Table for Level 2 Workforce

This document should be used alongside the **South Thames Paediatric Networks Staffing Model for Paediatric Critical Care Level 2** which contains more detailed information regarding workforce for Level 2 units and important clinical considerations.

This workforce table provides a clear summary of essential and recommended workforce considerations and it is expected that units work towards the recommended standards.

It is assumed that units have considered their compliance to the Level 1 Paediatric Critical Care standards (PCCS). Appendix 1 clearly sets out the PCCS standards that contain additional requirements for a Level 2 unit and highlights those standards that should also be key considerations.

WORKFORCE

	Essential	**Recommended**
Oversight	Named Lead Nurse and Lead Consultant	Named Trust Lead for CYP to include Paediatric Critical Care
	Work closely with aligned Level 3 PCCU and other specialist referral centres	
Lead Nurse and Lead Consultant	Allocated time for this role included in job plans	Engagement with South Thames Paediatric Network Critical Care Program
	To have oversight of service, including staffing, training, guidelines and governance	Engagement with other Level 2 Centres to share learning
	Regular clinical work in service they are responsible for	
	Coordinating Multidisciplinary review and learning	

	Essential	Recommended
Governance including Data Collection	Allocated staff members to complete data submission including Paediatric Critical Care Minimum Dataset (PCCMDS), to take part in Audits & Quality improvement projects, reviewing KPIs and for MDT review and learning.	Allocated time in job roles for staff members to complete data submission including Paediatric Critical Care Minimum Dataset (PCCMDS), to take part in Audits & Quality improvement projects, reviewing KPIs and for MDT review and learning.
	Active participation in PCC Network governance, education, feedback and shared learning	Allocated time in job roles for active participation in PCC Network governance, education, feedback and shared learning
Medical Overview	All staff involved in PCC to have allocated CPD related to PCC L0-2 & stabilisation	Regular MDT shared CPD including simulations
	Shared learning events and joint training opportunities between medical professional teams	
	Local induction and competency assessment prior to starting in PCC, including staff trained in a different country, further competency and training provided as required	
	Regular CPD including Simulations	
	Attendance of at least one STRS simulation or feedback audit per annum	
Paediatric Consultant Workforce	APLS/EPALS or equivalent assessment of knowledge and skills as appropriate	All consultants working within L2 PCC to have attended and HDU course e.g. 'where there is no PICU' or equivalent
	Participate in regular CPD related to PCC including LTV and tracheostomies	New consultants to post to have completed 6 months in L3 and 6 months in L2 or 12 Months in PICU and have completed relevant PCC competencies to meet the learning outcomes set out in the PCC SPIN module. This can be achieved through simulations.
	Named consultant(s) to have completed PCC Specialist interest module (SPIN) or relevant	Consultants already in post to complete CPD and relevant competencies identified by PCC Lead.

	Essential	Recommended
	competencies that meet the learning outcomes of the SPIN module	
	Work with Neonatal and Adult colleagues for joint training and shared learning	
	24/7 Paediatric Consultant cover who can attend the hospital within 30 minutes	
	12 hours on site consultant cover 7 days a week	
	Attend one STRS local update as a minimum per annum	
	Consideration given to maximum length of continuous duty and the number of acute areas of responsibility	
Anaesthetics	Nominated lead for Paediatric Critical Care	Regular participation in Paediatric Simulations and training Include LTV in training days including tracheostomy
	A Consultant Anaesthetist with up-to-date APLS/EPALS or equivalent assessments of knowledge and skills available 24/7 to attend within 30 minutes	Lead, or nominated deputy, to attend all PCC team meetings
	Paediatric Intermediate Life Support and CPD for Paediatric Critical care, including simulations as a minimum	APLS/EPALS or equivalent assessment of knowledge and skills as appropriate
	24/7 access to onsite anaesthesia for neonates, children and young people (including competencies to intubate, establish adequate vascular access and transfer)	Allocated time in Job plan for PCC
	Confident with Paediatric Critical Care area and equipment including transport ventilators and paediatric medications available	

	Essential	Recommended
	Competence in airway management of paediatric LTV patients and those with a tracheostomy	
	Confident in STRS pathway	
	Attendance of at least one STRS simulation or feedback audit per annum for those who may be required to support paediatric resuscitations	
Middle Grade (Or equivalent) ST4 and above or equivalent competencies	APLS/EPALS or equivalent assessment of knowledge and skills as appropriate	At least 1 middle grade clinician (or equivalent) 24/7 for a Level 2 unit who has met the learning outcomes of the SPIN module available at all times
	Attended a minimum of one Long term ventilation course or training program and one course or training session in Paediatric Critical Care relevant to their practice, or hold relevant competencies	ANPs as part of this rota
	To have immediate access to a consultant with relevant experience (this can be remotely).	
	To undertake relevant PCC training specified by the lead Consultant for the service supported by South Thames Paediatric Network as required	
	Regular MDT PCC training	
	Regular CPD including Simulations	
Junior Doctors ST3 or below or equivalent competencies	PILS	Training program with regular PCC Simulations
	MDT PCC training	LTV Training
	Regular CPD including Simulations	
ENT	Agreed pathway providing access to ENT 24/7 and robust SOP in place	Co-located ENT
ED staff-MDT	Linking with PCC training and resources	All Staff involved in PCC to take part in at least one STRS simulation or feedback audit every two years

	Essential	Recommended
	Shared learning from PCC events	
	Attendance of at least one STRS simulation or feedback audit per annum for key team members to share with wider team	
	In house PCC simulation and training built into annual staff training plan	
Educators: Nursing and Medical	Responsible for organisation and delivery of training	Appropriate administrative support
	Allocated time for specifically preparing and delivering PCC education specified in job plans	
	Accurately record and monitor training requirements for all staff	
	Work with aligned Level 3 PCCU, retrieval teams and other Level 2 centres to deliver, and/or coordinate PCC education	
	Have knowledge and competencies relating to PCC	
	Work with other departments within the hospital to coordinate learning opportunities related to PCC to enable shared learning across the MDT.	
	Engagement with National and Network Paediatric Critical Care education and training resources	
Resuscitation Team	All members to hold a valid Paediatric Intermediate Life Support course	All members of the Resuscitation team to have APLS/EPALS or equivalent assessment of knowledge and skills as appropriate
	Resus Leads to have APLS/EPALS or equivalent assessments of knowledge and skills	
	Hold Tracheostomy competencies	
Senior Nurses	Supernumerary Nurse in Charge	Supernumerary NIC dedicated to PCC

	Essential	Recommended
	One Member of Nursing staff to hold APLS/EPALS or equivalent assessment of knowledge and skills as appropriate per shift	PCC L2 Accredited course and competencies
	All to hold PILS	Attendance of at least one STRS simulation or feedback audit per annum for key team members to share with wider team
	All working towards PCC L2 Accredited course	
	Relevant competencies in PCC care they provide	
	Review of competence should be completed for those with prior PCC experience, including training completed abroad and a training plan created for any identified gaps	
	In house PCC simulation and training built into annual staff training plan	
	Attendance of at least one STRS regional study day every 2 years as a minimum	
Nursing	All to hold PILS and a minimum of 1 nurse per shift to hold an advanced paediatric resus course	At least 70% of all staff to hold PCC accredited L2 course or above.
	2 registered children's nurses as a minimum allocated on shift to each area, consideration must be given to layout of Level 2 beds within the unit	Robust training and development plan for all staff to support sustainability of accredited course completion
	Supernumerary Nurse in Charge, may cover other ward areas depending on unit size layout and skill mix	At least 2 staff per shift to hold relevant PCC L2 competencies including tracheostomy care. May be supporting staff allocated PCC patients working towards achieving competencies
	2.59 WTE per L2 bed	National Nursing Competencies in use

	Essential	Recommended
	All nursing staff are to have completed preceptorship skills set out in the National Nursing Competency document as a minimum	Attendance at least one STPN or STRS regional training program per annum (this could include webinars) however face to face training is essential. This should be decided by local educators
	80% of nurses to have completed all L1 competencies, and all nurses working towards completion	Tracheostomy train the trainers within the team
	1 staff member per shift, as a minimum, to hold relevant PCC L2 competencies including Long term Ventilation and tracheostomy care. May be supporting staff allocated PCC patients working towards achieving competencies	
	All staff working towards Relevant L2 Competencies and completed within 12 months	
	70% of staff hold L2 accredited PCC course with a robust training plan and clear support in place whilst department working towards achieving this if not currently achieved	
	Regular CPD including Simulations	
	Regular MDT learning in-house and regional via STPN resources and STRS programs	
	All non-children's nurses to have completed relevant training and competencies	
New starters to unit-Nursing	Allocated supernumerary time & a structured induction for all new staff without prior PCC experience	Supernumerary time dedicated to PCC

	Essential	Recommended
	A minimum 75 hours supernumerary time - may be undertaken in combination with induction to all services but requires careful consideration	Supernumerary PCC time to include shifts in Neonatal and Emergency departments
	Newly qualified staff will require assessment of competence to plan induction related to critical care and should only working within Level 2 with adequate support and guidance	
	Induction and review of competence should be completed for those with prior PCC experience, including training completed abroad and a training plan created for any identified gaps	
	Regular CPD including Simulations	
Nursing associates and Support workers	Competencies completed for expected role	Paediatric Intermediate Life Support (PILS)
	Paediatric Basic Life Support (PBLS)	Participate in Tracheostomy and LTV training
	Regular CPD including Simulations	Participate in MDT learning
	Must work under direct supervision of a Registered nurse but may be included in staffing numbers as appropriate	
	Within PCC the ratio of registered to non-registered staff to not fall below 85:15	
MDT Bank, agency or locum staff	Robust local induction and review of competence for expected role to be completed prior to starting.	Evidence of competence held by L2 provider for all temporary staff.
Operating Department Practitioners	Paediatric Basic Life Support	PILS
	Competencies expected for the role	Regular PCC CPD
Dieticians	5 days a week allocated time for PCC	Named paediatric dietician for PCC 7/7 service
Physiotherapists	Named paediatric lead	24/7 Paediatric Physiotherapist cover

	Essential	Recommended
	5/7 specific time allocated to PCC	Support training of MDT staff within PCC
	On call physiotherapists to have specific paediatric training	
	Regular CPD related to Paediatric Level 2 Critical Care	
Pharmacy	Lead pharmacist with Paediatric competencies	Dedicated paediatric pharmacists
	5/7 a week allocated time for PCC	24/7 access to paediatric pharmacy advice
	Support and deliver TPN in normal working hours	
SALT & Occupational Therapists	Pathway for access agreed	Paediatric SALT and OT 5 days a week
Radiology	Agreed pathway for 24/7 imaging including CT	In hours access to all imaging including reporting by paediatric radiologists
	Agreed pathway in hours for Ultrasound and MRI	
Discharge coordinator	Allocation of a pathway for discharge and named person who will provide this	A discharge coordinator in post with time allocated for facilitating Critical Care discharges
Play Support	One lead play specialist with relevant qualification to provide play, advice and guidance to all staff who provide play, distraction and mental stimulation.	7/7 access to dedicated play support for patients
	Access to resources for patients at all times.	
Psychological Support	Psychological support for CYP, Families and staff	Staff to receive face to face psychological support following significant events as required
	Process for debriefs in place	"Hot" and "Cold" debriefs in place
Mental health support	All Staff to have a minimum of Mental health first aid training, or equivalent	Dedicated Paediatric Mental health workers also covering PCC

	Essential	**Recommended**
Bereavement support	Identified Bereavement lead	Time allocated to support staff, families (including siblings) and carers following a bereavement
Administrative, clerical and data collection support	Administrative support over busiest periods for service	24/7 administrative support, to include data collection
	Time allocated for data collection	
Informatics	Action plan and timeline for electronic records	Allocated lead clinician to lead the deployment and governance of informatic systems within PCC

Appendix 1

PCCS L1 and L2 Standards

INFORMATION & SUPPORT FOR CHILDREN AND THEIR FAMILIES

101 Child-Friendly Environment

102 Parental Access and Involvement

103 Information for Children

104 Information for Families

105 Facilities and support for families

196 Discharge Information

KEY

Grey - L1 & 2 Standards

Black - additional elements for L2

Blue – L1 standard but Key Considerations

V1.1 December 2023

SUPPORT SERVICES

301 Imaging Services

302 Co-located Services

FACILITIES AND EQUIPMENT

401 Resuscitation Equipment

402 'Grab Bag'

404 Facilities

405 Equipment

406 'Point of Care' Testing

GUIDELINES AND PROTOCOLS

501 Initial Assessment

502 Paediatric Early Warning System

503 Resuscitation and Stabilisation

504 Paediatric Advice

V1.1 December 2023

V1.1 December 2023

EDUCATION

801 Regional & Network Education

INFORMATICS

901 Informatics Lead

902 Patient Records

903 Investigation Results

904 Trending

905 Discharge Summaries

906 Colleague Access

907 Patient/Family Access

997 Coding

998 Information Standard Notice (ISN) & Fast Healthcare Interoperability Resources (FHIR)

Compliance

999 Continuity Plans