Care Quality Commission

Humber NHS Foundation Trust

RV9

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)
RV936	Willerby Hill	Trust Headquarters	HU10 6ED

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

Contents

Summary of findings

Overall summary

Overall rating for this core service: Good

Overall, we rated the service as good because:

- Throughout the inspection, we observed staff delivering care to children and their families in clinic settings and in their own homes. We saw staff treat children and families with dignity and respect at all times. They were sensitive to the children's needs, demonstrating kindness and compassion. We observed good relationships between the staff and patients and their carers.
- The service reported incidents and there were examples of changes in practice as a result of lessons learnt from incidents, for example, immunisation practices. There was shared learning as a result of serious case reviews.
- Staff received appropriate safeguarding training and had access to regular safeguarding supervision as required by national guidelines. Staff also undertook clinical supervision and received statutory and mandatory training. There were opportunities to access additional training to support their work with children.
- The service used an electronic record keeping system. This provided staff with up to date information about children, including safeguarding concerns. It allowed staff to share information with other practitioners in a timely way. The electronic system for patient records also allowed the service to monitor commissioned targets and patient outcomes.
- Children's services used a range of evidence based systems and risk assessments to deliver appropriate care and promote patient outcomes. Staff had additional training opportunities. The service had implemented electronic record keeping in all areas, other than speech and language and occupational therapy, where it was being rolled out. This provided staff with up to date information about children, including safeguarding concerns. It allowed staff to share information with other practitioners in a timely way. The electronic system for patient records allowed the service to monitor targets and for teams to take action when commissioned targets and patient outcomes were not being met.
- There was integrated care between other agencies and services were planned to meet the needs of children and families.

However:

- There was a lack of staff and public engagement. This was a breach of regulations in the previous inspection and, although some improvement had been made, it continued to be a breach.
- Services did not have a programme of auditing to measure and improve the quality of care. Children were waiting over 18 weeks for speech and language therapy services. Action plans were in place to reduce the waiting lists.
- The trust had a children's strategy, but staff were not aware of this and the trusts future vision of 0-19 services. There was limited engagement with identifying risks and reporting incidents by all the staff groups. Staff across the services were not clear about governance arrangements. There was a disconnect between the trust overview of training figures and the training figures recorded at team level.

Background to the service

Information about the service

Humber NHS Foundation Trust provided services to families and children, up to the age of 19 years old, across the East Riding of Yorkshire. The services provided were health visiting, school nursing, paediatric therapy services (physiotherapists, occupational therapists and speech and language therapists). Therapy services were also provided to the city of Hull. The trust provided some specialist services; these were the family nurse partnership team, the looked after children team and special school nurses. The services were provided to people in their own homes, in schools, in children's centres and in community clinics across the area.

The trust provided services across a large geographical area with a population of approximately 600,000. Children and young people under the age of 20 years made up 21% of the population of East Riding of Yorkshire. There were 5.5% of school children from a minority ethnic group. The health and wellbeing of children in East Riding of Yorkshire was generally better than the England average. Infant and child mortality rates were similar to the England average. The level of child poverty was better than the England average with 12% of children aged under 16 years living in poverty. The rate of family homelessness was better than the England average. 8.0% of children aged 4-5 years and 17.9% of children aged 10-11 years were classified as obese (CHIMAT, 2016).

During inspection, we visited eight locations. We spoke with four managers, 17 health visitors, eight school nurses and eight therapists, ten specialist practitioners and five support workers. We spoke with 20 families who were receiving care from the services provided. We observed practice in clinics and with the consent of patients, in patients' homes. We examined 26 clinical records. We also held two focus groups, one for health visitors and one for school nurses.

Our inspection team

Our inspection team was led by:

Chair: Paul Gilluley, Head of Forensic services at East London Foundation Trust and CQC National Professional Adviser

Head of Inspection: Jenny Wilkes, Care Quality Commission

Team Leaders: Patti Boden, Inspection Manager (Mental Health) Care Quality Commission

Cathy Winn, Inspection Manager (Acute) Care Quality Commission

The team included CQC inspectors and a variety of specialists: consultant psychiatrists, experts by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting, health visitors, a school nurse, therapists, pharmacy inspectors, registered nurses (general, mental health and learning disabilities nurses), and senior managers.

Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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 visiting, we reviewed a range of information we held about the service and asked other organisations to share what they knew. We analysed both trust-wide and service specific information provided by the organisation and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive and well led. We carried out an announced visit from 11 to 15 April 2016.

We observed how people were being cared for and talked with patients and family members who shared their views and experiences of the care they had received. We reviewed care and treatment records of children and young people who used the services. We visited services based at eight localities.

What people who use the provider say

Parents and carers were positive about the care they received from the community children's services. Families felt supported by staff, and would be happy to contact them if they had any concerns about their child's health. Comments included: Helpful and friendly staff, reassuring with worries and concerns.

We were not able to speak with older children who used the services as the inspection took place during school hours.

Areas for improvement

Action the provider MUST or SHOULD take to improve

The trust should:

- The trust should deliver the public engagement strategy and improve delivery of, and action on friends and family test.
- The trust should engage staff to improve staff understanding of the vision and strategy for community children's services.
- The trust should develop a strategy for auditing community children's services to monitor and improve quality and safety.
- The trust should ensure ligature risk assessments are undertaken in all clinical areas.
- The trust should implement cleaning schedules for toys to ensure adequate infection prevention and control procedures are in place.

Humber 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

Overall we rated children's services as good for safe because:

- There were examples of lessons learnt and actions implemented from incidents and safeguarding investigations.
- Safeguarding frameworks were in place, staff received safeguarding and clinical supervision.
- Staff had received statutory and mandatory training.

However:

- School nurse staffing levels were below establishment; this was on the care group risk register and controls were in place to mitigate risks.
- Therapy teams had delays in access to specialist equipment for children.

Detailed findings

Safety performance

- There had been no never events in children's community services reported in the twelve months prior to inspection. Never events are serious, largely preventable patient safety incidents that should not occur if available preventative measures were implemented.
- The trust was involved in six ongoing serious case reviews. Serious case reviews are multi agency investigations which occur when a child has suffered serious harm or death. They provide lessons to be learned for services involved in promoting the health and wellbeing of children.

Incident reporting, learning and improvement

- All incidents were reported through a trust wide electronic reporting system. Data provided showed 353 incidents had been reported in the children and learning disability care group between January 2015

and December 2015. Of these, 54 were reported by areas in the community children's service, but no levels of harm or type of incident was recorded on the information provided.
- Staff told us they were trained to use the reporting system, but there were very few examples from staff as to when they had used the system.
- Staff received feedback from incidents reported trust wide, as a blue light bulletin, which included lessons learnt from the incidents and changes in practice which had occurred as a result.
- School nursing staff gave us examples of reporting when there had been an incident in the immunisation clinic, for example needle stick injuries. Lessons learnt from needle stick injuries had been shared with staff and a change in practice had been undertaken to reduce these.
- We were also provided with an example of lessons learnt from the outcome of a serious case review. We were shown how safeguarding supervision was to be changed to ensure staff were not supervised by team members, but received supervision from someone outside of their team.
- Duty of Candour was introduced as a statutory requirement for NHS trusts in November 2014. Staff told us they understood the need to be open and honest with families when things went wrong. Senior staff had received training.

Safeguarding

- Staff were aware of the escalation process if they felt someone was at risk of harm.
- The trust had a safeguarding children policy, published July 2014. The policy had been due for review in March 2016; there was no updated policy.
- There was a safeguarding children team. The team consisted of a named nurse for safeguarding children and two specialist nurse practitioners.
- There was an established process of referrals to the local authority. Incident reports were also completed by staff making safeguarding referrals, so the safeguarding team had an oversight into referral rates and individual cases.
- The team had a specialist role in training, supervision, advice giving and representing the team/trust on specialist panels such as MARAC (multi-agency risk assessment conference).
- The team provided level 2 and 3 training for staff, in line with the intercollegiate document. The team had all been trained to level 4 and had received external specialist training outside of the trust.
- Data provided by the trust showed low rates for safeguarding training. It showed that 47% of health visitors and 56% of staff working in children's services overall, were up to date with safeguarding level three training.
- However, during inspection, staff we spoke with had received safeguarding training at the level appropriate to their role. They had knowledge of female genital mutilation and child sexual exploitation.
- Staff across children's services received quarterly safeguarding supervision, in line with national policy recommendations. Staff could also access additional supervision from the safeguarding team.

Medicines

- The trust had an up to date policy for the safe and secure handling of medicines, published August 2015. The policy provided a standard operating procedure to ensure that staff maintained the cold chain for vaccines. We saw practice during an immunisation clinic that policy was adhered to by staff and vaccines were safely stored and transported. Vaccines were transported from a central store by courier to the place of the vaccination clinic.
- Patient group directives (PGD) were used by health care staff to enable them to give medication and immunisations without a prescription. We looked at a sample of patient group directives used by school nurses; these were up to date and signed by staff.
- The trust had a policy for non-medical prescribing, published October 2014, and was due for review in April 2016.
- Health visitors and school nurses were community nurse prescribers and able to prescribe from a predetermined and approved list of medicines. Prescribers had undertaken a prescribing update in February 2016. There was no evidence that nurse prescribing was audited by practitioners.
- Staff who were prescribers, told us of the arrangements for security of prescription pads, which were appropriate.

Environment and equipment

Good

Are services safe?

- The health centres at Bridlington were on the risk register, due to its fire and security risk. The building had been assessed by estates and interim measures were in place to improve safety. Staff had received fire safety training and there was a member of staff who was the designated fire officer. Children and families did not access services at the building.
- Therapy staff told us of the delays in accessing specialist equipment for children in Hull. This was not on the risk register; however, it had been an issue at the previous inspection in 2014. The service were in discussion with the commissioners to address this.
- We visited three locations where children and their families accessed services. These locations had good access for patients with disabilities, children in pushchairs, and were clean and well presented. However, at Brough primary care centre, there were loose blind cords which were a ligature risk to small children in the clinic room. This was brought to the attention of the team leader at the time of inspection.
- Health visitors had their own infant weighing scales, which they took to clinics and on home visits. These were calibrated every six months and we saw in date test stickers on equipment.

Quality of records

- The trust used an electronic based system for record keeping.
- At the previous inspection, there was an issue with a backlog of records requiring scanning onto the electronic system. This issue had been addressed and all records were scanned in a timely way.
- We looked at 26 records across children's services. Records included appropriate risk assessments and evidence of individualised care planning and had been completed within expected timescales. However, we saw one example in a child protection record where a plan was not included for a family who were not engaging with the service. This was highlighted to the team leader at the time.
- A records audit had been completed in December 2015. The areas where compliance could be improved across all the services was care planning. There was no action plan in place to support the improvements.
- Safeguarding flags and indicators of increased levels of care were not in use on the electronic system.

Cleanliness, infection control and hygiene

- We observed staff using alcohol based hand gel when they visited patient's homes, however we observed not all the staff adhered to bare below the elbow guidance. For example, in two locations we saw staff wearing watches and long sleeve tops.
- We observed staff cleaned weighing equipment before and after use.
- We saw toys in clinical areas; they appeared to be physically clean, but there were no cleaning schedules available.
- Staff were assessed for hand hygiene competency. Data showed most staff were competent in either the local assessment for hand hygiene or mandatory training. For example, three out of 64 health visitors were not compliant.

Mandatory training

- Data provided by the trust showed mandatory training compliance for children's services was 66%, against the trust target of 75%. Figures showed that Hedon School Nurses (Team) had the highest percentage of trained staff with an overall training rate of 94%, whilst Hedon Health Visitors (Team) had the lowest aggregated rate of training of 29%.
- However, this data was not reflected in the information provided by team leaders during inspection. We saw there were higher levels of training compliance within the teams we visited, meeting trust targets. This suggested a disconnect between the trust overview of training figures and training at team level.

Assessing and responding to patient risk

- Staff used a range of risk assessment tools to assess and manage individual risks. For example, maternal mood assessments, safety assessments and moving and handling.
- Health visitors undertook a holistic assessment of children, which enabled them to identify risks and protective factors.

Staffing levels and caseload

- High caseloads for health visitors were identified in the previous inspection in 2014. Health visiting staff reported a positive impact of the 'Health Visitor – Call to Action' in that they had seen staff increases in their teams since the last inspection.

Good

Are services safe?

- Current caseloads were below the recommendation of 300 families per health visitor. Staff working in area with higher levels of safeguarding concerns had lower caseloads, however there was no weighting tool applied to caseload allocation to ensure parity across teams.
- The school nurses had very high caseloads due to staff vacancies. Work had been undertaken to review school nurse caseloads to manage them effectively. For example, looked after children were removed from school nurse caseloads and were managed by the looked after children team. We were told by a team leader that more work was underway to look at the acuity of the caseloads and school nurse workload was prioritised to safeguarding and drop in clinics, in order to meet school children's health and emotional needs.
- During a focus group school nursing staff reported to be concerned about the level of care they could provide and how safe their practice was. However, this had not been reported to higher management.
- There were three whole time equivalent vacancies for school nursing across the trust. We were told there was an ongoing recruitment and retention programme, and staffing for this service was on the risk register.
- There were also vacancies in the speech and language therapy team, which were mitigated by increasing the use of agency staff.
- Health visiting teams and the looked after children team were fully staffed.
- Family nurse partnership nurses had the highest sickness rates at 15%, however this was a small team of 5.37 whole time equivalent staff.

Managing anticipated risks

- A business continuity/resilience plan was in place for each of the children's services. It demonstrated the children's services plan to respond to incidents and disruptions in order to continue their operations at an acceptable level, for example adverse weather conditions.
- The trust had a policy to protect staff who may be lone workers. Staff were aware of the policy and of their own local team arrangements for lone working. Staff used electronic diaries, which allowed colleagues to see where staff were working.

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

Overall we rated children's services as good for effective because:

- There were accessible and up to date policies and procedures for staff. These included links to evidence based guidelines.
- The service undertook evidence based assessments and used a range of risk assessment tools.
- Performance measures were good.
- There were transition pathways in place for children with complex needs and children moving from one service to another.

However:

- There was limited evidence that services completed audits to measure quality of care.

Detailed findings

Evidence based care and treatment

- We saw a range of policies and care pathways, which were accessible to staff, on the trust intranet. We reviewed ten policies, which were all in date, and where relevant had links to NICE evidenced based guidelines. However, the safeguarding policy was not in date.
- Health visitors were delivering the Healthy Child Programme (0-5) to families on their caseload. This was an evidence based programme focussed on a universal preventative service. It provided families with screening, health and development reviews, supplemented with advice about health, wellbeing and parenting.
- The development reviews for 1 year olds and 2-2.5 year olds were undertaken using Ages and Stages Questionnaire (ASQ-3). This was a research based developmental screening tool which assessed children's physical and emotional development to identify any delays in a child's development.
- School nurses carried out the national child measurement programme in accordance with government guidelines.
- Family nurse partnership was an intensive, evidence based and preventative programme for vulnerable, first time young mothers. It was delivered from pregnancy until the child was two years of age. The service was delivered within a licenced programme, which was regularly audited, to ensure staff were delivering care within the well-defined and structured service model. This ensured compliance with national family nurse partnership guidelines.
- Therapy staff used therapy outcome measures, a recognised tool for measuring interventions and outcomes. This provided ongoing assessment and evaluation of priorities for children using the services.
- Therapy staff were part of the integrated therapy services network group.
- We saw pathways for physiotherapy care, for example, orthotics pathway and pain pathway.
- Staff received an electronic alert when NICE guidelines and updates were released and provided the link for staff to access.

Nutrition and hydration

- The trust held Level 3 UNICEF baby friendly accreditation. The UNICEF baby friendly initiative is a global accreditation programme developed by UNICEF and the World Health Organisation. It was designed to support breast feeding and promote parent/infant relationships.
- We saw staff providing information to parents about feeding that was in line with national guidelines.
- 8.0% of children aged 4-5 years and 17.9% of children aged 10-11 years were classified as obese which was better than the England average of 9% and 19% respectively.

Technology and telemedicine

- Community children's services were not undertaking any technological initiatives at the time of inspection. Information received from the trust stated that it was not relevant to their service.

Patient outcomes

- Health visitor key performance indicators were based on commissioners' requirements and were quantitative, relating to patient contacts.

Good

Are services effective?

- A lower percentage of mothers initiated breastfeeding compared with the England average of 74%, with 71% breastfeeding. At 10 days, breast-feeding rates were 54%. By six to eight weeks after birth, 42% of mothers continue to breastfeed which was comparable to the England average of 44%. The service had received funding from the commissioners to start a breast feeding project, to increase breast feeding rates in the more deprived areas, such as Bridlington.
- According to the most recent data we were provided with, 93% of families received new birth visits from health visitors, within 14 days of birth. 72% of families received a follow up visit by the time their child was eight weeks old. 91% of children received a 12 month review in the month of their 1st birthday. 81% of children received a 2-2.5 year review. There was no data available to compare these statistics against the England average.
- Uptake of primary immunisations in the year 2014/15, were 98%. This was above the England average of 94%. Immunisation rates for MMR were comparable with the England average at 96% for first dose and 93% for the second dose uptake.
- School aged immunisation uptake rates were above 85%, apart from the flu pilot which was 69%. Uptake of the HPV vaccine was 88%, which was above the England average of 86% in 2013/14.
- Of clients referred to the family nurse partnership programme, only 60% enrolled on the programme. The target for enrolment of eligible clients was 75%. However, 65% of clients were enrolled by the 16th week of pregnancy which was better than the target of 60%.
- There was no audit information available. Staff told us they were not involved in auditing the effectiveness and quality of their services.

Competent staff

- Data provided for the 25 teams across children's services showed that 14 of those teams had an appraisal rate of 100%. The outlier was the family nurse partnership team with an appraisal rate of 71%. The rest of the teams were achieving levels above the trust target of 75%.
- Therapy staff had external specialist training and had access to national clinical networks and had opportunities for sharing best practice. At each team meeting staff reviewed an academic journal article for discussion and implications for practice.
- There was a two year preceptorship programme for newly qualified members of staff; this provided the staff with peer support and a framework to develop competencies.
- Staff had opportunities to access additional training to support their work with children, for example, breast feeding support and perinatal mental health.
- The trust had a policy to support professional revalidation for staff.

Multi-disciplinary working and coordinated care pathways

- We observed staff working collaboratively with other agencies to meet the needs of children and families, for example, the local authority, children's centres and schools.
- We observed joint assessments between therapy services, to ensure children's assessments were co-ordinated. Assessments were undertaken in schools and at the child's home to provide a holistic view of their needs. This also meant information could be shared with parents and other professionals involved in the day to day care plan.

Referral, transfer, discharge and transition

- Children and young people were referred by health visitors and school nurses for assessment and treatment to the specialist services.
- Transition pathways were in place for transfer of care from family nurse partnership to health visiting and health visiting to school nursing.
- There was a transition pathway for children with learning disability moving to adult services. This was initiated during the academic year of the child's 17th birthday. We saw an example of a care plan for the transition to adult therapy services.
- Looked after children team had a transition pathway. Children followed the leaving care pathway into adult services.

Access to information

- Health visiting teams provided a named link to GP surgeries. Staff would attend monthly GP meetings to share information about vulnerable families.
- The use of electronic record keeping allowed practitioners to share information, with consent, to other professionals. For example, GP's and therapists.

Good

Are services effective?

- The use of mobile technology enabled staff to have access to patient records in a timely manner. Staff could have direct access to records and undertake record keeping in patients homes

Consent

- We were told children and young people were involved and supported by staff in making decisions about their health care and treatment.
- School nursing staff demonstrated good knowledge of relevant legislation about consent, for example applying Gillick competencies and Fraser guidelines.
- We saw indicated on electronic records where consent had been requested from families to share information between professionals.
- The overall compliance rate for Mental Capacity Training across the trust was 39%. Training across the children's services was variable, ranging from 10% to 100% across the teams.

Good

Are services caring?

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

Summary

Overall we rated children's services as good for caring because:

- We observed many examples of compassionate care. Young people were being involved in their care and decision making.
- Staff had knowledge and experience of caring for families from different cultural and social backgrounds.
- Feedback available from children and families was positive.

Detailed findings

Compassionate care

- We observed staff delivering care to children and their families in clinic settings and in their own homes. We saw staff treat children and families with dignity and respect at all times. They were sensitive to the children's needs, demonstrating kindness and compassion. We observed good relationships between the staff and patients and their carers.
- Staff could give examples of caring when they had helped children who were going through difficult times, for example, bereavement.
- We observed staff respond to a distressed child, during an immunisation clinic, with sensitivity and compassion.
- Parents gave us positive feedback about the services. They told us they felt supported by staff, and would be happy to contact them if they had any concerns about their child's health. One parent told us that staff were 'really supportive and occasionally rings up to see how I am doing'
- Friends and family test results showed a positive trend towards people would recommend children's services. However, there was a low response rate of 80 responses across 18 teams in children's services. One health visiting team scored 93% for people who would recommend their service out of 29 responses. The physiotherapy team scored 83% for people who would recommend their service out of seven responses. The data reflected results received by February 2016.
- Ten CQC comment cards were received during the inspection. All ten were positive comments about children's services. Examples of comments were helpful and friendly staff, fantastic staff, go above and beyond, always receive the correct equipment, listened to, useful info, reassuring with worries and concerns.

Understanding and involvement of patients and those close to them

- Staff were passionate about putting the child first. We saw staff interact with children in a way that was appropriate to the child's age and level of understanding.
- We observed five home visits. The staff developed a good rapport with parents. They explained things clearly and checked that there was understanding. Staff demonstrated understanding and flexibility to meet family needs when planning care.
- Staff acknowledged that dads were not always involved in the care planned. They said they tried to engage dads but only by including them on invite letters.
- We observed the care of a young person with a disability. The young person was treated with great care and compassion in line with her age, with a lot of humour and was treated like any other teenager. The therapists were very patient and reassurance was given throughout the assessment. They were respectful and involved the young person in any decisions about their care, with consideration to their limited speech.

Emotional support

- Parents told us staff communicated effectively with them, addressing their concerns in a timely way. For example, one parent told us that they found staff to be 'professional, friendly and not patronising. They provide reassurance, which is a great benefit for mums'.
- We saw many examples of staff asking specifically about someone's mood and feelings during an assessment. Staff were aware of the pathway to manage post-natal depression, which reflected national guidance.
- We saw how staff provided information to families about other services which could offer support, for example, services at children's centres and voluntary organisations.

Good

Are services responsive to people's needs?

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

Summary

Overall we rated children's services as good for responsive because:

- There were integrated pathways between health, education and social care.
- Services were designed around family and young peoples' needs.
- There were link nurses to support the care of vulnerable families and children.

However:

- Access to equipment in therapy services was poor. This had been reported on and an action plan in place.
- There were waiting lists in paediatric therapy services, however there were action plans in place

Detailed findings

Planning and delivering services which meet people's needs

- The services provided care in patients' homes, as well as in local clinics that were accessible to patients.
- Staff worked collaboratively with early years and school services to meet the needs of children. For example, nursery nurses working in health visiting teams undertook developmental assessments in early year's settings with support, to provide a holistic approach to assessments.
- Drop in clinics were run weekly at secondary schools to provide opportunities for young people to access a healthcare professional in a confidential setting.
- Saturday morning clinics were in place to provide health assessments to young people who were looked after. This aimed to reduce the impact on their emotional and social wellbeing from taking time out of school differently to their peers.
- Therapy staff responded to adverse weather conditions, including a tidal surge, which affected the child development centre. They used alternative venues that were still accessible to families.

Equality and diversity

- All services we spoke to were aware of the diverse needs of the population and planned for interpreter services where needed. There were areas which had a transient community, where families frequently moved in and out of the area. Staff demonstrated knowledge of the transfer in policy to ensure families received care at the right time, for example families in the armed forces.
- The safeguarding children policy highlighted the need for staff to consider the impact on children when parents have mental health issues, or a learning disability and the additional support which may be required.
- Staff had access to a translation service, face to face and by telephone when required.
- The looked after children team provided an example of their support for a young transgender person and links to specialist services, for adolescents with transgender issues.

Meeting the needs of people in vulnerable circumstances

- Health visitors referred families to the perinatal mental health team, when required. This team provided specialist mental health support to women who have recently had a baby.
- Therapy teams had good links with social care, where there were care plans in place for a vulnerable child.
- Parents with learning disabilities were supported by a multi-disciplinary team to enable good parenting skills.
- The looked after children team aimed to be effective advocates for the children in LAC reviews.
- The LAC team achieved 100% of initial health assessments for children looked after, by 20 days, for the six months between May 2015 and January 2016. The numbers of children requiring assessments were relatively small. Review health assessments were carried out every 6 months for children under the age of 5 years and annually for children and young people aged 5-18 years old. Health visitors and school nurses supported the looked after children team with these assessments.
- There were staff who acted as link nurses for children with complex needs, for example, children with Downs syndrome and diabetes.

Access to the right care at the right time

Good

Are services responsive to people's needs?

- The looked after children's team were meeting the needs of vulnerable children by completing initial health assessments within 20 days.
- Children waiting for an autistic spectrum disorder assessment could expect to wait for 23 weeks. This had reduced from 36 weeks following an increase of resources, for example increases in staff, and targeting children who had longest waits. As of February 2016, there were 293 children on the waiting list with 153 children waiting longer than 18 weeks.
- Speech and language therapy services were not meeting an 18 week target for 3.7% of children on the waiting list. We were told the longest wait had been 36 weeks from referral. The service had an action plan in place and data showed there was an ongoing reduction in the length of waiting times. Actions included the use of agency staff and ongoing recruitment and the move towards mobile working for efficiency.
- Other therapy service waiting lists were less than 18 weeks.

Learning from complaints and concerns

- Five complaints were received between February 2015 and September 2015 across the children's services. Four were partially upheld and actions applied.
- Staff told us how they tried to manage complaints at a local level and they knew how to escalate complaints to their manager.
- The services had also received five compliments about care received.

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

Overall we rated children's services as good for well led because:

- There had been considerable improvements in the service since the last comprehensive inspection.
- The trust had a strategy and vision for the redevelopment of the 0-19 service. However, not all staff were clear of the impact to their service.
- Staff felt supported at a local level.

However:

- Staff were not well informed about governance arrangements and responsibilities for highlighting risks to the service.
- Public engagement could be improved.

Detailed findings

Service vision and strategy

- The trust had a strategy for children services within the care group directorate. The vision for the directorate was to provide an integrated model of care which put children and young people and their families at the centre of a shared decision making approach.
- The strategy to achieve this for community children's services was to redesign the 0-19 public health nursing service and improve access to paediatric therapy services.
- The trust had developed a service delivery plan for 2016/17 which clearly set out the objectives for the care group, the actions required and any risks identified.
- Staff were aware that there was to be a redesign of services to support the trust in a tender process for 0-19 services, but they could not tell us about the trusts vision and objectives.

Governance, risk management and quality measurement

- The service was managed by the children and learning disability care group. The care group provided a monthly governance report. This provided oversight of complaints, serious incidents and risks.
- There were five issues on the service risk register. The risks had been reviewed and there were controls in place to mitigate the risks. For example, there were weekly reviews to mitigate the risk from low school nurse staffing levels. Staff moved to the areas of highest need and bank staff were used, to reduce pressures on staff.
- Not all staff were aware of the risks on the register, including team leaders. There was limited engagement with identifying risks and reporting incidents by all the staff groups.
- There was a disconnect between the trust overview of training figures and training at team level. For example, data provided by the trust showed statutory and mandatory training levels were low. During inspection, we were told by staff, and saw information from managers that training and appraisal targets were being met.
- There was a lack of clinical audit being undertaken to measure quality of services provided.
- Safeguarding meetings were led by the director of nursing, quality and patient experience. There was evidence of actions to improve safeguarding in children's services, for example in training and supervision.
- We saw a sample of team meeting minutes across the services held between January 2016 and March 2016. Minutes were variable across team as to the standing agenda items, recording of actions and timescales for those actions to be completed. Training, safeguarding, staffing and hand hygiene assessments were regular discussion topics across the teams. It was not clear from the minutes how or when issues were escalated to the care group leaders.
- Staff undertook clinical supervision after team meetings by reviewing case studies.

Leadership of this service

- The director of nursing, quality and patient experience was the children's lead on the trust board. There was no

Good

Are services well-led?

non- executive lead for children at board level, as recommended by the National Service Framework for Children (2003) to ensure that children's voices were an influence on decisions made.
- Staff were positive about the support received at service level, but did not feel higher management were visible. The regulation breach from last inspection was addressed in that local management and support was now good.
- Monthly staff meetings were well attended.

Culture within this service

- Staff spoke with passion and pride about the care they delivered.
- Staff felt communication from the trust board could be better. Some members of staff did not feel listened to.

Public engagement

- There was poor delivery of the friends and family test across all services. For example, only 80 responses were received in February 2016 from across 18 teams. No action plan for improvement was seen.
- Management staff were aware that public engagement could be improved.
- We were told there was a strategy for public engagement, however, this had not yet been implemented at service level.
- There was no indication that the service planned to engage the public in the 0-19 service redesign.

Staff engagement

- Staff had concerns about what new commissioning arrangements would mean for them. Staff had attended a roadshow event about this. However, some staff said the information was at a higher level than what they wanted to know. Some staff had put themselves forward to be part of a working group for the redesign of the 0-19 service, but they had not had a response from the trust.

Innovation, improvement and sustainability

- Staff provided a service which was meeting programme outcomes, and were caring and compassionate in delivering the services. However, there were no innovations in practice.
- The trust was planning to redesign the 0-19 service in order to retain the commissioning as a provider of those services to the East Riding of Yorkshire.