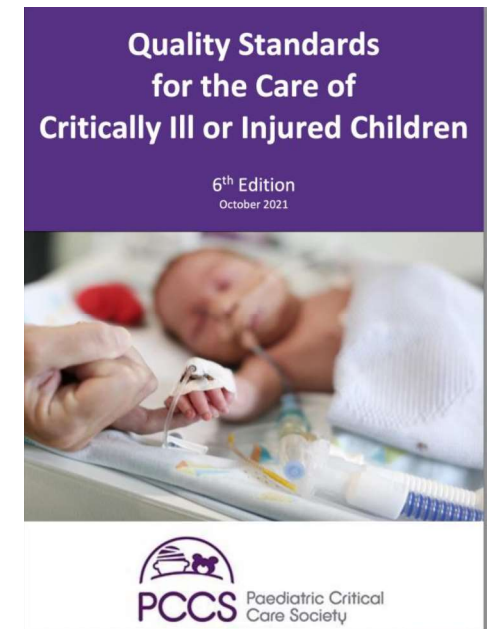


PCCS Self-Assessment Process

PCC ODN
Sept 2022

PCCS Self-Assessment Context

- New [Paediatric Critical Care Society standards](#) released October 2021 (click on link to go to standards)
- South-West PCC ODN created self-assessment tool for all areas to self-assess themselves against these standards – facilitating local service improvement through action planning
- SW PCC ODN document validated by PCCS and shared nationally
- ODN to be involved as ‘critical friend’ to review assessment, evidence and support action planning
- ODN can collate results and share best practice examples



It's Your Turn!

- We have sent you an email with -
 - Self-assessment tool attached
 - Date for submission of completed document
 - Date for review meeting (MS teams)

We ask if you can please decide who you would want to be present for the review & then *confirm availability*** for the review meeting date with us**



Completion of the self-Assessment Document

Section		Level 1	Level 2	Level 3
HW	Hospital Wide	√	√	√
IP	In-Patient Paediatric Services	√	√	√
L1	Level 1 Paediatric Critical Care Services	√		
L2	Level 2 Paediatric Critical Care Units		√	
L3	Level 3 Paediatric Critical Care Units			√
T	Specialist Paediatric Critical Care Transport Services			
TA	Specialist Paediatric Critical Care Transport Services - Aeromedical			
TE	Transport of Paediatric Patients Supported by ECMO			
A	Paediatric Anaesthesia and General (adult) Intensive Care (GICU)	√	√	
N	Paediatric Critical Care Operational Delivery Networks			
C	Commissioning	√	√	√

Completion of the self-Assessment Document

- Large spreadsheet – lots of standards!!
- We have hidden the areas you won't need to complete
- If you consider your unit delivers L2 care (or intends to moving forward) please open the L2 spreadsheet
- If you consider your unit delivers L1 care (and will continue to provide L1 care moving forward) please open the L1 spreadsheet

Cover Sheet Tab

Paediatric Critical Care Society - Quality Standards for the Care of Critically Ill or Injured Children (2021 - 6th Edition)

Name of provider organisation:	
Name and job role of person completing form:	
Date of completion:	

Guidance for this Document

Go to Self-Assessment

Section		Completion	Green	Amber	Red
HW	Hospital Wide	0%	0%	0%	0%
IP	In-Patient Paediatric Services	0%	0%	0%	0%
L1	Level 1 Paediatric Critical Care Units	0%	0%	0%	0%
L2	Level 2 Paediatric Critical Care Units	0%	0%	0%	0%
L3	Level 3 Paediatric Critical Care Units	0%	0%	0%	0%
T	Specialist Paediatric Critical Care Transport Services	0%	0%	0%	0%
TA	Specialist Paediatric Critical Care Transport Services - Aeromedical	0%	0%	0%	0%
TE	Transport of Paediatric Patients Supported by ECMO	0%	0%	0%	0%
A	Paediatric Anaesthesia and General (adult) Intensive Care (GICU)	0%	0%	0%	0%
N	Paediatric Critical Care Operational Delivery Networks	0%	0%	0%	0%
C	Commissioning	0%	0%	0%	0%

Once completed, please return this document by email to:



Template Guidance Tab

Guidance for completion of self-assessment

Navigation
This document is set across three excel sheets - you can navigate between these using the tabs at the bottom of the window, or by clicking on the link buttons on each page (like the one on the right).

Cover sheet
The cover sheet provides a summary of the self-assessment completed so far. Most of the cells are locked and will update automatically as you complete the self-assessment. This will help you to keep track of what you have completed.
On the cover sheet, please begin by completing the white cells with the name of your organisation (NHS Trust or Health Board), your name and title (if several people please choose a lead), and the date that the self-assessment was completed.

Completing the Self-Assessment template
The self-assessment template allows you to rate your service against each of the PCCS Quality Standards for the Care of Critically Ill or Injured Children.
The top of the document is frozen in place for ease of reference. This includes a key for determine your RAG rating (shown on right) and the section names as they appear in the [2021 PCCS Quality Standards for the Care of Critically Ill or Injured Children](#).
Please complete a Green / Amber / Red rating for every standard. You can do this either by typing this into the box, or using the drop-down list (see below-right). The colour should change automatically once entered.
Please add a comment next to your rating to clarify the reason for rating your service at this level, or to any assumptions you have used to interpret the standard. This is not essential for every rating, but it will be a useful reminder for later discussions and will help if you return to this document in future.
If you feel that a standard does not apply to your service then you can rate this as "N/A", but please note that this should be used rarely and will need an explanatory comment.
Standards are shown in one long table, for simplicity. However, you can use the filters to display one section at a time (see right). Simply click the filter arrow and choose which sections to display. To clear the filter, click the filter arrow again and choose 'Clear Filter from Section'.
When completing the 'Evidence/Commentary' domain, please provide as much information as possible to facilitate a peer review visit.

Help
If you have questions or need help completing this document, please contact your PCC Network Manager or PCC Network Support Manager.

Buttons: Back to Cover Sheet, Go to Self-Assessment

Key:

Color	Meaning
Green	being fully delivered/no issue
Amber	partially delivered or plans in place to deliver
Red	not being delivered and no plans in place to deliver
N/A	not for this organisation to deliver

Filtering: A screenshot shows a dropdown menu with options: Red, Amber, Green, N/A. Another screenshot shows a table with columns: Section, Standard Reference, Quality Score. A filter menu is open over the table with options: Sort A to Z, Sort Z to A, Sort by Color, Clear Filter From "Section", Filter by Color, Text Filters, Search, and a list of checked items: HW, IP, L1, L2, L3, N, T, TA.

RAG Rating System

Key	
Green	being fully delivered/no issue
Amber	partially delivered or plans in place to deliver
Red	not being delivered and no plans in place to deliver
N/A	not for this organisation to deliver

Assessment Return Tab

This is where you RAG rate yourself (**please ensure you use the drop-down box**)

This is the section of the standards

This is the detail of the standard to be assessed

Section	Standard Reference	Quality Standard	Notes from PCCS	Trust self assessment (RAG)	Evidence/commentary
HW	HW-201 Staffing BI	Board-Level Lead for Children A Board-level lead for children's services should be identified.			
HW	HW-202 Staffing BI	Clinical Leads The Board-level (or managed clinical network) lead for children's services should ensure that the following leads for the care of children have been identified: a. Lead consultants and nurses for each of the areas where children may be critically ill (QS HW-201) b. Lead consultant for paediatric critical care (if applicable) c. Lead consultant for surgery in children (if applicable) d. Lead consultant for trauma in children (if applicable) e. Lead anaesthetist for children (QS A-201) f. Lead anaesthetist and/or GICU consultant for paediatric critical care or children & young people (QS A-202/QS A-203) g. Lead consultant and lead nurse for safeguarding children h. Lead allied health professional for the care of critically ill children	1. A lead surgeon is not applicable to hospitals which do not provide surgery for children. A lead consultant for trauma is not applicable to hospitals which do not receive children with trauma. 2. If the Specialist Paediatric Transport Service provides both air and ground transport, there may be a separate lead consultant and lead nurse for ground and air transport.		

This relates to the code for evidence examples (see next slide)

This is the specific standard reference

This is where you can write in any comments or attach evidence

Evidence

Please support the self-assessment with examples of evidence to support your RAG rating

Examples of guidelines, policies etc. can be sent with the document to support your self-assessment

Examples of rota's, training numbers completed etc

Examples of child or family information leaflets

BI	Background information for the review team
Visit	Visiting facilities
MP&S	Meeting patients, carers and staff
CNR	Case note review or clinical observation
Doc	Documentation should be available. Documentation may be in the form of a website or other social media.

Clinical Guidelines The following clinical guidelines should be in use: a. Treatment of all major conditions, including:
i. acute respiratory failure (including bronchiolitis and asthma)
ii. sepsis (including septic shock and meningococcal infection)
iii. management of diabetic ketoacidosis
iv. seizures and status epilepticus
v. burns and scalds
vi. cardiac arrhythmia
vii. upper airway obstruction
viii. management of the child with a tracheostomy
b. Management of acutely distressed children, including the safe use of restraint
c. Drug administration and medicines management
d. Pain management
e. Procedural sedation and analgesia
f. Infection control and antibiotic prescribing
g. Tissue viability, including extravasation
h. Tracheostomy care, including management of a tracheostomy emergency
i. Care of children on long-term ventilation (tracheostomy and mask)
j. Acute non-invasive ventilation (CPAP and BiPAP)
k. Referral and transfer of patients to services which are not available on site
The following clinical guidelines should be in use if applicable to unit practice:
a. Treatment of trauma, including traumatic brain injury, spinal injury and rehabilitation of children following major trauma
b. Non-invasive respiratory support (high flow nasal cannula and continuous positive airway pressure)
c. Management of children undergoing surgery
d. Rehabilitation after critical illness

Some repetition....

IP	<p>IP-209 Staffing</p> <p>BI MP&S</p>	<p>Other Staffing</p> <p>The following staff should be available:</p> <p>Appropriately qualified staff to provide support for play, mental stimulation and distraction during procedures (7/7)</p> <p>a. Access to a liaison health worker for children with mental health needs (7/7)</p> <p>b. Access to staff with competences in psychological support (at least 5/7)</p> <p>c. Pharmacist with paediatric competences (with time allocated at least 5/7 for work on the unit)</p> <p>d. Physiotherapist with paediatric competences (with time allocated at least 5/7 for work on the unit)</p> <p>e. On-call access to pharmacy and physiotherapy services able to support the care of children (24/7)</p> <p>f. Access to dietetic service (at least 5/7)</p> <p>g. Access to an educator for the training, education and continuing professional development of staff</p>
L1	<p>L1-209 Staffing</p> <p>BI MP&S</p>	<p>Other Staffing</p> <p>The following staff should be available:</p> <p>a. Appropriately qualified staff to provide support for play, psychological stimulation and distraction during procedures (7/7)</p> <p>b. Access to a liaison health worker for children with mental health needs (7/7)</p> <p>c. Access to staff with competences in psychological support (at least 5/7)</p> <p>d. Pharmacist with paediatric competences (with time allocated at least 5/7 for work on the unit)</p> <p>e. Physiotherapist with paediatric competences (with time allocated at least 5/7 for work on the unit)</p> <p>f. On-call access to pharmacy and physiotherapy services able to support the care of children (24/7)</p> <p>g. Access to dietetic service (at least 5/7)</p> <p>h. Access to an occupational therapist (at least 5/7)</p> <p>i. Access to a speech and language therapist (at least 5/7)</p> <p>j. Access to an educator for the training, education and continuing professional development of staff that is external to nursing establishment for patient care, but who maintains their clinical competence</p>

Changes to previous standard highlighted in bold

Please still RAG rate your self and only add additional comments if needed for additional (bold) areas

Support



We really appreciate this is a big document that will take time to complete, but it will give you, and the ODN, clear information and actions for development of the PCC service across the NW.

Any questions or help needed, please do not hesitate to get in touch with the team - louise.king@mft.nhs.uk or lucy.allton@mft.nhs.uk



Many thanks for your time and support completing this!