# North Kent Quality Account 2023-24

Services delivered in North Kent by HCRG Care Services Limited

HCRG Care Services Limited, trading as HCRG Care Group
The Heath Business and Technical Park, Runcorn, WA7 4QX

w. https://northkentacs.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 Kent and Medway Integrated Care Board (ICB) in North Kent.

HCRG Care Group may also provide other services in North Kent but these may not be included in this document if they are not commissioned by Kent and Medway 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 at: vcl.northkentcustomercare@nhs.net

# Chief Operating Officer's introduction

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

1. We have developed and implemented several new commissioned services, including our Community Virtual Wards and Falls Response Team. Our outpatients' phlebotomy service at Gravesham Community Hospital has also extended its opening hours to 8.15am-4pm Monday-Friday and 9am-1pm every Saturday, following a successful bid for funding.
2. We were nominated as a finalist in the Best Social Responsibility Programme category at the Nursing Times Workforce Award 2023 and we have provided career opportunities for young people by working with local schools and colleges.
3. Our Community Transfer of Care Hub went Live in October 2023 to support patient discharge pathways out of the local acute hospital. The hub continues to build a positive and effective partnership with hospital teams, continuing health care, and social care colleagues. These partnerships enable our teams to source same day care packages and discharge pathways, along with next day post discharge welfare checks for required patients.

Over the coming 12 months, we will continue to build on these achievements, strengthen relationships further, act as change agents through positive influencing ensuring that the patient remains central to our care delivery and take the lessons learned over the past year to ensure we can continue to change lives by transforming health and care in North Kent.

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

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

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

Pat Birchall
Chief Operating Officer
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 North Kent

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

## Care Co-ordination

### Care Coordination Centre

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

## Diagnostics

### Phlebotomy Service

In DGS we provide a walk-in clinic service as well as home visiting for housebound patients. The service is available Monday to Friday 8.15am-4pm and 9am-1pm every Saturday. The service is delivered by phlebotomists.

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

## Community Inpatient Services

### Inpatient Rehabilitation Wards

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

## Therapies and Reablement

### Rapid Response

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

### Intermediate Care

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

### The Falls Team

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

### Speech and Language Therapy

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

### Podiatry

The podiatry service assesses, diagnoses, treats and health educates patients on presenting foot pain and pathologies in the lower limb for individuals considered at risk of developing acute foot health complications. Where required, we refer to specialists for further assessment and intervention. This service is delivered either in clinics or at domiciliary visits. The service is available Monday to Friday, 8.30am to 4.30pm. The service is delivered by registered practitioners.

### Community Neurological Rehabilitation Team

This service is commissioned for Dartford, Gravesham and Swanley residents. The team provides a service to patients who have had a new neurological event or acute change in an existing neurological condition. The service provides nursing and therapy, education and support to patients and their families and carers. The service has been extended to support early discharge from the acute hospital to either our own inpatient rehab ward or to the patient's own home.

The service is available Monday to Friday, 9am to 5pm. The service is delivered by a multidisciplinary team including occupational and physiotherapists, a clinical nurse specialist and are supported by care support staff.

### Swale Long Term Conditions Neuro Rehab

This service is commissioned for Swale residents. The team provide a service to patients with long term conditions who require neuro rehab support.

## Community Nursing

### Community Services and Night Service

This service provides holistic, patient-centred care for housebound residents. This includes holistic assessments, care planning and reviews in partnership with the patient/families. Clinical interventions include wound care, intravenous therapy, and management, palliative and end of life care, catheter management. The day service runs 8am to 8pm and the night service runs

8pm to 8am both operating seven days a week. The day service is divided into local teams aligned to local GP practices, with each team being led by a district nurse supported by registered nurses and care support staff.

### Continence Service

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

### Tissue Viability Service (TVN)

The service provides support to patients with complex wound needs and teaching and prevention education. This service is delivered in clinic, the patient's own home in the community and supports our inpatient wards. The TVN service is available Monday to Friday 9am -5pm. The service is led by a clinical nurse specialist, supported by registered nurses.

### Wound Medicine Centre (WMC)

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

### Multidisciplinary Coordinators Service

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

### Community Matrons Service

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

### Cardiology Service

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

### Diabetes Service

This service provides specialist advice and support for people with Type 1 and Type 2 diabetes to enable and promote optimal control delivered through education, advice, and clinical management pathways. The service is available Monday to Friday, 8am to 5pm through clinics

and home visits. For Swale only, diabetes education is provided as required. The service is led by a clinical nurse specialist, supported by care support staff.

### Respiratory Service

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

### Pulmonary Rehabilitation

Pulmonary Rehabilitation is an exercise and education programme designed for people with lung disease who experience symptoms of breathlessness. Pulmonary Rehabilitation focuses on tailored exercise and information that helps people to better understand and manage their condition/s and symptoms, including feeling short of breath. The service in Swale operates between 8am and 5pm Monday to Friday and provides a six-week rehab classes in addition to lung clearance and home exercises for housebound patients. This is led by a specialist physiotherapist and a team made up of an Occupational Therapist, Physiotherapist and Associate Practitioner.

### Virtual Ward

The virtual ward aims to keep patients out of hospital and at home with the provision of oversight by a consultant within the acute trust.  We use Current Health technology to remotely monitor the patient's blood pressure and oxygen saturations at home.  This is an 8am to 8pm service led by a clinical lead nurse and a team of nurses.

## 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 | |
|---|---|
| Performance | This year we have secured various funding streams to enhance the current services that we provide:<br><br>We extended our Community Neurological Rehabilitation Service to support early discharge from the acute hospital to either our own community inpatient rehab ward or to the patient's own home.<br><br>The urgent care response (UCR) 'falls response' is supporting the local ambulance service to deliver urgent assessments and interventions. We also accept direct referrals from the ambulance service to maintain patients' safety at home, releasing ambulance resources and ensuring appropriate hospital attendance due to our early intervention.<br><br>The Falls Team has increased its falls exercise clinic to 8 weeks duration to ensure that patients receive maximum interventions.<br><br>The phlebotomy service has successfully extended its opening hours and now operates from 8.15am to 4pm, Monday-Friday, and 9am to1pm every Saturday.<br><br>Throughout 2023 – 2024 our services achieved 99% of our patients being seen within 18 weeks, consistently meeting the national target of above 90%.<br><br>We have been working with our speech and language team (SaLT), podiatry team, intermediate care team, continence team and wound medicine centre to improve our waiting times for these services. As an example, the podiatry team were seeing 65% of patients within 18 weeks and are now seeing 98% of their patients within 18 weeks.<br><br>We have consistently achieved above the national target of 70% for our Urgent Care Response (UCR) compliance, achieving 88% at yearend for a two-hour UCR target to prevent avoidable hospital admissions or re-admissions.<br><br>The speech and language therapy (SaLT) team is working with the local acute hospitals to ensure that patients requiring videofluroscopy are supported with their ongoing clinical needs. A videofluroscopy is an X-ray that looks at the way your swallowing works.<br><br>The Community Diabetes Service provides outpatient type review clinics within the patients' GP surgeries to non-housebound |

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| | patients. This service has been able to support some patients to change their treatment options, releasing some from their daily insulin injections.<br><br>The Pulmonary Rehabilitation Service in Swale now provides six-week rehab classes in addition to lung clearance and home exercises for housebound patients.<br><br>The Respiratory Service has provided an enhanced service addressing COPD in addition to the current commissioned oxygen service. A dedicated respiratory physiotherapist provides exercise and breathing therapy for COPD patients. |
| **Priority 2** | |
| Transformation | We run two community virtual wards, each of 20 beds, focusing on Frailty, Respiratory, Heart Failure and Outpatient Peripheral Antibiotic Therapy (OPAT) patients. The wards aim to enable patients to receive their clinical care out of hospital, within their own home, but with the provision of oversight by a consultant within the acute trust. We use Current Health technology to remotely monitor the patients on the virtual ward.<br><br>Our Community Transfer of Care Hub went Live in October 2023 for discharge pathways out of the local acute hospital. The hub continues to build partnerships working with hospital, continuing health, and social care teams. These partnerships enable our teams to source same day care packages and next day welfare checks. |
| **Priority 3** | |
| Workforce | We have re-modelled our Community Nursing Service to seven neighbourhood teams and increased our career progression opportunities across our teams for both substantive staff and external candidates. The Community Nursing Team (DGS) is now aligned with local primary care networks to enhance service provision and collaboration with local GPs.<br><br>We have successfully completed a full year of our locally developed induction programme which receives very positive feedback from colleagues attending and from the service managers of the teams they are joining.<br><br>We have supported a cohort of RCN student cadets within Swale to spend time on placement with the community services on work experience and give them an insight into available career pathways within the health sector. |

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| | One of our practice development nurses has successfully completed her Professional Nurse Advocate course, making her the first in our services. Professional nurse advocates support nurses with restorative supervision, supporting nurses to undertake personal action for quality improvement and promote education and development.<br><br>A community nurse was supported to achieve the prestigious title of Queen's Nurse this year.<br><br>Two more staff have joined our non-medical prescriber's course and there are more staff waiting to start. A recently recruited non-medical prescriber (paramedic) supports our inpatient units, ensuring prompt assessment and clinical intervention when needed.<br><br>Students from a local academy who are interested in pursuing a career in health and social care have attended our community hospitals to gain valuable insight on what it is like to work within this environment. They participated in basic life support scenarios and moving and handling techniques, experiencing what it feels like to be hoisted.<br><br>Our current vacancy factor is 16.58% which is down from 22.79% six months ago. |
| **Priority 4** | |
| Quality | The Quality and Patient Safety Team has successfully implemented the Patient Safety Investigation Response Framework (PSIRF) in our business unit in December 2023. The team has provided support and guidance to our teams to help colleagues understand their responsibility in our incident reporting system. In line with the very different approach to incident management, we will shortly launch our Patient and Public Engagement Group (PPEG).<br><br>We were fortunate enough to secure a grant from HCRG Care Group's innovation fund to produce an upper limb exercise booklet for community neuro rehabilitation team providing visual representation to our patients to continue the exercises at home in between sessions.<br><br>Our local learning events have continued, providing overviews of different incidents where staff have felt that other staff within the business unit would benefit from their experience. We have |

discussed preparing for and attending a coroner's inquest, sepsis, the 'Gloves Off' campaign, and many other topics.

Our inpatient matrons hold 'Tea with Matron' sessions so that patients, their families, or carers can speak directly with our staff about the ward they are in. We are also pleased to announce that our community hospital wards have gone paperless and additional equipment was purchased to support bedside assessment. One ward has had a new nurses' station and has also been re-decorated.

Our Falls Response Service has had the iStumble app downloaded to their mobile work phones to support patients. They have also implemented a post falls checklist which is accessible in our electronic patient record. Both of these initiatives can be used by any staff member to support anyone who has had a fall.

Our focus during the past 12 months has been to resolve any concerns or complaints as quickly and where able informally. Our informal complaints stood at 54 for the year 2022 to 2023, for 2023 to 2024 it is 25. Formal complaints are slightly less, standing at 9 for 2023 to 2024, compared to 11 the previous year.

# 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 North Kent were then able to set their own priorities.

| Priority 1 | |
|---|---|
| Delivery of Transformation | Maintain the success of previous years' CQC 'good' ratings, and our aspiration continues to be achieving an outstanding rating at future inspections.<br>Further enhance our quality improvement mindset of 'you said we did' across our teams. Continuing to respond and learn from patient, family, and carer's feedback.<br>Ensure we deliver additional professional nurse advocates to achieve the required national target.<br>Continue to be a positive change agent across the system and with our system partners, responding proactively and influencing through innovation to improve patient outcomes. |
| **Priority 2** | |
| Growth | Retain and extend our services to support the reduction of health inequalities in our area. Continue our proactive approach to building sustainable relationships beyond the traditional health and care partners. An example of this is working closer with the local voluntary sector.<br>Continue to be a key partner in the Health and Care Partnership and the ICB and seen as the best community provider.<br>Be in the best position for new and existing opportunities. |
| **Priority 3** | |
| Efficient business | Manage all our services to remain within our annual budget. |

## Audits we've taken part in

Over the course of this year, we have completed HCRG Care Group's National Audit Programme and local quality check plan. The results from these audits are shared within our teams, local learning events and commissioning partners. We fully comply with section GC15 of the NHS contract on governance and audit, with recommendations arising for audits being delivered.

We also participate in the Sentinel Stroke National Audit Programme (SNAPP) which measures how well stroke care is being delivered with a view to improving the quality of care that is provided to our patients. On average, we submit around 16 patients per quarter and the initial data review shows that both the therapy time for patients has increased and the patients end point Modified Rankin score has improved.

The Modified Rankin score measures the degree of disability or dependence in the daily activities of people who have suffered a stroke or other causes of neurological disability.

There have been no other NHS audits issued and commissioned by NHS England that are applicable to us as an Adult Community Provider.

## Research statement.

The organisation continues to participate in a number of research, service evaluation and service development projects.

We support the participation in research to help improve the care for people who use NHS and local authority services. We plan to continue to develop and promote this.

### Current research activity

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

## Publications

No publications

## 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.

## 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.

### Errors Introduced Into patient notes.

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

## Community hospital PLACE reviews

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

During 2023 – 24 our annual PLACE inspections within HCRG Care Group, North Kent achieved a combined score of 94.1% an increase on last year's score of 92.8%. Credit to the hardworking Hotel Services Team who ensure a consistent achievement of above 90% for key areas such as ward cleanliness and catering requirements during what continues to be a period of high demand for our Community Hospitals.

## NHS staff survey

Our colleagues 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: | |
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| KF26 (Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months) | 14% |

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| KF21 (Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES) | 91% |

## Overview of CQC inspections this year

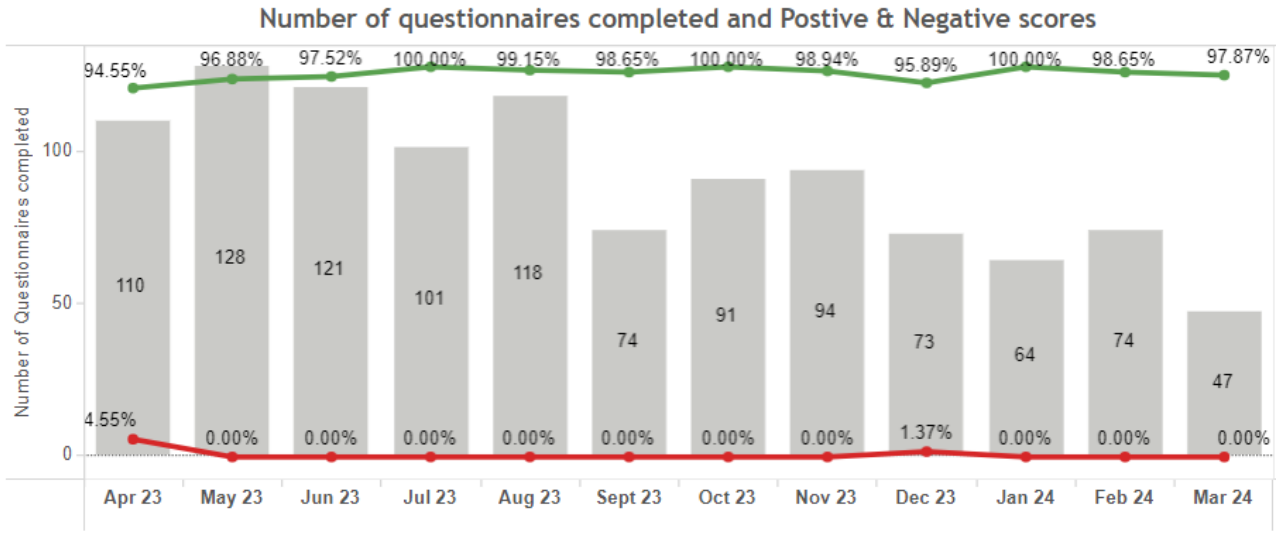
We have not had any inspections this year as all four registered sites, Livingstone Community Hospital, Gravesham Community Hospital, Sittingbourne Memorial Hospital and Sheppey Community Hospital received CQC inspections during 2022 and achieved a 'Good' rating at each site. We continue to undertake our Internal Service Reviews across each registered site.

## 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, 1095 people rated our services in North Kent and 98.08% said they had a positive experience of our service.

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



Part three

## Prescribed information

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|---|---|---|
| **12.** | a) The value and banding of the Summary Hospital-level Mortality Indicator (SMHI) for the trust for the reporting period; and<br>b) The percentage of patient deaths within palliative care coded at either diagnosis or speciality level for the trust for the reporting period | This element is relevant for Acute Trusts only. |
| **13.** | The percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period. | This element is relevant for Mental Health Trusts only. |
| **14.** | The percentage of Category A telephone calls (red one and red two calls) resulting in an emergency response by the trust at the scene of the emergency within eight minutes of receipt of the call during the reporting period | This element is relevant for Acute ambulance services only. |
| **14.1** | The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period | This element is relevant for Acute ambulance services only. |
| **15.** | The percentage of patients with pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period | This element is relevant for Acute Trusts only. |
| **16.** | The percentage of patients with suspected stroke assessed face-to-face who received an appropriate care bundle from the trust during the reporting period | This element is relevant for Acute Trusts only. |
| **17.** | The percentage of admissions to acute wards for which the Crisis Resolution Home Team acted as a gatekeeper during the reporting period | This element is not a service we are commissioned to provide. |

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| **18.** | The trust's patient reported outcome measures for<br>(i) groin hernia surgery<br>(ii) varicose vein surgery<br>(iii) hip replacement surgery, and<br>(iv) knee replacement surgery<br><br>During the reporting period | This element is relevant for Acute Trusts only. |
| **19.** | The percentage of patients aged -<br>(i) 0-15 and<br>(ii) 16 or over,<br>readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust, during the reporting period | This element is relevant for Acute Trusts only. |
| **20.** | The trust's responsiveness to the personal needs of its patients during the reporting period | This element is relevant for Acute Trusts only. |
| **21.** | The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends | 84% |

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| **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)<br><br>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. | 98.08% |
| **22.** | The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period. | This element is relevant and refers to Mental Health Trusts only |
| **23.** | The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period. | 100% |

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| **24.** | The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period. | This element is relevant for Acute Trusts only. |
| **25.** | The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. | 4 reported patient safety incidents, 2 as severe harm |

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

# Comments from commissioner

NHS
Kent and Medway

**Private and confidential**

Nursing & Quality Directorate
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WA7 4QX

Sent via email

21st June 2024

**Kent and Medway Integrated Care Board - HCRG Care Group Quality Account Comments 2024/2025**

Dear Pat,

We welcome the Quality Account for HCRG Care Group. Kent and Medway Integrated Care Board (ICB) confirm that this Quality Account has been produced in line with the National requirements and includes the required areas for reporting.

The Annual Account demonstrates an overview of quality of care in your focus areas, looking at improving the safety and effectiveness of your services, as well as improving patient experience. The report has a clear flow, that would be easy to follow for members of the public, who may have an interest in reading this report.

There is an overview of the work that you have undertaken this year, with a focus on quality, and it has been clearly articulated what this means to patients and staff. We are pleased to understand that the Tea with Matrons sessions, support patients, families and carers to discuss elements of inpatient care. Initiatives such as these, enable complaints to be dealt with more promptly and it is recognised that the number of complaints received this year by HCRG (North Kent) has decreased.

We particularly note the work that you have done to support flow in/out of primary and secondary care, including the launch of the Community Transfer of Care Hub and the development of Community Virtual Wards, in addition to the Community Neurological Rehabilitation Service, and the Urgent Care Response Falls Service, which supports the local ambulance service.

You have set quality priorities for the coming year, aligned to the aims of the organisation's national priorities. We note your efforts on engagement with stakeholders, including staff and people who use your services, in discussing and agreeing these priorities for the coming year. We invite you to highlight progress with your quality priorities in the Provider Quality Meetings for 24/25.

We appreciate the focus on patient engagement and look forward to seeing the quality improvement plans that result from the 'You Said, We Did' initiative, in addition to the work planned to support the reduction of health inequalities, particularly in relation to collaboration with partner organisations, including the voluntary sector.

Since we have become an Integrated Care Board from July 2022, we look forward to continuing our strong supportive relationship for the population of Kent and Medway with the provision of high quality of care. Kent & Medway ICB thanks HCRG Care Group for the opportunity to comment on these accounts and looks forward to further strengthening the relationships with the organisation through continued collaborative working during the coming year and beyond.

Yours Sincerely

Paul Lumsdon
Chief Nursing Officer; Kent and Medway ICB.

Appendices

## 1: Glossary of terms

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| Care Quality Commission | Also known as CQC<br>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<br>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<br>A computerised way of sharing data about child protection securely between organisations. |
| Did Not Attend | Also known as DNA<br>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<br>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 |

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| 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 |