Recommendations & Actions from Trust Board 2018

Cambridgeshire Community Services NHS Trust

14th March 2018, Cringleford Business Centre, Norwich. Specialist HCP 0-19 NCYP

Title of Paper	**A patient story from Norfolk Children and Young People's Health Service Nurture Group Initiative.**

Recommendation from Patient Story Report

To share this success story around collaborative working with all of our Services demonstrating how collaborative working can offer seamless services from hospital to home which not only benefit the patient, the families and access to services, but also aim to reduce hospital attendance/readmission for special care babies.

Recommendation from Trust Board

Share this story with our services

Action from Trust Board

None

Action from Patient Story Report

The Service have worked with the NICU's from all 3 trusts to develop a clear pathway when babies are discharged from NICU so that they receive a timely and consistent response from HCP.

The story and context was shared through the Cascade. The service shared through team meetings.

Further improvements have also been achieved for the group. The nurture groups has continued to be successful and there have been 3-4 attendees per session. The feedback from these families has been collected (via meridian surveys) with a 100 % recommendation rate. We are unable to collect specific data around reduction in hospital admission as the numbers involved are so small. The nature of being born prematurely/ additional complications is that these babies have a higher likelihood of being admitted and it would be difficult to link hospital admission and attendance to the group.

Recommendations & Actions from Trust Board 2018

Cambridgeshire Community Services NHS Trust

9th May 2018, The Poynt, Luton. Children's Continuing Care Team, Luton Children's Services

Title of Paper	**A successful transition story to Adult Services from Children's Continuing Care Team in Luton**

Recommendation from Patient Story Report

1. They will continue to work with the Local Hospital to further embed a more joined up and seamless approach to the transition planning process and work with and involve all staff, Consultants, service users and carers in this process from both Trusts.
2. They will continue to work with all families to ensure they are informed about the transition process at the earliest stage possible. Currently this is done around 15/16 years old. The team continue to reflect on and review previous recommendations that were laid out in the Department of Health (2008) 'Transition: moving on well' document which suggested that this should start at around 14 years old.
3. The team in Luton will continue to share learning and develop best practice with their colleagues and teams from Children's Community Nursing Services in Cambridgeshire and the new Bedfordshire Services.

Recommendation from Trust Board

Chief Nurse to liaise with Clinical Commissioning Group on the value of the detailed assessment and to explore whether this is the best way of assessing adult service needs.

Action from Trust Board

A representative from the CCG worked with our Children's Community Nursing/ Continuing care team to review information required at point of transition to adult services. This will continue to be followed up in Clinical Operational Boards.

Action from Patient Story Report

1. Transition clinics at the Luton and Dunstable are now running and liaising with our respiratory nurse this is working much better. Close links, with joined up working has always been a strength with our service and the Luton and Dunstable Hospital.
2. CCG and adult services for children with complex needs are visible and now attend monthly complex need panels to discuss our young adult that will be transitioning into adult services in September. A robust plan has been put in place and transition into different agencies is planned to start next month with a decision support tool to follow from adult services. Regular MDT with plans occurs monthly to help with transition.
3. A transition working group was started by adult services but this has been put on hold due to staff leaving/staff sickness. Work is ongoing to help support the processes and timelines across all CCN teams .

Recommendations & Actions from Trust Board 2018

Cambridgeshire Community Services NHS Trust

11t July 2018, Cringleford Business Centre, Norwich. Norfolk HCP 0-19

Title of Paper	**A story around the effective protective and supportive work offered through one particular Health Visitor as part of the Universal Plus - Health Child Programme (HCP) within Norfolk**

Recommendation from Patient Story Report

1. Refuge workers need to know who the Health Visitors are. Health Visitor teams and refuge workers need to have regular communication as MH feels this would have made a difference and means her journey could have started earlier.
2. Applying for school placements for her child was really difficult i.e. the forms, process and more help would have been useful for this. Either the Health Visitors knowing about it or sign posting on who can help with this. Did not know about school nurses.
3. The final recommendation was that continuity of Health Visitor really helps to build that Trust and relationship' that is needed to help understand what can be changed and to 'believe in yourself to make a change'.

Recommendation from Trust Board

Matthew Winn highlighted that the Trust sometimes works with service users who have had similar experiences so that they can act as buddies and inquired if this would have helped. MH responded that she may not have accepted the assistance straight away, but certainly would have been helpful. It was agreed that the service would consider if a buddy system could be introduced.

Action from Trust Board

The Service Director has considered this with the service. The service was concerned about the safeguarding implications of disclosing the identity of women who have been in a refuge, so have not implemented this recommendation.

Action from Patient Story Report

1. Since the service user's experience we have developed a structured liaison process with the refuge. There has been a nominated link HV for over two years ,who meets monthly with the refuge to ensure families can access our service and that refuge workers can support them to access us. It ensures that all children are on the correct waiting lists including safeguarding, receive targeted transfer in visits, ongoing work with the right practitioner and information in relation to the 0-19 programme.
2. Our 0-19 Think Family approach means that Practitioners within the team actively seek out the right practitioner for the family and 0-5 practitioners frequently liaise with their 5-19 colleagues to seek guidance. Case Management discussions also support information sharing to ensure 0-19 practitioners have a much better overview of resources and services for all ages. Our Specialist Practitioner for 5-19 has also engaged in multi-agency liaison to continue to improve access for children not in education. JON / Parentline, which is promoted in the refuge, also allows service users to access our service for advice as required.
3. As a locality we strive to ensure continuity and value this for the client. Through improved systems and retention of staff over the last two years and zonal working continuity is promoted as much as possible. We also ensure though that if a practitioner is unwell support is covered by a Duty Worker so if continuity of practitioner is interrupted at least continuity of service is not.

Recommendations & Actions from Trust Board 2018

NHS Cambridgeshire Community Services NHS Trust

12th September 2018, The Peacock Centre, Cambridge. HCP 0-19 CYPS

Title of Paper	**Infant Feeding Advice**

Recommendation from Patient Story Report

1. Following assessment with the Breastfeeding Assessment Tool, Health Visitors to routinely develop individualised care plans with mother's that are experiencing difficulties with feeding.
2. For our Trust Healthy Child programme's to consider whether it is appropriate to enable mothers to self- refer to our Infant feeding Team when further support is required. It is recognised that this is already in place in some of our services but not consistent across the Trust.
3. All Health Visitors are due to have completed further learning on tongue tie by the end of 2018 so will more confidently assess the impact of a restricted lingual frenulum.

Recommendation from Trust Board

1. Clinical audits to be undertaken in Q1/Q2 2019/20 to assess if the breastfeeding assessment tool was embedded and a second one to assess the care plans developed as a result.
2. To review and ensure that the breastfeeding assessment tool template was embedded in SystmOne across all areas.
3. To review and ensure that staff have clear guidance and appropriate training to support mothers with gestational diabetes.

Action from Trust Board

1. Plans in place for harmonised audit with Infant Feeding Leads across all 0-19 Healthy Child Programmes.
2. Currently working towards breastfeeding assessment tool being added to system one template, IFL working on this.
3. Due to delay in the post of Cambs IFL being filled this piece of work is still in the planning stages. New IFL to work with Service Manager to provide this staff update.

Action from Patient Story Report

1. Staffs involved in completing breastfeeding assessments are now developing a care plan with the mother's.
2. All mothers have access to the duty desk to discuss their concerns and are signposted by a clinician from there to breastfeeding drop in clinics.
3. Some staff have received training by a Tongue Tie Practitioner, from Norfolk and Norwich University Hospital. Due to the large number of staff that require this training, it has been agreed that further training will be offered to a select number of staff in each locality from CCS & CPFT. This is a work in progress due to the alignment of the two services.

Recommendations & Actions from Trust Board 2018

Cambridgeshire Community Services NHS Trust

14th November 2018, The Poynt, Luton. Tissue Viability Nursing Team, Luton Adult Services

Title of Paper	**Luton Well Led Clinic**

Recommendation from Patient Story Report

1. To continue to upskill the current workforce within the team with additional continuing professional development so the team are able to offer this specialist service.
2. To continue to offer awareness about the service to Primary and Acute colleagues around the importance of this preventative Well Leg clinic to avoid unnecessary hospital admissions and prevent unnecessary complications.
3. For the service leads and manager to share and celebrate the success of the commissioned service and to continue to review how this vital service can be grown and developed to be able to meet the growing demand for this service.

Recommendation from Trust Board

1. To consider opportunities to share learning on the impact of negative experiences for patients with our staff as well as the deanery and the local hospitals involved in training clinicians.
2. To discuss with commissioners about increase activity levels in Tissue Viability Service with limited capacity.

Action from Trust Board

Patient story shared with key partners for their consideration and dissemination

Action from Patient Story Report

1. Two TVNs will be attending the Chronic Oedema Course in April 2019.
2. Education regarding the well leg clinic is embedded into the leg ulcer course that is open to practice nurses and community nurses. The leg ulcer course is run twice a year.
3. Providing a preventative well leg service to housebound patients requires a team of nurses, this cannot be provided at the present time due to staffing levels within the service.