

## Domain 1 – Commissioned or Provided Services

### School Nursing

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>The school nursing offer is available to every child both inside and outside of school. In 2022 – 2023 1181 referrals were made using the online referral template. There will have been significantly more referrals and contacts made via school and partner agencies. These are not currently reportable. In that time through the referral template routes 664 referrals were for children of primary school age. The main reasons for referral were as follows:</p> <p>Assessment of needs – 87  Behaviour Management – 59  Development Delay – 19  Dietary advice – 15  Dyspraxia – 10  Emotional Wellbeing Support – 215  Nocturnal Enuresis – 140  Sleep Interventions – 16  No reason recorded – 40 (nothing documented in template, mainly referred to the referral so where I couldn't work it out directly from the entry I have recorded it as no reason)</p> <p>517 referrals were for secondary school aged children. The main reasons for referral were:</p> <p>Assessment of Needs – 43  Behaviour Management – 13</p>	3	School Nursing Business Intelligence

		<p> Bullying – 6  Development Delay – 3  Dietary advice – 7  Emotional Wellbeing – 358  Nocturnal Enuresis – 13  Sleep Interventions – 6 </p> <p> The outcomes of these referrals included signposting and referrals to further support from bereavement services, CAMHS, continence service, early help, family action, GP's and the VCS. </p> <p> The demand for the School Nursing Special Needs Team is increasing annually. The capacity of the team is not increasing which is putting pressure on access. This is very evident in Special Schools. </p> <p> New letter templates have been created to help people access services e.g. offering translators. </p> <p> Staff felt that access differs significantly across districts. Poorer districts have a much harder time accessing services e.g. there may be higher demand in lower Index of Multiple Deprivation areas and therefore waiting lists are longer for referrals and next stage help. This can affect patient experience. Staff feel helpless to assist families. CAMHS is especially hard to access. It is important to understand that CAMHS are not always the solution - the gap is the moderate mental health support pre crisis. Furthermore, the lack of evidence based and consistent mental health training for the team is a concern when considering look at the number of referrals re mental health and emotional wellbeing. </p>		
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	1B: Individual patients (service users) health needs are met	<p>The team have a wide range of expertise and work together to support one another to ensure they are meeting the unique needs of each child in their care.</p> <p>Communication and language needs are catered for within the service with access to interpreters and accessible information.</p> <p>Drop ins are run in secondary schools for young people to openly speak about their sexuality in private without their parents or peers knowing.</p> <p>If staff are unsure of how to support a child or family they regularly signpost to one another, partners and the voluntary and community sector.</p>	3	School Nursing

		<p>Puberty sessions are offered to reassure children that they can speak to trusted adults (e.g. school nursing team) around puberty and sexuality.</p> <p>There were 26 telephone bookings, one face to face booking for interpreting in December 2023.</p>		
	1C: When patients (service users) use the service, they are free from harm	<p>Wellbeing check-ins are provided for children struggling with their gender identity as well as support from Youth Services.</p> <p>Children are supported when they are struggling with differing beliefs to their family.</p> <p>Robust IRE system is in place and staff and service users are supported to report incidents and complaints which are dealt with promptly and escalated as required. Service users are all given PALS contact details.</p> <p>Staff access mandatory safeguarding training that they keep in date to ensure patient safety.</p> <p>Feedback from incidents is shared regularly to learn from them.</p> <p>Staff are also encouraged to highlight patients' safety concerns or other complaints to the Trust's Freedom to Speak up Guardians.</p> <p>It is difficult to identify if there are disproportionate incident rates for protected groups within the Trust as demographic</p>	2	School Nursing Patient Safety

		data of those affected is not currently recorded systematically. This will be picked up and worked on as part of the Trusts implementation of the Patient and Carer Race Equality Framework.		
	1D: Patients (service users) report positive experiences of the service	<p>The team has been pushing for all contacts to give feedback – Friends and Family Test (FFT). It is hard to gather feedback as most is provided verbally and there is a lack of uptake in completing surveys. It is even harder to get demographic information shared on the FFT forms making analysis of experience by equality group challenging.</p> <p>Non-verbal children have access to feedback as well e.g. point to the face etc. It is harder to receive direct feedback from young children or children with disabilities therefore you have to base it on outcomes, body language, and their parent/carer's feedback.</p> <p>School classes also fill out feedback forms collectively.</p> <p>The School Nursing team re passionate about interested in the carer they offer with the aim of providing an excellent patient experience.</p> <p>Feedback is assessed in monthly team meetings. Good practice is shared.</p> <p>The services relationships with schools are strong and provide a good base for positive patient experiences. This includes special schools.</p>	2	School Nursing Patient Experience and Complaints.

		<p>Confidentiality is kept within the School Nursing Service when discussing issues related to EDI which enhances patient experience – Department of Education’s guidelines have changed around confidentiality and the school must now disclose all concerns raised by children.</p> <p>Rainbow Alliance LGBTQIA+ Training offered to staff to support positive patient experiences for children who are LGBTQ+.</p> <p>When attending Special schools, it’s particularly hard to gather feedback from the students, however, staff provide feedback.</p> <p>Transgender patients are sometimes misgendered or deadnamed due to schools not passing on correct/current information. This can affect the patient experience within School Nursing – a better communication agreement around this with School would help.</p> <p>Immunisation clinics receive a lot of feedback and it’s usually negative, simply because children don’t enjoy receiving the vaccinations. This is added to general feedback and may make overall feedback results inaccurate.</p> <p>FFT held for family, carers, children and school staff. School staff are always asked to fill out evaluation forms.</p> <p>There were no complaints received relating to School Nursing Services from September – December 2023.</p>		
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<b>Domain 1: Commissioned or provided services overall rating</b>			10	