Suffolk County Council

Children & Young People's Community Health Services

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated this service as good because:

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Staff provided good care and advice. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children, young people and their families.

The service planned care to meet the needs of local people, took account of children, young people and their families' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for assessment and advice/referral.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the providers values and priorities, and how to apply them in their work. Staff generally felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and their families and the community to plan and manage services and all staff were committed to improving services continually.

However;

The recent staff survey identified specific pockets of dissatisfied teams and/or roles.

We were not assured that the process to risk assess staffs' 'fitness to practice' in the absence of performing regular Disclosure and Barring Service (DBS) checks following initial DBS check on joining the service was robust.

We were not assured that action to reduce documentation incidents was effective.

We were not assured that communication with external agencies was always timely.

Informal complaints were not reviewed in a manner which allowed oversight.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	See overall summary.

Summary of findings

Contents

Summary of this inspection

Background to Children & Young People's Community Health Services

The Children and Young People's Community Health Service (CYPCHS) sits under the umbrella organisation of Suffolk County Council (SCC) and is part of the larger Children and Young Peoples Directorate. The CYPCHS provides community health care services to children and young people aged 0-19, and up to age 25 for Special Educational Needs and Disability (SEND). The service includes community health, learning improvement, inclusion services for children with SEND and children's social care. CQC do not regulate education and therefore we did not look at the educational services this during this inspection. We did inspect the range of health services for children and young people aged 0-19 years, and their families. The service headquarters is at Endeavour House in Ipswich, Suffolk (the service was previously registered as Endeavour House but changed its name in 2020 to Children and Young People's Community Health Services to be more representative of services provided). Services are available to all children, young people and their families living in the county of Suffolk, or who attend school in Suffolk, apart from the Lowestoft and Waveney area where services are commissioned and provided separately by other organisations.

The community based healthcare services includes health visiting, school nursing, special school nursing, named nursing for safeguarding children, children in care nursing, community children's learning disability nursing, enuresis (bed wetting) and family nurse partnership services. These services are delivered from a range of community settings including health centres, children's centres, schools and families' homes.

The service first registered with the Care Quality Commission (CQC) in March 2011 to provide the following regulated activities:

- Nursing care
- Treatment of disease, disorder or injury
- Diagnostic or screening procedures was added in 2020

There is a Registered Manager for the service who has been in post since November 2014.

The last inspection was a focused inspection completed in 2018 to follow up on concerns identified when we inspected in 2017. At that inspection we issued a requirement notice to the provider for failing to provide us with evidence of compliance to Regulation 17 (1)(2)(a)(b). This was because systems and processes were not established nor operated effectively to ensure compliance with the requirements of this regulation. Pre-employment records were not kept up to date and not all staff could clinical policies. At the 2018 inspection we found the service was compliant with Regulation 17 and there were no further areas for improvement. The service has not previously been rated.

How we carried out this inspection

- During this inspection the team;
- reviewed eight care records,
- reviewed policies and guidance documents
- reviewed audit and performance documentation
- looked at staff training
- reviewed staffing levels
- reviewed infection control measures
- reviewed incident logs, forms and reviews
- reviewed safeguarding practices

Summary of this inspection

- spoke to 17 staff including senior managers, health visitors, school nurses and healthy child practitioners
- spoke to three carers
- accompanied staff on three home visits
- attended one web-based assessment
- held two focus groups for staff

Areas for improvement

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

The service should ensure that it reviews actions to reduce documentation incidents.

The service should ensure that localised informal complaints are recorded and monitored to ensure oversight and identification of themes and trends for improvement.

The service should ensure that the process to risk assess employees 'fitness to practice' is robust, in the absence of performing regular Disclosure and Barring Service checks after the initial check.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

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

Good

We rated safe as good because:

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Overall mandatory training compliance was 89.4% against a target of 90%. The lowest figure was for Fire Safety Local which was at 61%. The service provided further information regarding the fire training; 'this is not training but an exercise completed by staff within their bases to raise awareness of fire safety. Staff have been working from home and have not yet returned to bases. Fire training e-learning had been prioritised and is now at 88%'. The service had adapted some of its training from face to face to electronic learning due to the Covid19 Pandemic, for example basic life support which was at 84% compliance. Staff commented that e-learning was easy to access and informative. Mandatory training compliance was discussed during appraisal and as an incentive, failure to complete was linked to staff being unable to progress yearly salary increments.

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. There was a safeguarding lead and named nurses for each team. All staff we spoke with were knowledgeable about the safeguarding referral process and how to access advice and support if needed. Staff received appropriate safeguarding training for their role with staff in contact with children receiving level three training. The overall safeguarding training compliance rate was 92.4%. A safeguarding alert flag was used on the service's electronic healthcare records to alert staff to children and young people who were at risk of abuse or where an ongoing safeguarding concern existed. The service was part of the "Multi-Agency Safeguarding Hub" (MASH) for Suffolk, which is a range of organisations in Suffolk with responsibility for safeguarding adults and children. The service worked well with the local authority and had a specialist 'children in care' (CIC) team who offered a specialist service for children under the care of the local authority. There were bi-monthly safeguarding meetings - Early Help and CYP Health Rapid Review Catch Up. At these meetings, the progress of all the action plans for rapid reviews were discussed and the services response to these. The local county council who were responsible for overseeing the service contract required all staff have an enhanced Disclosure and Barring Service (DBS) check prior to commencing employment and encouraged staff to voluntarily sign up to the DBS update service.

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean. All staff we

spoke with were knowledgeable about protocols for using personal protective equipment (PPE) and were observed using it correctly during home visits. Staff risk assessed prior to each home visit, checking that the family were free of Covid19 symptoms, wore the appropriate PPE and asked family members to wear masks where able. Staff cleaned equipment between visits and disposed of clinical waste appropriately. The service's infection, prevention and control (IPC) policy was due for review in October 2020 but this had been put on hold due to the changing situation of the Covid19 pandemic. We saw Covid19 IPC guidance and staff kept up to date with the current government guidance around Covid19 precautions.

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. When providing care in children and young people's homes staff took precautions and actions to protect themselves and children, young people and their families. The use of buildings for clinics and assessments had been limited during the Covid19 pandemic with staff working mainly from home but staff had started operating booked sessions only (prior to the pandemic clinics were also open for drop-in sessions). Measures were in place to limit the number of people in rooms and corridors. We observed cleaning schedules were in place, and adhered to, in buildings used by staff and children and their families. Equipment, for example weighing scales, were calibrated and checked yearly and we saw that they had dated stickers confirming that equipment was suitable for use.

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and took action for children and young people at risk of deterioration. The service did not provide acute care for sick children, but we saw that staff completed and updated risk assessments where appropriate. We saw risk assessments for children in care, dietary assessments for young children and infant feeding equipment risk assessments. Staff made the necessary recommendations to parents to reduce risk.

The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, and agency staff a full induction. The service had recently undergone an intensive recruitment process and had developed a new recruitment strategy which resulted in an improvement in staffing levels, with 29.8 whole time equivalent (WTE) new staff recruited in the last six months. All staff were provided with a full induction. Healthcare teams were divided into geographical area teams and were all above 80% staffing against establishment apart from one which was 79% . The mean percentage across all teams was 94.6% which meant that overall vacancies were low (less than 6%). The service forecast a three month projection of vacancies due to leavers and staff going on long term leave, for example maternity leave, in order to be prepared for vacancies. We saw evidence of proactive recruiting of staff to support areas of high volume work or where new initiatives had been introduced.

Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. The service used an electronic care records system, and also completed entries in paper "red child health" books kept by the parents and carers of babies and children. We reviewed entries in three children's red books during home visits and found that all necessary information was recorded. The electronic care records we reviewed were also comprehensive and up to date. The service carried out care record keeping audits every month with analysis carried out every three months. We saw actions where records audits had identified areas for improvement. These were in the process of being addressed at the time of inspection

The service used systems and processes to safely prescribe, administer, record and store medicines. The service did not store many medicines, mainly emergency contraception in schools. These were dispensed under patient group

directives (PGDs) by specially trained school nursing staff. We reviewed a selection of PGDs and found them to cover all aspects required and suitable for purpose. Some staff were non-medical prescribers (NMPs) and we saw a comprehensive non-medical prescribers' policy for mainly vitamins and supplements. NMP staff were supported with supervision and update meetings. Prescription pads used by staff were appropriately allocated and monitored.

Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored. The service had an electronic reporting system and staff recognised and reported incidents. We reviewed the 86 incidents reported on the service's reporting system between 01 April 2020 and 31 March 2021. Of these, one incident was identified as having a major impact, 12 as moderate impact with the rest identified as having minor, negligible or no impact. There were no 'high' or 'no risk' incidents reported, and 14 incidents were reported as moderate risk and 72 as low risk. Staff shared learning from incidents in a variety of methods through team meetings, e-mails and newsletters. Staff we spoke with confirmed that they were updated with incident outcomes and learning was shared.

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and the public.

However,

Following the initial DBS check on joining the service, no further DBS checks were required during employment unless staff changed roles or a manager requested one. Whilst there is no mandatory time frame for repeating a DBS check, regulated organisations should ensure that they regularly review the fitness of employees. When making a decision on whether to request regular DBS checks for existing staff, employers should undertake a risk assessment taking into account the work staff do, and the potential scope for abuse. Additional checks should be proportionate to risk. We did not see any evidence to suggest that the work that the service does in caring for and treating vulnerable children and young people was taken into account when making the decision not to perform regular DBS checks for staff.

Review of the breakdown of incidents showed that the highest proportion of incidents (38) were classified as 'Documentation' including electronic and paper records. This was out of approximately 28,000 letters sent out to families annually and all e-mail and patient record entries. Therefore 38 incidents represented a small percentage of error. However, we saw that incidents had similar themes such as documentation being sent to the wrong family, wrong names entered on the electronic system and referrals not being recorded/made. We were not assured that all actions identified to improve were effective in reducing these errors.

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

Good

We rated effective as good because:

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people in their care. The service used a number of pathways to ensure adherence to national guidance and guide best practice. For example, the health visiting (HV) service used the national Universal, Universal Plus and Universal Partnership Plus pathways. The pathways were delivered by the HVs, Community Staff nurses and Healthy Child Practitioner (HCP) teams to provide support for

parents and children, and to access a range of community services and resources. Staff worked to meet the outcomes for the national Healthy Child Programme" (HCP) which is an early intervention and prevention public health programme that offers every family a programme of screening tests, immunisations, developmental reviews, information and guidance to support parenting and healthy choices. The programme also identifies key opportunities for undertaking developmental reviews that services should aim to perform. The service had a range of policies that were based on current guidance and were version controlled. These were accessible on the services intranet pages and policies due for updating were reviewed in a monthly meeting by the Clinical Policy, Documentation and Audit Group. Updated policies were circulated to senior managers for distribution throughout their teams and included in the services team bulletins.

Staff checked if children and young people were eating and drinking enough to develop to and stay healthy. The service provided advice and referral to other agencies to support parents with children's' diet, and assistance to obtain vitamin supplements where available.

Staff assessed and monitored children and young peoples' communication development regularly. They supported those unable to communicate using suitable assessment tools. We observed staff undertaking a language assessment and saw that they provided support, set exercises and goals and gave guidance to the family to help improve the child's language skills. The service had access to paediatric speech and language therapy service where required.

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and work towards good outcomes for children and young people. The service monitored outcomes on a monthly dashboard relating to the requirements of the Heathy Child Programme, and in areas such as: Health and Development Reviews, Breastfeeding, and Prevention and Health Promotion. We saw evidence of actions to improve where these were not meeting requires outcomes. The service had achieved level two accreditation and was working towards level three of The Baby Friendly Initiative which is part of a wider global partnership between the World Health Organisation (WHO) and UNICEF. It enables public services to better support families with feeding and developing close, loving relationships, ensuring that all babies get the best possible start in life.

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. The service had a comprehensive induction programme and used an NHS England Core Skills Training Framework for staff training and competency assessments which ensured a consistent approach in the quality and delivery of training. Newly qualified staff were provided with a period of preceptorship for support. The service had a robust monitoring system for monitoring registered healthcare staff registration and revalidation status. Appraisal compliance rates were 91% and staff we spoke with confirmed that appraisals were meaningful and that they identified areas for development. Supervision occurred regularly-at least monthly and was delivered in a variety of formats including group and individual.

All staff within the service who were responsible for delivering care worked together as a team to benefit children, young people and their families. They supported each other to provide good care and communicated effectively with other agencies. Staff worked well together and commented that it had been beneficial to move to teams that combined Health Visitors (HVs), Community Staff Nurses and Healthy Child Practitioners (HCPs). The HVs were responsible for oversight of care and assessments provided by the HCPs

Staff gave children, young people and their families practical support and advice to lead healthier lives. The service had a range of resources on their website that were accessible to young people and families and provided links and signposts to other agencies and support. We observed staff signposting parents to healthy lives information and providing support to access external services.

Community health services for children, young people and families

Good

Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health. Staff received Mental Capacity Act training and compliance was 81%. Staff we spoke with understood the principles of the MCA and how to apply best interest decisions if necessary. Staff understood the importance of consent in respect of Gillick competence and Fraser guidelines. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a young person under the age of 16 can consent to contraceptive or sexual health advice and treatment. The service worked closely with social work colleagues in disabled children and young people's services to support transitional needs when moving to adult services. Staff reviewed the electronic records system to make sure they had the correct 'concern/need' identified and promoted the 14 plus learning disability health check for those young people who were eligible as soon as was pertinent and liaised with the young person's GP or paediatrician as necessary. Staff signposted young people to the correct services and routes to access services, using the 16 plus guide for families and made sure that young people and their families had access to a paper or digital copy for their own records. When working with young people and their families, staff created resources to aid transition for example; health action plans, 'this is me' or communication passports and provided printed copies with the resources saved onto a memory stick so that the young person/family had ownership and were able to update it as needs changed into adulthood.

Staff had access to up-to-date, accurate and comprehensive information on children and young people's care and treatment. All staff had access to an electronic records system that they could all update. Staff confirmed that they had good access to electronic records that they used to provide care and assessments and also to GP records but there were times when information from external sources was not always provided in a timely manner leading to inappropriate contact that could cause distress to families. We saw evidence of this in the incident records. We saw evidence of work being done to address this.

However

Communication with external agencies was not always timely. We saw action to improve an area where poor communication between an external provider and the service was related to consistent incident reporting. Staff had put forward a business case to employ a Specialist Health Visitor for Ante Natal and Early Post Natal Assessment and Communication to improve this.

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

Good

We rated caring as good because:

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We observed staff during home assessment visits and on video assessment calls. Staff introduced themselves and their role and engaged well with families showing empathy for difficult situations whilst also providing support.

Staff provided emotional support to children, young people, families and carers to minimise their distress. They understood children and young people's personal, cultural and religious needs. We observed staff providing emotional support to a distressed child and engaging with them whilst undertaking an assessment of a sibling. Staff were knowledgeable about family circumstances that impacted on a child's wellbeing. Staff also asked about the emotional

wellbeing and support for parents and ensured that they had access to support where needed and contact details for the service. We observed discussion with parents about cultural beliefs and staff were respectful of parents' decisions. The school nurses expressed some concern that their role had changed significantly which meant that they were unable to provide as much in the way of 'drop in' sessions for young people which staff considered to be a more effective way of engaging with young people.

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach. The services feedback was very positive, and we saw numerous complimentary comments and feedback from families who were very grateful for the support and expertise provided to them. Examples of feedback provided; "I can't recommend staff enough we have had her involved with us on and off for 8 years and I wouldn't have anybody's else, she know our family in and out she is professional, caring and listens to me and takes my child's needs on board!" "The support we have had from staff has been exceptional, they have always listened and supported. I waited a long time with many rejections to obtain some help for my child over this matter and am so thankful." "The whole service is very important and does amazing work for families who need guidance and support." "Despite the unusual circumstances this year has put us all in, the support was still there in a friendly & helpful way."

Are Community health services for children, young people and families responsive?

Good

We rated responsive as good because:

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service planned staffing by identifying the needs of the local population. This was done in a formulaic way using geographical and population data with information reviewed every three years to ensure that staffing met the needs of the local population. We saw evidence of the service working well with commissioners and local organisations to provide care and taking action to improve where care was not seamless.

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers. The service provided a range of different services to meet the individual needs of children, young people and their families. We spoke with staff who provided specialist services, for example the family nurse partnership, children and young people with a learning disability nursing and children in care. They provided support and advice tailored to meet the individual needs of the children, young people and their families making adjustments according to individual preferences.

People could access the service when they needed it and received the right care in a timely way. The service was available Monday to Friday during office hours and there was a large range of advice and signposting available on the service's website. Young people were also able to contact the service through a text messaging service called 'chathealth'. Some staff expressed concern that they were unable to provide the level of service that was needed either due to increased national initiatives, for example, questionnaire completion and safeguarding review of accident and emergency hospital visits or due to high caseload numbers. However, we did not see any consistent evidence that services were not provided to those who needed them in a timely manner. There are no nationally recognised caseload recommendations for health visitors or school nurses.

Community health services for children, young people and families

Good

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint. The service followed the provider's (Suffolk County Council) complaints policy (dated July 2018 due for review June 19) with a targeted initial response within 20 days. There was a complaint process in place with a customer service and complaints team where formal complaints were managed. Complaints data for the service showed that formal complaints were low with five complaints lodged in 2020 and one complaint received in 2021. There were no themes identified. We saw that complaints raised were discussed at the monthly "Clinical Quality and Safety Assurance Group" (CQSAG) meetings.

However

Staff we spoke with confirmed that most complaints were informal and dealt with at a local team level and not recorded in a manner which allowed oversight. This meant that it was difficult for the organisation to assess any themes which might be present across teams at an organisational level. Following feedback from our inspection, the service devised a Compliments, Complaints and Data Breaches (CCD) Log to capture informal complaints as well as formal complaints which could be collated to provide oversight.

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

Good

We rated well led as good because:

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children, young people, their families and staff. They supported staff to develop their skills and take on more senior roles. The service had a director and an assistant director who was also the registered manager. They were supported by a quality and professional development manager, quality governance and audit manager, early help service managers and a business support team. Staff spoke highly of their senior staff stating that they were visible, approachable and supportive.

The provider (Suffolk County Council) had a set of priorities and values that were aligned to the provision of services throughout the organisation and developed with all relevant stakeholders' involvement. All of the staff we spoke with were aware of the values. The priorities were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Staff generally felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children and young people, their families and staff could raise concerns without fear. Staff described the service's culture as one where the child was placed at the centre of all decisions. All staff we spoke with were passionate about their jobs and many staff had been with the service for more than 10 years. Most staff commented that they felt supported and listened to. It was noted in the service's risk register that wellbeing was generally positive.

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from

the performance of the service. The service had a governance lead who produced a monthly report detailing an overview of the incidents and complaints received during the specified timeframe and highlighted any significant risks and/or areas for development/improvement. It also reported on current risk register status and mandatory training levels.

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. Senior staff were aware of the impact of the Covid 19 pandemic on their ability to perform some assessments and the likely impact on 'catching up' on assessments on current workload and had produced guidance on reduced capacity in the 0-19 service management. The service had a risk register that was red, amber, green rated and contained high level risks to the service. We saw that this was regularly reviewed and updated with actions to reduce risks. There was a "Business Continuity Plan" in place for the service, which outlined what action the service would take to maintain services and activities in the event of major disruption, such as IT loss and loss of transport due to severe weather.

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. The service monitored progress against a number of key performance indicators and reported progress to the commissioners. Findings were presented at a monthly performance meeting attended by senior leaders and disseminated to staff during team meetings and in the monthly staff bulletins. They also produced a quarterly CYP Pledge 2 Services Performance Report detailing performance against targets and action plans for areas where performance did not meet targets. Access to electronic information systems was secure with password protected access and electronic systems were integrated with the local health providers.

Leaders and staff actively and openly engaged with children, young people, their families, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people. Families, children and young people and staff had opportunities to engage with the service on a variety of platforms, and there were examples of innovation, improvement and sustainability. We saw examples of working groups where children, young people and their families were invited to participate to improve and plan services and with staff to look at ways to innovate and improve practice.

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research. Staff we spoke with at all levels were committed to improving services for children and young people and had access to learning to extend their knowledge. The service had implemented a nursing apprenticeship scheme which provided five staff with the opportunity to gain practical work experience while working alongside experienced staff leading to a nursing qualification. The scheme had proved successful and a further five apprenticeships were being offered. The service was in the process of implementing a crisis service for young people in conjunction with a local mental health provider.

However

The results of a recent staff survey identified specific pockets of dissatisfied teams and/or roles. Some staff were unhappy that the addition of national task-based activities negatively impacted on their historical role. The service was

in the process of action planning to improve morale and introducing a Freedom to Speak Up Guardian (FSUG) to support staff comparable to colleagues working across the wider health system. The FSUG is a programme of support to allow staff to feel confident to speak up when they have concerns about process or practice to improve services for children, young people and their families and culture for staff.