

APAGBI Peer Review Self Assessment

Part 1 - Paediatric ACSA Standards

		Priority	CQC KLoE	HIW Domains	GPAS references	Helpnote
1	The care pathway					
1.1	General					
1.1.1	Policies					
1.1.1.1	<p>All patients should have a named and documented supervisory anaesthetist who has overall responsibility for the care of the patient</p> <p>This should be visible on the anaesthetic record, on the rota, on display in the department and visible in the obstetric area</p>	1	Safe Effective Well led	Safe & effective care	10.1.4	This is likely to be tested in the meetings with trainees and consultants where they will be asked how it works in practice and who the consultants are supervising. The review team will need to be able to judge the evidence of implementation on the ground and assess if the level of supervision is adequate for the environment they are visiting.
1.1.1.2	<p>When children are admitted for surgery there is immediate access to a named consultant paediatrician</p> <p>Indicate clear arrangements/written guidance for access to paediatrician</p>	1	Safe Effective Responsive	Safe & effective care	10.1.8	
1.1.1.4	<p>Where sedation is provided by an anaesthetist there is a policy for the provision of this service for adults and children including all subspecialty areas and the specifications of the facilities provided, including paediatrics</p> <p>A copy of the policy should be provided for adults and children in accordance with national standards</p>	1	Safe Effective Caring	Safe & effective care	10.5.20	Please refer to the recommended published guidance for the conduct of paediatric sedation: https://www.nice.org.uk/guidance/cg112/resources/sedation-in-under-19s-using-sedation-for-diagnostic-and-therapeutic-procedures-35109386077381
1.1.1.7	<p>Guidelines for the management of anaesthetic emergencies are appropriately displayed and immediately and reliably available in sites where anaesthesia and sedation is provided and include guidelines for children</p> <p>Copies of policies which are required for emergencies that may occur (based on the services being provided) should be appropriately displayed and immediately and reliably available and compatible with human factors use</p>	1	Safe Effective	Safe & effective care	10.5.19	The department will need to prove it is available. The intranet is not adequate unless reliable and immediately available.
1.1.1.12	<p>An appropriate early warning score is in use for all patients including emergencies, obstetric patients and children</p> <p>Early warning scores should be visible on patient observation charts. Paediatric early warning scores should be visible on all age-specific observation charts. Charts should be modified for the obstetric patient</p>	1	Safe Effective	Safe & effective care	10.3.9	

1.1.1.18	There is a policy to address the airway management of adults and children in the emergency department The policy should be provided, its location should be pointed out and should be easily accessible and staff should be able to relay the main points and what is expected of them verbally	1	Safe Well led	Safe & effective care Management & leadership		See Note 2 for an explanation of what is meant by the term 'policies'. Please also see the RCoA/RCEM joint position statement here: http://www.rcoa.ac.uk/node/21161
1.1.1.19	There are documented policies for the anaesthetic management of adults and children in radiology and MRI suites A copy of the policy/policies should be provided	1	Safe Well led	Safe & effective care Management & leadership		.
1.1.1.21	There is a documented policy for the interdisciplinary management of critically ill children including short term admission to a general ICU The policy should be verbally relayed and should include retrieval policy and contact with paediatricians	1	Safe Effective Caring Well led	Safe & effective care Management & leadership	10.3.8, 10.3.10, 10.3.19, 10.3.20	
1.1.1.22	Care pathways and evidence of engagement with available regional paediatric (anaesthetic/surgical/critical care) networks, based on the complexity of procedure, age and co-morbidity of children, as well as clinical urgency and geography, are developed and agreed Local and regional network standards, care pathways and policies available including a policy clearly defining local surgical provision for children. Evidence of attendance at regional network meetings and use of regional guidelines or involvement in network audits	1	Safe Responsive Well led	Safe & effective care Management & leadership	10.3.8, 10.3.13, 10.5.14, 10.5.15, 10.5.16	
1.1.1.25	Policies for children's surgical services are formulated and reviewed by a multidisciplinary team including leads from the following specialities; paediatrics, anaesthesia, surgery and nursing Demonstrate committee overseeing services for children (minutes of meeting) and hospital engagement in regional network (agenda, minutes)	1	Safe Effective Responsive Well led	Safe & effective care Management & leadership	10.5.2, 10.5.3	
1.1.1.26	There are clear criteria and standards for paediatric day surgery with regards the children attending, discharge pathway and also the environment and staff where it is delivered Policies and guidelines available including comorbidities and common conditions, appropriate staff rotas	1	Safe Caring	Safe & effective care	10.3.28, 10.3.29, 10.3.30, 10.3.33	

1.2 Pre-procedure
1.2.1 Pre-assessment

1.2.1.1	<p>All patients, including parents and children, undergoing anaesthesia or sedation have an appropriate preoperative assessment</p> <p>Verbal explanation should be given of the procedure for triage of patients including how test results and potential problems are flagged in a timely manner to aid list planning (Refer to reference 2.2.2 and 2.2.9 in particular)</p>	1	Safe Effective Responsive	Safe & effective care	10.2.7	Ideally all patients should have a formal pre-operative assessment, often nurse led, where potential issues are sought for and relevant information flagged. An anaesthetist will then review after admission, before surgery. This may not always be logistically possible or necessary in fit patients for minor surgery. Where no formal preoperative assessment had been conducted a more rigorous assessment will be necessary on admission.
1.2.1.3	<p>The appropriate level of postoperative care is planned and arranged preoperatively</p> <p>A verbal explanation should be provided regarding how patients are ranked in urgency when there is competition for beds, how patients are recovered when anaesthetised remotely (outside main theatres), what plans are in place for booking level 2 and level 3 care and the access of obstetric and paediatric patients to level 2 and level 3 care</p>	1	Safe Effective Well led	Safe & effective care Management & leadership	10.2.7, 10.3.21	
1.2.1.4	<p>All patients, including children and their carers, undergoing anaesthesia or sedation are seen by an anaesthetist after admission, prior to the procedure</p> <p>Patient records should have evidence that patients have been seen. Staff should be able to give verbal confirmation that the assessment happens privately. Audit of parental feedback and satisfaction.</p>	1	Safe Responsive	Safe & effective care	10.2.7	
1.2.1.5	<p>There are agreed local policies for preoperative preparation of patients e.g. fasting, investigations, cross-match, thromboprophylaxis, diabetes, latex-allergy, antacid prophylaxis and others where appropriate</p> <p>A copy of the policy/policies should be provided and staff should give verbal confirmation that they are fit for purpose and followed. In children, similar policies should be provided including fasting and pregnancy testing in adolescents.</p>	1	Safe Effective	Safe & effective care	10.3.31, 10.5.21, 10.9.2	See Note 2 for an explanation of what is meant by the term 'policies'.
1.2.2.1	<p>Patients and their carers are given adequate information upon which to base their decision regarding anaesthesia, post operative care and pain relief</p> <p>There is a record that patients have received information describing the options, risks and benefits of the proposed procedures. Documentation of discussion of procedures and risk e.g. on the anaesthetic record. Adequate information in the appropriate format should be accessible</p>	1	Caring Responsive	Safe & effective care	10.9.2	

1.2.2.2	Staff have documented knowledge of national guidelines and the Trust/Board policy on informed consent A copy of the staff induction pack should be provided. Staff taking consent for paediatric anaesthesia have documented knowledge of legislation and good practice guidance involving rights of the child, child protection processes and consent. Consent is taken by a qualified person.	1	Effective Well led	Safe & effective care Management & leadership	10.9.8, 10.9.11, 10.9.12	
1.2.4 List planning						
1.2.4.2	The specific needs of children are considered at all stages of peri-operative care including emergencies and carers accommodation Evidence should include sight of a separate area in recovery for children, documentation of special considerations in patient notes and pre-assessment records, patient information and patient satisfaction audits	1	Caring Well led	Safe & effective care Management & leadership	10.2.12, 10.2.18, 10.2.19, 10.2.21	
1.2.4.8	Children are separated from adult patients throughout their care pathway, including theatres, recovery, inpatient wards, day ward and critical care unit. These areas should be safe and accessible to parents and carers Demonstrate separate pathway and environment - seen at 'walkabout' session during ACSA review visit. Prioritisation on mixed lists.	1	Caring Effective Responsive	Safe & effective care	10.2.17, 10.2.19	
1.2.4.9	Services and facilities take account of the specific needs of adolescents, where these are different from those of children and adults Demonstrate appropriate information on anaesthesia and surgery, provision of privacy and policy on consent	2	Responsive	Safe & effective care	10.2.20, 10.3.36, 10.3.37, 10.3.38	Please note this is a 'priority 2' standard, see Note 1 for further explanation.
1.3.1 Assistance for medical staff						
1.3.1.2	When a child undergoes anaesthesia, all staff (operating department practitioners/assistants/anaesthetic nurses/recovery) have paediatric training and experience Evidence of staff experience, regular training including resuscitation, rotas or policy. A lead paediatric nurse should be directly involved with the organisation of the service and training of staff.	2	Safe	Safe & effective care	10.1.1, 10.1.5, 10.1.6	Please note this is a 'priority 2' standard, see Note 1 for further explanation.
1.3.2 Equipment						
1.3.2.2	Devices for monitoring and maintaining or raising the temperature of the patient are available throughout the perioperative pathway including control of theatre temperature Devices, including those suitable for use on children, should be seen and need to be in working order so that they can be used intra-operatively	1	Safe	Safe & effective care	10.2.1, 10.2.6, 10.3.4	The ACSA review team will check that there is adequate provision to support this.

1.4 Post procedure						
1.4.1 Recovery facilities						
1.4.1.4	Particular provision is made for the care of children including nurses/ODPs trained in paediatric resuscitation Verbal confirmation should be sought from staff in relevant areas, including the qualifications of individuals in that area	1	Safe Responsive	Safe & effective care	10.1.6, 19.3.2	
1.4.1.5	Patients being discharged from the hospital following general or regional anaesthesia or sedation must be discharged into the care of a responsible adult Discharge criteria on a form for adults and children	1	Safe	Safe & effective care		This does not apply to surgically administered local anaesthetic.
1.4.3 Escalation of level of care						
1.4.3.1	There is a recognised process for the referral of day-case patients requiring inpatient admission to an appropriate facility A written policy should be provided for adults and children	1	Safe Well led	Safe & effective care Management & leadership		This refers specifically to day-surgery under the escalation of level of care, such as in day surgery when the patient subsequently requires an overnight stay.
1.4.3.2	There is a recognised process for the referral of patients requiring critical care, including paediatric and obstetric patients, to an appropriate facility A written policy should be provided for adults and children	1	Safe Responsive Well led	Safe & effective care Management & leadership	10.3.8, 10.5.1, 10.5.13	This refers specifically to unplanned intensive care admissions following surgery.
1.4.4 Pain management						
1.4.4.3	Specialist acute pain management advice and intervention is available at all times including escalation plans A system by which anaesthetists can be called at any time for advice should be relayed verbally by any member of staff, including nursing staff, for adults and children.	1	Safe Effective Responsive	Safe & effective care	10.2.15	
1.4.4.4	There is a dedicated acute pain nurse specialist service which also covers the needs of children Verbal confirmation should be given of pain service and staffing. Audits of pain management and adult and paediatric guidelines available, such as those for multi-modal analgesia. Demonstrate use of age appropriate pain tools. Records showing regular pain scores being taken.	1	Effective Well led	Safe & effective care Management & leadership	10.2.15	
1.4.5 Handover						
1.4.5.3	There are agreed criteria for discharge from recovery A written policy should be provided for adults and children	1	Safe Effective Well led	Safe & effective care Management & leadership		

1.5 Emergencies						
1.5.0.8	The specific needs of critically ill children are considered Paediatric early warning scores should be visible on all age-specific observation charts. Verbal confirmation should be given as to whom would provide anaesthetic support to the multidisciplinary team caring for a critically ill child	2	Safe Responsive	Safe & effective care	10.3.9, 10.3.10, 10.3.11	
1.5.0.9	Hospitals have arrangements within their network for the transfer of sick infants and children to the regional specialist centre including time critical transfers Network and local policies, evidence of multidisciplinary working, named lead consultant	2	Safe Responsive	Safe & effective care	10.3.16, 10.3.23	
1.7 Resuscitation						
1.7.0.2	There is a trained resuscitation team for adults, including pregnant women, children and neonates as appropriate Verbal confirmation should be given. Evidence of appropriate mandatory training for age range of patients	1	Safe Responsive Well led	Safe & effective care Management & leadership	10.1.7	
2	Equipment, facilities and staffing					
2.1	Anaesthetic equipment and monitoring					
2.1.1	Range available					
2.1.1.2	Equipment for monitoring, including capnography, ventilation of patients' lungs and resuscitation including defibrillation is available at all sites where patients are anaesthetised or sedated and on the delivery suite. This includes equipment specifically designed for children. Defibrillators, bag and masks and capnography should be seen, including in remote locations. Staff should be asked if they encounter any difficulties with equipment in any sites. Demonstrate all age ranges are provided for.	1	Safe Effective Well led	Safe & effective care Management & leadership	10.2.1	
2.1.1.5	Equipment to provide a full range of local and regional blocks is available Staff should be asked what range of local and regional blocks they feel is lacking based on the procedures they undertake for adults and children	1	Safe Effective Responsive Well led	Safe & effective care Management & leadership	10.2.1	
2.1.1.6	Ultrasound imaging equipment is available to assist with vascular access and regional anaesthesia Verbal confirmation should be given for adults and children	1	Safe Effective Responsive Well led	Safe & effective care Management & leadership	10.2.1	

2.1.1.7	There is specialised equipment for the management of difficult airways available in every area where anaesthesia is given The difficult airway trolley should be seen and the equipment on it should be checked. All members of staff should be able to confirm its location for adults and children	1	Safe Effective Well led	Safe & effective care Management & leadership		
2.1.1.10	Appropriate equipment is available for all patient transfers Portable ventilators and monitoring should be seen for adults and children	1	Safe Effective Responsive Well led	Safe & effective care Management & leadership	10.3.24	
2.1.1.11	There is specialised equipment for the management of post-operative pain An adequate number of PCAs epidural pumps and the arrangements for their use should be available for the services being provided for adults and children	1	Effective Caring Responsive	Safe & effective care		
2.2.3	Access to blood and blood conservation techniques (cell salvage or acute normovolaemic haemodilution)					
2.2.3.2	Equipment for fluid and blood warming and rapid infusion is available Equipment should be seen for adults and children	1	Safe Effective	Safe & effective care	10.2.1	
2.2.3.3	A cell salvage machine and trained staff are available for appropriate patients Equipment should be seen with evidence of ongoing training for adults and children	1	Effective Responsive Well led	Safe & effective care Management & leadership		Hospitals that do not treat 'appropriate patients' should choose the 'not applicable' option. The site would need to justify to the reviewers who visit why this standard is not applicable to their service. If patients who require this machine are seen rarely, and only in planned surgery, an SLA with an appropriate provider to hire the machine and staff required on demand is a fair alternative to purchase.
2.6	Medical staff					
2.6.2	Consultants					

2.6.2.1	<p>There are anaesthetic clinical leads with responsibility in the following areas: resuscitation, day surgery, acute pain management, perioperative medicine, obstetrics, emergency anaesthesia, remote sites (including the emergency department/trauma), ECT (if available), research, paediatrics, ICM, anaesthetic equipment, pre-operative assessment, simulator training (if available), airway management (to include difficult and awake intubation management protocols)</p> <p>The names of individuals should be provided. Identified paediatric lead, evidence of wider delivery of surgical / anaesthetic services for children e.g. training, guidelines, peer meetings</p>	1	Well led	Management & leadership	10.5.6	A single consultant may cover more than one responsibility if required; for example, in smaller departments.
2.6.4	Trainees					
2.6.4.1	<p>Trainees have specific training and demonstrated competence in relevant areas before working solo</p> <p>Specific groups should be interviewed about their practices and training</p>	1	Safe Well led	Safe & effective care Management & leadership	10.1.3, 10.1.4	
2.6.4.2	<p>Trainees have unimpeded access to a nominated consultant for advice and supervision at all times</p> <p>Written policies should be provided and specific groups should be able to relay how they would know who to contact. For example; names are displayed or on the rota</p>	1	Safe Well led	Safe & effective care Management & leadership	10.1.3, 10.1.4	
3.1	Preoperative assessment					
3.1.2	Patient decision making					
3.1.2.2	<p>Patients and their advocates understand the choices available and the associated risks and side effects of their anaesthetic procedure, including pain relief</p> <p>Patient information and feedback should be provided for adults and children; good communication via available leaflets; leaflets that set out risks and benefits of particular procedure; anaesthetic record shows that patients received this.</p>	1	Caring Responsive	Quality of patient experience	10.2.7, 10.9.1, 10.9.2,	<p>This standard refers specifically to the anaesthesia consent procedure (rather than the general surgery procedure). There should be a formalised pre-operative risk assessment, preferably using a scoring system, and should be documented and communicated to patients as part of the consent procedure if possible. There should be opportunity provided to the patient to contact the department if necessary e.g. a feedback section in patient leaflets. An 'advocate' is an appropriate adult or relative.</p> <p>The evidence of this standard would be met in the form of a very short audit from the hospital where patients were asked the following specific questions: Did your anaesthetist explain, in a manner that you felt you fully understood:</p> <p>(a) The anaesthetic choices available to you? (b) The relevant side effects of your anaesthetic procedure? (c) The side effects of your pain relief drugs? (d) The risks associated with your anaesthetic procedure</p>
3.2	Care of the Individual					
3.2.2	Dignity					

3.2.2.2	There is support for patients with individual or special requirements including children Staff should report that they are satisfied with the support for adults and children with particular requirements, for example learning disabilities.	1	Caring Responsive	Quality of patient experience	10.2.8, 10.9.5,	
3.3	Communication					
3.3.1	Patients					
3.3.1.1	Day surgery patients are given clear and concise written information after discharge including access to a 24-hour staffed telephone line for advice Leaflets given to patients on discharge from the hospital include a telephone number for advice. The information on the leaflets should include warning signs of serious complications and appropriate actions to take. There should also be information on what to do, and what not to do, following discharge including post-discharge analgesia protocols. The post-operative instructions facilitate ongoing self-care by the patient, and should include a help-line in case of concerns for adults and children.	1	Safe Caring Responsive	Quality of patient experience Safe & effective care	10.3.31, 10.3.34	
3.3.3.1	Information given to patients and/or advocates includes what to expect in the anaesthetic room, operating theatre and recovery room and obstetrics department, as appropriate Copies of written information should be provided. Leaflets that cover a variety of ages and levels of understanding appropriate to the patient, including confirmation of whether a 24 hour epidural service is available	1	Caring Responsive	Quality of patient experience	10.2.7, 10.9.1	
3.3.4	Advocates					
3.3.4.1	A system is in place to enable the presence of carers and/or advocates at induction of anaesthesia in children or patients with special requirements A copy of a written policy on the presence of carers in the anaesthetic room and recovery should be provided	1	Caring Responsive	Quality of patient experience	10.2.19, 10.5.11, 10.5.12	
4	Clinical governance					
4.1	Patient safety					
4.3	Morbidity and mortality					

4.3.1.2	<p>There are specific systems in place for review of the following relating to babies and children; perioperative deaths within 30 days of surgery, serious untoward incidents, untoward incidents and transfers of children for surgery elsewhere. These are reported to the relevant national agency.</p> <p>Minutes of meetings and multidisciplinary reviews, completed reports and local audits</p>	1	Responsive Safe	Safe & effective care	10.7.5	
4.3.1.1	<p>There is documentary evidence of morbidity and mortality reviews of all anaesthetic activity and all untoward incidents</p> <p>Copies of an incident reporting form and information provided on induction should be seen. Knowledge of College feedback mechanisms and use of the SALG Patient Safety Update in M&M meeting should be demonstrated verbally. Percentage attendance at departmental clinical governance meetings should be available. The agenda, actions and learning outcomes should be circulated to the anaesthetic department. The number of meetings per year should be clearly documented</p>	1	Safe Effective Well led	Safe & effective care Management & leadership	10.7.5	<p>Meetings should be multidisciplinary where appropriate e.g. meetings relating to paediatric surgery and anaesthesia requires the involvement of paediatricians, surgeons and anaesthetists to discuss and review the services.</p>

4.6.2	<p>Job plan and review</p>					
4.6.2.4	<p>All staff undertaking paediatric practice have evidence of maintaining their knowledge and skills through CPD, including resuscitation and safeguarding/child protection (level 2)</p> <p>Evidence of appraisal for paediatric anaesthesia, appropriate supervision of trainees/non-training grades, training records. Named leads for training, including safeguarding lead with level 3 competencies</p>	2	Safe Well led	Safe & effective care Management & leadership	10.4.1, 10.4.2, 10.4.4, 10.4.5, 10.4.6, 10.4.7	