

Children, Adults, Health and Wellbeing Policy Development Scrutiny Panel

8th March 2022

**HCRG Care Group 6 Month
Commissioning Update**

Children's Health Services

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1. Introduction

1.1 This is the fifth report submitted to panel as a commissioning update for HCRG Care Group delivery as the prime provider for integrated health and social care services for the B&NES locality. At the request of panel this update report will focus on Children's Health Services (non-mental-health).

2. Overview of B&NES Children's Health Services

2.1 HCRG Care Group Children's Health Services

2.1.1 HCRG Care Group deliver a wide range of Children's Community Health Services in B&NES which is jointly commissioned by the Council and Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group and is routinely performance managed by both public health and specialist commissioning. The services include the following:

2.2 Specialist Services

- Community Paediatrics
- Community Audiology
- Speech and Language Therapy - Core and Schools Commissioned Service (SLIP)
- Children's Learning Disability Service
- Children Looked After (CLA) Health
- Children's Continence
- Youth Offending Service Nursing and Speech and Language Therapy
- Children's Community Nursing and Psychology
- Children's Continuing Health Care

2.3 Universal Public Health Nursing Services

- School Nursing
- Health Visiting
- Family Nurse Partnership

2.3.1 Leaders of HCRG Care Group Children's Services have a well-established culture of close collaboration, partnership and multi-agency working. Between regular commissioner led service level performance meetings, both Public Health and Complex Care and Targeted Support commissioning functions regularly 'deep dive' to maintain a continuous cycle of service development. Representatives from the Group also regularly represent children and young people's health at a wide range of local system forums including the **B&NES Community Safety and Safeguarding Partnership (BCSSP)**, the **Youth Offending Board** and the **Special**

Educational Needs and Disabilities Strategy Board, among many others. Two areas of developmental work which sit across the entire set of services, although delayed by the pandemic response, remain a priority and are in the action plan for 2022/23. One is the development of new service level metrics to now have a greater focus on outcomes which will be linked to each service area, replacing the existing performance indicators. The second is the creation of a single point of access which will incorporate multi-disciplinary approaches.

3. Pandemic Response

3.1 Prior to the onset of the COVID 19 pandemic, performance across both specialist and universal services was very good. NHSE have provided over the past two years centralised sets of guidance throughout the pandemic via a series of Community Service Prioritisation Frameworks. These frameworks have advised on which services to suspend, and which must continue to ensure that rigorous safeguarding principles are maintained, particularly for vulnerable groups in both identifying these groups and maintaining contact and support for those identified. The Health Visiting Service, with particular emphasis on new birth visits and developmental checks, has been particularly critical in maintaining contact with families and safeguarding children.

3.2 HCRG Care Group have consistently applied the prioritisation frameworks and in many cases staff, particularly in the Community Nursing and Psychology service which supports children and young people with complex health needs and their families and carers, have gone beyond the guidance issued by NSHE to support vulnerable families on their caseload, delivering food parcels and vital medicines and offering critical emotional support to families. The Children Looked After health offer has also been prioritised to ensure that all Initial Health Assessments have still been carried out face to face and in a timely way and that Review Health Assessments have been routinely completed.

3.3 As with many other health services across all age acute and community health sector, all B&NES Children's Community Health Services have experienced some disruption to normal service delivery during the pandemic, particularly those that require express face to face consultation such as audiological services. There has also been a marked increase of referrals into several specialist services during the period of the pandemic with a corresponding increase in requests for Education, Health and Social Care Plans coming into the Education Service in the Council.

4. Specialist Services

4.1 Prior to the COVID-19 pandemic, overall performance across the range of specialist children's services listed in the overview section of this report was consistently strong and the workforce stable allowing for good continuity of care for children and young people. Key performance indicators shown in the table below for the period quarters 1-4 2019-2020 demonstrate this consistent performance of the services. Stakeholder feedback through several tools including the Friends and Family Test tool and Patient Reported Experience measure (PREMS) evidenced consistently positive engagement with service users. Where there was dissatisfaction, complaints were well managed and dealt with in a timely way.

The table below shows the performance in year 2019 -2020 for quarters 1-4.

Specialist Service Area	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Community Paediatrics Referral to Treatment % seen Within 18 weeks	92%	99.7%	100%	100%	100%
Paediatric Audiology Referral to treatment % seen within 18 weeks	92%	100%	100%	100%	100%
Children's Speech and Language Therapy Referral to treatment % seen within 18 weeks	92%	95%	93.3%	93%	95%

4.2 As services experienced disruption from the onset of the pandemic, HCRG Care Group have, during periods between lockdowns, facilitated additional clinics to reduce waiting times particularly for the community audiology service which was, due to the face-to-face nature of the service, particularly impacted. Specific specialist services such as Speech and Language Therapy and Community Paediatrics have experienced an increase in both referral numbers and waiting times. Vulnerable groups such as Looked After Children and those with Special Educational Needs and Disabilities and Complex Health Needs have been prioritised. Currently the paediatric service has some additional resource from the CCG to support the reduction of the current waiting list. The Speech and Language Therapy Service has also received some short-term additional funding to provide support to the service, especially to get back into schools as they have reopened across the county. HCRG Care Group is also part of a Bath and North East Somerset, Swindon, and Wiltshire Clinical Commissioning Group initiative to reduce waiting times for autism spectrum disorder assessments. The tables below illustrate the two-year period of the pandemic starting in April 2020 to December 2021.

Performance in year 2020-2021 for quarters 1-4.

Specialist Service Area	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Community Paediatrics Referral to Treatment % seen Within 18 weeks	92%	100%	100%	100%	100%
Paediatric Audiology Referral to treatment % seen within 18 weeks	92%	100%	100%	100%	100%
Children's Speech and Language Therapy Referral to treatment % seen within 18 weeks	92%	95%	93%	93%	95%

Performance in year 2021-2022 for quarters 1-3.

Specialist Service Area	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Community Paediatrics Referral to Treatment % seen Within 18 weeks	92%	83.8%	88.3 %	86.8%	
Paediatric Audiology Referral to treatment % seen within 18 weeks	92%	100%	100%	100%	
Children's Speech and Language Therapy Referral to treatment % seen within 18 weeks	92%	94.7%	90%	92%	

*Action plan is in place to meet RTT target by end of Q4

4.5 Specialist Services are still in the process of recovery with improved performance already in some service areas, however, other services will need continued and sustained support to recover. Advice from the latest NHSE Community Services Prioritisation Framework is for all services to remain open and triage access based on clinical need. Furthermore, NHSE have issued a requirement for systems to produce a Community Services Waiting Time Reduction Initiative as part of the operating plan for 2022-2023, which the system is currently devising and will include Children's Community Services. HRCG Care Group is working closely with CCG colleagues to manage the reduction of waiting times.

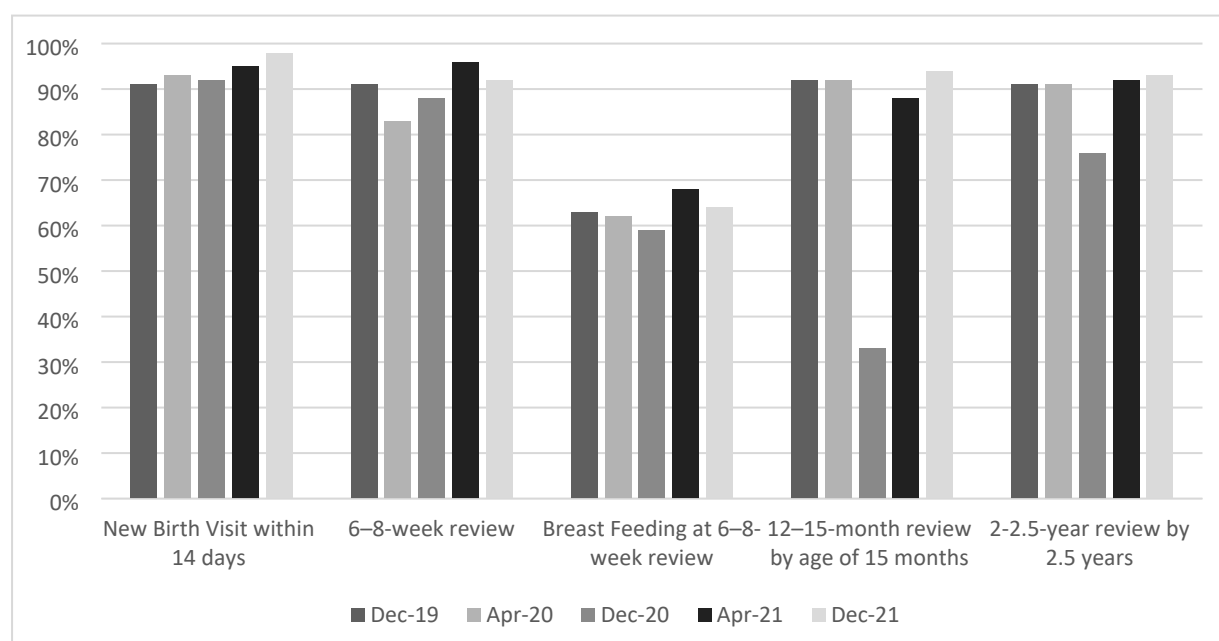
5. Universal Public Health Nursing Services

5.1 Public Health Nursing Services are made up of Health Visiting, School Nursing, and the Family Nurse Partnership (FNP). Public Health Nursing Services play a vital role in ensuring all children have the best start in life. Early experiences, including those before birth, can have a lifelong impact on the health and wellbeing of children and their families. Support throughout childhood is key to ensuring that children and young people achieve their potential, to make their own unique contribution and in the future, help their communities to flourish.

5.2 The Health Visiting Service provides support for all families with children under school age, providing five mandated contacts; an antenatal contact, a new birth visit, a 6–8 week contact, 12–15 month review and a 2-2.5 year review offering evidence-based health advice, information, and interventions to enable children to achieve positive outcomes.

5.3 The HCRG Care Group Health Visiting Service performs well. The table below shows performance at key points since December 2019 and illustrates the impact of the national COVID-19 prioritisation changes on the service offer and how the service has recovered and delivered a catch-up programme for mandated reviews.

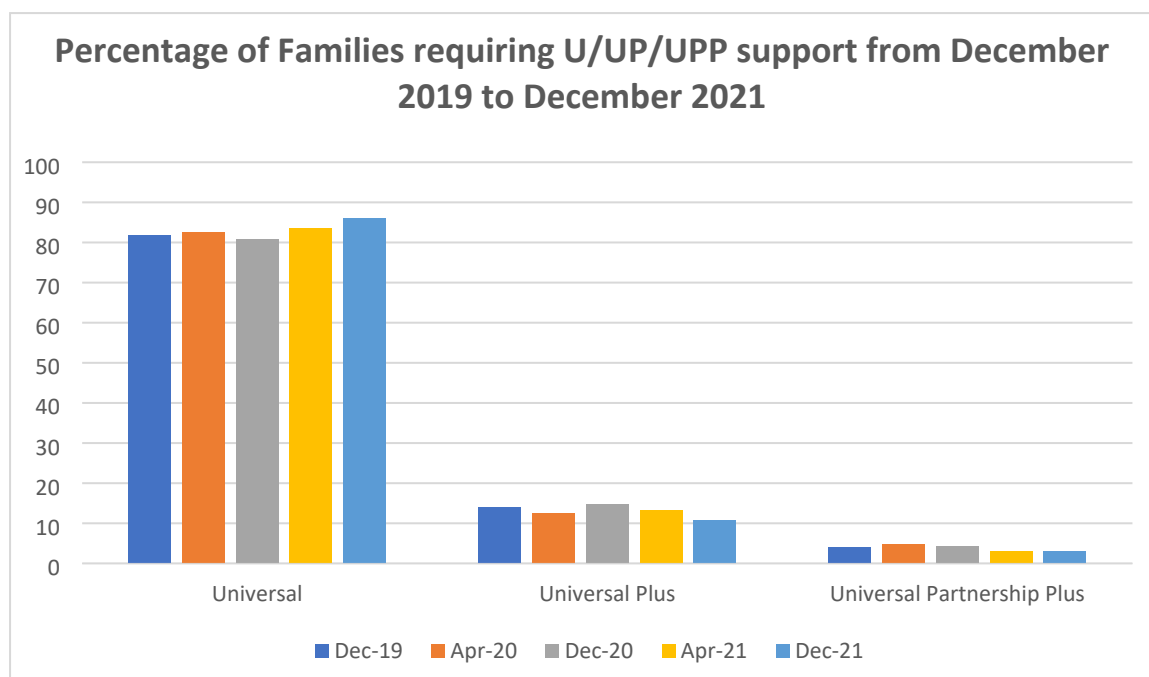
Key Performance Indicators for Health Visiting December 2019 to December 2021



5.4 In response to the Covid-19 pandemic the Health Visiting Service reviewed provision, established Covid safe procedures including infection, prevention and control procedures and screened for the risk of Covid-19 before all face-to-face contacts. Throughout Covid-19 restrictions, face to face new birth visits were maintained for all babies and other children and families with safeguarding, child protection and specialist needs. In accordance with guidance to protect women in the third trimester of pregnancy, antenatal contacts were delivered virtually (except when there were additional health needs). Advice continued to be available via telephone and virtual clinical consultations to ensure that children and their families' needs were met.

Health Visitors assess each child and family's health and support needs and offer services that are "Universal" (U), "Universal Plus" (targeted) (UP) or "Universal Partnership Plus" (UPP) (specialist). Families who have additional health needs (UP) are supported with packages of care focused on their specific needs for example, sleep, perinatal infant mental health and behaviour support. Families with more complex needs (UPP) are supported through multi-agency support including the Team around the Family and Team around the Child (TAF/TAC) process, SEND and safeguarding support.

The table below shows the proportion of children needing "Universal" (U), "Universal Plus" (targeted) (UP) or "Universal Partnership Plus" (UPP) (specialist) support at key points since December 2019.



This data shows that the percentage of families requiring additional support has remained stable overall.

5.5 Additional support for families with new babies born during the first lockdown was offered via an “early weeks” package of advice and emotional support. This package was provided through a blended face to face and virtual offer to ensure additional infant feeding support could be provided face to face. This additional support focused on attachment, infant feeding, adapting to parenthood relationships and aimed to enable new parents to access support at a time when contact with their extended families, friends and support groups was limited.

5.6 More appointments are being offered as the service moves towards the full re-opening of ‘drop in’ baby and toddler hubs. As well as the universal offer, Health Visitors work with children, their parents, and carers to identify and assess additional needs early and provide targeted support bundles to meet assessed needs. Targeted support bundles include interventions to support positive maternal mental health, healthy eating, sleep, and school readiness and this is part of the “Universal Plus” service offered.

5.7 Health visitors have a vital role in ensuring that safeguarding concerns about pre-school children and the wider family are identified early and they work closely with children’s social care supporting interventions to keep children safe and healthy. They contribute to Multi-Agency Risk Assessment Conferences (MARACs), strategy meetings, case conferences and Child in Need work. Health Visitors support the Children Looked after Health Service by providing biannual review health assessment for preschool Looked After Children.

5.8 The service has also developed specialist health support for the Gypsy, Roma, Traveller and Boater (GRTB) community.

5.9 The Family Nurse Partnership (FNP) supports young parents with a family nurse who visits intensively through pregnancy until their child is between one and two. The service is able to support up to 72 young families in B&NES at any time and the service accepts referrals within the nationally agreed criteria for the programme that includes any mother up to the age of 19 years and mothers up to the age of 24 years who have specific additional needs, and they must all be first time parents. Through a psycho-educational approach and a focus on building self-efficacy, positive relationships, and behaviour change, FNP enables young parents to build positive relationships with their baby and others and to understand their baby's needs, enabling them to give their baby the best start in life.

5.10 The School Nursing Service provides universal access to health advice and support for school pupils and college students. School nurses primarily provide targeted support to all children and young people to address their health issues and have continued to work throughout Covid-19 adopting new approaches during periods of restriction and when remote learning was mandated. All services are now running face to face although the Service has continued to offer virtual contacts if requested. The most common requests for support are for emotional health & well-being support with a 100% increase in requests for such support following the easing of COVID-19 restrictions and a return to school-based learning.

5.11 The school nurses also work closely with the mental health support in schools' teams provided by Child and Adolescent Mental Health Services (CAMHS) and support access to, or advice from, specialist CAMHS. The school nursing service facilitates the 'FRIENDS' programme in selected primary school classes that include pupils with high levels of anxiety.

5.12 Like health visitors, school nurses work with children, parent/carers, schools, and other agencies to identify, assess, and meet additional needs. The school nursing service offers a routine school-entry health questionnaire to all children entering reception. This screening provides parents/carers an opportunity to access further advice and support from the service and to identify children with additional health needs. Children in reception year are offered vision and hearing tests to ensure that children can access learning effectively and any health needs are identified.

5.13 The National Child Measurement Programme (NCMP) is a nationally mandated public health programme which is part of the government's approach to tackling child obesity. All children are offered the opportunity to be weighed and measured by the service in both reception and year 6. Anonymised results are shared with the national programme to inform service planning at a national and local level.

5.14 In secondary schools, young people can access confidential advice and support by text messages via the CHAT Health Service. Information about CHAT Health is shared through the service, by schools and there are posters and "credit cards" advertising the service that young people helped to design nationally in a variety of locations across B&NES. School nurses provide CHAT health support during term time Monday to Friday 9-5pm. 'Drop in' clinics are also provided in each secondary school allowing young people to access confidential health advice and face-to-face support from a school nurse.

5.15 There are also two Specialist School Nursing roles that provide focused assessment and interventions for children and young people who are missing education and/or who are being supported through the youth justice system. Both roles support some of the most vulnerable children and young people to access education, to have their health needs met and to have improved outcomes.

5.16 The 'Clinic in a Box' healthy relationships and sexual health service offers young people access to advice, support, sexual health screening and contraception. The service received the Nursing Times 2021 award for nursing in the community for the team's resilience and creativity in maintaining 'Clinic in a Box' provision during Covid-19.

5.17 In Healthy Weight Services, due to Covid-19 restrictions preventing National Childhood Measurement Programme (NCMP) measuring in schools, there is no published data for 2020/21 but national sampling indicates that in reception, obesity prevalence has increased from 9.9% in 2019/20 to 14.4% in 2020/2 and in Year 6, obesity prevalence has increased from 21.0% in 2019/20 to 25.5% in 2020/21.

5.18 The Children's Weight Management Service provides a variety of interventions to help children and young people reach and/or maintain a healthy weight. Healthy Start, Brighter Future (HENRY) is an evidence-based group programme for parent/carers of children aged 0-5 which supports families to develop healthy approaches to food, physical activity, and positive parenting skills.

5.19 COOK IT' is a 5-week cookery course for any family with children under 17 during which families learn to cook healthy, balanced and budget friendly meals. 'Learn, Eat and Play (LEAP) is a family targeted programme for children aged 5-17 who are above a healthy weight. During Covid-19 the service was paused to allow the team to support the development of the Community Wellbeing Hub (CWH) food pod and to develop a virtual Children's Weight Management Service offer. The team successfully supported 545 referrals to the food pod in 2020/21 and have encouraged families to access the hub's wider offer of reducing food insecurity and increasing healthy cooking skills.

6. Corporate Parenting and Supporting Vulnerable Groups

6.1 Children who are Looked After receive an initial paediatrician health assessment as soon as possible after coming into care, ideally within 28 days. This review identifies any health needs, provides immediate health care and support, and ensures that referrals into Specialist Services are completed in a timely way. Review nurse health assessments are completed every 6-12 months following this initial review to ensure that children's health needs are being met and that ongoing support is in place. The health team works closely with social care to respond to changing needs and placements and all assessments are holistic and consider emotional well-being, the impact of trauma as well as health conditions, vaccination status and access to dental care.

6.2 During Covid-19 health assessments, advice and support continued to be available, initially with virtual consultations and then with face-to-face assessments,

all looked after children who had a virtual initial assessment have had a face to face follow up assessment. Children who are Looked After receive a health passport from when they are aged 15 which summarises their health needs and that aims to make accessing health services easier. The service performs well overall, consistently meeting the target for 95% of children who are looked after to have had a review health assessment within the last year.

6.3 There are robust arrangements in place for adoption medical oversight. A Designated Doctor for adoption function is built into the contract arrangements and sits within the community paediatric service and this role works closely with Adoption West, the pan regional Adoption Agency operated by 6 Local Authorities in the region. There is a compliant recruitment audit trail for this appointment in light of recent judicial review requirements for England.

6.4 The designated nurse for Children Looked After function now sits, in agreement with HCRG Care Group, within the CCG and the current incumbent works closely with counterparts across BSW to develop strategic improvements around the health of children in care. A BSW strategic group for both children in care and adoption with all designated functions present has been created and will drive improvements. Of particular attention is ensuring that the health needs of children who are placed out of area are met.

6.5 HCRG Care Group also support vulnerable groups of children in a range of other service areas. There is nursing provision in the Children Missing Education Service (CMES) which is commissioned by the Council's Education Service and there is both speech and language therapy and nursing functions in the Youth Offending Service. There is good multi agency contribution to work with children that are at risk of exploitation and a commitment to flexible ways of working to support this cohort of children and their families. Involvement of health colleagues in the B&NES Multi-Agency Safeguarding Hub (MASH) has facilitated highly effective and timely decision making. During the lockdowns in the pandemic multi-agency meetings were reinstated to ensure clear communication between partner agencies which enabled co-ordinated plans to be devised across the system.

7. Special Educational Needs and Disabilities – Health and Transitions

7.1 HCRG Care Group Children's Community Health Services continue to support the local area's statutory requirement to effectively meet the needs of children with special education needs and disabilities (SEND). During the pandemic this specific group of children have continued to be prioritised and HCRG Care Group have worked closely with Council colleagues in Education. After the successful B&NES SEND Inspection in 2019, the local system continues to develop effective systems in supporting children with additional needs. The development of the outcomes performance metrics for health services will support the B&NES system to more easily measure how successful SEND health interventions are. There is also a Children's Transformation Programme within the council which is a 3–5-year programme currently reaching the end of year 2. There are three key projects which form part of this transformation programme and HCRG Care Group are contributing from a health perspective to each of the following:

1. Transitions - improving the experience of transitions for young people from Children's Services into Adult Services with an emphasis on preparing young people for adulthood and the development of life skills
2. Complex Needs Pathways Review - a needs analysis of our changing SEND population and an identification of what services and provisions we are going to need to develop over the next 5-10 years
3. Development of an overarching Children and Young People's Outcomes Framework - facilitated by the Council for Disabled Children

7.2 The imminent publication of the SEND Review delayed due to the pandemic, and the publication of the new SEND Inspection Framework will need to be duly considered and further developmental work is anticipated in response.

8. System Partnership working

8.1 The new Integrated Care System (ICS) across Bath and North East Somerset, Swindon and Wiltshire will now launch in July 2022 and HRCG Care Group with system colleagues are already engaged with system wide workstreams and development of plans aligned to the NHSE 10 year Plan. A Children and Young People's infrastructure is under development at system level and each locality will be represented as part of this emerging infrastructure. An NHS England and Improvement Non Mental Health CYP Transformation Programme has begun and the BSW system is readying for its engagement with this. Areas of particular focus include:

- Reducing health inequalities
- Children's Continuing Health Care
- Asthma
- Obesity
- SEND and Complex Needs
- Early help and intervention
- Paediatric urgent care

8.2 HCRG Care Group are working across both Wiltshire and B&NES to ensure that they are engaged with early conversations as the transformation programme develops.

9. Patient Safety and Quality

9.1 Governance and Monitoring

9.1.1 Patient safety and quality is closely monitored by commissioners within an established governance and contract management framework with HCRG Care Group. Members of the CCG quality team attend the monthly HCRG Care Group quality and safety meetings and from a governance perspective, safety and quality is reported through contract quality and performance meeting (CQPM) which is attended by senior commissioners from both the Council and the CCG.

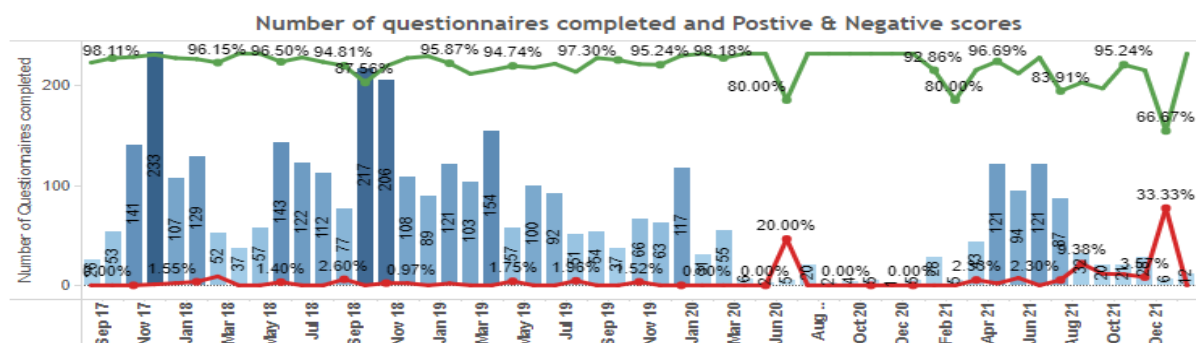
9.2 Patient Feedback

9.2.1 HCRG Care Group gather feedback from children and young people, their parents and carers through a variety of avenues including friends and family test, patient reported experience measures (PREMS), 'you said, we did' as well as formal complaints, concerns, and compliments.

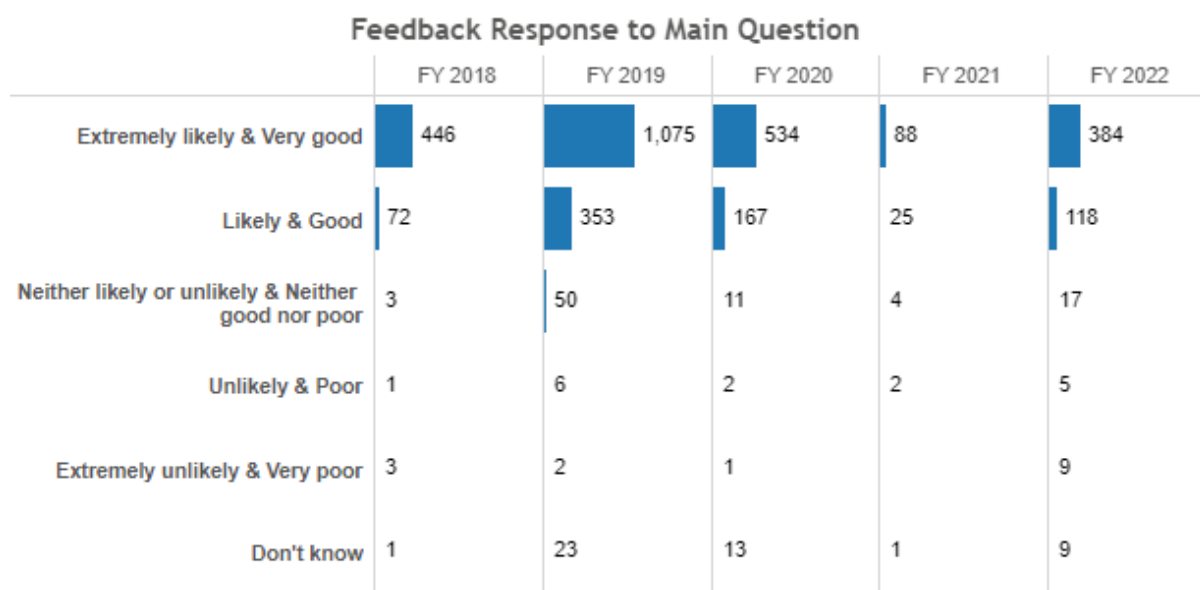
9.3 Friends and Family Test (FFT)

9.3.1 HCRG Care Group have been collecting service user feedback through this method since the beginning of the contract in April 2017. Feedback via this route was suspended at the beginning of Covid-19 pandemic and has not regained pre-pandemic levels since. There has been a total of 3,678 responses in children's services during this time with an average positive score of 95.4%

9.3.2 The graph below shows that number of responses received by month over the timeframe and FFT was put on hold from March 2020 to April 2021 due to the pandemic.



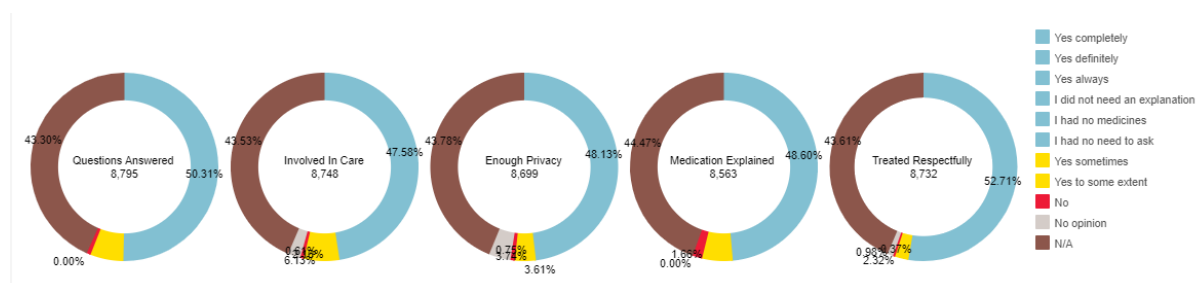
9.3.3 The table below shows the feedback for the main FFT question by year. It should be noted that the question changed in April 2020. The years are for the financial year ending, for example, FY 2018 denotes information from April 2017 to March 2018.



9.3.4 Service users who complete FFT can make a comment to explain their response. Whilst some do make comments, many do not and therefore it is not always possible to follow up on a negative comment as, by nature, all FFT responses are given anonymously. There have been 31 negative responses within the timeframe, but only 9 of these were accompanied by any comments, 2 of which were not related to the service at all.

9.4 Patient Reported Experience Measures (PREMS)

9.4.1 The diagram below shows the outcomes from the patient reported experience measures from 2017-2022.



9.5 You Said, We Did

9.5.1 “You Said, We Did” is an organisational initiative for capturing response to feedback enabling service users to see that feedback is taken seriously. Through this feedback, concerns are resolved, and improvements made to service provision. Each service is required to report internally on at least one service improvement that they have made in response to feedback each quarter, and these are then shared within Children’s Services and across the organisation.

9.5.2 Some examples from Children's Services in B&NES are:

Service	You Said	We Did
Community Paediatrics	A family speaking Spanish as their first language requested information on their child's ADHD diagnosis	Arranged for the appropriate written information to be translated into Spanish
School Nursing	Bath College asked for a bespoke session for their pupils with special educational needs	The college nurses provided sessions about infection control, immunisations, and antibiotic use
Audiology	No clear signs for Paediatric Unit	Reviewed signage and put-up additional signs to children's waiting room
Community Paediatricians	"I can't come to clinic without my dog" (child with autism and severe anxiety)	We arranged a venue where a dog could be brought to clinic so that the child could be seen and appropriately assessed
Health Visiting	The EYCP (Early Years Community Practitioners) identified a rise in referrals for sleep issues in toddler age range	Creating a group to reach the numbers of two sessions to discuss and normalise issues regarding sleep in the toddler. Through shared conversations, parents will realise some behaviours are typical for this age range and feel supported. This is extended to all areas in B&NES.
Speech and Language	Parents gave feedback that they would like the communication in autism training to take place in the evening so fathers could attend	The next set of training sessions have been arranged from 5-7 pm
Health Visiting	In response to the boater community a hand drawn map has been created by a service user to illustrate landmarks and moorings	Permission given to cascade this through the workforce and wider colleagues to enable ease of finding service users to ensure delivery of care.
Audiology	Some children, particularly those with autistic spectrum disorder, find it difficult to come to the audiology clinic as it is an unfamiliar environment and process	Designed a story board which explains in words and pictures what will happen in the paediatric audiology clinic and displayed in waiting area
Family Nurse Partnership (FNP)	Some clients don't wish to be seen in their home if living with extended family where it feels difficult to talk openly	Arrange to see clients in a venue of their choice

Health Visiting	Mothers living in rural communities in Bath and North East Somerset fed back it was too difficult and expensive to get into Bath City for feeding advice and support, and need easily accessible Infant Feeding Team Support for complex feeding issues	Infant feeding team members attend the busiest feeding hubs on a weekly basis to ensure spread of knowledge and support to mothers seeking additional breast-feeding advice and support
Health Visiting	Since the October 2021 move to new venue at 12 Charlotte Street Bath Children's and Family Centre parents have found it difficult to access the Baby and Toddler Health Visitor Hub as they had to leave buggies outside	In negotiation with partner organisation agreement for better buggy access and parents can bring buggies into the building again which will make it easier for them to access our universal Health Visitor services
Speech and Language Therapy	We had requests to add common functional vocab and emotions vocabulary to the stages 1& 2 Makaton course (where the vocabulary is prescribed). This is in response to requests from course attendees	Makaton tutor adapted the course to include the requested vocabulary

9.6 Complaints

9.6.1 Since 2017 there have been 11 formal complaints received by B&NES children's community health services. 3 of these were subsequently withdrawn as they referred to people not employed by the organisation. One was not upheld as it related to a safeguarding referral which was entirely appropriate. The investigation found that the practitioner acted correctly within the policy and guidelines.

9.6.2 Two complaints were in relation to different models of service provision because of COVID-19 safety precautions.

9.6.3 The remaining complaints all have an element of miscommunication at their core with colleagues reflecting that communication could have been better at the time. Discussions have taken place at both team level and wider across children's services to be aware of the impact of poor communication and not considering the impact that this can have on patient experience. A key theme from concerns is about communication in relation to COVID-19 vaccinations. HCRG Care Group have operated in line with specific NHS national communication guidance regarding school age COVID-19 vaccinations which has delayed communication with the B&NES population.

9.7 Compliments

9.7.1 During the period April 2017 to January 2022 there have been 353 formal compliments received by the children's services in B&NES. Some of these have been from young people themselves; some from parents or carers and some from professionals in partner agencies. Some examples are included below:

“Really good care every time we have attended.” (Paediatric Audiology)

“Fabulous staff. Well-appointed clinic. Clearly explained process and tests. My child’s anxiety was well handled.” (Paediatric Audiology)

“Just a quick note to say thank you so much for everything that you have done for us. You have honestly been amazing, and we feel so lucky that you have managed to assess so cleverly. You really did get the best out of him and really connected with you. it was actually really lovely to watch.” (Speech and Language Therapy)

“Thank you so much for helping me with my stutter it has really helped” (Speech and Language Therapy)

“Just a thank you for all your hard work and dedication this past year concerning my son you have all been amazing prompt and so understanding. We will be eternally grateful”. (Paediatricians)

“Thank you for the summary it was very helpful and I keep it where I can refer to it. I was touched that you took the time to do”. (Children’s Community Nursing)

“Thank you for providing such a supportive space. Your kindness, encouragement and guidance have been invaluable and much appreciated.” (Children’s Community Psychology)

The ongoing Covid pandemic has changed the way we live, how we work and presented all kinds of challenges to our daily lives. Some of us have had very personal experiences with the loss of family members and friends. When I emailed you all last year, I was hopeful that vaccination would make a significant difference. And it has, but much of the pressure that Covid brings remains in place and continues to affect us. With this in the background, it can be easily forgotten just how important sexual and reproductive health is. However, each and every one of you has continued to ensure that our young people are supported and can access services despite the ongoing pressures. (School Nursing)

To summarise, I’m hugely grateful for all that you have done this year. I know that it’s been challenging, hard, frustrating and very tiring. But each and every one of you should be really proud with what you’ve achieved this year. The School Nursing team remains a great service because of your work, your commitment, your energy, your enthusiasm, your skill, your knowledge and your kindness. In sort, School Nursing remains a great service because of YOU. (School Nursing)

“The procedure you taught us has changed our lives thank you so much”. (Paediatric continence)

“I think Family Nurse Partnership is a good scheme for first time parents. It’s also good that you came to wherever I am. I found this service helpful and will continue to find it helpful, no doubt about it. Thank you.” (Family Nurse Partnership)

“I feel very lucky to have you as a health visitor that you always make yourself available to offer support when it is needed and I feel that I am able to talk openly without being judged.” (Health Visiting)

9.8 Incidents

9.8.1 HCRG Care Group do report all incidents via their incident management system. The highest number of reported incidents relate to information security. There have been no serious incidents reported to the CCG during the duration of the contract, and there are processes in place to learn from incidents and this is reported through the monthly quality and safety meeting.

9.9 Care Quality Commission (CQC)

9.9.1 Children’s Health Services in B&NES have not had a formal CQC inspection. However, regular relationship meetings do take place between CQC and HCRG Care Group and no concerns have been raised. In February 2021 there was an interim CQC inspection which was overall positive, and no issues or concerns were raised.

9.10 Safeguarding

9.10.1 HCRG Care Group have a dedicated national safeguarding lead and local safeguarding leads within B&NES, who work closely with both B&NES Council and BSWCCG to undertake safeguarding investigations. HCRG Care Group produce a quarterly safeguarding report for both adults and children and these reports are shared with joint commissioners. HCRG are key partners with the Safeguarding Partnership and routinely contribute to sub groups of the partnership, notably the Early Intervention.

9.11 Infection Prevention and Control (IPC)

9.11.1 Since February 2020, HCRG Care Group has put systems and processes in place to manage the Covid-19 pandemic in line with national guidance.

9.11.2 There are good processes in place to report and learn from infection control incidents and regular infection prevention and control updates are provided to staff. HCRG Care Group have a local IPC committee with representatives from all services who act as champions within their teams to promote and share best practice.

9.12 Children’s Workforce

9.12.1 The B&NES HCRG Care Group children’s workforce consists of registered nurses, specialist community public health nurses (health visitors or school nurses), paediatricians, speech and language therapists, health care assistants, audiologists and business support staff. The children’s management structure is an integrated management structure which supports both B&NES and Wiltshire Community Health services contract, giving resilience, efficiencies, and access to specialist support across a wider ‘footprint’.

9.13 Recruitment and Retention

9.13.1 Retention of staff is good across the children's workforce and vacancies relatively low at 7.9% (end of Quarter 3 2021/22). However, there are areas of skills shortage which reflect the national areas of skills shortage, in particular, for speech and language therapists.

9.13.2 HCRG Care Group have a Recruitment Plan in place which works alongside the People Plan. This is further supported by currently undertaking an extensive marketing drive which includes advertising roles as premium jobs, creating content for an internal social media campaign and '360 now live' which is a full marketing campaign including paid social posts across Facebook and Instagram as well as the more traditional recruitment platforms through NHS jobs.

9.13.3 The table below details the range of teams making up the children's workforce with corresponding full time equivalent (FTE) and vacancy rates.

Team	FTE Occupied	FTE Vacant	Vacancy rate %
Children in Care Nursing	2.26	0	0
Children's Bladder and Bowel Service	1.76	0	0
Children's Community Nursing	1.51	0	0
Developmental Paediatrics	13.67	0.4	2.9%
Paediatric Speech and Language Therapy	24.16	3.15	13%
Public Health Nursing	73.16	5.90	8%
Safeguarding	2.2	0	0
TOTAL	119.32	9.45	7.9%

9.13.4 Of equal importance is the work underway by HCRG Care Group to support staff retention. This includes work in relation to support and supervision, valuing colleagues, access to training and development and career progression. There is also a review to support different ways of working, including, flexible and agile working and supporting staff working from home.

9.14 Staff Absence and Sickness

9.14.1 The organisational target for sickness is 4% but in Quarter 3 there has been an increase due to seasonal sickness and impact of Covid-19.

Month	Short Term %	Long Term %	Overall %
October 2021	2.26%	2.56%	5.19%
November 2021	2.35%	1.88%	4.23%
December 2021	2.38%	1.96%	4.34%

9.14.2 The top three reasons for short term sickness absence are:

- Cough/Cold
- Covid-19 confirmed
- Sickness and diarrhoea

9.14.3 The top three reasons for long term sickness absence are:

- Stress/depression/anxiety (personal)
- Surgery related (planned)
- Musculoskeletal and joint pain

9.15 Staff Wellbeing

9.15.1 A key component of the People Strategy 2022 and associated People Plan is employee wellbeing. HCRG Care Group are aware of the challenges that the pandemic has placed on the health and wellbeing of its workforce and a range of support is available to staff, this includes:

- Employee assistance line – can be accessed 24/7
- ‘Culture of kindness’ – to support those with Covid-19 and any longer term impact
- Mind coach sessions
- Mental Health Awareness course
- Mental Health First Aid
- Wellness Centre
- Supervision and restorative supervision

9.16 Staff Engagement

9.16.1 The section has been informed by HCRG Care Group B&NES Workforce Report Quarter 3 2021/22. HCRG Care Group launched the new Have Your Say survey in September 2021 and headline results of the survey are outlined below:

- The overall staff engagement was maintained with a score of 73%, however the response rate declined from 73% last year to 44%. The lower response rates have been reflected across health providers and reflect the increased demand on services during Covid-19 and the restoration and recovery period.
- The engagement score is based off the same 19 questions that are asked each year which includes development and growth, teamwork, health and wellbeing, business unit line manager and organisational values
- 90% of staff recognise the importance of the work they do within their business unit (increased position from 2020)
- 89% of staff are clear about what is expected of them (increased position from 2020)
- 82% of staff feel that their manager takes positive action towards their wellbeing
- 81% of staff feel that someone at work cares about their wellbeing

9.16.2 HCRG Care Group remain committed to making the organisation a good place to work and will continue to focus on themes such as, “I would recommend my business unit as a place to work “, and “I see senior leaders across the organisation role model our values “. To achieve this these will feature on the action plan for each service so that each team throughout the organisation can take active steps together to improving the perception across these question themes.

9.16.3 Action plans are currently being completed by each department or team and these will feed into the overall action plan for B&NES. The aim was to have the action plans finalised by the end of November 2021, but due to winter pressures and continued Covid-19 pressures this deadline has been extended to the end of February 2022. Services will then update the senior leadership team on progress to address actions on a quarterly basis and there will an accompanying staff communication and engagement plan to ensure alignment, and feedback from the partnership forums will also be considered in this approach.

10. School Aged Immunisation

10.1 HCRG Care Group provides the School Aged Immunisation service for B&NES, Swindon and Wiltshire on behalf of NHS England. The service is provided to all schools across B&NES and consistently achieves a high level of uptake across the programme. Whilst Covid-19 and the periodic change to remote learning has provided challenges for the service uptake of human papillomavirus vaccine (HPV) in B&NES in year 9 remains at 83.2% and DTPMENACWY at 78.8%. A catchup programme will be run alongside the core offer this year to offer the vaccine to the children who have not been able to access the service during Covid-19. The Flu campaign has been extended to years 7-11 this year with a positive response. The Covid-19 12-15 age programme has been delivered in partnership with health colleagues across the ICS and has achieved the highest first dose uptake across the South West to date.