

Improvement and assessment framework for children and young people's health services

To support challenged children and young
people's health services achieve a good or
outstanding CQC rating

February 2018

We support providers to give patients
Safe, high quality, compassionate care
Within local health systems that are
Financially sustainable.

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Summary

This framework supports and enables senior children and young people's nurses to achieve good and outstanding care standards for children and young people's health services.

It integrates policy guidance with the most frequent reasons the Care Quality Commission (CQC) gives for rating children's services as 'requiring improvement' or 'inadequate', as identified in our review of CQC reports rating these services as such in April 2017

The framework should be implemented using quality improvement methodology, embodying the principle of continual learning. Organisations should adapt it to meet their local population and workforce needs.

Reasons given by CQC for poor ratings of children and young people's services

Introduction

There are over 15 million under 20s in England, accounting for nearly 25% of the population. Events that occur in early life affect health and wellbeing in later life. Acting early is underpinned by sound science and sound finance. Investing in children and young people's physical and mental health makes sense and will not only benefit the population, but reduce pressure on the NHS in the long term.

In April 2017, we reviewed CQC reports of trusts whose children and young people's services were rated as 'requiring improvement' or 'inadequate', at their most recent assessment (as of April 2017). Services reviewed included inpatient services, community health services, child and adolescent mental health wards, neonatal units, community mental health and specialist mental health services in the community.

Our review of CQC's reports – the first of its kind – identifies CQC's reasons for rating children and young people's services in the four NHS Improvement regions as 'requiring improvement' or 'inadequate'. We have used the common themes behind the poor ratings as the basis for a framework that the providers of these services can use to focus their improvement efforts to achieve 'good' or 'outstanding' ratings.

CQC inspections

CQC inspection teams are formed from a national team of clinical and other experts, including people with experience of receiving care.¹ These teams ask five questions:

¹ www.cqc.org.uk/what-we-do

Are they safe?	Safe: you are protected from abuse and avoidable harm.
Are they effective?	Effective: your care, treatment and support achieve good outcomes, help you to maintain quality of life and are based on the best available evidence.
Are they caring?	Caring: staff involve you and treat you with compassion, kindness, dignity and respect.
Are they responsive?	Responsive: services are organised so that they meet your needs.
Are they well-led?	Well-led: the leadership, management and governance of the organisation make sure it provides high quality care that is tailored to individual needs, encourages learning and innovation, and promotes an open and fair culture.

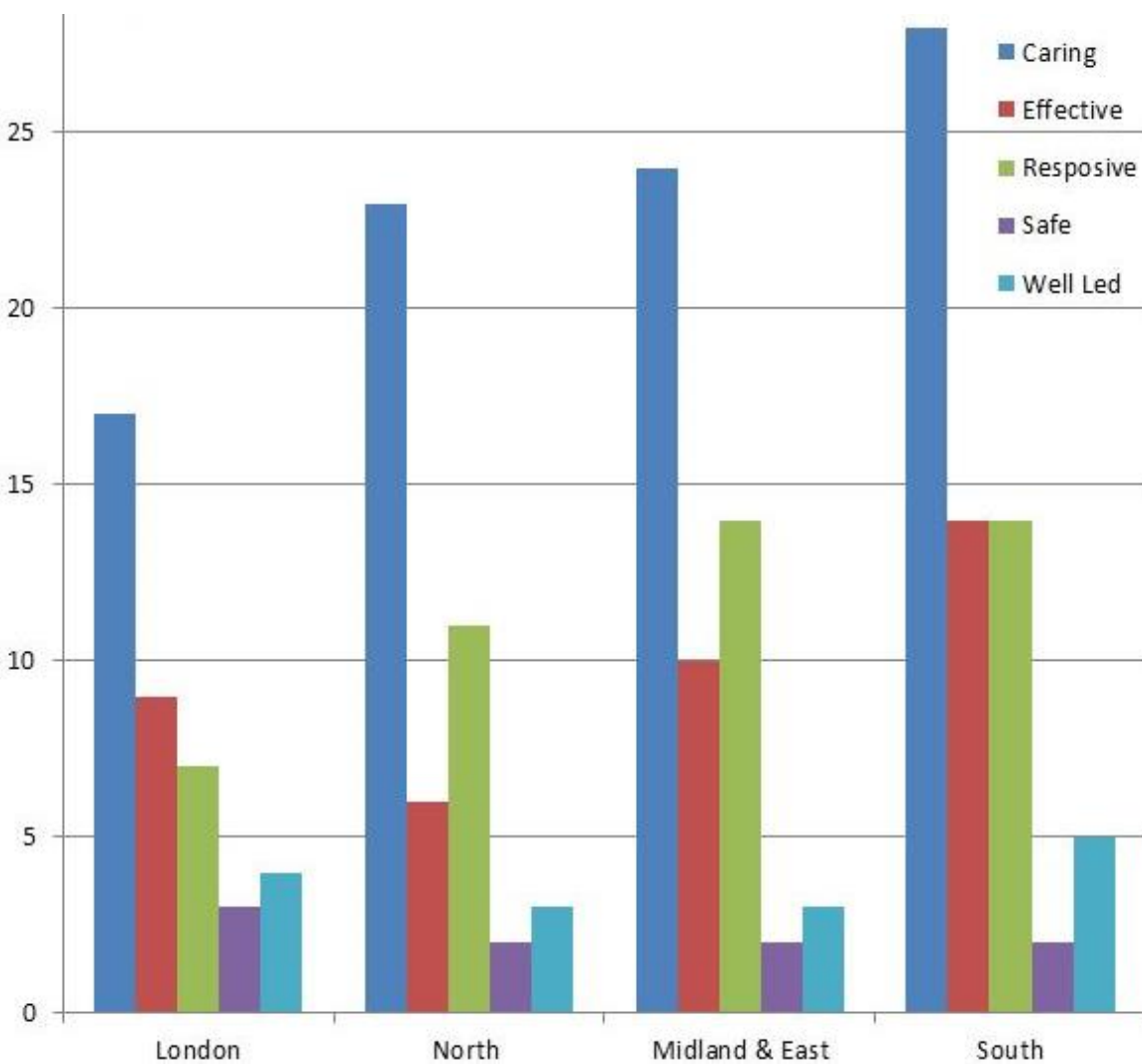
CQC has four rating categories for health and social care services:

Outstanding:	The service is performing exceptionally well.
Good:	The service is performing well and meeting expectations.
Requires improvement:	The service is not performing as well as it should and must improve.
Inadequate:	The service is performing badly and action has been taken against the organisation that runs it.

Review findings

Figure 1 below shows that in all four NHS Improvement regions, most children and young people’s services are rated as good for caring, but few are so rated for safe or well-led. If a service is not deemed to be safe or well-led, this can impact its rating for effective and responsive.

Figure 1: CQC’s ratings for children and young people’s services by region in April 2017



At their last inspection, 54 children's inpatient services were rated overall as 'requiring improvement' or 'inadequate'. Of those 54, 12 were so rated on re-inspection. Only two services had improved on re-inspection and four had deteriorated.

Our narrative analysis of the CQC reports revealed the following consistent themes for rating children and young people's services as 'requires improvement' or 'inadequate':

- nurse staffing levels
- incident reporting and learning from Serious Incidents
- leadership
- children and young people's strategy.

The common themes by region are summarised below and Appendix 1 discusses how children and young people's services can improve their rating.

Midlands and East region

CQC reports for 20 trusts were reviewed, representing 27 different sites delivering children and young people's services. Twenty-three were rated as 'requiring improvement' and included 14 inpatient wards, two child and adolescent mental health wards, three community health services for children and young people, three specialist community mental health services for children and young people, and one neonatal service. CQC rated four services as 'inadequate', including three inpatient wards for children and young people, and one specialist community mental health service for children and young people.

Low staffing levels were highlighted in 15 reports – nurse staffing levels below those recommended in the most recent Royal College of Nursing (RCN) guidance in 13 reports and a high number of medical staff vacancies in three reports.

Thirteen reports highlighted a poor culture of incident reporting or inadequate processes for reporting back to staff involved in the incident and learning from the incidents.

Ten reports indicated that staff did not have the right training or skills to undertake their role. Nine reports cited the trust's lack of strategy for children and young people, with four mentioning no executive lead for this age group.

London region

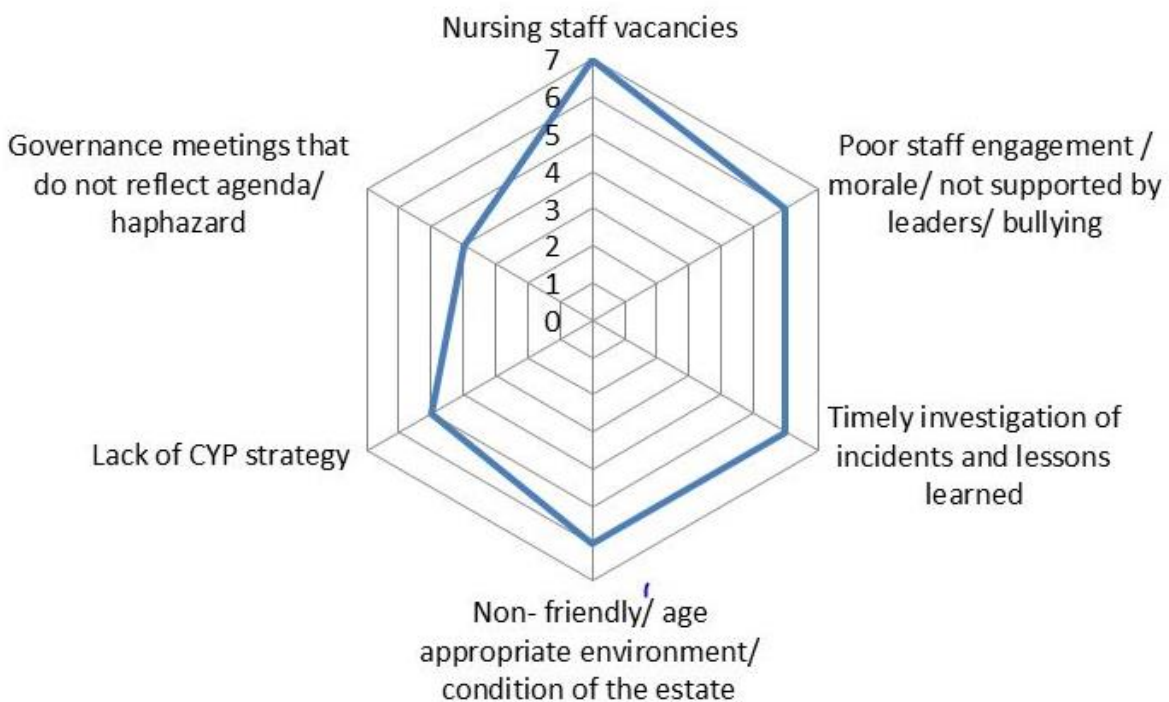
CQC reports for 12 trusts were reviewed, representing 16 sites delivering children and young people's services. All were rated 'requires improvement'. Sites included nine inpatient services for children and young people, one child and adolescent mental health ward, three community health services for children and young people, two specialist community mental health services and one neonatal unit.

High nursing staff vacancies was the most common reason for a poor rating, cited in seven reports, followed by poor staff engagement/low morale and not feeling supported by leaders, a lack of timely investigation following a Serious Incident with lessons being learned and a non-friendly or age-inappropriate environment to care for children and young people. Five reports cited a lack of a children and young people's strategy

Figure 2: Summary of findings, Midlands and East



Figure 3: Summary of findings, London



South region

CQC reports from 24 trusts were reviewed, representing 30 sites delivering children and young people’s services. Only 28 reports were reviewed as two did not include all the domains. All sites were rated as ‘requires improvement’, including 19 inpatient services for children and young people, two child and adolescent mental health wards, five community health services and four specialist community mental health services for children and young people.

Incident reporting and learning lessons from the investigations was the most common reason cited in 13 reports, followed by low nurse staffing levels.

Nine reports highlighted a lack of adherence to the trust’s safeguarding policy and a poor environment in which to care for children and young people. Poor risk management processes, a lack of leadership and a lack of regular clinical supervision and recorded appraisals are described in six reports.

Figure 4: Summary of findings, South



North region

CQC reports from 19 trusts were reviewed, representing 25 sites delivering children and young people’s services. Twenty-two sites were rated as ‘requires improvement’, including 11 inpatient services for children and young people, two child and adolescent mental health wards, five community health services and four specialist community mental health services for children and young people. The three sites rated as ‘inadequate’ were two inpatient services and one community health service for children and young people.

Poor risk management processes was the most common reason (17 reports), low staffing levels featured in 10 reports and nine reports highlighted lack of timely investigation of incidents with lessons learned.

Figure 5: Summary of findings, North



The framework

The framework below supports senior children and young people's nurses and may be useful to other organisational leaders – for example, consultants and allied health professional (AHPs) – to provide good or outstanding care for children and young people.

We recommend the framework forms part of an organisation's quality improvement programme. The principles of the framework apply to all children and young people's services and the framework should be adapted by organisations for local use.

The framework focuses on the four areas for improvement we identified from our review of CQC reports:

- nurse staffing levels
- incident reporting and learning from serious incidents
- leadership
- children and young people's strategy.

Each area for improvement has three sections:

- a description of what needs to be achieved to deliver good or outstanding care
- the source linking each area for improvement to policy
- best practice guidance.

Area for improvement	Description	Source	Evidence/expectation	Met (state % to achieve)	Partially met	Not met
Nurse staffing levels	Right staff	<i>Supporting NHS providers to deliver the right staff with the skills at the right time</i> (National Quality Board 2016)	Evidence-based workforce planning.			
	Right skills		Professional judgement. Compare staffing with peers. Mandatory training, development and education. Working as a multiprofessional team. Recruitment and retention. Productive working and eliminating waste. Efficient deployment and flexibility			
	Right place and time		Efficient employment and minimising agency.			
Incident reporting and learning from serious incidents	Organisations investigate, communicate and learn when things go wrong	<i>Learning from serious incidents in NHS acute hospitals</i> (CQC June 2016, updated May 2017)	Prioritising serious incidents that require full investigation and developing alternative methods for managing and learning from other types of incidents. Routinely involving patients and families in the investigation process.			

			<p>Engaging and supporting the staff involved in the incident and investigation process.</p> <p>Using skilled analysis to move the focus of the investigation from acts or omissions of staff, to identifying the underlying causes of the incident.</p> <p>Using human factor principles to develop solutions that reduce the risk of the same incidents happening again.</p>			
<p>Senior leadership and having a children and young people's strategy</p>	<p>Strong, visible, effective organisational senior leadership is vital to ensuring the needs of children and young people are recognised, articulated and listened to</p>	<p>Annual Report of the Chief Medical Officer 2012 <i>Our children deserve better: Prevention pays</i> (Department of Health 2012)</p> <p><i>Children and Young People's Health Outcome forum 2014-2015</i> (Department of Health 2015)</p>	<p>Development of a strategy for children and young people is led by the executive lead for children and young people.</p> <p>Involve children and young people fully in their own health and wellbeing and in improving the services they use.</p> <p>Ensure that children and young people are always asked about their experience of the services they use.</p> <p>Wherever children and young people receive care, they are protected from harm and abuse in a supportive and age-appropriate, environment.</p>			

	<p>Leaders equip and encourage staff at all levels to deliver continuous improvement in local health systems and gain pride and joy from their work.</p> <p>Trusts maintain and develop the effectiveness of their leadership and governance arrangements.</p>	<p><i>Developing people – improving care: A national framework for action on improvement and leadership development in NHS funded services</i> (National Improvement Leadership Development Board 2016)</p> <p><i>Developmental review of leadership and governance using the well-led framework: guidance for NHS trusts and foundation trusts</i> (NHS Improvement 2017)</p>	<p>Children and young people with mental health issues have timely access to psychological therapies.</p> <p>The framework is used in organisations caring for children and young people, and can evidence the five conditions common to high quality systems that interact to produce a culture of continuous learning and development.</p> <p>The well-led framework and descriptions of good practice, structured around the eight key lines of enquiry (KLOE's) are evident in the organisation caring for children and young people. All services are subject to effective governance structures and risk management processes that fully reflect the specialist input of healthcare professionals.</p>			
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Next steps

This report will be shared with system leaders in the arm's length bodies, CQC and the organisations that have responsibility for healthcare provision for children and young people.

A collaborative will be developed of the services analysed in this report together with those that have been rated as 'outstanding' at the last inspection. This will encourage the sharing of best practice.

NHS Improvement will continue to work collaboratively with organisations to consider producing a national improvement strategy for children's and young people's health.

References

1. www.cqc.org.uk/what-we-do
2. Royal College of Nursing (2013) *Defining staffing levels for children and young people's services*.
3. National Quality Board (2016) *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time*.
4. National Quality Board (2017) *Safe and sustainable staffing resource for children and young people's nursing (draft)*.
5. Department of Health Annual (2012) *Report of the Chief Medical Officer .Our children deserve better: Prevention pays*.
6. National Improvement and Leadership Development Board (2016) *Developing people – improving care: A national framework for action on improvement and leadership development*.
7. National Improvement and Leadership Development Board (2018) *Developing people – Improving care: one year on*.
8. NHS Improvement (2017) *Developmental review of leadership and governance using the well led framework: guidance for NHS trusts and foundation trusts*.
9. Department of Health (2012) *Report of the Children and Young People's Health Outcomes Forum*.

Appendix 1: Review of 101 CQC reports published before April 2017

Nurse staffing levels

The CQC reports do not specify if the appropriate number of posts is funded but unfilled, or whether there is difficulty attracting the right number of staff with the right skills. The National Quality Board’s (NQB 2016) expectations are that to ensure safe, effective, caring, responsive and well-led care on a sustainable basis, trusts will employ the right staff with the right skills in the right place and at the right time (Figure A1.1).

Figure A1.1: NQB’s expectations for safe, sustainable and productive staffing (2016)

Safe, Effective, Caring, Responsive and Well- Led Care		
<p>Measure and Improve</p> <ul style="list-style-type: none"> -patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback- 		
<ul style="list-style-type: none"> -implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing 		
Expectation 1	Expectation 2	Expectation 3
<p>Right Staff</p> <ul style="list-style-type: none"> 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers 	<p>Right Skills</p> <ul style="list-style-type: none"> 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention 	<p>Right Place and Time</p> <ul style="list-style-type: none"> 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

As outlined in the draft *Safe and sustainable staffing resource for children and young people's nursing* (NQB 2017) there must be sufficient and appropriate staffing capacity and capability on children and young people inpatient wards to provide safe, high-quality and cost-effective care to patients at all times. Staffing decisions must consider available resources and align with operational and strategic planning processes so that high quality care can be provided immediately and on a sustainable basis. The workforce requirements for children and young people inpatient services will vary with demand and specialism but a correct baseline establishment allows the peaks and troughs in activity and workload to be absorbed. A pool of appropriately skilled staff needs to be created and maintained to allow the flexible use of beds.

Incident reporting and learning from serious incidents

CQC's briefing *Learning from serious incidents in NHS acute hospitals* (June 2016; updated May 2017) highlights its concern with the way that organisations investigate, communicate and learn when things go wrong. The briefing lists five opportunities for improvement.

Recording things that go wrong in care is vital to ensuring that incidents are learned from. Only by working out what has gone wrong and why can effective and sustainable actions be taken locally to reduce the risks of similar incidents occurring again.

Our narrative analysis shows that at the time of their inspection, many organisations have poor governance structures and risk management processes. This may deter staff from reporting and investigating incidents in a timely manner. Children and young people's services are complex and cover multiple pathways of care in many hospital settings, eg specialist hospitals for children and young people and small discrete departments in acute NHS trusts and district general hospitals. All areas where children and young people are cared for must be subject to effective governance processes that fully reflect the specialist input of healthcare professionals, especially in acute NHS trusts and district general hospitals where the department providing the children's and young people's service may be small.

Leadership and a children and young people's strategy

Strong, visible, effective organisational senior nurse leadership is vital to ensuring the needs of children and young people are recognised, articulated and listened to, especially when the service is provided by a large general hospital. Trusts are now expected to have an executive lead for children and young people. This executive raises the profile of children and young people's needs, and steers development of a strategy for children and young people. Working with the local service leaders, this executive can also help develop the culture required for effective patient safety.

The annual report of the Chief Medical Officer, *Our children deserve better: Prevention pays* (October 2012), focused on child health. The report's strong case for change was motivated by the five excess child deaths per day in the UK compared to Sweden at that time. It calls on the whole health service to take action and make improvements. Investing in children is a certain way of improving the economic health of our nation, as well as our children's wellbeing. The Child Health working group, chaired by the president of the Royal College of Paediatrics and Child Health (RCPCH), is considering whether a national children and young person's strategy should be developed to raise the profile of child health on the political agenda.

Developing people – improving care sets out how leaders can equip and encourage people at all levels in the NHS to deliver continuous improvement in local health and care systems and gain pride and joy from their work; case studies can be found in *Developing people – improving care: one year on*. The recently published *Developmental review of leadership and governance using the well led framework: Guidance for NHS trusts and foundation trusts* supports providers to maintain and develop the effectiveness of their leadership and governance.

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