Office for Health
Improvement
& Disparities

Annual review for FNP England

April 2022 – March 2023

Context

- The licence for the FNP programme in England is held by the Secretary of State for Health and Social Care.

- The FNP National Unit sits in the Department of Health and Social Care and oversees the delivery of the programme.

- The FNP programme in England is commissioned in local areas by public health commissioners via the public health grant.

- The programme is delivered by provider organisations as part of the 0-19 years service offer in local areas

The FNP National Unit has a remit for extending access to evidence based practice for families facing multiple difficulties including overseeing delivery of the FNP programme in England.

The team is made up of staff with clinical, implementation, quality improvement, stakeholder engagement, project management and communications expertise

The FNP programme in England is being delivered in 54 sites at the end of the reporting period.

During the reporting period:
- **6,429** clients were active
- **2,109** clients were enrolled
- **1,370** graduated
- **3** sites decommissioned
- I joint site separated into 2 individual sites
- **22** new supervisors were recruited. This equates to **36%** of the total supervisor workforce

Quality Improvement goals

An update on the quality improvement goals for 2022/23 set at the last annual review

Approach to continuous quality improvement

Quality improvement goals for 2022/23

QI 1. To maximise the functionality of the data system.

QI 2. To implement the learning from the neglect and IPV work undertaken as part of the ADAPT project.

QI 3. To refresh the Knowledge and Skills exchange strategy.

QI 4. To continue to enhance our understanding of the needs and outcomes of clients and their children to inform the development of FNP and the wider system work for all vulnerable children.

Implementation quality is monitored in a number of ways using:
- routinely collected data
- the site annual review process
- intelligence gathered from learning events
- attendance at advisory boards
- contact with sites.

This data is analysed and reported on a quarterly basis.

The Quality Improvement and Development Leads work alongside clinical colleagues to support relationships with commissioners and provider leads to facilitate local implementation and quality improvements.

Local sites hold annual review meetings and quarterly advisory board meetings.

The FNP National Unit provides a Quality Assurance Framework for sites which has been refreshed this year in line with the release of the reporting dashboard on the new information system.

QI 1 - Maximising the functionality of the new information system

A new suite of interactive operational reports enable filtering through to nurse, client and infant level information

1. **Client Enrolment and Status**
   Age and gestation at enrolment
2. **Demographics**
   Data on ethnicity, language, education, education/employment/income, relationships, housing, contraception, pregnancy
3. **Infant Health**
   Data on weight, A & E attendance, immunisations
4. **Infant Feeding**
   Data on breastfeeding rates
5. **Maternal Health**
   Data on physical and mental health of clients
6. **Ages and Stages Questionnaires**
   Data on ASQ and ASQSE scores and range
7. **Smoking Drugs and Alcohol**
   Data on client behaviours in relation to smoking, alcohol and drug use
8. **New Mum Star and Mastery**
   Data on use of the New Mum Star; areas of need focused on action planning and data on mastery assessments
9. **Visits**
   Data on visits and contacts
10. **Safeguarding**
    Data on safeguarding interventions for client and infants (report not yet in production due to technical issues)

Client Enrolment and Status	Demographics	Infant Health
Infant Feeding	Maternal Health	Ages and Stages Questionnaires
Smoking Drugs and Alcohol	New Mum Star and Mastery	Visits
	Safeguarding	

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Site level and national level dashboards

The new dashboard provides a standard report for every site with data on key FNP programme delivery and outcome metrics. Data is provided for each site for any 12-month period, the previous 3-year aggregate and 12-month national programme. A national dashboard is available for the national unit reflecting data for all sites in England

1. **Programme Delivery**

Number clients enrolled, families worked with, age of child at graduation, client status and New Mum Stars delivered

2. **Nurse Activity**

Visits, Dialled visits/reasons, father participation, collaborative/nurse only New Mum Stars delivered

3. **Client Intake Characteristics and Vulnerabilities**

Age and gestation at enrolment, ethnicity, language, education, mental/physical health, mastery, income, housing, substance use, relationships

4. **Child Outcomes**

Birth weight, prematurity, special care, breastfeeding, ASQs, immunisations, A&E/Hospitalisations, smoke free homes

5. **Maternal Outcomes**

Mental health, mastery, EET status, 2nd pregnancies, contraception, substance use

6. **Safeguarding**

Client – historic, intake and current social care interventions, IPV disclosures

Child – pre-birth assessments, social care interventions

7. **Data Completeness**

Data completeness for all scheduled forms

Programme delivery	Nurse activity	Client intake characteristics & vulnerabilities
Child outcomes	Maternal outcomes	Safeguarding
Data completeness		

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Quality Assurance Framework

➢The framework sets out the roles and responsibilities of each of the key stakeholders involved in the delivery of the FNP programme. It is designed to support collaborative working across the system and enable high quality programme delivery.

➢This framework, alongside the FNP licence and core model elements, enable national and local funders to be confident that the benefits to children and families are realised through high quality programme replication.

➢The Quality Assurance Model within this framework sets out how compliance to the core model elements is measured, and what metrics are used to monitor how the service is delivered alongside the outcomes achieved by clients and their children.

Family Nurse Partnership
Quality Assurance Framework

February 2023
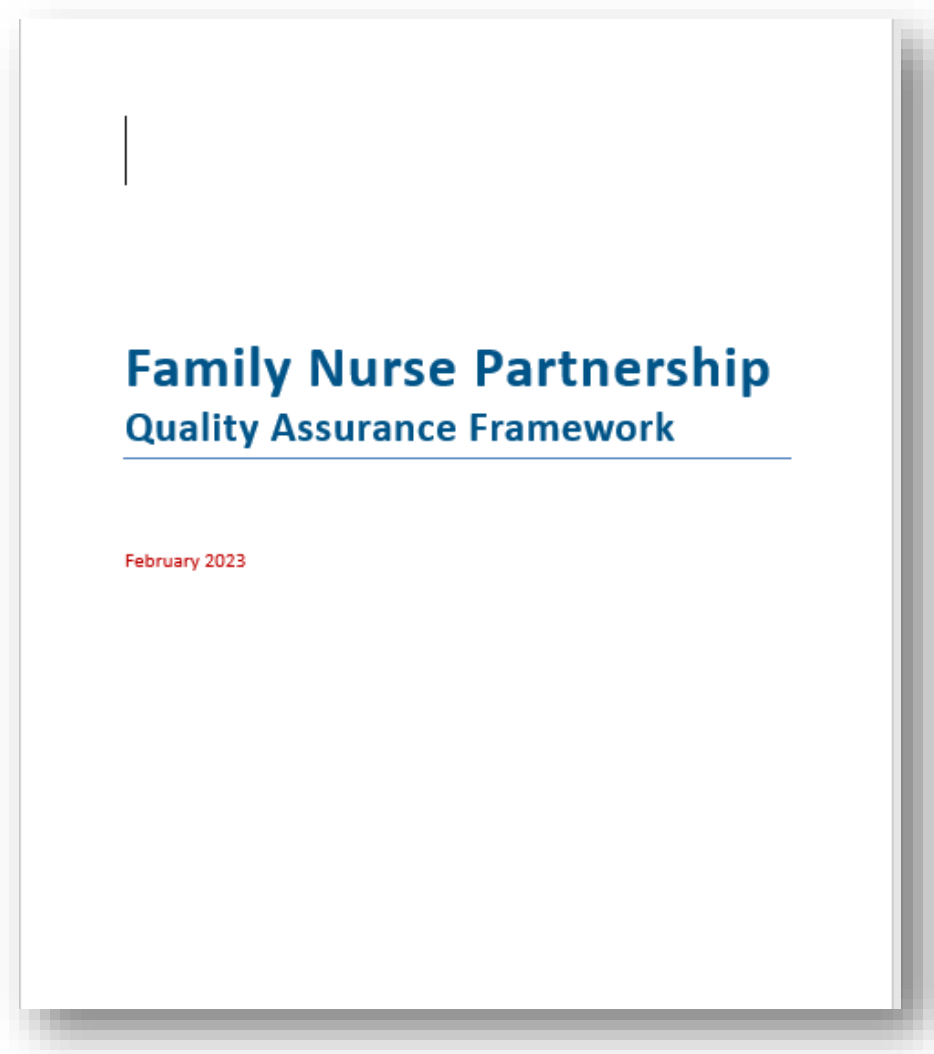
QI 2- To implement the learning from the neglect and intimate partner violence work undertaken in the ADAPT project

Context:

ADAPT : FNP sites tested IPV & neglect adaptations including a pathway, new facilitators and activities

Learning taken from international implementation of the IPV pathway in Nurse Family Partnership

Experience and data indicated that need for this work had increased

This knowledge and experience was brought together into an enhanced learning package for all sites.

A visual graphic was created to summarise the enhanced approach

PREGNANCY		
ASSESS **CORE MATERIALS** Use these core materials to support assessment of 5 key areas: mental wellbeing, attitude to pregnancy, IPV, life history, substance use. Complete before NMS to inform NMS assessment.		
Life history calendar My typical day (keep to review after birth) HADS	Becoming a parent Feelings & emotions (now I am pregnant)	My world of support[1] My experiences
NEW MUM STAR		
ADDITIONAL MATERIALS FOR ENHANCED NEGLECT AND IPV LEARNING PACKAGE: to support assessment of 5 key areas: mental wellbeing, attitude to pregnancy, IPV, life history, substance use.		
Healthy Relationships activity (new) Power and control & equality Duluth wheels Traffic lights neglect activity (new)		
IS THE UNBORN BABY AT IMMEDIATE RISK OF HARM &/OR NEGLECT? **Consider: DASH; safety plan; urgent referral to children's social care?**		
ANALYSE: Points to consider: • Scale point 1 or 2 on NMS prongs: Health & wellbeing; connecting with baby; relationship • Resilience and vulnerability factors • Discrepancies or missing information • Safeguarding risks		• Additional evidence • Turas data (E4, E5) • Other professionals' opinions • Concerns raised by family &/or friends • Clinical judgement • Additional reflection from supervision
Further assessment: • Missing information / gaps in knowledge– how can any gaps be filled? E.g. collaboration with other professionals; further assessment / tools • Referrals to other services e.g. perinatal mental health support; domestic abuse support • Collaborative plan with client NMS action plans: breaking goals down into small manageable steps		
IMPLEMENT: Use tools, activities, DANCE and PIPE to support client to reach their goals. See guidance document for which materials may be most helpful		
EVALUATE: re-visit action plans regularly with client and review in supervision		

The enhanced learning package:

• builds on the knowledge and skills of FNP teams to be trauma informed, strengths based and risk aware

• builds on the use of personalisation and use of the New Mum Star

• guides nurses' choice of programme materials for assessing and analysing the risk of IPV and neglect

• provides some new materials that were found in the ADAPT work to enhance conversations with clients and families and supports their understanding of the impact of IPV and neglect on their infant.

The enhanced learning package

Learning objectives

1. To review the impact of **childhood trauma and adversity** on the risk of parents experiencing IPV or becoming neglectful parents.

2. To increase nurses' understanding of the **impact of IPV** on clients and their infants and enable nurses to support clients with informed choices to prioritise their own safety and that of their infant.

3. To refresh nurses' understanding of the **importance of responsive and sensitive caregiving** and its relationship to neglectful parenting.

4. To support nurses to build on their existing skills, knowledge and confidence to **accurately assess and articulate the risk of IPV and neglect.**

5. To enhance nurses' expert clinical knowledge and skills to **plan and implement effective interventions** to address the specific needs of each family.

6. To support nurses and supervisors to acknowledge the emotive nature of this work and the **potential impact on themselves.**

Delivery of the learning package

Pre-learning survey – unlocked access to Moodle prep (293 responses)

Moodle preparation course:

➢ Overview of the package

➢ Materials to review trauma and resilience, neglect, IPV

➢ Additional context documents e.g. safeguarding reviews highlighting IPV and neglect

➢ The new materials

Virtual learning day for whole workforce – 9 days offered (92% attendance)

Evaluation of learning

Consolidation activities on Moodle

Review survey planned for June 2023 – 6 months post implementation

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Ql 3 - To refresh the Knowledge and Skills Exchange strategy

Background

The Knowledge and Skills Exchange (KSE) initiative was first launched in 2016. Its aim was to facilitate the sharing of skills and knowledge between local FNP teams and practitioners in the local area who they worked alongside.

The FNP National Unit in collaboration with a group of supervisors and family nurses produced four learning packages for use by FNP teams

➢ Engaging marginalised clients

➢ Understanding attachment

➢ Understanding the adolescent brain

➢ Communication skills

These packages have been widely implemented since 2016 and combined with a recognition of further unmet need in disadvantaged families of all ages, this has led to the development of a range of bespoke pathways and service models, often supported by KSE learning packages.

Aim:
➢ To revise the existing learning packages
➢ To develop new resources, and improve the way the learning is implemented and evaluated locally

Outputs:

- Understanding attachment updated
- Understanding the adolescent brain updated
- Communication skills updated
- Engaging marginalised clients amended to focus on trauma informed practice and engagement
- A new supervision package
- A development toolkit/s

QI 4. To continue to enhance our understanding of the needs and outcomes of clients and their children to inform the development of FNP and the wider system work for all vulnerable children

Work has continued to better understand the needs and outcomes of vulnerable babies, children and families using learning from delivery of FNP alongside emerging research and data, national reports, engagement with cross departmental and cross government colleagues, colleagues working in regional and local systems and listening to those with lived experience.

Practice:
Engagement with practitioners, commissioners and service providers through annual reviews, site engagement, training, development days and webinars continues to ensure that work is rooted in practice and responsive to the local context.

Case example: IPV and neglect
- Nurses reporting higher levels of need
- Data showing increasing numbers of children living in poverty
- Research on identifying and responding to IPV and neglect
- Learning from testing in practice (ADAPT)
- Collaboration with practitioners, educators and academic experts
- Feedback at training & evaluation

Data & evidence:
Engagement with national reviews and reports. Use of national data and evidence about the needs of families.
Links with the academic community including ongoing research at University College London and NFP research projects
Use of FNP data to better understand client characteristics collated in the management report on client characteristics and graduation.

Collaboration :
Engagement with colleagues and stakeholders working at national, regional and local level to improve outcomes for babies and families.

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Quality Improvement

How QI priorities are identified and worked on

Systems used for identifying areas requiring improvement and how QI priorities are determined

Implementation quality is monitored in a number of ways using routinely collected data, the site annual review process, intelligence gathered from learning events and contact with sites. This data is analysed and reported on a quarterly basis

Following the completion of the reporting functionality on the information system the national unit team can review data at national level, operational reports enable teams to review data from site level right through to individual nurse and client data. A dashboard report enables oversight of programme delivery for monitoring purposes.

Family nurses submit data forms into the **information system**

National level

Record level data extracted monthly from Turas by FNP NU into data warehouse

Reports for OHID, DHSC, Gov. depts.

Providing data for research

Internal reporting, quality assurance, management reports and programme level quality improvement

Reporting for UCD

Site level

Data shows on user interface e.g., caseloads

Data is fed into the operational and dashboard reports (daily)

Data used for programme delivery, clinical decisions, supervision, etc

Reports used for FABs, Annual Reviews, contract management

Supports quality improvement

The Clinical and Quality Improvement team meet monthly to review data for both quality assurance and quality improvement purposes. Any trends are noted and priorities identified.

Locally annual reviews and advisory boards are used to identify and monitor improvement plans.

In the reporting period the national team facilitated a QI project focussed on the implementation of the New Mum Star.

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Model for Improvement

The Model for Improvement is a simple yet powerful tool for accelerating improvement. The model is based on three fundamental questions;

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

A quality improvement project

Using a QI approach to support implementation of the New Mum Star

QI project practice example: using data to evidence improvement

Background and context;

New service delivery model for FNP programme rolled out in August 2020

The project team established to support implementation closed in December 2021

Delay in production of new national reports to enable systematic review of data

New national reports available from April 2022, completion of Data Usage Strategy and refreshed Quality Assurance Framework

Decision that personalisation using the metric of % clients with a New Mum Star to be first "deep dive" as part of operationalising our Quality Assurance Framework and Data Usage Strategy

We set a benchmark of **50%** of clients with one New Mum Star to indicate full implementation. This was achieved by Nov. 2020 (3 months from roll out)

In June 2022 national data showed the percentage of clients with one New Mum Star was at **62%**

A national programme quality improvement project provided sites with guidance/tools to undertake local QI projects making use of information system reporting capability

National programme data at end Sept. 2022 showed 73% of clients had at least one New Mum Star

QI task and finish group

What we did:

- Benchmark data against key metrics set out in the original implementation and evaluation plan to establish current level of implementation

- Establish a QI Task and Finish Group to improve full implementation of the personalised delivery model

- Provide sites with guidance and tools to undertake local QI projects making use of the Turas reporting capability

- Provide regular data reports for national unit management meeting to evidence improvement of implementation of the personalised service delivery model

Kick Off May 2022 – completion October 2022

How we did it;

PDSA Cycle 1 - 5th May – 31st August

➤ data deep dive and analysis

➤ Share site ranked data and interactive chart containing national programme data with sites (anonymised)

➤ Survey Supervisors

PDSA Cycle 2 - 1st – 30th September

➤ Provide all sites with outcome of survey

➤ Provide all sites with template documents and guidance to run own PDSA cycle

➤ Provide a series of site support calls

The FNP National Unit looked at the percentage of clients active at the end of the time period (30 June 2022) with at least one New Mum Star by FNP site.

All FNP Supervisors were sent an anonymised data report with their site ID number to allow comparison with other FNP Teams and the national programme data

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Survey

Survey sent to 53 supervisors covering 57 sites with 41 responses received
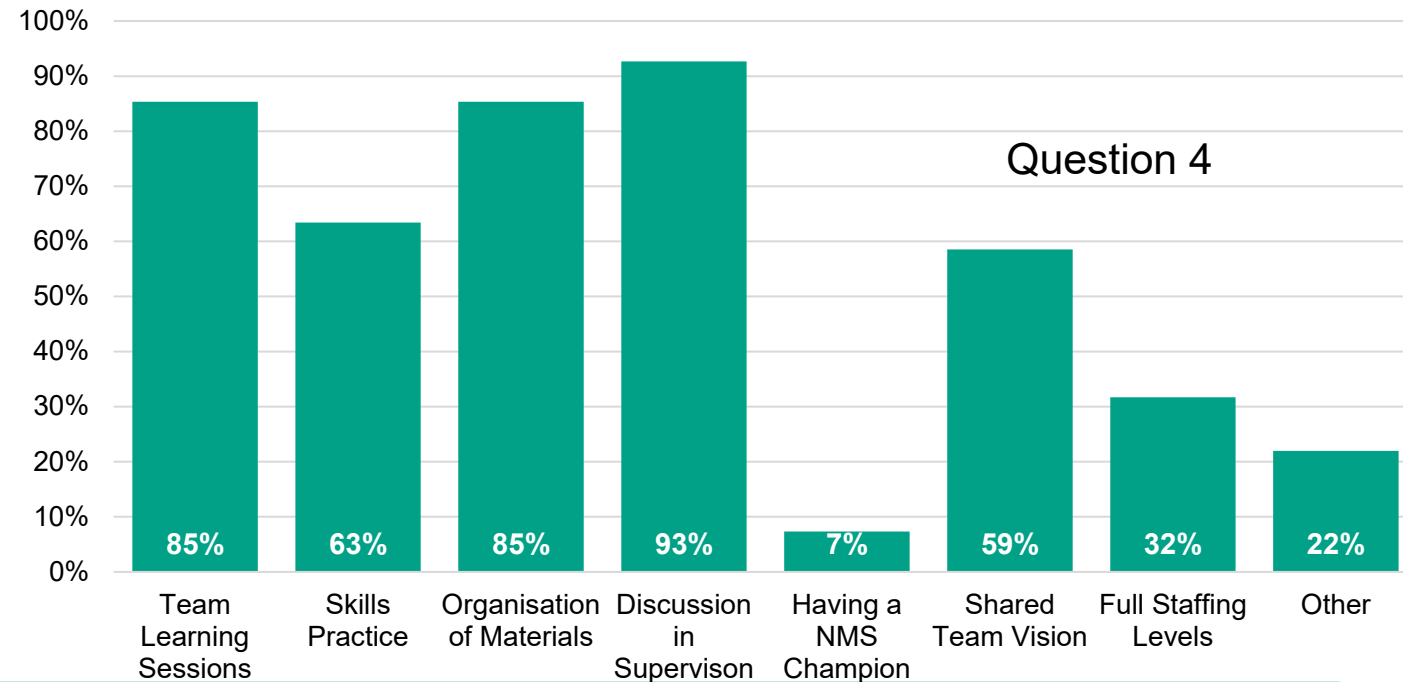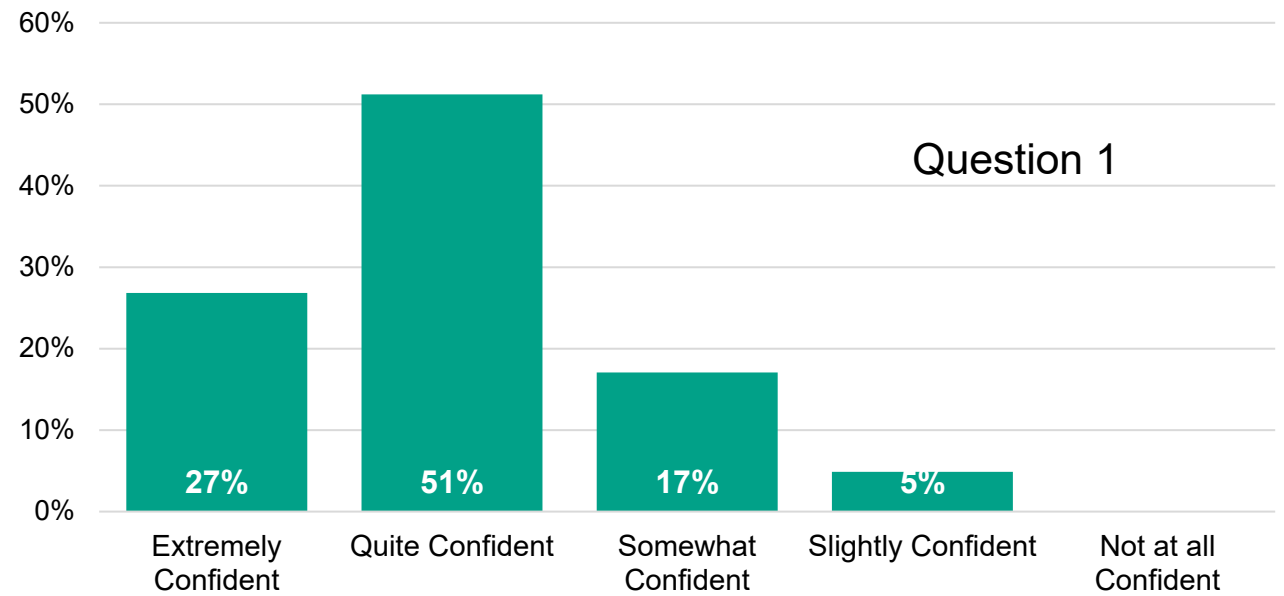
Q1. How confident are you that the personalisation model is embedded into practice in your site?

Q2. Looking at your site data on the use of the New Mum Star, alongside national data, what surprises you?

Q3. What barriers have you overcome or remain in your journey towards full implementation of personalisation?

Q4. What has helped you and the team to embed personalisation in your site? Tick all that apply

Q5. Please add any other details or examples of successful practice that has supported implementation

Question 1

Category	Value
Extremely Confident	27%
Quite Confident	51%
Somewhat Confident	17%
Slightly Confident	5%
Not at all Confident	

Question 4

Category	Value
Team Learning Sessions	85%
Skills Practice	63%
Organisation of Materials	85%
Discussion in Supervison	93%
Having a NMS Champion	7%
Shared Team Vision	59%
Full Staffing Levels	32%
Other	22%

Data timeline Sept 2020 – Sept 2022

Results of PDSA cycle 2

➢ National programme data at end September 2022 shows clients with at least one New Mum Star as **73%**

➢ Increase of **8%** from 65% at end of June 2022

➢ **32** sites increased their percentage of clients with at least one New Mum Star - **60%**

FNP England Programme Data % clients with at least one New Mum Star

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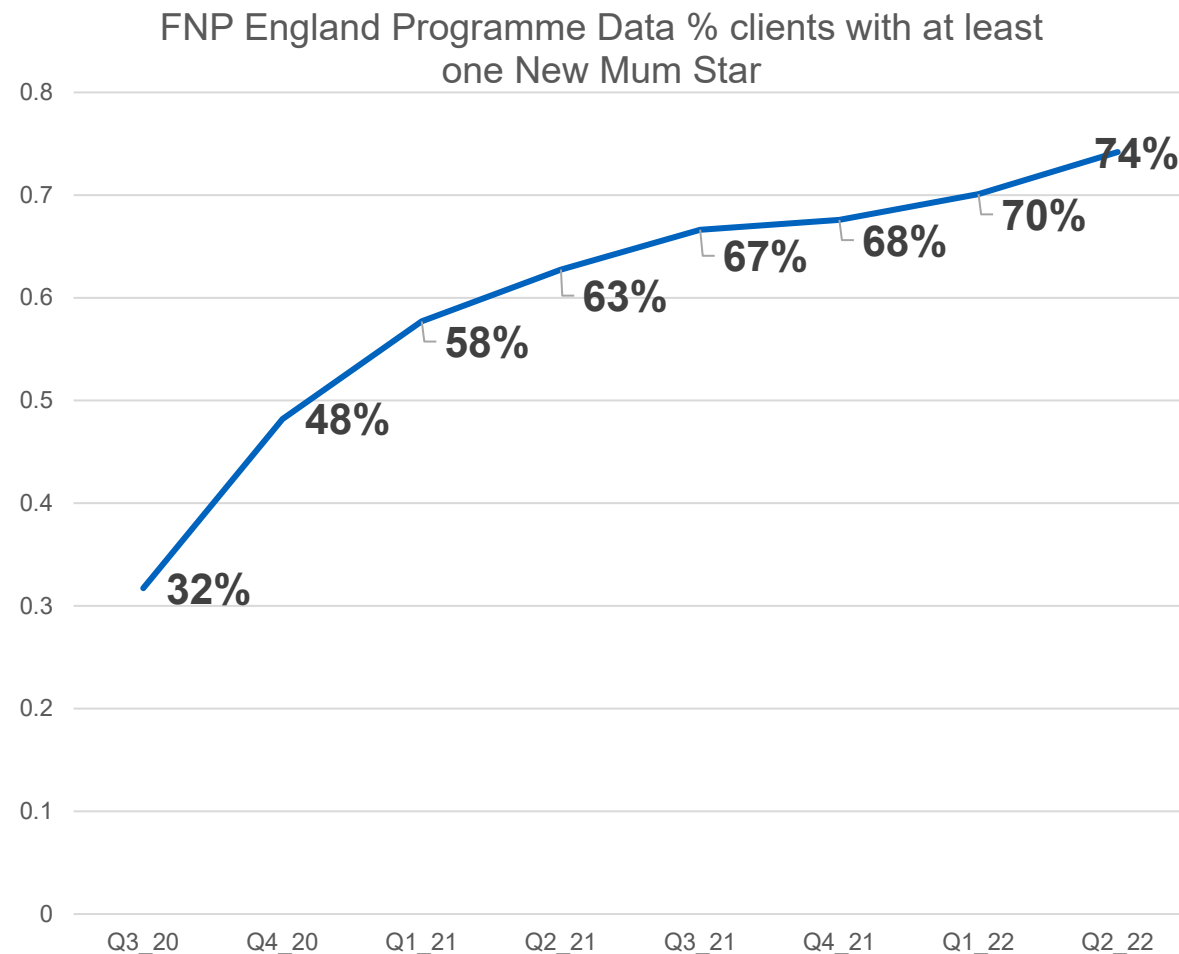
Learning from this QI project

Use of QI methodologies and tools with sites seem to have a positive impact.

Encouragement on use of data improves data completeness.

Providing sites with their data alongside all sites data seems to have positive impact.

Challenges regarding levels of safeguarding in the caseload or team capacity does not appear to be the over riding factor on implementation of New Mum Star.

Leadership, team culture, nurse behaviours (e.g. embracing new ways of working) and engagement with data seem to be the more important factors.

Next steps

➢ Refreshed data reports have been shared with FNP teams which include breakdown of collaborative and nurse only New Mum Stars.

➢ National Report includes breakdown by phase of programme for internal review.

➢ QI course being developed and uploaded to Moodle for local sites to use.

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Core model element variance

Update on quality assuring core model element #7 variance

Core model element #7 : Graduation – quality assurance

Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.

Variance: Graduation of clients when their babies are between the age if 1 and 2 years. This was tested as part of the ADAPT project 2016 – 2019 and implemented across all sites in July 2020

Graduation data

FNP clients who graduated before infant age of 24 months were statistically significantly **less likely** to:
- have low mastery at enrolment
- have received social care services before or at enrolment
- have experienced intimate partner violence before or during the FNP programme
- have lived away from home whilst under 18
- not be in education, employment or training (NEET) at intake
- have reported smoking during pregnancy or using cannabis at intake

Clients

- aged 20+ at enrolment **more likely** to graduate when infant is younger than 24 months, compared to those aged under 20 at intake
- who graduated when infant was 24-months or older were over **1.5** times **more likely** to have low mastery, compared to those who graduated before 24-months.

Child outcomes

Infants of FNP clients who graduated before their child reached 24-months were **more likely** to:
- be breastfed at birth and 6 weeks
- be within normal range for ASQ and ASQSE
- have less A & E attendances

The data is from clients who graduated from the FNP programme between 1st Nov 2020 and 31st Oct 2022

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Key learning

The art and science of adaptation

Adaptation has been a strong theme in FNP for a number of years. Supporting behaviour change lies at the heart of the programme and this foundation has enabled individual clients to grow, babies to flourish, practitioners to develop, teams to function and the programme to evolve. This process of adaptation is reflected in this years key learning

Adaptive leadership is key and was reflected in the work on the QI project, developing the IPV and neglect learning package, in annual reviews and in responding to working in a government department.

QI project – every team reported the same challenges so this did not explain differences in implementation of the New Mum Star. The engagement and leadership of the supervisor, using data and undertaking team learning seemed to make the difference.

The IPV and neglect enhanced learning package – teams were emerging from the pandemic, recognising increasing need and approaches tested in ADAPT needed adapting to make them appropriate for implementation in this new context. The training and resources have been well evaluated by teams

Annual reviews – teams moving back to face to face annual reviews and demonstrating their resilience with some impressive examples of good practice. Case studies are demonstrating the quality of the work and enabling client experience and feedback to be heard.

The FNP National Unit has continued to adapt over the past year, numbers in the team have reduced and colleagues have navigated a new operating environment and processes. The grounding in being strengths based and solution focussed has supported the team to embrace new opportunities and to work alongside colleagues in addressing challenges. The ability to influence policy that relates to children and families is a recognised benefit and FNP teams have fed back that they are benefitting from wider engagement with national initiatives.

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Quality improvement goals for 2023/24

Quality improvement goals 2023/24

To improve the number of accompanied home visits completed – accompanied home visits were paused during the Covid pandemic and the re-establishing of them has been monitored over the past year. Data suggests progress on this has stalled and we will undertake work using a QI approach to support sites to build back to pre pandemic levels.

To scope extending the eligibility criteria for FNP – Local areas continue to highlight that high levels of vulnerability are not limited to young parents and that they are looking to better meet the needs of these families. In the coming year we will scope the options for extending the eligibility criteria beyond young parents.

To improve data collection for safeguarding – changes to the information system to better capture real time data on safeguarding requires a change to when forms are completed. This has resulted in a marked reduction in numbers which has been tracked back to low levels of form completion. We will use a QI approach to support local teams to improve their data completeness.