

RCPCH Invited Reviews Programme

## Service Review - Summary report

Review of Children's Emergency Services at County Hospital,  
University Hospitals of North Midlands NHS Trust

**January 2017**

**RCPCH**

Royal College of  
**Paediatrics and Child Health**

*Leading the way in Children's Health*

## **Review of Children's Emergency Services at County Hospital**

### **What we found and what we recommend**

In August 2016 services at the Children's Emergency Centre (CEC) at County Hospital Stafford were temporarily suspended following a report from the West Midlands Quality Review Service (WMQRS). The review highlighted serious safety concerns relating to staffing levels and skills at the CEC and found that the arrangements for identifying and managing children with serious medical conditions were not safe. The unit was subsequently closed for a period of five weeks, and a limited service for children's minor injuries only (CMIU) was established in October 2016.

#### **Our remit**

Following the closure of the CEC, the Royal College of Paediatrics and Child Health (RCPCH) was invited to carry out an independent assessment of urgent and emergency care for children in Staffordshire and make a series of recommendations detailing how it can be provided safely and effectively.

#### **About us**

The RCPCH is an independent professional organisation which sets standards of training and service delivery for children's medical services in the UK. We have conducted over 60 reviews of paediatric services across the country since 2012.

#### **About the review**

The review team included two consultant paediatricians, a consultant anaesthetist, an expert children's nurse and a lay reviewer. The review team visited the area twice in September and November 2016 attending both County Hospital (Stafford) and Royal Stoke University Hospital (Stoke), meeting a range of people who work in and with the children's urgent and emergency teams.

We were very keen to hear people's views even though we couldn't meet them in person so we asked people who worked for, or had used the services to complete an online survey which was publicised widely by the Trust and local media. A summary of what we heard is included with the full report.

#### **The future for Children's Emergency Services at County**

The RCPCH recommends that an 'Urgent Care Centre' model is established at County that provides GP-led services for minor injury and illness in children and young people with more serious concerns being diverted to Stoke. This would work alongside urgent and emergency provision for adults. Such a service could be provided largely by specialist nurses and would meet the majority of demand from the local population.

Introducing an urgent care centre would however take some time to recruit and train suitable staff, so other measures are required in the short term to work towards this vision. We therefore recommend that:

- The CEC at County Hospital is **not** reinstated
- The CMIU remains operational alongside ED in the short-term, **BUT**:
  - Nursing cover must be strengthened with Emergency nurse practitioners and advanced paediatric nurse practitioners (APNPs)
  - All clinical staff must have appropriate, up-to-date paediatric resuscitation (i.e. PLS or equivalent). At least one member of staff with advance paediatric resuscitation training (i.e. APLS or equivalent) must be available at all times (as long as the CMIU remains there will be a risk these skills will be required, this can be reviewed if and when an UCC is introduced)
  - Minor illness is proactively managed through 'front door' primary care
  - More serious illness is referred directly to Stoke or New Cross
  - The out-of-hours GP service is promoted and strengthened to support the CMIU
  - GPs across Stafford continue to have rapid access to paediatric telephone advice and next-day local clinics
  - There is absolute clarity about referral and transfer arrangements
  - A number of other 'enabling' actions are also set out as recommendations in the report

### **The current situation**

The review team agrees with the findings of the WMQRS that the Children's Emergency Centre (CEC) at County Hospital was not working safely and supports the Trust's decision to close the service. However the review team do not believe that opening the CMIU has sufficiently addressed these issues and more is required to provide assurance. This is due to a combination of factors, including:

- Lack of availability of senior paediatric and resuscitation expertise throughout the opening times
- Lack of clarity about resource for time-critical transfer
- Uncertainty about prioritisation of care, use of early warning systems and safeguarding training
- Inconsistency about ambulance presentations, clinical responsibilities, operational policies and overall governance

### **The risk of no change**

County hospital has an enthusiastic and committed team, particularly the children's nurses working on CMIU, and a local population who are passionate and dedicated to maintaining local services.

However, the current arrangements cannot continue.

The short term arrangement of re-opening the service as a Children's Minor Injuries Unit has not resulted in any change to the service being delivered – although a programme of

training and rotation has been introduced for nursing staff to develop appropriate skills most of the concerns raised by the WMQRS have not been addressed.

Almost half (45%) of patients are still attending with minor illness and being assessed by CMIU staff, rather than seeing their GP or using children's services at Stoke. This is despite the unit not being set up to safely manage these types of conditions, meaning there remains a risk that more serious conditions will not be identified quickly enough to receive timely and professional care.

Most children who are ill can and should be seen and treated by their pharmacist, health visitor, GP, NHS111, or a children's nurse local to home who is suitably qualified to recognise more serious conditions in children and ensure they are seen quickly by the right healthcare professional.

## **Recommendations**

Our recommendations are designed to provide children's emergency care in the area as safely and effectively as possible with short term recommendations to ensure a safe service right now. Ultimately the aim is to establish an 'Urgent Care Centre' model at County Hospital that provides GP-led services for minor injury and illness in children and young people, with more serious concerns being diverted to Stoke.

This means that rather than losing services in the area, patients will be gaining safer, more appropriate services that meet the needs of children and young people requiring emergency care.

The recommendations below include all the issues that the review team identified during the visits and through studying the documents provided by the Trust. The timescales will need discussion with the clinical teams and Trust management in order to ensure they are achievable and supported by staff; at the core of any activity must be effective public engagement. Patients, families and the public need to be fully involved in service planning and informed of progress.

### Focusing on Children across the Trust (immediately)

- a) Identify a senior level 'champion' for children across the Trust to work with the Children's Hospital Board in for taking forward the recommendations of this review

### Make the current arrangements at County Hospital safe (within 3 months of final report being issued)

- b) All clinical staff must have appropriate, up-to-date paediatric resuscitation training (i.e. PLS or equivalent) and at least one member of staff with advance paediatric resuscitation training (i.e. APLS or equivalent) must be available at all times. There should be a paediatric-specific early warning tool with all CMIU and ED staff trained on its use. All staff must be clear about time critical transfer arrangements until a sustainable alternative model is in place and medical patients no longer routinely attend.
- c) Work with the CCG and primary care to monitor and reduce attendance of medically ill children through:

- GP Advice line to a paediatrician
  - GP (or equivalent) presence in County CMIU
  - Strengthened out of hours service
  - Developing a plan for record-sharing between primary care/out of hours GP and Trust systems
- d) Introduce a receptionist at the County CMIU to free up nursing time for triaging and treating patients
- e) Plan, implement and monitor a clear, penetrating, communication programme with the CCG including:
- Guidance for families to use alternative services for medical problems
  - Guidance for GPs about referrals and the Rapid Access Clinic
  - Guidance for staff about what conditions should and should not be accepted
  - Guidance for staff about emergency ambulance transfers (with WMAS)
  - Installation of consistent signage within and on approach to the site
  - (longer term) Establish a comprehensive programme of engagement of children and families to contribute to service development, communication and monitoring

Developing a longer term sustainable model (within 6 months)

- f) Develop with commissioners a strategy and action plan for urgent and unscheduled care for children **across the whole trust**, towards fully integrated services. This links to the Sustainability and Transformation Plan and compliance with Facing the Future Together for Child Health<sup>1</sup> standards and should include:
- Strengthening links with community children's nurses and GPs so services are more accessible, reducing use of ED for primary care
  - Developing the Hospital at Home teams towards providing a 24 hour service, with focus on both admissions avoidance and early discharge across the service
- g) Develop a 'one team' nursing strategy to encourage learning and development, recognising the challenges for some to accept change, and building a team culture. This could include:
- Rotation both ways across CAU, ED and paediatric medical wards to develop their knowledge and skills,
  - The opportunity to work towards APNP for those that are interested
  - Ensuring children's ED at Stoke is appropriately staffed at busy times
  - Developing the APNP role in County towards long term provision of an UCC
- h) Plan for introduction of a GP Urgent Care Centre at the County Hospital site, staffed with GPs and Advanced Paediatric Nurse Practitioners (APNPs) who can manage both minor injury and minor illness in children

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<sup>1</sup> <http://www.rcpch.ac.uk/improving-child-health/better-nhs-children/service-standards-and-planning/facing-future-together-c-1>

- i) Expand the children's outpatient clinic service at County Hospital to provide additional multidisciplinary services locally for families who require follow up in outpatients

Governance and safeguarding (within 3-6 months)

- j) Review existing governance structures and communication pathways to:
- Ensure risks/issues/trends from County hospital are being appropriately fed up the system
  - Include a standing item at risk and governance meetings relating to children's emergency care at both sites until the recommendations of this review have been addressed
  - Develop Trust-wide protocols and procedures and audit adherence
  - Strengthen documentation of training and skills
- k) Conduct an internal review of child safeguarding across both sites to ensure:
- Trust-wide consistency of indicators,
  - Trust-wide criteria for raising concerns and the process for dealing with them.
  - Consistent safeguarding training arrangements that align with the Intercollegiate guidance
  - Documented achievement of relevant competencies for all staff

The Named Midwife and Stafford Named Nurse may be best placed to carry out this work

- l) The accountability pathway and information sharing arrangements for children who are the subject of child protection concerns presenting at each site must be addressed through the LSCBs and safeguarding team in conjunction with the designated professionals and the CCGs