

Your LINK for improving health and social care

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The Kent LINK would like to thank Kent and Medway NHS and Social Care Partnership Trust (KMPT) for the opportunity to comment on its Quality Account for 2009 / 10. This comment will focus on the extent to which the LINK believes that the account achieves the following:

1. Aiding the public's understanding of what the Trust is doing well
2. Outlining improvements made throughout the year
3. Selecting priorities for improvement for the coming year
4. How the Trust has involved service users, staff and others in determining those priorities for improvement.

The LINK has assembled information from a range of sources to inform its commentary using qualitative and quantitative data and academic input from a local University.¹

1. Aiding public understanding

The document is generally well written but there are examples of abbreviations and jargon which are not explained, such as 'PCC' and 'PCC' and inconsistent use of the acronym 'KMPT' when referring to the Trust. Terms such as 'Never Event' are not universally understood.

The visual presentation of the document could have been improved and whilst the social inclusion projects established by the Trust are outlined, this section could have included individual stories to demonstrate good quality patient experience resulting from these.

2. Improvements made

Indicators such as reducing infections and reducing injury through falls seem to have been determined by national as opposed to local priorities. Baseline information is required in order to demonstrate improvement. The target for conducting a falls risk assessment on 70% of new admissions to older people's wards within a week is quoted as having been achieved, but is not verified with figures. The presentation of the Trust's scores for the National Survey of Mental Health Inpatient Units is unhelpful, with no additional data.

The majority of participants in the LINK's focus groups and interviews were unfamiliar with the Health of the Nation outcome scales. The account outlines the Trust's intentions to allow service users access to these however no clear explanation is

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

provided as to how this will be undertaken. The focus groups and interviews undertaken by the LINK strongly indicated that service users and carers do not feel that they are being listened to. Although it is commendable that the Trust has begun the process of real time surveys, it is disappointing that the response rate was so low, suggesting that alternative methods of gaining input may be required to include those service users and carers for whom surveys may not be viable.

3. Priorities for improvement for 2010 / 11

Priorities for improvement have been identified, but are missing targets to enable progress to be monitored in future.

4. Who has been involved in preparation of the Quality Account

The account outlines the Trust's attempt to use input from service users and carers (amongst others) to establish its future priorities. However, the questionnaire has been devised by health professionals and as such the language is not accessible.

The priorities may have looked very different if service users and carers had been able to report in their own words, as reflected by our focus groups and interviews. More detailed evidence of the results of the survey would verify the number of service users and carers involved.

The LINK recognises that limited time has been available to put the accounts together for this year and hopes to support the Trust with the process in the future.