



Quality account

2019 to 2020

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- Patient safety: NEWS2
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- Staff experience: Health and wellbeing

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Part one: Introduction

Statement on quality from the chief executive

Welcome to the quality report for Kent Community Health NHS Foundation Trust for 2019/20.

Patients, service users and the people we care for have always been – and always will be – at the heart of everything we do at the trust. While the response to the COVID-19 pandemic was very late in the year, which this report covers, it reinforced the importance of continuing to deliver outstanding patient care to the most vulnerable in our communities.

The year has been a significant one for KCHFT. The trust was inspected and rated as outstanding by the Care Quality Commission; recognition of the dedication and compassion of colleagues working across the organisation.

Our people are how we deliver outstanding care and we are committed to nurturing home grown talent in our academy and across the trust. A second cohort of student nurses joined the programme in February 2020; they will be supported to develop their careers while continuing to work in their substantive positions within the trust. We also extended and invested in occupational therapy apprenticeships and, in the past year, we launched the Admin Academy, which aims to further develop the skills of admin colleagues across the organisation.

Patient safety is the cornerstone of the care we deliver. In 2019/20, our Patient Safety Team successfully led and delivered a number of projects to support colleagues to maintain the safety of people who use our services. These include a programme of investigator training, which has enabled us to improve the quality and consistency of investigations.

The trust also implemented and trained staff in use of the NEWS2 tool in all our community hospitals. The tool provides an early warning score, which has improved the early recognition of patients who deteriorate. We continued to work with colleagues to drive further improvement through our active membership of Kent, Surrey and Sussex Deterioration Collaborative.

An important part of patient experience is helping people to feel confident, empowered and supported to resume or carry out their usual daily activities. I'm proud to report that in patient satisfaction surveys, 98 per cent of our patients said they felt involved and supported during their community hospital stay to build the confidence to carry out their usual activities, while 99 per cent of patients felt that community nursing visits had a positive impact on their health and wellbeing. This feedback is crucial and allows us to continually improve the services we deliver by helping us to learn how we can do better.

An example of this was a patient who said there were insufficient mirrors in our community hospital bathrooms, so now patients have access to handheld mirrors. During the COVID-19 pandemic, we restricted visiting to community hospitals as one of many steps to make the hospitals as safe as we could; however we invested in a number of handheld computers so that patients could stay connected with their loved ones virtually. This has proven very popular with patients, carers and staff, albeit we recognise that nothing replaces seeing a loved one in person.

Caring for patients at the end of their life remains a key focus for the trust. In 2019/20, we worked with the Kent and Medway health and social care system and the Point of Care Foundation to implement the Sweeney programme. The aim of this two-year programme is to support the trust to understand and improve the experience of patients at the end of their life and that of their families. The programme's tools help healthcare professionals recognise the impact of their own routines and practices through the experience of service users and supports them to modify or change what they do to enhance patient experience.

Our quality improvement programme has continued to gather momentum in 2019/20, with a further 82 people completing the five-day QSIR practitioner course and 324 colleagues attended a one-day quality improvement fundamentals course. The attendance for both programmes has exceeded our targets for the year, meaning we have more people innovating and improving how they deliver care, co-designing with service users wherever possible.

We understand and value the importance of research within a community setting. This year, our research champion programme engaged a further 10 clinical members of staff who went on to carry out their own clinical investigation, spreading research confidence across the organisation, making improvements to clinical care and encouraging colleagues to do the same.

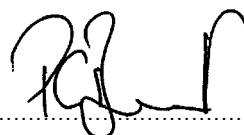
Our people are our most important asset and their health and wellbeing is paramount if we are to continue to deliver outstanding care. The trust has continued to develop a comprehensive health and wellbeing package, which includes our Time to Change programme, members of our team who provide mental health understanding and support.

Other wellbeing initiatives include fast track physio,

counselling, in-house sports teams including football, netball and a walking challenge called flo fit. We also have health checks with our own One You service, gym discounts, the wellness passport, cycle to work scheme, a menopause awareness network and a focus on the importance of taking a lunch break.

We will continue to listen to the needs of staff and act accordingly.

While we strive to get things right every time, I recognise we do, on occasion, fall short. We have overt and transparent channels for staff and patients' feedback and I strongly value everyone who takes the time to offer their thoughts, so we can learn, change and make improvements for the future.



Paul Bentley, Chief Executive Officer

6 August 2020

Date

Part two: Our quality priorities

Priorities for improvement and statements of assurance from the Board

Priorities for improvement

About our trust

We provide wide-ranging NHS care for people in the community, in a variety of settings including people's own homes; health clinics; community hospitals; minor injury units; nursing homes and in mobile units.

Kent Community Health NHS Foundation Trust (KCHFT) is one of the largest NHS community health providers in England, serving three million people; 1.5million living in Kent and 1.5million people outside of Kent. We employ more than 5,000 staff, including doctors, community nurses, allied health professionals, domestics, drivers, administrators and many other essential healthcare workers. We became a foundation trust on 1 March 2015.

Vision

Our vision is a community that supports each other to live well.

Mission

Our mission is to empower adults and children to live well, be the best employer and work with our partners as one.

Values

We have four values:

- 1. Compassionate** – we put patients and our service users at the heart of everything we do. We're positive, kind and polite. We understand diversity. We're respectful, patient and tolerant.
- 2. Aspirational** – we feel empowered and we empower our patients. We strive to improve. Our focus is on research and generating ideas and innovations. We're open, transparent and we think creatively.
- 3. Responsive** – we listen. We act. We communicate clearly. We do what we say we will. We take account of the opinions of others.
- 4. Excellent** – we strive to deliver the best care we can. We grow a culture of excellence in our teams. We challenge complacency.

Our goals are:

1. prevent ill health
2. deliver high-quality care at home and in the community
3. integrate services
4. develop sustainable services.



Our quality strategy 2017 to 2020

Our organisational strategy recognises the importance of providing high-quality services and is central to our vision, mission and values. This is enshrined in our quality strategy.

It places quality at the heart of everything we do to deliver services we are proud of and that make a positive difference to the communities we serve.

Improving quality is the role of every single employee and we wish to partner with patients and carers, where possible, to bring about quality improvements to our services.

We aim to embed quality at all levels and to deliver demonstrable improvements in patient care by:

- enhancing patient experience
- improving population health by improving patient outcomes, clinical effectiveness and national benchmarks, improving safety and reducing harm
- improving staff experience at work
- reducing cost and increasing value for money to increase efficiency.

This is known as the quadruple aim.

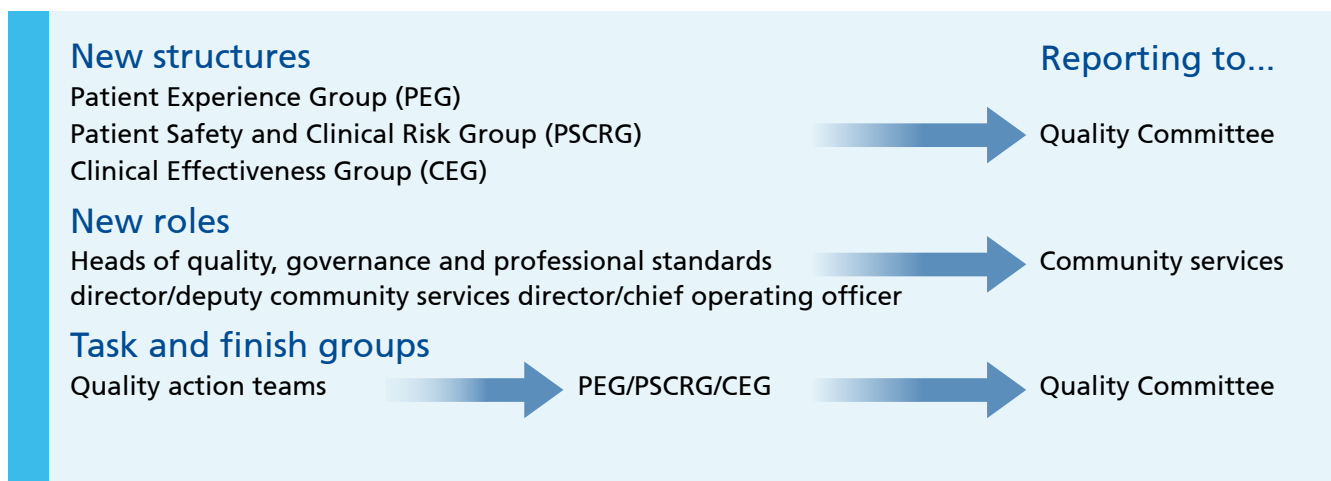
Quality is central to all we aspire to achieve:

- Patient experience – be nice to me.
- Patient safety – do me no harm.
- Clinical effectiveness – make me better, help me live with my condition and help me die in a way I choose.

Our objectives for quality are:

- visible corporate leadership
- all employees to take ownership
- improved patient experience and increased patient and public engagement and involvement
- clinically and cost effective evidence-based services
- improved patient safety
- organisational learning to enhance quality
- engagement with external partners.

Delivering quality:



We have a comprehensive action plan in place to achieve our quality strategy.

Summary against 2019/20 priorities

Our strategic priorities

Through a robust consultation process four strategic priorities were selected for 2019/20, these were:

- Improve quality: Innovate, improve and learn – so everyone gets the best health and wellbeing outcomes.
- Support our people: Engage, develop and value our people so they deliver high-quality care throughout long, rewarding careers.
- Join up care: Progress partnerships so people feel supported by one multi-skilled team.

- Develop our digital ways of working: Invest in technology and training to give more time to care, better access to services and the power of information to all.

These strategic priorities were mapped to the 2019/20 quality priorities to make sure there was a clear thread from the organisational strategy to operational service delivery. This enabled the differing requirements placed on our staff delivering the key improvements to be streamlined to benefit our people and our patients.

Our quality priorities for 2019/20 were developed in consultation with our partners, service users and their families. They are shown here:

Patient experience

- 90 per cent of relevant patients report their personal goals were accounted for.
- 15 patient and service users to complete the quality improvement fundamentals training.
- Where able, 75 per cent of patients report they were confident, empowered and supported to carry out their usual activities.

Patient safety

- 15 per cent increase of all relevant patients to have personalised plans of care.
- Increase, by 20 per cent, the number of investigators supported to recognise human factors as a contributing factor.
- To implement and embed NEWS2 across our community hospitals.

Clinical effectiveness

- Participate in the Sweeney programme collaborative to improve the experience of patients at the end of life and their families.
- Continue our quality improvement journey with a total of 100 people completing the QSIR practitioner course and 300 people completing the quality improvement fundamentals course.
- 10 projects with associated reports and poster abstracts will be carried out as part of the Research Champions Programme to develop the research capabilities of our clinical staff.

Staff experience

- 90 per cent of relevant staff state: The personalised plans of care developed meet the needs of the people they care for.
- Work with our staff to increase accessibility and usability of our policies, procedures and guidelines through a quality improvement approach.
- A 35 per cent positive response in the NHS staff survey for 'Does your organisation take positive action on health and wellbeing?'.

Quality achievements 2019/20

We have highlighted below our key achievements during the past year. Section three of this report explains in more detail what we have achieved against our quality priorities and those areas we need to improve upon.

Patient experience

- 69,367 patient experience surveys completed across the trust with an average satisfaction rate of 97 per cent.
- 98 per cent of patients felt supported and involved during their stay to build confidence to carry out their usual activities. This exceeded the 75 per cent target.
- 99 per cent of patients felt that community nursing visits had a positive impact on their health and wellbeing. This exceeded the 75 per cent target.

Patient safety

- KCHFT's Patient Safety Team developed and rolled out investigator training. The number of investigators trained exceeded the target by 17.
- NEWS2 was introduced in all community hospitals. The deteriorating patient audit showed that 94 per cent of patients were appropriately escalated.
- KCHFT was represented at the Kent, Surrey and Sussex Deterioration Collaborative.

Clinical effectiveness

- 150 people completed the QSIR practitioner course and 409 attended the one-day quality improvement fundamentals; this exceeded the target by 50 for QSIR practitioner and 109 for quality improvement Fundamentals.
- As planned, we signed up to the Sweeney collaborative, run by the Point of Care Foundation.
- The research champions programme achieved target and engaged a further 10 clinical members with the Research Team and their own clinical investigation.

Staff experience

- Policies and procedural documents were defined; the number of policies were consequently reduced by 40 increasing their accessibility and usability.
- The number of Time to Change Champions increased from 116 to 175.
- KCHFT's Time to Change programme was named as runner-up in the Kent Chartered Institute of Personal Development's annual awards in October 2019.
- 43.5 per cent positive response rate in the NHS Staff Survey for 'Does your organisation take positive action on health and wellbeing?' compared to a 33.1 per cent positive response rate in comparator trusts.

Our quality priorities for 2020/21

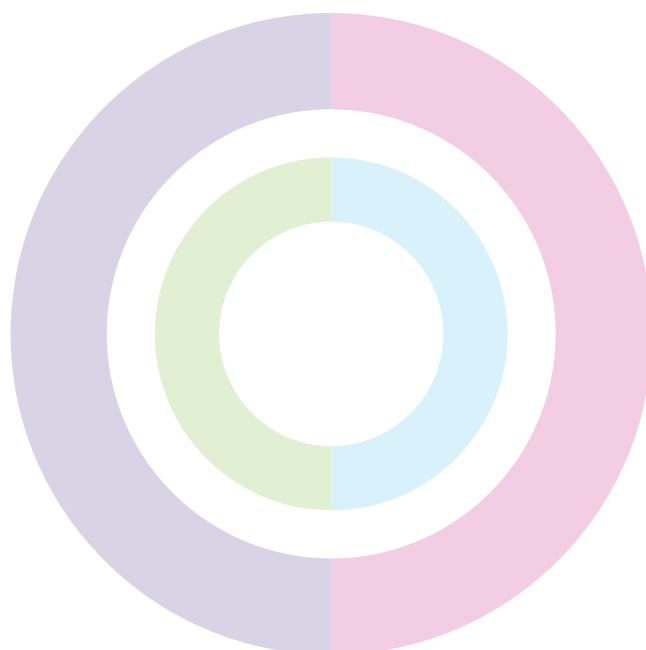
The following table details the three quality improvement projects for learning disabilities, improving outcomes and psychological safety that KCHFT will carry out in 2020/21. These priorities are aligned to the strategic goals and identified based on current risks, national priorities, strategies and reviews, operational business plans and the NHS Long Term Plan.

The 2020/21 quality priorities were determined through a robust consultation process, which included a survey, engagement with services and governance groups, input from staff, stakeholders, patients and their families and carers.

All our quality priorities follow an established governance structure, which monitors and measures performance and progress. Each individual quality priority has a responsible lead who monitors and reports progress each quarter to the Quality Committee, which is a subcommittee of the Board with delegated decision-making powers. The Quality Committee is responsible for providing information and assurance to the board of directors that the trust is safely managing the quality of patient care, the effectiveness of quality interventions and the safety of patients.

To align with our quality strategy objectives and to increase workforce engagement, how we measure and monitor the quality priorities will be based on quality improvement science and methodologies. Each of these priorities will be developed into a quality improvement project.

A summary of next year's quality priorities and what we intend to achieve is shown on the next page.



Quality priorities	Improving the safety of the people we care for: Build on the foundations of a patient safety culture and a patient safety system to respond to patient needs and priorities	Improving clinical effectiveness: Improve patient outcomes Use quality improvement, research and innovation to improve our care and services	Improve the experience of the people we care for: Improve the feedback, design and delivery of our services increasing accessibility and the voice of the patient	Improving the experience of our people: Engage, develop and value our people to deliver high-quality care and maintain personal wellbeing
Learning disabilities	Implement the Ready, Steady, Go framework for children and young people transitioning to adult learning disability services	Improve outcomes using research and innovation enabling prevention of ill health through increased recognition of infection-related deaths in patients with a learning disability	Fully implement the requirements of 'Ask, Listen, Do' and good practice resources to improve feedback, concerns or complaints for children, young people and adults with a learning disability	Identify learning disability champions in general services to increase the knowledge and expertise of working with people with a learning disability
Improving outcomes	90 per cent of patients in community core services with a NEWS2/PEWS score of 2 or more, which is elevated from their baseline, will be reviewed by a registered healthcare professional to detect patients at risk of clinical deterioration or death	Open one research study in collaboration with an acute NHS trust to enable delivery of research follows the patient pathway and is not restricted by organisational boundaries	The Patient/Carers' Council to support, during the next two years, 100 per cent of services to have an identified patient/carer voice in the delivery of care. In the first year, 50 per cent of services will have an identified patient/carer voice in the delivery of care	A two per cent reduction in the annual staff survey of KCHFT staff reporting: 'During the past 12 months have you felt unwell as a result of work-related stress?'
Psychological safety	A three per cent positive response increase to staff survey question 18b: 'I would feel secure raising concerns about unsafe clinical practice'	Continue to empower employees to actively engage in quality improvement, 50 per cent of QSIR practitioners are actively involved in or sponsoring quality improvement project(s) six months after achieving practitioner status	A total of five Schwartz rounds to have taken place with evaluation shared with the Quality Committee. There will be a well-established and functioning steering group	Create and maintain a culture where people feel included in the workplace by 1.3 per cent decrease in the number of staff reporting discrimination from colleagues in the annual staff survey

Statements of assurance from the Board

During 2019/20 KCHFT provided and/or sub-contracted 53 relevant health services.

KCHFT has reviewed all data available on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2019/20 represents 100 per cent of the total income generated from the provision of relevant health services by KCHFT for 2019/20.

During 2019/20, six national audits and one national confidential enquiry covered relevant health services that KCHFT provides. KCHFT participated in 83 per cent of national clinical audits and 100 per cent of national confidential enquiries of the national clinical audits and national confidential enquiries of those it was eligible to participate in, they are:

- National Diabetes Footcare Audit (NDFA)
- Sentinel Stroke National Audit Programme (SSNAP)
- National Audit of Cardiac Rehabilitation
- National Audit of Care at the End of Life (NACEL)
- Falls and Fragility Fracture Programme/ National Audit of Inpatient Falls (NAIF)
- Long Term Ventilation Study (National Confidential Enquiry into Patient Outcome and Death (NCEPOD))
- Parkinson's UK*(We were unable to resource the requirements to undertake the audit)

The national clinical audits and national confidential enquiries that KCHFT participated in during 2019/20 were:

- National Diabetes Footcare Audit (NDFA)
- Sentinel Stroke National Audit Programme (SSNAP)
- National Audit of Cardiac Rehabilitation
- National Audit of Care at the End of Life (NACEL)
- Falls and Fragility Fracture Programme/ National Audit of Inpatient Falls (NAIF)
- Long Term Ventilation Study (National Confidential Enquiry into Patient Outcome and Death (NCEPOD))

The national clinical audits and national confidential enquiries that KCHFT participated in, and which data collection was completed during 2019/20, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of

registered cases, required by the terms of that audit or enquiry.

- National Diabetes Footcare Audit – no minimum requirement from audit provider (126 cases submitted)
- Sentinel Stroke National Audit Programme (SSNAP) – no minimum requirement for community (278 cases submitted)
- National Audit of Cardiac Rehabilitation – no minimum requirement (803 cases submitted)
- National Audit of Care at the End of Life – 100 per cent
- Falls and Fragility Fracture Programme / National Audit of Inpatient Falls (NAIF) – no minimum requirement (1 case submitted)
- Long Term Ventilation Study (National Confidential Enquiry into Patient Outcome) –100 per cent

The reports of four national clinical audits were reviewed by the provider in 2019/20 and KCHFT intends to take the following actions to improve the quality of healthcare provided:

- The National Audit of Cardiac Rehabilitation Report demonstrated that KCHFT meets the criteria for certification and as such meets all the requirements for a fully comprehensive cardiac rehab programme. However, following review of the report the service have created an online cardiac rehab section to increase patient choice, especially for those unable to attend face-to-face rehab appointments and exercise classes. This is operational and has proved useful in the current climate of needing to limit face to face interaction.
- Sentinel Stroke National Audit Programme (SSNAP) – five CCG locality reports were reviewed. Community teams receive SSNAP reports twice a year – January to June and July to December. The review below relates to the July to December 2019 period as January to June 2020 will not be available until September 2020. The total number of cases submitted was 278 (all localities had one data set except one that had separate early supported discharge and community rehabilitation team data sets). SSNAP does not report on the expected

number of cases for community teams. On reviewing the proportion of patients who require rehabilitation post stroke from other available data it appears as if fewer cases were reported for this six-month period than expected. However, this is because we can only add on to records that have been submitted by the acute hospital. Issues relating to data collection across the pathway are being reviewed and solutions are being explored. In terms of aspects relating to pathway processes and therapy intensity the current stroke development work across Kent and Medway will come with funding that will increase workforce resources. The outcome and any specific aspects of the review will be shared with the service / operational managers.

- Falls and Fragility Fracture Programme / National Audit of Inpatient Falls – report just published. To be reviewed by new falls co-ordinators who will take actions forward.
- The National Audit of Care at the End of Life (NACEL) – while acknowledging the small numbers of patients eligible to be submitted by KCHFT and therefore the difficulties with making decisions and changes to policy based on those small numbers the trust is using the NACEL audit criteria and NICE Guidelines to align our priorities of care to making the NACEL audit tool a meaningful tool to use internally.
- In addition to the named quality account audits, the reports of two national audits were reviewed by the provider in 2019/20 and KCHFT intends to take the following actions to improve the quality of healthcare provided:
- British Association for Sexual Health and HIV (BASHH) National Audit of timeliness to be seen, test results and treatment. Post audit a new national standard was introduced to achieve treatment within three weeks of testing in 85 per cent of cases. This is already being achieved locally. The main action to improve the quality of care is to review service level agreements to ensure that laboratory turnaround times are included in contracts and that there should be provision for local monitoring of this.
- British HIV Association (BHIVA) Management pathways for new HIV diagnoses. National BHIVA audit assessing time from positive HIV test to specialist assessment and time from diagnosis to antiretroviral therapy initiation. Main actions to

improve focussed on two out of three sites included in the audit these included raising awareness of peer community support with newly diagnosed individuals and reviewing individuals who have not started antiretroviral therapy within six to eight weeks of diagnosis to identify possible support needs.

- The reports of 57 local clinical audits were reviewed by the provider in 2019/20 and KCHFT intends to take the following actions to improve the quality of healthcare provided:
- Safeguarding audits were carried out in multiple services across the trust, including health visiting, audiology, continence, children's therapies, special schools and short breaks, looked after children, sexual health, dental and adult services. A common theme was for the electronic patient record system to incorporate safeguarding elements. Service specific actions being taken to further enhance quality:
 - Community paediatrics – document for carer to complete when attending clinic to identify their name and relationship and if they have any parental responsibility.
 - School health East Sussex – new named nurse appointment to work on a three month plan of safeguarding supervision in East Sussex, including bespoke training for the team.
 - Health checks – to work with health diagnostics to help health care advisors record if the patient has been signposted to One You services.
 - Children's and adults dental – training to be given for accurate completion of mental capacity forms and accurate recording of consent and for recording of whether children or young people who are patients are on a care protection plan.
 - Sexual health services – audit demonstrated significant assurance. Actions include making sure communication with social worker, where child is subject to child protection plan or child in need, is documented. This is to be monitored through discussion in safeguarding supervision meetings.
- Infection prevention and control audit of nine community hospitals – five hospitals received a green rating of 95-100 per cent compliance. Four hospitals received an amber rating of 89-94 per cent compliance. No hospitals received a red rating of less than 85 per cent. Fortnightly visits to be carried out by infection prevention and control practitioners to

review the status of reports and issues, which centred on making sure awareness of the decontamination form within medical devices policy, adherence to sharps management and disposal in particular use of the temporary closure mechanism on sharps boxes to prevent accidental spillage of contents, if knocked over.

- Prison dental record keeping – audit demonstrated significant assurance with detailed information on reasons for attendance, intra and extra oral examinations, up-to-date charting of existing teeth, filling and cavities recorded, as well as treatment options, risk and benefits of options and treatment plans. Improvements required in relation to recording of NHS number. Actions to improve this include sharing record keeping guidance to staff and reviewing software of excellence (SOEL) examination templates.
- Audit of complaints management – audit demonstrated full assurance and in 100 per cent of cases the tone of correspondence was considered to have shown respect and compassion, offering an appropriate apology. To further improve the process, complaints officers to make sure that 100 per cent of complainants receive a making a complaint fact sheet. The checklist used by the complaints officers is to be updated accordingly to make sure this happens.
- Alcohol and tobacco CQUIN – this quarterly audit was carried out separately in east and west Kent. Results in east and west demonstrated that the screening of patients for both smoking and drinking alcohol above the safe limits was embedded well into clinical practice and provided significant assurance. Actions in the east were focussed on working with all professionally registered staff to make sure they understand and are confident with providing brief advice to all patients identified as smoking or drinking above the low risk levels. By the third quarter, the east had achieved full assurance. Actions in the west were focussed on making sure new starters were trained to assess and support patients in this domain and that holistic assessment was carried out to support patients in managing their risky behaviours.
- Therapy outcome measures audit in East Sussex – task and finish group to propose ways in which the service can make therapy outcome measures part of the conversation with service users. The aim of this is to make sure that staff, parents, carers, service users have a shared understanding of the purpose and scope of therapy and in consequence are better able to collaborate in care planning.
- Peri-mental health audit – to improve the quality of care the perinatal mental health pathway is being updated, staff are receiving training and relevant questions related to perinatal mental health are now mandatory fields in the electronic health record.
- Prevention and management of pressure ulcer audit – actions include embedding the formal assessment tool and template on Rio and updating training.
- Do not attempt cardiopulmonary resuscitation (DNACPR) – DNACPR audits carried out in the community hospitals in east and west Kent. For the east, the actions relate to making sure staff document all discussions with patients/relatives or representatives and detail who the discussion has been carried out with by name and not just their relationship with the patient. In the west, the focus is on reviewing the status of DNACPR forms at transfer and making sure that discussions with patients and relatives regarding DNACPR are documented.
- Handover of Clinical Care Audit – audit reviewed the internal transfer form used to support the transition of children moving within East Sussex from one team to another. Actions included updating the form to reflect the system of planning care. As part of this the standard operating procedure for transfer of care has been updated and includes whose role it is to complete each task in handover.
- Safe management of IV therapy – aim following the audit is to increase the amount of completed IV core care plans from 10 per cent to 60 per cent in nursing notes and increase recording of patient's allergy status in nursing documentation including completed IV risk assessments from 92 per cent to 95 per cent in patients' notes.

- Three high-impact actions to prevent hospital falls (CQUIN) – this CQUIN was carried out quarterly in both adults east and west Kent localities and looked at three criteria: 1) Lying and standing blood pressure, recorded at least once; 2) No hypnotics, anxiolytics or antipsychotics given during stay or rationale for giving documented, 3) Mobility assessment documented within 24 hours of admission stating walking aid not required or mobility/walking aid provided within 24 hours of admission. Both east and west Kent community hospitals achieved significant assurance. The east locality identified trends and themes where assessments were not carried out within 24 hours of admission. In the west locality, improvements were focused on increasing the amount of patients who have a full assessment on admission.

The number of patients receiving relevant health services provided or subcontracted by Kent Community Health NHS Foundation Trust during 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 210.

A proportion of KCHFT income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between KCHFT and any person or body it entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2019/20 and for the following 12-month period are available electronically at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/> for the majority of the CQUINs. Further details on agreed goals outside of nationally mandated schemes with NHS England are available on request.

The monetary total for income in 2019/20 conditional upon achieving quality improvement and innovation goals was £1,646,837. The monetary total for income in 2018/19 was £3,433,200.

KCHFT is required to register with the Care Quality Commission and its current registration status is registered without conditions. The Care Quality Commission has taken enforcement action against

KCHFT during 2019/20. This was a requirement notice issued in May 2019, at the Dental service, HMP Swaleside relating to regulation nine – person-centred care. KCHFT responded to the requirement notice with a report and action plan and following a review in October 2019, the requirement notice was removed as the CQC found the trust to be compliant.

KCHFT has not participated in any special reviews or investigations by the CQC during the reporting period.

KCHFT submitted 81,363 records during 2019/20 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data, which included the patient's valid NHS number was:

- 100 per cent for admitted patient care
- 99.56 per cent for accident and emergency care.

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

- 99.60 per cent for admitted patient care
- 99.01 per cent for accident and emergency care.

The KCHFT data security and protection assessment reported an overall score of standards met and all mandatory assertions were responded to and evidence provided. The assessment was published on the 17 March 2020 for the period 2019/20. The annual audit of the DSPA was provided by TIAA in February 2020 and the trust was awarded substantial assurance, with no further recommendations. The assessment would be categorised as green, although the RAG status is no longer used within the assessment.

KCHFT was not subject to the Payments by results clinical coding audit during 2019/20 by the Audit Commission.

KCHFT has taken the following actions to improve this percentage, and so the quality of its services:

- by regularly analysing performance
- by regularly reviewing the Data Quality Maturity Index
- reviewing admission and attendance criteria.

During 2019/20, 79 KCHFT patients died. This comprised the following number of deaths, which occurred in each quarter of that reporting period: 16 in the first quarter; 20 in the second quarter; 23 in the third quarter; 20 in the fourth quarter. This figure relates to inpatient deaths in our community hospitals only.

By 31 March 2020, 79 case record reviews and 0 investigations have been carried out in relation to 79 of the deaths included in the previous item.

In no cases a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out was: 16 in the first quarter; 20 in the second quarter; 23 in the third quarter; 20 in the fourth quarter.

No patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. No patient deaths relating to this were reported during any quarter in 2019/20.

These numbers have been estimated using a multi-disciplinary review process (RCP) adapted for community use from the RCP structured judgement review form.

Areas of good practice identified during mortality reviews include excellent examples of holistic care, communication with families, thorough documentation and consideration of spiritual needs. Areas for learning include:

- improving consistency with holistic approach to personalised care plans
- improving the use of version controlled documentation to ensure consistent care
- improving understanding of the verification of death and certification procedure
- recognising system wide improvements such as the need for consistently accurate information at handover.

The impact of learning from the mortality review processes has been enhanced by close working with the Patient Safety Team, which has enabled work regarding the verification of death guidance to be available within

the trust. Another major intervention has been the implementation of a pilot for discharge planning. This has been introduced to improve the quality of handover and assessment prior to patient transfer into community services. Learning from reviews has also been used to support the work of documentation standardisation and the introduction of holistic personalised care plan processes within the current trust project to update and improve the electronic patient record system.

Trust guidance for verification of death has now been updated to reflect national guidance and enable improved working with other organisations to ensure timely action when a patient dies in the community setting. The patient discharge pilot, while still in its initial phase, has already shown marked improvements in the quality of transfers of care for patients and enabled improved placements for appropriate care. The implementation of the new electronic record system is still in roll out phase, but is anticipated to make marked improvements in the consistency of documentation and the holistic approach to personalised care planning across the trust. Work is also continuing to increase collaboration with partners within the integrated care system – ICS to make sure shared learning and improved collaboration to continue work to maintain high quality patient care.

Three case record reviews and zero investigations were completed after 1 April 2019, which related to deaths which took place before the start of the reporting period

None of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using a multi-disciplinary mortality review process adapted for community use from the RCP structured judgement review form.

None of the patient deaths during 2019/20 are judged to be more likely than not to have been due to problems in the care provided to the patient.

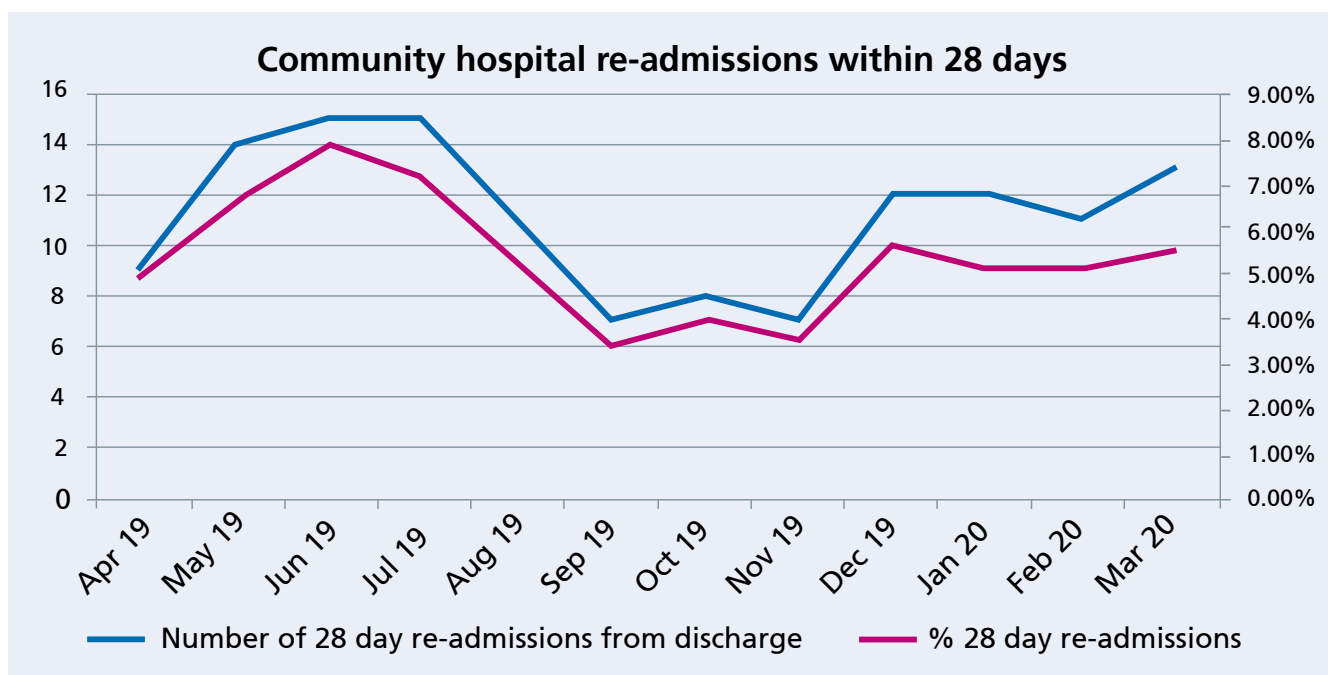
Reporting against core indicators

Indicator 19: Hospital re-admissions

KCHFT is not commissioned to deliver inpatient paediatric care. Therefore, only the percentage of patients aged 15 and over re-admitted to a hospital within 28 days of being discharged from a hospital is shown here:

	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
Number of 28-day re-admissions from discharge	9	14	15	15	11	7	8	7	12	12	11	13
% 28 day readmissions	4.86 %	6.54 %	7.81 %	7.08 %	5.21 %	3.37 %	3.94 %	3.54 %	5.63 %	5.06 %	5.12 %	5.53 %

	2017/18	2018/19	2019/20
Number of 28-day re-admissions from discharge	168	150	134
% 28-day re-admissions	7.21%	6.52%	5.31%



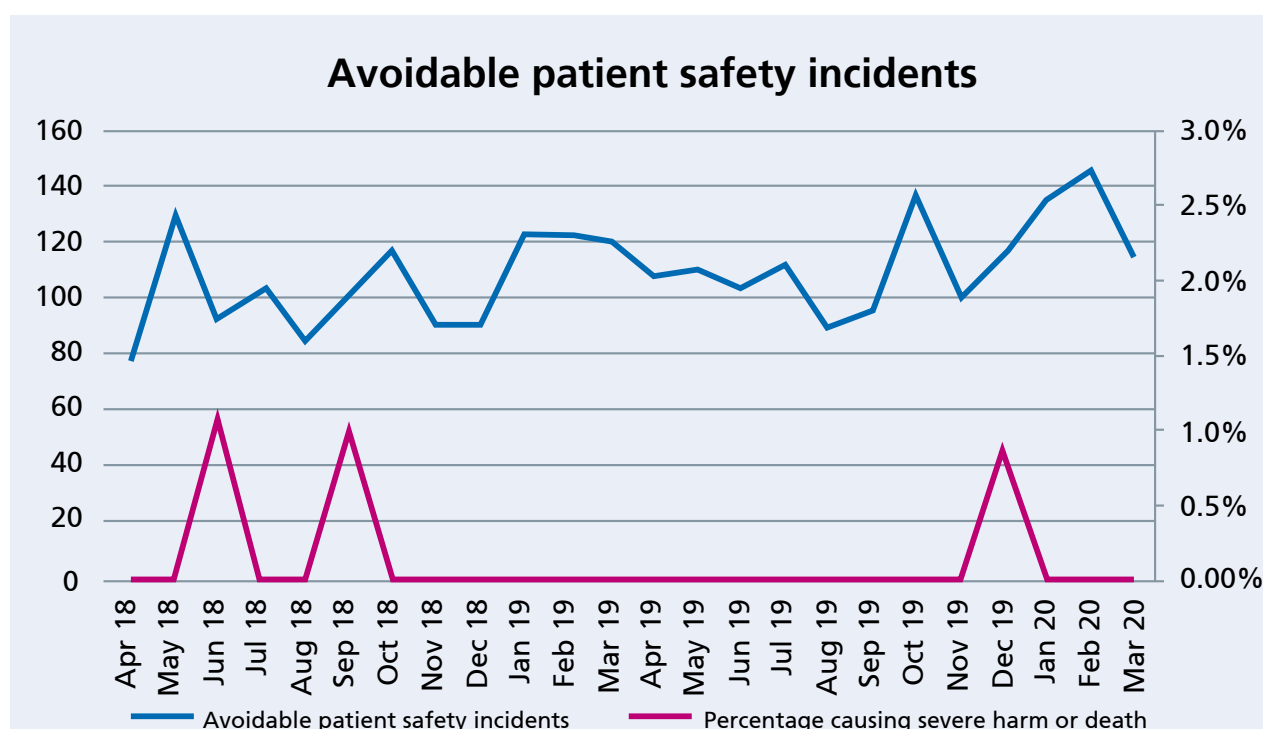
KCHFT considers that this data is as described for the following reasons:

- the data is regularly extracted and checked
- shared with services for validation
- collected at point of delivery in the majority of cases.

Indicator 25: Patient safety incidents

The number, and where available, rate of patient safety incidents reported in the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death are shown here:

	2018/19	2019/20
Avoidable patient safety incidents	1256	1369
Avoidable patient safety incidents (causing severe harm or death)	2	1
Percentage causing severe harm or death	0.16%	0.07%



KCHFT considers this data is as described for the following reasons: As it is captured on the Datix system by the member of staff who discovered the incident, making sure the data is first-hand information.

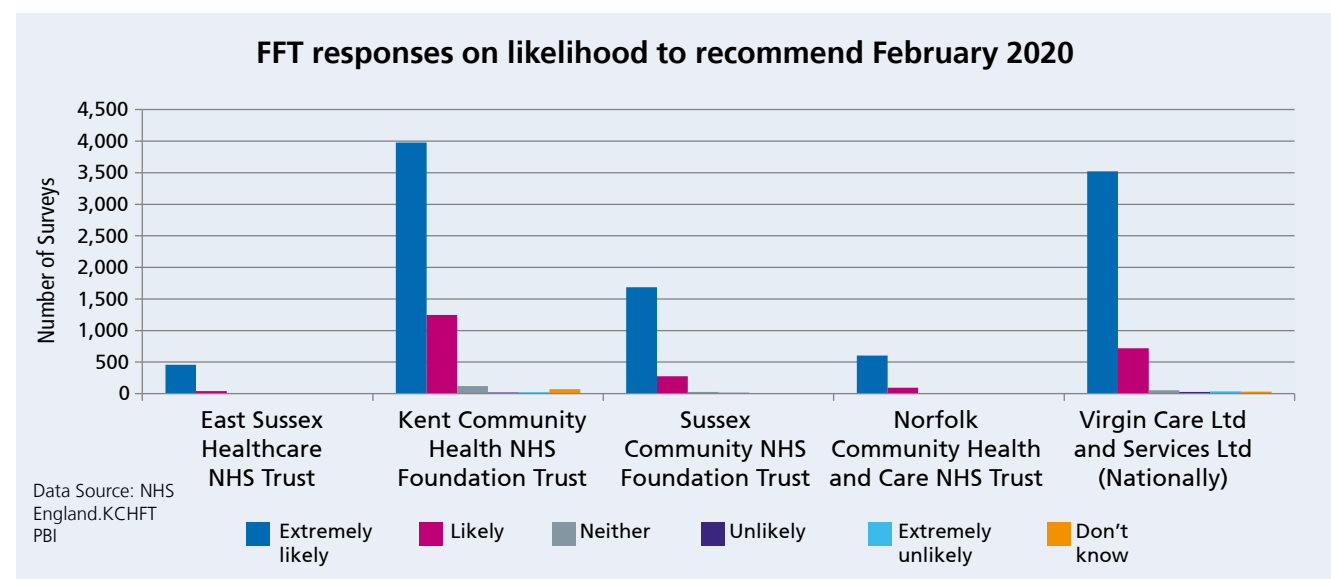
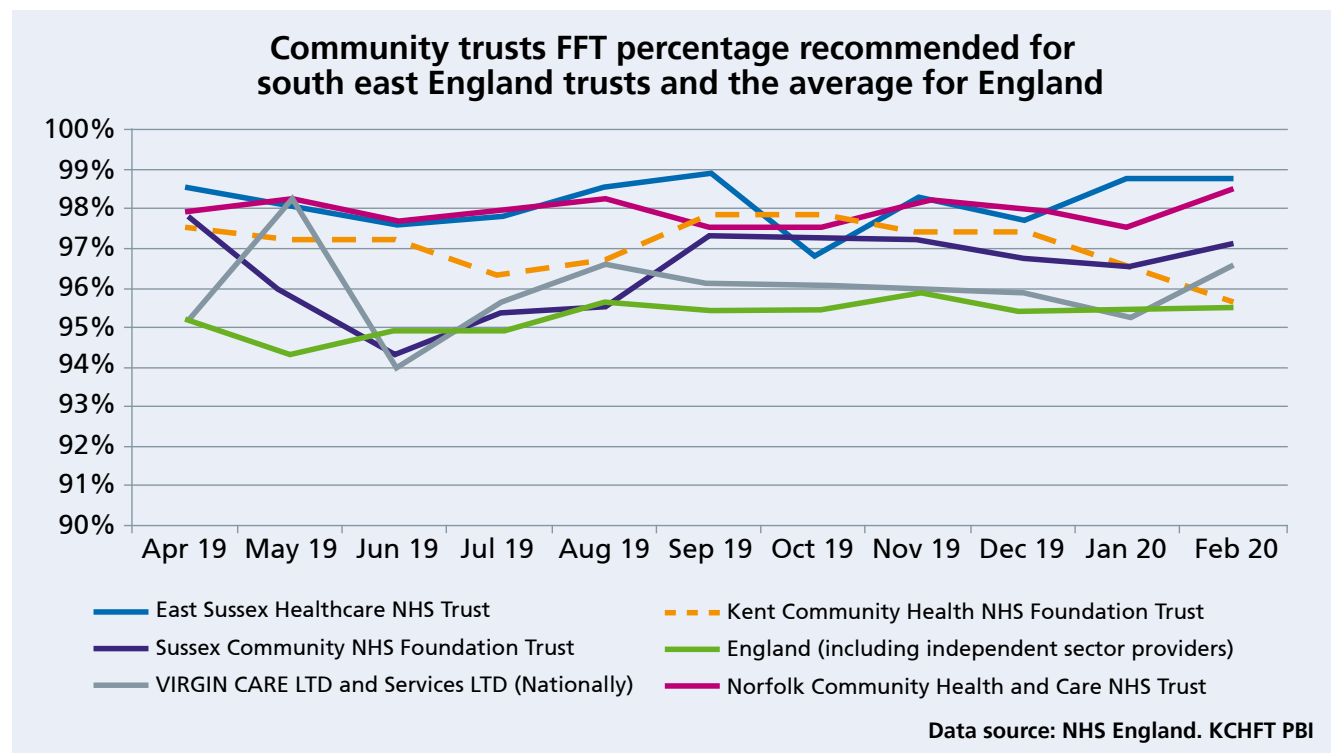
Incidents are subject to a comprehensive review process at multiple levels across the organisation validating the accuracy of the data.

To improve this number and the quality of services, we have:

- developed a comprehensive risk and incident training package, which includes a webinar delivered to new starters
- regularly review the incident reporting system to ensure information captured is relevant and improves patient safety
- enhanced the reports produced to include improvements. This has encouraged a positive patient safety culture where staff are able to see the benefits of reporting incidents.
- shared learning from incidents at the trust's quality improvement network, supporting a positive safety learning culture
- triangulated learning from patient feedback, complaints, internal quality reviews, incidents, claims and developed quality improvement programmes.

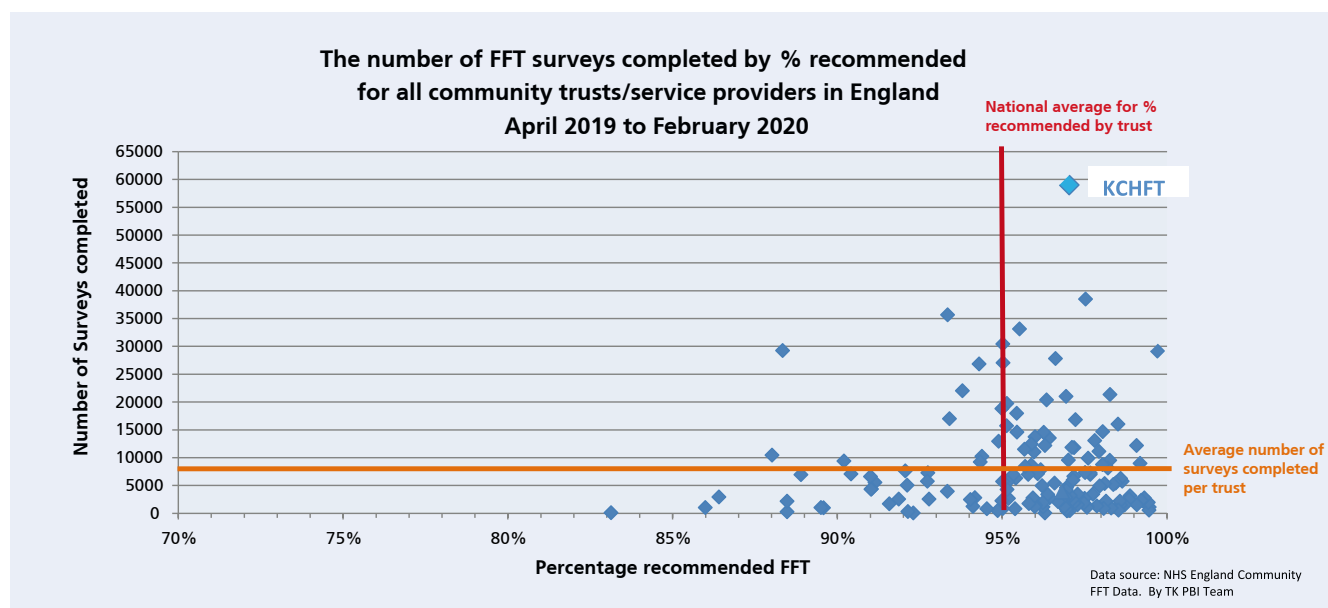
Friends and family test (FFT)

The graphs below show how KCHFT is performing against the patient friends and family test in comparison to other community health trusts and nationally.



As of 22 April 2019, the latest national datasets published run up to February 2020. KCHFT has completed 59,009 responses from April 2019 to February 2020. This is the highest of all the service providers that feature on the national community

health datasets. As the below graph shows, KCHFT's percentage (97 per cent) recommend for the FFT is above the national average (95 per cent) for the April to February period and at the top of the upper quartile for surveys completed.



Referral to treatment (RTT) indicator

This section shows our performance against the relevant indicators and performance thresholds set out in the oversight documents issued by NHS Improvement. For our trust, this is only one indicator:

The maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway:

	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
RTT incomplete pathways	95.5 %	95.0 %	89.7 %	88.5 %	85.7 %	87.5 %	89.5 %	91.6 %	93.0 %	95.6 %	97.5 %	97.6 %

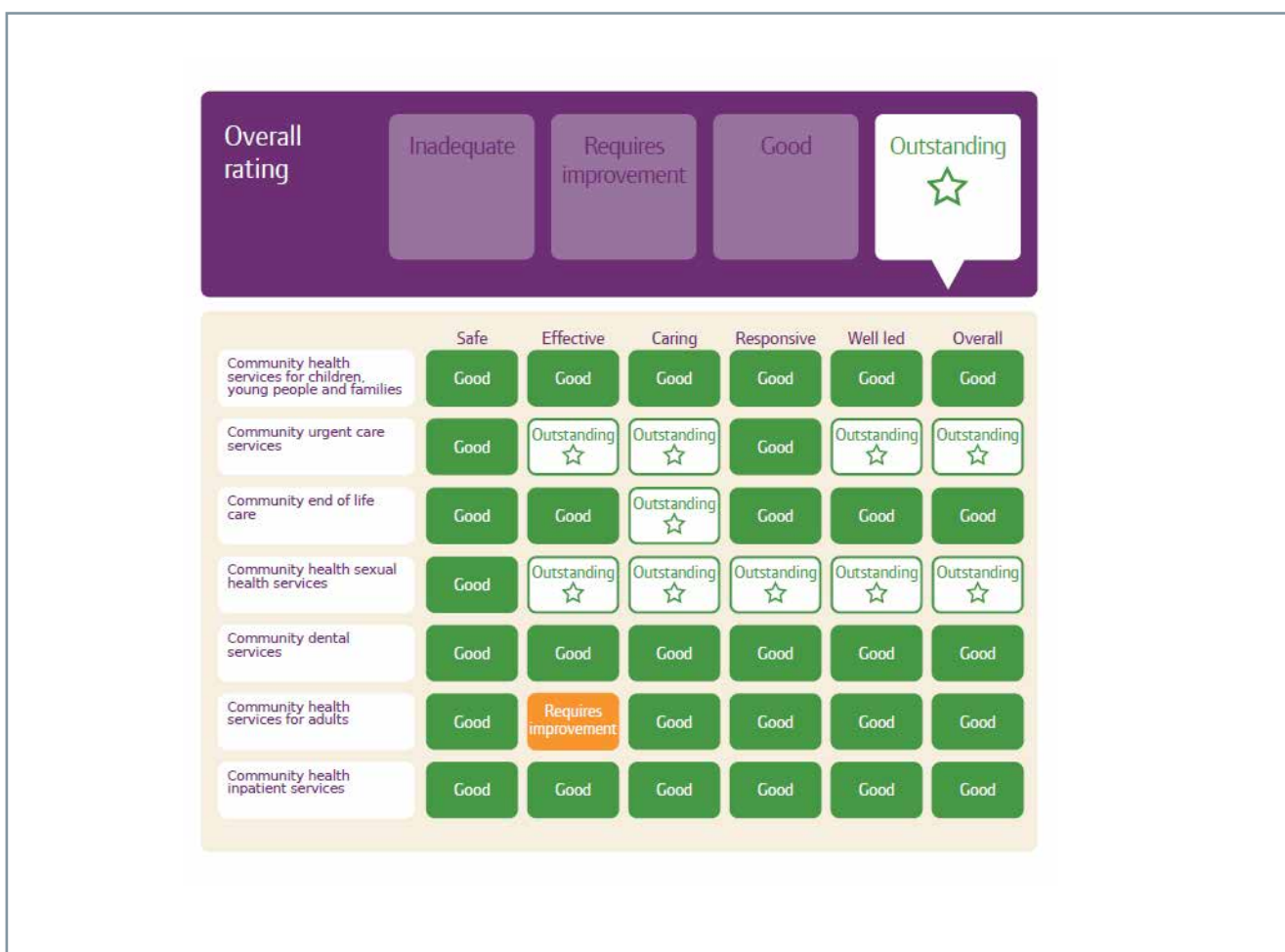
Part three: Overview of quality of care

This section gives an overview of the quality of care offered by KCHFT based on performance against the 2019/20 indicators we agreed and published in our 2018/19 quality account. It explains in more detail what we have achieved during the past year and those areas we need to improve upon.



Regulation: Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England.



Our inspection reports can be viewed here: <https://www.cqc.org.uk/provider/RYY/reports>

Rating

For 2019/20, KCHFT was subject to a trust wide risk based CQC inspection in April and May 2019. The community urgent care, sexual health, end of life and dental services were reviewed as well as a trust-wide well-led inspection. The CQC overall rating of KCHFT at this inspection was outstanding.

"The trust determination to develop a patient-centred culture has improved services. This has ensured that the overall rating has moved to outstanding." **Dr Nigel Acheson**, CQC's Deputy Chief Inspector of Hospitals.

"All the staff are completely deserving of this and it has been a real privilege for me to be associate with aspects of the trust." **Pat Conneely**, patient representative.

We care visit programme

The We care reviews are a supportive programme that drives continual improvement locally, encourages shared learning and stimulates quality improvements.

The programme involves all levels and disciplines of staff within the trust, together with our governors, patient representatives and CCG colleagues. Those participating in a visit receive guidance, tools and training before the visit and are provided with a pre-visit pack summarising the data we hold about the team or service, which includes complaints, incidents, risks and patient feedback.

During the visit, participants talk to staff, visit clinical areas and attend home visits with clinicians, thereby giving a full picture of the standard of care being provided. A collaboration meeting at the end of the visit enables all participants to share their observations from the visit and contribute to the visit report.

The We care programme uses the Care Quality Commission key lines of enquiry (KLOE) and fundamental standards to make sure the teams visited are reviewed within a consistent framework.

Since the inception of the We care reviews in 2018, there have been two full schedules of visits; and following the completion of the 2018 programme a comprehensive evaluation was carried out. In light of this evaluation, the vision for the 2019 We care reviews was to engage teams with continuous improvement cycles and further support our people with the idea of quality improvement.

In 2019, 30 services participated in a We care visit, which included six services that had not previously been reviewed. This approach supported the continuous improvement cycles in the 24 teams previously reviewed, while positively increasing the scope of services participating in We care reviews.

The vision to enable We care reviews as a vehicle to simultaneously engage teams and people with quality improvement can be seen as 25 per cent of overall We care visit ratings increased from the first reviews in 2018. Of the 30 services that participated in a We care visit in 2019, 80 per cent (24) were rated good overall, 11 per cent (five) were rated outstanding and three per cent (one) rated requires improvement.

To support quality improvement, services develop an improvement plan based on the recommendations identified in the We care review report. The operational heads of quality, governance and professional standards are involved in this process to offer teams support, guidance and expertise and the improvement plans are monitored through local governance processes, patient safety and clinical risk group and Quality Committee.

Feedback received from the 2019 reviews include:

“The preparation for the We care visits was extensive and a very positive experience for all the teams involved.”

“It was a worthwhile process the teams greatly benefitted from. It really helped to make them appreciate the massive effort that they go to on behalf of their patients.”

“It was a really positive experience, we felt valued and given time to celebrate areas of good practice and help the team understand any gaps in provision.”

Freedom to speak up guardian

KCHFT has a freedom to speak up (FTSU) guardian who is responsible for supporting colleagues in raising concerns in the trust. The FTSU guardian provides confidential advice to colleagues and agency workers employed by KCHFT or volunteers, about concerns they have and/or the way their concern is handled.

FTSU guardians don't get involved in investigations or complaints, but help the process. They have a key role in making sure colleagues do not experience discrimination or are victimised because they raise a concern in good faith, particularly those who may be more likely to be discriminated against due to race, disability or sexual orientation.

They will make sure:

- colleagues' concerns are treated confidentially unless otherwise agreed
- colleagues receive timely support to progress their concern
- escalate to the Board indications if anyone is being subjected to detriment for raising their concern
- remind the organisation of the need to give colleagues timely feedback on how their concern is being dealt with
- colleagues have access to personal support since raising their concern may be stressful.

In August 2017, KCHFT started to develop a freedom to speak up ambassadors' programme and there are now 10 ambassadors across the trust. Their role includes encouraging colleagues to speak up, by providing informal advice, sign-posting and promoting positive examples of changes that have occurred as a result of speaking up. A campaign to promote the benefits of speaking up ran throughout the year and included a range of promotional materials. It included ways to get in touch, such as the dedicated email and phone line for colleagues to report their concerns and how the FTSU guardian can help. All new colleagues receive FTSU guidance at induction.

Between 1 April 2019 and 31 March 2020, the FTSU guardian logged and was involved in eight new cases. Themes of the cases were discussed with the chief executive officer. A six-monthly report is presented to the Board.



Personalised plans of care

	Goal	2019/0	2019/20 target	Outcome
Patient safety	15 per cent increase of all relevant patients to have a personalised plan of care	68 per cent	69 per cent	Partially achieved
Patient experience	90 per cent of relevant patients report their personal goals were accounted for	Metric introduced 2019/20	90 per cent	Partially achieved
Staff experience	90 per cent of staff state: The personalised plans of care developed meet the needs of the people they care for	Metric introduced 2019/20	90 per cent	Not achieved

Why this is important

A growing body of literature shows that patients benefit from being involved in making decisions about their care and in how that care is delivered to meet their needs and wishes. The impacts include:

- improved knowledge of their condition and treatment options
- increased confidence to self-manage aspects of their own care
- increasing the likelihood of keeping to a chosen course of treatment and participating in monitoring and prevention programmes
- improved satisfaction with their care and chosen treatment
- more accurate risk perceptions
- reduced length of hospital stay and readmission rates.

What we did

Due to challenges in usability and interrogation of our electronic patient record (EPR), a new electronic patient record system was procured and started in 2019/20. Compliance with the quality priorities was difficult to measure due to the known challenges within the original EPR. To make sure the PCPs were in place, a parallel notes audit was carried out monthly. It is anticipated that the introduction of the new system will greatly improve the recording and monitoring of personalised plans of care. The Rio EPR was procured and started in 2019/20 quarter four and children's services were the first to migrate to the new system.

Due to the implementation of the new EPR, data was taken from the monthly notes audit to support the quality goal: *15 per cent increase of all relevant patients to have a personalised plan of care.*

Personalised plans of care

The progress of the following quality priorities will be measured through distinct staff and patient experience surveys once each service has been migrated to the new EPR system.

- 90 per cent of relevant patients report their personal goals were accounted for.
- 90 per cent of staff state: The personalised plans of care developed meet the needs of the people they care for.

What we achieved

While the personalised plans of care quality priorities cannot be reported on directly via the new EPR, the following data provides assurance of progress and improved quality of personalised care plans at KCHFT.

Data source	Question	2019/20
Notes audit	Is the PCP clear for an unregistered member of staff/professional who has not met the patient before to follow all their care needs?	96 per cent
Notes audit	Does the care delivery represent the care that was planned throughout and modified accordingly, three monthly or at change need?	90 per cent
Patient experience feedback (inpatient survey)	Do you feel you have been supported and involved during your stay to build your confidence to undertake your usual activities?	98 per cent
Patient experience feedback (community nursing survey)	Did our visit have a positive impact on your care and wellbeing?	99 per cent

What this means for you as a patient

PCPs aim to make sure you are an equal partner in your health care and will reflect your needs, wishes, goals and choices. They will also help you manage your condition and tell you what support you will receive. If you are unable to make decisions, your care plan will be written in your best interests in consultation with your family and carers, where possible.

Personalised plans of care

	Goal	Outcome
Outcome	Participate in the Sweeney programme collaborative to improve the experience of patients at the end of life and their families	On-track

Why this is important

The Sweeney programme further enables staff to step into the patients' shoes and consciously see care through their eyes. Seeing care through their eyes and gaining feedback from patients receiving end of life care is essential to make sure we deliver the best possible care. The training provided by the Sweeney programme supports a change of mind set, enabling us to learn from our patients and continue to adapt and improve both service planning and delivery.

What we did

In collaboration with the System Transformation Partnership and KCHFT operational services, a multi-disciplinary clinical team, which currently provides end of life care, were identified to take part in the Sweeney programme. The aims and objectives of the programme were discussed to clarify how the training would support the very best outcomes in both service planning and delivery.

The Sweeney programme training is based on quality improvement methodologies such as evidence-based co-design and patient and family centered care. The two day training masterclass for the Sweeney programme is provided by the Point of Care Foundation and is due to be delivered in 2020/21 quarter one.

What this means for you as a patient

Our multi-disciplinary clinical team will be trained to work collaboratively with our patients, drawing on their experience to deliver a service that is co-designed and meets the needs of patients and their families.

What we achieved

The programme has been scoped and planned with training and delivery scheduled to start in 2020, quarter one.

Human factors

	Goal	Benchmark	2019/20 target	Outcome
Patient Safety	Increase by 20 per cent the number of investigators supported to recognise human factors as a contributing factor	26	31	Achieved

Why this is important

Human factors encompass factors that can influence people and their behaviours.

There is rich literature explaining the role of human error and its role in patient safety incidents. It is important to have trained investigators who can recognise and understand human factors as part of the investigation process to identify lessons to be learned and support the changes in process required to mitigate factors and reduce risk.

What we did

In 2019/20 quarter one, three staff attended investigator training provided by Kent Surrey Sussex Patient Safety Collaborative.

To make sure continuous provision for investigator training that included human factors, the KCHFT Patient Safety Team designed, implemented and delivered incident training that started in 2019/20, quarter three.

The training is validated and available to all KCHFT staff to book via the online training platform TAPs.

The Patient Safety Team has created human factors resources to support training and investigations to all colleagues and are available on the KCHFT staff intranet, flo.

The 2019 KCHFT Quality Improvement Conference included two sessions on human factors to raise awareness of human factors in safety incidents, which was attended by more than 200 colleagues.

What this means for you as a patient

Recognition of the systems and processes, which lead to patient safety incidents, including human factors is imperative so that improvements can be made to prevent recurrence and future harm to patients.

What we achieved

We now have an effective training programme to support staff investigator training.

The KCHFT in-house incident training programme has seen 18 new investigators trained and in total, there has been 22 investigators trained in 2019/20.

Human factors

	Goal	2018/19	2019/20	Outcome
Clinical effectiveness	Continue our quality improvement journey with a total of 100 people completing the QSIR practitioner course and 300 people completing the quality improvement fundamentals course	QSIR 66	82	Achieved
		Quality improvement fundamentals 56	324	Achieved

Why this is important

To foster innovation and empower staff to carry out quality improvement initiatives, the trust required a significant training programme to make sure consistency of methodology and increased adoption of quality improvement principles. It is recognised that locally owned quality improvement projects can lead to benefits for both patients and staff.

What we did

KCHFT introduced two levels of quality Improvement training in 2018 as part of a five-year training programme:

- Quality, service improvement and redesign (QSIR) practitioner training detailing a comprehensive quality improvement methodology.
- Quality improvement fundamentals is a one-day course for colleague, volunteers, patients and others using our services.

Eight KCHFT staff have become accredited QSIR associate faculty members enabling training to be delivered internally.

During 2019/20 four QSIR practitioner cohorts were completed and 12 one-day quality improvement fundamentals courses were held.

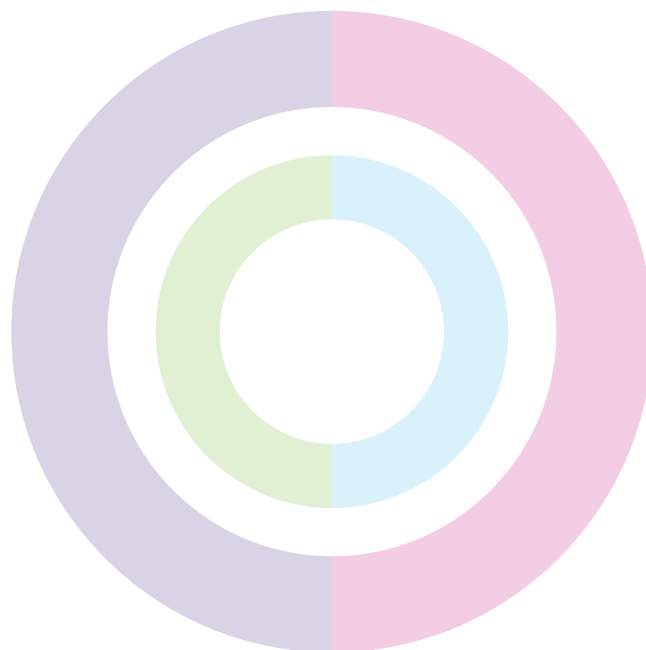
What this means for you as a patient

The adoption of quality improvement methods and principles throughout the organisation means that colleagues are empowered to work to improve their services, in a consistent way which also produces evidence demonstrating those improvements.

What we achieved

We have established a large scale face-to-face quality improvement training programme.

A total of 150 people completed the QSIR practitioner course and 409 attended the one day Quality improvement fundamentals. Both targets for training attendance were substantially exceeded.



Human factors

	Goal	Benchmark	2019/20	Outcome
Patient experience	15 patient and service users to complete the quality improvement fundamentals training	1	5	Not achieved

Why this is important

Quality Improvement Fundamentals is a one-day course for colleagues, volunteers, patients and others using our services.

Patient/service user involvement in quality improvement projects is a key factor in their success and sustainability. Giving service users the opportunity to participate in training would enable them to participate in project groups with sound quality improvement knowledge and skills to maximise their impact.

What we did

We opened the one-day quality improvement fundamentals training course to all patients and service users.

The training dates were communicated to patients and service users via:

- the KCHFT quality improvement website
- stand at the 2019 quality improvement training conference
- Patient Experience Team and network
- produced a flyer detailing 2019/20 training dates, which was distributed by the Patient Engagement Team.

What this means for you as a patient

Attending quality improvement fundamentals training enables patients and service users to fully understand and participate in quality improvement projects and initiatives which can provide opportunities to become involved in co-design principles to improve the experience of our services.

What we achieved

Five patients and service users attended the training. This was a third of numbers anticipated but those who did attend found the training useful and informative. There are more people booked on future training but the approach has been adjusted to focus more on service user inclusion in project groups because anecdotal evidence has suggested this option would be more attractive and relevant.

Human factors

	Goal	Outcome
Staff experience	Work with our staff to increase the accessibility and usability of our policies, procedures and guidelines using a quality improvement approach	Partially achieved

Why this is important

Policies and other procedural documents provide a framework to guide decision making; they enable staff to carry out their work efficiently, flexibly and safely.

Feedback from our people highlighted the need for KCHFT policies and procedural documents to be streamlined, the essential information they contain to be clear and the documentation should be located and accessed easily. This promotes the best interest of patients and staff by standardising practice.

What we did

Formal documentation is owned and approved by the relevant KCHFT governance group.

Strategy, policy, guideline, protocol and standard operating procedure have been defined, leading to a reduction in the number of documents that qualify as policy by 40. A further 27 policies will be reviewed to confirm their status by November 2020.

An HR handbook has been developed to replace a significant number of policies and provide general practical information where this doesn't already exist in our national terms and conditions of employment.

A health and safety policies handbook and e-book has been agreed.

KCHFT promotes the policy on a page principle to reduce the volume of individual documentation but maintain the critical information points. The policy on a page template is available on the staff intranet, flo.

The digital platform on the KCHFT staff intranet has been developed to enable staff to locate these documents within a few clicks. Best bits have been introduced which highlight the key words within each procedural document without having to open it.

What this means for you as a patient

Staff are able to easily access policies or procedural documentation to effectively support their decision making in providing safe care that is of a high quality.

What we achieved

Our staff have better access to the essential information they need to carry out their jobs efficiently and safely. This work is on track to become business as usual by November 2020.

Improving outcomes

	Goal	Outcome
Patient safety	To implement and embed NEWS2 across our community hospitals	Achieved

Why this is important

We are committed to deliver high-quality care, to improve quality outcomes and patient satisfaction by having standards in place for managing the risk associated with the deteriorating patient. NEWS2 is an established tool to recognise and respond to deterioration in adults; therefore, it is important to implement and embed the use of NEWS2 in all of our community hospitals. This will support standardised working and communication in line with our other NHS and community partners across the care pathway.

What we did

A deteriorating patient working group was established consisting of operational and support service colleagues reporting to the Patient Safety and Clinical Risk Group and directed the implementation of the following:

- NEWS2 charts were developed which included clinical escalation and appropriate response within the community hospital setting
- NEWS2 score included on handover sheets
- review of the sepsis pathway
- the deteriorating patient policy was updated
- training was developed and provided to all community hospital staff
- engagement and pilot sessions were held with colleagues to capture feedback and introduce iterative changes to improve the delivery of NEWS2
- deteriorating patient audit undertaken in 2019/20, quarter three.

What this means for you as a patient

NEWS 2 supports early detection, timeliness, consistent communication and appropriate escalation, all of which improve the quality of care to make sure people receive the best health and wellbeing outcomes.

What we achieved

All community hospitals are using NEWS2 charts; these are being used by staff to respond to clinical signs of deterioration in conjunction with clinical judgement when reviewing presenting soft signs. 94 per cent of patients were escalated appropriately which is a key element of patient safety and improving patient outcomes.

Improving outcomes

	Goal	Outcome
Clinical effectiveness	10 projects with associated reports and poster abstracts will be carried out as part of the Research Champions Programme to develop the research capabilities of our clinical staff	Achieved

Why this is important

Research is significantly important to improve the current and future health and care of the population. It is essential to upskill clinical staff with research and evidence seeking skills, to support them to become research active in their clinical roles. This will contribute to research being embedded across the organisation and enable best practice.

What we did

The Research Champions Programme was opened to a second cohort and all 10 places were recruited to and filled with clinical staff, such as nurses and allied health professionals.

The output alongside personal development is a literature review, or report of investigation into a topic for improvement within the individual's service.

What this means for you as a patient

It has been shown that patients receive improved clinical outcomes in research active organisations and the KCHFT research champions are increasing their evidence seeking skills and supporting their teams to learn from this too. This equips staff to confirm that they are delivering care in line with the best evidence available. At the end of the programme their work will be presented to colleagues and made into a poster for their clinical area, for patients, the public and other members of staff to see.

What we achieved

An additional 10 clinical members of staff engaging with the Research Team and in their own clinical research investigations. Spreading research confidence across the organisation, making improvements to clinical care and encouraging colleagues to do the same.

Improving outcomes

	Goal		2019/20	Outcome
Patient safety	Where able to, 75 per cent of patients report they were confident, empowered and supported to carry out their usual activities	Inpatient survey	98 per cent	Achieved
		Community nursing survey	99 per cent	Achieved

Why this is important

It is a vital part of rehabilitation to make sure our staff do all they can to enable patients to feel confident, empowered and supported to carry out their usual activities once they are discharged from hospital back into the community. Similarly, it is imperative that community nurses support patient goals for positive health and wellbeing outcomes.

What we did

Queen Victoria Memorial Hospital, Herne Bay provided group exercises and staff encouraged patients to attend to support rehabilitation, a sense of community and wellbeing outcomes.

Faversham Cottage Hospital worked with family and carers to make them aware that the discharge processes starts to be planned on admission which enables the multidisciplinary team and family to start considering and putting into place what may be needed on discharge.

Feedback from some patients was that their medication has not been explained to them before leaving hospital. The hospital sister attends MedSavvy meetings and support is being sought from the pharmacist on the days they are present on the ward.

What this means for you as a patient

Our staff will provide the care and support to enable patients to feel confident and able to continue to live independently. This is important for their health and wellbeing

What we achieved

For the inpatient survey question provided to patients on discharge, the ambition was achieved with 615 surveys completed and an overall satisfaction score of 98 per cent.

For the community nursing question provided to patients on discharge, the ambition was achieved with 1,830 surveys completed and an overall satisfaction score of 99 per cent.

The inpatient mid-stay survey question was reworded on 1 March 2020 to make it easier for the patient to understand. This will enable staff to assess whether or not patients feel confident and empowered to carry out their usual activities prior to discharge and amend care plans to meet their needs.

Improving outcomes

	Goal	Outcome
Staff experience	A 35 per cent positive response in the NHS staff survey for: Does your organisation take positive action on health and wellbeing? in the NHS staff survey	Achieved

Why this is important

We need to make sure colleagues are provided with an environment and opportunities that encourage and enable them to lead healthy lives and make choices that support their wellbeing. It is more important than ever that NHS workplaces become environments that support staff to do this. There is evidence that good staff health, wellbeing and engagement can lead to improvements in patient experience of care, productivity and reduced used of agency staff.

- sports (netball, football)
- One You health checks
- discounts (such as at gyms, hair salons)
- Time to Change – examples of what people have been doing
- Importance of a lunch break – using an example of a clinical team
- wellness passport
- cycling to work scheme
- bring your whole self to work initiative
- men's health.

What we did

The Time to Change programme was further promoted and the number of champions increased from 116 at the start of 2019/20 to 175 at the end of quarter four. Two large health and wellbeing events were organised to share good practice and ideas to support wellbeing in the workplace.

A KCHFT football and netball team were developed in addition to the choir which sang at the trust's annual staff awards.

The KCHFT Menopause Network was created, which included a get together event for our staff with expert advice on hand.

We have developed a health and wellbeing magazine published in January 2020, collating the health and wellbeing resource and support available for KCHFT colleagues. The topics included:

- MSK physio
- counselling
- walking challenge flo fit

What we achieved

The 2019 staff survey showed a 43.5 per cent positive response for: Does your organisation take positive action on health and wellbeing? compared to a 33.1 per cent positive response rate in comparator trusts.

The 2019 staff survey showed a 43.5 per cent positive response for: Does your organisation take positive action on health and wellbeing? compared to a 33.1 per cent positive response rate in comparator trusts.

2019/20 quality priorities – what happens next?

The work carried out to improve the quality of our services through the ambitions of the 2019-20 quality priorities will continue. The quality priorities that have been achieved are embedded in practice and the projects that have not been achieved or partially achieved will continue as business as usual, monitored through trust governance processes, to make sure full benefits will be realised for patients.

Abbreviations

BASHH	British Association for Sexual Health and HIV
BHIVA	British HIV Association
CARE values	Compassionate, aspirational, responsive, excellent
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUINs	Commissioning for Quality and Innovation
EPR	Electronic patient record
DNACPR	Do Not Attempt cardiopulmonary resuscitation
DSPA	Data security and protection assessment
FFT	Friends and family test
FTSU	Freedom to speak up
HIV	Human Immunodeficiency Virus
HMP	Her Majesty's Prison
ICS	Integrated Care System
IV	Intravenous
KCHFT	Kent Community Health NHS Foundation Trust
KLOE	Key lines of enquiry
Medsavvy	Project to improve administration of medicines
NACEL	National audit of care at the end of life
NAIF	National audit of inpatient falls
NCEPOD	National confidential enquiries into patient outcome and death
NDFA	National diabetes footcare audit
NEWS2	National Early Warning Scores (updated)
NHS	National Health Service
NHSI	NHS Improvement
PCP	Personalised care plans
PEWS	Paediatric early warning signs
QSIR	Quality, service improvement and redesign
RAG status	Red, amber, green
RCP	Royal College of Physicians
RTT	Referral to treatment
SOEL	Software of excellence
SSNAP	Sentinel stroke national audit programme
TIAA	The trust's auditors

Annex 1

Statements from commissioners, local Healthwatch organisations and oversight and scrutiny committee



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Medway Wharf Road
Tonbridge
Kent
TN9 1RE

Dr Mercia Spare
Kent Community Health NHS Foundation Trust
The Oast
Hermitage Court
Maidstone
ME16 9NT

30th June 2020

Kent and Medway CCGs KCHFT Quality Account Comments 19/20

Dear Mercia,

NHS Kent and Medway CCG welcome the 2019/20 Quality Account submitted by KCHFT. We have reviewed the information provided by KCHFT and our view is that the report is materially accurate. It is presented in the format required by the Department of Health's toolkit and the information it contains accurately represents the Trust's Quality profile.

Kent and Medway CCG congratulate KCHFT for the achievement of being rated as "Outstanding" by the Care Quality Commission and recognise the award is a direct result of the hard work and dedication shown by the people who work for the organisation.

Kent and Medway CCG continue to welcome KCHFT's approach to Quality Improvement and Patient Safety training. We recognise the QSIR training programme is enabling staff to drive improvements throughout the organisation and the patient safety team through their investigation training are increasing the number of investigators across the Trust year-on-year.

Kent and Medway CCG are pleased to note the 2019/20 priority of NEWS2 being implemented in all community hospitals has been achieved, which has seen patients being appropriately escalated, which will have resulted in improved outcomes.

The CCG support KCHFT's priorities for the year ahead which will include a targeted focus on: addressing the health and care of patient with learning disabilities, further improving outcomes for patients and enhancing the psychological safety of your staff.

Kent and Medway CCG acknowledge the work that has been undertaken by KCHFT to support the system-wide effort throughout the Covid-19 pandemic and look forward to continuing to work closely with KCHFT colleagues, during 2020/21.

Yours sincerely,


Paula Wilkins
Chief Nurse
Kent and Medway CCG



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

Direct Dial: 03000 416512
Email: HOSC@kent.gov.uk
Date: 8th June 2020

Sent via email
victoria.stevens4@nhs.net
Vicki Stevens
Head of Quality Management
Kent Community Health NHS Foundation Trust
Trinity House
Ashford, TN25 4AZ

Dear Vicki,

Kent Community Health NHS Foundation Trust Quality Accounts 2019/20

Thank you for offering Kent County Council's Health Overview and Scrutiny Committee the opportunity to comment on KCHFT's Quality Accounts for 2019-20. HOSC has received a number of similar requests from Trusts providing services in Kent, and we may well receive more.

Given the number of Trusts which will be looking to KCC's HOSC for a response, and the window of 30 days allowed for responses, the Committee does not intend to submit a statement for inclusion in any Quality Account this year.

Please be assured that the decision not to comment should not be taken as any reflection on the quality of the services delivered by your organisation and as part of its ongoing overview function, the Committee would appreciate receiving a copy of your Quality Account for this year once finalised.

Kind regards


Paul Bartlett
Chair, Health Overview and Scrutiny Committee
Kent County Council

kent.gov.uk

Sent on behalf of Cllr Colin Belsey, Chair of East Sussex HOSC


Dear Dr Mercia Spare

Thank you for providing the East Sussex Health Overview and Scrutiny Committee (HOSC) with the opportunity to comment on your Trust's draft Quality Report 2019/20.

On this occasion the Committee has not provided a statement as we do not have any specific evidence to submit to you. However, we look forward to an ongoing involvement in the development of future Trust Quality Reports.

Please contact Harvey Winder, Democratic Services Officer, on 01273 481796 should you have any queries.

Councillor Colin Belsey


Chair
Health Overview and Scrutiny Committee

Annex 2

Statement of directors' responsibilities for the quality account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports, which incorporates the above legal requirements and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Report meets the requirements set out in the NHS foundation
- trust annual reporting manual 2017-18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2019 to March 2020
 - papers relating to quality reported to the board over the period April 2019 to March 2020
 - feedback from commissioners dated 30/06/2020
 - feedback from local Healthwatch organisations 07/07/2020
 - feedback from Overview and Scrutiny Committee dated 08/06/2020
 - feedback from the trust's Governors dated July 2020
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 01/06/2020
 - the 2019 National Staff Survey
 - the Head of Internal Audit's annual opinion of the trust's control environment dated 23/04/2020
 - CQC inspection report dated July 2019
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with above requirements in preparing the Quality Report.

By order of the Board.

6 August 2020

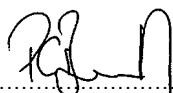
.....Date



.....Chairman

6 August 2020

.....Date



.....Chief Executive

Do you have feedback about our health services?

Phone: 0300 123 1807, 8am to 5pm, 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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