Walsall Healthcare NHS Trust

Provider RBK

Community health services for children, young people and families

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RBK	Harden Health Centre		WS31ET
RBK	Old Hall Special School		WS27LU
RBK	Blakenhall Village,		WS31LZ
RBK	Sai Medical Centre		WS28RE
RBK	St Johns Medical Centre		WS99LP
RBK	Walsall Child Development Centre		WS41PL

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

Summary of findings

Ratings

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

Summary of findings

Contents

Summary of findings

Overall summary

Children and young people (CYP) services were rated as good overall. We rated the service as good for effective, caring, responsive and well led domains and requires improvement for the safe domain.

During the inspection we met with managers, staff, children and parents in a range of community settings. We observed care being delivered in a special school, in clinics and in children's own homes. We talked with staff working across a range of services. CYP staff also worked with other professionals and external organisations such as CAMHS (child and adolescent mental health services) and social services.

There was evidence that the services for children and young people were delivered in line with best practice guidance and local agreement. Staff were dedicated, professional and well supported by recent changes to the management structure. Staff told us that they were a valued member of their respective teams. We saw that care was centred on the child and individualised across all CYP services.

There was an effective system in place to report and learn from adverse incidents, errors and near misses. The majority of staff told us they received feedback about the action taken when they reported issues. We saw care was delivered to promote dignity and respect, and found staff were very responsive to children and their families' needs.

There was a robust safeguarding process in place with good safeguarding supervision for all staff. We saw infection control practices across CYP services was good. Several electronic systems and handwritten notes were used across the service. This presented a risk for accessing complete and robust information when required.

Staffing levels across CYP services were good. We saw the trust had ongoing challenges with recruitment of community paediatricians. Staff had the right qualifications, skills and knowledge to do their job. There were high numbers of newly qualified health visitors in post but they were supported with a good preceptorship programme. Staff were hindered in their roles when working away from their office bases by a lack of mobile IT equipment.

Care was effective and evidence based. There was evidence of strong multidisciplinary working within the trust and across other agencies.

Staff expressed satisfaction with the levels of support from their local managers. There were clear lines of management in place and structures for assuring quality. Staff told us that on the whole they thought the executive team were doing well in leading the trust but there was a lack of visible executive clinical leadership.

CYP services received very few complaints and people we spoke to during the inspection were very complimentary about the staff and the quality of the service they received.

Summary of findings

Background to the service

Community services for children, young people and families under the age of 20 years make up 26% of the population of Walsall. 33% of school children are from a minority ethnic group compared to the England average of 27%. The level of child poverty is worse than the England average of 28%, with 29% of children aged 16 years living in poverty. Children in Walsall also have worse than average levels of obesity with 24% of children in year six classified as obese. The health and wellbeing of children in Walsall is generally worse than the England average including the infant mortality rate, teenage pregnancy, breastfeeding and smoking at time of delivery.

Walsall's Children's Community Services provided a range of services for children and young people across the borough which included:

- Community children's nursing service
- Child development centre
- Health visiting service
- School nursing service
- Family Nurse Partnership to support young parents
- Children's occupational therapy
- Children's physiotherapy
- Children's speech and language therapy

Care was delivered from a variety of settings: mainstream schools, special schools, education at home, children centres, community health centres and the children's own home for those children needing acute and chronic care.

During the inspection we visited a variety of services for children, young people and families. This included a children's centre offering specialist services for children with autism. We did two home visits, visited one special school and three health centres. We conducted interviews with nurses, physiotherapists, speech and language therapists, health visitors, managers and service leads. We spoke with31 members of staff in total. We held three community staff focus groups which were well attended. Staff focus groups are a planned meeting with specific staff members such as nurses, health visitors and therapists to listen to their views about their work and how their services are run.

During the inspection, we also spoke with five parents and we reviewed 10 children's records which included individual care plans and risk assessments and a variety of team specific and service based documents and plans.

We also sought feedback from external partner organisationsand reviewed online feedback.

Our inspection team

Chair: Professor, Juliet Beale, CQC National Nursing Advisor

Team Leader: Tim Cooper, Head of Hospital Inspections, Care Quality Commission.

The CYP inspection team included a CQC Inspector, a Specialist Community Public Health Nurse and a Continuing Healthcare Coordinator.

Why we carried out this inspection

We undertook this inspection as part of the comprehensive combined acute and community health services inspection programme.

Summary of findings

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?

For example:

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 9 and 10 September 2015. During the visit we held focus groups with a range of staff who worked within the service, such as managers, nurses, health visitors and therapists. We talked with people who used services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service.

What people who use the provider say

Parents and carers of children and young people across all community CYP services we talked to told us they received a good to excellent service. We were told staff were very kind and caring and staff were always eager to help.

One young parent from the FNP service told us how the service had taught them so much about caring for their child and that the FNP had brought them together as a family.

Parents who used the children's nursing service were very complimentary and praised the staff for organising cover and support for their child when they all went on holiday together.

Good practice

School Nursing Service

Innovative practice with the introduction of school nurse champions designed to improve the service offered by listening to the young people in the area and offering specific training to schools and young people volunteers.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Should:

- Review children's nursing services to bridge the out-of- hours gap in service provision.
- Ensure the Lone Working Policy applies to all staff.

Walsall Healthcare NHS Trust

Community health services for children, young people and families

Detailed findings from this inspection

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated this service as requires improvement because children, young people and families were at an increased risk of avoidable harm due to the numerous electronic systems in place to record information. Complete and robust information was not always available for multi-agency decisions about children at risk of abuse.

Incident reporting and recording was encouraged and embedded across all services. There was a robust process in place for staff to learn from lessons to minimise future risks to children, young people and families.

Infection control guidance was in place and practiced by staff. Equipment was checked, serviced and cleaned in line with trust policy and was in good supply. Mandatory training attendance was good.

There were effective safeguarding processes in place to protect children from the risk of abuse. Risk was managed and incidents were reported and acted upon.

We saw quality of care and service performance was monitored and measured across CYP services. Risks to patients were effectively assessed and managed in most areas and clinical practice was reviewed regularly to improve care.

There was a full establishment of health visitors following a recent recruitment drive.However,this was having a 'knock on' effect to other services such as Speech and Language Therapy as more children and young people were referred to the service.

Incident reporting, learning and improvement

- Never Events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There were zero Never Events registered across Children and young people (CYP) services. There was one Serious Incident requiring investigation for CYP community services between August 2014 and July 2015. This was

reported in line with national guidance. We looked at the learning that had occurred as a result of the incident and found staff were aware of the incident and the improvements. A full risk assessment had been put in place to further develop learning and improve practice. Staff within the focus groups were able to tell us the improvements they had made to their practice, such as the use of locked bags for transporting notes.

- Staff across CYP services were encouraged to report incidents and were able to access the trust's electronic incident-reporting system. Staff told us it was easy to use and they were encouraged to do so.
- Within a 12 month period 2014 to 2015 there were 234 incidents reported by staff across CYP services, 220 were reported as no harm, 11 as low harm and 3 as moderate harm. These three related to clinical assessment and access, admission, transfer and discharge.
- Staff were made aware of trust wide incidents in various forms, for example: through weekly team meetings, monthly governance meetings and emails from line managers to share lessons learned. We saw evidence of staff communications related to a recent reported incident. This contained feedback, lessons learned and an action plan. Most staff we spoke with felt they received good feedback. Some of the administrative staff felt they did not receive feedback and so did not know what lessons had to be learned.

Duty of Candour

- Managers we spoke with were aware of the duty of candour regulation introduced in November 2014 (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The intention of the regulation is to ensure providers are open and transparent with people who use services. We heard an example of where the management had spoken with a family when a previous breach of confidentiality had occurred and we saw evidence of a written apology.
- Staff told us they were confident about reporting incidents and were aware they needed to be open and transparent with patients and their relatives if anything went wrong with their care.

Safeguarding

- Staff demonstrated a good knowledge of the trust's safeguarding policy and the processes involved for raising an alert. They told us about the changes to the children's safeguarding service and how things had improved. They found the service to be helpful and accessible whenever needed. Staff knew the names of the trust safeguarding leads and were familiar with the threshold descriptors for safeguarding and child protection concerns. A named nurse for children's safeguarding has been in post since March 2015 following the recommendations from the trust wide review of the service in 2014.
- We looked at the safeguarding policies and procedures and saw posters displaying information in the staff bases which meant that staff had access to the relevant information and phone numbers to raise safeguarding concerns. Again, following the recommendations from the review, there is now a central point of contact and a fully staffed duty service.
- We spoke with health visitors, school nurses, nursery nurses and therapists about safeguarding referrals and they all knew the procedure to follow. The safeguarding referrals we looked at were appropriate, they were fully completed and alerts were made within the 24 hour timeframe.
- Staff received safeguarding training upon induction and at three yearly intervals. All clinical staff were trained to safeguarding level three. The CYP service achieved above the trust target of 95% for mandatory training levels. We looked at the training tracking system and saw that only staff on maternity leave had not received the training. The children's nursing team had 100% compliance with safeguarding level three.
- Staff told us there was a strong multidisciplinary, multi-agency approach and gave examples of working with the Domestic Abuse Response Team (DART) and the current Multi-Agency Screening Team (MAST). We were told this service would be changing to 'MASH' (Multi-Agency Safeguarding Hub) where referrals will be reviewed by health, domestic abuse advisors, police, mental health services and the local authority.
- CYP services were aware of child sexual exploitation and had robust systems to raise concerns. We saw evidence of sexual health services contributing reports to safeguarding conferences.
- Staff involved in safeguarding received safeguarding supervision. All staff reported this was working well. Speech and Language Therapy staff told us they have good supervision support on a needs based model and that access to the team was 'excellent.' Fourteen health visitors had been trained in the national accredited

Requires improvement

Are services safe?

NSPCC (National Society for the Prevention of Cruelty to Children) child protection supervision skills course. We saw staff from the Family Nurse Partnership (FNP). They operated a tripartite safeguarding meeting with three health professionals involved in cases.

- Staff told us during focus groups that if they witnessed poor practice they would have no reservation to escalate concerns to their line managers and if necessary whistle blow their concerns to either the senior manager, the safeguarding lead, the social worker or the Care Quality Commission.

Medicines

- Standard Operating Procedures for the children's community nursing team were in place. These included the standard for managing medicines including controlled drugs in special schools and the standard for administering medicines in special schools. We saw the procedure for administration of medicines was followed correctly. The assistant practitioner (band four support worker) within the children's community nursing team checked all the medication details before administration such as drug type, quantity and expiry date. We saw this was part of their role and they received appropriate training to support this.
- All records relating to the management and administration of medicines were countersigned by the registered children's community nurse responsible for the special schools.
- An audit for Medication Safety in Special Schools was in place since August 2015. No results were available for the special schools due to the summer break. We saw the medicines were stored safely with room and fridge temperatures checked regularly and recorded. All the drug cupboards were locked and controlled medicines were stored in a separate locked cupboard.
- All medication errors were reported as incidents, recorded on the electronic system, investigated and reviewed at the monthly divisional governance meeting. We saw evidence that these were investigated and that lessons had been learned and communicated to staff.

Records and Management

- We looked at the management of children's records across CYP services and saw records were on the whole well maintained although the outside folders of many of the paper records were in need of some repair. Paper records were securely stored in locked rooms and were only accessible to staff who had the authority to view them. There was a robust tracking system for notes that were removed from their locations.
- All staff who worked in the community told us the electronic records were not fit for purpose. There were several systems in place including Care Plus, Fusion, Badgernet and Lorenzo. Lorenzo was an electronic patient administration system implemented 18 months previous which had caused the service and the trust as a whole significant problems with booking appointments, access to discharge information and general gathering of performance information for the service. A paper diary system was in use by health visitors.
- Managers told us the issue was listed on the care group risk register. An action plan was in place to improve the functions of the electronic patient administration system in line with the community service requirements. We were told the professional leads had met with the senior IT team to progress this.
- School nurses told us they often did not have a complete set of records to take to safeguarding meetings and would rely on a summary sheet. Records were requested from the storage location but could take several days to arriveand therefore staff were not always equipped with the necessary information to refer to at the safeguarding meetings.
- The children's nurses in special schools had to transport notes in their own cars. They had raised this with their managers as a safeguarding risk. The team were holding discussions as to how to reduce this risk. However, there were no plans in place to address this issue in the near future.
- We saw that records were completed in accordance with trust records policy and were in line with good practice guidelines from professional bodies such as the Nursing and Midwifery Council. The records were audited on an annual basis.
- There was evidence of written consent and family involvement in records as well as demonstrating care continuity and a multidisciplinary approach to the care delivered.

Environment and equipment

- We looked at the storage, maintenance and availability of equipment used in clinics, schools and equipment

used by staff in children's own homes. We saw electrical 'safety test' stickers were in place on equipment and were within the recommended test date. Staff told us equipment was in good supply and easy to access.

- The staff from the National Child Measurement Programme (NCMP) organised an annual service wide day for cleaning and calibrating all the weighing scales used in the school nursing teams in line with local policy.
- A health visitor attended the trust health and safety meetings and feedback was given to the wider CYP team.

Cleanliness, infection control and hygiene

- We saw clinical areas at baby clinics, children centres and special schools were clean and well maintained.
- We saw staff washing their hands and using hand gel inbetween each intervention at the special school and on home visits.
- All staff were required to complete infection control training. Records showed a completion rate above 95% for CYP services.
- Signs were displayed around clinical areas reminding staff and visitors to wash their hands and alcohol hand gel was available at all the centres we inspected.
- We saw completed cleaning schedules for larger pieces of equipment such as hoists and profiling beds used in special schools.

Mandatory training

- Mandatory training records showed that children community nursing, school nursing and physiotherapy staff scored 100% for patient handling training. The areas which scored the lowest training figures was the Family Nurse Partnership (FNP) with 75% and Occupational therapy with 88%. We saw the occupational therapy team scored 90% for fire safety training, Physiotherapy team scored 81%, FNP scored 75% and Health visitor teams scored between 88 to 100%.
- One member of staff on maternity leave had been encouraged to use a 'Keep in Touch' day to complete the mandatory training. This showed a commitment from the team to the importance of mandatory training.
- Staff told us they were actively encouraged by their line managers to attend mandatory training and received emails as reminders when training was due. They told us the training had become more flexible to use.
- The health visitor professional lead told us they had developed a role specific mandatory training day in conjunction with the trust training team. A half day was dedicated to role specific issues such as Female Genital Mutilation, Nurse Prescribing and Serious Case Reviews. They told us this would be further adapted to meet local and national needs. There were no training figures available for these newly developed training topics.

Assessing and responding to patient risk

- A wide range of risk assessments were used across CYP services to assess and manage individual risks to children. For example, the Family Nurse Partnership service used a child sexual exploitation risk assessment and children's nurses in the special school assessed the risks for children on oxygen.
- We spoke with the paediatric physiotherapy lead following a home visit. They told us risk assessments had been undertaken to help manage a young child returning from overseas following a surgical procedure.
- Formal arrangements were in place to deal with the management of a child identified to be at risk. Multi-agency professionals such as teachers, police, social workers and healthcare professionals attended these meetings. Individual cases were reviewed, risks identified, care plans agreed and actions plans put in place to protect the child and support the family.
- We saw from records of children on child protection plans and child in need plans that the required number of health visiting appointments were always met.
- Infant mortality rate in Walsall was one of the highest in the country at 7 per 1,000 live births. It is one of the core objectives for the trust in 2015/16 to address the issue.

Staffing levels and caseload

- The trust was making good progress towards meeting the number of health visitors required in line with the National Health Visitor Plan 2011-15. The trust had a target of 67.2 whole time equivalent staff. 63.43 were now in post and the remainder were currently out to advert. The trust had previously met the target but staff had subsequently retired. The professional lead for health visitors told us the staffing levels were adequate

Requires improvement

Are services safe?

although many of the new staff were newly qualified and undergoing the preceptorship programme. They told us this added extra strain to the teams in managing the caseloads. We looked at the monthly report generated to allocate resources across the teams appropriately.

- The Family Nurse Partnership service provided care from Harden Health Centre. The staffing levels consisted of one supervisor at band 8a, seven registered nurses at band 7 and one administration support officer at band 4. Staff told us of their concerns around the capacity of the team. They currently receive approximately 25-30 referrals per month. The caseload is set at 25 for each full time member of staff. However, to meet the needs of the wider population and offer support to more young parents, further staff are required. There were no plans to recruit more nurses into this service.
- We saw generally there was adequate staffing levels across therapy services to meet the majority of needs of children and families. We looked at the TAC (Team Around the Child) three year plan which identified concerns around capacity. A service review in 2014 looked at streamlining processes to increase capacity at the diagnostic and support groups from four to six. Referral rates into the service were increasing since the increase in health visitor staff. The TAC team had not had access to clinical psychologists for some months. Two clinical psychologists from the Children's and Adolescents Mental Health Service (CAMHS) started work the week of the inspection to offer the required support. This issue had been on the risk register but will now be removed as the team follows NICE guidelines and best practice with the staff team now in place.
- Staffing levels for children's nursing services included nurses and assistant practitioners who provided care in children's own homes and across three special schools. The team were fully staffed.
- The staff based in the team which the inspectors visited comprised of one whole time equivalent (WTE) clinical team leader, four WTE Band 6 School Nurse, 1.47 WTE Band 5 School Nurse Staff Nurses and 1.38 WTE Band 4 School Nurse Nursery Nurses.The national recommended staff levels of one WTE Specialist Community Public Health Nurse (SCPHN) per secondary school which in Walsall equates to 17 WTE.
- The team spoke highly of the professional lead for the service. The service had been fully reviewed since the professional lead had been in post. Staff told us the workload had been made more fairer and evenly shared across the staff with particular regard to child protection cases.

Managing anticipated risks

- There was a women's and children's care group risk register in place. Four out of 21 risks directly related to CYP services however, none of them were noted on the corporate risk register. All four were rated amber and had a risk rating between 9 and 10 which was deemed by the trust as low to moderate. For example, one risk related to 'poor access to child health records' within the school nursing service which may impact on access to safeguarding information'. Another risk related to 'physiotherapy equipment transferring to adults, no process currently in place to get funds back'. We saw all risks were supported with an action plan and had been reviewed in May 2015 or June 2015.
- We looked at the divisional quality meeting minutes held in August 2015. The meeting reviewed incidents and trends, audits, complaints and risks.
- The trust had a lone worker policy in place. Staff we spoke with described lone working arrangements in line with the policy.
- Health visitors felt concerned that they did not have a work mobile phone to use when away from the office. They told us this had been raised with their managers. However, the response was to use their own phones wherever possible. The staff did not feel this was an adequate response. Other teams within the CYP community service had access to work mobile phones.

Major incident awareness and training

- We saw there was a major incident and adverse weather policy in place and staff were aware how to access it when required.

Good

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

The effectiveness of children and young people services was rated as good.

Services were underpinned by evidence-based practice and followed recognised and approved national guidance. We saw CYP services participated in and completed clinical audits and performance of services was monitored and measured at regular intervals to achieve the best possible outcomes.

There was a multi-disciplinary approach to care and treatment and a proactive engagement with other health and social care providers to achieve best outcomes. Staff were involved in local, regional and national forums. Staff were appropriately trained and competent to do their role.

Transfers and transitions between CYP services were planned in advance. There was an assessment of the child's individual needs; this included working with other agencies to assess, plan and coordinate care.

We saw staff gained verbal or written consent for each nursing and therapy intervention.

We saw documentation to show that staff competencies were checked, annual appraisals done and regular supervision undertaken.

Evidence based care and treatment

- The trust policies and procedures were based on national guidelines and best practice. Policies were available on the trust intranet system and staff knew how to access them.
- Standard Operating Procedures (SOP) had been developed for the School Nursing team and these followed national guidance in accordance with relevant governing bodies. This included the NMC (Nursing and Midwifery Council) and the RCPCH (Royal College of Paediatrics and Child Health).
- The CYP service had developed an award winning integrated asthma pathway. The pathway had reached its targets to ensure 80% of asthmatic children on the pathway received an evidence based bundle of care on discharge, 80% of carers were fully confident to manage the child's condition on discharge and 100% of families would recommend the service to another family who needed treatment for asthma. The community staff we spoke with were fully aware of the pathway and their role within it.
- The family nurse partnership service provided evidence-based, preventative support for vulnerable first time young mothers, from pregnancy to until the child is two years of age. Family nurses delivered the programme within a defined and structured service model.
- Health visitors and their teams delivered the Healthy Child Programme (HCP) to all children and families during pregnancy until five years of age. The Healthy Child Programme is the key universal public health service for improving the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes. Health visiting staff had been trained to use the Ages and Stages Questionnaire (ASQ) which considers the development skills of the child. The CYP teams also told us they were trained in the 'Solihull Approach' which is a behavioural approach to child health and wellbeing which increases the parents understanding of the child's development.
- We looked at the audit undertaken in 2014 to assess the service against the NICE guidelines for the management and support of children and young people on the autism spectrum. A detailed action plan was in place to ensure the service was aligned to the NICE guidelines.

Pain relief

- There were clear guidelines for staff to follow which reflected national guidance where pain management was appropriate.
- The children's nursing staff at a special school knew the children well and could identify if a child was uncomfortable or in pain, based on their body language, noises and facial expressions. There was a Standard Operating Procedure in place for administering pain relief medication.
- We saw pain care plans were in place to support children and young people who required pain relief at home and in special schools.

Good

Are services effective?

Nutrition and hydration

- Where appropriate, children had a nutritional and hydration plan in place which reflected national guidance and demonstrated a multidisciplinary approach to meeting children's dietary needs.
- Children who were at risk of obesity had access to a weight clinic to monitor their progress. The child and their parents had access to a dietician who provided a regular review of their dietary requirements and provided dietary support for parents.
- There was a multidisciplinary paediatric dysphagia team in place providing support and advice for children with feeding and swallowing difficulties. As part of the dysphagia pathway, eating and drinking plans and diet advice leaflets were developed.
- The National Child Measurement Programme team told us they had a good professional relationship with the lifestyle services within the trust and meet with them bi-monthly to discuss their findings from the school measurements.
- A specialist health visitor ran the tongue tied clinic for babies. Tongue tie is a thin piece of skin called the frenulum which attaches the baby's tongue to the bottom ofits mouth. Tongue tie restricts movement of the tongue and can often make breastfeeding difficult. Staff reported good referral pathways into the service. There was no information available as to how many babies were placed on the pathway.

Patient outcomes

- The professional lead for health visitors told us the new national indicator for antenatal contact from 28 weeks pregnant onwards had been in place at the Trust since November 2014. Further work was being carried out within the trust to address antenatal contacts with a high social need.
- The health visiting service monitored the post-natal 10 to 14 day visit on a weekly basis. The figures for August 2015 showed the target of 95% was met apart from the final week which showed a figure of 93.4%.
- The percentage of children who received a 12 month review from April to June 2015 was 83%. The professional lead for health visiting told us the figures had increased each quarter due to the increase in staff.
- The percentage of children who received a two to two and half year review was 87% from April to June 2015.
- The breastfeeding initiation rate for April to June 2015 was 65% against a national target of 73%. Hospital based peer support workers supported the service and initiation rates have increased. The local Clinical Commissioning Group (CCG) target is set at 65%.
- The Woman and Children's division looked at improved integrated care between the hospital and the community services. A new paediatric referral pathway was in place. Referrals were reviewed every Friday morning by a multidisciplinary team to ensure the children, young people and their families were directed to the most suitable team to support the best outcomes.
- The National Child Measurement Programme team reported their latest target figures as 99% for the weighing and measuring of year six children and 99 % of reception age children against a national target of 85%.
- The Teenage Pregnancy team reported significant improvements for the teenage pregnancy rate and the abortion rate. Since 1998 the conception rate has fallen from 47% to 36%. The date from 2013 showed the abortion rate had fallen from 18.9 per 1000 teenage pregnancies to 14.4 per 1000. The repeat abortion rate for Walsall in 2012 was double the England rate but in 2014 had reached the same as the England rate at 10%.
- The school nursing team recently won the contract to deliver their services across the borough. The new contract started 1 August 2015. Discussions were currently in place with the commissioners to set baseline targets for monitoring the quality and outcomes of the service. The professional lead for school nursing told us the qualitative data collected via the service was an integral part of measuring the quality of the service. We saw feedback from parents following a parenting group such as,

"I'm glad we came on the course" and "It has been excellent."

- The community CYP service monitored feedback from service users through the 'I Want Great Care' initiative. Online feedback from August 2015 regarding postnatal care said "I was always kept fully informed of all aspects and received full support and information from the community team."

Good

Are services effective?

- A new monthly audit had been introduced in the children's nursing team to assess the quality of service against the Paediatric Care Quality Standards. Staff told us they did not take part in any national audits.
- All teams we spoke with undertook an annual records audit. We were told that good compliance was achieved with the audit however, there were no audit results to support this statement.

Competent staff

- Newly employed health visitors said they felt well supported in their teams, had received an appropriate induction and found the preceptorship programme helpful. This consisted of a two week orientation, followed by twelve weeks with a small caseload. A competency booklet was completed which ensured the health visitors had the relevant skills and knowledge such as communication skills, health promotion and being able to use the Ages and Stages Questionnaire.
- Assistant practitioners in the children's nursing service were assessed for their competency by the registered nurses. Nursing staff within the CYP community team were assessed against a competency framework which covered areas such as the care of the child requiring suction and care of the child requiring wound care.
- Staff across CYP services demonstrated they possessed sufficient knowledge and were competent to deliver care and treatment to children and their families. They felt well supported in their personal development plans.
- Some of the staff had been able to access the trust leadership development programme and found this very helpful to their work.
- All staff spoke positively about the quality and frequency of their supervision sessions. All the staff we spoke with said they had received an appraisal during the last year.
- The trust had a corporate membership to the Institute of Health Visiting which offers further online evidence based courses for the health visitors to access.
- The Family Nurse Partnership team used an online competency framework. This assessed skills and knowledge in areas such as accountability and building confidence. They felt competent to do their work and were able to do weekly supervision sessions and have access to a psychologist on a monthly basis to discuss cases.
- A lactation consultant is currently being trained to further support the breastfeeding team.
- The nursery nurses all have a competency based area of expertise such as toilet training, baby massage and getting ready for school.
- The therapies team used a training needs analysis to identify the need for postgraduate training for dysphagia support.
- The assistant practitioner in the children's' community nursing team was signed off as competent to manage and administer the medicines. We looked at the competency record and saw this had been completed.
- We saw competency documentation which confirmed children's community nursing staff were trained and had their competencies assessed and signed off in administration of medication via a nasogastric tube and the administration of medication via injection.

Multi-disciplinary working and coordinated care pathways

- There was evidence of multi-agency working at the 'team around the child' meetings with effective sharing of information and detailed planning to meet the child's needs.
- To improve communication between the health visiting and school nursing team, a handover week was arranged every September for health visitors to handover their notes and ensure they are up to date. The services discuss how they overlap and how care can be best coordinated.
- Staff told us of proactive engagement with other health and social care providers to coordinate care and meet the needs of the children and young people in Walsall. They were proud of their positive working relationships.
- Staff talked about the need to see further integrated care pathways but were pleased with the progress to date.
- School nurses told us how they engaged with the asthma pathway by offering training and advice to schools as part of their MDT working.
- School nurses and health visitors sit on the Multi-agency Safeguarding Team.They supported any background checks required on the NHS systems for children with identified health issues.

Good

Are services effective?

- The multidisciplinary members of the dysphagia team worked closely together in order to produce an integrated care pathway.They use shared electronic resource folders and a database to ensure an effective approach to managing the joint caseload.
- The children's community nursing team worked closely with the Birmingham Children's Hospital and the local hospice to ensure coordination of care. We observed interactions between the specialist health visitor and the children's community nurse in planning coordinated care for a patient.

Referral, transfer, discharge and transition

- Referral arrangements were in place for children and young people transferring between services. Arrangements to transfer children from health visiting to the school nursing service were well established.
- We spoke with the Transition team case manager. They looked after children from year 9 to age 25 years. Staff told us that young people usually experience a smooth transition to adult services.
- The transition team offered one to oneand group sessions for children with physical impairment. Funding had just been secured to offer a youth club for children with physical disabilities twice a month.
- We looked at the minutes for the transition meeting for palliative and end of life care. The CYP transition case manager and community children's nursing service attended these meetings.

Access to information

- Across children's centres, baby clinics, mainstream and special schools we saw information leaflets and booklets available for parents that included clinic times, support networks, self-help group and contact details.
- The school nursing team had posters in all the schools with a picture of the named nurse, a description of the services offered and the relevant contact details.
- The health visiting team published a weekly staff newsletter called 'Treat of the Week.' This promoted an open and transparent service, looked at changes in practice, NICE guidelines and learning from incidents.
- The transition team developed a Facebook page for information sharing and support.
- The School nursing service werein the process of implementing the 'Chathealth' system which was due a live launch in 2016, this is endorsed by the Department of Health. This gives children and young people an opportunity to text questions on health issues. A response is sent via text conversation which can lead to direct appointments. The conversation can be uploaded to the electronic records system.
- The community teams did not have a fully integrated IT system and access to comprehensive information was limited if needed quickly.

Consent

- To assess whether a child was mature enough to make their own decisions and give consent, staff used the 'Gillick competences' and 'Fraser guidelines.' We looked at the school nursing Standard Operating Procedure (SOP) in place for consent.
- One staff member on the day of inspection told us they had used the SOP for consent when a child refused to be weighed, even though the parents had previously given consent. This decision was recorded on the notes and feedback given to the team leader.
- Parents told us they were always asked for verbal consent and sometimes written consent depending on what the treatment of care was.
- We saw consent was recorded in school records and included in care pathways and documentation.

Good

Are services caring?

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

Summary

The caring of children, young people and families was rated as good. Staff were very caring and compassionate and staff engagement was respectful and provided care in a dignified way.

Staff involved children and parents through every aspect of care delivered and we saw staff took time to explain what was going to happen and answered questions clearly and patiently. Parents were encouraged to be involved in the care of their children as much as they wanted to be.

All parents we spoke with felt they had enough information about their child's condition and treatment plan and were involved in planning care. Feedback from parents was consistently positive.

Compassionate care

- Interactions we observed across all CYP services were undertaken in a dignified and compassionate way.
- We talked with five parents who told us they were always treated with dignity and respect.
- We accompanied children's community nursing staff on home visits. We observed how one nurse took extra care to support the mother in seeking better accommodation.
- We observed interactions between staff at clinics and schools. We saw staff helped children and their families understand the care treatment and care support available to them. One parent said "We have been given loads of information which is really helpful." We observed one parent asking about changing from one fortified milk supplement to another type. Staff allowed time for a full discussion and answered the parent's questions before the decision was made. The parent was happy with the decision they had made; we saw staff had helped them make an informed choice.

Understanding and involvement of patients and those close to them

- Support for children across CYP services was child centred and we saw children and parents were involved in decision making andtreatments and options available to them. The 'team around the child' model was in place. This meant the team placed the child at the heart of care provision and worked together to ensure the child and their parent/carer were fully involved where possible. All five parents told us they felt involved and knew where to go to seek any help and support.
- People we talked to told us, they felt understood and listened to by staff, because staff had taken the time to explain. For example, one child required a new feeding regime to prevent sickness. The nurse discussed with the parent what could be done to improve the feeding and reduce sickness. They told the parent that this information would be passed on to the community dietician for further support.
- Staff were proactive about seeking the views of people who used services and to ensure children and their parents were not only involved, but understood their care.
- The NHS Friends and Family test was used in community services. The campaign 'I want great care' was also introduced in 2015. We saw feedback from the 'Starting Out' group to support children and families on the autistic spectrum. The feedback was rated as either excellent or good. One parent said "It has helped me understand my child's needs."

Emotional support

- Parents told us they felt supported emotionally by staff. We observed staff providing emotional support to children, young people and their parents during the inspection. A parent who had received support from the therapy staff told us "They have helped me at a great time of need."
- We saw a specialist health visitor offered emotional support to a parent who was finding it difficult to gain support from friends and family. The parent explained they felt isolated , we saw the health visitor had arranged visits at another address to reduce the parents anxiety.

Good

Are services caring?

- An emotional health pathway was in place for the school nurses to follow. This enabled staff to refer into local support groups, the GP or to escalate to a senior manager for a referral to CAMHS.

Good

Are services responsive to people's needs?

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

Summary

We rated this domain as good overall. The service responded well to the needs of children, young people and their families.

The service was responsive to the diverse community and difficult to reach groups. Staff worked with other health professionals to provide an integrated and seamless service in a timely manner.

Services were delivered in a flexible way across a widespread geography at locations to suit the children and the parents. This included health visitor clinics at the roadside to address the traveller communities.

There was a low level of complaints across the service. Parents told us they were aware of how to make a complaint if needed. Staff had a good understanding of the processes and how to deal with complaints appropriately. Staff were very open to feedback and learning.

We saw children's nursing services was not commissioned to offer 24 hour care services to children at home. We saw the trust had plans in place to work around this with direct access to the Paediatric Assessment Unit out of hours.

Planning and delivering services which meet people's needs

- The Family Nurse Partnership service tailored support and care to young expectant mothers, taking into consideration their individual circumstances.
- We attended home visits with the children's nurse service and saw care delivery was individualised to meet the complex needs of children and support for the parents.
- We saw translators were sometimes used but there was often a problem with the service. For example, the breastfeeding advice team told us they had booked an interpreter to attend with a patient but they did not turn up. We observed one family attending a clinic. The father was always in attendance as the mother did not speak English. It was not clear to assess whether the father had given accurate feedback and information to the mother.
- The service had a specialist health visitor for the asylum seekers and traveller communities. They worked closely with the border agencies, police and local authority to plan and deliver the required services. Clinics were held twice a week on the traveller site and at the roadside near other camps, as required. Staff told us these clinics were well attended and the specialist health visitor was respected for the service they offered.
- We saw Health Visitor teams provided care from various settings for example, children's centres, baby clinics and children's own homes. A pilot 'well child clinic' was delivered weekly at the children's centre near the main hospital between November 2014 and March 2015. The professional lead told us data was being collated andearly results showed attendance at the emergency department (ED) for children had reduced. Information provided by the service post inspection showed significant reductions across ages 0 years to 5 years in 2013/2014 compared to 2014/2015. For example in November 2013, 289 children aged 0 years were admitted to ED, in October 2014 the figure had reduced to 116. In December 2013, 258 children aged one year were admitted ot ED, this had reduced to 119 in October 2014. The same trend applied across ages, two, three, four and five year olds.
- The 'team around the child' approach meant care was planned and delivered around the needs of the child.
- The children's community nurse service included 'Hospital at Home.' This service offered a two week package of continuing care following discharge from hospital from conditions such as bronchiolitis and gastroenteritis. The child was then discharged from the package if suitable or referred back to the paediatric assessment unit for further advice. Staff told us the package of support could be extended if required to meet the needs of the child and their family.
- School Nurses told us they offered their service to children who were electively home educated.

Good

Are services responsive to people's needs?

Equality and diversity

- CYP staff had access to translators, success of the service was variable and depended on whether the translator was booked well in advance and also if they turned up to the appointment.
- < >YP services provided advice literature in a different style to ensure parents understood the information. The Speech and Language therapy team had introduced an audit to look at families where English was not their first language. The team lead told us the results would help inform and improve future service. We saw equality and diversity training was well attended across CYP services. For example, Children's nurses and FNP achieved 100%, Health Visitor teams within the South and North clusters achieved 100%, Health Visitor teams within the Central cluster achieved 97% and East cluster team scored 89% against a target of 90%. There were no figures available for therapy services.

Meeting the needs of people in vulnerable circumstances

- We saw teams working together to meet the needs of vulnerable children through specialist pathways, for example, autism spectrum disorder, dysphagia and complex health needs.
- The children in care team provided specialist services to children looked after by the local authority. Initial health assessments were offered to all young people in care. The service had reached 100% of assessments completed.
- The team saw children in school if required and worked closely with other agencies such as fostering. Some of the children in care were offered a place on the 'Teens and Toddlers' programme, looking at developing healthy relationships.
- Support was offered to young people in care with complex needs up to the age of twenty four.

Access to the right care at the right time

- We visited a young mother at home who was receiving care for her new baby. The children's community nurse had trained the mother to change nasogastric tubes and deliver feeds so that care could be given through the night at home. She told us:"I've been supported all the way along."
- We noted strategies to improve breastfeeding rates such as drop in groups. A large event was held in the main shopping centre in Walsall to promote breastfeeding.
- Access to the children's nurse service covered seven days a week but was limited out- of -hours. There was no service provision from 8pm to 8am Monday to Friday or from 4.30pm to 8am Saturday and Sunday. Training was offered to parents for some of the interventions required but not all parents wanted to have this responsibility. Should a parent require support out -of -hours for example, their child's blocked catheter or faulty syringe driver, the parent was required to take their child to hospital.
- We saw there was an enuresis (bed wetting), constipation and allergies provision within CYP services with a range of clinics available.
- A duty service was available for the school nursing and health visiting teams. This was a separate duty system via a single point of access for school nursing services manned by a SCPHN. This meant the right care was given at the right time and place.

Learning from complaints and concerns

- Staff we talked with were aware of and knew how to access the trusts complaints policy.
- We saw PALS (patient advice and liaison service) posters were displayed in clinics, children centres and schools.
- Staff were able to tell us how they would try to resolve complaints locally and when to escalate to senior management.
- Staff told uslearning from complaints had been communicated back to them. For example, staff were aware of a recent complaint from a patient about inappropriate car parking during a home visit and how they were to be more careful in future.
- From April 2014 to March 2015 there had been 19 complaints reported. Eight related to dissatisfaction of medical treatment. Seven related to either long waits in the clinic or cancelled appointments. Other complaints related to failure to obtain consent, attitude of non-clinical staff and dissatisfied nursing care.

Good

Are services responsive to people's needs?

- We saw all complaints had been investigated; four had been upheld, seven were partially upheld, four were not upheld, two had been resolved locally and two were still in progress.

Good

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

We rated the well-led domain as good.

The leadership, governance and culture promoted the delivery of high quality child-centred care.

Staff knew and understood the trusts' vision and felt CYP services was connected to the trust as a whole. Staff were very happy with their teams and made particular note of the leadership of the professional leads. Governance arrangements to monitor and measure care quality and performance were robust and structured.

Local leaders took a proactive approach to improve care and the experience for children, young people and families.

Staff were well supported by local and senior leaders and felt most of the executive board had the right skill set and experience to take the trust forward. The staff felt there was a lack of senior clinical engagement within CYP services and they were not visible.

Across all CYP services staff were committed and compassionate in delivering quality care and took pride in striving to deliver the best care possible. Staff were proud of their innovative practice and had introduced several new initiatives.

Service vision and strategy

- The senior management team for the Women's and Children's directorate had a clear vision for the service. Staff felt the new care groups were working well and could see changes for the better following the appointment of the directorate director.
- Staff across CYP services told us they thought the trust was working together in the right direction.
- Staff from all disciplines described themselves as 'happy' to work within their respective teams and were proud of the care and treatment they provided to children young people and families. This was displayed by all staff we talked to individually and in staff focus groups.
- We saw strong local leadership of all the teams and all staff spoke well of their local managers.

Governance, risk management and quality measurement

- The quality of care was monitored and measured and performance was discussed at weekly team meetings and monthly governance meetings. We looked at the minutes from the monthly team 'connect' meetings and quality meetings. Topics such as: risks, incidents and trends, audits, complaints, safeguarding, workforce and training were all discussed.
- Key messages were further shared to staff to encourage improvements in practice at the monthly staff meeting.
- Staff confirmed information had regularly been shared with them.
- The CYP community service had a risk register in place which identified sixteen risks in total. Action plans were in place against all the identified risks, we saw they had been reviewed at regular intervals.

Leadership of this service

- Staff told us their immediate care group managers, directorate leads, professional leads and the chief executive were visible, accessible and approachable, and described good support systems in place. We were told by many staff across the CYP service they needed more support and leadership from Director of Nursing who was not as visible across community CYP services compared to acute services.
- Staff felt the professional lead for school nursing and the professional lead for health visitors were making a real difference' to the services they provided. Strong local leadership was also evident across therapy services. These services were well-organised and strong team working and collaboration was encouraged. The message of the child at the centre came across very clearly when speaking with the team leads.
- Staff were supported to attend mandatory and specialist training where required. Supervision was a priority across the service.
- Health visiting staff were not happy about the upcoming change to wear a uniform. They felt they had not been

Good

Are services well-led?

listened to and had provided evidence this was not what the patients wanted. At the time of the inspection, the staff felt the decision had been made to move towards a uniform.
- We saw lone working arrangements did not work well for health visitors. They were not provided with trust mobile phones and had to use their own. There was disparity across the CYP service in this respect.

Culture within this service

- Staff told us and we saw there was a very positive culture within the service and staff supported each other well. We saw staff worked well together in multi-disciplinary teams and this ethos was evident throughout the visit.
- Staff were hard-working and committed to providing the best care possible to children, young people and their families on a daily basis. Some of the administration staff said they had witnessed on many occasions, staff going over and above their duty to ensure patients were looked after well, for example, working late, starting early and coming in on their days off, if the team was short staffed. Staff appeared self-motivated and energised to continually improve, giving many examples of innovative practice.
- The National Child Measurement Team had recently been aligned with the school nursing team. We were told that staff were happy with this move as it provided more integration to review data and improve outcomes for children.
- The professional leads for health visiting and school nursing spoke positively of the improved culture between their services.
- Staff described an open working culture where they were able to report incidents, concerns and complaints without fear of any recriminations.

Public engagement

- We saw a number of example show CYP staff were kept informed by managers of service developments. For example, we looked at 'Treat of the Week' newsletter and staff told us how helpful they were for providing information.
- Services used a variety of methods to collect feedback from patients and parents regarding the care and treatment provided. We saw 'iWantGreatCare' was in place in the community. We saw feedback collated from the health transition team following a recent course. All fourteen respondents said the staff had helped co-ordinate their needs. The Looked After Children team used an iPad device to capture feedback after attendance at clinics. We looked at the feedback from a 'Friends for Life' course, giving children and young people time to help improve self-esteem and confidence. The children's version used a 'smiley' face approach. The adults completed a questionnaire.
- We saw services gathered verbal and written feedback in the form of thank you letters and cards to evidence satisfaction across CYP services. For example, one young mother from the children's nursing service sent a card saying, "Thank you so much for the great care we have received. You have been a lifeline."

Innovation, improvement and sustainability

- We saw a range of innovations which helped provide a flexible and responsive service. These included 'Chat Health' texting service for school children and the Facebook page for young people in transition service.
- Senior managers encouraged innovation and improvements in practice across CYP services. They were proud to be the only trust in the Black Country to secure their own school nursing tender.
- There was a lack of innovative use of IT technology for the staff working away from their desks.