

Wiltshire Quality Account

2021-22

Services delivered in Wiltshire by HCRG Care Group Limited

HCRG Care Group - HCRG Care Services Limited
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Part one

Executive summary

A Quality Account is an annual report which providers of NHS healthcare services must publish about the quality of services they provide. This quality account covers the services provided by HCRG Care Group on behalf of Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group, Wiltshire County Council and NHS England in Wiltshire.

HCRG Care Group may also provide other services in Wiltshire but these may not be included in this document if they are not commissioned by the NHS or are not eligible to be included within a Quality Account.

This document aims to demonstrate our commitment to providing the best quality services to local people and is an opportunity for us to take stock of what we have achieved and our plans for the coming year.

We have used the information presented here to analyse our performance and to set priorities for the coming year. To ensure those priorities reflect the needs of the people who use our services, views have been gathered from people who use them and community representatives, as well as commissioners and frontline colleagues.

If you would like a hard copy of this document, a copy in another language, to provide feedback on this document, or to talk to someone about your experience of using our services, please contact our Customer Services Team on 0300 303 9509 or by email: customerservices@hcrpgcaregroup.com.

Regional Director's introduction

I am extremely proud of the achievements and progress we have made in Wiltshire Children's Community Health Services, over the past year.

In particular, I am very proud of our continued response to the Covid-19 pandemic and delivering services that have responded to the health needs of children and their families as we have entered the Covid recovery phase. We are all very aware of the impact that the pandemic and school closures have had on the health and wellbeing of children and young people, and I am very proud of the response of our services and colleagues to develop and deliver their services to meet these needs, whilst also working closely with our partners. We have also worked very closely with our system partners and schools to deliver the Covid vaccination programme and are very pleased that we have had such a good response and uptake of this.

Over the coming 12 months, we will continue to build on these achievements and take the lessons learned over the past year to ensure we can continue to change lives by transforming health and care in Wiltshire.

We will also continue to work closely with our partners, the Care Quality Commission (CQC) and the communities we work in, to demonstrate our high standards of quality.

In putting together this publication, we have sought feedback from staff and people who use our services and I would like to take this opportunity to thank them for their input into the process.

I can confirm that, to the best of my knowledge, the data and information in parts two and three of this report reflect both the successes and the areas that we have identified for improvement over the next 12 months.

A handwritten signature in dark blue ink that reads 'Val Scrase' followed by a period.

Val Scrase

Regional Managing Director – South West
(Bath and North East Somerset Adults and Children's Community Services; Wiltshire Children's Community Services; Bath and North East Somerset, Devon, Swindon and Wiltshire School Aged Immunisation Services)
HCRG Care Services Limited

Part Two

About HCRG Care Group

We change lives by transforming health and care.

Established in 2006 by Chief Executive Dr Vivienne McVey and like-minded colleagues, we are one of the UK's leading independent providers of community health and care services, working with health and care commissioners and communities to transform services with a focus on experience, efficiency, and improved outcomes.

We deliver and transform adult and children community health services, primary care services including urgent care, sexual health, dermatology and MSK services as well as adult social care and wellbeing services.

We changed our name to HCRG Care Group on 1 December 2021, following our acquisition by experienced health, care and education investors Twenty20 Capital.

Our leadership team



Dr Vivienne McVey
Chief Executive Officer



Stephen Collier
Chair



David Deitz
Chief Financial Officer



Samantha Kane
Chief People Officer



David Watkins
General Counsel



Gary Taylor
Non-Executive Director



Tristan Ramus
Investment Partner
and Shareholder



Ian Munro
Investment Partner
and Shareholder



Katie Folwell-Davies
Investment Partner
and Shareholder



James Webb
Investment Partner
and Shareholder

Our colleague survey results

We run an annual colleague survey to understand how our colleagues are feeling and how we could make improvements. In 2021-22, 55% of our colleagues across England took part and we continued to see positive feedback from our colleagues.

Our engagement score (calculated from a number of questions about how our colleagues find their experience of working with us) is at 74 per cent – equalling last year and maintaining our highest ever score for a second year.

We continued to work with independent research company Motif this year. This means, colleagues can give feedback safe in the knowledge that they will not be identified by anyone within our organisation.

Having listened to our colleagues, taken into account the continued improvement in scores, recognised the unique circumstances of the last year and the pressures this placed upon them, we did not require teams to compile action plans this year.

However, feedback from the survey has informed our People Strategy for the coming year and our organisational strategy, launched in April 2022.

How our colleagues can speak up

Our Freedom to Speak Up policy sets out how our colleagues can raise concerns at a number of levels either anonymously or by being identified.

It is very important to us that our colleagues can speak up about any concerns they have at work because it helps us to keep improving our services and the working environment. While colleagues might feel worried about raising a concern, our policy and our senior leadership team and board are all committed to an open and honest culture. Our policy reflects the recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, and we have fully adopted the policy produced by NHS England and NHS Improvement alongside all other NHS organisations.

With the Covid-19 pandemic placing additional pressure on colleagues this year, we've regularly promoted this policy to colleagues, encouraging anyone who had concerns about their own safety, that of their colleagues or service users to raise their concerns.

Whenever a colleague raises a concern, they will always be listened to, and they will always be supported. Concerns can be raised about risk, malpractice or wrongdoing.

Through Freedom to Speak Up, colleagues can raise concerns:

- with their line manager, or another manager in their service.
- with a lead clinician or tutor.
- with any member of our senior leadership team.
- with our Freedom to Speak Up Guardians, whose contact details are available on our intranet.
- through our anonymous online reporting system SpeakInConfidence;
- with one of three nominated members of the executive team.
- with our independent chairman.

Colleagues can also directly contact our senior leadership team and executive team at any time, whether they are raising a formal concern or an informal query.

Statements from CQC

Some services we operate are required to register with the Care Quality Commission (CQC).

As part of this document, we confirm that HCRG Care Services Limited is registered with the CQC for the provision of HCRG Services Limited, and has no conditions attached to its registration. HCRG Care Services Limited's services have not participated in any special reviews or investigations by the CQC during the reporting period.

Full copies of CQC reports are available on the CQC's website at www.cqc.org.uk under HCRG Care Services Limited.

Safeguarding statement

We are committed to safeguarding and promoting the welfare of adults, children and young people and to protect them from the risks of harm.

To achieve this, we have appointed dedicated National and Local Safeguarding Adults and Children's Leads and policies, guidance, training and practices which reflect statutory and national safeguarding requirements:

- Our National Safeguarding Assurance function works across localities and partnership boundaries to respond to national developments, legislative changes, national, local and organisational learning leading to continuous improvement and learning across the organisation.
- Our Clinical Governance and Safeguarding Committees provide board assurance that our services meet statutory requirements.
- Safeguarding Leads and named professionals are clear about their roles and responsibilities and have sufficient time and support to undertake them.
- Where appropriate, services have submitted a Section 11 Review report and/or Safeguarding Adult Self-Assessment audit tool, with all services completing our national safeguarding audit
- Action plans are monitored across the organisation at committee and board level.
- Safeguarding policies, processes and systems for children and vulnerable adults at risk are current, up to date and robust.
- Safeguarding training is undertaken in line with our safeguarding training strategy and in accordance with the three intercollegiate documents for safeguarding children, looked after children and adults.

Duty of candour statement

We are committed to being open and transparent with the people who use our services and, while considering confidentiality, their representatives too.

We encourage colleagues to be open and honest at all times but particularly when a notifiable safety incident has been recognised. Colleagues report incidents via our incident report system and follow our Duty of Candour policy. This ensures that an apology is made to service users within 10 days of the incident occurring, which is followed up in writing.

We investigate, establish the facts, and report externally as required. We also have due regard to the relevant safeguarding policy and input from suitably trained colleagues before any disclosures are made. Following the investigation, we send another letter to the person who used the service to advise them of the outcome, lessons learnt and how we'll share lessons and knowledge to reduce the likelihood of the same kind of issue happening again. We may also offer a meeting to listen to those affected by the incident and help understanding of our findings and resulting actions.

About Wiltshire Children's Services

Child Health Information Service

- The purpose of Child Health Information Services (CHIS) is to ensure that each child in England has an accurate active record supporting delivery of public health interventions including; screening and childhood and adolescent immunisations for which detailed **service specifications** are set out in the NHS Public Health Functions Agreement 2019-20 (the 2019- 20 agreement), and the Healthy Child Programme services.
- The CHIS maintains a database of information on children within the population, to enable health protection, promotion and failsafe activities for clinical delivery to be carried out in a timely way.
- The information collected and maintained by CHIS enables robust monitoring and provides success measures against a wide range of outcomes including:
 - Immunisation coverage enhanced through effective provision of in-year data to support targeted intervention
 - Offer and uptake of the three national screening tests for new-born babies i.e. blood spot, hearing and new-born and infant physical examination (NIPE)
 - Improved health outcomes for the Healthy Child Programme within the 0-19 population of Wiltshire

Children's Bladder and Bowel Service

- The service provides care for children and young people aged 4-18 years (19 if the young person has an identified learning disability and continues in education.).
- The service provides management and support of existing continence problems and provision of continence products where applicable.
- Training and clinical support is provided to HCRG Care Group colleagues so that other services can manage continence issues and identify and manage constipation and bladder training.
- The service works closely with the Learning Disability Nursing Service, Health Visiting and School Nursing Services.

Children's Community Nursing Service

- The Children's Community Nursing Service (CCN) provides nursing care and support to children and young people in Wiltshire who have life limiting and life-threatening conditions with a nursing need up to the age of 18 years.
- The team is also commissioned to provide oncology and Cystic Fibrosis specialist nursing for the children and young people who access Salisbury hospital.
- The CCN service facilitates the promotion of health needs and the delivery of nursing care and treatments for children with complex health needs.
- CCNs are a specialist team of experienced nurses who work in partnership with education, primary care, acute trusts, social care and the voluntary sector to support children, young people and their families.
- The team provides a regular programme of training in locations throughout Wiltshire to ensure that staff who care for a child with complex health care needs have the understanding and skills

to do so safely and competently. This ensures that children and young people have access to education and short breaks services in which both they and their families feel confident.

Children Looked After Service

- Children Looked After and Young People (CLA&YP) is a vulnerable group of children who require specialist services to help meet their health needs.
- The Wiltshire Children Looked After (CLA) Team aims to provide the best quality care to all children and young people in care placed within the area and is commissioned to provide Initial Health Assessments (IHAs) and Review Health Assessments (RHAs) for all children and young people in care including unaccompanied asylum-seeking children (UASC).
- Under UK law, children in care are referred to as 'Looked After Children'. A child is 'looked after' if they are in the care of the local authority for more than 24 hours. Legally this could be when they are:
 - Living in accommodation provided by the local authority with the parents' agreement or having given their own consent if they are 16 or 17 years.
 - Subject to an interim or full care order.
 - Subject to an emergency legal order to remove them from immediate danger.
 - Detained in a secure children's home or offender institution.
 - Unaccompanied asylum-seeking children and young people.
- It is best practice that all children have a comprehensive health assessment carried out shortly after entering care, which includes a holistic assessment of their physical, social, emotional and mental health and well-being. The review health assessment is a further chance to assess and support children and for young people to meet their optimum potential for health and well-being. There are legal timeframes for the completion of all RHAs and IHAs.
- Our aims for the service are –
 - To provide a service which keeps the child at the centre.
 - A service which is consistent for the child and for the carers.
 - To be flexible, dynamic and proactive and responsive to the child's needs.
 - To work in partnership with colleagues and other partnership agencies.
 - A service which provides up to date, accessible information with appropriate training, which is evidence-based for both staff and foster carers.
 - A service which works alongside other practitioners to provide support and advice.
 - To enable and encourage the children and young people to develop knowledge, skills and attitudes to assist them in becoming responsible for their own health.
 - To make every assessment and contact count, reviewing and planning a holistic care pathway whilst the child or young person remains in care.

Children's Continuing Care Service

- The Children's Continuing Care Team provides specialised care for young people aged 0-18 years who have complex health needs and meet Continuing Healthcare criteria which then allows families to have a break from caring.
- The team provides accessible, flexible and high-quality specialist community paediatric nursing care.

Community Paediatrics

- The Community Paediatricians provide medical diagnosis and the management of neurodevelopmental disorders in children and young people in Wiltshire, as well as on-going care for children with complex medical needs in the community. In addition, they provide a range of statutory and named responsibilities e.g., for Special Educational Needs and Disabilities (SEND).
- They work as part of a multi-disciplinary team to assess the health needs of children and young people with complex health conditions.
- They provide a service for LAC by undertaking initial health care assessments for children who are Looked After.
- Community Paediatricians have an active role in safeguarding children and provide 24-hour cover in some areas of the county.
- Community paediatric clinics are held within the local community within district specialist centres and in special schools across the county.

Family Nurse Partnership

- The Family Nurse Partnership (FNP) programme is a voluntary home visiting service for first time young mothers aged 19 years and under. The programme is designed to help parents have a healthy pregnancy, improve their child's health, develop and plan their own futures and achieve their aspirations.
- FNP provides intensive support for vulnerable first-time young mothers and their families. Young parents work with a specially trained nurse who visits them from the early stages of pregnancy and continues until the child is 1-2 years of age.
- FNP nurses use in-depth methods to work with parents to prepare them for parenthood. The programme focuses on parent child attachment, with the aim of enabling parents to build up a positive relationship with their baby, so that they can understand their child's needs. This supports babies to have a positive start in life, achieve their developmental milestones and be ready for school.

Health visiting

- The Health Visiting Service delivers the Healthy Child Programme to children aged (0-5) and their families in Wiltshire.
- The service is offered universally with the aim of improving outcomes for children and their families, through timely assessment to identify any needs followed by the offer of early intervention tailored to meet the specific needs of the family.
- Safeguarding and the identification of vulnerable families, as well as working in partnership with other agencies are a fundamental part of the service profile.
- Improving public health outcomes, including language development, accident prevention, school readiness, breast feeding support and infant nutrition as well as a strong focus on maternal emotional wellbeing and attachment is key.

Immunisation Service

- This is predominantly a school-based service for the delivery of the National School Aged Programme. This includes adolescent booster vaccines; Human Papilloma vaccine, annual school aged children's seasonal influenza protection and the immunisation programmes of sufficient

quantity and quality to prevent the infections and outbreaks caused by organisms covered by the programme.

- During the past year, the service has been running parallel sessions for children who missed their vaccinations last year due to school closures at the same time as this year's scheduled vaccinations.
- In the past year, the previously increased offer of influenza vaccinations to year 7 children continued and it was further extended to all secondary school children in years 8,9, 10 and 11. This included the offer of inactivated influenza vaccine by injection to those children unable to have the nasal spray due to either religious, dietary or clinical reasons.
- In September the service was also commissioned to put in place a rapid programme of Covid vaccination in school to children aged 12-15, as part of the national Covid vaccination programme. The service undertook this in tandem with the existing influenza programme and received system support with staffing and some community clinics.
- The service also runs community clinics for those who are unable to be vaccinated at a school to support 'catch up' programmes and where it is more appropriate for a child to be seen out of school. On rare occasions a child may be vaccinated at home.

Integrated therapy

- The Integrated Therapy Service comprises physiotherapists, occupational therapists and therapy assistants working together in one team
- The service works with children who have a range of paediatric conditions which result in musculoskeletal difficulties. These may be congenital, neurological, or developmental.
- The service works with other colleagues to ensure the delivery of co-ordinated seamless care through multi-disciplinary meetings and supporting the development of education, health and care plans (EHCP) where their professional expertise is required.
- The therapy programme supports the development of children and young people to their full potential and to enable them to achieve maximum functional independence by preventing, minimising, and reducing the impact of paediatric disorders.

Learning disabilities

- The Community Children's Learning Disability Nursing Service (CCLDNS) provides health care to children and families who have a child with a diagnosis (or a working diagnosis) of a learning disability.
- The CCLDHS works to improve outcomes for children and young people registered with a Wiltshire GP, who have learning disabilities, enabling them to reach their full potential by working in partnership with parents, carers and their families, and the multi-agency team.
- The team also provides a service for children with Autistic Spectrum Disorder (ASD) who require support with sleep.

Paediatric Audiology

- Provides audiological assessment, diagnosis and practical advice to ensure that children who are deaf or have hearing difficulties, with the support of their families are able to develop and achieve academically, emotionally and socially to reach their full potential.
- The service provides surveillance of children with otitis media (glue ear), referring for medical/surgical intervention or hearing aid provision as appropriate.

- The service leads on-going assessment monitoring and support to achieve the developmental skills of children 0-5 with permanent deafness, whilst working in partnership with teachers of the deaf and Royal United Hospital (RUH) audiologists to fit hearing aids.
- Referrals are made between RUH and community paediatric audiology as appropriate.

Safeguarding team

- The safeguarding team is a stand-alone team that supports the other HCRG Care Group services in Wiltshire in discharging its duty to safeguard children under Section 11 of the Children's Act.
- The team provides specialist support, advice, training and safeguarding supervision to all clinical colleagues and monitor mandatory compliance with this.
- A member of the safeguarding team is on duty in the Multi-Agency Safeguarding Hub (MASH) during the week to provide expert health advice/perspective as part of the multi-agency team to inform decision making to improve outcomes of children and their families.
- The team provides a consultation and support service via email to all other HCRG Care Group children's community services in Wiltshire colleagues Monday to Friday 9am-5pm.

School Nursing Service

- School nurses deliver child and family health services, provide on-going additional services for vulnerable children and families and contribute to a multi-disciplinary service to safeguard and protect children.
- The school nursing service
 - Promotes public health and healthy lifestyles
 - Helps to safeguard children from harm and reduce risk taking
 - Provides health education and advice
 - Participates in national campaigns and initiatives (e.g. child measurement programme)
 - Supports with the delivery of the national childhood immunisation programme
 - Provides school-based health clinics
 - Works with children and young people who have complex medical needs
 - Provides school population health assessment and sets out actions where support is needed
 - Provides support for schools with the management of medication and (e.g. buccal midazolam) and anaphylaxis in young people

Single Point of Access (SPA)

- The SPA was launched in March 2018 to enable a single 'front door' and point of contact for children, young people, families, GPs and health, education and social care professionals to reach and access support from HCRG Care Group's Wiltshire Children's Community Services.
- The SPA is reached via a single contact telephone number, email address and postal address which enable consistent access to all the services provided by HCRG Care Group across the county.
- The SPA aims to enhance the experiences of children and families at all stages of their care. It is supported by a dedicated team of SPA administrators each weekday between the hours of 9am and 5pm. They are trained to offer support to a wide range of enquiries relating to requests for support.

- The SPA offers a facility to pass messages directly to clinical colleagues through our electronic clinical system and can offer contact with a duty clinician in SPA who is able to speak to families directly for urgent queries. The duty clinicians are experienced members of the clinical teams who can listen to families' concerns and provide advice and support in their specialist areas over the telephone, as well as escalating to an urgent consultation if required.
- The SPA has now transitioned into a Care Co-ordination Centre following the implementation of a three-tier triage model: triage by SPA administrators: single service triage; and multidisciplinary team triage:
 - SPA administrator triage using an algorithm provided by each service
 - Single service triage is where SPA administrators pass on a referral to one service to assess e.g. speech and language therapy, or integrated therapy
 - Multidisciplinary triage is where the referral is discussed at the weekly meeting attended by senior clinicians from different professions. This occurs where a child has complex needs and may need support from several services or the referral is not straightforward. The multi-disciplinary team decides together on the best support for the child and their family.

Speech and language therapy

- The Speech and Language Therapy Service provides high quality, evidence-based and needs led care for children and young people with communication and swallowing difficulties.
- The service also provides formal and informal training to support the team around the child to meet the communication needs of each child and young person in the best way.

Wiltshire Autism Assessment Service

- The Wiltshire Autism Assessment Service (WAAS) commenced in January 2019. The service provides one coordinated provision for the assessment of possible autism in children and young people under the age of 18, who are registered with a Wiltshire GP. It is an assessment-only service.
- The child or young person is seen for a medical appointment with a Community Paediatrician and, where indicated, for a social communication assessment with an Autism Practitioner. In some cases, where there is already a large amount of clinical information available, WAAS can confirm diagnoses via their diagnostic process, saving unnecessary clinical appointments and assessments. Information is gathered from the child or young person as well as from people who know the child or young person well. The evidence gathered is reviewed by the multi-disciplinary Autism Assessment Team and a diagnostic decision or description is communicated with the family regarding the outcome of assessment.
- An Autism Practitioner usually shares the conclusion of the assessment via a telephone call to the family. The outcome can then be discussed further if needed at a Post Assessment Meeting (PAM) which typically takes place with the family and child's education setting to ensure appropriate and ongoing support for the child or young person. Since March 2020, this meeting has taken place via videocall. Following this meeting, the child or young person will be discharged from the Wiltshire Autism Assessment Service

Priorities in 2021 -22

In Spring 2021, each of the children's services identified quality priorities for the coming year. In this section the document outlines the progress which each service has made against these quality priorities.

Children's audiology continued to be registered with the Improving Quality in Physiological Services (IQIPS) accreditation process, although this had to be paused during the year due to new criteria being introduced and service pressures. The project continues, with all new IT equipment (Auditbase®, which is a bespoke audiological software system) and systems now in place. The new criteria have been reviewed and a plan produced to match the existing completed documents with the new requirements as well as the additional ones. A timeline for completion is agreed which will enable the service to apply for accreditation and have time to make the recommended changes before the final accreditation assessment.

The service is now operating audiology clinics at its bespoke audiology suite based at the Children's Centre within Hathaway Medical Centre in Chippenham. This means that children over the age of 2 years from Wiltshire can now have their hearing assessed within the county.

The Autism Assessment Service (WAAS) rolled out telephone consultations in May 2021 and these are now fully embedded into practice. This means that children (or parents of children) who are awaiting an autism assessment have an initial telephone call to establish contact with the service and undertake an initial assessment. This is followed up with a report of the consultation and the family is invited to opt into a monthly email containing information about the assessment process, tips and advice about support available as well as information about current waiting times. This initiative was implemented in June 2021 and has been well received.

In response to feedback about the length of time from referral to diagnostic outcome, WAAS has introduced a monthly newsletter which parents and carers can opt in to receive by email. This provides information about current waiting times; signposts to useful information from other sources of support; always has an article about an aspect of autism with advice on how to manage this and what further support is available; team information and links to the WAAS website. The feedback from parents has been very positive and in response to feedback from a couple of families, there is now the option for people to receive a paper copy in the post.

WAAS developed a working party to gain improved feedback on the Post Assessment Meetings (PAM) where the results of autism assessment are fed back to the family and school if the family wishes. This has been piloting a new way of conducting the PAM in a more timely way and has resulted in clinicians identifying training needs to enable them to align practice to improve standardisation for children and families.

WAAS has been hosting the BaNES, Swindon and Wiltshire Clinical Commissioning Group (CCG) waiting list initiative project to identify ways of reducing the waiting list for assessment, without reducing the rigorousness of the assessment in line with National Institute for Health and Care (NICE) guidelines. As a result of the initial successes of the project, this has now been extended for another year by the CCG.

The Wiltshire children's bladder and bowel service has worked with colleagues in BaNES to review all the care pathways and associated documentation to provide a consistent service for families across both areas of the CCG. It has also worked with GPs to develop the understanding of young

people's needs around constipation and soiling and are part of an NHSE/I working group looking at meeting this wider need by developing a training package specifically for GPs. This will assist with families getting appropriate and timely support from GPs.

The children's bladder and bowel team has worked with the children's learning disability team to ensure that the behavioural and psychological needs of delayed toilet training is addressed and, as a result, young people with learning disability have a care plan for achieving continence unless there is a medical need which prevents this.

The children's community learning disability health service (CCLDHS) reviewed its learning disability assessment to highlight whether the young person was known to the bladder and bowel service and whether a referral was needed. The review also ensured that the assessment tool meets ERIC guidance, which is the national standard for children's continence care.

CCLDHS has worked with the Paediatricians to develop sleep guidance to meet the needs of parents and young people with Attention Deficit Hyperactivity Disorder (ADHD), a learning disability or autism.

CCLDHS has updated the learning disability assessment to highlight whether the young person needs support with consent and decision making if they are aged 16 years or over. This is in response to NICE guidance. The service is also working on the development of a consent pathway to be used more widely within children's services.

The children's community nursing team (CCN) reviewed the psychology service provided to families and, in partnership with CCG, agreed that the existing model was not meeting the needs of young people and families. The CCG are currently reviewing how best to support families' psychological needs in the community.

During the year CCNs reviewed and strengthened their processes for assessments, re-assessments and representation at the local multi-agency complex needs panel, to enable them to be able to better support care package provision and setting up of personal care budgets. The reaffirmation of strong working relationships has helped to ensure that the needs of families are identified earlier and met.

CCNs are working with commissioners and a medical equipment company to ensure that specialist equipment items become standard stock. This will mean that all annual servicing and out of hours support for equipment can be provided directly in the family home. This will reduce the need for alternative provision of equipment to have to be sourced and moved around by the team whilst it is away from the home being maintained and it can be undertaken at a time convenient to the family. They will also be able to supply associated consumables necessary for using the equipment directly to the families, which will free up CCN time to deliver support and care to families.

CCNs currently work with three different tertiary centres and specialist respiratory teams to support young people who require long term ventilation (mechanical assistance with breathing). CCNs are working with commissioners and these centres to evaluate their current pathways and to develop a standardised Long Term Ventilation pathway across the area which will provide consistency for families as well as the team.

CCNs are working with social care colleagues to review the provision of beds in the community when these are provided in a child's home to meet their health needs. This is expected to improve joined

up working by providing a joint assessment of need and speed up access to a specialist bed in the home to meet the child's needs and support the family.

CCNs will also continue to work with their partners in adult services to improve the transition process for young people moving from children's services into adult care.

The Child Health Information Service (CHIS) has implemented the required changes to the targeted child hepatitis B immunisation pathway, including the dried blood spot samples for children at 12 months of age. They have also implemented the severe combined immunodeficiency (SCID) pathway including the delivery of training to BCG providers to enable them to have read access to the clinical system, so that they can check in real time at immunisation clinics. CHIS has also worked closely with the Health Visiting Service and GPs to streamline efficient scheduling for immunisation clinics. These changes have supported local GPs and consequently improved safety and effectiveness of children's immunisation clinics.

The CHIS service successfully piloted an automated electronic mail system for sending clinic invitations to families. This resulted in efficiencies in the team to enable more time to be spent on answering telephone queries for families and other stakeholders. It also reduced the risk of mail not being delivered to families, as well as reducing the service's carbon footprint.

As a result of contract changes, CHIS successfully left the Wiltshire children's community services' management on 31st March to work with its new provider the Commissioning Support Unit in tandem with CHIS services in Gloucester. Both providers worked together to plan the change in advance of the handover, which resulted in a very smooth transition.

The Community Paediatricians have worked with partners across both BaNES and the wider south west of England to develop pathways to provide equity of access for the future implementation of Qb testing (a specialist test for ADHD). This has led to the development of a clinical link forum across the south west region.

Community paediatricians have developed referral documents and pathways to ensure that all relevant information is available to them upon receipt of the referral, so that they can direct the child to the correct pathway immediately. These are being trialled and will be evaluated in the coming months.

Community paediatricians had hoped to continue establishing stronger links with child and adolescent mental health services (CAMHS) to ensure that the best diagnostic support is given to children. This has not progressed as much as planned due to operational pressures with CAMHS, however, some meetings are now becoming joint meetings at both strategic and clinical level across the area. Strengthening these links will assist with streamlining care and support for children and families.

The Family Nurse Partnership (FNP) team completed all its additional national training and launched the personalisation model to their clients in August 2021. This is now fully implemented and embedded into the service and has been well received by clients, with a reduction in the attrition rate and an improvement in engagement with the programme. The new Mum Star assessment which is completed in collaboration with young mums has also been useful in facilitating difficult conversations and has led to more honest discussion, which has been key in tailoring the programme delivery to meet the needs of the young mum and her child.

The Family Nurse Partnership continues to progress its work on improving fathers' engagement with the programme and undertook a survey to record the number of dads participating in the programme and to elicit their views on the enablers and barriers to their engagement with community services. The team is also working with the Wiltshire Dads' project to improve access to local resources for dads.

The Family Nurse Partnership has identified clients who are keen to train as breastfeeding peer-to-peer supporters. Two have signed up for training and will begin training in local children's centres shortly. This will give other young mums additional support from a peer to supplement the support offered by professionals which will help to increase and sustain breastfeeding to support early health of children. Additionally, it will raise the confidence and self-esteem of the young peer supporter.

The FNP team has completed the national training for smoking cessation and is working closely with midwifery colleagues and specialist public health practitioners to develop a pathway to support their clients to stop smoking and encourage a smoke free environment. The FNP supervisor is working with the smoke free pregnancy group on the delivery of the NHS smoke free long-term plan.

The FNP continues to improve partnership working with stakeholders and has delivered a number of presentations to a variety of partners in general practice, social care, midwifery, housing and children's centres, which have resulted in strengthened relationships as well as provided the opportunity for shared learning.

The Health Visiting Service (HV) continues to work toward the UNICEF baby friendly gold accreditation status. Although staffing constraints have delayed the application until later in 2022, breast feeding rates have risen 2.5% since February 2021.

Health visitors have expanded their e-clinics with additional topics such as introducing solids, caring for your baby's teeth, chat, play read, talking with your baby and colic and crying now in place. The option of attending virtual sessions through the pandemic gave families the opportunity to access health promotion, as well as to meet other parents in a safe virtual setting. Maintaining the e-clinics gives families increased accessibility to seek information and support in addition to conventional community venues which may be less convenient and practical for them to attend. Health visitors introduced the Early Language Implementation Measure (ELIM) for the 27-month review in September 2021. This tool assists with assessing the efficacy of interventions given and its use results in improved outcomes for children where potential challenges to speech, language and communication have been identified through the provision of additional support and/or early referral to specialist services as appropriate.

As part of the local system Families and Children's Transformation (FACT) initiative, health visitors have worked with partners to develop new pathways with a multi-agency approach to delivering the integrated 2-year review. This partnership working has increased understanding of each other's roles and will be beneficial in the support of children where additional service provision is required with a more seamless 'wrap around' method to include appropriate referrals, when the delayed implementation is in place during quarter one 2022/23.

The School Aged Immunisation Service (SAIS) has been running a catch-up programme for the young people's vaccinations which were missed last year as a result of school closures, in tandem with the usual programme for this year. This has been challenged as a result of ongoing school absences;

the additional school Covid vaccination programme for 12–15-year-olds and Covid-related absences within the team. These challenges have also delayed the planned rollout of the mobile app as it is not compatible with the national immunisation reporting system (NIVS) when delivering joint immunisation sessions with different vaccines.

SAIS has updated the e-consent form for parents during the year to make it clearer that any changes to consent must be notified to the immunisation SPA and not just by informing the school staff; and also specifically stating that for most children the influenza vaccination is delivered by live vaccine, so parents need to identify if there are any immunocompromised members of the household, so that the young person can receive an attenuated form of the vaccine by injection either at a school session or in a community clinic, depending upon the age of the child.

The integrated therapies team planned to work with the national cerebral palsy integrated pathway network (CPIP) to enable them to upload information directly to the national CPIP database. This was delayed due to the national team being unable to roll out the training as planned, due to pandemic restrictions on travel and gatherings, however one team member has recently been able to complete their training and this will remain as a priority into next year.

The team has implemented the new Education and Health Care Plan (EHCP) processes in partnership with other services. This will assist with helping children achieve the best outcomes in their educational journey. The team continues to meet with partners to ensure that all the requirements are being met in the best interests of children and families in their care.

The team carried out a full-service review in conjunction with the CCG in order to identify and inform future commissioning requirements. This identified the inequalities of some types of service provision across the county and how the team had been working with the local orthotics teams, functional electrical stimulation therapies and Lycra provision to develop more streamlined services based upon the available evidence to support children and families with specialist needs. The service review included analysis of both community partner and service user feedback about the service which has enabled the service to understand information gaps so that they can expand and improve information and guidance to families and community partners on the website.

The Service for Children Looked After (CLA, which was formerly known as children in care), has participated in a multi-agency audit of review health assessments for young people, including unaccompanied asylum seekers to assess the robustness of the pathway and quality of health assessments. This was co-ordinated by the local Designated Nurse and shared with health and local authority colleagues. Learning from this will enhance the quality of the health assessments and resulting care plans across the system.

The service has implemented the 2022 version of the Coram British Association for Adoption and Fostering (BAAF) form into their practice.

The service participated in a recent OFSTED inspection in conjunction with Wiltshire Council and, as a result of this, has been developing a new pathway for Care Leavers. Although the service is not commissioned to provide support to care leavers afterwards, robust pathways will enable the service to identify health needs and document these on the young person's review health assessment, so that this can be taken forward by the young person.

The Safeguarding Team continued to maintain an effective health presence in the Multi-agency Safeguarding hub (MASH) whilst working virtually due to differences with the council and UKHSA

IPC standards. The team participated in regular partnership meetings and continues to keep the model of working under review in line with national guidance. The team has contributed to multi-agency case reviews and where learning has been identified, ensure that this has been implemented. This is monitored through our quarterly reporting.

The Safeguarding Team has seen improvement in its group safeguarding supervision sessions and 1:1 safeguarding supervisions sessions remain well attended which helps practitioner to maintain their skills and competence in keeping children and families safe.

The School Nurse Team (SN) continued to work with targeted school on the completion of school health needs assessments which is now working well. The team has worked with healthy schools' leads to encourage and support all schools in Wiltshire to work towards healthy school status. A spreadsheet has been set up to enable progress to be monitored. A standard operating procedure is in place and school nurses continue to engage with healthy schools, which is now accepted by both parties as usual practice.

School nurses have developed and implemented pathways for school drop in and 1:1 individual sessions with young people in schools. These will be subject to ongoing review and adaptation as required.

The Single Point of Access (SPA) has established links with 2 CCG GP representatives in order to support the embedding of the updated version of the request for support form into use by GPs using their Ardens system.

The SPA team initiated meetings to facilitate the closer working of multi-agency 'front doors' with CAMHSS and Wiltshire County Council. The council took on the chairmanship of these meetings, but these have been paused by the council since last autumn. It is hoped that they will be reinstated in order that families can be supported in a more streamlined way by closer collaborative working by these partners.

SPA launched version 3 of the request for support form in January together with referral documentation for suspected neurodevelopmental conditions. Communications went out to all stakeholders a week before the launch to inform them and provide further information to assist with its use. At the same time, an internal piece of work took place to reinforce the correct referral documentation with the accompanying documentation including letter templates by colleagues with the implementation of a referrals process standard operating procedure across SPA. This aims to improve the referrals process so that children and families receive a smoother service and get the right support to meet their needs.

SPA colleagues have all been supported by a behaviours and competency framework which was implemented to give colleagues enhanced customer care skills, so that young people and their families receive a better service when accessing children's services. This package written by Wiltshire colleagues with support from HCRG Care Group's The Learning Enterprise is now being rolled out to all care co-ordination centres within the organisation.

The SPA team has worked to standardise all outgoing letters to families so that they are consistent in content and layout which is reader friendly and customer focussed. Following this, a successful pilot of an electronic mail system took place and this is now being rolled out across the services one by one. This ensures that families receive good, timely written communication from children's services

and also enables colleagues' time to be refocussed on other tasks, so that families get a more responsive service.

The Speech and Language Therapy (SLT) team has received feedback on the use of the primary school age tracker and this has now been rolled out to all schools in Wiltshire. Referral pathways have been updated and SPA colleagues trained in the changes, so that the tracker is now used as an essential document to support referrals. The pre-school communication tracker has also been updated in line with the current evidence base. These documents enable SLT to understand the needs of a child who has been referred prior to their initial assessment. This enables targeted support to be given in a more timely way to support children with communication needs.

The SLT team continues to support the Youth Offending Team (YOT) by seconding a therapist to the YOT 2 days a week. This is to become a permanent arrangement and helps to support the high percentage of children within the YOT who have speech, language and communication difficulties. By enhancing their communication skills this gives children a better degree of success with ongoing education, which in turn improves their life chances.

The SLT team has reviewed the pathway for children with developmental language disorder in line with an updated evidence base, and the pathway for children with English as an additional language.

Additional quality initiatives put in place during the year

The Health Visiting Service supported the Afghan Resettlement and Assistance Programme ARAP, by supporting the local system response to Afghan refugees being temporarily housed within local hotels. It provided support to new mothers and young children with health promotion and information about the health support available within the Healthy Child Programme.

The service is now prepared to support Ukrainian families when they arrive in the local area with babies and pre-school children.

The School Aged Immunisation Team supported the system Covid vaccination programme by offering the 12 -15 covid vaccinations in school at the same time as they were delivering the seasonal influenza vaccination programme. They also put on additional community clinics to increase uptake where there had been high absence rates in schools, to increase accessibility for young people.

Children's services continued to ensure that services were aware of and supported to adhere to the current national guidance in relation to infection prevention and control (IPC). Colleagues were informed of all changes to guidance via a variety of communication methods and had access to advice and support for any queries. A number of ad hoc audits of the organisation's safe return framework were undertaken at sites to assess compliance and colleagues continued to work collaboratively with their colleagues in the system to ensure that there was clarity and a unified approach to IPC measures in the local area. Each iteration of the Board Assurance Framework was checked against practice and reported.

Outcomes project

Colleagues have been working on developing and implementing outcome measures to provide information about the effectiveness of their interventions over the past couple of years. This work

was initially delayed by the pandemic but has gathered momentum over the course of the past year and now most services have some outcome measures in place. The agreed outcome measures have now been added onto our electronic performance analysis system, Tableau, which will enable these to be monitored easily by services, managers and our commissioning partners. The suite of measures is well developed and we will continue to embed and refine these and the monitoring of them so that we have useful information on the effectiveness of our interventions in supporting children and young people to reach their full potential.

The Children's Bladder and Bowel Service has developed a therapeutic outcome tool to enable them to measure the efficacy of their service provision for children and families. This is now fully implemented and in use.

The Health Visiting Service has developed and is implementing outcome measures for speech language and communication, perinatal infant mental health and school readiness. School readiness is not one single outcome, but a range of measures which indicate how well a child is prepared to attend school and benefit from formal education. Health visiting measures include client-related outcomes which ensure that the parent/carer views are captured in relation to the effectiveness of the support given. Outcome reporting is now embedded within practice and data shows good evidence of achieving positive outcomes for children and families. During next year the service will develop outcome measures for oral health promotion and accident prevention.

Integrated therapies had already started to implement the Goal Attainment Scale (GAS) and undertook an audit which showed that colleagues were using it in practice. Learning from the audit was that there are some areas for improvement, such as the setting of functional goals and enhancing the review process. These will continue to be embedded into next year.

Children's Learning Disability Health Services had identified that there were no national outcome measure, so developed their own which they implemented and continue to embed. An audit during the year showed that colleagues were using these with young people and families, but that documentation could be improved. This work will continue into next year until they are completely embedded.

School nurses have identified outcome measures for 1:1 support sessions as well as drop-in services. These are now implemented into practice and will be further embedded into next year. School nurses plan to increase their outcome work particularly in line with the Youth Offending Team (YOT) specialist nurse role. This will enable them to be able to demonstrate successful SN intervention and also plan future service delivery accordingly.

The Speech and Language Therapy Service continues to implement Therapy Outcome Measures into the service and will work on embedding this as business as usual for all practitioners to ensure that they are able to measure the success of their interventions in supporting children and young people with communication difficulties.

The priorities in 2021-22 show what was planned within the quality account with an update on progress over the year. Any outstanding priorities will be taken forward into this year's quality account priorities.

Priorities in 2022-23

How we identified our priorities for 2022-23

HCRG Care Group's national priorities were identified by its board as part of an annual process, having reflected upon the feedback provided by people who use services and other stakeholders throughout the year. A variety of methods were used and the priorities set for us by commissioners in each local area were considered, alongside our delivery plans in each business unit.

Individual business units, including Wiltshire were then able to set their own priorities. The Senior Children's Operational Team within Wiltshire set the priorities by firstly identifying areas that had been delayed, postponed, or where priorities had changed as a result of the pandemic which needed to be picked up again. We considered feedback from all our stakeholders including young people and families, Wiltshire Parent Carer Council, commissioners and other partners. We also reflected that our workforce have been amazing during the past 2 years and have consistently gone above and beyond to keep children and families safe and to provide them with the best support that they can, during what has been an exceedingly challenging time. Any priorities have to be realistic and achievable by our workforce who remain exhausted, yet still retain an enthusiastic commitment to achieving the best that they can for the children and families for whom they provide care and support.

The following section details the priorities which have been identified by services and agreed as quality priorities for the coming year:

Children's audiology will seek accreditation with IQIPS during the year: this is a nationally recommended standard for audiological services and provides quality assurance for families of a high standard of service, which is at a nationally recommended level in line with similar services. Children's audiology will work with the estates team to further reduce external noise levels within the audiology suite at Hathaway Medical Centre to enable a younger age group to be seen within county.

Children's audiology will work to improve accessibility for families, children and young people, including promoting an increase in referrals from 'hard to reach' groups and communities. They will also produce more documentation in common languages in use within the area to improve understanding by all families and consider opportunities to record telephone follow up appointments for families who require increased communication and advice, to enable them to access the conversation, content again after the appointment.

The bladder and bowel service will review its processes and seek further funding in order to enable it to provide a service to the increasing numbers of children and young people being referred to them. The aim is to enable them to be able to support young people and families within 18 weeks of being referred into the service. This will help more children and young people achieve continence in a more timely way and, where this is not possible, support families with managing long term incontinence.

CCLDHS aims to review all its processes in response to increasing demands for the service in order to support young people and families better within its existing resources. This includes offering signposting and actions to support families whilst they wait for assessment by the service; developing a leaflet to explain the commissioned service so that families know what to expect once their referral is accepted, and ensuring that families do not wait more than 18 weeks to receive the

service. Families will receive more self-help support together with improved signposting at their initial contact.

CCN will work with CCG colleagues and a medical equipment supplier to ensure that specialist items become standard stock. This will then enable the medical equipment supplier to provide routine servicing and out of hours support in the family home. This will reduce the need for equipment to have to leave the family home for maintenance and the provisions of temporary equipment for the young person during this time. The family will be able to arrange for maintenance at a convenient time for them and they will have faster access to the necessary medical equipment to support health needs.

At present there are 3 tertiary centres and specialist respiratory teams for children who require long term assistance with ventilation (breathing). CCN is working with the centres and the CCG to evaluate the current processes around the purchase and maintenance of ventilators in order to provide consistency across the teams. This will result in a more streamlined process for families of children who require home ventilation.

The CCN Service is working with social care colleagues to review the provision of hospital beds in the community for children who need a specialist or flexible bed in their home to meet their needs. This will provide a safer working environment for families and carers whilst caring for children with complex needs as well as supporting children to sleep well in their own homes.

In response to learning from an incident, the CCN Service will develop a leaflet for families about tissue pressure damage to raise their awareness and involve them in formal risk assessments to identify children at risk. The team will also work with colleagues across BSW to review the pathway for wound care in the community for children.

The service will continue to work with colleagues in adult community nursing services to improve the transition processes between them, so that children and families experience a smoother transition. Community Paediatricians will continue to strengthen the partnership working with CAMHS already in progress and the next step will be liaison for the more complex children in order to be able to support them effectively with further CAMHS input when needed to address their mental health needs in a timely way.

Community paediatricians will review some of their core pathways including adoption and neuro-disability to ensure that they are providing the best support to children, their families and carers. The paediatricians are actively focused on recruitment to address their reduced workforce with the aim of building a team of mixed specialists including GPs and nurse practitioners. These specialist colleagues will undertake specific roles within the team to ensure that children and young people receive continuing care which meets their ongoing needs.

Community paediatricians will prioritise statutory work required including Children Looked After (CLA) medical assessments, but the team will also strive to maintain accessibility for families by identifying a Paediatrician of the Day (POD) who will pick up queries and requests for repeat prescriptions. This will ensure that young people entering care receive an accurate and holistic medical report to ensure that their health history can travel with them; as well as ensuring that parents have access to clinical support and young people will continue to receive their medications in good time, to ensure that they are fully supported to manage their condition at school and home. Community paediatricians, integrated therapists and speech and Language therapists will hold a joint monthly clinical meeting to discuss children with complex needs. This will enhance the regular

communication between the different clinical teams so that young people and their families will receive joined up clinical support to meet their needs and essential information will be shared between the teams reducing the need for families to repeat the same information to different professionals.

The FNP will deliver a knowledge and skills training package which focusses on effective engagement with marginalised clients and communication, to both internal and external colleagues across Wiltshire to help them gain key information on a variety of topics to benefit the local population.

The FNP has identified some key additional training which staff will be undertake during the year: multi-agency training on working with dads, intimate partner violence, substance misuse, and mental health and eating disorders. This will give the team additional insight and skills to improve engagement with and support the needs of fathers; and to support the increasing numbers of clients who require support to deal with these issues.

The FNP will continue to identify and introduce prospective clients to breast feeding peer support training to help support breast feeding rates and improve the health benefits for their clients.

The Health Visiting (HV) Service will develop and implement their service skill mix model to incorporate band 5 registered nurses into the team. This will support the workforce plan to deliver the revised Healthy Child Programme, ensuring a quality driven and effective service and families will benefit from increased support by the appropriate professional at the right time.

The service will develop further the specialist infant feeding service to increase sustainability, which will benefit breast feeding mothers with challenges by enabling their access to specialist support and this will in turn result in increasing breastfeeding rates within the community.

The service will develop the healthy child drop-in sessions into an empowering social model. This aims to help families feel that the service is visible and accessible and enables them to access health promotion on a variety of topics which will increase their confidence as parents and improve outcomes for their children.

The service will increase its focus on work with fathers/partners with a more holistic and robust assessment of the needs of the whole family to achieve positive outcomes for the child.

The service for Children Looked After (CLA) has experienced a significant increase in the number of children and young people who require their support as a result of the pandemic. The team will continue to work with social care and CAMHS colleagues to ensure that all young people have their needs assessed and are referred to services to support them in a timely way. The team identified and escalated to CAMHS and the commissioners an increase in the number of young people who have experienced trauma, which is affecting their mental health and for which it is challenging to find suitable services to meet their needs. The team will work with the Designated Nurse for CLA to find a solution to meet the needs of this cohort of children.

The CLA team will continue its work on a pathway for young people who are care leavers and ensure that their final review health needs assessment identifies and documents all of their health needs. This will equip young people to navigate health services confidently after leaving care so that they:

- Fully understand their health passport;

- Receive a copy of their care plan;
- Understand how to apply for exemption certificates for dental eye and prescription services;
- Ensure they fully understand there they have been signposted to the services which they require to meet their ongoing needs.

The Integrated Therapies Service will review the learning from its service review feedback to expand and improve the information and guidance available to families on the service website, so that parents are better equipped to support their children as they have all the information that they need.

The Safeguarding Team will work to further embed group safeguarding supervision in services to improve practitioner confidence and competency to improve the outcomes for children, young people and vulnerable adults. The team will support the work in establishing a robust safeguarding function across the BSW Integrated Care System.

The School Nursing Team will transition the parent questionnaires into electronic questionnaires for the new entry health record (NEHR) and health questionnaires. This will ensure that future health needs are identified at the key development stages and that the appropriate support is offered to children and their families.

School nurses will introduce 'support packages' for key areas of health need identified from the NEHR to offer first line support prior to specialist intervention if required. e.g., for low level anxiety, sleep difficulties etc. These will support the early intervention for identified health needs that can then be supplemented by specialist intervention if required.

The team will establish a referral triage system in order to facilitate equity of service delivery across the county and ensure that high level concerns are followed up promptly.

School nurses will improve co-working with the Mental Health Support Team and other mental health service partners to establish clear pathways of care. This will make access for young people and parents to the right level of support for their mental health easier.

The SPA will focus on supporting accurate and detailed GP referrals including the development of an Ardens referral form which meets the needs of GPs and a GP friendly referral pathway. This will improve the quality of referrals from Wiltshire GPs and speed up the process for children and families to be assessed, because the services will not have to request further information before processing the referral to the correct team/s.

The SPA will review the EHCP standard operating procedure working document in tandem with a priority to understand how to manage children not known to our services. This will result in efficient and robust work processes by business support to aid EHCPs for children and young people, which will benefit families by setting out support provision.

The team will continue to develop the quality of signposting within the multi-disciplinary triage (MDT) and service decline letters, to incorporate standardised advice within the electronic system for SPA colleagues and clinicians to access, according to the family's needs.. Improved signposting for families will enable them to access alternative local support to meet the needs of their child and family.

SPA will work on streamlining the referral process with acute paediatricians in secondary care. The work will focus on explaining the pilot integrated referral forms in local IT systems and improving the patient journey with access to information on the referral pathway. This will result in an improved and efficient referral pathway from acute paediatric and will enable families to be able to access information to help support their understanding of the referral process.

The team will also focus on improving the signposting resources available to colleagues receiving calls to SPA. They will look at understanding whether a central resource can be facilitated with partner agencies. This will result in improved signposting and support for children, young people and their families. The team will continue to implement the i-mail system across all SPA functions to allow the efficient and timely distribution of correspondence to families.

The Speech and Language Therapy Service (SLT) will continue to develop the training and collaborative model of support for children and young people and complete the work on group resources for primary school age children in order to assist schools with supporting children prior to considering referral into the specialist service. A listening and understanding pack will be rolled out in September to enable schools to support young people on the SLT caseload and those being targeted at the SEND level.

The team will review the dysphagia pathway to ensure equity of access to the service and they will also support 2 colleagues to develop dysphagia skills to pass the post graduate dysphagia training. This will enable the service to deliver high quality care to children with dysphagia in Wiltshire.

It will continue with its work on therapy outcome measures (TOMS) which will enable the service to assess the efficacy of its interventions and to target additional support where these are not meeting children's needs.

The team will also work with colleagues in BaNES and the South West Faculty of AHPs to develop an assistant practitioner role. This will enable the service to support more children and families with their communication needs.

The team will also review the equity of service provision to special schools across Wiltshire. This will ensure that schools are able to access the same opportunities for training and support for children and young people in their school.

Wiltshire Autism Assessment Services (WAAS) will establish a safe, well managed and positive transition pathway for young people who will reach 18 years of age whilst on the Autism assessment pathway. This will result in more efficient management of waiting times, so that WAAS will complete more of the assessments for 18-year-olds, reducing the pressure off adult services. There will be a more suitable assessment process for young people who will be able to access adult support through the WAAS team. Effective information sharing protocols will be implemented to ensure that young people do not have to repeat their 'story'.

WAAS will implement the Better Pathways project to establish more highly differentiated and efficient assessment pathways for children and young people awaiting autism assessment. This will involve developing skill mix to create a quicker route to diagnostic outcomes for young people who need a simpler assessment pathway. This will also result in a positive impact on waiting times for those on other diagnostic pathways and better use of community paediatrician time, with a reduction in waiting times for medical assessment.

WAAS will implement a differentiated diagnosis pathway in order to better meet the needs of young people who are aged 16 or over. This will result in a better experience for this age group and enable them to give consent for their assessment as well as having more opportunities to input into their own diagnostic process.

WAAS will continue to gather, understand and respond to feedback from children and young people who are on the diagnostic assessment pathway in order to provide a better experience for them during this time. The service will also work with Wiltshire Parent Carer Council to establish a parent support network and improved signposting for parents and carers of young people awaiting diagnostic assessment. This will enable parents and carers to access support from others in a similar situation as well as improved signposting to other services to meet their needs.

Audits we've taken part in

National clinical audit participation: Community Services

None of Children's Community Services are registered participants in any National Clinical Audit Patient Outcomes Programme (NCAPOP) audits at present, as we see insufficient children for any of the existing programmes to be a lead auditor. However, if a child who is registered as an audit subject in a national audit by a partner provider is seen within our services, we provide information to contribute to the audit where relevant.

We have a full programme of organisational and local audits in place which are agreed with our commissioners and we share all the results from these with our teams for learning. Results and learning are also shared with our commissioning alliance partners and with the wider organisation.

Research statement

We continue to participate in a number of research, service evaluation and service development projects, which are overseen and governed by our Striving for Better speciality networks.

We support the participation in research to help improve the care for people who use NHS and local authority services. We plan to continue to develop and promote this area over the coming year.

Current research activity

The organisation currently has a number of programmes on its research database which are either in progress or due to commence within a few weeks of the publication of this document.

In Wiltshire we do not have any current research activity in place, but the services work with external partners to facilitate and participate in research in to aspects of children's health when and where appropriate. During the pandemic research activity was no longer a priority, however, as a result of the impact on children's health and wellbeing, it is very likely that there will be plenty of opportunities for research in the future.

Publications

There have not been any publications by children's services colleagues in Wiltshire during the past year.

Learning from deaths

We work with local partners to review any deaths of children and information is presented to the Child Death Overview Panel (CDOP). There has not been any learning from recent reports for us.

A Domestic Homicide Review following an adult murder in Salisbury has resulted in a process review and strengthening of the routine enquiry by health visitors into potential domestic abuse. Although routine enquiry takes place in more than 90% of health visitor contacts in Wiltshire, the most common reason for the routine enquiry not being made is due to the presence of the partner at the time of the appointment. Health visitors will document the fact that routine enquiry was not made and the reason why, but there was no formal process in place to follow this up. Some partners are always present at health visitor contacts and also it may take several routine enquiries before a victim feels able to disclose the presence of domestic abuse to the health visitor. The new process will ensure

that when a routine enquiry has not been possible it is followed up, either by telephone if this is a safe option for the mother; or by another means e.g., inviting the mother to attend a baby clinic, or by liaising with primary care colleagues e.g., ask the GP to invite a mother for cervical screening etc, where a partner will be unlikely to be present.

Statement on the accuracy of our patient data

HCRG Care Group submitted information during the year to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodic Statistics, which are included in the latest published data.

Community service outpatient data for SUS submissions is being validated to ensure ongoing submissions are confirmed as being successful.

HCRG care group confirms that we have achieved the standards required by the Data Security Protection Toolkit (DSPT) for 2021-22. This can be seen via the following link:

<https://www.dsptoolkit.nhs.uk/OrganisationSearch/NDA>

NHS staff survey

A summary of the prescribed data for Wiltshire Children’s Community Services is included below:

A summary of the prescribed data for North Kent is included below:

KF26 (Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)	9%
KF21 (Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)	84%

Following the analysis and publication of the results, the Senior Team have developed an action plan to address the issues which colleagues have raised in the organisation’s staff survey. As in previous years, this is agreed with and supported by colleagues throughout the year.

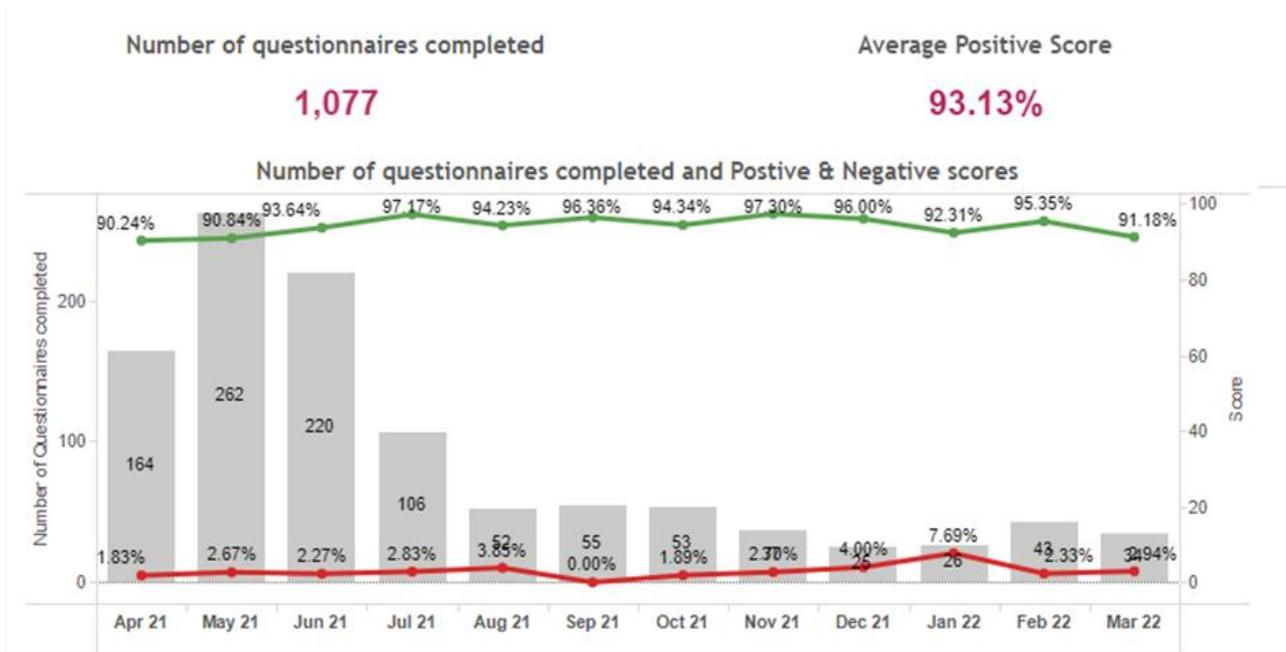
Overview of CQC inspections this year

Wiltshire Children’s Community Services have not had a formal inspection during the year. We maintain regular contact with our CQC relationship manager through quarterly meetings. No concerns about our services have been raised during the year.

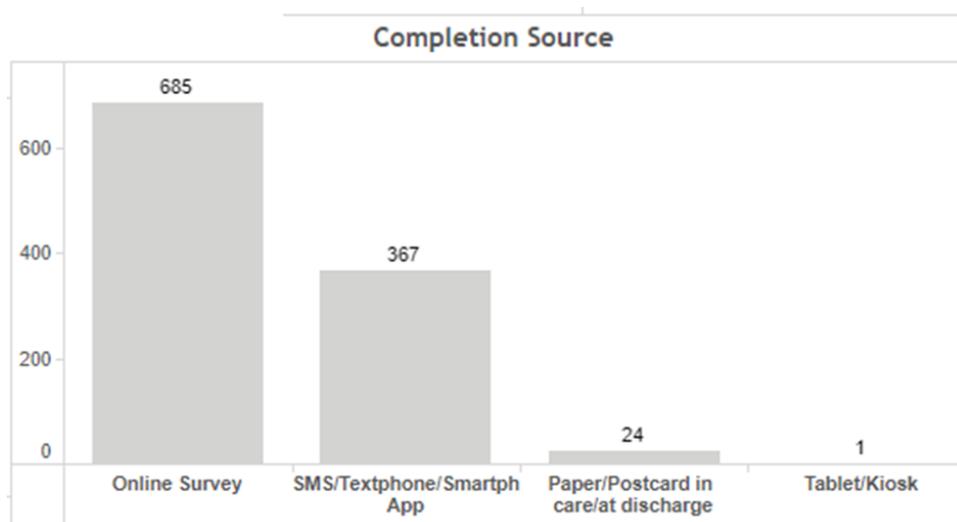
Registered provider	Service name	Full compliance	Action plan and status
Wiltshire Children’s Community Services HCRG Care Services Limited	Wiltshire Children’s Community Services	No concerns identified	None required

NHS Friends and Family Test

Like all NHS providers, we ask people who use our services to feed back to us on their experience using the NHS Friends and Family Test. In 2021-22, 1,077 people rated our services in Wiltshire and 93% said that they would recommend the service if someone needed similar services. This is shown in the graph below.

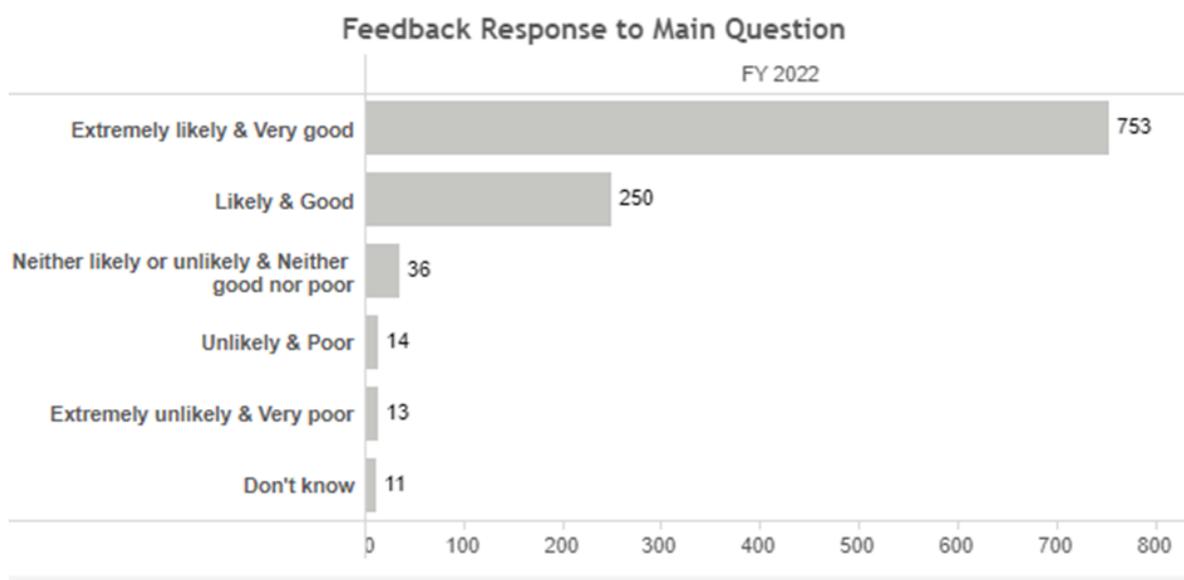


Our response rate for the NHS Family and Friends’ Test has been a lot lower than before the pandemic for a number of reasons, but the services are committed to increase feedback rates next year. It is clear that people are more likely to provide online feedback than in previous years, when responses were mostly gained through paper forms given out on site after the appointment. With the increased number of virtual appointments now becoming usual as part of the routine offer for some services, we will continue to promote feedback via this method. The source of NHS Family and Friends’ Test feedback over the course of the year is shown below.

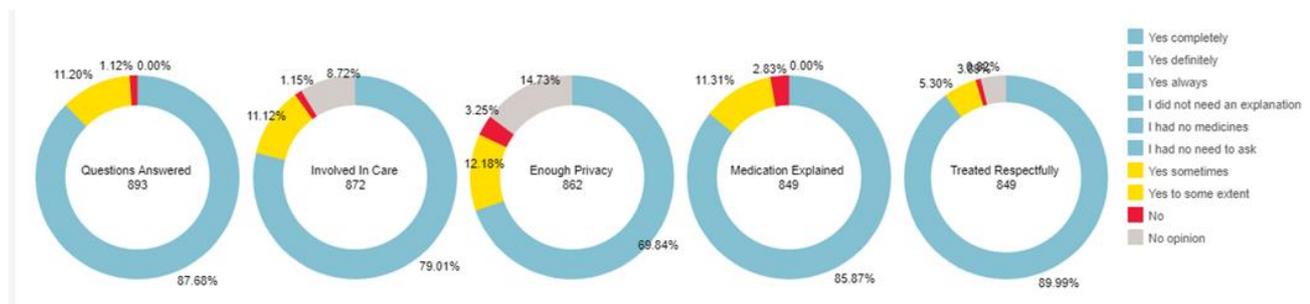


It is pleasing that the majority of feedback received from the NHS Family and Friends Test shows that families are mainly satisfied with the service which they have received. Where a negative response is accompanied by a comment which outlines their dissatisfaction, we consider how we can address this and the report this via our you said, we did initiative. However, as there are not always comments given to identify the cause of the dissatisfaction and all responses are anonymous, we are not always able to pursue these. We have also identified that on occasion, an accompanying comment to a negative response would appear to indicate that the respondent has ticked the wrong box and intended to leave a positive comment, however, we are unable to verify this.

The table below shows the distribution of responses received.



In addition to the NHS Family and Friends Test, the organisation developed and implemented the Patient Related Experience Measures, or PREMS, some years ago in order to provide more information about specific aspects of care. These additional responses are completely voluntary and respondents can complete one or more as they wish. The charts below show that the responses received last year were mostly positive. Some of the negative responses related to privacy are difficult to resolve fully, as we are dependent upon community premises, including schools for the provision of some services and are reliant on what we are allocated at the time. We have a number of measures in place to enhance privacy, but it remains a challenge.



The table below shows the engagement of PREMS by people who responded to the NHS Family and Friends Test. We continue to receive a high percentage of responses to these additional questions which is pleasing.

Business Unit	Number of FFT Responses	One Prem Answered	PREMs Rate (OneAnswered)	All Prem Answered	PREMs Rate
Wiltshire	1,077	891	82.73%	835	77.53%
Grand Total	1,077	891	82.73%	835	77.53%

Part three

Prescribed information

12.	<ul style="list-style-type: none"> a) The value and banding of the Summary Hospital-level Mortality Indicator (SMHI) for the trust for the reporting period; and b) The percentage of patient deaths within palliative care coded at either diagnosis or speciality level for the trust for the reporting period 	This element is not relevant.
13.	The percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period.	This element is not relevant.
14.	The percentage of Category A telephone calls (red one and red two calls) resulting in an emergency response by the trust at the scene of the emergency within eight minutes of receipt of the call during the reporting period	This element is not relevant.
14.1	The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period	This element is not relevant.
15.	The percentage of patients with pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period	This element is not relevant.
16.	The percentage of patients with suspected stroke assessed face-to-face who received an appropriate care bundle from the trust during the reporting period	This element is not relevant.
17.	The percentage of admissions to acute wards for which the Crisis Resolution Home Team acted as a gatekeeper during the reporting period	This element is not relevant.
18.	The trust's patient reported outcome measures for <ul style="list-style-type: none"> (i) groin hernia surgery (ii) varicose vein surgery (iii) hip replacement surgery, and (iv) knee replacement surgery During the reporting period	This element is not relevant.
19.	The percentage of patients aged - <ul style="list-style-type: none"> (i) 0-14 and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days	This element is not relevant.

	of being discharged from a hospital which forms part of the trust, during the reporting period	
20.	The trust's responsiveness to the personal needs of its patients during the reporting period	This element is not relevant.
21.	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	77 per cent
21.1	This indicator is not a statutory requirement. The trust's score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care	93 per cent

Commissioning for quality and innovation (CQUIN)

We work with our commissioners and other local providers to support the delivery of CQUIN targets. However, in 2020 -21 CQUIN targets were suspended in response to system pressures as a result of the pandemic and subsequent recovery programmes. Children's services in Wiltshire will work with the CCG to determine CQUIN requirements for next year.

Comments by co-commissioners

The draft quality account was submitted to the Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on 6th May 2022 and their comments were used to improve the document prior to publication.



**Bath and North East Somerset,
Swindon and Wiltshire**
Clinical Commissioning Group

Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on HCRG Care Services Limited 2021-22 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the HCRG Care Services Limited Quality Account for 2021/2022. In so far as the CCG has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the CCG via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

The CCG recognises that 2021/2022 has continued to be a difficult year due to the COVID-19 Pandemic and that this has impacted on services provided by HCRG Care Services Limited. The CCG would like to thank HCRG Care Services Limited for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the CCG that the Quality Account reflects HCRG Care Services Ltd on-going commitment to quality improvement and addressing key issues in a focused and innovative way. Although achievement of some priorities during 2020/21 have continued to be affected by COVID-19, HCRG Care Services Limited has still been able to make achievements against most of their priorities for 2021/22 including:

1. The Audiology Service beginning to operate clinics at their bespoke audiology clinic meaning that children aged 2 years and above are able to have their hearing assessed within Wiltshire.
2. Implementation of a monthly newsletter for parents of children who are waiting for an autism assessment, available in digital or print formats, that provides advice and guidance as well as sign-posting to other available support and information.
3. The Children's Bladder and Bowel service working in partnership with colleagues in Bath and North East Somerset to standardise their service; with GPs to further develop understanding around young people's needs around constipation and soiling; and working with the Children's Learning Disabilities Team to improve care planning for achieving continence.
4. The Children's Community Learning Disability Health Service have worked with Paediatricians to develop sleep guidance to support parents and young people with Attention Deficit Hyperactivity Disorder, Learning Disabilities or Autism.

5. The Family Nurse Partnership have been working to increase engagement with fathers, including carrying out a survey and working closely with Wiltshire Dad's Project to improve access to local resources.
6. The Health Visiting Service have implemented the Early Language Implementation Measure to help improve outcomes for children where there are potential challenges to speech, language, and communication.
7. Participation of the Children Looked After Service in a multi-agency review of health assessments for young people.
8. Updated referral pathways for the Speech and Language Therapy Team
9. Improved, standardised communications and a successful pilot of an electronic mail system within the Single Point of Access team, ensuring that communications to children and parents are timely and consistent.

The CCG supports HCRG Care Group's identified Quality Priorities for 2022/2023. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The CCG welcomes continued engagement in the agreed service improvement plan and focus on developments including:

1. Children's audiology will seek accreditation with work to improve accessibility for families, children and young people, with particular focus on "hard to reach" groups and communities
2. Increase referrals to bladder and bowel service, to ensure children access support to achieve continence or manage incontinence in a timely way
3. Children's Community Learning Disability Service plan to review their processes to better manage and support families to understand what to expect from the service, improved signposting and timely access.
4. Community Paediatricians will carry out a review of core pathways, also focusing on recruitment and closer working with partners, improving access and providing a more holistic approach to manage children and their family's ongoing needs.
5. Family Nurse Partnership will be delivering training focusing on engaging marginalised populations. The team have also identified training that they will access to improve their understanding of how to engage with dads.
6. Health Visiting will further develop their specialist infant feeding service to improve access to specialist support for breast feeding mothers. The team will also introduce Healthy Child drop-in sessions to improve visibility and access for parents to become more confident on a variety of topics and improve outcomes for their children.
7. With an increase in the number of children looked after needing mental health support, the Children Looked After team will explore with the Child and Adolescent Mental Health Service (CAMHS) and commissioners on how best to meet their needs. Further work will also be completed to improve the transition pathway for care leavers.
8. The School Nursing team will introduce "support packages" to provide early intervention for key areas. Their referral system will also be standardised across the organisation to ensure a prompt response to concerns raised.
9. The Single Point of Access team will work with partners to improve communication and signposting for families and to streamline the referral process for paediatricians in secondary care
10. The Wiltshire Autism Assessment Service plans to implement a number of pathways to support transition to adult services, improved efficiency of the assessment process to achieve quicker diagnosis and reduced waiting times, introduction of a differentiated diagnosis for

young people over the age of 16 to enable a greater level of input in their diagnostic process and to be able to give consent for the assessment to take place.

The CCG welcomes HCRG Care Group's support provided by the Health Visiting Service to the Afghan Resettlement and Assistance programme, ensuring that children and their parents are provided with information and access to health services. It is encouraging to read that the team are prepared to support Ukrainian families when they arrive in the local area.

The CCG would also like to highlight HCRG Care Group's response to the COVID pandemic and the continued commitment and adaptability of the organisation and employees to deliver services, offer support to children and families, and support the wider healthcare system locally. Of note is the work completed by the School Aged Immunisation Team to deliver Covid-19 vaccinations to children aged between 12-15 years, including setting up community clinics to provide greater access.

It is encouraging to see that HCRG have established a new follow up process to increase opportunities for mothers to be able to safely disclose concerns around domestic abuse, including linking in with Primary Care services to offer appointments where partners are unlikely to be in attendance.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG, together with associated co-commissioners, are committed to sustaining strong working relationships with HCRG Care Services Limited and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care Alliance develops in 2022/23.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gill May'.

Gill May
Director of Nursing and Quality
BSW CCG

Appendices

1: Glossary of terms

Care Quality Commission	<p>Also known as CQC</p> <p>Independent regulator of health and social care in England. Replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009.</p>
Clinical audit	<p>Quality improvement tool, comparing current care with evidence-based practice to identify areas with potential to be improved.</p>
Clinical Commissioning Group	<p>Local organisations which seek and buy healthcare on behalf of local populations, led by GPs.</p>
Commissioning for quality and innovation	<p>Also known as CQUIN</p> <p>System to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.</p>
Community Services	<p>Health services provided in the community (not in an acute hospital) Includes health visiting, school nursing, district nursing, special dental services and others</p>
CP-IS	<p>Child Protection Information System</p> <p>A computerised way of sharing data about child protection securely between organisations.</p>
Did Not Attend	<p>Also known as DNA</p> <p>An appointment which is not attended without prior warning, by people who use services</p>
Healthcare	<p>Care relating to physical or mental health</p>
Healthcare Quality Improvement Partnership	<p>Also known as HQIP</p> <p>Organisation responsible for enhancing the effectiveness of clinical audits, and engaging clinicians in reflective practice</p>
National Institute for Health and Clinical Excellence	<p>Independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health</p>

NHS Outcomes Framework	Document setting the outcomes and indicators used to hold providers of healthcare to account, providing financial planning and business rules to support the delivery of NHS priorities.
Patient-reported experience measures	Self-reporting by patients on their experience following treatment and satisfaction with treatment received
Here to help/PALS	Informal complaint, concern and query service which gives advice and helps patients with problems relating to the access to healthcare services