

Virgin Care

# Integrated Children's Services, Devon Quality Account

*Services delivered in Devon by Virgin Care Limited*

# Contents

## 4 PART ONE

Devon Quality Account

Executive Summary

Review of services provided

Chief Executive's Introduction

Clinical Director's Introduction

Regional Director of Operations' Introduction

Key successes and innovations delivered in 2016-17

## 22 PART TWO

Achievement of priorities for improvement in 2016-17

**Priority 1:** Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements

**Priority 2:** Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.

**Priority 3:** Continue to be recognised as an outstanding employer

Priorities going forward in 2017/18

**Priority 1:** Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements

**Priority 2:** Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.

**Priority 3:** Continue to be recognised as an outstanding employer

National Clinical Audit Participation: Community Services

Other clinical audit programmes

Research Statement

Current research activity

Publications

Learning from deaths

Statements from CQC

Independent Service Reviews (ISR)

Overview of our organisation's CQC inspections this year

Safeguarding Statement

Errors introduced into patient notes  
Information Governance Toolkit Attainment Levels  
Duty of Candour Statement  
Sign up to safety Statement  
NHS Colleagues Survey  
Delivering high quality services  
Star of the Year awards  
Training and Development by The Learning Enterprise  
Highlights of initiatives to improve the experience of using services  
The BETTER Map  
Feel the difference  
Customer Experience Team  
NHS Friends and Family Test

## **58** PART THREE

Review of quality performance  
Patients readmitted to hospital within 28 days  
Community Services Performance Report  
Medicines Optimisation Statement  
Customer Experience Team  
Friends and Family Test  
Comments by co-ordinating Clinical Commissioning Group

## **64** APPENDICIES

1: Glossary of terms

# 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 Virgin Care.

Virgin Care delivers services on behalf of North, East and West Devon & South Devon and Torbay Commissioners, and is one of a number of providers of health and care services locally.

This document is a demonstration of Virgin Care's commitment to providing the best quality community healthcare services to citizens in Devon. Quality Accounts are an opportunity for the organisation to take stock of what has been achieved and what is planned for the coming year as well as focusing the mind of the dedicated, hard-working colleagues who deliver services every day, on continuing to improve services.

This document contains a great deal of information on the quality of Virgin Care services, and the information has been arranged into the three areas of quality defined by the Department of Health and Social Care: safety, clinical effectiveness and patient experience.

Virgin Care has used this information to examine its performance and set priorities for the coming year and to make sure our priorities reflect the needs of people who use services, the public generally and the community Virgin Care has involved different groups to help compile this report including people who use services and community representatives, commissioners and frontline colleagues.

If you would like:

- A hard copy of this quality account, or a copy in another language please contact our Customer Experience Team on **0300 303 9509\*** or email **customerservices@virgincare.co.uk**
- To talk to someone about your experience of our services or would like to know how to find one of our services, our 'Here to help' team will speak with you in confidence on **0300 303 9509\*** or by email: **customerservices@virgincare.co.uk**
- To give us feedback on any aspect of this document – please email **communications@virgincare.co.uk**, or speak to our Customer Experience Team on **0300 303 9509\***

\*030 numbers are charged at the same rate as 01 and 02 numbers and are usually included in free minutes bundles. If you would prefer, please send us an email or a text and we will call you back.

## Review of the services provided

Virgin Care provides Integrated Children's Services (ICS) in Devon and includes:

### **Children with Additional Needs (CAN) - Occupational Therapy (OT)**

The children and young people's Occupational Therapy Service supports children and young people and their families to adapt to the challenges of everyday life that may be a result of a child or young person's difficulty or disability. The child or young person's activities (occupations) can be considered in three areas: self-care, school and play/work. The team endeavours to help children to maintain their skills, recover previously learnt skills and, where possible, to develop new skills.

The team work with children and young people through activities and play to help them set goals which will maximise their abilities and independence. We also assess for and provide equipment and adaptations to maximise independence.

### **Children with Additional Needs (CAN) - Rehabilitation Officers for Visually Impaired Children (ROVIC)**

The Rehabilitation Officers for Visually Impaired Children Services provide statutory services for children and young people (0-18yrs) who have sight loss, dual sensory loss and or a multi-sensory impairment. The service offers advice, information, assessment and when appropriate, skills development training to promote independence, access, inclusion, awareness and safety. The Service undertakes duties on behalf of the Local Authority, relating to the registration of visual impairment and the deafblind record, identification and assessment of need, environmental audit, skills development and awareness training and the review of need and involvement.

### **Children with Additional Needs (CAN) - 0-5 service (SCAC)**

0 – 5 Service are based at two Specialist Children's Assessment Centres (SCAC) in the East and North Devon. They adopt a multidisciplinary approach to providing specialist developmental assessment, diagnosis and intervention. The centres work closely with community-based colleagues and partner agencies (such as education) to deliver a high standard of service. The 0-5 service includes Portage which is a term time only home visiting service for children 0-5 years with significant and complex additional needs. Portage is based at Honeylands Specialist Child Assessment Centre (SCAC). All Portage referrals are processed through the Single Point of Access Pathway.

**Children with Additional Needs (CAN) – Speech and Language Therapy (SLT)**

Speech and Language Therapy (SLT) Services are provided for children and young people and include preventative work at a universal level; input for specific speech and language problems e.g. dysfluency (stammering), speech sound difficulties (delays/disorders), language difficulties. Support for dysphagia (mechanical feeding and swallowing difficulties); input for speech and language problems associated with another primary need that requires SLT involvement as part of a multidisciplinary team. The speech and language therapy service also provides a comprehensive range of training to parents, carers and professionals. This underpins the targeted and specialist levels of therapeutic work.

**Specialist Children's Community Services (SCCS) - Children's Community Nursing (CCN)**

The Community Children's Nursing Service supports children with a wide range of conditions requiring expert nursing care, training, advice and support. The service consists of three teams: Children's Community Nursing, Children's Palliative Care and Special School Nursing.

Children's Community Nurses provide specialist knowledge to ensure consistency of service delivery, and aim to reduce hospital admission or the duration of an admission. A wide range of nursing and extended nursing roles are undertaken within the child or young person's usual environment facilitating an everyday life ensuring the child or young person can access the same opportunities as those without additional needs.

**Specialist Children's Community Services (SCCS) – Children's Palliative Care Nursing**

Children's Palliative care nurses  
The service facilitates the palliative care pathway for children and young people offering on-going symptom management and care and support at End-Of-Life and in bereavement.

**Specialist Children's Community Services (SCCS) – Special School Nursing (SSN)**

Special School nurses provides on-going case management of children and young people with complex conditions which includes regular health assessments and care planning to ensure children receive evidence based care in all environments including school.

**Specialist Children's Community Services (SCCS) – Complex Healthcare (CHC)**

The Children's Complex Healthcare service delivers care at home and in the wider community to children and young People in Devon who meet the criteria for continuing healthcare funding due to significant health needs and/or complex disability and require a bespoke care package. The care is provided by Health Care Assistants (HCA) who are specifically trained and competent to meet the individual's assessed nursing needs. The HCA's are supported and monitored by a team of nurses who oversee the packages of care delivered.

**Specialist Children  
Community Services  
(SCCS) – Learning  
Disability (LD)**

The Children and Young People’s Learning Disability Community Team makes provision for children and young people up to 18 years of age who have a diagnosis of Profound or Severe Learning Disability (or moderate if there are Safeguarding concerns), including those children and young people who have acquired this status. This includes children with a diagnosis of Autistic Spectrum Disorder, who also present with a Learning Disability. The team work directly with young people and families in supporting them with identifying clear and targeted outcomes to achieve the best results for them. The team work within a Positive Behaviour Framework and provide direct support and facilitation in areas such as difficult and complex behaviours, severe sleep disturbance, puberty and sexuality and emotional resilience for families.

**Public Health Nursing  
(PHN)**

Public Health Nursing delivers the 0-19 healthy child programme through the Health Visitor (HV) and School Nursing (SN) service. The service focuses on improving outcomes and helping families to achieve positive outcomes. The 4 levels of service are Community, Universal, Universal Plus and Partnership Plus.

Where required the Universal Plus service provides for additional episodes of care including parenting support, feeding advice and support for emotional health and wellbeing issues. Universal Partnership Plus delivers on-going support from the public health nursing team as part of a multi-agency care plan where children, young people and families have more complex problems. This will include children with a child protection plan.

**Public Health Nursing  
(PHN) – Children in  
Care (CIC)**

The Children in Care health team are dedication to improving the health and well-being of children and young people in care. The team works in partnership with public health nurses, young people, carers, other health professionals and the local authority to assess, identify and interpret unmet health needs of these young people and those about to leave care.

**Public Health Nursing  
(PHN) – Immunisations  
Team**

The Immunisation Team are commissioned to deliver specific immunisations to young people by Public Health England. The school based programmes are delivered to all consenting young people at secondary schools across Devon, including state schools, independent schools, and special schools. This involves 4 visits to each of the 80+ education locations throughout the year, to a total cohort of 20 000 pupils. In addition to the above, community clinics are run in 4 Devon locations in Exeter, Barnstaple, Newton Abbot & Tavistock, 4 times per year to accommodate the home educated children; cross border pupils (attend a school out of county, but have a Devon GP); those not in education or those unable to be vaccinated in the school setting.



**Public Health Nursing (PHN) – Newborn Hearing Screening**

The Newborn Hearing Screening Service aims to identify permanent moderate, severe and profound deafness and hearing impairment in newborn babies. The screening offers all parents an opportunity to have their baby's hearing tested by their Health Visitor at the New Birth Visit. Early identification gives babies a better 'life chance' of developing speech and language skills and of making the most of social and emotional interaction from an early age.

**Family Support Services (FSS) – Children's Homes**

4 Children's Homes – Barnes, Hillcrest, Meadowpark and Welland House, support children and young people from birth to 18 years who have physical disabilities, complex medical needs and / or learning disabilities to achieve outcomes and enhance their opportunities and experience. This is accomplished through the provision of planned day and overnight stays for children and young people. This service is provided within a framework agreed through the child or young person's annual review and care planning process.

**Family Support Services (FSS) – Enabling team**

The enabling service works with children and young people to engage them in accessing activities in the community which they may not otherwise be able to do. The service helps children and young people become independent and overcome barriers to inclusion

**Family Support Services (FSS) – Multi-Sensory Impairment team (MSI)**

The Multi-Sensory Impairment team provides wrap around care and support for children and young people who have been identified as requiring 1:1 support due to their deafblind guidance assessment. The team ensure the young people can access the world around them using a variety of communication methods so that the young people can access information. We also focus on orientation and mobility to promote independence.

**Child and Adolescent Mental Health Service (CAMHS)**

Child and Adolescent Mental Health works with children from 0-18 presenting with significant Mental Health needs.

**CAMHS Assertive Outreach (AO)**

The Assertive Outreach team work with up to 32 young people who are at risk of being admitted to mental health in-patient care. The team work intensively with children; young people & their families in their homes and communities. They have reduced admissions and length of stay in in-patient care.

**CAMHS Early Help  
4 Mental Health  
(EH4MH)**

Devon Early Help 4 Mental Health is an early mental health service with Devon Public Health that supports mental health promotion in schools. We work in partnership with Young Devon and KOOOTH which is an on-line counselling service, in this contract.

**CAMHS  
– Journey After Child  
Abuse (JACAT)**

Journey After Child Abuse Trauma works with children and young people under the age of 18 who have experienced sexual abuse and who have complex mental health needs. The team also work with non-abusing parents to support young people's recovery.

**CAMHS Children in  
Care**

CAMHS Children in Care team assesses all children coming into the care system in Devon. The assessment indicates level of mental health need and if significant needs are identified, signposts children and young people into the core CAMHS service for intervention.

**CAMHS  
– Autistic Spectrum  
Disorder (ASD)**

The Autism Spectrum Disorder service assesses children in Devon who have been referred with needs that appear to be on the autism spectrum. In June 2017 the ASD team became part of the CAMHS service and this has allowed for an integrated approach to assessing these young people.

**Access – Single Point  
of Access (SPA)**

Single Point of Access is a county-wide doorway into our services. Built around one single contact email address and telephone number, it is now the route through which all enquiries and requests for services are managed. The SPA ensures consistent access to all our services across the county, enhancing the experiences of children and, their families at all stages of their care. SPA receives over 12,000 referrals per year and fields approximately 14,500 calls per year. In addition, SPA is responsible for processing in the region of 5,000 Child at Risk Alerts, 1,000 Education, Health and Care Plans per year and collating information for approximately 300 cases to be discussed at the Multi-Agency Records Audit Conference (MARAC).

Predominantly administrative colleagues are supported by a Senior Clinical Staff from all of the Service Groups. This group of clinicians make threshold decisions, field enquiries and provide training and advice and guidance to the SPA team.

## Head of Operations Introduction

We began providing these services in 2013 and we have worked hard since then to lay the foundations of the improvements we will make.

We have already achieved much in the short time we've been providing these services and in this document we will present projects we've worked on so far. Primarily, though, we will tell you about what we'll be working on in the year to come.

Over the past year I am particularly proud of the achievement we've made in:

- The continuing development and improvement of our website including access to self-help toolkits
- Engagement from young people in service development
- Reduction in waiting times for Occupational therapy and speech and language services despite an increase in referral rates
- Support provided by learning disability whilst families are waiting for ASC assessments,
- Increased uptake in immunisations for children in care
- Reduction in SPA referral processing times from an average of 28 days to 16 – 17 days alongside reduction in CAMHS processing from 9 days to 2.5 days

A rise in self referrals to 10.5% from their baseline of 5% in 2015/16. This increase has meant 680 families have come to us directly rather than through the GP saving time in primary care. Over the next 12 months we will:

- Expand the North Devon pilot for a speech and language advice line across the county
- Develop the electronic health passport for children in care
- Reduce SPA referral processing times from 16 – 17 days
- Run a major campaign to further increase awareness of our self-help tools and the opportunity for families to self-refer
- Expanding our school aged immunisation programme into Torbay and Devon and delivering the primary school 'flu' programme across the county
- Support the workforce to safely transition to the new provider model including PHN and portage safe transfer to Devon County council.

I would like to thank our colleagues who have demonstrated in this document the work we've done and for the work they will do over the coming year.

In putting together this publication we have sought feedback from staff and people who use 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 success and the areas that we have identified for improvement over the next 12 months.

**Linda Murray**

Linda Murray, Head of Transformation

On behalf of Amir Qureshy, Head of Operations Devon Virgin Care Limited

## Clinical Director's introduction

As Clinical Director for Virgin Care I am responsible for ensuring that the care we provide is safe, high quality and continuously improving and over the last year I am pleased that we have continued to make such a wide range of improvements for our patients, not just in their experience but also in continuing to improve the safety and quality of our services.

We achieve continuous improvement by having a well-defined and working clinical governance system in place. This means that we have strong clinical leaders working in partnership with managers and holding clear responsibilities, processes and systems to ensure we operate safely and that we monitor the quality of care delivered to our patients. I would like to thank members of my Clinical Directorate, the local Clinical and Quality Leads and the Heads of Services for their involvement in providing the information which makes up this report. It contains many examples which show how we place an emphasis on quality and safe care, and react to patient and customer feedback.

We continue to work closely with our partners, the Care Quality Commission and other health organisations including the voluntary and faith sectors to demonstrate high standards.

We have further improvements planned for the next year, and I trust you will both enjoy reading this publication and provide us with your feedback on the changes we have planned.

**Peter Taylor**

Clinical Director, Virgin Care

## About Virgin Care

Since 2006, Virgin Care has been on a journey to improve health and care services in England. Focused on delivering high quality care, good value and the fantastic customer service you'd expect from Virgin.

Virgin Care only provides services where it believes it can make a difference, with the vast majority of its services funded by the tax payer and free-to-use for local people.

Using innovative technology and investing in new models of care, Virgin Care delivers improvements and innovations to community and primary care services all across England. Part of the Virgin Group and ultimately owned by Sir Richard Branson, Virgin Care has saved the NHS millions of pounds and improved services all across the country. 93% of people rating services run by the company say they'd recommend them to someone else needing a similar service.

Virgin Group has invested more than £30m in Virgin Care since 2010 and in January 2018, Sir Richard Branson confirmed that as and when Virgin Care makes a profit (over and above his original investment) all of that money will be re-invested back into NHS and Local Authority health and care services.

Virgin Care Services Limited and Virgin Care Limited are both rated 'good' by the CQC for community services they deliver, following inspections in 2017.

### **Which part of Virgin Care does this document cover?**

Throughout this document the term 'Virgin Care' refers to services operated by Virgin Care Limited or a subsidiary company in Devon. As a national company, Virgin Care operates services in many areas and each area produces its own Quality Account. National achievements, where relevant, are included within the Quality Account for each area.

Find out more about Virgin Care at [www.virgincare.co.uk](http://www.virgincare.co.uk).

## Key successes and innovations delivered in 2017-18

Virgin Care has achieved much over the last 12 months and colleagues have reported a great deal of pride in what has been achieved.

This section of the document includes highlights identified by Virgin Care's Quality Team and colleagues working in services in Devon. These items have been split into the three key areas identified by the Department of Health and Social Care for all providers to focus on.

### Safety/Ensuring consistency in care

Several Services have successfully reduced and maintained a reduction in waiting times for assessment and therapy despite increases in referral rates. **Occupational (OT)** achieved 94% and **Speech and Language Therapy (SLT)** achieved a significant improvement between January 2017 and January 2018 from 78-97% of accepted referrals being seen within 18 weeks.

All services have RAG rated criteria in the Access Protocol to prioritise their waiting list these are reviewed annually. **The Learning Disability team** have also increased the level of support families receive during their period of waiting. Support packs provide advice in key areas such as behaviour, and families have access to the Learning Disability Duty Team from the point of acceptance onto the waiting list. **The Rehabilitation of Visually Impaired Children team (ROVIC)** team have improved their response time to support transition / key stage developmental needs as well as the waiting time for assessment

The development of 'Positive Behavioural Support training' by the **Learning Disability team** has enabled an integrated and positive approach to behaviours that are seen as complex and challenging. The consistent support provided has raised awareness and understanding and fostered a strong relationship with Virgin Care's Children's Homes. It is now being offered to the wider Devon Integrated Children's Service and Social Care colleagues.

**Safety/Ensuring  
consistency in care**  
Continued

**The Children's Community Nursing Service** have developed a Devon combined clinical training strategy to provide a framework identifying who should provide each element of clinical training strategy with Complex Healthcare and Public Health Nursing. The strategy includes three levels of training and defines what is considered as the core offer within Integrated Children's Services and what can be offered outside of the core offer for an additional charge. A set of training resources have also been produced to support this training which are in the process of being accredited to ensure quality standard. As part of this the **Complex Healthcare Team** received 'train the trainer' training in order to deliver their own training in Tracheostomy and Ventilator care and have had the training they deliver reviewed and validated against the National Tracheostomy Safety Standards.

The **Public Health Nursing Service** rolled out training in Early Help for Mental Health and developed the Emotional Health and Wellbeing pathway using recognised and approved assessment tools and outcome measures. The pathway which delivers the 'Live Life to the Full' programme has now been fully implemented.

Virgin Care has been awarded a new 5 year **Immunisation** contract for the whole of Devon, commencing in April 2018. This involves undertaking Secondary Aged Immunisations for the whole of Devon, extending into Torbay and Plymouth for the first time. In addition, it includes delivering the influenza programme to all Primary School aged children across the whole of Devon. This represents an increase of current delivery of 20 000 vaccinations per year to 96 000. The process of tendering for this contract has positively impacted upon current service delivery through the in-depth review of the existing provision and the development of new service models.



**Safety/Ensuring  
consistency in care**  
Continued

The Named Nurse for **Children in Care (CIC)** presented at a Westminster Education Select Committee on meeting the health needs of Children in Care. The transcripts from this forum are used to influence policies and national guidance. The presentation is also an excellent example of partnership working with the CiC Named Nurse being joined by the **CAMHS** Psychologist within the CAMHS Child in Care team who presented on the new screening process for Children coming into care.

**Welland House; Meadowpark and Hillcrest Children's Homes**

have achieved a good rating at their OFSTED full inspections. Staff training records are improved and robust plan in place to maintain the improvement, and My Story, a template for photographs, and narrative to show the experiences and achievements of the Young People has been developed to evidence the small steps that are made towards a final goal.

**The Immunisation team** continued work on an action plan commenced last year to improve immunisation update rates for children in care and have seen an overall improvement. For HPV there was an overall increase in uptake for Children in Care of 33%, and for Diphtheria, Tetanus, Polio and Meningitis ACWY there was an 18% increase. This improvement is due to increased awareness of Care In Care uptake, with schools advising the team of CIC pupils and the team proactively chasing consent for this cohort.

**Single Point of Access (SPA)** referral Levels have increased from 11k in 2016/17 to 12k in 2017/18. Meanwhile performance has improved from an average Processing time of 28 days in 16/17 to 16.5 days in 17/18.

## Clinical Effectiveness

This year the **Public Health Nursing Service** have developed 3 out of 4 planned business support and management hubs which process all of the service's administrative work. This includes scheduling appointments using the mobile working platform to ensure team work is co-ordinated to augment service efficiency. This enables the development of clearer pathways; provides contact points for GPs and other professionals to access the Public Health Nursing Service. There are dedicated telephone lines to new PHN hubs between 9am and 5pm to speed up access to information and support

**Speech and Language therapy** has provided core language training has been offered to all primary schools as part of the Speech and Language Therapy service delivery. This is a rolling programme and consists of an introduction to speech, language and communication; supporting children with difficulties understanding spoken language; supporting children with difficulties using spoken language; speech sound development. Training for Teaching assistants in Vocabulary Development, Narrative therapy and Concept Development has taken place. 107 schools trained to date. Education staff from 31 schools attended additional speech sound training.

The **ROVIC team** have created interventions and training programmes to teach, develop and consolidate independence skills which are transferable across all settings and can be utilised throughout the lifetime of the individual.

Substantial progression can be seen through **Public Health Nursing's (PHN)** Engagement in Early Help. There is now PHN provider representation on the strategic board (MAEHIB); team leaders are engaged in locality early help management meetings and there is PHN representation at locality practitioner forums. Practitioners are being encouraged to complete an Early Help Assessment for families in receipt of universal partnership plus level of service and in some cases universal partnership where they are undertaking a health needs assessment likely to require additional support or services. The appraisal objectives were reviewed in the mid-year appraisal this quarter for all PHN staff to register on to Right for Children system.

**The Immunisation team** have successfully completed phase 1 transition of the 'school leavers booster' (Diphtheria, Tetanus & Polio (combined) and Meningitis ACWY) from Year 10 to Year 9 to align with national recommendation. From April - July 2017 the team finished vaccinating all Year 9 boys (alongside the usual cohort of Year 10 pupils). Phase 2 is currently in progress and on target to be completed on schedule by 30.06.18. From January – March 2018, Year 10 girls will be seen alongside the main cohort of Year 9 pupils. The 6400 additional pupils will represent 80% completion of the transition. The remaining 1600 will be seen April – June 2018.

**Clinical Effectiveness**  
Continued

**Newborn Hearing Screening** are meeting National Achievable target on KPI2 for babies referred to Audiology. The team have worked with Audiology departments to ensure families are offered more timely appointments in liaison with the families at times that suit them, thus reducing the duration of parental anxiety. Work in this area will be on-going.

**The Child in Care team** implemented a follow-up 'Update Health Assessment' for all Unaccompanied Asylum Seeking Children, one month after they have their statutory Initial Health Assessment. This has involved setting up an electronic process of transferring information to the practitioner and a clinical process for the Children in Care Nurses. The nurse makes contact with the child via their Carer and or Social Worker and follows up any identified health needs and referrals/required investigations. The CIC team have kept a detailed record of health needs to inform our practice and to identify any services/health information that needs developing. It has also improved partnership working with Foster Carers and helps them provide appropriate care.

**Child and Adolescent Mental Health Service** have been asked to present their Eating Disorder Pathway work internationally at the world Paediatric symposium in New York April 18.

**CAMHS** have established an innovative partnership liaison psychiatry model to work with children and young people at risk of admission working closely with the Royal Devon and Exeter Hospital and Devon Partnership NHS trust.

**Single Point of Access (SPA)** improved their 30 seconds call response performance from 85% in 2016/17 to 92% in 2017/18.

## Experience of people who use services

All locality based **Occupational Therapy teams** offer Sensory Processing Workshops to parents and school staff. The aim is to improve the experience for children and families but it is also hoped this will reduce the re-referral rate for young people with sensory processing difficulties.

**The 0-5 Children with Additional Needs Service** have introduced a post assessment consolidation/intervention groups covering areas of diagnosis. The workshops are run for 6 weeks and each week a different area is covered by therapists from Occupational Therapy, Clinical Psychology, Speech & Language and Specialist Nursery Nurse. The objective is to consolidate the strategies and support which advised and modelled to parents during their child's assessment. Parental and Therapist feedback will be used to evaluate and further develop the workshops on a continuous basis.

**The Learning Disability team** sought to ensure their new staff had the characteristics valued by the young people who use the service. They were supported by young people from a local Special School with recruitment for two positions in the last year. The students were involved in the interview, and with feedback were an important part of the decision making process, clearly indicating who they found easier to communicate with and felt comfortable around.

**Meadowpark Children's Home** completed their sensory garden in May 2017. The young people are keen to gain sensory experiences through planting and growing. They reap the rewards of the garden by picking and cooking the produce. The colleague who proposed and drove the project, including applying for VCL's 'Feel the Difference funding' had her accomplishment formally recognised by Virgin Care nationally by winning a Feel the Difference award.

The **Enabling team** have actively promoted the ASDAN programme (Award Scheme Development and Accreditation Network) with great success. Four young people are taking part in the programme and one has just completed a course in Animal care and started another in Healthy Eating. Other courses being undertaken are money management, road sense and 'New Horizons' (personal, social, health, citizenship and relationship)

**Experience of people  
who use services**  
Continued

**Family Support Services** have introduced a new care planning tool with a clear focus on the young person. The Enabling team have used 'All about me' to empower young people to become actively involved in developing their planning with the support of their enabler and family. Through the early days introduction of 'My Story' provides an excellent way of the young people to have a sense of pride in their achievements and want to share it with others. It is organised into a format of photos and text making it a fun and engaging way for young people to share their achievements.

**Meadowpark Children's Home** Increased their collaboration with partner agencies which has improved the knowledge the team have of the young people outside of Meadowpark enabling the team to be proactive in their approach to the young people and their changing needs and abilities. With direct input from **Speech and Language Therapy**, Meadowpark have built a case to purchase Augmentative Communication equipment enabling some young people to communicate more freely.

Some of the girls / young women that the **Enabling team** work with had expressed a desire to meet with others with similar needs to themselves. One young woman suggested a pamper session, therefore an enabler supported a pamper evening which received positive feedback from all involved.

**The Child in Care team** have worked with the local authority to ensure that Unaccompanied Asylum Seeking Children now get a copy of their personal health plan translated into their original language if they want it.

The **CAMHS** referral processing times through the **Single Point of Access** remain very low. In 2016/17 they were averaging 9 days and have reduced to 2.5 days in 2017/18.

**Hillcrest and Welland House Children's Homes** have had particular successes working with individual young people and the team around them to promote confidence and self-esteem. The outcomes are significant changes in behaviours promoting safety and tangibly enriched experience for the young person.

## Part two

## Achievement of priorities for improvement in 2017-18

Virgin Care's core objective is to be the best community-based provider of care in England, with its stated purpose being "everyone feels the difference."

Each year, Virgin Care also identifies themes and goals for specific improvements to services. The below achievements reflect the work Virgin Care has completed against both its local objectives identified in last year's Quality Account and the work towards Virgin Care's overall objectives.

### PATIENT SAFETY

#### Priority 1:

**Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements**

- **The Learning Disability Team** have developed a suite of outcome tools that are used with children and families to ensure that clear outcomes and targets are agreed before sessions. These are also available in Easy Read format for those young people who require additional support with communication. Parent questionnaires were circulated, in addition to the Family and Friends Test and the comments made support inform service delivery.
- **The Children with Additional Needs Service** have also focused on outcomes by implementing a post intervention outcome measurement tool. From April 2017 the OT; SLT; 0-5 Service and the ROVIC teams started to use the tool to review of goals set jointly with children young people and families. It measures their perception of the improvements following interventions. The feedback indicates that interventions are making a positive difference and helping to inform practice.
- **The Children's Community Palliative Care** and received a very positive evaluation from the CQC following their inspection in January 2018. They received particular praise for their continuous reassessment of needs and ability to pre-empt increased clinical need; supporting children and families through the development of their own competencies; assistance planning funerals; and an open team culture that enables colleague challenge. Integrated working proved to be invaluable with the **Complex Healthcare team** receiving positive evaluation from the CQC and feedback from families following the support provided to 3 children at the End of Life.
- **The Newborn Hearing Screening team** have replaced aging screening equipment with dual function devices to reduce data entry duplication and speed up screening time. The benefits of using this equipment are now being felt across the area with shorter visit times allowing us to see more families in one day.
- Following the successful development of the CiC Health Passport, an electronic version was requested by care leavers. Delivery is anticipated in 2018 – 2019 as this has been taken forward as a National Virgin Care initiative.

- The **CAMHS Early Help for Mental Health (EH4MH) team** have engaged with every Devon school that wanted the service in 2017 and has gone on to provide a robust, consistent and evidence based approach for reducing mental health risks in children and young people within these schools
- Customer engagement provided valuable insight when a young person gave a presentation about working with children and young people who have gender equality issues at the **CAMHS** county service day in December.
- The **Public Health Service** effectively delivered the DHVIP programme of intensive Health visiting for vulnerable families. The success of the programme resulted in the team being shortlisted for an external award.
- The **Single Point of Access** implementing a paperless process to ensure that all parts of the referral process are electronic and can be monitored easily. This has helped the continued reduction in processing times.
- Following observation from team members, and feedback from pupils who said they found it difficult to process the standard vaccination information given verbally immediately prior to the vaccination, the **Immunisation Team** have recently changed their process. Information cards are now given out for pupils to read whilst they are waiting. This is proving hugely successful. The team have received lots of positive feedback via the Family and Friends Test from pupils, and nurses have observed that the young people appear better informed than previously. Additionally, it means that nurses have more time to give bespoke information to pupils that may not have understood what they have read or need the information in a different format.
- The **Speech and Language Services and 0-5 service** have reviewed their processes to ensure equitable provision across all areas incorporating clinic based assessment sessions alongside assessment and intervention within the home and early year's settings.
- **Public Health Nursing** have embedded the 'Feel the difference objective ' so that contacts meet the needs of the family rather than being purely service driven with positive feedback received
- The **Rehabilitation of Visually Impaired Children team** have ensured the needs of visually impaired children are met through the support of a ROVIC colleague in Paediatric Ophthalmic clinics in Exeter, North and South Devon and in Orthoptist clinics' with Special school across Devon. All Special Schools within Devon also benefit from their expertise through access to an allocated ROVIC providing regular assessment and advising on orientation and mobility needs of the Children & young people with visual impairment attending their schools.
- The **ASD** service have further developed the JADES model, introduced a Lead Clinical role and a Duty Call system. They have provided clinics in additional locations and at weekends, thus reducing travelling times for families and increasing access.



## CLINICAL EFFECTIVENESS

### Priority 2:

**Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.**

- Virgin Care's Medicines Optimisation team have completed their five year strategy and have refined their national audit (see 'Medicines management statement' in Part 3).
- All Integrated Devon Children's services use a governance template for their meetings. This ensures that governance maintains a strong focus throughout the organisation despite operational pressures. The agenda covers all aspects of governance including safeguarding and ensures the dissemination of information and that learning is shared at team level. This year Virgin Care have introduced a tool that enables team leads to check if changes made in response to previous learning have been embedded in practice. Robust safeguarding supervision is integral to all clinical supervision with signposting or dedicated meetings with a member of the safeguarding team.
- **The Learning Disability team** organise and chair the Good Practise Committee. This is a multi-agency Committee that supports staff in areas of restrictive practise, and ensure that staff and families are supported with issues that are often difficult and challenging to address. The team are also leading on Mental Capacity Act and the Deprivation of Liberty concerns.
- **The Children's Community Nursing service** have reviewed all clinical standard operating procedures and polices relating to the service to ensure they meet current evidence based practice. This work will be shared with their Wiltshire colleagues ensuring consistent practice across the South West.
- **Public Health Nursing and the Safeguarding team** have reviewed strategy meeting processes and organised training to improve safeguarding analysis and Multi-Agency Safeguarding Hub (MASH) referrals. A strength based model has been introduced and information on the criminal exploitation of children 'County Lines' has been cascaded. Work has been undertaken with the Children in Care team to improve the notification process for all movements of CIC. This has involved clarifying lines of responsibility with CIC team, distinguishing more clearly between administrative and clinical roles, and integrating PHN information in to their new to area letters. The Children in Care team have responded to Health Visitor feedback on the benefits of them attending the initial CIC review after commencing care and this is now written into their service standards.
- **The Child in Care team** have implemented robust guidelines for the notification processes for children coming in and out of care, placement changes and transfer of Children in Care in out of Devon. This process was written in partnership with the PHN service leads to ensure that the processes are in accordance with their systems and to prevent duplication of work and to ensure that children's health needs are met even when they move from Devon.
- **Meadowpark** Children's Home improved attendance at team meetings from 5 or 6 out of 26 colleagues to an average of 20.

- Child at Risk Alerts (CARA) are now processed by the **Single Point of Access (SPA)** and a process has been developed to ensure that all services now have sight of alerts relating to children open or waiting for their service. SPA are adding Safeguarding flags for children subject to a safeguarding on Carenotes and Careplus to ensure colleagues working with these children and young people are aware of this and engaged in multi-agency safeguarding process.
- **The Children Community Nursing Service** plan to increase the capture of Friends and family data through using the Friends and Family Test (FFT) app on mobile devices to increase service user feedback.

## OUTSTANDING EMPLOYER

### Priority 3: Continue to be recognised an outstanding employer

- During 2017-18, Virgin Care has focused on engaging all new colleagues joining directly or via a service transfer so that they had a great induction and are clear about what values-driven leadership looks like within the organisation. The events equip colleagues with the knowledge and tools they need to hit the ground running from day one.

The project which Virgin Care ran has reviewed the arrivals events process (induction event process), the induction platform, welcome packs, line manager guidance and a new blueprint for the induction process when bringing new services on board.

- Virgin Care's Leadership Development programme *Leading the Virgin Care Way* has produced a suite of leadership learning tools, supporting colleagues to make their next move at each level in the organisation. Linked to the 'behaviours framework' and focused on Level 3 Apprenticeship in Team Leadership, the content is delivered as an apprenticeship with the first cohort due to join the modules in 2018-19.
- As an organisation grown through acquisition, taking on large numbers of new colleagues overnight at the point of transfer, a focus for the year was to move to a simplified payroll and people system and Virgin Care is very pleased that this work has been completed. All colleagues are now using a single payroll solution, providing a single source of trusted 'people' data on which projects in 2018-19 (below) will be based. This solution, using the iTrent People Portal, allows managers easy access to annual leave and sickness administration and does away with insecure paper-based systems for tracking. The new system will go live on 31 March 2018, as the organisation progresses into the new financial year.
- Virgin Care has refreshed its Employer Brand during the year, producing a suite of materials which support efficient recruitment to our services in Devon. Including a suite of videos, paper and online materials as well as a new Careers Portal the Feel the Difference branding has been incorporated into the new employer brand.

- Virgin Care has extended its Feel the difference awards (see Part 3) with colleagues, people who use services and others now able to nominate colleagues for three awards each month linked to the organisation's values
- The organisation made the difficult decision not to hold Big Thanks parties for our colleagues in December and to prioritise investment elsewhere within the organisation. Virgin Care instead launched 'Little Big Thanks' for Christmas, with each team receiving vouchers for food and activities for a team party.
- Virgin Care has introduced the 'BETTER Map' (see part 3) as promised in Quality Account 2016-17 with new tools and resources for colleagues.
- ICS Devon participates in the Virgin Care scheme 'Love your lunch' where teams set aside dedicated time to share lunch centred on an activity. It has the impact of building team relationships and ensuring colleagues take time to relax together.
- **Virgin Care** supports a culture of colleague development, this year the benefits of which can be demonstrated by the **Occupational Therapy (OT)** and **Child in Care (CiC) teams**. OT colleagues identified and prioritised their training needs and agreed a training programme. An organisation was commissioned to train the whole team on adaptations for the disabled and adapting environments to meet challenging needs. Three colleagues have also successfully undertaken leadership courses. As an outcome the team offer an effective, evidence based service which is well placed to manage future vacancies through succession planning. Four members of the small **Children in Care (CiC)** Nurse Team have been successful in gaining promotion within CiC services in the past year. Two of these promotions were internal within the Devon CiC service and the other 2 were by neighbouring service in Torbay.
- **Single Point of Access** supports all staff to develop. Examples of this includes apprentices gaining permanent full time roles, colleagues undertaking foundation management training and some colleagues being part of the mind coach pilot.
- In response to the loss of a training provision nurses from the **Complex Healthcare Team (CHC)** have undertaken a 'train the trainer' qualification enabling them to deliver the team's training themselves. The training has been formally validated and confers several benefits to the service and to Virgin Care. Elimination of any delay to train new staff; a regular, timetabled delivery 4 times a year which facilitates the whole teams annual updates spread across the year and enables external organisations to buy places for their staff. The CHC team have also been able to provide training for 15 nurses from a Virgin Care service in Wiltshire and provided training for non-Virgin Care staff funded through Personal Health Budgets.
- **The Complex Healthcare team** have continued with their strategy to improve colleague retention by expanding the Assistant practitioner workforce. Two colleagues are in place with two more due to complete their two year training this year. The education and skills gained enable the Assistant Practitioners to work with generic competencies, therefore they have specific value in being able to step into any package of care to cover absence and easily help setting up new care packages. Other benefits include the reduction of agency staff usage and being able to undertake respite when the parents are absent.

- **The Children with Additional Needs (CAN) Service** have strived to support the work life balance of colleagues providing flexible working patterns wherever possible. **Speech and Language (SLT)** Therapy rotational posts for community therapists have been well-received by colleagues and ensure succession planning. These are for six month periods and provide shadowing and training in hearing impairment, dysfluency, autism spectrum disorder, supporting children with highly complex needs. The CAN service have also had access to significant levels of training this year. The SLT team run Share and Learn sessions twice a year in which specialist therapists share their knowledge and skills.
- During 2017-18 **the Immunisation team** established a nurse bank – offering more flexible options for staff that wish to join the organisation. Previously all staff were required to work from our Exeter base which was problematic for staff living in the outlying areas. Therefore three regional areas (North Devon, South Devon and Exeter & East) have been established, to be more appealing to staff. It has reduced travel time, and made the role more desirable as it can fit within school hours.
- The **Public Health Nursing (PHN) Service** held listening workshops for PHN colleagues in October and created an action plan in response to queries raised. Mind coach sessions were delivered at PHN forums from December 17 to March 18. The PHN contract with Virgin Care is coming to an end following Devon County Council's decision not to go to tender and provide the service in-house. The PHN leadership team have responded by holding engagements events to support colleagues through the process of transfer.
- **The Newborn Hearing Screening team** have developed staff competency assessments to ensure consistent high quality practice.
- Virgin Care encourages initiative, and supports colleague wellbeing. Both have been demonstrated by inspiring **CAMHS** colleagues who set up regular Mindfulness spaces at some of the work bases. For half an hour, once weekly colleagues have the opportunity to do a formal Mindfulness practice together and reflect a little afterwards. Attendance is voluntary and usually 2-5 each session and they have consistently chosen to continue. Mindfulness has been shown to protect from burnout and promote better therapeutic relationships from colleagues to the young people and families they work with.
- In a similar vein, **CAMHS** colleagues have built the team ethos by developing a staff room doodle board and running their own tuck shop. As an outcome of the staff survey 'Have your Say' action plan the team created space in the garden with tables and chairs, providing a space away from their desk to have lunch and talk.
- ASD – have become part of CAMHS which has introduced a supporting management structure and helped facilitate more collaborative working with a joint consultation process for Children and young people under the care of both services. This has benefits for children and families and colleagues.

## Priorities going forward in 2018-19

Continuing to demonstrate service quality and safety remains a top priority for Virgin Care over the coming year. However, Virgin Care has also identified other areas where improvements can be made to the services it delivers to ensure everyone feels the difference.

### How Virgin Care identified its priorities for 2018-19

Virgin Care'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 in a variety of methods.

Individual business units, including Devon were then able to set their own priorities. In 2017/18 we have continued our work to engage stakeholders through an annual survey repeated in March 2017 and recently in March 2018, meetings with 8 GP Forums and 3 SEND networks, the SENCO conference and Devon Association of Primary Heads Conference. We have also visited 8 individual practices and 9 schools.

Feedback from the survey in March 2017 showed that:

- More people are using our Single Point of Access website than the previous year and the majority of people say they found it easy to find the information they needed.
- More people are using the early help resources we offer online, and more people are directing parents to use them.
- More than three quarters of respondents said they knew how to make a referral through the SPA, compared to just half last time.

Feedback from GPs has informed the self-referral project and resulted in GPs being able to call the Single Point of Access for pre-referral advice, and we have continue to develop the information available on our website.

Virgin Care Devon created a Children and Young People's Voice group in 2016 with an aim to embed participation into our daily business until it is integral in everything we do. The momentum has grown with each service now having its own participation champion who contributes to driving the agenda forward. During 2017-18, the Children and Young People's group launched Devon Integrated Care Service's 'involving children and young people' strategy and policy at a Children and Young People Participation Day In May 2017. The day consisting of workshops, talks and activities was attended 26 children, young people, parents and carers as well as the Chief Executive of Virgin Care (Bart Johnston), commissioners, senior managers and staff across our services. This was followed up with a smaller shorter event in October 2017 in another part of Devon. During these events we gained valuable feedback on our services as well as users gaining a wider perspective on the breadth of services offered. From these days and other contacts, we have begun to work with a small group of young people willing to engage in our participation work across the service. An additional important aspect of the group has been to monitor, encourage and support teams' work in participation and hearing the Voice of children and young people based on Participation roadmaps for 2018 developed by members of the group.

CAMHS has a well-established participation programme and the CAMHS Participation worker now contributes to the promotion of participation across ICS Devon. Young people assist team leaders to interview potential staff giving a different and very valuable viewpoint.

The Children in Care Team continued to work with children and young people in the further development of the CiC passport. An electronic version is being developed at the request of Young people.

The Learning Disabilities Team worked with young people to produce written information in the form of 'Easy Read'

Virgin Care are accountable to commissioners North East and West Devon CCG; Torbay and South Devon CCG; Devon County Council and Public Health England. Regular meetings are undertaken to review performance; and the quality of service delivered. The contacts perform a valuable function and help determine the organisations strategy.

Virgin Care has a good relationship with the Care Quality Commission; relationship liaison meetings take place quarterly and T-cons monthly. Contacts will also be made as and when information or clarity is required by either party. The findings of the CQC Inspection undertaken in January 2017 has provided guidance to our quality improvement work throughout the year.

## PATIENT SAFETY

### Priority 1:

**Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements**

- **CAMHS** are working closely with public health on suicide prevention work streams in 2018
- **The 0-5 service for Children with Additional Needs** are working to enhance the experience of children and their families by introducing a number of sessions during the assessment period that will be run as small workshops. This will ensure parents of children with complex developmental difficulties, physical and learning disabilities are provided with opportunities to meet and work together to develop the skills and confidence to support their children. Outcomes will be monitored via feedback and review.
- The teams within the **Children with Additional Needs Service** are involved in reviewing Education Support and Health plans. All reports in Education Health Care Plans are quality assured to ensure the outcomes identified are high quality, evidence based and clinically robust
- The **Speech & Language Therapy** team have piloted an advice line for families, schools, pre-schools, early year's settings, children's centres and GPs in North Devon. During 2018/19 this will be rolled out in the rest of the county
- The **Learning Disability team** plan further development of the Early Help Offer, providing consultation to external services and liaising with the volunteer sector where possible. They plan to run parenting workshops on common areas of referrals, such as behaviour and sleep.

- **Public Health Nursing** will make changes to their clinics in response to parental feedback by introducing more appointment only clinics replacing drop in's. They will also introduce baby self-weighing stations to provide flexibility to working families.
- **Public Health Nursing** will see the implementation of their fourth and final support and management hubs which will streamline the service's administration work. They will also implement contemporary forms of communication with the introduction of ChatHealth service allowing parents, children and young people to text their Public Health nurse questions confidentially.
- The **Child in Care team** aim to listen to young people about what they want from the team when they leave care at 18 years. There is a standard letter that will be sent out to 17 year olds offering support after leaving care. This is in conjunction with their health passport and an update health assessment after their last Review Health Assessment.
- Following a 17/18 priority, **CAMHS** undertook an audit on the use of 'Routine Outcome Measures' (ROMS) by Psychiatrists, the results have fed into an action plan to embed the practice during 18/19.
- **Meadowpark Children's Home** will improve on offering and capturing the young person's voice using knowledge gained last year and the use of new technology such as Eye Gaze. This will enable young people to voice how they would like to see the service improved.
- **Single Point of Access** will continue to improve processing times towards a target of 10 days average (current is 16.5) by reduction in batch processing to improve work flow.
- **Learning Disability** have plans to involve young people from Special School Council for their input into further development of the learning disability team. To continue to work alongside our CAMHS colleagues in developing a robust pathway to meet the mental health needs of young people with a learning disability.

## CLINICAL EFFECTIVENESS

### Priority 2:

**Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.**

- **The 0-5 service for Children with Additional Needs** are making improvements to their service pathway including the provision of clear information and their Clinical Screening process by forming a multi-disciplinary screening meeting. They are also recruiting to additional Clinical Psychology role to provide weekly input to clinical team in North Devon. This post will ensure an equitable service in North Devon.
- **The Learning Disability team** plan to take all Mental Capacity Act assessments through the Good Practice Committee which will improve governance through multi-disciplinary and multi-agency dialogue and organisational assurance.

- **The Public Health Nursing Service** have plans to improve record keeping, access and transition, through the implementation of a record keeping tool for clinicians to benchmark clinical records; the implementation of a PHN referral form to improve access to the service and service user experience and the implementation of new process for practitioners to have direct contact with other PHN practitioners for families in receipt of a Universal Partnership Plus service transferring out of Devon
- Following several incidents in autumn 2017 where pupils have fainted after leaving the vaccination room, the **Immunisation team** have developed a post vaccination waiting area. Pupils are requested to wait 5-10 minutes post vaccination, and although not directly individually observed, pupils are in view of the clinical team. Each nurse takes responsibility for reviewing each pupil that they send to the waiting area. This builds on our safeguarding responsibilities for ensuring that the pupils are fit to return to class. Since implementing this, there have been no further instances of children fainting outside the session.
- **The Children's Community Nursing Teams** plan to strengthen their link with the Community Nursing Teams in Virgin Care Wiltshire by working together on projects that benefit them both, such as jointly reviewing and developing Standard Operating Procedures and the development of training programmes.
- **Newborn Hearing Screening** will monitor the quality of care given to parents in order to ensure informed consent is obtained through one-to-one practical competency assessments. They will be checking all screening data and ensure quality assurance calibration checks are performed as required on all equipment used for screening, contacting any practitioner who fails to achieve this and asking them to re-screen where there is any risk that a hearing loss may be missed.
- **Family Support Services** have designed and trialled an outcome monitoring matrix which will keep track of the review dates for young people's outcomes. This will be fully implemented in 2018. The service have also strengthened their Quality Assurance process in 2018, with the introduction of an Quality visit which will take place prior to the Managers 6 monthly review of the Quality of Care required by Ofsted.
- Continue to centralise processing into the **Single Point of Access** to provide greater resilience due to larger staff group. Potentially this may include Child in Care notifications, risk stratification, Multi-Agency Records Audit Conference (MARAC) processing.



## OUTSTANDING EMPLOYER

### Priority 3: Continue to be recognised an outstanding employer

- Themes amongst Virgin Care Devon services and teams include a focus on training to meet specific clinical need and supporting colleagues through the forthcoming Reprocurement process. Team leads will work with all staff throughout the re-procurement process and ensuring any concerns are addressed as quickly as possible to maintain morale and productivity in the service
- **The Occupational Therapy** team will consider the competencies of new therapists using a framework. The Team Leader is initiating contact with local university to discuss an apprentice training for OT's, and will make further training on Acquired Brain Injury available to all staff.
- **The Learning Disability team** will support colleagues to have a healthy work/life balance by supporting their emotional and physical resilience in recognising the outstanding work that they do, in supporting some of the most complex families the team support.
- **Public Health Nursing** aim to strengthen colleague engagement through increasing the visibility of team leaders and the Head of Service through attendance at Team clinical governance meetings. A strong emphasis will be placed on supporting staff through the transfer of services to Devon County Council in 2019. The leadership will focus upon supporting staff through the transfer of the services to Devon County Council in April 2019 to ensure a safe and effective transition.
- The **Speech and Language and Immunisation teams** and will continue to offer flexible working options
- **The Children in Care** Lead Nurse and Business Support for Children in Care will complete their leadership apprenticeship and instigate improvements into practice as learning from this experience.
- New workforce groups have been bought into **CAMHS** in 17/18 and into 18/19. These roles are recruit to train and children's' wellbeing practitioners. Both are funded by the Department of Health and are proving effective in easing our recruitment issues
- **Welland House Children's Home** is planning a positive and effective team day to celebrate achievement for staff and children. They will also introduce reflective supervision.
- **Single Point of Access** will widen links between clinical colleagues and the administrative team. Examples of this could include training on service areas, emotional/wellbeing support, creation of more space for clinicians to sit within the SPA area.
- **The Complex Healthcare team** will recruit to two further Assistant Practitioner posts, expanding the number of Assistant Practitioners to 6.

## Creating a clear workforce plan

During 2017-18 Virgin Care developed and implemented a new toolkit to enable all of its services to create a comprehensive Workforce plan, ensuring people's needs for the services were met.

The plan is based on five pillars:

- Leaders who lead
- Great people in the right place at the right time
- Best selves
- Happy People
- Future Read

These are underpinned by the CQC domains and the Workforce Plans allow Virgin Care's services to translate local people issues into tangible action plans and ensure recruitment activity is target-driven building high performing, highly engaged teams to deliver exceptional services to people who use services.

Virgin Care's Workforce Plans remain live and working documents, adapting and evolving as services do. Over the coming year, Virgin Care will review its workforce plan and make tactical recruitment decisions but in the coming years Virgin Care expects the plans to support transformation and provide long-term people solutions.

The plans feed into Virgin Care's organisational people strategy. Virgin Care considers this action to be industry-leading and the approach has been praised by our partners at the Royal College of Nursing who consider this level of Workforce Planning to be best practice.

## Taking part in national, local and clinical audits

### National Clinical Audit Participation: Community Services

Over the course of the year, Virgin Care took part in a number of national clinical audits including:

### National Safeguarding Audit

The 2017 Safeguarding annual audit was based on a combined Children's Section 11 and Adult Safeguarding Self- Assessment Tool (Best Practice). The audit focused on seven areas relating to safeguarding governance for example; safer recruitment and selection of colleagues and the management of complaints, allegations and whistleblowing. Additions were made this year to include a further six questions to gauge application of the Mental Capacity Act to practice.

The annual national safeguarding audit evidences that Virgin Care continues to manage safeguarding well across services. The areas that require improvement overall include access to safeguarding supervision and knowledge of the Mental Capacity Act, and the safeguarding sub-committee are taking steps to address these.

### Other clinical audit programmes

Across all its services Virgin Care runs a core audit programme, including the following core audit programmes:

- Medicines Safety Audit (see Part 3)
- **National Infection Control and Prevention Audit** - annual audit to identify compliance with policy, identify themes and risks and generate action plans to mitigate
- **National Records Audit** – Annual audit of health records
- **Health & Safety** - Self-audit of all sites across the organisation

Virgin Care was also subject to audits of its directly delivered community services by its commissioners.

- CAMHS continue to participate in the national confidential suicide enquiry (NCISH, University of Manchester) for the identification of suicide and homicide by people who have been in contact with mental health services.

### All Teams

### Confidentiality

This audit undertaken to provide assurance that access to confidential information is gained to those individuals with a legitimate right of access, it is necessary to have appropriate controls in place and ensure monitoring is undertaken on a regular basis.

### All clinical teams

### Local Hand Hygiene audit - 6 monthly

Colleague and parental observation of hand hygiene practice to test compliance with Infection Prevention and Control policy

<b>Care Effectiveness Team</b>	<b>Incident learning audit</b>	Audit undertaken to analyse the clarity of learning recorded by incident reviewers as baseline upon which to build SMART learning.
<b>Child and Adolescent Mental Health</b>	<b>Routine Outcome Measures (ROMS)</b>	Establish the current use of ROMS by Psychiatry Consultants with the objective of establishing the rate of diagnosis recording and an initial level of ROMS use in patients seen by the medical team.
<b>Children's Community Nursing -</b>	<b>Low flow neonatal Oxygen therapy pathway audit-</b>	This pathway is under review to audit the effectiveness of the service to wean Oxygen dependent babies. This audit will finish in May 18.
<b>Children's Homes: Barnes; Meadowpark and Welland House</b>	<b>Colleague file Children &amp; Young People file</b>	Check compliance with NHS & VCL record keeping requirements and OFSTED regulations
<b>Immunisation Team</b>	<b>Children in Care Vaccination Uptake Audit (July 2017)</b>	Audits to baseline and measure improvement in uptake of immunisation of children in care
<b>Immunisation Team</b>	<b>Immunisation Team - Duplicate Vaccination Audit (July 2017)</b>	A review of all duplicate vaccinations administered in the academic year 2016/17, identifying reasons, and learning from incidents and actions undertaken.
<b>Immunisation Team</b>	<b>Immunisation Team - Vaccination Storage (Cold Chain) Audit (October 2017)</b>	The audit was completed to test that this element of the CQC action plan was embedded. The service was compliant for all questions, no actions required.
<b>Immunisation Team</b>	<b>Children in Care uptake audit (July 2017)</b>	Follow up audit showed significant increase in the uptake of vaccinations for Children in Care. This improvement is due to increased awareness of Care In Care uptake, with schools advising the team of CIC pupils and the team proactively chasing consent for this cohort.
<b>Immunisation Team</b>	<b>Immunisation Team - Clinic Waiting times (January 2018).</b>	Identify length and variation of clinic waiting times
<b>Learning Disability</b>	<b>Effectiveness of parent workshop</b>	Review and improve effectiveness of parent workshop
<b>Newborn Hearing Screening</b>	<b>NHSP Performance Monitoring audit</b>	Audit against standards and KPI's, showing high standard of performance

<b>Public Health Nursing</b>	<b>Baby Friendly Initiative</b>	These audits are essential as part of the UNICEF Baby Friendly Initiative accreditation and provide evidence to support the award of a Baby Friendly organisation.
<b>Public Health Nursing</b>	<b>Baby Feeding Audit</b>	The audit was conducted against a background of change to an electronic patient records and I pads. Measure colleague understanding and information provided on breast feeding against standards
<b>Public Health Nursing</b>	<b>Transition audit.</b>	Measure of Maternity to PHN transition communication effectiveness in response to incidents related to lack of communication.
<b>Single Point of Access</b>	<b>Child at Risk alerts audit</b>	Audit of notification / recording to assess how the information is being used when received by each of the clinical services
<b>Speech and Language Therapy</b>	<b>Trial of The Complexity Approach for phonological disorder.</b>	This is a new therapy approach with the objective of improving outcomes and reduce treatment time for phonological (speech sound) disorders.
<b>Speech and Language Therapy</b>	<b>Audit of enquiries to the advice line piloted in North Devon.</b>	Positive responses and advice line to be rolled out across county
<b>Speech and Language Therapy</b>	<b>Key stakeholder views of three training packages delivered by the SLT Service</b>	There is a need for more training of Teaching Assistants and Teachers in school settings in the areas of language development and interventions.
<b>Rehabilitation of Visually Impaired Children (ROVIC)</b>	<b>Process of registration and delivery of registration cards</b>	Evidencing and providing identification of disability status.
<b>Children's Homes: Springfield House; Honeylands; Evergreen House</b>	<b>Environmental Infection Prevention and Control Audit</b>	Audit of environments used to see children and young people. Audits are scored and an action plan to ensure Infection Prevention and Control is generated and worked on during the year.
<b>Children's Homes: Springfield House; Honeylands; Evergreen House</b>	<b>Health and Safety Environmental audits</b>	Audit of environments used to see children and young people. Audits are scored and an action plan is generated to ensure Health and Safety requirements are met.

## Research statements

### Devon Research Statement

Proper research governance is essential to ensure that customers, colleagues and members of the public can have confidence in, and benefit from, quality research in health and social care. Virgin Care support high scientific, ethical and financial standards, transparent decision-making processes, clear allocation of responsibilities and robust monitoring arrangements. The dignity, rights, safety and wellbeing of participants must be the primary consideration in any research study.

A core standard for health care organisations is that they have systems to ensure the principles and requirements of the research governance framework are consistently applied. Virgin care achieves this through the Research Governance Committee that meets quarterly and has a membership made up of clinical expertise.

### Current research activity

Two active projects were included on the Research Database and remains in progress with regular updates provided by the lead researchers.

These are:

#### 1. **Enhancing Social-Emotional Health and Wellbeing in the Early Years (E-SEE)**

A Community-based Randomised Controlled Trial and Economic Evaluation of the Incredible Years Infant and Toddler (0-2) Parenting Programmes

#### 2. **Narrative explorations of families stories of a young person's Medically Unexplained Symptoms (MUS)**

- When a family member experiences MUS there is often a dramatic effect on all family members, as there is confusion around aetiology, and lives have to adapt to accommodate the difficulties of the young person. This may affect activities that siblings are able to engage in and parental resources such as ability to attend work, requirements of medical appointments, and supporting school attendance. Therefore, this study aims to explore how families are able to 'story' and negotiate these challenges in order to identify how clinicians might best support the psychological and practical needs of these families.

Virgin Care also have a number of staff engaged in research projects of various types, as part of postgraduate studies. Virgin Care's partners in these studies include University of York and the University of Exeter.

### Publications

#### **Newborn Hearing Screening -**

Service Manager was asked to write a blog for Public Health England

<https://phscreening.blog.gov.uk/2017/06/12/warwick-health-screening-module-is-exceptional/>

## Learning from deaths

Virgin Care responded to the 'National Guidance on Learning from Deaths' issued by the National Quality Board in March 2017 by developing an annual mortality report that is presented at the Virgin Care Clinical Governance Committee and to the Board of Directors. Virgin Care complies with the Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care where applicable. The Palliative Care Team are continually learning from each experience of supporting a child or young person through to the expected end of their lives through team / multi-agency debriefs and mortality meetings.

All teams participate in learning from expected and unexpected deaths from the Child Death Overview Panel. There has been no specific learning for Integrated Children's Services Devon. One death was subject to a Serious Case Review which was deescalated when found to be from natural causes. There was however learning for all involved about improving inter-agency communication.

## Statements from CQC

Some services operated by Virgin Care are required to register with the Care Quality Commission (CQC).

As part of this document, it can be confirmed that Virgin Care Limited is registered with the CQC and has no conditions attached to its registration. Virgin Care Limited 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](http://www.cqc.org.uk).

## Overview of CQC inspections this year

Registered provider	Service Name	Full Compliance	Action Plan & Status
<b>Devon Integrated Children's Services, Virgin Care Limited</b>	<b>All Services</b>	January 2017 Overall rating Good	Yes – Fully complete

## Overview of Ofsted inspections this year

Registered provider	Service Name	Full Compliance	Action Plan & Status
<b>Devon Integrated Children's Services, Virgin Care Limited</b>	<b>Barnes Children's Home</b>	Full Inspection July 2017 – Good	Yes – completed
		Interim Inspection – February 2018 – Requires improvement	Yes – Complete (requirement relates to Notice of manager absence.) Other aspects of inspection - positive
	<b>Hillcrest Children's Home</b>	Full Inspection October 2017 – Good	Yes – completed
	<b>Meadowpark Children's Home</b>	Full Inspection November 2017 – Good	Yes – completed
	<b>Welland House Children's Home</b>	Full Inspection December 2017 – Good	Yes – one action pending with Landlord of building

The Ofsted inspection regime has changed this year. Interim inspections are no longer undertaken if the outcome of the Full inspection has been rated as Good or above.



## Internal Service Reviews (ISR)

Virgin Care operates a programme of 'Internal Service Review' (ISR), with each of its clinical services required to complete such assessment twice during each calendar year, with no longer than 6 months elapsing between reviews.

Each ISR is completed by a manager of another Virgin Care service or other Virgin Care services and results are logged, analysed and reported using our internal reporting platform 'Tableau'.

The ISR programme covers the same areas as a CQC inspection, produces a rating based on the same scale as the CQC's reports.

In Integrated Children's Services Devon, Virgin Care undertook a number of ISRs and the findings are outlined below.

**RI** = Requires Improvement      **G** = Good

Service Name	Outcome of ISR	Comments
<b>Child Health Information, PHN Eastern</b>	<b>Overall – RI</b> <b>Well led – RI</b> <b>Safe – RI</b> <b>Caring – RI</b> <b>Responsive – RI</b> <b>Effective – RI</b>	Action plan – Fully complete.
<b>Child Health Information, PHN Northern</b>	<b>Overall – Good</b> <b>Well led – RI</b> <b>Safe – good</b> <b>Caring – RI</b> <b>Responsive – Good</b> <b>Effective – Good</b>	Action plan – Fully complete.
<b>Occupational Therapy – Southern</b>	<b>Overall – Good</b> <b>Well led – Good</b> <b>Safe – RI</b> <b>Caring – Good</b> <b>Responsive – Good</b> <b>Effective – Good</b>	Action plan – In progress
<b>Public Health Nursing – Southern Hub</b>	<b>Overall – RI</b> <b>Well led – RI</b> <b>Safe – RI</b> <b>Caring – RI</b> <b>Responsive – RI</b> <b>Effective – RI</b>	Action plan – Fully complete

<b>Autistic Spectrum Disorder</b>	<b>Overall – RI</b> <b>Well led –RI</b> <b>Safe – RI</b> <b>Caring – Good</b> <b>Responsive – Good</b> <b>Effective – Good</b>	Action plan - In progress
<b>Public Health Nursing –Bideford (North)</b>	<b>Well led – Good</b> <b>Safe – Good</b> <b>Caring – Good</b> <b>Responsive – Good</b> <b>Effective – Good</b>	Action plan in progress

## Safeguarding Statement

Virgin Care is 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 organisation have dedicated National and Local Safeguarding Adults and Children’s Leads and polices, guidance and practices which reflect statutory and national safeguarding requirements.

- National Safeguarding Assurance function working across localities and partnership boundaries to respond to national developments, legislative changes leading to continuous improvement and learning across the organisation
- Our Clinical Governance and Safeguarding Committees provide Board assurance that our services meet statutory requirements
- Named professionals are clear about their roles 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
- Action plans are monitored across the organisation at committee and board level
- Safeguarding policies and systems for children and vulnerable adults at risk are up to date and robust.
- Safeguarding training is included in induction and integral to the organisation’s training policy

### Errors introduced into patient notes

Teams are encouraged to rectify and report all errors in children and young people’s records immediately in order to prevent further errors occurring as a consequence. Strategies to reduce incidents were discussed in ICS Devon’s governance meeting, these included reviewing when and where the errors were made to identify systemic causes and comprehensive training and support was provided to the Single Point of Access team and Business Support in relation to information governance and records.

### **Local initiatives to improve data quality**

**CAMHS** - working with exec and local colleagues to improve the data reporting of CAMHS for the minimum MH data-set requirements

**Child in Care** - have worked in partnership with the Care Plus team to implement recording of specific data re health needs and outcomes. This will ensure that we can provide relevant services particularly for UASC which is a new area of expertise for the CIC team.

**Public Health Nursing** - Improved data quality has been achieved by the analytical team extracting data direct from our clinical record system; -Improved completion of missing data.

**Children's Community Nursing Service's** - Monthly review of tableau performance data in team meetings to review waiting lists and staff activity. This has increased motivation and accurate recording of activity and has improved data entry.

**Immunisations team** - We have started to receive quarterly school 'on roll lists' from the local authority. Exception reports are generated and Care Plus records updated. This has made a significant difference to the accurate recall of pupils that have missed their vaccinations. Previously, these updates either did not arrive or were not processed, meaning that eligible children could be missed from the recall programme.

**CAN Services (OT; SLT; ROVIC; 0-5 Services)** - Band 7's are regularly reviewing data on tableau all anomalies between Tableau and Care Plus are quickly identified and reviewed to ensure that data available to commissions are fully reflective of the service.

Allocation and discharge data is reviewed with teams to highlight any specific issues within the team and ensure equality of provision.

## Information Governance Toolkit Attainment Levels

Virgin Care's Information Governance Assessment report for this year was scored at 74% and was graded satisfactory.

More than 95% % of staff completed their induction or annual refresher IG modules during the year.

Virgin Care have an action plan in place to improve compliance and toolkit scores during 2016/17 and further our IG agenda.

This includes:

- Continual review of IG policies and procedures (rolling programme of review) and updating them in line with GDPR;
- Review of all contracts and agreements in line with GDPR and include the appropriate clauses and legal basis;
- Roll out of our new online privacy management system to staff which will involve;
  - o Completion of Data Mapping and Records of Processing activities online which will form privacy notices;
  - o Introduction of Data Subject Requests for opting out, rectification, erasure, portability etc.
  - o Introduction of Data Subject Access Request portal;
  - o Introduction of Vendor Due diligence modules for security reviews;
  - o Introduction of Data Protection Impact Assessments;

## Duty of Candour Statement

Virgin Care is committed to being open and transparent with people who use services and (taking into account confidentiality) their representatives. The organisation encourages its colleagues to be open and honest from the first time people who use services come into contact with services.

Where a notifiable safety incident is recognised, colleagues are advised to report this via the organisation's incident reporting system (CIRIS) and follow the Duty of Candour policy. This includes following the Staff Guide on Duty of Candour.

Template letters have been designed to assist colleagues to write to the person using the service or their representatives to apologise and to advise that an investigation into the incident is underway [within 10 days of the notifiable safety incident occurring].

An appropriate colleague will conduct an investigation to establish the facts of the notifiable safety incident in line with the Management of Incidents policy, in line with timescales for external reporting including STEIS. For incidents relating to safeguarding, the relevant Safeguarding Policy and safeguarding lead will also be consulted before any disclosure is made to the person using the service or their representative.

Once the investigation has been concluded, a further letter is sent to the person who uses the service advising of the outcome, lessons learnt and how the Organisation will share such lessons and knowledge to reduce the likelihood of a similar incident occurring in the future. A meeting will also be offered as well as any other support that may be required.

Compliance is monitored through the local RCA panel action plans.

## Sign up to safety Statement

Last year, Virgin Care committed to signing up to safety during 2017-18. This has been investigated at a national level this year and individual business units, such as Integrated Care Services Devon provided with a framework in order to sign up. This approach, rather than a national approach, was seen by the group as the most appropriate way to reflect the varied range of services which Virgin Care operates across the country.

Integrated Children's Services (ICS) Devon will commit to signing up to safety during 2018/19.

## NHS Staff Survey

Virgin Care runs its colleague survey 'Have your say' on a bi-annual basis with regular 'pulse checks' covering a random sample of colleagues. This year 62% of colleagues across England took part and we saw significant improvements in feedback from colleagues based on tracking data from previous years.

A summary of key results are included below.

### KF26

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)

6% of colleagues said they had experienced harassment, bullying or abuse at work from staff.

(White colleagues 5%, BME 9%)

### KF21

(Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)

67% of colleagues believe that the organisation provides equal opportunities for career progression.

(White colleagues 66%, BME 67%)

## Delivering high quality services

Virgin Care's teams and its services are recognised for their hard work and excellence throughout the year, both internally and externally. This is a summary of some of those awards.

### Star of the Year awards

Virgin's Star of the Year Awards are the national recognition programme for colleagues in Virgin companies. Each year we have several hundred nominations with two national winners invited to dinner with Sir Richard Branson at the award ceremony.

### Feel the Difference Awards

Virgin Care's primary recognition programme for colleagues is the 'Feel the Difference' awards, with colleagues eligible for an award in three categories: Strive for better, Heartfelt service, Team spirit, based around the values of Virgin Care.

Colleagues and the public can nominate Virgin Care staff for an award online at any point throughout the year online, with monthly winners and a yearly award ceremony in West London.

Star of the Year award 2017: Robin Tay, CAMHS Participation Worker in Devon, was selected from hundreds of nominations to receive VCL's Star of the Year award for his work in involving young people and families in the development of services, increasing the scope and impact of participation and raising the profile of both the service and Virgin Care at a national level. This included his leading role in a successful bid for additional funding through national charity Young Minds' Trailblazer initiative which seeks to improve participation of LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex) and BAME (black and minority ethnic) young people with the aim of making services more accessible for these hard to reach groups.

The Complex Healthcare Team manager Rachel Wood was nominated by her team for increasing moral and encouraging them to develop and flourish by continually promoting workplace learning and innovation.

In February 2018 Danny O'Reilly, Staff Nurse Team leader at Meadowpark Children's Home was awarded the Heartfelt Service Award by VCL for her commitment and innovation in providing a holistic sensory experience for young people with complex needs.

More information about the awards is at [www.virginicare.co.uk/awards/](http://www.virginicare.co.uk/awards/)

## External awards

Dr Rory Conn, a Consultant Child and Adolescent Liaison Psychiatrist in Exeter was named as 'Higher Psychiatric Trainee of the Year' by the Royal College of Psychiatrists. The Royal College of Psychiatrists Awards ceremony held on 6 November is now in its ninth year and marks the highest level of achievement in psychiatry. This includes awards for psychiatrists of all grades, medical students, foundation doctors, and teams working in mental health care. Dr Conn is a passionate and tireless advocate for young people's mental health. He is committed to addressing mental health stigma and promoting psychiatry as a career. In 2016 he published several book chapters and international peer-reviewed papers, developed paediatric mental health educational projects and appeared on BBC News and Radio 4. His interview with Julia Bradbury on Radio 4 went on to become Pick of the Week. He is invested in developing medical education and dedicated to the delivery of effective and quality clinical care.

The Devon Health Visiting in Partnership (DHViP) programme was shortlisted in the 'Nursing in the community' category of the Nursing Times Awards 2017. DHViP is an intensive health visiting programme for vulnerable families developed by the Public Health Nursing team in Devon. It provides a model for health visitors to identify families that would benefit from more regular visits and greater support such as young or first-time parents or those with a history of mental illness or drug abuse. Those taking part commit to some 24 visits over the course of two and a half years covering such subjects as the transition to parenthood, maternal mental health, breastfeeding skills, healthy weight, nutrition and physical activity guidance.

Catherine Jermeij (Interim Named Nurse for children in care and care leavers, Devon Integrated Children's services) and Dr Lisa Thorne (Clinical Lead, CAMHS children in care team, Devon Integrated Children's services) were invited in May to attend and speak at the Westminster Education forum keynote seminar "Children in care - raising standards, improving support for care leavers and the future for adoption" in London. Their presentation celebrated partnership working between their teams, social care and commissioning and the development of a mental health screening & assessment service for children new in to foster care. The event was also an opportunity to learn about policy developments in relation to children in care, care leavers and adopted children.

In July Della Carpenter (left), Specialist Nursery Nurse at Honeylands Specialist Child Assessment Centre in Exeter, went to the House of Lords to receive her Daisy Garland Award of Excellence from the Daisy Garland Trust for outstanding work with children with epilepsy. Della was nominated by the parents of a little girl she worked with through the Centre.

## Training and Development by The Learning Enterprise (TLE)

The Learning Enterprise is the training and development arm of Virgin Care, and has been awarded the Skills for Health Quality Mark for delivery of face-to-face training and education for the health and care sector.

The Learning Enterprise provides a mixture of clinical training for Continued Professional Development, eLearning (both clinical and non-clinical) and vocational training including Business Administration, Health and Social Care, and providing training for parents/carers of children with continuing care and complex needs and in schools where we deliver training on Asthma, Diabetes and Epi-pen use.

### During the past year, The Learning Enterprise has:

- Implemented a Nurse Revalidation platform, providing a central point for Virgin Care's nurses to collate their data for revalidation and provide a convenient way of uploading the information to the Nursing and Midwifery Council
- Been accredited to provide the Leadership ILM Apprenticeship for first time Team Leaders and where appropriate experienced leaders can participate to support their role
- Launched a new Appraisal platform for Virgin Care, designed around the Behaviours Framework and ensuring all colleagues received a mid-year and end year appraisal which is pertinent to them and relevant to the organisation.
- Launched an external-facing training platform, allowing volunteers to access additional training funded by Virgin Care.
- Access on JAM (Virgin Care's intranet) to the Assessed and Support First Year of Employment (ASYE) Framework for Newly Qualified Social Workers (NQSW) to ensure delivery for all NQSW within VC
- TLE have developed and Launched 12 month a Preceptorship programme for all new registrants in Virgin Care
- E- Learning Packages for Mental Capacity Act & Deprivation of Liberty Safeguards have now been developed in-house for all staff and launched on MyLearning
- Reviewed internal Quality Assurance process within TLE to ensure all training packages are quality assured and signed off at senior level. Ensuring all Training packages are standardised across Virgin Care nationally
- Embedded Governance structure across TLE ensuring all areas of the business have robust reporting mechanisms and clear accountability
- The Learning Enterprise won the Student Nursing Times Award for student placement of the year: community 2017, for its work with Virgin Care.
- Virgin care has been delivering a Foundation Degree in Health and Social care leading to the qualification of assistant practitioner. The first cohort started in Surrey with 20 students in June 2017. The award is accredited and delivered in partnership with the University of Derby. Recruitment to the course is jointly shared between the University and TLE.



### Over the coming year, The Learning Enterprise will:

- Re-launch Virgin Care's Arrivals process for new starters
- Launch the Level 3 Apprenticeship for Team Leaders
- Receive Royal College of Nursing approval of its Preceptorship programme
- Develop an in-house Looked after Children eLearning Programme

### Locally:

In addition to Virgin Care's statutory and Mandatory training programme, colleagues have accessed training to meet their individual service needs, examples include:-

- Learning Disability
- Total Communication
- Augmentative Communication
- Positive Behaviour Support
- IAPT
- MSC Systemic Family Therapy
- Child in Care
- VCL Leadership training
- Emotional Health and Wellbeing
- Sensory issues
- MSC Palliative Care
- NOCB level 3 certificate in Assessing Vocational Achievement
- Team Leader Apprenticeship
- Associate Practitioner Apprenticeship
- Sleep Scotland Training
- Disability Psychotherapy
- TEAM Teach
- Acceptance and Commitment Therapy
- Acquired Brain Injury
- Adaptations
- Mill Flow training

## Highlights of initiatives to improve the experience of using services

Across our services Virgin Care have a number of national initiatives to improve experience. This includes our You Said, We Did programme which sees us make more than 1,300 changes a year to our services as a direct result of feedback from people using services. Each service has also set a 'feel the difference goal' to improve one further aspect of service. In the past year, 100% of services had an audited, valid 'feel the difference goal' in place. Examples of improvements made as a result of these initiatives include:

## The BETTER map

Over the course of the year, Virgin Care introduced the BETTER principles to support a high quality experience in the journey through its services (see over). This map provides a focus for services, managers, colleagues and Virgin Care's Service Design Team when reviewing the performance of services and the experience of people who use services when something goes wrong.

What if I can't get an appointment?

Will the environment be clean and safe?

Will they be too busy and will I have to wait?

Will they listen and understand what the problem is?

What will happen next?

What if it gets worse and who can I talk to?

The setting in which we provide care may change but our commitment remains the same

We'll make it quick and easy to get an appointment

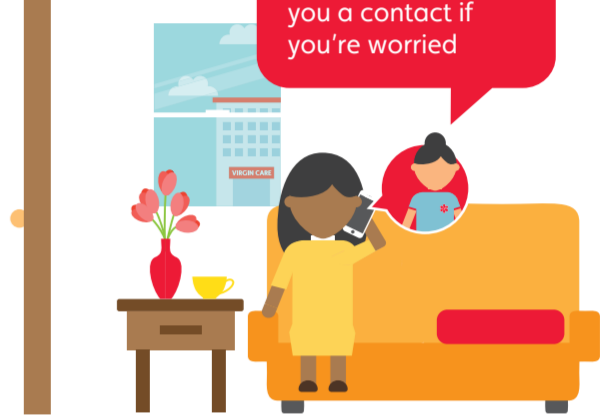
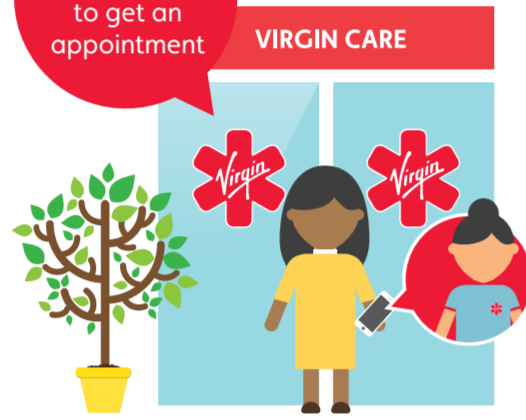
Our environments are welcoming, clean, comfortable and uncluttered

We will say hello with a smile, introduce ourselves and let you know what to expect

We'll give you our full attention and explain as we go

We'll check you have understood everything and tell you what's going to happen

We'll stick to what we promise and give you a contact if you're worried



## The Booking

## The Environment/setting

## The Welcome

## The Consultation/your stay

## The GoodbyE

## The Result/follow up

### Worries you may have

- Will I get through?
- Will I have to explain everything twice?
- What if I can't get an appointment?
- Will they understand?
- What if I cry?
- What should I have with me?

### Our commitment to you

- We'll give you options on how to book
- We'll make it quick and easy to get an appointment
- We'll make you feel like we're here to help you and to listen to you

### Your commitment to us

- You let us know if you can't turn up to an appointment in good time

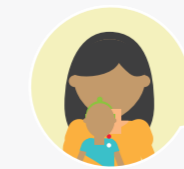
### So you feel... [the difference]

- We're efficient and competent
- We've removed barriers to help you
- Nothing's too much trouble
- You are being listened to
- Your needs are being met

### And say...



*'The appointments are readily available and sufficiently supplied.'*  
**East Staffordshire Care Co-ordination Centre**



*'Friendly staff, clean environment and toys to keep my child entertained'*  
**Barnstaple Health Visiting service**



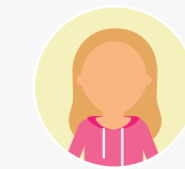
*'Very helpful, remembered me from last time and made me feel welcome.'*  
**Melksham Health Visiting Service**



*'Excellent consultation - unrushed and felt understood and listened to.'*  
**Community Paediatrics, Wiltshire**



*'Good advice given to my husband to help with his mobility'*  
**Falls service, North Kent**



*'Fast friendly communication and a lovely follow up call explaining the results.'*  
**Paediatric Speech and Language Therapy, Devon**

- Can I park?
- Will I find you OK?
- How will they know I am here?
- How long will I wait?
- Will there be hundreds of people waiting?
- Will I hear my name called?
- Will they find my house?

- We'll make it easy to identify us as a Virgin Care service
- We'll make it easy to access the service with clear signposting
- We'll make our environments welcoming, clean, comfortable and uncluttered
- We'll provide you with information that's relevant and easy to understand
- We will respect your home environment

- You take care of the environment and let us know what we can improve

- We're working together as one team
- You are in the right place
- Comfortable and confident we will take care of you
- You are informed

- Will they ask me questions in front of everyone?
- Will they be too busy?
- How do I know where to wait?
- What if I need the loo?
- Will I need to complete any forms?

- We know you are coming
- We will say hello with a smile and introduce ourselves
- We'll check with you what you like to be called
- We'll tell you what's going to happen (including how long you may have to wait)
- If we are running late we will let you know

- You treat us as you'd like to be treated, with courtesy and respect

- We're welcoming
- You are genuinely cared for a respected
- You can relax because you can trust us
- You know what it going to happen

- Who are they?
- Will they listen?
- Will I understand what the problem is?
- Will this hurt?
- How long will it take to recover?
- Is it serious?

- We'll introduce ourselves by our first name
- We'll make sure we've got your name right
- We'll listen to your story and explain as we go
- We'll ensure the consultation is thorough
- We'll signpost you to other community support available to you
- We'll be open and honest with what can and can't be done

- You give us all the information we ask for in order to make an informed diagnosis
- You will work with us to agree next steps

- We're committed to you
- You are a person and not a number
- You are in expert hands
- You are confident in the diagnosis
- You can trust us
- You only have to tell your story once

- What do I have to do next?
- What will they do now?
- When will I hear back?
- What about the other thing I forgot to mention?
- Will I need to come back again?

- We'll check you have understood everything
- We'll explain what will happen next and any literature to help you remember
- We'll be open about the ongoing support available to you
- We'll give you a timescale when we can
- We'll ensure you have support at home and involve others if you need us to

- You let us know if there is anyone we need to involve and if you are worried and don't understand anything

- You understand what the problem might be
- You feel prepared and better able to cope
- You are in good hands
- You would recommend the service

- What if it gets worse?
- When should I expect a call?
- Can I get an appointment in time?
- What if I don't hear back - who can I talk to?

- We'll keep you safe
- We'll tell you the results when we promise we will
- We will give you contact details if you are worried
- We'll listen to your feedback and take onboard suggestions

- You will give us the time we agreed to get back to you but get in touch if you feel worse

- We provide a seamless, joined up, service
- We keep our promises
- Surprised and delighted with the service
- You are safe and have peace of mind

## Feel the difference

Aligned with our purpose, we are giving all of our colleagues in Devon the opportunity to pledge how they will support people using services to feel the difference. The Feel the difference fund is a £100,000 centrally-held ring fenced fund dedicated to supporting projects which improve the experience of people who use services.

Applications can be made by all colleagues and submissions are considered by a monthly peer panel each with funding being made immediately after approval.

This year, the following projects received funding to help transform and improve services in Devon:

### Service

### Summary of improvement project

#### Public Health Nursing

Resource packs for use in "Introduction to Solid Food" talks. The Public Health Nursing (PHN) team from Devon Integrated Children's Services deliver monthly "Introducing Solid Food" talks to groups of up to 20 service users. Their successful application is to fund visual resources to help deliver the talks held in children's centres across Exeter. The PHN team gathered feedback from service users about how useful visual aids would be in delivering the talks and identified the sole resource pack in use at the moment as being successful because of its ability to encompass different learning styles.

#### Welland House Children's Home

To support a redesign of the home's sensory garden. The children have selected a range of equipment and plants to improve the area, including a mud kitchen for mud-play!

#### Learning Disability Team

To improve the ways of communicating with the children and young people accessing the service the team applied for funding for a communications app which will ensure the young person's voice is included with assessments and therapeutic interventions. The apps will be installed onto existing team iPads and will be instantly available within clinic times.

### **Meadowpark children's home**

To redesign an area of the garden to provide meaningful sensory garden activities to help the children feel more at home and enjoy their stay. Accessible raised beds enable access for various growing projects based around stimulating the senses. These will be used for cooking and craft activities that can enhance the experiences of our young people. There is a focal gathering area to take in the environment, explore crafts and stories. The planting of a willow "amphitheatre" provides an area where stories and drama based activities will evolve. The stimulation of the senses through colours, textures and the calmer sounds enable experiences to be encountered without feeling overwhelmed; this can enhance development and support emotional health. Often young people experience a very structured indoor learning environment as the majority of their school day; therefore the garden can offer an alternative environment in which to engage in meaningful experiences. By providing a space to connect with nature our young people have the opportunity to have fun in the outdoors, a relief from this rigid structure and therapies that support them. The young people have shown immediate engagement with the garden and it has noticeably been a fun space to be and calming also.

### **Speech and Language Therapy, Exeter and West Team**

Attention autism buckets for each therapist to deliver an exciting new approach to supporting children with Autistic Spectrum Disorder. The team's objective is to increase the level of attention and listening skills, increase social communication and improve the speech and language skills of the children who use the service.

### **Devon Speech and Language Therapy, Northern/Eastern teams**

Attention Autism buckets for children with ASC and/or early attention difficulties. Research suggests a staged programme of activities using the 'attention' bucket can help a child develop levels of attention, two way communication and support interaction and learning.

In addition, other services completed their Feel the Difference goal without further funding.

**Hillcrest Children's Home** - To focus on the Hillcrest Sports awards from August 2017 to March 2018, and any positive achievements and outcomes, to ensure all young people, fifteen in total achieve, and are invited to a celebration with their extended families. The aim is for all young people to achieve their certificate and medal with support from the staff team.

**Autistic Spectrum Disorder Team** - For each child/young person to be allocated a named lead clinician when entering the clinic based assessment pathway for autism assessment. This clinician will act as a point of contact and explain the assessment process planned for their child/young person. This will reduce the number of phone calls requesting this information, and increase the number of our friend and family responses by April 2018.

**CAMHS Children in Care team** - Incorporate "What matters to you? Listen to what matters. Do what matters" to all colleagues' work with both clients and colleagues.

**Children in Care** - We aim to contact all Unaccompanied Asylum Seekers (UASC) who come into care with Devon County Council three months after their Initial health Assessment for an Update Health Assessment.

**Barnes Children's Home** - To improve experiences offered to young people through planning and implementing a range of activities to broaden their life experiences, for each child to try a new activity.

**Complex Healthcare Team** - The CHC Team will provide a child friendly 'rota' for each long term care package we provide so that the child or young person knows who will be providing their care. The rota will be bespoke to the individual, accessible and designed to meet their specific sensory or developmental needs.

**Multi-Sensory impairment team** - Celebrating staff achievements and progress they have made with supporting the young people to achieve their agreed outcomes set within the care plan. We will evidence this by sharing stories within team meetings and managers' meetings, sharing young people's my story and within MSI and local newsletters.

**ROVIC** - To host three one day countywide Sensory Road show events (1 in North, 1 in South and 1 in East Devon) for our service users, their families and friends before the end of March 2018.

**Care Effectiveness Team** – to increase the % of incident learning with SMART action plans in order to improve staff understanding of what is required by incident learning; improved quality of learning; improved ability to measure whether change is embedded through audit and Quality review; improved ability to evidence the positive change for CQC and Ofsted Inspectorates.

**0-5 Service** - To improve and enhance the contact and support for families whose child is awaiting a multi-disciplinary assessment through the Under 5 assessment service and are on the waiting list. To contact families within 6 weeks of acceptance onto the waiting list, via SPA, within 8 weeks of an assessment commencing, and before a child and family have waited 18 weeks.

**Immunisation Team** - To provide a better experience for anxious and needle phobic children attending for vaccination at schools or clinics by reducing the number of individual attendances where vaccination does not occur.

**Public Health Nursing** - To improve customer's access to reliable & professional web based information and advice when they want it, and how they want to access it, by more actively promoting and developing online materials rather than customers having to wait and being limited to more traditional contact methods within more limited timeframes

Improvements made over the last 12 months include:

- **Single Point of Access** – have reviewed the referral form following customer feedback, and achieved on-going improvements on the website to make it more user friendly including improving the search facilities, better content e.g. self-help tools and better promotion of the site
- **All Children with Additional Needs services**, which include the 0-5 Service, ROVIC, OT and SLT have introduced joint goal setting with children, young people and their families
- **Rehabilitation of Visually Impaired Children** - It was highlighted that parents/carers and young people wanted more support, whilst waiting for a service from the Learning Disability Team, as a response there is now a robust support available from the Learning Disability Duty team, information is initially provided to support the identified needs, and telephone consultation/support is offered until their initial clinic appointment. This enables the team to monitor and regularly review any potential risks, but also makes us 'real' to the families who are waiting for support
- **Speech and Language Therapy** - The service has developed 'bite sized' training packages in response to children, young people and their families asking for defined intervention of training in achieving specific skills supporting safety; independence; inclusion and access
- **Occupational Therapy** - Significant clinical time was being spent undertaking individual safety assessment. To increase productivity and provide information to parents a Safety leaflet has been developed. Additionally adolescence attending assessment for sensory processing difficulties identified the information available was not age appropriate Booklet on Sensory Processing for Adolescence
- **Multi-Sensory Impairment** – Six members of the team were supported to attend a specialist communication awareness day to help progress a young person's development. Personalised care has been key to the teams objectives, examples include, meeting a request from parents for a meeting to review service provision which resulted in a reducing the number of colleagues working with young people to a discrete team, increasing the number of young people meetings and improving the timeliness of rotas; enabling a young person to participate in a school camping expedition with his friends and improving the opportunities for young people to socialise with their peers by training colleagues to drive a mini bus for trips
- **0-5 service** - Assessment and intervention workshops have been introduced following the feedback from a high number of parents that the loss of opportunities to meet other parents and develop skills alongside them has been detrimental to their experience of the assessment process. This way of working will ensure a more joined up and supportive approach to assessment
- **Barnes Children's Home** – has redesigned the office to improve the safe administration of medication; instigated training for our staff on autism and learning disabilities to enable them to better support service users and enabled an extended stay to allow a family to have a holiday
- **Hillcrest Children's Home** – has undertaken specific work to enable integration, for one very anxious young person this involved the use of visual cards to produce a time line to visually show the sequence of events for that day or period of time and use of social stories in a visual format to prepare him for trips out. This reduced his level of anxiety to enable him to access drives in the car.
- **Welland House Children's Home** - have provided a full time placement for a very

anxious young person who arrived with using a wheel chair, displaying a high level of behaviours of concern and needing to wear 3 layers of tight clothing to bed at night to reduce behaviours. Significant positive progress has been made to reduce anxiety, we now see a happy young person who does not use a wheelchair or need the layers of clothing at bedtime and behaviour has improved dramatically.

- **Enabling** – have improved access to the community for young people following the closure of their activity scheme by creating small group activities supported by Enablers, at the weekend and during school holidays. The team also enabled two young people to broaden their experiences. The team met the request of one young person to visit a radio station during a live broadcast. The station made several recordings of the young person doing various introductions and provided her with the recording. They also invited the young person to return. Another young person requested support from enabler to find and attend a work experience placement. This was successful and the young person will continue independently once self-confidence has been built.
- **Child & Adolescent Mental Health Service** - the Journey after Child Abuse (JACAT) team have trialled a CBT group therapy programme for children and young people with emotional regulation problems that have arisen as a consequence of trauma. The early findings have been positive. The Primary Mental Health (PMH) team have worked into schools to develop group based CBT to allow children and young people who might not meet CAMHS criteria to have their lower level mental health needs to be met.
- **Child in Care** – the team recently received feedback from a Fostering Social Worker that a Care Leaver with ADHD has stopped using energy drinks to which he had been addicted and was successfully seeking help from a local drugs and alcohol service due to the input and follow-up from one of our CIC Nurses.
- **Public Health Nursing** - Improved data quality has been achieved by the analytical team by extracting data direct from our clinical record system. This has also improved the completion of missing data.
- **Immunisation team** – have introduced a system for following up children whose vaccination may potentially be delayed whilst we await further medical information from their consultant. A spread sheet is used to collate the names of these children and allocate nurses on a monthly basis to follow this up. Previously, it was difficult to highlight these children within our cohort of 20, 000 paper records, and often, it was not until the day of the vaccination that our team realised that further information was required following the initial triage. This has resulted in fewer children have their vaccinations delayed for this reason.
- **Children's Community Nursing** - Development of a new patient information card outlining contact details of nurse and duty system and have updated the service website to be more informative and link to resources for families. Another initiative has raised the profile of Special School Nurses by increasing attendance at Special school parents' evenings to be available for parents to answer questions.
- **The Learning Disability team** have improved inclusion and understanding by developing information in an 'Easy Read' format. The team also responded to parent/carer request for more support while waiting for a service, as a response there is now a robust support available from the Learning Disability Duty team, information is initially provided to support the identified needs, and telephone consultation/support is offered until their initial clinic appointment. This enables the team to monitor and regularly review any potential risks, but also makes us 'real' to the families who are waiting for support.

## Customer Experience Team

Since 2014-15, Virgin Care has operated a central Customer Experience Team working with people who use services across England and handling all queries, concerns and formal complaints on behalf of all services across England. This year, Virgin Care improved and refreshed its complaints policy to enhance the experience of those people who wish to complain and seek an early resolution.

As well as providing training for anyone across the organisation who meets with people who use services, the team are responsible for providing insight into complaints and themes to operational managers, regional managers, and the executive team and to Board on a monthly basis.

Across the organisation, everyone with internet access is able to see reporting on the number of complaints, their current status, and the themes they cover – as well as viewing whether an action plan is yet to be completed or where improvements have got to. This year, Virgin Care improved its Tableau reporting of complaints allowing colleagues to see the stages of the journey (according to the BETTER Map) where the improvement could be made.

Our approach is to encourage people who use services and colleagues to attempt to resolve complaints 'on the spot' but offer our 'Here to help' service as service-independent option to resolve concerns and as a signposting service for the fastest and most appropriate resolution of issues.

The Customer Experience Team also regularly manages face to face meetings between complainants and operational managers and ensures that complaints are handled in line with the NHS constitution.

### Improvements in 2018-19

During the coming year, Virgin Care will:

- Develop learning and development to support colleagues to be their best selves and provide the best customer service
- Focus on action plans following complaints and better understand the complaints and lessons learned across the whole of the organisation
- Improve the exportable versions of reports in Tableau, allowing easier 'offline' access to complaint reporting
- Map You Said, We Did to the BETTER map allowing these to feed more efficiently into transformation plans

### Devon Integrated Children's Services customer services

Locally the Care Effectiveness team support the coordination of complaint and investigation closure. Lessons learnt from complaints are regularly shared at local team meetings via a standing governance agenda item.

There were 63 complaints received in 2017-18, an average of 5-6 a month. All complaints are taken seriously with complaint investigators often offering to meet complainants giving them an opportunity to tell their story directly. The complaints were spread across all the areas of the BETTER map but there were a larger number related to the time they waited



to access services. This is reflected in the number of complaints received by CAMHS and ASD services which have both had increased numbers of referrals and have the longest waiting lists. This is an area ICS Devon is striving to improve. Complaint response times not always met the 30 day target, averaging 36 days across the year. In order to improve our performance in this area, we held a large, comprehensive and well received training event in January 2018 to expand investigator knowledge of the new complaint process.

## **NHS Friends and Family Test**

The Friends and Family Test (FFT) is mandated by NHS England for all providers of NHS services and is now fully in place across all services. Everyone who uses Virgin Care's services has the opportunity to provide anonymous feedback on their experience and a chance to provide comments on how their experience could've been improved.

Comments are collected from people who use services using paper and SMS systems provided by Optimum Healthcare and using the Meridian Technology Platform. This system allows us to capture comments by SMS, online using a feedback survey or via paper in one of our services but also allows us to introduce tablet computers or kiosks and other collection methods where this best suits a service or will enable more people who use services to give us their comments.

Virgin Care's teams can access information about their service using our in-house data reporting system powered by Tableau. This powerful reporting tool allows actionable insights for managers. Virgin Care encourages staff to discuss their FFT and other feedback, accessible through Tableau, at team meetings and to make actionable change in response to the feedback provided by the people who use services.

Integrated Children's Service's Devon have worked on increasing the number of FFT responses received through the introduction of iPad technology in main hubs and with teams that work peripherally. This has proved successful and there are plans to provide the immunisation team with addition pads to collect feedback from young people being vaccinated in schools. 7668 responses have been received during 2017-18. The recommendation rate has been between 91 and 96% throughout the year.

## **Submission of FFT data to NHS England**

Our Information Management Team submits FFT response data to NHS England each month, and services receive a copy of the data submitted by people who use services at this point. This is important not only to see how their services will be reflected when published on the NHS England website, but is also a chance to pick up key themes from the feedback that can be used to identify changes that can be introduced to improve the experience of people who use services.

# Part three

## Indicators of quality performance

### Prescribed information

12	<p>(a) The value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period</p> <p>(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.</p>	This indicator is not relevant to ICS Devon
13	The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	
14	The percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.	This indicator is not relevant to ICS Devon
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 indicator is not relevant to ICS Devon
15	The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.	This indicator is not relevant to ICS Devon
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 indicator is not relevant to ICS Devon
17	The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	This indicator is not relevant to ICS Devon
18	<p>The trust's patient reported outcome measures scores for:</p> <ul style="list-style-type: none"> <li>(i) groin hernia surgery</li> <li>(ii) varicose vein surgery</li> <li>(iii) hip replacement surgery</li> <li>(iv) knee replacement surgery</li> </ul> <p>during the reporting period</p>	This indicator is not relevant to ICS Devon
19	<p>The percentage of patients aged:</p> <ul style="list-style-type: none"> <li>(i) 0 to 14; and</li> <li>(ii) 15 or over,</li> </ul> <p>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.</p>	This indicator is not relevant to ICS Devon

20	The trust's responsiveness to the personal needs of its patients during the reporting period.	This indicator is not relevant to ICS Devon
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.	This indicator is not relevant to ICS Devon
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.	This indicator is not relevant to ICS Devon
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.	This indicator is not relevant to ICS Devon
23	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	This indicator is not relevant to ICS Devon
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.	This indicator is not relevant to ICS Devon
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.	This indicator is not relevant to ICS Devon

Virgin Care works with its commissioner and other local providers to support the delivery of CQUIN targets.

Integrated Children's Services do not operate community hospitals; therefore breaches against admissions to single sex accommodation are not relevant

There were no reported MRSA Bacteraemia or C. Difficile infections

## Patients readmitted to hospital within 28 days

During the past year, the following number of people who use services were re-admitted within 28 days of being discharged from a hospital operated by Virgin Care Services Limited.

Age	% Re-admitted within 28 days
0 to 15	Not applicable
16 or over	Not applicable

# Community Services Performance Report

Not required for ICS Devon

## **Quality Account: national statement for medicines optimisation (2017-18)**

Within Virgin Care there is a medicines optimisation strategy. Launched in 2017, this is a five-year forward view to improve medicines optimisation across six principles. Principle 3 of this strategy is to have robust systems and processes in place for the safe handling and use of medicines throughout Virgin Care. One implementation tool is the annual comprehensive organisation-wide 'medicines safety audit', completed by all services down to delivery level (e.g. ward, clinic or department).

The audit has over 200 questions and collected data is used to develop individualised action plans for each respondent, and identify key organisation-level and regional-level improvement plans.

In 2017-18 the audit achieved transparency in medicines safety metrics across established services through the development of a real-time on-line dashboard. This enabled identification of, and direct action on, the top areas for improvement at service, regional and national level. This will be rolled out to all services during 2018. Subsequent internal benchmarking between services and regions has driven the sharing of best practice and resources.

This audit is updated each year to include user feedback and the medicines optimisation team are working with the IT development team to convert it from web-based to an app for 2018-19.

## **Comments by co-ordinating Clinical Commissioning Group**

The draft quality account was submitted Northern, Eastern and Western Devon CCG and the South Devon and Torbay CCG to the on 17th May 2018 and their comments were used to improve the document prior to publication.

### **Virgin Care Limited (VCL) Quality Account 2017/18:**

NHS Northern Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) & South Devon and Torbay Clinical Commissioning Group, (SDT CCG) would like to thank Virgin Care Limited (VCL) for the opportunity to comment on its quality account for 2017/18. It is right that the services aspire to make improvements in standards of care as reflected by the quality account this year.

VCL is commissioned by NEW Devon CCG and SDT CCG to provide integrated children's services across Northern, Eastern and Southern Devon. It is worth noting that a range of VCL services are also commissioned by Devon County Council (DCC).

In all cases, NEW Devon CCG and SDT CCG monitor progress and seek appropriate assurance from the provider that the key principles of Quality are met throughout the year across the range of services. This is undertaken through a process of formal and direct communication and information sharing with the VCL. We seek assurance that care provided is safe and of high quality, that care is effective and that the experience of that care is positive one for the patient.

As Commissioners we have taken reasonable steps to review the accuracy of data provided within this Quality Account and consider it contains accurate information in relation to the services provided and reflects the information shared with the Commissioner over the 2017/18 period.

The Quality Account highlights a number of positive results against key objectives for last year. These include:

- The continuation of the Single Point of Access set up in 2016/17. Referral levels have increased as has average processing time. This allows for timely progression within the service for our service users.
- The Child and Adolescent Mental Health Team (CAMHs) have been internationally recognised for their work on the Eating Disorder Pathway and were asked to attend the world Paediatric Symposium April 2018. It is positive to see shared learning and promotion of best practice.
- The development of robust governance systems and the standardised templates across all meetings within the organisation.
- Progression of patient outcome measures as effective and evaluative metrics, such as the suite of outcome tools used within the Learning Disability team designed by users and families.
- We are also pleased to see the use of people's experience across all services and engagement with children, young people and families influence service design.

During 2017/18 there have been some challenging key measures for VCL which we know are being progressed within work streams for 2017/18 such as recruitment within the CAMHs service. We are also expecting to see evidence of risk management and improved user experience of waiting patients as the Access Protocol is rolled out across specialties

## Comments by co-ordinating Clinical Commissioning Group

We were pleased to congratulate the provider on the overall achievement of "good" in 2016/17 and are keen to see evidence of actions from the inspection embedded in practice. Having worked with the provider to review their action plan over the last year we are keen to see these improvement practices embedded into business as usual.

We can confirm that as a Commissioner, we have worked closely with the provider during 2017/18 and will continue to do so in respect to all Care Quality Commission reviews undertaken in order to receive the necessary assurances that actions have been taken to support continued, high quality patient care.

The CCG agrees with the identified priority areas for improvement for 2017/18 and looks forward to working with VCL in the coming year in continuing to make improvements to the quality of the services provided for children in Devon.

### **Lorna Collingwood-Burke**

Chief Nursing Officer/Caldicott Guardian

Northern, Eastern and Western Devon Clinical Commissioning Group

South Devon and Torbay Clinical Commissioning Group

# 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.

## Clinical Commissioning Group

Local organisations which seek and buy healthcare on behalf of local populations, led by GPs.

## 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 a patient

## 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

## Net Promoter Score

Also known as NPS

A customer loyalty metric often used for customer experience. Records a score for each respondent between 0 and 10, and returns an overall score in the range -100 to +100.

## 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 outcome measures

Self-reporting by patients on outcomes 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

## You Said, We did

Feedback system used for making changes to services directly in relation to feedback from patients.

## Emotion Gym

Workshop intended to appeal predominantly to males, run anonymously and without registration by First Steps in Surrey

Virgin Care delivers more than 400 NHS and social care services with a difference across England. For more information on our services or to find out more about the difference we've made visit [www.virgincare.co.uk](http://www.virgincare.co.uk).

Virgin Care  
Lynton House  
7-12 Tavistock Square  
London WC1H 9LT