Getting it right for children & young people (including those transitioning into adult services): a report on CQC's new approach to inspection

Report to CQC by Dr Sheila Shribman
(former National Clinical Director for Children, Young People & Maternity Services)

CQC's response to Dr Shribman's recommendations

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Ref No.	Recommendation	Decision	Notes
Pre-hospital inspection preparation			
1	The Intelligent Monitoring Tool (IMT) should include a breakdown of the current indicator collection by age showing CYP data separately in age bands (0-1, 1-17, 18-25).	Accept in part or in principle	This recommendation is only relevant to a subset of the indicator collection in the IM for the acute sector. Work needs to take place to identify current indicators where it would be appropriate to use the three age bands identified (e.g. mortality & readmission indicators) and also to consider the appropriateness of using the three age bands for new indicators for IM. The developing IM work for the other sectors is assessing coverage of CYP (where relevant) and availability of underlying datasets to enable a breakdown for CYP age bands for indicators being developed.
2	A CYP specific supplement to the inspection datapack is needed based on quantitative and qualitative information set out.	Accept in part or in principle	There is a review of datapacks underway. The emerging plan is that there will be a new set of analytical materials (a pre-inspection report) that will provide a view for the trust, locations, and each core service, so there would be one for CYP services. The exact format - a core section or a supplement is yet to be determined.
3	Feedback should be sought from a range of stakeholders and built into the datapack so that the chair and inspection team have an opportunity to consider this information ahead of the inspection and use it to inform the inspection. These stakeholders should be asked for feedback on the specific issues identified at ***para 4.21.***	Accept in part or in principle	It is agreed that stakeholders should be approached for feedback. The datapack is being revised. The exact format of the stakeholder analysis is to be reviewed and it is unclear if and how it will be included in the datapack at this stage. However, it is accepted that there should be a clear briefing on the stakeholder feedback available for the inspection team.
4	The following indicators should be prioritised for inclusion within the IMT for CYP: CYP/parent/staff confidence in CYP services; existing mortality indicators by age; never events involving CYP; SUIs (including SCRs) involving CYP; NRLS data; nurse sickness, turnover and stability rates; and agency rates.	Accept in part or in principle	This is a subset of recommendation 1 above. This recommendation is only partially accepted due to information availability at this time. However, we will review this recommendation further to determine the feasibility of constructing the indicators from this list, including data availability, small number issues, and the impact on the overall indicator set.

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5	CQC's surveillance team should build the subset of the CYP's Health Outcomes Forum's indicators and outcomes identified in ***Annex D*** into the IMT as a matter of priority. Where these indicators/outcomes are not appropriate for use in the IMT (as either tier 1 or tier 2 indicators) then they should be included within the CYP datapack as a minimum to inform key lines of enquiry (KLOEs).	Accept	Each indicator will need to be assessed in terms of feasibility for inclusion in IM (tier 1 and tier 1) and/or datapacks, data availability etc and tested. Given the volume of indicators, prioritisation within our current work programme will be needed.
6	The results of the new CYP inpatient survey should be built into the IMT and datapack once available.	Accept	Intelligence from all surveys are reviewed and used as appropriate to support intelligent monitoring and datapack development. The CYP survey is new this year and an assessment will be made to decide on key measures for inclusion in IM. These can be incorporated into IM and datapacks once the results are available. Publication of the CYP survey is currently scheduled for Spring 2015.
7	CQC should work with the '*organisers*' of all audits it uses to identify an '*accepted*' range/benchmarks (if there is not one set already) to help inspectors identify potential outliers etc and includes this in the IMT and/or datapack.	Accept	There will need to be a prioritisation process for this, given there are over 50 audits across hospital services that we are currently reviewing. This recommendation also needs to feed in to the datapack review and development that is underway.
8	CQC should work with stakeholders to develop the indicators/ outcomes recommended by the Forum that need a new data source or adaptation to an existing data source.	Accept	We will build on existing stakeholder relationships.
9	CQC should fund the inpatient survey for CYP and parents as an annual survey.	Accept in part or in principle	The inpatient survey has been running annually to date, although formal agreement that this will continue needs to be sought in partnership with NHS England and the DH and considered as part of the wider strategic direction for surveys. The CYP i/p survey is new this year and will need to be fully evaluated before commitments can be sought regarding its frequency.
10	CQC should use 5 year age bands for data in the longer term.	Accept in part or in principle	This will be assessed on an indicator by indicator basis, and will be subject to testing. However, previous experience has been that the numbers involved are too low and age bands have to be aggregated - this will be tested in any changes.
11	Intelligence directorate should continue its dialogue with specialist children's services to ensure that the IMT is more robust in terms of consideration of CYP services than is currently the case.	Accept	Dialogue is already formally established. There is a reference group for intelligent monitoring on which a specialist children's trust is represented and formal review of indicators is part of the publication process for intelligent monitoring. The IM team will consider feedback from the inspection teams on the specialist children's trust pilot inspections to inform further communication with the specialist children's trusts.

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12	If CQC wishes to use an overarching clinical dashboard for CYP services, it should commission a piece of work to produce this in collaboration with key professional bodies.	Accept in part or in principle	CQC has no plans to seek an overarching clinical dashboard for CYP services. However, if this was required at a later date consideration would be given to whether or not to commission this work externally and how best to involve key professional bodies.
Involvement of CYP & Parents			
13	Include parents in all acute and specialist trusts inspections if possible but, as an absolute minimum, include at least 2 (preferably 4) parents on the inspection team of specialist children's trusts and large tertiary providers.	Accept	This is an extension to the work we currently carry out. We have recruited a small number of parents and they took part in the two pilot inspections. Feedback on these pilots was positive. More to be recruited post retendering of experts programme.
14	Analyse a sample of complaints from the previous 3-6 months related to CYP services at the trust.	Accept in part or in principle	Pilot work is taking place to pre-analyse complaints for acute trusts. The findings from this pilot will inform the feasibility and longer term view of this approach for CYP services.
15	Ensure publicity for the existing acute trust listening events emphasise that parents are welcome.	Accept	This is an extension to the work we currently carry out.
16	Interview CYP and parents who are on wards, attending outpatient clinics and at A&E during the inspections – these interviews should be conducted by members of the inspection team allocated to inspecting services for CYP.	Accept in part or in principle	Agree that parent and CYP feedback should be sought during the inspections - this is already built into the inspection methodology. Whilst the CYP sub-team is likely to carry out most of these interviews, it cannot be guaranteed that the interviews will only be conducted by a member of this sub-team. For example, the outpatients sub-team may wish to speak to CYP and parents they see whilst they are visiting outpatient clinics. The key will be communication between the sub-teams.
17	Ask trusts as part of the KLOEs if and how they use modern technologies to seek inpatient feedback from CYP.	Accept	How services engage with different user groups and those close to them is already included in the assessment framework.
18	Hold a listening event aimed specifically at parents and carers [***specialist children's hospitals/large tertiary providers only***].	Accept in part or in principle	Further discussion is needed to confirm how listening to parents can best be delivered. It may be preferable to target parents and carers in the hospital at the time of the inspection or to work with relevant voluntary and community sector organisations rather than holding more general listening events.
19	Hold a focus group (outside of school time) with members of the children's council (or equivalent) [***specialist children's hospitals/large tertiary providers only***].	Accept	It will be for the inspection team to organise this as part of the inspection involving staff with the necessary engagement skills and checks to run this.

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20	Arrange a bespoke engagement activity for parents ahead of inspection of the 2 specialist children's trusts pilots. [***specialist children's hospitals only in the first instance***].	Accept in part or in principle	We piloted a number of engagement activities for the 2 pilots encouraging feedback from parents via a range of networks. We need to review the learning from these pilots to inform future pre-inspection activity.
21	Introduce parents as a specific cohort of the 'experts by experience' programme.	Accept	This is an extension to the work we currently carry out. Some parent Ex by Ex are already engaged in the programme. More to be recruited post retendering of experts programme.
22	Train parental experts-by-experience to interview CYP and parents during inspections.	Accept	This is an extension to the work we currently carry out. This would normally be delivered through the support organisations who recruit and train experts and is in line with our requirement for Ex By Ex to fully participate in inspections under our new methodology. A discussion will take place with relevant support organisations to ascertain if any further specialist training is required.
23	Enhance CQC's profile through social media such as YouTube, Facebook and Twitter.	Accept in part or in principle	Use of social media needs further discussion.
24	Encourage young adults (19 and over) to take part in inspections.	Accept	This is an extension to the work we currently carry out. We have approached young adults on our CYP advisory group to become Ex by Ex and this is in progress. More to be recruited post retendering of experts programme.
25	Work with Healthwatch to strengthen the voice parents and CYP.	Accept in part or in principle	This needs further discussion. Engagement with Healthwatch England has already started - they sent an observer to the Alder Hey inspection to inform their thinking on how this might progress.
26	Develop more social media friendly listening events which might be more appealing to young adults.	Accept in part or in principle	This needs further discussion to consider how listening to young adults via social media can best be delivered. We need to develop a total package of options for working with CYP and parents to enable them to engage with CQC including those who cannot read and write or are from backgrounds where they cannot easily access technology.
28	Encourage feedback from CYP using mobile technologies.	Accept in part or in principle	This needs further discussion to consider how encouraging feedback via mobile technologies can best be delivered. This recommendation needs to be considered as part of a total package of options for working with CYP to enable them to engage with CQC including those who cannot read and write or are from backgrounds where they cannot easily access technology.

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Site Visit			
29.1	The CYP sub team needs to consider how it works with the other core service teams to ensure that issues related to CYP are adequately addressed across the pathway (from A&E to EOLC). As a minimum, all 'adult' core service sub teams (excluding maternity) need to ask about transition to adult services.	Accept	A suitable prompt has been included in the relevant core service guidance and the issue of transition is being incorporated into relevant training.
29.2	... As a minimum, all 'adult' core service sub teams (excluding maternity) need to ..... comment on transition to adult services in their section of the trust report.	Accept in part or in principle	It is agreed that all adult sub-teams should ask about transition. However, instead of each reporting on this in their section of the report it has been decided that this information should be fed back to the CYP sub team who should co-ordinate the information on transition and include this in the CYP section of the report. Guidance will be reviewed to ensure this is reflected.
30	The acute inspection team should always include a doctor who has completed training in paediatrics and a children's nurse - an inspection team should not be quorate and therefore should be unable to rate a CYP service in the absence of both these experts.	Accept in part or in principle	Inspection of services for children & young people will always include either a doctor who has completed training in paediatrics or a children's nurse on the inspection team. On the occasion where it has not been possible to include one of these experts in the announced inspection, they will be included in the unannounced inspection. The aspiration will be to have both a paediatrician and a children's nurse on the inspection team for large tertiary children's services where possible.
31	Inspection of specialist children's hospitals/large tertiary providers need to include the clinical experts listed in the report (***para 6.10***).	Accept in part or in principle	It is agreed that this should be the aspiration for the specialist children's hospitals but it is reliant on the availability of the clinical experts. A decision on the inspection of large tertiary providers has been deferred (see rec 47).
32.1	Pharmacists on the acute team should ask specific questions in relation to medicines managements in relation to CYP	Accept	Medicines management related to CYP is included in the assessment framework.
32.2	A paediatric pharmacist should be on the inspection team for specialist children's trusts and large tertiary children's services.	Accept in part or in principle	It is agreed that this should be the aspiration for the specialist children's hospitals but it is reliant on availability of paediatric pharmacists. A decision on the inspection of large tertiary providers has been deferred (see rec 47).

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33	CYP services should always be visited at night – if this cannot be scheduled during the announced visit then it should be part of the out of hours unannounced inspection.	Accept in part or in principle	It will be at the discretion of the inspection team whether to visit out of hours as part of the announced or unannounced inspection - the decision will be dependent on how the inspection has been planned and the team availability. Further work is needed to ensure this is built into the inspection plans.
34	Case note tracking should be used during the inspection to follow the pathways of a number of children during the inspection period.	Accept	This is highlighted in the framework document for all core services.
35	The areas listed in the report (***see para 6.16***) should always be included as part of the inspection.	Accept in part or in principle	The areas listed should always be considered by the inspection team as a starting point when planning an inspection. In most cases inspection teams will visit those areas listed but there may be occasions where time or availability means this is not possible due to other priorities. Inspection teams should ensure they get a rounded view and follow up specific issues identified.
36	The people listed in the report (**paras 6.21-6.22*)*** should always be interviewed as part of the inspection.	Accept in part or in principle	The people listed should always be considered by the inspection team for interview as a starting point when planning an inspection. In most cases inspection teams will interview the majority of those people listed but there may be occasions where time or availability means this is not possible due to other priorities. Inspection teams should ensure they get a rounded view and follow up specific issues identified.
37	The list of CYP specific prompts for generic KLOEs should be shared with inspection teams in advance and used during the inspection to ensure consistency of approach – if the KLOEs change then these prompts should be built into the new KLOEs.	Accept	The generic KLOEs and prompts in the agreed assessment framework are made available to teams prior to the inspection to ensure consistency. The CYP specific prompts will be shared with the CYP sub-team leaders.
38	A visit to a sample of satellite and/or outreach services should be arranged by exception if there are concerns.	Accept	Guidance will be reviewed to ensure that this is reflected.
39	CYP sub team leaders need background knowledge and experience of inspecting CYP services – the CQC Academy should introduce a programme to develop CQC inspectors in this area.	Accept	Core service training is currently in development (including for CYP services). It is due to start rolling out July-August 2014.
41	The description of '*what good looks like*' for CYP services should be developed further and kept under review by the NPAs recommended in ***section 10*** working with the RCPCH and affiliated speciality groups.	Accept in part or in principle	Work is underway to develop core service specific guidance for inspection teams and to identify benchmarks for each core service. The description of *'what good looks like*' provided in Dr Shribman's report will feed into that process.

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Additional Considerations for specialist trusts & large tertiary providers			
43	The eight core services for specialist children's trusts and large tertiary providers should be A&E, medicine, surgery, critical care, neonatal services, adolescent & transition services, palliative & end of life care and outpatients.	Accept in part or in principle	This is accepted with one revision. Lessons from the two specialist children's trust pilots has indicated that it would be best to have a core service for 'transition services ' alone and for a section on adolescent services to be included within the responsive domain of each of the other proposed core services (with the exception of neonatal services). Internal and external guidance will be revised to reflect this.
44	A sample of the 41 specialised health services relevant to CYP should be chosen for inspection (based on audit data, stakeholder feedback, plus two chosen at random) and inspected as part of the most appropriate core service – the focus should be on system and process rather than specific clinical expertise.	Accept in part or in principle	Audit data, stakeholder feedback and work on site will inform the sample of specialised services to be inspected. We do not plan to prescribe that two services should always be chosen at random. We understand that the reasoning behind this part of the recommendation was to ensure a trust could not be complacent about any specialised services. As the inspection team can already consider any of the specialised services we do not think this requirement is necessary. Inspection teams will decide how much / how little of each specialised health service they feel must be inspected.
45	Nationally commissioned specialised CYP services should be inspected by exception i.e. if NHS England highlights concern as part of the CQC pre-inspection information gathering exercise.	Accept in part or in principle	If any stakeholders (incl NHS England) or service users raise concerns about a specific nationally commissioned CYP service then the inspection team will consider if this warrants particular attention during the inspection. The inspection team reserves the right to inspect any service during the course of its inspection.
46	CYP specific prompts that have been developed to support the KLOEs for the acute inspection model should also be used for specialist children's trusts and large tertiary providers with the addition of a small number of additional prompts in the safe, effective and responsive domains , for example, related to shared care.	Accept in part or in principle	These prompts were used for the two specialist children's trust pilots . They will be reviewed as part of the evaluation of the pilots with a view to revising them as needed ahead of inspection of the remaining specialist trusts. Their wider use in large tertiary providers will be considered alongside our core service development and wider consultation work.
47	Large tertiary providers of CYP services should be inspected in the same way as the standalone specialist children's trusts.	Decision deferred	This recommendation has implications for the handling of the inspection and rating of acute trusts with other large tertiary services including orthopaedics, cancer, cardiothoracics and neurosciences. We do not have the capacity to commit to this recommendation at this time. However, this would be our aspiration and we will review this decision in January 2016 once the current round of acute inspections is complete.
48	CQC should work with BLISS to develop its inspection of neonatal services.	Accept	This will be done as part of the core service guidance development work.

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49.1	The non-child specific standalone specialist trusts should be assessed in the same way as the CYP services within the acute hospital inspection model with an appropriate specialist paediatrician and/or specialist children's nurse included on the team for larger services.	Accept	We will ensure this is reflected in internal guidance. Availability of both clinical experts recommended is reliant on availability and cannot be guaranteed on all inspections at this time. However, as noted for rec 30, inspection of services for children & young people will always include either a doctor who has completed training in paediatrics or a children's nurse on the inspection team.
49.2	A neonatologist and a neonatal nurse should be included on the inspection team for the two specialist women's trusts.	Accept in part or in principle	It is agreed that this should be the aspiration but it is reliant on availability of neonatologists at the time of these two inspections.
Report & Quality Summit			
50	Information about the CYP inspection should go into a single section of an acute trust inspection report but there should be appropriate cross references in the other sections of the report.	Accept in part or in principle	Information about paediatric A&E will be reported in the A&E section of the report. The remainder of CYP services will be in a single section of the report. The issue of including a cross reference to the CYP section of the report in other sections (surgery, outpatients etc) will be considered for future iterations of trust reports.
51	CYP services should be rated as a whole, taking into account all the core services with the exception of A&E which should be rated with adult A&E to provide a single A&E rating for acute trusts.	Accept	This has been implemented.
52.1	The report for the Specialist Children's Trusts should be structured around the 8 core services recommended at ***para 8.5*** [These are A&E, Medicine, Surgery, Critical Care, Neonatal Services, Adolescent & Transition to Adult Services, Palliative & End of Life Care and Outpatients.]	Accept in part or in principle	As for recommendation 43, this is accepted with one revision. Lessons from the two specialist children's trust pilots has indicated that it would be best to report on a core service of 'transition services ' alone and for a section on adolescent services to be included within the responsive domain of each of the other proposed core services (with the exception of neonatal services). Internal and external guidance will be revised to reflect this.
52.2	The... Specialist Children's Trusts should [have] a rating provided for each of the [recommended core]services which would aggregate up to a trust rating.	Accept in part or in principle	This is already being implemented for the two specialist children's trust pilots. However, it should be noted that it may only be possible to give an overall rating for transition services at the present time (i.e it might not be possible to rate this service for each of the five domains – safe, effective, caring, responsible and well-led). It is also unlikely to be possible to rate the effective domain for neonatal services at the present time although it should be possible to rate the other four domains and provide an overall rating for the neonatal service.
53	The Quality Summit for specialist children's trusts and large tertiary providers does not need to differ from those for acute trusts.	Accept	No action needed

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54	Large tertiary providers will need to be rated against 7 of the 8 acute core services (excluding general CYP services) with a separate rating grid for CYP in line with that used for specialist children's trusts.	Decision deferred	This recommendation is linked to recommendation 47 – it has implications for the handling of the inspection and rating of acute trusts with other large tertiary services and we do not have the capacity to commit to it at this time. However, we will review this decision in January 2016 once the current round of acute inspections is complete.
Links to Other Programmes			
55	CQC analysts work with stakeholders to finalise what the datapack should include for CAMHS.	Accept	Content will be subject to national dataset development and a review of information provided by the inspected organisation.
56	CQC policy colleagues involve stakeholders in the development of products such as prompts for KLOEs and what good looks like for CAMHS.	Accept	This is already underway.
57	Issues related to hospital transfers need to be built into relevant KLOEs.	Accept	A suitable prompt will be built into the appropriate KLOE.
58	The children's services inspection team need to link across to all CQC inspection models (acute, community, mental health, ambulance and hospices) on ***safeguarding*** including scheduling of inspections and sharing information and advice as needed.	Accept	This work has commenced.
59	***Children's hospice*** inspection teams should include relevant clinical experts.	Accept	It is agreed that inspection teams need to include relevant clinical experts.
60	Children under three being treated in standalone ***independent sector*** hospitals should be regarded as at high risk and a detailed inspection be undertaken with appropriate clinical experts.	Accept in part or in principle	This has been flagged in the signposting document and we are considering responses before a decision is made.
61	The ***community*** inspection programme needs to comprehensively captures children's services and reflect the importance of pathways of care – appointing a national professional advisor should help with this.	Accept in part or in principle	We agree with the aspirations set out. Further scoping is needed on whether this is best achieved via the appointment of a National Professional Adviser (NPA), or through existing good relationships established with stakeholder networks.
62	The newly appointed Deputy Chief Inspector for ***general practice*** and Head of General Practice Inspection with CYP in their portfolios need to work with colleagues on the other inspection models to consider the whole pathway for CYP.	Accept	This is in keeping with the Directorate's role on integration and the proposal to rate by population group. It is a significant piece of developmental work moving forward and will need to be considered as the work on integration progresses. Timescale for delivery may need to be 2015/16.

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63	A ***safeguarding*** module should be developed for acute and specialist trust inspections to use in hospitals where there has not been a recent single agency safeguarding inspection.	Accept	This is an important next step on aligning our specialist safeguarding and comprehensive inspection methodologies. A specialist set of KLOE prompts or other guidance needs to be developed to address this. Training issues will also need to be identified and addressed.
64	CQC's Academy should develop a training module for CQC inspectors who will be responsible for leading inspection in ***children's hospices*** to ensure they have the necessary knowledge and expertise to lead these teams.	Accept	This is accepted. The timescale for delivery needs to take into account other priorities.
65	The ***ambulance service*** inspection model must address the needs of CYP as it continues to develop.	Accept	Work is underway to address this.
66	The clinical side of ***children's intensive care transport teams*** needs to be inspected as part of the inspection of the '*parent*' trust. CQC need to undertake further work on this and use the proposed KLOE prompts in the interim (**see paras 9.5 & 9.6**).	Accept	We will ensure this is reflected in internal guidance.
67	Where an NHS acute or specialist trust provides CYP services on a ***private*** basis, these should be considered as part of the NHS inspection rather than a second inspection - if the CQC is not aware of which trusts provide/offer private services for CYP then this information should be part of the information request form to the trust that informs the datapack.	Accept	We will ensure this is reflected in internal guidance.
68	A modular approach is needed to the inspection of CYP services taking elements from the acute, community and mental health models as required for a single provider.	Accept in part or in principle	This approach is sensible and combined acute, community and mental health inspections are our aspiration for appropriate providers. Further scoping and development is needed.
69	CQC should consider whether inspection of ***children's hospices*** might sit better under the portfolio of the Chief Inspector of General Practice or the Chief Inspector of Hospitals.	Decision deferred	Children's hospices will stay under the portfolio of the Chief Inspector of Adult Social Care for the time being but we will ensure that the inspection teams include specialists in children's palliative care and that inspectors from the hospitals or primary medical services sectors are included in the inspection teams as appropriate. We will review this decision in January 2016.

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Conclusion			
70	A DCI within the hospital inspection directorate is given overarching responsibility for the CYP agenda.	Accept	Professor Ted Baker will be the DCI with responsibility for the CYP agenda.
71	The lead DCI is supported by 3 NPAs – a paediatrician and a children's nurse to cover acute and community services and a CAMHS expert to support the DCI for mental health.	Accept in part or in principle	The National Professional Adviser requirements for the Chief Inspector of Hospital's Directorate as a whole are in the process of being finalised. It is agreed that expert advice on children and young people is needed. An NPA to cover CAMHS and one for children's service more generally (doctor or nurse) will be appointed. Whether a third NPA can be appointed will be subject to other priorities and resources available.
72	Factsheets for CYP related themes (e.g. the deteriorating child, shared care & transition to adult services) need to be produced showing how they are being addressed by the inspection process.	Accept in part or in principle	We are considering how best to provide guidance to inspection teams - training / guidance / networks of inspectors with a special interest are all being considered. The use of factsheets will be considered as part of this thinking.

NOTES:

Recommendations 27, 40 and 42 from Dr Shribman's report are excluded from the table above as they are duplicates of recommendations 9, 24 and 31 respectively.

Recommendations that are accepted in part or in principle are those where CQC:

- *agree this should be the aspiration but cannot commit to implementing the recommendation in full at this time;*
- *agree with the intention but may need to achieve the outcome via an alternative route to that proposed;*
- *accept part of the recommendation but the remainder may not be possible or alternative approaches may need to be considered to those recommended.*