Wiltshire Children's Community Health Services Quality Account 2023-24

Services delivered in Wiltshire by HCRG Care Services Limited

HCRG Care Services Limited, trading as HCRG Care Group
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care·think·do
WE CHANGE LIVES BY TRANSFORMING HEALTH AND CARE

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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 Wiltshire Council and Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board in South West England.

HCRG Care Group may also provide other services in the area but these may not be included in this document if they are not commissioned by Wiltshire Council and Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board 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 the service directly. Details can be found at wiltshirechildrensservices.co.uk/contact-us

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 proud of the following achievements:

- Our continued delivery of community health and care services in Wiltshire that are effective, efficient, and high quality.
- Our collaborative work with partners - statutory and third sector organisations - to proactively manage and support children, young people and families with increasing levels of health and wellbeing concerns.
- Our high level of service user satisfaction.

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.

Regional Director – South West

Part Two

About HCRG Care Group

We change lives by transforming health and care.

Established in 2006, 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

Stephen Collier
Chair

David Deitz
Chief Financial Officer

Samantha Kane
Chief People Officer

Richard Comerford
Chief Commercial Officer

Pat Birchall
Chief Operations Officer

David Watkins
General Counsel

Our leadership team changed after March 31 2024. Please visit hcrgcaregroup.com to see the latest leadership chart

Our colleague survey results

We run a colleague survey to understand how our colleagues are feeling and how we can improve. In 2022-23, we changed the frequency of these surveys from annual to quarterly to obtain more timely feedback. The surveys include the nine staff engagement questions from the NHS People Pulse Survey.

An average of 35.5 per cent of our colleagues across England took part in the four surveys between April 2023-January 2024 and we continued to see positive feedback and improvement in key indicators. Satisfaction with our organisation as a place to work averaged at 60.5 per cent. Over the same period, 58 percent of colleagues said they would recommend HCRG Care Group as a place to work. In all of the nine NHS People Pulse survey questions, our scores compared favourably.

We develop action plans based on feedback from this survey to improve in the areas colleagues said could be better. The latest action plan is currently in progress in all parts of our organisation and we measure the effectiveness of these actions in subsequent surveys across the year.

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.

We regularly promote this policy to colleagues, encouraging anyone who has concerns to raise them.

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 the relevant regulated activities, 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.

Wiltshire Children's Community Services were last inspected in October 2022 and were rated as 'Good' overall with 'Outstanding' for Effectiveness.

Commented [AK(L1]: On page 30 it says there were no CQC inspections in 2023/24, one or other just needs clarifying.

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 Services

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'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.

Children in Care

- Children Looked After and Young People (CLA&YP) are a vulnerable group of children who require specialist services to help meet their health needs.
- The Wiltshire Children in Care (CIC) 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.

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.

Emotional Wellbeing Service

The Wiltshire Children and Young People's Emotional Wellbeing Service believes in early intervention: providing support for children and young people before they face more serious mental health issues. With the right support young people can transform their lives.
Growing up is a challenge for everyone, but for some it is more difficult than for others. The service offers practical and emotional so that young people can enter adulthood with the confidence they need to achieve their full potential.

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.

Integrated Therapies

- 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 CCLDNS 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 in Wiltshire is part of the wider integrated Southwest Safeguarding and Children in Care Team that covers all of Wiltshire and B&NES.

- The team supports all HCRG Care Group services in Wiltshire in discharging their 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 monitors and reports on mandatory compliance with training and supervision.
- 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/Care Co-ordination Centre (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 if this is appropriate. They may also be offered a social communication assessment with an Autism Practitioner if indicated. 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 2023 -24

The priorities in 2023-24 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.

Audiology

The Children's Community Audiology Service continued to be registered with the Improving Quality in Physiological Services (IQIPS) and has been working towards accreditation. The British Association of Audiology (BAA) standards baseline assessment was completed and an action plan put in place to identify work required for full compliance. A part time member of the team temporarily increased their hours in order to dedicate time to this work and progress was monitored regularly. This work has progressed well, is almost complete and the service aims to apply for accreditation in Q1 of 2024/2025.

The audiology service planned to use feedback from families and young people to identify what information and resources service users require, with a particular focus on leaflets and information for children and young people accessing the service. This resulted in a review of existing information which will be shared with families and other stakeholders prior to implementation. The service is now providing information from professional bodies e.g., National Deaf Children's Society and developing information specifically for children who are transitioning out of the service to another service (e.g., to acute care or adult services)

In order to maximise feedback, a prompt has been added to all appointments to ask young people about their views and experiences.

Autism (Waiting List Initiative)

The Autism Waiting List initiative team has worked with all three parent carer groups across Bath and North East Somerset (B&NES), Swindon and Wiltshire (BSW) to gather information from parents and carers across the BSW footprint to ensure balanced feedback is received to inform future service delivery. This has resulted in an autism assessment service fully informed by parent/carer stakeholders.

The work to gather, understand and respond to feedback form young people in the B&NES and Swindon areas commenced during the year. Trials of online and virtual surveys had mixed results, but engagement at targeted group events e.g. Child and Adolescent Mental Health Services (CAMHS) and STEP (a group for young people In Swindon) have encouraged engagement as the group facilitators have supported young people to give feedback. A project to liaise with young people at the Wiltshire Centre for Independent Living is not yet complete, due to difficulties with recruiting young people, but one-to-one liaison with young people during sessions has elicited views about what works and what has not worked for them.
The service has worked jointly with other specialist services in Wiltshire to develop and implement an integrated care pathway for neurodevelopmental conditions.

The service has also worked with partners in the community paediatricians team at Great Western Hospital to design and pilot a new integrated autism and Attention Deficit Hyperactivity Disorder (ADHD) pathway. This pathway is now being put in place so that young people across BSW will have a targeted assessment to meet the needs identified by their referral. This will streamline the process as it reduces the need for all children to go through every part of the previous assessment process; and for children with a potential dual diagnosis, they will have assessments for both Attention Hyperactivity Disorder and Autism considered in one pathway, rather than having to undergo a separate assessment process for each condition. The vision is that

by streamlining the process, young people and families will experience a shorter time going through the process, which in turn will reduce the time families wait for the assessment outcome.

Bladder and Bowel

The Bladder and Bowel Service has completely reviewed its processes and created a single assessment tool for nurses to use across B&NES and Wiltshire. The updated pathway ensures that children are offered an initial appointment which is not reliant upon the family completing and returning a number of charts. Children are now seen in date order and not according to the date charts were received. The service has significantly reduced waiting times so that children are seen and supported in a more timely way. A support worker role has been created and there are now two support workers in place who support families with product ordering, toilet training and undertake home and/or school visits for children as required. This is a key front line support role for families and the support workers are able to respond in a more timely way to meet the children's needs within their remit; or escalate complex queries and challenges to the registered professionals in the team.

Children's Community Learning Disability Health Service

The Children's Community Learning Disability Health Service (CCLDHS) has reviewed and updated all of its service leaflets to ensure that information provided to families is clearer and improves families' awareness of the service provision and support provided so that expectations of families, schools and other professionals are realistic.

CCLDHS has reviewed their signposting to other forms of support within their letters and at triage, to ensure that families have the information they need and are empowered to start to meet their health needs whilst they wait for their appointment.

Children's Continuing Care Team and Children's Community Nursing

The Children's Continuing Care Team (CCCT) and Children's Community Nursing (CCN) have worked together on their quality priorities for the year as CCNs also care for the children on the Continuing Care caseload.

The teams have worked with the clinical systems team to align the format of their electronic health care records across the two areas so that everyone has access to the same templates and questionnaires. All colleagues received training prior to implementation, however, a post-implementation audit identified gaps in understanding, so refresher training was put in place, as well as further work with the systems team to address some improvements that had been identified.

CCCT and CCNs wished to upskill colleagues in community Long Term Ventilation (LTV) knowledge and support for young people who use ventilators and their families. They have established regular online meetings with the tertiary LTV teams and have worked with partners in the LTV network to develop new competencies in LTV care.

CCCT and CCNs continue to work with partner agencies including BSW Integrated Care Board (ICB) to improve the transition process for young people with complex health needs when they move to adult care.

Children In Care Team

The Children In Care Team has been working to develop training for all health professionals who undertake Initial Health Assessments and Review Health Assessments which will be available on the organisation's

electronic learning system hosted by The Learning Enterprise (HCRG Care Group's learning and development department). The aim is to promote the consistency and comprehensiveness of health assessments and ensure that the voice of the child is heard throughout the assessment and recorded. This will result in improved health outcomes whilst the young person is in care as all health needs will be identified and addressed. These sessions will go live in Q1 of next year.

The Children In Care Team has also worked to improve engagement with care experienced children to make their review health assessments more meaningful and personalised to them and to encourage ownership of their health needs by giving them bespoke guidance on navigating the health care system and sources of support such as useful websites, NHS app and the Health Passport. This helps promote resilience and improved health outcomes.

Community Paediatrics

Community Paediatricians have been working to establish stronger links with the Child and Adolescent Mental Health Services (CAMHS) with liaison around cases to ensure that the best diagnostic support is given to families. This is now evolving into liaison for more complex children in order to support the mental health needs of children on the caseload in a shorter timescale. Regular joint meetings are established.

Paediatricians have also linked with other children's services to implement multi-disciplinary clinical meetings each month to discuss complex cases, so that families receives clinical support in a more joined up way as all teams share essential information and agree support provision to meet the young person's and family's needs. This has expanded further with the onset of the neurodevelopmental pathway which will continue to be rolled out into 2024/25 and support a multi-disciplinary approach to the assessment of children and young people with neuro-developmental needs.

Emotional Wellbeing

The Wiltshire Children and Young People's Emotional Wellbeing Service came into HCRG Care Group's Wiltshire portfolio/family on 1st April 2023. The first priority was to recruit a team to support the service delivery as no workforce came across with the new service. The team was put into place within the first few months and joined up working with the University of Exeter ensured that those who needed further skills were able to access the training that they needed to deliver the service. The training will also include a community capacity module which will assist the team to develop the community element of the commissioned service next year.

The team has worked to develop graduated pathways with partner agencies e.g., Wiltshire Council and CAMHS. It is also working with the Communications Team to refresh the 'onyourmind' website to support clear understanding of a graduated approach to meeting the needs of children and young people.

Family Nurse Partnership

The Family Nurse Partnership (FNP) has implemented a new young mums group in partnership with service users and the children's centre in Chippenham. This has been very well received by mothers and it is planned to offer this in other areas across the county to support increased community capacity.

FNP team representatives have attended induction sessions for newly qualified social workers in order to promote the programme and advise about eligibility and access for young mums. This has helped to enhance

closer working relationships between the two services and it has been agreed that FNP will continue to support social work induction.

FNP colleagues have implemented individual learning sessions on their national electronic information systemin order to understand how data is collected and used to inform practice and support quality improvement initiatives. The Professional Lead and another colleague attended additional update training on the system and cascaded this to the rest of the team.

In order to support young mums on the programme to give up smoking, the whole team have accessed the National Centre for Smoking Cessation training as well as training in the use of carbon monoxide monitoring. This has enabled them to be able to support young mums on their smoking cessation journey.

The team aimed to increase awareness and understanding of intimate partner violence and neglect. As a result of significant workforce changes this has been postponed and will now be delivered during 2024.

Health Visiting

Health Visitors have continued their work of increasing engagement with fathers and as a result fathers' wellbeing in now included as part of the pre-natal infant mental health assessment; fathers are included in breast feeding training (for parents); the Family Health Needs Assessment Tool has been updated to enable the needs of both parents to be captured and thus reflect a more holistic approach; fathers' attendance at mandated reviews is now captured; and feedback is now being collected from fathers about inclusivity.

The Health Visiting team continue to focus on the increased sustainability of the United Nations International Children's Emergency Fund (UNICEF) breast feeding standards to ensure that families receive consistent, timely evidence based advice and support to promote breast feeding in the community and that families who experience infant feeding challenges are supported to progress with their infant feeding choices. A recent audit demonstrated good feedback from mothers and breast feeding rates remain stable. The service renewed its accreditation with UNICEF in February 2024.

Progress with rolling out the healthy child drop-in model across Wiltshire has been slower to progress as hoped due to capacity to implement by both the service, but also by partner agencies. The service will be delivered under new contracted arrangements after 1st April 2024 and will be embedding a new workforce model as part of the new contractual requirement, which will assist with rolling the model out.

Safeguarding

The Safeguarding Team has fulfilled its plan to develop a regional approach to safeguarding including having both adult and children's safeguarding within the same team which has strengthened the safeguarding function across the patch. As a result of internal promotion, the Regional Safeguarding Lead role was reappointed to during the year and the new Lead took up her post in September. Within Wiltshire the engagement and uptake of Safeguarding supervision has improved and is now firmly embedded into practice. A colleague survey was undertaken in Q3 to identify areas of improvement with access to safeguarding supervision and this learning has been incorporated into planning.

School Nursing

The School Nursing Service has continued to develop the digital health and development questionnaires and the New Entry Health Review (NEHR) questionnaires were sent to all parents of children and young people (CYP) in year 9 at every school across Wiltshire. A trial of NEHR for year 7 parents was completed and this was rolled out with a break in March, due to a Local Authority survey running at that time. Poor response rates were followed up and as a result of these questionnaires children are having targeted individualised

care plans to meet their needs. In addition, the service has commenced the development of targeted support packages for specific areas of need identified from the NEHR. They are also developing resources for some health promotion groups to run in tandem with these packages for wider groups of CYP.

The School Nursing service has continued to develop the Youth Justice Service and was able to present a report in February which demonstrated the impact of the service through the use of outcome measures. A case study showed how careful assessment of need by active empathetic listening and encouragement led to a young person being able to freely express their concerns, so that these could be addressed in a non-judgemental way. The Youth Justice Nurse consciously used terminology which mirrored that of the young person so that they felt safe and this enabled her to establish a connection with the young person so that they accepted specialist support and resources to improve their situation. Follow up care showed promising outcomes and with further support the young person was able to continue to attend education.

In April 2023 the School Nursing Service welcomed the CYP Early Mental Health and Well-being service into its portfolio. The service transferred in without any staff, so a new team had to be recruited and school nurses supported the new service until the team was operational. The new team and school nurses have worked collaboratively to ensure that young people receive a graduated response to meet their emotional health and wellbeing needs.

SPA/ Care Coordination

The Single Point of Access (SPA)/Care Co-ordination (CCC) Team planned to review its request for support form. However as a result of new service developments - the setting up of a SPA in the children's services in Bath and North East Somerset run by HCRG Care Group; together with the Neuro-Developmental pathway project - there will now be one digital request for support form aligned across all of children's services in Bath and North East Somerset and Wiltshire as part of digital transformation. During the year SPA/CCC has reviewed and standardised the management of the additional information to support referrals into children's services. This includes updating all the letters and timescales and this work will be incorporated into the digital request for support project.

SPA/CCC has enhanced their working relationships with General Practitioners (GPs) within the county by working with two ICB GPs who were seconded to the service and participated in joint triage of referrals for children with neurodevelopmental, bladder and bowel and learning disability needs. This led to useful mutual shared learning. The team continues to work with a colleague from Child and Adolescent Mental Health Service (CAMHS) who has co-ordinated a Hot Topic meeting including a wide range of professionals, where discussions took place about appropriate referral routes for various conditions. Learning identified that as each child is unique in level of need, it would not be appropriate to update the website at present until future commissioning intentions are clear.

The team has worked with all the clinical Professional Leads to review and update the clinical pathways so that they are clearer for all colleagues. This has removed some ambiguities and led to a reduction in delays within the triage processes.

Working with a film company, SPA/CCC has commenced work on developing a series of short video clips to support referrers to make a good referral in order to get the most appropriate support to meet a child or family's needs. This is ongoing and part of the implementation of the Neurodevelopmental pathway.

SPA/CCC has collaborated with Wiltshire Council to develop a revised Standard Operating Procedure (SOP) for Education and Health Care Plans (EHCP). This was in response to the dramatic rise in the number of EHCPs being requested and the amount of clinical time consequently being lost for the assessment and treatment of referrals in to the services whilst clinicians were undertaking assessments and reports for EHCPs.

The revised SOP and accompanying guidance for clinicians detail a number of changes into the way that clinicians are required to contribute to the EHCP process. This will reduce clinician time in completing EHCP resulting in more clinical time to see children on the caseload.

Specialist Paediatric Nurses

The Specialist Paediatric Nurse Team wished to gain more feedback from young people, parents and carers to inform service development. It has conducted feedback interviews with parents young people after measurement and Qb testing (a specialist autism assessment test) clinics which has led to a review of how the tool is best used and some peer review of Qb test cases. This Information has fed into the work on the Neurodiversity Pathway which is described elsewhere and involves a number of services working together to deliver it. The pathway will be introduced as part of the ongoing quality assurance.

In order to support young people and families to have more timely measurement reviews the team has introduced skill-mix with an Assistant Practitioner role, who is now offering measurement clinics and sleep clinics for signposting and interventions. Data is being collected to analyse the effectiveness of these clinics. Future development of the measurement clinics is being informed by post-clinic feedback interviews with parents and young people. A parallel piece of work has started with families of young people who were not brought to clinic, to see whether the appointment time and or location were factors in their absence. Analysis will determine whether the clinics are being offered in the right locations and at the right time to suit families.

Speech and Language Therapy

The Speech and Language Therapy Team have reviewed and updated their clinical care pathways. They are working with colleagues in Bath and North East Somerset children's speech and language therapy to develop common pathways in order to ensure an equitable approach to delivery across the area. This includes a framework for consistent decision making across both areas. This work is progressing well but i not yet complete.

The speech and language therapy service continue to develop their collaborative training model in primary and secondary schools and this year have introduced coaching sessions with school staff which have had positive feedback. They have also completed a training package for "My word" group learning in schools. Work has commenced on the development of a "My story" group package. The work on the tracker intervention guide continues but is not yet complete.

Wiltshire Autism Assessment Service

Wiltshire Autism Assessment Service (WAAS) has reviewed all of its historical cases in order to identify the appropriate pathways for setting up within the new Neurodiversity pathway (ND). Five separate pathways have been identified to meet the needs identified from triage of referrals and the ND pathway will streamline services for neurodiversity assessment of children and young people (CYP) across B&NES and Wiltshire from spring 2024.

WAAS has worked in partnership with the community paediatricians, the BSW-wide Autism Waiting List Initiative, the specialist paediatric nurses and the care coordination centres in both Wiltshire and B&NES in the development of the ND pathway. WAAS has implemented a communications plan to inform parents and other stakeholders about the new pathway.

In order to help CYP and their parents and carers to understand what Autism Spectrum Disorder is, WAAS has implemented a variety of resources to support their explanations and are ensuring that a consideration of the young person's understanding is documented within the health care record before the assessment.

Following feedback from engagement events undertaken in the first quarter of 2023 in partnership with Wiltshire Parent Care Council and information gathered from an in house CYP survey, WAAS has commenced work on a series of short videos to explain to CYP and parents what they can expect from each aspect of the ND pathway. The first few videos have been completed. Wider work within the organisation on a refresh of the Wiltshire Children's Services Website will include a portal for CYP, parents and carers which will enable them to track their movement along the assessment pathway. The new videos will be uploaded to the refreshed website to support this.

In the meantime, WAAS have been running monthly interactive information sessions for families via the Teams platform to advise them on what to expect on the autism assessment journey.

Outcomes

Outcome measures are now fully embedded into all children's services in Wiltshire as business as usual and these have been audited in a number of services during the year. Services will continue to monitor their effectiveness in improving the quality and effectiveness of their services for children young people and their families and carers.

Priorities in 2024-25

How we identified our priorities for 2023-24

HCRG Care Group's national priorities were identified by its board, 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.

Public Health Nursing Services	
	On 1st April 2024 the Public Health Nursing Services became the Children and Families Wellbeing Service and are now commissioned separately from the rest of the Wiltshire Children's Community Health Services, directly by the local authority, Wiltshire Council. The priority for these services will be to undertake the transformation required to deliver the new service model required by the new contract.

Specialist Children's Services	
	The main priority for Children's Audiology will be to apply for Improving the Quality of Physiological Services (IQIPS) accreditation in the first part of the year. The outcome of this will inform their plans for the rest of the year. The Bladder and Bowel Service will create a leaflet for parents, schools and other professionals to increase awareness of how to manage constipation. It will work in partnership with GPs to agree their role in this in order to reduce inappropriate referrals, so that CYP are able to access the right support from the bladder and bowel team once constipation has been addressed. This will also support families and children to be able to receive the support they need in a more timely way. The Bladder and Bowel Service will work collaboratively with the Children's Learning Disability Nursing Team to enhance support for toilet training of children with learning disabilities. This will ensure that all children are supported with toilet training before they become reliant on continuous products long term. The teams will increase training opportunities for parents/cares of pre-school and reception aged children to increase their confidence and knowledge of how to support children with learning disability to become continent. This will ensure that we are allowing all children the opportunity to gain continence at a level that is appropriate for them. The Children's Community Nursing Team will review and update the clinical skills training packages that it offers to ensure that it still meets the needs of its stakeholders. Access to these training materials will be made easier

by hosting them on their own dedicated web page. In partnership with tertiary centre colleagues, the team will also review the training and troubleshooting support for colleagues who care for growing needs of children on long term ventilation in the community. This will be rolled out with new competency documents to support the embedding of information.

Children's Community Nurses will also develop generic care plans for specific conditions such as idiopathic juvenile chronic arthritis, intermittent catheterisation and enteral feeding. This will standardise the advice given to educational settings whilst maintaining a child centred approach to care needs.

The Children's Continuing Care Team will review and update its clinical skills training packages to improve the quality of training materials including child specific competencies. The service will continue to build on its community knowledge of long term ventilation by maintaining the strong links with the specialist teams in the tertiary centres. This will enable it to support those children who need long term ventilation and their families by ensuring that they have the most up to date information and training and competencies in place. The Children's Continuing Care Team will also work with the ICB and adult partners to improve the transition processes for young people moving into adult services. The Children's Continuing Care Team will also continue to embed the implementation of the SystmOne electronic health record for all contacts by enabling colleagues to access regular training and updates to maintain their confidence and competence.

The Learning Disability team will work to reduce the waiting times for children and families to receive the support that they need in a timely way by streamlining processes.

The Integrated Therapies team will continue to work toward a reduction in vacancies by working with the people team on targeted recruitment. It will also increase skill mix, to ensure that clinical time is used more effectively and also to assist with retention. This will enable them to meet the increased demands on the service by increased referrals and complexity of children's needs.

Integrated therapies will also review all its pathways to ensure that they are up to date, so that clinicians' expectations are clear and that parents and other health care professionals have clear information on the services provided. It will implement a new musculo-skeletal pathway which will include appropriate skill mix and will trial the use of video assessment. The pathway will also include a bank of resources and advice so that families get advice and early signposting to support them; as well as earlier access to the services for children with the most need and more timely follow up.

The Community Paediatricians, Children's Specialist Nurses, Care co-ordination and Wiltshire Autism Assessment Service will fully implement the Neurodiversity Pathway to enhance the assessment of neurodivergent children and young people. Specific priorities are:

- The implementation of a profiling tool to support a system-wide approach to neurodiversity. This will support CYP to be supported and feel listened to; help to identify the most appropriate signposting for families to access the support they need as well as helping CYP themselves to identify the support that they require. It will also enable better working with education setting to meet the needs of CYP and their families.
- The implementation of a new practice for all families of CYP on one of the pathways to be offered an initial telephone consultation to welcome them, confirm their pathway and offer support and advice about the process.
- A review of the ADHD assessment pathway to include digitalisation of the assessment forms. This will ease access to the assessment for families and schools with a built in support offered as part of the assessment tool. A variety of assessment pathways will be offered in order to meet assessment requirements to ensure that it is as robust as possible.
- Teams will work with parents to understand what additional pre and post assessment support would be beneficial, with the aim that parents and carers will feel more confident about and able to support their CYP through the process and with the potential or confirmed ADHD diagnosis.

The Speech and Language Therapy Team will review and update its priority clinical care pathways in conjunction with colleagues in Bath and North East Somerset Children's Speech and Language Therapy Service (B&NES SLT) to ensure that there is an equitable approach in all areas of speech and language therapy. In conjunction with B&NES SLT colleagues, it will develop a framework for consistent decision making around the level of specificity within Education and Health Care Plan recommendations in relation to a clinical diagnosis and severity which is agreed with both local authorities. This will achieve a consistency of service provision for children in both areas of the ICB footprint.

Speech and language therapists will also continue to develop the collaborative and training model in primary and secondary schools by working on targeted packages of support. This will enable CYP to access support and intervention through education as soon as a speech and language communication need (SLCN) is identified; increase the knowledge and skills of colleagues in educational settings to support children at all levels of need; as well as upskilling parents to support their child with their SLCN in the home environment.

Safeguarding and Children in Care

The Children in Care Service will work on a Care Pathway for CYP in Care to support an improvement in health outcomes for children in care. It will

continue to develop regular updates for health professionals who complete health assessments for children in care.

The Safeguarding Team will continue to provide specialist support to colleagues to enable them to keep children and young people safe and ensure that colleagues are equipped with the latest information and learning from both local and national child safeguarding protection reviews and other events, to inform their practice. It will continue to support with safeguarding supervision and safeguarding training, whilst fulfilling their wider duties within the BSW system.

Audits we've taken part in

National clinical audit participation: Wiltshire Children's Community Services

None of Children's Community Services in Wiltshire are registered participants in any National Clinical Audit Patient Outcomes Programme (NCAPOP) audits at present, as they see insufficient volumes of 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 their services, Wiltshire Children's Community Services provide information to contribute to the audit where relevant.

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

Research statement

The organisation continues to participate in a number of research, service evaluation and service development projects.

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. There are official links in place with the BSW Research hub at the University of Bath to support with research projects and Research ethics committee approval. There are no current research projects underway within Wiltshire Children's Community Services at present.

Publications

There have not been any publications by colleagues in Wiltshire during the past year. Colleagues continue to share their work in local fora and within the organisation.

Learning from deaths

HCRG Care Group continues to work with partner agencies to learn from deaths and to adopt any relevant learning from serious case reviews and other local and national reports. The national Learning from Deaths Policy is available, and this is followed locally.

Colleagues in Wiltshire continue to work with local partners to review any deaths of children and information is presented to the Child Death Overview Panel (CDOP). Learning from these and more widely from national reports is shared and discussed at the monthly governance meeting and cascaded to all teams from there. For example, the Regional Head of Safeguarding gave a summary of the CDOP Annual report which included some learning which had already been shared following the death of a child by the hands of another child. She also gave a presentation summarising the recently published Working Together to Safeguard Children following its updated publication last year. The ICB Under 1s Steering Group continues to consider this cohort of children and learning around safe sleeping and enhanced professional curiosity has been shared with colleagues.

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.

Community hospital PLACE reviews

Patient-led assessments of the care environment (PLACE) put the views of people who use HCRG Care Group services at the centre of the assessment process, helping to highlight how well a hospital is performing in certain areas. These areas include privacy and dignity, cleanliness, food and general building maintenance. The reviews focus on the care environment and do not cover the clinical care provision or staff behaviours. This section is not relevant to Wiltshire services as there are no inpatient facilities within HCRG Care group services in Wiltshire.

NHS staff survey

Our colleagues did not complete the NHS staff survey. HCRG Care Group colleagues complete an equivalent colleague survey.

A summary of the prescribed data is included below:	
KF26 (Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)	4% in Q4
KF21 (Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)	91% agree that the organisation acts fairly

Overview of CQC inspections this year

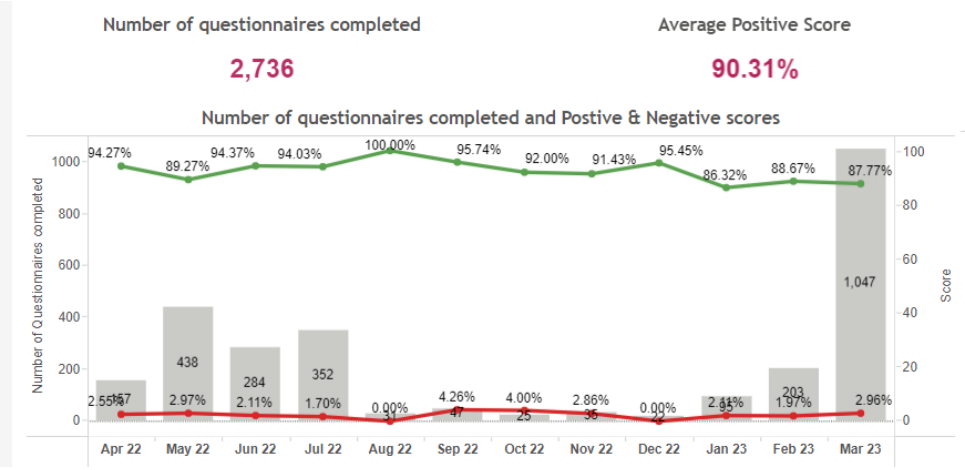
Registered provider	Service name	Full compliance	Action plan and status
HCRG Care Services Limited	No CQC inspections during 2023 - 2024	Full registration maintained	

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 2023-24, 2,736 people rated our services in Wiltshire and 2.471 or 90.3% per cent said they had a positive experience of our service.

The graph below shows the number of FFT responses received by children's services in Wiltshire during the year. There is always a seasonal variation in the number of responses received. A low response rate is expected in August during the school holidays when school based services are not in operation, however, the responses usually bounce back up during late September and October. As this did not happen this time and rates continued to be much lower than usual, colleagues were initially encouraged to strive to request more responses. This had no effect and so it was investigated and found to be a coding issue with responses incorrectly attributed to other services. This was resolved and the effect was a significant increase reported in quarter 4.



Part three

Prescribed information

12.	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	N/A
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.	N/A
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	N/A
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	N/A
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	N/A
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	N/A
17.	The percentage of admissions to acute wards for which the Crisis Resolution Home Team acted as a gatekeeper during the reporting period	N/A
18.	The trust's patient reported outcome measures for (i) groin hernia surgery (ii) varicose vein surgery (iii) hip replacement surgery, and (iv) knee replacement surgery During the reporting period	N/A
19.	The percentage of patients aged - (i) 0-15 and (ii) 16 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust, during the reporting period	N/A
20.	The trust's responsiveness to the personal needs of its patients during the reporting period	N/A

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	66% in Q4.
21.1	Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2) Please note: there is a not a statutory requirement to include this indicator in the quality accounts reporting but provider organisations should consider doing so.	N/A
22.	The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	N/A
23.	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	N/A
24.	The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	N/A
25.	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	487 actual incidents reported in total No incidents of concern and no incidents resulting in serious harm or death.

Commissioning for quality and innovation (CQUIN)

We work with our commissioners and other local providers to support the delivery of CQUIN targets.

In 2023/24 children's services in Wiltshire reported against a colleague uptake of the influenza vaccine in response to the Health Care Workers Influenza (HCWF) CQUIN.

In the 'flu season 2023 – 2024 64% of colleagues in Wiltshire took up the offer of 'flu vaccination and 7.2% actively declined the offer. Whilst this is a disappointing result and slightly lower uptake than last year, it reflects the national picture of vaccine hesitancy. The organisation continues to strive both locally and nationally to ensure that colleagues have all the information that they need to make an informed choice for their own and other's protection.

Comments from commissioner

NHS
Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on HCRG Care Group 2023-24 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on the HCRG Care Group Quality Account for 2023/ 2024. In so far as the ICB 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 ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

It is the view of the ICB that the Quality Account reflects the HCRG Care Group on-going commitment to quality improvement and addressing key issues in a focused and innovative way. HCRG Care Group has been able to make achievements against most of their priorities for 2023/24 including:

1. The Children's Community Audiology Service used feedback from families and young people to identify what information and resources service users require, with a particular focus on leaflets and information for children and young people accessing the service.

2. The Autism Waiting List initiative team gathered feedback to understand and respond to young people in the B&NES and Swindon areas. Wiltshire Autism Assessment Service (WAAS) has reviewed all of its historical cases in order to identify the appropriate pathways for setting up within the new Neurodiversity pathway (ND).

3. The Bladder and Bowel Service has completely reviewed its processes and created a single assessment tool for nurses to use across B&NES and Wiltshire. The updated pathway ensures that children are offered an initial appointment which is not reliant upon the family completing and returning a number of charts.

4. The Children's Community Learning Disability Health Service (CCLDHS) has reviewed and updated all of its service leaflets to ensure that information provided to families is clearer and improves families' awareness of the service provision and support provided so that expectations of families, schools and other professionals are realistic.

5. The Children in Care Team has been developing training for all health professionals who undertake Initial Health Assessments and Review Health Assessments. This training aims to promote consistency and comprehensiveness in health assessments and ensure that the child's voice is heard and recorded throughout the assessment. Additionally, the team has worked to improve engagement with care-experienced children, making their review health assessments more meaningful and personalised.

6. Community Paediatricians have been working to establish stronger links with the Child and Adolescent Mental Health Services (CAMHS) with liaison around cases to ensure that the best diagnostic support is given to families. This is now evolving into liaison for more complex children in order to support the mental health needs of children on the caseload in a shorter timescale.

7. The Family Nurse Partnership (FNP) has implemented a new young mums group in partnership with service users and the children's centre in Chippenham. This has

Appendices

1: Glossary of terms

Care Quality Commission	Also known as CQC 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.
Clinical audit	Quality improvement tool, comparing current care with evidence-based practice to identify areas with potential to be improved.
Integrated Care Boards	Organisations which seek and buy healthcare on behalf of local populations.
Commissioning for quality and innovation	Also known as CQUIN System to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.
Community Services	Health services provided in the community (not in an acute hospital) Includes health visiting, school nursing, district nursing, special dental services and others
CP-IS	Child Protection Information System A computerised way of sharing data about child protection securely between organisations.
Did Not Attend	Also known as DNA An appointment which is not attended without prior warning, by people who use services
Healthcare	Care relating to physical or mental health
Healthcare Quality Improvement Partnership	Also known as HQIP Organisation responsible for enhancing the effectiveness of clinical audits, and engaging clinicians in reflective practice

National Institute for Health and Clinical Excellence	Independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health
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