

Swindon Borough Council  
Children's Community Health Services  
Quality Account 2017/18



# One Children's Service Consistently Good Every Day

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## Quality Account

### Introduction

#### **Statement from the Corporate Director of Children Services for Swindon Borough Council:**

This is the Quality Account for Swindon Borough Council Community Health services for children and young people for the year April 2017- 2018. Here at Swindon Borough Council we are committed to providing every child in Swindon with a service that is consistently good every day.

The purpose of our Quality Account is to tell you about how well we are doing in the community health services we provide for children and young people in Swindon.

In July 2017 we received the first full CQC Inspection report of our Community Health Services which followed a full planned inspection in the last week of March 2017. The full report can be accessed here:

<https://www.cqc.org.uk/location/1-2332999546/reports>

The CQC inspection found that our services are consistently good and identified a number of areas of outstanding practice including the integrated way our childrens services work together as a whole system and the caring and responsive attitudes of our staff. The CQC inspection report also recognised some issues we have been working hard to improve. We have included more information on this work in this report.

The focus of our work as managers, in supporting practitioners, is to ensure that quality, safety and performance standards are adhered to everywhere, and that staff are enabled to be caring and responsive in how they work. This year we are actively supporting leads and managers with a specific programme of development that is focused on ensuring all Swindon children receive a consistently good service with evidence of continuous improvement in outcomes.

I hope that you enjoy finding out about the health services that we, as Swindon Borough Council, deliver for children, young people and families.



David Haley  
Corporate Director of Children Services

## Statement of Accuracy

### Statement of the Swindon Borough Council Directors' responsibilities in respect of the Quality Account:

The Directors of Swindon Borough Council are required, under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2012, and the National Health Service (Quality Accounts) Amendment Regulation 2011, to prepare a Quality Account for each financial year.

The Department of Health has issued guidance on the form and content of these annual Quality Accounts for NHS, and non NHS providers, which incorporates the legal requirements above.

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the organisation's performance for the period covered by the Account;
- The performance information reported in the Account is accurate and reliable;
- There are proper internal systems, which are regularly reviewed and updated, to ensure effective control of the collection and reporting of these performance measures;
- The data underpinning the performance measures reported in the Account, is robust and reliable, and conforms to the specified quality standards and prescribed national definitions;
- The data is subject to appropriate scrutiny and review, both internally and externally;
- That this Quality Account has been prepared in accordance with the Department of Health Guidance.

The Directors confirm, to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

Sue Wald



On behalf of the Swindon Borough Council Corporate Management Team

## **What is a Quality Account?**

A Quality Account is an annual report that all providers of healthcare services must publish, to inform the public about the quality of the services being provided. This requirement is set out in the Health Act 2009 and other supporting regulations.

The purpose of the Quality Account is to enable:

- Service users and their carers to make well informed choices about which provider to go to, where there is a choice, for their healthcare services;
- The public to hold providers to account for the quality of the services that they deliver;
- The organisation's delivering healthcare services to report on the improvements made during the year, and to set out their priorities for the following year;
- The people delivering services to look back on their achievements during the year, in order to focus on the quality improvements for the following year.

## **About Swindon Borough Council Community Health Services for Children and Young People**

Swindon Borough Council has been a local provider of community health services for children and young people since 2008.

On the frontline, staff are organised into local multi-disciplinary teams, to enable them to deliver joined up services to the communities they work with more easily.

There are four geographically based teams, they are:

- Central North, located in Penhill, and serving communities living in the following wards: Moredon, Penhill, Gorse Hill and Pinehurst, east part of Western;
- North, located in Stratton, and serving communities living in the following wards: Blunsdon, Highworth, Abbey Meads, Haydon Wick, Stratton St Phillip, Stratton St Margaret;
- Central South, located in Park South, serving communities living in the following wards: Parks, Walcot, Dorcan, Covingham, Nythe and the east part of Central (Drove catchment area);

- South, located in West Swindon, serving communities living in the following wards: Shaw and Nine Elms, Freshbrook and Grange Park, Toothill and Westlea, Wichelstowe, the west part of Western, west part of Central (Robert Le Kyng catchment), Old Town and Lawn, Eastcott, Ridgeway, Wroughton and Chiseldon;
- There is one team serving disabled children, young people and their families across all of Swindon. The team are based in The Salt Way Centre, West Swindon;
- Other staff are located on the Central Civic Campus in Swindon.

The practitioners and support staff who deliver health services have the following roles:

- Health Visitors
- Early Years Family Practitioners
- School Nurses
- Children's Community Nurses
- Family Partnership Nurses
- Named Nurses for Child Protection and Looked After Children
- Multi-Agency Safeguarding Hub Health Decision Maker
- Mental Health Nurses
- Care Staff and Support Workers in a range of teams
- Occupational Therapists
- Physiotherapists
- Speech and Language Therapists
- Business Support Staff

It is our ambition to support the best start in life for every child in Swindon. This is set out in our Health and Wellbeing Strategy at:

<http://www.swindon.gov.uk/healthandwellbeingstrategy>

In order to ensure we have a good knowledge of our community, and the health inequalities we need to focus on in each community, we use a range of resources, such as our own local Swindon Public Health-led Joint Strategic Needs Assessments (JSNA). These can be found using the following link:

<http://www.swindonjsna.co.uk/>

The Child Health Profile produced by Public Health England: this provides a snapshot of child health in the Swindon area. It is designed to help the local authority, and local health services, improve the health and wellbeing of children and tackle health inequalities. If you would like to look at the information to find out more about Swindon's Child Health Profile, the link is below:

<https://fingertips.phe.org.uk/profile/health-profiles>

There are some areas where we are doing well but others which need improvement in the local health service offer to children and families. The areas where we are not doing so well in Swindon include:

- Children in care immunisations
- First time entrants to youth justice system
- Hospital admissions due to substance misuse (15-24 years)
- Hospital admissions caused by injuries in children and young people (15-24 years)
- Hospital admissions as a result of self-harm (10-24 years)

All community health service providers are required to be registered with the Care Quality Commission (CQC). CQC are responsible for monitoring and inspecting the quality of the health services that we provide.

The Care Quality Commission inspects services to determine how safe, effective, responsive, caring and well led they are.

We are registered to deliver the following CQC categories of regulated health activities:

- Personal Care - For example, the Continuing Care and Complex Health team, who support families with children with complex health conditions, and work with them, in their homes and daily settings, such as nurseries and schools, helping them with all aspects of daily care;
- Nursing Care – This category refers to the sort of work that our Health Visitors and School Nurses do, when they give advice and helpful information based on evidence based practice. Examples of this might be linked to feeding guidance, healthy weight information, advice regarding toilet training and immunisations;
- Diagnosis, assessment and screening – Community health staff utilise assessment tools, based on validated results, using population measures. For example, the neo-natal hearing screening assessment, delivered by

Health Visitors, using calibrated in-ear probes, and the swallowing assessments, carried out by Speech and Language Therapists, using video fluoroscopy techniques;

- Treatment of disease, disorder and injury - This covers all the work our frontline staff do to develop and deliver, direct, evidence-based interventions and treatment programmes, for children and young people with diagnosed health conditions, or a disability. For example, a Physiotherapist, who carries out a programme of exercises with a child, specifically designed to improve their impairment, or a Mental Health Nurse, delivering an evidence-based package of care, to help a young person reduce their anxiety levels.

We have a Principal Officer for Health and Well-Being, working in the Senior Management team of our Swindon Borough Council Children, Families and Community Health service. Their job is to work with the professional leads and managers across the service, to lead the quality assurance work and practice development, to assure the service users, senior managers, commissioners and regulators that we are delivering services to the required standards.

All our practitioner groups develop and deliver, annual quality improvement plans, which are monitored across the Service on a quarterly basis. These plans are based on the key lines of enquiry, used by CQC, in inspections.

We received our first full inspection report from the Care Quality Commission (CQC) in July 2017. This followed the CQC inspection visit that took place in the last week of March 2017. CQC inspected our community health services in each of the five key areas: Safe, Effective, Responsive, Caring and Well Led.

### **How are we providing safe care and how have we continued to improve the safety of services in 2017-18?**

CQC found services to be safe because:

- There was a positive and open culture around reporting incidents and learning was shared throughout the various professional teams.
- There was a high standard of safeguarding supervision being completed and staff were aware of their roles and undertook regular training. Learning from serious case reviews had been widely shared and actions implemented to address any identified shortfalls.
- Safe and child friendly environments were maintained in the location hubs where services were delivered from.
- Records were written and managed in a way that kept people safe and protected confidentiality. Records were regularly audited and the provider had action plans in place to improve the consistency of record keeping.



- Risk assessments were completed as part of the assessment process for children receiving care or treatment. There were mechanisms in place to identify patients at risk.

However:

- Whilst there was an increased demand for many services, staffing levels were maintained with the minimal use of agency staff, however vacancy levels combined with staff sickness in certain services were having an impact on delivery.
- The out of hours on call system for the Children's Complex Care team relied on just two senior staff to provide this seven days a week.

We have worked hard in 2017-18 to continue to improve the safety of services we offer and to address the issues highlighted in the CQC report. This work has included:

- Positively managing staff sickness and absence to reduce the overall number of days lost to sickness and so reducing the number of appointments lost because of cancellations. This has been achieved in both the Speech and Language Therapy and Paediatric Therapy services with significant reductions in the number of days lost to staff sickness in 2017-18 compared to 2016-17.
- The Health Visiting service received updated infection control training and has introduced infection control packs for all home visits. This has further reduced the risk of spreading infection, helping to ensure a safer service at home.
- The School Nursing service has introduced a new template for staff supervision that ensures increased monitoring of the delivery of core service work and evaluates the standard of work delivered. Each member of the team now receives specific structured feedback on the quality of their practice and support to improve this when needed.
- The Named Nurse for Safeguarding has introduced a new system for providing all frontline community health staff with access to regular, direct safeguarding supervision alongside management supervision. This has received positive feedback from staff who feel they have better access to safeguarding supervision.
- We are working with Swindon NHS CCG to increase the capacity of the Children's Complex and Continuing Care service to develop effective and safe cover out of hours.
- The Family Nurse Partnership team has reviewed their record keeping policy and all undertaken record keeping training. Family Nurses are now completing an early help record in partnership with every family receiving the service. This helps to ensure all a family's needs are identified and that they receive the right help at the right time.

- The U Turn substance misuse service has implemented updated lone working risk assessments to ensure staff can work safely across a wider range of environments, to support offering appointments in a wider range of settings.
- The Targeted Mental Health team (TaMHS) has developed a template for service specific risk assessment that is completed for children accessing the service. This will be embedded into the electronic record this year as part of the ongoing development of the service.
- All clinical incidents are investigated by the service and learning shared with staff and the senior leadership team. There have been 17 clinical incidents reported in 2017-18, all of which have been investigated and actions taken to ensure safe care has been provided and to reduce future risk. One common theme identified from the incidents has been about ensuring safe and timely communication with partner agencies. For example, actions have been taken to agree the way to ensure information is shared safely and quickly to prevent delays in receiving and responding to referrals and to confirm that referral and treatment information has been received by another service.

### **How effective are our services and what have we done specifically to improve effectiveness in 2017-18?**

CQC found services to be effective because:

- The service regularly reviewed and updated their policies to ensure they were in-date and in-line with the latest guidance. Relevant and current evidence-based guidance, standards, best practice and legislation was used to develop how services, care and treatment were delivered.
- The service monitored patient outcomes and undertook a range of audits to promote best practice.
- Staff were being regularly supervised and appraised and were fully engaged in this process. Supervision was used to improve and support staff and share good practice. There was high completion of supervision sessions and staff were very positive about this aspect of their employment.
- There were various examples of outstanding multi-disciplinary working. This included co-located teams, sharing practice, sharing information and providing support to colleagues and with other partners working in the community.
- Staff worked together to assess and plan ongoing care and treatment when families or children moved between teams or services. There was clarity about the referral process and how staff could advise families to access the different services available.
- Staff were aware of the need to ask for consent and for this to be appropriately recorded. We saw care plans where consent was clearly recorded.

However:

- Some staff had concerns about the electronic care record system as data entry was time consuming and some information had to be duplicated.
- The provider had completed a number of audits of different records and identified the recording of consent needed improving.
- At the time of our inspection the service was not using any telemedicine equipment in the delivery of care and support.

Work has continued across all services to improve effectiveness and Swindon Borough Council is in the process of procuring a new record keeping system for all services. This will make it easier to record essential information about children and young people's care in one place and to ensure there is not duplication of records. This work is a key priority for completion in 2018-19.

The recording of consent has been addressed as part of record keeping training that is being delivered to all services which started in 2017-18 and that continues in 2018-19. How consent is managed and recorded is also part of the changes being made to services in response to the new requirements of the General Data Protection Regulation law which came into effect in May 2018. All services are completing record keeping audits to ensure records are kept and managed safely.

Specific examples of how services have improved effectiveness are outlined below:

- The Health team for looked after children increased the area directly covered by the team to include placements for Swindon children and young people that are up to 50 miles outside of Swindon. This improved the timeliness of assessments and improved access to health assessments.
- The Paediatric Therapy service has worked with the Great Western Hospital to improve the timeliness of access to Botox services. This joint work ensures that the provision of consultant care is managed alongside access to follow up rehabilitation from the Paediatric Physiotherapy service.
- The Children's Complex and Continuing Care service has reviewed the terms of reference and re-established the Continuing Care decision making panel for children's cases. This has made the decision making process more focused and has increased user involvement in panel decisions. This has made the decision of the panel more effective in meeting children and young people's needs.
- The Speech and Language Therapy service has continued to use Therapeutic Outcome Measures (TOMs) to assess how effective therapy intervention is. This has shown that the fluency and language centres have high levels of impact for children and young people who are using the service. The Fluency service provided was highlighted as outstanding during the CQC inspection. TOMs are now being used across all aspects of the service and we will be able to measure this starting in 2018-19.
- The School Nursing service has audited the impact of the "drop-in" clinics that it provides for children and young people in schools in Swindon. The service

users reported that they found the support offered to be valuable and effective.

- The Health Visiting service has established three new child health hubs to replace the previous child health clinics. This change was made to provide better access to a wider range of health information, to support parents caring for pre-school children. The hubs support the development of community support at the same time as offering access to the Healthy Child Programme contacts and advice on sleep, feeding and development issues.
- The Targeted Mental Health team (TaMHS) has established two assessment clinics per week and wellbeing groups to increase access to the service.
- Therapeutic Outcome Measures (TOMs) have been introduced to all services through the programme of quality work for services, to consider whether they could be used more widely to show how services deliver improved outcomes for children and young people.

In order to maintain effective services we need to ensure all staff receive good support through supervision and that their performance is reviewed through annual appraisal. This is the opportunity for the manager and staff member to plan their learning development for the next year. We have worked hard to ensure that staff can access good development. There are in house single discipline and multi-disciplinary courses and we access external training for specialisms. We support health care practitioner training and are members of the South West Learning agreement, part of Health Education England.

CQC said;

- Staff were being regularly supervised and appraised and were fully engaged in this process. Supervision was used to improve and support staff and share good practice. There was high completion of supervision sessions and staff were very positive about this aspect of their employment.
- Staff we spoke with were positive about the services commitment to their training, quality of training and the support they were provided with to complete this.

### **How caring are we as a service, and how responsive are we to our service users?**

Key to our services providing a consistently good service every day for every child, is being able to listen to what children and young people say and how they feel when they use our services. CQC recognise that our services are caring and responsive and that staff often went the extra mile to make sure services responded to individual need.

CQC found services to be responsive because:

- In general services reflected local needs and were flexible in providing continuity of care and choice. The provider discussed the changing demand and needs of certain services with commissioners in order to review provision.
- Services were planned to take account of the needs of different people. The provider collected and monitored data on the involvement of services with different ethnic groups. Staff undertook training in equality and diversity and were clear about their responsibility to be culturally sensitive and responsive to different needs.
- There were arrangements to enable access to services by children, young people and families in vulnerable circumstances and data was collected in respect of this which ensured the provision was monitored.
- The FNP (Family Nurse Partnership) was commissioned to provide universal provision to all young mothers who were under 18 years old at the time of conception. Of those offered the service the take up was measured at 95% over the previous twelve months, with very low attrition rates recorded.
- Children and their families were generally able to access services in a timely way for assessment and treatment. Services were appropriate and were within national referral to treatment time targets for appointments.

However:

- Paediatric therapy, specifically Occupational and Speech and Language therapy and the TaMHS service (Swindon Targeted Mental Health Service) had long waiting times for appointments and treatment. They were unable to currently meet the demand on their services within the target time for appointments.

CQC found services to be caring because:

- Staff provided compassionate care and treated families and children with respect. Feedback from families about the various professionals was consistently positive about the caring and professional approach provided.
- We were told and observed that people's privacy and dignity was respected at all times.
- Staff communicated with children and young people so that they understood their care, treatment and condition. We observed staff explaining to children why they were attending and what treatment was taking place.

The work our services have completed to continue to be responsive and caring includes

- Establishing two new assessment clinics per week in the Targeted Mental Health team (TaMHS), offering support through wellbeing groups.
- Establishing a waiting list initiative to reduce the waiting time for Speech and Language Therapy assessment as part of the autism diagnostic pathway

service. The waiting time has been improved by 21 weeks in the first three months of the initiative. The aim of this work is to ensure that by August 2018 we are able to see all referrals on this pathway within 13 weeks.

- Establishing three new roles in Speech and Language Therapy and one new role in Occupational Therapy to reduce the waiting time for services. We have achieved improvements in the waiting times for Speech and Language Therapy clinics across Swindon as part of this work.
- Reducing the waiting times for therapy and TaMHS assessment and intervention remains a key priority for all services in 2018-19.
- The Children's Complex and Continuing Care service has increased the number of families who are providing feedback about their need for continuing care support as part of the assessment submitted to the continuing care panel for decision making. This is to ensure they are fully involved in jointly owning their continuing care assessment.
- Service users from the Swindon Downs Syndrome Group attended the Health Visiting Service Preceptorship training providing feedback on their experience as service users. This has helped newly qualified staff understand the perspective of service users and to understand the importance of using feedback to inform practice.
- The Health team for looked after children have involved the Participation Group of Careleavers in the ongoing development of a new passport for Swindon care leavers which will include health information. The Health team recognises the importance of the passport being relevant and easily accessible to care leavers.
- Each school nurse practitioner providing a service in secondary schools provides at least five feedback forms from service users that are then collated and the feedback used to develop the service. This initiative has been piloted in the schools in one locality having a post box for children and young people to use to contact the service directly for advice. This has been successful and will now be implemented across schools in Swindon.
- The U Turn substance misuse service has developed a wider range of appointment times and environments in response to service user feedback.

### **How well led are we?**

In our Swindon Borough Council Children, Families and Community Health service, we have, as a senior leadership team, continued to ensure that we provide both challenge and support to the workforce. This is to ensure delivery of high quality services, with objectives which are stretching and challenging, whilst remaining achievable, to ensure we improve and stay innovative.

CQC found services to be well led because:

- The service reflected the values and objectives of the council to provide continually improving services for the local community. There was evidence from talking to staff of a strong connection with the local communities they worked with.
- There was an effective governance framework to support the delivery of the strategy and good quality care. Monthly performance data for each service was reviewed and shared with staff and management and a quarterly report shared with the Joint Commissioning Board and the Performance and Quality Board.
- Leaders understood the challenges to good quality care and could identify the actions needed to address them. Managers said they were empowered through the leadership of the service which enabled them to use their initiative and see work through to completion.
- Staff felt valued and respected. All staff we spoke with felt they were appreciated for the role they performed. There was a strong emphasis on promoting the safety and wellbeing of staff. Measures were taken to protect the safety of the staff when working alone and within the community.
- Views and experiences patients and their families or carers were gathered and acted on to shape and improve the services and culture. The provider had “a children in care council”, on which youth MPs were involved.

The new Director of Children’s Services has increased the focus on improving performance across our services in 2017-18. Leaders and managers at all levels within Children, Families and Community Health Services are undertaking the Swindon “Owning and Driving for Performance” programme. This programme is designed to increase the skills, behaviours and capacity that service leads have to identify practice development areas, to devise and implement new solutions in partnership with service users and to improve outcomes for children and young people at pace.

One example of this are the refreshed quality assurance boards where performance data and quality measures from all areas in the Children’s service are routinely reviewed every month with the linked development of performance clinics to focus on areas requiring a different approach to accelerate progress. These are being rolled out to the children’s community health services during 2018-2019.

### **What does our Performance Data for 2017-2018 tell you about our services?**

The specific performance information about each professional area is not included here, as this would be vast and complex. There is regular scrutiny of the performance data each month within the service and with commissioners at contract management meetings. The key messages from the performance data is that all our service areas have continued to see increasing, high levels of demand. This

sustained level of demand on services presents many challenges to us as a provider and over the last year we have introduced new ways of working specifically in the Targeted Mental Health, Speech and Language and Health Visiting Services to increase access and offer more efficient and effective services. Services continue to work collaboratively with partners to reduce duplication and to improve efficiency.

Key priorities for 2018-19 include continuing to work across services to reduce waiting times in the Paediatric Therapy and Targeted Mental Health services along with continuing to improve access to the national Healthy Child Programme led by our Public Health Nursing teams.

One example of the work done in 2017-18 is the joint screening of referrals by the Targeted Mental Health team (TaMHS) with the Child and Adolescent Mental Health service (CAMHS), through the single point of access. This process ensures that referrals to CAMHS are not held up in the TaMHS waiting list and that access to the TaMHS service is focused on those most in need.

The Speech and Language Therapy service introduced new pathways for access to the service and this has facilitated more focused interventions, with the average episode of care reducing by 39% in 2017-2018 compared to 2016-2017.

There has been a specific focus to improve the effectiveness of the Early Help offer in Swindon led by the local Local Safeguarding Board for children. The resetting of the local early help offer and strategy and the development of the Early Help hub will ensure that all services work collaboratively to ensure children and families are helped at the earliest possible opportunity to help themselves and only resorting to specialist and statutory services when they are needed. This transformational work linked to the Early Help and Troubled Families priorities will require the entire workforce in all services to ensure they play their part in delivering the outcomes required.

### **What Quality Assurance work have we done in 2017-2018, and what difference has it made?**

We follow an annual Quality Assurance Programme, which is developed from identified priorities locally, as well as nationally, and each health professional area has a clear programme of audit activity for the year. The outcome of this work is shared in detail with practitioners in the teams, and reported through the Quality and Performance Boards and to Commissioners.

Our annual Programme includes infection prevention and control across the whole range of health practice, as well as specific audits for each area. In the Care Bundle audits, and the annual Hand Hygiene audit, we demonstrated further improvements



in most service areas. We identified improvements that needed to be made, for example, in having conversations with service users and being fully compliant with the “bare below the elbow” guidance. We developed action plans linked to these areas, to ensure improvements are evident in the next round of audits.

Health providers must be registered with the Care Quality Commission, and have a duty to ensure compliance with the Health and Social Care Act (2012). This includes compliance with the Code of Practice on the prevention and control of infection, and guidance and standards about the safety, availability and suitability of equipment. The provision of care that meets the standards of quality and safety, including the prevention of infection, must be a key priority for health settings.

CQC found that our services were meeting CQC standards for infection control and observed that the standards of cleanliness and hygiene were high in each of the settings they visited, where care was delivered and that service areas were visibly clean and tidy. CQC reported observing staff following infection control procedures, including using antibacterial hand gels before and after care, wearing the appropriate protective clothing and aprons when required. All staff that CQC observed followed the bare below the elbow policy.

The table overleaf shows the results of the annual programme of audits across the majority of children’s community health teams for infection prevention and control, from April 2017 to March 2018.

Performance this year showed an overall improvement from 2016-17 and actions continue to be identified to ensure improved practice where performance has fallen below 100%. These improvement plans are closely monitored to ensure improvement is achieved and sustained.

This year the Health Visiting service will be reviewing their schedule for submission of audits following a renewed focus on infection prevention and control.

Team	Care Bundle	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HV North	Preventing the spread of infection	100	100	100	100	100	100	100	100	100	100		
HV South	Preventing the spread of infection	100	100	100	100		100	100	100	33	33		
HV C North	Preventing the spread of infection	100	100	100	100	100	100	100	100	100	100	100	
HV C South	Preventing the spread of infection	100	90	100	100			100	100	50			
HV Hub	Preventing the spread of infection											100	100
Children's CHC	Preventing the spread of infection	100				100						100	100
	Enteral Feeding					100						0	100
SALT	Preventing the spread of infection	100	100	100	100	100	100	100	100	100	100	100	100
Paed Therapy	Preventing the spread of infection			100			100			97.5			100
FNP	Preventing the spread of infection						75						
SCES	Quality Control	90			80	100	100	100	80	100	100	100	100

Each service has an annual programme of audit. This year we have carried out audits on our record keeping practice across all our health professional areas. As a result of this, some services have reviewed and relaunched record keeping guidelines alongside providing updated record keeping training for all staff in those teams. Further record keeping audits will monitor the effectiveness of this training and the standards of record keeping throughout 2018-19.

We have completed a number of National Institute of Clinical Excellence (NICE) guideline audits including for Spasticity. The results of this audit have been provided to the Paediatric Therapy team and recommendations have been made for changes to improve care which will be re-audited next year.

We have participated fully in the Local Safeguarding Board's Quality Assurance Programme, looking into the effective safeguarding practice of our practitioners working with children who are identified as being at risk. The Named Nurse for Safeguarding is a member of the LSCB Health subgroup and they have worked across the wider health workforce to share good practice and learning from serious case reviews. One example from 2017-2018 was the focus on use by practitioners of the escalation policy in situations where they needed to challenge decision making or practice by other agencies and colleagues. This had been relaunched by the LSCB following the publication of serious case review Q in 2017. The LSCB quality assurance group led an audit of the use and effectiveness of the escalation process by practitioners, and staff from our teams were actively involved and contributed to the learning and recommendations that followed. We are seeing more evidence that our workforce are becoming much more confident and competent in using this process to ensure better outcomes for children.

More information on all services for children and young people in Swindon can be found on the Swindon My Care My support website:

<http://children.mycaremysupport.co.uk/>

We hope that this report has provided a useful and detailed picture of the services we provide for children, young people and their families in Swindon, as well as explaining how we have worked during the last financial year to make sure that the services are safe, effective and sensitive to meeting local needs and have a focus on continued improvement.

**Louise Campion - Principal Officer for Health and Well-Being**