

Quality Standards

Community Child Health Services

Version 1.3

July 2021

These Quality Standards were developed in accordance with the International Standard ISO/IEC 17020:2012 - Conformity assessment – Requirements for the operation of various types of bodies performing inspection in line with our accreditation with UKAS as an Inspection Body (No 8831). The Quality Review Service closed on 31st July 2021, UKAS have asked that the accreditation symbol now be removed.

The standards can be used until they reach their expiry date – April 2022.

© November 2020 Quality Review Service (QRS)

These Quality Standards may be reproduced and used freely by NHS and social care organisations for the purpose of improving health services. No part of the Quality Standards may be reproduced by other organisations or individuals or for other purposes without the permission of the Quality Review Service. Organisations and individuals wishing to reproduce any part of the Quality Standards should email the Quality Review Service on: grs@nhs.net

Whilst the Quality Review Service has taken reasonable steps to ensure that these Quality Standards are fit for the purpose of reviewing the quality of services, this is not warranted, and the Quality Review Service will not have any liability to the service provider, service commissioner or any other person in the event that the Quality Standards are not fit for this purpose. The provision of services in accordance with these Standards does not guarantee that the service provider will comply with its legal obligations to any third party, including the proper discharge of any duty of care, in providing these services.

Review by: April 2022 at the latest

Version No	Date	Change from previous version
V1	April 2019	
V1.1	April 2020	Rebranding from WMQRS to QRS
V1.2	November 2020	QRS Contact details amended. Added in addition to CQC that other regulatory frameworks are in use in the devolved nations. QS PK- 499 and PK- 601 amended to say 'not brought' rather than DNA and include use of systems and governance arrangements for virtual consultations
V1.3	July 2021	UKAS logo removed

Contents

Introduction.....	4
Aims of the Quality Standards.....	4
Pathway.....	5
Links with Other Quality Standards.....	5
Structure of the Quality Standards	6
Comments on the Quality Standards	7
Quality Standards: Community Child Health Services	8
Information and Support for Patients and Carers.....	8
Staffing	13
Support Services.....	15
Facilities and Equipment	16
Guidelines and Protocols	17
Service Organisation and Liaison with Other Services	19
Governance	21
Commissioning	23
Guidelines and Protocols	23
Service Organisation and Liaison with Other Services	23
Governance	23
APPENDIX 1 Reference Sources.....	24
APPENDIX 2 Cross-References to British Standards Institution PAS16:16 and Care Quality Commission Key Lines of enquiry.....	26
APPENDIX 3 Glossary of Terms and Abbreviations	29
APPENDIX 4 Presentation of Evidence for Peer Review Visits	30

Introduction

The Quality Standards for Community Child Health Services have been developed as part of the Quality Review Service's work to support NHS organisations to improve the quality of services.

Aims of the Quality Standards

The Quality Standards aim to improve the quality of the Community Child Health 'pathway' and to help answer the question: "At each point on the pathway, how will I know that national guidance and best practice have been implemented?" The Quality Standards are suitable for use in self-assessment, monitoring by commissioners and providers, and peer review visits. They describe what services should be aiming to provide and providers and commissioners should be moving towards meeting all applicable Quality Standards within the next two to five years.

APPENDIX 1 lists the references sources on which the Quality Standards are based.

Through use of the Quality Standards we hope that:

1. The local community, service users and carers will know more about the services they can expect.
2. Commissioners will be supported in assessing and meeting the needs of their population, improving health and reducing health inequalities, and will have better service specifications.
3. Service providers and commissioners will work together to improve service quality.
4. Service providers and commissioners will have external assurance of the quality of local services.
5. Reviewers will learn from taking part in review visits.
6. Good practice will be shared.
7. Service providers and commissioners will have better information to give to the Care Quality Commission. The devolved nations may have different regulatory frameworks in place but these QS can still be used with these frameworks to provide additional assurance to commissioners of services.

Scope of the Quality Standards

The Quality Standards for the Community Child Health Service Pathway should sit within organisations' overall clinical governance arrangements (the QRS Clinical Governance Quality Standards describe in further detail the clinical governance arrangements which should be in place). Compliance in NHS provider organisations will usually be assured through compliance with Care Quality Commission fundamental standards and other regulatory bodies. Non-NHS organisations may wish to use the QRS Clinical Governance Quality Standards to assure themselves of the robustness of their overall clinical governance arrangements.

Excel and PDF Versions

The full text of the Quality Standards and all Appendices is available in a PDF version. A self-assessment form is available in Excel, and it is recommended that this is used by commissioners and service providers when considering their compliance with the Standards. The Excel version has the following advantages:

- The spreadsheet includes a 'CQC' tab. This updates automatically when a self-assessment is completed, and allows services to see, and demonstrate, the extent to which they are achieving the CQC Key Lines of Enquiry. The devolved nations may have different regulatory frameworks in place but these QS can still be mapped to other frameworks to provide additional assurance to commissioners of services.
- Additional columns can be used for subsequent self-assessments, enabling progress to be seen without losing earlier information.

When using the Excel spread sheet it is useful to know the following:

- If the tabs at the bottom of the spreadsheet do not appear, please minimise the spreadsheet and then maximise it again and the tabs should be there.
- 'Alt' and 'Enter' (together) allows you to put a new line within an Excel cell.

The PDF version includes appendices 1 to 4 which are not included in the Excel version.

Pathway

These Quality Standards are based on the QRS Generic Patient Pathway Quality Standards (Version1) which have been supplemented by the Royal College of Paediatrics and Child Health Curriculum for Paediatric Training Community Child Health (September 2010; Revised April 2015)

These Quality Standards focus on the following community child health services:

- a. Child public health
- b. Behavioural paediatrics
- c. Safeguarding
- d. Care of children with neurodisabilities

Examples of common behavioural problems include temper tantrums, sleep problems, the crying baby, feeding difficulties, oppositional behaviour, enuresis, encopresis and school refusal.

Neurodisability is an umbrella term for conditions associated with impairment involving the nervous system and includes conditions such as cerebral palsy, autism and epilepsy; it is not uncommon for such conditions to co-occur. Children with a neurodisability have a range of impairments but many have complex and continuing need and as a result are frequent users of the health service at all levels, community, primary care inpatient and outpatient settings (*NHS standard contract for paediatric neurosciences- neurodisability 2013*)

Some children will fall into more than one of the categories and should be cared for holistically rather than within one diagnostic group.

These Quality Standards exclude:

- General paediatrics: The contribution of community child health services to general paediatric services and the general paediatric competences which those working in community child health services are expected to have and to maintain.
- Sub-specialty conditions: The contribution of community child health services to specialist services for children with sub-specialty conditions (for example, cardiology, dermatology, neonatology, palliative care)

Throughout the Quality Standards the term 'children and their families' is used to refer to babies, children and young people and their families and carers. Throughout the Quality Standards the term 'carer' applies to both family carers and paid carers or support workers.

Links with Other Quality Standards

The Quality Standards for the Community Child Health Service Pathway should sit within organisations' overall clinical governance arrangements. The QRS Clinical Governance Quality Standards describe the clinical governance arrangements which should be in place. Compliance in NHS provider organisations will usually be assured through other external mechanisms including internal and external audit, royal college reviews and inspections from regulatory bodies. Non-NHS organisations may wish to use the QRS Clinical Governance Quality Standards to assure themselves of the robustness of their overall clinical governance arrangements.

Quality Standards for the Community Child Health Service Pathway link with other many other pathways and QRS Quality Standards in particular those for:

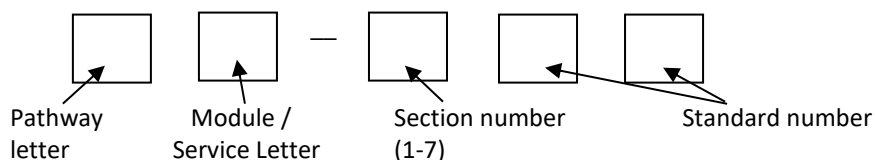
- a. The Towards Children and Young People's Emotional Health and Well-Being Quality Standards

- b. Urgent Care (covering Urgent Care Centres, Ambulance Services, Emergency Department, Acute Medical and Surgical Admissions Unit)
- c. Eye Care Pathway Quality Standards
- d. Care of the Critically Ill and Injured Child

Structure of the Quality Standards

QRS Quality Standards Reference Structure

QRS Quality Standard reference numbers have the following structure:



Each Standard is structured as follows:

Reference Number (Ref)	<p>This column contains the reference number for each Standard, which is unique to these Standards and is used for all cross-referencing. Each reference number is composed of two letters and three digits (see above and below for more detail).</p> <p>The reference column also includes a guide to how the Standard will be reviewed:</p> <table border="1" data-bbox="612 981 1214 1400"> <tr> <td>BI</td> <td>Background information</td> </tr> <tr> <td>Visit</td> <td>Visiting facilities</td> </tr> <tr> <td>MP&S</td> <td>Meeting service users (children, young people, adults) and staff</td> </tr> <tr> <td>CNR</td> <td>Case note review or clinical observation</td> </tr> <tr style="background-color: #e0f0ff;"> <td>Doc</td> <td>Documentation should be available. Documentation may be written or be in the form of a website or other social media</td> </tr> </table> <p>The shaded area indicates the approach that will be used to reviewing the Quality Standard. APPENDIX 4 summarises the evidence needed for review visits.</p>	BI	Background information	Visit	Visiting facilities	MP&S	Meeting service users (children, young people, adults) and staff	CNR	Case note review or clinical observation	Doc	Documentation should be available. Documentation may be written or be in the form of a website or other social media
BI	Background information										
Visit	Visiting facilities										
MP&S	Meeting service users (children, young people, adults) and staff										
CNR	Case note review or clinical observation										
Doc	Documentation should be available. Documentation may be written or be in the form of a website or other social media										
Quality Standard (QS)	<p>This describes the quality that services are expected to provide.</p>										
Notes	<p><i>The notes give more detail about either the interpretation or the applicability of the Standard.</i></p>										

Pathway and Service Letters:

The Community Child Health Service Standards use the pathway letter P. The Standards are in the following sections:

PK-**	Community Child Health Service	These Standards are applicable to services whose prime function is providing community child health services: a. Child public health b. Behavioural paediatrics c. Safeguarding d. Care of children with neurodisabilities
PZ-**	Commissioning	These Standards are applicable to services commissioned by health and social care.

Topic Sections:

Each section covers the following topics:

-100	Information and Support for Patients and Carers
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

Within each section, each Standard has a unique two digit number. These are not always sequential, to ensure that similar standards in different pathways have the same two digit number.

The Quality Standards are cross-referenced to the British Standards Institution PAS16:16 and the Care Quality Commission Key Lines of enquiry in **APPENDIX 2** .

Comments on the Quality Standards

The Quality Standards will be revised as new national guidance becomes available and as a result of experience of their use in peer review. Comments on the Quality Standards are welcomed and will be taken into account when they are updated. Comments should be sent to qrs@nhs.net

More information about QRS and its Quality Standards and reviews is available at www.qualityreview servicewm.nhs.uk or 0121 612 2146.

Return to [Index](#)

Quality Standards: Community Child Health Services

Ref	Standard					
Information and Support for Patients and Carers						
PK-101 <table border="1" data-bbox="209 533 288 703"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Service Information</p> <p>Each service should offer children and their families written information covering:</p> <ol style="list-style-type: none"> Organisation of the service, such as opening hours and clinic times Staff and facilities available How to contact the service for help and advice, including out of hours <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of the children and families, including developmentally appropriate information for young people and people with learning disabilities. Information for young people should meet the 'Quality Criteria for Young People Friendly Health Services' (DH, 2011).</i> <i>Information may be in paper or electronic/e-learning formats or in the form of a website or other social media. Guidance on how to access information is sufficient for compliance so long as this points to easily available information of appropriate quality. If the information is provided only in individual patient letters, then examples will need to be seen by reviewers.</i> <i>This may be general Trust-wide (or equivalent) information. If so, services or clinics which are specific to one condition should be clearly identified. If the information is provided only in individual patient letters, then examples of these will need to be available to reviewers.</i> <i>Information may be combined with condition-specific information (QS PK-102) and should be clear about information carers can receive with and without the patient's permission.</i>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
<p>PK-102</p> <table border="1" data-bbox="209 277 292 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Condition-Specific Information</p> <p>Information for children and their families should be available covering, at least:</p> <ol style="list-style-type: none"> Brief description of their condition and its impact Possible complications and how to prevent these Pharmacological and non-pharmacological therapeutic and rehabilitation interventions offered by the service Possible side-effects of therapeutic and rehabilitation interventions Symptoms and action to take if unwell DVLA regulations and driving advice (if applicable) Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health The promotion of mental and emotional health, well-being and resilience Sources of further advice and information <p>Information should cover common:</p> <ol style="list-style-type: none"> Behavioural difficulties Neurodisabilities <p><i>Notes:</i></p> <ol style="list-style-type: none"> As QS PK-101 notes 1 and 2. Information may be combined with service information (QS PK-101). Examples of common behavioural problems include temper tantrums, sleep problems, the crying baby, feeding difficulties, oppositional behaviour, enuresis, encopresis and school refusal.
BI						
Visit						
MP&S						
CNR						
Doc						
<p>PK-103</p> <table border="1" data-bbox="209 1120 292 1296"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Care Plan</p> <p>Each child and, where appropriate, their family/carer should discuss and agree their Care Plan, and should be offered a written record covering at least:</p> <ol style="list-style-type: none"> Agreed goals, including life-style goals Self-management Planned therapeutic and/or rehabilitation interventions (if any) Early warning signs of problems, including acute exacerbations, and what to do if these occur Planned review date (if required) and how to access a review more quickly, if necessary Who to contact with queries or for advice <p><i>Notes:</i></p> <ol style="list-style-type: none"> The Care Plan may take many forms, including diagrams, clinic letters or CPA documents. Some children and young people may also have a 'Looked After Children' Common Assessment Framework or a Social Services Care Plan. Children and young people should ideally have one Care Plan. Where more than one plan is essential, these should be linked and consistent. Potential side-effects of planned therapeutic interventions are covered in QS PK-102 but may be included in the Care Plan.
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
PK-104 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Review of Care Plan <p>A formal review of the child’s Care Plan should take place as planned and, at least, six monthly. This review should involve the child, their family, and appropriate members of the multi-disciplinary team. The outcome of the review should be communicated in writing to the family and their GP.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. As QS PK 103 notes 1 &2. 2. A more frequent or longer review duration may be appropriate in some services where there are specific clinical indications for specialist review at these times. 3. This QS does not apply if a formal review of the Care Plan is not required.
BI						
Visit						
MP&S						
CNR						
Doc						
PK-105 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Contact for Queries and Advice <p>Each child and family should have a contact point within the service for queries and advice. If advice and support is not immediately available, then the timescales for a response should be clear. Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented.</p> <p><i>Note: The response by the end of the next working day means a response by, or following discussion with, a health or social care professional. It does not mean that a particular health or social care professional involved in the individual’s care will respond by the end of the next working day.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
PK-106 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Education, Health and Care Plan <p>An Education, Health and Care Plan (EHC) should be agreed with each child or young person covering, at least:</p> <ol style="list-style-type: none"> a. School attended b. Care required while at school including medication c. Responsibilities of carers and of school staff d. Likely problems and what to do if these occur, including what to do in an emergency e. Arrangements for liaison with the school f. Review date and review arrangements <p><i>Note: ‘School’ refers to nursery, school or college and this QS is applicable to all children and young people in full-time education.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
PK-107 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Communication Aids <p>Communication aids should be available to enable children or young people to participate as fully as possible in decisions about their care.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. Communication aids should be appropriate to the needs of the children including developmentally appropriate aids for young people and people with learning disabilities. 2. Access to interpreter services is covered at QS PK-197.
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
<p>PK-195</p> <table border="1" data-bbox="209 277 293 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Transition to Adult Services and Preparation for Adult Life</p> <p>Young people approaching the time when their care will transfer to adult services should be offered:</p> <ol style="list-style-type: none"> Information and support on taking responsibility for their own care The opportunity to discuss the transfer of care with paediatric and adult services A named coordinator for the transfer of care A preparation period prior to transfer Written information about the transfer of care including arrangements for monitoring during the time immediately afterwards Advice for young people going away from home including: <ol style="list-style-type: none"> registering with a GP how to access emergency and routine care how to access support from their specialist service communication with their new GP <p><i>Notes:</i></p> <ol style="list-style-type: none"> A Child or Young Person's Transition Plan may incorporate or be incorporated into a Discharge Plan (QS PK-196). For example, 'Ready Steady Go' transition programme provides additional information on transition to adult services and preparation for adult life. Other programmes may be equally applicable Service guidelines on transition to adult services are covered in QS PK-595. Arrangements should comply with national guidance for Looked After Children - Preparing for independence https://www.nice.org.uk/guidance/ph28
BI						
Visit						
MP&S						
CNR						
Doc						
<p>PK-196</p> <table border="1" data-bbox="209 1173 293 1352"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Discharge Information</p> <p>On discharge from the service, children and their families should be offered written information covering at least:</p> <ol style="list-style-type: none"> Care after discharge Return to normal activities Ongoing self-management of their condition Possible complications and what to do if these occur Who to contact with queries or concerns
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
<p>PK-197</p> <table border="1" data-bbox="209 277 292 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>General Support for Children and Families</p> <p>Children and families should have easy access to the following services and information about these services should be easily available:</p> <ol style="list-style-type: none"> Interpreter services, including British Sign Language Independent advocacy services Complaints procedures Social workers Benefits advice Mental health and emotional well being Spiritual support HealthWatch or equivalent organisation Relevant voluntary organisations providing support and advice <p><i>Notes:</i></p> <ol style="list-style-type: none"> As QS PK-101 note 1. This QS is about signposting to relevant services. The actual services available may be different in different areas. Availability of support services should be appropriate to the case mix and needs of children and their families. Information should explain children and families' rights under the NHS Constitution.
BI						
Visit						
MP&S						
CNR						
Doc						
<p>PK-198</p> <table border="1" data-bbox="209 1023 292 1200"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Carers' Needs</p> <p>Carers should be offered information on:</p> <ol style="list-style-type: none"> How to access an assessment of their own needs What to do in an emergency Access to a Carers' Programme (if appropriate) Services available to provide support <p><i>Notes:</i></p> <ol style="list-style-type: none"> Support for carers may include carers' breaks, emergency response, respite care, support for children in the family and cognitive and behavioural therapy, usually accessed through primary care-based psychological therapy services. The Carers' Programme should cover at least: carers' health, support available and how to get help.
BI						
Visit						
MP&S						
CNR						
Doc						
<p>PK-199</p> <table border="1" data-bbox="209 1514 292 1691"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Involving Children and Families</p> <p>The service should have:</p> <ol style="list-style-type: none"> Mechanisms for receiving regular feedback from children and families about treatment and care they receive Mechanisms for involving children and families in decisions about the organisation of the service Examples of changes made as a result of feedback and involvement of children and families <p><i>Note: The arrangements for receiving feedback from children and families may involve surveys, including the national patient survey, focus groups and /or other arrangements. They may involve Trust-wide arrangements so long as issues relating to the specific service can be identified.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
Staffing						
PK-201 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #4F81BD; color: white;">BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Lead Clinician</p> <p>A nominated lead clinician should have responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead clinician should be a registered healthcare professional with appropriate specialist competences in this role and should undertake regular clinical work within the service.</p> <p><i>Note: Integrated health and social care services may be led by a registered social care professional.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
PK-202 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #4F81BD; color: white;">BI</td></tr> <tr><td>Visit</td></tr> <tr><td style="background-color: #4F81BD; color: white;">MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td style="background-color: #4F81BD; color: white;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Staffing Levels and Skill Mix</p> <p>Sufficient staff with appropriate competences should be available for the:</p> <ol style="list-style-type: none"> a. Number and usual case mix of children and families usually cared for by the service b. Service’s role in the pathway of care and expected timescales c. Assessments and therapeutic and/or rehabilitation interventions offered by the service d. Use of equipment required for these assessments, therapeutic and/or rehabilitation interventions e. Urgent review within agreed timescales <p>An appropriate skill mix of staff should be available including medical, nursing, allied health professionals, social care professionals, support workers and other staff required to deliver the range of assessments and therapeutic and/or rehabilitation interventions offered by the service. Cover for absences should be available so that the pathway of care is not unreasonably delayed, and outcomes and experience are not adversely affected, when individual members of staff are away.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. A clear methodology should, ideally, be used to determine appropriate staffing levels and skill mix. Staff should have time allocated for their role in the service but roles may be part-time and staff may be shared with other services. 2. Any specialist nurses should have completed an appropriate post-registration (LBR) education programme. 3. Healthcare support workers should normally have, or be working towards, relevant qualifications. 4. Reviewers should be concerned about the availability of staff with appropriate competences rather than management arrangements.
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
PK-203 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Service Competences and Training Plan</p> <p>The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place. The competence framework and training plan should ensure appropriate staff are available to meet the needs of the usual case mix of children and young people for the service covering, at least, competences in:</p> <ol style="list-style-type: none"> a. Child public health b. Assessment and management of children with behavioural difficulties including recognising, responding to and ensuring effective management of behavioural, emotional and psychosocial aspects of illness in children and young people c. Safeguarding including: <ol style="list-style-type: none"> i. understanding of safeguarding and vulnerability in children ii. identification of children and families who may benefit from early help and support iii. understanding of holistic approaches for the care of vulnerable children and families ('Think Family' concept) iv. assessment of children where safeguarding concerns have been raised v. liaison with and advising other agencies on safeguarding cases d. Assessment and management of children with neurodisabilities e. Roles, responsibilities and local arrangements for meeting the needs of Looked After Children f. Meeting the particular needs of asylum seekers, refugees, travelling families, Forces families and young carers g. Resuscitation h. Use of equipment (QS PK-402) <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>This QS is about the needs of the service and cannot be met solely by individual staff appraisals and personal development reviews (PDRs). Appraisals and PDRs are sufficient for maintenance of competence. Details of individual appraisals and PDRs are not required. Reviewers may, however, request information about specific aspects of relevance to the service, in particular, where a therapeutic intervention or activity is undertaken rarely and/or where competence may not be maintained by the individual's usual clinical practice.</i> 2. <i>For compliance with this QS the service should provide:</i> <ol style="list-style-type: none"> a. <i>A matrix of the roles within the service, competences expected and approach to maintaining competences</i> b. <i>A training and development plan showing how competences are being achieved and maintained.</i> 3. <i>Training may be delivered through a variety of mechanisms, including e-learning, Trust-wide training and departmental training.</i> 4. <i>Further guidance on competences needed is available from the Royal College of Nursing or Skills for Health www.skillsforhealth.org.uk. The Coventry and Warwickshire Children and Young People's Interactive Competency Framework may be helpful in achieving this QS and can be found at http://www.covandwarkschildcomps.org.uk</i>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard
PK-204 BI Visit MP&S CNR Doc	Resuscitation Staffing <p>The service should define the level of staff with resuscitation training required whenever children are present in the service and should audit achievement of the agreed staffing regularly.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>The Royal College of Paediatrics and Child Health recommends one member of staff with competences in leading a resuscitation and one with competences in supporting a resuscitation. Further detail of these competences is given in the QRS Quality Standards for the Care of Critically Ill and Critically Injured Children.</i> <i>A policy on the level of resuscitation training required and a recent audit of compliance with the policy are required to demonstrate compliance with this QS.</i>
PK-209 BI Visit MP&S CNR Doc	Clinical Supervision <p>All healthcare professionals should be offered regular clinical supervision appropriate to their role at least quarterly. This should include 'safeguarding supervision'.</p>
PK-299 BI Visit MP&S CNR Doc	Administrative, Clerical and Data Collection Support <p>Administrative, clerical and data collection support should be available.</p> <p><i>Note: The amount of administrative, clerical and data collection support is not defined. Clinical staff should not, however, be spending unreasonable amounts of time which could be used for clinical work on administrative tasks.</i></p>
Support Services	
PK-301 BI Visit MP&S CNR Doc	Support Services <p>Timely access to an appropriate range of support services should be available including:</p> <ol style="list-style-type: none"> Public health Education Social services General paediatric services Specialist learning disability services Child and Adolescent Mental Health Services Children's palliative care service <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Timely is not strictly defined but should ensure that pathways of care are not unreasonably delayed and the service's timescales for assessments and therapeutic and/or rehabilitation interventions are not unreasonably delayed. Specific indications for referral to, and timescales for response by, support services may be agreed. Support services include imaging, pathology, pharmacy and other services relevant to the particular pathway. Ancillary services such as porters, security and cleaning should be included where they are specifically relevant to the service provided or the case mix of children and families.</i> <i>Access to medical and surgical specialist teams will also be required, for example, orthopaedics, ophthalmology, cardiology haematology and rheumatology, depending on the case mix of children and young people.</i>

Ref	Standard					
Facilities and Equipment						
<p>PK-401</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr style="background-color: #e1eef6;"><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Facilities</p> <p>Facilities available should be appropriate for the assessments, therapeutic and/or rehabilitation interventions offered by the service for the usual number and case mix of children and families.</p> <p><i>Note: Required facilities and equipment are not strictly defined but should be appropriate for the usual number and case mix of children and families cared for by the service.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>PK-402</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr style="background-color: #e1eef6;"><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available. Equipment should be appropriately maintained. All equipment, including resuscitation equipment, should be checked in accordance with Trust (or equivalent) policy</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>As QS PK-401.</i> 2. <i>Timely is not strictly defined but availability of equipment, including consumables, should not unreasonably delay pathways of care or adversely affect outcomes and experience for children and families.</i> 3. <i>Arrangements for training staff on the use of equipment and ongoing assessment of competence (QS PK-203).</i>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>PK-499</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr style="background-color: #e1eef6;"><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>IT System</p> <p>IT systems should:</p> <ol style="list-style-type: none"> a. Store, retrieve and transmit patient information for client administration, clinical records and outcome information b. Provide mechanisms for the collection of other data to support service improvement, audit and revalidation c. If used to deliver online consultations, assessments and therapeutic interventions, meet audit and governance requirements. d. All clinical staff should be able, electronically and securely, to communicate person-identifiable data to other services involved in the client’s care. e. Business continuity plans should be in place covering potential IT systems failure, including arrangements for access to clients’ records. <p><i>Note: IT and records systems should be accessible and integrated to avoid duplicate entry of patient data.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
Guidelines and Protocols						
<p>PK-501</p> <table border="1" data-bbox="209 376 292 555"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Assessment Guidelines</p> <p>Guidelines on assessment should be in use covering the usual case mix referred to the service covering, at least, children with:</p> <ol style="list-style-type: none"> a. Behavioural difficulties b. Safeguarding concerns c. Neurodisabilities <p>Guidelines should be specific about family involvement in assessments and about the arrangements for multi-disciplinary and multi-agency discussion and agreement of assessments. Guidelines should also be specific about the arrangements for assessment of Looked After Children.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>Guidelines should be clear about the arrangements for assessment and management of children with multiple problems.</i> 2. <i>All children and families may be vulnerable and deserve the highest possible quality of care. Some groups of children and families are, however, particularly vulnerable and may be less able than others to voice their wishes and any concerns. These people need extra consideration. These groups include looked after children, people with learning disabilities, mental health problems, victims of neglect or of sexual or domestic violence.</i> 3. <i>Guidelines should be based on national guidance, including NICE guidance, and the commissioned local pathway and should be localised to show how national guidance will be implemented in the local situation. Use of national guidance without consideration of local implementation is not sufficient for compliance with this QS.</i> 4. <i>The safeguarding policy should be consistent with the locally agreed Safeguarding Policy (QS PZ-501 and should include specific consideration of the needs of children and young people. The safeguarding policy links with the requirements of QSs PK-501, PK-502 and PK-608 in relation to the assessment and management of individual children and families.</i>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>PK-502</p> <table border="1" data-bbox="209 1368 292 1547"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Clinical Guidelines</p> <p>Guidelines on management of the usual case mix of children referred to the service should be in use covering, at least:</p> <ol style="list-style-type: none"> a. Therapeutic and/or rehabilitation interventions offered by the service b. Monitoring and follow up c. Arrangements for liaison with other services <p>Guidelines should cover, at least, children with:</p> <ol style="list-style-type: none"> i. Behavioural difficulties ii. Safeguarding concerns iii. Neurodisabilities <p><i>Notes: As QS PK-501.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
<p>PK-595</p> <table border="1" data-bbox="209 277 293 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Transition</p> <p>Guidelines on transition of young people from paediatric to adult services should be in use covering, at least:</p> <ol style="list-style-type: none"> Involvement of the young person and, where appropriate, their carer in planning the transfer of care Involvement of the young person’s general practitioner in planning the transfer Joint meeting between paediatric and adult services in order to plan the transfer Allocation of a named coordinator for the transfer of care A preparation period prior to transfer Arrangements for monitoring during the time immediately after transfer <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>This QS applies only to services where significant numbers of young people transfer from paediatric services. The QS applies to both paediatric and adult service and transition guidelines should be agreed between relevant paediatric and adult services.</i> <i>Transition may be to the care of the general practitioner only, without involvement of specialist services.</i> <i>Guidelines should specifically cover arrangements for students studying away from their local service.</i>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>PK-596</p> <table border="1" data-bbox="209 990 293 1169"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Discharge Guidelines</p> <p>Guidelines on discharge from the service should be in use.</p> <p><i>Note: As QS PK-501. Guidelines should be based on criteria for discharge from the service agreed with commissioners(QS PZ-602).</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>PK-599</p> <table border="1" data-bbox="209 1214 293 1393"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>General Polices</p> <p>Guidelines for the care of vulnerable children and young people should be in use, in particular:</p> <ol style="list-style-type: none"> Consent Restraint and sedation Missing patients Information sharing Mental Capacity Act Deprivation of Liberty Safeguards (services caring for people aged 18 and over) Palliative care End of life care <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>As QS PK-501 notes 1-3</i> <i>Guidelines may be Trust-wide but should specifically cover the needs of children and young people.</i>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
Service Organisation and Liaison with Other Services						
<p>PK-601</p> <table border="1" data-bbox="209 376 292 551"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Operational Procedure</p> <p>The service should have an operational procedure describing the organisation of the service including, at least:</p> <ol style="list-style-type: none"> a. Expected timescales, including for initial assessment, start of therapeutic and/or rehabilitation interventions and urgent review, and arrangements for achieving and monitoring these timescales b. Responsibility for giving information to children and families at each stage of the pathway c. Arrangements for responding to children and families’ queries or requests for advice by the end of the next working day d. Arrangements for follow up of children and families who ‘do not attend’ and information sharing concerns (Qs PK-502 and PK-599) e. Roles and responsibilities for involvement with Education, Health and Care Plans (QS PK-106) f. Arrangements for child death reviews g. Arrangements for liaison with key support services (QS PK-301) h. Arrangements for maintenance of equipment (QS PK-402) i. Responsibilities for IT systems (QS PK-499) j. Governance arrangements for providing consultations, assessments and therapeutic interventions, virtually, in the home or in informal locations. (QS PK-499) <p><i>Note: Details of arrangements may be included in clinical and service guidelines rather than the operational policy, with these guidelines ‘signposted’ from the operational policy.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>PK-602</p> <table border="1" data-bbox="209 1227 292 1402"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Multi-Agency Working</p> <p>Indications and arrangements for multi-agency discussion and care planning of appropriate children and families should be in place covering children with:</p> <ol style="list-style-type: none"> a. Behavioural difficulties b. Safeguarding concerns c. Neurodisabilities <p>Notes:</p> <ol style="list-style-type: none"> 1. <i>These arrangements will vary depending on local geography and organisational structures but should ensure that multi-agency discussion involving appropriate local organisations takes place without delay.</i> 2. <i>The indications and arrangements may be different for children with different types of problem.</i>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
PK-603 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Child Public Health</p> <p>Arrangements should be in place for the service to:</p> <ol style="list-style-type: none"> Advise commissioners on the development of local child health services Contribute to needs assessments and service planning, development and evaluation Advise schools and other relevant organisations on: <ol style="list-style-type: none"> Health promotion and injury prevention activities and programmes Management of common infectious diseases and infestations Management of children with severe allergic problems Screening-related issues, including ethical dilemmas Respond to media interest about child health and child health services <p><i>Notes:</i></p> <ol style="list-style-type: none"> The arrangements will vary depending on local geography and organisational structures. Documentary evidence of compliance should include examples covering all aspects of the QS. Reviewers will, however, be more interested in the arrangements for liaison with commissioners and other local organisations than in the detail of individual issues.
BI						
Visit						
MP&S						
CNR						
Doc						
PK-604 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Screening</p> <p>The service should meet applicable Standards for any screening programmes which the service is commissioned to deliver.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> Relevant Standards are laid down by the Public Health National Service Specifications for screening https://www.england.nhs.uk/commissioning/pub-hlth-res/. Standards for child health eye screening are given in the QRS Eye Care Pathway Quality Standards. Documentary evidence of compliance should be either a screening quality assurance report or a report showing compliance with relevant Standards, and examples of completed audits.
BI						
Visit						
MP&S						
CNR						
Doc						
PK-605 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Immunisations</p> <p>The service should:</p> <ol style="list-style-type: none"> Actively participate in local arrangements for monitoring and reviewing immunisation programmes Contribute to training and auditing for local immunisation programmes Provide advice for parents and relevant professionals regarding children with complex immunisation histories <p><i>Note: Documentary evidence of compliance should include examples covering each aspect of the QS, including examples of completed audits.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
PK-606 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Safeguarding</p> <p>Arrangements should be in place for the service to:</p> <ol style="list-style-type: none"> Contribute actively to local Child Safeguarding overview arrangements Write reports, including police statements, medical reports for social services and court reports Attend relevant case conferences, strategy meetings and court hearings Information sharing <p><i>Notes:</i></p> <ol style="list-style-type: none"> The local multi-agency Safeguarding Policy (QS PZ-501) may be appropriate to demonstrate compliance with this QS so long as it covers the requirements of the QS. This QS links with the requirements of QSs PK-501 and PK-502 in relation to the assessment, management and safeguarding of individual children and families. This QS links with the requirements of QS PK-599 in relation to information sharing.
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
PK-699 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr style="background-color: #4b82c4; color: white;"><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr style="background-color: #4b82c4; color: white;"><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Liaison with Other Services</p> <p>Review meetings should be held at least annually with key support services to consider liaison arrangements and address any problems identified.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>This QS relates to those services with which liaison is particularly important to ensure an efficient, high quality pathway of care. These services should be listed in QS PK-301 but annual review meetings with all services required in QS PK-301 may not be necessary.</i> 2. <i>Meetings may be part of a Trust-wide meeting so long as operational issues specific to the service are discussed. This QS is in addition to day to day liaison arrangements and should involve staff with management responsibility for the service.</i>
BI						
Visit						
MP&S						
CNR						
Doc						
Governance						
PK-701 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #4b82c4; color: white;"><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr style="background-color: #4b82c4; color: white;"><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including:</p> <ol style="list-style-type: none"> a. Referrals to the service, b. Source of appropriateness of referrals c. Number or assessments, urgent reviews and therapeutic and /or rehabilitation interventions undertaken by the service d. Outcome of assessments and therapeutic and /or rehabilitation interventions e. Number of children who 'did not attend' f. Number of discharges from the service and type of care after discharge g. Key performance indicators <p>Data collection should cover:</p> <ol style="list-style-type: none"> i. Child public health ii. Care of children with behavioural difficulties iii. Safeguarding iv. Care of children with neurodisabilities
BI						
Visit						
MP&S						
CNR						
Doc						
PK-702 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr style="background-color: #4b82c4; color: white;"><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Audit</p> <p>The services should have a rolling programme of audit of compliance with:</p> <ol style="list-style-type: none"> a. Evidence-based clinical guidelines (QS PK-500s) b. Standards of record keeping c. Timescales for key milestones on the pathway of care
BI						
Visit						
MP&S						
CNR						
Doc						
PK-703 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr style="background-color: #4b82c4; color: white;"><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr style="background-color: #4b82c4; color: white;"><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Key Performance Indicators</p> <p>Key performance indicators (QS PK-701) should be reviewed at least annually with Trust (or equivalent) management and with commissioners.</p>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
<p>PK-798</p> <table border="1" data-bbox="209 277 293 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for</p> <ol style="list-style-type: none"> Review of and implementing learning from positive feedback, complaints, outcomes, incidents and ‘near misses’ Review of and implementing learning from serious case reviews Review of and implementing learning from published scientific research and guidance Ongoing review and improvement of service quality, safety and efficiency. <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>This QS is about staff within the service learning together. Uni-disciplinary meetings or management meetings are not sufficient for compliance with this QS.</i> <i>Arrangements for MDT review and learning should be formalised and clearly communicated to staff.</i>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>PK-799</p> <table border="1" data-bbox="209 766 293 945"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p> <p><i>Note: Specific documentary evidence of compliance is not required. This QS will be determined from the other documentary information provided. Copies of Trust document control policies are not required.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

Return to [Index](#)

Commissioning

Ref	Standard					
Guidelines and Protocols						
PZ- 501 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Safeguarding Policy <p>The local Safeguarding Policy should include specific consideration of the needs of children and young people.</p> <p><i>Note: This QS links with the requirements of QSs PK-501, PK-502 and PK-608 in relation to the assessment, management and safeguarding of individual children and families.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
Service Organisation and Liaison with Other Services						
PZ-601 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Needs Assessment and Strategy <p>For each patient pathway commissioners should have an agreed:</p> <ol style="list-style-type: none"> Needs assessment Strategy for the development of services to meet local needs across the patient pathway <p>The local strategy should cover, when appropriate, prevention (primary and secondary), assessments, therapeutic interventions, rehabilitation and reablement.</p>
BI						
Visit						
MP&S						
CNR						
Doc						
PZ-602 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Commissioning of Services <p>Services for each patient pathway should be commissioned including, for each service:</p> <ol style="list-style-type: none"> Range of assessments, therapeutic and/or rehabilitation interventions offered by the service Criteria for referral to and discharge from the service Key performance indicators
BI						
Visit						
MP&S						
CNR						
Doc						
Governance						
PZ-701 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Quality Monitoring <p>The commissioner should monitor key performance indicators and aggregate data on activity and outcomes from the service at least annually.</p> <p><i>Note: Clinical Quality Review Meetings are sufficient for compliance with this QS only if there is evidence of discussion of the specific service.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

Return to [Index](#)

APPENDIX 1 Reference Sources

Year	Publisher	Title	Number
2019	NHS England	The NHS Long Term Plan	1
2018	Royal College of Paediatrics and Child Health	The State of Child Health: One Year On	2
2017	Royal College of Paediatrics and Child Health	The State of Child Health Short Report Series: Community paediatrics workforce	3
2017	Care Quality Commission	Key Lines of enquiry, prompts and ratings characteristics for healthcare services	4
2017	NHS England	Five year forward view	5
2016	National Institute for Health and Care Excellence	Transition from children's to adults' services. NG43	6
2015	Public Health England	All Our Health: Personalised care and population health. Updated December 2017	7
2015	Royal College of Paediatrics and Child Health	Curriculum for Paediatric Training Community Child Health: Level 1,2,and 3 training. 2010, Revised and Approved by the GMC April 2015 for implementation from 1st August 2015	8
2014	Health and Social Care Information Centre Academy of Medical Royal Colleges	Standards for the clinical structure and content of patient records	9
2014	Royal College of Paediatrics and Child Health on behalf of contributing organisations	Intercollegiate Document Safeguarding children and young people: roles and competences for health care staff.	10
2013	Health and Social Care Information Centre	Standards for the clinical structure and content of patient records	11
2012	Children and young people's health outcomes forum	Children and young people's health outcomes forum – report of the long-term conditions, disability and palliative care subgroup	12
2012	Royal College of Physicians	Clinical Documentation & Generic Record Standards (CDGRS) Project: Phase 2	13
2012	Healthcare Quality Improvement Partnership	Template for Clinical Audit Clinical Audit policy in place which sets out the principles, roles and responsibilities and practices	14
2011	Department of Health	Quality Criteria for Young People Friendly Health Services	15

The table below shows the links between the Quality Standards and generic guidance documents. Quality Standards without a reference source are based on other QRS Quality Standards, taking into account comments received.

QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents
PK-101	2,4,8	PK-204	4,8	PK-604	4,8
PK-102	1,2, 4,5,7,8,15	PK-209	1,4	PK-605	1,4,8
PK-103	1,2,4,5,7,8,9,11,12, 13	PK-299	3,4	PK-606	3,4,8,10
PK-104	1,2,4,5,7,8,9,11,12, 13	PK-301	4,8	PK- 699	1,4,8,12
PK-105	2,4,8	PK-401	4,15	PK-701	1,2,3,4,8,10,12
PK-106	4,7	PK-402	4,15	PK-702	3,4,9,11,13,14
PK-107	4,	PK-499	3,4	PK-703	3,4
PK-195	1,4,6,8,12	PK-501	4,8	PK-798	4,12
PK-196	2,4,8	PK-502	3,4,8	PK-799	4,9,11,13
PK-197	4	PK-595	1,3,4,6,8,12	PZ-501	3,4
PK-198	4	PK-596	4	PZ-601	2,3,4
PK-199	1,4,15	PK-599	4,8	PZ-602	2,3,4,12
PK-201	3,4,8	PK-601	1,4,8,12	PZ-701	2,3,4,12,15
PK-202	1,2,3,4,8	PK-602	4,8,12		
PK-203	2,3,4,8,10	PK-603	3,4,8		

Return to [Index](#)

APPENDIX 2 Cross-References to British Standards Institution PAS16:16 and Care Quality Commission Key Lines of enquiry

The tables below show with an 'x' where a QRS Quality Standard addresses one of the following:

1. British Standards Institution PAS1616:2016 Healthcare – Provision of Clinical Services Specification

Ref	Requirements for the provision of clinical services
3	Leadership, strategy and management
4	Operational delivery of the clinical service
5	Systems to support clinical service delivery
6	Person-centred treatment and/or care
7	Risk and safety
8	Clinical effectiveness
9	Clinical service users with complex needs
10	Staffing a clinical service
11	Improvement, innovation and transformation
12	Educating the future workforce

2. Care Quality Commission's Key Lines of Enquiry (June 2017)

Ref	CQC Five Key Line of Enquiry
S	Are they safe?
E	Are they effective?
C	Are they caring?
R	Are they responsive?
W	Are they well-led?

Ref	British Standards Institute PAS 1616: 2016 3-12	CQC Five Key of Enquiry Questions																										
		Safe						Effective						Caring			Responsive				Well-Led							
		S 1	S 2	S 3	S 4	S 5	S 6	E 1	E 2	E 3	E 3	E 5	E 6	C 1	C 2	C 3	R 1	R 2	R 3	R 4	W 1	W 2	W 3	W 4	W 5	W 6	W 7	W 8
PK-599	6, 8, 2, 9	x	x					x		x			x	x	x		x											
PK-601	6, 7, 8, 9, 10, 11, 12		x	x		x	x			x				x	x		x	x	x					x	x	x	x	X
PK-602	3, 5, 6, 7, 9	x		x			x	x															x					
PK-603	3, 5, 6, 7, 9			x	x							x			x		x	x					x					
PK-604	3, 5, 6, 7, 9			x	x		x					x	x		x		x	x				x						
PK-605	3, 5, 6, 7, 9			x	x		x					x	x		x		x	x				x						
PK-606	3, 5, 6, 7, 9	x		x	x		x						x									x						
PK-699	6, 9	x		x			x	x															x					
PK-701	3.2, 3, 7, 8,11	x				x	x	x	x														x		x	x	x	x
PK-702	3.2, 3, 7, 8,11					x	x	x	x															x	x	x	x	x
PK-703	3.2, 3, 7, 8,11					x	x	x	x															x	x	x	x	x
PK-798	3.2, 3, 7, 811				x	x	x	x	x												x			x	x	x	x	x
PK-799	5			x																								
PZ-501	3, 5, 6, 7,9																											
PZ-601	3, 6, 7,8,9,10,11			x	x			x				x	x					x	x	x			x		x			
PZ-602	3, 6,7,8,9,10,11			x	x			x				x	x					x	x	x			x		x			
PZ-701	3.2, 3, 7, 8,11					x	x	x	x															x	x	x	x	x

Return to [Index](#)

APPENDIX 3 Glossary of Terms and Abbreviations

Glossary of terms and abbreviations	
Advocacy	Advocacy means to speak up for someone. It is about making things change because people's voices are heard and listened to. It is about making sure that people can make their own choices in life and have the chance to be as independent as they want to be.
BI	Background information to review team.
Carer	Throughout the Quality Standards the term 'carer' applies to both family carers and paid carers or support workers.
CCG	Clinical Commissioning Group.
Commissioner	A commissioner decides how NHS and / or social care resources are spent, with the aim of improving health, reducing inequalities, and enhancing patient experience.
CNR	Case note review or clinical observation.
CQC	The Care Quality Commission is the independent regulator of health and social care in England.
DH	Department of Health.
Doc	Documentation should be available. Documentation may be in the form of a website or other social media.
GP	A GP is a medical doctor, sometimes called a family doctor. They are usually the first-person patients see for their health care, and they help patients to access other services.
HealthWatch	The 'consumer champion' for both health and adult social care and should be the independent, influential and effective local voice of the public on health issues.
LBR	Learning beyond registration.
MP&S	Meeting patients, carers and staff.
Neurodisability	Neurodisabilities are disabilities resulting from congenital or acquired long-term conditions. Neurodisability is an umbrella term for conditions associated with impairment involving the nervous system and includes conditions such as cerebral palsy, autism and epilepsy. Children with a neurodisability have a range of impairments but many have complex and continuing need and as a result are frequent users of the health service at all levels, community, primary care inpatient and outpatient settings (NHS Standard Contract for Paediatric Neurosciences- Neurodisability 2013).
NICE	National Institute for Health and Care Excellence.
NHSLA	NHS Litigation Authority.
NVQ	National Vocational Qualification.
PDR	Performance Development Review.
Provider	A health or social care organisation which provides services to patients.
QRS	Quality Review Service
QS	Quality Standard.
Service provider	See 'Provider'.
Service commissioner	See 'Commissioner'.
'Think Family'	A model that takes into account the whole family and their individual and collective needs with the aim of improving outcomes for parents with mental health problems and their families.
Trust	An NHS Trust, NHS Foundation Trust or other organisation with management responsibility for the service.

APPENDIX 4 Presentation of Evidence for Peer Review Visits

Each Quality Standard reference column includes a box which illustrates how compliance will be reviewed.

Quality Standard reference column	
Background information	This means that the information should be included in the background report or self-assessment.
Visiting facilities	Reviewers will look for the information while they are visiting the service.
Meeting patients, carers and staff	These Standards will be discussed with patient, carers and /or staff as appropriate.
Case note review or clinical observation	A few Quality Standards require reviewers to look at case notes or other clinical information.
Documentation	These are policies, guidelines and other documentation that reviewers will need to see. Documentation may be in the form of a website or other social media.

The following table summarises the evidence needed for each Quality Standard.

QS Ref. No	QS Short Title	Background report		Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit				
PK-101	Service Information		X	X		X	Patient information about the service
PK-102	Condition- Specific Information		X	X		X	
PK-103	Care Plan			X	X		
PK-104	Review of Care Plan			X	X		
PK-105	Contact for Queries and Advice			X		X	
PK-106	School Health Care Plan (Services caring for children and young people only)			X	X		
PK-107	Communication Aids		X	X			
PK-195	Transition to Adult Services			X	X		
PK-196	Discharge Information			X	X		
PK-197	General Support for Patients and Carers		X	X			
PK-198	Carers' Needs			X			
PK-199	Involving Patients and Carers			X		X	Examples of changes made as a result of feedback
PK-201	Lead Clinician	X					

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
PK-202	Staffing Levels and Skill Mix	X		X		X	Examples of staff rotas
PK-203	Service Competences and Training Plan			X		X	Competence Framework and Training Plan: <ul style="list-style-type: none"> Competence framework describing the competences expected for roles within the service. Training and development plan to show how staff will achieve and maintain competences
PK-204	Resuscitation Staffing			X		X	<ul style="list-style-type: none"> A policy on the level of resuscitation training required and a recent audit of compliance with the policy are required to demonstrate compliance with this QS.
PK-209	Clinical Supervision			X			
PK-299	Administrative, Clerical and Data Collection Support	X		X			
PK-301	Support Services	X		X			
PK-401	Facilities		X				
PK-402	Equipment		X				
PK-499	IT System		X				
PK-501	Assessment Guidelines			X	X	X	Guidelines: Assessment guidelines should be clear about the arrangements for assessment and management of children with multiple problems.
PK-502	Clinical Guidelines			X	X	X	Guidelines: Clinical guidelines
PK-595	Transition			X		X	Guidelines: Transition
PK-596	Discharge Guidelines			X	X	X	Guidelines: Discharge guidelines
PK-599	General Polices			X			Guidelines: Guidelines as defined by the QS

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
PK-601	Operational Policy			X		X	Policy: Operational Policy
PK-602	Multi-Agency Working			X		X	Documentation depends on local arrangements, for example, minutes or reports
PK-603	Child Public Health	X		X		X	Documentary evidence of compliance should include examples covering all aspects of the QS. Reviewers will, however, be more interested in the arrangements for liaison with commissioners and other local organisations than in the detail of individual issues.
PK-604	Screening			X		X	Guidelines: Guidelines as defined by the QS
PK-605	Immunisation			X		X	Documentary evidence of compliance should include examples covering each aspect of the QS, including examples of completed audits.
PK-606	Safeguarding			X		X	Documentation depends on local arrangements, for example, minutes or reports.
PK- 699	Liaison with Other Services			X		X	Documentation depends on local arrangements, for example, minutes of meetings.
PK-701	Data Collection	X				X	Examples of data showing compliance with the QS
PK-702	Audit					X	Audit programme or plan Examples of completed audits, action plans and monitoring
PK-703	Key Performance Indicators			X		X	Documentation depends on local arrangements, for example, minutes or reports
PK-798	Multi-disciplinary Review and Learning			X		X	Documentation depends on local arrangements, for example, minutes of review and learning meetings held within the service
PK-799	Document Control					X	Compliance determined from other documentation presented.

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
PZ-501	Safeguarding Policy			X		X	Policy: Local Safeguarding policy
PZ-601	Needs Assessment and Strategy			X		X	Needs assessment and strategy
PZ-602	Commissioning of Services			X		X	Service Specification
PZ-701	Quality Monitoring			X		X	Documentation depends on local arrangements, for example, minutes of review and learning meetings involving all local services

Return to [Index](#)