

Patient and Carer Partnership Team
Annual report 2021/2022

Introduction

This report provides an overview of public and patient engagement and includes, participation, volunteer services, patient experience, equality, diversity and inclusion from April 2021 to March 2022.

Participation Overview

The Patient and Carer Council has continued to oversee and monitor the participation and experience work plan and ensure that there are continued opportunities for patient and carer involvement across the organisation. The group receive information about activities in participation being conducted through work streams.

Due to the continued pressures throughout the year due to the pandemic, some of the planned work around involvement and participation were delayed. However, we have continued to 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. Some of the notable activities included:

We established a carer steering group to oversee carer involvement to ensure we are better listening to and supporting carers by raising awareness of issues and co-designing initiatives to improve services. They have worked with us to co-design carer packs for our community hospitals, our carer awareness training and guidance leaflets around confidentiality and information sharing.

We co-delivered Patient and Carer Involvement Training to over 80 members of staff and colleagues at the KCHFT Quality Improvement Conference which provided a large-scale opportunity to ensure that colleagues have the methods and tools to involve and engage with patients and carers ensuring they are equal partners in our work. Training sessions are available to book via the internal Training Appraisal and Performance system. A total of 16 participants attended the training since the introduction in February 2022.

We delivered working together groups across a wide range of services, including; Children Speech and language Service, Special and Elective Services, Podiatry Service, Community Paediatrics Service, Learning Disability Service, Children's Therapy Services and Cardiac Rehabilitation. The groups are a resource for staff to work together with patients, service users and families to co-produce service development initiatives, provide feedback and discuss potential solutions to issues. From our work with the Community Paediatrics Team, we are working with them to set up a child and parent forum to support the development of the service.

We are aiming to increase the number of quality improvement projects that have been initiated through patient and carer feedback and to use that feedback to create a plan of work to co-design service improvement. We developed partnership working with the QI Team and a process to enable us to identify potential QI projects at the point of receiving feedback/complaints. A QI involvement group was formed and monthly meetings are held to identify projects and monitor against the specific QI tools. The following projects were identified and commenced:

- Podiatry service - 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 service who co-led the project.
- Continence Service - to re-design the bladder diary which is completed by patients / families 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. The new diary is now awaiting design, ready to present to patients and carers for comment.
- People's Network – a co-led project to measure the impact of involvement from patient and carer representatives who are members of trust governance groups and to highlight the importance of working with patients with a lived experience.
- Improve parent experience of the National Child Measurement Programme (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.
- Improve communication offered to family carers. The project supported the development of carer packs, ensuring carers 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.

Triangle of Care

The Trust joined the Triangle of Care (ToC) scheme in April 2021 and are the first non-mental health care providers in the UK to have joined as members. At the end of the year were successful in gaining accreditation for Stage 1 implementation.

The ToC scheme evidences our sustained commitment to recognise and involve carers and families using our services. There have been subsequent initiatives, work plans and carer awareness training sessions co-developed with colleagues and carers to ensure that the voices of family and unpaid carers are heard and their experiences are used to shape our services. Through the Carers Involvement Steering Group we have raised awareness across the trust of the vital role that carers and families play in supporting their cared for person. Services will be able to ensure that carers have better access and information about the support they need and are equal partners.

All nine community hospitals completed a self-assessment which provided a benchmark against the 6 key standards below:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols regarding confidentiality and sharing information, are in place.
4. Defined post(s) responsible for carers are in place.
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
6. A range of carer support services is available.

As a result of the self-assessments the following key actions were undertaken:

Carer Champions - 22 Carer Champions were recruited and have been instrumental in supporting hospital sites to implement the ToC. Regular monthly network meetings have been setup with an additional dedicated workspace on FLO for the champions to receive regular updates and support. A generic email account has been created to aid effective communication sharing. Carer Champions have been issued with a small triangle shaped

lapel badge which includes the ToC logo and was co-designed by a small working group to help identify the champions to patients and carers in the community hospitals.

Increase staff attendance at carer awareness sessions - Since commencing in October 2021, 52 members of staff have been trained in carer engagement strategies from various disciplines.

To increase the opportunity to obtain feedback through the 'Giving Carers a Voice' survey - We had minimal numbers of carers providing feedback on their experiences of services. We have completed several initiatives in order to increase the number of surveys completed including a new process for carer champions to undertake the surveys via telephone with the carer, and use of a QR code to access the survey displayed on posters. Continued monitoring is in place to support services in reviewing the content of surveys received to evidence actions taken as a result

Carers Information Packs - We have developed and co-designed carers information packs by working with colleagues and carers. The packs are given to carers at first point of contact and contain information including a welcome letter from the service, essential contacts; named nurse, matron and carer champion, carers organisations and how to get in contact, information about carers assessments, copy of carers survey 'giving carers a voice', ToC pledge, carers champion posters, 'Looking After Someone' – Carers UK booklet and Mental Health Crisis contact – Release the Pressure.

Partnership Working - We have developed and strengthened our partnerships with carer organisations, INVOLVE Kent and Carers Support East Kent. These organisations have regular weekly contact with our Carer Champions in the community hospitals and as a result we are seeing a greater number of referrals for carers assessments, information and advice. Continued monitoring of referrals received by both organisations is in place along with referral outcomes.

Expert Patients Programme

The Expert Patients Programme (EPP) is delivered under licence from the Self-Management Resource Centre (SMRC) and is a self-referral, free 6-week course for people who live with one or more long-term health conditions. The programme is delivered in east Kent, including Swale, and there is a team of 9 volunteer facilitators, managed by the EPP Coordinator, who is also a SMRC accredited Master Trainer. One EPP Facilitator has successfully completed a master training course with SMRC, which will enable the delivery of Chronic Disease Self-Management (CDSMP) trainings and updates in-house.

A number of initiatives have taken place this year to increase referrals to the programme:

- A facilitator's story featured in the January edition of the trust's Community Health magazine.
- Re-design of the leaflet, pages on the intranet and public website.
- Production of a promotional video
- Presentations to the Patient and Carer Council, People's Network, community matrons, Trust Board, Chronic Pain Team, and Non-Executive Directors

The programme is available online as a toolkit, with participants supported by a weekly conference call for six weeks and in person courses will 2022-23.

Five toolkits have been delivered this year with a total of 16 participants and 1 virtual course with 8 participants. Feedback demonstrated that individuals who attended the course felt better about themselves and are able to manage their life with their long-term health conditions. Self-referrals are increasing including those received referrals from the lifestyle advisors, Shaw Trust, Clinical coaches IAPT services and Insight Healthcare. Progress will be closely monitored next year as we continue to raise the profile of the programme within the trust and the wider network of organisations supporting people with long term health

conditions. We are aiming to recruit and train new volunteer facilitators and pilot the Diabetes Self-Management Programme.

People's Network

The People's Network designed new promotional material to increase membership and developed a quarterly newsletter to provide information on current involvement initiatives. Members of the Peoples Network changed their name from Patient and Carer Representatives to Participation Partners to reflect the partnership work they are involved in working alongside services. Some of the work they have undertaken is detailed in the 'Peoples Network' section of this report. The People's Network welcomed four new members this year, increasing the group to 18. Some of the highlights Participation Partners have been involved in this year include:

- co-producing the participation recruitment film which has featured in two events including the national Experience of Care conference - https://vimeo.com/585298944?fbclid=IwAR0HGKJ776klLeDm72C0zXg4hQUlux6Lhg2vUAlkq3qsgvMIb_62G7Hjgl
- co-producing four editions of the newsletter, Participation Matters: <https://www.kentcht.nhs.uk/download/participation-matters-q1-2021-22/>
- taking part in seven interview panels
- rebranding the role from patient representatives to KCHFT Participation Partners
- co-producing a Participation Partner code of conduct
- continuing participation in trust governance groups, including the Patient and Carer Council and Mortality Surveillance Group
- participation in We Care quality review panels
- co-design of documents and training such as the diabetes client questionnaire, and QI Lite videos
- starting a QI project to assess the impact of patient involvement on governance groups.

The network heard presentations from guest speakers throughout the year, including projects like Kent and Medway Listens, discharge pathways, advanced practice and independent prescribing and public health.

Participation celebration event

Four network members joined a working group to plan the participation thank you event that took place on Thursday, 31 March. The event featured presentations from Participation Partners and service leads; a facilitated session to evaluate the team's workplan; and an awards ceremony to celebrate particular individuals and groups for the part they have played in participation and involvement work across the trust. An overview of the event can be viewed in the April 2022 edition of [Participation Matters](#).

The award winners were:

- East Kent Mencap (Easy Read group) for group of the year
- East Kent Community Engagement Group for project of the year
- Health Visiting for service of the year
- Sarah Ansell for Participation Partner of the year.

All four award winners have been entered into a new participation category for this year's staff awards celebration in the summer.

Accessible Information

Easy Read groups have continued to meet on a monthly basis to produce accessible patient documents. The group has tested and finalised **15 documents** this year, including:

- Voluntary Services welcome pack
- Bereavement pack
- Special Schools survey and medication consent form

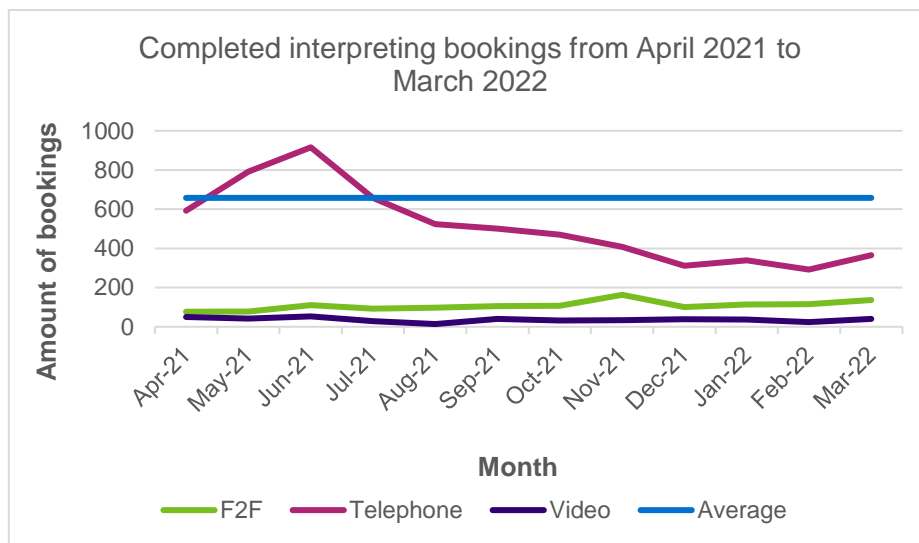
- Carers surveys (hospital and community).

Two members of the group co-presented at the national Patient Experience for Improvement Conference in March 2022, to showcase the work of the group and other participation initiatives that have supported the learning disability community.

Interpreting

When the five public COVID-19 vaccination centres opened throughout the year, a three-step process was developed with the interpreting provider to enable staff to quickly contact foreign language interpreters by telephone. **22.5% (1,780)** of interpreting bookings across the year were completed at the vaccination centres.

The graph below shows the completed interpreting bookings each month throughout the year. Telephone interpreting bookings spike from May to June 2021 as more vaccination centres open, and gradually falls as the vaccination programme reduces. Amount of interpreting bookings per month is now comparable with pre-pandemic numbers.



The trust secured a temporary contract with Sign Live to provide an on-demand British Sign Language (BSL) service in the vaccination centres. From April to June 2021, **39** BSL video calls were made.

Volunteers

Despite COVID preventing our volunteers from returning to previous or current roles, the voluntary service has continued to operate and add value to the services across the organisation.

A new voluntary service manager and administrator started in post towards the end of the year and they are undertaking work to streamline the recruitment process and complete a cleansing exercise on the database. They are re-engaging with volunteers to return them to their posts or find other suitable posts.

28 new volunteers have been recruited during the year with 16 of those during the last quarter. 15 of the new volunteers are now supporting the community hospitals and 1 within a community service. The roles are varied from helping people on our wards with companionship, to meeting and greeting visitors at our urgent care treatment centres and supporting clinical staff with admin. Of the 15 started at the community hospital, 11 of them are aged 15-21. The majority of under 21s are students wanting to gain experience within the NHS. Our volunteering opportunities are giving them an opportunity to experience medical environments to align with their future career aspirations whilst making a difference to our volunteers.

Our patient experience volunteers supporting with patient surveys have expanded to the Cardio Rehabilitation team and we have plans to recruit to support further services within the trust by the end of December 2022. This means that we are now receiving feedback from patient groups who were previously unheard. The number of surveys completed for podiatry is 390, Community Rehabilitation Team East Kent 63 and Kent Continence 83. We have supported our infant feeding teams to recruit 10 breast feeding volunteers and 14 health walkers for the One You service.

Equality, Diversity and Inclusion

Equality Diversity and Inclusion continues to play a pivotal role across the organisation, guiding policy authors, supporting workforce initiatives and providing wider guidance, support and engagement. Two new Equality Objectives were developed to focus on two areas over the next three years that will enable the Trust to identify wider areas in healthcare planning and delivery where early targeted intervention may support reducing health inequalities. The two objectives are underpinned by national frameworks, standards and policies and have been developed to demonstrate the Trust's ongoing commitment.

Objective 1: Increase equality monitoring across all services

Aim:

- To ensure the information we hold on our patients accurately reflect how a patient identifies
- Use the data outputs to develop our services according to patient need, directing resources where they are needed most
- Develop targeted interventions where health inequalities and barriers are identified

Objective 2: All relevant procedural documents identify equality related impacts including risks, and how risks will be managed

Aim:

- To have an Equality Impact Assessment (EqIA) that highlights where in a process, due regard to protected characteristics and Inclusion Health Groups has been given, any mitigations made and how equality related risk is being managed.
- All relevant KCHFT procedural documents, policies, strategies and business plans will have a completed EqIA
- Reduce health inequalities; improve access, health outcomes and patient experience

The new objectives will ensure decision making reflects the needs of the local population through robust Equality Impact Assessments and improvements to data collection and equality monitoring of our patients and their carers. Using data in this way will enable us to better engage protected and health inclusion groups to deliver co-designed services that reflect the needs of local people and communities.

A deep dive was conducted into the process of how Equality Impact Assessments (EqIA) are completed. Focus groups were held to identify challenges experienced by policy authors. Further collaboration with the leadership teams and wider policy authors led to the implementation of a new robust, streamlined process for ensuring equality and health inequalities are considered at every step of decision making.

As part of the work to ensure that protected and health inclusion groups had equal access to vaccines, on demand BSL video interpreting was introduced at all the mass vaccination sites and roving/pop up clinics.

To increase patient feedback from protected groups that use our services, patient surveys now include the patient equality monitoring data which will be used to monitor, feedback and improve the experiences of migrant communities and other protected groups allowing us to triangulate this data with other equality monitoring metrics.

Healthy Communities Project Kent

The Healthy Communities Project Kent (HCPK) was established in July 2021, following its predecessor Healthy Communities Programme Kent, with the overall aim of reducing health inequalities experienced by migrant communities and ethnic minorities across Kent. In order to achieve this goal, four areas of focus were identified: improving ethnicity recording, enhancing staff cultural awareness, building community relationships, and establishing the Healthy Communities Steering Group. Over the past nine months, progress has been made in all four areas, with exciting new initiatives to come over the next year.

To begin improving ethnicity recording, the HCPK undertook a deep-dive data analysis benchmarking exercise, which revealed an average ethnicity recording rate of 57 (63%). All services identified within the exercise were engaged with in order to learn more about the current ethnicity recording process, share data analysis results, and identify targets for intervention. To further support services, a bank of resources was produced, ranging from personalised voice-over presentations, to 'How to Record Ethnicity on Rio' and 'How to Ask Sensitive Questions' guides. In addition to work within the Trust, the HCPK organised and held, alongside a contact from Central London Community Healthcare NHS Trust, the National Ethnicity Recording Discussion, an online conference with presentations and opportunities to share learning, which was attended by individuals from Trusts across the country.

The project approached the enhancement of cultural awareness across the Trust by leading on the development of two e-learning modules, the first of which is to be included in the Trust's core Equality, Diversity and Inclusion curriculum, and is planning to embed these principles further through delivery of cultural awareness workshops to enable interactive learning for staff. These materials not only address culture in terms of ethnicity or race, but more broadly for all protected characteristics, providing a well-rounded approach.

Vital links have been formed with communities and organisations across Kent as part of the project's work to establish trusting, sustainable relationships, with the HCPK having met with over thirty groups, presented at community-focussed conferences, for example the Healthy Communities Together Conference held by Social Enterprise Kent CIC, and regularly attending network meetings, including those of the KRIG (Kent Roma Interest Group) and GTRBS (Gypsy, Traveller, Roma, Boater and Showman) network. These relationships have been key in beginning to spread word and establish the Healthy Communities Steering Group. Intended as a platform for individuals from migrant communities and ethnic minorities to raise health inequalities and share lived experience whilst also acting as a consulting group on Trust initiatives, the Steering Group will hold its inaugural meeting in May 2022.

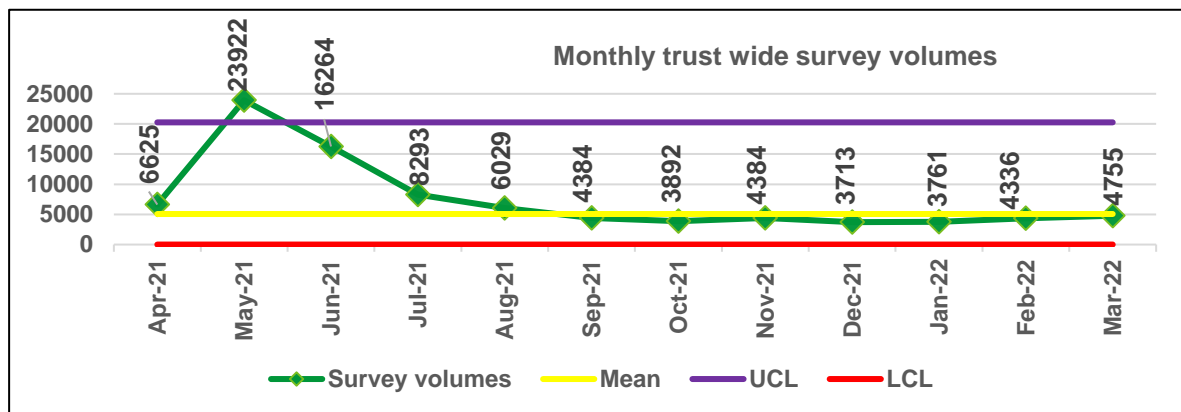
The foundations established by the HCPK in exploring and addressing health inequalities will be built upon moving into 2022/2023, with the recruitment of a Project Support Manager providing the resources to begin additional workstreams, including the Roma Mothers' Breastfeeding Support Group and the Migrant Communities Link Worker Scheme.

Patient Experience Surveys

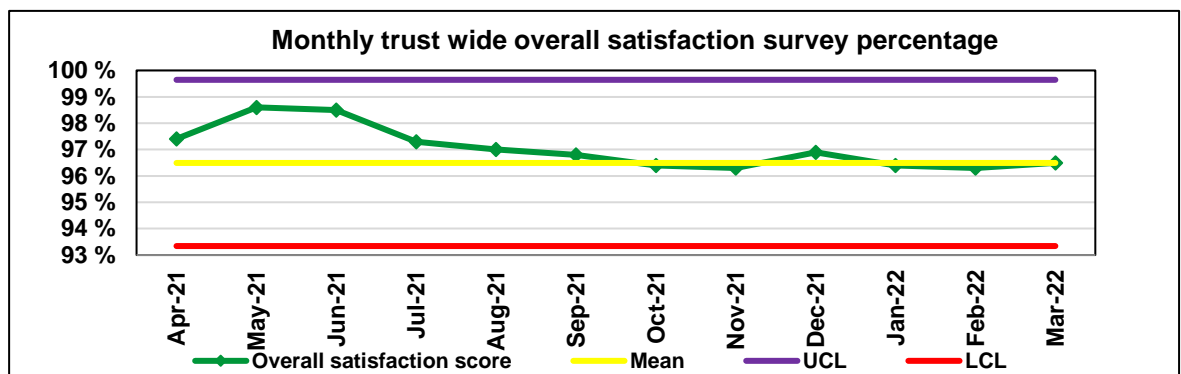
From April 2021 to March 2022, 90,363 surveys were completed in total by patients, relatives and carers, with an overall satisfaction score of 98%. 42,754 of the total number were completed for mainstream services and the remaining 47,609 were completed by people receiving their COVID-19 vaccinations.

This is just under an 88% increase in survey completions for mainstream - services when compared with the previous year, when volumes dropped dramatically at the out-set of the COVID-19 pandemic. A 1% increase in overall satisfaction scores is seen for April 2021 to March 2022 when compared with the previous year.

A steady increase is seen in survey volumes from February 2022, following a usual dip over the Christmas period and beginning of a new year. The COVID-19 vaccination survey completions account for a minimal proportion of total numbers from January 2022 onwards



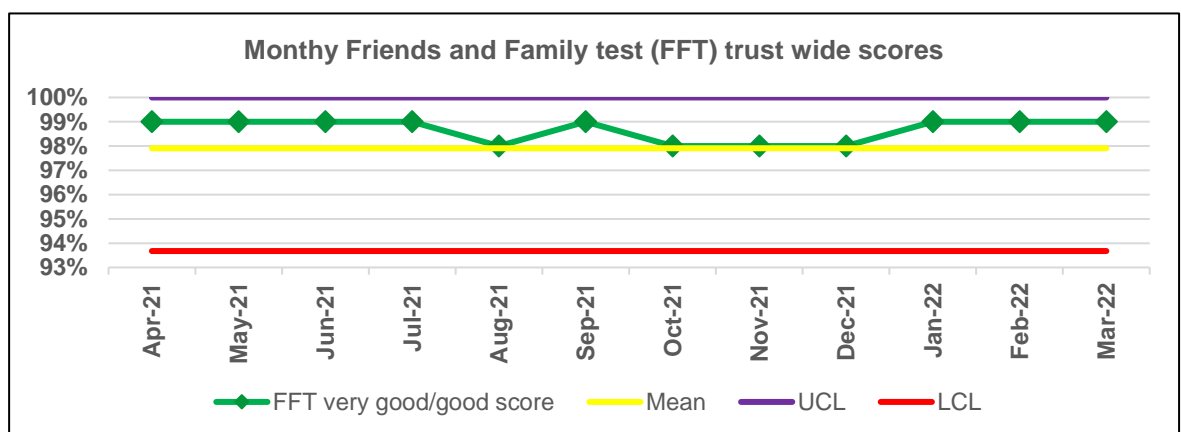
Overall satisfaction scores remained relatively consistent over the year, between 95% and 98.5%.



Almost 70,000 positive comments were received via surveys during 2021/22. The most frequent words seen from comments:

informative
Excellent
helpful
kind
good
friendly
ease

Friends and family test (FFT) question – Overall, how was your experience of our service?



From April 2021 to March 2022, 87,942 FFT questions were answered with 99% of people rating their overall experience of the service they received as very good or good.

The highest proportion of poor and very poor responses were from people receiving their COVID-19 vaccination. Feedback related mainly to the booking process via the NHS.uk website and long queues / waiting times at venues.

Main themes seen from feedback for other services:

- Virtual appointments/consultations: long waits for calls to be attended and technical issues
- Communication: lack of information and not being listened to

Survey data collection methods:

Though the restriction on the use of paper version surveys relaxed during 2021 to 2022, with caution still in place due to the ongoing pandemic, to ensure feedback continued to be gained, alternative methods of data collection were utilised well by services.

Web completions doubled in number when compared with previous years, with many services using 'Have your say' posters/flyers. These include a QR code that people could scan using their mobile phones, linking through to the suite of surveys available on the KCHFT public website.

A variety of services undertook surveys over the telephone, by staff and volunteers, including Community Nursing, Community Rehabilitation (Kent), Dental Service, East Sussex CITS, Edenbridge MIU, Kent Continence, Heart Failure Nursing and Podiatry.

Some services used the email invitation process to send a survey link to their patients, including Adult Speech and Language Therapy, Cardiac Rehabilitation, Community Rehabilitation Team (Kent), Health Visiting, Kent Continence, MSK Physiotherapy, Pulmonary Rehabilitation and School Health (Kent).

Number of survey completions by method for April 2020 to March 2022						
Method of collection	Email invite	Paper	iPad	Telephone	Web	Total
Survey volumes	232	21,127	2,754	1,407	64,843	90,363

Actions and Improvements

As a result of patient/carer survey feedback, 30 actions were implemented during 2021/22, to make improvements to the experience of patients.

In addition to actions being displayed as 'You said, we did' examples on the KCHFT public website, a dedicated page 'What we did as result of your feedback' was designed where examples are updated on a quarterly basis.

Examples of actions implemented and closed during the year 2021/22:

Feedback	Action taken
A parent using the online nurse service, was held in the 'waiting area' for almost 3 hours.	East Sussex School Health Additional staff were allocated to the online service, to ensure the 'waiting area' is monitored efficiently so that no-one is left holding for a long period of time.
Some patients said there is not enough to do to pass the time.	Tonbridge Cottage Hospital (inpatients) Two additional user-friendly, interactive activity/entertainment/therapy tablets with software were purchased for patients to use.
Patient was unhappy with their weight check being undertaken in the main waiting room.	Sexual Health Service The lifestyle machine was moved to a different position to enable more privacy.

Staff failed to acknowledge that a patient had full Denplan cover.	Dental Services The service reviewed the various Denplan packages to become fully aware of all treatments that are covered. Records of all Denplan patients were checked to ensure no previous errors had occurred.
Patient raised a concern about nurse giving incorrect dosage of medication in clinic and for them to take home with them.	Sexual Health Service Clinical staff received training around dispensing of medication and competency reviews were also undertaken. Medication packaging was discussed with all clinicians.
Patient felt the quality of the exercise materials was poor.	MSK Physiotherapy The Administration team reviewed the materials and ensure all future photo-copied resources are an acceptable quality before sending out to patients.
Some patients said they would like more available to help pass the time.	Queen Victoria Memorial Hospital, Herne Bay To make an attractive space for patients to enjoy during the warmer weather, the outdoor garden area was improved by erecting a pagoda and planting put in place.
Family member was unhappy with lack of therapy provided on the ward and had difficulties with achieving their relatives discharge from hospital.	Hawkhurst Community Hospital The transfer letter from Acute to Community Hospital was updated to include clear information of service provision for patients during their stay.

Bereavement

Following the Covid-19 pandemic there has been an increase in end of life care being delivered by KCHFT Long Term Services (LTS). It was identified that there was no structured process that ensures that all relatives/carers of patients who have died in their own homes are invited to give feedback about the care provided by Community Nursing Teams (CNT).

The Community Hospitals have an established process which includes the provision of an informative pack to bereaved relatives/carers. The pack contains a condolence letter along with advice and support on what to do following a death. It also contains contact details for the Patient Advice & Liaison Service (PALS) for those who may benefit from support to raise concerns or to share their appreciation and thanks for the care provided to their loved one. Feedback is welcomed to enable staff to celebrate good practice and to learn from when things do not go so well.

A project was commenced to roll out bereavement packs to community nursing teams. A trial commenced in East Kent using Quality Improvement methodology and the revised packs are now being utilised across the community nursing teams.

Sue Mitchell, Assistant Director of Participation and Involvement

Date: 25 May 2022