

Specialist Assessment Service – Solihull

University Hospitals Birmingham NHS Foundation Trust

Visit Date: 3rd March 2020

Report Date: June 2020



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Introduction

This report presents the findings of the review of the Specialist Assessment Service (Solihull), part of the University Hospitals Birmingham NHS Foundation Trust, that took place on 3rd March 2020. The purpose of the visit was to review compliance with the following Quality Review Service (QRS) Quality Standards:

- Community Child Health Services V1 April 2019

The aim of the standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care, which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit, and the text identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team that reviewed the services. Appendix 2 contains the details of compliance with each of the standards and the percentage of standards met.

This report describes services provided or commissioned by the following organisations:

- University Hospitals Birmingham NHS Foundation Trust
- Birmingham and Solihull Clinical Commissioning Group
- Solihull Council

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches; some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and monitoring their implementation, liaising, as appropriate, with other commissioners, including commissioners of primary care. The lead commissioner in relation to this report is Birmingham and Solihull Clinical Commissioning Group.

About the Quality Review Service

QRS is a collaborative venture between NHS organisations to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews (often through peer review visits), producing comparative information on the quality of services, and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of QRS is available at www.qualityreview servicewm.nhs.uk

Acknowledgments

QRS would like to thank the staff at the Solihull Specialist Assessment Service for their hard work in preparing for the review and for their hospitality and helpfulness during the course of the visit. We also express our thanks to the parents who met with the review team.

Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

Solihull Specialist Assessment Service

The Specialist Assessment Service (SAS) was part of the community services directorate at University Hospitals Birmingham NHS Foundation Trust. It provided assessment, diagnosis and support for children and young people from birth to the age of 18 with complex medical and developmental needs or whose difficulties might indicate an Autism Spectrum Disorder (ASD). For children with complex medical needs, the team also provided coordinated therapeutic work to meet their needs.¹

The SAS team, based at the Chelmsley Wood Primary Care Centre, was established in 2003 and comprised a number of specialist staff including: a clinical lead (AHP); a child and adolescent psychiatrist; consultant paediatrician; clinical psychologist; child and adolescent psychotherapist; learning disability nurse; speech and language therapists; specialist occupational therapists and administrative staff.

There was a commissioned ASD pathway in place, with children being accepted onto the waiting list in referral date order, and the team had adopted a case lead model with each assessment individually planned in conjunction with the child or young person and their family.

In 2014, the service had developed a clinician-led model, with staff on the team working as specialists in their own professional areas and having increased autonomy to complete assessments and make independent decisions. Any member was able to make a diagnosis, based on a set of assessment criteria.

At the time of the visit, 280 children, on average, were assessed by the team each year (based on a four-year average) - though it should be noted that the team had experienced staffing changes in recent years and at the time of the visit, some members of the team were on long term absence (maternity). All referrals received were screened within two weeks of receipt, and families were informed of the outcome of the screening within a month of the referral letter being received. The team was commissioned to start each assessment 18 weeks from referral date and once the assessment was started, the service aimed to complete the assessment within 13 weeks of the start date. At the time of the visit, the waiting time from referral date to the start of the assessment was 29 weeks, which was a significant reduction on the previous 53 weeks wait during 2019.

The team worked in partnership with the education service. Members of the team attended the Specialist Educational Needs and Disabilities (SEND) Board and SEND strategy group, and the team worked with the Specialist Inclusion Support Service (SISS), other health care teams including SOLAR Solihull (the emotional wellbeing and mental health service for patients aged 0 to 19 years), paediatricians, educational psychologists, and social care services.

The team worked closely with the lead commissioner to monitor the service and there were regular meetings with the commissioner to review service performance data.

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¹ Note – the review only looked at the assessment service. Services for children with complex medical problems were not within the scope of the review.

Review Findings

Achievements

This was an established team providing a patient-focussed service. The multi-disciplinary team (MDT) worked well together and there was a strong sense of collaboration and good morale amongst team members. Staff were hardworking, committed, dedicated and mutually supportive of each other, taking personal responsibility for the care they provided whilst respecting the experience and input of their colleagues.

The team was well led by the clinical lead, and team members reported that they felt well supported by her.

Patient feedback was very positive and parents were keen to commend specific team members for the support that had been provided to their children and to them as parents / carers once their referral had been accepted.

The facilities in which the team met patients and families to undertake assessments and provide support was of a high quality, spacious and bright with a number of rooms available for use by staff and patients.

The team worked closely with the lead commissioner to review service performance regularly and had worked very hard to improve their performance on waiting times.

Good Practice

1. Reviewers heard that the MDT worked well together and met regularly, providing opportunities for internal challenge. Clinicians respected each other's views, roles and contributions.
2. The team worked collaboratively with external stakeholders, including health care, social care and education services.
3. Team members described how they were supported in their development by their managers, and reviewers heard a number of examples of team members being actively encouraged in their professional and personal development.
4. Reviewers heard that the service had developed, and been successful in receiving approval of, business cases to support its development.
5. The team had worked hard to ensure that there had been improvement in waiting times for assessments, which in turn had resulted in timely decisions and outcomes for patients and their families.
6. The team was co-located at the Chelmsley Wood Primary Care Centre. This facilitated appropriate discussions between team members and supported effective teamwork.
7. The team was well resourced, and the size and skill mix of the team was good for the number of referrals that were being made to the service. The team had been able to respond flexibly to some staff absences at the time of the review.
8. Reviewers saw that there was a good range of assessment tools available for patients over six years of age.
9. Efforts had been made by the team to ensure that some patient information was available in 'easy read' format, and reviewers heard of additional support that had been provided by the team for a family with additional learning needs in order to adapt the documentation explaining the assessment process to include pictures.
10. Reviewers noted that there were sensory boxes in each of the rooms used by patients and families, enabling children to play, learn and relax whilst waiting for their assessments.

11. A self-referral system was in place for families, which reviewers felt was an excellent example of a responsive and patient-focussed service. Patients were signposted to this from their GP practice.
12. In preparation for the review, the team had taken time out to reflect on the service, and had developed a 'post it' wall of ideas for the review team to understand how they, as a team, viewed their service. This was a good example of teamwork, reflecting together on how they felt about the quality of the service that they provided for patients and their families.

Immediate Risks

No immediate risks were identified at the time of the visit.

Concerns

1. Case lead model governance framework

Reviewers heard that in 2014, the team had implemented a new 'case lead' model for assessments, meaning that staff would not always undertake assessments in pairs but could lead as autonomous clinicians and consulted with colleagues in the team when needed. The review team supported the concept of this approach, but had some concerns regarding the governance framework that underpinned it:

- a. Role and professional competences – NICE guidance requires a 'suitably trained professional' to be responsible for completing an assessment. Although role descriptions were made available to the review team, these were generic. There was no evidence provided that gave assurance that the competences of all the individual team members had been assessed against the clinical case allocation. This means that the service could not provide external assurance that individual practitioners were 'suitably trained' to complete an assessment.
- b. Autism Diagnostic Observation Schedule (ADOS) – the clinician led model enabled an ADOS assessment to be undertaken, and a diagnosis made, by a single practitioner. However, it was unclear how the scoring for these assessments was being monitored and independently reviewed to ensure that scores were not biased and that practice was being moderated. Although structured observations are meant to be objective, personal scoring bias² can still affect ratings. Observers are encouraged to understand their personal bias, as this can be off-set if it is recognised within the outcome. Although in house training was provided, there was no external input to training and it was therefore unclear how robust any challenge on score bias would be.
- c. Robustness of the panel – the initial part of the diagnostic pathway included a specialist panel who reviewed all referrals in order to identify the most appropriate case lead to complete the assessment. However, it was unclear what criteria were being used to make decisions, and reviewers were concerned that there was no consistent checklist that was being routinely used to ensure consistency in the decision-making process.

2. Resuscitation training

Evidence was not provided to give assurance that all members of the team were up to date with their resuscitation training. This was a concern as it is essential that, at all times, staff working in the service have up to date training in at least Basic Life Support.

² Personal bias refers to the experience, knowledge of prior diagnoses, knowledge of the implications of a diagnosis, and many other factors that can influence the observations of even the most experienced professional.

Further Consideration

1. Consideration should be given to the implementation of an alternative classification to ICD10 (including DSMV and ICD11 – once released) to ensure that all relevant criteria are considered when making a diagnosis, thereby reducing the potential for patients to be missed. It is also helpful to families to have consistency in terms used more widely in the community – for example, moving away from Asperger's as a diagnosis.
2. Diagnostic data were provided regarding the number of children and young people who were diagnosed following assessment, and these showed conversion rates over 90%, which were recognised as higher than normal by the review team. Reviewers were unable, during the course of the review, to determine why these rates were so high, although it was thought that the comprehensive referral form may act as a screening tool. It is important to have a clear understanding of the high conversion rates, the impact on the panel process, and the approach to ADOS assessments. Consideration should be given to undertaking an external audit in order to provide an understanding of the figures and assurance that decisions, especially in the referral process, are being made appropriately.
3. Although there was some 'easy read' material available for patients, reviewers also heard from parents that some of the written information that they were given was not easily understandable, and, in some cases, had too much 'jargon'. Consideration should be given to reviewing all of the information provided to families to ensure that it is more accessible.
4. Some children and young people were identified by the team as 'under review'. Consideration should be given to ensuring that there was a robust plan in place for providing ongoing support to these patients, and their families, whilst they were 'under review'.
5. Although this was an assessment service and therefore not responsible for transitioning young people to the adult service, it would be helpful to develop some of the patient information that was available to patients and their families to cover the ongoing support provided by the adult service. Reports for young people over the age of 14 should consider recommendations for their transition into adulthood.
6. Reviewers heard from parents that the role of the Special Educational Needs Coordinator (SENCO) was key to ensuring that children received the most appropriate support. Consideration should therefore be given to working with SENCOs to define a minimum specification of outcomes, to improve the consistency of the support being provided by SENCOs to children and their families.
7. Reviewers met a small number of parents who had experienced the Pathological Demand Avoidance (PDA) assessment. Parents told reviewers that the process was confusing and unclear. Consideration should be given to ensuring that this process is communicated more effectively to parents so that they are clear on the steps required.
8. Parents commented that the referral document was very long and repetitive (13 pages). The team should consider whether this could be reviewed; parents should be included in this consultation to ensure that their feedback is incorporated.
9. Although the review team did not look at the IT system in any detail, the SAS team did report that the current systems were slow and not integrated. For example, one person commented that several external clinicians in primary care used SystemOne®; however, they noted that these two seemingly identical systems did not routinely communicate with each other. It would be helpful for this to be reviewed by the Trust IT team. In addition, reviewers felt it would be helpful to review the consent process on SystemOne in order to ensure that there are agreements in place so that staff can access all the information that children and their parents have consented to.
10. Reviewers did not see any evidence of the numbers of complaints / comments received and resolved by the service. It is important that all complaints (formal, informal and locally resolved) are recorded and

regularly reviewed at the MDT, governance and commissioner meetings so that any learning can be implemented.

11. It was unclear to the review team whether the service was well integrated into the wider Trust. It was noted that some links already existed, but the Trust and the service management team will want to develop a stronger awareness of the service in the wider Trust.
12. Although the environment and facilities from which the service was provided were spacious (see earlier achievements section), parents commented that the lighting was not appropriate for children and young people with sensory issues, the signage was poor (for new families), and the waiting area was busy and caused their children some distress. The waiting area just outside the SAS department was shared with adults and was not designed to support children waiting for an appointment. Parents also commented that car parking was difficult.
13. Reviewers noted that the patient information included a telephone contact number. However, there was no reference to any individual or group email address. It is important to ensure that there are different ways to contact the service, and an email address would make the service more accessible to a wider range of parents.
14. Parents reported that it would be helpful if they could be signposted to other services that could provide additional support whilst they were waiting for their initial assessment by the specialist team.

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APPENDIX 1 Membership of Visiting Team

Visiting Team		
Gemma Cartwright	All Age Neurodevelopmental Service Manager, Advanced Occupational Therapist & Sensory Integration Practitioner	Coventry and Warwickshire Partnership NHS Trust
Stephanie Courts	Children's Nurse Consultant and Complex Care Manager	Worcestershire Health and Care NHS Trust
Kate Davis	Patient representative	
Suneeta King	Speech and Language Therapist and Umbrella Pathway Coordinator	Worcestershire Health and Care NHS Trust
Dr Simon Lalonde	Head of Department – Department of Clinical Psychology	University Hospitals of Derby and Burton NHS Foundation Trust
Natalie Langdown	Speech and Language Therapist	Birmingham Community Healthcare NHS Foundation Trust
Dr Rajesh Pandey	Consultant in Paediatrics (Neurodisability)	Sandwell and West Birmingham Hospitals NHS Trust
Sally Woolams	Clinical Manager (Occupational Therapy)	Walsall Healthcare NHS Trust

QRS Team		
Rachael Blackburn	Assistant Director	Quality Review Service
Tim Cooper	Director	Quality Review Service

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APPENDIX 2 Compliance with the Quality Standards

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance also takes no account of 'working towards' a particular Quality Standard. Reviewers often comment that it is better to have a 'No, but', where there is real commitment to achieving a particular standard, than a 'Yes, but' where a 'box has been ticked' but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

Percentage of Quality Standards met

Details of compliance with individual Quality Standards can be found below.

Service	Number of applicable QS	Number of QS met	% met
Specialist Service	33	25	76
Commissioning	4	2	50
Health Economy	37	27	73

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Specialist Service

Ref	Standard	Met?	Comments
PK-101	<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. 	Y	
PK-102	<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 	Y	

Ref	Standard	Met?	Comments
PK-103	<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. 	N/A	This is a diagnostic service and therefore the requirements of this particular standard are not applicable.
PK-104	<p>Review of Care Plan</p> <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>	N/A	This is a diagnostic service and therefore the requirements of this particular standard are not applicable.
PK-105	<p>Contact for Queries and Advice</p> <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>	Y	
PK-106	<p>Education, Health and Care Plan</p> <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"> School attended Care required while at school including medication Responsibilities of carers and of school staff Likely problems and what to do if these occur, including what to do in an emergency Arrangements for liaison with the school Review date and review arrangements 	Y	

Ref	Standard	Met?	Comments
PK-107	<p>Communication Aids</p> <p>Communication aids should be available to enable children or young people to participate as fully as possible in decisions about their care.</p>	Y	
PK-195	<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"> a. Information and support on taking responsibility for their own care b. The opportunity to discuss the transfer of care with paediatric and adult services c. A named coordinator for the transfer of care d. A preparation period prior to transfer e. Written information about the transfer of care including arrangements for monitoring during the time immediately afterwards f. Advice for young people going away from home including: <ol style="list-style-type: none"> i. registering with a GP ii. how to access emergency and routine care iii. how to access support from their specialist service iv. communication with their new GP 	N	Although this service is not responsible for transition of young people to adult services, it is expected that information would be available for teenagers and their families to outline the support that can be provided by the adult service.
PK-196	<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"> a. Care after discharge b. Return to normal activities c. Ongoing self-management of their condition d. Possible complications and what to do if these occur e. Who to contact with queries or concerns 	Y	

Ref	Standard	Met?	Comments
PK-197	<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. 	Y	
PK-198	<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. 	Y	
PK-199	<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. 	Y	
PK-201	<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>	Y	

Ref	Standard	Met?	Comments
PK-202	<p>Staffing Levels and Skill Mix</p> <p>Sufficient staff with appropriate competences should be available for the:</p> <ul style="list-style-type: none"> d. Number and usual case mix of children and families usually cared for by the service e. Service’s role in the pathway of care and expected timescales f. Assessments and therapeutic and/or rehabilitation interventions offered by the service g. Use of equipment required for these assessments, therapeutic and/or rehabilitation interventions h. 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>	Y	

Ref	Standard	Met?	Comments
PK-203	<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> <ul 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: <ul 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) 	N	See Concerns section of main report.
PK-204	<p>Resuscitation Staffing</p> <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>	N	See Concerns section of main report.

Ref	Standard	Met?	Comments
PK-209	<p>Clinical Supervision</p> <p>All healthcare professionals should be offered regular clinical supervision appropriate to their role at least quarterly. This should include 'safeguarding supervision'.</p>	Y	
PK-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p>	Y	
PK-301	<p>Support Services</p> <p>Timely access to an appropriate range of support services should be available including:</p> <ul style="list-style-type: none"> a. Public health b. Education c. Social services d. General paediatric services e. Specialist learning disability services f. Child and Adolescent Mental Health Services g. Children's palliative care service. 	Y	
PK-401	<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>	Y	
PK-402	<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>	Y	
PK-499	<p>IT System</p> <p>IT systems for storage, retrieval and transmission of patient information should be in use for patient administration, clinical records, outcome information and other data to support service improvement, audit and revalidation.</p>	Y	However, the service did indicate that the system was slow.

Ref	Standard	Met?	Comments
PK-501	<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"> Behavioural difficulties Safeguarding concerns 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>	Y	
PK-502	<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"> Therapeutic and/or rehabilitation interventions offered by the service Monitoring and follow up Arrangements for liaison with other services <p>Guidelines should cover, at least, children with:</p> <ol style="list-style-type: none"> Behavioural difficulties Safeguarding concerns Neurodisabilities. 	Y	
PK-595	<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. 	N/A	This service is not responsible for the transition process. However, see PK-195 in relation to availability of documentation for patients and families explaining the transition process.
PK-596	<p>Discharge Guidelines</p> <p>Guidelines on discharge from the service should be in use.</p>	N	No evidence was provided of a discharge guideline.

Ref	Standard	Met?	Comments
PK-599	<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. 	Y	
PK-601	<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"> Expected timescales, including for initial assessment, start of therapeutic and/or rehabilitation interventions and urgent review, and arrangements for achieving and monitoring these timescales Responsibility for giving information to children and families at each stage of the pathway Arrangements for responding to children and families' queries or requests for advice by the end of the next working day Arrangements for follow up of children and families who 'do not attend' and information sharing concerns (Qs PK-502 and PK-599) Roles and responsibilities for involvement with Education, Health and Care Plans (QS PK-106) Arrangements for child death reviews Arrangements for liaison with key support services (QS PK-301) Arrangements for maintenance of equipment (QS PK-402) Responsibilities for IT systems (QS PK-499). 	N	Reviewers did not see any evidence of an operational policy document that covered all the elements of this Quality Standard. Although individual elements of this standard were made available, these were not in a single overarching document.
PK-602	<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"> Behavioural difficulties Safeguarding concerns Neurodisabilities. 	Y	

Ref	Standard	Met?	Comments
PK-603	<p>Child Public Health</p> <p>Arrangements should be in place for the service to:</p> <ul style="list-style-type: none"> a. Advise commissioners on the development of local child health services b. Contribute to needs assessments and service planning, development and evaluation c. Advise schools and other relevant organisations on: <ul style="list-style-type: none"> i. Health promotion and injury prevention activities and programmes ii. Management of common infectious diseases and infestations iii. Management of children with severe allergic problems iv. Screening-related issues, including ethical dilemmas d. Respond to media interest about child health and child health services. 	N/A	This service was not commissioned for delivering the requirements identified in this Quality Standard.
PK-604	<p>Screening</p> <p>The service should meet applicable Standards for any screening programmes which the service is commissioned to deliver.</p>	N/A	This service was not commissioned for delivering the requirements identified in this Quality Standard.
PK-605	<p>Immunisations</p> <p>The service should:</p> <ul style="list-style-type: none"> a. Actively participate in local arrangements for monitoring and reviewing immunisation programmes b. Contribute to training and auditing for local immunisation programmes c. Provide advice for parents and relevant professionals regarding children with complex immunisation histories. 	N/A	This service was not commissioned for delivering the requirements identified in this Quality Standard.
PK-606	<p>Safeguarding</p> <p>Arrangements should be in place for the service to:</p> <ul style="list-style-type: none"> a. Contribute actively to local Child Safeguarding overview arrangements b. Write reports, including police statements, medical reports for social services and court reports c. Attend relevant case conferences, strategy meetings and court hearings d. Information sharing. 	Y	

Ref	Standard	Met?	Comments
PK-699	<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>	Y	
PK-701	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including:</p> <ul 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> <ul style="list-style-type: none"> i. Child public health ii. Care of children with behavioural difficulties iii. Safeguarding iv. Care of children with neurodisabilities 	N	Reviewers did see evidence that some data was being collected and monitored by the MDT, but this was not available for all aspects of this standard.
PK-702	<p>Audit</p> <p>The services should have a rolling programme of audit of compliance with:</p> <ul 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. 	N	Evidence was seen for 'a' and 'b', but not for 'c'.
PK-703	<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>	Y	

Ref	Standard	Met?	Comments
PK-798	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for</p> <ul style="list-style-type: none"> a. Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' b. Review of and implementing learning from serious case reviews c. Review of and implementing learning from published scientific research and guidance d. Ongoing review and improvement of service quality, safety and efficiency. 	N	Although reviewers heard that the MDT met regularly, no evidence (meeting minutes or action plans) was presented to show that the requirements of this Quality Standard were discussed.
PK-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	Y	

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Commissioning

Ref	Standard	Met?	Comments
PZ-501	<p>Safeguarding Policy</p> <p>The local Safeguarding Policy should include specific consideration of the needs of children and young people.</p>	Y	
PZ-601	<p>Needs Assessment and Strategy</p> <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 re-ablement.</p>	N	<p>The relationship between commissioner and service lead was strong with success when presenting business cases. However, reviewers were unable to see a clear needs assessment in place to inform strategy.</p>
PZ-602	<p>Commissioning of Services</p> <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 	Y	
PZ-701	<p>Quality Monitoring</p> <p>The commissioner should monitor key performance indicators and aggregate data on activity and outcomes from the service at least annually.</p>	N	<p>There was clear evidence of a close working relationship between the provider and commissioner. However, evidence (e.g. minutes and agenda's) was not provided to show that formal meetings, where quality data was presented and discussed, had taken place.</p>

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