**NEXT PHASE METHODOLOGY (2017)**
**Core services**
**Community Health Services**

# Inspection framework: Community health services

## Core service: Community health services for children, young people and families

This includes any services provided to babies, children, young people and their families in their homes, community clinics or schools. Services covered by this core service include:

- Universal health services such as health visiting and school and school nursing services; and sexual health/GUM services. NOTE: where sexual health services are particularly large they should be considered as an additional service in their own right.
- More specialist care and treatment for children and young people with long-term conditions, disabilities, multiple or complex needs, developmental delay, and vulnerable children and families, including specialist nursing, therapy services and community paediatric (medical) services.
- Community dental services which provide dental care for children and young people with complex needs such as physical or learning disabilities, and also to adults with more complex needs, problems accessing primary dental care or severe phobias. These services provide care in clinics and also in people's homes; they may use sedation or general anaesthesia. NOTE: where community dental services are particularly large they should be considered as an additional service in their own right.

Some children receiving community health services have conditions such as asthma, cystic fibrosis, diabetes, epilepsy, hearing impairment, learning disabilities, life-limiting and life-threatening conditions, neurodevelopmental disorders (e.g. attention deficit hyperactivity disorder, autistic spectrum disorder), or neurodisabilities (e.g. cerebral palsy, spina bifida).

In addition to the direct health care that is provided, these services have a significant role to play in:

- monitoring child development
- health promotion and prevention
- coordinating care, escalating and referring children who may have delayed development or more complex health needs
- supporting children, young people and families in vulnerable circumstances
- identifying and responding to safeguarding concerns
- recognising, managing and referring children who may have mental health problems.

The core service does not include:

- Community midwifery services
- Urgent care services

## Key definitions

### Children and Young People

**We define children and young people as all those who have not yet reached their 18th birthday.**

There is no single law that defines the age of a child across the UK. The UN Convention on the Rights of the Child, ratified by the UK government in 1991, states that a child "means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier" (Article 1, Convention on the Rights of the Child, 1989). In the UK, specific age limits are set out in relevant laws or government guidance. There are, however, differences between the UK nations." In England Working Together 2013 refers to children up to their 18th Birthday. In Wales for example the All Wales Child Protection Procedures (AWCPP2008) 'A child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has become sixteen years of age, is living independently, is in Further Education, is a member of the Armed Forces, is in hospital, is in prison or a young offenders institution does not change their status or their entitlement to services or protection under the Children Act 1989.'

## Areas to inspect and inspection methods

**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.**

Sample specific services to ensure a sufficient number, range and geographical spread of services are included to give a rounded and robust assessment of the core service. When selecting the sample consider both risk (e.g. information about concerns, patient acuity or complex needs) and context (e.g. size, patient numbers, location or management arrangements) factors.

The inspection of this core service should normally include:

- an appropriate sample of health visiting teams across the geographical area covered by the provider
- an appropriate sample of school nursing teams;
- the community paediatric (medical) service if provided;
- an appropriate sample of more specialist services for children with disabilities, complex needs or long-term conditions.

A variety of methods should be used to gather and review a range of evidence before and during the inspection including:

- Review of recent inspection reports, including the Safeguarding and Looked-After Children (SLAC) review report
- Review information in the CYP core service and provider sections of the inspection data pack
- Review the report and action plan of any recent RCPCH invited review
- Assessment of governance arrangements and assurance about quality across all community teams (not just those inspected)
- Observations of care and environment
- Seeking feedback from children, young people and their families who use services, through interviews, observation, comment cards, telephone calls and local focus groups
- Shadowing some home visits
- Pathway tracking – this is very important for assessing effectiveness
- Review of patient care records
- Review of data and feedback provided by the provider and other local agencies
- Feedback from a range of staff through interviews, focus groups and a staff questionnaire

Where the inspection team gathers feedback that may be relevant to other core services (e.g. they may gather feedback about end-of-life care delivered by community nurses) this should be shared with other sub-teams as appropriate.

**If possible you should conduct interviews of the following people at every inspection, where possible:**

- Clinical director/lead
- Nursing/AHP/medical leads
- Named professional/safeguarding leads
- Directorate/divisional manager

Non-Executive Director on the Board with responsibility for service area

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

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| • Children and young people who use services, their parents, families, carers and those close to them; advocates<br>• Health visitors and school nurses<br>• Community children's nurses and allied health professionals (e.g. physiotherapists, occupational therapists, speech and language therapists)<br>• Doctors – Community paediatricians, GPs, junior doctors | • Safeguarding leads and named staff (nursing and medical is applicable); and Clinical Commissioning Group (CCG) designated doctor/nurse if available<br>• Lead for transition<br>• Service managers and governance leads<br>• Students and trainees<br>• Social workers |

# 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.

**Examples of data to be considered when making judgements:**

- Safety performance measures – e.g. safety thermometer, harm free care, reported incidents
- Mandatory training data
- Safeguarding training and safeguarding supervision data
- Serious Incidents involving CYP
- Safeguarding notifications to CQC
- Records audit and other safety audit results
- Actual staffing numbers compared to establishment, including progress against National Health Visitor Plan
- Staff caseloads
- Staff vacancy rates and use of bank/agency staff

## 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** |
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| • S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?<br>• S1.5 Do staff receive effective training in | • Education on Spotting the Sick Child as should be promoted for all staff | • What are the mandatory training rates for staff working in these services and where are the re gaps?<br>• Is there a structured induction programme that all staff complete when |

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| safety systems, processes and practices? | | they commence employment?<br>• What are the mandatory training rates for staff working in these services and where are the gaps?<br>• With regards to sepsis training:<br>– Is there a policy for sepsis management and are staff aware of it?<br>– Have staff had training for sepsis?<br>– Do they know of the Trust's Sepsis policy? |
| Report sub-heading: **Safeguarding** | | |
| • S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?<br>• 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?<br>• 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.<br>• S1.4 How is safety promoted in recruitment practice staff support arrangements, | • Facing the Future (Royal College of Paediatrics and Child Health, 2015) Standard 10<br>• Providers should have regard to safeguarding children from abuse linked to faith or belief https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief<br>• Training and competencies of staff should reflect 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 | • What safeguarding arrangements are in place, including for:<br>– assessing need and providing early help<br>– identifying and supporting children in need<br>– accountability for the quality and impact of child protection arrangements<br>– safeguarding supervision and training<br>– reporting and learning from safeguarding incidents<br>• How are they implementing Working Together to Safeguard Children?<br>• Have there been any important local |

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| disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks).<br>• S1.5 Do staff receive effective training in safety systems, processes and practices?<br>• 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?<br>• 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? | 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.<br>• Not seen not heard, CQC 2016: Finding the Hidden Child http://www.cqc.org.uk/sites/default/files/20160707_not_seen_not_heard_report.pdf<br>• Guidance for physicians on the detection of child sexual exploitation. RCP 2015<br>• Prevent duty guidance - Publications - GOV.UK<br>• Multi-agency statutory guidance on female genital mutilation 2016<br><br>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).<br><br>The above guidance should be | safeguarding/serious case reviews? If so, how have they responded to them?<br>• Has there been a recent local CQC SLAC review? If so, what were the recommendations and how have they responded to it?<br>• What system is in place to check whether children are subject to a child protection plan, and to ensure staff, such as health visitors and school nurses, work with others to ensure they are followed?<br>• Is information about safeguarding shared with others who need to know in a timely way?<br>• Are there arrangements in place to safeguard women with, or at risk of, Female Genital Mutilation (FGM)?<br>• Do staff have an awareness of CSE and understand the law to detect and prevent maltreatment of children<br>– how do staff identify and respond to possible CSE offences?<br>– are risk assessments used/in place?<br>– what safeguarding actions are taken to protect possible victims?<br>– are timely referrals made?<br>– Is there individualised and effective multi-agency follow up? |

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| | considered together with other relevant safeguarding guidance including (but not limited to):<br><br>• Working together to safeguard children: HM Gov. 2015<br>• FGM Mandatory reporting of FGM in healthcare https://www.gov.uk/government/news/doctors-and-nurses-required-to-report-fgm-to-police<br>• HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. March 2015<br>• DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2015 | – are leaflets available with support contact details?<br><br>• 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.<br><br>• What are the arrangements for chaperones? What training have staff received? |
| 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?<br><br>• S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection? | • 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.<br><br>• NICE QS61 Statement 4: People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and | • 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?<br><br>• How does the service educate CYP and parents/carers on infection control practice? |

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| | maintenance of the catheter and its removal as soon as it is no longer needed.<br><br>• 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. | 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?<br>• S1.9 Do the design, maintenance and use of facilities and premises keep people safe?<br>• S1.10 Do the maintenance and use of equipment keep people safe?<br>• 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.) | • Health and Safety Executive (HSE) FAQs about PAT<br>• Maintaining portable electrical equipment in low-risk environments (HSE leaflet) | • Is specialist equipment needed to provide care and treatment to people in their home appropriate and fit for purpose so that children and young people are safe?<br>• Are there up-to-date standard operating procedures in place specifically for services for children and young people?<br>• 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))<br>• Is the environment safe for the age of child? E.g. toilets, door hinge / slam protection, gates to kitchen areas and ward, electrical sockets covered, table |

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| | | edges rounded, protocols about hot drinks.<br>• Is there consideration of a suitable environment for children and young people with ASD/ADHD, sensory, behavioural or mental health needs? |
| 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?<br>• 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? | • Sepsis: recognition, diagnosis and early management (NICE Guideline 51)<br>• RCEM Clinical Standards for Sepsis<br>• A paediatric early warning tool should be used for nonsurgical admissions. https://www.england.nhs.uk/ourwork/patientsafety/exploring-pews/ and http://www.institute.nhs.uk/safer_care/paediatric_safer_care/pews_charts.html | • Use of PEWS or neonatal EWS (or equivalent) / escalation process. How is compliance monitored?<br>• Is there an escalation / transfer policy for seriously unwell child?<br>• How can urgent medical attention be accessed if needed at different times of day?<br>• What arrangements are in place to manage the risks of caring for children and young people with complex physical health needs in the community?<br>• How do services ensure that families, carers and health and care staff recognise and respond when a child's condition is deteriorating?<br>• Do staff recognise and respond |

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| | | appropriately when there is rapid deterioration in the health of a child (e.g. responding to a feverish child)?<br>• Is there always at least one member of staff on duty qualified in advanced paediatric life support?<br>• If child protection medical assessments are undertaken by the team being inspected – is the environment appropriate and are the staff undertaking the assessments appropriately trained and supervised (see intercollegiate RCPCH guidance)?<br>• Is there a clear evidence of use of a screening tool for sepsis in all admission areas? |
| Report sub-heading: **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?<br>• S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?<br>• S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?<br>• S2.4 How do arrangements for handovers and shift changes ensure that people are | • 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 patients 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 | • What tools are used to plan and allocate staff levels and mix? For example, has the service used the BACCH calculator to estimate staffing required?<br>• What are the health visitor and school nursing caseloads and how are these managed? What progress is being made toward meeting the number of health visitors required for the provider under the National Health Visitor Plan 2011-15 (DoH)?<br>• Do caseloads/staff numbers match plans? |

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| safe?<br>• S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? | services | |
| **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: **Quality of records** | | |
| • S3.1 Are people's individual care records, including clinical data, written and managed in a way that keeps people safe?<br>• 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.)<br>• 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?<br>• 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 | • Records management code of practice for health and social care<br>• NICE QS15 Statement 12: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.<br>• 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 | • Are there systems to flag on records where a child is subject to a child protection process and is this widely understood?<br>• Are health assessments and reviews in all settings documented and focused on actions and outcomes for children?<br>• Are assessment of needs and risks to children and young people well documented in referrals made by health professionals?<br>• Are arrangements for sharing details of attendance and outcome at appointments with GPs, school nurses, health visitors working effectively both ways?<br>• Are audits of the quality of records undertaken, what are the results and how are improvements made?<br>• What systems are in place to manage care records for remote and mobile |

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| includes coordination between different electronic and paper-based systems and appropriate access for staff to records.) | | staff?<br>• How are these systems monitored and how do they ensure that staff have access to up to date care records? |
| 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 and securely)? (This includes medical gases and emergency medicines and equipment.)<br>• 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?<br>• S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence?<br>• S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?<br>• S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care?<br>• S4.6 Do people receive specific advice about | • Nursing and Midwifery Council NMC - Standards for Medicine Management<br>• NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies.<br>• 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<br>• 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.<br>• The service should be able to | • Are medicines management arrangements appropriate and adapted where care is provided in children and young people's homes?<br>• Is the child's weight clearly documented and are all prescriptions appropriate for the child's weight?<br>• Are nursing staff aware of policies on administration of controlled drugs as per the Nursing and Midwifery Council – Standards for Medicine Management? |

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| their medicines in line with current national guidance or evidence?<br>• S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines?<br>• S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines? | demonstrate clear emergency treatment calculations or a quick reference document. Such as Resuscitation Council's Paediatric Emergency Treatment Chart | |
| **Key line of enquiry: S5 & S6** | | |
| S5. What is the track record on safety?<br>S6. Are lessons learned and improvement made when things go wrong? | | |
| **Prompts** | **Professional standard** | **Sector specific guidance** |
| Report sub-heading: **Safety performance** | | |
| • S5.1 What is the safety performance over time?<br>• S5.2 How does safety performance compare with other similar services?<br>• 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 patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.<br>• NICE QS3 Statement 4: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.<br>• Safety Thermometer | • Is an appropriate range of safety information being monitored, what is the performance now and over time and how does it feed into service improvement?<br>• Do these services monitor harm free care? |
| Report sub-heading: **Incident reporting, learning and improvement** | | |
| • S5.1 What is the safety performance over time? | • A never event is a serious incident that is wholly preventable as guidance, or safety recommendations | • Have the Trust reported any Never Events? |

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| • S5.2 How does safety performance compare with other similar services?<br>• S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?<br>• S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?<br>• 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<br>• S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong?<br>• 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?<br>• S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews? | 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.<br>○ Revised never events policy and framework (2015)<br>○ Never events list 2015/16<br>○ Never Events List 2015/15 - FAQ<br>• Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015.<br>• (NICE QS66 Statement 4): For adults who receive intravenous (IV) fluid therapy in hospital, clear incidents of fluid mismanagement are reported as critical incidents.<br>• 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.<br>• Where there are safeguarding | • Are mechanisms to report incidents utilised appropriately where care is provided in people's homes, clinics or school settings?<br>• Do reviews from safety events involving CYP feed into service improvement?<br>• How is learning disseminated? – Any evidence of change to practice as a result?<br>• Is learning shared across all teams? How does the CYP service respond to national patient safety alerts?<br>• Is there evidence in incident investigations that Duty of Candour has been applied? |

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| | concerns an Individual Management Review or Root Cause Analysis should have been completed to contribute to a multi-agency Serious Case Review<br>• Child deaths should be reported through the Child Death Overview Panel ref 'Working Together to Safeguard Children' | |

# 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.**

**Examples of data to be considered when making judgements:**

- Local monitoring data of patient outcomes – e.g. are care goals being met, hospital admissions/avoidance rates, benchmarking data
- Local and relevant national clinical audit results – e.g. National Intermediate Care Audit
- Appraisal rates
- Uptake of training and development opportunities
- Consent records and audits

## 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 |
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| 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?<br>• E1.2 What processes are in place to ensure | • 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. | • What evidence is there that the service is delivering the Healthy Child Programme effectively, and working with the local authority to achieve this?<br>• Do staff, particularly health visitors and school nurses, identify concerns early and support appropriate intervention, including referral if necessary?<br>• Are relevant NICE guidelines and |

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| there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions?<br>• E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence?<br>• 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?<br>• E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates? | • (NICE QS3 Statement 5): Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.<br>• 'You're Welcome', the Department of Health's quality criteria for young people friendly health services.<br>• Epilepsy in children and young people \| Guidance and guidelines \| NICE<br>• Autism in under 19s: support and management \| Guidance and guidelines \| NICE<br>• Bedwetting in children and young people \| Guidance and guidelines \| NICE<br>• Spasticity in children and young people overview - NICE Pathways<br>• Attention deficit hyperactivity disorder \| Guidance and guidelines \| NICE<br>• Cystic fibrosis: long-term azithromycin \| Key-points-from-the-evidence \| Advice \| NICE<br>• Looked-after children and young people \| Guidance and guidelines \| NICE<br>• https://www.specialeducationalneeds.co.uk/a-guide-to-the-send-code-of-practice-updated-for-201516-ebook.html | quality standards followed, for example: type 1 diabetes; epilepsies in children and young people; management and support of children and young people on the autism spectrum; management of bedwetting in children and young people; spasticity in children and young people with non-progressive brain disorders; ADHD; cystic fibrosis.<br>• Do children with long-term conditions or complex needs who use specialist services have a clear personalised care plan which is up to date and in line with relevant good-practice guidance and sets out clear goals for the child? (A sample of care plans should be reviewed)<br>• Are other relevant national guidelines being followed, such as Promoting the Quality of Care of Looked After Children and Young People, and Special Educational Needs and Disability Code of Practice?<br>• Have they achieved accreditation under the Unicef Baby Friendly Initiative?<br>• Is telemedicine and other technology (e.g. telephone follow ups or email contacts) being used to support children and young people effectively and help them manage their care at home? |

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| Report sub-heading: **Nutrition and hydration (*only include if specific evidence*)** | | |
| • 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? | • NICE QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.<br>• The Baby Friendly Initiative \| Research \| Interventions that promote breastfeeding \| Baby Friendly accreditation increases breastfeeding rates | • Where relevant do children and young people's care plans include an appropriate nutrition and hydration assessment and management plan? |
| Report sub-heading: **Pain relief (*only include if specific evidence*)** | | |
| • E1.6 How is a person's pain assessed and managed, particularly for those people where there are difficulties in communicating? | • Core Standards for Pain Management Services in the UK<br>• NICE QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.<br>• http://www.rcoa.ac.uk/document-store/audit-recipe-book-section-9-paediatrics-2012<br>• Analgesia guidance appropriate for children should be readily available and pain scoring using validated tools appropriate to developmental age | • Where relevant do children and young people's care plans include an appropriate pain assessment and management plan? |

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| | should be performed routinely on any child who undergoes a surgical procedure. Paediatric Prescribing Tool. Top Tips. RCPCH, London 2012 | |

## 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** |
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| Report sub heading: **Patient outcomes** | | |
| • E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored?<br>• E2.2 Does this information show that the intended outcomes for people are being achieved?<br>• E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time?<br>• 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? | • Healthy child programme 0 to 19: health visitor and school nurse commissioning - Publications - GOV.UK<br>• NHS Outcomes Framework 2015 to 2016 - Publications - GOV.UK<br>Public Health Outcomes Framework 2013 to 2016 - Publications - GOV.UK | • Is there a clear approach to monitoring, auditing and benchmarking the quality of these services and the outcomes for people receiving care and treatment?<br>• Does quality and outcome information show that the needs of children and young people are being met by the services?<br>• Is quality and outcome information used to inform improvements in the service?<br>• How are the universal services monitoring and performing in relation to the requirements of the Heathy child programme, the NHS Outcomes framework and the Public Health Outcomes Framework in areas such as:<br>- Health and development reviews<br>- Breastfeeding<br>- Immunisations<br>- Prevention and health promotion. |

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| | | *Consider available data about patient outcomes. Also use pathway tracking to help assess this KLOE.* |
| 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?<br>• 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?<br>• E3.3 Are staff encouraged and given opportunities to develop?<br>• 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.)<br>• E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve?<br>• E3.7 Are volunteers recruited where required, and are they trained and | • Safeguarding Children and Young People: Roles and competencies for Health Care Staff: Intercollegiate guidance March 2014. Intercollegiate document<br>• 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 | • Do all staff caring for children and young people have the qualifications, skills and competencies they need? |

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| supported for the role they undertake? | | |
| 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 and coordinated care pathways** | | |
| • E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment?<br>• E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved?<br>• 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?<br>• 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<br>• Transition between inpatient hospital settings and community or care home settings for adults with social care needs (NICE guideline 27)<br>• Facing the Future Together for Child Health sets out eleven standards for reducing hospital attendance by working more closely with primary care. services<br>www.rcpch.ac.uk/facingthefuture<br>• Bringing networks to life – RCPCH 2012 | • Are referrals to the service handled effectively with clear criteria and a multi-agency approach to ensure children and young people get the right care swiftly?<br>• Is there a Single Point of Access system – is it multidisciplinary with opportunities for audit, challenge and learning?<br>• Does multidisciplinary working support effective care planning and delivery for children and young people particularly those with long term conditions, complex needs and disabilities?<br>• Does multi-disciplinary working include all necessary professionals and extend to include other aspects of children's lives, including nurseries, education and social care? Do these arrangements help plan and deliver care, treatment and other support to children and young people in a holistic and joined up way?<br>• What is the approach to coordinating care for children and young people with complex needs? |

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| | | • Is there appropriate access to and liaison with tier 3 and 4 CAMHS, with involvement of community paediatricians where relevant?<br>• Where there are small teams (e.g. community paediatricians) are there networks in place for peer review, supervision and access to expertise?<br>• Are all team members aware of who has overall responsibility for each individual's care?<br>• Are there clear referral protocols when children or young people need more specialist services?<br>• 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 next steps? Is information shared in timely way?<br>• How do staff ensure that young people who are approaching transition have an appropriate plan in place which meets their health needs and reflects their individual choices and decisions?<br>• Is discharge and transition planning started at the earliest possible stage? |

| Key line of enquiry: **E5** | | |
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| 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:<br>  • people in the last 12 months of their lives<br>  • people at risk of developing a long-term condition<br>  • carers<br>• E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary<br>• E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?<br>• 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?<br>• E5.5 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? | | |

| Key line of enquiry: **E6** | | |
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| 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 Deprivation of Liberty Safeguards** | | |
| • 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?<br>• E6.2 How are people supported to make decisions in line with relevant legislation and guidance?<br>• E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded?<br>• E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?<br>• 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?<br>• 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 | • Consent: patients and doctors making decisions together (GMC)<br>• Consent - The basics (Medical Protection)<br>• Department of Health reference guide to consent for examination or treatment<br>• BMA Consent Toolkit<br>• BMA Children and young people tool kit<br>• Gillick competence<br>• Confidentiality and consent policies processes are in line with current department of health guidelines. Members of staff that come in contact 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 | • Is valid consent to treatment obtained for children and young people who are under 16 with their involvement, either directly where they are judged to be Gillick competent or from a person with parental responsibility where the child cannot give or withhold consent?<br>• Are young people between 16 and 18 encouraged to involve their families or carers in decisions about consent?<br>How does the team support children and young people and their parents? |

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| ensure that it is used in a safe, proportionate, and monitored way as part of a wider person centred support plan?<br>• 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? | criteria for young people friendly health services, 2011<br>• Mental Capacity Act 2005 (starts at 16 for children).<br>• GMC Guidance – 0-18 years assessing capacity to consent<br>• GMC \| Consent: patients and doctors making decisions together<br>• http://www.medicalprotection.org/uk/resources/factsheets/england/england-factsheets/uk-eng-consent-the-basics | |

# Caring

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

**Examples of data to be considered when making judgements:**

- Service level patient experience feedback - e.g. Friends and Family test results, local patient experience surveys
- Relevant staff survey feedback

## 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 |
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| 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?<br>• C1.2 Do staff take the time to interact with people who use the service and those close | • NICE QS15 Statement 1: Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.<br>• NICE QS15 Statement 3: Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the | • Do staff ensure that children are seen as children first and foremost, with their individual physical, emotional and social needs recognised and responded to?<br>• How do staff ensure that the privacy and confidentiality of children and young people are appropriately?<br>• How does the service seek feedback and input from those who use the |

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| to them in a respectful and considerate way?<br>• C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?<br>• C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?<br>• C3.1 How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations?<br>• C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress? | healthcare team.<br>• 'Not Just a Phase - a guide to the participation of children and young people in health services' RCPCH April 2010 Not Just a Phase \| RCPCH<br>• Nice ; Looked after children and young people PH28 Looked-after children and young people \| Guidance and guidelines \| NICE<br>• Not seen not heard , CQC 2016: Children and Young People must have a voice http://www.cqc.org.uk/sites/default/files/20160707_not_seen_not_heard_report.pdf<br>• Registered nurses working with children will need additional training, education and supervision to demonstrate competence in:<br>- understanding and upholding the rights of children, young people and their families in all areas of the health care system<br>- 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 | service and their parents/carers? |

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| | - 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<br>- recognising actual and potential physical health and mental health problems and deterioration in health status<br>• Royal College of Nursing guidance on Defining staffing levels for children and young people's services | |
| 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?<br>• 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?<br>• C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants? | • NICE QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety. | • 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?<br>• How does the service ensure that children, young people and their families have the competencies required to manage their care at home?<br>• How do staff support the emotional wellbeing of children and young people with long term or complex conditions, and their families?<br>• How are children and young people supported to access and maintain their |

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| | | education and maintain their social networks?<br>• What arrangements are in place to refer people for carer's assessments or to further information and support for carers?<br>• How does the service work with voluntary agencies to support families post diagnosis? |
| 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?<br>• C2.2 Do staff seek accessible ways to communicate with people when their protected equality or other characteristics make this necessary?<br>• 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?<br>• 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?<br>• C2.5 Do staff routinely involve people who | • NICE QS15 Statement 2: Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.<br>• NICE QS15 Statement 4: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.<br>• NICE QS15 Statement 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.<br>• NICE QS15 Statement 13: Patients' preferences for sharing information with their partner, family members | • How well are children and young people encouraged to have a say and how well are they listened to?<br>• Is information and support provided in a format that is suitable for children and young people?<br>• How are CYP and parents and carers involved in developing their care plan?<br>• What support is given and how are young people and their families involved of children and families before and during transition to adult services?<br>• Does the service have access to play specialists to provide additional support to children appropriate?<br>• Do children and their families tell us about good experiences of being involved in their care? (Link to CLAS line of enquiry)<br>Are clinic letters routinely copied to CYP and their parents/carers? |

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| 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?<br>• 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?<br>• 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? | and/or carers are established, respected and reviewed throughout their care.<br>• 'Not Just a Phase - a guide to the participation of children and young people in health services' RCPCH April 2010 Not Just a Phase \| RCPCH<br>• NICE Looked after children and young people PH28 Looked-after children and young people \| Guidance and guidelines \| NICE<br>• Not seen not heard , CQC 2016: Children and Young People must have a voice http://www.cqc.org.uk/sites/default/files/20160707_not_seen_not_heard_report.pdf | |

## Responsive

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

**Examples of data to be considered when making judgements:**

- Time that patients wait to be seen by district nurses – urgent and non-urgent
- Waiting times – e.g. time to assessment, time to follow-up and RTT
- Did not attend (DNA) rates

- Service level complaints data

| Key line of enquiry: **R1 & R2** | | |
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| R1. How do people receive personalised care that is responsive to their needs?<br>R2. Do services take account of the particular needs and choices of different people? | | |
| **Prompts** | **Professional standard** | **Sector specific guidance** |
| Report sub-heading: **Planning and delivering services which meet people's needs** | | |
| • R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care?<br>• 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?<br>• R1.3 Are the facilities and premises appropriate for the services that are delivered? | • 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<br>• Not Just a Phase RCPCH (RCPCH 2010) sets out mechanisms and tools for meaningful involvement of children and young people.<br>• Not seen not heard , CQC 2016: Improving outcomes for children http://www.cqc.org.uk/content/not-seen-not-heard<br>• Joint Strategic Needs Assessment - Health & Social Care Information Centre<br>• NHS England is developing a range of tools see NHS England » Patient Centred Outcome Measures | • What engagement and involvement of patients and their families has there been in the design and running of the services? Is there a children's and/or a parents/carers panel?<br>• Does the service monitor prevalence against population and reflect on priorities identified in the local JSNA?<br>• Does the service ensure that children are cared for and treated in an age-appropriate environment?<br>• How does the service work with commissioners and other health care providers (e.g. acute hospitals, midwives, CAMHS, GPs), social care providers, social services and education providers to meet the needs of CYP in the area, particularly children with complex needs, life-limiting conditions and disabilities? |

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| | | • How does the range of service and way that service are delivered contribute to addressing public health needs of local children and young people and tackle inequality?<br>• What arrangements are in place to help address inequalities and to meet the diverse needs of local children and young people?<br>• What arrangements are in place to access translation services? |
| Report sub-heading: **Meeting the needs of people in vulnerable circumstances** | | |
| • 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?<br>• 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?<br>• R2.2 How are services delivered and co-ordinated to be accessible and responsive to people with complex needs?[1]<br>• R2.3 How are people, supported during | • NICE QS15 Statement 9: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions<br>• Accessible Information Standard | • What arrangements are in place to enable access to the service of children, young people and families in vulnerable circumstances?<br>• How does the service meet the needs of children who are looked after and care leavers, and improve their health outcomes?<br>• How does the whole service accommodate children and young people with additional needs, including those with communication difficulties (including visual or hearing impairment)? Are staff made aware, that a person has additional needs (especially if these affect communication)? |

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

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| referral, transfer between services and discharge?<br>• R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others?<br>• 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?<br>• R2.6 Where the service is responsible how are people encouraged to develop and maintain relationships with people that matter to them within the service and wider community?<br>• R2.7 Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community and, where appropriate to have access to education and work opportunities? | | |
| 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 to the right care at the right time** | | |
| • R3.1 Do people have timely access to initial assessment, test results, diagnosis, or | • Facing the Future Together for Child | • What are the waiting times for different |

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| treatment?<br>• R3.2 Can people access care and treatment at a time to suit them?<br>• R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice?<br>• R3.4 Do people with the most urgent needs have their care and treatment prioritised?<br>• R3.5 Are appointment systems easy to use and do they support people to access appointments?<br>• 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?<br>• R3.7 Do services run on time, and are people kept informed about any disruption?<br>• R3.8 How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use? | Health \| RCPCH | services (e.g. AHP services) including time to first assessment, time to follow-up and referral to treatment (RTT)?<br>• Are the waiting times for first and follow up appointments appropriate and reflect clinical need?<br>• Where children and young people wait a long time for an assessment or treatment what arrangements are in place to manage the waiting list and to provide while they wait?<br>• How quickly are babies and new mothers seen by a health visitor?<br>• Are the health visiting services meeting local targets relating to child development checks?<br>• What are the DNA rates?<br>Is the adequate support for Community paediatricians performing statutory functions (LAC, Child Protection, Adoption and fostering medicals) to deliver effective reports on time? |
| **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** | | |

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| • 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?<br>• 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 information or protection measures if they need to make a complaint?<br>• 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?<br>• R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?<br>• R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement? | • The NHS constitution gives people the right to<br>➢ Have complaints dealt with efficiently and be investigated.<br>➢ Know the outcome of the investigation.<br>➢ Take their complaint to an independent Parliamentary and Health Service Ombudsman.<br>Receive compensation if they have been harmed.<br>• Department of Health, You're welcome: Quality criteria for young people friendly health services, 2011 | • Is there a child friendly complaints process appropriate for CYP of different age ranges to easily access and use?<br>• Is there a child-friendly format inpatient survey/ friends and family test, suggestion boxes etc?<br>• Is there clear evidence that in most cases the complaint is managed and investigated appropriately and people are treated compassionately and supported?<br>• Are staff in the service aware of any relevant complaints and action needed to make improvements? |

## Well-led

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| **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.** |
| **Examples of data to be considered when making judgements:**<br>• Relevant patient feedback<br>• Relevant staff survey feedback |

| Key line of enquiry: **W1** | | |
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| 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?<br>• W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?<br>• W1.3 Are leaders visible and approachable?<br>• 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? | • NatSSIPs sets out on page seven specific responsibilities for those providing NHS funded care in respect of for members of a Trust Board, Medical Director or Chief Nurse and local governance or safety lead,<br>• NMC Openness and honesty when things go wrong: the professional duty of candour<br>• NRLS - Being Open Communicating patient safety incidents with patients, their families and carers | • Do staff, particularly those working remotely, feel connected to other teams and sites within their service and to the organisation as a whole? |
| 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** | | |

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| • W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities?<br>• W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?<br>• 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?<br>• W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them?<br>• 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?<br>• W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this? | | • Is there are clear strategy and vision for this service and are there clear links to the overall organisation strategy? |
| 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? | • NMC Openness and honesty when things go wrong: the professional duty of candour | • What processes and procedures does the provider have in place to make sure that they meet Duty of Candour? |

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| • W3.2 Is the culture centred on the needs and experience of people who use services?<br>• W3.3 Do staff feel positive and proud to work in the organisation?<br>• W3.4 Is action taken to address behaviour and performance that is inconsistent with the vison and values, regardless of seniority?<br>• 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 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?<br>• 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?<br>• W3.7 Is there a strong emphasis on the safety and well-being of staff?<br>• 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?<br>• W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and | • NRLS - Being Open Communicating patient safety incidents with patients, their families and carers<br>• Duty of Candour – CQC guidance | (for example training, support for staff, policy and audits)<br>• What measures are taken to protect that safety of staff who work alone and as part of dispersed teams working in the community?<br>• How is the lone working policy implemented?<br>• Is there a focus on improving child health outcomes embedded in the culture of these services? |

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| constructively? | | |
| 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 quality, sustainable services? Are these regularly reviewed and improved?<br>• W4.2 Do all levels of governance and management function effectively and interact with each other appropriately?<br>• W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?<br>• W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred 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<br>Royal College of Nursing guidance on Defining staffing levels for children and young people's services | • What are the departmental/divisional governance arrangements and are they clear and accessible to dispersed teams?<br>• Are services for children, young people and families, including feedback from people who use services, regularly discussed at divisional and Board meetings? What recent actions have been requested, what is progress on these and how are they tracked?<br>• Are there clear lines of accountability in the CYP services?<br>• Who is responsible for cascading information upwards to the senior management team and downwards to the clinicians and other staff on the front line?<br>• Are there clear lines of accountability for arrangements for safeguarding children and support for children who are looked after? |

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| **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: **Management of 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?<br>• W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved?<br>• 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?<br>• 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'?<br>• 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? | • 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.<br>• 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<br>Royal College of Nursing guidance on Defining staffing levels for children and young people's services | • How does the winter management plan ensure that children and young people with complex needs continue to receive care at a safe level?<br>• Is there evidence that summer management plans (especially trusts near the coast) address the needs of CYP?<br>• Do business continuity plans include up–to–date emergency contact numbers for staff and information within the plan must be accessible off-site.<br>• When there is a disruption to service has the provider submitted a notification to the CQC (Regulation 18 'other incidents') |

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| • W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care? | | |

## 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** |
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| Report sub-heading: **Information management** | | |
| • 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?<br>• 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?<br>• W6.3 Are there clear and robust service performance measures, which are reported and monitored?<br>• 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.<br>• 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<br>Royal College of Nursing guidance on Defining staffing levels for children and young people's services | • What quality and risk information about the services for children, young people and families is regularly reviewed at divisional and Board level and what assurance is provided about the quality of information being considered? |

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| and relevant? What action is taken when issues are identified?<br>• W6.5 Are information technology systems used effectively to monitor and improve the quality of care?<br>• W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?<br>• 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? | | |

## 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 |
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| 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?<br>• 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 | | • 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<br>• How are children and young people encouraged to share their views on quality of the service? |

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| this include people in a range of equality groups?<br>• 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?<br>• 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?<br>• W7.5 Is there transparency and openness with all stakeholders about performance? | | • Is feedback from children and young people who use services and the public and reviewed by teams and the department and used to inform improvements and learning?<br>• How are the views of staff in the service sought and acted on?<br>• Is feedback from staff reviewed by teams and the department and used to inform improvements and learning? |

## Key line of enquiry: **W8**

W8. Is there transparency and openness with all stakeholders about performance?

| **Prompts** | **Professional standard** | **Sector specific guidance** |
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| Report sub-heading: **Learning, continuous improvement and innovation** | | |
| • 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?<br>• W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them? | | |

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| • 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?<br>• 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?<br>• 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? | | |