

# Potential Quality Priorities 2022/23 and the rationale for inclusion

## Patient safety (We are safe)

Suggested priorities	Rationale for inclusion
<p><b>Medicines Management</b></p> <p><b>Community hospital inpatients will receive their medication on time.</b></p> <p>We will reduce the rate of omitted or delayed doses of critical medicines to below 4 per cent of all incidents.</p>	<p>Medicine doses are often omitted or delayed in hospital for a number of reasons. For some critical medicines, delays or omissions can cause serious harm.</p> <p>Harm can arise from missing one dose or repeated doses and is determined by a combination of the patient’s condition and prescribed medication.</p> <p>It is imperative that patients receive their medication in a timely manner.</p> <p><b>How does this support the trust’s strategic goals?</b> To deliver high quality care at home and in the community.</p>
<p><b>Safety issues that particularly affect older people</b></p> <p><b>People with a high risk of developing pressure ulcers will receive preventative interventions.</b></p> <p>We will increase the proportion of pressure ulcer risk assessments completed upon admission. Those at high risk will also have a follow up skin assessment.</p> <p>A risk assessment and a follow up skin assessment will be completed for 90 per cent of patients.</p>	<p>Pressure ulcers can be debilitating, resulting in reduced quality of life, with those over the age of 75 being most vulnerable.</p> <p>The complexities of patients being treated in the community are increasing. It is a priority that patients receive a skin integrity risk assessment upon admission and within 48 hours to identify their risk of developing a pressure ulcer.</p> <p>For those people who have a high risk of pressure ulcer development, there is evidence that preventative interventions have been considered to reduce the risk of acquiring pressure ulcers.</p> <p><b>How does this support the trust’s strategic goals?</b> To deliver high quality care at home and in the community.</p>
<p><b>Tongue-tie Coordination Service</b></p> <p><b>Provide a coordinated referral and booking for Kent families accessing tongue-tie procedures offering consistent pre and post procedure support.</b></p> <p>100% of eligible families referred will be offered:</p> <ul style="list-style-type: none"> <li>• Pre-procedure support – within 48 hours (urgent) and five days (routine).</li> </ul>	<p>Tongue-tie (ankyloglossia) is where the strip of skin connecting the baby’s tongue to the bottom of their mouth is shorter than usual. Someone who has tongue-tie might have difficulty sticking out his or her tongue. Tongue-tie can also affect the way a child eats, speaks and swallows.</p> <p>We will pilot a tongue-tie coordination service with acute hospital partners, East Kent University Hospital Foundation Trust and Maidstone and Tunbridge Wells NHS Foundation Trust to provide</p>

<ul style="list-style-type: none"> <li>• Tongue-tie procedure appointment – within 10 working days.</li> <li>• Post procedure support – within five working days.</li> </ul>	<p>families accessing tongue-tie procedures consistent pre and post procedure support.</p> <p>Immediate solutions:</p> <ul style="list-style-type: none"> <li>• Improved information sharing</li> <li>• Increased pre and post procedure support</li> <li>• Consistently meet waiting time KPI (10 working days)</li> <li>• Improved experience and satisfaction</li> <li>• Clear outcomes baseline</li> <li>• Reduction in referral duplication</li> </ul> <p><b>How does this support the trust’s strategic goals?</b> To deliver high quality care at home and in the community.</p>
<p><b>Reduction of urinary tract infections</b></p> <p><b>We will support staff to help patients admitted to our wards to have good hydration and hygiene practices to reduce urinary tract infections.</b></p> <ul style="list-style-type: none"> <li>• 100 per cent of patients with a urinary catheter will have a documented HOUDINI assessment whilst an inpatient.</li> </ul>	<p>Urinary tract infection (UTI) is the most prevalent healthcare associated infection. Increased hydration and effective use of the HOUDINI checklist has shown to reduce nosocomial UTI and CAUTI (Dawson et al, 2017).</p>
<p><b>Patient Safety – ReSPECT</b></p> <p><b>ReSPECT (recommended summary plan for emergency care and treatment) will be implemented at KCHFT.</b></p> <p>Personalised recommendations for 90 per cent of patients for clinical care in an emergency when they may not be able to express their choice.</p>	<p>The ReSPECT process creates personalised recommendations for a person’s clinical care and treatment in a future emergency in which they are unable to make or express choices.</p> <p>These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment.</p> <p>Patient preferences and clinical recommendations are recorded on a non-legally binding form which can be reviewed and adapted if circumstances change.</p> <p>The ReSPECT process can be for anyone but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest. Some people will want to record their care and treatment preferences for other reasons.</p>

**How does this support the trust's strategic goals?**

To deliver high quality care at home and in the community.

## Patient Experience (We are Caring/Compassionate and Responsive)

Suggested priorities	Rationale for inclusion
<p><b>Codesign of services</b></p> <p><b>Patients and service users will be involved in co-designing services.</b></p> <p>This is the second year of a two-year quality priority.</p> <p>In year two, seven quality improvement projects initiated by patient/service user feedback will be delivered with patient/service user representation on the project group.</p>	<p>Acting on patient feedback and experiences and including service users and carers in our improvement projects is essential to make sure that we develop services that are responsive and meet the needs and expectations of service users, carers and families.</p> <p><b>How does this support the trust's strategic goals?</b> To deliver high quality care at home and in the community</p>
<p><b>Elective surgery recovery</b></p> <p><b>Improve the experience of patients waiting for podiatric surgery</b></p> <p>We will support system partner's surgical caseloads through the utilisation of surgery space to improve access to podiatric surgery.</p> <p>One hundred per cent of patients will receive a treatment review upon admission.</p> <p>Clinical outcomes will be measured six months post-surgery and patient experience scores obtained. This data will be benchmarked to demonstrate improvement.</p>	<p>The pandemic has placed considerable strain on planned service delivery. The impact of waiting longer for treatment on individuals and their families and carers is wide ranging. Waiting longer for treatment can mean an existing condition worsens and as a result more complicated surgeries or increased use of medications are required, and recovery is slower and outcomes worse, including reduced quality of life.</p> <p>The trust will utilise surgical theatre space at Queen Victoria Memorial Hospital to enable patients on specific elective hospital waiting lists to increase capacity within the system.</p> <p><b>How does this support the trust's strategic goals?</b> To deliver high quality care at home and in the community. Integrate services.</p>
<p><b>Health inequalities</b></p> <p><b>We will improve access to the East Sussex School Health team for young people that the team identify as 'seldom seen'.</b></p> <p>This will be a two-year quality priority with the first year setting a baseline and recruiting to the post. Year two will measure the increase in engagement with these identified groups against the baseline</p> <p><b>In year one:</b> Contacts with the 16 to19-year-old group will have increased from 5.9 per cent to XX%. (to be defined by March 2022 based on health informatics population data).</p>	<p>East Sussex School Health have identified groups of young people as having inequalities in terms of their access to the service. There has been agreement with commissioners to recruit an Equality and Diversity Inclusion Lead who will specifically focus on inequalities, and support the service to see more of these vulnerable young people. Initially it will have a particular focus on the 16 to 19-year-old group to support with emotional health and wellbeing and transition to adulthood. This age group as this is the group most seldom seen by the service currently and accounts for only 5.9 per cent of the total contacts.</p> <p>As an example, some, but not all, of the seldom seen groups of young people are:</p>

A baseline will be established for the other seldom seen groups.

**In year two:**

We will focus on improving access to the East Sussex School Health team for the following seldom seen groups:

- LGBTQ+
- looked after children
- refugees
- asylum seekers
- ethnic minorities
- sexual exploitation
- young people at risk of offending
- young people who use drugs and alcohol and are involved in county lines.

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**How does this support the trust's strategic goals?**

To deliver high quality care at home and in the community.

## Clinical Effectiveness (we are Effective/Excellent and Aspirational)

Suggested priorities	Rationale for inclusion
<p><b>Accessibility of research studies</b></p> <p><b>Increase research capacity and capability</b></p> <p>Develop a process that enables patients receiving clinical care to be approached to take place in research studies.</p>	<p>Including patients in clinical research is extremely beneficial to enable breakthroughs for earlier diagnosis, more effective treatments, prevention of ill health and better outcomes.</p> <p>Current ethical considerations mean that KCHFT clinical staff are required to contact their patient on behalf of the researcher to ask if they would like to take part.</p> <p>The development of an ethically approved process to permit KCHFT research staff to approach people receiving clinical care will enable many more patients for their involvement than before.</p> <p><b>How does this support the trust's strategic goals?</b></p> <p>To deliver high quality care at home and in the community.</p> <p>To develop sustainable services.</p>
<p><b>Research student placement</b></p> <p><b>Research placement for pre-registration healthcare students.</b></p> <p>We will deliver XX student nurse research placements.</p> <p>Of these XX will be from KCHFT Academy and XX from Canterbury Christchurch University.</p>	<p>Research (in all its forms and fields) provides the evidence base required to make meaningful assessments about the quality, effectiveness, efficiency and sustainability of the interventions and support provided in health and social care. In addition, engaging in research to advance the knowledge base of any of our professions is essential to the professional standing of a discipline. (Council of Deans, 2019)</p>
<p><b>The virtual ward</b></p> <p><b>Demonstrate the value of the virtual ward in preventing hospital admissions.</b></p> <p>Identify patients in the Kent and Medway population who are at high risk of future unplanned hospital admission.</p> <p>Clinical outcomes evidenced through the rapid evaluation will be used as a case to develop the model throughout Kent.</p> <p>Potential metrics to support delivery will be defined in March 2022 and include:</p> <ul style="list-style-type: none"> <li>• previous virtual ward admission, time elapsed since previous admission and comparison of primary diagnosis</li> <li>• percentage admitted to hospital</li> <li>• total time on the ward</li> </ul>	<p>Virtual wards allow patients to receive the care they need at home, including in care homes, safely and conveniently rather than in hospital. They also provide systems with a significant opportunity to narrow the gap between demand and capacity for secondary care beds, by providing an alternative to admission and/or early discharge.</p> <p>The trust is currently taking part in a rapid review to demonstrate the value of the virtual ward to its population and the outcomes will be used to develop a model for implementation across east Kent.</p> <p><b>How does this support the trust's strategic goals?</b></p> <p>To deliver high quality care at home and in the community.</p> <p>To integrate and develop sustainable services.</p>

<p><b>Improved access</b></p> <p><b>We will improve access to the community paediatric service</b></p> <p>Initial assessment within 12 weeks of referral for 92 per cent of patients.</p>	<p>The community paediatric service can assess, diagnose and support children with developmental disorders such as cerebral palsy, developmental delay, autism spectrum conditions, attention deficit hyperactivity disorder and muscular dystrophy.</p> <p>We can advise the child's parents/carers on useful resources and other sources of support. We can contribute towards Educational Health Care Plans (EHCPs). We also have expertise in safeguarding, child protection and looked after children.</p> <p>Access to these services have been impacted as a result of changes due to Covid and we wish to work to improve the timelines for assessment so that our patients have timely access to improve both the outcomes and experience for patients and the carers and families.</p> <p><b>How does this support the trust's strategic goals?</b> To deliver high quality care at home and in the community.</p>
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## Staff Experience (we are Caring/Well Led/Responsive and Aspirational)

Suggested priorities	Rationale for inclusion
<p><b>The Innovation Fellowship</b></p> <p><b>Increase confidence and capability to pursue innovation opportunities that result in better care for patients.</b></p> <p><b>In year one:</b> We will launch the Innovation Fellowship in partnership with the Academic Health Science Network and recruit a minimum of eight colleagues to the Innovation fellowship to identify and plan opportunities for innovation.</p> <p><b>In year two:</b> Evaluate the Innovation Fellowship in relation to the seven pillars of the KCHFT people strategy. These metrics will be defined in quarter four, 2022/23.</p>	<p>The purpose of the Innovation Fellowship is to develop innovation skills to deliver benefits to help people live their lives well, for longer.</p> <p>Innovation fellows will be trained with taught content and provided with mentoring support during the implementation of their projects. This will increase the confidence and capability of the KCHFT workforce to explore opportunities for innovation with the aim to deliver projects.</p> <p><b>Which of the trust's strategic enablers does this support?</b> Engaging, developing and valuing our people</p>
<p><b>Nobody left behind</b></p> <p><b>We will support a culture where everyone is comfortable to be themselves</b></p> <p><b>In year one:</b> All colleagues will have equality, diversity and inclusion objectives included in their annual appraisal and cultural awareness training will be rolled out across the organisation.</p> <p><b>In year two:</b> Colleagues who have experienced harassment or abuse at work is less than 10 per cent in all categories and is comparable with or without a protected characteristic. Measured through WRES/DES.</p>	<p>Our people are our most valued asset. Being the best employer for them means making sure all our colleagues experience fairness and equity at work.</p> <p>In July 2020, NHS England published – We are the NHS: People Plan for 2020/21 – action for us all. It details the expectations our people should have of their leaders and colleagues and explains the importance of an open and inclusive culture.</p> <p><b>Which of the trust's strategic enablers does this support?</b> Engaging, developing and valuing our people.</p>
<p><b>Our people of the future</b></p> <p><b>We will attract and recruit colleagues who are representative of the communities we serve.</b></p> <p><b>In year one:</b> Managers will receive inclusive recruitment training which incorporates coaching and interview skills, ethnically diverse shortlisting panels will be used and a minimum of five colleagues will be recruited through Kent Supported Employment.</p> <p><b>In year two:</b> Applicants from a BAME background or have a disability, are as likely as comparator colleagues to be appointed from shortlisting. Measured through WRES.</p>	<p>In July 2020, NHS England published – We are the NHS: People Plan for 2020/21 – action for us all. It sets out that the equality, diversity and inclusion focus should include recruitment and promotion practices result in a workforce that is representative of the communities they serve.</p> <p>We will ensure that there is clear representation in the recruitment process, workforce and other groups making the decisions in the organisation that would have an impact of colleagues with protected legal characteristics.</p> <p><b>Which of the trust's strategic enablers does this support?</b> Engaging, developing and valuing our people</p>
<p><b>Support the emotional welfare of our people</b></p>	<p>Clinical supervision provides an environment in which colleagues can explore their own personal</p>

<p><b>Implement a new model for clinical supervision across the Specialist Services and Public Health Division.</b></p> <p>An effective clinical supervision model will be implemented and utilised through the trust's learning management system TAPs.</p> <p>All KCHFT colleagues will have attended a minimum of four supervision sessions.</p>	<p>and emotional reactions to their work; reflect on and challenge their own practice in a safe and confidential environment as well as receive feedback on their skills and engage in professional development.</p> <p>Specialist supervision is provided to colleagues within the Specialist Services and Public Health division by the CHATTS service and due to operational changes, the division will be looking to implement an 'in-house' model that matches the quality and frequency of the supervision provided by the previous provider.</p> <p><b>Which of the trust's strategic enablers does this support?</b> Engaging, developing and valuing our people</p>
<p><b>Learning from excellence</b></p> <p><b>Implement learning from excellence across all clinical divisions</b></p> <p>All KCHFT clinical divisions will have a defined learning from excellence reporting mechanism embedded.</p> <p>Learning from excellence reports will inform quality improvement projects to reduce serious incidents by 20 per cent.</p>	<p>Everyday people are doing a good job with kindness and compassion – but there is no real process to formally capture this and recognise it. We will therefore implement a positive reporting system to capture excellent practice. This will create new opportunities for learning as well as to improve resilience and staff morale.</p> <p>We want to learn and gain new insights from all the times when things work well for patients by sharing this information and using these to develop quality improvement projects to reduce variation.</p> <p><b>How does this support the trust's strategic goals?</b> To deliver high quality care at home and in the community.</p>