

## Blended Model of Nursing for Children's Day Surgery (KTC)

<b>Department:</b> KTC Theatres & Ward 1
<b>Author:</b> Dr Jo Marriott
<b>Accountable Director/Owner:</b> Dr Baylon Kamalarajan, Divisional Director, Women & Children's Dr Jo Marriott, Divisional Director, SCSD Mr Steve Goodyear, Divisional Director, Surgery
<b>Approved by:</b> Children's' Board
<b>Date of Approval:</b> 23 <sup>rd</sup> March 2023
<b>Expiry Date:</b> 23 <sup>rd</sup> March 2026
<b>Target Organisation:</b> Worcestershire Acute Hospitals NHS Trust
<b>Target Departments:</b> Paediatric Directorate Anaesthetics Directorate Surgical Directorate
<b>Target Staff Categories:</b> Paediatric nursing team, Ward 1 staff, Theatre team, Anaesthetists, Surgeons

<b>SOP Purpose</b>
Continuing workforce pressures with Paediatric nurse staffing levels have created issues with safe delivery of Paediatric day case lists at the Kidderminster site on Fridays weeks 1,3 & 5. In order to continue to run these lists this SOP will outline ways of creating a blended model of Paediatric and adult nurses incorporating ward 1

### Key Amendments to this Document

Date	Amendment	By Whom
21.08.24	Change of title from Standard Operating Procedure Children's Day Surgery (KTC) to 'Blended Model of Nursing for Children's Day Surgery (KTC)'	Dana Picken Matron (Children's Directorate)
21.08.24	Change in escalation essential MDT membership	Dana Picken Matron (Children's Directorate)

## Contents

1. Current approved staffing levels
2. Escalation process
3. Multidisciplinary discussion group membership
4. Support provided when staffing reduced by 1 trained member of staff
5. Staffing models when staffing reduced by 2 trained members of staff

### 1. Current approved staffing model

4 Paediatric nurses (long day)	07:30 -20:00
2 Paediatric nurses (late shift)	11:30 -19:30
1 HCA (long day)	07:30-20:00
1 Play specialist (Early shift)	07:30 – 15.30

### 2. Escalation process

In the event of the paediatric directorate identifying staffing issues, the initial escalation should be through the 6-4-2 meeting in the week prior to the list date. The surgical directorates should liaise with the operating surgeon to confirm clinical urgency of all patients on their lists including previous cancellations. Case mix for all lists should be discussed to ensure patients with predicted longer recovery time or with additional needs are on morning lists.

No patient should be cancelled without discussion with the surgeon involved.

Cancellations must be approved by the Chief Operating officer (COO) or Deputy COO.

Following list review, the number of adult patients expected to stay overnight on the Thursday can be confirmed.

If staffing has still not been resolved 2 days prior to the paediatric lists, there will be a multidisciplinary meeting to discuss the possibilities to facilitate the lists going ahead.

### 3. Multidisciplinary discussion group membership

#### 3.1 Essential

Children's Countywide Clinic and Day Case Manager / Matron for Children's Directorate  
Band 7 Theatre co-ordinator @ KTC

Anaesthetist

All Consultant surgeons due to operate that day

Nurse in charge of Ward 1

#### 3.2 Desirable

DM W&C

DM Theatres and Anaesthetics

DM surgery

Matron for Children's Directorate

#### **4. Staffing model when staffing reduced by 1 trained member of staff**

- It is considered that 4 surgical lists can still continue with 5 nurses.
- If staffing levels are reduced to 4 paediatric nurses, then escalation will be required.
- If staffing level is reduced to 5 Paediatric nurses, surgical directorate to review lists to identify any patients who are 16 or over.
- Surgical administrative team to contact these patients to see if happy to be admitted to Ward 1 and be looked after by adult nursing staff.
- If all patients under 16, adult nurse will join paediatric nurses to provide safe staffing levels.
- When patients in admissions area have been admitted, adult nurse will remain with these patients to check them out for theatre allowing paediatric nurse to move through to 2<sup>nd</sup> stage recovery.

#### **5. Staffing model when staffing reduced by 2 trained members of staff**

- If Paediatric nursing staff reduced to 4 then the decision needs to be made whether the adult nurses move through to the recovery areas to support the Paediatric staff or the Paediatric staff and all patients move to Ward 1.
- Ward 1 staff to review lists to see how many adult patients are expected to stay overnight on Thursday. Liaise with these patients to inform that they may be moved into discharge lounge on Friday morning when medically fit for discharge.
- If Ward 1 is empty on Friday at 07:30 all paediatric patients can be admitted via Ward 1 if deemed appropriate
- Ward 1 has capacity for 25 patients (21 individual rooms and 4 bedded bay)
- If Ward 1 has adult patients at 07:30, paediatric patients will be admitted in admissions area and 2<sup>nd</sup> stage recovery. Adult nurse from ward 1 will assist paediatric team. When patients in admissions area have been admitted, adult nurse will remain with these patients to check them out for theatre allowing paediatric nurse to move through to 2<sup>nd</sup> stage recovery.
- Assuming ward 1 is clear of adult patients by 10:30, Paediatric patients arriving for afternoon lists can be admitted to Ward 1. At this point, 1 paediatric nurse will move across to ward 1 and an adult nurse will move to 2<sup>nd</sup> stage recovery to assist the paediatric nurses.
- As the number of patients in 2<sup>nd</sup> stage recovery reduces, the paediatric nurses will move across to ward 1 such that the afternoon lists are run from Ward 1. Theatre staff will assist in transferring patients from 2<sup>nd</sup> stage recovery to Ward 1.
- If staff decide to remain in admissions and second stage recovery, the 2 adult nurses will join the paediatric nurses in 2<sup>nd</sup> stage recovery allowing 2 paediatric nurse to admit afternoon patients via the admissions unit. This model will provide joint care with adult nurse having a “buddy” with paediatric nurse.
- Ward 1 staff will receive training on PEWS charts so that they can undertake observations on paediatric patients which will enable paediatric nurses to focus on admission, discharge and administration of medicines. Adult nurses able to perform 2<sup>nd</sup> check for medicines and remove cannulae.
- Adult nurses will provide joint care with paediatric nurse for any children aged 5-18. Children aged 1-4 will be cared for by Paediatric nurses.