

Your LINK for improving health and social care

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27 May 2010

Jenny Kay
Director of Nursing
Dartford and Gravesham NHS Trust
Darent Valley Hospital
Darenth Wood Road
Dartford
Kent DA2 8DA

Dear Jenny

Dartford and Gravesham NHS Trust Quality Account 2009 / 10

Please find enclosed the response produced by the Kent LINK in accordance with its statutory responsibility to address patient experience and quality of care.

One of the key issues which became evident when reflecting on the account was the need for a given person to take ownership of the account and consider the content from the patient's perspective. It may also be of interest that when considering aspects covered in the report, such as single sex accommodation, we found that the Trust's website was considerably more helpful in respect of defining its achievements. The Trust may wish to consider the role of its communications team in putting together the account for next year.

We appreciate that in 500 words it is not possible to provide a fully comprehensive account reflecting the work which has been undertaken with Canterbury Christ Church University to produce the LINK's response, so we should be happy to come and present to the Trust board about the process if this is of value.

The LINK will be working closely with the university over the coming months to refine the process for producing a commentary next year and we would be pleased to work closely with the Trust in this process.

If you have any queries please do not hesitate to contact me.

Yours sincerely



Graham Hills
Operational Director

The Kent Local Involvement Network (LINK) would like to thank Dartford and Gravesham NHS Trust for the opportunity to comment on its 2009 / 10 Quality Account. The statement is based on the extent to which the LINK believes the account achieves its intentions as laid out in the first paragraph:

1. Aiding the public's understanding of what the organisation is doing well
2. Where improvements in service quality are required
3. What the priorities for improvement are for the coming year
4. How the organisation has involved service users, staff and others with an interest in the organisation in determining those priorities

This statement has been informed by a range of sources using qualitative and quantitative data with academic input from a local University.¹

1. Aiding public understanding

The report begins well and the tone set by the Chief Executive's statement is promising, however other sections in the report appear to have been imported from other documents and do not make for cohesive reading.

The font size and paragraph lengths are readable but the graphs are considerably less so due to small print, confusing labels and a lack of context, making them difficult for the lay reader to understand. Several examples of jargon and acronyms in the text, such as Dr Foster, CHKS and CQUIN, are not universally understood.

Statements are made to illustrate what the Trust is doing well but there is little evidence to back these up. More information as to how improvements have been made is required. Where evidence has been provided there is a lack of context, making it difficult to interpret how an improved outcome for the patient has been achieved, for example the reduced length of stay on the stroke unit (page 13 of report).

2. Required improvements in service quality

Objectives for improvement are not outlined clearly, such as in section 1.1 which states that "quality objectives have been met" yet these are not stated.

Generally speaking there are insufficient data to back up the claims made in the report, however the data presented for the stroke unit performance (page 14) begin to enable readers to make an informed judgement as to the improvements which have been made.

¹ Canterbury Christ Church University Centre for Health and Social Care Research

3. Priorities for improvement

No clear targets for improvement identified, which will make it difficult to measure future progress.

4. Involvement of service users, staff and others

Overall, the majority of the content appears to have been determined by national as opposed to local priorities, with no evident link between patient feedback and how the Trust selected its priorities. The focus groups and interviews conducted by the LINK demonstrate a significant mismatch between priorities identified by patients and those included in the account.

There are clear successes for the Trust, such as establishing the real-time patient feedback system, and these could have been presented better in order to make the most of such achievements and show good quality improvement.

The LINK recognises the limited time available to put the accounts together and looks forward to supporting the Trust with the process in the future.