Inspection framework: NHS Acute (specialist children's hospitals)

Core service: Neonatal services

Neonatal services are provided for new born babies who need extra care, for example, because they are born prematurely or need treatment in hospital after birth. They are provided in a variety of settings depending on the treatment needed, including neonatal intensive care units (NICU) and special care baby units (SCBU).

Areas to inspect*
The inspection team should carry out an initial visual inspection of each area. Your observations should be considered alongside data/surveillance to identify areas of risk or concern for further inspection.   • Neonatal Intensive Care Unit (NICU)   • Local Neonatal Unit (LNU)   • Special Care Unit (SCU)   • Any areas providing Level 1, 2 or 3 care (see below)   • Neonatal transport service

Interviews/focus groups/observations
You should conduct interviews of the following people at every inspection:

- Relatives and those close to people who use the service (taking particular account of individual circumstances at the time of inspection).
- Clinical director/lead
- Nursing lead for each ward/unit/area
- Directorate/divisional manager
- Manager responsible for the neonatal transport service

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

- Surgeons and physicians not working within neonatal services but who interact with the service
- Neonatal care medical and nursing staff and multidisciplinary team members such as pharmacist, anaesthetic lead, radiology lead
- Trainee doctors
- Bereavement officer / counsellor
- PALS representative
- Ambulance / neonatal transport service crews of all grades

- Representative(s) from safeguarding team and paediatric liaison
- Children's community nurses and liaison health visitors (even if employed by another trust)
- AHP staff
- Matrons, Nurses & Healthcare Support Workers
- Doctors
- Support staff egg. Ward managers, porters, receptionists, admin etc.

Links to useful documents/ Further reading:

Neonatal Tool Kit
British Association of Perinatal Medicine (BAPM), Standards for Hospitals providing Neonatal and High Dependency Care

Definitions of neonatal units

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

Safe

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

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

S1. What is the **track record** on safety?

S2. Are **lessons learned and improvements made** when things go wrong?

Report sub-heading: **Incidents**

Generic prompts	Professional Standard	Additional prompts
- What is the safety performance over time, based on internal and external information? - How does safety performance compare to other similar services? - Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally? - Have safety goals been set? How well is performance against them monitored using information from a range of sources? - 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? - When things go wrong, are thorough and	- A never event is a *serious, wholly preventable* patient safety incident that has the *potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.* - Revised never events policy and framework (2015) - Never events list 2015/16 - Never Events List 2015/15 - FAQ - Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015. - Duty of Candour: As soon as reasonably practicable after becoming	- Do mortality and morbidity reviews feed into service improvement? Are these undertaken monthly, MDT attended, minuted and lessons learnt? - Evidence of adherence to duty of candour regulation, including process and evidence for written apologies.

Generic prompts	Professional Standard	Additional prompts
robust reviews or investigations carried out? Are all relevant staff and people who use services involved in the review or investigation? • How are lessons learned, and is action taken as a result of investigations when things go wrong? • How well are lessons shared to make sure action is taken to improve safety beyond the affected team or service?	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.	

Report sub-heading: Safety Thermometer

Generic prompts	Professional Standard	Additional prompts
		• Is a paediatric / neonatal specific safety thermometer (or equivalent) in use? If so, does the service monitor and 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	Professional Standard	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?
- Is implementation of safety systems, processes and practices monitored and improved when required?
- Are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures?

- 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff' (March 2014)
- HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. March 2015
- Female genital mutilation multi-agency practice guidelines published in 2014
- DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2015
- FGM guidance for professionals on the NHS Choices website
- Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015)

- Are all clinical staff working directly with children level 3 safeguarding trained?
- Is there an identifiable lead responsible for co-ordinating communication for children at risk of safeguarding issues?
- What wider safeguarding protocol/guidance is in place - how are safeguarding issues talked about, who manages them, are lessons learned etc.?
- What system is in place to check whether all children are subject to a child protection plan?
- What is the trust/ departmental abduction policy?
- Are there keycodes or a similar security system on the doors?
- Is a process in place for the identification and management of people at risk of abuse (including domestic violence) and follow the appropriate policies?
- Are there arrangements in place to safeguard women or children with, or at risk of, Female Genital Mutilation (FGM)

Report sub-heading: **Cleanliness, infection control and hygiene**		
• How are standards of cleanliness and hygiene maintained? • Are reliable systems in place to prevent and protect people from a healthcare-associated infection? • Is implementation of safety systems, processes and practices monitored and improved when required?	• [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.	• What are the results of local cleaning / hand hygiene audits? • What are the Nascomial infection rates (NNAP)?
Report sub-heading: **Environment and equipment**		
• Does the design, maintenance and use of facilities and premises keep people safe? • Does the maintenance and use of equipment keep people safe? • 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.) • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required?	• [HBN 09-03: Neonatal Units]()	• How does service make sure facilities conform to Health Building Notices (HBN)? • Is there a program in place for the routine replacement of capital equipment? • Does equipment conform to the relevant safety standards and is regularly serviced? • Is specialist equipment for all including that required for resuscitation, available and fit for purpose? Is it adequately stocked and is there evidence of regular review? • Are there up-to-date standard operating procedures in place specifically for neonatal services?

• Do arrangements for managing medicines, medical gases and contrast media keep people safe? (This includes obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal.) • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required?	• Are nursing staff aware of policies on administration of controlled drugs as per the [Nursing and Midwifery Council NMC - Standards for Medicine Management](#) • [NICE QS61 Statement 1](#): People are prescribed antibiotics in accordance with local antibiotic formularies.	• Are allergies clearly documented in the prescribing document used? • Is the baby's weight clearly documented and are all prescriptions appropriate for the baby's weight? • Are there local microbiology protocols for the administration of antibiotics and are prescribers using them?

• Are people's individual care records written and managed in a way that keeps people safe? (This includes ensuring people's records are accurate, complete, legible, up to date and stored securely). • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required?		• Are specific neonatal care assessments used?

Key line of enquiry: S4

How are **risks to people who use services** assessed, and their safety monitored and maintained?		
Report sub-heading: **Assessing and responding to patient risk**		
Generic prompts	**Professional Standard**	**Additional prompts**
• 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? • 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?		• Use of neonatal EWS (or equivalent)/ escalation process. How is compliance monitored? • Is there an escalation / transfer policy for seriously unwell babies?
Report sub-heading: **Nurse staffing**		

• How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance, where available?
 	
• How do actual staffing levels compare to the planned levels?
 	
• Do arrangements for using bank, agency and locum staff keep people safe at all times?
 	
• How do arrangements for handovers and shift changes ensure people are safe?
	• Does the service have sufficient nursing staff to deliver nurse to patient ratios as set out in the DH Toolkit for Neonatal Services (2009) and the British Association of Perinatal Medicine (BAPM) Optimal Arrangements for Neonatal intensive Care Units in the UK including guidance on their Medical Staffing: A Framework for Practice (2014)
	  ➢ 1:1 NICU
	  ➢ 1:2 HDU
	  ➢ 1:4 SC
	
	• Is there a minimum of 70:30 registered to unregistered staff in special care, and a minimum of 80:20
		• Is there appropriate induction / competency checking for agency staff? What is the agency / bank usage?
		
		• Are non-registered support staff, appropriately trained and their competence assessed?

	registered to unregistered staff in high dependency and intensive care? [DH Toolkit] • Do a minimum of 70% of registered staff hold an accredited post-registration qualification in specialised neonatal care (qualified in specialty QIS) [DH Toolkit] • Is there a minimum of two registered children's nurses at all times, of which at least one is QIS? [DH Toolkit] • Is there is a nursing coordinator on every shift in addition to those providing direct clinical care?[DH Toolkit] • Where a unit provides surgical services, is there a nurse / midwife with neonatal surgical experience who has clinical leadership responsibility for nursing care of babies needing surgery? [DH Toolkit]	
Report sub-heading: Medical staffing		

• How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance, where available?
 	
• How do actual staffing levels compare to the planned levels?
	• Does the service have sufficient medical staff to meet standards as set out in the DH Toolkit for Neonatal Services (2009)
	  ➢ SCBU, normally as part of a general paediatric service, have:
	    - 24 hour availability from a consultant paediatrician
		• Is there appropriate induction / competency checking for agency and locum staff? What is the agency / locum usage?

• Do arrangements for using bank, agency and locum staff keep people safe at all times?
 	
• How do arrangements for handovers and shift changes ensure people are safe?
	- 24 hour cover of resident ST4 + or advanced neonatal nurse practitioner (ANNP)
	   - 24 hour cover for provision of direct care (ST1-3 or ANNP)
	
	  ➢ Units providing short term intensive care have:
	   - 24 hour availability of a consultant paediatrician with experience and training in neonatal care
	   - 24 hour cover of ST+ or ANNP to respond immediately to neonatal emergencies
	   - 24 hour cover for provision of direct care with sole responsibility for the neonatal service (ST1-3 or ANNP)
	
	  ➢ Intensive care units have:
	   - 24 hour availability of consultant neonatologist whose principal duties are to the neonatal unit
	   - 24 hour cover of resident ST4+ or ANNP for sole cover of the neonatal service
	   - 24 hour cover for provision of direct care with sole responsibility to the neonatal service (ST1-3 or ANNP)
	
	• Does the service meet the consensus standards for medical staffing set out	

| | in the [British Association of Perinatal Medicine (BAPM) Optimal Arrangements for Neonatal intensive Care Units in the UK including guidance on their Medical Staffing: A Framework for Practice (2014),](#) | |

Key line of enquiry: **S5**

How well are potential risks to the service **anticipated** and **planned** for in advance?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: **Major incident awareness and training**		
• How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing? • What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed? • How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?		• Is there evidence of winter and summer management plans?

Effective

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

Key line of enquiry: **E1**

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

Generic prompts	Professional Standard	Additional prompts
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). - Do people have their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice? How is this monitored to ensure compliance? - Is discrimination, including on grounds of age, disability, , gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation avoided when making care and treatment decisions? - How is technology and equipment used to enhance the delivery of effective care and treatment? - Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice?	- How does the service ensure that neonatal care is managed in accordance with NICE guidelines, for example: ➢ Specialist neonatal care quality standard (QS4) ➢ Antibiotics for neonatal infection (QS75) ➢ Neonatal jaundice (QS57) ➢ Antibiotics for early-onset neonatal infection (CG149)	- How does the service ensure that British Association of Perinatal Medicine standards and policies are reviewed and implemented? - What local audits are undertaken to indicate compliance with guidelines? - Which accreditation schemes are participated in (e.g. You're Welcome (DH), Baby Friendly (Unicef), BLISS baby charter) and what action has been taken as a result? - In assessing whether NICE guidance in followed, take the following into account: ➢ Details of the provider's Clinical Audit programme to support and monitor implementation of NICE guidance ➢ Details of additional prescribing audits that may be completed by junior doctors on rotation. ➢ Utilisation of NICE implementation support tools such as the baseline assessment tools. ➢ A Provider submission

		demonstrating good practice to the NICE shared learning database. NICE checks that the examples are in line with their recommendations and quality statements. ➢ Participation in National benchmarking clinical audits
Report sub-heading: Nutrition and hydration		
• How are people's nutrition and hydration needs assessed and met?		• What facilities and arrangements are made to support mothers who wish to offer breast milk to their baby?
Report sub-heading: Pain relief		
• How is the pain of an individual person assessed and managed?	• Does the service utilise a validated, gestational age relevant pain assessment tool ➢ Ref: The recognition and assessment of acute pain in children, RCN 2009 • Core Standards for Pain Management Services in the UK (Faculty of Pain Medicine, 2015)	• How has the service implemented the Faculty of Pain Medicine's Core Standards for Pain Management (2015)?

Key line of enquiry: E2

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

Generic prompts	Professional Standard	Additional prompts
Report sub heading: Patient outcomes		
• Is information about the outcomes of people's care and treatment routinely collected and monitored?		• Is the service regularly reviewing the effectiveness of care and treatment through local audit and national audit? Are there audits that the service does

• Does this information show that the intended outcomes for people are being achieved? • How do outcomes for people in this service compare to other similar services and how have they changed over time? • Is there participation in relevant local and national audits, benchmarking, accreditation, peer review, research and trials? • How is information about people's outcomes used and what action is taken as a result to make improvements? • Are staff involved in activities to monitor and improve people's outcomes?		not contribute to? How do the national clinical audits/ confidential enquiries results compare with other comparable providers? For example: – National Neonatal Audit Programme (HQIP) – Maternal, newborn and infant clinical outcome review programme (HQIP) • Do they have regular audit meetings to discuss their compliance?

Key line of enquiry: E3

Do **staff** have the **skills, knowledge and experience** to deliver effective care and treatment?

Generic prompts	Professional Standard	Additional prompts
Report sub heading: **Competent staff**		

• Do staff have the right qualifications, skills, knowledge and experience to do their job when they start their employment, take on new responsibilities and on a continual basis?
 	
• How are the learning needs of staff identified?
 	
• Do staff have appropriate training to meet their learning needs?
 	
• Are staff encouraged and given
	• British Association of Perinatal Medicine (BAPM) Optimal Arrangements for Neonatal intensive Care Units in the UK
	  ➢ Do a minimum of 70% of registered nursing staff hold an accredited post-registration qualification in specialised neonatal care (qualified in specialty - QIS)
	  ➢ Is there a minimum of two registered children's nurses at all
		• Is there a lead professional for the following areas and has that professional undertaken appropriate training for that role?
		  - breastfeeding
		  - developmental needs and care of the baby
		  - emotional and psychological support to families
		  - safeguarding children
		  - palliative care

	times, of which at least one is QIS?	- bereavement support - education and training.
opportunities to develop?		
• What are the arrangements for supporting and managing staff? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.)		
• How is poor or variable staff performance identified and managed? How are staff supported to improve?		

Key line of enquiry: **E4**

How well do **staff, teams and services work together** to deliver effective care and treatment?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: **Multidisciplinary working**		
• Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering people's care and treatment? • How is care delivered in a coordinated way when different teams or services are involved? • Do staff work together to assess and plan ongoing care and treatment in a timely way when people are due to move between teams or services, including referral, discharge and transition? • When people are discharged from a service is this done at an appropriate time of day, are all relevant teams and services informed	• Does the unit have access to appropriately qualified and experienced AHPs with appropriate neonatal qualifications and experience as set out in in the DH Toolkit for Neonatal Services (2009). • How does the service ensure that the objectives of The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients has been implemented?	• Is there access to paediatric / neonatal pharmacy advice 24/7? • Are there MDT meetings and ward rounds? • Are all team members aware of who has overall responsibility for each individual's care? • What discharge information and support is available? • What are the transfer arrangements? • How does the NICU outreach team work?

and is this only done when any ongoing care is in place?		
Report sub-heading: Seven-day services		
	• What is the OOH consultant presence? Does it meet the guidelines set out in the DH Toolkit for Neonatal Services (2009)? • NHS Services, Seven Days a Week, Priority Clinical Standard 2 *Time to first consultant review* o All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital • NHS Services, Seven Days a Week, Priority Clinical Standard 5 *Diagnostics* o Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, bronchoscopy and pathology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: ▪ Within 1 hour for critical	• Is there access to support diagnostic services (e.g. OT / physiotherapy / imaging) out of hours? • What arrangements are there for the 24/7 transfer of babies to and from other units? • Does the provider meet NHS England's seven day services priority standards around ➢ Time to First Consultant Review? ➢ Diagnostics ➢ Intervention / key services

	patients
	  ■ Within 12 hours for urgent patients
	  ■ Within 24 hours for non-urgent patients
	
	 • [NHS Services, Seven Days a Week, Priority Clinical Standard 6](#)
	  Intervention / key services
	   ○ Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols, such as:
	    ■ Critical care
	    ■ Interventional radiology
	    ■ Interventional endoscopy
	    ■ Emergency general surgery	

Key line of enquiry: **E5**

Do staff have all the **information they need** to deliver effective care and treatment to people who use services?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: **Access to information**		

• Is all the information needed to deliver effective care and treatment available to relevant staff in a timely and accessible way? (This includes care and risk assessments, care plans, case notes and test results.) • When people move between teams and services, including 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? • How well do the systems that manage information about people who use services support staff to deliver effective care and treatment? (This includes coordination between different electronic and paper based systems and appropriate access for staff to records).		• Does the service ensure use of Personal Child Health Record (PCHR) (referred to as red books)? • How is discharge communicated to GPs? How soon after discharge does this occur? • Are care summaries sent to the patient's GP on discharge to ensure continuity of care within the community? • Do GPs have direct access? Can they speak to a consultant/SpR for advice on the phone?

Key line of enquiry: **E6**

Is people's **consent** to care and treatment always sought in line with legislation and guidance?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: **Consent, Mental Capacity Act and DOLs**		
• Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004?	• Consent: patients and doctors making decisions together (GMC) • Consent - The basics (Medical Protection)	• What arrangements are in place if parents are not thought capable of providing consent? (Include consenting for operative procedures)

• How are people supported to make decisions?	• [Department of Health reference guide to consent for examination or treatment](#)	
• How and when is a person's mental capacity to consent to care or treatment assessed and, where appropriate, recorded?	• [BMA 2015 Consent Toolkit](#)	
• When people lack the mental capacity to make a decision, do staff make 'best interests' decisions in accordance with legislation?		
• How is the process for seeking consent monitored and improved to ensure it meets responsibilities within legislation and follows relevant national guidance?		
• Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty?		
• Is the use of restraint of people who lack mental capacity clearly monitored for its necessity and proportionality in line with legislation and is action taken to minimise its use?		

Caring

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Key line of enquiry: C1

Are people treated with kindness, **dignity**, **respect** and **compassion** while they receive care and treatment?		
Generic prompts	**Professional Standard**	**Additional prompts**
Report sub-heading**: Compassionate care**		

• Do staff understand and respect people's personal, cultural, social and religious needs, and do they take these into account?
 	
• Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate manner?
 	
• Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?
 	
• Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?
 	
• How do staff make sure that people's privacy and dignity is always respected, including during physical or intimate care?
 	
• When people experience physical pain, discomfort or emotional distress do staff respond in a compassionate, timely and appropriate way?
 	
• Do staff respect confidentiality at all times?
	• [DH Toolkit for Neonatal Services (2009)](#)
	
	  - How do staff ensure every baby is treated with dignity and respect? For example by:
	
	  - promoting and encouraging appropriate positioning
	  - managing clinical interventions to minimise stress, avoid pain and conserve energy.
	  - ensuring noise and light levels are managed to minimise stress.
	  - ensuring appropriate clothing is used at all times, taking into account parents' choice.
	  - ensuring privacy is respected and promoted as appropriate to the baby's condition.
		• Observed staff/ patient and carer interactions – including whether privacy and dignity, confidentiality preserved
		
		• How do staff make sure dignity is maintained as far as possible during transport in and to and from a vehicle?

Key line of enquiry: **C2**

Are people who use services and those close to them **involved as partners** in their care?		
Generic prompts	**Professional Standard**	**Additional prompts**

• Do staff communicate with people so that they understand their care, treatment and condition?
 	
• Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this? (This includes language interpreters, sign language interpreters, specialist advice or advocates.)
 	
• How do staff make sure that people who use services and those close to them are able to find further information or ask questions about their care and treatment?
	• DH Toolkit for Neonatal Services (2009)
	
	  - Are parents are encouraged and supported to participate in their baby's care at the earliest opportunity, including:
	
	  - regular skin-to-skin care;
	  - providing comforting touch and comfort holding, particularly
	  - during painful procedures;
	  - feeding
	  - day-to-day care, such as nappy changing.
		• Are staff witnessed to be communicating appropriately to the baby's relatives? Is there a named nurse?
		
		• How are parents involved in care plans? [Ask parents if their child has a care plan, were they involved in developing it, is it current, do they understand it?]
		
		• Are there any support groups available? Does the trust signpost carers to these groups if so?

Key line of enquiry: **C3**

Do people who use services and those close to them receive the support they need to **cope emotionally** with their care, treatment or condition?

Generic prompts	Professional Standard	Additional prompts
• 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? • Are people given appropriate and timely support and information to cope emotionally		• Do parents feel confident leaving the unit and their baby's care with the staff? • What support and counselling is available for parents and others close to the baby, particularly if they have

		received bad news?
with their care, treatment or condition? • What emotional support and information is provided to those close to people who use services, including carers and dependants? • Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? • How are people enabled to have contact with those close to them and to link with their social networks or communities?		

Responsive

By responsive, we mean that services are organised so that they meet people's needs

Key line of enquiry: R1

Are **services planned** and delivered to meet the needs of people?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: **Service planning and delivery to meet the needs of local people**		
• Is information about the needs of the local population used to inform how services are planned and delivered? • How are commissioners, other providers and relevant stakeholders involved in planning services?		• What engagement and involvement of families has there been in the design and running of the services? Is there a parents/carers panel? • How does the service manage in busy times?

• Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? • Where people's needs are not being met, is this identified and used to inform how services are planned and developed? • Are the facilities and premises appropriate for the services that are planned and delivered?		

Key line of enquiry: **R2**

Do services take account of the **needs of different people**, including those in vulnerable circumstances?

Generic prompts	**Professional Standard**	**Additional prompts**
Report sub-heading: **Meeting people's individual needs**		

• How are services planned to take account of the needs of different people, for example, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?
 	
• How are services delivered in a way that takes account of the needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?
 	
• How are services planned, delivered and coordinated to take account of people with complex needs, for example those living with dementia or those with a learning disability?
	• [DH Toolkit for Neonatal Services (2009)](#)
	  ➢ Are there dedicated facilities available for parents and families of babies receiving neonatal care? Are these facilities in accordance with the DH Toolkit for High Quality Neonatal Services?
	    For example:
	    - Overnight accommodation, free of charge and with bathroom facilities
	      ▪ One room per intensive care cot located within 10-15 mins walking distance of the unit
	      ▪ Two rooms within or adjacent to the unit
		• In areas where ethnic minority groups form a significant proportion of the local population, are processes in place to aide translation?
		
		• Does the provider comply with Accessible Information standards?

Generic prompts	Professional Standard	Additional prompts
• Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others? • How do services engage with people who are in vulnerable circumstances and what actions are taken to remove barriers when people find it hard to access or use services?	- Arrangements for the secure and readily accessible storage of parent's personal items - Cot-side non secure storage for personal items such as baby clothes - A parent sitting room - A kitchen with hot drink and snack making facilities, including a microwave - Toilet and washing area - Changing area for other young children - Play area for siblings of infants receiving care - Access to a phone and internet connection - A room set aside and furnished appropriately for counselling and to provide parents with privacy and quiet. • Accessible Information Standards	

Key line of enquiry: **R3**

Can people access care and treatment in a **timely** way?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: **Access and flow**		
• Do people have timely access to initial assessment, diagnosis or urgent treatment? • As far as possible, can people access care	• Standards for Hospitals Providing Neonatal Intensive and High Dependency Care (second edition, 2001) ➢ Does the service meet the 70%	• What are the admitting pathways to the unit?

- and treatment at a time to suit them?
- What action is taken to minimise the time people have to wait for treatment or care?
- Does the service prioritise care and treatment for people with the most urgent needs?
- Where there is an appointments system, is it easy to use and does it support people to access appointments?
- Is care and treatment only cancelled or delayed when absolutely necessary? Are cancellations explained to people, and are people supported to access care and treatment again as soon as possible?
- Do services run on time, and are people kept informed about any disruption?

cot occupancy guidance?

Key line of enquiry: **R4**

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

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: **Learning from complaints and concerns**		
- Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so, and are they confident to speak up? - How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint? - Are complaints handled effectively and	- The NHS constitution gives people the right to ➢ Have complaints dealt with efficiently and be investigated. ➢ Know the outcome of the investigation. ➢ Take their complaint to an independent Parliamentary and	Are there mechanisms to ask parents – a number of months post discharge and after they have had time to reflect – for their feedback on the service?

confidentially, with a regular update for the complainant and a formal record kept?	Health Service Ombudsman.	
• Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with?	Receive compensation if they have been harmed.	
• How are lessons learned from concerns and complaints, and is action taken as a result to improve the quality of care? Are lessons shared with others?		

Well-led

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

Key line of enquiry: W1

Is there a clear **vision** and a credible **strategy** to deliver good quality?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: **Vision and strategy for this service**		
• Is there a clear vision and a set of values, with quality and safety the top priority?		
• Is there are a robust, realistic strategy for achieving the priorities and delivering good quality care?		
• How have the vision, values and strategy		

been developed?

- Do staff know and understand what the vision and values are?

- Do staff know and understand the strategy and their role in achieving it?

- Is progress against delivering the strategy monitored and reviewed?

Key line of enquiry: **W2**

Does the **governance** framework ensure that **responsibilities** are clear and that **quality, performance and risks** are understood and managed?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: **Governance, risk management and quality measurement**		
• Is there an effective governance framework to support the delivery of the strategy and good quality care? • Are staff clear about their roles and do they understand what they are accountable for? • How are working arrangements with partners and third party providers managed? • Are the governance framework and management systems regularly reviewed and improved? • Is there a holistic understanding of performance, which integrates the views of people with safety, quality, activity and financial information? • Are there comprehensive assurance system	• 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. • NICE QS66 Statement 1: Hospitals have an intravenous (IV) fluids lead who has overall responsibility for training, clinical governance, adult and review of IV fluid prescribing, and patient outcomes. • National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September	• What exposure does this service get at Board meetings? • Have managers ensured that there is a plan in place to develop local Safety Standards for Invasive Procedures using the national Safety Standards for Invasive Procedures. Have they assessed the need for these against all invasive procedures carried out? • What are the governance procedures for managing and monitoring any SLAs the provider has with third parties?

Generic prompts	Professional Standard	Additional prompts
and service performance measures, which are reported and monitored, and is action taken to improve performance? • Are there effective arrangements in place to ensure that the information used to monitor and manage quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? • Is there a systematic programme of clinical and internal audit, which is used to monitor quality and systems to identify where action should be taken? • Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? • Is there alignment between the recorded risks and what people say is 'on their worry list'?	2015 ➢ NatSSIPs sets out on page 7, specific responsibilities for those providing NHS funded care in respect of members of a trust board, Medical Director or Chief Nurse and local governance or safety lead	

Key line of enquiry: **W3**

How does the **leadership** and **culture** reflect the vision and values, encourage openness and transparency and promote good quality care?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: **Leadership of service**		
• Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? • Do leaders have the capacity, capability, and	• [National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015.](#)	• How is leadership organised on a shift by shift basis? Is there a nursing/ medical lead? • Do all the consultants have job plans? Are these addressed yearly?

experience to lead effectively?		
• Do the leaders understand the challenges to good quality care and can they identify the actions needed address them? • Are leaders visible and approachable? • Do leaders encourage appreciative, supportive relationships among staff?		• How do leaders ensure that employees who are involved in the performance of invasive procedures develop shared understanding be educated in good safety practice, as set out in the national standards.

Report sub-heading: **Culture within the service**

• Do staff feel respected and valued? • Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? • Is the culture centred on the needs and experience of people who use services? • Does the culture encourage candour, openness and honesty? • Is there a strong emphasis on promoting the safety and wellbeing of staff? • Do staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality care?	• NMC Openness and honesty when things go wrong: the professional duty of candour • NRLS - Being Open Communicating patient safety incidents with patients, their families and carers • Duty of Candour – CQC guidance	• How the provider is preparing/meeting the requirements related to Duty of Candour? (for example, training, support for staff, audits and monitoring)

Key line of enquiry: **W4**

How are **people** who use the service, the **public** and **staff engaged** and **involved?**

Generic prompts	Professional Standard	Additional prompts

Report sub-heading: **Public and staff engagement**

• How are people's views and experiences gathered and acted on to shape and improve the services and culture? • How are people who use services, those close to them and their representatives actively engaged and involved in decision-making? • Do staff feel actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? • How do leaders prioritise the participation and involvement of people who use services and staff? • Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?		

Key line of enquiry: **W5**

How are services **continuously improved** and **sustainability** ensured?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: **Innovation, improvement and sustainability**		
• 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?		• How does the service ensure that links with the Neonatal Care Network are maintained and well managed?

- In what ways do leaders and staff strive for continuous learning, improvement and innovation? - Are staff focused on continually improving the quality of care? - How are improvements to quality and innovation recognised and rewarded? - How is information used proactively to improve care?		