

Quality Account

2022-2023



Medway Community Healthcare at a glance



1,373
staff



677,503
patient
contacts



29
locations



81m
Income



40+
services



7.1/10
overall staff
engagement



89%
patient
satisfaction

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Introduction

Welcome to Medway Community Healthcare's (MCH) 2022-2023 Quality Account.

MCH is an £81m business with 1,353 staff and in our 12 years as a social enterprise, we have developed our local reputation as a provider of high-quality community health services, and negotiated contracts and partnerships to deliver over 40 different services.

We have a strong history of collaborative working with local GPs, Medway NHS Foundation Trust, Medway Council, SECamb and other local stakeholders and we are committed to remaining a key partner in the delivery of health and care services in Medway and Swale. This includes continuing to take a leading role in the development of the Medway and Swale Health and Care Partnership (H&CP) and the wider Kent and Medway Integrated Care System (ICS).

Our staff (both substantive and those on bank / zero-hour contracts) are key to our success, providing a wide range of planned and unscheduled care services in local settings such as schools, care homes, healthy living centres, inpatient units and people's homes.

MCH services span across all ages from birth to end of life. They range from preventative and proactive support to keep people as well and independent as possible; through to complex care and support in individuals' own homes to prevent admission to hospital, or to support people following discharge from hospital.

By working together, we ensure the provision of a consistently high quality patient experience, achieving our vision to be a successful, vibrant Community Interest Company that benefits the communities we serve. Our purpose is to provide community health and social care services principally across Medway and the surrounding areas. Our commitment continues to be to 'lead the way in excellent healthcare' and we are proud of our employees, many of whom have chosen to be shareholders in MCH, directly influencing the business decisions we make. Our staff play a key role in delivering our commitment to the communities we serve, and their reputation for going 'above and beyond' what is required of them is well deserved.

Why are we producing a Quality Account?

All NHS healthcare providers are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce and publish an annual Quality Account. Although we are a social enterprise, the activities MCH undertakes are directly commissioned NHS services and so we are obliged and pleased to produce an annual Quality Account.

A Quality Account aims to enhance accountability to the public and engage the leaders and clinicians of an organisation in their quality improvement agenda. Our Quality Account is a report about the quality of services we provide and is available to the public.

This Quality Account looks forward to 2024 as well as looking back on 2022-2023. Although we are only required to publish an account of our NHS services, we are keen to share information with service users, patients and carers about the current quality of all of our services and our plans to improve even further.

The publication process has been amended for this year, in that Integrated Care Boards (ICBs) have assumed responsibilities for the review and scrutiny of Quality Accounts. Once approved by the MCH Board and ICB, this account will be published on our organisation's and NHS England's websites.

What are the required elements of a Quality Account?

The National Health Service (Quality Accounts) Regulations 2010 specify the requirements for all Quality Accounts. We have used the requirements as a template around which our account has been built.






MCH is required to be registered with the CQC under section 10 of the Health and Social Care Act 2008. At the end of 2022, we were registered with no conditions attached to the registration.

As a social enterprise, MCH is classified and inspected as an independent provider of NHS services by the CQC. This means that unlike other NHS trusts, our services are inspected by registered locations rather than as a whole organisation. Until recently, MCH had not had an overarching rating and report, however following our first 'Well-Led' inspection between May and June 2022, we are proud to have been rated as 'Good'.

The 'Well-Led' inspection was of four core services provided by MCH. This included our community health services for adults; children, young people and families; and inpatients. They also inspected the community dental service and although the findings are included in our inspection report, this is not rated.

The urgent care core service was inspected separately in February 2022 as part of an inspection of the urgent care pathway in Kent and Medway and was rated 'Requires improvement'.

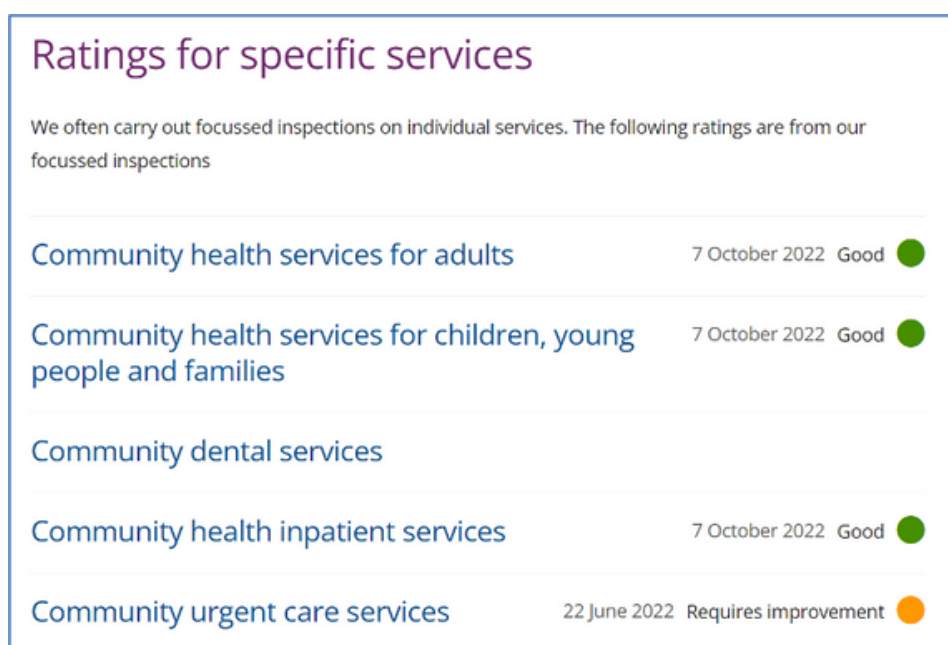
The Darland House Nursing Home and the Wisdom Hospice were last inspected in February and August 2021, both rated as 'Good'.

Overview	
Latest inspection: 17 May- 8 June 2022	Report published: 7 October 2022
Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

As you can see from the previous page, the CQC identified areas for improvement. For example: The need to strengthen our work on Equality, Diversity and Human Rights.

Additionally, although our Elected Members Forum (EMF) was well described, it was not evident from the inspection that the Forum was playing the central role envisaged in conveying the views of the shareholders to the Board, and playing an active part in the development of the organisation's strategy and governance.

Within the community adults' core service, the process around maintaining and reviewing patient risk assessments needs improving, along with ensuring that staff can effectively escalate the needs of deteriorating patients; and ensuring that communication pathways are effective at these times.



The image shows a table titled "Ratings for specific services" with a subtitle "We often carry out focussed inspections on individual services. The following ratings are from our focussed inspections". The table lists five services with their respective inspection dates and ratings. The ratings are: Good (green dot) for Community health services for adults, Community health services for children, young people and families, and Community health inpatient services; and Requires improvement (orange dot) for Community urgent care services.

Service	Date	Rating
Community health services for adults	7 October 2022	Good
Community health services for children, young people and families	7 October 2022	Good
Community dental services		
Community health inpatient services	7 October 2022	Good
Community urgent care services	22 June 2022	Requires improvement

Furthermore, the scale of our organisation means that succession planning and ensuring that skilled leaders are being developed was viewed as a risk because the departure of key people could have a larger impact on service delivery. This is something our Board recognises as a challenge.

We accept these findings and have included the actions to take (or those we have already taken) in our Quality Improvement Plan (QIP).

In addition to the 'Well-Led' inspection, MCH has continued throughout 2022-2023 to meet regularly with local CQC inspectors in formal engagement sessions, taking the opportunity to showcase our services; highlight good practice; and provide assurance that we are aware and managing any associated risks. Services that have presented this year include the Diabetes and Integrated Locality Review Teams, each stimulating positive discussions with our CQC colleagues.

MCH Registered Managers, Quality Team Leads and Senior Managers have maintained a positive dialogue with the inspectors; following up any enquiries or concerns (including incidents reported), via the formal notification process, as well as specific conversations regarding community nursing and our inpatient services.

Working in partnership

We see partnership as key to quality - partnership with people who use our services; with our staff; with other providers of health and social care; with our commissioners; and with the community as a whole. This requires effective communication, openness and honesty. We are committed to ensuring that as an organisation we will always listen and learn and never become complacent about our care provision.

Medway and Swale Health and Care Partnership (H&CP):

MCH continues to lead the development of the Medway and Swale H&CP. MCH hosts the H&CP Team and our Managing Director holds the role of Senior Responsible Officer (SRO) for the Partnership.

In 2022-2023 the H&CP Delivery Plan focused on:

- Continued development of robust and effective primary, community and local care services in Medway and Swale;
- Continued development of the H&CP's approach to Population Health Management;
- Improved Urgent and Emergency Care and Discharge Pathways across the Medway and Swale health and care system;
- Ongoing recovery of health and care services from the impact of the COVID 19 pandemic;
- Development of the Medway and Swale H&CP in line with national and local requirements;
- Quality, safety and performance;
- Development and agreement of a system financial recovery plan (FRP); and
- Ensuring the H&CP embraces the use of digital technology to improve services, and to support integration.

MCH staff have been working with system partners across each of these priorities to ensure that our services continue to meet the needs of local people, and are aligned effectively to those of our local providers. Our Quality Account 2022-2023 includes examples of service developments, integrated pathways and positive patient experiences. We are committed to continuing to deliver high quality care through implementing and monitoring an MCH quality framework which mirrors the H&CP one.

Part 1

Foreword from our Managing Director and Non-Executive Director

It is with great pleasure that we welcome you to our Quality Account 2022-2023 on behalf of Medway Community Healthcare's (MCH) Board and all of our staff.

Our Quality Account provides the opportunity to reflect on the past year; focus on our quality priorities and achievements; and to look forward to the year ahead.

Throughout 2022-2023, MCH staff have worked tirelessly to provide excellent health and care services while recovering from the challenges associated with the pandemic. They have simultaneously been coping with the unprecedented demands of winter, ensuring those most in need are seen in a timely manner. During this time, they have continually demonstrated their commitment and dedication to the people we serve including patients, families, colleagues, partners and the wider community.

Our Quality Account enables us to showcase and shine a light on achievements such as national awards, adapting to new ways of working, sharing quality initiatives and compliments from our service users. It also focusses on how we have continued to provide safe and effective services and compliance through key quality performance indicators and provides assurance of clinical improvement via our extensive clinical audit programme.

The pandemic has enabled us to be creative and innovative both in how we interact with patients to ensure they receive the care and treatment they need, and also, in how we collaborate with our system partners to break down historical barriers and focus on the needs of the population. Our work to be 'Research Active' at home and with our European partners has continued to go from strength to strength as we significantly exceeded our recruitment target. Our discharge programme also demonstrates how working more closely together improves the patient experience as they move from one local organisation to another. We will continue to develop these positive relationships in 2023-2024 and share intelligence on quality across the Integrated Care System.

We recognise that our staff are our most valuable asset and are immensely proud that we have a strong, solid foundation of high quality care at MCH, often going above and beyond the goals we set to improve the services we provide. So finally and most importantly, we wish to thank our outstanding teams who embody our values on a day to day basis by continually demonstrating their resilience, professionalism, kindness and compassion.



Martin Riley
Managing Director



Diana Hamilton-Fairley
Non-Executive
Director/Chair of Quality
Assurance Committee

Part 2

Looking forward

Priorities for improvement 2023-2024

Understanding what is important to our stakeholders is a key objective of our organisation. Consulting on our priorities for improvement gives us the opportunity to ask for input from our stakeholders. The quality priorities for 2023-2024 have been identified in order to continue to build on the good work from previous years. The aim is to make them more meaningful and memorable for staff whilst providing a 'golden thread' running through the work MCH does.

The Quality Team consulted with staff through GAIN – our 'Governance, Assurance, Information Network' - and with senior managers about the priorities and proposed outcomes; before gaining approval at the Integrated Quality and Performance Assurance Committee (IQPAC).

The 2023-2024 quality priorities will be updated and added to the MCH organisational annual plan and monitored within IQPAC and Board. In addition, each operational service pillar and corporate service will incorporate the priorities into their annual plans, service objectives and individual personal development plans recognising that: 'Quality is everyone's responsibility'. Each pillar will report on their identified outcomes, thus helping to further embed the quality priorities.

CQC Domain

We are safe



We are effective



We are caring



We are responsive



We are well led



Quality priorities 2023-2024 at a glance

We are safe because we are empowered to safeguard each other and the population we serve

We are effective because we seek to sustain and improve the quality of what we do

We are caring because we ensure people are at the centre of what we do

We are responsive to the needs of the population we serve

We are well led because we are valued, heard, developed and empowered

Part 3

Looking back

During 2022-2023 MCH provided and / or sub-contracted services within the following operational pillars (previously known as business units):

- Planned Services
- Local Care
- Urgent and Intermediate Care
- Children's and Young People

We have a clear and transparent performance framework that draws together the available data from all services into a comprehensive overview dashboard described at organisational, pillar and individual service level.

The monthly dashboards of quality and performance are reviewed and analysed collectively ensuring that in-month and year-to-date activity is monitored, along with associated trends both retrospectively and looking forward.

The monthly data collected by services can be grouped into key areas such as contract compliance, clinical quality and outcomes and workforce. Additional reporting of complaints, incidents, contractual performance and quality measures are included as part of this review, to triangulate performance information and show the impact on different elements of the service. In addition to the performance meetings, the IQPAC meets every 6 weeks. Part of its remit is to identify trends of strong and weak performance through quarterly reports on areas such customer experience, infection prevention and control, safeguarding, workforce and clinical effectiveness.

Key Performance Indicators (KPIs)

MCH has a suite of Key Performance Indicators (KPIs) contained within our contract with Kent and Medway Integrated Care Board (ICB). These continue to be negotiated schedules within our standard NHS contract. By negotiating these deliverables, we ensure that our ICB colleagues are receiving the data that we have that will provide them with the highest levels of assurance. This also gives MCH as an organisation the opportunity to ensure that we are setting the highest standards for ourselves and making active plans to achieve these, with robust, continual monitoring.



The KPIs cover a range of assurance deliverables relating to patient experience, infection control, patient safety, clinical effectiveness, safeguarding and workforce.

A sample of metrics and achievements as at 31 March 2023 for the organisation are as follows:

KPI	Target	Achievement at 31 March 2023
Statutory and mandatory training	85%	85.73%
Hand hygiene audit compliance	95%	88.71%
MRSA screening of all elective patients	100%	95%
Mixed sex breaches	0	1
Duty of Candour training compliance: Level 1 Level 2 (new requirements have been added since January 2023 (when compliance was 85%) including staff to increase their understanding / improve implementation of the duty and adding Level 2 for certain staff groups).	100% 100%	46% 36%
Falls – assessment	85%	83.5%
Friends and family test	95%	89%

As an organisation, and together with system colleagues, we continue to face the challenges around service demand and capacity. We also face nationally reported issues concerning the availability of some professional groups for recruitment. These concerns aside, we have continued to deliver against our key performance indicators and have now engaged with the newly reinstated quality meetings as part of our ongoing contractual monitoring.

During the last year, we have completely reviewed our training around Duty of Candour with the drive to improve our practices and ensure this is optimal against the statutory requirements. This has included a review of our policies and operating processes. As an organisation we have chosen to make this a mandatory training requirement as of March 2023, and have further level 2 training sessions being planned and booked to ensure that our compliance rate improves. We have also been able to tie this into our newly built bespoke incident reporting system, Zone Standard. This system will enable us as an organisation to very closely monitor our statutory requirements around contacting families, carers and our patients when necessary, and ensure that they are being given access to all of their rights.

Our focus in the coming year will be to continue delivering safe and effective services and there are a number of programmes in place with operational staff who are supported to develop and implement their improvement plans following regular audits. Crucially, as an organisation, in the coming year we are keen to improve our patient engagement. We very much value our trusted position within the population of Medway and having those that use our services more involved in their development will enable us to generate more positive patient experience outcomes. It is important to know the impact of what we do – patient stories about their health and care experience shows how we as an organisation perform, develops staff morale, but most importantly creates positive messages for others who may be in need of our care.

Commissioning for Quality and Innovation (CQUINs)

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care. The COVID 19 pandemic presented a unique set of challenges for the NHS and required innovative new ways of working to provide an effective response. As part of that response, the NHS CQUIN financial incentive scheme was suspended for the entire period. To support the NHS to achieve its recovery priorities, CQUINs were reintroduced from 2022-2023, focussing on a small number of core clinical priority areas where improvement is expected over a short period of time.

The following table shows the MCH CQUIN data from quarters 1 to 3, demonstrating our work and compliance towards these improvement programmes.

CQUIN	Q1	Q2	Q3	Q4
CCG13 - Malnutrition Universal Screening Tool (MUST) used in the community				
% performance achieved	95.35%	64.35%	34.55%	86.05%
CCG14 – Lower limb, assessment, diagnosis and treatment of lower leg wounds				
% performance achieved	73.05%	74.01%	28.33%	13.58%
CCG15 - Pressure Ulcer, assessment and documentation of pressure ulcer risk				
% performance achieved	81.40%	90.70%	12.09%	100.00%

There have been some logistical challenges around data collection, for example, setting up our audit process as well as ensuring we have enough data for each cycle. We have worked closely with our ICB colleagues and national team to agree a manageable scale for our lower leg CQUIN to reduce the labour-intensive nature of demonstrating this improvement.

The work conducted so far on these CQUINs has supported MCH to:

- Review and improve the patient lower leg care pathways between organisations
- support our inpatient environments with pressure area monitoring
- improve community services' use of the Malnutrition Universal Screening Tool (MUST).

Each action provides some of our more vulnerable community-based service users and their families with the correct, clinical evidence-based support.

Safeguarding adults and children

Safeguarding remains a high priority for MCH and our staff. MCH is represented at both the Medway Safeguarding Children Partnership and Kent and Medway Safeguarding Adults Board by members of the Safeguarding Team, working in partnership with our fellow agencies to develop training, audit and policies to support safeguarding practice across Kent. We also fully engage in safeguarding reviews and utilise a range of activities to embed lessons learned within MCH services.

MCH staff receive training and supervision, dependent on their role, in relation to:

- Adult and child protection
- self-neglect in adults
- domestic abuse
- PREVENT
- exploitation.

Internal training is reviewed regularly in response to internal, local and national learning from reviews, feedback from attendees, policy and legislation changes. Over the last year we have introduced two new workshops: Difficult Conversations in Safeguarding Practice, and Mental Capacity Act in Practice. We have also worked with the Medway Safeguarding Children's Partnership to increase training capacity for Graded Care Profile 2 in line with the Neglect Strategy; and developed a Mental Capacity Act Competency Framework. All training provided is compliant with the intercollegiate documents and the Skills for Health Framework. MCH staff have monthly access to group safeguarding supervision which is provided virtually.

MCH staff continue to contact the Safeguarding Team regularly to seek support, advice and supervision and to make referrals to relevant local authorities where safeguarding concerns exist. Activity levels have remained high as the impacts of the COVID 19 pandemic continue to be experienced by children, young people and adults at risk of harm. MCH remains committed to engaging in practical and collaborative approaches to safeguarding adults and children, working together across Kent and Medway on a variety of projects including the Medway Safeguarding Children Partnership Neglect Strategy; system wide preparation for the launch of the Liberty Protection Safeguards; contribution to the Multi Agency Safeguarding Hub Strategic Board for Medway; and leading on the development of systems for improving safeguarding training compliance across Kent and Medway.

Patient Safety Incident Response Framework (PSIRF)

To improve our approach to responding to patient safety incidents, MCH has begun a period of preparation ahead of transitioning from the existing Serious Incident Framework to NHS England's new Patient Safety Incident Response Framework (PSIRF). PSIRF sets out new guidance on how NHS organisations respond to patient safety incidents, and ensures compassionate engagement with those affected. It supports the key principles of a patient safety culture, focusing on understanding how incidents happen, rather than apportioning blame; allowing for more effective learning, and ultimately, safer care for patients.

Over the next few months MCH will be developing a Patient Safety Incident Response Plan (PSIRP), due to be published in Autumn 2023. This will identify our individual patient safety incident profile and review existing improvement work, to identify the areas that will benefit most from learning responses and maximise the opportunities for improvement.

Some incidents will qualify for a Patient Safety Incident Investigation (PSII) but there will be others where alternative responses, such as case note reviews, mortality reviews or Structured Judgement Reviews (SJRs), open conversations involving the team or after-action reviews will be indicated. In some cases, where it is already clear why the incident happened, it will be more appropriate to concentrate on making improvements rather than spending more time on investigations.



Essentially, there will be fewer formal investigations of incidents, but staff will be more likely to be involved in other approaches to learn from incidents and improve patient safety.

[Introducing the Patient Safety Incident Response Framework \(PSIRF\): A framework for learning - YouTube](#)

Preventing Harm Oversight Group (PHOG)

The function of PHOG is to provide an organisational view of how MCH is managing key risk areas: pressure damage, hydration, falls, delirium, the deteriorating patient (incorporating sepsis), transfer of care concerns (TOCCs), duty of candour, self-harm and suicide and learning from inquests. There is evidence that this focused work methodology has already been successful at MCH, engaging staff and preventing harm to local people.

There is an identified need to review risk areas e.g. through incidents / serious incident themes or where an external body has raised concerns e.g. coroner or CQC. This approach is in accordance with the MCH strategic plan – providing high quality safe and effective services. Each risk area has a task and finish group with an identified lead providing regular updates at PHOG. PHOG ensures that there is a multi-disciplinary forum involving clinical staff and managers from across the organisation for discussion, oversight, benchmarking, showcasing of good practice and escalation of issues such as workforce and learning and development needs.

Infection Prevention and Control (IPC)

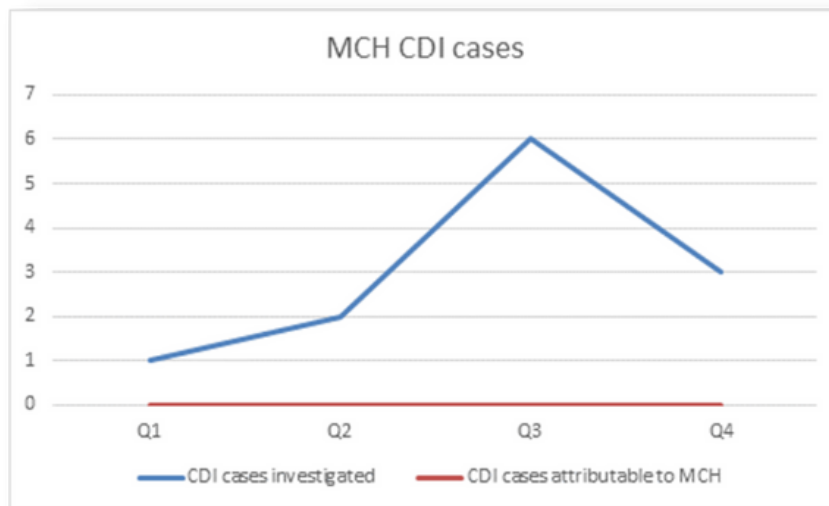
MCH has continued focused work on reducing incidents and improving management of healthcare acquired infection (HCAI) this year as well as promoting a renewed focus on infection prevention and control education.

Whilst management of the transition from pandemic control to 'living with COVID 19' has continued to be the main challenge, it has been equally important to ensure that we effectively manage the trends of other infections of note, and safeguard both our service users and staff from preventable illness.

The IPC Team has continued to deliver a comprehensive work programme to control and prevent infections throughout 2022-2023. We have actively engaged with our local partner organisations, commissioners and NHS England to ensure a continued reduction in infections, (specifically COVID 19, Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia, Clostridium Difficile infections (CDI) and gram-negative blood stream infections, Pseudomonas, MSSA, Klebsiella and E. Coli (Quality Premium)).

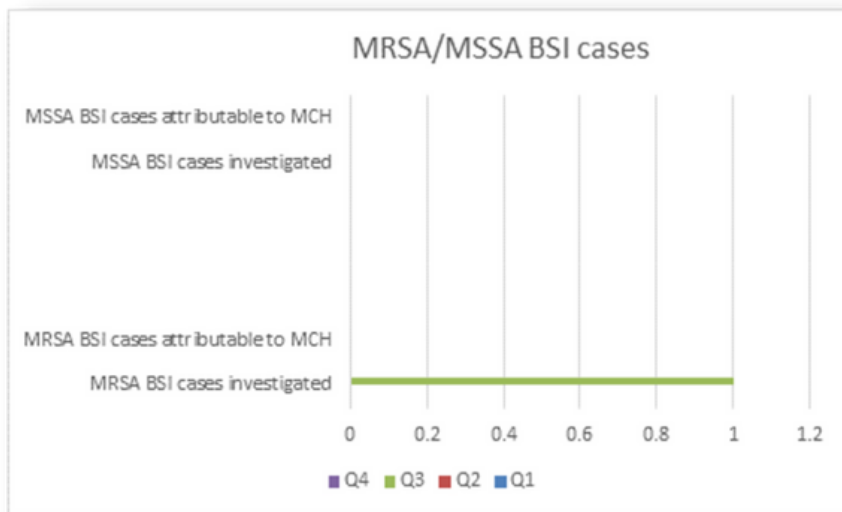
Clostridium Difficile (C. Diff) is a bacterium that is found in the gut of a small proportion of healthy adults. Through external factors, such as use of antibiotics, carriers (also stated as - GDH positive, toxin negative) can start to produce toxin (also stated as - GDH positive, toxin positive) causing symptoms such as diarrhoea, and moving the sufferer from being a carrier of the bacteria to being actively infectious.

The below chart showcases the number of cases investigated each quarter versus how many were found to be positive and ultimately MCH-attributable over the past year. MCH is proud to have had no attributable infections over the past year, but we continue to focus on the reduction of C. Diff as per the workplan, and to engage with local and national programmes of work designed to reduce infection rates.



Staphylococcus Aureus is found commonly on human skin, and can cause serious infection when the opportunity arises to enter the body, for example, through poorly managed invasive treatments or devices.

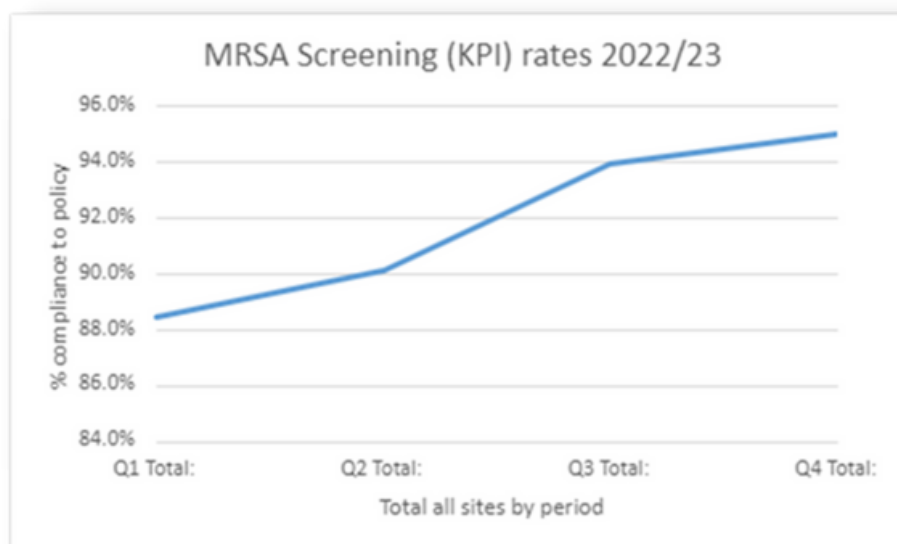
The below chart displays the number of cases of either MRSA or MSSA that were investigated each quarter across the organisation versus how many were found to be MCH attributable over the past year. The team had few MRSA or MSSA BSI cases to investigate this year, but have identified an issue with the identification of community cases. We now have a focus for 2023-2024 to expand our methods of capturing these infections in hopes to better investigate, learn and prevent community acquired community onset (CACO) blood stream infections of either infection.

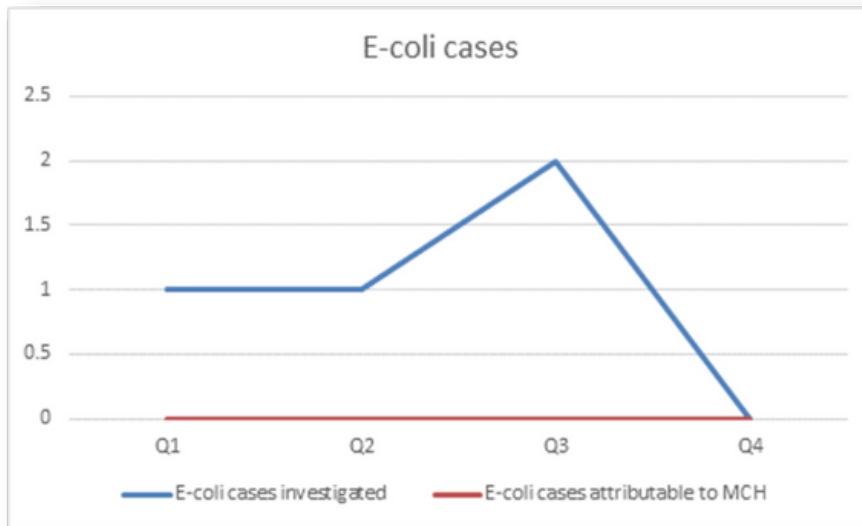


Actions to reduce MRSA/MSSA BSI are included within the IPC annual workplan, and include a renewed emphasis on hand hygiene. The IPC Team is currently reviewing aseptic non-touch technique (ANTT) training packages to further educate staff on how to prevent infection during invasive treatment or during the routine management of indwelling devices.

All inpatients within MCH are required to be screened for MRSA colonisation on the skin as per national guidance, and this is one of our IPC KPIs, reported nationally and locally.

There was an increase in compliance with our screening policy between Q2 and Q3 due to changes in our MRSA screening guidance. The standard operating procedure was reviewed along with associated available tools, fuelled by learning shared from national research and incidents and feedback from operational staff. The aim was to make this process more user-friendly and simpler for staff to understand. Given the increase in screening undertaken, this has had a positive impact on the process.





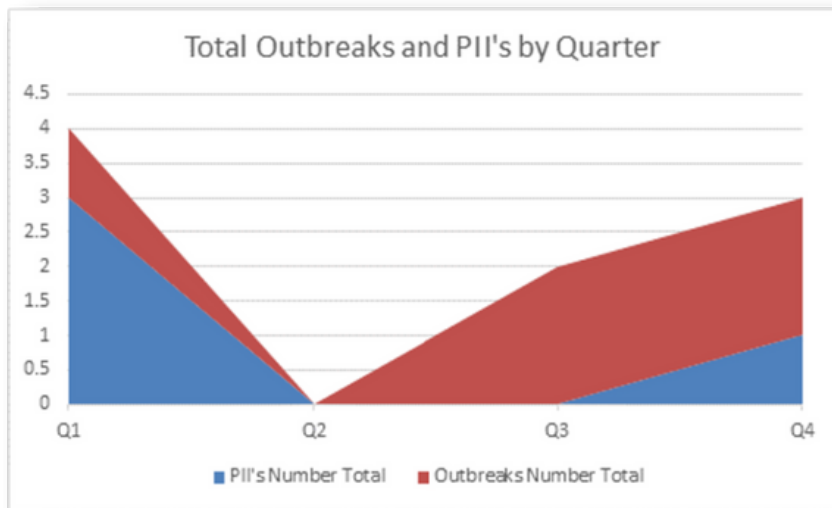
E-coli is a very common bacteria found in the human gut that can lead to serious infection such as blood poisoning. The below chart showcases the number of cases investigated each quarter vs how many were found to be MCH-attributable over the past year. The team is proud to have found no E-coli cases attributable to MCH, but continue to investigate and take learning from each identified case as we strive for continual better practice.

MCH had no cases of either Klebsiella or Pseudomonas infection identified or investigated over the past year. The team is reviewing current methods of identifying cases to ensure all are captured and investigated to aid in future prevention works.

As expected during the winter period, cases of respiratory infection across MCH increased. This was mirrored across other organisations, both regionally and nationally.

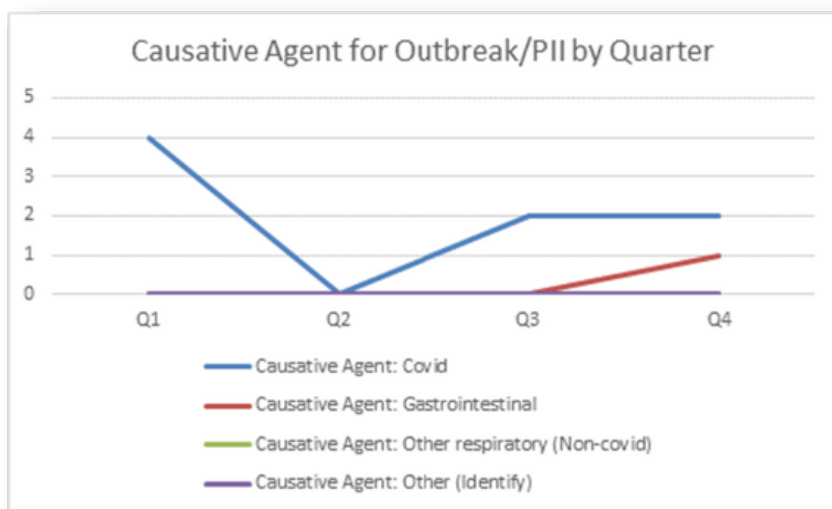
Updated COVID 19 national guidance was published on 30 March 2023, which removed symptomatic testing of patients and most staff unless they meet a specific criteria. Locally, MCH has fully adopted the new guidance, continuing to test symptomatic patients where diagnosis will impact patient management, and continue all other measures for inpatients clinically suspected as having COVID 19. The organisation also asks all patients to still consider their own health and whether they have any symptoms of respiratory illness before entering MCH services as a further precaution. COVID 19 standard operating procedures (SOPs) and related MCH-wide communications have been updated to reflect these changes.

Over the past year, the IPC Team has managed / investigated 4 periods of increased incidence (PIIs) and 5 outbreaks across the organisation. Please see the below charts for a breakdown by quarter and a breakdown by causative agents.



There were 7 outbreaks / PII's of COVID 19, and 1 of a gastrointestinal illness thought to be Norovirus.

As to be expected, the winter periods of Q1 and Q4 saw peaks in outbreaks / PII infections, this was then seen to reduce in the spring and by a lesser degree in the summer. It is thought that the smaller peak seen in the summer months was possibly due to a high prevalence nationally of COVID 19. The levels in summer do appear to correlate with possibly higher activity levels and socialising amongst children and adults. The IPC Team continues to plan for a potential heightened infection rate in the winter of 2023-2024 and we are assessing the risk of winter 'bugs', as well as recommendations from learning this year.



We continue to take learning from all outbreaks and PII's so action can be taken to avoid future cases. The IPC Team recognises the hard work of all staff involved in these outbreaks / PII's, all of whom work tirelessly to ensure service users are not inconvenienced or disrupted by additional IPC measures during these periods.

MCH has a programme for review and revision of our main IPC policies as required by the Health and Social Care Act 2008. All policies are available to staff on Bob, our internal staff intranet, and teams are required to demonstrate that staff have read and understood relevant policies through the policy signatory sheets. IPC currently has oversight / ownership of 21 active policies.

The IPC team has, in the past six months, completed a gap analysis on the updated Health and Social Care Act 2008. We identified that MCH remains 95% compliant against all 74 criteria identified within the document. Actions have been identified from the gap analysis and a plan created to ensure 100% compliance.

The content and style of IPC training has changed greatly over the past year, and continues to develop looking forwards to 2023-2024. We have offered more face to face sessions in mandatory training, hand hygiene and sepsis, with face to face ANTT training starting in April 2023. The replacement of hand hygiene booklets with a training video; and the electronic staff records (ESR) system supporting staff to access a quiz as part of their training did see a small rise in compliance with this topic. We aim to provide further communication promoting the video and quiz for easy training at any time, and mirror this success in ANTT training going forwards.

Looking back, the IPC Team has achieved a lot during the past year, with the most noteworthy being the well-attended, virtual patient safety conference held in celebration of IPC week in October 2022. The team has updated IPC pathways and associated door signage within our inpatient units that better communicate transmission-based precautions and support national and local guidance. We are now delivering more, new, interactive training sessions, which have gained regional praise. Our programme to create and deliver support booklets to inpatient and community services, (designed to make navigating support tools easier for staff), has been a real success. Alongside this, the team ran a successful targeted infection prevention programme (TIPP) focussing on the importance of documentation, which we plan to expand over the next year with new bundles of care for inpatients, improving our management of infections.

Our values and pledges

We have continued to embed our values through performance appraisal, recruitment, induction and our quality priorities. We use the values as a criteria to make decisions within MCH (i.e. providing value for money) and our opinion survey has measured whether they are embedded and effective.



Our leadership

MCH continues to develop our leadership and management offer, based on the initial work begun in 2021-2022.

MCH values, whilst remaining the same, were given different visuals to refresh the message with staff. Our values formed the foundation for the MCH Leadership Framework.

These values and the framework are shared with all new starters at their welcome day, as is the MCH performance development review (PDR) process.

In 2022-2023 the LEAD programme was re-launched, with 16 delegates enrolling on this 12 month programme. LEAD aims to equip all line managers with the skills necessary to be able to lead and manage effectively. This ambitious programme included 3 different domains: You as a manager; managing your existing team; and building for the future. Feedback has been extremely positive and our second cohort, (scheduled to start in October 2023), is currently oversubscribed. We therefore hope to continue with this programme into 2024, as it is extremely helpful for all line managers.

In addition, the 'Aspirant Heads of Service' programme was successfully delivered, and a celebration and live feedback event was held at the end of April to inform future programmes. This programme has enabled delegates to operate with a more strategic approach, in particular in terms of working in partnership across the Kent and Medway health and care system.

This year a review was undertaken of our PDR process and paperwork. This involved listening events at team meetings; asking staff for their feedback on the process; and a paperwork review. This resulted in a change to the process, enabling managers and leaders to better support the development of their staff. The formal PDR meetings have been reduced to every 6 months; more emphasis is now placed on the quality of the conversation rather than the quantity or structure of meetings - especially in terms of staff aspirations and support needed.

The Senior Management Team (SMT) completed the Strengthscope 360 feedback process. The aim of this was to explore their personal strengths and weaknesses and how these come together to enable the team to develop as a group and ensure the strategic aims of the organisation are implemented.

Our internal health and wellbeing programme continues to focus on wellbeing for leaders and managers and has included resilience, managing remote/virtual teams, coaching, 360 feedback, mindfulness and emotional intelligence. Staff are now able to access the ICB Health Hub as well as locally provided resources.

MCH continues to embed and improve the leadership and management offer to staff and these offers will evolve to meet the current needs of the organisation using our values of care and compassion, working in partnership and delivering quality and value to underpin all that we do.

Elected Members' Forum (EMF)

As a Community Interest Company, MCH is co-owned by our employees, and our staff play a key role in influencing how we run the business, and in shaping our future strategy. Since our establishment, we have strongly encouraged staff to become shareholders in the company and to voice their opinions on the decisions that face the business. Currently 99% of our staff are shareholders in MCH.

Our EMF is elected by our shareholders to work closely with the Board in shaping organisational strategy and direction. As a self-governing body, EMF representation is drawn from all areas of the business and part of their role is to facilitate and encourage the engagement of colleagues as well as supporting implementation of the strategic aims and annual plan. Our elected members have explored staff suggestions submitted through their established sounding board, and lead on the appointment of Non-Executive Directors and determine their remuneration.



In 2022-2023, members have:

- Held regular drop-in sessions for staff, restarting face to face sessions across all MCH sites. Supported the HR discussion with staff around reward and recognition and attended team meetings
- Nominated representatives sitting on all 4 of the Board's sub-committees.
- Named representatives to support with communication and engagement, inclusion, health and wellbeing initiatives, charity and social value and social events. 2 EMF members are on the Health and Wellbeing Steering Group and 1 member is named as an Inclusion Ambassador.
- Held a 'Step up for January' challenge that saw over 60 staff logging as many steps as they could throughout January.
- Supported Medway Cares through fundraising and promotion work. For example, raising £200 with the 'Step up for January' challenge.
- Had EMF-specific questions within the staff survey and produced an EMF staff survey to help gain an insight into staff understanding of EMF and how we can improve staff engagement and EMF's effectiveness.
- Coordinated foodbank collections across MCH sites to support the Medway Foodbank.

Following the appointment of EMF as MCH's Freedom to Speak Up Guardians in 2016, the EMF has helped to highlight the importance of raising concerns in the organisation through attending team meetings, providing information at induction, and displaying posters. They provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concerns have been handled; signposting staff to the correct routes to escalate issues. Where appropriate, the Guardians also escalate issues to the relevant Director/Assistant Director as a matter of urgency. EMF members have all completed Freedom to Speak up training to develop their skills and enable them to respond appropriately to any concerns raised.

The EMF have developed their priorities and presented them to Board. These include engagement, social value, sustainable development and green initiatives. Looking forward, the EMF have plans for welcome mornings, volunteering days and green campaigns. Supporting and engaging with staff happened in different ways during the pandemic. Coming out of the pandemic has meant the EMF has been more visible and approachable, increasing their presence and ability to shape MCH's culture; support staff health and wellbeing, leadership and management development, workforce planning and talent development.

Participation in clinical audit: National audit

During 2022-2023 MCH participated in two national clinical audits for NHS services that we provide.

Audit title: National diabetes foot care audit

Actions

MCH continued to submit data through Medway Foundation Trust (MFT). The national report published in May 2022 was based on 108,450 foot ulcer episodes in 76,310 people with diabetes in England and Wales, between July 2014 and March 2021. The aim of the audit is to improve patient care by highlighting national trends, gaps in service provision and encouraging early expert assessment of all new foot ulcer episodes

Audit Title: National Asthma and Chronic Obstructive Pulmonary Disease Audit

Actions

- Pulmonary rehabilitation snapshot audit
- Information fed through MFT

We participated in zero national confidential enquiries as none of these were relevant to our services.

Participation in clinical audit: mandatory audit

MCH is required to provide assurance via audit that we comply with requirements of the Health and Social Care Act 2008, the Care Quality Commission and NHS England Contract 2022-2023 regarding patient safety and risk via audit.

During 2022-2023 MCH carried out 34 mandatory clinical audits, an increase of 8 from the previous year. The following are some of the results, and improvements which are to be implemented:

Audit title	Actions
<p>Patient Record Peer Review Production of an audit tool to suit all services to show quality of patient records and to highlight areas of improvement alongside using Peer Review to check documentation against CQC Pillars.</p>	<ul style="list-style-type: none">• Patient Record Audit tool has been developed to incorporate Peer Review and has been piloted twice to ensure all services across MCH are considered before finalizing the tool and schedule for the audit to commence.• Audit has run 1 cycle and has been updated, it is now a mandatory audit which runs quarterly across MCH clinical services• Services accessing local results to inform local practice
<p>Unexpected deaths</p>	<ul style="list-style-type: none">• There were two unexpected deaths in the MCH inpatient units during the period 1/4/22 to 31/3/23• Structured Judgement Reviews completed on both• Both went to Coroner and closed as death due to natural causes

Audit title	Actions
<p>Falls Audit</p>	<ul style="list-style-type: none"> • Audit completed in Q1 and Q3 • A total of 22 services took part and 303 audit entries were completed • Services were 83.5% compliant • The Multifactorial Tool is still proving to be important for identifying areas which need intervention • 87.7% of patients needed a falls screening but only 71% of patients received one. • Services using local results to inform changes to practice and training
<p>Complaints Audit</p>	<ul style="list-style-type: none"> • 100% of complaints were acknowledged within 3 working days • Improvement in the number of complaints responded to within the 25-working day timeframe • Aim to improve all complaint targets and measures in line with MCH Customer Care Standards
<p>Compliance with ASSKINGS (pressure ulcer in practice)</p>	<ul style="list-style-type: none"> • 25 services engaged with the audit, 2 more than last year • 374 audits were completed during Q2 and Q4 compared to 157 last year • Annual score: 72.7% which was an increase from last year. • There was an improvement in completing incident reports for patients • Highlighted need for improving documentation of giving verbal and written information • Results shared at PHOG
<p>IR(ME)R Training Records</p>	<ul style="list-style-type: none"> • Clinical Assessment Service (CAS) demonstrating high levels of compliance when completing the diagnostic request forms - 100% compliant. CAS staff to be encouraged to maintain the high standard achieved. • IRMER audit now to be completed through IQVIA across Dental and Respiratory as well as CAS

Audit title	Actions
Archived Records Audit	<ul style="list-style-type: none"> • Report from archive provider in Jan 23 showed MCH have 3462 containers in archive, of which 452 were overdue for destruction. 12 containers were retrieved from archive but not returned
Adherence to statutory and mandatory IG training	<ul style="list-style-type: none"> • Average of 95% compliance achieved from 1/4/22 to 31/3/23, up from 93% last year.
Service Leaflets	<ul style="list-style-type: none"> • MCH website audited and just 1 leaflet found that did not contain the full GDPR info
Information Flow Mapping	<ul style="list-style-type: none"> • All but 2 services have updated their flow maps
MedOCC Productivity Audit	<ul style="list-style-type: none"> • Compliance 67% • Clinicians need to find the right level of documentation content, an exhausted, comprehensive list of past medical history is not required, an acknowledgement of reviewing this and extracting pertinent details is sufficient • New staff audited this quarter will be able to reflect upon this and adjust accordingly for future documentation, in order to increase their productivity.
MedOCC Data Collect audit	<ul style="list-style-type: none"> • Randomised audit highlighted that the majority of clinicians didn't use the MedOCC form recommended by our Clinical Director • To re-audit after changes implemented

Audit title	Actions
<p>Mental Capacity Act</p>	<ul style="list-style-type: none"> • Areas for improvement include the determination and documentation of a single decision. Often audit has evidenced that staff will document the task they intend to complete rather than what it means for the individual. • In cases where the individual has declined care, audit shows some confusion as to how to document this, particularly when the individual is making an unwise decision but had capacity (continuation of assessment when not required or lawful) • Implementation of MCA training workshops to be arranged for staff • Safeguarding Competency Framework to be agreed and commence across patient facing services
<p>DNACPR</p>	<ul style="list-style-type: none"> • Where patient has capacity, form is usually completed accurately, but when patient lacks capacity, the rest of the section is not completed leading to poor scores across the year (except February when there was 100% compliance – but 100% had capacity) • Communication with patient/LPA previously well completed but in recent months has dropped to 70% whilst communication with relatives poorly completed (30-70%) except in September (93%) • DNACPR to be audited across more MCH Services in 2023-2024
<p>CQUIN Pressure Ulcer</p> <p>MUST CQUIN</p> <p>Lower Limb Ulcers</p>	<ul style="list-style-type: none"> • 17 sets of notes were audited. • 1 patient did not have a full pressure ulcer risk assessment within 24 hours • There was 1 out of 2 patients who did not get a Braden assessment completed within 24 hours. • There were 12 sets of notes audited. All had a MUST screen completed • There were 2 patients identified as malnourished and only 1 of those had a care plan and only 1 patient had evidence of goals being acted upon. • Community Nursing: 3 out of 120 patients followed the CQUIN • Tissue Viability: 25 out of 25 patients followed the CQUIN • Tissue and Wound Care Cluster: 38 out of 78 patients followed the CQUIN

Participation in clinical audit: Local audit 2022-2023

Local clinical audit is important in measuring and benchmarking clinical practice against agreed markers of good professional practice, stimulating changes to improve practice and re-measuring to determine any service improvements.

26 local clinical audits were undertaken and the reports were reviewed by MCH in 2022-2023, this was an increase of 12 from last year. Some of the audits are listed below with comments and actions to improve the quality of healthcare provided.

Audit title	Actions
<p>Clinical Induction and Supervision Programme Review</p>	<ul style="list-style-type: none"> • The welcome packs are felt to be useful on the whole but need to be virtual to support finding information as currently too big. • The supervision session with the induction facilitator and TV supervision nurses are very positive • Staff are reporting that they have had challenges in getting competencies signed off due to the unwillingness of staff to sign their paperwork • Comments around the induction programme are largely positive but staff prefer a classroom setting,
<p>Discharge Planning Audit (Wisdom Hospice)</p>	<ul style="list-style-type: none"> • 21 (21%) patients were discharged requiring completion of TTOs and generic medication chart • It is a misconception that patients are only admitted to the Wisdom IPU for end of life care. • This shows that 21% of patients admitted received symptom management which enabled them to be discharged to their preferred place of care.
<p>Tongue Tie Audit</p>	<ul style="list-style-type: none"> • The tongue-tie service in Medway is very responsive, and babies are able to be seen, assessed and treated more quickly than in the wider parts of Kent.
<p>Singlehanded Care Service Evaluation</p>	<ul style="list-style-type: none"> • To address the concerns raised by the delegates a task and finish group was set up, to explore ways to address the identified gaps to embedding the training. • There are plans to have carer engagement days and investment into further training for local care providers

Audit title	Actions
<p>Review of incidents reported on electronic reporting system</p>	<ul style="list-style-type: none"> • 54.5% of patients were not reviewed by an appropriately trained clinician • The surface where patient sitting or lying was generally reviewed at initial visit with 72.7% compliance • Tissue Viability and Community Nursing to work collaboratively to produce an action plan to address the findings of the audit and to capture all the work in this area. This will include reference to recruitment/retention and importance of communication e.g. teams to ensure there is an escalation opportunity after the visit/handover
<p>Neurology Joint Screening Audit</p>	<ul style="list-style-type: none"> • The audit helped to identify areas whereby improvements can be made, to improve services for patients, as well as identifying opportunities for services to support one another
<p>Darland House</p> <p>RESTORE 2</p>	<ul style="list-style-type: none"> • 71% compliant at Darland House • Scores showed an overall improvement. There was no change to referencing normal NEWS scale (national early warning score for identifying acutely ill patients) and this redundant scale was crossed through. • Episode of deterioration escalation path being followed down to 80%
<p>Stroke Services</p> <p>Mitigating the negative impacts of living with a communication impairment</p>	<ul style="list-style-type: none"> • The group highlighted further areas to work on in 1:1 therapy for some patients and supported goal setting. • After the first cycle the Stroke and Aphasia Quality of Life Scale (SAQOL-39) was not used due to feedback • Groups should be accessible for patients across the patch including Swale patients.
<p>Medway and Swale HaCP Readmissions Audit</p> <p>The Quality Group agreed that it would be beneficial to complete an audit looking into the re-admission of patients discharged from Medway Foundation Trust (MFT).</p>	<ul style="list-style-type: none"> • Across the whole audit, auditors felt that 50% of patients could have avoided being re-admitted. This number could have been higher if some patient notes included more information regarding their treatment or plan of care. • 5 patients were re-admitted due to a need for new care • The average time for re-admission after discharge was 1.3 days.

NICE Quality Standards

NICE Quality Standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE. They are developed independently by NICE, in collaboration with health and social care professionals, their partners and service users.

Of the 12 Quality Standards relevant to MCH during 2022-2023, MCH achieved compliance with the following (relevant recommendations within our contractual restraints):

- QS145 Vaccine uptake in under 19s – Fully Compliant
- QS36 Urinary tract infection in children and young people – Fully Compliant
- QS64 Fever in under 5s – Partially Compliant
- QS37 Postnatal care – Fully Compliant
- QS87 Osteoarthritis in over 16s – Partially Compliant
- QS109 Diabetes in pregnancy – For information
- QS22 Antenatal care – Fully Compliant

The 5 others remain under review:

- QS207 Tobacco: Treating dependence
- QS9 Chronic heart failure in adults
- QS90 Urinary tract infections in adults
- QS208 Type 1 diabetes in adults
- QS209 Type 2 diabetes in adults

All Quality Standards relevant to the care we provide are monitored and reviewed and appropriate action taken to ensure we deliver an effective, evidence-based service.

Outcome of review of new guidance for April 2022 - March 2023	Clinical Guidance	Nice Guidance	Technology appraisal	Quality Standards	Public Health	All Guidance (Total)
Fully Compliant/Met		1		4		5
Partially compliant		1		2		3
Under review		6	1	5		12
Review overdue						
Not applicable		15	94	4		113
Not commissioned						
For information		16		1		17
Partially compliant						
Total		39	95	16		150

Participation in research

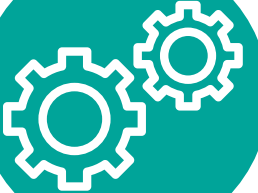
"We are research active"



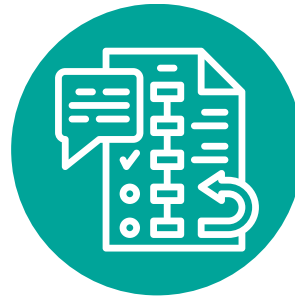
368
studies
reviewed for
eligibility



6
open
studies



7
studies in
set up



10
studies in
follow up



8
clinical
specialities
involved in
research



3
new
studies set
up in year



185 research recruits

123% of our recruitment
target

Our Research Story.. “Research in action”



NIHR Portfolio Studies

MCH has continued to deliver clinical research activity during 2022-23 further establishing itself as a “Research-active” organisation within the Kent, Surrey and Sussex Clinical Research Network. The number of participants that were recruited during that period to participate in research approved by a research ethics committee was 185 across 8 different clinical specialties.

Our studies below demonstrate recruitment into a number of research areas that MCH has been involved in during 2022-2023*. At year end MCH had 23 different studies on their portfolio:

Study	Study type	Service involved
New Studies Opened in Year		
Ostrich	A study looking into treatment interventions for Pes Planus (flat feet) in Children.	Children’s Podiatry
Chelsea 2	A cluster randomised trial of clinically assisted hydration in patients in the last days of life.	Wisdom Hospice
SLP COPD	A Comparative, Multi Centre Study, Validating the Structured Light Plethysmography against standard of care (Spirometry) in the diagnosis of Chronic Obstructive Pulmonary Disease for Patients who plan to undergo Spirometry Testing (SLPCOPD).	Community Respiratory

Study	Study type	Service involved
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Open studies

ASPIRE	Adding to Social Capital and individual Potential in disadvantaged regions- a pan European project evaluating the effectiveness of a programme supporting the obese & unemployed.	ASPIRE Project Team
DWELL	Diabetes & Wellbeing- a pan European project evaluating the effectiveness of a 12 week programme for people living with Type 2 diabetes.	DWELL Project Team
VENUS6	A study evaluating interventions for Venus Leg ulcers.	Tissue Viability

Studies in set up

CCIC	Continuing Compassion In Care- a study will explore family carers' experiences of compassion when they are or were caring for someone living with dementia.	Darland House & Dementia Crisis Team
REDUCE2	Palliative Long-term Abdominal Drains Versus Repeated Drainage in Untreatable Ascites Due to Advanced Cirrhosis: A Randomised Controlled Trial.	Community Nursing & Medway Foundation Trust
ELSA	Early surveillance for Auto-immune Type 1 Diabetes.	Children's Services

Study	Study type	Service involved
Studies in set up		
The Open Door Project	A study investigating ways to increase access to services for people with perinatal obsessive-compulsive disorder.	Health Visiting
Panda	Prognostic and Diagnostic Assessment of Shoulder Pain (PANDA-S Trial).	MSK Physiotherapy & Clinical Assessment Service
Surviving Crying	Cluster Randomised Controlled Trial of a Service to Support the Mental Health and Coping of Parents with Excessively Crying Infants.	Health Visiting
Ploras	A study looking into predicting recovery of language deficits post stroke.	Stroke Services
Expressions of interest		
Spectrum 10k	Aims to investigate the genetic and environmental factors that contribute to autism and related physical and mental health conditions to better understand wellbeing in autistic people and their families.	Whole Organisation
National Young Stroke Registry	Multicenter prospective registry to determine any age/sex specific interaction between traditional and emerging stroke risk factors.	Whole Organisation

Study	Study type	Service involved
Expressions of interest		
Vivaldi-CT	A randomised control trial of asymptomatic covid testing in 280 care homes in England.	Whole Organisation
O2 Matic	A trial of a device to regulate oxygen flow during Pulmonary rehabilitation.	Community Respiratory.
EMBED Care	A study to deliver a new model of integrated palliative dementia care, through an app using a tablet to enhance communication and person-centered decision-making to improve quality at the end of life.	Darland House
UK- Reach	A study understanding COVID 19 outcomes for ethnic minority healthcare workers.	Whole Organisation
Studies in Follow Up (awaiting publication)		
TICC	Aims to investigate the genetic and environmental factors that contribute to autism and related physical and mental health conditions to better understand wellbeing in autistic people and their families.	Community Nursing
ADAPT	A study looking at experiences in use of technology and equipment in the home.	Whole Organisation

Study	Study type	Service involved
Studies in Follow Up (awaiting publication)		
CASCADE	A study evaluating the CASCADE Model promotes a holistic, person-centred approach for people living with dementia to maximise independence and quality of life.	Dementia
Firefli	A randomised controlled trial evaluating if "Safe and Well Visits" delivered by the Fire and Rescue Service reduce falls and improve quality of life among older people.	Falls service
ISARIC	A COVID-19 study involving a clinical characterisation protocol for severe emerging infections in the UK.	Inpatient services
Principle	A platform randomized trial of interventions against COVID-19 in older people.	Virtual ward team
Psychological Impact of COVID-19	An international survey exploring the psychological impact of COVID-19, the resultant restrictions and impact on behaviours and changes in mental wellbeing across the global population.	Whole Organisation
EMBARC	A study looking into a Bronchiectasis register.	Community Respiratory Team
PICO	A study evaluating hard to heal wounds.	Tissue Viability
Prosec3	A multi-centre evaluation of excessive saliva management in patients with motor neurone disease.	Palliative Care

*All reported studies were accurate at the time of report writing.

European Projects

MCH has remained an active member of the Health and Europe Centre, which has afforded opportunities to be involved in a number of large scale pan-European research and innovation projects. All 4 projects have either been completed or are entering the final stages of project closure.



The outputs and results of the individual projects have been reported below but further information is available at The Health & Europe Website:

www.healthandeuropecentre.nhs.uk/projects

DWELL (Diabetes and WELLbeing)

People with type 2 diabetes are offered a holistic 12-week programme which provides individual, tailored support, motivating each person to make long-term lifestyle changes necessary to manage their condition successfully.



It aims to improve the lives of people with type 2 diabetes and reduce their risk of developing long-term complications.

DWELL was approved in 2016 and finished at the end of March 2023 following an extension and additional funding from Interreg 2 Seas. The 12 week programme has been well received by people living with type 2 diabetes and the initial results demonstrated significant impact on a range of metabolic and wellbeing measures.

There has been significant interest in the project and the MCH DWELL Programme Lead has presented at Diabetes Professional Care at Olympia (16/11/22) and more recently participated in a documentary to be shown in Germany, Austria, Switzerland and parts of the Netherlands.

Conversations have been held with Medway and Swale Health and Care Partnership Population Health Management Team and funding has been agreed to extend the project by a further year, whilst piloting the programme within Swale, and developing of a future business case.

Further information:

www.medwaycommunityhealthcare.nhs.uk/about-us/get-involved/european-research-projects/dwell

TICC (Transforming Integrated Care in the Community)

The project has come to an end as of March 2023 – but that does not mean our work has finished!

The new model inspired by the research and Buurtzorg continues to be implemented across community nursing teams, redefined as our “Neighbourhood Nursing” teams. The principles of the model have also been applied across all our teams within Local Care.

The blueprint for how this model could be implemented across the UK, and the final publication can be found here:

[Transforming Integrated Care in the Community: Project Results - Public World](#)
or:
www.publicworld.org/ticc-project-results

This a journey that will continue to involve cultural change within not only the services but the organisation and the NHS to bring the wider benefits of improved outcomes for our patients, their families and the health and care economies.

Watch our video of what our staff say: [TICC - Keystone \(shortened\) - YouTube](#)



Further information:

www.medwaycommunityhealthcare.nhs.uk/about-us/get-involved/european-research-projects/ticc



CASCADE (Community Areas of Sustainable Care and Dementia Excellence in Europe)

Following the recommencement of the Cascade project in April 2022, the Cascade model of care was reintroduced at Harmony House. The project parameters were adjusted and a period of staff training was undertaken with the in-house rehabilitation team.

Following the guidance as set out within the developed training manual, this enabled the team to develop their knowledge, skills and competence around the management of dementia and its impact on the individual and their family. One floor of Harmony House was then used to support patients living with dementia who would also benefit from a period of rehabilitation and enablement.

The project continued until September 2022 with a final conference held online in February 2023.

This showcased the achievements of the project including the newly built Dementia-friendly facility; staff training manual; and increased education and awareness around supporting individuals living with Dementia, and their families, to live life to the full and as independently as possible. Conversations are ongoing about continued use of the excellent facilities.

Watch our video about Harmony House: [HARMONY HOUSE with DUTCH SUBS - YouTube](#)

Further information:

www.medwaycommunityhealthcare.nhs.uk/about-us/get-involved/european-research-projects/cascade



ASPIRE: (Adding to Social capital and individual Potential In disadvantaged Regions)

MCH was successful in recruiting a talented team to deliver ASPIRE in Medway.

Alongside participants, they were involved in the design of an innovative programme to support people in Medway over 18 and not in full time work or education to improve their health, wellbeing, opportunities and reduce social isolation.

Elements were delivered at several locations across Medway and an ASPIRE hub was developed at Shaw Memorial Hall at St Augustine's Church in Gillingham. The team has worked closely with local organisations including Octopus Foundation, Paramount Foundation and Gillingham Street Angels to deliver the programme.

ASPIRE was co-created to produce an innovative model for holistically combining healthy weight and employability services that will be applied by hubs in disadvantaged communities.

Although the project finishes at the end of June 2023, discussions are underway to maximise the benefits already realised from the programme from the ASPIRE kitchen, allotments, greenhouse, employability workshops and various exercise and wellbeing programmes.

Further information:

www.medwaycommunityhealthcare.nhs.uk/ASPIRE



Working in partnership.. “Collaborations”

Working in partnership is one of MCH’s core values.

Our Research Team has continued to foster relationships within the health and social care system and these links have enabled the sharing of good practice, development of research processes and opportunities to engage in clinical research.

Kent, Surrey & Sussex Clinical Research Network

MCH is an active member of the local clinical research network, meeting regularly with the local Research Delivery Manager and various specialty leads and managers. MCH currently has representation at the following KSS forums:

- Partnership Board
- R&D Collaborative Forum
- Finance and Operation Group
- Strategic Funding Group
- Regional Research Communications Group
- PPIE (Patient, Public Involvement & Engagement) Forum



Through these forums MCH has partnered with two local Community trusts: Kent Community Health NHS Foundation Trust, and Sussex Community NHS Foundation Trust to form a local Community Providers forum. We share good practice and provide a platform for sharing studies.

MCH also works closely with the Research Design service who provide research design and methodological support to health and social care researchers across England to develop grant applications to the NIHR and other national peer-reviewed funding programmes. They have also supported Early Career researchers to develop their research skills and ideas.

Local Partnerships

MCH continues to work with our local acute hospital provider Medway NHS Foundation trust (MFT) to explore opportunities to work together on studies and projects that span across acute and community care. The Reduce 2 study (described above) is a good example of this.

MCH and MFT have also recently submitted a joint application for funding to KSS on a project supporting “Underserved Communities” to more readily access research opportunities.



Academic Partnerships

MCH is pleased to have been able to work with local academic institutions including the University of Kent, Canterbury Christchurch University and Bournemouth University on our projects such as DWELL and ASPIRE.

A local project was recently completed in conjunction with University of Greenwich, Kent & Medway Partnership for Enterprise, Food and Health, Kent County Council and Medway Council.

The aim of the project was to understand ethnic minority groups' perspectives on healthy eating and how we can change the trajectory in obesity through healthy eating.

The final report can be accessed here under "Published Studies: [Research : Medway Community Healthcare](#)

MCH is a co-applicant with the University of Kent and Pilgrims Hospice on a bid for research funding under the "Research for Patient Benefit (RfPB) Programme: NIHR205406 – Primary care and hospice engagement with communities to think, talk or act on current or future end of life needs: Realist Evaluation of THINK, TALK, ACT (TTA)". This application has reached the second stage of the process.

March 2023 saw the first meeting of the Kent and Medway Research Networking meeting at the newly established Kent and Medway Medical school. This collaboration between health, social care and academic partners will bring about new opportunities for developing research ideas, clinical academia and partnership working across the system.

Other Partnerships

MCH is also an active member of other forums and collaborations across the Health and Care system, all with similar aims of actively promoting and supporting research activity; growth of ideas and 'home-grown' studies; sharing of good practice and supporting research that meets the needs of our local population.

These include:

- Medway & Swale Health and Care Partnership Population Health Management Steering Group
- Community Healthcare Alliance of Research Trusts (CHART)
- Transform Research Alliance www.transformresearchalliance.org.uk
- Health & Europe Centre Board



Future plans

MCH remains as committed as ever to deliver on its vision for research, in order to be able to offer the patients and families we care for, and staff, the opportunity to participate in clinical trials and projects.

A number of future priorities and plans have emerged during 2022-2023 which will be carried forward into 2023-2024:

- Continue to be a "Research Active" organisation and support the delivery of NIHR approved portfolio studies.
- Review and update existing research strategy in line with locally developed priorities identified through the Medway and Swale Health and Care Partnership.
- Embed our Research Active culture across the organisation, providing staff with training and education on research and "growing our own" staff and studies.
- Further develop our partnerships with academic institutions including the new Kent and Medway Medical School.
- Work with "hard to reach" or "underserved communities" to ensure equal opportunities to research are available.
- Ensure we celebrate our achievements
- Ensure published studies are embedded into clinical practice.



Recognising Excellence – our local and national achievements

NIHR Clinical Research Network Kent, Surrey and Sussex Research Support Awards

Natasha James, Senior Respiratory Practitioner Community Respiratory Team, was the winner of an award in the 'Community' category. Natasha was nominated by Chris Gedge, Head of Research, for providing excellent support to a COPD study.

More than 70 individuals and teams were nominated across the region, from 20 different organisations, from NHS trusts to care homes.

NIHR | Clinical Research Network
Kent, Surrey and Sussex

Research Support Award
Winner -
Community Trust

Natasha James
Senior Respiratory Practitioner
Medway Community Healthcare



Run by the National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN) Kent, Surrey and Sussex, the awards are designed to recognise people and teams who don't work directly in research delivery, but provide essential support to research activities.

Local Care Recognition Awards

Our Local Care teams held the 'Local Care Recognition Awards' in early 2023. Local Care staff nominated colleagues for an award. The awards were to recognise and highlight the individuals that contribute to our various valuable services.

The winners were:

Caring and Compassionate:

- Debbie Knight, Wisdom Hospice
- Hazel Overton Henry, Wisdom Hospice
- Viv Garvin, Wisdom Hospice
- Sarah Thompson, Wisdom Hospice
- Emma Hart, Neighbourhood Nursing – Gillingham Team
- Louise Crookes, Respiratory Team
- Debbie Gawler, Respiratory Team
- Sandi Sidhu, CHC Team
- Stephanie Whyatt, Wound Clinic Gillingham
- Stephen Jobson, Dynamic Mattress Service



Local Care

Quality and Value:

- Bethan Yeo, Neighbourhood Nursing – Rainham Team
- Donna Forbes, Neighbourhood Nursing – Rochester Team
- Toni Lynch, Neighbourhood Nursing – Chatham Team
- Laura Witherden, Neighbourhood Nursing – Gillingham Team
- Jesse Vincent, Walter Brice Rehabilitation
- Louise Zehntner, Cardiology Team
- Anne-Marie Wheeler, Anti-coagulation Team
- Natasha James, Respiratory Team

Working in Partnership:

- Cay Carlow, Diabetes Team
- Jodie Mann, Wound Clinic North
- Ted Inns, Wound Clinic (Volunteer)

There was also one additional nomination from local care senior management for 'valued contribution to local care':

- Jo Constant, Tissue Viability

What our services have been doing: Some of our developments

Caring for our community

Our staff regularly identify opportunities to improve our services and introduce new activities that complement and enhance the care we provide. Further to this we use patient feedback and quality data to focus our development areas. **Below are some of the opportunities we've taken forward in 2022-2023:**

- Our Phlebotomy Service introduced a new online booking platform, resulting in a significant reduction in phone calls and associated waits. This was implemented in response to patient feedback following MCH's largest ever patient engagement session.
- Our Musculoskeletal (MSK) Physiotherapy Service introduced a new class to help manage patients with osteoarthritis of the knee and hip. The class is based on a national, evidence-based programme but adapted to better suit the needs of our local population (more flexible timings, reduced sessions, greater emphasis on exercise and self-management).
- Our Community Neurology Service (NAS) has now been procured permanently and we are working with the local ICB to develop a bespoke headache pathway.
- Our Community Assessment Service (CAS) introduced an injection clinic to facilitate quicker access for those requiring repeat injections. One of our staff has been promoted to a consultant physiotherapist following the completion of several post-graduate qualifications. This is a ground-breaking role and recognises the impact that Allied Health Professionals (AHPs) have on healthcare.
- Following closure during the COVID 19 pandemic, MCH's Speech and Language Therapy (SLT) Service has been able to re-open instrumental assessments for people suffering with voice and swallow issues in collaboration with Medway NHS Foundation Trust, ensuring best practice is available to all.
- Following staffing changes, our Hand Therapy Service has been redesigned with a new location opened at MCH House to offer greater choice for those from the Swale and Gillingham patch of Medway. We have invested in equipment to ensure equal access to all facilities at both sites. We are also currently developing new pathways with secondary care to improve referral management.
- Our volunteers at the Wisdom Hospice stopped attending during the height of the pandemic, but 18 have now returned and we also have 8 newly recruited. Volunteers support visitors and the reception team; support the catering team; provide spiritual support; and spend time with ward patients. We continue to offer placements for student counsellors in the bereavement service and have 3 currently as well as 3 volunteer bereavement counsellors.
- The Motor Neurone Disease Association (MNDA) has restarted groups post-pandemic, and uses space at the Wisdom Hospice for local MNDA patients. Medway NHS Foundation Trust also runs clinics alongside the group here, reducing travel and providing a one stop shop for patients.
- We reviewed training offered by our Palliative Care Team to include more courses for registered and non-registered staff on caring for their end of life patients – this means they can now access training sooner after they join MCH, and get more timely refreshers.
- In Children's Services we have trained 10 therapists / nurses to deliver the 'Early bird' programme; a 10 week support programme for families whose child has just received an Autism diagnosis.

We also use staff and patient ideas or suggestions to deliver additional social value and make a positive impact on the health and wellbeing of the people we care for such as:

- The Intermediate Care Team applied for and was successful for a grant to support with funding to develop single-handed care. To support the system and to provide social value, this training was also offered out to other organisations such as the acute hospital, local authority and private care providers. After the initial sessions, this was also extended out to other pillars and teams within MCH (Inpatient Units and Stroke Services). The training provided gave staff an accredited ROSPA single-handed care qualification. We have also applied to become a frontrunner site and we are awaiting the outcome of the application. The work towards embedding single-handed care will not only provide higher levels of patient dignity, but will also support challenges with accessing packages of care within the community.
- Children's Services received a cheque from the charity, Children With Life Threatening Illnesses (CWLTI), to purchase three picnic tables for our sensory garden at Snapdragons Children's Centre. The benches have been well used, with one consultant quoting: "How lovely it is to take a child out in the garden for his appointment, the child in question was much calmer". Our garden is becoming a much more welcoming place for therapy for the children and a place for parents to sit and chat.
- Two more volunteers have joined Snapdragons Children's Centre, offering their time for gardening. A new large planter of sensory herbs was installed at Snapdragons Children's Centre for the garden, including chocolate mint, which children with additional needs are enjoying touching and smelling. The planter was bought using funds raised through the centre by parents.
- Money raised through Children's Services' second-hand corner at Snapdragons Children's Centre from donations of good quality children's clothes and toys will be ring-fenced for the next project at Snapdragons.
- School uniforms were donated over the summer holidays which benefited parents of Children's Services' patients who could purchase them for a small donation to Snapdragons, saving money on full price costs.
- The 'Holding Hands' page was set up, linked via the MCH website. This has been widely advertised to parents to be able to look up different activities/clubs as well as additional support and resources.
- A tuck shop for staff was set up at Snapdragons Children's Centre to raise money for future improvements to the children's and families' experience.
- A handmade bench was bought and donated to Snapdragons Children's Centre to commemorate and remember everyone and everything we lost and sacrificed during the COVID 19 pandemic.
- Medway Cares fundraising through EMF events included the January Step Challenge which looks set to become an annual event due to its success.

GAIN – Governance Assurance Information Network

GAIN continues to take place as a virtual event, with its aims detailed below:

- To bring together the MCH community in an informative and interactive forum which puts patients at the centre of all we do
- To provide an opportunity to showcase good practice and innovation
- To build networks ensuring everybody's voice matters
- To promote the quality improvement agenda and everybody's role within it
- To evidence quality assurance to key stakeholders including staff, the Quality Assurance Committee and MCH Board
- To facilitate the cascade of information and effective communication through easily accessible events and newsletters
- Open to all MCH staff, and each operational service must be represented.
- Responsibility of attendees to assist in the information cascade for colleagues
- Attended by MCH Directors, Assistant Directors, Non-Executive Directors, Heads of Service and chaired by the Director of Clinical Quality and Nursing.

Since April 2022 there have been 7 GAIN events with 27 presentations from a range of MCH services including:

- MCH quality priorities review
- Clinical competency update
- Patient engagement in Phlebotomy Service development
- Staff survey
- Guidance on responsibilities and duties when supporting with legal issues
- Preventing harm programmes
- Health and wellbeing allies
- Delirium pathway
- Hydration tool
- Community Interpreting Service
- Diabetes – use of Freestyle Libre
- A systems approach to single-handed care training to support community capacity.



Structured Judgement Reviews

MCH introduced mortality reviews in the form of Structured Judgement Reviews (SJRs) last year. SJRs were developed as part of national guidance on learning from deaths. They are clinical judgement reviews using retrospective analysis of case notes. SJRs provide robust methodology to assess care, identify problems and comment on the quality of care.

There are two aspects: Firstly, judgement comments are made about the quality of care given, and secondly, the care is scored: 5 = excellent care - 1 = very poor care. Care is broken down into phases:

- Admission and initial care
- First 24hrs
- Ongoing care
- End of life care,

and following this, assessment of care overall.

SJR reports are reviewed by a monthly MCH Mortality Review Group where learning points and further actions are identified. Families are involved so that any concerns or questions they may have are addressed, and reports are shared with them, with the services involved and with the wider organisation so that lessons can be learned.

17 SJRs were conducted in 2022-2023. Of these, 12 patients died at home and 5 at Medway Maritime Hospital, and nearly all were patients within the local care and urgent care pillars.

Examples of best practice identified:

- No access process followed
- Patient died in preferred place of death
- Support package in place on discharge from hospital
- Support for patient and family throughout
- Consideration given to patient's interests
- Keeping open and clear communication
- Allowing patient to make informed decisions and giving time for reflections.

Examples of areas for improvement:

- Weekly palliative MDT discussions to be recorded on patient record even if no further action required
- Joint visits between services to aid communication and support for families
- Escalation of staff concerns and subtle red flags
- Avoidance of out of area placements where patients have SMART Team involvement
- Continue with training for staff on recognising deteriorating patients
- Improved completion of primary health needs assessment
- GPs to use SBAR form when referring to community nursing
- Falls risk assessment to be reviewed to enable it to reflect potential impact of a fall as well as the probability of falling.

The roll-out of the Medical Examiner's role into the community continues, having commenced in December 2022. Currently 9 GP practices and the Wisdom Hospice are involved with more surgeries planned to join.

Data quality

Good quality data is acknowledged as essential for MCH to support the shaping of services going forward, and in evidencing the great work undertaken by staff to deliver safe and effective patient care.

MCH has a Data Quality Strategy in place which is available to all staff via the intranet, to help them understand the value that good quality data provides. In light of the new digital platforms which have been implemented throughout the course of the year, and the new platform due to be deployed at the beginning of 2023-2024, a full review of this strategy will be undertaken in 2023-2024.

Throughout 2022-2023 the MCH Data Quality Group has been held on a monthly basis and attended regularly by Business Intelligence, IT and operational leads. The group undertakes a proactive review of data completeness and recording to identify opportunities for improvement. A full suite of business intelligence (BI) reports has been commissioned and designed at pillar level to support operational teams with embedding data validation and completeness as a business-as-usual process; and to readily identify areas for support.

Work continues with regular training sessions to educate and train staff across MCH to improve understanding of the reasons for inputting accurate and timely information. In addition to the Data Quality Group, all information is monitored through internal business and performance meetings at the same time as understanding reasons for fluctuations.

- A review of the internal performance reporting suites was undertaken at the end of 2022-2023 and a proposal to change the format of the reports to align to CQC domains has been approved for full roll-out in 2023-2024
- We built continually maturing sets of reports using Power BI software to enable services to review their own data for inaccuracies in near real-time. Previously services were only able to look at high level monthly data for the previous month.
- Continuous improvement cycle of reviewing processes for daily recording and situation reporting of activities in our inpatient units.
- The introduction of an automated patient tracking 'IList' to automate the collation of reports completed by inpatient teams, to improve patient reporting of expected date of discharge and discharge readiness of patients.

The Data Security and Protection Toolkit attainment levels

The Data Security and Protection Toolkit is an online self-assessment tool, (mandated by NHS Digital), that enables organisations to measure their performance against data security and information governance requirements.

MCH completed and submitted the toolkit on 27 June 2022 and was reported as achieving a 'standards met' status. The next submission is due by 30 June 2023.

Customer experience and feedback: Friends and Family Test

Since 2015 when NHS England introduced new guidance on how service users feed back to health providers, MCH has fully incorporated the Friends and Family Test (FFT) alongside other initiatives to gather service user feedback.

The FFT is one question; 'Overall, how was your experience of our service?' which allows for service users to rank their experience from very good to very poor.

The FFT results are reported nationally on a monthly basis. This provides service users with the ability to review all health providers against this standard benchmark as well as informing us as a provider, of areas in which improvements can be made. The FFT also provides examples of when our services provide great care, and when our service users leave our services feeling satisfied and well cared for.

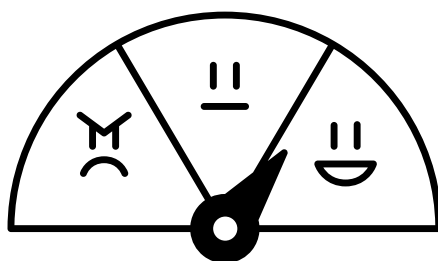
In order for services to better develop and focus on improvement in response to service users' feedback themes and trends; the customer experience team has launched a training program for staff to access and use our FFT database to create their own live reports. This enables them to respond quickly to feedback and also swiftly share the information within their wider teams, rather than waiting for central quarterly reporting.

The customer experience team has also supported services to develop bespoke surveys for more specific service provision to service users which can also incorporate the FFT question. The team continues to work on further increasing FFT feedback by looking at the best ways to reach and incorporate our diverse breadth of service users.

Between April 2022 and March 2023, MCH received 9176 FFT surveys which was an increase on the previous year by 3,158 surveys returned.

89% of service users felt that they received a very good experience of MCH services which is an increase on the previous year by 2%.

Since the COVID 19 pandemic, MCH significantly revised how we delivered health services while maintaining a great patient experience for our service users



Complaints

We want everyone to have the best possible experience in our care, and patient feedback is crucial. MCH actively encourages people to share comments, compliments, concerns and complaints in a variety of ways. This includes email, phone, social media, MCH website, paper surveys and directly to our staff.

During 2022-2023 we made approximately 677,503 individual contacts with patients. During the same time period, we received 244 written complaints, 39 verbal complaints (including grumbles and advice), and 21 non-led joint formal complaints (a complaint involving more than one provider of NHS services). We have had no requests for information by the Parliamentary Health Service Ombudsman. The number of complaints received by MCH in 2022-2023 was an overall decrease of 98, compared to the same time period the previous year.

Our complaints are divided into the following themes:

- Access
- Attitude
- Communication
- Environment
- Information
- Quality of care
- Waiting times

Our patients often comment on waiting times and we recognise that some services have waiting times that are longer than is reasonable. Our services have been working hard over the last year to improve the length of time a patient has to wait and work will continue to improve this in the coming year.

Sometimes patients cannot access a service because they don't meet the eligibility criteria agreed with commissioners and this can be disappointing. Ongoing contract negotiations with our commissioners will continue.

Complaints, surveys and other forms of feedback often identify a need for improvement in a service led by patient needs at a certain point in time. For example our Community Nursing Service and MedOCC waiting times vary due to demand on the service each day.

The common themes highlighted through our complaints process are managing the expectations of people who use MCH services and in particular, communication around waiting times for appointments and changes to services. Patient engagement and co-design is one of our quality priorities for 2023-2024

Feedback from staff

We undertake full organisational staff surveys on a bi-annual basis, therefore our last one was completed in 2021 and reported in our [Quality Account 2021-2022](#).

Achievement against our Quality Priorities

Each year, MCH consults on areas for quality improvement for the coming year, ensuring that our priorities reflect the needs and wishes of patients, carers and other key stakeholders whilst utilising the experience and expertise of our staff. Staff share their views on quality priorities by suggesting what actions we could take to improve patient care and staff experience under the 5 CQC domain headings:

We are safe, caring, responsive, effective and well-led.

Below is a summary of our quality priority achievements in 2022-2023, with some areas continuing to develop in 2023 - 2024:

MCH Quality Priority 1

We are safe - fundamentals of clinical care and safety MCH staff are competent, feel safe and able to support the safeguarding of others



Outcome	Evidence of achievements
<p>1) Streamline clinical induction in conjunction with corporate induction to ensure onboarding of all clinical staff meets clinical needs of services whilst reducing repetition. Competency Working Group to monitor attendance to ensure access is maximised across pillars.</p> <p>2) Extend project scope and oversight of competency working group across the organisation including children's services, AHPs and any job roles which have competencies attached to them</p> <p>3) Support project management office (PMO) team to develop a competency matrix suitable for Zone Standard system before uploading competency documents onto the system with the view to audit compliance long term.</p> <p>4) Develop an audit to capture staff expectations and experiences particularly during probation to ensure training remains responsive and relevant</p> <p>5) Review core skills training content to incorporate simulation learning where possible in order to improve learner experience</p> <p>6) Compile link roles / champions competencies and job descriptions to demonstrate clear objectives and influence on services' quality improvement plans.</p>	<p>1) Community nursing, inpatient units and children's services have mapped to the current clinical induction programme with allied health professionals (AHPs) beginning the process. This has helped with the consistency of training being offered to clinical new starters. Induction is now centrally managed to ensure equity of attendance.</p> <p>2) Scope and oversight now spans community nursing, inpatient units, children's services and allied health professionals. Children's competencies are aligned with standard template and current adult competencies are being reviewed.</p> <p>3) Zone Standard competency configuration form designed, with icons to clearly identify different competencies. Testing commenced with wound care competency. Supervision feedback records now available on Zone Standard.</p> <p>4) Staff currently provide feedback following clinical induction sessions via an audit using a QR code. Preceptorship audit revised to 4 core questions, rolled out to current cohort to improve engagement levels leading to a greater understanding of the impact of clinical induction programme and preceptorship on retention.</p> <p>5) Simulation suite with Lifecast body simulation training mannequin now being used for Basic Life Support, intravenous training, venepuncture, manual handling, palliative care training, recognising deterioration patient training days, healthcare support worker and community enabler development days.</p> <p>6) Infection prevention and control (IPC) and safeguarding competencies reviewed. IPC to remain within existing workbook</p>

MCH Quality Priority 2

We are caring - patient experience and public engagement
MCH ensures the person is at the centre of what we do, finding
new ways to engage and to co-design services



Outcome	Evidence of achievements
<p>1) Re-establish MCH Community Forum Group to enable active citizens to engage and support in wider community pathway and co-design service model changes.</p> <p>2) Work with the Integrated Care Board (ICB) / Medway and Swale Health and Care Partnership (H&CP) communication and engagement group to share new ideas / trends and outcomes that help improve engagement at a place and service base level.</p> <p>3) Develop an inclusive patient / client and guest feedback experience platform through a new forum group called 'My MCH family' and 'My MCH digital family' to allow a deeper understanding of overall service user experience and patient stories.</p> <p>4) Improve the complaints process by supporting a lessons learned culture and helping services / pillars identify root cause themes and trends.</p> <p>5) Continue work on the patient experience journey through standardisation within the operational models and clinical pathways that support the delivery of a single point of access.</p>	<p>1) Patient feedback actively transformed the phlebotomy service. Clinics closed during COVID 19 pandemic were reopened and additional Saturday clinics opened. Promotion of Community Forum recruitment activity by other providers. Other feedback surveys circulated in the past year: Integrated Locality Review and voice therapy feedback survey, patient satisfaction survey (physiotherapy) and podiatry joint clinic (children's). Joint working with Healthwatch to capture feedback on the intermediate care and assistance patients receive from MCH following discharge from hospital.</p> <p>2) MCH has representation across both the ICB and H&CP and is involved in the active development and design of the future of Kent and Medway's engagement plan.</p> <p>3) Community nursing working with patient experience team to recruit patients willing to share their patient story, to be captured using a mixed media of audio / visual and written methods. Student placement initiative - alignment of students who are on placement with MCH via the Canterbury Christ Church University working with the customer experience team in delivering a patient experience project while on placement with the chosen clinical service.</p> <p>4) Zone Standard will include a new toolkit, MCH complaint standards, annual audit, national guidance signposting along with reference to the new Duty of Candour Policy and Persistent and Vexatious Complainants Policy. Customer care training for the care coordination centre (CCC) was delivered by the Knowledge Academy between April – September 2022.</p> <p>5) Customer Experience Team has started IQVIA training with clinical services. IQVIA is an analytical system used to capture audit results. As a result, friends and family survey response feedback (FFT) has increased and we are using this data to provide a more evidence-based pathway change or quality improvement. New CCC members are invited to a monthly 'Meet and Greet' session to discuss their induction into the organisation. This feedback has helped improve recruitment and retention issues and also supports staff wellbeing whilst working in a fast-paced environment. We capture compliments and FFT scores for the Health Hub through the eConsult Patient Satisfaction surveys and the use of Accurx SMS messaging in order to ascertain levels of service delivery.</p>

MCH Quality Priority 3

We are responsive - information technology, building on the transformation plan. MCH embraces solution driven technology to improve the patient journey and enable staff more time to care



Outcome	Evidence of achievements
<p>1) Building on our current IT system to ensure that it is fit for purpose and accessible at all times</p> <p>2) Continue to develop and establish virtual consultations / telehealth / Pando app etc.</p> <p>3) Further developments of text messaging for patient wellbeing</p> <p>4) Improving infection surveillance via Actualised Living and Rio</p> <p>5) Improving accessibility for staff to use virtual meetings internally and externally</p> <p>6) Roll out of Zone Standard (ZS)</p> <p>7) Development of new training platforms</p> <p>8) To embed change management to underpin the IT transformation.</p>	<p>1) Current IT is fit for purpose and continually being developed. Performance on our network is 99.99%, plans for 23/24 to improve efficiency on data warehousing.</p> <p>2) Virtual consultations are continuing in all appropriate services via Accurx, which is working well. This model is most prevalent in the Health Hub whereby all patients receive virtual consultations. 8x8 telephony has been implemented in the CCC and has improved flexibility, handling times, access and levels of abandoned calls. This technology will be rolled out to additional services.</p> <p>3) Text messaging continues to be difficult in RIO. Services are using the HCP diaries in such a way that texting cannot be implemented. MSK physio will transfer to EMIS on and texting will transfer to AccuRx. Will prioritise areas where appointment reminders will have the biggest impact on reducing DNAs.</p> <p>4) Incident and Risk modules are now live within Actualised Living. These modules enable any infection control-based risk and/or incidents to be monitored centrally and thus responded to in a coordinated manner across any (or all relevant) MCH services.</p> <p>5) Work is continuing to introduce Microsoft 365 and Intune, which will streamline access to systems via a central log on. MS Teams devices have been introduced at additional sites and further meeting rooms for flexibility for our hybrid / remote workforce.</p> <p>6) Incident reporting, risk, complaint management, information requests, rostering, annual leave, competency matrix, supervision records, sickness management are all now completed on ZS</p> <p>7) Continue use of Webinar and Zoom and Teams where appropriate.</p> <p>8) Staff roadshows undertaken to increase engagement and improve communication with staff on IT advancements and to address snagging issues. A digital change SOP has been drafted and is currently with Exec for review.</p>

MCH Quality Priority 4

We are effective - best practice, innovation and quality impact. MCH embeds quality improvement and research in all aspects of our work



Outcome	Evidence of achievements
<p>1) Establish the QI methodology to be used throughout MCH services and publish case studies to embed learning and change</p> <p>2) Examine cost benefit analysis and quality impact assessments (QIA) to identify risks, benefits and costs of any new guidance</p> <p>3) Develop quality improvement process to give assurance that NICE, research, policy and lessons learned from incidents and complaints are comprehensively managed</p> <p>4) Review and further develop patient/service outcome measures</p> <p>5) Identify a system / methodology for innovation to be taken forward</p>	<p>1) MCH are considering the Patient First Model being used by Medway Maritime Foundation Trust (MFT). Proposal to use same across Medway & Swale Health and Care Partnership (M&S H&CP).Also examining integrated tools approach.</p> <p>2) QIA Standard operating procedure and template ratified and in use</p> <p>3) MCH clinical governance aligned to H&CP quality and safety structure</p> <p>4) Inpatient units have designed some outcome measures.</p> <p>5) Palliative care developing an audit around the '5 Priorities for Care of the Dying Person' as outlined in the 'One Chance To Get It Right' document – 'Leadership Alliance for the Care of Dying People'. Quality team considering bots and other technology for training, audit, efficiency and engaging clinicians.</p>

MCH Quality Priority 5

We are well led - retention and recruitment.

MCH staff are valued, developed and empowered



Outcome	Evidence of achievements
<p>1) Review of corporate and local induction to ensure our new starters receive the best experience.</p> <p>2) Evidence that staff feel safe and properly protected at work</p> <p>3) Achievement of the national flu CQUIN and roll-out of the new staff flu vaccination programme</p> <p>4) Launch and implement new leadership behaviours for all, and development programme</p> <p>5) Review the organisational recruitment and retention strategy to ensure it is fulfilling its aims</p>	<p>1) Integrated clinical and corporate induction to provide a seamless package to new starters. Part of ICB onboarding group, audit planned to gather new starter experience data.</p> <p>2) Be kind posters on display in clinical areas</p> <p>3) Focussed campaign via occupational health for 2022-2023 flu campaign, enhanced by peer vaccinators. Learning to be taken forward for next year.</p> <p>4) Leadership framework launched in September 2022. Framework embedded within LEAD programme, LEAD stands for Lead, Empower and Develop, it is the MCH leadership and management development programme. LEAD launched in September 2022 with 20 staff on the first cohort. Aspirant heads of service programme underway.</p> <p>5) Redesign of strategy underway and is within the implementation stage</p>

Part 4

Statement from NHS Kent and Medway Integrated Care Board

Kent and Medway Integrated Care Board Statement – Medway Community Healthcare Quality Account 2023/24

We welcome the Quality Account for Medway Community Healthcare (MCH). Kent and Medway Integrated Care Board (ICB) and confirm that this Quality Account has been produced in line with the National requirements and includes all the required areas for reporting.

Your report clearly sets out your Quality priorities for 2023/24 and includes your strategy, aims and key areas of quality focus for the coming year, with a look back for learning and look forward for improvement.

We recognise the progress made with your quality priorities last year, including improvements made by introducing mortality reviews in the form of Structured Judgement Reviews (SJR) in the reporting year, procuring a community neurology service, and utilising staff and patient's engagement to inform service development and improvement. We also recognise your achievements with CQC regulatory compliance and extend our congratulations to you on receiving a 'good' rating in your first 'Well-Led' CQC inspection (report published 17/10/22).

The ICB congratulate staff members nominated for Local Care Recognition Awards, Quality and Value, and Working in Partnership awards. We appreciate your focus on strengthening the patient/family voice work with local neighbourhoods and use of population data to target resources and service developments. MCH successfully delivered the 'Aspirant Heads of Service' programme that enables a more strategic approach in terms of partnership working across K&M Health and Care Partnership (HaCP), which is positive.

The ICB supports your quality priorities for 2023/24, partly building on the priorities of 2022/23, which are clear and measurable.

We note your commitment to implementing the new Patient Safety Incident Response Framework (PSIRF), to improve your approach to responding to patient safety incidents. Although, MCH have begun a period of preparation ahead of transitioning from the existing Serious Incident Framework to NHS England's new PSIRF, the policy and plan still needs to be shared with the ICB showcasing how MCH have identified which type of incident and level of investigation will be completed along with trend analysis to highlight the actions that can be taken to prevent incidents of near miss or no harm from becoming harmful events. This will support the Trust to learn and share wider across the Kent and Medway community whilst highlighting a strong reporting culture and rapid investigations.

We also note your commitment to reducing reliance on agency staff and increase activity around recruitment as well as developing homegrown talent. We welcome the focus on strengthening the patient/family voice work with local neighbourhoods and use of population data to target resources and service developments.

Your Quality Account clearly sets out your vision for 2023/24, and we note your engagement with staff and senior managers, whilst also reflecting the wishes of patients, carers and other stakeholders, gathered through feedback, to inform and set your priorities. We look forward to receiving progress reports, as appropriate, throughout the year.

Thank you for your engagement at the Provider Quality Meetings, System Quality Group and for your continued collaborative partnership within the Medway and Swale Health and Care Partnership (HaCP), that contributes towards the overall improvement of health and care for the population within Medway and Swale, and the wider Kent and Medway Integrated Care System (ICS).

Yours sincerely



Allison Cannon
Interim Chief Nursing Officer
NHS Kent and Medway ICB



Thank
you for
reading