Bridgewater Community Healthcare NHS Foundation Trust

RY2

Community health services for children, young people and families

Quality Report

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Date of inspection visit: 31 May, 1, 2, & 16 June 2016
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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)
	Bevan House		

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

Summary of findings

Ratings

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

Summary of findings

Contents

Summary of findings

Overall summary

Overall rating for this core service

Overall we have judged that community service provided to children, young people and their families requires improvement. This is because;

- In some services, children and young people were waiting long periods of time for review appointments. For example, in St Helens, there were children, whose care had been transferred from a neighbouring trust in November 2015, who were awaiting a review of care and treatment.
- There was no evidence seen on inspection in children's care records from the St Helens locality of reviews. These children had been transferred from a neighbouring trust in November 2015.
- There was no evidence seen on inspection in children's records in the St Helens locality that prescriptions, including controlled medication, had been reviewed by a community paediatrician. These children had been transferred from a neighbouring trust in November 2015. A total of 478 concerns had been reported to the trust as well as 16 formal complaints related to this issue.
- In audiology services in Southport, up to 41% of children had waited longer than the 18 week target for an appointment.
- There were staffing shortages for paediatricians and therapists highlighted that had coincided with an increase in caseloads.
- In areas we visited, cleaning equipment was not stored to prevent contamination.
- Mandatory training compliance was below the trusts target of 100%.
- Maintenance of equipment was not robust. Computers, in areas we visited, did not include evidence of portable electrical testing (PAT) within the last 12 months. However, clinical equipment included evidence of testing.
- There was limited information about how the care of children was transitioned to adulthood.
- A risk register was in place although many of the risks were overdue for review.

However

- There was an electronic reporting system, for the reporting of incidents. Staff understood responsibilities regarding duty of candour.
- There were robust systems in place for safeguarding children and young people with an average compliance of 94.9% staff had received level three training.
- The service was following an evidenced-based approach including the Healthy Child Programme.
- 95.5% staff had received an annual appraisal and regular supervision sessions.
- Information was accessible either through paper based records or an electronic system that was being phased into all boroughs of the trust.
- There was good multi-disciplinary working in boroughs and a number of care pathways in place.
- Staff were confident in the consent process for children and young people and demonstrated an understanding of Fraser / Gillick competence.
- Parents were positive about the care that was provided by the staff.
- We observed staff ensuring the privacy and dignity of children and young people was maintained.
- Children and young people were involved in making decisions about their care.
- Children, young people and families had access to emotional support.
- Services were planned dependent on the needs of the geographical borough.
- When assessed, the needs for children / young people and their families were based on individual need.
- Staff felt supported by their managers and there was an ‘open door culture’.

Summary of findings

- There was good team working and commitment.
- Senior management had provided a range of staff engagement activities.

Summary of findings

Background to the service

Bridgewater Community Healthcare NHS Foundation Trust delivers a range of community based services to children and young people across Wigan, St Helens, Warrington, Halton, Oldham, Bolton and Southport in a variety of community settings including health clinics, schools and home visits.

The trust has recently expanded to include Bolton from December 2015 and Oldham from April 2016. Southport provides audiology services.

There are a range of community based services for children and young people delivered across the trust in the established boroughs including health visiting, school nursing, community paediatric nursing, community paediatrics, family nurse partnership, looked after children, occupational therapy, physiotherapy, learning disability nursing, audiology, and speech and language therapy.

As part of the inspection we spoke to 64 staff of all grades that included assistant directors, service leads, paediatricians, therapists (occupational therapists, physiotherapists and speech and language therapists), specialist paediatric nurses, health visitors, school nurses, specialists for safeguarding and children in care and administrative and reception staff.

We looked at care records for 29 children that were either health visitor, school nursing or transferred from another trust. We spoke to five families and observed care. We also received feedback via our website and comment boxes from clinic areas.

Our inspection team

Our inspection team was led by:

Chair: Professor Iqbal Singh, OBE

Team Leader: Wendy Dixon, Inspection Manager, Care Quality Commission

The team included two CQC inspectors and a variety of specialists: including a community paediatrician, a school nurse and a health visitor.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 31 May, 1 and 2 June 2016. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors 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

Summary of findings

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 carried out an unannounced visit on 16 June 2016.

What people who use the provider say

"Physio have been a massive part of mine and my sons life for the past 10 years they always treat us with care and respect environment always clean and tidy I can always contact them with my concerns and they always listen and go above and beyond to help."

"The service has always been done any of our expectations for both us and our children prompt reliable advice in a timely fashion doctors always listened to us and offered above average medical care."

"Very quick and efficient response saw a doctor within minutes of arrival she listened to our concerns before examining our baby she referred to her senior before deciding on outcome very pleased with the consultation."

"I came with my son every other week to see the community nurses and the staff here always very polite and helpful I cannot fault anything very clean very happy."

"My sons has received excellent service from the centre lots of help advice given it would have been improved if we hadn't had to wait so long."

"Caring and considerate look after my son impeccably."

"Very helpful location clean welcoming child friendly."

"Very helpful, kind and comfortable to speak to."

"The staff are very understanding of personal needs. I was treated kindly. They are very clear when explaining instructions."

Good practice

The Parallel service, in Bolton, was a new service with Bridgewater that offered a 5 – 19 years' service for young people as a single point of contact for a range of services. We found the staff to be passionate and committed to young people with a range of specialist skills.

Areas for improvement

Action the provider MUST or SHOULD take to improve

The provider MUST:

- Ensure that children / young people are reviewed in a timely manner and continue to provide assurance of safe care and treatment in the delivery of the service.
- Ensure staffing levels for all clinicians are consistently sufficient to meet the demands of the service.
- Provide assurance that all mandatory training needs are met for all staff.
- Have a robust and consistent approach in the maintenance of all portable electrical equipment.
- Have robust environmental cleaning schedules and processes in place for all clinical areas.
- Have robust systems in place that monitor all feedback, including all negative feedback.
- Have systems to monitor the risk register and review risks in a timely way.

The provider SHOULD:

Summary of findings

- Have clear pathways for transition of children / young people, particularly into adulthood.

Bridgewater Community Healthcare NHS Foundation Trust

Community health services for children, young people and families

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated community services for children, young people and families as 'Good' for safe because;

- There was an electronic reporting system, for the reporting of incidents. Staff understood responsibilities regarding duty of candour.
- There were robust systems in place for safeguarding children and young people with an average compliance of 94.9% staff having received level three training.
- There were robust systems in place for the maintenance of clinical equipment.
- There were processes for managing medicines, including preservation of the cold chain for vaccinations.
- Records for children and young people were generally completed well and stored securely.

However;

- In areas we visited, cleaning equipment was not stored to prevent contamination.
- Mandatory training compliance was below the trust target of 100% including resuscitation training at 62%.
- There were staffing shortages for paediatricians, and therapists highlighted that had coincided with an increase in caseloads.

Safety performance

Incident reporting, learning and improvement

- From the last inspection, in February 2014, a recommendation was that the trust should ensure that all staff have received appropriate training to identify, review and report incidents accurately including root cause analysis.
- Incidents were reported in the trust through an electronic reporting system. Staff could describe the

process for reporting incidents and felt confident in doing so. When staff requested feedback from incidents, it was provided promptly. Incidents were discussed in meetings within boroughs to share and learn any lessons. Examples were provided for incidents that had been reported, investigated and lessons shared.

- There was a total of 291 incidents reported for children, young people and their families between January 2015 and December 2015.
- There were no never events (serious, wholly preventable safety incidents that should not occur if the available preventative measures are in place) reported.
- Between 18 February 2015 and 29 January 2016, there were two serious incidents reported by staff to the trusts incident reporting system.
- Between 1 February 2015 and 31 January 2016, there were three serious incidents reported to the strategic executive information system (StEIS) for NHS England. The trust provided details of the incidents and investigations of these incidents that followed a root cause analysis process with action plans and recommendations in place.
- Staff we spoke to were familiar with the term 'duty of candour' (the duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person). 147 staff had received training in a newly introduced training module.

Safeguarding

- The trust had policies and procedures in place which related to safeguarding children and young people. The policy had been updated in October 2015 to include reference to the latest legislation published by the Government "Working together to safeguard children" published in March 2015.
- In clinics where electronic records were available, there was a 'flagging' system for vulnerable children and young people. However, this was not clear in paper records without reading all the notes.
- The scores for NEET (a young person that is: not in education, employment, or training) in St Helens, Halton, Bolton and Wigan showed scores higher than the England average.
- Annual safeguarding reports had been completed by the boroughs of Wigan, Warrington, St Helens and Halton in June 2015 to provide assurance to the trust about their safeguarding responsibilities, specified under section 11 of the Children Act (2004). The reports outlined each boroughs' activity over the previous 12 months, including telephone contact, supervision, serious case reviews and objectives and developments for the future.
- There were named safeguarding nurses who were available to support staff with the referral process to meet the requirements of individual safeguarding boards across the boroughs.
- St Helens and Wigan school nurses offered a 'clinic in a box' service. This approach included safeguarding, emotional well-being, emergency contraception, general health or any issues identified by a young person. Schools were able to contact the service if concerned about a young person.
- An audit of 'routine enquiry for domestic abuse in the health visiting service' (Wigan borough) was completed in October 2015. Results indicated the compliance with recommended routine enquiry was the highest at the primary visit (80%), and that compliance had reduced by the 6 to 8 week visit (69%) and again by the 9 to 12 month visit (59%).
- All staff we met had received level three safeguarding training as well as quarterly supervision. Supervision could be safeguarding, management, restorative or group. The children services scored 100% compliance for safeguarding level two. For safeguarding level three training, the compliance rate was 94.9% across all services. However, speech and language therapy services had compliances rates of 63% to 86.7% and audiology for Ashton, Leigh and Wigan (ALW) had a compliance rate of 22.2%. The trust targets for safeguarding level two and three was 85%.
- Staff told us that there were challenges to prioritise the demands of other aspects of the role, i.e. immunisations as well as managing safeguarding referrals. School nurses, in St Helens, had received letters to follow – up children (as part of the St Helens community paediatrics and LAC service) transferred from a neighbouring trust. However, they expressed difficulties contacting services. They told us there were no escalation procedures and were concerned about potential safeguarding issues.
- Shortages in staff numbers, in some boroughs, had impacted on numbers of staff able to attend safeguarding conferences as well as high caseloads.

Good

Are services safe?

- The action plan following a review of safeguarding recommendations, updated in March 2016, showed that key performance indicators had been agreed but not implemented as yet.

Medicines

- At Clare House, Wigan, the only medication stored on the premises was ampoules of adrenalin (for emergency purposes). Ampoules were stored in mobile equipment bags that were accessed by staff members only. The bags were stored in an unlocked storeroom. However, entrance to the corridor to access the room was by 'swipe card' only.
- Excess stock was stored securely in a locked drawer in the manager's office. Medication audits were carried out, with 100% compliance for 1 June 2016.
- At Spencer House, immunisations were stored securely and followed the 'cold chain'. The 'cold chain' is a system of transporting and storing vaccines within a recommended temperature range of +2 to +8 degrees Celsius. To maintain the cold chain, the fridge temperature and ranges were checked daily (in clinic hours) to ensure that immunisations remained within the required temperature. Any disruption to the temperature, e.g. opening the door, was also recorded, to identify any sudden increase in the maximum temperature range.

Environment and equipment

- There was no evidence that computers, seen on inspection, had been checked for electrical safety in the previous 12 months.
- The community paediatric nurses, at Claire House in Wigan, stored equipment for children and young people with long–term conditions. This meant it was readily available when required. A database of all equipment included dates when services were due with a small number overdue their date.
- At Platt Bridge, in Wigan, staff (physiotherapists) referred to a database of equipment with alerts received from the health and safety risk assessment team regarding testing.
- In Spencer House, Warrington, fridge temperatures were checked daily (when open) both internally and externally including the ranges. When the fridge was opened a record was made to indicate the reason for any brief increase. Immunisations were stored securely in the fridge and emergency anaphylaxis kits were stored in a locked cupboard in the office. There were portable fridges to transport immunisations into schools. The temperatures of these portable fridges was being monitored. Stand on, 'remote reader' scales and baby scales had been checked annually.
- Fire extinguishers had been checked annually with clearly marked and accessible fire exits.

Quality of records

- Records for children and young people were maintained and stored in a number of ways. Each borough included records for health visitors that were transferred to school nurses for services for 5 – 19 years old. Some boroughs maintained paper records, although an electronic system was being phased into all boroughs.
- At Golborne Clinic, in the waiting room was an area of filing cabinets in rows. Each drawer had a patient's name written on to show which patients' notes were filed in that drawer. On some drawers the label displayed the initial and the surname. The filing cabinets were facing the chairs in the waiting room. When questioned, about the names on the cabinets, staff told us that they were all child patients from the clinic. She explained that there was nowhere else to store the cabinets. It was agreed that they should amend the filing system so as not to display the patients' names on the outside of the cabinets. The records, within the cabinets were all securely stored.
- An electronic records audit between October 2015 and March 2016, in Warrington, showed an 88% partial compliance rate: "All error/deletions/alterations/ corrections are to be scored out with a single line, with authors name, job title, signed, dated and timed (an electronic records has to show an audit trail of deletions or alterations) "– scored 59%. "All discharged records are to have evidence that communication has taken place with the patients GP practice regarding, any medications prescribed, outcome of risk assessments undertaken, care and/or treatments received, along with any ongoing needs relayed". – scored 74%.
- At Spencer House, Warrington, eight health visitor paper records were reviewed and found to be clear, legible and generally completed well. They were stored securely in the health visitor's office.
- At Platt Bridge Health Centre, four school health electronic records and two case notes for children with learning disabilities were reviewed and found to be clear and generally complete.

Good

Are services safe?

- Staff had been provided with locked briefcases if needed to transport confidential records. Any records that needed to be transported across the boroughs were delivered in sealed bags. Of the areas we visited, records were securely stored in locked rooms or offices.
- Records are currently being transitioned from paper to electronic dependent on area. There were dates assigned to the transfers so that records were not duplicated or missed.

Cleanliness, infection control and hygiene

- All areas that we inspected were visibly clean and tidy. There were sufficient handwashing sinks and hand gels. Personal protective clothing (PPE) was available.
- Staff followed current infection guidelines such as 'bare below the elbows'.
- In the upstairs cleaning cupboard in the child development centre, Sandy Lane, Warrington there were wet mops touching standing upside down in a bucket. This meant there could be cross contamination if an infection was present.
- There were also cups and biscuits next to cleaning fluids. A hazardous cabinet for storing hazardous substances was not locked. This included toilet and window cleaner.
- There was a cleaning schedule which had no title or date. An audit sheet dated 21 December 2015 had a compliance score of 89%. The sink area was dirty.
- An open cupboard on the wall included a control of substances hazardous to health (COSHH) folder dated 2011. In the downstairs cupboard, there were colour-coded wet and dirty buckets stacked upside down. This room was locked. This meant there could be cross contamination if an infection was present.
- At Claire House, Lower Ince in Wigan, there was no evidence of a cleaning schedule for downstairs cleaning. A mop was stood in a bucket containing liquid meaning there was a risk of spreading an infection especially as it was wet. The contents of the first aid box, in the cleaning cupboard, were also out of date. This was addressed on–site and the box was removed.
- An audit completed by infection prevention and control in August 2015, rated an overall non-compliance of 60%. This included 25% for waste, 33% for management and 50% for hand hygiene.
- An annual infection, prevention and control audit programme report in February 2016 (that included hand hygiene, the environment, waste bodily fluid spillages, personal protective equipment, sharps management, specimen handling and decontamination) included 45 out of 54 premises. It showed 83% compliance from clinics / treatment rooms throughout the trust. However, the report showed that Lower Ince Health Centre, in Wigan had a poor compliance of 60% and Warrington Youth Advice Shop had a compliance of 62%. Eight premises were scored as fair compliance (scores between 65% and 79%).
- In one location, Spencer House, Warrington, there was an unusual odour believed to be from drains, in the reception area only. The manager reported that the estates department, for the building, not part of the trust were managing the issue. This appeared to be a transient issue that the manager needed to escalate to the building estate company.

Mandatory training

- Staff were required to complete a programme of training that included statutory and clinical mandatory training modules.
- The compliance rates for annual statutory & mandatory eLearning was 87.3%, clinical mandatory eLearning 79.7%, resuscitation 62%, moving and handling 65.2%, conflict resolution training was 69.7%, secure transfer of personal data eLearning was 53.3% and dementia awareness eLearning was 30.4%. The trust target was 100%. Line managers were required to monitor non-compliance during management supervision and Personal Development Review.
- The trust training offer has recently changed to be aligned with the national core service framework.
- All staff we met told us that they had received an induction and were up-to-date with mandatory training requirements, although not all staff had received training with this trust as yet due to changes in services.

Assessing and responding to patient risk

- At Spencer House, a defibrillator that had recently been installed and staff had been trained in its use. A first aid box was also available and the contents were in date.
- Compliance in resuscitation training for community children and families staff was 62%. The trust target for mandatory training was 100%.

Staffing levels and caseload

- For children / young people and families services across the trust, there were a total of 852.58 whole time

Good

Are services safe?

equivalent staff members. In the previous 12 months 108.69 staff left the trust with a turnover rate of 12.8%. The trust vacancy rate was 8.3% (excluding seconded staff) as of December 2015. The sickness rates of permanent staff from 1 January 2015 to 31 December 2015 was 4.8%.

- The numbers of children on child protection plans (CPP), looked after children (LAC) and caseloads varied within localities in boroughs. For example, in Warrington West, the caseload size was 11588 with 2.44 (whole time equivalent - WTE) school nurses that included 74 children with a safeguarding plan and 114 looked after children. In Halton (Runcorn team), the caseload was 9760 with 2.4 (WTE) school nurses (also 2.1 community nurses) that included 263 children with a safeguarding plan and 131 looked after children.
- There were shortages of paediatricians highlighted in St Helens, that were needed to review children and young people that were transferred from a neighbouring trust in November 2015. In the action plan, a locum offered to take on additional clinics on some Saturdays and substantive staff were negotiating working additional hours. An additional locum was in post from 20 June 2016 with a possibility of an additional locum in July.
- There were staffing shortages for paediatricians highlighted that had coincided with an increase in caseloads in St Helens.
- "Children's needs not being met, performance expectations not being met" was highlighted in the risk register report for children and young people with long term sickness and maternity leave cited as impacting on the service. From the school nursing update, on 5th May 2016 for the clinical governance committee, the St Helens service had been fully staffed since February 2016. The Halton school nursing service had one member of staff on long term sick leave and one of three nurses had returned from maternity leave. There were recruitment plans in place with the successful recruitment of a band five role, although the band six recruitment was more challenging in that locality.
- At the child development centre in Warrington, there were staffing shortages in therapies. There were vacancies for two occupational therapists and a physiotherapist. There were processes in place to cover shortfalls in staffing. At the Woodview child development centre, Widnes, there were vacancies for two physiotherapists, two occupational therapists and a therapy assistant as well as long–term sickness.
- School nurses in Halton reported staff shortages including long-term sickness and maternity leave.
- There was a staffing tool used at the Parallel in Bolton.
- In Oldham, staff were concerned that safeguarding priorities, large caseloads and shortages in staff numbers impacted on the delivery of the service.

Managing anticipated risks

- There was an embedded lone worker policy for staff working in the community.
- Risk assessments were carried out by staff prior to visits to children's homes.
- Staff had mobile telephones and used 'buddy systems' if working alone that included a computerised text system linked to electronic diaries or staff would visit families in pairs. Some workers reported possessing hand held alarms, however; now not routinely provided.
- In some locations, for example, the Parallel in Bolton and Spencer House in Warrington, there were panic alarms fitted in treatment each room.
- Staff received notifications of any anticipated adverse weather conditions or significant incidents or accidents that occurred.

Major incident awareness and training

- Staff were not completely clear about major incidents. However, an example was provided of a situation that was managed where a power failure and back-up failure occurred.
- Staff received 'prevent' training with 59.1% of children and young family's community staff having received the training. The trust target for mandatory training was 100%, but this training had recently been introduced to the program. The prevent duty is a Government directive that staff need to have "due regard to the need to prevent people from being drawn into terrorism".

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

We rated community services for children, young people and families as 'good' for effective because;

- The service was following an evidenced-based approach including the Healthy Child Programme.
- Staff had received an annual appraisal and regular supervision sessions.
- Systems were in place to transfer patient records from paper–based notes to an electronic system trustwide.
- There was good multi-disciplinary working in boroughs and care pathways in place.
- Staff were confident in the consent process for children and young people.

However;

- There was limited information about how the care of children was transitioned to adulthood.
- There were delays in some health assessments, that included looked after children in Halton.
- A trust priority for improvement target (2014/15) was to 'develop an innovative, evidence based, self-care approach to the treatment of atopic eczema in children' had not been met due to delays relating to medication availability.

Evidence based care and treatment

- Health visiting and school nursing teams aimed to work in accordance with the Healthy Child Programme and NICE guidelines. The healthy child programme is an early intervention and prevention public health programme that offers every family a programme of screening tests, immunisations, developmental reviews, information and guidance to support parenting and healthy choices. The Healthy Child Programme identifies key opportunities for undertaking developmental reviews that services should aim to perform.
- All boroughs were fully accredited with the globally accredited 'baby friendly' UNICEF programme to support breast feeding.
- Each health care professional cited best practice guidance and research in their specialism on which care, treatment and support was based. For example, the trust were involved in the pilot scheme for the SEND agenda in 2014. This is legislation by the Government, as part of the Children and Families Act 2014 to improve outcomes for children and young people (and their families) with complex needs.
- In Wigan, the community nursing services were available from 8am to 8pm during weekdays. At weekends the service is currently from 10am to 10pm. However, following an audit of weekend evening activity and a review of need, the weekend service times changed from 8am to 6pm that all specialist nurses agreed was more suited to the needs of the children in their care.
- A 're-audit of melatonin use' was reported in February 2016 (data collected December 2015 to January 2016) to assess if sleep hygiene (sleeping habits) had been offered to all patients, documented in the notes and if information regarding melatonin and its side effects had been given to all patients/carers (Melatonin is a hormone that helps control sleeping). The results showed that 81% of patients were referred to sleep hygiene education before starting melatonin compared to 68% in the previous year. 85% of parents had been given information about melatonin including the side effects prior to starting compared to 11% in the previous year and 77% of patients/carers reported that they have benefited of taking melatonin.
- An 'annual audit of children referred for an audiological assessment with a clinical diagnosis of bacterial meningitis and / or septicaemia in Warrington' in February 2016, aimed to determine whether the referral process and audiological assessment of children admitted to hospital with a diagnosis of bacterial meningitis and or septicaemia was functioning efficiently. The audit found that all children (100%) that were referred were offered an appointment within four weeks, by the trust (Warrington borough) and the local hospital trust and therefore they were provided an efficient service locally. However, there were some delays in referrals from other centres including a neighbouring children's hospital. An action plan was in place to ensure referrals in a timely manner.

Good

Are services effective?

Technology

- Clinicians had commissioned a team to develop a telephone application for the 0-5 service for parents to use with their children to prepare them for school.
- A software package was also in place for testing hearing and vision. This allowed the input of weight and height data to support the national child measurement programme (NCMP) in those boroughs.

Patient outcomes

- Outcomes were measured by using the healthy child programme.
- The number of new births that received a face to face visit from a health visitor within 14 days of birth was 92.8%. The trust target was 90%.
- There was a high number of children that had received immunisations, as per the trust schedule for reaching their second birthday, for the year 2015/16. For diphtheria, tetanus and pertussis (DPT) and polio the percentage was 97.3%, for haemophilus influenza B it was 97.5%, for pneumococcal booster it was 94.3% and measles, mumps and rubella (MMR) it was 94.7%.
- From the last inspection, in February 2014, it was identified there was a backlog of health assessments, in one borough, for looked after children. We were told that the delays were in returning typed reports. 100% of children that had attended a medical examination received feedback within the target of 20 days from referral. On the risk register: 'Services unable to meet requirements for: Safeguarding medicals. Child in Care Medical assessments. New referrals within 18 week window.' for Halton community paediatrics. This highlighted that this concern continued to be a risk in the trust and had not been resolved since the previous inspection.
- A 'review of health outcomes for children subject to a child protection plan under the category of 'neglect', for St Helens was reported in March 2015 with data collected between April 2014 and July 2014. The clinical audit report found that 94% of children and young people were immunised, 100% were registered with a G.P., 84% were registered with a dentist and 84% had either a health assessment or a safeguarding health assessment completed to identify any additional health needs.
- A trust priority for improvement target (2014/15) was to 'develop an innovative, evidence based, self-care approach to the treatment of atopic eczema in children' had not been met due to delays relating to medication availability.
- Each borough completed a monthly dashboard to monitor outcomes for children and young people as part of an annual review process. The dashboards included 'fidelity goals' for short term health indicators. For St Helens, between May 2015 and April 2016, 74% of mothers received an antenatal visit (trust target for health visitors was 80%), all families were visited by family nurse partnership staff during infancy (trust target was 65%) and all families were visited during toddlerhood (trust target was 60%). Health visitors told us that there had been delays in some antenatal notifications in the past. However, this was now much improved.

Competent staff

- There were systems in place to ensure that staff, equipment and facilities enabled the effective delivery of care and treatment.
- All staff we met had been appraised within the last 12 months and had received quarterly supervision with managers.
- Information provided by the trust showed that 95.5% of staff across services for children, young people and families, including medical staff, had received their annual appraisal between June 2015 and May 2016.
- Teams submitted training needs analysis documentation for staff to be trained or updated in skills necessary, other than mandatory training, to maintain occupational competency, such as tracheostomy update training annually.

Multi-disciplinary working and coordinated care pathways

- Different referral pathways were in place dependent on the borough.
- At Platt Bridge Health centre, there were clear referral pathways with a triage system in place to ensure children were assessed and seen by an appropriate clinician.
- There were a number of pathways seen including for a health visitor, antenatal visit or pathway for special

educational needs or disability (SEND) in Warrington, as well as the procedure for educational health care plan (EHCP) reports following an integrated system of care and education.

- There were templates provided for 'Education, Health and Care Plan for a Child / Young person' – clinical assessment that was forwarded to the education department and school, if parents consented, to support a child and in St Helens there was a pathway, known as a 'recruitment pathway' for the enrolment of children and their parent / carer with the family nurse partnership.
- There were referral guidelines and care pathways for the audiologists and medical professionals in paediatric audiology in Warrington. The guidelines included guidelines for cochlear implants, cleft lip and/or palate, Down's syndrome, glue ear, children using hearing aids, following meningitis / septicaemia and also transition to adulthood with referral forms, in partnership with the local NHS trust.
- In Bolton there was a pathway and programme for weight management of children 5 – 19 years that included assessment of children and young people and interventions dependent on the assessment.
- There was good multi–disciplinary work across services. For example, in Wigan, the community nurses received referrals from a number of sources that included the local trust children's ward and accident and emergency department, the walk–in centres, G.P.s and self-referrals. For children with learning disabilities, joint visits could be arranged with the social worker.
- In Wigan, there was a single point of access service (SPOA) for child and adolescent mental health services (CAMHS) to provide assessment and recommend appropriate treatment services in the context of emotional, developmental, environmental and social factors to children/young people experiencing mental health problems. Referrals to the service were from agencies including schools and G.P.s for children and young people aged 0-19 years presenting with emotional wellbeing and mental health difficulties. Children and families could also self-refer to the service. The process included referrals being screened for mental health difficulties firstly by a senior practitioner and then by a team manager within 24 hours of being received. Following acceptance of a referral, an assessment took place within two to four weeks. If the referral was deemed an emergency the referrer was signposted to accident and emergency where the child or young person would receive an assessment from the CAMHs assessment response team (CART) within 24 hours.
- There were dedicated children in care nursing teams available in Wigan and Warrington as well as looked after children specialist nurses in Halton and St Helens. There were links between the boroughs with quarterly meetings to share practice. They also liaised with health visitors, school nurses and G.P.s as needed as well as the youth council. There was currently provision in Oldham with assessment completed by school nurses and health visitors. In Bolton, there was no looked after team with school nurses providing the service to school aged children. The Parallel offered health provision to school leavers.
- There were speech and language therapies available in Wigan, Warrington, Halton and St Helens. Occupational therapy and physiotherapy were available as integrated services in Wigan, Warrington and Halton. There was sharing of practices across the boroughs in therapies with local authorities.
- There were service level agreements in place with a neighbouring trust for family nurse partnership supervision in Oldham, Warrington, Halton & St Helens and Wigan & Leigh.

Referral, transfer, discharge and transition

- There were processes in place for referrals and transfers of care depending on needs. For example, the 'complex case panel' (a group of health and education professionals) worked together when a child needed support from several specialists). Complex case referral forms could be completed by professionals such as health visitors, school nurses and G.P.s.
- We were told that children that were at key points such as nursery to primary or primary to secondary were prioritised when resources were limited. Transition from health visitor to school nurse was face-to-face, for any child with a special need, although they could be electronic for universal (routine) transition, with generally good communication between health professionals for school readiness. Some boroughs communicated more effectively than others. Family nurse practitioners attended joint visits with other health professionals if required.

Good

Are services effective?

- There was a referral process for the transition of care from the health visiting service to the school nursing service, but there was limited information about the transition of children to adult services. There was a transition pathway for St Helens and 'local offer' with guidance to other documentation outside of the trust. There was work in progress regarding looked after children, in particular any young person with a complex need, although transition planning starts at age 14 years across children and adult safeguarding services.

Access to information

- From the last inspection, in February 2014, a recommendation was that the trust should continue to develop information technology systems to enable full integration and connectivity across the trust. From the action plan, post inspection, the trust target date was June 2015.
- The trust was in the process of transferring from paper records to electronic in a phased approach across the trust. There were variations throughout the trust including reports of two electronic systems. Staff reported difficulties accessing the information technology (IT) system as new starters, taking up to a month to have a personal login.
- Staff could access the trustwide intranet system for policies and standard operating procedures as well as hard copies in local areas.
- Staff received regular email updates. We were told that templates were currently being reviewed to be standardised and user friendly.

Consent, Mental Capacity act

- There was a 'consent to assessment examination and / or treatment policy that included a section for Fraser guidelines (A child under 16 years may consent to medical treatment if he/she is judged to be competent to give that consent) with Gillick competency guidelines incorporated.
- Staff understood and were able to explain the use of Gillick competency guidelines in relation to consent. Gillick competency guidelines refer to a legal case which looked at whether doctors should be able to give advice and treatment to under 16 year olds without parental consent. They are now used more widely to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- Mental capacity training was part of the induction mandatory training for staff.
- There was evidence of obtaining consent observed in electronic records at Platt Bridge Clinic.

Good

Are services caring?

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

Summary

We rated community services for children, young people and families as 'good' for caring because;

- Parents were positive about the care that was provided by the staff.
- We observed staff ensuring the privacy and dignity of children and young people was maintained.
- Children and young people were involved in making decisions about their care.
- Children, young people and families had access to emotional support.

Compassionate care

- We observed staff treat children with kindness, dignity and respect in an age – appropriate way.
- There were named health visitors and school nurses for each child or young person.
- The NHS friends and family test results showed that 95.8% of the 12352 responses would recommend children's services to their friends and families. The NHS friends and family test is a survey, which asks patients whether they would recommend the NHS service they have received to friends, and family who need similar care.
- The trust received 33 official compliments over the past 12 months. Staff told us that positive informal feedback was received daily. In Wigan, they were planning to modify their request for written feedback to increase the uptake by handing out 'talk to us' leaflets at clinics rather than attached to posted discharge letters.
- At the Woodview child development centre, in Widnes, they had recently started 'Gob' (glimpse of brilliance) that was a record of compliments staff received, via cards, letters and emails) shared at team meetings weekly.
- From the last inspection, in February 2014, a recommendation was that the trust could include child friendly leaflets for gaining feedback. Feedback templates for school nurse 'drop ins' were age appropriate, although, no documentation was seen for feedback from younger children. We were told that the Trust had a young persons 'talk to us' feedback form that included the NHS friends and family test (FFT). In addition, in some of the areas we visited, there were toys / books for younger children only.

Understanding and involvement of patients and those close to them

- In all areas we visited, staff involved the whole family but with a patient–centred approach.
- Parents told us that they were involved in the care and listened to involved in decision making.
- We observed staff interacting with children and their families in a caring and respectful manner.
- Flexible appointment systems were in place to meet individual needs including working families, in order to involve the entire family. In addition we observed that a child who needed regular routine appointments for a long-term condition was able to attend a clinic rather than the hospital due to anxieties about the hospital environment. The family were very positive about attending the clinic and were seen in a timely manner.
- A 'report following one to one interviews with parents who have a child with disabilities' (not dated), outlined feedback from parents about health visiting experiences in Halton and Wigan, that included suggestions as how to improve the service. Feedback comments included: "The health visitor helped me with my older son because he was upset after the birth of the baby. She helped me to go to parenting classes", and "Health visitors need to set aside some time to make contact with the parents even if the child is doing well. Regular contact is important even if it's a telephone call". As a result of the feedback, an action plan was put in place to improve the service for families as needed.

Emotional support

- We observed staff providing emotional support to parents / carers during consultations with paediatricians.
- School nurses were allocated a named school. They provided 'drop in' sessions, in a private room, on a

weekly basis, in term-times, for young people to access and discuss any issue. There were also appointment systems for specific needs in schools following a targeted approach.

- There was a single point of access for children and young people with mental health issues and also children and adolescent mental health services (CAMHS) to tier 2. They could refer to tier 3. However, this service was provided by a neighbouring trust.

Requires improvement

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 community services for children, young people and families as 'requires improvement' for responsive because;

- In November 2015 some children's care was transferred from a neighbouring trust. There was no evidence seen on inspection in children's records in the St Helens locality that prescriptions, including controlled medication, had been reviewed by a community paediatrician. These children had been transferred from the neighbouring trust in November 2015.
- There were no details of reviews by paediatricians, for up to three years, recorded in children's care records in the St Helens locality. These children had been transferred from a neighbouring trust in November 2015. As a result of delays of up to three years in the reviewing of children and young people, a total of 487 concerns had been reported to the trust where the trust had failed to respond in a timely manner.
- There was a total of 16 formal complaints received for the children and young people's service taking up to 44 days to resolve
- In audiology services in Southport up to 41% of children had waited longer than the 18 week target for an appointment.
- It was noted that there was a lack of child–friendly feedback leaflets: this had been highlighted in the last inspection report in 2014.

However;

- Services were planned dependent on the needs of the geographical borough
- When assessed, the needs for children / young people and their families were based on individual need.

Planning and delivering services which meet people's needs

- The trust was spread over a large geographical area, particularly following the inclusion of Bolton, from December 2015 and Oldham in April 2016. The service strategies were individual to each borough and followed the requirements of each NHS clinical commissioning group (CCG) for each area.
- In Oldham where the model for the future had not been confirmed, although staff were taking a 'business as usual' approach, the lack of school nurses led to a risk – based approach in the delivery of the service. They currently did not have the capacity to carry out all their public health plans such as sessions in schools.
- The community nursing service, in Wigan, expressed a concern that there was no current asthma service. We were told by the community paediatric nurses that a business case had been put forward. (The process started in March 2014). A pilot scheme was funded by Wigan Clinical Commissioning Group (CCG) during 2014 / 15.
- Feedback from a parent, at a child development centre was that, for her child, there was no out of hours' service available. In addition, there was no 'one stop' clinic available. Multiple appointments were required for each specialist therapist.

Equality and diversity

- The needs of patients and their families were assessed on an individual basis.
- All patient areas we visited were accessible for patients with a physical disability including parking facilities, entrance areas and toilets.
- There were hearing loops available in all patient areas for patients or visitors with a hearing impairment.
- There was a trust wide interpreter service available either face to face or via the telephone if needed for non-English speaking families. All staff we spoke to had assessed the service to meet the needs of the diverse population throughout the trust.
- Leaflets were available in patient areas in English only. However, information in languages other than English could be accessed via the intranet or website if required.

Meeting the needs of people in vulnerable circumstances

- There were specialists available that included school nurses, health visitors, community paediatric nurses and family nurse practitioners with individual specialities such as breast feeding, travellers and long-term conditions.

Requires improvement

Are services responsive to people's needs?

- At the child development centre, Sandy Lane Warrington, sensory awareness sessions were available for parents fortnightly. Therapy appointments were available, if needed, for occupational therapy, physiotherapy and speech and language therapy. However, appointments were separate rather than accessing at one time for all.
- At Platt Bridge, in response to feedback, music was introduced into the clinic for the children and young people.
- There were dedicated children in care nursing teams available in Warrington, Wigan as well as looked after children specialist nurses in Halton and St Helens.
- There were other therapy specialists that included physiotherapists, occupational therapists and speech therapists.
- In Wigan, at Claire House, blood tests were available in schools and at home as well as in the clinic.
- In boroughs that included Wigan, school nurses supported schools by providing care plans for children and young people with additional medical needs. In addition training to schools was provided in topics such as 'epipens' (emergency treatment of a patient who collapses as a consequence of an allergy). There was also for primary schools, a 'duty desk' available where parents or schools could contact school nurses by phone for advice support.
- The paediatric continence service in Halton and St Helens was available for children and young people aged 0-19 years. Young people with learning disabilities could continue to be supported and treated in the service until aged 25 years if the young person/parent/carer and practitioner agreed that this was the most appropriate service.
- For children with learning disabilities, visual schedules could be given to families, for example use of symbols for improving sleep patterns.
- At the Parallel, in Bolton, a service for children and young people was available up to the age of 19 years with a range of specialists available to support a range of issues that included assistance to complete registration forms, for any young person, with a literacy issue.
- There were single point of access (tier two) (SPOA) for children and adolescent mental health services (CAMHS) at Platt Bridge health centre and Ashton clinic in Wigan. Therapies and interventions included brief solution focused therapy, cognitive behavioural therapy, attachment and relationship strengthening work, group work and family work. The clinical governance committee minutes in March 2016 highlighted 'workforce capacity issues'. The CAMHS clinical governance committee reported that : The deployment of agency improved waiting times from an average of ten weeks to four weeks for SPOA (target 10 working days) and from10 weeks to seven weeks for tier two (target four weeks). In the status report, on 18th April 2016, 75% of patients who had waited longer than two weeks were contacted with no concerns reported.
- From the school nursing update, 5th May 2016, to the clinical governance committee, in Halton, there were delays in school nurses and community nurses undertaking annual review health assessments for looked after children. The target was 100% but 88% had achieved the target.

Access to the right care at the right time

- Data for key performance indicators was collected monthly, in each borough, and reported on a dashboard.
- The national target for referral to assessment is for 95% of patients to be treated within 18 weeks.
- At the end of April 2016, compliance rates of less than 18 weeks was between 90.5% (paediatric occupational therapy in Warrington) and 100% across the boroughs for children's services. Occupational therapy in Halton was 91.5%. The single point of access for child mental health at Wigan was 99.5%.
- Rates for 'did not attend' (DNA), for April 2016, varied across the boroughs and services. For example, in Warrington, DNA for paediatric continence was 28.7% and 19.7% for the children's community learning disability nursing. In Halton DNA rates were 17.3% for diagnostic audiology and 17.7% for community paediatrics. Some boroughs were offering 'opt in or out' appointment systems or text reminders.
- Whilst on-site, we were told that 1760 children and young people in the St Helens locality had their care transferred from another trust in November 2015. It became clear that a number of children had not been reviewed as yet. The trust were aware of this and had highlighted it on their risk register.
- During our inspection we found no evidence in children's care records that prescriptions, including controlled medication, had been reviewed by a community paediatrician for children.

Requires improvement

Are services responsive to people's needs?

- Information from the trust indicated that 200 children (in St Helens) had not been reviewed by a community paediatrician. The Trust had developed an action plan in January 2016 to address the backlog. However, this action plan was further revised immmediatley after the inspection to address the concerns raised by inspectors in relation to the St Helens service.
- This revised action plan was supported by weekly performance monitoring.
- As part of the action plan, all affected families were contacted to arrange appointments (G.P.s were contacted if unable to contact parents / carers) as well as the 0-19 nursing services, walk-in centres and out of hours G.P.s. As of week ending 17 June 2016, 154 children were waiting to be seen. Since the inspection we have received information that indicates an improved performance with the backlog of over 18 week waits addressed by September 2016 and confirmation that the service is now delivering a maximum wait of 10 weeks, with the majority of children seen in under five weeks.
- In the governance meeting on 31 March 2016, it was minuted that there had been breeches in the six week audiology target of 99% for audiology in Southport. In January there were 38 children (41%) that had not been seen and in February there were 13 children not seen. From the report regarding Southport audiology, on 26 April 2016, to the clinical governance committee, it was identified that there were 307 children who should have been reviewed between November 2011 and 2016 that had not been reviewed. It was found that a 'lack of consistent administrative processes was adversely affecting the allocation of appointments and reporting of data. Processes were put into place with a new referral and follow up management system'.
- The risk register included a number of risks for responding to needs of patient. For example: The 'staff capacity and skill mix insufficient for clinical requirement. Services not meeting requirements for: fast and responsive treatment for children after first definitive advice' for therapies, in Wigan, was included in the risk register as a high risk as well as Failure to meet key performance targets: -High quality outcomes. Patient satisfaction. Waiting time RTT - 6 week. Activity expected contacts.' for audiology in Wigan and Warrington.
- From the trust's quality improvement priorities (2014/15), they had partially achieved targets to improve breast feeding rates, from the previous year, across the boroughs. At birth visits by health visitors, in Warrington, rates rose from 48.3% in 2013/14 to 49.6% in 2014/15. In Halton the rates rose from 28% to 34.6% and in St Helens from 30.9% to 42.8%. However, in Wigan the rate dropped from 39.4% to 37.9%. For six to eight week breast feeding rates, Warrington rose from 36.6% to 37.3%. However rates dropped for Halton from 21.7% to 20.7%; for St Helens from 21.79% to 21.01% and in Wigan from 31.2% to 28.4%. There was no data available for breast feeding rates at three months.
- Therapy staff, at the child development centre, Sandy Lane in Warrington told us that there was a recent breach in waiting times, beyond 18 weeks due to a lack of suitably qualified staff.
- Other high risks included: 'Children do not receive high standard of care within appropriate timeframe' for children's complex needs team in Wigan and 'Commissioned Immunisation programme potentially unable to be delivered' for St Helens school nursing.
- In Warrington, there was a pilot scheme with a primary school to support, for pupils who need extra support with transition to secondary school. In addition, each school had a 'drop in' service available for pupils to speak to the school nurse responsible for the school. Personal, social, health and economic (PSHE) education was also offered as well as emotional health and well-being support. These were publicised in school newsletters and posters.
- The trust collected key performance indicator (KPI) data for the Healthy Child Programme quarterly for the school nursing service and from health visiting. For January to March 2016, in Warrington, St Helens, Halton and Wigan targets were generally achieved, in health visiting, except for the percentage of children who received a 12 month review, in Warrington. There were 74% of children that had received a review in this quarter (the target was 85%) although this had increased from 50% the previous quarter following the implementation of an action plan. For school nursing, in Halton, between September 2015 and February 2016, each school had a named nurse and weekly drop–in sessions available. However, availability of resources had meant that planned public health programmes could not be completed. In Warrington, for 2015/16, all

Requires improvement

Are services responsive to people's needs?

schools included named nurses and weekly drop–ins with targets exceeded in areas that included support for smoking cessation, healthy weight programmes and emotional health issues.

Learning from complaints and concerns

- From the last inspection, it was noted that information for parents was available. However, there was a lack of child–friendly feedback leaflets. We saw that patient advice and liaison service(PALS) leaflets were displayed in areas we visited. However, they were not child-friendly.
- The trust complaints system included 16 complaints between April 2015 and March 2016 that were resolved between 26 and 44 days. In addition there were 459 'liaison' (liaison is when the enquirer asks us to liaise with the service to resolve their concern) and 28 'general concerns' (general concern is when the enquirer would like to make a complaint but is happy to have their concerns dealt with informally. This involves speaking with the service manager.' These were related to parents / guardians, in St Helens, either trying to book an appointment for their child or requests for repeat medication.

Requires improvement

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 community services for children, young people and families as 'requires improvement' for well-led because;

- The timescales put in place by service leads for the implementation of an action plan for the children, in St Helens, who had transferred from a neighbouring trust, led to delays in the care and treatment of these children.
- A number of changes in the capacity of some services resulted in challenges in the management of recently acquired services.
- A risk register was in place although many of the risks were overdue dates for reviewing.
- There was no individual vision or strategy for children's services or evidence for Bolton and Southport.
- There was no representation for children and young people on the trust board.
- There was a limited amount of public engagement.

However;

- There were governance processes in place with a clear management structure.
- Monthly dashboard reports were provided to the executive team.
- Staff felt supported by their managers and an 'open door culture'.
- There was good team working and commitment.
- Senior management had provided a range of staff engagement activities.

Service vision and strategy

- There was no single vision and strategy, across the trust, or specific for children and young people, although; there were five year 'operational and strategic plans' for individual boroughs, for all community services, to fulfil the requirements of different NHS clinical commissioning groups (CCG's.), that included the boroughs of Wigan, Warrington, Halton, St Helens Bolton and Oldham. Each plan included a commitment to provide safe and quality care to patients. There was no strategy seen for Southport.
- The trust ethos was patient centred with an emphasis on prioritising patient care. They aimed to "improve local health and promote wellbeing in the communities."
- Staff were consulted regarding the trust's five year strategy and 100 attended the 'vision into action' event in July 2015. There was also an online forum for values and strategy.
- Staff we spoke to were not always clear about the trust's vision and strategy, particularly in Oldham as this borough had joined the trust recently in April 2016. Staff there reported 'business as usual' at the moment. In other boroughs, staff reported a vision of providing safe and effective care.

Governance, risk management and quality measurement

- There were governance processes in place with a clear management structure. However, there had been a number of changes in the capacity of some services and challenges in the management of recently acquired services.
- There were staffing shortages for paediatricians, in St Helens and therapists in Warrington highlighted that had coincided with an increase in caseloads.Services for children and young people were discussed at monthly borough, operational group and clinical governance meetings as well as children's directorate management team meetings.
- Each borough provided a monthly integrated quality and performance report to the trust management that included health indicators and a colour coded dashboard system.
- A 'generic concise risk assessment template' was available for staff to complete in each borough.
- The trust maintained a risk register report that, at the time of inspection, included a total of 169 risks for children and young people. Of these 26 were rated as high risk, 96 as moderate risk and 47 as low risk. There were 32 risks that were overdue their review dates that included a risk with a review date of 26 June 2014. Each risk included the controls in place and assurance of the controls recorded.

Requires improvement

Are services well-led?

- The St Helens development plan was provided that highlighted medical recruitment as a challenge as well as the management of children on medication resulting in capacity demands leading to delays in appointments. The concerns were highlighted in the governance meeting on 3 March 2016 that included an estimated time of completion of 12 to 18 months. This was discussed during the inspection. An action plan was agreed with trust management and implemented to manage the backlog in the reviewing of these children including medication. Weekly updates were provided by the trust with a revised timeline of 31 July 2016 agreed.
- Staff were concerned that key performance indicators were not achievable in some boroughs as they relied on other services.

Leadership of this service

- There were clearly defined and visible leaders within individual borough services. Staff reported that managers were very supportive at a local level. However, not all staff felt supported by senior managers or were recognised for their hard work.
- Staff, in Warrington, told us that members of the senior executive team had attended team meetings and felt there was good communication at all levels. However, there was no board representation for children and young people.
- There was an 'open door' approach, for line managers, in areas we visited as well as being very visible and approachable.
- There were monthly meetings for team leaders across the boroughs. Information was disseminated to individual teams either verbally or electronically.
- A stakeholder reported about the excellent leadership and relationship with the school nursing service who supported school age immunisation and childhood flu programmes.

Culture within this service

- Senior managers reported that "We communicate clearly to develop relationships based on mutual trust and respect." However, some staff reported that they had not been consulted regarding changes to some services in some boroughs.
- There was an open and transparent culture that encouraged the reporting of incidents in order to learn from them and improve quality for people in the boroughs. Staff reported good team working and a sense of pride serving their local community.
- Many of the staff we spoke to had been employed for several years at the trust and demonstrated strong commitment. Staff expressed a sense of pride in their work and felt there was good team working within the boroughs.
- One of the therapists told us that: "a lot of good does happen..constantly aware of maintaining high standards and keeping the child at the centre…no complacency. Despite everything we maintain all the governance…team meetings physiotherapists and occupational therapists work together really productively."

Public engagement

- Public engagement was mainly feedback gained from the friends and family test information.
- There were 'listen 4 change parent / carer information days, in St Helens in June 2015 and January 2016, that included representatives for the local authority and charities as well as health providers.
- There were public health events planned, in the Warrington borough, with themes including child safety and dental hygiene.

Staff engagement

- Following the staff survey, the trust developed an action plan to address a number of issues. The survey was trustwide, therefore meaning managers were not able to assess in which services the concerns were highlighted.
- The trust used the 'listening into action' (LiA) approach to engage with staff. They held 'big conversations' with some teams and also 'director drop-ins'. There were also 'open space' events where the chief executive led sessions for any staff member to attend and participate in a variety of locations across the boroughs. Team brief sessions were also held and delivered by other members of the executive team.
- In each area we visited, staff had experienced changes over the past year due to restructuring. However, staff did not always feel consulted.
- Staff attended team meetings, within localities of boroughs and received trustwide information via a weekly newsletter or emails.

Requires improvement

Are services well-led?

- Staff had attended an 'interaction event' at a local conference facility.
- Health visitors and school nurses, in Oldham and Bolton, had attended induction days prior to the start of services in April 2016. They felt included by the trust despite not being clear about the model of care going forward. Workshops were planned in order to be informed about future plans.

Innovation, improvement and sustainability

- The trust encouraged innovation as a way to: "embrace new ideas to deliver improvements in patient care...We use our resources wisely to ensure quality patient care and value for money."
- In April 2014, a report for the commissioning for quality and innovation framework (CQUIN) project, in Warrington, collected and evaluated a large amount of data which suggested that direct interventions with children and young people with autistic spectrum conditions produced positive outcomes for their emotional health and wellbeing. Solution focused intervention took place in 2014/15 as a pilot programme with positive outcomes.
- Clinicians have commissioned a team to develop a telephone application for the 0-5 service for parents to use with their children to prepare them for school. The application was featured at the CPHVA conference and was nominated and won a Journal of Health Visiting award.
- An innovation within the Parallel, Bolton, has been around the delivery of healthcare to vulnerable young people involved with local authority (LA) services. Named nurses attend team meetings, have regular on site health sessions and ensure that health is seen as an integral part of the LA service rather than a separate entity. Working directly with the teams to help the workers 'spot' health issues early in their clients and facilitate referrals. This supports integrated care and increases positive outcomes for the young people.
- There had been significant changes to the service that included the addition of Bolton from December 2015 and Oldham, in April 2016. However, there was some uncertainty, for groups of staff, about services in other boroughs that were planned to change.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider must ensure all children's treatment plans are reviewed and assessed in a timely manner**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.