



## Appendix 6

### Children's Services – Day Observations

As our consultation gathered pace, we were advised by the Trust that it may be useful to highlight more than just one service through a close observation exercise. We completed a successful observation of the crisis team on the 24<sup>th</sup> of July, and on the 18<sup>th</sup> of September we did a full day's observations of Children's Services. Healthwatch Derby's Quality Assurance & Compliance Officer (henceforth referred to as HWD) completed the day observations. For the duration of the day HWD shadowed the team based at Stanley Road which comprises of health visitors, nursery nurses, and student health visitors.



(Children's Services, Stanley Road – 18<sup>th</sup> September 2014)

The team at Stanley Road comprises of 5 health visitors, 2 student health visitors and 2 nursery nurses. Health visitors conduct regular clinics with drop in sessions at Sure Start. Health Visitor drop ins sometimes have guest professionals such as dental nurses.

### Methodology

The methodology for the children's services observations was discussed with the Trust. It was agreed that:

1. Notes will be taken by HWD during the shift, but **NO** details identifying either child, family, carer, NHS staff, or any other sensitive information about the patient would be recorded.

2. HWD's notes will be available to DHFCT at any time during the shift.
3. During the observations HWD would have to abide by instructions of DHFCT staff in terms of being present at any assessments – these would have to be agreed by the patient/carer/family present. If there is any difficulty or they prefer privacy, HWD to step out to accommodate this.
4. At no point during the shift will HWD's presence in any way cause disruption to services.
5. HWD will speak to staff about any recommendations they may have for service improvements, and their suggestions will be noted down as anonymous.
6. At no point will HWD ask children. Families, carers, service users about their current patient experience (for instance during a health visitor surgery appointment observed etc). The service is working with families and children who are approaching the Trust for assistance – it would be unfair to subject them to any intrusive questions. All observations are to be undertaken in an empathetic and sensitive manner keeping the patient/child/carer/family/service user's welfare and dignity as paramount to all other considerations.
7. If HWD comes across any instances where a patient/child/carer/family/service user is under threat and the service is not aware of this, or sees anything where HWD feels the individual may be at risk, HWD to immediately highlight any concerns to the service manager at Children's Services, as an agreed escalation and safeguarding policy for the observational shift.
8. If any safeguarding/escalation risks are highlighted Children's Services reserves the right to terminate the shift at that point to deal with the situation arising as a matter of urgency. If the shift is terminated HWD and DHFCT will work together to reschedule another observational shift at mutual convenience.

## Health Visitor Drop In Observations, Sure Start

Two health visitors (HV) set up the drop in clinic for the day, with some equipment taken from the base at Stanley Road, and some equipment already at the venue at Sure Start. Generally HVs get no refusals on home visits or surgery appointments. There are some families with challenging and complex needs, and sometimes there are problematic perceptions of HVs seen as 'social services taking children away'.

To neutralise any negatives, HVs often identify themselves as nurses and midwives. The age range they see is from the ages of 0 to 5 years as well as older siblings. The service currently uses paper based record systems which can be time consuming, as well as the service not having access to records of older siblings.

Older sibling records need to be manually inputted which can be labour intensive. The HV team has good resources such as a confidential room to discuss sensitive issues at greater depth such as suspected violence at home or other issues such as long term illness. Part of the HVs role is to observe the interaction between mother and baby, as well as looking at the mother's welfare.



(Health Visitor Drop in Surgery, Sure Start)

**Appointments observed at drop in – 18<sup>th</sup> September 2014**

Case	Issues	Advice Areas	Further notes
1	<ul style="list-style-type: none"> <li>Follow up home visit checks</li> <li>Baby weigh in</li> <li>GP link in – hospital discharge to GP pathway issues</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition</li> <li>General health and skincare</li> <li>Weight</li> <li>Development</li> </ul>	Good rapport between HV, mother and baby, HV recognised baby right away. Mother was standing throughout consultation.
2	<ul style="list-style-type: none"> <li>GP issues</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition</li> <li>Weight</li> <li>Skincare</li> <li>Breastfeeding</li> </ul>	Good rapport. Mother not of British origin, HV able to translate.
3	<ul style="list-style-type: none"> <li>GP issues</li> </ul>	<ul style="list-style-type: none"> <li>GP registration</li> <li>Vaccination</li> <li>Weight</li> </ul>	Good rapport
4	<ul style="list-style-type: none"> <li>Parenting worries which were dealt with very well</li> </ul>	<ul style="list-style-type: none"> <li>Vaccination</li> <li>Weight</li> <li>Development</li> </ul>	Good rapport. Mother given lots of reassurance as was clearly worried.
5	<ul style="list-style-type: none"> <li>Mark on baby, inspected by HV and advice given</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition</li> <li>Breastfeeding</li> <li>Sleeping</li> <li>Weight</li> <li>Sanitisation</li> </ul>	Good rapport
6	<ul style="list-style-type: none"> <li>Development and weight issues with good advice given – good use of</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition</li> <li>Weight of baby and young child</li> <li>Nursery</li> </ul>	Mother arrived with baby and young child. Good rapport. No facility to

	equipment to measure not just weight but overall length of baby as a development indicator.	attendance and advice for young child	check young child's records.
7	<ul style="list-style-type: none"> <li>• Temperamental baby with feeding issues</li> <li>• Welfare and benefit issues with good advice and signposting</li> </ul>	<ul style="list-style-type: none"> <li>• Weight</li> <li>• Nutrition</li> <li>• Weaning and feeding</li> <li>• Benefits and welfare</li> </ul>	Good rapport. Translated by HV into mother's own language. Advice on a range of issues from health to welfare.
8	<ul style="list-style-type: none"> <li>• Baby putting on weight but not fitting into larger sized clothes, mother needed reassurances. Mother to return to employment and required advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Weight</li> <li>• Employment, benefits and welfare</li> </ul>	Good rapport with extensive reassurances given to the mother who was worried about the perceived lack of growth.
9	<ul style="list-style-type: none"> <li>• Benefits and income issues – food parcel provision utilised at Sure Start.</li> <li>• Complex family issues with a very ill child.</li> </ul>	<ul style="list-style-type: none"> <li>• Toilet and sanitation</li> <li>• Medication enquiries and advice</li> <li>• Special educational needs and school</li> </ul>	Good rapport with mother feeling confident speaking in own language.
10	<ul style="list-style-type: none"> <li>• Welfare of full family checked</li> </ul>	<ul style="list-style-type: none"> <li>• Weight</li> <li>• Nutrition</li> <li>• Growth spurt</li> <li>• Sleeping</li> <li>• Benefits and</li> </ul>	Good rapport

		income related	
11	<ul style="list-style-type: none"> <li>• Umbilical hernia checked with reassurances given to a worried mother.</li> <li>• Enlarged breast due to excess hormones, again reassurances and advice given.</li> </ul>	<ul style="list-style-type: none"> <li>• Weight</li> <li>• GP details checked</li> <li>• Constipation</li> <li>• Mother's rest and welfare</li> <li>• Excess hormone advice</li> <li>• Hernia advice</li> <li>• Colic</li> </ul>	Good rapport. HVs held a last minute appointment to suit the mother.

### School Nurse Observations

Following the above health visitor drop in surgery observations, HWD shadowed a school nurse for hearing growth and wellbeing tests at a city infant and junior school.

Junior School – 18 <sup>th</sup> September 2014		
Child	Details	Observations
1	<ul style="list-style-type: none"> <li>• Hearing test done</li> <li>• General chat about how things are at school and home</li> </ul>	Good rapport with child, informal and engaging. Encouraging and reassuring child throughout test.
2	<ul style="list-style-type: none"> <li>• Child mentioned bullying and bedwetting.</li> <li>• Nurse was able to determine that child was aware of who to raise concerns to (concerns already raised)</li> </ul>	Good rapport with a very cautious child. A gentle questioning revealed whether the child had recently had optician and dental appointments. Welfare of child and family at heart of enquiries with a full picture emerging

	with school and family) <ul style="list-style-type: none"> <li>• Weight and height checked</li> </ul>	of life at home and school.
<b>Infant School – 18<sup>th</sup> September 2014</b>		
1	<ul style="list-style-type: none"> <li>• Weight and height checked</li> <li>• General wellbeing check</li> <li>• As with junior school questions about optician and dental appointments.</li> </ul>	Good rapport with very young child, and a careful exploration of whether the child has any concerns, and if they know who to speak to. Imaginative and talkative young child given ample time to speak, not hurried.
2	<ul style="list-style-type: none"> <li>• Hearing test</li> <li>• Explanation given to child as to what happens next – nurse will write to parents.</li> </ul>	Good rapport with very young child. Nurse explained and demonstrated how hearing assessment tool works. Practise session with clapping to detect sound.

### Summary of Observations:

<b>Positive</b>
<p>Health visitors – Health have a good rapport with mothers and babies they are supporting. Good provision of facilities including some that are able to speak a variety of languages, and a separate room available to discuss complex or sensitive issues. Health visitors able to provide advice on a number of issues not just limited to health – education, benefits, welfare etc also covered as much as possible or signposted to appropriate services.</p>
<p>School nurses – School nurses have a good rapport with children they are assessing, and good use of engaging and informative assessment formats. No negative observations for school nurses.</p>



## Negative

Health visitors - Maternity discharge, follow up GP pathway issues – not for the Trust as such but better cohesion needed from acute hospital to GPs. Some consultations with health visitors see the mother standing while the health visitor completes assessments and checks. Consultations may take more than ten minutes as mothers have got enquiries and need advice – and it is a long time to remain standing. All notes taken at health visitor clinic are paper based, and not enough workstations at the office base. Health visitors often end up having to see more than just the baby, older siblings are also brought to clinics. No facility or access to view or amend older child's records, and this is labour intensive as new records need to be created for each older child seen.

