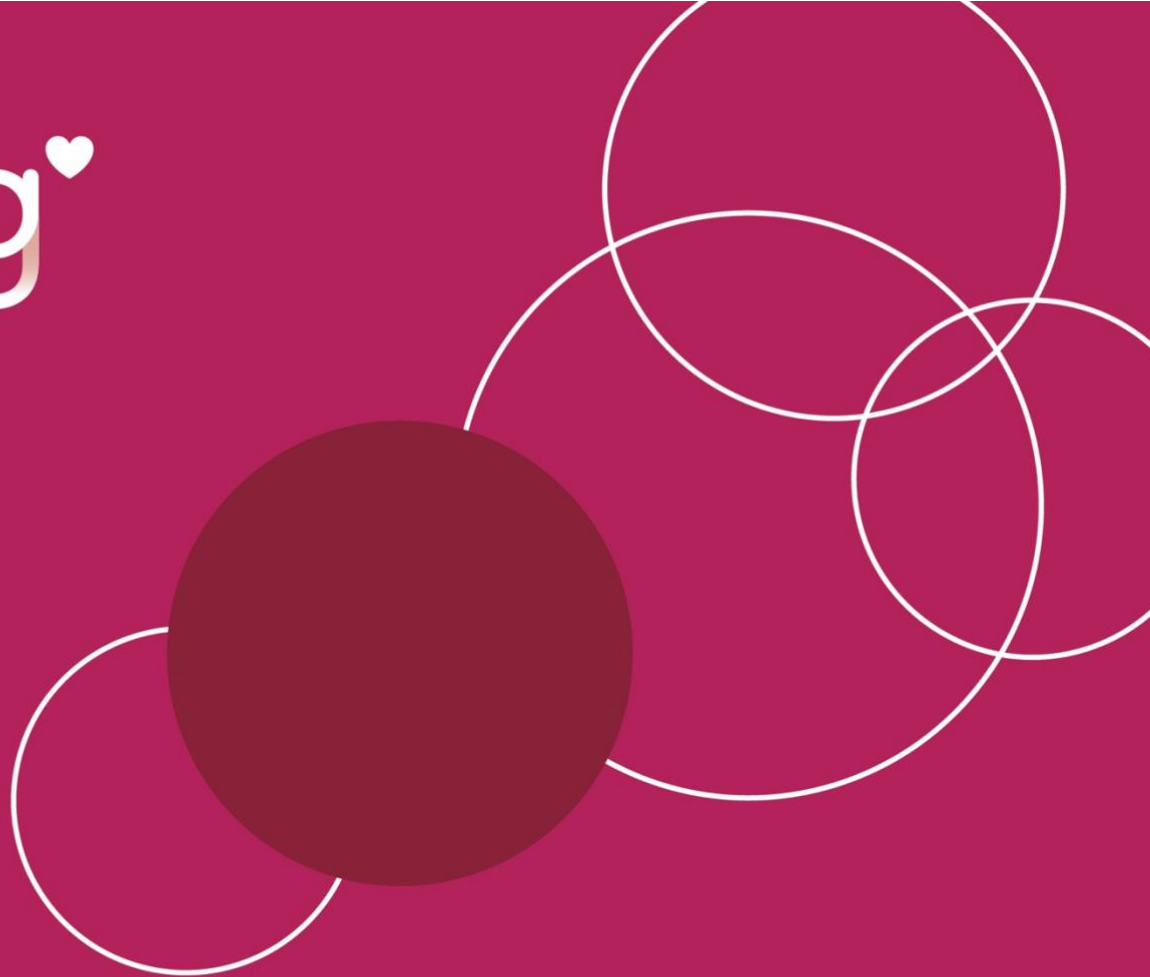




Lancashire Health Visiting and School Nursing Service Quality Account 2026-27

Services delivered in Lancashire by HCRG Care Services Limited

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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://lancschildandfamily.co.uk/contact-us/>

Regional Director's introduction

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

Lancashire 0–19 continues to enhance service quality and impact through focused work on access, performance, and workforce growth.

Reaching underserved and marginalised communities

This year has seen significant progress in engaging families who are traditionally harder to reach. The introduction of the Community Engagement Roles has been extremely positively received by external partners, who value the improved visibility, relationship-building, and targeted outreach these roles bring. Early feedback from stakeholders' highlights strengthened partnership working, increased take-up of support in communities with lower engagement, and improved access to public health interventions.

Exceptional performance against national KPIs

Lancs 0–19 continues to deliver consistently strong performance across core KPIs, positioning the service among the leading performers nationally. This sustained delivery reflects our commitment to timely, safe, and effective public health support for children, young people, and families. High-quality clinical practice, robust governance, and proactive caseload management continue to drive these results.

Strong 'grow your own' workforce development

Lancashire health visiting and school nursing service has an outstanding record in developing its own people, with significant growth in our specialist workforce. Over the past year, we have:

- Substantially increased the number of SCPHN trainees, supported through enhanced supervision, dedicated practice assessors, and structured learning environments.
- Expanded access to apprenticeship pathways, enabling staff to progress from entry-level roles into clinical, public health, and leadership positions.
- Strengthened induction, preceptorship, and career development support, contributing to improved retention and a stable, skilled workforce.

These achievements demonstrate our commitment to developing talent, expanding the SCPHN pipeline, and securing a sustainable workforce model for the future.

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



A handwritten signature in black ink, appearing to read 'Rob Flack', with a horizontal line underneath.

Rob Flack
Regional Director – Lancashire
HCRG Care Services Limited

Part Two

About HCRG Care Group

We change lives by transforming health and care.

We're the UK's largest specialist community services provider. Since 2006 we've been changing lives through health and care transformation – a transformation that we deliver quickly and at scale.

We act as a system leader on behalf of local authorities, ICBs and NHS England, co-designing and co-delivering care pathways with local partners.

The result is an innovative health system that is driving prevention, improving productivity and reducing cost.

Our colleague survey results

We are committed to understanding the experiences of our colleagues and ensuring that feedback directly informs improvement. In 2025, we strengthened our approach to colleague engagement by transitioning to an annual externally delivered survey model through Best Companies. This marks the first year of using this enhanced methodology and establishes a clear baseline for future comparison.

The b-Heard survey is based on a robust and validated framework that assesses the eight key factors that contribute to a high-performing workplace:

- My Team
- Leadership
- My manager
- Personal Growth
- My Company
- Wellbeing
- Fair Deal
- Giving Something Back

This approach provides deeper, more structured insight and enables benchmarking against comparable organisations across the health and care sector.

In July 2025, 48% of colleagues across England participated in the survey. The results provide a valuable baseline measure of colleague engagement under the new methodology and highlight areas of strength as well as opportunities for improvement.

Early analysis indicates a strong relationship between organisational pride and colleague advocacy. The statement “I love working for this organisation” demonstrated a strong positive correlation ($r=0.761$) with colleagues’ likelihood to recommend the organisation as a place to work. This suggests that organisational pride is a key driver of advocacy and will remain an important focus area as we embed and build on this survey model.

In addition to the annual survey, we run a supplementary pulse survey incorporating the NHS People Pulse questions. This ensures alignment with national workforce measures and allows for wider benchmarking.

Action plans are being developed at organisational and local levels in response to the findings. As we move into subsequent survey cycles, we will be able to track trends over time and evaluate the impact of improvement actions more fully.

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 for our colleagues. 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 about risk, malpractice, wrongdoing, bribery, fraud or sexual harassment/inappropriate behaviour that they think is causing harm can be raised under the FTSU Policy.

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.
- through our anonymous online reporting system SpeakInConfidence;
- with one of three nominated members of the executive team outlined within the policy
- 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, whilst our local teams work as part of multi-agency partnerships in their areas to support and influence safeguarding at strategic and operational levels.
- 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, three-four month assessment, six month assessment, under one year, two and a half year checks and a three and a half year school readiness assessment. 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 Enhanced Health Visiting programme is an in-house structured program of home visiting for families. The enhanced health 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

The Duty Team, for both health visiting and school nursing, is a service that runs Monday to Friday, 9am-5pm, whereby parents/guardians/young people and professionals 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 works within the Lancashire Children's Community Services, to provide school age children/young people and their families with a service that promotes the physical, mental and emotional health of school age children/young people and provides support for families/carers by partnership working in a community setting. The school nurse offer:

- 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 discussion
- 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 and primary 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.

The school nursing team work closely with our partners Child Action North West that we sub-contract to offer low level emotional support to our school aged children. Their mission is to support school aged children that we refer into them in Lancashire, ensuring that when life presents difficult circumstances they are there every step of the way to make sure they get the support they need.

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, 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 National Childbirth Trust (local breastfeeding support). The team comprises of three lactation consultants 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 to undertake parent-infant interaction observation scale video interaction (PIIOS) and Mellow Bumps training. Training is also provided for the Leeds Early Observational Assessment Tool, also known as the Leeds Early Attachment Observation (LEAO), which is designed to support the early identification of attachment difficulties between caregivers and infants.
- 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.

Engagement Leads

- The community engagement lead work closely with both clinical, community and voluntary organisations to improve access to health and wellbeing services and to improve health outcomes

for these communities, by addressing health inequalities, providing advocacy, and improving access to health and other services, within the area of Lancashire.

- The role focuses on reducing inequalities to health access by building relationships with the local community and partners and developing links with local groups and services. This role will also include system wide collaboration across the Integrated Care System (ICS) with a range of partners who also work with these groups, as well as engaging new partners who are also attempting to achieve engagement with marginalised groups, such as Mental Health or Sexual Health outreach services.
- The community engagement lead propose and develop strategies to engage with local people and support the 0-19 service by adapting practice through collaborative working. A range of skills including use of visual, media and digital tools will be required to promote engagement with diverse communities who experience multiple barriers to mainstream services.
- They undertake duties as allocated by the clinical teams in the 0-19 service.
- They build and develop good working relationships with the appropriate 0-19 teams in the locality of Lancashire that they work, as well as the wider multi-disciplinary teams and professional partners.
- They contact children and young people and their families in a variety of community settings e.g., schools, home, Women's Aid Refuges, hostels, hotels, family centres, youth clubs and on Traveller sites in the specified locality.
- They build relationships and trust with marginalised and excluded homeless/Gypsy Roma Traveller/asylum/refugee communities by regular visits to designated sites to support the offer of health promotion, advice and public health signposting by informing the 0-19 teams of their needs.
- They liaise between clients, the 0-19 teams and referral agencies such as facilitating GP registrations, arranging appointments, and providing accessible information about attending these appointments for clients who may struggle with literacy and/or language barriers. This may include contacting families to remind them of upcoming appointments.
- They take appropriate action in cases of suspected or actual child abuse, working within Lancashire's safeguarding children's code of practice and procedures under the direction of the 0-19 clinical staff.
- They assist in annual research and service audits to evidence the impact of engagement work.
- They support the clinical team lead and clinical service manager with the development of relationships with a range of internal and external stakeholders and partners to include statutory, health and third sector, by providing project and presentation support at meetings, public health events and community sessions in a variety of settings.

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. They have 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://lancsyounpeoplefamilyservice.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.

Special Educational Needs and Disabilities (SEND) and Early Help Assessment (EHA) Leads

Supports and promotes the Special Educational Needs and Disabilities (SEND) Agenda and the Early Help Assessment (EHA) process within the Lancashire 0-19 working in partnership with the local authority, partner agencies and primary care teams.

The purpose is to identify and prioritise the health and care needs of children, young people and their families, working in collaboration with people throughout the care planning process. To support services in Lancashire's 0-19 (25) service to ensure that the needs of children and young people with additional needs that meet the thresholds for EHA or SEND and Educational Health Care Plan's (EHCP's) are met.

- Acts as a single point of contact at a local level and provide support for the SEND process for 0-19 (25) healthy child service
- Contributes to the development of best practice and facilitate shared learning to develop services and initiatives.
- Develops effective links with key people in delivering services to enable people to improve their own health.
- Supports and contributes to the development of pathways and process that support children through the SEND process
- Co-ordinates the assessment and support of children during the SEND process, ensuring that they are progressed through the pathway, depending on outcomes of assessments within the 0-19 (25) healthy child service and with partner agencies.

- Provides support and advice to practitioners and managers on the EHA and Lead Professional (LP) process
- Contributes to the preparation and planning for SEND inspection.

Priorities in 2025-26

The priorities in 2025-26 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 maintained Gold level of accreditation from the BFI.

- We continued 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 continued 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 have ensured 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 continued to ensure our workforce is compliant with BFI education and training, supported by our equitable team of lactation consultants that we have increased again within 2025-26.

We have continued to work with Anya, an infant feeding support app, to provide additional, free support and antenatal engagement to help families access care and improve breastfeeding continuation rates. This collaborative approach meets Baby Friendly Initiative standards and helps our health professionals to support mothers with feeding and parents build a close and loving relationship with their baby. Top questions asked by parents on the Anya app included user requested a specialist, newborn care and feeding, baby is refusing to feed, breastfed babies and trapped gas, my baby is unsettled and mastitis.

Katie Wharton, HCRG Care Group Lancashire's Infant Feeding Lead, said: *"Anya by LatchAid" offers our teams, parents and families a safe place to get evidence-based information in a way that's accessible, inclusive and available, 24/7. We're seeing increased referrals into our service via the collaborative package we provide with Anya.*

We have continued to deliver an intensive health visiting programme that has supported families in the transition to parenthood and until their child is two years old and have launched an inhouse version of this in October 2025 in line with our new contract.

As part of our digital transformation, we have created an inclusive and accessible 'front door' to our services, offering children, young people, and families a variety of ways to engage, ensuring equity and choice. This has been achieved by introducing our new Lancs Child and Family App



Using robust data capture, we have tracked how self-serve options are used, enabling us to refine and tailor resources to local needs.

Our Lancashire Child and Family app that launched on 1st October 2025 and has shown at the end of October there had been 9859 visits to the site and 448 registrations. At the end of the first three months, there were 1496 registrations with the most viewed pages as child development, meet the service and child health clinics. In early December 2025, we established that there was an additional piece of technology that could be purchased to make the app more accessible. This technology allows the user to customise the colours and fonts. It allows the text to be spoken out loud for those that have any visual impairments etc. We are hoping to implement this within the next quarter and this continual improvement will remain a priority into 2026-27.

Priority 2

Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business

As a learning organisation, we are committed to continuous improvement. Patient safety is fundamental to the provision of high-quality services and with this in mind we have prioritised a review of our Patient Safety Incident Response Plan following 18 months of the previous plan being followed. We are currently reviewing our priorities considering learning responses from the previous 12 months.

To maintain oversight of learning responses conducted under this plan we have continued our Patient Safety Incident Response Framework (PSIRF) oversight meetings both nationally and locally.

Locally this oversight meeting is and will continue to be preceded by scoping 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 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 have continued to develop the service in 2025- 26 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.

Priority 3

Continue to be recognised as an outstanding employer

Recognising colleagues through our Difference Awards

Each year HCRG Care Group holds its annual Difference Awards event, specially crafted to acknowledge and celebrate the remarkable contributions of colleagues who consistently demonstrate extraordinary dedication and commitment to their roles. The scheme reflects the benefits of working for a national organisation that empowers colleague to change lives by transforming health and care. The annual occasion serves as an opportunity for our whole team from Board to floor to celebrate those exceptional individuals and teams who truly go above and beyond, showing the embodiment of our organisational core values: CARE, THINK, DO.

We have continued to provide high-quality training and education. Lancashire Health Visiting and School Nursing Service has continued to support and develop colleagues through participation in apprenticeship schemes, higher education opportunities and assistant practitioner training. We have had colleagues that have undertaken the Assistant Practitioner Apprenticeship, the four-year Registered Nurse Degree Apprenticeship that has supported the 'grow your own' culture and supports the NHS 10-year plan, 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 have continued to support colleagues with external continuing professional development (CPD) utilising the training needs analysis to ensure equity across the service and disciplines.

As an organisation we procured a data and insights for business decision apprenticeship programme. This had equipped individuals outside of the analytics team to make data driven decisions as part of a strategy and ultimately improve patient care and outcomes. We supported 4 colleagues on the first cohort and will continue to support more as a priority as further cohorts become available.

We strive to achieve a 90% appraisal target year on year, and this will remain a priority in 2026/27 which supports the valuable conversations between colleagues and their line manager.

Priority 4

Delivering quality health and social care as efficiently as possible

In October 2025 we commenced a new contract with Lancashire County Council and are delivering the service against a new specification which gave us great opportunity to refresh the service and improve efficiency. The transformation aligned with this new contract continues to be a priority in 2026-27.

We have worked actively with commissioning local authorities to develop a focus on local needs rather than applying a one-size-fits all approach, with the aim of improving future health for children and young people 0-19 (up to 25 for those with learning disabilities). With experience working in the NHS, with local authorities and with the third sector, we can take a leading role in your system, bringing together these partners to empower families and ensure young people have the best life chances.

Health visitor duty

We have conducted a review of our Health Visitor Duty Team. It had become apparent that each locality had different processes in place, different ways of using duty and different levels of skill mix. Some elements of duty have, however, been working extremely well so it was agreed that a review of current ways of working needed to be undertaken with a view to determining whether one duty team covering the whole service would be beneficial to ensure consistency, have the right skill mix and benefit both colleagues and parents/families. This review has concluded so that there is equitable service across the whole of Lancashire. This however will remain under review and a priority for 2026-27.

School nurse duty

Similarly to health visitor duty, it was identified that a review of current processes was required to determine the feasibility of implementing a dedicated school nursing duty team in each locality. This review was completed but due to an increase in work coming into the team there is further work to do around information received into the service and this piece of work is ongoing into 2026-27.

Engagement events across all three localities and disciplines we have delivered these events quarterly. We have moved to the new specification and these events now renamed as Leadership Events will continue as a quarterly occurrence in each of the three localities. The first cohort of engagement events were undertaken in December 2025, in each locality. These events were used as an opportunity to update/inform colleagues on progress made since the commencement of the new service specification and included presentations from Child Action North West (CANW), SEND co-coordinators, community engagement leads, project

and change lead, EPRR lead and LCC commissioners. Prior to the events, QR codes were set up to enable colleagues to ask anonymous questions and these were themed and answered at the end of the sessions.

Our School Nurse Clinical Project Lead commenced work with the service and commissioners to complete a review of the School Health Needs Assessment (SHNA) via the SHNA Operational Group linking into the digital strategy. We are well on our way to moving the SHNA onto a designated digital platform and this work will continue as a priority to be available for the new school year in September 2026.

In 2024-25 in collaboration with Children and Family Wellbeing (CFW) services and Lancashire Speech and Language Therapy (SLT) providers, we established a one-stop clinic after a successful pilot in East Lancashire. These clinics offer families access to HV clinics, Chat Play Read groups, and SLT services in a single visit, improving access and reducing waiting times. Local service managers worked closely with CFW colleagues to ensure this streamlined approach benefits families across the county. This has been rolled out across all three localities in Lancashire as a priority and will continue to be delivered in 2026-27.

We have continued to support with our partner agencies the Crucial Crew events. This annual safety initiative, held in conjunction with partner agencies engages Year 6 students in vital life skills such as road and fire safety, CPR, healthy relationships, and drug and alcohol awareness.

We have continued 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.

Priorities in 2026-27

How we identified our priorities for 2026-27

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.

Priority 1

Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting, and exceeding relevant standards and regulatory requirements

We will maintain Gold Level accreditation from the Baby Friendly Initiative (BFI) and continue to embed a whole-system, evidence-based approach across Lancashire.

- We will continue to strengthen the Baby Friendly Together model, ensuring alignment across acute, community, and local authority services. This remains a core part of our sustainability plan and supports our ability to respond swiftly to the changing needs of our communities.
- We will continue to demonstrate meaningful improvements in strengthening the breastfeeding culture across Lancashire. Outstanding feedback from our satisfaction and kindness culture surveys reflects the high standard of care offered to families.
- We will maintain robust data collection, with continued increases in the number of babies receiving breast milk. We remain committed to increasing breastfeeding initiation and continuation rates year on year, in line with local and national public health priorities, using the BFI's evidence-based programme.
- Our workforce will remain fully compliant with all BFI education and training requirements, supported by our Infant Feeding Team and Infant Feeding Champions working across all teams and services. The Infant Feeding Team are also working towards widening access to infant feeding specialist support through the recruitment of a Band 4 Infant Feeding Support colleague.

We will continue to work closely with both community and acute partners to ensure equitable access to high-quality feeding support across Lancashire. This includes the delivery of our new service, as well as our ongoing collaboration with the Anya digital support offer to enhance accessibility and continuity of care for families.

We are embedding the 'Voice of the Child' principle further into every aspect of service delivery, ensuring that children and young people's perspectives shape meaningful improvements and drive transformational change. Following Lancashire County Council's (LCC) lead, HCRG Care Group are implementing the Lundy model to enhance the child voice in our services and ensuring that the voice of the child is always heard from service development to the care they receive.

From the 1st of October 2025 we commenced our in house enhanced health visiting programme. The enhanced health visiting, or EHV for short, is a programme within HCRG Care Group for vulnerable families. The criterion for eligibility includes:

Teenagers who are unsupported/isolated

Previously or currently children in care or care leaver

Domestic abuse (police reports or reported)

Family previously involved in child protection

Re-settlers/forced migrants

Sudden or unexpected death of an infant

Parental mental health concern

Parental drug abuse

Parental alcohol misuse

Professional opinion.

The offer consists of up to 15 contacts for identified vulnerable families and include the mandated contacts.

Social Value

Grants funding

Work has commenced on our Lancashire Changing Lives grants programme. A committee has formed to approve any bid submissions that we receive. Organisations apply for up to £3000 funding for family-friendly initiatives delivered by registered charities and voluntary organisations. Our Community Engagement Leads are leading this project and we will monitor progress and receive reports of the outcomes for the children, young people and families that these innovations have supported. This will continue to be a priority and will be supported through this year 2026-27.

Promoting Environmental Sustainability

HCRG Care Group are committed to environmental sustainability, targeting a 20% reduction in air pollution per employee by 2025 and achieving net zero emissions by 2050. Guided by the NHS Net zero Carbon Report, we align our operations with NHS and Council goals. Key actions include transitioning to ultra-low-emission vehicles, promoting sustainable travel, recycling (e.g., removing all non-clinical disposable plastic), and using local supply chains to reduce carbon emissions. Supplier sustainability assessment programme ensures we prioritise environmentally conscious partners.

Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business

Lancashire health visiting and school nursing service will continue to strengthen safeguarding and quality assurance by embedding consistent, evidence-based governance processes across all elements of the service. A key priority this year is the continued implementation and maturation of the Patient Safety Incident Response Framework (PSIRF) to ensure a learning-focused, systems-based approach to patient safety. This includes improving staff confidence in incident identification, response planning, thematic learning, and the application of proportionate investigation methods.

We will continue to complete out 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 have moved the ISR platform onto Datix which will also allow us greater scope to triangulate data at source to inform action plans and service improvement requirements that are highlighted from this continual assessment for 2026-27.

We will enhance safeguarding practice by ensuring all colleagues have access to up-to-date training, reflective supervision, and learning from incidents, audits, and case reviews. Alongside this, we will develop improved mechanisms for capturing the voice of children, young people, and families within governance activity, ensuring that lived experience directly informs service improvement.

Through these actions, our aim is to create a consistently safe, well-governed, and high-quality service that supports staff, protects children and families, and contributes to a culture of continuous improvement across the wider organisation.

Priority 3

Continue to be recognised as an outstanding employer

Lancashire health visiting and school nursing service will continue to cultivate a positive, inclusive, and supportive working environment where colleagues feel valued, empowered, and able to deliver high-quality services. Our priority this year is to strengthen our position as an outstanding employer by enhancing staff wellbeing, improving access to development opportunities, and maintaining a culture where learning and professional curiosity are encouraged.

We will embed clear and consistent supervision frameworks, provide high-quality leadership development pathways, and continue to expand opportunities for training linked to PSIRF, safeguarding, and clinical excellence. We are committed to listening to staff feedback through regular engagement, surveys, and reflective forums, ensuring actions are taken to address concerns and celebrate success.

We will strengthen partnerships with local education providers to increase student placements, offer high-quality learning environments, and promote

our service as a long-term career destination. Apprenticeship pathways, pre-registration training, and internal development programmes will continue to be a key focus, ensuring that colleagues can gain qualifications while being supported in practice.

A focus on recruitment, retention, and equitable career progression will support a stable and skilled workforce across the service. By supporting resilience, and championing diversity and inclusion, we aim to create a workplace where all colleagues thrive.

Priority 4

Delivering quality health and social care as efficiently as possible

Lancashire health visiting and school nursing service is committed to delivering safe, effective, and compassionate care in the most efficient and sustainable way. Our priority this year is to strengthen our use of data, digital systems, and evidence-based practice to ensure that resources are used wisely and that children, young people, and families receive timely and high-quality support.

As part of our new contract and one of our bid promises we commenced a partnership with Child Action North West (CANW) with six Child and Young People Wellbeing Practitioners (CYWPs) transferring to continue to do the vital work with vulnerable children and young people with a variety of lower level wellbeing support. This partnership working ensures seamless care and referral pathways for our school nursing service into CANW to enable timely support for these children and young people.

We will continue to streamline pathways, reduce unwarranted variation, and enhance productivity through standardised documentation, improved scheduling processes, and consistent application of clinical and safeguarding standards. By embedding learning from PSIRF, audits, and service reviews, we will ensure that improvements are targeted, measurable, and focused on achieving the greatest impact.

A key focus will be on early intervention and prevention, ensuring that our workforce is equipped to provide the right support at the right time, reducing demand on more intensive services. We will also strengthen multi-agency working to avoid duplication, improve communication, and provide more coordinated support for families.

As part of our continual cycle of improvement we have looked at our clinical system to review how we utilise the tools and implement changes that will improve efficiency, patient safety and outcomes. We are planning on scoping using different functions within the clinical system to enable us to audit communication pathways regarding service user care. We are also planning on upgrading an aspect of the clinical system that will allow automated linking of familial records and uploading of information to these linked records as one task.

Our digital transformation will remain a high priority for us this year with the highest priority currently being around the implementation of a digital

solution for delivery of the School Health Needs Assessment (SHNA) and National Child Measurement Programme (NCMP). Our current process is very labour intensive and children and young people have also fed back to the service that the questionnaires are too long. We have listened to the feedback and are currently working on the digital solution that we plan to roll out for the new school year in September 2026.

Audits we've taken part in

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

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

Evaluating speech, communication, and language support at the 2–2½ year Healthy Child review (ESCALATER)

Publications

The Use of Telehealth During the COVID Pandemic Within Health Visiting Services. This 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.

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

This is not applicable for our service.

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 for our service.

NHS staff survey key results

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)	0%
KF21 (Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)	84%

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 2025-26, 147 people rated our services in Lancashire and 83.7 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	
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.	349 Datix incidents. 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 2024/25 Lancashire Health Visiting and School Nursing Service we have no CQUIN's to report.

Comments from commissioner

Lancashire County Council commission HCRG to deliver the 0-19 (or up to 25 for those with SEND) Public Health School Nursing contract. Since October 2025, this has involved delivering against a revised service specification, which includes several changes that HCRG are working hard to implement. We appreciate their ongoing commitment to adapting and meeting these new requirements.

Our relationship with HCRG continues to evolve in a positive and professional manner. Together, we are focused on ensuring the services provided for Lancashire's babies, children, young people, and their families are safe, effective, and of the highest quality.

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