Lancashire Healthy Young People and Families Service Quality Account 2023-24

Services delivered in Lancashire by HCRG Care Services Limited

HCRG Care Services Limited, trading as HCRG Care Group
The Heath Business and Technical Park, Runcorn, WA7 4QX
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WE CHANGE LIVES BY TRANSFORMING HEALTH AND CARE

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Part one

Executive summary

A Quality Account is an annual report which providers of NHS healthcare services must publish about the quality of services they provide. This quality account covers the services provided by HCRG Care Group on behalf of Lancashire County Council in Lancashire.

HCRG Care Group may also provide other services in Lancashire but these may not be included in this document if they are not commissioned by Lancashire County Council 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 https://lancsyoungpeoplefamilyservice.co.uk/

Regional Director's introduction

I am extremely proud of the achievements and progress we have made in Lancashire over the past year.

We have embedded the Lancashire and South Cumbria Infant Feeding Policy and guidelines across the community network, with an emphasis on general practice colleagues. We have continued to deliver BFI infant feeding training, inductions and updates to Lancashire Healthy Young People and Families Service, Lancashire County Council's Children and Family Wellbeing (CFW) and Families and Babies (FAB) and supported the wider services to embed baby friendly evidence-based training and education including perinatal mental health, Children Social Care. We have achieved our four year Gold revalidation to ensure we remain a Gold accredited service and we were praised for our partnership approach to delivering quality care for families in Lancashire.

We have worked closely with partners to support the establishment of Family Hubs in Lancashire as part of the Best Start in Life Agenda. Family hubs are a place-based way of joining up locally in the planning and delivery of family services. They bring services together to improve access, improve the connections between families, professionals, services, and providers, and put relationships at the heart of family support. Family hubs offer support to families with children aged 0-19 or up to 25 for those with special educational needs and disabilities (SEND), with a great Start for Life offer at their core.

We have successfully collaborated with the Violence Reduction Network (VRN) in Lancashire to train and embed trauma informed practice. Being a trauma informed county requires everyone to understand that different life experiences shape the options available to us and our way of being and can use this understanding to influence our interactions and decisions in work and daily life. It takes time, cultural shift, and resources for organisations to become fully trauma informed. Organisations typically travel through four steps from becoming aware to sensitive, then responsive and finally trauma informed. It's a journey that is ongoing but benefits everyone. In Lancashire we are one of the first organisations to be peer reviewed against being trauma aware and are working currently to be trauma sensitive. This will continue into 2024/25.

Over the coming 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 Lancashire. 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.

Michelle Lee

Michelle Lee
Regional Director – Lancashire
HCRG Care Services Limited

Part Two

About HCRG Care Group

We change lives by transforming health and care.

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

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

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

Our 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 Lancashire

Lancashire Healthy Young People and Families Service

On behalf of Lancashire County Council and the NHS, Lancashire Healthy Young People and Families Service (provided by HCRG Care Group) provides a range of child and family services throughout Lancashire that are free at the point of delivery.

We provide the Health Visiting Service, health advice (from antenatal through to the first 5 years of your child's life) and the School Nursing Service for 5 to 19-year-olds (to age 25 for special educational needs or disability (SEND)).

Health Visiting

The Health Visiting Service delivers the Healthy Child Programme to children and families in Lancashire.

The service is offered universally, and the aim is to improve outcomes for children and families through timely assessment to identify need and offer early intervention tailored to the needs of the family. Safeguarding and identifying vulnerable families, as well as working with partnership agencies, are a fundamental part of the service profile. Health visitors work with children and families from notification of antenatal at 28 weeks gestation (or earlier if vulnerable) through to school entry:

• Largely home based, undertaking mandated checks e.g., antenatal contact, new birth visit, six-to-eight-week assessment, under one year and two and a half year checks. This is a commitment to ensuring all families are offered universal support.

• Additionally, the Health Visiting Service may provide additional support to a child or family based on need. The support to manage need can be for various reasons, for example from infant feeding support and managing minor illness to providing support for families following sudden unexplained death of an infant.

• The Health Visiting Service also has a very important role in promoting health or development. Health visitors will provide advice or support regarding smoking, accident prevention, and promoting school readiness.

• Additional care may include support around, for example, Sudden Unexplained Death of Infant (SUDI), the maternal mental mood assessment and school readiness, to support development.

• The Maternal Early Childhood Sustained Home-Visiting (MECSH) programme is a structured program of home visiting for families. The MECSH home visiting programme provides professional support to families as the baby grows and develops. It is available to families who meet the criteria and health visitors will offer this to eligible families at the antenatal contact ideally, but this can be offered up to eight weeks post discharge following birth.

Child Health Clinics

Child Health Clinics for parents and carers are available either on a drop-in basis or by booking on an appointment basis either through their health visitor or by contacting our Care Co-ordination Hub. This is dependent on need and differs from area to area. Our Child Health Clinics give an opportunity for

parents and carers with any concerns about their baby to receive some face-to-face support from our Health Visiting Service.

Duty Team

Duty Team is a service that runs Monday to Friday, 9-5, whereby parents/guardians/young people can contact the service to speak to a practitioner about any concerns they have including weaning, toileting, minor ailments, behaviour and will receive advice or strategies to implement at home, which can then be followed up as necessary.

School Nursing

Our school nursing offer was transformed in the last 18 months and we have changed the structure of our School Nursing Service to bring it into line with national evidenced-based models (SAPHNA). This was in response to a national shortage of school nurses and the rise in safeguarding and vulnerabilities since the pandemic, making it difficult for the service to maintain public health priorities and safeguarding priorities. The service is now split into two separate arms – universal reach arm and the specialist support arm.

Colleagues in the universal arm of the school nursing service:

• Understand the concept of Clinical Governance and are skilled in the identification, assessment and protection of vulnerable children and families

• Exhibit excellence in the standards for Specialist Community Public Health Nursing/School Nursing practice, and to be an effective teacher and role model for others to aspire to

• Develop the school nursing service in the defined locality through proactive leadership and innovative practice to meet health needs

• Ensure a child centred service is delivered through active engagement with young people in the planning and delivery of the service in the locality area

• Have current and up to date awareness of the children and young people's public health agenda and work in partnership with other agencies to improve the health of school aged children

• Undertake population health needs assessment to identify local need and proactively work as the health lead in a multi-agency way to address the identified public health needs

• Are responsible for the assessment of children's health needs to identify any deviation from normal development in line with safeguarding and the common assessment framework

• Promote healthy lifestyles through opportunistic discussions and health education sessions

• Promote child and adolescent mental health through drop-in sessions, clinics, emotional literacy sessions and family support

• Adhere to and support the implementation of the clinical duty processes, as per local locality agreements

• Promote healthy lifestyles through opportunistic discussions and health education sessions

• Take an active part in multi-agency discussions as an advocate for children/young people families and carers

• Support vulnerable children and adolescents through proactive discussions with families, schools, other agencies and one to one discussions

• Contribute to the multi-agency common assessment of children and young people and take on lead professional role where appropriate

• Manage an identified caseload comprising of secondary and primary schools

• Participate in safeguarding supervision ensuring that families of concern are regularly reviewed

• Work with vulnerable children and families in line with national and local policies relating to safeguarding children and to provide specialist support and advice to children, families and schools regarding the health and wellbeing needs of children

• Provide drop-in sessions in every high school, as required

• Develop a specialty within own working practice and act as a resource and lead to other school nurses through project development requiring further training

• Are trauma aware and understand the principles of a trauma informed approach to care and the impact of Adverse Childhood Experiences on children, young people and adults

• Undertake the role of Practice Assessor/Supervisor in the management of pre-registration students, ensuring all steps are taken to support the student to achieve their competencies and effectively manage underperformance whilst always ensuring the safety of service users

• Plan, develop and co-ordinate the public health agenda and interventions for the school age population in the locality area for the skill mix team to deliver

• Promote school immunisation sessions in line with national immunisation programmes, policies, and protocols

Colleagues in the specialist support arm of the school nursing service:

• Act as public health lead for the School Nursing Specialist Support skill mix team for a cohort of our most vulnerable children subject to Child Protection and Child in Need plans, within the defined school-community area, assessing health needs and identifying and implementing appropriate interventions utilising the skills of, and delegating to, the skill mix team

• Provide school age children/young people and their families with a service that promotes the physical, mental, and emotional health and provides support for families / carers by partnership working in a community setting

• understand the concept of Clinical Governance and be skilled in the identification, assessment and protection of vulnerable children and families

• Exhibit excellence in the standards for Specialist Community Public Health Nursing / School Nursing practice, and to be an effective teacher and role model for others to aspire to

• Develop the Specialist Support School Nursing Service in the defined locality through proactive leadership and innovative practice to meet health and safeguarding needs

• Ensure a child centred service is delivered through active engagement with young people in the planning and delivery of the service in the locality area

• Adhere to and support the implementation of the clinical duty processes, as per local agreements

• Have current and up to date awareness of the children and young people's public health agenda and work in partnership with other agencies to improve the health and safeguarding needs of school aged children

• Have current and up to date knowledge and awareness of Safeguarding Children including national policies and local safeguarding arrangements including CSAP

• Contribute to the on-going development of a robust strategy for the Specialist School Nursing Team in response to the demonstrated need of the children and young people and to the directives of national and local safeguarding initiatives

• Are responsible for the assessment of children's health needs to identify any deviation from normal development in line with child protection practice

• Contribute to the provision of reports, including Child Safeguarding Practice Reviews, etc using whichever methodology is agreed by the Children's Safeguarding Assurance Partnership

• Promote healthy lifestyles and child and adolescent mental health through consultations, opportunistic discussions, and family support

• Take an active part in multi-agency discussions as an advocate for children / young people, families / carers, and the school health service

• Support vulnerable children and adolescents through proactive discussions with families, schools, other agencies, attendance at Child Protection Conferences and one to one discussion

• Contribute to multi-agency assessment of children and young people and take on the lead professional role

• Adhere to and support the implementation of the clinical duty processes, as per local locality agreements

• Manage an identified caseload comprising of secondary and primary schools

• Deliver targeted health interventions following specific care pathways in response to identified need

• Provide co-ordination of and participate in relevant meetings, reporting attendance and providing information and support where requested. This includes attendance and contributing at interagency statutory safeguarding meetings where required.

• Are trauma aware and understand the principles of the trauma informed approach to care and the impact of Adverse Childhood Experiences on children, young people, and adults

• Develop a specialty within own working practice and act as a resource and lead to other school nurses through project development requiring further training.

Safeguarding Team

The Safeguarding Team supports the business unit in discharging its duty to safeguard children under Section 11 of the Children's Act. It acts as a source of expert advice to managers, team leaders and practitioners working with children and families. It supports the organisation with training and supervision and works with partner agencies, for example the Children's Safeguarding Assurance Partnership (CSAP) and the Child Death Overview Panel (CDOP) to ensure best outcomes for children. In response to highlighted additional needs for families, they are offered additional contacts from our teams and support. This is offered at varying levels to support the needs individual to the family to improve outcomes. The team oversees the attainment and maintaining of improved quality in service provision in relation to safeguarding from the assessment of findings in serious case reviews and local investigations.

Children in Care Team

Children in Care (CiC) are a vulnerable group of children who require specialist services to help meet their health needs. The Children in Care team in Lancashire is commissioned to provide Review Health Assessments (RHAs) for all children placed in care, including unaccompanied asylum-seeking children (UASC) following an Initial Health Assessment (IHA) undertaken by a medical practitioner. It is essential best practice that all children have a comprehensive health assessment carried out shortly after entering care. This includes an assessment of their physical health, social and emotional health including their mental health and well-being. Each further health assessment, every six months for under 5s and annually for children aged 5 -19 years, is a further chance to assess children and support them to meet the optimal potential for their health and wellbeing and to develop knowledge, skills, and attitudes to assist them in becoming responsible for their own health. The Children in Care team provides a holistic review of the health and development of the Child in Care to determine health care plans and identify any new issues and formulate the health recommendations in the child's care plan. It also has a responsibility to meet the health needs of Children in Care placed in Lancashire by other local authorities. Health recommendations in the care plan need to be specific, time bound and clearly identify the person responsible for the action.

Lancashire Infant Feeding Team

Lancashire Infant Feeding Team supports the implementation through policy, training, and audit of the UNICEF Baby Friendly Initiative across Lancashire County Council-community commissioned services including HCRG Care Group's Lancashire Healthy Young People and Families Service, the local authority's Children Family Wellbeing Service, and Families and Babies (local breastfeeding support). The team compromises of a lactation consultant and two breastfeeding councillors who support an infant feeding pathway that provides access to a specialist infant feeding service.

Specialist Health Visitor - Perinatal and Infant Mental Health

Specialist health visitors in Perinatal & Infant Mental Health (PIMH) are health visitors with additional training and experience that equips them to fulfil specialist clinical, consultative, training, and strategic

roles on behalf of health visiting services within the fields of Perinatal and Infant Mental Health. They have a crucial role within multi-disciplinary pathways delivering effective mental health care to mothers, fathers, and their infants during the perinatal period. They provide specialist training and consultation to the wider health visiting and early years workforce. The posts are recommended by Health Education England and each area across the UK are aiming to have more PIMH Specialist Health Visitors (HVs) in post to support the workforce and enhance service provision and improved outcomes for parents and infant's mental health and wellbeing. Key factors include:

• Specialist clinical expertise: The provision of evidence-based assessment and treatment at an enhanced level to meet the needs of families requiring more specialist care in relation to parental mental health, parent infant relationships and infant and young child development.

• Interventions including New-born Behavioural Observation (NBO), New-born Behavioural Assessment Scale (NBAS), baby bonding interventions, compassion focused approach, Solihull approach, motivational interviewing, cognitive behavioural therapy skills, Institute of Health Visiting PIMH training facilitators. Planned training was undertaken in March to undertake parent-infant interaction observation scale video interaction (PIIOS) and Mellow Bumps training.

• Quality improvement: Fostering and assuring quality in their service, specialist health visitors ensure that policies, procedures, and practice relating to maternal and infant mental health are of high quality and are in line with the latest national policies, evidence, and best practice, raising the knowledge and skills of the wider health visiting workforce.

• Partnership working with maternity services, children's centres, and other key agencies and professionals. Attending weekly multi-disciplinary team (MDT) meetings with Specialist Perinatal Community Mental Health Team (SPCMHT) and Maternity to ensure effective care planning and robust support plans are in place for women and families.

• Leadership strategic development: Ensuring that local professionals know that perinatal mental health problems and their impact on families is everybody's business, fostering their contributions to effective pathways of care. Specialist health visitors help to develop integrated care pathways. They attend Northwest Strategic clinical networks for Perinatal Mental Health (PMH) pathways and policies and Regional Network meeting for Parent-Infant Relationship training, pathways and improved availability and outcome evaluations provision.

•Joint working of cases with allocated health visitors to offer assessment and brief interventions to support parental bonding and enhance potential for secure attachment for infants.

• The team offers consultation and supervision to discuss cases.

• Weekly health visitor drop-in clinic on Mother and Baby Unit at Chorley Hospital.

• Multi-agency training for Perinatal and Infant Mental Health (PIMH).

• Contributing to University of Central Lancashire (UCLan) training so Specialist Community Public Health Nurse Practitioners will qualify with PMH training already completed.

• Organising and facilitating annual conference about PIMH with UCLan to local workforce.

• Act as a link for HCRG Care Group, locally, regionally, and nationally re: PIMH.

Parenting Team

The Parenting Team consists of three part time practitioners (health visitors), two part time healthy family practitioners and a part time administration support worker who take referrals from across Lancashire. They deliver groups to parents and provide training for staff, in house and multi-agency staff:

Training role - Solihull

- Train the trainers for staff to deliver two-day Solihull training and Solihull updates
- Facilitators deliver the two-day Solihull foundation training for all staff and Solihull updates
- Facilitate Solihull parenting group for parents -10 weeks
- Deliver sleep workshops for staff based on the Solihull approach

Incredible Years Parent Group

The Incredible Years parenting course is a 14-week evidence-based programme founded on sound psychological principles. Research has shown us that parents find new skills and techniques helpful in managing their children's difficult behaviour. And research has also shown that the behaviour management strategies learnt in a group setting with other parents are long lasting with the main benefit being strong parent-child relationships. Incredible Years groups are run for parents of children aged three to eight over 14 weeks. The group for parents with children aged eight to fourteen runs for 12 weeks, usually in an evening. These are run in different geographical areas in term time to meet the need of the families within the locality.

Surviving Teenagers (aged 9-14) and Parent Know How parent groups (aged 3-12)

There is training accessed externally for staff to deliver Surviving Teenagers and Parent Know How parent groups which give the staff knowledge for them to use in practice with parents. Parent Know How is a 10-week course for parents (replaced Positive Parenting to meet NICE guidelines).

Home visits offering support re sleep management strategies

The team takes referrals from professionals and self-referrals from parents who need extra support with sleep management. Sleep groups are run for parents/carers aged six months to eight years over a period of three weeks. If sleep groups are not available then, following completion of Solihull sleep diaries by the parents, families are then visited at home to offer support.

Home visits for Incredible Years parent groups

Families are also visited at home prior to starting an Incredible Year parent group to assess whether it is the appropriate group for them and for completion of a pre course behaviour questionnaire.
Incredible years home coaching

Parenting practitioners are trained to deliver home coaching sessions to parents who are unable to attend an Incredible Years parent group, on a needs basis.

Care Co-ordination Hub (CCH)

The Care Co-ordination Hub (CCH) provides a single 'front door' and point of contact for children, young people, families, GPs and health and social care professionals to reach and access support from Lancashire Healthy Young People and Families Service. The CCH is reached via a single contact phone number and email address enabling consistent access to all the services provided by HCRG Care Group across the county. The CCH aims to enhance the experiences of children and families at all stages of their care. It is supported by a dedicated team of CCH administrators each weekday between the

hours of 9am and 5pm. They are trained to offer support to a wide range of enquiries relating to requests for support and signposting. The CCH offers a facility to pass messages directly to clinical colleagues through our clinical system and can offer the contact of duty clinicians in the CCH who are able to speak to families directly if the query is urgent.

The CCH has commenced bookings for mandated visits in both Central and North Locality Teams. Commenced the use of iPlato system to send SMS reminders in relation to the five mandated contacts, virtual groups and MECSH to ensure parents are aware of their appointments and to aid the opportunity to rebook where necessary.

Healthy Family Teams

All the above services and colleagues sit within nine teams across the three localities (North, Central and East). The teams consist of health visitors and school nurses supported by a skill mix team of staff nurses, healthy family practitioners and healthy family support workers. Locality-based Healthy Family Teams will offer outcome-focused support to families, including working with them on, for example:

• Parenting support: including breastfeeding support, school entry review, childcare confidence support, support for expectant mother and father

• Family health: including substance misuse (parents), contraception advice, nutrition support, mental health (maternal & infant), smoking cessation

• Resilience and development: School readiness and preparing children for learning, domestic abuse support, returning to work, accessing education, training and employment, safeguarding

Virtual Groups

Our virtual groups offer a fantastic way to come together on a video call with other parents and carers who are having similar experiences. These virtual sessions provide an opportunity to gain information and support from our friendly team of health professionals. Both live and pre-recorded sessions are available.

Live sessions – Take place on Microsoft Teams which is widely available on desktops, laptops, tablets, and mobile phones. Microsoft Teams is very user friendly, which means if the parents/carers are camera shy or totally ready to get involved, Microsoft Teams enables them to participate at their own pace.

Pre-recorded sessions – Allow parents/carers to take part at a time that is convenient to them. These can be found on our website along with other resources to support families in Lancashire https://lancsyoungpeoplefamilyservice.co.uk

Clinical Practice Leads

We have a team of clinical practice leads (CPLs) who work across the whole service to facilitate the implementation and contribute to the development of standard operational policies and processes. This supports staff in the delivery of an evidence-based family centred, public health service for children, young people and their families aged 0-19 years in accordance with The Healthy Child Programme.

Their main role includes:

• developing and review NICE guidelines, SOPs, processes, and pathways to ensure clinical practice is safe and efficient.

• leading on any training packages that may need to be developed or delivered to further enhance staff's knowledge and understanding

• working in partnership with the team leaders to enhance clinical leadership and staff development for clinical appraisals.

• continuing to facilitate professional development of the staff by providing them with the updates and training via professional development forums.

• supporting with clinical recruitment with shortlisting and interviewing.

• linking with the quality lead regarding changes and dissemination of best practice and development.
• being safeguarding champions and will attend safeguarding champion's quarterly supervision sessions delivered by safeguarding team.

• maintaining their clinical practice by engaging in practice work. This may be duty, clinics, drop ins, visits within The Healthy Child Programme meetings etc. A CPL will not typically hold a caseload.

• completing organisational audits as allocated by service managers to improve quality and service delivery.

• sharing good practice and innovation with others to enhance the quality of the learning environment working with practice placements to ensure access to a range of learning resources.

• facilitating the enhancement of a high-quality practice learning experience for all learners

• delivering training required for staff, newly qualified staff, and new starters.

• acting as nominated contact for students on placement and will support staff whilst mentoring student nurses and SCPHN students ensuring the students are getting the appropriate learning experiences to meet their set objectives. This may be by long arming. CPL will lead on education in the clinical practice environment.

• leading on portfolios as directed by the service.

• maintaining oversight of clinical practice standards within the teams through peer review or other quality audits, challenging areas of poor practice as required.

• acting as a leader of change and as a champion within the transformation agenda.

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.

Priority 1	
Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting, and exceeding relevant standards and regulatory requirements	We have embedded the Lancashire and South Cumbria Infant Feeding Policy and guidelines across the community network, with an emphasis on general practice colleagues. We have continued to deliver BFI Infant feeding training induction and updates to LHYP&FS, Lancashire County Council's Children and Family Wellbeing (CFW) and Families and Babies (FAB) and supported the wider services to embed baby friendly evidence based through training and education – Perinatal mental health, Children Social Care. We have maintained robust BFI audit cycles for venues, staff, and mothers and supported the development of an infant feeding strategy for Lancashire including working in partnership to ensure BFI standards are incorporated into the Family Hub model. We have supported, promoted, and protected breastfeeding and optimal infant feeding through quality care by ensuring the infant feeding pathway is optimised for all babies, ensuring access to Universal provision, peer support and specialist services. We have recruited four further colleagues to the International Board of Lactation Consultant Examiners (IBLCE) from our Health Visiting Service to complete training and sit an exam and increased specialist clinic access to the north of Lancashire. We have progressed the normalising breastfeeding agenda through PSHE and curriculum-based activities and progressed work-based support for continued breastfeeding, aligned with the 2023 World Breastfeeding Campaign. We have also supported/funded five colleagues to access the 2023 BFI Conference in person. We have achieved our four year Gold revalidation to ensure we remain a Gold accredited service and we were praised for our partnership approach to delivering quality care for families in Lancashire. We have worked closely with the Anya app, which uses cutting-edge AI and 3D interactive technology, to help parents overcome feeding challenges, grow knowledge, and build confidence. Using LatchAid's (Anya) 3D animations, the interactive breastfeeding feature will guide you on how to hold your baby, identify typical hunger cues, and understand how your baby's tongue moves during a feed. This helps you to learn breastfeeding skills intuitively.

The AI-powered Anya virtual supporter provides families with 1-2-1 personalised expertise and companionship 24/7 to guide them through their worries.

The AI responses are written by clinical specialists and supported by many NHS providers including our service. Virtual communities connect families to a close-knit support network of other parents experiencing the same parenting situations. The support of this app alongside the support of our teams has seen an increase in breast feeding across Lancashire.

We have continued to embed our outcome measures and report these to the commissioners. We have done further work in the year to ensure the school nurse outcome measure was embedded following the restructure of the school nurse service and this has been successfully rolled out with evidence of in progress care plans being reported.

As a provider of NHS services, we obtain feedback via the NHS Friends and Family Test (FFT) to help us as the service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. We improved our range of collection methods utilising the SMS text service in line with other NHS providers. This has been successfully rolled out across the whole of Lancashire and will continue to be a priority for 2024/25 to ensure we collate the valuable feedback to help us continue what we are doing well and where we can do better.

We successfully moved our incident and risk system to Datix in October 2022. Datix offers solutions and services to help proactively identify risk, enhance operational efficiency and compliance, and build a consistent, transparent culture of safety. The system establishes a safer workforce, since its crucial that data is shared across teams. The innovative solutions bring people and organisation together to work more efficiently, transparently, and safely. By staying alert to adverse events, near-misses, or future incidents, we can safeguard our organisation, workforce, and service users. We have implemented further Datix modules throughout the year including the feedback module, patient safety alerts, risk module, claims module and mortality review to improve our ability to triangulate our data. This ensured we were in the best position to implement the new Patient Safety Incident Response Framework (PSIRF).

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. We successfully implemented PSIRF in October 2023 which replaced the Serious Incident Framework (2015). The framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the NHS patient safety strategy. PSIRF will continue to support the development and maintenance of an effective patient safety incident response system that integrates four key aims:

	• Compassionate engagement and involvement of those affected by patient safety incidents • Application of a range of system-based approached to learning from patient safety incidents • Considered and proportionate responses to patient safety incidents • Supportive oversight focused on strengthening response system functioning and improvement.
Priority 2	
Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business	We have successfully embedded the peer review process into our service and monitored the compliance of this within our appraisal process and management supervision. We introduced a Harm Free Care Panel as part of the safeguarding and quality governance structure. This panel assessed any incident where there is learning for the service and decisions are made as to whether the incidents meet the criteria within the existing serious incident framework (2015). This was replaced in October 2023 by PSIRF and the Harm Free Care Panel was changed to scoping meetings twice monthly and a monthly PSIRF oversight meeting that are utilised to discuss patient safety incidents and the need for further review, identifying the opportunity for thematic reviews and commissioning the Patient Safety Incident Investigations (PSII). We have continued to complete Internal Service Reviews (ISR) annually in line with HCRG Care Group policy. The ISR gives internal assurance in line with CQC regulations and complete actions that have arisen from these. The service was inspected by the CQC in October 2022 and has achieved a 'Good' rating overall. We will continue to develop the service in 2024-25 utilising the feedback to strive for 'Outstanding' across all domains within the service. We have continued to work closely with the CQC to ensure that we monitor our service in line with the new single assessment framework implemented in April 2023. The single assessment framework is made up of five key questions and, under each key question, a set of quality statements.
Priority 3	
Continue to be recognised as an outstanding employer	We aimed to achieve a 90% appraisal target in 2023/24 and continue to improve our support to achieve this through making further improvements to our system with our role specific documentation. We have aligned the peer practice review and supervision compliance to the same system to enable local and national oversight. There is the organisational strategy 2022-2025 which has been modified to reflect Lancashire as a locality and for the services we deliver. We have continued to provide high-quality training and education. Lancashire Healthy Young People and Families Service (LHYPFS) has continued to support and develop colleagues through participation in

apprenticeship schemes, higher education opportunities and assistant practitioner training. We have supported return to practice health visitors to support our 'grow your own' culture and to support the NHS long term workforce plan that recognises the need to increase our workforce for the future. We have colleagues that are currently undertaking the Assistant Practitioner Apprenticeship, the four-year Registered Nurse Degree Apprenticeship, the Operational Management Apprenticeship, the Team Leader Apprenticeship, and the Coaching Apprenticeship, ensuring career progression and succession planning. This high-quality training continues to be a priority with more colleagues engaging with the apprenticeships and higher education opportunities every year.

We created a new role within the service, Children and Young People's Wellbeing Practitioners (CYWP), to increase access to mental health and wellbeing support for children and young people. This has been recognised as a necessity following the increase in mental health issues in children and young people following the pandemic. We have successfully trained four CYWPs over the past 12 months and have recruited a further six CYWPs who will complete their training in 2024/25. This role will make sure children and young people have access to support from community services, offering evidence-based interventions for children and young people with mild to moderate mental health difficulties such as guided self-help. This role will further support our service delivery and skill mix within our school nursing service and enhance the experience for families in Lancashire.

We have continued to support colleagues with external continuing professional development (CPD). There is a yearly sum of money that is allocated to each service by the Education Funding Agency (EFA) to support colleagues with funding of their CPD to enhance their learning and development. This funding is dependent on the number of pre-registration student nurses we can support within the service and we strive to improve the capacity for these students every year, working innovatively which in turn supports existing colleagues to access further funding for their CPD. This will remain a priority year on year.

The Learning Enterprise (TLE), our learning and development team, rolled out a new leadership programme - Care, Think, Do Leadership. The training supports the delivery of our strategic objectives to attract, retain and develop our workforce and empower leaders to deliver, embed and evolve our culture. Strong, consistent leadership is essential to attracting – and just as importantly retaining – our workforce. Leaders have gained a clear understanding of the expectations of a values-led leader at HCRG Care Group. They can discuss and debate critical business issues, the everyday challenges of a leader and have gained knowledge and resources to help and support them to become a more effective leader and access future development.

We have continued with our quarterly leadership forums where colleagues attend sessions in each locality with topics such as a focus on service

improvement and delivery, future ways of working and service redesign being discussed. These sessions were conducted prior to the announcement from LCC that another provider would be running this service so during quarter four, our forums were stepped down for us to support a smooth transition.

In February 2024, we hosted a Lancashire-wide Thank You Celebration event, recognising the difference colleagues and teams have made to both their services and the patients. Awards were given out for:

- Clinician of the Year
- Support Worker of the Year
- Administrator of the Year
- Employee of the Year
- Team of the Year
- Partnership Working
- Above and Beyond
- Most Helpful Corporate Colleague
- Service Improvement
- Lifetime Achievement

We were joined at this event by members of HCRG Care Group's Executive Team and representatives from Lancashire County Council's Education and Children's Services. This was a fantastic night and one where colleagues celebrated being part of our amazing journey. West Lancashire College was honoured with a Successful Partnership Award across the Lancashire locality and the Lancashire Violence Reduction Network were our Lancashire Partnership Award winners.

We were fortunate, during early 2024, to have been able to provide a one day Safe and Sound resilience training course to some of our colleagues who manage teams or who have been identified by their line manager as someone who would benefit from the training.

Safe and Sound training was provided by Russ Magnall, who is an ex-policeman and experienced organisational development coach who specialises in leadership and wellbeing. He is credited with the design and delivery of the Bee Well programme which was put in place to support police officers involved in the Manchester Arena bombing in 2017. He has developed this course to support people to become more resilient and to use specific techniques to manage the health and wellbeing of oneself and to recognise in others when they may require additional help.

Priority 4	
Delivering quality health and social care as efficiently as possible	We have now trained our health visiting service in the Maternal Early Childhood Sustained Home-Visiting (MECSH) programme and families are recruited onto the programme within a certain criterion. We continue to

train our newly qualified SCPHN health visitors and healthy family practitioners as they join the service to ensure equity across all our teams.

We commenced the Empowering Parents Empowering Communities (EPEC) programme in 2022-23 with great success in our East locality and have trained the first team of volunteers who are providing additional support to parents in Burnley through EPEC. We rolled this programme out to all our localities across Lancashire into 2023-24. We successfully trained further volunteers in 2023-24 who moved forwards with the Being a Parent (BaP) groups to support the communities in which they live.

We changed the structure of our School Nursing Service to bring it in line with national evidence-based models (School and Public Health Nursing Association). This was in response to a national shortage of school nurses and the rise in safeguarding and vulnerabilities since the pandemic making it difficult for the service to maintain public health priorities and safeguarding priorities. The change in structure has allowed clearer focus on both elements of the school nursing role and what is required, it has improved the experience for our children and families with clearer understanding of the role from stakeholders and improved staff morale including recruitment and retention. We have evaluated this model and found it to be largely successful, but we will continue to monitor and evaluate to ensure we continue to deliver a quality service in Lancashire. As part of this remodel, we have introduced three Complex Safeguarding Nurses (CSNs) who manage a caseload of the most vulnerable and complex children and young people alongside team management of our specialist support arm of the school nursing model.

We have collaborated with partner agencies, and this remains high on the priorities for 2024/25. We have worked closely with partners to support the establishment of Family Hubs in Lancashire as part of the Best Start in Life Agenda. Family Hubs are a place-based way of joining up locally in the planning and delivery of family services. They bring services together to improve access, improve the connections between families, professionals, services, and providers, and put relationships at the heart of family support. Family Hubs offer support to families from conception and two years of age, and to those with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities (SEND), with a great Start for Life offer at their core.

We have established links into young people's forums, for example the Youth Council, to ensure we have the voice of the children and young people of Lancashire heard within our service. This provides invaluable feedback to support change and innovation to our service.

We have successfully collaborated with the Violence Reduction Network (VRN) in Lancashire to train and embed trauma informed practice. Being a trauma informed county requires everyone to understand that different life experiences shape the options available to us and our way of being and can use this understanding to influence our interactions and decisions in work and daily life. It takes time, a cultural shift, and resources for

organisations to become fully trauma informed. Organisations typically travel through four steps from becoming aware to sensitive, then responsive and finally trauma informed. It's a journey that is ongoing but benefits everyone. In Lancashire we are one of the first organisations to be peer reviewed against being trauma aware and are working currently to be trauma sensitive and this will continue into 2024-25.

We were lucky enough to welcome Lads Like Us from Manchester who have dedicated themselves to informing the practice of professionals and organisations that had failed them as children and adults. They have made something positive out of their lived experience to make an approach that helps to break down barriers.

The answer to their problem in their own words was to create a trauma informed training package focusing on professional curiosity that would inform practice, using their experiences combined with the healing journeys of both not forgetting the input from the services that supported them.

The Million Pieces Experience, an NHS safeguarding award winning trauma informed package that has proven to inform the practice of professionals, was created. It then partnered with Barnardos to create Million Pieces Trauma master classes.

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 Lancashire were then able to set their own priorities. In Lancashire we are planned to move to another provider in October 2024 and therefore our priorities will be mainly focused on the first 6 months of the 2024-25 year. However, many of the priorities will remain as they are NHS priorities that will span across providers.

Priority 1	
Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting, and exceeding relevant standards and regulatory requirements	Our Infant Feeding Team has worked incredibly hard to maintain Gold level of accreditation from the BFI and we will maintain this. • We will continue to support the whole system approach and the Baby Friendly Together model which organises services across the acute, community and local authority settings and represents a robust core aspect of the sustainability plan and continue to respond swiftly to the changing needs of the communities. • We will continue to demonstrate effective improvements in enhancing the breastfeeding culture in Lancashire with outstanding mother responses to the satisfaction and kindness culture survey questions. This is highly commendable and represents the continued high level of care delivery for all service users. • We will ensure that key data collection remains stable, with a commendable increase in total number of babies receiving breast milk, and we will continuously strive to increase the number of babies breast feeding year on year. • We will continue to ensure our workforce is complaint with BFI education and training, supported by our equitable team of lactation consultants that we will increase again within 2024-25. We will be rolling out the use of Learning from Patient Safety Events (LFPSE) from April 2024. The LFPSE service has been created by NHS England to gather and analyse information relating to patient safety events across all healthcare organisations, so that we may learn from these incidents to keep service users safe. Under the 2024/25 NHS Standard Contract, HCRG Care Group is required to provide data relating to our patient safety incidents to the LFPSE service. Work to link our Datix incident reporting module to the LFPSE has concluded and all information relating to our patient safety incidents is set to be automatically sent to LFPSE as soon as they're submitted. Our priority is to ensure all incidents are reviewed promptly to enable the most accurate data to be sent to LFPSE for accurate reporting.

	We introduced the Patient Safety Incident Response Framework (PSIRF) into the Organisation in October 2023. We have written our Patient Safety Incident Response Plan (PSIRP) which sets out how HCRG Care Group (the organisation) intends to respond to patient safety incidents over a period of 12 to 18 months. The plan is not a permanent rule that cannot be changed. We will remain flexible and consider the specific circumstances in which patient safety issues and incidents occurred and the needs of those affected. Our priority is to continue to train and embed the principles of PSIRF as it is not an investigation framework that prescribes what to investigate. Instead, it: • advocates a co-ordinated and data-driven approach to patient safety incident response that prioritises compassionate engagement with those affected by patient safety incidents. • embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management. As a provider of NHS services, we will continue to obtain feedback via the NHS Friends and Family Test (FFT) to help us as the service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. We continually strive to improve our return rate of FFT to ensure we are provided with valuable feedback to help us continue what we are doing well and where we can do better.
Priority 2	
Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business	With the introduction of the Patient Safety Incident Response Framework (PSIRF) we have moved away from meetings and documentation under the old Serious Incident Framework and have established scoping meetings and PSIRF oversight meetings. These panels assess any incident where a scoping document has been completed for further discussion to establish if there is learning for the service and decisions are made as to whether the incidents meet the criteria within PSIRF and if they require further analysis utilising the tools under PSIRF. We will continue to work closely with the CQC to ensure that we monitor our service in line with the new single assessment framework. The assessment framework will be a set of topic areas and quality statements. These will be: • Learning culture • Safe systems, pathways, and transitions • Safeguarding • Safe environments • Safe and effective staffing • Infection prevention and control
Priority 3	

Continue to be recognised as an outstanding employer	We will strive to achieve a 90% appraisal target in 2024-25 and continue to improve our support to achieve this through equipping line managers and appraisees with supportive documentation and 'how to' guides. We have updated our training needs analysis process and this will commence in April 2024. This enables proposals for supportive development to be captured in one place following appraisals and managerial supervision. This means there can be complete oversight of training needs within the whole service and analysis of training needs can be prioritised equitably. We will continue to provide high-quality training and education. Lancashire Healthy Young People and Families Service (LHYPFS) will continue to support and develop colleagues through participation in apprenticeship schemes, higher education opportunities and the assistant practitioner training. We currently have colleagues undertaking apprenticeships and we will continue to support these following the transition to another provider ensuring completion of these courses. This high-quality training continues to be a priority with more colleagues engaging with the apprenticeships and higher education opportunities every year. We will continue to support colleagues with external continuing professional development (CPD). There is a yearly sum of money that is allocated to each service by the Education Funding Agency (EFA) to support colleagues with funding of their CPD to enhance their learning and development. This funding is dependent on the number of pre-registration student nurses we can support within the service, and we strive to improve the capacity for these students every year working innovatively which in turn supports existing colleagues to access further funding for their CPD. We have invested £10,000 as a whole organisation through our Innovation Fund, to enable colleagues to get free Hormonal Replacement Therapy (HRT) prescriptions as part of a pilot scheme. This has now become business as usual, with over 180 people already benefitting and will continue to be a priority. We put together a policy guide for colleagues and managers with a wide range of resources for more information about the menopause as well as support available and popular remedies. We've also launched quarterly menopause cafes. This is an opportunity for people who are going through the menopause to come together and talk with people going through the same as well as experts to answer any questions colleagues may have. After listening to colleagues in our research, we relaxed frequent absence triggers for menopause-related absence. The Learning Enterprise (TLE), our learning and development team, which achieved an Outstanding by OFSTED last year, will continue to support our service until we transfer to our new provider offering opportunities for colleagues to undertake development and leadership courses internally.

Priority 4

Delivering quality health and social care as efficiently as possible	We will continue to deliver the Maternal Early Childhood Sustained Home-Visiting (MECSH) programme until we transfer to our new provider. MECSH is a home visiting programme that supports families in the transition to parenthood. It runs for a period of two years, with weekly sessions for the first six weeks post-birth, followed by fortnightly meetings, then moving to monthly visits. There are 25 contacts with a health visitor. As part of thematic learning coming from analysis of our incidents a priority for the next six months is to scrutinise and reform our response to third party information received as information sharing into our service. We will establish new pathways and review expectations both internally and externally. We will work with system partners to improve the communication between agencies bringing efficiencies to release capacity and enable more therapeutic interventions and preventative work with the communities in Lancashire. In recognition of the reduction of workforce growth across the NHS and in line with the NHS long-term plan, our priority is to increase year on year our numbers of students supported onto the Specialist Community Public Health Nursing (SCPHN) course. These will comprise of internal and external candidates and including the increase we achieved in 2023-24 and the further increase for 2024-25 and 2025-26 we will increase our SCPHN numbers sufficiently to support the new service specification and maintain the delivery of a safe and quality service. We will continue our collaboration to continue to establish and develop our Family Hubs in Lancashire as part of the Best Start in Life Agenda. Family Hubs are a place-based way of joining up locally in the planning and delivery of family services. We will continue to collaborate with the Violence Reduction Network (VRN) in Lancashire. Our training of our staff will continue within the next six months and hopefully this priority will transfer with us to our now provider. We maintain an active working group and move to progress to trauma sensitive once our transfer is complete. Staff also have access to our nationwide Best Practice Network where national colleagues from all our Children's 0-19 Services meet quarterly to share best practice/learning/skills.

Audits we've taken part in

National Audits Include:

Medicines Safety Audit
IPC Audit
Safeguarding Audit
Health and Care Records Audit
Peer Reviews
Confidentiality Audit
Clinical Governance Scorecard
Internal Service Review (CQC benchmark).

Local Audits Include:

Audit against Was Not Brought Standard Operating Procedure
Audit against Individual Health Assessment Completion
Audit of Joint Supervision (case file and peer review)
Audit of Follow Up of Red Flag Questions on School Health Needs Assessment (SHNA case file review)
Routine Enquiry Audit
Child Protection Information Sharing (CP-IS) Data Audit
GP Liaison Audit
Multi Agency Risk Assessment Conference (MARAC) Follow Up Audit
Universal Partnership Plus Audit
Children In Care Voice of the Child
Accident & Emergency Audit – Mental Health Pathway
Contextualised Safeguarding & Daily Governance Audit
Fathers/partners/co Parent Link Audit
Audit for Flagging Vulnerable Families
Safer Sleep Audit
Children's Social Care Communication with Health Audit/ Audit of Health Response
Health Visitor Strategy Audit
Neglect – Graded Care Profile 2 Audit
Police Safeguarding Referral Form (PSRF) – SMART Action Plans Audit

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

The Use of Telehealth During the COVID Pandemic Within Health Visiting Services
Baby Sleep Project being run by researchers at the University of Bristol, funded by the National Institute for Health Research.

Publications

The above research is currently being written up and will be published. There has been a blog published supporting this research between the research student (UcLAN) and the quality lead for Lancashire Children and Young People's Service that has been published within a newsletter for Applied Research Collaboration (ARC) Northwest Coast (ARC) Doctoral Fellowship.

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.

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. This is not applicable to our service.

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)	5%
KF21 (Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)	93%

Overview of CQC inspections this year

Registered provider	Service name	Full compliance	Action plan and status
HCRG Care Services Limited	N/A		

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, 1,230 people rated our services in Lancashire and 90.57% per cent said they had a positive experience of our service.

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	58%

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.	N/A
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.	367 0% of incidents have resulted in severe harm or death

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 we have no CQUIN's to report.

Comments from commissioner

HCRG Care Group is commissioned to deliver the Healthy Child Programme to Lancashire families, providing health visiting and school nursing services. Description of service delivery has been detailed by the provider in this Quality Account and it includes additional information to the core service offer which includes the infant feeding team, perinatal and infant mental health, parenting support, the Duty Team and Care Co-ordination Hub. As commissioners we can confirm this is an accurate reflection of service delivery.

We congratulate the Provider on the re-accreditation of BFI Gold standards, demonstrating their on-going commitment and their effective working relationships with partners.

The Authority strongly welcomes the Provider's continuing commitment to collaborating with partner agencies including the establishment of the Family Hubs network as part of our Best Start in Life Agenda, embedding the Lancashire and South Cumbria Infant Feeding Policy and ensuring the voices of children and young people are heard through links with the Lancashire Youth Council.

We recognise their commitment to recruitment and retention plans for health visitors and school nurses during 2023/24 including developing a 'grow your own' culture and supporting the health visiting workforce return to practice.

The Authority recognises the essential importance of skilled staff to provide and maintain excellent standards of care. We value and appreciate the professionalism of the staff and recognise and commend the commitment and dedication they show to the communities they serve.

Lancashire County Council

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