Bath and North East Somerset Community Services Quality Account 2023-24

Services delivered in Bath and North East Somerset by HCRG Care Services Limited

HCRG Care Services Limited, trading as HCRG Care Group
The Heath Business and Technical Park, Runcorn, WA7 4QX
w. bathnesheathandcare.nhs.uk

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 Bath and North-East Somerset Council and Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board in South West England.

HCRG Care Group may also provide other services in the area but these may not be included in this document if they are not commissioned by Bath and North-East Somerset Council and Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board 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 the service directly. Details can be found at bathneshealthandcare.nhs.uk

Regional Director's introduction

I am extremely proud of the achievements and progress we have made in B&NES Community Health and Care Services over the past year.

In particular, I am proud of the following achievements:

- Our continued delivery of community health and care services in B&NES that are effective, efficient and high quality.
- Our proactive management of the increased referrals and demands into our services whilst maintaining a high level of service user satisfaction, and our support of the wider B&NES health and care system to support urgent care and flow including the implementation of virtual wards.
- Our colleague satisfaction with the organisation as a place to work and our success in recruitment which has greatly supported continuity of care and enhanced quality, safety and care effectiveness.

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 B&NES.

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.

Regional Director – South West

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 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

Our leadership team changed after March 31 2024. Please visit hcrgcaregroup.com to see the latest leadership chart

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.

An average of 35.5 per cent of our colleagues across England took part in the four surveys between April 2023-January 2024 and we continued to see positive feedback and improvement in key indicators. Satisfaction with our organisation as a place to work averaged at 60.5 per cent. Over the same period, 58 percent of colleagues said they would recommend HCRG Care Group as a place to work. In all of the nine NHS People Pulse survey questions, our scores compared favourably.

We develop action plans based on feedback from this survey to improve in the areas colleagues said could be better. The latest action plan 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 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.

We regularly promote this policy to colleagues, encouraging anyone who has 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 Community Services in Bath and North-East Somerset

The services provided to the population of B&NES are:

Children's services

Our children's services consist of medical support from the community paediatricians, universal services (health visiting and school nursing) from the Public Health Nursing Team. as well as the School Aged Immunisation Service; and the Family Nurse Partnership. We offer outpatient and community services in the specialities of speech and language, paediatric audiology and bladder and bowel.

There are also specialist services that support children with learning difficulties and those nursing needs are supported by Children's Community Nursing Team. Children with life limiting conditions have the support of the Children's Continuing Care Team supported by the Community Nursing Service. There is also a Specialist children's safeguarding nurses within the Regional Safeguarding Team and a team supporting Children in Care.

Adult services

There are two community hospitals supported by a medical team, with one hospital providing a Minor Injuries Unit.

Outpatient clinics are run for audiology, bladder and bowel, speech and language, physiotherapy, podiatry and stroke and neurology. In addition, we provide specialist clinics for falls, orthopaedic problems, pain and Parkinson's disease. There is a team of discharge liaison nurses who work with acute hospitals to arrange transfer or discharge of patients.

There are domiciliary services provided to people in their own home, including community matrons, district nursing and reablement, as well as specialist services that can be provided within a clinic or in someone's own home, such as heart failure, intravenous therapy (IV) or falls, Parkinson's and neurology.

We also provide lymphedema and tissue viability services. The Health Access Team is the single point of access for these services.

There are teams dedicated to supporting people following a stroke. Our Community Neurological and Stroke Service provides this support, and for people with respiratory problems, this is provided by the IMPACT team. The Continuing Health Care Team undertake assessments for NHS funded care packages.

The Learning Disabilities Team is an integrated health and social care team providing care and support for people with complex needs. It includes social work, nursing, support service co-ordinators, day services and supported living (helping people to live independently).

An NHS@home service also known as a Virtual Ward responds to requests from GPs and other health professionals to care for people with an acute medical need who need support on a short term basis. Previously these people would have been admitted to acute hospital care, but by using technology to monitor them remotely and providing a time limited enhanced level of intervention they are now cared for in their own home environment (which may be a care home) which reduces the need for hospital admission and speeds their recovery.

Access to our services is supported through the Care Co-ordination Centre who manage referrals, co-ordinate discharges from the local acute health care trust into community services and

Wellbeing services

There are five service areas; these include the Community Wellbeing Hub, Health Improvement Service, Mental Health and Wellbeing Service, Community Volunteer Service and Wellbeing Courses.

These services work together and with other health related partner organisations to improve the physical and mental health of people living in Bath and North East Somerset. This includes provision of adult and children's weight management support, health checks, stop smoking support and a variety of health improvement opportunities through the Wellbeing College. These services also support with housing, food, hospital transport, employment issues and advice and mental health and wellbeing support.

Social care services

In addition to the social care services provided as part of our integrated Learning Disabilities Service, there is a team supporting people with autism spectrum disorders, a Hearing and Vision Service, an Employment Inclusion Service and a Shared Lives Service which provides short breaks or full-time placements for adults and their carers.

The full range of adult social care services were provided by HCRG until 31st March 2024 and included an additional Adult Social Care Occupational Therapy Service which used an integrated health and social care model of rehabilitation. These services transferred to the Local Authority on 1st April 2024.

Safeguarding Team

- The Safeguarding Team in B&NES is part of the wider integrated Southwest Safeguarding & Children in Care Team that covers Wiltshire and B&NES.
- The team includes adult and children safeguarding practitioners in B&NES.
- The team supports all HCRG Care Group services in B&NES in discharging their duty to safeguard children under Section 11 of the Children's Act & The Care Act 2014.
- The team provides specialist support, advice, training and safeguarding supervision to all clinical colleagues and monitors and reports on mandatory compliance with training and supervision.
- The team provides a consultation and support service via email or telephone to all practitioners in HCRG Care Group community health services for adult and children in B&NES, Monday to Friday 9am-5pm.

Subcontracted services

Since 2018, HCRG Care Group in B&NES has had responsibility for a group of commissioned services. These services are primarily with the third sector and include housing support, wellbeing and prevention of ill health as well as homelessness support. The local hospice provision is also part of the subcontracted services.

Priorities in 2023 -24

The priorities in 2023-24 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.

Adult Services Priorities

Adult services identified priorities which were applied across all of their services.

Effective management of falls and the reduction of preventable falls	
	People in an unfamiliar environment are more likely to have accidents and falls than if they were in their usual place of residence. The rehabilitation of a frail elderly person or someone who has had a stroke involves supporting them to increase their mobility and become more independent. There is a balance to enabling people to mobilise and increase their independence and preventing falls by restricting unsupervised activity. All people who are admitted to our in-patient units or are cared for at home have a falls risk assessment to determine their likelihood of falling. Personal care plans are then developed to support people to mobilise safely whilst mitigating their risk of falls. Careful monitoring of people who are disorientated helps to prevent accidents and reduce falls. Colleagues have worked hard to develop strategies for falls prevention using a multi-disciplinary approach. Initiatives to increase activity and reduce deconditioning have been successfully deployed across the in-patient units with the aim of increasing muscle strength, stamina and balance. Using the Motomed bikes and, more recently, the introduction of the Cubi foot peddling machines to enable people to exercise their legs whilst sat in a chair, have been very popular with patients and some have been inspired to purchase their own Cubi machines to continue using them at home. Measurements of speed, distance and stamina at the start of an admission and immediately prior to discharge have shown good physiological outcomes for people in addition to informal feedback from patients about feeling more confident and finding the exercises have helped them to feel fitter and stronger. Therapies teams also support people to either rehabilitate to an improved level of fitness to help them prevent falls e.g., by improving balance and muscle strength, or resolving foot problems to increase mobility. Community teams support people in their own homes and also support the limitation of accidents in the home by identifying hazards and encouraging people to remove or mitigate against them, e.g., trip hazards such as mats and rugs, trailing wires and other objects that impede safe movement and activity around the living space.

The Physiotherapy Service supports people to remain active by supporting pain and stiffness relief through the use of exercise or in some cases joint injections. Other specialist services such as the community neurology and stroke service and the Parkinson's and falls clinics support people with very specific needs to be able to mobilise safely within the limitations of their condition. The Bladder and bowel service helps people and their carers to promote continence and manage incontinence, to try to reduce anxiety of people rushing to the bathroom and sustaining a fall in their haste.

There is a good culture of reporting incidents and near misses in the services and although the number of reported falls has not reduced significantly, the impact of these falls and the associated harm from them has decreased substantially over the past year.

Maintenance of pressure damage reduction for preventable pressure injury

The cohort of adult patients cared for by the nursing services frequently have high risk profiles for developing pressure injuries. Pressure injuries are also picked by therapy teams whilst caring for people in their homes in the community and also by the podiatry team when people have reduced sensation in their feet and do not have the ability to recognise pressure on their feet. All people admitted to hospital or seen in the community have a risk assessment undertaken to determine their vulnerability to developing pressure injuries. This assessment will then result in a personalised care plan to support the maintenance of skin integrity, or where pressure injury has already occurred, ensure that all active measures are in place to prevent the injury worsening and to support healing.

At the beginning of 2024, a new risk assessment was introduced which draws on previous assessment tools to offer a comprehensive evidence based tool that reflects current understanding of pressure injury. This is Purpose T and is being implemented by the Specialist Tissue Viability Nursing Team into services, following training in its use. This initiative is being driven by the organisation's Striving for Better Pressure injury specialist group, so that the new tool will be used across the organisation to enable benchmarking between similar services, with the aim of reducing pressure injury to increase patient comfort and wellbeing. Initial learning from the first teams to implement it has been positive and the initiative is being rolled out to other teams over the next few months.

As pressure injury development is multi-factorial there are many services involved in working together for prevention, so this is where a multi-disciplinary approach is key to enhancing care. Lack of mobility, poor nutrition, dehydration, medication, incontinence and patient education and guidance are all addressed by both generalist clinicians and support colleagues and specialists in these fields, who work together to ensure that patients are comfortable and well cared for to reduce iatrogenic complications.

For some people, particularly those on an end of care pathway, prevention of pressure injury is especially challenging and colleagues work with the patient and their carers to ensure choice and comfort are the priority, which sometimes means that prevention of pressure injury is not the key objective for the person's care. The personalised care plan will focus on the specific care

objectives for that individual according to their needs and wishes. Colleagues continue to report pressure injuries using the electronic reporting system and there is a biannual thematic review of all pressure injuries to identify learning and inform future practice. As there is an excellent reporting culture within B&NES, a high number of reported pressure injuries does not equate to high numbers occurring as a result of our failure of care as all pressure injuries discovered or reported by carers in the community are reported, so that they can be responded to appropriately by specialist teams in a timely way. Over the past year the number of reported pressure injuries has only decreased slightly, however, the number of high category (3 or 4) injuries reported is significantly reduced from two years ago.

Effective Management of Infection Prevention and Control to demonstrate good practice

The Infection Prevention and Control (IPC) Nurse has continued to support effective Standard Universal IPC precautions in services during the year. In the summer of 2023, she implemented Tea Trolley training primarily for the services based in the community hospitals. This consists of a trolley of IPC resources and information which she takes around and provides 5 – 10 minute opportunistic training to anyone she meets in the wards and departments on site. This has proved very popular with colleagues and who now feel increasingly comfortable to approach her to ask about any queries that they have about current IPC issues, in addition to hearing about the topic of the day. These are also adaptable and if there is a specific request for information linked to a live concern at the time, the focus of training for that session will flex to the needs of services on that day. The same methodology is used with community teams, but without the trolley. The increased engagement and IPC knowledge amongst colleagues has resulted in a significant reduction in outbreaks during 2023 – 2024 compared with previous years. In the in-patient units there were no reported outbreaks during the whole of the winter which is a huge improvement on the previous year's numbers. Colleagues in all services report that they are more confident in their IPC practice and this is evidenced by the marked reduction in hospital acquired infections, due to colleagues' prompt identification and robust management of people with infections. The table below shows the number of infectious disease outbreaks reported within services between April 2020 and March 2024 compared with previous years.

	Covid (Inpatient)	Other (Inpatient)	Outbreak (Other services)	Total
2020-2021	4	2	0	6
2021-2022	4	0	2	6
2022-2023	6	5	3	14
2023-2024	0	0	0	0

This is not believed to be as a result of reduced community prevalence as there is evidence that other local providers were reporting outbreaks within their services during 2023 – 2024.

Effective management of workforce to provide resilient services

All services have a workforce strategy which is reviewed regularly with Heads of Service. The success of the international recruitment programme for inpatient nurses has led to a much more stable nursing workforce on the wards with improved outcomes for patients. e.g. the length of stay for people on both of the wards has been reduced and there has been a substantial sustained decrease in the number of incidents of concern.

An innovative strategy for recruitment has been implemented whereby HCRG Care Group colleagues have attended local recruitment fairs and delivered a process that enables people to express interest in a post; have an informal discussion; and be offered a position on the same day, with the caveat that satisfactory safer recruitment checks must be successfully achieved before the appointee's post is confirmed. This approach recognises that for some non-registered posts, people may not really understand the requirements of the post until they start into the role, but that everyone who is appropriate is enabled to try a role and if it really is not for them, then they can leave, or change to a different type of role within the organisation.

There have been a few people who have not completed their probationary period for this reason, but they have had the opportunity to try something new. The successful recruits have been integrated into the team and also have the opportunity to progress to more advanced roles within the team, or to transfer their new skills to another team. Incentives such as apprenticeships and rotational posts have also been offered. The known areas of national skills shortages continue to be challenging, but even for these services there has been some success with the in recruitment of therapists and a paediatric audiologist during the year.

Services continue to support student placements which enables them to understand the various roles within community health services and to see what different services offer. There have been some newly qualified colleagues who have joined services directly as a result of being inspired by their student placements. Managers and colleagues from the organisations Learning Enterprise have worked with universities and colleges to dispel the myth that new registrants have to work in an acute trust following qualification. This has resulted in students voicing that they no longer feel pressurised in to applying for a role in a general hospital acute trust and are much more open to their first posts being within community services. This chimes with BSW ICB's vision of "left shift" of some services from acute care and into the community with the emphasis being on community first.

Effective engagement with people who use our services to reflect, learn celebrate and improve

There has been ongoing attention throughout the year to increasing the engagement with people who receive care from B&NES community adult

services. In May 2023 during the first Quality Month there was a week-long focus on engagement with service users which drove the implementation of the "Tell Me" initiative, that supported and encouraged people to talk to health colleagues about the issues which most mattered to them at the time.

Posters were displayed in service user areas to inform people that the services wanted to understand their current concerns and that talking to health care staff about their worries and concerns was welcomed and encouraged. The learning from this initiative was shared at the organisation's Difference conference in the autumn and generated interest from across the organisation.

The physiotherapy patient users group continues to meet, although the service has been discouraged by the fluctuating attendance. They have been reassured that this is quite usual as when many people feel better, they do not wish to be seen as "patients" anymore and reminded of the time when they were struggling and needed support, so tend to drift away from "patient" focussed groups. Other therapy services have planned to develop patient groups following the learning from the physiotherapy team.

Several therapy services have undertaken surveys of their patients to ask them about their experiences and have shared their results at governance meetings. All feedback is shared and discussed at team meetings and where an improvement is identified, colleagues identify actions to implement to resolve the issue e.g. the Pulmonary Rehabilitation service produced a poster to display in their clinics following their survey to identify the themes from their results and to tell people what they had done or planned to do as a result of the feedback received.

Examples of changes made include changing the types of exercises in the session as people were not keen on star jumps or side exercises; information talks were reduced in length as some people found an hour too long; and written information is now provided to summarise the talks as requested.
The in-patient units have implemented 'You Said, We Did' boards on the wards where they can be seen by patients and their visitors as well as other people visiting the ward. There are sticky notes for people to write comments about any aspect of the ward and to place these in the "you said" section. Each fortnight there is a multi-disciplinary meeting held by the boards where all of the comments are reviewed.

Following the review, actions are agreed and allocated to an individual or group of colleagues to put into place and the agreed action is displayed in the actions section. Previous actions are reviewed and updates are placed on the 'we did' section.

This ensures that people are aware that they are encouraged to leave comments about any aspect of their in-patient stay and that feedback will be listened to and actions will be taken to resolve issues identified in this way. Ward colleagues also support people to leave their comments if they are not able to do so themselves, or do not have a relative or friend to help them, so that everyone is able to be involved.

Evidence of a culture of reflection, learning support and continuous improvement

Two years ago, the organisation realised that it would not be possible to successfully implement and embed the Patient Safety Investigation Response Framework (PSIRF) without a just culture being in place. This is why the #iamjusculture campaign was launched which recognised that a culture is made of all the people within the organisation and not just one or two committed individuals and certainly not led by managers. Implementing the Just Culture campaign and getting people and teams to sign up to:

- Reporting incidents in a just way
- Investigating incidents in a just way and
- Sharing learning in a just way

meant that when Datix was introduced six months after the start of the campaign, colleagues were already cognisant of the principles of a just culture and had had the opportunity to understand and embrace it. When PSIRF was launched the just culture was already firmly embedded in people's minds and it was understood that PSIRF was focussed on learning from incidents and complaints using a systems approach to truly understand all of the factors which contributed to the event or gave rise to the complaint or concern.

The investment in preparing the services for this change in approach from finding a single root cause under the previous Serious Incident Requiring Investigation framework, to embracing a holistic overview of all the contributing factors, has really delivered early acceptance and engendered a tangible learning culture amongst services.

Having a toolkit of various methodologies to gather the information has enabled reflection even before the investigation starts, as colleagues consider the most effective means of eliciting the information that they need to fully understand what has happened. Learning from investigations is now shared using the systems engineering model of themes, so that people can understand each aspect of findings and their interrelationships and contributions to the event. Colleagues who report incidents often use one of the systems approaches in their description of the incident when completing the electronic reporting form.

Sharing of learning and quality improvement initiatives is now firmly embedded into governance meetings in both adult and children's services in B&NES and there is a tangible willingness to share and learn from each other. Evidence of this is the number and different scopes of colleagues in B&NES who have put themselves forward and presented their learning from new initiatives within their service at the organisation's bi-annual Difference conference. The passion and energy shown by colleagues who take pride in sharing their work to a wider audience is very pleasing, additionally there is a great respect for colleagues' achievements and support for shared initiatives across services.

Children's Services Priorities

Children's services in B&NES developed service specific priorities.

Audiology	
	The Children's Community Audiology Service continued to be registered with the Improving Quality in Physiological Services (IQIPS) and has been working towards accreditation. The British Association of Audiology (BAA) standards baseline assessment was completed and an action plan put in place to identify work required for full compliance. A part time member of the team temporarily increased their hours in order to dedicate time to this work and progress was monitored regularly. This work has progressed well, is almost complete and the service aims to apply for accreditation in Q1 of 2024/2025. During the year the service unexpectedly had to respond to a significant information request from NHS England in line with all Paediatric audiology services nationally following concerns raised about follow up care in Scotland. When the Lothian report was published, the team had already identified the concerns raised and audited their service against the safety standards which showed 100% compliance. The NHSE process is ongoing and considers a child's journey between the different providers of the audiology pathway. We await their report, but do not have any concerns about the safety of the service and in particular of children being lost to follow up due to robust processes in place which we have tested through clinical audit. The audiology service planned to use feedback from families and young people to identify what information and resources service users require, with a particular focus on leaflets and information for children and young people accessing the service. This resulted in a review of existing information which will be shared with families and other stakeholders prior to implementation. The service is now providing information from professional bodies e.g., National Deaf Children's Society and developing information specifically for children who are transitioning out of the service to another service (e.g., to acute care or adult services) In order to maximise feedback, a prompt has been added to all appointments to ask young people about their views and experiences.
Bladder and Bowel	
	The Bladder and Bowel Service has completely reviewed its processes and created a single assessment tool for nurses to use across B&NES and Wiltshire. The updated pathway ensures that children are offered an initial appointment which is not reliant upon the family completing and returning a number of charts. Children are now seen in date order and not according to the date charts were received. The service has significantly reduced waiting times so that children are seen and supported in a timelier way. A support worker role has been created and there are now two support workers in place who support families with product ordering, toilet training and undertake home and/or school visits for children as required. This is a key front line support role for

families and the support workers are able to respond in a more timely way to meet the children's needs within their remit; or escalate complex queries and challenges to the registered professionals in the team.

Children in Care

The Children in Care (CIC) service has worked to improve the experiences of children being supported by their team whilst in care. A new pathway with social services has been signed off that facilitates direct contact with young people using their own mobile telephones, so that the young person themselves can agree appointments to suit them, rather than the carer organising appointments for them. This has improved children and young people's engagement with the health assessments thus improving the quality of the assessment which enables them to deliver a service acknowledging the young person's preferences. This has aided the provision of more age-appropriate services to support young people to develop independence and confidence in accessing support for their health needs now and in the future which is key to helping prevent the escalation of ill-health.

CIC have worked to improve the quality of health assessments so that they are child friendly, clear and concise. This means that they are more likely to be understood and the subsequent recommendations followed. An audit during the year showed high quality assessments were being completed with the voice of the child clear and resulting in Specific Measurable, Achievable Relevant and Timebound (SMART) care plans agreed with the young person.
CIC have also reviewed and updated the digital database of resources for Children and young people (CYP) in care and these can now be shared directly with the child and/ or their carer directly via mobile telephone at the time of contact. The list of resources and Apps is also available in the CIC Pack which is regularly updated as resources and information changes. The team have also developed outcome measures around young people's emotional health and transition planning for young adults when they turn 18.

Children's Continuing Care Team and Children's Community Nursing

The Children's Continuing Care Team (CCCT) and Children's Community Nursing (CCN) have worked together on their quality priorities for the year as CCNs also care for the children on the Continuing Care caseload.

The teams have worked with the clinical systems team to align the format of their electronic health care records across the two areas so that everyone has access to the same templates and questionnaires. All colleagues received training prior to implementation, however, a post-implementation audit identified gaps in understanding, so refresher training was put in place, as well as further work with the systems team to address some improvements that had been identified.

CCCT and CCNs wished to upskill colleagues in community Long Term Ventilation (LTV) knowledge and support for young people who use ventilators and their families. They have established regular online meetings with the

tertiary LTV teams and have worked with partners in the LTV network to develop new competencies in LTV care.

CCCT and CCNs continue to work with partner agencies including BSW Integrated Care Board (ICB) and HCRG Care group adult services to improve the transition process for young people with complex health needs when they move to adult care.

Community Paediatricians

Community Paediatricians have worked with colleagues in the Speech and Language therapy service to develop an integrated pathway for the diagnosis of Autism. They have updated the way that they communicate with families about how the pathway works so that CYP are better informed about the process including the length of time they are likely to be at each stage of the pathway.

The team have worked on reviewing and updating the Information provided to children, families and schools following a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). This is to ensure that information is not only accurate and up to date, but also that it is helpful and accessible to CYP and families, so that they have a better understanding of their diagnosis and its implications. this will help to empower them to manage their condition effectively. Signposting to other support agencies is also more effective.

Family Nurse Partnership

The Family Nurse Partnership (FNP) team have had a focus on improving health outcomes for their clients who smoked and their babies when they were recruited onto the programme. This has been a combination of information, support to quit and using carbon monoxide monitors. In November 2023, data showed that 100% of their clients over the past year had maintained a smoke free home for at least six months after their babies were born.

At six months post-delivery only 20% of clients were smoking which was a significant reduction from 39% over the preceding three years. At two years post-delivery 24% were still smokers compared to 45% in the previous three years. This indicates an improvement to expected health outcomes for both the mothers and their babies over the long term.

The team have also worked to improve their understanding of the role of fathers and father figures in the delivery of the FNP programme as it is well evidenced that including fathers in the programme improves outcomes for infants as well as the rest of the family. Data shows that fathers were present at nearly a quarter of visits which is an increase from 18% the previous year.

FNP colleagues continue to deliver training to other teams using the Knowledge Skills Exchange framework. Sessions on attachment were requested and delivered to Health Visiting students and Early Years Practitioners.

Health Visitors	
	Health Visitors (HV) have focused on assessing the health needs of fathers and have updated and reworded the Family Health Needs Assessment tool to be inclusive of both parents. They have had a specific focus on the mental health needs of fathers as part of the implementation of the BSW Mental Health Pathway. HV have worked to support the transition for all fathers to parenthood and have introduced a dedicated website page for fathers on the B&NES website. Following training for the team, the Mothers' Object Relations Scales (MORS) assessment of attachment between a mother and her baby has been introduced which is being used for both parents. Other routine assessments are also being used for both parents. HVs continue to develop and implement outcome measures to assess whether that the evidence based interventions that they provide to families are achieving the health and development impact needed by children and their families. During the year a maternal mental health template including an emotional wellbeing visit care package with associated outcomes was launched. In quarter 4 assessment of the home learning environment and toileting were added to the school readiness checklist so that this can be measured as an outcome.
Learning Disability	
	The Children's Community Learning Disability Health Service have reviewed and updated all of their service leaflets which are now in place for families. The implementation of these within B&NES was timed to coincide with the introduction of the Children's Single Point of Access, so that all of the contact details correctly reflect the new 'front door' for families to access support. The new leaflets are clearer about the support that the service can provide to assist with managing families' expectations. With a new Clinical Lead in post, the service has been reviewing their triage process to improve signposting for families who do not meet the criteria for service provision to ensure that they have sufficient information to enable them to access more appropriate support to meet their needs. At triage, families are also given guidance to empower them to start to meet their health needs whilst they wait for a specialist assessment.
School Nursing	
	The School Nursing Team in B&NES have continued to develop the digital health questionnaire and during the year have introduced these for school year nine. The questionnaire for school year seven was developed and piloted in a couple of schools prior to being rolled out to all schools in B&NES from February 2024. It Is anticipated that the full roll out will be completed by the end of April. The New Entry Health questionnaire continues to be sent to all schools and is followed up by the team if the response rate is low. Eight additional colleagues have completed their bespoke sexual health training to enable more young people to be able to access the service for the provision of contraception and advice Clinic in a Box service, which is delivered in school and the community by school nurses.

The school nursing team have supported the development of the B&NES Children's single point of access, by helping to develop pathways for enhancing access to their service which includes the establishment of a duty school nurse rota. This was established and school nurses worked with SPA colleagues to ensure that the processes were running smoothly to deliver a seamless service to CYP and schools.

School Nurses have delivered more webinars for parents and carers during the latter part of the year. These equip parents with information about key health issues to enable them to support their children and reduce the escalation of problems such as sleep and emotional health and wellbeing. They aim to 'normalise' the journey through childhood and the teenage years by sharing generic information. These continue to be well received by parents and carers.

Speech and Language Therapy

The Speech and Language Therapy (SLT) service were commissioned by the local authority to fulfil the speech and language therapy outcomes for children with complex needs identified on their Education and Health Care Plans (EHCPs) until March 2024. This work has gone well and has received positive feedback from both parents and educational settings. SLT has also worked with the Bath Opportunities Pre-school (BOP) and the Local Authority to develop a SLT service to sit alongside to provide a cohesive amenity for the improvement of communication outcomes for children with additional needs. As BOP has now moved to smaller premises, colleagues from both services are working in tandem in the community.

Parent information groups were being held successfully via the Teams platform, however, following feedback from parents that they would find it beneficial to have the opportunity to watch therapists work directly with their children and demonstrate the use of the activities suggested, a hybrid model has been introduced. This consists of two sessions on Teams and three sessions face to face. Parents have commented that it has been really helpful to watch therapists carrying out the activities, so that they are better prepared to use them at home.

SLT have increased the offer of a block of face-to-face individual sessions for children with complex needs as it was identified that the previous provision of three sessions per block of therapy was insufficient to meet their needs. There are now up to six sessions face to face within a block of therapy for these children and this is working well.

SLTs continue to work on Therapy Outcome Measures (TOMS) as part of the outcome measures project. They have increased the number of TOMS in use following additional team training to improve confidence with their use as well as the production of a team's specific How To Guide for TOMS. Inter-rater reliability testing continues to ensure that these are measured in a robust way. SLTs have also embraced the development of the Neurodevelopmental pathway project in collaboration with colleagues in other services and this service will commence in Quarter 1 of 2024 – 2025 in order to provide an enhanced service to CYP and their families through the implementation of five

different pathways for children's diagnostic assessment according to their presenting needs. This will streamline their diagnosis so that following triage, CYP will only have the assessments that they need according to the pathway identified and reduce the time form referral to diagnosis.

Other Service Priorities for 2023-24

Regional Safeguarding Team
Following the successful transition to a Regional Safeguarding Team to provide both adult and children's safeguarding support, the team have implemented regular adult safeguarding supervision to complement the existing provision for children's services colleagues. This provision continued even during the prolonged unexpected absence of the adult safeguarding lead over the winter. Children's safeguarding group supervision has also been augmented by the reintroduction of 1:1 supervision for colleagues who carry a safeguarding caseload. Ad hoc advice and support continues for both adult and children's service colleagues.
Embedding PSIRF and implementing LFPSE
A considerable amount of activity has been undertaken during the year to continue to embed the Patient Safety Incident Response Framework (PSIRF) and colleagues have responded very positively to this. There have been meetings with many individual teams who have requested a bespoke session as well as regular updates, tips and advice on the different models of investigation and how these work at governance and managers' meetings. The Systems Engineering Initiative for Patient Safety (SEIPS) training and human factors training has been rolled out during the year and the learning feedback to governance meetings and reporting is now delivered using the SEIPS model. This has helped colleagues to understand the subtleties of each aspect. The Head and Deputy Head of Quality have collaborated to ensure that the organisation is always represented at the BSW system PSIRF meetings, so that HCRG Care Group is an active participant in the planning for embedding the new methodology and sharing learning across BSW. This group has been considering how to implement Patient Safety Partners which is a key component of the PSIRF requirements. No system wide solution has been Identified as it Is clear that it is unlikely that a uniform approach will meet the needs of all providers. As part of the embedding of PSIRF an additional short touchpoint meeting was identified between the two Heads of Service or a nominated deputy and the Head and/or Deputy head of Quality. These review any incidents of note to identify where a more comprehensive investigation under the PSIRF needs to take place; as well as any incidents which demonstrated really good practice in either preventing an incident or responding to an incident that had

happened to preserve the safety of the affected people. Initially three times during the week, these are now twice a week and have been appraised as being useful.

During the year a comprehensive training and update programme for the SEIPS model has been implemented to ensure that everyone fully understands it and many services have benefitted from individual team learning on the different PSIRF methodologies with the ability to use examples of previous incidents and work through these using the systems engineering approach within a learning environment. Human factors training has also started to be rolled out and this will continue.

Preparatory work was undertaken to ensure that the organisation was able to meet the contractual deadline to be live with the Learning From Patient Safety Events (LFPSE) service launch which was planned for December was delayed due to issues with the NHSE platform. This went live on 1st April. Colleagues had been prepared for this by updates on the requirements of the additional information which are now on the electronic incident reporting form. These have been shared at governance meetings and in training sessions. In particular colleagues have been advised about the need to be extremely careful not to input any patient identifiable data into the sections which will be shared with external partners.

Colleagues have started to access the additional patient safety e-leaning module on the electronic leaning system in advance of this being a mandatory requirement for all colleagues.

Safe transfer of Social Care and Learning

A project plan was put in place under the leadership of our Project and Change Lead who co-ordinated all the various things which needed to be in place to ensure a safe and seamless transfer of services to the Local Authority by the 1st April 2024. This included the sharing of many assurance documents, identifying estate and assets and ensuring that colleagues were fully briefed and prepared for their transfer and all the legal aspects were fulfilled. This was a mammoth task with many colleagues supporting it to ensure that everything was in place In time.

The transfer was achieved successfully and all colleagues who were transferring across are now working for the local authority as planned.

Priorities in 2024-25

How we identified our priorities for 2024-25

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 Bath and North East Somerset were then able to set their own priorities.

Adult Priorities - Nursing

Priority 1	
Patient Safety Culture	The patient safety culture will continue to be embedded at all levels of nursing through the continued focus on entrenching the Patient Safety Incident Response Framework and the application of system-based approaches to Learning.
Priority 2	
Medicines Safety	The number of delayed or omitted doses of medication will be reduced over two years with specific measurable achievable, relevant and timebound actions taken towards the goal. Working with partners will be key to achieving this due to the complexities involved with the patient cohort and their pathways though services with the involvement of different agencies. This is a two year multidisciplinary priority.
Priority 3	
Falls reduction in in-patient units	The quality of Multifactorial risk assessments will be improved to support the reduction of avoidable falls within the inpatient units.
Priority 4	
Transition	A programme will be developed to ensure that young people with long-term healthcare needs feel prepared when moving from the organisation's children's to adult services. This will be a two year quality priority working across adult and children's services.
Priority 5	
Volunteers	The number and diversity of volunteers will be increased to reflect the population served by the community services across B&NES. This will be a 2 year quality priority.
Priority 6	

Virtual ward	The virtual ward will enable more people to receive the care and treatment that they would normally receive in a hospital setting safely in their own home. This will support a swifter recovery.
Priority 7	
Catheter management	A catheter improvement programme will be introduced to improve the experience of people with catheters in the community.
Priority 8	
Clinical debrief	End of life clinical debriefs will be implemented for all community nursing teams. These will be held within three days after death and the impact will be evaluated though qualitative measures. Learning will be shared to reduce end of life safety incidents.
Priority 9	
Clinical supervision	A new model of clinical supervision will be implemented across the community hospitals to ensure that all colleagues are accessing regular supervision, to support the enhancement of their practice.

Joint priorities for adult services

Priority 10	
Feedback	Digital technology will be employed to improve the number of people survey responses received. This will support us to identify informed service development. A multifaceted approach will be used to gain meaningful feedback from stakeholders. Feedback from people who use services will inform co-production projects.
Priority 11	
Engagement	Services will work with Healthwatch to deliver a programme of observations to obtain feedback from people who use the community services in B&NES delivered by HCRG Care Group.
Priority 12	
Link practitioner networks	There will be focus on improving the Link Practitioner networks across adult services. This will include more time for training and supporting them to become champions for the teams that they represent and a first point of contact for their teams for their specialist area.
Priority 13	
Colleague experience	Nobody will be left behind within a supportive culture where everyone is comfortable to be themselves. No colleague will experience harassment or abuse at work.

Priority 14	
Quality statements	Teams will be empowered to evaluate the service that they deliver in line with the new CQC regulatory model.

Children's services priorities

Audiology	
	The paediatric audiology service will submit their application for Improving Quality of Physiological Services (IQIPS) accreditation at the end of Quarter 1. The outcome of this will inform their plans for the rest of the year.

Bladder and Bowel	
	The Bladder and Bowel Team will work to reduce waiting times for families to receive support in a more timely manner without having an extensive wait. The team will increase awareness of constipation management by creating a leaflet for parents, schools and other professionals on how to manage constipation, with the aim of reducing inappropriate referrals. They will continue to link with GPs to support their role with this. The bladder and bowel service will work with the children's Learning disability team to enhance toilet training. This will ensure that all families with a child who has a learning disability are offered support with toilet training to reduce reliance on incontinence products and enhance the child's quality of life.

Children's Continuing Care Team	
	The children's continuing care team will review and update their clinical skills training packages including the training competency standard operating procedure. This will improve the quality of training materials, presentations, workbooks and child specific competencies. It will also standardise the approach to training to ensure that consistently high standards are achieved. The team will continue to build on their community Long Term Ventilation (LTV) knowledge and support for CYP who require LTV. Colleagues will be upskilled to train the trainers to best support the needs of CYP in B&NES who receive a continuing care package. They will implement the revised training package and competency documents once agree. They will also continue to maintain strong links with the LTV specialist nurses in the tertiary centres. Working with adult services they will continue to improve transition processes for young people as they transition in to adult care. This will enhance the experiences of young people and their families and reduce the anxiety of going to another service.

	The team will continue to deliver training and support to enable all colleagues to feel competent and confident in using the electronic patient record system to complete their records of patient contact. This will ensure that the record is contemporaneous and assist effective communication between the team and other professionals who are involved in the CYP's care.
Children's Community Nursing	
	Children's Community Nursing Service colleagues will review and update the clinical skills training packages that they offer. These will then be uploaded on to the service webpage to give easier access to these resources for all stakeholders. The team will continue to build up their knowledge of Long Term ventilation so that they are better able to support CYP at home with long term ventilation needs. This will enhance their ability to troubleshoot issues and provide better support to families of children with complex needs who require home ventilation. The team will develop and introduce generic care plans for long term conditions and interventions such as Juvenile Chronic Arthritis, intermittent catheterisation and enteral feeding. This will support increased standardisation whilst continuing to support the child's voice and individualised care needs and preferences.
Children in Care	
	The Children in Care Service will work on a Care Pathway for CYP in Care to support an improvement in health outcomes for children in care. It will continue to develop regular updates for health professionals who complete health assessments for children in care.
Community Paediatricians	
	The Community Paediatricians will continue to work with colleagues in other teams to develop the integrated neurodevelopmental pathway specifically for Autism diagnosis. Clinical information from all teams will be linked into one unit on the electronic record to support better communication and oversight of the CYP journey. The team will also update the way that they communicate with families about how the pathway works, so that families have a better understanding of the diagnostic pathway for their child to include the expected waiting times for each stage of the pathway. The community paediatricians will review and update the information provided to CYP families and schools following a diagnosis of ADHD to ensure that information is accurate, current and helpful to support families and young people to have a more useful understanding of the implications of their diagnosis to empower them to manage their condition effectively. The review will also enhance the effectiveness of signposting to partner support agencies who can assist with addressing their needs.
Family Nurse Partnership	
	Family Nurses will develop and deliver workforce training packages to support health colleagues and children's centres colleagues. This will ensure that shared learning from FNP is used to improve outcomes for children using other services.

	FNP will continue to work with fathers on improving their offer by co-creating improvements based on feedback from fathers and from learning from other services. The aim is to improve outcomes for the young fathers by increasing their engagement in the FNP programme. This will also benefit the short and long term outcomes for their infants and support strong family units.
Health visitors	
	Health Visitors (HV) will focus on promoting positive mental health through robust assessment at all key contacts in tandem with the delivery of the emotional wellbeing care package. This will be through the consistent use of the Perinatal Infant Mental Health and Mothers' Object Relations Score screening tools. Use of these will enable the early identification of poor mental health which may impact relationship between an infant and both of their parents so that prompt intervention or signposting can be put in place to support the family. HVs will continue to support the involvement of fathers when completing the Family Health Needs Assessment so that fathers feel included and that the completed assessment fully identifies the needs and any potential risks to the infant. HVs will continue to consider the needs of both parents when arranging venues, delivering distributing communications and planning support so that fathers feel included in the process and resulting in the care offered. HVs will continue to work on embedding the oral health outcomes pathway to families including the distribution of the Frist Dental Steps packs at the ten month review. They will ensure that everyone in their teams is equipped and confident to deliver key oral health messages at every contact with families with a view to improving oral health in the local population. Oral Health champions will be identified to support this work.
Learning Disability	
	The Children's Community Learning Disability Health service will work to reduce waiting times for their service so that children and families receive the support they need in a more timely way. They will work with the bladder and bowel service to enhance toilet training for children with a learning disability in the community. This will ensure that all families with a child who has a learning disability are offered support with toilet training to reduce reliance on incontinence products and enhance the child's quality of life.
Neurodevelopmental pathway	
	The Neurodevelopmental (ND pathway team will implement a profiling tool to support a system wide ND approach. This will ensure that CYP feel understood and listened to as well as helping to identify the most appropriate signposting for families to access the support that they need.

As part of the transformation of ND diagnostic care a new process will be implemented which will offer families an initial telephone consultation to confirm the assessment pathway, as well as advice and information.

There will be a review of pathway 5 which is the ADHD assessment pathway, to include the digitalisation of assessment forms. This will enable information to support the ADHD assessment being easier to access and complete, with built in support offered.

The ND pathway team will work with parents and carers to understand what pre and post assessment support would be beneficial. This will help them to feel more skilled in supporting their CYP with possible and confirmed ADHD.

School nursing

School nurses will increase feedback from young people which will be used to support co-production of the development of the digital health and development questionnaires and the school aged health service to include the school health needs assessment. This will ensure that the delivery of their service will meet the needs of the target population and any new service specifications.

The service will advance the delivery of webinars for parents and carers on key health topics to ensure that they are able to access information about key health issues to support their children. Proactive delivery of information and advice will help to avoid the escalation of problem causing issues such as sleep and emotional health and well-being, by early intervention. The webinars will also promote the normalisation of the journey through childhood and the teenaged years by sharing generic information.

School nurses will improve the clarity of their referral criteria to confirm that the focus is on high impact areas and raises their service profile. This will ensure that the criteria clearly identify easy access to the right service at the right time for CYP, families and other stakeholders; as well as providing signposting to a seamless onward referral pathway with access to more appropriate support where indicated.

The school nursing team will strive to maintain a high quality and stable workforce to ensure that there is no impact felt by CYP, families or other stakeholders during any contractual changes to the service and that high standards with positive outcomes continue.

Speech and language therapy

The Speech and Language Therapy (SLT) Team will review and update its priority clinical care pathways in conjunction with colleagues in Wiltshire Children's Speech and Language Therapy Service, to ensure that there is an equitable approach in all areas of speech and language therapy. In conjunction with Wiltshire SLT colleagues, it will develop a framework for consistent decision making around the level of specificity within Education and Health Care Plan recommendations in relation to a clinical diagnosis and severity which is agreed with both local authorities. This will achieve a consistency of service provision for children in both areas of the ICB footprint.

	The speech and language service will maintain the current level of service delivery for the Pre-school complex needs service by reviewing and renewing the EHCP project. This will assist families with pre-school children who need SLT to be receive the intervention that their child requires. The team has been operating with recruitment challenges and will explore different opportunities for colleagues development to support the retention of the workforce. This will enable a more consistent approach to care through a more stable team. A therapy assistant will be employed to work alongside therapists with the potential for working across all aspects of the SLT service. This will enable the team to extend the support offered to schools and increase support for children with SLT needs who are not on an EHCP.
Regional Safeguarding Team	
	The Safeguarding Team will continue to provide specialist support to colleagues to enable them to keep adults, children and young people safe and ensure that colleagues are equipped with the latest information and learning from both local and national adult and child safeguarding protection reviews and other events, to inform their practice. It will continue to support with safeguarding supervision and safeguarding training, whilst fulfilling their wider duties within the BSW system.

Audits we've taken part in

Community Health services in B&NES do not currently participate in any of the National Clinical Audit Outcomes Project audits as the lead audit centre but continue to support data collections for shared patients where other partner organisations are enrolled for these audits, eg the Sentinel Stroke National Audit Programme. Learning is shared at specialist partnership fora and where relevant, learning is shared with other services through the governance meetings.

There is a full programme of organisational and local audits in place which are agreed with the commissioners each year and the results from all of these are shared with teams for learning. Results and learning are also shared with our commissioning alliance partners and with the wider organisation.

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

During the year two collegues have commenced work on research projects to support their academic studies. These will be shared with colleagues and the learning with the wider organisation when complete.

HCRG Care Group in B&NES is supported by the University of Bath's schedule of consultancy which provides a research management and governance service as part of the B&NES Swindon and Wiltshire Integrated Care Board's Research hub. This service supports the applications for funding and ensures that the project can navigate the Research Ethics Committee approval process.

Publications

Talbot J, Finlay F
Empowering Healthcare Professionals with Health Promotion Information for Transgender Adolescents
Arch Dis Child 2023;108(8):595-596

Talbot J, Finlay F
Adoption in England: past and present challenges
Arch Dis Child 2023
DOI:10.1136/archdischild-2023-325655

Lee-Kelland R, Finlay F
Feasibility of Non-invasive Measurement of Anaemia in Community Paediatric Clinic
Submitted to Arch Dis Child April 2024

Letters

Talbot J, Finlay F
Conversion therapy: change the law not the person
Arch Dis Child 2023;108(8):595-596

Philip E, Finlay F, Talbot J
Are Britain's Rivers Safe for Family Recreational Activities in 2023?
Arch Dis Child 2023;108(8):686-687

Presentations (oral/poster)

History of Toys
RCPCH Conference, 2023
Arch Dis Child 2023:108(Suppl 2) A246-A247

Barriers to professional curiosity for paediatricians
RCPCH Conference, 2023
Arch Dis Child 2023, 108 (Suppl 2) A267-A268

Parental alienation
RCPCH, 2023
Arch Dis Child 2023, 108 (Suppl 2) A366-A367

Nitrous oxide
RCPCH Conference, 2023
Arch Dis Child 2023, 108 (Suppl 2)

History of the stethoscope
RCPCH Conference, 2023
Arch Dis Child 2023, 108 (Suppl 2) A245-A246

Reviewing the evidence of the safety of baby slings
RCPCH Conference, 2024

Use of Dummies past and present
RCPCH Conference, 2024

Saving lives in schools: The history of the Automated External Defibrillator (AED) and its implementation in UK schools
RCPCH Conference, 2024

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.

The community Hospital physicians have supported the role of the Medical Examiner by referring deaths where there has been a question raised about the timing of death, even when the patient has been on a palliative or end of life pathway. During the past year there have not been any deaths

which have caused any concern to the medical examiner. Learning has been about the importance of the attention to comprehensive reporting, which can prevent such questions being raised int the first instance, as missing information may suggest an alternative explanation to what is seen at the time.
In children's services teams work closely with the safeguarding team, paediatricians and partner agencies in a joint agency review of all child deaths. Learning from the Child Death Overview Panel is shared at governance meetings as well as the learning from child deaths elsewhere in the country which are subject to a Child Safeguarding Protection Review investigation and report.

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.

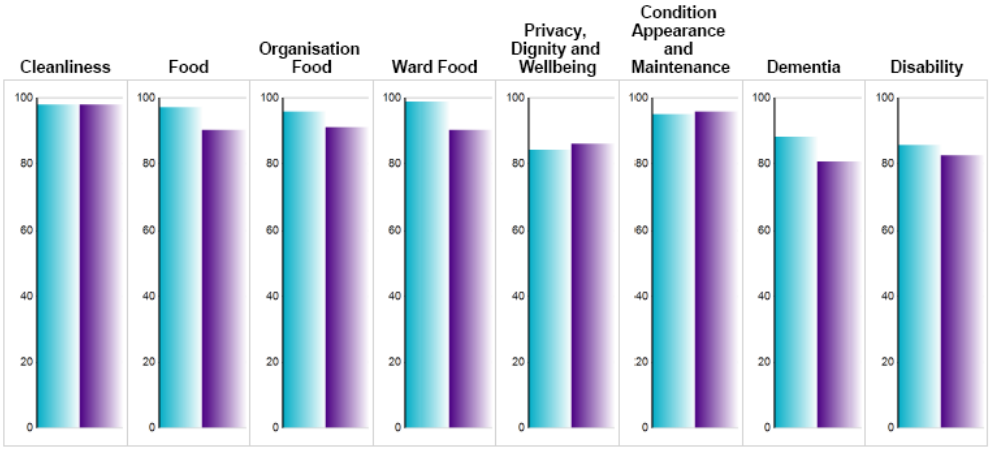
Community service outpatient data for SUS submissions is being validated to ensure ongoing submissions are confirmed as being successful.

Community hospital PLACE reviews

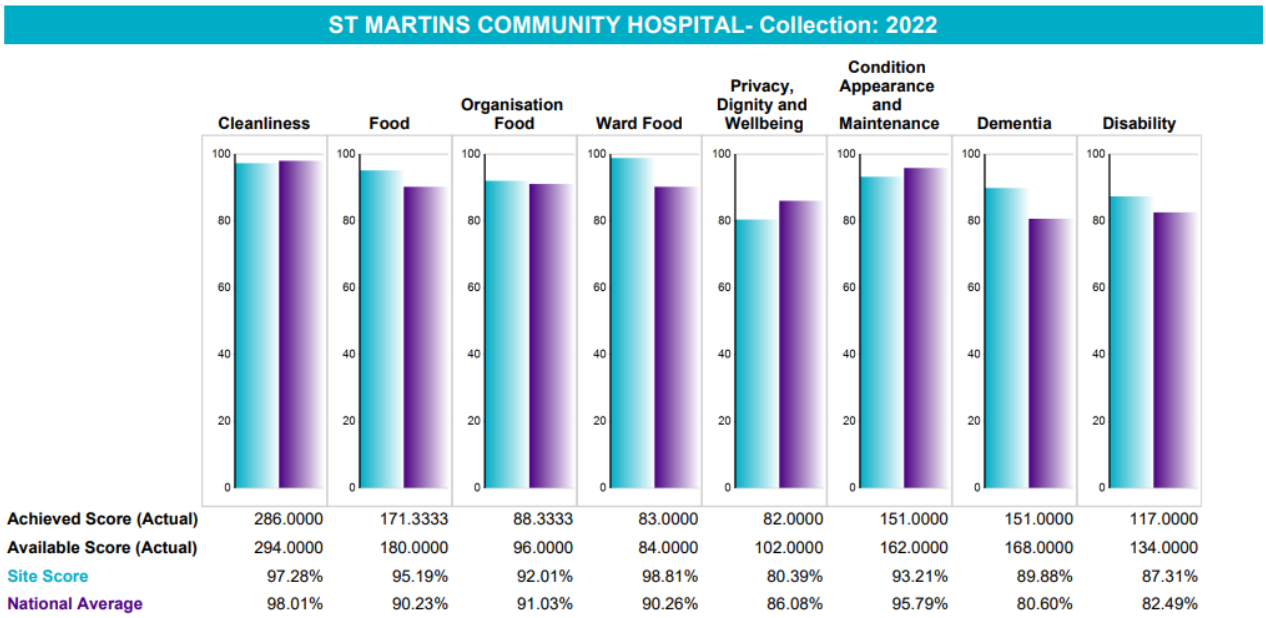
Patient-led assessments of the care environment (PLACE) put the views of people who use HCRG Care Group services at the centre of the assessment process, helping to highlight how well a hospital is performing in certain areas. These areas include privacy and dignity, cleanliness, food and general building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

PLACE reviews were undertaken in both in patient units during the autumn of 2023. The results are very similar to last year, as shown below:

PAULTON MEMORIAL HOSPITAL- Collection: 2022



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	396.0000	175.0000	92.0000	83.0000	96.0000	192.0000	194.0000	144.0000
Available Score (Actual)	404.0000	180.0000	96.0000	84.0000	114.0000	202.0000	220.0000	168.0000
Site Score	98.02%	97.22%	95.83%	98.81%	84.21%	95.05%	88.18%	85.71%
National Average	98.01%	90.23%	91.03%	90.26%	86.08%	95.79%	80.60%	82.49%



The results show that overall, the in-patient areas scored well against the criteria for most aspects. The exception being for privacy and dignity where there are no facilities for relatives to stay overnight, nor a multi-faith prayer room. There is also no space dedicated exclusively for families to meet their loved ones when visiting: although both wards do have areas that can and are used for this purpose, they are not designated exclusively for this use. Colleagues will facilitate access to space for families to meet privately when requested according to the activities and space available on the wards at the time. At St Martin's hospital an area close to the ward has been identified for a family space and the estates team are working to facilitate its conversion into a family appropriate setting.

NHS staff survey

Our colleagues did 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)	6% of staff who responded to survey (1.62% overall)
KF21 (Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)	84% of colleagues who responded to the survey agree that the organisation acts fairly (24% overall).

Overview of CQC inspections this year

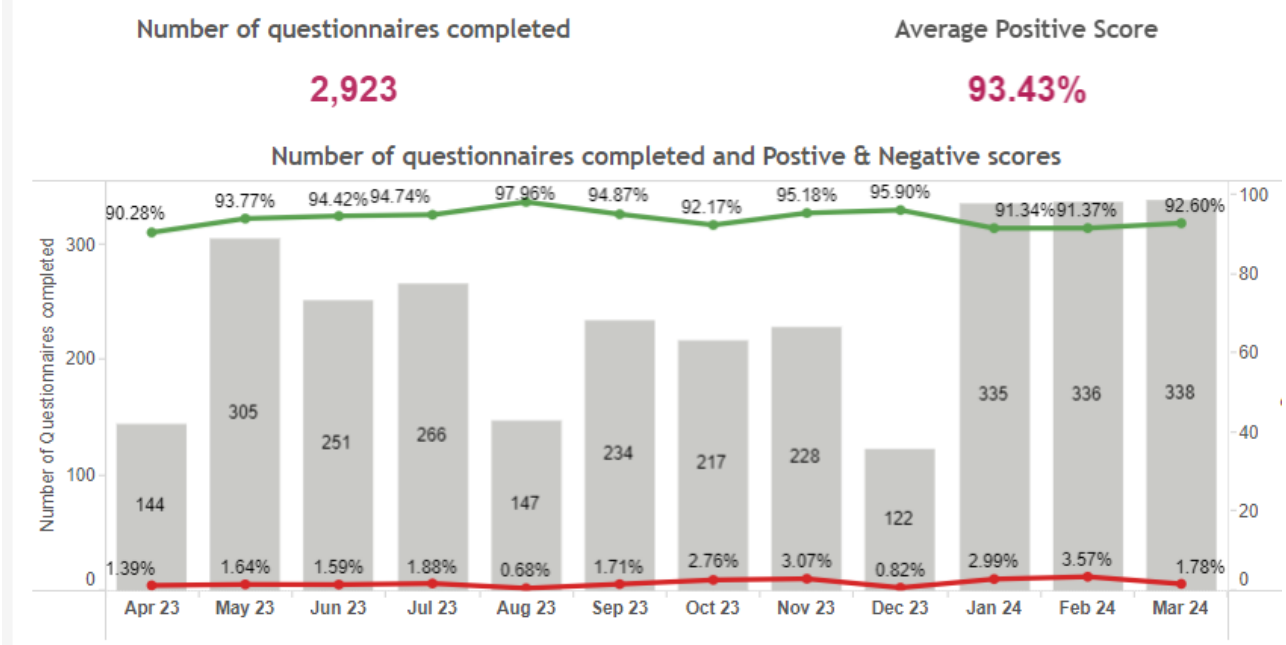
The services have not been formally inspected by the CQC during the past year.
The in-patient units were visited for a formal Quality visit by the BSW ICB Quality Team during the year and were satisfied that the actions which arose following the CQC visit in July 2022 had been implemented and embedded. The action plan had already been completed and formally closed off. The ICB quality team reported their findings through a visit report which was also shared with the CQC. This report identified areas of improved practice and the inspection team were satisfied with the clear improvements which they could see had been achieved within the in-patient teams.

Registered provider	Service name	Full compliance	Action plan and status
HCRG Care Services Limited	No inspections undertaken during the year.		

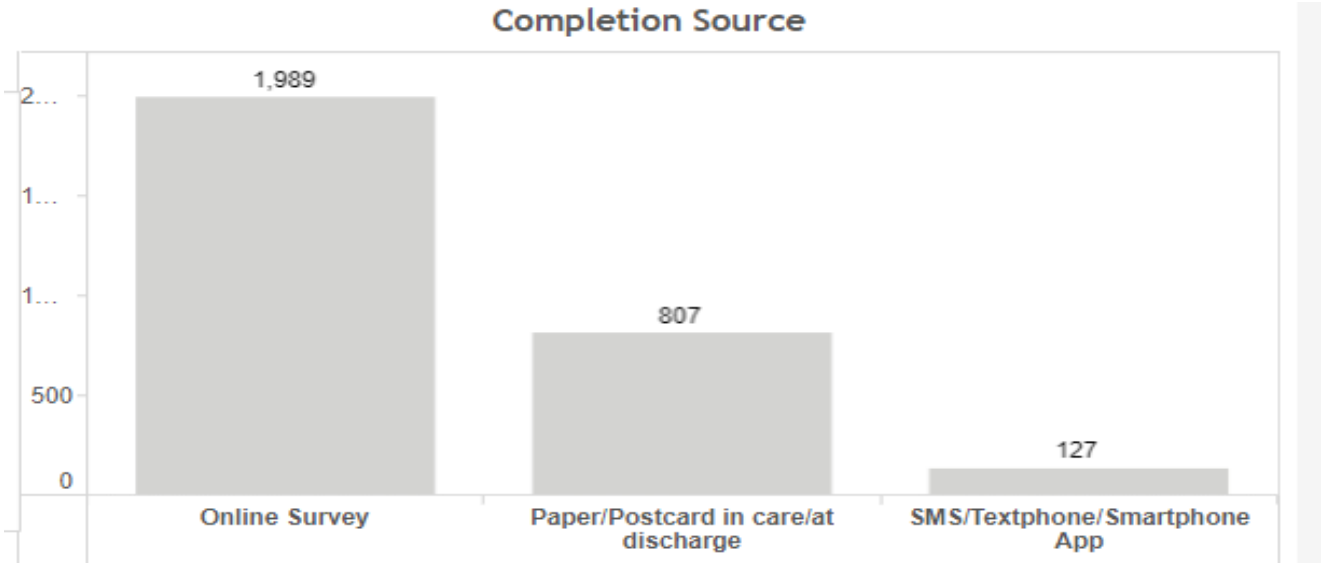
NHS Friends and Family Test

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.

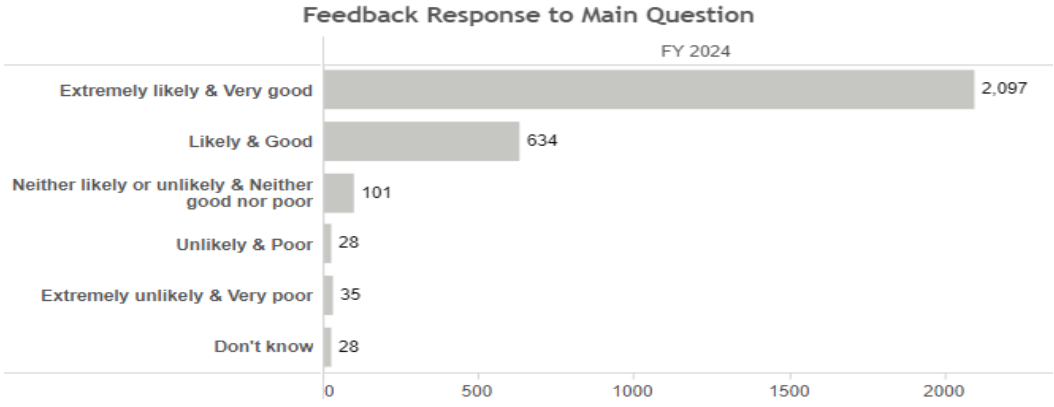
In 2023-24, **2,923** people rated our services in Bath and North-East Somerset and 93.43% per cent said they had a positive experience of our service.



Respondents have a variety of different ways to give their feedback using the Family and Friends test and all methods were used last year as shown below:

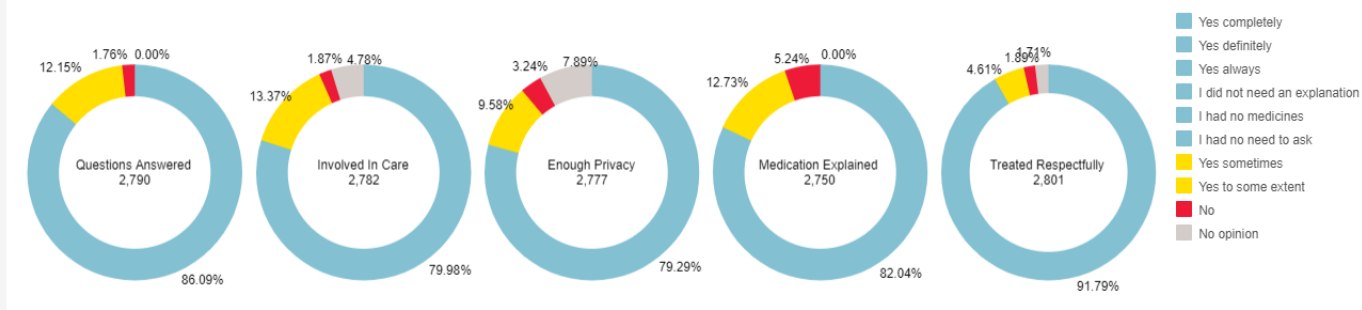


The majority of respondents were positive about their experience:



As the survey is completely anonymous it is difficult to follow up on responses where people were not satisfied with their experience unless they have left a specific comment to explain their response. Where comments are left which indicate the nature of the dissatisfaction, services can use these to drive quality improvements using the You Said We Did framework.

In addition to the standard family and friends question the organisation also has five supplementary Patient Reported Experience Measures questions (PREMS) which people can answer either one or more if they so wish. During the year 96.1% of FFT responders also answered at least one of the PREMS questions and 91% answered all of them.



These responses also enable us to identify areas for service improvement. Colleagues have worked on improving communication and clearer explanations with written information to take away and digest after their care interventions. Several services have reviewed their leaflets during the year in response to feedback.

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	N/A
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.	N/A
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	N/A
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	N/A
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	N/A
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	N/A
17.	The percentage of admissions to acute wards for which the Crisis Resolution Home Team acted as a gatekeeper during the reporting period	N/A
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	N/A
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	N/A
20.	The trust's responsiveness to the personal needs of its patients during the reporting period	N/A

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	73%

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) 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.	N/A
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.	N/A
23.	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	N/A
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.	Nil
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.	Nil

Commissioning for quality and innovation (CQUIN)

We work with our commissioners and other local providers to support the delivery of CQUIN targets.

In 2023/24 B&NES colleagues reported against 4 CQUINS:

Pressure Ulcer Prevention

- 80% of in-patients were assessed for pressure damage risk using an assessment tool that meets NICE guidance.
- Of those assessed 100% were completed within 24 hours of admission
- The in-patient units are implementing a new assessment tool called Purpose T which is an updated version of previous tools using current evidence based best practice. This is part of an improvement plan to support the reduction of preventable pressure damage and to limit the effects of existing damage already present on admission to community hospital.

Assessment, diagnosis and treatment of Lower Leg Wounds

- 67.3% of patients audited had a full lower leg assessment
- All patients with a lower leg wound had at least a partial assessment
- All eligible patients (i.e., those without contra-indications) were offered compression therapy but 6.3% of those declined.
- The tissue viability team will work with the community nursing teams to improve compliance with full assessment and completion of the leg ulcer assessment documentation
- The tissue viability team are working with the clinical systems team to improve the presentation and ease of use of the leg ulcer and wound assessment to support compliance.

Nutrition and hydration risk assessments

- 92.5% of patients were assessed for malnutrition on the in-patient units between January and March 2024.
- All those who were assessed as having a risk of malnutrition had a nutrition and hydration care plan in place
- There is a review in place of modified food and fluids with a specific focus on the timeliness of fluids being thickened whilst they are still at a palatable temperature.
- Colleagues on the in-patient units are working with speech and language therapy colleagues to support improved understanding of safe modification of foods and fluids.

Health Care Workers influenza vaccine uptake

- The health care workers influenza vaccination update was disappointing again last season with only 46.2% vaccinated and 9.4% actively declining vaccine.
- We have identified learning from the campaign and planning is already taking place for the next 'flu season.
- We are aware that there is an element of vaccine fatigue amongst our colleagues which mirrors that across the population.

Comments from commissioner

We have consulted and shared this document with our commissioners Bath, Swindon and North-East Somerset Integrated Care Board.

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