

Guideline for the admission of Children and Young People to Adult Wards

Document Control

Policy reference	<i>To be assigned by library</i>
Category	Women and Children Directorate
Strategic objective	To ensure the safety of children cared of on adult wards
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Version:	1
Status	Final
Supersedes:	N/A
Executive Lead:	Sam Wallis
Approval Committee:	Divisional Quality and Safety – Women and Children’s
Ratified by:	Nursing and Midwifery Development Forum Children’s Speciality Quality and Safety Meeting Children’s Core Group Meeting Children’s Safeguarding Team Sally Scales, Bryan Gill, Paediatricians
Date ratified:	4 th April 2018
Date issued:	4 th April 2018
Review date:	4 th April 2020

Target audience	All Relevant Trust Staff
Summary	All children at 13 years or younger should be cared for on the Children’s ward unless the medical/surgical diagnosis dictates otherwise for example where the child requires maternity or gynaecology services. Children aged 14-16 years should be given the choice of care location. All Matrons in adult services must know of children admitted to their service and discussed at the morning huddle. The checklist for matrons overseeing the care of children on adult wards must be completed (Appendix 1).
Changes since last revision	N/A
Monitoring arrangements	ESR
Training requirements	Included in Mandatory Safeguarding Training
Equality Impact Assessment level	

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Executive Summary

1. A child is defined by their age up to the age of 18 but not including their 18th Birthday.
2. The purpose of this document is to clarify the location arrangements for children admitted to an adult ward or area as an inpatient or day case.
3. Young people aged 14-16 should be given the choice of care location, the adult ward area or the Children's and Young Persons (C&YP) unit.
4. All children under the age of 14 must be admitted to the C&YP unit, except where the child require the expertise of the specialist facility e.g. Maternity/Gynaecology services.
5. C&YP admitted to an adult ward have the right to have a parent stay with them, this includes somewhere for the parent to sleep (inpatients) and an area where the parent can make refreshments. Ideally the child/young person should be admitted to a side room.
6. C&YP should not be nursed alongside acutely ill patients. If admitted to the Adult Intensive Care Unit (ICU), the C&YP must be nursed in a side room and an adult care location proforma must be completed.
7. Young persons (16-17 years) with complex needs, where known to Children's Services and under active follow up by one of the paediatricians may be accommodated on the C&YP. This will be determined by the paediatrician on call.
8. A record of all visits by professionals/family to young and vulnerable C&YP cared for on adult wards must be made in the hospital notes, electronic patient record (EPR).
9. Safeguarding children's policy applies to all under 18's. All safeguarding concerns should be recorded in the EPR records and the Children's Safeguarding Team made aware.
10. Incident reporting (including safeguarding incidents) for C&YP, irrespective of care location must be made through the Datix reporting system and the Head of Nursing (HoN) for Children's services made aware.
11. All adult matrons and clinical site team managers must attend on call managers safeguarding children's training annually.
12. A daily report of C&YP admitted to adult care locations is generated in EPR and circulated to the HoN and other named individuals on a daily basis. Quarterly audit will take place initially, moving to twice yearly as this guideline is embedded into practice.

1. Introduction

The legal definition of a 'Child' is age related and refers to an individual that is up to the age of 18 but not including their 18th birthday (Children Act 1989). Bradford Teaching Hospitals Foundation Trust (BTHFT) has the capacity to accommodate all children under the age of 16 on the children wards (Ward 30, Ward 32 and Ward 2) but recognise that it is appropriate to care for some children and young people (C&YP) in the appropriate speciality. Some children (up to their 19th Birthday) with complex needs may be admitted to the children's wards at the request of the admitting paediatric consultant. Looked After Children (LAC) may have additional care needs and professional involvement up until their 21st birthday and advice and support with presenting individual cases can be obtained from the safeguarding children's team.

2. Purpose/Scope

The purpose of this guidance is to clarify arrangements for C&YP who are admitted to, or receive treatment in, adult inpatient and day case settings. Young people aged 14-16 should be given the option, where possible, as to where they want to be treated (i.e. adult or children's ward). **All children under 14 years must be cared for on a children's ward except where the adult facility** has the expertise to provide safe care e.g. Maternity, Gynaecological services. However, this does not change the fact that they are legally still a child for whom there is someone with parental responsibility and for whom protection is afforded under the Children Act 1989.

3. Guideline for Children Under 16 Years

All maternity related admissions or where the young person poses a risk to other children and young people admission to an adult ward is essential. When children are admitted to an adult ward, clinical staff must have all the information they require to enable them to look after the child safely, within the law and according to national clinical standards (e.g. GMC 2013). The safety and welfare of the child must be of paramount importance at all times, therefore the following must be adhered to:

- Staff should be aware that children under 16 years of age have the right to have a parent stay with them while an inpatient or a day case admission if they so wish. The facilities for the parent to stay should include somewhere to sleep (if inpatient) and somewhere for the parent to make refreshments. An alternative would be to provide refreshments for the parent/guardian, or for the parent to use facilities located outside of the ward e.g. main hospital concourse.
- Under sections 85 & 86 of the Children Act (1989), when a child is in hospital for a consecutive period of at least 3 months, Children's Social Care should be informed so they can complete a care assessment.
- Any safeguarding children concerns should be notified to the Safeguarding Children's Team as per Trust policy and guidelines in addition to the above; these can be found on BTHFT Intranet > Children's Safeguarding > Policies and Procedures.
- Any child under the age of 16 being nursed on an adult ward should be subject to a review of the care by the specialty matron using the 'Checklist for Matrons Overseeing the Care of C&YP on adult wards (appendix 1).

- The nurse in charge of the adult ward accommodating the child should seek advice from the shift leader on the Children's Ward (Ward 30/32) as necessary.

3.1 Location Arrangements

Organisations should ensure that '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 C&YP' (DOH 2004). The C&YP should:

- Ideally be nursed in a side room with facilities for the parent to stay if required.
- Not be nursed alongside acutely ill patients as children are more vulnerable emotionally than adults.
- Children admitted to the adult ICU must be nursed in a cubicle with care provided by an adult intensive care nurse and the support of a Registered Children's Nurse. The Yorkshire and Humber Paediatric Critical Care Operational Delivery Network (Y&H PCCODN) require submission of an adult care location proforma (please contact the HoN for Children's Services to notify of the admission and location of the proforma).

4. Guideline for Young People 16 -17 years (up to but not including their 18th Birthday)

Currently almost all young people aged 16-17 will be accommodated on the adult wards under the appropriate specialty. There are exceptions where the young person has complex needs, is known to Children's Services and under active follow up by one of the paediatricians. A discussion with on call paediatric consultant will be required to determine if it is appropriate to offer the family and option to stay on the paediatric wards. There will be many young people in transition where care may be appropriate on the adult wards.

The care location for unplanned admissions for young people aged 16-17 should be given careful consideration.

Elective admissions must follow the above points on 'location arrangements'. Doctors and nurses must be aware of any vulnerability and should actively seek advice from consultant paediatricians, the Matron for Children's Inpatient Services or the Head of Nursing (HoN) for Children's Services. The Clinical Site Matron should be informed of any signs of vulnerability and the appropriate location for admission should be considered and discussed.

The following communication should occur **for all C&YP** nursed on adult wards:

- Recording of visits by professionals or family to young and vulnerable people in hospital should be made in the hospital notes/electronic patient record (EPR) by the nurse providing care. This is to ensure that professional care and treatment is documented and family input/support is known to the team.
- Any safeguarding concerns should be recorded in the EPR records for any young person and the Children's Safeguarding Team made aware through the Trusts safeguarding procedures.

- Nurses should gain advice on child protection/safeguarding issues, from the Safeguarding Children's Team in the Trust or direct from Children's Social Care.
- Clinical staff should bear in mind that they can and should, where they deem it appropriate, override a child/young person's wishes and feelings in seeking advice.
- When the 16-17 year old is in full time education, information should be passed to the school nurse via the Paediatric Liaison Nurse (PLN) or the ward staff directly responsible for that young person's care, as part of the sharing of information responsibilities. The PLN can be contacted on telephone: 01274 36 4014 or Mobile: 07908403805.
- When making a medical diagnosis for vulnerable people under 18 years, the young person's explanation for injury must be closely questioned where there are concerns and multi-agency advice actively sought.

5. Safeguarding Concerns for Young People 16-17 Years

Where there are child protection concerns, staff should follow the Safeguarding Children Policy. For acute child protection advice where there are concerns for a child's safety, a documented discussion must take place with the on-call consultant paediatrician/Named Doctor for Child Protection and for other non-urgent advice or support the Children's Safeguarding Team may be able to advise regarding the correct direction of further management. This does not necessarily mean that a paediatrician will take over the care of the patient. The role of the paediatrician in this instance is, primarily to offer support and guidance to colleagues, especially with regard to safeguarding issues.

6. Consent for Young People 16-17 Years.

- Safeguarding children's policy applies to ALL under 18's
- Section 8 of the Family Law Reform Act (1969), acknowledges that young people aged 16 or 17 are presumed to be capable of consenting to their own medical treatment, and any ancillary procedures involved in that treatment, such as receiving an anaesthetic.
- As for adults, consent is only valid if it is given voluntarily by an appropriately informed young person capable of consenting to the particular intervention. However, unlike adults, the refusal of a person aged 16 -17 may, in certain circumstances, be overridden by either a person with parental responsibility or a court.
- Once children reach the age of 16, they are presumed to be competent, in law, to give consent themselves for their own medical, surgical or dental treatment, including any related procedures such as nursing care, anaesthesia or investigations. It is still good practice to encourage competent young people to involve their families in the decision-making process.
- In order to establish whether a young person aged 16 or 17 has the requisite capacity to consent to the proposed intervention, the same criteria as for adults should be used. Where a young person lacks capacity consent should be sought from a person with parental responsibility for that child. For example if a treatment is medically required because the young person has mental health concerns or the young person requires life-saving treatment, the parents or person with parental responsibility (guardian) must be contacted. In the case of children who are looked after by the local authority, parental responsibility

may be held by the local authority. For children looked after by the local authority please contact Children's Social Care on 01274 435600 and speak to the named social worker for the child.

- Most young people can usually be encouraged when they feel listened to and given time to explore the reasons why they do not want treatment and this may be as simple as a needle phobia, fear, or missing an event important to them.

Treatment as described above also includes the mental health assessment, so young people under 18 cannot be deemed as competent to refuse, if they do refuse, all attempts should be made to seek a person with parental responsibility to override this, whilst being sensitive to the young person, explaining the rationale for this.

If a young person leaves the hospital before they have been medically assessed/treated and deemed fit for medical discharge and you are concerned about their immediate health and safety, call the police on 999 and ensure an adult with parental responsibility (PR) (or children's social care if they hold PR) are informed.

Where a child under the age of 16 lacks capacity to consent (i.e. is not Fraser/Gillick competent), consent can be given on their behalf by any one person with parental responsibility or by the court.

The person giving consent on behalf of the child (as above) must be an adult, must have the capacity to consent to the intervention in question, be acting voluntarily and be appropriately informed.

The power to consent must be exercised according to the 'welfare principle': that the child or young persons 'welfare' or 'best interests' must be paramount. Even where a child or young person lack capacity to consent on their own behalf, it is good practice to involve them as much as possible in the decision making process.

In an emergency, it is justifiable to treat a child or young person who lacks capacity without the consent of a person with parental responsibility, if it is impossible to obtain consent in time and if the treatment is vital to the survival or health of that person.

The safeguarding children team are available during normal working hours, for advice or support and can be contacted through switchboard. Out of hours, the on-call consultant paediatrician may be able to assist and advise.

7. Incident Reporting, Proactive Reporting

Where an incident occurs (including safeguarding incidents) for a C&YP, irrespective of the care location, the HoN for Children's Services must be notified/alerted by the Datix reporting system. A Datix incident report must be completed for all incidents including deterioration (to respiratory arrest and cardiac arrest). This does not necessarily mean that the HoN will be responsible for the management, investigation and action plans associated with the incident but ensures that the HoN has sight of all incidents and has a proactive reporting system to ensure that mechanisms are in place to remedy situations where there are potential gaps in service/ lessons to learn.

8. Daily Notification

The Matron of the adult specialty, ward or department must identify children in their care during their daily huddle. The matron of the adult specialty, ward or department will visit the care location and ensure that all ward facilities and ward environment are suitable for the C&YP. A checklist is provided at appendix 1. Additional requirements must be escalated to the Matron for Children's Inpatient Services and the HoN for Children's and Neonatal Services. A daily report of all C&YP on adult wards will be generated in EPR and distributed to the Matron for Inpatient Children's Services, the HoN for Children's and Neonatal Services and the Named Nurse for safeguarding.

9. Training

All adult matrons and clinical site team managers are to attend the on call managers safeguarding children's training annually. This additional training to their individual ESR requirement (although it will count towards it), will be managed by the Safeguarding Children's Team directly and help to ensure that the matrons and site team are aware of issues surrounding safeguarding children who are placed on adult wards. All staff on adult wards should be compliant with safeguarding children training appropriate to their role as assigned through ESR.

10. Designated Roles and Responsibilities

All staff must be aware of and implement this guidance as appropriate.

- Chief Nurse, Deputy Chief Nurse, Medical Director, Divisional Clinical Directors, Divisional General Managers and Heads of Nursing will ensure it is implemented across the Trust.
- Where there are safeguarding children's concerns, the Named professionals or any member of the Children's Safeguarding Team must be notified as per Trust safeguarding procedures.
- Heads of nursing, matrons and ward managers are to ensure compliance within their area.
- Heads of nursing, matrons and ward managers are to ensure that these guidelines are disseminated.
- Heads of nursing, matrons, ward managers /ward staff, medical staff are to ensure that delivery of care to all children within the Trust is congruent with these guidelines.
- This document will be disseminated to staff via Trust briefings, Nursing and Midwifery Forum and Divisional Quality meetings.

11. Audit of Guideline

The daily report will be generated in EPR and circulated to the named individuals as above. A quarterly audit of compliance (moving to twice yearly when this guideline is embedded into practice) with the guideline will take place initially which will include location of patients by age, incidents and safeguarding issues.

12. References

1. Children Act. (1989). [<http://www.legislation.gov.uk/ukpga/1989/41>] Retrieved 30.1.18.
2. DoH. (2004). National service framework: children, young people and maternity services [http://www.gov.uk/government/uploads/system/uploads/attachment_data/file] Retrieved 25.1.18.
3. GMC. (2013). [http://www.uk.org/guidance/good_medical_practice/knowledge_skills_performance.asp] Retrieved 11.1.18.

13. Glossary of Terms

BTHFT Bradford Teaching Hospitals Foundation Trust

C&YP Children and Young Persons

DoH Department of Health

EPR Electronic Patient Record

ESR Electronic Staff Record

GMC General Medical Council

HoN Head of Nursing

ICU Intensive Care Unit

LAC Looked After Children

PLN Paediatric Liaison Nurse

PR Parental Responsibility

Y&H PCCODN Yorkshire and Humber Paediatric Critical Care Operational Delivery Network

14. Appendix 1

Checklist for Matrons Overseeing the Care of Children and Young People on Adult Wards

Date				
Ward	Name	Dob	Age	NHS number

The matron overseeing the care of children and young people must identify children in their area at the daily huddle and complete the checklist below. This checklist must be completed upon identification of the C&YP in their area and when changes in condition occur, concerns are raised or there is transfer to another adult ward. Please seek advice from the shift leader on the children's ward as necessary.

Number	Item for check	Yes	No	N/A	Comment	Signature
1	Specific location appropriate					
	Side room available					
2	Safeguarding concern					
	Documentation of safeguarding in EPR					
	Escalation of safeguarding concern to named nurse				Name/date of individual contacted	
3	Age appropriate documentation or other resources required Child under 14 years requires PAWS/STAMP					
4	Escalated to Children's inpatient Matron or HoN				If yes Give reason Name/date of individual contacted	
5	Paediatrician (advice required)				Name/date of paediatrician contacted	
6	Incident, concerns- Datix completed?				WR number Date of datix	

Please document advice given, concerns or further issues. Where a child under 16 years is admitted to adult ICU please complete the Yorkshire and Humber Paediatric Critical Care Operational Delivery Network Proforma	
Name of person completing checklist	Signature

15. Equality Impact Assessment

Equality Assessment Statement

This Policy was assessed in March 2018 to determine whether there is a possible impact on any of the nine protected characteristics as defined in the Equality Act 2010.

It has potential impact on:

- Age - Children under 13 are admitted to a children's ward, aged 14-17 children and young people are given a choice of care location but where there are concerns the Head of Nursing and the matron needs to be notified. Children under the age of 14 who requires maternity or gynaecological services, then the child would be cared for in the speciality area.
- Disability - There will be some children with complex needs who will need to be cared for on a children's ward (up to 19th birthday)
- Gender – See below regarding maternity/pregnancy
- Gender reassignment - If a child is being cared for on an adult ward, the Trans equality protocol will be used, in conjunction with the young person.
- Maternity/pregnancy - Any child or young person who requires maternity or gynaecological services would be cared for in the speciality area.

It has been found not to have impact on:

- Marriage and civil partnership
- Race and ethnicity
- Religion and belief
- Sexual orientation

It has also been assessed to determine whether it impacts on human rights against the FREDA principles (Fairness, Respect, Equality, Dignity, Autonomy) and it is considered that it has a positive impact on the rights of children and young people to determine their care location. This assessment will be reviewed when the policy is next updated or sooner if evidence of further impact emerges.