A black and white photograph of a healthcare worker wearing a full face shield, a surgical mask, and a dark protective gown. The worker is looking upwards and to the left. A magenta rectangular box is overlaid on the right side of the image, containing white text.

**"It was the year the  
COVID-19 global  
pandemic affected  
healthcare systems  
across the world."**

Quality account 2020/21



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## Part 3 Overview of quality of care

### Learning disabilities

- Patient safety: Ready, Steady, Go, Hello
- Clinical effectiveness: Increased recognition of infection related deaths in patients with a learning disability
- Patient experience: Ask, Listen, Do
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### Improving outcomes

- Patient safety: NEWS2/PEWS reviewed by a registered health professional
- Clinical effectiveness: Research across organisational boundaries
- Patient experience: Patient/carer voice in the delivery of care
- Staff experience: Work-related stress

### Psychological safety

- Patient safety: Raising concerns about unsafe clinical practice
- Clinical effectiveness: QSIR practitioner involvement in quality improvement
- Patient experience: Schwartz rounds
- Staff experience: Discrimination from colleagues

### Abbreviations

## Annex 1

Statement from commissioners

## Annex 2

Statement of directors' responsibilities for the quality report



# Part one: Introduction

## Statement on quality from the chief executive

Welcome to the quality report for  
Kent Community Health NHS Foundation Trust for 2020/21.

2020/21 was a year like no other the National Health Service has faced.

It was the year the COVID-19 global pandemic affected healthcare systems across the world. NHS staff, needed to work at a pace and intensity never before experienced to maintain patient and colleague safety. KCHFT teams worked tirelessly to provide excellent healthcare, continually demonstrating their commitment and dedication to the people we serve including patient and services users, colleagues, partners and the community at large.

I am immensely proud we have a strong solid foundation of high-quality care at

KCHFT and that we always work towards going above and beyond the goals we set to improve care for patients, clients and service users. We are an 'outstanding' organisation and quality sits at the very heart of what we provide, in everything we provide.

Despite the challenges the pandemic has set for us I am delighted we fully or partially achieved 75 per cent (nine out of 12) of the quality priorities for 2020/21. Of the 25 per cent we were unable to achieve during the year, we have a clear programme of work as part of our people strategy and our quality strategy that will drive delivery through 2021/22.

The pandemic provided us with many opportunities to focus on how we deliver services and care to people who use them. The pandemic enabled us to be creative and innovative in how we interacted with patients, clients and service users to make sure they received the care and treatment they needed, but also, in how we collaborated with our system partners to breakdown historical barriers and focus on the needs of the population.

Some examples include undertaking more virtual consultations than we have ever done before, we led the discharge pathways making sure patients could leave acute hospitals as soon as was safe to do so and we accelerated and grew our frailty offer to primary care to support people to be cared for safely at home.

During this time, our patient satisfaction rate remained very high, with 97 per cent of people rating the service they received as good or very good. We take co-production with our patients, clients and service users at KCHFT very seriously and in 2020/21, we established our Patient and Carer Council, which aims to drive the cultural changes needed in participation, co-design, engagement and shared decision-making.

Our quality improvement programme (QI) made good progress too. Despite face to face training being suspended during the pandemic, we still saw 80 QI projects taking place, all aiming to provide excellent outcomes by continually looking at the way we work and how we can do it better.

We continued to promote the importance of our freedom to speak up guardian, and just as this report is going to press KCHFT have the second strongest index of all trusts in the country.

We have an excellent health and wellbeing offer for our team members at KCHFT and, as a result of the pandemic, this continued at pace in 2020/21 with the BIG Listen 2 in July 2020, where we asked staff about how they felt about working at KCHFT as well as their experience of COVID-19 to date. In all, more than 1,000 people completed the survey; providing an excellent source of feedback, which we have built in to our programme of work for 2021/22.

We launched our second people strategy, building on achievements from the first one and very much focussing on making KCHFT the best employee for our people. Added to this, we recruited two equality diversity and inclusion leads, one to support our workforce and the other to our patients, clients and service users, making sure we continue our focus on ensuring all voices are heard and more than that influence what the trust does and how we do it.

The annual NHS staff surveys results were published in late 2021/21; they showed that despite the year it had been our staff were happy and proud to work for KCHFT – in fact, they rated it as one of the best in the country; with the highest response rate in five years at 62.4 per cent.



It was also a year where psychological safety became more important than ever. We needed to support our staff as they adapted to new ways of working and provide them with opportunities to 'decompress' and share how they were feeling. Our Schwartz rounds continue to take place and 11 were held, enabling staff to talk about their experiences with different themes for each session. The program continues into the present year.

As always, our patients, clients and service users remained our absolute focus. In our community hospitals, we provided 45 hand-held computer tablets for patients to be able to stay in touch with loved ones, recognising the distress being away from loved ones might create, following the Government guidance to suspended visiting.

It is well reported that people who have a learning disability face health inequalities, and die earlier than those without disability from preventable conditions, due to lack of skills, knowledge and experience of health and social care staff working in mainstream services. To improve the quality of care to patients with a learning disability, we supported primary care colleagues and delivered 176 annual health checks from January to March 2021; 49 per cent of these resulted in patients, their families and carers receiving advice to support their care needs and 32 per cent of health checks generated a referral to our learning disability team, including people who had not previously been known to the service.

In addition, a programme called 'Ask Listen Do' was put in place to simplify providing feedback or making complaints for people with a learning disability to make sure we could improve our services base on their experience. The number of easy read surveys completed increased by 315. The number of surveys completed at the end of quarter two was 269, which increased to 584 at the end of quarter four 2020/21.

These examples are just some of what we achieved in 2020/21, but please take a look at this quality report to understand our unwavering focus on quality and all that was accomplished.

I started by saying this was a year like no other ever seen in the NHS and yet our workforce has continued to do all it can to make sure our patients, clients and service users receive the very best possible care and for that I thank them and I thank the people we serve for the support they have shown for us during this remarkable year. I also recognise that many parts of our society have experienced pain and loss in the year and understand that we have a lot of healing to do as we build back after the pandemic, KCHFT stands ready to play our full part in that recovery.

Best wishes,

Paul Bentley  
Chief Executive

# 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, urgent treatment centres, 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 a population of about 1.4 million across Kent and 600,000 in East Sussex and London. 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 and were rated outstanding by the Care Quality Commission in 2019.

### 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 2021/22 to 2024/25

We introduced an organisational quality strategy in 2017 to make sure Kent Community Health NHS Foundation Trust (KCHFT) was explicitly focused on the quadruple aim of quality, which consists of:

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

During the past three years, we have made significant strides in delivering our quality strategy and our desire to collaborate is critical to our continuing success within the Kent and Medway Integrated Care System.

Our response to the COVID-19 pandemic demonstrated our success in working together to make changes at pace, which was enabled by the rapid adoption of digital technologies in health and care.

COVID-19 has further highlighted major health inequalities that exist and we increasingly need to work with our partners to look at population health management to prevent ill health and health inequality. Our quality strategy addresses this by ensuring collective action with partners to deliver the ambitions of the NHS Long-Term Plan, which 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.

## KCHFT quality strategy

Our vision: Outstanding quality and improvement as the focus and motivation for everything that we do.

Our mission: Make sure staff are trusted, supported and empowered to drive quality and develop new ways of working

Our aim: Continuously improve quality in line with the quadruple aim

To achieve this, we will:

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



Somerhill





## Priorities for improvement 2021/22

The following table explains the 12 quality priorities for KCHFT for 2021/22. These priorities are aligned to the trust's strategic and quality goals and were identified based on current risks, national priorities, strategies and reviews and the NHS Long Term Plan.

The 2021/22 quality priorities were determined through a robust consultation process, which included a survey, engagement with services, governance groups and the Executive Team, with input from staff, stakeholders, patients and their families and carers.

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 - a sub-committee of the Board, with delegated decision-making powers.

The Quality Committee is responsible for providing information and assurance to the Board that the trust is safely managing the quality of patient care, the effectiveness of quality interventions and the experience of patients, their families and carers.

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 methodologies. Each of these priorities will be developed into a quality improvement (QI) project.

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

Improving the safety of the people we care for	Improving clinical effectiveness	Improve the experience of the people we care for	Improving the experience of our people
<p>All patients who experienced a delay to treatment due to national directives during the COVID-19 pandemic will receive a harms risk assessment.</p> <p>100% of relevant people will have had a harms risk assessment completed. Measured through audit.</p>	<p>Increase recognition of patients in the last year of their life empowering them to make decisions about their care.</p> <p>80% of relevant patients will have had a last days of life care plan completed and 40% of relevant patients will have had the 'surprise' question completed in line with the gold standards framework. Measured through EPR care plan audit.</p>	<p>Patients and service users will be involved in co-designing services.</p> <p>In year one: Three QI projects initiated by patient/service user feedback with patient/service user representation on the project group.</p> <p>In year two: Seven QI projects initiated by patient/service user feedback with patient/service user representation on the project group.</p> <p>Measured through Life QI.</p>	<p>Improve the experience of staff providing end of life care by enabling conversations about death and dying.</p> <p>Twelve listening and debrief sessions will be held to provide staff with a safe space to discuss stories and experiences of end of life care.</p>
<p>Fully implement the after action review process to apply early learning from incidents.</p> <p>100% of reviews will be completed within two weeks. Measured through audit.</p>	<p>Identify the areas of health research most important for community nursing.</p> <p>Co-produce a national list of the top 10 community nursing research priorities with patients, carers and community nurses. Led by the James Lind Alliance.</p>	<p>The Patient and Carer Council to support 100% of services to have an identified patient/carer voice in the delivery of care.</p> <p>In year two, 100% of services will have an identified patient/carer voice.</p>	<p>Increase support and guidance to staff to improve knowledge and engagement with information governance standards.</p> <p>IG training compliance will reach 90% in year one and 92% in year two. Measured through training compliance data.</p>
<p>Identify the determinants of missed/deferred visits in community services.</p> <p>In year one, collect robust data on the numbers and drivers and begin to deliver QI projects to reduce missed/deferred visits.</p> <p>In year two, carry out monthly audit to determine the reduction in missed visits and increased quality of care.</p>	<p>Support people to live longer, healthier lives.</p> <p>Increase the number of health checks completed by 5%, within core services, in the areas of greatest deprivation in Kent.</p> <p>Achieve an acceptance rate into the Smoke Free Service for pregnant women of 45%. Measured through quarterly reporting.</p>	<p>Support mothers to continue breastfeeding with their child for as long as they both wish.</p> <p>1% increase in the number of breastfeeding women when seen six to eight weeks post-delivery in line with UNICEF national infant feeding and public health outcomes framework. Measured through audit.</p>	<p>KCHFT will be a living wage employer by March 2022.</p> <p>KCHFT will become a living wage employer by March 2022.</p>



## Statements of assurance from the Board

During 2020/21, KCHFT provided and/or sub-contracted 53 relevant health services.

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

The income generated by the relevant health services reviewed in 2020/21 represents 100 per cent of the total income generated from the provision of relevant health services by KCHFT for 2020/21.

During 2020/21, five national audits and zero national confidential enquiries covered relevant health services that KCHFT provides. KCHFT participated in 100 per cent of national clinical audits, which it was eligible to participate in. They are:

- national asthma and COPD audit programme (NACAP), pulmonary rehab
- national diabetes footcare audit (NDFA)
- Sentinel stroke national audit programme (SSNAP)
- national audit of cardiac rehabilitation
- falls and fragility fracture programme (FFAP).

The national clinical audits that KCHFT participated in during 2020/21 were:

- national asthma and COPD audit programme (NACAP), pulmonary rehab
- national diabetes footcare audit (NDFA)
- Sentinel stroke national audit programme (SSNAP)
- national audit of cardiac rehabilitation
- falls and fragility fracture programme (FFAP).

The national clinical audits that KCHFT participated in, and where data collection was completed during 2020/21, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases, required by the terms of that audit or enquiry:

- national asthma and COPD audit programme (NACAP), pulmonary rehab - 100 per cent (784 records, no minimum dataset)
- national diabetes footcare audit - 100 per cent (32 records, no minimum dataset)
- Sentinel stroke national audit programme (SSNAP) - 100 per cent (408 records, no minimum dataset)

- national audit of cardiac rehabilitation – 100 per cent (637 records, no minimum dataset)
- falls and fragility fracture programme (FFAP) – 100 per cent (four records, no minimum dataset).

The reports of two national clinical audits from the quality account list was reviewed by the provider in 2020/21 and KCHFT intends to take the following actions to improve the quality of healthcare provided:

- National audit of cardiac rehabilitation – to reach the target for 85 per cent of eligible patients taking part in cardiac rehabilitation by 2028, KCHFT is improving access to the service by developing and implementing the online section of its cardiac rehabilitation programme to provide a further option for the patient pathway. This has been used as a core part of service delivery since lockdown began in March 2020, to counter not being able to hold face-to-face patient appointments, but still needing to deliver care to our patients.
- Sentinel stroke national audit programme (SSNAP) – this review relates to the therapy data for January to June 2020 and July to December 2020. The Kent and Medway stroke development work delivers quality improvement through the Integrated Stroke Delivery Network (ISDN). A core focus for the ISDN is addressing identified gaps in service provision as a result of workforce capacity. It has been observed that stroke patients are now being discharged to community teams earlier than before and some present with complex needs and higher dependency. There has not been additional funding to support these changes and demand cannot be met with current capacity. To improve quality, this has been escalated to directors and there has been a discussion between system partners. Increasing workforce resources will have a direct impact to the quality of care received by stroke patients and improvement of patient and staff experience by increasing the percentage of patients receiving the recommended 45 minutes of therapy per day across physiotherapy, speech and language therapy and occupational therapy. This is achieving 56 per cent for physiotherapy, speech and language therapy and occupational therapy against a benchmark of 45 per cent, 45 per cent and 42 per cent respectively.

The reports of the following national clinical audits have been delayed and, in some cases, data collection has been extended due to the COVID-19 pandemic. Nonetheless, improvements are taking place within KCHFT in relation to three national audits from the quality account list 2020/21:

- National diabetes foot care audit (NDFA) – the trust has focused on improving shared care with community nursing teams to speed up referrals to the Podiatry Service to capture ulcerated patients sooner and achieve improved outcomes. The results of this will be included in the final report, which has been delayed due to the COVID-19 pandemic. Other work to support this pathway is under way and includes funding a clinical assistant role for hub sites to support a new way of working and a more focussed wound pathway. Embedding wound classification, such as SINBAD, which acts as a predictor of healing could signpost patients with complex wounds to access enhanced care pathways in a more timely way. Planned peer reviews across each integrated care partnership (ICP) will further identify areas for improvement and good practice.
- National asthma and COPD audit programme (NACAP), pulmonary rehab – the report has not been published, however benchmarking indicates performance is high and has exceeded the national average. Figures show that for the incremental shuffle walking test, 70 per cent of patients improved compared to 60 per cent nationally. Outcomes of the COPD assessment test showed that 58 per cent of patients saw an improvement in their health status, compared to 55 per cent nationally and, overall, 81 per cent of patients completed their course of pulmonary rehabilitation compared to 66 per cent nationally. Consequently, no specific action points are required in relation to these clinical outcome measures. The team is now focussing on reducing waiting times, which exceeded the national average when staff were redeployed during the peaks of the COVID-19 pandemic.
- Falls and fragility fracture programme/national audit of inpatient falls – the Falls Prevention Steering Group is developing a falls prevention strategy. There isn't an NHS England falls strategy. The KCHFT strategy will focus on assessment, care planning and

education to make sure data and learning drives continual improvement.

The reports of 66 local clinical audits were reviewed by the provider in 2020/21 and KCHFT intends to take the following actions to improve the quality of healthcare provided:

- Clinical supervision guidelines for speech and language therapists (SALT) with intermediate care teams – audit demonstrated significant assurance that all SALTs participated in clinical supervision every four to six weeks in line with the Royal College of Speech and Language Therapists' best practice standard. To further improve access to a wide range of experience, perspective, and to support and enhance wellbeing and clinical practice, an additional clinical supervision peer group session has been scheduled every six weeks via Microsoft Teams (MS Teams).
- Health visiting record keeping – this audit demonstrated limited assurance as a number of key service standards, which positively impact on patient care, risk and outcomes, were not met: In all, 23 per cent of clients had a genogram on their record, 41 per cent of records recorded client ethnicity and 48 per cent of notes recorded patients were routinely asked about female genital mutilation, domestic abuse and peri-natal mental health. However, areas of good practice, which all achieved between 95 and 99 per cent compliance were noted, around recording of client name and contact details, the reason for contact, contemporaneous completion of records, which reflected client comments and concerns, and excellent recording of the client pathway. Improvements required include recording of routine discussions on domestic abuse, female genital mutilation, perinatal mental health and client ethnicity, which is a national requirement central to enabling the practitioner to have a broader understanding of the client and their family. Actions to improve this include each team having RiO (electronic patient record) update training, updating the health visiting standard operating procedures, asking specific screening questions for anxiety and depression at every contact and record keeping reviews at one-to-ones. Continuing records reviews

at one-to-ones will make sure improvements are understood, appropriately responded to and fully embedded into practice. The Audit Team follows up all actions with the team and records completion of each action.

- Urgent treatment centres (UTCs)/minor injury units (MIUs) infection prevention and control (IP&C) audits – all MIUs scored between 92 and 99 per cent compliance. Five of the seven UTC/MIUs were fully compliant with the hygiene code with scores between 95 and 99 per cent. Two units scored below 95 per cent; Sevenoaks (92 per cent) and Edenbridge (94 per cent), which represents partial compliance. To improve quality in Edenbridge, the IP&C link worker is carrying out regular monitoring audits and in Sevenoaks, particular attention has been given to highlighted estates' issues and link worker hand hygiene and couch audits. Additionally, this year, due to the COVID-19 pandemic, the IP&C practitioner included staff observations for compliance with personal protective equipment (PPE) and the environment and to make sure social distancing requirements were adhered to. The IP&C practitioner conducted a follow-up review six months after audit, which will be reported to the Infection Prevention and Control Committee.
- Priorities of care audit – following this audit, a new end of life care education and support programme was launched to raise awareness of how to care for patients in last days of life. The aim of this is to improve recognition of patients in their last days of life to make sure they are included in decision-making and receive care and treatment to meet their needs and preferences, as well as those of family and carers.
- Duty of candour audit – audit provided significant assurance that support was offered to the patient's family in 100 per cent of cases for which duty of candour was deemed relevant. To support continuous improvement, the Patient Safety Team delivered targeted duty of candour training to make sure investigations were shared with the patient and family within the required timeframes on all occasions.
- Born to move audit – audit demonstrated that the 'awake tummy time' message is being delivered and

97 per cent of parents/carers remember a health visiting team member talking to them about the importance of awake tummy time. This correlates to a noted increase of babies who crawled at the nine to 12-month developmental review. The Born to Move app has been redesigned and relaunched to provide parents and carers with evidence-based information through an interactive tool to support their child's development.

- The school health one point audit – audit demonstrated significant assurance that the service pathway was met in 98 per cent of cases. Following the audit, processes were adapted to ensure more effective contact with the patient/carer within four days to meet key performance indicators.
- Measuring Tuberculosis Team's (TB) adherence to national guidelines in screening latent TB patients for hepatitis B & C before treatment starts – as a result of this audit, the TB team supported and advised colleagues from another provider organisation on development of its guidelines.
- Compliance with completion of the health inequalities framework (HEF) risk screen in Adult Learning Disabilities Service – the Adult Learning Disability Service is committed to reducing health inequalities for people with a learning disability. The service uses the HEF to enable professionals to demonstrate the impact of their interventions on addressing health inequalities. Audit findings indicated the HEF procedure needs to be strengthened in terms of timeframes for completion of the initial completion of the HEF and improving compliance with training. The HEF champions are responsible for taking these actions forward.

Safeguarding audits were carried out in more than 60 services across the trust. They demonstrated a good understanding of what constitutes safeguarding, self-neglect, the Mental Capacity Act and the requirements that compromise consent and good care.

In addition, there was evidence in the documentation of support with decision-making that meets clients' needs. Examples of results and/or actions relevant to specific services include:

- adult speech and language therapy – in 100 per cent of cases, the team responded to safeguarding



concerns within 24 hours and sought support of its manager and the Safeguarding Team. The team talks to the patient about concerns and follow up referrals and, as such, the audit received full assurance and no actions for improvement were required.

- Canterbury and Coastal Community Rehab Team – audit demonstrated 100 per cent good practice and that adult safeguarding is embedded within the team.
- Clinical dietetics – audit demonstrated significant assurance. For all safeguarding issues identified, the clinician found support from the appropriate source and contacted the relevant agencies. In 100 per cent of cases, the documentation was found in RiO progress notes. An action put in place was to make sure the Kent adult safeguarding alert form was also uploaded in all cases as this forms part of the standard operational manual for safeguarding.

Long-term services, Thanet – the service is introducing safety huddles to engage staff in focused discussions, which include safeguarding concerns; this enables all staff to have a voice in safety and that learning drives continual improvement.

The number of patients receiving relevant health services provided or sub-contracted by Kent Community Health NHS Foundation Trust during 2020/21 who were recruited during that period to participate in research approved by a research ethics committee was 1,734.

The 2020/21 CQUIN scheme was suspended owing to the COVID-19 pandemic. KCHFT delivered the staff flu vaccination programme, however this did not continue under the CQUIN indicator. Further details are available electronically at: NHS England » 2020/21 CQUIN

KCHFT is required to register with the Care Quality Commission and its registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against KCHFT during the reporting period.

KCHFT participated in the Kent and Medway CQC learning disabilities provider collaboration review (PCR). This review looked at collaboration across the Kent and Medway Integrated Care System (ICS) to see how the

care and treatment for people with a learning disability was managed during the COVID-19 pandemic.

KCHFT submitted 77,797 records during 2020/21 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:

- 99.9 per cent for admitted patient care
- 99.7 per cent for accident and emergency care.

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

- 99.9 per cent for admitted patient care
- 99.0 per cent for accident and emergency care.

The most recent KCHFT data security and protection assessment (DSPA) 2019/20 reported an overall score of 'standards met' and all mandatory assertions were responded to and evidence provided. During the annual TIAA audit for 2019/20, the trust was awarded substantial assurance, with no further recommendations. The assessment was, therefore, categorised as fully compliant at that time and was published on 17 March 2020.

The 2020/21 annual audit of the DSPA and subsequent submission of the assessment is in May and June 2021, respectively. The national delays from the standard March submission dates are in response to the COVID-19 pandemic. There is still work being done on the 2020/21 assessment and it is not possible to provide an assurance position at the time of reporting.

KCHFT was not subject to the payment by results clinical coding audit during 2020/21 by the Audit Commission.

KCHFT has taken the following actions to improve data quality:

- by regularly analysing performance
- by regularly reviewing the data quality maturity Index
- reviewing admission and attendance criteria.

We are required to review and report the deaths of all inpatients in our community hospitals and during 2020/21 there were 179 deaths. This comprised the following number of deaths, which took place in each quarter of that reporting period: 73 in the first quarter; 17 in the second quarter; 41 in the third quarter and 48 in the fourth quarter. These were published on our website.

By 31 March 2021, 178 case record reviews, including 128 structured judgement reviews and zero investigations were carried out in relation to 178 of the deaths included in the previous item.

In no cases, was a death 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 73 in the first quarter; 17 in the second quarter; 41 in the third quarter and 48 in the fourth quarter.

However, in response to HCAI COVID-19 guidance relating to nosocomial COVID-19 deaths, all probable or definite nosocomial COVID-19 deaths were reviewed using the reporting and learning detailed on the trust's incident reporting system Datix. We reviewed our processes and completed duty of candour, where indicated.

No patient deaths during the reporting period were 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 2020/21.

These numbers were estimated using a multi-disciplinary mortality review process adapted for community use from the RCP structured judgement review form.

The continued need for work to embed the effective use of treatment escalation plans to support patient care has been highlighted, along with the importance of accurate documentation of DNACPR decisions; particularly with respect to discussions with relatives and friends. The need to ensure full documentation of care plans for last days of life to support patient-focused care and promote appropriate actions, such as discontinuation of routine observations when a patient is actively dying was also a focus of reviews.

A more focused awareness of specific issues with handover, including the importance of receiving discharge summaries for patients transferred from acute emergency departments and the need for any end of life care needs to be highlighted at transfer have also been recognised. Issues relating to prescribing and transcribing have been addressed.

Inter-disciplinary working between operations and the Patient Safety Team has strengthened; after action reviews were implemented and the highest impact actions distilled. These included improved handover and ward round processes for sharing of information, for example use of an SBAR. Work to provide training and support for staff on DNACPR and TEP documentation was supported by the End of Life and Palliative Care Team and included work with partners within Kent and Medway.

Work with system partners ensured increased understanding of issues and challenges arising due to incomplete treatment escalation plans. This is now regularly discussed at joint transfer of care meetings. Progress is being audited by the End of Life and Palliative Care Team. Incorporation of more detailed information requests, relating to end of life care needs has also been provided in transfer forms. An acute hospital notes transition task and finish group is also under way to support safe transfer of patients.

In all, 14 case record reviews and zero investigations were completed after 1 April 2020, which related to deaths that 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.

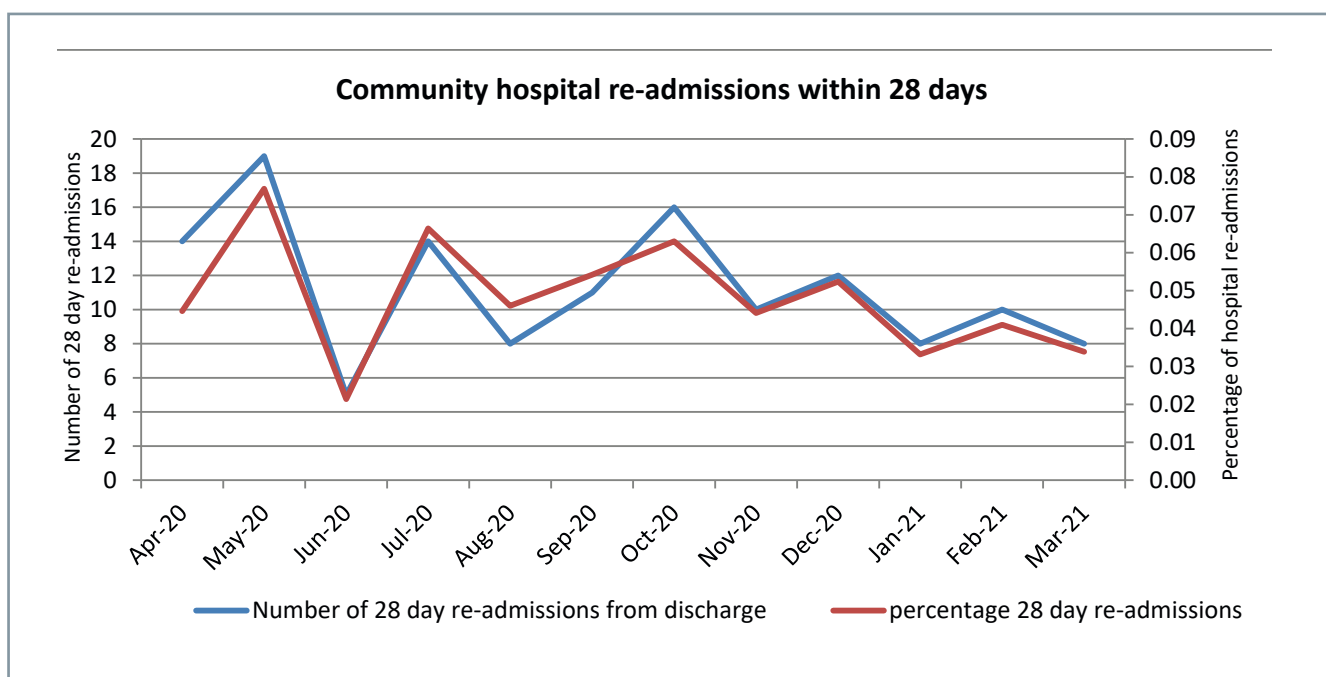
# Reporting against core indicators

## 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 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
Number of 28-day readmissions from discharge	14	19	5	14	8	11	16	10	12	8	10	8
% 28 day readmissions	4.46	7.69	2.14	6.64	4.60	5.42	6.30	4.41	5.24	3.32	4.10	3.39

	2018/19	2019/20	2020/21
Number of 28-day re-admissions from discharge	150	134	135
Percentage 28-day re-admissions	6.52	5.31	4.91



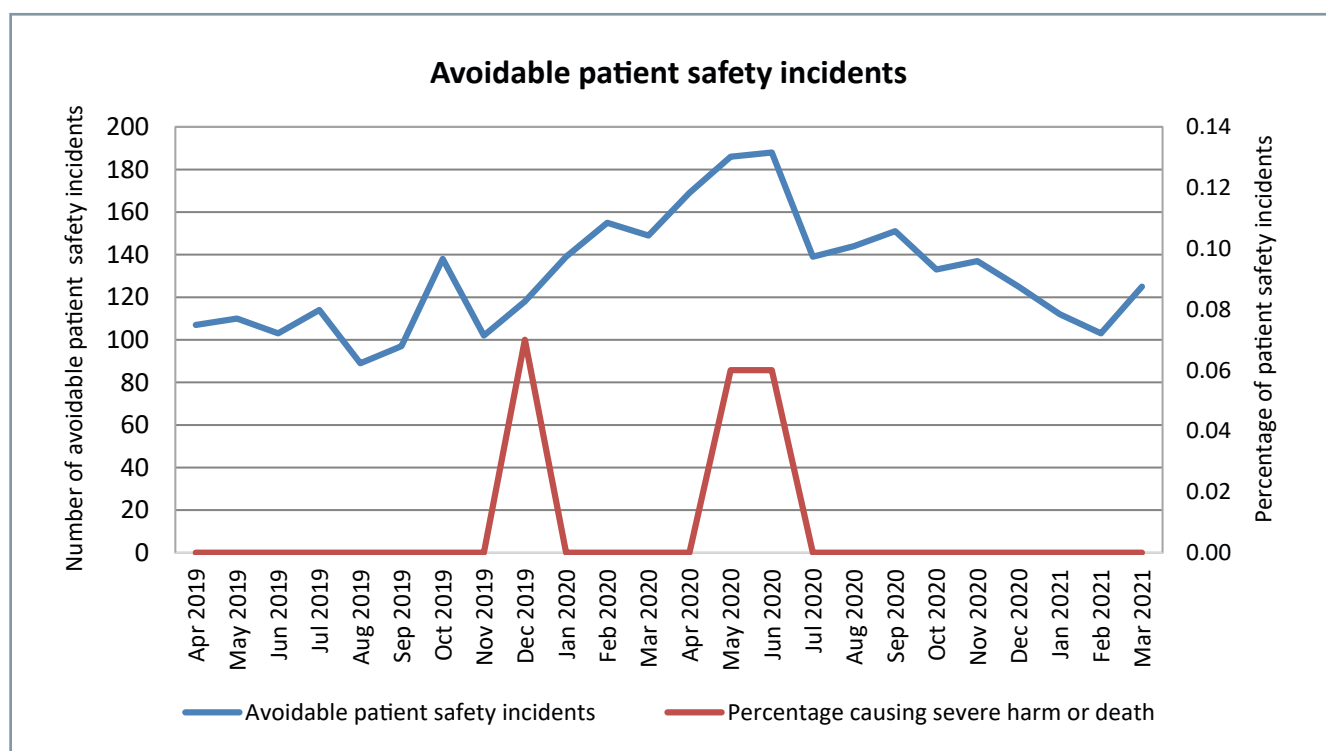
KCHFT considers this data is as described for the following reasons:

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

## Indicator 25: Patient safety incidents

The number of patient safety incidents reported at KCHFT during 2020/21 and the number and percentage of such patient safety incidents that resulted in severe harm or death are shown here:

	2019/20	2020/21
Avoidable patient safety incidents	1421	1712
Avoidable patient safety incidents (causing severe harm or death)	1	2
Percentage of total patient safety incidents causing severe harm or death (%)	0.07	0.12



KCHFT considers this data as described 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 reviewed the incident reporting system to make sure 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)

On 30 March, NHS England and Improvement announced, with immediate effect, the collection and national submission of FFT data for community services should stop. The temporary suspension was to reduce the burden and release capacity to allow for staff resource to be diverted towards more immediate priorities during the COVID-19 pandemic.

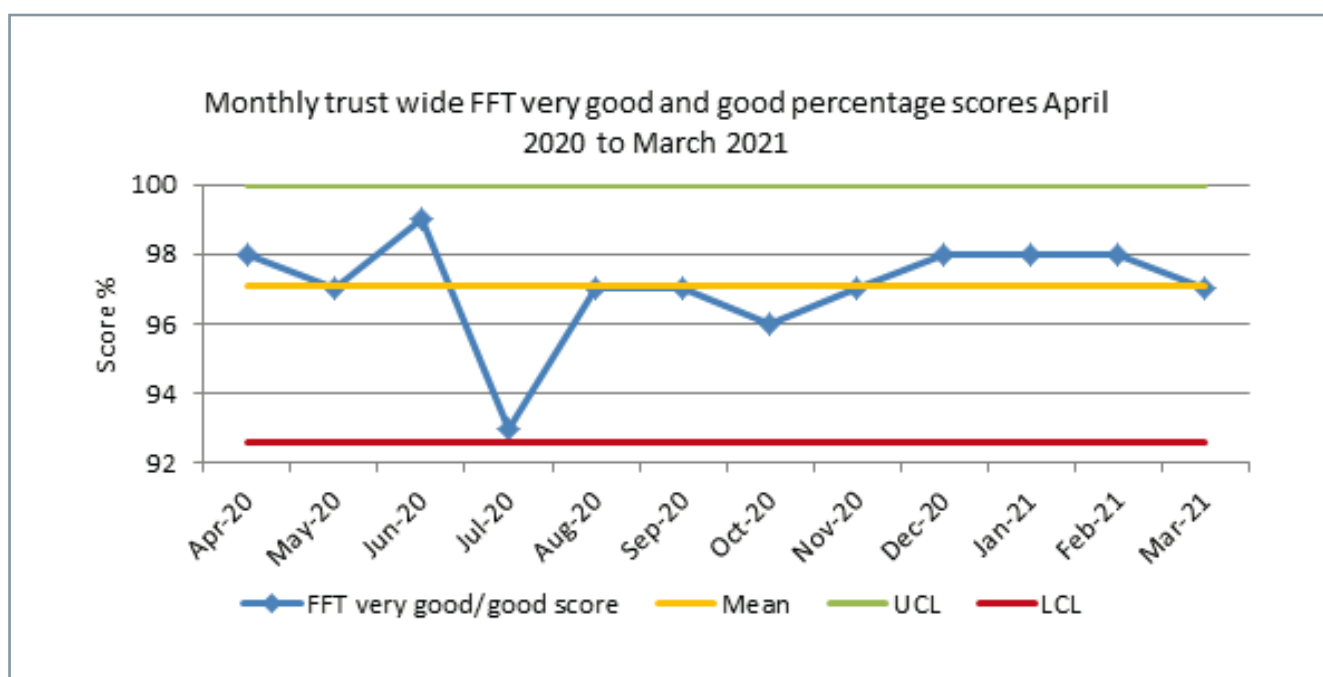
Collection of FFT data resumed in December 2020, with the first national submission made in February 2021, for data collected in December 2020 and January 2021 (separate submissions).

During the temporary suspension (1 April to 30 November 2020) some services were able to continue

to gain some FFT data. A total of 9,689 FFT questions were answered trust-wide, with 97 per cent of people rating their overall experience of the service as very good or good.

From April 2020 to March 2021, a total of 18,525 FFT questions were answered with 97 per cent of people rating their overall experience of the service they received as very good or good.

The graph below shows the monthly trust-wide FFT very good and good percentage scores between April 2020 and March 2021.



## 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 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
RTT incomplete pathways	98.9%	99.5%	98.4%	99.0%	99.8%	100%	100%	99.9%	99.9%	99.9%	99.9%	99.8%



## 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

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

"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 reviews

The we care review programme began in 2018 and is a supportive assurance programme that enables the delivery of high-quality care by reducing variation. Through shared learning and quality improvement initiatives, we make sure:

- the care we deliver supports the CQC standards
- there is increased transparency and assurance
- staff are confident to articulate their rationale for care delivery in peer review
- trust data is providing consistent information
- of involvement of all KCHFT staff and stakeholders.

The we care review programme uses the CQC's key lines of enquiry (KLOE) and fundamental standards to make sure the teams visited are reviewed within a consistent framework.

During the visits, quality reviewers talk to staff and patients and, where possible, attend home visits with clinicians, so 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 report.

Since the introduction of we care reviews, there has been two cycles of the yearly schedule where 58 services were visited in 2018 and 30 services were visited in 2019. In 2020, we developed a focused schedule in line with the review framework where visits to teams were prioritised based on quality and safety data, risk and soft intelligence.

However, this schedule was paused in April due to the first wave of the pandemic and was reinstated in September to provide assurance of the quality and safety of the care delivered to service users in line with the trust's re-set work plan.

The visits took place between September and December and reviewed the adult community and community inpatient core services. The visits were carried out with reduced participants and the newly stated interdisciplinary quality review panels evaluated service data to identify the KLOE for further exploration during the on-site visit.



Of the 16 services that took part in a we care review in 2020, 63 per cent were rated outstanding overall and 37 per cent were rated good.

The number of domains rated requires improvement reduced from six per cent in 2019 to two-and-a-half per cent in 2020.

The number of domains rated as outstanding rose from 26 per cent in 2019 to 39 per cent in 2020.

The greatest improvements were seen in the caring and safe domains; 60 per cent of services were rated outstanding for caring in 2019 compared to 81 per cent in 2020.

For safe, 77 per cent of services were rated good in 2019 compared to 93 per cent in 2020.

To support quality improvement, services develop an improvement plan based on the recommendations identified in the we care review report. The trust's professional leads 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.

## Freedom to speak up guardian

KCHFT has a freedom to speak up (FTSU) guardian who is responsible for supporting colleagues to raise concerns in the trust. The FTSU guardian provides confidential advice to colleagues, 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
- any indications that someone is being subjected to detriment for raising their concern is escalated to the board
- the organisation provides colleagues timely feedback on how their concern is being dealt with
- colleagues have access to personal support since raising their concern may be stressful.

The trust has a number of Freedom to speak up ambassadors and 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 will continue during 2021/22. The campaign sought to raise awareness of speaking up and included ways to get in touch, such as the dedicated email and phone line for colleagues to report their concerns.

Between 1 April 2020 and 31 March 2021, the FTSU guardian logged and was involved in 24 new cases. Themes of the cases were discussed with the chief executive and a six-monthly report was presented to the Strategic Workforce Committee. The trust has a named non-executive director lead for Freedom to Speak Up, who acts as an alternative source of advice and support for the guardian. Sola Afuape is the non-executive director lead.



## Part three: Overview of quality of care

This section provides an overview of the quality of care offered by KCHFT based on performance against the 2020/21 quality priorities we agreed and published in our 2019/20 Quality Account. It explains in more detail what we have achieved during the past year and those areas we need to improve upon.



# Learning disabilities

	Goal	Outcome
Patient safety	Preparing for adulthood - implement the Ready, Steady, Go framework for children and young people transitioning to adult learning disability services	Achieved

## Why this is important

When children and young people move to adult healthcare services, this is called transition. Growing literature shows morbidity and anxiety can increase for young people following their transition from children to adult services. In 2020/21, 125 young people transitioned to the Adult Learning Disability Service from KCHFT children's services, which increased from 75 in 2019/20.

To make sure every young person with a long-term condition or diagnosis has a meaningful and clear transition of care, we will implement the Ready, Steady, Go, Hello tool that was first developed by Southampton University Hospital. This will support young people, their families and carers to gain a greater understanding of their health needs while encouraging independence and the self-management skills required as they prepare for adulthood.

## What we did

Our transition from children and young people's services to adult services protocol was developed to provide the structure for a well co-ordinated transition for young people with continuing healthcare needs.

The Ready, Steady, Go, Hello framework, resources and questionnaires were launched on the trust's intranet flo in February 2021. During this time a training and engagement programme was provided to staff in all children's specialist services and the Adult Learning Disability Service.

The Ready, Steady, Go, Hello framework has been adopted by all health services in Kent and Medway and is included in the Kent County Council Preparation for adulthood protocol.

A question and answer session is being hosted by Transition and Patient Empowerment Innovation, Education and Research Network (TIER) programme on 9 June 2021 and the Ready, Steady, Go support website for healthcare professionals and patients/guardians and carers has been set up <https://www.readysteadygo.net/>

The Ready, Steady, Go, Hello, preparing for adulthood framework was launched in February 2021. To evaluate its effectiveness, an audit aligned to the requirements of NICE guideline NG43, transition from children's to adults' services for young people using health or social care services, will be conducted in six months with findings reported to the Quality Committee.

## What this means for you as a patient

This will enable a smoother transition, earlier planning and better communication between professionals working across different services and departments. This will result in fewer incidents and a greater experience of healthcare, increased inclusion and decision-making for young people and their families.

## What we achieved

The Ready, Steady, Go, Hello framework was implemented to support children and young people transitioning to adult learning, disability services, however this has been extended beyond KCHFT to all health services in Kent and Medway.



# Learning disabilities

	Goal	Outcome
Clinical effectiveness	Increase recognition of infection related deaths in patients with a learning disability	Partially achieved

## Why this is important

It is widely recognised that people with a learning disability have worse health outcomes than people without a learning disability and are more likely to experience a number of health conditions.

On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population. The life expectancy of men with a learning disability is 14 years shorter than for men in the general population (NHS Digital 2017).

In 2020, 80 per cent of the deaths of people with a learning disability in England were COVID-19-related (Mencap, 2020). This is dramatically higher than the general population in England and Wales.

## What we did

In response to the COVID-19 pandemic, rapid COVID-19 reviews were introduced for anyone who had died with a suspected or confirmed case of Coronavirus. The system-wide lessons from these reviews identified diagnostic overshadowing and actions included:

- body temperature is a vital sign and we worked to empower carers to inform general practitioners that people with a learning disability may have a lower baseline body temperature, which must be considered when reviewing COVID-19 related fever
- COVID-19 passports were laminated to meet infection prevention and control requirements so they could move around hospital sites with the patient, improving communication between the person with a learning disability and hospital staff
- KCC commissioning suggested that care homes bought oximeters due the risk of silent hypoxia.

The annual health check is instrumental for people with a learning disability in optimising good health by ensuring access to health screening, identifying ill health and providing treatment. In 2020, KCHFT funded a pilot for the Adults Learning Disability Team to work with six GP practices in Kent to provide annual health checks for people aged 14 and over registered on the LD support register.

In 2018/19, these six GP practices had achieved a collective annual health check completion rate of 22.3 percent. Due to the COVID-19 pandemic, the pilot was unable to progress with three of these GP practices, however for the remaining three, the completion rate increased to 99 per cent. Findings from the pilot and further enhanced annual health checks carried out between January and March 2021 demonstrated the benefit of joint working between primary and secondary care to support long-term, sustained improvement in the quality of annual health checks.

Following the success of the pilot, we were asked by NHS England to submit a bid for further funding to deliver the enhanced annual health check offer in Dartford, Gravesham and Swanley. KCHFT was successful and this offer is being provided between April and September 2021.

We implemented NEWS2, an established tool to recognise and respond to deterioration in adults across the community hospitals in 2019. In 2020/21, clinical audit showed that 98 per cent of patients in community hospitals with a NEWS2 score of two or more, elevated from their baseline, were reviewed by a registered healthcare professional.



In quarter four 2020/21, additional NEWS2 training was provided to other community healthcare core services including frailty, rapid response, complex care nursing and the Home Treatment Service. While our Adult Learning Disability Service does not provide direct patient care, learning disability nurses will access NEWS2 training in 2021 to support families and carers in recognising signs of physical deterioration in the people they support.

### **What this means for you as a patient**

Working as a system to increase recognition of infection-related deaths in patients with a learning disability enables earlier detection, communication and escalation, which improve the quality of care and reduce health inequalities to make sure all people receive the best health and wellbeing outcomes.

### **What we achieved**

In all, 98 per cent of patients in community hospitals with a NEWS2 score of two or more, elevated from their baseline, were reviewed by a registered healthcare professional.

Between January and March 2021, the Adult Learning Disability Service delivered 176 annual health checks; 49 per cent of these resulted in patients, their families and carers receiving advice to support their care needs and 32 per cent of health checks generated a referral to the Adult Learning Disability Team, including people who had not previously been known to the service, 16 per cent of people's needs were already being met.

The annual health checks' pilot provided to three GP practices successfully increased the completion rate from 22.3 per cent in 2018/19 to 99 per cent in 2020. Following this success, we successfully extended the offer to six other GP practices in west and east Kent between January and March 2021 and to the Dartford, Gravesham and Swanley locality, which is being delivered between April and September 2021.

# Learning disabilities

	Goal	Outcome
Patient experience	Implement the requirements of Ask, Listen, Do to improve the experience of people with a learning disability when providing feedback, raising a concern or complaint	Achieved

## Why this is important

The process of giving feedback or making complaints needs to be simplified so it is fully accessible and comprehensible for people with a learning disability and/or autism. With a clearer process, they are more likely to give feedback or raise complaints so we can identify where improvement to our services can be made for patients.

## What we did

To support people with a learning disability or autism to confidently provide feedback and raise a concern or complaint, information is available in accessible formats, including large print and easy read on our website.

The Patient Advice and Liaison Service's (PALS) contact form is now available in easy read and autism-friendly formats, both electronically (with audio) and on paper. The PALS information leaflet is also available in easy read.

The 'your feedback' page on our website has been aligned with NHS England guidelines to contain fewer words. Patient and service user feedback surveys have been reviewed and now include a simplified dropdown list, and the easy read and carers' surveys have been highlighted making them more prominent on the page. There is also a Makaton video explaining the different ways to provide feedback to the us. These resources are also available on our intranet, flo.

The Apple Tree project is designed to make reasonable adjustments when a person with a learning disability needs an appointment at a sexual health clinic. By asking for Apple Tree, the person taking the call immediately knows the person needs a double appointment. The Apple Tree patient experience survey has been updated and is now available electronically and with audio.

To understand how to make information accessible and improve conversations with people with a learning disability, autism or both, the complaints and PALS teams completed NHS England's Ask, Listen, Do training for organisations and practitioners.

To raise awareness of Ask Listen Do and the good practice resources available within the trust, the project was presented to LD champions for them to share within their teams. We also contacted various learning disability and autism support groups and organisations about the project, providing resources and to identify people who would like to attend the learning disability and autism forum.

To extend this project to all staff, an e-learning package has been created and is being designed by our Education and Development Team. The training introduces learning disabilities and autism facts, barriers to accessing healthcare, communication tools and accessible resources.

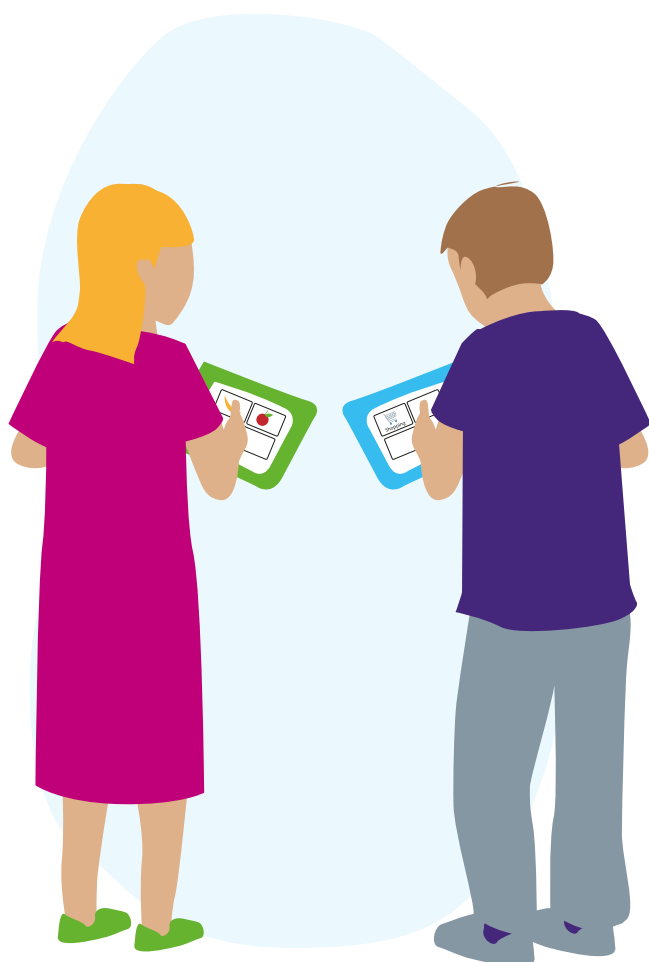
## What this means for you as a patient

If you are unhappy about your experience of care when accessing a KCHFT service or you would like to provide general feedback, you can talk to one of our staff members who will provide you with the information and resources to leave your feedback or complaint. If you are making an official complaint, our Complaints Team will make sure you are communicated with in a way that meets your needs and all correspondence will be in a format you have requested. If you wish to leave feedback at a later date, you should be able to navigate the 'your feedback' page on our website with ease, or find the contact details of our PALS Team, which can help you with any request.

In May 2021, all staff will have access to basic awareness training, which means they will have a better understanding of how to meet the communication and information needs of our patients, carers and families who have a learning disability and/or autism.

We have shared our accessible resources with learning disability and autism groups and organisations across Kent and Medway, as well as Kent County Council, which means there will be better communication and signposting across services and organisations.

We will continue to work with people with a learning disability and/or autism and their families and carers, through the forum, easy read groups and other engagement groups, which means we can work together to improve KCHFT services, specifically for those with a learning disability and/or autism.



## What we achieved

### Increased easy read survey completions

The number of easy read surveys completed increased by 315. The number of surveys completed at the end of quarter two was 269, which increased to 584 at the end of quarter four 2020/21.

### Improved easy read survey feedback

To meet the requirements of Ask Listen Do, the easy read survey asks, 'If you were unhappy with your appointment, do you know who to speak to?'

At the end of quarter two, 51.9 per cent of respondents answered no.

At the end of quarter four this reduced to 18.8 per cent of respondents answering no.

### Increased survey completions in special schools

At the end of quarter two, no surveys had been completed by children, young people or their parents/carers.

At the end of quarter four, 35 surveys completed by parents and carers and 13 completed by children and young people.

### Management of learning disability and autism-related complaints

The number of learning disability and autism-related complaints are low with two received during quarter four. The training completed by the Complaints Team enabled them to provide the complainants with additional support to meet their information communication needs and preferences.



# Learning disabilities

	Goal	Benchmark	Target	Outcome
Staff experience	Increase learning disability champions in general services to increase the knowledge and expertise of working with people with a learning disability	85	120	<b>134 Achieved</b>

## Why this is important

It is well known that people with a learning disability face health inequalities and even preventable death, due to a lack of skills, knowledge and experience of health and social care staff working in generic/mainstream services.


Learning disability (LD) champions are people with a personal/professional interest in working with people with a learning disability and have training and continuing support to help them meet the needs, overcome barriers and improve the experience of people with a learning disability who may use their service.

## What we did

LD champions were first introduced at KCHFT in June 2019 as a way to promote awareness of the needs of people with a learning disability. Before the COVID-19 pandemic, the learning disabilities service planned to deliver two face-to-face training sessions in 2020.

The pandemic highlighted health inequalities experienced by people with a learning disability and requests for training continued despite lockdown restrictions. To increase knowledge and expertise of all KCHFT staff who care for people with a learning disability, the first virtual LD champion training event, co-designed by LD practice partner, Sharon Harris, was held in September 2020.





Anyone can be a LD champion and this is reflected by the range of people who have attended training; clinical, non-clinical and administrative. Although this training was initially targeted towards KCHFT staff, professionals from other organisations joined, including staff from GP surgeries, acute (main) hospitals and paramedics.

Our Adult Learning Disability Service has worked with Kent Fire and Rescue service to design and provide bespoke LD awareness training to non-health public services.

## What this means for you as a patient

Through increased knowledge and awareness, we have been reviewing how accessible our services are to people with a learning disability and have considered service-level reasonable adjustments helping to overcome barriers and improve patient experience. Examples of how services adjusted, following LD Champion training, are outlined below:

- Phone calls are now in place before our arrival to make sure that patients are aware of the visit and we can make arrangements and meet requests.
- We are reviewing all correspondence we send out and timings for appointments.
- Reasonable adjustments to the timing of appointments, so they could be longer and either at the beginning or the end of the day.
- Understanding patients where home visits may have better outcomes even if the person is able to come to clinic.
- Support to a GP practice to create an easy read guide to measure oxygen levels using an oximeter at home.

Feedback from delegates includes:

### Student nurse associate, Canterbury Community Nursing Team

As an LD champion working in the community, I have become more aware that not everyone is the same. Everyone deals with things in different ways and may find the pressure of everyday tasks difficult. For people with a learning disability this may be heightened even further, especially with unscheduled tasks. The ability to express themselves, question options or voice opinions may be difficult, so it is important to provide support and extended time, if needed, to help with understanding and processing information.

### Patient and Carer Partnership Team

My role regularly involves supporting people with a learning disability and the LD champion training really helped to strengthen my knowledge and skills. It has supported how I work with my learning disability focus group to create and test easy read patient information.

### Community hospital staff nurse, Hawkhurst Community Hospital

The training and information gained following this is allowing me to keep more up-to-date because I work within a general area and not a people with learning disability specific area.

## What we achieved

We have trained a total of 134 LD champions providing staff with an increased awareness of the needs, rights, and person-centred approach that we should take with people with learning disabilities.

# Improving outcomes

	Goal	Outcome
Patient experience	90 per cent of patients in community core services with a NEWS2/PEWS score of two or more, which is elevated from their baseline, will be reviewed by a registered professional to detect patients at risk of clinical deterioration or death.	Achieved

## Why this is important

We are committed to deliver high-quality care, to improve quality outcomes for our patients by having standards in place for managing the risk associated with clinical deterioration. NEWS2 and PEWS are established tools to recognise and respond to clinical deterioration in adults and young people. It is important NEWS2 and PEWS are implemented in all appropriate community core services to identify deteriorating patients and that they are reviewed by a registered healthcare professional to make sure appropriate action is taken. This also supports standardised working and communication in line with our NHS and other community providers across the care pathway.

## What we did

NEWS2 was successfully implemented in our community hospitals in 2019/20 and in 2020/21 this quality priority was extended to include all appropriate community core services.

Following the 2020 audit, the deteriorating patient standard operating procedure was reviewed to include updated sepsis charts. We continue to promote the use of soft signs of deterioration in conjunction with the NEWS2 and PEWS booklets to include not only scoring systems, but an escalation pathway, situation, background, assessment and recommendation (SBAR) communication tool and sepsis tool.

To support the roll out of NEWS2 and PEWS in community core services, an e-learning training package was created to help staff to understand the tools and how to recognise and respond to the deteriorating patient. This training is available through the trust's training and appraisal performance system, TAPs, and is an essential to role course for all existing KCHFT staff and new starters.

A midpoint audit was carried out for community hospitals, which showed that 96 per cent of patients in a community core service with a NEWS2 score of two or more elevated from their baseline were reviewed by a registered professional.

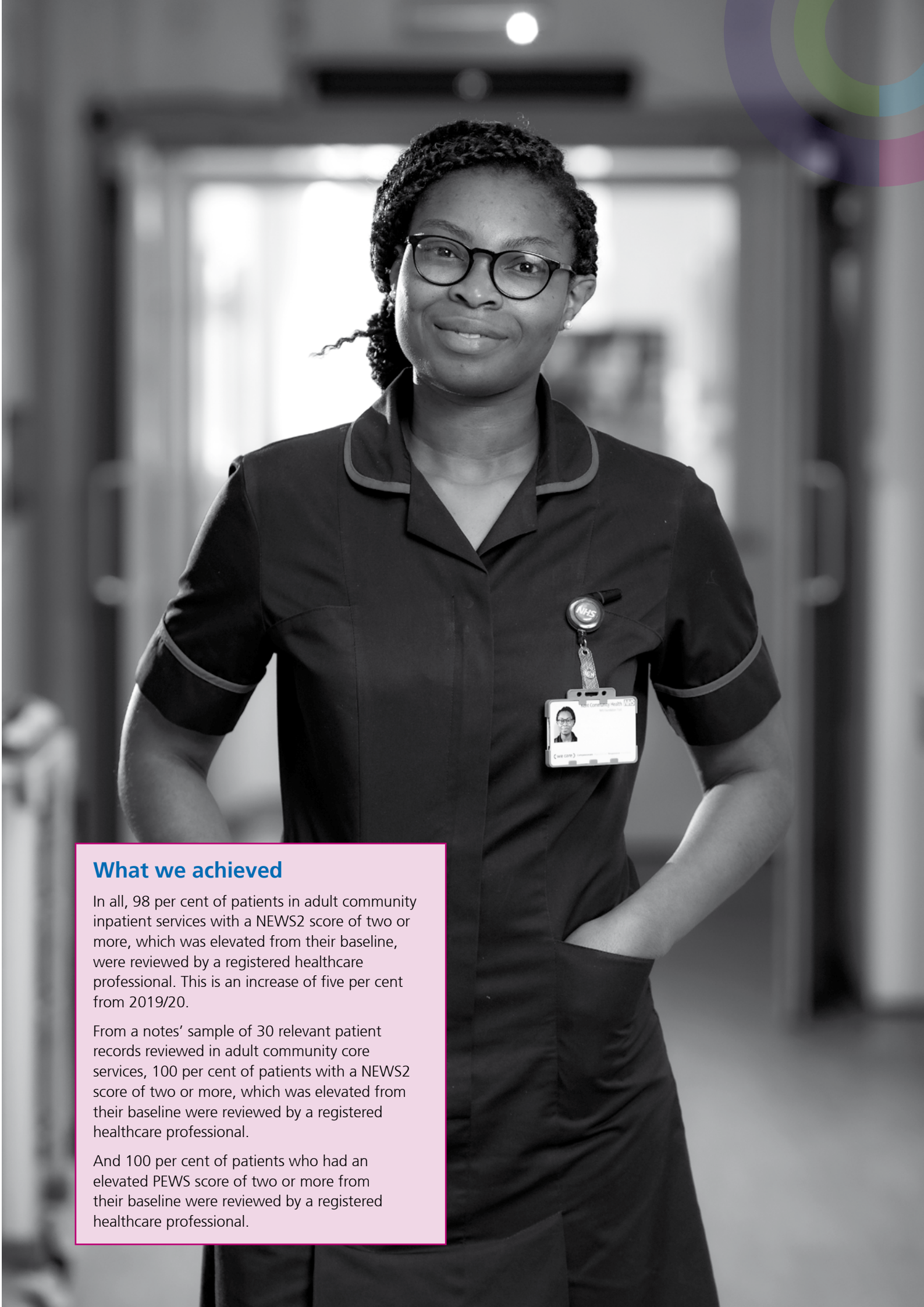
For other community core services, there was engagement with community nursing teams and children's services to make sure the charts introduced were in a format that represented the escalation process and clinical response required for those teams.

The impact of COVID-19 meant resource during the first and second waves of the pandemic were focused on providing the operational response and, as such, community core services required further support with implementing NEWS2. This was provided by the Patient Safety Team at the end of quarter four 2020/21 with caseload managers now championing the effective use of NEWS2.

The findings from the 2020/21 deterioration patient audit will be analysed and a robust improvement plan will be developed to reduce variation and improve quality.

## What this means for you as a patient

NEWS2 and PEWS enable early detection of deterioration, consistent communication and appropriate escalation, all of which improve the quality of care to make sure people receive the very best health outcomes



## What we achieved

In all, 98 per cent of patients in adult community inpatient services with a NEWS2 score of two or more, which was elevated from their baseline, were reviewed by a registered healthcare professional. This is an increase of five per cent from 2019/20.

From a notes' sample of 30 relevant patient records reviewed in adult community core services, 100 per cent of patients with a NEWS2 score of two or more, which was elevated from their baseline were reviewed by a registered healthcare professional.

And 100 per cent of patients who had an elevated PEWS score of two or more from their baseline were reviewed by a registered healthcare professional.



# Improving outcomes

	Goal	Outcome
Clinical effectiveness	Open one research study in collaboration with an acute NHS trust to enable delivery of research which follows the patient pathway and is not restricted by organisational boundaries	Partially achieved

## Why this is important

Patient care does not recognise organisational boundaries, it requires collaboration and connectivity so the person receives support, care and treatment wherever is most appropriate for them. This could be in hospital, at home or in a clinic. For research to be relevant, delivery of studies should not be restricted by organisational boundaries and, as such, requires collaboration to provide seamless care to our patients, clients and service users.

## What we did

We progressed well with the set-up of the TriOptimize study, which looked at the health-related quality of life for people living with chronic obstructive pulmonary disease, with a neighbouring trust. Unfortunately, due to COVID-19, this was put on hold during the winter months.

However, we have opened the CCP-UK study, which is an urgent public health study to support continued data collection for patients with COVID-19, who have received care in an acute setting and then transferred to the community setting.

The purpose of CCP-UK is to study COVID-19 to better understand its spread and behaviour by analysing data from patients with confirmed cases of the disease across the UK. Data, and in acute centres, samples, from COVID-19 patients in the UK is being used to answer questions about the virus in real time. This is mirrored in other countries across the world that are collecting the same data.

Data collection is still continuing, but the information obtained from the study summarising the illness episode and outcome is regularly reported to departments of


health across the UK. So far, this has informed the way the Government has handled the pandemic. This data is also available to researchers through an open data platform and has been used to provide a foundation for other studies, such as clinical trials of new treatments and to help better understand the best way to use interventions, which will be implemented at national and international levels.

## What this means for you as a patient

This means that if you contributed your data to this study it can be used to provide a foundation for other studies, such as clinical trials of new treatments and to better understand the best way to use interventions at national and international levels.







## What we achieved

We opened the CCP-UK study to evaluate the spread and behaviour of the COVID-19 disease.

# Improving outcomes

	Goal	Outcome
Patient experience	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	Partially achieved

## Why this is important

We need to make sure our services are co-designed and developed by the people who use them, their families and unpaid carers. We want to make sure they are able to use their lived experiences of using our services to work with us to improve what we do.

Improving the experiences of the people we care for means there will be better participation and involvement and this will change the way we work with our patients, their carers and families.

It will reset the balance, making sure patients, carers and their families are equal partners and have a strong voice in the way services are delivered and developed.

## What we did

To identify patient and carer involvement across the trust, we carried out a benchmarking exercise to understand how many services had a patient or family carer voice involved in delivery of care. We mapped our services, reviewed our governance groups and our electronic patient and carer database. This identified that 34 per cent had a patient or carer voice involved in care delivery.

We transformed our Patient Engagement Network into our new People's Network and designed new advertising material to increase membership and developed a newsletter to provide information on current involvement initiatives. This year, the People's Network has been involved in:

- co-designing training for the complaints process
- re-designing the complaints policy
- co-designing involvement training
- our governance groups
- delivering training

- our quality improvement projects
- our Patient and Carers' Council
- designing and developing the Participation Matters newsletter.

A new east Kent community engagement group was established in quarter two. The group, which comprises 16 services, enables patients and carers to voice their views and experiences to improve services. The group has been able to co-design a new webpage for east Kent community services and is working on an 'about me' document, which will support patients and their families through services.

We established our Carers' Steering Group, redesigned our carers and relatives' survey to make sure we can capture better feedback about their experiences.

We held a virtual carers' conference, using social media to promote how we will be working with carers and our partner organisations to raise awareness of carers and the support they need. The conference reinforced our commitment to positively work with carers to support their needs and involve them in all aspects of improving care.

The Carers' Steering Group will lead on work to deliver the 'triangle of care' across the trust during 2021/22. This is a national initiative, led by the Carers' Trust, to improve carer awareness and involvement. We will be the first community trust in the UK to sign up as a member of the initiative.

As part of the trust-wide evaluation to understand the experiences of our patients and carers using our services during the pandemic, the Patient and Carer Partnership Team supported by facilitating six focus groups for some of our specialist and elective services. These were focused on understanding what patients and families think about having their appointments and treatment carried out virtually or by phone.



## What this means for you as a patient

We want to improve participation and involvement for our patients and their families. By doing so, we will provide a variety of initiatives and opportunities for patients and families to have a voice in their care, to use their experiences and to share their views and ideas so they feel engaged as equal partners.

In delivering our involvement training, our staff will be able to confidently identify opportunities in a variety of ways for patients and carers to be involved in improving our services.

Through the Carers' Steering Group, we will be able to raise awareness across the trust of the vital role that carers and families play in supporting their cared for person. Staff will be able to make sure carers have better access and information about the support they need.

## What we achieved

At the end of 2020/21 40 per cent of services had an identified patient/carer voice in delivery of care.

While we have been working to fully achieve the quality priority, we acknowledge we have been working against the backdrop of the pandemic.

We have been able to develop our plans and objectives and continued to engage virtually with our patient and carer representatives. However, due to COVID-19 restrictions and staff capacity, the development of some of objectives for this quality priority will be carried over to 2021/22; these include:

- setting up a new community engagement group in west Kent and developing a group for east Kent
- delivering the involvement training in April 2021
- carrying out nine more focus groups in May 2021 with our children's therapies services in Kent and East Sussex, and speech and language services in Kent
- establishing and recruiting experts by experience roles.



# Improving outcomes

	Goal	Target	Achieved	Outcome
Staff experience	A two per cent decrease in the annual NHS staff survey of KCHFT staff reporting "During the past 12 months have you felt unwell as a result of work-related stress"	34.5 per cent	37.2 per cent	<b>Not achieved</b>

## Why this is important

NHS staff have to manage highly pressured, unpredictable and emotional circumstances which can impact their health and wellbeing and increase sickness absence. It is imperative we provide support and resources to maintain physical and psychological health and wellbeing for our people.



## What we did

Throughout the COVID-19 pandemic, individuals and teams did a huge amount to support each other, including regular team check-ins and making space available for colleagues to rest and recuperate.

Preserving the health, safety and wellbeing of colleagues and keeping them well is critical. As an organisation, we offer individual risk assessments to staff to make sure all possible steps are taken to protect them and others from COVID-19 while at work.

We have a dedicated section on our intranet called 'You, which sets out a range of wellbeing resources

for staff to access. This includes videos on relaxation, breathing exercises, how to stay fit, our counselling service and Time to Change champions. This was extended with the emergence of the COVID-19 pandemic and additional resources were included:

- Wobble rooms at each site.
- Time to talk rooms.
- Extended counselling service.
- Schwartz rounds.
- Guidance on domestic abuse, debt management (including access to grants).
- Physical wellbeing tips on working from home.
- Kent Together helpline.
- Regular thanks from senior colleagues, including direct communications from the chief executive and chair.

A single page on our intranet was developed, dedicated to supporting managers to lead their teams through the pandemic. Action learning sets for leaders were transferred to virtual delivery and one-to-one coaching was extended to all leaders and managers.

The leaders' handbook was developed to provide a central guide containing a range of practical tools and resources to support their teams. We also shared the NHS England and NHS Improvement offer available on the NHS People website, which included confidential support via phone and text, specialist bereavement support, group and one to one support, including specialist services to support our black, Asian and minority ethnic (BAME) colleagues.

We worked collaboratively with Kent and Medway Social Partnership Trust (KMPT), which provided videos and information leaflets for staff available on our intranet and it has also provided psychological support for targeted sessions with some teams.



The safety and health of our staff is paramount and our response to the pandemic included effective infection prevention and control procedures, access to appropriate personal protective equipment (PPE) and this year 73.4 per cent of patient facing staff received the flu vaccination.

To say thank you and support morale we:

- sent 1,241 colouring packs to children of people who work at KCHFT
- sent dedicated thank you letters and a Together badge to all staff
- sent a dedicated You booklet to all staff
- provided health and wellbeing vouchers to all staff
- launched a dedicated health and wellbeing bulletin called hello from Joe.

From March 2021, the end of year review includes a health and wellbeing conversation where managers and staff are encouraged to discuss the individual's health and wellbeing, any flexible working requirements, as well as equality, diversity and inclusion. From this discussion, a personalised plan can be developed to support the individual's wellbeing needs.

### What this means for you as a patient

Staff who are well and healthy are able to provide better quality of care to patients. Supporting staff health and wellbeing means that they are able to work effectively and provide the care and treatment you need.



### What we achieved

While we did not achieve our ambition to reduce the number of staff reporting that they had felt unwell during the past 12 months as a result of work-related stress in the annual staff survey by two per cent, the 2020, NHS staff survey results show that our results are in line with the best responses in the country. This illustrates the impact of the health and wellbeing offer provided to our staff during the previous 12 months.





# Psychological safety

	Goal	Target	Achieved	Outcome
Patient safety	A three per cent positive increase in the annual NHS staff survey question "would you feel secure raising concerns about unsafe clinical 'practice'"	80.6 per cent	81.8 per cent	Achieved

## Why this is important

Speaking up or raising concerns should form part of normal clinical practice, particularly if there are concerns that could impact patient safety. For staff to feel secure raising concerns, they need to feel psychologically safe and supported.

## What we did

The trust appointed Sola Afuape as non-executive director lead for freedom to speak up; she acts as an alternative source of advice and support for the guardian.

Speak Up Month took place in October 2020 and was led by the freedom to speak up guardian. The guardian sought to raise awareness of the importance of speaking up through a range of blogs and internal communication articles. Each blog had a different theme to publicise the ways in which staff can speak up about concerns, including those relating to unsafe clinical practice.

In February 2021, a Schwartz round was held with the theme, 'Safe to speak?' Four storytellers shared their experiences of speaking up; the event was attended by staff virtually across the organisation. In all, 100 per cent of staff who took part stated the stories presented were relevant and 100 per cent rated the round as excellent or exceptional.

The National Guardian's Office released 'speak up, listen up and follow up' e-learning for all healthcare workers, explaining what speaking up is and the importance of supporting people who do. The freedom to speak up guardian is leading on implementing the training in the trust. The Freedom to Speak Up Ambassador Network will be re-launched in the summer of 2021.

## What this means for you as a patient

When staff feel secure raising concerns about unsafe clinical practice they know they will be treated with compassion trust and respect. In turn, we can learn and act to improve the quality of care provided to patients and service users.

## What we achieved

The ambition for a three per cent positive increase in the annual NHS staff survey question 'would you feel secure raising concerns about unsafe clinical practice?' was exceeded with 81.8 per cent of staff answering *strongly agree*.



# Psychological safety

	Goal	Target	Achieved	Outcome
Clinical effectiveness	Continue to empower employees to actively engage in quality improvement, 50 per cent of QSIR practitioners are actively involved in quality improvement project(s) six months after achieving practitioner status	57	50	Not achieved

## Why this is important

KCHFT introduced quality, service improvement and redesign training (QSIR) practitioner training detailing a comprehensive quality improvement methodology in 2018 and trained 150 internal and external stakeholders between 2018 and 2020. To foster innovation and empower staff to carry out quality improvement initiatives, organisational support and encouragement is key so locally-owned quality improvement projects can lead to benefits for patients and staff.

## What we did

The impact of the COVID-19 pandemic meant direction was focused on service delivery and, as such, the number of specific QI projects was lower than anticipated. QSIR practitioners were supported by the QI Team, which produced a suite of web-based resources, including how to involve patients and service users directly in quality improvement.

New QI advisors were recruited and have provided one-to-one support and guidance to practitioners leading projects and to colleagues who have attended quality improvement fundamentals training or those with little knowledge, but interest in QI to further embed a culture of improvement in the trust.

## What this means for you as a patient

Training and supporting staff to implement quality improvement projects empowers them to make demonstrable and sustainable improvements to their service, based on the needs and preferences of our patients and service users. This has a positive impact on the quality and experience of care delivered.

## What we achieved

Taking into consideration turnover of trained QSIR practitioners, we aimed for 57 QSIR practitioners to be involved in QI projects in 2020/21. At the end of the reporting period, there were a total of 80 QI projects registered on LifeQI. Of these, 50 involved QSIR practitioners. This demonstrates engagement with QI projects within the trust, beyond that of QSIR practitioners.

## KCHFT Quality Improvement

A clinical co-ordinator with Thanet Long Term Services is to speak at a national conference on patient safety discussing the quality improvement project she ran in the trust. The project looked at staff training and boosting morale to make sure everyone felt valued. Consequently, staff sickness rates reduced by 76 per cent and staff reported feeling much happier as a result of the changes. Patient safety incidents reduced and the quality of care improved.

An advanced pharmacist working in the Medicines' Management Team was shortlisted for the HSJ Value Awards (pharmacy and medicines optimisation) for her QI project on medicines optimisation in east Kent care homes.

Health visiting and infant feeding programme staff achieved full accreditation as baby friendly services. The United Nations' Children's Fund (UNICEF) award is for breastfeeding support and advice provided by our Health Visiting Service. Surveys show mothers want to breastfeed, but do not always get the support they need; our health visiting services support parents with however they choose to feed their baby to form strong, loving relationships.

# Psychological safety

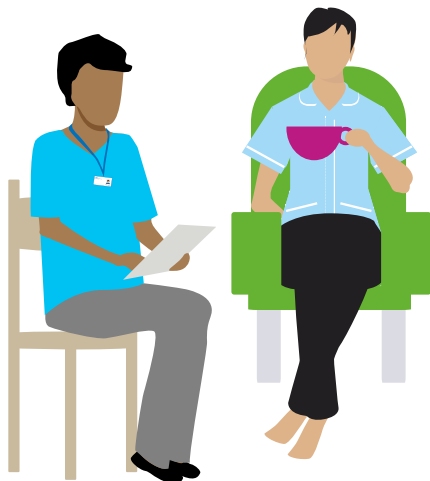
	Goal	Target	Achieved	Outcome
Patient experience	A total of five Schwartz rounds will have taken place with evaluation shared with a Quality Committee. There will be a well-established and functioning steering group	5	11	Achieved

## Why this is important

Healthcare staff face highly pressured and emotive situations on a daily basis, with little time to reflect on the impact of that work or to acknowledge the achievement of providing compassionate care, despite the challenging context. Evidence suggests that for staff to deliver high-quality care, they need to feel supported. This is beneficial for the individual, patients, and the organisation as a whole.

Evaluation of Schwartz rounds has demonstrated that attending can be supportive and transformative, with staff reporting:

- decreased feelings of stress and isolation
- improved team work and inter-disciplinary communication
- increased insight into social and emotional aspects of patient care and confidence to deal with non-clinical issues relating to patients
- changes in departmental or organisation-wide practices as a result of insights that have arisen from discussions in rounds.



## What we did

We established the Schwartz Steering Group and all members of the group were trained by the Point of Care Foundation.

In June 2020, we delivered the first Schwartz round, which was held virtually due to the restrictions in place because of the COVID-19 pandemic.

The steering group evaluated the rounds and to enable further development of the programme, a further four facilitators were trained in December 2020 to support implementation of team time Schwartz rounds. Team time Schwartz rounds reflect the structure of a Schwartz round, however the audience is limited in size and intended to draw upon the experiences of a particular team or department.

The steering group was responsive to round themes, which made sure they were current for staff. Facilitators led rounds relating to redeployment, the pandemic and working with end of life care patients. The steering group was strengthened with representation from HR colleagues.

The learning from Schwartz round evaluations was widely shared across the organisation, which included reporting to the trust's Schwartz Steering Group, quality and workforce committees and the Board.



## What this means for you as a patient

By creating safe spaces for reflection, Schwartz rounds give staff the opportunity to connect with the emotional aspects of their work which, if left unacknowledged, may impede their ability to deliver compassionate care. Rounds can help staff who feel stress, anxious or detached from their work. Schwartz rounds will support staff to deliver compassionate care to patients and service users.

## What we achieved

We delivered 11 Schwartz rounds across the organisation. Two team time sessions were held for teams.

# Psychological safety

	Goal	Target	Achieved	Outcome
Staff experience	Create and maintain a culture where people feel included in the workplace by a 1.3 per cent decrease in the number of staff reporting discrimination from colleagues in the annual NHS staff survey	3.2 per cent	4.7 per cent	Not achieved

## Why this is important

The NHS constitution states that every person counts, to make sure that nobody is excluded, discriminated against or left behind. To provide high-quality care to our patients and service users, there must be a culture and working environment to make sure staff are fairly treated and free from discrimination. Indeed, if staff are not treated well, it can lead to higher vacancy and turnover rates. To achieve our ambition of the best employer we must make sure we have the best inclusivity practices.

## What we did

In summer 2020, we opened the Big Listen 2, an online survey to all staff, to hear the views and experiences of the workforce and in response to build plans for the future.

We recruited the head of equality, diversity and inclusion and the workforce equality, diversity and inclusion lead.

Our people strategy was launched, which contains seven ambitions to engage, retain and recruit staff and includes a specific ambition around fairly treating people. During the next three years, the areas of focus to enable this will include:

- reverse mentoring
- cultural awareness training
- the resolution and accountability framework
- a just culture embedded
- equality change agents
- further expanding our work with Kent Supported Employment (QIA)
- working with Prince's Trust (introducing young people into the workforce).

The resolution and accountability framework was developed in 2020 and launched in April 2021, after the NHS staff survey results were published. The framework aims to support staff to address concerns they have, including those perceived as harassment or discrimination. The framework aims to empower staff to find early resolutions before it develops into long-running differences and repeated misunderstandings that impact morale, productivity and health and wellbeing. Trained resolution and accountability champions are available to help colleagues find an early solution through a range of options, including facilitated conversations and mentoring.

To support us in making sure we have rich diversity and there is equity for all, we have asked an external company to provide an equity review that will include conversations with senior leaders, representatives from our Black Asian and Minority Ethnic (BAME) Staff Network, as well as all members of staff. This will provide an opportunity to identify what we do well and what we need to improve upon.





## What this means for you as a patient

A happy and productive workforce is better able to provide quality and safe care to all patients. It will also support recruitment and retention as staff diversity is recognised and celebrated.

## What we achieved

The Big Listen 2 took place in July 2020.

We recruited the head of equality diversity and inclusion and the workforce equality, diversity and inclusion lead.

We developed the resolution and accountability framework and a race equality review conducted by an external company started in May 2021.



## 2020/21 quality priorities – what happens next?

The work carried out to improve the quality of our services through the ambitions of the 2020/21 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

ADHD	Attention deficit hyperactivity disorder
BAME	Black, Asian and Minority Ethnic
CARE values	Compassionate, aspirational, responsive, excellent
CCP-UK	Clinical Characterisation Protocol UK
CQC	Care Quality Commission
CQUINs	Commissioning for Quality and Innovation
EPR	Electronic patient record
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DSPA	Data Security and Protection Assessment
FFFAP	Falls & Fragility Fracture Programme
FFT	Friends and family test
FTSU	Freedom to Speak Up
GP	General Practitioner
HCAI	Healthcare Associated Infections
HEF	Health Equalities Framework
HR	Human Resources
HSJ	Health Service Journal
IG	Information Governance
KCC	Kent County Council
KCHFT	Kent Community Health NHS Foundation Trust
KLOE	Key lines of enquiry
LD	Learning Disabilities
MENCAP	UK charity for people with a learning disability
MIU	Minor Injuries Unit
NACAP	National Asthma and COPD Audit Programme

NDFA	National Diabetes Footcare Audit
NEWS2	National Early Warning Scores (updated)
NHS	National Health Service
NHSI	NHS Improvement
PALS	Patient Advice and Liaison Service
PCP	Personalised care plans
PCR	Provider Collaboration Review
PEWS	Paediatric Early Warning Signs
PH	Public Health
PPE	Personal Protective Equipment
QI	Quality Improvement
QIA	Quality Impact Assessment
QSIR	Quality, Service Improvement & Redesign
RCP	Royal College of Physicians
RTT	Referral to treatment
SALT	Speech and Language Therapist
SBAR	Situation, Background, Assessment, Recommendation
SINBAD	Scoring system used to measure severity of ulcers for the NDFA
SSNAP	Sentinel Stroke National Audit Programme
TAPs	Training and Appraisal Performance system
TB	Tuberculosis
TEP	Treatment Escalation Plan
TIAA	The trust's auditors
UNICEF	United Nations Children's Fund
UTC	Urgent Treatment Centre

# Annex 1

## Statements from commissioners.



Ref: Kent Community Health NHS Foundation Trust Quality Account

### Nursing & Quality Directorate

Paula Wilkins  
Executive Chief Nurse  
NHS Kent & Medway  
Headquarters  
81 Station Road  
Ashford  
Kent  
TN231PP

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

Sent via email

7<sup>th</sup> June 2021

### Kent and Medway CCGs KCHFT Quality Account Comments 20/21

Dear Mercia,

We welcome the Draft Quality Account for Kent Community NHS Foundation Trust (KCHFT). The CCG has a responsibility to review the Quality Accounts of the organisation each year, using the Department of Health's Quality Accounts checklist tool, to ascertain whether all of the required elements are included within the document and the CCG confirms that the Quality Account has been developed in line with the national requirements with all of the required areas included. We note that Part One is yet to be complete and the senior employee signature added in line with The National Health Service (Quality Accounts) Regulations 2010, but look forward to seeing this in the final version.

Your report clearly sets out your key areas of quality focus for the coming year, by identifying priorities for 2021. These align to each of the four aims of the Trust, as set out in the Quality Strategy, 2017, which are: enhancing patient experience; improving population health and reducing health inequalities; improving staff experience at work, reducing costs and increasing value for money and efficiency.

You have set twelve clear priorities for the coming year, aligned to the four aims of the Trust's Quality Strategy. We note your efforts on engagement with services, governance groups, the Executive Team, staff, stakeholders, patients, their families, and carers, in discussing and agreeing the Trust's quality priorities for the coming year.

There is a thorough overview of the work that you have all undertaken this year with a focus on quality and clearly detailed what this means to patients, reading the report. You have talked about the audits that you have undertaken and discussed how this supports identification of areas requiring improvement and detailed actions to improve the quality of healthcare provided.

Although the pandemic has had a major impact on your services, your response has demonstrated success in working together to make changes at pace. We would like to thank all of the staff at the trust for their hard work during this unprecedented time in supporting the system wide effort.

Clinical Chair: Dr Navin Kumta  
Accountable Officer: Wilf Williams



The continued relationship between the Trust and the CCG has allowed collaborative working which will develop into working together within our Integrated Care System (ICS). As the main provider of community NHS services for the population of Kent, the CCG Quality Team is proud to support the Trust in their vision to provide outstanding quality and improvement as the focus and motivation for everything that you do.

Throughout the report you have provided clear and measurable recommendations and the report has a clear flow, that would be easy to follow for members of the public who may have an interest in reading this report.

In conclusion, the report is well structured and highlights that the quality of patient care remains a clear focus for the organisation and at the forefront of service provision. The CCG thanks KCHFT for the opportunity to comment on these accounts and looks forward to further strengthening the relationships with the organisation through continued collaborative working in the future.

Yours sincerely,

Paula Wilkins  
Executive Chief Nurse for NHS Kent and Medway Clinical Commissioning Group

Clinical Chair: Dr Navin Kumta  
Accountable Officer: Wilf Williams

# Annex 2

## Statement of directors' responsibilities for the quality account


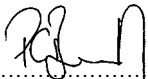
The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports, which incorporates 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 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 2020 to March 2021
  - papers relating to quality reported to the board over the period April 2020 to March 2021
  - feedback from commissioners
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
  - the 2020 National Staff Survey
  - the Head of Internal Audit's annual opinion of the trust's control environment
  - 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.

17 June 2021	Date		Chairman
17 June 2021	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](http://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

If you need communication support or this leaflet in another format, please ask a member of staff or contact us.



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#### Our values

Compassionate Aspirational Responsive Excellent