Derbyshire Healthcare NHS Foundation Trust

RXM

Community health services for children, young people and families

Quality Report

Derbyshire Healthcare NHS Foundation Trust
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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXM14	Ashbourne House Trust HQ	Community health services for children, young people and families	DE22 3LZ

This report describes our judgement of the quality of care provided within this core service by Derbyshire Healthcare NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Derbyshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Derbyshire Healthcare NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service	Requires improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

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Summary of findings

Background to the service

The Derbyshire Healthcare NHS Foundation Trust provides a range of community health services for

children, young people and their families. This includes health visiting, school nursing, learning disabilities team, looked after children, vulnerable children, community paediatricians, continence nurses, physiotherapy and occupational therapy.

The population served has a large number of families from ethnic minority groups. The health and wellbeing of children in Derbyshire is mixed compared with the England average. The infant and child mortality rate is worse than the England average.

The level of child poverty is worse than the England average with 21% of children under 16 years living in poverty. The rate of family homelessness is worse than the England average. Children in Derby have worse than average levels of obesity, nine per cent of children aged four to five years and 21% of children aged 10 to 11 years are classified as obese.

The service has relationships with a number of partner agencies, including other acute and specialist acute hospitals, general practices, local authorities, schools, clinical commissioning groups, the local authority, and voluntary groups.

Services are provided in health centres, Sure Start centres, schools, community buildings and in family homes.

During our inspection, we looked at three sets of records, talked with 10 members of staff individually. We visited a special needs school, a child health clinic, a paediatric occupational review clinic and a health centre.

Our inspection team

Our inspection team included two CQC inspectors and a CQC children's services safeguarding inspector. The team was led by Fiona Collier, Inspector.

Why we carried out this inspection

We undertook this inspection to find out whether Derbyshire Healthcare NHS Foundation Trust had made improvements to the safe domain of their community health services for children, young people and families since our last comprehensive inspection of the trust on 6 – 10 June 2016.

When we last inspected the trust in June 2016, we rated the safe domain of community health services for children, young people and families as 'requires improvement'. Following the inspection, we told the trust it must take the following actions to improve community health services for children, young people and families:

- The registered provider must ensure that clinical staff who have direct contact with children and young people have completed level three safeguarding training as identified through the Safeguarding Children and Young people: roles and competences for health care staff intercollegiate document (March 2014, v3).
- Staff who have contact with children must receive safeguarding supervision.
- The registered provider must ensure that staff are suitably trained to have the skills and knowledge to identify and report suspected abuse.

We also told the trust it should take the following actions to improve:

- The trust should ensure that the transcription of medicines is in accordance with trust policy.

Summary of findings

- The trust should ensure that enteral feeds are administered in accordance with best practice medicines management procedures.
- The trust should ensure that infection prevention and control policies are adhered to with regard to robust system to establish equipment and toys have been cleaned.
- The trust should ensure all staff perform best practice hand cleansing techniques.

We issued the trust with a warning notice in relation to community health services for children, young people and families. This related to:

Regulation 13 HSCA (RA) Regulations 2014 safeguarding service users from abuse and improper treatment.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the most recent inspection, we reviewed information that we held about safety within community health services for children, young people and families. During this inspection, we focused on those issues that had caused us to rate the service as requires improvement for the safe domain and to establish whether the trust had addressed the concerns within the warning notice.

This inspection was announced at short notice. This was required because we needed to be certain that community services for children, young people and families were running on the day of our inspection. We undertook our announced visit on 19 January 2016. During the inspection visit, the inspection team:

- Visited four different clinics where services were scheduled for children, young people and families.
- Looked at the environment where care and treatment was being provided.
- Spoke with 10 members of staff, including a child and young person's health worker (formerly known as a community nursery nurse), health visitor, nursing staff, managers and allied health professionals.
- Interviewed the trust's safeguarding lead.
- Looked at three sets of patient care records.
- Looked at a range of policies, procedures and other documents related to the running of the service.
- Undertook a specific check of the medication management arrangements at one of the locations where care was provided on school premises.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The provider should liaise with the neighbouring acute trust to ensure handwashing facilities are adequate within the physiotherapist's clinical room.
- The provider should continue to recruit staff to ensure vacancies within all teams are filled.

Derbyshire Healthcare NHS Foundation Trust

Community health services for children, young people and families

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as good because:

- There was a good incident reporting culture and staff received feedback from incidents they had reported.
- Without exception, all staff we spoke with had a good understanding about duty of candour. Staff talked of being open and honest when things went wrong.
- Arrangements were in place to ensure staff knew how to safeguard children from abuse.
- All staff we spoke with told us they had received level three training in the safeguarding of children. Information provided by the trust demonstrated that 91.2% of staff employed in the children and young people's service had received level three children's safeguarding training against the trust's target of 85% as of January 2017.
- All staff we spoke with told us they had received regular safeguarding supervision, in line with the trust's supervision policy and procedure. Information provided by the trust indicated that 83.3% of staff employed in the children's and young people's service had received safeguarding supervision against the trust's target of 85%. This was almost reaching the trust's target and we were assured the trust would exceed this target by March 2017.
- Since our last inspection in June 2016, the trust had taken steps to update its medicines code and medicines management in special schools policy.
- The trust had taken steps to ensure medication administration charts were designed to enable medications to be transcribed onto them.
- Staff followed the trust's medication policy when administering medication and enteral feed.

Good

Are services safe?

- Record keeping was good and documentation was in line with professional standards.
- The cleaning of toys in clinics was taking place and was documented.

However, we also found:

- Although staff adhered to good hand hygiene practices within the clinics we visited, we noted there were no facilities for staff to wash their hands in the physiotherapist's clinical room where clinics were held at a neighbouring acute trust.
- Caseloads were high in some teams due to staff shortages.

Safety performance

- There was no safety dashboard related to community health services for children, young people and families. The trust did however collect data relating to avoidable harm such as pressure ulcer incidents, medication incidents and infection control incidents. This gave the trust an overview of safety performance within the service.
- Between January 2016 and January 2017, there had been no pressure ulcers reported within the service. For the same reporting period, there had been four infection control incidents and there had been 30 medication related incidents.

Incident reporting, learning and improvement

- The provider had an incident reporting policy in place, which provided guidance for staff on when and how to report incidents.
- There was a good incident reporting culture. Incidents were reported through an electronic reporting system. All staff we spoke with were familiar with the process for reporting incidents, near misses and accidents using the electronic reporting system. In addition, all staff we spoke with understood their responsibilities around the reporting of incidents, near misses and accidents.
- There were no never events in this service between June 2016 and January 2017. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers, which are available at a national level and should have been implemented by all healthcare providers. Although a never event incident has the potential to cause serious patient harm or death, harm is not required to have occurred for an incident to be categorised as a never event.
- he children, young people and families' service had reported 129 incidents since our last inspection in June 2016 up to January 2017.Two of these reported incidents (1.6%) had been classified as serious incidents, whilst 18 (14.0%) had been classified as moderate, 82 (63.6%) had been classified as minor and 27 (20.9%) as insignificant.
- Action plans and learning were generated from incident investigations with a named individual for each action. The trust used 'incident handlers' who had an overview of incident investigations and actions. The incident handler chased actions and ensured action plans were completed.
- We looked at an initial management review following one of the incidents; the review was appropriate for the type of incident and set details of the incident along with immediate actions taken and risk assessment. Another incident was being investigated at the time of our inspection, and the investigation report was still being completed.
- All staff we spoke with told us they received feedback from incidents they reported.
- Staff were able to give examples where learning had taken place as a result of incidents they had reported. For example, one member of staff told us about changes that had been made to ensure tubes used to administer enteral feed to children and young people at a special school could not get mixed up.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Without exception, all staff we spoke with had a good understanding about duty of candour. Staff talked of

being open and honest when things went wrong. Staff were able to give examples of where duty of candour may be applied and some staff told us they had received training on the duty of candour.

- Staff told us they had received some training in relation to duty of candour. Information provided by the trust demonstrated bite sized training had been rolled out to some of the staff, with a plan to ensure all staff in the service received this training.
- The trust's family liaison team and duty of candour team reviewed all reported incidents to assess the need to activate duty of candour processes. At the time of our inspection, there had been no incidents requiring the trust to follow the duty of candour process.

Safeguarding

- When we inspected the trust in June 2016, we issued the trust with a warning notice in relation to community health services for children, young people and families. We served the warning notice because we were concerned that insufficient numbers of clinical staff who had direct contact with children and young people had completed level three safeguarding training as identified through the Safeguarding Children and Young people: roles and competences for health care staff intercollegiate document (March 2014, v3). In addition, there was no evidence to suggest these staff were receiving safeguarding supervision.
- When we inspected this service in January 2017, we found improvements had been made within the service. Arrangements were in place to ensure staff knew how to safeguard children from abuse. Up-to-date safeguarding policies were available for staff to access on the trust's intranet. In addition, the trust also had an up-to-date supervision policy. Following our inspection in June 2016, this policy had been reviewed and updated.
- There was a safeguarding lead within the trust and staff were able to tell us who this person was. All staff we spoke with told us the safeguarding team were responsive and accessible.
- Without exception, all staff we spoke with had an understanding of how to protect patients from avoidable harm. We spoke with staff who could describe what safeguarding was and the process for referring concerns. Staff were able to give examples of where they would raise safeguarding concerns and were able to tell us about concerns they had raised in the past.
- All staff we spoke with told us they had received level three training in the safeguarding of children. Level three safeguarding training is the level of training required by clinical staff who work with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of children or young people. Information provided by the trust demonstrated that 91.2% of staff employed in the children and young people's service had received level three children's safeguarding training against the trust's target of 85% as of January 2017.
- All staff we spoke with told us they had received regular safeguarding supervision, in line with the trust's supervision policy and procedure. This took place either on a one to one basis or in a group situation as appropriate. Information provided by the trust indicated that 83.3% of staff employed in the children's and young people's service had received safeguarding supervision against the trust's target of 85%. This was measured against staff attending a minimum of three supervision sessions over 12 months. Following our last inspection in June 2016, the trust's action plan indicated the trust would achieve a target of 85% compliance by 31 January 2017. The trust was on track to achieve this.
- In June 2016, the service had introduced new training for staff to reduce safeguarding incidents 'Think Family' principles. 'Think Family' encouraged staff to look at the wider family in everything they do, and co-ordinate the support they receive across all services. At the time of our inspection in January 2017, 94% of staff had undertaken this training.
- Since our inspection in June 2016, we saw the service had taken steps to strengthen the recording and monitoring of safeguarding children training. Regular compliance reports were produced for each service area and managers were required to address any non-compliance with individual staff members. Overall monitoring of compliance was reported to and

discussed at the monthly Clinical Operational Leadership Team (COLT) meeting. We looked at the minutes from these meetings and saw the team were discussing and monitoring compliance.

- A community paediatrician was on call 24 hours a day to respond to any safeguarding concerns. This meant they could respond to requests for safeguarding medical examinations promptly. The safeguarding team worked closely with the local acute hospital and had access to an appropriate room to perform safeguarding medical examinations.
- A child death multidisciplinary serious case review panel reviewed all unexplained deaths of children and young people under the age of 18 years. The trust told us there had been no serious case reviews within the service since May 2016.
- Arrangements were in place to safeguard children with, or at risk of, female genital mutilation (FGM). Female genital mutilation/cutting is defined as the partial or total removal of the female external genitalia for non-medical reasons. An awareness of FGM was incorporated into the level two and level three safeguarding training.

Medicines

- Since our last inspection in June 2016, the trust had taken steps to update its medicines code and medicines management in special schools policy. This meant staff had up-to-date policies and codes relating to all aspects of handling medication. They had also taken steps to ensure a pharmacist had oversight of medication safety and worked across the special schools and respite service. The Pharmacist role was to assist in the monitoring and auditing of medicines along with the lead clinician for complex health.
- Medicines were not stored at locations providing clinics, therapy groups or teaching programmes.
- Nursing teams based on school premises had access to a stock of medicines on site. We saw that medication was appropriately stored in locked cupboards and trolleys, and where cold storage was required; medication was kept in a locked refrigerator. The minimum and maximum temperature was being recorded on a daily basis. The records indicated the temperature was within the therapeutic range.
- At our inspection in June 2016, we had concerns relating to the transcribing of medicines (this is where a nurse copies medication information onto a medicine administration chart in order to document the administration of medication). The chart being used was also a prescription chart but did not include the signature of the prescriber. It therefore appeared that the nurse had prescribed the medication. Since our last inspection, the trust had taken steps to introduce a new chart, which was purely a medication administration chart. In addition, the chart contained a reconciliation section, which the nurse had to complete to ensure the medication being transcribed was the correct medication and the correct dosage.
- At our inspection in June 2016, we raised concerns relating to the practice we observed of staff taking more than one enteral feed (liquid nutrition that is administered through a tube, directly into a young person's stomach) to administer to different children at the same time, and were told this was a time saving practice caused by staff shortages. When we re-inspected we found that extra staff had been recruited and were told the practice of taking more than one feed at a time had been stopped. We observed a member of staff administering an enteral feed to a young person and saw the member of staff took a single feed.

Environment and equipment

- Children's and young people's clinics were provided at various locations throughout the city of Derby. Many of the locations were not owned or run by Derbyshire Healthcare NHS Foundation Trust, so the responsibility for their maintenance lay with other organisations.
- The clinics we visited were appropriate for the activities taking place with age appropriate toys and equipment available.
- Weighing scales were calibrated every six months to ensure they were providing accurate measurements. We looked at two sets of battery-operated baby weighing scales in one of the clinics we inspected and saw they were next due for recalibration in March 2017.
- Staff reported they could access equipment needed to provide care and treatment to children and young people.

Good

Are services safe?

Quality of records

- The trust used a combination of electronic records and paper based records.
- We looked at three sets of patient care records. Entries in these records were appropriate for the setting. The records were signed, dated and followed good practice guidelines on record keeping from professional bodies such as the General Medical Council and the Nursing and Midwifery Council.
- Parents attending clinic with their children used hand held child health records known as a 'red book'. We observed staff updated the red books of two children who attended a clinic. This ensured other health professionals involved in the child's care would have access to this information.
- Health visitors and staff working in the community used an electronic recording system.
- Eighty six percent of staff within the children and young people's service had undertaken information governance training against the trust's target of 85%.

Cleanliness, infection control and hygiene

- The provider had an up-to-date infection control policy, which provided guidance for staff on the prevention and control of infection.
- The locations we visited appeared visibly clean and well maintained.

  Infection prevention and control training had been completed by 93% of staff, against the trust's target of 85%.
- Signs were displayed in public areas such as clinic waiting rooms and treatment rooms emphasising the importance of good hand hygiene.
- Hand sanitising liquid was available in all clinical areas.
- We observed staff adhered to good hand hygiene practices within the clinics we visited. However, at a therapy clinic we visited which took place in a neighbouring acute trust, we noticed there was no hand washbasin in the physiotherapist's clinical room. We escalated this to the director of nursing at Derbyshire Healthcare NHS Foundation Trust who assured us they were aware of this and they would be raising it again with the acute trust. In the meanwhile, we noticed that risks had been mitigated as staff had access to hand sanitising liquid and wipes.
- In all the clinics we visited, we saw that staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. We observed staff using these where appropriate.
- We revisited the clinics where concerns had been raised in our previous inspection about whether toys were being cleaned after use. We saw that cleaning schedules were in place and had been dated and signed on a weekly basis. These recorded that toys had been checked for damage and they had been cleaned. Staff had access to clinical wipes and used them to clean toys in between each use.
- Staff were compliant with the provider's dress code, with 'arms bare below the elbow' when providing direct patient care. In the child health clinics and the special school, staff wore their own clothes and were not always bare below the elbow. However, this was appropriate for the environment.

Mandatory training

- Staff told us they were mostly up to date with their mandatory training or had dates to attend. Each staff member could access their personal record of training which included attendance and renewal dates.
- Managers monitored staff completion rates of training and used a traffic light system, which indicated if training had been completed, was due, or overdue.
- The trust had a target rate of 85% for compulsory, mandatory and non-mandatory courses. Compulsory courses included information governance, equality and diversity, moving and handling training and safeguarding level one and two (adults and children). Mandatory training included basic life support; level three children's safeguarding training, Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DoLS). Compulsory training was corporate training, and mandatory was role specific.
- At the time of our inspection, DoLS training was under review to assess and confirm the necessity for staff within children and young people's services to undertake this training. However, this was included as

part of the MCA training. At the time of our inspection, 21% of staff in children and young people's service had undertaken MCA training against the trust's target of 85%.

- Information provided by the trust indicated that 88% of staff had completed their compulsory training against the trust's target of 85%.

Assessing and responding to patient risk

- Staff we spoke with described how they would respond to identifying a child with deteriorating health. Staff holding clinics in a hospital environment had access to emergency department facilities as well as the outreach team within the hospital. Staff working in the community told us they would dial 999.
- Staff told us there were systems in place to follow-up concerns about physical health and developmental. For example, we saw an infant being assessed in one of the child health clinics had put on less weight than expected and staff were able to describe the actions that would be taken to address these concerns.
- When we inspected this service in June 2016, we found that paediatric basic life support training did not meet the trust's target of 85%, as 68% of staff had completed the course. As of January 2017, 81% of staff were up to date with their paediatric basic life support training. This was an improvement from June 2016, and was just below the trust's target of 85%. Seventy eight percent of staff were up-to-date with their adult basic life support training against the trust's target of 85%.

Staffing levels and caseload

- The service had a number of different clinical teams including; health visitors, school nurses, physiotherapists, occupational therapists, the looked after children nurses, community paediatricians, neurodevelopment team and the learning disability team.
- There were a number of vacancies throughout the service and recruitment to fill the vacancies was ongoing. Staffing was recognised as a risk throughout the service and there was an action plan to support staffing levels. This included the high caseloads held by health visitors throughout the service. Caseload numbers and staffing were discussed at the fortnightly operational management meeting. In addition, there was a rolling advertisement for health visitors and school nurses Commissioners were also kept informed of vacancies within the service. A recruitment day for the service had been planned to take place in March 2017.
- Caseloads in some teams were higher because of staff vacancies, for example, within the neuro-disabilities team there were 8.5 full time equivalent staff in post. However, the service was funded for 11 full time equivalent staff. Each full time equivalent had a caseload of 114.7 children but if the team was fully staffed this would be 88.
- Health visitor staffing was allocated on a 'deprivation score'. As at January 2017 each caseload was on average 431 families. This was higher than 352 when we inspected in June 2016. Information shared by the trust indicated that the caseload would be 320 families if the teams were fully staffed. At the time of our inspection, 3.9 full time equivalent health visitors were on maternity leave; 1.6 full time equivalent health visitors were on sick leave and 1.4 full time equivalent health visitors were taking a career break.
- The service employed 47.2 full time equivalent public health nurses (previously known as school nurses) and recruitment was ongoing to fill the other nine full time equivalent vacancies within the service.
- An additional band five staff nurse and a band three nursing assistant had been recruited to ensure a full establishment within Ivy house special school. Nursing staff at the school told us this would enable them to better meet the complex health care needs of the children and young people.
- Between February 2016 and February 2017, the child therapy and complex needs services had a turnover rate of 12%, whilst the average turnover rate within universal children and young people's services, was 14%.
- Between April 2016 and January 2017, the trust was well below their target of 5% for bank staff usage within children therapy and complex needs, children in care and universal children's services. The target for agency usage was 1.9% and the service was mostly below this target apart from October 2016 to January 2017 when agency staff usage ranged from 3.2% to 5.9%

Good

Are services safe?

Medical staffing

- When we inspected this service in June 2016, we found there was a vacancy rate of three full time equivalent community paediatricians. The service was using a locum paediatrician , who was known to the service, and was redesigning pathways and trying to work smarter to minimise the impact the shortage had on the service. Managers told us the service had been operating with vacant posts for some time. When we inspected this service in January 2017, we found there were still vacancies for three full time equivalent paediatricians within the service.
- Following our inspection, the trust had interviewed and appointed two consultants and another round of interviews was scheduled to appoint to the third post.
- Whilst the posts have been vacant, the trust had been using locum doctors and had developed job plans for each of the locum doctors. The locums were carefully selected and interviewed to ensure they had appropriate training and experience to fulfil the requirements of the role.

Managing anticipated risks

- Lone working guidance was available to those staff caring for children, young people and their families in the community. All staff we spoke with were aware of the guidance and were able to describe the measures they needed to take to maintain their own safety during home visits.
- Staff told us they followed the policy and were not concerned about remote working. Staff were not issued with lone working devices, but were issued with mobile phones, which meant staff could have contact with their office base and colleagues whilst they were working in the community. There was a code word which staff knew and could use during calls which alerted other staff that were concerned about their safety.
- Staff told us they did not undertake visits alone to families they had never met before. They also told us that initial community visits often included other members of the multidisciplinary team such as speech and language therapists (SALTs).
- Staff felt confident that effective systems were in place to reduce potential risks to staff who worked alone. These included check-in arrangements and when concerns had been identified, joint visits were arranged.

Major incident awareness and training

- The trust had a major incident and awareness policy and the staff we spoke with were aware of what would constitute a major incident.
- Staff undertook fire safety training and at the time of our inspection, 83% of staff were up-to-date with their fire safety training. This was slightly below the trust's target of 85%.

Good

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary
<Enter findings here>

Evidence based care and treatment
<Enter findings here>

Pain relief (always include for EoLC and inpatients, include for others if applicable)
<Enter findings here>

Nutrition and hydration (always include for Adults, Inpatients and EoLC, include for others is applicable)
<Enter findings here>

Technology and telemedicine (always include for Adults and CYP, include for others if applicable)
<Enter findings here>

Patient outcomes
<Enter findings here>

Competent staff
<Enter findings here>

Multi-disciplinary working and coordinated care pathways
<Enter findings here>

Referral, transfer, discharge and transition
<Enter findings here>

Access to information
<Enter findings here>

Consent, Mental Capacity act and Deprivation of Liberty Safeguards (just 'Consent' for CYP core service)
<Enter findings here>

Outstanding ☆

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary
<Enter findings here>

Compassionate care
<Enter findings here>

Understanding and involvement of patients and those close to them
<Enter findings here>

Emotional support
<Enter findings here>

Requires improvement

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary
<Enter findings here>

Planning and delivering services which meet people's needs
<Enter findings here>

Equality and diversity
<Enter findings here>

Meeting the needs of people in vulnerable circumstances
<Enter findings here>

Access to the right care at the right time
<Enter findings here>

Learning from complaints and concerns
<Enter findings here>

Requires improvement

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary
<Enter findings here>

Service vision and strategy
<Enter findings here>

Governance, risk management and quality measurement
<Enter findings here>

Leadership of this service
<Enter findings here>

Culture within this service
<Enter findings here>

Public engagement
<Enter findings here>

Staff engagement
<Enter findings here>

Innovation, improvement and sustainability
<Enter findings here>