



Kent Community Health
NHS Foundation Trust

Quality account 2021/22

we
all played our part





we
supported

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Part one: Introduction

Statement on quality from the acting chief executive

Welcome to the quality account for Kent Community Health NHS Foundation Trust for 2021/22.

As one of the largest community health trusts in the country, we strive to provide high-quality community-based services that enable people to live well at home. In 2021 we launched our three-year quality strategy which focuses on eight key objectives including strengthening our commitment to continuous quality improvement and driving patient and staff experience. As a community trust, we recognise the vital interdependencies between our organisation and our partners in the Kent and Medway Integrated Care System (ICS) if we are to drive quality across all patient pathways. We are committed to contributing to the delivery of the 2022/23 ICS priorities and active participation in the system quality group.

The second year of the pandemic was, again, a year where everyone played their part. A year, we continued to provide outstanding community services, while also delivering the national Covid-19 vaccination programme across Kent and Medway.

The pace set during the Covid-19 pandemic in 2020/21 did not diminish but refocused upon the vaccination programme and resetting services as we looked at how some of the positive changes made to our services during Covid-19 could be continued. Throughout 2021/22 we continued to offer patients the opportunity to attend virtual appointments if their care did not depend on needing to be seen face-to-face. We delivered more than 500,000 virtual appointments and 1.5million face-to-face appointments, always making sure our patients had a choice.

Some of our services used innovative approaches to tackling an increase in referrals accumulated during the height of the pandemic. Often small changes had the biggest impact. Clinics were held at weekends to see large numbers of patients in a short time to further their care while our dental services invested in new technology, which helped them to continue seeing patients, all the time keeping patients safe from Covid.

From birth to older years, KCHFT provides services across all ages. With a focus on prevention, we have seen an increase in the number of patients we have

treated throughout 2021/22, helping to keep our communities healthy for generations to come.

We believe every child should receive the best start in life. Breastfeeding is an important part of the health and development of babies and their mothers, and is also linked to preventing health inequalities. Working with our children's centres in Kent, we delivered UNICEF baby friendly training and practical skills to health visiting and children's centre staff. We also supported 3,156 families, an increase of 42 per cent from the previous year, using the specialist infant feeding service.

By improving access to NHS Health Check, we have delivered 3,056 more health checks than 2020/21. Our One You Stop Smoking Service has seen a significant increase in the number of pregnant women who have chosen to use the service to stop smoking, protecting the future of both mother and baby.

At every contact we are always keen to understand how we can improve how we deliver our services. From April 2021 to March 2022, 87,929 NHS Friends and Family Test questions were answered with 99 per cent of people rating their overall experience as very good or good (this includes 47,609 responses for the Covid-19 vaccination survey).

Themes from complaints and other forms of patient feedback are really useful and help develop services making sure they meet the needs of those who use them. In 2021/22 we identified and supported seven quality improvement projects initiated by patient and carer feedback, which exceeded our existing commitment.

Friends, family, loved ones and carers are important in the care of our patients which is why it is so important for KCHFT to be part of the Triangle of Care (ToC) initiative run by the Carers Trust. ToC was launched across mental health trusts and KCHFT is the first community trust to start the accreditation programme. The initiative is being developed with our patient participation partners, carers and clinical teams working closely together to improve carer engagement.

The physical and mental health and wellbeing of

our KCHFT colleagues continued to be supported throughout the pandemic. Our ongoing aim is to make sure everyone can bring their whole self to work. To support this, we launched our Equity, Diversity and Inclusion Strategy – Nobody Left Behind. This three-year strategy will see a range of initiatives developed to help each of us recognise the talents we all bring, helping to make KCHFT the place to work.

Throughout the year, we delivered 17 listening events to support the emotional wellbeing of our colleagues and our staff survey results received the highest response rate to date.

I'm delighted we are now an accredited Real Living Wage Employer. In doing so, we uplifted the salaries of more than 200 full-time and part-time colleagues to at least the real living wage standard. Our commitment is extending further as we make sure all new contracts with service providers working on trust sites are paid the same real living wage standard.

These are just some examples of what we achieved in 2021/22, but please take a look at this quality account to understand some of the incredible work that has been achieved in our unwavering drive and focus on quality.

Best wishes,

Gordon Flack

Acting Chief Executive

Part two: Our quality priorities

Priorities for improvement

About our trust

We provide wide-ranging NHS care for people in the community, delivered 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 1.4million 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.

Our mission

To **empower adults and children** to live well, to be the **best employer** and **work with our partners** as one.

Our vision

A community that **supports each other** to live well.

Our values

We have four values:

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.

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.

Responsive

We listen. We act. We communicate clearly. We do what we say we will. We take account of the opinions of others.

Excellent

We strive to deliver the best care we can. We grow a culture of excellence in our teams. We challenge complacency.

Our goals

- Prevent ill health.
- Deliver high-quality care at home and in the community.
- Integrate services.
- Develop sustainable services.

Our quality strategy 2021/22 to 2024/25

We updated our quality strategy last year and have made progress towards our vision for outstanding quality and improvement as the focus and motivation for everything we do.

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.

Our quadruple aim

1. Improving staff experience at work.
2. Reducing cost and increasing value for money and efficiency.
3. Enhancing patient experience.
4. Improving population health by better patient outcomes, safety and clinical effectiveness, and reducing health inequalities and harm.

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.

Delivery of our quality strategy ambitions has focused on the following objectives and achievement of a number of milestones in year one which include:

| Objective | Milestone |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Focus on continuous improvement | <ul style="list-style-type: none"> • Expansion of the quality improvement (QI) training programme to include virtual QI learning (QI lite). • Introduction of Bitesize QI animations to facilitate understanding of QI tools. Bitesize animations include: Model for improvement, pareto, fishbone, driver diagrams, process mapping, run charts and smart aims. • Launch of KCHFT's innovation strategy so colleagues feel supported, nurtured and empowered to take ownership of the necessary mandate of innovation, adoption and spread. |
| Make sure information drives continual quality improvement | <ul style="list-style-type: none"> • Development of our analytics resource to support improvement. • Continuing to train staff around measurement for improvement. |
| Promote positive staff experience | <ul style="list-style-type: none"> • Bi-monthly Schwartz Rounds are delivered across the organisation. One of the rounds was dedicated to being 'at the sharp end' – this focussed on staff and volunteer experience of being involved in the vaccination programme. • Implementation of after-action reviews to build psychological safety. |
| Improve patient and carer experience | <ul style="list-style-type: none"> • Continued roll out of end of life care training to deliver proactive, personalised care for everyone identified as being in their last year of life. All training includes Gold Standard's framework: recognising dying, surprise question and personalise end of life care planning. • Working together groups have been established as the forum where co-production happens between frontline staff and members of our People's Network. Three working together groups were held in partnership with Kent County Council (KCC) to ascertain experiences of the discharge process across hospitals in Kent, with feedback from family carers from Faversham and Herne Bay community hospitals. Feedback from the discharge working together groups will be addressed as part of the Triangle of Care (ToC) process. |
| Reduce health inequalities | <ul style="list-style-type: none"> • A healthy communities project manager has been recruited to build relationships with external stakeholders. • Work is being carried out to form a steering group to increase participation from seldom heard voices. • A review of the Equality Impact Assessment (EQIA) process has been completed. |
| Effective use of resources | <ul style="list-style-type: none"> • A task and finish group was put in place to develop a digital vision for the organisation as part of the trust's digital strategy. |
| Prioritise patient safety | <ul style="list-style-type: none"> • Guidance has been put in place for managers to support staff in an incident. This incorporates requirement for patient safety joint team debrief meetings to make sure staff feel supported. • The trust has developed an implementation plan for the new patient safety incident response framework. However, national guidance is still awaited following feedback from early adopters of the framework. |
| Promote clinical professional leadership | <ul style="list-style-type: none"> • Continued support is provided to clinicians to develop as leaders by engaging in peer networks, action learning sets, coaching and mentoring and Schwartz Rounds. • Multiple examples of co-leadership in medically-led services with operations; multi-disciplinary teams working includes the frailty urgent response and virtual ward work in east Kent, and the Rapid Response Service and Home Treatment Service in west Kent. These are led by operational managers and lead nurse/allied health professionals. |

Priorities for improvement 2022/23

The following table explains the 12 quality priorities for KCHFT for 2022/23. 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 2022/23 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 lead who is responsible for overseeing the project and providing quarterly reports 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 QI methodologies. Each of these priorities will be developed into a quality improvement project.

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

| Improving the safety of the people we care for | Improving clinical effectiveness | Improving the experience of the people we care for | Improving the experience of our people |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>People with a risk of developing pressure ulcers will receive preventative interventions.</p> <ul style="list-style-type: none"> 90 per cent of patients will have a risk assessment completed upon admission to our caseload and a follow up skin assessment. | <p>Increase research capacity and capability.</p> <ul style="list-style-type: none"> We will develop a process that maximises the number of patients approached to take part in research studies. | <p>Patients and service users will be involved in co-designing services.</p> <p>This is the second year of a two-year priority:</p> <p>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>We will support a culture where everyone is comfortable to be themselves.</p> <p>This will be a two-year priority:</p> <p>In year one: 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>In year two: Colleagues who have experienced harassment or abuse at work is less than 10 per cent in all categories and comparable with or without a protected characteristic. Measured through WRES/DES.</p> |
| <p>Increase quality of care through the reduction of missed/deferred visits.</p> <ul style="list-style-type: none"> Decrease trust wide reported serious incidents where missed/deferred visits were a contributory factor by 50 per cent. | <p>Increase the confidence and capabilities of our people to pursue innovation opportunities that result in better care for patients.</p> <ul style="list-style-type: none"> 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>Improve the experience of people waiting for foot and ankle surgery through the better use of KCHFT surgery space.</p> <ul style="list-style-type: none"> 100 per cent of patients will receive a treatment review upon admission to the KCHFT caseload. For 100 per cent of patients added to the *PASCOM system, clinical outcomes, patient experience and goals will have been achieved six months post-surgery. | <p>We will attract and recruit colleagues who are representative of the communities we serve.</p> <p>This will be a two-year priority:</p> <p>In year one: Managers will receive inclusive recruitment training which incorporates coaching and interview skills, ethnically diverse panels will be used and a minimum of five colleagues will be recruited through Kent Supported Employment</p> <p>In year two: Applicants from a BAME background or have a disability, are as likely as comparator colleagues to be appointed.</p> |

| Improving the safety of the people we care for | Improving clinical effectiveness | Improving the experience of the people we care for | Improving the experience of our people |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Pilot a coordinated referral and booking for Kent families accessing tongue-tie procedures.</p> <p>100 per cent of families will be offered:</p> <ul style="list-style-type: none"> • Pre-procedure support – within 48 hours (urgent) and five days (routine). • Tongue-tie procedure appointment – within 10 working days. • Post procedure support – within five working days. | <p>Improved access to the community paediatric service</p> <ul style="list-style-type: none"> • 92 per cent of patients will have received an initial assessment within 12 weeks of referral. | <p>Support the reduction of health inequalities by increasing contacts with vulnerable young people in East Sussex</p> <ul style="list-style-type: none"> • Contacts with young people aged 16 to 19 will increase by 50 per cent from the 2021/22 baseline (5.9 per cent). | <p>Pilot and implement a new model for clinical supervision across the Specialist Services and Public Health Division.</p> <ul style="list-style-type: none"> • 100 per cent of staff will have attended four supervision sessions. |

*PASCOM is comprehensive data collection tool used in podiatric surgery



Statements of assurance from the Board

During 2021/22, KCHFT provided and/or sub-contracted 47 health services and has reviewed the data from these services, which represents 100 per cent of the total income generated for 2021/22.

During 2021/22, five national audits and one national confidential enquiry covered relevant health services that KCHFT provides. KCHFT participated in all national clinical audits which it was eligible to participate in. They are:

- National Diabetes Footcare Audit (NDFA)
- Sentinel Stroke National Audit Programme (SSNAP)
- National Asthma and COPD Audit Programme (NACAP), Pulmonary Rehabilitation
- National Audit of Cardiac Rehabilitation
- Falls and Fragility Fracture Programme (FFAP)
- Child Health Outcome Review Programme (NCEPOD) transition from children to adult health services study.

The national clinical audits that KCHFT participated in, and where data collection was completed during 2021/22, 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 Diabetes Footcare Audit (NDFA) – 100 per cent (47 records, no minimum dataset)
- Sentinel Stroke National Audit Programme (SSNAP) – 100 per cent (523 records for stroke rehabilitation, 347 records for 6 months reviews, no minimum dataset)
- National Asthma and COPD Audit Programme (NACAP), Pulmonary Rehab – 100 per cent (371 records, no minimum dataset)
- National Audit of Cardiac Rehabilitation – 100 per cent (371 records, no minimum dataset)
- Falls and Fragility Fracture Programme (FFAP) – 100 per cent (three records, no minimum dataset).

The reports of four national clinical audits from the quality account list was reviewed by the provider in 2021/22 and KCHFT intends to take the following actions to improve the quality of healthcare provided:

- Sentinel Stroke National Audit Programme (SSNAP) – this review relates to the therapy and six months review data for January to June 2021 and July to December 2021. The Kent and Medway stroke

development work focuses on delivering quality improvement through the Integrated Stroke Delivery Network (ISDN). Currently KCHFT is mapping services to the new model identifying any gaps. KCHFT is also working on improving quality of data through:

- Recruitment of administration staff to support with SSNAP data collection following funding approval
- Ongoing collaborative working with the Acute SSNAP team in east Kent
- Ongoing liaison with acute teams that refer to KCHFT to ensure eligible patients are on SSNAP
- The addition of a SSNAP window on RIO to support clinical staff with data collection
- Production of a monthly SSNAP report by the Performance and Intelligence Team in order to support teams with data collection
- Ongoing review of the SSNAP reports and discussions with the SSNAP leads in SSNAP meetings.
- NACAP, Pulmonary Rehabilitation – currently the service is performing at or above the national average for all metrics in the audit except for waiting times. We are in line with the national average for waiting times, however this is above the British Thoracic Society standards of 12 weeks. To improve waiting times for patients the service has developed a strategic plan to increase service capacity and reduce waiting times which is being shared with commissions to agree the required funding.
- National Audit of Cardiac Rehabilitation – a series of lifestyle talks has been developed and delivered over MSTeams for patients. This provided an alternative method of delivery whilst Covid-19 restrictions were in place.
- FFFAP – KCHFT has provided audit details for three patients who fell during the reporting period and sustained a fracture neck of femur. This is a 25 per cent reduction from the year before, when we provided audit details for four patients. The audit gave us 100 per cent compliance in relation to the three Key Performance Indicator's (KPI) set:
 1. 100 per cent of patients were checked for signs of injury before movement from the floor.
 2. 100 per cent used a safe manual handling method to move the patient from the floor.

3. 100 per cent had a medical assessment within 30 minutes of the fall.

To improve falls prevention interventions within the trust, there is a quarterly Falls Prevention Assurance Group where members collectively analyse falls data and soft intelligence in relation to national updates. The development of a falls strategy is to be discussed at this group.

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 2021/22:

- NDFA – KCHFT's Podiatry Team has submitted 47 audits for the NDFA over the past year. This was more than was expected due to NDFA organisers announcing at the start of the pandemic that these audits would be suspended but that any audit data would still be welcome. This audit suspension is expected to be lifted for 2022/23 reporting period.

To improve the quality of healthcare provided, the Podiatry Team is working with the acute trusts to strengthen multi-disciplinary team (MDT) working across the county. The MDTs involve specialist podiatrists, diabetes consultants and nurses, vascular consultants and nurses and some have orthopaedic consultants and consultant microbiologists. They are designed to allow patients more timely access to more focused care for a diabetic foot ulcer in line with NICE guidance.

The Podiatry Team is developing a wound review clinic which will include support from podiatry assistants with a view to ensuring the NDFA is completed for all new wounds – which should increase submissions. Kent and Medway Clinical Commissioning Group (CCG) did a peer review of the diabetic foot networks last year. We now have recommendations from the peer review to guide improving the pathways. These recommendations are to improve prevention as well as active management of the MDT's. The CCG has a workstream looking at the diabetic foot and implementation of the recommendations from the peer review.

The reports of 75 local clinical audits were reviewed by the local provider in 2021/22 and KCHFT intends to take the following actions to improve the quality of healthcare provided:

- Rapid Discharge Audit – the 2019 CQC report highlighted that there had not been an audit

carried out to review the rapid discharge (fast track) continuing health care process. This year, the third audit was carried out (the first audit was conducted in 2020 to provide a baseline followed by a re-audit in 2020). There have been improvements in the quantity and quality of referrals made and an increase in the number of successful referrals. Continuing Health Care provided training to ensure that all nurses and Allied Health Professionals (AHPs) would recognise patients who would benefit from a referral and support to improve the quality of referral forms to prevent any delays in the delivery of care.

- End of Life Care (EoLC) Last Years of Life Audit – 2021 saw the first audit of this type carried out in the trust. This audit, alongside the Priorities of Care Audit, has been created to provide assurance on the areas identified in the National Audit Care at the End of Life (NACEL) as KCHFT have a low number of cases meeting NACEL criteria. In 2021, KCHFT used the Gold Standards Framework, Prognostic Indicator Guidance to include the "surprise question" on Rio, (the electronic patient record system) which prompts staff to ask whether they would be surprised if the patient was to die in the next year. The surprise question helps advanced care planning so that a patient's wishes can be considered. This audit provided a wide review of trust patients and indicated that 85 per cent of patients had a do not attempt cardio pulmonary resuscitation (DNA CPR) order recorded with a clear discussion on what they would like the outcomes to be in the case of an emergency. The outcome of this audit indicated that documentation windows could be made clearer and to improve standards we have included documentation processes at end of life care education sessions as well as developing a user guide for the end of life care windows on Rio.
- Priorities of Care Audit – this audit has been created to capture some of the other areas of the NACEL audit to provide a whole service viewpoint. This audit incorporated the 'just in case medicines box' procedures to ensure that appropriate medicines are being issued proactively to the dying patients. This initial audit provided limited assurance overall, but provided evidence of good practice in 98 per cent of patients' reversible conditions were considered, discounted or actioned. Over 90 per cent of patients had an initial and continued assessment. Evidence of communication with patient regarding being at end of life was apparent in 98 per cent of the cases reviewed. There has been trust wide education sessions and Rio user guide.

- Central Alert System (CAS) Ligature Alert Audit – to make sure the alert actions had been embedded in practice, the medical devices assurance manager undertook a clinical audit of the trust's community hospital wards, minor injury units and urgent treatment centres. Although limited assurance was gained from the audit itself, immediate action was taken by the head of health and safety, security and fire, supported by the head of medical equipment and procurement in response to the escalation of matrons. Training was delivered in June 2021 purchased from Kent and Medway NHS and Social Care Partnership Trust regarding the management of ligature incidents and use of ligature cutters. A senior clinical representative from each service attended this 'train the trainer' session. Training resources were provided to facilitate cascade training to all clinical colleagues within the community hospital wards, minor injury unit's and urgent treatment centres. The head of procurement sourced ligature cutter packs on behalf of services, providing a range of cutters for a variety of materials.
- Central Alert System (CAS) Polymer Gel Granules – this audit gained full assurance and recognised the following areas as good practice: Assurance polymer gel granules are no longer in circulation within community hospitals. Polymer gel for non-patient use – 97 per cent (e.g. spill kits, controlled drug destruction, use by cleaning staff) is kept secure and away from patients.
- Complaints Management Audit – this audit gained full assurance. There are robust processes in place for complaints management: 100 per cent of records were updated throughout following the standard operating procedure; 100 per cent of cases the process was followed and 100 per cent of cases the opening, acknowledgement and closing of records were all logged correctly. Accurate recording of complainants' preferred method of contact was noted and the reason given if not relevant. In 100 per cent of complaints that were extended, the complainant was notified of any delays.
- Deteriorating Patient National Early Warning System (NEWS 2) including Paediatric Early Warning System (PEWS) Audit – there are on-going improvements evidenced in the latest significant assurance audit. Good escalation of patients that had an increase in NEWS/PEWS score. 98 per cent of patients who had a score of two or more from their baseline score were assessed by a registered health care professional. Actions for continued assurance are; NEWS2 and PEWS to be implemented across all other community services to ensure standardisation of practice and a training package for PEWS in line with national guidance.
- School Health One Point (SHOP) East Sussex – the audit demonstrated difficulties with meeting the four-day KPI of contact with parent/carer or child from the service (43 per cent). A review of the outcome of pathways delays for individuals showed that there was no adverse impact on the children if all referrals were completed within seven days. Therefore, we negotiated an increase from four to seven days with commissioners for first contact and follow up appointments following assessment and is achieving this at 82 per cent (as of January 2022). In addition, they have made improvements to the way they allocated and book appointments. The service offers video consultations to facilitate this.
- Pressure Ulcer Audit SCCN – 100 per cent assurance was given across a number of areas including staff receiving yearly training in regards to pressure area care and pressure ulcers grade two and above were recorded on Datix. As part of this audit a new pain assessment tool is being piloted and implemented to improve consistency across SCCN. Improvement work includes training to make sure that records reflect that children's nutritional and hydration status is being assessed and that a pressure ulcer leaflet has been given to families/carers with risk of pressure ulcers.
- Children's Hearing Service record keeping – this audit identified a number of areas of good practice such as: 100 per cent of records included the date, time, venue, reason for appointment; 100 per cent of records audited identified the relationship of the person present to the child, evidence of consent and involvement of the carer and 100 per cent of the reports included recommendations and a plan of action. Actions for improvement as a result of this audit included adding a section in the report to prompt clinicians to document the voice of the child, the observations of the child and that in all appointments everyone present must be recorded in the report.
- Podiatry Record Keeping one-to-one peer review audit – the outcome of this audit resulted in the development of a central service crib sheet document for 'my plan'. The crib sheet will assist staff when completing the plan for every patient on podiatry pathways: wound, high risk and routine and increase compliance for future audit. As this audit provided limited assurance – a re-audit will be conducted by the service in 2022/23.

- Safeguarding Adults Audit – this is the second annual audit of Adult Safeguarding. The third audit is due to start in April 2022 with some of the required information being automated and reported from Rio. Safeguarding audits were carried out in more than 60 services across the trust spread over a two-year period until every action had been implemented through to completion. They demonstrated a good understanding of what constitutes safeguarding, self-neglect, mental capacity assessment (MCA) and the requirements that constitute consent, good care. There was evidence in the documentation of support with decision making that meets client's particular needs and the majority of staff sought support about a safeguarding concern. Improvements implemented during this period include:

- interactive discussions at a safeguarding themed huddle to look at safeguards in relation to identified concerns
- protected time for service Mental Capacity Act (MCA) link worker
- completion of competencies by approved assessor
- provision of appropriate supervision as required to increase confidence knowledge and skills
- learning from case studies was shared
- continued representation from KCHFT MCA/ safeguarding teams at weekly MDT meetings to advise and support staff accordingly
- deprivation of liberty (DoLS) checklist to be displayed at nurses' stations
- safeguarding audit is discussed for every new admission and has been added on to the whiteboard to ensure safeguarding assurance status is recorded.
- updated online safeguarding training via trust learning portal, TAPs
- safeguarding representative to attend primary care network (PCN) led team meeting every quarter
- regular huddles to reinforce learning
- crib Sheet developed for safeguarding triggers.

The number of patients receiving relevant health services provided or sub-contracted by KCHFT during 2021/22 who were recruited during that period to participate in research approved by a research ethics committee was 223.

The number of patients receiving relevant health services provided or sub-contracted by KCHFT during 2021/22 who were recruited during that period to participate in research approved by the Health Research Authority was 493.

The 2020/21 CQUIN scheme was suspended in line with NHS England/Improvement guidance 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 (CQC) and its registration status is registered without conditions.

The CQC has not taken enforcement action against KCHFT during the reporting period.

KCHFT submitted 90,947 records during 2021/22 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.

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

- 99.6 per cent for admitted patient care
- 99.1 per cent for accident and emergency care.

The most recent KCHFT data security and protection toolkit self-assessment (DSPT) 2020/21 reported an overall score of 'standards met' and all mandatory assertions were responded to and evidence provided. During the annual Transforming, Inspiring, Advising, Assuring (TIAA) audit for 2020/21, 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 26 May 2021. NHS Digital had extended the final March submission date to the end of June 2021, in response to the Covid-19 pandemic.

The 2021/22 annual TIAA audit of the DSPT and subsequent submission of the assessment is in May and June 2022, respectively. The national delay from the standard March submission date has been repeated for the 2021/22 assessment, that being the end of June 2022. Subsequently, there is still work being done on the 2021/22 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 2021/22 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 2021/22 there were 54 deaths. This included the following number of deaths, which took place in each quarter of that reporting period: eight in the first quarter; eight in the second quarter; 16 in the third quarter and 22 in the fourth quarter. These were published on our website.

By 31 March 2021, 39 case record reviews, including 37 structured judgement reviews and zero investigations were carried out in relation to 54 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 eight in the first quarter; eight in the second quarter; 16 in the third quarter and 22 in the fourth quarter.

However, in response to Healthcare associated infections (HCAI) Covid-19 guidance relating to nosocomial deaths, all probable or definite nosocomial 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.

One patient death, representing 1.85 per cent of all 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.

In relation to each quarter, this consisted of: zero for the first quarter; zero for the second quarter; zero for the third quarter; one representing 4.55 per cent for the fourth quarter.

These numbers have been estimated using the multidisciplinary mortality review process adapted for community use from the Royal College of Physicians (RCP) Structured Judgement Review process.

The continued need for work to embed the effective use of treatment escalation plans to improve advance care planning for patients at the end of their life, and in particular, awareness of and planning for the management of implantable cardioverter-defibrillator devices (ICD) was recognised. A more focused awareness of specific issues included effective recognition of end of life, particularly at transfer of care and the effective use of clinical monitoring and NEWS scores to support prompt escalation and recognition of active dying.

The actions taken in consequence of what has been learnt has included updating electronic record templates to include an alert for ICDs, staff training and patient safety alerts regarding ICDs and development of a wider project regarding a pathway for ICD deactivation at end of life.

A further case investigation following the actions relating to ICD deactivation has demonstrated a marked improvement in the proactive planning for appropriate end of life care. All community hospitals also now have stock of magnets for emergency ICD deactivation for use where clinically indicated. The trust is also part of a Kent and Medway wide project to adopt the use of the resuscitation council Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) to enhance cross boundary recognition agreed clinical recommendations achieved by shared understanding between a person and clinician.

Transfer of care forms have been modified to add specific questions relating to end of life care and fast track training for discharge planning teams has been delivered.

NEWS 2 training focused on support for clinical decision making and appropriate escalation of deteriorating patients, alongside increased training resources for learning specifically for management of end stage heart failure at end of life.

To improve advance care planning for people at the end of their life, palliative care multidisciplinary meetings have been reinstated and the trust's end of life care nurse consultant has provided support to community hospital matron so that they can increase staff's confidence when completing treatment escalation plans

In all, one case record reviews and thirteen structured judgement reviews were completed after 1 April 2021, 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.

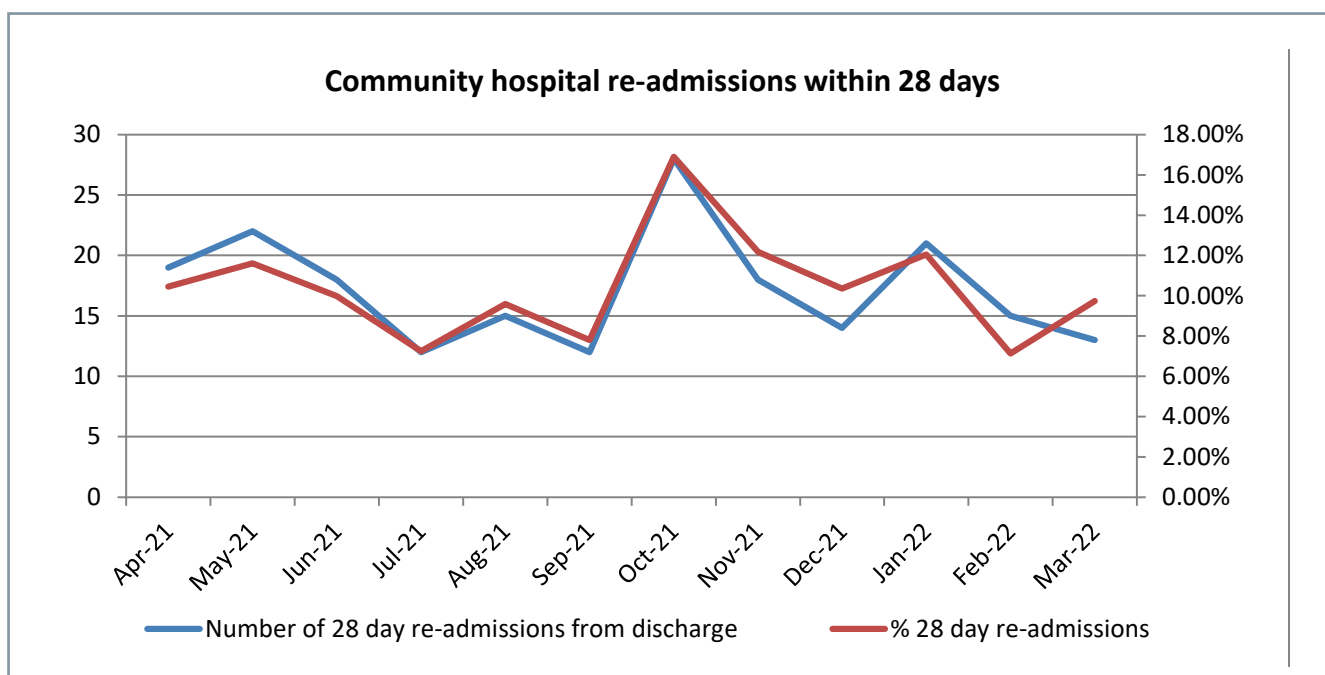
Reporting against core indicators

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 2021 | May 2021 | Jun 2021 | Jul 2021 | Aug 2021 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 | Feb 2022 | Mar 2022 |
|----------------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number of 28-day readmissions from discharge | 19 | 22 | 18 | 12 | 15 | 12 | 28 | 18 | 14 | 21 | 15 | 13 |
| % 28 day readmissions | 10.45 | 11.61 | 9.99 | 7.24 | 9.59 | 7.80 | 16.89 | 12.17 | 10.36 | 12.05 | 7.13 | 9.74 |

| | 2019/20 | 2020/21 | 2021/22 |
|-----------------------------------------------|---------|---------|---------|
| Number of 28-day re-admissions from discharge | 134 | 135 | 207 |
| Percentage 28-day re-admissions | 5.31 | 4.91 | 4.91 |



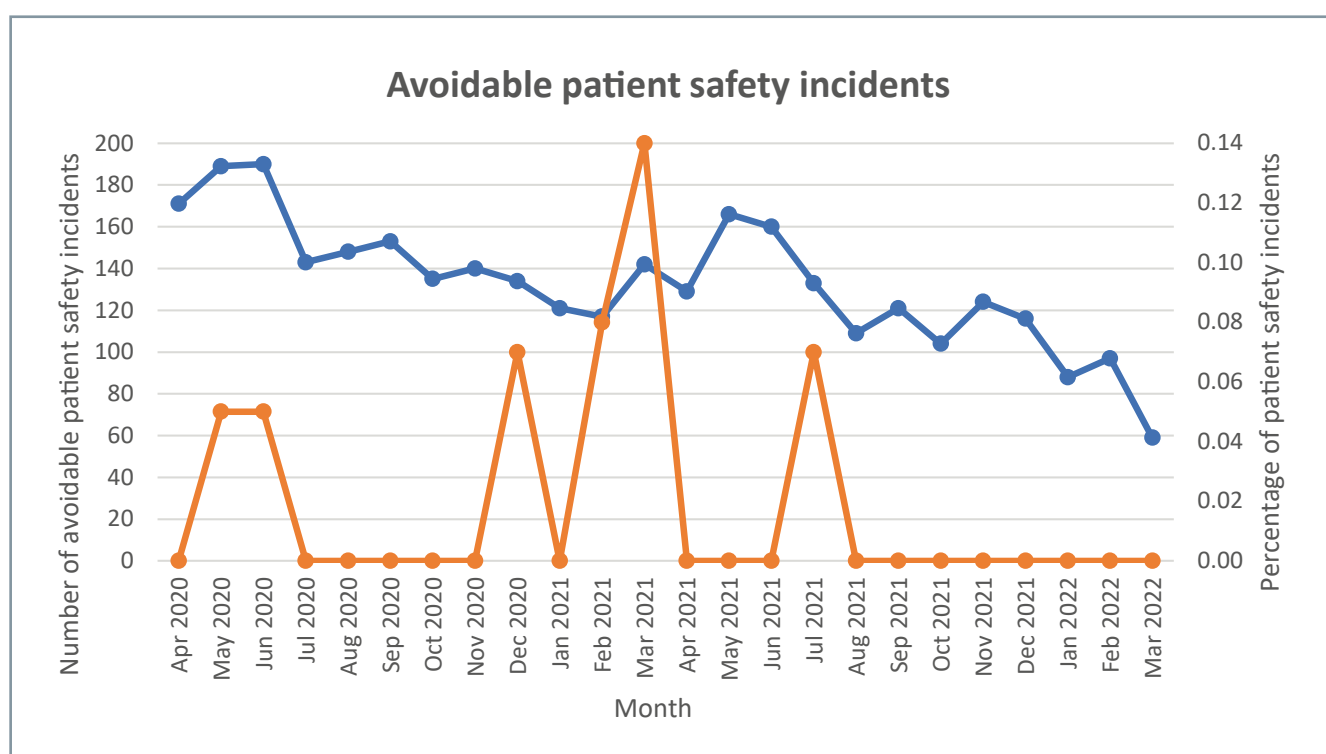
KCHFT considers this data is as described for the following reasons:

- 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 2021/22 and the number and percentage of such patient safety incidents that resulted in severe harm or death are shown here:

| | 2020/21 | 2021/22 |
|-------------------------------------------------------------------------------|---------|---------|
| Avoidable patient safety incidents | 1783 | 1406 |
| Avoidable patient safety incidents (causing severe harm or death) | 5 | 1 |
| Percentage of total patient safety incidents causing severe harm or death (%) | 0.28 | 0.07 |



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:

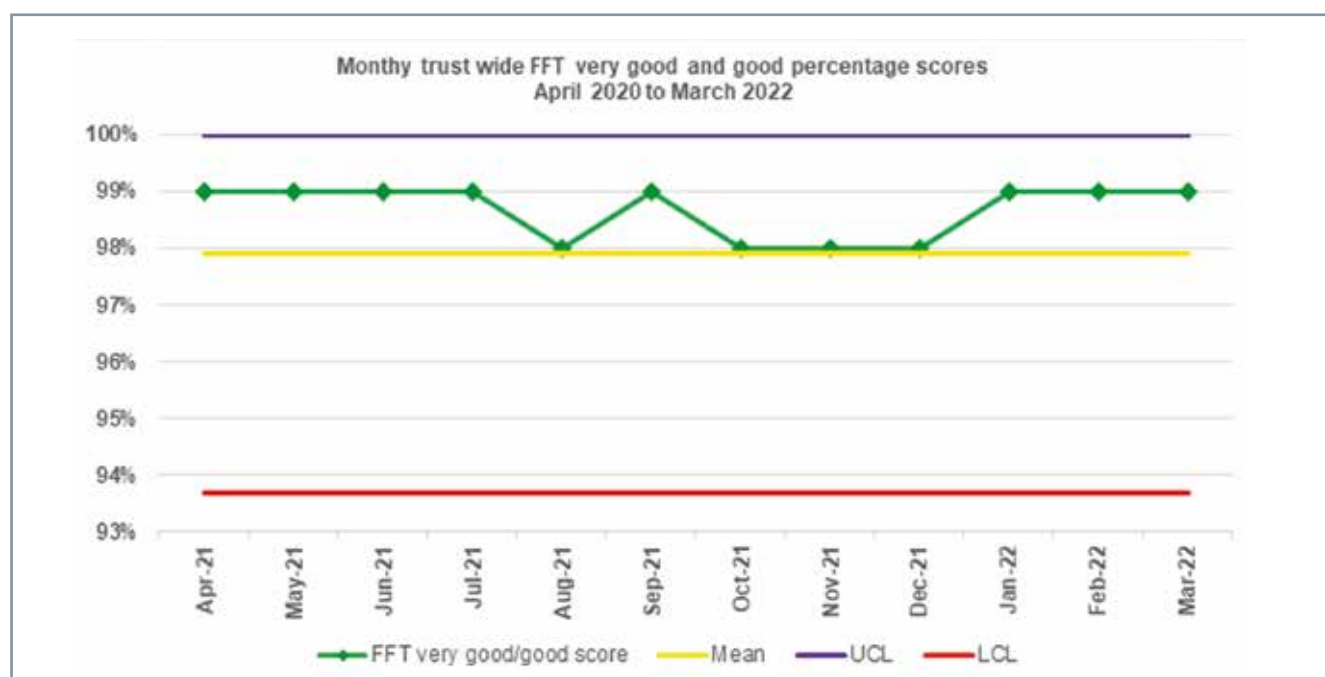
- developed a comprehensive risk and incident training package, which includes a webinar delivered to new starters
- regularly reviewed the incident reporting system to make sure information captured is relevant and improves patient safety
- enhanced the reports produced to include improvements. This 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 QI programmes.

NHS Friends and Family Test (FFT)

KCHFT has continued to seek patient and service user feedback through the collection of the NHS Friends and Family Test (FFT).

From April 2021 to March 2022, 87,929 FFT questions were answered with 99 per cent of people rating their overall experience of the service they received as very good or good (this includes 47,609 responses for the COVID-19 vaccination survey).

The graph below shows the monthly, trust-wide FFT very good and good percentage scores between April 2021 and March 2022.



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 2021 | May 2021 | Jun 2021 | Jul 2021 | Aug 2021 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 | Feb 2022 | Mar 2022 |
|-----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| RTT incomplete pathways (%) | 99.78 | 99.95 | 99.83 | 99.10 | 98.12 | 95.69 | 100 | 100 | 100 | 99.97 | 100 | 99.92 |

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

KCHFT has had an assurance visit program in place since 2014 and the we care review programme was introduced in 2018 as a supportive assurance programme to enable the delivery of high-quality care, through shared learning and quality improvement initiatives to make sure:

- the care we deliver supports the fundamental standards of the CQC
- there is increased transparency and assurance
- staff are confident to articulate their rationale for care delivery in peer review
- the use of trust data can reliably inform what is seen during a visit
- of the involvement of all KCHFT staff and stakeholders.

From 2018 when we care reviews were introduced there have been five scheduled review programmes which are outlined below:

- In 2018, 58 services were reviewed including all high-risk services to provide a baseline of our services in the first year of the we care review programme.
- In 2019, 30 services were reviewed which included six teams that were not visited the previous year. These services were identified from the outcomes of the 2018 programme.
- In 2019, the CQC undertook a risk-based trust wide inspection of KCHFT to the community end of life, community urgent care, community sexual health and community dental core services. Therefore, these core services were not included in the 2019 schedule.
- In 2020, the we care review programme was paused during the intense period of the Covid-19 pandemic. It recommenced in September 2020 and 16 visits took place to adult inpatient and long-term services.
- In 2021, 20 visits took place to the specialist children and young people, public health, specialist and elective divisions. This included two visits to community hospitals and two long term services that did not have their scheduled review in 2020 due to and winter operational pressures.

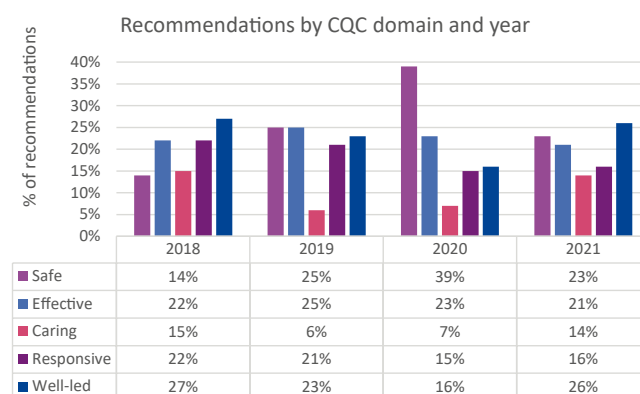
The we care review programme uses the CQC fundamental standards and key lines of enquiry (KLOE) as a framework to ensure consistency and parity of all visits.

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.

Of the 20 services that participated in a we care review in 2021, 45 per cent of services were rated outstanding overall and 55 percent were rated good. This is the first year since we care was introduced in 2018, where all services had an overall rating of good or outstanding.

To drive quality improvement, services develop an improvement plan based on the recommendations identified in the we care review report. The operational heads of quality, governance and professional standards are involved in the improvement process alongside support from the trust's QI colleagues. The improvement plans are monitored through divisional governance reports and themes are included in the bimonthly quality report which is presented to the Quality Committee.

The following chart details the areas from improvement identified according to domain over the course of the entire we care programme. This shows that in 2021 the distribution of recommendations across the domains was more consistent than in previous years and the greatest proportion of recommendations relate to the well-led domain.



We care reviews offer teams with a psychologically safe space to discuss clinical practice as 95 per cent of staff reported that they were able to discuss this with quality reviewers.

The we care review program is a tested and successful process that provides assurance in line with the CQC inspection frameworks whilst driving quality improvement.

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 do not 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 FTSU 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 2022/23. The FTSU guardian continues to raise awareness of speaking up and shares ways to get in touch, such as the dedicated email and phone line for colleagues to discuss their concerns.

Between 1 April 2021 and 31 March 2022, the FTSU guardian logged and was involved in 17 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.



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 2021/22 quality priorities we agreed and published in our 2020/21 Quality Account. It explains in more detail what we have achieved during the past year and those areas we need to improve upon.

Improving the safety for the people we care for

| | Goal | Outcome |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Patient safety | All patients who experience a delay to treatment due to national directives during the Covid-19 pandemic will receive a harms risk assessment. | Achieved |

What is a clinical harms risk assessment?

Covid-19 has had an impact on the both demand and the ways in which healthcare is managed. When the pandemic emerged, management systems and adaptations were put in place to minimise the spread of Covid-19 which included reallocation of resource to meet the urgent care demands and safely treat patients.

Healthcare settings followed the national directive of NHS England/Improvement to manage the demand of the pandemic which included changes to the way in which we delivered our services. These included interventions being postponed, conducted online or in some cases cancelled in order to direct our response to urgent or high-risk patients. .

Why this is important

We recognise that these interventions will have had an effect on our patients and service users and in light of this, robust monitoring and recording processes were put in place to identify any clinical harm that our patients and service users may have been exposed to as a result of these interventions.

The harm review process was introduced to identify any adverse effects experienced by our patients and service users who experienced a delay to treatment due to national directives during the Covid-19 pandemic. This is specifically in relation to changes to their referring condition, the agreed management/treatment plan, medication regimen and available treatment options.

Our patient and service users whose service delivery was modified or delayed were reviewed upon their next appointment returning to services or at appropriate intervals if they continue to wait for treatment ('appropriate intervals' will be determined locally based on the nature of the service delivered and the clinical risks faced by patients, clients or service users).

We also recognise the psychological impact of both the Covid-19 pandemic and the effects of delays to treatment and therefore all harms assessments include a review of both psychological and physiological impacts.

What we did

The clinical harm review process prompts healthcare professionals to consider whether the impact of delayed or disruptions to a patient's or service users care caused them any ill consequences or harm. A framework for categorising harm was established to ensure consistency of the assessment which included professional autonomy so that any patient or cohort of patients identified by the services as needing a clinical harm review were included.

To do this, healthcare professionals would consider the following prompts:

- Was the patients' service previously delayed or modified due to Covid-19?
- Has any consequence been identified that required a moderate increase in treatment for the patient?
- Has the patient sustained a life changing injury as a result of the delay due to Covid-19?
- Has the patient been waiting longer than 52 weeks due to Covid-19 intervention?

A clinical harm lead was identified for each operational division and specialist area who would review the clinical harm assessment and report any moderate, severe/catastrophic harm or death due to a delay in service delivery. However, this work was not limited to risk assessment; if any harm was identified, the services would immediately implement the actions required to care for and treat the patient.

For KCHFT there were no instances where clusters of patients and service users experienced moderate, severe/catastrophic harm or death due to a delay in service delivery. However, should this have been a consequence of interventions put in place to direct the COVID-19 pandemic response, these would have been escalated to the deputy chief operating officer and chair of the integrated managers meeting, the chief nurse and medical director immediately. A review panel would then have been convened to review the cases collectively, discuss the service actions and agree the required organisational actions to reduce the risk of reoccurrence, ensure learning and Duty of Candour requirements.

For organisational monitoring and assurance, all clinical harm reviews were evaluated by the patient safety team before being presented to the Patient Safety and Clinical Risk Group which is a sub-group of the Quality Committee.

What this means for you as a patient

If you have experienced a significant wait or your treatment was cancelled due to interventions that have caused harm as a consequence of the practices we implemented in response to the Covid-19 national directive, we will make sure that this will be evaluated and that you get the treatment and services you require.

We will also learn from these experiences to mitigate any future risk and learn to improve both the safety and experience of our patients and service users.

What we achieved

100 per cent of clinical harm reviews were evaluated and no moderate, severe/catastrophic harm or death were experienced by our patients and service users.

Improving the safety for the people we care for

| | Goal | Outcome |
|----------------|-----------------------------------------------------------------------------------------|----------|
| Patient safety | Fully implement the after-action review process to apply early learning from incidents. | Achieved |

What is an after-action review?

An after-action review (AAR) is a method of evaluation that is used when outcomes of an activity or event, have been particularly successful or unsuccessful. It aims to capture learning to prevent reoccurrence and enable focused discussions to help identify how we can do things differently.

The process encourages a multidisciplinary approach with a focus on quality improvement.

Why this is important

We are committed to deliver high quality care, to improve quality outcomes for our patients by adopting new tools to support how we learn from incidents in line with national guidance. The AAR evaluation method is advocated by the NHS England Patient Incident Response Framework (PSIRF) which outlines how healthcare providers should respond to patient safety incidents and when patient safety investigations should be conducted.

The focus of AARs is learning, not accountability; the aim is to provide a space where everyone feels comfortable to openly and honestly share their views and experiences in relation to what was meant to happen and what actually happened.

As this is a part of a national guidance, it will support the methodology of AAR being standardised across the NHS learning system, where providers can work together to mobilise and embed this way of learning.

What we did

The National PSIRF was reviewed and a presentation was shared at the Patient Safety Clinical Risk Group (PSCRG), where the benefits were discussed and an implementation method was agreed.

To understand how to successfully introduce AAR, the head of patient safety met with another NHS provider who had successfully implemented the AAR process.

The Patient Safety Team first launched the use of AAR in November 2020 where staff were provided with information on the format and purpose of the AAR meetings. This launch was facilitated virtually and was well attended with representation from KCHFT infrastructure support services such as safeguarding and tissue viability as these teams engage with operational teams daily and are therefore essential when considering how to enable learning across the organisation.

Between November 2020 and March 2021, 13 AARs took place. For timely learning from these reviews, the aim was to make sure that AARs were completed within two weeks, however only one of these were completed within two weeks.

From March 2021 the AAR process was refined using quality improvement (QI) methodology which enabled phased reviews of the AAR implementation process alongside supporting data to evidence the impact of the developments made. Plan Do Study Act (PDSA) methodology was used and improvements were made iteratively based on the outcomes of previous testing cycles and included reformatting the template and setting a timeframe for when the AARs were to be completed.

To measure progress, the AAR data was evaluated quarterly to determine whether this phase of the implementation was on track.

Throughout this process of implementation, we have recognised that despite the pandemic and the pressures from this, staff have remained engaged with this process of learning.

To share our implementation journey we have presented at the Kent and Medway community of practice group and to other NHS providers who are developing their implementation of AAR.

What this means for you as a patient

When things don't go as they should or mistakes have been made, we will say sorry and do our best to make sure that we learn. Having the AAR as part of our mandate will make sure that there is the opportunity for timely learning which will help safeguard against known risks and improve the quality of care provided to our patients and service users.

What we achieved

An evaluation of the AAR process has identified timely learning with quality improvements evidenced with the development of standard operating procedures, guidance and policy reviews alongside local action for multidisciplinary working. The collective data provides assurance that the implementation of AAR has been successful and creates further opportunities to grow as we continue to implement the PSIF.

For 2021/22, the proportion of AAR completed within two weeks increased from eight percent to 81 per cent. We acknowledge that where AAR were completed outside of the two week timeframe, this was in relation to resource directed to support the Covid-19 response. For 2022/23, we will maintain our ambition for all AAR to be completed within two weeks.



Improving the safety for the people we care for

| | Goal | Outcome |
|----------------|----------------------------------------------------------------------------|----------|
| Patient safety | Identify the determinants of missed/deferred visits in community services. | Achieved |

What is a missed or deferred visit?

A missed visit is a one where a planned patient visit is omitted or delayed.

Why this is important

Missed care can be overlooked opportunities for prevention and a wider determinant of other quality issues such as delays to treatment and patient deterioration. Therefore, it is important for KCHFT to understand the scale and impact of missed visits in our community services.

A two-year quality priority was launched to identify the determinants of missed visits in community services:

- In year one, collect robust data on the numbers and drivers and begin to deliver QI projects to reduce missed/deferred visits.
- In year two, carry out monthly audit to determine the reduction in missed visits and increased quality of care.

What we did

A project group was set up to direct the quality priority and analyse the data to identify the drivers of missed visits in KCHFT community services to inform the quality improvement projects for year two.

There are two information systems which record missed and deferred visit information, our incident management system, Datix and the electronic patient record, Rio. However, Datix and Rio capture and record different elements; Rio is able to record deferred visits and Datix captures the reported patient safety incidents as a consequence of a missed visit. As there is no information system that records and synthesises the information for both missed and deferred visits it was agreed that data from each of these information systems would be analysed separately.

Rio

It was decided by the project group that data would be collected from Rio where there were two or more consecutively deferred visits, as single visits can be intentionally deferred based on clinical judgement. Also, the risk of harm increases when one or more visits are deferred.

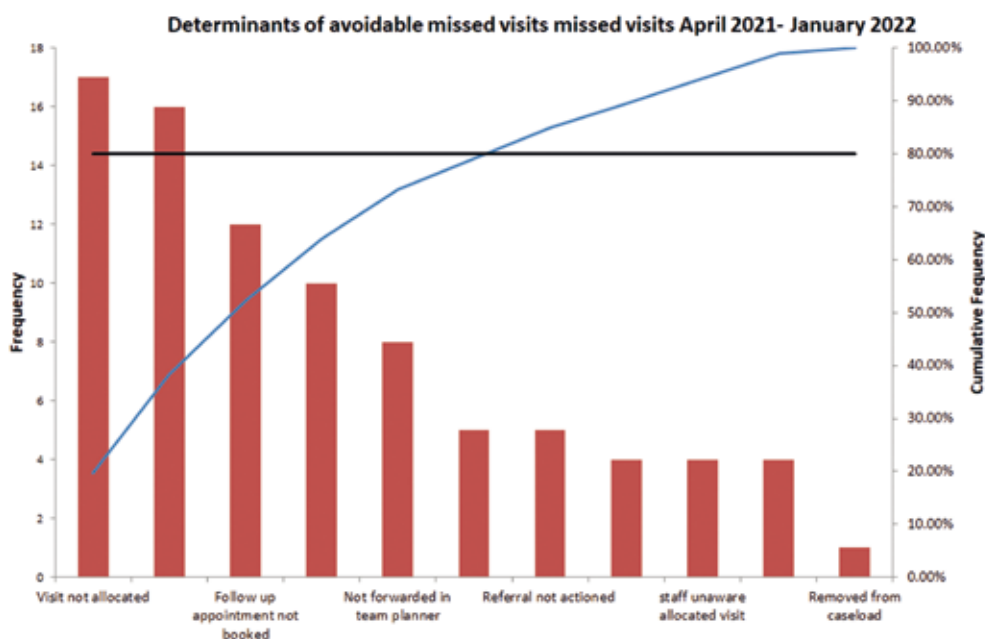
Datix

It was agreed by the group that missed visits data would be extracted from Datix to inform the analysis which were reviewed every quarter and the extract includes:

- a description of the incident
- if the incident was avoidable
- any action taken, the team
- the date of the incident
- the level of harm caused
- if there were any actions that could have been taken to avoid the incident.

This data was then used to identify the relationship between missed visits and patients sustaining harm. To do this, the reasons for missed visits were categorised and quality improvement, Pareto methodology was used to identify where interventions should be focused in order to make the most significant improvements in patient safety for our patients.

Evaluation of this data identified that the focus of these quality improvement projects should be to develop mechanisms for effective allocation of visits, which is represented in the following graph:



While data suggests the number of missed visits is low in relation to the total number of patient contacts delivered by services, we acknowledge that these are potential opportunities to detect early warning signs and identify where further support may be needed. Consequently, a review of all the serious incident root cause analysis reports from the previous five years were reviewed to assess whether a missed visit was a contributory factor. Between 2017/22, 9.2 per cent of all serious incidents had a missed visit as a contributory factor and in 2021/22, this was 16.6 per cent of all serious incidents.

Therefore, in 2022/23, quality improvement projects will be developed to refine allocation processes in community nursing teams to reduce the proportion of serious incidents with missed visits as contributory factor by 50 per cent.

What this means for you as a patient

Community nursing takes place in environments outside of a traditional hospital setting, which can be influenced by multiple elements. Through the analysis of the factors causing missed visits, we are now able to focus our attention on the areas identified as making the greatest improvement to reducing missed or deferred visits and improve patient safety.

This will mean that the patients are less likely to experience delays in scheduled visits.



What we achieved

Using quality improvement methodology, we have identified the factors influencing missed visits in our community core services and will now deliver and test improvement focused on reducing the incidence of missed visits.

Improving clinical effectiveness

| | Goal | Benchmark | Target | Achieved | Outcome |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------|-------------|---------------|--------------|
| Clinical effectiveness Increase recognition of patients in the last year of their life, empowering them to make decisions about their care. | 80 per cent of relevant patients will have had a last days of life care plan completed. | 35.6 per cent | 80 per cent | 52.4 per cent | Not achieved |
| | 40 per cent of relevant patients will have had the "surprise" question completed in line with the gold standards framework. | 18 per cent | 40 per cent | 31.3 per cent | Not achieved |

What is the Gold Standards Framework and the Last Days of Life Care Plan?

The Gold Standards Framework was founded by Professor Keri Thomas OBE and is a leading provider for healthcare staff caring for people at the end of their life. The Gold Standards Framework developed proactive, identification guidance to enable clinicians to recognise when an adult might be at the end of their life. The aim of this guidance is to support healthcare professionals recognise when someone might be at the end of their life by asking the question, "would you be surprised if this patient were to die in the next few months, weeks of days?".

The Last Days of Life Care Plan is a personalised plan of care created between healthcare professionals and the patient and those that matter to them and ensures their comfort in accordance with their wishes.

Why this is important

About one per cent of the population die each year and the Covid-19 pandemic has led to an increase in the number of deaths from all causes above and beyond what we would have expected to see under "normal" conditions. While some deaths are unexpected, many more can be predicted. This can be a very difficult time, however if we are better able to predict when people are in their last year of life, proactive care planning can take place which leading to better, well-co-ordinated and high-quality care.

The One Chance to get it right report from the Leadership Alliance for Care of Dying People states that people are approaching end of life when they are likely to die within the next twelve months. Including those deaths that are imminent as well as those that are expected to die within 12 months.

End of life care enables supportive palliative and end of life care to be identified and met in the last phase of life. Effective end of life care improves the quality of life of the dying person and those that matter to them and this is achieved through: earlier recognition, assessment and treatment of symptoms and holistic assessment and support of psychological, social and spiritual elements of a patient care.

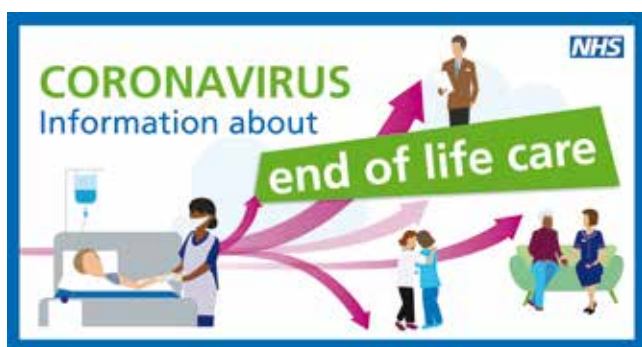
In order to recognise when someone might be at the end of their life we implemented the use of the Gold Standards Framework 'surprise question' to support healthcare professionals to potentially recognise when someone might be end of life and offer supportive conversations to enable advance care planning and ascertain future wishes including their views on care and treatment.

When someone is actively dying and in the last days of life we implement the last days of life plan of care to guide and support to deliver personalised end of life care to patients and support their families.

What we did

End of life care training was developed to support staff and provide them with the skills to recognise when a person is approaching the end of their life so that they may have compassionate conversations to make sure that the care and treatment planned includes the wishes of the patient and those close to them.

Further training was designed so that staff understood the 'surprise question' and how to complete Advance and Last Days of Life care plan documentation on the electronic patient record (EPR). EPR audits were developed and team managers now have the ability to monitor EPR for their team's caseload so that they can access this audit data at any time for assurance and to direct end of life care within their own teams.



Following a training review, further developments were made to help staff recognise when a person is in the last year of their life and these include:

- developing slides to detail how to document recognition of a dying person
- design of a user guide when staff complete end of life care documentation on the EPR and that these were shared with staff and added to the trust's intranet, flo
- design of an EPR end of life care documentation report to capture completion of the surprise question and last days of life care plan.

The progress and monitoring of these targets were reviewed at the End of Life Care Steering Group and the End of Life Care Champions Meetings.

What this means for you as a patient

By training our staff to recognise when someone might be approaching the end of their life, people are offered the opportunity to be involved in conversations about their future wishes, which means:

- those that matter to you and your family/carers have time to deal with the news and make plans
- you are less likely to be subject to unnecessary medical treatments
- proactive personalised planning at the end of life will include patient preferences and wishes and avoid sudden crisis and promote proactive symptom management such as pain
- co-ordinated community care can significantly reduce the likelihood of unwanted hospital admission and support people to die at their preferred location.

And, by training our staff to recognise when someone is actively dying we are able to ensure a last days of life plan of care is in place that captures how they wish to be cared for, who and what matters most to them and the place in which they wish to be cared for.

What we achieved

- We delivered 597 training sessions.
- We increased completions of the 'surprise question' from 18 per cent in April 2021 to 31.3 per cent in March 2022.
- We increased completions of the last days of life care plan from 35.6 per cent in April 2021 to 52.4 per cent in March 2022.
- We have developed the end of life care section on the Kent and Medway Care Record and this will be the Kent and Medway Electronic Palliative Care Coordination system. This record will be accessible by patients and healthcare staff including GP, paramedics, community nursing teams and hospices and will ensure that plans of care are shared and co-ordinated across the system preventing duplication for both the professional and the patient and their families and carers.

Improving clinical effectiveness

| | Goal | Outcome |
|------------------------|----------------------------------------------------------------------------|----------|
| Clinical effectiveness | Identify the areas of health research most important for community nursing | Achieved |

What does research look like in the NHS?

Research supports the development of new medicines and healthcare services. The support provided by the KCHFT research team includes:

- supporting clinical teams to start national research studies
- promoting involvement in research, organisational learning and circulating ideas and innovation from research
- making sure active research trials are delivered and governed to a high standard so that the research is valid.

Why this is important

More and more patients are treated outside of a traditional hospital setting and research is needed to identify the different ways to best deliver this care so that it is current and relevant to our patients, families, carers and the staff delivering it.

Currently, there is very little new research looking at the interventions and care delivered by community nurses and therefore we worked with the James Lind Alliance, which is a non-profit making initiative that brings patients, carers and clinical staff together, giving equal voice to each to identify what is important to them. In collaboration, we identified the uncertainties in evidence or unanswered questions people have, relating to community nursing to agree the top 10 community nursing research priorities.

What we did

We sought funding to employ a James Lind Alliance advisor and an information specialist and brought together a steering group to direct the project and make decisions which included representation from patients, carers, family members, the public, community nurses and chief nurses.

We issued two questionnaires, the first of which generated 333 responses and with the support of the information specialist, identified a further 900 questions. These questions were grouped and were then included into overarching research questions which were checked against evidence to see what questions could be answered. The unanswered questions then generated a second survey.

A workshop took place in September 2021 with a diverse group of healthcare professionals, members of the public, patients and carers which identified 18 areas of health research for community nursing. A final workshop took place in October 2021 to identify the top 10 areas of health research for community nursing and were then published:



Community nursing top 10

1. How can community nurse teams better meet the complex needs of patients with multiple health conditions?
2. How can community nurses promote shared care/self-care amongst patients, and support carers to provide some aspects of care (e.g. changing dressings)?
3. How can community nurse teams best contribute to the management of acutely ill patients at home? What difference does this make to hospital admissions?
4. What are the best ways for community nurses to involve unpaid carers, relatives and/or friends in decisions about their loved one's treatment and care?
5. How can community nurse teams work effectively with social services and care services to improve the quality of patient care?
6. How has community nursing changed in response to Covid-19? Are any of the changes (e.g. timed visits, new skills and working from home) worth keeping?
7. Does seeing the same community nurse(s) over time make a difference to the quality of patient care?
8. How can community nurses work effectively with other health professionals in hospitals and specialist community services to improve patient care?
9. What are the stresses on community nurses and what impact does this have on their health and wellbeing? How can this be improved?
10. How can nurses be encouraged to become community nurses and to stay in the profession?

What this means for you as a patient

By defining the research priorities for people accessing community nursing we will reduce the uncertainty of how best to treat and care for complex patients living with multiple health conditions such as heart failure, Chronic obstructive pulmonary disease (COPD), Parkinson's Disease and Diabetes to increase treatment options and provide high-quality care for people outside of a hospital environment whilst promoting independence.

The following questions were also discussed and put in order of priority at the final workshop

11. What is the optimum ratio of patients to staff in a community nurse team to ensure safe and effective care, and what is the ideal skill mix within the team?
12. How can community nurses best contribute to end of life care?
13. Can better tools be developed to assess whether community nurse teams have sufficient capacity to meet local demand?
14. How can a community nursing service best meet the health care needs of frail patients?
15. Do community nurses with specialist qualifications make a difference to the quality of patient care?
16. What are the best ways for community nurse teams to work with GP practices? How can partnership working between community and practice nurses be improved?
17. How can community nurses encourage and promote optimum health amongst their patients, e.g. to help people care for their skin and avoid ulcers?
18. What is the best way to organise the working day to ensure community nurses can meet patients' needs and have a manageable workload?

At all points in the process inclusivity was carefully considered and where this was not achieved, responses were weighted to amplify the voice of those who were underrepresented. This means that the final 10 include priorities for all and will enable researchers to focus on the benefit to patients.

What we achieved

We generated a list of priorities where research can be prioritised and progressed and provide evidence to improve the care delivered by community nursing services. As the NHS directive moves to provide greater medical care out of the hospital environment in the community, this evidence will be utilised to respond to the needs of patients, their families, carers and healthcare professionals alike.

Improving clinical effectiveness

| | Goal | Benchmark | Target | Achieved | Outcome |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|--------------------|
| Clinical effectiveness | Increase the number of health checks completed by five per cent, within core services, in the areas of greatest deprivation in Kent. | 31.9 per cent | 32.2 per cent | 31.3 per cent | Partially achieved |
| Support people to live longer, healthier lives | Achieve an acceptance rate into the Smoke Free Service for pregnant women of 45 per cent. | 43 per cent | 45 per cent | 37 per cent | Partially achieved |

What is the NHS health check programme?

The NHS health check programme aims to prevent cardiovascular disease (CVD) and associated conditions through early assessment, awareness and management of individual behaviour and physiological risk factors and are available to all adults aged between 40 and 74.

What is the smoke free service?

The smoke free service offers professional support and help for people who wish to stop smoking and be smoke free for life.

Why this is important

Growing numbers of people are living with long-term conditions. Anticipatory care for the treatment of non-transmittable disease, such as CVD, is a means to address the demands on healthcare services through lifestyle interventions to reduce the likelihood of a person becoming ill in the future.

Evidence suggests that people with the highest risk of developing conditions such as CVD, often live in the areas of highest deprivation that seldom seek healthcare. Therefore, we need to explore other ways of engaging with these population to ensure they have equitable access to services.

Smoking in pregnancy or exposure to second hand smoke restricts oxygen and exposes the baby to harmful toxins. This can increase the risk of stillbirth, miscarriage, birth defects and the development of respiratory conditions amongst others.

In 2020/21, 69 per cent of all women wishing to stop smoking lived in the areas of greatest deprivation in Kent. Therefore, it is essential that we do more to increase contact with pregnant women to improve the health and wellbeing of babies, children and young people, whilst contribution to a reduction in health inequalities.

Based on this, we developed two areas of focus for 2021/22 to help people live longer, healthier lives which are outlined below:

- Increase the uptake of health checks by five per cent in the areas of greatest deprivation in Kent.
- Achieve an acceptance rate for pregnant women of 45 per cent in to the smoke free service.

What we did

NHS health checks

People who live in areas of greatest deprivation are more likely to experience poorer health outcomes due to inequitable access to healthcare services.

Nationally, and in our local area, deprivation is measured in the indices of English Deprivation which are based on 39 indicators. From these, relative deprivation is calculated and presented in deciles, whereby decile one represents the area of greatest deprivation and decile 10 the least.

For this quality priority, access to NHS health checks were targeted towards people living in deciles one to four. To do this, we worked with GP practices in these areas to identify patients with a greater risk of

developing CVD to ensure that our interventions were targeted towards the appropriate population group.

Once we had identified those with a greater risk, we sought to explore opportunities to engage with people and provide outreach services whilst the health diagnostics management system for the call and recall system was developed to increase uptake of the offer.

A funding proposal was agreed for the targeted pilot and recruitment took place to support human resource. During this time, further infrastructure developments were made, IT requirements were configured and communications packages were refined to support the project.



We delivered outreach and workplace clinics in a variety of settings which included: Stagecoach bus company, Kent Police, Your Leisure, East Kent Hospitals, Community hubs in Ashford, Sittingbourne, Romney Marsh and Gravesend, Compas charity Folkestone, Rockdale Housing association, Age UK Thanet, KCHFT staff groups, Canterbury Umbrella Centre, Primary and secondary schools, Men's Shed project, Men V Fat project, as well as supermarkets and pubs in targeted areas.

This made access to health checks more accessible by providing access to health checks in every day locations so that people don't have to go to their GP in order to be seen.

Smoke free service

Midwives provide care and support to women and their families whilst pregnant and this service is provided by our acute hospital partners. When a pregnant woman meets with their midwife during pregnancy, they will discuss lifestyles and provide evidence-based information, helping to make informed choices about options throughout pregnancy.

To increase the acceptance of the smoke-free service and reduce the proportion of women smoking whilst pregnant and beyond, smoking in pregnancy (SIP) midwives refer women to the KCHFT smoke free service. We worked closely with the smoking in pregnancy midwives to provide outcomes of the women who accept the service and to identify any issues or areas for quality improvement.

All pregnancy referrals were contacted three times as standard practice, and up to six times for when capacity allowed. The first contact with the woman is always made within 48 hours of referral and subsequent contacts within two weeks; where we are unable to contact the woman or they decline the service, we developed a letter and a new patient leaflet to provide information about the service and its offer.

We also extended our contact times until 7pm, between Monday and Friday, as we recognise people will need to speak with us outside of traditional working hours. Similarly, our Baby and Me, peer support group was moved from 10am to 6pm on a Tuesday to ensure that this service was available and to increase engagement and improve access.

Further work to increase engagement with the service included:

- development of a smoke free pregnancy leaflet for midwives to ensure information about our service is shared with pregnant women at every opportunity
- development of information videos for social media and the Kent County Council (KCC) website
- collaboration with SIP midwives to make sure that contact is made and feedback obtained from pregnant smokers who are able to be contacted or decline the service
- extended appointments to include a telephone call or home visit between 8am and 7pm
- MSTeams appointments during Covid-19 restrictions
- making use of the digital inclusion offer in Kent that provides service users without, access to mobile phones and tablets

Improving clinical effectiveness

- translation of three resources into Bulgarian, Polish and Hungarian to meet the needs of women who were unable to read English
- a professional poster with a personable photo of the smoke free advisor proving a visual introduction to the service. These were shared with midwives
- an advisor working in Swale alongside midwives' bookings clinics at the Seashells Children's Centre, which brings the total to six clinics across Kent
- the Ashford One You shop can be accessed as an alternative venue for face to face appointments
- agreement with commissioners to increase nicotine replacement therapy from 10 to 12 weeks, commencing in April 2022/23.

And, further work to improve access to the service included:

- implementing a weekly report for smoking in pregnancy midwives, proving referral outcomes including all those who have declined or have been unable to contact
- piloting a direct call booking clinic with the SIP midwife in east Kent, and following review we have adapted our way of working to be available to answer calls from midwives at four separate east Kent clinics. We also now work closely at three east Kent pregnancy booking clinics alongside midwifery to increase opportunities and maximise referrals
- implementing a pilot in west Kent where midwives can directly book appointments for pregnant women directly onto a shared outlook calendar. Following review of this pilot we adapted our working practices to co-locate at two children's centres which has been a more effective solution. The team can still be contacted directly by midwives
- active membership of the commissioning group operational meetings to create a dual pathway as part of the tobacco dependency pathway which is anticipated to launch in April 2022/23.

What this means for you as a patient

Access to preventative healthcare interventions are made easier by locating venues outside of the traditional healthcare environment. By understanding the needs of our local population, we have tailored our approach to delivering services to increase both engagement and uptake with the aim to prevent future long-term conditions.

What we achieved

We improved access to NHS health checks by delivering 3,056 more health checks in 2021/22 than in the previous year. Whilst we have not increased the number of health checks completed for people in deciles one to four, access for this population has been consistent which demonstrates support for outreach and workplace engagement which we will continue to develop in 2022/23.

We have increased the opportunity to engage in stop smoking services; working to remove the barriers experienced by people accessing our services by adapting the way in which we work and in relation to digital poverty. Whilst we did not reach the ambition of a 45 per cent acceptance rate of pregnant women referred to the service, we have seen a significant improvement in the number of pregnant women who stop smoking within the service which for 2021/22 was 96 per cent.

Although the pandemic has required adjustment and adaptation with regard to the delivery of NHS health checks and the smoke free service, it has also provided opportunities to widen the scope of connection within our populations as a result of public awareness of preventive health being raised.



NHS HEALTH CHECKS

If you're 40-74 you could get a **FREE** NHS Health Check*.

You'll be given your heart age, and a personal plan to help you achieve and maintain a healthy lifestyle.

*If you're not eligible for a full check ask for an on-the-spot health MOT instead.

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NHS HEALTH CHECK Helping you prevent

- Heart disease
- Stroke
- Diabetes
- High blood pressure
- Chronic kidney disease

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Improving the experience of the people we care for

| | Goal | Benchmark | Target | Achieved | Outcome |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-------------------|-----------------|
| Patient experience Patients will be involved in co-designing services | In year one: three QI projects will be initiated by patient/service user feedback with patient/service user feedback. | 0 new project | Three QI projects | Seven QI projects | Achieved |

What is co-design?

Co-design involves patients and service users in the design process and work with them to understand and meet their needs.

Why this is important

We are committed to learning from previous experiences to improve the services we provide. However, when we listen to our patients' stories, we can begin to understand the true impact of their experience.

Themes from complaints and other forms of patient feedback are really useful and to develop services that are responsive and meet the needs and expectations we must include patients, service users, their families and carers when designing services so that improvements can be truly meaningful.

This is a two-year quality priority, and in year one we said that we would develop three quality improvement projects initiated by patient or service user feedback and that patient/services users would have representation on these project groups.

What we did

Prior to 2021/22 there was no formal mechanism for identifying projects that originated from patient feedback or complaint. Therefore, the patient experience and engagement team worked with the KCHFT quality improvement team to identify potential QI projects at the point of receiving feedback/complaint and developed the monthly QI involvement group.

The QI involvement group gained traction and in quarter two, 2021/22, three QI projects were initiated:

1. Patient experience volunteers

Due to a lack of feedback from vulnerable house bound patients receiving care from the Podiatry and Continence Services, we launched a pilot project to increase patient feedback using volunteers to ensure that patients and carer views can be acted upon. We recruited patient experience volunteers who undertook patient surveys for the team. The project was co-led by the volunteers, who have been co-designed the processes, change ideas and are involved in the monthly monitoring the plan, do, study, act (PDSA) cycles for the project.

This project has enabled the domiciliary cohort of patients to have a voice and ultimately has increased the number of surveys the service has undertaken. This would not have been possible without the help and support of the patient experience volunteer. The data for November 2021 shows that 52 surveys were completed for the service, compared to 27 surveys in the previous month, before the patient experience volunteer commenced in role.

2. Bladder/bowel diary

A QI project was established by the Continence Service to re design the bladder diary which is completed by patients accessing the service. Feedback via a complaint and patient surveys indicated that the diary was complicated and there was no guidance how to complete it. This meant that patients have not been able to completely monitor the diary or been able to be fully involved in decisions about their care.

Information about the diary was sent to the People's Network and patients from the service, who provided

their views and suggestions for improvement to ensure that the diary was accessible and easy to use. From the feedback, the service is developing an accessible version to be ready for patient and carer review.

3. Impact of patient and carer involvement in our governance groups

We established a patient led QI project with the People's Network, to measure the impact of involvement from patient and carer representatives sitting on trust governance groups and to highlight the importance of working with patients with a lived experience. This project is being led by the patient and carer partnership team, along with members of the People's Network who initiated the project to ascertain the impact of their involvement.

A questionnaire has been co-designed with the People's Network to send out to governance groups. The questionnaire will ask members to identify patient or carer Participation Partners involved in the group and to evidence the impact of their involvement. To ensure that the project has the intended impact, it is now being monitored by our participation manager as part of their QSIR Practitioner training.

In quarter three, a further three projects were identified:

4. Improving the National Child Measurement Programme (NCMP) in Kent (School Health Service)

A QI project was established to improve parent experience of the NCMP process delivered by the school health service. The aim of the project was to reduce the number of complaints received and to drive an increased uptake of the school Tier 1 Healthy Weight Package of Care (POC). Feedback from parents and carers stated that the NCMP results letter was felt to create a barrier to engagement, particularly in relation to the post measurement letter where parents are informed if their child is overweight/ obese etc. The project was established to improve the client (parent) experience of the NCMP process delivered by the school health service.

Changes were made to the letter to avoid the use of stigmatising words 'overweight' and 'obese'. Instead parents were provided with their child's height and weight in a neutral way and signposted to the NHS BMI calculator. Parents still experienced negative emotions e.g. feelings of shock or denial associated with the letters and proactive calls but also reported feeling of relief at being able to discuss this with someone.

All parents reported that they had made some behaviour changes since receiving the proactive call. As a result, to the changes in the letter, there has been increased engagement from parents and families; 213 families accepted the offer of a three-month review phone call to check progress and offer ongoing support. Results from the three-month follow up call indicate proactive calls are effective at facilitating behaviour change within families.

5. African communities weight loss pilot

A QI project was set up with the Health Improvement Team. The aim is to increase the uptake of the adult health improvement weight loss programme amongst ethnic minorities groups. Focus groups were carried out with people from an African background who fed back that they wanted more support with weight loss. Recruitment for this project is currently taking place to enable to project to resume in April 2022 and will receive further updates in reporting for quarter one of 2022/23.

6. Improving communication and involvement with family and carers

A QI project was identified through patient and carers survey feedback to improve communication offered to family carers who are identified as providing a caring role to someone using trust services. The project, which is also a requirement under the ToC membership scheme, will support the development of carer packs for carers, ensuring they have information, advice and guidance to support their caring needs. The project was initiated by carers feeding back that they lacked information to support their needs. A family carer has been actively involved in co-design and implementation.

A task and finish group of carer champions, KCHFT staff and carers was established to develop a carers pack that

Improving the experience of the people we care for

will be given out to identified family carers upon first contact with the service. The pack contains information for carers with regards to information to support them in their caring role, a copy of the carers survey "giving carers a voice" and information about the service and contact information. The pack is now available in our community hospitals with a spread sheet set up to specifically record the number of surveys given out.

In quarter four, a QI project was identified to improve the volume of carers survey in our community hospitals:

7. 'Giving carers a voice' phone trial

This QI project has been set up to increase the number of carer surveys completed in our community hospitals. This is an eight-week pilot QI project running from 16 February 2022 to 16 April 2022. The project is set over two community hospitals and has been initiated by carers who have reported not having an opportunity to feedback experiences. Carer champions have been undertaking surveys, during the afternoon of one day per week.

One hospital was able to undertake surveys over a one-week period due to operational demand and staff capacity. However, the hospital did see an increase of eight surveys in one week and there had been no surveys undertaken in the previous month. The QI pilot proved successful in increasing carers feedback. Therefore, it has been recommended for roll-out to all community hospitals with regular review to ensure continued impact alongside completing paper copies and promoting through the carers packs.

We will monitor the amount of completed carers surveys through the carer's involvement steering group, the ToC improvement plan and the PDSA cycle.

Will continue to work with our patient experience coordinator to monitor the survey numbers weekly.

What this means for you as a patient

There is now a robust process in place where feedback from patients, carers and service users are able to initiate service improvement following QI methodology.

By acting on feedback and providing opportunities for patients and carers to be involved in QI projects, relationships with professionals will be improved gaining trust. Patients and carers will be able to share their experiences in ways that services can learn from them, enabling patients and their families to become more equal partners in their care.

Resulting improvements from the 10 projects will ensure that the patient and carer experience is more positive. Patients and carers will feel more involved in their care, feel listened to, have more confidence in the service and by listening and working with patients and carers we will go some way to reduce any negative feedback or complaints.

What we achieved

We have identified and supported seven QI projects initiated by patient and carer feedback in year one which exceeds the requirement of three projects.



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encouraged

Improving the experience of the people we care for

| | Goal | Baseline | Target | Achieved | Outcome |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|-----------------|
| Improving the experience of those we care for. Support mothers to continue to breastfeed with their children for as long as they both wish. | One per cent increase in the rate of breastfeeding women when seen six to eight weeks post-delivery in line with UNICEF national infant feeding and public health outcomes framework. | 46.69 per cent | 47.15 per cent | 48.67 per cent | Achieved |

What is the breastfeeding rate?

Breastfeeding rate is the percentage on infants that are totally or partially breastfed at age six to eight weeks.

Why this is important

Kent Community Health Foundation Trust and Kent Children Centres believe that every child in Kent should receive the best start in life and breastfeeding can enhance this. Breastfeeding is important for the health and development of infants and their mothers, and is linked to the prevention of major health inequalities.

The provision of human milk is the most accessible and cost-effective activity available to public health which is known to prevent a range of infectious and non-transmittable diseases (NCDs), specifically gastroenteritis, childhood obesity, diabetes type two and maternal breast cancer. The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding with appropriate solids for up to two years and beyond. The UK has one of the lowest breastfeeding rates in the world with 80 per cent of infants' breast feeding at birth and one per cent exclusively at six months.

What we did

Evidence shows that good outcomes can be achieved if parents/carers receive expert information and support to develop relationships with their baby, enabling the early identification of breastfeeding challenges and help to be offered when needed.

To validate our data and ensure accurate reporting, we refined our data collection, electronic patient record and reporting processes. However, as our focus was to support the infant, their mother and their families we

delivered UNICEF baby friendly training and practical skills assessment to health visiting and children's centre staff and competencies were assured using the UNICEF post training audit tool. The audit outcomes were used to improve the training package and these were also shared with internal colleagues and UNICEF to support the reaccreditation process.

To improve access to our service and support breastfeeding challenges we introduced virtual breastfeeding support sessions to ensure that guidance was available throughout the pandemic and upon relaxation of Covid-19 restrictions, introduced 24 appointment led, face to face breastfeeding support sessions.

We consulted on the infant feeding service to make sure that our offer reflected what was needed which allowed for the introduction of a new breastfeeding assistant practitioner and recruitment of additional lactation consultants. We also recruited a tongue-tie co-ordinator and implemented the co-ordination of tongue-tie services and the prioritisation of urgent cases.

This work will continue, collaborating with our partners in the Kent and Medway Integrated Care System and this work will include:

- update Unicef baby friendly initiative (BFI) training across Kent for both health visiting and children centre across Kent
- working with KCC to provide resources and support awareness of 'responsive feeding'
- collaborative working with midwifery colleagues to support, protect and promote breastfeeding across Kent
- Health Visiting and Infant Feeding Service to develop strategies to promote digital antenatal contact and 'hello baby' antenatal feeding sessions

- organised events across Kent in support of World breastfeeding week in partnership with all services including third party
- ongoing recruitment and training of KCHFT breastfeeding volunteers to support breastfeeding clinics.

What this means for you as a patient

Breastfeeding will give a child the optimum start in life. It is important for normal growth and development, it provides nourishment and health protection, it strengthens bonding and nurturing between parent/ carer and infant, and promotes infant and maternal mental health.

We will support parents/carers to feel confident in their ability to breastfeed, to feel comfortable to breastfeed in public and for individuals, families and communities in Kent to see breastfeeding as the norm.

What we achieved

We supported 3,156 families referred into the specialist infant feeding service which for 2021/22 was an increase of 42 per cent.

There has been a 1.71 per cent increase in the rate of partially and fully breastfeeding women when seen at the six to eight weeks check post-delivery.

There has been a 0.88 per cent increase in the rate of fully breastfeeding women when seen at the six to eight weeks check post-delivery.



Improving the experience of the people we care for

| | Goal | Benchmark | Target | Achieved | Outcome |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|-------------|--------------------|
| Patient experience | The Patient and Carer Council to support 100 per cent of services to have an identified patient/carer voice in the delivery of care. | 0 - New project | 100 per cent | 96 per cent | Partially achieved |

What is the Patient and Carer Council?

The Patient and Carer Council is the vehicle that drives the cultural changes needed in participation, co-design, shared decision making and engagement across the trust and is chaired by a patient or carer with support from KCHFT.

Why this is important

This is the second year of a two-year goal 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 and improve what we do.

Improving the experiences of the people we care for means there will be better participation and involvement; 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

The actions taken to develop this quality priority in its first year are included in the 2020/21 Quality Account which showed that at the end of year one, 34 per cent of services had a patient or carer voice involved in the delivery of care.

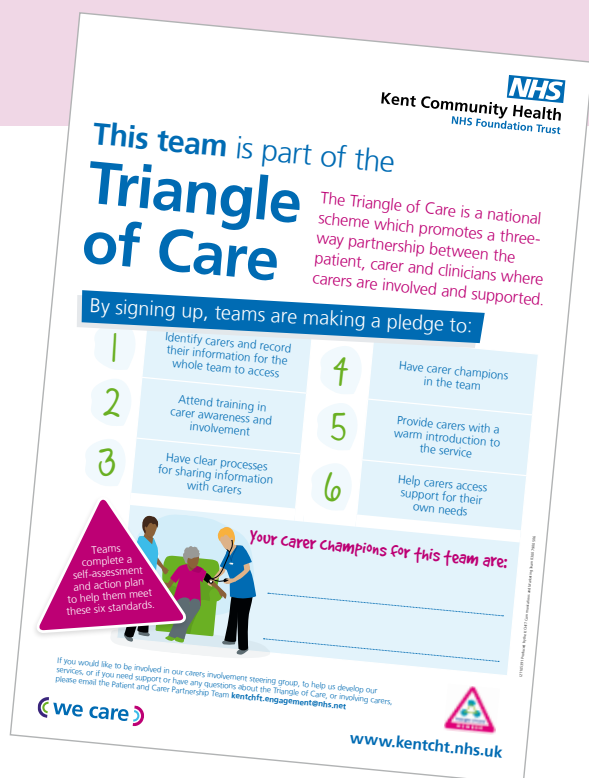
To strengthen our approach to enable patients and carers to have a voice in the delivery of care, KCHFT joined as members of the Triangle of Care (TOC) to improve communication and involvement of family and unpaid carers. This is a three-year, accredited program where services initially undertake a self-assessment and develop an action plan to improve carer engagement.

As ToC members we have been able to develop our carer packs which are now placed within our community hospitals and are given to carers upon their first contact with our services. They contain information about; the service, named nurse contact, carers survey, caring for someone NHS England information, information about carers assessments and local and national carers support. This has been a quality improvement (QI) project and is monitored monthly using the plan, do, study, act evaluation process for QI project monitoring.

Alongside this we launched the 'giving carers a voice' survey with revised questions which align with the six ToC principles. We delivered our carer awareness training to 60 members of staff from a range of services and disciplines. Feedback has been positive with an increased understanding of carers and their needs and how we can better listen and involve them in not only the care planning process but in the wider development of services.

Whilst ToC provided an opportunity to develop and engage more closely with carers, we extended our offer to support the patient/carer voice through other projects:

- Delivering working together groups to the Children Speech and Language Service, Special and Elective Services, Podiatry Service, Community Paediatrics Service, learning Disability Service, Children's Therapy Services and Cardiac Rehab. The working together groups are a resource for staff to work together with patients, service users and families to co-produce service development initiatives and discuss issues arising from feedback.
- Transforming the Patient Engagement Network into our new People's Network. We designed new advertising material to increase membership and developed a quarterly newsletter to provide information on current involvement initiatives.



Members of the Peoples Network have changed their name from Patient and Carer Representatives to Participation Partners to reflect the partnership work they are involved across the trust working alongside services. Some of the work they have undertaken in the last two years includes:

- co-designing training for the complaints process
- involvement in some of our quality improvement projects, taking lead roles and working alongside staff directly
- designing and developing the participation patterns quarterly newsletter
- part of a citizens panel set up by Kent and Medway CCG
- involved in research and development projects with the trust's Research Team
- taking an active part in we care visits
- taking part in delivering training
- co-designing 'bitesize' involvement training
- as part of a planning group to deliver KCHFTs first Patient and Carer Participation Awards Event where Participation Partners were recognised for their support in working to co-design, develop and improve services.
- We worked alongside our east Kent community services to set up the East Kent Community Engagement Group. Encompassing both hospital and community services, the group is open to service users, patients, carers, staff and colleagues. It meets monthly and has an active patient and carer voice. The group has undertaken some considerable work since inception, including; co-design a web page

to advertise community services, co-developing a booklet for recording carers information.

- Delivered our co-designed patient and carer involvement training to over 80 members of staff and colleagues at the KCHFT QI conference. The training is available for staff and colleagues to access via the trusts e-learning system TAPs.
- We have continued to work with our patients and services users from our Learning Disability Easy Read Group, to ensure that information is accessible and easier to understand. We presented the work of the group to the National Patient Experience of Care Conference hosted by NHSI/E.

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 2021/22, 96 per cent of services have an active patient or carer voice, taking part in service development.

Improving the experience of our people

| | Goal | Target | Achieved | Outcome |
|------------------|-------------------------------------------------------------------------------------------------------------|--------|----------|----------|
| Staff experience | Improve the experience of staff providing end of life care by enabling conversations about death and dying. | 12 | 17 | Achieved |

What are listening and debrief sessions?

Listening and debrief sessions provide an opportunity to engage with staff to share their views and experiences and support psychological wellbeing.

Why this is important

In 2020, the number of people who died in England was just over 695,000 – an increase of 91,000 on the previous five-year average (604,000). There has also been a large increase in deaths at home, the majority of which were from causes other than Covid-19.

As caring professionals, we may experience grief after the death of a patient, or after the discharge of a dying patient. In the workplace, grief may be the result of a critical incident or traumatic event.

Listening and debriefing sessions allow individuals and teams the safe space to review such experiences, identify how they have been affected, what impact it had and the learning. This type of support can boost morale and job satisfaction.

What we did

To deliver the listening and de-brief sessions, a communications campaign was developed to engage staff with the notion of listening and debrief sessions so that they felt confident that they provided a safe space to discuss their experiences and offer a protected time for reflection.

To accommodate the working practices of staff, Covid-19 restrictions and to make sure the reach of the sessions could include staff from all areas of our geography, the decision was made to hold these sessions virtually, via MSTEams.

Following each session, feedback was sought from those who had attended which were used to make iterative improvements to the way in which these sessions were delivered.

The feedback we received illustrated how the debrief sessions had positively impacted emotional wellbeing and professional practice. In response to the question, what was good about the session, the responses include:

- The group were free to talk and made to feel comfortable sharing, with no judgement.
- Being able to have a safe place to discuss concerns.
- Hearing that other clinicians are feeling the same way and you are not alone.
- A non-judgemental safe space to speak freely.

What this means for you as a patient

Frontline staff are crucial to successful delivery of joined up care. They are the key point of contact between individuals, and carers and families, services and systems, so their perspective, experience and knowledge is indispensable.

Good workforce development means learning from everyone's experience and valuing what everyone has to say. Through listening and debrief sessions we are supporting and valuing the day to day work of frontline staff through peer support that encourages identification of feelings and learning for individuals. Feeling listened to can boost staff morale, reduce absence and influence their own working environment and ultimately provide positive experiences for patients.

What we achieved

We delivered 17 listening and debrief sessions to support the emotional wellbeing of our staff.



Improving the experience of our people

| | Goal | Benchmark | Target | Achieved | Outcome |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|----------------------|------------------------|
| <p>Staff experience</p> <p>Increase support and guidance to staff to improve knowledge and engagement with information governance standards.</p> | <p>Information governance training compliance will reach 90 per cent in year one and 92 per cent in year two</p> | <p>88.2 per cent</p> | <p>90 per cent</p> | <p>90.5 per cent</p> | <p>Achieved</p> |

What is information governance training?

Information governance (IG) guides all employees to make sure person-identifiable information is handled legally, securely, efficiently and effectively.

Given the nature of the information all staff handle on a daily basis, IG training is categorised as mandatory as it is essential for the safe and efficient delivery of service. All KCHFT staff are required to complete IG training every year.

Why this is important

The trust has a legal duty to comply with the UK General Data Protection Regulations and the Data Protection Act 2018, to ensure all person-identifiable information is handled legally, securely, efficiently and effectively. This means we must have in place processes and systems to meet those legal obligations and we must ensure staff to undertake annual IG training.

The trust also has to complete an annual Data Security and Protection Assurance Toolkit to evidence that the trust adheres to the 10 Data Protection Standards and is adequately protecting patient and staff identifiable data.

The training we deliver ensures that our staff meet the required standards and are confident and competent to handle data securely, but this priority is to look at the way in which we support our people to access this training, so that it can be completed in a timely and efficient manner.

What we did

Information governance training is delivered to staff upon appointment at corporate induction, staff are then required to access yearly refresher training via the trust's e-learning training system TAPS.

The course is called Data Security and Awareness training and is a national training course provided by e-Learning for Health.

To increase compliance, we implemented a number of actions to improve the accessibility of training which included:

- To make sure staff knew when it was time to update their training and it could be easily accessed, we reviewed all internal 'how to' guides and IG policies.
- To support staff, we introduced a new phone line to process urgent IG queries and non-urgent queries were directed to the trust's online self-service portal.
- Reminders to complete annual IG refresher training were published in the IG newsletter, available on our staff intranet flo, in the trust-wide e-bulletin sent to all staff and personalised emails were sent to remind staff who were due to access refresher training.
- To identify and access training the correct training, IG training is now automatically loaded onto a staff member's training record, when it becomes due; staff no longer have to search the training archives to locate and load their training.
- Work is underway to deliver IG training to our volunteers and governors; this will be a mixture of online training provided through the national e-Learning for Health aimed specifically at volunteers as well as face to face training for volunteers who are not able to access online training.


- The IG team reviews any IG incidents which are reported on the trust's incident reporting system and provides the investigator with advice and guidance to avoid the breach being repeated. This includes ensuring that their teams have completed their annual IG refresher training.

What this means for you as a patient

We are committed to protecting and respecting your privacy. We recognise the trust placed in us by individuals whose information we process. By staff completing their annual IG refresher training, you can be assured that staff understand their legal duty to meet this commitment.

What we achieved

We met the target and achieved 90.5 per cent training compliance.


Kent Community Health
NHS Foundation Trust

IG



Data, security and protection policy and cyber, network and information systems policy

Do

- dispose of paper records using trust confidential waste facilities or shredders with security level four
- keep all trust information secure and locked away when not in use
- keep usernames and passwords secure
- immediately report any data breaches
- complete mandatory IG training
- turn off smart devices such as Alexa
- lock your laptop screen
- log out from systems
- only use personal data if you have to
- keep data in line with records management code of practice
- verify who you are talking to before handing over any information
- mark any notebooks/paperwork as private and confidential, property of KCHFT and a contact number
- securely transport KCHFT equipment/ information in the boot of your vehicle
- check patient demographic details at every contact
- seek support, advice and guidance from the IG Team.

Don't

- leave any personal information lying around
- share your username or password with anyone
- open emails or attachments from unknown sources
- click on suspicious links (spam)
- use personal computers, devices, printers or forward trust information to personal email addresses
- plug any non-KCHFT devices into trust equipment, including charging your personal mobile phone
- leave trust equipment/data in vehicles overnight
- leave your smartcard unattended
- send identifiable information to or from unencrypted email addresses, unless using the [secure] function
- unnecessarily print or duplicate data
- share information unless you have a lawful basis for doing so
- use public wi-fi to connect to the network without using your VPN.


Kent Community Health
NHS Foundation Trust



Privacy notice

As a patient, you have the right to:

- see information we hold about you
- ask us to change something that is inaccurate in your records or, where a record is incomplete, ask for it to be completed
- ask us to restrict processing your information, for example if you believe the information we hold is inaccurate
- object to the processing of your information in certain circumstances.



We aim to provide you with the highest quality healthcare. To do this and to comply with our duty of care, we need to make and retain adequate records about you, your health and the services we provide for you.

When it is necessary to make care safe, we will share information with other professionals involved.

To find out more about your records and how to access them, please visit www.kentcht.nhs.uk/legal




www.kentcht.nhs.uk/legal

Improving the experience of our people

| | Goal | Outcome |
|------------------|----------------------------------------------------|----------|
| Staff experience | KCHFT will be a living wage employer by March 2022 | Achieved |

What is the living wage?

The real Living Wage is the only UK wage rate that is voluntarily paid by almost 10,000 UK businesses who believe that their staff deserve a wage which meets every day need – like the weekly shop or a surprise trip to the dentist.

Why this is important

Unlike the National Living Wage which has been designed to ensure that full-time and part-time workers over the age of 25 earn at least 55 per cent of the median national wage, the annually revised Real Living Wage applies to all workers aged 18 and above and considers the actual cost of living through an independent calculation coordinated by the Living Wage Foundation.

Our commitment to become a Real Living Wage Employer is in strong alignment with our values into action approach and demonstrates our commitment to fair pay for our staff. This is also in recognition of our responsibility to act as an agent for change in our region by supporting our eligible service provider partners to also pay their staff the Real Living Wage.

What we did

The trust's governance structure approved the initiative to pay colleagues the Real Living Wage and work with eligible service providers to uplift the wages of external operatives at trust sites.

We analysed £4.9million of procurement expenditure between April 2019 and December 2021 and discussed with services across the trust to identify which providers at trust sites may have staff eligible for wage uplift.

We completed our Accredited Real Living Wage employer application to join a growing number of NHS trusts and clinical commissioning groups accredited as Living Wage employers.

What this means for you as a patient

As the first NHS trust in Kent and Medway to pay staff the Real Living Wage, this initiative is supporting us to attract and retain talented and highly qualified staff, which helps us to continue to provide community healthcare of the highest quality. Our choice to become an accredited Real Living Wage employer is indicative of how we are actively supporting the local economies of the communities we care for.

What we achieved

We are an accredited living wage employer and uplifted the salaries of 219 full time and part time colleagues to the real living wage standard. We are now committed to requiring that all new contracts with eligible providers of services that required operatives to be on-site to be paid the same living wage standard.



2021/22 quality priorities – what happens next?

The work carried out to improve the quality of our services through the ambitions of the 2021/22 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 bi-monthly at the Quality Committee, 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, local Healthwatch organisations and oversight and scrutiny committee.

Private and confidential

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

24th May 2022

Kent and Medway CCGs KCHFT Quality Account Comments 21/22

Dear Mercia,

We welcome the Quality Account for Kent Community NHS Foundation Trust (KCHFT). Kent and Medway CCG confirm that this Quality Account has been produced in line with the National requirements and includes all the required areas for reporting.

Your report clearly sets out your Quality priorities for 22/23 and includes your strategy for 2021 to 2025 including your quadruple aim and key areas of quality focus for the coming year.

The Annual Account demonstrates the overview of quality of care in 4 areas, which are improving the safety of the people we care for, improving clinical effectiveness, improving the experience of the people we care for and improving the experience of our people.

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. 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. 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.

The pandemic remained a pressure throughout 21/22 and yet your successes demonstrate your effective responsiveness to this challenging time. These include your delivery of the National covid19 vaccination programme across Kent and Medway. You maintained patient choice by delivering over 500,000 virtual appointments and 1.5 million face to face appointments. You also worked with children's centres across Kent to deliver UNICEF baby friendly training and practical skills to children's staff and Health visiting staff. There was also a 42% increase from the previous year of families using the specialist infant feeding service. You also improved access to NHS Health Checks and delivered this to 3,056 more services users than in 2020/21. There has been continued roll out of End-of-Life care training to deliver personalised care for everyone identified as being in their last year of life which includes the Gold Standard Framework. The work tackling Health Inequalities such as the Healthy Communities project, forming a steering group for the increased participation for seldom heard voices and the review of the equality impact assessment process are all recognition to your outstanding achievements.

Clinical Chair: Dr Navin Kurta
Accountable Officer: Paul Bentley



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

Sent via email

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



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

Direct Dial: 03000 416512
Email: HOSC@kent.gov.uk
Date: 27 May 2022

Dear Vicki,

Kent Community Health NHS Foundation Trust Quality Accounts 2021/22

Thank you for offering Kent County Council's Health Overview and Scrutiny Committee the opportunity to comment on KCHFT's Quality Accounts for 2021-22. HOSC has received a number of similar requests from Trusts providing services in Kent, and we may well receive more.

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

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

Kind regards

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

As we move to an Integrated Care Board from July 2022, we look forward to continuing our strong supportive relationship for the population of Kent with the provision of the outstanding quality of care. This report clearly sets out your vision for staff and service user support for the coming year and beyond. 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
Kent and Medway CCG



Healthwatch Kent response to the Kent Community Health NHS Foundation Trust Quality Account 2021/22

Healthwatch Kent is the independent champion for the views of patients and social care users in Kent. Our role is to help patients and the public get the best out of their local Health and Social Care services.

For several years now, local Healthwatch across the country have been asked to read, digest and comment on the Quality Accounts which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers).

We'd like to take this opportunity to support the Trust by setting out the areas we have worked together on in the past year:

- The Trust took part in a number of sessions that we organised to explore the feedback we have gathered from Carers whose loved one had recently been discharged from hospital. The Trust pledged to continue the conversations about how the system can improve the care and support they offer to Carers.
- We worked in partnership with the Trust to gather feedback from Trans & Non-Binary patients, listening to their feedback about the barriers they face to get healthcare. Their stories have been shared widely across the Kent & Medway health and care system. The Trust has established a Trans and Non-Binary Forum which was instrumental to this work.
- As a result of the feedback we shared about vaccination clinics, the Trust made several changes including improved privacy and access to British Sign Language interpreters and community spoken languages on their video and telephones systems.
- We attended their Patient and Carer Council meetings where we share the issues that we have heard from patients and carers.
- We contributed to the Trust's Healthy Communities Project, offering our insights and knowledge of health inequalities.
- We recognised the Trust's Quality Account as a leading example in Kent & Medway at our Healthwatch Recognition Awards this year.
- We've worked alongside a number of KCHFT colleagues within the East Kent and West Kent Health and Care Partnerships. For example, in East Kent we have worked collectively together on a Diabetes project where we ensured patient feedback was central to decisions about service improvements.

We have read the Quality Account with interest. Generally, it's well presented, makes sense, and gives the public a glimpse into the Trust performance over the last year.

As was the case last year using the way the account sets out what each quality priority means for people using the service. We are encouraging all other organisations submitting quality accounts to follow this example.

Healthwatch Kent June 2022

Annex 2

Statement of directors' responsibilities for the quality account

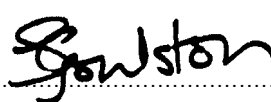
The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports, which incorporates 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.

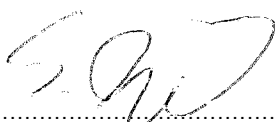
In preparing the quality report, directors are required to take steps to satisfy themselves that:

- 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 2021 to March 2022
 - papers relating to quality reported to the board over the period April 2021 to March 2022
 - feedback from commissioners
 - feedback from local Healthwatch organisations
 - feedback from Overview and Scrutiny Committee
 - the 2021 national staff survey
 - 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.

16 June 2022
.....Date Chairman

16 June 2022
.....Date Acting Chief Executive

Do you have feedback about our health services?

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

Text: 07899 903499

Email: kentchft.PALS@nhs.net

Web: www.kentcht.nhs.uk/PALS

Patient Advice and Liaison Service (PALS)

Trinity House
110-120 Upper Pemberton
Ashford
Kent
TN25 4AZ

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Our values

Compassionate Aspirational Responsive Excellent