

RCPCH Invited Reviews Programme

You said, we heard

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

January 2017



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1. Introduction

During the summer of 2016 the children's emergency services at County Hospital, Stafford, were temporarily closed due to concerns over clinical safety raised by the West Midlands Quality Review Service. The RCPCH were invited by University Hospitals of North Midlands NHS Trust (UHNM) to lead an independent review of children's emergency health services in Staffordshire, to help shape the delivery of safe high quality emergency care for children in the future.

The Trust provides care across two main sites - County Hospital (County) in Stafford and Royal Stoke University Hospital (Stoke) in Stoke-on-Trent, which are approximately 18 miles apart. Travel between the two takes around 30-40 minutes by car, or 60-90 minutes by public transport.

2. About the review

Invited Reviews are an independent assessment of a service against agreed terms of reference, in this case RCPCH were asked by UNHM to address the following areas:

- a) Consideration of options and required resources, in terms of staff and environment, to deliver a safe, sustainable emergency service for children across the two hospital sites compliant with current guidelines and anticipated future changes
- b) Barriers to implementation of such a service (e.g. cost, recruitment, ongoing retention of skills) and assessment of their likely impact

The review team comprised two consultant paediatricians, a consultant anaesthetist, a children's nurse consultant, a lay reviewer with expertise in public engagement, and a member of RCPCH staff. The full review process is detailed within the main report of which this document forms Appendix 6. Further details of the RCPCH's approach to reviews can be found on our website (www.rcpch.ac.uk/invitedreviews).

3. Local voices

As part of the review, it was important for us to listen to the experiences and expectations of the people who use or work within the services in Stafford and surrounding areas. We worked closely with UHNM to capture and consider local voices and gain a flavour of how the services were working. We were unable to respond to specific complaints, as this is the responsibility of the trust.

Between October 2016 and January 2017 we:

- ran an online survey which generated 355 responses
- published an email address for direct contact used by approximately 10 people
- met with local patient and public representatives

We have read every written contribution and noted those expressed in the local media and other online forums.

Given the anecdotal nature of many the responses, the survey results are is thematic and qualitative rather than quantitative; it was never our intention to quote individual cases. We reflect the individual opinions and experiences of those who chose to respond but we are cautious about drawing definitive conclusions since respondents are self-selected and not necessarily representative.

Our focus was on how families use the emergency services when a child is unwell, and what arrangements they would want in future would ensure that children receive safe, effective care. We also asked staff to comment on the service, what was good and what could be improved upon given the difficulties in recruiting medical staff with the expertise to provide some of the more complex care.

4. What you told us

The majority of people we heard from live in or around the south of Staffordshire, in the catchment of County Hospital. Parents and carers made up a large proportion of respondents, some of whom had used children's emergency services recently (40%) and some had not (19%). A further 20% were health care professionals including health visitors, community children's nurses, midwives, doctors and paramedics. The remaining respondents had an interest in children's services either through roles such as commissioners and councillors, or because they had friends or relatives with children in the area.

Key themes emerging from the experiences and opinions shared with us are summarised below. Whilst there was naturally some variation between respondents, we were painted a clear picture of a local population who are passionate about their hospital and who can eloquently advocate for the services they feel their families require.

We received a very strong message from the majority of respondents that the growing population in Stafford wants children's emergency services, in some form, at

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the County site, with additional support from a range of healthcare professionals, and enhanced community services to prevent hospital attendances.

“Anaesthetic and Critical Care staff at County do not have regular exposure to ill children and are therefore not competent to deal with an acutely ill child, which might be admitted to County as long as a paediatric A&E service is offered there. It raises wrong expectations in the population about what can really be offered at County for an ill child” (County staff member)

We also picked up on a degree of confusion about which services are currently available and how and when they should be used. This spans not just emergency care, but primary care such as the GP out-of-hours services. UHNM management and its commissioners need to continue to explore with the public and healthcare staff the issues raised in more detail so patients can ‘choose wisely’ and make efficient use of healthcare services.

4.1. What you told us about Children’s Emergency Services at County Hospital

Respondents told us they valued many things about County hospital, including easy access to children’s emergency services that were close to the local population; separate child-friendly facilities and committed, caring and professional staff. They would also like more paediatric-trained healthcare professionals on site, the continued provision of children’s emergency services and increased community and specialist services for children to reduce the need for hospital based care, particularly if that meant travel to Stoke.

a) Location

Almost every respondent made reference to how much they value rapid access to local children’s emergency services. Staff and families emphasised the difficulties of having to travel further to use services in Stoke, whether that was additional time, cost or logistical difficulties of fitting this in with other work or family commitments. Parents in particular were extremely anxious about the availability of services in an emergency should services close at County.

“I cannot drive - the fact that the service was local and therefore accessible was crucial. The staff were calm, caring, reassuring and super-efficient” (parent/carer)

b) Efficiency

Most families said they had received a quick and efficient service at County from triage through to diagnosis and treatment (at both CEC and CMIU), although a minority mentioned lengthy waits to see a healthcare professional.

Staff valued the ability to triage quickly and observe children closely whilst on the unit.

Interestingly, many staff emphasised the value of CEC/CMIU for families in evenings or weekends, when GP services 'are not available'. However we understand GP out of hours services are available at these times, and it is not clear why staff are not directing families to these services.

c) Facilities

Having a child-friendly setting, away from adult ED, with its own entrance is important to the families we heard from, who explained the environment at County helped children feel more comfortable and relaxed.

However some found the space could become crowded during busier periods, and felt it was more tailored to younger children and not adolescents who wanted more appropriate reading material, for example.

“Having taken my eldest to A&E with asthma (before the children centre was available) and him being in a bed opposite an adult vomiting due to alcohol, I feel a dedicated service for children is really important. It is traumatic for a child and the parents when requiring medical assistance. We have an excellent facility”

(parent/carer)

d) Delivery of care

Staff reported that the CEC/CMIU enabled children with minor injuries (e.g. requiring stitches) to be seen away from ED, providing more appropriate care to children and reducing the pressure on adult emergency services.

Many families commented on the continuity of care received both within children's service and between women's and children's services. They told us they had experienced 'co-ordinated' and 'responsive' care, 'thorough investigations' and excellent management of their children's conditions. Some wanted to build on this, with a greater provision of specialist children's services at the hospital to reduce travel; and improved care in the community to help families manage long-term conditions and reduce the need for hospital attendances.

We were also told that transfer of patients to Stoke can be slower than expected, particularly with no resident paediatrician on site, and staff said they would like more robust procedures for transferring children to tertiary centres.

e) Communication

Families said both parents and children are made to feel welcome, calm and reassured on the unit. Concerns are taken seriously and the children's nurses

and paediatricians are good at ensuring care is explained to children. Parents told us they are made to feel supported, that staff listen well and they ensure parents feel fully informed, receiving thorough explanations of their child's care and aftercare.

We did hear that some of the adult doctors and nurses were less experienced at talking to children, and communication there could be improved. Families also

“From start to finish staff were brilliant, very helpful and kept us informed of what was going on. We have never had to wait long using this service which is incredibly helpful with an autistic child.” (parent/carer)

wanted better information about where to receive different types of care. Staff told us there could be communication difficulties between County and tertiary services which were affecting the referral of critically ill children.

f) Staffing

County staff value their colleagues and the team-working atmosphere at the hospital. We heard of caring and professional teams, particularly the nursing staff who told us they were close-knit, welcoming and friendly. This came through from service users as well who described staff as 'welcoming', 'competent', 'caring', 'efficient', 'helpful', 'friendly' and 'professional', and we read many examples of caring and compassionate staff offering support and comfort to families. Respondents also appreciate the retention of this expertise and approach locally although some did note that staff appear overstretched at times.

Staff, families and other stakeholders all told us they would like greater input from paediatricians at County Hospital, with some feeling the service is 'unsafe' without paediatricians on site. They felt this would allow for improved quality of care, increased efficiency, reduced waiting times, and help keep care closer to home. Similarly, there was a desire for more Advanced Nurse Practitioners and children's trained nurses, reducing the need to 'borrow' nurses from adult services. There were also requests to have GPs on site, in and out of hours, for children who do not require emergency care.

4.2. What you told us about Children's Emergency Services at Stoke

Given the focus on the changes at County Hospital, we had significantly less feedback on services at Stoke. However families did tell us of a quick and efficient patient journey, and clear pathways between ED and other services (e.g. children's and women's care). They also praised the attractive surroundings of the Cheetham's centre, and the availability of child friendly facilities, away from adult services. We heard of an 'excellent' full response team waiting to receive children and that staff made parents feel 'heard' and 'understood'

We did hear a number of concerns about the capacity of children's emergency services at Stoke, likely as a result of widely publicised challenges facing the adult ED there, and these have been included in the section below.

4.3. What have the changes in Children's Emergency Services meant for you?

a) Service users (families / parents and carers / children and young people) and other stakeholders

The overwhelming majority of responses from families have focused on the impact of travelling to Stoke for emergency and inpatient services. Many are extremely anxious about what will happen to their children in an emergency and worry that care will not be available locally, believing the changes have put the health of their children child at risk. Parents without access to their own transport worry about the cost they have or may incur, particularly if travelling out-of-hours when public transport is not available, and feel there is inequitable access for the rural population.

Some families have experienced long waiting times and overcrowding at Stoke and other surrounding major EDs. A significant proportion of parents said the reputation of the ED at Stoke made them feel anxious about the service their children would receive there, thinking it would be 'unpredictable' and understaffed. Some families from north Staffordshire also told us they worried changes at County would mean longer waiting times for their local hospital (Stoke). We also heard concerns about under resourcing of emergency services, given the growth of the local population.

“Emergency services in Stoke are **overwhelmed**. Families are moving into Stafford in large numbers, both onto new housing developments as well as the new military housing. **Give us services to cope.**”
(parent/carer)

Significant feedback from families shows that, with the recent changes, they are unclear how and when to take a poorly child to the minor injuries unit at County and when it is necessary to travel to the ED at Stoke, particularly out-of-hours. The majority of respondents feel that they have 'lost' an emergency service at County, indicating they are unclear about what is being provided and where to go for the most appropriate care. Many wanted improved communication from UHNM so that services are properly signposted and changes are communicated effectively.

b) UHNM staff

As with families, staff told us about increased travel time when working at Stoke compared to County, however they were more concerned with the impact these journeys were having on the local population in terms of rapid access to care and travel costs.

Some staff members felt the CEC closure was an improvement to patient safety, with critically dependent services and resources better placed in one location (Stoke). However others had concerns about the levels of staffing at Stoke and their ability to cope with any extra pressure the closure triggered. We were told

“Loss of feeling of cohesive team work within the nursing team, loss of work based self-esteem, loss of feeling of being valued by the Trust I work for.” (County staff member)

that rapid discharge of patients from Stoke had meant patients required subsequent readmission which presumably they believe would not have happened at County.

Some staff feel they are being de-skilled in the medical management of children who require inpatient and emergency care, and others felt that paediatric nurses at Stafford, with the right support, could be up-skilled to serve the local population in a more timely manner.

We heard of a strong clinical team at County which has worked cohesively for a number of years, with a desire to continue to do so; however staff also told us they feel managers are unsupportive and do not listen to them, and that the latest changes have increased stress level and negatively impacted team working.

5. Conclusion

The review team recognises the immense local public interest and anxiety about the future of their paediatric service, and it has been extremely helpful to hear the views of local people alongside the interviews we held with people who work at or with the EDs at both hospitals.

The County site remains a hub for families who are concerned about their child and it is important that a service is maintained at the site that can safely deal with the majority of common paediatric conditions, yet swiftly recognise and transfer those with severe illness.