# Inspection framework: NHS acute hospitals

## Core service: Services for Children & Young People

This includes all services provided for children up to the age of 18. This includes inpatient wards, surgery, outpatients and end of life care along with the interface with maternity services. However, it does not include care provided in the emergency department, which is covered under the urgent and emergency core service.

| Areas to inspect* |
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| 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.<br><br>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 |

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| 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.

*Indicates information included in the inspection data pack.

# 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.

| Requires further investigation: | Data to be considered when making judgements: |
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| • Never Events involving CYP<br>• Serious Incidents involving CYP<br>• Reports to NRLS re moderate and above incidents | • Bed Occupancy in CYP<br>• Nursing grades per CYP bed by ward<br>• Infection control data for CYP services<br>• Medication errors for CYP services |

## Key lines of enquiry: **S1 & S2**

| S1. Are **lessons learned and improvements made** when things go wrong?<br>S2. What is the **track record** on safety? | | |
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| Report sub-heading: **Incidents** | | |
| **Generic prompts** | | **Additional prompts** |
| • What is the safety performance over time, based on internal and external information?<br>• How does safety performance compare to other similar services?<br>• Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally?<br>• Have safety goals been set? How well is performance against them monitored using information from a range of sources?<br>• Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result?<br>• When things go wrong, are thorough and robust reviews or investigations carried out? Are all relevant staff and people who use services involved in the review or investigation?<br>• How are lessons learned, and is action taken as a result of investigations when | | Never Events: "Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented."<br><br>Serious Incidents Requiring Investigation (SIRIs) or SI (serious incident)<br><br>• How is learning disseminated? – Any evidence of change to practice as a result?<br><br>• How does the CYP service respond to national patient safety alerts?<br><br>• How regularly does the service hold mortality and morbidity meetings these occur? Who attends? Are they minuted? How is learning disseminated for those unable to attend? |

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| things go wrong?<br>• How well are lessons shared to make sure action is taken to improve safety beyond the affected team or service? | | |
| Report sub-heading: **Safety Thermometer** | | |
| **Generic prompts** | | **Additional prompts** |
| | • | • Is a paediatric specific safety thermometer (or equivalent) in use? If so, does the service take appropriate action as a result of the findings? |
| Key line of enquiry: **S3** | | |
| Are there **reliable systems, processes and practices** in place to keep people safe and safeguarded from abuse? | | |
| Report sub-heading: **Mandatory training** | | |
| **Generic prompts** | | **Additional prompts** |
| • Do staff receive effective mandatory training in the safety systems, processes and practices? | | |
| Report sub-heading: **Safeguarding** | | |
| • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff?<br>• Is implementation of safety systems, processes and practices monitored and improved when required? | • | • Are all clinical staff working directly with children level 3 Safeguarding trained?<br>• Is there an identifiable lead responsible for co-ordinating communication for children at risk of safeguarding issues? |

## 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.**

| **Requires further investigation:** | **Data to be considered when making judgements:** |
|---|---|
| • NRLS incidents*<br>• STEIS Serious Incidents*<br>• STEIS Never Events*<br>• Complaints | • A&E profile* (number / type of attendances, number of beds, attendance to admission conversion rates, ambulance volumes, staffing levels)<br>• Trauma Audit Research Network (TARN) data<br>• College of Emergency Medicine (CEM) self-assessment checklist which services can use to measure their standards<br>• Nursing staffing levels including skill mix *<br>• Medical staffing levels (including OOH)<br>• Agency use (Nursing and Medical) |

## Key line of enquiry: **E1**

Are people's needs assessed and care and treatment delivered in line with legislation, standards and **evidence-based guidance**?

| **Generic prompts** | | **Additional prompts** |
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| Report sub-heading: **Evidence-based care and treatment** | | |
| • How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).<br>• Do people have their needs assessed | • | • 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?<br>• What local audits are undertaken to indicate compliance with guidelines? |