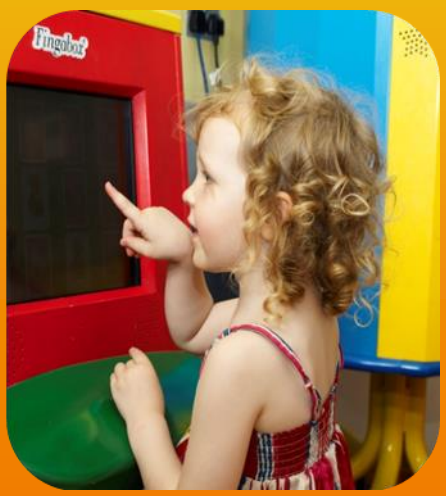
WM QRS West Midlands Quality Review Service

NHS

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

Sandwell and West Birmingham Hospitals NHS Trust

Visit Dates: 1st July 2015 Report Date: October 2015



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INTRODUCTION

This report presents the findings of the review of the care of critically ill and critically injured children that took place on 1st July 2015. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Care of Critically Ill and Critically Injured Children in the West Midlands, Version 4.2, December 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 Sandwell and West Birmingham Hospitals NHS 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:

- Sandwell and West Birmingham Hospitals NHS Trust
- NHS Sandwell and West Birmingham 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 Sandwell and West Birmingham Clinical Commissioning Group.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS is 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 Sandwell and West Birmingham Hospitals NHS 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

This visit reviewed the following services at Sandwell and West Birmingham Hospitals NHS Trust:

- Emergency Departments at Sandwell and City Hospital
- In-patient paediatric wards Lyndon 1 and Lyndon Ground at Sandwell Hospital. Lyndon 1 had 26 beds in winter and 18 beds in summer, including two beds for children needing high dependency care. Lyndon Ground had 18 beds including an adolescent bay, short stay in-patient unit and paediatric assessment unit.
- Medical and surgical day unit on Priory Ground ward at Sandwell Hospital
- Paediatric Assessment Unit on Ward D19 at City Hospital with 10 beds in winter and eight beds in summer. General paediatric patients expected to need less than 24 hours' stay were admitted to the unit, along with short-stay admissions of ophthalmology and Ear, Nose and Throat (ENT) patients.
- Birmingham and Midland Eye Centre (BMEC) Eye Casualty, theatres and Day Unit
- Paediatric Anaesthesia across both Sandwell and City Hospital sites, including arrangements in the Birmingham Midlands Eye Centre and the Birmingham Treatment Centre, and the General Intensive Care Unit at Sandwell Hospital

An Urgent Care Centre at Sandwell Hospital, adjacent to the Emergency Department, was not reviewed and staff who met the visiting team had little knowledge of the working arrangements within the Urgent Care Centre. Reviewers were therefore not able to look at the whole patient pathway, including what would happen if patients at Sandwell were incorrectly streamed initially.

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TRUST-WIDE

General Comments and Achievements

Throughout the sites visited by reviewers staff were friendly, open and clearly committed to providing high quality care for children. The environment within which care was provided was not ideal, especially working over two sites and the long distance from the Emergency Department at City Hospital to the Paediatric Assessment Unit on Ward D19, but staff had tried to make the areas child-friendly and were doing their best within the facilities available.

Staff were aware of the Standards which should be met and were making ongoing improvements to the organisation of services. Plans for the new hospital were being discussed but this was not preventing ongoing improvement to the services provided.

Multi-disciplinary scenario training was in place in paediatric services and Emergency Departments on both sites and simulation training was being developed.

Good Practice

1 Good age-appropriate feedback mechanisms were in use in all areas. I-Pads were available to collect feedback from young people about their experience of care. These could be used with or without parental support with age-appropriate design, layout and questions. The feedback questions were easy to complete and results were collated electronically. Response rates had improved since the introduction of the I-Pads although reviewers were told that they were used more in paediatric services than in the Emergency Departments.

2 'Listening into Action' events were held regularly and parents were involved in clinical governance meetings. Some parents attended these meetings regularly and other parents were invited if they had raised particular concerns that were going to be discussed at the meeting.

Immediate Risks: No immediate risks were identified.

Concerns

1 **Resuscitation Trolleys**

Reviewers were concerned about resuscitation trolleys across the Trust for a combination of reasons:

a. Equipment on the resuscitation trolleys was not sealed and so could be 'borrowed' from the trolley and would therefore not be available when needed. Trolleys were checked daily.

b. The layout of resuscitation trolleys was not consistent across the Trust. In particular, Emergency Departments' trolleys were different from those across most of the rest of the Trust. This was of particular concern because paediatric staff were expected to attend resuscitations of children in the Emergency Departments. The trolleys in the Emergency Departments were not immediately identifiable which could be confusing, for example, for locum doctors.

c. There was no resuscitaire in the Emergency Department at City Hospital.

d. Different defibrillators were in use in different parts of the Trust. This issue was identified in 2002 and 2006 and had still not been addressed. On Lyndon Ground ward the defibrillator was stored separately from the resuscitation trolley.

e. In the BMEC Eye Casualty the trolley was kept in a cubicle where adult patients were seen. This could lead to delays if the trolley was needed in an emergency.

2 **Facilities**

Some aspects of the available facilities were of concern to reviewers:

a. In all paediatric areas the parents' toilets and washing facilities were shared with patients.

b. On both Lyndon 1 and Lyndon Ground wards there was only one chair where parents could sit and eat. As a result, parents often ate at their child's bedside. This resulted in food and drinks being carried around the ward with associated potential for accidents.

c. Children were not separate from adult patients in the recovery areas (except in the Birmingham Treatment Centre). Recovery areas were mixed sex areas with visual separation from adult patients but not sound separation.

Further Consideration

1 Limited support for play was available across the Trust. One play specialist and one play worker covered all services for children on both sites. Play specialist support was therefore available Monday to Friday 9am to 5pm and no play support was available at weekends, although wards Lyndon 1 and Lyndon Ground had a NNEB qualified member of staff as part of their establishment. Emergency Departments did not have any play support with time allocated for work in the Departments although ward-based staff could be accessed, if available, for specific procedures. The Trust had plans to review the play team, however, and an apprentice was to join the team from October.

2 Resuscitation drugs were sealed but not resuscitation trolleys. As well as the potential for 'borrowing' of equipment (see above), staff were required to check trolleys daily. Reviewers suggested that considerable staff time could be saved by sealing trolleys and introducing weekly checks. This could also mean that trolleys could be stored in more accessible locations.

3 Reviewers suggested that some shared 'review and learning' arrangements with the Urgent Care Centre at Sandwell Hospital may be helpful.

4 The protocol for transfer of children within and between sites was not explicit about risk assessment of patients prior to moving them or about the expected competences of staff undertaking transfers. Reviewers suggested that the policy should be made more explicit in these areas.

5 Information for young people and families was unclear about whether it was for parents or for children and young people. Some of the information seen by reviewers used different language (ie referring to the patient or parent) in different parts of the same document. Some of the Emergency Department information was out of date (2012) and reviewers considered that some of the advertisements may not be appropriate. Reviewers were also surprised by the lack of signage and patient information in braille in the BMEC.

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EMERGENCY DEPARTMENTS

Most reviewers' findings about the Emergency Departments are given in the Trust-wide section of this report. Findings specific to the Emergency Departments were:

General Comments and Achievements

A practice development nurse was working with staff in both Emergency Departments.

Good Practice

1 A good competence framework for nurses in the Emergency Departments was in place. (See also 'further consideration' below).

Concerns

1 **Safeguarding of Children: City Hospital Emergency Department**

Arrangements for safeguarding children in the Emergency Department at City Hospital were of serious concern for a combination of reasons:

a. Only 80% of consultants and 84% (11 of 13) middle-grade doctors, who provided on-site overnight cover for the Department, had completed level 3 safeguarding training. Reviewers were assured that all GPs working in the paediatric area had completed level 3 training but the mechanisms for monitoring this on an ongoing basis did not appear to be robust. All band 7 nurses had completed level 3 safeguarding training but only 50% of band 6 nurses.

b. No 'alert' system for identifying Birmingham children with safeguarding concerns was in place.

2 **Paediatric Life Support Training**

The levels of paediatric life support training among nursing staff were insufficient to ensure that a nurse with appropriate level training was available on each shift. This had occurred on three nights in the two weeks preceding the review visit. At City Hospital, 5/17 nurses had advanced paediatric life support training and 4/17 had paediatric life support training. At Sandwell Hospital records of nurses' paediatric life support training were not easily available. Also, GPs working in the children's Emergency Department at City Hospital had only basic life support training whereas at least paediatric life support training was expected by the Quality Standards.

3 **Children's Trained Nurses**

A children's trained nurse was not always on duty in the Emergency Departments, especially at night. City Hospital Emergency Department had fewer children's trained nurses than Sandwell Hospital and so had more difficulty achieving the expected staffing levels.

Further Consideration

1 Reviewers suggested that the nurses' competence framework could be improved by the inclusion of an introduction and clear timescales. Also, the teaching programme which supported the framework had lapsed at the time of the review visit. Reviewers were unsure of the reason for this as practice development nurses were available in both Departments. Reviewers considered that this programme would be valuable for new staff and for ongoing training of other staff.

PAEDIATRIC SERVICES

Most reviewers' findings about paediatric services are given in the Trust-wide section of this report. Findings specific to the paediatric services were:

Good Practice

1 Lyndon Ground ward at Sandwell Hospital had a 'discharge area' where children could wait for medication or for their parents to arrive.

2 A finger-print activated MEDI365 machine was available on Lyndon Ground ward which meant that medication 'to take out' was available very quickly.

3 The adolescent area on Lyndon Ground ward provided a very good area for the care of young people. Privacy was good with eight cubicles and an open area in the middle of the bay. A good range of information appropriate to young people was available. Reviewers were impressed that information which would not have been appropriate for younger children was kept in the adolescent bay only.

4 Lyndon 1 Ward had a very good 'feedback tree'. Children and parents wrote comments about staff who had provided particularly good care and staff with the most positive comments received a monthly award. Children and parents also wrote about concerns and the 'tree' was used to provide feedback about actions taken.

5 Paediatric services linked well with the community paediatric nursing team. This arrangement facilitated early discharge and improved the flow of patients through paediatric services.

Concerns: See Trust-wide section of this report.

Further Consideration

1 Expected nurse staffing levels for children needing high dependency care were not achieved because patients were nursed in cubicles. Reviewers also suggested that the arrangements for high dependency care training for nursing staff should be reconsidered, taking into account the recommendations of *'High Dependency Care for Children – Time to Move On'* (RCPCH, 2014).

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BIRMINGHAM AND MIDLAND EYE CENTRE

Between two and three operating lists per week for children took place at the Birmingham and Midland Eye Centre (BMEC). Most children were admitted through the BMEC Day Unit. Children needing a longer stay in hospital were admitted to Ward D19 (Paediatric Assessment Unit).

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PAEDIATRIC ANAESTHESIA (TRUST-WIDE) AND GENERAL INTENSIVE CARE UNIT (SANDWELL)

Most reviewers' findings are given in the Trust-wide section of this report. Findings specific to paediatric anaesthesia and the General Intensive Care Unit at Sandwell Hospital were:

General Comments and Achievements

Good paediatric anaesthesia support for children was available with a core group of five consultant anaesthetists undertaking regular children's lists. Staff were clear about the criteria for surgery. Pre-operative assessment was nurse-led using a standardised format. This meant that potential problems were identified to anaesthetists well before the day of surgery which meant that appropriate strategies could be formulated. This arrangements minimised the number of cancellations on the day of surgery. Criteria for anaesthesia were clearly defined, including the grade of staff who should and should not anaesthetise children of different ages / with different conditions. A 40 patient case note review was undertaken each month on each site. Good governance arrangements were in place with team learning events followed by clear action plans.

The Birmingham Treatment Centre provided a good environment for the care of children, including a separate, child-friendly recovery area.

Good Practice

1 The General Intensive Care Unit (ICU) at Sandwell Hospital provided excellent care for children. One bay was set up for children with appropriate equipment immediately available. Drug calculations were displayed clearly. A robust training programme for ICU nurses was in place, supported by lots of guidance. A good checklist was used whenever a child was admitted to the unit. Reviewers were impressed by the thought and care that had gone into all aspects of the care of children within the Unit.

2 Reflective video-learning was used in theatres. Operating sessions were video-recorded every three months (with patients' consent). The videos were then reviewed by the whole team, including comments on behaviour and organisation. This arrangement meant that teams were learning together from 'real life' clinical scenarios.

3 Acute pain management guidelines were clear and comprehensive.

Immediate Risks: No immediate risks were identified.

Concerns

1 **Training Records**

Training records for anaesthetic staff were not easily accessible on either site on the day of the review. It was not therefore clear whether all consultant anaesthetists had appropriate up to date training in paediatric resuscitation and life support. Some records were undated. Other staff were due for updates but did not have a definite date to undertake appropriate training. Middle grade doctors did have appropriate training although it was not clear if this would always be achieved by locum staff. It was also not clear whether anaesthetic staff had undertaken appropriate level safeguarding training.

Further Consideration

1 Reviewers suggested that it may be helpful to share the process and / or outcome of the 40 patient case note review between sites.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Dr John Alexander	Clinical Director, PICU	University Hospital of North Midlands NHS Trust
Dr Taruna Bindal	Consultant Paediatrician	Worcestershire Acute Hospitals NHS Trust
Kate Davis	Patient Representative	
Helen Bayley	Risk Mitigation Lead Nurse	NHS Shropshire CCG
Denise Fraser	Matron Emergency Service	Walsall Healthcare NHS Trust
Dr Kamljit Kaur	Consultant Paediatric Emergency Medicine	The Royal Wolverhampton NHS Trust
Zoe Morris	Patient Representative	
Joanne Pugh	Advanced Paediatric Nurse Practitioner	The Shrewsbury & Telford Hospital NHS Trust
Dr Sue Smith	Consultant Anaesthetist and Divisional Medical Director	The Royal Wolverhampton NHS Trust

Observers

Louise Sanders	Assessment Manager	UK Accreditation Service
Dr Stephen Playfor	Technical Expert	UK Accreditation Service
Dr William van der Merwe	Consultant Paediatrician, Clinical Lead	Nobles Hospital, Isle of Man

WMQRS Team

Jane Eminson	Acting Director	West Midlands Quality Review Service
Sarah Broomhead	Assistant Director	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 varies 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 & Critically Injured Children			
Acute Trust-Wide	9	9	100
Emergency Department	90	64	71
Sandwell Hospital and City Hospital	(45)	(31)	(69)
Birmingham and Midland Eye Centre	(45)	(33)	(73)
In-Patient Care - Lyndon 1, Lyndon Ground and Paediatric Assessment Unit	53	43	81
Other Paediatric Areas	74	64	86
Birmingham and Midland Eye Centre - Day Unit	(37)	(32)	(86)
Birmingham Treatment Centre - Day Case Surgery	(37)	(32)	(86)
Paediatric Anaesthesia (Trust-wide)	21	19	90
Total	**247**	**199**	**81**

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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ACUTE TRUST-WIDE

Ref	Quality Standard	Met? Y/N	Reviewer Comments
PC-201	**Board-level lead for children** A Board-level lead for children's services should be identified.	Y	
PC-202	**Lead consultants and lead nurses** The Board level lead for children's services should ensure that the following leads for the care of children have been identified: a. Nominated lead consultants and nurses for each of the areas where children may be critically ill (QS PM-201) b. Nominated lead consultant for emergency and elective surgery in children c. Nominated lead consultant for trauma in children d. Nominated lead anaesthetist (QS PG-201) and lead ICU consultant (QS PG-202) for children	Y	
PC-501	**Minor injuries units** 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.	N/A	
PC-502	**Hospitals with emergency services for adults only – avoiding child attendances** Hospitals without on-site assessment or in-patient services for children should: a. Indicate clearly to the public the nature of the service provided for children b. Have agreed a protocol with the local ambulance service that children are not brought to the service by ambulance	N/A	
PC-503	**Hospitals with emergency services for adults only – paediatric advice** 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.	N/A	
PC-504	**Surgery on children** The Trust should have agreed the exclusion criteria for elective and UHCW CIC appendix D1 20140211emergency surgery on children (QS PG-503).	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
PC-601	**Services provided** The Trust should be clear whether it provides the following services and the hospital site or sites on which each service is available: a. Minor Injury Unit, Walk-in Centre or Urgent Care Centre b. Emergency Department for: • 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	**Children's assessment service location** 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.	Y	
PC-603	**Hospitals accepting children with trauma** Hospitals accepting children with trauma should also provide, on the same hospital site: a. High Dependency Care service for children b. Paediatric Intensive Care service or a general intensive care unit which admits children needing: • A short period of post-anaesthetic care • Maintenance prior to transfer to PICU (QS PM-506)	Y	
PC-604	**Trust-wide group** 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. 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.	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
PC-703	**Approving guidelines and policies** 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.	Y	
PC-704	**Child death** 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.	Y	

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EMERGENCY DEPARTMENTS – SANDWELL GENERAL HOSPITAL & CITY HOSPITAL AND BIRMINGHAM AND MIDLAND EYE CENTRE

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-101	**General support for families** The following support services should be available: a. Interfaith and spiritual support b. Social workers c. Interpreters d. Bereavement support e. Patient Advice and Advocacy Services f. Information for parents about these services should also be available.	Y	Support for families was in place Reviewers considered that displaying information signposting families to services may be helpful. The feedback forms about patient and families experience were age appropriate and very good. Reviewers were told that a nurse would remain with the family in cases of bereavement and staff would contact the family six weeks later.	Y	Information was clearly displayed.
PM-102	**Child-friendly environment** 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.	N	Toys or books for children over five years of age were not available in the areas. Facilities were separate to adult areas, however, the examination rooms were bare apart from a record of cleaning and unlikely to offer any distraction for the children attending.	N	The children's area was not separate from the main waiting room. A corner of the waiting room had been identified as an area for children with a few toys and books.
PM-103	**Parental access** 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.	Y		Y	

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-104	**Information for children** Children should be offered appropriate information to enable them to share in decisions about their care.	N	Written information for those aged between 5 - 11 years was not available. The 'Rees Bear' book was in use for those under 5 years of age.	Y	The 'Rees Bear' book was in use for those under 5 years of age. An anaesthetic leaflet was also given to children. Nursing staff made sure that the children had sufficient information when they attended.
PM-105	**Information for parents** Parents should have information, encouragement and support to enable them fully to participate in decisions about, and in the care of, their child.	N	A range of information was available for parents but most of the information seen by the reviewers was out of date.	Y	
PM-106	**Keeping parents informed** Parents should be informed of the child's condition, care plan and retrieval (if necessary) and this information should be updated regularly.	Y		Y	Flow charts of care, phone numbers, pictures and car parking charges were clearly displayed in the department.
PM-108	**Financial support** A policy on financial support for families of critically ill children should be developed and communicated to parents.	Y	It was not clear how the policy was communicated to families, as information was not visible in the areas visited. In practice, reviewers were told that families were offered support and they could use the shuttle bus between hospital sites up until 5.30pm. Car parking tokens were available at a reduced cost.	Y	

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-199	**Involving children and families** The service should have mechanisms for: a. Receiving feedback from children and families about the treatment and care they receive b. Involving children and families in decisions about the organisation of the service	Y	A range of mechanisms were in place from 'you said we did' and monkey questionnaires, which were easy to complete. For those young people who would complete the adult questionnaire, the comment boxes would benefit from review.	Y	A range of mechanisms were in place, monkey questionnaires, which were easy to complete, and separate feedback forms for adults.
PM-201	**Lead consultant and lead nurse** A nominated consultant and nominated senior children's trained nurse should be responsible for: a. Protocols covering the assessment and management of the critically ill child b. Ensuring training of relevant staff The lead consultant and lead nurse should undertake regular clinical work within the area for which they are responsible.	Y		Y	***Compliance from here onwards is the same as Sandwell Hospital and City Hospital Emergency Department areas.***
PM-202	**Consultant paediatrician 24 hour cover** 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.	Y		Y	
PM-203	**Consultant anaesthetist 24 hour cover** 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.	Y		Y	

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-204	**24 hour on site clinician competent in resuscitation and advanced airway management** 24 hour cover by a clinician with competences in resuscitation, stabilisation and intubation of children should be immediately available on each hospital site.	Y		Y	
PM-205	**Medical staff resuscitation training** All relevant medical staff and clinical staff (QS PM-201) have appropriate, up to date paediatric resuscitation training.	N	This Quality Standard was met on the Sandwell site. At City hospital it was met for consultant and middle-grade doctors. GPs working in the children's Emergency Department had only basic life support training.	N	This Quality Standard was met on the Sandwell site. At City hospital it was met for consultant and middle-grade doctors. GPs working in the children's Emergency Department had only basic life support training.
PM-206	**Clinician with advanced resuscitation training on duty** A clinician with up to date advanced paediatric resuscitation training should be on duty at all times.	Y	Middle-grade doctors in the City Hospital Emergency Department had advanced paediatric resuscitation training and children needing resuscitation were taken to the resuscitation area in the main Emergency Department.	Y	Middle-grade doctors in the City Hospital Emergency Department had advanced paediatric resuscitation training and children needing resuscitation were taken to the resuscitation area in the main Emergency Department.

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-207	**Clinician with level 1 competences on duty** There should be 24 hour resident cover by a clinician with competences and experience in: a. Assessment of the ill child and recognition of serious illness and injury b. Initiation of appropriate immediate treatment c. Prescribing and administering resuscitation and other appropriate drugs d. Provision of appropriate pain management e. Effective communication with children and their families The level of competence expected is equivalent to paediatric medicine (RCPCH) level 1 competences in these areas.	Y		Y	

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-208	**Nursing and HCA staff competences** 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. 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: a. Paediatric resuscitation b. High dependency care c. Care and rehabilitation of children with trauma	N	Reviewers did not see evidence of competences of non-registered staff. A good competency framework for nursing staff was in place (see main report further consideration section for reviewer suggestions about this).	N	Reviewers did not see evidence of competences of non-registered staff. A good competency framework for nursing staff was in place (see main report further consideration section for reviewer suggestions about this).
PM-209	**Minimum nurse staffing** 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.	N	See main report	N	See main report
PM-210	**Nurse with paediatric resuscitation training on duty** At least one nurse with up to date paediatric resuscitation training should be on duty at all times.	N	See main report	N	See main report

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-211	**Support for play** Appropriately qualified play specialists should be available 7 days a week.	N	The Emergency Departments did not have support for play or distraction. Ward-based play specialists could be accessed if required.	N	The Emergency Departments did not have support for play or distraction. Ward-based play specialists could be accessed if required.
PE-212	**Trauma team** Emergency Departments receiving children with trauma should have a Trauma Team immediately available at all times, including: a. Team Leader (see note 2) b. Emergency Department doctor (senior decision maker) c. Clinician trained to, or training at, the equivalent of paediatric medicine and neonatal medicine (RCPCH) level 2 competences or above (QS PQ-217) d. Clinician with competences in resuscitation, stabilisation and intubation of children (QS PM-203) e. General Surgeon f. Orthopaedic Surgeon	Y		Y	
PE-213	**ED liaison paediatrician** There should be a nominated paediatric consultant responsible for liaison with the nominated Emergency Department consultant (QS PM-201).	Y		Y	

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PE-214	**ED sub-speciality trained consultant** 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.	N	Posts had been advertised but no applications had been received.	N	Posts had been advertised but no applications had been received.
PE-215	**Small emergency departments** 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.	N/A		N/A	
PM-296	**Policy on staff acting outside their area of competence** 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: a. Exceptional circumstances when this may occur b. Staff responsibilities c. Reporting of event as an untoward clinical incident d. Support for staff	N	A policy was not available.	N	A policy was not available.

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-297	**Safeguarding training** All staff involved with the care of children should: a. Have training in safeguarding children appropriate to their role b. Be aware who to contact if they have concerns about safeguarding issues and c. Work in accordance with latest national guidance on safeguarding children	N	Only 84% (11 of 13) of middle-grade doctors in the Department at City Hospital had completed level 3 safeguarding training. Reviewers were assured that all GPs working in the City Hospital Emergency Department had undertaken this training.	N	Only 84% (11 of 13) of middle-grade doctors in the Department at City Hospital had completed level 3 safeguarding training. Reviewers were assured that all GPs working in the City Hospital Emergency Department had undertaken this training.
PM-301	**Support services 24 hour cover** 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.	Y		Y	
PE-302	**Critical care support** Emergency Departments accepting children with trauma should have access, on the same hospital site, to: a. High Dependency Care service for children b. Paediatric Intensive Care service or a general intensive care unit which admits children needing: • A short period of post-anaesthetic care • Maintenance prior to transfer to PICU (QS PM-506)	N	This Quality Standard was met at Sandwell but not at City Hospital. Children remained in the Emergency Department or Paediatric Assessment Unit until they were transferred.	N	This Quality Standard was met at Sandwell but not at City Hospital. Children remained in the Emergency Department or Paediatric Assessment Unit until they were transferred.

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-401	**Resuscitation equipment** 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.	N	See main report for reviewer concerns about the organisation of resuscitation trolleys. Equipment in the Birmingham and Midland Eye Centre (BMEC) Eye casualty was difficult to access in an emergency.	N	See main report for reviewer concerns about the organisation of resuscitation trolleys. Equipment in the Birmingham and Midland Eye Centre (BMEC) Eye casualty was difficult to access in an emergency.
PM-501	**Initial Assessment** A protocol should be in use which ensures a brief clinical assessment within 15 minutes of arrival, including a pain score (where appropriate), and a system of prioritisation for full assessment if waiting times exceed 30 minutes.	Y		Y	
PM-502	**Paediatric advice** 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.	Y		Y	
PM-503	**Clinical guidelines** Guidelines should be in use covering: a. Admission b. Treatment of all major conditions, including meningococcal infection, asthma, status epilepticus, diabetic ketoacidosis, upper airway obstruction and inhaled foreign body. c. Treatment of the consequences of trauma d. Procedural sedation and analgesia e. Discharge	Y		Y	

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-504	**Early warning protocol** 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.	Y		Y	
PM-505	**Resuscitation and stabilisation protocol** Protocols should be in use covering resuscitation and stabilisation, including: a. Alerting the paediatric resuscitation team b. Indications and arrangements for accessing ENT services when needed for airway emergencies c. 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		Y	

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-506	**PICU transfer protocol** A protocol on transfer to a PICU should be in use, which should include: 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		Y	
PM-507	**In-hospital transfer protocol** 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.	Y	A protocol was in place but additional detail was required (see main report).	Y	A protocol was in place but additional detail was required (see main report).

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-508	**High dependency care transfer protocol** 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: 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 The protocol should cover primary transfers of children to a High Dependency Care Unit and 'back-transfers' from PICU.	Y	A protocol was in place but additional detail was required (see main report).	Y	A protocol was in place but additional detail was required (see main report).

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-509	**Transfer contingency protocol** 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: 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		Y	

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-510	**Organ donation policy** A Trust policy on organ donation should be in use which is specific about organ donation in children and includes transplant coordinator contact details.	N	A Trust policy was available but was not specific about organ donation in children.	N	A Trust policy was available but was not specific about organ donation in children.
PM-511	**Bereavement policy** 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.	Y		Y	

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PE-511	**Trauma protocol** A protocol on care of children with trauma should be in use covering: 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: 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: 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		Y	

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PE-512	**Trauma guidelines** Guidelines should be in use covering care of children with trauma, including: a. Immediate airway management b. Haemorrhage control and massive transfusion c. Chest drain insertion	Y		Y	
PE-513	**Trauma imaging** A protocol on imaging of children with trauma should be in use which ensures: 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	Y		Y	

		Sandwell Hospital, City Hospital - Emergency Departments			Birmingham and Midland Eye Centre (BMEC) - Emergency Department
Ref	**Quality Standard**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-702	**Audit** The service should have a rolling programme of audit of compliance with clinical guidelines (QSs PM-503 to PM-509).	Y		Y	
PM-703	**National audit programmes** 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.	Y	No TARN (Trauma Audit and Research Network) data were submitted between June and April 2015 because no relevant patients were admitted. The nurse who had been collecting TARN data was about to leave the Trust. It will be important to ensure ongoing support for data collection.	Y	No TARN (Trauma Audit and Research Network) data were submitted between June and April 2015 because no relevant patients were admitted. The nurse who had been collecting TARN data was about to leave the Trust. It will be important to ensure ongoing support for data collection.
PM-798	**Review and learning** 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'.	Y	Meetings took place and video-conferencing was used to ensure input from staff on both sites. Reviewers were told that these were multi-disciplinary. This was not clear from the documentary evidence available because of the lack of detail in minutes of meetings. It may be helpful to add detail of roles to the meeting notes.	Y	Meetings took place and video-conferencing was used to ensure input from staff on both sites. Reviewers were told that these were multi-disciplinary. This was not clear from the documentary evidence available because of the lack of detail in minutes of meetings. It may be helpful to add detail of roles to the meeting notes.
PM-799	**Document control** All policies, procedures, guidelines and protocols relating to the care of critically ill and critically injured children should comply with Trust document control procedures.	Y		Y	

IN-PATIENT CARE – LYNDON 1, LYNDON GROUND AND PAEDIATRIC ASSESSMENT UNIT

Ref	Quality Standards	Met? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19 Reviewer Comments
PM-101	**General support for families** The following support services should be available: a. Interfaith and spiritual support b. Social workers c. Interpreters d. Bereavement support e. Patient Advice and Advocacy Services f. Information for parents about these services should also be available.	Y	
PM-102	**Child-friendly environment** 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.	Y	**Lyndon 1:** was in the process of being redecorated. A range of distraction technique toys were available. **Lyndon Ground:** Provided a separate adolescent department with age appropriate entertainment. Information was displayed. **PAU:** The unit was short stay only. Space was limited and only a few toys were available for play.
PM-103	**Parental access** 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.	Y	
PM-104	**Information for children** Children should be offered appropriate information to enable them to share in decisions about their care.	Y	Good information for teenagers was available, especially on the adolescent unit. Information suitable for children aged between 5 to 11 years of age was not available in any of the areas visited by reviewers.
PM-105	**Information for parents** Parents should have information, encouragement and support to enable them fully to participate in decisions about, and in the care of, their child.	Y	**Lyndon 1 and Lyndon Ground:** A range of information was easily accessible for parents. **PAU:** Those parents and families who met with the reviewing team felt informed about any plans of care and felt 'well looked after'.
PM-106	**Keeping parents informed** Parents should be informed of the child's condition, care plan and retrieval (if necessary) and this information should be updated regularly.	Y	

Ref	Quality Standards	Met? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19 Reviewer Comments
PM-108	**Financial support** A policy on financial support for families of critically ill children should be developed and communicated to parents.	Y	It was not clear how the policy was communicated to families. Reviewers were told that information was available on request. Information was not visible in the areas visited. In practice, reviewers were told that families were offered support and they could use the shuttle bus between hospital sites up until 5.30pm. Car parking tokens were available at a reduced cost.
PQ-108	**Parent information for in-patients** 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.	Y	
PQ-109	**Parent facilities for in-patients** Facilities should be available for the parent of each child, including: a. Somewhere to sit away from the ward b. A quiet room for relatives c. A kitchen, toilet and washing area d. A changing area for other young children	N	This Quality Standard was not met at either site. Parents did not have any area away from ward. There was no changing area for those with other young children and families would use the ladies toilet. A fold-away bed was available and parents could sometimes access a room in the nursing staff quarters.
PQ-110	**Overnight facilities** 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.	N	Parents and patients used the same toilet and washroom facilities. As Quality Standard PQ-109.
PQ-111	**Overnight facilities – high dependency care services** 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.	N	As PQ-109.
PM-199	**Involving children and families** The service should have mechanisms for: a. Receiving feedback from children and families about the treatment and care they receive b. Involving children and families in decisions about the organisation of the service	Y	A range of mechanisms were in place from 'you said we did' and age appropriate IPAD questionnaires. For those young people who might complete the adult questionnaire the comment boxes would benefit from review.

Ref	Quality Standards	Met? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19 Reviewer Comments
PM-201	**Lead consultant and lead nurse** A nominated consultant and nominated senior children's trained nurse should be responsible for: a. Protocols covering the assessment and management of the critically ill child b. Ensuring training of relevant staff The lead consultant and lead nurse should undertake regular clinical work within the area for which they are responsible.	Y	
PM-202	**Consultant paediatrician 24 hour cover** 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.	Y	
PM-203	**Consultant anaesthetist 24 hour cover** 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.	Y	
PM-204	**24 hour on site clinician competent in resuscitation and advanced airway management** 24 hour cover by a clinician with competences in resuscitation, stabilisation and intubation of children should be immediately available on each hospital site.	Y	
PM-205	**Medical staff resuscitation training** All relevant medical staff and clinical staff (QS PM-201) have appropriate, up to date paediatric resuscitation training.	Y	Reviewers did not see evidence for junior doctors' resuscitation training but were assured that all junior doctors completed PLS (paediatric life support) training as part of their induction.
PM-206	**Clinician with advanced resuscitation training on duty** A clinician with up to date advanced paediatric resuscitation training should be on duty at all times.	Y	

Ref	Quality Standards	Met? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19 Reviewer Comments
PM-207	**Clinician with level 1 competences on duty** There should be 24 hour resident cover by a clinician with competences and experience in: a. Assessment of the ill child and recognition of serious illness and injury b. Initiation of appropriate immediate treatment c. Prescribing and administering resuscitation and other appropriate drugs d. Provision of appropriate pain management e. Effective communication with children and their families The level of competence expected is equivalent to paediatric medicine (RCPCH) level 1 competences in these areas.	Y	
PM-208	**Nursing and HCA staff competences** 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. 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: a. Paediatric resuscitation b. High dependency care c. Care and rehabilitation of children with trauma	N	All nurses were PILS (paediatric immediate life support) trained. An in-house high dependency care training plan for HCAs (healthcare assistants) and band 4 staff was in place. Reviewers did not see evidence of a) general competences for non-registered staff or b) competences in care and rehabilitation of children with trauma.
PM-209	**Minimum nurse staffing** 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.	Y	

Ref	Quality Standards	Met? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19 Reviewer Comments
PM-210	**Nurse with paediatric resuscitation training on duty** At least one nurse with up to date paediatric resuscitation training should be on duty at all times.	Y	
PM-211	**Support for play** Appropriately qualified play specialists should be available 7 days a week.	N	See main report.
PQ-216	**High dependency care: lead consultant and lead nurse** 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.	Y	
PQ-217	**Clinician with level 2 competences on duty** 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.	Y	
PQ-218	**High dependency care: nursing competences** 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.	Y	Three nursing staff had undertaken a five day training course. Other nursing staff had undertaken a one-day in-house training run by the nurses who had done the five-day course. This level of training will not meet the requirements of Version 5 of the Standards for the Care of Critically Ill and Critically Injured Children (based on Royal College of Paediatrics and Child Health 'Time to Move On', 2014).
PQ-219	**High dependency care: nurse staffing** 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.	N	Reviewers were told that staffing levels for high dependency care were one nurse to two patients. All patients needing high dependency care were nursed in cubicles (requiring 1:1 care).

Ref	Quality Standards	Met? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19 Reviewer Comments
PQ-220	**Tracheostomy care** If children with tracheostomies are cared for on the ward, a healthcare professional with skills in tracheostomy care should be rostered on each shift.	Y	This Quality Standard was met at all times on Lyndon 1. If a child with a tracheostomy was admitted to another ward then staff were moved to that area.
PQ-221	**High dependency care: pharmacy and physiotherapy** 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.	Y	
PM-296	**Policy on staff acting outside their area of competence** 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: a. Exceptional circumstances when this may occur b. Staff responsibilities c. Reporting of event as an untoward clinical incident d. Support for staff	N	A policy was not available.
PM-297	**Safeguarding training** All staff involved with the care of children should: a. Have training in safeguarding children appropriate to their role b. Be aware who to contact if they have concerns about safeguarding issues and c. Work in accordance with latest national guidance on safeguarding children	Y	
PM-301	**Support services 24 hour cover** 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.	Y	

Ref	Quality Standards	Met? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19 Reviewer Comments
PQ-303	**Other specialties** 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.	Y	
PQ-304	**Intensive care support** 24-hour on-site access to a senior nurse with intensive care skills and training should be available.	Y	This Quality Standard was met on both sites, although it was not clear that intensive care support from the neonatal unit at City Hospital would, in practice, be accessed.
PM-401	**Resuscitation equipment** 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.	N	See main report for reviewer concerns about the organisation of resuscitation trolleys.
PQ-402	**High dependency care: facilities and equipment** 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.	Y	
PM-501	**Initial Assessment** A protocol should be in use which ensures a brief clinical assessment within 15 minutes of arrival, including a pain score (where appropriate), and a system of prioritisation for full assessment if waiting times exceed 30 minutes.	Y	
PM-502	**Paediatric advice** 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.	N/A	

Ref	Quality Standards	Met? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19 Reviewer Comments
PM-503	**Clinical guidelines** Guidelines should be in use covering: a. Admission b. Treatment of all major conditions, including meningococcal infection, asthma, status epilepticus, diabetic ketoacidosis, upper airway obstruction and inhaled foreign body. c. Treatment of the consequences of trauma d. Procedural sedation and analgesia e. Discharge	Y	
PM-504	**Early warning protocol** 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.	Y	
PM-505	**Resuscitation and stabilisation protocol** Protocols should be in use covering resuscitation and stabilisation, including: a. Alerting the paediatric resuscitation team b. Indications and arrangements for accessing ENT services when needed for airway emergencies c. 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? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19 Reviewer Comments
PM-506	**PICU transfer protocol** A protocol on transfer to a PICU should be in use, which should include: 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	**In-hospital transfer protocol** 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.	Y	A protocol was in place but additional detail was required (see main report).
PM-508	**High dependency care transfer protocol** 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: 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 The protocol should cover primary transfers of children to a High Dependency Care Unit and 'back-transfers' from PICU.	Y	A protocol was in place but additional detail was required (see main report).

Ref	Quality Standards	Met? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19 Reviewer Comments
PM-509	**Transfer contingency protocol** 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: 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	**Organ donation policy** A Trust policy on organ donation should be in use which is specific about organ donation in children and includes transplant coordinator contact details.	N	A Trust policy was available but was not specific about organ donation in children.
PM-511	**Bereavement policy** 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.	Y	

Ref	Quality Standards	Met? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19 Reviewer Comments
PQ-514	**High dependency care: clinical guidelines** Clinical guidelines should be in use covering the provision of high dependency care, including: a. Care of children with: i. Bronchiolitis ii. Status epilepticus iii. Diabetic ketoacidosis iv. Long-term ventilation b. High dependency interventions (QS PQ-601). c. Rehabilitation of children following trauma (if applicable)	Y	
PQ-601	**High dependency care: operational policy** Wards providing high dependency care should have an operational policy covering: a. Type of children (age and diagnoses) for whom high dependency care will normally be provided b. Expected duration of high dependency care c. High dependency interventions provided, and duration of interventions, including whether the following are provided: i. Invasive monitoring ii. CPAP iii. Renal support d. Expected competences of healthcare staff providing high dependency interventions e. Arrangements for access to paediatric radiology advice f. Arrangements for liaison with lead PICU for advice and support	Y	
PQ-701	**High dependency care: data collection** The paediatric high dependency minimum data set should be collected and submitted to SUS.	N	A data sheet was completed for every admission but were not submitted to SUS (Secondary Uses Service).
PM-702	**Audit** The service should have a rolling programme of audit of compliance with clinical guidelines (QSs PM-503 to PM-509).	Y	
PM-703	**National audit programmes** 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.	Y	Data were submitted to national diabetes audit programmes.

Ref	Quality Standards	Met? Y/N	Lyndon 1, Lyndon Ground - Sandwell Hospital Paediatric Assessment Unit (PAU) - City Hospital Ward D19
			Reviewer Comments
PM-798	**Review and learning** 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'.	Y	A range of meetings were held, including 'learning into action', annual feedback meetings with the KIDS (Kids' Intensive Care and Decision Support) team and quarterly PALS (Patient Advice and Liaison Support) reports.
PM-799	**Document control** All policies, procedures, guidelines and protocols relating to the care of critically ill and critically injured children should comply with Trust document control procedures.	Y	Guidelines were in many different formats.

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Other Paediatric Areas – Birmingham and Midland Eye Centre Day Unit and Birmingham Treatment Centre Day Case Surgery

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-101	**General support for families** The following support services should be available: a. Interfaith and spiritual support b. Social workers c. Interpreters d. Bereavement support e. Patient Advice and Advocacy Services Information for parents about these services should also be available.	Y	Information was displayed on the notice board.	Y	
PM-102	**Child-friendly environment** 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.	Y	A sensory box was also available in the recovery and clinic areas,	Y	Facilities were spacious and child friendly. Information was clearly displayed. IPADs were in use to obtain feedback on the service.
PM-103	**Parental access** 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.	Y		Y	
PM-104	**Information for children** Children should be offered appropriate information to enable them to share in decisions about their care.	Y	The 'Rees Bear' book was in use for those under 5 years of age.	Y	

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-105	**Information for parents** Parents should have information, encouragement and support to enable them fully to participate in decisions about, and in the care of, their child.	Y	A pre-operative admission pack was also given to parents.	Y	
PM-106	**Keeping parents informed** Parents should be informed of the child's condition, care plan and retrieval (if necessary) and this information should be updated regularly.	Y		Y	
PM-108	**Financial support** A policy on financial support for families of critically ill children should be developed and communicated to parents.	Y		Y	
PM-199	**Involving children and families** The service should have mechanisms for: a. Receiving feedback from children and families about the treatment and care they receive b. Involving children and families in decisions about the organisation of the service	Y		Y	A range of mechanisms were in place. IPADs were in use to obtain feedback on the service.

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-201	**Lead consultant and lead nurse** A nominated consultant and nominated senior children's trained nurse should be responsible for: a. Protocols covering the assessment and management of the critically ill child b. Ensuring training of relevant staff The lead consultant and lead nurse should undertake regular clinical work within the area for which they are responsible.	Y	***Compliance from here onwards is the same as in-patient areas***	Y	***Compliance from here onwards is the same as in-patient areas***
PM-202	**Consultant paediatrician 24 hour cover** 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.	Y		Y	
PM-203	**Consultant anaesthetist 24 hour cover** 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.	Y		Y	
PM-204	**24 hour on site clinician competent in resuscitation and advanced airway management** 24 hour cover by a clinician with competences in resuscitation, stabilisation and intubation of children should be immediately available on each hospital site.	Y		Y	

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-205	**Medical staff resuscitation training** All relevant medical staff and clinical staff (QS PM-201) have appropriate, up to date paediatric resuscitation training.	Y	Reviewers did not see evidence for junior doctors' resuscitation training but were assured that all junior doctors completed PLS training as part of their induction.	Y	Reviewers did not see evidence for junior doctors' resuscitation training but were assured that all junior doctors completed PLS training as part of their induction.
PM-206	**Clinician with advanced resuscitation training on duty** A clinician with up to date advanced paediatric resuscitation training should be on duty at all times.	Y		Y	
PM-207	**Clinician with level 1 competences on duty** There should be 24 hour resident cover by a clinician with competences and experience in: a. Assessment of the ill child and recognition of serious illness and injury b. Initiation of appropriate immediate treatment c. Prescribing and administering resuscitation and other appropriate drugs d. Provision of appropriate pain management e. Effective communication with children and their families The level of competence expected is equivalent to paediatric medicine (RCPCH) level 1 competences in these areas.	Y		Y	

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-208	**Nursing and HCA staff competences** 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. 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: a. Paediatric resuscitation b. High dependency care c. Care and rehabilitation of children with trauma	N	All nurses were PILS trained. An in-house high dependency care training plan for HCAs and band 4s staff was in place. Reviewers did not see evidence of a) general competences for non-registered staff or b) competences in care and rehabilitation of children with trauma.	N	All nurses were PILS trained. An in-house high dependency care training plan for HCAs and band 4s staff was in place. Reviewers did not see evidence of a) general competences for non-registered staff or b) competences in care and rehabilitation of children with trauma.
PM-209	**Minimum nurse staffing** 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.	Y		Y	
PM-210	**Nurse with paediatric resuscitation training on duty** At least one nurse with up to date paediatric resuscitation training should be on duty at all times.	Y		Y	

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-211	**Support for play** Appropriately qualified play specialists should be available 7 days a week.	N	See main report.	N	See main report.
PM-296	**Policy on staff acting outside their area of competence** 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: a. Exceptional circumstances when this may occur b. Staff responsibilities c. Reporting of event as an untoward clinical incident d. Support for staff	N	A policy was not available.	N	A policy was not available.
PM-297	**Safeguarding training** All staff involved with the care of children should: a. Have training in safeguarding children appropriate to their role b. Be aware who to contact if they have concerns about safeguarding issues and c. Work in accordance with latest national guidance on safeguarding children	Y		Y	

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-301	**Support services 24 hour cover** 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.	Y		Y	
PM-401	**Resuscitation equipment** 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.	N	See main report for reviewer concerns about the organisation of resuscitation trolleys.	N	See main report for reviewer concerns about the organisation of resuscitation trolleys.
PM-501	**Initial Assessment** A protocol should be in use which ensures a brief clinical assessment within 15 minutes of arrival, including a pain score (where appropriate), and a system of prioritisation for full assessment if waiting times exceed 30 minutes.	Y		Y	
PM-502	**Paediatric advice** 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.	N/A		N/A	

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-503	**Clinical guidelines** Guidelines should be in use covering: a. Admission b. Treatment of all major conditions, including meningococcal infection, asthma, status epilepticus, diabetic ketoacidosis, upper airway obstruction and inhaled foreign body. c. Treatment of the consequences of trauma d. Procedural sedation and analgesia e. Discharge	Y		Y	
PM-504	**Early warning protocol** 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.	Y		Y	
PM-505	**Resuscitation and stabilisation protocol** Protocols should be in use covering resuscitation and stabilisation, including: a. Alerting the paediatric resuscitation team b. Indications and arrangements for accessing ENT services when needed for airway emergencies c. 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		Y	

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-506	**PICU transfer protocol** A protocol on transfer to a PICU should be in use, which should include: 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		Y	
PM-507	**In-hospital transfer protocol** 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.	Y	A protocol was in place but additional detail was required (see main report).	Y	A protocol was in place but additional detail was required (see main report).

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-508	**High dependency care transfer protocol** 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: 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 The protocol should cover primary transfers of children to a High Dependency Care Unit and 'back-transfers' from PICU.	Y	A protocol was in place but additional detail was required (see main report).	Y	A protocol was in place but additional detail was required (see main report).

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-509	**Transfer contingency protocol** 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: 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		Y	

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-510	**Organ donation policy** A Trust policy on organ donation should be in use which is specific about organ donation in children and includes transplant coordinator contact details.	N	A Trust policy was available but was not specific about organ donation in children.	N	A Trust policy was available but was not specific about organ donation in children.
PM-511	**Bereavement policy** 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.	Y		Y	
PM-702	**Audit** The service should have a rolling programme of audit of compliance with clinical guidelines (QSs PM-503 to PM-509).	Y		Y	
PM-703	**National audit programmes** 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.	Y	Data were submitted to national diabetes audit programmes.	Y	Data were submitted to national diabetes audit programmes.
PM-798	**Review and learning** 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'.	Y	A range of meetings were held, including 'learning into action', annual feedback meetings with the KIDS (Kids' Intensive Care and Decision Support) team and quarterly PALS (Patient Advice and Liaison Support) reports.	Y	A range of meetings were held, including 'learning into action', annual feedback meetings with the KIDS (Kids' Intensive Care and Decision Support) team and quarterly PALS (Patient Advice and Liaison Support) reports.

		Birmingham and Midland Eye Centre (BMEC) Day Unit		Birmingham Treatment Centre (BTC) Day Case Surgery	
Ref	**Quality Standards**	**Met? Y/N**	**Reviewer Comments**	**Met? Y/N**	**Reviewer Comments**
PM-799	**Document control** All policies, procedures, guidelines and protocols relating to the care of critically ill and critically injured children should comply with Trust document control procedures.	Y	Guidelines were in many different formats.	Y	Guidelines were in many different formats.

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PAEDIATRIC ANAESTHESIA

Ref	Quality Standard	Met? Y/N	Reviewer Comments (Trust-wide)
[PC-601]	**Surgery and anaesthetic services** 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: a. Elective in-patient surgery for children b. Day case surgery for children c. Emergency surgery for children d. Acute pain service for children	Y	
PG-102	**Information on anaesthesia** Age-appropriate information about anaesthesia should be available for children and families.	Y	See main report in relation to information for children and young people.
PG-199	**Involving children and families** The service should have mechanisms for: a. Receiving feedback from children and families about the treatment and care they receive b. Involving children and families in decisions about the organisation of the service	Y	
PG-201	**Lead anaesthetist** 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.	Y	
PG-202	**GICU lead consultant** A nominated lead intensive care consultant should be responsible for Intensive Care Unit policies and procedures relating to children.	Y	
PG-203	**Lead nurse** 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.	Y	
PG-204	**Medical staff caring for children** 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.	N	See main report.

Ref	Quality Standard	Met? Y/N	Reviewer Comments (Trust-wide)
PG-205	**Elective anaesthesia** 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.	Y	
PG-206	**Operating department assistance** 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.	Y	
PG-207	**Recovery staff** 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.	Y	
PG-401	**Induction and recovery areas** Child-friendly paediatric induction and recovery areas should be available within the theatre environment.	N	See main report (Trust-wide section).
PG-402	**Day surgery** 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.	Y	Children were admitted to the paediatric wards or to the dedicated five bedded children's surgery unit within Birmingham and Midlands Eye Centre.
PG-403	**Drugs and equipment** 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.	Y	See main report for Trust-wide concerns relating to organisation of resuscitation trolleys.
PG-404	**GICU paediatric area** 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.	Y	See main report (good practice section).
PG-501	**Role of anaesthetic service in care of critically ill children** Protocols for resuscitation, stabilisation, accessing advice, transfer and maintenance of critically ill children (QSs 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.	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments (Trust-wide)
PG-502	**GICU Care of children** If the maintenance guidelines in QS PM-506 include the use of a general intensive care unit, they should specify: a. The circumstances under which a child will be admitted to and stay on the general intensive care unit b. A children's nurse is available to support the care of the child and should review the child at least every 12 hours c. 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 d. A local paediatrician should agree to the child being moved to the intensive care unit and should be available for advice e. 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	See main report (good practice section).
PG-503	**Surgery criteria** Protocols should be in use covering: a. Exclusion criteria for elective and emergency surgery on children b. Day case criteria c. Non-surgical procedures requiring anaesthesia	Y	
PG-504	**Clinical guidelines – anaesthesia** Clinical guidelines should be in use covering: a. Analgesia for children b. Pre-operative assessment c. Preparation of all children undergoing general anaesthesia	Y	
PG-601	**Liaison with theatre manager** 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.	Y	
PG-602	**Children's lists** 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.	Y	
PG-701	**High dependency care: data collection (GICU)** The paediatric high dependency minimum data set should be collected and submitted to SUS.	Y	

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