

Quality Account 2022/23



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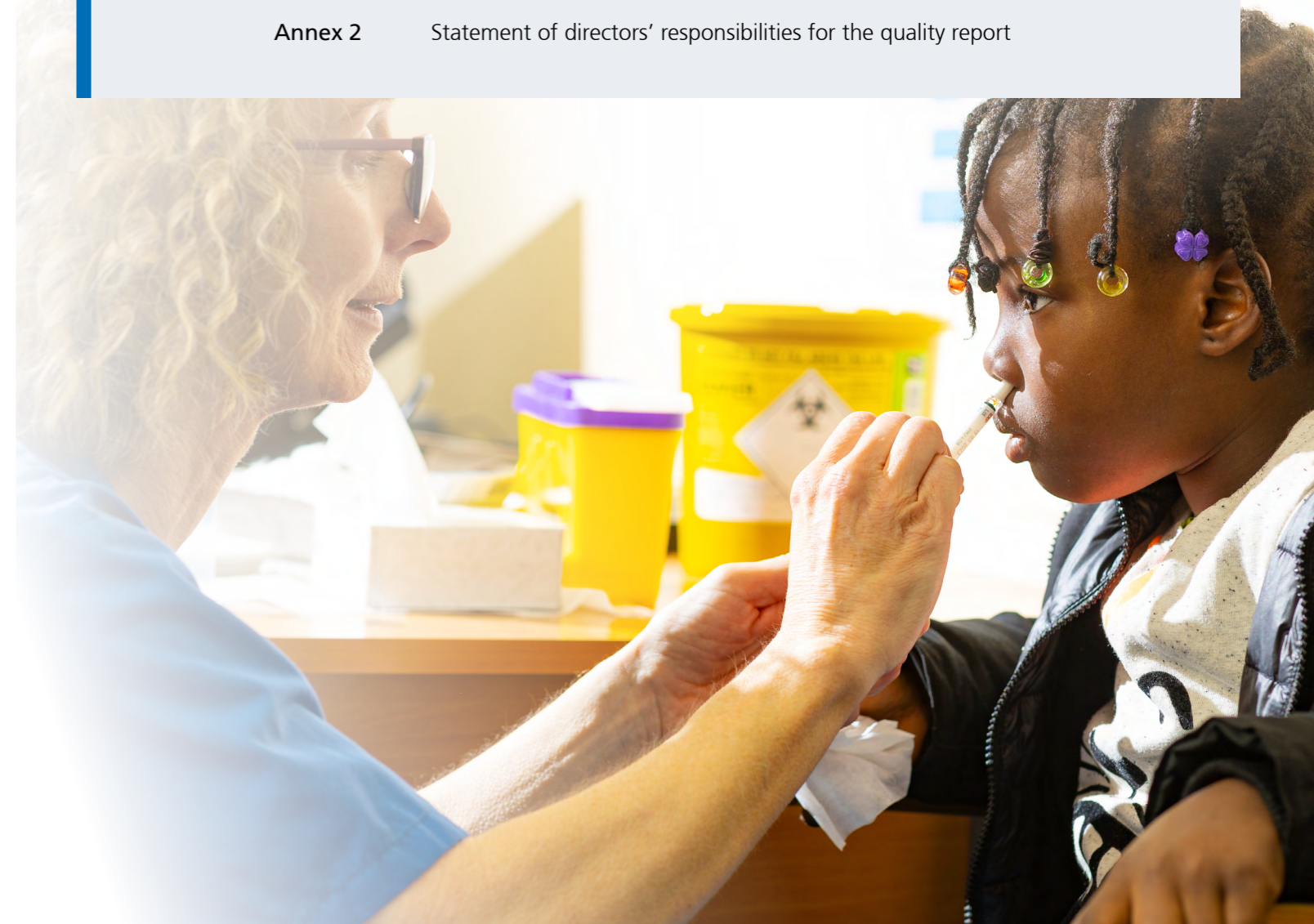
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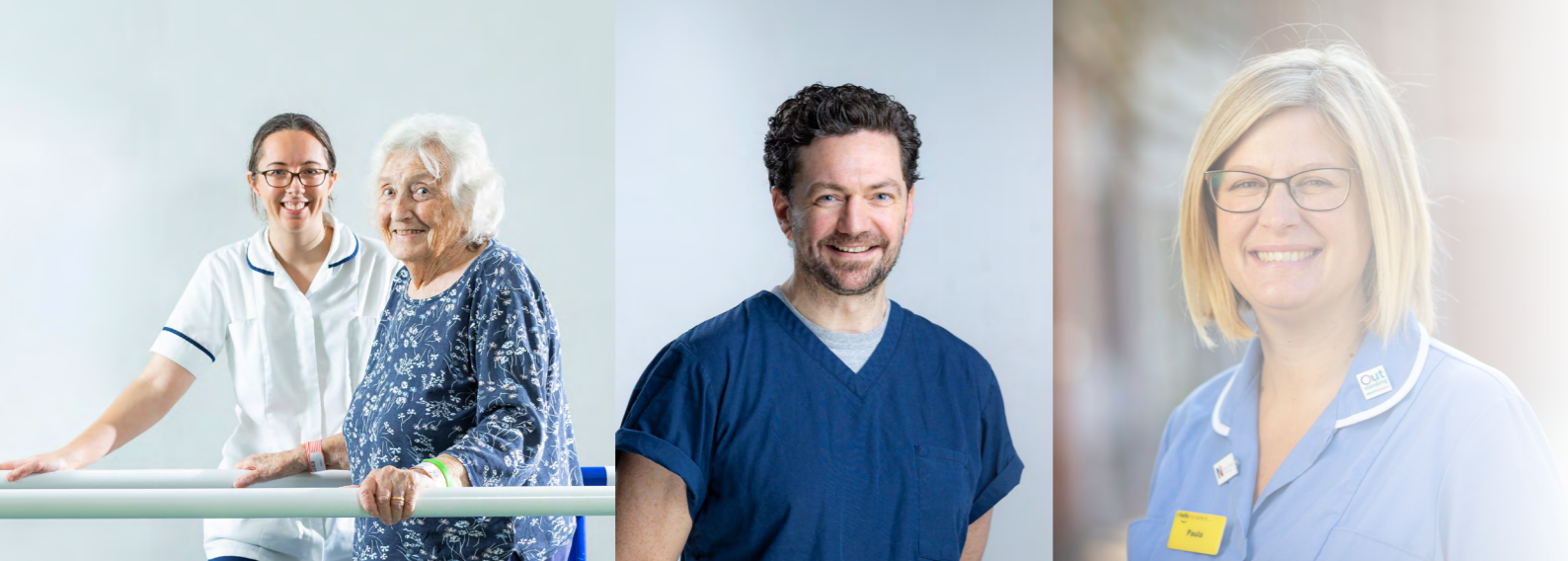
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Part one: Introduction

Statement on quality from the chief executive

Welcome to the quality account for Kent Community Health NHS Foundation Trust (KCHFT) for 2022/23, which focuses on our agreed quality priorities, quality strategy and partnership work.

Delivering outstanding quality – it's the motivation behind everything that's done by the teams delivering care at Kent Community Health NHS Foundation Trust.

Since joining as the new chief executive in July, I have witnessed their compassion, dedication and sheer resilience almost daily on my many visits to services. Doing right by our patients is what gets our 70-plus teams out of beds at whatever time of day their shift starts and I can't thank them enough.

While the pandemic may be behind us, its legacy sadly is not. The increasing demands on a workforce that has had no break, no let up, no moment to reflect, cannot be underestimated.

So, I'm hugely proud of what our 5,000-strong team has achieved this year. We are now two years into our three-year quality strategy, which focuses on eight key objectives, including strengthening our commitment to continuous quality improvement in the quality of care, patient and staff experience.

Eight of the 12 quality priorities were fully or partially achieved and for those that were not, we have a clear programme of work to drive delivery. I'm really pleased patient satisfaction remains high, with 98.4 per cent of people rating their overall experience as very good or good – but we will not be complacent.

Patient safety is the cornerstone of the care we deliver and our improvements are from cradle to grave. Our new baby Tongue-Tie Coordination Service supported 1,431 families last year, with the pilot extended for another year. We know our elderly population are more susceptible to pressure ulcers. We saw a 35 per cent reduction in lapses in care, when comparing pressure ulcer incidents last year, with serious pressure ulcers reducing by 57 per cent.

The Patient Safety Incident Response Framework means we now categorise patient safety incidents in a different way, enabling earlier opportunities for learning and empowering teams to identify and deliver improvements to how they deliver care locally. We have imbedded this national strategy ahead of the required timescale for adoption.

This year, we launched the Innovation Fellowship for colleagues to develop their knowledge and skills, with eight innovation fellows now part-way through their training to help find new ways of working to progress treatment options to improve outcomes for patients. We also worked to maximise the number of patients who can take part in research studies.

'Teams have not been afraid to try something new in the pursuit of improving quality'.

Continuous improvement is at the heart of what we do. As we continue to recover from the pandemic, there remains huge demands on our incredible teams and services. Through the quality improvement collaborative, we have been relentless in trying new ways to improve processes and systems to remove non-value adding tasks and release time for teams to see more patients and reduce missed visits.

To tackle waiting lists in our paediatric services, we introduced 'blitz' clinics for attention deficit hyperactivity disorder reviews and diagnostics to use the wider skills of the team to assess and support more children. Across the country, demand for this service has more than doubled since the pandemic.

We have also started to automate processes to release more time. Paving the way, our recruitment team automated nearly 50 processes, releasing around 14,389 hours. This year, we hope to focus on releasing time for patient-facing colleagues.

Prevention and tackling health inequalities has taken an even greater focus. We worked hard to improve access to NHS Health checks, with 25,114 delivered. We've used a QI approach to look at innovative ways for our School Health Service to reach vulnerable young people in East Sussex. We have presented to the South East region of the Office for Health Improvement and Disparities about the School Health Check and promoted the MyHealthMySchool survey for young people aged 16 years and over.

We've continued our We Care programme with a new focus on equality, diversity and inclusion looking at how services are delivered and made accessible, with 45 per cent of the 18 services rated as outstanding. This work, as well as introducing Power BI to provide more high-quality data, will stand us in good stead for our new health inequalities programme for the year ahead.

We take co-production with our patients, clients and services users at KCHFT seriously. Newly trained participation partners from our People's Network supported the recruitment of our new Health Inequalities Team. We have worked with our musculoskeletal services to understand the experiences of people identifying as members of the armed forces community, our rehabilitation teams have involved patients and their families to design an extended seven-day service and Breathe Easy groups in east Kent have made sure the voices of patients and carers have been at the centre of our work to co-design a respiratory virtual ward.

There have been 12 projects initiated from patient feedback. Improvements to the national child measurement programme reduced complaints from 28 to zero, in response to the results letter. Our patient participation partners have also helped to design a new carers' information pack, improve the way we seek feedback from bereaved families and simplify a bladder diary. We've also developed new patient involvement training, with KCHFT picking up a Healthwatch award for its collaboration on sharing this across the system.

We want KCHFT to be a great place to work and to have a culture where everyone is comfortable to be themselves. As part of our Nobody Left Behind Strategy, all colleagues now have an equality, diversity and inclusion (EDI) objective in their appraisal and cultural awareness training has been rolled out across the organisation. KCHFT has increased its disability representation to 6.2 per cent in the staff record and is in the top 10 per cent nationally for its Workforce Disability Equality Standard.

We were proud to be awarded the highest accolade in the Kent and Medway Workplace Wellbeing Awards – a platinum award for our work on staff health and wellbeing. Initiatives highlighted were our staff choir, KCHFT football team, easy-to-access counselling and fast-track physiotherapy. We now have six staff networks, with the launch of our armed forces community and neurodiversity staff networks and our reflection rounds are supporting colleagues to discuss the emotional and social aspects of working in healthcare. To provide staff with a safe and confidential space to reflect on their work, a new model of clinical supervision has been introduced to our public health division.

Our NHS Staff Survey people promise scores were better on average than other similar organisations, but we want to go further faster and will be focusing on maximising staff voice this year.

These are just some examples of what we achieved in 2022/23. I remain impressed by the positive attitudes, remarkable talent and extraordinary efforts of everyone and want to thank our patients, clients, service users, governors, volunteers, partners and Board for their support. Within this statement, the most senior manager should declare they have seen the Quality Account and they are happy with the accuracy of the data reported, talk about the quality of the services they provide and acknowledge any areas that need to be improved. Please take a look at this quality account to understand some of the incredible work that has been achieved in #TeamKCHFT's unwavering drive and focus on quality as well as where we plan to focus more effort in the coming year.

We end this year, with a new co-designed We care strategy for 2023 to 2028 that has quality improvement at its core. I have every confidence in teams to deliver this. What I've been most impressed by is teams have not been afraid to try something new in the pursuit of improving quality. It's this brave culture I want to foster, as we design new care pathways in the year ahead and deliver the biggest breakthroughs in the quality of care for our patients.

Mairead McCormick
Chief Executive



What is a Quality Account?

At KCHFT delivering high-quality care is central to all that we do and is driven by the quadruple aim, which is:

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

Patients want to know they are receiving the very best quality of care and for this reason providers of NHS healthcare are required to publish a quality account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended.

Every quality account will include a statement from the most senior manager in the organisation and will declare they have seen the quality account, are aware of the quality of the NHS services they provide and highlight where any improvements are needed.

The statements of assurance from the Board provide the answers to a series of questions all healthcare organisations are required to provide. Part three is used to present quality priorities for the coming year, which have been selected in consultation with stakeholders with an explanation for their underlying reason(s) for inclusions and must include:

- at least three indicators for patient safety
- at least three indicators for clinical effectiveness and
- at least three indicators for patient experience.

For KCHFT, the decision was made to extend the quality priorities to include at least three indicators for staff experience.

These priorities are selected on the basis of feedback from the people we care for, our stakeholders and our staff. Once at least three priorities from each dimension have been selected, a SMART measure will be identified that will allow the trust to monitor our progress against the priorities. The monitoring and the review of the overall achievements will be the remit of the Quality Committee.

These are the mandatory requirements for Quality Accounts and we have included contributions that demonstrate our wider commitment to delivering high-quality care.



	At least three indicators for patient safety
	At least three indicators for clinical effectiveness
	At least three indicators for patient experience
	At least three indicators for staff experience





Part 2: Our Quality Priorities

Quality strategy, priorities for improvement
and statements of assurance from the Board

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.

KCHFT is one of the largest NHS community health providers in England, serving a population of about 1.4 million across Kent and 600,000 in East Sussex and London. We employ more than 5,000 staff, including doctors, community nurses, allied health professionals, domestics, drivers, administrators and many other essential healthcare workers. We became a foundation trust on 1 March 2015 and were rated outstanding by the Care Quality Commission in 2019.



Vision

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

Mission

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

Values

We have four values:

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 are:

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



We care strategy

Our we care strategy for 2023 to 2028 will help us make the biggest breakthroughs in improving patient care and the working lives of colleagues. The strategy was launched in April 2023 and the ambitions are linked to a number of quality priorities for 2023/24.

Our ambitions

Putting communities first

Everyone has the same opportunity to lead a healthy life, no matter where they live or who they are.

Our targets for 2023/24

- No difference in DNA (did not attend/was not brought) rates between patients living in the most and least deprived areas, or between ethnic groups.
- Reduction in people who wait longer than 12 weeks to be seen compared with March 2023.



Better patient experience

Our conversations focus on what matters to the patient, so they get the right care, in the right place.

Our targets for 2023/24

- 80 per cent of people who need short-term urgent community care have a clearly identified, integrated care pathway delivered in a specific timeframe.
- Increase the number of people at risk of admission who we support through integrated neighbourhood teams to meet their needs at home.
- Increase the number of patients who were asked 'What matters to you?' and their needs were met.



A great place to work

Our colleagues are valued, feel heard and make changes easily to deliver better care.

Our targets for 2023/24

- An increase of 0.2 in our staff engagement score on the NHS Staff Survey compared with March 23 (7.31).
- An increase of 0.2 in our staff morale score on the NHS Staff Survey compared with March 23 (6.23).



Sustainable care

We will live within our means to deliver outstanding care, in the right buildings, supported by technology, and reduce our carbon footprint.

Our targets for 2023/24

- Staff spend less time on admin processes that don't add value to patient care.
- 80 per cent reduction in the emissions we can control by 2028.



Our quality strategy 2021/22 to 2024/25

Quality runs through all that we do and is linked to a number of wider strategies, frameworks and initiatives, contributing to the organisation's aims and objectives.

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

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

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

To achieve this, we will:

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

Our quadruple aim



Delivery of our quality strategy ambitions to date has been realised by focusing on the following objectives and achievement of a number of milestones in year two. These include:

Quality Strategy year two milestones

Focus on continuous improvement



Introduction of annual innovation fellowships

The Innovation Fellowship was developed in partnership with the Kent Surrey and Sussex Academic Health Science Network for staff to learn about innovation and launched in November 2022.

James Lind Alliance priority setting partnerships output for nursing research

The James Lind Alliance (JLA) national research priorities for community nursing are now published and are available on the JLA website and NHS Futures Platform for community nursing. The project contributed to the launch and publication of the chief nursing officer strategic plan for research to highlight theme 1 – aligning nurse-led research with public need.

Divisional quality improvement boards in place and delivering projects

Divisional QI Boards are in place and Divisional QI activity is reported via Executive Performance Review.

Make sure information drives continual quality improvement



Increase KCHFT participation in the Kent Surrey and Sussex Applied Research Collaborative (ARC KSS)

A KCHFT colleague was appointed co-chair of the organisation and research capacity group (ORCA).

Two out of three submissions from KCHFT to the ARC KSS Priorities of Care call were successfully through to round two.

ARC has come to KCHFT Research and Development Group to talk about individual development opportunities for KCHFT staff.

Promote positive staff experience



Embed the principles of the Institute for Health Improvement's Joy in Work Framework and map to our people strategy.

A great place to work: This is one of the key themes of the trust's new 'We care strategy for 2023-2028', which aims to increase staff engagement and staff morale. The trust's vision is colleagues feel valued and belong to their team and organisation, know what is expected of them and feel enabled, supported and safe to do their job. Colleagues have a say in how to do their work and improve their work.

Strengthen the relationship between the organisational development business partners' and improvement work.

KCHFT organisational development business partners have formed part of the coaching cohort for the QI Collaborative.

Improve patient and carer experience



Develop resource training on experience-based co-design (EBCD), subsequently renamed as patient involvement training.

Patient involvement training has been developed and is being delivered across the organisation. KCHFT won a Healthwatch award for collaboration after sharing involvement training with an external organisation.

25 participation partners have been recruited

KCHFT is proud to work alongside a core group of patient and carer representatives. This group is the People's Network and members are known as participation partners. Membership to the People's Network has grown this year, with participation partners continuing to be involved in quality improvement projects, governance groups and we care visits. Interview skills training has been co-designed to give our participation partners and volunteers the skills and knowledge to take part in the recruitment and selection of our future workforce. Newly trained partners have recently supported the recruitment of our new Health Inequalities Team.

Reduce health inequalities



Introduce working together groups across a wide range of communities to support developing health promotion initiatives, co-designed services and pathways.

As part of our work to meet the standards within the Armed Forces Covenant, signed in December 2022, we have worked with our musculoskeletal services to understand the experiences of those people identifying as members of the armed forces community.

We have worked with our Rehabilitation Therapy teams to involve patients and their families to give their views on an extended seven-day therapy service.

We have worked alongside the Breathe Easy groups in east Kent to make sure the voices of patients and carers have been at the centre of our work to implement virtual wards in our east Kent respiratory service. The Breathe Easy groups have worked with the virtual wards implementation team to co-design information, training and surveys, as part of the significant key elements of the virtual ward programme.

The trust's work to improve family carer involvement has continued. As a result, we were successful in achieving our first-year accreditation as members of the Triangle of Care scheme and still remain the first non-mental health service to join as members. We have now embarked on our second year working with our community services to develop their development plans to improve family carer involvement.

In June 2022, we delivered a joint carers conference in partnership with Kent and Medway Partnership Trust (KMPT). The conference, was attended by more than 80 family carers and representatives from our partner carers organisations across Kent, including IMAGO, Carers Support East Kent, Involve Kent, Crossroads Kent, with representation from Healthwatch, One You and Kent County Council. The event helped to raise awareness of carers and the challenges they face in their caring role and gave them the opportunity to talk first hand to carers organisations about their experiences.

Refine action plans with clinical services to be supported with national and local data to improve access and uptake of services.

We have developed a Health Inequalities Programme of work for 2023-2024. The programme will:

- embed health inequalities into business planning, quality improvement and governance

Reduce health inequalities cont



- support services to respond to health inequalities, within their capacity constraints
- increase capacity for community involvement with population groups to understand their needs, behaviours and barriers to care
- network and learn with our system partners to improve health inequalities
- explore opportunities to build on existing programmes and develop further programmes of preventative care.

Health inequalities data is now available on Microsoft Power BI for services to view.

health inequalities intelligence manager has been recruited to support services to review data and develop action plans.

Use equality impact audits to support risk management and wider action plans.

Health equity audits are being completed with services alongside an external Equality Impact Assessment (EqIA) audit.

Effective use of resources



Increase in automated audits and reduced data collection burden on clinical staff.

Rio operational leads reduced manual data collection from the patient record, where possible. Improved Rio reporting is being used to supply some data from the Commissioning for Quality and Innovation (CQUIN) risk of malnutrition and pressure ulcer audits. It is hoped the new version of wound matrix will be able to supply more data for the leg wound audit.

Implement improved wound care digital solution.

Wound Matrix Version 5 was tested by champions and launched in November 2022.

At least 15 QI projects aim to improve use of resources.

Facilitated following a successful trial of a QI Collaborative in MSK Physio and Community Nursing (East and West Kent). Initial collaborative workshops focussed on a deep dive into the problems that services wanted to fix. This included services defining problem statements, data resources, SMART goals and measurement ideas and timelines.

Prioritise patient safety



Introduction of patient safety specialists registered with NHS improvement.

Patient safety specialists were introduced into KCHFT and six named patient safety specialists are now in place. The group meets regularly to review national guidance.

Promote clinical professional leadership

Promote growth of communities of practice.

Apprentices are invited to join the Association of Apprentices to build their professional network through connection with a community of other apprentices. Community nurses with an interest in innovation are encouraged to join the National Community Nursing Network hosted on the Futures NHS Platform. This provides a dedicated space for community nurses to develop and share best practice, support and grow research and showcase innovations.

Growth in clinical and professional leadership of improvement projects.

There are many examples of co-leadership, such as frailty urgent response and virtual ward work in east Kent and rapid response high through-put screening in west Kent. Regular meetings are taking place for medical leaders (clinical directors, appraisal and revalidation lead, SAS (specialty doctors and specialist grades) doctor lead, and doctor of medical education, chief medical officer and deputy chief medical officers).

A number of clinicians are taking part in leading QI projects and service improvement working, notably in community paediatrics and frailty. A new post for lead advanced clinical practitioner has been appointed to.

Devolve authority and reduce bureaucracy.

A great place to work: This is one of the key themes of the trust's We care strategy for 2023-2028. The vision statement makes it clear that KCHFT is committed to colleagues having a say in how to do their work and improve their work – this is core to devolving authority and reducing bureaucracy.



Priorities for improvement 2022/23

Each year, we set our quality priorities and these are projects which span either one or two years and are aligned to KCHFT’s quality strategy objectives. The quality account regulations say there must be priorities for patient safety, clinical effectiveness and patient experience, and we have chosen to include staff experience priorities. In this section, we explain why stakeholders believe these priorities are important and how feedback informed selection.

The 2023/24 quality priorities were determined through a robust consultation process to make sure they are relevant to staff and communities who use our services. This included, engagement with services, governance groups and the Quality Committee to inform the long list. Once the long list was agreed, stakeholders were engaged through an online survey which detailed the proposed quality priorities, the rationale for their inclusion and an option to indicate how strongly they felt that it should be included in the final quality priorities selection. Respondents also had the opportunity to provide qualitative feedback 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.

The following table explains the 12 quality priorities for KCHFT for 2023/24. 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.



Patient safety



We will implement the Patient Safety Incident Response Framework and embed our patient safety culture through the application of system-based approaches to learning.

What does this look like?

85 per cent of staff will be trained in the level 1 patient safety syllabus.

Hot debriefs will be introduced for all inpatient falls and from quarter three, 85 per cent of these will take place in 72 hours.

90 per cent of patient safety learning responses will have feedback from patients and/or staff.

Why are we doing this?

This ambition supports the implementation of NHS England's Patient Safety Incident Response Framework. This will strengthen our patient safety culture through the education and empowerment of staff to identify and implement improvements.

Developing the feedback process to include staff, patients and families will provide opportunities to improve our patient safety culture in a compassionate way.

We will reduce the number of delayed and omitted doses of medication in community hospitals.

What does this look like?

This will be a two-year quality priority.

In year one: We will implement the Electronic Prescribing and Medication Administration (EPMA) system and carry out omitted and delayed medication audits to provide a baseline.

In year two: We will reduce omitted and delayed medicines. Metric to be agreed Q4 2023/24.

Why are we doing this?

Medicine doses are often omitted or delayed in hospital for a number of reasons. For some critical medicines, delays or omissions can cause serious harm. Harm can arise from missing one dose or repeated doses and is determined by a combination of the patient's condition and prescribed medication.

Therefore, it is imperative patients under the care of KCHFT receive their medication in a timely manner.

We will pilot clinical debriefs in east Kent community nursing teams.

What does this look like?

85 per cent of debriefs will take place within 72 hours.

10 per cent reduction in the proportion of end of life patient safety incidents.

Why are we doing this?

Debrief sessions are a recognised tool to provide emotional support, improve communication, identify safety risks and ultimately improve patient care.

Over the previous 18 months, there has been an increase in the proportion of people needing end of life care as well as the need to provide care of greater complexity. While vacancy levels have reduced, a more junior workforce is managing this demand. By introducing debrief sessions for community staff who are providing EOL care it would provide support for staff, an environment to improve clinical knowledge and support teams to identify learning from events to improve patient care.



Clinical effectiveness



We will reduce the proportion missed appointments in dental and planned care services.

What does this look like?

Was not brought, and did not attend rates will be no more than seven per cent in dental and planned care services, with the exception of chronic pain, which will have a target rate of 10 per cent.

Why are we doing this?

We want to make it easy for people to book appointments for planned care on a date and time that is convenient. We also understand that there are times when appointments need to be cancelled and rescheduled, so reminding patients of their appointment by SMS prompts contact with the service and clinic utilisation is maximised.

We will make sure appointments are made following contact with the patient or carer to agree the date/time. This will be followed up with a telephone or text reminder to allow cancellations to be successfully rebooked.

Reducing the proportion of patients who do not attend or are not brought to their appointments, means appointment can be filled by others on the waiting list.

This will contribute to the trust's strategic ambition "Putting communities first", making sure there is no difference in DNA rates between patients living in the most and least deprived areas, or between ethnic groups.

We will provide care and treatment that people receive in a hospital setting, safely, in their own home.

What does this look like?

We will increase the number of frailty pathway virtual ward beds by 20 per cent.

Why are we doing this?

Hospital is not always the best place to be and for older people, who can become deconditioned, staying in hospital may mean losing muscle mass resulting in difficulty returning to normal daily activities.

Virtual wards enable more people to receive the care and treatment they would normally receive in a hospital setting, safely in their own home or care

home. Like conventional hospital care, individuals will be under the care of a consultant, supported by a team of healthcare professionals, who will deliver face-to-face and remote consultations.

It matters to people that they are able to stay with family and have visitors with the safety net of care provided by a multi-disciplinary team checking for vital signs (for example, blood pressure, breathing, heart rate). This allows people to remain as independent as possible, which helps avoid deconditioning, risk of infection and for those who are confused or anxious, alleviate some of the distress.

We will improve the quality of multifactorial risk assessments (MRA) to reduce inpatient falls.

What does this look like?

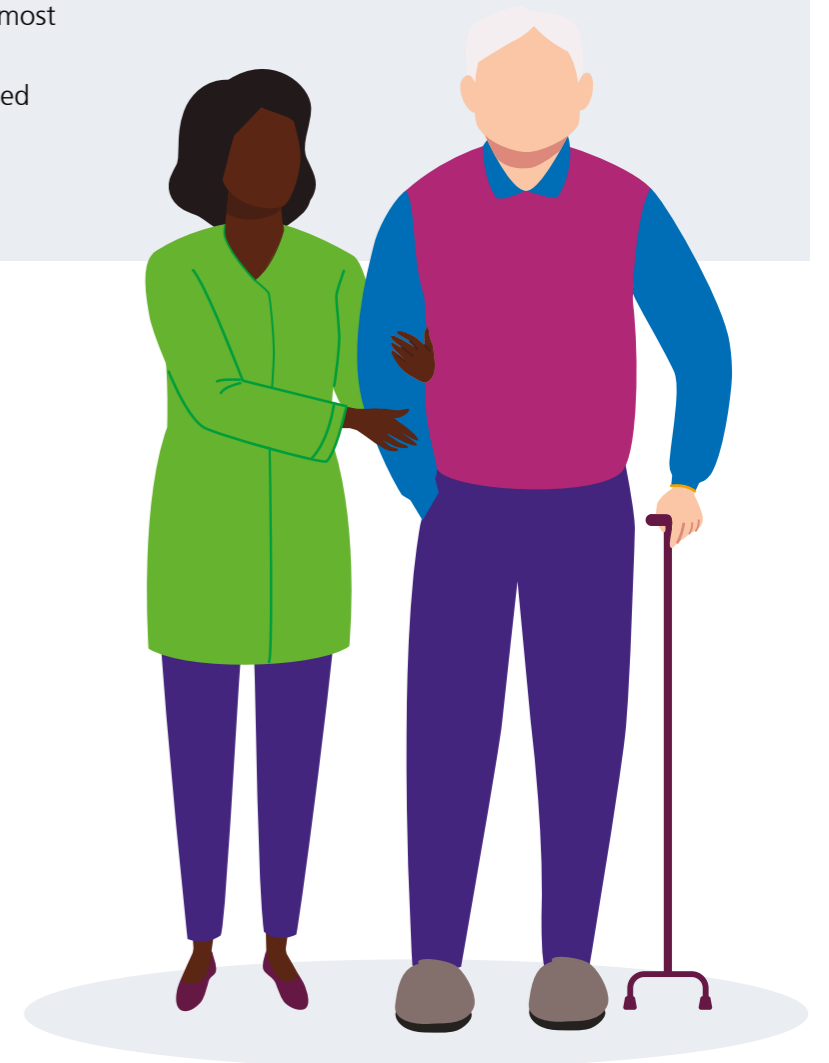
85 per cent of community hospital inpatients will have the lying and standing blood pressure component of the MFRA completed within 24 hours of admission.

Why are we doing this?

Falls are the most commonly reported patient safety incident in the English National Health System (NHS) and the risks increase with older age.

One third of people aged 65 and over and almost half of those aged over 80 will fall each year and the consequences of falling while admitted to hospital result in poorer clinical outcomes, morbidity and psychological distress.

85 per cent of people who falls while admitted to a community hospital have a completed multifactorial risk assessment, but the National Audit of Inpatient falls recommends using the six-risk factor assessment to measure the quality of the MFRA. Of these (vision, lying and standing blood pressure, medication review, delirium, mobility and continence) lying and standing blood pressure is the component that requires the greatest improvement.



Patient experience



We will develop a programme so young people with a long-term healthcare need and their families feel prepared when moving from children to adult services.

What does this look like?

This will be a two-year quality priority.

In year one: we will develop and co-design the procedure and pathway for young people transitioning to adult services.

In year two: Using quality improvement methodology, the process will be implemented in all relevant services and measured through agreed performance indicators which will be agreed in quarter four 2023/24.

Why are we doing this?

Young people face plenty of challenges when preparing for adult life. Children with complex

health needs, have often been looked after by a small number of teams, however, when they access adult services, care is often provided by several teams, across sectors and in different environments.

Developing a robust transition process for children who use our services as well as their families will mean they will feel supported and understand what their care will look like once they become an adult. It will provide a framework for our teams to follow to better support their patients as well as to build relationships with adult service partners. Overall, this will provide a more integrated and joined up experience for patients and their families.

We will use digital technology to increase the number of patient surveys we receive.

What does this look like?

This will be a two-year quality priority.

In year one: We will implement automatic patient surveys and text reminders and evaluate using QI methodology.

In year two: We will increase the number of patient survey responses and will be measured through agreed performance indicators which will be agreed in quarter four 2023/24.

Why are we doing this?

Making sure people who use our services receive the very best care is essential and being at the centre of the healthcare process they can provide

valuable insights into the quality and delivery of our services.

Given the nature of our services, it is not always appropriate or easy for patients to complete a feedback survey when they are discharged and often, despite wanting to provide feedback, the opportunity to do this may have passed.

Our electronic record system, Rio, has the functionality to send patient surveys and reminders electronically and for those who have the means to use electronic devices for communication this will make the process easier. Traditional means to collate paper feedback will remain so all patients have the opportunity to feedback their experience of care in a way that suits them.

The East Sussex School Health Team will provide packages of care to children and young people at risk of emotionally-based school avoidance.

What does this look like?

This will be a two-year quality priority.

In year one: Scope and introduce interventions for children and young people identified at risk of emotionally-based school avoidance. Baseline activity will take place in quarter four 2023/24.

In year two: We will improve outcomes for children and young people who have a targeted emotional health and wellbeing assessment. Measured through agreed performance indicators which will be agreed in quarter four 2023/24.

Why are we doing this?

Emotionally-based school avoidance (EBSA) is a significant concern for children and young people in East Sussex.

This view correlates with national findings which state that more than a fifth of young people report experiencing a high level of emotional problems and difficulties.

This highlights the increasing need for the East Sussex School Health Service to engage seldom seen children who are of school age but may not be attending school due to their emotional health and wellbeing.



Staff experience



We will attract and recruit colleagues who are representative of the communities we serve.

What does this look like?

Less than two times more likely to be appointed if white than, Black, Asian and minority ethnic groups compared with 2022/23 (2.34 times in 2022/23).

Why are we doing this?

This will be the second year of a two-year priority.

In July 2020, NHS England published – We are the NHS: People Plan for 2020/21 – action for us all.

It sets out that the equality, diversity and inclusion focus should include recruitment and promotion practices result in a workforce that is representative of the communities they serve.

We will make sure there is clear representation in the recruitment process, workforce and other groups making the decisions in the organisation that would have an impact on colleagues from minority communities.

We will create a culture where everyone is comfortable to be themselves

What does this look like?

We will reduce people's experience of harassment and abuse to less than 10 per cent and no specific groups will experience this more than any other, measured via our Workforce Race Equality Standard (WRES) and Disability Equality Standard (DES).

Why are we doing this?

This will be the second year of a two-year priority.

In July 2020, NHS England published – We are the NHS: People Plan for 2020/21 – action for us all. It details the expectations our people should have of their leaders and colleagues and explains the importance of an open and inclusive culture.

Our people are our most valued asset. Being the best employer for them means making sure all our colleagues experience fairness and equity at work.

We will implement a new model of clinical supervision in KCHFT community hospitals.

What does this look like?

This will be a two-year priority.

In year one: 100 per cent of actively working clinical staff will be offered and encouraged to attend four sessions of clinical supervision. Attendance will be measured to form the attendance baseline.

In year two: We will increase the proportion of staff attending clinical supervision. Metric to be agreed in quarter four 2023/24.

Why are we doing this?

Clinical supervision provides an environment in which staff can explore their own personal and emotional reactions to their work; reflect on and challenge their own practice in a safe and confidential environment, as well as receive feedback on their skills and engage in professional development.



Statements of assurance from the Board

During 2022/23, KCHFT provided and/or sub-contracted 47 health services and have reviewed the data from these services, which represents 100 per cent of the total income.

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

The income generated by the relevant health services reviewed in 2022/23 represents 100 per cent of the total income generated from the provision of relevant health services by KCHFT for 2022/23.



Participation in clinical audits

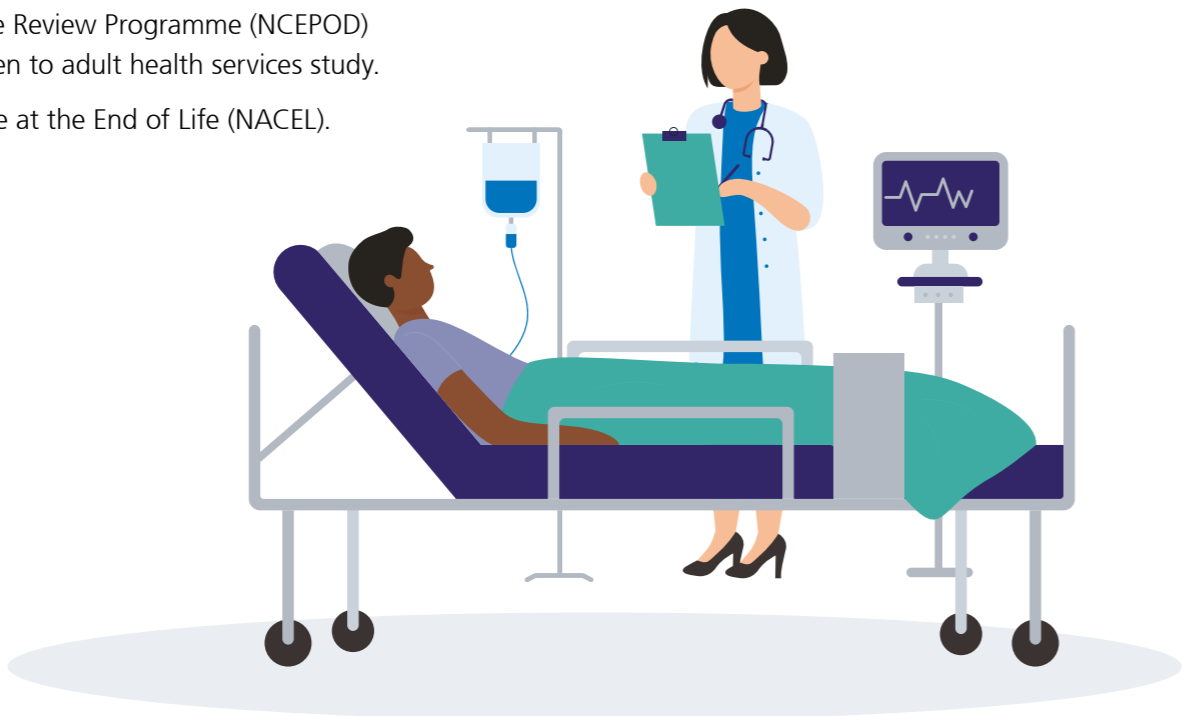
Clinical audit is a way to find out if healthcare is being provided in line with standards and where improvements could be made. The aim is to allow quality improvements to take place where it will be most helpful and improve outcomes for people who use services. Clinical audits include national clinical audits and KCHFT participates in all which are relevant to the services it provides, as well as locally determined clinical audit. The work by National Confidential Enquiries aims to review patient care nationally.

During 2022/23, six national audits and one national confidential enquiry covered relevant health services that KCHFT provides. KCHFT participated in all eligible national clinical audits. 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 (NACR)
- Falls and Fragility Fracture Programme (FFAP).
- Child Health Outcome Review Programme (NCEPOD) Transition from children to adult health services study.
- National Audit of Care at the End of Life (NACEL).

Below is 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 (114 records, no minimum dataset)
- Sentinel Stroke National Audit Programme (SSNAP) - 100 per cent (580 records for stroke rehabilitation, 476 records for 6 months reviews, no minimum dataset)
- National Asthma and COPD Audit Programme (NACAP), Pulmonary Rehab – 100 per cent (502 records, no minimum dataset)
- National Audit of Cardiac Rehabilitation (NACR) – 100 per cent (580 records, no minimum dataset)
- Falls and Fragility Fracture Programme (FFAP) – 100 per cent (1 record, no minimum dataset)
- National Audit of End of Life Care (NACEL) – 100 per cent (all 5 records which met the criteria were submitted).



The reports of four national clinical audits from the quality account list was reviewed by the provider in 2022/23. KCHFT intends to take the following actions to improve quality:

National clinical audit	Actions to improve quality
National Diabetes Audit covering (NDFA)	<p>Ensure that all new wounds to the service will be seen within seven days once the referral has been received.</p> <p>All wounds in a clinical setting will be reviewed by a member of the Vulnerable Foot Team at least once every six weeks and ideally in a wound review clinic.</p> <p>Continue to build links with community nursing colleagues and practice nurses to speed up referrals of diabetic ulcers to specialist podiatry teams.</p>
Sentinel Stroke National Audit Programme (SSNAP)	<p>Teams have started using one outcome measure across KCHFT to measure the impact of our input.</p> <p>Waiting lists are monitored on a weekly basis.</p> <p>There are ongoing ad hoc notes audits and patient surveys completed with appropriate actions undertaken.</p> <p>KCHFT has continued to support the local Integrated Stroke Delivery Network (ISDN) stroke development work, which has the ultimate goal of delivering high quality stroke services in Kent and Medway. KCHFT is expecting to receive an investment to develop stroke services.</p> <p>KCHFT is realigning adult rehabilitation services to Neuro and Rehabilitation teams.</p> <p>There is trial due to start in west Kent where stroke services will be delivered by a stroke specific team.</p> <p>Improving the quality of the data by:</p> <ul style="list-style-type: none">• successfully recruiting an administrator to work with the SSNAP data in east Kent• ongoing collaborative working with the acute SSNAP team in east Kent• liaison with acute teams that refer KCHFT to ensure eligible patients are on SSNAP• review and discussions of the SSNAP results with relevant staff.• continuous review of how Rio captures data to support clinical teams with SSNAP data collection.

National clinical audit	Actions to improve quality
National Asthma and COPD Audit Programme (NACAP)	As with previous years, the service is performing at or above national average for all metrics in the audit except waiting times. The trust is in discussion with commissioners to increase funding to enhance the workforce and increase our capacity.
Falls and Fragility Fracture Audit Programme (FFFAP)	No national report has been published this year, nonetheless, the following improvements are taking place. Falls and falls-related injuries, including the reasons why patients in our community hospital fall remain similar. Our aim is to make sure patients at risk are identified at an early stage via a quality multi-factorial risk assessment and ensure the right preventative measures are taken. To achieve this standardisation of practice is required across all our community hospitals and the focus over the next 18 months is to have a community hospital falls safety improvement plan that reflects recommendations not only from the National Audit of Inpatient Falls (NAIF) but also reflects learning from KCHFT incident reviews.
National Audit of End of Life Care (NACEL)	<p>There were five submissions which met audit requirements from KCHFT across east and west Kent community hospitals.</p> <p>Good practice was identified for the patient and those important to them in informing them they were dying and this was also evident when the patient was imminently dying. Patients had an individualised care plan written to support their care, good practice was recorded around pain, agitation and mouth care. Anticipatory medication was prescribed and administered, discussions were held with the people most important to the patient.</p> <p>Improvement actions from the NACEL will be making sure assessment reviews involve the patient and people important to them.</p>

The reports of 87 local clinical audits were reviewed locally by KCHFT in 2022/23, six had full assurance, 54 had significant assurance and 26 had limited assurance. We intend to take the following actions to improve the quality of healthcare provided.

Local clinical audit	Actions to improve quality
Safeguarding Adults Audit	<p>This is the third annual audit of adult safeguarding and covered safeguarding, consent, compliance with the mental capacity act (MCA) and deprivation of liberty safeguards (DoLS). The audit gave significant assurance and evidenced that safeguarding, self-neglect, MCA and consent, are embedded into practise alongside good and compassionate care but there were areas for improvement.</p> <p>Actions taken to improve quality included making sure patients who lack capacity have any power of attorney reviewed as part of their assessment process. To improve documentation of best interest decisions, increased training for advanced care planning; best interest decisions; IMCA requirements and availability are required alongside improving documentation to show patients or their representative were aware that a safeguarding referral was to be or had been made. Finally, increasing the use of behavioural support tools for patients who have an identified impairment of the mind or brain to support any additional intervention.</p>
Safeguarding Specialist Services and Public Health Directorate Audit	<p>This audit focused on key concerns from the 2021 audit. Which are:</p> <p>Reducing the number of audit questions significantly from 50 to 31 questions and adding new MCA questions to the tool.</p> <p>Twelve children’s services are involved in the audit and two services are at the stage of finalising their data. So far, this has shown an increase in the recording of consent for care, improving from 68 per cent in 2021/22 to 89 per cent in 2022/23. Recording of biological fathers’ involvement has increased from 65 per cent in 2021/22 to 79 people in 2022/23 and recording of consideration of parents learning disabilities increased from 31 per cent to 56 per cent. Actions for improvement include adding consideration of parents learning disabilities to the assessment planning checklist and consent in the patient’s overview.</p>



Local clinical audit	Actions to improve quality
Children’s community Nursing pressure ulcer and tissue viability re-audit.	The results showed improvements in five of the eight standards, including evidencing of Purpose-T assessment tool being used from 50 per cent in 2021/22 to 72 per cent in 2022/23. The Purpose-T is a pressure ulcer framework used in hospital and community settings. It is used to identify patients at risk of developing a pressure ulcer, making distinctions between those at risk of developing and those who already have a pressure ulcer. Actions implemented from the 2021 audit, included focused staff training on Purpose-T and documenting evidence of KCHFT pressure leaflet audit to be shared with families and carers; this increased from 37 per cent to 88 per cent. Actions for the 2022 audit include; recording of Datix number onto Rio records and for all patients with pressure care to have a My Plan in place on their records.
Specialist Services and Public Health Directorate Record Keeping Audit	Sixteen services ran the record keeping audit in September 2022, entering 1,408 submissions. Head of quality and governance for specialist services reviewed the data to provide an overview of how the directorate performed against standards. The recording of a person’s ethnicity was included as it had not been measured within an audit before at that level. Compliance with the overall standard was 66 per cent, due to school-aged immunisations not having an option to record ethnicity on Clinibooks and variation in the proportion of services recording ethnicity. Due to the findings, KMCAT has added ethnicity to the referral form and in March after re-auditing saw their ethnicity recording increase to 77 per cent. School aged immunisations are considering ethnicity as a development to their software.
Assessment, diagnosis and treatment of lower leg wounds	This audit formed part of the Commissioning for Quality and Innovation (CQUIN) framework and has collected data continuously from April 2022. The audit has given limited assurance of best practice but evidenced a rise in standards over the year. Actions arising from the audit have included reminders to staff to fully reassess non-healed wounds every 28 days as a minimum and refreshing the wound management suite of training on the trust’s learning management system. Practice development nurses are providing targeted interventions to local teams and are leading a review of care plans on the EPR, RIO.

Local clinical audit	Actions to improve quality
Children’s Kent Therapies pressure ulcer prevention and management audit	The audit provided limited assurance, with limited use of the Purpose-T assessment tool, however 73 per cent of children with high risk had had a skin assessment evidenced in the Purpose-T. The team is implementing actions including training and discussions on Purpose-T, understanding barriers to use, updating line management checklists to include Purpose-T. Raising awareness through team news and sharing the audit results at team meeting and via newsletter using the infographic. Incorporating tissue viability training in local induction. A re-audit is planned for November 2023
Assessment and documentation of pressure ulcer risk	Part of the CQUIN framework. The audit provided limited assurance but data collected across the year has shown documentation and compliance with the audit standards are improving. Actions have included the roll out of Wound Matrix, version 5, the introduction of re-assessment notifications and the wound management suite of training has been refreshed on the trust’s learning system.
Duty of Candour (DoC)	The DOC audit is run as a dual aspect audit alongside compliance against the Serious Incidents Framework and a staff survey of their knowledge of DoC. The audit found: initiating DoC was deemed to be appropriate in 21 of 22 (96 per cent) of cases; a specific apology was made in 20 of the 21 (95 per cent) relevant cases, support was offered to the patient/family in all 21 cases (100 per cent); the opportunity for the patient/family to add to the terms of reference for the investigation were documented as being offered in 20 of the 21 (95 per cent) of cases; a final follow-up letter was sent in 19 of 21 (91 per cent) of the cases where it was deemed appropriate to initiate the final DoC. Staff survey findings showed of the 147 of staff who completed the survey 95 per cent agreed they were aware of the ‘being open’ terminology, 73 per cent of staff said they were aware of the DoC page on our intranet flo; 58 of staff stated they felt confident in having a DoC conversation. Improvements identified were to continue with the DoC training including a system learning day; to promote the DoC prompt stickers and communication support campaign.

Local clinical audit	Actions to improve quality
Safe Management of IV Therapy	<p>The audit showed patients consented to treatment 100 per cent of the time. All relevant IV equipment (waste/sharps bin, Sani-Cloth wipes, Chloraprep, gloves and apron, sterile dressing packs, 10ml syringes, Bionector bungs) were available to clinicians 100 per cent of the time. On occasions when the VIP score was raised, appropriate escalation was taken every time. An area for improvement was that, three out of 14 cases showed the discharging hospital did not send any information home with the patient regarding their central venous access device (external line length measurement etc). Actions to address the issues include communicating with acute services to make sure IV Catheter insertion records are sent home with the patient or with the initial referral to community services</p>
End of Life Care (Last year of life)	<p>Data collection took place between February and July 2022 and there were 274 submissions. The overall assurance was limited, but there have been improvements from the audit conducted the previous year. In 77 per cent of cases care plans had been shared with other agencies, 93 per cent of patients had care provided in the preferred place of death, 88 per cent of carers were provided with information on how to access information/support. An improvement opportunity was provided through training provided by the End of Life Collaboration programme. New KCHFT website pages to be created to provide information on: end of life care, Government benefits, council carer support and national/local support groups. These webpages will also be printed and provided by community nurses.</p>
Did not attend (DNA) Audit East Sussex schools, School Health One Point Service	<p>The service works with parents, children and young people to make sure pupils' health needs are supported within their school and community. There is an agreed key performance indicator of seven working days from receiving a referral to completing their first assessment, which wasn't being met. The audit showed 99 per cent of did not attends (DNA) had two attempts to contact the family to offer an assessment and 13 per cent of DNAs were due to parents forgetting. Actions put in place include contacting a parent/carers by phone if they have not joined within five minutes. A script has been developed for the admin team to ask why the parent/carers has not attended, gaining a greater understanding of reasons for DNA, so the service can be tailored to suit service users' needs more appropriately. Training for staff how to record DNAs on Rio, the clinical software system, has also been delivered.</p>

Local clinical audit	Actions to improve quality
Malnutrition screening – Part of the CQUIN framework	<p>This audit has provided limited assurance. The audit showed that although almost all patients were being screened for the risk of malnutrition, this sometimes took longer than 24 hours from admission. Not all patients staying longer than 30 days were re-assessed and had their care plans updated, especially those initially assessed as not at risk. Improvement action include updating the assessment tool so it is easier to access and providers alerts when a re-assessment is due. Practice development nurses have worked with teams to show how to record effective management care plans and the hospital matrons have assessed and reviewed cases with no apparent care plan for nutrition to inform learning and cascaded the learning to their teams.</p>
Dental Ionising radiation (Medical exposure)	<p>Results showed that 97 per cent of grade one radiographs comply with the national standard. Radiographic request templates are completed if the operator is different to the referrer; 97 per cent of justifications are recorded in the patient's notes. The percentage of grade N radiographs also meet the recommended target for radiographs quality (<=5%). To maintain this level of excellent practice, the service will continue the system of one-to-one review with line managers.</p>
Sexual Health Record Keeping	<p>This audit evaluated compliance with professional standards and KCHFT guidelines for record-keeping across sexual health services. It formed part of a division-wide record keeping audit within Specialist Services and Public Health. The audit provided significant assurance with several areas scoring 100 per cent compliance, although a few areas were lower. To improve quality, the electronic records system has had mandatory check boxes added to prompt staff and training arranged on uploading documents and images.</p>

Local clinical audit	Actions to improve quality
HIV Monitoring	<p>This nationwide audit was conducted to understand how routine HIV monitoring was disrupted by the pandemic, see how HIV clinical services worked to maintain care standards and look at care delivery at the time of the audit (May – August 2022). The audit evidenced KCHFT performed above the average for HIV services in the UK during the pandemic for HIV viral load monitoring; the supply of antiretroviral medication; assessments of adherence and mental health and documentation of uptake of influenza and COVID vaccination. Performance was below UK average for documentation of intimate partner violence and a question on this has now been added to the assessment proforma.</p>
Musculoskeletal Record keeping	<p>There was continued high compliance with the recording of demographics (except ethnicity) and key assessment criteria such as history of present condition (HPC), past medical history (PMH), social history (SH), objective assessment and provision of exercises and advice. Ethnicity recording was low at 59 per cent. The assessing and recording of red flags improved notably to 94 per cent (previously 67 per cent). Abbreviation and documenting of treatment plan compliance improved to 88 per cent (78 per cent) and 97 per cent (66 per cent) respectively. Improvement actions will focus on visual analogue scale/patient specific functional scale, consent and ethnicity.</p>
Kent Transition from Health Visiting to Kent School Health Audit	<p>This audit found 50 per cent of referrals did not contain sufficient information for Kent School Health Service to understand the reason for referral. The relevant services are working together on the referral criteria so both fully understand what is required. However, consent had been obtained for the referral in 93 per cent of records and 100 per cent children that fitted the criteria were offered an assessment. Actions to improve quality include services reviewing the health visiting and Kent school health transfer of care guidelines and co-designing support available to families prior to child starting school are to be implemented by June 2023 with a re-audit on key areas of concern in January 2024.</p>



The number of patients receiving relevant health services provided or sub-contracted by KCHFT during 2022/23 who were recruited during that period to participate in research approved by a research ethics committee was 148.

The number of patients receiving relevant health services provided or sub-contracted by KCHFT during 2022/23 who were recruited during that period to participate in research approved by the Health Research Authority was 301.

KCHFT's income in April 2022-March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because it was agreed in our contract with commissioners.

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

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

KCHFT submitted 108,380 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:

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

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

- 99.8 per cent for admitted patient care
- 99.24 per cent for accident and emergency care.

The most recent KCHFT data security and protection toolkit self-assessment (DSPT) 2021/22 reported an overall score of 'standards met' and all mandatory assertions were responded to and evidence provided. During the annual TIAA audit for 2021/22, the trust was awarded substantial assurance, with some minor recommendations. The assessment was, therefore, categorised as fully compliant at that time and was published on 27 June 2022.

The 2022/23 annual TIAA audit of the DSPT and subsequent submission of the assessment is in May and June 2023, respectively. Therefore, there is still work underway on the 2022/23 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 2022/23 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.



As a trust, we review and report the deaths of all inpatients in our community hospitals and during 2022/23 there were 54.

Number of deaths from 01/04/2022 – 31/03/2023	Deaths
In quarter one (01/04/2022 – 30/06/2022)	8
In quarter two (01/07/2022 – 30/09/2022)	14
In quarter three (01/10/2022 – 31/12/2022)	19
In quarter four (01/01/2023-31/03/2023)	13
Total	54

By 31 March 2023, 18 case record reviews and 28 of investigations (structured judgement reviews) have been carried out in relation to 54 deaths for the reporting period.

01/04/2022 – 31/03/2023	Case record reviews	Investigations
In quarter one (01/04/2022 – 30/06/2022)	0	2
In quarter two (01/07/2022 – 30/09/2022)	0	13
In quarter three (01/10/2022 – 31/12/2022)	4	9
In quarter four (01/01/2023-31/03/2023)	14	4

Zero case record reviews and 16 investigations completed in the previous reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

The themes and lessons for improvements identified in two or more reviews have informed the actions we have taken in 2022/23. Those that will continue into 2023/24, are described in the following paragraphs.

We will continue to improve the quality of a patient’s last day of life by:

- Completing holistic assessments to fully explore of EOL care needs, reasons for agitation and also consider pain, terminal decline, constipation, urinary retention, environmental etc to aid earlier consideration of syringe driver use.
- Documenting symptom assessment before and after administration of anticipatory medication. Provide PRN (‘as needed’) analgesia when indicated. Prompt prescribing of end of life care medication.
- Discussing and documenting pain relief including the reasons for patient refusing morphine, but choosing oxycodone. This will aid community teams to manage patients’ medication and pain more effectively and be aware of previous methods and patient’s preference for switching pain relief.
- Improving our response to people’s pain when they are at the end of their life and are concerned about addiction.
- Considering subcutaneous medications to improve patient’s vomiting, if a patient is refusing oral antiemetics.
- Carrying out a medical review of oral medication if oral medication is declined in last days or administration becomes difficult and consider switching to more tolerable methods, for example, subcutaneous.
- Making early decisions about whether or not to complete NEWs score and potentially recognise EOL more effectively.
- Helping staff feel empowered to stop clinical observations where these are documented as not supporting care management plans at end of life. There is a missed opportunity to use information from

other disciplines to drive patient centred support.

We will improve involvement of the patient and family in advanced care planning discussions and documentation by:

- setting the parameters for care on admission and completing treatment escalation plans (TEP) at the earliest opportunity
- discussing and setting clear ceilings of care from outset and having essential DNAR conversations
- making sure there is a continual review of patient wishes and treatment escalation plans throughout admission
- making sure TEPs are updated promptly when revised plans are agreed
- supporting clear ongoing discussions about DNAR decisions when clinically appropriate
- having clear, direct and frank discussions about having a DNAR in place and explaining the outcomes if not in place i.e. transfer to acute in the event of cardiac arrest
- supporting staff to recognise terminal decline and there is work being carried out by the EOLC consultant nurse and the EOL training lead
- making sure earlier advanced care planning takes place and stage deterioration is noted by staff
- making sure the mental capacity assessment is used when patient presents with confusion
- making sure teams consider a best interest decision and improve communication with families about rapid deterioration and a potential sudden event, leading to death.

The impact of learning from all mortality reviews completed during the reporting period are described in the following paragraphs.

Care planning

- Completion of TEPs has been a focus for the community hospitals head of service. This action was

raised by the EoLC Steering Group. Advanced care planning should begin when deterioration is first noticed and can be carried out by any trained member of staff. The EoLC consultant nurse meets with hospital matrons to reflect on joined up care, ensuring TEP discussions happen with every patient. Barriers were identified, which included a lack staff confidence with the process so training was provided. The training also covered the importance of talking to the frailty team or senior clinicians when TEP not for escalation is in conflict with NICE guidance, for example when a patient’s had a fall on anticoagulant medication.

- Senior nursing staff now use quieter ‘down times’ to check ward documentation to make sure daily bowel charts are completed to better manage constipation and delirium in patients with advanced frailty and dementia.
- To promptly and effectively review patients when returning back from short acute transfers and take appropriate action for example; exploration of possible bowel obstructions findings.
- A change to the allocation of medical support to the community hospitals in east Kent has led to more consistent support with a mix of doctors, ACPs and trainee ACPs reducing reliance on one medical representative. This mitigates the gap that was seen due to one medical representative unable to undertake face-to-face interventions because of Covid shielding restrictions.
- There has been a big drive for verification of expected death (VOED) training in all community hospitals. The sign off for this competency has been reduced from needing three witnessed VOEDs to one, post online training. This has helped to train all appropriate hospital staff and avoids reliance on staff from community services.
- The community consultant geriatrician for west Kent sites initiated a forum for discussing mortality review cases, to provide support and training for doctors.

The focus for these meetings worked on determining the cut off point for transfer of patients to the acute and balance the benefit to patient and advanced care planning.

- Deputy chief nursing officer promoted awareness to all staff including bank and agency that if a patient has high anxiety and has an infection, family visits can still be offered for emotional support.
- Missed opportunity for collecting stool samples; type 5-7 stool within 48 hours of admission. Action plans are being monitored by the Infection Prevention and Control Team.

Medication

- The Rapid Transfer Service (RTS) now challenges all referrals where patients could be EOL. This supports the ideal that conversations for end of life care need to start in an acute setting to build confidence in the patient and with their family.
- In new acute hubs, every patient going on a discharge pathway or a complex discharge pathway is now discussed together as a multi-system approach. The Queen Elizabeth the Queen Mother (QEQM) hospital hub in Margate started in December, the William Harvey Hospital (WHH) hub went live in February and Kent and Canterbury’s hub in March. Early results are good and indicate this will reduce transfers of care issues, where people don’t feel they’re on the right pathway.

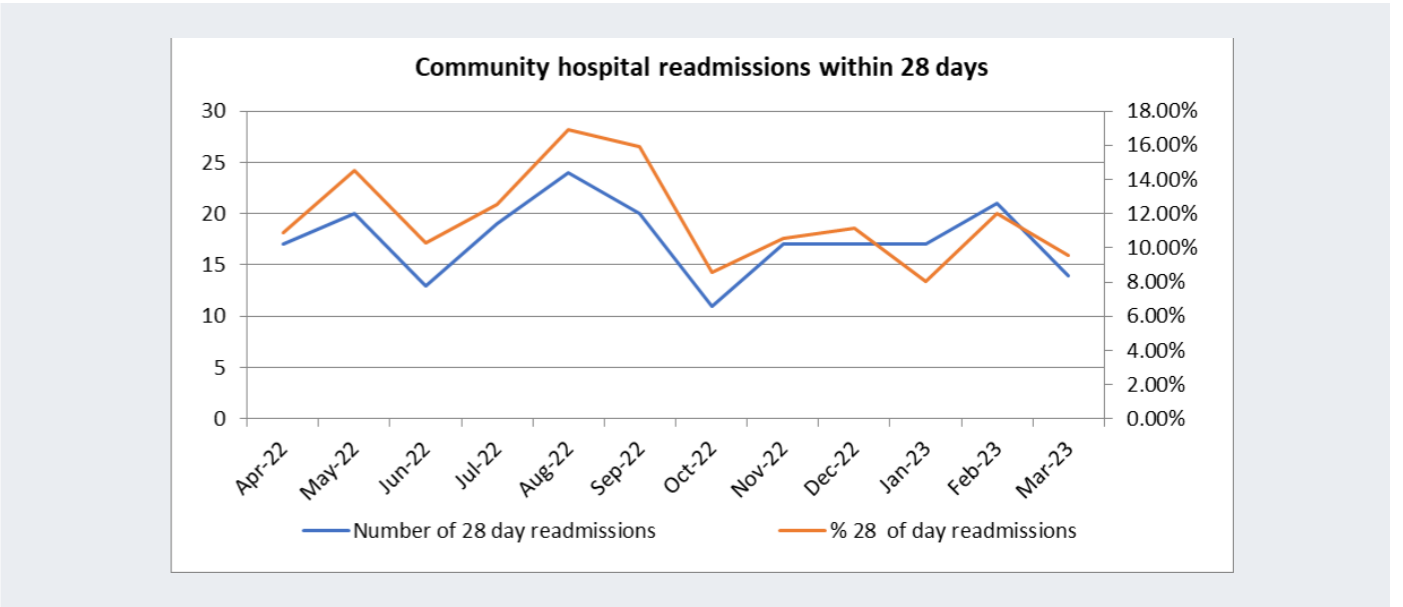
Reporting against core indicators

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:

	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Number of 28-day readmissions from discharge	17	20	13	19	24	20	11	17	17	17	21	14
Percentage 28-day readmissions	10.92	14.54	10.27	12.52	16.91	15.94	8.57	10.55	11.12	8.01	11.99	9.57

	2021/22	2022/23
Number of 28-day readmissions from discharge	207	210
Percentage 28-day readmissions	10.42	11.66



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 patient safety agenda includes the following objectives:

- promote an effective learning and reporting culture
- continue to embed the use of National Early Warning Score (NEWS2) and Paediatric Early Warning System (PEWS) across community teams
- decrease patient incidents causing moderate or severe harm by 10 per cent.
- Explore guidance and required actions to support implementation of the Patient Safety Incident and Risk Framework (PSIRF).

Following a review of past incidents, action plans and the national framework we focused on the following areas to make sure staff are equipped in delivering quality care and improve the outcome for patients.

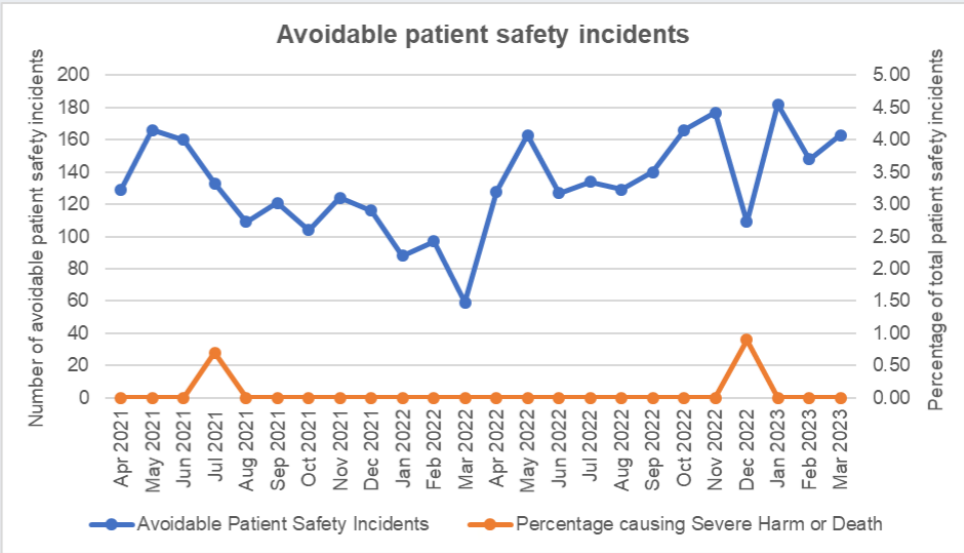
Our progress

- The Patient Safety and the Risk Team worked with allocated staff members to review and redesign reporting questions and investigation requirements on Datix. The weekly Patient Safety Summit Forum has provided a platform to ensure concerns, incidents or themes can be shared. The Patient Safety Team also devised a newsletter in a simple reminders format along with a lesson learned section within the weekly internal communication flomail to make sure learning is shared widely. The After-Action Review learning process linked to PSRIF supported timely review of learning from incidents that did not meet the serious incident framework.

- We introduced patient safety training for all staff. The syllabus sets out a new approach to patient safety emphasising a proactive approach to identifying risks to safe care while also including systems thinking and human factors, all of which has been incorporated into the training.
- The end of year incident review for 2022/23 demonstrates we have had a decrease in moderate or severe harm incidents when compared to year 2021/22. The support measures taken to implement PSIRF has continued with internal and external partners.
- The Transfer of Care Group continues to look at safe patient transfers from our acute partners to community settings or vice versa. The group enables staff to have a space where incident and learning can be reviewed and achieve system learning while understanding each other’s risk.
- Yearly audit of NEWS2 and PEWS within the agreed settings across the organisation has continued to show tools are being used. Learning from each audit is shared and support measures assist, such as reviewing training and delivery.

The number of patient safety incidents reported at KCHFT during 2022/23 and the number and percentage of such patient safety incidents that resulted in severe harm or death are shown here:

	2021/22	2022/23
Avoidable patient safety incidents	1406	1766
Avoidable patient safety incidents (causing severe harm or death)	1	1
Percentage of total patient safety incidents causing severe harm or death (%)	0.70	0.90



KCHFT considers this data is 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:

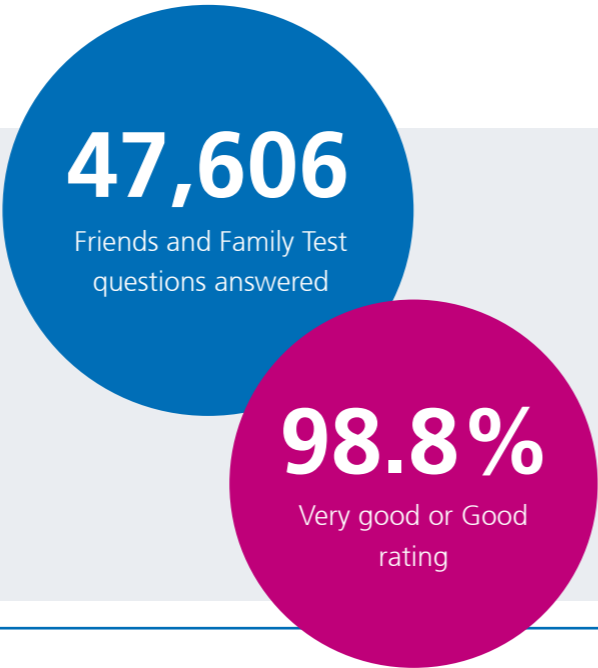
- developed a comprehensive risk and incident training package, which includes a webinar delivered to new starters
- regularly reviewed the incident reporting system to make sure information captured is relevant and improves patient safety

- 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.

Friends and family test

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

From April 2022 to March 2023, 47,606 FFT questions were answered with 98.4 per cent of people rating their overall experience of the service they received as very good or good.



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 which is the RTT indicator. When we submit our RTT data nationally, the standard reporting metric is “in aggregate – patients on an incomplete pathway” and the general principles are that once a person has been referred for treatment, the waiting time clock has started and continues to tick until:

- the patient starts first definitive treatment or
- a clinical decision is made that stops the clock.

These data for 2022/23 are provide in the following table:

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

	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
RTT incomplete pathways (%)	99.86	99.93	99.81	99.76	99.93	99.48	99.87	99.80	98.37	98.34	98.24	95.68

Regulation: Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care providers to improve which is achieved through monitoring and inspections.

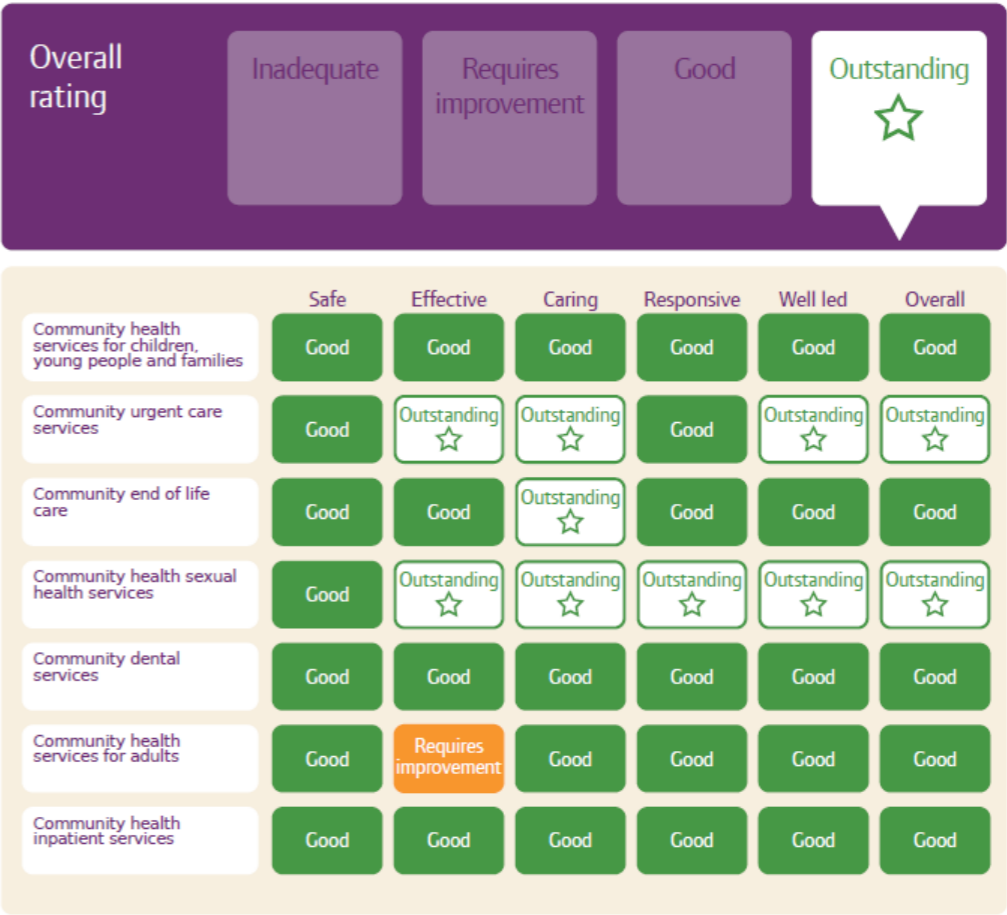


Rating

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.

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

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 the overall rating has moved to outstanding.”



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

We care reviews

The trust has had an assurance visit programme since 2014 which has evolved over the years in response to the changes in the approach taken by the regulator of health and social care in England, the Care Quality Commission (CQC) and KCHFT’s organisational strategy.

The We Care review programme was introduced in 2018 to enable the delivery of high-quality care, shared learning and quality improvement initiatives to make sure:

- the care we deliver is in line with the CQC’s fundamental standards
- 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.



The We Care Framework

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

Care is taken to make sure the skills, knowledge and experience of the visit team enables a comprehensive review of the service and the potential for bias is sufficiently mitigated. This means that quality reviewers do not visit services within their own divisions and a member of the quality management team facilitates each review to provide knowledge of CQC regulations. Where possible, the same quality management reviewer will visit all teams with a service or division for consistency.

The quality review team is made up of a member of staff with a clinical and professional registration, a peer, and a non-executive director, governor or patient representative. The size of the operational team being visited is always considered when assigning the quality review team.

Each We Care visit includes a review of the five key questions; is a service safe, effective, caring, responsive and well-led and areas for improvement are differentiated between service and trust level, which supports the trust’s evaluation of well-led.

This year visits included a focused view on equality, diversity and inclusion. This was done by looking at how services are delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the equality act and those in vulnerable circumstances. These key lines of enquiry we agreed with the assistant director of participation and involvement and the chief people officer.

Following the visits, any areas of immediate concern are communicated to the service manager and senior leadership team, however this has never been required. A draft inspection report which details ratings for each of the key question and an overall aggregated rating is shared with the team within two weeks of the visit. The report details areas of both good practice and improvement and an improvement plan is developed.

For teams and services that have a rating of requires improvement, a follow up visit is arranged between the Quality Management Team and the service three months after the visit and ratings are reviewed.

In 2022, 17 visits took place to the community urgent care services, which included acute response teams, minor injuries units and urgent treatment centres. The School-Aged Immunisation Service were also visited. Of the 18 services that participated in a We Care review in 2022, 45 per cent were rated outstanding, 50 per cent were rated good and 5 per cent were rated requires improvement.

The greatest number of requires improvement ratings are for the safe domain (17 per cent, n=3) which is consistent with previous years. All three of these were at UTC/MIU sites and related to environmental issues with call bells and fire doors and recording of patient safety incidents on Datix.

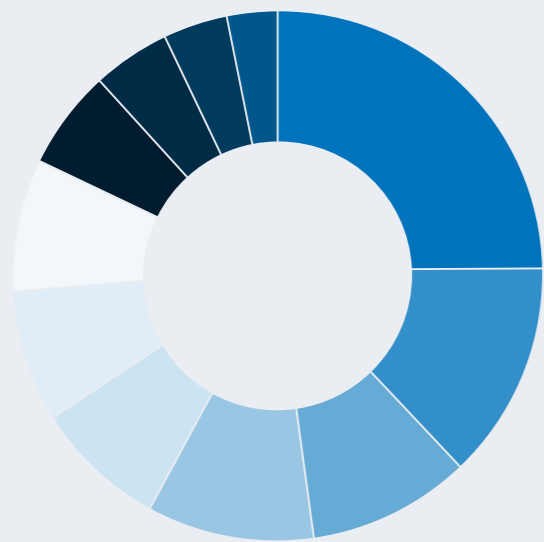
The domains with the greatest number of outstanding ratings are caring (55 per cent) and well-led (44 per cent). There were two services rated required improvement for the Well-led domain. These ratings relate to mixed staff satisfaction and management of performance and risks.

We Care 2022 domains and ratings



Recommendations identified from We Care visits have been categorised thematically to identify patterns and where greater intervention is required which can be seen in the following figure. To drive quality improvement, services develop an improvement plan based on the recommendations identified in the We Care review report. The improvement plans are monitored through divisional governance groups and themes are included in the bimonthly quality report which is presented to the Quality Committee.

Recommendation themes



- 25% Equality monitoring
- 13% Training compliance
- 10% Patient experience collection rates
- 10% Knowledge of service data
- 8% Standardisation of policy implementation
- 8% Complaints
- 8% Risk Register
- 6% Incident reporting
- 5% Use of interpreting services
- 4% Role progression
- 3% Supervision

An evaluation of the 2022 We Care visit programme has been undertaken.

Survey results showed that quality review panels were overwhelmingly supported by all respondents, feedback showed that they were well organised and chaired and are felt to be positive, inclusive and a learning opportunity.

Survey results from the teams visited showed that:

- 100 per cent of staff had an opportunity to speak with the We Care team
- 100 per cent of staff felt they were able to raise any concerns they had during the review
- 100 per cent of staff stated the report was shared with the whole team
- 100 per cent of staff felt the visit improved their understanding of CQC standards and inspections
- 91 per cent of staff felt there was more transparency in the team, such as speaking up when things go wrong, learning from incidents and sharing learning following the review
- 90 per cent of staff felt the report reflected what makes them proud, recognised and valued
- 82 per cent of staff felt the visit improve their confidence to talk about how care is delivered in their service
- 64 per cent of staff felt that practices and processes have been adapted to improve patient safety following the review.



The learning disability improvement standards for NHS trusts

There are more than 1.2 million people in England with a learning disability and 200,000 people with autism who should be able to expect high-quality, personalised and safe care when they access NHS services. Nationally however, this has not always been the case and they have received poorer care and support than the general population.

The national learning disability improvement standards for NHS trusts apply to all services funded by the NHS with an aim to promote greater consistency and make sure that people with a learning disability and/or autism get the outcomes they deserve.

There are four standards by which a trust's performance is measured and these are:

1. respecting and protecting rights
2. inclusion and engagement
3. workforce
4. specialist learning disability service.

Our performance against the learning disability standards

1. Respecting and protecting rights

We are able to identify children, young people and adults with a learning disability and/or autistic people who are on a waiting list for assessment and/or treatment and if required, disaggregate specific outcome data regarding patients with a learning disability and autism. Our organisation routinely monitors waiting times for children and reports to the Board.

We do not apply restrictive practices and we audit deprivations of liberty placed on people with a learning disability and autism.

In 2022, there were no serious incidents regarding children, young people and adults with a learning disability or autistic people. Benchmarking shows our safeguarding referrals are significantly lower than the mean.

KCHFT is represented in the local Learning Disabilities Mortality Review Programme (LeDeR) steering group and we monitor rates of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions for people with a learning disability.

2. Inclusion and engagement

We provide appointments at times of day to make it easier for children, young people and adults with a learning disability, or autistic people and their families to attend. We are also able to provide visits within a person's home instead of an attending an outpatient appointment.

The number of people we employ with a learning disability or autism has increased each year and we are in the upper quartile of all NHS organisations.

Our organisation makes reasonable adjustments to complaints processes, to avoid people with a learning disability or autistic people having excess form filling or having to write excessive amounts of detail during the complaints process. We also use ask, listen, do, good practice resources to improve feedback, concerns and complaints for children, young people and adults with a learning disability, autistic people and their families.

Teams and services are using co-design and production to deliver working together groups and drive service improvement based on the feedback of people with a learning disability and/or autism. We work with people who access the KCHFT adult learning disability Easy Read group to make sure information is accessible and easier to understand. We presented the work of the group to the National Patient Experience of Care Conference hosted by NHSE/I.

3. Workforce

KCHFT has a highly skilled workforce, with the proportion of registered learning disability nurses higher than the sampling average. We have a Board-level lead for monitoring and assuring the quality of service provided to children, young people and adults with a learning disability and/or autism.

We recognise that maintaining workforce is an important challenge for the NHS and we include data on current and future issues arising from retention and recruitment difficulties relating to the learning disabilities workforce; workforce plans also include provisions to support the development of new roles in learning disabilities care.

4. Specialist Learning Disability Service

The KCHFT Community Learning Disability Team works with adults who have a learning disability and health conditions that need specialist care. The team provide community nursing care, occupational therapy, physiotherapy, vision and hearing support, and speech and language therapy assessment and interventions.

All learning disabilities clinical staff are trained in positive behaviour support training, in accordance with the competencies associated with their specific role. Our trust is signed up to stopping over medication of adults with a learning disability and autistic people with psychotropic medication and the STOMP pledge.

Work remains ongoing between children's services and the Adult Learning Disability Service to embed the Ready Steady Go Hello transition programme. The Clinical Quality Lead role was introduced and provides quality assurance, supports quality improvement projects and strengthens professional standards and development across the adult learning disability and neurodevelopment services.

The adult Neurodevelopmental Service was launched in April 2022, which includes diagnostic assessment for autism and add, and also 'post-diagnostic support' in the form of enablement from occupational therapists. The service has two link workers who help people access the service.

Areas for development

Following previous rounds of benchmarking against the improvement standards, improvements have been focused to make sure services from community universal services, not just from the KCHFT specialist adult learning disability team, contribute. This is to raise the awareness and understanding of adults and children accessing services and reduce health inequalities. Learning Disabilities Champion training has recommenced so each service has a nominated champion to receive regular updates of local and national priorities and be invited to forums to share best practice. The training included communication, reasonable adjustments, mental capacity, best interests among other topics.

To make sure data can be obtained and scrutinised for people who has autism who do not have a learning disability, a distinct "autism" drop-down was added to our risk and incident management system, Datix.

Between April 2021-March 2022, 7.5 per cent of all Patient Advice and Liaison Service (PALS) were in regard to access times for autism and attention deficit hyperactivity disorder (ADHD) diagnostics. The service is investing in support to assist families while awaiting appointments and the detail and outcome of this will be reported in the 2022/23 benchmarking exercise, in December 2023 and January 2024.



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 and agency workers employed by KCHFT or volunteers, about concerns they have and/or the way their concern was 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 2023/24. 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.

The following table details the total number of cases raised to the Freedom to Speak Up Guardian and the case themes.

FTSU contacts 2022/23	20
Patient safety/quality	1
Worker safety or wellbeing	6
Bullying or harassment	6
Inappropriate attitudes or behaviours	6
Detriment from speaking up	1

Between 1 April 2022 and 31 March 2023, the FTSU guardian logged and was involved in 20 new cases. Themes of the cases were discussed with the chief executive and bi annual report is 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 3: Overview of Quality of Care

This section provides an overview of the quality of care offered by KCHFT based on performance against the 2022/23 quality priorities we agreed and published in our 2021/22 Quality Account. It explains in more detail what we have achieved during the past year and those areas we need to improve upon.



Improving safety for the people we care for

Goal	Target	Baseline	Achieved	Outcome
People with a high risk of developing pressure ulcers will receive preventative interventions	90 per cent of patients will have a risk assessment completed upon admission to our caseload	63.76 per cent	81 per cent	Not achieved

What are pressure ulcers?

Pressure ulcers, which are also known as pressure sores or bedsores, are injuries to a person's skin and underlying tissue, primarily caused by prolonged pressure on the skin. Pressure ulcers can happen to anyone but they usually affect people who are bed-bound or sit in a chair for long periods of time; they can also be caused by pressure from a medical device or equipment such as a nasogastric tube.

Who is most at risk of getting pressure ulcers?

People in the care of KCHFT may be at risk of developing pressure ulcers for a number of reasons, but increasing age is a significant factor as older people are more likely to have mobility problems and skin that is more easily damaged through dehydration and other factors such as:

- poor blood circulation
- spinal cord injury which has resulted in a loss of sensation
- conditions such as diabetes, neurological disease and disorder, stroke, heart and lung disease
- smoking
- suffering from incontinence
- the effects of sweat and perspiration

- previous wounds
- if a person has lost of skin folds
- Inadequate food or fluid intake
- Being very underweight or overweight
- Being very ill or have had complicated surgery
- Dry, oedematous (swollen with fluid), or poor skin condition.

Preventing pressure ulcers

Pressure ulcers happen as a consequence of many interrelated factors so it can be difficult to completely stop them from happening. Nevertheless, there are preventative measures which can be put in place, once a person's specific risk factors are identified, and to do this we use the Purpose-T – pressure ulcer risk assessment and SSKIN follow up skin assessments to evaluate the ongoing integrity of the skin.

Why this is important

While it is not possible to remove all risk and prevent pressure ulcers entirely, we seek to make sure that every patient receives treatment of the highest quality whilst under our care. Risk assessments and ongoing evaluation of skin integrity enables us to identify if the management plan in place is effective and determine if changes are required to a person's care plan.

What we said we would do

As soon as a person is admitted to our caseload, an assessment must be completed without delay so the interventions they need to stay healthy and safe are implemented. As KCHFT care and treat patients in a variety of settings which include, community hospitals, people's homes, clinics and care homes, the timeframe to complete these assessments was set to within 48 hours of admission.

We reviewed the data when this quality priority was set, which showed that 63.76 per cent of patients received a risk assessment within 48 hours of admission. We set a target that by the end of March 2023, this would increase to 90 per cent.

What we did

The outcome measure for this quality priority was to make sure patients receive timely risk assessments and effective skin integrity checks which would be reported via our electronic patient record, Rio.

To make sure that this happened a number of improvement projects took place and these are outlined below:

Training and awareness

The Tissue Viability Team is made up of specialist nurses in all aspects of skin and soft tissue wounds. They provide advice and support to nursing staff and other healthcare professionals to develop and improve their practice with the view to raise quality and standards in the care of tissue viability. The team updated the pressure ulcer prevention pathway and the moisture associated and incontinence care pathways to provide clinical staff with the information they need in an accessible format. Alongside the development of tissue viability e-learning packages, bespoke training was provided for the care of people at the end of their life, outreach support and training was provided to nursing homes and the KCHFT tissue viability workspace on the trust intranet, flo was improved.

An important aspect of training and awareness is empowering patients and their families and carers in self-management. A new "Keeping the pressure off, a guide about pressure prevention" was developed to inform patients and those who care for them, of the preventative steps they can take which include, checking their skin, looking for red patches in light skin and purple patches on dark skin and where on their body these may be and encouraging the intake of fluids and frequent repositioning. These were given to patients to provide further information following a conversation with their healthcare professional.

Documentation

The trust's EPR, Rio, is used to report information on the proportion of pressure ulcer risk assessments completed within 48 hours of admission to our caseloads. Following a review of risk assessments on Rio, additional elements were added electronic form to help staff with documentation processes and allow the documentation audit to show whether an assessment had been completed, a risk had been identified and actions were being taken. However, a challenge with using Rio as an audit mechanism became apparent. A patient being treated in the community may sit on multiple caseloads which makes retrieving specific documentation information difficult. A non-executive director led review of pressure ulcer improvement was undertaken in October 2022 which included discussion with nursing staff and students from community team across Kent. All staff and students spoken with were unanimous in their understanding that risk assessments must be completed during a patient's first appointment. This conversation also highlighted that demand and capacity struggles alongside the increasing volume and complexities of patients being treated in the community, meaning that information is added to progress note, rather than the appropriate risk assessment window. As a result, all of the risk assessments completed are not showing on Rio documentation audits. As a mitigation, the tissue viability team completed documentation audits and the results of these are shown in the following table.

Source	Q1 (%)	Q2 (%)	Q3 (%)	Q4 (%)	Mean (%)
Rio	63.09	64.86	63.76	64.62	64.08
Documentation audit	82	85	80	77	81

Learning

After-Action reviews are a learning process linked and provide a timely review of any incident that did not meet the serious incident framework. The learning captured from pressure ulcer after action reviews is cascaded through nursing teams and the pressure ulcer innovation network group to promote the measures to support team work.

The patient safety and clinical risk group is a sub-group of the Quality Committee and monthly reports are provided to highlight where successful learning has been implemented but also as a point of escalation when further support or intervention is required.

What we achieved

We did not achieve the 90 per cent target, we are committed to embedding our processes to improve the proportion of people that are risk assessed for pressure ulcers within 48 hours of our caseload and the reporting of this via the EPR.

Keeping patients safe and delivering high quality care remains a priority, at the time of writing this report, NHS benchmarking information shows there has been a 34.6 per cent reduction in lapses in care when comparing pressure ulcer incidents from 2021/2022 and 2022/2023. The number of pressure ulcers declared serious incidents has reduced by 57 per cent and national benchmarking of the rate of new grade 2, 3 and 4 pressure ulcers while under the care of KCHFT is 0.12 per 1,000 patients on caseload compared to the national mean of 6.2.

What this means for you as a patient

Patients can be assured they will be treated by a highly skilled and compassionate workforce who will work hard to identify pressure risk and empower patients with the knowledge the need to support their care.



Improving safety for the people we care for

Goal	Target	Achieved	Outcome
Pilot coordinated referral and booking for Kent families accessing tongue-tie procedures.	100 per cent of families will be offered: Pre-procedure support Post procedure support	Pre-procedure support: 98.22 per cent Post procedure support: 94.97 per cent	Not achieved

What is a tongue-tie?

Tongue-tie is where the strip of skin connecting a baby's tongue to the bottom of their mouth is shorter than usual. Some babies who have tongue-tie are unaffected but in others it can restrict the tongue's movement, making it harder to breastfeed. Babies who bottle feed also may have feeding problems associated with tongue-tie. Where tongue-tie is affecting feeding, treatment involves a simple procedure called tongue-tie division.

Breastfeeding is an important public health priority, and high impact area within the Healthy Child Programme. Supporting families to breastfeed and increasing opportunities to breastfeed offers the best possible start in life.

Why is this important?

It is imperative babies can feed effectively and if tongue tie procedures are required, a coordinated referral and booking process provides a consistent approach and a single point of contact for families and carers, which will hopefully alleviate some of the anxiety they will undoubtedly feel when preparing and recovering from procedures.

What we said we would do.

The Health Visiting specialist infant feeding team will establish a tongue-tie coordination service where:

- initial oral assessments are completed by the specialist infant feeding team
- referrals are centralised and triaged using a consistent process
- booking are coordinated with a single point of contact for families
- access to tongue-tie divisions close to home are made possible
- are and post procedural support are offered.

What we did

In 2022/23 our Specialist Infant Feeding Service established a Tongue-Tie Co-ordination Service which offered pre and post procedure support to Kent families accessing tongue-tie division procedures. This was supported by funding made available from the Kent and Medway Integrated Care Board and Kent County Council and involved working in partnership with East Kent Hospitals University NHS Foundation Trust (EKHUFT) and Maidstone and Tunbridge Wells NHS Foundation Trust (MTW) as providers of tongue-tie divisions in Kent.

What we achieved

During 2022/23, the Kent Tongue-Tie Co-ordination Service operated as a single point of access for families accessing tongue-tie divisions in Kent as part of the wider Specialist Infant Feeding Service

In partnership with EKHUFT and MTW a single Kent referral form was created and is accessible online to provide a centralised referral and appointment booking route whilst enabling oversight of referrals across Kent. Work was also completed on an information leaflet for families available in electronic and printed form.

The Tongue-Tie Co-ordination Service supported 1,431 families during 2022/23

Following a review by the Kent and Medway Integrated Care Board and Kent County Council the pilot will extend for a further year into 2023/24.

What this means for you as a patient

If your baby needs tongue tie division, there is a dedicated team to coordinate the process and make sure the experience is positive for the family. We also engage with families to support better feeding through our Health Visiting Service and the Beside You partnership

Who is Beside You - Beside You
wearebesideyou.co.uk.



Improving safety for the people we care for

Goal	Target	Baseline	Achieved	Outcome
Decrease trust wide reporting serious incidents where missed/deferred visits were a contributory factor by 50 per cent.	2	4	2 PSII and 3AAR	Not achieved

What is a missed or deferred visit?

A missed or deferred visit is a one where a planned patient visit does not take place or is delayed.

Why is this important?

Missed visits can potentially have an adverse impact on a patient's condition in terms of their physical and psychological health. For example, if a visit is omitted for a wound dressing, the wound may deteriorate or healing may be delayed. If it is a visit for important medication then the physical condition may become unstable, leading to a deterioration and possible side effects of missing the dose.

Deferred visits are slightly different in that they are a planned event. The member of staff will consider if it is safe to move the visit, considering the impact on the psychological and physical health of the patient. The patient should be contacted with an explanation and reassurance given that harm will not result, making sure they are comfortable with the decision. Deferred visits can increase a person's risk of harm if these happen in succession. This can occur if staff are unaware that it has been deferred before and then the risk of causing harm increases in the same way as if the visit had been missed unintentionally. The level of anxiety experienced by the patient may also increase if they are concerned about potential repeated delays to treatment having an adverse effect on their health.

What we said we would do.

The focus for this work has been on reducing the number of missed visits and managing the process of deferring visits to reduce the likelihood of harm to patients.

We said we would work with our community nursing teams to understand why missed and deferred visits happen, thinking about caseload management and allocation considering the impact of demand and capacity within the teams.

We also wanted to analyse electronic patient record data for deferred visits, with a view to improve both the management and monitoring of deferred visits to make sure patient safety was preserved.

What we did

The community nursing teams have told us about their caseloads, describing the high demand for visits to patients in their own homes. When allocating the work for the team each day, consideration must be given to the number of planned visits against the number of available staff. In addition, they need to consider the nursing skills needed to meet the needs of the patients and the distribution of where the patients live.

As well as the planned visits, there will be additional requests for visits as these are referred to caseloads throughout the day. These may be urgent and require a swift response resulting in the need to prioritise specific patient visits, meaning some visits may need to be deferred. While deferring patient visit is a planned process, there may be times when a patient is deferred more than once which may be detrimental to their care.

A variety of approaches were taken to reducing the demand for nursing care delivered at home and the capacity or ability of the nursing teams to meet this and these are described in the following paragraphs.

Process

We have worked with teams as part of the quality improvement collaborative which looked at issues of demand and capacity. We have listened to what they are saying about their workloads how this is managed. To identify potential solutions, teams looked at their triage processes and captured data on the length of time spent managing referrals that do not fit the criteria for community nursing, or those that require much more information to be successfully managed. KCHFT started to meet with GP colleagues to develop working relationships and explore how we can work together to improve the referral processes. Teams are currently redesigning the referral and triage processes and forms making it easier and more efficient to identify a patient's needs and complete triage.

A standard set of guidelines has been agreed to manage deferred visits. This process has been devised by the Rio team and shared with all community nursing teams during this period to have one standardised process. It allows for reasons for deferral to be clear, and also has the facility of a box to show how many times a visit has already been deferred. The box makes it clear if a visit has been deferred on more than one occasion. This should prevent a visit from being deferred several times to the detriment of the patient.

Workforce

We have taken steps to increase our workforce and equip them with the knowledge and skills they need to care for patients with increasing complexity. A number of internationally educated nurses (IEN) have been welcomed to the trust, and as they become competent and familiar with the requirements of a community nursing caseload, they have become valued members of the teams and have increased the available workforce.

Our practice development nurses develop, facilitate, deliver and evaluate a range of programme and teaching sessions to improve the quality of care and they undertake a skills gap analysis of community nursing staff to identify what support they need. As their skill base increases, it makes the allocation of nursing visits a more straightforward process as more staff are available to meet the demand.

Administration

NHS administrative staff provide key business support and help patients to speak to the right person and coordinate activity with clinical staff. New administrators have been appointed to complete some of the administrative functions that clinical leads were undertaking which means they can spend more time caring for patients with more complex needs.

To try and reduce the missed visits, team administrators download weekly reports which show if follow up appointments have been missed which are then shared with clinical team leaders to make sure that these are booked in.

Handover

Community teams have processes to make sure during transmissions of care or when there is a change in nursing staff, a structured handover of care (verbal and written or electronic) is carried out. Upon review, a small risk was identified whereby patients seen at the end of the day may not have been reviewed until lunchtime handover the following day and follow up appointments not discussed or scheduled. Consequently, handover processes have been changed so these patients are reviewed at a handover the following morning.

What we achieved

There has been a standardisation of processes across the 80 community nursing teams and the profile of missed and deferred visits has been raised and discussed widely within our services. We have taken time within adult clinical services to understand all of the factors which contribute to risk of a visit being missed or deferred.

Through the QI Collaborative we have taken time to consider the impact of demand and capacity and have undertaken plan, do, study, act (PDSA) cycles to improve processes and systems of working to release capacity to care for patients. The effect of human factors has been considered and there will always be a number of occasions when a visit is missed due to human error.

The introduction of the Patient Safety Incident Response Framework means that we review and categorise patient safety incidents in a different way and this provides greater opportunity for learning and making improvement to the way in which we deliver patient care. As such, serious incidents cannot be compared directly with patient safety incident investigation.

We have been able to measure missed and delayed visits and to compare these with the activity performance monitoring. This has given us the ability to see the proportion of visits, within the localities, that have been missed and how this has changed over the course of the work. Data analysis has concluded that less than 0.06% of visits were missed over the past year, which is a reduction on the previous number of 0.08%.

What this means for you as a patient

Our nursing teams are very aware of the potential harm to patients which can be caused by missing visits unintentionally, or deferring them multiple times. We have explored the reasons for this occurring and have improved systems and processes and increased staffing numbers and skills to help prevent this happening. We are now actively monitoring whether planned visit schedules are achieved and as a result whether there have been less missed and delayed visits.





Improving clinical effectiveness

Goal	Target	Outcome
Increase research capability and capacity	We will develop a process to maximise the number of patients we can approach to take part in research studies.	Achieved

What does research look like in the NHS?

Research supports the development of new medicines, new ways of care delivery 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 the research is valid.

Research studies contribute to a body of evidence-based medicine/care through collecting and interpreting data from people who participate in studies. Data can be qualitative or quantitative, usually collected before and after an intervention to provide insight to their specific experience.

Why this is important

We have a diverse population and that diversity needs to be represented in people we recruit in to studies. Poor inclusion of a particular demographic, ethnicity or location, for example, will render the results only applicable to those who participated. Increasing the number of people who can be offered studies to participate in will result in richer data meaning the research output will be more broadly applicable.

People can only offer their data or perspective if they are aware of the study and invited to do so. This often relies on clinical staff introducing the study to individuals whom they have contact with. This can limit the number and diversity of people offered to join the study due to staff workload and relying only on those who come into contact with clinical staff working directly on the study.

Barriers to achieving this include:

- the research team not being considered part of the care team and therefore unable to support clinical teams to identify potentially suitable people to be invited to the study
- people/public not always accessing services in the same way
- time available for clinical staff to offer studies to patients/people.

What we said we would do

We said that we would consider these barriers and develop a process that maximises the number of patients we can approach to take part in research studies.

What we did

We have considered multiple approaches throughout the year.

We have developed the content on our public facing webpage and used this to increase communications. We have extended the research content submitted to the KCHFT Community Health magazine to include patient stories with the view that this will make the public more aware of our research activity and give people confidence to ask about research opportunities available to them.

We have reviewed the process followed to assess people to invite them to participate in research studies. This was a complex project, which needed to consider information governance principles, Health Research Authority guidance and research ethics.

We hope to see an increase in people offered the opportunity to participate in research but this may be limited by the type of research study that is open, for example, inclusion and exclusion criteria for a study may limit participation.

We received a joint award with Kent and Medway NHS Social Care Partnership Trust from the Clinical Research Network to improve access to clinical research for people experiencing comorbid physical and mental health problems through a model for collaborative working between the two organisations. We planned to jointly hold focus groups with people in different parts of Kent to hear their views and thoughts on cross promotion of research opportunities. For example, being offered a research opportunity for physical health while using a service in the mental health trust.

We also received a joint award with Sussex Partnership Foundation Trust (SPFT) to address barriers to engagement and participation in mental health and community health research for neurodivergent adults and adults with a learning disability. The award is an opportunity to host workshops and stakeholder events to scope current practices, identify barriers to participation and disseminate learning with a view to developing guidance and training to enable researchers and clinical research staff to better understand the needs of neurodivergent adults and adults with a learning disability.

We now work with the KCHFT participation team whenever possible to advertise studies that people could potentially contribute to.

What we achieved

We are awaiting an agreed approach and continue to consult and increase opportunities to participate in research.

Both the funded Clinical Research Network projects have progressed and are starting the write up phase.

What this means for you as a patient

Increased awareness of the opportunities to participate in research studies. This has potential to positively impact an individual during the study process but has a wider impact on the results of the study being more applicable to the population of Kent as increased numbers engage and participate.





Improving clinical effectiveness

Goal	Target	Outcome
Improve the confidence and capabilities of our people to pursue innovation opportunities that result in better care for patients	We will launch the Innovation Fellowship with the Academic Health Science Network and recruit a minimum of eight colleagues to the Innovation Fellowship to identify and plan opportunities for innovation	Achieved

What is the Innovation Fellowship?

The Innovation Fellowship is an eight-module programme each covering specific aspects of the Innovation pathway. The fellowship was developed in partnership by Kent Surrey and Sussex Academic Health Science Network (KSS AHSN) and Kent Community NHS Foundation Trust to transform the innovation culture within KCHFT and progress treatment options resulting in better care for our patients.

The KSS AHSN is one of 15 AHSN set up by NHS England to operate as the innovation arm of the NHS. It does this by brokering connections between citizens, the NHS, academia, the third sector and industry to effect change across health and social care.

Why this is important?

Innovation in the NHS is required to help us meet the quadruple aim of quality. There is wide consensus that NHS challenges can only be met if cost-saving, outcome-improving, and experience-enhancing innovations can diffuse and spread throughout the health service.

This is reflected in the national focus on innovation, to create fundamentally new and different processes and technology in the NHS through:

- the creation of the Accelerated Access Collaborative (AAC) as part of the NHS Long-Term Plan to speed up access to technologies to improve care and make the UK one of the most pro-innovation health systems in the world

- the launch in January 2021 of the Innovative Licensing and Access Pathway to speed up access for patients to innovative medicines
- formation of the GetReal Institute in April 2021 to facilitate the adoption of new technologies
- the launch by NICE of a new office for digital health to accelerate efforts to deliver innovation to the health and care system faster and support the growing digital sector and launch of an evidence standards framework for digital health technologies for commissioning in the health and care system
- creation of the National Innovation Collaborative to bring together NHS, social care, local authorities, and the Academic Health Science Network to accelerate the deployment of innovative technologies to enable care to be delivered in people's homes.

The fellowship is intended to support the development of enterprise, entrepreneurship and innovation as well as providing an overview of analytics, environment sustainability and digital inclusion, storytelling, bid writing and business cases. As part of that, all Innovation fellows complete a project that aligns with the business plans and priorities for the service in which they work. The ultimate aim is projects undertaken by innovation fellows are fed back into and supported by the service to deliver transformation.

To gain entry to the fellowship all fellows must have a minimum level of KCHFT QI training, as innovation and QI are closely linked, in that QI enables testing, refinement and roll-out of innovations, which are defined as new to the organisation. These include new drugs, new medical devices, new technology, new procedures, new pathways, new services, and new models of care.

The main aims of the innovation fellowship include:

- increasing confidence and capability to pursue innovation opportunities through new ways of working and delivering sustainable care
- delivering innovation projects aligned to service priorities and business objectives by identifying or capitalising on new technologies and new ways of working and using these to develop products or interventions for patients.
- Participation in the fellowship also has the following benefits:
- inspiring shared purpose – providing fellows with the skills to impart what they have learned and educate their peers and teams to make innovation practice business as usual
- mindset change – participants developing their creative thinking abilities and having greater confidence to use QI and innovation practices.
- values – participants will demonstrate the trust value, “striving for excellence”.

What we said we would do

We said we would launch the innovation fellowship and roll out a programme to provide fellows with a practical approach for implementing innovation and change. We said that in its first year, we would recruit a minimum of eight colleagues.

What we did

The programme was fully designed to consist of eight face-to-face teaching sessions of three hours, delivered over 10 months where participants can develop their knowledge and skills in the following areas:

- spread and adoption of innovation (2 sessions)
- funding opportunities and bidding
- enterprise, entrepreneurship and innovation
- insights, analytics and evaluation
- innovation case studies and telling compelling stories
- innovation and digital leadership.

To recruit the eight innovation fellows, community service directors identified staff to participate and the teaching programme began in November 2022. To date, four teaching sessions have taken place with the remaining four sessions being delivered in 2023.

In a pre-course questionnaire was completed to assess the fellows' prior innovation knowledge, confidence and experience, which will be repeated at the end of the programme to evaluate the teaching component of the course. In addition, each module is appraised through participant questionnaire. Following completion of the teaching, semi-structured interviews will also be held with participants and their line manager to assess learning and the impact of their project on the service. Although, it is recognised that many of the projects will continue beyond the lifecycle of the fellowship and further support may need to be considered.

One-to-one support sessions are held with fellows following each teaching session to discuss and aid project development. Periodically sessions also include line managers to make sure they are happy with progress and project still aligns with service priorities.

All fellows:

- have access to searchable database of innovation case studies via the KSS AHSN to support project development
- are provided with regular information on funding opportunities for innovation
- have opportunity to receive and provide peer support through MS Teams Innovation Fellowship group.

What we achieved

The following tables provide a snapshot on some of the projects and the full table can be found in the appendix.

Project:	An innovative approach to communication e-learning in Adult Learning Disability
Purpose	To develop communication e-learning and co-design a competency framework for paid carers supporting people with a learning disability. This enables staff access to knowledge and skills with sustainable support for application into practice.
Stakeholders	<p>Paid carers and care providers need access to quality communication training that is targeted for supporting adults with a learning disability that can be accessed and delivered at their convenience. This delivery method supports services where staff turn-over is high.</p> <p>Commissioners need assurance that services can adopt and embed good communication into practice.</p> <p>Local NHS LD teams need a robust universal offer to increase capacity for target and specialist inputs.</p>
Benefits	<p>Paid carers and care providers have the opportunity to take ownership of upskilling staff in a timely way to meet communication needs.</p> <p>Service managers and KCC commissioners have assurance of good communication observed in practice and measured by a dynamic competency framework.</p> <p>Local NHS Learning Disability Teams will have a robust and quality universal offer to direct services to.</p> <p>Good communication for people with a learning disability is central to achieving better outcomes and reducing health inequalities.</p>
Completion	August 2023. To involve creation of a digital learning package and completion of the co-designed competency framework with the intention of testing with an identified provider.

Project:	Kent children therapies advice line e-consult digital solution
Purpose	<p>The purpose of a digital consultation advice line is to seek solutions to service demand and make staff resource is maximised.</p> <p>Service users will be able to submit their query at any time, and know they will be contacted within in a set timeframe.</p> <p>Staff will have prior knowledge of the nature of the call and the most relevant person will be able to handle the query, improving the patient experience and service user satisfaction.</p>
Stakeholders	Existing staff and therapies leadership team are aware the advice line is being reviewed and how this will impact on workloads. They need to feel confident this will reduce workload and improve time spent on daily calls.
Benefits	<p>A digital solution will enable the service to provide therapy advice by the right person at the right times, resulting in improved outcomes for service users.</p> <p>It will enable the staff to prepare for queries as well as increasing capacity for other assessments and interventions</p>
Completion	December 2023. System to be in place.

What this means for you as a patient

Innovation will be used to identify and capitalise on technologies and new ways of working to progress treatment options for patients resulting in improved outcomes and experience.



Improving clinical effectiveness

Goal	Target	Baseline	Achieved	Outcome
Improved access to the community paediatric service	92 per cent of patients will have received an initial assessment within 12 weeks of referral	Booking children between 32-38 weeks	Booking children between 28-32 weeks	Not achieved

What is the community paediatrics service?

The community paediatric service is a consultant-led team and accepts referrals for children aged 0-18 years for developmental delay, autism spectrum conditions (ASC) (0-11 years only), attention deficit hyperactivity disorder (ADHD) (6-11 years only) and development disorders, such as cerebral palsy and muscular dystrophy. Children who are medicated for ADHD continue to have reviews with the service until they either stop medication or transition to adult care.

The service also contributes towards educational health care plans (EHCPs), undertakes initial health assessments for looked after children (LAC) including unaccompanied asylum-seeking children (UASC) (0-18 years) and has medical advisors for adoption work. Consultants support a duty rota for the Sexual Abuse Referral Centre (SARC) three days per week.

Why do children and their families need to receive an initial assessment within 12 weeks of referral?

The aim of 12-week referral to appointment (RTA) is based on the referral to treatment (RTT) process whereby after a referral is made a patient is seen by week six, diagnosed by week 12 and treated by week 18. NICE guidance for ASC diagnostics states that assessment should start within 12 weeks of referral.

It is important to make sure children are seen at the earliest possible time as there is a wealth of evidence in published literature, which details the importance of early intervention. This will also allow for wider considerations to children who may be very vulnerable, allowing the clinician to consider safeguarding needs and or referrals to other services.

Barriers to delivery

There have been many interrelated factors which have affected the delivery of the 12-week RTA and these have been outlined in the following paragraphs.

The service remained open throughout the intense periods of COVID-19, however, face-to-face appointments were reduced in line with national guidelines and appointments were therefore delivered to children and their families virtually. As services re-set following the pandemic, the majority of children, including diagnostic referrals needed to be seen again so physical assessment could be completed. This essentially doubled the workload.

Prior to the pandemic, the service received between 300-350 referrals a month. Between January 2021 and January 2023, the mean number of monthly referrals was 673. While the referrals include children already accessing services being referred for other diagnostic pathways and children requiring ADHD medication and transfer of care into the area who do not require an initial assessment, the demand on the service as a whole has increased and affected the capacity to deliver initial assessment in line with the target. Between 2021 and 2022 the mean number of new referrals to assessment (RTA – children not known to the service previously) reduced from 376 to 285 a month, so while this number is reducing, the total number of referrals is increasing, which is affecting the capacity to see patients within the agreed timeframe.

The demand for the service directly links with the increased demand nationally for neurodevelopmental diagnosis. In Kent and Medway referral should be based on need, however current impetus is placed on diagnosis as it allows for extra support and educational provision for a child. We are working closely with the Kent and Medway Integrated Care Board to complete tests for change to meet the demand as a system.

What we did

There have been many interventions to increase capacity and make sure children are safe while they wait for an initial assessment.

Medical vacancies

We have focussed on the recruitment of medical staff, which includes doctors and consultants to increase the number of hours covered by the service.

Skill mix

An advanced clinical practitioner (ACP) has been trained to support ADHD diagnostics and medical prescribing to support service demand. Skill mix clinics have been trialled with nurses and doctors staggering appointments to allow nurses to take a child's history and doctors to conclude assessments. The test for change demonstrated an increase of one additional child per clinic, however assessment can take up to 90 minutes meaning a doctor sees two new referrals per clinic, so an increase of one child is positive. This work is being extended so an additional four children can be seen at each clinic.

Other interventions include:

- working with system partners to provide medical staff wanting to become consultants with the opportunity to work in the community paediatric service for six months
- recruited other specialities to the team such as a specialist teacher, ASC co-ordinator, neuro-disability link worker and pharmacy technician to increase the capacity improve communications with families and schools
- we reviewed children's needs when they are referred to make sure that children are booked with the most appropriate clinician at the first appointment to prevent being them from being brought back for more follow ups
- we reviewed our caseload and prioritised children raised with specific clinical vulnerabilities

- care assistants (HCAs) began to complete clinical observations before the appointment with the doctor
- we introduced 'Blitz' clinics for ADHD reviews and diagnostics.

What we achieved

Despite this work, compliance with the 12-week RTA has not been met and as of 29/03/23 is reported at 27.65 per cent. The average wait for a first assessment for the Dartford, Gravesham and Swanley area (DGS) is currently 30.92 weeks and 29.10 for west Kent. The service currently has 104 un-booked children waiting between 52 and 59 weeks, which are being prioritised for appointments within the next two months and harm reviews completed. To date no child has been assessed as coming to harm and the service is evaluating the harm review process.

The service is exploring how to clinically prioritise children, other than longest wait, which includes, but is not limited to:

- looked after child
- open to social services
- referred from acute paediatricians with complex disabilities
- referred from social services or CAMHS and clinically triaged as urgent.

The service is working with the KCHFT Health Visiting Service and EKHUFT Community Paediatrics Service to review the referral pathway for children under five.

For educational support, the specialist teacher working for the service has contributed to SENCO forums and completed training on when to refer and how with the aim of reducing un-necessary referrals and supporting children with appropriate needs to access support more quickly. If a child is identified by a school, observations have been undertaken by the specialist teacher to support assessments. School observations have been undertaken by the specialist teacher to support assessments.

A specialist nurse with a health visiting background has been rolling out training to the Health Visiting Service for social communication concerns and how to complete referrals.

What this means for you as a patient

This does mean that children and their families are waiting longer than usual for their first appointment which may delay support being obtained elsewhere. Multi-factorial challenges have contributed to this and it is taking a systems approach to resolve.

If there are to be no further changes, trajectories show that by quarter two 2023, we will be at approximately 40 per cent compliant with the RTA. Wider systems changes need to be in place to address this fully.

There is a broader programme of work within the organisation and with the system, to influence the drivers for waiting times which is presented to the Quality Committee for assurance. It is also included in our IPR which is overseen by the Board.



Improving the experience of the people we care for

Goal	Target	Achieved	Outcome
Patient experience Patients will be involved in co-designing services	Over two years 10 QI projects initiated by patient/service user feedback	12 projects	Achieved

What is co-design?

Co-design is a way of supporting and engaging local communities, patients, service users and their families with the relevant skills and experience to work alongside healthcare professionals. It supports equal partnership working with people from start to finish and incorporates their ideas into a final approach, development or initiative. Co-design can be used strategically to design services, make quality improvements or design and undertake research at an individual or local level – it is the cornerstone of person-centred care.

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. To develop services that are responsive and meet needs and expectations, we must include patients, service users, their families and carers when designing services so improvements can be truly meaningful.

People with 'lived experience' are often best placed to advise on what support and services will make a positive difference to their lives. The benefits to using co design methodology are:

- generation of better ideas with a high degree of originality and value
- improved knowledge of patient, service user and carer need
- immediate validation of ideas or concepts
- higher quality services
- more efficient decision making.

What we said we would do

This is the second year of a two-year quality priority, and in year two we said that we would develop seven 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

A QI involvement group was set up with key stakeholders from the QI and patient experience and engagement teams. The group met monthly to identify opportunities, initiate projects and support existing QI projects.

What we achieved

Work took place on 12 projects during the second year of this quality priority. The main developments and outcomes where the projects have concluded, are summarised below:

1. Improving the National Child Measurement Programme (NCMP) in Kent (School health Service)

The project concluded and a project on a page summary was published on KCHFT's QI website in January 2022. The results section state:

'This year there were no complaints made to the school health team following receipt of the results letter. The previous year received a total of 28 complaints; six formal complaints via PALS and 22 direct to the School Health team. Four parents had a telephone interview and rated the quality of the proactive call nine out of 10 on average'. [Improving the National Child Measurement Programme in Kent | Quality Improvement \(kentcht.nhs.uk\)](#)

2. 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 project to increase patient feedback using volunteers to make sure patients and carer views can be acted upon. We recruited patient experience volunteers who completed patient surveys with service users. The project was co-designed by the volunteers who were equal partners in the project group.

The project concluded and a project on a page summary was published to the KCHFT QI website in May 2022.

The results section states:

"A new process using volunteers to collect telephone feedback was developed which will benefit many services within KCHFT in the long term. 'You said, we did' actions by the services from surveys have been completed and shared. Services are alerted early if there are issues or concerns identified to the volunteers, by patients and these can then be addressed quickly".

[Increasing feedback from patients | Quality Improvement \(kentcht.nhs.uk\)](#)

3. Improving communication and involvement with family carers in our community hospitals

This project aimed to support families and carers of patients who are admitted into one of our community hospitals. The project group produced a new carers' information pack. The packs include useful information for carers, including details of how to access support services in Kent and Medway, general advice and guidance on carer well-being services. They were co-designed with carers, carer champions and community hospital matrons to make sure they would be relevant, current and meet the carers' needs. The project concluded and a project on a page summary was published to the KCHFT QI website in June 2022.

[Giving carers more support | Q0075ality Improvement \(kentcht.nhs.uk\)](#)

4. Establishing an effective system to make sure the voice of the bereaved relative/carers is heard and listened to (East Kent Long Term Services)

The COVID-19 pandemic saw an increase in the end of life care being delivered by KCHFT Community Long Term Services (CLTS). There were no structured bereavement pathways for families of patients who had died in their own homes to feedback about their experiences to the service. This project was set up to establish an effective system to obtain feedback from bereaved families so families and carers were listened to and recognised as carers to support the development of the bereavement pathway.

The project group worked closely with the People's Network, carers steering group and the KCHFT End of Life Team to co-design a new relative and carer feedback survey which was added to the bereavement pack with additional material including information about bereavement support, a condolence letter and information about how to make a complaint.

The new pack provides clinicians with a dedicated resource for families with information on bereavement support and how to feedback their experiences so the service can deliver better patient care and support for families. The project concluded in 2022 and a project on a page summary was published on the QI website in June 2022.

[Listening to bereaved relatives and carers | Quality Improvement \(kentcht.nhs.uk\)](#)

5. Bladder/Bowel Diary

The QI project was led by the community nursing team and continence service to co-design the bladder diary as the existing diary was over complicated and difficult to complete. During 2022/23 the new design has been developed using graphics alongside text and simplifying the information required, this was taken to the Adult Clinical Services community engagement group for review and feedback. This project is now being taken forwards through the community nursing service with a trial period within an area of east Kent.

6. 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 to highlight the importance of working with patients with a lived experience. This project was led by the Patient and Carer Partnership Team, along with members of the People's Network who initiated the project to evaluate the impact of their involvement.

- Role descriptions were created, detailing the responsibilities of participation partners involved in governance groups.
- Participation partners on the Mortality Surveillance group were re-invited to virtual mortality reviews to help them understand the process.

- A participation partner was recruited to the Patient and Carer Council in a strategic role.
- A 'we asked, they said' recruitment resource was created, detailing the value PPs bring to governance groups.
- A new patient safety partner role was developed and is being advertised to support the Patient Safety Team.

7. Giving carers a voice

This QI project has been set up to increase the number of carer surveys completed in our community hospitals. This was an eight-week pilot QI project in two community hospitals which was 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. This pilot led to a further project to improve carer feedback in community hospitals.

8. Improving carer feedback in community hospitals

The aim of the project was to increase the number of surveys completed by carers of patients at KCHFT community hospitals. This project started in January 2023 from feedback and data presented to the carer's involvement steering group showing a low number of monthly surveys completed. From the three meetings held in 2023, the project group have been able to:

- co-design a set of questions for the survey, reducing the number of questions from 26 to 14.
- make sure that carers 'have your say' posters, with a QR code for easy access, are available in all community hospitals.
- start work with our volunteer service so community hospital volunteers have an opportunity to support carers to complete the survey.

The project will run until December 2023, the carers' involvement steering group and quarterly matron's meeting will monitor and evaluate the project.

9. Improvement of communication between community paediatrics and families

A listening event held during the pandemic showed communication between the services and the children and families it cared for could be strengthened. A co-production group has been established with a number of parents recruited during 2022. The first meeting took place in December 2022 where the first change idea, a review of the letter sent to parents after initial referral but before assessment, was agreed. This has been developed throughout Q4 2022/23 and a revised version will be reviewed by the group at its next meeting.

10. Increase uptake of electronic consent form within school aged immunisations.

This QI project started by looking at the electronic consent form uptake within the seasonal influenza program. In proactive follow up calls, more than 900 parents were asked why they did not use the online consent form after being sent a link via their child’s school. It was determined that most had not seen the letter as they had not read the communication from the school. As a result, text message reminders were trialled to increase use of the online form by adding in a text reminder before starting follow-up calls.

What this means for you as a patient

There is now a robust process so feedback from patients, carers and service users initiates service improvement, following quality improvement 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.

During 2022, the introduction of text messaging meant a further 12 per cent of the parent cohort used the consent form after the text was set and before a proactive call – this improved the information needed to plan the vaccination clinics at each school and reduced the amount of time spent on phone calls by the service.

11. School Health Service – increasing the use of its website by young people.

This QI project started in 2022 and six co-production sessions have taken place. However, external influences have meant a switch in focus for 2022/23 to website development covering 0-19 years for parents and professionals. This project will be re-start in 2023/24.

12. Oxygen Safety

This is the newest project which started in December 2022. This was prompted by patient feedback highlighting the limited information given to patients receiving oxygen. This QI project is being led by the respiratory service and Breathe Easy patient group. A draft leaflet has been developed and will be taken to a number of forums for user feedback in April 2023.

Resulting improvements from the 12 projects will make sure the patient and carer experience is more positive. Patients and carers will feel more involved, listened to and have more confidence in the service which will have a positive impact on the outcomes of their care.

Additionally, by listening and working with patients and carers to design services that meet their needs we hope to improve patient experience and reduce concerns and complaints.



Improving the experience of the people we care for

Goal	Target	Achieved	Outcome
Improve the experience of people waiting for foot and ankle surgery through the better use of KCHFT surgery space	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.	100 per cent of patients referred to KCHFT received assessment on admission to the caseload. 100 per cent of patients who had surgery have been added to PASCOM. After six months patients were contacted for a review and outcomes recorded.	Partially achieved

What is community podiatric surgery and what service does it provide?

Many problems can affect the foot and ankle and this can have a negative effect on a person’s daily life. The KCHFT podiatric surgery team is a branch of podiatry and specialise in foot and ankle surgery working closely with other specialities including podiatric bio-mechanics and physiotherapy. The department is equipped with a portable x-ray machine and ultrasound, which are used for guided steroid injections as well as interoperative imaging.

Treatment, like many other musculoskeletal problems, often involved a multi-disciplinary approach. We offer a full range of surgical procedures, which can be carried out on a day care basis. If surgery is required, it is often performed under local anaesthetic, but general anaesthetic is also available.

We encourage each person to have an active role in their treatment and tailor the care and treatment we provide to the specific needs of that person.

Why this is important

Providing foot and ankle surgery in the community reduces pressure on acute hospitals who are required to manage patients with more complex conditions who are not suitable for management in the community. Hospital is not always the best place to be and providing great out of hospital care can positively impact the patient experience.

What we said we would do

The intention was to support our acute hospital partners to manage their waiting lists. If a person has been on a waiting list for a long time and a procedure was chosen by a different surgeon it is important to review how the patient is now and whether the operating surgeon feels a different procedure is indicated. This would be discussed with the patient and a treatment plan would be agreed in partnership.

It is important to measure goals following surgery as it helps us to understand if we have helped our patients achieve what was important to them. Measuring outcomes such as pain scores or reduction of deformity and whether or not there have been any complications, for example, getting an infection following your surgery helps us understand the patient journey.

As we record outcomes for all patients having surgery we can measure our overall outcomes and complication rate and compare our unit to national figures to make sure we are performing well. If our outcomes indicate there are areas for improvement we can act on those as soon as our data shows us an area of potential concern.

What we did

Unfortunately, we did not manage to transfer any patients from other providers waiting lists as planned meaning that goal could not be achieved. However, it was an important goal to set to make sure patients were able to discuss their care with their new surgeon based on their current situation as explained above.

PASCOM (Podiatric Audit of Surgery and Clinical Outcome Measurement) is a tool that enables audit of all aspects of podiatric practice and embraced by the Royal College of Podiatry. KCHFT uses the system to record, monitor and evaluate patient goals and outcomes which helps us appraise the service we provide. The recording of patient outcomes is embedded into the department’s process for all patients who progress to surgical intervention, however to gather information on the long term outcomes and impact of surgery to a patient’s life we engaged with patients six months after their surgery to extend the type of information collected so that this could be compared to their pre-surgery treatment goals.

The use of PASCOM including patient recorded outcome measures is embedded into the departments processes for all patients who progress to a surgical intervention.

The reports we can then generate allow us to compare our outcomes with the national report as well as our complications, for example, infections following surgery to see if we are similar or better than the national average.

It is possible to do this for individual surgeons as well as the unit and we use this information as part of our internal peer review and for clinical supervision. Best practice can then be shared among the team.

Moving forward we can use this information as a way to monitor our practice and learn from the feedback we receive.

What we acheived

The following table presents responses from the podiatric surgery service at Queen Victoria Hospital, Herne Bay and the national average responses for comparison.

This data gives assurance the KCHFT podiatric surgery service provides patients with a service that performs in line with, or better than the national average. If any areas are not comparable it gives us an area of improvement to focus on. One such area is pain management after surgery and will be focused on in 2023/24.

Question	QVMH Day Surgery Unit (%)	National Report (%)
Were the risks from the surgery explained?	Yes: 189 (100%) Not sure: 0 No: 0 Not stated: 0	Yes: 1358 (97.9%) Not sure: 9 (0.6%) No: 1 (0.1%) Not stated: 19 (1.4%)
Did you know what to do if you needed assistance?	Yes: 189 (100%) Not sure: 0 No: 0 Not stated: 0	Yes: 1324 (95.5%) Not sure: 10 (0.7%) No: 19 (1.4%) Not stated: 34 (2.5%)
Did you have a problem after your operation?	Yes: 163 (86.2%) A minor problem: 24 (12.7%) A major problem: 2 (1.1%) Not stated: 0	Yes: 1100 (79.3%) A minor problem: 238 (17.2%) A major problem: 27 (1.9%) Not stated: 2 (1.6%)
If ‘Yes’ to Q4, how was speed of response?	Not applicable: 163 (86.2%) Slow to respond: 0 Satisfactory: 0 Fast to respond: 14 (7.4%) Not stated: 12 (6.3%)	Not applicable: 1122 (80.9%) Slow to respond: 6 (0.4%) Satisfactory: 61 (4.4%) Fast to respond: 147 (10.6%) Not stated: 51 (3.7%)
If ‘Yes’ to Q4, how would you say your problem was dealt with?	Not applicable: 163 (86.2%) Poorly: 0 Cannot tell: 0 Satisfactorily: 5 (2.6%) Excellent: 16 (8.5%) Not stated: 5 (2.6%)	Not applicable: 1122 (80.9%) Poorly: 6 (0.4%) Cannot tell: 29 (2.1%) Satisfactorily: 45 (3.2%) Excellent: 167 (12%) Not stated: 18 (1.3%)
Was your pain medication adequate after surgery?	Ineffective: 16 (8.5%) Some discomfort: 86 (45.5%) Excellent: 87 (46%) Not stated: 0	Ineffective: 5 (3.7%) Some discomfort: 720 (51.9%) Excellent: 583 (42%) Not stated: 33 (2.4%)

Question	QVMH Day Surgery Unit (%)	National Report (%)
How is your original problem?	Deteriorated: 0 A little worse: 0 The same: 3 Better: 3 Much better: 152 (80.4%) Not stated: 1 (0.5%)	Deteriorated: 22 (1.6%) A little worse: 41 (3.0%) The same: 54 (3.9%) Better: 281 (20.3%) Much better: 971 (70%) Not stated: 18 (1.3%)
Would you have surgery again under the same circumstances?	Yes: 184 (97.4%) No: 5 (2.6%) Not stated: 0	Yes: 1318 (95%) No: 50 (3.6%) Not stated: 19 (1.4%)
Were the original expectations that you stated at the beginning met?	Yes: 177 (93.7%) In part: 11 (5.8%) No:1 (0.5%) Not stated: 0	Yes: 1187 (85.6%) In part: 148 (10.7%) No: 36 (2.6%) Not stated: 16 (1.2%)

What this means for you as a patient

Patients can be assured that when using Podiatric Surgery, we will monitor the outcome of their procedure, comparing how they felt before surgery, immediately after surgery and six months after surgery.

Where we note an area that could be improved such as post-operative pain management we can strive to improve patient experience.



Improving the experience of the people we care for

Goal	Target	Baseline	Achieved	Outcome
Increase contacts with vulnerable young people in East Sussex	Contacts with young people will increase by 50 per cent from the 2021/22 baseline.	214 contacts	640 contacts	Achieved

What is the East Sussex School Health team and what service does it provide?

The School Health Service is led by registered, qualified nurses who have a specialist community public health degree. The team is made up of community staff nurses, community nursery nurses and assistant practitioners, health improvement staff, school nurse assistants and administrators. The service works closely with a number of other services, including education, GPs, children’s integrated therapy services, paediatricians, the voluntary sector, youth services and East Sussex Children’s Services.

The service focus is on promoting the health and wellbeing of children and young people aged five to 19 through delivering the Healthy Child Programme. Fundamental to the service is early help and intervention.

The service offers screening programmes, such as the National Child Measurement Programme and universal delivery, which includes nurse drop-ins in schools and colleges and a confidential text service. For children and young people requiring more support, targeted packages of care are offered covering a range of issues such as sleep, healthy eating, physical activity,

bladder and bowels, hygiene and self-care, smoking and substance misuse, alcohol use, puberty, sex and relationships (C cards, risk taking behaviour, keeping safe) plus transition and tier 1 emotional health (low mood, anxiety, managing emotions, transition).

The service has a targeted emotional health and wellbeing offer for 11-to-19-year-olds, in 14 secondary schools. This offer supports young people who present with anxiety and worry, low mood, stress, deliberate self-harm and poor self-esteem, but do not meet the threshold for support from more traditional mental health services, such as CAMHS or whose needs are greater than can be met from the universal packages support described above.

The Healthy Schools element of the service includes supporting schools to become Healthy Schools via the School Health Check; a pupil survey to enable schools to understand the specific needs of their pupils, and support with PSHE delivery. Safeguarding underpins every element of the Healthy Child Programme and the School Health service delivery.

Why this is important

All young people in East Sussex should have the same access to the School Health Service.

The School Health Service is widely promoted in schools in East Sussex but young people over the age of 16 may be in a wide range of settings such as college, work places, or not in education, employment or training therefore may not be aware of the service.

We know young people aged 16-19 are less likely to engage with the service than younger teenagers and children. (214 contacts in 2021/22). This is a critical age in a young person's life as they become more independent and transition to adulthood so the service needs a new model to make sure it is accessible to this group.

What we said we would do

We said we would increase our contacts with vulnerable young people aged 16 to 19 by 50 per cent from the 2021/22 baseline, which equates to 361 contacts.

What we did

We engaged with networks to increase our presence and deliver intervention sessions at a number of settings and these are outlined in the following paragraphs.

College careers fair

The students received information and guidance on careers within the NHS and were told about the support they can receive from the School Health Service. Discussions around relationships, sexual health, mental health and general wellbeing were the main points of discussion and information leaflets and contact details were provided.

Health promotion event

This was delivered to a local group and the sessions provided covered a range of health-related matters including sexual health; the opportunity was also used to share with students new "school health drop in sessions" for their college. Students were informed of our "text your school nurse" service which they could

access immediately and following this event we saw a rise in the number of contacts from students who attend this college.

Fire Cadets

Two sessions were provided for the fire cadets and we delivered sessions on and the effects of, alcohol, smoking and vaping and risk-taking behaviours.

Following these initial events, the equity diversity and inclusion (EDI) lead attended a number of stakeholder events. Responses were extremely positive and generated an increased number of enquiries in relation to setting up additional drop-ins and ideas for collaborative working with providers across East Sussex. The EDI lead is in contact with a range of professionals working with seldom seen groups, such as the youth employability service, home education teams within East Sussex County Council, Friends Families and Travellers and the Young People's Participation Team to discuss future project ideas and how we can work together to access and support seldom seen young people.

We also presented to the South East region of [Office for Health Improvement and Disparities](#) about the School Health Check and promoted the MyHealthMySchool survey for 16+ age group.

What we achieved

The above events have allowed us to have contacts with 640 young people aged 16-19 in East Sussex by the end of March 2023.

These events have also enabled us to link in with a range of providers who have access to young people of this age range and who have identified a need to have East Sussex School Health support in place for their students.

The learning identified from this project showed that young people are often put off from seeing the school nurse as they see this service for primary and secondary children, not those aged over 16.

The impact so far is that we have been able to raise awareness of support from East Sussex School Health for this age range which has been well received from the Young People we have spoken to. We have seen a rise

in our "text your school nurse" service and discussions have suggested that young people would access support from us when we are available to them in their education provisions.

This work will continue to develop as we open up more drop-in sessions in post 16 provisions and as we gather greater feedback from young people to inform us of their views around our service offer and how we can meet the needs of Young People in East Sussex.

What this means for you as a patient

Lifestyles and habits established during childhood, adolescence and young adulthood influence a person's health throughout their life. Young people who have not previously been aware of the School Health Service now have greater awareness and access to the service to support their health and a healthy transition to adulthood.

Opportunities for this age group to be involved in service improvement initiatives will help us target the service more accurately towards this age group therefore we anticipate the number of contacts with 16-19-year olds will continue to grow.



Improving the experience of our people

Goal	Target	Achieved	Outcome
<p>This will be a two-year priority:</p> <p>We will support a culture where everyone is comfortable to be themselves</p>	<p>In year one:</p> <p>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>100% of colleagues had an EDI objective included in their appraisal</p> <p>Cultural awareness training has been rolled out and a 12-month compliance set.</p>	Achieved

Why is it important to build a culture where everyone is comfortable to be themselves?

We know a motivated, inclusive and valued workforce helps deliver high-quality patient care, increased patient satisfaction and better patient safety. It also leads to more innovation across our organisation and helps us to continually improve. Inclusive organisations get the best from their people and in turn benefit from creative and high-performing teams. Our workforce should reflect the communities we serve and as we provide services in east London, East Sussex and in Kent and Medway, we are fortunate to have a diverse population.

Why are EDI objectives and cultural awareness training important?

Every single person who works at KCHFT has at least five protected characteristics, which means every single person need to feel represented and involved at work. Asking all KCHFT colleagues to have an EDI objective meant this triggered a conversation between them and their manager about their contribution to the strategy and that they had to think about what they might be able to do differently either personally as within their role to improve their knowledge or to do things in a different way.

The purpose of these modules is to raise cultural awareness of staff and highlight the importance of creating an inclusive culture, not only in terms of culture related to ethnicity, but also in terms of the nine protected characteristics with both staff and patients. We also hope they will raise confidence in discussing all protected characteristics with patients, and enable managers to have these conversations with staff.

What we said we would do

We said every one of our 5,000 staff would have an EDI objective included in their 2022/23 appraisal and cultural awareness training would be developed and made available on our learning management system TAPs.

What we did

Everyone's objectives for 22/23 automatically allocated an equity, diversity and inclusion objective which could then be amended to make more specific to their role, their gaps in knowledge or their service needs. This objective came with a list of examples that could be used to meet this objective.

We updated our cultural awareness training in 2022 for all new staff and agreed that for existing staff this would be rolled out as part of a 12-month plan. We also introduced a refresher period of three years for equity, diversity and inclusion, previously this had been a once-only expectation.

What we achieved

100 per cent of KCHFT colleagues had an objective for 2022/23 linked to equity, diversity and inclusion.

From April 2023, cultural awareness training will be a mandatory requirement. Since the new cultural awareness training was rolled out in August 2022, 87 per cent of all new starters have received the training and it has been accessed by 1,048 existing staff.

The NHS staff survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experience across the NHS. The survey is aligned to the NHS People Promise.

The results for KCHFT showed that for most people, KCHFT is a good place to work and they feel supported by their team and colleagues. All of our people promise scores were better than other similar organisations and we scored higher in six of the seven themes than last year. However, 4.3 per cent said they had personally experienced discrimination at work from patients/service users, their relatives or other members of the public in the past 12 months. This is a one per cent increase since last year. It is lower than other community trusts, but still unacceptably high. We are one year into our equity, diversity and inclusion strategy: Nobody left behind and Chief People Officer, Victoria Robinson-Collins will address the discrimination findings in the Nobody left behind action plan refresh.

Work on this quality priority will extend into a second year and the agreed metric is: Fewer than 10 per cent of colleagues' experience harassment or abuse at work. This is the case for all colleague groups – those from minority communities do not experience higher rates of harassment or abuse.

What this means for you as a patient

We are committed to drive and improve our culture so that everyone is comfortable to be themselves, this in turn will mean that staff will be thriving and deliver high-quality patient care.





Improving the experience of our people

Goal	Target	Achieved	Outcome
<p>This will be a two-year priority:</p> <p>We will attract and recruit colleagues who are representative of the communities we serve.</p>	<p>In year one:</p> <p>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>80 managers have been invited to system wide inclusive recruitment programme</p>	<p>Partially achieved</p>

Why is it important to recruit colleagues who are representative of the communities we serve?

We know from our service users they expect to see people who represent them being employed by our organisation and the wider NHS. A diverse workforce leads to diversity of thought and ultimately greater success for the organisation. As a public sector organisation, we are required under the Public Sector Equality Duty (PSED) and Equality Act 2010 to ensure we champion diversity and difference. KCHFT has made this a central priority of our Nobody Left Behind people strategy (20/21 – 23/24).

Who is Kent Supported Education?

Kent Supported Employment (KSE) (The Education People), specialise in helping their clients, who have specific accessibility needs, find paid employment. Many of their clients have neuro-diverse backgrounds. KSE have been working with KCHFT for over five years not only supporting our recruitment of a diverse workforce but also in developing and training our existing workforce by delivering sessions on Hidden disabilities,

Celebrating Neurodiversity in the workplace and Disability Confidence. Over this period KCHFT and KSE have been able to support more than 20 people into paid employment.

Why is this important that all managers receive inclusive recruitment training?

Anyone with a responsibility for recruitment needs to be aware of any unconscious or conscious bias they may have so they are able to recognise if this is influencing how and where they advertise their role, the language they use when communicating with candidates, the selection methods they use and their decision-making. This will help attract a diverse range of candidates and select the most suitable person for the role. Participating in inclusive recruitment training will ensure they know about and implement a recruitment and selection process that will result in equitable and fair recruitment for all protected groups. This will result in colleagues being recruited to their teams who are representative of the diverse communities we serve and lead to better patient care.

Why is it important to have ethnically diverse recruitment panels?

Ethnically diverse recruitment panels are more likely to make fair and equitable decisions during the recruitment and selection stages. This is because they bring their 'lived experience' to the decision-making process. Diverse panels reduce the likelihood of conscious or unconscious bias in the recruitment process, resulting in more equitable and fair processes and leads to the recruitment of a more representative workforce.

What we said we would do

We said we would recruit colleagues who are representative of the communities we serve by making sure that managers receive inclusive recruitment training that incorporates coaching and interview skills, ethnically diverse recruitment panels will be used and a minimum of five colleagues will be recruited through Kent Supported Employment.

What we did

We engaged with organisations such as Kent Supported Employment to access underrepresented groups. We also developed our adverts to better represent our commitment to equality and diversity. This included ensuring that we highlighted our achievements and national recognitions, such as being a Disability Confident Level 3 organisation and offering the Guaranteed Interview Scheme.

Our Staff Networks were engaged to understand barriers their membership may have experienced in succeeding within recruitment/progression in their careers. A project is also being developed to introduce an EDI representative to recruitment panels with a view to further our progression in this area.

Eighty managers have been invited to system-wide inclusive recruitment programme training. Sessions started in November 2022 and run through to September 2023 and 30 per cent of managers have completed the training to date.

Discussions have taken place with Kent Support Employment to explore the opportunities for their clients. We are in the process of identifying suitable roles.

KCHFT has been an integral member of the integrated care systems recruitment working group to co-produce the debiasing and valued based recruitment training programme that has begun being rolled out across the Kent and Medway system.

The recruitment management team, discuss EDI on a regular basis to ensure managers are receiving up-to-date and consistent advice.

What we achieved

KCHFT was recognised for being in the top 10 per cent nationally for its 2021/22 WDES submission.

KCHFT has increased its disability representation, as recorded in our electronic staff record (ESR), from 3.8 per cent of our total workforce in 2018 to 6.2 per cent, as reported in our most recent Workforce Disability Equality Standard report (WDES, 2022). We are focusing on how we can accelerate this improvement and bring the declared figure much closer to that which we know it to be from our staff survey data. In the same time frame our BME representation has increased from 7.3 per cent to 11.0 per cent.

Multiple studies and reports into the working dynamics of organisations worldwide and in the UK have concluded that a diverse workforce can result in improved overall performance and success (using performance as a raw metric for success but also metrics, such as turnover). Within the healthcare setting, success is a shared realisation of better patient outcomes. Learning opportunities arose through the year, one being the need to gain engagement for initiatives such as the work being done with KSE from a wider group of individuals. While we have not succeeded in recruiting the five colleagues through KSE, we will focus attention on this again and adapt our approach.

The trust’s commitment to its EDI strategy extends beyond the quality priorities agenda. We are in the middle of a trust-wide engagement exercise that will result in a series of co-produced EDI actions for the trust to focus on. We are in the process of analysing the workforce data and staff survey data to produce our annual WRES, WDES and Gender pay gap reports and we will be looking to identify further opportunities to strengthen the work we are doing with all of our staff networks.

This quality priority will continue into year two and the agreed metric is: Applicants from a Black, Asian or minority ethnic (BAME) background, or those who have a disability, are less than two times more likely to be appointed if white than Black, Asian and minority ethnic groups compared with 2022/23 (2.34 times in 2022/23).

What this means for you as a patient

Patients are able to recognise themselves in the KCHFT healthcare workers providing their care and have greater confidence and trust that their needs will be taken account of.

WRES 2022		WDES 2022	
BME	11.0%	Disabled	6.2%
White	83.2%	Not Disabled	89.8%
Unknown	5.8%	Unknown	3.9%



Improving the experience of our people

Goal	Target	Achieved	Outcome
Clinical supervision for the Public Health division	100 per cent of clinical staff will have been offered four clinical supervision sessions.	100 per cent	Achieved

What is clinical supervision?

Clinical supervision is required by the bodies regulating the health professional registers, for example, the General Medical Council, Nursing and Midwifery Council (NMC) Health and Care Professions Council (HCPC) and Care Quality Commission and in employment contracts for clinical staff within KCHFT. The government response to the Francis Inquiry recognised that ‘the key to providing safe, effective and compassionate care to patients is supporting and valuing staff’ (DH 2013, section 1.26). The support provided and the value demonstrated through supervision has a direct impact upon the quality, safety, appropriateness and effectiveness of service provision. Clinical supervision provides an opportunity for staff to:

- reflect on and review their clinical practice
- discuss individual cases in depth.
- change or modify their practice and identify training and continuing development needs.

Alternative titles are sometimes used, such as ‘peer supervision’, ‘developmental supervision’, ‘reflective supervision’ or just ‘supervision’.

Clinical supervision is seen as complementary to, but separate from, managerial supervision, which is about monitoring and appraising the performance of staff. Issues related to line management are not part of what constitutes clinical supervision.

Why is a new model of clinical supervision being piloted in the public health division?

The Children and Adult Talking Therapy (CHATS) had been providing clinical supervision to staff, predominantly within the public health arm. This was procured using a self-employed staffing model, however following the implementation of the HMRC IR35 rules pertaining to self-employed status, the CHATS service was no longer able to continue which left a gap in the planning and delivery of supervision for these teams.

Following feedback on the CHATS model of delivery, the division decided to pilot an in-house model, which would be planned and organised by facilitators, using the clinical expertise in the groups to provide the learning and knowledge.

Why this is important

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.

Effective supervision supports staff development and wellbeing in work. Studies have shown that effective supervision improves job satisfaction and retention, reduces workplace stress and anxiety, fosters a better working environment and improves the quality of care.

Barriers to supervision include lack of time to dedicate to organising and attending sessions and heavy workloads, shift working, lack of management/ organisation support, lack of understanding of what clinical supervision is, lack of trust.

This project will provide a framework to support staff in understanding and attending supervision sessions and will provide the resources required to facilitate sessions. It will also provide a dedicated and trusted facilitator to help building relationships.

What we said we would do

We said we would implement a new model of clinical supervision for the Public Health division offering and encouraging all clinical staff the opportunity to attend four sessions each year.

What we did

Funding was available from the money remaining from the delivery CHATTS model. We calculated the number of staff who would require support under the new model and then calculated capacity required from a facilitator and then developed a plan as follows:

- A proposal for the model of delivery was developed with feedback from the teams.
- Job description was agreed and two full time facilitators were recruited. We also used six months of

bank support to help set up.

- A dedicated inbox was set up and standard protocols for the delivery of the supervision were developed.
- Delays in recruitment meant initially groups were run by the project lead, who is experienced in delivering clinical supervision. We also used CHATTS staff to support, through the bank until the substantive posts were filled.
- The new facilitators received training through shadowing of the lead sessions and attending KCHFT training e.g. crucial conversations. They were also challenged with finding additional training to complete as part of their PDP.
- Invites to group sessions with a maximum of eight attendees per group of mixed specialities but same banding. Initially we allowed some flexibility of attendance, due to short notice and clinical commitments etc. The staff lists we had also required some cleansing from managers.
- The initial supervision sessions for each group were used to explain the purpose of the sessions and as an introductory session for the team building within the group. It set out expectations for attendees to bring a case to discuss to future sessions. At the initial session the group then agreed a further two dates for them to meet, with the aim of having a year's worth of dates booked in their diaries.
- A process for 'mop up' sessions was piloted to create additional provision for any staff who were unable to attend their group session.

What we achieved

All clinical public health staff, who lost their supervision support when CHATTS were decommissioned were allocated to a group and have been invited to at least two sessions.

All clinical public health staff were invited for supervision for the last two quarters of 2022/23. However, not all staff were able to attend their sessions.

The Supervision Team has attempted to run mop up sessions, but these had moderate success in capturing

those who were unable to attend their groups. The team has been working with team managers to support encouraging attendance and prioritising the supervision. The data for Q4 22/23 is still being analysed but it is estimated that approximately 75 per cent of clinical staff who are in work have attended a clinical supervision session in quarter four.

The impact of these sessions is to allow shared learning and improve staff morale by allocated protected time for staff to have a safe space to reflect on their practice.

The implementation of this model was the initial stage of this project but the next steps will be:

- to continue to gather staff feedback to inform and develop the model to suit their needs
- ongoing work with the practice nurse advocates to increase the offer to include restorative supervision where appropriate
- to work with teams to improve the culture of supporting supervision and making sure that time is protected
- to develop the skills of our supervision facilitators by identifying training opportunities and sharing learning
- to review the opportunities for our learning management system, TAPs, to be a booking, recording and reporting mechanism.

What this means for you as a patient

This will improve patient care by identifying training and development needs as well as sharing best practice. In the future, we will be able to compare the 2022 staff survey data with data in 2023. We hope to see an increase in the data evidencing that staff feel supported and valued in their work, which will have an impact on both staff retention and also their 'Joy in Work' which will lead to an improved patient experience.

2022/23 quality priorities – what happens next?

The work carried out to improve the quality of our services through the ambitions of the 2022/23 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.



Abbreviations and acronyms

AAR	After Action Review
AAL	Accelerated access collaborative
ADHD	Attention deficit hyperactivity disorder
ARC KSS	Applied research collaborative, Kent, Surrey and Sussex
ASC	Autism spectrum conditions
BAME	Black, Asian and Minority Ethnic
C Card	Access to condoms
CAMHS	Child and adolescent mental health services
CHATT	Child and adult talking therapy
CQUINs	Commissioning for Quality and Innovation
CVD	Cardiovascular disease
DNA	Did not attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DoLS	Deprivation of Liberty
DSPA	Data Security and Protection Assessment
EBSA	Emotionally based school avoidance
Edi	Equity, diversity and inclusion
EHCP	Educational Health Care Plan
EoLC	End of life care
EMPR	Electronic prescribing and medication administration
EPR	Electronic patient record

EQIA	Equality Impact Assessment
FFFAP	Falls and Fragility Fracture Programme
FFT	Friends and family test
FTSU	Freedom to Speak Up
GMC	General Medical Council
HCPC	The Health and Care Professions Council
HIV	Human immunodeficiency virus
IMAGO	Social action charity
IMCA	Independent mental capacity associate
ISDN	Integrated Stroke Delivery Network
JLA	James Lind Alliance
KCC	Kent County Council
KCHFT	Kent Community Health NHS Foundation Trust
KLOE	Key lines of enquiry
KMCAT	Kent and Medway Communication and Assistive technology
KMPT	Kent and Medway Partnership Trust
KPI	Key Performance Indicators
KSE	Kent Supported Employment
KSS AHSN	Kent, Surrey, Sussex, Academic Health Science Network

LeDeR	Learning disabilities mortality review
MCA	Mental capacity assessment
MDT	Multi-disciplinary team
MFRA	Multifactorial risk assessment
MS Teams	Microsoft Teams
NACAP	National Asthma and COPD Audit Programme
NACEL	National Audit of Care at the end of life
NCEPOD	Child Health Outcome Review Programme
NDFA	National Diabetes Footcare Audit
NEWS2	National Early Warning Scores (updated)
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NMC	Nursing and Midwifery Council
ORCA	Organisation and research capacity group
PALS	Patient Advice and Liaison Service
PDP	Personal development plan
PEWS	Paediatric Early Warning Signs
PHSE	Personal, social, health education
PMH	Past medical history
Power BI	Microsoft interactive data visualisation tool

PSCRG	Patient Safety and Clinical Risk Group
PSIRF	Patient Safety Incident Response Framework
PURPOSE -T	Pressure ulcer risk primary or secondary evaluation tool.
QI	Quality Improvement
QIA	Quality Impact Assessment
RCP	Royal College of Physicians
RTA	Referral to appointment
RTT	Referral to treatment
SARC	Sexual abuse referral centre
SINBAD	Scoring system used to measure severity of ulcers for the NDFA
SIP	Smoking in pregnancy
SMART	Specific, measurable, achievable, realistic, time-bound
SPFT	Sussex Partnership Foundation Trust
SSNAP	Sentinel Stroke National Audit Programme
STOMP	Stopping over medication of people with a learning disability or autism
ToC	Triangle of Care
TIAA	The trust's auditors
WNB	Was not brought
WTE	Whole time equivalent

Appendix

Project	Health improvement alternatives to e-learning
Purpose	<p>Enable pharmacy partners to deliver KCHFT weight-loss and smoking cessation services through pharmacies using their staff.</p> <p>We want to offer engaging, robust and meaningful training to equip partners to deliver services to a high standard. We also want them to be able to access this in bitesize portions to enable timely engagement. We need to communicate, share documents and record outcomes of all training.</p>
Stakeholders	<p>Pharmacy managers and the LPC (local pharmacy council) need to know that our training is streamlined and easy to access in a timely manner in order for their staff to engage and achieve without too much disruption to their workload and other commitments.</p> <p>Our service managers must feel assured our training is relevant, robust and of a high quality to ensure the service delivered to patients is of a high standard.</p>
Benefits	<p>Training will bring about better engagement with our partners. The Local Pharmacy Council (LPC) can be assured that with minimal disruption and with ease of access, our training can raise the quality of service delivery and reduce ongoing support needed. Advisers will feel confident to deliver each service and will be knowledgeable of their subjects.</p>
Completion	<p>January 2024. System to be in place.</p>

Project:	Kent children therapies advice line e-consult digital solution
Purpose	<p>The purpose of a digital consultation advice line is to increase capacity and make sure staff resource is maximised.</p> <p>Service users will be able to submit their query at any time, and know they will be contacted within in a set timeframe.</p> <p>Staff will have prior knowledge of the nature of the call and the most relevant person will be able to handle, improving the patient experience and service user satisfaction.</p>
Stakeholders	<p>Existing staff and therapies leadership team are aware that the advice line is being reviewed and how this will impact on workloads. They need to feel confident that this will reduce workload and improve time spent on daily calls.</p>
Benefits:	<p>A digital solution will enable the service to provide therapy advice by the right person at the right times resulting in improved outcomes for service users.</p> <p>It will enable the staff to prepare for queries as increasing capacity for other assessments and interventions.</p>
Completion	<p>December 2023. System to be in place.</p>

Project	Communication e-learning in Adult Learning Disability
Purpose	<p>To develop communication e-learning and co-design a competency framework for paid carers supporting people with a learning disability.</p> <p>This enables staff access to knowledge and skills with sustainable support for application into practice.</p>
Stakeholders	<p>Paid carers and care providers need access to quality communication training that is targeted for supporting adults with a learning disability that can be accessed and delivered at their convenience.</p> <p>This delivery method supports services where staff turn-over is high. Commissioners need assurance that services can adopt and embed good communication into practice. Local NHS LD teams need a robust universal offer to increase capacity for target and specialist inputs.</p>
Benefits	<p>Paid carers and care providers have the opportunity to take ownership of upskilling staff in a timely way to meet communication needs. Service managers and KCC commissioners have assurance of good communication observed in practice and measured by a dynamic competency framework. Local NHS Learning Disability Teams will have a robust and quality universal offer to direct services to. Good communication for People with a learning disability is central to achieving better outcomes and reducing health inequalities.</p>
Completion	<p>August 2023. To involve creation of a digital learning package and completion of the co-designed competency framework with the intention of testing with an identified provider.</p>

Project	Tier 2 Weight Loss App
Purpose	<p>To enhance our current Tier 2 service. It would allow more flexibility and access to the service for those who cannot commit to set weekly times either face to face, telephone or MST. Clients who do attend weekly may also be able to access this prior to their sessions, allowing them more time with their adviser to focus on their behaviour change and setting SMART goals.</p>
Stakeholders	<p>Weight Loss clients who prefer to access the service remotely, miss sessions with their adviser and need to catch up, want to revisit the education and track their own progress</p>
Benefits	<p>To offer our service as much as possible, as often as possible for as many as possible</p>
Completion	<p>August 2023. Scoping and proposal for funding to be in place with a view to procurement.</p>

Project	Demand and Capacity Management Community Nursing Service
Purpose	Provide a foundation to evidence value for the Community Nursing service through data collection to support workforce planning and retention. This will be used to highlight concerns of quality and patient safety by effectively evidencing the impact of deferred /missed visits.
Stakeholders	Community Nursing Service, Chief nursing officer / Deputy chief nursing officer, Quality Assurance Team, Performance Team.
Benefits	This will support the quadruple aim of: reduced per capita cost, improved patient experience, improved workforce experience and improving the health of the population.
Completion	To continue beyond 2023

Project	SMART Data
Purpose	To enable interoperability of currently siloed digital systems operating throughout the trust to enable data driven decision making through the identification of patterns, trends, outliers, correlation and future hypothesis. The ultimate aim is to eliminate waste, increase productivity and efficiency, be more sustainable, predict and pre-empt future costs and reduce risk.
Stakeholders	NHS E I, Estates and Facilities, Head of Sustainability.
Benefits	There are substantial benefits from bringing data sets together with potential for considerable return on investment. This will be demonstrated initially by manually layering occupancy versus heating/ cooling data in order to make decisions around relocation of staff and temperate controls.
Completion	Part of a larger three to five-year project. August 2023 will see output from occupancy and heating/cooling data.

Project	GraduCheck – National Innovation for lower limb care
Purpose	To support and improve lower limb care in the primary care setting by trialling the GraduCheck device. GraduCheck is the first wearable, multi-patented, multi-point wearable, optical-pressure sensor system.
Stakeholders	Community nursing, wound care, primary care providers.
Benefits	<p>This will improve outcomes and quality of life for each patient by making it easier to treat patients with leg ulcers, significantly improving healing rates and improving patient compliance with treatment as well as improving the way venous leg ulcers are monitored and managed to reduce health service costs.</p> <p>If successful this could be rolled out across community nursing teams for housebound patients.</p>
Completion	To continue beyond 2023.

Project	The social mobility, self-management and employment
Purpose	Use the innovation pathway to address social mobility, self-management and employment and consider how digital solutions might be used to support self-management and patient activation.
Stakeholders	ASPIRE Project Team, Health Improvement, patients.
Benefits	Project will look at the digital inclusion framework and consider how digital solutions might be used to promote digital inclusion, supporting self-management and patient activation.
Completion	August 2023. Scoping and findings presented.

Annex 1

The Quality Account was shared with the Integrated Care Board (ICB), local Healthwatch organisations and scrutiny committees.

The ICB has responsibility for the review and scrutiny of Quality Accounts and has provided feedback.



Annex 2

Statement of directors' responsibilities for the quality report

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 2022 to March 2023
 - papers relating to quality reported to the board over the period April 2022 to March 2023
 - feedback from commissioners
 - feedback from local Healthwatch organisations
 - feedback from Overview and Scrutiny Committee
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated

- the 2022 National Staff Survey
- the Head of Internal Audit's annual opinion of the trust's control environment dated
- 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.


John Goulston
Chair

12 July 2023


Mairead McCormick
Chief Executive

12 July 2023

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)

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