North Kent Quality Account 2022-23

Services delivered in North Kent by HCRG Care Services Limited

HCRG Care Services Limited, trading as HCRG Care Group
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w. northkentacs.nhs.uk/contact-us/

care·think·do
WE CHANGE LIVES BY TRANSFORMING HEALTH AND CARE

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Part one

Executive summary

A Quality Account is an annual report which providers of NHS healthcare services must publish about the quality of services they provide. This quality account covers the services provided by HCRG Care Group on behalf of Kent & Medway Integrated Care Board (ICB) in North Kent.

HCRG Care Group may also provide other services in North Kent but these may not be included in this document if they are not commissioned by Kent & Medway ICB or are not eligible to be included within a Quality Account.

This document aims to demonstrate our commitment to providing the best quality services to local people and is an opportunity for us to take stock of what we have achieved and our plans for the coming year.

We have used the information presented here to analyse our performance and to set priorities for the coming year. To ensure those priorities reflect the needs of the people who use our services, views have been gathered from people who use them and community representatives, as well as commissioners and frontline colleagues.

If you would like a hard copy of this document, a copy in another language, to provide feedback on this document, or to talk to someone about your experience of using our services, please contact please contact the service directly. Details can be found at vcl.northkentcustomercare@nhs.net

Business Unit Director's introduction

I am extremely proud of the achievements and progress we have made in HCRG Care Group, North Kent over the past year.

1. All our services were rated 'Good' by the CQC.
2. We consistently achieved above 90% of all patients referred to HCRG Care Group services commencing their treatment within 18 weeks.

3. We have been a key partner in the improvement of patient flow through the two local acute hospitals to reduce avoidable admissions, reduce the length of inpatient stay and driving the delivery of enhanced care in patients own homes.

Over the coming 12 months, we will continue to build on these achievements and take the lessons learned over the past year to ensure we can continue to change lives by transforming health and care in North Kent.

We will also continue to work closely with our partners, the Care Quality Commission (CQC) and the communities we work in, to demonstrate our high standards of quality.

In putting together this publication, we have sought feedback from staff and people who use our services, and I would like to take this opportunity to thank them for their input into the process.

I can confirm that, to the best of my knowledge, the data and information in parts two and three of this report reflect both the successes and the areas that we have identified for improvement over the next 12 months.

[signature]

Pat Birchall
Chief Operations Officer, Executive Board Member
HCRG Care Services Limited

Part Two

About HCRG Care Group

We change lives by transforming health and care.

Established in 2006, we are one of the UK's leading independent providers of community health and care services, working with health and care commissioners and communities to transform services with a focus on experience, efficiency, and improved outcomes.

We deliver and transform adult and children community health services, primary care services including urgent care, sexual health, dermatology and MSK services as well as adult social care and wellbeing services.

We changed our name to HCRG Care Group on 1 December 2021, following our acquisition by experienced health, care and education investors Twenty20 Capital.

Our executive leadership team

Stephen Collier
Chair

David Deitz
Chief Financial Officer

Samantha Kane
Chief People Officer

Richard Comerford
Chief Commercial Officer

Pat Birchall
Chief Operations Officer

David Watkins
General Counsel

Gary Taylor
Non-Executive Director

Tristan Ramus
Investment Partner
and Shareholder

Ian Munro
Investment Partner
and Shareholder

Katie Folwell-Davies
Investment Partner
and Shareholder

James Webb
Investment Partner
and Shareholder

Our colleague survey results

We run a colleague survey to understand how our colleagues are feeling and how we can improve. In 2022-23, we changed the frequency of these surveys from annual to quarterly to obtain more timely feedback. The surveys include the nine staff engagement questions from the NHS People Pulse Survey.

In September 2022, 47 per cent of our colleagues across England took part and we continued to see positive feedback and improvement in key indicators, including an increase in satisfaction with our organisation as a place to work from 52 per cent in October 2021 to 61 per cent in September 2022. Over the same period, those who would recommend HCRG Care Group as a place to work rose from 52 per cent to 58 per cent. In all of the nine NHS People Pulse survey questions, our scores compared favourably.

We developed an action plan based on feedback from this survey to improve in the areas colleagues said could be better. This is currently in progress in all parts of our organisation and we measure the effectiveness of these actions in subsequent surveys across the year.

How our colleagues can speak up

Our Freedom to Speak Up policy sets out how our colleagues can raise concerns either anonymously or by being identified.

It is very important to us that our colleagues can speak up about any concerns they have at work because it helps us to keep improving our services and the working environment. While colleagues might feel worried about raising a concern, our policy and our senior leadership team and board are all committed to an open and honest culture. Our policy reflects the recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, and we have fully adopted the policy produced by NHS England and NHS Improvement alongside all other NHS organisations.

We regularly promote this policy to colleagues, encouraging anyone who had concerns to raise them.

Whenever a colleague raises a concern, they will always be listened to, and they will always be supported. Concerns can be raised about risk, malpractice or wrongdoing.

Through Freedom to Speak Up, colleagues can raise concerns:

- with their line manager, or another manager in their service.
- with a lead clinician or tutor.
- with any member of our senior leadership team.
- with our Freedom to Speak Up Guardians, whose contact details are available on our intranet.
- through our anonymous online reporting system SpeakInConfidence;
- with one of three nominated members of the executive team.
- with our independent chairman.

Colleagues can also directly contact our senior leadership team and executive team at any time, whether they are raising a formal concern or an informal query.

Statements from CQC

Some services we operate are required to register with the Care Quality Commission (CQC).

As part of this document, we confirm that HCRG Care Services Limited is registered with the CQC for the provision of the relevant regulated activities, and has no conditions attached to its registration. HCRG Care Services Limited's services have not participated in any special reviews or investigations by the CQC during the reporting period.

Full copies of CQC reports are available on the CQC's website at www.cqc.org.uk under HCRG Care Services Limited.

Safeguarding statement

We are committed to safeguarding and promoting the welfare of adults, children and young people and to protect them from the risks of harm.

To achieve this, we have appointed dedicated National and Local Safeguarding Adults and Children's Leads and policies, guidance, training and practices which reflect statutory and national safeguarding requirements:

- Our National Safeguarding Assurance function works across localities and partnership boundaries to respond to national developments, legislative changes, national, local and organisational learning leading to continuous improvement and learning across the organisation.
- Our Clinical Governance and Safeguarding Committees provide board assurance that our services meet statutory requirements.
- Safeguarding Leads and named professionals are clear about their roles and responsibilities and have sufficient time and support to undertake them.
- Where appropriate, services have submitted a Section 11 Review report and/or Safeguarding Adult Self-Assessment audit tool, with all services completing our national safeguarding audit
- Action plans are monitored across the organisation at committee and board level.
- Safeguarding policies, processes and systems for children and vulnerable adults at risk are current, up to date and robust.
- Safeguarding training is undertaken in line with our safeguarding training strategy and in accordance with the three intercollegiate documents for safeguarding children, looked after children and adults.

Duty of candour statement

We are committed to being open and transparent with the people who use our services and, while considering confidentiality, their representatives too.

We encourage colleagues to be open and honest at all times but particularly when a notifiable safety incident has been recognised. Colleagues report incidents via our incident report system and follow our Duty of Candour policy. This ensures that an apology is made to service users within 10 days of the incident occurring, which is followed up in writing.

We investigate, establish the facts, and report externally as required. We also have due regard to the relevant safeguarding policy and input from suitably trained colleagues before any disclosures are made. Following the investigation, we send another letter to the person who used the service to advise them of the outcome, lessons learnt and how we'll share lessons and knowledge to reduce the likelihood of the same kind of issue happening again. We may also offer a meeting to listen to those affected by the incident and help understanding of our findings and resulting actions.

About North Kent

The following services are delivered in line with commissioning arrangements across the Dartford, Gravesham and Swanley (DGS) locality, as well as within the Swale borough.

Care Coordination Centre

Care Coordination Centre

This provides a single point of access for all telephone enquiries and referrals for the services provided, excluding the community wards. All enquiries and referrals are directed to the appropriate clinical team for timely and effective management. The service is provided seven days a week, 8am to 8pm. This single point of access ensures the caller/referrer has a clear point of contact to support enquiries and ongoing redirection in a seamless manner.

Community Hospitals

Inpatient Rehabilitation Wards

HCRG Care Group provides four inpatient rehabilitation wards across four Care Quality Commission (CQC) registered sites for the provision of rehabilitation pathways for patients who are not yet able be safely supported within their home environment, including stroke rehabilitation. The service is provided seven days a week, 24 hours a day. The service is delivered by a multidisciplinary team including a matron, doctor, registered nurses, registered physiotherapists and occupational therapists, other allied healthcare professionals and care support staff.

Intermediate Care Services

Rapid Response / Urgent Care Service

This service provides a two-hour response within the community to prevent avoidable hospital admissions for deteriorating patients or those experiencing a crisis such as carer breakdown. The discharge to assess service is all operated within the team, consisting of a home visit within two hours of arrival home from the acute hospital supporting early discharge. This service is available seven days a week 8am to 8pm. The service is delivered by registered nurses and care support staff. The service works in close partnership with both social and primary care services.

Intermediate Care

The service is delivered by a therapy team offering up to six-weeks rehabilitation within patients' own homes or a clinic. Therapy goals are created in partnership with the patient and exercises programmes, provision of equipment and teaching are utilised to improve daily function and enable independence. This service is available seven days a week, 8am to 6pm. The service is delivered by registered therapists and care support staff.

The Falls Team

This service provides a multifactorial assessment of a patient's risk of falls to help minimise or reduce their risk of falls in the future. This includes provision of exercises, home hazard safety awareness and intervention and strength and balance classes.

Planned Care

Community Services and Night Service

Provides holistic patient-centred care for housebound residents. This includes holistic assessments, care planning and reviews in partnership with the patient/families. Clinical interventions include wound care, intravenous therapy, and management, palliative and end of life care, catheter management. The day service runs 8am to 8pm and the night service runs 8pm to 8am both operating seven days a week. The day service is divided into local teams aligned to local GP practices, with each team being led by a district nurse supported by registered nurses and care support staff.

Continence Service

This service provides holistic continence assessments to patients who need support for bladder and bowel care; to develop individual clinical management planning and education provision to encourage self-support. The service is available Monday to Friday, 8am to 5pm. The service is led by a clinical nurse specialist, supported by registered nurses and care support staff.

Tissue Viability Service (TVN)

The service provides support to patients with complex wound needs and teaching and prevention education. This service is delivered in clinic, the patient's own home in the

community and supports our inpatient wards. The TVN service is available Monday to Friday 9am -5pm. The service is led by a clinical nurse specialist, supported by registered nurses.

Wound Medicine Centre (WMC)

This service has been commissioned from us for Swale residents only, for the management of complex wounds where patients are able to visit a clinic for their treatment. The service is available seven days a week, Monday to Friday, 8am -6pm, and weekends and bank holidays, 8am – 12pm. The service is led by a clinical nurse specialist, supported by registered nurses and care support staff.

Phlebotomy Service

In DGS we provide a walk-in clinic service as well as home visiting for housebound patients. The service is available Monday to Friday, 8am to 2pm. The service is delivered by phlebotomists.

In Swale we provide a service to non-housebound patients at Sittingbourne Memorial Hospital. The service is provided Monday to Friday, 8am to 1.30pm. The service is delivered by phlebotomists.

Multidisciplinary Coordinators Service

Provides a service for adults with complex needs, requiring a multidisciplinary collaborative approach, to improve their outcomes. The service works very closely with GPs, community teams as well as social services and is provided Monday to Friday, 9am to 5pm.

Speech and Language Therapy

For the provision of assessment, intervention, education and guidance from speech and language therapists for patients with communication and speech difficulties, voice, language, and swallowing problems. The service is delivered Monday to Friday – 9am to 5pm. The service is delivered by registered practitioners.

Podiatry

The podiatry service assesses, diagnoses, treats and health educates patients on presenting foot pain and pathologies in the lower limb for individuals considered at risk of developing acute foot health complications. Where required, we refer to specialists for further assessment and intervention. This service is delivered either in clinics or at domiciliary visits. The service is

available Monday to Friday, 8.30am to 4.30pm. The service is delivered by registered practitioners.

Community Neurological Rehabilitation Team

This service is commissioned for Dartford, Gravesham and Swanley residents. The team provides a service to patients who have had a new neurological event or acute change in an existing neurological condition. The service provides nursing and therapy, education and support to patients and their families and carers. The service is available Monday to Friday, 9am to 5pm. The service is delivered by a multidisciplinary team including occupational and physiotherapists, a clinical nurse specialist and are supported by care support staff.

Long Term Conditions Management

Community Matrons Service

The service consists of advanced nurse practitioners who provide intensive and personalised care and support to patients with one or more complex and chronic long-term condition, with the aim to promote self-management of their conditions. This service is available Monday to Friday, 9am to 5pm. An out-of-hours telephone advisory support service is available to care homes seven days a week, including bank holidays, 5pm to 8am. The service is delivered by registered nurses and care support staff.

Community Cardiology and Heart Failure Service

The service provides support and case management to people with cardiac conditions in their own homes and other community settings. Patients have access to specialist nursing providing cardiac rehabilitation, management of heart failure – left ventricular systolic dysfunction and cardiac diagnostics. The service is available Monday to Friday, 8am to 5pm. The service is led by clinical nurse specialist, supported by therapists and care support staff.

Community Diabetes Service

For the provision of specialist advice for adults with diabetes. Specialist advice and support is provided for people with Type 1 and Type 2 diabetes to enable and promote optimal control delivered through education, advice, and clinical management pathways. The service is available Monday to Friday, 8am to 5pm through clinics and home visits. For Swale only, diabetes education is provided as required. The service is led by a clinical nurse specialist, supported by care support staff.

Community Respiratory and Home Oxygen Service

For the provision of care for people living with chronic lung conditions. Assessments include Spirometry, oxygen assessments and treatment plans in both clinic venues as well as home visits. The service is available Monday to Friday, 8am to 5pm. The service is led by clinical nurse specialist, supported by care support staff.

Priorities in 2022 -23

The priorities in 2022-23 show what was planned within the quality account with an update on progress over the year. Any outstanding priorities will be taken forward into this year's quality account priorities.

Priority 1	
Transformation	We have had a successful year as an active partner in the local health and care system, by having contributed towards the development and implementation of new pilot schemes specifically in health and care pathways. This includes the growth of our organisation within the local health and care services. Through successfully securing winter funding, we have been able to commence and fulfil various projects to maintain discharge and flow within the local acute hospitals, including active involvement in virtual wards, a national initiative. We have been a key partner in the development of integrated management of long-term conditions for diabetes, respiratory, heart failure within the community and early support to discharge from the acute hospital from having had a stroke. We have achieved a 70 per cent urgent community response time, getting to our patients within two hours of their initial call. We have also extended our phlebotomy clinic hours of operation to support both secondary and primary care. Our wound medicine centre now operates seven days a week, improving flow for complex wound management. Our community nursing teams can now offer a Night Sitting Service, enhancing the care and support to patient families when needed most. All of the above has supported our local Acute Trusts in managing demand, improving emergency access, patient length of stay and the reduction of delayed transfer of care.

Priority 2	
Growth	We have fully engaged as an active partner in the local Health and Care Partnerships (HCP), Integrated Care Board (ICB) contract meetings and continue to represent our organisation as key committee partners at: - Health and Care Partnership Local Boards Population Health Management Kent and Medway Stroke Network DGS HCP Partnership Review including Urgent Care Kent and Medway End of Life pathway. DGS Community Health Pathways DGS and Swale Health Inequalities Steering Group We continue to evidence our responsiveness to meet the changes of demand within the local health population and our contributions were recognised in the outcome of our CQC inspection across all four registered sites, which were rated as 'good' in July 2022. We continue to deliver the nationally set requirements of the Commissioning for Quality and Innovation (CQUIN) framework for pressure ulcer risk assessment and malnutrition screening within in our four community inpatient wards. Whilst not a requirement of our contract, the initiative supports our ambition to always strive to improve our care delivery and patient outcomes. Our desire to develop a Patient Advisory Group paused whilst the local health system was in, and still recovering from the Covid pandemic and this will be a priority for 2023-24. However, we have engaged with service users and their families on specific pieces of work during the past 12 months. This has included consultation with patients and their families on production of leaflets for Neurological Rehabilitation, Intermediate Care and inpatient services.

	Recognising the impact of the cost of living during winter, as an organisation we invested in fleece blankets and distributed to those in need during our home visits to our community patients and donated toys for Christmas presents to local charities. In the height of summer two major water supply pipes burst on the Isle of Sheppey, cutting the water supply off completely, and we ensured our vulnerable community patients within that locality received bottled water regularly and welfare checks.
Priority 3	
Financial Sustainability	Financial sustainability remains a constant key focus, both locally and system wide, improving business in an efficient and effective manner. We continue to improve the health outcomes in the communities in which we serve whilst operating in an efficient and effective model.
Priority 4	
Workforce	This year has seen the implementation of our Induction Programme for all new starters regardless of the position they are employed to fulfil. Running over four weeks, all staff complete their quality and safety mandatory training, specialist training i.e., wound care for community staff, and receive key presentations from Operational Managers and Subject Matter Experts. Our organisation offers both level 3 and level 5 apprenticeships and a large number of staff are currently undertaking these. We have supported 14 internationally recruited nurses joining both our inpatient and community nursing teams. We have developed our own in-house bank recruitment project to support our workforce. Recognising the impact of the cost of living to our employees, we have reviewed our rewards and benefits, implemented Wagestream, giving flexibility within monthly pay and have reviewed our own pay structures.

Our *Feel the Difference fund* continues to fund projects designed, developed, and implemented by our colleagues' delivering services across the country as part of our commitment that everyone feels the difference. We have a well utilised and supportive Wellbeing Hub for all colleagues to access.

All of the above have supported our workforce retention plan, which has seen a positive improvement in our staff retention. With year 2022 having a retention rate of 86.32 per cent, improving to 89.12 per cent at the time of publishing this report.

Priorities in 2023-24

How we identified our priorities for 2023-24

HCRG Care Group's national priorities were identified by its board, having reflected upon the feedback provided by people who use services and other stakeholders throughout the year. A variety of methods were used, and the priorities set for us by commissioners in each local area were considered, alongside our delivery plans in each business unit.

Individual business units, including North Kent were then able to set their own priorities.

Priority 1	
Performance	We continue to sustain a performance of above 90% of all patients referred to our services receiving their treatment within 18 weeks. We will continue our strong membership with the ICB and HCP partners, changing the landscape for local health and care systems, helping to shape future priorities and lead on identified transformation work across the North Kent community. We have a service development plan in progress that supports the acute hospital elective care recovery, reduced A&E attendance and reducing inpatients length of stay. Through our achievements to date we have secured an extension in our current contract and we aim to continue to improve our performance and contributions at this level to further develop the services we provide.
Priority 2	
Transformation	To contribute to the NHS Long Term Plan, we want to improve the use of digital technology for patients living with long-term conditions, supporting them to gain the confidence to self-manage their own healthcare needs.

	Through partnership working we have secured additional funding to support the implementation of digital patient monitoring within the virtual ward programme. We believe this will be an effective enabler to both support the patients journey regarding self-management as well as an early alert for the clinical teams to act upon regarding prevention or deterioration/escalation.
Priority 3	
Workforce	To maintain our success in recruiting and retaining a highly skilled and motivated workforce. As a community provider we are looking at different methods of local recruitment and partnership working with universities, colleges, and academies to forge and promote healthcare as a chosen career for our next generation workforce. We have a recruitment and retention plan in place which identifies actions and timelines for the business unit to achieve. This we believe will ensure our success with our aim of reducing reliance on agency staff. We will continue to build upon our neighbourhood teams across our localities, working closely with both primary and social care to ensure the success of effective primary care networks. Ultimately providing collaborative care at place level.
Priority 4	
Quality	2023 –24 main quality priorities are focused on ensuring the successful implementation the Patient Safety Incident Response Framework (PSIRF) and embedding patient engagement at the heart of the services we develop and provide. Nationally, we are implementing PSIRF as part of a dedicated working group. As an organisation, we are making good progress to achieve the national implementation date of September 2023.

As part of PSIRF implementation and acknowledging that incidents causing harm are low within our services, we have identified 3 key themes from our incident reporting data and aim to develop quality improvement plans for these key themes. We have already developed a plan for improving pressure ulcer management across our teams and discussions are underway to address both falls and medicines.

In addition to being an active partner in the involvement of the local Health and Care Partnerships strategies, we will develop our Patient Engagement Business Unit Strategy, improving patient and family experience. Our initial task will be to consult our services users to understand what 'engagement' means to them, this information will then be utilised to develop the key aims and principles of future meetings.

We will continue to measure complaints and compliments, taking the learning for wider sharing, with a focus on reducing the number of complaints received further and increasing the number of compliments received throughout the reporting year.

We will also continue to facilitate our successful 'Learning Events' within the Business Unit. Our Learning Events showcase a variety of learning experiences, presented by team members and the opportunity to ask questions from all employed staff.

Audits we've taken part in

Over the course of this year, we have undertaken our own organisational National Audit Programme and local audit plan. The results from these are shared within our teams, local learning events and commissioning partners.

We also participate in the Sentinel Stroke National Audit Programme (SNAPP) that measures how well stroke care is being delivered with a view to improving the quality of care that is provided to patients.

The audit results compare how care is delivered to how it should be delivered according to the evidence-based practice.

This includes:

- When the patient was admitted to our service
- When the assessment and treatment was commenced by Physiotherapist, Occupational therapist, Speech and Language Therapist and Clinical Psychologist
- How many days the patient received Therapy during the total stay in the hospital
- How many minutes of this therapy did the patient received during the total stay
- Date the Therapy goals agreed
- Discharge destination and transfer date
- Discharge to other Community Rehabilitation team
- Clinical outcome measures – Modified Rankin Score

The outcome of the recent SNAPP audit identified two recommendations for our services to improve upon. The first one being related to the delivery of a full multidisciplinary service over 7 days. Our current commissioning is over 6 days; and therefore, discussions will take place with our commissioners regarding this recommendation.
The second recommendation relates to the clinical team maintaining their skills by attending the appropriate external courses. This has already commenced and is in progress.

Research statement

The organisation continues to participate in a number of research, service evaluation and service development projects. We support the participation in research to help improve the care for people who use NHS and local authority services. We plan to continue to develop and promote this.

Current research activity

HCRG Care Group North Kent is not currently enlisted to participate in any planned research activity.

Publications

Use of Granulox, a topical haemoglobin spray, to 'kick start' the healing of a static pressure ulcer.
By Development Community Tissue Viability Nurse.

Learning from deaths

HCRG Care Group continues to work with partner agencies to learn from deaths and to adopt any relevant learning from serious case reviews and other local and national reports. The national Learning from Deaths Policy is available, and we will follow this locally.

HCRG Care Group North Kent complies with the Framework for NHS Trusts and NHS Foundation Trusts Identifying, Reporting, Investigating and Learning from Deaths in Care where applicable. Mortality reviews occur following every death in our community hospitals and our reviews are undertaken by the Mortality Review Group.

Statement on the accuracy of our patient data

HCRG Care Group submits monthly data to commissioners via a Community Services Data Set (CSDS). The CSDS information is captured from all publicly funded community services to provide reliable information for:

- local and national monitoring
- reporting for effective commissioning
- monitoring outcomes
- addressing health inequalities

The CSDS data is included into The Secondary Uses Service (SUS) which is the single, comprehensive secure repository for healthcare data in England. This enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

Errors Introduced Into patient notes

A high level of data accuracy supports clinicians to deliver the right treatment for patients in the most efficient and appropriate way. An accurate record ensures the clinician is informed of a patient's history, tendencies, previous complications, current conditions, and likely responses to treatment at point of referral. HCRG Care Group works with the service commissioners and system partners to review & improve data quality across the health system. We are committed to ensuring records are accurate, complete, consistent & timely.

Community hospital PLACE reviews

Patient-led assessments of the care environment (PLACE) put the views of people who use HCRG Care Group services at the centre of the assessment process, helping to highlight how well a hospital is performing in certain areas. These areas include privacy and dignity, cleanliness, food and general building maintenance. The reviews focus on the care environment and does not cover the clinical care provision or staff behaviours.

During 2022 – 23 our annual PLACE inspections within HCRG Care Group, North Kent achieved a combined score of 92.8 per cent, which is a credit to the hardworking Hotel Services Team who ensure a consistent achievement of above 90 per cent for key areas such as ward cleanliness and catering requirements during what continues to be a period of high demand for our Community Hospitals.

NHS staff survey

Our colleagues do not complete the NHS staff survey. HCRG Care Group colleagues complete an equivalent colleague survey.

A summary of the prescribed data is included below:	
KF26 (Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)	**Data not available**
KF21 (Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)	**Data not available**

Overview of CQC inspections this year

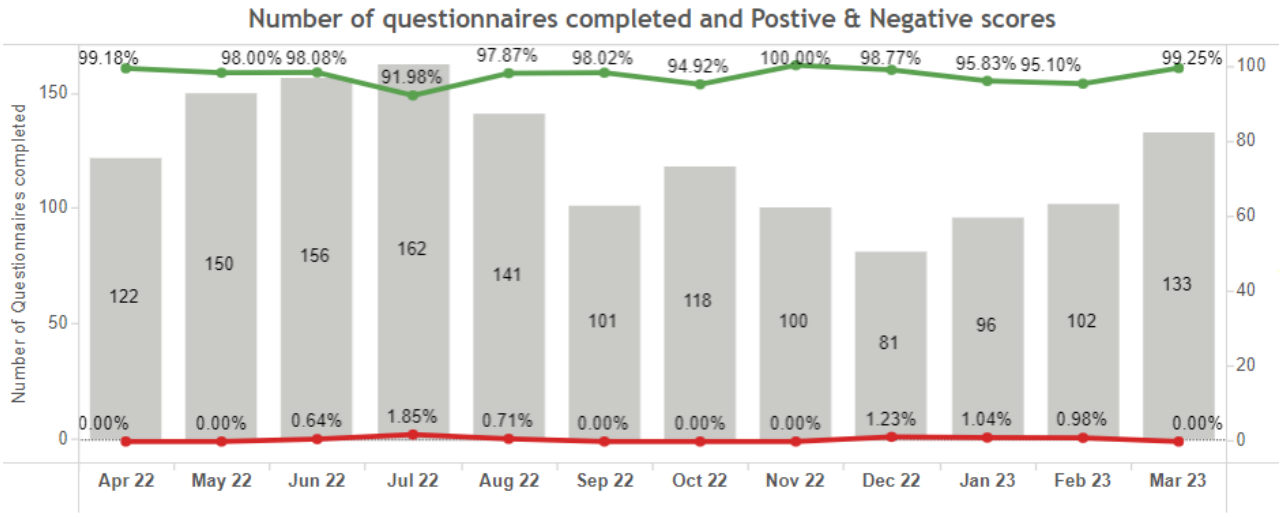
Registered provider	Service name	Full compliance	Action plan and status
HCRG Care Services Limited	Livingstone Community Hospital	Good	Completed
HCRG Care Services Limited	Gravesham Community Hospital	Good	Completed
HCRG Care Services Limited	Sittingbourne Memorial Hospital	Good	Completed
HCRG Care Services Limited	Sheppey Community Hospital	Good	Completed

NHS Friends and Family Test

Like all NHS providers, we ask people who use our services to feed back to us on their experience using the NHS Friends and Family Test.

In 2022-23, 1462 people rated our services in North Kent and 97.13 per cent per cent said they had a positive experience of our service.

Number of questionnaires completed and score of recommend (green)/ not recommend (red)



Part three

Prescribed information

12.	a) The value and banding of the Summary Hospital-level Mortality Indicator (SMHI) for the trust for the reporting period; and b) The percentage of patient deaths within palliative care coded at either diagnosis or speciality level for the trust for the reporting period	This element is relevant for Acute Trusts only.
13.	The percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period.	This element is relevant for Mental Health Trusts only.
14.	The percentage of Category A telephone calls (red one and red two calls) resulting in an emergency response by the trust at the scene of the emergency within eight minutes of receipt of the call during the reporting period	This element is relevant for Acute ambulance services only.
14.1	The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period	This element is relevant for Acute ambulance services only.
15.	The percentage of patients with pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period	This element is relevant for Acute Trusts only.
16.	The percentage of patients with suspected stroke assessed face-to-face who received an appropriate care bundle from the trust during the reporting period	This element is relevant for Acute Trusts only.

17.	The percentage of admissions to acute wards for which the Crisis Resolution Home Team acted as a gatekeeper during the reporting period	This element is not a service we are commissioned to provide.
18.	The trust's patient reported outcome measures for (i) groin hernia surgery (ii) varicose vein surgery (iii) hip replacement surgery, and (iv) knee replacement surgery During the reporting period	This element is relevant for Acute Trusts only.
19.	The percentage of patients aged - (i) 0-15 and (ii) 16 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust, during the reporting period	This element is relevant for Acute Trusts only.
20.	The trust's responsiveness to the personal needs of its patients during the reporting period	This element is relevant for Acute Trusts only.
21.	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	79%
21.1	Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)	97.13%

	Please note there is a not a statutory requirement to include this indicator in the quality accounts reporting but provider organisations should consider doing so.	
22.	The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	This element is relevant and refers to Mental Health Trusts only.
23.	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	100%
24.	The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	This element is for Acute Trusts only
25.	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	8 reported patient safety incidents 0 as severe harm or death

Commissioning for quality and innovation (CQUIN)

We will continue to work with our commissioners to deliver the nationally set requirements of CQUINs for pressure ulcer risk assessment and malnutrition screening, which whilst not a requirement of our contract, we have engaged in this initiative as we always strive to improve our care delivery and patient outcomes.

Comments from commissioner

The draft quality account was submitted to the Kent & Medway ICB on the 1st of June 2023.

Appendices

1: Glossary of terms

Care Quality Commission	Also known as CQC Independent regulator of health and social care in England. Replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009.
Clinical audit	Quality improvement tool, comparing current care with evidence-based practice to identify areas with potential to be improved.
Integrated Care Boards	Organisations which seek and buy healthcare on behalf of local populations.
Commissioning for quality and innovation	Also known as CQUIN System to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.
Community Services	Health services provided in the community (not in an acute hospital) Includes health visiting, school nursing, district nursing, special dental services and others

CP-IS	Child Protection Information System A computerised way of sharing data about child protection securely between organisations.
Did Not Attend	Also known as DNA An appointment which is not attended without prior warning, by people who use services
Healthcare	Care relating to physical or mental health
Healthcare Quality Improvement Partnership	Also known as HQIP Organisation responsible for enhancing the effectiveness of clinical audits, and engaging clinicians in reflective practice
National Institute for Health and Clinical Excellence	Independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health
NHS Outcomes Framework	Document setting the outcomes and indicators used to hold providers of healthcare to account, providing financial planning and business rules to support the delivery of NHS priorities.
Patient-reported experience measures	Self-reporting by patients on their experience following treatment and satisfaction with treatment received
Here to help/PALS	Informal complaint, concern and query service which gives advice and helps patients with problems relating to the access to healthcare services