MCH
medway community healthcare

2025-2026

QUALITY ACCOUNT

WORKING IN PARTNERSHIP
DELIVERING QUALITY AND VALUE
BEING CARING AND COMPASSIONATE

Medway Community Healthcare at a glance

Over 1300
staff

793k
patient contacts

27
locations

80m
Income

40+
services

96%
patient satisfaction

Contents

Why do we need a Quality Account?

The 2009 Health Act specifically aims to improve the quality of healthcare provided by the NHS. The Act lays out specific duties for improvement and innovation, as well as ensuring patients' rights and staff responsibilities. In 2012, the Health and Social Care Act was introduced as law in the UK. This again focused on the patient - ensuring that they have choice and that the NHS modernised, empowering clinicians to make better decisions for our patients. As a provider directly commissioned to undertake NHS activities, we are obliged to create an annual account of our quality and service provision, so that the public is assured that we are working within these legal frameworks and providing high quality services.

Publishing the annual Quality Account means that our community can review the work that we have been doing, in a transparent and accessible way. It maintains our accountability as a healthcare provider to the public that we serve.

The local Integrated Care Board (ICB) undertakes the scrutiny of the quality accounts for the organisations that they commission. They are responsible for ensuring that the requirements set out in the 2010 National Health Service (Quality Accounts) regulations are all covered. On completion, the accounts are made available to the public; both via the MCH website and that of NHS England.

The opening of The Molly's Hub at The Wisdom Hospice, with Jools Holland cutting the ribbon.

Introduction

Medway Community Healthcare (MCH) is a social enterprise Community Interest Company (CIC), providing high quality community health services to the people of Medway and surrounding areas.

Our responsibility for local people is key to the way that we operate our business, and, as a social enterprise, this means that we maximise opportunities to invest in our local community; developing the services we provide and supporting the health and wellbeing of local people. Since our establishment in 2011, we have developed our local reputation as a provider of high-quality community services and have negotiated contracts and partnerships to deliver more than 40 services to local people.

MCH has a strong history of partnership working with local General Practitioners (GPs), Medway NHS Foundation Trust, Medway Council, and other local stakeholders. We are a £80 million business employing over 1300 substantive staff, providing a wide range of both planned and unscheduled care in local settings such as schools, healthy living centres, inpatient units, and people's homes, as well as other community environments like ourZone.

We are committed to being a key partner in the delivery of health and care services in Medway and Swale and continue to work collaboratively as part of Kent and Medway Integrated Care System (ICS). We are also part of a provider collaborative with Kent Community Health Foundation Trust (KCHFT) and HCRG Care Group – to improve the delivery of community care across Kent and Medway.

Our commitment continues to be to 'lead the way in excellent healthcare' and we are proud of our employees, many of whom are shareholders in MCH, directly influencing the business decisions we make. Our staff play a key role in delivering our commitment to our local communities, and their reputation for going 'above and beyond' what is required of them is well-deserved.

CQC

The Care Quality Commission (CQC) was established in 2009, in order to regulate and inspect health and social care providers in England. MCH is registered with the CQC under section 10 of the Health and Social Care Act 2008.

MCH is classified and inspected as an independent provider of NHS services by the CQC. Our services are inspected by registered locations, rather than us having one inspection as a whole organisation.

The CQC uses five key questions: Is the provider:

- Safe
- effective
- caring
- responsive,
- and well-led?

As providers we recognise these questions from the previous inspection process as key lines of enquiry (KLOE). However, each of these questions is now supported by quality statements which are designed to reflect the expectations of individuals and communities using healthcare services.

To assess the quality of services, the CQC uses a four-point rating scale: Outstanding, Good, Requires Improvement and Inadequate. The assessment and inspection processes are also supported by the CQC's online portal for providers.

MCH was rated as 'Good' overall in October 2022, following our full well-led inspection. At this time, during the older style inspection, MCH was issued with Requires Improvement against the 'Safe' KLOE, with all others achieving 'Good'.

Care Quality Commission

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

In October 2025, the CQC carried out an assessment visit of our urgent treatment centre, part of the Medway on-call care (MedOCC) department, which runs from Medway Maritime Hospital. As well as talking to the team and manager on site, MCH was required to upload service and workforce information to the CQC portal.

We were able to provide assurance to the inspector that improvements had been made since our last inspection in 2022, though some issues remained outstanding related to the estate and environment.

Verbal feedback was received at a post-visit meeting and to date MCH has not received a final written report.

Foreword from our Managing Director

Welcome to this year's Quality Account, our annual record and celebration of all things quality and continuous improvement related at MCH.

This year's publication is bittersweet, as we approach our integration with Kent Community Health Foundation Trust (KCHFT). While this change is a positive one, and offers improved opportunities for staff and more joined-up, place-based care for our patients; saying goodbye to MCH is quite the milestone. With that in mind, I am more proud than ever to reflect upon our achievements and continued commitment to quality, improvement and innovation.

All of these achievements are a result of our brilliant, hardworking, passionate staff. whose qualities demonstrate our values by:

- Working in partnership
- delivering quality and value
- being caring and compassionate.

Testimony to this commitment - as I write this in the Spring of 2026 - we are supporting the local response to a significant meningitis outbreak, providing an antibiotics clinic for those potentially impacted. Expertise across infection prevention and control, nursing, medicines management, estates and more, was required to make this happen at short notice. Partnership working with local healthcare providers, the Integrated Care Board and UKHSA has been key to its success and the response of staff epitomises everything we stand for at MCH.

I'd like to take this opportunity to thank every member of MCH staff for their creativity, care, and agile thinking which has led to innovation and improvement, service development and positive change across the local health and social care environment. In the grand scheme of the NHS, MCH is a relatively small organisation and yet we have changed the landscape of community healthcare in Medway. In the last 15 years, our staff have provided life changing care to many Medway and surrounding area residents, leaving a lasting impression.

For the remaining months of MCH and as our staff join with colleagues at KCHFT later this year; I have no doubt that their focus will continue to be on compassion, quality, learning, listening and improving the patient experience. Together with the MCH Executive Team and Board, I look forward to seeing all that they continue to achieve.

Foreword from our Chief Nursing Officer

As the Chief Nursing Officer for Medway Community Healthcare (MCH), I want to take the opportunity to thank the local population, our staff and system partners for all the support that you have shown for us at MCH.

MCH is moving into a new era with the proposed integration with Kent Community Health Foundation Trust (KCHFT). This significant change will ensure that the high quality healthcare we have endeavoured to deliver will continue to grow.

The last year has been one of change – the shift towards integrated neighbourhoods, supporting a local meningitis outbreak, and the proposed integration with KCHFT all increasing the pressure on colleagues.

- Nonetheless, we have continued to prioritise quality as our 'golden thread'. We have focused on quality improvement, in the way that we deliver our local care, and ensuring as much continuity as we can. We have worked in partnership with Medway Council and NHS Kent and Medway to improve local access with the construction and opening of the James Williams Healthy Living Centre in Chatham. Throughout all of our work, we have continued to learn from incidents, achievements and managing change.
- Our expertise, clinical knowledge and passion for compassionate care will continue into next year, working closely with colleagues at KCHFT (and other system partners in Kent and Medway) to share best practice, learn from one another, and make improvements at every turn. Integration with KCHFT will enable our learning and development to continue in a coordinated and robust way, in the best interests of our patients and communities.

I want to thank everyone that has been part of our development and quality improvements over many years. There have undoubtedly been difficult decisions to make, but I am incredibly proud to have been part of the journey, and also proud of all the staff that I have had the pleasure of working with.

We have always put patients first in our decision-making and positioned local community at the heart of our development plans. Despite the future organisational change, please be assured that MCH staff will continue to prioritise prevention, learning, quality and the right care for our patients, where it's needed.

How are we doing?

Our Quality Priorities

Priorities for improvement
In previous years, MCH has consulted with staff to choose our quality priorities in a more formal manner. We have since transformed how we identify and record the impact of our improvements, making this process much easier to report. Next year we will continue with the good progress made by seeking to integrate our quality priorities and improvements with KCHFT's methodology

The Quality Team has been working with Gather (a centralised survey and data collation system), on a digital Quality Improvement Plan. This plan will provide organisational and service level oversight on improvement work; as well as creating service and team level dashboards. This system enables MCH to report effectiveness against our Annual Plan, Quality Priorities, NICE guidance, CQC Quality Statements and local quality improvements arising from learning from incidents, complaints and compliments.

The evidence that staff provided for 2024-2025 showed how our Quality Priorities resonated with them, and how their hard work demonstrated that 'golden thread' of quality through everything we do at MCH. Following review, it was not deemed appropriate to introduce a radical change for 2025-2026 but instead to support services to continue to re-energise their work around quality priorities they were familiar with.

Looking ahead, the Quality Team will also continue to support clinicians with the national Neighbourhood agenda to improve services locally for patients and families; and to support clinicians around neighbourhoods and improving collaborative working. Our focus will be on maintaining a positive and safe patient experience, while taking the opportunity to transform community services, so that they are more localised, with integrated teams and services built around local communities

Evidence against priorities

Our Quality Priorities reflect the needs and wishes of patients, carers and other key stakeholders using the experience and expertise of our staff at MCH. They provide the golden thread that runs through everything we do. As an organisation we have taken the decision to continue to work on these priorities in the coming year, having had excellent buy-in from the staff across all teams.

A selection of the reported evidence of compliance against the quality priorities are detailed below:

Palliative Care:

- Introduced Namaste to support palliative patients with wellbeing
- Outreach clinics (groups) provided at Swale to support access
- Inpatients team supported End Of Life patient with her wedding at the Hospice
- Ran a bereavement drop-in group in the Swale area to help facilitate an accessible support system for bereaved relatives in that area

Human Resources:

- Policies and processes being updated to reflect Just and Learn Culture, collaborative working with Patient Safety team to integrate Just and Learn with Patient Safety Incident Response Framework (PSIRF)

Darland House:

- The new Activity Co-ordinator has commenced her role and is now engaging with residents and relatives to start the new program. This is about enriching their experience.

Clinical Assessment Service (CAS):

- Starting a new 'waiting well' project. Canvassing patients about what they think would be useful whilst they wait to be seen.

Urgent and Intermediate Care:

- All senior staff are now identifying which team members would benefit from a stress risk assessment
- All staff are to be encouraged to take a break for their health and wellbeing

Children's Services:

- The service leads work in liaison with Medway Parent and Carer Forum (MPCF), to respond to specific queries on pathway provision. This has helped to dispel some myths around Children's Services.
- The Complex Needs Group has accessed community activities such as soft play and a farm visit, utilising the OurZone minibus to enable families to access these facilities. During visits, families are shown how to implement therapy within these environments.

Dental:

- Foundation Dentist is working with MCH Customer Experience team to ensure that we capture the child's voice / experience and also the vulnerable adult's voice / experience rather than only the parent / carer's views
- Foundation Dentist developed a digital information book for children undergoing dental treatment under general anaesthetic. This will help answer their questions and reduce their worries

Safeguarding:

- Mental Capacity Assessment Audit showed some very good examples and some evidence of excellent practice in relation to supportive decision making, patient centred care and the utilisation of others to support the patient to either make a particular decision or be involved in the best interest process.

Cardiology:

- Completed a Quality Improvement Project to identify the heart condition atrial fibrillation (AF) in patients who were attending a flu clinic. Two clinics were attended and two patients were diagnosed with AF and were commenced on treatment, thereby reducing their risk of a stroke.

Endeavour: (Stroke Reablement Unit)

- Creation of a 'necessity bag' for inpatients having outpatient visits following relative feedback – to include items such as water, blanket, snack etc to improve comfort during the long delays often experienced.

Community Cardiology and Respiratory and Stroke:

- Have employed psychologists for their teams, ensuring an equitable service across Kent and Medway to match similar services across our communities.

Care Co-ordination Centre: (CCC)

- Currently developing a customer care training program for staff to support them when interacting with our callers coming through the single point of access, ensuring customer care is at the centre of everything the CCC undertakes.

Medicines Management:

- Site visits have helped the team to better understand and engage with services

Contracting, Risk, Legal Support and Governance:

- Net Zero training undertaken by the whole team in order to understand and fully contribute to the team's green plan along with supporting the wider overarching MCH green agenda.

Endeavour Ward: (Stroke Rehab Unit)

- New bespoke patient feedback survey new patient survey was commenced which included suggestions from relatives. Feedback has been positive and has been fed back to staff.

Community Nursing:

- Band 6 Team Leader Development Programme implemented to support leadership within teams.

Palliative Care:

- Provided culture workshops focused on Civility and Respect and Thriving at Work
- Recognised the hard work and effort that our staff provide, and organised numerous engagement activities to celebrate Wisdom Hospice's 40th anniversary, which included a celebration of staff

Urgent and Intermediate Care:

- In the Integrated Discharge team (IDT), have introduced a lead to collate ideas and solutions for improvements to service areas
- Encouraging Band 7s to become more involved in complex discharges
- Team away days to be organised for all teams in the pillar, as part of a health and wellbeing initiative
- Electronic information packs have been developed - patients/families will be asked their preference for electronic / printed information

Children's Services:

- Bladder and bowel pathway review is now complete, with a designated nurse and support worker now in post who links with School Nursing team. The service continues to work in partnership with Adult Services. The Bladder and Bowel Policy has been submitted for approval.
- The Swale Senior Therapy Team have been accessing monthly coaching to develop leadership skills.

Safeguarding:

- Over quarter one, the Safeguarding team offered access to seven workshops and five group supervision sessions to MCH staff

Darland Care Team:

- CQC benchmarking exercise completed against the new CQC standards for care homes to identify gaps in evidence and steps being taken to address gaps

Contracting, Risk, Legal Support and Governance:

- Issues module built within Zone Standard, our data platform, allowing all staff within MCH to log issues and assign them to either their service or other teams / services across the organisation. This is to ensure oversight of all issues and risks within MCH through to resolution.

Community Nursing and Tissue Viability (TV):

- Introduced 'deterioration of wound' training with Neighbourhood Nursing – reducing the number of acquired pressure ulcers.
- TV team trial of 'Stop Box' training on MS Teams to improve the participant uptake
- Senior Team from Social Care and Neighbourhood Nursing meeting to initiate collocated working. Senior Managers from both organisations co-located, working bi-weekly.
- Joint working with Kent and Medway community Tissue Viability Nurses (TVNs) and Medicines Management ICB Team to agree and develop and joint dressing formulary to streamline, have equality and reduce the cost of wound dressings across all services delivering wound care.
- Trained nurses now undertaking the triage of referral to wound clinic resulting in more clinic availability

Stroke therapy:

- In response to a recent complaint, we have reviewed the way we provide information to patients regarding payment for care packages. Updating information, improving the format and where it is located. This is being done in collaboration with social care.
- The introduction of standardised fatigue assessment across the service

CAS:

- Pathway development work with local acute and tertiary providers regarding spinal conditions to ensure patient safety and efficient pathways

Urgent and Intermediate Care:

- Enablement training sessions have started. Feedback has been positive, further sessions planned. Planned observed practice to highlight and reinforce enablement opportunities
- Enablement supervisors completing medications administration competency assessment for enablers linked to medication administration.

Nutrition and Dietetics:

- Using alternative measures as marker of success with nutrition support in oncology patients. Developing an audit within this sub team in response to looking at different inputs into care by dietitian

Clinical Quality:

- Supporting the implementation of Integrated Neighbourhood Teams (INTs) with the development of a staff survey to measure impact on day to day working
- Support staff to access QSIR (quality improvement) training with Oxleas

Patient Safety:

- Working collaboratively with Medway Foundation NHS Trust (MFT) Patient Safety team to improve responses and learning from transfer of care concerns (TOCCs). Monthly meetings arranged.

Children's Services:

- School nursing service provision now includes access for parents /carers to the sleep and continence programmes. The addition of administrator support has resulted in a reasonable reduction in waiting times and parent feedback has been generally positive.
- The Children's Community Nursing Team has been working in collaboration with an external company to support the use of home spirometry testing, as part of an MCH research project. This project has been shared with commissioning colleagues and is likely to continue for several more months.
- New pathway developed for fussy feeders within dietetics, covering both Medway and Swale, and offering an information pack with signposting and useful resources for parents alongside an invitation to virtual parent workshops. Outcomes so far have been very positive.

Bladder and Bowel Service:

- Joint working with Clinical Leads for Bladder and Bowel across Kent and Medway communities to design a joint eligibility criterion for patients requiring continence products. The aim is to reduce inequalities and ensure smooth transition between areas, and from child to adult.

Adult Speech and Language:

- The introduction of voice groups for the long-term maintenance of voice in Parkinsons patients.

Community Nursing and Tissue Viability:

- Night Nursing Services taking over replenishing Stop Boxes in residential homes
- Developed a pathway for patients with wounds and complex lives, following work undertaken with rough sleepers.

WE ARE RESPONSIVE

Cardiology Team:

- Have opened invites to Primary Care colleagues to discuss complex patients at a monthly meeting.

Respiratory Team:

- Worked with hcrg care group and MFT to support patients on oxygen in the community to have the most effective treatment plan.
- Working in collaboration with substance misuse services to identify vulnerable patients with COPD and offer joint clinics at Kingsley House.

Nutrition and Dietetics:

- In response to an external incident relating to feed, the team provided immediate training to the team about the role of different textures, consistencies, supplements, thickeners and the role of dietetics.
- 'Food first' project is into its second phase with six sites on board. Darland House participation has already shown a reduction in the use of oral nutritional supplements (ONS) without impact on patient weight, and good compliance from patients. Other care homes are now approaching us about joining. Audit results will be collated.

Stroke Therapy:

- Reviewing the provision of fit notes through the vocational rehab team occupational therapist. If successful and logistically possible (i.e. insurance etc) this may be rolled out to other appropriate professionals to reduce pressure on primary care.
- Due to success of local vocational rehab pilot, MCH has been invited to be part of national vocational rehab advisory group. This will support the ongoing provision locally and strengthen the business case.

Children's Services:

- Parent support sessions have increased in frequency, as a direct response to long waiting times for assessment (neurodiversity pathway). Feedback from parents/carers has been very positive.
- Advisory letter and information provided to parents at the point of referral acceptance will now include an indication of waiting times to support parent choice.
- Swale SLT therapy have set up a therapy advice group assessment pathway to ensure all children due to start school in September, that were on the waiting list, have been assessed and provided with advice and signposting prior to starting school.

Customer Experience:

- Supported a Phlebotomy project to try and establish reasons why patients were not booking their appointments online and preferring to call in to the CCC. We developed a survey which was sent out via bulk email to phlebotomy patients who had attended a clinic in the previous month to ask how they booked their appointment. From the results, support strategies were implemented which showed an increase in online bookings the following month.

Palliative Care:

- Commencement of Patient Initiated follow up (PIFU) puts patients and families in charge of engaging with services at the point they feel they need it.
- Have run a Hospice Open Day, Carers Rights event plus events during Dying Matters and Hospice Care Weeks to raise awareness and seek to break down barriers and preconceptions about palliative care.

Community Rehabilitation Service:

- Working in collaboration with Medway Active to develop a Falls Patient Pathway to ensure the pathway is patient centred and does not duplicate.

Palliative Care:

- Development of a one page advice sheet about commencing syringe drivers to reduce reliance on four hourly injections of medications for symptom control

Community Nursing:

- Senior staff (i.e. Neighbourhood Nursing Prescribers (NNPs)) joining Community Nursing handovers to support junior staff and management of complex patients

Community Diabetes Service:

- Diabetes service implementing a triage nurse Monday to Friday, to support with complex patients
- Moving to a generic service for type 1 and type 2 Diabetes (i.e. not separated). A training package for staff has been implemented and this will allow better access for patients requiring diabetic care.

Contracting, Risk, Legal Support and Governance:

- All health and safety risk assessments being added to Zone Standard for risks scoring 12 and above as phase 1, to ensure Executive Team has oversight of all health and safety risks affecting the organisation along with mitigating actions to reduce / eliminate the risk.

Tissue Viability:

- Tissue Viability service did a trolley dash to Residential Homes to raise pressure damage awareness, also developed ASSKINGs folders
- New national guidance has been released with contraindications and pre-cautions for inadine based dressings. Kent and Medway Tissue Viability Nursing services, and Podiatry services, are working on joint guidance for an agreed alternative dressing choices for patients who have one or more of the new contraindications / precautions.

Adult Speech and Language:

- Ensuring that we have adequately trained staff to cover the main instrumental assessments and laryngectomy valve changes. The team is reviewing appraisals and education plans, working with the training needs analysis and education team to ensure funding and training is planned

Intermediate Care:

- All enablers have now been trained in medicines management and administration. A related SOP has been implemented. Advanced Care Practitioner (ACP) colleagues are also supporting with competency sign off for supervisors with transcribing.

Patient Safety:

- Suite of Patient Safety Incident Response Framework (PSIRF) SOPs, templates and policy being updated to reflect process changes as implementation progresses

Darland House:

- New face to face admissions process being embedded alongside establishing 1:1 prebooked care for the first two weeks of admission

Children's Services:

- Safe use of emergency medication training sessions delivered to schools each academic year. One training session will be offered to each school each year plus ad hoc sessions where needed.
- Children's Community Nursing team continue to provide training updates to staff at Abbey Court School.

Safeguarding:

- Made the Graded Care Profile 2 (GCPT) assessment tool, (a tool for assessing neglect in families), more visible to all Children's Services practitioners. It is no longer kept within the Health Visitor (HV) assessment section on RIO, removing the belief that the assessment tool is only for HVs to complete. Assessment tool scores on RIO have been amended to enable the correct input / score tally after it was raised that scores were not tallying correctly. GCPT training dates were shared with links, encouraging clinicians to book on. Several dates have been made available for training.

Practice Development:

- Clinical induction sessions continue to expand, with positive feedback from staff. Research team delivering now face to face 'introduction to research' sessions. Infection Control sessions are also moving face to face.
- Challenge to get competencies onto Zone Standard which will help monitor staff engagement and compliance

CAS:

- Collaboration with MFT to create a discitis management pathway across primary, community and secondary care. First agreed pathway across SE region and will ensure patients get appropriate care in timely manner. Pathway likely to be replicated across Kent and Medway.
- Following an incident related to Deep Vein Thrombosis (DVT), Wells criteria are being embedded into EMIS Ax window. Training has been rolled out across the CAS and MSK teams and all staff are aware of learning from incident.

Infection Prevention and Control (IPC):

- Rio IPC window updated to include IPC risks for enhanced monitoring to better protect higher risk patients from infection

Looking back

Across all of our services, MCH works to ensure that there is performance data available that will inform the work that we do, robustly and accurately providing an overview of our commissioned services. The performance data not only allows for contractual assurances, but it enables our teams to ensure that the resources are effectively managed and efficiently allocated to achieve the best outcomes for our patients.

The data is collated by services and grouped into key areas that allow the organisation to support evidence for contract compliance, workforce levels, training, absence, as well as clinical quality and outcomes. Work is undertaken to triangulate data against other metrics such as complaint, and incident reports.

Over the last year MCH has further developed the use of an online system called Gather. Gather is a governance and audit platform, that has the ability to input data directly, but also to link to other key systems, to draw in data that can then be used on bespoke dashboards. As a system, one of the key benefits of Gather is that it can gather from free text and pull bullet points; forming themes and trends which is incredibly useful and has enabled us to make better use of information submitted. For example, as part of the friends and family tests (FFTs) given to patients and their families.

The Gather system has meant that we have been able to integrate our data with our Quality Improvement plans, that are now triangulated from learning generated following incident investigations, post infection reviews (PIRs), undertaken by the Infection Prevention and Control team, as well as complaint responses, along with the performance data and even compliments received; all managed through the system.

Key Performance Indicators (KPIs)

As providers of NHS services, MCH is subject to NHS standard contract terms, which include the meeting of identified key performance indicators (KPIs). These indicators cover a broad range of areas, including safety, infection control, training, waiting times and workforce figures, along with areas such as safeguarding.

A sample of these metrics are included below. This process enables MCH as an organisation to ensure that it provides high quality data to our ICB partners, but also to ensure that we set high standards for ourselves and have in place robust monitoring and triggers that enable escalation in a timely manner should it become necessary.

KPI	Target	Achievement at 31 March 2026
Statutory and mandatory training	85%	93.6%
Hand hygiene audit compliance	95%	93.2%
MRSA screening of all elective patients	100%	98.95%
Mixed sex breaches	0	0
Duty of Candour training compliance: Level 1 Level 2	 100% 100%	 85.2% 78.3%
Falls – assessment	85%	78.5%
Friends and family test	95%	96%

Participation in Clinical Audit

During 2025-2026 MCH participated in one national clinical audit for NHS services we provide.

National Pulmonary Audit (NRAP)
The respiratory team had 134 recorded outcomes from the NRAP database and 20 patients waiting completion so a total of 154 patient participation for the period 1/4/2025-31/3/26. Although no changes to processes have been amended for MCH patients, the Virtual Pulmonary Rehab which started in 2024-25 has continued. This is delivered via the MY COPD app platform. Respiratory Services will continue to feed into the National audit and to work towards National Accreditation. Work is also being completed with BI to pull more accurate results for future participation.

Motor Neurone Disease Audit (MNDA)
Palliative Therapy Services will be taking part in the Motor Neurone Disease Audit. This is a national audit where the service will input data in the national audit tool. It will collect clinical data as well as patient experience data. Results will be reported once the national report has been received.

MCH did not participate in any national confidential enquiries as none were relevant to MCH services.

Mandatory Clinical Audit		
Audit	**Actions**	**Status**
Patient Records Peer Review	This audit ran through Q3 and Q4 and achieved a compliance of 92%. This audit now runs completely through Gather making it a more seamless process for audit completion. An updated version will run from April 1st-March 31st 2027.	**Ongoing annually**
MCH Business Continuity Clinical Content Audit **MCH Business Continuity Uploaded Paper notes Audit**	These two audits ran through Q1 and 2 during a period of Business Continuity within MCH. The patient paper notes was audited give assurance that MCH policies were being upheld during this time achieving 88% and 91% compliance	**Audit were live for Q1 and Q2**

Unexpected Deaths	There were 2 unexpected deaths which were determined by the Coroner's office as 'due to natural causes'. As part of MCH processes, 19 Structured Judgement Reviews were completed where good learning was achieved but nothing significantly untoward was detected.	**Completed annually**
Restraint Audit	A new audit tool was introduced to run alongside a new Restraint Policy. Results saw 99% compliance. This audit will continue to run within MCH Inpatient services.	**Completed Annually**
5 P's End of Life Audit	Using the National tool as a guide, MCH have devised their own tool more relevant to community care and run this tool through Gather. Currently scoring 85%	**Continue to run annually**
Falls Audit	In light of new NICE Guidance MCH are updating their policy and are currently working with Power BI in order to pull audit data. Audit tool is being constructed for staff to be ready to run again in June 2026	**Audit to run in June 2026**
Complaints Audit	100% of complaints were acknowledged within 3 days. 90% were responded to within 10 working days MCH will work towards improving this taking into account the processes of dealing with complaints jointly with external services	**Completed Annually**

IR(ME)R Training Records (Ionising radiation medical exposures regulations)	100% of dental staff were compliant with IRMER. This competency / compliance is now managed on ESR for our employed CDS staff and is checked/ assured via manual annual submission for our self-employed Dentaline dentists	**Ongoing**
IR(MER) Requesting Compliance Audit	Completed by MCH Clinical Assessment Service and Respiratory Service achieving a compliance of 99%	**Completed Annually**
Dental Inhalation and Sedation Audit Report	A re-audit to assess the clinical documentation, pre and post-operative assessments. There has been an improvement in many areas with record keeping, reinforcing the theory proposed by previous audits, that clinicians are better at recording information when prompted or using a template rather than free-text notes, especially as the values are higher than those in 2022 on average	**Completed Annually**
Dental Radiography Audit: Image quality and film reject analysis	Newly added to Gather and data collected shows compliance of 97% from 269 entries	**Completed Annually**
ASSKINGS Audit	Completed March 2026 – compliance of 80%. Participation of 15 MCH services	**To continue to run through the Gather system in Q2 and Q4**

Pressure Ulcer Prevention – Stop Box Audit	MCH have been working through to book face to face training for all residential home- concentrating initially on the homes with the highest volume of pressure ulcer acquired. Although, incidents are higher this year, improvement interventions are being put into place in order to lower the number of Avoidable Pressure Ulcers	**Completed annually**
MedOCC Doc Audit	Good standards of documentation are being demonstrated by staff providing safe and supportive consultations. Compliance is improving at each quarter and Safety Netting is still the active improvement stages. This is highlighted to staff to achieve better work practice and compliance in this area.	**To continue to Run quarterly**
Productivity Audit	The duration of most consultations kept to a good standard, those that lapsed and took longer than anticipated, we were able to mitigate and rationalise the extended consultation time. It has been recognised that on some occasions, student clinicians were part of the audit as well as onward referral lag, which may have added to the length of appointment activity. We still celebrate good productivity within the teams and individuals received specific feedback	**To continue to run quarterly**
ReSPECT	7 Palliative services took part in the newly introduced ReSPECT Audit completing a total of 100 audit entries. Over the year an improvement of 10% has been seen from the introduction of the ReSPECT Policy.	**To continue through Gather annually**

Safeguarding Supervision Audit	Completed to gain feedback for where Safeguarding information is accessed and to assess the support offered in relation to safeguarding issues 45% pts accessed 1-2-1 supervision 55% accessed Group Supervision 60% accessed information from the Safeguarding Team 83% were happy with the frequency of the Safeguarding Supervision 95% felt that they were supported by their managers to access Safeguarding Supervision	**Completed annually**
Section 11	To be completed next year 2026-2027	**To be completed again in 2 years**
Mental Capacity Act Audit	This years audit shows the following - services are still not clear on how to document the decision requiring the test of capacity, however there has been an improvement in the evidence provided in the functional assessment of capacity sections. Clinicians are understanding that under the mental capacity act, an individual needs to have an impairment of the mind or brain to lack capacity and in all but one assessment audited, the clinician has documented a final decision before considering whether a best interest decision is required. The 2025 MCA Audit was completed following a working group to review the audit questions, with a view of all inpatient units auditing their own mental capacity assessments in the future. As a baseline audit, members of the safeguarding team have completed this years audit and from April, will work alongside each inpatient unit to commence their own audits that will feed in to the organisation wide yearly Audit (safeguarding team will continue to audit community services and have oversite).	**Completed Annually**

Mixed Sex Bays Audit	No audit was completed as there were no occasions where patients were placed in mixed bays	**Completed when case arises**
Placement Quality Audit	Placement experience in MCH is highly valued by students, who in the main provide positive feedback. Placement areas continue to struggle, with challenges to staffing and supporting new starters, with the outcome of reduced capacity to provide student placements. The number of overall placements has increased over the last year, particularly in nursing, but many of these placements are now taken by apprentice students.	**Completed Annually**
Public Health- Starting Solids at 6 months - Audit	The data shows that generally, parents are adhering to the NHS recommendations. They are aware that babies need the majority of their calories from milk, and that food is just an additional source of nutrition from six months and gradually becomes more important between then and their first birthday	**Completed Annually**

Information Governance Audits

Adherence to Statutory and Mandatory IG training	MCH scoring an average of 92% for Q1 and Q2	**Completed Quarterly**
IG Unannounced Inspections		
Information flow mapping		

Local Audit		
Audit	**Actions**	**Status**
Inpatient Units		
Admissions audit **Managers Round** **Patient Record** **Handover** **Rio and Paper notes** **Patients Property Audit** **MDT Process** **Wellness checks** **Restore 2** **MCA and DOLs** **Mouthcare Audit** **End of Bed Audit** **Sling audit** **Continence audit**	Completed regularly on IP Units and reported on issues or improvements quarterly	**Completed quarterly**

Community Nursing

Nurse to GP communication **Handover Audit** **READ/ RED Training Audits** **Medication Administration Record book**	Completed regularly within the CN teams, all data logged through Gather and improvements made accordingly	**Completed quarterly**
Leadership Audit	Its purpose was to assess how well leaders support staff and drive performance. Completed as a standalone feedback audit through Gather considering team lead communication with MCH staff. CN teams scored 90%	**Completed**
Dynamic Mattress Service	The audit was designed to check that electronic record keeping has been completed correctly for installation of a mattress/ collection of mattresses (including post death records) and tech visits. 100% of outcomes were documented on the HCP diary during normal working hours. The team has improved with ensuring their clinical activities are being recorded during out of hours.	**Completed**

Lower Limb Audit	Current compliance at 81% There appear to be common trends in the practice since starting the audit. 1. **Time pressures during visits** - High caseloads may lead to incomplete documentation or prioritisation of immediate clinical needs over full assessments. 2. **Documentation challenges -** Electronic templates may not make ankle circumference or CQUIN prompts prominent. Staff may not understand the importance of the fields. 3. **Equipment issues -** Teams might not have readily available tape measures or may be sharing limited equipment. Teams don't have dopplers on them to hand to complete assessments.	**Completed Annually**
Clinical Supervision Audit	The Clinical Supervision team conducted an audit to investigate the productivity of the team as it was a new implementation for the service. As a result of the audit enhancements and actions/aims have been put in place to make the service more efficient and beneficial for staff.	**Completed**

MedOCC

Management of patients with breast symptoms and compliance with NICE guidance	Overall clinicians were compliant in referring patients appropriately on the suspected breast cancer pathway, with only a possible 8 patients where a referral on the pathway could have been considered rather than the patient waiting for their own GP to complete	**Completed**
Review of Urgent Response (UR) unplanned admissions 2025/26	While UR demonstrates strong workforce commitment and clear areas of good practice, system wide improvement in pathway access, diagnostics, social care integration, and cross service collaboration are required to maximise impact.	**Completed**

SECAMB Hub Audit	Multi- disciplinary team hubs have been developed to ensure 999 calls are receiving most appropriate care and reduce the number patients being taken unnecessarily to emergency department. The audit showed that despite no longer having the benefit of an ED consultant working within the Hub, an ACP and a paramedic practitioner are effective in helping patients avoid unnecessary hospital attendance and help to directly refer patients to appropriate community services in the most timely manner possible	**Completed**
Detection of early onset colorectal cancer in people under 50 years	MCH did meet the Association of Coloproctology guidelines for assessment	**Completed**

Joint working

Patient feedback of Joint Dietitians and SLT oncology clinic	Joint clinic started in 2023 and a feedback audit was produced to gain the feedback from patients being seen in the joint clinic. The service received excellent results. Patients felt the joint clinic was beneficial and efficient. The results highlighted excellent team working and working in partnership. This has resulted in more joint clinic time available for patients.	**Completed**

We congratulated Shiby James, who completed her Practice Assessor Competency and was awarded a certificate.

Childrens

Children's MASH Audit	93% of MASH Health referrals, are being sent back to social care in a timely manner. 87% of MASH health information is being sent back with clear recommendations and reasons for this. This highlights that clinicians are making appropriate recommendations from the information they have gathered	**Completed**
Neglect and Graded Care Profile	All 24 cases were confirmed as correctly identified under the category of Neglect. Emotional neglect and poor home conditions were the most common concerns. MCH has implemented a range of measures to strengthen the identification, assessment, and management of neglect, with a particular focus on the use of the Graded Care Profile (GCP) tool.	**Completed**
Safeguarding Transition Audit	This audit was developed due to transition safeguarding being identified as a key area of development across Medway/Kent and nationally. The audit has highlighted areas of improvement/focus for future projects as follows:	**To be completed in July 2026**

Palliative Care Services

Bowel Documentation and Laxative Prescribing Audit	Palliative care services wanted to look at benchmarking current practice against national standards and external best-practice models to improve patient comfort. The audit demonstrates that while the *administrative* compliance (presence of charts) is high, the *clinical* quality of bowel management is fundamentally reactive, leading to improved pathways and extra education and teaching sessions for junior doctors and nurses.	**Completed**

Dental

Dental - Fissure Sealant Audit	Demonstrated a modest yet encouraging improvement in FS delivery for high caries risk children between the two audit cycles.	**Completed**

Safeguarding

MCH Safe Discharge Audit	MCH audited the admissions and discharges relating to its three inpatient units. Outcomes were that MCH to consider how all transfer of care issues are communicated to admission sources, in order to reduce risk to patients including those who have a lack of consent or MCA assessment as required.	**Completed as requested by the Kent and Medway Safeguarding Adults Board (KMSAB)**
KMSAB – Snap Audit – Quality of Adult Safeguarding Referrals Nov 2025	Requested by the Kent and Medway Safeguarding Adults Board. MCH staff are aware of the types of abuse associated with adults and are able to articulate this in safeguarding referrals.	**Audit completed as requested.**
Safeguarding Supervision Part 2	Completed to assess the quality of documentation regarding Safeguarding Care given to patients	**Completed**

New for 2026-27

ADHD Environment Audit		Ongoing
Congenital Muscular Torticollis Best Clinical Practice	To determine changes in staff confidence levels following targeted training	Ongoing
Home based Diabetes Review	To evaluate targeted training/support to enable patients or their families and carers to be able to manage their insulin	Ongoing
Fatigue Audit	To evaluate a new fatigue measure	Ongoing
RALP ICIQ Audit	To evaluate patients outcomes following support both pre and post prostatectomy	Ongoing
Aggression and Violence Audit	New Staff Audit Feedback Tool – only recently implemented	

National Institute of Clinical Excellence Nice (NICE) Quality Standards

Nice Standards are a concise set 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.

NG 247 Maternal and child nutrition: Nutrition and weight management in pregnancy, and nutrition in children up to 5 years

It was agreed that the above guidance was relevant to MCH Childrens Services and the BAT was reviewed by the Public Health Clinical lead.

44 pieces of guidance were deemed relevant to MCH, and all were evidenced as compliant. MCH have many of the discussions at Antenatal clinics and use the Healthcare Needs assessment and patient record for evidencing. The Infant feeding service are also very involved with seeing these patients and have an Infant Feeding Plan tool for use when needed. Advice and support is also given in line with the Start for Life breastfeeding and returning to work. Informed choice would also be documented within the Patient Record. The Health visiting team also offer parents 'Introducing Solids' as a postnatal service.

Local guidelines are also followed by staff for support with their patients.

MCH reviewed 11 pieces of guidance during 2025-2026. MCH achieved compliance with the following (relevant recommendations within our contractual restraints):

NG246 Overweight and Obesity Management - Feb 2025
NG 246 Overweight and Obesity management – Updated Jan 26

Services who previously reviewed this guidance again reviewed the updated version and no changes needed to be made to processes within MCH services.

Services who previously reviewed this guidance again reviewed the updated version and no changes needed to be made to processes within MCH services.

NG 246 was reviewed by MCH Human Resources, Community Nursing, Childrens services alongside Nutrition and Dietetic services. 120 pieces of guidance were relevant to MCH Services and evidence has been provided to show compliance. One recommendation was that the Community nursing teams felt a lack of training with regards to supporting clinicians with identification and difficult conversations and psychological support for patients. To overcome this barrier, Senior staff attended a Locality Leads session on 'Shifting Obesity' This information was then passed down to staff within the teams.

NG209 Tobacco: Preventing uptake, promoting quitting and treating dependence

An updated version of NG 209 was released in February 2025. This guidance had been reviewed previously by MCH services but due to the IT outage the previous BAT was not able to be viewed therefore services completed a new BAT following the new new/updated guidance.

Services have highlighted that 29 pieces of guidance were relevant to MCH services and have evidenced that services are complaint with those specific guidance.

MCH adopt a no smoking policy but can refer staff onwards if any staff members requests help.

NG 254 - Suspected sepsis in people under 16's: recognition assessment and early management

Dental, Childrens Community Nursing Team and Public Health services have completed the BAT tool. Collectively all services felt that 41 pieces of guidance were relevant to their services. MCH services are complaint with 40 pieces of guidance and partially compliant with guidance 1.10.1 where Pulse Oximetry and oxygen is available if necessary.

NG249 QS86 Falls: assessment and prevention in older people and in people 50 and over at higher risk. April 2025

The NG249 Falls Bat tool was completed by Community Nursing, Community Physio and the Falls Team. Reviewing the BAT led to discussions regarding Home Hazards and environmental assessments and if MCH should still use the Falls prediction tool as this guidance had been updated by NICE. Discussions included:

- Looking at options if the falls assessment was an option rather than a mandatory field to be completed
- Did this mean MCH would no longer use prediction tool to compete a full assessment?
- How do we identify who is at risk?
- How do we predict who will fall if we do not have a prediction tool?
- Do we suggest our prediction tool is the falls screening tool?

In Patient units were still using the falls screening tool as they felt that they needed that assurance. All inpatient units including Darland complete the same assessments with regards to falls and suitable care and treatment planning is recorded. Actions which were completed to be compliant with the new guidelines were that the Falls Screen Tool was to be re-named in Rio as General Falls Screening and the Rio scoring was to be removed.

Environmental Assessments were already being completed in Rio. MCH Environmental assessments cover some elements of Home Hazards, as there is no national validated tool available it was felt that this assessment should stay but this topic is being reviewed jointly with KCHFT. This has been considered as a low risk as aspects of Home Hazards are covered in various MCH assessments.

This action will be closed but MCH will remain partially complaint. The data for the guidelines relevant to MCH are in the table below:

Number of relevant or partially relevant recommendations	34
Number of recommendations met	32
Number of recommendations partially met	2
Percentage of recommendations met	94%
Percentage of recommendations partially met	6%

Here are the quality statements disseminated to services for reviewing.

	Title	Status
QS213	Suspected Sepsis in over 16's	MCH are fully compliant with this at MedOCC, as patients have a rapid review on their arrival in the department. This includes a set of observations and a NEWS 2 score being calculated. One of the main reasons we introduced this step about three years ago was precisely to ensure a case of sepsis was not missed.
QS2	People aged 16 or over with suspected sepsis outside acute settings are assessed face-to-face using a structured set of observations, which could include those used to calculate an early warning score, to identify risk of severe illness or death.	
QS6	People aged 16 or over with suspected sepsis whose condition is managed outside acute hospital settings are given information about symptoms to monitor and how to access medical care if needed.	MedOCC give patients information about symptoms to monitor and how to access medical care if needed, this is part of standard practice, two of the items are monitored in the regular documentation audits.
QS212	Overweight and obesity management	MedOCC give patients information about symptoms to monitor and how to access medical care if needed, this is part of standard practice, two of the items are monitored in the regular documentation audits.
QS9	Chronic Heart failure in adults	
QS110	Pneumonia: diagnosis and management	

Outcome Review of new guidance for April 25 to June 26 (inclusive)	Nice Guidance	Technology Appraisal	Quality Standards	IPG*	DG**	All Guidance (Total)
Fully Compliant/Met						
Partially compliant	4	2				6
Under Review	5					5
Review overdue						
Not applicable	8	95	3	17	1	124
Not commissioned						
For information	6					6
Cumulative Total April 25-March 26	23	97	3	17	1	141

Data Security and Protection toolkit

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 24 June 2025 and achieved 'standards met' status. Assurance was also strengthened by achieving substantial reassurance from our external auditors on our submission.

The next submission is due by 30 June 2026.

Data Quality

Good data quality is integral to the functioning of MCH as an organisation. Following our IT outage it provided MCH with an opportunity to consider our plans for data in the future and how we wanted to change things and make improvements which fed into the redesign and development of new reporting processes and reports. MCH have commissioner a dynamic programme of redesigning our reports used for both internal and external purposes which can be used to demonstrate achievement of key targets or thresholds and readily identify areas where improvement is required and then develop action plans to address the improvements.

Each service has also reviewed their emergency preparedness resilience and response plan (EPRR), to ensure that if in the event of our data being interrupted again, we can still robustly and safely function. MCH has a digital strategy in place which is available to all staff via our staff intranet site 'Bob'. This supports our staff to understand the value that good data brings. In the last year MCH has focused a lot on our access policy and ensuring that we have met or have an action planned to meet the constitutional targets, processes and obligations. Our plan as an organisation is also to make work easier for staff. We also want to make appointment bookings and communications with teams more convenient for patients. Exploration of other platforms or enhancing the platforms we are already have will underpin the digital first approach supporting patients with timely access to our services. MCH has introduced Kiosks within MCH house and has introduced a digital programme to expand the kiosk booking approach with our other clinical sites to empower our patients to self-book in, which in conjunction with the use of hearing loops improves our access for people using our services and is part of our wider plans to improve access.

As part of moving forward with our digital first approach, MCH has now launched (as at April 2025) a new external website, meeting all national accessibility guidance and future-proofed to better introduce digital options for patients. With the introduction of more digital approaches, MCH is focused on effective communication, engagement with patients and data accuracy, which are fundamental to demonstrating achievement and effective access to our services Obviously through 2024-2025 we have had some obstacles to overcome with regards to data and digital solutions. However this has made us more focused than ever to find robust and reliable secure methods to support our services to develop and grow and become a more useful resource for our local community.

Patient Safety:
Safeguarding

Partnership Working
During 2025–26, Medway Community Healthcare (MCH) continued to demonstrate a strong and proactive safeguarding culture, underpinned by effective partnership working across Kent and Medway. The Safeguarding Team played a key role in supporting system-wide initiatives, providing assurance, and driving continuous improvement in safeguarding practice across adult and children's services.

Pressure Ulcer Decision-Making
The Kent and Medway Safeguarding Adults Board (KMSAB) Pressure Ulcer Decision-Making Tool and associated safeguarding guidance were finalised and launched in June 2025. MCH led a multi-agency task and finish group, working collaboratively with NHS and local authority partners to ensure consistent application of safeguarding principles in relation to pressure damage. Since implementation, the Safeguarding Team has supported system-wide engagement through education sessions, liaison with regulators, commissioners, and local authority partners, and internal learning opportunities for clinical teams.

Neglect
In relation to neglect, the Safeguarding Team has continued to support the development and implementation of the Medway Neglect Strategy. Training on the Graded Care Profile has been delivered across services, supported by audit activity to assess embedding. Findings identified inconsistent application of tools across the system, leading to the development of targeted action plans to strengthen practice and improve outcomes for children and families.

Multi Agency Risk Management – MARM
The Safeguarding Team have been active participants in the development and implementation of the MARM Guidance for Kent and Medway. Activities have included involvement in a Task and Finish group to analyse the feedback from agencies organising and attending MARM meetings to determine if a review of the guidance is required, and the development of an internal MARM Standard Operating Procedure to ensure MCH robustly and correctly engages with the process when required.

Families First
The Safeguarding Team has been involved in Threshold document review/ Families First steering groups; these groups have been put in place to support Kent and Medway implement statutory children and social care reforms which include:

- Family Help – Services tailored to provide early support to families to reduce the need for statutory intervention.
- Multi-agency child protection reforms – Strengthening child protection practice through multiagency collaboration.
- Family group decision- making and family network support packages

The rollout of these reforms represents a significant step in delivering the government's plan to provide children with the best start in life and breakdown the barriers to service/ support.

Multi Agency Risk Assessment Conference – MARAC - High Risk Domestic Abuse
The Safeguarding Team has been involved in the development of new MARAC processes and case management system, collaborating with partners from across Kent and Medway to deliver an updated system and process to complement the new MARAC Hub and improve the experience and outcomes for victims. The Safeguarding Team share information on behalf of MCH related to victims and perpetrators and facilitate the completion of actions as required.

Transition from childhood to adulthood
The Safeguarding Team has been involved in a multi-agency Transition Working Group, the group aims to create the guidance, tools and systems required for young people with ongoing health or social care needs to transition to adulthood smoothly, ensuring full engagement of the young person and their family/ carers and involving receiving adult service providers.

Safeguarding Review Partnership Outputs
The MCH Safeguarding Team represented community health providers across Kent and Medway in the development of a video produced by KMSAB following learning from a local SAR. The video "Alex's Story" was developed to show an individual's journey within the safeguarding process and explains what services partner agencies would be able to offer a person in Alex's situation.

Safeguarding activity

Referrals
Safeguarding referral activity across the year reflected an increase in adult safeguarding referrals through the mid-year period, peaking in Quarter 3, followed by a reduction in Quarter 4. Children's safeguarding referrals demonstrated a consistent decline across the year. These trends continue to inform service planning, training priorities, and assurance discussions both internally and externally.

Medway Multi-Agency Safeguarding Hub
The Safeguarding Team remains an active partner within the Multi-Agency Safeguarding Hub (MASH), collating and analysing health intelligence from across Medway health agencies and contributing to decision making regarding next steps for referred families

Health Strategy Meeting Role
A strategy meeting is convened when there are concerns that a child may be suffering or is at risk of suffering significant harm. The purpose of this meeting is to share information, assess the situation, and plan immediate and future actions to protect the child. This includes deciding whether a child protection investigation (Section 47 enquiry) is needed and coordinating actions between different agencies like social services, police, health and education. For the meeting to be quorate, all the services need to be involved.

MCH coordinates the invitation and attendance to strategy meetings of involved heath agencies, supporting timely and informed decision-making, and will attend to represent health services in certain circumstances, ensuring the health and wellbeing voice of the child and their holistic lived experience is heard.

Audits and Learning

The Safeguarding Team has continued to contribute to safeguarding assurance through participation in system audits and reviews, including Safeguarding Adult Reviews, Child Safeguarding Practice Reviews, and multi-agency case audits coordinated through partnership quality assurance frameworks. These activities support learning, highlight areas of good practice, and inform service improvements.

Quality of Referrals Audit
During the year, a quality audit of adult safeguarding referrals was completed in response to KMSAB requirements. This provided assurance around the standard of referrals submitted and identified opportunities for further development.

Multi Agency Audits
The Safeguarding Team has been involved in external audits. Forming one stand of the Medway Safeguarding Children Partnership's (MSCP) quality assurance framework, Case File Audit Group audits are multi-agency case file reviews aimed at monitoring performance, highlighting good practice, and identifying areas for improvement.

- Pre-Birth Assessments
- Child Sexual Exploitation
- Child Sexual Abuse
- Children with Disabilities

These audits support learning and improvement through the MSCP Strengthening Practice Group (previously called Learning Lessons sub-group).

Mental Capacity Act Audit
In addition, work progressed to strengthen Mental Capacity Act (MCA) assurance through the redevelopment of audit tools suitable for both community and inpatient services, supporting teams to take ownership of their own practice improvement plans.

The Safeguarding Team have completed this year's annual audit to gain a baseline, going forward the Safeguarding Team will support services to complete their own MCA audit as part of the wider assurance plan around capacity assessments across the organisation.

Safeguarding Adults Assurance Framework - SAF
The Safeguarding team undertook the annual SAF in collaboration with services within MCH, as requested by KMSAB. This year we were audited on a range of areas of concern including:

- Business Continuity
- Neurodiversity
- Think Family
- Violence and Aggression
- Homelessness

Areas of concern are identified through Safeguarding Adult Review (SAR) recommendations.

MCH has an action plan in place to improve our practice in several areas, and we report our progress to KMSAB biannually.

Safe Discharge Audit
The Safeguarding team have supported the development and completion of safe discharge audits in response to learning from SARs. Audits were completed by the Integrated Discharge Team for individuals being discharged from Medway Maritime Hospital and by our Stroke, Palliative and Nursing Home teams.

Audit results evidenced that services took account of an adult's vulnerabilities prior to discharge, involved the individual. their families/ carers and other agencies in discharge decisions and utilized the MCA at point of discharge when needed.

Care workers participating in Intermediate Care training.

Training and Workforce Development

Training
Safeguarding training compliance across Levels 1–4 remained broadly stable for most of the year, with some variation observed during Quarter 4. Targeted actions have been implemented to address variations across services. The Safeguarding Team supplemented mandatory training with a programme of bespoke workshops covering key safeguarding and MCA topics, delivered through a mix of virtual and face-to-face sessions, these included:

- Applying the MCA in Practice
- Difficult Conversations in Safeguarding
- The MCA & Young People
- Restraint & Restriction
- Roles & Responsibilities in Safeguarding
- Self-Neglect & Hoarding

Workshops are split between virtual and face-to-face sessions.

A new virtual transitional safeguarding workshop has also been produced that features a mix of on-screen reading for staff and videos.

Attendance levels and feedback indicate these sessions are valued by staff and support improvements in confidence and capability.

An updated online induction package was maintained throughout the year, ensuring new starters receive consistent and accessible safeguarding information and complete mandatory knowledge assessments.

The Safeguarding team continue to attend Clinical Induction to provide face to face training to practitioners new to MCH, ensuring their understanding of their role and responsibilities.

Supervision
Safeguarding Supervision is mandatory for all MCH staff, the requirements for safeguarding supervision are set out in the Supervision Guidelines.

Health Visitors and School Nurses who carry a caseload of children on a Child Protection Plan are required to have safeguarding supervision every 3 months, compliance remained good throughout the year. This supervision is undertaken by the Team Managers and other senior staff who have received the required training.

The Safeguarding Team has continued to offer safeguarding supervision, one-to-one, group, as well as ad hoc provision.

Raising Awareness and Engagement

The Safeguarding Team actively promoted safeguarding awareness through conferences, national awareness weeks, and internal communications. Activities included collaboration with specialist teams to promote new guidance, development of awareness materials, and coordination of events across Kent and Medway partners. Staff feedback has been used to inform future engagement approaches.

Communication and Information
Internal bimonthly safeguarding newsletters, intranet updates, and practitioner forum meetings were delivered throughout the year to support information sharing and learning from safeguarding reviews, local audits and outcomes from local incidents.

Intranet analytics demonstrate consistent engagement with safeguarding resources, particularly guidance related to domestic abuse and trauma-informed care.

Safeguarding Links meetings provide a platform for sharing information and learning, all MCH services are required to nominate a member of staff to represent them. Links meetings are held quarterly and this year they included external speakers from the following services:

- Medway Council's Children's Services
- Sexual Assault Referral Centre
- Kent Fire & Rescue

Governance and Information Network – GAIN
The Safeguarding Team use GAIN as a vehicle for dissemination of safeguarding information and learning, this year the team have presented a number of topics including:

- Multi Agency Risk Management – MARM
- MARAC referrals and processes
- Learning from SAR Ted
- Transition awareness audit
- Quality of referrals audit

Policy and Procedures

The Safeguarding Team has contributed to the review and development of organisational policies and standard operating procedures to ensure consistency, clarity, and alignment with best practice. Updates included refinements to incident management and escalation processes following learning from safeguarding reviews, supporting staff to recognise harm and access appropriate support.

Planning Care Together
MCH have developed a policy and tools to guide staff when they are working with adults who do not wish to accept the care plan on offer. The policy ensures that conversations around care and risk are full and honest so that adults make informed decisions and that adults at risk of harm who refuse care are safeguarded, where needed, using the application of the Mental Capacity Act.

Transition from childhood to adulthood
A policy has been developed to support practitioners, and a workshop is available for all staff to help them identify the safeguarding risks that can occur around transition. Services are currently developing standard operating procedures to operationalise the principles of the policy.

In addition, specific Mental Capacity Act training has been rolled out to internal children's services to build confidence and competence within this workforce.

Conclusion

Throughout 2025–26, Medway Community Healthcare has continued to strengthen safeguarding arrangements through effective partnership working, robust assurance processes, and a sustained focus on learning and improvement. The organisation remains committed to protecting vulnerable individuals and supporting a culture of openness, professional curiosity, and continuous quality improvement.

Patient Safety:
Patient Safety Incident Response Framework (PSIRF)

MCH has been working within the framework since November 2023.

We have incorporated the PSIRF national guidance on how to respond to patient safety incidents into our Policy and Standard Operating Procedures. Advocating a proportionate response to incidents of concern whilst ensuring compassionate engagement with those affected, remains central to our vision and aligns with our core values as an organisation.

We support the key principles of a positive patient safety culture with a focus on systems solutions to safety issues, rather than apportioning blame. This is proving more effective for embedding learning, and ultimately, providing safer care for our patients.

MCH understands PSIRF is not just about patient safety but also about the development of a Just and Learn culture (as developed by Mersey Care). We are working hard to continue to develop psychological safe spaces where staff can thrive, alongside a compassionate Human Resources response when necessary.

Alongside the PSIRF policy, MCH has updated the Patient Safety Incident Response Plan (PSIRP) which is reviewed on an annual basis with approval from NHS Kent and Medway. The policy and plan includes our individual patient safety incident profile that identifies the areas that will benefit most from learning responses and maximise the opportunities for improvement.

Following review of our PSIRP, our top three priorities for improvement remain the same:

- Pressure damage
- Medication incidents
- Falls

These areas encompass our top recurring themes from reported incidents; medication issues with communication and documentation, transfer of care concerns, communication issues and failure to escalate.

All patient safety incidents are reported by staff on our local risk management system (LRMS), which is linked to the National NHS reporting system LFPSE (Learning From Patient Safety Events). LFPSE is designed to support and improve how the NHS learns from the over 2.5 million patient safety events recorded every year to help make care safer (NHS England).

When incidents meet the required threshold they are reviewed as an in-depth Patient Safety Incident Investigation (PSII). Last year a PSII was commissioned in response to an emerging trend of missed care in the adult Community Nursing Service. The report has now gone through the MCH internal governance process so its findings can be shared. The PSII was able to identify and categorise 'missed visits' being due to error or omission' and 'hanging visits' (work carried over to the next day) being due to staff capacity issues and unplanned emergency visits being added to nursing rounds throughout their day.

The report was able to compare MCH data with the national picture, confirming through analysis that the system issues with community nursing teams are similar across the country. Despite this emerging picture, several safety actions were generated and implemented as part of an improvement plan:

Safety Actions

- A Chatham team pilot for triaging work evidenced some improvements and is being rolled out across the other teams.
- Workforce planning has addressed some of the recruitment and retention issues
- The service is working with IT services to explore how the messaging system on Rio (message book) can be used better or replaced
- Caseloads are being cleansed regularly by the locality leads
- The role and responsibility of transformation assistants has been fully utilised for the benefit of the team.
- The clinical triage role in the Care Coordination Centre has been transferred to trained nurses in the clinical urgent hub.
- Separating the unplanned element of the workload so that clinicians are not interrupting their planned care with SOS calls (also part of the CUH work)
- Regular clinical supervision sessions for newly qualified staff have been factored into the recruitment process

Several tools have been adopted to help us to understand how human factors contribute to the system wide issues and concerns.

These tools include:

- SEIPS (Systems Engineering Initiative for Patient Safety), a tool which helps to identify how elements of the healthcare system interconnect and how human factors play a major role when we interact with each element of the healthcare system.
- Thematic analysis tools which allow us to proactively analyse themes and trends which help us to make improvements to processes and pathways that ultimately improve patient care.

MCH has been able to support a member of the patient safety team to complete their Patient Safety Specialist (PSS) training with Loughborough University and other staff have been identified as potential PSSs once funding can be secured.

MCH did recruit a Patient Safety Partner, however for personal reasons the role did not suit the individual which was very disappointing. The ever-changing landscape of the local healthcare system has meant that we have had to adapt and find innovative ways to engage with our patients and their families so that their voices and views remain at the centre of our culture.

Patient Safety:
Hot Huddles

A Hot Huddle is designed to take place quickly after a patient safety incident of concern occurs. It enables a quick analysis of what happened, how it happened and allows decisions to be made about what needs to be done to reduce immediate risks as well as next steps. The Hot Huddle enables insights and reflections to be quickly sought and generates prompt learning through recommending an appropriate learning response (i.e. SJR, AAR).

They can prevent:

- those affected forgetting key information because there is a time delay before their perspective on what happened is sought
- fear, gossip and blame; by providing an opportunity to remind those involved that the aim following an incident is learning and improvement
- information about what happened and 'work as done' being lost because those affected, leave the organisation where the incident occurred
- delay in taking any immediate action needed such as Duty of Candour, Safeguarding referrals, RIDDOR, CQC notifications.

In the past year MCH has undertaken 40 hot huddles which is the same number as the previous year.

Patient Safety:
Structured Judgement Reviews (SJRs)

MCH introduced mortality reviews in the form of Structured Judgement Reviews (SJRs) four years ago, performing SJRs is part of the national guidance on learning from deaths. They are clinical judgement reviews using retrospective analysis of case notes and clinical timelines. SJRs provide robust methodology to assess care, identify good practice and areas for improvement whilst also commenting on the quality of care.

There are two aspects: Firstly, judgement comments are made about the quality of care given, and secondly, that care is scored: 5=excellent care – 1= very poor care. Care is broken down into phases: admission and initial care, ongoing care, end of life care and following this, assessment of care given overall.

Some organisations use a single reviewer model, but MCH has embraced the multi-disciplinary approach involving our services, subject experts and external partners where possible. This approach is used to encourage greater understanding of how services and organisations can work more effectively to support patients, families and their carers. Families are involved so that any questions and concerns they may have are addressed in the SJR.

MCH use a report template adapted from the national template developed by the Royal College of Physicians. SJR reports are reviewed at IRG as part of the internal governance process. Here any additional learning points and actions are identified before reports are shared with families, the services involved and the wider organisation so that improvements can be made and added to the Quality Improvement Plan (QIP).

Number of SJRs up from 9 last year to 19 this year - increase of 111%.

Examples of best practice identified

- The main areas of best practice were focussed around follow up after discharges from the acute hospital. There were often patients being discharged without optimal support and the palliative care service was able to work with community nursing to rectify issues identified and ensure that support was quickly initiated.

Examples of areas for improvement identified

- The main areas that required improvement were related to the communication within and between the different palliative care teams (PCTs).

Safety Actions

- The PCTs now make phone calls in the first instance and follow up with emails.
- There is a morning huddle at 8.15am which all the different PCTs attend (Hospital Palliative Care Team- HPCT, Community Palliative Care Team-CPCT, hospice ward, Family Care and Support Team- FC&ST and medical team). It is a 15-minute discussion about current bed situation and possible admissions, discharges, new referrals and complex patients in the hospital (Medway Hospital) and community.
- FC&ST invested to contact patients discussed in the morning huddles and they go into Medway Hospital every 2 weeks.
- 2 x Band 3's now in post in the HPCT as part of the commitment to ensure that every patient is seen face-to-face especially following a referral
- Communication has improved with a new team lead now in place in HPCT
- Regular meetings held with HPCT, CPCT and community nurses for upcoming discharges, including joint visits
- Hospice staff and HPCT meet at Medway Hospital and do joint visits to patients in the hospital
- Medway Hospital End of Life team works more closely with the HPCT to improve communication. There have been issues in the past with patients going into hospital, PCTs are not always aware of admissions to hospital and have had to rely on family informing them.

Patient Safety:
After Action Reviews (AARs)

MCH have been running After Action Reviews (AARs) for 2 years now, using nationally developed methodology. An AAR is a method of evaluation, used when outcomes of an activity or event have been unexpected or unintended. It aims to capture learning whether it be positive or negative from these events to avoid failure and promote success for the future.

It is a simple but powerful process to review an incident with the aim of identifying learning which can improve services and the care they provide for patients and their families and carers. At MCH AARs have proved an effective way to engage staff in a 'just' culture where supportive learning from incidents helps improve and promote best practice. AAR reports are reviewed at IRG as part of the internal governance process, here any additional learning points and safety actions are identified before reports are shared with families, the services involved and the wider organisation so that improvements can be made.

Usually two hours is set aside for an AAR and they facilitated by a senior manager. Team members from the services involved and any specialist subject matter experts are invited to participate. If it will enhance learning external professionals involved in the patient's care may also be invited, e.g. the patient's GP, Care Home manager or Care agency, SeCAMB.

During the AAR the facilitator guides participants to focus on 4 key questions:

- What actually happened?
- What was supposed to happen?
- Why was there a difference?
- What can we learn from this?

These questions help identify learning/safety actions, which are transferred into a standard reporting template and added to the service QIP.

10 AARs have been undertaken which was in line with last year

Examples of Best Practice identified:
The main areas of best practice that were identified were in respect of responding to crisis situations when patients are discharged from hospital without optimal support in place. Community nursing teams stood out as having excellent examples of sorting out issues with discharges and supporting patients and families whilst issues are sorted.

Examples of Safety Actions identified:
The IT outage identified several areas where business continuity plans needed updating.

- List of patients and contact details for each team
- Alternative communication channels to avoid delay in diagnostics and treatment
- Other Safety actions included:
- Improving RIO usability
- Effective communication through better Multi-disciplinary Team (MDT) working and joint visits to patients where several services are involved in their care
- Improving discharge processes and pathways from hospital to community

Patient Safety:
Safety Improvement Group (SIG)

Safety Improvement Group's (SIG) purpose is detailed below:

- Organisational approach to improving safety and preventing harm to patients within the organisation – not just specific areas.
- Oversight of risk areas and co-ordinated approach to how we develop processes that support preventing harm, Patient Safety Improvement Framework and Quality Improvement (Qi) agenda.
- Monitor CQUIN and NICE compliance, report progress against agreed targets and 'unblocking' of any issues affecting achievement
- Development of safety improvement pathways or reviewing/enhancing existing ones
- Ensure pathways are evidenced based on clear competencies, NICE Guidance, and relevant legislation.
- Make recommendations for learning and development to support pathways
- Attend and provide feedback from events, network and learn from patient safety collaborative groups.
- To have a clear overview of all safety themes and trends including data collection and thematic analysis of top 3 safety improvement areas of Pressure Ulcers, Medicines Management and Falls Prevention but not exhaustively.
- To have a clear overview all areas of the Qi agenda using Qi methodology.
- To review learning from incidents and complaints through regular updates on embedding of actions which arise from learning responses such as AAR, SJR and PSII's.
- To prescribe slots at GAIN for teams to present learning from incidents specifically identified via learning responses such as AAR, SJR and PSII's

Key areas (2025- 2026)

- Joint learning through multi-agency learning responses which add weight to escalation of wider system safety needs
- Pressure ulcers (PU prevention) including internal target for acquired in our care avoidable pressure ulcers.
- Undernutrition (screening compliance) and implementation of food first alongside a reduction in use of oral nutritional supplements (ONS)
- Falls-prevention (assessment, pathway and management)
- Sepsis – prevention and recognition of sepsis, share development, facilitate implementation of Recognition of Early Deterioration (RED/READ courses)
- Safe discharge/transfer of care concerns (TOCCs) – themes and learning to be shared with group and referred to Multi-agency Review Group where collaborative working and changes to practice are required to facilitate improvement
- HCAI (Healthcare Acquired Infections) Improvement Workstreams and implementation of immediate responses to system wide infection outbreaks such as meningitis
- Medicines safety
- Safeguarding concerns including self-harm and suicide
- Induction and training – ensuring fit for purpose in respect of safety improvement agenda
- Forum for services to feedback on the implementation of safety actions and provide assurance that learning is being embedded and new processes evaluated
- Opportunity for good news stories, celebration of innovation, quality improvement and support with wider sharing of excellence.

Patient Safety:

Incident Review Groups (IRGs)

- To review learning responses undertaken by MCH services for incidents of concern, for example patient safety incidents, IG incidents, near misses or where things have gone really well.
- To provide oversight of responses and associated reports and to constructively challenge, cascade any learning points, emerging themes and identified actions.
- To provide assurance to the Integrated Quality and Performance Committee (IQPAC) and therefore the MCH Board of the robustness of learning responses and subsequent quality improvement

Both SIG and IRG require cross organisational representation, and attendees are required to cascade information down through their services and teams.

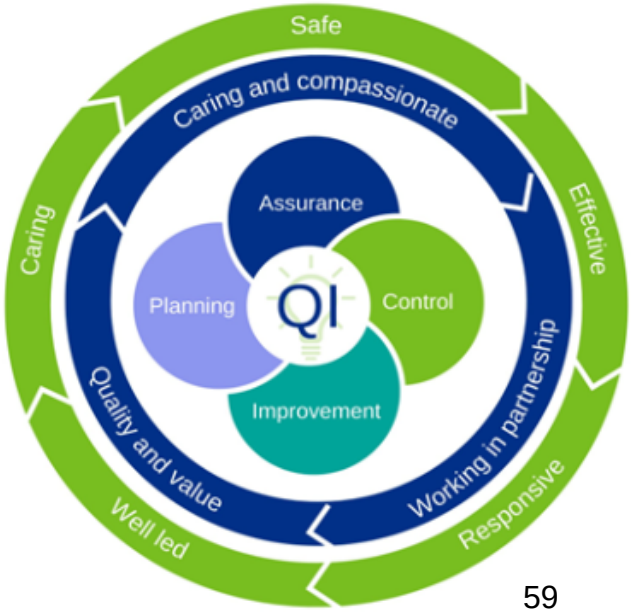
Patient Safety:
Multi Agency Review Groups (MARG)

Multi Agency Review Group's (MARG) is a community of practice whose purpose is to facilitate conversations, discuss and agree learning identified and associated actions for incidents that involve patient care spanning across our organisations, that fall outside of existing processes for SVA/SAR/JAR and complaints.

Quality Improvement (Qi)

Anne Eden (NHSE) was asked to lead the delivery and continuous improvement review in April 2022, to consider how the NHS can develop a culture for continuous improvement while focusing on its most pressing priorities.

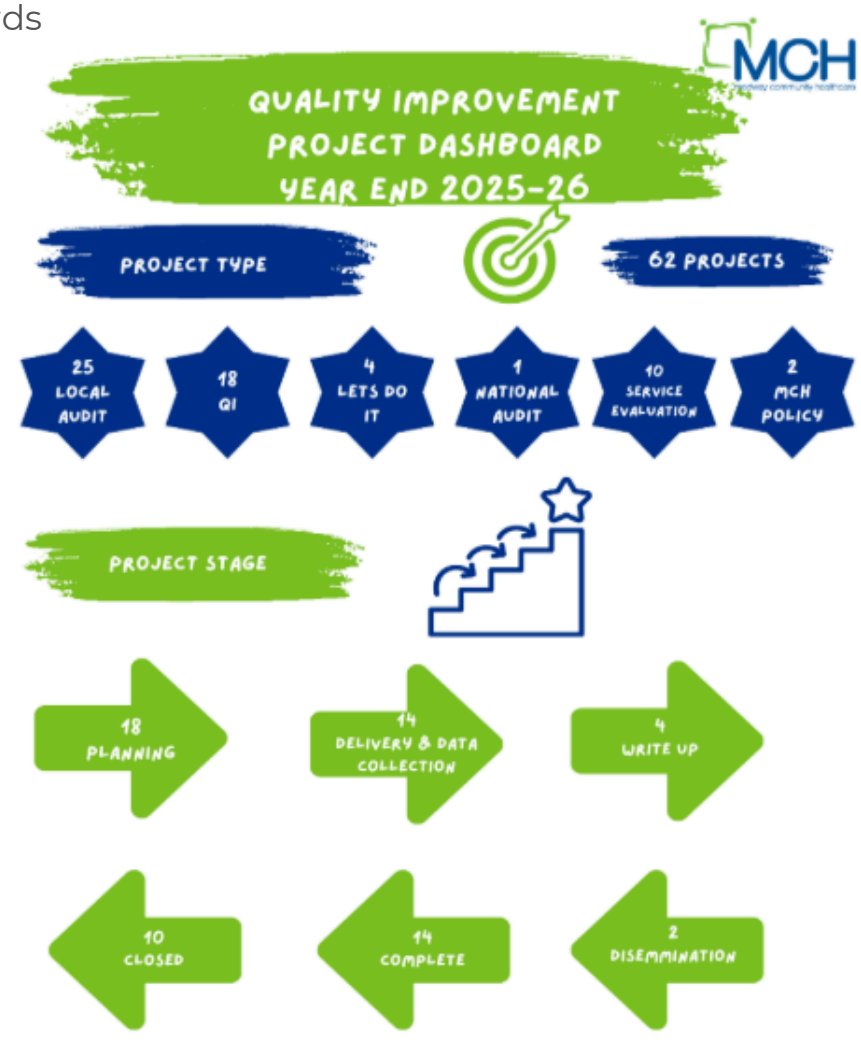
Here at MCH it is recognised there is so much excellent Qi work carried out in the teams and services. There is now a robust Qi framework and accompanying methodology to capture, measure and celebrate the impact of this work.



What MCH has done this year to build on our Qi strategy and framework:

- Continued to develop the Qi page on the staff intranet and improve registration documents for Qi ideas and Qi projects.
- Developed a huddle approach to support staff from the outset of their projects and a project dashboard to evidence progress.
- Supported staff with project write ups and preparing bids for funding and journal publication.
- Accessed QSIR Practitioner training (Quality, Service Improvement and Redesign- NHSE) run by Oxleas for MCH Qi champions. The programme offers a unique opportunity to develop quality and efficiency improvement capability, enabling MCH to rapidly build up a sustainable local skills base. Participants in the QSIR programme will learn the know how to design and implement more efficient person-centred services. Based on tried and tested tools and approaches, QSIR covers the breadth of service improvement skills and is designed for both clinical and non-clinical staff with an interest in quality and improvement. MCH has supported a total of 27 Qi champions to undertake the QSIR training.

- Continued to work with Gather to help capture Qi projects and evidence the impact of this work. MCH will be able to showcase an organisational QIP database to replace services specific QIPs which are stored within services and not visible to anyone else within the organisation.
- Developing a series of dashboards on Gather so service managers can see a live feed of matrix including clinical audit and IPC audit results, number of complaints and compliments, FFT scores etc.
- 661 staff with Gather logins



Priorities for Improvement 2026-2027

Next year it is hoped will be a transformative one in how MCH identifies and records the impact of its priorities for improvement.

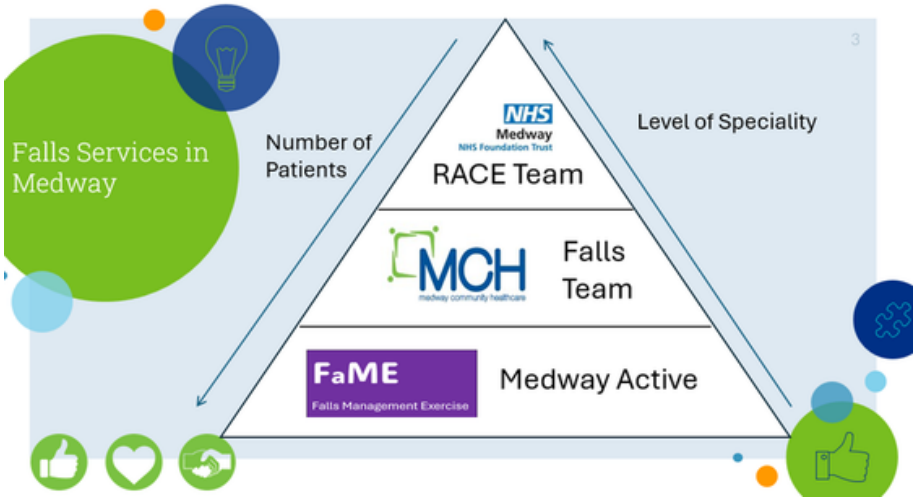
- The Quality Team are continuing the work with Gather on a centralised digital Quality Improvement Plan which will provide organisational and service level oversight on improvement work and associated dashboards to make visualisation and reporting of evidence as easy as possible. This will be aligned to our Qi strategy and Quality Priorities but also to other important areas such as CQC Quality Statements, NICE guidance, learning responses, compliments and complaints etc.
- Develop the data management capabilities of Gather to prepopulate a range of reports and posters to reduce the manual load on staff and make report writing more intuitive.
- The Quality Team will continue to support clinicians with their Qi projects including the national Integrated Neighbourhood Team (INT) agenda to improve services locally for patient and families and the support clinicians by putting the team around the team and improving collaborative working.
- Work on innovative ways to demonstrate and celebrate the impact of Qi work.
- Encourage more staff to become Qi champions and undertake QSIR training.

MCH Quality Priorities

Our quality priorities reflect the needs and wishes of patients, carers and other key stakeholders whilst utilising the experience and expertise of our staff. They provide the golden thread that runs through everything we do and staff need to evidence which quality priority their Qi work aligns with.

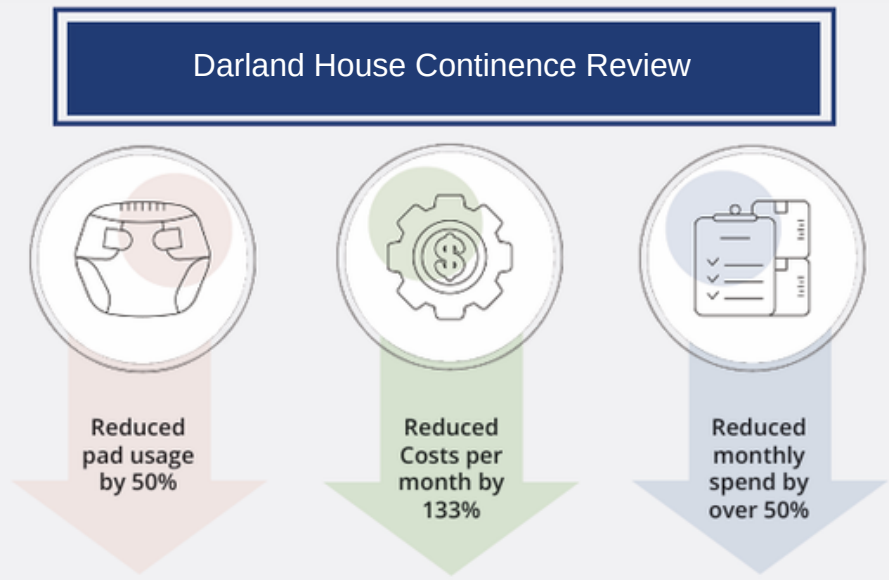
Quality Improvement

Examples of some of the Qi projects undertaken

Project	Outcome
To develop falls pathway from acute through to longer term management with Medway Active Programmes (FAME-funded by Sport England)	 Reduction in numbers of patients in MCH falls classes- no waiting list. More complex patients get care they need Approx 50% of class referrals now going to FAME Currently large waiting list for falls service- over 18 weeks Improved physical health for members of the community

Pilot annual diabetes reviews for the housebound patients on community nursing caseloads for insulin administration (Rochester only) – to ensure patient's medication is optimised using a medication review to assess insulin need/care processes including foot examination for these patients.	Care home/care agency training completed: • Platters Farm Lodge (not for insulin administration) • Little Angel Cottages • Comfort Care • Tiger Lily Care Care homes declined training: • Amhurst Court • Park View Care home/ Care Agency training booked or pending: • Bluebird Care agency • Comfort Care agency • Grafton Lodge • Shawswood • Captains Quarters • White House Care home • Admirality Care home • Whitecross Care Agency • Aquarius (not for insulin administration - have agreed to complete this to increase knowledge which may have benefits such as correct treatment of hypoglycaemia; appropriate referrals to the diabetes team for medication review; improvement in diet may lead to reduced blood glucose; improved wound healing; reduced hospital admissions). 14 insulin patients/ or their family signed off as competent to administer their insulin: 8 patients with reduced insulin visits or insulin stopped 11 patients died or were discharged from Community Nursing caseloads Annual diabetes reviews: • 8 Annual reviews completed in Gillingham (bloods taken, awaiting results and will update next month with any improvements in clinical outcomes) • 8 Annual reviews completed in Rochester • 4 Annual reviews scheduled

Review of continence products to ensure individualised and cost-effective continence care is being delivered

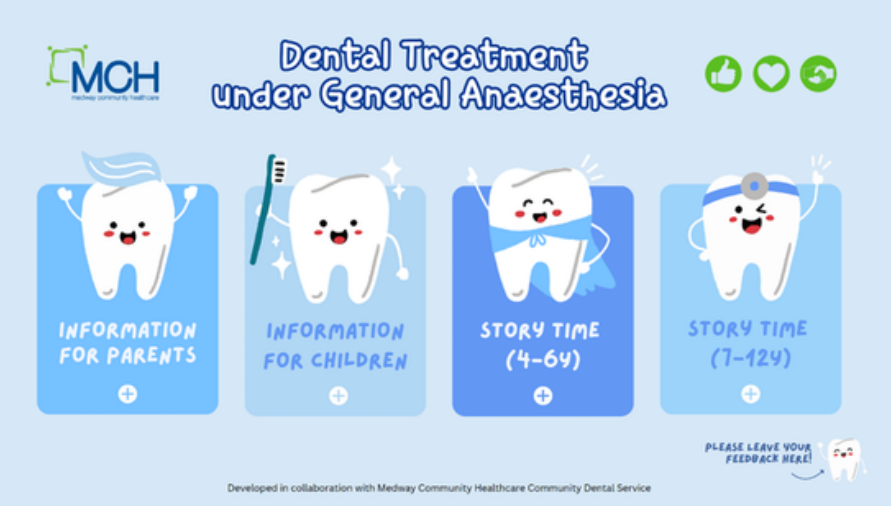


Thanks to the dedicated staff participating in this project we have improved the quality of life for our residents and reduced staff workload.
Our continence review and associated change.s have saved over a staggering £9000 in 5 months and when we look at just one incontinence pad takes around 500 years to disintegrate in landfill – we are making a great difference from an environmental factor too.

Supporting IDDSI nutritional needs (International Dysphagia Diet Standardisation Initiative) through menu improvements at Endeavour. Improving staff understanding of IDDSI levels and strengthening collaboration with ward and catering teams.

New Apetitio menu's have been implemented.
Staff training for kitchen and clinical staff has been implemented.
Standardised sandwich menus and advice sheets in place for kitchen staff and clinical staff who serve the meals.
Had a significant reduction in incident reports of incorrect IDDSI levels being served to patients
Patients now have a wider choice of meals when they are on IDDSI levels
Improved communication between teams
Development of ordering system to improve efficiency and enhance the ability to monitor food orders and stock level on Gather

Kent Manual for Mealtimes- improve the nutritional intake of care home residents while reducing inappropriate usage of thickeners, oral nutritional supplements and referrals to Speech and Language Therapy and Nutrition and Dietetics	7 care homes across Medway selected, recipes and guidance developed. Prescribed ONS replaced with homemade shakes and snacks. In the first 5 care homes estimated saving of over £3,000 in prescription costs/month (£36,000/year) plus dietetic, doctor, pharmacy, nursing and admin time. Now expanded out to 10 care homes. Also looked at the ONS prescribing by GP practices for Reach Healthcare with the view to develop a SOP and guidance for all GP practices.
To identify if the UCR Hub is preventing admission to hospital and aiding Secamb decision making for patient plan of care.	(No ED Consultant, Paramedic practitioner and ACP answering calls in the hub) • 5% of patients were issued a prescription from the MCH staff member working in the Hub but 58% of patients did not require a prescription. • Advice given by the Hub did change 41% of the SECAmb crews plan for the patient. • Only 19% of the patients were advised to be sent to ED and 31% were discharged with advice. The remaining patients were referred to either their GP, directly to MCH services (Urgent response, community nurses, MedOCC, wound clinic, respiratory team) or other services which included social services.
RALP ICIQ audit- To see patient outcomes pre and post prostatectomy for Prostate cancer following advice given by pelvic health team	Patients are all listed for a RALP – Robotic Assisted Laparoscopic Prostatectomy following a prostate cancer diagnosis. When seen pre -op they're given information about surgery, what to expect after surgery, pelvic floor exercise, fluid intake, bowel habits, exercise levels and any questions answered. This is very similar for patients just seen post op. Project to see how much of an improvement patients saw when attending physio from their initial appointment to discharge using the ICIQ-UI (The International Consultation on Incontinence Questionnaires (ICIQ) – Urinary Incontinence. (UI)) short form. Every patient had significant improvement in their scores - initial appointments scores ranged from 8-21 and then on discharge most of the scores were 0. From start to finish physio sessions tended to be between 2-6 sessions.

Information booklet for children to prepare them for undergoing a general anaesthetic for dental procedures	 The GA resources were rolled out and now made accessible to patients through their appointment reminder letters. An improvement in the anxiety levels and patient experience and the service will continue to use the resource and capture children and families feedback
How well do MedOCC clinicians meet the Standards of Safety Netting Advice	98 face to face consultations reviewed. **Conclusion** • Specific safety net advice needs to include specific symptoms in terms that the patient or carer understands. • Documentation should include clear time frames for persistent symptoms and when to seek further help. • Clear and realistic advice should be documented as where the patient should seek further help considering accessibility of current GP appointments. • Clinicians can enhance their standard of safety net advice given by providing the patient / carer with written information with reference made in the case notes. • Recommend further of telephone safety netting advice.

This Is Me 2025
A non-diagnostic, educational tool designed to summarise a child's needs across nine neurodiversity spectrums.

- Encourages collaboration between professionals, parents, school and the child.
- Helps create personalised support plans based on observed behaviours and needs.
- Can be sufficient for many children, though it does not replace formal diagnosis if needed.

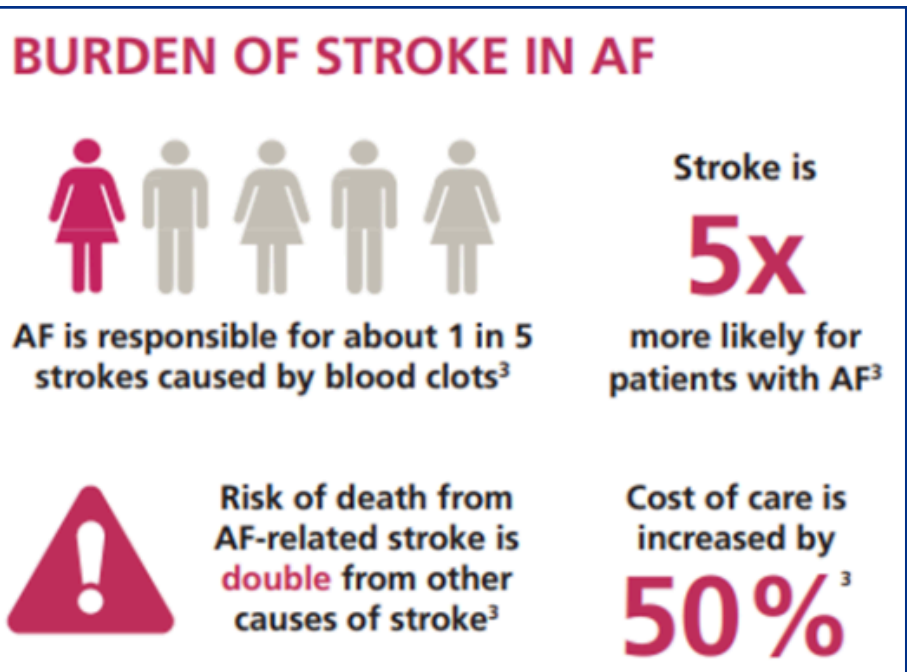
Cohort 1

- 6 schools trained
- 14 Needs Summary Meetings supported
- Established positive feedback loop
- Recruited 2 Neurodiversity Family Support Practitioners, ensuring capacity for ongoing delivery.

Next Steps:

- Train cohort 2- another 6 schools
- Launch cohort 1 intervention blocks
- Refine triage process with the new online referral form
- Continue resource sharing and communication improvement with schools

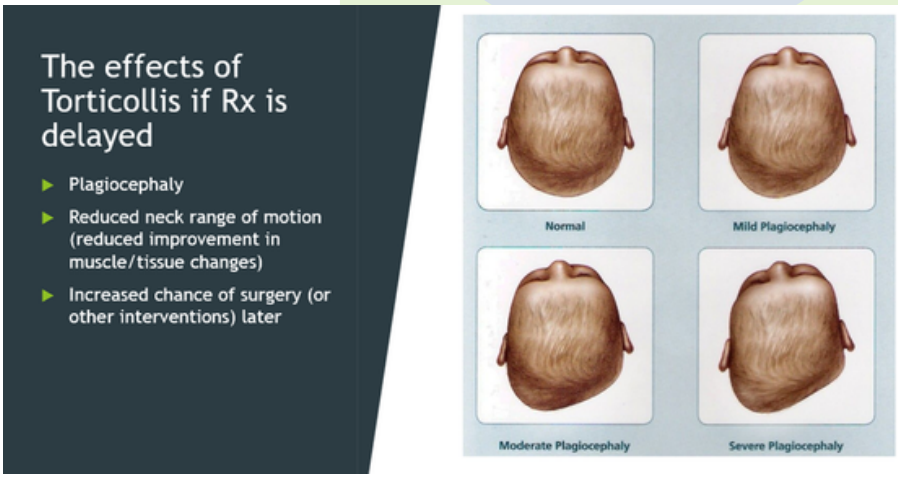
Joint working with PCN South Flu Clinics to identify undiagnosed Atrial Fibrillation (AF)



67 patients screened, 2 diagnosed with new AF
Outcome: Potential cost saving of £290,000 over first 5 years, if both patients had subsequently had a stroke.

'It is the truth if I hadnt have had the check done that day who knows what would of happened and I might not be around in the future'

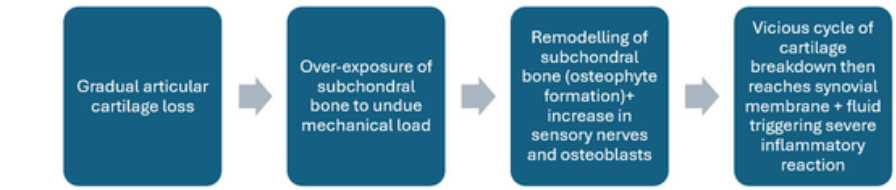
Congenital Muscular Torticollis
Best Clinical Practice



Change in Practice

Training staff for early identification of CMT	Ensuring referrals are treated urgently	Changing assessment process to include specific outcome measures
Training of team to use outcome measures	Create a torticollis pathway	Pilot a treatment group for torticollis to gain better parent compliance to stretches and positioning and create a support network for parents.

TOAST-
Targeting OA with Supported Treatments



What do we offer?
8 week programme with 6 sessions
Each session is a combination of education and exercise
Education topics include the importance and value of exercise, health improvement focussed on optimising metabolic health, pain management strategies and when to consider arthroplasty
4x cohorts per week of a maximum of 10 participants per cohort = maximum of 40 patients per week

Outcomes – data from 141 participants
84% of patient saw improvement in their sit to stand score
88% of patients saw improvement in the GROC score with over 70% of these reporting improvement of between 4 and 7 (moderately better to a very great deal better)
83% of patients were discharged at the end of the 8 weeks

Infection Prevention and Control (IPC)

In 2025 to 2026, the focus of the Infection Prevention and Control programme has been on moving from implementation into maturity. With the Patient Safety Incident Response Framework (PSIRF) now fully embedded, our approach to incidents, outbreaks and post infection reviews is consistently centred on learning, system insight and proportional response, rather than process driven investigation.

A key area of progress this year has been the strengthening of our data infrastructure. Newly developed and embedded audit tools are providing richer, more nuanced data, enabling services to better understand performance beyond compliance alone. This has been complemented by the continued development of our semi automated surveillance system, which is now routinely identifying themes, trends, learning and examples of good practice. Together, these systems are improving our ability to triangulate information and translate it into meaningful, actionable improvement at service level.

We have also expanded access to IPC knowledge and guidance through the delivery of the IPC A to Z for community services. This searchable resource provides clear, practical and evidence based information to support decision making at the point of care, and represents a significant step forward in making IPC guidance more accessible and usable for frontline staff.

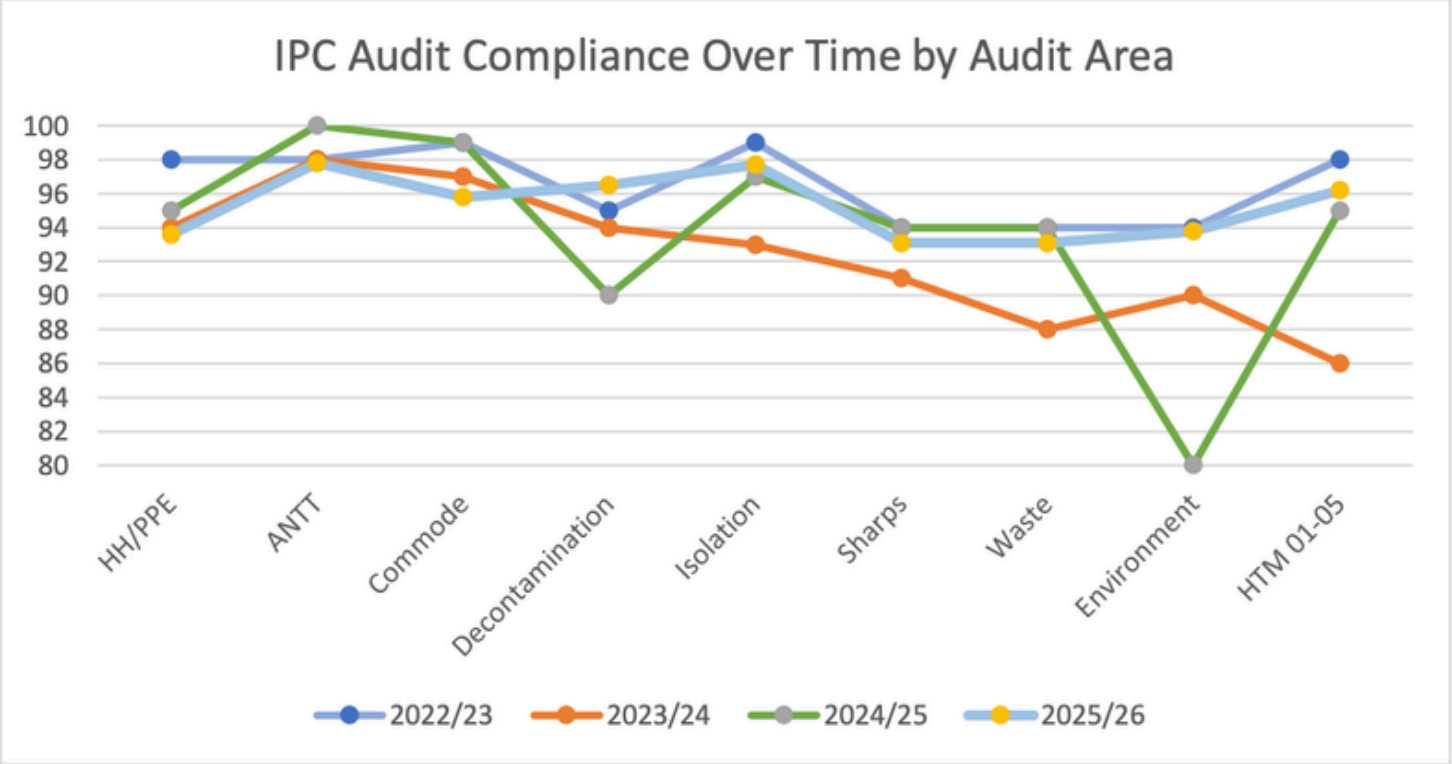
Looking ahead, our priority is the embedding of key quality improvement programmes that support both patient safety and cultural change. These include patient led hand hygiene, ethical IPC risk assessment processes, hydration and caffeine reduction initiatives, and a new online IPC Link Practitioner induction programme. Progress in these areas has been slower than planned, largely due to periods of instability within the IPC team and the requirement to respond to several system wide outbreaks. However, the decision has been taken to prioritise quality and sustainability of delivery, ensuring that these programmes are implemented to a high standard and achieve meaningful impact.

Across the year, IPC has continued to align closely with organisational quality priorities, maintaining a strong focus on assurance, improvement and responsiveness to emerging risks, while building the foundations for longer term, system wide change.

Quantitative evidence of operational quality

Data remains central to how IPC measures quality, identifies risk and drives improvement. Our approach focuses on triangulating multiple data sources, including audits, surveillance and post infection reviews, to move beyond compliance reporting and towards meaningful insight. This enables us to identify themes, respond proportionately to emerging risks and share learning in a way that supports improvement at service level.

IPC Audit Compliance



Audit data over the past year demonstrates broadly stable performance, with compliance remaining in line with previous years across most audit domains. This consistency reflects a well embedded baseline of IPC practice across services.

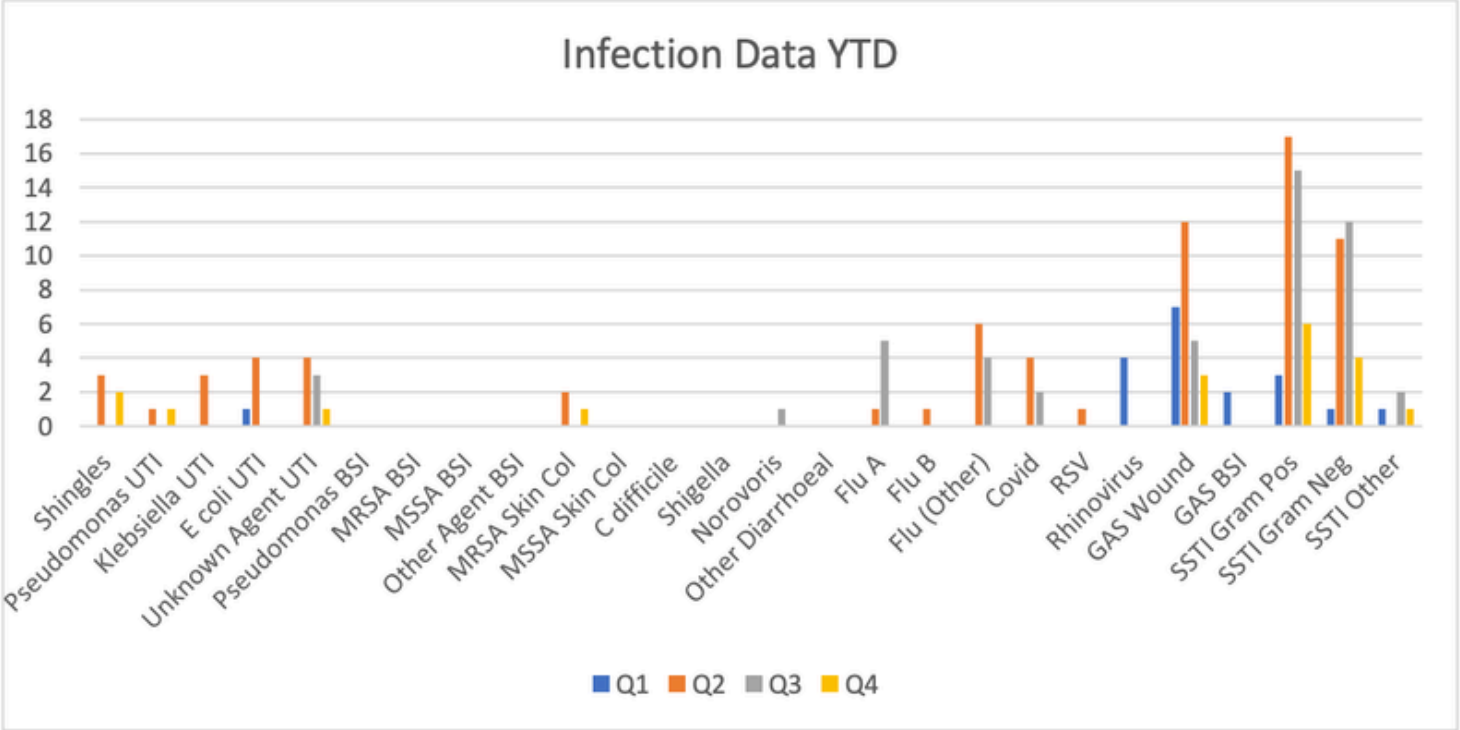
However, there have been some minor but notable reductions in compliance in key areas, including ANTT, sharps and waste.

The reduction in ANTT compliance is in part attributable to the separation of ANTT audit processes from competency assessment frameworks. While this was an intentional move to strengthen governance, it has created some confusion at service level regarding expectations and documentation, which is reflected in audit returns.

Similarly, compliance in sharps and waste management has been impacted by changes in service delivery. An increase in the management of cytotoxic waste within community settings has highlighted gaps in existing processes and guidance. These gaps have been identified through audit and are now being addressed.

An action plan is currently in development to strengthen clarity, standardisation and education in these areas, with the aim of restoring compliance to expected levels and ensuring staff feel confident in applying correct processes in practice.

Infection Surveillance and Trend Analysis



Surveillance remains a critical component of IPC, enabling early identification of risk, monitoring of trends and targeted intervention.

A total of 154 infections were reviewed through the PIR process this year, with no infections deemed attributable to MCH care.

Key findings from surveillance data:

- Seasonal variation continues to drive increases in respiratory infections, including influenza, COVID-19 and RSV
- Gastrointestinal infections, including norovirus, remain low but present sporadic peaks consistent with expected patterns
- Urinary tract infections remain a consistent source of infection burden across services
- Skin and soft tissue infections represent the highest volume of recorded infections, with both Gram positive and Gram negative organisms contributing
- No significant or sustained outbreaks of high consequence infections were identified within MCH services
- Variation across quarters reflects expected seasonal pressures rather than systemic IPC failure

Overall, surveillance data reflects expected patterns of infection within community healthcare, with variation driven by seasonal pressures rather than systemic concern. When triangulated with audit findings, this provides strong assurance of consistent adherence to IPC policy and effective application of standard precautions across services. The continued development of the semi automated surveillance system has further strengthened this position, enabling a greater volume and depth of data to be captured than in previous years 0 2 4 6 8 10 12 14 16 18 Infection Data YTD Q1 Q2 Q3 Q4 while maximising the efficiency of the IPC team. This has enhanced our ability to identify trends early, target interventions proportionately and share meaningful learning, supporting both patient safety and continuous improvement.

MRSA Screening Compliance

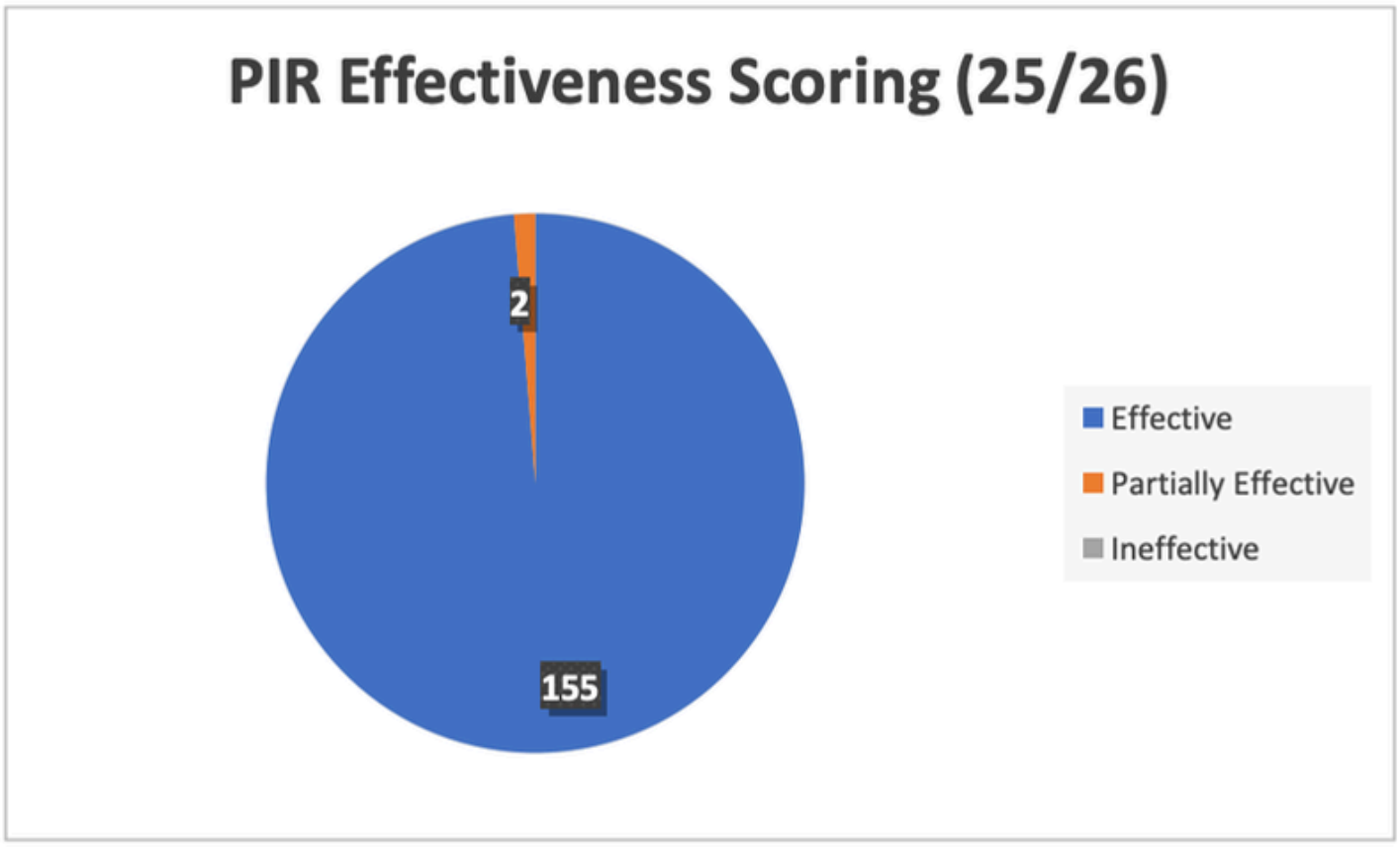
- Elective admissions: 98.05%
- Emergency admissions: Not applicable to current service lines

MRSA screening compliance has remained consistently high throughout the reporting period, with full compliance achieved in Q1 and Q2 (100%). A slight variation was observed in Q3 (98.6%) and Q4 (97.2%), attributable to isolated periods of lower compliance, with prompt recovery to expected standards week on week.

MRSA screening compliance for the year was 98.95%, a slight reduction from the previous year's 100% compliance. Review of non-compliant cases identified that these were not due to failure to follow local policy. A small number were attributable to patient choice, where screening was declined, and a small number related to swabs that were not processed due to loss within the pathway between collection and laboratory receipt.

This indicates that screening processes at point of care remain well embedded and reliably delivered. Work is underway with system partners to strengthen assurance across the specimen pathway and minimise the risk of loss, ensuring full end to end reliability

Post Infection Reviews (PIRs)



The introduction of a formal effectiveness scoring framework in 2024 to 2025 has continued to provide a clear and structured measure of how well PIRs translate into meaningful action and system learning. 155 2 PIR Effectiveness Scoring (25/26) Effective Partially Effective Ineffective

A total of 157 PIRs were completed this year. Of these:

- 155 were assessed as effective
- 2 were assessed as partially effective
- 0 were deemed ineffective

This high rate of effectiveness reflects strong follow through on recommendations, adherence to local policy and an increasing maturity in embedding learning into routine practice.

The small number of partially effective PIRs were associated with delays in investigation, with reviews undertaken more than 30 days after the infection event. This reduced the timeliness and immediate impact of learning, although actions were still identified and implemented.

Overall, PIRs continue to demonstrate a strong and improving safety culture, with learning consistently translated into practice. When considered alongside audit compliance and surveillance data, this provides further assurance that identified risks are being effectively managed and that learning is consistently informing both local practice and wider system improvement. This level of effectiveness reflects increasing maturity in PSIRF implementation, with a clear shift towards timely, learning focused and system led responses to infection events.

Board Assurance Framework (BAF)

The Board Assurance Framework (BAF) continues to serve as a key mechanism for oversight of infection prevention risks, controls and mitigation. IPC related risks are reviewed quarterly through the Infection Prevention and Control Sub-Committee and escalated to the Board via formal governance routes.

This approach ensures a clear line of sight between operational risk and executive assurance, supporting visibility and accountability at all levels of the organisation.

While many IPC risk areas remain well controlled, ventilation and water safety continue to be managed in partnership with Estates colleagues. Over the past year, work has focused on maintaining oversight, clarifying roles and ensuring that existing controls remain effective.

Due to competing organisational priorities across both Estates and IPC functions, progress has been more incremental than anticipated. However, there remains a clear commitment to strengthening how assurance is captured, aligned and shared between teams.

The focus for the coming year will be on developing a more integrated and proportionate assurance model, enabling both teams to work collaboratively on shared risks while making best use of existing systems, monitoring processes and regulatory requirements.

Qualitative and Social Value Evidence

While quantitative data provides assurance of compliance and performance, qualitative and social value evidence offers critical insight into how infection prevention is experienced by patients, staff and the wider community. This perspective reflects the real world impact of IPC, demonstrating how it builds confidence, supports inclusion and drives meaningful, sustainable change beyond traditional metrics.

Health Equity and Accessibility

This year has seen continued expansion of community facing IPC work, with a strong focus on education, accessibility and early intervention.

In collaboration with the Sepsis Trust, community based IPC education has continued across a wide range of settings, including schools, community groups and volunteer networks. These sessions have been adapted to suit different audiences and now incorporate elements of patient led hand hygiene where appropriate, supporting both infection prevention behaviours and confidence in speaking up.

Community hand hygiene sessions have been delivered at multiple events, including engagement with schools, local groups and MCH volunteers. These sessions aim to embed infection prevention behaviours early, normalise good practice and improve recognition of infection and deterioration, including sepsis.

Work with the Sepsis Trust remains ongoing, with plans in development to relaunch local sepsis support groups. These groups aim to provide ongoing emotional and practical support to individuals and families affected by sepsis, ensuring IPC support extends beyond the point of infection into recovery and long term wellbeing.

Staff and Patient Voice

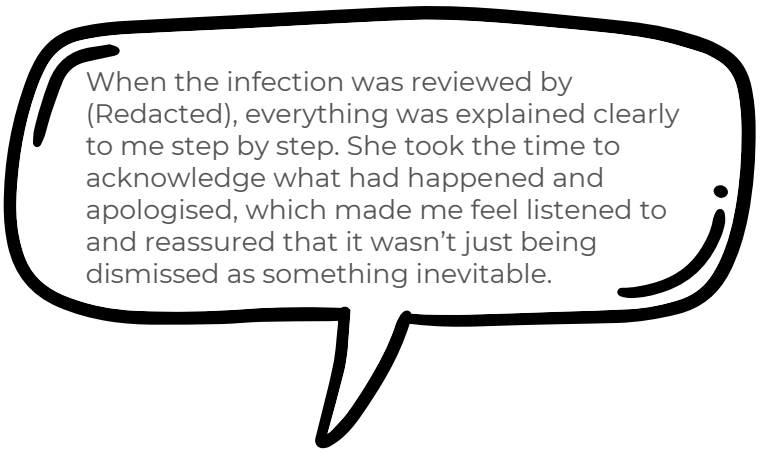
Understanding how IPC is perceived by those delivering and receiving care remains central to maintaining trust, safety and continuous improvement. Feedback from both patients and staff continues to reinforce the importance of visible, transparent IPC practice in supporting a culture of safety, where expectations are clear and practice is open to discussion and challenge.

The following feedback provides insight into how IPC is experienced across services and highlights the role that transparency plays in supporting a just culture.

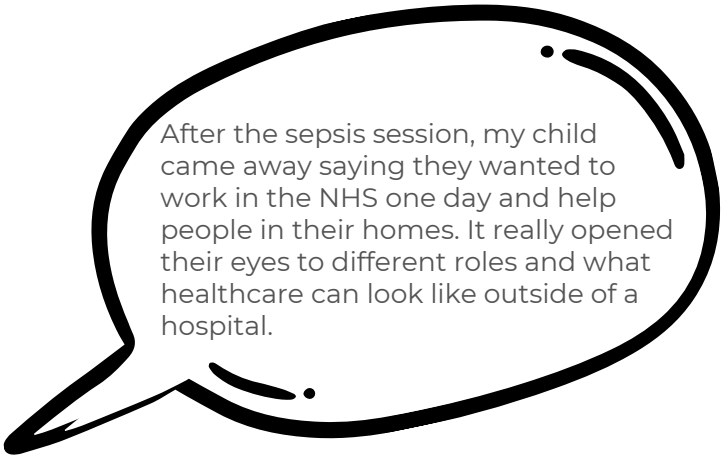
External partner (UKHSA):

Staff feedback (training):

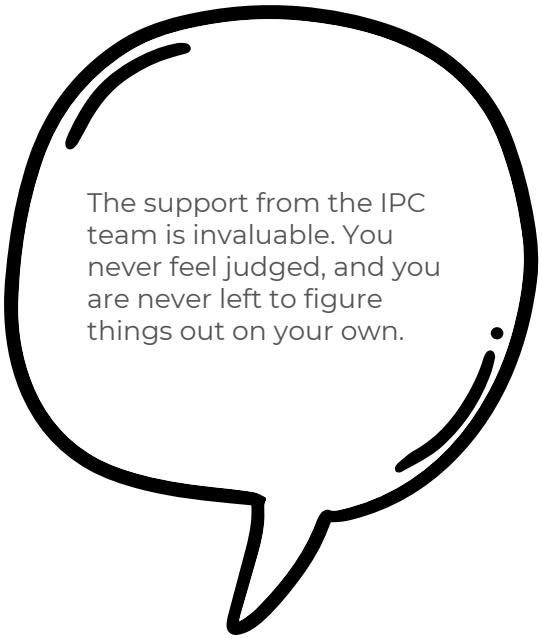
Patient feedback (Post Infection Review process):



Community feedback (Sepsis education session):

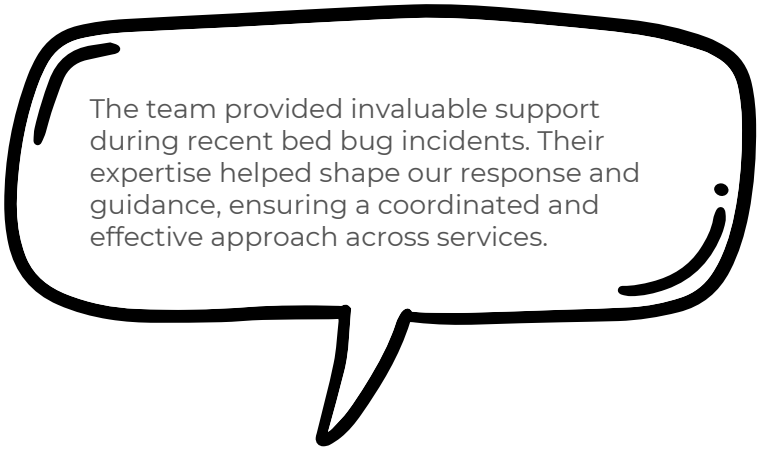


Staff feedback (IPC support):



Staff feedback (IPC presence):

External partner (Local authority social services / housing support):



IPC Quality Improvement (QI) Initiatives

Our quality improvement work this year has focused on developing and embedding programmes that deliver both clinical impact and cultural change.

The patient led hand hygiene programme remains a key priority, with a full launch planned following successful pilot and refinement phases. This work represents a shift towards shared ownership of IPC between staff and patients, with the potential to improve compliance, confidence and patient experience.

A targeted skin and soft tissue infection (SSTI) improvement programme is currently in the final planning stages. This work has been intentionally paced to ensure it is evidence based, impactful and aligned to surveillance findings, particularly in response to the ongoing burden of non-attributable infections.

Work to address dehydration and caffeine intake has also progressed, with a focus on promoting hydration and reducing bladder irritation through a shift towards decaffeinated products as the default option within inpatient settings. This initiative is grounded in evidence linking dehydration and caffeine intake to increased risk of urinary tract infections, bladder irritation and exacerbation of symptoms such as confusion and sundowning in vulnerable patients. The programme has been presented at the inpatient forum, with responsibility now transitioning to clinical teams to engage patients and implement changes within their environments.

In addition, ethical IPC risk assessment processes are being developed to support decision making in complex scenarios where strict adherence to IPC guidance may not align with a patient's best interests. This work focuses on identifying, mitigating and managing risk in a way that is both clinically safe and compassionate. For example, enabling a patient at end of life to spend time with family despite infection risks, with appropriate controls in place to minimise harm while prioritising psychological wellbeing. A pilot of this approach is currently being planned within Wisdom Hospice.

The inclusion of staff, patient, and partner voice provides essential qualitative evidence of quality in IPC. It demonstrates that our systems are not only compliant but also person-centred, and embedded in everyday practice. Feedback from those delivering and receiving care highlights positive impact— a key indicator of a high-quality, responsive IPC programme. This insight enhances our assurance processes and brings depth to the data, validating that our work makes a meaningful difference in our settings.

IPC Quality Improvement (QI) Initiatives

Our quality improvement work is rooted in both data and dialogue. This year, new and ongoing QI initiatives have focused on shared learning, prevention, and enhancing the patient voice.

- Hand hygiene compliance is being enhanced through a co-designed observational feedback pilot that directly involves patients. Originally trialled with a small group, the approach has now been refined and expanded, with tools shaped by those who used them first-hand which is hoping to be launched in quarter one.
- Several QI projects are directly linked to PIR findings, especially around the continued rise in non-attributable skin and soft tissue infections (SSTIs). Plans are also underway to further address UTI management and community-based Clostridium difficile infections, the latter with strong ties to antimicrobial stewardship.
- As part of our commitment to social value, we have continued to support sepsis support groups for Medway residents. Delivered in collaboration with the Sepsis Trust, these groups provide a safe space for individuals and families to process traumatic experiences, receive emotional support, and access appropriate services, ensuring MCH's IPC team can support before, during and after an infection.

Participation in research

"We are research active"

130 studies reviewed for eligibility

10 open studies

3 studies in set up

19 studies in follow up

10 clinical specialities involved in research

6 new studies set up in year

240 research recruits

Our Research

“Research in action”

NIHR Portfolio Studies

MCH has remained research active during 2025-26, continuing to support the delivery of NIHR approved portfolio studies. Where appropriate, MCH have also supported additional studies and projects associated with Quality Improvement, Masters degrees or Advance Clinical Practice accreditation..

240 new participants were recruited within the year. MCH make a pledge target of **150** recruits each year so this is a **60%** increase on our target and is a definite recovery from last year’s activity.

130 different studies were reviewed for eligibility across the year and MCH were able to successfully open **6** brand new studies in year. At year end MCH currently have **10** open studies on their portfolio and are in set up for **3** additional studies.

Our highest recruiting study in year was MINDER (**152** recruits) - A survey study exploring thoughts and perceptions of sleep. This was followed by a national registry study called the MND Register (**44** recruits). We are extremely pleased to be able to offer this study as MCH are in a unique position to have a local MND Coordinator based within our Palliative care services.

Other MCH services actively involved with research during the year have included Stroke Services, MSK Physiotherapy, Community Nursing, Children’s Services, Dental, Palliative Care as well as organisation wide studies on perceptions of sleep.

MCH are continuing to work closely with other institutions including the Centre for Healthy Empowered Communities and are co-applicants on 4 potential future studies, all currently going through NIHR applications & funding bids:

- LINK (Living with independence: nurturing knowledge for T2D and mental health): A feasibility study of a new type 2 diabetes (T2DM) patient self-management protocol in populations with Serious Mental Illness, health inequalities and co-morbidities, to improve long term patient outcomes and wellbeing
- Football & Mental Health- a Healthy Empowered Communities (HEC) lead project.
- DWELL (Diabetes & Wellbeing) in Prisons- a collaboration with Oxleas NHS Foundation Trust & HEC about delivering the previously trialed DWELL programme within Prisons.
- Understanding the support needs of African and African-Caribbean people living with dementia, their care partners and families and the impacts of delayed support: identifying inclusive strategies to facilitate timely and culturally appropriate social care support." with the Geller Institute of Ageing and Memory, University of West London.

An additional project is being explored as part of a regional Hospice collaborative understanding risk factors around complex care requirements with end-of-life care and dying.

MCH have continued to maintain their presence across the network wide forums and events, including:

- "Space to Lead" NIHR Patient & Participant Involvement & Engagement (PPIE) Forum (South East)
- Research Deliver Leaders (South East)
- SE Regional Research Communications Group (South East)
- Kent and Medway PPIE Collaborative (Regional)
- R&D Forum Hive Mind- (National)
- AHP Community of Practice
- UK RD Regional Finance Meeting
- RRDN Workforce Delivery Group
- ICB Primary Care, Acute and Community Research network.
- Centre for Healthy Empowered Communities Board
- Medway Council Health Determinants Research Collaboration (HDRC) Board
- EDGE Working Group

MCH have taken a pragmatic approach with its support of other studies that it is not able to deliver internally for various reasons and supporting the wider system with promoting studies and projects lead by other trusts including our neighbours Medway NHS Foundation trust. We have actively promoted studies called ELSA (Diabetes screening for children), D-CYPHR (bioresource for children and younger people) and IBHO (a bio resource for Improving Black Health outcomes).

Chris Gedge, Head of Research & Andrea Dennis Clinical Lead Stroke Services have been invited by colleagues from MFT to be part of an advisory committee for a new locally home-grown study- WISER-AID.

This project is for women aged 18-65 living or working in Medway looking to seek views on digital health and stroke prevention.

Having both worked in Stroke, Chris and Andrea are advising on study design and community engagement and actively promoting some focus groups MFT are looking to deliver.

Training and Development

A continued focus and priority for MCH & the Research team has been to increase the capacity and capability of staff to undertake and support research activity. Throughout the year various support events and activities have been attended and supported:

Research Awareness Training

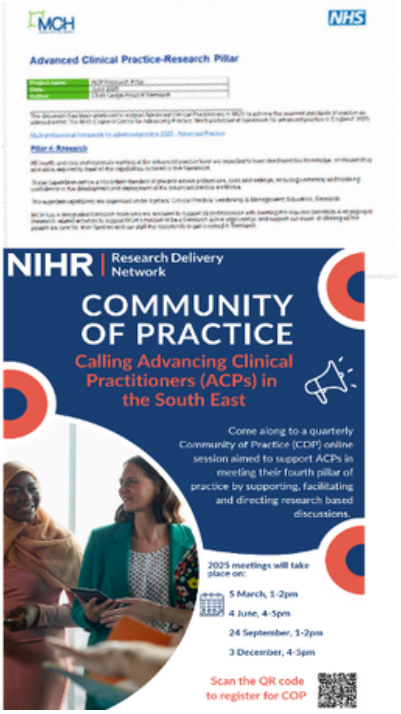
Every month members of the Research team attend the New Starters Clinical Induction Program and deliver our "Research awareness training".

This allows us to meet all new members of staff joining MCH and raise the profile of the Research team as well as explaining about what the team do; structure & function of the NIHR; the Research process and how teams can get involved and support research.

Mr. Kevin Jasper our Patient Research Ambassador joins in the delivery of the sessions to give his unique perspective of being involved in research & why it's important to ask people to be involved.

During 2025-26 141 staff undertook Research Awareness training.

Advanced Clinical Practitioners



In response to the publication of the multi-professional framework for Advanced Practice in England the research team have been working with the Practice Development & Medicines Management team to support ACP's across the organisation to meet their required standards.

A "Research toolkit" has been developed supporting staff with achieving the desired competencies through identification of relevant research activities or training opportunities that exist online and in day-to-day practice.

Staff have been actively encouraged to join the NIHR Community of Practice for ACP's.

Kent & Medway Research and Innovation Collaboration - Inaugural Conference - April 2025

Chris Gedge was invited to present at the KMRIC inaugural conference at The University of Kent on the Research activities in MCH and the potential for increased Community based research.

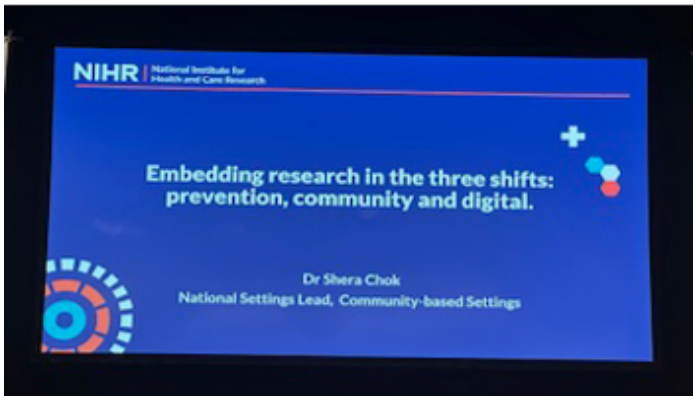
Over 150 delegates attended from a range of health and social care organisations; universities, medical school and Voluntary sector.

Medway NHS Foundation Trust (MFT) Annual Conference - April 2025

Following the completion of a joint project between MCH & MFT looking at research in Underserved Communities, Chris Gedge and Laura Adams (PPIE Lead MFT) presented the findings of the project to a system wide audience as part of MFT's Annual Research Conference.

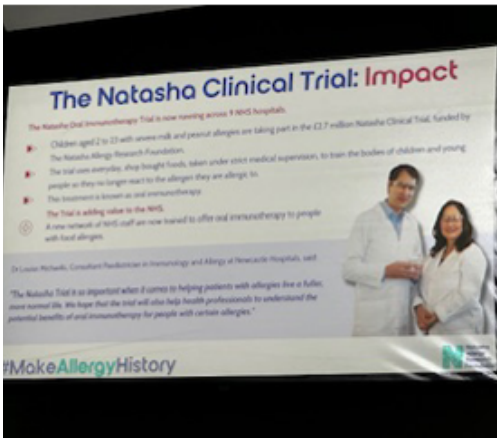
Research & Design Forum Manchester 19-20th May

The Research team were very honoured and felt privileged to attend the National RDF Conference in May. This provided a great opportunity for learning and knowledge exchange and best practice ideas as well as networking with other colleagues across the NIHR. Focus for the conference was around ways to embed research in the 3 big shifts - prevention, digital and community.



EDGE Annual Conference London 4-5th June 2025

In June the team attended the EDGE conference near Heathrow. EDGE is the clinical research management system used with MCH and was celebrating its 25th year. It was hosted by BBC Medical Editor Fergus Walsh and again involved sharing of good practice across other organisations; new developments and the importance of accurate data management in the development of new research ideas and innovations in care.



MCH/KCHFT Joint Research Conference - October 2025

MCH and KCHFT hosted their first ever joint conference on 29th October 2025.

Over 60 people signed up for the event held at the East Malling Research Centre near Maidstone.

Dr Rosie Chester gave a presentation on the experiences as a Principle Investigator and that of the Palliative Care service being involved in the Chelsea 2 study where MCH were an active site. This study investigated the impact of giving fluids at the end of life.

Headline speaker was Dr Shera Chok, National Community Settings lead for the NIHR, talking about the challenges and opportunities for research in Community settings.

Other presentations included the launch of a new local Research journal developed by KCHFT & Canterbury Christchurch University and feedback from a study called Circle by the Sea.

Working in Partnership “Engagement”

“Patient and Public Involvement and Engagement (PPIE)”

As part of funding received from the RRDN MCH continues to prioritise Community Engagement activities to showcase the work of MCH but also to promote other wider NIHR causes such as Be Part of Research and Join Dementia Research, positively promoting research.

MCH are active participants of Kent and Medway PPIE forums as well as a South East RRDN PPIE forum called “Space to Lead”- these provide a great platform for sharing good practice ideas and future collaborations and developments within the organisation. This also enables us to deliver on our organisational values around being a social enterprise and adding social value.

Multiple PPIE activities have been undertaken throughout the year and MCH have worked with the following organisations/networks:

- Medway Champions Network
- Gillingham Street Angels
- Community Voices in Research Kent & Medway- Community Research Engagement Network
- Alzheimer’s and Dementia Support Services
- Medway Voluntary Action- agreement in place to share information with their network members.
- Kent and Medway PPIE Collaborative
- Nucleas Arts
- Medway Food Partnership Network
- Medway and Swale Physical Activity Alliance
- Medway Public Health team
- Medway HDRC Public Advisory Group

Awakening Church - June 2025
In June, Julie Webster Research AHP was invited to attend a blessing at the Awakening Church and give a talk on Diabetes (her clinical specialty) and was able to talk about Research too.

On Saturday 5th July MCH Research team attended the Chatham Carnival. Dressed as Batman and Mary Poppins, Chris Gedge and Julie Webster were invited to join the parade up the High street with Medway Council Leader Vince Maple and lots of other local organisations.

With support of Sandra Mononga, Research Nurse & Laura Adams Research Nurse (MFT), it was a great opportunity to promote MCH, research activity and also national campaigns like Be Part of research & Join Dementia research. The team hosted a colouring competition for children and had plenty of Haribo's on offer!

Kent & Medway Health and Care Partnership Social Regeneration Event - July 2025

In July, MCH were invited to attend a Social Regeneration event hosted at Medway College. The event focused on bringing together colleagues across the private and public sector, Voluntary Community Social enterprises and Faith sector to celebrate and empower cross sector working.

Again this was another fantastic opportunity to showcase MCH and seek future collaborations to promote research to the wider community.

Cleopatra's Legacy - August

During The Social Regeneration Event a collaboration opportunity presented itself with a lady called Desiree Nurse. Desiree is the owner of Cleopatra's Legacy in Chatham High Street who specialise in Afro-Caribbean hair and beauty but also provide a wig and prosthetic service to women undergoing a cancer journey.

At a follow up meeting at Desiree's shop they have agreed to actively promote research and MCH when clients come in for their consultations which can be up to an hour long.

A chance meeting at an event leading to a more formal collaboration!

"Space to Lead" Regional Forum 11th November 2025

Representatives from across the Kent, Surrey and Sussex research organisations once again met as part of their regular forum to share updates and good practice around PPIE activities undertaken.

Updates were provided about future Space to lead funding; RRDN Public Partners and the development of a South East Public Partner Community; training from Alzheimer's research UK, Be Part of Research and Join Dementia Research.

A presentation and subsequent conversation was facilitated by James Ratcliffe, Equality, Diversity and Inclusion Lead for Royal Surrey NHS Foundation trust and the interconnectivity of EDI and research inclusion.

MCH - Annual General Meeting 13th November 2025

In November, Chris Gedge (Head of Research) and Julie Webster (Research AHP) attended MCH's Annual General meeting held at Lordswood Leisure Centre. This was an opportunity to showcase some of the activity undertaken in the Research team with MCH colleagues whilst also provided staff the chance to get involved with the MINDER Research study.

Medway Health Determinants Research Collaboration (HDRC)

Chris Gedge, Head of Research, continues to sit on the HDRC Board to give advice and oversight to the programmes of work undertaken.

NIHR | Health Determinants Research Collaboration Medway

CHSS University of Kent

Medway Council Serving You

Centre for Healthy Empowered Communities (HEC)

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 research and innovation projects.

The Centre for Healthy Empowered Communities

Chris Gedge, Head of Research has continued as an active member on the HEC Board and are currently collaborating on projects around mental health in partnership with local football clubs; an NIHR bid around longer-term diabetes management (LINK); and are developing a new bid for delivering the previously reported DWELL programme within Prisons in partnership with Oxleas NHS Foundation Trust.

Customer experience

We aim for everyone to have the best possible experience in our care, and patient feedback plays a vital role in achieving this. 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.

Friends and Family Test

MCH uses the Friends and Family Test (FFT) alongside other qualitative surveys and engagement to gather service user feedback.

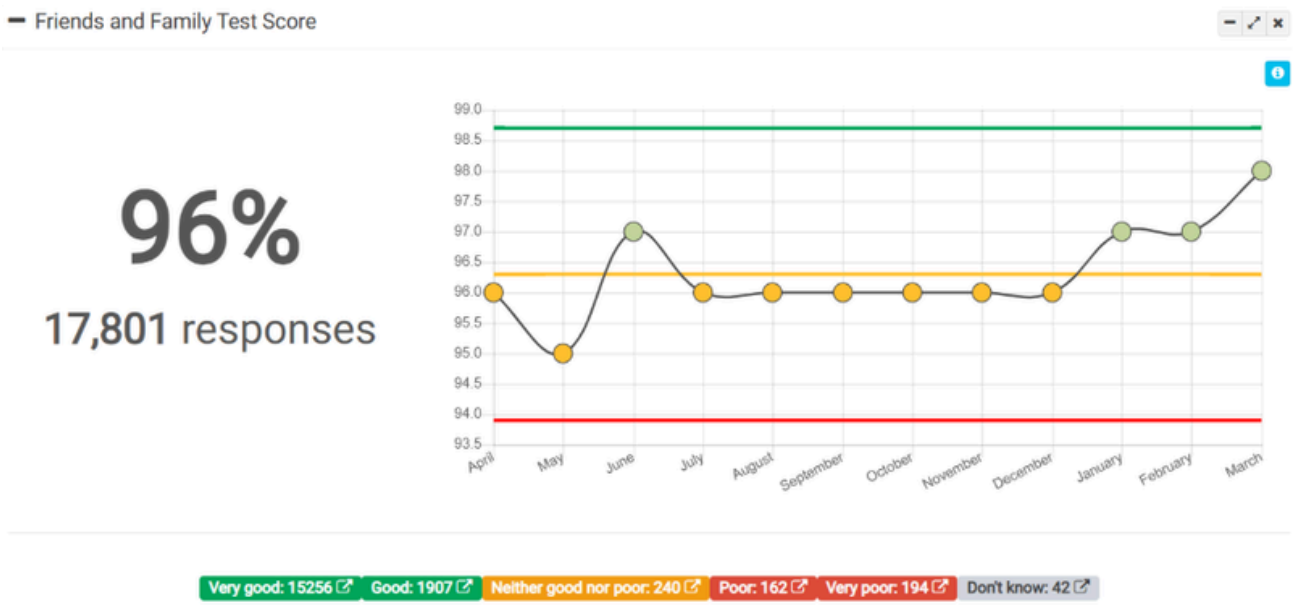
The FFT is one question; 'Overall, how was your experience of our service?' which allows for service users to rank their experience from ‘very good’ to ‘very poor’.

The FFT results are reported nationally on a monthly basis. This allows service users 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 gives examples of when our services deliver great care, and when our service users leave us feeling satisfied and well cared for.

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 and the last year has demonstrated success in this area.

Between April 2025 and March 2026, MCH received 17,801 FFT surveys which was a significant increase on the previous year by 5,026 surveys returned.

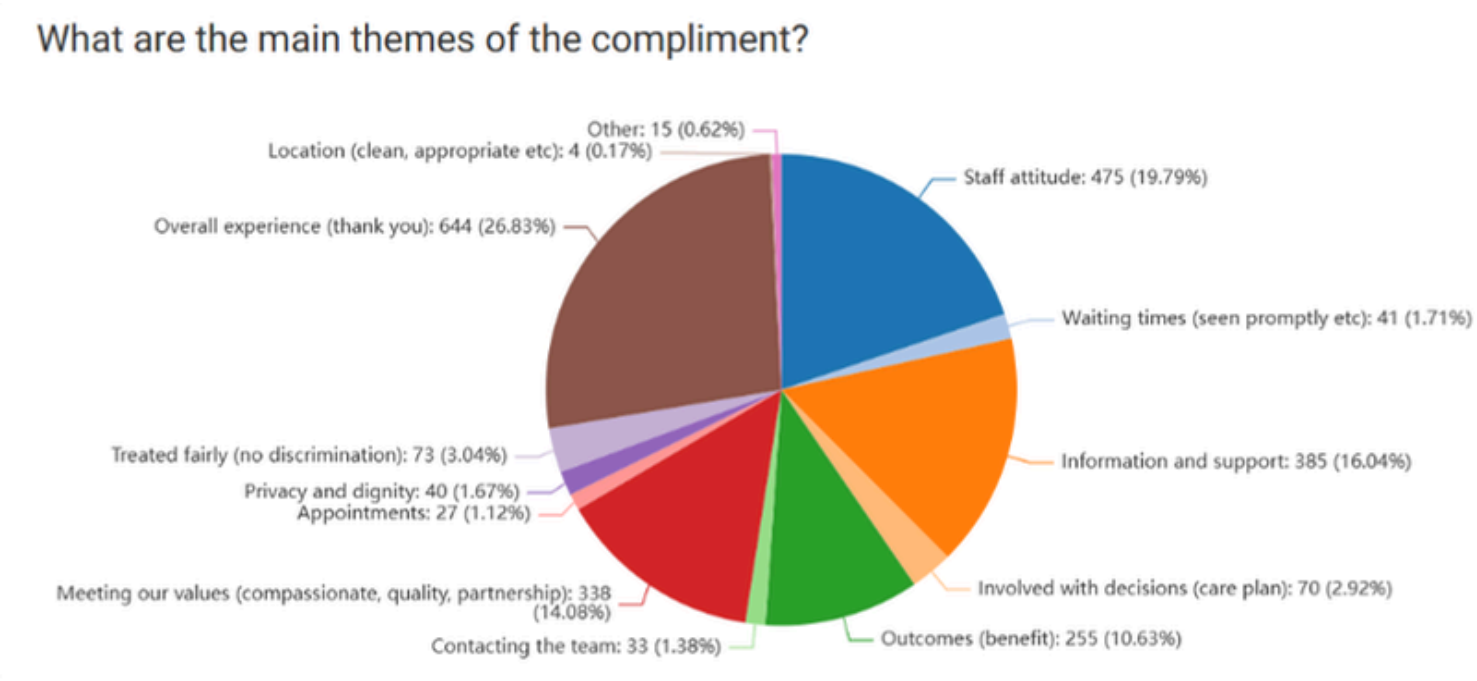
96% of service users felt that they received a ‘good’ or ‘very good’ experience of MCH services which is equal to the previous year.



Compliments

Our staff strive to go above and beyond to provide our patients with the best care. We love to praise our staff on how well their work has made a difference to our service users and how their actions continue to provide a great customer experience.

It always makes a difference hearing how our work has been supportive and hearing from our service users first hand makes our teams feel proud and recognised. There were 3,091compliments submitted during 2025-2026 an increase of nearly 300% from the previous year.

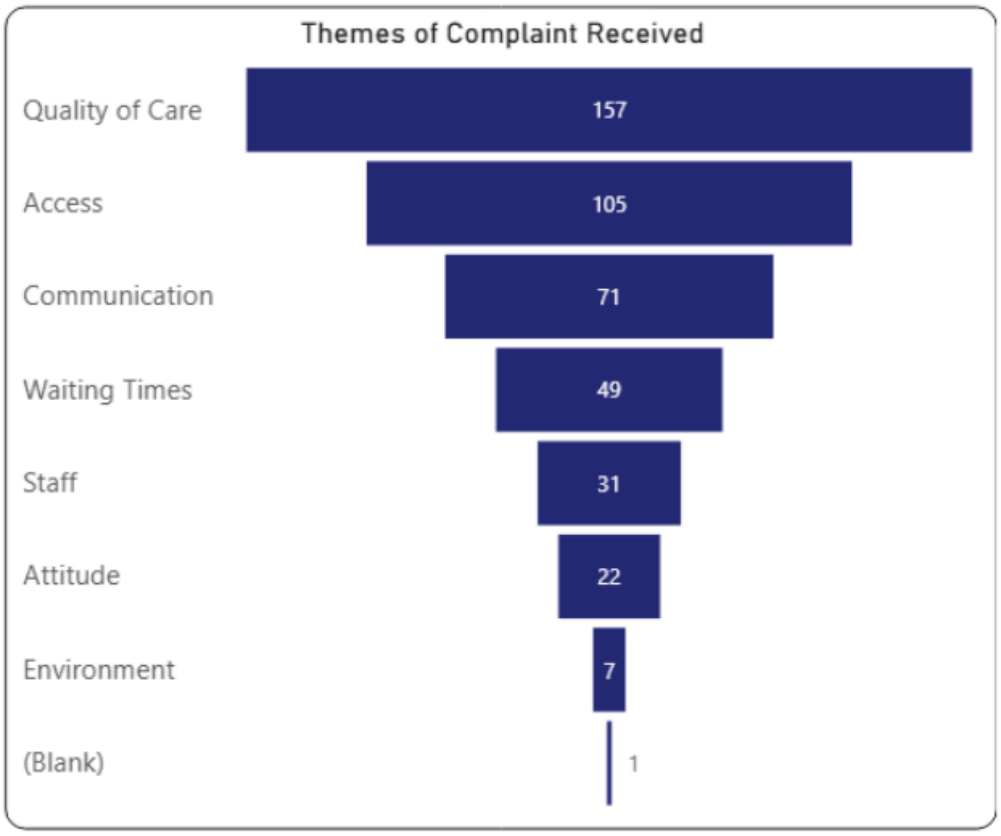


Complaints

During 2025-2026 MCH received 353 complaints, 11 more than the previous year. 46 were rejected (e.g. did not involve our services, withdrawn) and of that total, 32 were dealt with as 'grumbles' (an impromptu contact where the person is seeking a rapid resolution within a 24 hour timeframe). There were 286 written complaints, 21 verbal and 21 joint complaints involving more than one provider of NHS services. We also offered and provided face to face patient resolution meetings for those complainants who were not satisfied with our written responses. We have had three enquiries by the Parliamentary Health Service Ombudsman, two of which were not pursued and another which currently remains open.

Quality of care is continually evaluated and the use of hot huddles to discuss immediate actions following incidents of concern or complex complaints, learning responses such as Structured Judgement Reviews (SJRs or Mortality Reviews) and After Action Reviews (AARs) to seek out learning and improve patient safety from the submission of complaints has continued to rise over the past year. SJR's specifically carried out as a result of a complaint submission and used as a complaint response is not common practice amongst other local healthcare providers. However, we have found that the opportunity for the inclusion of family members / carers to provide pen portraits of their loved one and share their personal experiences with us has been invaluable, both in educating our staff and reviewing our safety processes for future patients accessing our care.

Complaints can contain one or more themes:



The majority of Children's Service complaints come from parents whose children are either waiting to access services or are already on waiting lists with significantly long wait times for assessments. We recognise that this is not acceptable but regrettably it is part of a wider, national problem and not particular to the population we serve. In these instances, we will always try to provide interim support through workshops, information or signposting to other agencies who can also offer assistance whilst waiting. Our service continues to work hard to improve the length of time a child has to wait and this will carry on into the coming year.

Communication is the prevalent theme for our Adults Service. Community Nurses sometimes need to quickly triage and rearrange appointments according to urgency or need which may mean patients not being seen within a timeframe they expect. If these changes are not communicated to patients in a timely manner this leads to complaints. One of the new initiatives MCH has introduced to support community clinicians cope with a rising number of patients with chronic, complex, and multiple conditions in the community is a Clinical Urgent Hub (CUH) comprised of clinicians from Palliative Care, Urgent Response, Community Nursing, Respiratory and Administrators with direct access to others e.g. intermediate care, cardiology and diabetes care. The primary function of the CUH is to support patients with a clinical need requiring urgent same day intervention. Having a dedicated team to focus proactively on managing those urgent patient visits will help prevent so many deferred visits as community nurses can concentrate on their planned care. Our mentoring programmes and ongoing training modules will continue to support and develop our less experienced nurses.

Medway on Call Care (MedOCC) provides urgent out of hours GP services based at Medway Hospital and unfortunately receive the highest number of complaints within our Urgent and Intermediate Care pillar. Complaints are usually centred around waiting times and expectations of service delivery when patients are streamed from the Emergency Department. Numbers of patients accessing the MedOCC Service continue to rise and as a result the department can be exceptionally busy with longer waits than we would wish for. Patients are often unaware that MedOCC also manage clinics for patients with cellulitis or deep vein thrombosis (DVT), pick up response calls from 111 and act as a communication hub for our out of hours night nursing teams. Additionally, the expectations on what the service is able to instantaneously provide is high, however, it is not in MedOCC's remit to conduct full investigations of multiple symptoms and this must be managed by a patient's own GP. MedOCC will continue to educate patients on the limitations of the service whilst providing the highest quality of care expected from an urgent consultation until an appointment can be made with a patient's registered GP Practice.

Planned care complaints have raised concerns with busy telephone lines when trying to contact the various services and waiting times to be seen and assessed. Some patients are not in agreement with treatment plans, and some have commented on unsatisfactory communication with clinicians. The number of patients accessing planned services are rising with the introduction of self-referrals and this does impact on our Care Coordination Centre who take the telephone calls. They do have a call back facility and have provided alternative methods of contact such as email to try and reduce both the waiting times and abandoned calls. All clinicians involved in complaints undertake reflective practice and use this to continually improve patient experience and engagement.

Our Staff

Governance Assurance Information Network (GAIN)

Governance Assurance Information Network (GAIN) continues to take place as a largely 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 the opportunity to showcase good practice and innovation, share lessons learned and 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 Integrated Quality and Performance 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 however 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 Interim Chief Nurse or Head of Patient Safety and Quality Improvement

Presentation giving out to our community workers.

Since the last Quality Account there have been 6 virtual GAIN sessions, each one well attended by staff from across MCH. There have been 25 presentations from a range of MCH services and external speakers.

- Community Diabetes Service
- Multi-agency Risk Management (MARM) process
- Sharepoint Q&A
- Local Authority Safeguarding Adults Threshold Document
- Pressure Ulcer Safeguarding Guidance
- Stroke Services Vocational Rehab Project
- Quality of Referrals audit findings – Safeguarding Team
- PSIRF in MCH – a year on
- ONS Prescribing
- Transitional Safeguarding Audit Report/Transition Working Group Update
- Breast Cancer awareness
- TOAST (knee and hip osteoarthritis) programme audit results
- Falls Prevention – MCH Falls Team/Medway Active
- Virtual Wards
- Congenital Muscular Torticollis Project
- Sickness & Rehabilitation for MCH staff
- Unscheduled Care Navigation Hub effective in preventing emergency department admissions
- Safeguarding Adult Review (SAR) Overview and Recommendations
- Multi-Agency Risk Assessment Conference – MARAC Referral Process
- Feedback from GAIN attendees – barriers that prevent practitioners from convening multi-agency meetings
- SAR Feedback– Dementia Crisis Perspective
- Introduction to Current Case – Best Practice Example
- Development of Paediatric Patient Information Resources for Dental Treatment Under General anaesthesia
- Update on work done to improve communication in palliative care following learning from SJRs
- Atrial Fibrillation Screening in Flu Clinics project

Values and pledges

Our values are central to all that we do as an organisation, these are threaded through our internal performance appraisal, recruitment and induction processes. Staff are continually using our values along with the quality priorities as part of their daily work, this supports all of our decision making within MCH, especially with regard to values such as providing value for money.

Teams continue to make locally created pledges (lists of promised behaviours or goals) to ensure that staff are aware of these and have ownership of them, these are then relevant to them and the development of their own areas of work. It is important to the process that each team member sees the agreed pledge documents and that this is continually updated through the team meeting and appraisal processes.

Leadership

MCH has started to look more closely at succession planning and supporting the internal growth and development of our own staff. Like all organisations we often face challenges with our workforce aging and needing to consider our plans for ensuring the continued robust leadership of our organisation. We have courses to help develop our leaders, and we have made good use of our funds to effectively support as many people as possible to develop their skills into leadership. Our focus continues on being the best employer we can, retaining our staff and ensuring that our staff feel valued and most importantly involved as share holders which they all are.

We have a focus on our values and behaviours from our welcome day onwards, which is always joined by a member of the senior management team to welcome all new starters with the organisation, this the carries forward and supports forming their Performance and Development Reviews (PDRs).

MCH's leadership teams have done a significant amount of work with services throughout the process of the recent community services tender bid. This has enabled many of our leaders to meet with their counterparts within other community healthcare organisations to look at how we might work better together as a collaborative. This has greatly improved working relationships and the way in which they intend to work together as leaders to improve patient pathways and use available resources more effectively.

We are confident that in the coming year we have the skills and ability within our workforce to generate an excellent standard of new leaders, and robust teams that will continue to develop and improve, ultimately to make the patient experience better and generate better outcomes.

Celebrating success – our awards and nominations

Medway Parents and Carers Forum (MPCF)

Medway Parents and Carers Forum (MPCF) hosted their AGM in March and SEND awards. Congratulations go to John Bird, Learning Disability Nurse, who won the Health Professional Category and the children's learning disability team who also received a nomination for the Health Professional category.

MPCF said: "Congratulations to all our award winners. Our independent panel found the categories difficult to judge with so many wonderful comments shared from our families it was really inspiring to read."

Congratulations to Madison Dunkley!

Madison Dunkley, Respiratory Assistant in the Community Respiratory Team, was recently named 'T Level Student of the Year for the South East' in the National Apprenticeship Awards - an incredible achievement. The team is very proud and we all want to wish Madison the best of luck in the next round of the awards. Here, she explains more in her own words:

"At just 18 years old, I had the incredible honour of attending the National Apprenticeship Awards, where I was named T Level Student of the Year for the South East.

T Levels are a new qualification that combine classroom learning with extensive industry placements, designed to prepare students for skilled employment, higher study, or apprenticeships.

During my course, I worked at Maidstone Hospital in the Orthopaedics Department and also volunteered as a Paediatric Physiotherapy Assistant, completing double the required placement hours. These experiences not only strengthened my clinical knowledge and confidence but also gave me invaluable insight into patient care and multidisciplinary teamwork.

The opportunities and skills I gained through my T Level have now led me to my new position as a Respiratory Assistant with MCH, where I'm continuing to build on my passion for healthcare.

Winning this award is a huge milestone, and I'm now looking forward to representing the South East at the national finals in November, continuing to showcase the impact of T Levels in shaping future healthcare professionals."

National Safeguarding Adult Board Awards

As part of Safeguarding Adults week, Claire Hallett, Named Lead for Safeguarding Adults, attended the National Safeguarding Adults Board Awards event.

Claire said: “I was nominated for an award in the category of Partnership working for the work I completed over an eighteen month period which saw the development of the Safeguarding Pressure Ulcer Guidance. This guidance has since been adopted by the Kent and Medway Safeguarding Adults Board and is being used by partner agencies across Kent and Medway. Although I didn’t win the award in my category, it was an honour to be a runner up alongside some really inspirational people and teams, coming together from numerous organisations across the country to celebrate the work we do to safeguard vulnerable people.

I felt really proud to be nominated by one of our Designate Nurse colleagues in the ICB but it is important to mention that none of this would have been possible without the skill, knowledge and dedication to safeguarding from Jo Reed in the MCH Tissue Viability Team, we worked jointly on this project so she deserves just as much recognition for a fantastic piece of partnership working.”

Elected Members Forum (EMF)

As a Community Interest Company, MCH is co-owned by its employees. Our staff play a vital role in influencing how the organisation operates, as well as shaping its future strategic direction. Since becoming a CIC, we have actively encouraged staff to become shareholders and to share their views on organisational decisions.

The Employee Membership Forum (EMF) works closely with the MCH Board to help shape organisational strategy and direction. It also serves as an important voice for staff, who are encouraged to provide feedback, contribute ideas and raise concerns.

EMF representation is drawn from across all areas of MCH. Members are responsible for promoting engagement among colleagues and supporting the implementation of the organisation's strategic aims and annual plan.

Following their appointment as MCH's Freedom to Speak Up Guardians in 2016, EMF members have played a key role in promoting a culture of openness and transparency. They do this by providing information at inductions and team meetings, helping to raise awareness of how staff can safely raise concerns.

The EMF provides confidential advice and support to staff regarding concerns about patient safety or how issues have been handled. This includes signposting staff to the appropriate escalation routes. Where necessary, concerns are escalated to the relevant Director as a matter of urgency.

Looking Back 2025-2026

- EMF meets monthly, alternating between face to face and virtual meetings. A structured agenda supports effective time management, discussion and forward planning for initiatives and events.
- EMF continues to deliver regular welcome sessions for new starters. These sessions introduce the role and purpose of EMF and provide an opportunity for feedback on recruitment and early experiences at MCH. Relevant feedback is shared with HR and the Board where appropriate.

- A monthly EMF update is provided to the Communications Team for inclusion in the staff “For You” magazine.
- EMF successfully organised and led the “March into March” initiative, with seven teams each led by an EMF member. Staff recorded a combined total of 18,781,206 steps, virtually reaching Kuala Lumpur. Engagement levels were high, supported by photo submissions and team challenges which enhanced participation.
- As part of the campaign, staff donated food items to gain bonus points. A total of 98.5kg of donations was delivered to Medway Foodbank. Additional financial donations were made via QR code, supporting the MCH Staff Foodbank trial.

- EMF representatives attend relevant sub committee meetings and provide feedback to the wider group.
- Named EMF leads support key areas including communication, engagement, inclusion, health and wellbeing, social value, charity work and events.
- EMF continues to support Medway Cares, with one member acting as a trustee. Ongoing fundraising and promotional activities contribute to the charity’s work.
- EMF manages the internal Staff Foodbank, available to any member of staff experiencing emergency need via an intranet request system. Access is managed by a small number of EMF members who coordinate orders through an online supermarket system.

- This initiative has supported multiple staff members, with positive feedback highlighting its value during times of need. Staff are also able to contribute to the fund via a QR code.
- EMF has developed its priorities for 2026 to 2027, presented to the Board, focusing on staff engagement and wellbeing, social value, sustainability, and green initiatives. EMF will play an active role in supporting campaigns and promoting healthier and more sustainable ways of working.

Looking Forward 2026-2027 EMF will:

- Continue to act as a strong and inclusive voice for all staff within MCH
- Support staff throughout the potential KCHFT transaction
- Encourage and increase engagement with staff feedback opportunities such as Ask Exec sessions and the AGM.
- Promote and expand awareness of the Staff Foodbank for those in emergency need
- Encourage EMF member volunteering with Medway Foodbank, strengthening social value and community links
- Continue to support Medway Cares through fundraising and promotion of funding opportunities
- Support and embed sustainability and green initiatives across the organisation
- Deliver the Summer Snaps Challenge 2026 to promote engagement and wellbeing

Statement from NHS Kent and Medway Integrated Care Board

We welcome the Quality Account for Medway Community Healthcare (MCH) for 2025/2026. Kent and Medway Integrated Care Board (ICB) can confirm that this Quality Account has been produced in line with national requirements and includes the prescribed areas for reporting.

The account provides a detailed overview of the quality of care delivered across the organisation, with a continued focus on improving safety, effectiveness and patient experience. We recognise the significant breadth of activity undertaken across services and the continued commitment to embedding a strong quality improvement culture, supported by frameworks such as the Patient Safety Incident Response Framework (PSIRF), quality improvement programmes and strengthened audit processes.

We acknowledge the resilience demonstrated by the organisation in responding to ongoing system pressures and recovering from the IT disruption experienced during the previous reporting period, whilst maintaining a strong focus on patient safety and continuity of services. We also commend the continued development of the Gather system, enabling improved data triangulation across incidents, complaints, audit findings and performance indicators, supporting enhanced organisational oversight and learning.

We were pleased to see the breadth of quality improvement activity across services, including progress in safeguarding, infection prevention and control, patient safety, and research. The extensive audit programme and evidence of learning from incidents, including structured judgement reviews and after action reviews, provide assurance that MCH continues to strengthen its approach to continuous improvement and patient safety.

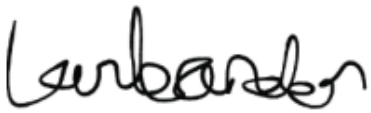
We note that while there is a strong narrative describing improvement activity and look forward to seeing the progression of measurable outcomes and impact against quality priorities, along with comparison to previous years, going forward.

Your quality priorities for 2026/2027 align with organisational objectives and system priorities, including a continued focus on improving patient safety, embedding quality improvement approaches and enhancing patient experience.

We would like to thank Medway Community Healthcare for its continued engagement with the ICB and system partners, and for its contribution to improving outcomes for the population of Kent and Medway.

We look forward to continuing to work collaboratively in the coming year.

Yours sincerely



Ian Brandon
Associate Director of Quality and Safety
NHS Kent and Medway ICB

The official opening of the James Williams Healthy Living Centre, joined by local MP's, Mayor's, members of the Council and other healthcare organisations.

THANK YOU FOR READING