improve continuity of support during treatment. Strengthen communication between hospital teams and GP practices by routinely sharing care plans and End of Treatment Summaries. Improve signposting within care plans to clarify support available and how patients can access it. Raise patient awareness of the role of primary care during treatment through Health and Wellbeing Events, support groups and updated Padlet content.	Macmillan Lead Cancer Nurse Deputy Lead Cancer Nurse PCSF & Patient Experience Team
Q52	Patient has had a review of cancer care by GP practice	19%	19%	-	23%	Use the CIC7 project to explore opportunities for embedding cancer care reviews more effectively within primary care, co-designed with patients to reflect what a meaningful review looks like. Improve communication between primary and secondary care to support timely cancer care reviews, ensuring care plans are consistently shared. Review existing signposting and patient-facing materials to ensure patients understand their right to a cancer care review.	Macmillan Lead Cancer Nurse Deputy Lead Cancer Nurse PCSF & Patient Experience Team

Section Name: Living with any beyond cancer

Q53	After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	34%	27%	-	34%	Use CIC7 to co-produce improvements in emotional support pathways with patients, GPs, and community partners, ensuring better integration between hospital discharge and community-based emotional support. Reduce inequalities by expanding access to support clinics for patients in underserved areas such as Swale. Deliver education and training led by the CaPS (Cancer Psychological Support) team to upskill staff in recognising emotional needs and signposting appropriately. Increase the visibility and presence of the psychosocial team on the GDU and inpatient wards to improve real-time access to emotional support and facilitate other transitions to community or voluntary services.	Macmillan Lead Cancer Nurse Deputy Lead Cancer Nurse PCSF & Patient Experience Team
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2024 Action Plan

	Question	2024 Score	2023 Score	2022 score	2024 National score	HM Comments	Owner
Section Name: Our overall NHS care							
Q58	Cancer research opportunities were discussed with patient	33%	30%	-	46%	Continue to liaise with research teams across KMCA to ensure up to date research studies are available for discussion at MDT and with patients.	Macmillan Lead Cancer Nurse Deputy Lead Cancer Nurse
Additional Action							
N/A	Demographic Insight: Respondents by Ethnicity	N/A	N/A	N/A	N/A	86% of respondents identified as White – English/Welsh/Scottish/Northern Irish/British Use CIC7 as a platform to engage with patients from minority ethnic backgrounds to better understand their cancer care experiences and ensure their voices shape service improvements. Work with community and faith-based organisations to raise awareness of the NCPES survey and encourage greater participation from underrepresented ethnic groups. Monitor response rates by demographic group annually and set local improvement targets to achieve a more balanced and representative understanding of patient experience across Medway.	Macmillan Lead Cancer Nurse Deputy Lead Cancer Nurse PCSF & Patient Experience Team

2024 Watch List

The following questions are being monitored for trends or early signs of change; no immediate actions are required, but they will remain under review through routine feedback and reporting mechanisms.

	Question	2024 Score	2023 Score	2022 score	2024 National score
Q3.	Referral for diagnosis was explained in a way the patient could understand	59%	55%	-	67%
Q14	Cancer diagnosis explained in a way that patient could completely understand	73%	75%	-	77%
Q20	Treatment options were explained in a way the patient could completely understand	79%	80%	-	83%
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	79%	75%	75%	80%
Q35	Patient was always able to discuss worries and fears with hospital staff	64%	53%	59%	66%
Q39	Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	77%	73%	68%	80%

A summary of overall NHS care – 2024

YOUR OVERALL NHS CARE	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q56. The whole care team worked well together	414	87%	475	88%			87%	88%	93%	90%
Q57. Administration of care was very good or good	431	83%	497	85%			84%	84%	91%	88%
Q58. Cancer research opportunities were discussed with patient	239	30%	273	33%		▼	33%	36%	55%	46%
Q59. Patient's average rating of care scored from very poor to very good	423	8.7	488	8.8			8.8	8.8	9.1	8.9

CQC Surveys - Headlines

Adult In-patient Survey

November 2025

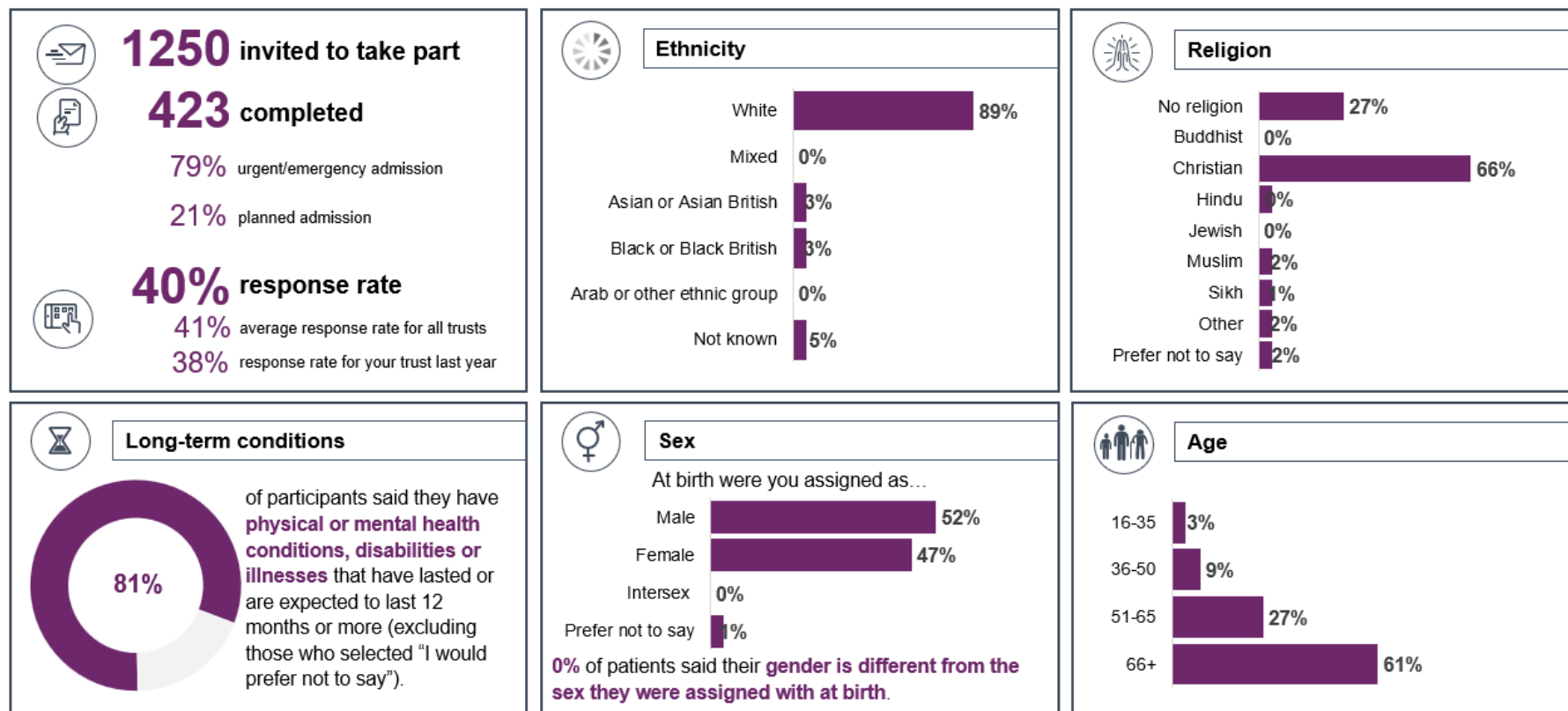
Results Published September 2025

Nikki Lewis, Associate Director of Patient Experience



Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of patients who took part in the survey.



Key Messages

- Number of responses increased by 2% since 2023 IP survey
- The demographic of respondents remains similar to 2023 (this will vary based on the sample at the time of admission)
- Slight increase in responses from Men since 2023

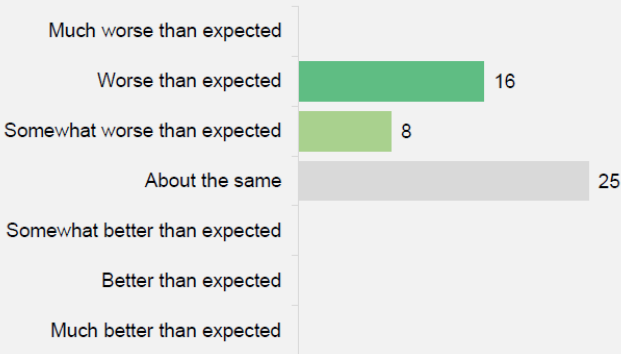
- This report summarises the findings from the [Adult Inpatient Survey 2024](#) carried out by Picker.
- The sample of patients were taken from November 24 – January 25 which is a change from the 2023 survey
- A total 63 questions were asked in the 2024 survey, of these 45 can be positively scored, with 45 of these which can be historically compared.

Summary of findings for your trust

2023

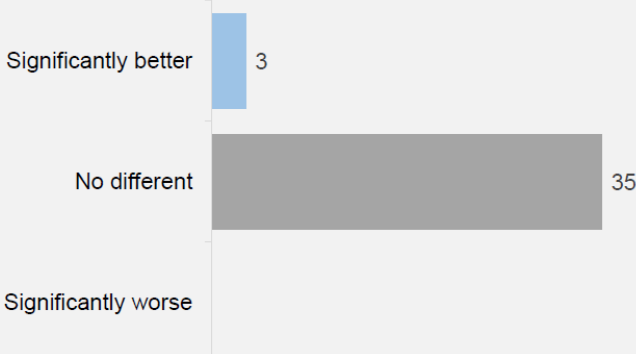
Comparison with other trusts

The number of questions at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

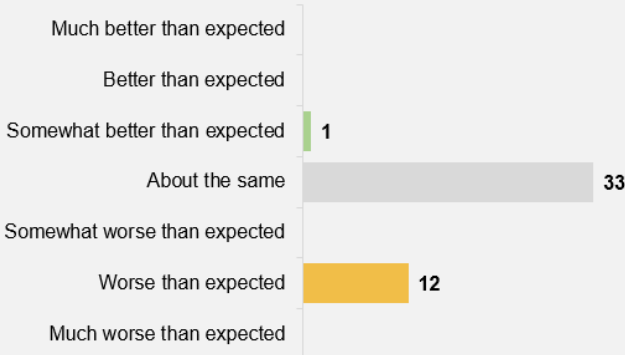
The number of questions at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2023 vs 2022.



2024

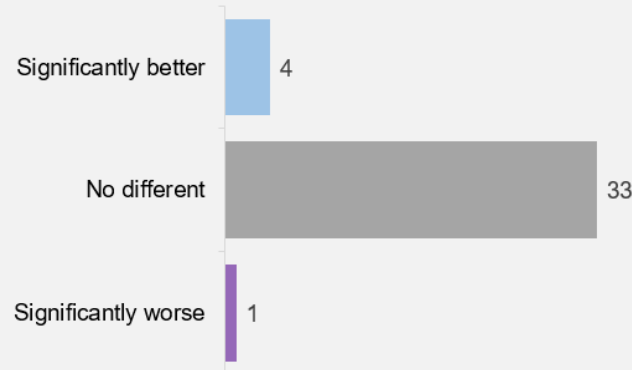
Comparison with other trusts

The number of questions at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

The number of questions at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2024 vs 2023.



Key Messages

- Comparatively to other trusts in 2023, 24 question responses scored in the 'somewhat' or 'worse' sections
- In 2024, performance has improved with 33 questions in the 'about same' and 1 question in 'somewhat better' section

Headlines

Where patient experience **is best**

- ✓ **Information while on virtual wards:** Patients feeling they were given enough information about care and treatment on virtual ward
- ✓ **Waiting list:** Length of time on waiting list before hospital admission
- ✓ **Information while on waiting list:** Quality of information given while on waiting list
- ✓ **Leaving hospital:** Staff discussing with patient whether they would need any additional equipment in their home after leaving
- ✓ **Support from health or social care services:** Patients getting enough support to recover/manage condition after leaving hospital

Where patient experience **could improve**

- **Waiting in the hospital:** Length of time waited (in another location) before admission to a ward
- **Leaving hospital:** Patients being given enough notice about when they were going to leave hospital
- **Food:** Patients being able to get hospital food outside of set mealtimes
- **Leaving hospital:** Staff telling patients who to contact if worried about condition/treatment after leaving hospital
- **Explaining change of wards:** Reasons for changing wards explained in a way they can understand

Actions

Item	Action
Waiting in the hospital – length of time waited (in another location) before admission to a ward	The Medical and Emergency Care division have developed a detailed action plan in line with the CQC and ICB recommendations in order to improve flow within the department. Next steps are to ensure improved communication with patients and their families as to why they are waiting. electronic boards have been installed in ambulatory areas to display waiting times. A driver huddle has been stood up to reduce 12 hour waits within the department
Leaving Hospital – Patients being given enough notice about when they were going to leave hospital	Concentrating on starting the discharge conversation earlier in the admission process is a priority for the Medical and Emergency Care division. Specialist nursing teams are providing interventions earlier in the patient journey that supports their discharge process and future planning around ongoing care.
Food – patients being able to get hospital food outside of set mealtimes	The estates and facilities team have developed a programme under the patient first methodology to improve the offer of food and drink during and outside of mealtimes. The team have improved the offer of cold food and snacks in clinical areas and restocking of meals that can be offered to patients outside of mealtimes. A new menu has been developed and shared widely since the survey was performed.
Leaving Hospital – Staff telling patients who to contact if worries about condition/treatment after leaving hospital	A full review of patient information leaflets is underway. The virtual ward expansion commenced late October 2025 with the go live date TBC in November which will bridge the discharge process and improve communication. A review of AI solutions for a patient helpline to ensure easy access on discharge commenced earlier in the year with a go live date in early December 2025.
Explaining change of wards -reasons for changing wards explained in a way they understand	MEC, site team and the CCC continue to support staff in all clinical areas to ensure seamless communication is provided at all times to patients when they are moving wards or departments.
To ensure respondents are representative of the Medway Population	To work with Picker to communicate the survey to patients from all demographics. Understand the barriers as to why patients are not completing the survey when its is set by Picker

Surveys – publication dates

