

**BLACK COUNTRY INTEGRATED CARE BOARD (BC ICB)
WOLVERHAMPTON PLACE**

Corporate Parenting Board

Health Services for Children and Young People in Care (CYPiC) Annual Report (Aug 2021 – July 2022)

TITLE OF REPORT:	Health Services for Looked After Children Annual Report Aug 2021 – July 2022
PURPOSE OF REPORT:	This report aims to summarise the key areas of development and outcomes achieved by local health service providers during the identified time frame.
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REPORT PRESENTED BY:	Fiona Brennan Laura Powell Dr Wendy Harrison Frazer - CAMHS
EXECUTIVE RESPONSIBLE	Sally Roberts, Chief Nurse and Director of Quality, BC ICB
KEY POINTS:	Whilst the CAMHS report forms part of our overarching health offer, it has been submitted this year as a separate report.
CORPORATE PARENTING BOARD ACTION REQUIRED:	Decision Approval ✓ Assurance

Implications on resources	
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1.0 Foreword

Opportunities for system working – Black Country Integrated Care Board

- At the end of July 2022, Black Country and West Birmingham CCG (BCWB CCG) transitioned into the BC ICB, and as such are responsible for developing a plan in collaboration with other system partners to meet the health needs of the population. It will also be accountable for NHS spend and performance across the Black Country.
- One of the real strengths of our ICB has been the emphasis on shared purpose and real ambitions, such as tackling health inequalities for colleagues and communities (see 3.4 Ensuring Equity)
- This will strengthen alignment of work, with a greater ambition for resilience and resource

- We will however refer to the former (BCWB CCG) for the purpose of this report.
- This report outlines how BCWB CCG work with provider and partner agencies in discharging statutory responsibilities to promote the health and wellbeing of CYPiC, who are the responsibility of Wolverhampton (W-ton) City Council (WCC).
- Challenges and good practice will be highlighted, with recommendations for future development.

2.0 Purpose of Report

- The purpose of this report is to inform and assure members of the Corporate Parenting Board around activity and performance in relation to the health care of our CYPiC wherever they are placed.
- This report will provide assurance that we continue to strive to meet statutory requirements and will demonstrate a model of continuous improvement. It will also highlight challenges and areas for improvement.

3.0 Black Country and West Birmingham Clinical Commissioning Group

- Working Together to Safeguard Children 2018 states that Clinical Commissioning Groups (CCGs), as major commissioners of local health services, should employ or have in place a contractual agreement to secure the expertise of Designated professionals for CYPiC.
- In line with intercollegiate guidance, the W-ton CCG Team employs a full time Designated Nurse for CYPiC (DN CYPiC), and a part time (1 day a week) Designated Doctor for CYPiC (DN CYPiC). They take a strategic and professional lead across the health community on all aspects of CYPiC, including provider organisations which are commissioned to undertake this service.

3.1 Core health activities

- The core health activities that require commissioning for CYPiC relating to statutory duties are:
 - **Initial Health Assessments (IHA)** - The initial health assessment should take place in time to inform the child's first CYPiC review within 20 working days of entering care.
 - **Review Health Assessments (RHA)** - The review of the child's health plan must take place once every six months before a child's fifth birthday and once every 12 months after the child's fifth birthday.
 - **Leaving Care Health Summaries (LCHS)** - Care leavers (CL's) should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments), with guidance on how to access a full copy if required.
 - **Adoption Reports** - the collation of reports for adoption and fostering panel.

3.2 Demographics and Current Commissioning Arrangements

- Our Provider health service is the Royal Wolverhampton NHS Trust (RWT). Their health care provision includes all children placed in and outside of W-ton, within a 50-mile radius. This continues to ensure improved consistency and oversight.
- Black Country Healthcare Foundation NHS Trust are the commissioned healthcare provider of CAMHS, offering a specialist therapeutic service to our CYPiC.

- 13% of our children are currently placed further than 50 miles away, a 4% increase as reported in 2021. The CCG are responsible for the coordination and quality assurance of health assessments for this cohort.
- In July 22, W-ton had 515 CYPiC, with a significant number placed out of City – please see figure 1, and figure 2 for comparison with our neighbours. Whilst W-ton has a higher percentage placed out of City, it is reassuring to note that only 45 (9%) however are placed 50 miles plus, meaning that 91% of our children are under the care of RWT.
- Figure 3 highlights the numbers of up to date health assessments for our CYP placed outside of 50 miles, showing at 91%, a 1% decrease on last year. This remains encouraging, and highlights sound communication with hosting CCG’s and local health care providers.

Figure 1 – W-ton data

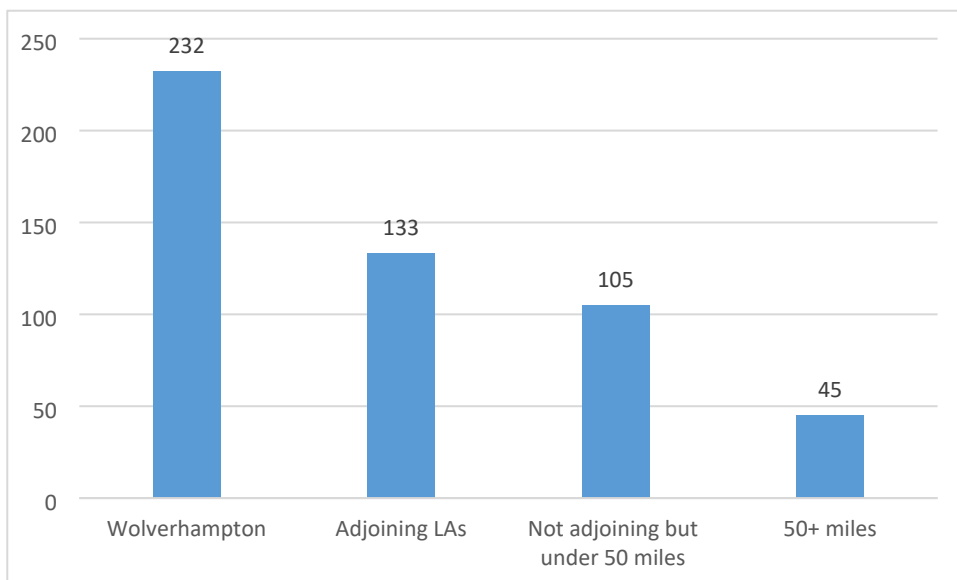


Figure 2 – Our neighbours (no Walsall data available)

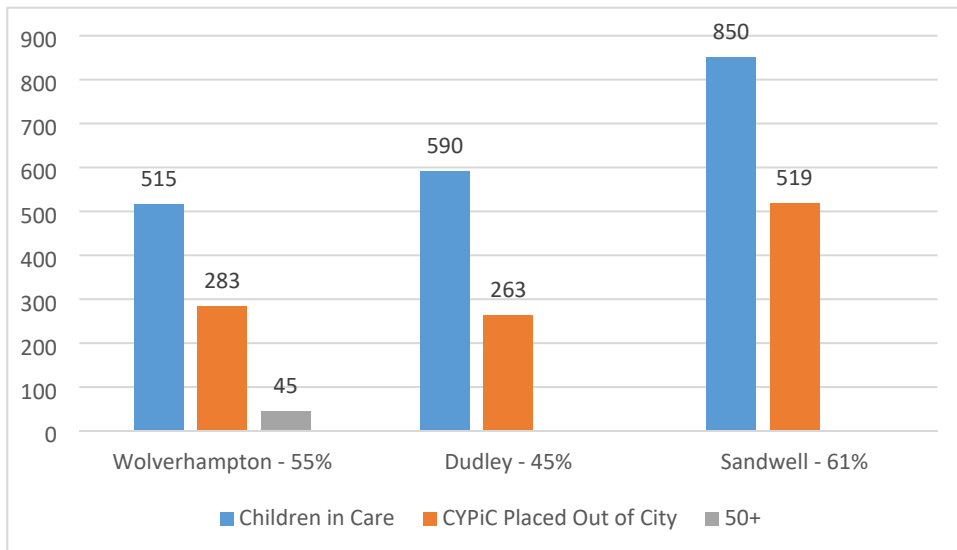
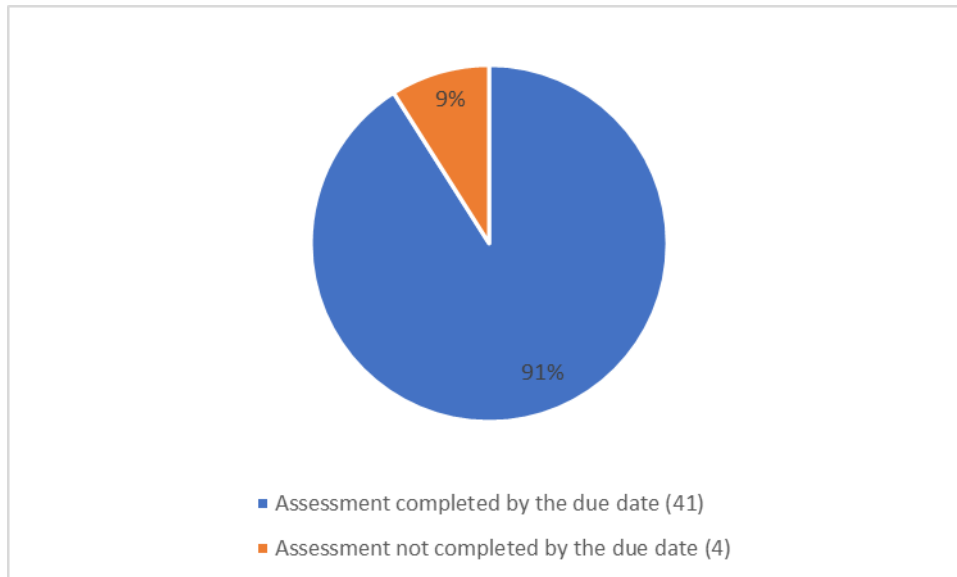


Figure 3 – Up to date assessments



3.3 Quality, Governance and Performance

- Whilst there remains a challenge in achieving 95% compliance for statutory health reviews, we have assurance through reporting arrangements that although timescales are sometimes not met, all initial and review assessments are completed

(unless refusal by CYP), with 100% quality assured as required. 100% of CYP entering care are offered an IHA but turning this around within the 20 working days remains a national challenge, with a significant amount of work taking place to resolve this locally, as detailed further on in the report.

3.4 Key Priorities for BCWB CCG

Listening to our CYP

- We remain committed to working with stakeholders and commissioned services to ensure the health, safety and well-being of our CYPiC, wherever they are placed. Advocating for this cohort of children is a key part of our approach to commissioning, with a focus on quality.
- We recognise the importance of our CYP's voices and involving them in decision making within health is key. Quality assurance of health assessments is based on how effectively we are capturing the CYP voice, and their feelings about health and the services offered to them.
- We have learnt a lot throughout the pandemic. A hybrid approach encompassing face to face and virtual appointments was adopted during this period, and been positively received, providing more flexibility. Additionally, this has supported in engaging young people who were previously difficult to reach. We will be considering the benefits of this moving forwards.
- Wolverhampton City's 3 year (2022 – 2025) Corporate Parenting Strategy, outlines our commitments, challenges, and the key steps we shall take to ensure that our children have the best possible health outcomes. This is to ensure the experiences and opinions of the young people are embedded into service delivery and development, and most importantly decision making.

Ensuring Equity

- DN CYPiC met with the Health Inequalities Lead to discuss the proposal of free prescriptions for all Care-leavers across the STP. A draft copy of the proposal was submitted to the CYP Board in March 22 and was approved. This will be added to the City's core offer for Care-leavers, alongside ring-fenced apprenticeships within the health sector.
- Successful bid for NHSE monies has helped to fund translation leaflets for our Unaccompanied Asylum Seeking Children. These focused on BBV's and will be given to all CYP during their initial health assessment. These are accessible on the RWT intranet and have proved a great success.

<https://www.royalwolverhampton.nhs.uk/patients-and-visitors/patient-information-leaflets/service-name-a-z/g/#gemcentre>

<https://www.royalwolverhampton.nhs.uk/patients-and-visitors/patient-information-leaflets/leaflet-name-a-z/b/>

- A BC ICB Health Equity Policy was drafted in July 2022, and states; '*Health equity simply means ensuring that everyone has the chance to be as healthy as possible. Working toward health equity is a way to correct or challenge the factors that place barriers in front of people*'.

Compliance and Improvement

- The court found that the Agency Decision Maker (ADM) in Somerset had not made the decision that children should be placed for adoption in accordance with the Adoption Agencies Regulations (AAR) 2005.
 - In Feb 22, Coram Baaf advised that all local authorities check that their procedures, with a key issue being the way in which the medical advisor is appointed to sit on the adoption panel.
 - Designated professionals met with Adoption@Heart, where compliance was confirmed. In addition, a job description and appointment letter were created for use across the STP for the medical advisor post, to formalise the process around recruitment and expert decision making.

3.5 Challenges

Statutory compliance

- Health and the LA continue to work closely together to improve compliance rates for statutory health assessments and Leaving Care Health Summaries. This will be discussed in more detail further on in the report.

Unwarranted Variation

- There remains variance in the way the 4 areas are commissioned across the Black Country to deliver services. Designated CYPiC professionals meet regularly to prevent duplication of work, outline individual and place-based responsibilities, and align commissioned services. As members of the regional and national forums, we have the opportunity to share and bring back best practice to address issues locally. A single dashboard will be developed to report performance across the Black Country from September 2022.

- There remains significant unwarranted variation for CYPiC placed outside of their originating authority. Wolverhampton continue to see complex YP from other areas placed into City in unregulated accommodation. The DN CYPiC continues to raise individual cases with our multi-agency safeguarding leads across the partnership, and this remains a priority on CYPiC ICB work plan. On a positive note, W-ton CCG has a sound oversight of those who are placed over 50 miles, and communication with hosting CCG's when health issues are escalated is excellent. This has proved very effective, particularly in sharing identified risk, and ensuring access to health services are not delayed.

Health representation

- The DN for CYPiC and local authority exploitation leads discussed partnership arrangements within the exploitation hub. There is currently not a Provider health presence within the hub, and this has been identified as a gap and significant risk. Additional resource to fund an exploitation lead post within health is being scoped at system level. To mitigate risk in the interim, it has been agreed that the DN CYPiC will attend the daily briefings to ensure information sharing and involvement in threshold decisions.

4.0 Public Health (PH)

- PH holding the commissioning responsibilities for dental and optical health and immunisations, so will be able to present more detailed information if required on request.
- They will be including, for the first time, an identifier for CYPiC in the anonymous online Health Related Behaviour Survey (HRBS 2022). This will help provide valuable data on specific health related lifestyles and behaviour of CYPiC in W-ton. Unfortunately, due to the disruption caused by Covid-19, the survey has been delayed, but DN for CYPiC has met with Public Health data officer who is confident this will be implemented in the near future.

4.1 Dental Health

- The percentage of up-to-date dental health checks is steadily rising. This continues to be closely monitored in W-ton through statutory health assessments, with 100% of cases identified where a child needs a dental intervention being addressed and actioned within their health plan.
- Any issues that have arisen and in need of escalation have been addressed by the DN's CYPiC, who has liaised directly, and effectively, with dental practices.

- As re-iterated in last year's report, it is important to note that if our Care-leavers are referred to an orthodontist **before** their 18th birthday, this will be the key qualifying criteria for commencement of treatment into adulthood, and communication has taken place with the LA to ensure young people and carers are aware.

4.2 Immunisations

- It is reassuring to note that following a dip sample audit of those placed 50 miles plus:
 - Immunisation status was recorded in **100%** of IHAs, with actions to follow up if incomplete
 - Immunisation status was recorded in **100%** of RHAs with actions to follow up if incomplete
- Unaccompanied asylum-seeking children (UASC) are at risk of infection with blood borne viruses (BBV). All UASC seen by a doctor for their IHA continue have routine testing for latent tuberculosis and a blood test for BBV screening.

5.0 Provider Service: The Royal Wolverhampton NHS Trust (RWT)

5.1 The RWT CYPiC team

This report covers from August 2021 to July 2022. There have been some recent changes within the management structure and as of July 2022, the team now have a permanent team lead who line manages all nursing and administration staff.

The team (managed by Head of Safeguarding) currently consists of:

- Named Doctor for CYPiC (who is also one of two Medical Advisors for Adoption and Fostering) (Community Paediatricians with allocated hours for CYPiC)
- 2 Medical Advisors for Adoption and Fostering
- Speciality Paediatric Doctor
- GP with a Special Interest in Paediatrics
- CYPiC Team Lead
- 2 Named Nurses CYPiC
- 2 Specialist Nurses CYPiC
- Administration team (including: 4 permanent members of staff)

5.2 Statutory health activity

Statutory Health Assessments

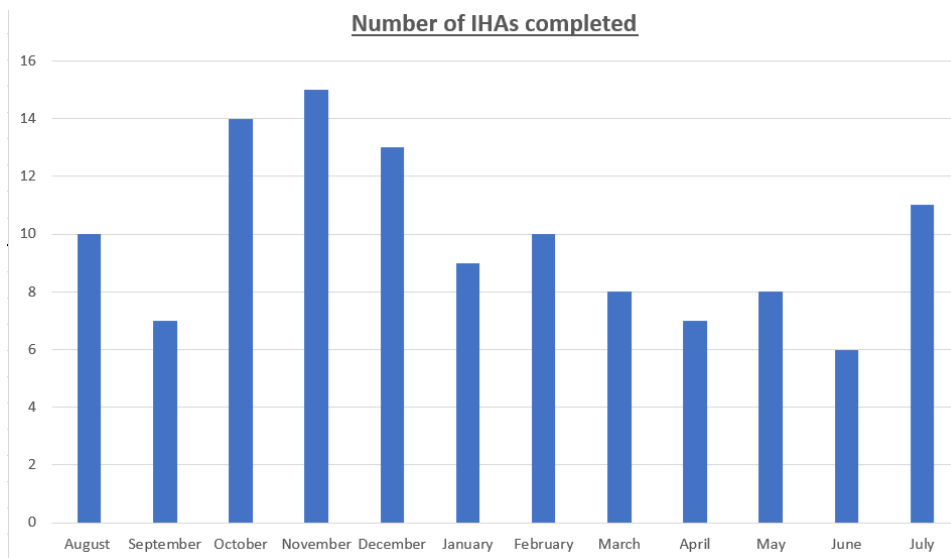
- IHAs are undertaken by the Community Paediatricians
- RHAs are undertaken by:
 - Named Nurses for CYPiC
 - Specialist Nurses for CYPiC
 - 0-19 Service including Health Visiting, School Nursing and Partnering Families Team
- The team complete all RHA's for those CYP placed up to the 50-mile radius.
- All RHA's are RAG rated to ensure the assessment is undertaken by the same practitioner for continuity for the child and in a setting to best meet the needs of the child.
- The team complete assessments for CYP placed within W-ton under the care of other Local Authorities. For this report, focus will be on those assessments undertaken for CYP looked after by W-ton only.
- All RHAs are undertaken face to face following adaptations being made during covid. Albeit virtual assessments are considered if there are significant difficulties engaging young people with the discussion and agreement with the Local Authority on an individual basis.

Initial Health Assessments (IHAs)

Figure 4 shows the number of IHAs completed within the reporting period. A total of 118 assessments were completed. There was a noticeable peak again in October, November and December.

In addition, 30 IHAs were completed for children placed in W-ton by other local authorities.

Figure 4



In view of changes being made within the reporting framework as of April 2022, the following graphs show the compliance of IHA completion for the reporting period.

Figure 5a - IHA completion within 13 working days upon receipt of request

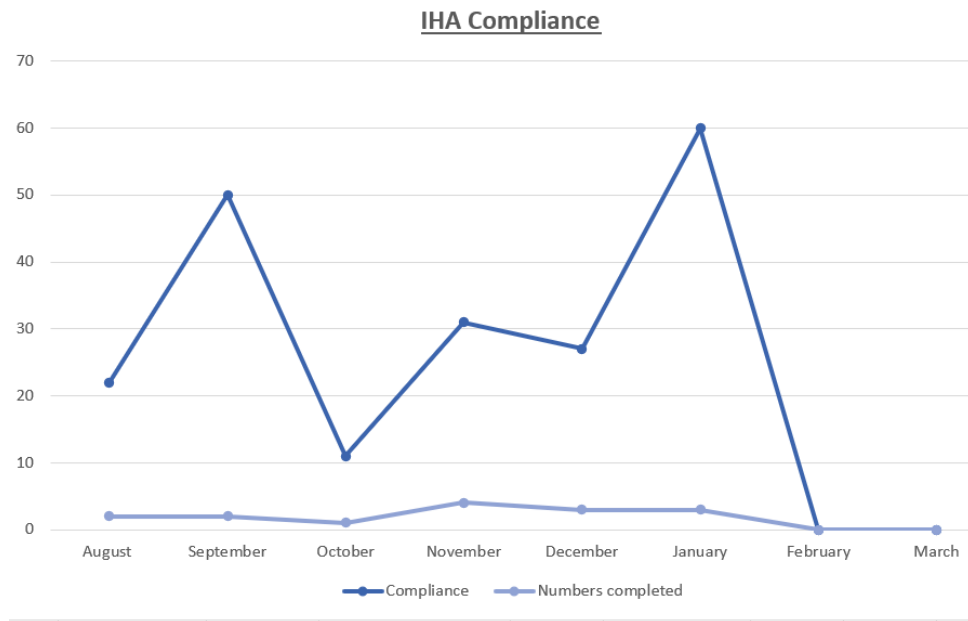
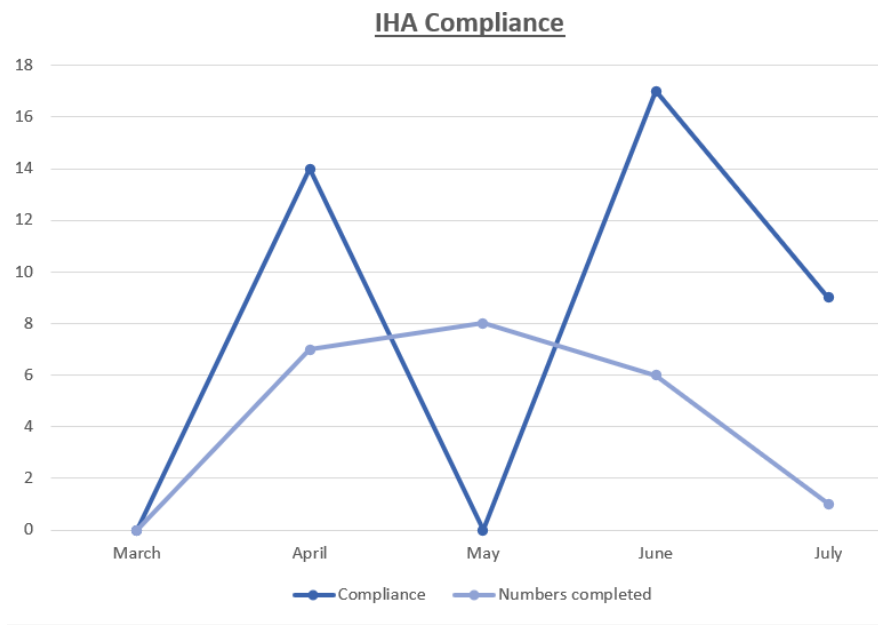


Figure 5b – IHA completion within 20 working days within day the child entered care



- There has been a significant dip in compliance of IHA completion within 20 working days during this reporting period. During the beginning of 2022, there was a considerable increase in the number of Unaccompanied Asylum-Seeking Children and the decision was taken to book a double appointment given their increased

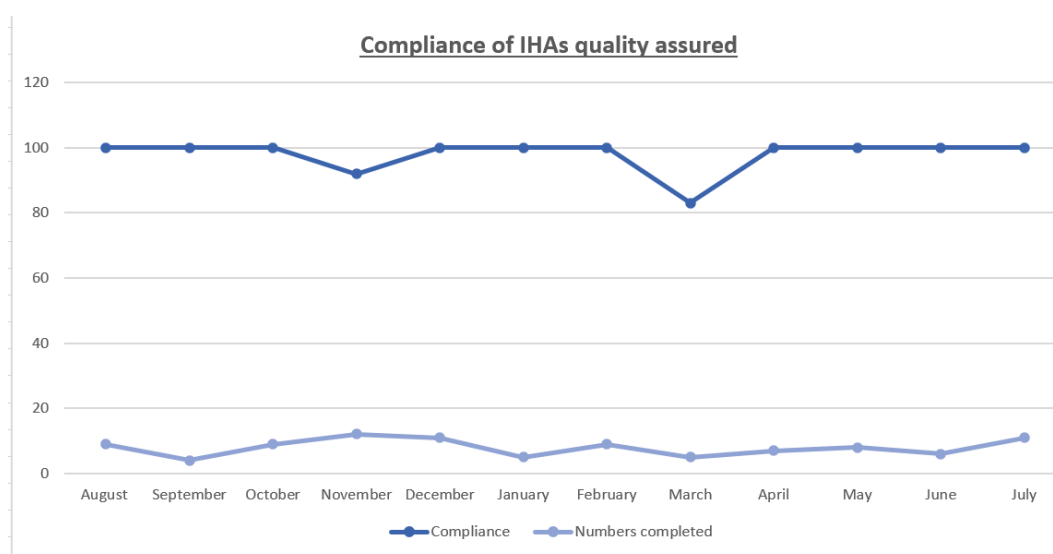
vulnerability and needs. There were also difficulties in securing translators and chasing outstanding paperwork. This did have a direct impact on clinic capacity and timeliness. We now access translators from both health and LA providers, virtually if they are unable to attend in person, reducing any delay.

- Another challenge was the increase in non-attendance and cancellations by carers (audit completed) as well as incomplete paperwork. Both were escalated to the LA and clear pathways were implemented. A briefing note was sent to out of area CYPiC teams, with an automated email generated advising incomplete referrals would not be processed and only one appointment would be offered. This was to ensure all Wolverhampton children are seen within a timely basis and appointments were not being wasted.
- There was a delay noted both in the time the child entered care to health being notified, and referrals for the IHA being received. In line with the new process implemented as of 1st July 2022, the team are now notified from the weekly LA admissions to care report and the live spreadsheet. The new process stipulates for all IHA requests to be submitted to the health administration team within 5 working days. The impact of this should be evident by Quarter.
- It is important to note there have been changes made for data reporting within health as of April 2022 which now aligns with LA reporting, supporting clarity in addition to a joint live spreadsheet to highlight current position on IHAs.
- Health passports continue to be issued to the child or young person at their IHA and should follow the child or young person through their care journey and contribute to their understanding of health, development and wellbeing.

Percentage of IHAs quality assured within 5 working days of completion

- Figure 6 demonstrates the percentage of IHAs which were quality assured.

Figure 6



Review Health Assessments (RHAs)

- All RHAs are undertaken face to face following the covid restrictions unless there are identified difficulties with engagement whereby a case-by-case decision will be made by the nurse and social worker.
- The nursing team continue to RAG rate all RHA requests to ensure the most appropriate method of contact, environment and practitioner is selected to support continuity and engagement. Following this, the administration team contact the carer and/or young person to arrange an appointment convenient to them.
- The team now offer 'out of school hours' appointments to support with attendance
- Figure 7 shows the number of RHAs which were received on time from the LA and completed by the due date (within provider control). There was a total of 483 RHAs reportable to the CCG over the reporting period. As figure 7 demonstrates, there has been a considerable improvement in compliance with an average compliance rate of 71% in comparison to 45% for the last reporting period. These figures are continually monitored and provided for assurance within the monthly Trust Group.

Figure 7

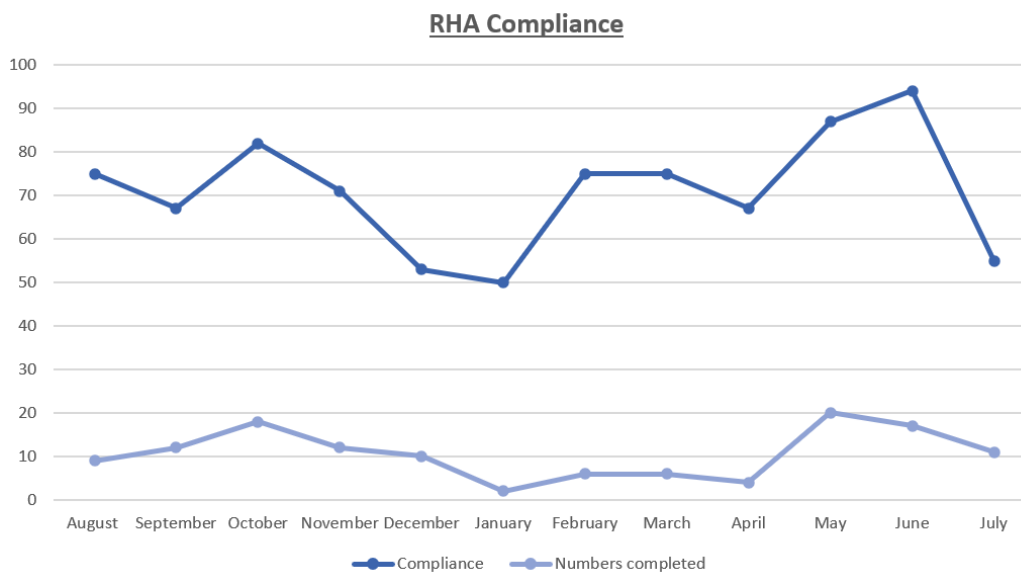
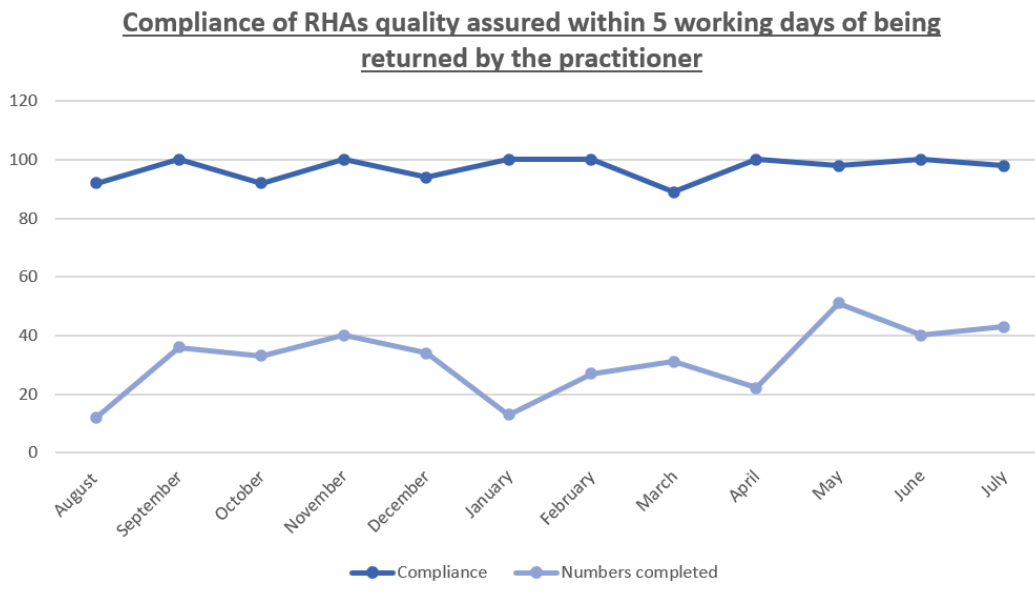


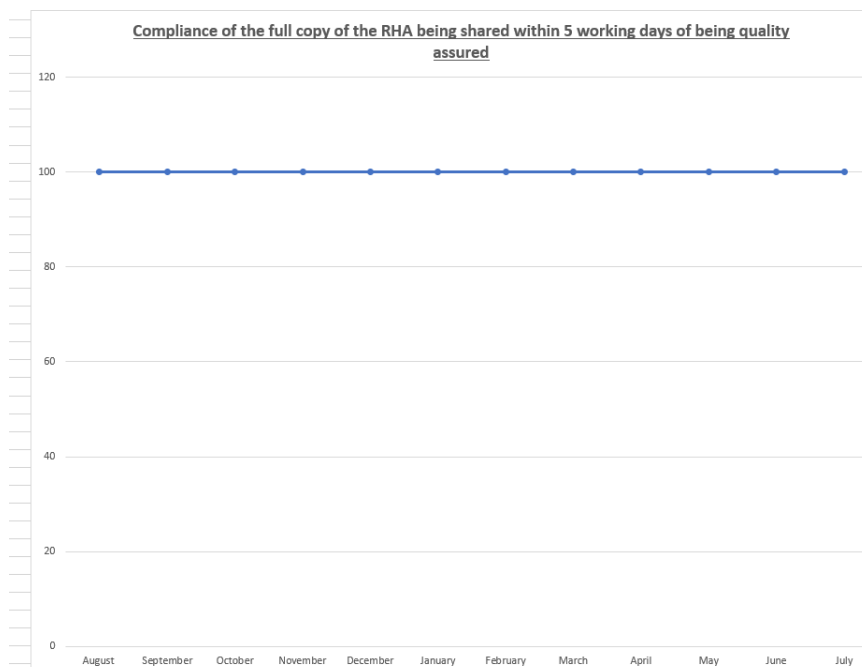
Figure 8 shows the percentage of RHAs quality assured within 5 working days of being returned by the practitioner.

Figure 8



- The nursing team continue to complete training around completion of RHA on a monthly basis to support with ongoing quality improvement.
- Figure 9 provides assurance of the sustained full compliance of RHAs being returned to the Local Authority within 5 working days of being quality assured. At 100%, this is a significant improvement to the last reporting period.

Figure 9



Mitigation and Assurance

- Whilst there have been significant changes made within process and actions taken to mitigate risk, clinic capacity was still recovering from backlogs outlined above, in

particular with IHAs as of the end of this reporting period. There continues to be a monthly Health Operational meeting held with management from health and LA to ensure close monitoring, improvement and sustainability.

- Changes in key process were implemented on 1st July 2022 whereby health send a list of all CYP due their RHA 4 months in advance, requesting all paperwork is returned within a month. This will support with booking and seeing the children in a timely manner as well as reducing the risk of late requests which impact directly upon capacity.
- The CYPiC nursing team have delivered 2 training sessions to social workers to advise around statutory health assessments and processes. There is a further session to be held in September. These will run on a 6 monthly basis and are mandated for all Social Workers to attend.
- A risk register is maintained and reviewed on a monthly basis by the CYPiC Team Lead and Governance Officer to ensure all gaps are identified and controls in place to mitigate.

Leaving care health summary

- It is a statutory requirement that a LCHS is completed. This provides young people with health information from birth to 18 years. Given the nature of the sensitive health information shared, it is imperative consent is obtained. If the young person does not wish to have a LCHS completed, it is documented within their records, and they are provided with the details of how to access copies of their health records in the future.
- Since the last reporting period, there has been an increase in the number of consent forms obtained both through the young person's final RHA and from liaison with the social worker. All LCHS that have received consent have been allocated for the remainder of 2022.
- A KPI to monitor compliance was implemented to reporting dashboards as of April 2022. Due to a significant backlog, a trajectory has been agreed and commenced.

Adoption

- There are two paediatric consultants who act as medical advisors in W-ton supported by a specialty paediatric doctor and a GP with a special interest in paediatrics. The medical advisors regularly attend adoption panels as part of the Black Country Regional Adoption Agency, Adoption@Heart.
- The medical advisors and supporting team of doctors also complete adoption medical reports, providing advice on the health needs of individual CYPiC, and advise on adult health assessments for prospective adopters and foster carers.
- Medical advisors also have meetings with prospective adopters to discuss the child's health, development, emotional/behavioural presentation, past experiences, and in-

utero exposure, to ensure they are aware of any past, current and potential future difficulties the children to be placed with them either have or may develop.

- The medical advisors have completed a Quality Improvement project to create standard impact statements for conditions such as adverse childhood experiences (ACES) and foetal alcohol disorder (FAD) that is now being delivered across the ICB.
- Within the reporting period there have been:
 - **14** prospective adopters' meetings
 - **148** adoption medical reports prepared
 - **175** adult health reports prepared for prospective adopters and foster carers.

This demonstrated a reduction in the number of prospective adopters' meetings by 44%. The number of adoption medical reports prepared increased from 77 in the last reporting period to 148 (52%). This correlates with the increase in frequency of these reports being written, now 6 monthly. The number of adult health reports remained stable.

- The team are working with Adoption@Heart to improve timeliness of Adult Health reports by strengthening pathways within the CYPiC health team but also by educating GPs on the importance of the health reports to the adoption process.
- As of 1st April 2022, the team complete adoption medical reports on a 6 monthly basis (previously 12 monthly) to improve the accuracy of the information being provided. This aligns with other areas across the STP.

5.3 RWT Key Activity and Progress

- As part of the Business Case the team have successfully recruited a Band 8a CYPiC Team Lead who is now in position.
- There is strategic oversight of the service as part of the safeguarding assurance framework. The service lead attends the Trust's Safeguarding Operation Group, local Governance meeting and Steering Group and provides assurance through monthly dashboard, quarterly and annual reports as well as fortnightly meetings with the Designated Nurse for CYPiC.
- Audits and analysis continue to take place to monitor and improve performance, including DNA and cancellation rates for both IHA and RHA assessments and completion of Strengths and Difficulties Questionnaires by the LA which has resulted in an improvement being made. Outcomes have enabled discussion and subsequent changes in practice.
- The annual IHA and RHA record keeping audit was completed demonstrating health actions were evidenced and cross referenced from IHAs and an improvement in referencing emotional wellbeing and mental health.
 - 30% of IHAs were completed within 13 working days (the KPI at the time of the audit) therefore actions implemented to address this which are outlined throughout this report.

- 65% of RHA requests received from the Local Authority were incomplete in comparison to 95% from the previous year.
 - Improvements noted in all other areas include 100% of RHAs having documented whether previous health actions had been completed (in comparison to 85%)
 - 100% of care plans were SMART
 - SDQs were completed for all applicable CYP and the wishes and feelings of CYP were evidenced in 95% of the RHAs in comparison to 15% in the previous audit.
 - RHAs reviewed that were quality assured within 5 working days increased from 70% to 95%.
- The CYPIC policy is now in place to support, advise and provide guidance to staff trust wide.
 - The electronic database is currently under review and the pilot is due to be launched September 2022.
 - The duty service commenced in January 2021 which provides support and guidance to practitioners Monday to Friday 09:00-17:00. Activity has significantly increased with 203 advice calls being received from January 2021-July 2021 in comparison to 635 calls for this reporting period. This service is accessed by health practitioners, Local Authority, carers, and young people. The duty nurse also attends any urgent or unplanned meetings including strategy discussions and discharge planning meetings that may arise.
 - The duty nurse also completes a drop in to the acute setting including A21 (Children's Ward), Paediatric Assessment Unit, A23 (Paediatric Surgical Unit), Emergency Department and Neonatal Unit three times per week providing advice and support to practitioners and seeing our CYP on the ward prior to their discharge.
 - The RWT team link with other CYPiC health teams across the region to share areas of good practice and improve local services. During this period, the team have initiated quarterly peer review meetings for both Named and Specialist Nurses. This enables the potential to share ideas, standardise practice and improve services for our CYP placed in neighbouring boroughs.
 - In response of the increased number of Unaccompanied Asylum-Seeking Children, a new initiative has been commenced whereby following the IHA, the young person will be allocated a Named Nurse for CYPiC who will complete a follow up appointment 6 weeks following their IHA and then again 12 weeks following this. This is to ensure action plans from their IHA are being progressed and they have allocated time and support given their increased vulnerability. Furthermore, the Named Nurses attend the UASC panel meetings.

- The team will be moving towards using electronic records over the next reporting period.
- The CYPiC nursing team now complete monthly drop ins to the Oasis hub in order to increase accessibility and visibility to our young people and Social Workers. This includes providing advice, support, signposting, and health education.
- The team now attend Foster Carer forums to provide advice and support whilst providing education around the health assessment to support engagement.
- The CYPiC intranet page has been developed and is now live; providing support, guidance and resources for staff trust wide.

Training

- CYPiC level 3 training forms part of the Safeguarding Children Level 3 training (eLearning) package. This is a national package to meet all standards required as per Intercollegiate Document (2020). Levels 1 and 2 are going to be incorporated within the Safeguarding Children training packages by end of 2022 to support with completion and compliance.
- Teaching by the Named Doctor for CYPiC is incorporated into a regular teaching programme for trainee paediatric doctors and their colleagues at the hospital. This was completed once within the reporting period with the opportunity for trainees to attend the bi-monthly CYPiC peer review meetings to maintain their safeguarding and CYPiC competencies.
- The CYPiC nursing team continue to offer bespoke training as required across the trust.
- The nursing team continue to complete training around completion of RHA on a monthly basis to support with ongoing quality improvement within the 0-19 service. The current compliance for this is 93%.
- The team have attended bespoke training sessions and national conferences to further enhance their knowledge base and skills.
- The CYPiC team are compliant with mandatory training required for their role and all nursing and medical staff are level 4 compliant.

Safeguarding Supervision

- All staff in the team receive safeguarding supervision on a quarterly basis and access supervision as required in addition to this.
- The CYPiC team provide supervision to the wider health team upon request and on identification of need however the Safeguarding Children Supervision Policy has

been reviewed to include CYPiC supervision. Upon trust sign off this will be integrated into practice with group supervision being provided to all caseload holders including 0-19 service, Community Children's Nursing team and the Clinical Nurse Specialist Team.

- Peer review meetings with the CYPiC team and Named and Designated Doctor for CYPiC have continued to take place, in addition to quarterly supervision accessed from a trained supervisor.

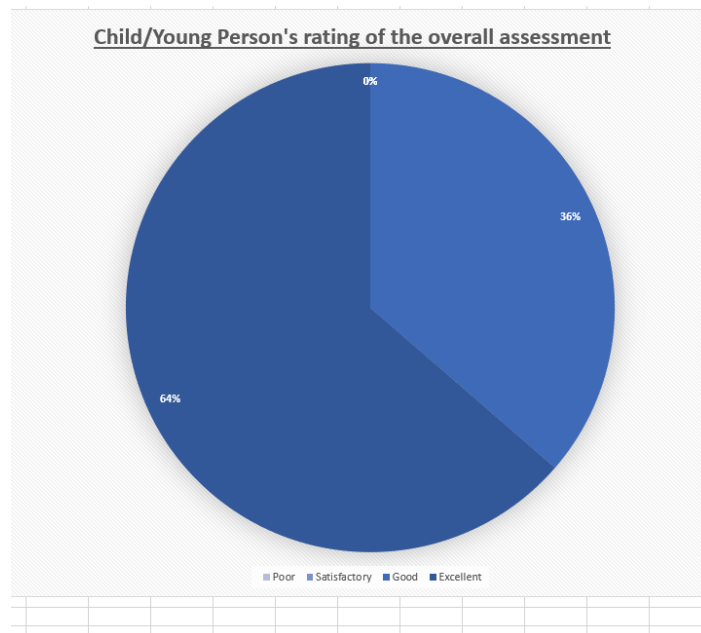
Voice of Children / Young People & Engagement

- The feedback we receive and ensuring the voice of our children, young people and carers is imperative in our service. We continue to collate all service feedback from both IHAs and RHAs and provide this in a quarterly report with any identified actions feeding into our service development and action plan.
- The CYPiC Team Lead and Named Nurse for CYPiC attended the Steering Group where our CL's expressed their health priorities. Actions taken from this included the development of a Transition Nurse role which is now being processed.
- The CYPiC Team Lead attended the Children in Care Council meeting to hear the views and wishes of our young people, and how they think health services should look. This was positively received, and all feedback supported actions being implemented into our service delivery.
- There is currently a survey out to collate the views of our young people in regard to their termly reviews in school. Do they feel they want them?

Feedback from CYPiC

- Service feedback enabled us to obtain the views of our children, young people and carer's views on the current service being provided. The following results continue to be very positive and complementary of the service. This feedback will continue to contribute to further planning in terms of service development.
- Figure 10 shows 64% of our CYP rated their overall assessment as excellent with the remaining 36% rating this as good. 100% of carers rated the overall assessment as excellent.

Figure 10



- 100% of CYP and 95% of carers felt the setting was appropriate.
- 100% of CYP and carers felt the date and time was appropriate.
- 100% of CYP and carers felt they were listened to.
- 100% of CYP and 95% of carers stated they had the opportunity to speak to the nurse alone.
- 100% of CYP and carers felt they were given the opportunity to ask questions in addition to being made aware of what would happen next.
- There was no negative feedback, or no gaps identified that required changes to the current service provision.
- We will continue to receive feedback using the form developed from both CYPiC and their carers to ensure we tailor our service to best meet their needs and provide holistic and individualised care.