

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

The Dudley Group of Hospitals NHS Trust – Appendix 2

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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

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

Pathway and Service Letters: The Standards are in the following sections:

PC-	Care of Critically Ill Children Pathway	Acute Trust-wide
PM-	Care of Critically Ill Children Pathway	Core Standards for Each Area: Emergency Departments, Children’s Assessment Services, In-patient and High Dependency Care Services for Children
PE-	Care of Critically Ill Children Pathway	Emergency Departments Caring for Children
PQ-	Care of Critically Ill Children Pathway	In-patient and High Dependency Care Services for Children
PG-	Care of Critically Ill Children Pathway	Anaesthesia and General Intensive Care for Children

Topic Sections: Each section covers the following topics:

-100	Information and Support for Children and Their Families
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

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TRUST-WIDE

Ref	Quality Standard	Met?	Comments
PC-201	<p>Board-level lead for children</p> <p>A Board-level lead for children's services should be identified.</p>	Y	
PC-202	<p>Lead consultants and lead nurses</p> <p>The Board level lead for children's services should ensure that the following leads for the care of children have been identified:</p> <ol style="list-style-type: none"> Nominated lead consultants and nurses for each of the areas where children may be critically ill (QS PM-201) Nominated lead consultant for emergency and elective surgery in children Nominated lead consultant for trauma in children Nominated lead anaesthetist (QS PG-201) and lead ICU consultant (QS PG-202) for children 	Y	Reviewers did not meet the nominated lead surgeon for children. The paediatric anaesthetists were not aware who the nominated lead surgeon was.
PC-501	<p>Minor injuries units</p> <p>If the Trust's services (QS PC-601) include a Minor Injuries Unit, Walk-in Centre or Urgent Care Centre, this Unit should have a protocol in use in the event of a critically ill child, or potentially critically ill child, presenting. This protocol should include transfer to an appropriate paediatric unit.</p>	N/A	
PC-502	<p>Hospitals with emergency services for adults only – avoiding child attendances</p> <p>Hospitals without on-site assessment or in-patient services for children should:</p> <ol style="list-style-type: none"> Indicate clearly to the public the nature of the service provided for children Have agreed a protocol with the local ambulance service that children are not brought to the service by ambulance 	N/A	
PC-503	<p>Hospitals with emergency services for adults only – paediatric advice</p> <p>Hospitals without on-site assessment or in-patient services for children should have guidelines for accessing paediatric medical advice agreed with a local paediatric medical unit and regularly reviewed.</p>	N/A	
PC-504	<p>Surgery on children</p> <p>The Trust should have agreed the exclusion criteria for elective and UHCW CIC appendix D1 20140211 emergency surgery on children (QS PG-503).</p>	N	Two policies for surgery on children were available. The anaesthetic policy was clear on which consultant carried out which procedures but the surgery policy was not consistent with the anaesthesia policy.

Ref	Quality Standard	Met?	Comments
PC-601	<p>Services provided</p> <p>The Trust should be clear whether it provides the following services and the hospital site or sites on which each service is available:</p> <ol style="list-style-type: none"> a. Minor Injury Unit, Walk-in Centre or Urgent Care Centre b. Emergency Department for: <ul style="list-style-type: none"> • Adults • Children c. Trauma service for children and, if so, its designation d. Children’s assessment service e. In-patient children’s service f. High Dependency Care service for children g. Elective in-patient surgery for children h. Day case surgery for children i. Emergency surgery for children j. Acute pain service for children k. Paediatric Intensive Care retrieval and transfer service l. Paediatric Intensive Care service 	Y	
PC-602	<p>Children’s assessment service location</p> <p>If the Trust provides a children’s assessment service, this should be sited alongside either an Emergency Department or an in-patient children’s service.</p>	Y	
PC-603	<p>Hospitals accepting children with trauma</p> <p>Hospitals accepting children with trauma should also provide, on the same hospital site:</p> <ol style="list-style-type: none"> a. High Dependency Care service for children b. Paediatric Intensive Care service or a general intensive care unit which admits children needing: <ul style="list-style-type: none"> • A short period of post-anaesthetic care • Maintenance prior to transfer to PICU (QS PM-506) 	Y	
PC-604	<p>Trust-wide group</p> <p>Trusts providing hospital services for children should have a single group responsible for the coordination and development of care of critically ill and critically injured children. The membership of this group should include all nominated leads (QS PC-202) and the Resuscitation Officer with lead responsibility for children.</p> <p>The accountability of the group should include the Trust Director with responsibility for children’s services (QS PC-201). The relationship of the group to the Trust’s mechanisms for safeguarding children (QS PM-297) and clinical governance issues relating to children should be clear.</p>	Y	

Ref	Quality Standard	Met?	Comments
PC-703	<p>Approving guidelines and policies</p> <p>The mechanism for approval of policies, procedures, guidelines and protocols relating to the care of critically ill and critically injured children should have been agreed by the Trust-wide group (QS PC-604) or a sub-group thereof.</p>	Y	
PC-704	<p>Child death</p> <p>The death of a child while in hospital should undergo formal review. This review should be multi-professional and all reasonable steps should be taken to involve specialties who contributed to the child's care. Primary and community services should be involved where appropriate. All deaths of children in hospital should be reported to the local Child Death Overview Panel.</p>	Y	The Trust was taking steps to manage and prevent further issues in relation to rapid response to child deaths in the community.

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EMERGENCY DEPARTMENT

Ref	Quality Standards	Met?	Comments
PM-101	<p>General support for families</p> <p>The following support services should be available:</p> <ol style="list-style-type: none"> Interfaith and spiritual support Social workers Interpreters Bereavement support Patient Advice and Advocacy Services <p>Information for parents about these services should also be available.</p>	Y	
PM-102	<p>Child-friendly environment</p> <p>There should be a child-friendly environment, including toys and books / magazines for children of all ages. There should be visual and, ideally, sound separation from adult patients.</p>	N	The paediatric Emergency Department (ED) area was small for the workload and was not open 24 hours a day for children. There were some toys available for younger children but few for older children. Good information was available on the walls, including a notice board specifically for adolescents. When the paediatric ED was not open children waited in the general waiting room and were cared for in the adult ED without sound and visual separation from adult patients.
PM-103	<p>Parental access</p> <p>There should be parental access to the child at all times except when this is not in the interest of the child or the privacy and confidentiality of other children and their families.</p>	Y	

Ref	Quality Standards	Met?	Comments
PM-104	<p>Information for children</p> <p>Children should be offered appropriate information to enable them to share in decisions about their care.</p>	Y	
PM-105	<p>Information for parents</p> <p>Parents should have information, encouragement and support to enable them fully to participate in decisions about, and in the care of, their child.</p>	Y	
PM-106	<p>Keeping parents informed</p> <p>Parents should be informed of the child's condition, care plan and retrieval (if necessary) and this information should be updated regularly.</p>	Y	
PM-107	<p>Information for parents of children needing transfer</p> <p>Parents of children needing emergency transfer should be given all possible help regarding transport, hospital location, car parking and location of the unit to which their child is being transferred.</p>	Y	
PM-108	<p>Financial support</p> <p>A policy on financial support for families of critically ill children should be developed and communicated to parents.</p>	Y	
PM-199	<p>Involving children and families</p> <p>The service should have mechanisms for:</p> <ol style="list-style-type: none"> Receiving feedback from children and families about the treatment and care they receive Involving children and families in decisions about the organisation of the service 	N	The service received feedback from NHS Friends and Family test and also NHS Choices. Mechanisms for involving children and families in decisions about the organisation of the service were not clear.
PM-201	<p>Lead consultant and lead nurse</p> <p>A nominated consultant and nominated senior children's trained nurse should be responsible for:</p> <ol style="list-style-type: none"> Protocols covering the assessment and management of the critically ill child Ensuring training of relevant staff <p>The lead consultant and lead nurse should undertake regular clinical work within the area for which they are responsible.</p>	Y	
PM-202	<p>Consultant paediatrician 24 hour cover</p> <p>24 hour cover by a consultant paediatrician who is able to attend within 30 minutes and does not have responsibilities to other hospital sites should be available.</p>	Y	
PM-203	<p>Consultant anaesthetist 24 hour cover</p> <p>24 hour cover by a consultant anaesthetist who is able to attend within 30 minutes and does not have responsibilities to other hospital sites should be available.</p>	Y	

Ref	Quality Standards	Met?	Comments
PM-204	<p>24 hour on site clinician competent in resuscitation and advanced airway management</p> <p>24 hour cover by a clinician with competences in resuscitation, stabilisation and intubation of children should be immediately available on each hospital site.</p>	Y	
PM-205	<p>Medical staff resuscitation training</p> <p>All relevant medical staff and clinical staff (QS PM-201) have appropriate, up to date paediatric resuscitation training.</p>	N	Evidence of medical staff resuscitation training was not available for all staff.
PM-206	<p>Clinician with advanced resuscitation training on duty</p> <p>A clinician with up to date advanced paediatric resuscitation training should be on duty at all times.</p>	N	See QS PM-205
PM-207	<p>Clinician with level 1 competences on duty</p> <p>There should be 24 hour resident cover by a clinician with competences and experience in:</p> <ol style="list-style-type: none"> Assessment of the ill child and recognition of serious illness and injury Initiation of appropriate immediate treatment Prescribing and administering resuscitation and other appropriate drugs Provision of appropriate pain management Effective communication with children and their families <p>The level of competence expected is equivalent to paediatric medicine (RCPCH) level 1 competences in these areas.</p>	Y	
PM-208	<p>Nursing and HCA staff competences</p> <p>Nursing and health care assistant staffing and competency levels should be appropriate for the number, dependency and case-mix of children normally cared for by the service and the lay-out of the unit. An escalation policy should show how staffing levels will respond to fluctuations in the number and dependency of patients.</p> <p>A competence framework and training plan should ensure that all nursing and health care assistant staff have, or are working towards, competences appropriate for their role in the service including in:</p> <ol style="list-style-type: none"> Paediatric resuscitation High dependency care Care and rehabilitation of children with trauma 	N	29/69 nurses were not up to date with resuscitation training and some did not have planned dates to do it. All Health Care Assistants had BLS (Basic Life Support training).

Ref	Quality Standards	Met?	Comments
PM-209	<p>Minimum nurse staffing</p> <p>Emergency Departments and day surgery services for children should have at least one registered children's nurse on duty at all times in each area. Children's assessment services and in-patient services for children should have at least two registered children's nurses on duty at all times in each area.</p>	N	There were insufficient paediatric trained nurses to ensure a 24 hour presence. The Trust was trying to recruit further staff.
PM-210	<p>Nurse with paediatric resuscitation training on duty</p> <p>At least one nurse with up to date paediatric resuscitation training should be on duty at all times.</p>	Y	This Quality Standard was met based on the Emergency Department information (rather than hospital-wide information available on the mandatory training system).
PM-211	<p>Support for play</p> <p>Appropriately qualified play specialists should be available 7 days a week.</p>	N	Support for play was not routinely available in the Emergency Department but it could be requested from the wards if required. See main report.
PE-212	<p>Trauma team</p> <p>Emergency Departments receiving children with trauma should have a Trauma Team immediately available at all times, including:</p> <ol style="list-style-type: none"> Team Leader (see note 2) Emergency Department doctor (senior decision maker) Clinician trained to, or training at, the equivalent of paediatric medicine and neonatal medicine (RCPCH level 2 competences or above (QS PQ-217) Clinician with competences in resuscitation, stabilisation and intubation of children (QS PM-203) General Surgeon Orthopaedic Surgeon 	Y	
PE-213	<p>ED liaison paediatrician</p> <p>There should be a nominated paediatric consultant responsible for liaison with the nominated Emergency Department consultant (QS PM-201).</p>	Y	
PE-214	<p>ED sub-speciality trained consultant</p> <p>Emergency departments seeing 16,000 or more child attendances per year should have an emergency department consultant with sub-specialty training in paediatric emergency medicine and a consultant paediatrician with sub-specialty training in paediatric emergency medicine.</p>	Y	
PE-215	<p>Small emergency departments</p> <p>Emergency departments seeing less than 16,000 child attendances per year should have arrangements in place to ensure the ongoing competence of clinical staff in the care of critically ill children.</p>	N/A	

Ref	Quality Standards	Met?	Comments
PQ-218	<p>High dependency care: nursing competences</p> <p>Children needing high dependency care should be cared for by a trained children's nurse with paediatric resuscitation training and competences in providing high dependency care.</p>	Y	
PM-296	<p>Policy on staff acting outside their area of competence</p> <p>A Trust policy on staff acting outside their area of competence because this is in the best interest of the child should be in use covering:</p> <ol style="list-style-type: none"> Exceptional circumstances when this may occur Staff responsibilities Reporting of event as an untoward clinical incident Support for staff 	N	Reviewers did not see a specific policy but a policy for appropriateness of escorts for transfer was available.
PM-297	<p>Safeguarding training</p> <p>All staff involved with the care of children should:</p> <ol style="list-style-type: none"> Have training in safeguarding children appropriate to their role Be aware who to contact if they have concerns about safeguarding issues and Work in accordance with latest national guidance on safeguarding children 	N	See main report.
PM-301	<p>Support services 24 hour cover</p> <p>24-hour access to pharmacy, biochemistry, pathology, imaging and physiotherapy services able to support the care of children, and weekday access to dietetic services, should be available. If staff with competences in reporting imaging of children are not available 24/7 then the Trust should have arrangements for review of imaging by a paediatric radiologist.</p>	Y	
PE-302	<p>Critical care support</p> <p>Emergency Departments accepting children with trauma should have access, on the same hospital site, to:</p> <ol style="list-style-type: none"> High Dependency Care service for children Paediatric Intensive Care service or a general intensive care unit which admits children needing: <ul style="list-style-type: none"> A short period of post-anaesthetic care Maintenance prior to transfer to PICU (QS PM-506) 	Y	
PM-401	<p>Resuscitation equipment</p> <p>An appropriately designed and equipped area, or adequate mobile equipment, for resuscitation and stabilisation of critically ill children of all ages should be available. Drugs and equipment should be checked in accordance with local policy.</p>	Y	

Ref	Quality Standards	Met?	Comments
PM-501	<p>Triage</p> <p>A triage system should be operating which recognises the needs of children and ensures that all non-ambulant patients are triaged immediately.</p>	Y	
PM-502	<p>Paediatric advice</p> <p>Protocols for accessing advice from the local paediatric service and local paediatric intensive care service should be in use in units where children are not under the care of a paediatrician.</p>	Y	
PM-503	<p>Clinical guidelines</p> <p>Guidelines should be in use covering:</p> <ol style="list-style-type: none"> Admission Treatment of all major conditions, including meningococcal infection, asthma, status epilepticus, diabetic ketoacidosis, upper airway obstruction and inhaled foreign body. Treatment of the consequences of trauma Procedural sedation and analgesia Discharge 	Y	
PM-504	<p>Early warning protocol</p> <p>A protocol designed to provide early warning of deterioration of children should be in use. The protocol should cover observation, monitoring and escalation of care.</p>	N	Staff carried out observations but did not use PEWS (paediatric early warning system) so therefore could not see trends.
PM-505	<p>Resuscitation and stabilisation protocol</p> <p>Protocols should be in use covering resuscitation and stabilisation, including:</p> <ol style="list-style-type: none"> Alerting the paediatric resuscitation team Indications and arrangements for accessing ENT services when needed for airway emergencies In Emergency Departments with no on-site children's assessment or in-patient children's service, arrangements for ensuring paediatric medical and appropriate anaesthetic input to the care of the child 	Y	

Ref	Quality Standards	Met?	Comments
PM-506	<p>PICU transfer protocol</p> <p>A protocol on transfer to a PICU should be in use, which should include:</p> <ul style="list-style-type: none"> a. Accessing advice from a Retrieval Service or PIC consultant and providing full clinical information b. Ensuring decisions on whether a child needs to be transferred are taken by the appropriate local consultant with a PIC consultant c. Local guidelines on the maintenance of intensive care for a critically ill child until the child's condition improves or the retrieval team arrives which should stipulate the location/s in which children may be maintained d. Arrangements for the transfer of children requiring specialised intensive care not available in the lead PIC centre, including burns care and ECMO 	Y	
PM-507	<p>In-hospital transfer protocol</p> <p>A protocol on transfer of seriously ill children within the hospital (for example, to or from imaging or theatre) should be in use. The protocol should specify the escort arrangements and equipment required.</p>	N	A flow chart was under development but there were no clear timescales for completion.
PM-508	<p>High dependency care transfer protocol</p> <p>Hospitals which undertake transfers of children needing high dependency care should have a protocol agreed by the Retrieval Service for the local population which covers:</p> <ul style="list-style-type: none"> a. Types of patients transferred b. Composition and expected competences of the escort team c. Drugs and equipment required d. Restraint of children, equipment and staff during transfer e. Monitoring during transfer <p>The protocol should cover primary transfers of children to a High Dependency Care Unit and 'back-transfers' from PICU.</p>	N/A	

Ref	Quality Standards	Met?	Comments
PM-509	<p>Transfer contingency protocol</p> <p>A protocol should be in place for situations where retrieval is clinically inappropriate or time-critical, for example, severe head injury, intracranial bleeding, severe thoracic vascular trauma, burns and some intra-abdominal emergencies, where retrieval may introduce unsafe delay. The protocol should include:</p> <ol style="list-style-type: none"> a. Advice from the Retrieval Service or lead PIC centre (QS PM-506) b. Contact details of relevant specialists where additional advice may be required, for example, neurosurgeons c. Escort team of one nurse and one doctor with appropriate training and experience. The referring consultant and senior nurse on duty should judge the appropriateness of the medical escort who would normally be senior clinicians with experience and / or training in a) care of the critically ill child or b) emergency transfer or c) airway management. d. Indemnity for escort team e. Availability of drugs and equipment, checked in accordance with local policy f. Arrangements for emergency transport with a local ambulance service and the air ambulance g. Arrangements for ensuring restraint of children, equipment and staff during transfer 	Y	
PM-510	<p>Organ donation policy</p> <p>A Trust policy on organ donation should be in use which is specific about organ donation in children and includes transplant coordinator contact details.</p>	N	No policy specific to children was available.
PM-511	<p>Bereavement policy</p> <p>A Trust bereavement policy should be in use which specifically covers the death of a child and bereavement of parents, carers and siblings. This policy should specify arrangements for obtaining consent for post-mortems.</p>	N	No policy was available but there was a very good bereavement pack and one nurse had a special interest in bereavement.

Ref	Quality Standards	Met?	Comments
PE-511	<p>Trauma protocol</p> <p>A protocol on care of children with trauma should be in use covering:</p> <ul style="list-style-type: none"> a. Dedicated phone in the Emergency Department b. Alerting and activating the Trauma Team (QS PE-212) c. Handover from the pre-hospital team to the Trauma Team lead using ATMIST d. Responsibilities of members of the Trauma Team, including responsibility for: <ul style="list-style-type: none"> i. Liaison with families ii. Calling all relevant consultants e. Involvement of neurosurgeons in all decisions to operate on children with traumatic brain injury f. Indications and arrangements for referral to the Major Trauma Centre for children, including referral of children needing assessment for: <ul style="list-style-type: none"> i. Neurosurgery ii. Vascular surgery iii. Cardiothoracic surgery iv. Spinal cord service v. Other specialist surgery g. Handover of children no longer needing the care of the Trauma Team h. Completing standardised documentation i. Responsibilities for recording receipt of imaging reports j. Major incidents 	Y	A trauma training pack was available and all aspects were covered but not in a single document.
PE-512	<p>Trauma guidelines</p> <p>Guidelines should be in use covering care of children with trauma, including:</p> <ul style="list-style-type: none"> a. Immediate airway management b. Haemorrhage control and massive transfusion c. Chest drain insertion 	N	National guidance from the Advanced Life Support Group (ALSG) was available but it had not been localised.

Ref	Quality Standards	Met?	Comments
PE-513	<p>Trauma imaging</p> <p>A protocol on imaging of children with trauma should be in use which ensures:</p> <ul style="list-style-type: none"> a. Where indicated, CT is the primary imaging modality b. CT scanning is undertaken within 30 minutes of arrival c. Electronic transmission of images for immediate reporting d. A provisional report is issued within one hour and communicated by telephone and electronically e. Indications and arrangements for review of imaging by a neuro-radiologist f. Full report is issued electronically within 12 hours g. Any significant variations between the provisional and final report are communicated to the senior clinician responsible for the care of the child h. Responsibilities of other services for recording receipt of imaging reports 	N	Generic evidence about reporting results was available but was out of date.
PM-702	<p>Audit</p> <p>The service should have a rolling programme of audit of compliance with clinical guidelines (Qs PM-503 to PM-509).</p>	N	Some nursing audits were available but not other audit evidence.
PM-703	<p>National audit programmes</p> <p>The service should be submitting data to, and participating in, appropriate national and regional clinical audit programmes including, for services caring for children with trauma, TARN.</p>	Y	
PM-798	<p>Review and learning</p> <p>The service should have appropriate multi-disciplinary arrangements for review of, and implementing learning from, positive feedback, complaints, morbidity, mortality, transfers and clinical incidents and 'near misses'.</p>	Y	
PM-799	<p>Document control</p> <p>All policies, procedures, guidelines and protocols relating to the care of critically ill and critically injured children should comply with Trust document control procedures.</p>	N	The Hub had a list of policies but some were out of date, for example, the policy for paediatric sedation with ketamine was a year out of date.

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PAEDIATRIC ASSESSMENT, IN-PATIENT AND HIGH DEPENDENCY UNITS

Ref	Quality Standards	Met?	Comments
PM-101	<p>General support for families</p> <p>The following support services should be available:</p> <ul style="list-style-type: none"> a. Interfaith and spiritual support b. Social workers c. Interpreters d. Bereavement support e. Patient Advice and Advocacy Services <p>Information for parents about these services should also be available.</p>	Y	
PM-102	<p>Child-friendly environment</p> <p>There should be a child-friendly environment, including toys and books / magazines for children of all ages. There should be visual and, ideally, sound separation from adult patients.</p>	Y	The environment and facilities were excellent and very child-friendly. They included a sensory room which doubled up as an overnight stay room for parents with a parent's shower next door, an adolescent room and a play room.
PM-103	<p>Parental access</p> <p>There should be parental access to the child at all times except when this is not in the interest of the child or the privacy and confidentiality of other children and their families.</p>	Y	
PM-104	<p>Information for children</p> <p>Children should be offered appropriate information to enable them to share in decisions about their care.</p>	Y	Information about anaesthesia and 'What to expect' leaflets were available and there were also visual displays. Further information for children was under development.
PM-105	<p>Information for parents</p> <p>Parents should have information, encouragement and support to enable them fully to participate in decisions about, and in the care of, their child.</p>	Y	
PM-106	<p>Keeping parents informed</p> <p>Parents should be informed of the child's condition, care plan and retrieval (if necessary) and this information should be updated regularly.</p>	Y	
PM-107	<p>Information for parents of children needing transfer</p> <p>Parents of children needing emergency transfer should be given all possible help regarding transport, hospital location, car parking and location of the unit to which their child is being transferred.</p>	Y	
PM-108	<p>Financial support</p> <p>A policy on financial support for families of critically ill children should be developed and communicated to parents.</p>	Y	

Ref	Quality Standards	Met?	Comments
PQ-108	<p>Parent information for in-patients</p> <p>Parents should be given written information about the unit, including visiting arrangements, ward routine and location of facilities within the hospital that the parents may want to use.</p>	Y	
PQ-109	<p>Parent facilities for in-patients</p> <p>Facilities should be available for the parent of each child, including:</p> <ol style="list-style-type: none"> Somewhere to sit away from the ward A quiet room for relatives A kitchen, toilet and washing area A changing area for other young children 	Y	
PQ-110	<p>Overnight facilities</p> <p>Overnight facilities should be available for the parent or carer of each child, including a foldaway bed or pull-out chair-bed next to the child.</p>	Y	
PQ-111	<p>Overnight facilities – high dependency care services</p> <p>Units which provide high dependency care should have appropriate facilities for parents and carers to stay overnight, including accommodation on site but away from the ward.</p>	N	Overnight facilities were not available.
PM-199	<p>Involving children and families</p> <p>The service should have mechanisms for:</p> <ol style="list-style-type: none"> Receiving feedback from children and families about the treatment and care they receive Involving children and families in decisions about the organisation of the service 	Y	Flower boards with post-its for comments were available and also information on 'You said - we did'.
PM-201	<p>Lead consultant and lead nurse</p> <p>A nominated consultant and nominated senior children's trained nurse should be responsible for:</p> <ol style="list-style-type: none"> Protocols covering the assessment and management of the critically ill child Ensuring training of relevant staff <p>The lead consultant and lead nurse should undertake regular clinical work within the area for which they are responsible.</p>	Y	
PM-202	<p>Consultant paediatrician 24 hour cover</p> <p>24 hour cover by a consultant paediatrician who is able to attend within 30 minutes and does not have responsibilities to other hospital sites should be available.</p>	Y	
PM-203	<p>Consultant anaesthetist 24 hour cover</p> <p>24 hour cover by a consultant anaesthetist who is able to attend within 30 minutes and does not have responsibilities to other hospital sites should be available.</p>	Y	

Ref	Quality Standards	Met?	Comments
PM-204	<p>24 hour on site clinician competent in resuscitation and advanced airway management</p> <p>24 hour cover by a clinician with competences in resuscitation, stabilisation and intubation of children should be immediately available on each hospital site.</p>	Y	
PM-205	<p>Medical staff resuscitation training</p> <p>All relevant medical staff and clinical staff (QS PM-201) have appropriate, up to date paediatric resuscitation training.</p>	Y	
PM-206	<p>Clinician with advanced resuscitation training on duty</p> <p>A clinician with up to date advanced paediatric resuscitation training should be on duty at all times.</p>	Y	
PM-207	<p>Clinician with level 1 competences on duty</p> <p>There should be 24 hour resident cover by a clinician with competences and experience in:</p> <ol style="list-style-type: none"> Assessment of the ill child and recognition of serious illness and injury Initiation of appropriate immediate treatment Prescribing and administering resuscitation and other appropriate drugs Provision of appropriate pain management Effective communication with children and their families <p>The level of competence expected is equivalent to paediatric medicine (RCPCH) level 1 competences in these areas.</p>	Y	
PM-208	<p>Nursing and HCA staff competences</p> <p>Nursing and health care assistant staffing and competency levels should be appropriate for the number, dependency and case-mix of children normally cared for by the service and the lay-out of the unit. An escalation policy should show how staffing levels will respond to fluctuations in the number and dependency of patients.</p> <p>A competence framework and training plan should ensure that all nursing and health care assistant staff have, or are working towards, competences appropriate for their role in the service including in:</p> <ol style="list-style-type: none"> Paediatric resuscitation High dependency care Care and rehabilitation of children with trauma 	N	The nursing data was mixed with clerical staff but 80% nurses had up to date resuscitation training. Approximately 50% of nurses had High Dependency Unit training.

Ref	Quality Standards	Met?	Comments
PM-209	<p>Minimum nurse staffing</p> <p>Emergency Departments and day surgery services for children should have at least one registered children's nurse on duty at all times in each area. Children's assessment services and in-patient services for children should have at least two registered children's nurses on duty at all times in each area.</p>	Y	
PM-210	<p>Nurse with paediatric resuscitation training on duty</p> <p>At least one nurse with up to date paediatric resuscitation training should be on duty at all times.</p>	Y	
PM-211	<p>Support for play</p> <p>Appropriately qualified play specialists should be available 7 days a week.</p>	N	Only 2.4 w.t.e. play support was available covering Monday to Friday. A business case for additional staff had been developed.
PQ-216	<p>High dependency care: lead consultant and lead nurse</p> <p>A nominated paediatric consultant and lead nurse should have responsibility for guidelines, policies and procedures (QS PQ-601) and staff competences relating to high dependency care. The consultant should undertake Continuing Professional Development of relevance to high dependency care. The lead nurse should be a senior children's trained nurse with competences and experience in providing high dependency care.</p>	Y	
PQ-217	<p>Clinician with level 2 competences on duty</p> <p>A clinician trained to, or training at, the equivalent of paediatric medicine and neonatal medicine (RCPCH) level 2 competences or above should be available on site at all times.</p>	Y	
PQ-219	<p>High dependency care: nurse staffing</p> <p>Nurse staffing for children needing high dependency care should be 0.5:1 or 1:1 if nursed in a cubicle. If this is achieved through flexible use of staff (rather than rostering) then achievement of expected staffing levels should have been audited.</p>	Y	
PQ-220	<p>Tracheostomy care</p> <p>If children with tracheostomies are cared for on the ward, a healthcare professional with skills in tracheostomy care should be rostered on each shift.</p>	N/A	
PQ-221	<p>High dependency care: pharmacy and physiotherapy</p> <p>Wards providing high dependency care should have pharmacy and physiotherapy staff with appropriate competences and job plan time allocated for their work with children needing high dependency care.</p>	Y	

Ref	Quality Standards	Met?	Comments
PM-296	<p>Policy on staff acting outside their area of competence</p> <p>A Trust policy on staff acting outside their area of competence because this is in the best interest of the child should be in use covering:</p> <ol style="list-style-type: none"> Exceptional circumstances when this may occur Staff responsibilities Reporting of event as an untoward clinical incident Support for staff 	N	Reviewers did not see a policy but a policy for the High Dependency Unit was available.
PM-297	<p>Safeguarding training</p> <p>All staff involved with the care of children should:</p> <ol style="list-style-type: none"> Have training in safeguarding children appropriate to their role Be aware who to contact if they have concerns about safeguarding issues and Work in accordance with latest national guidance on safeguarding children 	N	See main report.
PM-301	<p>Support services 24 hour cover</p> <p>24-hour access to pharmacy, biochemistry, pathology, imaging and physiotherapy services able to support the care of children, and weekday access to dietetic services, should be available. If staff with competences in reporting imaging of children are not available 24/7 then the Trust should have arrangements for review of imaging by a paediatric radiologist.</p>	Y	
PQ-303	<p>Other specialties</p> <p>Access to other appropriate specialties should be available, depending on the usual case mix of patients, for example, 24-hour ENT cover for tracheostomy care.</p>	Y	
PQ-304	<p>Intensive care support</p> <p>24-hour on-site access to a senior nurse with intensive care skills and training should be available.</p>	Y	
PM-401	<p>Resuscitation equipment</p> <p>An appropriately designed and equipped area, or adequate mobile equipment, for resuscitation and stabilisation of critically ill children of all ages should be available. Drugs and equipment should be checked in accordance with local policy.</p>	Y	Reviewers suggested that two resuscitation trolleys should be available (see main report).
PQ-402	<p>High dependency care: facilities and equipment</p> <p>An appropriately designed and equipped area for providing high dependency care for children of all ages should be available. Equipment available should be appropriate for the high dependency care and interventions provided (QS PQ-601). Drugs and equipment should be checked in accordance with local policy.</p>	Y	Reviewers suggested that two resuscitation trolleys should be available. When an under 10kg ventilator was required staff used the one from the neonatal unit. The Trust may wish to check that sufficient ventilators are available.

Ref	Quality Standards	Met?	Comments
PM-501	<p>Triage</p> <p>A triage system should be operating which recognises the needs of children and ensures that all non-ambulant patients are triaged immediately.</p>	Y	Triage was carried out by Paediatric Assessment Unit staff at the entrance to the ward. It was planned to train more people to carry out triage.
PM-502	<p>Paediatric advice</p> <p>Protocols for accessing advice from the local paediatric service and local paediatric intensive care service should be in use in units where children are not under the care of a paediatrician.</p>	Y	
PM-503	<p>Clinical guidelines</p> <p>Guidelines should be in use covering:</p> <ol style="list-style-type: none"> Admission Treatment of all major conditions, including meningococcal infection, asthma, status epilepticus, diabetic ketoacidosis, upper airway obstruction and inhaled foreign body. Treatment of the consequences of trauma Procedural sedation and analgesia Discharge 	Y	
PM-504	<p>Early warning protocol</p> <p>A protocol designed to provide early warning of deterioration of children should be in use. The protocol should cover observation, monitoring and escalation of care.</p>	Y	Staff used PEWS (paediatric early warning system).
PM-505	<p>Resuscitation and stabilisation protocol</p> <p>Protocols should be in use covering resuscitation and stabilisation, including:</p> <ol style="list-style-type: none"> Alerting the paediatric resuscitation team Indications and arrangements for accessing ENT services when needed for airway emergencies In Emergency Departments with no on-site children's assessment or in-patient children's service, arrangements for ensuring paediatric medical and appropriate anaesthetic input to the care of the child 	Y	

Ref	Quality Standards	Met?	Comments
PM-506	<p>PICU transfer protocol</p> <p>A protocol on transfer to a PICU should be in use, which should include:</p> <ul style="list-style-type: none"> a. Accessing advice from a Retrieval Service or PIC consultant and providing full clinical information b. Ensuring decisions on whether a child needs to be transferred are taken by the appropriate local consultant with a PIC consultant c. Local guidelines on the maintenance of intensive care for a critically ill child until the child's condition improves or the retrieval team arrives which should stipulate the location/s in which children may be maintained d. Arrangements for the transfer of children requiring specialised intensive care not available in the lead PIC centre, including burns care and ECMO 	Y	
PM-507	<p>In-hospital transfer protocol</p> <p>A protocol on transfer of seriously ill children within the hospital (for example, to or from imaging or theatre) should be in use. The protocol should specify the escort arrangements and equipment required.</p>	N	No clear protocol was available.
PM-508	<p>High dependency care transfer protocol</p> <p>Hospitals which undertake transfers of children needing high dependency care should have a protocol agreed by the Retrieval Service for the local population which covers:</p> <ul style="list-style-type: none"> a. Types of patients transferred b. Composition and expected competences of the escort team c. Drugs and equipment required d. Restraint of children, equipment and staff during transfer e. Monitoring during transfer <p>The protocol should cover primary transfers of children to a High Dependency Care Unit and 'back-transfers' from PICU.</p>	N/A	

Ref	Quality Standards	Met?	Comments
PM-509	<p>Transfer contingency protocol</p> <p>A protocol should be in place for situations where retrieval is clinically inappropriate or time-critical, for example, severe head injury, intracranial bleeding, severe thoracic vascular trauma, burns and some intra-abdominal emergencies, where retrieval may introduce unsafe delay. The protocol should include:</p> <ol style="list-style-type: none"> Advice from the Retrieval Service or lead PIC centre (QS PM-506) Contact details of relevant specialists where additional advice may be required, for example, neurosurgeons Escort team of one nurse and one doctor with appropriate training and experience. The referring consultant and senior nurse on duty should judge the appropriateness of the medical escort who would normally be senior clinicians with experience and / or training in a) care of the critically ill child or b) emergency transfer or c) airway management. Indemnity for escort team Availability of drugs and equipment, checked in accordance with local policy Arrangements for emergency transport with a local ambulance service and the air ambulance Arrangements for ensuring restraint of children, equipment and staff during transfer 	Y	
PM-510	<p>Organ donation policy</p> <p>A Trust policy on organ donation should be in use which is specific about organ donation in children and includes transplant coordinator contact details.</p>	N	No policy specific to children was available.
PM-511	<p>Bereavement policy</p> <p>A Trust bereavement policy should be in use which specifically covers the death of a child and bereavement of parents, carers and siblings. This policy should specify arrangements for obtaining consent for post-mortems.</p>	N	No policy was available although there was a lot of bereavement documentation.
PQ-514	<p>High dependency care: clinical guidelines</p> <p>Clinical guidelines should be in use covering the provision of high dependency care, including:</p> <ol style="list-style-type: none"> Care of children with: <ol style="list-style-type: none"> Bronchiolitis Status epilepticus Diabetic ketoacidosis Long-term ventilation High dependency interventions (QS PQ-601). Rehabilitation of children following trauma (if applicable) 	Y	Point 'c' was not applicable.

Ref	Quality Standards	Met?	Comments
PQ-601	<p>High dependency care: operational policy</p> <p>Wards providing high dependency care should have an operational policy covering:</p> <ol style="list-style-type: none"> Type of children (age and diagnoses) for whom high dependency care will normally be provided Expected duration of high dependency care High dependency interventions provided, and duration of interventions, including whether the following are provided: <ol style="list-style-type: none"> Invasive monitoring CPAP Renal support Expected competences of healthcare staff providing high dependency interventions Arrangements for access to paediatric radiology advice Arrangements for liaison with lead PICU for advice and support 	Y	
PQ-701	<p>High dependency care: data collection</p> <p>The paediatric high dependency minimum data set should be collected and submitted to SUS.</p>	Y	
PM-702	<p>Audit</p> <p>The service should have a rolling programme of audit of compliance with clinical guidelines (Qs PM-503 to PM-509).</p>	N	Paediatric Assessment Unit and High Dependency Unit activity was monitored and the service participated in national audits but no evidence of other audits was available.
PM-703	<p>National audit programmes</p> <p>The service should be submitting data to, and participating in, appropriate national and regional clinical audit programmes including, for services caring for children with trauma, TARN.</p>	Y	
PM-798	<p>Review and learning</p> <p>The service should have appropriate multi-disciplinary arrangements for review of, and implementing learning from, positive feedback, complaints, morbidity, mortality, transfers and clinical incidents and 'near misses'.</p>	Y	
PM-799	<p>Document control</p> <p>All policies, procedures, guidelines and protocols relating to the care of critically ill and critically injured children should comply with Trust document control procedures.</p>	N	The Hub had a list of policies but some were out of date.

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PAEDIATRIC ANAESTHESIA

Ref	Quality Standard	Met?	Comments
[PC-601]	<p>Surgery and anaesthetic services</p> <p>The Trust should be clear whether it provides the following services for children and the hospital site or sites on which each service is available:</p> <ol style="list-style-type: none"> Elective in-patient surgery for children Day case surgery for children Emergency surgery for children Acute pain service for children 	Y	Documentation was not specific about the acute pain service provided by the adult service.
PG-102	<p>Information on anaesthesia</p> <p>Age-appropriate information about anaesthesia should be available for children and families.</p>	Y	Good, age appropriate information was available.
PG-199	<p>Involving children and families</p> <p>The service should have mechanisms for:</p> <ol style="list-style-type: none"> Receiving feedback from children and families about the treatment and care they receive Involving children and families in decisions about the organisation of the service 	Y	Flower boards with post-its for comments were available and information on 'You said - we did' was also available.
PG-201	<p>Lead anaesthetist</p> <p>A nominated consultant anaesthetist should be responsible for policies and procedures relating to emergency and elective anaesthesia of children. This consultant should be involved in the delivery of anaesthetic services to children.</p>	Y	
PG-202	<p>GICU lead consultant</p> <p>A nominated lead intensive care consultant should be responsible for Intensive Care Unit policies and procedures relating to children.</p>	Y	
PG-203	<p>Lead nurse</p> <p>A nominated lead nurse should be responsible for ensuring policies, procedures and nurse training relating to children admitted to the general intensive care unit are in place.</p>	Y	
PG-204	<p>Medical staff caring for children</p> <p>All anaesthetists or intensivists with emergency and / or elective paediatric responsibility should have up to date knowledge of advanced paediatric life support / resuscitation and stabilisation of critically ill children.</p>	N	Resuscitation training completed outside of the Trust department was not included in the Trust Electronic Staff Record. See main report.
PG-205	<p>Elective anaesthesia</p> <p>All anaesthetists involved in the elective surgical management of children should be familiar with current practice and the techniques necessary to provide safe care for children, including acute pain management.</p>	Y	A smaller number of anaesthetists provided care for children aged under one year.

Ref	Quality Standard	Met?	Comments
PG-206	<p>Operating department assistance</p> <p>Operating department assistance from personnel trained and familiar with paediatric work should be available for all emergency and elective children's surgery. For hospitals accepting children with trauma, this includes competences in the care of children with trauma.</p>	N	See main report.
PG-207	<p>Recovery staff</p> <p>At least one member of the recovery room staff who has training and experience in paediatric practice should be available for all elective children's lists.</p>	N	See main report.
PG-401	<p>Induction and recovery areas</p> <p>Child-friendly paediatric induction and recovery areas should be available within the theatre environment.</p>	N	The children's recovery area was separate from adult patients and was well laid out. Staff had tried to make the area child-friendly but there was nothing available specifically for children. Older children were given i-pods. Reviewers did not see the induction area.
PG-402	<p>Day surgery</p> <p>Children needing elective surgery should be admitted to a day surgery unit or a children's ward area specifically identified for children's day surgery.</p>	Y	A dedicated area for children was available to those admitted to the day surgery unit. Patients on the dental list did not come via the ward, a nurse from the ward would come down to the unit.
PG-403	<p>Drugs and equipment</p> <p>Appropriate drugs and equipment should be available in each area in which paediatric anaesthesia is delivered. Drugs and equipment should be checked in accordance with local policy.</p>	Y	A good system of sealing trolleys was in place which made checking very clear.
PG-404	<p>GICU paediatric area</p> <p>The general intensive care unit should have an appropriately designed and equipped area for providing intensive care for children. Drugs and equipment appropriate to the age and condition of children who may be admitted (QS PM-506) should be available and checked in accordance with local policy.</p>	Y	Two children had been admitted to the adult Intensive Care Unit in the previous year and both were retrieved by KIDS (Kids Intensive Care and Decision Support). Screens and bed spaces were available.
PG-501	<p>Role of anaesthetic service in care of critically ill children</p> <p>Protocols for resuscitation, stabilisation, accessing advice, transfer and maintenance of critically ill children (Qs PM-503 to PM-509) and the provision of high dependency care (QS PQ-514 and PQ-601) should be clear about the role of the anaesthetic service and (general) intensive care in each stage of the child's care.</p>	Y	The adult critical care service was very supportive of the High Dependency Unit. Clear guidelines were available in the Emergency Department and paediatric ward.

Ref	Quality Standard	Met?	Comments
PG-502	<p>GICU Care of children</p> <p>If the maintenance guidelines in QS PM-506 include the use of a general intensive care unit, they should specify:</p> <ol style="list-style-type: none"> The circumstances under which a child will be admitted to and stay on the general intensive care unit A children's nurse is available to support the care of the child and should review the child at least every 12 hours There should be discussion with a PICU about the child's condition prior to admission and regularly during their stay on the general intensive care unit A local paediatrician should agree to the child being moved to the intensive care unit and should be available for advice A senior member of the paediatric team should review the child at least every 12 hours during their stay on the general intensive care unit 	Y	There was regular input to HDU beds from a lead clinician with a strong interest in paediatrics. The unit provided support for children on CPAP on the High Dependency Unit.
PG-503	<p>Surgery criteria</p> <p>Protocols should be in use covering:</p> <ol style="list-style-type: none"> Exclusion criteria for elective and emergency surgery on children Day case criteria Non-surgical procedures requiring anaesthesia 	N	Protocols covering points 'b' and 'c' were good. Two policies for surgery on children were available. The anaesthetic policy was clear on which consultant carried out which procedures but the surgery policy was not consistent with the anaesthesia policy.
PG-504	<p>Clinical guidelines – anaesthesia</p> <p>Clinical guidelines should be in use covering:</p> <ol style="list-style-type: none"> Analgesia for children Pre-operative assessment Preparation of all children undergoing general anaesthesia 	Y	Little evidence was available for point 'c'.
PG-601	<p>Liaison with theatre manager</p> <p>There should be close liaison between the lead consultant/s for paediatric anaesthesia (QS PG-201) and the Theatre Manager with regard to the training and mentoring of support staff.</p>	Y	
PG-602	<p>Children's lists</p> <p>Wherever possible, elective surgery on children should be undertaken on dedicated operating lists for children. If dedicated lists are not feasible, children should be put at the start of lists with appropriately trained staff in the reception, anaesthetic room, theatre and recovery areas.</p>	Y	
PG-701	<p>High dependency care: data collection (GICU)</p> <p>The paediatric high dependency minimum data set should be collected and submitted to SUS.</p>	N/A	Only two children had been admitted in the last year, both for a short period of time.

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