

| Reference | Recommendation | Action Planned/Delivered | Timescales | Complete/Work in Progress | Responsible | Monitoring Arrangements |
|---|--|--|--|---|--|---|
| 5 (page 24 – Governance & Assurance) | Ensure that the CCN Service is supported in developing effective relationships with pathways of care developed to enable all relevant services to work together successfully | Fully embed the transforming continuing care outcomes ensuring there is an agreed corporate lead. | Apr-22 | Outcomes measures discussed at 1st Improvement Group December 22 2021, final measures to be approved in February - divisional improvement meeting | HON/Corporate Team | Monitor via assurance meetings and feedback from families. |
| | | Ref page 16) Support CCN team to develop partnership forum to encourage joint working | Mar-22 | Workforce group to established January 2022 to work through the plans | HON | Record of notes taken and action log. |
| 34 (page 66- The Views of the CCN Team) | Ensure a compassionate leadership model is in place and that the HB demonstrates its recognition of the significance and value of this service | Temporary new leadership now in place – need to continue to work collaboratively with staff and develop a sustainable leadership structure for the future. | Apr-22 | New Head of Nursing commenced in post January 8th 2022 | HON/Divisional Manager/NPTSS G | Staff and user feedback and contribution to action plan. |
| | | Workforce & Development team to provide a bespoke training/awareness for the Team to include compassionate leadership training for all leaders/managers within the Division in order to embed a compassionate culture. | June 22 | 1 st planning meeting with OD lead and Interim Head of Nursing Dec 1 2021 | HON Divisional Manager/NPTSS G Workforce Team and HB OD Team | Staff Evaluation Feedback. Monitoring Feedback from users of the service. |
| | | Ensure the continuing care services have a reporting and monitoring structure at a division and corporate level and agreed escalation pathway. | Completed August 2021 for Division. December 2021 for corporate reporting. | Divisional reporting system in place New guidance includes escalation of concerns Monitoring of progress against the improvement plan is via the HB Q & S Committee | Group Nurse Director/Divisional Manager/HON | Reporting to CYP divisional business and updates via NPTSSG Children's Community Improvement Group. (CCIG). |
| 23 (page 51 - The Culture of Care) | Develop robust pathways for communication and service delivery with adult community services as well as acute paediatric services. | Monthly transition meetings to continue with any potential delays or concerns regarding transition to reported via the Divisional Business Meeting and escalated to the nominated HB lead for CC. | Completed December 2021 | In Place | Lead Nurse for Children's Continuing Care | Number of escalated concerns. |
| | | Identify a link Children's Community Nurse for acute paediatrics to assist with pathways of care. | Completed August 2021 | Community Nurse now available for the inpatient wards to discuss referrals | Community Matron | Monitor number of acute paediatric referrals |
| 1 (Page 12-Purpose and Methodology) | Consider whether additional work is undertaken to seek and capture the views of the families of the cohort of children that transferred to Cwm Taf Morgannwg UHB during 2019 | Families under the Continuing Care Service to be contacted by letter with invitation to engage in feedback session. | Completed 17 th November 2021. | Completed | Head of Patient Experience, Risk and Legal Services | Copy of letter |
| 2 (Page 12 - Purpose and Methodology) | Consider whether to make contact with the parents who wished to participate in the review anonymously but were unable to do so for this review. | Families under the Continuing Care Service to be contacted by letter with invitation to engage in feedback session. | Completed 17th November 2021. | Completed | Head of Patient Experience, Risk and Legal Services | Copy of letter |
| 6 (Page 24- Governance and Assurance) | Ensure that the storage of health care records is in accordance with the HB Policy and allows for access to records for children on the active caseload. | Develop a SOP for the management of community records including storage of historic notes. | Completed September 2021 | Completed | Head of Nursing (HON) | Record keeping assurance audits |
| | | Undertake a review of the records stored and add to the Information Governance Asset Register in collaboration with the HB lead. | Completed September 2021 | Completed | HON | Asset Register |

| | | | | | | |
|--|---|---|--|--|--|---|
| | | Undertake periodic assurance audits of records to ensure compliance and report to the Division Q&S meeting. | Jan-22 | Delayed until February 2022 due to staff availability | Deputy Head of Nursing | Audit findings reported via Division Q&S Group |
| 7 (Page 24- Governance and Assurance) | Ensure that any future move to online records is managed in line with all legislative, regulatory, national and local policy requirements including consideration of extending the development of the patient portal. | The Health Board Digital services to develop an app for community records. | Commenced July 2021 | Awaiting final version - end January 2022 the division requested an update - final elements to be agreed and the community team will be meeting again with the digital team. | Digital Services | Review and evaluation of the system by digital team and users. |
| | | Training on the use of the app to be provided to all community staff when developed. | TBC when system is ready for implementation. | awaiting finalisation of the app | Digital Services and Practice Development Lead | Attendance Logs |
| 8 (Page 24 - Governance and Assurance) | Ensure that the CCN Service continues to report issues/concerns via Datix | The community team to receive governance training to include reporting issues/concerns. | Completed May 17th 2021 | Completed | WCH Governance Team | Attendance List and future Datix reports |
| | | The Operational Leads to attend weekly multidisciplinary incident review meetings chaired by the HON or Deputy HON. | Completed July 2021 | Completed | Deputy HON | Monitoring number of reported incidents and outcomes of reviews |
| | | The weekly community huddle to include checking with the HCSW of any issues with any of the continuing care children or their families/carers. | Completed July 2021 | Completed | Deputy/Senior Nurse for Continuing Care/Community Nursing Team | Monitoring of huddle records |
| | | All concerns to be logged via the Datix system, reported to the Divisional Core team and investigated in line with PTR regulations | Completed May 2021 | Completed | HON/All Nursing Staff | Datix reports |
| 9 (page 24- Governance and Assurance) | Ensure that concerns and complaints are captured and managed in line with all relevant policies and National Guidance | The Senior Leadership Team to monitor any themes and trends relating to community services | Commenced May 2021 | Completed | HON/WCH Governance Team | Via Quality Safety and Exception reporting |
| | | The Division to be involved in review of concerns with the Patient Experience (CRAG Reviews) | Mar-22 | Awaiting a date from the corporate patient feedback team for a CRAG review | Patient Feedback Team | Outcome report from CRAG review |
| 14 (Page 41 - The Service Model) | Track the resource provided for the Nurse Assessor posts and ensure it is utilised in line with the requirements of the WG Policy Guidance with the correct expertise, knowledge and skills in place to perform this function | The Leadership team to review the current nursing establishment to ensure there is adequate resources for the Nurse Assessor role. This should include benchmarking with other HB's | Feb-22 | Workforce paper prepared and going to Senior Management Team February 2022. | HON | Report to CYP Divisional Business Meeting |
| | | A Specific Nurse Assessor job description to be developed. | Feb-22 | Job Description completed January 2022, awaiting final approval of workforce paper. | Deputy HON | Via Job Evaluation Team |
| | | Succession Planning for this specific role to be included in the workforce plans. | Apr-22 | | HON | Divisional Workforce Group |
| 15 (Page 41- The Service Model) | Review the current processes for quality assurance and multiagency decision making to ensure they are managed in line with WG Guidance. | New guidance to be developed by the service to reflect the multi-agency input and ensure clear governance arrangements incorporating the WG Guidance. | Completed 1st Nov 2021 | Completed | Lead Nurse for Continuing Care | Ratified in CYP Divisional Q&S meeting. |

| | | | | | | |
|------------------------------------|--|--|--------------------------|---|--|--|
| | | The Transforming Continuing Care work stream to ensure the guidance is fully implemented across the agencies. | Mar-22 | Planning for a workshop to be held with the Health Board and local authorities in February 2022 | Transformation Leads | Transformation monitoring process |
| 16 (Page 41 - The Service Model) | Ensure that the CCN Service is fully compliant with the HBs Lone Worker Policy | The CYP Division to review Lone Working practices against the HB policy with involvement of the HB Health and Safety Team. | Dec-21 | Meeting with HB Health & Safety Lead arranged for 16th December 2021. Bespoke guidance development agreed 26 January 2022. | Deputy HON and Head of Safety. | Report findings through the Divisional Health and Safety Group. |
| | | A review of the current risk assessments used for each family to be undertaken. | Commenced August 2021 | Health and Safety lead for Health Board to review the risk assessment process in February 2022. | Dep HON | Review as part of the community assurance audits. |
| 17 (Page 41- The Service Model) | Consider scope to develop wider HB community management for out of hours and lone working services. | To review the current lone working arrangements with the Health & Safety Team and advise on the future arrangements within the organisation. | May-22 | Bespoke guidance development agreed 26 January 2022. | Assistant Divisional Manager/H&S Team/Workforce Team | Report to CYP Division H&S Meeting and NPT & SSG (CCIG). |
| 21 (Page 51 - The Culture of Care) | Ensure that the leadership style for the CCN Service is participative, and complies with all relevant HB policies and National Guidance. | Temporary new leadership now in place – need to continue to work collaboratively with staff and service users going forward. | Commenced January 2021 | New Head of Nursing commenced Jan 8 2022. | HON/Divisional Manager | Feedback from staff and families |
| | | The service needs support to strengthen the leadership structure for the future. | Mar-22 | Included in the workforce paper - awaiting approval through the NPTSSG senior management team process | NPTSSG Workforce Team and HB OD Team | Staff and user feedback. |
| 24 (Page 51- The Culture of Care) | Ensure that safeguarding is managed and overseen in line with the Wales Safeguarding Procedures | Maintain and monitor safeguarding training compliance within the team. | March 31st 2022 | The practice development lead nurse closely monitoring compliance to achieve > 85% by end March 2022 | Clinical Nurse Specialist for Safeguarding Children and Young People | Training compliance data. |
| | | Ensure all staff are able to respond to safeguarding concerns by discussing at weekly huddles. | Commenced September 2021 | Safeguarding concerns now documented and part of the weekly huddles with the team. | Deputy HON | Record of "huddles" |
| | | Ensure there is individual and group safeguarding supervision available and attendance is recorded | Commenced November 2020 | Safeguarding supervision plan in place and available. | Lead Nurse for Safeguarding | Attendance records |
| 26 (Page 51- The Culture of Care) | Ensure appropriate audit processes for Children and Young People Continuing Care are in place that measure compliance with WG Guidance | Develop an audit plan to report compliance against the standards in the WG guidance through the existing quality assurance framework. | Jan-22 | February 2020 draft in progress for ratification at divisional Q&S group March 7 2022. | Lead Nurse for Continuing Care | Audit plan progress to be reported to the CYP Division Q&S Group |
| | | Report compliance via the monthly reporting template to the Divisional Core management team meetings. | Commenced August 2021 | Completed | Lead Nurse for Continuing Care | Divisional Business Minutes |
| | | Report compliance via the multi-agency transformation programme. | Mar-22 | | HON | Transformation meeting minutes |
| 27 (Page 51- The Culture of Care) | Ensure concerns and complaints processes: - are managed in accordance with HB and National Policy requirements; - responses are appropriate and proportionate with any sanctions only applied with the agreement of senior HB managers | Training on governance requirements and concerns and Redress to be provided to the nursing team. | Completed May 2021 | Completed | Service Governance Team | Attendance at session |

| | | | | | | |
|--|---|--|-----------------------|---|--|--|
| | | All responses to be approved at Head of Nursing/Divisional Manager and Service Group Director Level. | Commenced May 2020 | Awaiting a CRAG review date for March 2022. | Service Governance Team | CRAG review outcome report |
| | | Any disputes between families and the service must be escalated and managed by the Divisional Senior Team. | Commenced August 2021 | Reporting via datix and to the CYP senior team | HON | Divisional Business minutes |
| | | Escalation of unresolved disputes to be reported to the Service Group Directors. | Commenced August 2021 | Completed and now included in the monitoring reports and datix incident reporting system | HON/Divisional Manager | Communication to the Senior CYP Management Team and recorded via Datix system. |
| | | Monthly Concerns, Redress and Assurance Group meetings with HON/Deputy HON/Divisional Manager | Commenced May 2020 | Awaiting confirmed CRAG review date for March 2022. | Head of Patient Experience, Risk and Legal Services/Patient Feedback Manager | CRAG review outcome report |
| 31 (Page 61 - The Experience of the Children and Families) | Ensure staff are fully aware of the HB Policies and any relevant professional regulatory requirements regarding the use of various social media apps to communicate with each other | Updating to be provided to all staff which includes how to access relevant corporate policies | Commenced June 2021 | Completed | Practice Development Lead | Training compliance data |
| | | Ensure all staff are compliant with Information Governance training. | Jan-22 | Compliance for IG training February 88%. | Assistant Divisional Manager | Training compliance data |
| Service Development | | | | | | |
| 10 (Page 41 - The Service Model) | Identify a dataset of key management information related to the CCN Service | The Division to review all community activity including acute and chronic care and develop data collection methods to report and demonstrate the level of community based activity provided. | Mar-22 | Data monitoring task & Finish Group to be established by February 2022 to manage ongoing data | Assistant Directorate Manager/ Informatics support | Reporting as part of CYP Divisional Performance monitoring |
| | | To review the current datasets used in Primary and Community or Mental Health and LD services to identify agreed reporting levels. | March 31st 2022 | Data monitoring task & Finish Group to be established by Befruary 2022 to manage ongoing data | Assistant Directorate Manager (ADM) | Include as part of the CYP Divisional Performance reporting |
| | | Benchmark with other Childrens Community Nursing teams across Wales to establish reporting systems and compare activity. | March 31st 2022 | Data monitoring task & Finish Group to be established by Befruary 2022 to manage ongoing data | Deputy HON | Include as part of the CYP Divisional Performance reporting |
| | | Consider options such as Patient Involvement Group, in line with families wishes following disclosure of CCN report. | Jan-21 | Patient/Parent Engagement Task & Finish group being established March 2022. | HON/Head of Patient Experience, Risk and Legal Services | Report feedback from families once sessions have taken place |
| 11 (Page 41- The Service Model) | Consider whether the current skill mix and staffing establishment is sufficient to meet the demands placed upon all elements of the service including stepping down service including if a child is no longer deemed eligible for Continuing Care | Undertake a review of the current activity across the community nursing service and assess the staffing requirements to manage the caseloads. | Feb-22 | Data monitoring task & Finish Group to be established by February 2022 to manage ongoing data | Deputy HON | Report back to CYP Divisional Business Meeting |
| | | Consider recruitment plans for the nursing team including opportunities for rotational pots into the secondary setting | May-22 | To be managed via the Workforce Task & Finish Group in February 2022 meeting. | HON | HON/Matron Minutes |

| | | | | | | |
|--|--|--|------------------------|---|--|--|
| | | Liaise with adult services to consider the option for some staff to transfer to adult services when the young person transitions if appropriate. | Jan-22 | To be managed via the Workforce Task & Finish Group in February 2022 meeting. | HON | Report to Divisional Business meeting and NPTSSG (CCIG). |
| | | Benchmark with other Childrens Community Nursing services in wales on staffing levels. | Feb-22 | | Deputy HON | Report to CYP Divisional meetings |
| 18 (Page 41 - The Service Model) | Explore alternative options to deliver more flexible and timely care including a review of the bank and agency processes | Work with Bank Services to look at the expected activity and demands on the service and explore the prospective of using agency staff when there are staff shortages or new packages requiring commencement. | Apr-22 | To be managed via the Workforce Task & Finish Group in February 2022 meeting. | HON/Bank Manager | Report to the Divisional Business Meeting and NPT & SSG (CCIG) |
| 19 (Page 41 - The Service Model) | Explore a multiagency approach to develop local pathways agreed and jointly owned by the HB and its partners | Fully embed the transforming continuing care pathways and monitor via the Quality Assurance meetings. | Apr-22 | | HON | Transformation Monitoring meeting records |
| 25 (Page 51 - The Culture of Care) | Ensure the skill mix model of 24-hour service delivery is reviewed with benchmarking models across other HB's in Wales | Review the current staffing rosters and establishments - with particular attention to registered nurse availability out of hours. | Apr-22 | | HON/Service Group Director | Report to CYP Divisional Business Meeting and NPT & SSG |
| | | Benchmark existing community nursing staffing models in other HB's across Wales. | Apr-22 | | Support from Workforce Business Partner/Rostering Team | Divisional Business Meeting and NPT & SSG |
| 30 (Page 61 - The Experience of the Children and Families) | Ensure the leadership of the CCN Service is one which is participative and continues to engage with families | Establish formal and informal mechanisms for user engagement and actively encourage participation. - Involve users and their families in any service development. - Actively seek involvement in any guidance or parent information development. - Invite users and families to be involved in appointments of staff into the team. - Provide opportunities for regular formal and informal feedback on the services their children receive. | Commenced January 2022 | January 26th meeting held with a Patient Engagement Specialist to advise on developing an engagement strategy. Patient/Parent Engagement Task & Finish Group being established March 2022. | HON/Patient Experience Manager | Report to CYP Divisional Business Meeting and NPT & SSG Children's Community Improvement Group |
| 32 (Page 66 - The View of the CCN Team) | Ensure a more streamlined process in place to link the CCN's with their team of HCSWs to ensure appropriate delegation, competence and assurance mechanisms are in place | Ensure each HCSW has a registered nurse identified as their line manager to support development and manage performance. | Jan-22 | Completed | HON | Copy of communication sent to each HCSW confirming line manager. |
| | | Ensure the record keeping audits include monitoring the documented care against the individual care plans. | Jan-22 | Audits completed by community registered nursing team. | HON | Audit Reports |

| | | | | | | |
|--------------------------------------|---|--|-------------------------|---|---|---|
| 3 (Page 24 - Governance & Assurance) | Consider the most appropriate position for the CCN Service within the HB structure | The Division to work in partnership with the corporate team to agree the future structure of the CCN Service. | Jan-22 | The action to be delayed until wider discussions and consultation has been planned. | Service Group Director/Service Nurse Director/Executive Director of Nursing/Chief Operating Officer | Provide recommendations to the CYP Divisional Business meeting & NPT&SSG (CCIG) |
| 4 (Page 24 Governance & Assurance) | Develop clear and effective governance arrangements for the CCN Service that includes adequate resource allocation from the governance team | Review the current governance arrangements to ensure there is adequate resources and develop a business case of need if required. | Feb-22 | | Service Group Director/Service Nurse Director | Report findings of review to service Group Directors. |
| | | Communicate reporting arrangements to ensure staff notify the governance team of any governance matters relating to the Children's Community Service | Dec-21 | Meeting with Women and Children Governance Lead - May 2021. Email to remind staff sent on 15th December 2021. | W&CH Governance Team | Evidence of communication and Datix reports. |
| 20 (Page 41- The Service Model) | Continue to build upon regional work including multi-agency service planning to address consistent and recruiting gaps in universal and specialist services. To support this the HB should consider sharing the recommendations with LA Partners. | Undertake a review of the service provision across the region and benchmark with other Health Boards in how they support families. | Mar-22 | | HON | Report to CYP Divisional Business Meeting. |
| | | The HB to share the recommendations and Executive Summary of the report with the LA partners. | Completed November 2021 | Completed | Head of Patient Experience, Risk and Legal Services | To be added to agenda of Directors of Social Services meeting w/c 15/11/21. |

* structure for monitoring arrangements

*the timescales for actions may change dependent on impact of Covid

Update to improvement Plan

| | |
|------------|--------------------|
| 1st Update | December 15th 2021 |
| 2nd Update | January 18th 2022 |
| 3rd Update | February 2nd 2022 |
| 4th Update | February 7th 2022 |

Progress

| |
|-----------------|
| completed |
| in progress |
| overdue |
| yet to commence |