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Health Board



Meeting Date	26 April 2022	Agenda Item	3.2
Report Title	External Review of the Children’s Community Nursing Team		
Report Author	Jane Phillips – Head of Quality Improvement NPTSSG		
Report Sponsor	Gareth Howells, Executive Director of Nursing & Patient Experience		
Presented by	Gareth Howells, Executive Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	To provide the Quality & Safety Committee with an update on the Improvement Plan for the Childrens Community Nursing Team following publication of the report into the external review of the service commissioned by the Health Board in April 2021.		
Key Issues	<p>Key issues identified in the report were:</p> <ul style="list-style-type: none"> • Lack of clear team governance structures with concerns being managed internally with no robust consistent process in place; • The service model for the children’s community nursing focused primarily on continuing care and not the delivery of the wider community provision of care; • Limited evidence of the team working in partnership with families; • The culture of care was identified as being complex with what appeared to be an inflexible leadership style. 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the key findings of the report • NOTE the updated improvement plan in response to the recommendations, noting that it is evolving as still further engagement with families and staff takes place. 		

	<ul style="list-style-type: none">• NOTE The Executive Director of Nursing will be accountable for the improvement plan and the Service Director and Service Nurse Director are responsible for the implementation of the plan and changes to the service.
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TITLE OF REPORT

1. INTRODUCTION

The purpose of the paper is to provide the Quality & Safety Committee with an update on the progress of the Childrens Community Nursing (CCN) Improvement plan. The Improvement Plan was developed in response to the recommendations identified in the external report (Appendix 1) into the Health Board's Childrens Community Nursing Team. Previous reports to the Quality & Safety (Q&S) Committee have been to share the report and its findings and provide an initial update on the immediate actions taken by the Children & Young People (CYP) Division following the publication of the Executive Summary and recommendations. At the Board meeting on 25 November it was agreed the Q&S Committee would receive a quarterly update on the progress made against the Childrens Community Nursing Improvement Plan (Appendix 2). This report will be the third update to the committee.

2. BACKGROUND

In the autumn of 2020 the Executive team commissioned an external review of the Children's Community Nursing Team Service. The review was commissioned in response to concerns raised by families who used the service. The review was undertaken by two external reviewers who were commissioned for their experience in providing social care services for families with children and long term commissioning. The focus of the review was on identifying key areas of strength to build on, and areas of potential risk, where further action might be recommended.

The review focused in more detail on:

- the culture of care, particularly focussing on family involvement;
- direct experience of children and families using the service;
- direct engagement with staff within the service; and
- how professional nursing standards are delivered.

The Children's Community Nursing Service team are one of the teams at the forefront of caring for children and young people with complex needs and providing the required level of support for this cohort of families.

The reviewers spoke to families and dedicated skilled nurses and support workers, most with many years' experience. However, limitations were identified that prevented families from receiving the standard of service that given to the Health Board would have been expected or which fully represented the Health Board values. The Executive Summary of the report is attached as Appendix 1.

In summary, there were several key factors which were identified as leading the CCN team being unable to fully deliver to the Health Board standards and values:

- The lack of clear governance team structures; these were ambiguous and did not support easy oversight or the ability to identify concerning trends arising, to address issues in a timely manner, or to support decisions made. It was not possible to see how the Board could be assured as to the standards or safety of the service provided. There was also an accepted practice of incidents not

being reported (via Datix) which also served to conceal emerging trends from the wider Health Board. Some immediate issues were identified at the time of the review and were addressed at the time they were raised.

- The service model; whilst this provided services for three distinct categories of children (acute, chronic and Continuing Care), Continuing Care was the primary focus and formed the basis of funded establishment for the whole service. There were concerns about key management data being captured, and its use to support the service as a whole was limited. Service design itself had built-in challenges including the time taken to deliver an approved package of care, registered nurses working office hours whilst Health Care Support Workers (HCSWs) work mostly at night, and meeting a child's needs in a family home which was also the workplace for the HCSW.
- Partnership working; The 'what matters to me' and 'voice and control' requirements that underpin the Social Services and Well-being (Wales) Act (2014) do not appear to have been reflected in the way services have been developed and offered to parents. There was little evidence to show families were partners in the delivery of care. Parents were found to be frustrated due to poor communication and relationship management from the leaders of the CCN Service, leading to a breakdown in the parent/service provider relationship. There was a perception of sanctions being imposed by the service should families complain leading to a lack of trust and/or total breakdown in the relationship with the team.
- Culture of care; this was identified as being complex with what appeared to be an inflexible leadership style. Staff were left feeling demoralised and frustrated having raised concerns relating to workload and their ability to sustain a safe service during the pandemic. No evidence was found to reassure the Board that concerns were appropriately addressed or resolved. The review highlighted that any continuing care decisions for paediatric cases were made by the adult panel who had limited knowledge to support decision making in such cases. There also appeared to be a lack of knowledge and understanding of the Continuing Care process within the wider Health Board management and governance arrangements, which reduced the ability to audit and monitor the implementation of the WG guidance to provide adequate assurance to the Board.
- The experience of children and families; None of the families were critical of the CCN Service as a whole and many praised aspects of the service but there were concerns about specific issues which were not appropriately addressed. A recurrent theme included the Continuing Care assessment process. Many families spoke positively about the HCSWs that actually deliver the care and of Registered Nurses who helped and supported them to navigate the process to access care.
- The views of the CCN Team; in analysing the views and responses from all Registered Nurses in the team and a cross-section of HCSWs, it was clear staff were aware of the challenges and issues faced by the families and were keen to help resolve them. The review team felt the staff they met were caring and

committed with innovative ideas that could help shape the team moving forward.

3. GOVERNANCE AND RISK ISSUES

The Children & Young People Division Improvement plan was developed by the service in response to the External Report into the Childrens Community Nursing Team which was approved by the Health Board in November 2021. This Improvement plan has been evolving as parents/families and staff engage with the service and contribute to ongoing improvements and developments.

For this period of reporting progress of the Improvement Plan is currently slightly off track for a small number actions identified against the recommendations. The reasons for this will be explained in the report and what mitigations if any can be implemented. There are also a few timescales which have not yet been met due to factors which weren't particularly known at the time of the early draft of the improvement plan.

3.1 FEEDBACK

- **Staff Feedback**

Each member of the Childrens Community Nursing team received a copy of the executive summary and the recommendations. A hundred percent of the registered nursing staff have taken up the offer of formal feedback from the reviewers.

As previously reported less than 20% of the HCSW workforce attended for the feedback. In response HCSW training days were established in December 2021 to incorporate the learning and ensure opportunities were given to contribute to developing services for the future. Due to severe staffing shortages during March & April 2022, these sessions have been postponed in order to maintain as many care shifts as possible for the children. Once new staff are recruited the sessions will resume.

- **HCSW's patient/parent feedback**

With the support of the Corporate Patient feedback team, we are proposing to implement a feedback system using the 45 HCSWs currently working in the community team. These HCSWs work in the patient's homes for a full shift each night and have a very close working relationship with the parents and carers. There is an opportunity to gain the views and feedback from the HCSWs as they work with families and will be able to share their experiences and that of the parents through a system called 'What's the Noise'.

The system will be in an app format and will allow the HCSWs to share what was good about any shift but also what wasn't so good and what they think could be done to make changes or improvements. From the external review interviews held with parents and the HCSW many of the frustrations shared by families were similarly shared by the HCSWs. This system has been used successfully in other Trusts in England to establish what their staff experience when caring for patients and assists in ensuring

we focus on improvements to what is important to families and staff. The planned start date for commencing this is May 1st 2022.

This will be just part of how we gain important feedback about what can be improved upon, and what is working well.

- **Formal Family Feedback of the Review Findings**

50% of the families requested a meeting with the reviewers to receive formal feedback. Summaries of the discussion have been recorded and shared with the families. There is one further family wanting a face to face feedback session which was cancelled this week at the family's request – plans are in place to rearrange.

- **Family experience Feedback**

Whilst the service waits for comments back from the families about the suggested feedback questions, the Corporate Feedback team are preparing a specific QR code which will be added to the child's community record for the families. This will assist in immediate feedback about the service which can be monitored by the Health Board and responded to by the CYP Division. This is a quick and simple method for families to pick up their phones at any time and send something in about the service/care. The success of this will be dependent on the nursing team directing and encouraging the families to use it.

3.2 ENGAGEMENT & PARTICIPATION

- **Staff Participation**

The registered nursing staff now have a weekly lunch and learn session which includes updates and discussion on the improvement plan.

From April 25th the HCSWs will be sent weekly catch up meetings invites with the community manager and Lead for the improvement plan to give them an opportunity to discuss the service needs and the improvement plan. Attendance will be monitored and actions logged.

Risks: There are constraints due to the current staffing levels within the team and clinical commitments. It is therefore essential that additional resources are provided to support staff to fully contribute to or participate in any improvement initiatives. A recruitment process is underway to recruit to essential posts in order to increase the staffing establishment as soon as possible. Fixed term posts have been made permanent in an action to retain current team members.

- **Family Participation / Engagement**

In March 2022 the Neath Port Talbot & Singleton Service Group (NPTSSG) Service Group Director wrote to each of the families receiving Continuing Care to provide an update on the improvement plan and to seek their support in how they may want to contribute to any future planning of the service (appendix 3). Included in the communication was a draft of a new Parental Agreement and a sample of feedback questions we were seeking their views on. We are currently waiting feedback from the families on their views and comments.

- **Patient/Family Engagement Strategy plans for SBUHB**

The Service group has met with the Health Board Engagement leads to discuss the need to work towards developing an engagement strategy for the service. Discussions took place in relation to acknowledging that for these family's time is very limited and therefore it will be necessary to ensure the engagement plans are built with their needs and wishes as the primary focus. Which may include:

- Focus groups
- One to one experience interviews
- Linking with existing Parent/carer groups
- Developing a 'In your Shoes' plan to assist in establishing what works well, what doesn't work well and what can we do differently

- **Participation from wider stakeholders**

The Continuing Health Care Transformation Board established with the two local authorities has a wide membership already contributing to the future development of continuing care services. In light of the report those stakeholders are likely to have further comments to make which will need to be incorporated into the action plan.

Continuing Care workshop: The continuing healthcare transformation programme planned a workshop in February, however there is further work needed to get to a point where a regional agreement is achieved. The Division has planned with the current Health Board link person for the transformation work to look at what the next steps can be to fully implement the Wales Childrens Continuing Care Guidance. It has to be acknowledged that the regional transformation plans for Continuing Health Care is significantly more complex than just the Childrens Continuing care work stream. In the meantime, the service continues to work to the new Standard Operating Procedures developed from the national guidance and will be monitoring compliance by means of a newly developed assurance framework which will be monitored via the Division Quality & Safety forum and the NPTSSG monitoring meetings.

Risks: There are currently two actions on the improvement plan which are 'red' and we will update on what progress can be made following the meeting with the corporate link at the end of April 2022.

3.3 WORKFORCE

- **Leadership**

In January 2022 the new Head of Nursing (HON) for Children & Young People commenced in post, this offered a great opportunity to develop the nursing team across the CYP Division. The Division is now reviewing the other senior nursing posts and structure to ensure there is a robust succession plan. The HON post took over a year to recruit into and it is acknowledged that to prevent future senior professional lead roles failing to be filled a robust leadership plan is required with an opportunity to have a Deputy Head of Nursing role in the structure. The post required to strengthen the structure deliver and maintain the report recommendations are included within the Business case which is being presented to Business Case Assurance Group (BCAG).

- **Workforce requirements**

The Division has prepared a business case detailing the resources required to meet the staffing needs and future leadership of the team. At the Management Board in February it highlighted there was likely to be significant cost implications in order to fully achieve the required actions.

Risks: There are number of key posts identified in the workforce business case which the division is awaiting approval for at the BCAG. There has been a delay due to a request for further information which has now been provided. There are currently seven actions on the plan which can be completed if the business case is approved. These seven actions are currently 'red' on the improvement plan as there are no alternative solutions to achieving the staffing resources required and therefore these actions cannot be progressed.

- **Work Force Task & Finish Group**

As previously reported the CYP Division and NPTSSG have established a workforce task and finish group to oversee the actions relating to workforce requirements, organisational development programmes and ongoing support for the nursing team. The group will continue to report progress against the plan and highlight areas at risk.

- **National Band 4 Job Descriptions**

The workforce group is developing the Band 4 Job description with specific attention to the opportunities to extend the role and responsibilities of this group of staff. This needs to be in line with educational and competency based skills requirements. There is further benchmarking with other Health Boards across Wales to establish the extent of the roles within other community teams.

Risks: This has not progressed within the initial timescale and therefore is 'red' on the improvement plan. There is a plan to formally present the findings of the External report to the All Wales Childrens Continuing Care Meeting on May 18th 2022 and request the support of the leads to look at a national benchmarking exercise. There currently are two 'red' actions relating to benchmarking.

- **Training for the Childrens Community Nursing team**

In the last report the training plan for the registered nursing team which was developed by the OD team was shared. It included values based learning, appreciative enquiry and civility and planned to commence in March 2022. Unfortunately, this had to be postponed due to staffing levels with registered staff also undertaking care shifts to support the continuing care packages. Similarly, the HCSW training which includes appreciative enquiry, values based discussion and learning has also been postponed. The plan is to recommence the training as soon as the current recruitment of HCSWs is completed and staff return to work following a large number of community acquired COVID 19 infections.

Risks: Ensuring the care packages are delivered has been a priority and managing staff unavailability has been challenging over the past 8 to 10 weeks with up to 40% staff unavailability. There is one 'red' actions linked to training and development of the community staff.

Additional training requirements is being planned through the task & finish group and will include accessing Health Board training programmes to promote leadership and ensure future succession planning:

- Footprints
- Bridges
- Impact training
- Coaching for performance

- **Safety of the Lone workers**

It was reported in the last paper that a bespoke Lone Working Standard Operating Procedure was being developed with the specialist input from the corporate Health & Safety leads. The guideline has been completed and final agreement to fully implementing requires 'out of hours' cover arrangement of a qualified nurse until midnight to support initial concerns, queries and if necessary attend homes where support is needed when the HCSWs start their night shift. This post is included in the workforce Business case awaiting approval. In the meantime, processes for risk assessing work places, agreeing a 'buddy' system for support are progressing.

Risks: Fully implementing the Bespoke Lone worker procedure in the Childrens community nursing service is currently 'red' on the improvement plan.

- **Wellbeing support**

The Childrens Community Nursing team continue to be under a significant amount stress since before the review was initiated and maintaining the wellbeing of the team has been the priority.

The effect of significant staff absence in such a small team would have had serious implications for the continuity of services for children and their families. Staff have been sign posted to Wellbeing and Guardian services with many taking up the support.

The Health Board Psychology services have committed support for the team and plan to provide two psychology sessions, this has been delayed due to staff absences in the Psychology.

- **Risk Assessment**

The impact of the external review on the Childrens Community Nursing team, and a number of senior staff leaving or moving out of the service has now created a new risk as less experienced staff are offered opportunities to work within the team. The number of qualified staff with the level of knowledge and experience in children's community nursing and continuing care is very small.

Additionally, there are a number of vacancies in the HCSW role which has an impact on safely being able to cover the care packages. Recruitment plans are in place, bank and agency support has been sought although this is limited due to the specialist nature of the care required for these children.

The current risk assessment for the children's community teams is **20** and has been included on the risk register.

3.4 QUALITY & SAFETY

- **Incident reporting & Concerns management**

All actions relating to incident reporting and concerns management have been completed with 100% of the registered staff receiving updating on reporting requirements, they have met with the Women & Child Health Governance team and are now attending the Divisional incident review meetings. The Division is monitoring themes and trends to ensure continued compliance with guidance and policy. Incident reporting numbers have increased with staff now reporting issues/incidents and cancelled night cover routinely.

- **Audit & Assurance**

A record keeping audit programme has been implemented and is undertaken by all the registered staff.

The Division has developed an assurance audit framework to monitor compliance with the Children and Young People's Continuing Care Guidance (WG 2020) which was due for ratification in the March 2022 it will now be approved on April 14th at the Divisional Monitoring meeting prior to going to the next Divisional Quality & Safety meeting in April 2022 with reporting via the NPTSSG monitoring group.

- **Benchmarking with other Continuing Care providers**

As already highlighted in the report – benchmarking with other Health Boards to establish workforce requirements, activity, configuration of services and roles & banding of team members has been delayed.

3.5 UPDATE ON RISK ISSUES – reported in last meeting

- Undertake periodic assurance audits of records to ensure compliance and report to the Division Q&S meeting.

Update - This has now been completed and reported back to the staff and division via the CYP Quality & Safety meeting.

- Plan future assurance monitoring process to incorporate peer review (which could be external to the division).

Update - The All Wales continuing care group have developed a draft terms of reference to support national peer reviews. These draft TOR and the template for undertaking peer review planned to be discussed at the next All Wales meeting on 28 April 2022. (Appendix 4)

- **The Division to work in partnership with the Service Group and corporate team to agree the future structure of the CCN Service.**

This action continues to be delayed until wider discussions and consultation has been planned with the Service Group and the Health Board (new date not yet agreed).

4. FINANCIAL IMPLICATIONS

The CYP Division has developed a business case which outlines key resource implications, which need to be funded and which are essential to successfully implementing the recommendation from the external report.

Areas identified as requiring early attention are:

- Develop a sustainable senior nursing leadership structure.
- Additional staffing requirements identified in the action plan which will need to be quantified to meet the staffing levels required. Establishing the exact staffing levels will require the development of a dataset of key management information relating to the community service to capture the level of activity.
- Meeting the Children & Young People's Continuing Care Guidance recommendations for additional roles such as a lead nurse assessor and LD nurse assessor roles will need to be funded and appointed.
- To provide 'out of hour' support for a service providing 24-hour care in a community setting

5. RECOMMENDATION

For the Quality & Safety Committee to note the update since the previous report in February 2022 and acknowledge the lack of progress in a number of the actions against the timescales in the improvement plan and actions required to progress completion of recommendations.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Implementation of the improvement plan will improve the quality and safety of the children's community nursing service (see appendix 2)		
Financial Implications		
There are financial implications to implementing the improvement plan which will be better understood once key actions are completed.		
Legal Implications (including equality and diversity assessment)		
Staffing Implications		
The children's community nursing team are being supported throughout the process, there is a risk to sustaining the services which has been included on the Children & Young People Risk Register		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The 'what matters to me' and 'voice and control' requirements that underpin the Social Services and Well-being (Wales) Act (2015) do not appear to have been reflected in the way services have been developed and offered.		
The improvement plan has been developed to comply with this Act.		
Report History	The Quality & Safety Committee have received regular updates of the external review whilst in progress. An initial progress following publication of the report was shared at the Q&S Committee on 22 nd December 2021.	
Appendices	Appendix one - Executive Summary	



Executive
Summary.pdf

Appendix two – Community Nursing Improvement Plan



Copy of Copy of
Copy of 2022-04-06

Appendix three – Letter to parents/carers



Letter to families
February 2022 final v

Appendix four – Draft TOR for All Wales Peer Review for Continuing Care



TOR CYP CC peer
review.doc