

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

Heart of England NHS Foundation Trust – Appendix 2

Visit Date: 3rd and 4th October 2013

Report Date: December 2013

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APPENDIX 2 COMPLIANCE WITH QUALITY STANDARDS

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

Table 1 - Percentage of Quality Standards met

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

Service	Number of Applicable QS	Number of QS Met	% met
Care of Critically Ill and Critically Injured Children			
Trust-Wide	11	8	73
Emergency Department	125	79	63
Birmingham Heartlands Hospital	(46)	(29)	(63)
Good Hope Hospital	(40)	(23)	(58)
Solihull Hospital	(39)	(27)	(69)
Paediatric Services	96	73	76
Birmingham Heartlands Hospital: In-patient, High Dependency and Paediatric Assessment Services, Day Surgery	(52)	(43)	(83)
Good Hope Hospital: Children’s Assessment Unit	(44)	(30)	(68)
Paediatric Anaesthesia	34	17	50
Birmingham Heartlands Hospital & Solihull Hospital	(17)	(8)	(47)
Good Hope Hospital	(17)	(9)	(53)
Total	266	177	67

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TRUST-WIDE

Ref	Quality Standards	Met?	Comments
PC-201	<p>Board-level lead for children</p> <p>A Board-level lead for children's services should be identified.</p>	Y	
PC-202	<p>Lead consultants and lead nurses</p> <p>The Board level lead for children's services should ensure that the following leads for the care of children have been identified:</p> <ol style="list-style-type: none"> Nominated lead consultants and nurses for each of the areas where children may be critically ill (QS PM-201) Nominated lead consultant for emergency and elective surgery in children Nominated lead consultant for trauma in children Nominated lead anaesthetist (QS PG-201) and lead ICU consultant (QS PG-202) for children 	Y	
PC-501	<p>Minor injuries units</p> <p>If the Trust's services (QS PC-601) include a Minor Injuries Unit, Walk-in Centre or Urgent Care Centre, this Unit should have a protocol in use in the event of a critically ill child, or potentially critically ill child, presenting. This protocol should include transfer to an appropriate paediatric unit.</p>	N/A	
PC-502	<p>Hospitals with emergency services for adults only – avoiding child attendances</p> <p>Hospitals without on-site assessment or in-patient services for children should:</p> <ol style="list-style-type: none"> Indicate clearly to the public the nature of the service provided for children Have agreed a protocol with the local ambulance service that children are not brought to the service by ambulance 	N	No on-site notices were in place.
PC-503	<p>Hospitals with emergency services for adults only – paediatric advice</p> <p>Hospitals without on-site assessment or in-patient services for children should have guidelines for accessing paediatric medical advice agreed with a local paediatric medical unit and regularly reviewed.</p>	Y	

Ref	Quality Standards	Met?	Comments
PC-504	<p>Surgery on children</p> <p>The Trust should have agreed the exclusion criteria for elective and emergency surgery on children (QS PG-503).</p>	Y	
PC-601	<p>Services provided</p> <p>The Trust should be clear whether it provides the following services and the hospital site or sites on which each service is available:</p> <ol style="list-style-type: none"> a. Minor Injury Unit, Walk-in Centre or Urgent Care Centre b. Emergency Department for: <ul style="list-style-type: none"> • Adults • Children c. Trauma service for children and, if so, its designation d. Children's assessment service e. In-patient children's service f. High Dependency Care service for children g. Elective in-patient surgery for children h. Day case surgery for children i. Emergency surgery for children j. Acute pain service for children k. Paediatric Intensive Care retrieval and transfer service l. Paediatric Intensive Care service 	Y	
PC-602	<p>Children's assessment service location</p> <p>If the Trust provides a children's assessment service, this should be sited alongside either an Emergency Department or an in-patient children's service.</p>	Y	
PC-603	<p>Hospitals accepting children with trauma</p> <p>Hospitals accepting children with trauma should also provide, on the same hospital site:</p> <ol style="list-style-type: none"> a. High Dependency Care service for children b. Paediatric Intensive Care service or a general intensive care unit which admits children needing: <ul style="list-style-type: none"> • A short period of post-anaesthetic care • Maintenance prior to transfer to PICU (QS PM-506) 	Y	

Ref	Quality Standards	Met?	Comments
PC-604	<p>Trust-wide group</p> <p>Trusts providing hospital services for children should have a single group responsible for the coordination and development of care of critically ill and critically injured children. The membership of this group should include all nominated leads (QS PC-202) and the Resuscitation Officer with lead responsibility for children.</p> <p>The accountability of the group should include the Trust Director with responsibility for children's services (QS PC-201). The relationship of the group to the Trust's mechanisms for safeguarding children (QS PM-297) and clinical governance issues relating to children should be clear.</p>	N	See main report
PC-703	<p>Approving guidelines and policies</p> <p>The mechanism for approval of policies, procedures, guidelines and protocols relating to the care of critically ill and critically injured children should have been agreed by the Trust-wide group (QS PC-604) or a sub-group thereof.</p>	N	See QS PC - 604
PC-704	<p>Child death</p> <p>The death of a child while in hospital should undergo formal review. This review should be multi-professional and all reasonable steps should be taken to involve specialties who contributed to the child's care. Primary and community services should be involved where appropriate. All deaths of children in hospital should be reported to the local Child Death Overview Panel.</p>	Y	

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EMERGENCY DEPARTMENT

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PM-101	<p>General support for families</p> <p>The following support services should be available:</p> <ul style="list-style-type: none"> a. Interfaith and spiritual support b. Social workers c. Interpreters d. Bereavement support e. Patient Advice and Advocacy Services <p>Information for parents about these services should also be available.</p>	Y		Y		Y	
PM-102	<p>Child-friendly environment</p> <p>There should be a child-friendly environment, including toys and books / magazines for children of all ages. There should be visual and, ideally, sound separation from adult patients.</p>	Y		N	There was a separate paediatric, child friendly area. There was a long corridor between reception and the paediatric area which was not separated from adult patients.	Y	
PM-103	<p>Parental access</p> <p>There should be parental access to the child at all times except when this is not in the interest of the child or the privacy and confidentiality of other children and their families.</p>	Y		Y		Y	

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PM-104	Information for children Children should be offered appropriate information to enable them to share in decisions about their care.	Y		Y		Y	
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		Y		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		Y	
PM-107	Information for parents of children needing transfer Parents of children needing emergency transfer should be given all possible help regarding transport, hospital location, car parking and location of the unit to which their child is being transferred.	Y		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		Y	

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PM-199	<p>Involving children and families</p> <p>The service should have mechanisms for:</p> <p>a. Receiving feedback from children and families about the treatment and care they receive</p> <p>b. Involving children and families in decisions about the organisation of the service</p>	N	Arrangements for point 'b' were not clear but good feedback arrangements were in place via the 'Fabio the frog' system which was a child friendly, electronic questionnaire. Results from the questionnaire were sent to the Trust communication team and the paediatric matron.	N	All patients received a Trust postcard that they could use for feedback but it was not paediatric specific. Arrangements for point 'b' were not clear. Reviewers were told that the play specialist was trying to address this issue.	Y	
PM-201	<p>Lead consultant and lead nurse</p> <p>A nominated consultant and nominated senior children's trained nurse should be responsible for:</p> <p>a. Protocols covering the assessment and management of the critically ill child</p> <p>b. Ensuring training of relevant staff</p> <p>The lead consultant and lead nurse should undertake regular clinical work within the area for which they are responsible.</p>	Y		Y		N	The nominated lead did not do regular clinical work in the Solihull Emergency Department.
PM-202	<p>Consultant paediatrician 24 hour cover</p> <p>24 hour cover by a consultant paediatrician who is able to attend within 30 minutes and does not have responsibilities to other hospital sites should be available.</p>	Y		Y	Consultants covered both Birmingham Heartlands Hospital and Solihull hospital. A neonatologist covered Birmingham Heartlands if the paediatrician was required to attend Solihull Hospital.	Y	Consultants covered both Birmingham Heartlands Hospital and Solihull hospital. A neonatologist covered Birmingham Heartlands if the paediatrician was required to attend Solihull Hospital.

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
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		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.	N	Resident middle grade anaesthetist would have intubation competences. See QS PM-205 concerning resuscitation and stabilisation competences.	N	Resident middle grade anaesthetist would have intubation competences. See QS PM-205 concerning resuscitation and stabilisation competences.	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	Comprehensive evidence of medical staff paediatric resuscitation training was not available. Training records were available for in-house training but not for training undertaken outside the Trust. Reviewers were given conflicting verbal evidence that both all consultants and middle grades had APLS and that this was essential for locums or that locums needed PLS and ALS.	N	Comprehensive evidence of medical staff paediatric resuscitation training was not available. Training records were available for in-house training but not for training undertaken outside the Trust. Reviewers were given conflicting verbal evidence that both all consultants and middle grades had APLS and that this was essential for locums or that locums needed PLS and ALS.	N	Comprehensive evidence of medical staff paediatric resuscitation training was not available. Training records were available for in-house training but not for training undertaken outside the Trust. Reviewers were given conflicting verbal evidence that both all consultants and middle grades had APLS and that this was essential for locums or that locums needed PLS and ALS.

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PM-206	<p>Clinician with advanced resuscitation training on duty</p> <p>A clinician with up to date advanced paediatric resuscitation training should be on duty at all times.</p>	N	See QS PM-205	N	See QS PM-205	N	See QS PM-205
PM-207	<p>Clinician with level 1 competences on duty</p> <p>There should be 24 hour resident cover by a clinician with competences and experience in:</p> <ol style="list-style-type: none"> Assessment of the ill child and recognition of serious illness and injury Initiation of appropriate immediate treatment Prescribing and administering resuscitation and other appropriate drugs Provision of appropriate pain management Effective communication with children and their families <p>The level of competence expected is equivalent to paediatric medicine (RCPCH) level 1 competences in these areas.</p>	Y		Y		N	A clinician with appropriate competences was not available on site at Solihull hospital.

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PM-208	<p>Nursing and HCA staff competences</p> <p>Nursing and health care assistant staffing and competency levels should be appropriate for the number, dependency and case-mix of children normally cared for by the service and the lay-out of the unit. An escalation policy should show how staffing levels will respond to fluctuations in the number and dependency of patients.</p> <p>A competence framework and training plan should ensure that all nursing and health care assistant staff have, or are working towards, competences appropriate for their role in the service including in:</p> <ol style="list-style-type: none"> Paediatric resuscitation High dependency care Care and rehabilitation of children with trauma 	N	Some individual records were available but there was no overview of the competences expected and achieved, such as a competence framework or training plan. The Trust self-assessment indicated that PLS and APLS training was up to date but there was limited evidence available to support this. No escalation policy was in place indicating how the Trust would respond to fluctuations in demand for services.	Y		Y	

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
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	Staffing levels after 8pm were insufficient to meet this QS.	Y		N	Nurse staffing levels were insufficient to meet this QS.
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	As QS PM-208.	Y		Y	
PM-211	Support for play Appropriately qualified play specialists should be available 7 days a week.	N/A	Regular advice was available from the ward.	N	Appropriately qualified play specialists were only available on weekdays.	N/A	

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PE-212	<p>Trauma team</p> <p>Emergency Departments receiving children with trauma should have a Trauma Team immediately available at all times, including:</p> <ul style="list-style-type: none"> 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 	N/A	Children with trauma were not brought to the Emergency Department.	Y		N/A	
PE-213	<p>ED liaison paediatrician</p> <p>There should be a nominated paediatric consultant responsible for liaison with the nominated Emergency Department consultant (QS PM-201).</p>	Y		Y		Y	

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	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.	Y		Y		N/A	
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	Less than 16,000 children attended per annum but the service met QS PE-214.	N/A		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 in place for adult nurses acting outside of their area of competence but there was no general policy for the care of children.	Y		Y	

		Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
Ref	Quality Standards	Met?	Comments	Met?	Comments	Met?	Comments
PM-297	<p>Safeguarding training</p> <p>All staff involved with the care of children should:</p> <ol style="list-style-type: none"> Have training in safeguarding children appropriate to their role Be aware who to contact if they have concerns about safeguarding issues and Work in accordance with latest national guidance on safeguarding children 	N	All medical staff were not up to date with the appropriate training. All paediatric nurses in the Emergency Department had appropriate safeguarding training and there was evidence of good liaison with the safeguarding team. All paediatric medical staff had received Level 2 training and 49% had Level 3 training. Medical staff on rotation received training as part of their corporate induction. Not all other medical staff were up to date with safeguarding training and not all training was recorded on the Trust OLM system.	N	All medical staff were not up to date with the appropriate training. All paediatric nurses in the Emergency Department had appropriate safeguarding training and there was evidence of good liaison with the safeguarding team. All paediatric medical staff had received Level 2 training and 49% had Level 3 training. Medical staff on rotation received training as part of their corporate induction. Not all other medical staff were up to date with safeguarding training and not all training was recorded on the Trust OLM system.	N	All medical staff were not up to date with the appropriate training. All paediatric nurses in the Emergency Department had appropriate safeguarding training and there was evidence of good liaison with the safeguarding team. All paediatric medical staff had received Level 2 training and 49% had Level 3 training. Medical staff on rotation received training as part of their corporate induction. Not all other medical staff were up to date with safeguarding training and not all training was recorded on the Trust OLM system.

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PM-301	<p>Support services 24 hour cover</p> <p>24-hour access to pharmacy, biochemistry, pathology, imaging and physiotherapy services able to support the care of children, and weekday access to dietetic services, should be available. If staff with competences in reporting imaging of children are not available 24/7 then the Trust should have arrangements for review of imaging by a paediatric radiologist.</p>	Y	See Trust-wide section of the main report, further consideration 2.	Y	See Trust-wide section of the main report, further consideration 2.	Y	See Trust-wide section of the main report, further consideration 2.
PE-302	<p>Critical care support</p> <p>Emergency Departments accepting children with trauma should have access, on the same hospital site, to:</p> <ol style="list-style-type: none"> High Dependency Care service for children Paediatric Intensive Care service or a general intensive care unit which admits children needing: <ul style="list-style-type: none"> A short period of post-anaesthetic care Maintenance prior to transfer to PICU (QS PM-506) 	N/A		Y		N/A	

		Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
Ref	Quality Standards	Met?	Comments	Met?	Comments	Met?	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	The transfer bag of equipment was not sealed and was only checked once a month unless it had been used. Staff could not therefore be sure that all appropriate equipment was still in the bag when it was needed.	Y	Resuscitation equipment was well organised.	Y	Resuscitation equipment was well organised.
PM-501	Triage A triage system should be operating which recognises the needs of children and ensures that all non-ambulant patients are triaged immediately.	N	No documented and systematic approach to the initial assessment was in place. Pre-alerts were in place for ambulances. Walk-ins had to ring a bell and timescales for answering the bell were not evident. It was not clear when a consultant would be called.	N	No documented or systematic approach to initial assessment was in place.	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	A protocol was in place but it was not clear when a consultant would be called.	N	A protocol was in place but it was not clear when a consultant would be called.	Y	

		Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
Ref	Quality Standards	Met?	Comments	Met?	Comments	Met?	Comments
PM-503	<p>Clinical guidelines</p> <p>Guidelines should be in use covering:</p> <ul style="list-style-type: none"> 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	Very good paediatric guidelines were in place. An Emergency Department specific version was also in use. The discharge policy was not clearly documented and would benefit from additional information about when to safely discharge a patient and any exceptions.	Y	Very good paediatric guidelines were in place. An Emergency Department specific version was also in use. The discharge policy was not clearly documented and would benefit from additional information about when to safely discharge a patient and any exceptions.	Y	
PM-504	<p>Early warning protocol</p> <p>A protocol designed to provide early warning of deterioration of children should be in use. The protocol should cover observation, monitoring and escalation of care.</p>	Y		Y	A protocol was in place but it was not clear if it was always followed.	Y	

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PM-505	<p>Resuscitation and stabilisation protocol</p> <p>Protocols should be in use covering resuscitation and stabilisation, including:</p> <ul style="list-style-type: none"> 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	The policy was not clear about point 'b'. It was clear what staff would do in practice and equipment was available.	Y	The policy was not clear about point 'b'. It was clear what staff would do in practice and equipment was available.	Y	Policy not clear about point 'b'. It was clear what staff would do in practice and equipment was available. In practice, anaesthetics would support. Reviewers suggested that the protocol could be amended to reflect practice.

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PM-506	<p>PICU transfer protocol</p> <p>A protocol on transfer to a PICU should be in use, which should include:</p> <ol style="list-style-type: none"> Accessing advice from a Retrieval Service or PIC consultant and providing full clinical information Ensuring decisions on whether a child needs to be transferred are taken by the appropriate local consultant with a PIC consultant 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 Arrangements for the transfer of children requiring specialised intensive care not available in the lead PIC centre, including burns care and ECMO 	N	The first ten pages of the Trust transfer protocol was in the reviewer's evidence folder but this was not available in ED or the paediatric ward and staff were not aware of the protocol. No appendices were seen by the reviewers and the document did not appear to have been ratified. Point 'd' was covered by <i>KIDS</i> and staff were clearly identified in the protocol. Information about drugs and equipment was not specified and staff were not clear about this aspect of transfer. There was no specific information about monitoring.	N	The first ten pages of the Trust transfer protocol was in the reviewer's evidence folder but this was not available in ED or the paediatric ward and staff were not aware of the protocol. No appendices were seen by the reviewers and the document did not appear to have been ratified. Point 'd' was covered by <i>KIDS</i> and staff were clearly identified in the protocol. Information about drugs and equipment was not specified and staff were not clear about this aspect of transfer. There was no specific information about monitoring.	N	The first ten pages of the Trust transfer protocol was in the reviewer's evidence folder but this was not available in ED or the paediatric ward and staff were not aware of the protocol. No appendices were seen by the reviewers and the document did not appear to have been ratified. Point 'd' was covered by <i>KIDS</i> and staff were clearly identified in the protocol. Information about drugs and equipment was not specified and staff were not clear about this aspect of transfer. There was no specific information about monitoring.
PM-507	<p>In-hospital transfer protocol</p> <p>A protocol on transfer of seriously ill children within the hospital (for example, to or from imaging or theatre) should be in use. The protocol should specify the escort arrangements and equipment required.</p>	N	See QS PM-506	N	See QS PM-506	N	See QS PM-506

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PM-508	<p>High dependency care transfer protocol</p> <p>Hospitals which undertake transfers of children needing high dependency care should have a protocol agreed by the Retrieval Service for the local population which covers:</p> <ol style="list-style-type: none"> Types of patients transferred Composition and expected competences of the escort team Drugs and equipment required Restraint of children, equipment and staff during transfer Monitoring during transfer The protocol should cover primary transfers of children to a High Dependency Care Unit and ‘back-transfers’ from PICU. 	N	See QS PM-506	N	See QS PM-506	N	See QS PM-506

		Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
Ref	Quality Standards	Met?	Comments	Met?	Comments	Met?	Comments
PM-509	<p>Transfer contingency protocol</p> <p>A protocol should be in place for situations where retrieval is clinically inappropriate or time-critical, for example, severe head injury, intracranial bleeding, severe thoracic vascular trauma, burns and some intra-abdominal emergencies, where retrieval may introduce unsafe delay. The protocol should include:</p> <ol style="list-style-type: none"> Advice from the Retrieval Service or lead PIC centre (QS PM-506) Contact details of relevant specialists where additional advice may be required, for example, neurosurgeons Escort team of one nurse and one doctor with appropriate training and experience. The referring consultant and senior nurse on duty should judge the appropriateness of the medical escort who would normally be senior clinicians with experience and / or training in a) care of the critically ill child or b) emergency transfer or c) airway management. Indemnity for escort team Availability of drugs and equipment, checked in accordance with local policy Arrangements for emergency transport with a local ambulance service and the air ambulance Arrangements for ensuring restraint of children, equipment and staff during transfer 	N	See QS PM-506. In addition the protocol did not cover equipment, indemnity or the restraint of children during transfer.	N	See QS PM-506. In addition the protocol did not cover equipment, indemnity or the restraint of children during transfer.	N	See QS PM-506. In addition the protocol did not cover equipment, indemnity or the restraint of children during transfer.
PM-510	<p>Organ donation policy</p> <p>A Trust policy on organ donation should be in use which is specific about organ donation in children and includes transplant coordinator contact details.</p>	N	The Trust policy did not cover children.	N	The Trust policy did not cover children.	N	The Trust policy did not cover children.

		Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
Ref	Quality Standards	Met?	Comments	Met?	Comments	Met?	Comments
PM-511	<p>Bereavement policy</p> <p>A Trust bereavement policy should be in use which specifically covers the death of a child and bereavement of parents, carers and siblings. This policy should specify arrangements for obtaining consent for post-mortems.</p>	Y	Good support and facilities were available.	Y		Y	

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PE-511	<p>Trauma protocol</p> <p>A protocol on care of children with trauma should be in use covering:</p> <ol style="list-style-type: none"> a. Dedicated phone in the Emergency Department b. Alerting and activating the Trauma Team (QS PE-212) c. Handover from the pre-hospital team to the Trauma Team lead using ATMIST d. Responsibilities of members of the Trauma Team, including responsibility for: <ol style="list-style-type: none"> i. Liaison with families ii. Calling all relevant consultants e. Involvement of neurosurgeons in all decisions to operate on children with traumatic brain injury f. Indications and arrangements for referral to the Major Trauma Centre for children, including referral of children needing assessment for: <ol style="list-style-type: none"> i. Neurosurgery ii. Vascular surgery iii. Cardiothoracic surgery iv. Spinal cord service v. Other specialist surgery g. Handover of children no longer needing the care of the Trauma Team h. Completing standardised documentation i. Responsibilities for recording receipt of imaging reports j. Major incidents 	N/A		Y		N/A	

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PE-512	<p>Trauma guidelines</p> <p>Guidelines should be in use covering care of children with trauma, including:</p> <ul style="list-style-type: none"> a. Immediate airway management b. Haemorrhage control and massive transfusion c. Chest drain insertion 	N/A		N	No guidelines were available	N/A	

Ref	Quality Standards	Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
		Met?	Comments	Met?	Comments	Met?	Comments
PE-513	<p>Trauma imaging</p> <p>A protocol on imaging of children with trauma should be in use which ensures:</p> <ul style="list-style-type: none"> a. Where indicated, CT is the primary imaging modality b. CT scanning is undertaken within 30 minutes of arrival c. Electronic transmission of images for immediate reporting d. A provisional report is issued within one hour and communicated by telephone and electronically e. Indications and arrangements for review of imaging by a neuro-radiologist f. Full report is issued electronically within 12 hours g. Any significant variations between the provisional and final report are communicated to the senior clinician responsible for the care of the child h. Responsibilities of other services for recording receipt of imaging reports 	N/A	N	N	No protocol was available	N/A	

		Good Hope Hospital – Emergency Department		Birmingham Heartlands Hospital – Emergency Department		Solihull Hospital – Emergency Department	
Ref	Quality Standards	Met?	Comments	Met?	Comments	Met?	Comments
PM-702	Audit The service should have a rolling programme of audit of compliance with clinical guidelines (Qs PM-503 to PM-509).	Y		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		Y		N/A	
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’.	N	There was no process of multi-disciplinary review or learning on incidents and near misses involving children.	N	There was no process of multi-disciplinary review or learning on incidents and near misses involving children.	N	There was no process of multi-disciplinary review or learning on incidents and near misses involving children.
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		Y	

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PAEDIATRIC SERVICES

Good Hope Hospital - Children's Assessment Unit

Birmingham Heartlands Hospital - In-patient, High Dependency and Paediatric Assessment Services, Day Surgery Ward

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-101	<p>General support for families</p> <p>The following support services should be available:</p> <ul style="list-style-type: none"> a. Interfaith and spiritual support b. Social workers c. Interpreters d. Bereavement support e. Patient Advice and Advocacy Services <p>Information for parents about these services should also be available.</p>	Y		Y	
PM-102	<p>Child-friendly environment</p> <p>There should be a child-friendly environment, including toys and books / magazines for children of all ages. There should be visual and, ideally, sound separation from adult patients.</p>	Y		Y	
PM-103	<p>Parental access</p> <p>There should be parental access to the child at all times except when this is not in the interest of the child or the privacy and confidentiality of other children and their families.</p>	Y		Y	
PM-104	<p>Information for children</p> <p>Children should be offered appropriate information to enable them to share in decisions about their care.</p>	Y	Very good, child-friendly information was available, also accessible on line.	Y	Excellent information was available, also accessible on line. It was not clear if leaflets were available in languages other than English.
PM-105	<p>Information for parents</p> <p>Parents should have information, encouragement and support to enable them fully to participate in decisions about, and in the care of, their child.</p>	Y		Y	

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-106	<p>Keeping parents informed</p> <p>Parents should be informed of the child's condition, care plan and retrieval (if necessary) and this information should be updated regularly.</p>	Y		Y	
PM-107	<p>Information for parents of children needing transfer</p> <p>Parents of children needing emergency transfer should be given all possible help regarding transport, hospital location, car parking and location of the unit to which their child is being transferred.</p>	Y		Y	
PM-108	<p>Financial support</p> <p>A policy on financial support for families of critically ill children should be developed and communicated to parents.</p>	Y		Y	
PQ-108	<p>Parent information for in-patients</p> <p>Parents should be given written information about the unit, including visiting arrangements, ward routine and location of facilities within the hospital that the parents may want to use.</p>	Y		Y	
PQ-109	<p>Parent facilities for in-patients</p> <p>Facilities should be available for the parent of each child, including:</p> <ol style="list-style-type: none"> Somewhere to sit away from the ward A quiet room for relatives A kitchen, toilet and washing area A changing area for other young children 	Y		Y	
PQ-110	<p>Overnight facilities</p> <p>Overnight facilities should be available for the parent or carer of each child, including a foldaway bed or pull-out chair-bed next to the child.</p>	Y		Y	

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PQ-111	<p>Overnight facilities – high dependency care services</p> <p>Units which provide high dependency care should have appropriate facilities for parents and carers to stay overnight, including accommodation on site but away from the ward.</p>	N/A		Y	Good overnight facilities were available.
PM-199	<p>Involving children and families</p> <p>The service should have mechanisms for:</p> <ol style="list-style-type: none"> Receiving feedback from children and families about the treatment and care they receive Involving children and families in decisions about the organisation of the service 	N	Arrangements for point 'b' were not clear. Good feedback arrangements were in place via the 'Fabio the frog' system which was a child friendly, electronic questionnaire. Results from the questionnaire were sent to the Trust communication team and the paediatric matron.	N	Arrangements for point 'b' were not clear. Good feedback arrangements were in place via the 'Fabio the frog' system which was a child friendly, electronic questionnaire. Results from the questionnaire were sent to the Trust communication team and the paediatric matron.
PM-201	<p>Lead consultant and lead nurse</p> <p>A nominated consultant and nominated senior children's trained nurse should be responsible for:</p> <ol style="list-style-type: none"> Protocols covering the assessment and management of the critically ill child Ensuring training of relevant staff <p>The lead consultant and lead nurse should undertake regular clinical work within the area for which they are responsible.</p>	Y		Y	
PM-202	<p>Consultant paediatrician 24 hour cover</p> <p>24 hour cover by a consultant paediatrician who is able to attend within 30 minutes and does not have responsibilities to other hospital sites should be available.</p>	Y		Y	

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-203	<p>Consultant anaesthetist 24 hour cover</p> <p>24 hour cover by a consultant anaesthetist who is able to attend within 30 minutes and does not have responsibilities to other hospital sites should be available.</p>	Y		Y	
PM-204	<p>24 hour on site clinician competent in resuscitation and advanced airway management</p> <p>24 hour cover by a clinician with competences in resuscitation, stabilisation and intubation of children should be immediately available on each hospital site.</p>	N	Resident middle grade anaesthetist would have intubation competences. See QS PM-205 concerning resuscitation and stabilisation competences.	N	Resident middle grade anaesthetist would have intubation competences. See QS PM-205 concerning resuscitation and stabilisation competences.
PM-205	<p>Medical staff resuscitation training</p> <p>All relevant medical staff and clinical staff (QS PM-201) have appropriate, up to date paediatric resuscitation training.</p>	N	Comprehensive evidence of medical staff paediatric resuscitation training was not available. Training records were available for in-house training but not for training undertaken outside the Trust. Reviewers were given conflicting verbal evidence that all consultants and middle grades had APLS and that this was essential for locums or that locums needed PLS and ALS.	N	Two of the nine consultants had dates booked for APLS and there was no information on a further two consultants. All middle grade doctors had up to date APLS.
PM-206	<p>Clinician with advanced resuscitation training on duty</p> <p>A clinician with up to date advanced paediatric resuscitation training should be on duty at all times.</p>	N	See QS PM-205	Y	

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-207	<p>Clinician with level 1 competences on duty</p> <p>There should be 24 hour resident cover by a clinician with competences and experience in:</p> <ol style="list-style-type: none"> Assessment of the ill child and recognition of serious illness and injury Initiation of appropriate immediate treatment Prescribing and administering resuscitation and other appropriate drugs Provision of appropriate pain management Effective communication with children and their families <p>The level of competence expected is equivalent to paediatric medicine (RCPCH) level 1 competences in these areas.</p>	Y		Y	
PM-208	<p>Nursing and HCA staff competences</p> <p>Nursing and health care assistant staffing and competency levels should be appropriate for the number, dependency and case-mix of children normally cared for by the service and the lay-out of the unit. An escalation policy should show how staffing levels will respond to fluctuations in the number and dependency of patients. A competence framework and training plan should ensure that all nursing and health care assistant staff have, or are working towards, competences appropriate for their role in the service including in:</p> <ol style="list-style-type: none"> Paediatric resuscitation High dependency care Care and rehabilitation of children with trauma 	Y	The escalation policy could be clearer.	Y	See also 'further consideration' section of main report in relation to nurse staffing levels.

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-209	<p>Minimum nurse staffing</p> <p>Emergency Departments and day surgery services for children should have at least one registered children's nurse on duty at all times in each area. Children's assessment services and in-patient services for children should have at least two registered children's nurses on duty at all times in each area.</p>	Y		Y	
PM-210	<p>Nurse with paediatric resuscitation training on duty</p> <p>At least one nurse with up to date paediatric resuscitation training should be on duty at all times.</p>	Y	Limited evidence of compliance was available.	Y	Limited evidence of compliance was available.
PM-211	<p>Support for play</p> <p>Appropriately qualified play specialists should be available 7 days a week.</p>	Y		Y	
PQ-216	<p>High dependency care: lead consultant and lead nurse</p> <p>A nominated paediatric consultant and lead nurse should have responsibility for guidelines, policies and procedures (QS PQ-601) and staff competences relating to high dependency care. The consultant should undertake Continuing Professional Development of relevance to high dependency care. The lead nurse should be a senior children's trained nurse with competences and experience in providing high dependency care.</p>	N/A	High dependency care was not provided.	Y	
PQ-217	<p>Clinician with level 2 competences on duty</p> <p>A clinician trained to, or training at, the equivalent of paediatric medicine and neonatal medicine (RCPCH) level 2 competences or above should be available on site at all times.</p>	Y	The unit was covered by two 'hybrid' consultants, one specialty doctor and locums.	Y	

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PQ-218	<p>High dependency care: nursing competences</p> <p>Children needing high dependency care should be cared for by a trained children's nurse with paediatric resuscitation training and competences in providing high dependency care.</p>	N/A		Y	
PQ-219	<p>High dependency care: nurse staffing</p> <p>Nurse staffing for children needing high dependency care should be 0.5:1 or 1:1 if nursed in a cubicle. If this is achieved through flexible use of staff (rather than rostering) then achievement of expected staffing levels should have been audited.</p>	N/A		Y	
PQ-220	<p>Tracheostomy care</p> <p>If children with tracheostomies are cared for on the ward, a healthcare professional with skills in tracheostomy care should be rostered on each shift.</p>	N/A		N/A	
PQ-221	<p>High dependency care: pharmacy and physiotherapy</p> <p>Wards providing high dependency care should have pharmacy and physiotherapy staff with appropriate competences and job plan time allocated for their work with children needing high dependency care.</p>	N/A		Y	
PM-296	<p>Policy on staff acting outside their area of competence</p> <p>A Trust policy on staff acting outside their area of competence because this is in the best interest of the child should be in use covering:</p> <ol style="list-style-type: none"> Exceptional circumstances when this may occur Staff responsibilities Reporting of event as an untoward clinical incident Support for staff 	N	A time critical transfer policy was in place but it did not contain specific information about staff acting outside of their area of competence.	N	A time critical transfer policy was in place but it did not contain specific information about staff acting outside of their area of competence.

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-297	<p>Safeguarding training</p> <p>All staff involved with the care of children should:</p> <ol style="list-style-type: none"> Have training in safeguarding children appropriate to their role Be aware who to contact if they have concerns about safeguarding issues and Work in accordance with latest national guidance on safeguarding children 	N	Reviewers were told that nurses all had level three training. All paediatric medical staff had received Level 2 training and 85% had Level 3 training. Medical staff on rotation received training as part of their corporate induction. Not all other medical staff were up to date with safeguarding training and not all training was recorded on the Trust OLM system.	N	All paediatric medical staff had received Level 2 training and 85% had Level 3 training. Medical staff on rotation received training as part of their corporate induction. Not all other medical staff were up to date with safeguarding training and not all training was recorded on the Trust OLM system. It was not clear if all nurses had appropriate safeguarding training.
PM-301	<p>Support services 24 hour cover</p> <p>24-hour access to pharmacy, biochemistry, pathology, imaging and physiotherapy services able to support the care of children, and weekday access to dietetic services, should be available. If staff with competences in reporting imaging of children are not available 24/7 then the Trust should have arrangements for review of imaging by a paediatric radiologist.</p>	Y	See Trust-wide section of the main report, further consideration 2	Y	See Trust-wide section of the main report, further consideration 2.
PQ-303	<p>Other specialties</p> <p>Access to other appropriate specialties should be available, depending on the usual case mix of patients, for example, 24-hour ENT cover for tracheostomy care.</p>	Y		Y	
PQ-304	<p>Intensive care support</p> <p>24-hour on-site access to a senior nurse with intensive care skills and training should be available.</p>	Y	Support was available from the adult critical care unit.	Y	

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-401	<p>Resuscitation equipment</p> <p>An appropriately designed and equipped area, or adequate mobile equipment, for resuscitation and stabilisation of critically ill children of all ages should be available. Drugs and equipment should be checked in accordance with local policy.</p>	Y	The 'grab bag' was not sealed but was checked daily.	Y	
PQ-402	<p>High dependency care: facilities and equipment</p> <p>An appropriately designed and equipped area for providing high dependency care for children of all ages should be available. Equipment available should be appropriate for the high dependency care and interventions provided (QS PQ-601). Drugs and equipment should be checked in accordance with local policy.</p>	N/A		Y	
PM-501	<p>Triage</p> <p>A triage system should be operating which recognises the needs of children and ensures that all non-ambulant patients are triaged immediately.</p>	N	No documented or systematic approach to initial assessment was in place.	Y	PEWS (Paediatric Early Warning Score) assessment was done on arrival.
PM-502	<p>Paediatric advice</p> <p>Protocols for accessing advice from the local paediatric service and local paediatric intensive care service should be in use in units where children are not under the care of a paediatrician.</p>	N/A	Care was managed by paediatric medical and nursing staff.	N/A	

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-503	<p>Clinical guidelines</p> <p>Guidelines should be in use covering:</p> <ul style="list-style-type: none"> 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	Very good paediatric guidelines were in place.	Y	
PM-504	<p>Early warning protocol</p> <p>A protocol designed to provide early warning of deterioration of children should be in use. The protocol should cover observation, monitoring and escalation of care.</p>	Y		Y	
PM-505	<p>Resuscitation and stabilisation protocol</p> <p>Protocols should be in use covering resuscitation and stabilisation, including:</p> <ul style="list-style-type: none"> 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	Policy not clear about point 'b'. It was clear what staff would do in practice and equipment was available. In practice, anaesthetics would support. Reviewers suggested that the protocol be amended to reflect practice.

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-506	<p>PICU transfer protocol</p> <p>A protocol on transfer to a PICU should be in use, which should include:</p> <ol style="list-style-type: none"> Accessing advice from a Retrieval Service or PIC consultant and providing full clinical information Ensuring decisions on whether a child needs to be transferred are taken by the appropriate local consultant with a PIC consultant 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 Arrangements for the transfer of children requiring specialised intensive care not available in the lead PIC centre, including burns care and ECMO 	N	<p>Reviewers only saw part of the protocol and it was not available in the Emergency Department or the paediatric ward and staff were not aware of the protocol. No appendices were seen by the reviewers and the document did not appear to have been ratified. Point 'd' was covered by <i>KIDS</i> and staff were clearly identified in the protocol. Information about drugs and equipment was not specified and staff were not clear about this aspect of transfer. There was no specific information about monitoring included.</p>	N	<p>Reviewers only saw part of the protocol and it was not available in ED or the paediatric ward and staff were not aware of the protocol. No appendices were seen by the reviewers and the document did not appear to have been ratified. Point 'd' was covered by <i>KIDS</i> and staff were clearly identified in the protocol. Information about drugs and equipment was not specified and staff were not clear about this aspect of transfer. There was no specific information about monitoring included.</p>
PM-507	<p>In-hospital transfer protocol</p> <p>A protocol on transfer of seriously ill children within the hospital (for example, to or from imaging or theatre) should be in use. The protocol should specify the escort arrangements and equipment required.</p>	N	See QS PM-506	N	See QS PM-506

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-508	<p>High dependency care transfer protocol</p> <p>Hospitals which undertake transfers of children needing high dependency care should have a protocol agreed by the Retrieval Service for the local population which covers:</p> <ul style="list-style-type: none"> a. Types of patients transferred b. Composition and expected competences of the escort team c. Drugs and equipment required d. Restraint of children, equipment and staff during transfer e. Monitoring during transfer <p>The protocol should cover primary transfers of children to a High Dependency Care Unit and 'back-transfers' from PICU.</p>	N	See QS PM-506	N/A	

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-509	<p>Transfer contingency protocol</p> <p>A protocol should be in place for situations where retrieval is clinically inappropriate or time-critical, for example, severe head injury, intracranial bleeding, severe thoracic vascular trauma, burns and some intra-abdominal emergencies, where retrieval may introduce unsafe delay. The protocol should include:</p> <ol style="list-style-type: none"> Advice from the Retrieval Service or lead PIC centre (QS PM-506) Contact details of relevant specialists where additional advice may be required, for example, neurosurgeons Escort team of one nurse and one doctor with appropriate training and experience. The referring consultant and senior nurse on duty should judge the appropriateness of the medical escort who would normally be senior clinicians with experience and / or training in a) care of the critically ill child or b) emergency transfer or c) airway management. Indemnity for escort team Availability of drugs and equipment, checked in accordance with local policy Arrangements for emergency transport with a local ambulance service and the air ambulance Arrangements for ensuring restraint of children, equipment and staff during transfer 	N	See QS PM-506. In addition the protocol did not cover equipment, indemnity or the restraint of children during transfer.	N	See QS PM-506. In addition the protocol did not cover equipment, indemnity or the restraint of children during transfer.
PM-510	<p>Organ donation policy</p> <p>A Trust policy on organ donation should be in use which is specific about organ donation in children and includes transplant coordinator contact details.</p>	N	The Trust policy did not cover children.	N	The Trust policy did not cover children.

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-511	<p>Bereavement policy</p> <p>A Trust bereavement policy should be in use which specifically covers the death of a child and bereavement of parents, carers and siblings. This policy should specify arrangements for obtaining consent for post-mortems.</p>	Y		Y	
PQ-514	<p>High dependency care: clinical guidelines</p> <p>Clinical guidelines should be in use covering the provision of high dependency care, including:</p> <ul style="list-style-type: none"> a. Care of children with: <ul style="list-style-type: none"> 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) 	N/A		Y	

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PQ-601	<p>High dependency care: operational policy</p> <p>Wards providing high dependency care should have an operational policy covering:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 	N/A		Y	
PQ-701	<p>High dependency care: data collection</p> <p>The paediatric high dependency minimum data set should be collected and submitted to SUS.</p>	N/A		Y	Compliance based on Trust self-assessment.
PM-702	<p>Audit</p> <p>The service should have a rolling programme of audit of compliance with clinical guidelines (Qs PM-503 to PM-509).</p>	N	Reviewers saw an audit programme for Birmingham Heartlands Hospital but it was not clear if it applied to Good Hope Hospital. There was no evidence of action plans and monitoring of implementation of clinical guidelines.	Y	

Ref	Quality Standards	Met?	Good Hope Hospital - CAU	Met?	Birmingham Heartlands Hospital: PAU, in-patient & HDU & Ward 14 Day Surgery Unit
PM-703	<p>National audit programmes</p> <p>The service should be submitting data to, and participating in, appropriate national and regional clinical audit programmes including, for services caring for children with trauma, TARN.</p>	N	Birmingham Heartlands Hospital had taken part in the national asthma audit but there was no evidence that Good Hope Hospital had also participated.	Y	
PM-798	<p>Review and learning</p> <p>The service should have appropriate multi-disciplinary arrangements for review of, and implementing learning from, positive feedback, complaints, morbidity, mortality, transfers and clinical incidents and 'near misses'.</p>	Y		Y	
PM-799	<p>Document control</p> <p>All policies, procedures, guidelines and protocols relating to the care of critically ill and critically injured children should comply with Trust document control procedures.</p>	Y		Y	

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PAEDIATRIC ANAESTHESIA

Ref	Quality Standards	Met?	Good Hope Hospital	Met?	Birmingham Heartlands Hospital & Solihull Hospital
[PC-601]	<p>Surgery and anaesthetic services</p> <p>The Trust should be clear whether it provides the following services for children and the hospital site or sites on which each service is available:</p> <ol style="list-style-type: none"> Elective in-patient surgery for children Day case surgery for children Emergency surgery for children Acute pain service for children 	Y		Y	
PG-102	<p>Information on anaesthesia</p> <p>Age-appropriate information about anaesthesia should be available for children and families.</p>	Y	Information was only available in English.	N	Age-appropriate information was available at Birmingham Heartlands Hospital but not at Solihull.
PG-199	<p>Involving children and families</p> <p>The service should have mechanisms for:</p> <ol style="list-style-type: none"> Receiving feedback from children and families about the treatment and care they receive Involving children and families in decisions about the organisation of the service 	N	At the time of the review patient feedback was not collected. The service was planning to start collecting feedback in the near future.	N	At the time of the review patient feedback was not collected. However the service were planning to start collecting feedback in the near future.
PG-201	<p>Lead anaesthetist</p> <p>A nominated consultant anaesthetist should be responsible for policies and procedures relating to emergency and elective anaesthesia of children. This consultant should be involved in the delivery of anaesthetic services to children.</p>	Y		Y	
PG-202	<p>GICU lead consultant</p> <p>A nominated lead intensive care consultant should be responsible for Intensive Care Unit policies and procedures relating to children.</p>	Y		Y	

Ref	Quality Standards	Met?	Good Hope Hospital	Met?	Birmingham Heartlands Hospital & Solihull Hospital
PG-203	<p>Lead nurse</p> <p>A nominated lead nurse should be responsible for ensuring policies, procedures and nurse training relating to children admitted to the general intensive care unit are in place.</p>	N/A		N/A	
PG-204	<p>Medical staff caring for children</p> <p>All anaesthetists or intensivists with emergency and / or elective paediatric responsibility should have up to date knowledge of advanced paediatric life support / resuscitation and stabilisation of critically ill children.</p>	N	Not all consultants had appropriate and up-to-date training (evidence indicated that only nine out of twenty one had training and up-to-date experience). There was no evidence of compliance with this standard for middle grade doctors who were not in training posts.	N	Not all consultants had appropriate and up-to-date training (evidence indicated that fifteen out of twenty one had training and up-to-date experience).
PG-205	<p>Elective anaesthesia</p> <p>All anaesthetists involved in the elective surgical management of children should be familiar with current practice and the techniques necessary to provide safe care for children, including acute pain management.</p>	Y		Y	
PG-206	<p>Operating department assistance</p> <p>Operating department assistance from personnel trained and familiar with paediatric work should be available for all emergency and elective children's surgery. For hospitals accepting children with trauma, this includes competences in the care of children with trauma.</p>	N	No evidence of training and competences in the care of children was available.	N	No evidence of training and competences in the care of children was available.
PG-207	<p>Recovery staff</p> <p>At least one member of the recovery room staff who has training and experience in paediatric practice should be available for all elective children's lists.</p>	N	No evidence of training and competences in the care of children was available.	N	No evidence of training and competences in the care of children was available.

Ref	Quality Standards	Met?	Good Hope Hospital	Met?	Birmingham Heartlands Hospital & Solihull Hospital
PG-401	Induction and recovery areas Child-friendly paediatric induction and recovery areas should be available within the theatre environment.	N	Child-friendly induction and recovery areas were not available.	N	Child-friendly induction and recovery areas were not available.
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		Y	Children were admitted to the day unit at Solihull hospital. Paediatric trained nurses were available and a paediatrician was on site.
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		Y	
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.	N/A		N/A	
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 (Qs PM-503 to PM-509) and the provision of high dependency care (QS PQ-514 and PQ-601) should be clear about the role of the anaesthetic service and (general) intensive care in each stage of the child's care.	Y	A clear flow chart was used.	Y	

Ref	Quality Standards	Met?	Good Hope Hospital	Met?	Birmingham Heartlands Hospital & Solihull Hospital
PG-502	<p>GICU Care of children</p> <p>If the maintenance guidelines in QS PM-506 include the use of a general intensive care unit, they should specify:</p> <ol style="list-style-type: none"> The circumstances under which a child will be admitted to and stay on the general intensive care unit A children's nurse is available to support the care of the child and should review the child at least every 12 hours There should be discussion with a PICU about the child's condition prior to admission and regularly during their stay on the general intensive care unit A local paediatrician should agree to the child being moved to the intensive care unit and should be available for advice A senior member of the paediatric team should review the child at least every 12 hours during their stay on the general intensive care unit 	N/A		N/A	
PG-503	<p>Surgery criteria</p> <p>Protocols should be in use covering:</p> <ol style="list-style-type: none"> Exclusion criteria for elective and emergency surgery on children Day case criteria Non-surgical procedures requiring anaesthesia 	N	There was no clear policy covering all aspects of this QS. Age criteria were in place but there was no protocol around co-morbidities. The service did not include children under the age of five or those children who may need to be admitted for more than one day. Day case criteria were not clear.	N	There was no clear policy in place covering all aspects of this QS although in practice staff were clear about the criteria and discussions did take place.

Ref	Quality Standards	Met?	Good Hope Hospital	Met?	Birmingham Heartlands Hospital & Solihull Hospital
PG-504	<p>Clinical guidelines – anaesthesia</p> <p>Clinical guidelines should be in use covering:</p> <ul style="list-style-type: none"> a. Analgesia for children b. Pre-operative assessment c. Preparation of all children undergoing general anaesthesia 	Y		Y	
PG-601	<p>Liaison with theatre manager</p> <p>There should be close liaison between the lead consultant/s for paediatric anaesthesia (QS PG-201) and the Theatre Manager with regard to the training and mentoring of support staff.</p>	N	Communication with the theatre manager was not apparent.	N	A theatre users group had been set up but the theatre manager did not attend.
PG-602	<p>Children’s lists</p> <p>Wherever possible, elective surgery on children should be undertaken on dedicated operating lists for children. If dedicated lists are not feasible, children should be put at the start of lists with appropriately trained staff in the reception, anaesthetic room, theatre and recovery areas.</p>	N	This QS was not met at the time of the review. Planning for a paediatric theatre had started.	N	This QS was met at Solihull but not at Heartlands Hospital. Planning for a paediatric theatre had started.
PG-701	<p>High dependency care: data collection (GICU)</p> <p>The paediatric high dependency minimum data set should be collected and submitted to SUS.</p>	N/A		N/A	

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