

Fiona Smith

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By email: PICS@aagbi.org

16th September 2015

Dear Sir/Madam

Quality standards for the care of critically ill and critically injured children

With a membership of over 423,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Thank you for the opportunity to comment. We have consulted widely with our members. Please find our comments attached.

We hope that you will find our response helpful. Please do not hesitate to make contact should you require further information or clarification of the points made.

Yours sincerely



Fiona Smith

RCN Professional Lead for Children and Young People's Nursing





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QUALITY STANDARDS FOR THE CARE OF CRITICALLY ILL AND CRITICALLY INJURED CHILDREN

DRAFT QUALITY STANDARDS – COMMENTS PRO-FORMA

Comments on these draft Quality Standards should be sent to PICS

on PICS@aagbi.org by 17th September 2015

Please remember that the draft Quality Standards describe services when guidance on best practice has been implemented. You are asked to comment on the Standards **not** on whether you meet them. Detailed comments on individual Standards are also welcomed.

- 1 Do the Standards cover the important aspects of the structure and process of services? Are any areas missing?
- 2 Standards aim for a balance between showing that national guidance has been implemented and allowing maximum flexibility for local implementation Has this balance been achieved?
- 3 Are the Standards too prescriptive or too detailed at any point?
- 4 Are the Standards written in clear, unambiguous language?
- 5 Are the Standards achievable within five years by all appropriate service providers?
- 6 Is the 'Demonstration of Compliance' box (located in the reference column) generally appropriate for showing that the Standard has been achieved?
- 7 Any other comments:

Name	Fiona Smith
Position	Professional Lead for Children and Young People's Nursing
Organisation, College, Specialty group, special interest group, Please specify if you are responding on behalf of a group/committee	Royal College of Nursing

Please provide comments on the draft document. Please note the section number.

Draft section number	Comments
	If possible, please cite evidence to support your statements
P4 Line 1	'Of' and 'of' – the style of writing needs checking throughout the document
P4 Line 2	Remove 'They' and replace with 'These standards'
P6	Levels of critical care – replace 'basic' with 'fundamental' throughout the document
P6	Although there is a link to end of life care and organ donation our members are surprised that there is no standard specifically about end of life care in children's intensive care units
P6	Our members are surprised that care of parents during admission to children's intensive care and during resuscitation is not dealt with at all considering the large body of evidence around these two specific experiences of children's intensive care units/emergency care
P7	The definition of 'Family' is somewhat narrow and does not represent the many family situations CYP are cared within, including looked after children
P8-9	Levels of care Level 1 does not contain any reference to cardiovascular levels, if none are indicated then the standard should say this for consistency Level 2 is very clear and systematic Level 3 does not follow the same conventions/approach as level 2 and therefore is difficult to interpret and is generally inconsistent
P17	The hospital wide standards are clear. However many of our members have raised concerns about yet another set of hospital wide standards regarding the care of CYP and their families

	<p>and feel that these should be separate from those related to children’s intensive care. There is considerable concern that if these are incorporated as they are at the current time the real needs of intensive and emergency care will be overshadowed. Members feel very strongly that where wider standards are included they should be focused on addressing the specific differences applicable in each of the other standards. In doing so this would shorten the document, making it more user friendly and reduce the repetition that occurs in every standard. At the moment many seem to be copied and pasted from section to section with little differentiation in respect of each clinical setting. There are also some relevant areas in various sections that could be part of relevant and specific hospital wide standards such as resuscitation equipment for example – this would again reduce copy/past repetition. We would strongly recommend a full review of the standards and a re-focusing of content on the specific for children’s intensive care</p>
P20 onwards	<p>The focus of the remaining standards for all areas other than children’s intensive care is somewhat inappropriate. At the moment these standards seem to be repeating some of the standards that are already in place from specific recommendations in these areas, for example Emergency Care and Day Care surgery. What the PICS standards should address is the assessment, stabilisation and the pathway of critically ill children in these areas to children’s intensive care services. Many of our members have stated that the focus of quality of services for critically ill children seems to be lost to many more generic standards in many cases.</p>
ED 102	<p>Parental access and involvement – The need for privacy and confidentiality for other children and families may, in some units, means that families cannot be present during ward rounds or handovers between clinical teams</p>
	<p>Paediatric shared decision-making requires that parents are fully informed and involved in the decision-making process. There is clear evidence that involving parents/families in ward rounds leads to improved communication and information sharing</p>
	<p>Many of our members have stated that their organisation would not be able to meet the standards as currently set out.</p>
	<p>In terms of nurse education, while the Royal College of Nursing plans to undertake some work in this area in due course the PICS document should give an indication of the type and level of education that is expected for the role undertaken, for example, all registrants now exit with a degree, so masters level or equivalent education may be appropriate for team leaders/advanced practitioners and doctoral level for nurse consultants. Our members have highlighted that such statements will assist in securing formal education commissioning of pathways as well as in service induction.</p>

You may add extra rows as needed.

Please email this form to pics@aagbi.org by Thursday 17th September 2015.