

South Tyneside NHS Foundation Trust

RE9

Community health services for children, young people and families

Quality Report

Harton Lane
South Shields
NE34 0PL
Tel: 0191 4041000
Website: www.stft.nhs.uk

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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)
RE963	Houghton Health Centre		
RE9GA	South Tyneside District Hospital		
RE961	The Galleries Health Centre		

This report describes our judgement of the quality of care provided within this core service by South Tyneside 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 South Tyneside NHS Foundation Trust and these are brought together to inform our overall judgement of South Tyneside 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, we rated community health services for children, young people and families as good.

Services were safe and people were protected from harm. The staff knew how to manage and report incidents, we saw there had been learning following a serious case review. Risks were actively monitored and acted upon. We found that there were good safeguarding processes in place. We found that there was enough staff with the right qualifications to meet families needs. In addition, we saw that the clinics and health centres we visited were clean.

Services were effective. We found good evidence that the service reviewed and implemented national good practice guidelines. The trust had also successfully implemented evidence based programmes, such as the family nurse partnership programme. We also saw that patient outcomes and performance were monitored regularly, and that all staff received regular training, supervision and an annual appraisal. There was good evidence of multidisciplinary and multi-agency working across the services.

Services were caring. Children, young people and parents told us that they received compassionate care with good emotional support.

Services were responsive. We found the service planned and delivered services to meet the need of local families. In addition parents, children and young people were able to quickly access care at home or in a location that was appropriate to them.

Services were well led. Staff we spoke with told us the patient was at the centre of what they do, they were positive and proud about working for the organisation. There was an open culture in the service, and staff were engaged in the process of service improvement. Staff reported being supported by their line managers and teams within the organisation. Staff participated in a successful flu vaccination pilot, which has been widened and commissioned for a further three years. Staff were proud of this work and the positive evaluation.

Summary of findings

Background to the service

The South Tyneside NHS Foundation Trust provided community health services for children, and young people up to the age of 19 across South Tyneside, Gateshead and Sunderland.

The organisation provided services such as health visiting, school nursing, community children's nursing, physiotherapy, occupational therapy, speech and language therapy, sexual health and the looked after children services across all three localities.

Public health services were commissioned by three different local authorities and services may be accountable to looked after children's boards from Gateshead, South Shields, Sunderland and Durham.

Children and young people under the age of 20 years made up 22 – 23% of the populations of South Tyneside, Sunderland and Gateshead. Across South Tyneside, Sunderland and Gateshead 6 – 7% of school children were from a minority ethnic group.

The health and wellbeing of children was generally worse in South Tyneside, Gateshead and Sunderland than the England average. Infant and child mortality rates were similar to the England average.

The level of child poverty was worse than the England average with 23 - 27% of children aged under 16 years living in poverty. The rate of family homelessness was worse than the England average.

Children in South Tyneside, Sunderland and Gateshead had worse than average levels of obesity: 8 - 10% of children aged 4-5 years and 21 - 23% of children aged 10-11 years were classified as obese.

Across the three localities vaccination rates were better than the England average.

During our inspection we reviewed the health visiting service (including specialist health visitors), the school nursing service, the looked after children service, the family nurse partnership and the sexual health services. We talked with 68 members of staff across the whole service including health visitors support staff, Safer Care leads, school nurses, staff nurses and health care assistants.

We visited 7 locations across Gateshead, South Shields and Sunderland. Locations we visited included Tyne View Children's Centre, Low Fell Clinic, Galleries Health Centre, Hetton Health Centre, Houghton Health Centre, and Clarendon and Stanhope Parade Health Centre.

We spoke with 7 parents who were either accessing services during our inspection along with 6 parents by phone. We accompanied school nurses on a talk about health promotion to year 4 students and also during an audio screening clinic. We also accompanied health visitors on 4 home visits and 1 home visit with the Community Children's Nursing team. We observed a child health clinic and a speech and language clinic.

Our inspection team

Our inspection team was led by:

Chair: Trish Rowson, Director of Nursing - Quality and Safety, University Hospitals of North Midlands NHS Trust.

Team Leader: Amanda Stanford, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Health Visitors, District Nurses, Physiotherapists, Occupational Therapists, Community Matrons, Dentist and Expert by Experience (people who had used a service or the carer of someone using a service).

Summary of findings

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services 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 core service and asked other organisations to share what they knew. We analysed both trust-wide and service specific information provided by the trust 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 5 to 8 May 2015.

What people who use the provider say

Most of the parents we spoke with indicated how involved and supported they felt by staff within the services. Parents told us they felt respected, well supported and that staff were always polite and helpful with any concerns they had.

These are some examples of what people told us:

- Within the Community Children's Teams one parent, (whose daughter was born at 24 weeks weighing 1lb 10oz) told us: "the nurses visited regularly and were brilliant" and that staff even offered additional support when there was a close family death.
- One parent told us the school nurse was brilliant in the special needs school and they: "...don't know where we would be without them".

Many of the comments regarding health visiting services were very complimentary, for example: "Staff were very likeable and supportive". If there was a problem identified it was actioned immediately.

The organisation took part in the Friends and Family Test, a nation-wide initiative to help organisations to assess the quality of their services by asking service users whether they would recommend the service.

Staff were proud of their scores on the Friends and Family Test: the three localities and services continually scored 100% positive feedback.

The organisation also used "You Said ... We Will" patient satisfaction reviews in 2014, and again staff were proud of the results. The community children's nursing team received 100% positive feedback on the review.

Areas for improvement

South Tyneside 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 the safety of children, young peoples and families services as good. Staff knew how to manage and report incidents. They told us they received feedback on incidents reported to the trust, we observed that learning had been undertaken following a serious case review.

The clinics, health centres, children's centres and school premises we visited were clean and had appropriate access to facilities such as hand hygiene. We observed at clinics that all staff cleaned equipment and prepared equipment between each use.

Caseloads within the health visiting team were managed depending on the levels of safeguarding, and the levels of the caseloads were below the 'The Laming' recommendations.

Staff used paper records alongside an Electronic Birth Book (HYDRA). Documentation was contemporaneous and

appropriate. There were robust safeguarding policies and procedures in place. Staff received safeguarding supervision in line with their trust policies and were knowledgeable about their responsibilities regarding safeguarding vulnerable people.

The organisation managed risks to staff and to patients both at a local level and at division level. Risk assessments were carried out with patients and information about vulnerable people was communicated amongst health professionals where appropriate

Detailed findings

Safety performance

- There had been no never events. Never events are incidents determined by the Department of Health

Are services safe?

(DoH) as serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented correctly.

- An electronic incident reporting system was in place and all the staff that we spoke to were able to tell us about it and demonstrate how they used it.
- According to the national NHS staff survey 2014, the Trust scored lower than the national average for “percentage of staff reporting errors, near misses or incidents witnessed in the last month” at 87% compared to the national average of 90%. This information was not available specifically for children and young people’s services or sexual health services.

Incident reporting, learning and improvement

- We found that there were systems in place for reporting incidents. Staff reported that the system was easy to use and they were supported to report incidents. Staff were informed of the outcomes of investigations and were confident in this process.
- Staff told us they were open with patients when incidents occurred. They were aware of the principles of duty of candour –being open and honest about incidents and errors with those patients involved in the incident.
- We reviewed incident report records dated between October 2014 and December 2015. Community services children and families had 357 incidents, one incident was reported as a level severe Harm, three incidents were reported as moderate harm, 20 incidents were reported as low harm and 333 no harm.
- 37% (132) of all incidents related to safeguarding, for example, making child protection referrals in the first instance and information shared from other agencies; also 37% (131) related to communication failures, for example, antenatal referrals from midwives not being received which meant the health visitor was not informed of the pregnancy and as unable to undertake an antenatal contact. The trust reported every instance of safeguarding as an incident hence the high number of reported safeguarding incidents.
- 73% (260) of all incidents were reported by the Health Visiting team. 11% (41) by the sexual health team, 8% (28) by school nursing, 6%(20) by the FNP and 2% (7) were reported by the community children’s team.
- There was evidence of learning following a serious case review, for example, the development of robust

arrangements to review children and their families with their General Practitioner (GP). Staff reported that Health Visitors are linked with GP practices and undergo monthly review meetings with the GP regarding families on their caseloads. Staff told us this was working well.

- Staff told us that they were encouraged to report incidents even if they weren’t sure if it was an incident or not. They gave us mixed reports about whether they received feedback, but all thought that incidents were taken seriously.

Safeguarding

- Staff were confident about safeguarding children. Staff informed us that they received a formal supervision session every six months, in line with their local policy which states formal 1:1 supervision three to six monthly. However the DoH National Health Visitor Service Specification 2015 states that supervision should take place a minimum of three monthly. Staff also have open access to the safeguarding team and felt empowered to call them if required.
- The geographical location of the trust meant that children’s services may interact with up to 4 different Local Safeguarding Children’s Boards (LSCBs) (Co Durham, Gateshead, South Tyneside and Sunderland). Staff are working towards a standardised way of working as each LSCB had a slightly different way of working.
- There was evidence of good liaison between health visitors and GPs. This was evidenced in health care records and HYDRA (The Electronic Birth Book developed by South Tyneside).
- All of the clinical staff we spoke with told us they were up to date with their safeguarding vulnerable children training to level two or level three where appropriate. Evidence provided to us by the organisation showed that results across teams were mixed for all levels of staff. Safeguarding level one (administrative staff) was 85%. Level 3 training (clinical staff working with children, young people and/or their parents/carers) was 73% for community children’s nursing teams, 68% for health visiting, 56% for School Nursing and 53% for the FNP. However, we observed records and team leads informed us that the electronic staff record was inaccurate, stating that compliance with safeguarding training was 90-100%.

Are services safe?

- We saw evidence within patient records of detailed information recorded about vulnerable children and families, as well as details of how they were being supported by other agencies such as the local authority.
- The safeguarding team had strong links with external agencies and was represented on the Multi-Agency safeguarding hub (MASH) teams. This ensured that important information was shared between agencies.
- Within the Sexual health team, staff were aware of action they should take if they had any safeguarding concerns about patients attending.
- The looked after children (LAC) team supported children across the 3 localities, and were closely supported by the Safeguarding team. Gateshead locality were inspected by the CQC Children Looked after and Safeguarding team in 2014. Leads informed us that they were implementing the recommendations made across Gateshead, South Tyneside and Sunderland.

Medicines

- There were systems in place to protect patients against the risks associated with the unsafe use and management of medicines.
- Fridge temperature check records were observed and these were complete and accurate. Staff reported that there was a standard operating procedure when fridge temperature fell outside recommended levels.
- Staff reported they accessed appropriate emergency drugs when a child experienced an adverse effect to a vaccination. These were checked regularly and also as part of the Vaccination session standard operating procedure.
- School Nurses we spoke with explained they had developed standard operating procedures and checklists to ensure that the 'cold chain' is maintained and practice was standardised across the three localities. We reviewed standard operations procedure documentation in the bases we visited and these were seen to be comprehensive and complete.
- We found evidence of one medication audit in the services inspected (this was in sexual health services) and actions had been identified but not implemented at the time of our inspection.
- Patient group directives (PGDs) were used by staff to enable them to give children immunisations and vaccinations. The PGDs used had been reviewed regularly and were up to date.

- All health visiting staff are nurse prescribers, but there are no extended nurse prescribers.
- We observed staff checking prescribed medications for a child prior to a procedure, in line with current Nursing & Midwifery Council (NMC) (2010) guidelines.

Environment and equipment

- We found equipment used had been PAT (portable appliance test) tested.
- The clinics we visited were well maintained and were decorated in a suitable manner to meet the needs of children.
- Staff informed us that they had the necessary equipment they needed to perform their roles effectively.
- Scales are calibrated yearly and this is organised through the medical devices department. Stickers showing scales had been calibrated were observed on scales used.
- Health visitors each had their own set of scales which they took with them to clinics and on home visits.
- We visited a number of buildings where clinics were held. We found that the environments were clean and tidy and suitable for children and their families.

Quality of records

- Primarily staff used paper records to record the treatment and care given to children. Records were stored securely and were accessible to health visitors and school nurses as appropriate.
- The trust had developed an electronic birth book known as HYDRA which allowed for quick access to caseload holders across all localities and had received regional and national recognition for this.
- We reviewed 14 sets of children and young people's records. The sample was taken from the health visiting, school nursing, children's community nursing and family nurse partnership teams. The records we saw were clearly set out, legible, dated and signed, and included the length of contact and relevant pathways when required.
- We observed contemporaneous record keeping that reflected national guidance.
- Staff explained that three sets of records are audited at each of their one to one meetings, and we observed this documentation for two members of staff. Staff reported that this was a helpful and supportive way of ensuring their records are accurate.

Are services safe?

- Vaccination records were scanned onto an electronic record systems in Sunderland called SystemOne. Gateshead and South Tyneside used Health Solution Wales. Staff told us that there are plans in place to move to Health Solution Wales across the 3 localities. Staff we spoke with informed us there were no issues of concern with current systems.
- The sexual health teams used electronic records which maintained anonymity of the services users. This electronic system was called Lillie. We observed staff using this system and it appeared easy to navigate and was able to run reports as required.
- We reviewed the trust's records for training which were broken down by service and location. The information showed the number of staff who had completed mandatory training by type of training. We reviewed evidence that compliance on the Trust electronic record was variable across community services for children and families. Training included:
 - Fire safety awareness training was 0% for the specialist asylum seeker health visiting team based in Sunderland and 100% for the Inner West Gateshead health visiting team.
 - Infection control training was 50% for East Gateshead health visiting team and 100% for the Inner West Gateshead health visiting team. The majority of teams reported compliance levels of between 70% - 90%.
 - Inoculation training and sharps training showed improved compliance with the majority of teams reporting compliance of between 79%-100%, however the FNP teams in Gateshead and Sunderland reported compliance of 60% and 63% respectively.
 - Information governance training compliance was reported to be between 67% in the Child and Adolescent Sexual Health (CASH) admin team and 100% in the FNP in Gateshead and South Tyneside. The majority of compliance was reported to be between 70%-100%.

Cleanliness, infection control and hygiene

- We observed that staff washed their hands or used hand sanitiser before and after any patient contact, as promoted by the World Health Organisation's 'Five Moments for Hand Hygiene'. Information on hygiene compliance audits across the services were not available.
- We observed staff undertake an aseptic technique in a patient's home. This was carried out appropriately in line with current National Institute for Healthcare Excellence (NICE) CG139 (2012) guidelines.
- On the whole, staff were observed using hand gel to clean their hands when they visited patient homes, however staff did not always wash their hands. In patient homes, equipment such as scales were cleaned after use using cleaning wipes.
- All staff observed in clinics were following good hygiene practice, for example, long hair was tied back and jewellery was kept to a plain wedding band.
- In baby clinics, equipment was cleaned between patient use using cleaning wipes. It was also covered with paper roll which was changed after every patient.

Mandatory training

- The organisation used an electronic monitoring system to manage staff mandatory training. However, as it was reported to be inaccurate, service leads kept local training records as well as electronic staff records.
- Team leaders are trained as 'super users' on the electronic staff records system in an aim to improve the accuracy of the record.
- Team leads informed us that the trust placed a high importance on compliance with mandatory training, however, within services for children and families mandatory training levels varied across the teams.

Assessing and responding to patient risk

- Staff accessed and referred directly to specialist services for children when needed. We were told of incidences across these services when medical advice was sought and delivered in a timely manner, for example, health visitors referred directly for paediatric, Speech and Language (SALT) and occupational therapy reviews.
- In the 14 sets of records we observed, all risk assessments were completed and updated as required. Staff reported that risk assessments were standard in new patient records folders.
- Teams used ages and stages questionnaires (ASQs), which are an evidence based tool to inform discussions with parents regarding their child's development. Any

Are services safe?

areas of need are identified and referrals to support service and additional support is provided by the health visiting team. For example, we saw evidence of this documented in patient records, along with individualised care plans.

- Health Visitors routinely created genograms to explore and record the family structure and household composition. This allowed practitioners to understand and assess risk.
- Looked after Children and young people do not have enhanced access to direct specialist intervention services in CASH. The teenage pregnancy and options nurse located within the Gateshead CASH team is highly regarded and undertakes positive work with vulnerable young people and in particular those who are looked after. This has bridged the gap in specialist LAC service and is a very positive service development.

Staffing levels and caseload

- The health visiting service had been an early implementer for the 2011 health visitor implementation plan (DH). Early implementer sites benefitted from learning from the national FNP programmes also in conjunction with the DoH health visitor expansion programme. Service leads reported there had been a whole service redesign using Kaizen methodology (this is a service improvement model).
- Health visiting caseloads were reported by leads and corroborated by staff as being 1 to 180 / 250 children. The Laming enquiry recommends a maximum caseload of 1 to 400 children. This is dependent upon the levels of safeguarding and if staff are newly qualified.
- The Health visiting and school nursing teams implement the enhanced healthy child programme (HCP) (DoH 2008) model. All mandated HCP visits are undertaken in the parental home, along side child health drop-ins.
- School nurses reported caseloads of one comprehensive school and 5-7 feeder primary schools. Staff reported this is at a manageable level.

- Sickness absence records were examined and there was minimal hours lost in the 4 months prior to inspection for all teams.
- During the inspection it was identified that there were capacity challenges in some SALT services due to 5 members of staff being on maternity leave and there were difficulties in recruiting cover. This resulted in two additional whole time staff (rather than the preferred three), covering all teams in the service, plus other staff working additional hours to provide cover. Efforts had been made to recruit to the third post but to no avail. To mitigate this risk SALT adapted their triage system service to ensure referrals were prioritised in relation to need.
- Caseload levels within the LAC team varied depending on location, Gateshead were 340-350, South Tyneside 280 and Sunderland 566. At the time of inspection there were capacity issues due to staff on unplanned leave. However, LAC and safeguarding teams were supporting each other.

Managing anticipated risks

- Services had plans in place to manage and mitigate risk including changes in demand disruption to facilities or adverse weather.
- Before inspection we requested risk registers at trust and service levels. Staff reported they had sight and ownership of the registers. They corroborated which were the high and moderate risk areas, and these were also reflected on the corporate risk registers. These included the commissioning of health visiting services moving to the local authority in October 2015. This was classed as a high risk. Also Health visiting services were served notice at Austin House and a review of premises was underway. This was identified as a moderate risk.

Major incident awareness and training

- Staff reported awareness of major incident and business continuity plans and knew where to access them. However, during discussions staff were unable to recount details within the plans.

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 children and young people's services were providing effective services. The Healthy Child Programme was delivered through health visiting services including, health visitors, staff nurses, nursery nurses, and school nurses. Staff assessed and delivered treatment in line with current legislation, standards and recognised evidence based guidelines. For example, the trust had introduced two Family Nurse Partnership teams across the three localities.

Patients received care from clinicians who were competent. Staff received an induction to the organisation and to services as well as regular safeguarding supervision and annual appraisals. Staff underwent supervision with leads and in addition to monthly 1:1 meetings.

Support for breastfeeding mothers varied across community services. Services in Sunderland were accredited to UNICEF BFI level 2, but South Tyneside were yet to register intent to undertake the accreditation process. Volunteer led support groups were available in Gateshead. There was no specialist support provided by a lead health visitor for women with complex breastfeeding problems.

There was a comprehensive induction programme for all new staff and the health visitor induction programme had been identified as good practice in the North East.

The organisation had policies and standard operating procedures to ensure that multidisciplinary and multi-agency work took place. Additionally, there were good arrangements in place to support young people who were transitioning to adult services.

Staff had a good understanding of how to obtain consent. 'Fraser' and 'Gillick' guidelines were followed to ensure that people who used the services were appropriately protected.

Detailed findings

Evidence based care and treatment

- All health visitors, specialist health visitors, school nurses and staff nurses we spoke with were aware of the guidelines relevant to their practice and said they were well supported. The HCP is an early intervention and prevention public health programme. We were informed that health visitors undertake an enhanced model of the HCP and all planned points of contact / visits take place within the home. Parents are also encouraged to attend child health drop-in sessions should they wish.
- The HCP was delivered across the 0-19 age range by health visitors, specialist health visitors, school nursing, community children's staff nurses, nursery nurses and community support workers.
- Children and young people's needs were assessed and treatment was delivered in line with current legislation, standards and recognised evidence based guidance. The Trust had two family nurse partnership (FNP) teams working across the three localities. The FNP was a voluntary health visiting programme for first-time young mothers, underpinned by internationally recognised evidence-based guidelines.
- Health visiting staff reported they have used Ages and Stages Questionnaire's (ASQs) as part of their assessment of children. This is an evidence based tool to identify a child's developmental progress, and provide support to parents in areas of need.
- The FNP used a psycho-educational approach and provided on-going intensive support to young, first-time mothers and their babies (and fathers and other family members, if the mothers consented to take part). Structured home visits were delivered by specialist nurses, starting in early pregnancy and continuing until the child's second birthday.
- There was evidence of discussions about NICE guidance and local procedures and policies being discussed at team meetings. There were clinical care pathways in place across the organisation, using NICE and other national guidance.
- Staff we spoke with in the therapy, health visiting, school nursing and sexual health teams were aware of the national guidelines relevant to their area of practice. They were supported by the organisation to follow this practice.

Are services effective?

- There were policies and standard operating procedures in place to ensure that looked after children and children with long term and complex needs had their needs met in appropriate ways.

Nutrition and hydration

- The health visiting service has a single breastfeeding policy: however, progress towards the United Nations Children's Fund (UNICEF) Baby Friendly Initiative (BFI) was not equal across the three localities. Sunderland health visiting services were accredited to stage 2 of the UNICEF BFI accreditation. Service managers informed us that they were working towards the initial stage of certificate of commitment for South Tyneside and Gateshead, however, South Tyneside had not registered an intent to undertake the accreditation process at the time of inspection. Sunderland health visitors were supported by a specialist midwife, but there is no lead currently based within South Tyneside and Gateshead.
- Volunteer led breastfeeding peer support was available in Gateshead through 'Breast Buddies', and line managed and supported by the public health midwife based in the maternity unit in the Queen Elizabeth Hospital. Staff informed inspectors that they valued this support but were concerned, if the midwife were to leave her post, whether this was sustainable.

Technology and telemedicine

- The electronic birthbook (HYDRA) was used to support workforce planning, and highlighted missed visits as an alert.
- School Nursing staff followed up incorrect vaccination consent forms via telephone.

Patient outcomes

- There was evidence of national and local guidance being discussed and reviewed at team meetings. Clinical care pathways were developed across the service for a variety of conditions using the NICE guidance.
- Patients needs were assessed before care and treatment started and we saw comprehensive needs assessment and care planning. This meant that children and young adults received care and treatment appropriate to their needs. The service monitored the outcomes of interventions.
- The community children's nursing teams in Gateshead and South Tyneside provided effective and complex

nursing packages for children at home and school if required. They told us that requests for changes to the existing package of care were processed quickly and effectively so that the changing needs of children were met appropriately.

- 78% of pregnant women received an antenatal health visiting contact. We reviewed evidence that identified that not all pregnancy notifications are received from maternity services in all three localities. Leads informed us that they were working with local leads to improve pregnancy notifications.
- 86% of new birth visits from health visitors occurred within 14 days of birth. This is worse than the England average of 98%. 99% of all families received new birth visits and this is equal to the England average. 93% of children received a 12 month review in the month of their 1st birthday which is below the England average at 100%, and 94% of children had a review by the time they were 2.5 years old compared to the England average of 98%.
- Six to eight week breastfeeding prevalence rates were 26% in Sunderland and 38% in Gateshead noted to be below the England average of 55%.
- The FNP breastfeeding initiation rates were 35% in Sunderland and 43% in South Tyneside and Gateshead. The six to eight week breastfeeding prevalence rates in the FNP were 6% in Sunderland 8% in South Tyneside and Gateshead, however, there is no data collected nationally to allow a comparison.
- Immunisation rates for the MMR vaccine were 95% in Gateshead and Sunderland and 97% in South Tyneside which was above the England average of 92%.
- The target for FNP immunisation was 100% at six months, twelve months and twenty four months. The programme average as stated in the 2014/15 report is 93% at six months, 92% at twelve months and 98% at twenty four months.
- We saw evidence that in all school nurse team bases visited their performance relating to the data collection for the National Child Measurement Programme (NCMP) was between 96% to 100%.

Competent staff

- There were formal processes in place to ensure staff had received training, supervision and annual appraisal. We talked with a number of health visitors, school nurses and specialist teams such as the LAC and FNP teams. All staff we talked with told us they undertook a variety of

Are services effective?

mandatory training and received an annual appraisal. We were informed many teams kept their own local records of staff training and appraisal as well as the electronic staff record (ESR) as they believed that this was not a true reflection of the numbers within the team. We reviewed the ESR which showed appraisal rates between 0% in the Gateshead specialist Health Visiting team and 100% in health visiting management, sexual health management and Gateshead school nursing team.

- We spoke to three members of staff who had undergone the health visitor preceptorship programme. We reviewed files and were informed that this programme lasts 6 months, which includes a gradual increase in caseload allocation. Staff do not take levels 3 and 4 safeguarding until the end of the probationary period. Staff report that they felt well supported through this process. This preceptorship programme had received the best newly qualified health visitor regional award.
- Health visiting staff had yearly appraisals and bimonthly 1:1s using a standard template. Within this meeting it was mandatory to review three sets of records. These are chosen at random and audited. This record was kept in the staff member's personal file. Staff also underwent peer and supervisory observations of their practice to support their findings of their 1:1 meetings and appraisals. All staff members we spoke with reported that they felt fully supported through this process.
- Staff felt confident to voice their own concerns about their development and also areas of improvement for their colleagues.
- Staff had mandatory safeguarding supervision every six months in line with local policy, however, they also discussed safeguarding in 1:1 meetings and also as a peer group.
- The local safeguarding children's boards across the three localities identified a training need in 2014 for staff around female genital mutilation (FGM) and child sexual exploitation (CSE) and this training was developed and delivered by the LSCB.
- The sexual health team undertook succession planning to recruit and retain staff. This involved supporting staff through a band 5 staff nurse development post, which was aimed at staff who wanted to gain experience in sexual health.

Multi-disciplinary working and coordinated care pathways

- We were provided with, and observed, a range of evidence that showed how the various children's health teams demonstrated positive multidisciplinary working with others. For example the Gateshead teams regularly met monthly with GPs to discuss areas such as safeguarding children. This was being duplicated across all three localities. We observed a child in need review and there were contributions from all parties for that child.
- Staff reported good relationships with partners within the different trusts in which children had been discharged from and also referred.
- Due to different commissioning arrangements with regard to LAC, initial health assessments were undertaken by paediatrics within City Hospitals Sunderland as opposed to school nursing in Gateshead and Sunderland. Staff reported delays and locations were not always appropriate to the needs of the child. Staff had highlighted this as a concern with the service commissioners and options were being investigated at the time of the inspection.
- Staff handover between midwifery and health visiting was reported to be good in Gateshead and Sunderland and staff reported a good working relationship with their midwifery colleagues. We were advised that birth notifications/discharge information received from the postnatal ward at South Tyneside had been variable, for example, the discharge address and telephone numbers of the family were not correct causing delay in organising the new birth visit.
- School nurses told us they generally had good relationships with local schools. Schools support the vaccination sessions by preparing the room in the standard format as detailed by the school nursing standard procedure.

Referral, transfer, discharge and transition

- All staff informed us that they referred directly for specialist support, for example, SALT and paediatric reviews.
- We observed completed handover documentation between health visiting and school nursing, which were comprehensive and complete. Staff informed us that any safeguarding graded level 3 (children with special needs) and 4 (Children with a child protection plan) were handed over in a face to face discussion. Parents were involved in the handover if appropriate.

Are services effective?

- When children moved between services their needs were assessed early, with the involvement of all necessary staff, teams and services including LAC, School Nursing, community children's nursing and adult services. For example, for children with complex needs, planning started when the child was 14 years old for transition to adult services.
- In the case of looked after young people transitioning to adulthood and adult services, a care plan remained in place for the person up to the age of 18, however, this is likely to change due to the introduction of the Education Health Care Plans (EHCPs) which are to replace statements.
- Each health visiting and school nursing team had a secure NHS.NET email account. Staff were allocated to access this daily to ensure referrals to the team are closely monitored and actioned in a timely manner. For example, A&E attendances were emailed through to this generic account and allocated to the named health visitor.
- The safeguarding children's team had a single point of contact for referrals into the service.

Access to information

- Health promotion information was available in all clinics in child-friendly language.
- Staff were able to access all policies on the intranet page, and all staff we spoke with knew where and how to access a policy.

- Information about named health visitor, school nurse and community children's nurse was stored on the HYDRA electronic birth book. We observed five patient records on this system and it appeared to be comprehensive.
- Safeguarding information was also stored on HYDRA, and monitored by the safeguarding team.

Consent

- The health visiting and school nursing services asked parental consent for vaccinations, and there was a standard procedure in place for gaining consent. This involved obtaining the details of the eligible children, writing a letter, chasing this up after two weeks and then undertaking telephone calls. One staff member informed us that she needed to visit a family at home as parents were unable to provide consent without support.
- Within the FNP, consent was obtained formally as patients signed an agreement to join the programme.
- Services told us they took into consideration the voice of children and young people when obtaining consent.
- Sexual health services followed 'Gillick' and 'Fraser' guidelines to assess the maturity and competency of children to make decisions and consent to treatment. The sexual health team had close links with safeguarding and any concerns noted with drugs and alcohol were escalated appropriately.
- Staff told us that they used implied consent in some situations. They took into account not only verbal communication, but also non-verbal communication when deciding whether a parent or young person was giving consent.

Are services caring?

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

Summary

Services for Children, young people's and families were good. Families told us that they were treated with compassion, dignity and respect. They were involved in discussions about treatment and care options and able to make decisions. Information was provided in a number of formats enabling young people to understand the care available to them and help them to make decisions about the care they wanted to receive.

We were told how staff supported families when their child was nearing the end of their life and in the weeks following.

During our inspection we observed children, young people and their family and carers treated with kindness and compassion. We observed how staff ensured that confidentiality was maintained.

Parents, carers, children and young people told us they felt listened to, able to express their opinions and were included in making decisions about future care and treatment plans.

Detailed findings

Compassionate care

- As part of our inspection we observed care in patients homes, clinic settings and observed staff speaking to clients on the telephone. In order to gain an understanding of peoples experiences of care we talked to 20 people who used the services. Staff told us they were passionate about delivering high quality patient care. The majority of people we spoke with were happy with the care they received.
- Staff told us how they planned services to meet the cultural needs for their local populations. For example, staff had a very comprehensive knowledge of the local Jewish community, and they arranged visits around religious festivals and postnatal traditions.
- We observed baby clinics and witnessed staff tailoring advice to the needs of parents and ensured their privacy was maintained as much as possible in an open clinic room. In a patient experience survey January 2014, 100% of parents said they had enough privacy. We

observed staff talking to children in a kind and considerate manner, for example a community children's nurse caring for a child and explaining what was happening.

- The organisation took part in the Friends and Family Test, a nation-wide initiative to help organisations to assess the quality of their services by asking service users whether they would recommend the service.
- Staff were proud of their scores on the Friends and Family Test: the three localities and services continually scored 100% positive feedback.
- The organisation also used "You Said ... We Will" patient satisfaction reviews in 2014. Again staff were proud of the results. The community children's nursing team received 100% positive feedback on the review.
- We were told that the community children's nursing team would support the families of children who were coming to the end of their life. They would offer to care for children in the hospice, home or acute hospital environment. They would attend funerals and provide follow up visits with the family once the child had passed.

Understanding and involvement of patients and those close to them

- Parents and carers of children told us staff focused on their needs and those of their children.
- Parents and carers felt involved in discussions about care and treatment options and told us that they felt confident to ask questions about the care and treatment they received and make informed decisions.
- Staff told us that whenever possible they supported children and their parents and carers to manage their own treatment needs. Staff told us they would discuss goals with families and give them advice about how they could make progress to achieve these goals.
- We heard a phone call between a client and a FNP nurse. We heard the nurse reflecting back and giving positive praise and feedback to the client. However we also heard the nurse providing positive reinforcement about the client's family and supporting the client to develop their own coping mechanisms.

Are services caring?

- A patient experience survey showed that in 2013 and 2014 between 94% and 100% of patients were as involved in their treatment planning and decisions about their treatment as they wanted.
- Between 95% and 100% of patients felt staff answered important questions in a way they understood.

Emotional support

- Children, young people, their families and carers were supported by staff from the organisation in the first instance. When further more specialised support was needed, staff made referrals to other services such as child and adolescent mental health services (CAMHS), psychologists, GPs and counselling services.
- Staff in health visiting teams managed their own caseload. This meant that mothers met the same health visitor at each appointment in their home. Consistency meant that health visitors built up relationships with mothers and children, and we saw evidence of this during home visits.
- Health visitors undertake ASQs with families. If areas of need were identified they were referred to community nursery nurses to provide support in breastfeeding, fussy eating, children with allergies and enuresis (bed wetting).



Are services responsive to people's needs?

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

Summary

The services were responsive. Care was provided to people in their home and also in local clinics, treatment centres, through drop in sessions and also timed appointments as and when required.

The Trust followed the NHS complaints policy and staff were aware of how to deal with complaints or escalate them as required. Learning from complaints was shared locally and more than half of staff felt that feedback from patients influenced how services developed.

There was sufficient equipment to ensure that people with disabilities were able to access services and buildings complied with the Disability Discrimination Act 1995.

We were told of good working relationships with partners in commissioning, working towards standardised practice across the three localities.

Detailed findings

Planning and delivering services which meet people's needs

- Staff we spoke with had a good understanding of the population who used the service and were all able to explain the needs of the people they cared for. We were informed that key staff had good relationships with the local Rabbi who was happy to discuss if planned services were appropriate for the local Jewish population.
- Staff cared for children within the hospice and hospital environments if parents' requested it, for example children with long term conditions who were on the End of Life pathway. Staff informed us that during these times they often worked over and above their contracted hours to support these children.
- Staff reported good working relationships with services commissioners. For example, the LAC team had provided feedback about the initial health assessments as these are undertaken by City Hospitals Sunderland NHS Foundation Trust.

- Staff worked flexibly to meet the needs of the local population. For example, the sexual health team held open access 'after-school' clinics five days a week. A drop-in clinic was also held in a local college which we were told was accessed regularly.
- We observed the school nurse team respond to an ad-hoc request from a local primary school to deliver a talk to a Year 4 class about hygiene and bullying. Staff were able to tailor the standard presentation (aimed at Year 5 and 6 pupils) to meet the needs of the younger children. The team were able to respond at short notice and the information was delivered sensitively.
- Most staff had a good knowledge of the people they had on their caseload, or who attended the schools they looked after. They were aware of the needs of the population and the type of support they needed.
- We were told that the school nurse team supported staff at local schools to administer timely and appropriate treatment. For example, children at risk of anaphylaxis who require an epi pen. School nurses ensured that the school had a copy of the child's care plan held within a special box (with the child's picture on it) containing two epi pens. School nurses worked with staff until the staff felt confident to administer the treatment themselves.
- School nursing teams had planned services to meet the needs of the service and vaccine timings, for example, the human papilloma virus (HPV) should be given in 2 separate doses six months apart vaccinations and also collection NCMP data for reception and year 6 pupils which has strict deadlines for DoH. Leads developed a GANTT chart which gives a visual aide for staff and school to ensure a timely and safe vaccination schedule.

Equality and diversity

- Services were designed with the needs of vulnerable people in mind.
- Buildings were easily accessible and adhered to the Disability Discrimination Act 1995 and equality act 2010.
- Staff were able to access interpreters for people whose first language was not English, or who had a sensory disability. We observed a health visitor demonstrate good practice whilst observing and engaging with a

Are services responsive to people's needs?

child whose first language was Polish. The health visitor ensured that the child was aware she was the main focus by talking directly to her rather than the person assigned to interpret.

- Staff told us they made sure that people understood information before they left the service when written information was not available for them to take away.
- School nurses worked closely with pupils to help them to understand cultural differences, such as about forced marriage and female genital mutilation.
- Most staff were aware of the ethnic and religious make-up of the people who used their services and were able to describe how they could make modifications to ensure they were culturally sensitive.
- People who used the services told us that they were treated as individuals.
- We observed a number of occasions when staff tailored advice to make sure it took into account cultural sensitivities, for example about nutrition advice for people of specific religions.
- There was equipment available to support people with disabilities.
- According to the national NHS Staff Survey (2014), the trust had scored 8% for staff experiencing discrimination at work. This is the same as the national average.

Meeting the needs of people in vulnerable circumstances

- There were very good networks of support in place for looked after children. Staff worked closely with young people and built up close working relationships with them.
- The service actively encouraged access to interpreting services for people whose first language was not English.
- The clinics we visited were well-maintained and decorated in a suitable manner to meet children's needs. Clinics were decorated with brightly coloured posters and information leaflets were clearly displayed.
- We found that all staff were focused on the needs of the children and young people. Staff told us how the voices of children and young people were fully reflected in the way care was planned and delivered.

Access to the right care at the right time

- We found that all children's services delivered good, safe care coordination. This was supported in all areas we inspected where we found that care arrangements met

the needs of children and their parents. We found effective communication between community multidisciplinary teams and partner organisations to focus care and treatment on the needs of children who used the service.

- School nurses provided in-school health promotion sessions, such as information sessions on puberty for year six children.
- Sexual health clinics were held on a drop in basis 09.00 – 19.30 in different locations across Gateshead and South Tyneside, including a local college. Sexual health teams had implemented an appointment only service in an alternative location to support and protect clients from different ethnic groups.
- SALT implemented a triage system to mitigate for reduced capacity within the service, at the time of inspection the referral to treatment time was 13 weeks, this was still within the limits of the 18 week wait target.

Learning from complaints and concerns

- The NCMP programme had led to a number of complaints from parents about the content of the standard Public Health England (PHE) letter. The school nursing teams established a dedicated phone line within each base for parents to contact. If appropriate the issue was passed on to the relevant school nurse or public health department in the local authority.
- We were informed that the team leaders aimed to investigate and action informal complaints as close to the incident as possible. For example systems in a child health clinic resulted in a father and his child experiencing a significant delay in being seen, service leads spoke with the family and discussed options for improving the system. These had been implemented and learning shared across all of the teams.
- Service leads identified parents who had complained about the attitude of staff. It was recognised that those families who are often subject to safeguarding and child protection plans complained about the named health visitor. Where ever possible the staff member continued to work with the family, however, the named staff member was changed if relationships had broken down.
- Services we inspected received 57 informal complaints between January 2014 to December 2014, themes include attitude of staff, the tone of the NCMP letter and delays in clinics, outcomes, were clearly documented and reported to be resolved in a timely manner.

Are services responsive to people's needs?

- Services we inspected received five formal complaints between January 2014 to December 2014, themes were included referral to social services and communication from health teams. Outcomes were clearly documented and were appropriate to the complaint.

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

Staff we spoke with told us the patient was at the centre of what they do, they were positive and proud about working for the organisation. There was an open culture in the service, staff were engaged in the process of service improvement.

Staff reported being supported by their line managers and teams within the organisation.

Staff participated in a successful flu vaccination pilot, which has been widened and commissioned for a further three years. Staff were proud of this work and the positive evaluation.

Community services for children and families were aligned to two divisions: services for children aged 0-5 sat with maternity and gynaecology and services for children aged 5-19 (with the exception of community children's nursing - who care for children 0-19) sat with Children's services.

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Detailed findings

Service vision and strategy

- Staff told us local leads had a vision of how the service was to be transformed across the three localities. At the time of inspection these plans had not been formally agreed or documented, and staff were not formally aware of these plans.
- The Chief Operating Office was the Board Director responsible for children and young people's services. The Trust's corporate plan and 5 year strategy encompasses Children and Young People's services.

Governance, risk management and quality measurement

- We spoke with both divisional management teams. Both divisions had risk registers in place. These contained detailed information about the risks faced by the divisions as well as actions being undertaken to mitigate and minimise risk. These included the commissioning of health visiting services moving to the

local authority in October 2015 (which was classed as a high risk) and Health visiting services being served notice at Austin House with a review of premises underway, (which was identified as a moderate risk).

- Leads informed us that they reported monthly on performance and were required to produce exception reports if all visits were not achieved. We observed performance boards in team bases, which showed individual performance and we reviewed performance dashboards which showed health visitor team and service performance.
- The organisation provided evidence of integrated audit action plans for 2014-15 for all teams, and these included action plans and the current team position. In addition mandatory audits of patient records were undertaken in conjunction with 1:1 meetings, and we observed 3 staff files and found 100% compliance with the documentation audit.
- We were informed that governance and risk were standard agenda items on all meetings within the divisions and observed minutes of meetings showing this.
- Some staff we spoke with were not confident that their concerns were fed up to board level, as there was little information fed back, however, this was not the view of all staff.

Leadership of this service

- Staff informed us they felt connected with the trust board and spoke highly of them.
- All community services for children and families were part of the Division of Planned Care. Health visiting services and FNP were within the Maternity and Gynaecology Directorate and School Nursing, Community Children's Nursing, Sexual Health and Looked after Children were within the children's Directorate. Both Directorates are part of the overall Planned Care Division which ensures there is no distinction between them in terms education, learning and development opportunities. Staff informed us they felt valued by the board as they had all met them during their corporate induction.

Are services well-led?

- Staff reported good support from their direct line managers. The majority of staff spoke positively about the leadership from the clinical business managers, however, some staff informed us that when they raised a concern it would not reach the board and feedback was not received.
- There was little evidence in board papers that services for children are discussed.

Culture within this service

- We found there was a culture of openness and flexibility among all the teams and staff we met. Staff spoke positively about the service they provided for children, young people and parents. Placing the child and the family at the centre of their care delivery was seen as a priority and everyone's responsibility.
- Staff informed us they were empowered to raise concerns with managers if they or colleagues were struggling with tasks such as hand written documentation. Managers worked with staff and were able to put processes in place to enable staff to type their records and print them securely.
- Staff worked well together and there were positive working relationships between the multidisciplinary teams and other agencies involved in the delivery of children's services

Public engagement

- The organisation took part in the Friends and Family Test, a nation-wide initiative to help organisations to assess the quality of their services by asking service users whether they would recommend the service.
- Staff were proud of their scores on the Friends and Family Test: the three localities and services continually scored 100% positive feedback.
- The organisation also used "You Said ... We Will" patient satisfaction reviews in 2014, and again staff were proud of the results. The community children's nursing team received 100% positive feedback on the review.
- At the time of inspection sexual health services were awaiting the 'You're Welcome' accreditation. This is a

Department of Health (DH) quality criteria for young people friendly health services. Staff informed us that young people were consulted as part of the accreditation process.

Staff engagement

- Trust staff had taken part in the national NHS staff survey in 2014 although results were not available specifically for children and young people's services or sexual health services.
- The national staff survey showed that on a scale of one to five, with five being fully engaged and one being completely disengaged, the organisation scored 4%. This was worse than in 2013. Staff from South Tyneside had a similar engagement score to other organisations of similar size.
- The organisation scored lower than the national average for staff motivation and work. On a scale of one to five, with five being enthusiastic, the organisation scored 4% which was equal to the national average.
- Staff informed us that their views were often sought to inform service delivery using Kaizen methodology.
- Staff acknowledged that locally, within the teams and clusters, engagement was good. They felt listened to by their managers and well supported by their teams.

Innovation, improvement and sustainability

- The Electronic Birth Book developed within health visiting to monitor caseloads had been recognised by Health Service Journal as good practice.
- Following the successful 2013 flu vaccination pilot in Gateshead the programme was rolled out across the other two localities. Local leads were working with Public Health England (PHE) and local commissioners to develop a training package based upon quality and delivery. The programme had been evaluated by PHE, however, at the time of inspection had not been published, yet staff informed us that it was positive. The success of the 2014 flu vaccination programme had resulted in the team winning the tender to deliver the programme over the next three years.