



Kent Community Health
NHS Foundation Trust

Quality strategy

2021/22
to 2024/25



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“Our people demonstrated great strength and resilience during the pandemic and we aim to continue to focus on further improving their experience at work.”

Paul Bentley, Chief Executive



Improving Quality

Providing the best quality healthcare is why Kent Community Health NHS Foundation Trust exists.

In 2017, our quality strategy focussed on the quadruple aim, which is:

- enhancing patient experience
- improving population health and reducing health inequalities
- improving staff experience at work
- reducing costs and increasing value for money and efficiency.

In the three years since we developed this strategy, we have made significant strides in delivering our quality strategy ambitions; the COVID-19 pandemic tested our committed workforce in ways it has never been tested before, but our staff delivered and we are keen to build on what has already been achieved and to improve the quality of what we do even further.

I am very proud of the introduction of a systematic evidence-based approach to quality improvement (QI) to empower staff to take ownership of the quality agenda. This resulted in more than 400 of #TeamKCHFT being trained in the basic use of QI-fundamentals and 150 staff receiving more in-depth training known as quality service improvement and redesign. We also engaged with partners to provide this training to colleagues in other healthcare trusts and NHS Kent and Medway Clinical Commissioning Group.

This history and desire to collaborate is critical to our continuing success within the emerging integrated care system (ICS) in Kent and Medway, but equally importantly in other areas where we provide services, East Sussex and London. When fully operational, each ICS around the country will be committed to partnership working between NHS organisations, councils, voluntary sector organisations and other partners. We are also working with integrated care partnerships and primary care networks, which are part of the ICS and to understand the diverse needs of our communities.

Our response to the COVID-19 pandemic demonstrated our success in working together to make changes at pace; this was supported by the rapid adoption of digital technologies in health and care. COVID-19 further highlighted major health inequalities that exist and we increasingly are working with our partners to look at population health management to prevent ill health and health inequality. Our quality strategy addresses this by making sure of collective action with partners to deliver the ambitions of the NHS Long Term Plan. These centre on:

- delivering more proactive approaches to health care and prevention of ill-health
- embracing technology and health analytics
- delivering services more efficiently across the system
- focusing on workforce through the People Plan.

Paul Bentley
Chief Executive

As ever, our workforce remains our biggest asset.

Our people demonstrated great strength and resilience during the pandemic and we aim to continue to focus on further improving their experience at work.

Quality strategy

Our vision

Outstanding quality and improvement is the focus and motivation for everything we do.

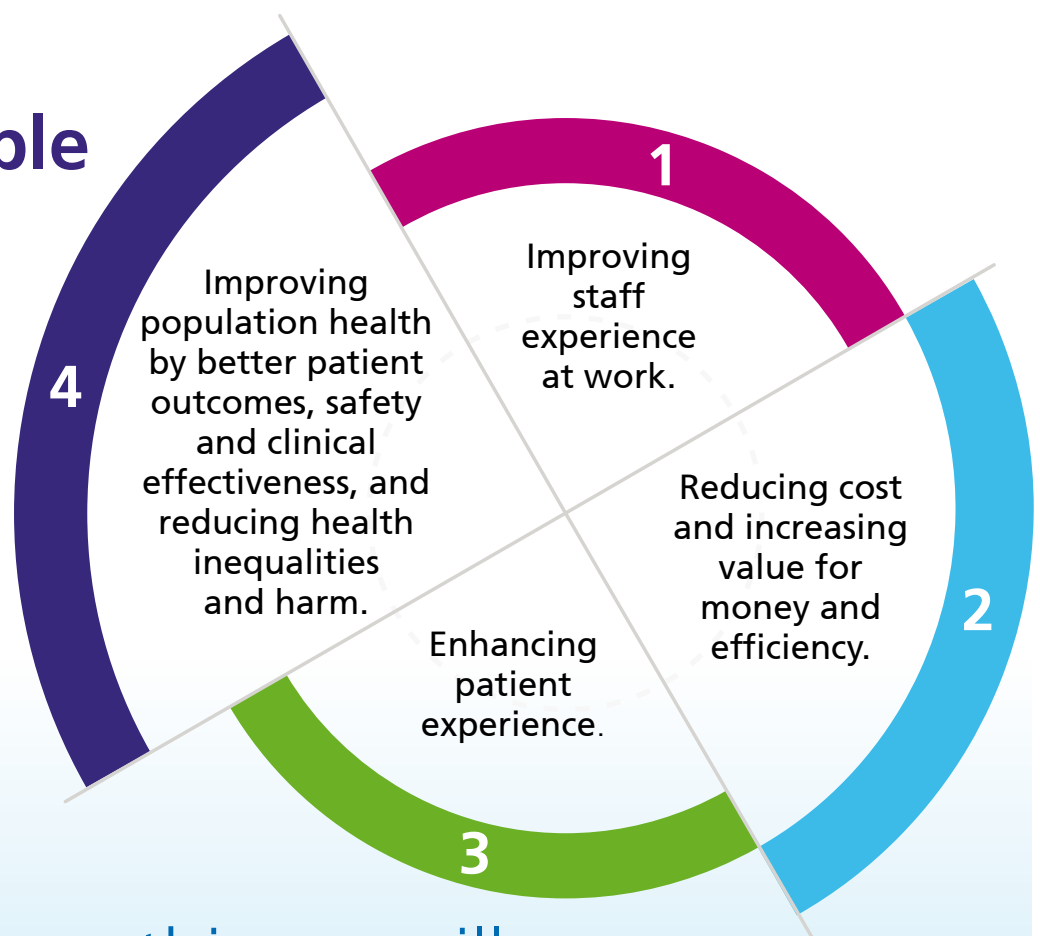
Our mission

To trust, support and empower staff to drive quality and develop new ways of working

Our aim

To continuously improve quality in line with the quadruple aim.

Our quadruple aim



To achieve this we will:

- focus on continuous improvement
- improve patient and carer experience
- make sure information drives continual quality improvement
- reduce health inequalities
- promote effective use of resources
- prioritise patient safety
- promote positive staff experience
- promote clinical professional leadership.

The logo features a stylized letter 'Q' composed of two segments: a dark blue segment on the left and a magenta segment on the right. A thin, wavy line extends from the bottom of the 'Q' towards the right.

Quality runs through all we do

It is linked to a number of wider strategies, frameworks and initiatives and it contributes to the organisation's corporate objectives and vision.

Organisational strategy:

Our quality strategy is designed to contribute to achieving KCHFT's organisational strategy to expand and advance what KCHFT can offer to our patients, clients, service users and their families, carers, staff and partners.

Primary care networks:

Making sure quality and efficiency are considered at every level as we move to a more preventative and integrated approach with our health and social care partners.

Quality improvement (QI) methodology:

A critical enabler to provide us with the tools to understand the impact of our work in improving patient care.

Patient involvement and engagement:

Will include partnership working to identify the most vulnerable people in society, supporting co-design of services and person-centred planning.

Research:

Provide understanding of the health needs of our local population, access to novel interventions and more focussed tailored and clinically effective treatments for patients, clients and service users.

Innovation:

Identifying or capitalising on new technologies and new ways of working and using these to develop products or interventions for patient, clients and service user care.

Clinical effectiveness:

Making sure quality resources, such as audit and NICE support and enable evidence-based practice within the trust.

Clinical risk management and patient safety:

Making sure quality issues from adverse events and risk issues are appropriately escalated, resolved and/or mitigated.

Complaints and other forms of patient feedback:

Themes from these are used to address quality issues.

Workforce development:

Providing staff with the foundations to improve quality through continuing professional development and appraisal and enabling allied health professionals and clinicians to comply with their professional codes of practice and revalidation.

Clinical and integrated governance:

Move beyond assurance and provide team members with the confidence and skills to make continuous improvements in the quality of care they provide.

Corporate assurance:

Including the Care Quality Commission (CQC) registration standards and Board assurance framework.

Performance monitoring:

How we can be assured we are meeting required quality metrics, for example key performance indicators.

Statements of internal control:

Increasing the contribution of quality tools to how the organisation gains assurance about the quality of its services and effectively managing risk.

The 'we care' programme:

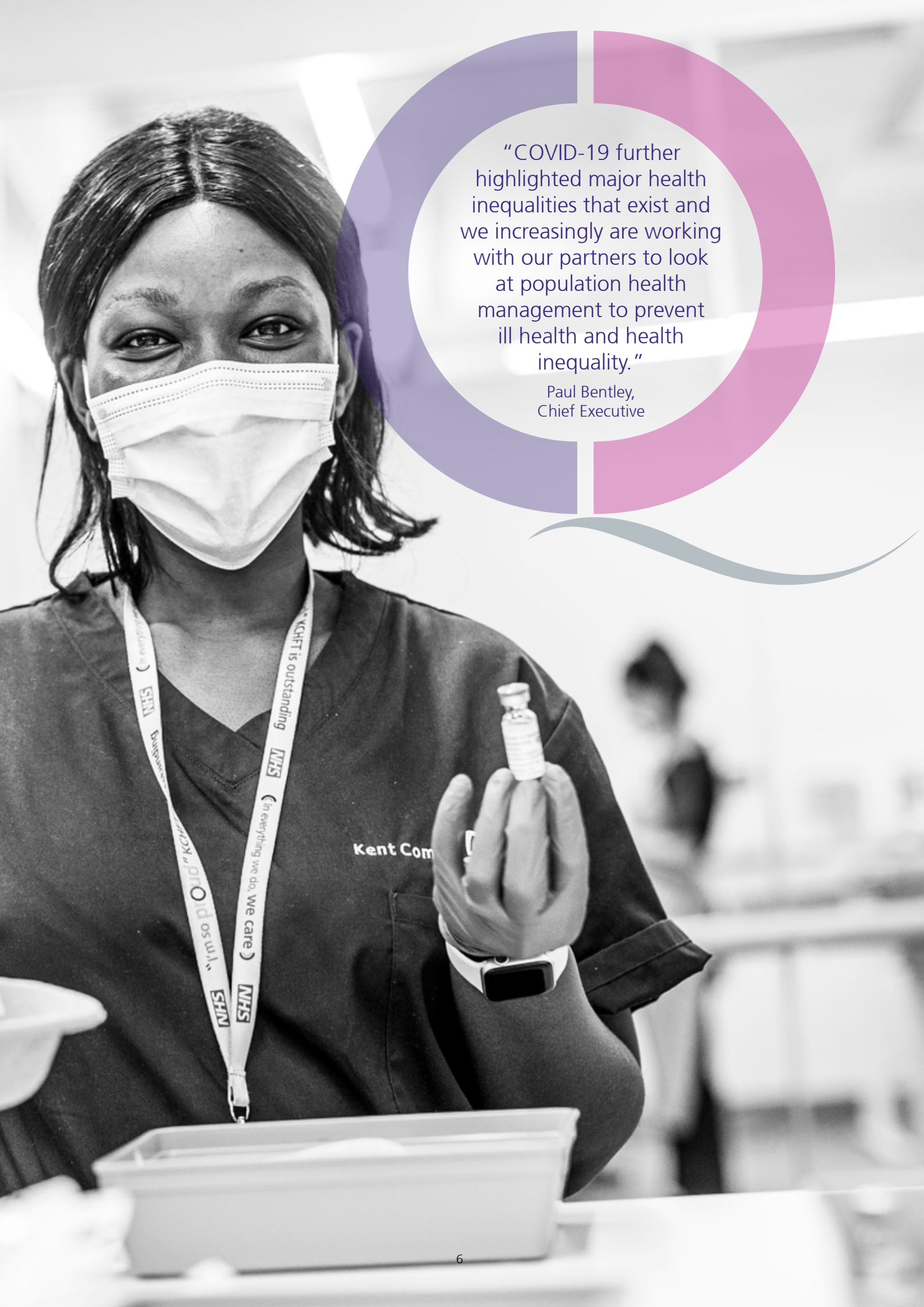
Our model for supporting services to achieve CQC compliance.

Strengthen our position as provider of choice and system leader:

Evidencing the high-quality services we provide

Equality and diversity:

Contributing to and influenced by KCHFT's equality objectives.



“COVID-19 further highlighted major health inequalities that exist and we increasingly are working with our partners to look at population health management to prevent ill health and health inequality.”

Paul Bentley,
Chief Executive



Objective one: Focus on continuous improvement

Our ambition

All staff feel empowered to take ownership of the quality agenda through using a range of improvement methodologies that inform evidence-based practice, for example quality improvement (QI), research, innovation, clinical audit and evaluation. Increased growth of change capability across the system.

Year one

- Move to second stage of QI implementation plan.
- Bitesize QI introduction to QI tools, QI lite for virtual QI learning.
- Innovation strategy and intellectual property policy to support governance of innovation.

Year two

- Introduction of annual innovation fellowships.
- James Lind Alliance priority setting partnership output for nursing research.
- Divisional QI boards in place and delivering projects.
- Co-develop Integrated care partnership (ICP) pathways using QI methods and data for improvement.

Year three

- Quality management system in place to have balance between quality assurance, quality Improvement and quality control.
- Increase active participation of patients and service users in QI.
- Co-lead and participate in system level infrastructure for quality improvement.

We will know we have it right when:

- 90 per cent of all new QI projects have a SMART aim
- Five QI projects involving system partners active
- Adoption and spread of two proven national innovations within KCHFT.
- 50 per cent of QI projects have patient and public involvement.

Contribution to quadruple aim:

- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

Enablers/
co-dependencies:
Investment from the system.

Get involved in The logo for 'Get involved in QI' features the letters 'QI' in a stylized, overlapping font, with a green magnifying glass icon integrated into the 'Q'.



Objective two:

Make sure information drives continual quality improvement

Our ambition

Understand the health needs of our service users, patients and the populations we serve enabling targeted quality and effective activities.

Measurement for improvement will be central to our approach.

Year one

- Develop our analytics resource to support improvement.
- Continue to train staff for measurement for improvement.

Year two

- Increase KCHFT participation in the Kent Surrey and Sussex Applied Research Collaborative.

Year three

- Development of system quality pathways which are patient centred, look at population health and health inequalities.
- Participate in ICS development of data provision for population health and system quality improvement.

We will know we have it right when:

- we deliver targeted QI and effectiveness activities based on real-time analytics that provide local information, deliver transparency of outcome, support local improvement and drive action
- access to data drives local improvement
- 75 per cent of QI projects will use measurement for improvement
- increased opportunity for research development specific to the population of Kent
- shared data agreement between Kent public sector organisations
- KCHFT involvement in population health work with primary care networks (PCNs).



Contribution to quadruple aim:

- ✓ Patient experience
- ✓ Clinical effectiveness
- Staff satisfaction
- ✓ Value for money

Enablers/co-dependencies:

Investment in analytics, system-wide fit for purpose analytics, QI work at system level, commercial strategy.



Objective three: Promote positive staff experience

Our ambition

Focus on what matters to our staff using the IHI joy in work framework and including a greater focus on staff psychological safety.

Increase in professional development opportunities.

Year one

- Embed Schwartz Rounds to provide opportunities to reflect on the emotional aspects of work as recommended by the Point of Care Foundation.
- Building psychological safety, for example with After Action Reviews.

Year two

- Embed the principles of the Institute for Health Improvement's joy in work framework Map the state to our people strategy.
- Strengthen the relationship between the organisational development business partners' (ODBP) and improvement work.

Year three

- Further development of research champions' programme to increase implementation into practice.
- Staff are offered opportunities for professional development.
- Making sure those participating in MSc programmes are linked with the Research Team.

We will know we have it right when:

- 95 per cent satisfaction with Schwartz Rounds over 12 months
- every department, through ODBPs, is using the joy in work framework to identify areas for improvement
- staff survey results reflect positive response to questions on opportunities for professional development
- appraisal documents demonstrate opportunities for professional development.



Contribution to quadruple aim:

- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

Enablers/ co-dependencies:

Our People Strategy.



Objective four: Improve patient and carer experience

Our ambition

We will achieve delivery of the 'triangle of care' between the patient, client, service user, service and carer by working in partnership with the people we deliver services to.

We will increase co-production where service providers and service users work together to reach a collectively designed outcome.

Year one

- Continued roll out of end of life care training to deliver proactive, personalised care for everyone identified as being in their last year of life.
- Establishment of working together groups as the forum where co-production happens between frontline staff and members of our People's Network.
- All appropriate patients will have a completed personalised plan of care.

Year two

- Develop resource training on experience-based co-design (EBCD).
- Recruitment of 25 experts by experience.

Year three

- Implementation of 'always event' methodology, to include introducing yourself as an 'always event' and establishing links with the 'always event national programme and pilot programme in end of life care.

We will know we have it right when:

- 80 per cent of patients, who have died, will have a last days of life care plan completed in line with the Priorities of Care of the Dying Person National Framework
- 40 per cent of relevant patients will have the surprise question completed to trigger advance care planning in line with the gold standards framework
- personalised plans of care are completed and recorded on the electronic patient record
- there is evidence of a co-productive approach to service development.
- local 'always event' training is in place for project group including patient and carer. representatives and KCHFT staff.
- We can demonstrate Always Events as a result of After Action Reviews or other learning.

Contribution to quadruple aim:

- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

Enablers/ co-dependencies:

Rio and KMCR.

Our ambition

KCHFT will work with patients, clients, service users, system partners and third sector organisations to design services and pathways of care to meet the diverse needs of communities.

We will work as part of the ICP to take community-centred and place-based approaches to address the wider determinants of health inequalities.

We will improve data collection and reporting on protected characteristics.

Year one

- Recruit healthy communities project manager to build relationships with external stakeholders.
- Form a steering group to increase participation from seldom-heard voices.
- Identify best practice for equality impact assessments.
- Develop SMART equality objectives informed by qualitative and quantitative data and wider intelligence.
- Develop intelligent data sets to identify service level uptake of recording protected characteristics to support service level improvements for data collection.

Year two

- Introduce focus groups across a wide range of communities to support developing health promotion initiatives, co-designed services and pathways.
- Use equality impact audits to support risk management and wider action plans.
- Refine action plans with clinical services to be supported with national and local data to improve access and uptake of services.

Year three

- Publish final healthy communities project report.
- Review SMART equality objectives and engage with inclusion health groups to identify further areas to develop beyond 2024.



(continued on page 12)

We will know we have it right when:

- 100 per cent of new policies that impact on patients, clients and service users will have an equality impact assessment
- 100 per cent of policies ratified more than three years ago will have an updated equality impact assessment
- the Healthy Communities Steering Group has 50 per cent membership from community representatives and contributes to developing co-designed inclusive services
- recording patient protected characteristics and communication needs will provide robust data to enable services to improve access and experience
- SMART equality objective action plans and KPIs remain on target
- we have examples of improvement projects that have measurable outcomes on health inequalities.



Contribution to quadruple aim:

- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

Enablers/ co-dependencies:

ICP workstreams.

Our ambition

Reduce low value activity and increase availability of patient facing time for clinical staff.

Use digital technology in a better way to support patient care and staff experience.

Year one

- Task and finish group to develop digital vision for the organisation as part of digital strategy.
- Staff engagement survey to understand barrier to using digital so we can understand next steps around training and expand alternatives to face-to-face appointments.

Year two

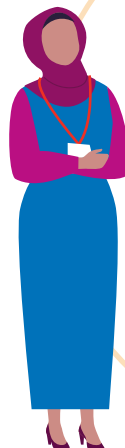
- Increase in automated audits and reduced data collection burden on clinical staff.
- Implement improved wound care digital solution.
- At least 15 QI projects aim to improve use of resources.

Year three

- Introduction of electronic prescribing and medicines administrations tool to reduce prescribing errors and omissions.
- Continued adaptation to working practices in line with NICE guidance and increased input into development of NICE guidance.

We will know we have it right when:

- 95 per cent patient satisfaction with type of consultation, for example online consultations, face-to-face, phone
- review of 50 online consultations and phone consultations demonstrate comparably equal outcomes with face-to-face consultations
- we have had five core automated audits from RiO system
- there is input into 75 per cent of NICE guidance consultations applicable to KCHFT core services
- QI projects on missed doses are used for benchmarking and learning.



Contribution to quadruple aim:

- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

Enablers/ co-dependencies:

Digital strategy,
communications strategy.

Our ambition

In line with the NHS Patient Safety Strategy 2019, deliver a clear and compelling patient safety vision and culture, which is meaningful and understood by patients and staff and results in staff who feel psychologically safe, tackling of blame, valuing and respecting of diversity and support for learning.

Year one

- Develop a toolkit using QI methodology to support managers to work with and support teams involved in an incident.
- All governance committees include two patient safety partners who are trained by April 2022.
- Develop an implementation plan for patient safety incident response framework.

Year two

- Introduction of patient safety specialists registered with NHS Improvement.

Year three

- Human factors' training at senior leaders' forum.
- Human factors' thinking incorporated into serious incident process.

We will know we have it right when:

we maintain or attain our position in the upper quartile for the following questions in the NHS national staff survey (2020 staff survey results shown):

- 16a My organisation treats staff who are involved in an error, near miss or incident fairly (73 per cent)
- 17b I feel secure raising concerns about unsafe clinical practice (82 per cent)
- 17c I am confident my organisation would address my concern (76 per cent)
- 18b My organisation acts on concerns raised by patients/ service users (86 per cent)
- 18e I feel safe in my work (88 per cent)
- 18f I feel safe to speak up about anything that concerns me in this organisation (77 per cent).

Contribution to quadruple aim:

- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- Value for money

Enablers/ co-dependencies:

Funding for human factors training



Objective eight: Promote clinical professional leadership

Our ambition

Promote clinical professional leadership making sure clinical services are clinically led and managerially enabled to ensure improved system performance, better patient outcomes and improved staff satisfaction.

Year one

- Continue to support clinicians to develop as leaders on the job by engaging in peer networks, action learning sets, coaching, mentoring and Schwartz Rounds.
- Clinical directors in medically led services co-lead with operational managers and lead nurse/allied health professional.

Year two

- Promote growth of communities of practice.
- Growth in clinical and professional leadership of improvement projects.
- Devolve authority and reduce bureaucracy.

Year three

- Introduce joint working aspects of Gemba walks, which allow managers and leaders to observe and understand the actual work process, engage with staff and jointly explore opportunities for continuous improvement.

We will know we have it right when:

- we have excellent CQC well-led scores in 'we care' visits
- clinical staff receive support to submit 10 award, conference or journal submissions, which publicise our quality work
- KCHFT staff are actively engaged in and/or leading ICP clinical boards and bodies.



Contribution to quadruple aim:

- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- Value for money

Enablers/ co-dependencies:

People Strategy.

Do you have feedback about our health services?

Phone: 0800 030 4550, 8.30am to 4.30pm, Monday to Friday

Text: 07899 903499

Email: kentchft.PALS@nhs.net

Web: www.kentcht.nhs.uk/PALS

Patient Advice and Liaison Service (PALS)

Kent Community Health NHS Foundation Trust

Unit J, Concept Court

Shearway Business Park

Folkestone

Kent CT19 4RG

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Our values

Compassionate Aspirational Responsive Excellent