

Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board

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| Meeting Date | 22 February | 2022 | Agenda Item | | | |
|---------------------------------------|---|---|----------------|---------------|--|--|
| Report Title | 22 February 2022Agenda ItemExternal Review of the Children's Community Nursing | | | | | |
| Report fille | Team Service | | | | | |
| Report Author | Jane Phillips – Quality Improvement Lead NPTSSG | | | | | |
| Report Sponsor | Gareth Howells, Executive Director of Nursing & Patient | | | | | |
| | Experience | | | | | |
| Presented by | Gareth Howells, Executive Director of Nursing & Patient | | | | | |
| · · · · · · · · · · · · · · · · · · · | Experience | | | | | |
| Freedom of | Open | | | | | |
| Information | | | | | | |
| Purpose of the | To provide the Quality & Safety Committee with an update | | | | | |
| Report | on the Improvement Plan for the Childrens Community | | | | | |
| | Nursing Team following publication of the report into the | | | | | |
| | | w of the service | commissioned b | by the Health | | |
| | Board in April | 2021. | | | | |
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| Key Issues | Key issues id | Key issues identified in the report were: | | | | |
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| | | f clear team gov | | | | |
| | | ns being manag | • | n no robust | | |
| | consistent process in place. | | | | | |
| | | rvice model for t | | | | |
| | 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. | | | | | |
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| | The culture of care was identified as being complex with what appeared to be an inflexible leadership style. | | | | | |
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| Specific Action | Information | Discussion | Assurance | Approval | | |
| Required | \boxtimes | | \boxtimes | | | |
| (please choose one | | | | | | |
| only) | | | | | | |
| Recommendations | Members are | | | | | |
| | | the key findings | • | | | |
| | | the updated imp | | | | |
| | to the recommendations, noting that it is evolving | | | | | |
| | | as still further engagement with families and staff | | | | |
| | takes place. | | | | | |

| 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. | | Service Director and Service Nurse Director are responsible for the implementation of the plan and |
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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 Improvement plan 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 findings and provide an initial update on the immediate actions taken by the Children & Young People Division since 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 will be the second of 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 HCSW 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 HB 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 (CYP) Division developed an Improvement plan in response to the external report into the Childrens Community Nursing Service which was approved by the 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.

Progress of the Improvement Plan is currently on track for the majority of actions identified against the recommendations, however it may be necessary to change a small number of the timescales due to factors which weren't particularly known at the time of the first draft. Included are the actions for which the timescales have been changed or postponed and the rational for why this has occurred.

Below is a summary of the progress on the development of the plan and implementation of the actions to date.

3.1 FEEDBACK

• Staff Feedback

Each member of the Childrens Community Nursing team received a copy of the executive summary and the recommendations.

100% of the registered nursing staff have taken up the offer of formal feedback from the reviewers.

Less than 20% of the unregistered workforce attended the feedback. However, to ensure 100% of the unregistered staff are aware of the report findings and contribute to the improvement plan, Health Care Support worker training days have been established which commenced December 2021 incorporating learning, listening and an opportunity to assist in developing services for the future. These staff are critical to the service improvements as they provide the majority of the care in the family homes.

• Family Feedback

50% of the families have now met with the reviewers to have formal feedback. Summaries of the discussion have been recorded and shared with the families

There have been a couple families who have wanted to discuss their experiences of the Childrens community services further, particularly the continuing care provision. Investigations into any formal concerns will be via the Putting Things Right regulations.

3.2 ENGAGEMENT & PARTICIPATION

• Staff Participation

Meetings with the community nursing team to support the development and implementation of the improvement plan have commenced.

Risk: 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.

• Family Participation / Engagement

During the feedback sessions families were asked how they would like to be involved with service improvements and developments in the future. The Health Board has highlighted to them how important their views and contribution are in successfully implementing changes for the better.

It is acknowledged that for many families caring for a child or young person with complex health needs time is very limited and therefore any time they give must have outcomes. It is positive that some families have already indicated they wish to contribute to future service developments.

Patient/Family Engagement Task & Finish Group: Establishment of a CYP Division Patient/family engagement work stream to support the development of an engagement strategy for the service which will extend across the division. An initial meeting has been held with an Independent Consultant in Patient and Public Engagement - Cath Broderick who was the lay member of the RCOG/RCM review into Maternity Services in Cwm Taf Health Board in 2019. Next steps are for staff and families to be invited to contribute to the engagement work. (appendix 3 – draft Engagement group TOR)

• 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 is planning a workshop to consider the recommendations from the report and how the local authority can continue to work collaboratively to improve service provision.

3.3 WORKFORCE

• Leadership

In January 2022 the new Head of Nursing for Children & Young People commenced, this offers a great opportunity to develop the nursing teams across the 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.

• Work Force Task & Finish Group

The CYP Division and Neath Port Talbot & Singleton Service Group (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. This is being chaired by the Head of Nursing.

• Training for the Childrens Community Nursing team

Training plan for the registered nursing team has been developed by the OD team with an initial focus on values based learning, appreciative enquiry and civility will be commencing March 2022 (appendix four).

The Healthcare support worker training which includes appreciative enquiry, values based discussion and learning has commenced with the 2nd session on Friday 4th February which will ensure that 25% of the team have been through this programme to date. The plan is for 100% compliance by June 2022.

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:

- \circ Footprints
- o Bridges
- o Impact training
- Coaching for performance

• Workforce requirements

The division has prepared a workforce paper detailing the resources required to meet the staffing needs and future leadership of the team. This will be presented at the NPTSSG senior management team meeting, for approval on Tuesday 8th February 2022. The Management Board has been requested to note there is likely to be significant cost implications in order to fully achieve the required actions.

• Safety of the Lone workers

In January 2022 the CYP Division with support from the Health Board Health & Safety lead commenced the development of a bespoke Lone Working guidance by to incorporate the concerns identified by the reviewers and the families.

• Wellbeing support

The Childrens Community Nursing team have been under a significant amount stress over the past 18 months 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 of the staff having taken 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 currently and as a result the division has reassessed the risk which had initially scored 20. The recent score has remained **20** but the risks have changed, namely: high number of new staff with minimal community or continuing care experience.

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 meet 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) for ratification in the March 2022 Division Quality & Safety Group with reporting via the NPTSSG monitoring group.

• Benchmarking with other Continuing Care providers

The service will commence a benchmarking exercise with other Health Boards this month to establish the workforce requirements to cover a Childrens community nursing team – this will include activity levels, configuration of services and roles of the team members and banding. This will be coordinated via a task and finish group before being reported to the Division Improvement Group.

3.5 RISK ISSUES – actions where timescales have been changed or postponed.

- Undertake periodic assurance audits of records to ensure compliance and report to the Division Q&S meeting.
 Delayed until end February 2022 due to staff unavailability within the senior Childrens Nursing Team
- Plan future assurance monitoring process to incorporate peer review (which could be external to the division). Delayed until an all Wales agreement can be planned – meeting of All Wales Lead Nurses for Childrens Continuing Care at the end of February where a proposal of the benefits of peer review can be considered. (new date not yet agreed)
- The Division to work in partnership with the corporate team to agree the future structure of the CCN Service.

The action 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 financial report which outlines key resource implications which are essential to successfully implementing the recommendation from the external report. The finance paper is being presented to the NPTSSG Directors for discussion and support.

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 will need to be 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 progress to date since the external report into the Childrens Community Nursing review was published on 24 November 2021 and the first progress update on 22nd December 2022.

| | Governance and Assurance | | | | | |
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| Link to Enabling | Supporting better health and wellbeing by actively empowering people to live well in resilient communities | promoting | and | | | |
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| (please choose) | Co-Production and Health Literacy | \boxtimes | | | | |
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| | Deliver better care through excellent health and care services achieving the | | | | | |
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| (please choose) | Staying Healthy | \boxtimes | | | | |
| | Safe Care | \square | | | | |
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| Quality Safety | and Patient Experience | | | | | |
| Financial Impl | nunity nursing service (see appendix 2) | | | | | |
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| Appendix three – TOR for the Parent/Patient Engagement Group | nent |
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