Quality summary report:

Health Visiting

CLCH Quality Report Jan – Dec 2011

Service exact name  Health Visiting
Address line 2  Parsons Green health Centre
5-7 Parsons Green
Town/city  London
County  Greater London
Postcode  SW6 4UL
No. beds  n/a
Website  www.clch.nhs.uk
Main telephone  020 88466588

Charlene Axford, Children’s Service Manager;
Elizabeth Begley, Pathway Lead for Children’s Services; Shelley Heffernan & Alison Wright,
Professional Leads, Children’s Nursing; Sally George, Clinical Governance Facilitator; Judy Jenner,
Integrated Clinical Lead Nurse, Barnet; Pam Tynan,
Clinical RiO/Projects (Children’s Services)/Safeguarding Advisor

Completed by  Judith Barlow, Assistant Director Children, Family, Health and Wellbeing

Approval
### CLCH Quality Report 2011

#### Summary report for Health Visiting

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<thead>
<tr>
<th>Directorate</th>
<th>Children, Family, Health and Well-being</th>
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<tbody>
<tr>
<td>Service area</td>
<td>Health Visiting</td>
</tr>
<tr>
<td>Boroughs</td>
<td>Barnet <strong>☑</strong> Kensington &amp; Chelsea <strong>☑</strong> Hammersmith &amp; Fulham <strong>☑</strong> Westminster <strong>☑</strong></td>
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The health visiting service works with individuals, families and community groups to lay the foundations of good health and wellbeing in young children, from birth to primary school age. The service is available weekdays, from 9am-5pm, and is commissioned by Inner North West London (INWL) for the three inner boroughs (Kensington and Chelsea, Hammersmith and Fulham and Westminster) and by North Central London (NCL) for Barnet.

The health visiting teams work in partnership with a range of health, social care and early years education providers to deliver a co-ordinated programme of activities based on the Healthy Child Programme. These activities centre on the prevention of ill health and promotion of wellness, and include:

1. Enabling all parents and children to have access to relevant health care messages, for example oral health promotion, healthy eating and breastfeeding advice.
2. Arranging and delivering targeted immunisations such as BCG and taking forward national screening programmes.
3. Identifying families who may benefit from additional support or services to improve wellness, in line with the London Continuum of Need.

The health visiting teams also case manage the care of children and families identified as having greater health and social care needs. Within this vulnerable client group, there tends to be high levels of child protection, domestic violence and wider health needs. Each child and family is assessed on an individual basis upon referral and streamed into an appropriate care pathway. While
Interventions and targeted packages of care may be given to address a specific need, longer term follow up of children is a core package of work. Children identified as having developmental needs are referred to, and managed in partnership with specialist multiagency and multidisciplinary teams.

Health visiting teams work within clinical guidelines, policies, procedures and Patient Group Directions (PGDs) to guide care activities. The overall responsibility for the assessment and delivery of care lies with a qualified health visitor, who manages the caseload and team. There is a robust framework of management and clinical supervision in place to ensure appropriate oversight and peer-review of care activities.

<table>
<thead>
<tr>
<th>Overall summary of quality performance and next steps</th>
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The CLCH health visiting service has focused on addressing and identifying the differences in service provision and standards to embed its Clinical Strategy in the delivery of care. The new management and clinical structure supports the development of the quality agenda within this service and quality metric dashboards enable local monitoring of safety, experience and effectiveness. The aim is for staff to embrace and integrate the quality agenda within day to day practice, supported by strong clinical leadership and the development of pathways.

Safety has been a key issue within health visiting across CLCH, evidenced by the large numbers of late birth notification recording incidents logged on Datix. This has been prioritised since last year’s quality report resulting in the three inner-borough Child Health Administration Departments (CHAD) relocating to one site, with the aim to provide a more robust and standardised service. Barnet’s HV service has also identified this as an issue and has joined the Standardised Referral Management (SRM) project; therefore all CHADs across CLCH will have a robust referral process. The next stage is to do specific work with the acute hospitals to streamline the process of discharge of mothers and babies to the community.

In response to last year’s report, a key focus of medicine management was to ensure that all staff immunising completed an annual update. This will be further supported by the development of a CLCH-wide Childhood Immunisation Policy.

Various audits occurred across the health visiting service, many of them
localised. The most significant was the Records Management Audit, which identified areas for improvement.

Staff training remains central to developing a skilled and competent workforce. With the safeguarding team, level 3 Child Protection training was given to staff identified as needing it.

Throughout the past year the work has focused on merging good practice and streamlining services across the three inner boroughs, whilst planning to integrate Barnet. The review and streamlining of clinical standards is a key priority for the service, in order to ensure all front line clinicians are following clear practice standards and guidelines which are both evidence based and NICE compliant. Examples of this include progress around Maternal Mood assessment and in the development of the Weighing and Measuring Procedure.

Current areas of development for the service include PROMs and health outcomes (e.g. oral health).

We have undertaken PREMs to ensure we are tailoring our service to meet the needs of our clients according to what they ask for. The main focus was on the experience of parents and carers attending the baby clinics.

<table>
<thead>
<tr>
<th>Safety</th>
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<tbody>
<tr>
<td><strong>Overview</strong></td>
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<tr>
<td>We aim to make our service as safe as possible at all times. All staff are encouraged to report incidents on Datix, which is reviewed at the weekly tactics meeting, ensuring we take a robust approach in the management of incidents reported across the service. A key priority has been to establish a clinically-led operational structure, including professional leads and pathway leads working alongside service managers to support the delivery of a safe service across CLCH. Another area of focus has been on record management, identified from several Serious Case Reviews. The audit demonstrated notable areas of good practice:</td>
</tr>
</tbody>
</table>
- 100% of files were found to be locked away in a cabinet
- 86% of offices did not have any loose papers amongst files
- 81.8% of randomly selected files were located and found in the correct place
- 100% (4 sites asked) opened their post every day and 75% of those stamped the post date
- 87.5% of confidential staff information was stored into a locked cabinet

Good practice guidelines are being developed with Information Governance, which will both reinforce current good practice and give guidance on areas for improvement. The trend in practice will be highlighted in forthcoming audits.

This year has also seen the development of CLCH wide policies such as the Childhood Immunisation and the Weighing and Measuring, Safeguarding policy as part of the work on streamlining services which demonstrate NICE compliance and evidence-based practice.

As Datix has indicated, further work needs to be done around addressing late new birth notifications. This should be addressed by the SRM project and discussions are planned with the local acute hospitals to support the management of birth discharges from hospital to health visiting.

<table>
<thead>
<tr>
<th>Key achievements this year</th>
<th>We identified the following safety improvement actions in our 2010 Quality Report. This section outlines the progress we have made on each of them:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Initiation of the SRM project to redesign the way in which referral notifications and records are managed across CLCH.</td>
</tr>
<tr>
<td>2)</td>
<td>The merger of the three inner London CHADs to ensure standardisation of processes.</td>
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<tr>
<td>3)</td>
<td>Reduction of late births within the inner London boroughs.</td>
</tr>
<tr>
<td>4)</td>
<td>Medicine management immunisation training complete for those staff who deliver immunisations.</td>
</tr>
<tr>
<td>6)</td>
<td>Band 5 development competency based programme across all four</td>
</tr>
</tbody>
</table>
boroughs.

7) Safeguarding health visitors have been successfully integrated into social care in H&F with excellent feedback from all stakeholders involved in the project. Following their success, these posts are to be rolled out.

8) Embraced the health visiting implementation plan to support the increase of trainee health visitors, SPTs and the increased core health visiting financial resource from INWL and NCL.

Further developments planned for this year are:

- Development and launch of the Immunisation policy for both children and adults.
- Development and launch of the Weighing and Measuring protocol.
- Quality metrics to ensure a tracking system of quality measures.

Usage of the workforce formula across the three inner boroughs to align staff according to need.
Key results

Total incidents Jan-Dec 2011 by category

Number of incidents

- D/C or transfer problems - Delay in...
- D/C or transfer with complications
- D/C or transfer problem - Essential info...
- D/C or transfer problem - Transfer...
- Environmental hazards and harmful...
- Health records - Care given but not...
- Health records - Delay in obtaining...
- Health records - Other
- Health records - Record incomplete/out...
- Health records - Records misfiled/...
- Hit by/against an object
- Information
- II
- Medication
- Moving and handling
- Possible safeguarding issue
- Problem with admission to service (inc...
- Problem with appointment
- Security of site
- Slips trips and falls
- Staff injury
- Treatment problem
- Violence/abuse/harrassment
- Other

Total incidents Jan-Dec 2011 by severity

<table>
<thead>
<tr>
<th>Degree of harm</th>
<th>Low</th>
<th>Minor</th>
<th>Medium</th>
<th>High</th>
<th>Catastrophic</th>
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</thead>
</table>


Level of reporting:

In this service, confirmed incidences and near misses are recorded in every case. On-going mandatory training supports this practice.

Themes arising

New birth notifications, new referrals into the service and IT issues are the most reported incidents.

The SRM project has been set up to redesign the way in which referral for new birth notifications and records are managed across all four boroughs. This will help mitigate risk and introduce greater safeguards.

The merger of the four boroughs has highlighted a number of IT issues which are on-going. However, centralising the service desk to support all staff and the inner boroughs now migrated onto the CLCH network has made a difference.

Future plans are for Barnet to migrate onto the CLCH network and Kensington & Chelsea to change over to RIO from 2013. This will support the standardisation of IT systems within health visiting.

Another main theme is the management of records and new referrals. A joint review with Information Governance on the management of records has led to a CLCH policy. The health visiting service also participated in the trust-wide Clinical Records Audit, to review content of records which was well received by the service.

<table>
<thead>
<tr>
<th>Safety Improvement Actions for 2012</th>
<th>Actions</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records Management Audit</td>
<td>Waiting to go to CRG</td>
<td>Shelley Heffernan, Professional Lead; Rachel Adams, Information</td>
<td></td>
</tr>
<tr>
<td>Launch of the Immunisation Policy</td>
<td>Due for PAG for ratification in Feb. Policy needs to incorporate adults and awaiting section on flu jabs</td>
<td>Alison Wright, Professional Lead; Sally George, Clinical Governance Facilitator</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Launch of the Weighing and Measuring Protocol</td>
<td>9. 2.12</td>
<td>Alison Wright, Professional Lead; Maddy Ieriti Professional Lead for Dietetics and Nutrition</td>
<td></td>
</tr>
<tr>
<td>Management of reduction of late new birth visits, via Quality metric – monthly reports and monitored via IGM</td>
<td>On-going - monthly</td>
<td>Ian Jones, Senior Manager; Saira Khan, SRM Project Manager. Shelley Heffernan Professional Lead</td>
<td></td>
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**Effectiveness**
We aim to achieve the best possible outcomes for patients. To do this, we regularly monitor the care and treatment we are delivering according to best practice standards, and we increasingly look to measure and improve clinical and patient reported outcomes.

A key priority was participation in the trust-wide record audits. There is also a plan to re-audit Records Management in the service, following the embedding of the Good Practice Guidelines.

There were a number of more localised audits undertaken. An audit completed within the targeted team (Westminster) explored recording processes of domestic violence. This piece of work compliments the routine enquiry of domestic violence enquiry with named nurses and Child Protection advisors in K&C.

Recent Ofsted inspections in children’s centres in K&C have described outcomes for children and families as excellent, supported by health visiting partnership.

The service has worked in partnership with the dietetic department who have led the Breastfeeding Friendly Audit (reference Dietetic Quality report). This demonstrated the work undertaken across professional boundaries, in support of obtaining UNICEF breastfeeding friendly status.

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### Key achievements this year

We identified the following clinical effectiveness improvement actions in our 2010 Quality Report. This section outlines the progress we have made on each of them:

1) **NICE Guidance Maternal Mood Assessment on-going** – High level mapping of the delivery of the healthy child programme has been commenced by pathway leads. This process has identified borough variations in training, assessment tools and interventions. To address this priority the Children’s service division have identified resources to fund a short term project which will streamline and standardise clinical practice in accordance to NICE guidance.

2) **Breastfeeding drop off rate by the 6-8 week review (as a % of those initiating):** all four boroughs featured in the top 13 performers across England in 2011/12 Q2 [DH statistical release: breastfeeding initiation and prevalence at 6 to 8 weeks - Quarter 2, 2011/12 15 Dec 2011].

3) **Domestic violence - Training on domestic violence to standardise record**
keeping and routine enquiry.

4) Child Health Clinic’s and group activities - Mapping across the three inner boroughs of activity and resources used for baby clinics in children’s centres, GP surgeries and health centres to identify smarter allocation of resources.

5) An audit of corporate working and the reissue of guidelines is a priority in Barnet, to ensure that all teams have safe processes in place to identify and prioritise allocation of workloads, so that those children and families with the greatest need are offered support and guidance.

6) There has been an improvement in 8 month and 2 year development reviews by improved processes and data recording. Use of monthly exception reports, monitoring and feedback to staff is being rolled out CLCH and there has been improvement in recording.

<table>
<thead>
<tr>
<th>Key results</th>
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<tbody>
<tr>
<td>Children’s division will instigate a quality group comprising of professional, operational and clinical leads as from March 2012 with the mandate to develop, implement and monitor the PROM for Health Visiting. The plan is that this will be CLCH wide and therefore we are in the process of consulting with all 4 boroughs, this intelligence will then inform the PROM. Plan will be to develop this in March and implementation from May.</td>
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<tr>
<td>Part of the plan will be to build on the PROM developed by the Community Nursery Nurses in November 2011 to measure the effectiveness of a 4-6 weeks package of care in the following areas: play and stimulation, behaviour management, sleep, accident prevention, eating and breastfeeding. The PROM will be carried out until March 2012.</td>
</tr>
<tr>
<td><strong>Clinical Outcomes</strong></td>
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<tr>
<td>Clinical outcomes are currently being developed in partnership with Children services and INWL commissioners; these focus on Public Health and early year interventions and include oral health, child development, breast feeding and nutrition.</td>
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**Other measures of Service Evaluations**

**The introduction of the Senior Community Nursery Nurse** in K&C highlighted the need for a more detailed understanding of the role of the Community Nursery Nurses (CNN). The CNN team is part of the health visiting...
team and play a vital role in supporting families and communities in early intervention and preventative work. The evaluation was done in February 2011 and focused on identifying skills, competencies and areas for improvement. Key findings/issues included the variation in the CNN role across the borough, the lack of clarity around roles, the use of different tools and methods depending on clinicians’ previous experience, CNNs working in isolation from one other, a lack of competency in carrying out certain tasks, a majority of time spent carrying out 8 month developmental reviews and running group activities, and a feeling that the role lacked training and career opportunities.

Following the evaluation we set up a working group, members included the Team Co-ordinator, Senior CNN and the all the CNNs in K&C. The aim of the working group was to identify the areas of improvement, standardise practice and agree training. The group has now become a clinical supervision group where CNN meet monthly to update and support each other. The outputs of the working group were the following:

Training needs in various areas were identified and all the CNNs completed the following training by September 2011: UNICEF breastfeeding, Triple P Parenting, Mill Pond Sleep Management, Group Facilitation, 2 year developmental reviews, Fussy Eating, Behaviour Management, Play and Stimulation.

It was identified that CNNs were more skilled and competent at carrying out 2 year developmental reviews rather that 8 month reviews. Training and competencies were developed; they all received training, were assessed and are now able to deliver the universal 2yr reviews. All HV deliver 8 month reviews.

Roles and responsibilities were communicated to all staff through monthly HV Business Meetings.

Referral paperwork, leaflets and processes were standardised and introduced to all staff in the monthly Business Meetings.

Packages of care focusing on CNNs’ skills were identified and developed. These are delivered over a period of 4-6 weeks in the following areas: play and stimulation, behaviour management, sleep, accident prevention, eating and breastfeeding. A PROM was developed in November 2011 to measure the effectiveness of the aforementioned. The PROM will be carried out until March 2012.
A PREM was developed in November 2011 to measure patients' experiences of the group sessions facilitated by the CNNs in Children’s Centres. This will also run until March 2012.

A CNN Handbook is being developed to support all staff especially new staff joining the HV teams. This will provide clarity of roles and expectations of the CNN and will become part of the induction process.

**Clinical Audit**

**Domestic Violence Audit:** Conducted in the Targeted Team, Westminster, the aim of this project was to look at the prevalence and the process of recording DV in health visiting records. The audit found that in 60% of the records reviewed there were Domestic Violence incidents. An important feature of the audit was the identification of inconsistencies in the recording of domestic violence. Recommendation is for a standardisation in the recording of DV incidents, and recording of routine enquiry. Another significant finding was that incidence of DV is high in the targeted team and it is recommended that an audit in the mainstream caseloads would inform prevalence. This will help determine training, referral process/ pathways for health visiting services with the benefits achieve best outcomes for families.

**RIO Progress notes audit:** Following implementation of RIO paper-light phase 2 in H&F and Westminster in March-April 2011, the aim of this audit was to capture the use of progress notes. Based on a cohort of May – August new births, the audit looked at how many children had had progress notes completed, the expectation being 100%. The audit found that the majority of progress notes not completed were universal clients. All vulnerable clients from threshold levels 2-4 had progress notes completed except for 1 child (threshold level 2) in Westminster. Please refer to action plan in progress notes audit report.

**Safeguarding Audit:** Following SCR in H&F, a recommendation was made to look at a snapshot of clients in H&F who did not engage with HV service by 3 months of age following new birth visit. The cohort was July new births. Results indicate inconsistencies in processes in health visiting practice in engaging with hard to reach families. The audit also established a need for clarity in the
following areas: who follows up if Health Visitor leaves the base; how to follow up a client that attends a different child health clinic; if the team have more than one clinic each week how do we identify which clinic the client attended for the 6-8 week contact; who follows up if HV does new birth visit for other HV; when to liaise with GP; and what the process is for information sharing when client has private GP.

**Small case file audit:** Conducted in H&F, this audit sought to establish the effectiveness of having specialist safeguarding health visitors based in the Family Support, Child Protection (FSCP) team and Contact and Assessment team (CAS). It identified evidence of the positive impact of Safeguarding HVs (SGHVs) in comparison to cases where there was no SGHV involved, specifically:

- More comprehensive health information and recorded evidence of parenting, child health & development outcomes; particularly valuable for court reports to inform decisions on children’s placements and permanency
- Better assessment of risk
- Assessments and plans completed more quickly
- Better engagement of parents in accepting and implementing change
- Improved child and family outcomes as a result of SGHV intervention, in some cases leading to a child being removed from child protection list
- These findings were replicated from analysis of the focus group and case study data, which also identified the positive value of HVs and SWs working more closely together as well as some challenges for the wider system. Practitioners and managers identified that HVs’ knowledge of health systems and their health background enabled improved and quicker communication with other health professionals.

**Safer Families Project (Barnet):** This is a multi-disciplinary project which aims
to identify children and families where domestic abuse and conflict is a feature of family life but who do not reach the threshold for intervention by Social Care. It aims to offer a variety of support from therapeutic ‘stay and play’ in Children’s Centres, to individual counselling and outreach. Health visitors attend the referral meeting where families are discussed and pass information on to their colleagues regarding families; they undertake joint home visits with project workers and are part of the advisory board. The project audit showed that this service was valued by families and the project was runner-up in the London Safeguarding Awards 2011.

Other audits within health visiting:

- Records Audit – Trust Wide
- Records Management, please refer to safety section for more information
- Domestic Violence
- Breastfeeding audit which was led by Dietetics. All four boroughs are working towards baby friendly initiative and all Health Visitors adhere to UNICEF guidance in providing appropriate advice.

As part of the 2010/2011 audit cycle it is anticipated that the audit on lone working policy and the audit against the Weighting and Measuring Protocol will be completed next year.

**Participation in Trust-wide audits during 2011**

**Records summarise audit and actions**

The Health visiting service contributed to the CLCH trust-wide health records audit.

All 4 boroughs were involved and audited the following number of records:

1) Barnet 70
2) Kensington and Chelsea 47
3) Hammersmith and Fulham 80
4) Westminster 57
The service achieved a mean compliance rating of 76.99%

The following NICE guidance is either fully or partially relevant to this service:

To ensure that we are complying with these best practice guidance, we have carried out the following actions in 2011:

- NICE guidance baseline assessment conducted and guidance implemented:
  - CG2 Hand hygiene
  - CG45 Antenatal and postnatal mental health
  - CG98 Neonatal jaundice
  - CG99 Constipation in children and young people

- None of NICE guidance placed into Risk Register but low compliance with the guidance CG99 was identified. This was discussed at staff meetings and with the CLCH NICE manager, following on from which necessary actions have been taken to increase compliance.

- Action Plans developed and completed for specific guidance to reach full compliance:
  - CG98: Guidelines distributed to all staff. Guidelines included in student HV resource pack. Training received from consultant paediatrician at HV clinical skills workshop. Guidelines included in new birth standard (draft version only). Identify babies as being at risk; check all babies at new birth visit within 10-14 days; refer babies with prolonged jaundice at 14 days. The service reviewed compliance with the new procedure in February 2011 and reviewed this again in April 2011.
  - CG99: Action Plan completed 02/03/2011, with guidelines distributed to all staff. These are also included in student HVs’ resource packs, and discussed at staff nurse induction training. Awareness of red flags to indicate underlying condition; note recommended fluid intake per day.

- NICE related education for staff has been organised with the aim to improve quality of the service. A training session was provided by GP, meeting with CLCH NICE manager and BMJ e-learning modules
Research and innovation

Family Nurse Partnership (FNP) – Barnet: In 2011, the Universal Children’s Service in Barnet was successful in bringing this evidence-based project into its service to work alongside the generic health visitors. Barnet commissioners and the Local Authority also signed up to FNP, providing funding and being part of the Advisory Board. This programme targets teenage, first time parents and offers intensive home visiting following a licensed programme of intervention which has been evaluated and shown to improve the outcomes for mother and baby.

Barnet’s Best Practice Group developed a client-led health needs questionnaire in line with the Healthy Child Programme to support the planning of health visiting intervention based on client identified needs. The plan is to pilot this questionnaire in February 2012 in one team at all new birth visits. Feedback will be obtained from clients and staff as to the experience of using this tool.

The development of the pathway posts in both Universal and Targeted children to support service redesign and the embedding of the clinical strategy within the business processes.

Vitamin D supplementation – Sara Patience (band 6, HV, H&F): The aim of this project was to review the service given by Primary HCPs by examining the supplementation habits in mothers and babies and children under 5 who attend well baby clinics. 65 parent and baby/child pairs completed a questionnaire whilst attending baby well clinics.

This piece of research highlighted the failure to adhere to UK guidelines for supplementation, an issue for all health professionals involved in the routine care of women, their partners and babies and children under 5. This group of professionals include GPs, midwifery, HV and practice teams.

Key recommendations from the study: further training for HVs, GPs and midwifery units; action plan for agreement within the CFHWB directorate.

The development of the pathway posts in both Universal and Targeted children to support service redesign and the embedding of the clinical strategy within the business processes.
### What the patients say about the outcomes of their care and treatment

“I’ve been coming to this clinic for over a year and am very pleased with the service and knowledge, no suggestions to provide.” (Quote from a patient in receipt of health visiting service form PREMs).

This is a quote from a mother demonstrating the partnership and integration work between at a children’s centre in RBKC to improve outcomes for children and families: “This wonderful place looks after me as well as it looks after my children” (August 2011).

### Clinical Effectiveness improvement actions

<table>
<thead>
<tr>
<th>Actions from clinical audits policy’s records SCR</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records Management Guidelines</td>
<td>To go to CRG</td>
<td>Rachel Adams, Information Governance Facilitator; SH, Professional Lead, Children's Nursing</td>
</tr>
<tr>
<td>Domestic Violence training on-going training within CLCH for all staff, plan to roll out routine enquire once Domestic Violence Policy is ratified</td>
<td>TBC</td>
<td>Specialist Health Visitor - Domestic Violence / Head of Safeguarding</td>
</tr>
<tr>
<td>Outcomes of the PROMs form K&amp;C</td>
<td>End March 2012</td>
<td>Service Manager Children's Service K&amp;C</td>
</tr>
<tr>
<td>RiO Progress notes audit – Contact staff in H&amp;F and Westminster who did</td>
<td></td>
<td>Clinical RIO Lead/</td>
</tr>
<tr>
<td><strong>not complete progress notes screen to clarify standard</strong>&lt;br&gt;Monthly exception report and monitoring for new births where progress notes have not been completed</td>
<td>January 2012</td>
<td>Projects/ Safeguarding Children's Advisor</td>
</tr>
<tr>
<td>Safeguarding Audit –&lt;br&gt;Action plan needs further agreement as in draft form</td>
<td>end March 2012</td>
<td>Clinical RIO Lead/ Projects/ Safeguarding Children's Advisor</td>
</tr>
<tr>
<td>NICE and standards project – Maternal mood assessment.</td>
<td>October 2012</td>
<td>Project lead. Professional lead/ Senior Manager/ Pathway Leads</td>
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### Experience

#### Overview
We care about treating everybody with kindness, dignity and respect at all times. Over the past year the focus has been on capturing patients’ experience of the care received from the health visiting service. Particular focus has been given to the experience of parents attending the baby clinics. Patient stories have also been used as a rich source of information, which can then be analysed and used as evidence to guide us in service development, enabling us to provide our clients with services that they truly want and not what we think they want.

The key CLCH-wide PREM delivered across health visiting explored the information from healthcare professionals to ensure parental informed choice and that drop in clinics were child friendly.

Localised PREMs focused on the breast feeding support and health visiting
advice received by families in H&F which indicated that mothers were very happy with the level of support and advice they were given about breastfeeding. Results will not be available until March 2012.

In Barnet patient stories were taken in response to an informal complaint coming into the service. This project highlighted that parents were often unsure of whom they were speaking to and the role of that individual when attending child health clinics in which skill mix is used. This has resulted in the introduction of clear name badges with staff name and job title.

We identified the following patient experience improvement actions in our 2010 Quality Report. This section outlines the progress we have made on each of them:

1) Maternal Mood Training for all Health visitors further next steps in relation to the NICE guidance maternal mood scope with a plan to review with the pathway and will come under the remit of the NICE standards lead.

2) Health Visiting Breastfeeding Road show from H&F aimed to review and improve the breastfeeding support and health visiting advice received by local families

3) The BCG PREM conducted in Westminster is a patient satisfaction survey. The aim of which was to identify areas of service delivery that may need improvement.

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<tr>
<th>Patient survey results</th>
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**Patient Reported Experience Measures (PREMs)**

**Child Health Clinic PREM** supported by Freedom for Health

Summary of results for core patient experience measures (Aug-Dec 2011)

<table>
<thead>
<tr>
<th>Question</th>
<th>Result for this service</th>
<th>Trust wide average</th>
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<tbody>
<tr>
<td>% patients/carers rating overall experience good or excellent</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td>% patients saying they were definitely involved in</td>
<td>53.6%</td>
<td>56%</td>
</tr>
</tbody>
</table>
planning their treatment

- % patients saying they were always treated with dignity & respect: 89.1% (92%)
- % patients saying they definitely understood explanation: 85.1% (88%)
- % patients satisfied with waiting time: 64.1% (74%)

**Borough**

- **How would you rate your overall experience?**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>512</td>
<td>51.2</td>
</tr>
<tr>
<td>Good</td>
<td>408</td>
<td>40.8</td>
</tr>
<tr>
<td>Fair</td>
<td>47</td>
<td>4.7</td>
</tr>
<tr>
<td>Poor</td>
<td>7</td>
<td>0.7</td>
</tr>
<tr>
<td>Very poor</td>
<td>3</td>
<td>0.3</td>
</tr>
<tr>
<td>Not answered</td>
<td>23</td>
<td>2.3</td>
</tr>
</tbody>
</table>
- **Were you involved in planning your care and treatment?**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes definitely</td>
<td>536</td>
<td>54</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>252</td>
<td>25</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not recorded</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- Overall did you feel treated with respect and dignity?

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes always</td>
<td>891</td>
<td>89</td>
</tr>
<tr>
<td>Yes sometimes</td>
<td>68</td>
<td>7</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Not recorded</td>
<td>31</td>
<td>3</td>
</tr>
</tbody>
</table>

- Was your care and treatment explained in a way that you could understand?

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes completely</td>
<td>854</td>
<td>85</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>89</td>
<td>9</td>
</tr>
</tbody>
</table>
No | 6 | 1  
---|---|---  
Not recorded | 54 | 5

- **Were you satisfied with the waiting time to get an appointment?**

<table>
<thead>
<tr>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes definitely</td>
<td>641</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>252</td>
</tr>
<tr>
<td>No</td>
<td>37</td>
</tr>
<tr>
<td>Not recorded</td>
<td>70</td>
</tr>
</tbody>
</table>

**Interpretation of PREM results**

The clients accessing Health Visiting service rated the overall experience as good or excellent. The clients reported that they felt that they had been treated with dignity and respect. An area for improvement would be for the clinician to involve clients in planning their care. This is currently being discussed and reviewed within the service and we will review the completed PREM results at the end of March 2012.

Included in the PREM returns was a free text column asking clients if there were any aspects of the service they felt could be improved. Most returns had left this blank, and of those that did write something, the response was largely positive, as evidenced by a selection of comments below:

What could we do better/ was here anything that could be improved?

- *I THINK NOW THEY DOING VERY WELL BUT ALWAYS ITS BETTER WITH MORE IMPROVING*
- *HIGHER TEMPERATURE IN THE ROOM, ESPECIALLY BECAUSE*
BABIES GET NAKED TO BE WEIGHED

- WE FIND ALL HEALTH VISITORS HAVE VERY DIFFERENT VIEW POINTS ON CERTAIN ISSUES, WHICH MAKES IT DIFFICULT TO FOLLOW ADVICE
- VERY HAPPY WITH THE SERVICE, VERY QUICK AND KIND
- DON'T NEED ANY IMPROVEMENT, THE STAFF ALWAYS HELPFUL AND THEY ARE FRIENDLY. I AM CERTIFY
- LATER WORKING TIMES OR SATURDAY MORNING CLINIC FOR WORKING MUMS
- ADVICE GIVEN NOT ALWAYS THAT HELPFUL - VERY GENERIC COMMENTS
- MIDWIVES/HEALTHCARE VISITORS VERY HELPFUL ESPECIALLY TO FIRST TIME MOTHERS
- IF THE WEIGHING MACHINE WAS ACCESSIBLE ON ALL DAYS INSTEAD OF ONLY 2 DAYS
- IT WOULD BE HELPFUL TO HAVE A TOKEN SYSTEM TO ESTABLISH THE SEQUENCE OF ARRIVAL TO BABY CLINIC
- NO, THERE IS NOTHING YOU COULD DO BETTER. THE SERVICE IS ABSOLUTELY BRILLIANT

PREM methodology

The following table summarises the number of patients that responded to a PREM this year, and shows this as a percentage of all referrals during the survey period (September – December 2011). Our aim was to achieve a representative view of patient feedback, so we set out to survey

<table>
<thead>
<tr>
<th>PREM volume targets</th>
<th>Total (Sep-Dec 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients who responded to a PREM</td>
<td>1000</td>
</tr>
<tr>
<td>Total new referrals</td>
<td>17761</td>
</tr>
<tr>
<td>% of new referrals who responded to a PREM</td>
<td>5.6%</td>
</tr>
<tr>
<td>Target % of respondents</td>
<td>15%</td>
</tr>
<tr>
<td>Target achieved?</td>
<td>No</td>
</tr>
</tbody>
</table>
NB: The above figures are not fully representative of all HV PREMS due to data collection and analysis process with freedom for health and the Royal Mail.

Other PREMs conducted

Health Visiting Breastfeeding Road show (HF) aimed to review and improve the breastfeeding support and health visiting advice received by local families.

Objectives:
The service compiled and disseminated a questionnaire to obtain service user feedback from families regarding breastfeeding and health visiting advice.

Conclusions
It can be concluded from the responses to the questionnaire that a very high percentage of the mothers were satisfied and happy with the breastfeeding support and advice they received from the health visiting and midwifery services in Hammersmith and Fulham.

It is apparent that families have received a wide breadth of information and advice from the health visiting service relating to many topics which families have found useful and were satisfied with. It can also be concluded from the survey that breastfeeding rates in Hammersmith and Fulham are very good. This information also correlates with the breastfeeding figures we have obtained across Hammersmith and Fulham for 2 years with high 6-8 week breastfeeding rates.

It can also be concluded that the families would like and would benefit from additional breastfeeding support groups across the borough which should be well publicised once provided.

It is apparent from some of the responses that the service would have benefited from specific feedback regarding the health visiting service as some of the responses were regarding midwives and health visitors. CLCH does not provide midwifery services but worked in an integrated way to provide this road show.

The health visiting staff taking part in this road show reported that they found this experience to be really positive and they enjoyed taking part in health promotion.
activities within the community. Health visitors would look forward to more community health promotion events.

**Neonatal BCG Patient Satisfaction Survey**

The aim of this project was to improve the care received by patients and confirm that the service provided is safe, professional and appropriate to the client group. A client satisfaction questionnaire was sent to 100 clients, 49 of whom responded. The results indicated high levels of client satisfaction and exceeding the standard of quality required by the NHS.

**Immunisation PREM K&C**

This project was carried out to find out if parents are receiving adequate information from healthcare professionals in order to make an informed choice with regards to their child’s immunisations. It also sought to check if GPs are sending out reminder letters for children’s due immunisations and if there are adequate appointment slots for childhood immunisations at GP practices, and whether our immunisation clinics are child-friendly and parents’ perceptions about a drop in immunisation clinic offered in the community by the service.

The aim of the project was to reduce the number of immunisation gaps by providing a robust health visiting immunisation service in the community and ensure that our target group of children are all immunised and as a result achieve our target. It also sought to provide a choice of venues for families to access the health visiting immunisation service and to continuously review and improve service delivery. Another aim was to develop immunisation training sessions to equip our health visitors with the knowledge and skills required to respond effectively to parental concerns. The plan is to conduct this PREM again to see if the service improvements she has made have been effective. This demonstrates CLCH strives towards continuous service improvement.

Recommendations and Quality Improvement Actions

**Action Plan**
<table>
<thead>
<tr>
<th>PREM</th>
<th>Action</th>
<th>Implemented by:</th>
<th>Expected completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>To review the breastfeeding support groups across the borough- ensure those that are running are well publicised to families.</td>
<td>Claire Carroll</td>
<td>December 2011</td>
</tr>
<tr>
<td>3</td>
<td>Training for key practitioners</td>
<td>GM, Clinical Lead for Immunisation</td>
<td>On-going with L&amp;D department</td>
</tr>
<tr>
<td>3</td>
<td>Service Evaluation</td>
<td>GM, Clinical Lead for Immunisation</td>
<td>January 2013</td>
</tr>
<tr>
<td>4</td>
<td>To set up an immunisation clinic in a Health Centre to provide a more flexible service and friendly hours (runs from 4-6 pm) as per the responses we got from the survey. Once set up, we will aim to review this service in 6 months.</td>
<td>Amiira Bodheea</td>
<td>End of April 2011</td>
</tr>
<tr>
<td>4</td>
<td>To share findings with GPs regarding the number of parents who have not been receiving reminders for their child to make an appointment to attend their next due immunisation</td>
<td>Amiira Bodheea</td>
<td>End of March 2011</td>
</tr>
<tr>
<td>4</td>
<td>For Health Visitors to promote the use of recognised websites antenatal and at the new birth visits so that parents can make an informed choice on immunisations</td>
<td>Amiira Bodheea</td>
<td>End of March 2011</td>
</tr>
</tbody>
</table>
based on good reliable sources as 33.6% parents highlighted in the survey that the internet was their main source of information

<table>
<thead>
<tr>
<th>4</th>
<th>For all health visitors across Kensington and Chelsea to prioritise and promote discussions around childhood immunisations antenatal and at the new birth visits</th>
<th>Amiira Bodheea</th>
<th>End of March 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>To review the immunisation training package in K&amp;C in order to make sure that any staff involved in promoting and administering immunisations are fully equipped with the knowledge and skills required to tackle any sorts of parental concerns as 24% of parents felt that their questions were only answered to some extent and as a result might still not feel any more confident to make an informed choice.</td>
<td>Amiira Bodheea</td>
<td>End of April 2011</td>
</tr>
</tbody>
</table>

### Compliments and Complaints

- Number of compliments Jan 2011 – Dec 2011: **4**
- Number of complaints Jan 2011 – Dec 2011: **2**

The compliments were focused on breast feed support to mothers and interagency working. An example of the compliment ‘I would like to stress that the Health Visitors contribution to the children's centre and embracing multi agency working is valuable.

Both of the complaints centred on customer care. These were investigated as per policy and resulted in a PREM which reviewed client experience at the neonatal BCG clinic please refer to the PREM section.
In Barnet, patient stories were taken in response to an informal complaint coming into the service. It highlighted that often parents were unsure of whom they were speaking to when attending child health clinics in which skill mix is used. This has resulted in the introduction of clear name badges with staff name and job title.

“Thanks so much for taking the time to come here and talk it through. Plus the eating advice was very useful (to get the one-on-one treatment) – this is all good.” Patient story, Sept 2011 Barnet, the result of a complaint into the service.

‘Her approach (HV) was highly client focused and her flexibility in meeting our needs as well as ensuring our daughter was thriving was invaluable….. …..We hope she is recognised as a vital member of your team and who is making a real difference in the community’.

<table>
<thead>
<tr>
<th><strong>Actions</strong></th>
<th><strong>Expected completion date</strong></th>
<th><strong>Named lead</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the use of patient stories (also can be used to de-escalate complaints)</td>
<td>On-going</td>
<td>Shelley Heffernan and Alison Wright, Professional Leads</td>
</tr>
<tr>
<td>Patient stories relating to the: New birth visit, 6-8 week review and 8-12 month review</td>
<td>February 2012</td>
<td>Elizabeth Begley, pathway lead</td>
</tr>
<tr>
<td>Develop a child friendly PREM</td>
<td>Dec 2012</td>
<td>Quality group</td>
</tr>
</tbody>
</table>