

Board of Directors Meeting: Thursday 26 March 2009

BD2009.30

Subject	Healthcare Commission (HCC): Children's Hospital Services Follow Up Review			
Purpose of paper	To present the action plan that takes account of the results of the HCC Childrens Hospital Services Follow Up Review. Divisional Boards will monitor the action plan, and send regular assurance updates to the Governance Committee and the Board of Directors.			
Board lead	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership			
Background papers (if any)	Children's Hospital Services follow-up review 2008-09			
Action/decision required	To review and note the action plan. To note that several actions impact on the Trust as a whole.			
Key purpose	Strategy	Assurance	Policy	Performance
Strategic Goal(s)	SG 1: To be hospitals of choice SG 4: To be an excellent employer			
Strategic Objective(s)	SO6: To provide demonstrably excellent clinical outcomes and indicators of patient safety			
Links to Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	RR1: Patient Safety			
Also considered by	Divisonal Boards A, B and C Governance Committee			
Resource and financial impact	Financial requirements in relation to advanced resuscitation courses are being calculated. There will be a review of the workload of the Lead Nurse Safeguarding role with a view to increasing resources within the team to ensure compliance with child protection training targets.			
Consideration of risk legal/equality/diversity/engagement issues	The action plan addresses the risk that children will not be appropriately cared for.			

Acronyms and abbreviations used	HCC: Healthcare Commission
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Children's Hospital Services Follow-up Review

Introduction

- 1 In February 2007, the Healthcare Commission (HCC) published the results of a review into Children's Hospital Services, based on data from 2004/05. The review was based upon Standard 6 of the National Service Framework for Children, Young People and Maternity.
- 2 The report summarised the key national messages from the review and provided a number of conclusions and recommendations relating to the services for the care of children in hospital, and the training and experience of those caring for them. The review found that whilst services were generally child-friendly and appropriately local, many trusts were not systematically training staff to specifically meet children's needs. Many trusts needed to improve training in:
 - General care appropriate to meet the needs of children
 - Child protection
 - Pain management
 - Communication and play
- 3 The follow-up review (using data from 2006/07) is based on nine of the original indicators which are applicable to all services.
- 4 The follow-up review has taken place at two years after the original review was published, so that trusts will have had time to respond to the review findings.
- 5 Trusts performance is compared against a fixed threshold set for both the original and follow-up reviews for each indicator and uses data for the period January to November 2007.
- 6 The data look at whether or not staff who are trained in some key areas are available in clinical settings in which children are treated. This will always be a challenging target in large tertiary centres with a wide range of highly specialised services, but it is clearly important for clinical governance, safeguarding and patient care that the necessary expertise is available at all times.
- 7 The draft review findings were received by the Trust in December 2008. There were some discrepancies with the data and these were followed up with the HCC. The final report was received by the Trust in March 2009 (Appendix 1), and this was published on 13 March 2009.

Oxford Radcliffe Hospitals Trust Performance

- 8 A summary of the Trust's performance against the performance indicators can be found in Appendix 2. The key issues are:
 - Child protection training at levels 1 and 2 for nursing and consultant staff
 - Basic and advanced paediatric life support training for nursing and consultant staff
 - Nurse training in pain assessment and administration of analgesia

- Proportion of Consultant Anaesthetists who carry out fewer than 21 anaesthetics a year on children aged between 29 days and 12 years.

Next Steps

- 9 A comprehensive action plan (Appendix 3) has been developed by the Director of Operations for Division C. It is important to recognise that this is a Trust wide action plan that will need to be monitored through all divisional and directorate structures. Regular assurance updates will be provided to Clinical Governance Committee and the Board of Directors.
- 10 The action plan was submitted to the HCC and SHA at the end of January 2008. At that time we did not know what the Trust's performance would be against the indicators for the 2008/09 HCC review submission, however the HCC requested an action plan against the results of the follow up review for 2006/07.
- 11 For the HCC an action plan was only required for those indicators that were awarded a category 3 (Deteriorated) or 4 (consistently low performing).

2008/09 Follow-Up Review

- 12 The Trust has just submitted data for the 2008/09 follow-up review which was signed off by the Chief Executive on 26 February 2008. The score for each indicator has been highlighted on the action plan (Appendix 3), however, it should be noted that these scores are based on the methodology previously used by the HCC and these may change. They do, however, give the Trust an understanding of its performance on the indicators against the previous two reviews.
- 13 The action plan has been updated to include actions that must be taken to either improve or sustain performance.

Amanda Middleton
Director of Operations, Division C
13 March 2009

Summary of the Healthcare Commission Childrens Hospital Services Follow Up Review

Original List of Indicators	Indicators	Revised List of Indicators	Threshold Low performing	Threshold High performing	ORH score 2004/05	ORH score 2006/7	Description	ORH Score 2008/09 *
1. EC1 Proportion of registered nurses (RNs and RN-Cs) who work in emergency care settings have undertaken 'essential training' courses over a period of one year 'Essential training' courses: 1.child protection level 1 or above, 2.child protection level 2 or above, 3. basic paediatric life support or PLS	1. EC1a	Proportion of registered nurses (RNs and RN-Cs) in the emergency care settings that have received the child protection training at level 1 or higher within the last year	<0.33	>=0.33	0.0	0.46	Improvement	0.5
	2. EC1b	Proportion of registered nurses (RNs and RN-Cs) in the emergency care settings that have received the child protection training at level 2 or higher within the last year.	<0.33	>=0.33	0.1	0.0	Consistently low performing	0.5
	3. EC1c	Proportion of registered nurses (RNs and RN-Cs) in the emergency care settings that have received the basic paediatric life support or PLS training within the last year.	<0.9	>=0.9	0.3	0.24	Consistently low performing	0.4
2. DC1 Proportion of registered nurses (RNs and RN-Cs) who work in day care settings have undertaken 'essential training' courses over a period of one year 'Essential training' course: 1.child protection level 1 or above, 2.child protection level 2 or above, 3. basic paediatric life support or	4. DC1a	Proportion of registered nurses (RNs and RN-Cs) in the day case care settings that have received the child protection training at level 1 or higher within the last year.	<0.33	>=0.33	0.6	0.53	Consistently high performing	0.8
	5. DC1b	Proportion of registered nurses (RNs and RN-Cs) in the day case care settings that have received the child protection training at	<0.33	>=0.33	0.6	0.31	Deterioration	0.7

PLS		level 2 or higher within the last year.						
	6. DC1c	Proportion of registered nurses (RNs and RN-Cs) in the day case care settings that have received the basic paediatric life support or PLS training within the last year.	<0.9	>=0.9	0.6	0.81	Consistently low performing	0.8
3. EC2 Proportion of registered nurses (RNs and RN-Cs) who work in emergency care settings have undertaken the 'necessary training' courses for (1 trained nurse per shift is needed; this indicator assumes a shift pattern of 1 in 6) 'Necessary training': 1.APLS or equivalent, 2.pain assessment, 3.administration of analgesia.	7. EC2a	Proportion of registered nurses (RNs and RN-Cs) in the emergency care settings that have received the advanced paediatric life support/ EPLS/ PALS training within the last 3 years.	<0.17	>=0.17	0.2	0.15	Consistently low performing	0.06
	8. EC2b	Proportion of registered nurses (RNs and RN-Cs) in the emergency care settings that have received the formal training for the use of paediatric pain assessment tools	<0.17	>=0.17	0.9	1.0	Consistently high performing	0.6
	9. EC2c	Proportion of registered nurses (RNs and RN-Cs) in the emergency care settings that have received the administration of analgesia via PGDs training.	<0.17	>=0.17	0.9	0.8	Consistently high performing	0.6
4. DC2 Proportion of registered nurses (RNs and RN-Cs) that have the necessary training for outpatient care settings (1 trained nurse per	10. DC2a	Proportion of registered nurses (RNs and RN-Cs) in the day case care settings that have received the APLS/ EPLS/ PALS training within the last 3 years.	<0.17	>=0.17	0.1	0.08	Consistently low performing	0.07

shift is needed; this indicator assumes a shift pattern of 1 in 6) Registered nurses undertaken- 1.basic PLS or APLS, 2.pain assessment, 3.administration of analgesia.	11. DC2b	Proportion of registered nurses (RNs and RN-Cs) in the day case care settings that have received the formal training for the use of paediatric pain assessment tools.	<0.17	>=0.17	0.6	0.04	Deterioration	0.004
	12. DC2c	Proportion of registered nurses (RNs and RN-Cs) in the day case care settings that have received the administration of analgesia via PGDs training.	<0.17	>=0.17	0.6	0.0	Deterioration	0.009
5. OP1 Is there at least one RN-C (registered children's nurse) working within each outpatient department in the trust, whenever the department is being used by children?	13. OP1	Is there at least one RN-C (registered children's nurse) working within each outpatient department in the trust, whenever the department is being used by children?	0=no	1=yes	1	0	Deterioration	0
6. S1 Number of surgeon consultants (general, orthopaedic & ENT) trained in essential training courses / headcount Surgeons undertaken- 1.child protection level 1 or above, 2.PLS or equivalent.	14. S1a	Proportion of consultant surgeons (general, orthopaedic & ENT) in the trust that have received the child protection training at level 1 or higher within the last year	<0.33	>=0.33	0.7	0.4	Consistently high performing	0.6
	15. S1b	Proportion of consultant surgeons (general, orthopaedic & ENT) in the trust that have received the paediatric life support or equivalent training within the last year.	<0.9	>=0.9	0.3	0.1	Consistently low performing	0.7
7. S2 Number anaesthetist consultants trained in essential training courses/headcount Anaesthetists consultants	16. S2a	Proportion of consultant anaesthetists (elective and emergency) in the trust that have received the child protection training at level 1 or higher within	<0.33	>=0.33	0.0	0.7	Improvement	0.7

undertaken- 1.child protection level 1 or above, 2.APLS or equivalent.		the last year.						
	17. S2b	Proportion of consultant anaesthetists (elective and emergency) in the trust that have received the advanced paediatric life support /EPLS/PALS/or equivalent training within the last 3 years.	<0.9	>=0.9	0.0	0.33	Consistently low performing	0.4
8. S3 Number of consultant anaesthetists carrying out very low levels of work (1-20 anaesthetics) as % all consultant anaesthetists carrying out work on children in the trust	18. S3	Proportion of consultant anaesthetists(elective and emergency) in the trust that carried out fewer than 21 anaesthetics in the year on children aged 29 days -12 years in the year	>0	0	0.4016	0.29	Consistently low performing	0.52
9. S5 Number of consultant surgeons' teams carrying out insufficient levels of work (0-100 FCEs) as % all surgeon teams carrying out work on children - those who do elective work	19. S5	Proportion of consultant surgeons' teams (elective and emergency) in the trust that carried out low levels of work (1-99 finished consultant episodes) on children in the year	>average (0.82)	<=0.82	0.7794	0.78	Consistently high performing	? removed

* scores based on submission at end of February 2009, will be published in 2010