Rotherham Doncaster and South Humber NHS Foundation Trust

RXE

Community health services for children, young people and families

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXE00	Trust Headquarters		

This report describes our judgement of the quality of care provided within this core service by Rotherham Doncaster and South Humber 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 Rotherham Doncaster and South Humber NHS Foundation Trust and these are brought together to inform our overall judgement of Rotherham Doncaster and South Humber NHS Foundation Trust

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

The trust had appropriate risk reporting structures in place. The trust investigated and reported incidents in line with an appropriate policy. We saw evidence of the service sharing learning incidents with staff. There were safeguarding systems in place to ensure children and young people were protected from harm. Staff were knowledgeable and experienced in the safeguarding of children and young people, and in responding to patient risk. Staffing levels and caseloads were broadly appropriate for the service being delivered and were in line with commissioned levels. Where shortages in staff were identified this was raised with the local commissioning service to request additional resources.

Staff received mandatory training, although it was not clear whether all staff were up-to-date with their mandatory training. This was due to a discrepancy between data provided by the trust and local data shown to us by managers. There was a broad awareness of the principles of duty of candour and an appropriate policy was in place. Only management level staff had received full training on this at the time of our inspection.

Staff practiced evidenced based care and treatment. The service used technology and telemedicine to keep in touch with potential service users, including those in hard to reach groups. There was good evidence of multi-disciplinary working within the trust and with local networks. Staff were aware of the principles of consent, and we observed them practicing it during their work. There were also clear and easily accessible referral routes into services. We heard good examples of transition planning for children moving between the health visiting and school nursing service.

The trust was not meeting some targets set by NHS England for this year and its Commissioning for Quality and Innovation (CQUIN) target for breastfeeding. However, the service had identified these issues and mitigating action was being taken to address them. There were variable levels of staff appraisal rates throughout the service. It was not clear whether all staff were up-to-date with their appraisals. This was due to a discrepancy between data provided by the trust and local data shown to us by managers.

We spoke with children, young people and families, and observed care taking place. We found evidence that staff practiced compassionate care and provided emotional support to children, families and other professionals. People who used the services told us they felt involved and understood the care and advice offered to them.

The trust planned and delivered services that met people's needs and were responsive to the changing needs of the local population. It also used innovation in care to meet the needs of local population and hard to reach groups. This included ensuring additional resource was available when the service noted low breastfeeding uptake. This took into account equality and diversity needs and the needs of people in vulnerable circumstances. There was full access to translation and interpretation services, and links with new migrants to the area and the local lesbian, gay, bisexual and transgender (LGBT) community.

Services were easily accessible and children and young people could access services in a variety of ways, in a manner and at a time to suit them. We saw examples of learning from complaints. This included the use of action plans to inform improvements.

There was a clear vision within the service that focused on innovation and placed the patient at the heart of services. Leadership was not a top down process and staff of all levels showed leadership within services. There was a system in place for the local and corporate management and leadership of the children, families and young people's service. There were systems in place for linking governance, risk management and quality measurement at service level and at board level. We saw examples of how this information was also cascaded to staff.

There was a positive and responsive leadership supported by an open culture. Leaders supported and empowered staff to drive improvements and to develop. There was extensive evidence of engagement with both the public and staff, and we saw clear examples of staff and public feedback and interaction used to drive and improve services. There were many examples of innovation aimed at increasing access to services and educating children, young people, and their families.

Summary of findings

There were systems in place to ensure improvement and sustainability. We saw good examples of evaluations of projects taking place to ensure that the service understood and could learn from its successes and failures.

Summary of findings

Background to the service

The children's and young people's service covered any services provided to babies, children, young people and their families. This included services provided in a child's home, community clinics, drop in centres or schools. The services included:

- Universal health services and health promotion (such as health visiting and school nursing).
- The provision of family nurse partnership and looked after children's teams.
- Community nursery nursing and family health practitioners.
- Delivery and coordination of specialist or enhanced care and treatment. This included specialist nursing services, therapy services and community paediatric services. These services provided and coordinated care and treatment for children and young people with long-term conditions, disabilities, multiple or complex needs and children and families in vulnerable circumstances.
- Community sexual health services for people of all ages.
- There was a liaison service provided at the local emergency department at the Doncaster Royal Infirmary, and a child exploitation nurse who worked with partner agencies.

Two inspectors and three specialist advisors in the field of children, young people and families conducted the inspection. We spoke with 60 members of staff, 14 parents of children, 3 young people, 2 teachers and reviewed 18 sets of health care records. We also observed care in 9 different clinics, two schools, and went out with community staff to visit patients in their homes.

Our inspection team

Our Inspection Team was led by:

Chair: Philip Confue, Chief Executive of Cornwall Partnership NHS Foundation Trust

Head of inspection: Jenny Wilkes, Care Quality Commission

Team Leader: Cathy Winn, Care Quality Commission

The team that inspected community health services for children, young people and families included: two CQC inspectors, a school nurse and health visitors.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, 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 the inspection visit, we reviewed a range of information we hold about these services and asked other organisations to share what they knew.

Summary of findings

During the inspection visit, the inspection team spoke with 60 members of staff, 14 parents of children, three young people, two teachers and reviewed 18 sets of health care records. We also observed care in nine different clinics, two schools, and went out with community staff to visit patients in their homes.

What people who use the provider say

Between January 2015 and September 2015, the trust had received 227 patient responses to the friends and family test. This showed an average monthly score of 94% of patients recommending care.

We spoke with children, young people and families. We found evidence that staff practiced compassionate care and provided emotional support was to children, families and other professionals. People who used the services told us they felt involved and understood the care and advice offered to them.

Good practice

- Development of local education and health aids, including 'pants on the line' (a tool to educate about inappropriate sexual contact) and the clinic in a box (a sexual health kit that could be collected by young people and taken away).
- The development of a system called 'Roots of Empathy' which involved working with primary school children to build empathy and to prevent bullying. The system involved introducing a baby into a primary school class. We were told that evidence from Canada had shown that it reduced the level of bullying. The initiative had been funded by NHS England.

Areas for improvement

Action the provider MUST or SHOULD take to improve

The trust should take action to ensure that local training and appraisal records are reviewed to ensure that trust wide training and appraisal data is accurate.

The trust should take action to engage with the local acute trust to ensure that data being used to plan health visits to new mothers is accurate and communicated in a timely manner.

The trust should review how they manage and measure caseloads for health visitors and school nurses.

The trust should continue to take action to meet its target in regard to breastfeeding.

Action the provider COULD take to improve

Rotherham Doncaster and South Humber NHS Foundation Trust

Community health services for children, young people and families

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated the service as good for being safe. The trust had appropriate incident reporting structures in place. The trust investigated and reported incidents in line with an appropriate policy. We saw evidence of the service sharing learning incidents with staff. There were safeguarding systems in place to ensure children and young people were protected from harm. Staff were knowledgeable and experienced in the safeguarding of children and young people, and in responding to patient risk. Staffing levels and caseload were mainly appropriate for the service being delivered and were in line with commissioned levels. Where shortages in staff were identified this was raised with the local commissioning service to request additional resources.

Staff received mandatory training and appraisals, although it was not clear whether all staff were up-to-date with these. This was due to a discrepancy between data provided by the trust and local data shown to us by managers. All staff had an awareness of the principles behind the duty of candour and an appropriate policy was in place. However, only management level staff had received full training on this at the time of our inspection.

Incident reporting, learning and improvement

- The service reported 195 incidents between March 2015 and September 2015. The most common incident report concerned 'Issues with other agencies'. This included issues around sharing information and contacting other providers. We saw examples of issues being raised with commissioners and local agencies, such as access to new birth data being raised with the local acute trust.

Good

Are services safe?

- We saw good examples of managers following up incidents and appropriate action being taken to ensure that they alerted appropriate staff to incidents and their outcomes. This included e-mailing alerts to staff via the electronic reporting system.
- The service reported no serious incidents involving care they provided, and recorded no incidents that the service considered to have caused anything in excess of moderate/non-permanent harm between March 2015 and September 2015.
- All staff we spoke with were aware of how to report incidents via the trust's electronic reporting system. An appropriate incident reporting policy was in place. Once they were reported, the electronic system flagged incidents with managers.
- The service shared feedback from incidents at team meetings and one to one meetings with relevant staff members. Managers told us that they shared outcomes of incidents with the reporting staff via the electronic record system. One manager told us that they were uncertain that this function was working, so they routinely emailed their staff with these details as well. Staff told us that they received feedback on incidents via the electronic record system or via e-mail.
- We saw evidence that the children and young person's service considered learning from incidents throughout the trust. The service discussed learning from incidents and this was cascaded to staff via team meetings.
- We heard of examples of learning from incidents. For example, managers responsible for the specialist nursing service told us about an incident involving the removal of sutures that had been inserted using a new technique. This had led to staff undergoing training in to remove the particular type of suture.

Duty of Candour

- The duty of candour was introduced is 2014 to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- Staff we spoke with understood the principles behind the duty of candour and explained the need to be open and honest with patients and their families.
- Junior staff were not able to give examples of its use in practice. There had been no recent incidents where use of the duty of candour would have been appropriate. Staff told us that the trust had not yet rolled out duty of candour training to all staff.
- Management staff we spoke with had received training on the duty of candour and were more familiar with the requirements the trust had to meet.
- The trust had a policy in place concerning the duty of candour. The trust's incident reporting policy also referenced the duty of candour and directed staff to the policy.

Safeguarding

- The trust had a comprehensive and up to date policy in place for child safeguarding. This included details of how to consider and raise concerns both in and out of hours. Policies and procedures were in line with HM Government guidance 'Working Together to Safeguard Children' (25 March 2015).
- The trust employed a child sexual exploitation nurse who worked as part of a multi-agency team that also included the police, social services and the Barnardos charity. They were responsible for providing care and support to children and young people who had been victims of child sexual exploitation and delivering training to the health and multi-agency team.
- The trust's target was for 90% of all staff to have completed safeguarding level 1 training. Trust data showed that only three staff groups in the children and young people's service had completed children's safeguarding level one training (North Lincolnshire school nursing, North children's area manager, and North children's play bus).
- Higher level safeguarding training was required for certain job roles.

Good

Are services safe?

- Statistics showed that 13 of 38 staff groups identified had lower than 90% compliance with the recommended safeguarding training levels. However, front line staff that required safeguarding level three training had achieved, 85% compliance against a 90% target.
- All staff and managers we spoke to reported having up to date level three safeguarding training in place. Management staff showed us local training records confirming that staff had received this level of training. This meant that there was a risk that the trust was not accurately recording training.
- Level three safeguarding training was provided in conjunction with the local authority.
- Staff we spoke with were knowledgeable about safeguarding procedures and were able to give examples from their own experience. There was also regular safeguarding supervision available. This allowed staff to share practice and learning. We saw this recorded in staff records.
- Health visiting and school nursing staff we spoke with told us they received safeguarding supervision at least once every three months. This was in accordance with the trust's supervision policy which stated that safeguarding supervision should take place at a minimum once every four months. However, the timeframe set out in the policy was a longer time-frame than that described in the NHS England "Health service specification", dated March 2014, which stated that supervision should occur at least once every three months.
- All staff we spoke with were aware of the safeguarding process and knew how to raise concerns with senior staff in accordance with the policy.
- We saw minutes of the last three South Yorkshire safeguarding children's board minutes. This showed that appropriate trust staff attended and were engaged in the local safeguarding network.
- The trust's domestic abuse policy highlighted issues in regard to female genital mutilation and actions staff should take in this regard. Training on this topic had also been introduced and governance minutes reflected that staff found this to be a useful tool. No figures were available to show the percentage of staff that had completed this training.
- The service had introduced a system for the concentration of the management of safeguarding issues in a specialist team of health visitors and school nurses. Their role involved caring for children at risk, and taking part in the investigation and resolution process in liaison with social services. This included attending safeguarding case conferences. Staff focussing on this work were identified to carry a separate caseload. However they remained part of the wider service in order to support sharing and learning around specific knowledge.

Medicines

- We checked the storage of vaccinations at the Sandringham Road site and at Project 3. Medications were stored in a locked room, in lockable fridges. Medications were in date and we saw good examples of stock rotation taking place.
- At Heatherwood School, the medicines fridge had broken on the morning of our inspection. Staff had reported this to maintenance that morning and were using a portable refrigeration unit to maintain medicines temperatures.
- When staff took vaccines into schools or to other sites, staff had access to portable refrigeration units. These were kept on staff at all times when off site. They had the ability to plug into car systems and mains electric to maintain the cold chain. They also provided electronic tracking facilities to ensure temperatures were monitored.
- We saw evidence of fridge temperatures being recorded on a daily basis. The recorded temperatures were all at the correct levels.
- We saw evidence that patient group directives were in use. These were up to date and were readily accessible to staff.

Environment and equipment

- The trust did not own or manage the locations used by the health visiting and school nursing service that we visited. The clinic rooms used at these locations were appropriate for seeing mothers and babies, and young people. The service had carried out portable appliance testing (PAT) and appropriate signage was in place. At two of the eleven locations we visited, the PAT stickers were out-of-date.

Good

Are services safe?

- All staff we spoke to told us that they had access to the equipment they needed. Staff had access to smartphones and computers for offsite working. They reported no problems with this equipment.
- The trust used medical device link for staff to log new devices in their area, to log any changes to equipment, and to upload service dates for equipment. The database sent each staff member a monthly email to show any items overdue for service, and items due in the next month.

Quality of records

- We reviewed 18 records on the electronic "SystmOne" database, spread across health visiting, school nursing, and Project 3. Staff had appropriately completed records with client details and demographics, clinical information, and interactions with staff were fully documented. All were of a good quality and in line with professional guidance. They contained factual and comprehensive patient information.
- We saw that records were audited in a number of ways. The service was involved in the annual trust record audit. The service also conducted thematic audits of records, such as a recent audit to consider if records reflected the child's voice. Managers told us that this had resulted in changes to clinical recording systems templates to help prompt staff to consider the child's voice.
- We saw clinical and administrative audits taking place within the service. We also saw examples of administrative audit, such as audits of scanned records to ensure that the scan accurately reflected the paper medical record received.
- Record audit also formed part of clinical supervision with colleagues and we saw evidence of this occurring.
- Staff told us that the school nursing service completed records electronically at the time of a child's appointment. Staff then showed the record to children to confirm they agreed with it. We saw examples of this in practice.
- Project 3 adopted the same practice and had the ability to allow children and young people to decide whether they wanted a record of their appointment to be available on the electronic system or whether this should be marked as private (where only the service could access it).

Cleanliness, infection control and hygiene

- We observed health visitors and school nurses using appropriate hand hygiene precautions, including washing their hands, when they provided care.
- We saw evidence that appropriate hand hygiene and infection control audits had taken place. Hand hygiene champions were also in use at the trust.
- The premises we visited were clean, with infection control and hand hygiene advice and instructions were displayed for staff and visitors.

Mandatory training

- The trust's target was for 90% of staff to have completed mandatory training. This target was met in three areas within the children and young people's service (play bus, East children's ANP, and North children's area manager). On average, 78% of staff were recorded as completing all mandatory training.
- All staff and managers we spoke to explained that mandatory training was up to date. Managers reported problems recording this in the trust's electronic system. We saw details of local logs kept by managers showing mandatory training compliance for their staff. These showed higher levels of compliance than the statistics provided by the trust. This meant that there was a risk that the trust's data was inaccurate and that it could not accurately show the number of staff that had completed mandatory training.
- All staff we spoke to were aware of how to access training via electronic learning. This provided prompts and allowed staff to know when training needed to be completed. Management staff could also access this record.
- The trust explained that it had sent a communication to staff informing them that they need to ensure they are up to date with their mandatory training. The electronic training record also had the facility to provide update e-mails to staff to highlight when training was due to be completed. Staff explained that they would receive an electronic reminder if training was not complete.

Good

Are services safe?

Assessing and responding to patient risk

- The CQC reviewed health services for Looked After Children (LAC) and safeguarding in Doncaster between 8 and 12 September 2014. Across the health communities, the report made 19 recommendations. Five of the recommendations relate specifically to the trust. We saw evidence that appropriate action was completed, or ongoing, in order to comply with the action points contained in our report.
- The tuberculosis nursing service had focused its efforts on new entrant screenings to high-risk groups and new entrants from sub-Saharan Africa. This allowed it to respond to the most at risk groups.
- The trust risk register noted that the school nursing service had problems with wireless internet access in certain schools. This meant that there was a risk that staff could not access patient records. Staff we spoke with explained that this was a problem in a couple of school sites. The service had taken mitigating action to respond to the risk. This included being able to download patient records to laptops before visiting the school and seeking IT solutions with the schools involved.
- The service recognised at risk patient groups. The special school nursing service had deployed additional nursing staff to one of the schools in response to the complex clinical needs of the students.
- Staff told us that children not in school did provide a challenge and were at risk. To respond to this, the trust had been working with the local authority to consider how to access these groups. This included the use of the 'Health Bus' during the summer to promote immunisation to these groups.

Staffing levels and caseload

- The majority of the staff groups were fully staffed in the children and young people's service. Data provided by the trust prior to our inspection showed that there were staffing shortages in children's family support workers (35%), administration team (28%), smoking in pregnancy (25%), project 3 (20%) and school nurses (12%). This was higher than the trust average vacancy rate of 8.33%.
- Project 3 and school nursing were going through a tendering process with local commissioners at the time of our inspection and staffing vacancies were subject to the outcome of this process.
- We saw evidence that the service calculated staffing ratios in accordance with local population and demographic information. This was logged and recorded in a spreadsheet based acuity tools and in tender documents. Examples of this included staffing for health visiting, community nursery nursing, and school nursing.
- Data provided by the trust showed that there were 35 school nursing staff in place to serve a local population of around 42,000 school aged children in Doncaster and approximately 23,000 school aged children in North Lincolnshire. This total included seven special school nurses, 21 public health qualified school nurses, four Band 7 school nurses, and four community specialist nursing students.
- The school nursing service used a designated nurse for each 'pyramid' of schools. This incorporated the local primary schools that fed into a named secondary school. This allowed the school nurses to develop close links with the school, young people, and parents. They were active in attending school meetings and events.
- Staffing levels set out by the Royal College of Nursing guidance and the Department of Health white paper (Choosing Health, 2004) state that one full time public health qualified school nurse (SCPHN) for every secondary school and its cluster of primary schools with additional qualified school nurses or community staff nurses according to health need. The trust did not meet this level of staffing. Staffing was in line with commissioned levels and we were told that Band 5 staff were allocated to assist school nurses who may carry more than one school 'pyramid'.
- Staffing at The Warren Nursery was in line with OFSTED ratios.
- As of September 2015 there were 59.79 whole time equivalent (wte) health visitors in post against an establishment of 60.20 wte. With regard to nursery nurses there were 28.92 wte in post against an establishment of 29.01 wte.

Good

Are services safe?

- At the time of the inspection we found that health visitor caseloads were in line with Lord Laming's recommendations in; "The Protection of Children in England: A Progress Report" (March 2009), which stated that there should be caseloads of under 400 children. They were also in line with the "National Health Visitor Plan 2011-2015" and staffing guidance from the Royal College of Nursing guidance: "Defining staffing levels for children and young people's services"; RCN: 2015).
- The trust's "Health visitor workforce development plan 2014 – 2015", described how caseloads and workforce were developed in line with local population needs and local authority boundaries.
- The Family Nurse Partnership had a maximum caseload of 25 families per nurse. The workload, which was covered by eight family nurses and two supervisors was commissioned on the basis that they would serve 25% of the eligible population; the eligible population being teenage mothers having their first pregnancy. The members of the team we spoke tofelt the workload was satisfactory and that new nurses would start on a lower caseload with client recruitment increasing alongside training Caseloads for the epilepsy nurse specialist in Doncaster were approximately 250 children against a Royal College of Nursing target of 150. The local clinical commissioning group (CCG) had commissioned a new nurse specialist for the Bassetlaw area. Restrictions on the staffing available were dependant on commissioning from local CCGs and the trust had made them aware of caseloads within the service.
- All staff we spoke with felt busy, but able to handle the workload they had. Managers explained that they felt that services were safe and they were broadly happy with the staffing levels they had.
- The trust's average sickness rate was 5.75%. In the children and young people's service, the only area with a sickness rate above this level was Project 3 (6.72%) and the lowest areas achieving 0% (North children's area manager, South children's area manager, and special school nursing). The average overall sickness rate for the children and young people's service was 3.5%

Managing anticipated risks

- The trust had a lone working policy in place to help mitigate against any risks to staff. All lone working staff we spoke to explained that there was a process in place so that visits were risk assessed and challenging families could be flagged on the electronic system.
- Staff could attend visits in pairs. To maintain this, we heard that staff from other areas of the service would support each other to ensure safe visiting numbers. Staff kept details of visits in their ledger so that other staff could identify where they were .They also used buddy systems and text updates to confirm that they were safe.
- Staff carried mobile phones in order to keep in contact with colleagues when out of their base. They had also received security training related to their off-site working duties.

Major incident awareness and training (only include at core service level if variation or specific concerns)

- The children and young people's service had a major incident policy in place. The service displayed the policy in sites we visited and this was easily accessible.
- Staff were aware of how to locate the policy and that this contained details of how to handle different types of service disruptions.

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 the effectiveness of the service as good. Staff practiced evidenced based care and treatment. The service used technology and telemedicine to keep in touch with potential service users, including those in hard to reach groups. There was good evidence of multi-disciplinary working within the trust and with local networks. Staff were aware of the principles of consent, and we observed them practicing it during their work. There were also clear and easily accessible referral routes into services. We heard good examples of transition planning for children moving between the health visiting and school nursing service.

The trust was failing to meet some targets set by NHS England for this year and its Commissioning for Quality and Innovation (CQUIN) target for breastfeeding. However, the service had identified these issues and mitigating action was being taken to address them. There were variable levels of staff appraisal rates throughout the service. It was not clear whether all staff were up-to-date with their appraisals. This was due to a discrepancy between data provided by the trust and local data shown to us by managers.

Evidence based care and treatment

- In both the health visiting and school nursing service staff followed The National Institute for Health and Care Excellence (NICE) guidelines.
- We saw that the TB nursing, diabetes nursing, and epilepsy nursing service all based their policies and procedures on relevant NICE guidance.
- The TB nursing service was undertaking new entrant screenings in line with NICE guidance.
- Staff used NICE guidance to help develop information for patients provided in an asthma smartphone application.
- The looked after children service provided care based on the Department of Health and Department for Education document; "Promoting the health and well-being of looked after children" (2015). This provided statutory guidance on the planning, commissioning and delivery of health services for looked after children. They also relied on NICE quality guidance: "Looked after babies, children and young people" (refreshed May 2015).
- The school nursing service delivered the 5-19 Healthy Child Programme (HCP). The HCP model provides universally-accessible support services, with enhanced access for those with higher or more complex needs who require special or targeted support.
- For the last three years the health visiting service had used an evidenced based tool called 'ages and stages' to assess and plan care. Results of an 'ages and stages' client questionnaire were used to inform a 'post-natal promotional guide' and the provision of early feeding contact within 48 hours of birth. The service audited this on an ad-hoc basis by an audit of records.

Technology and telemedicine (always include for Adults and CYP, include for others if applicable)

- The children and young people's service had developed their own 'Talking Sense' e-clinic to allow young people (aged 11 to 19) to book an appointment to talk to their school nurse through online instant messaging. The service had found that access to this service was difficult for non-pc users. It was developing a smart phone application to allow access from a wider range of devices. This was due to launch shortly after our inspection.
- The children and young people's epilepsy specialist nursing service included access to free e-learning on its website (via the 'Epilepsy Action' charity). It also included guidance on first aid for seizures in English, Polish and Urdu.
- The school nursing service also offered a text service where children and young people could text a phone number and receive a response. This was in line with the school nursing implementation plan, ' A call to action'. The service had recently bought new software to view and respond to these messages from a computer. Staff explained that this would make it easier to respond to multiple messages.

Good

Are services effective?

- The health visiting service, Project 3, and school nursing service had a Facebook account, which they used to inform people about their services and provide healthcare information.
- Project 3 provided results from certain sexual health screenings via text message to young people.

Patient outcomes

- The diabetic nursing service team minutes showed that they discussed demographic information and patient outcomes, and recorded these at team meetings to determine ongoing priorities for the service.
- The school nursing service delivered the National Child Measurement Programme (NCMP) and the school entry screening programme. They were meeting targets for these programmes.
- The trust had achieved accreditation as United Nations Children's Fund (UNICEF) baby friendly stage 3.
- The service carried out audits into the percentage of mothers who were breastfeeding. This showed that at initiation 63.29% were breastfeeding, at contact after 10–14 days this was 27.15%, whilst at contact after 6–8 weeks it was 19.17%. The service was aware that this take-up of breastfeeding was poor and in response had appointed a health visitor to act as a feeding coordinator. Their role was to raise the take-up of breastfeeding to 80% and maintain this level. The trust was also recruiting and supporting volunteers in the local community to increase breast-feeding support for local mothers.
- We saw evidence that the trust was currently meeting its CQUIN targets concerning oral health promotion and supporting the uptake of immunisation for children attending special schools.
- The health visiting service had failed to meet NHS England targets for child visits. Year to date performance for child visits was at 14 days (80%), 6-8 weeks (78%), 12 months (88%) and by the age of 2.5 years (91%). These were below the 95% target.
- The exception report highlighted that this target was impacted on by the number of patients who did not attend or cancelled appointments (for example, the service completed 791 out of 894 visits by 12 months. It recorded 85 cases where patients did not attend or appointments were cancelled). It also explained that the teams had experienced a large amount of late notifications of new births due to problems with a new electronic system used by the local acute trust. The service highlighted that this had a significant impact on performance. The issue was on the risk register and was raised at a provider to provider meeting held July 2015. The service had also made the commissioners aware. The trust also identified that there had been some teething problems with agile working, with staff experiencing difficulty in connecting to electronic systems which had impacted on record keeping and in turn accurate performance data.
- The looked after children's service audited whether the health needs of the children had been identified and actioned. An audit in November 2014 had found that 19 out of 20 health needs had been actioned. The one health need that had not been actioned was actioned by the school nursing service following the audit. The looked after children team carried out these audits on an on-going basis.

Competent staff

- Staff appraisal rates within the children and young person's business division ranged from 25% to 100%. Seven staff groups achieved 100% appraisal rates. Staff groups with low appraisal rates included the advanced nurse practitioners 5-19 (25%), Project 3 (31.25%), and children's family support workers (50%). All staff we spoke with told us they had received their yearly appraisals and managers showed us local records highlighting higher appraisal rates. This meant that they were a risk that the trust's electronic system was not accurately recording staff appraisal rates.
- We saw evidence that appropriate policies were in place concerning clinical supervision and supervision of staff about child safeguarding. All staff we spoke with told us that supervision took place and we saw evidence of supervision being recorded in personal records and through minutes of team meetings andone to one meetings.
- Health visiting staff told us they received regular one-to-one management supervision in addition to yearly appraisals and associated six monthly appraisal reviews. There was also regular clinical and safeguarding supervision. The trust's "Health visitor workforce

development plan 2014-15", recorded that between 95%- 98% of staff had attended clinical and management supervision over the period April 2014 to March 2015.

- Staff we spoke with told us they felt encouraged and supported in the development of their knowledge and skills. Many nursing staff had accessed postgraduate education through the trust to develop specialist skills and knowledge for their roles.
- We found role specific training offered included training in infant massage, and in "Henry" health exercise nutrition for the really young. This training was provided by staff who had undergone 'train the trainer' training in order to deliver the courses to their colleagues.

Multi-disciplinary working and coordinated care pathways

- We saw good examples of multidisciplinary team working within the children and young people's service.
- The diabetes nursing team had access to dietician, medical and psychology support in clinic and these professionals attended team meetings to discuss patient care and team needs.
- A clear care pathway existed for children referred into the school nursing service via the single point of contact. This included an easy to interpret flow chart for staff and guidance to identify which service was best suited to the referral.
- All staff we spoke with were able to access support and advice from other areas of the children and young person's service. For example, the school nursing service told us that they could easily contact colleagues in Project 3 for advice on sexual health issues and that they received supportive responses.
- We saw that pathway leads met regularly to share information relevant across the service. We saw examples of this information then being cascaded to staff in team meetings.
- We spoke with a health visitor who acted as the service's liaison with the local acute hospital, Doncaster Royal Infirmary. They were based in the hospital and liaised with hospital staff in the emergency department, the paediatric wards and outpatients. They covered all patients from birth to age 17. They would review attendances in the emergency department whilst looking into the reasons for missed appointments in the outpatients department.
- We spoke with a child sexual exploitation nurse who was part of a multi-agency team composed of health, police service, social services, and the Barnardo's charity. Their role was to investigate, support victims and resolve issues involving the sexual exploitation of children. They also had links with other agencies; including the 'Doncaster rape and sexual abuse counselling service' and the 'parents against child sexual exploitation' group. They also referred and signposted victims to the trust's Project 3 sexual health service, whilst forensic investigation was carried out by Sheffield Children's Hospital (Sheffield Children's NHS Foundation Trust) and Rotherham Hospital (Rotherham NHS Foundation Trust).

Referral, transfer, discharge and transition

- The school nursing service offered a single point of access via telephone and e-mail for new referrals and a template referral form for practitioners to complete with relevant information.
- There was a good process in place for children transitioning from health visiting to school nursing. Management staff told us that staff handed over the care of children with active cases or protection measures face to face in a one to one meeting. The information from other children was captured in a transition information form, which was passed to the school nursing service.
- The nominated school nurse for a pyramid of schools (primary schools feeding into a named secondary school) ensured that children moving from primary to secondary school had continuity and that staff understood their needs.
- The diabetes nursing service saw young people transitioning to adult care in joint clinics prior to transition. At these clinics, their diabetes nurse was present, alongside an adult diabetes nurse. A paediatric or adult consultant would also rotate attendance at these appointments. This allowed the young person control of the point at which transition would take place and allowed staff t share knowledge between the young people and adult services.
- One staff member we spoke to reflected that there could be some delay in the transition form being completed by health visitors. To improve this situation, the service had formed a working group to consider the transition form and the timeliness of its completion.

Good

Are services effective?

- Referrals between professionals in the health visiting service came in through the trust's electronic record system.

Access to information

- The trust provided access to policies for staff on the trust intranet. All staff we spoke to told us that these were easily accessible.
- We observed copies of relevant professional journals on display in base offices that staff could access for guidance.
- School and specialist nursing staff had access to laptops with wireless and 3G connectivity. These allowed staff to access the trust's electronic record systems remotely. Management staff told us that this had not yet been rolled out to health visiting. In the interim, health visitors would make notes after meeting with clients and then enter them onto the electronic system when they got back to their base.
- The child sexual exploitation nursing service had access to both the social services "Liquidlogic" electronic database, and the trust's child and adolescent mental health services (CAMHS) database. They told us they were in the process of gaining access to the drugs and alcohol services database.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards (just 'Consent' for CYP core service)

- All staff we spoke with were aware of Gillick competencies and the Fraser guidelines. We were given good examples of how staff approached consent in practice. One example included a teenage patient whose parents did not want them to have a vaccine. The teenage patient wanted the vaccine and staff described the process they went through to consider consent, engage the family, and reach the decision to provide the vaccine to the patient.
- Competency appeared as a prompt question in the trust electronic record system and an algorithm existed to assist staff in making decisions on competency.
- We saw evidence of patient consent that had been appropriately taken and recorded.
- During consultations, we saw that staff showed young people their care records to ensure that they agreed that they were accurate. They were given a choice as to whether they consented to the records being stored (so that other providers (e.g. GP) could access them) or whether they would be private to the particular service. Staff then recorded the decision on the electronic system.

Good

Are services caring?

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

Summary

We rated caring as good. We spoke with children, young people and families, and observed care taking place. We found evidence that staff practiced compassionate care and provided emotional support was to children, families and other professionals. People who used the services told us they felt involved and understood the care and advice offered to them.

Compassionate care

- We observed compassionate care being provided to children in clinic settings and in schools.
- Staff engaged with children at their level and took time to listen to their concerns and appropriately communicate treatment to them.
- We spoke with seven mothers at a 'first friends group' they attended with their babies and toddlers. They told us they felt respected as individuals and were treated in a compassionate manner by friendly staff.
- We spoke to two young people at Project 3 who told us they received compassionate and understanding care from staff.
- We also attended another parent group where mothers told us they were cared for in a compassionate manner.

Understanding and involvement of patients and those close to them

- We attended a 'first friends' group at a community centre and observed the care being provided to seven mothers and their babies and toddlers. We saw group conversations as well as one-to-one interaction with staff. We spoke with the mothers who told us that they could ask any questions they wished and were given advice that was appropriate to their individual needs. They all told us that they were involved in the group and went away with an understanding of how to look after their babies as effectively as possible.
- We also attended other parent groups where mothers told us they felt they were involved in their care and the care of their babies.
- Staff in diabetes nurse specialist service explained that they were empowering young people to take more responsibility for their care. This included providing additional education and points of contact via telephone and text message if the young person had any questions.
- The specialist school nursing service discussed care plans with parents and reached conclusions in partnership with them. Parents then signed these off.
- Parent groups had a standing position at team meetings within the nurse specialist service. They did not attend confidential parts of the meeting, but were present for half of the meeting to share views and listen to trust issues. This information was then cascaded by the representative to parent groups.

Emotional support

- Mothers we spoke with at clinics and support groups we visited told us they felt they were given appropriate emotional support by the staff that cared for them.
- We witnessed staff in clinic providing emotional support to patients when discussing their healthcare needs.
- We witnessed staff following up patients who had failed to attend clinic appointments. We listened to staff speak with their parents on the telephone and offer support and advice to overcome any difficulties the parent may have faced in having their child attend clinic.
- Teaching staff at a school told us that specialist nursing staff had offered valuable emotional support to staff following the death of two pupils.

Outstanding ☆

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 the responsive of the service as outstanding. It planned and delivered services that met people's needs and were responsive to the changing needs of the local population. It also used innovation in care to meet the needs of local population and hard to reach groups. This included ensuring additional resource was available when the service noted low breastfeeding uptake. This took into account equality and diversity needs and the needs of people in vulnerable circumstances. There were full access to translation and interpretation services, and links with new migrants to the area and the local lesbian, gay, bisexual and transgender (LGBT) community.

Services were easily accessible and children and young people could access services in a variety of ways, in a manner and at a time to suit them. We saw examples of learning from complaints. This included the use of action plans to inform improvements.

Planning and delivering services which meet people's needs

- The children and young people's service used a 'Health Bus' service to enable health care providers to connect with families who traditionally do not access health promotion advice and activities. Staff used the bus to visit hard to reach patient groups and communities, such as the traveller community and a community centre for asylum seekers.
- We found there had been a move from weighing babies at clinics to the introduction of group meetings at children's centres for mothers and their babies. These clinics were designed to help mothers to make healthy eating choices and were driven by high child obesity rates in the Doncaster area. This change in direction was to parents through the service's Facebook page. However, we spoke with mothers who told us they were unaware of the changes and thought they had been poorly communicated.
- The health visiting service had identified initiatives in high impact areas. These included a campaign to increase breastfeeding rates so that they reached the level of 80% of the relevant local population. In March 2015, breast feeding rates stood at 63%. This reduced to 27% after 10–14 days, and then to 19% after 6–8 weeks. As part of this campaign, the service employed a health visitor as a feeding coordinator to manage the breastfeeding initiative.
- Project 3 provided support and guidance in relation to sexual health, stop smoking, drugs and alcohol, and education intervention and protection. The service had walk in clinics available in Doncaster town centre six days per week and arranged outreach clinics in schools and colleges.
- The school nursing service had developed school based health plans for secondary school. The named school nurse or representative would meet with the school's nominated representative each year to plan activities for the next academic year. School nursing activities were categorised as Universal (offered to all children, young people, families or school settings), Targeted (offered to children, young people or families where a need has been identified) or Commissioned (this allowed schools to choose services that were deemed to be additional to the core offer and agreed targeted offer, such as additional health promotion activities).

Equality and diversity

- The 2014 NHS staff survey reported that 44% trust staff of staff had received equality and diversity training. This is against a national average of 67%.
- Statistics from the trust showed that 93% of staff in the service had up to date equality and diversity training in place at the time of our inspection.
- We heard good examples of staff accounting for equality and diversity in their practice. This included work within Project 3 to link into the local LGBT community and work by specialist school nurses concerning placements for traveller families.
- Access to translation services was available on the telephone as was face-to-face translation services, for people who could not communicate in English. As a drop in service, Project 3 also explained that they could book follow up appointments with face to face interpretation if this was required.

Outstanding ☆

Are services responsive to people's needs?

- There was access to foreign language patient information in most service areas. Project 3 staff told us that they had a limited amount of foreign language information, but could use the telephone interpretation service to help explain information to patients.
- All services reported good access to British Sign Language (BSL) interpreters and the specialist school nursing service provided care, and had strong links, to the local communication specialist college.
- Staff in specialist school nursing and the epilepsy nurses could either use, or had an understanding of Makaton. Makaton is a language programme using signs and symbols to help people to communicate. The specialist school nursing service also showed us examples of comprehensive initial patient assessments accounting for the child's own unique communication styles so that staff could also adopt these.

Meeting the needs of people in vulnerable circumstances

- Project 3 provided support and guidance in relation to sexual health, stop smoking, drugs and alcohol, and education intervention and protection.
- The specialist school nursing service was in the process of completing complex care plans for children in their care. These accounted for a number of different conditions and allowed staff to ensure that the full scope of the child's needs were accounted for and could be monitored.
- The children and young people's service used a 'Health Bus' service to enable health care providers to connect with families who traditionally do not access health promotion advice and activities. Services used the bus for a number of initiatives including immunisation of children not in school and TB screening for asylum seekers.
- The TB service had spoken to sexual health services to set up joint health bus services for asylum seekers. This was in the process of being set up during our inspection.
- The looked after children's service provided a service to children and young people who were in care.
- The family nurse partnership provided care to vulnerable young mothers, and prospective mothers.
- The child sexual exploitation nursing service provided care to children and young people who had been sexually exploited, were being exploited or were at risk of exploitation.

Access to the right care at the right time

- The trust had met its target of 95% of patients being seen by a TB nurse specialist within 18 weeks of referral. It had seen 100% of patients within this timescale.
- Project 3 accepted walk in patients, referrals and could see children and young people at a venue of their choice as long as it was safe.
- The school nursing service's single point of access operated Monday to Friday 8:30 to 17:30. We saw that the telephones were on a loop system so that phone lines were not engaged if one member of staff was on a call.
- The development of the asthma application for smart phones allowed children and young people to access information about their care at any time.
- The out of hours school nursing application and text service allowed children to raise concerns with one of the school nurses and discuss health issues outside of school hours.
- The services had clear care pathways in place with easy to interpret care pathway documents. These were available to staff. This provided clear guidance to staff on the correct service for the identified needs of a child or young person.

Learning from complaints and concerns

- The children and young people's service received five complaints since April 2015. The subject matter of these complaints was varied and did not cover any particular theme.
- All the staff we spoke with told us that complaints and concerns were discussed at team meetings so that learning was shared. However, due to the low complaint numbers we did not see examples of this during our inspection. We did see examples of previous discussions noted in team meeting minutes.

Outstanding ☆

Are services responsive to people's needs?

- Junior staff we spoke with were aware of how to pass on complaints to managers. Management staff were aware of how to investigate complaints and how they would work alongside PALS to do so.
- School nursing staff told us that they often received informal contact from parents about the national template letter that the service sent to parents as part of the National Child Health Measurement Programme. Some parents of children listed as obese found the letter abrupt. To account for this the service had tried to soften some of the language used and tailor the letter more to the local population.
- We saw examples of action plans being used to identify appropriate learning and actions from complaints. We saw examples of eight action plans developed since September 2014. These plans showed what actions were to be taken, the responsible staff member or group, and the timescale in which the action should be completed. None of the action plans included information about whether the action had been achieved, and if not, why this may be the case. This meant that the trust lacked assurance as to whether the identified action was completed.

Outstanding ☆

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 well-led as outstanding. There was a clear vision within the service that focused on innovation and placed the patient at the heart of services. The vision for the service aligned with the wider vision and strategy of the trust and we saw that staff lived these values. Leadership was not a top down process and staff of all levels showed leadership within services. There was a system in place for the local and corporate management and leadership of the children, families and young people's service. There were systems in place for linking governance, risk management and quality measurement at service level and at board level. We saw examples of how this information was also cascaded to staff.

There was a positive and responsive leadership supported by an open culture. Leaders supported and empowered staff to drive improvements and to develop. There was extensive evidence of engagement with both the public and staff and we saw clear examples of staff and public feedback and interaction used to drive and improve services. There were many examples of innovation aimed at increasing access to services and educating children, young people, and their families. There were systems in place to ensure improvement and sustainability. We saw good examples of evaluations of projects taking place to ensure that the service understood and could learn from its successes and failures.

Service vision and strategy

- The service aligned with the trust's vision, values and strategic goals. We found that staff lived the values and there was evidence of staff being empowered to provide progressive, innovative care in line with commissioning partners. This echoed the trust's vision to lead the way in care.
- The staff who worked within community health services for children and young people were aware of the trust's service vision and strategy.
- They were also involved in the development of the vision and strategy for health visiting. All the staff we spoke with were able to describe the development of the service, its vision and its strategy.
- Staff in school nursing and Project 3 had been involved in tendering for services with the local commissioners. This had allowed then a greater understanding and input into the service vision and strategy for these services.

Governance, risk management and quality measurement

- The service had a clinical governance and assurance group. The group met monthly to discuss governance, risk and quality issues. It included all pathway managers, the assistant director, and was chaired by the clinical director for the service. We saw minutes of these meetings. They were comprehensive. We also saw minutes of pathway team meetings where messages from the clinical governance and assurance group had been cascaded to staff.
- There was a system for linking governance, risk management and quality between the service level and the board. A director of community services, to whom the leaders in community health service for children, young people and families reported, represented the service on trust clinical and corporate governance bodies.
- We saw that the risk register contained identified risks within the service. Where the service identified risks, we saw that mitigating action was in place. An example of this was in relation to the trust not being notified of new births in a timely manner. This had been raised with the commissioner and the local trust in order to improve local systems.
- Management staff had access to electronic 'dashboard' information that highlighted key performance information for their service. This included figures for mandatory training and KPIs. This helped them to identify and manage potential risks, and to monitor quality.

Outstanding ☆

Are services well-led?

- The trust encouraged services to form part of local clinical networks so that learning was and benchmarking could take place. All specialist nursing services were part of local networks and met regularly with them.
- The service had developed one page documents to highlight to staff relevant CQUINs, KPI's, our key lines of enquiry, and the 'six c's' of nursing care. This was with a view to staff being aware of the quality indicators for the service. This allowed staff to see clearly the quality indicators expected of them.
- We saw examples of project evaluation being used to measure the impact of services and 'close the loop' on pilot projects. This allowed the service to understand in more detail any risks or improvements in care quality it had achieved. Examples of this included the school nursing project at Hungerhill school which showed the positive impact of having a school nurse on site more frequently.

Leadership of this service

- There was a system of leadership, which linked community health services for children, families and young people. This also linked with the trust's generic community health services. A director who reported to the chief executive and the trust's board and acted as the children's champion led community health services.
- Staff did not feel isolated from the wider trust. They found that the trust took an interest in their work and the chief executive and board members had observed them at work.
- We saw examples of leadership displayed throughout the service. This took the form of staff organising their own work programmes, and contributing to the development of the service.
- Staff we spoke with were complimentary of the services' managers and felt well supported and that managers were part of the team.
- Staff were empowered to become leaders in their own right. We saw examples of junior staff leading on projects (such as the asthma application) and contributing to the vision of the service.
- We saw evidence that the services' leaders met regularly to discuss issues and to cascade information.
- Some school nursing staff we spoke with did feel that there was a disconnect between the service and the leadership in the wider trust. Staff explained that they often felt that the service had to be proactive in bringing itself to the attention of board level staff and that they did not feel like a priority within the trust. No staff we spoke to felt that this negatively influenced the services they provided due to the strong leadership within the service.
- Local managers of the health visiting service attended managers meetings, meetings with the commissioners and locality meetings on at least a weekly basis. These meetings were fed back to staff through team meetings and email correspondence.
- Members of the health visiting and nursery nursing team we spoke with told us that their senior managers were supportive and visible. They told us that the chief executive had visited some of the locations at which the health visitors and nursery nurses were based. The chief executive also communicated with staff through weekly emails.

Culture within this service

- All staff we spoke with were proud to work for the trust.
- Many staff described their colleagues and the team working culture in the service as the best part of their role.
- Staff felt empowered by managers to take ownership of their workload and we heard many examples of staff of all levels being supported to innovate or seek out training opportunities.
- Additional university level training was being accessed by a number of staff and they described a supportive culture towards these studies, including study leave and funding being available.
- Staff we spoke with had a clear understanding of commissioning and a sense of business awareness. Staff told us that they understood the new NHS environment around tendering for community services and the uncertainty this could cause. Managers told us that this was a factor in the staff seeking excellence in their work, to ensure that the service could win tenders going forward. This was evident in the trust recently securing a contract to provide flu vaccinations in Rotherham.

Are services well-led?

- Management staff had linked staff appraisals to our key lines of enquiry and to the 'six c's' to encourage a safe, responsive and caring culture.

Public engagement

- The service had a clear understanding of public engagement and engaged with children, young people, and their families through a number of means.
- The specialist nursing service for diabetes had a parents group. A representative of this group was present for the non-confidential part of team meetings and would cascade information to other parents.
- The service gathered feedback from children accessing services. Examples of this included children suggesting school nurses wear uniform in school and feedback from the 'Active Kids' programme (a programme that encourages healthier and more active lifestyles). Children were asked to rate their experience and we saw evidence of this being considered and used in planning future activities.
- A number of services provided clinics or educational events to the wider community. We heard examples of services provided in schools, colleges, youth centres, and at community centres. This included attending parents' evenings, preparing for talks to school students in assemblies, and attending the local college/university fresher's fair.
- Services had links with the local youth council and took their view on service developments. Project 3 also had links with the Doncaster young people's housing forum as this often included groups that benefited from Project 3 services.
- All staff we spoke with were aware of the 'your opinion counts' form used by the trust. We saw these being used and saw evidence of feedback being considered in team meetings.
- We found that the health visiting service used mothers who had breast-fed their child to encourage other mothers to breast-feed. All the mothers who took part in this initiative took part in a ten-week course organised by the service.
- In accordance with the family nurse partnership licence, young mothers who had been cared for by the family nurse partnership took part in the interviews of prospective new team members. Staff who had gone through this interview process told us that the mothers took a very active part in the interview process. The looked after children team had a journal club that allowed staff to discuss related issues. The young mothers would also attend meetings of the family nurse partnership board, which was chaired by the assistant director for public health.
- Management staff told us that young people who had accessed the school nursing service were used in interview panels to help in appointing new staff. Management staff told us that this was invaluable as young people brought a unique perspective to the process.
- The trust had undertaken the 15 steps challenge in the children and young people's business division, and in the Warren Nursery. The 15 step challenge is a toolkit to help staff, patients, service users and others to work together to identify improvements that can enhance the patient or service user experience. It can also provide a way of understanding patients' and service users' first impressions of a service.

Staff engagement

- The latest NHS friends and family test survey data that 68% of staff would recommend working at the trust and 79% of staff would be happy to receive care. These figures are higher than the England average. Sixteen percent of staff would not recommend working at the trust and 7% would not be happy to receive care. This is fewer staff than the England average.
- The trust generally had low levels of staff leaving the children and young person's service. Many areas had seen no staff leave in the past 12 months. The areas with the highest proportion of staff leavers were advanced nurse practitioners 5-19 (1 from 5; 20%), smoking in families (2 from 7; 28%) and children's family support workers (2 from 7; 28%). This compares to a trust average of 10.65%.
- Staff we spoke with felt engaged by the service. We heard examples from staff of involvement in the tendering process for their services. Staff had been asked to provide feedback on proposals for new tendering processes.

Outstanding ☆

Are services well-led?

- Staff were encouraged to share ideas for improvement to services. Managers gave examples of removing fax machines and ordering cheaper products due to staff comment and awareness. We also saw examples of junior staff being engaged to lead on projects within the department and share their learning with colleagues.
- The chief executive engaged with staff via regularly update e-mails. The school nursing service told us that the chief executive had been out to shadow their services and to engage with staff.
- During the autumn of 2014, the chief executive led a series of sessions to help staff understand what the trust's five year strategic plan means for the areas in which they work and provide an opportunity to share their views and opinions about the changes that staff and services face in the future. Over 250 staff attended the sessions held across the three main localities.
- We found that regular team meetings were held in all areas of the children, families and young people's service. We reviewed the minutes of these meetings and found they were well attended by all grades of staff and there was an open discussion of all issues.

Innovation, improvement and sustainability

- We saw many examples of innovation within the service. There was a culture that supported and sought improvements. All examples of innovation that we saw were aimed at improving the patient journey and allowing greater access to services.
- Examples included:
  - The development of a smart phone application for asthma to help educate children. This was based on NICE guidance and was intended to increase awareness of asthma and reduce the nursing and clinical intervention required.
  - The development of an application to help children access school nursing services out of hours and a text system to access school nursing services.
  - Pilot projects to separate health visiting and school nursing staff functions between safeguarding and public health promotion. This was intended to allow a greater specialty for staff within these areas. Staff remained within the same wider team so that knowledge could still be shared.
  - A single point of access for all referrals into the 0-5 and 5-19 pathways. This allowed a simple access point to services and clear pathways were mapped to allow referrals to be appropriately placed.
  - Development of local education and health aids, including 'pants on the line' (a tool to educate about inappropriate sexual contact) and the clinic in a box (a sexual health kit that could be collected by young people and taken away).
  - The development of a system called 'Roots of Empathy' which involved working with primary school children to build empathy and to prevent bullying. The system involved introducing a baby into a primary school class. We were told that evidence from Canada had shown that it reduced the level of bullying. The initiative had been funded by NHS England.
  - The health visiting service managed a smoking cessation programme for families. As part of this they utilised the services of psychologists who offered cognitive behavioural therapy (CBT) as part of this smoking cessation initiative. Figures provided by the trust showed that the percentage of mothers smoking at delivery had reduced from 22% in quarter one of 2013/4 to 17% in Quarter four of 2014/15.
  - A child sexual exploitation nurse was part of a team from social services and the police protecting children and young people who had been sexually exploited, were being exploited or were at risk of exploitation.
- Many of the innovations were new to the service and there was limited information available to consider the impact of these innovations on service provision. However, where projects had been ongoing for some time we saw examples of evaluation documents to assess the impact on the quality of care and to comment on their sustainability. This ensured that the trust 'closed the loop' and could make an informed decision on whether a project should continue.