South Essex Partnership University NHS Foundation Trust

RWN

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)
RWNY2	Child development centre	Child development centre	MK42 7EB
RWN20	Trust Headquarters	Kempston Clinic	MK42 8AU
RWN20	Trust Headquarters	Valkyrie Road Clinic	SS0 8BU

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

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for community health services for children young people and families as good because:

- All staff showed in depth understanding of safeguarding. There were clear policies and procedures in place which included working with external agencies. A number of children were on protection plans across the service and we saw robust procedures in place to ensure these plans were followed. Governance systems were in place to ensure proper management of medicines. Records we looked at were detailed and evidenced up to date care plans. Evidence was seen of parents being involved in decisions about the care and treatment of their child. Infection control procedures were being followed. There was an individual risk assessment for all patients which was reviewed at least six monthly or at appointments, after incidents or safeguarding concerns.
- We reviewed both electronic and hand held care and treatment records. These were detailed and easy to understand. Outcomes of treatment were measured through education and health care plans which were recognised as good practice and audits were undertaken against the continuing healthcare framework and the healthy child programme.Staff training was completed for most staff. Staff were supported and supervised as per the trust policy. Where informal supervision was happening staff felt supported. There were clear processes for assessing new referrals to all services within the service. Referrals were managed effectively within each service. Staff used the electronic record system to record care interventions. We noted that staff obtained consent from young people or their parents for interventions. Consent to share confidential personal information was documented clearly with a date for review if appropriate.
- Staff showed a compassionate and supportive approach towards children and young people when delivering treatment and care. Young people's dignity was preserved throughout the immunisation clinics and we witnessed children's hygiene needs being managed with dignity. Staff were respectful of children's confidentiality. Staff communicated effectively with children and young people to help them understand what was being asked of them and ensuring they understood their care. We saw that interpreting services were available and information was available in additional languages, staff showed empathy to the difficulties and emotional impact of deterioration in individual's health.
- The most recent Friends and Family test survey resulted in a 100% recommendation rate for this service .The most recent NHS staff survey found that 75% of staff across the trust felt they were able to contribute towards improvements at work.
- The trust had developed effective working relationships with the local authority and other commissioners to assess and meet the needs of the local population. Clear pathways for treatment of complex conditions were in place. The services were based in child-friendly buildings and in locations which were easily accessible to members of the public. There was a patient and carer forum which was pro-actively involved in the planning and development of services for young people. The service was meeting their key performance indicators for referral to assessment times. Waiting lists were monitored through team meetings and managed through a triage system using a risk rating scale. Staff were aware of how to raise a complaint or concern. Lessons learnt from incidents were cascaded to staff through team meetings, monthly emails and group supervision sessions.
- Staff were complimentary and proud of the strength of their management locally and within the individual locations. There was a robust and detailed framework for auditing care provision within the services and this fed into team meetings across the service. There was strong local leadership within the service which was well regarded by all staff. The leaders of the services were visible and approachable and fostered supportive relationships not only within the individual teams but as a whole service.

However:

Summary of findings

- There was a lack of a consistent approach with regards to staff receiving level 3 safeguarding training to ensure patients are kept safe and concerns identified are raised appropriately.
- There was no clear strategic future plan for children and young people's services within the Trust.
- There was no evident clinical leadership for this core service at trust executive level.

Summary of findings

Background to the service

These core services consisted of:

- Health visiting and Family Nurse Partnership.
- School nursing (including for specialist needs).
- Immunisation services.
- Paediatric community nursing services, occupational therapy, physiotherapy, nutrition and dietetics, ophthalmology, paediatric consultants and other specialist nursing services.
- Speech and language therapy services, sexual health service, continence service, a short break service, child and family psychological therapy service, the looked after children team and the UNICEF baby friendly team.

These were provided across Bedfordshire, South East Essex, West Essex and Suffolk.

Our inspection team

Our inspection team was led by:

Chair: Karen Dowman, Chief Executive, Black Country Partnership NHS Foundation Trust

Team Leader: Julie Meikle, head of hospital inspection (mental health) CQC

Inspection Manager: Peter Johnson, mental health hospitals CQC

The inspection team that inspected this service included one CQC bank inspector and two specialist professional advisors and an expert by experience that had experience of using similar services.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

We inspected this trust as part of our ongoing comprehensive inspection programme of mental health and community health NHS trusts.

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 information that we held about these services, asked a range of other organisations for information and sought feedback from patients using the service.

During the inspection visit, the inspection team:

- Spoke with 12 patients who were using these services.
- Met with 12 family carers.
- Reviewed eight care and treatment records.
- Interviewed the managers for each service.
- Spoke with 27 other staff members.

The inspection team attended the following service activities:-

- A speech and language clinic
- Ophthalmology clinic
- Consultant paediatric assessment clinic

Summary of findings

- Occupational therapy clinic
- Immunisation clinics
- Baby clinic
- School nurse drop in clinic
- A health bodies programme session
- Six home visits with the health visiting service
- The launch event of the school nursing programme.

What people who use the provider say

Children and young people told us they were very happy with their care. Parents felt respected and involved at all times in the planning and delivery of care. They told us staff were always willing to help and explained care in simple and effective ways. We had no negative comments about the services provided.

We saw services available including interpreting, sign language services, information was available in additional languages and we were told of a service which was able to create braille versions of school work for young people who needed it.

The most recent Friends and Family test survey resulted in a 100% recommendation rate for the children, young people and family service.

Good practice

- Outcomes of treatment were measured through education and health care plans which was recognised as best practice and audits were undertaken against the continuing healthcare framework and the healthy child programme.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust should ensure consistency with regard to staff receiving level 3 safeguarding training to ensure patients are kept safe and concerns identified are raised appropriately.
- The trust should ensure that a clear strategic future plan for children and young people's services is drawn up.
- The trust should ensure that there is clear clinical leadership for this core service at trust executive team level.

South Essex Partnership University 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 health services for children, young people and families as good for safe because:

- Safety performance was monitored through monthly management meetings within each team. This information contributed to senior management meetings where data collated on the incident reporting system was analysed to identify trends, newly presenting risks and those requiring escalation to the trust's risk register.
- Lessons learnt from incidents across the service and from the wider trust were cascaded to staff through their team meetings and a weekly trust wide email.
- Staff showed an understanding of safeguarding and what was required when reporting concerns. There were clear policies and procedures in place which included working with external agencies. Some staff were up to date with safeguarding training, however, there was inconsistencies with level three training as not all staff in contact with children and young people had undertaken this training. There were a number of children on protection plans across the service and we saw robust procedures in place to ensure that these plans were being followed by staff.
- The management of medicines was governed by a detailed trust wide policy and we saw governance systems in place to ensure proper management of this in patients' homes.
- Care and treatment records were detailed and demonstrated up to date care plans. We saw evidence of families being involved in decisions about the care of their child.
- Staffing levels were managed by the Benson Tool which calculated the number and skill mix of staff required to meet the needs of patients and their families.

Good

Are services safe?

- The trust had a business continuity plan in place to ensure that care could continue to be provided during adverse weather or emergency situations.

Safety performance

- Safety performance was monitored through monthly management meetings within each locality, for example, incidents and missed appointments by young people of concern. This information contributed to senior management meetings where data collated on the incident reporting system was analysed to identify trends, newly presenting risks and those requiring escalation to the trust's risk register.

Incident reporting, learning and improvement

- There was a duty of candour policy in place ensuring service users were kept informed in the event of something going wrong with the provision of care. We saw examples of changing practice as a result of incidents. This included changes made to the reporting methods to improve communication between services after the death of a child receiving care. The report and action plan highlighted the deficiencies in the ability to share information in a timely fashion on the trust's electronic recording system.
- A total of 65 incidents had been reported by this service between 01 May 2014 and 30 April 2015. All of the incidents resulted in low harm (14%) or no harm (86%) to the patient.
- Lessons learnt from incidents across the service and wider trust were cascaded to staff through team meetings and a weekly trust email. Staff described how they would report any concerns.
- Staff were aware of the learning from recent incidents and told us that these were identified for discussion within team meetings and where relevant individual supervision discussions.

Safeguarding

- Staff demonstrated a clear understanding of safeguarding and what was required of them with regard to reporting concerns. There were clear policies and procedures in place which included working with external agencies. Staff training records showed us that they were up to date with safeguarding training. Further training was available for staff to attend where necessary.
- However, there was inconsistency across the service about whether nursery nurses should have undertaken level three training. Some had received training, whilst others who were carrying case loads and were effectively the only staff in contact with children and young people had not undertaken this training. National guidance stated that all clinical staff which includes nursery nurses working with families and children should receive level three training. This was highlighted to the senior manager during our visit.
- All staff, apart from those in the immunisation service, received monthly safeguarding supervision during which all cases were discussed in depth. Liaison with the local safeguarding children's lead ensured cases were considered every month. The service had a designated safeguarding lead who oversaw the management of safeguarding cases across the service.
- There were a number of children on protection plans across the service and we saw robust procedures in place to ensure plans were followed and a procedure to take in the event of the plan not being actioned.
- There had been two serious case reviews and we saw that changes in practice had occurred as a result of this, around communication and time of response to concerns.

Medicines

- The management of medicines was governed by a detailed policy and we saw governance systems in place to ensure proper management of this in patients' homes. This included arrangements for secure transport and storage.
- Recording systems were robust. For example, we saw vaccinations being correctly accounted for in stock records and the good practice of checking details before administering the vaccination.

Environment and equipment

- Two of the services we visited were based in purpose-built buildings with child friendly, easily accessible rooms and communal areas. The Kempston clinic was

based in an older style building. Equipment was being maintained appropriately and was in a good state of repair. Maintenance of the buildings was undertaken by a designated person in each location and we saw evidence of these requests having been raised and addressed in a timely fashion.

Quality of records

- Records were detailed and contained up to date care plans. We saw evidence of parents or carers being involved in decisions about the care of their child. Records were complete, accurate and stored securely on the electronic recording system. Hand-held notes such as those of young children were checked and found to be accurate, detailed and legible.
- Record keeping was in accordance with the nursing and midwifery council guidance on record keeping.
- A monthly audit of electronic care records took place and any issues arising were addressed. For example, an issue raised was the lack of detail in the notes of a vulnerable young person and we saw an increased level of detail across all records as a result of feedback to staff of these findings.

Cleanliness, infection control and hygiene

- Infection control procedures were being followed by staff.Hand gels and other equipment was readily available and in use. There was information available to patients and families around good practice and advice to prevent the spread of infection.

Mandatory training

- 90% of staff had completed mandatory training, including safeguarding, health and safety, infection control and lone working.Due to the geography of the trust, there were some difficulties for staff in accessing corporate induction courses. However, management had arranged for other training to be provided locally such as venepuncture.
- We were told that gaps in the training provision for staff were due to sickness, annual leave or lack of spaces on face to face courses. Local managers had escalated this to the trust. Additional courses had been provided in some cases. Some managers were using their staff meetings as a forum for clinical discussion and learning.

Assessing and responding to patient risk

- There was an individual risk assessment of all patients which was reviewed at least six monthly or at appointments, after incidents or safeguarding concerns.
- Systems were in place to support staff with identifying the early signs of the deteriorating patient. Staff reported positive relations with general practitioners and community paediatricians
- Individual caseloads included patients presenting with elevated risk factors were discussed during management and supervision sessions. There were specific coloured markers used on the electronic record system to highlight patients and or families that were at particular risk. For example due to family circumstances or medical history. Staff told us what each indicator meant and where to find that information on the system.

Staffing levels and caseload

- The service as a whole was carrying both staffing vacancies and long term sickness. Vacancies for qualified nurse posts were 25.3 whole time equivalent (WTE) staff across all of this core service. 502 shifts were covered in the last year by agency or bank staff. The majority were in the immunisation service. Staffing levels were managed using the Benson Tool which calculated the number and skill mix of staff required to meet the needs of patients.
- There was a vacancy rate of 5% within the health visiting team and 30 shifts had been covered by bank or agency staff. There were no shifts that had not been covered.
- Several new staff were due to start in post in September once they had completed their training and there was a recruitment plan to fill the other posts. Staff were aware of the vacant posts but did not express concern about the increased workload on them whilst those posts were being filled. We found no evidence of a negative effect on patient care with children and their families speaking highly of the service for its input and support.
- We noted that all new staff received an initial induction to the service.
- The health visiting team at the Kempston Clinic was affected by long term staff sickness. Management had

combined two area teams and used bank or agency staff to ensure continuity of service and to try and minimise additional workloads and stress on remaining staff.

- Caseloads were arranged differently in each location with a common theme being the weighting of cases with child protection plans and higher risk cases across the staff team. Individual allocation and caseload management was an agenda item for supervision and team meetings. Staff told us they were able to manage their caseloads safely and felt able to raise their concerns to management if the level of their workload presented a risk.
- The speech and language service had identified they were experiencing high caseloads and had instigated a triage system to assess risk and ensure service users were seen accordingly.

Managing anticipated risks

- The service had a business continuity plan in place to ensure that care could continue to be provided during adverse weather or emergency situations. This had been reviewed in June 2015. Management supervision, clinical team meetings and safeguarding supervision were used to assess and identify risks arising during care provision.
- Trust staff took pro-active steps to address the risks of providing clinical care. For example, we saw that physical observations were routinely taken before vaccinations were administered

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 health services for children, young people and families as good for effective because:

- Care and treatment records were detailed and easy to understand. The electronic system contained entries from the multi-disciplinary team. Consent to share confidential patient information was documented clearly on those records inspected.
- We saw examples of national guidance being followed including national institute for health and care excellence guidance and special educational needs and disability guidance for children with complex needs.
- Outcomes of treatment were measured through education and health care plans which was recognised as best practice and audits were undertaken against the continuing healthcare framework and the healthy child programme.
- Staff training was completed for most staff. There were a few staff that required refresher training but these courses were booked. Service managers were using this budget to train up staff to build resilience in the staffing team to cover staff shortages and potential changes in the team structure. There was a comprehensive supervision structure in place. All staff were supported and supervised according to trust policy.
- Referrals were managed effectively, evidenced by the meeting of key performance indicators relating to time frames from referral to assessment and first contact.
- We were shown examples of proactive liaising with adult health services for smooth transfer of care for young people aged 16-18. This included referral into the local acute health services and general practitioners.

Evidence based care and treatment

- Care and treatment records were detailed and easy to understand. The trust electronic record system contained entries from the multi-disciplinary team. Staff confirmed that handovers were detailed. Clear personalised care plans were seen. These had taken into account the views of young people and their family.
- We saw examples of national guidance being followed included assessments and treatment being given according to the guidance provided by with British and Irish Orthotic Society and care interventions based on the latest NICE and special educational needs and disability guidance for children with complex needs. We saw mental health rating scales being used. For example, a vulnerable mother had been assessed using the Edinburgh post natal depression scale. Developmental reviews were undertaken using the "ages and stages questionnaire".

Technology and telemedicine

- Text message appointment reminders were sent to patients. The trust was using an electronic online survey and phone apps to encourage teenagers to design their service and engage with their care.

Patient outcomes

- Outcomes of treatment were measured through education and health care plans which are good practice and audits were undertaken against continuing healthcare framework and the healthy child programme. We noted that the trust reviewed any identified concerns with these audit findings.
- We saw the use of the family nurse partnership outcomes, breastfeeding figures and immunisation statistics to monitor outcomes. South Essex was exceeding the national target for breastfeeding numbers. Immunisation outcomes were measured against NHS England and British Medical Association figures.
- Individual patient outcomes were discussed during caseload management and allocation meetings.

Competent staff

- Mandatory training was completed for most staff including safeguarding, health and safety, infection control and lone working. There were a few staff that required refresher training but these courses were booked. The majority of training was completed as e-learning modules.

Good

Are services effective?

- There was protected time for staff to complete training and staff told us they were able to access training when they needed to. There was a budget for additional training for staff. Service managers were using this budget to train up staff to build resilience in the staffing team to cover staff shortages and potential changes in the team structure.
- There was a comprehensive staff supervision structure in place. Staff were supported and supervised as per the trust policy. We found that staff received clinical, managerial, safeguarding and group supervision.
- There were some occasions where supervision had not occurred as planned due to the mobile nature of workforce, sickness or annual leave. Systems were in place to reschedule these.
- However, the trust's recording system only allowed for the documentation of the managerial supervision.
- We found a lack of formal supervision in the immunisation service at the Valkyrie Road clinic. A new supervision structure was being rolled out from September 2015 in line with service expansion and resources were in place. Informal supervision had been taking place and staff told us the manager had an open door policy and they felt supported and able to access support when needed

Multi-disciplinary working and coordinated care pathways

- We saw evidence in care plans of integrated care involving other health professionals including speech and language, physiotherapy and paediatric consultant services.
- Multi-disciplinary team working within the service was taking place. For example, we directly observed joint assessment and review of each patient's individual care at one clinic.
- External multi-disciplinary team working took place with social services, social care, hospitals. GP Practices and schools where applicable.

Referral, transfer, discharge and transition

- There were clear processes for assessing new referrals within the service. Referrals were managed effectively, evidenced by the meeting of key performance indicators relating to time frames from referral to assessment / first contact.
- We were shown examples of proactive liaising with adult health services for the smooth transfer of health care for young people aged 16-18. This included referral into the local acute health services and general practitioners.
- Senior medical staff spoke with us about changes in commissioning and their frustration that they were unable to refer young people to the educational psychology service.

Access to information

- Staff used the trust's electronic record system to record care interventions. Staff working remotely in patient's homes had laptops provided by the trust to enable them to access the electronic system. These were secured using passwords.
- Staff said that the system was effective but there were issues about different disciplines not being able to access or view information. This meant that information may not be accessible to other health professionals when required.
- Management showed us evidence of specific meetings about this issue and actions taken to resolve this. A new version of the system was due to be rolled out in September 2015. There was a specific IT support team to help staff use the system effectively.
- Referrals, transfers and discharges were recorded on the trust's electronic recording system. The system had the capability to send letters to the GP, for example to inform them of immunisations.

Consent

- We noted the gaining of consent from young people or their parents for any clinical care interventions. Staff described the Fraser principles and Gillick competencies and applied these to patient care.
- Consent to share confidential personal information was documented clearly along with a date for review if appropriate.

Good

Are services effective?

- Informed consent was sought from the young people and their parents during the immunisation clinics.

Good

Are services caring?

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

Summary

We rated community health services for children, young people and families as good for caring because:

- Staff showed a compassionate and supportive approach towards the children and young people when delivering care. Young people's dignity was maintained throughout the immunisation clinics and we witnessed children's hygiene needs being managed with dignity.
- We observed staff being respectful of children's confidentiality. Staff engaged with children and young people to help them understand what was being asked of them and ensured that they understood their care.
- Staff were well-informed about the children and young people in their care. There was information available and given to parents about voluntary groups and organisations which both the parents and children/ young people could access to maintain a social network and receive support.

Compassionate care

- Staff adopted a compassionate and supportive approach towards the children and young people when giving care. A safeguarding concern was raised and we observed staff discussing the issues sensitively and respectfully.Young people's dignity was maintained throughout the immunisation clinics and we witnessed children's hygiene needs being managed with dignity and with attention to privacy. We witnessed the use of distraction to relieve anxiety for a child and were told about the pastoral services provided in schools located in those areas of greater need.
- Staff respected children's confidentiality. For example, the computer screen was turned away preventing others reading the information on screen and folders turned to prevent other children and young people's names being visible.
- Feedback was sought from patients and their families and this was discussed at staff meetings. We saw evidence of compliments for staff including 'thank you' cards and letters.
- The most recent Friends and Family test survey resulted in a 100% recommendation rate for this service.

Understanding and involvement of patients and those close to them

- Staff engaged with children and young people to help them understand what was being asked of them and ensure they understood their care. We saw the use of language aids such as picture cards, voice machines and the use of sign language. Children and young people were asked for their opinion on their care. This included their parents / care givers where appropriate. There was a family information room in the locations and a wide variety of information about additional services in reception areas. This included advocacy services, third sector support agencies and activities.
- Staff were well informed about the children and young people in their care. This included background information about the family situations and current as well as historic concerns.
- Children and young people told us they were very happy with their care. Parents told us they felt respected and involved at all times in the planning and delivery of care. They told us staff were always willing to help and explained care in simple and effective ways. We had no negative comments about services.
- We saw services available including interpreting, sign language services, information leaflets were available in additional languages and we were told of a service which was able to create braille versions of school work for young people who needed it.

Emotional support

- Staff took a holistic view of their case load. They showed empathy to the difficulties and emotional impact of deterioration in the young person's health.
- We observed a doctor advising a parent to seek assistance for a stress-related skin complaint as they had been neglecting their own health to care for their children. Extra time was given to parents during appointments to allow them to discuss their concerns.
- There was information available and given to parents about voluntary groups and organisations which both

Good

Are services caring?

the parents and young people could access to maintain a social network and receive support. We saw information given about the financial assistance available.

Good

Are services responsive to people's needs?

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

Summary

We rated community health services for children, young people and families as good for responsive because:

- The trust had developed effective, strong working relationships with the local authority and other commissioners to assess and meet the needs of the local population. They had developed clear pathways for treatment of complex conditions.
- The services were based in child-friendly buildings and in locations which were easily accessible to the public. There was a patient and carer forum which was vocal and actively involved in the planning and development of services for young people. We saw posters and information about this group in all waiting areas.
- All locations were accessible for people with disabilities. The service had undertaken a profile of the local community to include ethnicity which contributed to the planning of services and organisation of clinics (relating to timing and location of these).
- We observed professional and discreet discussions of delicate topics. Staff managed these situations well.
- The service was meeting their key performance indicators for referral to assessment times. Waiting lists were monitored through team meetings and managed through triage system using a risk rating scale. More urgent cases were identified and prioritised accordingly.

Planning and delivering services which meet people's needs

- The trust has developed effective and strong working relationships with local schools, the local authority and other commissioners to assess and meet the needs of the local population. They developed clear pathways for treatment of complex conditions.
- The services were based in child-friendly buildings and in locations which were easily accessible to the public. We noted that the Valkyrie road clinic had relocated a 'drop in' clinic in response to young people saying it was difficult to access on public transport.
- There was a patient and carer forum which was vocal and actively involved in the planning and development of services for young people. We saw posters and information about this group in all waiting areas.

Equality and diversity

- All locations were accessible for people with physical disabilities.
- The service had undertaken a profile of the local community to include ethnicity which contributed to the planning of services and organisation of clinics (relating to timing and location of these).
- Information on local translation services, interpreters and cultural support groups was available. Staff had varying levels of awareness of specific services but all were able to tell us where they would find the information. At one clinic, we observed sensitive discussions around religious requirements and the health of the mother and child around drinking water during Ramadan.

Meeting the needs of people in vulnerable circumstances

- We observed clinics and saw staff asking about family dynamics and how parents were managing difficult situations with their children and what they felt the risks were.
- We observed professional and discreet discussions of delicate topics. Staff managed these situations well.
- Services were working collaboratively with local authorities regarding health care provision for 'looked after children'.
- There were links in place with trust child and adolescent mental health and learning disability services.

Access to the right care at the right time

- The service as a whole was meeting their key performance indicators for referral to assessment times. For all services we inspected, the referral to assessment time was under 12 weeks. Waiting lists were monitored through team meetings and managed by a triage system using a risk rating scale. More urgent cases were identified and prioritised accordingly.
- The paediatric consultant service at the children's development centre in Bedford was not meeting their key performance indicator for 6-8 week follow up

assessments. However, there was a process in place for reviewing and assessing the waiting list on weekly basis. New mothers were seen within 10 to14 days as per guidance across the health visiting service. All targets were being met for child development checks.

- The service's contact details were available on the trust website and people told us they knew how to access services either for routine or emergency assistance. People told us that the clinics often ran overtime. They cited the reason as the consultant and staff taking additional time with children and young people when they needed it and that this was a positive aspect of the services.
- The 'looked after children' service were not meeting the local authority initial health assessment statutory target of 20 working days. The service had recently undergone a thematic review around this subject which was aimed at addressing this concern.

Learning from complaints and concerns

- Patients were aware of how to raise a complaint or concern. There was patient advisory and liaison service information available in all waiting areas that we visited. Information was displayed about the forums and groups where people could raise concerns.
- Parents were aware of the complaints system and told us they felt confident in approaching staff about concerns. They told us they felt assured that they would be listened to and complaints addressed fully and without delay.
- The service had received 23 formal complaints in the last 12 months, 19 of which were upheld. We heard of learning from these complaints which included changes to practice, increased and more effective communication and increased checking of staff competencies.
- Lessons learnt from complaint investigation were cascaded to staff through team meetings, monthly emails and group supervision sessions. This included the lessons to be learnt from incidents, complaints and safeguarding across the wider trust. This was supported by those meeting minutes seen.

Good

Are services well-led?

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

Summary

We rated community health services for children, young people and families as good for well because:

- The trust's visions and values were displayed on notice boards in each location we visited along with photos of board members.
- There was a robust and detailed auditing and governance framework within the trust and this fed into team meetings across the service. Information pathways from staff to management and management to staff were clearly defined. There were clear lines of responsibility with regard to the management of safeguarding concerns which included monitoring the communication between services involved with the more vulnerable cases.
- There was strong local leadership within the service which was well regarded by all staff. The service managers and directors had the skills, knowledge and integrity to lead the service.
- We saw feedback was gained through the patient and carer forum and we noted improvements waiting areas as a result of suggestions made.
- Staff we spoke with, generally felt engaged in the development and shaping of their future although some felt anxious about the current rate of commissioning. The most recent NHS staff survey found that 75% of staff across the Trust felt they were able to contribute towards improvements at work. Staff attended regular team meetings in their localities which were supported by managers.
- The trust used technology effectively for engaging with young people and secure laptops for staff working remotely to ensure access to the electronic record system.

Service vision and strategy

- The trust's visions and values were displayed on notice boards in each location we visited along with photos of board members. Staff understood these and said that these were discussed at team meetings and as part of appraisals.
- However, some staff considered that, in general, the executive board did not understand or know what the service did as the trust was primarily a mental health trust and children's, young people and family services felt like they were an afterthought.
- Staff were complimentary and proud of the strength of their management locally and within the individual locations. They spoke in support of one particular executive board member, the director for integrated services, saying that they were trying to raise the profile of the children and young people's service at board level.
- There was a general feeling from both staff and management that there was uncertainty about the trust's strategic future plan for children and young people's services within the trust.

Governance, risk management and quality measurement

- There was a robust and detailed auditing and governance framework within the services and this fed into team meetings across the service. Information pathways from staff to management and management to staff were clearly defined. Staff told us this was effective and the manager was good at keeping people informed of changes, and the actions required for evaluating services. Staff felt involved in the processes.
- We saw minutes of team meetings, incident logs, environmental and health and safety audit and examples of changes made as a result. Clinical risk was assessed regularly through safeguarding and management supervision. We saw examples of changes being made as a result which included caseload assessment and reorganisation and reallocation of cases as a result of staff sickness. Examples were seen of issues raised by staff as a concern and how these had been addressed by management.
- There were clear lines of responsibility with regard to the management of safeguarding concerns which included monitoring the communication between services involved with the more vulnerable cases.

Good

Are services well-led?

Leadership of this service

- There was strong local leadership within the service which was well regarded by staff. The service managers and directors had the skills, knowledge and integrity to lead the service.
- The leaders of the services were visible and approachable and fostered supportive relationships not only within the individual teams but within the wider service.
- Staff were complimentary and proud of the strength of their management locally and within the individual locations. They spoke in support of one particular executive board member, the director for integrated services, saying that they were trying to raise the profile of the children and young people's service at board level.
- We found concern from senior staff about the potential change to services through recent commissioning activity. This included changes to the autism spectrum disorder treatment pathway which meant they were not able to meet national guidance in this area, changes to the epilepsy treatment pathway and recently the change which has meant that referrals to educational psychology can only be done by parents through educational services.
- Concerns were voiced about these fracturing of service delivery and the effect that potential delays may have on vulnerable service users and their families.

Culture within this service

- There was an open and proactive culture within each team inspected. Staff spoke of the 'open door' policy adopted by all levels of management and felt supported and confident to approach any manager with concerns or issues to be resolved.
- New staff felt included and supported as they began their employment with the teams and said that more experienced staff were open and willing to teach and advise in a manner which was not patronising. The services were focused on providing high quality care and we witnessed several discussions during our visit around difficult situations and how they could manage this whilst continuing the level of care.
- Concerns were discussed as a team and we felt the team as a whole took responsibility for the outcomes. The lone working policy was seen to be effective in action. There was a buddy system and we heard staff calling into the office to inform the team of their whereabouts, in particular on visits with identified increased risks. We saw care plans and risk assessments identifying when two staff were to conduct the visit together due to identified risks.
- We heard staff concerns about the rate of commissioning of services and anxiety about their jobs and of services being put out to tender.
- Staff felt connected to their colleagues despite lone working a lot of the time. However, they did not express feeling part of the wider trust.

Public engagement

- The most recent Friends and Family test survey resulted in a 100% recommendation rate for the children, young people and family service. We saw feedback was gained through the patient and carer forum and we noted improvements waiting areas as a result of suggestions made.
- Parents and young people were given the opportunity to provide feedback about their care and treatment after every therapy session. We saw an online survey being used to engage teenagers in their care and included suggestions to shape the future of the services.
- We heard about how seeking public opinion as part of the investigation of a complaint changed the trust's procedure for responding to complainants.

Staff engagement

- Staff felt engaged in the development and shaping of their future although some felt anxious about the current rate of commissioning.
- The most recent NHS staff survey found that 75% of staff across the Trust felt they were able to contribute towards improvements at work.
- Staff attended regular team meetings in their localities which included the senior management. Staff told us these meetings were beneficial to them and were able to suggest additional agenda items for discussion.

Good

Are services well-led?

- We saw minutes of these meetings over the last three months which showed us that additional items raised by staff were discussed with equal importance as the regular management-led items.

Innovation, improvement and sustainability

- Managers acknowledged the challenges of the current changing health economy. The current commissioning arrangements were complex and confusing to staff. We saw examples where services were lost and guidelines not being able to be met as a direct result of changes in service structure and provision. For example the autism treatment pathway.
- The trust used technology effectively for engaging with young people and secure laptops for staff working remotely to ensure access to the electronic record system.
- The team at the child development centre in Bedford had developed a programme of workshops designed to assist in managing and reducing the waiting list for appointments for paediatric consultant appointments. The consultant staff were involved in national projects and contributed to nationally recognised and published journals.
- The recent recruitment campaign had brought new inexperienced staff leaving a potential skills gap. Management were aware of this and had plans in place to support new recruits through the trust's leadership programmes.