North Kent Quality Account 2021-22

Services delivered in North Kent by HCRG Care Group Limited

HCRG Care Group - HCRG Care Services Limited
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care·think·do
WE CHANGE LIVES BY TRANSFORMING HEALTH AND CARE

Contents

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 Clinical Commissioning Group 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 the NHS 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. customerservices@hcrgcaregroup.com.

Regional Director's Introduction

I am extremely proud of the achievements and progress we have made in the North Kent Business Unit over the past year. All of our incredibly dedicated and hardworking colleagues have gone above and beyond, which has enabled the business unit to continue to provide high quality services throughout the ongoing pressures and high demand of the pandemic, to ensure patients receive the required care in the place of their choice.

Feedback from our annual colleague survey shows we are making the business unit a great place to work. We will continue to invest in and develop our workforce whilst continuing with our successful recruitment campaign to attract new talent making HCRG Care Group the preferred employer of choice.

We have continued to embrace our learning culture with a 'one team' approach. We have introduced multidisciplinary Learning Events, providing a protected platform and a collaborative approach for colleagues to enable a wider sharing of learning.

As a respected key system partner, we will continue to build on and nurture the excellent relationships we have developed with our stakeholders, which will allow us to further develop and grow the business.

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 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.

Patrick Birchall
Regional Director, North Kent
HCRG Care Group

Part Two

About HCRG Care Group

We change lives by transforming health and care.

Established in 2006 by Chief Executive Dr Vivienne McVey and like-minded colleagues, 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 leadership team

Dr Vivienne McVey
Chief Executive Officer

Stephen Collier
Chair

David Deitz
Chief Financial Officer

Samantha Kane
Chief People 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 an annual colleague survey to understand how our colleagues are feeling and how we could make improvements. In 2021-22, 55% of our colleagues across England took part and we continued to see positive feedback from our colleagues.

Our engagement score (calculated from a number of questions about how our colleagues find their experience of working with us) is at 74% – equalling last year and maintaining our highest ever score for a second year.

We continued to work with independent research company Motif this year. This means, colleagues can give feedback safe in the knowledge that they will not be identified by anyone within our organisation.

Having listened to our colleagues, taken into account the continued improvement in scores, recognised the unique circumstances of the last year and the pressures this placed upon them, we did not require teams to compile action plans this year.

However, feedback from the survey has informed our People Strategy for the coming year and our organisational strategy, launched in April 2022.

How our colleagues can speak up

Our Freedom to Speak Up policy sets out how our colleagues can raise concerns at a number of levels 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.

With the Covid-19 pandemic placing additional pressure on colleagues this year, we've regularly promoted this policy to colleagues, encouraging anyone who had concerns about their own safety, that of their colleagues or service users to raise their concerns.

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 HCRG Services Limited, and has no conditions attached to its registration. HCRG Care Services Limited 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.

Community Hospitals

Inpatient Rehabilitation Wards
HCRG Care Group provides four inpatient rehabilitation wards for the provision of a pathway of care for patients who cannot be supported within their home environment, while undergoing an active period of rehabilitation, 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 ward doctor, registered nurses, registered physiotherapists and occupational therapists, other allied healthcare professionals and unregistered support staff.

Intermediate Care Services

Rapid Response Service
This service provides a two-hour response within the community to prevent 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 and unregistered support staff.

Intermediate Care
The service is delivered by a therapy-based team offering up to six-week rehabilitation within patients' own homes or a clinic. Therapy goals are created with the patient and exercises programs, and equipment and teaching are utilised to improve daily function and enable independence. This service is available from Monday to Friday, 8am to 6pm. The service is delivered by registered and unregistered 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 Therapy Services

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 both registered and unregistered support staff.

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 foot health acute complications. Where necessary, it advises onward referral to specialist 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
The team provides a service to patients who have had a new neurological event of acute change in an existing neurological condition. The service provides therapy, education and support to patients and their families and careers. The service is available Monday to Friday, 9am to 5pm. The service is delivered by a multidisciplinary team including occupational and physiotherapists, a multiple sclerosis nurse specialist and are supported by unregistered rehabilitation assistants.

Long Term Conditions Management

Community Matrons Service
The service is run by advanced nurse practitioners who provide intensive and personalised care and support to patients with more than one complex and chronic long-term condition, with the aim to promote self-management. 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 unregistered support staff.

Community Cancer Specialist Nursing Service
The team provides management, support and care for patients with a cancer diagnosis and their family/carers. The service is available Monday to Fridays, 9am to 5pm. The service is delivered by a registered nurse.

Heart Failure Specialist Nursing Service
For the provision of care and management of patients with a confirmed diagnosis of left ventricular systolic dysfunction in both clinic settings and patients own homes. The service is available Wednesday to Friday, 8am to 5pm. The service is delivered by a registered nurse.

Community Cardiology 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, 8.30 am to 4.30pm. The service is delivered by both registered nurses and unregistered 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, 9am to 5pm with occasional evenings for Diabetes Education. The service is delivered by registered nurses.

Community Respiratory Service
For the provision of care for people living with chronic lung conditions. Spirometry and oxygen assessments are also provided. The service is available Monday to Friday, 8.30am to 4.30pm. The service is delivered by a registered nurse.

Home Oxygen Service
The service provides oxygen therapy or assessment for oxygen therapy in both clinic settings and patients own homes. The service is available Monday to Friday, 8am to 6pm. The service is delivered by registered nurses.

Continence Service
For the provision, in both clinics and the community, of 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 4pm. The service is delivered by registered and unregistered 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 a clinic, in the community and on the wards. The TVN service is available Monday to Friday 9am -5pm This service is delivered by registered staff.

Wound Medicine Centre (WMC)
For ambulatory patients with wounds in the Swale locality. The TVN service is available Monday to Friday, 9am -5pm and the WMC is available seven days a week, 8.30am – 4.30pm. This service is delivered by both registered and unregistered support staff.

Phlebotomy Service
DGS – Provides a service to non-housebound patients at a walk-in clinic and housebound patients in their usual place of residence. The service is available Monday to Friday, 8am to 2pm. The service is delivered by phlebotomists.
Phlebotomy is also delivered to housebound patients by appointment.

Outpatient Phlebotomy Clinic
Swale – Provides a service to non-housebound patients. The service is provided Monday to Friday, 8am to 1.30pm. The service is delivered by phlebotomists.

Care Coordination Centre

For the provision of a service for a single point of access for all telephone calls and referrals received for the service, excluding the community wards. Telephone contacts and new referrals are logged on the clinical system and signposted to the correct service within the required timeframes. The team book urgent same day home visits and routine clinic appointments. The service is provided seven days a week, 8am to 8pm

Local Care Services

Community Nursing Services and Night Service
Provides holistic patient-centred care for housebound residents. This service includes holistic assessments, wound care, intravenous therapy, infusion disconnect, catheter maintenance and routine changes, palliative and end of life care. The day service runs 8am to 8pm and the night service runs 8pm to 8am. The service is delivered by registered and unregistered support staff.

Multidisciplinary Coordinators Service
Provides a service for adult with complex needs, requiring a multidisciplinary collaborative approach, to improve their outcomes. The service is provided Monday to Friday, 9am to 5pm. The service is delivered by a registered nurse.

Priorities in 2021 -22

Priority 1	
Improve patient independence	The continuous pressures across the health system due to the ongoing coronavirus pandemic has delayed our aspirations with our journey to promoting and improving patient independence during 2021-22. Within our increased service activity throughout this year, we have encouraged patients to take up self-care solutions, but we have been unable to implement the systems required to gather the data to evidence and support the patient outcomes and benefits of this. Our engagement with the voluntary and independent sector equally has not been as productive as we would have wished for but remains one of our priorities for 2022-23.
Priority 2	
Improve patient and carer experience and engagement	We have and continue to listen to our patients and their families who for different reasons found it difficult to stay in touch with the national guidance restricting access to face to face services. An example of how we addressed this within our Community Hospital Wards, saw the introduction of iPads and mobile phones to assist with communication between our patients and their families. Also, we developed and introduced virtual Consultations for specific services such as our Speech and Language Service. Our Patient Advisory Group aimed at improving communication and engagement with patients and carers remains a priority for 2022 – 2023 having achieved a slow start due to the restrictions in place during the pandemic. Our Friends and Family Test continues to provide a positive response, with the average positive response currently 96%.
Priority 3	
Deliver improved quality of service and reduce avoidable harm to patients	We have introduced a monthly Learning Event to share our learning within the organisation with all members of the teams. Colleagues feedback of these events is extremely positive as an open platform to present, question, discuss and take wider learning from more experienced colleagues across the Business Unit. Our complaints and audit action plans are reviewed at our quality and governance meeting, allowing us to identify themes and trends that we can take further actions from. Our local quality strategy aligns with the corporate quality strategy and forms part of our priorities for next year. We now have an automated quality dashboard that gives an overview of the organisations quality measures which are reviewed and shared within

	the organisation's teams. This has also included the development of shared strategies for any identified areas where improvements are required.
Priority 4	
Adopt NEWS2 tool into Community-based services	NEWS2 is a tool developed by the Ryal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes. We have successfully implemented NEWS2 to all our community-based teams to support them in recognising and acting on the early signs of deterioration. Refresher training is also in place to ensure staff maintain their level of knowledge.

Priorities in 2022-23

Transformation

We are an active partner locally in the developing forums regarding Population Health and Place Based Models of Care, to transform the services already provided going forward. We are, for example, extending some services to provide a seven-day service rather than the traditional five-day service, we are giving additional support overnight to the services already in place. Some of these projects key aims is to support the demand for the acute hospitals by ensuring that patients can be discharged earlier and safely to their own home to continue the treatment they need outside of an acute setting. We are actively engaging with patients who have long term conditions to develop a self-care support model to improve patient outcomes.

Growth

We will work with our partners to further develop the place-based model of care within our services. We are engaging with our local commissioners to delivery three national CQUINs, looking at pressure ulcer risk assessment, staff flu vaccination and malnutrition screening.

We aim to develop a Patient Advisory Group that will build on and further develop the relationships that we have with our patients, partners, and colleagues. We would like to see a virtual approach that meets at least four times each year and this group will focus specifically on patient engagement activity adopting our 'care think do' approach to improve service delivery and patient outcomes.

Financial sustainability

We will be a responsive provider, meeting the expectations of our customers and stakeholders, we want to strengthen these relationships and continue to grow in focused areas where we can make a difference. We will aim to achieve efficiencies to deliver improved business results and effective processes.

Workforce

We want to continue to attract, retain, and develop a high performing and sustainable workforce. We already have recruitment plans in place that incorporates international nurses, return to practice programmes and increasing our student placements with our two local universities.

We will continue working with our Workforce Engagement Group and implementing the ideas generated by our staff to improve the working environment. We have established listening events, and the annual colleague survey achieved a 74% engagement score, an improvement from the previous year. Furthermore, we have regular scheduled drop in sessions with our Head of Business Unit to facilitate conversations with our teams.

How we identified our priorities for 2022-23

HCRG Care Group's national priorities were identified by its board as part of an annual process, having reflected upon the feedback provided by people who use the services and other stakeholders throughout the reporting 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. The management team within North Kent set the priorities by considering patient feedback, including themes from complaints and informal comments, colleague feedback and review of investigation reports identifying themes to be addressed in the coming year. Continued work and dialogue with commissioners and system partners has also contributed to the priorities for the year ahead.

Audits we've taken part in

National clinical audit participation: Community Services

Over the course of the year, HCRG Care Group took part in very few national clinical audits, as the majority of these were suspended due to the impact of the Coronavirus pandemic. However, HCRG Care Group North Kent did continue to audit the following:

Safe staffing levels – Review of ward staffing levels and clinical grades to identify whether the organisation employs the right staff, with the right skills, in the right place and at the right time based on the National Quality Board's expectations.

Research statement

We continue to participate in a number of research, service evaluation and service development projects, which are overseen and governed by our Striving for Better speciality networks.

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 area over the coming year.

Current research activity

The organisation currently has a number of programmes on its research database which are either in progress or due to commence within a few weeks of the publication of this document.

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

Publications

None.

Learning from deaths

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 the Medical Governance Group oversee the reviews undertaken by the Mortality Review Group.

Statement on the accuracy of our patient data

HCRG Care Group submitted information during the year to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodic Statistics, which are included in the latest published data.

Community service outpatient data for SUS submissions is being validated to ensure ongoing submissions are confirmed as being successful.

Only aggregated data is published; therefore, HCRG Care Group North Kent is unable to provide the annual figures at a local level to detail the percentage of records which include the patients valid NHS number or GP Practice Registration Code.

Errors introduced into patient notes

Data not collected in HCRG Care Group North Kent Services.

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 do not cover the clinical care provision or staff behaviours. During 2021, PLACE reviews were suspended due to the impact of the Coronavirus Pandemic. Plans are in place to resume these in line with national direction.

NHS staff survey

A summary of the prescribed data for North Kent is included below:	
KF26 (Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)	11%
KF21 (Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)	69%

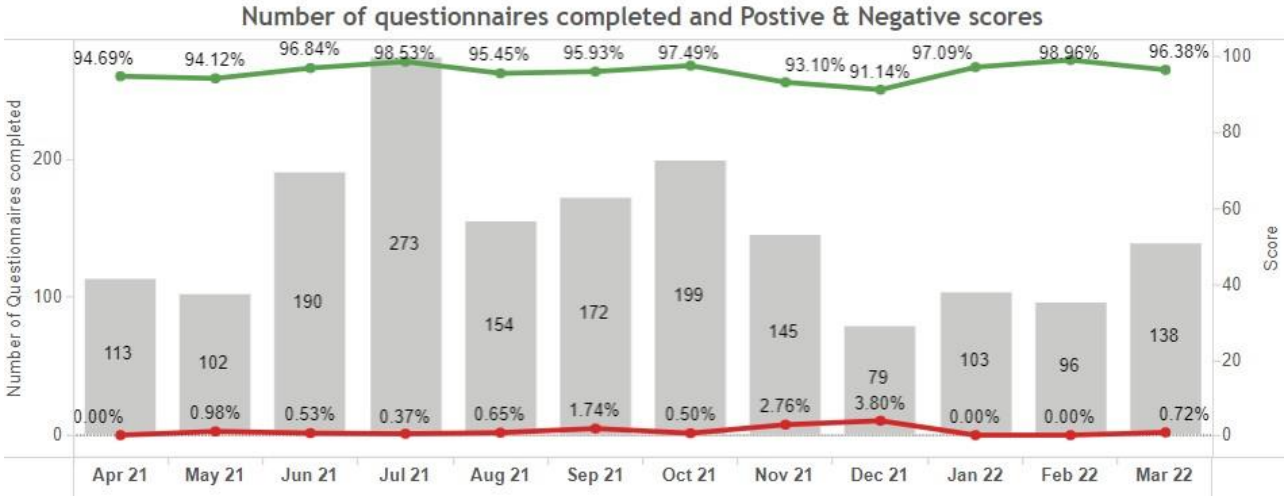
Overview of CQC inspections this year

There were no inspections undertaken by the CQC at any registered location in HCRG Care Group North Kent during 2021-22.

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 2021-22, 1,764 questionnaires were completed in North Kent and 96.2% per cent said they would recommend the service if someone needed similar services.

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 not relevant.
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 not relevant.
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 not relevant.
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 not relevant.
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 not relevant.
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 not relevant.
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 relevant.
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 not relevant.
19.	The percentage of patients aged - (i) 0-14 and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days	This element is not relevant.

	of being discharged from a hospital which forms part of the trust, during the reporting period	
20.	The trust's responsiveness to the personal needs of its patients during the reporting period	This element is not relevant.
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	67%
21.1	This indicator is not a statutory requirement. The trust's score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care	96.2%

Commissioning for quality and innovation (CQUIN)

We work with our commissioners and other local providers to support the delivery of CQUIN targets.
In 2021/22 HCRG Care Group community hospitals in North Kent reported:

- No breaches against admissions to single sex accommodation.
- No reported MRSA Bacteraemia.
- There was 1 clostridium difficile infection in the year 2021-22.

Comments by co-ordinating Clinical Commissioning Group

The draft quality account was submitted to the Kent & Medway Clinical Commissioning Group on the 6th of June 2022.

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.
Clinical Commissioning Group	Local organisations which seek and buy healthcare on behalf of local populations, led by GPs.
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