



Children and Young People – Guidance for Care in Hospital

This procedural document supersedes: PAT/PA 9 v.5 - Children and Young People – Guidance for Care in Hospital



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Date written/revised:	December 2018
Approved by:	Policy Approval and Compliance Group
Date of approval:	19 February 2019
Date issued:	8 April 2019
Next review date:	February 2022
Target audience:	Trust wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 6	8 April 2019	<ul style="list-style-type: none"> There has been a revision and updating of information in the guidance including Divisional Structure and Safeguarding 	C Beattie Head of Paediatric Nursing
Version 5	24 May 2016	<ul style="list-style-type: none"> There has been a revision and updating of information in the guidance. 	C Beattie Head of Paediatric Nursing
Version 4	September 2012	<ul style="list-style-type: none"> Title Change There has been a revision and updating of information in the guidance Addition of flow charts The format and style has been revised to meet current APD requirements 	Deborah Oughtibridge
Version 3	March 2009	<ul style="list-style-type: none"> Amendment form and contents page added Sections numbered Version 2 was a policy – this version (version 3) is a guidance There has been an expansion of information in the guidance Recommendations have been made Information has been added about 'training' and 'safeguarding children' The information/resources section has been expanded 	Deborah Oughtibridge

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1. INTRODUCTION

This guidance highlights the key recommendation and overarching principles applicable to hospital services in the Trust from The National Service Framework for Children, Young People and Maternity Services Standard 7 – Hospital Services 4/10/2004. Reading Standard 6 and 7 in full is recommended. (Booklet versions of the NSF for Children, Young People and Parents are available from the Department of Health.)

The overall aim is to deliver hospital services that meet the needs of children, young people and their parents/carers and provide effective and safe care, through appropriately trained and skilled staff working in suitable, child friendly and safe environments.

2. PURPOSE

This guidance document highlights the recommendations of *Getting the right start: National Service Framework for Children: Standard for Hospital Services (DoH 2003)* and therefore applies to **“every department and service within a hospital that delivers care to children and young people: all newborns, babies, children and young people being cared for in hospital; in all parts of the hospital that provide a service to children”**.

This includes: -

- Inpatients, including those in neonatal, paediatric and adult intensive care units;
- Outpatients; and children in ambulatory settings, short stay and day wards, including those admitted for day surgery or investigation
- Emergency Departments
- Planned and unplanned attendances and admissions.
- Children under the care of paediatric medicine and adult medical specialties.
- The full range of surgical specialties, including general surgery, ear, nose and throat surgery, orthopaedics, dental surgery, ophthalmology and gynaecology.
- Support, therapy and other services, such as radiography, pathology, pharmacy, rehabilitation, dietetics, phlebotomy, physiotherapy, occupational therapy, speech and language therapy, and psychological support services.

For Child and Adolescent Mental Health Services (CAMHS), there are links with RDaSH and Nottinghamshire Health Care Trust drug and alcohol services.

The NSF applies to every department and service within the trust that delivers care to children and young people.

Each department/service within the Hospital that delivers care to children and young people should identify a lead for children and young people. In providing care for children and young people a number of standards should be met. The principles for provision at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust are set out below. These mirror good practice set out in the NSF.

3. DUTIES AND RESPONSIBILITIES

Staff are expected to refer to this guidance when caring for children and young people, provide an environment of care appropriate to age and needs. Each child/young person should be individually assessed within the context of their family.

Individual members of staff are responsible for ensuring they follow this guidance and that they report any concerns to their manager.

Managers, divisional management teams should ensure that the contents of this guidance are brought to the attention of employees under their supervision.

Managers are responsible for ensuring staff are aware of the guidance and that they are expected to take all reasonable practicable measures to provide appropriate care for children and young people.

3.1 Named Paediatrician

The NSF states when children and young people are admitted to hospital under the care of a consultant, other than a paediatrician, there will always be a consultant paediatrician available for advice throughout the 24-hour period. Within the Trust patients may be referred to a specific paediatrician upon the request of a referring consultant or alternatively the paediatrician on call may be deemed the named paediatrician.

4. PROCEDURE

The principles for service provision in the Trust include:-

- Services provided for children and young people in every department, where they receive care, is child-centered. Children and young people receive care that is integrated and coordinated around their particular individual needs, and the needs of their family.
- Children, young people and their parents are treated with respect, and have access to support and up to date information to enable them to understand and cope with the illness or injury, and the treatment needed.
- Services are well coordinated, particularly for those with complex conditions who may benefit from having someone available who can act as a key worker.

The Healthcare Commission Service Improvement Review states that child only services should be developed wherever possible. Buildings should be accessible, safe, suitable and be child and family friendly. Children should be treated in separate facilities away from adults.

4.1 Nutrition

- A nutritional diet is provided with choices that are appropriate to age, cultural needs and health needs and meet children's individual preferences. A tool for assessing malnutrition is completed for all children referred to acute paediatric services. There is an identified Paediatric Dietician which all professionals in the Trust working with children can refer to.

4.2 Transition to Adult Services

- Children with long-term conditions are prepared for the transition from children's to adult services.

4.3 Participation and Partnership/User Consultation and Involvement

The principles include-

- The child's plan of care should be developed with input from the child and family where appropriate. Family centered care is promoted with health staff and professionals supporting parents in their caring role. There is a focus on working together, negotiation and information sharing with children, young people and their families to plan deliver and evaluate care. Parents are valued and their opinions are taken into account. They are viewed as experts on their child. The plan of care should state their contribution to their child's care.
- Children and young people are encouraged to be active partners in decisions about their health and care, and, where possible, are able to exercise choice.
- Children, young people and families are routinely involved in the planning and improvement of services.
- Children and young people should be able to make choices about the care they receive, providing they are of an appropriate age and have the competence to understand.
- The needs of children and young people are specifically addressed as part of the Patient Experience Team Service and Patients Experience Committee, ensuring that children and young people have access to an advocate, and are able to make a complaint if they wish.

Within the hospital sites in the Trust children and young people and their families should have access to the Patient Experience Team, be able to feedback their views via the Friends and Family Test, children's parent and child experience forms, the Trust Your Opinion Counts and Children's Tell Us What You Think forms. They also have access to the Matron for the relevant area.

4.4 Clinical Governance

- Children and young people receive appropriate high quality, evidence-based hospital care, developed through clinical governance and delivered by staff that have the right set of skills and education.
- Staff caring for children have up to date training and knowledge to meet the specific needs of children and young people and the Nursing and Midwifery Council (NMC) Revalidation requirements.
- Each service should ensure that the care of children is integral to the plans of the service and are reflected in governance arrangements. This should focus on Safeguarding Training, Resuscitation/ Life Support, Pain Assessment and Management and Communication.
- There is specific guidance within the NSF on children and consent.

All Clinical Governance Groups within the Trust should consider the above principles in their governance arrangements.

4.5 Environment Issues

- Care is provided in an appropriate location and in an environment that is safe and well suited to the age and stage of development of the child or young person. The need for privacy of the young person should always be considered during any hospital attendance. Babies and children are admitted to children's wards as shown in Appendix 1 and 2.
- Measures are in place to keep children safe and secure.
- Parents should be able to sleep and rest near their child.
- All children's wards should provide facilities for resident parents.

Children and young people must be offered a choice regarding if they wish to be cared for with children /young people of the same age /gender.

4.6 Young People

For young people above 16 years and up to the 19th birthday receiving care in this Trust then admission to the children's wards should be negotiated on an individual basis in consultation with the consultant with clinical responsibility. This should take into account the size, maturity, developmental stage, medical condition and ongoing care arrangements of the young person as well as their preference as to whether they are admitted to a children's ward or adult ward. A choice should be offered where possible. (See Appendix 1 and 2).

4.7 Play and Education

- There is access to age-appropriate play equipment and to play staff. All children staying in hospital have access to staff skilled in delivery of play services. Play and recreational facilities are provided for children and young people staying in, attending or visiting the hospital sites.
- The ongoing educational needs of children and young people staying in hospital are met by the local education authority.
- Where admission to hospital is planned, children are prepared through pre-admission play and information. A visit to the ward should always be offered.

Within the Trust advice can be obtained from the Play Leader Teams on the DRI and Bassetlaw Hospital (BH) sites. Members of the team can be accessed via bleeps. Hospital School Services are provided on Children's Ambulatory Care Unit (CAU) at BDGH and in the Children's Hospital at DRI.

4.8 Child Protection/Safeguarding Children

Child protection/safeguarding children is "everyone's business" and training should be accessed as per Trust Policy and guidance in the Intercollegiate Document Safeguarding Children and Young People – Roles and Competences for Healthcare Staff (RCPCH, 2014)..

Please refer to Trust Policy

- PAT/PS 10 - Safeguarding Children Policy.
- The Working Together to Safeguard Children and Young People (HM Government 2018) document provides statutory guidance to organisations and individual professionals in order to ensure they understand what they need to do to safeguard children and young people.
- Safeguarding children and young people: roles and competences for health care staff - Intercollegiate document 3rd edition March 2014.

4.9 Advice and Information

Advice in relation to the care of children and young people can be obtained from-

- Nurse in charge CAU BDGH extension 572284 - 08:00 – 20:00
- Children's Hospital Bleep Holder DRI bleep 1237
- Consultant Paediatrician on call (DRI and BH) contact via switchboard

Professional nursing advice can be obtained from the Head of Paediatric Nursing and Quality, Matron (page/contact via switchboard) for Children's Services and the Deputy Director of Nursing, Quality and Allied Health Professionals (Patient Safety and Safeguarding).

Medical advice can be obtained from the Consultant on call or the Paediatric Clinical Director.

Safeguarding advice can be obtained from the Safeguarding Team on 01302 642437 or the Named Doctor for Safeguarding Children.

5. TRAINING/SUPPORT

All training is identified via local learning needs analysis. Staff caring for children and young people as a core element of their role should undertake specific training in the following areas.

Essential to Role Training:-

- Child Protection (safeguarding children)
- Paediatric resuscitation (level defined by individual roles and responsibilities)
- Neonatal Advanced Life Support for staff working on Neonatal/Special Care Units

In addition, as recommend by the NSF:

- Pain assessment, management and communication

This training should be accessed at a level appropriate to roles and responsibilities.

Health Care professionals working in areas where care of children and young people is a core element of service provision will include:-

- Dedicated children's wards and departments
- Emergency department
- Anaesthetics and surgery
- Outpatient departments where children are regular attenders

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

It is the responsibility of the Divisional management teams to put systems and processes in place to monitor staff awareness, understanding and compliance with this guidance. This should include;

- Roles and responsibilities
- Appropriate Risk assessment
- Documentation e.g. case note reviews
- Incident figures and review of any incidents recorded through the Datix Adverse Incident reporting system

- Monitoring of training undertaken and its impact.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
The effectiveness of the policy in relation to caring for children and young people while in hospital in all Divisions	Wards and Departments who care for children will monitor the number of incidents, involving children and report any moderate to severe harm to the senior management team via Specialty Clinical Governance Meetings and the SI process. Quarterly report via Datix system regarding moderate to severe harm/SI's involving children to all Heads of Nursing.	Monthly Quarterly Datix reports	Action plans relating to any issue/incidents will be reviewed monthly at Divisional Clinical Governance Meetings Friends and Family Test Quarterly report will be noted at Clinical Governance Divisional meetings

7. DEFINITIONS

Child /young person is defined in the NSF as:

The term 'child' is used to include babies and children, and 'young person' to cover older children and young adults. However, 'child'/'children' is frequently used as shorthand to cover all under 19s.

The term 'parents' is used as shorthand to include mothers, fathers, carers and other adults with responsibility for caring for a child or young person, including for example, those with responsibilities for looked after children and young offenders.

The NSF standards apply to children and young people from birth and up to the 19th birthday.

8. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on

employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3)

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT/PS 10 - Safeguarding Children Policy
 PAT/PS 13 - Safeguarding Children Supervision Policy
 PAT/PS 1 - Missing Patient Policy
 CORP/EMP 29 - Statutory and Essential Training (SET) Policy
 CORP/EMP 4 – Fair Treatment for All Policy
 CORP/EMP 27 – Equality Analysis Policy
 PAT PA 28 – Privacy and Dignity
 PAT PS – Use of Chaperones
 PAT PA – Consent to Examination and Treatment

10. REFERENCES

Information Resources

Useful Websites

There are a wide range of useful websites. These include:-

- The Royal College of Nursing website: www.rcn.org.uk
- Royal College of Paediatrics and Child Health website: www.rcpch.ac.uk/
- Action for Sick Children website: www.actionforsickchildren.org.uk/
- Working Together to Safeguarding Children
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

“Every Child Matters” sets out The Government's aim for every child, whatever their background or their circumstances, to have the support they need to:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Well Being

Department of Health website (www.doh.gov.uk) via this you can access:-

- The Children’s Plan
- Every Child Matters website
- Children’s NSF and other key documents
- Children’s Families and Maternity Bulletin (monthly)

There are many documents available relating to children and young people which include:-

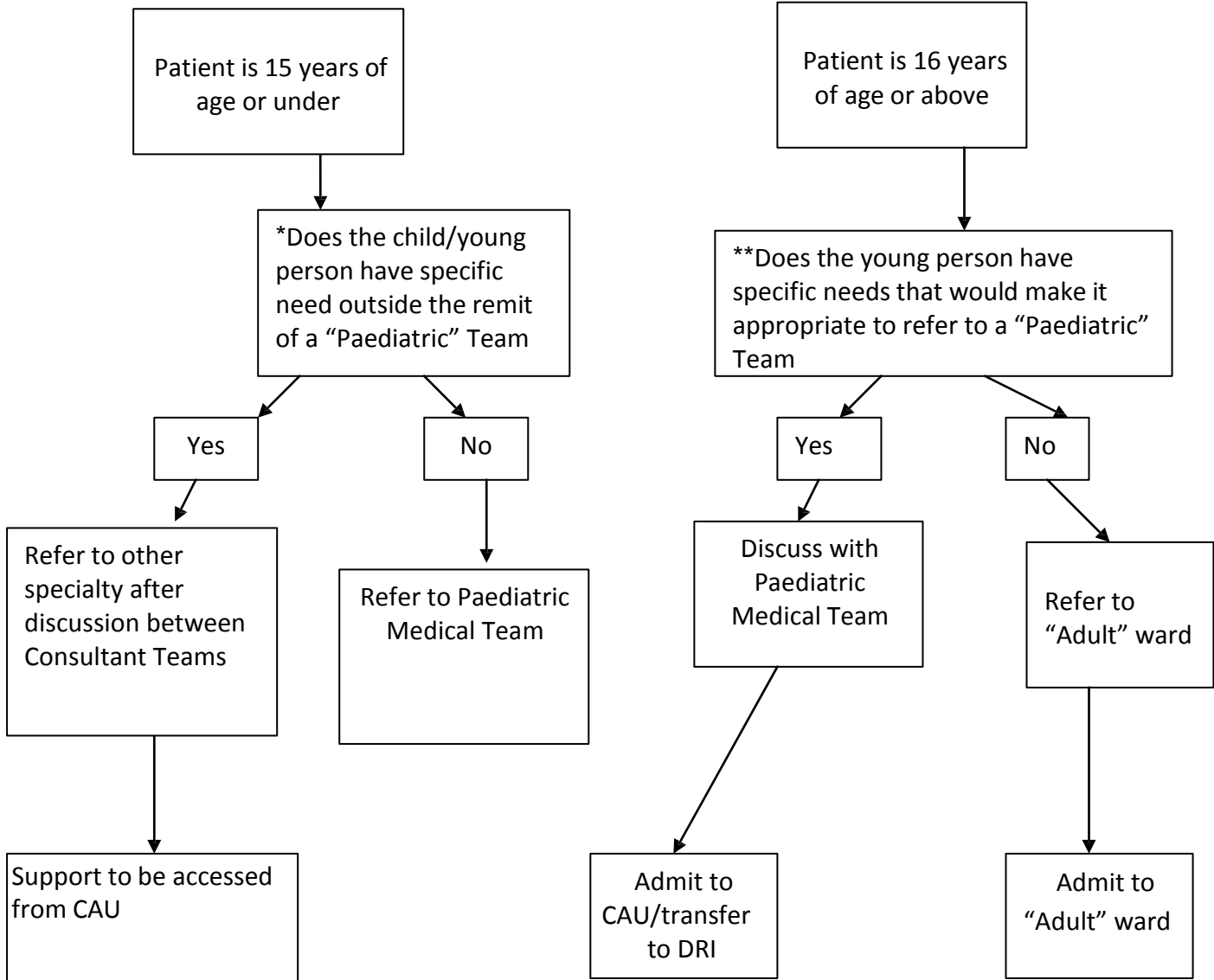
- Children Act (1989)
- The Welfare of Children and Young People in Hospital (1991) Department of Health

- Getting the right start: National Service Framework for Children. Standard for Hospital Services (DoH 2003)
- Improving the patient experience: Friendly Healthcare Environments for Children and Young People (2003)
- Better Hospital Food : Catering Services for Children and Young Adults (2003)
- Improving services for children in hospital -Commission for Healthcare Audit and Inspection February 2007
- Services for Children in Emergency Departments, College of Emergency Medicine April 2007
- Surgery for Children: delivering a first class service. Royal College of Surgeons. July 2007
- Advice for nurses working with children and young people. NMC May 2008
- Involving children and young people in health services RCPCH /NHS Confederation 2011
- Standards for Children and Young People in Emergency Care Settings. Royal College of Paediatrics and Child Health 2012
- Working together to Safeguard Children (HM Government 2018).
- RCPCH Safeguarding children and young people : roles and competences for health care staff
- Intercollegiate document 3rd edition March 2014

APPENDIX 1 – FLOW CHART TO DETERMINE ROUTE OF REFERRAL - BH

Flow Chart to Determine Route of Referral

BH

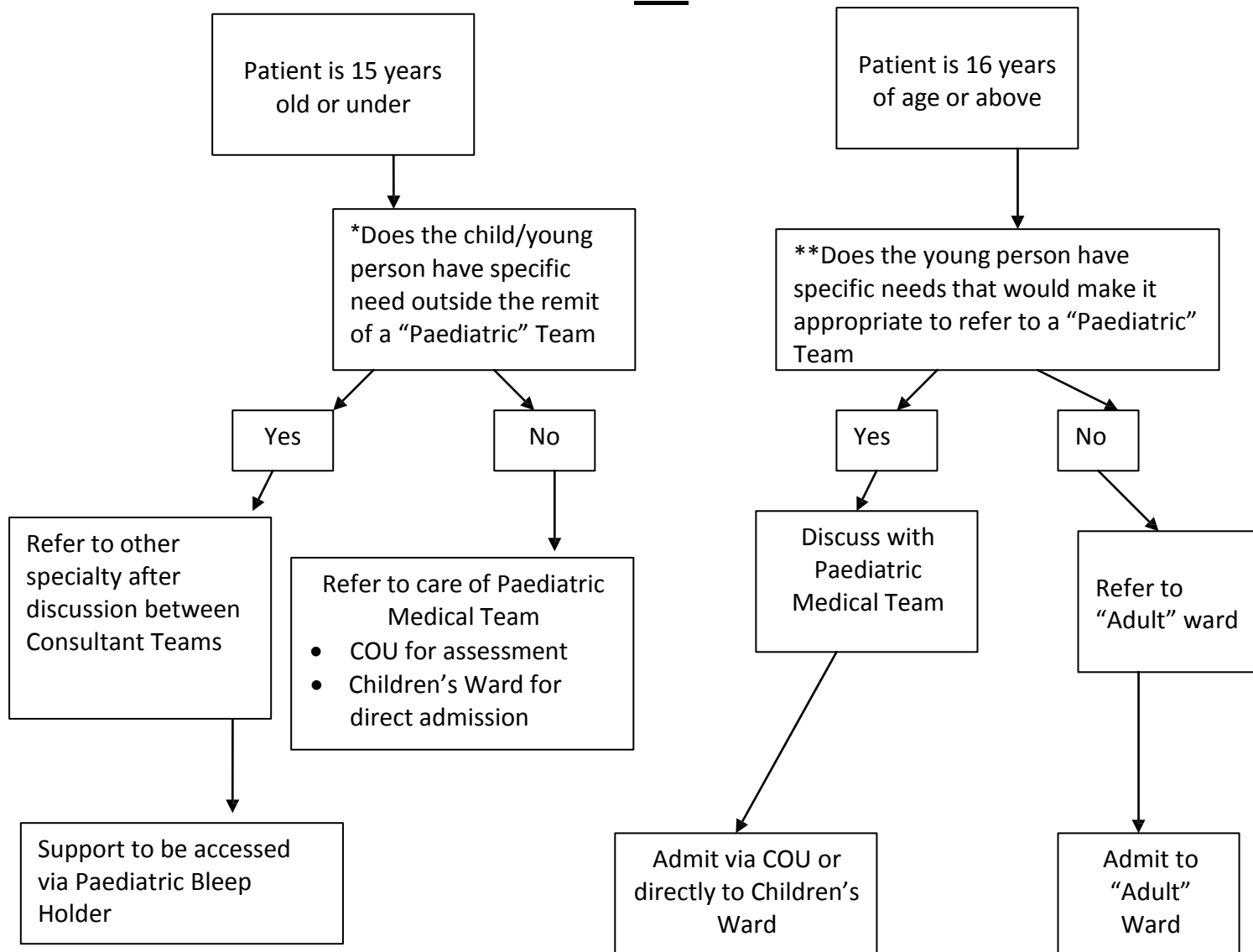


* This could be Maternity Care, Gynaecological Care
 ** Already under care of Consultant Paediatrician with continuing chronic problem.
 May be additional development issues identified that make it more appropriate for care in a 'paediatric' environment.
 Joint care is provided for young people requiring maternity care who have Diabetes Mellitus.
Patient choice should be taken into consideration.

APPENDIX 2 – FLOW CHART TO DETERMINE ROUTE OF REFERRAL - DRI

Flow Chart to Determine Route of Referral

DRI



* This could be Maternity Care, Gynaecological Care
 ** Already under care of Consultant Paediatrician with continuing chronic problem.
 May be additional development issues identified that makes it more appropriate for care in a 'Paediatric' environment.
 Joint care is provided for young people requiring maternity care who have Diabetes Mellitus.
Patient choice should be taken into consideration.

APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Divisional/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Children and Young People – Guidance for Care in Hospital	Children and Families Divisional	C Beattie	Existing Policy	December 2018
1) Who is responsible for this policy: Children & Families Division				
2) Describe the purpose of the service / function / policy / project/ strategy: Deliver hospital services that meet the needs of children, young people and their parents/carers				
3) Are there any associated objectives? Legislation, targets national expectation, standards – Nation Service Framework for Children, Young People and Maternity Services Standard 7 – Hospital Services				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? No				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	no			
b) Disability	no			
c) Gender	no			
d) Gender Reassignment	no			
e) Marriage/Civil Partnership	n/a			
f) Maternity/Pregnancy	no			
g) Race	no			
h) Religion/Belief	no			
i) Sexual Orientation	no			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
Date for next review: February 2022				
Checked by: Cindy Storer			Date: February 2019	