NEXT PHASE METHODOLOGY (2017)
Core services
Acute

Inspection framework: NHS acute hospitals

Log of changes since last version

Section / Report sub heading	Page number	Detail of update
Throughout	-	Addition of cancer prompts for CYP services
Throughout	-	Professional standards updated - NICE QS15 previously comprised of 14 statements but now only has six statements, references to the statements have been deleted/updated as appropriate.
S1 Mandatory training	8 9	Professional standard added - Skills for Health Statutory/Mandatory Core Skills Training Framework (All healthcare staff) - NICE guideline [NG143] Fever in under 5s: assessment and initial management
S1 Safeguarding	8 & 9	Professional standards added: - Adult Safeguarding: Roles and Competencies for Healthcare Staff (August 2018) - Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (January 2019)

		- HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children (March 2015) replaced by July 2018 version - Safeguarding children and young people: roles and competencies for paediatricians (August 2019)
S1 Environment and Equipment	13	Professional standard added – HSE Guidance on maintaining portable electrical equipment (2013)
S2 Assessing and responding to patient risk	17	Professional standard added – NICE clinical guideline CG179 Pressure ulcers: prevention and management NICE guideline [NG143] added - covers the assessment and early management of fever with no obvious cause in children aged under 5
S4 Medicines	24	Professional standard deleted – NMC standards for medicines management
E1 Evidence-based care and treatment	30	Sector specific guidance updated - Are best practice decision making tools encouraged and does the service monitor their use? - for example the BMJ Best Practice decision making app.
E2 Patient outcomes	35	Professional standard updated - HQIP Detection and management for National Clinical Audits: Implementation guide Sector specific guidance updated - For statistics audit outliers, and in line with the national guidance on the management of audit outliers, does the service investigate why performance was much worse than expected, and make changes to improve care?
E4 Seven-day services	43	Professional standard updated – NHS seven day services clinical standards
E6 Consent, Mental Capacity Act and DoLS	45	Professional standards added - BMA/RCP Guidance on clinically-assisted nutrition and hydration and adults who lack capacity to consent (2018) - BILD Restraint Reduction Network (RRN) Training Standards 2019
R4 Learning from complaints and concerns	62	Sector specific guidance updated - What arrangements are in place for the independent review of complaints? (e.g. ISCAS, of which membership is voluntary)
W3 Culture	65	Professional standard added - WRES & IH Providers Statement

This includes all services for children up to the age of 18 and includes:

- inpatient wards
- outpatients
- end of life care
- all paediatric surgery
- the interface with maternity and community services
- paediatric intensive care units
- arrangements for transition to adult services.

It does not include care provided in the emergency department, as this is covered under the urgent and emergency core service.

Areas to inspect*
The inspection team should carry out an initial visual inspection of each area. Your observations should be considered alongside data/surveillance to identify areas of risk or concern for further inspection.

The inspection team should be provided with a list of all areas in the hospital where children and young people (CYP) might be seen and treated. Some of these will be CYP specific areas, some areas where both CYP and adults are seen and treated and some may be predominantly adult environments where CYP might be seen on occasion.

If time allows, an initial walkabout of as many areas as possible should take place to provide an overarching sense of the CYP service. It will not be feasible to visit every area where CYP will be seen and treated. There are some areas that should always be inspected and some where a sample of areas will need to suffice. This should be considered alongside data/surveillance to identify areas of risk for further focused inspection.

It will be necessary for the CYP inspection team to consider how it needs to work with the other core service teams to ensure that issues related to CYP are addressed elsewhere (e.g. by outpatient and surgery teams) when necessary and appropriate, for example where young people are seen in predominantly adult areas.

NOTE:

> *Case note tracking should be used to follow the pathways of a number of CYP during the inspection period including consideration of the quality of documentation and the views and experiences of parents and the CYP themselves. This should include adolescents over 16 who may be placed on an adult ward.*

> *Cancer care and treatment: Cancer care is provided for children, teenagers and young adults in Principle Treatment Centres (PTCs), sharing and co-ordinating care with Paediatric Oncology Shared Care Units (POSCUs) and Designated Teenage and Young Adult Hospitals. Please see description of how the shared care model is delivered - see from last paragraph, page 3 NHS England service specification for paediatric oncology.*
> *(List of Principal Treatment Centres)*

> Inspectors should gain an understanding of local arrangements through provider engagement

> Cancer prompts that refer to service expectations for **PTCs only** are identified as such. Other cancer prompts apply wherever children are treated for cancer.

- Children's assessment unit

- Children's inpatient wards (sample only) including specialist oncology wards, if any
- Children's surgery (anaesthetic room, theatre & recovery)
- Children's outpatients (sample only) including specialist oncology day units and cancer clinics, if any
- Neonatal Unit
- Palliative & End of life care
- Selection of areas which are not specific to CYP (and are not covered by any of the above) including: imaging (particularly x-ray, MRI and CT); day case; intensive care (sometimes used for stabilisation) and sexual health services where under 16s attend; Walk-in centres / GP-streaming areas – *where GP has sent a child or young person straight to A&E;* Triage areas (including pathways which cross / are shared with UCCs); and pharmacy.
- Hospital Play Service
- Transition Services (transition clinics, adolescent wards and spaces dedicated to adolescents and young people)
- Facilities for Parents
- Areas related to cancer services:
  - Principal Treatment Centre (CYP only) and/or Paediatric Oncology Shared Care Unit (POSCU)
    - Chemotherapy
    - Radiotherapy
  - Proton beam therapy (PCT), where provided
  - Acute oncology service, if any
  - Diagnostic areas (radiology and pathology).

Interviews/observations

You should conduct interviews of the following people at every inspection, where possible:

The following are interviews with the leadership team for CYP which should be undertaken at every inspection (ideally towards the end to take into account what has been observed and discussed):

- Children and young people who use services and those close to them
  - Including those who use cancer services and families who are experiencing EOLC at the time of the inspection
- Clinical director/lead including those for cancer services
- Nursing lead including for cancer, if any
- Directorate/divisional manager

- Staff responsible for CYP cancer services:
  - CYP MDT leads/co-ordinators
  - Lead pharmacist for cancer
  - Managers for cancer services
- NED on the Board with responsibility for CYP

You could gather information about the service from the following people, depending on the staffing structure:

- Named doctor/nurse for safeguarding
- Children's specialist nurses/clinical nurse specialists from a range of specialities including cancer nurses/cancer research nurses
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- Play specialists
- Trust paediatric anaesthetic lead - for a perspective of how CYP are looked after across the trust
- Trust paediatric radiology lead – for a perspective of how CYP are looked after across the trust
- Paediatric pharmacist - safety requirements are very different to that for adults
- Governance lead for CYP –need not necessarily be a paediatrician. Paediatricians can be employed by different parts of the trusts e.g. ED, theatres, children's department etc.
- Adult lead for transition
- Representative(s) from safeguarding team and paediatric liaison
- Children's community nurses and liaison health visitors (even if employed by another trust)
- AHP staff
- Matrons, Nurses, Healthcare Support Workers and care navigators, including for cancer care/treatment.
- Doctors
- Support staff eg. Volunteers, Ward managers, porters, receptionists, admin etc,including those for cancer services
- PALS

- **Cancer service specific:**
  - Diagnostic area staff (radiology and pathology)
  - Histology and pathology staff and leads
  - Clinical and medical oncologists
  - Surgical oncologists
  - Anaesthetists / ITU team (intensivists)
  - Sample of non-consultant doctors (NA for independent acute services)
  - Care navigators / support workers, including those involved in follow-up and post treatment support.

Links to useful documents/ Further reading:

- [Facing the Future: Standards for Acute General Paediatric Services | RCPCH](#) – a review of Paediatric services (RCPCH 2015) updates the original 2011 guidance and details ten service standards relating to clinical cover, expertise and child protection.
- [High Dependency Care | RCPCH](#), RCPCH-PICS 2015 defines Level 1,2,3 Paediatric Critical care (PCC) units and sets out standards for care in Level 1 and 2 units including network working and commissioning arrangements for England.
- [Standards for the Care of Critically Ill Children](#) (Paediatric Intensive Care Society, 2010) sets out measurable standards for care from arrival at hospital ED through reception, assessment, inpatient, HDU/ITU and general care across services. Sections on anaesthesia, retrieval and transfer complete the pack
- [Appendix of guidance to the Standards for care for Critically Ill Children](#) (Paediatric Intensive care Society, 2010) supports the standards with checklists and tools to enable clinicians and managers to establish effective arrangements are in place.   These include details of knowledge and skills required, guidance on resuscitation training, referral information, and support for families.
- CSF standards (for elective and emergency children's surgery) http://www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/childrens-surgery/documents/csf-standards-consultation
- [Guidelines for the Provision of Anaesthetic Services (GPAS) 2015 | The Royal College of Anaesthetists](#)
- The RCoA Anaesthesia Clinical Services Accreditation (ACSA) scheme [ACSA Standards - Excel Version | The Royal College of Anaesthetists](#)
- [Neonatal Tool Kit](#) British Association of Perinatal Medicine (BAPM), [Standards](#) for Hospitals providing Neonatal and High Dependency Care

Definitions of neonatal units	
Level	**Definition**
1	Units provide Special Care but do not aim to provide any continuing High Dependency or Intensive Care. This term includes units with or without resident medical staff.
2	Units provide High Dependency Care and some short-term Intensive Care as agreed within the network.
3	Units provide the whole range of medical neonatal care but not necessarily all specialist services such as neonatal surgery.

Service-specific things to consider

We have identified a number of specific prompts for this core service that are set out below. Inspection teams should use these **together with** the standard key lines of enquiry and prompts. These are not intended to be a definitive list or to be used as a checklist by inspectors.

Safe

By safe, we mean people are protected from abuse* and avoidable harm.
*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

Key lines of enquiry: S1

S1. How do systems, processes and practices keep people safe and safeguarded from abuse?

Report sub-heading: **Mandatory training**

Prompts	Professional standard	Sector specific guidance
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.5 Do staff receive effective training in safety systems, processes and practices?	• Providers should have regard to the statutory guidance 'Working Together to Safeguard Children'. • This guidance references the intercollegiate document *Safeguarding Children and Young People: Roles and competencies for Health Care Staff* published in March 2014, which sets out that as a minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or	• Is there a structured induction programme that all staff complete when they commence employment? • What are the mandatory training rates for staff working in these services and where are the gaps? • CQC Safeguarding children training position statement • Is there a policy for sepsis management and are staff aware of it?

parents/carers should be trained to level 2 and all clinical staff clinical staff working with children, young people and/or their parents/ carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person should be trained to level 3 in safeguarding.

- Education on Spotting the Sick Child as should be promoted for all staff

- Skills for Health Statutory/Mandatory Core Skills Training Framework (All healthcare staff)

- NICE guideline [NG51] Sepsis: recognition, diagnosis and early management

- NICE guideline [NG143] Fever in under 5s: assessment and initial management (November 2019)

Cancer

- Refer to NICE guidance CG151: Neutropenic sepsis: prevention and management in people with cancer – "Healthcare professionals and staff who come into contact with children and young people having anticancer treatment should be provided with training on neutropenic sepsis. The training should be tailored according to the type of contact."

- Have staff received annual training on sepsis management; including the use of sepsis screening tools and use of sepsis care bundles?
- Have staff received training to make them aware of the potential needs of people with:
  - mental health conditions
  - learning disability
  - autism
  - dementia?

Cancer
- Have staff have received training in the management of neutropenic sepsis?

	➢ Guidance includes CYP	

Report sub-heading: **Safeguarding**		
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved? • S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act. • S1.4 How is safety promoted in recruitment practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks). • S1.5 Do staff receive effective training in safety systems, processes and practices?	• Adult Safeguarding: Roles and Competencies for Healthcare Staff (August 2018) • Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (January 2019) • HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children (July 2018) • Safeguarding children and young people: roles and competencies for paediatricians (August 2019) • Female genital mutilation multi-agency practice guidelines published in 2016 • DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2015	• Are children and young people respected, their views heard? Are they supported with their individual needs? • Do staff know how to identify and report abuse and neglect? • Are all clinical staff working directly with children level 3 safeguarding trained? • Is there safeguarding supervision (nurses) and peer review (doctors) in place for all staff? • Is there an identifiable lead responsible for co-ordinating communication for children at risk of safeguarding issues? • Are there arrangements in place to safeguard women with, or at risk of, Female Genital Mutilation (FGM) • What guidance/protocols are in place if a girl under 13 years of age presents for a termination of pregnancy?

• S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies? • S1.7 Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected?	• Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015) • Providers should have regard to the statutory guidance 'Working Together to Safeguard Children'. (2015) and Facing the Future (RCPCH, 2015) Standard 10 • Providers should have regard to safeguarding children from abuse linked to faith or belief https://www.gov.uk/government/public ations/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief • This guidance references the intercollegiate document *Safeguarding Children and Young People: Roles and competencies for Health Care Staff* published in March 2014, which sets out that as a minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers should be trained to level 2 and all clinical staff clinical staff who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person should be trained to level 3 in safeguarding.	• Do staff have an awareness of CSE and understand the law to detect and prevent maltreatment of children – how do staff identify and respond to possible CSE offences? – are risk assessments used/in place? – what safeguarding actions are taken to protect possible victims? – are timely referrals made? – Is there individualised and effective multi-agency follow up? – are leaflets available with support contact details? • All children, children's social care, police and health teams have access to a paediatrician with child protection experience and skills (of at least level 3 safeguarding competencies) who is available to provide immediate advice and subsequent assessment, if necessary, for children under 18 years of age where there are child protection concerns. The requirement is for advice, clinical assessment and the timely provision of an appropriate medical opinion, supported by a written report (Facing the future 2015) • What wider safeguarding protocol/guidance is in place - how are safeguarding issues talked about, who manages them, are lessons learned etc.?

- [Guidance for physicians on the detection of child sexual exploitation. RCP 2015](#)
- [Multi-agency statutory guidance on female genital mutilation 2016](#)

This multi-agency guidance on female genital mutilation (FGM) should be read and followed by all persons and bodies in England and Wales who are under statutory duties to safeguard and promote the welfare of children and vulnerable adults. It replaces female genital mutilation: guidelines to protect children and women (2014).

The above guidance should be considered together with other relevant safeguarding guidance including(but not limited to):

- [FGM Mandatory reporting of FGM in healthcare](#)

- https://www.gov.uk/government/news/doctors-and-nurses-required-to-report-fgm-to-police.

- Not always restricted to, but includes interventions under the MHA, see [MHA Code of Practice](#).

- Does the service ensure that all staff are trained to appropriate level set out in the [intercollegiate document](#) *Safeguarding Children and Young People: Roles and competencies for Health Care Staff* published in March 2014 and are familiar with Government guidance '[*Working Together to Safeguard Children.*](#)

- Have there been any local safeguarding/serious case reviews? If so, how have they been responded to?

- Are there arrangements in place to safeguard women or children with, or at risk of, Female Genital Mutilation (FGM)

- Providers should be aware of the most recent [multi-agency practice guidelines published in 2014](#) to support front line staff including health professionals in safeguarding children and protecting adults from the abuses associated with FGM. See [also FGM guidance for professionals on the NHS Choices website](#)

- What system is in place to check whether all children are subject to a child protection plan?

- What are the trusts/ departmental abduction and safeguarding policy?

- What are the arrangements for chaperones? What training have staff received?

		– Are there key codes on the doors? • If a child or young person is assessed to be at risk of suicide or self-harm, what arrangements are put in place to enable them to remain safe? • Are there policies and procedures in place extra observation or supervision, restraint and, if needed, rapid tranquilisation? **Cancer** • Do children and young people with cancer have alert cards where required, such as for chemotherapy or malignant spinal cord compression and do staff, including A&E reception staff recognise these and know how to keep them safe, eg. isolated?

Report sub-heading: **Cleanliness, infection control and hygiene**		
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect	• NICE QS61 Statement 3: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. • NICE QS61 Statement 4: People who need a urinary catheter have their risk of infection minimised by the	• Observations – is the ward visibly clean, clutter free? Do staff adhere to the bare below the elbows policy, as well as utilising appropriate protective equipment such as gloves and aprons to carry out procedures and personal care activities?

people from a healthcare-associated infection?	completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed. • NICE QS61 Statement 5: People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed. • Code of practice on the prevention and control of infections	• How does the service educate CYP and parents/carers on infection control practice? • Hand hygiene audit results?

Report sub-heading: Environment and equipment

• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.9 Do the design, maintenance and use of facilities and premises keep people safe? • S1.10 Do the maintenance and use of equipment keep people safe? • S1.11 Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)	• All equipment must conform to the relevant safety standards and be regularly serviced in accordance with manufacture guidance. Electrical equipment must be PAT tested. • Resuscitation drugs and equipment, including an appropriate defibrillator, will be routinely available at all sites where children are to be anaesthetised • Standards for Children's surgery – The Royal College of Surgeons, 2013 • MHRA guidance on managing medical devices (2015)	• Is specialist equipment for all age ranges, including that required for resuscitation, available and fit for purpose? • Are there up-to-date standard operating procedures in place specifically for services for CYP? • Is there a dedicated recovery area? (It is mandatory to have a recovery area that is separated from adult area: "should be separate or screened from those used by adults" (GPAS 2015)) • Is the environment safe for the age of child? E.g. toilets, door hinge / slam

	• HSE Guidance on maintaining portable electrical equipment (2013)
	
	Cancer
	• Achieving World Class Cancer Outcomes: A strategy for England
		protection, gates to kitchen areas and ward, table edges rounded, protocols about hot drinks.
		
		• Is there consideration of a suitable environment for children with ASD/ADHD, sensory, behavioural or mental health needs?
		
		Cancer
		• How does the service assure itself and provide evidence that it is following appropriate guidance in relation to the service, maintenance and QA of:
		    ○ Equipment used for cancer diagnosis and planning, including X-ray, CT, PET-CT, MRI, ultrasound and nuclear medicine equipment
		    ○ Equipment used for treatment delivery including linear accelerators, orthovoltage / superficial x-ray, brachytherapy equipment (and protons if they have them)
		
		• Is there a rolling plan to upgrade and replace linear accelerators in line with national cancer priorities?
		
		• Is there a policy for, and are staff aware of what to do, in the events of a cytotoxic spillage?

		• Has the service carried out a risk assessment for all new or modified use of radiation? Do the risk assessments address occupational safety as well as consideration of risks to people who use services and public? • How does the service ensure that non-ionising radiation premises have arrangements in place to control the area and restrict access?

Key line of enquiry: **S2**

S2. How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

Report sub-heading: **Assessing and responding to patient risk**

Prompts	Professional standard	Sector specific guidance
• S2.5 Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? • S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations?	• NICE QS3 statement 1: All people, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool. • A paediatric early warning tool should be used post-operatively, to monitor the child's condition and detect early signs of deterioration Guidance on the provision of paediatric anaesthesia services 2016, RCoA • A paediatric early warning tool should be used for nonsurgical admissions. https://www.england.nhs.uk/ourwork/p	• Use of PEWS or neonatal EWS (or equivalent) / escalation process. How is compliance monitored? • Is there an escalation / transfer policy for seriously unwell child? • What are the arrangements for the care of children undergoing surgical procedures? • Is there always at least one member of staff on duty qualified in advanced paediatric life support?

atientsafety/exploring-pews/ and http://www.institute.nhs.uk/safer_care/paediatric_safer_care/pews_charts.html

- In the period immediately after anaesthesia the child should be managed in a recovery ward or post-anaesthesia care unit on a one to one basis, by designated staff with up-to-date paediatric competencies, particularly resuscitation. A registered children's nurse should be directly involved with the organisation of the service and training in this area. A member of staff with advanced training in life support for children should always be available. Guidance on the provision of paediatric anaesthesia

  services 2016, RCoA

- Children, young people and their families are given clear information on discharge from the service and are able to make contact with a healthcare professional for advice and support following discharge. Standards for Children's surgery – The Royal College of Surgeons, 2013.

- High Dependency Care | RCPCH RCPCH-PICS 2015 defines Level 1,2,3 Paediatric Critical care (PCC) units and sets out standards for care in Level 1 and 2 units including

- What are the arrangements for transfer if a child required urgent critical care? How is the child kept safe until transfer?

- Does the unit comply with PICS?

- Are these reported as an incident and how are they monitored?

- A safe and effective escalation process?

- Is the PEWS (Paediatric Early Warning Systems) or neonatal EWS escalation trigger protocol used for all people who use the service?

- Do staff have access to 24/7 mental health liaison (covering the age range of the ward/ clinic) and/or other specialist mental health support if they are concerned about risks associated with a child or young person's mental health?

- Do staff know how to make an urgent referral to them?

- Do they get a timely response?

- Are staff provided with a debrief/ other support after involvement in aggressive or violent incidents?

- How do leaders ensure that employees who are involved in the performance of invasive procedures develop shared

network working and commissioning arrangements for England.

- [RCEM Clinical Standards for Sepsis](#)

- [NICE guideline [NG51] Sepsis: recognition, diagnosis and early management](#)

- [NICE QS34 (Self harm) Statement 2 - initial assessments](#)

- [NICE CG16 (Self harm in over 8s)](#)
- [National Safety Standards for Invasive Procedures (NatSSIPs)](#) Version number: 1 published: 7 September 2015

- [NICE CG179 Pressure ulcers: prevention and management](#) (April 2014)

- [NICE guideline [NG143] Fever in under 5s: assessment and initial management](#) (November 2019)

- [Brief guide: NatSSIPs and LocSSIPs](#) (CQC internal guidance)

Cancer

- NICE guidance CG151: [Neutropenic sepsis: prevention and management in people with cancer](#)

understanding and are educated in good safety practice, as set out in the national standards?

- Have managers ensured that there is a plan in place to develop local Safety Standards for Invasive Procedures using the national Safety Standards for Invasive Procedures. Have they assessed the need for these against all invasive procedures carried out?

- Is there evidence of use of a sepsis care bundle for the management of children and young people with presumed/ confirmed sepsis (i.e. 'Sepsis 6' care bundle)

- Is there an escalation policy for children and young people with resumed/ confirmed sepsis who require immediate review?

- Are children and young people with suspected/confirmed sepsis receiving prompt assessment when escalated to multi-professional team? For example: - Critical Outreach Team

- Is treatment delivered to children and young people with presumed sepsis within the recommended sepsis pathway timelines? E.g. antibiotics within an hour

| | | • Are all people admitted acutely with suspected/confirmed sepsis continually assessed and monitored using the PEWS or neonatal EWS (or equivalent)?

Cancer
• How does the provider assure itself that it is following best practice and using validated tools, such as NICE Guidance for the prevention and management of neutropenic sepsis?

• How does the provider ensure that the ambulance/immuno-suppressed child or young person is directed to the correct place, e.g. Emergency Department or ward and that the unit can see them promptly with their records, including treatment plans?

• Does the provider have an acute oncology service (AOS) in line with the recommendations of the National Chemotherapy Advisory Group report?

• Does the radiotherapy service operate an accredited radiotherapy quality system?

• Is there 24/7 access to interventional radiology and therapeutic endoscopy? (if not on-site then networked arrangements |

		• Are there local rules (IRR) and employers procedures (IR(ME)R) which protect staff, children and young people from ionising radiation?

Report sub-heading: **Nurse staffing**		
• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? • S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? • S2.4 How do arrangements for handovers and shift changes ensure that people are safe? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?	• Where services are provided to children there should be access to a senior children's nurse for advice at all times throughout the 24 hour period. (The consultants are the responsible persons for assessing and responding to children and young people at risk they must be available throughout the 24hr period. The Senior nurse – master level should be available to the organisation to advice on strategy, policy and audit.) Royal College of Nursing guidance on Defining staffing levels for children and young people's services • Neonatal Nurse staffing should comply with BAPM standards 1:1 for Intensive care, 1:2 for high dependency and 1:4 for Special care. Nursing levels should be recorded twice daily, captured on Badgernet and network figures should be available to inspectors. http://www.bapm.org/publications/documents/guidelines/BAPM_Standards_Final_Aug2010.pdf	• Has the 2013 Royal College of Nursing guidance on staffing and the general acute paediatric rotas (at least ten WTEs, all of whom are EWTD compliant) been implemented? When was this last reviewed and what children and young people's activity and workload measures are used? • Is there a minimum of 70:30 registered to unregistered staff with a higher proportion of registered nurses in areas such as children's intensive care, specialist wards? Is there a minimum of two registered children's nurses at all times in all inpatient and day care areas? • Is there access to a senior children's nurse for advice at all times throughout the 24 hours period? • Is there at least one nurse per shift in each clinical area (ward/ department) trained in APLS/EPLS (advanced or European paediatric life support) depending on the service need?

	• [NHS England Service Specification for paediatric oncology services](#) • CNSs or key workers in PTCs should co-ordinate care where the CYP is receiving care in a Paediatric Oncology Shared Care model provided through designated Units (POSCUs) a by District General Hospitals. • There should be a named lead POSCU nurse and written arrangements for cover by a named deputy senior nurse.	• Is there a reliance on shift rotas/ bank staff in CYP – do bank/locum staff have appropriate paediatric training? How often are high dependency children and young people (i.e. those that need HDU) cared for on the wards? Where does this take place and is staffing compliant with the [PICS quality standards](#)? **Cancer** • Is there a named lead POSCU nurse and written arrangements for cover by a named deputy senior nurse? • Is there appropriate access to a Clinical Nurse Specialist (CNS) or 'keyworker' to co-ordinate the care pathway and provide support for all CYP/A cancer patients?
Report sub-heading: Medical staffing		
• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? • S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?	• Acute paediatric departments should be compliant with Facing the Future – Standards for acute general paediatric services http://www.rcpch.ac.uk/facingthefuture • For Elective surgery – A named paediatrician must be available for liaison and *immediate* cover for example in cases of children requiring ongoing care following resuscitation and advice on safeguarding etc.	• Is the rota compliant with RCPCH and BAPM guidelines? Is a consultant paediatrician available in the hospital during times of peak activity, seven days a week • Is every child admitted to a paediatric department with an acute medical problem seen by a healthcare professional on the tier two (middle grade) paediatric rota within four hours of admission?

- S2.4 How do arrangements for handovers and shift changes ensure that people are safe?
- S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?

Standards for Children's surgery – The Royal College of Surgeons, 2013.

- The on-going care of inpatient/ postoperative children and young people is managed by consultant surgeons, with support from consultant paediatricians where necessary, on children's wards staffed by registered children's nurses and senior surgical trainees (or equivalent competencies) Standards for Children's surgery – The Royal College of Surgeons, 2013.

- When a child undergoes anaesthesia, the anaesthetist must be assisted by staff (operating department practitioners and anaesthetic nurses) with paediatric skills and training Guidance on the provision of paediatric anaesthesia services 2016, RCoA

Cancer
- NHS England Service Specification for paediatric oncology services

- Health Education England – Cancer Workforce Plan

- Is every child admitted to a paediatric department with an acute medical problem seen by a consultant paediatrician within 14 hours of admission?

- Are there at least two medical handovers every 24 hours are led by a consultant paediatrician?

- Is every child referred with an acute medical problem seen by, or has their case discussed with, a clinician with the necessary skills and competencies before they are discharged?

- Does the paediatric assessment unit have access to the opinion of a consultant paediatrician at all times?

- Does the paediatric inpatient units adopt an attending consultant or 'consultant of the week' system?

- Are all general paediatric training rotas made up of at least ten whole time equivalent posts, all of which are compliant with the UK Working Time Regulations and European Working Time Directive?

- Are specialist paediatricians available for immediate telephone advice for acute problems for all specialties, and for all paediatricians?

Cancer

		• Is there a designated lead consultant paediatrician in the POSCU and written arrangements for cover by a named deputy consultant paediatrician?
		
		• Is there a named pharmacist responsible for paediatric chemotherapy in the POSCU?
		
		• How does the provider ensure adequate staffing in the six other clinical professions,(ie. in addition to CNS's) identified by Health Education England as experiencing shortages in the provision of cancer services:
		   ➢ Histopathology and health care scientists
		   ➢ Gastroenterology
		   ➢ Clinical Radiology
		   ➢ Diagnostic Radiography
		   ➢ Medical and Clinical Oncology
		   ➢ Therapeutic Radiography

Key line of enquiry: S3

S3. Do staff have all the information they need to deliver safe care and treatment to people?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Records**		
• S3.1 Are people's individual care records, including clinical data, written and managed in a way that keeps people safe?	• Records management code of practice for health and social care • NICE QS15 Statement 3 - Information exchange: People using adult NHS	• Are there systems to flag on records where a child has particular needs including child protection and is this widely understood?

- S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.)

- S3.3 When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols?

- S3.4 How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.)

services experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.

- Records are clear, accurate and legible. All concerns and actions taken as a result are recorded. Information relevant to keeping a child or young person safe is recorded and available to other clinicians providing care to them. GMC guidance

- Primary care colleagues receive timely and accurate discharge information in order to support the child or young person in primary care Standards for Children's surgery – The Royal College of Surgeons, 2013

- NICE QS121 Statement 3: People prescribed an antimicrobial have the clinical indication, dose and duration of treatment documented in their clinical record

- Are arrangements for sharing details of attendance and outcome with GPs, school nurses, health visitors working effectively both ways?

- Does the service ensure use of Personal Child Health Record (PCHR) (referred to as red books) and recognised growth charts? Does the service require or encourage parents/guardians to bring these books to each hospital appointment or admission in order to facilitate sharing of child health records and hospital admissions?

- How is discharge communicated to GPs? How soon after discharge does this occur?

- Are care summaries sent to the person's GP on discharge to ensure continuity of care within the community?

- Do GPs have direct access to records? Can they speak to a consultant/SpR for advice on the phone?

- When people are prescribed an antimicrobial do they have the clinical indication, dose and duration of treatment documented in their clinical record?

- When appropriate, do records contain details of children's and young peoples'
- mental health needs
- learning disability needs

		• autism needs
		alongside their physical health needs?
		
		• Are staff confident the records will tell them if a child or young person has one of these underlying diagnoses?
		
		• What systems are in place to identify children and young people with pre-existing
		    o mental health conditions
		    o learning disability
		    o autism diagnosis?
		
		• If a child or young person has been seen by a member of the mental health liaison team, is their mental health assessment, care plan and risk assessment accessible to staff on the ward/ clinic?
		
		• Does the staff team have advice from mental health liaison about what to do if the child or young person attempts to discharge themselves, refuses treatment or other contingencies?
		
		• When relevant, do staff have access to child-specific information, such as care programme approach (CPA) care plans, positive behaviour support plans, health passports, communication aids? Do they use or refer to them?
		
		Cancer

		• Is there an adequate system to ensure access to cancer patient records, whether paper or electronic?
		• If there is a separate cancer information system to the provider's other IT systems, such as Patient Electronic Records, how does the provider ensure timely transfer of information between them?
		• Do patient records include all Multi-Disciplinary Team staff involved in a child or young person's treatment, clear MDT plan, including other providers, for supporting them through the pathway?
		• Does the service prepare Treatment Summaries to improve communication between cancer services, patients and their families and primary care?

Key line of enquiry: S4

S4. How does the provider ensure the proper and safe use of medicines, where the service is responsible?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Medicines**		
• S4.1 How are medicines and medicines related stationery managed (that is, ordered, transported, stored and disposed of safely	• NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies.	• Are allergies clearly documented in the prescribing document used?

- and securely)? (This includes medical gases and emergency medicines and equipment.)
- S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?
- S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence?
- S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?
- S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care?
- S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?
- S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines?
- S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?

- NICE QS 61: People are prescribed antibiotics in accordance with local antibiotic formularies.
- On admission, children and young people are to be weighed with minimal clothing to allow for accurate calculations of drugs. It is important that dual weight checking of the child takes place. RCN 2013, Standards for the weighing of infants, children and young people in the acute health care setting
- Children and young people should also have their height recorded. The current edition of the Children's British National Formulary (BNF) should always be used for drug calculations.
- The hospital should be able to demonstrate clear emergency treatment calculations or a quick reference document. Such as Resuscitation Council's Paediatric Emergency Treatment Chart
- NICE QS121 Statement 4: People in hospital who are prescribed an antimicrobial have a microbiological sample taken and their treatment reviewed when the results are available
- Start Smart then Focus: Antimicrobial Stewardship Toolkit

- Is the child's weight clearly documented and are all prescriptions appropriate for the child's weight?
- Are nursing staff aware of policies on administration of controlled drugs as per the Nursing and Midwifery Council – Standards for Medicine Management?
- Are there local microbiology protocols for the administration of antibiotics and are prescribers using them?
- When people are prescribed an antimicrobial do they have a microbiological sample taken and is their treatment reviewed when results are available?
- When someone dependent on alcohol or illegal drugs is admitted, are they offered medicines to assist their withdrawal and associated side-effects?

Cancer
- Are there arrangements to ensure the safe use of controlled drugs and systemic anticancer medicines?

| | | NICE CG52 Drug misuse in over 16s: opioid detoxification NICE CG100 Alcohol-use disorders: diagnosis and management of physical complications **Cancer** █ BOPA Standards for Verification of Prescriptions for Cancer Medicines | |

Key line of enquiry: **S5 & S6**

S5. What is the track record on safety?

S6. Are lessons learned and improvement made when things go wrong?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Incidents		

- S5.1 What is the safety performance over time? - S5.2 How does safety performance compare with other similar services? - S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)? - S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses,	1. A never event is a *serious incident that is wholly preventable* as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. They have the *potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.*
	
	•
	
	   ➤ Revised never events policy and framework (2015)
	   ➤ Never events list 2015/16
		- Never Events: "Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented" - Have the Trust reported any Never Events? - The criteria within the Serious Incident Framework describes the general circumstance in which providers and commissioners should expect Serious Incidents to be reported.

- and to report them internally and externally, where appropriate?

- S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations

- S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong?

- S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations?

- S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?

- ➤ Never Events List 2015/15 - FAQ

- Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015.

- (NICE QS66 Statement 4): For adults (and children over 16 years old) who receive intravenous (IV) fluid therapy in hospital, clear incidents of fluid mismanagement are reported as critical incidents.

- Duty of Candour: As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.

- Where there are safeguarding concerns an Individual Management Review or Root Cause Analysis should have been completed to contribute to a multi-agency Serious Case Review

- Child deaths should be reported through the Child Death Overview Panel ref 'Working Together to Safeguard Children'

- How many safeguarding incidents have been reported? Is there an audit trail of evidence and action taken? Were the CQC notified? What other agencies were involved? (e.g. police, LA)

- How is learning disseminated? – Any evidence of change to practice as a result?

- How does the CYP service respond to national patient safety alerts?

- How regularly does the service hold mortality and morbidity meetings when these occur? Who attends? Are they minuted?

- How is learning disseminated for those unable to attend? How do reviews from safety events involving CYO feed in to service improvement?

- Is there evidence in incident investigations that duty of candour has been applied?

Cancer

- Does the radiotherapy service report incidents as required following the Ionising Radiation (Medical Exposures) Regulations 2000?

- Are incidents relating to dose of radiation received reviewed by a Medical Physics Expert (MPE)?

	Cancer • Ionising Radiation (Medical Exposures) Regulations 2000 o 2006 IR(ME)R amendment regulations 2011 IR(ME)R amendment regulations	• In case of a service using radiation or radioactive substances, are there effective arrangements in case of a radiation or radioactive incident occurring such as radioactive spillage while carrying out a PET-CT scan or another form of nuclear medicine imaging?

Report sub-heading: **Safety Thermometer**		
• S5.1 What is the safety performance over time? • S5.2 How does safety performance compare with other similar services? • S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?	• NICE QS3 Statement 1: All children and young people on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool. • NICE QS3 Statement 4: Children and young people are re-assessed within 24 hours of admission for risk of VTE and bleeding. • Safety Thermometer	• Safety Thermometer: Does the service monitor the incidence of any of the following for inpatients? Does the service take appropriate action as a result of the findings? E.g. PICC line or CVC infection rates for relevant institutions. • VTE prophylaxis - assess risk in certain groups e.g. teenagers on OCP having major surgery Is a paediatric specific safety thermometer (or equivalent) in use – for example PEWS, COAST? If so, does the service take appropriate action as a result of the findings?

Effective

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Key line of enquiry: **E1**

E1. Are people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Evidence-based care and treatment**		
• E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? • E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions? • E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence? • E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice?	• NICE QS131: This quality standard covers managing intravenous (IV) fluids safely and effectively for babies, children and young people (from birth to 16) in hospital. It describes high-quality care in priority areas for improvement. • NICE QS66 Statement 2: Adults receiving intravenous (IV) fluid therapy in hospital are cared for by healthcare professionals competent in assessing patients' fluid and electrolyte needs, prescribing and administering IV fluids, and monitoring patient experience. (This only applies to young people who have reached puberty and beyond) • (NICE QS3 Statement 5): Patients assessed to be at risk of VTE are	• Which accreditation schemes are participated in (e.g. Your Welcome (DH), Baby Friendly (Unicef), BLISS baby charter) and what action has been taken as a result? • Compliance with national audit and benchmarking and use of findings – NPDA, NNAP, Epilepsy12, MBBRACE, • What local audits are undertaken to indicate compliance with guidelines? • Are relevant NICE guidelines and quality standards followed, for example: Type 1 diabetes; Epilepsies in children and young people • Is sepsis screening and management done effectively, in line with National guidance (i.e. NICE guidance; UK Sepsis Trust)

- E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates?

offered VTE prophylaxis in accordance with NICE guidance.

- [NICE QS90 (2015) UTI in adults](#)

- ['You're Welcome'](#), the Department of Health's quality criteria for young people friendly health services.

- Unicef statements to assist services in the implementation of [Baby Friendly standards.](#)

- Compliance with BAPM/ standards for neonatal units

  http://www.bapm.org/publications/doc uments/guidelines/BAPM_Standards_ Final_Aug2010.pdf

- Compliance with NICE standards for neonatal units [Neonatal specialist care | Guidance and guidelines | NICE](#)

- [End of life care for infants, children and young people with life-limiting conditions: planning and management](#)

- [NICE QS121 Statement 6](#): Prescribers in secondary and dental care use electronic prescribing systems that link indication with the antimicrobial prescription

- Use of the [Lester tool](#) supports the recommendations in NICE [CG 178](#) Psychosis and schizophrenia in adults: prevention and management

- Do prescribers in secondary care use electronic prescribing systems which link the indication with the antimicrobial prescription?

- When necessary, do children or young people receive a comprehensive assessment, including a history of any past or current mental health problems alongside the assessment of their physical health needs? Is there evidence of appropriate follow up?

- Are best practice decision making tools encouraged and does the service monitor their use? - for example the BMJ Best Practice decision making app.

- When necessary are children and young people assessed/ referred for assessment for learning disabilities or autism? Is there evidence of appropriate follow up?

- How does the service respond if a child or young person is thought to be at risk of suicide?

- Are children and young people displaying severe depression (but not suicidal) or a first episode of psychosis routinely referred to Child and Adolescent Mental Health Services (CAMHS)?

	and NICE CG 155 Psychosis and schizophrenia in children and young people: recognition and management • Assessing mental health in acute trusts – guidance for inspectors • NICE NG10 - Violence and aggression: short-term management in mental health, health and community settings • NICE QS 48 - Depression in children and young people • NICE CG 28 - Depression in children and young people: identification and management • NICE QS 102 - Bipolar disorder, psychosis and schizophrenia in children and young people • NICE QS 51 - Autism • NICE CG 16 - Self-harm in over 8s: short-term management and prevention of recurrence	• All children and young people who have self-harmed should be assessed by healthcare practitioners experienced in the assessment of children and adolescents who self-harm. Is this happening? • Do staff follow best practice for assessing and monitoring the physical health of people with severe mental illness? For example do they undertake appropriate health screening for example cardiometabolic screening and falls risk assessment? • Are relevant staff able to deal with any violence and aggression in an appropriate way? • Do staff handovers routinely refer to the psychological and emotional needs of patients, as well as their relatives / carers? **Cancer** • Does the provider follow NHS England cancer services specifications for paediatric oncology, cancer: teenager and young adults, radiotherapy, chemotherapy. diagnostics and surgery? • Does the provider follow CYP and TYA Cancer Network guidelines and clinical protocols to guide professional decision

- NICE CG155 - Psychosis and schizophrenia in children and young people: recognition and management

Cancer
- NICE pathways for cancer

- NICE CSG7: Improving outcomes in children and young people with cancer

- NICE CSG9: Improving outcomes for people with sarcoma 2006
  Bone Sarcomas: The complexity of this tumour group is well recognised; this guidance to be considered in conjunction with CSG7.

- NICE Quality Standard QS55: Cancer services for children and young people

- NICE pathway for Managing metastatic malignant disease of unknown primary origin.

- Stratified pathways – How to Guide – for people living with and beyond cancer

- NICE pathway for metastatic spinal cord compression

- NHS England Service Specifications for:

making where national protocols are not available?

- How does the POSCU assure itself that it can deliver its stated level of service 1, 2 or 3 safely and effectively, as described in the paediatric oncology service specification?

- As part of the personalised stratified pathway after treatment has finished, how does the service support CYP/TYA to stay well, including providing health education information/events/courses, potential late effects, (eg. access to fertility services), contact information if patients have any questions or concerns, and how to access other support services and charities? How quickly are patients seen, if it is decided that they require an appointment or urgent tests or treatment?

- What steps are taken to minimise the side-effects of radiotherapy and chemotherapy? How is performance monitored and audited?

- Is Intensity Modulated Radiotherapy (IMRT) offered, as per the 'gold standard' recommendations of the NHS commissioning clinical reference group?

- Is equipment to provide Image Guided Radiotherapy, Intensity Modulated

	○ Paediatric oncology ○ Children and Young Adult Cancer Services ○ Radiotherapy ○ Chemotherapy ○ Specialised cancer diagnostics ○ Specialised cancer surgery • List of Principal Treatment Centres	Radiotherapy and Stereotactic Radiotherapy in use?

Report sub-heading: **Nutrition and hydration**		
• E1.5 How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this?	• The Baby Friendly Initiative | Research | Interventions that promote breastfeeding | Baby Friendly accreditation increases breastfeeding rates	• Is age appropriate nutrition provided? • Where relevant do children and young people's care plans include an appropriate nutrition and hydration assessment and management plan? • Does this include the neonatal unit and the very young? **Cancer** • How does the provider ensure appropriate nutritional support for cancer patients, eg low fibre, light meals, etc and effective management of nausea and vomiting, while ensuring that patients cultural and religious needs are being met?

Report sub-heading: **Pain relief**		
• E1.6 How is a person's pain assessed and managed, particularly for those people	• Core Standards for Pain Management Services in the UK	• Is there an MDT approach (as appropriate) to pain management e.g. following paediatric surgery?

where there are difficulties in communicating?	• http://www.rcoa.ac.uk/document-store/audit-recipe-book-section-9-paediatrics-2012 • Managing Pain in Children RCEM July 2013 http://secure.rcem.ac.uk/code/document.asp?ID=4682 and guidance from the Association of Pediatric Anesthetists of Great Britain and Ireland Good Practice in Postoperative and Procedural Pain, 2nd Edition, 2012 | Association of Paediatric Anaesthetists of Great Britain and Ireland • Analgesia guidance appropriate for children should be readily available and pain scoring using validated tools appropriate to developmental age should be performed routinely on any child who undergoes a surgical procedure. Paediatric Prescribing Tool. Top Tips. RCPCH, London 2012	• Identify any pain management processes in place. • Where relevant do children and young people's care plans include an appropriate pain assessment and management plan? • Is there an adequately resourced and staffed acute pain team which covers the needs of children? • Do staff use an appropriate tool to help assess the level of pain in patients who are non-verbal? For example, DisDAT (Disability Distress Assessment Tool) helps to identify the source of distress, e.g. pain, in people with severe communication difficulties. GMC recommended. Abbey Pain Scale for people with dementia.

Key line of enquiry: **E2**

E2. How are people's care and treatment outcomes monitored and how do they compare with other similar services?

Prompts	Professional standard	Sector specific guidance
Report sub heading: **Patient outcomes**		
• E2.1 Is information about the outcomes of people's care and treatment (both physical	• HQIP Detection and management for National Clinical Audits: Implementation guide for National	• Is the service regularly reviewing the effectiveness of care and treatment through local audit and national audit?

and mental where appropriate) routinely collected and monitored?

- E2.2 Does this information show that the intended outcomes for people are being achieved?

- E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time?

- E2.4 Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes?

Clinical Audit and Patient Outcomes Programme (NCAPOP) providers

Cancer
- National Cancer Patient Experience Survey includes children age 16 and over.
  - o (Children's Cancer Patient Survey age 16 and under currently in development, due to launch 2020).

Are there audits that the service does not contribute to? How do the national clinical audits/ confidential enquiries results compare with other comparable providers? For example:

- National Paediatric Diabetes Audit

- Network wide audits

- National Neonatal Audit (HQIP)

- Paediatric Intensive Care (HQIP)

- Epilepsy 12 audit (HQIP)

- Maternal, new-born and infant clinical outcome review programme (HQIP)

- How does their surgery results compare with national benchmarks such as Dendrite and BAPS audits? Do they have regular audit meetings to discuss their compliance?

- Atlas of Variation

- For statistics audit outliers, and in line with the National Guidance on the management of audit outliers, does the service investigate why performance was much worse than expected, and make changes to improve care?

- Is the service regularly reviewing the effectiveness of sepsis management through local and national audit?

		- How do the audit outcome compare against National standards? - How does the services' performance compares to National performance? (i.e. in the National CQuIN) - Does the service hold regular audit meetings to review performance in regards sepsis management and patient outcomes? - Where issues have arisen in regards sepsis management and patient outcomes has there been evidence of quality improvement?' - Where issues have arisen in regards sepsis management and patient outcomes have staff been given appropriate support and training? **Cancer** - Are all cancer patients informed about all ongoing clinical trials and offered the opportunity to take part, where clinically appropriate? - How does the provider ensure that it uses the results of its Cancer Patient Experience Survey and other cancer-related patient surveys and feedback to improve quality and outcomes for people?

Key line of enquiry: **E3**

E3. How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

Prompts	Professional standard	Sector specific guidance
Report sub heading: Competent staff		
• E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? • E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to cover the scope of their work and is there protected time for this training? • E3.3 Are staff encouraged and given opportunities to develop? • E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) • E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve? • E3.7 Are volunteers recruited where required, and are they trained and supported for the role they undertake?	• Surgeons and anaesthetists demonstrate evidence of appropriate resuscitation training to a level appropriate to their role and clinical responsibility (in accordance with Resus Council UK and Royal College (Surgeon and Anaesthetists) guidelines. • Staff involved in the clinical care of children should have PBLS training. Standards for Children's surgery – The Royal College of Surgeons, 2013. • At least one member of medical staff in each clinical area (ward/department) will be trained in APLS/EPLS depending on the service need. Royal College of Nursing guidance on Defining staffing levels for children and young people's services • The on-going care of inpatients/postoperative patients is managed by consultant surgeons, with support from consultant paediatricians where necessary, on children's wards staffed by registered	• Do all anaesthetists / theatre/ recovery staff who may care for CYP have up-to-date competencies? • Are sufficient staff trained, and maintain competencies, in life support on any one shift? Is this is to advanced levels e.g. APLS/ EPLS or equivalent? • Are surgeons and anaesthetists taking part in an emergency rota that includes cover for emergencies in children? Do they have appropriate training and competence to handle to emergency surgical care of children, including those with life-threatening conditions who cannot be transferred or who cannot wait until a designated surgeon or anaesthetist is available? Report only by exception – i.e. if there are particular concerns • Are there corporate/hospital policies in place that detail resuscitation training requirements? • Are there policies in place for:

children's nurses and senior surgical trainees [Standards for Children's surgery – The Royal College of Surgeons, 2013](#).

(or equivalent competencies)

- [NICE guideline [NG51] Sepsis: recognition, diagnosis and early management](#)

- [NICE QS121 Statement 5](#): Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level.

- [Start Smart then Focus: Antimicrobial Stewardship Toolkit](#)

- The ability to manage a critically ill child for an extended period when there are delays in retrieval from a PICU team?

- The ability to transfer a child with a time sensitive condition (such as intracranial haematoma)?

- Is every child referred with an acute medical problem seen by, or has their case discussed with, a clinician with the necessary skills and competencies before they are discharged?

- Does the paediatric assessment unit have access to the opinion of a consultant paediatrician at all times?

- Do the paediatric inpatient units adopt an attending consultant or 'consultant of the week' system?

- Are specialist paediatricians available for immediate telephone advice for acute problems for all specialties, and for all paediatricians (Facing the Future 2015)

- Do individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber level?

- Do staff have the skills, knowledge and experience to identify and manage issues arising from patients'

		• mental health conditions • learning disability • autism? • Does the mental health liaison team or similar team have members with the skills, knowledge and experience to work with patients with • learning disabilities • autism? • Does the mental health liaison team or similar team have members with the skills, knowledge and experience to work with children with • learning disabilities • autism diagnoses? **Cancer** • Have staff in the PTC and POSCU undertaken Advanced Communication Training?

Key line of enquiry: **E4**

E4. How well do staff, teams and services within and across organisations work together to deliver effective care and treatment?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Multidisciplinary working**		

- E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment?

- E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved?

- E4.3 How are people assured that they will receive consistent coordinated, person-centred care and support when they use, or move between different services?

- E4.4 Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place?

- [PHSO: A report of investigations into unsafe discharge from hospital](#)

- [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) (NICE guideline 27)

- For Elective surgery – Access to a paediatrician and senior children's nurse to advise on care should be available on call when children are being treated or seen, for example in cases of children requiring on-going care following resuscitation, and to advise on safeguarding issues. Standards for Children's surgery – The Royal College of Surgeons, 2013.

  [Standards for Children's surgery – The Royal College of Surgeons, 2013](#).

  [Guidance on the provision of paediatric anaesthesia services 2016, RCoA](#)

- Consultants work within the limits of their professional competence and where there are unexpected circumstances requiring that they act beyond their practised competences, support is available from colleagues within the service network (description of support) [Standards for Children's](#)

- Is there access to paediatric pharmacy advice 24/7?
  How do adult and CYP services work together to share information?

- Are there paediatric MDT meeting and ward rounds?
  Access to physiotherapy and OT – have they all had paediatric specific training?

- How does the service ensure that the objectives of The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients has been implemented?

- Are all team members aware of who has overall responsibility for each individual's care?

- Are there qualified play specialists available in areas that CYP will be seen and treated e.g. wards, outpatient clinics, A+E, radiology etc.? Are there any areas where children are seen without access to qualified play specialists? Are play specialists/services available 7 days a week?

- When children and young people are discharged from a service are there clear mechanisms for sharing appropriate information with their GP and other relevant professionals and to ensure that the child and family fully understand what is happening and any

surgery – The Royal College of Surgeons, 2013

- Facing the Future Together for Child Health sets out eleven standards for reducing hospital attendance by working more closely with primary care. services

  www.rcpch.ac.uk/facingthefuture

- Bringing networks to life – RCPCH 2012

- PHSO: A report of investigations into unsafe discharge from hospital

- Transition between inpatient hospital settings and community or care home settings for adults with social care needs

- NICE NG43 Transition from children's to adults' services for young people using health or social care services

Cancer
- NHS England Service specification for paediatric oncology services
  - specifications for multi-disciplinary teams

next steps? Is information shared in timely way?

- What are the arrangements for CYP in transition between care between the paediatrics and adult care teams? And with other organisations?

- What access is there to advice from tertiary paediatric services in and out of hours and is this sufficient?

- What discharge information and support is available when children and young people are transferred back to the service care?

- What are the transfer arrangements?

- Are there established links with
  - Child and Adolescent Mental Health Services (CAMHS)
  - Children's Social Services teams?

- Is there evidence of multi-disciplinary/ interagency working when required?

Cancer

- Is diagnosis, treatment and support for children and young people agreed by a cancer-site-specific multidisciplinary team and a teenage and young adult multidisciplinary team?

- Do the MDT Terms of Reference include links with other MDTs and services,

		such as where teenagers and young adults (TYA) with solid tumours are being managed by an adult MDT, that access to the TYA MDT and other TYA services is clearly included?
		• Is there an effective "Paediatric and TYA Oncology Shared Care Agreement" in place and is it being adhered to?
		• Do lead staff attend appropriate network and local forums relating to children's & young people's cancer services and contribute to developing and delivering the clinical work programmes for networks?
		• Is there effective working with other critical interdependent and co-located services, such as Paediatric Infectious Diseases, Paediatric Intensive Care, Paediatric Anaesthesia and pain management, Paediatric surgery and Clinical Haematology and Blood and Marrow Transplant?
		• Where a TYA has been offered treatment at the TYA PTC or the TYA designated hospital service, but may then request treatment at a local hospital, does the local MDT discuss this with the TYA MDT for joint treatment planning, so the patient is fully aware of the differences in the services available

and what support they can expect to receive?

- Does the service have effective, efficient shared-care protocols and recall systems for active surveillance ('watchful waiting') with primary care services?

Cancer (Principal Treatment Centre)

- Does the PTC have weekly diagnostic and treatment MDTs and a late effects MDT, attended regularly by all relevant staff?

- Does the children's PTC encompass haematological malignancy, brain & central nervous system (CNS) tumours and solid tumours as a minimum?

- Are arrangements specified for patients aged 16 to 18 years and the relationship between the PTC and the TYA MDT, the Neuroscience Centre MDT and the Network Neuro-Oncology MDT for the geographical area?

- Does the PTC also have a psychosocial MDT?

- Are the MDTs supported by Social Workers and Youth Workers?

Report sub-heading: **Seven-day services**

• E4.5 How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored?	• [NHS Seven Day Services Clinical Standards](#)
	
	• [http://www.rcpch.ac.uk/news/247-consultant-delivered-care-%E2%80%98must%E2%80%99-effective-nhs-says-new-report](#) provides the findings of a survey of RCPCH members examining the changing nature of pediatric consultant work patterns.
	
	• RCPCH Workforce census 2013 provides benchmark data [Workforce census 2015
		RCPCH](#)	• Do hospital inpatients have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy and pathology?
			
			Cancer
			• How does the provider ensure appropriate 24/7 access to specialist cancer advice and services, such as:
			   o Face to face / telephone advice
			   o Pharmacy input
			   o Urgent access to endoscopy and interventional radiology
			   o All key diagnostic services, including endoscopy, interventional radiology, CT, MRI, PET scans, to support clinical decision making:
			      ▪ Critical – imaging and reporting within 1 hour
			      ▪ Urgent – imaging and reporting within 12 hours
			      ▪ All non-urgent – within 24 hours
			
			• Is there a walk-in service available for plain film imaging?

Key line of enquiry: **E5**

E5. How are people supported to live healthier lives and where the service is responsible, how does it improve the health of its population?		
Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Health promotion**		
• E5.1 Are people identified who may need extra support? This includes: 　• people in the last 12 months of their lives 　• people at risk of developing a long-term condition 　• carers • E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary • E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? • E5.4 Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary? • E5.5 How are national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.)	**Cancer** • NHS England Personalised Care and supportive interventions	**Cancer** • How does the provider support people to stay well? Does the provider provide Personalised Care (Formerly known as the Macmillan Recovery Package) or equivalent with patients in undertaking a holistic assessment to support health promotion: 　o Personalised Care and Support Planning based on holistic needs assessment 　o End of Treatment Summaries 　o Cancer Care Review 　o Health and Wellbeing Information and Support At what points in the journey and how are patients offered HNA, how are results recorded and shared with the team, the patient and/or parents/carers?

Key line of enquiry: **E6**

E6. Is consent to care and treatment always sought in line with legislation and guidance?		
Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Consent, Mental Capacity Act and DOLs**		
• E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance? • E6.2 How are people supported to make decisions in line with relevant legislation and guidance? • E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded? • E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance? • E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation? • E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe,	• BMA/RCP Guidance on clinically-assisted nutrition and hydration and adults who lack capacity to consent (2018) • BILD Restraint Reduction Network (RRN) Training Standards 2019 • Consent: patients and doctors making decisions together (GMC) • Consent - The basics (Medical Protection) • Department of Health reference guide to consent for examination or treatment • BMA Consent Toolkit • BMA Children and young people tool kit • Gillick competence • Confidentiality and consent policies processes are in line with current department of health guidelines. Members of staff that come in contact	• How is Gillick Competence assessed? Gillick competency and Fraser guidelines | NSPCC • Are young people between 16 and 18 encouraged to involve their families or carers in decisions about consent? How does the team support children and young people and their parents? • What arrangements are in place if parents are not thought capable of providing consent? (Include consenting for operative procedures) • Are any patients detained under the Mental Health Act? If so, are staff aware there are additional steps to consider if the patient does not consent to treatment? Do they know where to get advice on this? • Positive and Proactive Care; reducing the need for restrictive interventions (DH 2014) • Capacity and consent in under 18s • Do staff recognise when 16 and 17 year olds who lack mental capacity for specific decisions are being deprived of their liberty using relevant legislation (The Children Act 1989, the Mental

proportionate, and monitored way as part of a wider person centred support plan?

- E6.7 Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?

with children and young people are trained in these areas and routinely make this clear to children, young people and their families. Department of Health, You're welcome: Quality criteria for young people friendly health services, 2011

- Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty using relevant legislation (The Children Act 1989, the Mental Health Act 1983 or a court authorisation)?"
- GMC Guidance – 0-18 years assessing capacity to consent
- GMC | Consent: patients and doctors making decisions together
- http://www.medicalprotection.org/uk/resources/factsheets/england/england-factsheets/uk-eng-consent-the-basics
- MHA Code of Practice (including children and young people - chapter 19)

Health Act 1983 or a court authorisation) and do they seek authorisation to do so when they consider it necessary and proportionate?

Caring

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Key line of enquiry: **C1, C2 & C3**

C1. How does the service ensure that people are treated with kindness, dignity, respect and compassion, and that they are given emotional support when needed?

C2. How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

C3. How is people's privacy and dignity respected and promoted?

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Compassionate care		
• C1.1 Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers? • C1.2 Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way? • C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? • C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • C3.1 How does the service and staff make sure that people's privacy and dignity needs	• NICE QS15 Statement 1 – Empathy, dignity and respect: People using adult NHS services are treated with empathy, dignity and respect. • NICE QS15 statement 2 – contacts for onging care: People using adult NHS services understand the roles of healthcare professionals involved in their care and know how to contact them about their ongoing healthcare needs. • Registered nurses working with children will need additional training, education and supervision to demonstrate competence in: - understanding and upholding the rights of children, young people	• Observe staff/ patient interactions – including whether privacy and dignity, confidentiality preserved, timely response to buzzers. • How long are CYP left unsupervised when they don't have a parent/carer visiting? • Are staff (particularly those in non-CYP specific areas) well prepared to work with /communicate with CYP? • How does the service seek feedback and input from those who use the service and their parents/carers? • Are staff trained and supported in managing children and/or parents with behavioural or mental health disorders?

are understood and always respected, including during physical or intimate care and examinations?

- C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?

and their families in all areas of the health care system

- communicating with children and young people to understand their needs, involving them and their parents/carers in decision making and facilitating children to care for themselves as much as they are able or wish to
- assessing children and young people in terms of their clinical needs based upon knowledge of their different levels of physical and emotional maturity and development
- recognising actual and potential physical health and mental health problems and deterioration in health status
  [Royal College of Nursing guidance on Defining staffing levels for children and young people's services](#)

- There must be frequent communication with the family throughout the hospital stay, at all times ensuring patient privacy and confidentiality.

- [Standards for Children's surgery – The Royal College of Surgeons, 2013](#)

Cancer

- Do staff members display understanding and a non-judgemental attitude towards (or when talking about) patients who have
  - mental health,
  - learning disability,
  - autism diagnoses?

- How do staff respond to patients who might be
  - frightened
  - confused
  - phobic
about medical procedures or any aspect of their care?

Cancer

- How does the provider engage with cancer patients and their families and use the findings from its Cancer Patient Experience Survey (TYA aged 16 upwards) to ensure that patients from all equality groups feel well cared for and treated with dignity, respect and compassion?

- Have any clinical areas within the service achieved the Macmillan Quality Environment Mark?

	• The [Macmillan Quality Environment Award](#) is a framework for assessing whether cancer care environments meet the standards required by people living with cancer. (Includes list of providers who have achieved award).	

Report sub-heading: Emotional support

• C1.5 Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? • C1.6 Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services? • C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants?	• Children are assessed with regard to their emotional needs as well as their physical needs. Distress is minimised and parental access is encouraged e.g. to anaesthetic and recovery area. • [Standards for Children's surgery – The Royal College of Surgeons, 2013](#)	• Do parents feel confident leaving the ward and their child's care with the staff on the ward at the time? • How do staff recognise and support the broader emotional wellbeing of children and young people with long term or complex needs, their carers and those close to them? • How do staff support CYP with long term or complex conditions? Are there child psychologists? • What support is available for parents and others close to the child who has received bad news? Is there bereavement or counselling service available? • Do children, and young people with life limiting conditions receive social, practical, emotional, psychological, and spiritual support? • If a patient becomes distressed in an open environment, how do staff assist

		them to maintain their privacy and dignity? **Cancer** • Are patients offered a Personalised Care and Support Planning based on holistic needs assessment, a permanent record or End of Treatment Summaries and a range of other relevant information related to diagnosis, treatment, support groups, financial support, etc. • Does support include sexuality (age-appropriate), body image and daily living activities? • Following outpatient appointments, are CYP/TYA and their parents / carers understand and given a choice on how, eg by telephone or face to face, and when they will receive test results / next appointment date?
Report sub-heading**: Understanding and involvement of patients and those close to them**		
• C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given? • C2.2 Do staff seek accessible ways to communicate with people when their	• NICE QS15 Statement 5 - Preferences for sharing information: People using adult NHS services have their preferences for sharing information with their family members and carers established, respected and reviewed throughout their care.	• Are staff witnessed to be communicating appropriately to children and young people and their relatives? • Is information and support provided in a child friendly format to help CYP make decisions about or agree to care

protected equality or other characteristics make this necessary?

- C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these?

- C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing?

- C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?

- C2.6 Are people's carers, advocates and representatives including family members and friends, identified, welcomed, and treated as important partners in the delivery of their care?

- C3.3 How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information?

- NICE QS15 Statement 6 – Decision making: People using adult NHS services are supported in shared decision making.

- Children and families are involved in the decision to operate and the consent process.

  Standards for Children's surgery – The Royal College of Surgeons, 2013

- Not Just a Phase | RCPCH (RCPCH 2010) sets out mechanisms and tools for meaningful involvement of children and young people.

- The RCPCH has developed a number of free, specific Patient Reported Experience Measures – for diabetes, allergy, emergency care and outpatients

- GMC Guidance and resources for people with communication difficulties

and treatment (including consent/assessment)?

- How well are children and young people encouraged to have a say and how well are they listened to?

- How are CYP and parents involved in care plans? [Ask parents if their child has a care plan, were they involved in developing it, is it current, do they understand it?]

  Can older children talk to a clinician without a parent present?

- Do staff have access to communication aids to help patients become partners in their care and treatment? For example, is there evidence that they use the patient's own preferred methods or are easy read materials available (and used)?

Responsive

By responsive, we mean that services meet people's needs

Key line of enquiry: **R1 & R2**

R1. How do people receive personalised care that is responsive to their needs?

R2. Do services take account of the particular needs and choices of different people?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Service delivery to meet the needs of local people**		
• R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? • R1.2 Where people's needs and choices are not being met, is this identified and used to inform how services are improved and developed? • R1.3 Are the facilities and premises appropriate for the services that are delivered?	• Families should be involved in wider decisions on service organisation Standards for Children's surgery – The Royal College of Surgeons, 2013 • Children and young people's experience of health services are captured as part of service development, monitoring and evaluation Department of Health, You're welcome: Quality criteria for young people friendly health services, 2011 • Steps have been taken to ensure that service provision, environment and atmosphere are young people friendly (at the same time as being welcoming to all children and young people,	• What engagement and involvement of children and young people and their families has there been in the design and running of the services? • Is there children's and/or a parents/carers panel? Are there separate areas for children and adolescents - how are the needs of adolescents/young people met? How is their experience if they are on an adult ward? Is it considered? Is there a choice of same or mixed sex accommodation? • What percentage of CYP are seen in predominantly adult based areas (e.g. outpatients, diagnostics department) -

regardless of age). The environment means the atmosphere created by physical arrangements as well as staff attitudes and actions. Department of Health, You're welcome: Quality criteria for young people friendly health services, 2011

- Not Just a Phase | RCPCH (RCPCH 2010) sets out mechanisms and tools for meaningful involvement of children and young people. The RCPCH has developed a number of free, specific Patient Reported Experience Measures – for diabetes, allergy, emergency care and outpatients

- NHS England is developing a range of tools see NHS England » Patient Centred Outcome Measures

- Change can disorientate people with these conditions, and sometimes triggers behaviour that challenges, for example:
- NICE CG142 Autism: recognition, referral, diagnosis and management of adults on the autism spectrum

Cancer

- NHS England service specification - Cancer: Teenagers and Young Adults

- Guidance for Cancer Alliances

- Rapid Diagnostic Centres Vision and 2019/20 Implementation Specification

how are the needs of CYP and parents met whilst in these areas e.g. is there a separate waiting area, is there a play area etc.? [Note – outpatient team to consider this also] Do children and young people seen in a largely adult area have the same experience as those being seen in CYP only environments?

- Can CYP keep in touch with their friends and family while in the hospital e.g. access to Facebook?

- What facilities are available for parents and relatives e.g. accommodation, refreshments etc.? How does the service work with other health (community paediatrics services, CAMHS, GPs, health visitors, practice nurses and midwives etc.) and social care providers/social services / education providers to meet the needs of CYP in the area?

- Are there any systems or staff members in place to aid the delivery of care to patients in need of additional support? For example dementia champions or dementia symbols above bed or Learning Disability link nurses or stickers on paper records.

- Are the needs of patients with
- mental health conditions
- learning disability

		• autism routinely considered when any changes are made to the service? For example, through use of an impact assessment. • If a child or young person starts to display behaviour that is challenging, is there an area they can be directed to in order to protect themselves and others and/or to maintain their privacy and dignity? **Cancer** • Are patients aged 19 to 24 years offered a choice of access to a TYA Principal Treatment Centre with unhindered access to age- appropriate facilities or hospital designated to provide care for young adults within its adult cancer services? • Does the provider have clear plans for delivering its commitments as part of the local Cancer Alliance's goals and priorities for meeting its population's needs, including regular monitoring and action for improvement? • Is a rapid diagnostic and assessment service in line with the Long Term Plan for Cancer available, or what alternative arrangements is the provider putting in place to ensure faster and earlier diagnosis for TYA?
Report sub-heading: **Meeting people's individual needs**		

- R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss. How does it record, highlight and share this information with others when required, and gain people's consent to do so?

- R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances?

- R2.2 How are services delivered and co-ordinated to be accessible and responsive to people with complex needs?[1]

- R2.3 How are people, supported during referral, transfer between services and discharge?

- R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others?

- R2.5 Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions?

- R2.9 How are services delivered and coordinated to ensure that people who may be approaching the end of life are identified, including those with a protected equality characteristic and people whose

- NICE QS15 Statement 4 – Individualised care: People using adult NHS services experience care and treatment that is tailored to their needs and preferences

- Accessible Information Standard

- Reasonable adjustment for patients with disabilities under the Equality Act 2010

- NICE NG27 Transition between inpatient hospital settings and community or care home settings for adults with social care needs. Of particular relevance to Looked After Children and Young People – see NICE QS31

Cancer

- Personalised Care for cancer– by 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.

- Is there coordination of appointments for children with complex needs/ multiple diagnoses?

- How are the needs of children and young people being met:
    - of a variety of ages?
    - with long-term health conditions?
    - in receipt of end-of-life care?
    - with learning disabilities?
    - with mobility difficulties?
    - with a visual impairment?
    - with a learning difficulty
    - with a hearing difficulty
    - where English is not their and/or their parents first language?
    - In cases of 'Looked after children'?
    - with child protection orders?
    - if they are children of asylum seekers?

- What adjustments are made for children with mental health needs requiring acute care, and whose behaviour could be challenging?

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[1]. For example, people living with dementia or people with a learning disability or autism.

circumstances may make them vulnerable, and that this information is shared?
 	
• R2.10 How are people who may be approaching the end of life supported to make informed choices about their care? Are people's decisions documented and delivered through a personalised care plan and shared with others who may need to be informed?
 	
• R2.11 If any treatment is changed or withdrawn, what are the processes to ensure that this is managed openly and sensitively so that people have a comfortable and dignified death?
		• What are the arrangements in place for ensuring psychiatric support? E.g. Local service agreement for CAMHS/ psychiatric liaison.
		
		• If people with
		  • a mental health condition
		  • learning disability
		  • autism
		need extra support or supervision on the ward or in the clinic is this available?
		
		• Are appropriate discharge arrangements in place for people with complex health and social care needs? This may mean taking account of chaotic lifestyles.
		
		• When appropriate do Community Mental Health Teams (CMHTs), Community Learning Disabilities Teams (CLDTs), Child and Adolescent Mental Health Teams (CAMHS) or similar, get copied into discharge correspondence?
		
		• Are there examples of other reasonable adjustments being made for children and young people on account of their mental health/ learning disabilities/ autism? e.g. longer out-patient appointments or use of communication aids.

		Cancer
		• How does the Paediatric Oncology Shared Care service ensure that CYP/TYA are treated closer to home and within the home where appropriate? What are the arrangements between the PTC and CCNCG/TYACNCG?
		• Does the provider implement Personalised Care (formerly known as the Macmillan Recovery Package) for every patient with cancer?
		• Are specialist equipment and aids, such as wigs or temporary prosthetics available and is information and advice available on help with any costs?
		• Are young patients and/or their parents/carers given a choice on how, eg.by phone at home or face-to-face, they would like to be given results or bad news? Is there adequate and suitable space for breaking bad news and supporting distressed patients, relatives and staff? Is access to the patient's CNS or equivalent available at these times?
		Cancer (Principal Treatment Centres)
		• Is there flexibility in ward routine and visiting hours to meet the needs of TYAs?

Key line of enquiry: **R3**		
R3. Can people access care and treatment in a timely way?		
Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Access and flow**		
• R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? • R3.2 Can people access care and treatment at a time to suit them? • R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice? • R3.4 Do people with the most urgent needs have their care and treatment prioritised? • R3.5 Are appointment systems easy to use and do they support people to access appointments? • R3.6 Are appointments care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible? • R3.7 Do services run on time, and are people kept informed about any disruption? • R3.8 How is technology used to support timely access to care and treatment? Is the	• [Facing the Future: Standards for Acute General Paediatric Services	RCPCH](#) • [Facing the Future Together for Child Health	RCPCH](#) **Cancer** • NHS England Cancer Waiting Times standards: Two weeks from urgent GP referral for suspected cancer to first appointment (93%) Two weeks from referral for breast symptoms (whether cancer is suspected or not) to first appointment (93%) The **new 28 day 'Faster Diagnosis Standard'** *(28 days from referral to diagnosis or cancer ruled out) is being introduced from April 2020, replacing the two-week standards above.* 62 days from urgent GP referral for suspected cancer to first treatment (31 days for children's cancers, testicular cancer, and acute leukaemia) (85%)	• What is the admitting pathway to paediatric service? Is there a paediatric assessment unit/short stay unit? Is the length of time children spend in the unit measured? • How long do children wait for their operations? How is this monitored? Are children prioritised on lists to be first? • Is there access to urgent / next day clinics? • Is a consultant paediatrician available in the hospital during times of peak activity, seven days a week • Is every child admitted to a paediatric department with an acute medical problem seen by a healthcare professional on the tier two (middle grade) paediatric rota within four hours of admission? • Is every child admitted to a paediatric department with an acute medical problem seen by a consultant

technology (including telephone systems and online/digital services) easy to use?	62 days from urgent referral from NHS Cancer Screening Programmes (breast, cervical and bowel) to first treatment (90%) 62 days from a consultant's decision to upgrade the urgency of a patient (e.g. following a non-urgent referral) due to a suspicion of cancer to first treatment (no operational standard set) 31 days from diagnosis (decision to treat) to first treatment for all cancers (96%) 31 days from decision to treat/earliest clinically appropriate date to second/subsequent treatment (surgery or radiotherapy) (94%) 31 days from decision to treat/earliest clinically appropriate date to second/subsequent treatment (anti cancer drug therapy, eg chemotherapy) (96%)	paediatrician within 14 hours of admission? • GPs assessing or treating children with unscheduled care needs have access to immediate telephone advice from a consultant paediatrician. • Each acute general children's service provides a consultant paediatrician-led rapid access service so that any child referred for this service can be seen within 24 hours of the referral being made. • There is a link consultant paediatrician for each local GP practice or group of GP practices. • Each acute general children's service provides, as a minimum, six-monthly education and knowledge exchange sessions with GPs and other healthcare professionals who work with children with unscheduled care needs. • Each acute general children's service is supported by a community children's nursing service which operates 24 hours a day, seven days a week, for advice and support, with visits as required depending on the needs of the children using the service.

		• There is a link community children's nurse for each local GP practice or group of GP practices.
		• When a child presents with unscheduled care needs the discharge summary is sent electronically to their GP and other relevant healthcare professionals within 24 hours and the information is given to the child and their parents and carers.
		• Children presenting with unscheduled care needs and their parents and carers are provided, at the time of their discharge, with both verbal and written safety netting information, in a form that is accessible and that they understand.
		• Healthcare professionals assessing or treating children with unscheduled care needs in any setting have access to the child's shared electronic healthcare record.
		• Acute general children's services work together with local primary care and community services to develop care pathways for common acute conditions.
		• There are documented, regular meetings attended by senior healthcare professionals from hospital, community and primary care services and representatives of children and

		their parents and carers to monitor, review and improve the effectiveness of local unscheduled care services
		
		• Are people with urgent mental health needs seen within one hour of referral by an appropriate mental health clinician and assessed in a timely manner?
		
		Cancer
		  • How does the provider manage achievement of waiting times operational standards and does it follow national guidance and use tools provided?
		     o including ensuring efficient pathways with GPs/primary care services in meeting waiting time standards?
		     o including results from histology and pathology, both off-site and on-site
		
		• How does the provider manage urgent cancer appointments?
		
		• Is there ready access to neuropsychology for the assessment and input for children with acquired or treatment related problems and specialist psychology?
		
		Cancer (Principal Treatment Centre)

		• <mark>Does</mark> the PTC respond to referrals on the day received and initiate the admission process, or put in train any other clinical actions required in line with the protocols for that cancer type?
		• Is there an intensive care unit (ICU) which accepts patients of the TYA age range, on the same site as the PTC inpatient facility, or where such a unit is not on-site, are there transfer arrangements agreed between the PTC and the providers of any ICU(s) which are used?

Key line of enquiry: R4

R4. How are people's concerns and complaints listened and responded to and used to improve the quality of care?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Learning from complaints and concerns**		

• R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint, and how confident are they to speak up?
 	
• R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible
	• The NHS constitution gives people the right to
	
	  ➢ Have complaints dealt with efficiently and be investigated.
	
	  ➢ Know the outcome of the investigation.
	
	  ➢ Take their complaint to an independent Parliamentary and Health Service Ombudsman.
		• Is there a child friendly complaints process appropriate for CYP of different age ranges to easily access and use?
		Is there a child-friendly format inpatient survey/ friends and family test, suggestion boxes etc?
		
		• Is there clear evidence that in most cases people are supported?
		
		• Is there clear evidence that in most cases the complaint is managed

information or protection measures if they need to make a complaint?

- R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record?

- R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?

- R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement?

Receive compensation if they have been harmed.

- The service provides children and young people with appropriate information in a variety of languages and formats including leaflets so they can make comments, compliments or complaints. Department of Health, You're welcome: Quality criteria for young people friendly health services, 2011

Private patients only

- ISCAS: Patient complaints adjudication service for independent healthcare (please note you may need to open this link in a non-IE browser, or search for ISCAS directly)

appropriately and people are treated compassionately and supported?

- Is there clear evidence that in most cases the complaint is investigated thoroughly?

- Is there clear evidence that in most cases the complaint is formally recorded with accurate information?

- How has the unit implemented the 'Friends and Family' for children in an accessible way?

Private patients only

Where the internal complaints process has been exhausted, what arrangements are in place for the independent review of complaints where the patient is receiving non-NHS funded care (e.g. is the service a member of the Independent Services Complaint Advisory Services (ISCAS) and if not, does the provider have an alternative arrangement?). This includes NHS Private Patient Units, whose patients do not have access to the PHSO if their care is not NHS funded

Well-led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Key line of enquiry: **W1**

W1. Is there the leadership capacity and capability to deliver high-quality, sustainable care?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Leadership**		
• W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? • W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them? • W1.3 Are leaders visible and approachable? • W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?	• Standards for Children's surgery – The Royal College of Surgeons, 2013 • NRLS - Being Open Communicating patient safety incidents with patients, their families and carers	• Within hospitals providing surgical services for children, is there a designated children's lead reporting to the board? IS the lead responsible for managing quality assurance? • How is leadership organised on a shift by shift basis? Is there a nursing/ medical lead? • Do all the consultants have job plans? Are these addressed yearly? • Who has the lead for mental health within the service / department? Do they have appropriate expertise in this area or are they supported by someone who does?

Key line of enquiry: **W2**

W2. Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Vision and strategy**		
• W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities? • W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care? • W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners? • W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them? • W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population? • W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?	**Cancer** • Achieving World Class Cancer Outcomes: A strategy for England • NHS England cancer programme to support implementation of the strategy	• Are staff aware of a departmental strategy? How integrated is it with the overall trust strategy? • Is it line with national recommendations / direction of travel for care for CYP? • If the trust has a vision and strategy specific to, or inclusive of, mental health, who in the service knows about this? What is the service's contribution to achieving it? **Cancer** • Does the provider have a clear vision and strategy for the delivery and improvement of its CYP and TYA cancer services and in partnership with other providers, such as those in its Cancer Alliance, radiotherapy network and supporting the CYP and TYA Cancer Network Coordinating Groups? • Do they understand the cancer services issues within the provider and are they active and visible to staff? • Does the radiology department have sufficient plans for the replacement of

		high cost equipment? Is this through managed services, lease or capital replacement?

Key line of enquiry: **W3**		
W3. Is there a culture of high-quality, sustainable care?		
Generic prompts	**Professional Standard**	**Sector specific guidance**
Report sub-heading: **Culture**		
• W3.1 Do staff feel supported, respected and valued? • W3.2 Is the culture centred on the needs and experience of people who use services? • W3.3 Do staff feel positive and proud to work in the organisation? • W3.4 Is action taken to address behaviour and performance that is inconsistent with the vison and values, regardless of seniority? • W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do	• <u>NMC Openness and honesty when things go wrong</u>: the professional duty of candour • <u>NRLS - Being Open Communicating patient safety incidents with patients, their families and carers</u> • <u>Duty of Candour</u> – CQC guidance • <u>Eight high impact actions to improve the working environment for junior doctors</u> • <u>WRES & IH Providers Statement</u>	• Is there a focus on improving child health outcomes embedded in the culture of these services? • What processes and procedures does the provider have in place to ensure they meet the duty of candour? For example, training, support for staff, policy and audits. • How much prominence is given to CYP's mental health and emotional wellbeing in day to day activity within

leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?

- W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?

- W3.7 Is there a strong emphasis on the safety and well-being of staff?

- W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?

- W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?

the service, e.g. handovers, record keeping, care and treatment plans?

Cancer

- Does the provider offer effective support to staff who are caring for CYP/TYA with cancer?

Key line of enquiry: **W4**

W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: **Governance**		
• W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good	• *Intercollegiate Standards for care of CYP in emergency care settings* (RCPCH 2012) covers staffing, training, facilities, communications and	• Is there an Executive or NED lead for the service?

quality, sustainable services? Are these regularly reviewed and improved?

- W4.2 Do all levels of governance and management function effectively and interact with each other appropriately?

- W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?

- W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?

interfaces set out in a clear style and agreed by all professional colleges involved with urgent and emergency care

- A senior children's nurse is involved in the planning and development of children and young people's service provision and works in collaboration with local NHS children's services

Royal College of Nursing guidance on Defining staffing levels for children and young people's services

- When did the board last receive a report on safeguarding children? What exposure does this service get at Board meetings?

- Is there a system is in place to ensure that governance arrangements take account of and are aligned with recommendation published with national safety standards for invasive procedures?

- Is there a sepsis lead who oversees the departmental/trust sepsis management?

Cancer

- How are breach pathways reviewed, (eg is a root cause analysis undertaken?) who is involved in this and how is learning communicated to the clinical teams and escalated upwards?

- How does the service manage the governance and business of MDT tumour groups? Are there non-clinical MDT tumour group meetings in place and how often do they meet?

- How is the provider working towards delivering a sustainable workforce in line with national cancer priorities?

Key line of enquiry: **W5**

W5. Are there clear and effective processes for managing risks, issues and performance?		
Generic prompts	**Professional Standard**	**Sector specific guidance**
Report sub-heading: **Managing risks, issues and performance**		
• W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved? • W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved? • W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? • W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'? • W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities? • W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed	• NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. • *Intercollegiate Standards for care of CYP in emergency care settings* (RCPCH 2012) covers staffing, training, facilities, communications and interfaces set out in a clear style and agreed by all professional colleges involved with urgent and emergency care • In all centres admitting children, one consultant should be appointed as lead consultant for paediatric anaesthesia. Typically they might undertake at least one paediatric list each week and will be responsible for co-ordinating and overseeing anaesthetic services for children, with particular reference to teaching and training, audit, equipment, guidelines, pain management, sedation and	• Is there evidence that winter management plans specifically include CYP (e.g. to cover bronchiolitis season)? • Is there evidence that summer management plans (especially trusts near the coast) address the needs of CYP? • Is there effective trust board oversight of performance regarding antimicrobial prescribing and stewardship? What action is taken when issues are identified? • How is performance in regards sepsis management and patient outcomes fed back to the trust board? • Does the service participate in any audits that are related to (or refer) to mental health and emotional wellbeing? Have there been any relevant actions arising from audits? • Are relevant senior staff members aware of any risks or issues related to mental health and emotional wellbeing in relation to their ward / clinic? If so,

and monitored? Are there examples of where financial pressures have compromised care?	resuscitation. [Guidance on the provision of paediatric anaesthesia services 2016, RCoA](#)
	
	• NICE QS 61: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. http://www.nice.org.uk/guidance/qs61
	
	• [NICE QS121 Statement 5](#): Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level.
		where have these been recorded and what action has been taken?
		
		• What support is available for non-mental health staff who are not competent or confident in working with CYP's mental health or emotional needs?
		
		Cancer
		
		• Does each element of the cancer service have its own risk register and how does this link to governance arrangements, for example are actions clearly taken and outcomes monitored?
		
		• Is the provider improving access to participation in clinical trials for cancer patients? Are they monitored closely in line with ongoing trial outcomes?
		
		Cancer (Principal Treatment Centre)
		
		• Does the PTC record and audit:
		  o lengths of stay and discharge destination
		  o capacity and staffing in line with national measures
		  o safe use of chemotherapy in line with national measures
		  o multi-disciplinary training undertaken,
		  o how users and carers are involved,

		o information provided to patients and carers
		o adverse and near miss incidents and complaints
		o Cancer Outcomes Strategy Dataset (COSD) appropriate to this patient group.

Key line of enquiry: **W6**

W6. Is appropriate and accurate information being effectively processed, challenged and acted upon?

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: **Managing information**		
• W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? • W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? • W6.3 Are there clear and robust service performance measures, which are reported and monitored? • W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely	• NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. • _Intercollegiate Standards for care of CYP in emergency care settings_ (RCPCH 2012) covers staffing, training, facilities, communications and interfaces set out in a clear style and agreed by all professional colleges involved with urgent and emergency care • A senior children's nurse is involved in the planning and development of children and young people's service	• Who is responsible for cascading information upwards to the senior management team and downwards to the clinicians and other staff on the front line? • Are any senior staff members required to regularly report on any aspect of CYP mental health or emotional wellbeing? • Are there any systems that help or hinder access to up-to-date information about CYP's mental health?

and relevant? What action is taken when issues are identified?

- W6.5 Are information technology systems used effectively to monitor and improve the quality of care?

- W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?

- W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?

provision and works in collaboration with local NHS children's services

[Royal College of Nursing guidance on Defining staffing levels for children and young people's services](#)

- In all centres admitting children, one consultant should be appointed as lead consultant for paediatric anaesthesia. Typically they might undertake at least one paediatric list each week and will be responsible for co-ordinating and overseeing anaesthetic services for children, with particular reference to teaching and training, audit, equipment, guidelines, pain management, sedation and resuscitation. [Guidance on the provision of paediatric anaesthesia services 2016, RCoA](#)

- NICE QS 61: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. http://www.nice.org.uk/guidance/qs61

- [NICE QS121 Statement 5](#): Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing

	practice at prescriber, team, organisation and commissioner level.	

Key line of enquiry: **W7**

Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: **Engagement**		
• W7.1 Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups? • W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups? • W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected characteristic? • W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs?		• How does the service seek out and act on feedback from children, young people and their families? Are appropriate methods used to engage with children and young people • How are children and young people encouraged to share their views on quality of the service? • Is feedback from people who use services and the public and reviewed by teams and the department and used to inform improvements and learning? • Does the service know what CYP and their families think about the support they receive for their mental health or emotional wellbeing? If they do know, have they had to take any action in response? • Does the leadership team understand how their staff feel about delivering or

• W7.5 Is there transparency and openness with all stakeholders about performance?		coordinating care that meets both the physical and mental health needs of CYP? • Have they involved any external organisations to help them improve or sustain the care provided to patients with mental health or emotional wellbeing issues? **Cancer** • Is the provider working proactively and effectively with other providers in its Cancer Alliance? • Does the provider support the Cancer Network Coordinating Group for the CYP and TYA cancer networks?

<table>
<tr><td colspan="3" style="background:#6b2c5f;color:white">Key line of enquiry: W8</td></tr>
<tr><td colspan="3">W8. Are there robust systems and processes for learning, continuous improvement and innovation?</td></tr>
<tr><td>Prompts</td><td>Professional standard</td><td>Sector specific guidance</td></tr>
<tr><td colspan="3">Report sub-heading: Learning, continuous improvement and innovation</td></tr>
<tr>
<td>• W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?</td>
<td>Cancer
• National Institute for Health Research Clinical Research Network (NIHR CRN) objectives</td>
<td>• Does the service have anything planned or in progress in relation to learning, improvement or innovation which will assist the delivery of mental health care within the service?

Cancer (Principal Treatment Centre)
• How does the service engage with the NIHR CRN to ensure that both staff</td>
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• W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them? • W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements? • W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation? • W8.5 Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?		and patients have access and support to participate in research trials?