



CATS Service Standards

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CATS Service Standards

Mission statement

The Children's Acute Transport Service aims to provide the highest quality paediatric intensive care for patients and their families from the point of referral to the handover of care at the receiving paediatric intensive care unit

- Single regional focus for provision of paediatric critical care for patients presenting as an emergency
- Provides 24 hour, 365 day, Consultant led telephone advice and a triaging facility for all referrals
- Committed to improving and developing the provision of critical care and critical care transport for all patients within its scope of care

Scope of service

- The CATS service will not discriminate on the basis of gender, race or religious beliefs
- The CATS service is only for patients requiring intensive care
- The CATS service take responsibility for locating an appropriate paediatric intensive care bed for any North Thames patient within its scope of care
- The CATS service take responsibility for locating an appropriate paediatric intensive care bed for any East Anglia patient within its scope of care when requested to do so by Addenbrookes PICU
- CATS will undertake the transfer of infants and children up to and including 16 years of age including extremely low birth weight infants when appropriate
- CATS will transfer patients up to a maximum weight of 100Kg
- CATS will transfer neonates with duct dependant lesions requiring prostaglandin infusion, into cardiac intensive care units
- CATS will transfer patients accepted to Great Ormond Street for ECMO assessment and provide a return transfer for those patients still requiring intensive care within 48hrs of re-referral
- CATS will transfer patients for NCG Vein of Galen Malformation Treatment and Paediatric Liver Disease Treatment

Exclusions

- Inter-intensive care unit transfers of non-acute cases between hospitals
- “Back” transfers to originating units (except ECMO assessment)
- Inter unit transfers of long term ventilated children
- Patients that do not require intensive care
- Patients for whom intensive care has been deemed inappropriate
- Transports where in the opinion of the CATS Consultant there is an unacceptable risk to the transporting team
- Patients with a Category 3 or Category 4 disease
- CATS will not respond to natural disasters or perform primary transports unless requested to as part of a London Emergency Service Major Incident Plan

Operational Arrangements

- CATS operate a 24-hour telephone contact point accessible by all clinicians wishing to access the service.
- CATS operate two teams 24 hours, 365 days a year.
- All referral calls will be discussed with the CATS Consultant
- The CATS service expected capacity is 950 intensive care transports annually to the 5 provider hospitals within North Thames/East Anglia
- The service expects to perform a maximum of 90% of the total transfers within its scope of care
- At times of regional paediatric intensive care bed shortages CATS will transport patients within its scope of care out of region
- At times of extreme operational need CATS will work closely with its neighbouring PCC transport services
- Referrer preference will be respected as per algorithm. (Appendix1)
- Where no preference is declared an algorithm is to be followed. (Appendix 2)

Service Standards

- The CATS service will meet the Standards for the 'Retrieval and Transfer of the Most Critically Ill Children' identified by the Paediatric Intensive Care Society 4th edition of the document 'Standards for the Care of Critically Ill Children' 2010
- Any child within North Thames within CATS scope of care can expect the PCC transport team to be mobilised within 20 minutes from decision to retrieve
- Any child within East Anglia requiring PIC depending on transport mode can usually expect the PCC transport team to be mobilised within 1 hour from decision to transfer
- When the capacity of the CATS service is exceeded referrals will be prioritised according to clinical need and a request for assistance to other PCC neighbouring services will be sought (Appendix 3)
- Early expert clinical advice and management by Consultants trained in intensive care is available to referring hospitals at all times
- Education and training of the CATS staff is a fundamental part of the service
- An Outreach Programme will be offered by CATS to referring institutions
- Written protocols and guidelines are in place for the management of the most frequently referred patient groups
- Rigorous audit is undertaken and presented to both East Anglia and North Thames provider units on a regular basis not exceeding yearly.
- At times of paediatric intensive care bed shortage all patients within CATS scope of care will be transported to the nearest appropriate paediatric intensive care bed unless the risk of doing so is deemed greater than providing care at the referring institution

Team Composition

- 5.0 WTE CATS Consultants
 - 1 Operational Manager/coordinator
 - 3 WTE Advanced Nurse Practitioners
 - 1 WTE Band 7 Nurse Practitioner
 - 3 WTE Band 6 PCC transport nurse specialists
 - 10 WTE PCC transport Doctors year ST6 to 8 (as part of training rotation) 3 posts are funded by St Mary's NHS Trust
 - 6 Band 6 WTE nursing posts. (Nurse rotations from 3 of the North Thames PICUs)
 - 1 band 5 Service Support Manager
 - 6 Band 4 A&C staff administrators
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- Appropriately qualified and experienced paediatric nurses that meet the minimum training requirements (post registration paediatric intensive care course or equivalent) will be rotated into CATS.
 - In agreement with the Senior Nurses from the above units, the numbers rotating onto the service will be limited per WTE, to ensure that their PCC transport skills/experience are maintained to the highest standard.
 - Senior Nurses appointed to the service will maintain their clinical skills by participating in PCC transport. They will also maintain their own professional development as laid down by the NMC (Nursing and Midwifery Council)
 - Consultant staff appointed to CATS will retain sessions in their parent discipline in either Anaesthesia/Intensive care/ Paediatric Accident & Emergency and will maintain their professional development in their parent speciality
 - Consultant supervision will be available at all times for trainees
 - There will be 2 PCC transport teams on duty for the service at all times
 - ST6 to 8 trainees will have completed a minimum of six months of their PIC training

Management of Resources

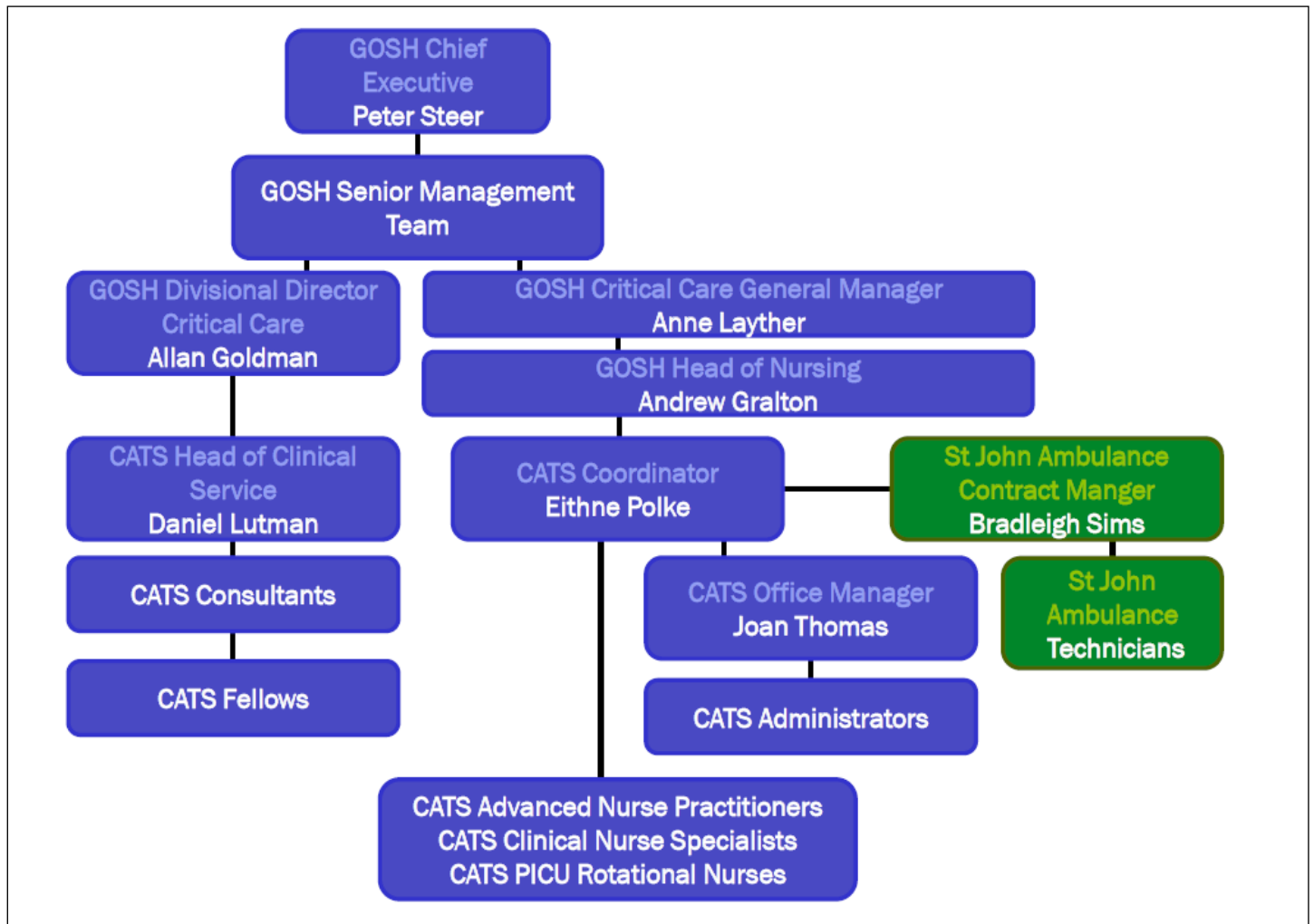
- Equipment will be maintained and serviced by the Biomedical Engineering (BME) department at GOSH
- Medical and surgical consumables are ordered through the appropriate channels.
- CATS will be able to provide details on request of the service costs to the commissioning group
- To make best use of the available resources nurses involved in PCC transport are rotated onto the service but will remain part of their PICU establishment (replacement costs are invoiced to the service)
- Appropriate levels of supervision training and administrative support are provided
- CATS will participate in local regional and national level initiatives to improve the recruitment and retention of appropriately skilled and qualified clinical staff

Education and Training

- A fulltime Advanced Nurse Practitioner with an education and training remit is in post
- All CATS staff are expected to participate in outreach education programmes as part of their job description
- Training in PCC transport is compulsory for those working on the service
- An induction programme is in place as well as mandatory yearly update days
- PCC transport practice is supervised (both medical and nursing) until assessed as competent
- An Outreach Programme is offered to all referring children's units.

Quality Assurance/Clinical governance

- All clinical standards laid out in this agreement will be audited.
- Response times will be monitored and performance managed by the PCC transport service.
- Source data will be made available to all units on request
- All calls to CATS may be recorded
- The lead centre will engage patient advocate representatives in the development of the service
- An annual report of the service will be provided to referring/provider clinicians and the commissioning group.
- Clinical governance issues are managed in accordance with GOSH trust policy.
- Patient/parent complaints will be dealt with by the GOSH trust complaints department in accordance with national guidelines



Contractual Arrangements

- CATS will ensure best use of available resources within North Thames/East Anglia
- Any changes to CATS provision must be agreed separately and confirmed in writing with the Pan Thames Commissioning Consortium
- CATS will set up a SLA with Great Ormond Street, St Mary's and Royal Brompton for the provision of staff on rotation
- CATS agree that the service standard herein will be maintained for the length of this agreement

CATS Compliance: PICS Standards 4th Edition

Ref.	Standard	Demonstration of compliance	Relevant CATS Standard, Process or Document
COMMISSIONING/STRUCTURING			
98.	The Retrieval Service should either be separately commissioned / structured or, if part of the PICU contract, should have specific activity and funding. The contract for the Retrieval Service should specify the normal catchment population for the service and any normal inclusions / exclusions in terms of age and conditions of children to be transferred.	Relevant sections of contract for Retrieval Service.	<p>CATS Service Level Agreement with Commissioner</p> <p>CATS Service Standards April 2014 to March 2015</p>
SUPPORT FOR CRITICALLY ILL CHILDREN AND THEIR FAMILIES			
99.	Parents of children needing emergency transfer should be given all possible help regarding transport, car parking and directions to both the Hospital and the Unit to which their child is being transferred.	Examples of information for parents. Information should include at least a map, directions, car parking advice and contact numbers. <i>Note: This standard duplicates standard 28. The intention is that the retrieval team will check that information has been given and, if not, will supply this information.</i>	<p>CATS Parents Booklet</p> <p>ECMO booklet</p>
100.	Information should be provided to referring hospitals to enable them to comply with standard 28.	Examples of information. <i>Note: Referring hospitals are those within the Retrieval Service's normal catchment population (standard 98) and any other hospitals from which the Service receives a significant number of referrals.</i>	Available as a CATS website download
CLINICAL COMPETENCES			
101.	There should be a nominated lead consultant for the Retrieval Service responsible, with the lead nurse (standard 105) for ensuring training, protocols and audit are in place, and for sustaining regular links with referring hospitals	Name of consultant.	Dr Daniel Lutman

Ref.	Standard	Demonstration of compliance	
102.	The nominated lead consultant for the Retrieval Service should specify which medical staff are appropriately trained and experienced to carry out retrieval and whether or not direct consultant supervision is required.	List of medical staff authorised by the nominated lead consultant for the Retrieval Service to undertake retrievals. <i>Note: In compiling the list of staff, account should be taken of the extent of recent experience of individual members of staff, whether appropriate CPD has been undertaken (standard 109) and whether staff are familiar with the equipment currently used by the Retrieval Service.</i>	List maintained by Ms Lynn Shields Educational Lead for CATS
103.	24 hour consultant advice should be available to the Retrieval Service and this consultant should be able to join the retrieval team if necessary. This consultant should not be providing cover for PICU at the same time as for the Retrieval Service.	Medical staffing rota.	Rotas and Workday Multidisciplinary Morning Meeting summary sheets are archived by the CATS Administrator Staff
104.	A doctor appropriately trained and experienced to carry out retrieval should be available at all times.	Medical staffing rota. <i>Note: Retrieval Service staff may support PICU if not required for a retrieval so long as they are immediately available to the Retrieval Service when required.</i>	Rotas and Workday Multidisciplinary Morning Meeting summary sheets are archived by the CATS Administrator Staff
105.	There should be a nominated lead nurse for the Retrieval Service responsible, with the lead consultant (standard 101) for ensuring training, protocols and audit are in place and for sustaining links with referring hospitals. This should be a senior children's nurse with competences and experience in acute care of children.	Name of nurse.	Ms Eithne Polke

Ref.	Standard	Demonstration of compliance	
106.	The nominated lead nurse should specify which nursing and other non-medical staff are appropriately trained and experienced to carry out retrievals and whether or not direct supervision is required.	List of nursing and other non-medical staff authorised by the nominated lead nurse for the Retrieval Service to undertake retrievals, and whether supervision is required. <i>Note: Other non-medical staff may include Operating Department Practitioners and / or other staff with appropriate competences.</i>	List maintained by Ms Lynn Shields Educational Lead for CATS
107.	A nurse or other non-medical member of staff trained and experienced to carry out retrievals should be available at all times.	Nursing rotas for Retrieval Service. <i>Notes: 1 As standard 104. 2 As standard 106.</i>	Rotas and Workday Multidisciplinary Morning Meeting summary sheets are archived by the CATS Administrator Staff
108.	Staff working on the Retrieval Service should be indemnified for their practice in vehicles and in referring hospitals and should be insured for personal injury sustained in the course of their professional work.	Evidence of indemnity and insurance.	Insurance certificate is available on the CATS website
109.	All staff working on the Retrieval Service should be undertaking Continuing Professional Development of relevance to their work within the Retrieval Service.	Discussion with staff. Evidence of on-going CPD.	Appraisal and IPR documentation is archived
FACILITIES AND EQUIPMENT			
110.	There should be a dedicated phone line for arranging retrievals, the telephone number of which should be distributed to referring hospitals.		CATS Hotline 0800 085 0003

Ref.	Standard	Demonstration of compliance	
111.	<p>The Retrieval Service should have arrangements for emergency transport agreed with the local ambulance service. These arrangements should include contact information, vehicle specification and response times. The arrangements should ensure that all children, equipment, staff and parents in the ambulance are restrained during transfer in accordance with European CEN 1789/2000 standard. The arrangements should specify:</p> <p>All ambulances should comply with:</p> <ul style="list-style-type: none"> ○ BS EN 1789:2007 ○ BS EN 13976-2:2003 and 13976-1:200306/30106983 ○ DC EN 13718-1 and 13718-2 <p>or more recent requirements</p> <p>All drivers should be trained to the core competences in the Driving Standard Agency 'Blue Light Expectations'</p> <p>Use of traffic law exemptions will be audited as part of a quality assurance programme.</p>	<p>Written arrangements agreed with ambulance service.</p> <p><i>Notes:</i></p> <p><i>1 Age-appropriate child restraint devices should be available. Equipment used during transport should be capable of being secured to the trolley, and the trolley itself should be capable of being safely secured in the ambulance in accordance with CEN standards.</i></p> <p><i>2 If parents travel with their child in the ambulance then the Service Level Agreement with the ambulance service must include insurance of parents.</i></p>	<p>CATS Ambulance Tender document</p>
112.	<p>The Retrieval Service should have arrangements for air transport which ensure compliance with European Aero-Medical Institute (EURAMI) / CAMTS Standards.</p>	<p>Written arrangements agreed with air transport service provider/s.</p>	<p>CATS is approved by the Commission on Accreditation of Medical Transport Services (camts) RW,FW, Ground</p>

Ref.	Standard	Demonstration of compliance	
113.	The retrieval team should be equipped to care for children of different ages. Drugs and equipment should be checked in accordance with local policy.	Equipment available. Policy covering frequency of checking and evidence of checks having taken place in accordance with this policy. <i>Note: Equipment should be appropriate for the ages of children the service is contracted to transfer.</i>	Daily equipment check logs and malfunction management are available Prospective maintenance programmes in place Considerable equipment redundancy for critical systems
114.	The retrieval team should have facilities to contact specialist teams throughout the retrieval, including during transport.	Details of communication facilities.	Mobile phone communications with ambulance radio backup system
GUIDELINES, POLICIES AND PROCEDURES			
115.	The Retrieval Service should have an operational policy for handling requests for retrieval covering, at least: Arrangements for ensuring consultant advice is available Documenting the advice given.	Written policy <i>Note: This standard links with standard 47.</i>	CATS Communications policy
116.	The Retrieval Service should have an operation policy covering at least: Normal catchment population for the service and any normal inclusions / exclusions in terms of age and conditions of children to be transferred Number and types of staff allowed to go on retrievals Roles within the retrieval Staff rostering to minimise fatigue and unplanned overtime Duty status during illness and pregnancy 'Back up' plan for days when the Retrieval Service is not available or the local PICU is full Vehicle breakdown and accidents.	Written policy. <i>Note: The normal catchment population and service inclusions / exclusions should be consistent with the contract for the service (standard 98).</i>	CATS Standard Operating Procedures (SOP) and Guidelines are available and published on the CATS website Scope of service is agreed in this document and published on the CATS website Fatigue and overtime guidelines are available Staff Pregnancy guideline Major Incident Plan

Ref.	Standard	Demonstration of compliance	
117.	<p>The Retrieval Service should have written guidelines covering at least:</p> <p>Staff alertness (especially single driver operations)</p> <p>Moving and handling</p> <p>Footware</p> <p>Helmets</p> <p>Flame retardant and reflective clothing</p> <p>Eye and ear protection</p> <p>Restraint of equipment, patient, staff and parents</p> <p>Infection control</p> <p>Hazardous materials recognition and response</p> <p>Handover of clinical data to PICU</p>	Written guidelines	<p>Fatigue and overtime guidelines are available</p> <p>Manual handling training and update as well as CATS specific training</p> <p>CATS Uniform Policy</p> <p>CATS General Retrieval SOP</p> <p>Hazardous material guideline</p> <p>CATS Communication guideline</p>
118.	<p>The Retrieval Service should have written guidelines covering arrangements for transfer of parents. Wherever possible and appropriate, parents should be given the option to accompany their child during the transfer. Where this is not possible or appropriate, other arrangements should be made to transfer parents.</p>	Written guidelines covering arrangements for transfer of parents.	CATS SOPs and Guidelines
119.	<p>The Retrieval Service should have a written policy on reporting of untoward clinical incidents. This policy should ensure that, where appropriate, untoward clinical incidents are reported to the governance arrangements of both the host organisation and referring hospital.</p>	Written policy	<p>CATS Incident reporting system (Datix)</p> <p>CATS Risk Action Group</p> <p>CATS Feedback form published on CATS website</p> <p>CATS Outreach Programme</p> <p>CATS Monthly M&M</p> <p>CATS PICU M&M</p> <p>CATS ECMO M&M</p>

Ref.	Standard	Demonstration of compliance	
GOVERNANCE			
120.	The Retrieval Service should have agreed the transfer protocols (standard 45) for all referring hospitals.	Schedule of agreed transfer protocols, including dates agreed and dates due for review.	CATS Guidelines
121.	The Retrieval Service should have agreed the transfer contingency plans (standard 51) for each acute hospital within its usual catchment population.	Schedule of agreed transfer contingency plans, including dates agreed and dates due for review.	RCA/SBNS statement posted on the website Neurosurgical guideline DGH Transfer Guideline Interim management at the DGH guideline
122.	The Retrieval Service should audit and monitor requests for retrieval to which it is not able to respond.	Audit of ability to respond.	CATS Workday multidisciplinary meeting CATS Monthly Audit CATS Annual review
123.	The retrieval team should arrive at the referring unit within three hours of the decision to retrieve the child.	Audit of retrievals. Note: In remote area, where the Retrieval Service has considerable distance to travel, retrieval team should arrive within four hours of the decision to retrieve the child.	CATS Workday multidisciplinary meeting CATS Monthly Audit CATS Annual review
124.	Wherever possible, a child should undergo one retrieval journey only.	Audit of retrievals involving more than one retrieval journey.	CATS Workday multidisciplinary meeting CATS Monthly Audit CATS Annual review
125.	Retrieval training exercises should be run at least annually.	Record of training exercises.	CATS Risk Action Group

Ref.	Standard	Demonstration of compliance	
126.	<p>The Retrieval Service should be collecting data on, at least:</p> <ul style="list-style-type: none"> Referrals, including those that do not result in transfer Referral information completeness Advice to referring hospitals Pre-transfer patient condition & management Retrievals Ambulance response times Untoward clinical incidents Mortality and morbidity <p>These data should be collected for all children for whom retrieval was requested, including those not retrieved by the Service.</p>	<p>Evidence of data collection</p> <p>Note: Essential referral information is given in Appendix 7.</p>	<p>CATS Database</p> <p>CATS Monthly Audit</p> <p>CATS Annual review</p>
127.	<p>The Retrieval Service should be submitting the required dataset to the Paediatric Intensive Care Audit Network (PICANet) within three months of the retrieval.</p>	<p>PICANet Annual Report</p>	<p>PICANet report</p>
128.	<p>The Retrieval Service should have arrangements for clinical review of cases, including review with referring hospitals.</p>	<p>Details of arrangements.</p> <p>Note: The review of cases may be undertaken jointly with PICU or may be separate.</p>	<p>CATS Risk Action Group</p> <p>CATS/PICU M&M</p> <p>CATS Workday multidisciplinary meeting</p> <p>CATS Outreach Programme</p>

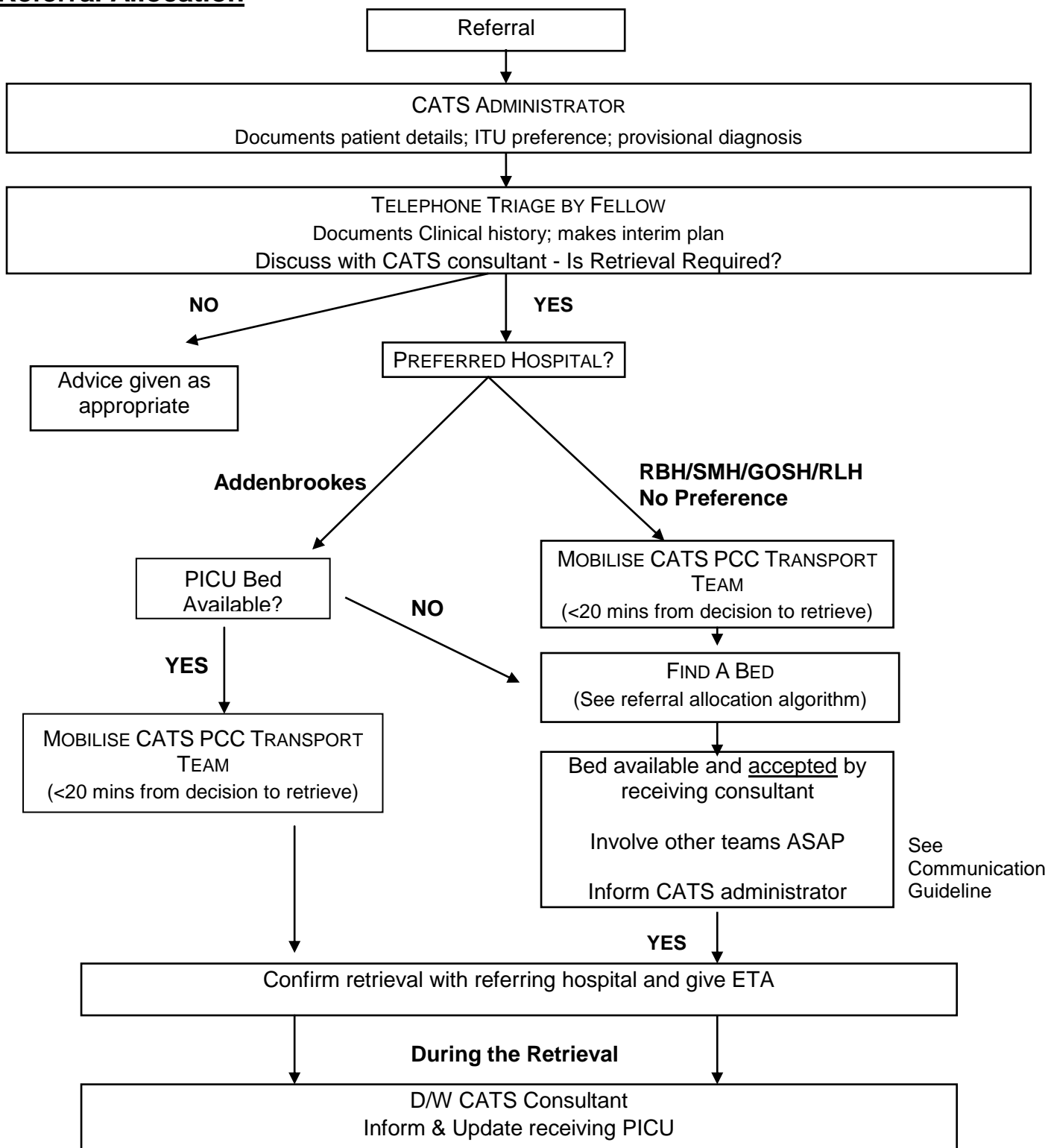
Ref.	Standard	Demonstration of compliance	
129.	The Retrieval Service should produce an annual report summarising activity, compliance with quality standards, and clinical outcomes. The report should identify actions required to meet expected quality standards and progress since the previous year's annual report. This report should be shared with referring hospitals.	Annual report. Evidence of sharing with referring hospitals. Note: The annual report may form part of the PICU annual report or may be separate.	CATS Annual Review Publication
130.	The Retrieval Service should offer an education / training programme for referring hospitals covering assessment, resuscitation, stabilisation and maintenance of critically ill and injured children prior to the arrival of the Retrieval Service.	Details of training programme/s offered. Note: This education / training programme may be combined with the PICU programme (standard 138) or may be separate.	CATS Outreach Programme
131.	The Retrieval Service should have arrangements for receiving ongoing feedback from referring hospitals.	Details of arrangements	CATS Feedback Form is published on the CATS website CATS Outreach Programme Networks established for direct contact between nominated CATS/referring institution consultants



Appendices

Appendix 1

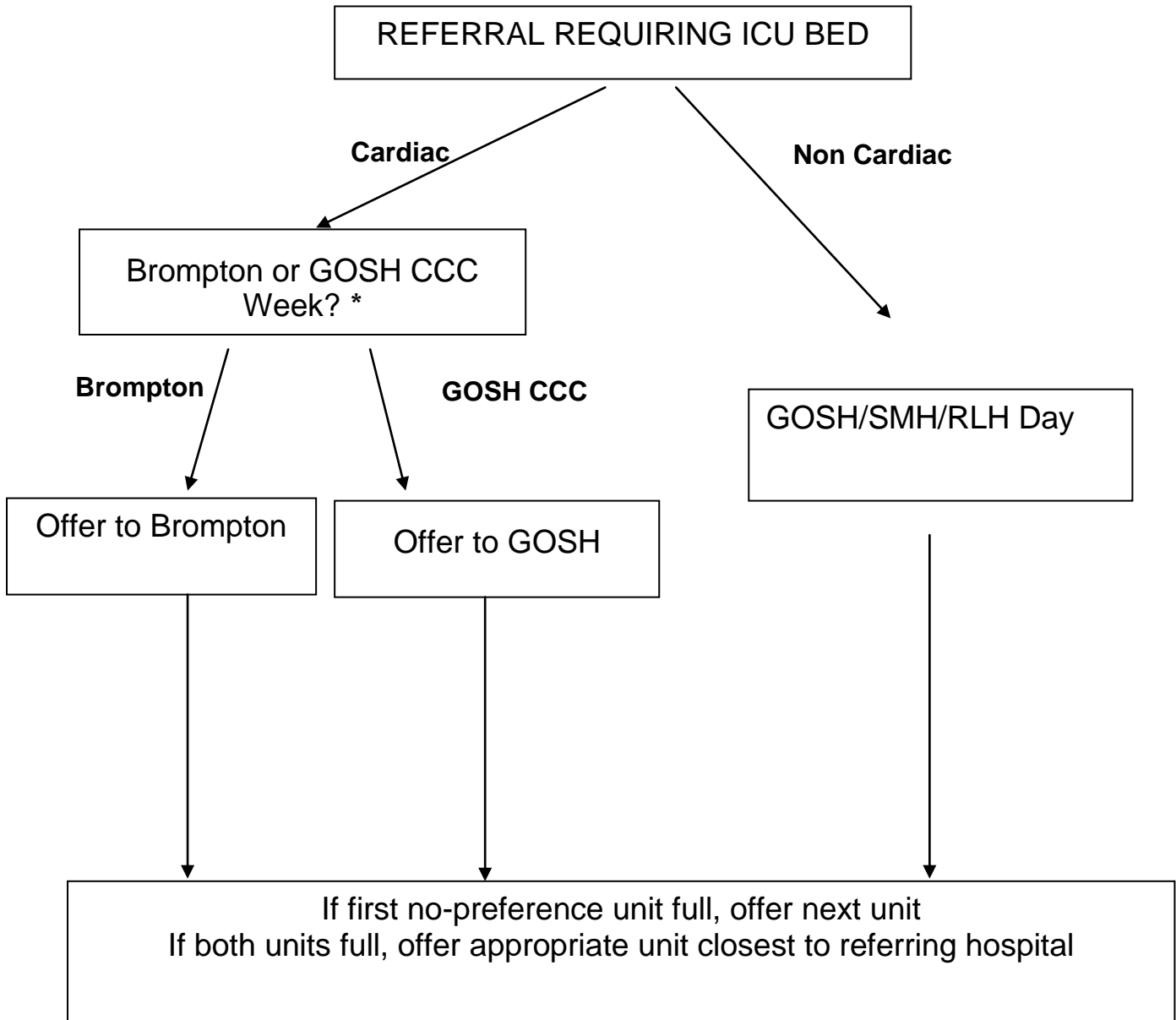
Referral Allocation





ICU Selection When No Preference Specified

* GOS and Brompton first on for non-preference cardiac cases alternate weeks





CATS Standard Operating Procedure

Prioritisation of Retrieval

