Back to Facing the Future:

An audit of acute paediatric service standards in the UK

Executive Summary, April 2013

RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

Executive Summary

Background and context

When the Royal College of Paediatrics and Child Health published its 10 standards for acute paediatric care *Facing the Future: A Review of Paediatric Services* (referred to as *Facing the Future*) in April 2011, the Health and Social Care Act was in the midst of its unprecedented 'listening exercise', Andrew Lansley was Secretary of State for Health and the Francis Inquiry had yet to report. At that time, *Facing the Future* was a bold but necessary step forward for a royal college. Its interlocking recommendations - that the number of paediatric inpatient units is reduced and that consultant numbers are increased whilst training numbers decreased to improve patient care - went far beyond the typical reticence of the medical professions to recommend system change.

On page six of *Facing the Future*, the RCPCH committed to audit the 10 standards for acute paediatrics, and this report is delivering on that promise. The purpose of the audit was two-fold. Firstly, to assess compliance against the standards across the UK and, through this process, build up a comprehensive picture of paediatric provision throughout the four nations. Secondly, and perhaps more vitally, the audit intended to assess the impact of the standards themselves.

The audit was carried out over the summer and autumn of 2012, in two stages. The first stage was a general survey of all the UK's acute paediatric units, asking them 32 questions about the 10 standards, and asking them to conduct a retrospective case note analysis on 20 admissions, dating from 1 March 2012. The second stage of the audit was a series of 'deep-dive' visits to 14 units across England, Northern Ireland, Scotland and Wales. These visits involved a series of structured interviews, typically with the clinical lead; nurse or ward manager; and up to two trainee paediatricians.

Findings

When the College published *Facing the Future* in April 2011, we could not have hoped for the impact that the standards have manifestly had on the service since. They have won the hearts and minds of paediatricians, and are being used on a daily basis by them both to reflect on their own practice and also to advocate for better care with their colleagues in hospital management and in clinical commissioning groups. It is a credit to the diligence and dedication of the paediatricians, nurses and other health professionals who work to deliver high quality care for children and young people that most of the time, most of the standards are being met across the UK.

However, this audit has highlighted that these standards are not being met as regularly at weekends and evenings as they are between the hours of 9am and 5pm. At times of peak activity, when one would expect the standard of service to be at its most robust, the most senior, skilled and experienced staff are not always present. It is essential that paediatrics is a 24/7 specialty, and consequently service planners should organise rotas more carefully around the needs of the child. This will require careful job planning, but the principles outlined in *RCPCH guidance on the role of the consultant paediatrician in providing acute care in the hospital* are paramount, and its echo of the Medical Schools Council, Consensus Statement on The Role of the Doctor; that 'the role of the doctor must be defined by what is in the best interests of the patients and the population served'[1].

On some of our unit visits we discovered strong support for the standards which nonetheless sat alongside a belief in some quarters that they could be selectively chosen and concentrated upon. Furthermore, the service is occasionally dependent on informal working relationships

[1] RCPCH (2009) *RCPCH guidance on the role of the consultant paediatrician in providing acute care in the hospital*

rather than robust, standardised network arrangements. These relationships rely on the hard work and commitment of paediatricians to go above and beyond the call of duty, and this seemed widely prevalent. However making things work in adverse conditions also masks the need for urgent reconfiguration of services, to ensure that paediatric services continue to provide the highest quality standards of care, and that children and young people are treated in the right place at the right time.

One of the objectives of the audit was to assess whether data is being collected that demonstrates the quantitative impact that *Facing the Future* standards are having upon outcomes. The successful implementation of *Facing the Future* appears in some instances to have had the unintended consequence of discouraging the measuring of outcomes or self-auditing against the standards. As we have stated, there is an irony that those units which do not meet the standards for whatever reasons, have taken the initiative to ensure that their service is safe and sustainable by implementing robust audit and data collection programmes. It is essential that in those units where the standards are being met, this good practice is mirrored.

Back to Facing the Future highlights many areas where clinical directors and paediatricians can reflect upon in order to continually improve the quality and safety of the service that they provide to meet the standards and, more importantly, ensure that children and young people receive the best possible care. Clearly there is also more work for the College to do in ensuring that the standards are met, but also following up on the implications of this report. As we reported when we first modelled the *Facing the Future* standards, there is no way in which the standards can be met with the current workforce, and with the current number of inpatient units. Children's health services cannot continue in their present form indefinitely. We will continue to look at more innovative models of service provision, providing more care in the community, whilst centralising expertise. The next stage of the *Facing the Future* project will look at developing these models, and how the standards impact on services across the local health economy. Two years is a long time in the NHS, and the next two will be particularly long. The College is committed to supporting it to face the future and ensure that children and young people receive the highest possible standards and outcomes of care.

Audit results summary

Standard 1	In the UK, 77.4% of children or young people admitted to a paediatric department with an acute medical problem are seen by a paediatrician on the middle grade or consultant rota within four hours of admission.
Standard 2	In the UK, 87.7% of children or young people admitted to a paediatric department with an acute medical problem are seen by a consultant paedatrician (or equivalent) within the first 24 hours.
Standard 3	99.2% of UK units have a rota structure which allows every child or young person with an acute medical problem who is referred for a paediatric opinion to be seen by, or have their case discussed with, a paediatrician on the consultant rota, a paediatrician on the middle grade rota or a registered children's nurse who has completed a recognised programme to be an advanced practitioner. In practice, this happens in 95.8% of units.
Standard 4	Of units with SSPAUs, 98.9% have access to a paediatric consultant (or equivalent) opinion throughout all the hours they are open, either in person or by telephone.
Standard 5	94.1% of units have at least one medical handover in every 24 hours led by a paediatric consultant (or equivalent) opinion throughout all the hours they are open.
Standard 6	On weekdays, a paediatric consultant (or equivalent) is present in the hospital during times of self-identified peak activity in 25.6% of units. At weekends, a paediatric consultant (or equivalent) is present in the hospital during times of self-identified peak activity in 20.0% of units.
Standard 7	92.4% of units adopt an attending consultant (or equivalent) system, most often in the form of the 'consultant of the week' system.
Standard 8	Across all rota tiers, 28% have 10 or more WTE.
Standard 9	Averaged across the eight subspecialties considered, 85.3% of units have access to specialist paediatricians for immediate telephone advice.
Standard 10	In 82.5% of units, all children and young people, children's social care, police and health teams have access to a paediatrician with child protection experience and skills of at least Level 3 safeguarding competencies 24 hours a day, seven days a week.

Recommendations

- The College will work further to encourage units to provide better consultant (or equivalent) coverage when they are at their busiest. It is essential that paediatrics is a 24 hours a day, seven days a week specialty, and consequently the service should be organised around the child's needs.

- The RCPCH will continue to have discussions with the Care Quality Commission about how the standards might be applied within a regulatory framework

- The College will continue its invited reviews programme, using the standards published in *Facing the Future* to provide a framework in which quality and safety are maintained in the system.

- Individual units need to improve their data collection around outcomes, and how these are impacted upon by meeting the *Facing the Future* standards.

- The RCPCH will conduct further research on the impact of the standards upon quality, safety and outcomes. *Facing the Future* was built by consensus, and has been accepted by the service as the minimum standard. What is now required is to move beyond that consensus to demonstrate improved outcomes for children and young people.

- The RCPCH urges consultants and trainees to maintain a dialogue around the standards and their impact on training, and ensure that it is not adversely affected.

- Urgent reconfiguration and new models of provision need to be explored, and these interfaces may well form the basis of future College work in the *Facing the Future* series.

- The Strategic Clinical Networks for Children and Maternity in England should make it an urgent priority to reduce the unwarranted variation in care that may well result from such arrangements. Equally, in the other three home nations health trusts will need to work together to ensure that specialty advice is consistently accessible.

- The RCPCH will be following up with units where standard 10 is not being met to ensure that there are adequate child protection arrangements across the UK.

- The RCPCH will continue to look at more innovative models of service provision, providing more care in the community, whilst centralising expertise.

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