WM QRS West Midlands Quality Review Service

NHS

Care of Critically Ill & Critically Injured Children in the West Midlands

The Dudley Group NHS Foundation Trust

Visit Date: 21st January 2014 Report Date: April 2014

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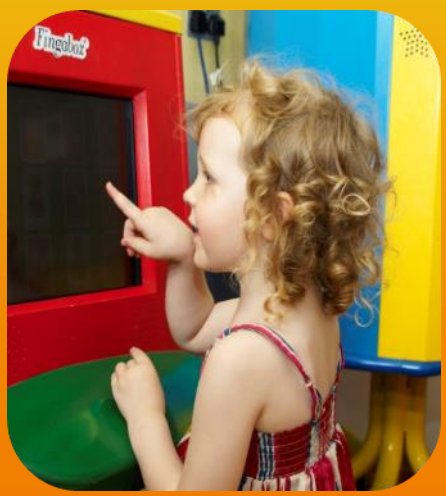

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INTRODUCTION

This report presents the findings of the review of the care of critically ill and critically injured children which took place on 21st January 2014. The purpose of the visit was to review compliance with West Midlands Quality Review Service (WMQRS) Quality Standards for:

- Care of Critically Ill and Critically Injured Children in the West Midlands, Version 4, March 2013

The aim of the standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team which reviewed the services at The Dudley Group NHS Foundation Trust. Appendix 2 contains the details of compliance with each of the standards and the percentage of standards met.

This report describes services provided or commissioned by the following organisations:

- The Dudley Group NHS Foundation Trust
- NHS Dudley Clinical Commissioning Group

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches; some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and monitoring their implementation liaising, as appropriate, with other commissioners, including commissioners of primary care. The lead commissioner in relation to this report is NHS Dudley Clinical Commissioning Group.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS was set up as a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on www.wmqrs.nhs.uk

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of The Dudley Group NHS Foundation Trust for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

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CARE OF CRITICALLY ILL AND CRITICALLY INJURED CHILDREN

TRUST-WIDE

The Dudley Group NHS Foundation Trust provided general paediatric care to a child population of 66,500 from within Dudley and to children from neighbouring areas of Staffordshire, Shropshire and the Black Country. Annual activity levels at the time of the review were 24,000 child Emergency Department attendances, 12,000 acute admissions and 41,000 out-patient attendances.

There was a separate purpose-built children's area within the Emergency Department and a paediatric area in the main Emergency Department resuscitation area. Children referred by their GP, the Emergency Department or the Children's Ward Outreach Team were assessed in the Paediatric Assessment Unit. Other children stabilised in the paediatric resuscitation area of the Emergency Department were transferred directly to the two-bedded paediatric high dependency area.

All in-patient care was provided on the in-patient ward. The Children's Ward Outreach Team provided support to the Paediatric Assessment Unit and to children, young people and families following discharge from hospital. This team worked collaboratively with community services provided by the Black Country Partnership NHS Foundation Trust to support discharge from hospital and prevent re-admissions. Children requiring surgery were admitted to the paediatric services except for one dental list each month run in the Day Surgery Unit.

General Comments and Achievements

All staff who met the reviewing team were open, supportive of the peer review process and keen to improve the services offered.

Immediate Risks: No immediate risks were identified.

Concerns

1 **Safeguarding Children Training**

Foundation-level safeguarding children training was completed for new staff at induction. Staff involved in the care of children were expected to undertake intermediate-level training. Based on the information shown to reviewers, 22/32 anaesthetists had completed this level of training, 40/69 staff in the Emergency Department, 24/35 paediatric medical staff, 34/43 paediatric nurses (although six were on maternity leave), 151/192 theatre staff and there were no records of safeguarding training for surgeons involved in the care of children. The IT system which recorded training was approximately four to six weeks out of date and so intermediate-level training may have been completed during this time.

2 **Resuscitation Training Records**

Details of resuscitation training undertaken outside the Trust were not easily available to service managers. Reviewers were told that staff had undertaken appropriate training but evidence to support this was not available. Service managers had information about training undertaken in the Trust but not about Advanced Paediatric Life Support or other resuscitation training undertaken elsewhere. The IT system which recorded training was approximately four to six weeks out of date. Service managers could not therefore assure themselves or reviewers that a member of staff with appropriate up to date resuscitation training was on duty at all times.

Further Consideration

1 At the time of the review the paediatric early warning system 'PEWS' was used in paediatric services but not in the Emergency Department or in theatres. Reviewers suggested that Trust-wide implementation of PEWS would be helpful.

2 Further work on the criteria for surgery on children may help to improve consistency of service offered. At the time of the review there were two policies on surgery on children and verbal information given to reviewers was inconsistent with these policies. The anaesthetic policy was clearer than the surgical policy which was very flexible and open to considerable interpretation. These two policies were not entirely consistent and did not recognise the need for a team of staff all of whom are competent and confident in the care of children. The surgical policy listed some surgical procedures which reviewers were told were not undertaken in Dudley. Reviewers suggested that a single policy with clear 'cut offs' should be developed.

3 Reviewers saw relatively little evidence of audit of implementation of local guidelines. Further work in this area may be helpful to driving ongoing service improvement.

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EMERGENCY DEPARTMENT

General Comments and Achievements

Staff in the Emergency Department had a good understanding of the needs of children. The Department was well-organised and staff were enthusiastic. Arrangements for feedback to staff appeared to work well.

Good Practice

1 Patients who 'did not wait' were routinely reviewed to see if there were indications of a need for follow-up. This review included looking at previous attendances at the Department.

2 A very good bereavement pack was in use and one nurse had special interest in bereavement. Staff also put a 'butterfly' outside the cubicle where a child had died so that other staff would know there had been a bereavement.

3 The paediatric waiting area had good patient information and displays which were suitable for children and young people of all ages.

Immediate Risks: No immediate risks were identified.

Concerns

1 **Staff resuscitation training**

No evidence of resuscitation training undertaken by medical staff was available. Reviewers were told that staff had up to date training but this could not be confirmed. Up to date resuscitation training had not been completed in 29/69 nursing staff and some staff did not have dates planned for their training. Reviewers were therefore not assured that all medical staff had appropriate up to date competences in resuscitation and stabilisation, and that a clinician with advanced resuscitation skills was on duty at all times.

2 **Safeguarding children training:** See Trust-wide section of this report.

Further Consideration

1 The children's area in the Emergency Department was available only for 12 hours on weekdays, starting at midday, and 16 hours at weekends (8am to midnight). These timings had been chosen to fit the times of peak demand. Children use the adult area at other times where two of the cubicles had children's stickers on the walls. The adult area was not partitioned and so there was no sound separation from adult patients. Reviewers were told that recruitment of additional staff was being considered with the aim of opening the children's area earlier on weekdays. Reviewers suggested that if this was not feasible, the provision of partitions within the adult area should be considered in order to ensure visual and sound separation from adult patients, including in the waiting area.

2 The Emergency Department did not have play or distraction support staff immediately available although support could be called to the Department. Reviewers commented that some dedicated time from play

staff in the Emergency Department may help to raise awareness and ensure that play staff were called appropriately, particularly for distraction therapy.

3 The children's waiting area was relatively small and had toys for younger children but few facilities for adolescents.

4 Scenario training for paediatric emergencies within the Emergency Department had run in the past but was not in place at the time of the review. Reviewers suggested that reintroducing scenario training may be helpful.

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PAEDIATRIC ASSESSMENT, IN-PATIENT AND HIGH DEPENDENCY UNITS

General Comments and Achievements

Reviewers were impressed by the progress achieved within paediatric services. Staff had clearly worked well together to ensure issues were addressed. Since the last visit, the nurse training had improved and a paediatric assessment area and dedicated high dependency unit had been established. Each of the paediatric areas had an identified lead who was taking responsibility for standards of care in that area. A governance post also supported the whole service. Reviewers also commented on the good bereavement information that was available.

Good Practice

1 The high dependency unit was staffed separately from the ward. Approximately 50% nursing staff had achieved competences in high dependency care through a good competence package and training linked with the neonatal and adult critical care units. The adult critical care service was supportive of the high dependency unit including supporting staff rotation.

2 Reviewers were highly impressed by the facilities available in the children's ward including a sensory room, adolescent room and play room. The resuscitation room was spacious and well equipped.

3 A separate parents' room was available with free refreshments for parents whose children were on the unit.

Immediate Risks: No immediate risks were identified

Concerns

1 **Safeguarding children training:** See Trust-wide section of this report.

2 **Resuscitation Trolley**

The paediatric unit had only one resuscitation trolley. Reviewers considered this was insufficient for the size of unit and the level of dependency of patients.

Further Consideration

1 Staff in the paediatric service were actively taking forward two developments:

a. Increasing the number of nurses with competences in initial assessment and

b. Developing more information for children and young people.

Reviewers supported both of these developments and encouraged their continuation.

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DAY SURGERY UNIT

General Comments and Achievements

The day surgery unit was used once a month for a dental procedures list. Reviewers visited this area although it was not in use for children at the time of the review. The day surgery unit was well organised and good team working was evident.

Further Consideration

1 The day surgery unit was not child-friendly and the recovery area did not have separation from adult patients. Reviewers suggested that the Trust review the use of this facility for children including considering the options of a) making it more child-friendly and possibly making greater use of it or b) bringing children needing dental procedures into the main paediatric areas and not using the day surgery unit for children.

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PAEDIATRIC ANAESTHESIA

General Comments and Achievements

Paediatric anaesthesia services were generally well-organised, including effective checking and sealing of equipment and drug trolleys and boxes. The checking process was stamped with signatures and the date was clearly visible.

Good Practice

1 Good age-appropriate information about anaesthesia for children and young people had been developed. Some information for parents was also available.

2 Children in recovery were loaned i-Pods which helped to keep them entertained during their time there.

3 The recovery area for children in main theatre was well-organised including sound and visual separation from adult patients but was readily accessible if problems arose.

Immediate Risks: No immediate risks were identified

Concerns

1 **Medical staff resuscitation training**

There was no evidence that 6/30 consultant anaesthetists had undertaken appropriate training or continuing professional development of relevance to the resuscitation and stabilisation of children.

2 **Safeguarding children training:** See Trust-wide section of this report.

3 **Theatre nursing and ODP staff resuscitation training**

Sixty seven percent of theatre nurses and ODP (Operating Department Practitioners) staff had completed Paediatric Immediate Life Saving (PILS) training. This was of concern to reviewers particularly because there were no dedicated paediatric recovery staff.

Further Consideration

1 The checking process may be improved further if a distinction was made between 'not checked' and 'no list for children'.

2 See Trust-wide section of this report concerning policies on surgery for children.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Executive Lead

Dr Ali Akbar	Consultant Paediatrician (Paediatric Respiratory Medicine and Cystic Fibrosis)	Sandwell & West Birmingham Hospitals NHS Trust

Visiting Team

Paul Duflot	Ward Manager	Sandwell & West Birmingham Hospitals NHS Trust
Mr Robert Freeman	Paediatric Orthopaedic Surgeon	The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Stewart Mason	Emergency Planning & Resilience Manager	Birmingham Children's Hospital NHS Foundation Trust
Ms Caroline Park	Consultant in Emergency Medicine	Heart of England NHS Foundation Trust
Dr Gale Pearson	Consultant Intensivist, PICU	Birmingham Children's Hospital NHS Foundation Trust
Julie Rowland	Senior Sister, Paediatric HDU	Heart of England NHS Foundation Trust
Jane Smith	Patient Representative	
Dr Tim Smith	Consultant Anaesthetist	Worcestershire Acute Hospitals NHS Trust

Observers

Lesley Burn	Chief Scientist's Office	NHS England
Jan Mellows	Head of Strategic Performance Improvement and Communication	Department of Health, Isle of Man
Lesley Keenan	Deputy Chief Executive	Department of Health, Isle of Man

WMQRS Team

Jane Eminson	Acting Director	West Midlands Quality Review Service
Sarah Broomhead	Assistant Director	West Midlands Quality Review Service
Sue McIldowie	Quality Manager	West Midlands Quality Review Service

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APPENDIX 2 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varied depending on the nature of the service provided. Percentage compliance also takes no account of 'working towards' a particular Quality Standard. Reviewers often comment that it is better to have a 'No but', where there is real commitment to achieving a particular standard, than a 'Yes but' – where a 'box has been ticked' but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

Table 1 - Percentage of Quality Standards met

Details of compliance with individual Quality Standards can be found in a separate document.

Service	Number of Applicable QS	Number of QS Met	% met
Care of Critically Ill and Critically Injured Children			
Trust-Wide	9	8	89
Emergency Department	46	29	63
Paediatric Assessment, In-patient and High Dependency Units	52	42	81
Paediatric Anaesthesia	20	15	75
Total	**127**	**94**	**74**

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