

## **BEST: the BACCH Essential Standards Toolkit for community child health services (October 2013)**

### **Standards in existence that apply to all services**

BEST, the BACCH Essential Standards Toolkit for Community Child Health Services, was first discussed at the June 2012 council. This list brings together existing standards and cross refers to the relevant national legislation or guidance (in England, though Welsh colleagues have started on a similar quest).

These are essential standards that all community child health services should aim to meet. The full list of references & relevant extracts that services may find helpful are available on the BACCH website.

This is very much a first step, a set of standards that can help to maintain, develop and improve quality of service, and to complement the RCPCH 'Facing the Future' standards. Against each standard, there are suggested measures together with the proposed frequency at which they should be undertaken. We have endeavoured to select measures that are realistic and do not cause excessive burden in data collection.

There are a number of ways by which Community Child Health Services may find the toolkit helpful.

- Establishing and reviewing service specification
- Setting up performance targets
- Auditing service standards to inform developmental needs
- Consultant job planning and re-validation
- Clinical governance and risk assessment

The standards are general enough to be used by paediatricians anywhere and we look forwards to feedback from BACCH members so that we can build up a comprehensive quality account based on these building blocks, towards a fully worked up list of national audits for our work. Then we will really be close to a full toolkit.

Fawzia Rahman, Cliona Ni Bhrolchain & Ben Ko  
October 2013

All these standards are CURRENTLY in existence in referenced national documents  
Fawzia Rahman, Cliona Ni Bhrolchain & Ben Ko, on behalf of the BACCH executive (British Association for Community Child Health)

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	<b>BEST for children standard</b>	<b>Reference documents &amp; sources</b>	<b>Measures/Data to be collected (frequency of data collection)</b>
1.	Waiting times are met for Generic (non-statutory) work i.e. Referral To Treatment intervals are under 18 weeks	<ul style="list-style-type: none"> <li>➤ DH (2012). The operating framework for the NHS in England 2012-2013</li> <li>➤ The NHS Constitution for England 2012</li> <li>➤ BACCH (2009). Outcome of clinic attendance – what stops the 18 week clock in Community Paediatrics</li> </ul>	<ul style="list-style-type: none"> <li>➤ Date referral received and date assessment completed and treatment/watchful waiting started (every case, continuous)</li> </ul>
2.	Reports of statutory initial health assessment are available within 28 days of children becoming ‘looked after’	<ul style="list-style-type: none"> <li>➤ Care Planning Placement and Case Review (England) Regulations 2010</li> </ul>	<ul style="list-style-type: none"> <li>➤ Date child became looked-after, date notified and date initial health assessment report received by Local Authority (every case, continuous)</li> </ul>
3.	Medical advice reports for assessment of Special Educational Needs are available within 42 days of notification by the LEA	<ul style="list-style-type: none"> <li>➤ Department for Education and Skills (2002). Special educational needs: Code of practice</li> </ul>	<ul style="list-style-type: none"> <li>➤ Date of agreement to assess and date report received by SEN Department (every case, continuous)</li> </ul>
4.	Forensic examinations for child sexual abuse are carried out in a time frame consistent with maximising yield	<ul style="list-style-type: none"> <li>➤ NICE (2009). When to suspect child maltreatment?</li> <li>➤ RCPCH (2009). Service Specification for the Clinical Evaluation of Children &amp; Young People who may have been sexually abused</li> </ul>	<ul style="list-style-type: none"> <li>➤ Date and time of alleged incident; Date &amp; time of request and date and time of examination (every case, continuous)</li> </ul>

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5.	Forensic examinations are carried out in premises meeting the standards set by RCPCH	<ul style="list-style-type: none"> <li>➤ RCPCH (2009). Service Specification for the Clinical Evaluation of Children &amp; Young People who may have been sexually abused</li> </ul>	<ul style="list-style-type: none"> <li>➤ Inspection and audit of facilities and location of venues against RCPCH standards (yearly)</li> </ul>
6.	Clinic letters are routinely sent to patients/ families	<ul style="list-style-type: none"> <li>➤ DoH (2003) Copying letters to patients: Good practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>➤ Verification that patients/families are included in circulation list of clinic letters (yearly audit of samples)</li> </ul>
7.	Letters are routinely sent out within 10 working days of the clinic	<ul style="list-style-type: none"> <li>➤ RCPCH (2004). A charter for paediatricians</li> </ul>	<ul style="list-style-type: none"> <li>➤ Date of clinic and date letter sent out (Yearly audit of samples)</li> </ul>
8.	The service monitors compliance with clinical standards defined by international bodies such as NICE	<ul style="list-style-type: none"> <li>➤ DoH (2008). High Quality Care for All: NHS Next Stage Review Final Report</li> <li>➤ Children and Young People Health Outcomes Forum Report</li> </ul>	<ul style="list-style-type: none"> <li>➤ Audit of clinical cases against NICE or other international standards for common and important conditions (Rolling programme of audit of clinical conditions, in yearly cycles)</li> </ul>

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9.	The service monitors patient safety routinely	<ul style="list-style-type: none"> <li>➤ DoH (2008). High Quality Care for All: NHS Next Stage Review Final Report</li> </ul>	<ul style="list-style-type: none"> <li>➤ Review of incident reports, complaints and serious case reviews (every case, continuous)</li> <li>➤ Risk assessment and actions to reduce clinical risk (yearly)</li> </ul>
10.	The service complies with legal requirements for response to complaints	<ul style="list-style-type: none"> <li>➤ The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009</li> <li>➤ The NHS Constitution for England 2012</li> </ul>	<ul style="list-style-type: none"> <li>➤ Review response to complaints made against staff or service (every case, continuous)</li> </ul>
11.	<p>The service carries out regular surveys of user experience of services, including</p> <ul style="list-style-type: none"> <li>i. Carers</li> <li>ii. Children, and</li> <li>iii. Service users' perception of care coordination</li> </ul>	<ul style="list-style-type: none"> <li>➤ GMC (2012). Supporting information for appraisal and revalidation</li> <li>➤ NHS Outcomes framework</li> <li>➤ Children &amp; Young People Health Outcomes Forum report</li> <li>➤ RCPCH supporting information for appraisal &amp; revalidation</li> <li>➤ King, S., King, G., &amp; Rosenbaum, P. (2004). Evaluating Health Service Delivery to Children With Chronic Conditions and Their Families: Development of a Refined Measure of Processes of Care (MPOC-20). <i>Children's Health Care</i>, 33 (1), 35-37.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Review findings of parent and children experience survey using a validated tool such as 'Measure of Process of Care (MPOC)' if possible (yearly)</li> </ul> <p>Free MPOC tools available at:  <a href="http://www.canchild.ca/en/measures/resources/MPOC-20-Jan2007.pdf">http://www.canchild.ca/en/measures/resources/MPOC-20-Jan2007.pdf</a>   <a href="http://www.specialinkcanada.org/Friday/Family%20Wisdom/Measuring%20Family%20Centred%20Services%20in%20EI.pdf">http://www.specialinkcanada.org/Friday/Family%20Wisdom/Measuring%20Family%20Centred%20Services%20in%20EI.pdf</a></p>

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12.	<p>All doctors in the service are compliant with the requirements of revalidation as specified by the GMC i.e.</p> <ul style="list-style-type: none"> <li>i. Satisfactory yearly appraisal,</li> <li>ii. 5 yearly 360 degree feedback</li> <li>iii. 5 yearly individual patient feedback</li> </ul>	<ul style="list-style-type: none"> <li>➤ GMC (2012). Supporting information for appraisal and revalidation</li> <li>➤ RCPCH supporting information for appraisal &amp; revalidation</li> <li>➤ The NHS Constitution for England 2012</li> <li>➤ Revalidation support team: helping doctors to provider safer health care</li> </ul>	<ul style="list-style-type: none"> <li>➤ Individual appraisal, documented in format approved by GMC (yearly)</li> <li>➤ Findings of 360 degree and patient feedback surveys using methodology approved by GMC (5 yearly cycles)</li> </ul>
13.	<p>All paediatricians have access to facilities compliant with the RCPCH Paediatricians ' charter at each clinic</p>	<ul style="list-style-type: none"> <li>➤ RCPCH (2004). A charter for paediatricians</li> </ul>	<ul style="list-style-type: none"> <li>➤ Inspection and audit of facilities available to paediatricians against RCPCH standards (yearly)</li> </ul>

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14.	The job plans of all practitioners working in the service provide appropriate time required for clinical activity based on BACCH job planning guidance & RCPCH charter for paediatricians	<ul style="list-style-type: none"> <li>➤ BMA &amp; NHS Employers (2011). A guide to Consultant job planning.</li> <li>➤ BACCH (2005). Job planning guidance for consultant community paediatricians</li> <li>➤ RCPCH (2004). A charter for paediatricians</li> </ul>	<ul style="list-style-type: none"> <li>➤ Individual job plan review (yearly)</li> </ul>
15.	The job plans of all practitioners working in the service should have <ol style="list-style-type: none"> <li>i. a minimum of 1.5 PA for revalidation activities</li> <li>ii. additional time for any other supporting activities</li> <li>iii. 0.25 PA per trainee supervised</li> </ol>	<ul style="list-style-type: none"> <li>➤ AoMRC (2012). Supporting information for appraisal and revalidation</li> </ul>	<ul style="list-style-type: none"> <li>➤ Individual job plan review (yearly)</li> </ul>
16.	The service monitors and feeds back individual activity data to all practitioners to help them reflect on their performance at least annually	<ul style="list-style-type: none"> <li>➤ GMC (2012). Supporting information for appraisal and revalidation</li> <li>➤ The NHS Constitution for England 2012</li> <li>➤ Revalidation support team: helping doctors to provide safer health care</li> </ul>	<ul style="list-style-type: none"> <li>➤ Clinical activities to include face-to-face and non face-to-face patient care activities, in all settings. Data collected according to service specification. (quarterly reports as a minimum)</li> </ul>

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17.	The service is able to support practitioners in difficulty according to national requirements	<ul style="list-style-type: none"> <li>➤ Revalidation support team: helping doctors to provide safer health care</li> </ul>	<ul style="list-style-type: none"> <li>➤ Individual case review (every case, continuous)</li> </ul>
18.	<p>The service addresses health inequalities by</p> <ul style="list-style-type: none"> <li>i. Monitoring uptake &amp; outcomes by disadvantaged groups such as disabled, BEM and deprived children and families &amp;</li> <li>ii. Acting upon results</li> </ul>	<ul style="list-style-type: none"> <li>➤ Equality Act 2010</li> <li>➤ DH (2012). The operating framework for the NHS in England 2012-2013</li> <li>➤ The NHS Constitution for England 2012</li> <li>➤ NHS outcomes framework &amp; Equality impact assessment</li> <li>➤ The Marmot Report: Fair Society, Fair Lives</li> <li>➤ Children &amp; Young people health Outcomes forum report</li> <li>➤ The Kennedy report: getting it right for children &amp; young people</li> </ul>	<ul style="list-style-type: none"> <li>➤ Documentation of data monitored (quarterly) e.g. clinic attendances, DNAs and selected key diagnoses</li> <li>➤ Health outcome data as required by commissioners matched against ethnicity and other socio-economic characteristics (yearly)</li> <li>➤ Trend of above over time to demonstrate reduction in health inequalities (yearly); e.g. improved rate of detection and / or higher level of service provision of some disabling conditions in deprived quintiles</li> </ul>

Thank you for using BEST!

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