East London NHS Foundation Trust

RWK

Community health services for children, young people and families

Quality Report

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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)
RWKW3	Children's Services	Community health services for children, young people and families	9 Alie Street, London E1 8DE

This report describes our judgement of the quality of care provided within this core service by East London 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 East London NHS Foundation Trust and these are brought together to inform our overall judgement of East London NHS Foundation Trust

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Good because:

- The children and young people services (CYP) had good processes for reporting and learning from incidents. There were robust child safeguarding systems.
- Staffing levels were good, with good recruitment and retention of staff. Caseloads were well managed.
- There were effective systems to protect staff and manage risk appropriately. There was good compliance with hygiene and infection control processes.
- CYP practitioners provided competent, thorough and evidence based care and treatment in line with national guidance. CYP services used nationally recognised outcome measures to monitor performance.
- There was effective internal and external multidisciplinary team working.
- Staff sought patients' consent to treatment and recorded this appropriately.
- Staff were supportive and caring of clients and families they worked with, and provided patient-centred support in both clinics and in homes. Clients were very happy with the care and treatment provided.
- Staff planned and delivered services in line with local needs. Service users could access a range of CYP services in a number of locations. There was good understanding of the different cultural needs and backgrounds of clients. There was good access to translation services. There was good provision of services and support for vulnerable client groups.
- Staff told us that service leaders were very supportive, accessible and approachable. Staff reflected the trust values and vision. The CYP service worked in partnership with clients and the local community to improve services and health outcomes. There was an appropriate strategy in place for the CYP service.
- There were really robust governance structures and systems in place for the review of performance and risk management information. The information supported the management of the services and was accurate and in an accessible format. Service changes and improvements took place as a result of these governance processes.
- Staff really valued working for the trust and there were different ways in which the trust engaged with staff including their participation in focus groups.
- The trust sought feedback from people using the service and engaged them in work to improve services. Changes were made as a result of this input.
- The service was constantly innovative and actively participated in quality improvement projects. For example the team supporting patients with sickle cell had initiated and hosted an annual conference for several years to share good practice.

However:

- The health centres where the CYP services held clinics were not always safe or child friendly. These environments were in the process of being upgraded.
- Staff did not always recognise the terminology of 'duty of candour' although they understood and implemented an open, honest approach which acknowledged with patients when things went wrong.
- There were insufficient arrangements for client transition from paediatrics to adult services because of uncommissioned gaps for 16-17 year olds in therapy service provision. This was an issue the trust had raised with commissioners.
- There were some instances of ineffective communication by practitioners; particularly in situations where both practitioner and client did not speak English as a first language.
- At the time of the inspection some service redesign was taking place as a result of decisions made externally to the trust and a few staff felt that the engagement and consultation linked to this could be improved.

Summary of findings

Background to the service

East London NHS Foundation Trust provides community healthcare services for children, young people and families to a diverse population of over 750,000 people in the London borough of Newham. They also provide speech and language therapy in the London borough of Barnet.

According to the 2011 Census, Newham has the youngest overall population and one of the highest ethnic minority populations of all the districts in the UK, with no particular ethnic group dominating.

Services for children, young people and families are managed on a locality basis. Within each locality the services are separated into two divisions: targeted services and universal services. The trust's universal provision includes health visiting, school nursing and immunisation. Targeted services include child development and community paediatricians, looked after children, paediatric physiotherapy, occupational therapy, speech and language therapy, children's community nursing services, sickle cell and thalassaemia services, family nurse partnership and sexual and reproductive health services.

Our inspection team

The team that inspected services for children, young people and families consisted of two Care Quality Commission (CQC) inspectors and a number of specialists, including two health visitors, a school nurse, and a community paediatric physiotherapist.

Why we carried out this inspection

We inspected this provider as part of our comprehensive inspection programme.

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 inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients through telephone calls made by an expert by experience who had personal knowledge of community based services for children and young people. We attended five user groups to ask for feedback.

During the inspection of services in East London, the inspection team:

- Visited teams based at the Balaam Park Health Centre, Lord Lister Health Centre, Shrewsbury Road Health Centre and West Ham Lane Health Centre.
- Spoke with the managers for each of the teams.
- Checked the quality and safety of the premises used by each team.
- Observed how staff cared for patients at clinics and during home visits.

Summary of findings

- Spoke with 30 patients who were using the service and carers of patients.
- Spoke with 50 staff, including health visitors, community children's nurses, consultant community paediatricians, physiotherapists, other allied health professionals, administrators and senior management staff.
- Checked 20 patient records including medicines records, risk assessments and care plans.
- Read a range of policies, procedures and other documents relating to the operation of the service.

Good practice

- The Central Child Health Information Team and patient pathway coordinators ensured coordinated referrals and appointment bookings to streamline and facilitate access to different CYP services in a timely way.
- The trust's sickle cell and thalassemia team worked in partnership with clients to develop the service and improve ownership and understanding of their care amongst clients.
- The CYP service's health visitor recruitment programme utilised 'recruitment champions' to promote ELFT as an employer, encourage applications from suitable candidates and support the recruitment process to reduce the length of time from position being offered to starting in post.
- The team of specialist health visitors improved access and support for particular client groups. There were specialists in perinatal and infant mental health, HIV, and sickle cell and thalassemia and child development service.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust should ensure that staff are all familiar with the term, 'duty of candour' and their responsibilities, even though they were applying this in practice.
- The trust should ensure staff know how to respond to potential incidents of domestic abuse.
- The trust should continue to work with commissioners to improve client transition from paediatric to adult community therapy services to ensure continuity of care and access to timely and appropriate provision for all clients.
- The trust should provide communication skills training to ensure practitioners communicate with all clients clearly and appropriately.
- The trust should work with the organisations that are responsible for the health centre buildings, where the clinics are provided to improve their safety for children and make them more child-friendly.
- The trust should develop and document standardised operating procedures for referrals to ensure consistency across services.
- The trust should continue to promote staff engagement and consultation, particularly around service and estates redesign.

East London 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:

- The service had robust systems in place for identifying, reporting, and managing safeguarding risks. The child safeguarding team provided good support to staff across CYP services through supervision, training and monitoring of incidents.
- CYP services had good processes in place to report risks and identify learning from incidents. Learning from incidents was disseminated in team meetings and through emails and the safeguarding team reviewed all reported incidents to ensure risks were being addressed appropriately.
- Health visiting teams had good levels of recruitment and retention of staff, and caseloads across teams were well managed. CYP services had developed strategies to support the recruitment of health visitors, despite national shortages, and staff felt supported in their roles. School nursing services were transferring to the local authority.
- The trust's lone working policy had effective systems in place to protect staff and manage risk appropriately. Staff we spoke with were all familiar with the process, and there were good contingency plans in place in staff were at risk.
- The trust health centres we inspected were clean, tidy, and clutter-free. CYP services completed regular infection control audits across locations, and staff demonstrated good hygiene and infection control procedures.

However:

- Most staff were able to describe a culture of openness and informing patients of incidents, some of them were unfamiliar with the term duty of candour.

Good

Are services safe?

- Some of the health centres where the staff were based or clinic were held needed further improvement to ensure they were a good temperature, safe for young children and child friendly. Improvements to the environments of the health centres were ongoing.
- Some staff were not clear how to respond to potential incidents of domestic abuse.

Safety performance

- There was a good overall safety performance and a culture of safety within the children and young people services (CYP). CYP services reported zero never events for the year preceding our inspection. Never events are serious incidents that are wholly preventable, as guidance available nationally and systems put in place by all healthcare providers should prevent them from happening.
- Two CYP related serious incidents were reported in the year preceding our inspection. These reports related to delay in treatment at an urgent care centre, and a long delay to patient treatment following diagnosis. Following these incidents governance and safeguarding leads for CYP services supported the urgent care centre to review procedures.
- Staff universally said they were encouraged to submit concerns and issues to the trust's incident reporting system. They felt confident to escalate concerns and understood how and when to report incidents appropriately.

Incident reporting, learning and improvement

- The trust used an online incident reporting system. All CYP staff could access this system and record incidents. Doctors, nurses and allied health professionals told us they felt able and comfortable to submit incidents to the system, and all staff could access support from the safeguarding team and managers if needed.
- Staff discussed incident reports, risk management and action plans in weekly team meetings and formally recorded these discussions in minutes. Learning had been identified following incidents and actions taken to address the risks. The governance co-ordinator for CYP services monitored the completion of incident action plans within deadlines and was able to provide examples of this.
- Learning from incidents was shared effectively from shared feedback and learning from incidents in their team meetings, in service-wide emails or in individual supervision. Allied health professionals also stated that the CYP therapy services newsletter shared learning from incidents.
- The trust was part of a serious incident review into the death of a child at an urgent treatment centre in the area in the 12 months before our inspection. The review of the incident included the involvement of other local health care providers and GPs, focusing on improving safeguards in place to identify patients at risk. The overall outcome led to the local acute hospital committing to inform CYP health visitors within two working days of any patients that leave urgent care centres without treatment. This meant that community services could follow up with patients who did not receive treatment and establish if care was still required.
- Service leads discussed incidents and learning as part of monthly directorate meetings. Directorate managers and governance leads for CYP also attended monthly clinical quality review meetings with commissioners where serious incidents were reviewed.

Duty of Candour

- Most senior staff had received duty of candour training, but this was not provided routinely for other staff. Senior staff within CYP services were able to describe giving feedback in an honest and timely way when things have gone wrong, and that this step was included in actions plans when addressing complaints and incidents.
- Some staff stated they were not aware of the term duty of candour, but most were able to articulate how they would respond should a mistake happen. Staff told us they were encouraged to inform patients when issues were identified.

Safeguarding

- The trust had clear and comprehensive policies, processes and training for child safeguarding. Policies were up to date and regularly reviewed by the safeguarding team and the trust board. Staff we spoke with were able to access policies easily from the trust intranet.
- There was good completion of mandatory level three training in child safeguarding across all CYP staff groups. Trust records indicated that 91% of CYP service frontline staff had completed this mandatory safeguarding

training. The safeguarding team provided level two and level three child safeguarding training every month for new starters, as well as safeguarding level one for other staff where necessary. The local safeguarding children board provided established staff with updates to safeguarding training. The safeguarding team sent monthly information to staff on upcoming training and workshops.

- The safeguarding team had established good links with the local multi-agency safeguarding hub (MASH). A member of the safeguarding team held a 12 month rotational post as the liaison for MASH to help identify safeguarding risks across all services in the community. The rotating post also managed liaison with paediatric services at the local acute hospital trust. There were three safeguarding advisors with a health visiting or school nursing background from the community health team embedded in the MASH.
- Staff told us the child safeguarding team was an excellent resource that was available to provide support with difficult cases and complex safeguarding issues when needed. The safeguarding team provided staff with support to identify safeguarding risks from incidents, advice on reporting concerns to the local authority, and quarterly safeguarding supervision. The safeguarding team also attended local child protection meetings and linked closely with the adult team to identify joint risks.
- There were effective formalised processes for staff to receive regular planned supervision on safeguarding matters. The safeguarding team provided quarterly supervision across CYP services to all staff, who were required to complete a safeguarding supervision template for their caseload prior to attendance. This template helped the safeguarding team identify risks and concerns prior to supervision and prepare the supervision accordingly. The safeguarding team also audited staff satisfaction with the current supervision model to identify areas for improvement.
- The staff we spoke with across CYP services displayed a thorough awareness and consideration of female genital mutilation (FGM). The safeguarding team provided regular training and workshops in FGM awareness, including collaborative sessions run with the local safeguarding children's board. Staff felt confident they could recognise and deal with concerns, and recognised the need to record the risk in patient records. The safeguarding team had developed a FGM pathway to support easier access to children at risk. Health visitors were part of a Newham-wide initiative to provide information on FGM at each new patient contact.
- Amongst the practitioners we met, there was inconsistent awareness of best practice and NICE guidelines of what to do in suspected cases of domestic violence. Some staff stated that identifying how to address domestic violence was the remit of the safeguarding team but were not able to state clearly how they would address the issue or best protect the victim.

Medicines

- There were effective policies and procedures in place to manage the storage and administration of medicines at trust sites and external locations.
- Staff received training in medicines management and could demonstrate competency around the safe and effective use of medicines. Trust records indicated that 87% of relevant CYP services frontline staff had completed mandatory training for medicines safety.
- Staff used patient group directions (PGDs) to enable them to give children immunisations and vaccinations to patients. The PGDs used had been reviewed regularly and were up to date.
- There were robust procedures in place to ensure vaccination vials were stored and transported at the appropriate temperature. Staff monitored and recorded fridge temperatures daily.

Environment and equipment

- Each of the locations we visited had stands for service user information leaflets and information boards displaying details of useful local contacts and other healthcare services.
- Each health centre we visited had a staff board in the main reception area showing the names and photographs of CYP staff at that location.
- Electrical equipment we viewed in health centres had been tested and certified as safe for use.
- There were fully equipped first aid boxes available.

Good

Are services safe?

- Fire safety equipment was in place.
- The health centres we visited had designated breastfeeding rooms, in line with the Unicef UK Baby Friendly Initiative.
- The Shrewsbury Road Health Centre was bright and welcoming to patients. The environment was modern and staff stated they were happy with the space. However, some centres were in the process of refurbishing clinical areas, and this limited the space available for clinical activity, and also made the environments less child friendly. For example, West Ham Lane Health Centre was unable to provide clinics because of refurbishment works, and clinics had temporarily transferred to other sites within the trust. This put additional pressure on the space available in other health centres providing CYP services. The refurbishment was due for completion in August 2016.
- At Lord Lister health centre, the ambient temperature in the building made the waiting area uncomfortable for clients. The main elevator for patients to use had been out of service for six months. However there was access to the first floor clinic room via an alternative lift along the corridor.
- Some staff felt there was insufficient clinical space to accommodate the increasing number of referrals across services and locations. For example, speech and language therapy clinic rooms at the West Ham Lane Health Centre were being redeveloped, which will result in an extra clinic room, but staff felt the consultation and redesign of the centre had not sufficiently addressed the need for additional space to accommodate an increasing workload.
- Some health centres were not secured with locked entrances and there was limited use of CCTV to monitor those entering and leaving sites. This presented some risks to the safety of clients. The Shrewsbury Road Health Centre had access to CCTV and all entrants to the building were required to sign in. However the Lord Lister Health Centre shared facilities with GP practices and had open access. This meant that people arriving before either reception opened had not checked in.
- There were safety risks to children at some centres as a result of automatic doors which opened directly onto busy main roads. We witnessed young children running in and out of the building at Lord Lister health centre.

Quality of records

- The CYP service used the trust's electronic patient record system (ERS) to input and access client records. The system was available to all staff including doctors, health visitors, community nurses and therapists. All professionals in the care of a service user recorded information from clinics, home visits and therapy sessions in chronological order in the notes section. This included patient history, consent, and risk assessments. Records were consistent with NMC guidelines for record keeping.
- The central child health information team (CCHIT) initially coordinated referrals to CYP services and ensured records were up to date and accurate. The CCHIT team collected and updated records for health visiting, school nursing and also supported the preparation and updating of records from clinics across health centres. The CCHIT team had been commended by the national screening committee for their ongoing work to maintain the records for the trust and supporting the work of clinicians.
- The CCHIT team had been involved in the transition for CYP services from paper records to electronic records. The team scanned all historic patient records to create electronic versions, and completed the process within three months without additional staff.
- Health visitors and school nurses were adept at using the ERS system. Staff had training in how to use the ERS as part of their corporate induction.
- We accessed the ERS with the assistance of healthcare practitioners across different services. We reviewed 20 patient records and found notes were completed in a logical and comprehensive way. The notes provided detailed description of care plans, observations, attendances, action plans and service user progress. Staff also clearly recorded the opinions of the patient and their needs within the notes.
- The ERS required password and key card access to ensure security. Staff members had unique accounts. Trust records showed that 86% of staff had completed the trust information governance training as part of their mandatory courses.
- The ERS flagged service users who were at risk, such as safeguarding concerns or mental health patients.

Good

Are services safe?

Although CYP services could not directly access CAMHS patients records through the ERS, any patient also under the care of mental health services was flagged on the system. CYP staff could then contact their mental health colleagues for more information. Any record identified as a concern was also flagged to the safeguarding team, who would contact the relevant staff member and discuss if any issues required action.

- Staff were alerted to incomplete record sections by the ERS. As part of supervision, managers also randomly selected records from a staff member's caseload and discussed the quality of records. Staff members stated this helped to identify areas for improvement in record keeping.
- The trust was part of the national pilot to record patient information on the electronic 'my child's health record' red book, but this had not been implemented fully across the trust. We observed health visitors recording information for patients and family members in the red books. Staff stated that the red books were a useful way to provide families with information on baby care, but they noted some language barriers for families who did not speak English as a first language.

Cleanliness, infection control and hygiene

- The health centres we visited were clean, tidy, well organised and clutter-free. All floors in corridors were clean.
- Infection prevention and control was generally well managed. We observed clinicians and health professionals cleaning their hands and following hand hygiene procedures appropriately while in homes and in clinics, before and after contact with clients. The trust's health centres had accessible handwashing gel facilities located at the main entrance and throughout public areas. Health visitors and other staff using these centres had dispensers of cleaning gel which we saw them use in between all contacts with clients.
- Staff were easily able to access the infection control policy when asked. Mandatory training records for the trust show that 96% of staff had completed infection control level one training and 88% of staff had completed infection control level two training.
- The trust ran quarterly infection control audits across CYP services to measure quality of practice in health centres and in the community. Reports from these audits were monitored by the governance co-ordinator.
- Health visitors and therapists cleaned equipment before and after it was used. For example, we saw health visitors use disinfectant wipes on scales after weighing assessments for babies.
- Each of the locations we visited had accessible toilet facilities. Staff cleaned and regularly checked bathrooms.

Mandatory training

- The trust's mandatory and statutory training programme covered a wide range of topics. The trust used a mix of classroom-based and online training modules. Trust records show the trust had an overall mandatory training rate of 87%.
- Staff and managers stated that staff received a reminder email to update mandatory training that is due to expire in three months. Managers were informed when a staff member's training was due to expire and raised this in supervision with their staff. Staff stated that mandatory training was well managed by the trust.
- Newly appointed staff were required to complete a corporate induction and subsequent local induction, including completing mandatory training courses. Staff we spoke with stated that the induction was too mental health focused and a more balanced induction incorporation community health information would be useful for CYP staff.

Assessing and responding to patient risk

- We saw health visitors record the observations of infant development indicators such as height, weight, communication and motor skills. These were recorded in the baby record book and on the ERS. Infants were assessed for actual and potential risks related to their health and well-being.
- CYP services completed the ages & stages questionnaire (ASQ) with babies and infants. The ASQ measured social and emotional development for children up to six years old. Following assessment there was time allocated for practitioners to discuss results with the family and answer any questions they may have.

Good

Are services safe?

- We observed health visitor and community children's nurses conducting risk assessments while on home visits and in clinics. Nursing and therapy staff stated they could provide joint visits for risk assessments if needed. Risk assessments were comprehensively completed by staff.

Staffing levels and caseload

- The trust had an average staff vacancy rate in CYP services of 3% for the 12 months from January 2015 to December 2015, with 5% of permanent staff on long term sick leave during the same period. Staff we spoke with stated that the recruitment process at the trust was efficient and well managed, and that staff were able to pick start dates that worked for them.
- Health visiting teams within CYP services managed vacancies and staff retainment effectively, despite national challenges in recruiting health visitors. CYP services managed to recruit to all vacant positions in the health visiting team during the call to action (a government initiative to provide health visitors to services). Filling vacancies was supported by the work of a specially appointment recruitment champion within the health visiting team. The recruitment champion was available to provide support for potential applicants, and offered a personalised approach to meet the applicant's needs such as organising interview panels to the applicant's preferred time. The service also provided inner London weighting to salaries despite being in an outer London area. This meant the trust had low vacancies rates across health visiting teams.
- Senior staff in the health visiting team reported some initiatives to recruit overseas staff. For example, the trust had organised a pilot initiative to bring nursing staff to the health visiting team from Denmark, and this had resulted in some staff remaining with the service after the pilot was completed.
- Caseloads across CYP services were manageable and did not put too much pressure on staff to meet the needs of patients. Health visitors each had an allocation of 250 clients. Managers allocated new clients weekly based on the workload of each team member.
- Health visitors did not take on a caseload for the first three months of their role, and this helped them complete training and shadow experienced team members. Staff also stated that caseloads were shared fairly across the team and managers and the safeguarding team supported them with complex cases.
- The sickle cell and thalassemia service reported difficulties recruiting to posts due to the specialised skills required to provide the care patients need. However the service had targeted nurses working in other areas with the required skills (such as acute haematology) and had managed to maintain stable staffing levels.
- There were low overall vacancies in CYP therapy services. However senior managers reported some difficulty recruiting community paediatricians and associate specialist grade doctors. This was identified as one of the main risks on the service risk register. Senior managers were in the process of recruiting to these posts, searching both in the UK and internationally. CYP managers were also working in partnership with another trust to recruit an academic paediatrician who would support clinical research and increase clinical capacity. Consultant community paediatricians told us their caseloads had been consistently high due to staff vacancies and this had impacted on waiting times within some care pathways, particularly the diagnosis or social communication disorders.
- The school nursing team had vacancies as high as 26% in some areas of the trust (south team). Managers told us that there was some evidence from potential recruits and leavers that the transfer from the trust to the local authority in January 2017 was a factor. Staff currently in post were assured of their roles with the local authority, but the uncertainty around the service had an effect on applications and recruitment. However, vacancies were being actively recruited to using the same principles of recruitment champions which was used for health visiting. The South team had lost 60% of their team in the previous 12 months, although this was based on a small team of five staff.

Managing anticipated risks and major incident awareness and training

- The CYP service adhered to the trust's lone working policy, which staff could access on the trust intranet. The policy was current and had been revised in 2016. There was good awareness of lone working

Good

Are services safe?

arrangements. Health visitors and children's community nurses conducting home visits completed a list of where they will be on visits and called their base when leaving an appointment. CYP services had recently provided new personal alarms for staff which had GPS tracking, and there was a code phrase for staff to use when calling their base if they were at risk. For staff with flexible working hours, there was an out of hour's number for staff to contact managed by site managers. Staff stated that for home visits that present potential safety risks they could attend in pairs or have contact at a children's centre.

- CYP services had a major incident plan in place to maintain service continuity. Practitioners were aware of the trust's major incident communication strategy, the business continuity plan and incident response plans. The staff we spoke with were aware of the major incident plan and where to access emergency information.

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

We rated effective as **good** because:

- The trust provided the five mandated checks in the health visiting healthy child programme. In addition they provided a 2 week post new birth visit and a 12-16 week check which focused on maternal mood, breast feeding and immunisation.
- CYP practitioners provided competent, thorough and evidence based care and treatment in home visits, clinics, development reviews and therapy sessions.
- Staff delivered care in line with national guidance and managers effectively shared information with staff on changes to best practice.
- CYP services used nationally recognised outcome measures to monitor performance and had developed local measures through quality improvement projects.
- There was effective internal and external multidisciplinary team working, and practitioners worked with other staff as a team around the child. This was facilitated by co-location of services in health centres and partnership working with other service providers, such as the local acute hospital and GPs.
- There were robust systems for managing referrals and management of patient data. The National Screening Committee had awarded the trust's child health information team for high standards in organising appointments, preparing clinics, and updating patient records.
- Consent to treatment was sought and recorded appropriately. Staff requested consent for information sharing and consent to treatment during clinics and home visits. Staff also clearly recorded consent in the patient notes on the electronic record system.

However:

- Transition to adult services was affected by the gap in commissioning of therapy services for 16-17 year olds, particularly those with learning disabilities and they were not always receiving the care they required. This was an issue the trust had raised with commissioners.

Evidence based care and treatment

- The trust provided the five mandated checks (ante-natal, new birth, 6-8 weeks, 1 year and 2 year) in the health visiting healthy child programme. In addition they provided a 2 week post new birth visit and a 12-16 week check which focused on maternal mood, breast feeding and immunisation. They performed well in the new birth checks and 10-14 day visit which was near the 95% target. They worked closely with other stakeholders to improve the uptake of all the other checks. They were working towards a target of 95% to complete an 'ages and stages' questionnaire about the child's development at the 2 year check.
- There were protocols, policies and guidance for clinical care and other patient interventions on the intranet. The trust intranet was easy to navigate and find relevant policies, such as nurse prescribing protocols.
- We reviewed a sample of trust policies for CYP services and found appropriate reference to relevant National Institute for Health and Care Excellence (NICE) and Royal College guidelines. Staff stated that managers disseminated new guidelines and regulations via email, in team meetings or in training.
- We observed competent, thorough and evidence based care and treatment by CYP practitioners in home visits, clinics, development reviews and therapy sessions. All of the practitioners we observed were encouraging and reassuring of service users, conducted full assessments as per guidelines and provided up to date and evidence-based advice. For example, health visitors were discussing information on weaning and providing written information on this to mothers, in line with national guidance.
- CYP therapists ran a joint group across therapy disciplines to teach children therapeutic activities they

could use at home to promote their physical and neurological development. Therapist incorporated Bobath principles into the programme – a recognised evidence based approach to neurological rehabilitation.

- CYP services provided information and support for breastfeeding in line with the international evidence base and was accredited by the Unicef UK Baby Friendly Initiative. CYP services had breastfeeding champions who could provide information and advice to mothers, as well as supporting access to services.
- The CYP family nurse partnership (FNP) had received support from commissioners to grow the service to meet the needs of young and at risk mothers in the community. The FNP service used nationally recognised approaches and techniques and FNP practitioners were required to retrain annually and to demonstrate competency in video format using real world examples.
- The safeguarding team audited patient records every three months to ensure staff were managing risk in line with national safeguarding guidance. Where records were identified to be incomplete or inadequate, the lessons would be disseminated to teams, and the safeguarding team would arrange supervision with the associated staff member to identify areas for improvement.

Technology and telemedicine

- Most practitioners across universal and therapy services had access to laptops to support mobile working, but the practice of using laptops was not embedded in the working culture. All school nurses and health visiting staff had access to laptops with secure mobile internet connections, and mobile phones to support remote and mobile working. Some health visitors told us they did not use the laptops while on visits or in clinics and would type up written notes back at their base. Staff stated this was often due to unreliable remote connections to the electronic record system, which meant staff could not contemporaneously record notes during visits.

Patient outcomes

- The CYP service assessed patient outcomes using nationally recognised outcome measures, and had also developed their own. The service collected outcome information from data in patient records to measure performance across services. The management team discussed the results of outcome measures at monthly meetings and also in discussions with commissioners.
- The service used outcome measures to inform patient treatment. Outcome measures were recorded electronically at different times during a patient's care, and the data were used to inform what interventions could be provided to improve treatment. Therapists told us the use of computer tablets to collect this information was very successful and generated lots of useful information for providing care and shaping services.
- Paediatric therapies measured outcomes using goal attainment scales and risk measures including pain, strength, balance and endurance.
- CYP services had appointed a health visitor to lead on a quality improvement project which analysed outcome monitoring data from the electronic record system. A project group aimed to identify what outcomes resulted in increased need for families, such as development delay of the child or lack of stimulation, and to use this information to improve service delivery. This project resulted in a plan to change health visiting templates on the electronic record system to improve data entry and reduce duplication of work. The progress of the project was reviewed at monthly quality improvement forums.

Competent staff

- There were effective induction processes for newly appointed staff. New staff completed a one week trust induction. Health visitors told us that their local induction involved shadowing established health visitors for an initial three month period before taking on their own caseload.
- Trust records indicated that the CYP service completed 100% of annual appraisals across all services and locations. Appraisals were used to sign off competencies and identify training and development needs.
- The trust participated in the GMC revalidation initiative for all UK licensed doctors to demonstrate they were competent and fit to practice. At the time of our inspection all three eligible doctors had completed revalidation.

Good

Are services effective?

- The trust provided access to mentoring programmes for staff looking to develop into leadership roles. Some staff reported they had been provided with opportunities to work alongside a manager to learn the role, with a view to applying to a managerial position when it became available. Some staff also stated they had been supported to complete the Mary Seacole leadership programme, a six month programme for first time leaders in healthcare.
- The trust applied robust competency frameworks and comprehensive supervision structures for staff. This included planned supervision sessions, with separate arrangements for safeguarding cases (which each staff member received quarterly). Staff groups such as health visitors and school nurses received one to one supervision on a monthly basis. Other staff groups such as the family nurse partnership and therapists also had monthly group supervision sessions as well as individual supervision.
- There was good provision of emotional support and wellbeing for staff, particularly in child safeguarding cases and end of life care for children. Health visitors and community nurses were provided with support and access to counselling if necessary.
- Staff at the trust were able to access a broad range of training, education and development opportunities to support their work. For example, the sickle cell and thalassemia team provided weekly training sessions, including guest speakers, where they could discuss changes in practice and research. This team also supported staff to attend the genetic risk assessment and counselling course at the Florence Nightingale Nursing School at King's College.

Multi-disciplinary working and coordinated care pathways

- There was effective internal and external multidisciplinary working across the CYP service. Practitioners worked with other staff as a team around the child. This was facilitated by co-location of services in health centres and partnership working with other service providers. For example, the Lord Lister Health Centre was a multi-disciplinary centre with many services on site including health visiting, school nursing and therapeutic services (ie speech and language therapy). Staff told us this enabled much closer joint working and improved access to care for patients.
- CYP services at Balaam Park Health Centre and the Lord Lister Health Centre shared their locations with GP surgeries. This allowed closer collaboration between CYP and GPs, including GPs attending health visitor team meetings to discuss patients and areas of joint working.
- Staff stated they had a positive working relationship with mental health colleagues working with children (CAMHS). CAMHS and adult mental health staff were able to provide support and advice to health visitors and school nurses in working with vulnerable patients, and provided joint visits with CYP staff.
- Inspectors followed a number of pathways through CYP services, and found the process to be clear, well organised, and provided good support for families.

Referral, transfer, discharge and transition

- The child health information team (CHIT) had developed some very robust structures to streamline the initial referral process and organise appointments for clients. The CHIT team accepted referrals but also identified patients who would need appointments with health visitors for routine check-ups. The team had also created an efficient screening process, checking local and national patient databases to identify families who no long required appointments so they did not receive unnecessary letters from the trust.
- The CHIT team was connected to the computer network of a local acute care hospital trust, which enabled the service to obtain new birth notifications on a live basis. This information was then shared with services such as health visiting teams to help plan workload and identify new clients for home visits and new born baby checks.
- Consultant community paediatricians reported an increase in the number of referrals for social communication disorder pathways. Staff reported that this put pressure on the team to complete appointments in a timely way. This was compounded by

vacancies in the paediatrics team and had meant that the service had not met the 18-week wait time target for many clients. There was a waiting list of 200 children for the service.

- An uncommissioned service for 16-17 year olds meant that a transition to a suitable adult learning disability therapy service was affected. This meant that some young people, particularly vulnerable clients with learning disabilities, were not always receiving the care they required. For example, managers reported that the trust's adult learning disability service would only accept referrals for clients aged 19 and above, but local services were not commissioned to treat young people over the age of 16. This gap in service was recorded on the CYP risk register. It presented some significant risks to young people not receiving the treatment they needed. Staff stated they were uncomfortable discharging young people when there was no service provision for them. Although there were local charities which could provide some support, it was not enough to meet the needs of the population.

Consent

- The staff we spoke with were aware of the trust policy for consent to examination or treatment, which was easily accessible on the trust intranet.
- School nurses and sexual health practitioners were knowledgeable about Fraser guidelines and Gillick competencies to help assess whether a child has the maturity to make their own decisions without consent of a parent or guardian and understand the implications of those decisions. Practitioners were aware of the situations where these principles would be applied.
- We observed practitioners requesting consent for information sharing and consent to treatment during clinics and home visits. Staff clearly recorded consent in the patient notes on the electronic record system.
- Health visitors had developed a consent form specifically for sharing vital information with GPs. Staff told us this facilitated better communication and closer working with their colleagues in the community.

Good

Are services caring?

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

Summary

We rated caring as **good** because:

- The majority of clients we spoke with were very happy with the care and treatment provided by the CYP service.
- Staff were supportive and caring of clients and families they worked with, and provided patient-centred support in both clinics and in homes. Health visitors had good interactions with babies and infants, and feedback from parents was very positive.
- Staff supported clients and families to complete patient-related experience measures (PREMS) questionnaires to give feedback on the care and service they received. Feedback from the PREMS questionnaires was very positive and CYP services used the information to improve service delivery.
- The sickle cell and thalassemia service had set up a user group to provide clients with opportunities for peer support and information sharing. This patient support group had helped the team set up an annual conference for professionals, families and patients.

Compassionate care

- The majority of patients we spoke with were very happy with the care and treatment provided by the trust.
- Health visiting staff were supportive and caring of mothers they visited, and provided patient-centred support in both clinics and in homes. Health visitors were viewed to have good interactions with babies, and feedback from mothers was very positive. Health visitors created a friendly and child-focused atmosphere during activities and assessments such as weighing and height measurement.
- Reception staff we met at health centres were welcoming and helpful. Receptionists provided patients with directions to other sites and the interactions were friendly and caring.
- Patients we spoke with consistently told us they would recommend CYP services to their families and friends.
- Staff supported patients and families to complete patient related experience measures (PREMS) questionnaires to give feedback on the care and service they received. Family members and patients completed the PREMS questionnaire on a tablet available at each of the health centres. Outcomes of the PREMS questionnaires were displayed in staff areas to provide motivation for staff, as results had been steadily increasing since the PREMS had been introduced.
- Staff clearly explained what was going to happen during an appointment and parents were given opportunities to ask questions and raise concerns. For example following ages & stages questionnaire clinics, families had to time to discuss the results with the MDT and ask questions on the outcomes.
- Parents told us that health visitors and community children's nurses were reassuring and able to answer their questions.

Understanding and involvement of patients and those close to them

- Health visitors, community nurses and therapists worked in partnership with parents and families. Practitioners demonstrated a patient-centred approach which encouraged family members to take an active role in their child's healthcare. CYP services ran a series of workshops across health centres which gave families and children information and activities to improve their health while at home.
- The sickle cell and thalassemia service had set up a group for the patients to provide peer support and share information. This patient support group had helped the team set up an annual conference for professionals, families and patients to discuss innovations in care and treatment for the condition which was attended by 150-200 people.
- Information leaflets were available in health centres including advice and guidance on victim support, financial support, infectious diseases, breast feeding and baby talking tips.

Emotional support

Good

Are services caring?

- Health visitors were observed sensitively discussing mothers' feelings and emotional wellbeing during home visits.
- The trust worked in partnership with independent organisations and charities to provide emotional and practical support to service users.
- Staff within CYP services stated they had good links with mental health colleagues, not only in child and adolescent mental health (CAMHS) but also in mental health services for mothers and families. The health visiting team had a designated champion for perinatal mental health who provided support for new mothers.

Good

Are services responsive to people's needs?

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

Summary

We rated responsive as **good** because:

- Services were planned and delivered in line with local needs in partnership with local commissioners.
- Service users could access a range of CYP services in a number of locations. This was facilitated by the co-location of multiple services in health centres and coordinated appointment bookings.
- The trust had worked to make services as accessible as possible. This included looking at where the clinics took place, the timing of appointments and how the service was organised.
- The trust carefully followed up patients who did not attend their patients to ensure they were safe and well.
- There was good understanding of the different cultural needs and backgrounds of clients.
- There was good access to translation services.
- There was good provision of services and support for vulnerable client groups.

However:

- The trust did not provide patient information in different languages, although all staff had access to a language and translation service that was well used. This was linked to an initiative in Newham to encourage people to speak English. Some communication between staff and patients where English was not their first language was challenging.
- Referral pathways were not documented for all services and some services did not have standard operating procedures for referrals.

Planning and delivering services which meet people's needs

- The trust worked collaboratively with commissioners and other NHS trusts in East London to plan and meet the needs of the local population. Senior practitioners and service managers told us they had regular communications and constructive working relationships with commissioning bodies.
- All of the staff we spoke with recognised the different population demographics, socio-economics and healthcare needs of the diverse communities in Newham. There was a thorough understanding amongst all staff of a growing and transient local population and the resultant challenges in meeting their different and often complex needs. The local population had many families in temporary accommodation, increasing birth rates, and high levels of reported safeguarding concerns, including child sexual exploitation.
- There were some concerns amongst health visitors and therapists about capacity and managing the expectations of clients and other healthcare professionals, particularly around tracking transient clients moving into and out of the area and ensuring they had access to suitable and timely healthcare.
- Senior leaders, managers and practitioners of the CYP service all reported that a number of the trust's CYP services had been decommissioned by commissioners or a decision made to provide in-house by the local authority in the year before our inspection, and a number of services were due to go to tender. Some staff were concerned about the continuity of services and their ability to maintain or effectively transfer provision to other service providers. This was recorded as a risk on the CYP service risk register, for example, the transfer of school nursing and immunisation services to other providers. The trust was working closely with local authority partners and had developed a transfer plan to handover provision.
- The trust's consultant community paediatricians had developed a comprehensive action plan to redesign the child development service which focused on increasing capacity, redesigning doctors' job plans, reducing development checks (for which responsibility had transferred to local GPs), rationalising clinics to maximise available slots, and reviewing the patient list to establish those who could be discharged. A list 'cleansing' exercise in 2016 identified 1,400 patients for follow up and potential discharge to reduce waiting lists for new referrals.
- The trust was working to improve integration between CYP community and mental health services. Community paediatrician vacancies in the service had afforded the

opportunity to appoint a consultant child psychiatrist and psychologist to work in the CYP service. This was for a one year period to identify ways of improving joined up working for children and young people with mental health concerns and to develop a business plan for integrated CAMHS and community services.

- Shortly before our inspection, the family nurse partnership team had increased in size from four to eight nurses to meet local demand for the service. Senior leaders of the CYP service told us the local authority was seeking to expand the service as part of its local resilience agenda.

Equality and diversity

- The CYP service used translation services appropriately. This included direct and telephone translation services in clinics and therapy sessions. Translation needs were recorded in the trust electronic records system. Some health visitors and therapy staff spoke community languages and the service worked to assign these staff to different patient groups accordingly. Practitioners also had access to British Sign Language interpreters.
- Practitioners told us they used family members to translate in clinics if the client approved of this. The CHIT team booked client appointments and advised clients to call to confirm if English was not their first language. Practitioners then telephoned clients prior to the clinic so there were two opportunities to check translation requirements.
- The trust did not provide patient information leaflets in different community languages. Across all but one of the sites we visited, there were no posters or literature in languages other than English. We found leaflets in other languages at Shrewsbury Road Health Centre only. Practitioners and managers told us there was a local community resilience programme to encourage the learning of English and the number of local translated materials was limited. The practitioners we spoke with recognised this as a risk in ensuring the diversity of clients in Newham had appropriate information and access to services.
- There was good cultural competence and diversity awareness by CYP staff, for example health visitors providing culturally specific weaning and breastfeeding advice. However, there were some communication barriers and ineffective communication by practitioners, particularly in situations where both practitioner and patient did not speak English as a first language. We witnessed multiple instances where patients requested practitioners to repeat what they said or provide explanations more simply. This included one case where a community paediatrician did not communicate a serious diagnosis clearly and the client misunderstood.
- Staff were required to complete mandatory training in equality and diversity every year.

Meeting the needs of people in vulnerable circumstances

- There were three specialist health visitors and a nursey nurse for clients with complex needs who helped to coordinate packages of care across the MDT.
- The trust had introduced a nurse specialist post to work with the high number of local women and children with HIV and provide follow up visits. Health visitors told us there were lots of vulnerable clients in the area and many with multiple health and social problems. The aim of the nurse specialist post was to pre-empt and prevent acute admissions, but there was recognition that capacity to support this group of vulnerable clients was limited.
- Health visitors signposted clients to local support groups, charity groups and religious groups to access support that the trust could not provide, for example, funding, housing and advocacy support.
- The trust's community sexual health and reproductive health service for young people, Shine, provided open access. We were told that the local authority had decommissioned some elements of the former universal service shortly before our inspection, to focus resources on working more with those identified as vulnerable by schools, colleges and other services working with young people including youth offenders, looked after children and those with learning disabilities. The service also provided specific training delivered by Shine staff. They still managed the C-card scheme which was a universal service offered across Newham to under 25's.
- The trust provided comprehensive support for looked after children (LAC). The LAC team worked with multidisciplinary practitioners to ensure that LAC clients had preferential access to CAMHS, primary care and

acute service when they were needed to ensure this vulnerable group of clients had access to timely care. The LAC team held fortnightly meetings with the trust CAMHS and local authority social work teams to identify young people needing support.

- The LAC team had identified a challenge in meeting the standardised 28 day timeframe for LAC to have an initial health assessment by a GP. This was recorded on the CCG and local authority risk registers. LAC practitioners reported that referrals to the service were increasing, but there were high levels of non-attendance amongst clients. The LAC team maintained links with local social workers and worked with them to promote the different services available to young people, for example, immunisations and therapies.

Access to the right care at the right time

- Service users had good access to multiple CYP services across the borough of Newham. This was facilitated by the co-location of services such as therapies and CAMHS in one location, as well as shared premises with general practices, dentists, outpatient clinics and specialist services. There were posters throughout CYP premises containing information to signpost clients to other services.
- The trust health centres we visited were well located for local public transport and accessibility across localities. The trust used a text message reminder system to inform service users of their next appointment details. This had resulted in fewer missed appointments. The CYP service adhered to the trust's 'do not attend' (DNA) policy and pathway. This included recall for another appointment and sending a DNA letter to the client's GP. Subsequent DNAs were escalated to the safeguarding team as required.
- The trust employed patient pathway coordinators (PPCs) in the child development and therapy services to support administration of waiting lists, appointments and cancellations. They also registered referrals, input notes and ensured correct assessment documents and referrals were available at clinics and delivered to practitioners. Referral pathways were not documented for all services. Practitioners were able to describe the referral processes they used but there was limited evidence of standard operating procedures for referrals.
- Community paediatricians, therapists and specialist health visitors triaged referrals and forwarded information to appropriate services for clinic appointments. All referrals for speech and language therapy, occupational therapy, physiotherapy, child development and paediatrics were triaged on a daily basis and there was a weekly intake meeting.
- The health visiting service also introduced a triage health visitor system as a result of busy clinics and long waiting times. The triage health visitor established if a parent wanted their baby weighed or if they needed advice. We observed the triage health visitor check the electronic records system for previous entries to ensure there were no alerts or safety concerns, and then allocate the client to a health visitor or nursery nurse according to their needs. Health visitors told us this had reduced waiting times at baby clinics and meant that health visitors focused on more acute concerns.
- The child development team introduced developmental screening group clinics for 5-8 clients at a time to help reduce referral waiting times. Consultant community paediatricians reported that 70% of referrals to the child development team related to social and communication difficulties including autism. At the time of our inspection, the child development clinic saw four children per week, but the service was introducing more clinics to see 12 children per week to reduce the waiting list within eight months. The child development team had rationalised appointments so that assessments and diagnosis could be delivered at the same time to reduce the number of appointments needed and realise capacity to concentrate on other activities.
- The CYP service provided appointment based clinics and a number of walk-in clinics, including during evenings and weekends to improve access for clients unable to attend during school or working hours. There were dedicated walk-in contraception and sexual health clinics for 16-24 year olds (Shine) which were well attended across the borough. In addition to walk-in centres five days per week, Shine worked with local secondary schools and presented at school assemblies and supported schools to incorporate and promote sexual health in the curriculum. Shine staff provided training to health care practitioners and education staff

as part of the 'making sexual health matter' programme. They also provided training to pharmacists and youth workers on the local 'c-card' scheme which provided free condoms to young people.

- The trust introduced Saturday walk-in clinics for clients to be seen by health visitors and the Sickle Cell and Thalassaemia service in response to patient feedback. The service introduced a numbered ticket system to improve management of wait times at these clinics.
- The Sickle Cell Anaemia service offered antenatal and neonatal screening of clients in Newham (and out of borough clients at Newham hospitals). The service also offered screening and guidance to adults who were considering dating, marriage, or having children.
- School nurses were based in schools across the borough. They attended each school within their caseload once per week. The school nursing team was working to increase visibility through posters and booklets in schools and information on the local authority website. Each school had a named school nurse who supported children and young people from age 5-19, including those with complex needs. They provided training and support to school staff including writing health care plans and workshops on managing different conditions.
- The speech and language therapy (SLT) service also allocated named therapist to schools to provide universal and targeted support. They provided training for school staff and group activities to teach children therapy activities to do at home. The SLT service piloted a school/parent-led service in place of regular visits where staff or parents could raise concerns when they arise.
- The trust provided breastfeeding training and there were 'breastfeeding champions' amongst health visitor staff. There were dedicated breastfeeding rooms in some clinic locations. The trust was UNICEF accredited as a 'breastfeeding friend'. The trust was recruiting a breastfeeding coordinator for all health visiting services.
- In May 2016 the CYP service developed a mobile phone application and a booklet called the Child Health Guide to provide instantaneous access to advice and information on common childhood illnesses and available CYP services.

Learning from complaints and concerns

- The trust provided feedback forms and submission boxes in health and community centres where CYP services were delivered. Information on the trust's patient advice and liaison service (PALS) and guidance on independent complaints was also displayed in posters and notice boards and there was a trust leaflet on how to contact PALS.
- There had been 10 formal complaints in the CYP service between 2 Jan 2015 – 29 December 2015. Three complaints were fully upheld and four were partially upheld. No complaints were reopened or referred to the ombudsman. Themes within the reported complaints included: attitude of staff, delayed appointments and waiting times. The patient pathway coordinator role had helped reduce complaints about coordination/ conflicting appointments.
- Practitioners told us they rarely received complaints and in most cases client concerns were addressed informally at the time. Staff referred clients to their senior manager if a client wished to complain about the individual member of staff. The service captured information on informal complaints which were discussed by senior staff in monthly directorate meetings.
- The CYP service received formal complaints through the trust PALS team and was required to nominate an officer to investigate and manage the response. Nominated officers completed a formal investigation template and this was submitted to the PALS team along with a copy of contact with the complainant and an action plan to address the concern. The process was monitored by the CYP governance co-ordinator to ensure actions were completed within deadlines.
- There was training provided in complaints management and incident escalation for staff with management responsibilities from Band 7 upwards.
- Practitioners told us that the trust shared learning from complaints in trust-wide communications.
- The CYP service reported on complaints to the local CCG and held monthly CQRM meetings.

Good

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

We rated well-led as **good** because:

- Staff told us that service leaders were very supportive, accessible and approachable. The service felt supported by staff from the trusts senior leadership team.
- The staff we met reflected the trust values and vision. The culture supported the development of caring and compassionate services.
- The service had a strategy in place that reflected the needs of people using the service and also the changes happening in local health and social care services. This reflected current best practice in providing services for children, young people and families.
- The CYP service consulted and worked in partnership with patients, the local community and other commissioners and stakeholders to improve services and health outcomes.
- There were really robust governance structures and systems in place for the review of performance and risk management information. The information supported the management of the services and was accurate and in an accessible format. Service changes and improvements took place as a result of these governance processes.
- Staff really valued working for the trust and there were different ways in which the trust engaged with staff including their participation in focus groups.
- The trust sought feedback from people using the service and engaged them in work to improve services. Changes were made as a result of this input.
- The service was constantly innovative and actively participated in quality improvement projects. For example the sickle cell team had initiated and hosted an annual conference for several years to share good practice.

However:

- At the time of the inspection, some service redesign was taking place as a result of decisions made externally to the trust and a few staff felt that the engagement and consultation linked to this could be improved.

Service vision and strategy

- Senior leaders of the CYP service told us the strategy for the service focused on improving quality and systems, early intervention, developing public health capability and integrating community services with mental health provision. The strategy appropriately acknowledged that the sustainability of many of the trust's services was subject to a changing external health landscape. The service strategy focused on short and mid-term plans and was aligned with the local authority's plans for local health service provision. Senior leaders told us the trust board was committed to growing community services where possible. There were statements of purpose and specifications for children and families services in Newham, such as health visiting, which documented the strategy of these services.
- Practitioners were aware of the trust's vision and values. They saw the vision of the trust to be the best healthcare provider in the community.
- Operational managers told us that the integration of CYP community services into what was previously a mental health trust had helped improve staff understanding of the mental health needs of the children and families they worked with. They told us there was good communication and joint working with the trust's CAMHS team on, for example ASD assessments, which they found invaluable and had improved outcomes for clients. However, there was perception amongst many staff – including managers and practitioners, of a disparity between mental health and community services, particularly around the allocation of resources. Some practitioners also felt the trust's corporate induction was too focused on mental health, with not enough consideration of community health.

Governance, risk management and quality measurement

- Governance structures were in place across the CYP services and staff felt they were effective. Each service

Good

Are services well-led?

held regular planned governance meetings. There were forums and meetings for staff to monitor quality, review performance information and to hold service managers and leaders to account.

- Clinical governance groups were held every two months with set agendas for senior staff in each team to discuss new policies and procedures, new NICE guidelines, incidents and action plans.
- There was a monthly directorate management team meeting for senior staff to review and discuss management and quality information. This forum reported to the clinical governance group.
- There were regular planned team meetings in each service for staff to review performance, allocate cases and share practice. For example, agendas of monthly child development centre team meetings demonstrated that specific cases, complaints, lessons learnt and service improvement were discussed.
- There was a dedicated governance administrator in the CYP service responsible for managing PREM feedback, 'you said we did', and logs of all incidents and complaints including outcomes and actions, which were reported at the clinical governance group.
- Senior leaders and managers of the CYP service had a good understanding of risks to the service and these were appropriately documented in risk management documentation with named leads and actions. Themes within identified risks included staff vacancies and caseload management in some services, size of clinics and overcrowding, clinic relocation caused by estates refurbishment, and changes to the commissioning environment. Documentation submitted by the trust demonstrated clear action plans to address these risks.
- There were appropriate systems for managing and monitoring individual and team level performance. Managers had access to data on individual performance targets collated for all activities. Performance was addressed in monthly one to one supervision meetings and action plans were developed accordingly. Practitioners demonstrated how they accessed their individual performance data, including all targets. They found the system useful to guide and plan their clinical activity.
- The CYP service displayed PREMS quarterly reports for individual teams on noticeboards in staff areas. This included charts showing targets and performance for different indicators. Senior leaders told us the data were used to promote high performance.

Leadership of this service

- There was an established and stable leadership team in the CYP service. Practitioners such as health visitors, community nurses and therapists told us senior leaders were visible, accessible and receptive to staff feedback and evaluation. The CYP executive team was viewed by staff as supportive, encouraging and as champions for children's services. Service managers were seen as considerate and collegiate. Practitioners told us managers listened to needs of the service and provided very good support.
- There was clear representation of children and young people matters at trust board level by the director of operations and deputy chief executive. The CYP service director, head of CYP and CYP general manager and lead nurse represented the service on operational and performance matters.
- Senior CYP leaders reported that the trust board was aware of areas of good practice and areas of concern in the CYP service. There was recognition of the trust's commitment to make services safe and effective, particularly in terms of investing in the CYP estate and premises.
- A service management group was set up to improve leadership of the CYP service. The trust had also employed an operational manager and new associate clinical director to improve leadership. Consultant paediatricians told us this had helped improve oversight of caseloads, develop processes and streamline services. The service was using data to drive the service forward, with a focus on reducing waiting times and improving MDT working.
- The family nurse partnership (FNP) team said the trust leadership team was supportive of their work and had attended visits to the service. They felt that the trust leadership was aware of the FNP team's work and pressures and was supporting the service's development by working with commissioners. Other staff told us the trust leadership listened to them and did 'walk around' visits to see services being delivered.

Good

Are services well-led?

- Staff with management responsibilities, such a team leaders, had access to leadership and management training, which was funded by the trust. Practitioners told us there were good opportunities for career development and promotion to leadership roles.
- There were some isolated reports of concerns with leadership of the service. For example, we were informed that some managers in the child development service were often critical of practitioners and did not engage with staff in changes to services. Some therapy practitioners also felt that plans for service changes were not communicated well.

Culture within this service

- We found an inclusive and constructive working culture within the CYP service. We found highly dedicated staff, often working in challenging circumstances. Practitioners across services were very positive, knowledgeable and passionate about their work.
- The staff we met understood their local challenges and demonstrated a desire to improve CYP services for the benefit of clients. Practitioners in the health visiting and FNP teams told us the trust was creative in its approach to delivering and developing services.
- Health visitors, nurses and therapists reported approachable and supportive colleagues. The staff we met told us they felt cared for, respected and listened to by their peers.
- The staff we met recommended the trust as a place to work and told us the trust was an enjoyable and rewarding workplace, both educationally and managerially. They highlighted the supportive environment as a reason for this.
- Senior leaders of the CYP service were proud of their teams and told us staff were committed, respectful to clients and colleagues and made a positive difference to their local communities.
- Health visitors reported that low vacancy levels in the service as a result of call to action funding and recruitment had improved staff morale and helped develop their practice, for example, by introducing extra visits, liaison visits and more clinic sessions.

Staff and public engagement

- Staff told us there was good communication from the trust and they felt that CYP was well represented in the trust by the senior team.
- The trust provided a number of communications in the form of regular newsletters and all staff emails which highlighted local news, achievements, changes and policy updates. Trust executive emails were regularly sent to all staff.
- Operational staff were also invited to attend planned focus groups with the CYP executive team on a quarterly basis to raise concerns and share ideas.
- A number of CYP services had been decommissioned by commissioners or brought in-house by the local authority in the year before our inspection and a number of services were due to go to tender. This had created some uncertainty for staff and we were told while most staff had embraced changes, it had also impacted on staff morale. Managers told us they spoke with their teams about plans for service redesign, with regular planned forums for staff in services that were transferring to other service providers. Some staff told us they felt they did not receive adequate notice about changes to services, and they were anxious and uncertain about changes to their roles, work location and workload.
- The CYP service conducted extensive community outreach and service user engagement. This included outreach work with vulnerable people and those in hard to reach groups. The CYP service worked with CAMHS specialists, children's social care and children's centre advisory boards to engage with clients on locally available services and promote public health initiatives.
- The trust was part of the local 'building community capacity' project to help improve public health education and resources for the local community. This included development of advice and information booklets, online video and mobile phone applications on subjects such as self-harm, potty training, weaning and common illnesses. The service hosted sessions at children's centres on the project to improve local understanding of appropriate access to services and child safety.
- The CYP service developed a specification and framework for engaging with young people in the design of services. This was created in conjunction with the

local authority. The CYP service conducted a series of visits to local schools which found that children and young people wanted continuity of care, to be treated respectfully, and the introduction of healthy eating incentives. The service also consulted the local authority youth parliament.

- The CYP service systematically collected client satisfaction data using electronic PREMS questionnaires. Feedback was collected using a simple pictogram questionnaire which clients completed on a handheld computer tablet. PREMS questions included: did staff explain things well, were staff friendly and helpful, did staff listen to you, were you given easy to understand information, what was good about your visit and what could be improved? The information was collated and practitioners received quarterly feedback. The service had responded to client feedback, for example by implementing triage to reduce waiting times for some services.
- Minutes of the family nurse advisory board demonstrated testimony from clients and good evidence of engagement. Clients attended these boards to share their experiences of the programme.
- The looked after children service (LAC) consulted clients and the children in care council on a project to redesign health passports for clients leaving care and make it more user friendly for young people.

Innovation, improvement and sustainability

- The CYP service actively participated in the trust's quality improvement (QI) programme. A QI forum was held every two months, supported by monthly locality forums to review CYP QI projects. The service worked with QI coaches to help clinicians understand the QI methodology, and there were senior sponsors and QI leads within the trust to help facilitate changes and manage projects. The staff we spoke with were enthusiastic about the positive impact of the QI programme, particularly the 'Lean on RiO' project which was working to reduce data entry duplication, rationalise record keeping processes, standardise assessment templates and improve data analysis.
- The trust's sickle cell team worked in partnership with clients to develop the service and improve ownership and understanding of their care amongst clients. Since 2008 the service had hosted an annual conference for sickle cell professionals and clients. In 2015 this was attended by more than 250 people. There were also weekly support groups for service users to help them manage their condition. The team worked with local churches, colleges and community groups to raise awareness of the services they provide. Information on the services was also provided in multiple languages. The service also produced a DVD resource to help clients manage their condition.
- The CYP service's health visitor recruitment programme utilised 'recruitment champions' to promote ELFT as an employer, encourage applications from suitable candidates and support the recruitment process to reduce the length of time from position being offered to starting in post.
- The CYP service was part of the national pilot of the my child's health record 'e-red book' for parents and health visitors to record infant progress. The trust was working in partnership with local maternity services on the pilot.
- There was a team of specialist health visitors to improve access and support for particular client groups. There were specialists in perinatal and infant mental health, HIV, sickle cell and thalassemia and child development service. Health visitors told us the introduction of specialist health visitors facilitated more effective support for specific client groups while enabling health visitors to concentrate on universal and child protection caseloads.