



# 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 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 for Kings College Hospital



## Exclusions

- **Responsibility for initial stabilisation remains with referrer (See ‘The Acutely or Critically Sick or Injured Child at the District General Hospital’ DH 2006)**
- 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 to the most appropriate receiving facility
- 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 'Specialist Paediatric Intensive Care Transport Services' identified by the Paediatric Intensive Care Society 5th edition of the document 'Standards for the Care of Critically Ill Children' 2015
- 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 transfer
- 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

- 6.0 WTE CATS Consultants
  - 1.0 Operational Manager/coordinator
  - 3.0 WTE Advanced Nurse Practitioners
  - 1.0 WTE Band 7 Nurse Practitioner
  - 5.0 WTE Band 6 PCC transport nurse specialists
  - 10.0 WTE PCC transport Doctors year ST6 to 8 (as part of training rotation) 3 posts are funded by St Mary's NHS Trust
  - 5.5 Band 6 WTE nursing posts. (Nurse rotations from 3 of the North Thames PICUs)
  - 1.0 band 5 Service Support Manager
  - 6.0 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

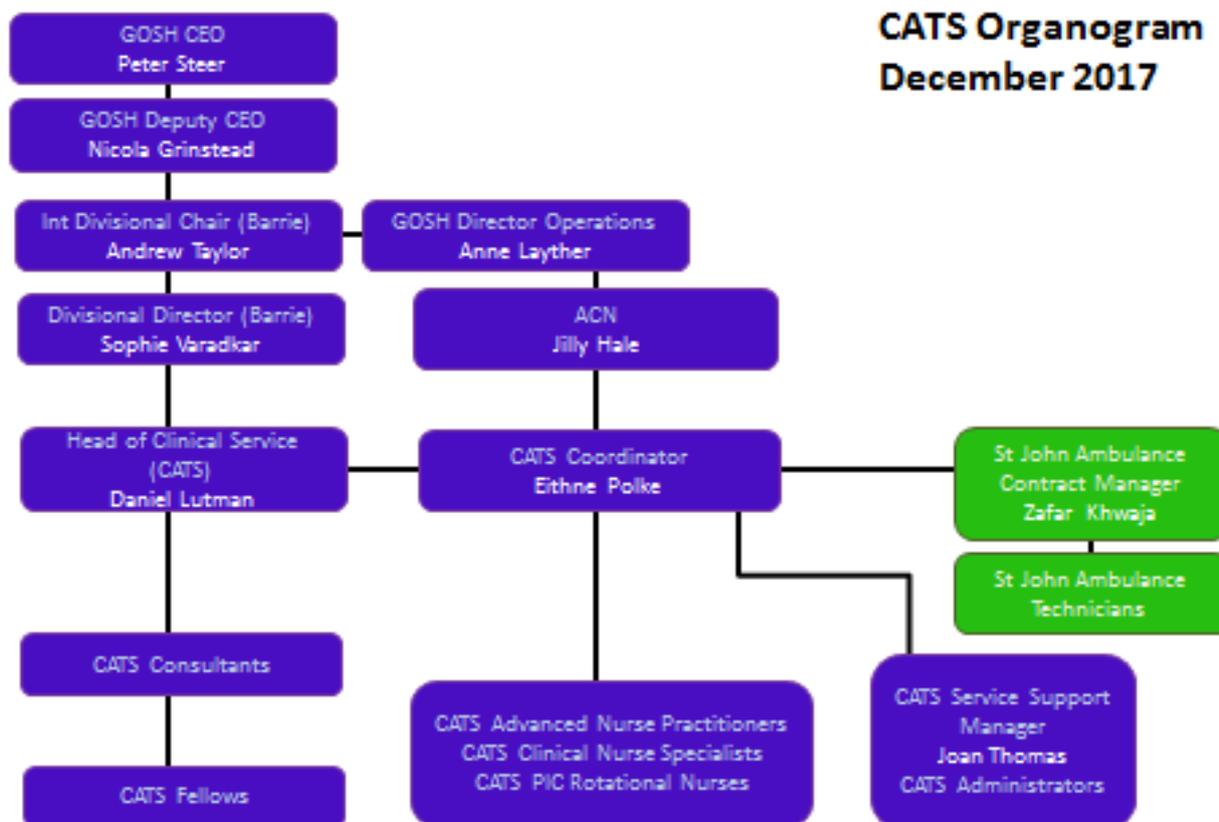
## Education and Training

- 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 within a reasonable time frame
- 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

## CATS Organogram December 2017



## 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 NHS London Specialist Commissioning Team
- 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 5<sup>th</sup> Edition 2015

Ref.	Standard	Notes	Demonstration of Compliance
<b>COMMISSIONING/STRUCTURING</b>			
	The PCC Transport Service should either be separately commissioned / structured or, if part of the PICU contract, should have specific activity and funding. The contract for the PCC Transport 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.	<i>Relevant sections of contract for the PCC Transport Service.</i>	<p><b>CATS Service Level Agreement with Commissioner</b></p> <p><b>CATS Service Standards April 2017 to March 2018</b></p>
<b>SUPPORT FOR CRITICALLY ILL CHILDREN AND THEIR FAMILIES</b>			
T-101	Parents of children needing emergency transfer should be given written information regarding transport options, directions, car parking, accommodation and contact numbers for both the hospital and the unit to which their child is being transferred.	<i>Examples of information for parents. Information should include at least a map, directions, car parking advice and contact numbers.</i>	<p><b>CATS Parents Booklet</b></p> <p><b>ECMO booklet</b></p>
T- 199	<p><b>Involving Children &amp; Families &amp; Users</b></p> <p>The service should have mechanisms for: Receiving feedback from children and families about their treatment and care they received.</p> <p>Receiving feedback from referring hospitals</p> <p>Receiving feedback from the level 3 PICUS</p>	<p><i>Examples</i></p> <p><i>Either surveys/ focus groups.</i></p> <p><i>Might be part of a hospital wide arrangements so long as issues relating to PIC transport can be identified</i></p>	<p><b>CATS parent questionnaire</b></p> <p><b>CATS link with Family Liaison team</b></p> <p><b>PALS</b></p> <p><b>Mortality &amp; Morbidity meetings</b></p> <p><b>CATS Feedback Form is published on the CATS website</b></p> <p><b>CATS Outreach Programme</b></p> <p><b>Networks established for direct contact between nominated CATS/referring institution consultants</b></p>

<b>STAFFING LEVELS AND SKILL MIX</b>			
<b>T-201</b>	<p><b>Lead Consultant/s and Lead Nurse/s</b> A nominated lead consultant and lead nurse for the Specialist Paediatric Transport Service should be responsible for staffing, training, guidelines and protocols, governance and for liaison with other services for ground and for air transport (as applicable). The lead nurse should be a senior children's nurse. The lead consultant and lead nurse should undertake regular clinical work within the Specialist Paediatric Transport Service.</p>	<p><i>Name of Lead consultant.</i></p> <p><i>Name of Lead Nurse</i></p> <p><i>Name of Lead Nurse for Air Transport</i></p> <p><i>Note: If the Specialist Paediatric Transport Service provides both air and ground transport, the lead consultant and lead nurse may take responsibility for both services or there may be separate lead consultants and lead nurses for ground and air transport.</i></p>	<p><b>Dr Daniel Lutman</b></p> <p><b>Ms Eithne Polke</b></p> <p><b>Mr Mark Clement</b></p>
<b>T- 202.</b>	<p><b>Staff Authorised to Undertake Emergency Transfers</b> The nominated lead consultant and lead nurse for the Specialist Paediatric Transport Service should specify which staff are appropriately trained and experienced to carry out emergency transfers and whether or not direct consultant/nurse supervision is required.</p>	<p><i>List of medical &amp; nursing staff authorised by the nominated lead consultant and lead nurse for the PCC Transport Service to undertake PCC Transfers.</i></p> <p><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 and whether staff are familiar with the equipment currently used by the PCC Transport Service.</i></p>	<p><b>List maintained by Ms Cathy Roberts &amp; Dr Linda Chigaru, Educational Leads for CATS</b></p> <p><b>Appraisal and IPR documentation is archived</b></p> <p><b>PCC transport passport document.</b></p> <p><b>CATS nursing, registrar, admin rotas</b></p>
<b>T-203.</b>	<p><b>Service Competence &amp; Training Plan</b> The competence expected for each role in the service should be identified. Staff should have competences in providing level3 paediatric critical care and appropriate competences in emergency transfer. A training and</p>	<p><i>For compliance the service should provide:</i></p> <p><i>A matrix of the roles within the service, competences expected and approach to maintaining competences</i></p> <p><i>A training and development plan showing competences are being achieved and maintained</i></p> <p><i>Staff undertaking air</i></p>	<p><b>Job description</b></p> <p><b>Induction training programme</b></p> <p><b>Annual update days for core and rotation staff</b></p> <p><b>Consultant job plans</b></p> <p><b>PDR for nurses.</b></p> <p><b>NMC Registration</b></p>

	<p>development plan for achieving and maintaining competences should be in place.</p> <p>All staff working on the specialist transport service should be undertaking continuing professional development</p>	<p><i>medical transfers should have competences training and CPD appropriate to this work</i></p>	<p><b>Registrar training programme</b></p> <p><b>Passport training document</b></p>
<b>T -204.</b>	<p>Sufficient staff with competences in providing Level 3 paediatric critical care and appropriate competences in emergency transfer should be available for the:</p> <p>Type of emergency for which the service is commissioned</p> <p>Number of patients usually cared for by the service</p> <p>Usual case mix of patients</p> <p>As a minimum the following staff with appropriate competences who have been authorised to authorised to undertake emergency transfer should be immediately available at all times:</p> <p>i. Consultant for advice and to join the emergency transfer team if necessary (24/7)</p> <p>ii. A clinician competent to lead the emergency transport</p> <p>iii. A nurse or other registered healthcare professional</p>	<p>Medical staffing rota.</p> <p>Nursing staffing rota</p> <p><i>Note: PCC Transport Service staff may support PICU if not required for a PCC Transfer so long as they are immediately available to the PCC Transport Service when required.</i></p>	<p><b>Rotas and Workday</b></p> <p><b>Multidisciplinary Morning</b></p> <p><b>Meeting summary sheets are archived by the CATS</b></p> <p><b>Administrator Staff</b></p>
<b>T 205.</b>	<p><b>Indemnity Insurance</b></p> <p>Staff working on the Specialist Paediatric Transport Service must be indemnified for their practice in all environments in which</p>	<p>Evidence of indemnity and insurance.</p> <p><i>Notes: If aeromedical transport is within the service scope of care this must be specifically</i></p>	<p><b>Insurance certificate is available</b></p> <p><b>Some staff also indemnified through PICS</b></p>

	they work. Insurance must be in place to cover staff for personal injury sustained in the course of their professional work.	<i>referenced within the insurance documentation.</i>	
<b>T-299</b>	<b>Administrative, Clerical and Data Collection Support should be available</b>	<i>The amount of admin, clerical and data collection support is not defined</i>	<b>Admin Rota</b> <b>Administrative team</b>
<b>FACILITIES AND EQUIPMENT</b>			
<b>T 401.</b>	<b>Voice Communication</b> The Specialist Paediatric Transport Service should have 24/7: a. A dedicated phone line for referrals from referring hospitals with the facility to record calls b. Conference call facility c. Facilities to contact specialist teams throughout the emergency transfer, including during transport	<i>Note: Special arrangements may need to be made to ensure continuity of communications during aeromedical transport</i>	<b>CATS Hotline 0800 085 0003</b> <b>“Redbox “call recording system</b> <b>Conference calling facility</b> <b>Communication Guideline</b> <b>Air Transport Guideline</b>
<b>T 402.</b>	The Specialist Paediatric Transport Service should have arrangements for emergency transport covering at least: a. Emergency ambulance transport i. contact arrangements and response times ii. vehicle specification iii. Restraint of children, equipment, staff and parents during transfer. iv. competence of drivers v. use of traffic law exemptions and duty hours limitations  b. Air transport compliance to PICS ATG minimum standard	<i>Written arrangements agreed with ambulance service.</i> <i>All drivers should be trained to the core competences in the Driving Standard Agency ‘Blue Light Expectations’</i> <i>Use of traffic law exemptions will be audited as part of a quality assurance programme.</i>  <i>If parents travel with their child in the ambulance then the Service Level Agreement with the ambulance service must include insurance of parents.</i>  <i>All vehicles (ground and air, stretchers, trolleys and medical equipment should comply with the most recent regulations and standards</i>  <i>Fixed wing aircraft should be capable of being pressurised with a cabin altitude not greater than 8000 feet (2440 metres)</i>	<b>CATS Ambulance Tender document</b>  <b>RAG Minutes</b>  <b>Air Medical Transfer Guidelines</b>  <b>SJA training records</b>  <b>SJA CATS meeting minutes</b>

<b>T -403</b>	<b>Equipment</b> The equipment used by Specialist Paediatric Transport Service should be appropriate for the age, weight, therapies and monitoring needs of the children transported. 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.	<b>Maintenance contracts in place for PCC Transport equipment</b> <b>Daily equipment check logs and malfunction management are available</b>  <b>Considerable equipment redundancy for critical systems</b>
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**GUIDELINES AND PROTOCOLS**

<b>T 501.</b>	<b>Referral Handling</b> Guideline on handling referrals should be in use covering at least 1.Advice 2.Decision support & triage 3.Documenting the advice given and triage decision		<b>CATS Communications Policy</b> <b>CATS daily debrief</b> <b>CATS clinical notes</b> <b>CATS website (standard operating procedures)</b>
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<b>T- 502</b>	<b>Service Guidelines</b> Guidelines should be in use covering at least:  Staff Fatigue (especially single driver operations)  Moving and handling  Health & Safety  Restraint of equipment, patient, staff and parents  Infection control	<i>The guidelines should cover:</i> <i>Footwear, helmets, flame retardant and reflective clothing</i> <i>Eye and ear protection.</i> <i>Hazardous materials recognition and response</i> <i>Handover of clinical data to PICU</i>	<b>Fatigue and overtime guidelines are available</b>  <b>Manual handling training and update as well as CATS specific training</b>  <b>CATS Uniform Policy</b>  <b>CATS General PCC Transport SOP</b>  <b>Hazardous material guideline</b>  <b>CATS Communication guideline</b>
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**SERVICE ORGANISATION AND LIAISON WITH OTHER SERVICE**

<b>T - 601.</b>	<b>The Specialist Paediatric Transport Service should have an operation policy covering at least:</b> a. Normal catchment population for the service and any normal inclusions / exclusions in terms of age and conditions of children to be transferred b. Types of emergency transfer for which the service is commissioned,	<i>Written policy.</i> <i>1 The normal catchment population and service inclusions / exclusions should be consistent with the contract for the service (QS C-603).</i> <i>2 Wherever possible and appropriate, one parent or carer should be given the option to accompany their child during emergency transfers. Where this is not possible or appropriate,</i>	<b>CATS Standard Operating Procedures (SOP) and Guidelines are available and published on the CATS website</b>  <b>Scope of service is agreed in this document and published on the CATS website</b>  <b>Risk Reporting Structure</b>  <b>Fatigue guidelines are available</b>
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	<p>including whether commissioned for ground transfers, air transfers or both ground and air transfers</p> <p>c. How information for referring hospitals will be communicated and updated (phone numbers and clinical information expected)</p> <p>d. Arrangements for ensuring arrival at the referring unit within three hours of the decision to transfer the child</p> <p>e. Authorisation of staff to undertake emergency transfers</p> <p>f. Roles within the emergency transfer team</p> <p>g. Risk assessment of each journey</p> <p>h. 'Blue light' use and Traffic Law exemptions</p> <p>i. Handover of clinical data to staff in L2 and L3 PCC Units</p> <p>j. Arrangements for transfer of at least one parent or carer</p> <p>k. Staff rostering to minimise fatigue and unplanned overtime</p> <p>l. Duty status during illness and pregnancy</p> <p>m. 'Surge' plan for days when the Specialist Paediatric Transport Service is not available or local capacity is exceeded</p> <p>n. Vehicle breakdown and accidents</p> <p>o. Incident reporting</p> <p>p. Agreed contribution to the network-wide training and CPD programme (QS N-206)</p>	<p><i>other arrangements should be made to transfer parents.</i></p> <p><i>3 The policy on reporting of untoward clinical incidents should ensure that, where appropriate, clinical incidents should be reported to both the host organisation and referring hospital. Incident reporting arrangements should be consistent with network-agreed arrangements (QS N-601).</i></p> <p><i>4 In remote areas, where the Specialist Paediatric Transport Service has considerable distance to travel, emergency transfer team should arrive within four hours of the decision to transfer the child.</i></p> <p><i>5 Operational policies for ground and aeromedical transport services may be combined or may be separate. Aeromedical services should ensure 'n' and 'o' cover post-accident or incident planning and scenario training.</i></p>	<p><b>Staff Pregnancy guideline</b></p> <p><b>Major Incident Plan</b></p> <p><b>Data collection on referral and transfer activity</b></p>
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<p><b>T -602</b></p>	<p><b>Operational Policy</b>  <b>Aeromedical</b>  In addition to the requirements of QS T-601 the Operational Policy for aeromedical transport should cover  Multi crew operation for flights by pilots with competence in multi crew operation  Exceptional circumstances when unfamiliar aircraft is used when PCC transport staff should be accompanied by someone with competences relating to equipment and in flight environment for the aircraft used  Arrangements for “turn down” or “re referral” including information that should be provided to other aircraft providers or transport services  Separation between clinical and aviation decision making  Carriage and uses of hazardous materials, including nitric oxide, in all types of flying conditions  Arrangements for joint induction and annual updates with aircraft providers covering CRM  Threat and Error Management (TEM) and human factors</p>		<p><b>Aeromedical Guidelines</b></p> <p><b>CATS Risk Action Group</b></p> <p><b>Joint training records</b></p>
<p><b>GOVERNANCE</b></p>			
<p><b>T 701.</b></p>	<p><b>Data Collection</b></p> <p>The PCC Transport Service should be collecting data on, at least the following data for road and air (if provided) transfers:</p> <p>Referrals, including  Those that do not result in transfer  Those to which it is not able to respond</p>	<p><i>Data on referral to which the service cannot respond should ideally include data on referrals which are outside the remit for which the service is commissioned</i></p> <p><i>Data should cover ground and/or aeromedical transport as relevant to the operation of the PCC transport service</i></p>	<p><b>CATS Database</b></p> <p><b>CATS Monthly Audit</b></p> <p><b>CATS Annual review</b></p> <p><b>PICANet</b></p>

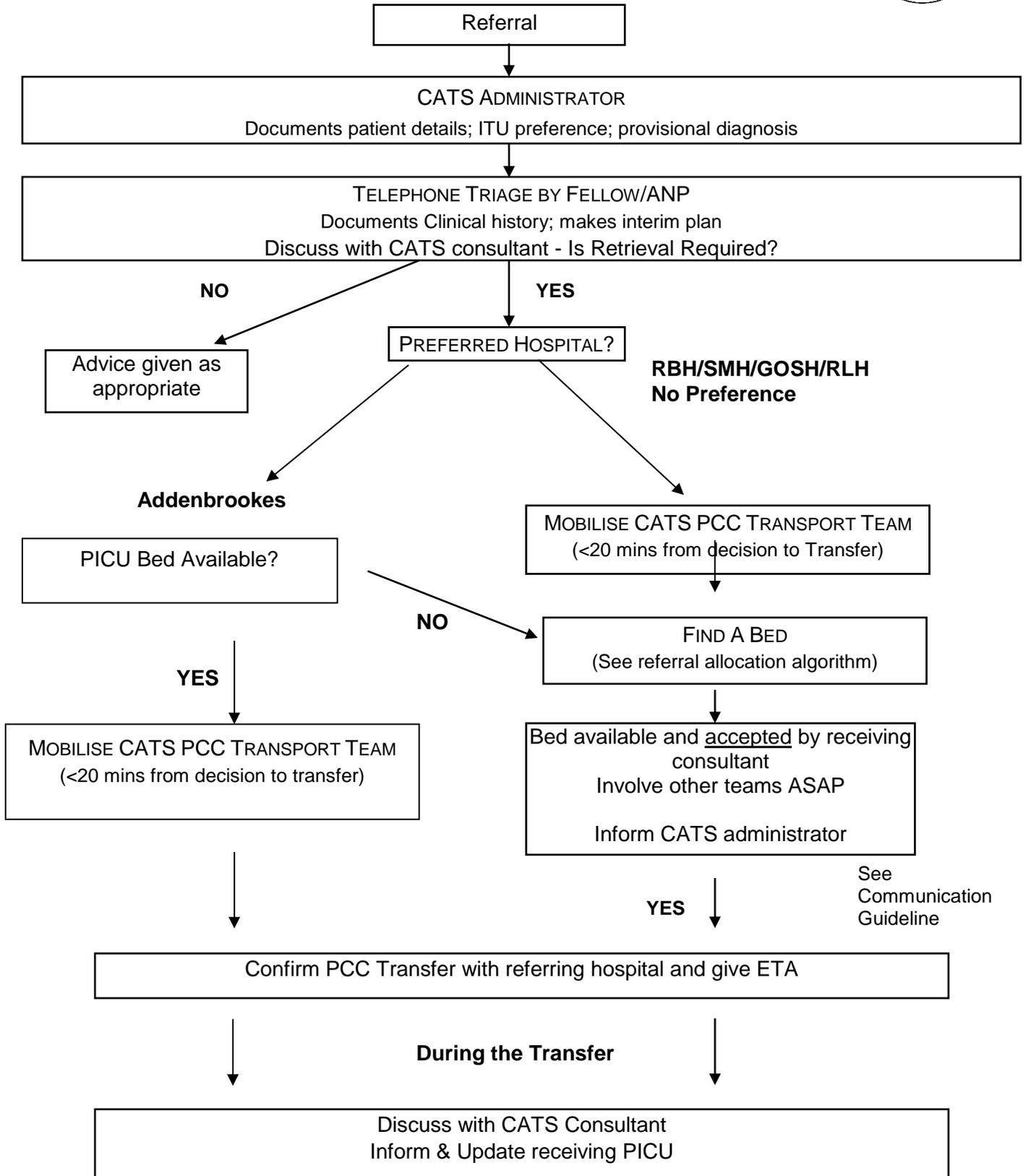


	<p>Advice to referring hospitals Pre Transfer patient condition &amp; management</p> <p>Paediatric Intensive Care Audit Network (PICANet) transport dataset as soon as possible and not later than 3 months after transfer</p> <p>Untoward clinical incidents</p> <p>Mortality and morbidity</p> <p>Quality dashboard data as recommended by the PCC CRG</p> <p>These data should be collected for all children for whom emergency transfer was requested, including those not transferred by the service</p>		
<b>T - 702</b>	<p><b>Audit &amp; Quality Improvement</b> The service should have a rolling programme of audit, including Requests for emergency transfer to which it is not able to respond Time from decision to transfer to arrival at referring unit Transfer involving more than one journey Completeness of referral information Accuracy and completeness of transport records</p>	<p><i>Audit should cover ground and/or aeromedical transport as relevant to the operation of the PCC transport service</i></p>	<p><b>Monthly Mortality &amp; Morbidity</b></p> <p><b>RAG</b></p> <p><b>Exception reporting to the commissioners</b></p> <p><b>Audit of clinical records</b></p> <p><b>PICANet</b></p>
<b>T - 703.</b>	<p><b>Key Performance Indicators</b> Key performance indicators should be reviewed regularly with hospital (or equivalent) management and with the</p>	<p><i>In remote areas where the specialist PCC Transport Service has considerable distance to travel, emergency transfer team should arrive within 4 hours of the decision to transfer the child PCC ODN may agree local</i></p>	<p><b>CATS Service Standards Document</b></p> <p><b>Annual Review</b></p> <p><b>Annual Report</b></p>

	<p>commissioners</p> <p>Arrival at referring unit within 3 hours of acceptance for PIC transfer</p> <p>Quality dashboard data relating to transport as recommended by the PCC CRG/ or the PICS Acute Transport Group</p>	<p><i>variation to target arrival times for particular referring units</i></p> <p><i>KPI should apply to ground and/or aeromedical transport relevant to the operations PCC Transport Service</i></p>	<p><b>PICANet</b></p> <p><b>GOSH Dashboard</b></p> <p><b>National PICU dashboard</b></p>
<b>T- 704</b>	<p><b>Annual Report</b></p> <p>The PCC Transport Service should produce an annual report summarising activity, compliance with quality standards and clinical outcomes</p> <p>The report should identify actions required to meet expected quality standards and progress since the previous years' annual report.</p> <p>This report should be shared with the referring hospitals</p>	<p><i>The report should apply to ground and/or aeromedical transport relevant to the operations PCC Transport Service</i></p>	<p><b>CATS Annual Report published on the CATS website</b></p> <p><b>CATS Annual Review</b></p>
<b>T -798.</b>	<p><b>Multi- disciplinary Review &amp; Learning</b></p> <p>Arrangements in place for Review of and implementing learning from positive feedback, complaints, outcomes, incidents and "near misses"</p> <p>Review of and implementing learning from published scientific research and guidance</p>	<p><i>The MDT review should apply to ground and/or aeromedical transport relevant to the operations PCC Transport Service</i></p>	<p><b>CATS Mortality &amp; Morbidity</b></p> <p><b>CATS RAG</b></p> <p><b>CATS Outreach programme with the referring hospital</b></p> <p><b>CATS Guidelines published on website</b></p> <p><b>CATS Standard Operating Procedures</b></p>
<b>T- 799</b>	<p>Document Control</p> <p>All Policies, procedure and guidelines should comply with hospital (or equivalent) document control procedures</p>		<p><b>GOSH document control policy</b></p>

# Appendix 1

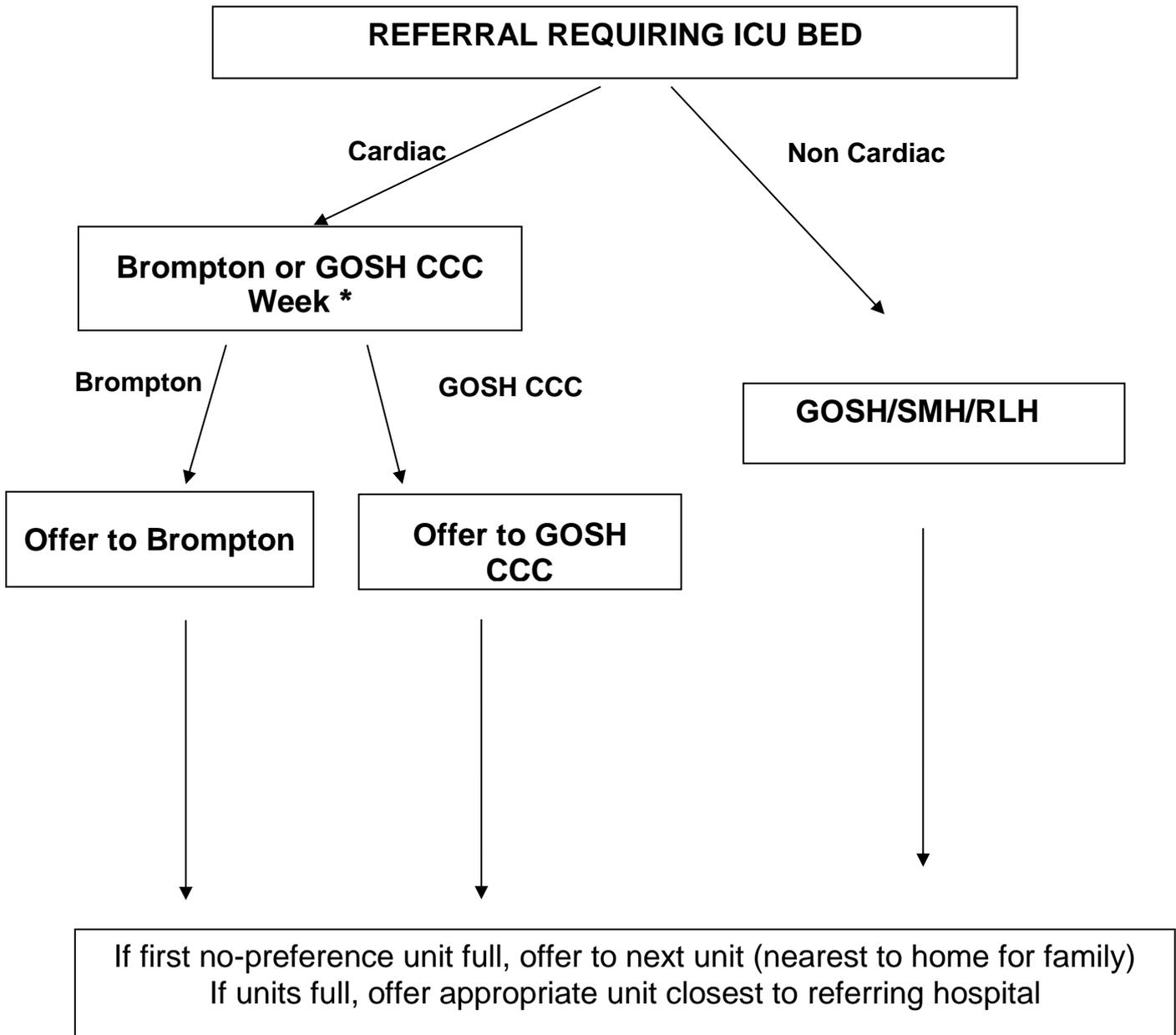
# Referral Allocation





**PICU No Preference Algorithm**

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



## Prioritisation of Paediatric Critical Care Transfers

