

# Parental concern within PEWS: Auditing and exploring current practice

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## Background

There is great variation in Paediatric Early Warning Scores (PEWS) across the country, with 47 different parameters used in various combinations. A new national standardized tool is being developed (NHS SPOT System-wide Paediatric Observations Tracker).

One parameter that is not always used is **parental concern**. National PEWS surveys showed in 2013 only one trust used parental concern, this increased to, 50% of trusts by 2018. Parental Concern is generally a binary ‘yes/no’ question with little scope for further exploration of parents’ concerns.

In Newcastle PEWS parents are currently asked *“Have you noticed anything that is different that worries you about your child?”* and can answer yes or no.

## Aims

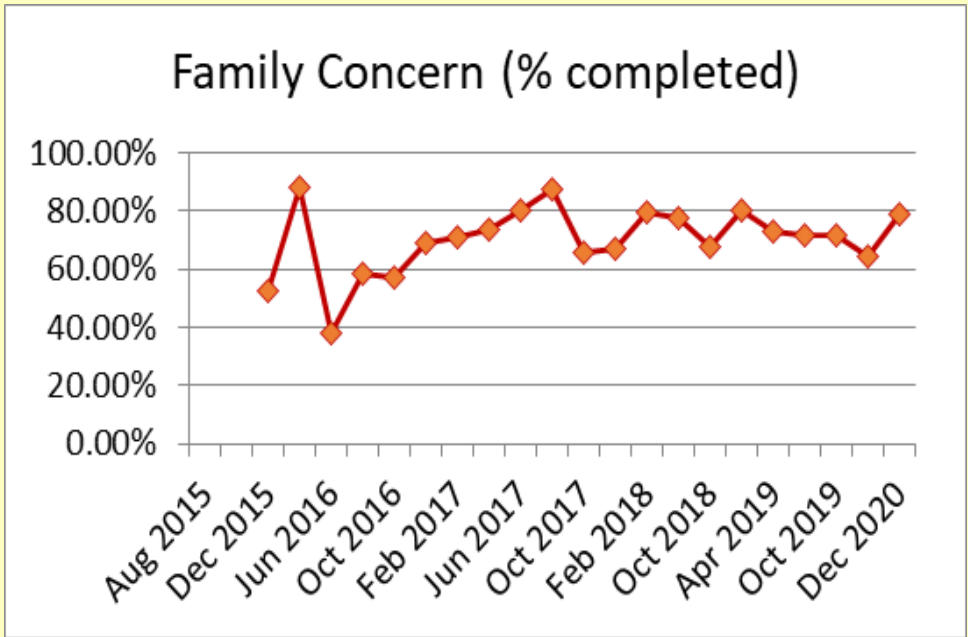
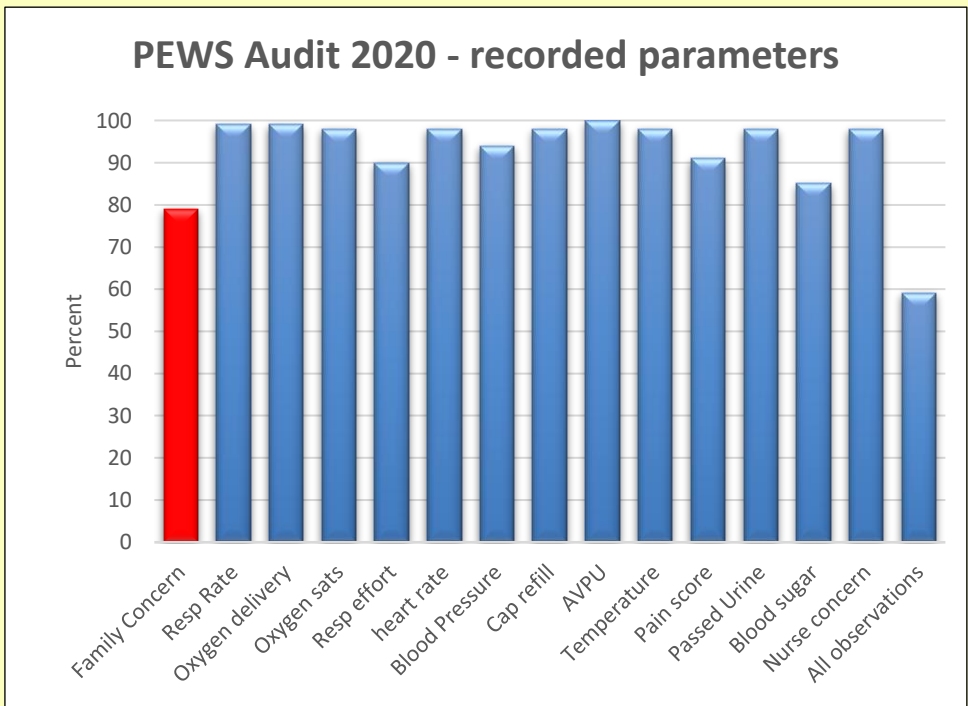
To audit use and explore staff and parent views of the parental concern component of the Newcastle PEWS for paediatric inpatients at the Great North Children’s Hospital.

## Methods

We used mixed methodology.  
 Quantitative data: We audited our current use of the parental concern parameter from 2015-2020.

Qualitative data: anonymous questionnaire for nurses (n=26) and parents (n=47) to gather views on the use and effectiveness of the current parental concern parameter. Data was collected using a combination of digital platform and paper responses. Thanks to all the wards, nurses and parents at GNCH for taking part in the survey.

## Results



## Parent Views

**28%(13/47)** knew what a PEWS score was  
**77% (37/48)** parents said they were asked about concern during observations *“All staff ask me and my child if we have any questions and if we are OK every time they enter the room.”*  
**81% (38/47)** were ‘always’ able to communicate concern. *“[I] Know could speak to the team if needed”*  
**72% 34/47)** might find more information about recognizing signs of deterioration useful

## Staff Views

**46% (12/26)** found ‘parent concern’ was generally useful *“I have found in my experience that a parent’s intuition is very good - if something is wrong with their child they are the first to know and are usually right”*  
**54% (14/26)** felt it was ‘sometimes’ or not useful to ask parental concern. *“Some parents get very anxious about things that may not be related to PEWS or physical condition.”*  
**81% (38/47)** felt that parents knew what to look for in their child ‘sometimes’ or ‘most of the time’.  
**92% (24/26)** believed parent concern contributed to the escalation process

## Are we asking the right question?

*“The question is so broad. It needs some more guidance rather than a yes/no answer”*

## Conclusions

It has been highlighted in serious incidents and in recent literature that parents are often able to pinpoint deterioration in their children before healthcare staff. There is considerable scope to improve use of the parental concern both in compliance and in the way we ask the question allowing for a more nuanced query, reply and response. With the imminent development of a national tool it is vital to develop and assess the impact of an improved parental concern parameter.

- We need a new question to explore parental concern
- The new question needs a response which captures the discussion between healthcare professionals and parents including the trend, complexity and severity of concern
- Parental concern parameters require a clear agreed escalation pathway
- Parents want more information on how to recognise children’s deterioration in hospital