

Worcestershire Health and Care NHS Trust

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Community health services for children, young people and families

Quality Report

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

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

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

Summary of findings

Ratings

Overall rating for Community health services for children, young people and families

Good



Are Community health services for children, young people and families safe?

Good



Are Community health services for children, young people and families effective?

Good



Are Community health services for children, young people and families caring?

Good



Are Community health services for children, young people and families responsive?

Good



Are Community health services for children, young people and families well-led?

Good



Summary of findings

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Summary of findings

Overall summary

Overall this core service was rated as **good**. We found community health services for children, young people and their families were safe, effective, caring, responsive and well led. .

Worcestershire Health and Care NHS Trust delivers community based services to children, young people and their families throughout Worcestershire.

Our key findings were as follows:

- Staff were caring, compassionate and respectful.
- Arrangements had been put in place to minimise risks to children and young people receiving care.
- There were some concerns about the consultation of staff and parents regarding the transfer of children and young people from North Worcestershire to Birmingham Community Healthcare (BCHC).
- The services within the children and young people, families (C&YPF) service delivery unit had undergone a period of change which had introduced new ways of working. There were / had been shortfalls in staffing levels. Staffing shortfalls had been identified on the risk register which meant that these risks had been escalated to and monitored at trust board level.
- Systems were in place to monitor quality and people's outcomes.
- We observed potential gaps in service provision for example access problems for some parents to child development centres.
- Individual management of the different divisions providing services to children, young people and families were generally well led.

We saw some good practice including:

- A 'Young Person's Board' had been created and the speech and language therapy services had been redesigned to include a talking walk-in facility.
- One staff member from the speech and language therapy team was awarded the 'Shine a Light' directorate award for communication services for children.
- There were many examples of good collaborative working within the multi-disciplinary team.

However, there were also some areas where the trust needs to make improvements:

- There were gaps in record keeping within some of the records we reviewed.
- There were shortfalls in the use of evidence based pathways for health visiting service and 'The Healthy Child Programme (2009)' had not been delivered in the reception classes of Wyre Forest Special School.
- We found that staff clinical supervision and management supervision had not been embedded across the service delivery unit.
- We visited the minor injury units (MIUs) throughout Worcestershire and found that there was inconsistent evidence demonstrating that consent had been obtained and recorded.
- We saw that improvements were required in relation to the facilities for children and young people within the minor injury units we visited.
- We were informed that leadership within the health visiting team was not dynamic or motivational and that there had been a slow response to staff queries. This was especially evident with regard to the proposed changes in health visiting provision.

Summary of findings

Background to the service

Community children's and young person's services are provided across Worcestershire. The services include children's shortbreaks unit, outpatient and community contact activity for children with complex care needs and their families. The service also provides universal and universal plus services to all children from conception to school leavers throughout the Health Visiting and School Health Nursing teams.

Services are delivered by locality between the North and South of the county. Countywide professional leads exist for nurses, occupational therapists, physiotherapists and speech and language therapists.

Our inspection team

Our inspection team was led by:

Chair: Dr Ros Tolcher, Chief Executive Harrogate and District NHS Foundation Trust.

Team Leader: Pauline Carpenter, Head of Hospital Inspection Care Quality Commission

The team that inspected community based health services for children, young people and their families included representatives from health visiting, school and paediatric nursing and general practice

Why we carried out this inspection

We inspected this trust as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of 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 at three focus groups.

During the site visit we spoke with a total of 67 staff from the children's services located across Worcestershire. The staff included a mixture of medical, nursing and therapy staff.

We also spoke with 25 parents and seven children

We attended home visits with the health visitors

We reviewed a total of 20 sets of children's records

We reviewed care records and a range of policies and procedures.

Summary of findings

What people who use the provider say

Parents told us that holistic care had been provided and they had been kept informed of any changes to their child's treatment pathway and informed of results following investigations.

Parents told us they had received additional support when caring for their child by completing supervised training sessions which had been provided through the community services.

Parents told us that staff arrived for appointments on time and that they had been able to contact staff for advice during the day and at night and weekends.

A parent said 'I was unable to attend the first appointment sent for this clinic because I was only given a week and a half notice. I phoned the number on the letter to rearrange the appointment but the receptionist was very abrupt. I was shocked; she said you won't get an appointment for a while now maybe two months or more.'

Good practice

- A 'Young Person's Board' had been created and the speech and language therapy services had been redesigned to include a talking walk-in facility.
- One staff member from the speech and language therapy team was awarded the 'Shine a Light' directorate award for communication services for children.
- There were many examples of good collaborative working within the multi-disciplinary team.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the provider **MUST** or **SHOULD** take to improve

- The provider should engage staff and parents in the process of transferring babies and children to the Birmingham Community Healthcare (BCHC) from North Worcestershire.
- The provider should ensure that shortfalls in record keeping are monitored and actions identified to improve record keeping practices.
- The provider should ensure that evidence based pathways within the health visiting service are implemented.
- The provider should ensure that 'The Healthy Child Programme (2009)' is delivered across all schools.
- The provider should ensure that clinical supervision and management supervision is embedded across the service delivery unit.
- The provider should ensure that consent is obtained and recorded as per hospital policy across all locations which provide services to children and young people.

Worcestershire Health and Care NHS Trust

Community health services for children, young people and families

Detailed findings from this inspection

The five questions we ask about core services and what we found

Good 

Are Community health services for children, young people and families safe?

By safe, we mean that people are protected from abuse

The children's, young people and families (C&YPF) service delivery unit within the Worcestershire Health and Care NHS Trust provided a range of services led by multi-disciplinary teams who we found had provided a service which although safe required some improvements.

We did find that:

- Incident reporting procedures were embedded and learning from incidents was embedded
- Staff appeared knowledgeable about safeguarding and compliance with mandatory and rates of additional safeguarding training were high.

However we have identified some gaps within the safety of the service. These relate to:

- Shortfalls in equipment maintenance at some of the locations we visited.

- We observed deficits in staff infection control practices.
- There were gaps in record keeping within some of the records we reviewed.

We observed that the service delivery unit had systems in place which provided safeguards for the service overall. These systems were corroborated by the staff we spoke with who confirmed their involvement in and the effectiveness of these systems, for example, incident and risk management, safeguarding, mandatory training and staffing. We saw and were told of learning and changes in practices which had been identified through incidents and risk. This meant that an ethos of learning was in place throughout the service delivery unit.

We were told that the services within the C&YPF service delivery unit had undergone a period of change which had introduced new ways of working. Some specialities had

and were experiencing a shortfall in staffing and skill levels. However, we found that the risks had been mitigated by the temporary transfer of staff across Worcestershire. The trust had recognised this as a risk and had identified this on their risk register.

Detailed findings

Incident reporting, learning and improvement

- The children's and young people's community service had systems in place to make sure incidents were reported, investigated and learnt from. Staff demonstrated an awareness of how to report incidents and told us they had received feedback from the incidents they reported and learning was shared. This was demonstrated in the two incidents we reviewed.
- Incidents, complaints and significant events had been discussed at forums such as the quality forum, performance, quality and safety and clinical governance meetings and the quality and safety committee.
- Staff were given the opportunity to discuss and evaluate unexpected deaths of children to ensure that learning took place. Staff told us that in response to findings from the 'Child Death Over View Panel's' reviews of infant deaths the 'Worcestershire-wide Safer Sleeping Initiative' had been introduced and is now part of a public health programme delivered to new parents by midwives and health visitors both before, and immediately after, the birth of each child.

Duty of Candour

- Some of the clinical staff we spoke with about the 'Duty of Candour' demonstrated knowledge of what this new regulation involved and it had been discussed at the trust quality and safety committee and a policy had recently been ratified.

Safeguarding

- The Director of Nursing is the executive lead for safeguarding and is supported by an integrated safeguarding team.
- At Tenbury community hospital, we found a lack of awareness of how to access the children's safeguarding lead for the trust.
- The staff we spoke with told us that they had effective working relations with the local safeguarding teams,

however, this was not the case for Birmingham Community Health Care Trust (BCHC) and this communication issue had been highlighted on the 'Multiple Risk Report.'

- Staff across the service were 94% compliant for safeguarding children, which was delivered by the lead nurse for safeguarding. The staff we spoke with demonstrated knowledge of safeguarding and how to escalate concerns. Additional safeguarding training had been undertaken by 212 staff, although the trust training figures identified that only one member of staff had undertaken additional safeguarding supervision training
- The safeguarding lead told us that learning had been embedded from safeguarding audits and reviews and the lessons learnt from serious case reviews had been cascaded. This included supporting staff with training, supervision and reflection on safeguarding cases. However, staff from the John Anthony Centre told us that safeguarding supervision had not been undertaken regularly.
- We did not see evidence of safeguarding supervision documented in all the vulnerable children's records we reviewed. Nursery nurses at Wyre Forest Development Centre said the weekly supervision sessions in which individual cases had been discussed had not been documented within individual children's records.
- Safeguarding governance reporting arrangements were in place so that safeguarding processes were monitored by the trust.
- The trust met the statutory requirements in relation to Disclosure and Barring Service (DBS) checks. All staff employed at the trust undergo a DBS check prior to employment, and those working with children undergo an enhanced level of assessment.

Medicines management

- Medicines management policies and procedures were in place. Additional guidance included medicine specific leaflets. We saw that staff used local protocols when administering medication for babies, children and young people.
- Not all of the community locations we visited held medicines on site. The locations which kept supplies of medications were seen to have the necessary safety and security measures in place. For example at Catshill Clinic, the drug fridge was locked and not over filled,

random vaccines were checked and seen to be in date and appropriate monitoring systems were in place. We also saw evidence that monitoring of drug fridges had taken place at the other locations we visited.

- The trust confirmed that 78% of staff within the service delivery unit had completed medicines management training. We saw a reminder to nursing staff to complete on-line medicines management training documented in the minutes of the performance, quality and safety meeting at Wyre Forest Community Care Services.
- We saw that systems were in place to monitor vaccine cold chain. In 2014 the infection prevention and control service had undertaken an audit of the vaccine cold chain across five service delivery units. This audit identified no concerns within the service delivery unit.
- Each minor injury unit had a dedicated emergency anaphylaxis kit which had details of child dosage for guidance.

Safety of equipment

- We asked one of the clinical leads for feedback on the integrated community equipment services (ICES). They said the service was efficient and effective, with an equipment logging system that is well communicated with the therapist. We were told that equipment had always been clean and delivery efficient. Therapy staff raised concerns that there was not a maintenance contract in place for the equipment sourced through ICES and the length of time it could take to obtain health equipment from them.
- We saw equipment suitable for babies, children and young people in all clinical areas. We undertook random checks of the clinical equipment at the locations we visited and found that the majority of equipment had been serviced. However, at Wyre Forest Special School we found weighing scales had not been calibrated since 2009 and a hoist's service which had not been completed.

Records and management

- We reviewed 20 sets of children's records. Within some of these records we observed a number of shortfalls in record keeping. This included incomplete health visiting assessments and frameworks, health needs and family profile assessments. We observed that dates and staff signatures were missing from documents and loose papers had been stored at the back of some records.

- We saw evidence that the babies red books had been completed by health visitors, for example, babies' weights had been recorded as recommended by World Health Organisation guidelines.
- The trust had record keeping and information management policies and procedures in place. We saw that children's and young people's records had been stored securely in the locations we visited.
- We saw arrangements and management systems in place to identify vulnerable children and for the transfer of vulnerable children's records from the health visitor to the school health nurse.

Cleanliness, infection control and hygiene

- The infection prevention and control service is led by the executive nurse, who is supported by a nurse consultant and 'link' staff located in the clinical areas. Staff told us that they could easily contact the infection control team which meant appropriate professional advice was available.
- The areas we visited had cleaning schedules and infection prevention measures in place, such as infection prevention and control guidance and wall mounted hand gels.
- At Catshill Clinic we observed some sharps boxes had not been dated and sharps were observed to be above the safety line at some locations, although the trust reported 96% compliance with sharps standards between May and October 2014.
- At Frankley we observed a baby clinic and noted that some staff had not washed their hands during contacts with babies, however between May to October 2014, the trust hand hygiene audit demonstrated 97% compliance to the standard.
- We attended home visits with the health visitors, a paediatric clinic at Kidderminster Health Centre and a baby clinic at Blossom Hill Heath Centre. At all the locations we visited we observed good hand washing and infection control practices during baby and child examinations.
- We saw some completed infection control audits had been completed in 2014, for example, vaccine cold chain and infection prevention control (IPC) in physiotherapy (September 2014). The physiotherapy audit identified that overall results indicated the

application of good consistent IPC practices and procedures. These audits identified recommendations. We did not see any associated action plans or progress made to date identified against the recommendations.

Mandatory training

- 83% of staff said they had received job-relevant training and development in the last year, with 89% completing health and safety training (Staff survey, 2014)
- We talked with members of staff of all grades, and confirmed they had received a range of mandatory training and training specific to their roles, for example, incident reporting, paediatric resuscitation or first aid, health and safety, medicines management and information governance.
- The trust had a corporate induction programme, which included information in areas such as safeguarding and infection control awareness. Staff we spoke with across the services confirmed they had attended both corporate and local inductions into their workplace.

Assessing and responding to patient risk

- The Orchard service used an early warning system called the 'paediatric early warning score' (PEWS). This is a system used to monitor children and to ensure early detection of deterioration.
- There are processes in place to ensure children with long term conditions have open access to the paediatric wards at the acute trust.
- Staff told us that they had attended paediatric basic life support training which was corroborated by training attendance figures which demonstrated that attendance was 70% in 2014
- We looked care plans for a child with complex needs and saw there were specific instructions to staff which identified what to do in case of an emergency situation.

Staffing levels and caseload

- There was a 9% vacancy rate and 2.6% sickness rate across the service, and this was highlighted by nursing, therapy and medical staff. This had, however, been identified on the risk register and escalated to trust board level.
- Clearly defined county wide structures were identified in each community children's service, For example, the speech and language therapy (SaLT) service had three locality teams led by locality team leaders. Staff told us that the existing staffing shortfalls had resulted in existing staff holding large caseloads.
- Staff caseloads within the school nursing service had been reviewed every three years. A public health caseload tool had been used when planning staff caseloads and their acuity had been reviewed regularly. We spoke with some school nurses from across Worcestershire who told us there was sufficient staff to meet the needs of the population they served.
- Annual reviews of health visitor caseloads had taken place using a nationally recognised tool. Caseloads had been reviewed monthly which had included reviewing the numbers of looked after children and children on a child protection plan, to ensure staffing resources were allocated to the right place.

Managing anticipated risks

- The trust has a business continuity plan which ensures that critical services can be delivered in exceptional circumstances. However in discussions with staff, it was identified that they were not aware of specified management plans in place for unexpected emergencies or an increased workload.
- Staff told that the trust had also employed the assistance of local responders to ensure that the best possible response is provided in the event of a major emergency. Staff from the Orchard service told us they had used volunteer 4x4 services in bad weather.

Are Community health services for children, young people and families 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

Overall the C&YPF service delivery unit provided effective services to the population of Worcestershire.

We observed that the majority of services had provided evidenced based care. However, we were alerted to some shortfalls in the use of evidence based pathways within the Special School Nursing service and were told that 'The Healthy Child Programme (2009)' had not been delivered in the reception classes of Wyre Forest School.

Auditing systems were in place, which we saw had informed practice, introduced changes and lessons learnt to improve outcomes for children and young people.

In 2014 we saw that 95% of staff had received their annual appraisal. Staff told us they had been well supported and had generally received development appropriate to their needs. Staff across the service delivery unit identified that staff clinical supervision and management supervision had not been fully embed.

We were told that generally multi-disciplinary team working had been effective which had resulted in positive outcomes for children.

The health visitor service had achieved a stage three UNICEF Baby Friendly accreditation

We saw transition pathways in place for children and young people; however, staff were not aware of a formalised transition process for the transition of babies from the midwife to the health visitor.

Detailed findings

Evidence based care and treatment

- Clinically endorsed guidance from authorities such as the Royal College of Paediatricians and Child Health and the National Institute for Health and Care Excellence (NICE) were used to inform care. For example, NICE guidance and quality standards had been followed in epilepsy, autism and the autistic spectrum of disorders.

- We were told that staff at the John Anthony Centre followed the 'Faculty of family planning and sexual health guidelines' when treating and caring for young people.
- Royal College guidance had been used to develop local policies, for example, the Orchard Service had developed protocols for tracheostomy or nasopharyngeal airways.
- The Healthy Child Programme (2009) had not been delivered in the reception classes of Wyre Forest Special School. We also reviewed care plans of two children and found that they were not evidence based.
- Health visiting staff gave advice to parents about nutrition and weaning following Department of Health guidelines. We saw leaflets relating to immunization and dental health issues.
- The health visitor service had achieved a stage three UNICEF Baby Friendly accreditation. The Baby Friendly initiative was established in 1992 to encourage maternity hospitals to implement the 'Ten steps to successful breastfeeding' and to practice in accordance with the International Code of Marketing of Breast Milk Substitutes.
- The assessment of perinatal mental health of mothers was based on NICE guidance. However, we did not see evidence of a pathway in place for staff to follow. We were advised that pathways were being drafted, however they were not yet in place

Approach to monitoring quality and people's outcomes

- The Orchard Service implemented a pilot nursing metric about quality indicators in January 2015 to monitor the quality of care within the service.
- The quality of patient services had been monitored by the Trust Board using patient experience feedback, staff involvement and executive team walkabouts.
- The West Midlands Quality Review Service (WMQRS) reviewed the long-term ventilation for children and young people in March 2014. The outcome of this review identified no immediate concerns in this area.

Are Community health services for children, young people and families effective?

- Health visitors assessed children's development using the 'Scheduling and Growing' skills assessments prior to moving them onto the 'Ages and Stages' model.
- We saw that mother's mental health had been assessed using the Edinburgh Postnatal Depression Scale. Discussions with the majority of mothers confirmed that these assessments had taken place and some of the mothers' notes identified the assessment outcome and the planned next steps.
- School health services ran 'Time 4 U' sessions in each of the 26 high schools, with outcomes such as the development of care pathways with the children's and adolescents' mental health team on self-harm and eating disorders. In addition, healthcare support workers provided school health promotion sessions.

Competent staff

- Formal processes were in place for nursing and medical staff to receive training and an annual appraisal. Training matrix documentation and the staff we spoke with confirmed they received appropriate training for their roles.
- Some physiotherapy staff identified there had not been any in-service training recently. We were told that an in-service programme had been developed which would be rolled out to staff in the coming months.
- Discussions with different staff groups identified that clinical supervision was not in place in all teams and that management supervision had not been embedded into practice as detailed in the service specification. Discussions with a team of school health nurses and nursery nurses, however confirmed that they had received clinical supervision and that it had been documented.
- Medical staff told us that monthly structured teaching programmes were in place for medical staff at Worcester Royal, and there were monthly lunch time educational meetings at the John Anthony Centre had attended

Multi-disciplinary working and coordination of care pathways

- Staff told us how they worked in partnership with other health and social care professionals to improve outcomes for children and their families. We saw evidence of partnership working in the children's

records completed by health visitor's and school health nurses; however health visitors sited challenges with partnership working with Birmingham Community Health Care Trust.

- Discussions with special school staff identified concerns in relation to multi-disciplinary working, identifying that there had been poor communications from both the community and hospital paediatric consultants regarding the next stage in children's care and treatment.
- The School health team said they had worked closely with commissioners to reduce the number of safeguarding meetings they attended so that they had more time to spend delivering public health, and now only attended meetings if a health issue was identified.
- We observed a 'Team Around the Child' meeting at a child's playgroup which achieved an effective outcome. This meeting involved a multi-disciplinary team whose aim was to coordinate care and advice on care for the child and family.

Referral, transfer, discharge and transition

- Staff were not aware of an identified transition process or pathway in place for babies when transferring their care from the midwife to the health visitor.
- We saw evidence of transition pathways in place for school children. For example, there were separate transition pathways for reception, middle school and high school children.
- We were told that transitional arrangements were in place between the health visiting and school health nurses for primary school age children. However, staff could not direct us to any written protocols for this process.
- We reviewed some care plans which had been written for school children and observed that the care plans identified the basic care needs for the child. Each child's care plan was reviewed regularly, however, staff told us that difficulties had been experienced when planning the child's care as discharge letters had not been received immediately making it difficult to plan care needs.
- Staff told us that children with special needs were seen at least yearly by the community paediatrician. We saw referrals had been made to support the child's and family's needs, for example, a referral for domestic abuse and to the 'Early Help' service.

Are Community health services for children, young people and families effective?

- We saw information leaflets and booklets relating to what health checks and services were available including treatment of different health conditions. This information was aimed at children, young people and families.

Consent

- The trust's consent policy included guidance on children and young people. Staff said they had been informed of the consent policy during their induction to the trust.
- We observed that the John Anthony Centre used a Fraser competency guideline sheet for children under the age of 16 years, which were observed to be in young people's records.
- We observed verbal consent had been obtained by the community paediatrician prior to starting the parents and child's consultation.

Are Community health services for children, young people and families caring?

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

Children, young people and their parents told us they had received compassionate care with good emotional support. Parents felt they were fully informed and involved in decisions relating to their child's treatment and care.

Detailed findings

Dignity, respect and compassionate care

- Throughout the inspection we observed that members of medical and nursing staff provided compassionate and sensitive care that met the needs of children, their parents and / or carers.
- We spoke with 25 parents of children using the service who told us they had been happy with the care and support they and their children had received.
- Within the minor injury units we observed staff engage with children and their families in a polite and professional manner. We saw comprehensive assessments undertaken and difficult situations handled in a sensitive way.
- Across the minor injury units, patient's confidentiality was compromised by the public nature of the reception areas where the children's parent and / or carer gave initial assessment details. At Tenbury community hospital, the privacy and dignity of the children was compromised due to there being only curtains surrounding the patient areas.

Patient understanding and involvement

- We were told that access to interpreters or a language line could be arranged.
- We spoke with parents about their experiences with the health visiting team and Orchard service. They told us that they had been involved in and were happy with the care their children had received.
- Staff told us they had involved the parents of children within their school when planning children's care. One nurse told us that they send the child's care plan to their parents to ensure they were happy with the proposed plan of care for their child.

Emotional support

- During a clinic session we observed health visiting staff get down on the floor to be at the level of the parent and baby, positive eye contact was given and staff were friendly and warm in their approach. We saw that staff lowered their voices to maintain confidentiality, listened, gave parents time and reassured them.
- We went out on some home visits with the children's community services teams and observed staff to be supportive of the parent and child.
- Paediatric specialist nurses such as diabetic and child protection nurses were available for parents and staff to access for support and explanations if needed.
- We saw evidence that a mother's mental health needs had been re-evaluated regularly, demonstrating that appropriate emotional support was in place for both mother and baby.
- We were told that local counselling services were available and a 'Care after Termination' project is available for people under 19 years of age to provide them with access to emotional support.

Promotion of self-care

- In the waiting area of Malvern community hospital, health promotion information was available. We saw information on the Department of Health initiative Sugar Swap for children and contraceptive information aimed at the teenage population.
- We were told that parents had been involved on an interview panel for the recruitment of student health visitors so that their views could inform this process. We were also told of a similar initiative which involved young people where community paediatricians had been interviewed prior to recruitment.
- We saw completed training and competency records for parents who were involved in their child's ongoing care.
- We observed a modelled intervention group at Wyre Forest Development Centre and saw parent participation, skill development and supervision in relation to the activities identified for their child's needs. The parents we spoke with were very positive about the support they received through this service.

Are Community health services for children, young people and families responsive to people's needs?

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

The C&YPF service delivery unit were responsive to the needs of children's, young people and families' across Worcestershire. The service delivery unit had good support from tertiary centres such as Birmingham Children's Hospital.

We observed that there was generally good access and flow to services which met most people's needs.

We saw that improvements were required in relation to the facilities for children and young people within the minor injury units we visited.

The parents and staff we spoke with told us that care had been delivered in a variety of settings and clinics and at times that met their needs.

Detailed findings

Planning and delivering services which meet people's needs

- We were told there had been poor communication between the Royal Orthopaedic Hospital and Worcester Health and Care NHS trust in relation to the Botulinum Toxin pathway for children. Additional Saturday clinics had commenced to reduce waiting lists at the hospital; however, the community paediatric physiotherapy service had not been given additional resource to meet this need.
- We saw that school nurses based at the Prince Henry High School had developed health packages for the school. For example, puberty, hand washing, dental and healthy eating packs. Priorities and actions for school health were to be agreed jointly between school and health services.
- The trust identified one of its priorities for 2014 / 15 was 'Understanding and Improving Young People's Experiences of Sexual Health Services.'
- In May 2014 the number of babies exclusively breastfeeding at 6-8 weeks was 45.5%, therefore a service improvement programme was devised to achieve the national average of 47.2% by the end of 2015

- The percentage of babies seen by a health visitor by 14 days was 74 in August 2014, against a target of 85%, with developmental checks completed on children at 2.5 years by Health Visitors at 71% against a target of 80%
- The Tenbury community hospital was not a child friendly environment and shared both waiting areas and space with the other wards and departments.
- The Malvern Community Hospital had no children's room as it had been re-designated as the Ebola treatment room, however it did have a children's play area

Meeting the needs of people in vulnerable services

- Staff had received training sessions in diversity, safeguarding and mental health first aid for young people to assist their understanding and inform their clinical practice and decision making when planning children's care needs.
- Staff told us that local people were able to access services at one of the three child development centres (CDC) located throughout Worcestershire. This had resulted in inequitable service provision for those people unable to travel to the CDC.
- We visited the minor injury units located across Worcestershire and found each unit had different opening hours. Information following treatment was not available in alternative languages or easy read format. There was no child-friendly information.
- We saw an example of the trust meeting people's needs through a pilot youth roadshow which promoted sexual health education within local communities.
- Staff told us that speech and language therapy services had been provided by a named therapist at children's centres. Services provided included; talk in walk in, drop in advice clinics and enhanced drop in / stay and play services.

Access to the right care at the right time

- If a child was referred onto the umbrella pathway to access child development centres the waiting time could be between 4 to 8 weeks. We were told that this delay was often a source of frustration to parents, and this was confirmed by two of the parents we spoke with.

Are Community health services for children, young people and families responsive to people's needs?

- Between April and November 2014 99% of children who were referred to occupational or speech and language therapists were seen within 18 weeks, with an average waiting time of 6-10 weeks.
- Health visiting services had introduced flexible appointments, for example Saturday and evening clinics
- We were told that young people could access sexual health services at the John Anthony Centre by either booking an appointment or attending the consultant led morning or afternoon walk in clinics.
- Cervical smear uptake had been poor in the local Asian community. In response, staff had worked with a local leader from the community and the local population to address this.
- Parents who used the Orchard Service said they had direct telephone numbers for the nursing staff to enable them to contact the nurses during day time hours 7 days a week. During out of hours parents are told to contact Worcestershire Acute NHS Trust.
- Within the minor injury units we saw assessments of children's needs were comprehensive and included the

assessment of pain. The outcome of treatment had been monitored and reviewed at management meetings. There was evidence of good referral pathways for children to paediatrics and the acute hospital if required.

Complaints handling (for this service) and learning from feedback

- Parents and visitors could raise concerns and complaints locally, through the Patient Advice and Liaison service (PALS) or the trust complaints department. Some of the parents we spoke with confirmed they knew how to access this service.
- We were told that the complaints action logs had been presented at the quality and safety group. Learning plans had been introduced following complaints which had been upheld.
- We saw that complaints feedback themes had been identified to staff in the 'Community Care Quality News' newsletter.

Are Community health services for children, young people and families 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.

A clear leadership structure was in place in the women's and children's service delivery unit. Individual management of the different divisions providing services to children, young people and families were generally well led.

Governance processes and known clinical risks had been monitored. Public and staff engagement processes captured feedback from both groups.

The Health Visiting teams voiced concerns about the poor communication and consultation surrounding a proposed geographical boundary move.

Detailed findings

Service vision and strategy

- The service had a children, young people and families (C&YPF) clinical strategy for Worcestershire. We saw a copy of this strategy which we observed had identified its key priorities until 2016, the clinical vision, the benefits for C&YPF and what would need to happen so that clinical priorities could continue to be delivered. Staff told us that all key stakeholders had contributed to this strategy.
- We were told that changes identified by senior management had been cascaded locally and the majority of staff confirmed they had been involved in the development of these changes. For example, staff told us that they had been given lead roles in developing new ways of working.
- Staff told us that there was not a clear vision for the health visiting service and a proposed movement of geographical boundaries could have been communicated earlier and more effectively with the team.
- We saw the trust vision and values displayed on noticeboards in locations throughout the community services we visited.
- The Orchard Service is piloting a new service to cover acute patients referred from the GP. Staff told us that this pilot had been working well and had been managed within the existing Orchard team.

Governance, risk management and quality measurement

- Staff had received quality and governance information in team meetings. For example, the school health team meeting in December 2014 included information relating to outcomes of incidents, complaints and compliments, safeguarding notification processes and mandatory training.
- We were told that therapy staff attended away days three times each year. The last away day's theme was 'quality and communication'.
- The service unit had a performance dashboard in place which is produced monthly.
- We were told that part of the trust quality assurance strategy included patient safety walkabouts by the Director of Nursing and the Chief Executive Officer. However, they told us that they had not seen other members of the executive team in children's community services.
- The trust and local services had risk registers in place which had been discussed monthly at the risk moderation group. Incidents of greater risk were escalated to the trust board with all others discussed at monthly senior management team meetings.

Leadership of this service

- A clear leadership structure was in place. A designated service delivery unit lead was identified for C&YPF, integrated sexual health and community dental. This person was supported by three clinical service managers, a clinical director, a children's nurse consultant and the quality lead.
- The trust identified one of its key strengths as leadership programmes. Some of the staff we spoke with told us that leadership development had been encouraged and gave us examples of what leadership development they had attended. For example, one person was completing a masters in leadership and team leaders had been supported in attending senior management meetings.
- Staff told us that leadership within the health visiting team was not dynamic or motivational and that there had been a slow response to staff queries. This was

Are Community health services for children, young people and families well-led?

demonstrated by the lack of clarity in the team regarding the proposed transfer of children from Worcester Health Care Trust to Birmingham Community Trust. Staff also said the service lacked succession planning and there was not a career development pathway.

Culture within this service

- There was a culture of openness, flexibility and willingness among all the teams and staff we met in the children's and young people's community services. Staff spoke positively about the service they provided.
- Staff were very honest about their current feelings. Conversations with them confirmed that morale was generally good in some areas. The school health nurses told us they had been engaged in the changes within their services.
- Some of the physiotherapy staff we spoke with told us staff morale within the service was poor following a period of service change. We were told that a health and well-being person had met with the south physiotherapy team following a change in leadership within the team.
- We saw that staff worked well together and there were positive working relationships between the multidisciplinary teams and other agencies involved in the delivery of children's community health services.

Public and staff engagement

- We were told that a paper-based parents survey had been completed by the local authority in 2013. In 2014 the health visiting team had piloted the friends and family survey, with a positive outcome leading to this being rolled out in February 2015 across the service units, one service at a time.
- Staff told us there was a lack of consultation with both them and parents about the proposed geographical

movement of children from North Worcestershire to Birmingham health visiting and safeguarding teams, and this proposed change could have been handled better

- We reviewed 13 patient feedback forms from the John Anthony Centre and noted that all the feedback had been positive.
- Staff told us that the new schools service specification had been shared with and views collected from parents and the 'Youth Health Boards'.
- We were told that young people who had attended 'Time 4 U' clinics had completed a questionnaire every one to two years. These questionnaires were last completed in January 2014. The change which resulted from this feedback resulted in offering information on posters in different languages.
- Some of the staff we spoke with said they would like the entire executive team to be more 'visible' as this would enable the executive team to understand and learn about their services.
- Staff throughout the services told us that staff meetings took place. Dependent on the speciality these meetings ranged from weekly to six weekly.

Innovation, improvement and sustainability

- The trust had identified the key achievements within children's and young people's community services which included the creation of a 'Young Person's Board' and the redesign of the speech and language therapy services to include a talking walk-in facility.
- The school health nursing team had been awarded the trusts 'CARES' – 'Living the Values Award' by the Worcestershire Health and Care NHS Trust.
- One staff member from the speech and language therapy team was awarded the 'Shine a Light' directorate award for communication services for children.
- The school health nursing service have set up a website and twitter account.