



AGENDA ITEM

3.2.11

QUALITY & SAFETY COMMITTEE

GAP ANALYSIS CHILDRENS COMMUNITY NURSING SERVICE CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

Date of meeting	24 May 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Lucy Collins and Clare Ibbs Senior Nurses Community Children's Nursing Team
Presented by	Gail Clack Head of Nursing Children & Young People and Community CAMHS
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Bridgend ILG QSPE Group Meeting	(15/02/22)	NOTED
MC ILG QSPE Group Meeting	(10/02/22)	
Strategic Leadership Group	(16/12/22)	

ACRONYMS

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1. SITUATION/BACKGROUND

1.1 Following an independent review of Community Childrens Nursing (CCN) Services in Swansea Bay University Health Board (SBUHB) whereby

a number of serious issues around care delivery and leadership culture were identified, Senior Nurses for the Community Childrens Nursing Service have been asked to review their services across both Bridgend and Merthyr Cynon (hosting Rhondda Taff Ely) Integrated Locality Groups (ILG's) and undertake a full gap analysis against the 29 recommendations highlighted within the report.

1.2 The focus of the independent review undertaken in SBUHB was only in relation to the Community Childrens Nursing Team, particularly around the delivery of Continuing Health Care (CHC) and the impact on the wider CCN services. This review was subsequently undertaken between March and September 2021 and a total of 20 children receiving Continuing Care during the period covered by the review were included.

The focus of the review related to:

- The culture of care, particularly focusing on family involvement
- The direct experience of children and families using the service
- The direct engagement with staff within the service
- How professional nursing standards were delivered

1.3 The findings of the review have subsequently been presented at the All Wales Senior Nurse for Community Childrens Nursing Service Group (Appendix 1&2 Summary of report and Recommendations – Appendices available on request).

1.4 For the purpose of analysis the recommendations have been grouped into the following themes:-

- Workforce
- Governance
- Leadership
- Partnership Working

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Workforce

- It has been identified that there is inequality in staffing of the CCN Teams between the two ILG's, with Continuing Health Care provision dominating the two teams sitting within Merthyr Cynon (MC) ILG i.e. a number of packages in MC requiring a registered workforce. This dominance is causing limitations in wider service development of the CCN team i.e. the progression of a care closer to home model.
- The Health Care Support Worker (HCSW) workforce is vulnerable due to the current model of service delivery (as some CHC packages delivered by

HCSW only). While the HCSW workforce are adequately skilled to deliver care the HCSW predominantly work night shifts within the Children's or Young People's (CYP) home. It is difficult to confidently state that the current CHC service model enables the workforce to feel that they are valuable members of the team, due to the infrequent contact with the CCN Team.

- As highlighted in the Swansea Bay report the time from awarding a CHC package to the commencement is difficult to achieve due to having to recruit and train staff as there is currently no flexibility in the team due to staff numbers.

2.2 Governance

- The CCNS have implemented a number of bespoke systems to quality assure the governance processes, but this has highlighted missed opportunities for analysis of collected data. For instance data is collected during the continuing care process of assessment or annual review but we have no evidence of timelines as data hasn't been analysed.
- CCNS sits in two of the health board ILG's and therefore whole workforce governance approaches need agreement in multiple forums which does prove problematic and leads to duplication of effort. This also has the potential for inequality.
- Identified problems around CHC training framework, awaiting Welsh Government to endorse the training produced by the All Wales working groups, this was recently again raised to government.

2.3 Leadership

- The CCNS leadership model encourages a participative approach, however the team acknowledge that this could be more robust, by protecting Team Leader time. Leadership responsibilities aren't always protected due to the demand of the clinical workload. Team Leaders are in their infancy in their posts, so learning and development is needed. The service also has two recently appointed Senior Nurses.

2.4 Partnership Working

- The CCNS are keen to ensure that services and service development meet the needs of those accessing services and is not driven solely by professionals. The teams have developed good professional relationships with families and strive to ensure a culture of transparency and partnership working. Families are encouraged to attend all CHC meetings so their voice is heard. There is however an identified need for additional formal patient / family feedback along with the potential of engagement events.

- There is identifiable partnership working with Local Authority and other agencies however it is recognized that collaborative arrangements require strengthening around children with complex needs particularly when children are looked after (LAC). A workshop to address some of these issues has recently been held between health and the LA with a commitment from both to work towards progressing a collaborative framework which both organizations are signed up to.

3. RECOMMENDATIONS

There have been no identified immediate concerns identified through undertaking the gap analysis however some of our findings are consistent with SB and the following recommendations will be actioned and monitored through the gap analysis/action plan (appendix 3 – available on request).

- To map current CCN Workforce against RCN Future Proofing Community Childrens Nursing Guidance
- Review of governance arrangements for CCN, with further consideration of a hosting arrangement
- To review supernumerary status for Team Leaders to ensure protected time for leadership development.
- Review of nursing models to ensure all members of the team feel they are a united workforce eg HCSW
- Development of pathways including transition and lone working
- Establish robust mechanism's for patient experience feedback
- Review of data analysis systems

4. MONITORING AND ASSURANCE

Ongoing monitoring of the action plan will be undertaken at the Children and Young People's Quality Safety and Patient Experience (QSPE) Group meeting which is undertaken Bi-monthly.

5. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below: Staff and resources Safe care Dignified care



Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Health

RECOMMENDATION

The Committee are requested to **NOTE** the report.