Care Quality Commission

Oxford Health NHS Foundation Trust

RNU

Community health services for children, young people and families

Quality Report

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Date of inspection visit: 29 September 2015 to 2 October 2015
Date of publication: 15/01/2016

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)
RNU10	Oxford Health NHS Foundation Trust - HQ		

This report describes our judgement of the quality of care provided within this core service by Oxford Health NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Oxford Health NHS Foundation Trust and these are brought together to inform our overall judgement of Oxford Health NHS Foundation Trust

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Outstanding O

Overall community health services for children and young people were found to be outstanding. We found that services were safe, effective, caring, responsive and well-led.

Our key findings were:

- We judged the safety of community health services for children and young people as good.Staff knew how to report incidents using the on-line reporting system and were encouraged to report incidents. Most staff said they received feedback following incidents and learning was shared with them.
- Staff adhered to infection prevention and control procedures and staff had completed the appropriate training. However, no infection control audits had been undertaken in the children and young people's services. Where equipment needed servicing a plan was in place to manage this.
- The majority of staff were up to date with mandatory training. However, there was a lack of safeguarding supervision recorded onto the learning and development portal by staff. The safeguarding children team record supervision and hold records of attendance locally. Staff we spoke with were knowledgeable about the trust safeguarding process. Staff highlighted the value of the trust safeguarding consultation line which provided easy access to immediate advice from a senior children safeguarding nurse.
- We observed the majority of records were complete and up to date. Although some staff had difficulty accessing electronic records. However, a new electronic record system to overcome access issues was due to be implemented in October 2015.
- We judged the effectiveness of the children and young people's service as outstanding. Treatment by all staff was delivered in accordance with best practice and recognised national guidelines.
- Staff were encouraged to achieve high performance in the delivery of services. This was monitored through audits and measuring outcomes for children and young people.
- Staff skills and competence were assessed and staff were supported to obtain new skills and share best practice. Staff received clinical supervision and induction programmes were in place for all staff.
- Children, young people and their parents understood what was happening to them and were involved in decisions about treatment and care. We observed good multi-disciplinary and multi-agency working and young people were supported when moving between services.
- Staff understood consent issues such as Gillick competencies and we observed good communication between staff, young people and their parents around consent to specific procedures and sharing information.
- We have judged the care given to children, young people and their families as outstanding. Parents, carers, children and young people were treated with compassion and respect.
- Feedback from children, young people and parents was very positive and they were happy with the care provided by the staff. We observed numerous positive interactions between staff, children and families.
- Parents were empowered to be involved in the care of their children. All parents we spoke with felt they had enough information about their child's condition and treatment plan. They praised the kind, professional and understanding nature of staff.
- We have judged the responsiveness of the children and young people's service as good. Services were designed to meet the individual needs of children and young people and were delivered in flexible locations to suit parents and children. For example, the development of the sexual health service by school health nurses in secondary schools.
- We observed staff respecting and valuing the individual rights and diversity of the children, young people and families they cared for. Specialist services were in place for looked after children. Parents told us they were aware of how to raise concerns or make a complaint.
- We have judged the leadership of the children and young people's service as good.

Summary of findings

- Good local leadership was provided throughout the various teams and staff were very positive about the support they received from their team leads and managers.
- Clear management and governance structures were in place through meetings to monitor performance and service risks.
- All staff were positive about working for the trust and took pride in their work.
- The directorate was committed to engaging with young people to obtain feedback and encourage participation of young people in its services. A range of approaches were used to work with young people and parents/ carers and this included the 'Article 12 group' which had been operating for six years. It had 35 young people as members. They met regularly and had contributed to the development of the children and young person's website.

Summary of findings

Background to the service

Information about the service

The trust provided specialist community health services for children, young people and families which included specialist nursing services, health visiting services and therapy services. The services supported children with long-term conditions, disabilities, multiple or complex needs and children and families in vulnerable circumstances. The service worked with infants, children and young people aged 0 to19 years, their parents and carers and a range of other agencies in Oxfordshire. The number of young people under 16 years in Oxfordshire was 122 240; this represented 19% of the population of Oxfordshire and was similar to the England average.

Our inspection team

Our inspection team was led by:

Chair: Professor Jonathan Warren, Director of Nursing, East London Foundation Trust

Head of Inspection: Natasha Sloman, Head of Inspection for Mental Health, Learning Disabilities

and Substance Misuse, Care Quality Commission

Team Leader: Lisa Cook. Inspection Manager

The team of 36 inspecting the community services included CQC inspection managers and inspectors. They were supported by specialist advisors, including health visitors, a school nurse, a physiotherapist, an occupational therapist, district nurses, registered nurses, a paediatrician, a pharmacist, safeguarding leads, speech and language therapists, a consultant specialising in care of the elderly, an Advanced Nurse Practitioner - Urgent Care, a urgent care doctor, a palliative care consultant and palliative care nurses. Two experts by experience who had used the service were also part of the team. The team was supported by an inspection planner and an analyst.

The team that inspected children and young people services included three inspectors and a variety of specialists, including health visitors, school health nurses, specialist nurses in children's community and safeguarding, speech and language therapist and a paediatrician:

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting Oxford Health NHS Foundation Trust, we reviewed a range of information we hold about the trust and asked other organisations to share what they knew. Services were delivered at localities across the region with staff covering particular geographical areas. During the inspection we;

- Visited six health centres, two hospitals and the trust headquarters.

Summary of findings

- We spent time with the 65 staff including health visitors, school health nurses, therapists, children's community nursing team, service managers and senior managers.
- We also spoke with seven children and young people who used the services and their 16 parents or carers.
- We observed how children and young people were being cared for and looked at 13 care and treatment records, performance or activity reports, service plans, minutes of meetings, care pathways and audit reports.

We carried out an announced visit on 29 and 30 September and 1, 2 and 3 of October 2015

During the visit we held focus groups with a range of staff who worked within the service, such as nurses and therapists. We talked with people who use 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.

We met with 16 people who use services and carers, who shared their views and experiences of the core service.

We observed how people were being cared during home visits, clinic groups and school sessions. We talked with carers and/or family members and reviewed care or treatment records of people who use services.

During the visit we held focus groups with a range of staff who worked within the service, such as health visitors, nurses and therapists. For this core service with visited and spoke with staff at six clinics and health centres and two hospitals. We spoke with staff in the north, south and central Oxford localities. We spoke with 65 staff across the service including health visitors, school health nurses, administration staff, nursery nurses, therapists, specialist nurses from the services for looked after children and community children's nurse service and staff in the cleft palate and craniofacial services

We reviewed 13 sets of care records and an extensive range of service documents. These included performance or activity reports, service plans, and minutes of meetings, care pathways and audit reports. We also spoke with staff in junior and senior management roles; locality managers and the clinical and service directors with responsibility for children and young people.

What people who use the provider say

We spoke with 16 children, young people and parents during the inspection. People we spoke with during the inspection were very positive about their experiences of care and treatment. Young people told us staff were approachable and caring. Parents of children with complex needs felt staff focussed on the needs of the child and empowered parents to be involved as far as possible in the care of their child.

People said they were given information about services and how to access the individual health professional.

Without exception we received positive comments such as 'We can go to her (school health nurse) with anything', 'She (health visitor) understands my cultural differences,' We look forward to the visit' and 'Confident with advice (from therapist).'

The Friends and Family test results, based on 2834 responses, for the children and young people's directorate period between June 2014 to February 2015 showed 85% of respondents said they would recommend the service.

Good practice

Good practice

- Staff were supported through and valued the safeguarding consultation line
- Young people were supported by the provision of the sexual health service in secondary schools
- The directorate engaged directly with young people through the 'Article 12 group'. Young people had contributed to the development of the children and young person's website and produced videos informing young people about the school health nursing service.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

The trust should ensure

- Regular infection control audits are carried out in children and young people's services

Care Quality Commission

Oxford Health NHS Foundation Trust

Community health services for children, young people and families

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Overall we judged the safety of community health services for children and young people as good.

Staff knew how to report incidents using the on-line reporting system and were encouraged to report incidents. Most staff said they received feedback following incidents and learning was shared with them.

Staff adhered to infection prevention and control procedures and staff had completed the appropriate training. Where equipment needed servicing a plan was in place to manage this. We observed services were provided in clean environments and staff followed infection control practices. However, no infection control audits had been undertaken in the children and young people's services.

The majority of staff were up to date with mandatory training. However, there was a lack of safeguarding supervision recorded. Staff we spoke with were knowledgeable about the trust safeguarding process. Staff highlighted the value of the trust safeguarding consultation line which provided easy access to immediate advice from a senior children safeguarding nurse. We observed the majority of records were complete and up to date. Although some staff had difficulty accessing electronic records. However, a new electronic record system to overcome access issues was due to be implemented in October 2015.

Detailed findings

Safety performance

- Between 1 July 2014 and 30 June 2015 there were 39 incidents reported by the children and young people's directorate. All of the incidents except two were categorised as low or no harm. Two incidents related to deaths of children and had been reported and investigated as significant incidents.

Good

Are services safe?

- The trust was in the middle 50% of reporters for similar sized trusts during the last reporting period (1 April 2014 to 30 September 2014). Organisations that report more incidents, particularly when these are of no or low harm, usually have a better and more effective safety culture.

Incident reporting, learning and improvement

- The trust used an electronic risk management system for incident reporting. Staff confirmed they had access to this via their laptops when working in their office base.
- Staff were open, transparent and honest about incidents. All staff told us that they would have no hesitation in reporting incidents to their manager. The majority of staff said they also directly reported the incident on the electronic reporting system and a small number said they expected their managers to do so on their behalf.
- Managers reviewed the reported incidents and where necessary an investigation commenced. We saw evidence that these investigations took place appropriately and any learning that resulted was acted upon. Incidents were discussed through the clinical governance meetings both at a local level and trust wide.
- All staff said they received feedback from incidents they reported. Although the trust produced newsletters on learning from incidents, not all staff said they were made aware of incidents which had occurred outside their specific service.
- We saw minutes of meetings at various levels where incidents were discussed amongst the staff. Incidents were discussed at the regular staff meetings for all professional groups within the children and young people's services.
- Health visitors, school health nurses and therapists all gave us examples of incidents that had occurred. They told us about how learning had been shared and changes made to improve their service. For example, staff told us about a recent incident involving a theft during a home visit and the consequent reminder to staff to be vigilant and take precautions. This showed us incidents were discussed appropriately to ensure staff and the trust learnt when things went wrong.
- The duty of candour legislation requires healthcare providers to disclose safety incidents that result in moderate or severe harm, or death. Any reportable or suspected patient safety incident falling within these categories must be investigated and reported to the patient, and any other 'relevant person', within 10 days. Organisations have a duty to provide patients and their families with information and support when a reportable incident has, or may have occurred. Staff told us they had received e-learning training on the duty of candour and were aware that people who used the service must be told when something had gone wrong that affected them and were informed of the actions taken.

Safeguarding

- There were systems in place to keep children and young people safe and safeguarded from abuse. Staff we spoke with were knowledgeable about the trust's safeguarding process and were clear about their responsibilities. Staff were able to explain their role in the recognition and prevention of child abuse. They told us what actions they would take if they had safeguarding concerns in line with the safeguarding procedures.
- Staff were trained to recognise and respond in order to safeguard children and young people. All health visitors, school health nurses and therapy staff were trained up to at least 'safeguarding children level 3', which meant they could contribute to assessing and evaluating the needs of a child or young person where there were safeguarding concerns.
- Records confirmed the majority of teams in the children and young people's directorate achieved the trust target of above 90%. Three teams were identified as below target and plans were in place for them to complete their safeguarding training.
- We identified one area where staff had not reported possible safeguarding concerns according to procedure. The trust took immediate action to address the situation to ensure the child was safe.
- Health visitors and school health nurses told us they used the trust's safeguarding consultation telephone line when needed. This was available Monday to Friday to provide staff with easy access to a safeguarding lead nurse. Staff said the phone advice would be confirmed in writing by the advisor and this was very helpful.
- Therapy staff carried a laminated card, showing safeguarding information and contact details, for easy reference.

Good

Are services safe?

- Staff used an abbreviated risk assessment to identify child sexual exploitation (CSE). Staff had received training on CSE and were aware of how to respond if they suspected CSE. Staff were aware of when to contact the specialist nurse in the Kingfisher team who worked with the police and social services to support children and young people who are subject to, or at risk of, CSE.
- Children who had been identified as a safeguarding risk had an alert on their electronic record for easy identification by staff.
- School health nurses used the female genital mutilation pathway (FGM) risk assessment tool and followed the FGM pathway if they suspected a child or young person was at risk of FGM.
- The trust safeguarding policy indicated safeguarding supervision was required at a minimum of three times a year. All staff said they had access to group supervision every six to eight weeks and we saw schedules of safeguarding supervision for different teams.
- Staff were aware of the safeguarding children team nurses who supported a programme for safeguarding supervision. All staff were aware of how to access supervision. However, there was a lack of safeguarding supervision recorded onto the learning and development portal by staff. The safeguarding children team record supervision and hold records of attendance locally.
- Referral pathways were in place across the different specialist areas. These reflected the safeguarding procedures in the trust and the local children's safeguarding board.
- There was an annual safeguarding report to the trust board. The report showed that the board was kept informed of serious case reviews and priority areas.

Medicines

- We observed an immunisation clinic at a secondary school. The school health nurses managed the vaccines in accordance with trust procedures. Special precautions were taken when transporting the medicines to school and these included the use of cool bags and the regular monitoring of temperatures.
- Medicines used by the immunisation team were recorded and stored in line with the trust cold chain policy, July 2014. At the school nurses office base we saw medicines were stored in fridges. The fridge temperatures were checked daily to make sure the medicines were stored at the correct temperature. Staff were aware of how to respond if the temperatures were out of range.
- A vaccine storage audit took place in 2015, this was a repeat audit and showed improvements since the last audit and also highlighted where compliance was below standard. For example, the requirement to calibrate fridge thermometers.
- School health nurses used patient group directions (PGD) when administering vaccines. PGDs are the formal written arrangements for nurses to administer medicines to their patients during treatment.
- We looked at the PGDs for the sexual health service in schools and they were all up to date and approved for use.

Environment and equipment

- Access to therapy clinics was secure and maintained the safety of children and young people using the service. Areas were clean, tidy and well ventilated, and most clinics were suitable for children and young people. In all the locations we visited, we saw that a range of toys and activities were available for children.
- Staff told us they had access to the equipment they needed for the care and treatment of children and young people. They said they were trained in its use where necessary.
- We observed that staff followed trust policies with regards to disposal of clinical waste. As an example, the immunisation team took the necessary equipment with them to schools to dispose of sharps. These containers were then sealed and returned to the trust for disposal.
- The maintenance contract for the equipment used by the children's community nursing (CCN) service had recently been reviewed. The trust had carried out an organisation-wide audit of equipment and found some equipment in the CCN service was past its service dates. We saw a plan was in place and monitored to ensure all equipment was serviced on a rolling basis to assure safety and availability of equipment for patients.

Quality of records

- The trust was in the process of moving from one electronic records system to another. All staff had been trained on the new system in readiness for the changeover in October 2015.

Good

Are services safe?

- Staff had personal log in passwords to access the electronic record. Staff always logged out after use to prevent unauthorised access to records and maintain security.
- All staff had electronic tablets to support mobile, 'paper-light' working. However, the current IT system did not allow staff to access the patients' records remotely. This was due to change when the new IT system was fully implemented in October 2015.
- We reviewed 13 sets of records in different services and found all but one was clear and contemporaneous. Where required, detailed care plans were in place and were reviewed and updated regularly in conjunction with the child's family. However, where we saw one incomplete record which was raised with the trust, they took immediate action to address the issue.
- We were told that where connectivity issues arose, such as loss of mobile signal, hand written notes were made and the system updated at the earliest opportunity. We saw evidence that this took place.
- Each child was issued with a Red Book at the new birth visit. This was a parent held record and parents/ carers were encouraged to record health information in this book and have it available during appointments with health professionals.

- The trust undertook an annual quality of records audit. We saw the speech and language therapy clinical notes audit in December 2014 which identified areas for improvement, for example, uploading documents onto the electronic system to ensure a complete record.
- We reviewed four records of children in the looked after children team. We found the assessments were fully completed and included care plans and completed child sexual exploitation (CSE) risk assessments.

Cleanliness, infection control and hygiene

- During our inspection we observed staff wash their hands regularly and use hand sanitizer appropriately. Staff adhered to the trusts 'bare below the elbow' policy.
- Personal protective equipment was available such as aprons and gloves. This was available for staff in clinics, schools and at home visits.
- All the clinics we visited were well maintained and clean.
- We observed staff cleaning equipment and using personal protective equipment. For example, in baby clinics and during home visits.
- The trust annual infection control audit report for the first quarter of 2015/16 focussed on in-patient services. There were no results of hand hygiene or other infection control audits in the children and young people's directorate.

Mandatory training

- All staff told us they were up to date with their mandatory training. Mandatory training covered safeguarding, resuscitation, infection prevention and control, information governance, fire awareness and equality and diversity.

- Staff were sent a reminder when their training was due and it was also monitored through regular meetings with their manager.
- Managers had access to their staff attainment of mandatory training on the learning and development portal on the intranet.
- Records showed that the majority of teams had met the trust target of 100%.Teams slightly below target were the Buckinghamshire speech and language therapy team at 85% and the child protection team at 88%.

Assessing and responding to patient risk

- Risk assessments were completed and evaluated. For example, school health nurses spoke about the 'spotting the signs' risk assessment too. This was an abbreviated risk assessment to identify child sexual exploitation (CSE).
- Staff used the female genital mutilation pathway (FGM) risk assessment tool. They followed the FGM pathway if they suspected a child or young person was at risk of FGM.
- Staff had received training in basic life support as part of their annual mandatory training to enable them to respond in cases of emergency.
- We observed an immunisation clinic at a secondary school where the school health nurses had carried out a risk assessment and made provisions in terms of the number of staff available and the a suitable area for undertaking the immunisations. We saw staff responded promptly when one student fainted after receiving the injection.
- The children's community nursing team worked to develop a thorough understanding of the families they supported, to enable them to identify early changes in mood or behaviour and for families to be open and

honest about their circumstances. This meant the CCN could intervene with early support, for example by referring to the mental health team or providing respite before a crisis point was reached.

- Staff had access to the consultation lines for primary children and adolescent mental health services and safeguarding. This meant they could access additional support in assessing a child or young person's risk status.
- We saw in the CCN team risk assessments were undertaken for children with complex conditions and emergency protocols were followed if the child's condition deteriorated.

Staffing levels and caseload

- The 2014 NHS staff survey placed Oxford Health NHS Foundation Trust in the lowest group of trusts for staff reporting they worked extra hours, 79% compared to 71%. However, within the staff groups the results varied between. For example, public health staff reported significantly below the trust average at 58%, and therapists reported significantly above at approximately 88%.
- As part of the national review of health visiting in 2011 there had been an increase in the number of health visitors across the country. In Oxfordshire a total of 248 staff worked in 12 locality teams to provide a universal health visiting service to approximately 40,000 children aged 0 to 5 years. Seven teams had no vacancies, four teams had vacancies of 10% or under and one team had a vacancy rate of 52% (Faringdon and Wantage team). However, the trust did not use bank or agency staff to cover these vacancies. Sessional health visitors were employed by the trust and deployed to teams to cover vacancies or sickness. This ensured staff were familiar with procedures and provided a degree of continuity of care for patients.
- Health visitor caseloads were determined on the needs of the local population. For example, in the south east Oxford city team the expected case load was 249 per health visitor compared to 425 in some of the teams in the north of the county, due to varying degrees of deprivation. Some health visitors told us they had much higher case loads, for example just under 600, others nearer 400. To address this, case were periodically reviewed or re-profiled to take account of changing demographics. The next review was due to take place in November 2015.
- The school health nursing service consisted of 62 staff who provided a service to approximately 90,000 school children in Oxfordshire. There were no vacancies reported in the school health nursing service. The secondary school health nurses were embedded in the secondary schools and provided regular 'drop in' sessions for children and young people.
- A change in contracts In January 2015 had resulted in a reduction in the primary school health nursing service. School health nurses felt this had put them under pressure to meet the expectations of school staff.
- The children's community nursing service (CCN) provided care to children with complex nursing needs, including end of life care and pre-planned 24 hour respite care. The CCN service had a 7% vacancy rate and 5.5% staff sickness. Staff said their case loads were demanding due to the nature of the work. Recruitment to fill vacancies was underway but challenging due to the specialist role.
- Health visitors, school health nurses and staff in the CCN team worked in a two or more buddy system to ensure a degree of continuity of care for patients when one buddy was on leave.
- There was a small looked after children's team. The team had recently undergone a review and this had resulted in a new post which accounted for the vacancy for 0.8 whole time equivalent which was in the recruitment stage.
- The integrated therapies service consisted of occupational therapists (OT), physiotherapists and speech and language therapists (SLT). The service had a 12% vacancy rate in the south team. Staff told us the vacancies had impacted most on the OTs. The service had taken measures such as employing temporary staff to ensure continuity of the service. However, staff in the north locality said they felt under pressure to meet demand. For example, a complaint which was upheld, received by the OT department in the last six months, found a patient did not receive an adequate service due to the demands on the service at that time.
- The SLT staff were involved in a process of case load review or prioritisation three times a year to ensure equity of case loads and meet patient needs.
- A small team of specialised SLTs provided this service to the regional cleft palate and supra-regional craniofacial centre at the John Radcliffe Hospital, Oxford University Hospital NHS Foundation Trust. This was a highly specialised multidisciplinary service.

Good

Are services safe?

Managing anticipated risks

- Staff and senior managers recognised the value of the role of the discharge coordinator. This was critical in facilitating a safe discharge from hospital of children with complex needs into the care of the CCN team.
- The trust had implemented a lone worker policy. All staff we spoke with had a good awareness of their responsibilities with regards to updating their diaries and contacting their buddy or office after a home visit or at the end of the day to ensure their safety.

Outstanding

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.

Overall we judged the effectiveness of the service as outstanding. Treatment by all staff was delivered in accordance with best practice and recognised national guidelines. Children and young people were at the centre of the service and the priority for staff. Staff were encouraged to achieve high performance in the delivery of services. This was monitored through audits and improve outcomes for children and young people.

Staff skills and competence were assessed and staff were supported to obtain new skills and share best practice. Staff received clinical supervision and induction programmes were in place for all staff. Children, young people and their parents understood what was happening to them and were involved in decisions about treatment and care.

We observed good multi-disciplinary and multi-agency working and young people were supported when moving between services.

Staff understood consent issues such as Gillick competencies and we observed good communication between staff, young people and their parents around consent to specific procedures and sharing information.

Detailed findings

Evidence based care and treatment

- Policies and guidelines were developed in line with national guidelines. These included the National Institute for Health and Care Excellence (NICE) guidelines. Policies were accessible to staff via the trust intranet system and staff demonstrated they knew how to access them. Staff followed NICE quality standards on for example, to treat constipation and asthma. They referred to the Royal College of nursing competencies for palliative care in children and young people.
- The children and young people's service provided all the core requirements of the Department of Health's healthy child programme. This included early intervention, developmental reviews, screening, and prevention of obesity and promotion of breast feeding.
- The SLT service used an evidence based pathway (Smoothies programme) to support children identified with stammer.
- On all our visits with health visitors we saw staff were knowledgeable and skilful in using evidence based health promotion tools. For example, we saw health visitors used the recognised health promotion pathways to provide advice on breast feeding and sleeping.
- The shared care protocols, dated 2012, used by the children's community nursing (CCN) service were overdue for review. A plan was in place to review these as a priority.

Pain relief

- The CCN service used a variety of methods to assess pain for children and young people. For example, smiley and sad faces for younger children. There was guidance in care plans about pain management for children where it was required.

Technology and telemedicine

- The trust used mobile video communication to facilitate communication with team members working remotely or in different locations.
- The Buckinghamshire speech and language therapy team undertook a project on the use of a web based therapy tool and was planning how to apply it to improve service provision.
- Occupational therapy information was available via the trust website. This had recently been introduced (30 September 2015). It included referral information and extensive resources to support patients, families, carers and school staff with occupational therapy strategies.

Patient outcomes

- Clinical pathways were in place and gave clear and consistent guidance across the therapy services. For example, the speech and language therapists completed an outcome review for every patient three times a year to track and monitor progress in areas of speech, language and communication skills.
- There was a trust wide clinical audit plan and a children and young people's directorate audit plan. The trust

wide audit plan for 2015/16 was determined on national requirements such as the child health clinical outcome review programme. The directorate audit plan was determined locally and measured performance against for example, CCN audits on compliance with NICE guidance on constipation and gastronomy. For health visiting, we saw there was an audit on breast feeding to work towards UNICEF accreditation.

- We saw smaller specific case studies were carried out to assess service or clinical practice. For example, there were on-going record keeping audits across all therapy services. Therapy staff were positive about a recent pilot project which involved early extensive multidisciplinary assessment in children with autism. Followed by early intervention to support children and families.
- In 2014 the trust met its target for measuring the height and weight of children in year six of primary school.
- The speech and language therapy service within the highly specialised craniofacial and cleft palate services followed prescribed pathways in line with evidence based medicine. The data they collected was used to contribute to national reports on the service such as quality of speech at five years of age.

Competent staff

- Health visitors and school health nurses had a six month preceptorship programme in place for newly qualified staff. As part of this programme, staff were given protected learning time and were allocated a preceptor with whom they had regular meetings.
- All health visitors reported good access to training and support. One said 'I have never had so much training'. We saw staff were knowledgeable and confident they were using up to date evidence based practice in their interactions with children and parents.
- The school health nurses completed the diploma in sexual health before providing a sexual health service. The service had developed sexual health guidelines and competencies for staff. For example, contraceptive and chlamydia services. Fifty per cent of school health nurses had completed the training.
- School health nurses told us they attended a weekly clinical effectiveness meeting where clinical updates and guidelines were discussed and good practice shared.
- The speech and language therapy team told us they had regular appraisals and contact with their managers. Clinical supervision also took place which offered staff the opportunity to learn from each other and discuss areas of concern.
- All nursing and therapy staff told us they had regular group supervision to facilitate reflective practice. Opportunities for individual supervision were also available more infrequently and when requested. We saw records for school health nursing, health visiting, LAC team and CCN team which showed dates when supervision had taken place. However, we saw the recording of supervision was inconsistent. The trust did not monitor supervision data as part of its performance indicators as rigorously as staff training or appraisal figures.
- All the health visitors, nurses and therapists we spoke with during this inspection confirmed they had received regular annual appraisals and supervision every six to eight weeks. The appraisal figures provided by the trust up until June 2015 showed the majority of teams were compliant with the trust target of 100% or over 90%, the lowest was 85% for the Buckinghamshire speech and language therapy team.
- All staff had appraisals and described them as meaningful. Staff also said that if they felt they needed additional support this would be requested and provided.
- One health visitor assistant told us although they were supported in their role; they did not have any formal supervision and would like safeguarding supervision as they were often party to a lot of unpleasant or distressing information. Although the safeguarding leads told us that group supervision was offered.
- We saw a sample of learning and development records, where all training and appraisals were recorded and up to date.
- Additional training needs were identified through supervision and performance reviews. Staff were encouraged to look at their training needs depending on their role and duties and were supported in doing this by the trust.
- There was a commitment to training and education within the therapy services. Staff told us they were encouraged and supported with training and that there

was good teamwork. There was a trust wide electronic staff record where all training attended was documented. Managers also maintained a training matrix for their teams at a local level.

Multi-disciplinary working and coordinated care pathways

- We saw clear pathways were in place to inform staff on when and how to liaise with other services. For example, the looked after children health assessment and review pathways.
- There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet the needs of children and young people.
- We reviewed four records for looked after children and these demonstrated multidisciplinary working and liaison with sexual health outreach workers to support the young person.
- The health visitor and school health nursing teams worked in partnership with others on a daily basis, including GPs, social services, midwives and schools. For example, we saw a clear information sharing pathway was in place for female genital mutilation (FGM) and a school health nurse gave us an example when it had been followed and she had intervened with a child potentially at risk of FGM.
- We observed a meeting with a health visitor, school health nurse, therapist, teacher and parents to ensure partnership working for a child diagnosed with autistic syndrome. We saw the parents were fully engaged and included in the care planning meeting. Staff demonstrated mutual respect and worked together to identify resources and strategies for the parents.
- We saw evidence that staff worked professionally and cooperatively across different disciplines and organisations. Staff reported good multidisciplinary team working with meetings to discuss children and young people's care and treatment for example during a child protection meeting.
- The use of the electronic records supported multidisciplinary working and further improvements were expected with the implementation of the new record system. For example, to allow staff real time access to the patients care record when on home or school visits.
- School health nurses described difficulty in supporting young people with mental health issues. A primary children and adolescent mental health service (PCAMHS) worker was available at the school half a day per and staff had access to the PCAMHS consultation line where they could obtain advice. We reviewed the waiting times for the PCAMHS service which had reduced from 29 weeks in May 2015 to six weeks in September 2015 due to measures put in place to meet demand.

Referral, transfer, discharge and transition

- Children and young people's services shared information with GPs, other healthcare professionals and with other agencies either via the electronic patient records system or via verbal / written communication.
- Children seen by the health visitor were transferred to the school health nurses at the age of five years. We observed a transition meeting between a health visitor and school health nurse for a child with special educational needs. This showed effective exchange of key information relating to the child's health and welfare.
- We reviewed a record which showed evidence of care planning and partnership working during transition from the health visiting service to school health nursing service.
- Children and young people were discharged from services when they no longer needed support or intervention.
- The discharge coordinator worked closely to facilitate the safe discharge of children from the local acute trust to the CCN team.

Access to information

- All staff had electronic tablets and laptops for access to patient records. Staff reported the trust intranet was a good forum for communication and links between groups.
- The use of mobile working and electronic records reduced the risk of records becoming lost when children and young people moved between services. However, we observed occasions when staff were not able to maintain or access patients' records in a timely manner due to hardware or connectivity problems.
- During home visits health visitors normally carried a card with the family contact details. One health visitor said when the new IT system was introduced in October 2015 they would cease this practice as all the information would be on their electronic tablet.

Outstanding

Are services effective?

- Therapists in the cleft palate and craniofacial services, based at the John Radcliffe Hospital, were required to use two different IT systems for the two different trusts. They said this led to delays and impacted on their work when they experienced IT problems. This was because it took longer to identify which IT system was at fault and take remedial action.

Consent

- Throughout the inspection in different settings, for example, schools and clinics, we observed staff asking children, young people and parents for their consent. Staff were aware of Gillick competencies and Fraser guidelines. For example, the immunisation team obtained consent before clinics started, from pupils' parents. This was checked with the pupil during the clinic, where their consent was also sought.
- Consent was obtained to share information between agencies, for example, with the GP and the school if appropriate.
- We observed school health nurses informing pupils in the school that their conversations were confidential unless there were safeguarding issues or if the pupils gave their permission for the school nurses to approach others.
- We saw a consent form being completed during an assessment and saw where forms had been scanned onto the electronic system. Staff told us they always gave children and young people choices when they accessed their service and during clinic sessions we observed staff discussing the treatment and care options available.

Outstanding

Are services caring?

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

We have judged the care given to children, young people and their families as outstanding.

Parents, carers, children and young people were treated with compassion and respect. Feedback from children, young people and parents was very positive and they were happy with the care provided by the staff.

We observed numerous positive interactions between staff, children and families. Children and young people were engaged in a compassionate age-appropriate manner to involve them in their treatment. Parents were empowered to be involved in the care of their children. All parents we spoke with felt they had enough information about their child's condition and treatment plan. They praised the kind, professional and understanding nature of staff.

Detailed findings

Compassionate care

- During our inspection we observed children, young people and their parents being treated with dignity and respect at all times.
- The NHS Friends and Family Test showed the proportion of staff who would recommend the trust as a place to receive care was similar to the England average; 73% compared to 76%.
- We accompanied some staff, including health visitors, on home visits and school health nurses on school visits. Health visitors took care to make sure the parent understood the information provided and had time to answer questions. Staff were friendly and professional at all times.
- The feedback we received from parents was consistently positive about the care their children received. For example, one parent said, 'she (health visitor) understands my cultural differences' and 'we look forward to the visit.'
- Without exception, we observed numerous sensitive, caring and considerate interactions between staff and parents and children during home visits, school visits and clinic groups.
- The Friends and Family test results, based on 2834 responses, for the children and young people's directorate period between June 2014 to February 2015 showed 85% of respondents said they would recommend the service.

Understanding and involvement of patients and those close to them

- Parents told us that staff always involved them in decisions about care and treatment for their children.
- We observed staff taking time to talk to children in an age-appropriate manner and involved and encouraged both children and parents as partners in their own care.
- We observed nine health visiting home visits. These showed excellent communication and interaction between the staff and the parents. Staff demonstrated they knew the parents, their circumstances and their needs. We observed staff had built trusting relationships with parents, which meant there was effective sharing of sensitive information. For example, they were able to discuss issues that could affect the wellbeing of the children, such as the family's financial pressures or child protection plans.
- We saw how therapists in parent and child groups worked to identify issues of concern to the parents and involved them in the care and treatment of their child.
- Parents we spoke with were positive about how they had always been kept informed of the choices open to them.
- In the records we reviewed we saw how the child had been engaged with and involved in their plan of clear along with clear involvement of the parents. This made sure care was tailored to meet the needs of each child.
- The CCN team maintained detailed notes for the children they cared for. We saw there was an advanced care plan for children receiving end of life care, which documented the young person's wishes.

Emotional support

- Parents told us they felt supported by their health visitors and were very satisfied with the relationships they had.
- Bereavement support and counselling services were offered to families.

Outstanding

Are services caring?

- During a clinic parent and child group, we observed the therapist was very skilful in engaging with the parent and identifying what potentially could be worrying the mother. This resulted in the therapist proposing strategies to support the parent and child.
- During a school visit we observed excellent support provided by staff. For example, some pupils were apprehensive about the injection during a school immunisation session. We saw one school health nurse spent ten minutes privately with a student, providing reassurance. This led to the student being immunised.
- School health nurses ran drop-in clinics at secondary schools in Oxfordshire. These enabled young people to receive emotional support on any issue that worried them. It also enabled staff to signpost young people to other services as appropriate. A teenage male student told us 'The nurse relaxes everyone' and 'We can go to her with anything.'

Good

Are services responsive to people's needs?

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

The service responded well to the needs of children, young people and their families.Services were designed to meet the individual needs of children and young people and were delivered in a flexible way at locations to suit them and their parents. These included schools, clinics, local children's centres and visits to children in their own homes. For example, the development of the sexual health service by school health nurses in secondary schools.

Staff understood the different needs of the children and young people and attempted to ensure that services were as flexible and accessible as possible to meet the needs of the community.

We observed staff respected and valued the individual rights and diversity of the children, young people and families they cared for.

Specialist services were in place for looked after children. Parents told us they were aware of how to raise concerns or make a complaint. Staff also had a good understanding of these processes and how to deal with them appropriately.

Detailed findings

Planning and delivering services which meet people's needs

- The directors described close working relationships with the local authority to develop services in line with the local area priorities. For example in working with the local child sexual exploitation team.
- Staff were committed to delivering services as close to home as possible, minimising disruption for children and their families.
- Staff visited children and young people in their own homes or in local clinics, schools and nurseries. For example, some services had moved into local children's centres and clinics to ensure they were more accessible to the local communities.
- In a children's centre where we observed a baby clinic, there was a comfortable waiting area for parents and a selection of suitable toys to occupy children.
- Therapists arranged to see children at school. For example, speech and language therapists (SLT) met with children in primary schools. Visits had been pre-planned with the parents and the school. This also allowed the therapist to meet with the teachers and discuss progress and on-going strategies to support children on a daily basis.
- The therapists were based in the special schools and part of the team working around the child
- The community children's nurse (CCN) training coordinator trained care staff employed by families and signed them off as competent, although the training has not been ratified by the trust. The trust reported the competencies and training were due to be reviewed and updated along with the shared care protocols.
- The school health nurses were based in the secondary schools. They ran drop in clinics and organised appointments during break times to avoid students missing lessons. All secondary schools had an agreed school health implementation plan in place.
- The school immunisation team give immunisations at a secondary school. We observed a well organised immunisation clinic which ran smoothly.
- The school health nurses supported public health campaigns and carried out specific targeted work. For example, the provision of a sexual health service for young people in schools was being rolled out; 10 out of 12 secondary schools in the north of the county offered a sexual health service. This was supplemented by targeted chlamydia screening events.
- There was a current campaign in secondary schools to support students against self-harm.
- The Oxfordshire primary school health nursing service focussed on delivering the objectives of the healthy child programme with a particular priority given to meet the needs of more vulnerable young children, for example, looked after children or those with special educational needs.

Equality and diversity

- Children, young people and their parents/carers were asked about spiritual, ethnic and cultural needs. Staff delivered care to reflect those needs.
- We observed a therapy session and saw tools used in the therapy session took account of cultural differences.
- Staff received equality and diversity training as part of their mandatory training.

Good

Are services responsive to people's needs?

- We saw evidence that each individual child and family were respected in terms of their cultural and religious backgrounds. For example, we spoke to an Asian parent and they said the health visitor had been sensitive to their cultural needs and preferences.
- An interpreting service was available, although staff said most parents and children could communicate adequately in English.
- We saw in the looked after children service there were no specific guides for young people with learning disabilities or for those for whom English was not their first language. Information was available in other languages upon request.

Meeting the needs of people in vulnerable circumstances

- There were 580 looked after children (LAC) in Oxfordshire. This had increased from 467 the previous year and was expected to increase year on year. Twenty five per cent of children were placed out of the area. The trust was working with other agencies on the 'edge of care' partnership to support young people to remain in Oxfordshire. The edge of care strategy in Oxfordshire aims to keep the most vulnerable children in close proximity to health and social services to facilitate rapid intervention when needed.
- The LAC team used text message reminders for appointments and arranged to meet children and young people in locations to suit their preferences. Health passports were used for the young person which included their identified goals.
- The CCN service worked to develop a thorough understanding of the families they supported to enable them to identify early changes in mood or behaviour and for families to be open and honest about their circumstances. This enabled the CCN team to intervene with early support for example, by referring families to the mental health team or providing respite care before a crisis point was reached.
- The CCN speech and language therapists carried out an education programme for teaching assistants in the special schools to help them deliver language classes to children. They also provided two yearly teaching on best feeding and drinking practices.
- Children across all special schools in Oxfordshire had an individualised 'mat' with pictures and instructions to support staff in looking after them to meet their needs. For example, the mat specified the child's preferred communication means, how they asked for drink, food and help. Copies of the mat were also provided to the family to meet the child's needs in a consistent manner.
- The health visiting service provided additional services to children and families in difficult circumstances. This was flexible depending on the needs of the family. This additional support could be due to safeguarding concerns for example, or to support mental health needs.
- There was a dedicated health visitor for homeless families who informed the school health nurse if a child was attending school for follow up.
- The cleft and palate service made strong efforts to support vulnerable families. For example, out- reach clinics were organised to allow families to access all the professionals in one clinic in a more convenient location.

Access to the right care at the right time

- A universal health visiting service was provided with additional support as needed. Health visitors informed parents at new birth visit of access to for example, drop in clinics and children's centres
- The health visiting service was slightly below the 95% target for new birth visits at 10 to 14 days, at 89.5% for the first quarter of 2015/16. The trust had a target of 95% for recording breast feeding status at the six to eight week check; we saw evidence the trust was exceeding this target at 100%. Another target was to encourage parents to continue to breast feed from two weeks to six to eight weeks. The target was 60% and the trust was exceeding this target at 61%.
- The integrated therapy service used the 'single point of request for involvement' (SPORFI) managed by the local authority. The data we reviewed (May 2015) showed the service had met their local targets for referral to initial assessment of 84 days for SLT, occupational therapy and physiotherapy. The initial assessment to treatment times of 42 days had also been met for occupational therapy and physiotherapy. However, the local risk register highlighted the demand on the SLT service which meant patients were waiting on average 57 days. This was under regular review and reported.
- Speech and language therapists told us they had been involved in the review of the prioritisation system as part of the exercise of case load monitoring.

Good

Are services responsive to people's needs?

- The secondary school health nursing service provided regular open sessions for students. In some schools separate 6th form drop in sessions were offered, in a different office, as they preferred to be seen away from the more junior students. The school health nurse provided students with a mobile number for ease of access for advice.
- School health nurses described difficulty in supporting young people with mental health issues. A primary children and adolescent mental health service (PCAMHS) worker was available at the school half a day per and staff had access to the PCAMHS consultation line where they could obtain advice. We reviewed the waiting times for the PCAMHS service which had reduced from 29 weeks in May 2015 to six weeks in September 2015 due to measures put in place to meet demand.
- The LAC team met the target for achieving initial health assessments within 20 days of notification; however, they were under performing against the 100% target for review health assessments. These performances were 88% for children under five years and 80% for children over five years. This had been raised with the local authority to improve the attainment.
- In the cleft lip and palate service urgent referrals were seen within one week and non- urgent within six to eight weeks.
- The CCN service aimed to prevent hospital admission or reduce hospitalisation. It provided seven days a week (8am to 10pm) care to children with complex nursing needs, including end of life care and pre-planned 24 hour respite care. It responded to urgent referrals within four hours and non–urgent within one working day.

Learning from complaints and concerns

- Between April 2014 to March 2015, the trust received 65 complaints. Within children and young people's services, there were 11 complaints. Two of these related to health visiting teams and one to the integrated therapy team. Two were upheld and one partially. The identified themes related to poor communication and lack of responsiveness.
- The directorate analysed all complaints across the directorate and identified learning from complaints themes (April to August 205). These themes were categorised under the areas of safe, effective, caring, responsive and well-led.
- Staff were aware of how to respond to complaints. However, staff told us that they would always try to resolve any concerns as soon as they were raised. This reduced the number of formal complaints. Staff told us these informal concerns were not reported through the trust complaints process. However, the trust said informal concerns were collated, monitored and reported by the patient advice and liaison service and complaints team.
- We saw examples of where staff were encouraged to reflect on accolades to share good practice.
- Staff told us about complaints which had resulted in service improvements. For example, a complaint had resulted in the review of the contact information which was provided to patients. We saw staff had been issued with photo business cards which included complaints information on the reverse of the card.
- We saw an example where a member of staff had been supported to improve their performance following a complaint.
- A complaint relating to communication had resulted in a change to the therapy service answerphone message. This made therapists response times and availability clearer. The change to practice was monitored through audit for the service to ensure sustained improvement.
- In the school health nurse service we were told a student alerted the school nurse that her office was not soundproof and this resulted in the service being moved to a more suitable office for confidential meetings.
- Staff in the craniofacial and cleft and palate service told us they received very few complaints from patients and parents.

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.

We have judged the leadership of the children and young people's service as good.

Good local leadership was provided throughout the various teams and staff were very positive about the support they received from their team leaders and managers. Clear management and governance structures were in place through meetings to monitor performance and service risks.

Frontline staff and managers were passionate about providing a high quality service for children and young people with a focus on innovation to improve care for patients. All staff were positive about working for the trust and took pride in their work.

Children, young people and families were supported to provide feedback on the services they received and this was recorded and acted upon where necessary. The directorate was committed to engaging with young people to obtain feedback and encourage participation of young people in its services. It did this directly with young people through the 'Article 12 group' which had been operating for six years. It had 35 young people as members. They met regularly and had contributed to the development of the children and young person's website.

Detailed findings

Service vision and strategy

- The children and young people's directorate worked within the trust strategy. There was not a separate directorate strategy.
- All staff we spoke with were committed to providing an excellent, responsive service with a clear focus on the child or young person.
- The trust's vision was for patients to receive 'Outstanding care delivered by outstanding people'. Staff had a good understanding of the trust's core values of caring, safe and excellent care and they were proud of the services they delivered. Staff spoke about high quality, evidence based services with a commitment to placing children, young people and families at the centre.
- Development days or away days were organised for staff to contribute to developing their services in line with the trust vision.

Governance, risk management and quality measurement

- Staff had a clear understanding of the meeting structures within their services. For example, there were regular professional meetings with a focus on clinical updates or training. There were monthly team meetings and monthly multidisciplinary locality meetings or quality meetings. These followed a standard agenda to cover the areas of safe, effective, caring, responsive and well-led.
- A performance dashboard was used to assess and monitor the key performance metrics and risks for each service. This was updated and reviewed at the monthly directorate quality meetings.
- We reviewed a sample of notes from the last quality meetings for the school health nursing, health visiting and integrated therapies. Risks, complaints, incidents and performance metrics were discussed, noted for action and minuted.
- Risks were recorded on the service level risk register and escalated to the directorate risk register if they were graded as a moderate or major risk.
- The directorate risk register included 13 risks. The risks present on the register had details of when they were added, controls that were in place to mitigate the risk, the lead manager responsible together with updates and review dates.
- Team risk registers were not yet in place but the trust reported this was an area that was under development. We reviewed the service risk registers for health visiting, school health nursing and integrated therapies. Risks had been graded and reviewed, although the date the risk was added to the register had not always been specified so it was not clear how long the risk had been registered. However, actions and review dates were clearly outlined. The register included risks related to staffing levels in certain areas, the transfer to the new IT system and where performance targets were not being met or were at risk of not being achieved.

Good

Are services well-led?

- All services undertook audits to assess performance. For example, the integrated therapies undertook an 18 monthly safeguarding audit. The last audit in December 2014 showed an action plan was developed to address identified areas, such as demonstrating to staff how to access key policies and procedures on the intranet. A re-audit planned for April to July 2016.
- The team meetings and performance monitoring reports made reference to the results of audits or those planned. For example, an audit on homelessness in health visiting, a records audit undertaken by therapies and a medicines management audit carried out by the school health nurse team.
- Performance data and quality management information was discussed at team meetings. Issues were escalated to the monthly locality meetings where risks, patient survey results, trends and good practice was discussed and scrutinised. The monthly directorate performance and quality meetings were a strategic forum which ensured directorate level information was reported to the quarterly meeting of the trust board. This was reflected in the minutes of those meetings.

Leadership of this service

- Children and young people's services were led jointly by a service director and a clinical director. They were supported by heads of services, for example for public health services and complex care. Services were managed in a locality structure across Oxfordshire. Each locality was managed by a locality manager who was operationally responsible for the community teams within that locality for example, health visitors, school nurses and therapists. In the case of the therapy services a locality manager also had a professional lead role for each of the therapy services of occupational therapy, SLT and physiotherapy. Staff were aware of who their managers were and who to access for professional advice if needed.
- The trust ran a programme called 'Linking Leaders' as a way of empowering staff to make changes within their service to improve the quality of care for patients. This was supported by a structured team work model.
- All staff spoke highly of their managers for the support and leadership they provided.
- Staff said senior managers were accessible and approachable and staff were also kept up to date with the chief executive through his blog.
- The senior managers in the children and young people's directorate were proud of the commitment of their staff and were pleased with the low sickness rates in the service, of 2.6% compared to the trust average of 3.6%.
- There was defined professional leader within each service who had a clear role to develop services and provide advice.

Culture within this service

- The trust was committed to developing a culture of excellence through innovation. Staff said they were proud of the service they provided and managers said they were proud of the dedication of their staff.
- Staff in all areas told us they often worked over their contracted hours to meet patients' needs.
- The staff we spoke with during the inspection told us they were proud to work in the community team and were passionate about the care they provided. Staff told us there was an "open culture" and they felt confident about raising concerns. They felt their "voice was heard".
- Staff were positive about working for the trust, although at times they felt there was a disproportionate emphasis on meeting performance targets.
- The school health nurses were supported by the buddy system where two nurses provided cover for leave or sickness. This also helped to ensure nurses knew the individual school processes.
- The senior managers said the trust supported staff development through internal movement of staff into different roles. We interviewed many staff who had worked for the trust in different roles over a large part of their working lives and had progressed their career with the trust's support.
- The trust cared for staff through the provision of pastoral care and bereavement support as part of the staff wellbeing programme.

Public engagement

- We saw there were systems in place to engage with the public to gain regular feedback on service provision. This information was analyses for action and learning. The annual review of patient experience and participation in the children's directorate was reported to the trust board. Themes and priorities were identified for 2015/16. For example, in relation to improved communication with parents.
- All services gained feedback from patients and families. Feedback methods were tailored to the service. For

example, at the school immunisation clinic we saw students were asked to write their response to the question 'Are we caring?' on post-it notes. We saw at least 40 notes with all positive comments except for a few around 'the jab hurt.' Every service produced a patient experience report. The results for the school health nursing service showed 90% would recommend the service.
- Following parent feedback, the health visiting service had changed the time of some clinics to improve access and attendance.
- We saw the therapists asked parents to complete a short feedback form on the survey monkey website.
- Oxfordshire integrated therapies met with parent group representatives in May 2015. Notes of the meeting showed parents had raised issues around communication for which an action plan was developed.
- The most recent CCN survey report showed a response rate of 48% and an overall satisfaction rate of 100%.
- The directorate was committed to engaging with young people to obtain feedback and encourage participation of young people in its services. A patient experience and involvement coordinator led on engaging with patients and parents using a flexible approach. For example, face to face parent groups for parents of children using the therapy services and the use of electronic surveys for young people. The directorate also engaged directly with young people through the 'Article 12 group' which had been operating for six years. It had 35 young people as members. They met regularly and had contributed to the development of the children and young person's website and produced videos informing young people about the school health nursing service.
- Staff routinely encouraged children, young people and their parents or carers to provide feedback about their care through short electronic surveys (Survey Monkey).

Staff engagement

- Staff were aware of the trust whistleblowing policy and felt confident about using this process if required.
- Staff were encouraged to collate accolades and reflect on what led to the accolade to share good practice.
- Staff said they felt confident to raise any concerns with their managers and the heads of service in the directorate.
- Staff voiced their concerns about the potential significant reduction in the number of children's centres in the county and the impact it would have on their day to day work. The trust told us the proposals to reduce the number of children's centres by the local authority was due to enter a three month public consultation phase in October 2015.
- Speech and language therapists told us they had been involved in the review of the prioritisation system as part of the exercise of case load monitoring.
- Electronic newsletters and updates were provided for staff. For example, the school health nurse implementation newsletter covered a wide range of topics including plaudits, performance, guidance and training information.
- Regular local staff surveys were reported in performance reports. For example, the latest survey of school health nurses showed 66% would recommend working in the service.
- The directorate had produced an action plan in response to the 2015 national staff survey results. Such as fewer staff compared to last year reported an error, near miss or incident that could have hurt staff or patients. The action plan focussed on better communication with staff at an individual and team level to address the areas in the results.

Innovation, improvement and sustainability

- Staff were clear that their focus was on improving the quality of care for children, young people and their families. Staff felt they were encouraged to share their ideas and contribute to the development of services. We saw examples of initiatives in health visiting and integrated therapies services.
- Health visitors said there had been a huge investment in recruiting more health visitors and provision of training. They felt it would take time to develop a more experienced and stable work force.
- The trust plan to embed school health nurses in secondary schools and roll out a sexual health service had improved the service provided. All secondary schools had a school health improvement plan in place.
- The transition to a new electronic patient record administration system was welcomed by staff to improve access to records and their working practices.