- 65 had a medical diagnosis and 28 a psychosocial diagnosis
- Commonest medical diagnosis was acute infections (18 out of 65)
- Commonest psychosocial diagnosis was deliberate self-harm (20 out of 28)
- Logistic issues included managing intoxicated patient or offender on the paediatric ward and interdisciplinary communication
- HCP felt the biggest challenges were gaps in knowledge around management of substance abuse, intentional overdose and mental health presentations.
- They reported interface issues with adult and tertiary services especially when a young person between 14–16 years required Paediatric Intensive Care or specialist advice.
- Everyone welcomed training sessions on mental health presentations, substance abuse and suggested topics such as consent and adolescent gynaecology
- We conducted 17 phone interviews, which involved either a parent, or both a parent and an adolescent.
- A prevailing theme was the praise and appreciation they expressed about the services provided on the ward. This included **staff expertise and attitude**.
- The facilities were frequently highlighted as being excellent
- Respondents also expressed their preference to stay on a children's ward rather than an adult ward.
- Only a few respondents expressed dissatisfaction with their child's stay in the paediatric ward.
- Feedback from the training sessions, videos and resource pack has been positive.

Conclusions

- There were around 8 paediatric medical admissions per month in the 14–16 year age group with over two thirds having medical diagnoses and under a third with psychosocial diagnoses
- HCP perceived management of substance abuse and psychological presentations most challenging and reported logistic challenges when seeking tertiary or specialist input for this age group.
- Families were extremely satisfied by staff expertise, staff attitude, ward facilities and expressed a preference to stay on the paediatric rather than adult ward.
- The training package has received positive feedback
- We identified a need for an adolescent lead team and mental health liaison worker on the ward.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

177

DEVELOPMENT OF AN ACUTE GENERAL PAEDIATRICS SERVICE SPECIFICATION AT A MAJOR LONDON TEACHING HOSPITAL

Julia Avery, Navindi Fernandopulle. *St George's University of London*

10.1136/archdischild-2021-rcpch.12

Background Acute general paediatrics is responsible for the care of children (0–18) presenting acutely to hospital, usually

through either the emergency department (ED) or following a GP consultation. In the acute setting patients may be looked after in the emergency department, paediatric assessment units, ambulatory or day care facilities, inpatient wards, operating theatres, intensive care units and outpatient clinics. In a teaching hospital setting, general paediatricians may also have a role co-ordinating care for complex children.

In the last five-ten years, standards from national and regional bodies govern the care provided to patients by general paediatricians. Services and individual practitioners can be called upon to demonstrate how they meet these standards and evidence the quality of care provided, such as at CQC inspection. Relevant documents, however, may be located in multiple places and are not always easily accessible to staff or adequately monitored as part of service governance.

Objectives

- To derive a practitioner focused service specification based on relevant acute paediatric care standards
- To determine local compliance against standards and identify measures needed to achieve compliance
- To plan a robust, practitioner-led methodology for ensuring ongoing compliance and monitoring

Methods Relevant guidance was identified through a variety of search methods: national bodies' websites, expert opinion and liaison with Trust managers to identify standards reported to regulators.

Standards were collated and reviewed amalgamating any areas of duplication and removing those not relevant. The final list was thematically analysed into key areas of practice. An expert group consensus methodology was then used to rate the service performance against these standards.

Results 65 standards of care were identified from six key documents. Thematic analysis identified nine main themes and 16 subthemes.

Using a Red, Amber, Green (RAG) rating system to identify the services' performance against each theme, an action plan was then created, using a plan, do, study, act (PDSA) process to achieve these standards that were then linked to the service governance strategy and to consultant action plans.

It was decided to audit one of the standards with an amber status to assess if it were being met and, if not, why not. There was a 66.6% compliance, monitored across three paediatric wards, and five themes were identified as reasons for it not being met.

Following on from the data collected, further standards not being met will be explored and their Action Plans will continue to be put into place with their progress monitored regularly within departmental governance meetings.

Conclusions The new service specification is used by clinical staff to reflect on practice and outcomes, allowing easy access to relevant standards to guide clinical practice and service development and quality improvement in a strategic and co-ordinated way. The document is a 'living' document, accessible to all clinical team members and external stakeholders.

It will aid planning, commissioning and provision of acute paediatric services and provide a framework against which to audit provision and demonstrate improvement. A similar methodology could be used across the UK.