

Southend Borough Council School Nursing Service

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

We did not rate the service. We found:

- Staff were knowledgeable about their responsibilities around safeguarding and there was sharing of information internally and externally. Children's records were kept electronically; they were clear, detailed and up to date.
- Staffing levels and caseloads were appropriate and in line with Royal College of Nursing guidelines. Staff followed infection prevention procedures. Staff completed appraisals and revalidation and achieved 100% compliance with mandatory training.
- Staff used evidenced based policies and guidelines. There was regular Multidisciplinary team (MDT) working and staff routinely recorded parental consent status. The service met the National child measurement programme targets for reception age children.
- People who used the service gave consistently positive feedback about the way the nurses treated them. We saw nurses protect the privacy and dignity of children and treat them kindly and appropriately during health screening.

- Staff delivered services to meet the needs of children. At the time of our inspection the service had no waiting lists for weight management or night time enuresis.
- The school nursing services had received no complaints.
- There was a clear leadership structure in place and the culture within the school nursing team was open and supportive. The service looked at ways of introducing improvement and sustainability.

However,

- Staff were unable to access electronic records in schools or at the child's home. This meant records could not be updated contemporaneously.
- Staff referred to policies which were out of date.
- There was inconsistent knowledge around the Duty of Candour regulation
- Staff did not undertake regular audits.
- Public engagement and feedback was limited.

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Southend Borough Council School Nursing Service

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Community health services for children, young people and families.

Summary of this inspection

Information about Southend Borough Council School Nursing Service

Information about the service

Southend on Sea Borough Council School Nursing Service registered with CQC on 1 April 2015 and has not previously been inspected.

School nursing services are delivered to approximately 27,000 children aged five to 19 years, in 51 schools within the borough of Southend. School Nurses are the lead public health professional for school-aged children, taking over health monitoring from the Health Visitor on the child's fifth birthday. School Nurses work in partnership with families and other professionals to promote the health of all children and to support children with health needs in the school environment. This includes care planning with schools and parents to meet the needs of children with diagnosed conditions. Care packages and services are also offered for other health needs such as weight management, bed-wetting, and hearing and vision assessments.

School nursing services operate from the Civic Centre, Southend on Sea. The team consists of a matron, five senior school nurses, two school nurse assistants, two administration staff, and a bank administrator.

School nurses provide services year round at the child's individual school or at their home. Enuresis clinics take place in a primary care centre and the 'More Life' clinic in a sport and fitness centre in Southend town centre.

During the inspection, we spoke with the matron, five school nurses, one school nurse assistant, two administrators, ten children and two service users. We reviewed three electronic care records, five paper based health-screening records and two faxed referrals to the school nursing service from schools. We also reviewed relevant policies, procedures and meeting minutes and we observed nurses delivering health screening in a school.

Community health services for children, young people and families

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health services for children, young people and families safe?

We did not rate the service. We found:

- Staff had an excellent knowledge about their responsibilities around safeguarding and there was good sharing of information internally and externally.
- Staff adhered to infection prevention procedures.
- Children's records were kept electronically. They were clear, detailed, and up to date and could be shared amongst other professionals.
- All staff were compliant with mandatory training.
- Managers planned staffing levels along Royal College of Nursing guidelines.

However,

- Staff knowledge around the Duty of Candour Regulation triggers was inconsistent.
- Staff could not access electronic records in schools or at the child's home.
- Staff referred to policies which were out of date.

Detailed findings

Safety performance

- Southend on Sea Borough Council School Nursing Services reported no serious incidents in the reporting period November 2015 to November 2016. Meeting minutes showed that no serious incidents had been discussed.

Incident reporting, learning and improvement

- We reviewed the Southend on Sea Borough Council Public Health Policy on Incident Management. The policy was in date and described the process staff should follow when reporting an incident.

- All the nursing staff we spoke with said they knew how to report incidents. However, none of the staff had ever been required to report an incident and therefore there was no evidence of incident reporting and sharing. We were therefore not assured that all incidents were reported.

Duty of Candour

- Three of the five staff we spoke with regarding Duty of Candour knew of the regulation but staff gave inconsistent responses when we asked how the duty maybe triggered we were not assured that staff knew what might trigger it. 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.
- Staff gave an example of being open and honest. Due to an error made by the school, children whose parents had declined consent, had been health screened. Staff explained how they contacted the parents to apologise and reassure them the child's results would be discarded.

Safeguarding

- Southend on Sea Borough Council School Nursing Service reported no safeguarding alerts or concerns between November 2015 and November 2016.
- We had carried out a Review of services for Children Looked After and Safeguarding in Southend on Sea. This was published in September 2016 and contained a recommendation for school nurses to work more proactively with health visitors. The service had developed an action plan in response to this and increased the contact time between the teams.
- Safeguarding referrals into the team were dealt with on a corporate basis. The referrals were triaged in

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accordance with a standard operating procedure. Only qualified school nurses carried safeguarding caseloads. At the time of inspection there were 300 looked after children and 150 children with a child protection plan in place.

- There was sharing of safeguarding concerns between healthcare professionals. Electronic care records could be accessed by staff in the local NHS emergency department (ED) so that children brought to the ED could have any safeguarding concerns checked. A record of the child's attendance at ED was sent to the school nurses electronically.
- Staff had safeguarding supervision quarterly with an external provider to discuss any safeguarding concerns in line with best practice. All the staff we spoke with had good understanding of safeguarding and were able to explain the actions they would take if they had concerns about a child.
- The service identified children subject to child protection by using a designated symbol on their individual care record to easily identify them.
- All the staff we spoke with were aware of female genital mutilation (FGM), sexual abuse and human trafficking. Staff training covered these topics during annual face-to-face study days.
- The school nursing service chose to carry out Disclosure and Barring Service (DBS) checks annually on all staff rather than the recommended three yearly checks. DBS checks help to prevent unsuitable people working with vulnerable people and children.
- Staff regularly attended local adult and child safeguarding boards as required.

Environment and equipment

- We inspected two audiometers and one set of electronic scales, portable electrical appliance testing (PAT) had been completed and they were in date for service and calibration.
- Each school kept weighing scales and measuring equipment. School nurses arranged a courier to collect the equipment from each location annually for calibration and service at the local NHS provider. We reviewed records confirming calibration and service was completed for July 2016- July 2017.
- We observed staff conducting a school visit to carry out health screening in line with the Governments national

child measurement programme. Nurses used a designated room with a small waiting area attached. Staff could close doors and blinds to protect a child's privacy.

- A hand washing sink was available to staff to promote good infection control and hygiene.

Quality of records

- School nurses used an electronic records system to store children's care records.
- We reviewed three electronic records in relation to children. We found they were detailed, parental consent status was documented, each entry was dated, and the name of the nurse who had completed it was recorded. A care plan was included in one of the records and was not required in the other two.
- Staff protected confidential information by locking computer screens and turning papers over when leaving their desks.
- Staff were not able to access the electronic records system when visiting children in their home or school and were not able to review and update records contemporaneously. School nurses made handwritten care records and transferred these to the electronic system when they returned to the office before shredding the paper record.
- We reviewed five paper health-screening records made by school nurses during the school visit. Records clearly detailed the child's name and date of birth, parental consent status, the measurements taken, the signature of who had taken them and the date.
- School nurses stored paper records face down during the school visit and transported them to the office base in opaque wallets in a holdall. Staff explained that they scanned the forms, attached them electronically to the child's health record and then securely destroyed the original paper document. We saw this was in line with the Southend on Sea Borough Council Public Health Records Management and Information lifecycle Policy, September 2016.

Cleanliness, infection control and hygiene

- Staff followed "bare arms below the elbow" practice when interacting with the children, in line with the department of health best practice guidance.
- Staff cleaned equipment at the start of the clinic and cleaned vision testing equipment with antibacterial wipes between children to reduce cross infection.

Community health services for children, young people and families

- School nurses had access to a hand a washing basin. We saw staff used antibacterial hand gel between each child and regularly washed their hands to reduce infection.

Mandatory training

- Mandatory training covered a range of topics, including fire safety, health and safety, basic life support, safeguarding, manual handling, infection control and information governance.
- Staff received safeguarding training around female genital mutilation (FGM), sexual abuse and human trafficking.
- Mandatory training was delivered through study days and E-learning. All staff had access to SPARK, Southend on Sea Borough Councils on-line learning portal.
- All the nursing staff we spoke with had completed safeguarding children level one, two and three training. Safeguarding children level one and two was undertaken annually and safeguarding level three training was three yearly.
- Administration staff we spoke with had received safeguarding children level one and two training.
- We reviewed the mandatory training records for three nursing staff and noted they were 100% compliant with mandatory training.

Assessing and responding to patient risk

- Staff explained that they would call 999 for any child deemed to be seriously unwell during a school visit. Nursing staff received basic life support training as part of their mandatory training.
- All the nursing staff we spoke with had attended basic life support training.
- School nurses attended schools on an annual basis to provide training to staff around the use of epinephrine auto injectors known as “epi-pens”. An epi-pen is a medical device for injecting a measured dose of epinephrine into a child to treat an extreme allergic reaction.
- There were well defined escalation policies for children as well as parent who may be at risk. This included national guidance on triggers and identification of concerns or abuse and the appropriate referral to other organisations.

Staffing levels and caseload

- Five school nurses and two school nurse assistants were responsible for 51 schools with approximately 27,000 children aged five to 19 years and 50 children who were electively home schooled. Each school had a named nurse however, the head teacher we spoke with at the school visit, did not know who their named nurse was.
- Each school nurse was responsible for an average caseload of eight schools. Caseloads were determined based on acuity of the school population while paying consideration to the geographical location of each school.
- Each school nurse had responsibility for, on average, two secondary schools and their associated feeder primary schools. This was not in line with Royal College of Nursing guidance (RCN) of one school nurse per secondary school pyramid.
- Southend on Sea Borough Council School Nursing Service reported five whole time equivalent (WTE) nursing staff vacancies. Vacancies included three band six nurses, one band five nurse and one administrator. Two nurses were scheduled to start employment in March 2017, and recruitment to the other vacancies was ongoing at the time of our inspection.
- Permanent staff covered the workload by doing additional hours this meant even though there were vacancies there was no impact on services.
- Southend on Sea Borough Council School Nursing Service did not use any agency staff.

Managing anticipated risks

- We reviewed the Southend on Sea Borough Council service wide risk register dated June 2016. The risk register contained 15 risks. Risks were RAG rated (red, amber, green). Eleven risks were ‘red’ and four were ‘amber’. After controls were added none were ‘red’.
- Although there was no school nurse specific risk register, nurses were aware of potential risks to their service. Two school nursing staff we spoke with believed staffing was their greatest risk.
- We reviewed Southend on Sea Borough Council Lone Working Guidance. The Policy was out of date since July 2015. Staff knew the procedure. If they attended a home visit after school hours, they would send a text or telephone a nominated colleague to let them know they were going home.

Major incident awareness and training

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- Southend on Sea Borough Council had a 'Business Impact Analysis Policy'. The policy was within review date and nursing staff described the plan for business continuity if a situation arose where they were unable to access the building.
- Staff described routine fire drills and emergency lighting tests which were carried out regularly at Southend on Sea Borough Council offices.

Are community health services for children, young people and families effective?

(for example, treatment is effective)

We did not rate the service. We found:

- Staff used evidenced based policies, guidelines and programmes such as the Healthy Child Programme and Promoting the Quality of Care of Looked After Children. .
- There was regular MDT working which ensured children received the best possible care.
- Staff were competent to carry out their roles. The service supported staff to undertake additional qualifications.
- Targets for national child measurement were met for reception age children.
- Staff undertook appraisals and revalidation to ensure they were practicing safely and effectively.

However

- Whist audits were completed there was no formal audit plan.

Detailed findings

Evidence based care and treatment

- School nurses delivered care in accordance with policies and procedures based on national guidance, such as National Institute for Health and Care Excellence (NICE) guidelines and from Education and Resources for Improving Childhood Continence (ERIC) for the Enuresis clinic. This meant service users were given the correct advice and information.
- Nursing staff performed vision tests using the LogMar Kay picture books. This was in line with guidance from the World Health Organisation (WHO)

- School nurses followed the Government's "Healthy Child Programme Five to 19" and the National Child Measurement Programme (NCMP)
- School nurses referred children identified as having weight issues through the NCMP, to the "More Life" clinic to manage diet and exercise.
- The school nursing service followed the 'Promoting the Quality of Care of Looked after Children' guidelines (reviewed May 2015). School nurses performed the looked after children healthcare assessments annually at the child's home.
- Policies and procedures were stored on the Southend on Sea Borough Council Intranet. We saw staff could access these policies easily. We reviewed three policies and found them to be within review period.
- Some nursing staff referred to policies from previous employers. These policies were no longer under regular review conditions and were therefore not the most up to date source of information.

Patient outcomes

- The school nursing service did not have a schedule of routine audits but participated in audits on an ad hoc basis.
- In June 2016, the school nursing service undertook a "voice of the child" audit. The audit included feedback forms from 236 year six children. The audit was to determine if school nurses were listening to the "voice of the child." The overall outcome was children wished to know their health screening results. In response to the audit findings, the school nursing service developed a method of feeding back results to the children via their parents or carers.
- The school nursing service undertook an anaphylaxis audit (September 2015 to July 2016) to determine how many schools had been visited for annual anaphylaxis training. Findings showed 35 out of a possible 46 schools had received the training. The service scheduled a further audit for 2018.
- National child measurement programme audit data (2015 to 2016) showed 2,097 reception age children (96%) were health screened. This was more than the government target of 95%. The programme screened 1,700 (91%) year six children, this was less than the government target. However, 136 (7%) parents declined

Community health services for children, young people and families

consent for children to be screened and another 21 children (1%) refused to participate in the screening on the day. A further 1% of children were absent for both the planned and follow up screening dates.

Competent staff

- Three of the school nursing staff we spoke with had received their annual appraisal, two other staff members were in the process of completing their appraisal record.
- Staff could request additional training as part of their personal development. Two members of nursing staff described how management staff had supported them to attend additional training on safeguarding vulnerable children.
- The service had supported staff to complete the specialist practitioner qualification in public health (school nursing). This is an additional qualification for school nurses who are responsible for caseload management.
- All staff received invites to attend the Public Health Journal Club which helps develop and maintain staff critical appraisal skills. None of the staff we spoke with said they had attended due to work commitments

Multi-disciplinary working and coordinated care pathways

- Informal multidisciplinary team (MDT) occurred because school nursing services shared office space with other child care services, for example education, special educational needs (SEN) and educational psychology.
- School nursing staff liaised with specialist school nurses from external providers in order to provide care for children with complex needs such as epilepsy and childhood diabetes.
- Staff gave examples of working with external services such as specialist children's hospitals, for example, the National Society for the Prevention of Cruelty to Children (NSPCC) and the local police to provide care to children.
- School nurses attended parent teacher meetings arranged by schools to help support ongoing care needs of children.
- School nurses liaised with General Practitioners (GPs) to ensure up-to-date care plans were available in school

for children who had asthma, epilepsy, or allergies. Children's records and school nursing interventions were available to the GP as they used the same record system.

- There was active MDT working with safeguarding boards and other services such as the police as required.

Referral, transfer, discharge and transition

- Referrals to school nursing services came from a variety of sources including GPs, schools, parents and children, social workers and other professionals. We saw two faxed referrals from schools.
- Referrals were 'tasked' to specific school nurses under the electronic patient record system. This allowed nurses to track incoming work and prioritise their caseload.
- The school nursing service routinely referred children to the 'More Life' service, the paediatric continence service, the enuresis clinic and the emotional wellbeing and children's mental health service.
- We saw a child fail the vision test. The school nurse recorded this on the child's health screening record ready to input onto the electronic record system and refer the child to the orthoptist service following obtaining parental consent.
- Hand over of the child's health monitoring from the health visitor to the school nursing team was via the electronic records system. The senior school nurse and senior health visitor met monthly to discuss children approaching their fifth birthday. The health visitor also provided a transfer form for any children who were the subject of a safeguarding concern to ensure their continuity of care.
- Discharge from the school nursing service occurred when the child was 19 years old, when children entered adult services.

Access to information

- School nurses had access to the same electronic system as the GP's. This meant that information could be shared appropriately and that staff were aware of changes or care interventions. However, some GP's did not give full record access to school nurses.
- Test results were reported through the electronic record and were available in good time.

Consent

Community health services for children, young people and families

- Nursing staff understood and were able to explain both Gillick competency and Fraser guidelines. Gillick competency relates to children being able to make decisions about their care if they have the competence to do so. Fraser guidelines refer to a legal case, which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16 year old without parental consent.
- We saw parents had signed their consent to their child receiving health screening on referral forms from schools. Staff scanned and attached the form the child's record on the electronic records system.
- Parents could "opt out" of the National Child Measurement Programme (NCMP) by returning a signed form to the school.
- We saw school nurses confirm signed parental consent before they began health screening each child. As each child was screened the nurse obtained verbal consent by explaining what they were going to do and asking the child "is that alright with you?"
- We saw five school health screening forms where parents had declined to consent. Nurses defaced the forms with the word "declined" and placed them at the bottom of the pile so the child was not screened accidentally. Nurses scanned and attached the forms to the child's electronic record on returning to the base.
- School nurses saw year six children individually and ensured their privacy and dignity was maintained at all times.
- Nurses introduced themselves to the children and spoke reassuringly and encouragingly to them during the health screening. Nurses shared appropriate humour with the children to help them feel more relaxed and participate in the health screening process.
- Nurses gave feedback forms to 10% of the year six children per school at the time of the health screening. We reviewed three feedback forms. All three children had responded positively to the question "were you given enough privacy?" and "are nurses friendly?"
- All ten children we spoke with during the inspection thought the nurses were kind and friendly.
- The school staff we spoke with told us the nurses were "brilliant" and "so helpful"

Understanding and involvement of patients and those close to them

- Nurses gave feedback forms to 10% of the year six children per school at the time of the health screening. We reviewed three feedback forms, all of the children responded positively to the question "were you told what would happen?"
- Nurses did not disclose results of the health screening to the children or the school. Parents who had requested feedback were informed of the child's height, weight, and vision by letter from the school nursing team.
- Records showed that information was shared appropriately with children and parents and carers. There was regular contact with children and parents who had case reviews as well as looked after children.

Emotional support

- School nurses supported and encouraged children who were nervous of undergoing the health screening to take part.
- School nurses contacted the parents who had indicated on the health-screening questionnaire that their child had behavioural and emotional needs to provide advice and guidance.
- We were told emotional support was provided for children and families by school nurses. Access to formal emotional support and counselling was available through the GP.

Are community health services for children, young people and families caring?

We did not rate the service. We found:

- People who used the service gave consistently positive feedback about the nurses.
- Nurses protected the privacy and dignity of the children during health screening.
- We saw nurses speaking kindly and appropriately to children during health screening.

Detailed findings

Compassionate care

- Reception age children came to see the nurses in pairs. Nurses explained the children were more comfortable doing the health screening when they had a friend present.

Community health services for children, young people and families

Are community health services for children, young people and families responsive to people's needs? (for example, to feedback?)

We did not rate the service. We found:

- The school nursing service was focussed on the child and their carers and ensured their needs were met.
- There was clear service planning to meet people's needs such as the continued provision of an enuresis clinic and the planned increase of valued drop in sessions.
- The service met the needs of people in vulnerable circumstances. For example, looked after children had a named school nurse.
- At the time of our inspection the service had no waiting lists for weight management or night time enuresis clinics.
- School nursing services received no complaints.

Detailed findings

Planning and delivering services which meet people's needs

- School nursing services were available between the hours of 8am and 6pm, Monday to Friday year round. Services were available in schools during school hours and at the child's home out of school hours.
- School nurses and nursing assistants provided school nursing in 51 schools across Southend, 36 Primary Schools and 15 secondary schools.
- School nurses offered "drop in" sessions for children one morning per month in two secondary schools. There were formal plans in place to increase the number of drop in sessions available following a successful recruitment campaign.
- An enuresis service was provided to children. There was no waiting list for the service at the time of the inspection. Staff valued the service as being a practical support as well as being able to address other concerns that may be related to childhood enuresis.
- The school nursing service was embedded with the wider public health agenda in Southend. This ensured the service supported local and national public health priorities.

Equality and diversity

- Translators, for people whose first language was not English, could be booked to translate documents, telephone calls or attend face-to-face appointments. For the health screening session, school nurses relied on teachers or the child's support worker to translate.
- School nurses usually saw children who had special needs at the beginning or at the end of the health screening session depending on the advice of the child's support worker. This prevented any additional anxiety for the child.
- The public health strategy was aimed at addressing inequalities including the lower life expectancy in Southend. School nursing was seen as key to addressing these inequalities at an early stage and was integral to this strategy.

Meeting the needs of people in vulnerable circumstances

- School nursing service engaged actively with colleagues in social services and safeguarding teams to ensure that children's needs were met. Staff were aware of their responsibilities to parents who may be in vulnerable circumstances.
- The service followed guidance in caring for looked after children. Each Looked after child had a named school nurse and contact details and all had a plan of care in place. The strategy for the care of looked after children was integral to the public health agenda for Southend. This included early intervention, improving outcomes through education and collaborative working between the service and the schools.
- Looked after children had a full, detailed assessment completed which the school nurses either led or contributed too. This was reviewed annually and health plans changed to meet the changing needs of the child.
- The service followed national guidance in identifying people at risk of domestic violence and ensuring people were safeguarded and referred to appropriate organisations. Staff reviewed approximately 250 domestic violence reports monthly to consider impact on children and families in their care.
- Staff were involved with or the lead professional in the care planning of looked after and other vulnerable children. This included the formulation of multi-agency care plans to meet the needs of children and their parents/ carers.

Community health services for children, young people and families

- We were told that staff supported teachers and other staff to support children with disabilities or who required other medical or health intervention.
- Nursing staff gave examples of providing the enuresis clinic at home when a parent had young children and did not have transport.
- School nurses delivered the enuresis clinic at a child's home when the child was too embarrassed to attend the enuresis clinic.

Access to the right care at the right time

- The enuresis clinic contacted patients within two days of referral and treatment began at the child's first assessment. This was within four weeks of initial contact.
- The enuresis clinic ran one morning per month at the local Primary care centre. There was no waiting list.
- Two service users explained that school nurses always returned telephone calls. Usually this was within 24 hours or sooner if the request for help or advice was more urgent.
- Appointments for hearing and visual tests were usually available within one week of receipt of the referral.
- The service was meeting targets and national programme guidance for the measurement of children at the correct age and stage of development. There were no delays in these programmes.
- The "More Life" service was available on Wednesday evenings at the local leisure centre. There was no waiting list.

Learning from complaints and concerns

- Southend on Sea Borough Council School Nursing service follow the complaints procedure set out in the Southend-On-Sea Borough Council manual on handling complaints, comments and compliments. (Version 11 March 2014).
- Southend on Sea Borough Council School Nursing service reported they had received no complaints during the reporting period November 2015 to November 2016. We spoke to three staff about complaints and they all said there had not been any.
- There was a standing item on the Integrated Governance Committee (IGC) meeting to discuss and review any complaints should they arise.

Are community health services for children, young people and families well-led?

We did not rate the service. We found:

- Clear leadership structures were in place within the school nursing team.
- There was a vision and strategy for the service. Integration with other council services offered opportunities to develop the services.
- The culture was open and supportive with staff speaking highly of their managers.
- The service was looking at ways of improvement and sustainability.

However,

- There was limited public engagement and quality measurement from children's perspectives.
- Fit and Proper Persons was being met but there was no explicit mention of the duty or its requirements in current procedures.

Detailed findings

Leadership of this service

- The service was led by the Director of Public Health, Head of Public Health and the clinical lead for the school nursing service.
- Clear leadership structures were in place within the school nursing team. The matron, who reported to the head of Public services, led Southend on Sea Borough Council School Nursing service and the service was overseen by the Director of Public services for Southend on Sea Borough Council.
- Leaders of the service were well sighted on the risks and challenges affecting the school nursing service. They agreed it had been a challenging time moving the service from previous providers to that of the borough council. However, they demonstrated the benefits that this model of service provision including improved links with social workers and safeguarding.
- Staff spoke highly of the leadership of the service, felt well supported and that senior leadership was approachable.

Service vision and strategy

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- There was a clear strategy in place for the school nursing service. This was centred on government and public health commitments to national programmes such as the National Child Measurement Programme and Healthy Child programme.
- The proposed service model was to focus on school entry and the transition period. The service model would also increase the school nursing contribution to support educational achievement through improved attendance and inclusion. Future plans included the increase in the number of school drops in's provided by the service, the upskilling of the workforce and developing new communication methods with children.
- At the time of the inspection there was a review of school nursing and further integration into other council provided services. Senior leaders were involved with this review.
- We reviewed the Southend on Sea Borough Council wide "Employee Engagement Survey 2015". Of the 21 staff who responded, 52% knew the Council's vision and strategy.

Governance, risk management and quality measurement

- Senior managers described the changes from previous governance structures to a new structure when school nursing moved to the borough council. Whilst some governance processes remained the same, such as those around safeguarding, quality and risk management moved into the council structure.
- There were monthly integrated governance committee (IGC) meetings. Minutes showed that risks, complaints, clinical effectiveness and service delivery were standing items on the agenda. Representatives of clinical commissioning group (CCG) attended the IGC regularly.
- Papers from the IGC went to the departmental management team (DMT) and concerns and risks escalated to the corporate management team (CMT) that the director of public health attended. The CMT met fortnightly. Minutes from that meeting showed that concerns were escalated and actions identified to address concerns or mitigate risks.
- In addition, some papers were forwarded to the Leader and Cabinet of the council and to the full council.
- Monthly safeguarding reports and safeguarding supervision was provided by a third party. There was

ongoing representation as required at local safeguarding and child safeguarding boards. There was clear accountability structures in place for safeguarding and looked after children.

- There was a risk register within public health department. This included risks around the service plan as well as staffing in the school nursing service. Departmental risks were escalated to the corporate management team and the corporate risk register. Risks had identified mitigation as well as a target date for management of the risk. We saw that the staffing risk was being met with additional recruitment.
- There were informal "mini team meetings" weekly. These meetings were led by the head of public health and were used to provide staff with updates and information from the DMT in between formal team meetings.
- All school nursing staff attended regular school nurse meetings, and could suggest agenda items and raise any issues. We reviewed the minutes of the meetings (November and December 2016 and January 2017) and staffing, equipment, training, information governance and safeguarding were regularly discussed
- We reviewed the meeting minutes of monthly Public Health whole team meeting (September, November and December 2016) led by the Head of Public Health for Southend on Sea Borough Council and training, health and safety, risk management and safeguarding were regularly discussed.

Fit and Proper Persons Requirement

- For the purposes of the borough council, the fit and proper person's requirement applied to the Director responsible for the school nursing service. The senior team had a good understanding of the requirement.
- The file we reviewed showed that all elements of the requirement had been met. This included qualifications, appointment terms and including periodic review of the persons continuing fitness.
- However, whilst the FPP requirement were met in a number of documents including Corporate Procedures for the Appointment of Directors and in practice there was no explicit mention of the duty or of the requirements to meet the regulation.

Culture within this service

Community health services for children, young people and families

- Staff described a supportive culture within their immediate teams. Staff felt their managers were approachable and would respond to any concerns they raised.
- According to the Employee Engagement Survey 2015, less than half the staff who responded felt they could “speak up and challenge the way things are done in the council” (38%). All the school nursing staff we spoke with said they felt happy to challenge and raise concerns with their immediate managers.
- We reviewed the Southend on Sea Borough Council wide “Employee Engagement Survey 2015”. Staff had replied positively (100%) to the question “does your manager treat you with respect?”

Public engagement

- School nurses gave ten percent of year six children who participated in the National Child Measurement Programme (NCMP) evaluation forms to complete. The forms asked for feedback around privacy, information and whether staff were friendly. Results were positive (95% or greater) in all measures.
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Staff engagement

- All Southend on Sea Borough Council staff received an invite to the Chief Executive briefings and received the Corporate Newsletter ‘In the Loop’ and weekly briefing

‘News-on-Sea’. The service had an internal intranet with key information for staff. None of the staff we spoke with had attended the Chief Executive briefing due to work commitments.

- All staff had the opportunity to complete the Annual Employee Engagement Survey. We reviewed the Southend on Sea Borough Council wide “Employee Engagement Survey 2015”. The response rate was 49% (21 out of 43 staff). This figure was not broken down into staff groups.
- The School Nursing Service received a nomination for the Council’s Stars Awards for Enuresis Care 2015. The service was highly commended by the panel.
- The School Nursing Service was nominated and shortlisted for the Stars Focused Performance Award in October 2016. Staff we spoke with said they felt proud to have been recognised.

Innovation, improvement and sustainability

- Southend on Sea Borough Council school nurses were planning to reinstate the monthly “drop in sessions” at all secondary schools once staffing levels were at establishment.
- The school nursing service were looking at more systematic ways of gathering feedback from service users as well as using new methods of communicating with children.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The school nursing service should ensure they only refer to policies which are in date.
- The school nursing service should ensure they are aware of the Duty of Candour Regulation triggers.
- The school nursing service should undertake regular audits to ensure quality.
- The school nursing service should develop more robust ways of gathering user feedback.