GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

The Regulation and Quality Improvement Authority

Every Child Counts

Regional Audit of the Child Health Promotion Programme –

Health Visiting and School Nursing Service

March 2016

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Introduction

Background

'Health for All Children' (Hall and Elliman 2006)[1] provides an overarching national framework for child health promotion and surveillance. This framework directs that every child and parent should have access to a universal or core programme of preventative healthcare which includes the delivery of agreed screening procedures, the provision of health promotion and health review contacts which enable health professionals to establish which children and families have more complex needs. In line with this framework, a regional child health promotion programme has been developed and updated in Northern Ireland, the current programme is 'Healthy Child Healthy Future' (see appendix 1 and 2) (DHSSPS 2010)[2]. For the purposes of this report the programme will be referenced as HCHF throughout the rest of the report.

The regional HCHF programme details the universal services which should be offered and delivered to all children and their families across Northern Ireland at specific developmental stages. These services facilitate the identification of health needs through a family health assessment (FHA) which includes; review of screening, immunisations, health and development, and information and guidance to support parenting and healthy choices (DHSSPS, 2010).[2]

The HCHF programme aims to identify vulnerable children and families with additional health needs, who may benefit from a targeted health visiting and school nursing service. In addition, the HCHF programme ensures that children with specific health needs and special educational needs are identified and referred to the appropriate services. The renewed focus on early intervention and health promotion in, the 'Transforming Your Care,' and the public health strategic framework 'Making Life Better '(DHSSPS, 2013[3], 2014[4]) resonates with professionals delivering the HCHF programme. The best outcomes for children will be achieved through early recognition of concerns at universal health review contacts followed by timely responsive intervention.

Successful delivery of the HCHF programme relies on the contribution of a range of health professionals including; midwives, health visitors, school nurses, general practitioners and paediatricians. It is their responsibility to ensure health improvement and health protection for all children; however this audit will specifically focus on the health visiting and school nursing contribution to the HCHF programme. Following the learning from this audit, a further audit may be completed to review the quality of contacts from other health professionals involved in the delivery of HCHF.

Each Health and Social Care Trust (HSCT) in Northern Ireland is expected to provide assurance that they are complying with universal contacts as set out in the HCHF programme. The audit did not include the three year health review contact as this has not been implemented by any Trust since the introduction of the revised HCHF programme in 2010. This has been closely associated with service capacity issues.

All information from health review contacts are recorded in a child's Personal Child Health Records (PCHR – Red Book). A copy of the health review contact form is transferred to the Child Health System (CHS) which is a regional database of child health information. Standardised reports are available from the CHS to provide overall compliance with HCHF programme including, percentage of contacts delivered and immunisation uptake. This system however does not measure the overall quality of contacts and therefore there was regional consensus about the benefit of a record audit of universal services child health records to gather information on quality and adherence to standards.

It is acknowledged that the audit covered a period of time when the health visiting and school nursing service in all Trusts was under significant pressure. A regional shortage of health visitors and school nurses has led to a reduced workforce capacity as Trusts have been unable to fill permanent funded and temporary vacancies. The DHSSPS/HSCB/PHA have put measures in place to address this deficit by funding additional health visitor training posts in 2014/2015. It is recognised that further action is needed regionally to identify the deficits in the school nursing service and the PHA will lead on this service development.

During analysis of the audit findings, a supplementary table report was written which fully detailed the data collated from the audit. The full supplementary table report is available on the GAIN website – www.gain-ni.org

Aim

To undertake a regional audit to review adherence to the relevant standards outlined in the professional guidance for the HCHF programme (DHSSPS, 2010)[2] and review service users experience of the programme in order to identify areas for further development and improvement.

Objectives

The objective of the audit is to provide assurance that Trusts are complying with best practice standards during universal contacts in line with the HCHF programme.

The audit will determine:

- If there is evidence in a child's health visiting/school nursing record that they have had access to the universal programme contacts provided by the health visiting and school nursing service at the designated times.
- If agreed screening and surveillance procedures have been followed and where required that appropriate follow up/referral has been provided.
- If vulnerable children and families have been identified and appropriate services have been provided beyond the core programme.
- Whether as far as possible children who have or may have special educational needs are identified and referred to the education services and to the appropriate voluntary and statutory agencies.
- Parental experience of the HCHF programme.

Standards

The audit will measure compliance with the HCHF programme and adherence to other relevant national and regional policies:

- ACPC (2005; 2008)[5] ACPC Regional Child Protection Policies and Procedures http://www.safeguardingni.org/sites/default/files/sites/default/files/imce/REGIONAL%20POLICY%20AND%20PROCEDURES.pdf

- DHSSPS (2010)[2] Healthy Child Healthy Future Framework https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/healthychildhealthyfuture.pdf

- DHSSPS (2010)[6] 'Understanding the Needs of Children in Northern Ireland (UNOCINI) Thresholds of Need Model https://www.dhsspsni.gov.uk/publications/thresholds-need-model

- DHSSPS (2010;2014)[7] Regional Health Visiting and School Nursing Guidelines for Family Health Assessment, Health Planning and Chronology of Significant Events

- Hall D. and Elliman D (2006)[1] Health for All Children (revised 4th edition)

- NICE (2007)[8] Antenatal and Postnatal Mental Health http://guidance.nice.org.uk/CG45/NICEGuidance/pdf/English

- NICE (2006)[9] Routine postnatal care of women and their babies. London: NICE http://www.nice.org.uk/guidance/cg37

- PHA (2012)[10] Integrated perinatal mental health care pathway http://www.publichealth.hscni.net/sites/default/files/FINAL%20PERINATAL%20MENTAL%20HEALTH%20CARE%20PATHWAY_20DEC2012.pdf

The HCHF programme provides standards and quality measures, which can be audited to ensure that health visiting and school nursing teams are providing a safe and effective service. The criteria and standards are displayed in Table 1.

Table 1: Criteria and Standard for Audit Compliance

	Criteria	Target (%)
1	Antenatal contact - Antenatal contact offered (after 28 weeks of pregnancy) - Outcome of offer recorded	100

	Criteria	Target (%)
2	New Baby Review (10-14 days), 6-8 week Health Review contact, 14-16 week Health Review contact - Contact completed within expected time frame - PCHR pages available in record - Growth chart centiles completed - Routine Enquiry for domestic abuse - NICE questions for antenatal and postnatal mental health - Family Health Assessment completed - Referrals made appropriately	100
3	6-9 month Health Review contact and 1 year Health Review contact - Contact completed within expected time frame - PCHR pages available in record - Family Health Assessment updated - Referrals made appropriately	100
4	2 year Health Review contact (no later than 2 years and 6 months) - Contact completed within expected time frame - PCHR pages available in record - Family Health Assessment updated - Referrals made appropriately	100
5	Between 4- 4½ year Record Review and Health Review contact if required: - Record review completed within expected timeframe - Face to face contact completed if indicated - Referrals made appropriately - Liaison with school nurse when applicable	100
6	Primary One Health Promotion and Health Appraisal provided by school nurse preferably in the first or second term: - Contact completed within expected time frame - Health Appraisal form available in the record - Growth chart centile completed if required - Family Health Assessment updated if parent present - Referrals made appropriately - Has health plan for medical condition been completed if applicable	100

	Criteria	Target (%)
7	Year 8 Health Promotion, Health Protection and Health Appraisal provided by the school nursing team: - Contact completed within expected time frame - Health Appraisal form available in the record - Growth chart centile completed if required - Referrals made appropriately - Has health plan for medical condition been completed if applicable	100

Please note: All criteria have been taken from the DHSSPS (2010) *Healthy Child Health Future. A framework for the universal child health promotion programme*.

Methodology

Record Review

The audit was a review of client's health visiting and school nursing records. Each Trust nominated auditors from a health visiting and school nursing background to form an audit team. The audit team designated five days to review the records, with one day allocated for each Trust.

Sample

A regional random stratified selection of child health records was provided to audit compliance with professional standards and quality of universal contact provision.

In line with Raosoft sample size calculator, 775 records were randomly selected from across the five Trusts. The number of records to be audited within each Trust was proportionate to the live birth rate in 2012. The size sample in each Trust is displayed in Table 2.

Table 2: Sample Size in each HSCT

Health and Social Care Trust	Sample number
Southern	175
South Eastern	152
Northern	180
Western	124
Belfast	144
Total	**775**

A tolerance range was agreed with the Trust Child Health System Managers to ensure that the practice captured by the audit was related to service delivered within the previous 15 months i.e. from autumn 2013. A random stratified sample of records was provided in the following categories:

- Antenatal contact offer (after 28 weeks) to 14 - 16 week health review contact
- 6-9 months health review contact to 1 year health review contact
- 2 year health review contact (no later than 2 years and 6 months)
- 4 – 4½ record review - Year 1 health promotion and health appraisal
- Year 8 health promotion, health protection and health appraisal.

Random stratified sampling was used to ensure that the records being audited were for children and parents who had received health review contacts in 2014 which enabled a review of current practice in health visiting and school nursing.

The total number of records in each of the above groups reflected the number of records being audited divided by five so that approximate equal numbers were audited in each group. These figures are displayed in Table 3.

Table 3: Number of records audited within each contact range

HSC Trust	Antenatal to 14 - 16 weeks	6 - 9 months - 1 year	2 year	4- 4 ½ year - Year 1	Year 8	Total
Southern	35	35	35	35	35	175
South Eastern	31	31	30	29	31	152
Northern	37	35	36	36	36	180
Western	24	26	25	24	25	124
Belfast	30	29	30	25	30	144
Total	**157**	**156**	**156**	**149**	**157**	**775**

Process for Record Review

An audit tool was developed using Microsoft Excel and was based on the audit tool that was developed in South Eastern Health and Social Care Trust. The following contacts were audited through a record review:

- Antenatal contact (after 28 weeks of pregnancy)
- New birth visit (10-14 days)
- 6 - 8 week health review contact
- 14 -16 week health review contact
- 6 - 9 month health review contact
- 1 year health review contact
- 2 year – 2 ½ year health review contact
- 4 -4 ½ year record review
- Year 1 Health Appraisal contact
- Year 8 Health Appraisal contact

The audit tool gathered this information in five categories: Antenatal contact (after 28 weeks) to 14-16 weeks health review contact (*see appendix 3*), 6 -9 months – 1 year heath review contact (*see appendix 4*), 2 year health review contact (no later than 2 years and 6 months) (*see appendix 5*), and 4 - 4 ½ year record review – Year 1 health promotion and health appraisal (*see appendix 6*), and Year 8 health promotion, health protection and health appraisal (*see appendix 7*). Each category contained questions relating to the regional HCHF guidelines.

Each audit team consisted of two people and they were allocated a record cohort to review. To ensure that the auditors were independent, auditors did not review records from within their own Trust. For quality assurance purposes, a Service Development Nurse from the Public Health Agency (PHA) audited a random sample (10%) of the records audited to ensure a consistent application of the audit tool by teams. A process of escalation was agreed prior to the audit commencing if serious practice concerns were identified. Corrective action forms to record minor practice issues were attached to the front of the record for the attention of practitioners when records were returned to Trusts *(see appendix 8).*

Process for the Parental Survey

Parental views on the HCHF programme were sought as part of the audit process. The local auditors from each of the Trust contacted parents on the audit day to complete a short telephone survey to obtain information from parent's regarding their experience of the HCHF programme. From within the cohort, efforts were made to contact 10% of parents of the children whose records had been retrieved for the audit. An explanation was provided on the background to the telephone call i.e. the Trust is involved in a regional review of the child health promotion programme and as part of the review, the Trust is interested in parent's views of the programme.

Parents were advised that the telephone survey was semi- structured and would not take more than five minutes to complete. Where parental consent was provided, the telephone survey was initiated. The questions were tailored so that parents were asked questions about the period of time most relevant to their child i.e. preschool or school aged regional child health promotion contacts. The target of surveying 10% of parents was achieved as shown in Table 4. The response rate was high with 95% of parents

consenting to the telephone survey, with the main reason cited for non-consent was that it did not suit at that point in time.

Table 4: Number of parents who responded to parental survey for preschool and school aged children

HSCT	Target no of parents to be surveyed	Number of parents who responded with preschool children	Number of parents who responded with school aged children	Total Number of parent respondents per Trust
Southern	18	12	5	17
South Eastern	15	9	8	17
Northern	18	10	3	13
Western	12	9	10	19
Belfast	14	8	6	14
Total	**77**	**48**	**32**	**80**

As the parental survey was confined to the day of the audit in each Trust, the Trust auditors undertaking the parental survey were confined to phoning parents on a specific day. Overall the target of obtaining parental views on the HCHF programme contacts was reached.

Results

Health Visiting

The narrative and the tables in this section provide the detail of the audit results at an individual Trust level and regional averages to benchmark Trusts performance against programme standards. The results are presented as percentages and the related numerical tables are available as a separate report.

The regional standard for an antenatal home visit is that 100% of all expectant parents are offered this contact. Following the antenatal contact (after 28 weeks of pregnancy), the HCHF programme offers health reviews at the following stages:

- New Baby Review 10-14 days (NBR), 6-8 weeks, 1 year and 2 year (no later than 2 years and 6 months) health review contacts should all take place within the home.
- The 14 -16 weeks and 6-9 months health review contact can take place outside the home if the FHA is completed and up to date.
- The location for the 4 –4 ½ year health review contact will be decided by the health visiting team following a record review.

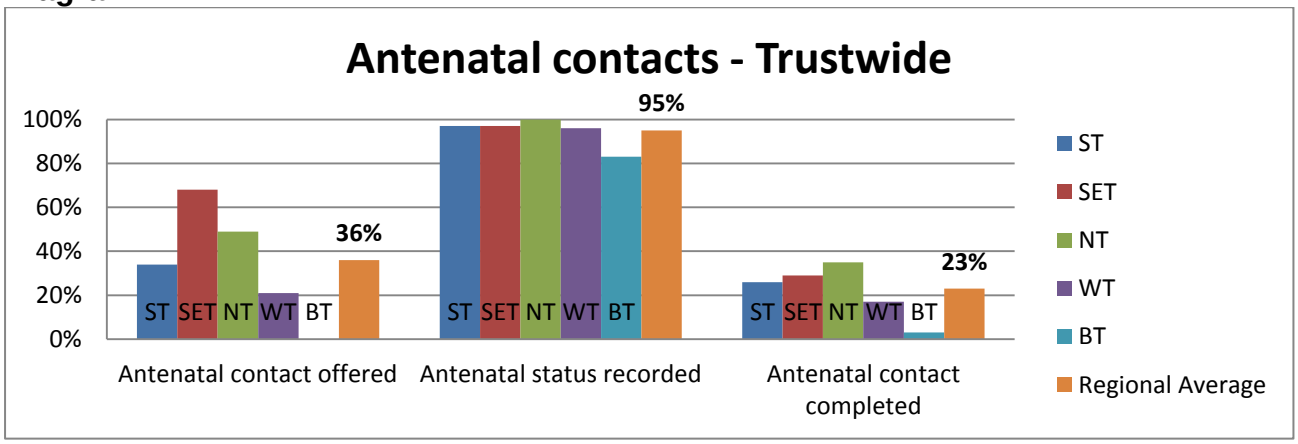
The standard for the above contacts is 100% and a timeframe tolerance has been agreed regionally e.g. the 2 year health review can be completed no later than 2 years and 6 months.

Health Review Contacts

Antenatal Contact

The HCHF programme states that antenatal contacts must be offered to all prospective parents and the outcome of the offer must be available within the record. Diagram 1 illustrates the findings.

Diagram 1



Antenatal Contact Offered (Target 100%):

Antenatal contacts offered ranged from 0% to 68%, providing a regional average of 36%.

Antenatal Status Recorded (Target 100%):

Antenatal status is recorded at the new birth visit with health visitors recording whether the client received an antenatal contact. The reason for not providing an antenatal contact is also recorded. The level of compliance with recording antenatal status ranged from 83% to 97%, providing a regional average of 95%.

Antenatal Contact Completed (Target 100%):

The HCHF standard is that a health visitor will offer an antenatal review at home after 28 weeks of pregnancy. This is recognised as being a very valuable contact to either commence or review a FHA including exploration of significant areas such as parent's

emotional preparation for their new baby, enquiry regarding domestic violence and maternal mental health. Due to the significance of this contact, the audit team agreed that the uptake of this contact was important. The level of compliance of antenatal contacts completed ranged from 3% to 35%, providing a regional average of 23%. Trusts indicated that while there is consensus about the benefits of antenatal contacts service capacity has mitigated against health visitors being able to deliver a universal antenatal contact.

New Baby Review (Target 100%)

Trusts were fully compliant with this contact as 100% of NBR contacts were completed in all of the Trusts.

The HCHF programme states that the NBR must take place between 10-14 days and must be completed by a health visitor within the home setting. The audit showed that a regional average of 86% of the NBRs were completed within the 10-14 days' timeframe however, 14% were completed outside of this. The 14% of NBR completed outside 14+ days are analysed per Trust in the second pie chart in Diagram 2. However this did not include documentation in relation to how many days contact was breached over the 10–14 day standard

Diagram 2

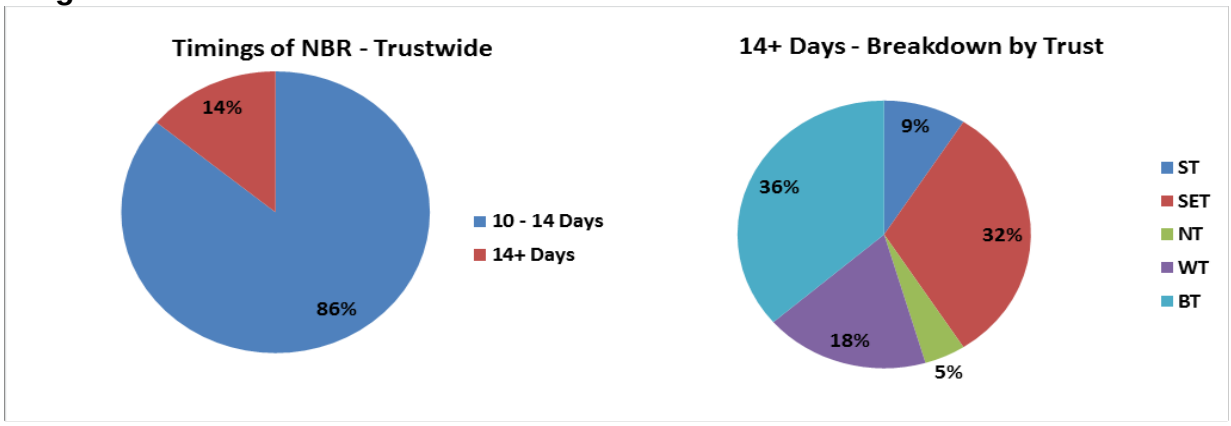
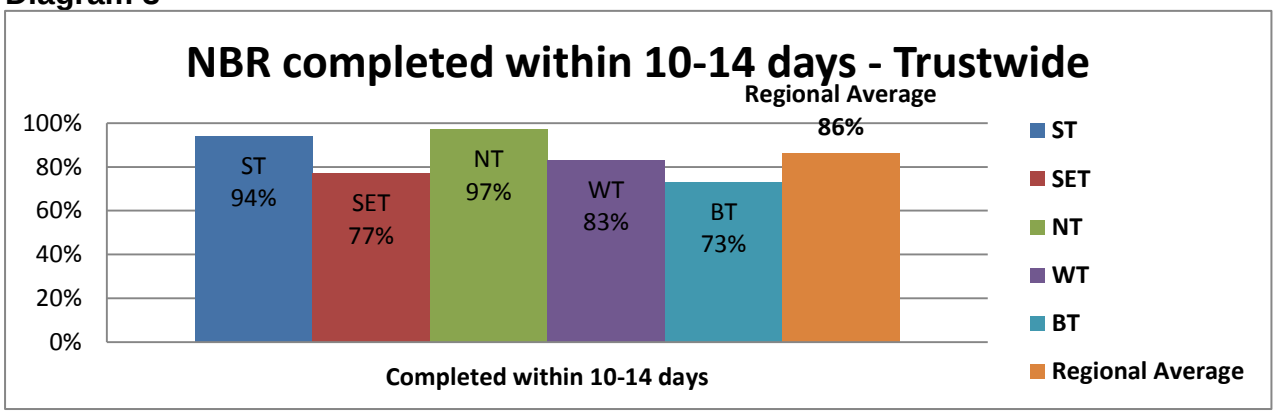


Diagram 3 displays the percentages for NBRs within each Trust.

Diagram 3



Compliance for this contact across all Trusts ranged from 73% to 97%, providing a regional average of 86%.

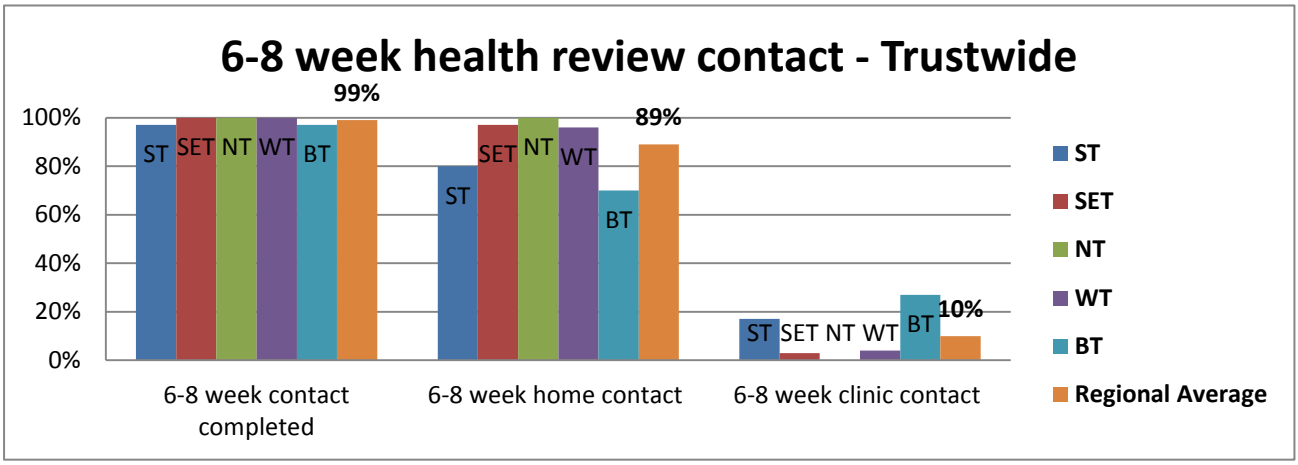
Examples of why the delivery of the NBR was outside of the expected timeframe were:

- Baby in a neonatal unit when NBR due,
- Mother and baby have moved permanently or temporarily to an address outside the HSCT area, either to return to their country of origin or stay with relatives, or
- Parental request to postpone visit or examination of the baby.

6 - 8 Week Health Review Contact (Target 100%)

Completion of the 6-8 week health review contact as cited within HCHF is by a health visitor in the home setting however the audit findings showed that although there was high level of compliance, a small percentage of reviews were in a clinic setting. Diagram 4 illustrates the percentage of 6-8 week health review contacts being completed across the region.

Diagram 4



Contact completed (Target 100%):

Three Trusts demonstrated 100% compliance with the 6-8 week health review contact and the remaining two completed 97% of the contacts leading to a regional average of 99%.

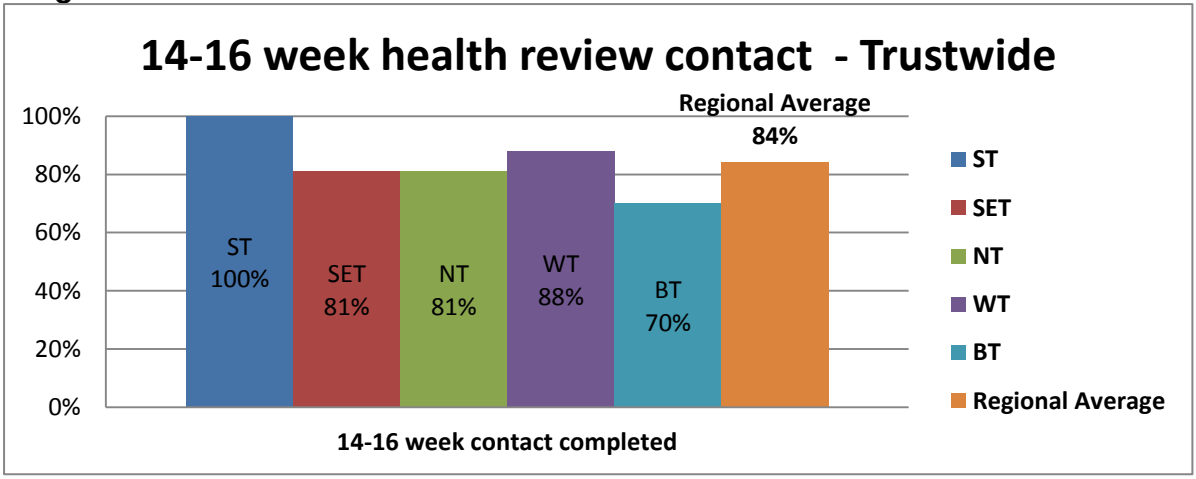
Within the home (Target 100%):

The level of compliance for completing 6-8 health review week contacts within the home ranged from 70% to 100%, providing a regional average of 89%. This may be explained by opportunistic contact at a clinic however this is not in line with HCHF and cannot replace a home contact.

14 -16 Week Health Review (Target 100%)

The HCHF programme states that the 14-16 week health review contact should be completed within the home with the exception of those families who have had the FHA completed prior to 14-16 weeks. This contact may therefore take place in a clinic setting. Diagram 5 below illustrates the percentage of 14-16 week health review contacts being completed.

Diagram 5

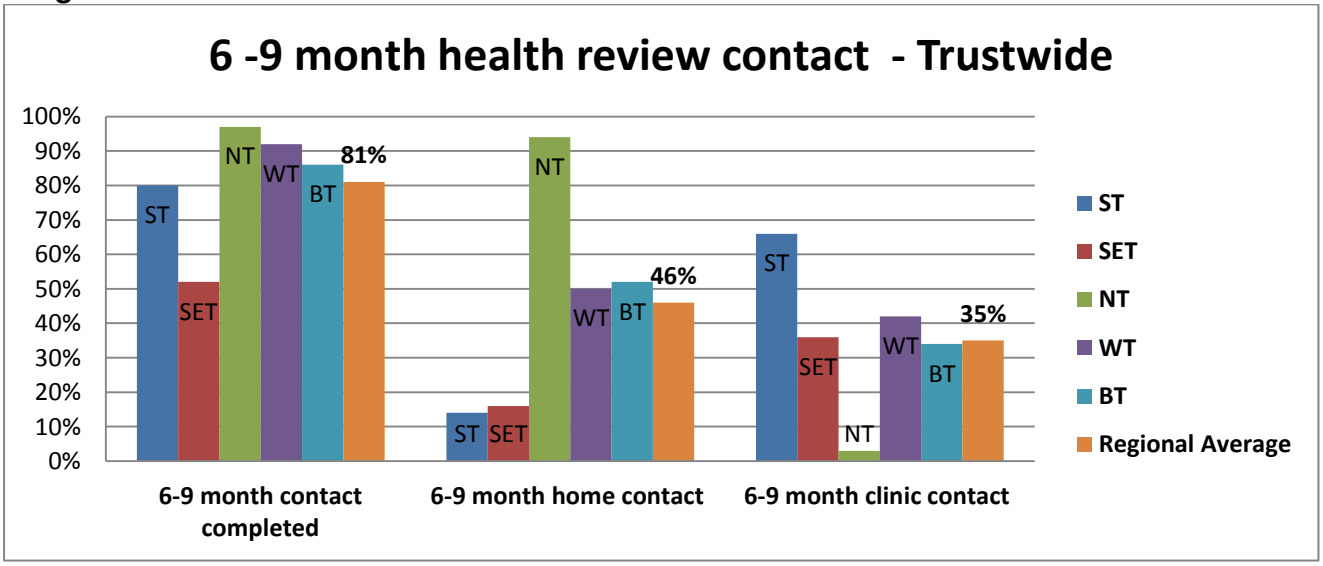


The level of compliance in relation to completion of the 14-16 week health review ranged from 70% to 100%, providing a regional average of 84%.

6 – 9 month Health Review Contact (Target 100%)

The HCHF programme states that the 6-9 month health review contact may be completed by a member of the health visiting skill mix team i.e. public health staff nurse or child health assistant. The contact can take place at home or in a clinic if the family health assessment has been completed and is up to date. Audit findings confirmed a high level of compliance in respect of this contact.

Diagram 6



Contact completed (Target 100%):

The compliance within this review ranged from 52% to 97% with a regional average of 81%. An explanation for the variance in compliance with this health review may be related to the level of skill mix support available to teams and across Trusts.

Within the home

The delivery of the 6-9 month contact within the home ranged from 14% to 94%, providing a regional average of 46%.

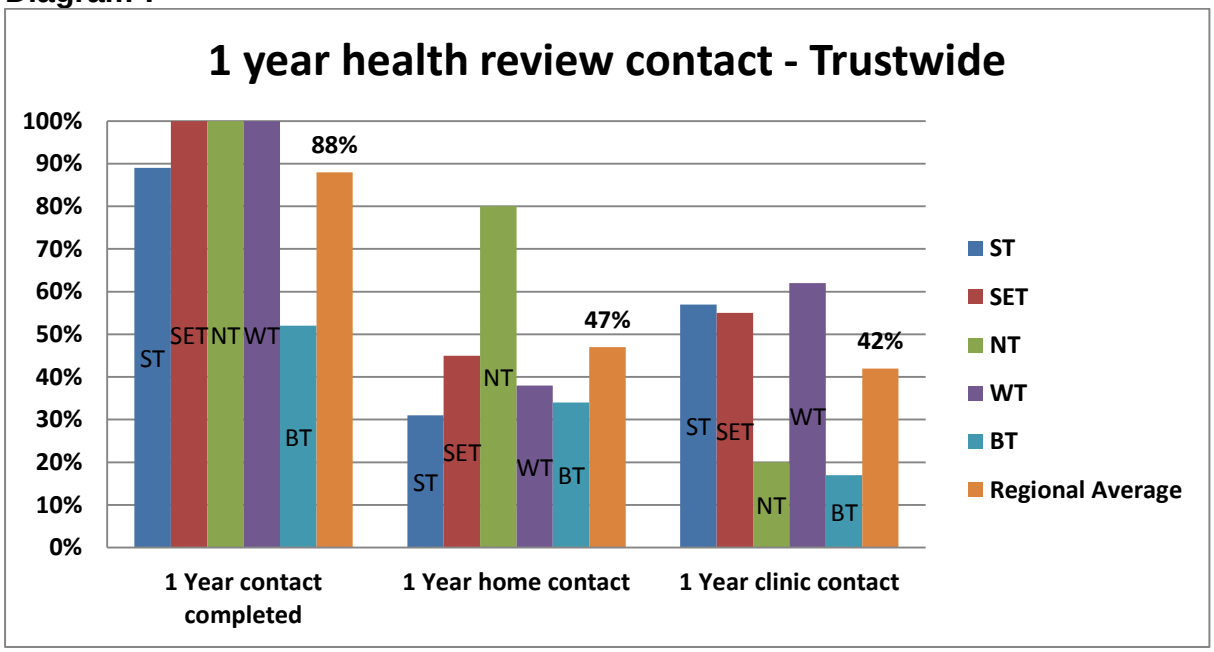
Completed within a group:

The South Eastern HSCT was the only Trust to deliver the 6-9 month contact within a group setting which is also in line with guidance for the HCHF programme.

1 Year Health Review Contact (Target 100%)

The HCHF programme states that the 1 year health review should take place in the child's home. Diagram 7 illustrates both compliance levels and the venue for contact.

Diagram 7



1 Year Health Review completed (Target 100%):

Three Trusts demonstrated 100% compliance in respect of this review, with the remaining Trusts ranging from 52% to 89% providing a regional average of 88%.

Belfast Trust reported that due to reduced workforce capacity a contingency plan determined that children would receive either a 6 to 9 month health review or a 1 year health review but not both unless the family were receiving a targeted health visiting service.

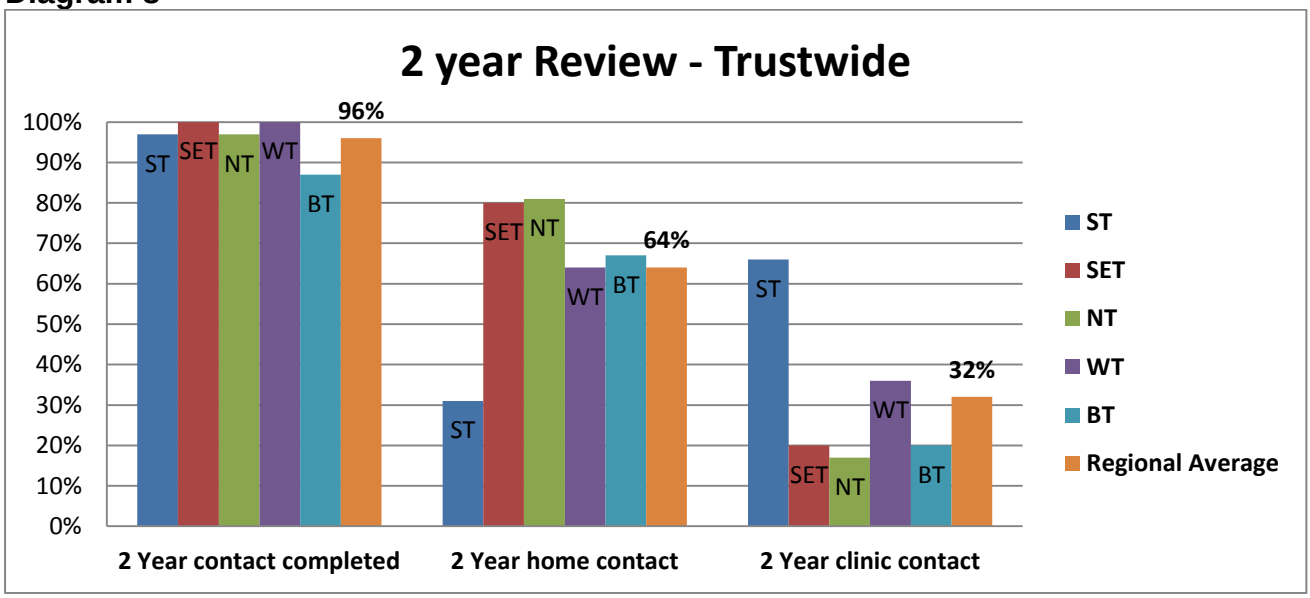
Contact within the home setting

The level of compliance for completing 1 year health review within the home ranged from 34% to 80%, providing a regional average of 47%.

2 Year Health Review (Target 100%)

This standard for this contact is a home visit between the ages of 2 years and no later than 2 years 6 months. Diagram 8 illustrates the compliance rates and the venue for contact.

Diagram 8



Contact completed (Target 100%):

There was a high level of compliance with this contact with Two Trusts demonstrating 100% compliance and two Trusts demonstrating 97% compliance and one Trust completing 87% of the contacts. This provided a regional average of 96% compliance.

Contact completed within the home setting (Target 100%):

The level of compliance for completing this health review in the home ranged from 31% to 81%, providing a regional average of 64%. Trusts reported that priority is given to

completing this review as emerging health and social / emotional behaviour concerns may be identified at this time. To ensure that this health review is completed, workforce capacity issues may result in the offer of this review in a clinic setting instead of the family home with the exception of those families in receipt of a targeted service.

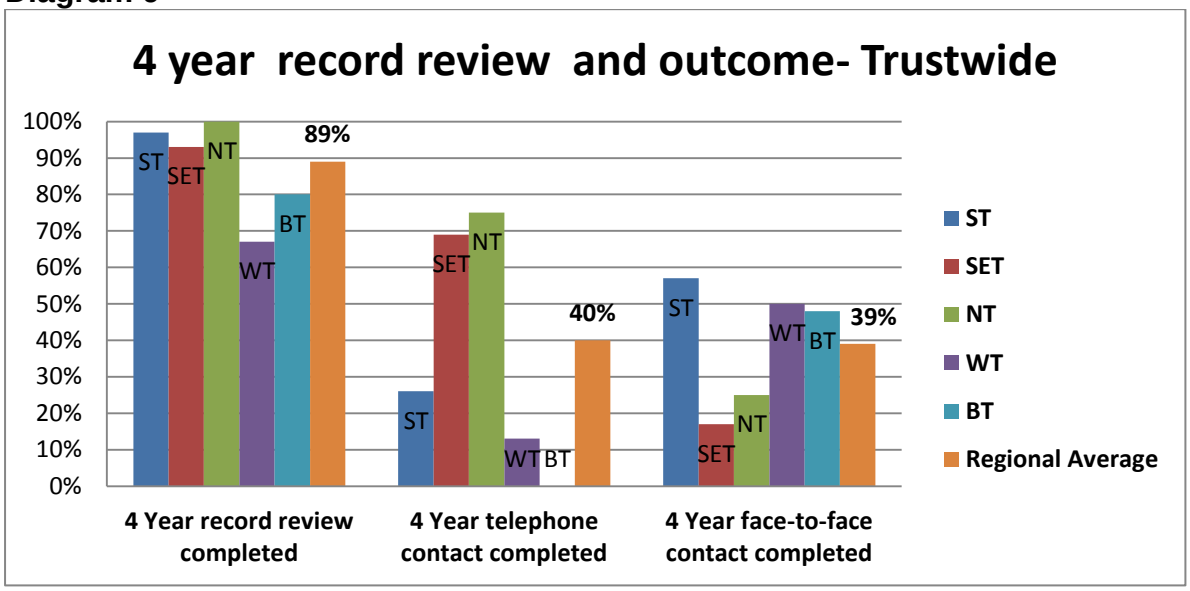
4 – 4 ½ Year Record Review (Target 100%)

The HCHF programme standard states that the health visitor will lead a record review of a child's record to identify those children not seen by the service since the 2 year health review and a decision will be made if a home, clinic or phone contact is required. Following a review of the record the standard requires either a telephone contact with the parent or face to face contact with the child. This review is expected to be completed before the child is 4 years 6 months old and prior to transfer of records to the school nursing service.

The health visitor is also required to prepare records for transfer to the school health department and to highlight to the school nurse children/families who require a targeted service from the school health team e.g. vulnerable families, looked after children, children on the child protection register.

The audit results are available in Diagram 9.

Diagram 9



One Trust demonstrated 100% compliance with the record review and evidenced that 75% of parents received a telephone follow up and the remaining 25% received a face-to-face contact. For the remaining Trusts the compliance with the 4 year record review ranged from 67% to 97% providing a regional average of 87%. Follow up telephone contact ranged from 0% to 75% providing a regional average of 37% and face to face contact ranged from 17% to 57% providing a regional average of 39%. The regional average of children not receiving a telephone or face-to-face contact after a record review was 24%. This finding may be explained by the health visitor having had recent contact with the family through for example contact with another child in the family. Consequently the health visitor is up to date with FHA prior to transferring child's care to the school nursing service.

Growth Monitoring

Growth measurements

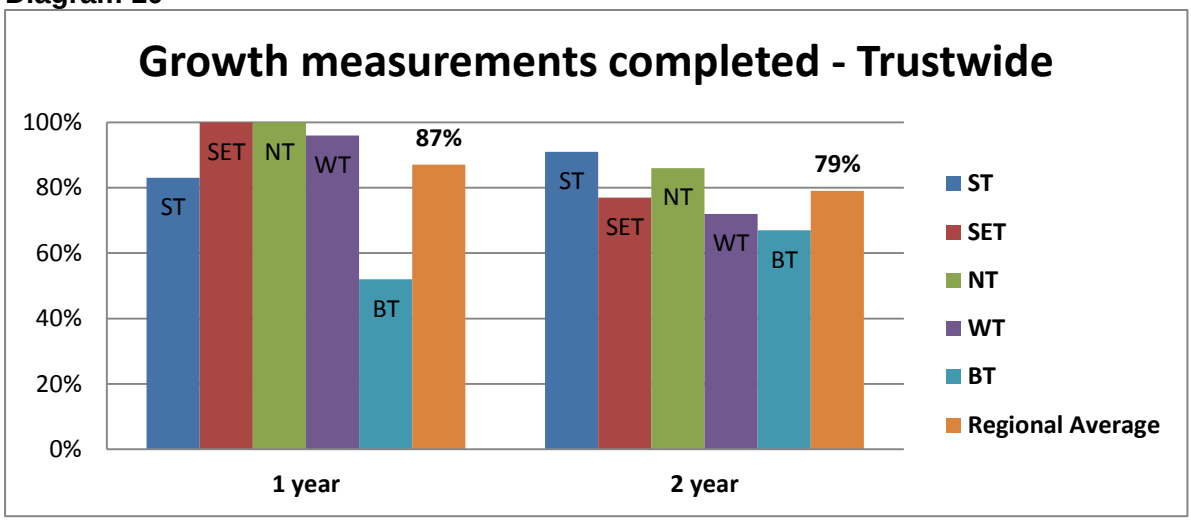
The HCHF programme states that growth measurements must be completed and plotted on a centile chart for the following contacts:

- NBR 10-14 days
- 6-8 weeks health review contact
- 14-16 weeks health review contact
- 1 year health review contact
- 2 year health review contact

Growth measurements completed

There was high level of compliance with the completion of growth measurements at the NBR 10-14 days, 6-8 week and 14-16 week health review contacts. The compliance ranged from 97% to 99%. The level of compliance reduced to 87% at the 1 year and 79% at 2 year health review as illustrated in Diagram 10. The developmental stage of these children may make accurate growth measurement more difficult. However, if there are potential concerns Trusts report that this measurement would be followed up.

Diagram 10



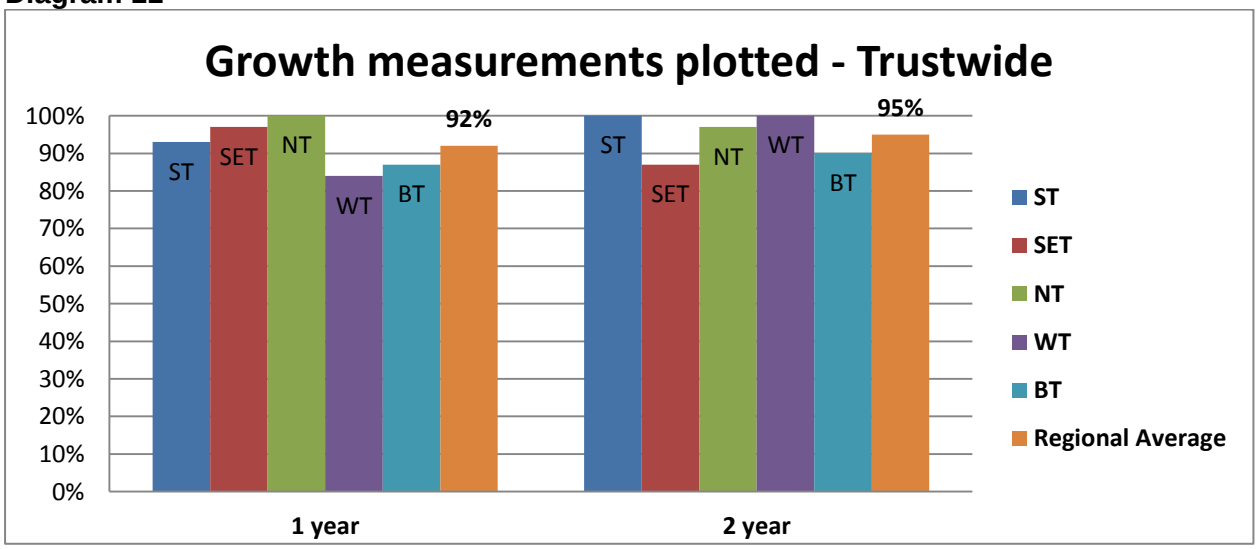
There was a range in compliance of recording growth measurements at the 1 year health review from 52% to 100%, providing a regional average of 87%.

There was a range in compliance of recording growth measurement at the 2 year health review from 67% to 91%, providing a regional average of 79%.

Growth measurements plotted on a centile chart (Target 100%)

All Trusts evidenced a high level of compliance when plotting growth measurements at the NBR 10-14 days, 6-8 weeks and 14-16 weeks health review contacts. The compliance ranged from 97% to 99%. This compliance reduced to 92% at the 1 year and 95% at the 2 year health reviews. Diagram 11 illustrates this decrease.

Diagram 11



One Trust demonstrated 100% compliance with the plotting 1 year growth measurements. The range was from 84% to 97% in the remaining Trusts providing a regional average of 92%.

With the 2 year health review, two Trusts demonstrated compliance of 100% for plotting growth measurements. The remaining Trusts demonstrating compliance from 87% to 97%, providing a regional average of 95%.

Infant Feeding

Infant feeding status (Target 100%)

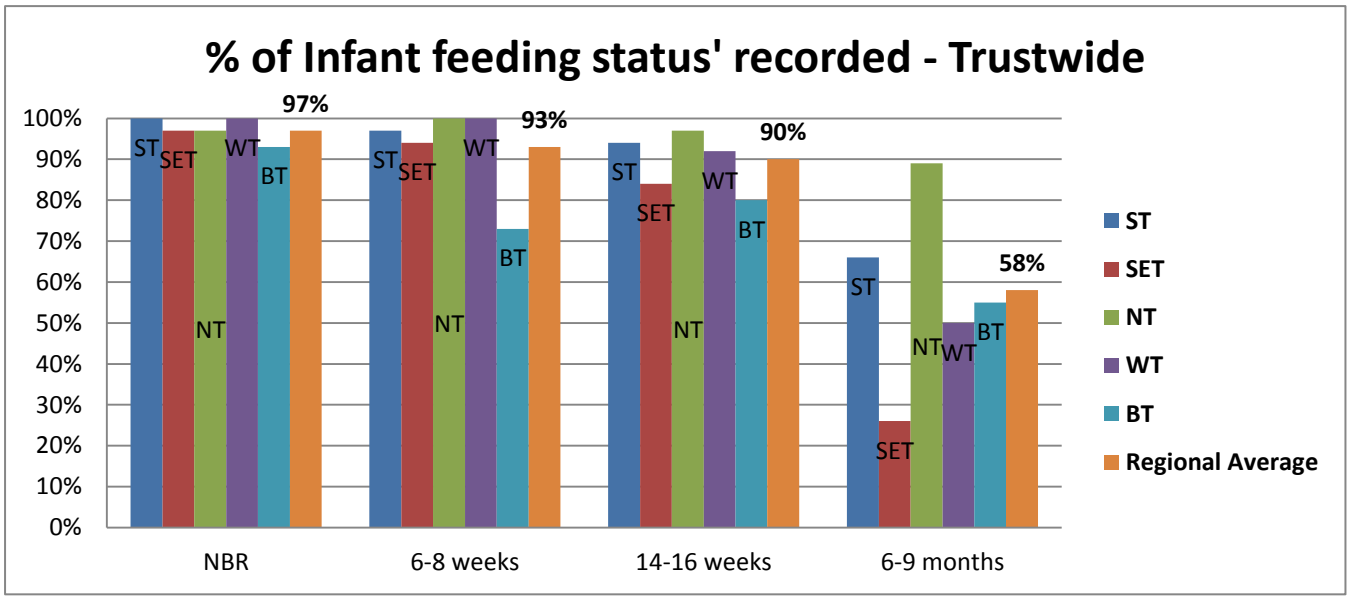
The standard for the recording of infant feeding in HCHF programme is that the method of feeding will be recorded at each of the following contacts:

- NBR (10-14 days)
- 6-8 week health review contact
- 14-16 week health review contact
- 6-9 month health review contact

Recording of the infant feeding status was reviewed in order to highlight compliance.

Diagram 12 presents the findings.

Diagram 12



There was a high level of compliance with this standard in all Trusts:

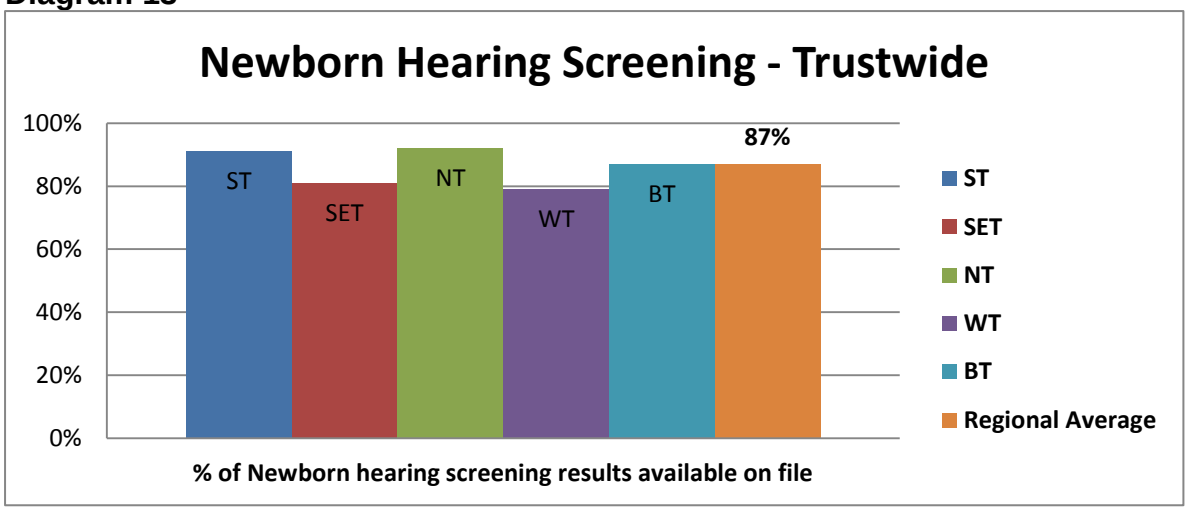
- At the NBR, with two Trusts achieving 100% compliance. The remaining Trusts had a range from 93% to 97% providing a regional average of 97%.
- At 6-8 week health review, two Trusts displayed 100% compliance and the remaining Trusts had a range from 73% to 97%, providing a regional average of 93%.
- At the 14-16 week health review, compliance ranged from 80% to 97% providing a regional average of 90%.
- At the 6-9 month contact compliance of recording infant feeding status ranged from 26% to 89% providing a regional average of 58%. The audit team identified that where this review was completed by a member of the skill mix team i.e. public health staff nurse or child health assistant, infant feeding status was not always recorded. This warrants further consideration by Trusts in relation to further training of skill mix practitioners to ensure that this data is accurately and consistently captured.

Screening

Newborn Hearing Screening (Target 100%)

The standard within HCHF programme states that the newborn hearing screening assessment must take place soon after birth. The HCHF programme standard directs health visitors to review the newborn hearing screening results at the NBR. Diagram 13 illustrates the percentage of newborn hearing screening results available within the health visiting records.

Diagram 13



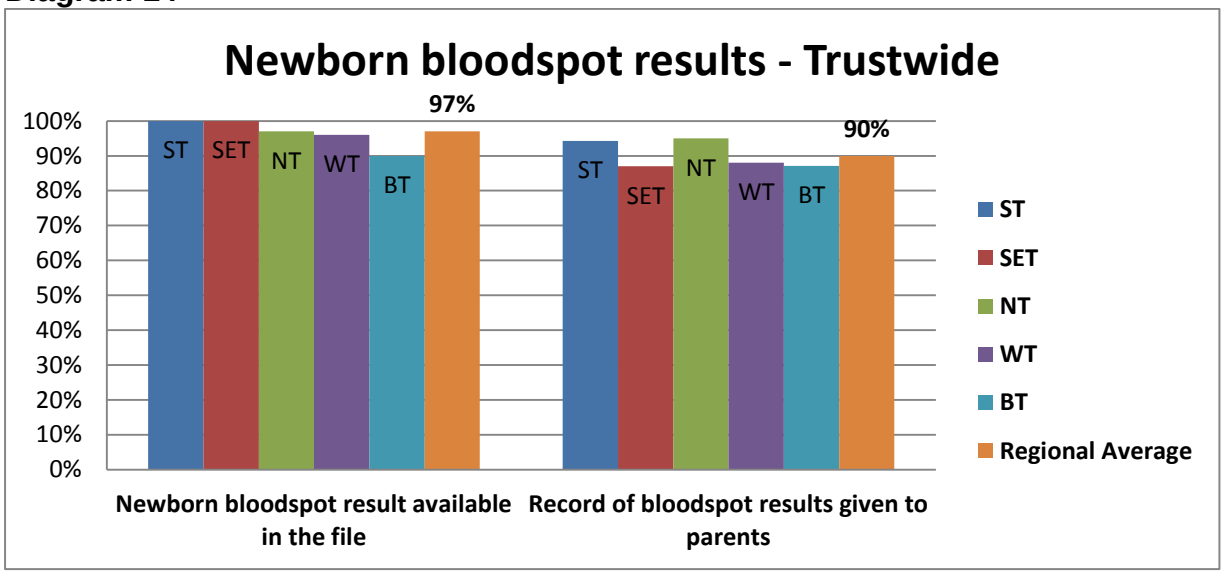
The percentage of newborn hearing screening results available on file ranged from 79% to 91%, providing a regional average of 87%. These percentages do not indicate that the test was not completed but rather the result was not available on file.

The health visitor has a responsibility to assure him/herself that all screening results are available in the child's record. If this screening test has not been completed prior to discharge the health visitor should follow up to ensure parents have another appointment for the newborn hearing screen. The Northern Ireland Newborn Hearing Screening Programme Quality Management Report (2015)[11] indicated that the 98.8% of infants born in the quarter 1st July to 30th September 2014 had completed the screening by the time they were 3 months of age. Therefore the percentage of results available in the records is lower than expected.

Newborn Bloodspot Screening (Target 100%)

The HCHF programme standard requires that a midwife will provide information on the Newborn Bloodspot Screening Programme during the antenatal period. A midwife undertakes the newborn bloodspot screening test at day five for hypothyroidism, phenylketonuria, cystic fibrosis, medium chain acyl-coA dehydrogenase deficiency (MCADD) and Sickle cell (Public Health England 2015)[12]. The HCHF programme standard requires health visitors to report the results of the baby's newborn bloodspot screening test to parents either before or at the 6 – 8 week health review contact. The audit reviewed whether there was a copy of the newborn bloodspot screening results in the child's file and whether there was evidence in the record that the health visitor had advised parents of the outcome of this screening test. Diagram 14 illustrates compliance within each Trust.

Diagram 14



The newborn bloodspot results were available in 100% of records audited in two Trusts. The range within the remaining Trusts was from 90% to 97%, providing a regional average of 97%. Please note, this does not mean that the test was not completed but rather the result was not available as a hard copy in the child's record. The Trust with 90% compliance is using an electronic paperless record and the Trust confirmed that results were available in the electronic paperless record but this was not accessible to the auditors.

There is a field in the 6 - 8 week health review within the PCHR to record that the outcome of the result has been provided to the parents. The range of completion was

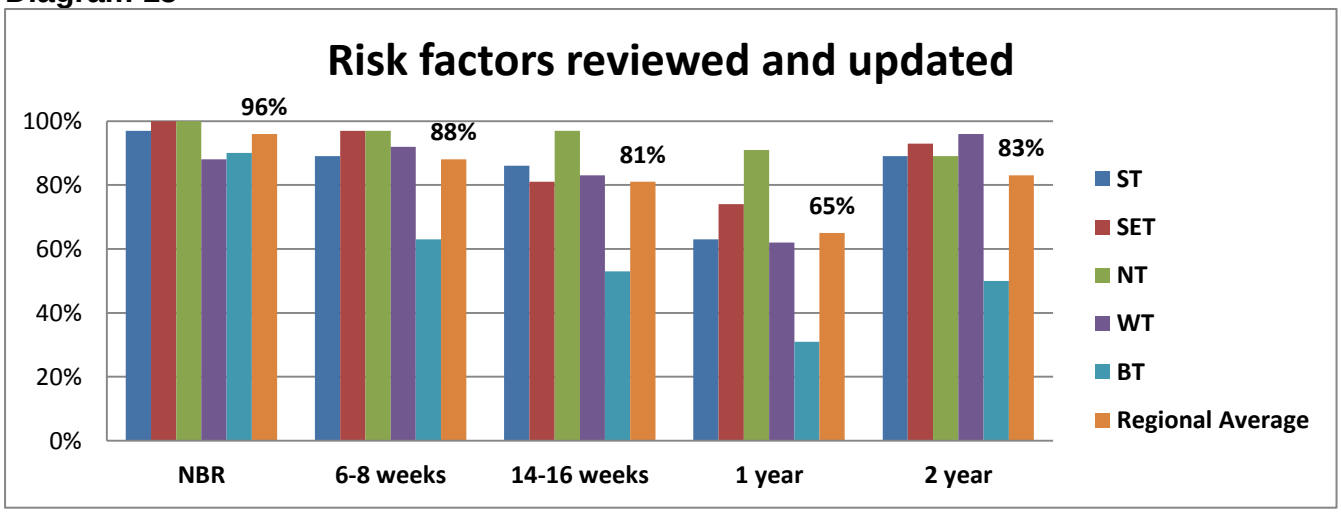
Review of Risk factors (Target 100%):

HCHF standard for health visitors is to identify and review risk factors and respond within local and regional guidelines, protocols and pathways. The risk factors reviewed assess the risk of developmental dysplasia of the hip, vision defects and tuberculosis. These must be reviewed and updated at each of the following contacts;

- NBR (10-14 days)
- 6 - 8 week health review contact
- 14 – 16 week health review contact
- 1 year health review contact
- 2 year health review contact

Diagram 15 illustrates the findings.

Diagram 15



The regional average for the review of risk factors decreased from the NBR to the 1 year review as follows:

- NBR - 96%
- 6 - 8 week health review contact – 88%
- 14 -16 week health review contact - 81%
- 1 year health review contact - 65%.

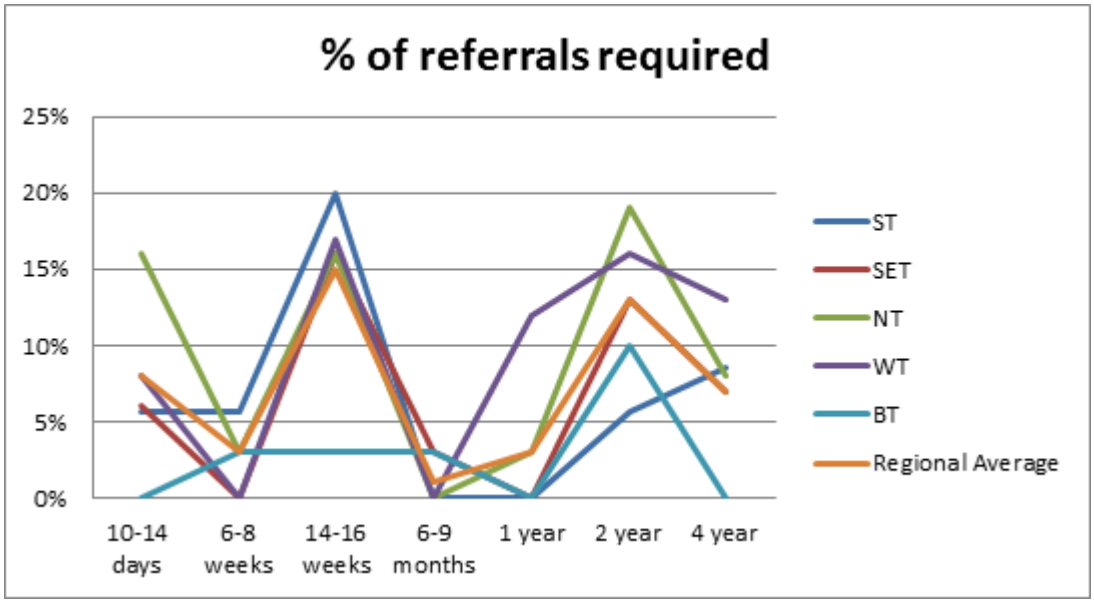
At the 2 year health review compliance increased to 83%.

Referrals

The HCHF programme standard states that where a health need is identified a referral to other services can be made at any point in time. Diagram 16 demonstrates that there was a peak in referrals at the 14 -16 week and 2 year health reviews. The audit team identified that 14 -16 weeks is a significant point in time postnatal period when the mother may report low mood. They also identified that at the 2 year health review speech, language and communication and/or developmental concerns may be identified and require onward referral.

Diagram 16 displays the percentage of referrals required for each contact within each Trust and evidence of peak periods for referrals.

Diagram 16



Family Health Assessment

Family Health Assessment (FHA) (Target 100%)

A Family Health Assessment (FHA) is commenced at initial contact with parents ideally in the antenatal period or at the NBR. The purpose of the FHA is to use an agreed regional framework to identify the health of individuals, families and communities in order to provide a child and family centred service. In partnership with families, the FHA will focus on encouraging parents to acknowledge their health needs and plan appropriate interventions jointly to address identified needs. FHA reflects and interfaces with the UNOCINI (Understanding the Needs of Children in Northern Ireland, (DHSSPS 2008)[11] assessment framework. The FHA reflects these areas and domains in a way that retains the family and public health focus essential to Health Visiting and School Nursing practice (PHA 2015).[12] The FHA should be completed by the 14-16 week health review contact.

Summary assessment (Target 100%)

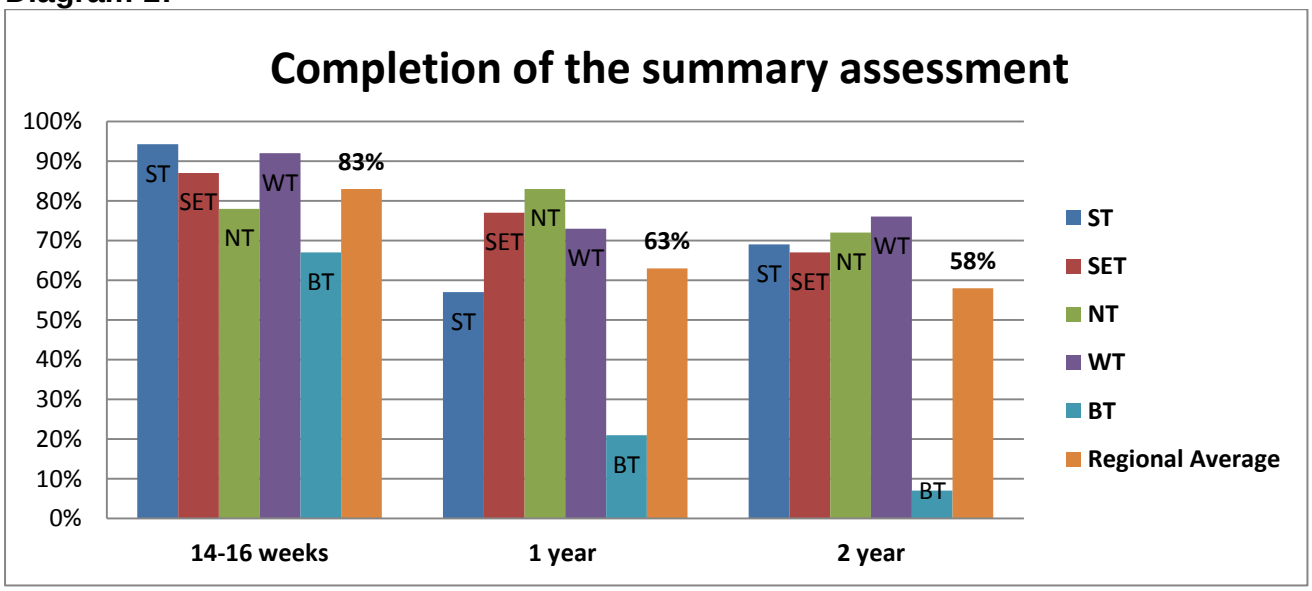
The HCHF programme standard is that health visitors will review the FHA and complete a summary assessment at each of the following contacts:

- 14-16 week health review contact
- 1 year health review contact

- 2 year health review contact

A summary assessment indicates the need for a targeted service. Diagram 17 illustrates the percentage of summary assessments completed within each Trust.

Diagram 17



The level of compliance in relation to the completion of the summary assessments was as follows:

- At the 14-16 week health review completion ranged from 67% to 94%, providing a regional average of 83%.
- At the 1 year health review, completion ranged from 21% to 83%, providing a regional average of 63%.
- At the 2 year health review, the completion ranged from 7% to 76%, providing a regional average of 58%.

The compliance with this standard decreased over the time frame of working with the family. The analysis of their assessment at the key points in time is important for other health visitors who may become involved with the family.

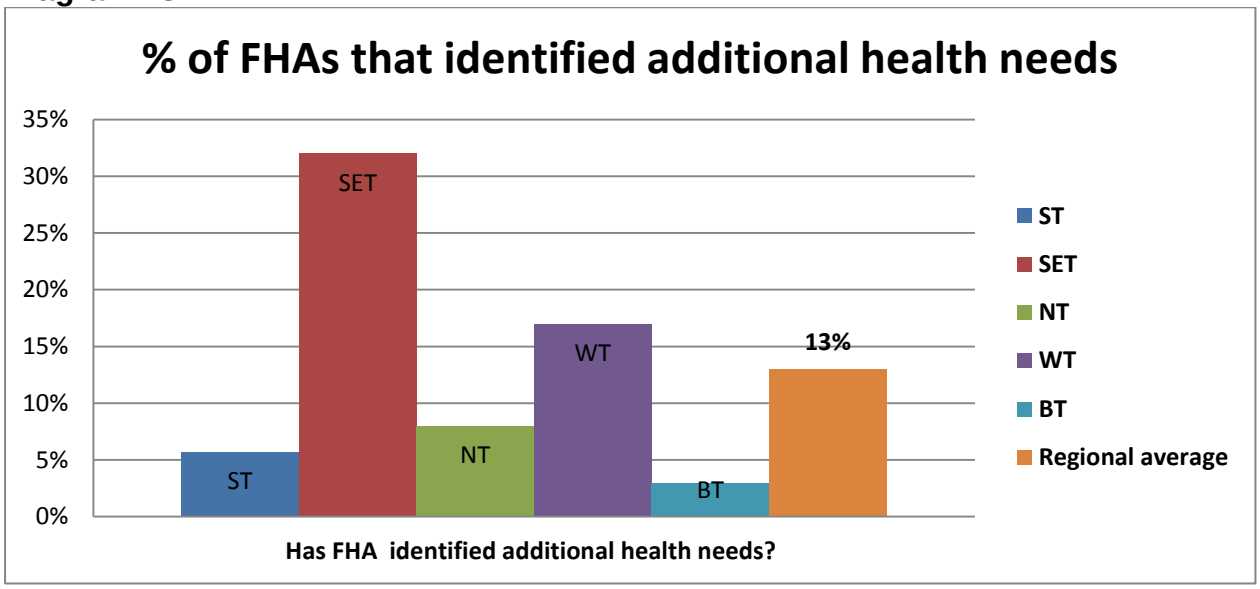
Family Health Assessments that identified additional health needs

Health visitors use a FHA and analysis of information collated to assess health needs in families. Additional health needs identified are discussed with parents and an agreed health plan is developed. Health plans can be defined as a prescription of "care" (PHA 2015)[14]. For the purpose of this audit the team reviewed whether a health plan was

available in the record. One Trust has been proactively working with health visitors through supervision to ensure that health plan documentation is available on file and this is evidenced below.

The diagram 18 presents the percentage of FHAs that identified additional health needs.

Diagram 18

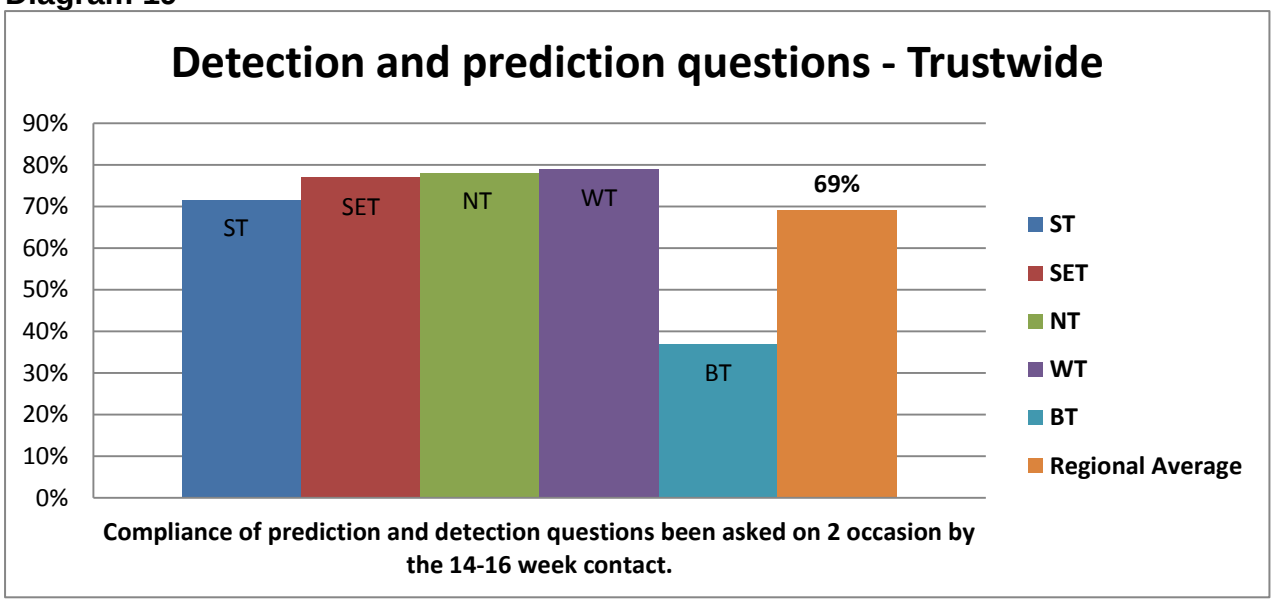


The availability of agreed health plans on file ranged from 3% to 32% providing a regional average of 13%. Given the higher incidences of key health needs such as postnatal depression, social /emotional behavioural difficulties in young children, the average percentage of 13% is lower than anticipated and requires further local exploration within Trusts.

Compliance with prediction and detection questions for antenatal and postnatal mental health (Target 100%):

The NICE guideline on the clinical management of antenatal and postnatal mental health (NICE 2007)[7] recommends that questions which may predict or detect mental health concerns including early identification of postnatal depression are asked by health visitors on 2 occasions by the 14-16 week health review. Diagram 19 illustrates the outcome of the audit of this standard.

Diagram 19



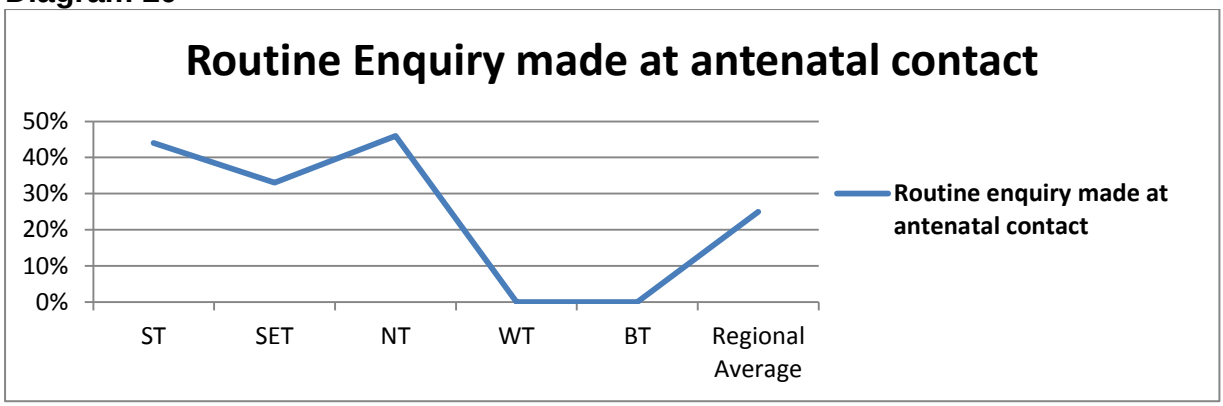
Compliance in relation to recording of these questions being asked ranged from 37% to 79%, providing a regional average of 69%. Please note the audit team identified that there was a theme within records of only one date being recorded for the enquiry as opposed to the required standard of two dates being recorded which was deemed as non-compliance.

Routine Enquiry (Target 100%)

Routine Enquiry is made by the health visitor specifically in relation to domestic abuse as per departmental policy (DHSSPS 2006)[15] in the antenatal and immediate postnatal period and at other contacts if there are professional concerns.

Diagram 20 illustrates the percentage of routine enquiries completed in the antenatal contact.

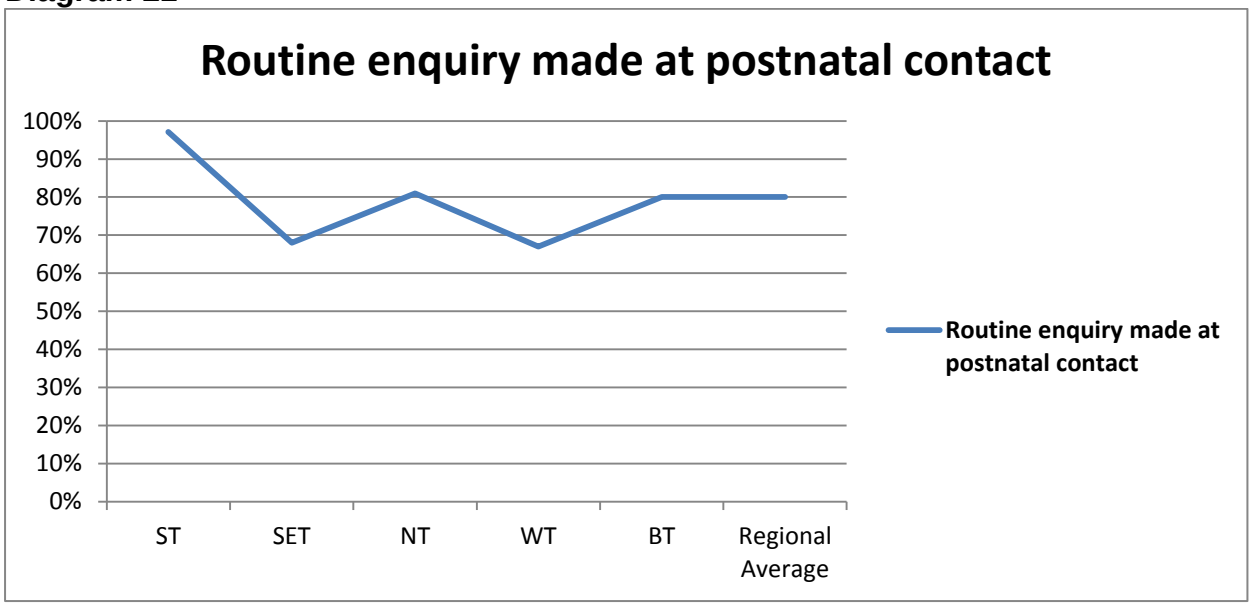
Diagram 20



The level of compliance with routine enquiry at the antenatal contact ranged from 0% to 46%, providing a regional average of 25%. Please note, two Trusts provided an explanation in 3% of records as to why the routine enquiry was not made at the antenatal contact. The health visitor cannot make this enquiry at the antenatal contact if the partner is present.

Diagram 21 illustrates the percentage of routine enquiries completed in the postnatal contact.

Diagram 21

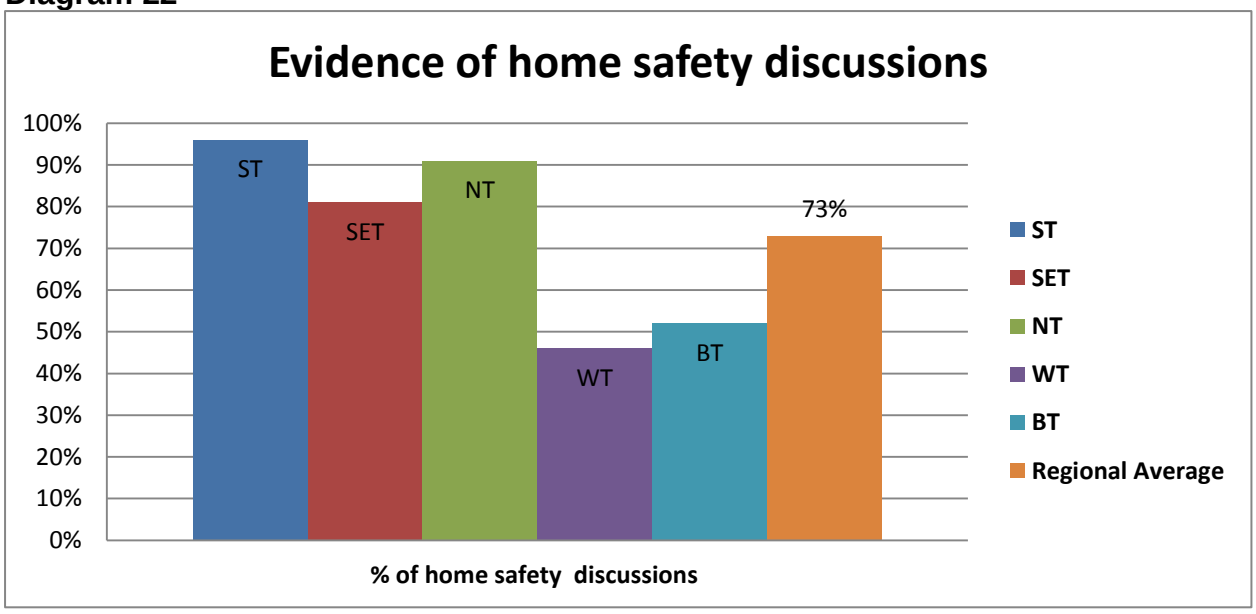


The level of compliance in relation to routine enquiries made at the postnatal contact ranged from 67% to 97%, providing a regional average of 80%. In the postnatal period it is recognised that there are increased opportunities to make this enquiry before the 14 - 16 weeks health review contact.

Home Safety (Target 100%)

As a component of the 6-9 month contact, home safety is discussed as the infant becomes more mobile at this developmental stage. Diagram 22 displays the percentage of home safety discussions which were recorded.

Diagram 22



A record of home safety discussion ranged from 46% to 96% providing a regional average was 73%.

<u>Liaison with the school nursing team following the 4 year record review</u>

The health visitor is required to inform the school nurse on the transfer of any children who are in the receipt of a level three or level four targeted services e.g. a child who is the subject of a child protection plan or who is a looked after child. The information should be provided verbally in the first instance to the appropriate school nurse and should be followed up in writing using the agreed form. The audit team reviewed records to identify that there had been liaison with a school nurse when concerns had been identified. The audit indicated that there was no requirement for direct communication between health visiting and school nursing for the majority of children i.e. from 64% to 86% providing a regional average of 77%.

The auditors finding are summarised in Table 5.

Table 5: Summary of transfer between health visiting and school nursing service at school transition

HSC Trust	% and number of children where requirement for direct communication between health visiting and school nursing was indicated	% compliance – evidence of direct communication
Southern	14% (n=5)	100% (n=5)
South Eastern	20% (n=6)	85% (n=5)
Northern	22% (n=8)	50% (n=4)
Western	25% (n=6)	68% (n=4)
Belfast	36% (n=11)	34% (n=4)
Regional	23% (n=36)	67% (n=22)

The auditors used an audit corrective action form which was attached to the front of the child's record to highlight information/action required to ensure that children were appropriately followed up post the audit.

Results from the Parental Telephone Survey

Preschool children

The parental survey was completed by two auditors to clients within their own Trust. The results based on responses from parents of the preschool children whose records had been audited are displayed in Table 5.

Table 6: Parental results – Preschool children (n= 48)

	Question	%
1	*Has your Health Visitor explained what her role is?* Yes No	 98 2
2	*Do you know when she plans to see your child again?* Yes No	 74 26
4	*Do you feel the information provided by your health visitor at the first visit after your baby is born, was:* Too much information Too little information About right	 7 4 89
5	*Do you feel the contacts carried out by your health visitor to review your child's health and development before they go to school are: (remind parents re frequency of contacts if they aren't sure)* Too many Not enough About right	 6 24 70
6	*Did the health promotion advice given by the health visitor at contacts prompt you to make lifestyle changes:* Yes I have made positive change No Change Still struggling to change	 54 44 2

Following the semi structured questions parents were asked 3 open questions and their responses are summarised in Table 7.

Table 7: Summary of Parental Responses

	Question	Parental Responses
7	*Parents were asked to provide an example when they advised that health promotion advice provided by the health visitor had prompted them to make a lifestyle change.*	• Information about bottle feeding and weaning was very useful • Advice on portion sizes for children • Family nutrition and exercise • Diet - advice post delivery • Exercising safely after giving birth • Toilet training • Dental health • Advice on developmental stages and reading to baby • Advice on development language • Behaviour management • Home safety • Blind safety • Managing cow's milk allergy • Vitamin D advice • Stopped smoking • Health visitor identified an issue which required medical intervention
8	*How would you as a parent like to see the health visiting service offered in the future?*	• Antenatal home visit useful for first time mothers but not needed for all antenatal women • Antenatal visit good as cuts down information provided at the first visit when baby born • More home visits for advice and support • Monthly telephone contact in first six months • More contact between 2 year old review and child going to school • More visits at home • More visits for first time mothers • No changes needed
9	*Have you any other comments about the regional child health promotion programme contacts?*	• Very good service – health visitor easy to talk to • Health visitor available if need advice - helpful and informative • Good to meet health visitor before the baby was born found it beneficial to know who

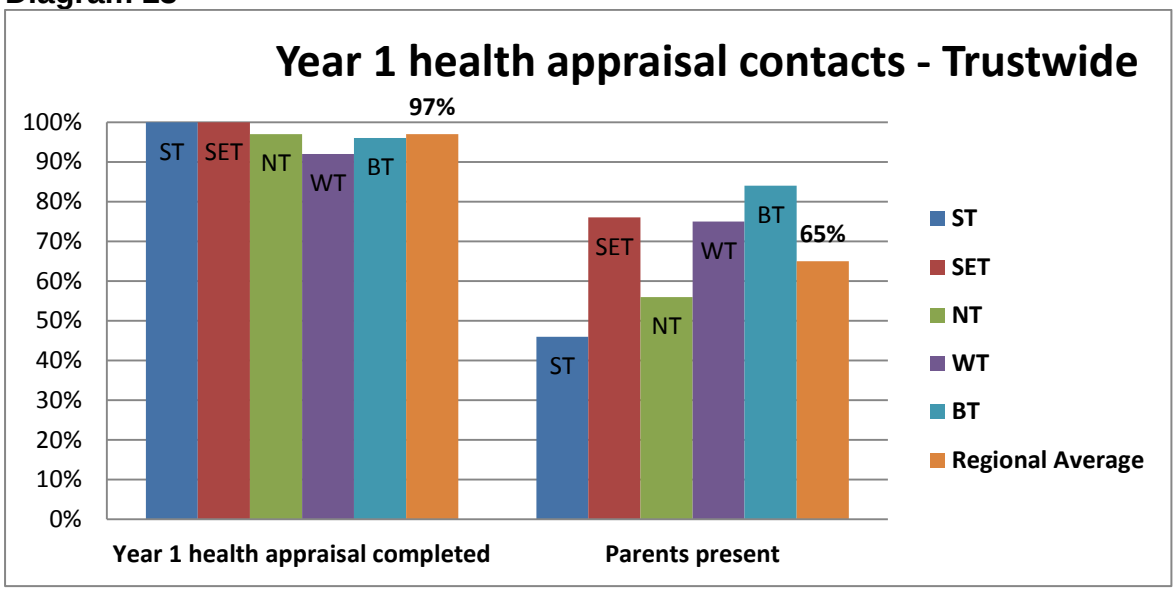
	Question	Parental Responses
		would be visiting after baby was born • More contact between 1 year and three years • Important that contacts are provided at right time • A lot of information and "a lot of questions” • More baby clinics as it is good to meet other mothers and to get reassurance • Health review contacts should not be completed at immunisation clinics • A lot of contact when baby is little but then long gaps in contact • Card to remind parents that their child’s health review contacts are due • More explanation of health visitors role and how often they will visit • Aware of the demands on health visitor and feel there should be an increase in the number of health visitors • More specific times for home visits

Results - School Nursing

Year 1 Health Promotion and Health Appraisal (Target 100%)

The school nursing service assumes responsibility for the HCHF programme when the child becomes school aged. This is initiated with a health appraisal in Year 1 and parents are invited to attend. Diagram 23 illustrates the percentage of Year 1 health appraisals completed and parents present.

Diagram 23



Primary 1 Health appraisal completed (Target 100%):

The level of compliance ranged from 92% to 100%, providing a regional average of 97%.

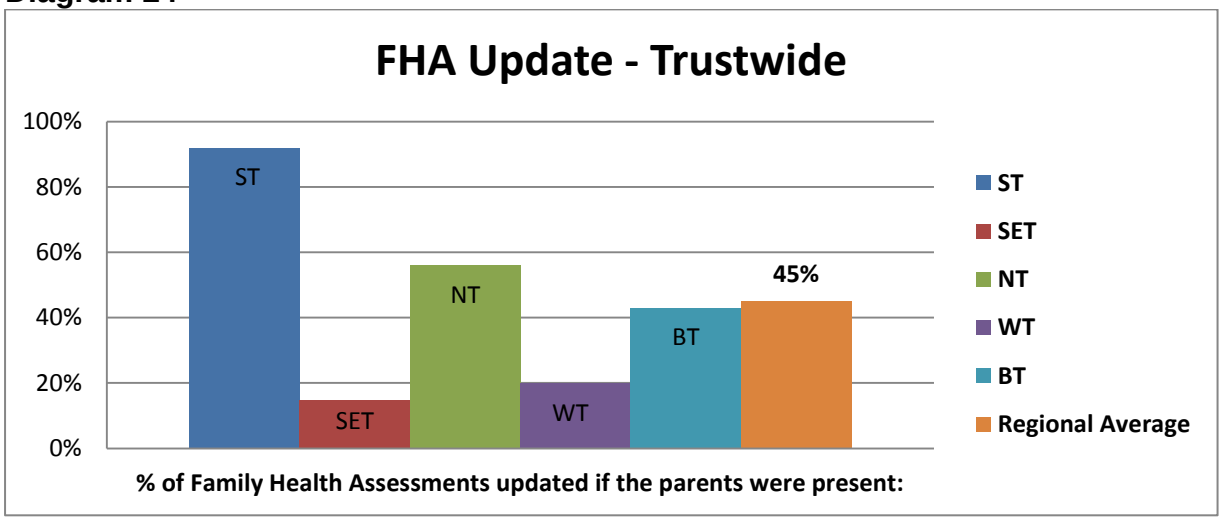
Parents present (Target 100%):

The percentage of parents present at the Year 1 health appraisal ranged from 46% to 84% providing a regional average of 65%.

Update of Family Health Assessments (FHA)

The FHA is updated at the Year 1 appraisal if the parents are present. Diagram 24 illustrates the percentage of FHAs updated if the parents were present.

Diagram 24

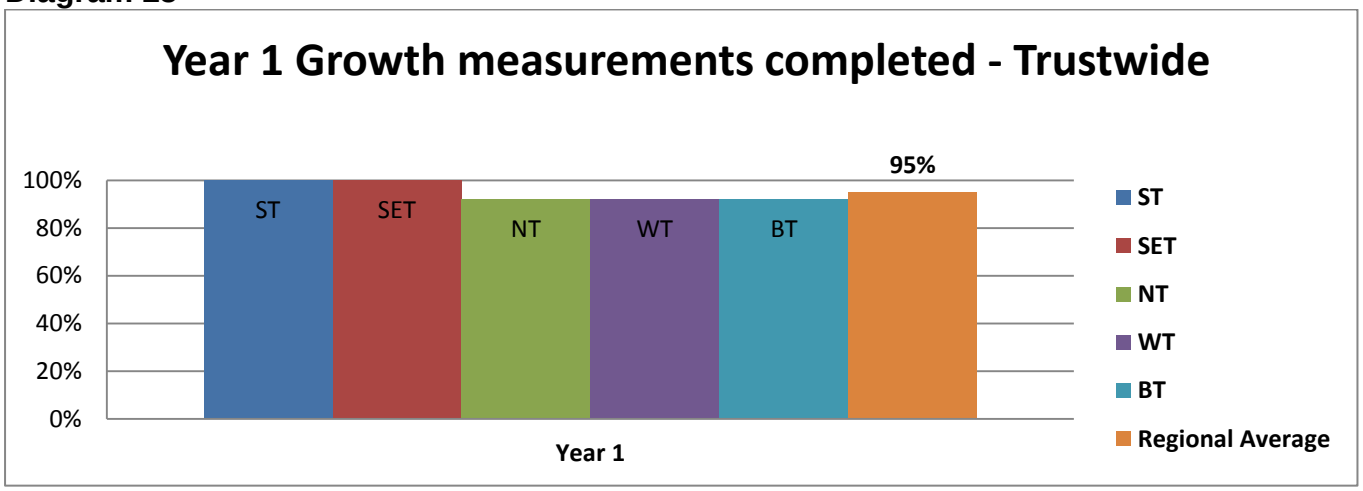


The level of compliance ranged from 15% to 92%, providing a regional average of 45%. It is a relatively new requirement for school nurses to update the Family Health Assessment. Further exploration of this is required within Trusts as regionally all school nurses have received standardised FHA training.

Growth measurements (Target 100%)

The HCHF programme standard for growth measurement for school age children requires growth measurements to be completed at the Year 1 health appraisal. Diagram 25 illustrates the percentage of growth measurements completed within each Trust.

Diagram 25

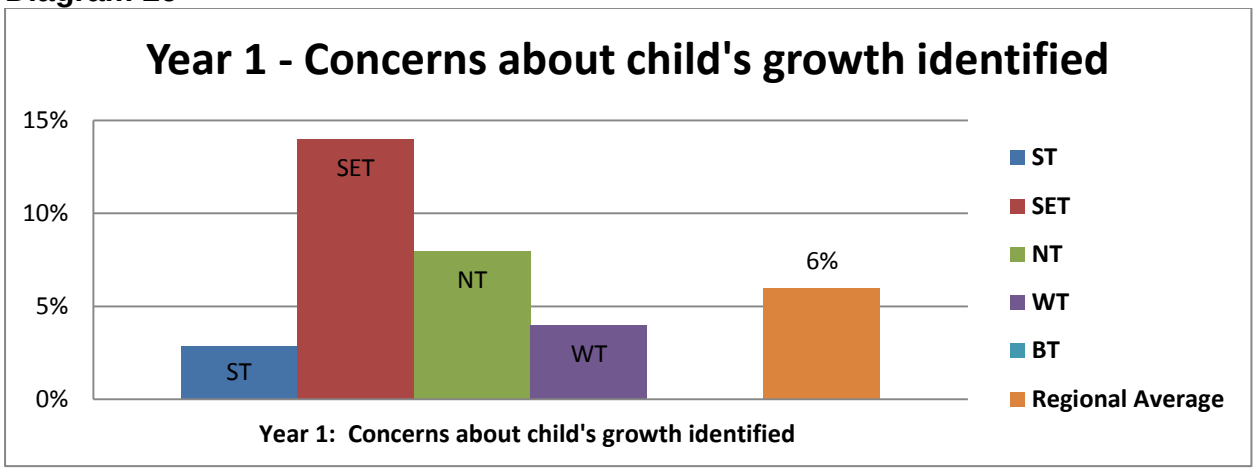


There was a high level of compliance ranging from 92% to 100%, providing a regional average of 95%.

Concerns about child's growth

HCHF programme standard is that where concerns about a child's growth are identified at the Year 1 health appraisal, the school nurse should complete a referral for further assessment. Diagram 26 displays the percentage of concerns identified within each Trust.

Diagram 26



The identification of concerns in relation to child's growth ranged from 0% to 14%, providing a regional average of 6%. Child Health System (CHS) data indicates that on average in 2011/12, 15.7% of children in primary one were overweight and 5.5% of children in this cohort were obese.

A possible reason for the variation between the audit findings of identification of concerns about growth in Year 1 and the CHS data is that school nurses are only able to target children they are most concerned about.

In relation to the follow up of concerns identified, three Trusts followed up every child that presented with a concern (100%). The remaining Trust followed up 50% (two records) of children who presented with concerns in the Year 1 health appraisal contact. One Trust did not identify any concerns to follow up.

Immunisation Programme

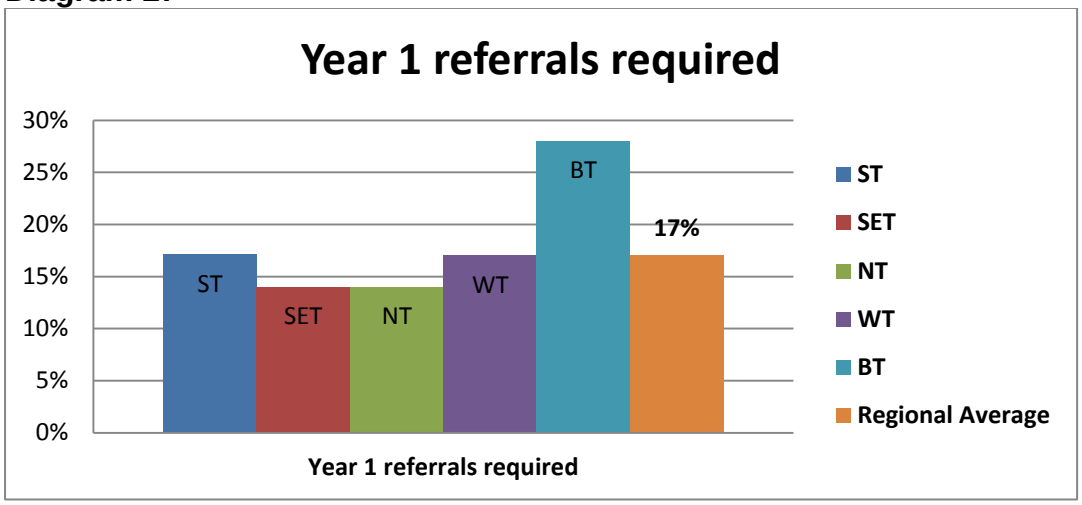
At the Year 1 health appraisal school nurses review the child's immunisation status. The uptake of the preschool childhood immunisation programme ranged from 100% to 92% providing a regional average of 94% of the children being fully immunised. The

audit showed that school nurses discussed the child's outstanding immunisations with parents at the Year 1 health appraisal.

Referrals

If a health or social need is identified at any stage in a child's life a referral may be made for supportive or safeguarding services. This audit reviewed the percentage of referrals required at the Year 1 health appraisal contact. Diagram 27 displays the percentage of referrals required at the Year 1 health appraisal.

Diagram 27

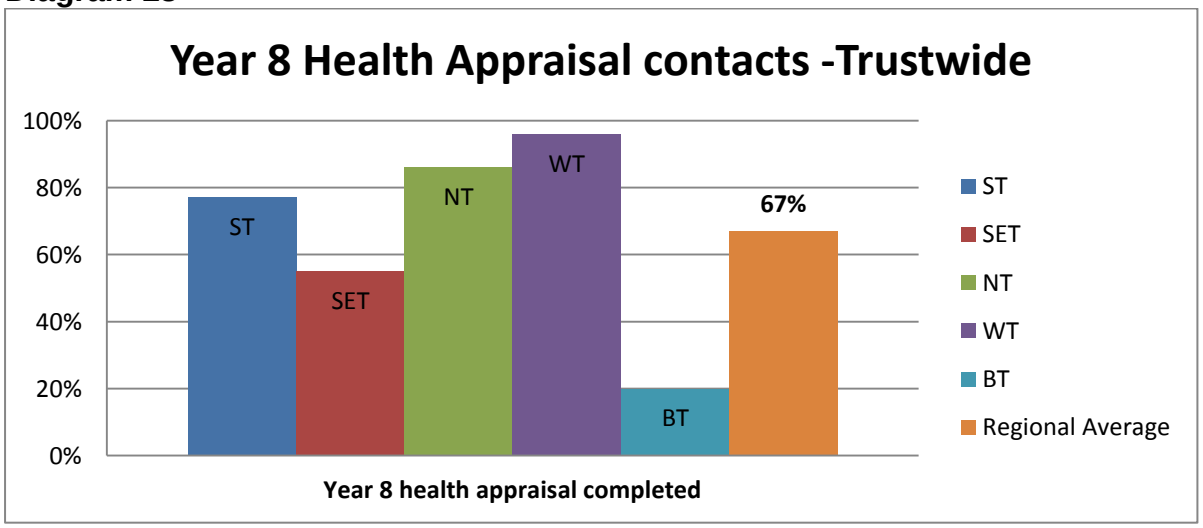


The number of referral required for children in Year 1 ranged from 14% to 28%, providing a regional average of 17%.

Year 8 Health Appraisal (Target 100%)

In line with the HCHF programme, the school nurse undertakes a health appraisal in Year 8. Diagram 28 illustrates the percentage of Year 8 health appraisals completed.

Diagram 28



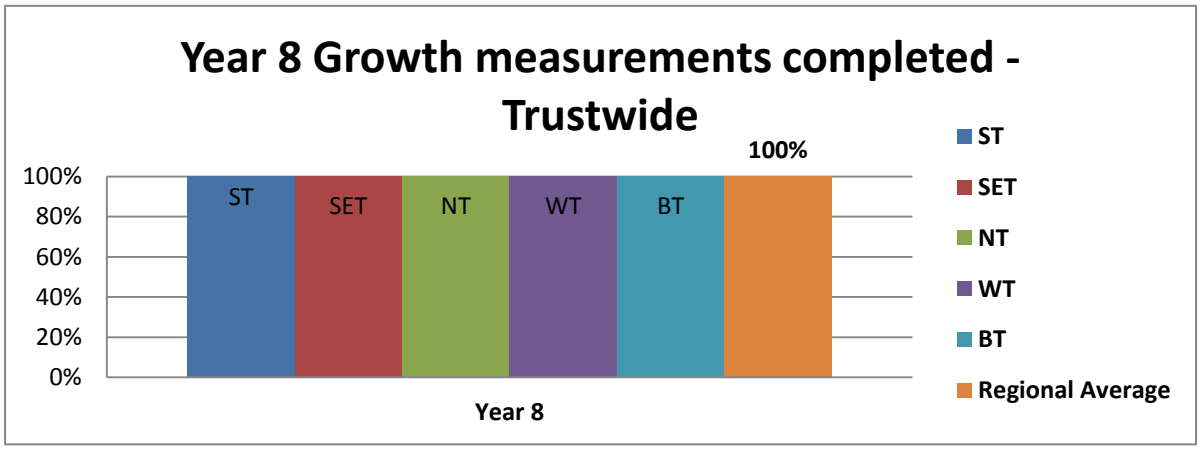
Health appraisal completed (Target 100%)

The level of compliance in relation to the completion of Year 8 contacts ranged from 20% to 96%, providing a regional average of 67%.

Growth measurements (Target 100%)

HCHF programme states that the school nursing team are required to complete growth measurements within the Year 8 health appraisal contact. Diagram 29 illustrates the percentage of growth measurements completed within each Trust.

Diagram 29

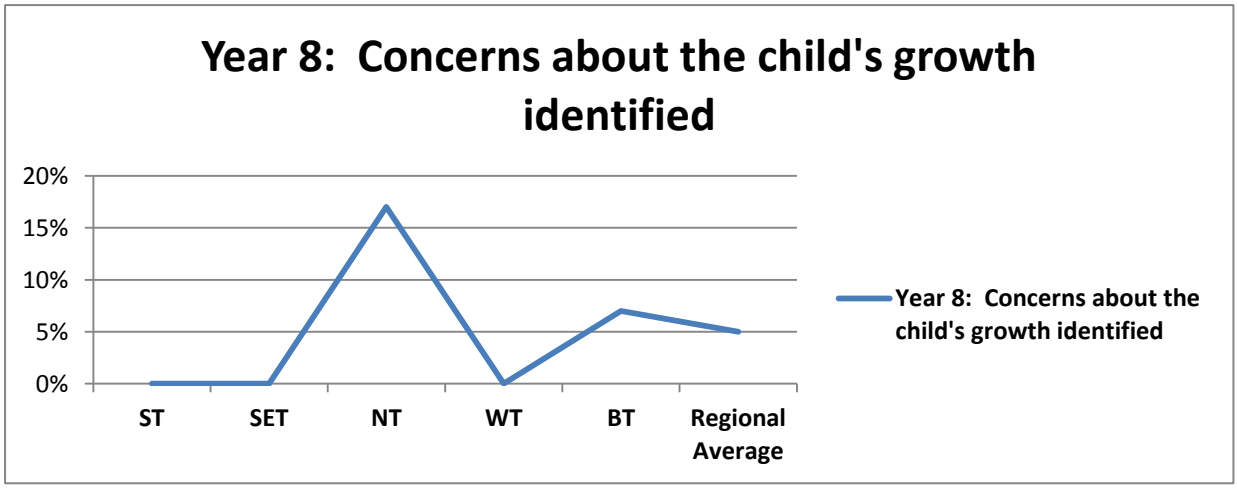


All five of the Trusts demonstrated excellent compliance in relation to the completion of Year 8 growth measurements. 100% compliance was achieved for every Trust within this audit sample.

Concerns about child's growth

The HCHF programme includes the measurement of the child's Body Mass Index (BMI) at the Year 8 health appraisal contact. If the school nurse is concerned about the child's growth they should discuss with the parents and with parental consent refer onwards in line with the local referral pathway. Diagram 30 displays the percentage of concerns identified within each Trust.

Diagram 30

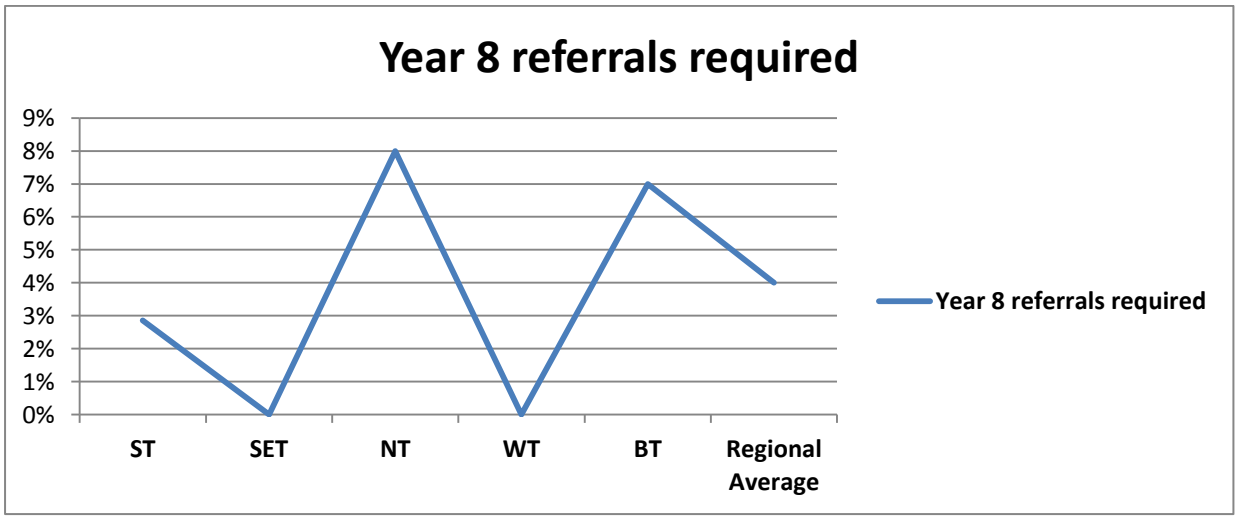


Two of the Trusts identified concerns in relation to children's growth measurements in 17% (n=6) of records and 7% (n=2) of records reviewed, three of the Trusts identified no concerns (0%). This provided a regional average of 5%. The Northern Trust has a referral pathway for children in Year 8 where there are identified concerns about growth.

Referrals

HCHF programme states that a referral can be made to another service at any point. This audit reviewed the percentage of referrals required at the Year 8 health appraisal contact as shown in Diagram 31.

Diagram 31

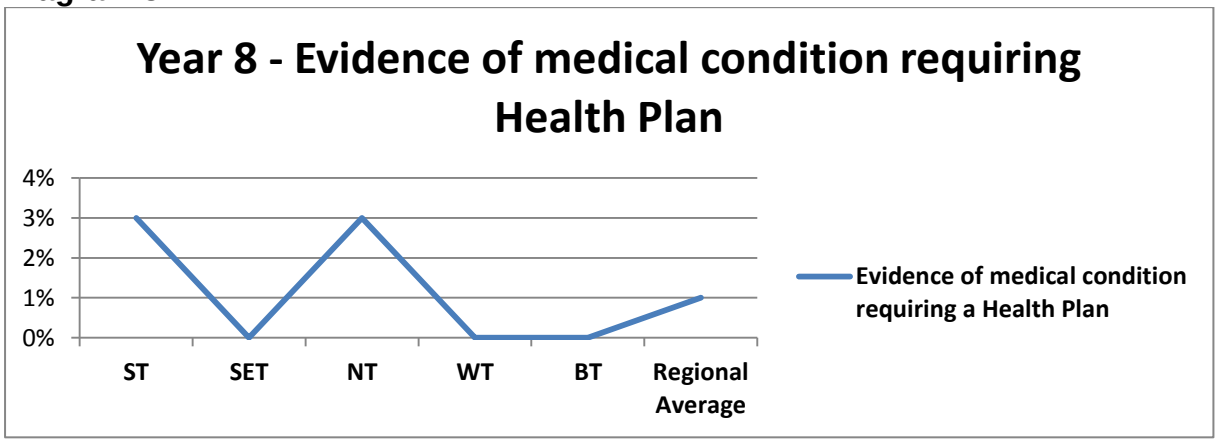


The number of referrals required in Year 8 ranged from 0% to 8% providing a regional average of 4%.

Medical condition requiring Health Plan

In line with the HCHF programme, the school nursing team should record evidence of a medical condition requiring a health plan within the Year 8 health appraisal contact. Diagram 32 illustrates the percentage of records that presented evidence of a medical condition requiring a health plan.

Diagram 32



The regional average in relation to evidence of a medical condition requiring a health plan was 1%. This ranged from 0% in three Trusts to 3% in the remaining Trusts.

Results from the Parental Telephone Survey – Year 1 Health Appraisal and Year 8 Health Appraisal (n=32)

The parental telephone survey was completed by the Trust representatives on the audit team within each of the Trusts. The results received from the parents of the primary school children in Year 1 whose records had been audited are displayed in Table 8. The results received from the parents of the post-primary school aged children in Year 8 whose records had been audited are displayed in Table 9.

Table 8: Parental results – Year 1 school children (N= 20)

	Question	%
1	*Are you aware of the School Nursing Service?*	
	Yes	95
	No	5

	Question	%
2	*Did you find that the information sent out to you with the health appraisal consent form was;* Useful & relevant Unhelpful I received no information	 95 5 -
3	*Did you feel you had enough time to discuss any concerns at your appointment?* Yes No	 100 -
4	*If not in attendance with your child at the health assessment appointment were you notified that the School Nurse saw your child?* Yes No	 50 50
5	*Did you find this appointment useful?* Yes No	 100 -
6	*If you have a specific health concern about your child e.g. bed-wetting, did you know you could / can contact the School Nursing service?* Yes No **Any Further Comments?**	 25 75
	• Good service • School nurse gave helpful advice • School nurse followed up how my child was doing and sent books to help with problem • School nurse was very informative and answered any concerns and referred to other services • Good idea to have review appointment in school • Very efficient service and my son is now wearing glasses • I wouldn't have thought about contacting the school nurse but would have contacted the health visitor or GP • Would like school to encourage parents participation at the Year 1 health appraisal	

Table 9: Parental results – Year 8 school children (N= 12)

	Question	%
1.	*Are you aware of the School Nursing Service?* Yes No	 75 25
2.	*You completed a Health Appraisal Form for your child in Year 8. How involved did you feel with your child's Year 8 Health Assessment?* Fully involved Partially involved Not at all involved	 46 36 18
3.	*Did you find that the information sent out to you with the health appraisal consent form was;* Useful & relevant Unhelpful I received no information	 89 - 11
4.	*Do you feel this is a good age for your child to have contact with the School Nursing Service?* Yes No	 100 -
5.	*Did your child discuss School Nursing visit with you?* Yes No	 58 42
6.	*If yes, did your child find this contact useful?* Yes Not discussed with parent	 27 73
7.	**Any Further Comments?** • Happy with school nursing service, always there if you need them • Confused about the nurse in the school and the school nursing service • Quiet service – very little knowledge of service and children do not discuss	

Summary

Discussion

The primary purpose of this audit was to:

- Review adherence to the standards outlined in the HCHF programme.
- Review service user's experience of the HCHF programme in order to identify areas for further development and improvement.

The findings of the audit should be considered in the context of the capacity pressures on health visiting and school nursing services across the region. All five Trusts have been managing with significant services capacity pressures. This is related to a regional shortage of trained available health visitors and school nurses resulting in long-term funded permanent vacancies. This is further exacerbated by the vacant caseloads as a result of maternity/long term sickness absence.

Health Visiting Service

Table 10 summarises audit findings by indicating the range in compliance with HCHF contacts provided across Trusts with an overall regional average as a benchmark.

HCHF Programme Standard	Range	Regional Average	Comment
Ante natal contact offer (after 28 weeks of pregnancy)	0% - 68%	36%	Antenatal Contact Completed 3% - 35% - regional average 23%
New Birth Review (10 – 14 days)	73% - 97%	86%	New birth review completed between 10 – 14 days
6-8 week health review	97% - 100%	99%	Contact completed at home 70% - 100% regional average 99%
14-16 week health review	70% - 100%	84%	
6-9 month health review	52% -97%	81%	
1 year health review	52% - 100%	88%	Contact completed at home 34% - 80% regional average 47%
2 year health review	87% -100%	96%	Contact completed at home 31% - 81% regional average 64%
4 year record review	67% - 100%	89%	Follow up telephone contact 0% - 75% - regional average 40%

All Trusts are experiencing challenges in relation to the offer of an antenatal contact (after 28 weeks of pregnancy) however the feedback from the parental telephone survey indicated that the respondents were positive about the benefits of this contact with a health visitor particularly for first time parents.

Trusts have also reported that due to workforce capacity pressures and the relatively short period of time between the 6 - 9 month and 1 year health review that health visitors will ensure that all children are seen for at least one of these contacts. During periods of decreased staffing levels the child may not be offered both health review contacts.

Analysis of the data shows variances in the delivery of contacts within the home setting as per the HCHF programme standard e.g. in the Southern Trust 31% of 2 year old contacts were at home in comparison to the Northern and South Eastern Trusts were 81% and 80% respectively (see diagram 8) .

The three year integrated review was not audited as all Trusts confirmed that this contact was not being delivered at the time of the audit. When parents were surveyed about the health visiting service, they reported they would value contact between the 2 year health review and their child starting school. Analysis of the data in relation to the 4 year record review indicated that there was a wide variation across Trusts in relation to the follow up contact post the record review (see diagram 9).

Following completion of the FHA, the number of health plans available in the files audited was lower than expected given research evidence regarding the level of need within child and parent populations (CMO 2013[16], Wave Trust 2013[17]). This may be related to health visitor and school nurse vacancies within Trusts. Health visitors and school nurses may not have the capacity to respond to all health needs identified however this requires further local analysis. The PHA is leading on the development of an electronic analysis caseload tool (Ecat Health Visiting). This will support practitioners and managers when completing analysis and audit of health plans within the health visiting service.

The audit findings indicated that adherence to the standards outlined in the HCHF programme had potential for improvement in a number of areas:

- Maternal mental / emotional health assessment and recording that the prediction and detection questions have been asked on two occasions.
- Routine enquiry into domestic abuse, particularly in the antenatal contact.
- Consistent and accurate recording in the PCHR for the following:

    - ❖ Update of risk factors (all contacts)
    - ❖ Accurate recording of Infant feeding status (NBR to 1 year contact)
    - ❖ Newborn bloodspot result being provided to parents (6-8 week contact)
    - ❖ Newborn hearing screening result filed in record
    - ❖ Home safety discussions (6-9 month contact).

- Growth monitoring (measurement and plotting on centile chart particularly when children move out of infancy).
- Consistent follow up of children who have not been seen since the 2 year health review through the 4 year record review. This should either be a telephone contact with the parent or face to face to contact with the child and parents. This will include appropriate liaison with the school nursing service.

Although the audit did not review information sharing from other services, it became clear during the audit that there are regional differences in notification of domestic violence incidents from social workers. In some Trusts health visitors are routinely advised when there has been an incident of domestic violence in families with preschool children. This requires further discussion to agree a regional approach to child care social workers sharing of information on domestic violence incidents in families with preschool children.

The parental telephone survey indicated that parents were generally positive about the HCHF programme and about the health visiting service. Parents were able to give examples of health promotion advice that they had acted upon. Parents were positive about meeting a health visitor before their baby was born and there was a general theme about ensuring a range of support was available for parents; from home visits; to regular telephone contacts; to having access to ‘Baby Clinics. ’

School Nursing Service

Table 11 summarises audit findings by indicating the range in compliance with HCHF programme contacts provided across Trusts with an overall regional average as a benchmark.

HCHF Programme Standard	Range	Regional Average	Comment
Year 1 Health Appraisal	92%-100%	97%	Parents present ranged from 46% to 84% with regional average of 65%
Year 8 Health Appraisal	20% -96%	67%	

The audit indicated high compliance with the Year 1 health appraisal despite pressures on school nursing service and this reflects school nurses commitment to ensuring that all children have a health assessment at school entry in order to facilitate appropriate and timely referrals to Paediatric, Orthoptic and Audiology services. A number of the Trusts are to be commended for the high level of parental involvement in the Year 1 health appraisal (see diagram 23).

The audit findings indicated that adherence to the standards outlined in the HCHF programme had potential for improvement in a number of areas:

- Updating of FHA at the Year 1 health appraisal when parents are present
- Consistent identification of concerns about children's growth in Year 1 and Year 8 as considerable variation across Trusts
- Year 8 health appraisal uptake

The parental telephone survey indicated that parents were generally positive about the HCHF programme for school aged children and about the school nursing service. Parents were overwhelmingly positive about meeting a school nurse at the Year 1 health appraisal in the school and about the advice provided. There was less parental knowledge of the school nursing at the Year 8 health appraisal stage but again parents were overwhelming positive about the school nurse having contact with their child. The auditors identified a theme of parents been unclear about the role of the school nurse.

The HCHF programme guidance identifies school health profiling as being a key health improvement activity. Health profiling could be used to identify the needs of the school age population. Information from individual health assessment could be collated and utilised to develop prevention and early intervention programmes to address the needs of this population within the school setting and within local communities (DHSSPS 2010).[2]

The audit did not incorporate school health profiles as the PHA and the regional school nursing manager working group are currently developing a regionally agreed profiling tool. School Nurses are trained to use data obtained from these profiles to work in partnership with others to develop prevention and early intervention programmes. It is recognised that significant capacity issues in the school nursing workforce impact on this service's ability to respond to health needs in the school aged population.

Learning from the Audit

The audit team employed a number of measures to firstly ensure the overall quality of the audit process and secondly to improve the validity and reliability of findings including:

- Initial pilot of the audit tool and following the pilot, amendments were made.
- Development of guidance for auditors including agreed escalation process.
- Trust auditors did not audit their resident children's records which promoted objectivity.
- PHA Service Improvement Nurse re-audited 10% of the records to ensure audit teams were consistently applying audit tool criteria.
- Audit corrective action forms were used when auditors identified that a child required follow-up from a health visitor / school nurse.

However, on reflection the audit team did identify limitations to the audit which should be considered when future audits are undertaken:

The audit tool gathered too much information so the tool should be further refined with a focus on smaller audits of key areas.

- The parental survey should also be further refined so that all parents are asked the same questions and more time should be allowed for parental survey to enable all Trusts to reach expected sample size.

- Further consideration is needed to how audit data collection is managed in Trusts with electronic records.

Recommendations

The audit results will be shared with all of the HSC Trusts and the findings and recommendations will be disseminated by the auditors in each Trust to their local health visiting and school nursing teams. Each HSC Trust should consider the information provided by the audit and a regional action plan should be developed to take forward the main areas of improvement. Progress should be monitored through the Public Health Agency (PHA) and the Healthy Futures Programme Board.

Recommendation 1

The PHA and Trusts should agree a time frame for the full implementation of the HCHF programme so that the integrated health review contact is introduced for three year old children in preschool education settings.

Recommendation 2

Trusts should consider their specific areas of non-compliance with the HCHF programme and agree a process to enable local improvement.

Recommendation 3

All Health Visitors/ members of the health visiting team must adhere to the required HCHF programme practice and recording standards:

- Family Health Assessment completed with summary assessment updated at the 14-16 week health review and at the 1 year and 2 year health reviews.
- Review of risk factors must be completed at each health review contact.
- Infant feeding status recorded at NBR (10-14days), 6-8 weeks health review, 14-16 week health review and 6 - 9 month health review and reason provided if not completed.
- Home safety discussion recorded at 6-9 month health review contact and reason provided if not completed.
- All growth measurements completed and centiles recorded at health review contacts and reason provided if not completed

- Maternal mental health – the prediction and detection questions dates and outcomes recorded on two occasions commencing antenatally if possible and reason provided if not asked
- Domestic abuse routine enquiry questions dates and outcomes recorded on two occasions commencing antenatally if possible and reason provided if not asked

Recommendation 4

Given the offer of an antenatal contact was relatively low and even less women were actually seen by a health visitor, the PHA should consider how Trusts could incrementally improve compliance with this core contact.

Recommendation 5

The PHA and Trusts should agree the required standard for filing or annotating newborn bloodspot screening results in the health visitor repository file, to ensure that the outcome of screening tests are available.

Recommendation 6

Health visitors must endeavour to deliver the following HCHF programme health review contacts in the home – NBR (10 - 14 day), 6 to 8 weeks, 1 year and 2 year.

Recommendation 7

Regional consensus should be reached about childcare social work teams' notification of domestic violence incidents in families with preschool children to the health visiting service and the expected role of the health visitor if notification is agreed.

Recommendation 8

If a health visitor or school nurse intervention is required in response to a health need identified through FHA, then the associated health plan must be available in the health visitor/school nurse repository file.

Recommendation 9

School Nurses should ensure that the FHA is updated at the Year 1 health appraisal when parents are present.

Recommendation 10

Further consultation is required with key stakeholders; including school aged children and their families to determine the most effective approach to promoting the role of the school nurse with service users.

Recommendation 11

Trusts should give consideration to re-auditing adherence to the HCHF programme standards.

Conclusion

A central theme in the DHSSPS (2014)[4] public health strategy 'Making Life Better' is giving every child the best start in life. The HCHF programme is central to ensuring that every child has a range of good quality universal contacts in the preschool and school years to promote the best possible outcomes for all children. The findings of the audit will be a useful baseline for a further review of the regional child health promotion programme.

The audit design was effective in identifying areas of compliance and also areas where standards could be improved. Overall, despite regional service pressures, there was evidence that health visitors and school nurses are working proactively to ensure that all children and parents have access to the HCHF programme.

This audit was limited as it only reviewed the universal contacts delivered by health visitors and school nurses. The audit could be repeated with a wider scope to review the entire programme which would include health review contacts delivered by General Practitioners, Paediatricians and Midwives.

Parents were positive about the service they had received and were receptive to the parental survey. Further consideration could be given to using this approach to gather service user experience which could inform further developments of the programme.

Acknowledgement

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- The Trust Child Health System Leads.
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- Anne O'Callaghan University of Ulster for undertaking an independent review of the final report.
- We are particularly indebted to the audit team who made this report possible through their commitment over the audit time frame and for their assistance in compiling this report.

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References

[1] Hall D.M.B and Elli man D. (2003) *Health for all children*. 4th edition Oxford University Press

[2] Department of Health Social Services and Public Safety (2010) *Healthy Child Health Future. A framework for the universal child health promotion programme.* Belfast: DHSSPS http://www.dhsspsni.gov.uk/healthychildhealthyfuture.pdf

[3] Department of Health Social Services and Public Safety (2013) *Transforming Your Care. A Review of Health and Social Care in Northern Ireland.* Belfast: DHSSPS

[4] Department of Health Social Services and Public Safety (2014) *Making Life Better. A Whole System Strategic Framework for Public Health 2013 – 2023.* Belfast: DHSSPS

[5] Area Child Protection Committees (2005; 2008) *Regional Child Protection Policies and Procedures.* ACPC http://www.safeguardingni.org/sites/default/files/sites/default/files/imce/REGIONAL%20POLICY%20AND%20PROCEDURES.pdf

[6] Department of Health Social Services and Public Safety (2010) *Understanding the Needs of Children in Northern Ireland (UNOCINI) Thresholds of Need Model.* Belfast: DHSSPS. https://www.dhsspsni.gov.uk/publications/thresholds-need-model

[7] Department of Health Social Services and Public Safety (2010) *Regional Health Visiting and School Nursing Guidelines for Family Health Assessment, Health Planning and Chronology of Significant Events.* Belfast: DHSSPS

[8] National Institute for Health and Clinical Excellence (2007) *Antenatal and Postnatal mental Health. The NICE guideline on Clinical Management and Service Guidance.* London: The British psychological Society and Royal College of Physicians. Addendum December 2014. London: NICE. http://guidance.nice.org.uk/CG45/NICEGuidance/pdf/English

[9] National Collaborating Centre for Primary Care (2006) *Routine postnatal care of women and their babies.* London: National Collaborating Centre for Primary Care and Royal College of General. London: NICE. http://www.nice.org.uk/guidance/cg37

[10] Public Health Agency (2012) *Integrated Perinatal Mental Health Care Pathway.* Belfast: PHA. http://www.publichealth.hscni.net/sites/default/files/FINAL%20PERINATAL%20MENTAL%20HEALTH%20CARE%20PATHWAY_20DEC2012.pdf

[11] Northern Ireland Newborn Hearing Screening Programme Quality Management Report (2015)

[12] Public Health England (2015) *Data Collection and Performance Analysis Report Newborn Blood Spot Screening in the UK 2013-14*. Public Health England Publications https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456183/2013-14_Data_Collection_and_Performance_Analysis_report.pdf

[13] Department of Health Social Services and Public Safety (2010) *UNOCINI Guidance. Understanding the needs of children in Northern Ireland.* Belfast: DHSSPS

[14] Public Health Agency (2015) *Regional Health Visiting and School Nursing Guidelines for Family Health Assessment, Health Planning and Chronology of Significant Events.* PHA: Belfast.

[15] Department of Health Social Services and Public Safety (2006) Departmental Policy Circular Routine Enquiry for Domestic Abuse. Belfast: DHSSPS

[16] Chief Medical Officer (2013) *Annual report of the Chief Medical Officer 2012 - Our Children Deserve Better: Prevention Pays.* London: DH https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

[17] Wave Trust (2013) *Conception to age 2 – the age of opportunity*. Surrey: Wave Trust / DE. http://www.wavetrust.org/our-work/publications/reports/conception-age-2-age-opportunity

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List of Diagrams

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Glossary of Terms

Term	Definition
Growth Centile Chart	A range of charts have been developed by the Royal College of Paediatrics and Child Health based on the World Health Organisation (WHO) Child Growth Standards, which describe the optimal growth for healthy, breast fed children. These charts are used to record and monitor a child's growth for child health surveillance and where required for detailed monitoring of children with health problems.
Family Health Assessment	A FHA is a framework for health visitors and school nurses to gather information from parents to identify the health of individuals, families and communities in order to provide a client centred service. In partnership with families, the FHA will focus on encouraging families to acknowledge their health needs and plan appropriate interventions jointly to address identified needs.
Newborn Hearing Screening Programme	The NHS Newborn Hearing Screening Programme (NHSP) aims to identify moderate, severe and profound deafness and hearing impairment in newborn babies. The programme offers all parents in Northern Ireland the opportunity to have their baby's hearing tested shortly after birth.
Newborn Bloodspot Screening Programme	Newborn Blood Spot Screening is offered to all newborn babies up to one year of age. The programme aims to identify babies who are at high risk of having certain serious but rare conditions before they develop symptoms. By detecting these conditions early it is possible to treat them and reduce their severity.
Personal Child Health Record (PCHR)	The PCHR is handed over to parents at time of birth of their baby and has been designed to record the outcome of universal screening and child health review contacts for children and parents. The PCHR provides a signpost for parents to the most up-to-date health promotion and education information contained in the 'Birth to Five' book issued to parents by midwifery.
Routine enquiry	Routine enquiry or 'asking about domestic abuse' allows women to disclose their experiences of domestic abuse so that they may be given the appropriate healthcare or be referred to other agencies. It is recommended that midwives and health visitors ask women about domestic abuse in the antenatal and postnatal periods.

Term	Definition
UNOCINI	Understanding the Needs of Children in Northern Ireland (**UNOCINI**) is an assessment framework developed by health and personal social services in conjunction with colleagues from other agencies and organisations, such as education and the police. It aims to support professionals in assessment and planning to better meet the needs of children and their families by providing a process by which their circumstances can be considered. It provides a format for a preliminary assessment that can be undertaken by any professional within any agency. This helps professionals make effective and safe decisions about how a child and their family's needs can be addressed.

Appendices

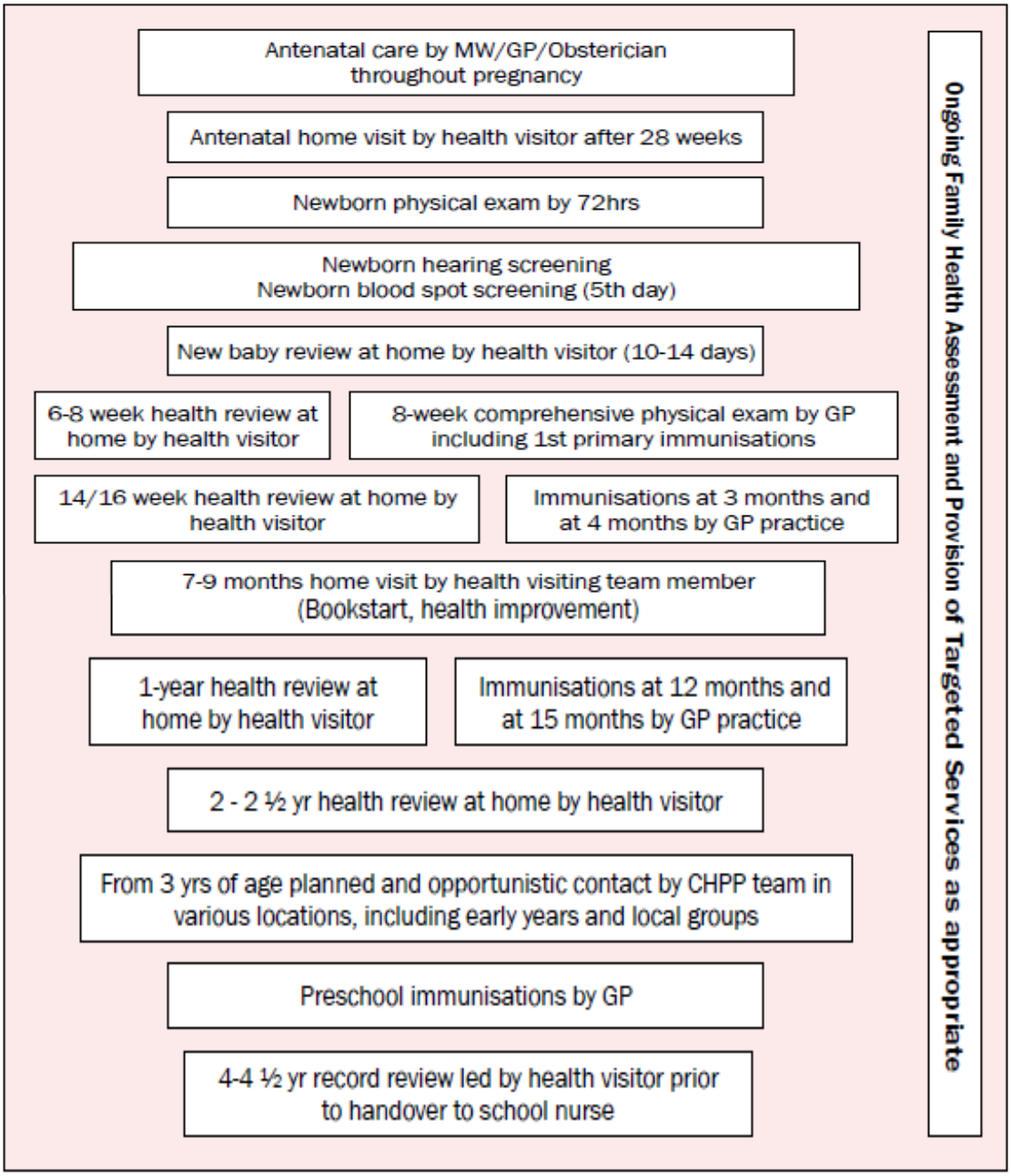
Appendix 1:

Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland

3.2 The Universal Preschool Programme

Flowchart

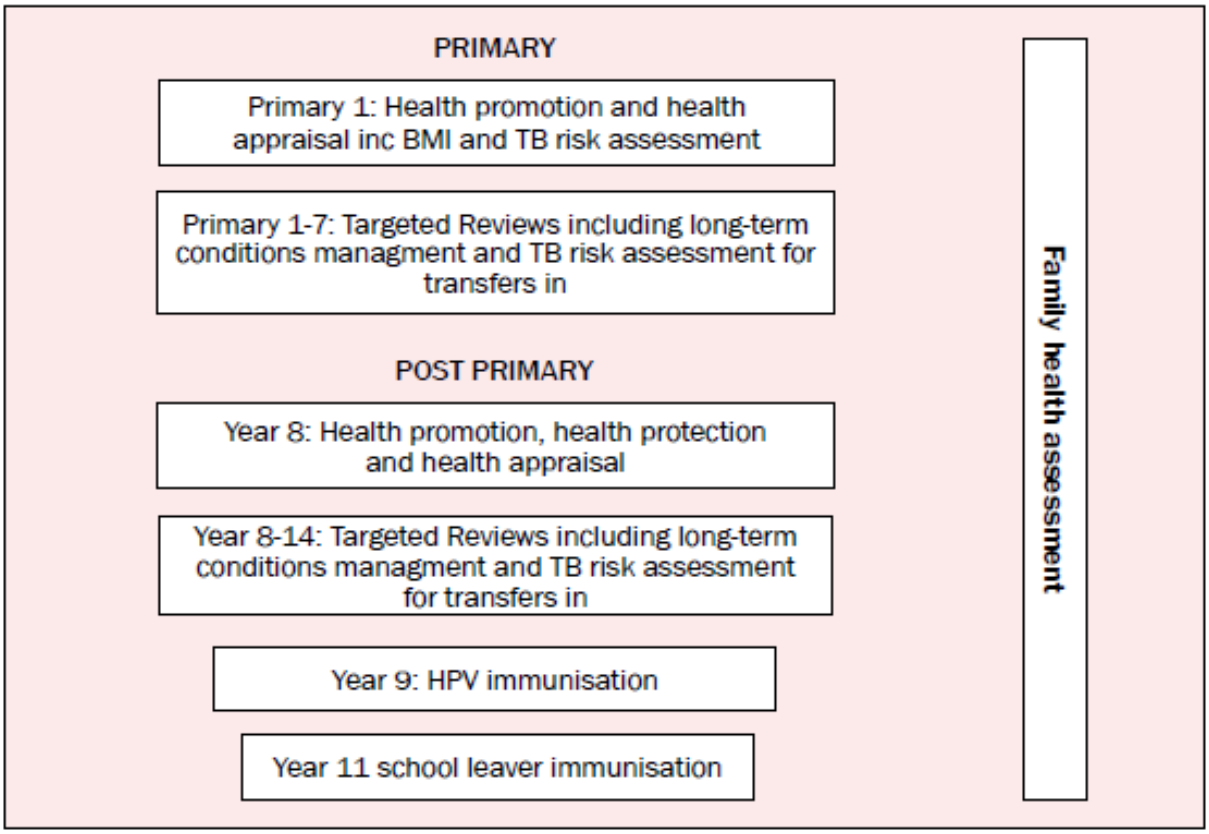


Appendix 2:

Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland

The Universal School Age Programme Flowchart



Appendix 3: Audit Tool - Antenatal contact to the 14 - 16 week Health Review

Health Visitor Audit Tool Jan 15					
Record Number	Trust	1	2	3	4
Was an antenatal contact offered?					
Has the antenatal status been recorded on the NBR Part 2?					
Was antenatal contact completed?					
Were the PCHR record sheets in the file?					
Was NBR completed by Health Visitor?					
Was it completed within 10-14 days?					
If no, is the reason recorded?					
Was the newborn baseline clinical assessment completed?					
Have growth measurements been completed?					
Have growth measurements been plotted on centile chart as per guidelines?					
Was infant feeding status recorded on the NBR Part 1?					
Is newborn hearing screening assessment available in file?					
Were the risk factors (PCHR) reviewed and updated?					
Was a referral to another service required?					
If yes, was the referral made?					
Was the PCHR record sheet in the file?					

Was the health review at 6-8 weeks completed?					
Was it completed at home?					
Have growth measurements been completed?					
Have growth measurements been plotted on centile chart as per guidelines?					
Is infant feeding status recorded?					
Is the newborn bloodspot result available in the file?					
Is there evidence that the bloodspot result has been given to the parents?					
Were the risk factors reviewed and updated?					
Was a referral to another service required?					
If yes, was the referral made?					
Was the PCHR record sheet in the file?					
Was the 14-16 week Health Review completed?					
Have growth measurements been completed?					
Have growth measurements been plotted on centile chart as per guidelines?					
Is infant feeding status recorded?					
Were the risk factors reviewed and updated?					
Was a referral to another service required?					
If yes, was the referral made?					
Was the FHA completed by 14-16 week contact?					
Was the summary assessment completed?					

If applicable, have the prediction and detection questions been asked on 2 occasions by the 14-16 week contact?					
If positive response was an intervention offered?					
If antenatal contact made, was routine enquiry carried out?					
If routine enquiry not made at antenatal contact, is an explanation provided in the record?					
Was a routine enquiry made at postnatal contact?					
If routine enquiry not made at a postnatal contact, is an explanation provided in the record?					
If positive response was an intervention offered?					
Was FHA commenced at the first contact?					
Has FHA identified additional health needs?					
If yes, has a health plan been commenced?					
Is there evidence that the health plan has been reviewed?					

Appendix 4: Audit Tool 6 – 9 month Health Review to 1 year Health Review

Health Visitor Audit Tool Jan 2015					
Record Number	**Trust**	**1**	**2**	**3**	**4**
Was the PCHR record sheet in the file?					
Was a 6-9 month health review contact completed?					
Was it completed at home?					
Was it completed in a group?					
Is infant feeding status recorded?					
Was home safety discussed?					
Was a Book Start Pack given?					
Was a referral to another service required?					
If yes, was the referral made?					
Was the PCHR record sheet in the file?					
Was 1 year health review completed?					
Was it completed at home?					
Have growth measurements been completed?					
Have growth measurements been plotted on centile chart as per guidelines?					
Was infant feeding status recorded?					
Were the risk factors reviewed and updated?					
Was a referral to another service required?					
If yes, was the referral made?					
Was summary assessment completed?					

Appendix 5: Audit Tool 2 year Health Review

Health Visitor Audit Tool Jan 15					
Record Number	Trust	1	2	3	4
Was the PCHR record sheet in the file?					
Was the 2 year health review contact completed?					
Was it at home?					
Was measurement of the child's weight completed?					
Was weight plotted on centile chart as per guidelines?					
Were the risk factors reviewed and updated?					
If required, was a health plan for the child commenced or updated?					
Was a referral to another service required?					
If yes, was the referral made?					
Was summary assessment completed?					

Appendix 6: Audit Tool 4 year Record Review and Year 1 Health Appraisal

Health Visitor Audit Tool Jan 15					
	Trust	**1**	**2**	**3**	**4**
Was 4 year record review completed?					
Was a telephone contact completed?					
Was a face to face contact completed?					
If face to face contact made, is PCHR sheet in file?					
Was a referral to another service required?					
If yes, was the referral made?					
If applicable were issues notified to School Nurse?					
Is the Year 1 health appraisal form in file?					
Was a year 1 health appraisal completed?					
Where parents present?					
If yes and FHA available was it updated?					
Were parents contacted if appropriate? (if not present)					
Have growth measurements been completed?					
Have growth measurements been plotted on centile chart as per guidelines?					
Were concerns about the child's growth identified?					
If yes, is there evidence of discussion or follow up with parent?					
Was immunisation programme up to date?					
If no, is there evidence of discussion or follow up with parent?					
Was a referral to another service required?					
If yes, was the referral made?					
Is there evidence of a medical condition requiring a Health Plan?					
If yes is there a Health Plan in place?					

Appendix 7: Audit Tool Year 8 Health Appraisal

Record Number	Trust	1	2	3	4
Is the Year 8 health appraisal form in file?					
Was a year 8 health appraisal completed?					
Have growth measurements been completed?					
Have growth measurements been plotted on centile chart as per guidelines?					
Where concerns about child's growth identified?					
If yes, is there evidence of follow up?					
Was a referral to another service required?					
If yes, was the referral made?					
Is there evidence of a medical condition requiring Health Plan?					
If yes is there a Health Plan in Place?					

Appendix 8: Audit Corrective Action Form

Audit Corrective Action Form			
For immediate action by	**Name/Position**		
Family Name			
Date of Audit:		**H & C NO**	
Issue	**Action Required**		**Timescale**

This will be reviewed at operational and/or safeguarding children supervision.

Review Date:…… Signature:…….

Copies to:	**Manager**
Nurse	
	SCNS if applicable

Signature of person/s completing

Audit:……

A copy of this Guideline is available for download and print via

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